

Community Report

Re-imagining Crisis Response



Introduction

In February 2021, Toronto City Council unanimously approved four community crisis support service pilots that will test a new, non-police led approach to non-emergency, non-violent calls, including those involving persons in crisis and wellness checks.

The pilots respond to Council's direction to staff in June 2020 for changes to policing in Toronto and for the City Manager to develop a non-police led, alternative community safety response model for calls involving Toronto residents in crisis. Three of the pilots will be implemented in areas where there is a demonstrated need and calls for people in crisis are the highest in Toronto. A fourth pilot will serve Indigenous communities reflecting their right to self-determination and self-governance. This pilot will be Indigenous-led and developed with Indigenous communities.

This decision follows a larger movement decades in the making, calling for a critical reflection of the ways in which stigma towards mental illness, systemic racism, anti-Indigenous and anti-Black racism and transphobia can compound police interactions and can lead to potentially negative outcomes for Torontonians.

As demonstrated by other jurisdictions nationally and internationally, it is possible to re-imagine a model of crisis response that is non-police led, client-centered, trauma-informed, and focused on reducing harm. This is what the City of Toronto has committed to do.

This report provides:

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Background

on the initiative



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An overview

of engagement
activities



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A summary

of the proposed
pilots



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Key questions

about next
steps



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Project Timeline



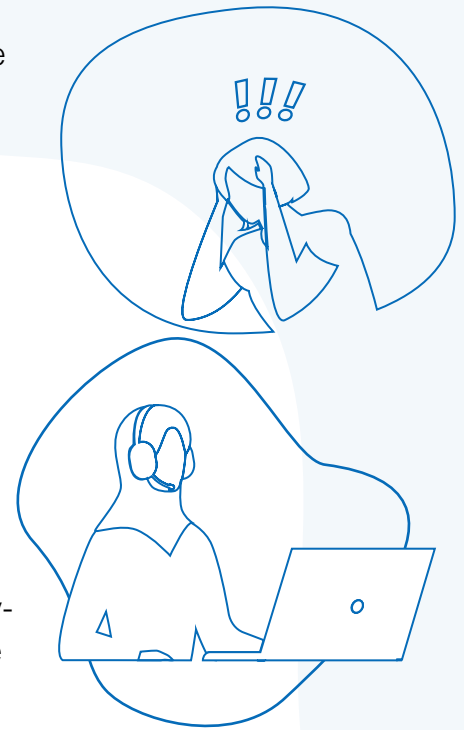
Background

Underinvestment in mental health treatment over several decades has meant more people with mental health and substance use challenges are not receiving the supports they need and are falling into distress.

The police have become default first responders of the mental healthcare system with approximately one in five police interactions across Canada involving a person with a mental illness or substance use issue. Over the past five years, the Toronto Police Service has seen a 32.4 percent increase in “person in crisis” calls, defined as a person experiencing a temporary breakdown of coping skills. However, using law enforcement to address health issues creates service barriers and risks for many Torontonians, particularly those with lived-experience of mental health and substance use issues, as well as those who identify Indigenous, Black and members of the 2SLGBTQ+ community.

Systemic discrimination in Toronto has negatively impacted how these communities experience community safety. Evidence of disproportionate use of force including deadly force, invasive searches, and greater surveillance on Indigenous, Black, and equity-seeking communities has impacted community trust and confidence in a police-led response for those experiencing a health crisis.

For years, Torontonians have called on the City of Toronto to re-imagine a new non-police lead model of response for individuals in crisis that leverages existing community capacity and experience.



Engagement Activities

Over the past several months staff have completed extensive research and engaged the community in development of a community crisis support service that is non-police led, client-centered, trauma-informed, and focused on reducing harm.

Community engagement activities prioritized those most impacted by over-policing and focused on centering the perspectives of those with lived-experience of mental health and substance use challenges. This includes Indigenous, Black, 2SLGBTQ+ and youth communities, as well as undocumented Torontonians, and people experiencing poverty, homelessness and housing uncertainty.

The following section summarizes key feedback from these engagement activities that have informed the development of the proposed community crisis support service.

Community Engagement Highlights

Here is what we heard

Principles of Care: The service should be...

1

Community driven and led

2

Trauma-informed

3

Non-judgmental

4

Non-coercive

5

Evidence-based

6

Founded on principles of harm reduction and anti-oppression

7

Locally developed and reflective of the communities it serves

Accountability

Top 4 insights around accountability for the service.

