

#	Recommendation	Owner	Date Initiated and Status (if applicable)
1	The Ottawa Police Service (“OPS”), subject to the oversight of the Ottawa Police Service Board (the “OPSB” or “Board”), should establish an enduring advisory council (the “Mental Health Advisory Council”) tasked with providing recommendations to the OPS relating to its interactions with members of the public with mental health issues and/or who are experiencing a mental health crisis.	MHCI	Q3, 2025 & concluding
2	The Mental Health Advisory Council should include members of executive leadership of the OPS and peer-run organizations representing the community of persons with lived experience and should engage regularly with the Board.	MHCI	Q3, 2025 & ongoing
3	The Mental Health Advisory Council should provide recommendations with respect to: a) Developing a coordinated and cohesive OPS-wide mental health strategy specific to improving outcomes where police interact with those in crisis; b) Prioritizing available resources to ensure the greatest likelihood of improved outcomes (and defining outcomes sought to the extent not specifically set out in the Strategic Plan); c) Providing recommendations for data/ research collection, and expert analysis, relating to mental health and policing in Ottawa; d) Providing recommendations relating to policies and procedures of OPS involving OPS’ response to calls for service involving mental health; e) Facilitating effective information sharing between OPS and other mental health agencies and service providers in Ottawa to maximize coordination; and f) Developing effective mandatory training for all OPS members interacting with the public with significant inputs from organizations of persons with lived and living experience.	MHCI	Starting Q4, 2025 & ongoing
4	The recommendations flowing from the Mental Health Advisory Council should be reported to the OPSB and considered by OPS and OPSB in their	MHCI	Q4, 2025 & ongoing

	<p>respective areas of decision making, including by the Board in review of its policy relating to police response to persons in mental health crisis or those who are living with mental health issues (Policy LE-013).</p>		
5	<p>The Mental Health Advisory Council should make recommendations to assist the OPS in developing a strategy to address mandatory and effective training of OPS members on issues relating to mental health. This training strategy should include the following:</p> <ul style="list-style-type: none"> a) Review of existing use of force training module to ensure it adequately emphasizes trauma-informed de-escalation, provides de-escalation strategies specific to those in mental health crisis, and provides intersectional guidance to officers on bias-free policing that addresses stereotypes and biases toward people with mental health issues including how these biases can intersect with other biases such as anti-Black racism; b) Creation of evidence-based mandatory training module for all front-line police officers specifically aimed at improving their ability to effectively and sensitively respond to persons in mental health crisis with topics to include de-escalation, crisis intervention, and bias-free policing; c) Creation of process by which OPS members should be tested or evaluated on the above-noted mental health training to ensure members are qualified to interact with those in mental health crisis; d) Strategy for proper evaluation of the efficacy of any mental health training; and e) Strategy for implementing new mental health training module in a manner which incorporates persons with lived experience connected with an organization of persons with lived experience, which is reflective of capacity of OPS and its partners, and which ensures consistent refresher training as appropriate. 	MHCI	Q4, 2025 & ongoing
6	<p>Any training recommended by the Mental Health Advisory Council should address intersectionality between race, social identity and mental health, as well as specifically recognize the unique challenges Black people who also have serious mental health issues face when they come into contact with</p>	MHCI, PDC, MHU, POLICY, EDI,	Starting Q1, 2026 & ongoing

