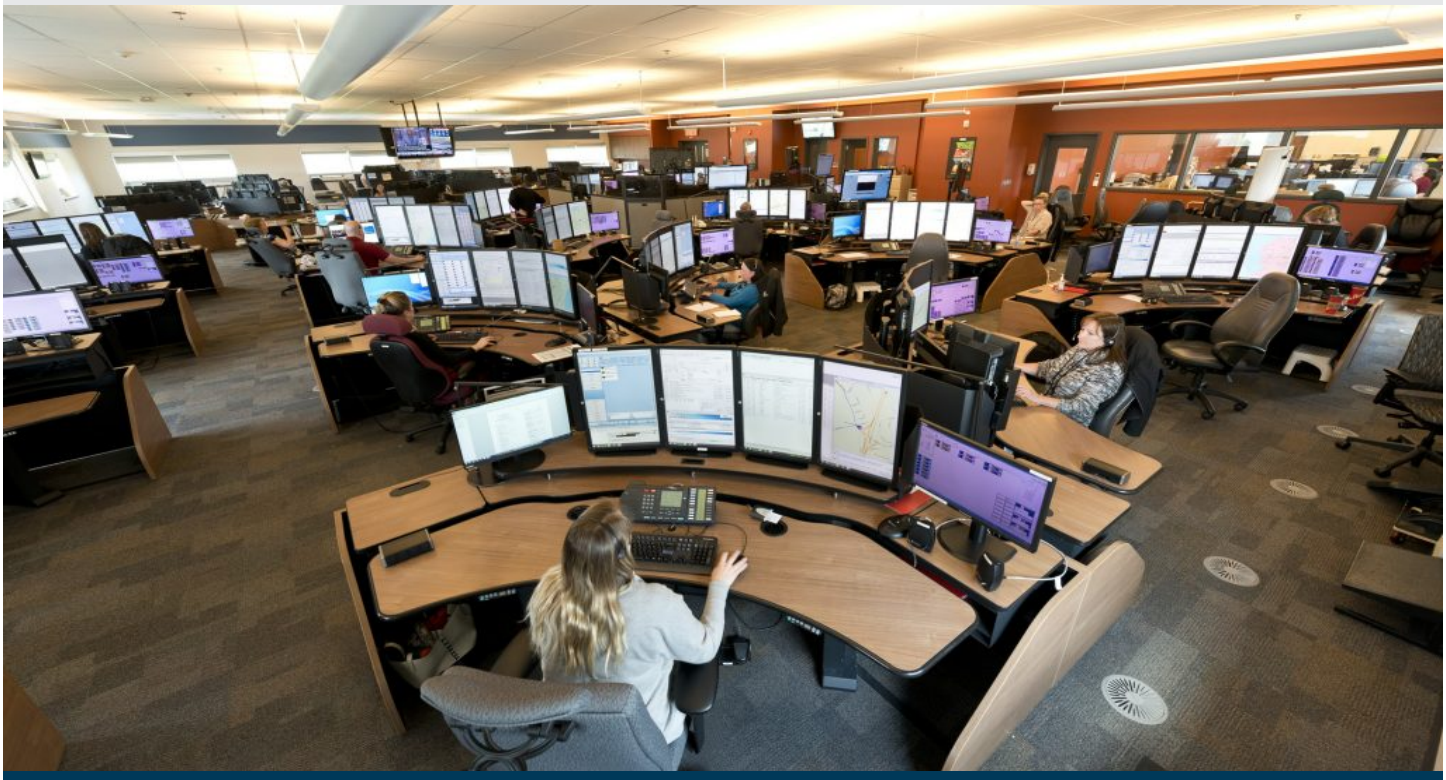
ONTARIO PROVINCIAL POLICE

CRISIS CALL DIVERSION

A Guide for Development & Implementation in Police Communications Centres



PILOT PROGRAM OUTCOMES | APRIL 2021

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- Canadian Mental Health Association – Elgin Middlesex Branch
- Canadian Mental Health Association – Oxford Branch
- York Regional Police
- Houston Police Department, TX

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DISCLAIMER

This document is intended for information purposes only. It does not provide direction to other police services or their respective health partners. It does not provide legal or medical advice. If you have a health question, you should consult a physician or other qualified health care provider. If you have a legal question, you should consult a lawyer.

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ONTARIO PROVINCIAL POLICE (OPP)

The OPP is one of North America's largest deployed police services with more than 5,800 uniformed officers, 2,400 civilian employees and 1000 auxiliary members. It is the largest police service in Ontario and the second largest service in Canada. The OPP provides essential services that ensure the safety and security to over two million residents in the Province of Ontario.

As part of our commitment to interacting with all people in Ontario with respect, compassion and fairness, the OPP have engaged their community mental health and addiction partners and persons with lived experience in order to continue to develop, improve, expand and enhance the least intrusive programs and services to support those living with mental health and substance use challenges.

PROVINCIAL COMMUNICATIONS CENTRES

The OPP operate five Provincial Communications Centres (PCCs) across Ontario. These centres provide telecommunications services 24 hours per day, seven days per week to answer 911 emergency and non-emergency calls for service, as well as administrative call taking to communities throughout Ontario. The PCCs also provide dispatching services for frontline uniform members and radio watch clients.

Communicators play a vital role in ensuring that the right response is dispatched to whatever emergency situation arises. Our PCCs employ just under 600 members throughout Ontario, consisting mainly of civilian communications operators that are led by uniform supervisors. Communications operators respond to over two million calls every year, many of which may involve individuals experiencing mental health and/or addiction related crisis, and are an integral part of ensuring public and officer safety.

SECTION ONE: OVERVIEW

COLLABORATIVE PARTNERSHIPS

Police are too often the default emergency response for mental health issues, but are not always the best suited to address this health matter. Therefore, police working in collaboration with mental health and addiction experts will more often provide improved community safety and well-being outcomes for individual experiencing crisis where police are called upon to respond.

The Crisis Call Diversion (CCD) pilot program expands on these partnership and sets a stage for future collaborations across Ontario. It is important to understand that integrated response models such as Mobile Crisis Response Teams (MCRT) and CCD models involve police calls for service, and that the integration of health partners must maintain a focus on the existing infrastructure in place for emergency response call taking and dispatching. Future outlook should involve non-police call centres and innovative pathways to build new or integrated non-police response infrastructure. However, until such time as these exist, similar to OPP MCRT, these models are responding to police calls for service where police are ultimately responsible for public safety.

The OPP are proud to be a collaborative partner with multiple stakeholders across Ontario, both provincially and within local communities. We have had the opportunity to partner with our municipal police counterparts, Ministries, hospitals, nursing stations, and community mental health providers across the province to develop integrated response models and comprehensive police-hospital transitions.

These well-established and trusted partnerships are the cornerstone of this work. Shared understanding and communication related to our respective sectors, responsibilities, health partner scope of practice, police authorities, and a relationship built on trust and respect of equal consideration within the collaboration are critical for success. By working with our trusted community partners, police can continue to develop alternate approaches to service delivery with our communities, devising coordinated solutions for positive outcomes. We are better together.

MOBILE CRISIS RESPONSE TEAMS

One of the ways in which the OPP has been working toward these outcomes is through their collaborative efforts working with health partners to develop Mobile Crisis Response Teams (MCRT) in detachments across Ontario. These teams involve police officers and mental health and addictions service providers responding together to a mental health and/or addictions related crisis where police have been called to respond.

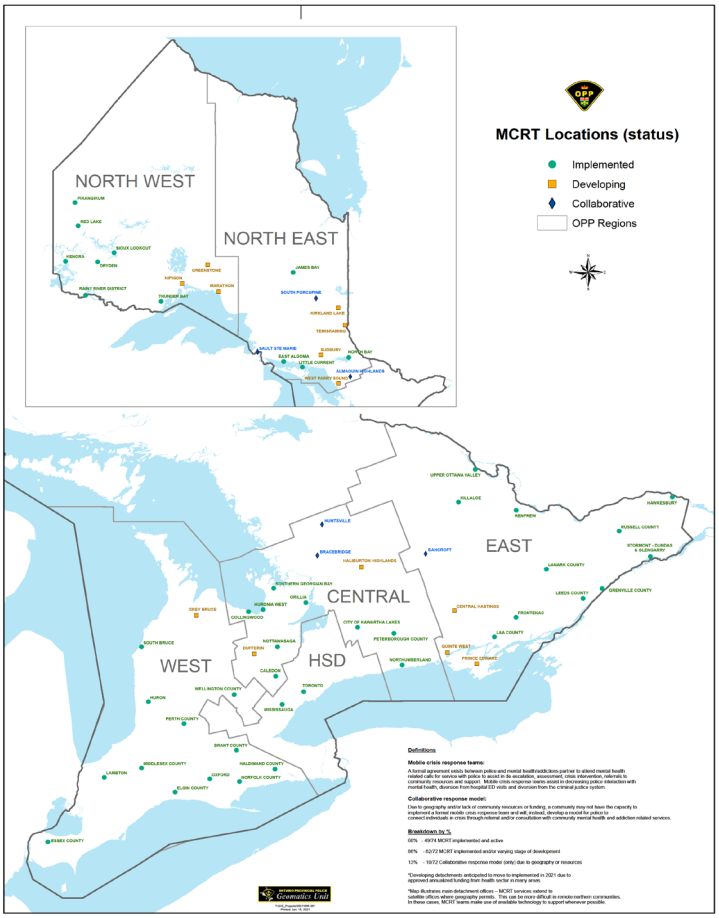
These teams help to de-escalate crises at the scene, divert individuals from traumatic, costly and often unnecessary emergency department visits and/or criminal justice system involvement whenever appropriate, as well as support individuals by connecting them to local services in the community. While some standardization exists for these teams within the OPP to ensure core components and common approaches, each OPP detachment works with their community to develop an MCRT team that meets their unique needs based on geography, populations, language and culture. Available community resources, partnership and funding options are also considerations in the type of MCRT that are implemented in any community.

For some OPP detachment areas, a less formal collaborative model may be implemented due to geographical or resource challenges.

The map on the right provides an overview of the various stages of OPP MCRT development across Ontario.

Since 2019, the OPP has been engaged in the ongoing development of increasing our organizational common approach to these teams across Ontario. This includes core components such as agreements, data collection, type of model and improving standard operating procedures.

As we have continued to see these teams flourish and expand, we recognized the value in pursuing enhanced and innovative models that integrate police and health care sectors toward joint response and diversion from unnecessary police involvement. This has included the development and implementation of crisis call diversion.

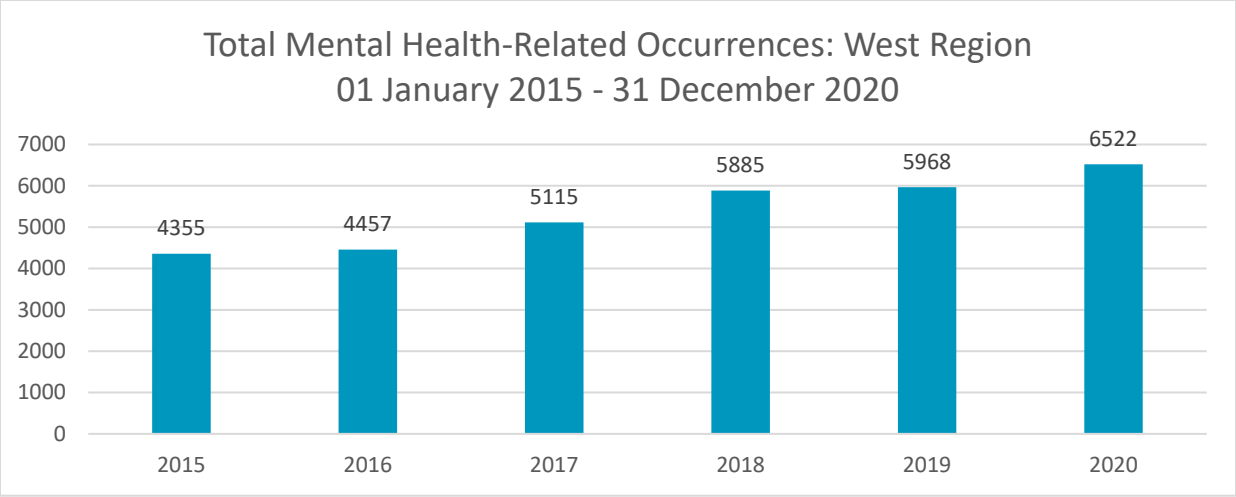


CRISIS CALL DIVERSION PROGRAM

Building on the success and established processes both within the OPP and throughout Ontario related to MCRT, the OPP developed and implemented a Crisis Call Diversion (CCD) pilot program between November 2, 2020 and March 31, 2021 at the Provincial Communications Centre in London (PCCL) in the OPP's West Region.

OPP West Region is located in southwestern Ontario, the geographic area of Ontario extending from the Bruce Peninsula and Lake Huron on the north, the Lake Huron shoreline on the west, the Lake Erie shoreline on the south, and neighbouring the Toronto-Hamilton-Niagara Golden Horseshoe region on the east. There are 14 West Region detachments as noted in the map above.

The OPP, through our PCCs, receive a wide variety of call types, mental health calls for service are increasing year after year. This could be due to a number of different variables such as an overall increase in general awareness of mental health (both police and community members), an increase in population as a whole, an increase in the amount of mental health-related awareness training, and changes regarding the way police collect data and report on mental health-related occurrences (e.g. the addition of uniform crime reporting – UCR codes and sub-codes). Since 2015, there was a 50% increase in mental health-related occurrences in OPP West Region, where this pilot program was implemented.



Note: Source is Niche RMS Custom Query EX_101 (Non-FN, All Offence Levels, Actual); data extracted Friday March 19, 2021.

This program relies on an existing positive collaborative relationship with the Canadian Mental Health Association (CMHA) Elgin-Middlesex, CMHA Oxford, and multiple OPP bureaus including, but not limited to, Community Safety Services, Communications and Technology Services Bureau, West Region and Healthy Workplace Team. Funding for this pilot program was provided by the Ministry of the Solicitor General (SOLGEN).

The OPP CCD pilot was a five month program to embed mental health and addiction crisis workers within the PCCL. The crisis workers involved with CCD are experienced and qualified mental health and addiction specialists who can offer an additional layer of support for callers experiencing crisis. Through the partnership, the CMHA was able to hire six (6) full-time equivalent crisis workers on a rotating schedule to provide one (1) crisis worker onsite at the PCC 24/7 – 7 days a week. These crisis workers are set up with a Computer Aided Dispatch (CAD) system set amongst the communication operators. A process was established for communications operators to identify CCD appropriate calls, offer the CCD service to the caller, and conference the crisis worker directly onto the call with the individual in crisis and the call taker.

