

Jurisdictional Scan – Crisis Response Models

Purpose: This is a preliminary scan of non-police led crisis response models in Toronto, other jurisdictions in Canada, and international jurisdictions. While not an exhaustive list, this scan outlines some of the key features of each model, including who operates the model, who responds to crisis situations, what services are offered, how and when the model can be accessed, and funding details. The information presented in this scan will be used to inform the development of a community crisis support service for the City of Toronto.

The scan contains four sections: 1) Non-police crisis response models in Toronto, 2) Non-police crisis response models in other Canadian jurisdictions, 3) Non-police crisis response models in international jurisdictions, and 4) a list of police co-response models in Canada and internationally

**Note – Indigenous-led models as well as models that are in the development or pilot stage have been noted throughout.*

SECTION 1: Non-police crisis response models in Toronto

Name & Jurisdiction	Operating Agency & Date/Status	Staff Composition	Service Description	Access & Dispatch	Hours of Operation
Gerstein Crisis Centre, Toronto	<ul style="list-style-type: none"> - Operated by Gerstein Crisis Centre - Community-based crisis support (not-for-profit organization) - Gerstein Crisis Centre and its mobile crisis services established in 1989 	<ul style="list-style-type: none"> - Gerstein staffed by Community Crisis Workers with broad range of experience / education, many including lived experience - All staff are trained in crisis intervention, suicide intervention, harm reduction, trauma-informed perspective 	<ul style="list-style-type: none"> - Services for adults (16+) dealing with mental health, concurrent, or substance use challenges and are currently in crisis - Telephone crisis line, mobile crisis team, community-based crisis beds, short term follow-up support, referrals - Harm reduction and trauma-informed approach 	<ul style="list-style-type: none"> - Crisis line accessed through 10-digit number - Mobile response organized with crisis staff following call with crisis line - Crisis line can be accessed directly by individuals (self-referrals) or by referrals from other service providers 	<ul style="list-style-type: none"> - Crisis services available 24/7
Youthdale Crisis and Mobile Support Team, Toronto	<ul style="list-style-type: none"> - Operated by Youthdale Treatment Centres (non-profit and charitable community agency) - Youthdale established in 1969 	<ul style="list-style-type: none"> - Youthdale staffed by psychiatrists, psychologists, neurologists, occupational therapists, social workers, nurses, speech and language pathologists, art therapists, and child and youth workers - Mobile Support Team staffed by one child and youth worker or social worker - Child psychiatrist available to consult with Crisis and Mobile Support Team 	<ul style="list-style-type: none"> - Services for children, youth, emerging adults (6-24 years) and their families struggling with complex mental health needs - Telephone crisis line, Crisis and Mobile Support Team, inpatient services, live-in programs, day programs, referrals - Trauma-informed approach 	<ul style="list-style-type: none"> - Crisis line accessed through 10-digit number - Crisis line call taker conducts intake and can send mobile response for further assessment/response - Crisis line can be accessed directly by individuals (self-referrals, generally by parents or guardians) - Consent-based service – child/youth is notified prior to mobile visit 	<ul style="list-style-type: none"> - Crisis line and mobile support available 24/7
Scarborough Health Network Emergency and Community	<ul style="list-style-type: none"> - Operated by Scarborough Health Network - Crisis services fully integrated and coordinated with hospital's 	<ul style="list-style-type: none"> - Staffed by professional crisis workers 	<ul style="list-style-type: none"> - Crisis services to adults (16+) who are experiencing a mental health crisis in Scarborough and East York 	<ul style="list-style-type: none"> - Crisis line accessed through 10-digit number - Crisis services also accessed through ER or through referrals 	<ul style="list-style-type: none"> - Crisis services can be accessed 24/7 through the emergency

Crisis Services, Toronto	Mental Health program / broader mental health care system		<ul style="list-style-type: none"> - Telephone and community crisis response (crisis de-escalation, crisis planning, assessments, referrals, community visits) - Hospital crisis program (crisis support for individuals arriving at ERs) 	<ul style="list-style-type: none"> from family physicians from community - Crisis line can be accessed directly by individuals (self-referrals) 	departments at SHN's Birchmount and General hospitals, and 16 hours a day / 7 days a week at Centenary hospital
Anishnawbe Mental Health Crisis Management Service, Toronto <i>*Indigenous-led model</i>	<ul style="list-style-type: none"> - Operated by Anishnawbe Health Toronto - Community health centre - Crisis management service began in 2007 	- Staffed by a rotation of Traditional Counsellors	<ul style="list-style-type: none"> - Crisis management services and referrals to internal and community services for members of Indigenous community in Toronto - Places Indigenous culture and tradition at its core, uses a client-centered, strengths-based, trauma-informed approach 	<ul style="list-style-type: none"> - Crisis line accessed through 10-digit number - Crisis services can be accessed directly by individuals (self-referral) 	- Crisis services available 24/7

SECTION 2: Non-police crisis response models in other Canadian jurisdictions (not including Toronto)

