



SASKATOON _____
POLICE SERVICE

TO: Shirley Greyeyes, Chairperson
Board of Police Commissioners

FROM: Cameron McBride
Office of the Chief

DATE: 2026 April 08

SUBJECT: Vulnerable Persons Unit 2025 Annual Report

FILE NO.: 2,012-9

ISSUE:

The Vulnerable Persons Unit (VPU) is comprised of the Saskatoon Police Service (SPS) Police and Crisis Team (PACT) and HUB. The VPU was established in 2019 and is under the Community Engagement Division.

RECOMMENDATION:

That this report be received as information.

STRATEGIC PRIORITY:

This report aligns with the Saskatoon Police Service’s 2025 Strategic Plan, specifically on its themes & goals of:

- “Our Work – Community safety through service excellence”
 - Regarding the objectives to “Provide effective response and quality service to protect community members and meet their needs” and “Deliver strategic and balanced enforcement to maintain public order and safety”, and
- “Our Community– Community well-being through engagement and collaboration”
 - Regarding the objectives to “Collaborate with partners to respond to community issues” and Strengthen relationships with the communities we serve to increase shared understanding and trust”.

DISCUSSION:

The VPU was established in 2019 in order to coordinate existing units within the SPS. These units include PACT and HUB. Common threads among these teams are early intervention and developmental crime prevention. This involves reducing community and individual risk factors and increasing protective factors with the overall goal of impacting crime and public safety. This is an integrated, multi-dimensional, multi-sectoral approach that involves shifting from traditional calls for service response to creating alternative solutions in keeping with problem-oriented policing.

Police and Crisis Team (PACT)

PACT is a client-centered community safety model developed through the collaboration of three agencies - SPS, Saskatchewan Health Authority (SHA) and Saskatoon Crisis Intervention Service (SCIS).

PACT teams provide immediate police response to persons with mental illness (PMI) that are experiencing significant mental illness and/or addiction issues. They improve public and personal safety by providing collaborative and effective crisis intervention/assessment in a trauma informed practice while sharing valuable resources and information with one another. PACT units are dispatched to calls that are mental health related (e.g. attempted suicide, self-harm, welfare check, suspected mentally ill, etc.) and/or addiction related. They are designed to be reactive and respond to calls that are currently in progress – thus being timely and of great assistance to Patrol in their call response. They are also responsible for the apprehension of individuals with a Mental Health Warrant.

Outcomes include:

- enhanced immediate response and service to persons experiencing mental health/addictions crisis;
- reduced arrests for disturbance calls due to psychosocial crisis;
- decreased volume and length of stay to emergency departments of avoidable mental health and addictions presentations;
- the ability to successfully resolve, de-escalate and triage to appropriate level of service;
- improved public and personal safety by providing collaborative and effective crisis intervention;
- the ability to direct individuals and family members to community support agencies and medical resources, transport to emergency services or facilitate shelter needs;
- follow up by phone or in person to ensure the well-being and safety of the community members.

PACT Staffing

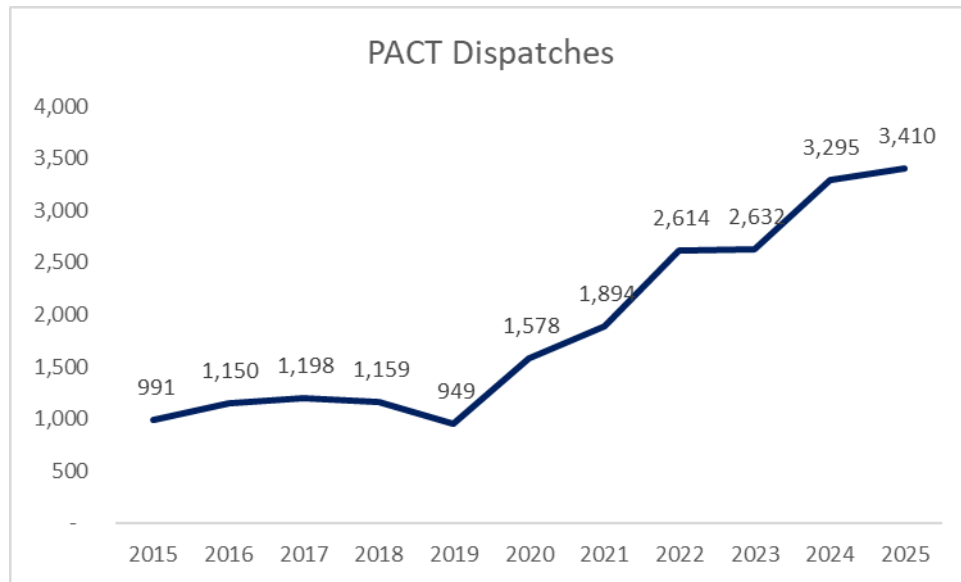
PACT is comprised of four specialized teams with the partnerships being comprised of a SPS officer and a Crisis worker from SCIS. Each Platoon within the SPS Patrol Bureau has a dedicated PACT unit. Each PACT unit works a four-day rotation of two-day shifts (0700-1900) and two evening shifts (1400-0200).

