

**Subject: Community Safety and Well-Being Mental Well-Being Priority Progress  
Update: Safer Alternatives for Mental Health and Substance Use  
Crises Response**

**File Number: ACS2023-CSS-GEN-010**

**Report to Community Services Committee on 27 June 2023**

**and Council 12 July 2023**

**Submitted on June 16, 2023 by Clara Freire, Interim General Manager, Community  
and Social Services**

**Contact Person: Sarah Taylor, Director, Community Safety, Well-being, Policy and  
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**Ward: Citywide**

**Objet : Mise à jour sur les progrès de la priorité Bien-être mental, Sécurité et  
bien-être dans les collectivités : Solutions de rechange plus  
sécuritaires pour l'intervention en cas de crises de santé mentale et  
de consommation de substances**

**Numéro de dossier : ACS2023-CSS-GEN-010**

**Rapport présenté au Comité des services communautaires**

**Rapport soumis le 27 juin 2023**

**et au Conseil le 12 juillet 2023**

**Soumis le 2023-06-16 par Clara Freire, Directrice générale par intérim, Direction  
générale des services sociaux et communautaires**

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**Quartier : À l'échelle de la ville**

**REPORT RECOMMENDATION(S)**

**That the Community Services Committee recommend that Council:**

- 1. Approve the strategies and actions to implement the first phase of the safer alternative response program for mental health and substance use crises, as described in this report, including :**
  - a. A non-911 number to establish an alternative call intake, triage and dispatch system for mental health and substance use crisis related calls; and**
  - b. A community-based civilian-led multi-disciplinary mobile crisis response that is a 24/7 trauma-informed and culturally appropriate crisis response service.**
- 2. Direct the General Manager, Community and Social Services to undertake the necessary work to set-up the required project governance, infrastructure, and resources to develop and implement the first phase of the safer alternative response program by Q3 2024.**
- 3. Approve the one time funding of \$2.465M be funded from the Tax Stabilization Reserve Fund for the first phase of the safer alternative response program.**
- 4. Request that the Ottawa Police Services Board seek grant funding through other levels of government to support the strategies and actions described in this report to establish a safer alternate response program.**

#### **RECOMMANDATION(S) DU RAPPORT**

**Que le Comité des services communautaires recommande au Conseil ce qui suit :**

- 1. Approuver les stratégies et les actions pour la mise en œuvre de la première phase du programme d'intervention de solutions de rechange plus sécuritaires pour les crises de santé mentale et de consommation de substances, comme il est décrit dans le présent rapport, y compris :**
  - a. un numéro autre que le 9-1-1 pour établir un système d'appel, de triage et de répartition de rechange pour les appels liés aux crises de santé mentale et de consommation de substances;**
  - b. une intervention mobile communautaire et multidisciplinaire en cas de crise menée par des civils qui est un service d'intervention en cas de**

**crise fondé sur les traumatismes, accessible 24 heures sur 24, 7 jours sur 7 et adapté sur le plan culturel.**

- 2. Demander à la directrice générale des Services sociaux et communautaires de commencer à entreprendre les travaux nécessaires pour établir la gouvernance, l'infrastructure et les ressources nécessaires au projet afin de procéder à l'élaboration et à la mise en œuvre de la première phase du programme d'intervention de solutions de rechange plus sécuritaires d'ici au T3 de 2024.**
- 3. Approuver un financement unique de 2,465 M\$ provenant du fonds de réserve pour la stabilisation des taxes pour la première phase du programme d'intervention de solutions de rechange plus sécuritaires.**
- 4. Demander à la Commission de services policiers d'Ottawa de chercher à obtenir des fonds de subventions auprès d'autres ordres de gouvernement afin d'appuyer les stratégies et les mesures décrites dans le présent rapport visant à créer un programme d'intervention de solutions de rechange plus sécuritaires.**

## **EXECUTIVE SUMMARY**

### **Assumption and Analysis**

Council approved Ottawa's first Community Safety and Well-Being Plan in October 2021 ([ACS2021-EPSPPD-0003](#)). The Plan includes six priorities including Mental Well-Being. One of the strategies within the Mental Well-Being priority is to "Work with partners to explore safer alternatives for mental health crises response". The desired outcomes of this strategy include:

- Fewer mental well-being and substance use crisis situations are handled by the Ottawa Police Service
- More follow-up and monitoring to offer ongoing support
- More mental well-being crisis situations are mitigated before reaching a crisis point
- Increased access to harm reduction and overdose prevention supports and services

The purpose of this report is to seek City Council's approval of the strategies and action points to implement the first phase of this priority which is a safer alternative response program for mental health and substance use crises, as described in this report, including:

1. Strategies to establish an alternative call intake, triage and dispatch system for mental health and substance use crisis-related calls;
2. Strategies to establish a 24/7 trauma-informed and culturally appropriate crisis response service provided by community-based civilian-led multi-disciplinary mobile crisis response teams; and
3. Begin the necessary work to set-up the required project governance, infrastructure, and resources to advance the proposed development and implementation for a program launch in Q3 2024.

The [Ottawa Guiding Council for Mental Health and Addictions](#) (or simply, the Guiding Council) developed the strategies and action points to establish a safer alternative response program. The Guiding Council is made up of eleven networks that represent 150 organizations throughout Ottawa who work with community members who are experiencing crises around mental health and substance use. The results of the Guiding Council's efforts led to a Mental Health and Substance Use Strategy grounded in research evidence, leading practices, and Ottawa residents' in-depth perspectives developed through years of lived experience. The safer alternative response program is one component of the overall Mental Health and Substance Use strategy, which focuses on a holistic view to individuals' wellness through prioritizing prevention, pre-distress, post-distress, and when required crises intervention.

The Guiding Council recommended a phased program approach to implement the strategy. The first phase of the program is expected to continue for three years (2024-2026) followed by an expansion of the program supported by strategies that are proven effective through an evaluation of the first phase. The proposed strategies include:

#### Call Diversion: Non-911 Number

An alternate call intake, triage and dispatch system for mental health and substance use calls to be implemented in Q3 2024. Based on a jurisdictional scan, research conducted by Meyers Norris Penny (MNP) and the successful implementation of a similar service in Toronto, staff recommend the implementation of service system similar to 211.

This provides an option to call a non-911 number directly by the residents seeking mental health and substance use crisis support. In addition, the Guiding Council would explore a specified set of calls going to 911 for mental health and substance use response which could also be diverted to the non-911 services for assessment, triage and dispatch of the response teams. An example of this could be a wellness check that currently goes to 911 resulting in a police response. This would allow the first phase to

encompass a larger set of calls as residents are becoming educated on the alternate phone number and its scope. The call types that would be included in this diversion will be determined through consultations with the Public Safety Service and the Guiding Council for Mental Health and Addictions, which includes the membership of Ottawa Paramedic Services and Ottawa Police Service.

The estimated value of this contract would be \$500,000 a year for three-years. Staff's research indicates that there is a limited market of service providers, however all options would be assessed, in addition to considering community benefits in alignment with the City's Sustainable Procurement Guideline.

#### Response Team: 24/7 Community-based Civilian-led

Community-based civilian-led multi-disciplinary mobile crisis response teams will offer 24/7 trauma-informed and culturally appropriate crisis response service. The response team will be managed through community partner agencies that in addition to the mobile crises team can provide individuals with wrap-around supports providing a continuum of care with pathways to services. The multi-disciplinary mobile crisis response team will be made up of professionals, which include for example: mental health professionals and outreach workers as well as peer support workers. Peer supporters are proven to provide stability, system navigation, and advocacy supports to individuals during and following crises. The community partner agencies will also be responsible for assembling a network of supporting agencies in the defined geographic area.

