



Community-Based Crisis Response

DISCUSSION GUIDE

OCTOBER 2020

TABLE OF CONTENTS

HOW SHOULD THIS GUIDE BE USED?	3
WHAT DOES THE CITY HOPE TO ACHIEVE?	3
SECTION 1: WHAT ARE THESE ENGAGEMENTS ABOUT?	4
BACKGROUND	4
A PATHWAY FOR CHANGE	5
HOW WILL TORONTO’S COMMUNITY-BASED CRISIS RESPONSE BE DEVELOPED?	6
SECTION 2: WHAT IS THE ENGAGEMENT PROCESS?	7
HOW TO SUBMIT FEEDBACK	7
HOW WILL MY FEEDBACK BE USED?	7
ARE THERE ANY OTHER OPPORTUNITIES TO GET INVOLVED?	7
ENGAGEMENT PROCESS ROADMAP	8
SECTION 3: DISCUSSION GUIDE	9
INTRODUCTION	9
OPEN COMMENT	9
PRIORITIES	9
Appendix A: Feedback Form	12
Appendix B: Key Terms	15

WHAT IS THE PURPOSE OF THIS GUIDE?

Engaging with members of Indigenous, Black and racialized communities is key to restoring trust, police accountability and equitable policing. Part of the engagement process is to develop a community-based approach to crisis response for Toronto. This guide has been created to help move the conversation and will allow the City to get your input on the development of a community-based crisis response model.

In June 2020, Toronto City Council, in consultation with the Toronto Police Services Board, asked City staff to engage community-based organizations, social services agencies and mental health support organizations to help develop a **community-based approach to crisis response**. These models would include alternatives to police attendance at mental health crisis calls, wellness checks, and low-level disputes between community members (e.g. neighbour disputes), among other incidents.

The City acknowledges that the creation of a community-based crisis response cannot be achieved by the City alone. For decades, Toronto has been home to several non – police led crisis responses, including:

Gerstein Crisis Centre	Offers 24 hour Crisis Services for individuals 16+ living in the City of Toronto who are living with mental health, concurrent or serious substance use issues.
Distress Centre	Offers access to emotional support from the safety and security of the closest telephone. Callers can express their thoughts and feelings in confidence. Callers' issues can include problems related to domestic violence, social isolation, suicide, addictions, mental and physical health concerns.
Youthdale Crisis Support Team	Assesses youths' risk and mental status through telephone interviews and if required, Mobile Response. This assessment will involve the parent or guardian and the professionals caring for the child.
Scarborough Hospital Mobile Crisis Program	Provides Telephone Crisis Response and community crisis response to individuals over 16 years of age who are experiencing a mental health crisis in <i>Scarborough and East York</i> .
Anishnawbe 24/7 Mental Health Crisis Management Service	Offers a model of health care that promotes traditional Indigenous practices and approaches.

As such, it is critical to leverage and amplify subject matter experts, community partners, and community members to respond to the policing reform directives from [City Council](#).

HOW SHOULD THIS GUIDE BE USED?

This guide should provide you with the background information on policing reform, details of the engagement process, and questions to guide the conversation. This discussion guide is meant to be used by individuals and organizations who would like to host discussions on community-based approaches to crisis response with their peers, staff, colleagues, clients, and other members of the community.

This guide contains the same information that is presented at roundtable meetings with our community partners.

WHAT DOES THE CITY HOPE TO ACHIEVE?

Through community engagement, the City wants to better understand what a successful community-based crisis response in Toronto should look like. Recognizing the already existing civilian-led crisis response programs and the various community safety initiatives in Toronto, the City wants to tap into these networks and initiatives to develop an approach that is specific to the needs of Toronto residents.

While this guide provides a lot of information on this project, it may not answer all your questions. If you have more specific questions not addressed in this document, please visit the project website at: www.toronto.ca/policingreforms.

SECTION 1: WHAT ARE THESE ENGAGEMENTS ABOUT?