Name & Jurisdiction	Operating Agency & Date/Status	Staff Composition	Service Description	Access & Dispatch	Hours of Operation	Financial
24/7 Crisis Diversion, Edmonton	<ul style="list-style-type: none"> - Collaborative partnership between Boyle Street Community Services, Canadian Mental Health Association (211 program), HOPE Mission, REACH Edmonton - Works with stakeholders from Edmonton Police Service and Alberta Health Services Emergency Medical Services - Takes co-operative approach with police (24/7 Crisis Diversion services can be requested by police) - Established in 2015 	- Integrated community response team	<ul style="list-style-type: none"> - Mobile response to people who are in distress and vulnerable on the streets of Edmonton - Provides comprehensive, coordinated access to 24-hour services for vulnerable residents - Provides warm handoffs by connecting the individual with the support that they need for the immediate crisis - Purpose is to reduce the need for medical, judicial and police interventions 	<ul style="list-style-type: none"> - Can be accessed by calling 211 (press "3" for crisis) – operator will collect info and can dispatch mobile teams - Can be requested by police - Can be flagged down on the street - Can be self-initiated for outreach - Can be accessed directly by individuals (self-referral) or community members 	- Crisis diversion teams dispatched 24/7, 365 days a year	- Receives funds from City
Bear Clan Patrol, Winnipeg <i>*Indigenous-led model</i>	<ul style="list-style-type: none"> - Operated by Bear Clan Patrol, Winnipeg chapter (parent organization of Bear Clan Patrol) - Indigenous-led community safety - Established in 1992, re-started in 2015 (although practice has 	- Community volunteers (1500 volunteers)	<ul style="list-style-type: none"> - Indigenous-led community safety patrols and outreach to broader community - Promoting and providing safety, support, conflict resolution, visible 	- Can be accessed by community members through patrols (patrols are initiated by Bear Clan Patrol)	- Different patrol areas throughout city with different schedules (not 24/7, mostly evenings)	<ul style="list-style-type: none"> - Total revenue of \$600,000 (2019) - Funded through various grants

	<p>been around for thousands of years)</p> <ul style="list-style-type: none"> - Takes co-operative approach with police 		<p>presence on streets, rides, escorts and referrals</p> <ul style="list-style-type: none"> - Provides food, water, other supplies - Rooted in traditional teachings and culture - Non-violent, non- threatening, non-judgmental and supportive approach through relationship building and reconciliation 			
<p>Mama Bear Clan, Douglas Point, Winnipeg</p> <p><i>*Indigenous-led model</i></p>	<ul style="list-style-type: none"> - Operated by the North Point Douglas Women’s Centre (community organization) - Community safety led by Indigenous women - Inspired by Bear Clan patrol - Established in 2016 	<ul style="list-style-type: none"> - Community volunteers (500+ volunteers) 	<ul style="list-style-type: none"> - Indigenous-led community safety patrols and outreach to broader community - Offer loving presence, relationship-building, walking people home/to transit, needle disposal, basic first aid, calls to other services - Provides food, water, clothing, hygiene items if possible - Promotes safety for all and reduced violence - Incorporates the Seven Sacred Teachings: love, truth, honesty, respect, courage, humility and wisdom 	<ul style="list-style-type: none"> - Can be accessed by community members through patrols (patrols initiated by Mama Bear Clan) 	<ul style="list-style-type: none"> - Patrol 2 nights a week (Fri and Sun, 6-8pm) 	<ul style="list-style-type: none"> - North Point Douglas Women’s Centre receives funding from a variety of sources (government, foundations, community organizations, private sector, individual donors, etc.)
<p>Kenora Makwa Patrol / Bear Clan Patrol, Kenora</p> <p><i>*Indigenous-led model</i></p> <p><i>*Model in pilot stage</i></p>	<ul style="list-style-type: none"> - Operated by Kenora Makwa Patrol (based on Winnipeg Bear Clan Patrol but with own name and logo) - Indigenous-led community safety - Received funding in July 2020 for 1-year pilot - Originally began in 2016 but didn’t have enough resources to operate consistently (24/7) until now 	<ul style="list-style-type: none"> - Looking to hire paid employees (including people with lived experience as leaders) - Will also be staffed by volunteers 	<ul style="list-style-type: none"> - Indigenous-led community safety patrols and outreach to broader community - Patrol has access to mobile support worker with vehicle to respond to calls, transport people - Provides support for people in distress and those in need, transport to hospital/other services, crime prevention - Provides food, water, other supplies - Rooted in traditional teachings and culture - Non-violent, non- threatening, non-judgmental and supportive approach through relationship building and reconciliation 	<ul style="list-style-type: none"> - Can be accessed by community members through patrols (patrols initiated by Kenora Makwa Patrol) - Patrol can dispatch mobile support 	<ul style="list-style-type: none"> - Patrol 24/7 	<ul style="list-style-type: none"> - \$1.2 million in funding (for 1-year pilot) from Ontario government and Kenora District Services Board