The crisis workers provide the initial critical support to callers who are in crisis for the purpose of:

- offering immediate de-escalation and support to those experiencing a mental health crisis;
- diverting non-emergent police mental health-related calls for service, where alternative services may be more appropriate in low-acuity situation;
- decreasing the volume of non-emergent mental health-related calls for service for the OPP;
- reducing the use of police personnel for non-emergent responses when appropriate; and
- helping individuals experiencing mental health crises by offering better pathways to meet their needs and supporting the de-stigmatization of mental health issues.

This document provides a roadmap for undertaking the development and implementation of a CCD program. While each police service and their respective health partner may differ, this may act as a guide for establishing core components and common approaches for similar practices in Ontario to divert non-emergent crisis calls involving mental health, away from unnecessary police interactions.

IMPACTS OF CRISIS CALL DIVERSION

In any given year one in five people in Canada will personally experience a mental health problem or illness, and from adolescence to middle age, suicide is one of the leading causes of death in both men and women (Mental Health Commission of Canada, 2020). In recent years, significant efforts have been made to enhance collaboration and break down silos, however system navigation continues to be a daunting task for individuals in distress. Police have a critical role to play when responding to, and interacting with, an individual experiencing a mental health and/or addiction related crisis. When police are the default for people seeking support, there are many times when a professional health care-led option would be more suitable.

Research and anecdotal evidence demonstrates that a healthcare response creates more positive and appropriate outcomes for individuals experiencing mental health and/or addiction distress, compared to that of a police response. However, despite call for action to the contrary, we continue to see an increase in activation of first responder services for this population. Now, more than ever, there is a need for creative solutions to reduce police response and increase healthcare interventions for individuals experiencing crisis that works within the existing infrastructure.

The benefit to providing integrated mental health and addiction response to individuals in crisis not only supports those in need, but it also allows first responder partners to focus on community requests requiring a justice response. Similar to MCRT and other programs that see officers with mental health crisis workers, CCD provides an opportunity at the onset of the call to offer collaborative intervention and support. While the CCD pilot program data is provided within this document for fulsome quantitative outcomes, an overview of qualitative positive impacts are covered below.

Warm Transfer Conference Call

A consent based, warm transfer conference call provides a more relaxed and comfortable approach for the caller. The crisis worker is then able to enquire deeper into the caller's situation and determine what type of mental health and/or addiction services or human services that may better suit the individual's needs rather than police involvement.

Comprehensive Risk Assessment

Crisis workers involved in the CCD program are able to provide an additional layer of assessment, beyond the initial communications operator, by completing a brief clinical risk assessment to best determine the nature of the caller's crisis.

De-escalation

Crisis workers involved in the CCD program are professionally trained and experienced to provide empathy, build rapport, and explore de-escalation and coping strategies to assist the caller through their time of crisis. When required, the crisis workers may implement de-escalation techniques prior to first responders arriving on the scene, creating a safer environment for the first responders, the caller and the general public. The crisis worker may provide additional call details that can be communicated in real time to the frontline in order to better equip first responders when appropriate. The crisis workers are able to offer alternative services which may be more appropriate for the situation, thereby decreasing the volume of non-emergent mental health and/or addiction related calls for service for the OPP.

Safety Planning and Follow-Up

Crisis workers are trained to collaborate with the callers experiencing crisis, and are invited onto the call with the callers consent. They may establish and implement safety plans to assist the caller in ensuring their safety in the moment, and down the road. The crisis workers involved in the CCD program offer the caller follow up services from their agency, and will do so with consent from the caller, in order to reduce future need for emergency response and ensure improved long term outcomes for the caller.

Resources and Referrals

Crisis workers have direct access through police to multiple different resources and referral options both within the OPP and externally. They have knowledge of the local MCRT teams, community health and social services, health care, and outpatient mental health resources or crisis services. They are able to connect the caller to these services which may serve the caller to avoid future crises or interactions with police. System navigation support to meet the needs of the caller, and the offer for follow up services are a key component of long term positive outcomes.

STAFFING RECRUITMENT AND RETENTION

Skill Sets

Crisis workers should have a minimum of two years' experience directly supporting individuals experiencing a mental health related crisis, along with relevant education. Crisis workers should hold a strong understanding of crisis intervention theory and mental health knowledge. Prior experience of providing telephone intervention is an asset, as those staff will bring a unique clinical skillset and comfort level to supporting those in acute distress over the telephone.

Supporting individuals on the telephone requires rapidly building rapport with callers by activating empathic listening and validation skills, while continuously assessing the caller's level of risk. Considerable experience providing de-escalation is critical as it is one of the most common crisis intervention skill used during 911 calls.

Crisis workers need to be well-versed and confident in both suicide and homicide risk assessment. The communications centre receives calls from all ages, so experience and a comfort level working across the lifespan is important. As a goal of the program is to reduce officer time spent on a call or a frontline diversion response when possible, crisis workers need to be creative in safety planning, pulling on an individual's strengths, resilience, as well as internal and external resources to create a plan for the individual to remain safe.

Crisis workers need to be resourceful and familiar with resources in a wide-region, as well as be able to navigate those resources while speaking with callers.

As the crisis workers are co-located at the communications centre, crisis workers are joining a multi-layered team. Staff will be supported by two leadership teams; their direct supervision team with CMHA and the PCC supervisors while on shift. It's imperative that staff are respectfully assertive, independent workers, have strong interpersonal skills and ethical boundaries. Crisis workers who have previously demonstrated the ability to work well independently and have shown resilience in prior roles, have excelled in this program.

Recruitment/Retention

The likelihood of retaining crisis workers needs to be considered during the initial stages of recruitment and throughout the recruitment stage. There is a lot of behind the scenes work for candidates to be hired and trained for this program. Interview questions should explore an individual's future career goals and aspirations. Inquire with candidates whether they see themselves being satisfied with a career in this program. It is highly recommended that you put in the effort beforehand, during the recruitment stage, to explore these types of conversations, with the goal of reducing the amount of turn over you may experience in a crisis program. It may be challenging to retain qualified staff during pilot programs due to the short-length of the contract.

While recruiting, explore candidates concerns (if any) about being co-located with communications staff and working within a policing environment. Those who have prior experience working with police in a MCRT or Crisis Response Team may be an asset to a CCD team. Demonstrated experience building positive relationships on teams is invaluable.

While there is no direct relief shift in the CCD schedule, it is important to have a relief pool of staff who have wide availability to be able to work all shifts (i.e. nights, days, weekends, and weekdays). This will assist with covering sick calls and planned time off. Typically, CMHA Crisis Services has relied on cross training staff to jump into various roles as needed. Restrictions related to the additional level of police check requirement and the technology training required for the CCD role creates barriers in pulling in staff from other programs last minute. For this reason a relief pool with flexibility is essential.

It is important to be mindful of the timeline during recruitment due to the level 4 security clearance that is required by OPP prior to any staff members beginning training with CCD program.

Employee Complement

The CCD pilot program team consists of six full-time equivalent staff, three part-time staff and relief members. The two full-time day staff rotate between day and afternoon shifts. The two full-time night staff permanently work night shifts. Part-time staff work a combination of weekday and weekends, rotating between day and afternoon shifts. One of the part-time staff is a backfill position for the team lead. Based on this experience, it is not recommended to have a designated relief shift in the schedule as it often results in vacant shifts.

Designating a team lead supports the program in a variety of ways. The team lead works 50 percent frontline shifts which allows that staff to better grasp the nature of the role and any challenges faced by staff. The team lead completes weekly documentation reviews and meets with staff on a regular basis. The team lead role supports our follow-up process, allowing a consistent staff to be taking the lead of providing follow-up call support. It is important to ensure that while co-located at the PCC there is a CMHA leadership presence as often as possible. This may involve leadership flexing shifts to connect with the weekend, evening and night staff. The private space provided for CMHA leadership is helpful for providing confidential support to staff.

Tool 1: CCD Crisis Worker Job Description

TRAINING AND ORIENTATION

OPP Training

Pilot program training sessions were held for OPP communicators and supervisors. Boardroom training sessions offered information on what constitutes a crisis and provided information on the background and purpose of the CCD program. The roles and responsibilities of all members involved in the program were discussed.

Call flows for four different types of responses and what the call flow would look like were laid out:

- Coordinated response (the crisis worker is engaged in the call but an officer response is still required);
- Diverted response (crisis worker is engaged in the call and an officer response is not required);
- Escalated response (the call starts off as a diverted response and escalates to requiring officers; and

- De-escalated diverted response (the call starts off requiring an officer response but the caller is ultimately assisted by the crisis worker and an officer response can be cancelled).

The facilitators role-played using the consent scripts and presented various scenarios where the CCD pilot program would be utilized.

Virtual information sessions were held regionally, inviting all applicable OPP command staff, OPP mental health liaisons and their respective MCRT health partners. As the program expands, any respective First Nations policing partners supported by the OPP will also be engaged to participate. These virtual sessions offered background information and an overview of the CCD program. They provided an opportunity for a question and answer period, which assisted in alleviating any concerns and provided clarity of what the CCD program offers and what it does not offer.

After the internal training CMHA provided to their staff members, the OPP invited CMHA into the PCC for a one-day training session. This session included a tour of the OPP building, the PCC and the areas that CMHA members would access daily (kitchen, locker room, gym etc.). In-class training consisted of all the same components that were trained to the OPP members, as well as when/where to report for their shift, any general housekeeping rules (scent free policy, food/beverage policy, dress code etc.). CMHA staff were provided with an operations manual outlining the technical components. The OPP's Healthy Workplace Team shared a presentation about the internal OPP support resources available for our members should a communicator reach out to them for support. The training day ended with CMHA staff sitting at their assigned console and role playing through a few calls, providing hands on experience of how a call would flow start to finish. Remaining CMHA members had rotated through the opportunity to sit in and observe call takers and dispatchers perform their duties.

CMHA Training & Orientation

CMHA, in consultation with the OPP, developed an orientation check-list to ensure all portions of training were covered. Staff members were required to sign off on the topics covered.

Crisis workers received two days of internal CMHA training prior to the OPP training day. This training was guided by the CMHA CCD Clinical Operations Manual that was developed in consultation with the OPP and integrates CMHA policies, procedures and clinical guidance with the OPP processes of CCD.

Internal CMHA training for crisis workers involved in CCD focuses on the therapeutic approach, risk assessment, crisis intervention, de-escalation techniques, coping strategies and safety planning. It also includes a review of system navigation processes and an overview of appropriate regional resources. The team anticipates collaboratively adding resources to a directory that they have created for different communities within the region. Training was also provided in regards to documentation processes and relevant software utilized by this CMHA branch (iCarol). Standard CMHA training includes trauma and violence informed care, psychosocial rehabilitation, harm reduction and diversity training. Additional training included relevant topical readings and presentation materials, clinical video training included topics such as de-escalation, intimate partner violence, duty to report and violence and homicide risk assessment.

As the training continues to be developed incorporating review of important topics such as vicarious trauma and compassion fatigue are key. This is important as it begins the conversation between

staff and leadership, reinforcing the importance of self-care and encouragement of frontline staff to seek support as needed.

Once the CCD pilot program launched, coaching and job shadowing opportunities were provided by the call takers to the crisis workers. This provided critical opportunity for the crisis workers to spend time with call takers to understand the call process.

Regular team meetings are scheduled with crisis workers involved with the CCD pilot program to provide opportunities to identify future training needs, quality improvement recommendations and de-identified case studies.

Training Considerations

Pandemic or special circumstance impacts and considerations

- Special circumstances may arise, such as the COVID-19 pandemic experienced during the implementation of this pilot program. It was critical to connect with both the health partner and police occupational health and safety members to ensure appropriate measures were taken during training to protect all involved. Additional training was developed to provide guidance related to both OPP and CMHA pandemic protocols.

Balance between clinical and police

- It is helpful that the first two days of on-board training for crisis workers is focused on health agency policies, procedures, purpose of the program and the reminder of the orientation emphasises PCC space and processes. This provides the opportunity for a paced introduction to working with police, processes and language, which may be different than what crisis workers are used to from prior experiences. It also provides an opportunity of CMHA to explain expectations and how the PCC training will proceed and gives space for internal discussions that will ensure the crisis workers feel prepared going into a new work space co-located with police.

Trainers

- Internal agency training for crisis workers was provided by the CMHA Crisis Manager and Team Lead of the CCD program. The OPP Community Safety Services Provincial Mental Health Lead joined this training to provide an introduction to working with the OPP and police culture. Trainers were chosen based on extensive experience working in the mental health field, as well as their experience and understanding in developing the CCD pilot program. OPP trainers included provincial communications operators, OPP Healthy Workplace Team representatives, and Communications and Technology Service Bureau experts.

Tool 2: CCD Crisis Worker Orientation Checklist

Tool 3: CCD Communications Operator and Crisis Worker Training Outline

LEVERAGED TECHNOLOGY AND WORKFLOW - OPP

Computer Aided Dispatch

The OPPs uses a Computer Aided Dispatch (CAD) system built by Hexagon. It features streamlined tools to field calls, create and update events, and manage resources for multiple jurisdictions. It allows for agency specific workflows and enables key capabilities, including unit recommendations,

records and criminal data base queries. Frontline members have access to a Mobile for Public Safety (MPS) application which allows them to view incidents in real time.

By leveraging the technology and programming available through our vendor, as well as our CAD Support team, the OPP was able to develop specific CCD program workflows. To maintain the confidentiality of police related calls, the crisis workers have specialized CAD programming which limits their capabilities and permissions. Crisis workers have the ability to view events that they are engaged with but do not have access to Location of Interest information (historical event information associated to a caller or address), the OPP's Records Management System (RMS) or Canadian Police Information Centre (CPIC) information.

When the communications operators enter a specialized macro into CAD, it populates a copy of the original event onto the crisis workers CAD screen and the communications supervisors CAD screen. The crisis worker is able to view event information such as the caller's name, location and the event remarks entered by the call taker. As the crisis worker communicates with the caller, the call taker continues to update the CAD event with any relevant information responding officers may require.

