Alternative Community Safety Response Accountability Table Discussion Summary

In support of City Council's policing reform decisions in item CC22.2, City staff formed the Alternative Community Safety Response Accountability Table ("Table"). This Table brings together community leaders to monitor and support the development and implementation of a community crisis support service that does not require the presence or intervention of the police.

The Table is comprised of stakeholders working in the areas of mental health and substance use, harm reduction, homelessness, healthcare, youth, 2SLGBTQ+, legal services, police and advocacy, services for refugees, immigrants and undocumented Torontonians, Indigenous and Black serving organizations.

List of Members

1. 2-Spirited People of The 1st Nations
2. Access Alliance Multicultural Health and Community Services
3. Across Boundaries: An Ethnoracial Mental Health Centre
4. Anishnawbe Health Toronto
5. Black Coalition for Aids Prevention
6. Black Creek Community Health Centre
7. Black Health Alliance
8. Black Legal Action Centre
9. Breakaway Addiction Services
10. CAMH – Centre for Addiction and Mental Health
11. Canadian Centre for Victims of Torture
12. Canadian Mental Health Association Toronto
13. Canadian Mental Health Association, Ontario Division
14. Convene Toronto/Ontario For All
15. Covenant House
16. Distress Centres of Greater Toronto
17. Dixon Hall Neighbourhood Services
18. Doctors for Defunding the Police
19. Empowerment Council
20. ENAGB Indigenous Youth Agency
21. FCJ Refugee Centre
22. Gerstein Crisis Centre
23. GTA Executive Director Community Health Centre Network
24. LGBTQ YouthLine
25. Maggie's Toronto Sex Worker Action Centre
26. Mental Health and Addictions Advisory Panel, Toronto Police Services
27. METRAC – Metropolitan Action Committee on Violence Against Women and Children
28. Mother's for Peace
29. Native Child and Family Services of Toronto
30. Native Women's Resource Centre of Toronto

31. Native Youth Sexual Health Network
32. Nishnawbe Homes
33. OCASI – Ontario Council of Agencies Serving Immigrants
34. Ontario Aboriginal HIV/AIDS Strategy
35. Ontario Alliance of Black School Educators
36. Reach Out Response Network
37. Reconnect Community Health Services
38. Regent Park Community Health Centre
39. Scarborough Health Network
40. Sherbourne Health
41. Somali Women and Children's Support Network
42. Sound Times
43. South Riverdale Community Health Centre – Moss Park Overdose Prevention Site
44. Stella's Place Young Adult Mental Health
45. Strides Toronto – formerly East Metro Youth Services and Aisling Discoveries
46. TAIBU Community Health Centre
47. The 519
48. Think 2wice
49. Toronto Council Fire Native Cultural Centre
50. Toronto Drop-In Network
51. Toronto Mobile Crisis Intervention Team – Michael Garron Hospital
52. Toronto Trans Coalition Project
53. Wellesley Institute
54. Young and Potential Fathers
55. Youth Justice Network of Toronto
56. Youthdale Treatment Centres

A total of three meetings were held between October 2020 and December 2020. A high level summary of the Table's key points of discussion is outlined below.

1) **Community Activism Due to Anti-Black Racism**
   It was community activism and the longstanding work of community organizations that brought these issues to the forefront and laid the foundation for change. This needs to be recognized and acknowledged. Negative health outcomes are prevalent among Indigenous, Black and racialized communities, as well as for youth and those who identify as 2SLGBTQ+. These same populations also experience disproportionately higher rates of poverty, over-policing and negative outcomes when interacting with the police (including fatalities in some instances). Consideration needs to be given to how project development will be shared back with community. This work originated from the coming together of community and this history must be respected.

2) **Community Engagement**
   The community crisis support service must be grounded in community, centred on the service user and action oriented. Building community trust and buy-in will be essential. The City must be intentional about building relationships and engaging

with communities to ensure meaningful participation in the service design, governance, delivery and evaluation. Ongoing community consultation and a constant feedback loop should be explicit. Project funding should adhere to a three year timeline to allow for appropriate evaluation to take place. It is also imperative that Toronto Police Services support and promote the new service.

3) **Community Investments**

There is no shortage of need. Supports to prevent crises include: safe and sustainable supportive housing options, access to food, ongoing psychological support, secure employment, immigration assistance, job training and educational supports, and universal basic income. The City also needs more affordable housing and housing supports like rent control. People need access to safe spaces where they feel comfortable for pre/post crisis care, including crisis beds, safe beds and stabilization support. Supports are also needed to address the current opioid crisis, including more overdose prevention sites. Any new funding must be long-term, sustainable and look to support initiatives beyond the immediate moment of crisis to create and sustain meaningful change. Funding must also focus on poverty reduction and building the capacity of Indigenous and Black communities and people with lived experience of mental health and substance use challenges. It must be recognized that people with lived experience of mental health and substance use challenges have formed their own communities and must be central to discussions about what is going to directly affect them.

4) **Intergovernmental Funding and Coordination**

The mental health and substance use service system is under-resourced. Significant funds are required to successfully implement this community-based crisis response pilot and the accompanying wrap-around supports. The City will need to take leadership in appealing to other orders of government for financial resources to support pilot implementation. The City should also leverage existing pathways to crisis response (e.g. existing programs that have been proven to work well) and may also consider how this work could link to Ontario Health Teams as they develop services for people with substance use and mental health challenges over the next three years. Funding silos in government services have a human and economic cost and must be addressed in planning the necessary resources for pilot implementation.