<p>Wiindo Debwe Mosewin (Walking in Truth), Thunder Bay</p> <p><i>*Indigenous-led model</i></p>	<ul style="list-style-type: none"> - Operated by Wiindo Debwe Mosewin (a strictly grassroots non-profit organization) - Indigenous led community safety - Established in 2019 (originally connected to Bear Clan Patrol but began separate service due to Bear Clan’s co-operative approach with police) - No ties to police 	<ul style="list-style-type: none"> - Volunteer-run, no paid staff (40+ volunteers who are friends, settlers, allies, the 2SLGBTQIA+ community and First Nations peoples) 	<ul style="list-style-type: none"> - Indigenous-led community safety patrols and outreach to broader community - Patrols on foot, bus, bike and kayak patrols, plus scuba dive team - Provides emergency response, safe rides, basic First Aid and naloxone, needle exchange, traditional medicines, referrals (mental health, crisis, child and youth partners) - Delivers meals, snacks, hot beverages - Anti-human trafficking efforts - Harm-reduction approach - Dedicated to imagining and creating a feminist and decolonized form of community safety - Operate with Indigenous clan governance of Elk, Lynx, Eagle, Turtle, Bear & Beaver 	<ul style="list-style-type: none"> - Can be accessed through community patrols (patrols initiated by Wiindo Debwe Mosewin – community and youth provide direction on where to patrol) - Also accessed through 10-digit number (call or text), email, Facebook, word of mouth - Services can be accessed directly by individuals (self-referral) 	<ul style="list-style-type: none"> - 24/7 (can be contacted 24/7 and service will respond as quickly as possible) 	<ul style="list-style-type: none"> - Information not available
<p>Okihtcitawak Patrol Group (OPG), Saskatoon</p> <p><i>*Indigenous-led model</i></p>	<ul style="list-style-type: none"> - Operated by Okihtcitawak Patrol Group (community organization) - Indigenous-led community safety - Takes co-operative approach with police (training, information-sharing) 	<ul style="list-style-type: none"> - Volunteer-run (OPG CO-Founder is the only paid staff) 	<ul style="list-style-type: none"> - Indigenous-led community safety patrols and outreach to broader community - Provides post-crisis support, Indigenous-cultural support (e.g., smudging), support for people experiencing homelessness, needle pickup, reporting suspicious vehicles, referrals to other services - Provides water, lunches when possible - Relationship-building and presence on the streets, non-confrontational approach - Focused on harm reduction and community safety 	<ul style="list-style-type: none"> - Can be accessed by community members through patrols (patrols initiated by Okihtcitawak Patrol Group) 	<ul style="list-style-type: none"> - Patrols take place in the evenings from Wednesday to Sunday 	<ul style="list-style-type: none"> - Received \$50,000 in funding from Elton John AIDS foundation (2020) - Police have provided supplies such as flashlights, knife-resistant gloves, patches, vests and communication radios
<p>Manitoba Keewatinowi Okimakanak Inc Mobile Crisis Response Team, Manitoba’s First Nation (on and off reserve)</p>	<ul style="list-style-type: none"> - Operated by Manitoba Keewatinowi Okimakanak Inc. (non-profit, political advocacy organization) - Indigenous-led organization - Manitoba Keewatinowi Okimakanak Inc incorporated in reserve) 	<ul style="list-style-type: none"> - Staffed by an all-Indigenous team of special frontline Natural Helpers who will mobilize within respective communities 	<ul style="list-style-type: none"> - Provides holistic, culturally sensitive, and safe crisis response and trauma intervention to 63 First Nations in Manitoba (on and off reserve) - Crisis response and stabilization, debriefing, counselling, suicide assessment and post-suicide response, 	<ul style="list-style-type: none"> - Accessed through 11-digit crisis phone line and videoconferencing (zoom, FaceTime) - Crisis line can be accessed directly by individuals (self-referral) or community members 	<ul style="list-style-type: none"> - Available 24/7 	<ul style="list-style-type: none"> - Federal funding

<p><i>*Indigenous-led model</i></p>	<p>1981, Mobile Crisis Response Team began in 2017</p>		<p>safety planning, referrals, aftercare, follow-up, continuity of care</p> <ul style="list-style-type: none"> - Also responds to sexual violence, domestic violence, violent incidents, accidents, natural or manmade disasters - Crisis Response Trauma Intervention available upon request 	<ul style="list-style-type: none"> - Calls triaged by Crisis Team Coordinator who dispatches mobile response though designated Community Contact - Capacity to activate immediate response for clinical or medical intervention through medevac or assistance from the Nursing Station, Hospital or Health Care Centre 		
<p>Street Team OutReach Mobile (STORM), Ottawa</p> <p><i>*Indigenous-led model</i></p>	<ul style="list-style-type: none"> - Operated by Minwaashin Lodge Indigenous Women’s Support Centre - Program operating since 2008 - Link to MMIWG work - Info-sharing with police to identify “bad date list” individuals 	<ul style="list-style-type: none"> - Mobile team that reaches out to Indigenous women working in the sex trade 	<ul style="list-style-type: none"> - Assists women who are street involved and involved in the sex trade - Provides crisis intervention, immediate medical support, safety and shelter supports, immediate harm reduction, safety planning, community referrals, emergency transportation to medical facilities, detox centers, homeless and VAW shelters - Provides basic harm reductions: brown bag lunches, hygiene products, clothing, condoms, stems, needles, meth pipes, needle dispensaries, and basic first aid - Traditional Indigenous teachings are woven into all aspects of program 	<ul style="list-style-type: none"> - Mobile outreach self-initiated by STORM - STORM can also be accessed by calling or texting 10-digit number - Can be accessed directly by individuals (self-referral) or community members 	<ul style="list-style-type: none"> - Street outreach hours: Wed, Thurs, Fri – 5pm-12am; Sat, Sun, Mon - 5:30pm-11:30pm 	<ul style="list-style-type: none"> - Funded by Anti Human Trafficking Indigenous Led Initiative Fund, Ministry of Children Community and Social Services - Affiliated with Minwaashin Lodge (housing) Budgeting
<p>KUU-US, British Columbia</p> <p><i>*Indigenous-led model</i></p>	<ul style="list-style-type: none"> - Operated by KUU-US Crisis Line Society (non-profit organization) - For First Nations, by First Nations - Established in 1993 in response to amount of suicide attempts among Indigenous youth - Accredited crisis line recognized by the American Association of Suicidology since 2004 	<ul style="list-style-type: none"> - All crisis response personnel are certified and trained in Indigenous cultural safety, bringing an understanding of First Nations history and trauma from the residential school to their roles 	<ul style="list-style-type: none"> - A First Nations and Indigenous specific telephone crisis line (specific lines for children/youth, adults/Elders, and Métis peoples) - Also provides Local Crisis Mobile Outreach Services - Provides support for mental health challenges and crises related to residential school, child welfare, substance use challenges, health concerns, divorce and separation, suicide ideation and survivorship, grief 	<ul style="list-style-type: none"> - Crisis call line accessed through 11-digit toll free number, available from anywhere in BC - Crisis lines for youth and for adults can be accessed through their own 10-digit numbers - Crisis phone operators assess need for / contact local mobile outreach services as needed 	<ul style="list-style-type: none"> - Crisis line and mobile outreach services available 24/7 	<ul style="list-style-type: none"> - Crisis call lines funded by First Nations Health Authority and Métis Nation British Columbia - Mobile outreach services funded by BC Gaming Policy & Enforcement Branch

			<ul style="list-style-type: none"> and loss, crime, abuse, peer pressure and financial distress - Provides follow-up and care planning support, referrals to local services - Trauma-informed 	<ul style="list-style-type: none"> - Crisis line can be accessed directly by individuals (self-referral) 		
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SECTION 3: Non-police crisis response models in international jurisdictions