	police. This unique intersection of Blackness and lived experience of mental health issues should be specifically addressed in any training on Use of Force, de-escalation, and police interaction with such persons.		
7	Continue to expand the OPS Mental Health Unit to support sufficient training of Officers and to be a resource in instances where police presence is required for a person in crisis.	MHCI/MHU	Started Q2, 2025 & ongoing
8	Continue to refer mental health calls to Alternate Neighbourhood Crisis Response (“ANCHOR”) when suitable.	MHCI/COMMS/FLD	Started Q2, 2025 & ongoing
9	Continue to consistently emphasize the primary goal of non-application of force through any training addressing trauma-informed de-escalation.	MHCI/PDC	Started Q2, 2025 & ongoing
10	Develop a revised method for identifying and recording call type for the purpose of data collection to allow for recognition that the call includes a mental health component, including where there is an allegation of criminality.	MHCI/MHU/COMMS	Started Q2, 2025 & ongoing
11	Improve knowledge and awareness for police communicators, including call takers and dispatchers, on the signs of mental health crisis, and ensure that communicators are trained to ask questions directed at determining whether a call involves a mental health crisis.	COMMS/MHCI	Completed Q2, 2025 & ongoing
12	Review and amend policies and procedures for police communicators, including call takers and dispatchers, to ensure that the attending police officer is given all of the relevant and necessary information, including whether there is a potential mental health component involved, to respond to any call.	POLICY, MHCI, MHU, COMMS, & et al.	Started in Q2, 2025, MHCI in coordination with COMMS
13	Consider changing Communication Centre communication codes to add a code that will clearly signal to the attending police officer that there is a mental health component to a call to which the officer is being dispatched.	COMMS, MHCI, MHU	Started in Q2, 2025, MHCI in coordination with COMMS
14	Direct attending officers to record sufficient details in their Investigative Actions to identify a call as having a mental health component in order to more accurately track mental health data.	MHCI, MHU, FLD, PDC	Started Q2, 2025 & ongoing
15	Consult with the Community Equity Council (“CEC”) to review and update mandatory training for OPS members to address implicit bias, cultural	MHCI, EDI, PDC	Started Q2, 2025 & ongoing

	<p>competency, and anti-Black racism. In conducting this review, OPS and CEC shall consider the following:</p> <p>a) Strategies for reducing structural and logistical inefficiencies to the delivery of the training so that it can be delivered annually. This may include, for example, the creation of a team of trainers qualified to deliver the training;</p> <p>b) The incorporation of feedback from external consultants, reputable educators, Black public interest groups, academic sources, and community members of the Black community with relevant lived experiences;</p> <p>c) Strategy for evaluating the efficacy of the training module and updating the training as appropriate;</p> <p>d)The utility of a scenario-based component to the course which addresses specific stereotypes about members of the Black community that negatively influences police behavior in use of force events;</p> <p>e) Strategy for incorporating a testing or evaluation component to the training; and</p> <p>f) Review of existing OPS use of force training module to ensure it is trauma informed and adequately emphasizes implicit bias, cultural competency, anti-racism, and anti-Black racism.</p>		
16	<p>Consult with CEC on mandatory anti-Black racism training to ensure that the course:</p> <p>a) Has clear goals, objectives and core competencies, including the identification and elimination of anti-Black racial biases and the net reduction of racial disparities in police use of force events; and</p> <p>b) Addresses anti-Black racial biases specific to policing duties, including biases relating to perceptions of dangerousness and threat based on racial stereotypes.</p>	MHCI, EDI, PDC	Mandatory training implemented in Q3, 2023 & ongoing
17	<p>Consult with the Mental Health Advisory Council and the CEC regarding the use of Active Bystander for Law Enforcement (“ABLE”) training materials and ways to include an evaluation component to the training, such as using scenario-based training evaluation during training and Body-Worn Camera (“BWC”) reviews in performance supervision.</p>	MHCI, WCRU, DEIMS	Q3, 2025 & ongoing
18	<p>Ensure that OPS Annual Use of Force Requalification Training includes data and analysis on the disparities impacting racial groups and</p>	PDC, MHCI, MHU, EDI	Q2, 2025 & ongoing

