APPENDIX B: SUMMARY OF COMMUNITY ENGAGEMENTS

In support of City Council's policing reform decisions in item CC22.2 Social Development, Finance and Administration Division undertook an extensive community engagement process on the development of a community crisis support service.

Please consider the following information in the development of your proposal.

1. Community Roundtables & Discussion Guides

A total of 33 roundtables were hosted in partnership with 17 community organizations between October 20, 2020 and November 16, 2020 attended by over 500 participants. As per Council's direction these consultations focused on amplifying the voices of Indigenous, Black and 2SLGBTQ+ communities as well as those with lived-experience of substance use and mental health challenges, racialized youth, newcomers, survivors of torture, human trafficking and gender-based violence, undocumented Torontonians, the Black Francophone community and those with lived-experience of poverty and homelessness. Mental health service providers, service providers who work with people who use substances, service providers who work with people with disabilities, justice-adjacent service providers, frontline emergency responders, hospital staff and service providers who work with the homeless/precariously housed also participated.

List of Roundtables Organizations

1. 2-Spirited People of The 1st Nations
2. Across Boundaries: An Ethnoracial Mental Health Centre
3. Black Coalition for AIDS Prevention
4. Black Creek Community Health Centre
5. Black Health Alliance
6. Canadian Centre for Victims of Torture
7. Dixon Hall Neighbourhood Services
8. ENAGB Indigenous Youth Agency
9. FCJ Refugee Centre
10. Gerstein Crisis Centre
11. Native Child and Family Services of Toronto
12. Reach Out Response Network
13. Sherbourne Health
14. South Riverdale Community Health Centre – Moss Park Overdose Prevention Site
15. TAIBU Community Health Centre
16. Toronto Youth Cabinet
17. Toronto Trans Coalition Project

A Discussion Guide was also developed for use by individuals and organizations who wanted to host discussions on community-based approaches to crisis response with their peers, staff, colleagues, clients, and other members of the community. The Discussion Guide contained the same information as what was presented at the roundtable meetings and was posted on the City of Toronto's website for community partners to access. A total of five discussion guides were received; four from The Neighbourhood Group (representing Central Neighbourhood House, Neighbourhood Link Support Services and St. Stephen's Community House) and one from an independent Toronto resident. In total these guides represent the perspectives of an additional 32 participants.

Below is the summary of findings as they relate to the key themes discussed during the community roundtables.

Access

- There should be multiple ways to access the service (e.g. phone, confidential texting support, online support line, 24/7 drop-in center, phone app, community panic buttons).
- There should be a separate number from 911 to access the service as the association with police may be traumatizing and discourage people from calling.
- Similar to 211 or 311, a central number and website should be created to act as a hub of resources for information and referrals for community, social, health and government supports.
- The crisis line and response teams should be available 24/7. This crisis line and the support it provides needs to be promoted.
- Participants expressed the need for community outreach (e.g. events) to allow different groups in the community to familiarize themselves with the service.

Accountability

- There should be a community-based response to accountability. The service should build a relationship with the community through ongoing discussions, through which the community should be able to bring up any concerns or issues about the service.
- There should be an advisory committee or governing body made up of community members, workers and people with and understanding of trauma and anti-oppressive practices that is accountable for setting direction, informing the model of care, and handling feedback/complaints.
- Consider an annual feedback survey (via online or an app) for the public or public consultations as part of the feedback loop to support quality assurance.
- Leadership and accountability mechanisms should include community leaders who want to be part of this work.

Community Investment

- All areas of investment should be based on the social determinants of health. Areas of high importance are: economic, physical health, mental health and education/training, housing, employment support, immigration, substance use, basic income, youth mentorship, basic needs (for example, showers, clothes, female products, hygiene kits), legal representation.
- Improved income and housing support are needed to assist those with challenges meeting their basic needs and to help individuals who face financial barriers to accessing health services (e.g. those without OHIP and for services not covered under Ontario Health).
- Investment in a coordinated mental health and substance use system is needed in order to create a comprehensive and coordinated response. A lack of access to health services early on in their journey complicates or exacerbates issues faced by people experiencing mental health and substance use challenges.
- Community safety is contingent on actions that address poverty and lack of housing. Expanded access to safe beds and crisis beds would help.
- The City should also look to leverage and support existing community organizations through provision of core funding to enable stability, capacity and growth.

Continuum of Care

- The service should ask if the service user would like a follow-up call or visit. Any follow-up should be anonymous and conducted with the service user's consent.
- Follow-up should occur shortly after the initial contact with the service (for example, 48 hours later). Service users should be supported to access resources and referrals.
- The service should provide referrals and connections to other services and community resources, as well as transportation or accompaniment to appointments.
- This service could work with people experiencing service bans elsewhere and help to negotiate positive resolutions for the service user.

- Offering connections to legal representation would allow service users to understand their rights and navigate the justice system.
- The notion that there is an existing "system of care" was challenged by participants, and the need for a coordinated system with strong collaboration across sectors was clearly identified.