To assist in incident management and situational awareness, diverted calls populate in a "CCD" tab and are not seen on a dispatchers pending event screen. An event can be upgraded to be dispatched or downgraded to be diverted at any time.

Once a call is complete, the original event is retained in the OPPs Niche Record Management System (RMS). Diverted events do not require any administrative workload for frontline officers and are processed through an automated records management data entry system. To avoid duplicate entries in RMS, the copied event is cleared and retained within CAD only.

Telephony System

The OPP currently operates with the Avaya CS1000 (CS1K) telephony system, distributed by Combat. To support the CCD program, additional skillsets were programmed into the CS1K, allowing the communications operator to route the caller through the Automatic Call Distribution (ACD). Crisis workers log into the phones using a specific skill set and their availability is displayed on the Symon reader board. Call takers can easily view when the crisis workers are logged in, available to take a call or already on an existing call.

Communications operators utilize a no-hold conference to the crisis workers CCD skillset to connect the caller to the crisis worker. Depending on the nature of the call, the call taker can then remain on the line while the crisis worker engages with the caller, updating the CAD event with relevant information that is then communicated to the frontline through the dispatcher or, if a frontline police response is not required, release the caller to the crisis worker to continue to receive support.

In order to support the transition from Canada's current 911 network to Next generation 911, the OPP will be migrating over to the Avaya Collaboration Pod in the near future. CCD programming was a factor in the design.

Ancillary Computer

The crisis workers require access to their own CMHA internal software applications to be able to support callers in crisis and fulfill CMHA reporting responsibilities. CMHA provided a list of the required applications which were cleared by our Chief Security Office and installed on an ancillary desktop computer alongside the CAD desktop. All OPP applications were removed.

Tool 4: CCD Call Flow

LEVERAGED TECHNOLOGY AND WORKFLOW - CLINICAL

Health care providers across Ontario utilize a variety of software applications for documentation and record keeping. CMHA utilizes the iCarol software system, while other community health partners may use something different. Regardless, the partners may leverage the software for consistent reporting and documentation.

The partners worked together to determine the most relevant data to determine success and inform future practices or enhancements. As noted above, the OPP leveraged their own OPP technology, while CMHA worked with the OPP to build a CCD component into their iCarol system. This reporting build provides a monthly report to the PCC to share the data gathered from the CMHA. Crisis workers collect de-identified demographics fields such as age, gender identified and LGBT+2S community information. Future outlook may include the health partner collecting ethno-cultural data provided as a category, as this has been recommended and supported through consultation with the Ontario the Human Rights Commission, and comprehensive consultations with racialized community partners. Having the health partner (not police) collect this the de-identified and aggregate data would be considered for the sole purpose of improving health related crisis response service delivery in this type of model.

The software was set up to capture clinical categories such as the presenting issues, presenting symptoms, substances identified, interventions used, and referrals made. It is important to have fairly detailed lists which provides great context in terms of supervision and enhancing training. This process allows CMHA to analyze those areas to enhance training materials to reflect the type of calls the team is often receiving. It further provides opportunities to explore who is being supported, and possibly what types of calls where CCD is not being engaged, but could be in the future.

CMHA provided a further break down of the type of call to identify whether it was a mental health and/or addiction focused call, with a crisis, support or information lens. This, again, provides an opportunity to enhance future training based on the data collected, as well as to provide context for the type of support being provided to callers.

Technology was leveraged for system navigation and referrals using both internet resources and relevant resource sites and e-mail. Specifically, crisis workers utilize a no-reply e-mail system to provide e-mail resources and information to callers upon their consent, as individuals may not have the means of recording the information the crisis worker is providing them during the call.

The technology provided by the OPP for the CCD pilot program, combined with the existing software utilized by CMHA, provides an opportunity to leverage the most up-to-date information technology for reporting, clinical documentation and system navigation for the purpose of referral.

STANDARD OPERATING PROCEDURES

Provincial Communications Centre

Any type of call can have a component of mental health. The PCC Standard Operating Procedures (SOPs) allow a communicator to use their discretion and conference in the PCC crisis worker on any type of call where the caller may benefit from crisis support. This is regardless of whether the event is diverted away from the frontline or requires a police response.

A crisis worker may be engaged on any type of call; however, a police response may not be diverted and shall have an officer(s) respond if the call includes any indication of being emergent in nature, has any actions which may endanger the caller or a member(s) of the public, has any risk of self-harm or harm to others, has a criminal act that has been implied or committed, has any indications of intimate partner violence and/or requires medical attention.

The OPP communications operator is required to remain on the line for the entirety of the call when a police response is required. This allows the communications operator to update the CAD event as appropriate. Due to the technical limitations of call transferring and conferencing calls that originated on the Bell 9111 Network, call takers must remain on the line for all 911 calls until the call is complete to avoid locking up the line.

Callers are never persuaded or forced to speak to a crisis worker. If a caller declines the services of a crisis worker at any time, the call taker will process the call as usual.

Tool 5: CCD OPP Standard Operating Procedure Outline

Mental Health Partner (Canadian Mental Health Association)

Crisis Workers involved in the CCD program remain members of their health organization. All employee management and oversight remain the responsibility of the health partner. Therefore, the policies and procedures for the crisis workers are determined and maintained by the CMHA for their employees.

As CCD is a new program for the CMHA to participate in, they developed a CCD Clinical Operations Manual in collaboration with the OPP. This manual integrates the CMHA policies and procedures specific to the CCD program.

Tool 6: CCD Clinical Operations Manual Outline

RISK MANAGEMENT

The most important element when considering risk management is to acknowledge the collaborative partnership by taking the necessary time to understand the scope and authorities of both the police and health sectors before moving forward. To simplify, what we ‘can do’ and what we ‘cannot do’ within the confines of our respective organizations or sectors. A shared understanding of each partner’s obligation under relevant legislation and respective policies or standard operating procedures is essential to reduce the risk of communication and conflict. It ensures that the related processes put in place to manage risk, protect Human Rights, and manage privacy and information sharing are considered from each partner’s perspective. Below are some of the key considerations for risk management of Crisis Call Diversion.

Formal Agreement

The OPP and the CMHA entered into a formal Memorandum of Understanding which was reviewed and approved by the necessary branches and/or bureaus of each organization, as well as their respective legal counsel. This agreement was modelled after the OPP Memorandum of Understanding template for OPP MCRT, which has been reviewed by the Office of the Information and Privacy Commissioner, and legal counsel from both the Ministry of Health and the Ministry of the Solicitor General.

Tool 7: Memorandum of Understanding Template

Privacy and Information Sharing

Responsibilities and parameters regarding confidentiality and disclosure of information should be clearly outlined in the MOU and should also be incorporated into training and orientation. It is suggested that the MOU and any relevant policies and procedures be reviewed and approved by the applicable privacy leads in each organization. Policies should be developed in accordance of specific legislation related to PHIPA, MFIPPA and FIPPA. Considerations to be addressed include, but are not limited to:

- Responsibility of each organizations to keep information collected confidential
- Safe storage and disposal of any private information
- Collection, retention, use and disclosure practices
- Discretion to refuse to share information outside what is required by law
- Required consents to disclose information, except permitted or required by law
- Documentation
- Limitations to accessing information
- Application respective standards and/or policies and procedures to comply with privacy legislation
- Notifications related to privacy breach or loss of information

Occupational Health and Safety (OHS) Considerations

It is advised that the health and safety specialists of each organization connect and review protocols to ensure a shared understanding of approaches in respect to OHS. Respective leadership should be included to ensure the appropriate OHS protocols are embedded in the operations manual and orientation and training for staff and leaders. Orientation to the protocols for the Crisis Call Diversion site should be provided to all crisis staff working in CCD. Processes to ensure timely communication regarding health and safety concerns to leadership and staff should be established. In respect to pandemic planning this could include the notification of positive cases on site, ensuring that crisis staff and CCD staff are informed as appropriate. Where protocols vary between organizations, health and safety specialists and leadership should have clear processes to ensure shared understanding of variation, including how that will be communicated to staff. This may include issues such as varying interpretation of the necessity to wear masks and goggles within individual workspaces.

Consent Process

To mitigate risks associated with engaging a crisis worker when a caller has called a police line, a built in layered approach for consent was established within the SOPs. The caller must provide consent to engage with the crisis worker, must consent to and acknowledge that the call will continue to be recorded as all police calls are, must consent to not having the police respond and must consent for the OPP to release from the line, allowing the caller to continue speaking to the crisis worker on their own. To assist the communications operators and crisis workers, consent scripts were created and are available for use. The consent process ensures that both partners are receiving the appropriate permission required for this program while ensuring the safety and rights of callers.

Tool 8: CCD Consent Script

Security Checks

Ensuring appropriate security clearance prior to the start of a Crisis Call Diversion Program is critical due to the information sharing implications. A security clearance checklist is another step toward protecting an individual's privacy, and engaging in professional standards for safeguarding shared information.

While different police services may classify differently, for the OPP, a level four (4) security check of crisis workers was required for crisis workers engaged in this program. A police contact was assigned (OPP-PCC) to provide the health partner the necessary forms, guidance, scheduling appointments, facilitating the Oath of Secrecy, and assistance in document submission.

Member Support

The OPP has a dedicated Healthy Workplace Team committed to a vision of a healthy, safe and inclusive workplace where members are supported in achieving their potential. Through compassion and integrity, the OPP are committed to making a positive difference for each and every member of our organization.

The Healthy Workplace Team is a resource to support OPP members and their families. This support may be hands on, through psychologists, social workers, care navigators, fitness liaisons or peer support, as well to referrals to external partners and service providers. This team is committed to working with OPP members to find the best fit for the presented needs. There are numerous support programs and services that can be accessed independently or through the support of a crisis worker.

Applying lessons learned from the work of OPP Mobile Crisis Response Teams, it is understood that embedding mental health professionals into police detachments created an opportunity for officers to establish a natural trust with health care colleagues. Working together every day provided an opportunity for officers to feel comfortable de-briefing with the worker after a challenging call or even sharing challenges that they may be facing in their personal life.

While there is an important role for professional boundaries in such circumstances, the OPP wanted to ensure that these naturally occurring conversations could be had in a safe and supportive manner that would open the door to share information about the OPP resources offered through the Healthy Workplace Team.

The same opportunity presented within the development and implementation of CCD where the communications operators and the officers working in the Provincial Communications Centre may reach out to the crisis workers. Therefore, the Healthy Workplace Team assisted in the development and delivery of training for the crisis workers. This training acknowledges the naturally occurring relationship and trust building and possibility that members may seek out crisis workers to share their professional or personal challenges. More specifically, the focus of the training was on outlining the internal mental health and wellness supports that are available to OPP members including officers, civilians, auxiliaries, retirees and their families. Additionally, the training includes any programs and external partnerships that exist for members to utilize outside of the OPP.

Overall, the training provided by the Healthy Workplace Team was delivered to the crisis workers to support the provincial communications operators call takers and dispatchers who often experience a lack of closure on difficult calls and may not have the same opportunities for closure or de-brief with the officers they supported on those calls. The purpose of the training is to ensure that if required,

the crisis workers will be equipped with the appropriate and up to date services and supports for the call takers should they need it either related to work or life challenges.

22

PCC MEMBERS SUPPORTED FROM PROGRAM START

DATA AND ANALYTICS

Quantitative Data

To measure the successes of the CCD pilot program, various data sources are utilized. Analytics are reported back on a weekly and monthly basis.

Weekly Report

- The weekly report is a high level brief synopsis that contains the total number of police dispatched events in the region and a breakdown of the total number of CCD events, inclusive of coordinated responses (both frontline police and crisis worker engagement) and diverted responses (no requirement for frontline police engagement). The types of events that the crisis workers are involved in are also analyzed. The quantitative analysis provided in the report is produced from our internally developed Business Intelligence Cube, which includes data pulled from the OPP's Daily Activity Reporting (DAR), CAD and our Niche Records Management System. The weekly report also includes a breakdown of specific police event types that crisis workers were engaged with (i.e. mental health related calls, intimate partner violence related calls, suicide related calls, family dispute related calls)

Monthly Report

- The more fulsome monthly report includes all of the above plus the number of hours of internal member support, how many times crisis worker support was declined by the caller and how many times the crisis worker was unavailable to offer assistance due to being unavailable (on break, on an existing call etc.). This data is collected locally at the PCCs. The monthly report also includes analytics captured by CMHA through their internal reporting software. This data includes a roll up of presenting issues, presenting symptoms, substance use, intervention techniques, referrals offered and demographics such as age and gender identified.

Because of varied call types and the duration of time spent on scene, the number of on scene frontline hours saved is difficult to measure. Mental health related calls are a small percentage of the event type's crisis workers have been engaged with. The COVID-19 pandemic added a new layer of complexity to mental health related calls for service. A baseline was set using the average amount of time it takes to complete a mental health call using analytics from 2019, however, to provide an accurate comparison to current call times, expansion of the CCD program throughout the province and time for further engagement of the program is required.

Feedback from the end users (communications operators, crisis workers, frontline members) is always encouraged. At the end of the six month pilot, qualitative data was collected in the form of a survey sent to all end users, requesting insight into the program.

Qualitative Data

On every CCD call, the crisis worker offers the caller the option of follow up services from their organization (CMHA). If the caller engages in a follow up, there is an opportunity for a qualitative survey to be delivered. An example of this might be the Ontario Perception of Care survey or something similar that can offer insights and feedback from persons with lived experience.

Impacts of CCD on the frontline officers is perhaps the most difficult to measure with accuracy. Therefore, qualitative experience is an invaluable way in which to determine frontline impacts. The CCD pilot program implemented a qualitative survey for OPP PCC members, frontline officers, and crisis workers to complete to obtain each organization's member experience and/or impact. The survey was anonymous to allow for honest feedback. In the future, it is recommended to consider a pre-survey to determine any concerns and make adjustments accordingly, and a post-survey to determine impacts.

Qualitative information can also be gathered in the event that a crisis worker leaves the program for any reason. In this case, the health partner supervisor and the PCC supervisor have an opportunity to engage in a joint exit interview, encouraging the staff to bring forward any concerns or recommendations on various aspects of the program (i.e. environment, supervision, training enhancements, lessons learned, and recommendations). There was one such opportunity during the CCD pilot program, which offered a significant amount of insightful feedback for partners and the program enhancements moving forward.

