Toronto Police Services Board Report

November 8, 2017

To: Chair and Members
Toronto Police Services Board

From: Andy Pringle
Chair

Subject: Implementation of Recommendations Arising from the Inquest into the Death of Andrew Loku

Recommendation(s):

It is recommended that the Board:

1. Re-assert its support for the ongoing work of its Mental Health Sub-Committee;
2. Approve the establishment of a new committee to consider possible or identified disparities in services and outcomes for racialized persons and consider interventions to address any such disparities, with membership and terms of reference to be determined, and reported in a future public Board report;
3. Direct the Chief to establish a steering committee to oversee a pilot project in 14 and 51 Divisions where there would be more intensive community involvement, education, and training (keeping in mind resourcing) concerning interactions with people who have racial and/or mental health and/or addiction differences to determine whether this has a positive impact on reducing 'use of force' incidents, and name one Board member, at a minimum, to sit on the steering committee; and
4. Forward a copy of this report to the Chief Coroner.

Financial Implications:

There are no financial implications arising from the recommendation contained within this report.

Background / Purpose:

The Board, at its meeting of August 24, 2017, received a report from Wendy Walberg with respect to the Inquest into the Death of Andrew Loku - Verdict and Recommendations of the Jury.

At that time, the Board approved a recommendation and a Motion as follows (Min. No. P183/17 refers).

Recommendation

It is recommended that the Board receive the jury's verdict and request a report from the Chief of Police in relation to the feasibility, usefulness and implementation of the recommendations within his purview.

Motion

1. ***THAT the Chair review the recommendations directed to the Board and provide a report for the Board's November 16th meeting with respect to the implementation of those recommendations.***

Of the 39 recommendations, three were directed to the Board. They are listed below:

TO THE TORONTO POLICE SERVICES BOARD

16. Maintain its existing committee on mental health in ongoing partnership with members of the mental health community (throughout this document, 'mental health community' means to include the phrase in particular people who have been directly affected by mental health issues), the Toronto Police Service and subject matter experts.

17. Establish a new committee to consider possible or identified disparities in services and outcomes for racialized persons and consider interventions to address any such disparities. The committee should include representatives of the Toronto Police Service, subject matter experts and members of racialized communities, including the Black community. The committee should consider the intersectionality of mental health and race both in terms of member composition and issues to be addressed.

18. Conduct a pilot study of two divisions (preferably 14 and 51 division) where there would be more intensive community involvement, education, and training (keeping in mind resourcing) concerning interactions with people who have racial and/or mental health and/or addiction differences to determine whether this has a positive impact on reducing 'use of force' incidents.

Discussion:

Maintenance of Mental Health Sub-Committee

The Board has consistently dealt with a variety of complex and multi-faceted issues around mental health which involve a number of stakeholders, including the Service, the

Board, the community and the government (both municipal and provincial). The Board views this issue as one of its major priorities and has repeatedly emphasized the importance of dealing with it effectively and comprehensively.

At its meeting on September 24, 2009, the Board approved the establishment of a sub-committee to examine issues related to mental health to deal with these issues more comprehensively and from a global policy and governance perspective. This Sub-Committee continues to meet regularly and has been engaged in a number of important issues, such as police training, the Mobile Crisis Intervention Team (MCIT) program, and mental health records. Currently, the Mental Health Sub-Committee has been very engaged in providing a comprehensive submission to the Toronto Police Service in the development of its Mental Health Strategy.

The Board very much supports the ongoing work of its Mental Health Sub-Committee and, therefore, is in agreement with recommendation #16.

Establishment of Anti-Racism Committee

With respect to recommendation #17, the Board is in agreement and is currently in the process of establishing this new committee. I intend to co-Chair the committee, and would like the second co-Chair to be a member of the community. It is expected that once the membership is named, the committee members themselves will determine their terms of reference. Once it is established, a public report will be released.

Divisional Pilot Project

With respect to recommendation #18, the Board is in agreement. As this recommendation is largely operational in nature, the Board is recommending that the Chief take the lead in its implementation, with active participation from the Board on the steering committee.

There are already a number of important initiatives underway in 14 and 51 Divisions that relate to the central themes of recommendation #18. It is proposed that these initiatives form the basis of the pilot project proposed in recommendation #18.

