

Request for Expressions of Interest

Community Crisis Support Service Indigenous-led Pilot

1. GENERAL INFORMATION

Purpose

This Request for Expression of Interest (REOI) is to select eligible charitable or not-for-profit organization(s) to deliver the Community Crisis Support Service Indigenous-led pilot on behalf of the City of Toronto.

Submission Deadline

- **August 18th, 2021 by 5 PM Eastern Standard Time**

Please note that this REOI application and the required documents listed on the Mandatory Submission Requirements Checklist (see Appendix A) must be submitted via email by the submission deadline. Applications and required documents submitted after the deadline of August 18th by 5 PM Eastern Standard Time will not be accepted.

Information Sessions

- **Session 1: July 28th, 2021 at 11 AM Eastern Standard Time**
- **Session 2: July 29th, 2021 at 5 PM Eastern Standard Time**

Two information sessions for all interested parties will be organized for July 28th at 11 AM and July 29th at 5 PM. To register for the information session and receive a link, please email policingreform@toronto.ca. Registration will close on July 28th at 10 AM.

Submission Method

Please submit the completed REOI application and required documents attached in **one email** using your organization's business email to policingreform@toronto.ca. In accordance with public health measures, applications and required documents are only accepted by email at this time.

Questions

Questions regarding this REOI Application can be directed to policingreform@toronto.ca. All answers to questions will be posted on the policing reform website for all parties to view. Posting will go up once a week on a Wednesday by 12pm. The last day for questions will be **August 11th, 2021**.

2. APPLICATION EVALUATION AND SELECTION PROCESS

SDFA Division will convene a Review Panel to assess all REOI applications submitted by the submission deadline of **August 18th 2021 at 5 PM Eastern Standard Time**. The Review Panel will assess each eligible Expression of Interest based on a point system described in this REOI.

Review Panel

All REOI will be reviewed by a panel of key internal and external stakeholders comprised of key City leadership as well as members of Indigenous communities and subject matter experts. The panel will apply the evaluation criteria set out in the REOI to assess each proposal.

Interview Process

Once the panel reviews applications the highest scoring proponents will be invited to an interview. The interview will provide an opportunity for the panel and proponents to discuss applications and intended approaches in more detail.

Evaluation Results

Upon conclusion of the evaluation process, a final recommendation of the eligible charitable or not-for-profit organization will be made by the Review Panel. A letter from Social Development, Finance and Administration (SDFA) Division will be sent to the successful proponents to inform them of the outcome of the process. By responding to this REOI, organizations are agreeing that the decisions of the Review Panel are final and binding. Unsuccessful proponents will be notified via email as appropriate. At the end of the process, the City will provide feedback to Proponents who request it.

Negotiations and Agreement

The award of any agreement will be at the absolute discretion of the City. The selection of an organization will not oblige the City to negotiate or execute an agreement with that organization. Any award of an agreement(s) resulting from this REOI will be in accordance with the by-laws, policies and procedures of the City and may be subject to approval by City Council. The City has the right to negotiate on such matter(s) as it chooses with the selected organization without obligation to negotiate with other organizations. The City shall incur no liability to any other organizations as a result of such negotiation.

Please refer to Appendix E for further information about the terms and conditions of agreement upon notification of the award.

3. MANDATORY ELIGIBILITY REQUIREMENTS

To be eligible the Proponent (or in the case of a collaborative proposal the Lead Organization) must:

- a. Be Indigenous-led, as defined as having more than fifty-one percent of the Board or executive leadership positions held by those who self-identify as Indigenous;
- b. Provide proof of status of either Lead Organization or, if appropriate, Sub-Contracted Organization(s), as a “health service provider” as defined in the People's Health Care Act (2019).
- c. Provide proof of incorporation and status as a not-for-profit or charitable organization; and
- d. Most recent audited budget statements for Lead Organization and, if appropriate, Sub-Contracted Organization(s).
- e. Satisfy all requirements outlined in the Request for Expressions of Interest (REOI) and comply with all applicable laws and policies of the City.

4. THE CITY WELCOMES COLLABORATIVE PROPOSALS

Collaborations among organizations are strongly encouraged. Applications can be submitted by a single organization or as a collaboration with two or more organizations. Collaborative proposals must clearly identify a Lead Organization. Applications from a single organization are strongly encouraged to demonstrate collaborative relationships with other community service organizations that can be leveraged for referrals and linkages to services during the Community Crisis Support Service pilot period. While the Lead Organization of a collaborative proposal must be Indigenous-led, collaborative proposals with non-Indigenous partners are permitted.

