



Public Meeting

**Tuesday, October 22, 2019
Auditorium – Police Headquarters
1:30 PM**

<https://www.ontario.ca/laws/statute/90m50>

PUBLIC MEETING AGENDA

Tuesday, October 22, 2019 at 1:30 PM

Auditorium 40 College Street, 2nd Floor

www.tpsb.ca

Call to Order

Indigenous Land Acknowledgement

Declarations of Interest under the [Municipal Conflict of Interest Act](#).

1. Election of the Interim Chair

In accordance with section 7(2) of the *Police Services Act*, which states:

If the position of Chair becomes vacant, the Vice-Chair, if willing, will act in his or her place and assume the position of Chair for the remainder of the term until an election is held at the first meeting in the calendar year. If the Vice-Chair assumes the position of Chair, an election will be held for the position of Vice-Chair at the next regular meeting. If the [Vice-Chair declines](#) to assume the position of Chair, the Members will elect an interim Chair in accordance with the procedures set out in section 5 of this Bylaw.

The Board will elect an Interim Chair for the remainder of the year and until its next election in January 2020.

2. Confirmation of the Minutes from the meeting held on [September 19, 2019](#).

Presentations

3. October 7, 2019 from Mark Saunders, Chief of Police

Re: [Toronto Police Service Mental Health and Addictions Strategy](#)

4. Toronto Public Health Update

Presentation to the Board by Dr. Eileen de Villa, Medical Officer of Health for the City of Toronto.

Items for Consideration

5. October 15, 2019 from Marie Moliner, Acting Chair
Re: Recommendation for Board Ratification of Collective Bargaining Settlement with the Toronto Police Senior Officers' Organization Dated August 22, 2019
6. October 11, 2019 from Uppala Chandrasekera, Acting Chair
Re: Process for Reviewing 2020 Capital and Operating Budget Requests
7. September 6, 2019 from Mark Saunders, Chief of Police
Re: New Job Description – Team Lead, Internal Communications, Corporate Communications
8. September 16, 2019 from Mark Saunders, Chief of Police
Re: Special Constable Appointments and Re-Appointments – October 2019
9. October 15, 2019 from Mark Saunders, Chief of Police
Re: Request for Special Funds: Health Promotion Initiative – Cardiac Health Fair

Consent Agenda

10. October 10, 2019 from Ryan Teschner, Executive Director
Re: City of Toronto Council Decision – Cycling Network Plan Update
11. October 10, 2019 from Ryan Teschner, Executive Director
Re: City of Toronto Council Decision – Downtown East 2023 Five-Year Action Plan
12. October 10, 2019 from Ryan Teschner, Executive Director
Re: City of Toronto Council Decision – Road Safety Plan
13. February 1, 2019 from Mark Saunders, Chief of Police
Re: Chief's Administrative Investigation into the Custody Injury to Mr. Lawrence Newton

Adjournment

Next Meeting

**Date: Thursday, November 21, 2019 at 1:30PM at
40 College Street, 2nd Floor, Auditorium**

Members of the Toronto Police Services Board

Marie Moliner, Acting Chair
Uppala Chandrasekera, Member
Michael Ford, Councillor & Member
Jim Hart, Member

Ken Jeffers, Member
Frances Nunziata, Councillor & Member
John Tory, Mayor & Member

Diana Achim

From: Ryan Teschner
Sent: Thursday October 10, 2019 16:42
To: Diana Achim
Cc: Georgina Jose
Subject: Fwd: Election of chair during mid-year vacancy.

From: Marie Moliner
Date: October 10, 2019 at 4:37:58 PM EDT
Subject: Election of chair during mid-year vacancy.
To: Ryan Teschner
Cc: Sheri Chapman

Hello Ryan,

I am writing to address the next steps required to ensure the position of interim chair of the TPSB is properly constituted given that Andy Pringle has stepped down before the end of the calendar year.

You have advised me that section 7.2 of the Board's By-Law states that if the position of Chair becomes vacant, the Vice-Chair may act as Chair for the balance of the year, if she is willing to do so.

With the Chair position now vacant, I write to advise that, as Vice-Chair of the Board, I decline to assume the position of Chair for the balance of the year.

I make this decision having carefully assessed the importance of the public service role of the Chair and the significant commitment of time required. As you and other Board members know, my primary focus and responsibilities remain dedicated to caregiving for my spouse.

I understand that the Board will now proceed to elect an Interim Chair, in accordance with the By-Law.

Please let me know if further information is required

Thank you

Marie Moliner
647-960-6819



Toronto Police Services Board Report

October 7, 2019

To: Chair and Members
Toronto Police Services Board

From: Mark Saunders
Chief of Police

Subject: Toronto Police Service Mental Health and Addictions Strategy

Recommendation(s):

It is recommended that the Toronto Police Services Board (Board) receive the Toronto Police Service (Service) Mental Health and Addictions Strategy (Strategy).

Financial Implications:

There are no financial implications relating to the recommendations contained within this report.

Background / Purpose:

The Board, at its meeting of December 19, 2016, received a report from its Mental Health External Advisory Committee (M.H.E.A.C.) (Min. No. P270/16 refers).

At that time, the Board approved the following Motion:

That the Board request the Chief, in consultation with the Board, to develop, implement, and measure the outcomes of a comprehensive Strategy for Addressing Interactions with People with Mental Health Problems.

The Board request that the Chief, in developing such a strategy, pay particular attention to the questions and issues raised in the M.H.E.A.C's report, specifically, concerning the areas of: 1) Leadership and Culture, 2) Use of Force; and 3) Intersectionality, and ensure that the strategy developed addresses these questions and issues.

Discussion:

The Service is committed to preserving the lives of people who may be experiencing mental health and/or addiction issues with the goal of no deaths resulting from an interaction with police. In every encounter with people who may be in crisis, we are committed to taking all reasonable steps to de-escalate and safely resolve the situation. Responding to people who may be experiencing mental health and/or addiction issues has become a fundamental part of a police officer's job. A significant number of the calls that police attend involve people whose behaviour is likely affected by mental health and/or addiction issues, and police are often called upon to intervene and connect people with the services they need.

The Service's Mental Health and Addictions Strategy is informed by previous reports, Coroners' Inquest Recommendations, input from the Board's Mental Health Sub-Committee, and the report of the Board's Mental Health External Advisory Committee. The 2014 Report on Police Encounters with People in Crisis, commonly referred to as The Iacobucci Report, is the foundation of this document. The inquests into the deaths of Reyal Jardine Douglas, Sylvia Klibingaitis, Michael Eligon, and Andrew Loku have also provided significant insight and guidance.

In developing the Strategy, the Service consulted extensively with the Board's Mental Health Sub-Committee, which has been superseded by the Board's newly established Mental Health and Addictions Advisory Panel. In addition, the Service reached out to members of the community with lived experience to learn how to improve interactions with people who may be experiencing mental health and/or addiction issues including methods that communicate compassion and a desire to help. Professionals who provide care and support to people experiencing mental health and/or addiction issues also provided us with information on best practices and appropriate language.

