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CRICH Recommendations	TPS Response
#1 Training and Education TPS conduct an assessment of PRU training curricula relevant to mental health with consultation from professionals in mental health service and adult education. Recommendations for improvements to training can be informed by these professionals as well as mental health service users and their families. This assessment would pay particular attention to: a. Materials and processes for teaching trauma-informed and anti-oppressive approaches to crisis response, with the objective of building strong practical and interpersonal skills in working with people experiencing mental health crises, as well as combatting stigma of mental health challenges. b. Materials and processes for teaching communication and de-escalation within crisis situations, with the objective of enhancing client comfort and protecting the safety of clients and crisis responders. Related recommendations: Iacobucci # 15 to #23, JKE #1, #8, #38 **Iacobucci #23 – TRAINING (curriculum design and delivery)** *The TPS consider whether a broader range of perspectives can be considered in designing and delivering mental health training, for example, by involving TPS psychologists, Police College trainers, additional consumer survivors, mental health nurses and community agencies who work with patients and police.*	**TPS Concurs - Implemented** Nine Iacobucci recommendations and three JKE recommendations address the development and assessment of mental health training for both recruits and serving members. Collectively, the Service's responses to these recommendations address recommendation #1 of the CRICH report. The Service's response to the Iacobucci recommendation #23 noted that: The content of mental health training is continuously updated and refined in collaboration with various stakeholders and subject matter experts within the mental health and consumer survivor communities. Persons consulted include: • Dr. John Arrowood, Staff Psychologist, Centre for Addiction and Mental Health (CAMH); • Dr. Terry Coleman Canadian Mental Health Commission • Dr. Dorothy Cotton, Canadian Mental Health Commission • Pat Capponi, Lead Facilitator – Voices from the Street; • Jennifer Chambers, Co-ordinator – Empowerment Council, CAMH; • Graham Vardy, Education Specialist & Coordinator for the Prevention & Management of Aggressive Behaviour training, CAMH. • Dr. Nancy McNaughton University of Toronto Faculty of Medicine As well, on February 27, 2015, members of the Board's Mental Health Committee, the Toronto Central Local Health Integration Network (TC-LHIN) MCIT Steering Committee, the Ontario Police College, the Canadian Civil Liberates Association, along with the Service's psychologists, and the Human Resources

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	Director were invited to review the ISTP and provide their input and feedback.

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CRICH Recommendations	TPS Response
#2 Training and Education PRU officers undergo "ride-alongs" with MCIT to allow direct observation of skilled crisis response practices in action. Related recommendations: JKE, #27, Iacobucci #51, #52. **JKE #27 – TRAINING (MCIT drive along)** *That the Toronto Police Service, with the goal of increasing positive interactions between PRUs and the Mental Health community, develop an in-service learning exercise (e.g. drive along, MCIT shadowing, special day assignments, etc.) to increase PRU awareness and knowledge of the Mental Health community and resources.*	**TPS does not concur – implemented in an alternative form** One recommendation from the JKE (#27) directly addressed this issue. The Service's response noted that: … given operational limitations including officer availability, volume of PRU calls for service, and even police vehicle passenger capacity, the Service is doubtful that it can institute a regular program of mental health awareness through drive-along or shadowing of MCIT by PRU. Instead, the Service has worked extensively with consumers and other mental health stakeholders to increase officers' awareness of the mental health community and the resources available to support it. For example, consumer input helped develop the curriculum of the annual in-service training for all officers and a training video on consumer experiences. The Service will also use existing forums including platoon training and the Community Police Liaison Committees (consisting of local community members) to expose PRU officers to consumer experience and available community resources. Additionally, since 2014 the Service has increased attendance at the MCIT course to include PRU, coach, and supervisory officers. Part of the graduates' responsibility is to regularly discuss mental health issues with the PRU and promote the MCIT. These officers, along with former MCIT officers, are listed as available resources with Communications Services (Dispatch) on the Availability List.