01

Need for a community-based governing/oversight body

02

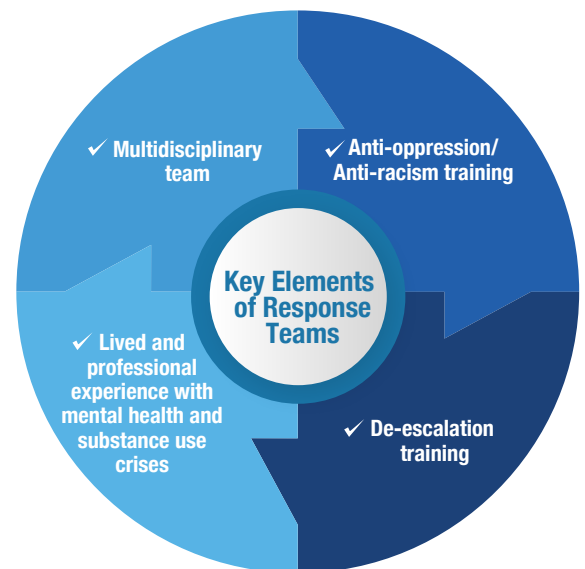
Communications about the service and what to expect should be clear and posted publicly

03

Need for transparent data collection and reporting

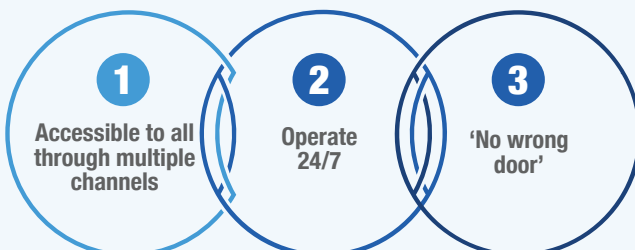
04

Need to maintain ongoing discussions that address community concerns and emerging issues related to the service.



Service Access

Key service considerations



Population-Specific Considerations

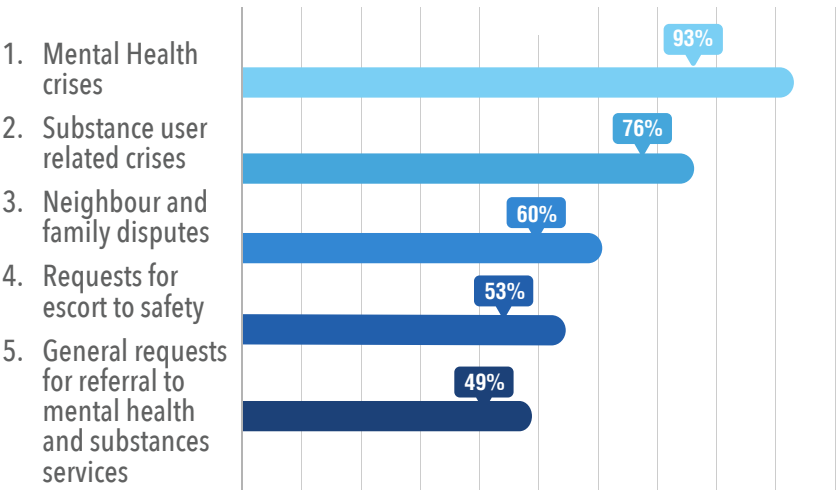
- ✓ Identified need for Indigenous-led and Black-led responses
- ✓ Intersectional approaches required
- ✓ Support for complex needs
- ✓ More options and funding for cultural and identity-specific mental health care and supports are needed

Survey Highlights

5,221
people responded to [Survey 1](#)
1,163
people responded to [Survey 2](#)

Top 5 priority situations

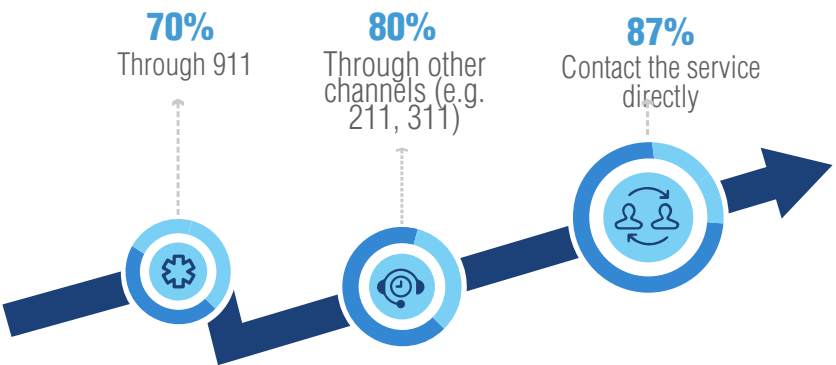
in which to use a community-based crisis response service



Top services that should be provided...