For many decades, Indigenous, Black and racialized communities have spoken out against unjust, racist, and biased public institutions and their deep mistrust of these institutions, including the police service. Key reports such as the [Ontario Human Rights Commission's](#) most recent look into the Toronto Police Service's arrests, charges and use of force have further highlighted racial disparities that exist in the Toronto Police Service's practices, and the fact that Black residents are over-represented in the Toronto Police Service's use of force incidents.

There have been several reports and reviews of police interactions with people in crisis, including:

- Office of the Police Review Director's (OIPRD) ongoing systemic review of [Police Interactions with People in Crisis and Use of Force](#)
- Justice Iacobucci's report on [Police Encounters with People in Crisis](#); and
- the [Andrew Loku inquest](#).

Findings and recommendations from these reports include:

- improving police understanding of the lived experience of racialized people and people dealing with mental health and/or addictions issues
- training on anti-racism with a focus on anti-Indigenous and anti-Black racism, implicit and unconscious bias,
- de-escalation and crisis communication
- alternative methods of response to people in crisis.

Important discussions on racial injustice, inequity, and anti-Indigenous and anti-Black racism within police services are happening around the world, including Toronto. These discussions resulted in the recommendations and actions on changes to policing adopted by City Council in June 2020.

The City has a duty to the public to re-imagine community safety, and to begin a conversation about police reform by exploring alternative ways we can ensure the safety and wellbeing of all Toronto residents.

BACKGROUND

In June 2020, Toronto City Council directed the City Manager, in consultation with the Toronto Police Services Board, community-based organizations, social services agencies and mental health support organizations to develop alternative models of community safety response that would:

- involve the creation of non-police led response to calls involving individuals in crisis, and others as deemed appropriate through consultation
- reflect the City's commitment to reconciliation
- involve extensive community consultation on a proposed response model

- detail the likely reductions to the Toronto Police Services budget that would result from these changes

In addition to this, City Council requested:

- Toronto Police Services Board implement a 24/7 operational program across Toronto for its Mobile Crisis Intervention Team Program.
- City Manager report on the implementation of a City of Toronto Mobile Crisis Assistance Intervention Service that would deploy unarmed, medically trained crisis intervention assistance personnel, based on the "CAHOOTS" model from Eugene, Oregon. This report should include:
 - description of how specially trained first responders would deal with community challenges including: homelessness, intoxication, substance abuse, mental illness, dispute resolution, and basic medical emergency care
 - a process for when a Crisis Assistance Intervention Service is established, that the City would subtract the cost of this new service from future police budgets

A PATHWAY FOR CHANGE

One path forward is the development of a community-based crisis response. However, the City acknowledges that these changes cannot be achieved by the City alone. It is critical to tap into subject matter experts within our community partners, and community members to respond to the policing reform directives from City Council. Through this, the City aims to reflect the needs and desires of the communities most impacted by policing and establish trust and confidence in a new community-based crisis response model.

Current and past engagements and research reports will inform the development and implementation of a community-based crisis response that may include alternatives to police attendance at mental health crisis calls, wellness checks and low-level disputes between community members (e.g. neighbourly disputes). The starting point for this work is the development of a set of priorities and building blocks to guide the model.

Through these engagements and consultations, the City is hoping to understand:

- What should a successful community-based crisis response for Toronto look like?
- How do we ensure a Toronto-centric approach to crisis response?
- What existing practices, networks, initiatives should be leveraged in the new model?
- What new resources, practices, policies and/or procedures are needed to establish this model?
- What topics require further discussion and consideration?
- What suggestions do you have for strengthening the City's approach?

HOW WILL TORONTO'S COMMUNITY-BASED CRISIS RESPONSE BE DEVELOPED?

Development will be informed by jurisdictional research and existing data on crisis response teams and community safety, public input via a public survey, feedback from consultations with diverse community stakeholders (e.g. Indigenous communities, Black communities, people with lived experience of mental health challenges and/or substance use, service providers) and interviews.