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#3. Training and Education Effective management of mental health crisis interactions is explicitly and consistently included in formal and informal communications regarding frontline TPS officers' duties, and these expectations are reinforced through job performance assessments. These interactions warrant the same levels of officers' attention as other calls for police service. Related recommendation: Iacobucci #26, #28, #30, #31, #32, #34, #39, #40, #49, #51, #52. **Iacobucci #28 – SUPERVISON (discipline)** *The TPS establish an appropriate early intervention process for identifying incidents of behaviour by officers that may indicate a significant weakness in responding to mental health calls. Relevant data would include: propensity to draw or deploy firearms unnecessarily; use of excessive force; lack of sensitivity to mental health issues; insufficient efforts to de-escalate incidents; and other behaviours.* **Iacobucci #52 – MCIT AND OTHER CRISIS INTERVENTION MODELS (training)** *The TPS, as part of training at the platoon level, include sessions in which MCIT units educate other officers on the role of the MCIT unit and best practices for interacting with people in crisis.* **Iacobucci # 77 - IMPLEMENTATION**	**TPS Concurs - Implemented** Throughout the JKE and Iacobucci reviews several recommendations address the need to communicate to members the need to effectively manage mental health interactions. For example, in response to Iacobucci recommendation 28, the Service said that [it] has an Early Intervention (EI) program to proactively identify Service members with potential performance or conduct issues. The program provides members' unit commanders with comprehensive information to help them guide and help their members. An EI alert is triggered when a member exceeds a pre-set threshold for incidents monitored through the Professional Standards Information System. Once an alert is triggered, the member's performance and conduct history is reviewed and a report is be generated to help unit commanders address potential performance or conduct issues. In 2013, the Service created an additional threshold related to use-of-force. Additional improvements were also made to the review process to record the action taken by unit commanders and any results obtained. Annually the Service publishes the statistics, data, and analysis related to the conduct of our members and their use of force in its Professional Standards Report (http://www.torontopolice.on.ca/publications/) . In response to Iacobucci recommendation #52 the Service said in part, that: … on June 16, 2014, a Routine Order (0742) was published reminding officers that they can rely on their training to safely respond to persons in crisis, and of the role and function

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The Chief of Police and the Executive Management Team of the TPS play a significant leadership role in requiring implementation of the recommendations in this Report, and in encouraging (through leadership by example and otherwise) voluntary compliance.	of the MCIT's. In response to Iacobucci recommendation # 77, the Service noted that: The Chief of Police William Blair took leadership of this matter by commissioning the independent review conducted by retired Justice Frank Iacobucci and then publicly committing that **"our highest duty is to preserve the lives of the citizens that we have sworn to serve and protect".** Chief Blair' statement can be found on the Service's website (http://www.torontopolice.on.ca/community/statementofcommitment.php). The Chief publicly stated that where feasible, the Service will implement Justice Iacobucci's recommendations. In turn, current Chief of Police Mark Saunders has made the same commitment.
#4. Training and Education MCIT mandate and work processes be thoroughly communicated to PRU officers. Related recommendation: JKE #38, Iacobucci #21, #39, #40, #49, #52 **Iacobucci #51 – MCIT AND OTHER CRISIS INTERVENTION MODELS (supervision)** *The TPS encourage supervisory officers, coach officers, and others with leadership roles to promote awareness of the role of the MCIT program within the TPS so that all front line officers know the resources at their disposal in*	**TPS Concurs – Implemented** At least 7 recommendations from JKE and Iacobucci address creating greater knowledge amongst PRU officers about the MCIT, its role and work processes. For example, in response to Iacobucci recommendation # 51 the Service note that Since 2014, all new coach officers, supervisors, and senior officers receive mental health training that includes a discussion about the role of the MCIT as a resource to the front line. Furthermore, information about the role of the ETF and the MCIT as front line resources is included in the ISTP training which is delivered annually to all police