The Guiding Council for Mental Health and Addictions recommends the first phase of the safer alternative response launch in one geographic location. This recommendation is based on understanding the complexity of launching a city-wide program to start and the financial investment required for such a response to be sufficiently resourced to be successful. Given this, an appropriately resourced first phase in a geographic region creates time for a fulsome evaluation and learning to then inform an expansion of the community-based 24/7 response.

The community partner agencies will be selected through a competitive process in accordance with the Council-approved Community Funding Framework mandate and process (ACS2019-CSS-GEN-0012). Proposals would be evaluated based on technical ability and also on the community benefits generated by the contract in alignment with the City's Sustainable Procurement Guideline.

#### Evidence-Informed Approach

These strategies making up the proposed new program were developed through a comprehensive data collection and public engagement process led and governed by a body of community experts, referred to as the [Ottawa Guiding Council for Mental Health and Addictions](#) (or simply, the Guiding Council).

The membership of the Guiding Council includes representation from Ottawa based community, health and service networks working to respond to mental health and substance use crises; and public institutions that have mandated responsibilities to respond to mental health and substance use crises. The Guiding Council is made up of eleven networks that represent 150 organizations throughout the city of Ottawa who work directly with community members who are experiencing crises around mental health and substance use.

The Guiding Council has been working intensely since April 2021 on the establishment of a strategy to respond to mental health and substance use crises. The group has met regularly (over 35 times to date) to develop a response to mental health and substance use crises that is culturally appropriate, trauma-informed and moves away from relying on police as a primary response to a mental health or substance use crisis. A Secretariat was established to carry out the core work. Their evidence-informed approach included:

- Reviewed and commissioned research on the current 911 system in Ottawa and alternative responses in other cities that do not focus on a police response.
- Commissioned a literature review to examine the role police brutality has played in mental health crisis response and best practices to respond to mental health calls.
- Established a Reference Group made up of 11 people with lived and living experience of mental illness and/or substance use to further inform the development of the final mental health and substance use crisis response.
- Completed community consultations with nearly 1200 individuals through focus groups, interviews and surveys.

## **Financial Implications**

Ontario Health is the government agency responsible for the funding of clinical Mental Health, Addictions and Substance Use Health Services. This includes funding for community mental health and addictions clinical programs and hospital based

programs. Ontario Health, which is a Provincial entity, is divided into geographical regions, and Ottawa falls into Ontario Health East region. The Ontario provincial government launched a plan “Roadmap to wellness” in 2020 to build Ontario's mental health and addictions system. The province committed to investing \$3.8 billion over 10 years to expand existing programs and fill gaps in care with innovative solutions and services. This includes a \$1.9-billion investment from the province, as well as a \$1.9-billion investment from the shared priorities funding agreement with the federal government. In addition, the Ontario Solicitor General is responsible for administration of community safety and policing grants; and implementing and supporting community safety and well-being planning across the province.

A financial strategy has been drafted based on the above-mentioned provincial commitments and identified needs for the proposed project. Data to inform the strategy included: consultations with other municipalities who have already implemented similar alternate response teams, financial review of current funding agreements to community agencies, and internal financial expertise (e.g., Financial Services and Fleet Services). Phase one of the safer alternative response will be a 3-year phase (2024-2027) implementing the proposed model in one geographic area. The total financial requirement for the first year, includes:

<b>Cost Categories</b>	<b>Description</b>	<b>Annual Cost</b>	<b>% of Total Cost</b>
Direct service delivery	Non-911 number: Disbursement to agency who will offer a community call navigation service	\$500,000.00	17%
Direct service delivery	Disbursement to community lead agency for response service delivery (one geographic region)	\$1,500,000.00	50%
Public Education Campaign	Cost of developing service identity, advertisement, promotional materials and outreach campaigns	\$70,000.00	2%
Training Development &	Cost of training curriculum development and delivery for all	\$70,000.00	2%

<b>Cost Categories</b>	<b>Description</b>	<b>Annual Cost</b>	<b>% of Total Cost</b>
Materials	partner agency staff including call navigators and crisis response team members		
Call diversion analysis	Cost of analytical / technical resources to inform navigation and response protocols across organizations	\$25,000.00	1%
Performance Measurement, Evaluation and Knowledge Mobilization	Cost of developing performance measurement framework, evaluate the outcomes of phase one program	\$100,000.00	3%
Guiding Council Secretariat	Community-led Secretariat	\$500,000.00	17%
City staff	Project support, maintenance and proposal writing (2 temporary FTEs)	\$250,000.00	8%
Total Financial Requirement		\$3,015,000.00	
minus current Community and Social Services base budget contribution \$550,000	-	\$2,465,000.00	
<b>Total New Funding Required for 2024</b>	-	\$2,465,000	



The 2024 funding requirement of \$2,465,000 will be funded through a one-time use of the Tax Stabilization Reserve Fund. In addition, Ottawa Police Services will work with City staff to apply for grants from the Ontario Solicitor General to seek additional funding for the alternative response program.

If no other source of funding is confirmed through other levels of government, the funding for the second (2025) and third (2026) years of the proposed project will be sourced by repurposing existing community funding through the \$2.1 million allocated to the Community Safety and Well-Being Fund in 2022. The result of this re-allocation will be a substantial portion of the funding going to only one of the three initially identified priorities, mental health crises, in the allocation of the funding.

As procurement is completed, any excess funding would go into a community investment stream further supporting the community crises system infrastructure (e.g., coordinated access to population-specific supports). This investment would support required enhancements for stabilizing individuals' post-crisis.

Implementation of a safer alternative response service requires dedicated and sustained funding. Inadequately resourcing will not result in the desired outcomes of the work. A sustainable funding strategy will be developed during the first phase of the project to support an expanded implementation of the second phase of the project. City staff and the Guiding Council will work with other stakeholders including Ottawa Police Service and Ottawa Public Health to seek funding from provincial and federal government partners.

### **Public Consultation/Input**

The Guiding Council Secretariat led the design, implementation, data collection, and analysis for the public consultations. The public consultation strategy was rooted in a community development approach to capture the voices of those who are most affected by the issue at hand.

The public consultation was guided by three main questions: (1) where do people go to access mental health and substance use crisis services and supports? (2) what are peoples' experiences when accessing these services and supports? (3) what do people recommend for an improved and enhance alternate response to mental health and/or substance use crises?

Three methods were used to engage community members: virtual and in-person focus group consultations, online surveys, and one-on-one interviews. Semi-structured

discussion guides, one-on-one interview questions as well as survey questions were developed based on the objectives and aims of the community consultation strategy. The guides and questions used a trauma-informed approach and input was sought from community organizations. For most communities, the entry point was through community champions and/ or facilitators who had a rapport and trusting relationships with community groups, and who recruited participants, and helped to facilitate conversations.

The Guiding Council consulted with nearly 1200 individuals that include residents and service providers, specifically:

- 49 focus groups, including various racialized and unhoused and street involved communities
- 105 one-on-one interviews
- 315 survey responses from Ottawa residents
- 48 survey responses from community service providers

Detailed findings of the public consultations can be found on the [Guiding Council's website](#) in the "Report on an Alternate Mental Health and Substance Use Crisis Response System".

