

Deputation to City of Toronto Executive Committee

Re: Community Support Service Pilot (Ex20.1)

The Mental Health and Addictions Advisory Panel of Toronto Police Service Board supports the recommendations in the Report of the City Manager to implement a community- based crisis response which hopefully will reduce the need for police to respond to mental health and addictions crises over time. We would like to offer comments in support of the project which we hope will contribute to successful implementation.

1. People with lived experience of mental health and addictions should be central to the planning, delivery and evaluation of the service. The RFP should ask pilot sponsors/ anchors how they will involve service users in the planning, delivery, evaluation and quality improvement.
2. The scope and reach of the pilots will likely vary considerably. For example, North West Toronto has no community- based crisis capacity, while Scarborough has a hospital- based crisis service. Downtown Toronto has the Gerstein Crisis Centre, and Downtown East already has a multi - agency network collaborating to assist vulnerable population. It is yet to be determined whether the Indigenous pilot will be focused on a specific location or be City- wide. As the pilot proceeds, monitoring the scope, reach and outcomes of each pilot, will be critical to planning and implementation for a city- wide service post 2025.
3. Coordination with existing crisis services and the police will be essential. This includes working with 211, 911 as well as mental health and addictions providers, including hospitals to develop protocols about when police are to be called, as well as when they do not need to be called. It will also be important to build on the successful work of organizations like Sound Times and the Gerstein Centre to divert people not only from police but hospital emergency departments.
4. Collaboration with Toronto Police Service, existing crisis services and the pilot sites to collect comparable information about people in crisis will be very important. This includes understanding the needs, characteristics of people in crisis, referrals as well as the disposition of the crisis call (what happened as a result), and outcomes over time as a result of the intervention. This should include collecting data about individuals for whom repeated system interventions have been applied, so the data can help us understand what types of interventions (the alt crisis response and/or TPS) have assisted and at what point(s).
5. It should be recognized that the \$500 ,000 allocated to fund crisis prevention and postvention is very limited given the well -known capacity gaps in Toronto's mental health and addiction services. In 2011 and 2013 the Ontario Chiefs of Police and the Canadian Chiefs of Police noted that police were the default 24/7 mental health/ crisis response service in local communities, due to a historic lack of investment in mental health and addiction services. To put this in perspective, in 1979 Ontario's mental health spending accounted for over 10% of health spending. It is now just over 6%. Other areas of health care funding have received proportionately more investment than mental health and addictions.
6. The provincial government has promised to increase mental health and addictions spending over 10 years, by \$3.8 billion- which works out to an annualised spending increase of \$380 million for the whole province. This represents a 2% increase in current community mental health and addictions spending each year. While this investment would be welcomed and

Toronto could expect to receive up to \$74 million annualised, this will not significantly improve access to mental health and addiction services in Toronto.

7. In 2012 the Mental Health Commission of Canada recommended that all provinces increase the mental health share of health spending to 9% and 2% of social spending. The current provincial commitment gets us about 30% of the way. Last October City Council unanimously approved a motion by Councillor Kristin Wong Tam for Toronto to call on the federal government to meet the MHCC spending targets. If this happened, Toronto would see annualised funding for mental health and addictions increase by \$300 million and social spending, which could for supportive housing, increase by \$600 million.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.MM11.12>

8. Therefore, the City should begin working with stakeholders over the next 3 years and use the experience from the pilot to develop a fully costed approach to implementing a city wide crisis response, as well as other needed enhancements to community based mental health and addictions services including supportive housing and safe injection sites.
9. The TPS Board Mental Health and Addictions Advisory Panel has appreciated the willingness of City staff to share information and get our input on this important project. We hope to continue to provide our advice to them and Toronto Police Services as the pilot develops.

Respectfully submitted,

Steve Lurie, C.M., Co-chair Toronto Police Services Board Mental Health and Addictions Advisory Committee