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Three of the four PACT units have the SPS officer’s positions provincially funded and Crisis worker’s positions funded by SHA. The SPS fully funds both the police officer and Crisis worker for the fourth PACT unit.

PACT Statistics

In 2025, PACT was dispatched to 3,410 calls, an increase in calls from 2024. The demand for PACT continues to exceed capacity.



The program objectives are to streamline and coordinate access to community resources, reduce Emergency Department visits, and when appropriate, divert mental health and addictions (psychosocial crisis) from the justice system. PACT’s goals are to reduce repeat calls for service and connect individuals with resources and supports.

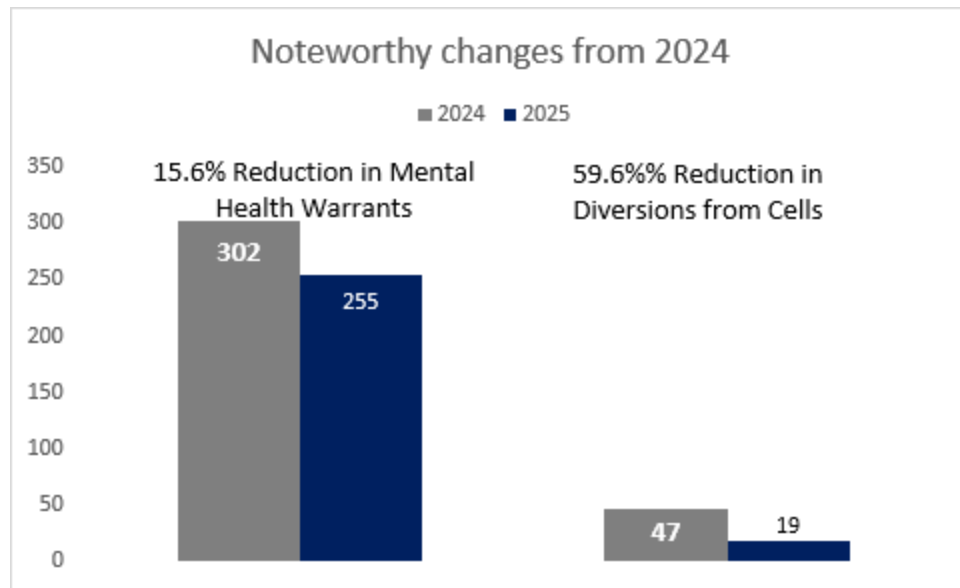
Diversions from:	#	Minimal Cost Per Visit (2019)	Minimum Cost Savings	Inflation Estimation	Cost Savings with Inflation
Emergency Department	500	\$800.00	\$ 400,000.00	969.52 ¹	\$484,760.00
Detention	19	\$450	\$ 8,550.00	545.36 ¹	10,361.84
Total			\$ 408,550.00		\$495,121.84

PACT continues to divert PMI from emergency departments. This directly translates to significant cost saving to SHA in addition to relieving the pressure on frontline health care staff. In 2025, PACT apprehended 224 people under the Mental Health and Services Act (MHSA) and transported 111 people to RUH for a voluntary assessment but was successfully able to divert 500 people from the emergency department.