Tool 9: CCD Data and Analytics Checklist

PILOT PROGRAM QUANTITATIVE DATA

Data collected from November 2, 2020 to March 31, 2021

CRISIS WORKER ENGAGEMENT

316

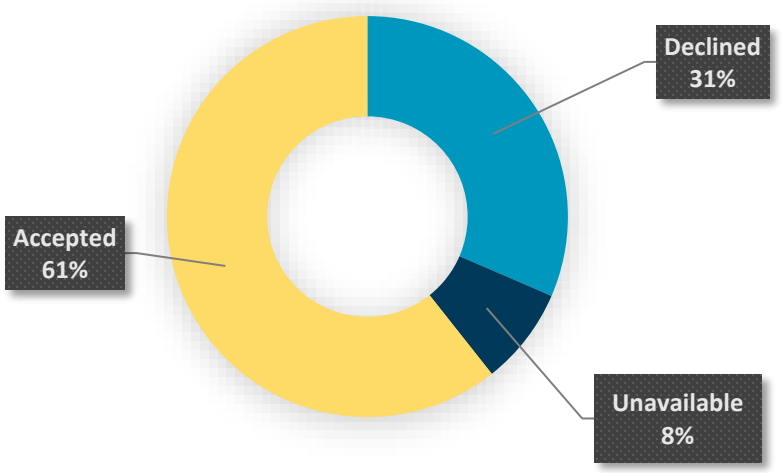
NUMBER OF CALLS THAT INVOLVED CRISIS SUPPORT

DIVERTED CALLS

45

NUMBER OF CALLS DIVERTED FROM FRONTLINE POLICE INTERACTION

Crisis Worker Accepted/Declined/Unavailable



When a call meets CCD criteria, the communications operator offers the individual the option to speak to a crisis worker to ensure that consent is obtained to engage in the service.

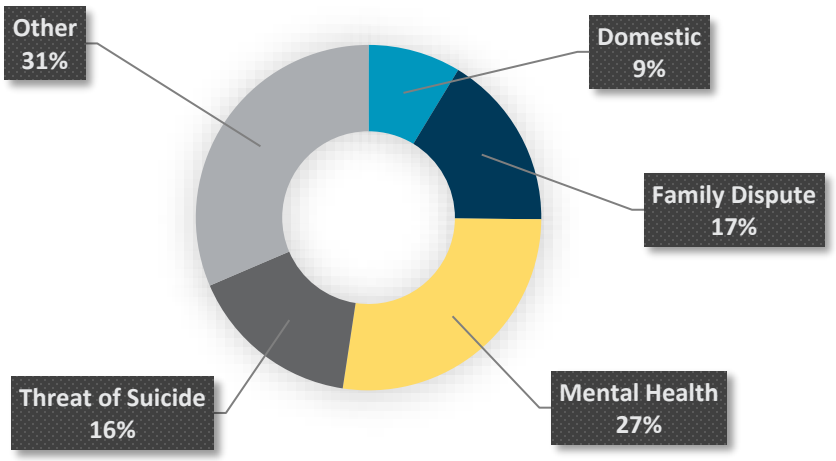
This graphs illustrate the number of times an individual declines the service as well as any time that a crisis worker was unavailable to take the call i.e. on break.

Provincial Communications Centre CCD Summary Overall Calls

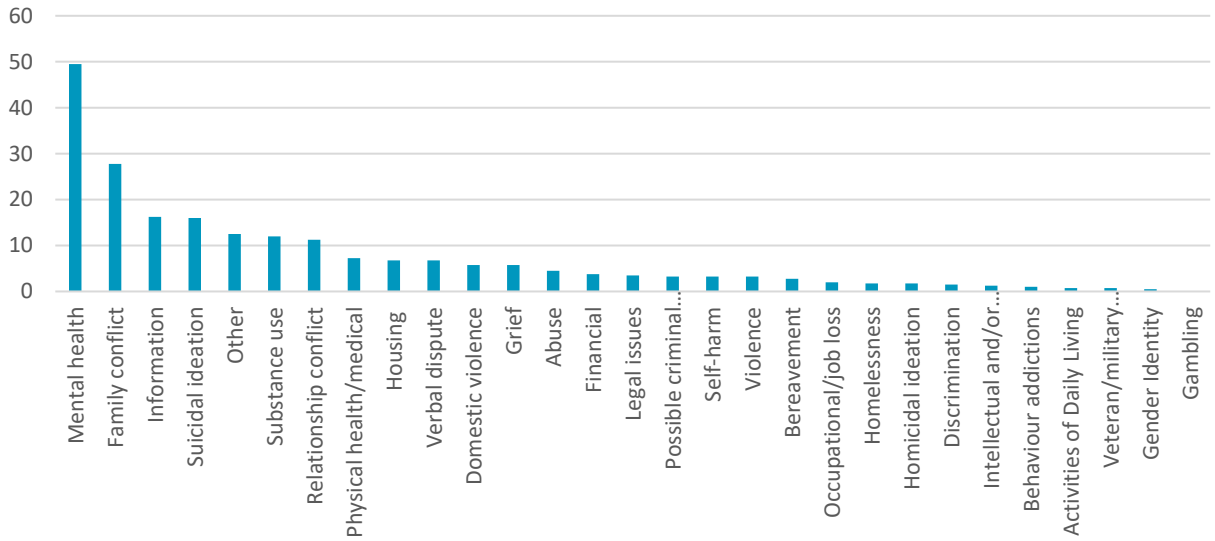
DIVERTED %				
TOTAL DIVERTED OCCURENCES				
TOTAL OCCURENCES				
TOTAL CCD OCCURENCES				
SINCE PROGRAM START	316	8268	45	14%

Event Types

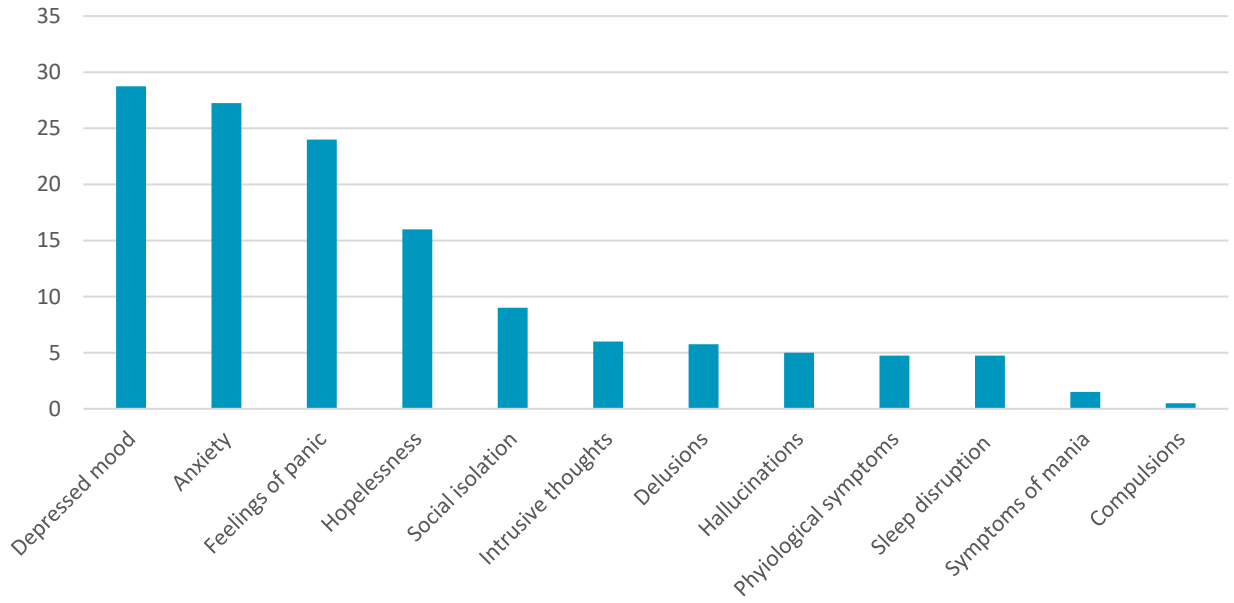
Any OPP event type can have an underlying issue that may benefit from crisis support. This table illustrates the various OPP event types where crisis workers have been engaged to assist.



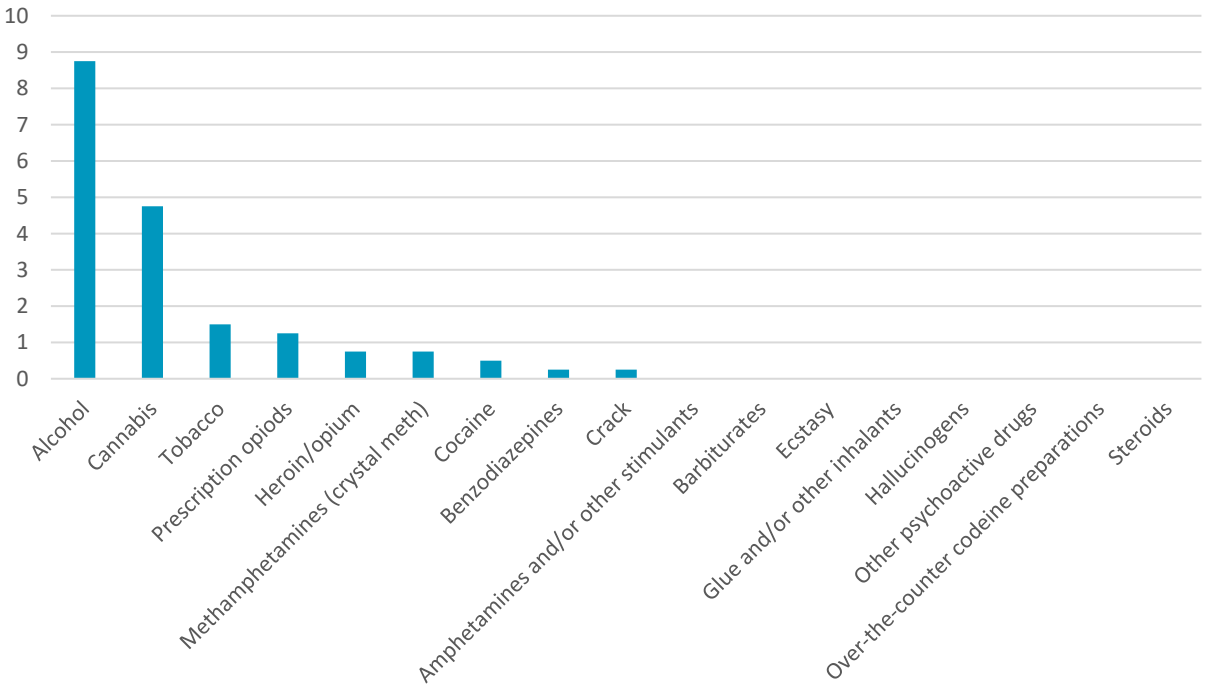
Presenting Issues Identified



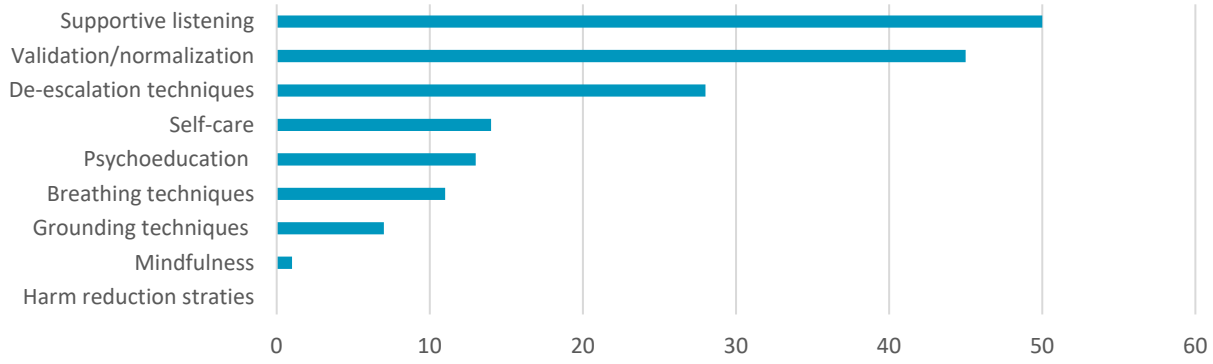
Presenting Mental Health Issues Identified