It should be noted that the Strategy is focused not only on how best to deal with the community but also emphasizes organizational wellness as a significant priority. Members of the Service, both officers and civilian staff, shared ideas on how to reduce the stigma surrounding mental illnesses and addictions within the organization and indicated what services they thought necessary to best support members who are experiencing mental health and/or addiction issues.

Central to the M.H.E.A.C.'s report and recommendations was a focus on the importance of consistent and meaningful evaluation. The Service is committed to exploring methods to achieve more comprehensive data collection, evaluation, analysis and reporting on police interactions with individuals who may be experiencing mental health and/or addictions issues. The Service understands that in order to ensure a successful implementation of this Strategy, regular and meaningful evaluation must be a key component. Only through comprehensive data collection and thorough evaluation, can we adequately understand, learn from, and work to continually improve police interactions with individuals who may be experiencing mental health and/or addictions

issues. In addition, data collection and timely reporting will facilitate accountability and transparency in relation to our interactions with these populations.

As the report notes, the Service is committed to preserving and enhancing the health, human rights, dignity, and safety of members of the community and the Service who may be experiencing mental health and/or addictions issues. The Service recognizes that it is essential for its Members to have the training and information they need to safely, respectfully and compassionately respond to the needs of these individuals.

The Strategy also incorporates the important concept of intersectionality. The Service recognizes the interconnected nature of mental health, addictions, and the social determinants of health and equity issues. As the Strategy notes, individuals often experience both mental health and/or addictions issues and additional inequities (such as poverty or racialization) at the same time. This concept, known as intersectionality, creates unique experiences of inequity that poses added challenges at the individual, community and health systems level.

Notably, this Strategy is not only about our interactions with the public but also about how the Service will respond to our own Members who may be experiencing mental health and/or addictions issues. The report recently released by the Expert Panel on Police Officer Deaths by Suicide commissioned by the Chief Coroner of Ontario, reinforces the need to focus on the wellness of our Members, providing concrete recommendations for suicide prevention, including strengthening mental health supports, identifying risk factors, and, normalizing conversations about mental health issues.

An important feature of our Strategy is that it has been developed not as a stand-alone document, but rather, as an evolving and dynamic process that can grow and change in response to new and emerging information, such as the critical recommendations from the Chief Coroner. The Strategy is intended to be a “living document” that will evolve as we learn more about the complex issues of mental health and addictions, and how those issues impact the lives of people in the community and people in our workplace.

The Strategy outlines the following eight key areas of commitment:

- **Preserving Life**

- *In every encounter, the Service is committed to taking all reasonable steps to assess, de-escalate* and safely resolve the situation. The ability to respond to these calls in a manner that preserves life and minimizes harm is a vital skill for all police officers.*

- **Leadership**

- *The Service is committed to providing progressive, institutional leadership in matters of policing, mental health, addictions and intersectionality.*

- **Cultural Competence, Equity, and Anti-racism**

- *The Service is committed to fostering a bias-free workplace and ensuring bias-free service delivery while respecting and upholding the rights and freedoms of*

all individuals and communities. We will work towards the elimination of stereotypes, prejudice and discrimination and the stigmatization of people who may be experiencing mental health and/or addictions issues. We recognize that our response to individuals who may be experiencing mental health and/or addictions issues should consider the interconnected nature of mental health and the social determinants of health.

- **Stigma-free Environment**

- *The Service is committed to fostering a culture that promotes positive mental health and well-being within the Service. Our programs and training will focus on eliminating the stigma, prejudice and discrimination associated with mental health and/or addictions issues.*

- **Continuous Learning**

- *The Service is committed to expanding the skill-sets of our Members to allow us to respond effectively and compassionately within an environment of changing community expectations and new developments in our understanding of mental health and/or addictions issues.*

- **Advocacy and Partnerships**

- *The Service recognizes the importance of working collaboratively across sectors, with all levels of government, and directly involving people with lived experience of mental health and/or addictions issues. We will continue to work collaboratively and support our partners, including advocacy groups, community agencies and mental health and addictions service providers, and organizations for persons with lived experience to address the complex needs of the individuals we serve.*

- **Evaluation**

- *The Service is committed to exploring methods to achieve more comprehensive data collection, evaluation, analysis and reporting on police interactions with individuals who may be experiencing mental health and/or addictions issues. The Service understands that in order to ensure a successful implementation of this Strategy, regular and meaningful evaluation must be a key component. Only through comprehensive data collection and thorough evaluation can we adequately understand, learn from, and work to continually improve police interactions with individuals who may be experiencing mental health and/or addictions issues.*

- **Transparency, Accountability, Oversight, and Reporting**

- *The Service is committed to the principles of transparency and accountability within the Service and through the implementation of this Strategy. We will deliver an annual report publicly to the Toronto Police Services Board as well as to the Board's Mental Health and Addictions Advisory Panel.*

For each area, the Strategy includes a set of Initial Action Items that will assist the Service in fulfilling our commitment. We will be evaluating the progress of the implementation of this Strategy and will work to address additional action items that follow.

While the Service is responsible for implementing the Strategy, the ongoing monitoring of the Strategy will be led by the Board and its new Mental Health and Addictions Advisory Panel.

Conclusion:

Responding to people who may be experiencing mental health and/ or addictions issues has become a fundamental part of a police officer's job. This Strategy charts an important roadmap for the Service, representing a dynamic and evolving plan that illustrates how we will effectively and compassionately respond to individuals who may be experiencing mental health and/or addictions issues and work toward our goal of zero deaths while ensuring the well-being, safety, rights and dignity of individuals and communities.

The Service's Mental Health and Addictions Strategy is provided for the Board's information.

Deputy Chief Peter Yuen, Community & Neighbourhoods Command, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