Name & Jurisdiction	Operating Agency & Date/Status	Staff Composition	Service Description	Access & Dispatch	Hours of Operation	Financial
<p>Albuquerque Community Safety Department (ACS), Albuquerque, New Mexico</p> <p><i>*Model in development</i></p>	<ul style="list-style-type: none"> - Currently in development (announced summer 2020) - Will be operated by City of Albuquerque (Albuquerque Community Safety Department) 	<ul style="list-style-type: none"> - Community Safety responders will have backgrounds as social workers, peer to peer support, clinicians, counselors, or similar fields - Will be trained in different areas including de-escalation, behavioral health 	<ul style="list-style-type: none"> - Mobile response - Will respond to calls related to intoxication, substance use and mental health challenges, people experiencing homelessness 	<ul style="list-style-type: none"> - Will be accessed by calling 911 (3rd dispatch option after police and fire) - ACS will dispatch community safety responders to 911 calls with or without other first responders from police/fire 	<ul style="list-style-type: none"> - Will be available 24/7 	<ul style="list-style-type: none"> - Funded by City budget (money will come from shifting funds from other departments including police, but won't take funds from "core" police work or existing reform efforts) - Council approved \$2.5 million USD for 2021 budget
<p>Georgia Crisis & Access Line (GCAL) and Mobile Crisis Services, Georgia</p>	<ul style="list-style-type: none"> - Operated by State of Georgia (Department of Behavioural Health and Developmental Disabilities) - Can request varied levels of support from police (support ranges from asking police to accompany, follow behind, or be on standby for the team) 	<ul style="list-style-type: none"> - Mobile Crisis Services staffed by licensed clinical professionals 	<ul style="list-style-type: none"> - Crisis phone line and mobile crisis response - Provides immediate on-site crisis management through assessment, de-escalation, consultation and referral with post crisis follow up 	<ul style="list-style-type: none"> - Services can be accessed by calling the 11-digit, toll-free Georgia Crisis & Access Line (GCAL) - Clinicians at call line triage call through standardized guidelines and dispatch mobile response as needed (expected to arrive within 1 hour of dispatch) - Can be accessed directly by individuals (self-referral) - preferable to speak directly to person in crisis, but can still be dispatched if unable to do so 	<ul style="list-style-type: none"> - Crisis line and mobile response available 24/7 	<ul style="list-style-type: none"> - Funded by Georgia's Department of Behavioural Health and Developmental Disabilities

<p>Upstream Mobile Crisis Intervention (Grady EMS – Mobile Integrated Health), Atlanta, Georgia</p>	<ul style="list-style-type: none"> - Operated by Grady Hospital (public health system, hospital-based trauma centre) - Program was developed and implemented in Jan 2013 - Program part of Grady's Mobile Integrated Health services 	<ul style="list-style-type: none"> - Team consists of a Grady EMS paramedic and a licensed clinical social worker - Staff roles – patient is evaluated for any medical condition by the Grady paramedic, and then care is transferred to the MH social worker to evaluate their MH crisis 	<ul style="list-style-type: none"> - Mobile response in SUV that is a fully equipped and licensed Medical First Responder unit - Provides reactionary emergency response to a mental health crisis - Also provides proactive system for frequent clients of EMS - Crisis response, transport to hospital or alternate destination, safety planning, appointment booking, providing resources 	<ul style="list-style-type: none"> - Services accessed through 911 – will respond to calls triaged through the NAEMD as category 25 (psychiatric / suicide attempt) - Services can also be accessed through 11-digit, toll-free Georgia Crisis & Access Line (GCAL) - Can respond as the sole responder or co-respond with an ambulance based on dispatch notes 	<ul style="list-style-type: none"> - Mobile crisis service available 9am-1am, 5 days a week - Crisis line available 24/7 	<ul style="list-style-type: none"> - Majority of Grady's revenue is generated through Medicare and Medicaid reimbursement, but they also provide charitable care
<p>Support Team Assisted Response (STAR), Denver, Colorado</p> <p><i>*Model in pilot stage</i></p>	<ul style="list-style-type: none"> - Operated by Mental Health Service of Denver and Denver Health - Began June 2020 – will run for 6-month pilot in central Denver before its intended expansion to the rest of city - Modeled on CAHOOTS program 	<ul style="list-style-type: none"> - Mobile team consists of mental health clinician (from Mental Health Center of Denver) and paramedic (from Denver Health) 	<ul style="list-style-type: none"> - Mobile crisis intervention for mental health, substance use, and other public health emergencies - Van equipped with basic life support and other resources (food, condoms, etc.) - Provides free medical care, first aid, crisis support (drug overdoses, suicidal individuals, mental illness problems, intoxication, etc.), support for people experiencing homelessness, rides, connection to other community services - Re-imagines public safety using harm reduction methods and removing the police from non-violent situations 	<ul style="list-style-type: none"> - Services accessed through 911 (4th dispatch option) - Can also be accessed through its own 10-digit line or through the Denver police's 10-digit non-emergency line - Can be accessed directly by individuals (self-referral) or by observer of someone in crisis 	<ul style="list-style-type: none"> - Currently available between 10am-6pm (when the highest volume of public health emergency calls are received by Denver 911) - Aim is to be available 24/7 	<ul style="list-style-type: none"> - Funded by City budget through Caring 4 Denver Fund (Denver voters approved sales tax increase in 2018 designed to fund community-programs in response to mental health and substance use needs (25 cents of every \$100 in tax revenue)) – STAR is receiving over \$200,000 USD from this fund)
<p>Crisis Assistance Helping Out on the Streets (CAHOOTS), Eugene, Oregon</p>	<ul style="list-style-type: none"> - Operated by White Bird Clinic (community-based humanistic healthcare and supportive services) - Launched in 1989 - Takes co-operative approach with police 	<ul style="list-style-type: none"> - Two-person teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience 	<ul style="list-style-type: none"> - Mobile crisis response - Responds to calls for non-emergency medical care, mental health crisis assessment and stabilization, suicide and self-harm response, substance use challenges, welfare checks 	<ul style="list-style-type: none"> - Accessed through 911 (4th dispatch option) and police non-emergency line - Calls taken, triaged, dispatched by 911 (dispatched via police) 	<ul style="list-style-type: none"> - Available 24/7 	<ul style="list-style-type: none"> - Annual program budget of \$2.1 million USD - Funded by City through contract between CAHOOTS and Eugene Police Dept