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helping a person in crisis.	officers. This information is also delivered through the de-centralized platoon training at the divisions. In addition, in response to JKE recommendation #38 the Service said: Since 2014 the Service has increased attendance at the MCIT course to include PRU, coach, and supervisory officers. Part of the graduates' responsibility is to regularly discuss mental health issues with the PRU and promote the MCIT at platoon training sessions. These officers, along with former MCIT officers, are listed as available resources with Communications Services (Dispatch) on the Availability List.
#5. Matching crisis need to appropriate and measured response Reduce handcuff use for interactions involving mental health. This may include requiring justification for officers' decisions to use handcuffs in these interactions. Related recommendation: JKE #39, Iacobucci #53 **JKE #39 – MCIT AND OTHER CRISIS INTERVENTION MODELS (procedures)** *That the Toronto Police Service amend TPS procedure documents to ensure it is clear that officers should not adopt a practice of handcuffing EDPs being apprehended under the Mental Health Act unless those individuals exhibit behaviour that warrants the use of handcuffs.*	**TPS Concurs - Implemented** JKE recommendation #39 and Iacobucci recommendation #53 addressed this issue. In response, Service Procedures 01-01 Arrest and 06-04 Emotionally Disturbed Persons have been revised to include the following direction to officers: *Keeping in mind officer and public safety, officers may use discretion when determining whether to handcuff an individual as it may not be practical or necessary in all circumstances (e.g. due to person's medical condition, age, disability, pregnancy, or frailty).*

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CRICH Recommendation	TPS Response
#6. Matching crisis need to appropriate and measured response MCIT officers and/or nurses wear plainclothes in order to reduce the fear and intimidation experienced by some clients, reduce the impact of stigma associated with police interactions, and visibly differentiate MCIT from a police response.	**TPS concurs in part – implemented in part** The Service is sensitive to the fact that some people might react fearfully in the presence of a uniformed police officer; however, research has shown that the presence of police officers in uniform has a positive influence on most community encounters. The uniform distinguishes police officers from others, making them quickly recognizable as persons ready to help. Toronto Police officers assigned to MCIT wear the regular police uniform because in addition to its recognizablility, it is efficient (it permits the officers to carry all their force options, especially their less lethal options), and it is economical (there no requirement to pay a clothing allowance). Furthermore, the police uniform helps establish program consistency and continuity, that is, it helps achieve the goal of MCIT standardization of care. To help distinguish them from other responders, both team members are issued outer wear with a distinctive MCIT identifying crest prominently displayed and the words "police" or "nurse" on it as the case may be. To address the potential of fear and stigmatization, the Service emphasizes a client focused, service-excellence approach. Most people, especially mental health consumers, have indicated that they are more concerned with the attitude and conduct of police officers than with what officers are wearing. While the Service is sensitive that some people might be apprehensive about the presence of uniformed police officers, it has good reason to believe that by focussing on service excellence most people, especially mental health consumers, will accept the presence of a uniformed police officer as a sign of support not intimidation.

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CRICH Recommendation	TPS Response
#7. Matching crisis need to appropriate and measured response When dispatching PRU officers, TPS dispatchers remind PRU to consider, upon arrival, whether the interaction would benefit from MCIT intervention. Related recommendation: Iacobucci #3, #43, #46 **Iacobucci #3 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (procedure)** *The TPS amend Procedure 06-04 "Emotionally Disturbed Persons" to provide for the mandatory notification of MCIT units for every call involving a person in crisis.*	**TPS Concurs – Implemented** Three recommendations in the Iacobucci Report reference mandatory notification of the MCIT by PRU when responding emotionally disturbed persons. In response to recommendation # 3, the Service noted that: Procedure 06-04 Emotionally Disturbed Persons has been amended to ensure that the MCI Teams are notified as required. To further ensure that they are notified their availability has been incorporated into the Computer Aided Dispatch (CAD) system via the Availability List. As well, members who have received MCIT training, including former members, are also noted in the Availability List. Furthermore the Toronto Police Operations Centre is informed of the availability of MCIT and MCIT trained officers so that city wide deployment is possible.