5. SELECTION CRITERIA

The eligibility assessment scores applications based on their ability to meet the eligibility criteria. The application will be marked based on the point system described in Part 2, Section 4 – Evaluation of this REOI.

PART 1 – OVERVIEW OF WORK: COMMUNITY CRISIS SUPPORT SERVICE PILOTS

SECTION 1 – INTRODUCTION

1.1 Background

The Indigenous-led Community Crisis Support Service pilot responds to Toronto City Council direction to staff on June 29, 2020 to develop an alternative community safety response model for calls involving Toronto residents in crisis. In February 2021, Toronto City Council unanimously approved piloting a new community crisis support service for non-emergency calls. The Indigenous-led pilot strongly advocates for changes to policing in Toronto by testing a non-police led, alternative community safety response model that leverages an Indigenous approach to providing care and support to those in crisis.

Toronto City Council's direction came on the tails of a larger movement that was decades in the making, calling for a critical reflection of the ways in which colonialism, current & historical intergenerational traumas, systemic racism, anti-Indigenous and anti-Black racism, transphobia, and stigma towards addictions & mental illness can compound police interactions and lead to potentially negative outcomes for Toronto's most vulnerable.

Evidence has demonstrated that the lack of experience in the application of mental health first aid procedures and culturally sensitive verbal and nonverbal de-escalation responses have resulted in disproportionate use of force—including deadly force, invasive searches—and greater surveillance on Indigenous, Black, LGBTQ2S+ and equity-deserving communities. This has negatively impacted community trust and confidence in a police-led response to those experiencing health crises, as using law enforcement approach to address health issues creates service barriers and risks for many Torontonians.

In recognition of Canada's colonial legacy and the way anti-Indigenous racism continues to impact the safety and wellbeing of many urban Indigenous peoples, any approach to crisis response must reflect the commitments outlined in the Truth and Reconciliation Commission and the Missing and Murdered Indigenous Women and Girls (MMIWG) Calls for Justice.

Truth and Reconciliation Commission	
Action 23	We call upon all levels of government to: i. Increase the number of Aboriginal professionals working in the health-care field. ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities. iii. Provide cultural competency training for all healthcare professionals.
Action 40	We call on all levels of government, in collaboration with Aboriginal people, to create adequately funded and accessible Aboriginal-specific victim programs and services with appropriate evaluation mechanisms.
MMIWG Calls for Justice	
Action 3.4	We call upon all governments to ensure that all Indigenous communities receive immediate and necessary resources, including funding and support, for the establishment of sustainable, permanent, no-barrier, preventative, accessible, holistic, wraparound services, including mobile trauma and addictions recovery teams. We further direct that trauma and addictions treatment programs be paired with other essential services such as mental health services and sexual exploitation and trafficking services as they relate to each individual case of First Nations, Inuit, and Métis women, girls, and 2SLGBTQQIA people.

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Action 3.5	We call upon all governments to establish culturally competent and responsive crisis response teams in all communities and regions, to meet the immediate needs of an Indigenous person, family, and/or community after a traumatic event (murder, accident, violent event, etc.), alongside ongoing support.
Action 9.7	We call upon all police services to partner with front-line organizations that work in service delivery, safety, and harm reduction for Indigenous women, girls, and 2SLGBTQIA people to expand and strengthen police services delivery.

1.2 Community Crisis Support Service: Indigenous-led Pilot

The Indigenous-led pilot is set to launch in Q1 2022 and will provide an alternative to the presence of police at mental and behavioural health calls and wellness checks in the pilot catchment area. Torontonians located in the pilot area will be able to request the new service by calling 911 and 211. The Indigenous-led pilot teams will be dispatched through 211 and provide crisis support services that will integrate cultural safety protocols and holistic care options. The service should be respectful of the diversities of experience of each individual using the services and should be client-centered in its approach. Mobile multidisciplinary teams of crisis workers will be available 24 hours a day, 7 days a week and will be trained in areas such as mental health and crisis management, de-escalation, advanced first aid, overdose response, situational awareness, etc.

The pilot will offer multi-disciplinary services, such as primary health care, referrals to specialized services, housing advocacy, follow-up support, and cultural and western approach options to case management as needed.

