



October 23, 2025

Panel Discussion
Greater Victoria Integrated Police Units
Capital Regional District Boardroom, 625 Fisgard St., Victoria

Participants

Integrated Mobile Crisis Response Team (IMCRT)

- * [Lorraine Bates](#), Manager, [Mental Health and Substance, Island Health](#)
- * [Debra Johnsen](#), Coordinator, [Crisis Response & Outreach Services, Island Health](#)

Mobile Youth Services Team (MYST)

- * [Mia Golden](#), [Crime Reduction & Exploitation Diversion \(CRED\)](#), [Pacific Centre Family Services](#)
- * Shauna Bainbridge, Constable, [Saanich Police Department](#)

Regional Domestic Violence Unit (RDVU)

- * [Jon Cawsey](#), Detective Sergeant, [Saanich Police Department](#)

Police Representatives

- * [Paul Douglas](#), Deputy Chief of Operations, [Saanich Police Department](#)
- * [Ian Lawson](#), Chief of Police, [Central Saanich Police Service](#)
- * [Stephen Rose](#), Acting Officer In Charge, [West Shore RCMP](#)

Summary

This discussion focused on the three Greater Victoria Integrated Police Units impacted by strategic funding withdrawals by West Shore RCMP and Central Saanich Police Service starting in 2024.

Each participant provided context and details on their respective work and plotted the myriad connection points that link health-care professionals and police as they support vulnerable youth and adults. Among much else, we learned that the funding changes have led to new localized police initiatives along with regional innovation and contingencies by all parties to maintain critical services in the face of multiple and growing social crises in our region.

Service delivery challenges remain and have been exacerbated, however, in a region where young people freely cross municipal boundaries and enter jurisdictions where response teams are limited due to these funding decisions.

All agree that continuing and enhanced coordination, information sharing and collaboration is essential. An opportunity was identified for the VFCYJC to host a facilitated event or gathering that would involve police, government, health authorities and related non-profit agencies serving the region's youth and families.

Introductions

Chair Little welcomed and introduced the participants before passing the mic to facilitator Jeff Bateman, Chair of the VFCYJC Communications Sub-Committee.

He noted that today's panel arose from a motion submitted by member Marcie McLean in June, 2025 and unanimously approved by the Committee. As did [last year's panel discussion](#) on youth issues in Greater Victoria, this discussion aligns with the VFCYJC mandate to explore matters involving youth and families who may become involved in the justice system.

The following materials were shared with Committee members in advance:

* [Greater Victoria Integrated Police Units Annual Report 2024](#) (see pp. 41-54 of Saanich Police Board's Sept. 2025 agenda)

* [West Shore RCMP Service Delivery Update](#) (West Shore RCMP public notice, 2024)

* [MYST Critical Status Report and Recommendations](#) (Dr. Rebeccah Nelems, commissioned by the VFCYJC, 2024)

* [No Private Matter: Honouring Christian Lee](#) (Office of the Representative for Children & Youth, 2009)

It has been approximately a year since three Greater Victoria Integrated Police Units – IMCRT, RDVU and MYST – were in the news following decisions by the Central Saanich Police Service and West Shore RCMP to withdraw regional funding from these units and either begin or continue taking responsibility for each unit's respective services in their own jurisdictions.

We're keen today to learn how this process has unfolded over the last 12 months. To this end, we're joined by representatives from each unit as well senior officers from Central Saanich, West Shore and Saanich. In total, our speakers have well over 100 years of front-line experience between them. Sincere thanks to each for making time in their busy schedules. We'll proceed with presentations by the three units followed by the three police services, then close with a Q&A opportunity for our members.

Please note that the following has been edited for length and clarity.

Integrated Mobile Crisis Response Team (IMCRT)

Debra Johnsen, Coordinator, Crisis Response & Outreach Services, Island Health

- [IMCRT](#) was established in 2004. It includes mental health clinicians, psychiatric nurses, child and youth counsellors, and plain-clothed police officers. It services southern Vancouver Island, including Sooke, Port Renfrew, South Malahat and Sidney, and provides phone consultation to the Gulf Islands. Service runs from Noon to Midnight, 365/7.

- We're a multidisciplinary team with nurses and specialized child and youth counsellors. We serve people of all ages and their families across the CRD. 64% of our calls in 2024 were for children and youth aged 19 and under.