[The Community-Based Crisis Response Accountability Table](#) will monitor and support the re-imagined approach throughout its development and implementation. The Table is made up of community leaders including policy, mental health and substance use services, homeless advocacy, Indigenous and Black serving organizations, organizations serving racialized and historically marginalized groups. The Table advises staff on community-informed best practices, identifies opportunities for further community engagement, and informs budgetary impacts of the model.

A community-informed evaluation plan will also be created to assess any pilots or future versions of the community-based crisis response and potential areas for budget allocation and community reinvestment.

City staff will report back to City Council in January 2021 with information about the recommended model, including logistical, operational, and budgetary considerations.

SECTION 2: WHAT IS THE ENGAGEMENT PROCESS?

HOW TO SUBMIT FEEDBACK

Please submit your feedback via online form:

<https://cotsurvey.chkmkt.com/FeedbackCommunity-BasedCrisisResponseTO> by November 20, 2020.

HOW WILL MY FEEDBACK BE USED?

The feedback collected through the [online survey, community roundtables, and discussion feedback](#) forms will be used to develop the foundation of community-based crisis response.

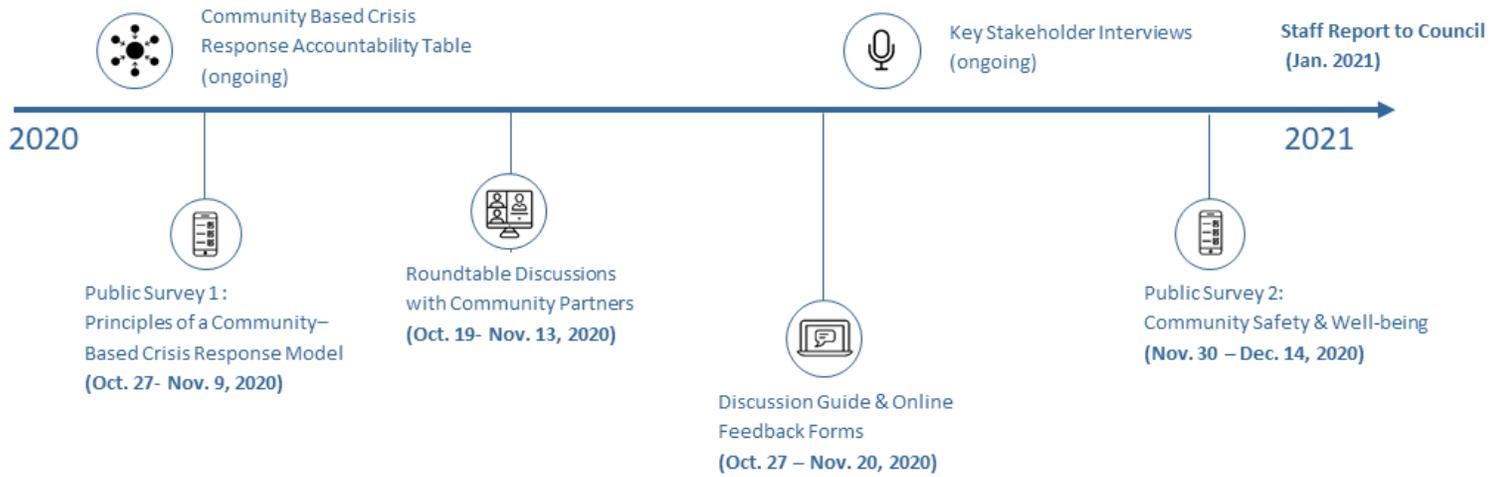
City staff will report on the outcomes of these consultations to the Executive Committee at its meeting in January 2021. This report will include an updated version of the priorities and building blocks of the community-based crisis response service that reflect feedback received during these consultations.

ARE THERE ANY OTHER OPPORTUNITIES TO GET INVOLVED?