The mobile teams will also be supported by a Project Coordinator to undertake project administration, data collection and reporting activities, as well as licensed Mental Health Clinician/Clinical Supervisor to provide therapeutic consultation and clinical supervision and support for staff. The mobile teams will use non-emergency vehicles and wear markers of identification (e.g. hats, sweaters, jackets, lanyards, etc) to clearly distinguish the team members as professional responders separate from law enforcement.

The pilot will serve diverse Indigenous and non-Indigenous communities in Toronto. The pilot's design was informed by community consultations conducted in the fall of 2020 and was further developed through collaboration with community members and subject matter experts from the Indigenous Circle. The Indigenous-led Community Crisis Support Service pilot will operate alongside the three other City of Toronto Community Crisis Support Service (CCSS) pilots being implemented as per the direction of Toronto City Council.

1.3 Community Consultations

Identified through community engagement in fall 2020, Indigenous stakeholders highlighted that an effective community crisis support service needed to:

- Be grounded in an informed understanding of Indigenous peoples and the historical social and justice inequalities, including community relationships, ceremonies, traditions, knowledge and kinship;
- Incorporate a holistic understanding of care based on culture and teachings of the medicine wheel (mental, spiritual, physical, and emotional care and wellbeing);

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- Provide access to Indigenous ceremonies and traditional medicines;
- Include the leadership of Indigenous Elders and Knowledge Keepers;
- Support community capacity building in such areas as self-managed housing initiatives, food sovereignty and land-based initiatives like community gardening.

Summaries of the community engagements are set out in greater detail in this REOI (see Appendices B & C).

1.4 Role of the Community Crisis Support Service Indigenous Circle

An Indigenous Circle (“the Circle”) on the Community Crisis Support Service Pilots was convened to bring together Indigenous community members to:

- Support the development of an Indigenous-led community crisis support service with feedback on necessary requirements for the pilot to be successful;
- Support the evaluation and selection of a community anchor partner to develop the Indigenous-led Community Crisis Support Service pilot;
- Serve as a space to provide feedback and recommendations for the Indigenous-led pilot response and to identify opportunities for further community engagement.

The Circle includes representation from various sectors related to Indigenous-led safety response models drawn from stakeholders in Indigenous policy, mental health and substance use services, homeless advocates as well as Traditional Wellness. The Circle provided input into the REOI scope of work and evaluation of the pilot.

1.5 Guiding Principles and Teachings

Identified through collaborative discussion, the Indigenous Circle developed the following key principles and teaching that should inform the design of the proposed Indigenous-led Community Crisis Support Service pilot:

- Incorporate a trauma-informed approach that takes into account cultural safety protocols in all aspects of the service as well as access to sacred medicines and ceremony.
- Honour both Indigenous and non-Indigenous ways of knowing in service provision to provide services in a safe, respectful and inclusive manner.
- Apply the Seven Grandfather Teachings (Honesty, Humility, Respect, Courage, Wisdom, Love and Truth) to all aspects of service delivery.
- Ground the service in non-judgmental acceptance of choice; prioritizing humility, informed consent and strength-based approaches.
- Offer a holistic approach reflective of intergenerational past, present and future traumas supports and awareness,
- Enable multiple coordinated pathways for clients to access crisis and support services,
- Guarantee accountability to service users' voices and outcomes by establishing clear pathways for complaints, issues and data transparency.
- Recognize diversities within the community, and provide service offerings that demonstrate an understanding of this (e.g. LGBTQ2S+, youth, blended families, etc.)

SECTION 2 – SCOPE OF SERVICES

2.1 Overview

This REOI seeks proponents to implement and deliver a three-year pilot of community crisis support services starting in 2022 on behalf of the City of Toronto.

Potential proponents should demonstrate their qualifications to implement the Community Crisis Support Service pilot as described in this REOI. Potential proponents should demonstrate their ability to meet the minimum required services, staffing requirements, minimum and preferred qualifications, and the supplemental questions. Proponents will also be asked to submit a budget and budget narrative. Proposals may be submitted from a solo organization who qualifies to carry out all of the required services within one agency, or from a collaborative of organizations that identifies a lead agency and includes partnering organizations to carry out different aspects of the required services.