- ✓ Harm-reduction supports, supplies and counselling
- ✓ Safe and supportive space for immediate recovery for up to 24hr
- ✓ Referrals to other services like housing, counselling, employment
- ✓ Referrals to other levels of care, such as hospitals and specialists
- ✓ Transportation home, to a safe place, or to a referral appointment

Multiple ways to contact the service are preferred



It is important or very important for crisis support service workers to...

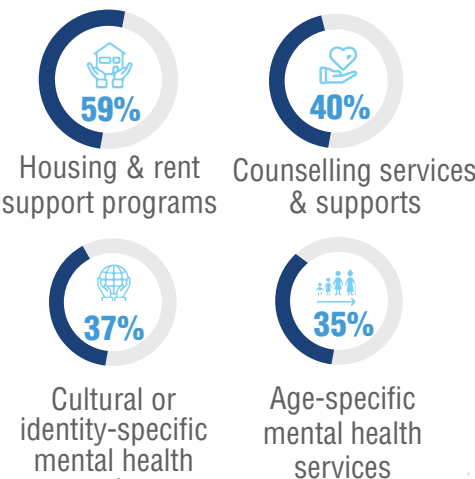
1. Have clinical mental health, substance use and other related experience. **97%**
2. Be able to communicate in the service user's language of choice **92%**
3. Be from a service user's community **64%**
4. Have lived-experience with mental health issues and/or substance use **63%**

Barriers to Accessing Services

The top barrier to accessing supportive City services and program was a lack of knowledge that a program or benefit was available

[59%]
of respondents

Top 4 Areas of Community-Investment



Perception of Safety

(79%)

Most respondents indicated that they feel safe in Toronto overall.

(59%)

Over half of respondents indicated that police presence would make them feel unsafe or very unsafe if they were dealing with a mental health crisis.

A Made-in-Toronto Approach

Here is what we propose

Pilot a community crisis support service led by community anchor partners that does not require the presence or intervention of the police in four areas across the City from 2022-2025, with a goal of full scale city-wide implementation in 2026.

Mobile Crisis Support Teams

01

Multidisciplinary team (could include community nurses, crisis and harm reduction workers, people with lived experience, case managers, Elders)

Responds to non-emergency crisis calls involving “persons in crisis”, “wellness checks” and other calls to be determined.

02



Multiple Access Points



Community-Based

The Service should include:

- ✓ Indigenous-led & Black-led organizations
- ✓ Grounded in anti-racism & anti-oppression

Community Investment

The Service should incorporate:

- ✓ New funding stream to enable communities to support crisis prevention and post-crisis intervention
- ✓ Intergovernmental advocacy for investment in mental health treatment system

Community Crisis Support Service Pilots

Toronto City Council has unanimously approved four community crisis support service pilots that will test a new non-police led approach to non-emergency, non-violent calls, including those involving persons in crisis and wellness checks.

The pilots will launch in four designated areas of Toronto in early 2022, with a view to city-wide implementation in 2026, if not earlier.

Torontonians located in the pilot areas will be able to request the new service by calling 911 or an alternative crisis line to be determined.

Locations

Three of the pilots will be implemented in areas where apprehensions under the Mental Health Act and calls for people in crisis are the highest in Toronto. These areas are:

- Northwest Toronto (Etobicoke North, Etobicoke Centre, York Centre and Humber River-Black Creek)
- Northeast Toronto (Scarborough Southwest, Scarborough Centre, Scarborough-Agincourt, Scarborough North, Scarborough-Guildwood and Scarborough-Rouge Park)
- Downtown East Toronto (Spadina-Fort York and Toronto Centre)

In consultation with Indigenous-led organizations and leaders, an Indigenous-led pilot that reflects the rights of Indigenous communities to self-determination and self-governance will also be developed.