		<p>in behavioural mental health</p> <ul style="list-style-type: none"> - Staff complete up to 40 hours of training in class, and a minimum of 500 hours of in-field training 	<ul style="list-style-type: none"> - Provides referrals, advocacy support, and transport to social services, substance abuse treatment facilities, and medical care - Trauma-informed, de-escalation and harm reduction techniques 	<p>radios by Eugene Police Dept)</p>		<ul style="list-style-type: none"> - CAHOOTS reports that program saves City of Eugene an estimated \$8.5 million USD in public safety spending annually - CAHOOTS also reports that program saved roughly \$14 million USD in emergency medical systems costs, including ambulance transport and emergency room services in 2019
<p>Portland Street Response, Portland, Oregon</p> <p><i>*Model in development</i></p>	<ul style="list-style-type: none"> - Currently in development - Partnership between City and Portland Street Response - Plan originally proposed by Street Roots (Portland's weekly street newspaper) - Originally approved by City Council in Nov 2019, but still not operational due to City's focus on spending for/responding to COVID - aiming for early 2021 rollout 	<ul style="list-style-type: none"> - Team will consist of EMT, licensed mental health therapist, and community health worker - Will be trained by CAHOOTS program in Eugene 	<ul style="list-style-type: none"> - Mobile crisis response - Support for people experiencing homelessness or a behavioral / mental health crisis 	<ul style="list-style-type: none"> - Will be accessed through 911 and police non-emergency line - Bureau of Emergency Communications (which runs 911 response system) has preliminary list of screening questions – will now be training people / part of pilot year will be communicating with BOEC about call triaging 	<ul style="list-style-type: none"> - Aiming to be available 24/7 	<ul style="list-style-type: none"> - Funded by City - \$4.8 million USD approved by City Council in June 2020 (City cut an additional \$15 million USD from the Portland Police Bureau's budget, and directed a third of that total to Portland Street Response), although this funding may be reduced
<p>NYC Well and Mobile Crisis Teams, New York City, New York</p>	<ul style="list-style-type: none"> - NYC Well is operated by Vibrant Emotional Health (formerly Mental Health Association of NYC) on behalf of the NYC Department of Health and Mental Hygiene - Launched in 2016 	<ul style="list-style-type: none"> - Crisis line staffed by trained counselors and peer support specialists - Mobile Crisis Teams consist of a group of health professionals, such as nurses, social workers and psychiatrists, and peer support specialists 	<ul style="list-style-type: none"> - Crisis line for all ages (talk, text, online chat) and is access point to Mobile Crisis Teams - Provides crisis intervention, short-term counseling, information, referrals and follow-up for anyone seeking help for mental health and/or substance misuse concerns - Offers talk, text, chat in English, Spanish and Mandarin / Cantonese, and offers telephone interpretation in over 200 languages 	<ul style="list-style-type: none"> - Accessed through 11-digit number (calls), 5-digit number (texts), online chat - Single point of access for Mobile Crisis Teams – conducts risk assessments to determine if mobile response is necessary - Individuals can call NYC Well directly to request mobile response for themselves (self-referral) or someone else in crisis 	<ul style="list-style-type: none"> - Crisis line available 24/7 	<ul style="list-style-type: none"> - Information not available

<p>Mental Health Teams, New York City, New York</p> <p><i>*Model in development</i></p>	<ul style="list-style-type: none"> - Currently in development (Feb 2021 implementation) - Collaboration between Fire Dept, NYC Health + Hospitals, NYC Dept of Health and Hygiene, Police Dept, and Mayor’s Office - Will be piloted in 2 communities - NYC Health + Hospitals will train and provide ongoing technical assistance and support - Mayor’s Office will provide programmatic oversight for pilot 	<ul style="list-style-type: none"> - Teams will consist of Emergency Medical Services (EMS) health professionals from the Fire Dept and mental health crisis workers 	<ul style="list-style-type: none"> - Mobile crisis response - Will respond to behavioural health problems, suicide attempts, mental health and substance use challenges - Will respond to weapons calls with police 	<ul style="list-style-type: none"> - Will be accessed and dispatched through 911 	<ul style="list-style-type: none"> - Information not available 	<ul style="list-style-type: none"> - Funded by City
<p>Crisis Response Team, Rochester, New York</p> <p><i>*Model in development</i></p>	<ul style="list-style-type: none"> - Currently in development - Housed within the Rochester Department of Recreation and Human Services - Part of newly created Crisis Intervention Services Unit 	<ul style="list-style-type: none"> - Will be staffed by crisis counselors and Emergency Response Social Workers 	<ul style="list-style-type: none"> - Will respond to mental health, domestic violence, and other related crises 	<ul style="list-style-type: none"> - Will be accessed and dispatched through 911 	<ul style="list-style-type: none"> - Will be available 24/7 	<ul style="list-style-type: none"> - Funding for new Crisis Intervention Services Unit made possible by transfer of \$681,100 USD from police budget and \$300,000 USD from the City’s Contingency Budget
<p>Emergency Services Program / Mobile Crisis Intervention (ESP/MCI), Massachusetts</p>	<ul style="list-style-type: none"> - Collaboration between Massachusetts Behavioural Health Partnership, MassHealth Office of Behavioral Health, Dept of Mental Health - Has existed in Massachusetts for over 30 years, model was redesigned in 2009 	<ul style="list-style-type: none"> - Staffed by behavioral health professionals - MCI staffed by Master’s-Level Clinician and a Family Partner or Bachelor’s-Level staff person (bi-disciplinary, dual-priority intervention) 	<ul style="list-style-type: none"> - Available to people of all ages who are covered by MassHealth or Medicare (although supports can still be accessed if uninsured) - ESP services are for adults, MCI services for youth - Provides support for mental health and substance use challenges, behavioural crisis, assessment, intervention, and stabilization - Provides services at home or at other locations in community – diversion from ER - Available in English and Spanish 	<ul style="list-style-type: none"> - Accessed through toll-free, 11-digit number - Callers can obtain their local ESP by entering their zip code - Anyone can contact ESP/MCI 	<ul style="list-style-type: none"> - Available 24/7 	<ul style="list-style-type: none"> - Information not available
<p>Emergency Mobile Psychiatric</p>	<ul style="list-style-type: none"> - Collaboration between State of Connecticut and United Way 	<ul style="list-style-type: none"> - Staffed by licensed / licensed-eligible clinicians with degrees in 	<ul style="list-style-type: none"> - Mobile crisis response for children (0-18) experiencing a mental or behavioural health crisis 	<ul style="list-style-type: none"> - Accessed through 211 (press “1” for crisis) 	<ul style="list-style-type: none"> - Crisis line available 24/7 	<ul style="list-style-type: none"> - Funded by Department of Children and Families, in partnership