Mark Saunders, O.O.M.
Chief of Police



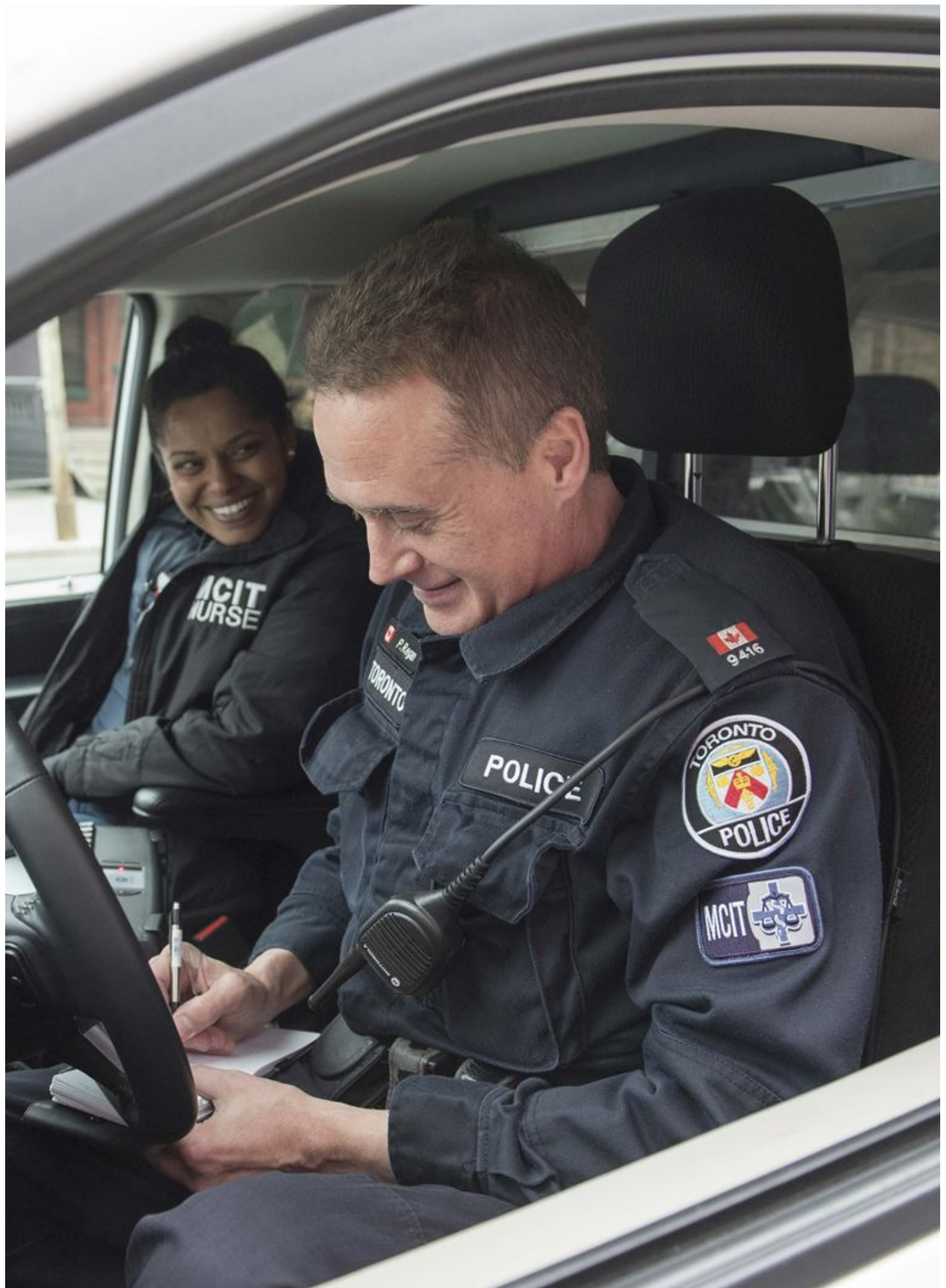
Toronto Police Service

Mental Health and Addictions Strategy

2019

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MESSAGE

From the Chief of Police

I am proud to present the Toronto Police Service Mental Health and Addictions Strategy.

This Strategy demonstrates our commitment to preserving the health and safety of both members of our community and members of our Service who are experiencing mental health and/or addictions issues.

The Strategy details the specific actions we will take to ensure that we are responding effectively and compassionately to community members who appear to be experiencing mental health and/or addictions issues and how we will achieve our goal of zero deaths.

The Strategy is intended to be a living document that will evolve as we learn more about the complex issues of mental health and addictions, and how those issues impact the lives of people in the community and people in our workplace.

I'd like to express my appreciation to the many members of the community who helped us develop this Strategy, including the Toronto Police Services Board (the Board) Mental Health Sub-Committee, the Board's Mental Health External Advisory Committee, and especially the many members of the community and the Service who have experienced mental health and/or addictions issues.

Toronto Police Service Members have seen a rise in mental health related illnesses and injuries including operational stress injuries and Post Traumatic Stress Disorders. This has wide consequences to the individual, their team, the Service, their families and friends, and also to the communities that we serve. The Toronto Police Service is committed to supporting Members throughout their life and career to prevent injuries and illness before they happen, to provide support when a Member needs it, and to embrace Members back to work in a safe, respected, and meaningful way. The Toronto Police Service will continue to build capacity amongst its Members and leaders to recognize risks, to connect with each other with compassion, and to ensure that our Members have the right resources at the right time.



Mark Saunders

Chief Mark Saunders

MESSAGE

From the Chair of the Board

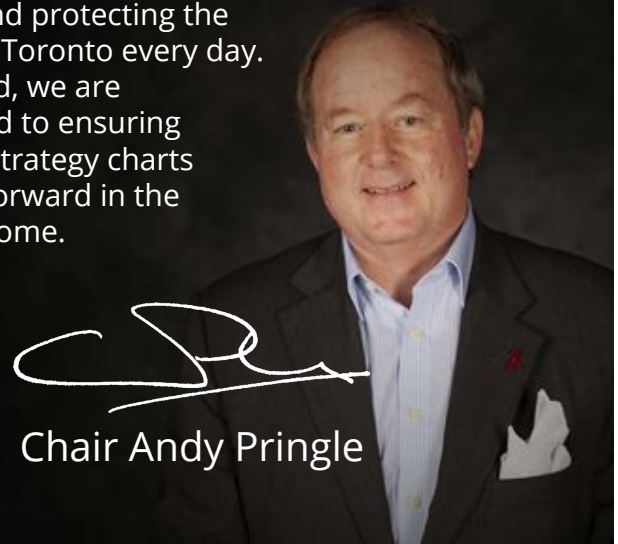
The Toronto Police Services Board is very proud to introduce the Toronto Police Service's Mental Health and Addictions Strategy. This Strategy, created with considerable community input, is both ground-breaking and vital to our collective safety. This Strategy is the direct result of a recommendation made by the Board's Mental Health External Advisory Committee, unanimously endorsed by the Board, and strongly supported by the Service. Indeed, the key themes identified by this Committee: Leadership and Culture, Use of Force, and Intersectionality, are interwoven throughout the Strategy.

The Strategy recognizes the significant priority the Board and Service place on responding to individuals who appear to be experiencing mental health and/or addictions issues, both in the community, and within our organization. It also creates a 'roadmap' to developing and implementing effective, comprehensive, compassionate and respectful responses to these complex issues. The Strategy is not simply a two-dimensional document, stating principles and prescribing processes. Rather, it lays a solid foundation for a wide-ranging and evolving people-focused approach, which incorporates a comprehensive system of data measurement and the clear articulation of operational outcomes. It is rooted in the goals and objectives of The Way Forward, the Board and Service's action plan for modernization, such as, "embracing partnerships to create safe communities," as we, "focus on the complex needs of a large city," and reinforces a commitment to the principles of organizational transformation with an emphasis on neighbourhood policing and connecting

people to the appropriate services in their communities.

The Strategy also places a necessary emphasis on the mental health and wellness of our Members. Our Members are routinely faced with the most difficult, intense and challenging situations and it is critical that we not only put into place the relevant programming and initiatives to effectively support workplace mental health but also, continue to encourage the cultural shifts necessary to remove stigma and inspire dialogue. After all, our Members must be healthy to serve Toronto's communities effectively.

