

## Guiding Principles:

The design of the community crisis support service is based on a set of guiding principles that were validated through community consultations and the Alternative Community Safety Response Accountability Table. The community crisis support service aims to:

- Enable multiple coordinated pathways for clients to access crisis services;
- Ensure a transparent and consent-based service of care;
- Incorporate a harm-reduction and trauma-informed approach in all aspects of the service;
- Ground the service in the needs of the service-user, while providing adaptive and culturally relevant individual support needs;
- Guarantee accountability to service users' voices and outcomes by establishing clear pathways for complaints, issues, and data transparency.

The community crisis support service will be led by community health partners piloted in four areas across the City from 2022-2025, with a view to full scale city-wide implementation in 2026. The new service model will feature the following key components:

## Components of the Community Crisis Support Service

Service Components	Details
<i>Community Anchor Partners</i>	<ul style="list-style-type: none"> <li>• Community anchor partners will lead the delivery of the community crisis response service. These anchor partners are community organizations that operate as health service providers (e.g. community health centres and not-for-profit organizations that provide mental health and substance use services)</li> <li>• The anchor partners will be selected through a call-out for partnership applications. Staff will establish an application review committee with members</li> <li>• Anchor partners will receive funding to deliver a number of services including, but not limited to:               <ul style="list-style-type: none"> <li>- Hiring and managing crisis response workers,</li> <li>- Ongoing training of crisis response workers,</li> <li>- Case management for service users,</li> <li>- Mental health counselling and supports,</li> <li>- Substance use and rehabilitation supports,</li> <li>- Mental health promotion and awareness in community,</li> <li>- Providing staff support for the evaluation of the service</li> </ul> </li> </ul>
<i>Crisis Call Intake Process</i>	<ul style="list-style-type: none"> <li>• Multiple pathways to crisis call intake are being explored to ensure an accessible "no wrong door" approach for individuals seeking crisis and support services.</li> <li>• This could include a potential collaboration with Toronto Police Service to triage and transfer crisis calls such as non-violent "Person in Crisis" calls, "Emotionally Disturbed Person" calls, and "Wellness Checks" received by 911.</li> <li>• City staff also propose creating additional crisis service pathways with the support of an alternative crisis call intake</li> </ul>

	<p>line such as 211. Staff have initiated preliminary conversations with FindHelp 211 to explore this approach.</p> <ul style="list-style-type: none"> <li>• The crisis call intake process will be supported by a multilingual public education campaign to educate the public on the new crisis support service, how to access it, and when to call 911 for medical emergencies</li> </ul>
<i>Crisis Support Teams</i>	<ul style="list-style-type: none"> <li>• Staff propose a multi-disciplinary and community-based crisis service team will respond to crisis calls. The team will include at least two crisis workers to ensure mutual safety.</li> <li>• The team may receive support from a case manager; holistic or culturally-specific mental health expert; or other population-specific mental health or outreach worker These specialists will attend the calls when their expertise is needed and will enable the team to respond to a broader range of service calls</li> <li>• Crisis service teams will need to complete a mixture of classroom and field training prior to the launch of the service</li> <li>• Crisis workers will be representative of the geographic areas and/or populations served</li> </ul>
<i>Pilot Geography</i>	<p>The pilots are recommended to operate in the following areas:</p> <ul style="list-style-type: none"> <li>- Northwest Etobicoke – Toronto Police Divisions 23 and 31- This area has the highest apprehensions under the Mental Health Act, which permits officers to apprehend individuals they believe are at risk of causing harm to themselves or others and accompany them to a hospital for assessment and/or treatment. In addition, there is no local community led crisis response program currently operating in Etobicoke.</li> <li>- North Scarborough – Toronto Police Divisions 42 and 43. This area has the second highest rates of mental health apprehensions, and the longest hospital wait times for police officers who accompany individuals experiencing a crisis.</li> <li>- Downtown East – Toronto Police Division 51- This area has the highest calls for persons in crisis in the City.</li> <li>- Indigenous-led pilot – Geographic area to be determined through further consultation with Indigenous communities.</li> </ul> <p>See Attachment 9 for a visual depiction of the pilot geographies.</p> <p>The following criteria were considered when defining pilot geography:</p> <ul style="list-style-type: none"> <li>- Alignment with Toronto Police Service boundaries</li> <li>- Areas with the highest volumes of the following police call categories: "persons in crisis" (inclusive of "attempted suicide"), "emotionally disturbed person", "elopee", "jumper", "overdose" and "threaten suicide"</li> <li>- Areas with the highest Mental Health Act (MHA) apprehension rates resulting from "persons in crisis" calls</li> </ul>