- The team responds in person or virtually to calls from the public, usually through the [Vancouver Island Crisis Line](#) (1-888-494-3888). We've received calls from medical professionals and other service providers, as well as through police requests for people experiencing a mental health, substance-use and/or behavioural crisis, children included.
- Police will refer to the team when they believe there is a mental health or substance use concern, and in cases where the person either doesn't have established health care or may require further assessment.
- IMCRT provides episodic assessment, risk evaluation, stabilization, referrals, and follow-up as indicated to individuals and their families.
- Currently, our team has a fully integrated, embedded plain-clothes officer shared between Vic PD and Saanich PD. This officer can respond to the team during calls where there's an elevated safety concern requiring confinement under [Section 28](#) (Emergency Procedures) of the [Mental Health Act](#).
- The officer will also assist with action under [Form 4.1 \(First Medical Certificate – Involuntary Admission\)](#) if one of the families or individuals we've been working with is to be sectioned by a physician. This is seen as a less intrusive co-led health response.
- We are not restricted to timelines that would be normal with a police call, so there are times when we will spend several hours or we may be involved with the family for days or weeks while we work with them to stabilize their situation and get them connected to resources. And if we do apprehend somebody to hospital services, we follow up with the family to make sure care is bridged and they're feeling supported.

Lorraine Bates, Manager, Mental Health and Substance, Island Health

- I will speak to shifting police priorities and future service delivery. There are definitely upsides in having a plain-clothed officer on the team. They jointly triage and prioritize calls with substance-use staff. And they can deal with a broader range of risk factors with support of a nurse or counsellor.
- That being said, we can still operate effectively without an embedded officer, and we certainly have over the years when the officer is on vacation or off-duty. Many Island Health [mental health response services](#) do not have an embedded officer, so we are experienced and comfortable with calling in our police colleagues during higher-risk situations the team may encounter.
- We prefer the plain-clothed officer approach; it is considered the least intrusive, most effective, less alarming approach when a team arrives on scene. But we certainly have worked effectively with officers in uniform.
- The team does have the opportunity with an embedded officer to do preventative work. Occasionally, the team becomes aware of a family that is attracting a high number of police calls, and this allows us to respond in a non-crisis but proactive engagement approach. A less urgent, non-threatening manner.
- As many know, in 2023 the [west shore communities](#) and then [Victoria](#) launched [Co-Response Team \(CRT\)](#) units (aka the CAR program, or [Mobile Integrated Crisis Response](#) Teams) with provincial funding and mandate. That's increased the access to a co-response model in the CRD, which is good and exciting news.
- In the future, we will continue to work closely with CRT and there will be continuing cross-pollination. Island Health has worked with police departments across Vancouver Island and the Gulf Islands to develop MOUs

and MOAs with municipal or RCMP departments so that we can have information sharing, partnership and shared response to families and adults in crisis.

- The IMCRT team will continue into the future. It will look a bit different but may not feel that different for those who have not had a police officer respond with the team. We will work in different ways to engage all our partners. We really value the partnership with police. Without them, we can't engage in high-risk scenarios under the terms of our Mental Health Act regulatory framework. So we look forward to evolving as decisions are made.

Mobile Youth Services Team (MYST)

Mia Golden, MYST Counsellor and Crime Reduction & Exploitation Diversion (CRED), Pacific Centre Family Services Association

- A little history to start. MYST began as a police initiative established 20 years ago. In 2013, several counselling organizations met with police to discuss gaps in the service. This included the [Pacific Centre Family Services Association](#), the organization that covers my salary with the Crime Reduction and Exploitation Diversion Program. My focus was on gangs, the MYST officer was focused on exploitation. Given the crossover in these issues, we teamed up and MYST became a unit of two. Every three to four years, the police officer changes. Shauna started in January and she's amazing.

- Over the last decade, I've seen a very steady increase in community needs. Last year the numbers confirmed that our region has the highest youth gang recruits in the province.

- We get referrals from everywhere: Police, probations, hospitals, schools, parents, even youth themselves. And our focus is to respond as immediately as possible. We have an ongoing caseload. It's not a matter of meeting with a youth, completing a file and moving on. We constantly build relationships and rapport, and it's usually a long-game situation as we support youth, their parents or both.

- One of the barriers that has come up since the removal of (Central Saanich and West Shore funding) is how those referral sources are affected. We repeatedly have to say we're sorry, we're not funded for your part of the CRD. We find that we are still getting requests even from police officers (from Central Saanich and West Shore RCMP) who still refer and reach out to us in support of needs in their communities.

- Requests for consultations are still very much happening in the schools. Parents do not understand how a service like ours can say, 'No, I'm sorry, I can't help your child even though I know exactly what needs to happen.' So that has been an a very significant struggle for us because our whole purpose is to support youth. To know that we can help but are prevented from doing so when crossing a geographical boundary feels almost unethical from our perspective.

- For us, the best scenario is to continue with collaborative approaches. Youth needs are increasing, families are desperate, and there are no boundaries. No matter where youth reside they travel everywhere in the region. Our work may take us into downtown Victoria, but we're dealing with youth who live in the West Shore, Central Saanich and elsewhere. Shauna has prepared some recent statistics.