Substance Use Identified



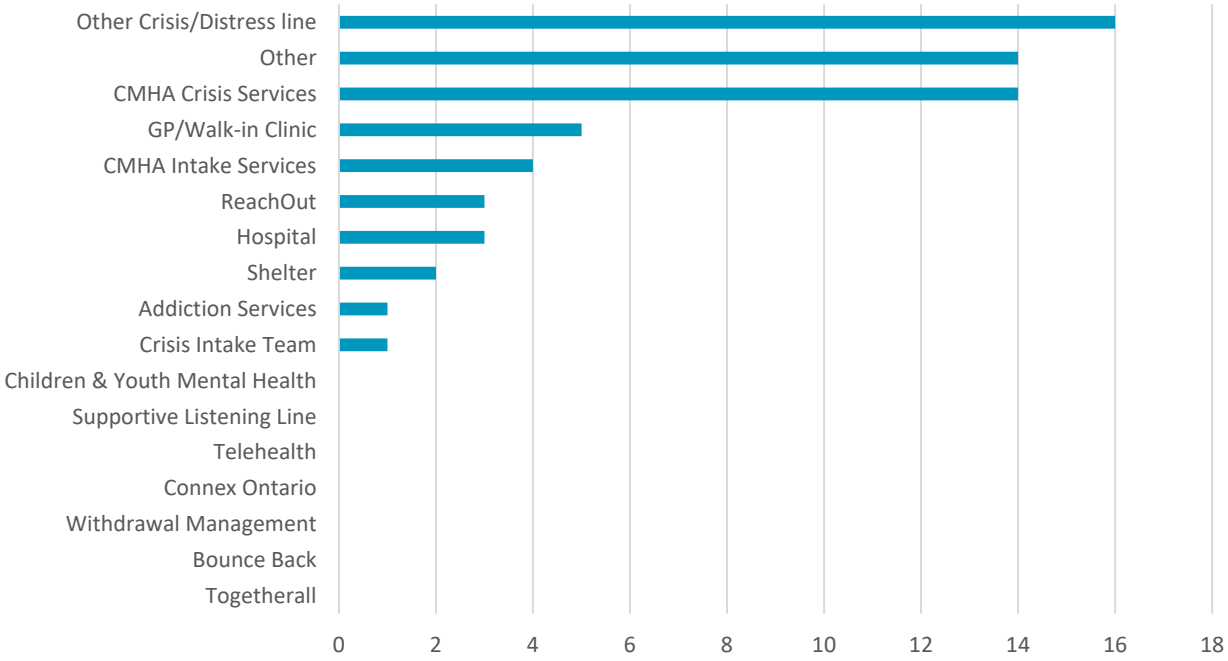
Intervention Techniques



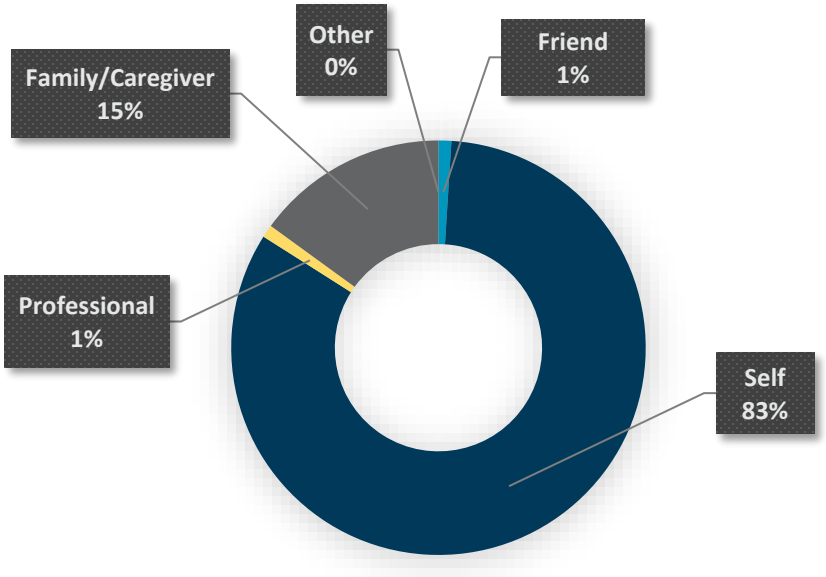
Referrals

279

COMMUNITY REFERRALS AND/OR FOLLOW UP CALLS MADE FROM PROGRAM START

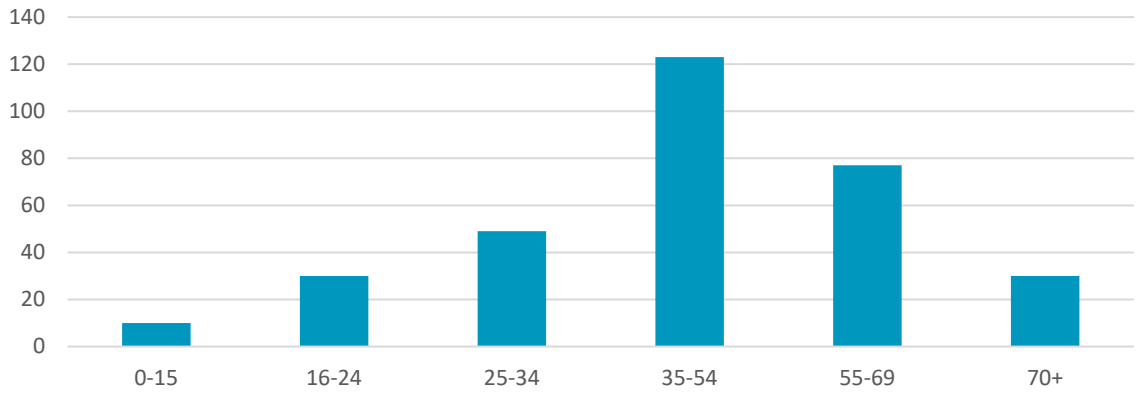


Caller Type

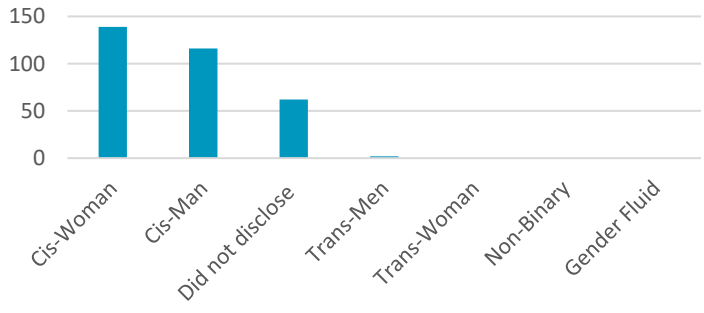


Demographics Identified Since Program Start

AGE



GENDER IDENTIFIED



LGBTQ+2S IDENTIFIED

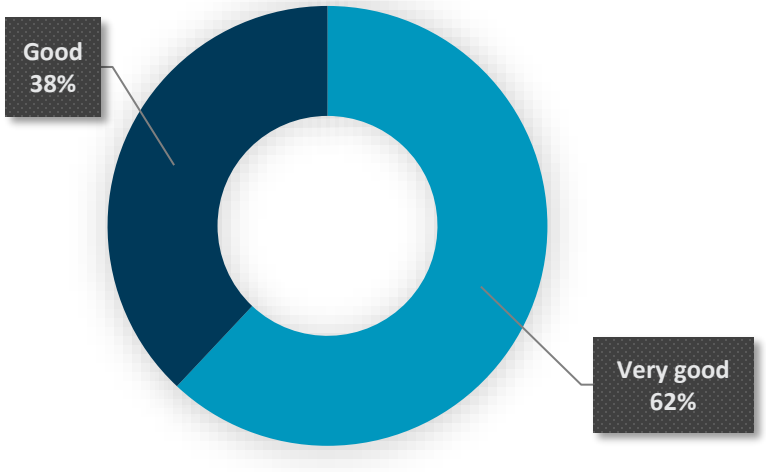
17

PILOT PROGRAM QUALITATIVE DATA

Client Experience: Follow-up Satisfaction Survey

Those callers who requested or consented to a follow up support call from the health partner, were asked if they would be willing to complete a brief satisfaction survey. Callers were asked:

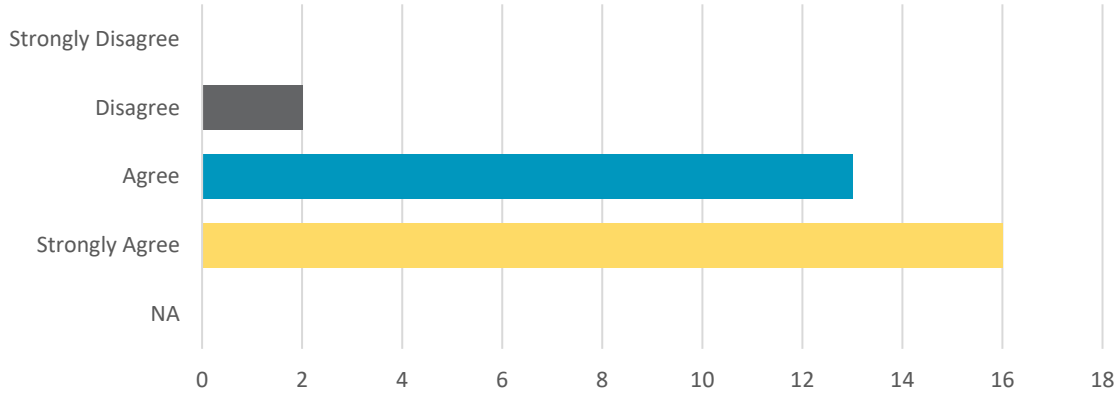
"On a scale of 1 to 5, 5 being very good and 1 being very bad, how would you rate your overall experience with the Crisis Call Diversion Program?"



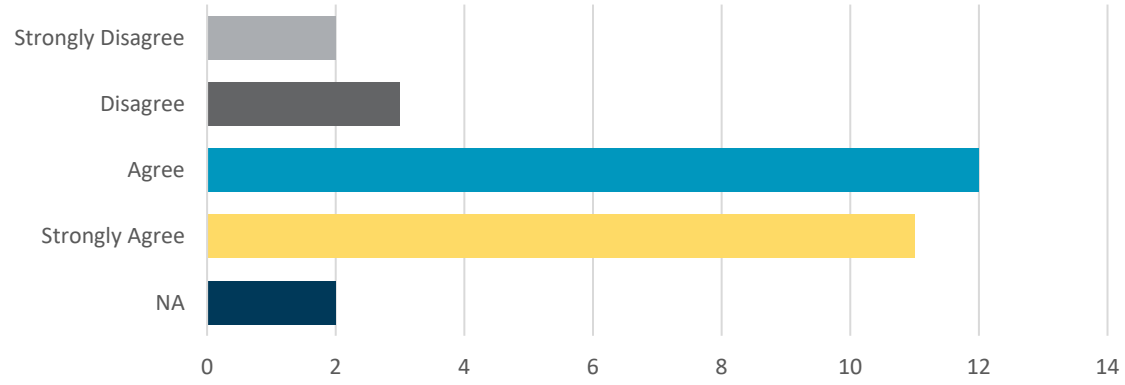
POST-PILOT EMPLOYEE SURVEYS

Provincial Communications Operators

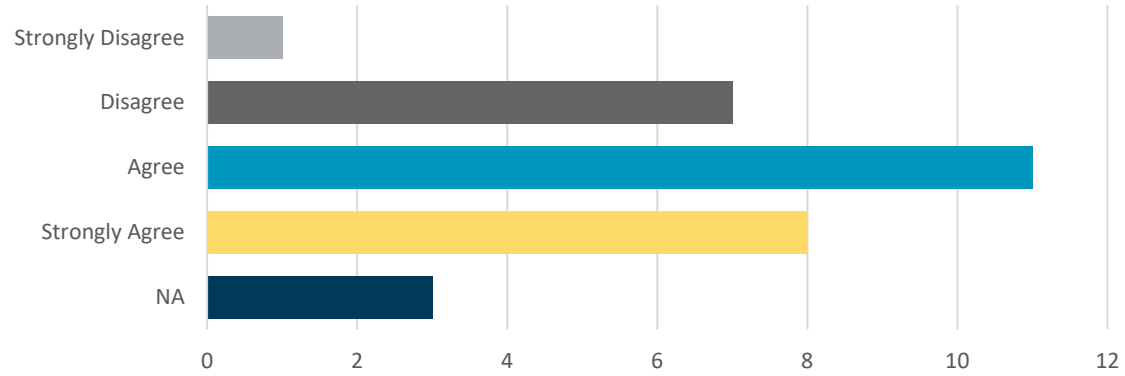
I have a good understanding of the reason and rationale for embedding crisis workers for CCD in PCCL.



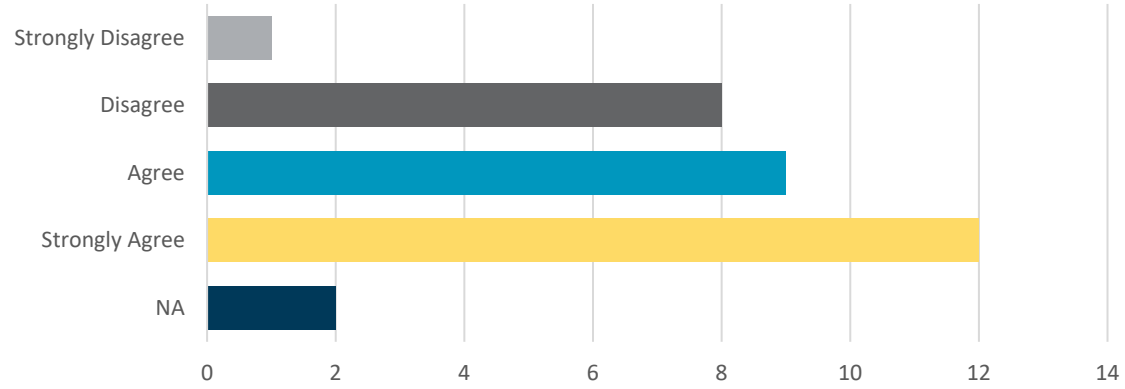
I feel comfortable engaging CCD Crisis Workers in the calls I take at the PCC.



The CCD program is a benefit to my role as a communications operator.



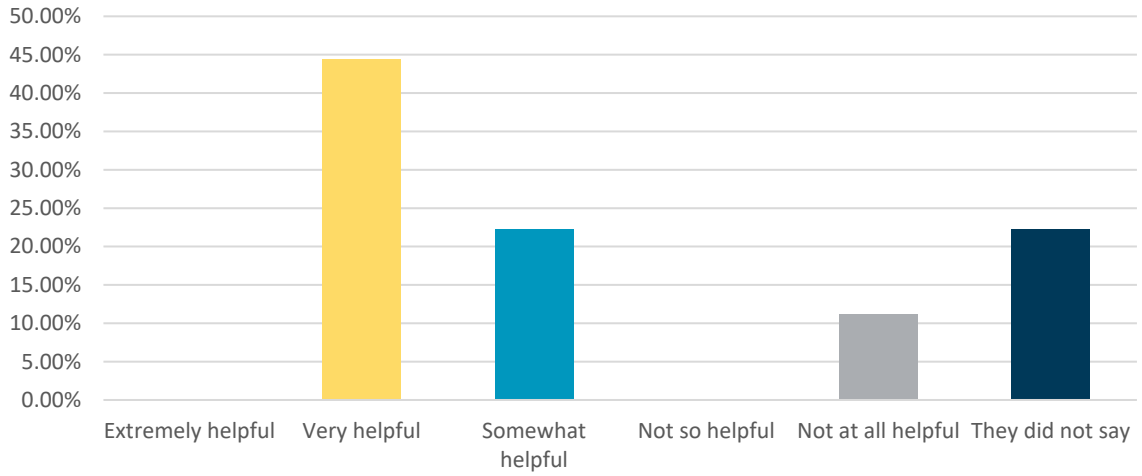
In my experience, the CCD program has been a benefit to the callers engaged.



"I've used CCD many times. Only a couple call have been diverted from police, however, I still feel it is a strong benefit to callers."