The initiatives include the following:

Embedded Crown Pilot Project

In November 2014, the Attorney General committed to forming a roundtable of expert stakeholders to engage in an open dialogue to identify measures for improving access to justice for accused individuals experiencing mental health and addiction issues. A Criminal Justice Table consisting of experts from a large and diverse stakeholder group (including law enforcement) was formed to advise the Attorney General's Roundtable on potential pilot projects and other initiatives that could be implemented and/or supported within the mandate of the Ministry of the Attorney General.

During the working group discussions, members spoke of the value of having Crown support for programs of this nature. Accordingly, where a no-charge program is developed, the Criminal Law Division can play a supportive role by providing the involved officers and mental health workers with a designated or "embedded" Crown to assist in pre-charge diversion screening.

An embedded Crown can play a supportive role by providing the involved officers and mental health workers with a designated Crown to assist in pre-charge diversion screening. The Crown plays a valuable role in providing legal advice to the police on issues surrounding bail and the use of their release powers.

51 Division was chosen for the pilot project as it is a busy inner-city division. It contains the highest number of shelter beds in the country and is home to a significant population of individuals with mental illness, addictions and concurrent disorders.

One of the main duties of the embedded Crown is to liaise with external mental health and addictions stakeholders to assist police in identify alternatives to arrest and/or charging.

The embedded Crown program began in January 2017, and the pilot project is one year in duration. When it concludes in January 2018, it is very likely that the program will be extended, given its success and value.

In addition, as part of this pilot project, the Ministry of the Attorney General intends to initiate discussions in the near future with the Ministry of Health and Long-Term Care for funding for **a** mental health community worker. The community worker would work collaboratively with police and the Crown to find timely, meaningful community-based interventions. Interventions could include assistance with immediate needs, in addition to accessing addictions and mental health resources in the community. The goal of these interventions is to create ongoing linkages with appropriate agencies and services.

The embedded Crown pilot project contributes to the objective of Loku Inquest Recommendation #18 with its emphasis on "more intensive community involvement" through the embedded Crown.

<u>Centre for Addiction and Mental Health (CAMH) and Toronto Police Service Liaison Committee</u>

In 2012, a liaison committee between CAMH and the TPS was established, with representatives from 14, 51 and 52 Divisions. Among the objectives of the committee is to work collaboratively to support individuals with mental health and addiction issues who come into contact with police, to strengthen the relationship between CAMH and TPS and to assist in the management of issues raised on an incident or systemic level both proactively and reactively. The committee also identifies and assists in the development of mutual training opportunities. As with the embedded Crown pilot

project, this liaison committee contributes to increased community involvement, and strengthens partnerships with the public.

FOCUS Toronto – Situation Table Model

One of the most successful initiatives in recent years has been the introduction of the Situation Table model, also known as FOCUS (Furthering Our Community by Uniting Services) Toronto. Launched as a pilot project in Rexdale in 2013, this multi-disciplinary model has now been expanded to many areas of the city, including 14 and 51 Divisions to deal with situations that have been identified as meeting the threshold of "Acutely Elevated Risk." It has as its objective reducing harm, victimization and improving community resilience through the means of taking immediate, coordinated action to support individuals, families or places that face heightened levels of risk. In addition, it aims to identify and address systemic issues.

The FOCUS model involves bringing a number of agencies together to decide the best way to address a client's needs in a multi-agency and consent-based process. It provides an immediate and coordinated approach with an intervention within 24-48 hours. At the table, the agencies reach a consensus and determine whether the person or family being discussed is at an acutely elevated risk. A "lead agency" is nominated, along with "supporting agencies." Subsequently, within the next week, there is a follow-up to see whether the client has been connected with services. While the police service is often the originating agency, it is found that the police are only involved in a small percentage of responses; the focus is on getting the most appropriate service provider in the community to respond, tapping into local expertise of other FOCUS partners to perform work outside of the police mandate.

The top risk factors identified in these situations involve mental health, in addition to housing, thus, the agencies serving these areas are taking the lead in the majority of situations. Some of the agencies involved in 14 and 51 Divisions include Fred Victor, the Centre for Addiction and Mental Health (CAMH), Concurrent Disorder Support Services, the Gerstein Crisis Centre, Reconnect Community Health Services and Sound Times.