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CRICH Recommendation	TPS Response
#8. Availability and flexibility of crisis responders Availability of MCIT services be increased by extending hours of operation. Related recommendation: JKE # 34, Iacobucci #48 **JKE #34 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (MCIT)** *That the Toronto Police Service, Ministry of Health and Long Term Care, and Toronto Central Local Health Integration Network expand availability of MCITs to make them available in all divisions of the City and to operate beyond their current 11 am – 9pm hours.*	**TPS Concurs – Implemented** JKE recommendation #34 and Iacobucci #48 address the issue. In response, the Service noted that : In May 2014, the Service introduced a new team to North Toronto and with funding from the Central LHIN expanded the coverage of existing teams into 22, 23, and 53 Divisions. As a result, 6 teams now cover all 17 Service divisions: • 11/14/22 Divisions are partnered with St Joseph's Health Centre. • 12/13/31 Divisions are partnered with Humber River Regional Hospital. • 32/33 Divisions partnered with North York Genera Hospital • 41/42/43 Divisions are partnered with The Scarborough Hospital. • 51/52 Divisions are partnered with St. Michael's Hospital. • 54/55/53 Divisions are partnered with Toronto East General Hospital. The teams operate seven days a week and, depending on the team, will work as early as 6 a.m. and as late as 11 p.m. The hours are based on the times when the police receive the highest number of EDP calls. The Service continues to work with its partners, including the Toronto Central and Central Local Health Integration Network, to fully support the MCIT program and its possible expansion.

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CRICH recommendation	TPS response
#9. Availability and flexibility of crisis responders Clients' choice of hospital be considered when PRU officers are transporting clients to hospital EDs for assessment. Related recommendation: JKE #40, # 69, Iacobucci #1(x) **JKE #40 – MENTAL HEALTH SYSTEM AND TORONTO POLICE** *That the Toronto Police Service incorporate guidance into the TPS Procedure on dealing with EDPs to encourage officers to, where feasible, bring an individual to a specific psychiatric facility where that individual is believed to have a prior relationship even when that facility is not the closest available facility in the City or division.*	**TPS Concurs – Implemented** In response to recommendations #40 of JKE the Service noted that: Service Procedure 06-04, Emotionally Disturbed Persons allows officers, when feasible, to use their discretion and transport an apprehended person to a specific psychiatric facility if that person is an outpatient of, or has a recent history with, that facility. Currently, officers can request that a dispatcher check whether a particular hospital emergency department is accepting patients.

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CRICH recommendation	TPS response
#10 Availability and flexibility of crisis responders Supervisors of PRU officers encourage responding units to invest adequate time into calls involving mental health to allow calm, thorough and appropriate communication with clients, and reduce likelihood of adverse outcomes for clients and officers. Related recommendations: Iacobucci #24, #32 **Iacobucci #24 – SUPERVISION (selection and evaluation)** *The TPS further refine its selection and evaluation process for coach officers and supervisory officers to ensure that the individuals in these roles are best equipped to advise officers on appropriate responses to people in crisis;* **Iacobucci #32 – SUPERVISION** *The TPS enforce, in the same way as other TPS procedures, those procedures that require an officer to attempt to de-escalate, such as Procedure 06-04 "Emotionally Disturbed Persons".*	**TPS Concurs - Implemented** The Service agrees that, taking into account the totality of the circumstances including the need to respond to all priority calls, supervisors will allow sufficient time for PRU officers to safely and effectively respond to the needs of clients. Throughout the JKE and Iacobucci reports are recommendations addressing selection, training, and evaluation of supervisors to ensure that those supervisors have the necessary attributes and training, and make every effort to ensure that PRU officers attempt to de-escalate situations involving persons in crisis, consistent with officer and public safety. For example, in response to Iacobucci recommendation #24, the Service said, in part, that: The selection of supervisors is a product of merit based systems that includes an assessment of demonstrated attributes and competencies, written or oral exams, and selection interviews. In 2014, the Service created a Performance Management Unit to establish and administer an evaluation and feedback process for all members of the service, including supervisors and coach officers. Furthermore: (a) Since 2014 all new coach officers, supervisors and senior officers receive mental health training that includes a session with persons with lived experience. Coach Officers and supervisors also take the MCIT training, and in 2014 divisional training sergeants, and coach officers, have attended … Furthermore, in response to Iacobucci recommendation #32 the Service said, in part, that: The Service will continue to strictly and fairly enforce compliance with its rules and procedures. A failure to de-escalate a situation