In addition to this guide, there are other ways for people to provide their feedback:

- Members of the public can complete a [survey](#) by November 9, 2020 to share their expectations around the principles, priorities and key elements of a community-based approach to crisis response.
- Additional consultations will be held in October and November to learn more from community members with lived-experience and engage service providers in a conversation about the main priorities of a community-based crisis response. Opportunities for engagement, as well as news and updates will be promoted online and will be sent to email newsletter subscribers. Sign up to be notified of future opportunities at www.toronto.ca/policingreforms.

ENGAGEMENT PROCESS ROADMAP



SECTION 3: DISCUSSION GUIDE

The priorities and building blocks in this discussion guide will form the guiding framework for the City's community-based crisis response. Your feedback will help guide development of a model and will be used to evaluate existing local and international models of community safety and crisis responses to determine suitability for Toronto or to develop a new model from scratch.

The priorities and building blocks are built into the questions below. They will be further refined based on your feedback. They are based upon City Council's direction as well as research from other cities around the world.

INTRODUCTION

1. What would an ideal community-based response look like to you? What are the key components this response needs to have? What would be nice to have?

OPEN COMMENT

1. What is the most important priority for you when you think about the future of community safety in Toronto? This could be a challenge or barrier that needs attention, or a big opportunity for improvement.
2. What actions could the City take to address this priority?

PRIORITIES

The following priorities are based on research of important elements that make up different approaches to crisis response around the world. You can decide how many of the priorities you want to respond to and how much detail you want to provide. We have also included questions you may want to consider in your answer. Our goal is to make this relevant to Toronto--we want to understand what is important to you.

1. Scope:
 - a. What types of calls should the community-based crisis response approach respond to? (mental health crisis, wellness checks, neighbour disputes, etc.)
 - b. What types of assistance, support, or services could be provided?
2. Accessing the service
 - a. When someone is in urgent need of assistance (mental health crisis, non-violent dispute, etc.), how should this new service be contacted? (e.g., calling 911? Calling a

- new number? Referral from another agency? Sending a text? Submitting an online form? Multiple options?
- b.** What are some ways the community-based crisis response model should be delivered? (e.g. mobile teams, in-home, drop-in locations, community patrol teams, through existing services and agencies, hospitals, etc.)
 3. Principles of care:
 - a.** What are the key principles of care the model should be founded on? (eg. consent, harm-reduction, client autonomy, wrap-around care etc.)
 - b.** Of the principles identified, which 3 would you consider to be the most essential?
 4. Response teams:
 - a.** Who should respond to non-violent community crisis calls? (e.g. Emergency responders? Clinical workers? Peer-support workers? Community volunteers? Elders? A combination?)
 - b.** Who should lead the response on the ground?
 - c.** Should the teams be visibly identifiable? (e.g. staff uniforms, vests, markers, marked vehicles, etc.)
 - d.** What other key elements should members of response teams have? (e.g., understanding of anti-Indigenous and anti-Black racism, experience working with people dealing with mental health crises or addiction challenges, lived-experience, etc.)
 5. Geography:
 - a.** How do you see the crisis response service working in different areas of the city? (i.e. specifically, in the community in which you live, work, play)
 6. Culture:
 - a.** How can culture be integrated into the model?
 - b.** How can a variety of different demographics and communities be represented in the response teams?
 - c.** What cultural-competency or community-specific training should be provided to the response teams?
 7. Continuum of care:
 - a.** What other services should the model provide as part of its response to clients (e.g. food, clothing, blankets, transportation, etc.)? What other supports should be extended to clients after the initial response? (e.g. wellness check-ups, connections to other services, etc.)
 8. Data:
 - a.** What type of data, if any, should be collected (e.g. service user experience, demographic data, etc.)?
 - b.** How should this data be stored and used (e.g. should it be confidential, should it be used for service improvements, should anonymous data be shared publicly for transparency purposes, etc.)?