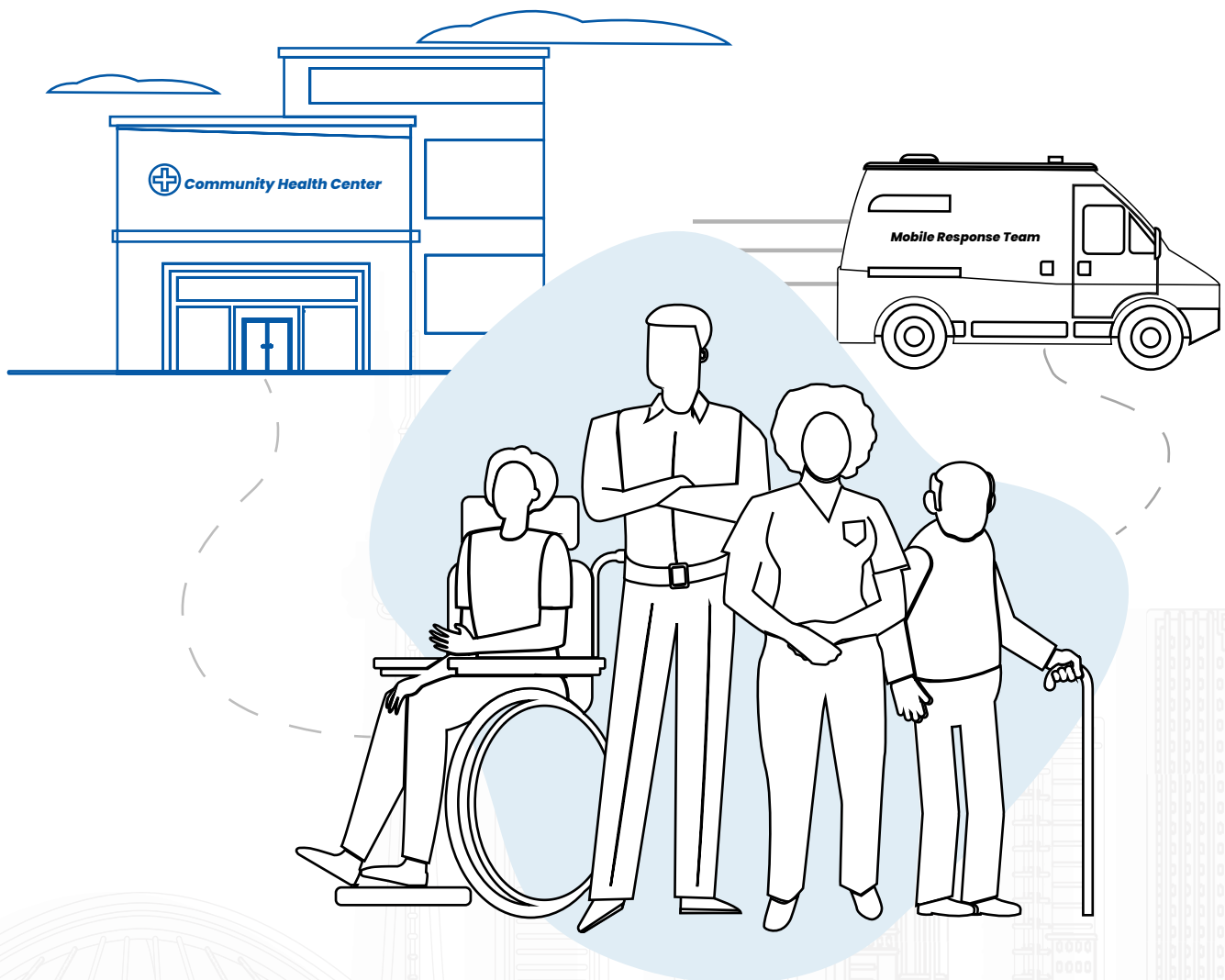
How the pilots will work

All pilots will involve partnerships with health care providers, including community health centres and not-for-profit organizations that provide mental health and substance use services, to connect people to services and programs they need after the initial response.