2.2 Service Delivery Requirements

This section provides a breakdown of the mandatory service delivery requirements. In their proposals, potential proponents are encouraged to incorporate and build upon the suggested service components, incorporating innovative approaches and complementary tasks as they see fit.

Service Component 1: Ongoing Project Management, Administration, and Oversight

Ensure effective administrative oversight and project management throughout the contract. The successful proponent must ensure that the project is run effectively, on-time and on-budget and must ensure that all deliverables and project objectives are met.

- Project Coordination
 - Provide management and leadership of the pilot team;
 - Work with the City to develop budgets, resourcing needs, schedules for deliverables, progress tracking and personnel responsibilities;
 - Ensure quality control for the duration of the contract by monitoring staff and sub-Consultant (if required) performance;
 - Monitor Project progress towards agreed upon work plan by keeping City staff informed through regular (monthly) updates: provided by a combination of phone calls, webinars, in-person meetings at locations determined in the city, or written reports;
 - Develop and periodically review a standard complaint handling procedure for the service;
 - Work with the City to adjust tasks, as required, throughout the Project;
 - Participate in regular Pilot Oversight Committee meetings to ensure coordination across stakeholder groups, review data, and address unforeseen issues immediately;
 - Participate in community and stakeholder meetings as requested by the City of Toronto;
 - Participate in phone calls, online webinars, and/or in-person meetings to review reports and track budget with City staff;
 - Ensure all program information and assets are appropriately branded;

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- Work to align record management systems or adopt new record management systems as required by the City for the delivery of the service.
- Hiring/Human Resource Management:
 - Develop job descriptions and interview process to recruit and hire staff, as necessary;
 - Develop a staffing model;
 - Develop a shift schedule for the mobile teams to provide 24 hour, seven days a week service;
 - Provide sufficient staffing to cover all times/days that pilot teams are operational, including a system that ensures back-up staffing in the event of sickness or staff vacation;
 - For any changes to the structure of the project team, provide advance notification to the City
- Training:
 - Ensure all staff and management receive the standardized City of Toronto training in relation to pilot activities (forthcoming);
 - Provide professional development opportunities for staff;
 - Provide regular trauma-informed supervision, debriefing and support for all pilot team members;
 - Develop and support a training plan that ensures all pilot team members have sufficient baseline and ongoing training in key skill areas related to their staff function including any required certifications (e.g. Mental Health First Aid).
- Evaluation:
 - Provide staff to support the data collection, reporting, monitoring and evaluation of the service;
 - Participate in all required data collection activities to support the pilot evaluation and to inform potential shifts in implementation strategies;
 - Provide data with City on number of complaints received, nature of complaints, and outcomes of complaints;
 - Comply with all documentation requirements as prescribed by the City;
 - Provide assistance with implementing City-wide research initiatives as requested by the City.

Service Component 2: Mobile Crisis Response and Support

Lead the provision of client-centered mobile crisis response and support services to individuals in crisis within pilot area boundaries and complete all service referral and service connection-related tasks. The successful proponent must ensure that the mobile crisis response and support teams are providing a broad range of crisis support services to clients and ensuring clients requesting follow-ups or referrals are successfully connected to services.

- Provide sufficient staffing to cover all times/days that the CCSS teams are operational, including a system that ensures back-up staffing in the event of sickness or staff vacation;
- Provide vehicles for the purpose of responding to calls for service and transporting clients, as needed;