5) **Population Specific Considerations**

The voices of people with lived experience must be kept at the centre of this work, especially those most vulnerable to negative police interactions. There is an identified need for an Indigenous-led and Black-led response due to existing service gaps and over-policing and criminalization within these communities. Trans, 2-spirited and gender non-binary individuals, sex workers, undocumented Torontonians, children, seniors, youth, and individuals who have been unfairly criminalized by the current system due to racism, homelessness, mental health and/or substance-use challenges, also require special consideration. Specific supports should be expanded for people with complex challenges who frequently and repeatedly engage with the system, with a focus on scaling evidence-based

services such as Assertive Community Treatment Teams, Flexible Assertive Community Treatment Teams, and Housing First. It will be important to have Elders and Knowledge-Keepers, spiritual healers, and population-specific mental health experts to be involved in the crisis response and for a family/kinship-based approach to care and after-care. At the same time, the individual rights of the person on the receiving end of crisis supports must be paramount in the creation of a service that is founded in trauma-informed, non-coercive care, based in de-escalation practices rather than use of force. The City must also consider how children and youth fit into this service and whether schools, school boards and educators need to be engaged.

6) Principles of Care

It is imperative for the approach to be community-driven and led, trauma-informed, evidence based and founded on principles of harm reduction, anti-racism and anti-oppression. Governance, evaluation and accountability are all key to ensuring success. Guiding principles must be rooted in reducing harm to historically marginalized populations with recognition that planning to offer a "culturally relevant" service does not go far enough. The service must be founded in anti-racist/anti-oppressive practice at all stages of development and implementation and should also be embedded in the principles, vision and values of the organization(s) leading service delivery. The service should include an understanding of intersectionality and the pilots themselves should be locally developed and reflective of the communities they serve (not a one-size fits all approach). With this in mind, quality and evaluation measures will need to be developed to ensure the consistent provision of care. Moreover the term "crisis" should be unloaded and clearly defined. Measures and evaluation should ensure that anti-oppression is practiced and central to all interactions.

7) Public Education

This work requires a paradigm shift in the way people see crisis and mental health. It requires that the City move towards decriminalization of mental illness by creating an alternative to police response. It also requires that the City confront transphobia, structural racism, and address the prejudice, discrimination and stigma experienced by people with mental health and substance use challenges often by people providing mental health and policing services. The public education campaign will need to be comprehensive, and should consider how the City can leverage those who have a platform to inform the public about the new service and re-imaging public safety.

8) Response Teams

Service provision should be designed building on successful approaches in Toronto such as the Gerstein Crisis Centre and Sound Times, as well as evidence from other jurisdictions. Consideration should be given to the power dynamic that might emerge between medical and non-medical staff on the response team. Clearly designating roles on a multi-disciplinary team may temper this concern (e.g. designating who will tend to a person's mental health and who will tend to a person's physical health; designating who will lead case management, etc.). Remaining flexible will be key to ensuring coordinated service delivery and pivoting to other professionals as needed.

An understanding of gender-based violence and considerations should be integrated in team composition and training. Intentional hiring practices and ongoing professional development related to anti-oppression, anti-racism and de-escalation training should also be built into the service. Professionals with specific training or lived knowledge of the languages and cultures that match that of persons in crises should be embedded in response teams. Further, community members strongly suggest that in contracting out the service for implementation, the City should focus more on establishing outcome measures and skills (including those based in lived experience) and be less prescriptive in dictating how the service should be run. This will allow organizations the flexibility they require to maximize service delivery. Some concerns were raised about the need to implement a standard response time across all pilots. Ensuring cohesive dynamics, mutual knowledge, aligned ideologies and trust is imperative within individual teams and the larger structure, and should be implemented from triage to outcome.

9) Scope & Timelines

This community crisis support service is only a narrow piece of the overall police reform work. This initial phase is being completed within very tight timelines and this may impact the meaningfulness of the work. Adequate time must be given to establish the pilot logistics at a functional and operational level prior to the teams beginning their work. Time will be required for team building, training and the development and implementation of safety protocols. Additional time should be devoted to this at the outset to ensure best outcomes. It is important that the design of the service is conducted in a careful, methodical way allowing adequate time for discussion, new viewpoints and revisions. There should be a regular evaluation mechanism that allows the service to remain flexible and open to refinements.

10) Service Access

The service should be accessible to all Torontonians, including undocumented Torontonians and those who traditionally experience barriers or gaps in accessing appropriate service. The service should be offered 24/7 with local points of access (e.g. 911, 211 and direct line). Simplifying service navigation and offering multiple pathways to care will be essential for connecting people to the support they need. A 911 integration/dispatch service should be explored and thought should be given to how to effectively triage calls to minimize multiple transfers, with a focus on direct transfers wherever possible. Direct access to crisis services is also vital as an alternative to 911 emergency services based triaging. Language and technological barriers should be considered when exploring options for service delivery. Text/chat functions may be an option for increasing accessibility.

11) Transparency and Accountability from the Toronto Police Service

There is a strong need for increased transparency from Toronto Police Services (data transparency, training, supervisory functions and budgetary transparency), as well as transparency around Toronto Police Services' commitment to the directives and outcomes of all police reform activities.

12) Next Steps

The community crisis support service is only a narrow piece of the overall policing reform work which requires a fundamental shift in how we define and criminalize mental illness, racialization and gender expression. Racial bias and use of force in the mental health system also requires addressing. A detailed governance and accountability framework needs to be developed, and the service should be iterative and consider using a developmental evaluation approach. The service should also clearly outline Toronto Police Services role and how the community crisis support service will coordinate with existing crisis response services.