In the overwhelming majority of situations, clients are connected to relevant community services, resulting in their overall risk being lowered. The resolution is intended to be both immediate and long-term, supporting clients in a comprehensive way. One of the major strengths of the model is its ability to support vulnerable members of the community, which very much includes people experiencing mental illness, connecting with and assisting residents who are not utilizing traditional referral paths, or not seeking supports at all.

The foundation of the FOCUS model is greater community involvement and collaboration, which is very much aligned with the objective of Loku Inquest Recommendation #18.

Mobile Crisis Intervention Teams (MCITs)

Mobile Crisis Intervention Teams (MCITs) are collaborative partnerships between participating hospitals and the Toronto Police Service. The program partners a mental-health nurse and a specially trained police officer to respond to 9-1-1 emergency and police dispatch calls involving individuals experiencing a mental health crisis. The team will assess needs and connect the person in crisis with appropriate services. To date, the Toronto Police Service is currently partnered with hospitals in a number of divisions, including 14 Division (partnered with St. Joseph's Health Centre) and 51 Division (partnered with St. Michael's Hospital). These divisions deal with the highest number of MCIT calls in the city.

The MCIT Quality Improvement Expansion Evaluation, examining MCIT data from 2014 (when expansion of the program took place) to 2016, reported that the percentage of Emotionally Disturbed Persons (EDP) calls attended by MCIT in 14 Division increased 7.1% over three years (see Figure 1 below). [1] The average number of EDP calls attended by MCIT is higher in 14 Division when compared to 51 Division. This is likely due to St. Joseph's Health Centre receiving an expansion team in 2014 which enabled them to increase from one to two MCIT on the road four days a week while St. Michael's Hospital continues to have one team on the road seven days a week.

The report showed that the percentage of EDP calls attended by MCIT in 51 Division has decreased consistently over three years; however, this appears to be due to significant increases in the total number of calls in the division (see Figure 2). In 2015 and 2016 there were over 400 more calls each year attended by the Priority Response Unit (PRU).

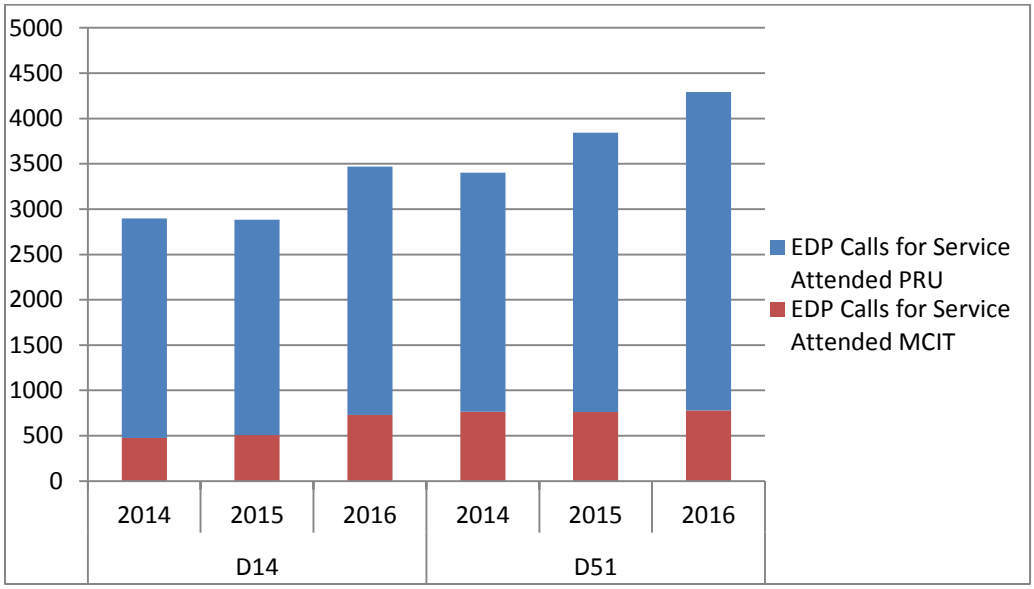
Figure 1. Percentage of EDP Calls Attended by MCIT by Division