## **BACKGROUND**

In 2020, the Ottawa Police Service informed its Board of its intention to work with community partners in Ottawa to develop a new Mental Health Response Strategy. In October 2020, Ottawa City Council approved [motion No. 42/6](#) providing Council's support to the Ottawa Police Services and the Ottawa Police Service Board in their plan to develop a comprehensive mental health strategy.

On January 25, 2021 Ottawa Police Services in its report, submitted to the Ottawa Police Service Board, [Consultation Approach for a Mental Health Response Strategy](#) proposed to establish an arms-length agency "Guiding Council" to lead the development of a mental health and substance use crisis response strategy. The Police Service Board approved the proposal through a [Motion](#) as well as providing guidance on the makeup of the Guiding Council.

Ottawa Police Service worked with several networks that represented community agencies and organizations to establish the Guiding Council. The Guiding Council had its first meeting in April 2021. This meeting included the membership of 11 networks who represent over 150 community organizations and institutions. Membership includes

all those who have a mandate within Ottawa to respond to mental health and substance use crises, representing community, health and service networks as well as public institutions including: Ottawa Police Services, Ottawa Public Health, Ottawa Paramedic Service, and Community and Social Services.

The mandate of the Guiding Council, as stipulated in its [Terms of Reference](#), is to establish a strategy to support an enhanced or new Mental Health and Addictions Crisis Response System that will improve the outcomes for those experiencing crises related to mental health and substance use in the City of Ottawa.

The Guiding Council agreed its first priority would be to examine alternate models of community safety response to mental health and substance use crises, with particular focus on models that do not engage the police.<sup>1</sup>

While this work of the Guiding Council was underway, City staff were finalizing work on Ottawa's first Community Safety and Well-Being Plan. One of the priorities identified through these community consultations was a focus on mental well-being, including mental health and substance use responses.

To ensure coordination of the above efforts, on May 26, 2021, Ottawa City Council approved [Motion No. 54/4](#) directing the City Manager to develop a recommended path forward to coordinate the City's future efforts related to mental health. Aligning those within the Community Safety and Well-Being Plan with those being led by the Ottawa Police Services Board while ensuring no duplication of efforts. To this end, the Guiding Council was approached by the City Manager to expand its mandate to encompass the Mental Well-being priority under the Community Safety and Well-Being Plan. The Guiding Council agreed, with the condition that its primary focus remain the alternate crises response.

On October 27, 2021, Council approved the Community Safety and Well-Being Plan ([ACS2021-EPSPPD-0003](#)). The proposed Plan is both a foundational strategy and a long-term journey that is intended to address the most pressing risk factors to community safety and well-being issues and respond to emerging issues. The Community Safety and Well-Being Plan has 6 key priorities, including: discrimination, marginalization, and racism; financial security and poverty reduction; gender-based violence and violence against women; housing; integrated and simpler systems; and mental well-being. Within the mental well-being priority one goal is to "Improve access to mental well-being and substance use supports and services." This is to be achieved

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<sup>1</sup> [About | Ottawa Guiding Council for Mental Health and Addictions \(ottawagcmha.ca\)](#)

through the strategy of “Work[ing] with partners to explore safer alternatives for mental health crises response”. With the key outcomes including: “Fewer mental well-being crisis situations are handled by the Ottawa Police Service; more follow-up and monitoring to offer ongoing support; More mental well-being crisis situations are mitigated before reaching a crisis point; and Increased access to harm reduction and overdose prevention supports and services.”

On November 28, 2021, the Community and Protective Services Committee directed the General Manager of Community and Social Services to work with the Guiding Council to identify immediate service gaps and priority actions to develop a safer alternative for a mental health crisis response and to report back to Council in Q2 2022 with a detailed implementation plan to achieve that outcome, including short-term pilot projects, timelines and objectives as well as a status update on the availability of one-time and sustainable funding sources.

On December 8, 2021, Ottawa City Council through [Motion No. 67/5](#) identified funding to support this work and allocated \$550,000 to the Community and Social Services Department to work with the Guiding Council to identify immediate service gaps and priority actions to develop a safer alternative for a mental health crises response and to report back to Council in Q2 2022 with a detailed implementation plan to achieve that outcome, including short-term pilot projects, timelines and objectives as well as a status update on the availability of one-time and sustainable funding sources.

Also on December 8, 2021, Ottawa City Council through [Motion No. 67/6](#) identified that \$2.1 million in project funding be allocated to community organizations to: support racialized youth program solutions across the city that are community-based, culturally appropriate and that assess risks and promote protective factors, such as increasing employment, mentorship and skills development for youth; and support community-based, culturally appropriate 24x7 (24 hours a day, seven days a week) mental health prevention, addictions and crisis outreach services across the city; and enhance access to culturally safe mental health programs, services, and crisis and social supports for the Indigenous community in Ottawa, and prevent violence against Indigenous women and girls. This funding was allocated in Q2 2022 to [19 agencies](#) for 3-year project funding from 2022-2024.

A Guiding Council Secretariat was established in March 2022 to carry out the day-to-day work of the Guiding Council, including relationship-building, stakeholder engagement, community consultations, and research. The Secretariat’s key task was to develop an evidence-informed approach to develop a Mental Health and Substance

Use Crisis Response Strategy with a focus on a culturally-informed alternate response.

The General Manager, Community and Social Services provided status updates to City Council via memos on March 28, 2022, June 22, 2022, and January 26, 2023. These memos provided a status update on the work as directed above leading to this report.

### **Evidence-Informed Approach**

The Guiding Council undertook an evidence-informed approach, including:

- Reviewed and commissioned research on the current 911 system in Ottawa and alternative responses in other cities that does not focus on a police response,
- conducted an analysis of calls for services, and;
- implemented a thorough and targeted consultation approach.

#### *Review of Alternate Response Models and Current Ottawa System*

The research on the current 911 system examined Ottawa's current intake processes and response methods for mental health crises, along with alternate response models implemented in four comparator cities. The Guiding Council determined the comparator cities, including: the Niagara Region, Toronto, Vancouver, and CAHOOTS in Eugene and Springfield, Oregon. The purpose of this research report was to provide information on the current models in use.

Several key findings emerged through the research on the current Ottawa response to mental health crises. First, the research found that 911, including the Ottawa Police Service, the Ottawa Paramedic Service, and the Distress Centre of Ottawa and Region currently serve as the primary intake points for persons experiencing a mental health crisis. The police and Ottawa Paramedic Service, along with The Ottawa Hospital Mobile Crisis Team (accessed through the Distress Centre) serve as the primary in-person responses to mental health crises in Ottawa. Of these in-person responses, only the police and Ottawa Paramedic Service are staffed 24/7 with the mobile crisis teams operating 12 hours per day.

Several important gaps were also identified through the evaluation of the current model in Ottawa. First, emergency responders including the police and paramedics are the only agencies with the resources, staffing capacity, and operating hours to send real-time resources to an immediate crisis. This response is typically led by general patrol officers or paramedics, as the current police and paramedic programs specializing in

mental health do not have the resources to respond to most crisis calls in real-time. The researchers also found no specific services, of those reviewed, tailored to racialized individuals and communities.