Shauna Bainbridge, MYST Liaison, Constable, Saanich Police Department

– Initially Victoria was in charge of MYST and they kept statistics. I don't have access to them because the partnership moved to Saanich in January, but I can provide numbers for this year.

- Between April 1 and July 3, 2025, we engaged with the following jurisdictions:

- * 57 calls within the West Shore
- * 24 to Sidney
- * 32 Oak Bay
- * 68 Victoria
- * 79 Saanich
- * 21 Sooke
- * 13 Central Saanich.

- Additionally, we have statistics from the beginning of July to the present as of yesterday that reveal where calls have taken us in recent months:

- 10 calls within Oak Bay
- 40 Saanich
- 14 Sidney
- 17 Sooke
- 40 Victoria
- 36 West Shore
- 1 Central Saanich

- So this gives you a clear sense of our numbers as they're developing this year. We continue to refine our stats templates and methods so that the data reflects the fact that we see some kids more frequently than others based on their needs. One kid could account for 10 calls.

Mia Golden - There isn't a day that goes by that we don't receive at least one referral. We are constantly playing catch up. Do we believe that there should be MYST teams in every community? Absolutely. But we think that they should be collaborative and working together with multiple agencies as one unit. The community needs it. And my fear is the future health of our youth is going to continue to decrease significantly if this collaboration doesn't happen.

Regional Domestic Violence Unit (RDVU)

Jon Cawsey, Detective Sergeant, Saanich Police Department

- I'm currently the sergeant in charge of the Regional Domestic Violence Unit. I'm a Saanich police officer and have been for 21 years.

- The RDVU came about after a [coroners inquest study](#) into the death of Sunny Park, her child Christian and her parents in Oak Bay in 2007. The [recommendation](#) at the time was that more collaboration and information-sharing was required when it came to high-risk intimate partner violence so as to ensure safe practices and effective response.

- [Since 2010](#), the unit has been operating very efficiently throughout the CRD. We are a multi-disciplinary team that currently involves two investigators -- one from West Shore RCMP, one from Victoria PD – and me as the NCO in charge.

- We have two in-house victim support workers supplied by the [Victoria Women's Transition House Society](#) who work extremely diligently on our files. We have an embedded [Ministry of Children and Family Development](#) social worker responsible for child safety. And we have a probation officer from [Community Corrections](#) who works with the unit and supports clients.

- The day-to-day activity is that every file is referred to and discussed by this unit. Laws were designed to direct on how we share information and we collaborate on the highest-risk domestic cases. Due to its sensitivity, this work requires in-room-discussion-only where we can talk about legal processes and how to proceed. Ultimately, we come up with the best safety plan to protect women and children.

- One of our bread-and-butter pieces is the relationships we build with our community partners, and that includes [Crown Counsel](#), [Defence Counsel](#), Community Corrections, Island Health, counsellors and psychiatrists. When we're involved, people understand the level of risk immediately and they buy into our process.

- The secondary mandate of the RDVU is to educate and support community resources in making best-practice decisions and being trauma-informed in how they deal with intimate partner violence.

- The referrals from police agencies and others recognize that our support is needed by victims, survivors and their families. Typically, we'll get an email or a phone call – very brief, 'we see some risk here, could you have a look, discuss it as a team and see if you can take it on?' We'll then secure as much data as we can from police records, corrections and the ministry ... and discuss the safest plan moving forward. Can we support directly or can we make a recommendations back to the home agency?

- We call this process 'consulting and accepting.' If we accept a file, it's assigned to an investigator, a victim service worker and a social worker if there are children involved. Their primary responsibility is a safety plan. This is checked on a daily basis. No action is also a decision, but we collaboratively make that decision while understanding the full risks.

- We may hold a file for a month or three years. It can be a lifetime with offenders who present a strong demonstrated risk of violence. There is an average of 11 calls per day in the region related to intimate partner violence.

- Offender management is a rare but much needed piece to the RDVU's case load as we work to end the cycle of violence. Many offenders are coming from broken homes themselves. They have their own trauma. In understanding where they come from and their risk to women, we can mitigate the risk. We can work to find them a job, drive them to appointments when they can't drive themselves, work with their defence counsel to establish a safety plan to get them into treatment and move them forward successfully.

- Offender management is both a supportive and an enforcement piece. Unfortunately, some offenders don't want to sit with a police officer and have a coffee and talk about how we can support them. And that's okay, but we're also there for the safety and enforcement. We have strategies in place to keep them away from victims or survivors.