With this Strategy, the Service and the Board acknowledge that responding to people who appear to be experiencing mental health and/or addictions issues is one of the single most important aspects of policing today. This vital Strategy builds on the expertise of our renowned training college, recognizes the remarkable day-to-day dedication of our front-line officers, and demonstrates our sincere and robust organizational commitment to both serving and protecting the people of Toronto every day. As a Board, we are committed to ensuring that this Strategy charts our way forward in the years to come.

A white ink signature of Andy Pringle, written in a cursive style, positioned over the bottom left of his portrait.

Chair Andy Pringle

EXECUTIVE SUMMARY

The Toronto Police Service is committed to preserving and enhancing the health, human rights, dignity, and safety of members of the community and the Service who may be experiencing mental health* and/or addictions issues*. The Service recognizes that it is essential for its Members to have the training and information they need to safely, respectfully and compassionately respond to the needs of these individuals.

The Mental Health and Addictions Strategy incorporates the important concept of intersectionality*. The Service recognizes the interconnected nature of mental health, addictions, the social determinants of health*, and equity* issues. Individuals often experience both mental health and/or addictions issues and additional inequities (such as poverty or racialization) at the same time. This concept, known as intersectionality, creates unique experiences of inequity that poses added challenges at the individual, community and health systems level.

This Strategy is intended to be a dynamic and evolving plan that illustrates how, as a Service, we will effectively and compassionately respond to individuals who may be experiencing mental health and/or addictions issues and work toward our goal of zero deaths while ensuring the well-being, safety, rights and dignity of individuals and communities.

This Strategy is not only about our interactions with the public but also about how the Service will respond to our own Members who may be experiencing mental health and/or addictions issues.

The Strategy outlines the following eight key areas of commitment:

- **Preserving Life**
- **Leadership**
- **Cultural Competence, Equity, and Anti-racism**
- **Stigma-free Environment**
- **Continuous Learning**
- **Advocacy and Partnerships**
- **Evaluation**
- **Transparency, Accountability, Oversight, and Reporting**

For each area, the Strategy includes a set of Initial Action Items that will assist the Service in fulfilling our commitment. The Service will be evaluating the progress of the implementation of this Strategy and will work to address additional action items that follow.

Mental Health

We believe that “mental health” is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (PHAC, 2014)

* Addiction Issues

When we refer to the terms “addictions” and “addictions issues”, we are referring to a complex process where problematic patterns of substance use or behaviours can interfere with a person’s life. Addiction can be broadly defined as a condition that leads to a compulsive engagement with a stimuli, despite negative consequences which can lead to physical and/or psychological dependence. Addictions can be either substance related (such as problematic use of alcohol) or process-related, also known as behavioural addictions (such as gambling or internet addiction).

* Social Determinants of Health

Our mental health is influenced by many factors including life experiences, workplace or other environments, and the social and economic conditions that shape our lives. These social and economic conditions are called the social determinants of health and are some of the most important factors that impact on mental and physical health. In Canada, the social determinants of health include: Aboriginal status, disability, education, employment and working conditions, food insecurity, health services, gender and gender identity, housing, income and income distribution, race, sexual orientation, social exclusion, social safety net, unemployment and job security (Mikkonen and Raphael 2010). When it comes to mental health, the three social determinants that are particularly significant are freedom from discrimination and violence, social inclusion and access to economic resources (CMHA Ontario, 2008).

* Equity

It is well established that some groups (or populations) in society experience social and economic disadvantage – inequities – due to the unequal distribution of power, wealth and resources. The social determinants of health both determine and deepen inequities. Inequities contribute to poor physical and mental health, making it difficult to access the resources needed to be, get and stay healthy (Braveman & Gruskin, 2003).

* Intersectionality

People often experience mental health and/or addictions issues and additional inequities (such as poverty, racialization, or homophobia) simultaneously. Intersectionality creates unique experiences of inequity and mental health that poses added challenges at the individual, community and health systems level (CMHA Ontario, 2014).

INTRODUCTION

Responding to people who may be experiencing mental health and/or addictions issues has become a fundamental part of a police officer's job.

We believe that "mental health" is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity (PHAC, 2014).

When we refer to the terms "addictions" and "addictions issues", we are referring to a complex process where problematic patterns of substance use or behaviours can interfere with a person's life. Addiction can be broadly defined as a condition that leads to a compulsive engagement with a stimuli, despite negative consequences (European Monitoring Centre for Drugs and Drug Addiction, 2013). This can lead to physical and/or psychological dependence. Addictions can be either substance related (such as the problematic use of alcohol or cocaine) or process-related, also known as behavioural addictions (such as gambling or internet addiction).

A significant number of calls that police officers attend involves individuals whose behaviour is likely affected by mental health and/or addictions issues. Police officers are called upon to intervene, de-escalate*, ensure public safety, and connect people with the services they need. Police officers' interactions with those who appear to be experiencing a mental health and/or addictions issue are overwhelmingly as a result of calls for service from people who have safety concerns for the individual or other members of the public. In these situations, officers are obligated to attend and assess the individual to determine if the legal threshold of an apprehension under the *Mental Health Act* has been met

or if there is an opportunity for alternative engagement, including connecting the individual with appropriate community services.

Police officers should assess every encounter for the safety of the individual, as well as other members of the public. In every encounter, police officers must exercise their discretion to determine the best way to proceed, including whether or not to engage with the individual.

While it is not the role of police officers to diagnose mental health or addictions issues, it is their role to respond appropriately to the behaviours and circumstances they observe. It is essential that the Service's Members have the training and information they need to safely, respectfully, and compassionately address the needs of people who may be experiencing a mental health and/or addictions issue to meet our goal of zero deaths, ensuring their well-being, safety, rights, and dignity.

The Service, with input from the community, has developed training for officers to ensure we are promoting thoughtful engagement with community members. As an example, the Service has created training scenarios, which include events such as a shopkeeper flagging down an officer to complain that youths in front of the shopkeeper's store are "all thieves from that building across the street" and that they are trespassing. Officers are made aware that the shopkeeper's comments are overheard by the youth, as well as bystanders. Community members who assisted in the development of this training advised that the failure to challenge the bias on behalf of the shopkeeper might be perceived as officers being in agreement with the biased position. It was also suggested that it would be useful/helpful/positive to engage the youths in a non-confrontational

manner, to let them know what has occurred, and to inform them that they are not doing anything wrong; this provision of information would also be witnessed by bystanders. Officers are also trained to recognize that some individuals may not wish to engage with officers, which, at times is true during interactions with many individuals, including those experiencing mental health and/or addictions issues.

The Service recognizes the impact of equity issues on mental health. Persons with mental health and/or addictions issues often experience additional social and economic inequities such as poverty and racialization simultaneously. This Strategy incorporates the important concept of intersectionality which can be defined as the intersectional oppression that arises out of the combination of various oppressions which, together, produce something unique and distinct from any one form of discrimination standing alone. The Service recognizes that intersectionality creates unique experiences of inequity that poses added challenges at the individual, community and systems level.