The Ottawa Paramedic Service has shown leadership in adapting to respond to the mental health needs of community. On March 1, 2022, in partnership with The Ottawa Hospital, the Ottawa Paramedic Service launched the Mental Wellbeing Response Team (MWRT) to provide individuals with appropriate mental health and substance use care in the community. The Mental Wellbeing Response Team is comprised of a specially trained paramedic and a mental health professional from The Ottawa Hospital, who, together, respond to non-violent, non-criminal 9-1-1 calls for service where mental health or substance use issues are contributing factors. Through the Mental Wellbeing Response Team, callers to 9-1-1 experiencing a mental health or substance use issue can receive a medical assessment by a paramedic and a mental health assessment by a mental health professional who can provide resource referrals, a care plan, and arrange for follow-up mental health care. Since the program launch, approximately 65 per cent of individuals assessed have received appropriate care in the community and were diverted away from the emergency department.

The research noted that all the alternative response models evaluated in Ottawa and other jurisdictions are under-resourced relative to the demands in their jurisdiction. Most alternative response models currently operate as a single team serving a large metropolitan area. As such, police and paramedics still frequently respond to mental health crises in these jurisdictions. Several programs are limited in the geography that they serve with access only in specific police districts, and only CAHOOTS and Toronto Community Crises Service operate 24/7.

A second phase of the research conducted an independent analysis of 911 call data using a random sample of call data from September 1, 2021 – August 31, 2022. The objective was to understand the prevalence of incidents relating to a perceived mental health condition within calls to the police in the Ottawa area. Understanding callers experiencing a perceived mental health condition is important to provide a range of potential call volume. Emphasis is put on “perceived” mental health conditions as there is no medical diagnosis linked to 911 call data.

The purpose of the study was to replicate a similar analysis conducted by Jacek Koziarski, Lorna Ferguson, and Laura Huey. In their research, they manually reviewed and text searched qualitative data appended to all calls for service made to a Canadian police service in 2019, and sought to: (1) identify the true proportion of calls for police

service that involve PwPMI [people with perceived mental illness]; and (2) predict the extent to which PwPMI are involved within and across different call classifications. Their findings reveal that while the 'Mental Health' call classification only comprised 0.9% (n = 397) of calls for service, PwPMI were in fact involved in 10.8% (n = 4,646) of calls.<sup>2</sup> The Ottawa study produced similar findings. There were, however, data limitations due to the use of various systems, resource constraints, not having an exhaustive key term search list, and the lack of sociodemographic data.

These findings informed the proposed recommendations in:

- Proposing a phased implementation approach starting with a small geographic region to allow for robust implementation and evaluation prior to expansion.
- Continued partnership with the Ottawa Paramedics Services to ensure alignment with the Mental Wellbeing Response Team, which responds citywide.
- The financial commitment required to have a sufficiently resourced alternative diverting calls from 911.

#### *Literature Review: Mental Health Response Systems*

A literature review was also commissioned to synthesize research focusing on Canadian statistics and the Canadian racialized community experiences/inequities related to:

- Factors contributing to police intervention in mental health related calls and gaps in access to mental health services.
- Experiences of Indigenous, Black, and racialized individuals when it comes to crisis response services.
- Best practices when responding to mental health related crisis calls.

The key findings spoke to the shift in mental health care from institutions to community. This shift resulted in a historical lack of funding to community support systems for mental health leading to an increase role in Police having to respond to mental health calls as well as the growing incidence of mental health problems across Canada. The full literature review report "Mental Health and Substance Use Crisis Response Systems – A Review of the Literature" can be found in the accompanying attachment: Document

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<sup>2</sup> Koziarski, J., Ferguson, L., & Huey, L., CrimRxiv. 2022. [Shedding Light on the Dark Figure of Police Mental Health Calls for Service](#)

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### *Additional Research*

In addition to the procured research described above the Guiding Council received presentations from experts across various fields in mental health. This included research and data ensuring understanding of one of the key challenges with the current mental health and crisis response system which is underpinned by a lack of trauma-informed and culturally-appropriate care.

Evidence gathered through literature review and environmental scans shows systemic discrimination, marginalization, and racism has exacerbated the mental health situation of Indigenous, Black, and racialized individuals and communities across Canada. Black populations in Ontario are more likely to report stress and poorer mental health than others, but show remarkable resilience in the face of social factors, which are known to increase the risks of mental illness.<sup>3</sup> “Research shows that immigrant, refugee, ethnocultural, and racialized (IRER) populations are less likely than the Canadian population to seek help with mental health problems (for reasons such as language barriers, access to services, fear, and stigma) and more likely to use expensive services like emergency rooms if their mental health reaches a crisis point.”<sup>4</sup> Despite the clear increased need for mental health supports in the face of adversity, Ontario spends less per person on the mental health of Black populations than white populations.<sup>5</sup>

Local Ottawa data provides a similar story to the national data. Ottawa Public Health’s status of Mental Health in Ottawa report (2018) shows about 29% of Indigenous youth in Champlain region are victims of substance use and about half (48%) of the Indigenous youth reported a mental health disorder such as depression, anxiety or suicidal thoughts.<sup>6</sup> Wabano Centre For Aboriginal Health in Ottawa collected 315 stories of anti-Indigenous racism in late 2018 and early 2019. Their report shows 73% of the participants/storytellers felt their experiences of racism and discrimination had negatively impacted their mental well-being.<sup>7</sup>

### **Public Consultations**

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<sup>3</sup> Ryerson Diversity Institute, The Environics Institute, United Way Toronto & York Region, YMCA Greater Toronto, York University. 2017. [The Black experience project in the GTA: Overview report](#)

<sup>4</sup> Mental Health Commission of Canada. 2019. [Immigrant, refugee, ethnocultural and racialized populations and the social determinants of health](#)

<sup>5</sup> Mental Health Commission of Canada. 2016. [The Case for Diversity](#)

<sup>6</sup> Ottawa Public Health. 2018. [Status of Mental Health in Ottawa](#)

<sup>7</sup> Ottawa Aboriginal Coalition. 2023. [Share Your Story](#)



The Guiding Council Secretariat led the design, implementation, data collection, and analysis for the public consultation. The public consultation strategy was rooted in a community development approach to capture the voices of those who are most affected by the issue at hand.

The public consultation was guided by three main questions: (1) where do people go to access mental health and substance use crisis services and supports? (2) what are peoples' experiences when accessing these services and supports? (3) what do people recommend for an improved and enhance alternate response to mental health and/or substance use crises?

Three methods were used to engage community members: virtual and in-person focus group consultations, online surveys, and one-on-one interviews. Semi-structured discussion guides, one-on-one interview questions as well as survey questions were developed based on the objectives and aims of the community consultation strategy. The guides and questions used a trauma-informed approach and input was sought from community organizations. For most communities, the entry point was through community champions and/ or facilitators who had a rapport and trusting relationships with community groups, and who recruited participants, and helped to facilitate conversations.

While the full Ottawa community was encouraged to participate, there was outreach to specific communities including: Somali, the African, Caribbean and Black community, racialized people including South Asian, Southeast Asian, and Middle Eastern, the 2SLGBTQ+ community, Francophones, people living with homelessness, street-involved community members, people using substances, newcomers, youth (ages 12-24), academics, faith community leaders, people living in rural and urban areas, and Guiding Council members and their respective networks.

Early in the process, the Indigenous community decided not to participate directly in the Guiding Council as they were developing their own Indigenous Mental Well-Being Strategy. However, Indigenous people's experiences with the existing services and supports as well as their suggestions to improve a culturally appropriate crisis response system were captured through a literature review.