	when force is used might constitute unreasonable or excessive use of force which is an offence under the Police Services Act Code of Conduct. In such cases the Service does consider whether discipline is warranted ...
CRICH recommendation	**TPS response**
#11. Referrals to community-based services MCIT increase ease and rates of referrals through development of a robust and location specific toolbox of available resources. This may include psychiatric outpatient program offering rapid access, drop-in peer support programs, and pre-charge diversion programs. Related recommendations: JKE #33, #61, Iacobucci #1 **JKE #33 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (MCIT)** *That the Toronto Police Service, Ministry of Health and Long Term Care, and Toronto Central Local Health Integration Network establish a permanent ongoing advisory committee to the MCIT with significant representation by consumer/survivors* **JKE #61 – MENTAL HEALTH SYSTEM AND TORONTO POLICE** *That the Ministry Of Health and Long Term Care and the Local Health Integration Networks: To Investigate the adequacy of urgent care psychiatric service (e.g. walk in clinics, day programs) for patients who would not be treated in hospital emergency departments or could be more appropriately treated in the community. If access and or supply of such services are found to be insufficient, consider increasing access and/or availability of such services.*	**TPS Concurs –Iimplemented** The Service co-chairs the Toronto Central Local Health Integration Network (TC-LHIN) MCIT Steering Committee. The Committee has helped design a program that now provides coordinated standardize MCIT coverage across Toronto. Part of the work of the Committee is to help the community develop a comprehensive and sustainable referral capacity to divert, when appropriate, clients from the emergency medical system and the criminal justice system. In addition, the Service is a member of the Human Services and Justice Coordination Committees. The committees were established based on the Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario (1997), in order to plan more effectively for people who are in conflict with the law. Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and fetal alcohol spectrum disorder. Furthermore, the Service is a member of the TC-LHIN Strategic Advisory Council. The Council will advise the TC LHIN on health care matters of critical strategic importance, with a particular focus on improving population health. The goal is to collectively identify and address issues of mutual concern, including a community capacity to receive police referrals as part of a comprehensive police diversion program. Membership consists of agencies and institutions with a shared strategic interest in community health and safety.

	Finally, at the local level, each team works to expand its network of community resources to facilitate the program's goal of increased diversion.

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CRICH recommendation	TPS response
#12 Referrals to community-based services MCIT consider partnerships with community-based crisis support agencies, such as Gerstein Crisis Centre and The Scarborough Hospital's Regional/Mobile Crisis Program, as well as other distress lines. Related recommendations: JKE #33, #61, Iacobucci #1	**TPS Concurs – Implemented** Please see response to recommendation #11 above. Moreover, it is of interest to note that the Gerstein Crisis Centre and the Scarborough Hospital are members of the Toronto Police Service Board's Mental Health Committee and the Toronto Human Services and Justice Coordination Committees.
#13. Referrals to community-based services MCIT consider partnership with a centralized service referral organization such as The Toronto Mental Health and Addictions Access Point (also known as The Access Point) or community-based service providers in order to increase rates of service referrals for clients not connected to other services. Related recommendations: JKE #33, #61, Iacobucci #1	**TPS Concurs – Implemented** Please see response to recommendation #11 above. In addition, through the Human Services and Justice Coordination Committees, the Service has worked with Reconnect Community Health Services, a Toronto based community support agency for individuals 16 and older with complex mental health needs, to develop a single call referral system. Part of the system, known as Safe Beds, can find temporary to mid-term supportive housing for appropriate clients; however, the general community referral system is still developing. One of the challenges is to help the community build a sustainable capacity to reliably receive police referrals.