<p>Services (EMPS), Connecticut</p>	<ul style="list-style-type: none"> - Statewide call centre and network of contracted providers (collectively provide statewide coverage) - Contractors are primarily large, multi-service community-based behavioral health providers - Established in 2009 	<p>social work, psychology, family therapy (nearly 150 trained mental health professionals across the state)</p> <ul style="list-style-type: none"> - A “performance improvement center” is responsible for standardized training, data analysis, reporting, and quality assurance / improvement activities for all contracted EMPS providers 	<ul style="list-style-type: none"> - Mobile crisis stabilization, assessment and brief intervention, referral to ongoing care, crisis safety planning - Purpose is to serve children in their homes and communities, reduce the number of visits to the ER, divert from hospitalization if a lower level of care is a safe, effective alternative 	<ul style="list-style-type: none"> - A single statewide call centre manages all incoming calls - Callers are connected to a crisis specialist who triages call and transfers to a local Mobile Crisis provider who will gather more info and dispatch mobile response to location of child/youth - Mobile response within 45 minutes - Can be accessed by parents, schools, case managers, or the child or teen themselves (self-referral) 	<ul style="list-style-type: none"> - Mobile response available 6am-10pm Mon-Fri, and 1pm-10pm on weekends 	<p>with the United Way, Child Health and Development Institute</p>
<p>ACTION Line and Mobile Crisis Teams (MCT), Connecticut</p>	<ul style="list-style-type: none"> - Provided by Connecticut Department of Mental Health and Addiction Services (DMHAS), delivered through local mental health authorities - ACTION Line established in partnership with United Way - DMHAS funds and operates MCT services throughout the state - DMHAS-funded emergency crisis intervention centers are located throughout the state - Takes co-operative approach with police 	<ul style="list-style-type: none"> - ACTION Line staffed by dedicated contact specialists, licensed clinicians and a peer support specialist with lived experience with mental health and substance use challenges - MCTs are multidisciplinary teams which may include licensed master’s level social workers, licensed clinical social workers, licensed professional counselors, peer support specialists, nurses, mental health workers and psychologists 	<ul style="list-style-type: none"> - Phone line and mobile crisis response for adults - Services for individuals and families experiencing acute mental health and/or substance use crises - Provides referrals for continuous treatment and behavioral health care - Aims to promote the prevention of crises among persons and families and post-vention activities that support persons in developing a meaningful sense of belonging in their communities 	<ul style="list-style-type: none"> - Available to all Connecticut residents - Accessed through centralized 11-digit crisis phone line, or 211 - Crisis line staff will warm transfer call to local Mobile Crisis Teams 	<ul style="list-style-type: none"> - Crisis phone line available 24/7, 365 days a year 	<ul style="list-style-type: none"> - Funded by Connecticut Department of Mental Health and Addiction Services
<p>Crisis Response Unit (CRU), Olympia, Washington</p>	<ul style="list-style-type: none"> - Operated by Recovery Innovations International (non-profit mental health and substance use crisis service) 	<ul style="list-style-type: none"> - Teams of 2 comprised of a mental health and substance use disorder professional and a non- 	<ul style="list-style-type: none"> - Mobile crisis intervention unit and street patrol - Provides assistance and crisis response to people experiencing mental health and substance use 	<ul style="list-style-type: none"> - Can be accessed through 911 (4th dispatch option), directly by individuals (self-referral), through referrals from police/fire, referrals 	<ul style="list-style-type: none"> - Operational from 7am-9pm, 7 days a week 	<ul style="list-style-type: none"> - Annual cost of \$497,000 USD (plus \$110,100 USD in start-up costs) funded through a public safety