The key service providers who were consulted included: frontline workers including peer workers, managers, leaders in community health centres, housing organizations, shelters, safer supply programs, mental health, and substance use support programs, youth service organizations, hospital emergency department staff, the Ottawa

Paramedic Service, police officers working in the Ottawa Police Services mental health unit, 911 call-takers and dispatchers, Ottawa Distress Centre volunteers, and organizations working with justice-involved community members.

A Reference Group of 11 people with lived and living experience of mental illness and/or substance use (clients who have experienced crisis response services or their close family) was recruited from members of the public to share their experiences and give advice as the alternate crisis response recommendations were developed. The group included people who ranged in age from 18 to 65, had a range of gender identities and ethnic and racial backgrounds and had interacted multiple times with the current mental health and substance use crisis response system. They provided the team with an in-depth understanding of the experience of users of the current system and reviewed and provided insights on the data collected during the consultations. The Reference Group met five times between August 2022 and May 2023, including attending a Learning Day with Guiding Council members on how racism affects crisis response in Canada.

Nearly 1200 people participated in community consultations with the Guiding Council in 2022, with a priority focus on diverse and systematically excluded individuals who are most often negatively impacted by the existing crisis response system. In total the consultations included:

- 49 focus groups, including various racialized and unhoused and street involved communities
- 105 one-on-one interviews (community members, service providers, academics)
- 315 survey responses from Ottawa residents
- 48 surveys from community service providers

The Guiding Council's findings from the public consultations confirm the evidence found through the research. Residents shared how racial inequities affect African, Caribbean and Black and other racialized peoples' access to and experiences of mental health and substance use services in Ottawa. African, Caribbean and Black and racialized participants also talked about experiencing racism that can be overt or subtle when accessing services. Experiences ranged from microaggressions to violence, and a lack of culturally appropriate and trauma-informed care. The consultations also reveal participants from African, Caribbean and Black, Francophone, racialized, street-involved, 2SLGBTQ+, newcomer, and faith communities face other forms of

discrimination (e.g., racial, gender-based, ageism, mental health and substance use diagnosis, and socio-economic discrimination) by first responders and service providers. As a result, these participants fear harm, criminalization, or being treated badly, which prevents them from asking for help in the future.

The detailed findings of the public consultation report “Report on an Alternate Mental Health and Substance Use Crisis Response System” can be found on the [Guiding Council's website](#). The summary of what was heard include:

- People access a wide range of supports and services.
- There are unique elements of mental health and substance use crises.
- People’s experiences when accessing supports and services:
  - People cycle in and out of crisis services.
  - People experience long wait times.
  - People reach out services they trust and/or someone they know.
  - People do not want to call the police. Some prefer to call the Paramedic.
  - People have mixed experiences with crisis lines.
  - People experience racism.
  - People experience stigma.
  - People experience other forms of discrimination.

The key recommendations from the consultations for the design of a new safer alternate response system included five key elements which frame the Guiding Council’s Mental Health and Substance Use Strategy:

- **Racial equity:** Centre racial equity in mental health and substance use crisis response
- **Specific populations:** Centre equity for specific communities in mental health and substance use crisis response.
- **Collaboration, communication, and coordination:** Increase collaboration, communication, and coordination across Ottawa’s mental health and substance use crisis response system.

- **Community-based investment:** Increase funding to support and expand the services community-based organizations are already providing.
- **Stigma:** Address structural stigma in first responder organizations and healthcare institutions.

The full strategy can be found on the [Guiding Council's website](#).

The results of the evidence-informed approach led to the development of three key components for the development of a safer alternative response.

First, a “No Wrong Door” approach. Ottawa city residents will be able to access a variety of response services for mental health and substance use crises of their choosing that feels safe and meets their individual needs. This includes incorporating elements into the model such as:

- A separate phone line that links to non-police, non-uniformed, co-response mental health and substance use teams.
- 2-1-1, 3-1-1, Ottawa Distress Centre, youth crisis lines that link to the new separate phone line.
- Exploration of linkages between the City’s new separate phone line, and a Canada-wide 9-8-8 number for mental health suicide prevention that is set to become operational in late fall 2023.
- Text and online options.
- Means to enable referrals from hospital emergency departments.
- Community-based drop-in centres.

Second, a multidisciplinary crisis response, which encompasses a coordinated, community-based, multidisciplinary and culturally appropriate crisis response system to better meet the needs of Ottawa residents. Residents in urban, suburban and rural areas should eventually be able to access mental health professionals (social workers, nurses, case managers, psychiatrists and psychologists) and peers who will support them with a compassionate, culturally appropriate, person-centered and trauma-informed approach. Crisis responders will also facilitate individuals’ connections to care and services. Components of the multidisciplinary crisis response should include:

- Mobile crisis response teams made up of mental health professionals, outreach

workers and peer workers available 24/7.

- Connection to community-based response centres with:
  - Dedicated 24/7 crisis response in community-based organizations.
  - Ability to reflect specific communities (e.g., Somali, Francophone, rural) and neighbourhoods by ensuring frontline workers on teams represent diverse communities.
  - People with lived experience having mechanisms to provide upfront and ongoing feedback to ensure responsiveness to the diversity of community priorities.
  - Peer support workers (in emergency departments, community-based organizations, etc.)
  - Expanded and well-funded community-based programs (e.g., outreach, drop-ins, mental health and addiction crisis interventions, counselling, etc.). Programs led by, and oriented to, diverse communities should be resourced to grow and expand.
  - Clear protocols to identify cases appropriate for community-based responses or co-responder models.
  - Built-in wraparound services including follow-up.
- Infrastructure built for coordination of a multidisciplinary response.

Third, expansion of peer support in existing crisis response services. Peer support workers should be hired, trained and supported through existing Ottawa peer support programs. These will be integrated as core resources into the crisis response system. It is important to ensure that peer workers receive not only training but also coaching and mentoring to apply and develop their skills.

The Guiding Council agreed on the following key features for the development of any new alternate response model:

**No Wrong Door approach:** Ottawa city residents will be able to access a variety of response services for mental health and substance use crises of their choosing that feels safe and meets their individual needs.

**Population Specific and Culturally-appropriate Response:** Ottawa city residents

experiencing a mental health and substance use crisis will be able to access a multi-disciplinary team of professionals and peers to support them with a compassionate, culturally-appropriate and person-centered approach.

**Improve Well-Being:** Ottawa city residents are connected with community-based wraparound services that are equipped to provide ongoing support and services for mental health and substance use.

In addition, the Guiding Council approved nine principles that emerged from the public consultations and surveys as the guiding principles for the development of the safer alternative response:

- **Mental health and substance use specific response:** the spaces, services and staff are dedicated to responding to these crises only.
- **Culturally appropriate response:** services, staff and approaches attend to the specific needs of each cultural group.
- **Accountability:** community and City service providers need to 1) be accountable, 2) minimize waitlists, and 3) follow through on cases.
- **Collaboration:** improved connections and collaboration are needed between service providers
- **Relationships:** participants want to feel heard, trusted, safe and not left alone.
- **Awareness:** increase awareness of resources available and where to go for help.
- **Stigma reduction:** decrease stigma and its resulting discrimination among service providers who respond to mental health and substance use crises.
- **Investment:** address funding or reallocation of resources as well as the sharing of resources needed to address the lack of human resources.
- **Support for service providers:** provide supports during and after responding to crises (e.g., opportunities to debrief, emotional supports).