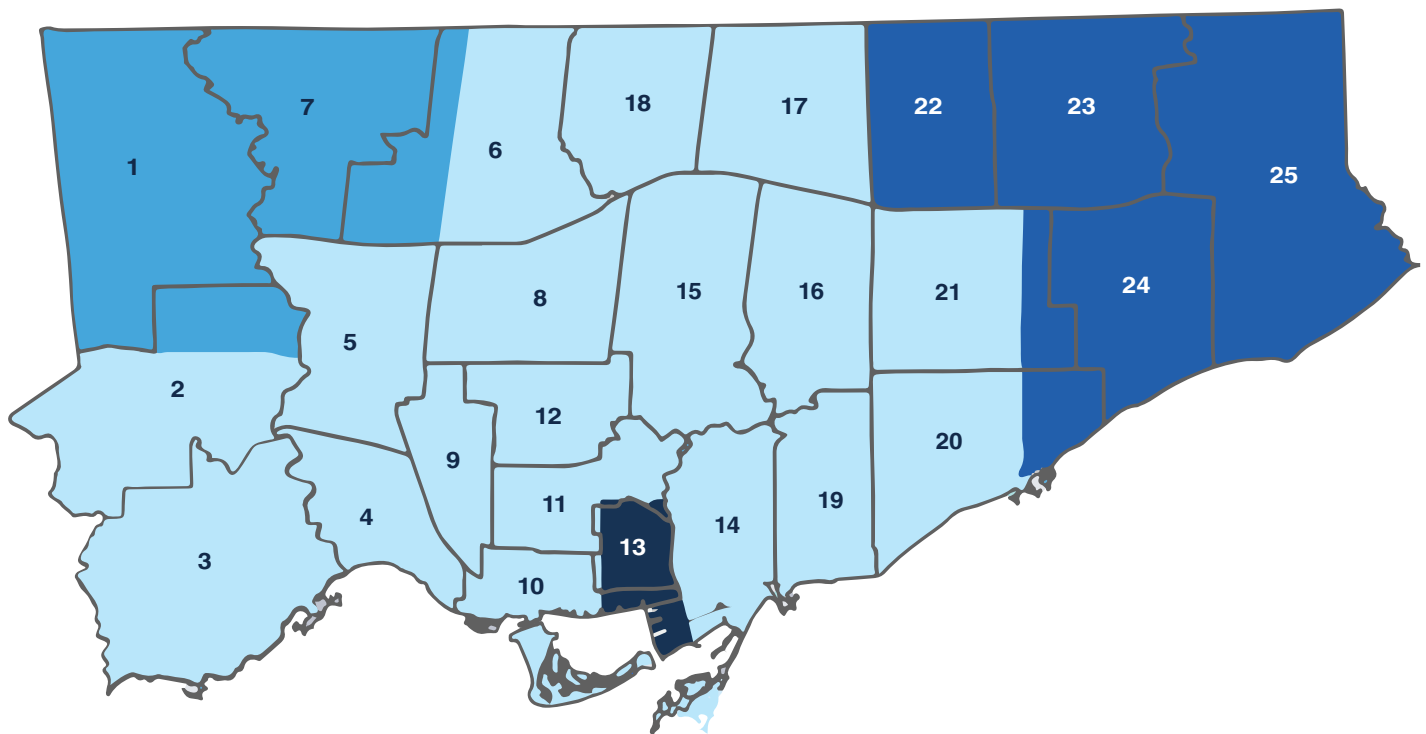
The pilots will feature:

- Mobile multi-disciplinary teams of at least two crisis workers (e.g. community health nurses, counsellors, harm reduction workers, peer workers) trained in mental health and crisis management, de-escalation, advanced first aid, overdose response, situational awareness, etc.
- Follow-up supports such as case management, primary health care, referrals to specialized services, housing support, etc.

Staff will also be trained on crisis de-escalation techniques, suicide intervention, and first aid. Protocols will be put in place to ensure the team can quickly request police or paramedic services if they require them.



Proposed Pilot Geography



Northwest Pilot Toronto Police Service Divisions 23 & 31

Northeast Pilot Toronto Police Service Divisions 42 & 43

Indigenous-led pilot geographic area TBD

Downtown East Pilot Toronto Police Service Division 51

Criteria:

- ✓ Highest volumes of **"Persons In Crisis" calls** (e.g. "attempted suicide", "emotionally disturbed person", "elopee", "jumper", "overdose" and "threaten suicide" call categories)
- ✓ Volumes of calls attended by the **Mobile Crisis Intervention Teams** (MCIT)
- ✓ Highest **Mental Health Act (MHA) apprehension rates** resulting from "Persons in Crisis" call
- ✓ **Geographic equity** (i.e. the availability of mental health and supportive services) and alignment with Neighbourhood Improvement Areas.

Key Components of the Pilots

City's Role

City will serve as backbone support, intergovernmental advocacy lead, develop public education campaigns, and identifying areas for increased community investments.

Access & Intake

Central intake partner will dispatch the calls to the appropriate pilot team.