9. Accountability:
- a. What should accountability look like for the community-based crisis response service?
 - b. How do we ensure that the chosen approach to crisis response meets, and continues to meet the needs of Toronto residents? How can the chosen approach to crisis response continuously learn, grow, and evolve?
 - c. What avenues should exist for clients to provide feedback or raise complaints or concerns about the service they received?
 - d. How should complaints and concerns be handled?
 - e. Who should oversee and provide direction to the service, its staff, resources, and its outcomes? (This may include multiple parties)
10. Community investment:
- a. In your opinion, what are the *immediate* needs of your community (e.g. housing, employment, services, infrastructure) that would improve community safety overall?
 - b. What are the social issues facing members of your community and what would be beneficial to them in *medium and long term*?
 - c. What concrete changes, in all categories, should be considered to improve the safety and well-being of members of your community?
 - d. What is needed for you to avoid going into crisis?
 - e. What is lacking within the community now to avoid calling police?

Appendix A: Feedback Form

This form must be submitted online via link below. Feedback accepted up to November 20, 2020: <https://cotsurvey.chkmkt.com/FeedbackCommunity-BasedCrisisResponseTO>

1. Name of Group or Organization:

2. How many people participated in this group discussion? (please include exact number)

3. Neighborhood (of organization or of participant group)

4. If this group discussion included residents from the following groups, please select those that apply:

- Indigenous
- Black
- Racialized
- Youth
- Seniors
- Women
- 2SLGBTQ+
- Newcomers (less than 3 years in Canada, non-status, precarious status, undocumented, refugees, migrants, undocumented peoples)
- Person who has experience interacting with mental health services,
- Sex worker
- People with disabilities (physical, mental and/or with preexisting medical conditions)
- Low-income/fixed income, precariously employed, underemployed or unemployed
- Person currently or previously experiencing homelessness or housing precarity
- Person with lived-experience using substances
- Survivor of human trafficking
- Survivor of gender-based violence
- Persons impacted by the justice system
- Persons who face cultural or religious discrimination
- Persons whose first language is not English

5. PART I: OPEN COMMENT

Please enter all notes and comments.

6. PART II: PRIORITIES

Please enter all notes and comments for each section.

a. Scope

b. Accessing the Service

c. Principles of Care

d. Response Teams

e. Geography

f. Culture

g. Continuum of Care

h. Data

i. Accountability

j. Community Investment

Appendix B: Key Terms

Community-based crisis response: an alternative to police attendance at non-violent calls. It can take several different forms but generally involves staff with training or experience in non-violent conflict resolution, harm-reduction, and crisis de-escalation.

Community safety and wellbeing: general feeling of being safe at home, at work and in public spaces. For the City of Toronto, this means working collaboratively with the community and across different service areas to reduce risk, vulnerability, and harm. It includes both personal safety and security combined with stability in mental health, food security, housing, physical health, financial capacity and social and cultural expression.

Wellness checks: an in-person visit to someone whose mental health or wellbeing are of concern. These checks are currently conducted by one or more police officers and are typically in response to a call of concern about the person's mental health or wellbeing.

Harm reduction: an approach aiming to reduce the health and social harms associated with substance use by providing people who use substances a choice of how they will minimize harms through non-judgmental and non-coercive strategies.

Mental Health Act (Ontario): sets out the powers and obligations of psychiatric facilities in Ontario, including admission processes, categories of patient admission, assessments, care and treatment. An individual who may be experiencing a mental health crisis that is deemed by the police to potentially be a danger to themselves or others may be apprehended by police under the MHA and taken to the nearest psychiatric facility (often the nearest emergency room).

Mobile Crisis Intervention Team (MCIT): an existing partnership between participating Toronto area hospitals and the Toronto Police Service (TPS) where a registered nurse and a police officer are sent to situations involving individuals experiencing a mental health crisis. Currently, the MCIT cannot be called directly, but are dispatched once the TPS's primary responders have determined the scene is safe for MCIT members to attend or are sometimes dispatched as co-responders to calls that do not include weapons or any other identified safety concerns.