	<ul style="list-style-type: none"> <li>- Highest volumes of calls attended by the Mobile Crisis Intervention Teams (MCIT)</li> <li>- Considerations of geographic equity such as the availability of mental health and supportive services and alignment with Neighbourhood Improvement Areas</li> </ul>
<p><i>Evaluation &amp; Knowledge Mobilization</i></p>	<ul style="list-style-type: none"> <li>• A third-party evaluator will create a common outcomes and evaluation framework for the pilots and lead the implementation of the evaluation in collaboration with anchor partners</li> <li>• An Indigenous evaluation partner will lead the data collection and evaluation for the Indigenous-led pilot.</li> <li>• The evaluation partner will publish an independent yearly review of the status of the pilots and will organize a community of practice for crisis response workers to share best practices, learnings, and trends from across the city</li> </ul>
<p><i>Governance and Oversight</i></p>	<ul style="list-style-type: none"> <li>• City staff will establish a Pilot Oversight Committee to regularly review the performance of the pilots with the evaluation team and identify improvements.</li> <li>• The Committee will include:             <ul style="list-style-type: none"> <li>- persons with lived or living-experience of substance use and mental health challenges;</li> <li>- members of the community with mental health expertise; and</li> <li>- key stakeholders (e.g. local hospitals, Ontario Health Teams, and the Toronto Police Service).</li> </ul> </li> </ul>
<p><i>Role of the City of Toronto</i></p>	<ul style="list-style-type: none"> <li>• Coordinate with key players in the sector (e.g. hospitals, community agencies) to facilitate an integrated system of crisis response services.</li> <li>• Provide funding, implementation, evaluation, and governance support for all the pilots</li> <li>• Coordinate training development and delivery for crisis response</li> <li>• Lead pilot evaluation and reporting to community and City Council</li> <li>• Identify and help solve issues and challenges faced by anchor partners</li> <li>• Organize Pilot Oversight Committee meetings and stakeholder outreach</li> <li>• Establish and execute community investment for preventative and post-crisis support services</li> <li>• Advocate for intergovernmental investments to strengthen the mental health and addictions system</li> </ul>

*Pilot Timeline*

The pilots are expected to operate over three years from 2022 to 2025 and will be implemented in three phases:

<b>Phase</b>	<b>Activity to be Completed</b>
<i>Phase 1: Approvals and Funding (January to February 2021)</i>	<ul style="list-style-type: none"> <li>• City Council to consider staff recommendations and budget request for 2021.</li> </ul>
<i>Phase 2: Partnership Development (March to December 2021)</i>	<ul style="list-style-type: none"> <li>• Continue to engage residents and community organizations, on the development of the pilot</li> <li>• Develop call for proposals for pilots in consultation with key stakeholders such as Indigenous, Black and equity-deserving communities</li> <li>• Organize a pilot selection committee to select anchor partners</li> <li>• Select evaluation partners and develop outcomes and evaluation framework for the pilots</li> <li>• Create governance structure for pilots</li> <li>• Anchor partners begin hiring, training and developing mobile teams</li> <li>• Develop Memorandum of Understanding between Toronto Police Service and the community crisis teams regarding call triaging, interactions with Mobile Crisis Intervention Teams, and crisis call intake process</li> <li>• Design public education campaign</li> </ul>
<i>Phase 3: Pilot Implementation and Evaluation (First quarter of 2022 to 2025)</i>	<ul style="list-style-type: none"> <li>• Launch pilot</li> <li>• Implement public education campaign</li> <li>• Engage Pilot Oversight Committee</li> <li>• Regularly evaluate and report on pilots</li> </ul>