		Percentage Attended by MCIT 2014	Percentage Attended by MCIT 2015	Percentage Attended by MCIT 2016	Net change	2014 to 2016 Program Net Change		
D11	SJHC	12.8	23.6	24.4	11.6	SJHC	All divisions increased calls by average of 10.3%.	10.3
D14		19.5	21.2	26.6	7.1			
D22*		16.5	34.3	28.7	12.2			
D51	SMH	29	24.7	22.2	-6.8	SMH	Both decreased.	-4.5
D52		22.8	22.4	20.5	-2.3			

**2014 MCIT expansion team*

[1] Source of information in this section: MCIT Quality Improvement Expansion Evaluation

Figure 2. Number of EDP Calls Attended by PRU and MCIT in D14 and D51



Despite increases in EDP calls for service month over month and year over year, the report found that quality has continued to improve. Higher quality of care has resulted from:

- Increased time spent with clients
- Reduced handcuff use
- Increased shared decision making between MCIT and clients
- More sensitive communication
- Decreased stigma
- Greater PRU collaboration

For the MCIT Quality Improvement Expansion Evaluation, analysis was conducted at the hospital level, meaning 14 Division data included 11 Division and 22 Division (St. Joseph's Health Centre) and 51 Division data included 52 Division (St. Michael's Hospital). The time periods examined were December 2014 to April 2015 and December 2015 to April 2016. During those time periods, further indications of the expansion's positive impact included decreases for both MCIT hospital teams in the following areas:

- Time to scene
- Wait times in emergency departments
- Shift cancellations

Examining the safety of St. Joseph's Health Centre and St. Michael's Hospital combined, the report found there has been an 83% reduction in the number of incidents

and injuries resulting in harm to clients or team members. It should be noted that the number of incidents and injuries was already low to begin with for each hospital team.

According to the report, the above data and observations support a conclusion that the introduction of the expansion teams and system-building through standardization are having a positive impact. This impact was confirmed through surveys completed by MCIT clients that indicated 100% of the respondents agreed or strongly agreed that the indicator was met. Specifically, the indicators included a reasonable wait time for MCIT, feeling safe, being treated with respect, being involved in decision-making, and receiving information or a referral. Results also indicated that 100% of respondents felt their needs were met by MCIT, they were satisfied with the care they received, and that they would recommend that a friend in crisis call police to access MCIT.

Training

Recommendation #18 also discusses the issue of training. In the Toronto Police Service, most training is developed and delivered at the corporate level, through the Toronto Police College (TPC).

The themes of crisis resolution and de-escalation are central to the Service's annual training program. Regardless of themes and topic studied, officers have had and continue to have interactive and experiential learning that incorporates communication techniques. These techniques have been firmly established by the Ontario Police College Advanced Patrol Training program (OPC 2000) and continue to evolve with new emerging research, trends and best practices. Currently, the annual three-day mandatory training for Service members is called the In-Service Training Program (ISTP). In it, provincially mandated Use of Force training is supplemented with relevant theoretical training to provide a holistic learning experience for police officers.

Community partnerships have contributed to the police learning experience in both cognitive and affective ways. Training sessions scaffold on several years of training and focuses on three major topics; enhancing understanding regarding mental health disorders, practical scenarios to assess and provide officers with the skills when confronting persons in a crisis and reaffirming the effectiveness of common communication tools to restore calm.

The Board's Mental Health Sub-Committee has played an important role in the Service's In-Service Training Program for several years, observing the training annually and making recommendations. In 2013, a panel of consumer/survivors spoke of their lived experience with mental illness as well as their encounters with police while in crisis as part of the training.

In 2014, the training provided information to officers about the work of several mental health stakeholders in Toronto whose goal was to reduce and improve interactions with police. It also provided a forensic clinician's description of disorders that officers are

likely to encounter on patrol, as well as communication strategies that encourage a peaceful resolution when encountering persons in crisis.

When developing the In-Service Training Program for 2015, the Toronto Police College considered all aspects of the Mental Health Commission of Canada's 2014 TEMPO document (Training and Education about Mental Health for Police Organizations) as well as the recommendations made by The Honourable Frank Iacobucci in his report, *Police Encounters With People in Crisis*. The TPC consulted experts in the fields of de-escalation, crisis negotiation, adult education, suicide intervention, and also took into account the perspective of consumer survivors. The result was the Negotiator Workshop, a scenario-based approach to training where officers were introduced to the concepts, tactics and best practices of certified crisis negotiators with a focus on de-escalation and improving active listening skills.