The Service is committed to learning from past interactions, and takes into account the views, expectations, and contributions of the community in determining our response to similar situations in the future. Our response includes an ongoing commitment to expanding our Mobile Crisis Intervention Teams (MCIT) and supporting the strength of the community and the health care system to respond to individuals experiencing mental health and/or addictions issues. MCITs are collaborative partnerships between participating Toronto area hospitals and the Toronto Police Service. Our program partners a mental health nurse and a specially trained police officer to respond to situations involving individuals experiencing a mental health and/or addictions-related crisis.

The Service has a long history of working with community partners and this continued in the development of this Strategy. We sought participation from members of the community with lived experience for guidance on how to most appropriately interact with people who may be experiencing mental health and/or addictions issues in ways that communicate compassion with a commitment to offer assistance. In addition, individuals who provide care and support to people experiencing mental health and/or addictions issues provided us with input regarding a range of topics, including best practices and appropriate language.

This Mental Health and Addictions Strategy has been informed by input from the Toronto Police Services Board's (the Board's) Mental Health Sub-Committee, the Board's Mental Health External Advisory Committee, Toronto Police Service Members, Coroners' Inquest recommendations, and reports such as "Police Encounters with People in Crisis" prepared by the Honourable Frank Iacobucci.

While the Service is responsible for implementing the Strategy, the ongoing monitoring of the Strategy will be lead by the Board and its new Mental Health and Addictions Advisory Panel.

Our Commitment to Preserving Life

The Toronto Police Service is committed to preserving the lives and well-being of people who may be experiencing mental health and/or addictions issues, while working towards the goal of zero deaths and ensuring the well-being, safety, rights, and dignity of individuals and communities. Responding to calls involving persons who may be experiencing mental health and/or addictions issues is a regular and central aspect of policing in Toronto. In every encounter, the Service is committed to taking all reasonable steps to assess, de-escalate* and safely resolve the situation. The ability to respond to these calls in a manner that preserves life and minimizes harm is a vital skill for all police officers.

Officers will continue to receive regular training on improving interactions with persons who may be experiencing mental health and/or addictions issues. This training includes de-escalation techniques, bias-free policing, risk-assessment, community referrals, mental health and addictions awareness and harm-reduction* principles. Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping (CMHA Ontario, 2019). Training will also continue to include awareness of the support available through Mobile Crisis Intervention Teams (MCITs).

The priority and value of de-escalation will be reinforced by our training, procedures, supervision, and awards program. Formal and informal debriefing sessions will provide police officers with feedback on how effectively they are dealing with situations involving people who may be experiencing mental health and/or addictions issues, suggestions for improvement, identifying best practices, and situations with commendable conduct. The actions of police officers in such interactions will also be included in their annual performance evaluations.

* De-escalation

Verbal and non-verbal strategies intended to reduce the intensity of a conflict or crisis encountered by the police, with the intent of gaining compliance without the application of force, or if force is necessary, reducing the amount of force required (Ontario Police College).

* Harm Reduction

Harm Reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping (CMHA Ontario, 2019)

Action Items

Training and procedures will continue to be reviewed and refined to emphasize that de-escalation is a top priority.

The Service will create a process to capture the number of times police officers attempted de-escalation prior to the display or use of Conducted Energy Weapons.

Police officers will continue to receive de-escalation training at the Toronto Police College on a regular basis, including both classroom and scenario-based training. Police officers are assessed by our trainers with respect to their competence in de-escalation and a failure to show competence in de-escalation will result in the police officer being unable to perform front-line duties until they have successfully passed the training.

The Service will explore the viability of collecting and reporting aggregate information on supervisor assessments of Members following an interaction with a person who may be experiencing mental health and/or addictions issues.

The Service's hiring processes will continue to prioritize recruits with the capacity and the potential to respond with empathy, respect, and compassion to people who may be experiencing mental health and/or addictions issues.

The Service will explore ways that an officer's competency in the use of de-escalation techniques can be meaningfully incorporated into their annual Performance Appraisals.

The Board's Mental Health Excellence Award will continue to recognize police officers for their ability to de-escalate and interact effectively with people who may be experiencing mental health and/or addictions issues. Awareness of the awards system will continue to be promoted both internally and externally, and community members will be encouraged to make nominations.

The Service will continue to review its existing de-escalation training for Communication Operators.

The Service will explore ways of capturing referrals to community agencies, beginning with MCIT referrals.

The Service will continue to look at opportunities to expand the MCIT program.

The Service will continue to train Members to respond to opioid-related emergencies, including administering naloxone.

Internally, the Service will continue to promote and make resources available and easily accessible to Service Members who require support for mental health and/or addictions issues, including suicide prevention resources, workplace accommodation services and psychological support.

Our Commitment to Leadership

The Service recognizes the complexity of responding to individuals who may be experiencing mental health and/or addictions issues and the role that police have been given within the justice, health care and human services systems. Police officers are often called upon when existing systems have not adequately met an individual's needs. The Service will continue to identify these gaps and work collaboratively across sectors to address them.

The Service is committed to providing progressive, institutional leadership in matters of policing, mental health, addictions and intersectionality. We will strive for continuous self-improvement, evaluation, innovation, and fostering a stigma-free environment externally for members of the public and internally for Members of the Service.

The Command Team and all Senior Officers are responsible for ensuring that Members under their supervision continuously uphold the Service's goals surrounding interactions with individuals who may be experiencing mental health and/or addictions issues. As such, the Service is committed to incorporating the implementation of this Strategy into their decisions and actions.



Action Items

The Service's Command Team will ensure that the Action Items in this Strategy are undertaken and that progress on these Action Items are publicly reported on an annual basis.

The Service's Senior Management Team will receive an information session explaining why and how the Strategy was developed, and the ways they can support this Strategy. Information sessions will continue to be held on an annual basis to support ongoing implementation of the Strategy and its Action Items.

The Service will produce an annual analytical assessment of individuals who have been apprehended multiple times under the Mental Health Act. This will result in a strategic report for resource planning and enhanced service delivery by the Service and key partner agencies.

The Service is committed to involving the community, including the Board's Mental Health and Addictions Advisory Panel, to inform and review our training and procedures related to interactions with individuals who may be experiencing mental health and/or addictions issues.

The Service will ensure that internal procedures are reviewed regularly to ensure that they are consistent with the language and principles contained in this Strategy.

The Service will develop a mental health and addictions awareness training module for Senior Officers.

The Service will review this Strategy on an ongoing basis, examining best practices in jurisdictions across Canada and around the world, incorporating recommendations from Coroners' Inquests, and involving the community, particularly emphasizing those with lived experience.

The Service will ensure that Staff Sergeants, Sergeants, and Communications Supervisors monitor and assess the effectiveness of Members under their supervision in responding to people who appear to be experiencing mental health and/or addictions issues, by utilizing established systems such as reviewing written reports and In Car Camera footage.