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CRICH recommendation	TPS response
#14 Crisis response planning and community engagement MCIT Steering Committee include representation from participating hospitals' client or consumer advisory panels and mental health service user initiatives that are actively involved in the area of policing and mental health, such as Sound Times, Voices from the Street, and the Empowerment Council. Related recommendations: JKE #33, #61, Iacobucci #1 **JKE #33 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (MCIT)** *That the Toronto Police Service, Ministry of Health and Long Term Care, and Toronto Central Local Health Integration Network establish a permanent ongoing advisory committee to the MCIT with significant representation by consumer/survivors*	**TPS Concurs – Implemented** In response to JKE recommendation #33, the Service noted that it is the co-chair of the Toronto Central Local Health Integration Network (TC-LHIN) MCIT Steering Committee. The Committee has helped design a program that now provides coordinated, standardize model across Toronto. The MCIT Steering Committee is comprised of: - Toronto Police Services - participating GTA LHINs - partner hospitals - mental health and addiction services - Toronto Paramedics Services (formally Emergency Medical Services) - Acute Care Alliance - City of Toronto Mental Health Promotion Program - CRICH The Steering Committee obtains input from consumers and their supporters and care providers through established TC-LHIN community engagement guidelines. In this way, the Committee has received input from the Empowerment Council, Voices from the Streets, Sound Times, and the Toronto East General Withdrawal Management Services (consumers and their families) in the development of the expanded MCIT program. The Steering Committee also benefits from the participation of the Empowerment Council, Voices from the Streets, and the Toronto East General Hospital on the Toronto Police Services Board's Mental Health Committee, while Sound Times is a member of the Toronto Human Services and Justice Coordinating Committee of which the Service is also a member. For its part, the Toronto Police Service is committed to ensuring that the Steering Committee continues to incorporate the participation of consumers, their supporters, and care providers.

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CRICH recommendation	TPS response
#15. Crisis response planning and community engagement Explore possibility of designating a subset of PRU officers to attend interactions where mental health may be a relevant factor, similar to the Memphis/Hamilton model for police responses to mental health crises. Related recommendations: Iacobucci #3, #43, #46, JKE #8, #19, #27, #38, **Iacobucci #43 – MCIT AND OTHER CRISIS INTERVENTION MODELS** *The TPS develop a pilot Crisis Intervention Team (CIT) program, intended to complement the MCIT program, along the lines of the Memphis/Hamilton model, in the aim of being able to provide a specialized, trained response to people in crisis 24 hours per day.* **JKE #19 – MCIT AND OTHER MODELS OF CRISIS INTERVENTION** *That the Toronto Police Services Board and the Toronto Police Service evaluate the possibility of and consider having officers with the additional mental health and verbal de-escalation/negotiation training act as lead officers on calls involving persons in crisis.*	**TPS Concurs - Implemented** In response to Iacobucci recommendation #43, the Service said that: The TPS is, through the ISTP, raising all members' skills to effectively deal with persons in crisis. The 10 core elements of the Memphis Model are incorporated into the Service's ISTP and MCIT training, which are also consistent with the Mental Health Commission of Canada's recommendations. Since 2104, by extending the invitation to attend MCI Team training to non-team members, the Service is expanding its pool of specially trained offices who are available … These include divisional training sergeants, coach officers, members assigned to youth and family services, and PRU officers interested in joining the MCIT. These officers, along with former MCIT officers, are listed as available resources with Communications Services (Dispatch) on the Availability List. In response to JKE recommendation #19, the Service said that: The Service has formalized the practice of having officers with additional mental health training take a lead at calls involving persons in crisis when feasible and consistent with officer and public safety. It should be noted, however, that this is already a general practice within the Service.