- I have case examples, but I think I've eaten up enough time. I'll close by saying the RDVU is a valued resource recognized as the gold standard across Canada. This is how we need to be doing business when it comes to intimate partner violence: Sharing information and working collaboratively in multi-disciplinary, co-located units.

Police Representatives

Ian Lawson, Chief of Police, Central Saanich Police

- I certainly feel like I'm a little bit on the hot seat, but hopefully I can articulate and rationalize our decisions. Central Saanich has been part of the integrated units for many years now. We embarked on a review of all the units several years ago. One of the identified concerns was the lack of service that Central Saanich was getting from several of the units and this had created gaps that we had to address.

- Part of it was the structure of the units themselves. For instance, I don't believe there is an existing MOU between MYST and Central Saanich Police. Certainly there were no joint management team meetings, which I think is always very important for the structure. That goes with the RDVU as well. There was no regular Joint Management Team meeting or protocols to make sure gaps were being addressed. Additionally with IMCRT, its MOU is with Vic PD but not necessarily with other CRD participants.

- Our review was conducted internally with staff as we looked at the value of the services and the statistics. We also looked at whether we were getting responses to our referrals. What we found was, in the case of RDVU for instance, we had 10 files over four years and we weren't necessarily getting the service back.

- So we restructured our own detective units internally to have our own RDVU. It is important for us to do a very comprehensive interview of the victim to be able to get a history, to support bail and ensure that they feel safe locally on an ongoing basis.

- Our funding participation had been primarily for a police officer. We were not seeing that value or we were having some frustration. This was not the case at the clinician level. When we look through our stats for IMCRT, for instance, we're getting really good value. We have also partnered with the [Saanich Peninsula Outreach Team](#) for that expertise in clinician work. A significant number of our files are related to mental health and our officers are engaged in those files, often in plain clothes.

- There didn't seem to be a lot of value in paying for an officer who was primarily operating in the City of Victoria or Saanich. So we restructured our community engagement officer to work directly with youth while still offering assistance to MYST and IMCRT through information sharing.

- In 2024, we paid \$25,000 towards RDVU for one year but we didn't see the value and felt this money could be used elsewhere. We really want to provide service to our community.

- Our [child and youth online safety team](#) in Central Saanich started the pilot project (that led to the 2024 restart of the [Greater Victoria Integrated Child Exploitation Team](#)). We found funding and now have three full-time police officers in an [Integrated Child Exploitation Unit](#). We have seconded a Sargeant to lead that ICE unit and our hope is that it will become a permanent unit on behalf of the CRD.

Stephen Rose, Acting Officer In Charge, West Shore RCMP

- Madam Chair, councillors and community members. It's my pleasure today to meet with you and discuss [West Shore RCMP's decision](#) to exit two integrated units (MYST and IMCRT).

- First and foremost, I think the foundation for such a decision is that we at West Shore RCMP are closely looking to innovate and provide value for dollars. As you are well aware, policing is becoming more expensive and municipalities must balance policing costs with other priorities. Any time we are using taxpayer dollars to fund the service, we need to ensure that there is a substantive and clear return on that investment. When possible, we need to innovate, share resources, and ensure that service delivery meets overall community needs and expectations.

- In this instance, we undertook a review of those integrated units. We are a bit unique in that, some time ago, we recognized a need for enhanced service given population growth on the West Shore. That led to substantial advocacy with elected officials to enhance the service delivery around mental health calls. It resulted in our municipalities supporting and funding three positions for a crisis response team. At the time about 30% of our calls for service had some mental health component and the numbers continued to increase.

- We had been a contributor to IMCRT and were helping pay for the plain-clothed officer within that unit. So instead of relying upon that one officer and team, we enhanced the service on the West Shore by adding three officers to a west shore-based crisis response team. They were joined by two nurses funded and provided by Island Health.

- We asked whether or not it made sense to continue to fund what we perceived as a duplication of service with IMCRT and we decided it didn't. Our exit allowed IMCRT to focus on a smaller portion of the CRD. IMCRT's non-police staff continue to have contact with West Shore clients. And we've established communication lines where referrals can be made with our crisis response team and the newly opened [mental health hub in Colwood](#).

- Similarly, MYST has an incredibly important mandate in working with at-risk youth and preventing gang recruitment. It was well recognized that the trends were going in the wrong direction. Problems were arising and the demand for MYST services continued to increase. So, in 2021, the officer-in-charge at the time told our municipalities, 'We need to do better, and we need to do more in supporting youth and youth at risk on the West Shore.'

- As a result of that effort, a [councillor position at Pacific Family Services](#) was funded by the West Shore municipalities to work with our youth officers to target the needs of youth specifically on the West Shore.