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- Provide compassionate, rapid crisis management and de-escalation with a focus on client choice and providing trauma-informed care;
- Provide service to individuals aged 16 and up and provide appropriate coordination, referrals or service connection to children and youth services for individuals under the age of 16.
- Leverage trauma-informed crisis intervention and harm reduction techniques to stabilize crisis situation;
- Offer emotional and social support leveraging clinical and/or traditional holistic approaches (e.g. sweat lodges and ceremonies);
- Facilitate crisis assessments that include medical, mental health, and other basic life needs (such as traditional medicines, shelter, food, and clothing);
- Determine the best options for the person in crisis (may include stabilization on site, referrals to community-based organizations, emergency department, or other voluntary dispositions such as a self-identified safe places, specialized care or treatment requiring a referral);
- Provide basic life support level of care such as CPR, first aid, and wound management, as needed;
- Assess situation acuity, need for emergency services and coordinate emergency medical treatment or transportation for client from Toronto Police Services or Toronto Paramedic Services;
- Provide harm reduction counselling, supplies and disposal;
- Provide supplies such as water, food, clothing, blankets, personal hygiene products, sunscreen, TTC fares, and access to the four sacred medicines (sage, cedar, sweetgrass, tobacco), as needed;
- Identify and provide information and referrals for community resources as needed for the person in crisis and for their family or other members of their support system who may be present at time of crisis with a demonstrated understanding of the needs of inter-racial/blended families;
- Support clients in completing documentation required to access referrals and/or service intake, as needed;
- Provide or coordinate transportation of an individual to community supports, safe space, or appointment, as needed;
- Coordinate short-stay arrangements (e.g. shelter or crisis bed placement), as needed;
- Provide information and access to further mental health counselling, substance use counselling, traditional or holistic care, cultural and/or population-specific services and service providers, as needed.
- Provide access to a consultant licensed mental health clinician, psychologist, and/or psychiatrist for clinical case consultations, assessments, and to provide clinical guidance to staff teams on an as needed basis.
- Provide services in multiple languages as appropriate, either directly or through access to third-party interpretation services;

Service Component 3: Post-Crisis Case Management and Follow-Up Support

Ensure timely follow-up occurs with clients requesting additional support and service in order to provide continuity of care and referrals to support services. For clients that request follow-up support, ensure that follow-up occurs within 48h of the request.

- Follow-up with service users within 48 hours (2 days), as appropriate;
- Facilitate at least one follow-up contact to ensure resolution of crisis, and/or provide wellbeing check, and/or provide additional community resources and referrals for services, as needed;
- Provide short-term case management and peer support for up to three (3) months, as needed;
- Provide assessments and collaborative development of a personal safety plan with a focus on strengths and resources;
- Provide collaborative development and implementation of an individualized recovery/goal plan;
- Re-establish existing connections or provide referral and access to mental health counselling, psychotherapy, peer support programs, substance use and rehabilitation supports, legal services, traditional family counseling, traditional counseling, youth services, victim services, traditional healing and ceremonies, housing services, income support services, settlement services, grief counselling, and other services as needed;
- Provide referral and access to other desired and/or needed community and primary health care services;
- Provide services in multiple languages as appropriate, either directly or through access to third-party interpretation services;
- Provide encouragement, emotional support and motivation to clients;
- Provide encouragement to explore strengths, resiliency, and personal responsibility;
- Provide support and education to caregivers and /or a client's support network as appropriate.

Service Component 4: Communication and Information Management

Ensure effective and timely communication, coordination of mobile teams, referrals to appropriate supports and proper client information management in response to calls for service. The successful proponent must ensure effective, timely, and seamless communication and information management between the Lead Organization or organizations, the mobile teams, key intake and dispatch partners, the Toronto Police Service, community partners, clients and their support network.

- Engage in ongoing communication and coordination with the 911 dispatch and FindHelp 211, the City's chosen central intake partner, to receive calls based on the developed protocol;
- Ensure any existing crisis lines, warm lines, or other communication and intake channels operated by the proponent are leveraged and coordinated with the pilot operations as appropriate.

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- Maintain collaborative relationships with Toronto Police Services Mobile Crisis Intervention Teams (MCIT), Primary Response Units and Community Response Units, Neighbourhood Officers, FOCUS Tables for designated pilot area to coordinate care and referrals as needed;
- Provide technology for each mobile team member to receive communications, receive dispatch information, receive and send client information, and coordinate or request follow up support;
- Ensure all personal information collected, handled and stored in accordance with the Health Protection & Promotion Act
- Provide technology for clients to provide written consent, collect information, and assist with digital referrals (e.g. tablet);
- Provide printed materials, flyers, and contact cards to provide to clients.

Service Component 5: System Coordination and Community Outreach

Ensure effective coordination of referral pathways, community partnerships and outreach efforts. The successful proponent must lead and participate in community outreach efforts around promoting the service, mental health awareness, and develop partnerships with key agencies and organizations to augment the service reach.

- Develop and/or demonstrate partnership and alignment with key Indigenous-serving organizations;
- Work in collaboration other existing local crisis and de-escalation teams (Streets to Homes, Toronto Public Health Outreach, MDOT, etc.);
- Develop and/or demonstrate partnership and alignment with key services and referral agencies;
- Coordinate service hours with other providers to respond to times of highest need for de-escalation;
- Develop collaborative relationships, including the clear designation of staff who will meet or communicate regularly with the City of Toronto, Toronto Police Services and the TPS Aboriginal Peacekeeping Unit;
- Build a positive and collaborative presence in communities served by pilot teams;
- Actively participate in the City's public education campaign about the service;
- Undertake general mental health promotion and awareness in community of the pilot area.