Anchor Agency

Anchored in a health service provider (e.g. Community Health Centre), the anchor partner would be funded to hire the mobile crisis teams.

Governance

Pilot Oversight Committee will shape and guide the pilot throughout implementation.

Evaluation

A third-party will lead monitoring, evaluation and knowledge mobilization, including developing a community of practice around crisis support.

Pilot Teams

Each of the proposed multi-disciplinary community-based crisis response teams would comprise, at minimum, of two crisis workers that respond to calls together to ensure mutual safety.

Additional team members include a case manager, holistic or culturally-specific mental health expert, or other population-specific mental health or outreach worker to enable response to broad range of service calls.

Key Questions

What happens if someone calls from outside the pilot geographies?

If a call is received from an area outside of the geographic catchment area, 911 will triage and dispatch emergency responders according to their current practice and the level and type of response needed. Currently, emergency responders include police, paramedics, fire, or the mobile crisis intervention teams (MCIT) made up of a specially trained police officer and a mental health nurse.



How will anchor agencies be chosen?

All pilots will be anchored in a health service provider. The City will initiate a request for proposals in early 2021. Visit the [website](#) for updates.

What is the role of police in delivering this service?

The Community Crisis Support Service is a non-police led response. The City of Toronto has requested that Toronto Police Service support the implementation of the pilots through:

- amending necessary policies and triage processes to align triaging and operating procedures
- training 911 intake staff on the pilot and its objectives to facilitate warm transfers
- sharing data related to call diversions, geographic distribution and other metrics relevant to crisis intervention
- ensuring, where appropriate, the Community Crisis Support Service is the primary first responder to mental health crisis calls received during the pilot program

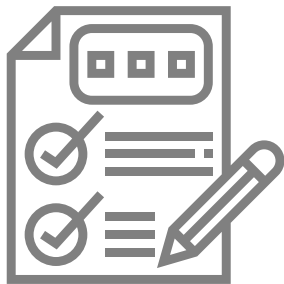


What is the role of community?

Community has played a central role in the development of the pilots, this will continue throughout pilot implementation. Members of the community will be invited to participate in upcoming consultations as we move towards formally launching the service. Community members will also play a key role in informing others about the service and can actively take part in our upcoming public education campaign by sharing resources and materials. For some, there may also be an opportunity to serve as a member of our Pilot Oversight Committee, the team that will regularly review the performance of the pilots and identify areas for improvement. Residents and community partners can also [subscribe](#) to receive updates on the City's Policing Reform initiative.



How will the pilots be evaluated?