## DISCUSSION

The Guiding Council's proposed alternative response strategies are grounded in

research, evidence of best practices, and Ottawa residents' in-depth perspectives developed through years of lived experience. These results were then applied against the desired outcomes identified in the Community Safety and Well-Being Plan, specifically:

- Fewer mental well-being and substance use crisis situations are handled by the Ottawa Police Service
- More follow-up and monitoring to offer ongoing support
- More mental well-being crisis situations are mitigated before reaching a crisis point
- Increased access to harm reduction and overdose prevention supports and services

The result is a safer alternative response for mental health and substance use crises which starts with incoming calls from a client to a non-911 crisis call line; these calls are then triaged and diverted to a response team to trigger a response. The response loop is closed by post-crisis follow-up and referral of the client to community-based wraparound services including supporting pathways to care. This program consists of two-pronged interventions aligned with the pathway of mental health and substance use crisis response:

#### **1. “No wrong door” approach: Non-911 Phone Number**

Ottawa residents will be able to access a range of response services for mental health and substance use crises of their choosing that feel safe and meet their individual needs. The first phase model should include a separate phone line that links to non-police, non-uniformed, community-based mental health and substance use team.

Currently the City of Ottawa's Public Safety Services in the Emergency and Protective Services Departments holds the contract with Ottawa Police Service (OPS) to provide the Public Safety Answering Point (PSAP) or 911 answering service that also act as the primary intake point for residents seeking mental health and substance use crisis-related support. The proposed implementation strategy is to contract with a non-911 agency to receive calls directly from residents and have appropriate calls triaged from 911 to the alternate number for appropriate incoming calls seeking mental health and substance use crisis support.

Staff conducted a feasibility assessment of potential agencies who could host a call

center to receive calls from residents seeking mental health and substance use crisis supports, conduct triage, and dispatch a response team. Staff collected information through engagements with: Ottawa Paramedic Service, Ottawa Police Service, Public Safety Service, Community Navigation of Eastern Ontario (CNEO)-the service provider for 211 Eastern Ontario, Canadian Radio-television and Telecommunications Commission, and other Ontario municipalities who have implemented non-911 numbers for crises response.

A strong partnership example currently exists with the Toronto Community Crisis Service team and the non-profit FindHelp-service provider of 211 Central. Toronto selected FindHelp because 211 is the easy to remember 3-digit information helpline that connects residents to a complete range of government, health, community and social services. It is free, confidential and available 24/7, 365 days a year in 150+languages. It handles more than 250,000 contacts annually and includes more than 60,000 agencies and programs maintained in their provincial database including information on a range of health and social services such as: Food Bank & Meal Programs; Income Support/Financial Assistance; Mental Health Support; Housing Assistance; and Seniors Support Programs.

Based on the evidence gathered, there was prioritization in consultations for a non-911 number, and desired outcomes. In this role, the system provider would be responsible for hosting a dispatch team that receives mental health and substance use-related calls, conducts preliminary assessment, triages, dispatches the community-based multidisciplinary crisis response teams, and/or connects the clients with relevant service providers. This system will allow the residents to seek support for mental health and substance use crisis by directly calling an alternative number to 911.

In addition, Public Safety Service and the Guiding Council, including members Ottawa Police Services and Ottawa Paramedics Service will work to identify relevant calls to 911 that can be triaged to this alternative number. Call takers to 911 seeking help for mental health and substance use crisis, after they conduct an initial assessment and determine there is no danger to the public or the individual could be transferred to this alternate number's mental health team for assessment, triage and response. Examples of these types of calls may include: crises, wellbeing checks, and advice linking to supports.

The contract would be awarded in accordance with Article 22 of the Procurement Bylaw. In Q4 2021, Council approved an amendment to the Procurement Bylaw establishing a sole-source rationale under s. 22 allowing the City to sole-source contracts to social



enterprises owned by non-profit organizations (ACS2021-ICS-PRO-0003).

Additional work after the implementation of this first phase includes staff and the Guiding Council continuing to investigate the feasibility of the additional consultation recommendations including: Additional call diversion including a 4<sup>th</sup> option for 911 for mental health and substance use response (e.g., police, fire, paramedics, mental health and substance use); Text and online options available; Enable referrals from hospital emergency departments; and Community-based drop-in centres.

## **2. Multidisciplinary Crisis Response (MCR)**

A coordinated, community-based, multidisciplinary and culturally appropriate crisis response system to better meet the needs of Ottawa residents. The goal is that residents in urban, suburban, and rural areas will eventually be able to access mental health professionals (e.g., social workers, nurses, case managers, psychiatrists, and psychologists) and peers who will support them with a compassionate, culturally appropriate, person-centered, and trauma-informed approach. Crisis responders will also facilitate individuals' connection to care and services.

The proposed strategy for crisis response services is grounded in the research and consultation results. The first phase will include community-based non-profit lead agencies identified through a call for proposals. These agencies will host the 24/7 community-based civilian-led multi-disciplinary response teams made up of professionals which could include, for example: mental health professionals and outreach workers. The call for proposal will include the demonstration of how the agency will support post-care support through wrap-around supports including leading to a continuum of care.

Specifically the successful agency(ies) will be asked to develop:

- Community-based civilian-led mobile crisis response teams made up of mental health professionals available 24/7.
- Clear protocols to identify cases appropriate for community-based responses or co-responder models.
- Build infrastructure for coordination of a multi-disciplinary response.
- Built-in wraparound services including follow-up.
- Build capacity with peer support workers as part of the post-crises wrap-around

care support system.

- People with lived and living experience have mechanisms to provide upfront and ongoing feedback to ensure responsiveness to the diversity of community priorities.

Peer support will play a key role in providing stability, trust, relatability, system navigation, and advocacy supports to individuals during and following crises. Access to peer support has proven to be a valuable human-centered step to individuals avoiding future crises. Peer support will be included as a component of the post-crisis follow-up, monitoring, and connecting the clients with existing community services. In the focus group consultations and interviews with Ottawa residents, the Black and racialized community members voiced more trust in community members, faith leaders, family and friends than in first responders. Interactions that were somewhat positive often involved the presence of a peer or advocate or receiving treatment and/or support from a Black or racialized professional. Hence, integrating peer support workers from African, Caribbean and Black and other racialized communities with the wrap-around care will strengthen the efforts to offer compassionate and culturally appropriate care.

The Guiding Council and staff recommend the first phase launch in one geographic locations. This recommendation is based on the acknowledgement of the complexity and financial requirements to launch a citywide response. This phased approach will allow time to implement a robust performance measurement and evaluation system. The results of which can then provide data and learnings to inform the expansion of the community-based civilian-led response. This has been a proven tactic following the evidence of successful implementation of similar strategies with the Toronto Community Crises Service.

The Guiding Council will determine a geographic location based on alignment with the desired outcomes of the program, data to inform the selection will include:

- Socio-demographic data on locations include race and socio-economic status indicators, specifically a high concentration of racialized and black communities, high ranking in neighbourhood social equity index;
- presence of community agencies capable of hosting a mobile crisis team while also offering wraparound services including peer support;
- 911 call volume for mental health and substance use; and

- emergency department visits due to mental health and substance use related issues.