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2.3 Required Staffing

Each pilot team must provide sufficient staffing to maintain service 24 hours a day seven days per week. Each team must include at minimum the following roles or their equivalent:

(a) Management Staff

- Manager
- Program Coordinator

(b) Pilot Teams Staff

- Crisis Support Specialists
- Community Resource Specialists

Pilot teams may be staffed using any combination of the following professions:

1. Psychologists
2. Counselors, Clinicians, Therapists
3. Clinical Social Workers
4. Social Workers (B.As or B.S)
5. Psychiatric or Mental Health Nurse Practitioners
6. Family Nurse Practitioners
7. Primary Care Physicians
8. Psychiatrists
9. Community Health Nurses
10. Mental Health Nurses
11. Outreach Workers
12. Social Workers
13. Traditional Family Counsellors
14. Certified Peer Specialists
15. Peer support workers
16. Peacekeepers
17. Midwives
18. Housing support workers
19. Hoarding specialists
20. Harm reduction workers
21. Case managers/Traditional Counsellors
22. Vocational/social activity instructors
23. Traditional Healers/Helpers
24. Trauma informed/movement-based healers
25. Knowledge Keepers
26. Elders
27. Trauma Counsellors
28. Youth Counsellors
29. Other staffing positions will be considered as proposed.

2.4 Required Staffing Qualifications and Experience

a. Staffing Considerations

The team members should be capable of responding to various crises (for example, people who are experiencing homelessness, mental health challenges, substance use challenges, have experienced trauma, gender-based violence, etc.)

The teams should comprise people with diverse lived and professional experiences. Lived-experience is important to doing this work, and all staff hiring processes should take into consideration professional experience, lived experience, and intersectional hiring practices. The teams must be diverse in their makeup and consideration should be given to hiring staff who represent the languages, cultures and diversity of pilot areas.

Specifically, lived-experience as an Indigenous person, knowledge of colonization and inter-generational trauma, knowledge of the Indian Act and health benefit services for First Nations, Métis and Inuit peoples, Indigenous-specific support services, as well as knowledge and respect for Traditional Healing and the diversity of Indigenous experiences should be prioritized.

The teams must have knowledge of the dynamics and lived experiences of the communities they will serve in. It is important that they have an awareness of stories, community knowledge keepers, and local services.

b. Proposed Minimum Qualifications

Manager/Supervisor

Full-time manager/supervisor with a minimum of 5 years of experience managing similar projects to provide oversight for the pilot including all programmatic and fiscal oversight. Oversees mobile crisis teams, community resource specialist(s), and program coordinator, coordinating debrief sessions with staff. Experience with financial management is required.

Program Coordinator

Provide administrative support for the pilot including but not limited to coordination of schedules, data collection, entry and reporting, and coordination of collaboration with other key stakeholders. Encouraged to have experience with data collection, community research and evaluation.

Crisis Support Specialist

Provide on-site crisis assessment, de-escalation and conflict mediation, and transport to appropriate community supports. At least 2 years of personal or professional experience in the fields of crisis resolution, community outreach, criminal justice, mental health, substance use, or harm reduction and must possess a valid Ontario driver's license. Encouraged to have lived-experience of mental health and/or substance use challenges with personal connections to the communities served by the Community Crisis Support Service pilot.

Community Resource Specialist

Provide back-up crisis assessment and support, and to provide linkages to community services and routine follow-up wellness checks. At least 2 years of personal or professional experience in crisis management, community outreach, harm reduction, or case management. Strongly

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encouraged to have lived-experience of mental health and/or substance use challenges with deep roots and connections to community resources and community members served by the Community Crisis Support Service pilot.