- From that point forward, they continued to work and share information with, in a referral sense, the primary or original MYST team. If a youth from the West Shore went downtown, that was conveyed to MYST and vice versa, keeping in mind that civilian support of both units were employed by the same agency. So there was an ample opportunity there to share information and ensure that any cross-boundary challenges could be overcome.

- After I arrived at West Shore in December 2021, one of the considerations that I had was the demand for youth services. And as we advocated each year for additional resourcing from our municipal funding partners, one of those members was earmarked for an expansion of our school liaison and community policing program. So we grew that team from four to five.

- By having a dedicated service on the west shore, we were allowing the very limited resources within MYST to serve a smaller population within the CRD. As with IMCRT, we have replaced our participation in MYST with specific dedicated resources on the west shore for residents of the west shore. The information sharing continues and it's facilitated if and when required between those entities.

- I'll close by saying I can't understate the importance of the work of the units being discussed today. Our withdrawal was in no way a reflection of the work or the dedication of the men and women in those units. It was simply that the West Shore has continued to grow and the limited shared resources were no longer meeting the mandate. We needed to advocate to expand the service delivery, and that's what we did by creating our own two personalized units and then withdrawing funding from the larger CRD units.

Asked about the proposed creation of a West Shore Intimate Partner Violence Unit and withdrawal from the RDVU, Rose noted ...

- As part of the original notice to our partner agencies in 2024, we did mention a potential exit from the RDVU at the end of December 2026. That's still a ways away. As we've embarked upon the creation of an intimate partner violence unit specific to the West Shore, we've learned, in working with some of the partners Sergeant Cawsey alluded to, that there are limits on how some partner agencies can contribute to a West Shore team. That has caused us to pause and to reflect on whether we can continue with that intention.

- As you know, I'm here today as Acting Officer In Charge. Once we have determined who will be leading the detachment going forward and that [decision is finalized](#), then West Shore RCMP will continue a robust conversation about the feasibility of a West Shore Intimate Partner Violence Unit.

West Shore RCMP videos:

- [West Shore Youth Outreach Team](#) (2025)

- [West Shore Mental Health Unit](#) (2025)

Paul Douglas, Deputy Chief of Operations, Saanich Police Department

- I'd like to thank our subject experts here who've done a wonderful job in presenting and advocating for their units. I will echo that the pressures that are currently on policing right now for cost-cutting measures is making everyone look internally to find more efficient ways to deliver services.

- I'll throw a ruthless plug out as an E-Comm board member for the CRD and municipalities to pursue a 911 levy and get it established ASAP. That cost is being borne by our residents and the user groups are largely unaffected by that.

- Saanich Police just announced this week that we also will be withdrawing from IMCRT and going to a new model like the ones we've heard today. This was done in consultation with Oak Bay and the District of North Saanich as well. We have worked diligently with Island Health and we are working internally right now to restructure with dedicated resources. We won't have a clinician riding with our officers, but we're looking at having a team of subject matter experts internally that would be at the beck and call of clinicians when they are doing assessments and may face risks.

- Jon has given you a good overview of the RDVU. I do want to throw Mia and Shauna some props. They recently brought forward a proposal to embed a Ministry of Children and Family Development worker with their team to increase capacity and leverage legislation that will greatly enhance the safety of our youth. We

took that back to the area chiefs last month and it was unanimously supported. We are working now on a MOU with the Ministry to embed this individual. We did get a modest bump in funding for the team, so we are working the corners and doing what we can.

- With Saanich Police, we too have had to cut programs due to financial realities. For instance, we are having to cut our dive team, which featured a boat and six members, effective Jan. 1. And we must deal with costs outside our control. E-Comm levies are closing in on an 80% increase over the last five years. Our towing bills have gone from about \$20k to \$110k a year practically overnight. Costs at a shooting range have risen per person from \$19 to almost \$90. All these costs are realities for us.

- I will also make another shameless plug for all the police staff in the CRD who I work closely with. They are all doing way more with less out of a sense of pride and commitment, but these things do have an impact on them. So I will leave it at that and say thank you for a very informative, engaging session today.

Committee Member Questions

Cllr. Susan Kim, City of Victoria: Thank you each of you for taking the time to be here. I recently met with [Restorative Justice Victoria](#) and started to learn more about their work. It highlighted how little I know. Could you tell me about more non-traditional forms of response and how you have diversified what your work looks like.

Stephen Rose: Restorative justice has an important role in diverting persons involved in a first offence or minor offence or a property related offence away from the substantive workload of the provincial court system. There's no disputing the fact that the person must be held accountable, and the RJ program is an available option to police agencies. An individual can take responsibility and bring closure to the victim, the business or whoever has been impacted. For 2024, [West Shore Restorative Justice](#) had 38 formal restorative justice formal outcomes, and I believe we have had 29 such forums so far this year. We're dealing with youth and adults who've made bad choices and need to be responsible. We have an RJ coordinator, Randi Johal, who performs an outstanding role in working with all the parties.