	<ul style="list-style-type: none"> - Launched April 2019 - Takes co-operative approach with police 	<p>emergency medical professional</p> <ul style="list-style-type: none"> - CRU staff have a diverse combination of education, varying from an AA to an MSW, experience, and many of them are also Certified Peer Counselors 	<p>challenges, people experiencing homelessness</p> <ul style="list-style-type: none"> - Provides crisis counseling, conflict resolution and mediation, grief and loss, housing support, first aid and non-emergency medical care, referrals, transportation to services - Harm reduction approach - Also conducts proactive check-ins with frequent clients (pairs frequent clients with peer navigators through “Familiar Faces” program) 	<p>from social service providers, or through patrols (patrols self-initiated by the CRU)</p>		<p>levy (passed in the city in 2017)</p>
Here2Help and Mobile Crisis Team, Baltimore	<ul style="list-style-type: none"> - Operated by Baltimore Crisis Response Inc. (BCRI) (non-profit organization) - BCRI is Baltimore’s first and only accredited, comprehensive crisis center - BCRI established in 1992 	<ul style="list-style-type: none"> - Here2Help Hotline staffed by trained counselors - Mobile Crisis Team staffed by mental health professionals (psychiatrists, social workers and nurses) 	<ul style="list-style-type: none"> - Operates Here2Help Hotline (crisis line) - Also operates Mobile Crisis Team - Provides mental health and substance use support, counseling, suicide response, adolescent crisis intervention - Provides transport to BCRI’s Crisis Residential Unit (average stay of 10 days) if residential treatment is necessary following a mobile response 	<ul style="list-style-type: none"> - Crisis hotline accessed through 10-digit number - Hotline counselors can dispatch the Mobile Crisis Team - Individuals can call hotline directly for themselves (self-referral) or for someone else in crisis 	<ul style="list-style-type: none"> - Hotline and mobile response available 24/7 	<ul style="list-style-type: none"> - Information not available
The Community Response Team, Washington, D.C.	<ul style="list-style-type: none"> - Housed within D.C.’s Department of Behavioral Health 	<ul style="list-style-type: none"> - Mobile response teams consist of social workers, clinicians, and peer outreach workers 	<ul style="list-style-type: none"> - Mobile crisis response for adults who are experiencing emotional, psychiatric or substance use vulnerabilities - Provides overdose prevention and reversal, on-the-spot behavioral health assessments, referrals to long-term supports, resources, and ongoing engagement with individuals with unmet health needs - Offers harm reduction options such as naloxone - Supports diversion from the criminal justice system for low level behavioral health related offenses 	<ul style="list-style-type: none"> - Can be accessed through specific 10-digit number, or 11-digit toll-free number 	<ul style="list-style-type: none"> - Mobile response available 24/7 	<ul style="list-style-type: none"> - Funded by D.C.’s Department of Behavioural Health
Mobile Assistance Community	<ul style="list-style-type: none"> - Currently in development - Housed within City’s Department of Violence 	<ul style="list-style-type: none"> - Mobile team will consist of mental health counselors and EMTs 	<ul style="list-style-type: none"> - Will provide medical assessment / clearance, de-escalation, crisis 	<ul style="list-style-type: none"> - Will be accessed through 911 	<ul style="list-style-type: none"> - Will be 24/7 	<ul style="list-style-type: none"> - Funded by City (City Council voted to set aside \$1.85 million

<p>Responders of Oakland (MACRO), Oakland, California</p> <p><i>*Model in development</i></p>	<p>Prevention, will be implemented through community-based organization</p> <ul style="list-style-type: none"> - Will be piloted in 2 areas of Oakland (emphasis on neighborhoods in East and West Oakland in alignment with the neighborhoods identified by the DVP's place-based strategy) - Modeled after CAHOOTS program 	<ul style="list-style-type: none"> - Will look to hire peer professionals as counselors trained to respond, de-escalate and support individuals in crisis - Will emphasize training community members that have been at the center of violence either as victims or perpetrators as responders 	<p>support, connection to care and other services</p> <ul style="list-style-type: none"> - Will also provide transport, follow-up (as determined in consultation with individual in crisis) 			<p>USD for program – money re-allocated from police budget)</p>
<p>Office of Community Response (OCR), Sacramento, California</p> <p><i>*Model in development</i></p>	<ul style="list-style-type: none"> - Currently in development – will be its own office operated by City of Sacramento (within Office of the City Manager) - City Council directed the creation of OCR in July 2020 	<ul style="list-style-type: none"> - Interim Director is Licensed Clinical Social Worker, has served as an administrator, social worker and counselor in law enforcement and in public schools - Staffing model to be developed 	<ul style="list-style-type: none"> - Will be alternative response model for 911 calls that do not require a police officer response 	<ul style="list-style-type: none"> - Will be accessed through 911 	<ul style="list-style-type: none"> - Information not available 	<ul style="list-style-type: none"> - Funded by City (City Council approved \$5 million USD in funding for OCR)
<p>Street Crisis Response Team, San Francisco, California</p> <p><i>*Model in pilot stage</i></p>	<ul style="list-style-type: none"> - Partnership between the City's Department of Public Health and Fire Department with significant support from the Department of Emergency Management - Police Department will be a key partner in transition of 911 calls to new teams - Pilot program launched in Nov 2020 - Will initially focus on Tenderloin neighbourhood but aiming to ramp up to 6 teams by March 2021 to operate citywide 	<ul style="list-style-type: none"> - Staffed by community paramedic, a behavioral health clinician, and a behavioral health peer specialist who has lived experience of homelessness, mental illness, and/or substance use disorder 	<ul style="list-style-type: none"> - Response to calls related to people suffering from mental health and substance use challenges on city streets - Aims to provide trauma-informed clinical interventions and care coordination, and divert individuals in crisis away from emergency rooms and criminal legal settings into behavioral health treatment - Individuals will be connected to services and supported by Public Health to ensure follow-up care is coordinated 	<ul style="list-style-type: none"> - Accessed and dispatched through 911 	<ul style="list-style-type: none"> - Initially operating Monday-Friday, from 10am-6pm - Aiming to ramp up to 24/7 availability 	<ul style="list-style-type: none"> - Mayor's proposed budget for 2020-21 and 2021-22 includes \$4 million USD from the General Fund to support this pilot