The development of the Negotiator Workshop included input from a variety of non-police advisory bodies:

- The Board's Mental Health Sub-Committee
- The Mental Health Commission of Canada's TEMPO model (Training and Education about Mental Health for Police Organizations, June 2014).
- The Honourable Frank Iacobucci's report for Chief Blair, Police Encounters With People In Crisis (July 2014)
- The Mental Health Commission of Canada – Applied Suicide Intervention Skills Training
- The Mental Health Commission of Canada – Mental Health First Aid
- Canadian Police College – National certifying body for crisis negotiation training

This scenario-based approach to training was praised by many stakeholders including the officers who received it, CAMH, University of Toronto, the PACER (Police and Community Engagement Review) training sub-committee, as well as Dr. Terry Coleman from the Mental Health Commission of Canada.

The 2016 In-Service Training Program also contained a modern policing component that focused on respect for human dignity and included segments relating to racial profiling. All officers also received the Fair and Impartial Policing Program in 2016. This program was developed as a result of the PACER report and focused on proactively managing individual and systemic bias in every police and public interaction. It incorporated strategies to promote fair, impartial, and effective policing with a goal of reducing perceptions of bias, and improving the public's trust.

This year, the In-Service Training Program builds on the foundation of last year's program which involved emotional intelligence, critical thinking and de-escalation techniques as well as debunking stereotypes and treating all people fairly. It also continues to utilize the Negotiator Workshop techniques of the previous two years. The intent of this year's program is to provoke a cultural shift regarding issues of mental health and racial bias.

Central to Loku Inquest Recommendation #18 are the themes of education and training so a pilot project would include a comprehensive examination of these areas

Pilot Project Steering Committee

I am recommending that the Board direct the Chief to establish a pilot project steering committee and name a Board member to sit on this steering committee, made up of Service members and community members from 14 and 51 Divisions, which would make recommendations regarding the design of the pilot project, review the various relevant initiatives currently operating in 14 and 51 Divisions, and their interrelationship, and identify any gaps, concerns, best practices and recommendations to ensure programs are being delivered as effectively as possible. Participation by, and feedback from the community would be critical to the success of the pilot project. I would propose that the pilot project be one year in duration. The Chief would be required to provide public reports to the Board, at the halfway point (six months), and at the conclusion of the pilot project.

Tracking Use of Force Incidents

In addition, as the recommendation focuses on whether these initiatives have "a positive impact on reducing 'use of force' incidents" it will be critical to incorporate a method of evaluating such incidents. There are challenges in establishing the existing baseline of use of force incidents involving the people described in recommendation #18 because of the limitations of the forms being used currently. Reportable use of force incidents are captured on a Use of Force Report (UFR) Form 1, a provincial form that does not indicate the race, mental health status, or addictions of the involved party. There is also no incident number associated to this report that would link it back to a specific person. For these reasons, the Service would need to look at some other means of identifying the aforementioned characteristics of parties that have been involved in use of force incidents with officers.

I understand that the Service is involved in proposing changes to the form which could make capturing this information possible in the near future. The report from the Chief should include information pertaining to the collection and evaluation of this information, as well as any challenges associated with this area.

Conclusion:

Therefore, it is recommended that the Board:

1. Re-assert its support for the ongoing work of its Mental Health Sub-Committee;
2. Approve the establishment of a new committee to consider possible or identified disparities in services and outcomes for racialized persons and consider interventions to address any such disparities, with membership and terms of reference to be determined, and reported in a future public Board report;

3. Direct the Chief to establish a steering committee to oversee a pilot project in 14 and 51 Divisions where there would be more intensive community involvement, education, and training (keeping in mind resourcing) concerning interactions with people who have racial and/or mental health and/or addiction differences to determine whether this has a positive impact on reducing ‘use of force’ incidents, and name one Board member, at a minimum, to sit on the steering committee; and
4. Forward a copy of this report to the Chief Coroner.

Respectfully submitted,

Andy Pringle
Chair