Culture

- Ensure the service includes ongoing staff training and experiences that help expand frontline staff awareness of diversity and cultures.
- Training and workshops should cover: traditional Indigenous knowledge, culture and traditions, understanding of various gender expressions and identities, and cultural safety. When working with the Indigenous community it is also important to ensure the service offers ways to access to culture, ceremony, and traditions throughout delivery of care (e.g. Elders and Knowledge Keepers always on call), culturally relevant ways of resolving disputes and the provision of a facility for collective community healing.
- Response teams should have some capacity for interpretation or translation, such as interpretation technology or resources. Translation and interpretation could be an opportunity for collaboration with community members to engage with the service.

Geography

- The service should be available in all communities as people should be able to access resources in their own communities when they are in need.
- Leverage and equip Community Health Centers across Toronto to be a part of the continuation of care post-crisis call, as these spaces are equipped with doctors, nurses and social workers. It is important to leverage spaces that are local, familiar, and easy to access in order to increase community uptake.
- The service should provide a private, community space available for clients to use. In some cases, discretion will be key as mental health is still stigmatized.
- There should be an outreach van to provide mobile healthcare, harm reduction supplies, and immediate solutions (e.g. tents, wound care).
- Public education could be done in part through faith-based organizations that would help navigate feelings safety in different communities.

Principles of Care

- Any response service should respect the voice of the person in crisis and offer respectful, dignified, non-judgmental and non-coercive care. Application of an anti-racism, anti-oppression, and trauma-informed lens must inform the framework and development of the service.
- The community crisis support service should be founded in a holistic understanding of care based in teachings of the medicine wheel (mental, spiritual, physical, and emotional care and wellbeing). This is especially important for Indigenous communities.
- Where applicable, family should be included in the care of an individual. Harm reduction, mental health, gender-based violence, client autonomy, wrap-around services, one-stop intake, peers or people with lived experience, consent, trauma-informed care, knowledge around anti-Black racism, micro-aggressions, systemic oppression, 2SLGBTQ+ and non-binary individuals and identities should be central to planning and delivering the service.
- The response needs to take an intersectional approach to meet language barriers, societal norms and cultural values of those facing a crisis. The response and care provided should be individualized and responsive to the situation.

Response Teams

- First responders must have knowledge of the dynamics and lived experiences of the communities they will serve in. It is important that they have an awareness of stories, community knowledge keepers, and local services.
- The team should comprise people with diverse lived and professional experiences. The team members should be capable of responding to various crises (for example, people who are experiencing homelessness, mental health challenges, substance use challenges, have experienced trauma, etc.)
- The training should include de-escalation, mental health first aid, crisis intervention, intersectional anti-oppression and anti-racism training, systems navigation, and an overview of applicable policies/law.
- Crisis responders should be supported to minimize the impact of burnout and vicarious trauma. Opportunities should be created for response teams to debrief with peers and review their approach.
- Different people need to be available to represent different intersections of identity (gender, sexuality, race). It is important to have a trans or non-binary person available to accompany the team, as having someone that a trans or non-binary person could identify with would help reduce resistance and create more space for solutions.

Scope

- The community crisis support service should address non-violent or medical emergencies. This includes: mental health challenges, family disagreements, domestic disputes, and various forms of abuse. For many people in crisis the presence of police or responders in uniforms or body armour and carrying a weapon may escalate feelings of insecurity, trauma, and are oftentimes a triggering presence.
- Support provided by the community crisis support service should focus on response dispatching, including helping callers to access and navigate services in the community (examples include court support, peer support, shelter, and addressing immediate needs, such as food, water, and clothing). The service should also respond to the cultural needs of service users. Many people are afraid to ask for help because they believe will be misunderstood due to cultural differences, language differences, background, etc.

2. Subject Matter Expert Interviews

Staff interviewed 29 subject matter experts, including researchers, academics, legal experts, policy-makers, advocates for policing reform, mental health and addiction service providers, homelessness advocates, as well as representatives from organizations serving Indigenous and Black communities, and equity-deserving communities.

Experts from the below organizations participated in interviews:

- Centre for Addition and Mental health (CAMH)
- Delta Family Resource Centre
- Dixon Hall Neighbourhood Services
- Downtown Yonge BIA
- Empowerment Council
- Food Share
- House of Friendship
- Human Services and Justice Coordinating Committee
- Pathways to Care

- Reconnect Community Health Services
- Sound Times
- Strides Toronto - What's up Walk-in Clinic
- The Walkabout
- Toronto Police Services - Mobile Crisis Intervention Teams (MCIT)
- University of Toronto
- Voices from the Street
- Women's Health in Women's Hands Community Health Centre

The following legal experts were also interviewed:

- Caitlyn Kasper, Staff Lawyer, Aboriginal Legal Services
- Christa Big Canoe, Legal Advocacy Director, Aboriginal Legal Services
- Howard F. Morton, Legal Aid Ontario, former Director of the Special Investigations Unit
- Mark Sandler, Lead Counsel, Independent Civilian Review into Missing Person Investigations
- The Honourable Justice Gloria Epstein, Reviewer, Independent Civilian Review into Missing Person Investigations

Below are key findings from the interviews.