Jon Cawsey: For the RDVU, we typically deal with the highest-risk files, so for the majority of those files restorative justice wouldn't be applicable. We're in public safety, we're not in the charging unit, and it's kind of a mantra for us that we don't need to charge everyone. We work with Crown and defence all the time on conditions and orders that might keep offenders out of jail and out of the courts long term so they can get into treatment facilities and away from their victim.

Mia Golden: Prior to MYST, I worked in (the Pacific Family Services) [Family Violence Program](#), so following up on Jon's comments, I can say that RJ is often not the appropriate response for victims of domestic or family violence because of the trauma experienced by the victim. From a youth perspective, we often have youth who will receive [EJS \(Extrajudicial Sanctions\)](#) but this doesn't necessary include restorative justice since it may not land where they're at developmentally as it does with older individuals. But we have seen it effective in young adults when it's appropriate.

Cllr. Terri O’Keefe, Town of Sidney: Thank you for these excellent presentations. I have several questions. First, I should know the answer to this, but does Sidney and North Saanich RCMP participate in these regional units?

Jon Cawsey: I can answer for the RDVU. Our mandate is from Sooke to Sidney, and we cover out as far as Port Renfrew when we can. We also consult nationally. So definitely yes, your detachment is involved.

Affirmative answers also from MYST and IMCRT.

Terri O’Keefe: I’m curious as to how the [Saanich Peninsula Outreach Team \(SPOT\)](#) works alongside and integrates with your regional units.

Mia Golden: This is the first time we at MYST are hearing about that team, so we will definitely be adding them to our list and reaching out to explore collaboration.

Debra Johnson: IMCRT has some working relationships with the peninsula crisis and outreach teams, largely through our encampment and indigenous [outreach teams](#) mostly.

Terri O’Keefe: A question for Chief Lawson. I understand SPOT may be losing its funding. What impacts will this have?

Ian Lawson: I hadn’t heard about that until now. SPOT is one of the various clinical teams we have engaged with depending on the call or services required. We certainly will continue to work with an IMCRT clinician, either offering support or requesting it from them.

Terri O’Keefe: My last question is whether there is any danger of these three important, valued and proven units folding now that they have lost or will lose significant parts of their regional funding?

Debra Johnsen: Our funding is through Island Health and the Ministry. So the nursing, child/youth clinicians, and counselling staff are not in jeopardy. As you’ve heard, we likely will be operating without the benefit of an embedded officer, but we will have other ways to partner with police as needed. The service will continue to operate with a health-led response, for lack of a better term.

Jon Cawsey: The short answer is I think it's always at risk when you take away funding. RDVU will require a bit of a restructure. The difficulty lies with our counterparts in our unit, because they also are responding to the entire CRD and if we isolate just the police resource that becomes a logistical problem. Crime doesn't stop at the border. So how do we provide a victim-service worker or a ministry worker when we don't have a dedicated police officer? It'll be a learning curve.

Shauna Bainbridge: From MYST’s perspective, I will echo that. The issue now is municipal borders limiting our reach. The good news is that we are adding people to our team from the Ministry and that Victoria, Saanich and other communities remain committed.

Mia Golden: I’ll add a note that we must take into consideration the overall costs, not only financial but social costs. My concern is that if we continue to go down this road of creating more similar but siloed teams, then we lose the advantage of larger, integrated teams with better communications and increased benefits to all of the communities.

VFCYJC Chair Marie-Terese Little: Thank you all for your presence today and the reaffirmation that all of the integrated units are functioning at maximum capacity in terms of response while also dealing with underfunding. We certainly empathize with you as councillors and mayors of municipalities that are also experiencing extreme challenges as well.

We at the VFCYJC advocate for youth and families who are coming into contact with the criminal justice system. The big red flag from what I've heard today is that youth who are moving between different municipalities are falling into the gaps. I'm wondering how the committee, in its advocacy role, can help prevent that and mitigate the risks.

Mia Golden: Thank you for that question. We actually just came from a regional safety meeting this morning where we discussed this exact thing. Youth are so fluid in terms of their movements, and so we were again talking about how we must work collaboratively to ensure fewer children fall through the cracks. I know I keep harping on this silo versus collaboration issue, but it's been a challenge for me to watch these frail, vulnerable children suffer. The increased opportunities for predators and exploiters to access children is really scary for me at this time when we are pulling back. There's just the two of us at MYST. I've been in this position for 11 years and I'm getting a bit long in the tooth, so I'm now thinking in terms of succession at a time when these crises are escalating. These victimized children will grow up to become adults who either fall into the mental health or criminal justice systems. Now is always the best time to intervene as best we can.