Our Commitment to Equity/Anti-Racism

The Service is committed to fostering a bias-free workplace and ensuring bias-free service delivery while respecting and upholding the rights and freedoms of all individuals and communities. We will ensure that in all interactions, and in the exercise of our discretion, that we are not influenced by prejudice or stereotype. We will work towards the elimination of stereotypes, prejudice and discrimination and the stigmatization of people who may be experiencing mental health and/or addictions issues.

We recognize that our response to individuals who may be experiencing mental health and/or addictions issues should consider the interconnected nature of mental health and the social determinants of health. The social determinants of health can be defined as the social and economic conditions that shape a person's life and are some of the most important factors that impact an individual's mental health (Mikkonen and Raphael, 2010).

The Service acknowledges that social categorizations can create barriers due to prejudice and discrimination which can lead to conscious and unconscious bias within the Service and in the delivery of police services. Some of these may include:

- Race
- Colour
- Ancestry
- Religion
- Place of Origin
- Ethnic Identity
- Aboriginal Identity and Status
- Citizenship
- Gender and Gender Identity
- Sexual Orientation
- Age
- Marital Status
- Family Status

- Disability
- Education
- Employment
- Income and Income Distribution
- Receipt of Public Assistance
- Housing

Reconciliation with Indigenous* Communities

We acknowledge the unique position that Indigenous peoples hold in Toronto as the original peoples of this land and recognize the devastating and multi-generational impact colonization has had on these communities. As a Service, we are committed to playing our role in the important process of reconciliation and building partnerships based on trust, respect and mutual understanding.

* Indigenous Populations

Indigenous populations are communities that live within, or are attached to, geographically distinct traditional habitats or ancestral territories, and who identify themselves as being part of a distinct cultural group (World Health Organization, 2019). The Canadian Constitution recognizes three groups of Indigenous peoples: First Nations, Inuit and Métis. These are three distinct peoples with unique histories, languages, cultural practices and spiritual beliefs (Federal Government of Canada, 2017).

Action Items

The Service will research training on how the race, cultural identity, and/or other identities of an individual may influence a police officer's decisions and actions with regards to use of force.

The Service will continue to improve and enhance the formal training police officers receive in relation to bias, both conscious and unconscious, and how to address the issue as it relates to its effects on judgement and decision-making.

The Service will continue to ensure that training provides police officers with strategies to offset and challenge implicit bias.

The Board's Anti-Racism Advisory Panel (ARAP) and the City of Toronto's Anti-Black Racism Action Plan will inform future training for Service Members.

Our Commitment to a Stigma-Free Environment

Wellness is an important priority across the organization. The Service is committed to fostering a culture that promotes positive mental health and well-being within the Service. We will work to increase our understanding of the complex nature of mental health and/or addictions issues and their intersections with equity issues and the social determinants of health.

The Service recognizes that stigma is a negative stereotype that often plagues the lives of individuals living with mental health and/or addictions issues. Our programs and training will focus on eliminating the stigma, prejudice and discrimination associated with mental health and/or addictions issues.

We are committed to providing support to our Members who may be facing mental health and/or addictions issues and recognize that this will ultimately improve our service delivery to the community. The Service acknowledges that the culture of our organization has a powerful and significant impact on our Members' actions in the community. We will continue to create a stigma-free environment in which all people, whether Service or community members, are treated with respect, dignity and compassion.

The Service will continue to survey Members about issues relating to mental health and wellness.

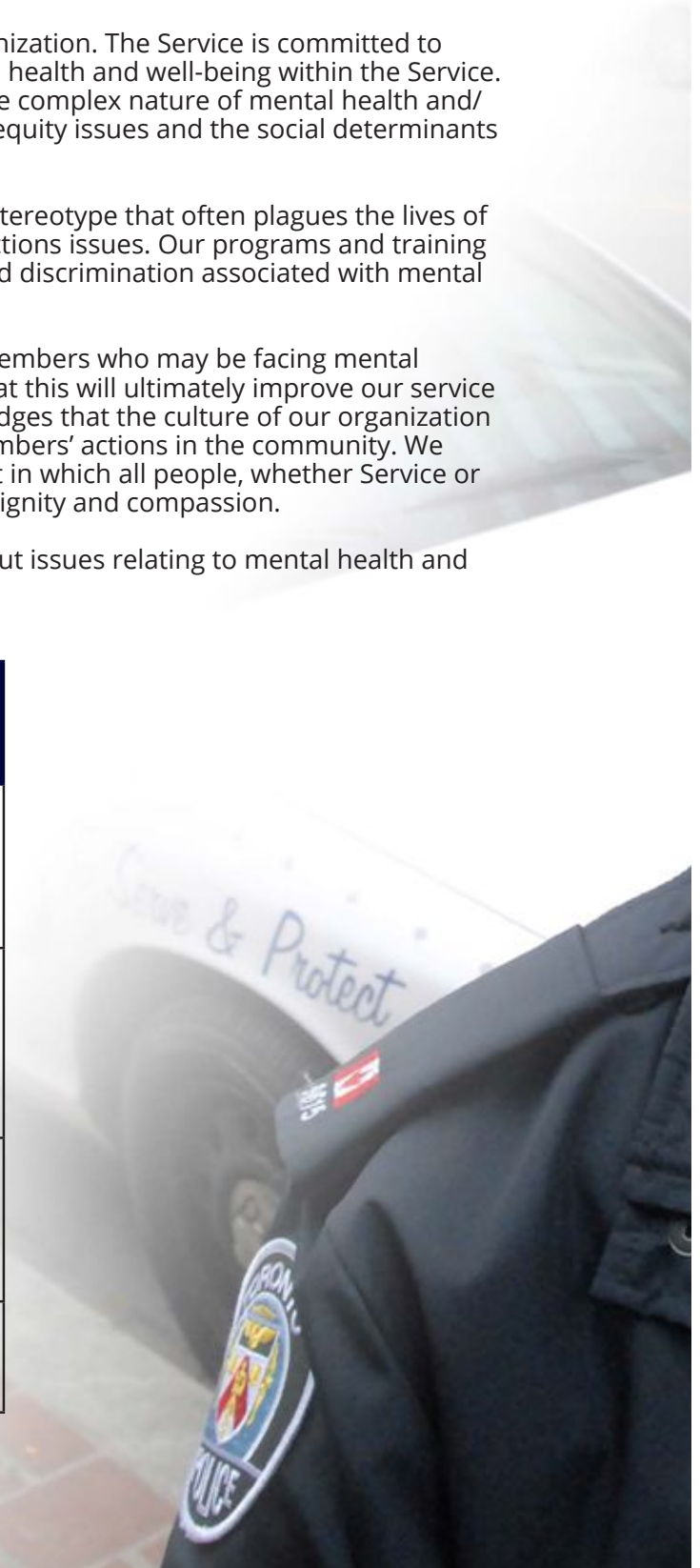
Action Items

The Service will enhance the internal wellness program by including a focus on the mental health and well-being of Service Members and their families.

The Service will continue to implement the Road to Mental Readiness program as a mandatory training program for all Service Members and will track the number of Members trained.

The Service will continue to include Member and community input in the development and review of training as it contributes to a stigma-free environment.