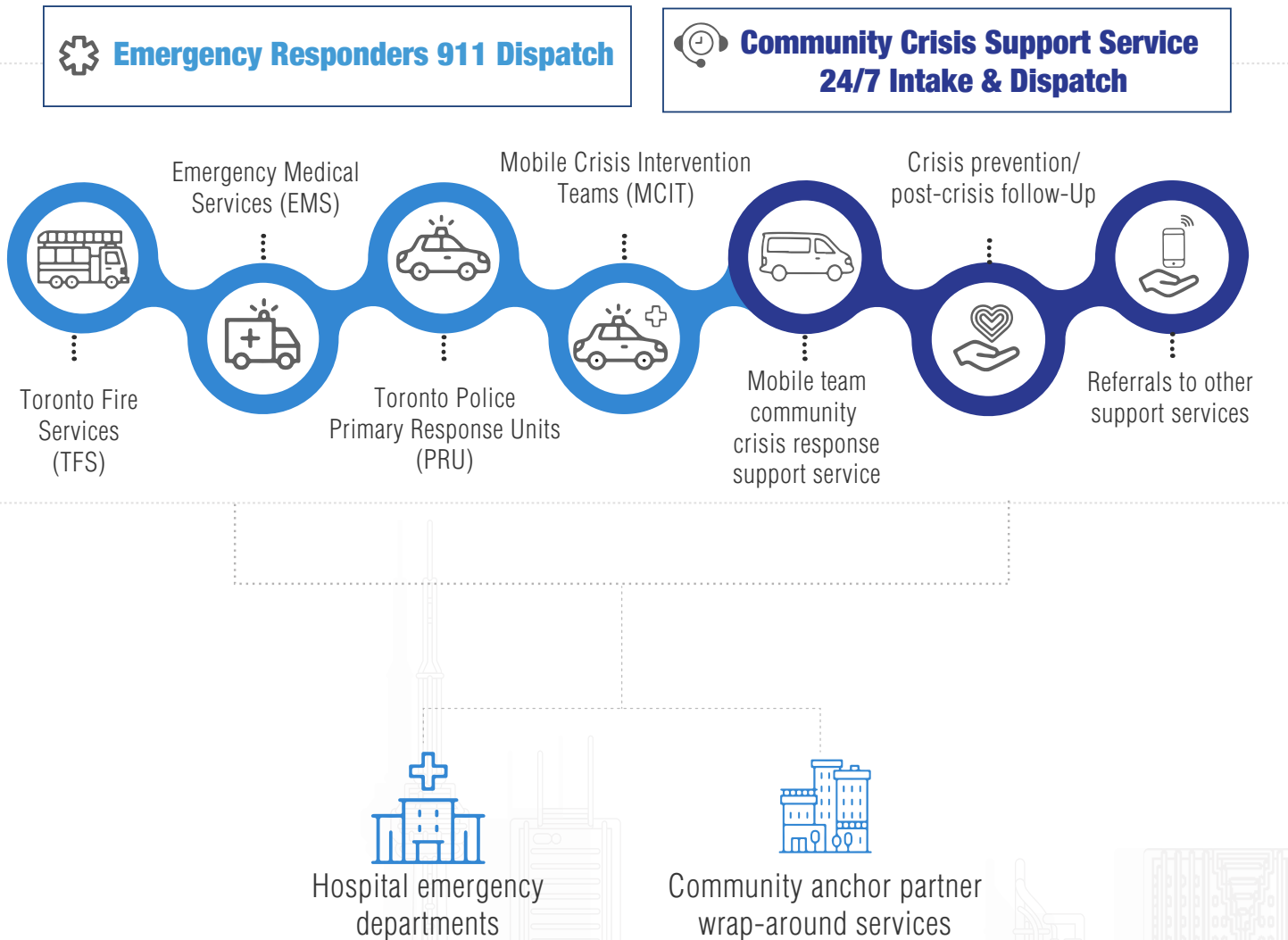


The City will select a third-party evaluation partner to create a common outcomes framework in order to evaluate all of the pilots. The evaluation partner will publish an independent yearly review of the status of the pilots and will organize a community of practice for crisis response workers to share best practices, learnings, and trends from across the city.



How will the pilot interact with existing services?

There are multiple pathways for accessing the service. While primary dispatch will be pursued through 911, another dispatch number will also be available. This extra option is critical for those in our community who do not feel comfortable calling 911.



Next Steps

In 2021, the focus will be on hiring, training, resource development and the establishment of triage and diversion processes, with the goal of being fully operational from 2022 to 2025. Ongoing monitoring and evaluation will be used to determine funding requirements for future years and will be used to assess whether there is an opportunity to scale the program to full capacity prior to 2026.

In the coming months, engagement with Indigenous communities will be broadened to build out the Indigenous-led response. This will include speaking with subject matter experts and establishing an Indigenous Advisory Circle to help inform pilot development.

The City will continue to work closely with Toronto Police Service to create new call triage and diversion processes, as well as standard operating procedures and data collection strategies to leverage and inform needs-based investments in the mental health and social support service systems.

City Council also approved a number of motions, including a review of 911's current operations and to explore the feasibility of moving 911 out of the Toronto Police Service into a non-police City service. The motion also asks that the Auditor General prioritize the planned audit this year of 911's operations.

In addition, City Council directed staff to examine other types of call categories that may be appropriate for a community based response. This could include interventions for people experiencing homelessness, youth engaged in non-criminal non-violent activities, and gender-based violence.

The City has also requested that the Province commit to funding for supportive housing and service providers for mental health, including funding to address the mental health impacts of the COVID-19 pandemic.

The full report on the Community Crisis Support Service Pilots and decisions available at:
<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2021.EX20.1>



Call to Action

City staff are grateful for the important contributions made by residents, partners and leaders in community organizations, institutions and other jurisdictions, and by Ombudsman Toronto.

In the coming months as we prepare for implementation, we hope that you will continue with us on this journey. For the remainder of 2021, our focus will be on establishing necessary partnerships and service agreements, hiring, training and resource development to ensure the pilots are successfully implemented.

You can stay connected to the process by:

- Signing up for [e-updates](#)
- Participating in ongoing consultations
- Spreading the word about the service within your community
- Regularly checking our [website](#) for updates