Lorraine Bates: To add to what Mia is saying, we at IMCRT do see youth on the streets who are younger and younger experiencing grooming, the social media pressures and getting into very dangerous situations. We do sincerely appreciate MYST and want to see it sustained into the future.

Jon Cawsey: We typically deal with adults and the Ministry of Children and Families is responsible for the child aspect. Yet integrated teams like our own are dedicated to supporting healthy and safe homes that will hopefully provide the conditions where children are supported. We stay involved with the Ministry for months and sometimes years to ensure families are safe.

Marie-Terese Little: My second question involves collaboration and joint planning that would address the siloing issue Mia has highlighted. I hear that there are regional safety meetings, but who is responsible for getting you together for an annual workshop or gathering of some kind so that units can gather to plan, brainstorm and collaborate. We in Metchosis could definitely host and feed you for a day, so I put that invitation out there. But my question is how do you come together and share information in a timely fashion?

Stephen Rose: Generally, it is within the mandate of the unit to ensure they're working with their counterparts. The Monday before last, West Shore hosted a lot of our mental health peers from the CRD and up-island to do some joint training at the detachment. That was an opportunity for information sharing, learning and networking.

In the case of the counsellor within Pacific Family Services that works with our officer, they share a mandate with Mia and her team within the same organization. If there's a need to talk about a client for a family that's transitioning from one part of the CRD to another, then it's a given there would be some communication among these peers.

As far as a structured annual get-together, there is always an opportunity there and I support that. But practically and operationally, the communication must be way more fluid than that. Our police agencies and partner stakeholders need to be sharing that information in real time. So our crisis response team, if they

know that the client they're now dealing with is also a client of IMCRT, then they'll be reaching out that same day, often within the hour. And vice-versa. We do have an Island Health clinician on our team, and they're sharing info with other mental health nurses. The service must be nimble and sharing information on the fly.

There is oversight with the joint management teams. Most of the integrated units, if not all, here in the CRD regularly consult, meet and get updates. The bi-monthly meeting of the area chiefs of police has recognized that there needs to be improvements around the MOUs and clear rules of engagement for all the partner agencies.

Jon Cawsey: I do report to a Joint Management Team every few months on the daily activities and direction of the units. The RDVU underwent an external review some six or seven years ago to formalize where we've come since inception and where we should go in the future. It recognized we need to expand and develop the program as we're seeing it today.

Ian Lawson: Accountability, coverage and sharing of information are all critical. The area chiefs have engaged a contractor to review the current integrated units to determine their needs. This is long overdue. These are all great units, but they grow and need a formalized structure so as to review their services and determine their needs – funding, staffing -- as they evolve.

Cllr. Marcie McLean, District of Highlands: Thank you all for joining us today. My first question is to Chief Lawson. Do you have an idea approximately of how much Central Saanich has saved in 2025 by withdrawing from the three integrated units?

Ian Lawson: I think it's just short of \$50,000.

Marcie McLean: Thank you. Sergeant Jon Cawsey, do you have any ideas how the lack of trust by survivors in the criminal justice system might be addressed?

Jon Cawsey: That's a big question. It's being addressed in many ways. First, it's about breaking down barriers in how we present initially. Dressing in plain clothes is a first step to building trust. Then, by collaborating and working with our community partners, we're creating a one-stop shop for survivors and offenders. They don't need to go to seven different service providers to figure out how to navigate their lives. This creates better conditions for a trusting relationship.

Marcie McLean: Thank you. What is the growing need for education on impacts and support for survivors broadly in respect to domestic violence?

Jon Cawsey: I spoke in the media the other day about the need to be having these conversations with our youth and our families. We need to talk about what a healthy relationship actually looks like, and that needs to also happen with school-age kids. I have three kids myself, and we've reached out to my seven-year-old to have this conversation just as we do with my older children. Second, the integrated units need to be vocal and public. At RDVU, we host training sessions quite often where we bring in all our community partners and sometimes the public is invited as well. We're sharing this information and doing the education so everyone's aware.

Marie-Terese Little: Thank you everyone for your participation today. This has been a wonderful educational opportunity for us all and now it's up to our members to take what they've learned back to their own councils, boards and communities. Even by simply mentioning that our residents are being served by these integrated units, you're spreading the word and recognizing the value and need for these teams. That's our educational mandate, and I urge you to do your part in acknowledging the remarkable work of all our guests today.