The Service will publish the results of a Member wellness survey.



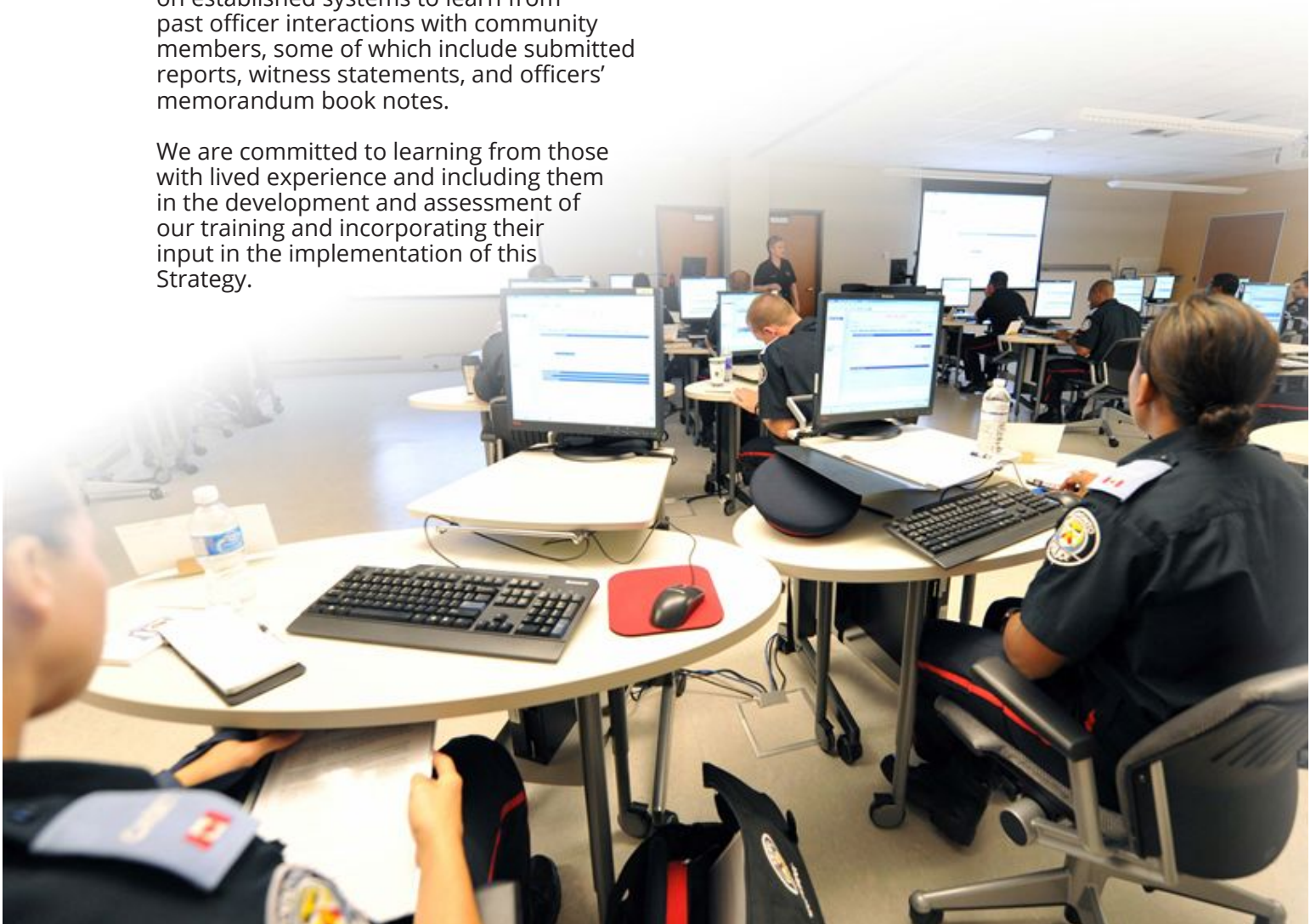


Our Commitment to Continuous Learning

The Service is committed to expanding the skill-sets of our Members to allow us to respond effectively and compassionately within an environment of changing community expectations and new developments in our understanding of mental health and/or addictions issues. We will continue to examine our assumptions, values, methods and practices. The Service will explore debriefing sessions to identify key issues, highlight best practices, and make recommendations for improvement going forward.

The Service recognizes the value of learning from past experiences as part of a process of continuous improvement in both individual and corporate performance. We currently rely, in part, on established systems to learn from past officer interactions with community members, some of which include submitted reports, witness statements, and officers' memorandum book notes.

We are committed to learning from those with lived experience and including them in the development and assessment of our training and incorporating their input in the implementation of this Strategy.



Action Items

The Service will work toward developing a process and procedure for officer debriefing sessions after interactions with individuals who may have been experiencing mental health and/or addictions issues.

The Service will ensure that information obtained from an officer debriefing session is forwarded to Toronto Police College staff, and other units as appropriate, should the information potentially inform future training, highlight gaps in procedure or policy, or demonstrate best practices.

The Service will continue to explore best practices across Canada and around the world for training involving interactions with individuals who may be experiencing mental health and/or addictions issues, adapting and customizing approaches where necessary and/or appropriate for use in Toronto.

The Service will ensure that community members with lived experience of mental health and/or addictions issues, as well as subject matter experts, continue to play a pivotal role in the development and review of training.

The Service will ensure that training scenarios continue to emphasize the importance of assessing and reassessing situations in all interactions, including those that involve individuals who may be experiencing mental health and/or addictions issues.

The Service will ensure that training continues to be refined and delivered to members of Communications Services regarding how to extract detailed information about people's behaviour, including the use of appropriate language when describing a person's behaviour.

The Service will ensure that members of Communications Services continue to receive training to recognize the impact of language on an officer's response to a situation and how it may affect the outcome of an interaction.

The Service will track the number of Communications Services Members who receive training specifically for responding to individuals who may be experiencing mental health and/or addictions issues.

The Service will explore ways to learn from our interactions with individuals who may be experiencing mental health and/or addictions issues through the analysis of data collected (e.g. information gleaned from satisfaction surveys after police interactions).

Our Commitment to Advocacy & Partnership

The Service recognizes the importance of working collaboratively across sectors, with all levels of government, and directly involving people with lived experience of mental health and/or addictions issues. We will continue to work collaboratively and support our partners, including advocacy groups, community agencies and mental health and addictions service providers, and organizations for persons with lived experience to address the complex needs of the individuals we serve.

The Service recently conducted an environmental scan with our hospital partners to identify best practices in Police-Emergency Department transfers to identify efficient and effective processes that facilitate patient transfers that reduce police wait-times and decrease stigma and other negative impacts on the patient.

The Service will work to incorporate harm reduction principles into our responses and interactions with individuals who may be experiencing mental health and/or addictions issues. Harm reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping (CMHA Ontario, 2019).

The Service recognizes the importance for service users to have safe and unimpeded access to Safe Consumption and Treatment Sites, also known as Supervised Injection Sites and Overdose Prevention Sites. Officers are instructed to take a measured approach, accompanied by a strong emphasis on discretion involving illegal drug possession in interactions with service users at these locations.

