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Date: January 27, 2021

To: The Executive Committee

Re: EX20.1 Community Crisis Support Service Pilot

From: Aseefa Sarang, Executive Director

This submission is made on behalf of Across Boundaries, a Mental Health and Addictions Centre, that works specifically with Black and racialized communities. Our holistic approach to mental health care includes many of the same case management services offered by other mental health agencies; however, a pivotal component to ours is that it is anchored, in an anti-racist, anti-oppression framework. We address the detrimental impacts of racism, anti-Black racism, and other forms of oppression on the health of the users of our services.

Across Boundaries was a member of the City of Toronto's – Policing Reform – Alternative Community Safety Response Accountability Table. We were also instrumental in hosting several consultations on the intersection of policing, mental health, anti-Black racism and other forms of oppression with leaders from the Black community and racialized 2SLGBT++ transitional aged youth on behalf of the City.

Throughout the last four months, Across Boundaries has provided input and feedback as the City staff have worked to create a model for submission to the Council. It is some of that feedback shared in this submission to ensure that the concerns raised are taken into consideration as the City moves forward to develop community safety response pilots.

We applaud the city staff's efforts on their massive undertaking to bring together many stakeholders and reach as many community members as they could within the strict deadline.

Across Boundaries is appreciative with the efforts that are being made to create a safer environment for the City's most vulnerable and marginalized community members. We recognize that this endeavour is not going to be an easy one. It will require a lot of careful thought, honest commitment, and a willingness to take risks.

As the organization that served Andrew Loku, we stood with other community partners to call for an inquest, which was instrumental in many recommendations on anti-racism, anti-Black racism and mental health adopted by the jury at the inquest. We have an ongoing vested interest in the safety and health of the communities mandated to be served. Across Boundaries is greatly disappointed in the three-year delay in responding to the inquiries by the Toronto Police Services, the board, and other institutions named. As such, based on our organization's 25 years of experience, lived expertise, numerous consultations and understanding of the community it is clear that for this initiative to work

the City will need to address the harms that have been done (in instances resulting in fatalities), first and foremost, in order to earn the trust of the community.

The following recommendations are provided in the spirit of creating a response that is meaningful and truly safe for racialized, Black, Indigenous, 2SLGBT++ communities whose lives also intersect with mental illness and addictions:

- Recommendation 1: There needs to be sector-wide training (for institutions and communities) on what a “crisis” is. What may be a situation which requires medical intervention or support is automatically escalated to something else by virtue of being called a “crisis”, something which requires a more negative, harsher response. Ongoing and in-depth education is needed to understand the difference to ultimately change the response.
- Recommendation 2: Four pilots are proposed based on geography – while it is understandable that Toronto is a large city, the purpose of this initiative is to respond to the negative interactions of particular communities with the police. As such the pilots need to represent those communities – not simply by ensuring anti-racism/anti-oppression/resisting anti-Black racism as a *value* or *training* is embedded in the construction of the team, but rather the team be led by racialized and Black community health organizations, staffed by racialized and Black individuals (who can provide the lived expertise) and be responding to calls from racialized and Black communities specifically. The teams need to be embedded in the community and be able to build new relationships for success.
- Recommendation 3: Enough time dedicated to conducting fulsome and meaningful consultations by prioritizing those communities most negatively impacted by police interactions (racialized, Black, Indigenous, 2SLGBT++) as per data and experience. Efforts have to be made to ensure those people who may not usually be reached are able to participate in these consultations. Only then will the consultations be real and meaningful with feedback to improve the suggested models.
- Recommendation 4b and 4c: It is imperative that a separate telephone number be created for calls of distress rather than calling 911. Regardless of any training proposed for the dispatcher receiving the initial call, there needs to be a clear delineation from past practice to new ones. A delineation from what requires a call to the police for “danger” and what would be a call for **care** is necessary for the community to feel this to be true non-police “alternative”. Changing the current structure by dressing it up a little differently and expect it to take on a different meaning for the public is doomed for failure right from the start.
 - At each step, the communities most impacted need to be a key part in the development of the model, decision making in the allocation of funding, and the monitoring and evaluation of the pilots.

While this submission addresses the main points in the proposal, there are many nuanced factors that need to be considered. Across Boundaries has worked closely with racialized and Black communities over its’ 25-year history and would be available to provide further insights and connections to the communities it serves. There is a genuine interest and desire to support the development of the pilots in a manner that will enhance public buy-in, safety and confidence.

Thank you for your time and consideration.