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CRICH recommendation	TPS response
#16. Crisis response planning and community engagement MCIT to host and/or attend events for people living with mental health challenges and their support networks. This would allow the population served by MCIT to become familiar with the program and enhance community engagement. Related recommendations: Iacobucci #44 **Iacobucci #44 – MCIT AND OTHER CRISIS INTERVENTION MODELS** *The TPS fully implement the 10 core elements of the Memphis/Hamilton CIT model comprehensively discussed in this Report.*	**TPS Concurs - Implemented** In response to Iacobucci recommendation #44, the Service noted that "The 10 core elements of the Memphis model are incorporated into the Service's MCIT approach, …" Two in particular apply to this CRICH recommendation: 3. As part of its programing the MCIT advocates on the behalf of its clients in order to ensure the best possible outcomes when navigating the various mental health and social services available in the community. 8. The Mental Health co-ordinator, along with MCIT and Divisional Mental Health Liaison officers conduct outreach in the community. The teams are currently engaged in community information and outreach. For example, in October 2014 team members attended the annual conference hosted by CIT (Crisis Intervention Teams) International a non-profit membership organization that promotes collaborative efforts among police, mental health care providers, and individuals with mental illness and their families through the development and implementation of CIT programs. On November 24, 2015, team members participated in a community information session, hosted by the Parent Council of Sir Oliver Mowat Collegiate Institute. The session provided tips and resources regarding early identification of mental health and addictions, and the availability of local resources with a goal of supporting students. Team members discussed the MCIT program. For its part, taking into account the demands placed on the teams, the Service is committed to supporting team participation in community information events.

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CRICH recommendation	TPS response
#17. Crisis response planning and community engagement LHINs with jurisdiction in Toronto and TPS jointly develop a standardized approach to reducing the length of time spent by police officers waiting in hospital Emergency Departments before transfer of care. This may be piloted at hospitals already receiving high numbers of clients with police. Related recommendations: Iacobucci #1(f), JKE #40, #69	**TPS Concurs - Implemented** The issue of police wait-times at hospitals has been the subject of review for some time. When the police apprehend an emotionally disturbed person under the *Mental Health Act*, the officers are required to take the person to the nearest psychiatric facility (in the case of MCIT it will be the partner hospital). Once there, the officers must wait with the person for the hospital to accept custody. This often takes some time. If brought in by Primary Response Officers, it is two officers who wait. As one way to help reduce emergency room wait-times, officers can request that a dispatcher check whether a particular hospital emergency department is accepting patients. Moreover, Service Procedure 06-04, Emotionally Disturbed Persons now allows officers, when feasible, to use their discretion and transport an apprehended person to a specific psychiatric facility if that person is an outpatient of, or has a recent history with, that facility. At a strategic level the Service is a member of the Toronto Central LHIN Strategic Advisory Council. The council will advise the TC LHIN regarding health care matters of critical strategic importance, with a particular focus on improving population health. The goal is to collectively identify and address issues of mutual concern. Membership consists of agencies and institutions, including the hospital sector, with a shared strategic interest in community health and safety. In 2012, the Service in concert with the TC LHIN drafted a hospital protocol to reduce police wait-times. The protocol allows hospitals to accept custody of patients apprehended under the *Mental Health Act* and who are not charged with a criminal offense without requiring a hospital psychiatrist to attend if the patient is secure and the hospital's authorized representative is satisfied that the officers have left sufficient information for an appropriate assessment. As a result, under appropriate

	circumstances, the apprehending officers may leave the patient at the hospital and return to primary duties sooner than before. Nevertheless, because of external variables, that is, the volume and nature of emergency hospital visits generally, results do vary.