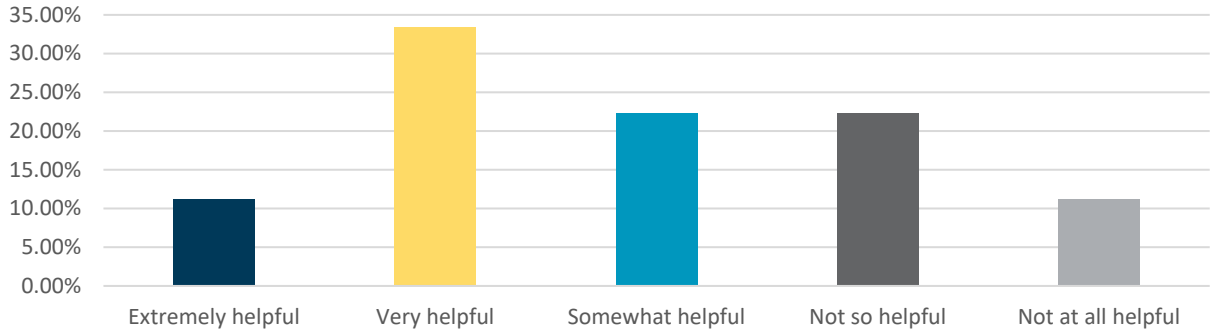
Frontline Officers

How did the individual in crisis describe speaking with the CCD crisis worker in terms of helpfulness?



How confident are you that the engagement of the CCD crisis worker decreased the amount of time you spent at that call?

Overall, how helpful was the CCD program to you based on your experience to date?



"The CCD model is a good one! There could be more enhancements to it to follow up and link with mobile crisis response teams in that area."

CRISIS CALL DIVERSION SCENARIOS

Scenario 1: Non-emergent - Diverted Call

An individual in their 20's called police. After speaking with the communications operator, the individual was offered CCD services and, upon consent, the crisis worker was conferenced in to speak with them. The caller identified that they reside with their parents and having an argument with mother and other family members. The individual reported that the call to police was out of panic, fearful that the mother would kick the individual out in the middle of the night and they would have no place to stay. Caller contacted OPP to have police attend to mediate the situation.

The crisis worker obtained consent to speak with the callers' mother and was able to speak with all parties, validate concerns and assist the family to come up with a plan. The mother agreed to allow her adult son to stay for the night. Both caller and mother agreed that police were no longer needed to attend. Community resources were provided to the family and police were diverted.

Scenario 2: Emergent - Supported Apprehension

A local crisis centre contacted the OPP to advise that they had been speaking to an adult on the local crisis line. The caller reported that they were at a waterfall and planning to jump. The crisis centre staff also indicated that the caller was known to have attempted to die by suicide in the past. The caller hung up on the crisis centre staff, who immediately alerted the OPP with a general location of the individual. Police attended the location but were initially unable to locate the individual.

While police were searching for the individual, they called 9-1-1 and stated the same situation that had been relayed by the crisis centre. CCD services were offered, and upon consent, the crisis worker conferenced in to speak with them. The crisis worker was able to de-escalate the situation to the point where the caller provided their location and police were able to locate the individual. The caller was provided support and reassurance from the crisis worker, and officers were able to apprehend the individual, uninjured, and transport them to the local hospital for treatment and further connection to services.

POLICE AND PARTNER EXPERIENCES

Police Experience

"The Crisis Call Diversion Program provides critical timely intervention and support to callers in crisis by embedding professionally trained crisis workers directly into our Provincial Communications Centres. The collaboration between OPP Communicators and Crisis Workers enhances both public and officer safety. I am proud to work for an organization that looks beyond policing and has made a commitment to support a better response to individuals and families experiencing a mental health and/or addiction related crisis."

- A/SUPERINTENDENT HEATH CRICHTON, COMMUNICATIONS AND TECHNOLOGY SERVICES BUREAU, OPP

"Collaboration is challenging and messy….and if it isn't, then you are probably doing it wrong. This particular collaboration brought together several worlds –communications, IT, health, social services, and police - and being very technical in nature, it was additionally challenging and complex. This required high octane collaborative engagement, partnership development, and commitment to

the end goal of reducing police interactions with individual experiencing mental health challenges. It was a privilege to work with such an incredible group of passionate individuals to accomplish this goal."

- LISA LONGWORTH, COMMUNITY SAFETY SERVICES, OPP

"The Crisis Call Diversion (CCD) program has been a positive addition to PCC London. The well trained CMHA crisis workers have taken a burden from our call takers, by providing those members of the public, calling in crisis with skilled intervention dialogue and techniques that our CO2's were not trained for. I believe the service we provide the public has been greatly improved upon with the addition of the CCD program. The CMHA staff themselves have been welcomed with open arms by all members of the PCC and become a part of our team. I also want to acknowledge the support the CCD members have provided our CO2's on a 1:1 level. When asked, the CCD members have provided a number of our staff brief personal support and referrals on mental wellness matters and that has been a bonus with this program."

- INSPECTOR STUART BERTRAM, COMMANDER, PROVINCIAL COMMUNICATIONS CENTRE - LONDON

"The collaboration between internal bureaus of the OPP and CMHA was amazing and truly instrumental to a successful outcome. The Crisis Call Diversion Program provides a better response to mental health calls and enhances both public and officer safety. I am honoured to have had the opportunity to be involved in the design and launch of such a valuable program".

- NICOLE BORKOWSKI, COMMUNICATIONS AND TECHNOLOGY SERVICES BURUEAU, OPP

"The OPP and CMHA created an incredible partnership! It has been a privilege to be part of the initial conversations, training and then to watch the program in action everyday on the floor. Looking forward to helping this program grow into every OPP Communications Center for the benefit of the communities we serve."

- LYNNE MORROW, PROVINCIAL COMMUNICATIONS OPERATOR (CO3) - LONDON

Partner Experience

"From a healthcare perspective, working with police has been a humbling experience. Police and caller takers are an inspiration; the volume of calls they tend to, their calm demeanor, patience and genuine concern for individuals' well-being is incredible. Throughout the project, the OPP have continued to be supportive and responsive whenever new situations have come up. The OPP CCD pilot program was a team effort across the board and all players remained enthusiastic to see this program succeed. The future outlook for this work is positive and it is an excellent option to divert individuals away from police response in non-emergent situations, offering improved pathways for those in crisis."

- LORI HASSALL, DIRECTOR OF CRISIS AND SHORT-TERM INTERVENTIONS, CMHA ELGIN-MIDDLESEX

“The most important part of the program is allowing the callers to feel as though they still have a say in their crisis. By providing a solid bouncing board and resources in an attempt to divert from police response, we are able to give callers the tools to work through future crises that may arise with similar features. We tailor our resources to their needs in real time, and can help to create safety plans that allow them to remain in their homes or in community, as opposed to relying on already overwhelmed justice or hospital systems. Even with the calls where police still attend the scene, we strive to de-escalate the caller prior to their arrival so the initial adrenaline rush has dissipated and they are able to truly engage with the supports being provided by police. As we know, crisis can be scary and can lead to a caller feeling like everything is out of their control. This program allows us to start giving some of that control back.”

- VICTORIA SHANKS, CRISIS WORKER, CMHA ELGIN-MIDDLESEX

“When people call into 9-1-1, it may be one of the most distressing moments in their life. With working together, the call takers ensure emergency services are dispatched while our crisis workers provide enhanced therapeutic response and specialized assessment.”

- BRIANNE GEDDIS, CRISIS MANAGER, CMHA ELGIN-MIDDLESEX

"Not every call is a diversion, but every call is an opportunity to connect and provide assistance."

- ALEX HOFFMAN, CRISIS WORKER, CMHA ELGIN-MIDDLESEX

SECTION FOUR: RESOURCES

TOOL 1: CCD CRISIS WORKER JOB DESCRIPTION

Department:	Crisis Services	Revised: DD/MM/YYYY Approved: DD/MM/YYYY
Subject:	Crisis Worker, Crisis Call Diversion Program Full-time & Part-time (All Shifts)	Approved by: Director of Crisis Services

Job Summary

The Crisis Call Diversion program is a partnership between *"insert health partner"* and the *"insert police service"*; the Crisis Worker will work in collaboration with callers in order to de-escalate, assess risk, provide crisis intervention, and refer callers to appropriate services.

The Crisis Worker will complete follow up work to ensure action plans are effective, de-escalation and safety continues, and linkage to service referrals are successful. The Crisis Workers will be positioned at the Communications Centre to work with call takers and dispatch to divert non-imminent risk mental health calls away from a police response and toward a more appropriate mental health response.

Reporting Relationship

Reports to the Director, Crisis Services through the designated Manager; with support provided by the *"insert police service"* onsite at the Communications Centre.

Job Description and Primary Responsibilities

Assessment in collaboration with the caller:

- Utilize active listening skills and provide empathetic listening to callers over the phone
- Establish a therapeutic relationship to maximize the benefits of engagement between the staff person and the caller
- Operate from a trauma and violence informed perspective
- Accurately and thoroughly assess appropriate calls using Crisis Call Diversion assessment tools including rapid response, risk assessment, de-escalation, stabilization, and referral to determine individual needs and level of risk
- Ensure assessment incorporates cultural and ethnic factors
- Work collaboratively with the caller to learn more about their mental health issue and explore and share alternative options to emergency services
- Assess the adequacy of resources/supports currently available to the individual
- Engage and work collaboratively with emergency services when it is determined that additional intervention is required

Information and Referrals:

- Provide prompt, accurate, empathetic responses to requests for information about the availability of services for mental health and/or addiction services to individuals, their family members and friends, as well as health and social service professionals
- Provide health teaching and information regarding a variety of coping techniques & strategies
- Provide information regarding resources found within both the broader mental health and addiction system & community in general
- Identify, develop and maintain good links with a wide range of community resources
- Maintain up-to-date knowledge or resources relevant to individuals-served including other mental health and addiction services, entitlement and benefit programs (e.g. ODSP, Ontario Works, housing supports, etc.)
- Work collaboratively with local crisis response teams to ensure coordinated care is provided to callers, and promote a positive working relationship with the *"insert police service"* Communications Centre team members and leadership.

Record Maintenance, Confidentiality, and Documentation:

- Maintain dual records, recording both in the format required by, and in accordance with the documentation and record storage policies and procedures of, *"insert police service"* as well as in the format required by, and in accordance with documentation and record storage policies of, *"insert health partner"*.
- Adhere to the privacy policies of, and privacy legislation respecting, *"insert police service"*, and *"insert health partner"* collection and disclosure of information, undertaking responsibility for maintaining awareness of the unique differences between the privacy frameworks of municipal services and health services.
- Follow both *"insert police service"* and *"insert health partner"* policies and procedures regarding scheduled time off, call-ins, and other attendance issues including arriving to work on time and leaving work on time.

Collaboration:

- Participates as an active member of a multi-disciplinary team
- Contributes to a positive team environment for all program areas
- Attends and actively participates in staff and group meetings
- Acts as a resource to other staff
- Provides support and encouragement to other staff as needed (e.g. assistance with challenging individuals, coverage for vacation, sick time)
- Shares responsibility for work load
- Participates in public education and advocacy
- Works collaboratively with colleagues to provide a seamless, person-centered approach for service delivery and to support other staff as needed
- Perform other duties as required

Job Specifications

Requirements & Qualifications:

- A degree in Nursing (BScN or Masters), OR Social Work (BSW or MSW), OR Occupational Therapy OR Counselling (Masters of Counselling, Masters of Education in Counselling Psychology, Masters of Education in Counselling) preferred and current registration with the corresponding college preferred
- Ability to effectively identify problems and offer appropriate resources, referrals and information to assist the individual in resolving the crisis
- Experience in telephone-based risk management, lethality assessment and crisis intervention, preferably more than three years' experience
- Strong knowledge of appropriate mental health, addiction, problem gaming / gambling and other community resources for system navigation and referral
- Demonstrated experience with risk assessments and crisis support
- Knowledge of relevant legislation including the Mental Health Act and PHIPA
- Ability to communicate effectively with dignity and respect
- Training in crisis intervention and resolution including ASSIST and First Aid/CPR an asset
- Knowledge of iCarol web-based software system is an asset
- Ability to utilize basic Word and Excel documents
- Ability to navigate multiple computer systems
- Ability to interpret and strategically utilize data
- Effective time management and organizational skills
- Proficient in verbal and written communication
- Detailed and organized
- Excellent information retention skills
- Demonstrated ability to work effectively as part of a team
- Flexibility to work shifts in a 24/7 operation
- Current, clear Police Vulnerable Sector Check (PVSC)
- Successful completion of *"insert police service"* security clearance
- Ability to attend work regularly
- Bilingual in both official languages is an asset

Hours of Work:

- **For full-time:** 70 hours per two-week period
- **For part-time:** 35 hours per two-week period (for 0.5 FTE positions) and 28 hours per two-week period (for 0.4 FTE positions)
- **For "Days" positions:** Hours will be scheduled in rotating shifts including days, afternoon, evening, and scheduled weekends

- **For "Nights" positions:** Hours will be scheduled for the overnight hours of operations and will include scheduled weekend shifts

I acknowledge that I understand the responsibilities and requirements of my position as a Crisis Worker as outlined in the job description above.	
NAME:	
DATE:	
SIGNATURE:	

TOOL 2: CCD CRISIS WORKER ORIENTATION CHECKLIST

Staff Name				
Role (circle)	Full-time Nights	Full-time Days	Part-time	Relief
Training/Shadow Dates with *"insert health partner"*				
Training/Shadow Dates with *"insert police service" Communication Centre*				

Topics	**Date**	**Manager/Team Lead/Delegate**	**Employee**
***"Insert police service"* Communication Centre site tour/program overview:**			
Training with *"insert police service"* • Swipe card • IT User set up/ID/Password			
***"Insert Health Partner"* Human Resource Orientation:**			
• HR Orientation • IT User set up/ID/Password			
CMHA Online/In-person Training			
Online: • Defusing hostile clients • Infection prevention & control • Occupational health & safety awareness for workers in Ontario			

• Understanding human rights (AODA Edition) • WHIMIS 2015 incl. GHS for workers and supervisors • Workplace violence and harassment (Ontario Bills 168 & 132)			
In person: • ASIST 11 • CPI • Psychosocial Rehabilitation • First Aid/CPR • Compassion Fatigue • Hybrid Training • Motivational Interviewing • Trauma and Violence Informed Training			
Review of CMHA Human Resource Policies			
"Insert health partner" Policy and Procedures *Code of Ethics* *Conduct and Behaviour and Safe Space* *Conflict of Interest* *Attendance, Lateness and Absenteeism* *Privacy, Collection, Use and Disclosure and Security*			
Crisis Call Diversion Overview			
Crisis Call Diversion Operations Manual Review			
Program PowerPoint Training			
Crisis Intervention and Risk Assessment PowerPoint Training			
Resources (by county) *L:drive/departments/crisis/oppcrisiscalldiversion/resources*			
Referrals • Smartsheet internal and community referrals • CCD follow-up call smartsheet referral • CCD no-reply e-mail resource process			
iCarol Training Session *(or insert health partner software here)*			

• CCD Form Training – iCarol CCD Program Guide
• Contacts
  ○ Searching for Past Contacts
  ○ My Recent Contacts
  ○ Drafts
  ○ Profiles - how to create a profile- add a repeat caller
  ○ Finding past contacts in caller's profile
  ○ Call Form
  ○ Searching a client's past contacts during a call
  ○ Making a Referral
• Documentation Standards Review			

CRMS Training Session			
• Client search and finding relevant information • Risk Factors			
Additional Items for Review			
Trauma and Violence Informed Care			
Homicide Violence Risk Assessment Part 1 & 2			
Supporting People Living with Domestic Violence			
De-Escalating Potentially Violent Situations			
ASK Workshop Child and Youth Risk Assessment Narrative			
Duty to Report			

TOOL 3: CCD COMMUNICATIONS OPERATOR AND CRISIS WORKER TRAINING

The following includes an overview of the topics addressed in training and orientation for both the communicators (CO2/CO3) and the crisis workers supporting the Crisis Call Diversion program.