2.5 Organizational Qualifications & Relevant Experience

1. Experience in delivering crisis, mental health and substance-use-specific support services and programs that serve individuals who are experiencing mental health and substance use challenges, with demonstrated experience in the following areas:
 - a) Mental health and substance use intervention;
 - b) Non-coercive, non-judgmental service delivery;
 - c) Using alternative, trauma-informed and relationship-based methods of crisis management;
 - d) Capacity-building with people who have experienced mental health or substance challenges;
 - e) Stated commitment to harm reduction principles and demonstrated experience working with people who use drugs;
 - f) Nurturing respectful relationships in a way that centers culturally safe practices, autonomy and dignity;
 - g) Working with individuals who experience marginalization, such as those experiencing homelessness or at-risk of homelessness;
 - h) Building rapport and conducting street outreach with individuals who experience marginalization;
 - i) Conflict resolution and trust-building processes used for addressing issues and building productive working relationships;
 - j) Capacity to work in strong partnership with other agencies to provide warm referrals and access to meaningful supports;
 - k) Development of teams with a successful track record for complex case management;
 - l) Principles and practice of community development and collaborative service delivery;
 - m) System navigation and familiarity with accessing services at various levels of care; and,
 - n) Data collection and reporting for evaluation and quality assurance purposes.
2. Demonstrated experience in working with diverse groups that include: Persons with Disabilities, Indigenous, Black, Racialized, LGBTQ2S+ and Neurodiverse communities, including:
 - a) Demonstrated commitment to anti-racist/anti-oppressive practices and mechanisms by which staff and clients can identify and address issues related to these areas;
 - b) Demonstrated commitment and practice of addressing Anti-Indigenous and Anti-Black racism in service provision, and organization's policies and procedures;
 - c) Agreement to comply with City of Toronto Human Rights and Anti-Harassment Policy, and the City's Vision Statement of Access, Equity and Diversity.

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3. The ability to meet all City of Toronto program requirements including:
 - a) Accepting dispatch requests for mobile crisis support response from 911 Communications Centre as well as the City's chosen secondary intake partner. The City will work with the successful proponent on building service level standards. ;
 - b) Adhering to City requirements, as required, including program oversight, contract compliance, financial and results reporting requirements, changes in target population groups, and case load management standards;
 - c) Providing services in multiple languages as appropriate, either directly or through access to third-party interpretation services;
 - d) Implementing standardized tools to enhance client assessments and improved support service provision;
 - e) Adopting any case management or reporting software that the City may require;
 - f) Participating in any other reporting and/or evaluation as required by the City;
 - g) Willingness to work in close collaboration with City of Toronto staff on implementation of this project;
 - h) Stated willingness and demonstrated ability to work in collaboration with local business and community safety tables, City outreach services, and mental health crisis response supports;
 - i) Capacity to offer oversight to staff team including training, debrief, and supervision, and support team working evenings and weekends;
 - j) Evidence of effective financial and program management experience;
4. Experience and demonstrated ability to manage the project (administrative oversight, processes and procedures).

SECTION 3 – ELIGIBILITY AND INFORMATION FOR PROPONENTS

Organizational Eligibility

- Lead Organization must be Indigenous-led, as defined as having more than fifty-one percent of the Board or executive leadership positions held by those who self-identify as Indigenous;
- Proof of Proponents' (either Lead Organization or Sub-Contracted Organization(s)) status as a "health service provider" as defined in the People's Health Care Act (2019).
- Proof of incorporation and status as a not-for-profit or charitable organization; and
- Recent audited budget statements for Lead Organization and, if appropriate, Sub-Contracted organization(s).

Please refer to Appendix E for further information about the terms and conditions of agreement upon notification of the award.

THE CITY WELCOMES COLLABORATIVE PROPOSALS

Collaborations among organizations are strongly encouraged. Applications can be submitted by a single organization or as a collaboration with two or more organizations. Collaborative proposals must clearly identify a Lead Organization. Applications from a single organization are strongly encouraged to demonstrate collaborative relationships with other community service organizations that can be leveraged for referrals and linkages to services during the Community Crisis Support Service pilot period. While the Lead Organization of a collaborative proposal must be Indigenous-led, collaborative proposals with non-Indigenous partners are permitted.

Project Budget

City Council adopted EX20.1 "Community Crisis Support Service Pilot" at its meeting of February 2nd 2021. The report includes estimated costs for the opportunity, the Community Crisis Support Service pilots and can be accessed here:

<https://www.toronto.ca/legdocs/mmis/2021/ex/bgrrd/backgroundfile-160016.pdf>.

The opportunity amount for this REOI is estimated at \$6.2 million CAD over the 4 year period from 2021-2025.