These data will be analyzed and prioritized. A geo-spatial analysis including the overlay of a 8-minute drive radius from pre-selected neighborhoods will then support informing the geographic location. The Guiding Council acknowledges there is limitation in the above datasets. For example, they do not capture individuals who do not currently call 911 or go to the emergency department when in crisis.

Through a mixed-methods approach based on the pillars of the Guiding Council's Mental Health and Substance Use Strategy as well as the Community Safety and Well-Being Plan's Discrimination, Marginalization, and Racism priority, Guiding Council members will then add their qualitative subject matter expertise to the data analysis for decision making.

Additional work following the implementation of the first phase would be the Guiding Council and staff continuing to investigate the feasibility of other recommendations from the consultations. The consultation participants voiced a strong interest in having a 24/7 connection to community-based response centres that have dedicated 24/7 crisis response in community-based organizations across the city as well as enhancing peer support workers (in emergency departments, community-based organizations, etc.). These centers would have the ability to reflect specific communities (e.g., Somali, Francophone, rural) and neighbourhoods by ensuring frontline workers represent diverse communities on teams. There would also be built-in wraparound services including follow-up.

### **Implementation Infrastructure**

Upon City Council's approval, Staff, as a member of the Guiding Council will begin working with the Guiding Council's Secretariat to begin work for pre-implementation.

With the Guiding Council was established there were community concerns about having a process, perceived to be led by the police. This prompted City Council to search for a better and more integrated process. To ensure coordination of the above efforts, on May 26, 2021, Ottawa City Council approved [Motion No. 54/4](#) directing the City Manager to develop a recommended path forward to coordinate the City's future efforts related to mental health. Aligning those within the Community Safety and Well-Being Plan with those being led by the Ottawa Police Services Board while ensuring no duplication of efforts. To this end, the Guiding Council was approached by the City Manager to expand its mandate to encompass the Mental Well-being priority under the

Community Safety and Well-Being Plan. The Guiding Council agreed, with the condition that its primary focus remain the alternate crises response. As the phase one of the safer alternate response moves into implementation, the Guiding Council will maintain the leadership role as the lead entity driving the work embedded in community. This includes providing Secretariat and ongoing backbone support to the program. The role of City Staff will be to support in project management, procurement, and supporting the components related to direct municipal authority and service delivery.

Based on discussions with other municipalities there is approximately one year of work to do prior to launch of the teams. In order to fast-track the process, pre-implementation work will start and continue throughout Q3–Q4 of 2023. The work will entail setting up a project governance and project management team, launching the procurement process for the selection of community partner agencies, mapping out partnerships needs, and working with legal to prepare necessary agreements.

Once the 2024 budget is approved, the implementation phase of the project will start with signing agreements with implementing agencies, disbursing funds, procuring and hiring, and launching training and communication campaigns. On this timeline service delivery is anticipated to begin in early Q3 2024.

### **Next Steps: Mental Health and Substance Use Strategy**

While the Guiding Council's initial focus was on the development of a safer alternative response, their research and in-depth consultations brought to the forefront the broader gaps, barriers, and challenges with the current mental health and substance use system in Ottawa. The Guiding Council's Mental Health and Substance Use Strategy describes a holistic view of supporting individuals' wellness with a focus on prevention, pre-distress, post-distress, and crises. The Strategy speaks to the need to increase investment in preventative community-based solutions thereby reducing the need for crises response earlier. The Guiding Council will be developing an advocacy and engagement strategy with other levels of government to seek increase funding in Ottawa for community-based mental health services. The safer alternative response described in this report is one component of the overall Strategy. More information can be found on the [Guiding Council's website](#).

### **FINANCIAL IMPLICATIONS**

Ontario Health is the government agency responsible for the funding of clinical Mental Health, Addictions and Substance Use Health Services. This includes funding for community mental health and addictions clinical programs and hospital based

programs. Ontario Health, which is a Provincial entity, is divided into geographical regions, and Ottawa falls into Ontario Health East region. The Ontario provincial government launched a plan “Roadmap to wellness” in 2020 to build Ontario's mental health and addictions system. The province committed to investing \$3.8 billion over 10 years to expand existing programs and fill gaps in care with innovative solutions and services. This includes a \$1.9-billion investment from the province, as well as a \$1.9-billion investment from the shared priorities funding agreement with the federal government.<sup>8,9</sup> In addition, the Ontario Solicitor General is responsible for administration of community safety and policing grants; and implementing and supporting community safety and well-being planning across the province.

A financial strategy has been drafted based on the above-mentioned provincial commitments and identified needs for the proposed project. Data to inform the strategy included: consultations with other municipalities who have already implemented similar alternate response teams, financial review of current funding agreements to community agencies, and internal financial expertise (e.g., Financial Services and Fleet Services). Phase one of the safer alternative response will be a 3-year phase (2024-2027) implementing the proposed model in one geographic area. The total financial requirement for the first year, includes:

<b>Cost Categories</b>	<b>Description</b>	<b>Annual Cost</b>	<b>% of Total Cost</b>
Direct service delivery	Non-911 Number: Disbursement to agency who will offer a community call navigation service	\$500,000.00	17%
Direct service delivery	Disbursement to community lead agency for response service delivery (one geographic region)	\$1,500,000.00	50%
Public Education Campaign	Cost of developing service identity, advertisement, promotional materials and	\$70,000.00	2%

<sup>8</sup> Ministry of Health. 2023. [Published plans and annual reports 2022–2023: Ministry of Health](#)

<sup>9</sup> Ministry of Finance. 2022. [Chapter 1, Section E: A Plan to Stay Open](#)

<b>Cost Categories</b>	<b>Description</b>	<b>Annual Cost</b>	<b>% of Total Cost</b>
	outreach campaigns		
Training Development & Materials	Cost of training curriculum development and delivery for all partner agency staff including call navigators and crisis response team members	\$70,000.00	2%
Call diversion analysis	Cost of analytical / technical resources to inform navigation and response protocols across organizations	\$25,000.00	1%
Performance Measurement, Evaluation and Knowledge Mobilization	Cost of developing performance measurement framework, evaluate the outcomes of phase one program	\$100,000.00	3%
Guiding Council Secretariat	Community-led Secretariat	\$500,000.00	17%
City staff	Project support, maintenance and proposal writing (2 FTEs)	\$250,000.00	8%
Total Financial Requirement		\$3,015,000.00	
minus current Community and Social Services base budget contribution \$550,000	-	\$2,465,000.00	

<b>Cost Categories</b>	<b>Description</b>	<b>Annual Cost</b>	<b>% of Total Cost</b>
<b>Total New Funding Required</b>	-	\$2,465,000	

The 2024 funding requirement of \$2,465,000 will be funded through a one-time use of the Tax Stabilization Reserve Fund. In addition, Ottawa Police Services will work with City staff to apply for grants from the Ontario Solicitor General to seek additional funding for the alternative response program.

If no other source of funding is confirmed through other levels of government, the funding for the second (2025) and third (2026) years of the proposed project will be sourced by repurposing existing community funding through the \$2.1 million allocated to the Community Safety and Well-Being Fund in 2022. The result of this re-allocation will be a substantial portion of the funding going to only one of the three priorities, mental health crises, initially identified in the allocation of the funding.

As procurement is completed any excess funding would go into a community investment stream further supporting the community crises system infrastructure (e.g., coordinated access to population-specific supports). This investment would support required enhancements for stabilizing individuals' post-crisis.