-30-

Further Reference

Greater Victoria Integrated Police Units

- * [2024 Annual Report](#)
- * [Overview of the 12 units](#)

Greater Victoria Police Victim Services

- [About Us](#)
- [Support Agencies Directory](#)
- [Fact Sheets and Brochures](#)
- [2025 Annual Report](#)

Police Services - Capital Regional District

BC RCMP Police Services

- * [Programs and Services](#)
- * [Children and Youth Safety Tips](#)
- * [Online Safety](#)

- Sidney North Saanich RCMP

- * [About](#)

- Sooke RCMP

- * [Contact](#)

- West Shore RCMP

- * [About](#)
- * [Community Policing Services](#)
- * [West Shore Restorative Justice](#)
- * [Community Policing Advisory Committee](#)

- Central Saanich Police Department

- * [Strategic Plan](#)
- * [Child & Youth Online Safety](#)
- * [Resources for Youth and Parents](#)

- **Esquimalt**

- * [Policing in Esquimalt](#)
- * [Policing Service Delivery Project](#)
- * [Community Policing Fact Sheet](#)

- **Oak Bay Police Department**

- * [Strategic Plan](#)
- * [Integrated Policing](#)

- **Saanich Police Department**

- * [Strategic Plan, Annual Reports, Statistics](#)
- * [Community Programs](#)

- **Victoria Police Department**

- * [Strategic Plan](#)
- * [Community Engagement](#)
- * [Community Data Dashboard](#)

Integrated Teams

- [Assertive Community Treatment \(ACT\)](#) (British Columbia Advanced Practice)

- [Supports expanding for people in mental-health, substance-use crisis - Mobile Integrated Crisis Response \(MICR\) Teams](#) (BC Ministry of Mental Health and Addictions announcement, 2023)

Research Studies

- [Mobile Youth Services Team Critical Status Report and Recommendations](#) (Dr. Rebeccah Nelems, commissioned by the VFCYJC, 2024)

- [Integrating Municipal Police Officers onto Assertive Community Treatment teams \(IMPACT\): Findings from the Victoria Police Department Database](#) (Erica Woodin, Ph.D. & Catherine Costigan, Ph.D., Department of Psychology, University of Victoria, Sept. 2024) + [UVic press release](#)

- [Integrating Municipal Police Officers onto Assertive Community Treatment teams \(IMPACT\): Social Service, Criminal Justice, and Emergency Health Care Perspectives](#) (Erica Woodin, Ph.D. & Catherine Costigan, Ph.D., Department of Psychology, University of Victoria, May, 2019) + [release](#)

- [Interfaces Between Mental Health and Substance Use Services and Police](#) (toolkit produced by the Canadian Mental Health Association BC Division on behalf of the Ministry of Health's Mental Health and Substance Use Branch and the Ministry of Public Safety and Solicitor's General's Policing and Security Branch, 2019)

- [Study In Blue and Grey – Police Interventions with People With Mental Illness: A Review of Challenges and Responses](#) (Canadian Mental Health Association BC Division, 2003)

Domestic Violence

Province of British Columbia

- [Domestic Violence website home page](#)
- [Gender-based violence, sexual assault and domestic violence](#)
- [Final Report: The British Columbia Legal System's Treatment of Intimate Partner Violence and Sexual Violence](#) – Dr. Kim Stanton, June 2025 + [About the Review](#) + [Stanton Report Fall Update 2025](#)
- [Taking Action on Domestic Violence in British Columbia](#) (Ministry of Children & Family Development, 2012 report)

Justice Education Society of BC

- [Abuse and Family Violence](#)

Public Health Agency of Canada

- [Evaluation of Preventing and Addressing Family Violence: The Health Perspective Program \(2019-2024\)](#)

Government of Canada

- [Saanich Police RDVU Spotlight](#) (Public Safety Canada, 2013)
- [Find family violence resources and services in your area](#)

Victoria Police Department

- [We Believe You](#) (updated article originally posted on Vic PD's Stories From The Street blog in 2014)

News Articles

- [Strangulation a common thread in Greater Victoria domestic violence](#) (Saanich News, Feb. 13, 2025)
- [Domestic violence can include anything from verbal disputes to violent incidents](#) (Times Colonist, Feb. 23, 2025)

Miscellaneous

Public Safety & Solicitor General

- * [Launching Mental-Health Screening Tool to Support People In Crisis](#) (Jan. 26, 2026)
HealthIM has launched in Central Saanich, Saanich, Victoria/Esquimalt and Oak Bay municipal police departments. [Partnered with the BC Association of Chiefs of Police.](#)

Ministry of Children & Family Development

- [Help for youth and their families](#)
- [Reporting child abuse in BC](#)
- [A Case For A Civilian-Led Community Crisis Response](#) (Manitoba Police Accountability Coalition, 2024)