Note: If the crisis worker was new to the health organization, they were provided more extensive internal training per normal agency policy prior to the CCD specific training.

PCC Member Training

Training sessions for communications operators were approximately 1.5 hours that took place over several days due to shift schedules to ensure that all members were provided training. This training was provided by the peer communications operators (CO2/CO3) and the OPP Communications and Technology Services Bureau Lead. Support was provided by the health agency crisis manager as needed.

- Welcome and introductions
- Understanding crisis
- Program background
- Roles and responsibilities: Crisis worker, call taker, dispatcher, PCC supervisor
- Healthy Workplace Team – how crisis workers can provide brief support
- CCD schedule and console
- CCD process (scripts, conference calls, consent based services, criteria, call flow)
- Privacy and information sharing, confidentiality and security
- Data and analytics
- Scenario based training

Crisis Worker Training

Day One: Training provided by the health partner crisis manager, with support/assistance by the OPP Provincial Mental Health Lead where appropriate.

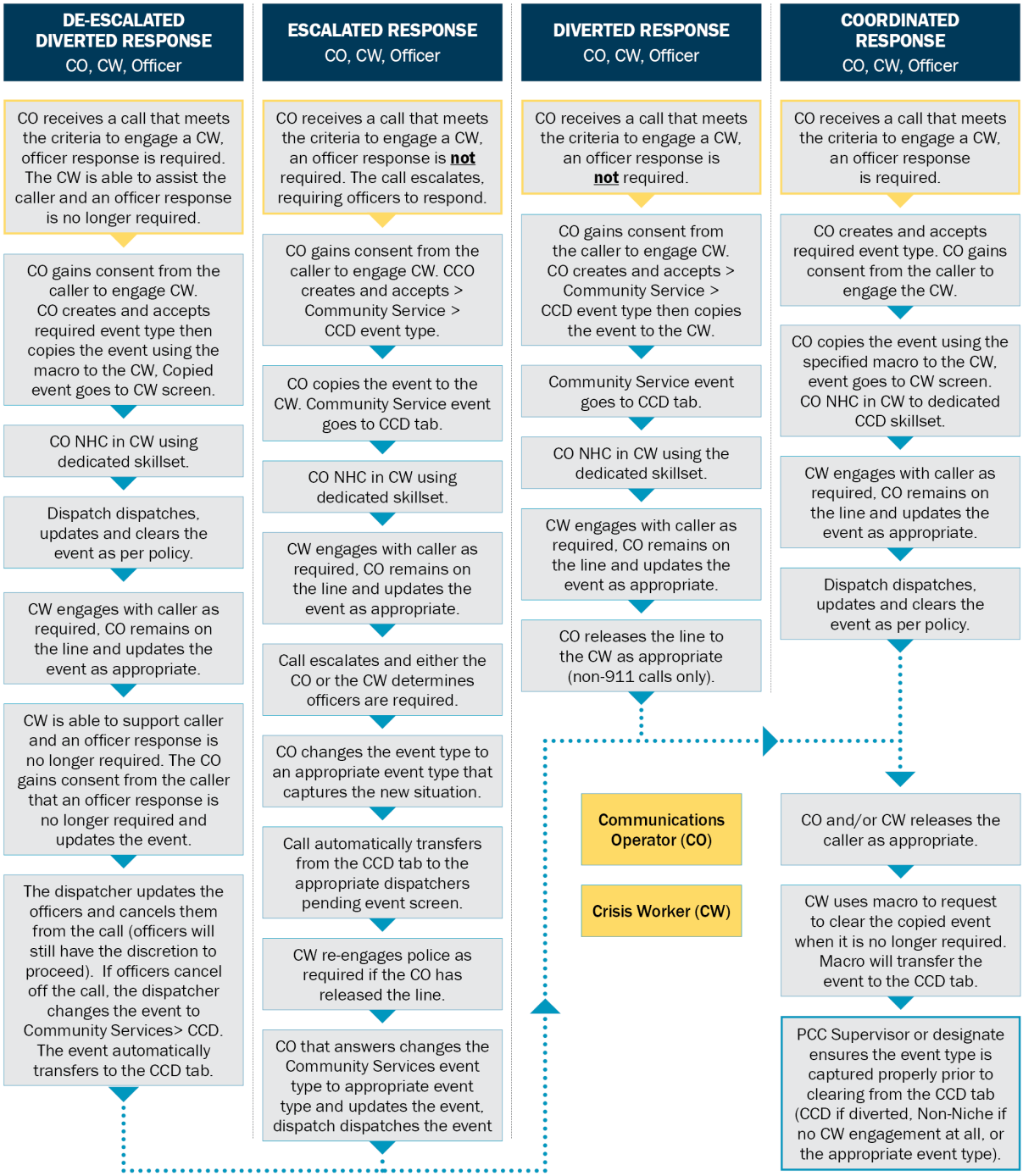
- Team introductions
- Program background
- Program goals and objectives
- Working with police: cultural similarities and differences
- Crisis worker roles and responsibilities
- Understanding the conference call process
- Program policies and procedures
- Privacy and information sharing
- System navigation resources
- Making referrals
- Documentation and data collection
- A day in the life: what will a CCD shift look like
- Scenario based training
- Joint occupational health and safety

Day Two: Training provided by the Provincial Communications Operators (CO2/CO3) and the OPP Communications and Technology Services Bureau Lead.

- Welcome and introductions: The OPP and PCC
- Site orientation and housekeeping
  (layout, lockers, gym, lunch room, quiet room, office, parking, etc.)
- Working with police (common terms, acronyms, culture)
- PCC policies and procedures (reporting for shift, attire, ergonomics, evacuations)
- PCC and CCD process (scripts, conference calls, consent based services, criteria, call flow)

- Computer Aided Dispatch training
- Shadow coaching
- Hands on role playing training
- Joint occupational health and safety

TOOL 4: CCD CALL FLOW



TOOL 5: CCD STANDARD OPERATING PROCEDURES OUTLINE

A standard operating procedures practice guide was established to outline the guidelines and criteria for supporting the Crisis Call Diversion Program.

Background and Scope:

To support an increase in mental health and addiction related calls and reduce unnecessary police interactions with mental health for non-emergent calls by diverting to more appropriate community crisis services, CMHA Crisis Workers will be embedded into the PCC 24/7, 356 days a year.

The main purpose of the Crisis Worker will be to:

- support the PCC Communicators in dealing with callers in crisis
- offer immediate de-escalation techniques and support to callers in crisis
- offer callers in crisis available community resources and referrals
- reduce on scene time for frontline members by de-escalating situations prior to emergency services arrival
- divert non-emergent calls away from the frontline

Criteria:

A communications operator may conference in a Crisis Worker for any call type where the caller may benefit from crisis support or support for community referrals.

Call Diversion

Consent shall be obtained from the caller that an officer response is not required prior to diverting a call.

A call may not be diverted and shall have an officer respond if it includes any of the following conditions:

- is emergent in nature
- actions which may endanger the caller or members of the public
- risk of self-harm or harm to others
- a criminal act has been implied or committed
- indications of an intimate partner/domestic dispute
- medical attention is required

If a caller refuses the assistance of the Crisis Worker at any time and/or requests to speak to the call taker only, a call for service shall be entered as appropriate and police dispatched. Callers should never be pressured into speaking to a Crisis Worker.

Although the Crisis Worker is an expert in mental health, the OPP communicators and officers will assess the need for officer involvement and ultimately dictate whether an officer response is required.

TOOL 6: CCD CLINICAL OPERATIONS MANUAL OUTLINE

The following is an outline of the clinical operations manual created by the health partner. These include organizational policies and procedures for regular crisis response programming, and embeds new processes and policies for crisis workers specifically working with Crisis Call Diversion. While the police do not have input into the regular operating procedures of the health partner, anything developed specific to CCD included joint discussions and decision making.

Contents:

PROGRAM DESCRIPTION

- Program Goals
- Philosophy
- VIsion, Values, Mission
- Crisis Call Diversion Program Working Group
- Location & Schedule
- Introduction to Crisis Assessment and Intervention

POLICY AND PROCEDURES

- Staff Orientation
- Start and End of Shift Expectations
- Confidentiality, Privacy and Information Sharing
- Call Transfer Script
- Conference Process and Inclusion/Exclusion Criteria
- Follow-Up Call
- Supporting PCC
- Documentation
- Sick/Absent Coverage Process
- Requesting Vacation and Time Off
- Breaks
- Inclement Weather
- On-Call CMHA Manager

APPENDIX

- Appendix 1: Schedule
- Appendix 2: Orientation
- Appendix 3: OPP PCC Support Tracking
- Appendix 4: Staff Contact List

TOOL 7: CCD MEMORANDUM OF UNDERSTANDING TEMPLATE

Crisis Call Diversion Program
MEMORANDUM OF UNDERSTANDING

BETWEEN

"Insert Police Service"

(Hereinafter referred to as the *"insert acronym or police"*)

AND

"Insert Health Partner Agency Name"

(Hereinafter referred to as the *"insert acronym or health partner"*)

(Collectively, "*the Parties"*)

PREAMBLE

As we develop an increased awareness and understanding of the challenges of a person struggling with mental health and/or addiction issues, it is important to develop initiatives which strive to address their needs and lead to increased wellness and quality of life, connection to community and inclusivity. According to the Mental Health Commission of Canada, every day, 10 people in Canada die by suicide and 1 in 5 persons in Canada will experience a mental health problem, crisis or illness.

Often times when persons experiencing mental health and/or addictions crisis do not know where to seek help, the police end up as the default crisis line for support or assistance. This often leads to increased contact with police which may result in unnecessary visits to an Emergency Department, or involvement with the criminal justice system.

While these individuals may call police when experiencing challenges, not all are experiencing a crisis that requires police attendance, but rather they could be helped by a mental health professional. The *"insert police service"* and the *"insert health partner"* have committed to a partnership that will strive to divert non-emergent mental health-related crisis calls away from unnecessary police interactions.

The Crisis Call Diversion program will embed a mental health professional (Crisis Worker) at the *"insert police service"* Communications Centre to support this work. This Memorandum of Understanding (MOU) has been developed to govern the partnership between the *"insert police service"* and the *"insert health partner"*. The Agreement will serve to set out the conditions and procedures for the operation of the Crisis Call Diversion Program, the responsibilities of the partnering agencies, and to regulate the exchange of information between the partners.

WHEREAS the partners named on this Agreement, and their applicable bureaus, agree to work collaboratively to develop and implement a Crisis Call Diversion Program for the duration of this MOU;

AND WHEREAS this Agreement establishes the procedures and responsibilities of *the "insert health partner"* and the *"insert police service"* to cooperate to provide resources, equipment, supplies for the development and operation of a Crisis Call Diversion Program to divert crisis calls involving mental health and/or addiction related matters to the *"insert health partner"* Crisis Workers embedded at the Communications Centre.

THE PARTIES THEREFORE AGREE TO THE FOLLOWING:

1. Definitions

1.1 Insert all relevant definitions relating to the program, particularly where acronyms are utilized to ensure understanding throughout.

2. Statutory Authorities

2.1 The Parties shall each apply their respective standards and/or policies and applicable legislation to the administration, technical and physical safeguarding of information exchanged pursuant to the administration of the CCD and the performance of this MOU, including but not limited to:

a) The Personal Health Information and Protection Act (PHIPA)

b) The Freedom of Information and Protection of Privacy Act (FIPPA)

c) Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

d) The Police Services Act (PSA)

e) Any other applicable provincial legislation.

3. Goals and Objectives

3.1 The parties agree to the following goals and objectives of the Crisis Call Diversion program will be to:

a) Offer immediate de-escalation and support to individuals experiencing a mental health and/or addictions-related crisis; and

b) Divert non-emergent police mental health and/or addictions-related calls for service where alternate services may be more appropriate in low acuity situations; and

c) Decrease the volume of non-emergent mental health and/or addictions-related calls for service for the *"insert police service"*; and

d) Reduce the use of these personnel for non-emergent responses when appropriate; and

e) Help individuals experiencing a mental health and/or addictions-related crisis by offering better pathways to meet their needs, and supporting the de-stigmatization of mental health and/or addictions-related; and

f) Provide comprehensive evaluation of outcomes; and

g) Complete a formal evaluation of this program.

4. Administration and Management

4.1 Outline general administration and management roles, as well as information related to regular meetings of those persons providing management and supervision of the program.

5. Roles and Responsibilities of the *"insert police service"*

5.1 This section may include the roles and responsibilities of both the leadership of the organization e.g. program management for development and implementation, as well as the front-line roles and responsibilities.

5.2 Keeping in mind, in this section, due to existing infrastructure of emergency response and duties of the police, the overall roles and responsibilities of the police call centre or communications operators does not change, but rather some new processes will be introduced e.g. CCD flowchart.

6. Roles and Responsibilities of the *"insert health partner"*

6.1 Reference an appendix related to the roles and responsibilities of the health partner (see Tool 1).

7. Training

7.1 The *"insert police service"* and the *"insert health partner"* will mutually agree upon training requirements developed and delivered by the "insert police service" and the *"insert health partner"*. Crisis Workers shall successfully complete all required training as stipulated by the *"insert police service"* or as mutually agreed upon.