	persons in mental health crisis, with officers participating in the training being advised that the data is being provided to expose them to the disparities in an effort to eliminate those disparities.		
19	Reformat Annual Use of Force Reports provided to the Board, in consultation with the Board, in order to allow for a ready comparison of year-to-year data on racial disparities and mental health incidents.	MHCI, PDC, EDI, SLT	Q4, 2025 & ongoing
20	In assessing whether, when and/or how to introduce Body-Worn Cameras (BWCs), consider the important role of BWCs in a supervisor's review of Use of Force incidents and the evaluation of the effectiveness of Use of Force and de-escalation training, as well as the opportunity for BWC recordings to serve as learning tools in such training.	DEIMS, MHCI, PDC, POLICY	Started in Q3, 2025 & ongoing
21	Where a person is hospitalized after an interaction with an officer, and there are investigations underway, ensure that officers cooperate with the hospital to allow family members to visit with their loved one, while taking such measures as are necessary to protect the integrity of the investigation(s) and also ensure public safety.	MHCI, MHU, FLD	Started in Q1, 2025 & ongoing
22	The Chief should develop policies and procedures regarding <i>Community Safety and Policing Act, 2019</i> ("CSPA") section 81 reports, which must address: a) Clear requirements regarding the nature of information and level of detail required; b) Qualification, training and knowledge of a report writer in any area that they are reviewing; c) Process for consulting subject matter experts in any areas outside the report writer's qualification, training and knowledge; d) A quality assurance process involving review by an officer or supervisor not involved in the investigation; and e) A formal tracking system to ensure that the OPSB receives all reports.	Office Of The Chief, MHCI, PSU, SLT	Review started in Q1, 2025 & ongoing
23	The mandatory anti-Black racism courses must include competency and scenario-based training. This training must include an evaluation of each competency covered in the training. Failure to "pass" the evaluation must require re-attendance and re-evaluation.	MHCI, EDI, PDC	A Review started in Q2, 2025 & ongoing

24	The Ottawa Police Service should prepare and provide a report to the Ottawa Police Services Board outlining the history of use of force in the Ottawa Police Service over the past five years and its plan to reduce the racial disparities in use of force. The plan to reduce the racial disparities in use of force should employ a trauma-informed and anti-racist approach.	MHCI, EDI, PDC	Started in Q2, 2025 as an excerpt from the Race Data collection report. This is an ongoing process.
25	Ensure that the Professional Development Centre (PDC) keeps reliable records of use of force and mandatory course training. These records should be kept in accordance with the applicable legislation and regulations, and they should note: (1) the identity of the trainer(s); (2) the participants; (3) the persons approving the training; (4) the name of the course; (5) a copy of all the materials used to prepare and deliver the course; (6) an explanation for the materials being used; (7) grades of the participants where applicable and the specific competences successfully demonstrated; and (8) any other relevant information.	PDC, MHCI,	Q1, 2025 & ongoing
39	Continue to train officers to take a trauma-informed approach when interacting with members of public.	MHCI, PDC, MHU	Q1, 2025 & ongoing
40	Ensure that, in addition to standard first aid training, all officers receive additional instruction on police duty of care including, but not limited to: a) Their obligation to follow their first aid and CPR training in relation to the care of apparently unconscious persons; b) How to manage officer safety in pulse-taking and other components of CPR when the subject has shown previous aggression; and c) The importance of communicating to paramedics and hospital staff all known information about the cause of any injury.	MHCI, PDC, EMS	A review is ongoing to ensure we are still aligned with best practices.
41	Train officers to recognize and avoid the risk of positional asphyxia and prone restraint cardiac arrest.	MHCI, PDC, EMS	This has been occurring yearly however MHCI is conducting a review to ensure best practices.



Abbreviations

- **ABLE** – Active Bystander for Law Enforcement (training program)
- **ANCHOR** – Alternate Neighbourhood Crisis Response (community crisis program)
- **BWC** – Body-Worn Camera
- **CEC** – Community Equity Council
- **COMMS** – Communications Section (incl. call-takers, dispatch)
- **DEIMS** – Digital Evidence Information Management System
- **EDI** – Equity, Diversity & Inclusion Office
- **EMS** – Ottawa Paramedic Service (Emergency Management Services)
- **FLD** – Frontline Directorate (patrol operations)
- **MHAC** – Mental Health Advisory Council
- **MHCI** – Mental Health Change Initiative
- **MHU** – Mental Health Unit
- **OPS** – Ottawa Police Service
- **OPSB** – Ottawa Police Services Board
- **POLICY** – Policy Development Section
- **PDC** – Professional Development Centre
- **PSU** – Professional Standards Unit
- **SLT** – Senior Leadership Team

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