<p>Uplift Family Services Mobile Crisis Team, Santa Clara County, California</p>	<ul style="list-style-type: none"> - Operated by Uplift Family Services (non-profit behavioral health provider) 	<ul style="list-style-type: none"> - Crisis staff 	<ul style="list-style-type: none"> - Provides mobile crisis intervention to children / teens in the community in acute psychological crisis - Provides assessment, support, safety planning, referrals - Mobile Crisis Teams part of Uplift's continuum of care for children and teens (which also includes community transition services and a crisis stabilization unit) - Believes the most effective form of care for children, teens, and their families is based in the community 	<ul style="list-style-type: none"> - Services accessed through specific 10-digit number, or 11-digit toll-free number 	<ul style="list-style-type: none"> - Hotline and mobile response available 24/7 	<ul style="list-style-type: none"> - Information not available
<p>Therapeutic Transportation Pilot Program, LA</p> <p><i>*Model in development / pilot stage</i></p>	<ul style="list-style-type: none"> - Collaboration between City and County - 1 year pilot beginning Jan 2021 - Pilot will be studied as a means to effectively triage emergency responses for those experiencing a mental health crisis 	<ul style="list-style-type: none"> - Team of mental health experts / clinicians embedded in 5 LA City Fire stations to correspond or take lead on emergency mental health calls (non-violent) 	<ul style="list-style-type: none"> - Mobile mental health crisis response, therapeutic support, de-escalation - Ability to connect remotely with a psychiatrist who can speak with the individual in crisis while in transit - Will use therapeutic vans specifically equipped to transport individuals experiencing a mental health crisis - Transport to Mental Health Urgent Care Center 	<ul style="list-style-type: none"> - Can be accessed through 911, the LA Police Dept or LA Fire Dept - Mental health experts integrated into the emergency response for calls 	<ul style="list-style-type: none"> - Available 24/7 	<ul style="list-style-type: none"> - Funded by City and County
<p>MH First, Sacramento / Oakland</p>	<ul style="list-style-type: none"> - Operated by The Anti-Police Terror Project (a Black-led, multi-racial, intergenerational community coalition) - Operating since Jan 2020 - No ties to police - Currently only available through phone support due to COVID 	<ul style="list-style-type: none"> - Volunteer-led, peer support workers and counselors - Phone line is staffed by volunteers made up of doctors, nurses, mental health professionals, and community members - Mobile team consists of a mental health professional, an EMT or RN, and a security liaison – each has a specific job: the EMT or registered nurse will 	<ul style="list-style-type: none"> - Provides mobile peer support, de-escalation assistance, and non-punitive and life-affirming interventions - Responds to mental health crises such as psychiatric emergencies, substance use support, and domestic violence situations that require victim extraction - Focus on needs of person experiencing crisis as opposed to the harm they could potentially cause – focus on de-escalation, compassion, care 	<ul style="list-style-type: none"> - Can be accessed through 10-digit number - Can call, text, or message on email/social media - Phone line call taker can dispatch mobile team 	<ul style="list-style-type: none"> - Sacramento Fri-Sun, 7pm-7am - Oakland Fri-Sat 8pm to 8am 	<ul style="list-style-type: none"> - Information not available

		check vitals, the mental health professional will work with the individual in distress, and the security liaison will manage the presence of community members and police	- Aims to decriminalize emotional and psychological crises, decrease the stigma around mental health, substance use, and domestic violence, while also addressing their root causes: white supremacy, capitalism, and colonialism			
Psykiatrisk Akut Mobilitet (PAM) - Mental Health Ambulance, Stockholm, Sweden	- Operated by City of Stockholm - Launched in March 2015 - Takes co-operative approach with police, ambulance and rescue services as needed	- Staffed with two specialized psychiatry nurses and a paramedic	- Mobile response to emergency calls regarding persons in severe mental health or behavioral distress, with focus on patients with acute risk of suicidal behavior - For people of all ages - Provides transport – vehicle resembles ambulance and is equipped with emergency vehicle lighting, defibrillator, and computer with mobile access to medical records and essential medication - Creates open and safe place for dialogue	- Initiated by call from member of public to the Emergency Call Center (ECC) in Stockholm County - Emergency operator receives call and identifies a mental health related crisis suitable for PAM - Operator assesses a suitable priority level for the call from a three-grade priority level scale	- Operates from 3pm-1am daily	- Funded by City of Stockholm
Crisis Resolution and Home Treatment (CRHT) Teams, UK	- Nationally implemented teams across England following the National Health Service Plan of 2000	- Teams usually include mental health professionals, such as a psychiatrist, mental health nurses, social workers and support workers	- Provides intensive support at home for adults experiencing an acute mental health crisis - Provides response to acute mental health crises (including suicide), rapid assessment, home treatment, facilitation of early discharge from hospital, can administer medication, support with childcare/ housing arrangements - Hospital diversion – aims to reduce both the number and length of hospital admissions and to ease the pressure on inpatient units	- Varying ways to access local crisis teams – some can be contacted directly by individuals (self-referral), some can only be accessed through referrals from other healthcare professionals	- 40% of teams able to provide a full 24/7 service - Some able to achieve 4-hour targets from referral to assessment (often happens next day)	- Funded by National Health Service

SECTION 4: List of police co-response models in Canada and internationally

- Mobile Crisis Intervention Teams (MCIT) - Toronto, Canada
- Integrated Mobile Police and Crisis Team (IMPACT) - Waterloo Region, Guelph, and Wellington County, Canada

- Crisis Outreach and Support Team (COAST) - Hamilton, Niagara, Halton and Peel Regions, Canada
- Mobile Crisis Rapid Response Team (MCRRT) - Hamilton and Peel Region, Canada
- Community Crisis Response Service – York Region, Canada
- Mental Health Mobile Crisis Team (MHMCT) - Halifax, Canada
- Car87 - Vancouver, Canada
- Police Crisis Response Team (PACT) model - Saskatoon, Regina, Edmonton, Calgary, Kelowna, Canada
- Expanded Mobile Crisis Outreach Team (EMCOT) - Austin, USA
- Rapid Integrated Group Healthcare Team (RIGHT Care) - Dallas, USA
- Crisis Intervention Response Team - Houston, USA
- Department of Community Resilience - Chattanooga, USA
- Systemwide Mental Assessment Response Team (SMART) - Los Angeles, USA
- Crisis Intervention Team (CIT) - Memphis, USA
- Correctional Service Officer (CSO) Program - Birmingham, USA
- Mobile Crisis Assistance Team – Indianapolis, USA
- Police Ambulance Crisis Emergency Response (PACER) - Victoria, Australia