¹ Inflation calculated using Bank of Canada Inflation Calculator, which suggested annual rate of inflation from 2019 to 2024 was 3.25 for an overall percent change of 21.19. <https://www.bankofcanada.ca/rates/related/inflation-calculator/>

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PACT also continues to have a positive impact on diverting people from being arrested, detained, or incarcerated. These diversions prevent the criminalization of mental illness and contribute to destigmatizing mental health in our community. Aside from being responsive to calls for alternative mental health crisis response infrastructures, there are significant subsequent impacts on service delivery costs. PACT response reduces need for ambulance response and hospital stays by treating PMI where they are and planning for alternative treatment options whenever possible. The work changes over time and aims to find the best plan for each individual situation.



The reduction of mental health warrants issued and diversions from cells can be attributed to:

- Partnerships with the psychiatrists, mental health nurses and COAST (Community Outreach and Support Team) have allowed for us to be proactive in locating subjects prior to a mental health warrant being issued. Subjects have been stabilized in the community, avoiding unnecessary hospital visits;
- Relationship with Community Paramedicine is allowing subjects to be treated in their homes – thus avoiding an unnecessary hospital visit;
- The development of the Complex Needs Facility provides a place to take intoxicated individuals that do not need to be hospitalized. It replaces the need to take subjects to Detention.

Narrative

Statistics tell part of the story but PACT work not shown in the data includes:

- PACT spends considerable time working on safety plans/diversions from hospital. This often requires “thinking outside the box” and taking the time to develop a plan with the client that will work for them. PACT often goes back and re-connects with the client just to make sure the safety plan is working and they’re safe. This relationship building enables trust which pays off in future encounters.

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- The collaboration with hospital is extremely important yet unique. The relationships developed with doctors, nurses and psychiatric liaison nurses help create an environment that fosters trust in PACT assessments which allow for the best outcomes for clients. The flow of information provides for an expedited service delivery. It has been recognized that the likelihood of a patient brought in by PACT will on most occasions result in certification to Dube.
- PACT was invited to speak at the SHA Grand Rounds Professional Development Day (ED Physicians). PACT statistics were shared. ED doctors had no idea how high the number of ED diversions are and are incredibly grateful. It helped to highlight PACT’s mandate.
- Looking through a trauma informed lens when working with involuntary clients is required by both the PACT officer and Crisis worker, as this type of practice is at the heart of providing a good experience to those they serve.
- PACT responds to calls in an unmarked vehicle, which reduces the stigma associated with Police.

PACT Challenges

The challenge remains consistent based on the demand for mental health related calls for service increasing in Saskatoon, PACT makes every attempt possible to divert away from the hospital in situations that do not require this care. Hospital Emergency Departments continue to be overburdened and short on rooms which contribute to longer waiting times for our teams. If PACT is waiting with a subject in Emergency, they are unable to actively respond to calls in progress. Different formats are being looked at to allow the PACT units to remain available to mental health calls in progress.

Saskatoon HUB

Under the umbrella of the Community Safety & Wellbeing (CSWB) portfolio and the Ministry of Community Safety, the Saskatoon HUB has been in effect since April 1, 2014.

The HUB Table works in an outreach capacity with other agencies to identify individuals or families that are facing elevated risks that can’t be solved by a single agency. Each individual or family that is brought to the table is referred to as a “discussion”. By connecting with other agencies and sharing information, a wrap- around approach can be taken to provide supports and services to reduce elevated risk. The HUB Committee meets every Tuesday and Thursday mornings to present and problem solve individuals and families that are in an elevated risk situation.

The agencies that participated at the HUB Table in 2025 include:

- Saskatoon Police Service
- Ministry of Social Services (MSS) – Child and Family Services
- Saskatoon Health Authority – Mental Health and Addiction
- Community Corrections
- MSS – Income Assistance
- Saskatoon Public Schools
- Greater Saskatoon Catholic Schools

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- Community Living Service Delivery (CLSD)
- Saskatchewan Housing Authority (SHA)
- Saskatoon Tribal Council (STC)

The HUB model is a collaborative, multi-disciplinary approach with an emphasis on integrating human service, sharing data, and measuring success along the way.