Implementation of a safer alternative response service requires dedicated and sustained funding. Inadequate resourcing will not result in the desired outcomes of the work. A sustainable funding strategy will be developed during the first phase of the project to support an expanded implementation of the second phase of the project. City staff and Guiding Council will work with other stakeholders including Ottawa Police Service and Ottawa Public Health to seek funding from the provincial and federal government.

**LEGAL IMPLICATIONS**

There are no legal impediments to the implementation of the report recommendations

**COMMENTS BY THE WARD COUNCILLOR(S)**

This is a City-wide report

**ADVISORY COMMITTEE(S) COMMENTS**

No Advisory Committees were consulted in the development of this report.

## **CONSULTATION**

The Guiding Council for Mental Health and Addictions is comprised of members representing more than 150 organizations across Ottawa.

Nearly 1200 people participated in community consultations with the Guiding Council in 2022, especially diverse and systematically excluded individuals who are most often negatively impacted by the existing crisis response system.

- 49 focus groups, including various racialized and unhoused and street involved communities
- 105 one-on-one interviews (community members, service providers, academics)
- 315 survey responses from Ottawa residents
- 48 surveys from community service providers

A detailed findings of the public consultation report “Report on an Alternate Mental Health and Substance Use Crisis Response System” can be found on the [Guiding Council’s website](#).

## **ACCESSIBILITY IMPACTS**

Accessibility impacts have been actively considered throughout the development of the Mental Health and Substance Use Crisis Response Strategy (Strategy). The main recommendation of the report requests Council approval to implement the first phase of the safer alternative response program for mental health and substance use crises, specifically, through the creation of

- A non-911 number to establish an alternative call intake, triage and dispatch system for mental health and substance use crisis-related calls; and
- A community-based civilian-led multi-disciplinary mobile crisis response that is a 24/7 trauma-informed and culturally appropriate crisis response service

People experiencing mental health conditions and/or addictions may have a heavier reliance on the medical system to support their health care and may frequently require enhanced health supports to assist their disability.



Support of the recommendations of the Strategy will positively impact the health and wellbeing of people with disabilities by:

- supporting focused mental health care via a response team located within the community
- lessening demand on emergency room care and service provision in a hospital environment
- enhanced supports through focused after-crisis health care provision for mental health and addictions

The response team will be managed through community partner agencies to provide individuals with wrap-around supports and provide a continuum of care and links to services. The multi-disciplinary mobile crisis response team will be made up of professionals, including mental health professionals, outreach workers as well as integrating peer support workers. The beneficial intent of peer supporters are to provide stability, system navigation, and advocacy supports to individuals during and following episodic crises.

Further benefits for people with disabilities will be recognized through the creation of a dedicated non-9-1-1 phone number for service requests. This number will connect people in crises directly to a civilian-led community-based health care response team that will provide accessible, trauma-informed, culturally appropriate, focused mental health and substance use crisis care response and recovery. The safer alternatives review has included focused consultation with the public, including people with disabilities, who have provided recommendations through an accessibility lens to ensure multi-modal service provision options through phone-line, text and online connections as well as a variety of intake and referral options to meet individualized needs.

City services are provided to people with disabilities in line with the obligations of the Accessibility for Ontarians with Disabilities Act, 2005 and the Integrated Accessibility Standards Regulation, 191/11. All recommendations contained in this report will support and enhance accessible service provision and improve mental health service, substance use crisis care, and positive health outcomes to the benefit of people with disabilities.

Guiding Council members for the Strategy and City staff commit to engage with the City's Accessibility Advisory Committee for continued cross-disability advice,

considerations and feedback and for service provision as they move into implementation of the proposed first phase of the Strategy.

## **DELEGATION OF AUTHORITY IMPLICATIONS**

The following existing authorities, as set out under the Delegation of Authority By-law No. 2023-67, will be exercised to implement the report recommendations:

- Schedule D: Community and Social Services Department
- Schedule B: Finance and Corporate Services Department

The exercise of delegated authority shall be reported to the appropriate Standing Committee at least once in each calendar year.

## **INDIGENOUS, GENDER AND EQUITY IMPLICATIONS**

The Guiding Council's work uses an intersectional approach of an anti-stigma, anti-racist, anti-colonial, and anti-oppression.

The Guiding Council ensured the application of a gender, equity, and inclusion lens in the research and public consultations. More than half of the community members (55%) who participated in the survey were women, and more than a quarter (27%) were 2SLGBT+. Out of 100 community members who were interviewed on a one-on-one basis, almost a quarter (n = 24) of them were from a racially marginalized community, including African, Caribbean, and Black. Data analysis of the public consultation was stratified to capture the perspectives of equity-deserving groups (e.g., francophones, Somalis, and homeless people).

The Guiding Council will continue to apply gender, equity, and inclusion lenses while developing and implementing the Mental Health and Substance Use Crisis Response Strategy.

Early in the process, the Indigenous community decided not to participate directly in the Guiding Council as they were developing their own Indigenous Mental Well-Being Strategy. However, Indigenous people's experiences with the existing services and supports as well as their suggestions to improve a culturally appropriate crisis response system were captured through a literature review.

## **RISK MANAGEMENT IMPLICATIONS**

The implementation for a comprehensive safer alternate response strategy is the launching of a new crises service. Currently identified risks include: lack of sufficient and sustainable funding for city-wide expansion. In addition, through City Council direction, public commitments, and the Guiding Council's consultation there is public sentiment committed to the implementation of such a response.

Project and implementation risks will arise as the work moves forward. Staff will follow the City's Project Management and Risk Management policies in documenting, developing mitigation plans, and escalating risks as they arise.

## **RURAL IMPLICATIONS**

The Guiding Council's community engagement strategy was rooted in a community development approach to capture the voices of those who are most affected by the issue at hand. The Guiding Council secretariat organized outreach to rural communities to ensure rural perspectives were captured in the consultation and strategy. A geographic analysis, understanding the complexity and necessity of services in rural areas remains part of the Guiding Council's work.

## **TERM OF COUNCIL PRIORITIES**

Community and Social Services remains committed to the strategic priority Thriving Communities. The work of the Community Safety and Well-Being Plan as outlined in this report strives to promote and address safety, social and physical well-being for residents most at risk.

## **SUPPORTING DOCUMENTATION**

**Document 1: Mental Health and Substance Use Crisis Response Systems – A Review of the Literature**

## DISPOSITION

Upon approval by Council, the General Manager of Community and Social Services will undertake the next steps as outlined in the report and will also implement any direction received as part of the consideration of this report

Pursuant to the Delegation of Authority By-law (By-law No. 2023-67), Schedule “C”, Section 8, the City Clerk has authorized the correction of the following clerical errors in the French version of this report:

**Le** Conseil **d'orientation** reconnaît que les ensembles de données susmentionnés sont limités. Par exemple, ils ne prennent pas en compte les personnes qui n'appellent pas le 911 ou ne se rendent pas aux urgences lorsqu'elles sont en situation de crise.

Grâce à une approche mixte, fondée sur les piliers de la stratégie du Conseil **d'orientation** sur la santé mentale et **les dépendances d'Ottawa**, ainsi que **la priorité** sur la discrimination, la marginalisation et le racisme du Plan de sécurité et de bien-être **dans les collectivités**, les membres du Conseil **d'orientation** ajouteront leur expertise en la matière à l'analyse des données pour la prise de décision.

The amendments have been incorporated into the French version of the report, distributed and published on June 22, 2023.