7.2 The *"insert health partner"* shall be responsible for ongoing clinical training and information to the Crisis Workers assigned to the CCD program.

7.3 The *"insert police service and respective member wellness bureau"* will develop and deliver training for the Crisis Workers for the purpose of ensuring that, if required, the Crisis Workers will be equipped with the appropriate services and supports for the communicators should they need the information related to their work or life challenges.

7.4 The *"insert police service"* shall be responsible for providing all Crisis Workers assigned to the CCD program full *"insert police service"* related training and orientation, inclusive of the equipment/technology that they will use for service delivery.

7.5 The Parties shall jointly develop information to be provided to their respective organizations to support effective communication and education to their employees about the CCD program.

7.6 Both Parties shall maintain their own internal training expectations per their respective organizations

8. Independent Contractor

8.1 This Agreement shall not serve to create a partnership, an association, a joint venture, or an employer-employee or agency relationship among the Parties.

9. Financial Arrangements

9.1 This section will be determined by the financial structure of the parties' CCD program and should be carefully outlined in this section. An attached budget may be included as an appendix.

10. Term and Termination

10.1 Outline the start date or if Agreement is valid as of signing date, how often the agreement will be reviewed e.g. annually for re-signing. In addition, determine manner in which the Agreement may be terminated and what notice will be provided e.g. 30 days, 90 days and method of notice.

11. Confidentiality/Disclosure of Information and/or Documents

11.1 The *"insert police service"* and the *"insert health partner"* shall keep confidential, at all times, any information or documents collected, retained, used or disclosed during the MOU, including any personal information and/or personal health information (collectively "Information or Documents").

11.2 The *"insert police service"* and the *"insert health partner"* shall take reasonable and necessary steps to securely retain, store and dispose of the Information or Documents in accordance with applicable privacy requirements and best practices.

11.3 The *"insert police service"* and the *"insert health partner"* shall only collect, retain, use and disclose the Information or Documents for the purpose of carrying out the objectives of this MOU in accordance with applicable privacy legislation.

11.4 The Parties acknowledge that, absent a disclosure required by law, each may, at its discretion, refuse to disclose to any person(s) any Information or Documents for any reason including but not limited to:

a) The protection of client/patient personal information, including personal health information

b) The protection of the confidentiality of a third party's information or informants

c) The prevention of the interference with, or the disclosure of, law enforcement information, investigations or techniques; and

d) Otherwise in accordance with the laws of the Province of Ontario

11.5 The *"insert health partner"* shall not disclose personal information, including personal health information, to police officers relating to the clients of CCD outside of the express consent of the individual to whom the information relates, except to the extent the disclosure is permitted or required by law.

11.6 Any person calling police for a mental health and/or addictions-related matter who is offered Crisis Call Diversion services will be advised that the call is being recorded as per legislative practices of an emergency response communications centre, and the services offered by the Crisis Worker will continue to be recorded. The services will be provided based on the individual's consent to engage in services in accordance with applicable privacy legislation, and, as such, any person has the right to decline the services.

11.7 Each Party shall take reasonable steps to ensure that only designated Crisis Workers, designated police officers, communicators and analytics support members carrying out duties and responsibilities under the CCD program, and those permitted by law, shall have access to any Information or Documents exchanged in the course of the administration of the CCD and that access is only provided where it is needed in the performance of those duties and responsibilities and the access is permitted or required by law, including but not limited to PHIPA, MFIPPA and FIPPA.

11.8 The Parties shall each apply their respective standards and/or policies and procedures to the administration, technical and physical safeguarding of Information or Documents exchanged pursuant to the administration of CCD program and the performance of this MOU, provided they comply with PHIPA, MFIPPA, FIPPA, PSA, and other applicable legislation.

11.9 Each Party shall immediately provide notification to the other in the event of any loss, theft or unauthorized access, use or disclosure of personal information and/or personal health information of which *"insert police service"* or *"insert health partner"* staff may become aware.

11.10 The Parties shall ensure that their respective employees, agents or sub-contractors, if any, to which any personal information and/or personal health information may be disclosed, agree to the same restrictions and conditions to which the Parties are subject under this MOU.

11.11 All Parties acknowledge that during the performance of the MOU, each Party may have access to information of a confidential or proprietary nature of another Party that is provided to the other for the purposes of this MOU (excluding personal information and personal health information), which shall be known as "Business Information." It is essential to the conduct of each Party's business that the Business Information be kept confidential.

11.12 All such Business Information shall be deemed to be and remain the sole property of the Party that produced or generated the same. No Party during the term of this MOU and/or at any time thereafter shall, directly or indirectly, use the Business Information or disclose the Business Information except with the prior written approval of the Party to whom the information belongs or as otherwise authorized by law.

11.13 Crisis Workers are strictly prohibited from accessing or viewing Location of Information (LOI) and/or Canadian Police Information Centre information. Any breach may lead to disciplinary action, up to and including dismissal.

12. Notification of incidents/requests

12.1 The *"insert police service"* and/or the *"insert health partner"* shall provide immediate notice to the other party of any request for disclosure that may impact the other Party before making any such disclosure.

12.2 More specifically, the *"insert police service"* or the *"insert health partner"* shall immediately inform the other, as soon as possible, of any request under the applicable access to information and/or privacy legislation, or other lawful authority, for information and/or documents provided pursuant to this Agreement. The Party responsible for handling any such request shall consult with the other party, and the other Party shall provide assistance. The Party responsible for handling any such request shall endeavor to protect the information and/or documents from disclosure to the extent permitted by law.

12.3 The *"insert health partner"* requests for audio recordings related to health care related quality control/improvement or qualitative evaluation shall be provided in writing to the *"insert police service communications centre Commander"*, who retains the sole discretion regarding both fulfilling the request and the manner in which the request may be satisfied.

12.4 The *"insert police service"* shall notify the *"insert health partner"* of all requests for audio recordings received by the police in which a Crisis Worker was engaged.

12.5 Any requests for audio recordings by the *"insert health partner"* for any other purpose not referred to above shall be made by the *"insert health partner CEO"* in writing to the *"insert police service communications centre Commander"*.

13. Professional Conduct/Conflicts of Interest

13.1 It is understood that each Party to this Agreement shall comply with the applicable rules of ethics, professional codes of conduct, and conflict of interest rules applicable to its employees.

14. Intellectual Property

14.1 All intellectual property developed in accordance with this Agreement shall be the property of the parties named on this agreement.

15. Equipment

15.1 Any communications and technology equipment provided by the *"insert police service"* will remain the property of the *"insert police service"*.

15.2 The *"insert police service"* shall be responsible for the maintenance of the provided communication and technology equipment. It is the responsibility of the Crisis Worker to report any issue with this equipment to the Communications Centre Supervisor to ensure timely and efficient repairs.

15.3 Training related to the operation of the communication equipment and technology will be provided by the *"insert police service"*. The Crisis Workers shall adhere to all policies and procedures related to the operation and care of the communication and technology equipment provided.

15.4 Crisis workers will not be permitted to have any electronic devices on the Communications Centre floor including but not limited to cell phones, tablets, voice recorders, cameras, Blackberries, laptop computers (*"insert health partner"* Manager and Supervisor excluded), e-books, headphones/earbuds and USB flash drives/external hard drive, or any other device identified by the *"insert police service"* Commander regardless of whether or not the device is designed or used to transmit, receive or record voice, data (text) and/or images or can be connected to the internet/intranet or any other communication network or computer within the PCC.

16. Representatives

16.1 Include representatives from the respective agencies who will be involved as the administrative contacts for this program. This information should include name, title, phone, e-mail, physical address, and fax.

17. Insurance/Indemnification

17.1 Include responsibilities related to claims, tribunals, legal proceedings and insurance in this section. Indemnification responsibilities for police and health partner may differ dependent upon their oversight body e.g. a Board of Directors or a Government Ministry.

18. Evaluation

18.1 All Parties shall participate in collecting comprehensive de-identified and aggregate data from their respective organization databases as set out in the evaluation plan for the CCD program. (See Tool 9)

18.2 All Parties agree to share ongoing de-identified and aggregate data and analytics monthly as part of an ongoing evaluation process during the CCD program for the purpose of monitoring practices and informing quality improvements.

18.3 All Parties agree to share de-identified aggregate data upon completion of the CCD program for the purpose of analysis, synthesis and reporting for comprehensive evaluation.

19. Dispute Resolution

19.1 The Parties undertake to foster the resolution of disputes arising from the interpretation or application of this Agreement in a spirit of conciliation, cooperation, and harmony. A conflict resolution plan/process may be attached as a Schedule.

19.2 In the event of a dispute arising from the interpretation or operation of this Agreement, it shall be referred to the Representatives set out above who shall attempt to resolve the matter.

20. Amendments

20.1 This Agreement may be amended by the mutual consent of the Parties. In order to be valid, any amendments to this Agreement must be made in writing, dated and signed by the Parties.

21. General

21.1 This Agreement shall be governed by and interpreted in accordance with the laws in force in the Province of Ontario.

21.2 Should any provision of this Agreement be declared null, void or inapplicable by a competent court, all other provisions of this Agreement not related to the provision declared null, void or inapplicable shall retain full force and effect; moreover, the Parties agree to remedy such nullity, invalidity or inapplicability as soon as possible so that this Agreement's objectives can be achieved.

22. Notice

22.1 Any notice, request, information or any other document required with respect to this Agreement shall be deemed to be served if mailed or transmitted by fax or email. Any notice sent or transmitted by fax or email shall be deemed to have been received one business day after it was sent; any mailed notice shall be deemed to have been received five (5) business days following its mailing.

22.2 All correspondence shall be sent to the following:

a) *"insert representatives from partner organizations noted above in Representatives"*.

23. Signatories

23.1 This section should include signatures from most relevant leadership of each party. Prior to signing the Agreement, both parties should ensure that their respective legal teams and privacy officers have reviewed the document.

TOOL 8: CCD CONSENT SCRIPT

When an individual calls police, they have an expectation of the emergency response that they will be provided. A Crisis Call Diversion programs provides an additional opportunity to offer alternate crisis response services for non-emergent calls where a mental health professional may be of assistance. It is critical that the caller understands the services being offered, the process in which this will occur and that the caller has the right to accept or decline the services.

Each call involving a Crisis Worker shall have 2-4 types of consent (as applicable to call scenario):

ALWAYS
1) Communications Operator - Consent to engage Crisis Worker
2) Crisis Worker - Consent that call is recorded

AS APPLICABLE
3) Communications Operator - Consent that a police response is not/no longer required
4) Communications Operator - Consent for OPP communications operator to disconnect from the call

It was determined that as long as the four types of consent (as applicable) are verbalized in some manner, there is no need to have the scripts read verbatim, however, the scripts will be available on CAD to read verbatim should a call taker choose to utilize these.

1) Communications Operator - Consent to Engage Crisis Worker

Communications Operator - *"I have a "insert health partner" Crisis Worker here in the Communications Centre that may be able to offer you some additional support or community resources. Do I have your consent to conference them into our call and I'll remain on the line?"*

Communications Operator transfers to CCD skillset Crisis Worker

Call Beeps in Crisis Worker's ear

Crisis Worker - *"Hi, this is "name/title" from "insert health partner (e.g. Canadian Mental Health Association)"*

Communications Operator - *"Hi, I have (individual's name) on the line. She/he's given me the ok to conference you into the call. (give brief description of call) Go ahead (crisis workers name)"*

2) Crisis Worker - Consent that call is recorded

Introduction *"Before we start, I need to advise you that our conversation is still being recorded as all police calls always are. Do I have your consent to proceed?"*

3) Communications Operator - Consent that a police response is not/no longer required

If police are already dispatched *"...it sounds like the Crisis Worker is able to provide you with the assistance you need. Do I have your consent to cancel the police from responding?"*

If the call is diverted from the beginning *"...it sounds like the Crisis Worker is able to provide you with the assistance you need. Do I have your consent to not send the police and leave you to continue speaking with the Crisis Worker?"*

4) Communications Operator - Consent for OPP call taker to disconnect from the call

If the call is being diverted away from frontline and the call taker doesn't feel it is necessary to remain on the line…*"(callers name) because the police are not (no longer) responding, is it ok if I disconnect from this call and let you continue speaking to the Crisis Worker on your own?"*

TOOL 9: CCD DATA AND ANALYTICS CHECKLIST

Data is collected and provided in two different reports; a weekly report and a monthly report. The report includes data collected by the appropriate partner, ensuring that police are collecting police data and that the health partner is collecting health related data.

Weekly Report

The weekly report is a brief overview of the week and contains OPP specific data consisting of:

- Total number of events that had Crisis Worker engagement
- Total number of events in the region
- Total number of events that were completely diverted away from the frontline and handled by a Crisis Worker
- Diverted calls percentage
- Percentage of the various OPP events types that had Crisis Worker engagement
- Synopsis of each diverted event

Note: While the OPP do have the ability to collect mental health related calls specifically through the inter-RAI Brief Mental Health Screener (BMHS©), this program specifically uses event type analytics as some calls do not originate as mental health, but rather identified as some other event (e.g. family conflict, theft, etc.)

Monthly Report

A monthly report is generated to provide more fulsome analytics, and contains data captured by both OPP and CMHA. This report provides a side-by-side comparison of the monthly totals to the totals since the pilot launch. The monthly report includes the same data as the weekly report as well as:

- Total number of PCC members provided support by the Crisis Workers
- Presenting issues identified
- Presenting mental health issues identified
- Substance use identified
- Intervention techniques used
- Referrals provided
- Demographics identified including age, gender and LGBTQ+2S
- The number of times an individual declined support services and the number of times a crisis worker was unavailable to provide support

Final Report

Similar to the final pilot program report, an annual report will include a broader range of data collected by all parties, but most will come from the health partner. Addition qualitative data is included here from a quality improvement perspective. As the program evolves, and lessons are learned, this checklist may grow to include all information noted above as well as:

- Caller type
- Caller satisfaction (based on consent-based follow up)
- Front-line officer satisfaction survey and questionnaire
- Communications operators satisfaction survey and questionnaire
- Crisis worker satisfaction survey and questionnaire
- Any additional de-identified and aggregate data that would be useful in quality improvement and innovation for crisis response

CONTACT

For more detailed information about the OPP Crisis Call Diversion Program and related tools, please direct inquiries to:

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Program Analyst/Provincial Mental Health Lead
Community Safety Services
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519-535-0439

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