HUB Staffing

SPS has a dedicated, full-time constable assigned to the HUB, which is provincially funded. The HUB constable was appointed Chairperson of the HUB table in 2017 and continues to hold this position. This position requires:

- oversight of the two weekly meetings;
- scheduling and meeting with individuals and families to assess and offer assistance (in person contacts);
- coordination of administrative tasks;
- serving as the HUB table liaison to multi-agency initiatives;
- liaising with the Government of Saskatchewan’s Community Safety and Well Being (CSWB) Implementation Team;
- providing education and training to the community;
- Entering data and maintaining the HUB database;
- serving as the HUB table spokesperson.

Additional responsibilities include maintaining the provincial database with all of the data entry for Saskatoon discussions and creating of reports to identify trends related to specific risk factors. Working in the communities with people in elevated risk situations often identifies systemic issues within our community and by working with a wide range of organizations and community groups, we are able to develop strategies to address these issues that will allow for changes to ensure a safe and secure environment.

HUB Statistics

HUB had 117 discussions presented at the table in 2025. As in previous years, the majority of HUB referrals are brought forward by Greater Saskatoon Catholic Schools, Saskatoon Public Schools, and Child and Family Programs.

Breakdown of Agency Referrals

Agency	# of Discussions – Originated Agency January 1, 2025 – December 31, 2025
Greater Saskatoon Catholic School Division	38
Saskatoon Public School Division	28
MSS – Child and Family Programs	20
Mental Health and Addiction Services	15
Saskatoon Housing Authority	6

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Ministry of Corrections and Policing	4
Saskatoon Tribal Council	4
MSS – Community Living Service Delivery	1
MSS – Income Assistance	1
Total	117

Risk Variables for Saskatoon Discussions

When discussions are brought forward, they are identified as risk variables. These variables are broken down into risk factors to help members accurately identify the focus of each risk factor. In 2025, mental health continues to be a prominent risk factor, followed by housing and issues with individuals/families being able to meet their basic needs.

Risk Category	Number	% of Total
Mental Health	92	16.5%
Housing	53	9.5%
Basic Needs	50	8.9%
Poverty	40	7.2%
Missing School	34	6.1%
Parenting	33	5.9%
Physical Health	33	5.9%
Cognitive Functioning	27	4.8%
Drugs	25	4.5%
Antisocial/Negative Behaviour	24	4.3%

HUB Current Initiatives & Challenges

Need for long-term supports:

The Saskatoon HUB Table continues to work diligently to connect families and individuals with community services to reduce risk. It remains clear that collaborative work among agencies is the benchmark for serving our community. What cannot be ignored, however, is the need for greater investment in wraparound services to sustain ongoing support. HUB does not case manage, and at times when HUB looks backwards, it is regrettably apparent that without continued assistance and guidance, those with whom we have worked with can easily regress.

Housing:

HUB continues to face challenges in finding affordable, adequate housing for families in need. Especially for those with larger families. Waitlists for subsidized housing are long, and properties in the private market are often beyond a low-income budget. It can also not be ignored that some private landlords are not providing safe, adequate housing, taking advantage of the current rental market. At times, HUB has seen individuals unsure how to address legitimate concerns with their landlord, leading them to hold rent in hopes that the landlord will address the issue. This can lead to eviction through the Office of Residential Tenancies (ORT) and, in turn,

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affect their ability to access housing in the future. HUB continues to advocate for, provide guidance, and share knowledge with our clients to assist when dealing with situations like this.

Initiatives:

The majority of HUB representatives are working from the “side of their desk,” while maintaining their own substantial caseload. This means that we are always looking for ways to work more efficiently. HUB meets twice a week (Tuesdays and Thursdays), during which we not only bring forward new referrals but also share pertinent information and discuss ongoing referrals. This year, we recognized that time can be wasted gathering and sharing information. To address this, we have streamlined our process to save time and make it easier for those who are new or covering off at the HUB Table.

The HUB Table would also like to take this opportunity to highlight the ongoing support we have received from **Help One**, a community-based charity dedicated to providing immediate financial support. As HUB has no budget, we can find ourselves in predicaments when we need to assist families with essentials. For the past several years, Help One has graciously donated funds to the HUB Table to assist us in supporting those in need. We are very grateful.

Please find attached one of discussions that had successful outcomes. (Appendix A)

CONCLUSION:

The VPU allows the Service to proactively work in a coordinated effort to address complex, elevated risk situations. The integrated teams work toward reducing community and individual risk factors and increasing protective factors with the overall goal of impacting crime and public safety.

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