Accessing to Service
The service should take a no wrong door approach for ease of system navigation. Access should be available through multiple channels (e.g. 911, 211, direct number) but dispatch should be centralized. It should be available 24/7 with limited wait times.

Accountability
Accountability and transparency need to be built into this service as a key aspect of community trust. It will be important to regularly share data and reporting on the service development and implementation with the community.
The service could have an advisory body/community governance table made up of people with lived experience and other community members/experts who are able to influence the service development as needed.

Community Investments
It will be important to work with organizations already doing this work since they carry the history, expertise and community connections. Funding needs to be shifted gradually from the police in areas they are not well equipped to address (such as mental health crises) and put into social and community services. Funding for these services needs to be consistent, long-term and ongoing.
Key areas for community investment include supportive housing and integrated services within shelters, ongoing personalized case management, detox beds and crisis beds, harm reduction approaches, specialized supports for people who are more likely to fall back into crisis, meeting the social determinants of heath, and ensuring services are available along the continuum of care (prevention, intervention, wrap around supports).

Current and Emerging Issues
The current mental health system is unable to meet current demand. There are not enough supports available, long waitlists for services, lack of funding and a gap in comprehensive wrap-around services and specialized supports (e.g. supportive housing and detox beds).
Systemic racism and discrimination inherent in the current service system create barriers to service for equity-deserving communities, especially for Black, Indigenous, and racialized communities.
COVID has amplified many existing vulnerabilities and inequalities resulting in an increase demand for mental health care.

Data Collection
Demographic data on race, gender identity, age, sexual orientation, housing situation, etc. should be collected in order to understand who is accessing the service.
There should be a robust monitoring and evaluation framework, and the collection of data on types of responses and outcomes in order to understand how the service is working and how it can be improved.
The development of this service should be an iterative process responsive to evidence.
Data needs to be well organized and well protected. However, collecting and sharing data is also key for transparency and accountability, and needs be informed by, and shared back to community.

Issues Related to the Current State of Crisis Response & Policing
Police do not have the right experience or training required to respond to mental health crises, however there are a lack of alternatives to call especially outside of regular operating hours (e.g. weekends and overnight).

Many Black and Indigenous youth, and other vulnerable populations (e.g. those who experience poverty, homelessness and substance use concerns) end up accessing mental health services through the police or justice system. This negative pathway to care can lead to harmful consequences.

Systemic racism and discrimination exists in policing. This leads to disproportionately negative consequences for racialized communities. Black and Indigenous folks have justified mistrust of the system. Police-led mental health interventions can lead to further harm for the person in crisis, especially if they are racialized.

There is also a lack of trust calling 911, especially for racialized, vulnerable folks. Police criminalize the issue/space and apply a law enforcement lens to what is a health issue which creates barriers for these communities (e.g. undocumented Torontonians fear accessing police services as they risk being reported to Canadian Border Services Agency and facing detainment and deportation).

There is also a lack of transparency and accountability in policing which further decreases public trust.

Key Principles & Concepts
An anti-racist, anti-oppression, racial justice lens must be central to this work along with an intersectional approach. Mental health focus is key but cannot be the only focus.
The service musts be culturally-relevant (e.g. Elders involved in response, traditional or alternative treatments and medicines available) and account for diversity within communities.
Crisis response is only one piece of the puzzle. The service must be trauma-informed, client-centred, governed by people with lived experience and apply a harm-reduction approach.

Liability & Safety
Having clearly defined roles and responsibilities, and an understanding of potential harms will be essential for staff safety and risk mitigation. It will also be important for staff to have psychological safety supports and opportunities to debrief after challenging situations.
Another key component for staff safety and liability is licencing and training in areas such as de-escalation, mental health first aid, crisis response, trauma, complex post-traumatic stress disorder, exposure therapy (e.g. eye movement desensitization and reprocessing), operational stress, etc.
Training should be ongoing and evaluated regularly to ensure it's appropriate and sufficient.

Responders/Multidisciplinary Team Training
There must be ongoing training for the community crisis support service dispatchers to make the appropriate assessment (including crisis response training for any interpreters/translators).
The multidisciplinary team could include mental health and substance use workers, consumer/survivors, people with lived experience ("peer workers"), registered nurses/psychiatric nurses, and social workers trained in crisis response. Teams must be diverse in their makeup (race, gender, sexual orientation, etc.).
Police should be last line of defense. The crisis response service should have the ability to access/communicate/coordinate with police, but only if needed.
Collaboration between crisis responders and service/healthcare agencies will be important to help ensure appropriate referrals to support wrap-around care.

The service should coordinate with community organizations to ensure continuity of care and warm referrals to existing resources. Community organizations also hold community knowledge and trust and have already built productive relationships to support care pathways.
The community crisis support service should be accessible city-wide, but also look different in different areas of the city.
In addition to crisis response, responders should also provide basic medical assistance, medication, food/water, essential supplies (socks, toothbrush), traditional medicines (sage, smudging materials), etc.

3. 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.