Action Items

The Service will continue to partner with key stakeholders to advocate for increased funding and the expansion of programs that serve people who are experiencing mental health and/or addictions issues, including the Mobile Crisis Intervention Teams (MCIT) program, community-based crisis services, affordable housing and peer-led organizations operated by and for persons with mental health and/or addictions histories.

The Service will look for new and innovative opportunities for collaborative partnerships that will support people who are experiencing mental health and/or addictions issues access the information, supports, and resources they require.

The Service will review the MCIT model with our hospital and other health care partners to guide program development and quality improvements processes.

The Service will continue to work with our hospital partners to ensure timely transfers of care in Emergency Departments for individuals who have been apprehended under the *Mental Health Act*.

The Service will continue to provide its Members with access to information on local resources available to provide support and assistance to members of the community who may be experiencing mental health and/or addictions issues, such as the Community Access Portal.

The Service will track the number of calls due to overdose-related emergencies.

Our Commitment to Evaluation

The Service is committed to exploring methods to achieve more comprehensive data collection, evaluation, analysis and reporting on police interactions with individuals who may be experiencing mental health and/or addictions issues.

Currently, the Service's ability to collect extensive data on interactions is limited by existing systems and processes, as some of the data we know is required for a thorough evaluation (e.g. race-based data collection, de-escalation techniques used, etc.) is not currently readily available.

The Service will consider including the use of independent experts and community partners in the analysis, interpretation, and discussion of the implications of the data collected. We will also continue to identify the current system, legal and process limitations for comprehensive data collection and evaluation and work to overcome these limitations.

The Service understands that in order to ensure a successful implementation of this Strategy, regular and meaningful evaluation must be a key component. Only through comprehensive data collection and thorough evaluation can we adequately understand, learn from, and work to continually improve police interactions with individuals who may be experiencing mental health and/or addictions issues. In addition, data collection and timely reporting will facilitate accountability and transparency in relation to our interactions with these populations.

Action Items

A specific outline of measures that will be included in the Annual Report on this Strategy is provided in the Appendix.

The Service will explore and implement all feasible methods of data collection (both qualitative and quantitative) in relation to police interactions with people who appear to be experiencing mental health and/or addictions issues, to allow for more comprehensive evaluation and public reporting.

The Service will explore the development of metrics and the collection of data to facilitate evaluation and reporting on the interconnected nature of mental health and/or addictions issues and other social categorizations in interactions with police.

The Service will explore means for collecting additional information (e.g. race-based data collection, de-escalation techniques used, etc.) to allow for more detailed reporting and analysis of police interactions with people who appear to be experiencing mental health and/or addictions issues, where a *Mental Health Act* apprehension was made.

The Service will continue to review best practices from other jurisdictions across Canada and around the world to inform the ongoing improvement of training.





Our Commitment to Transparency, Accountability, and Reporting

The Service is committed to the principles of transparency and accountability within the Service and through the implementation of this Strategy. We will deliver an annual report publicly to the Toronto Police Services Board as well as to the Board's Mental Health and Addictions Advisory Panel.

The annual report will share our progress as we implement this Strategy and will provide detailed information on the status of the Action Items, identify any new Action Items, and include a summary of data collected to evaluate the Service's performance in each of our commitment areas.

Action Items

The Service will collect information/ data and prepare an annual report on this Strategy that allows for the timely assessment of Service Members' interactions with people who may be experiencing mental health and/or addictions issues, including the use of de-escalation, use of force, and the use of cultural competence and an equity approach. This report will be a public document and will include the information outlined in the Appendix.

APPENDIX – Annual Report on the Toronto Police Service’s Mental Health and Addictions Strategy

As noted previously, our commitment to preserving the health, well-being and rights of individuals with mental health and/or addictions issues will ultimately be judged by our actions.

To allow the public to assess our commitment, this Annual Report by the Service will provide information on the status of all Action Items identified in this Strategy. It will also identify any new Action Items that are required to address evolving issues. In addition, this Annual Report will include data related to police interactions with people who may be experiencing mental health and/or addictions issues as follows:

Preserving Life

We will develop a means for collecting data on the use of de-escalation during encounters with people who may be experiencing mental health and/or addiction issues, regardless of whether force was used during the encounter, particularly during *Mental Health Act* apprehensions.

We will also report on the use of de-escalation during incidents involving Conducted Energy Weapons.

We will report on the number of Members who have been recognized under the Board’s Awards Program for their ability to engage compassionately and respectfully, and effectively respond to people who may be experiencing mental health and/or addictions issues.

We will report on the number of Communications Services Members who received training specific to responding to people who may be experiencing mental health and/or addictions issues.

We will report on the use of the Mobile Crisis Intervention Team (MCIT) program and explore the feasibility of collecting more detailed information on MCIT interactions with people who may be experiencing mental health and/or addictions issues.

We will report on the number of Service Members trained in the administering of naloxone.

Leadership

We will measure the perceptions of Members about the Service’s commitment to ensuring their health and safety and the health and safety of the public who appear to be experiencing mental health and/or addictions issues.

Stigma-Free Environment

We will assess Member awareness and perceptions of the Service’s internal wellness program, including its accessibility, availability and adequacy.

We will measure the perception of Members about the degree to which the Service has created an environment that is supportive, understanding, and free of prejudice and discrimination.

Continuous Learning

We will measure Service Members' perceptions of the training they received to help them effectively interact with people who appear to be experiencing mental health and/or addictions issues.

Advocacy and Partnerships

We will continue to survey our community partner agencies to evaluate the working relationship between the agencies and the Toronto Police Service and identify areas for improvement.

We will work with our community partner agencies to develop a means for surveying individuals who may be experiencing mental health and/or addictions issues, and any caregivers (e.g. family members, support workers, etc.) to determine their feedback on their interactions with police.



REFERENCES

Braveman P., & Gruskin, S. (2003). Defining equity in health *Journal of Epidemiology & Community Health*. 57:254-258.

Canadian Centre on Substance Abuse. (2010). Substance Abuse in Canada: Concurrent Disorders. Retrieved from: <http://www.ccsa.ca/Resource%20Library/ccsa-011811-2010.pdf>

Canadian Mental Health Association, Ontario. (2008). Mental Health Promotion in Ontario: A Call to Action. Retrieved from: <https://ontario.cmha.ca/documents/mental-health-promotion-in-ontario-a-call-to-action/>

Canadian Mental Health Association, Ontario. (2014). Advancing Equity in Ontario: Understanding Key Concepts. Retrieved from <http://ontario.cmha.ca/wp-content/uploads/2016/07/Advancing-Equity-In-Mental-Health-Final1.pdf>

Canadian Mental Health Association, Ontario. (2019). Harm Reduction. Retrieved from: <https://ontario.cmha.ca/harm-reduction/>

Eaton, M. (1994). "Patently Confused, Complex Inequality and Canada v. Mossop", 1 Rev. Cons. Stud. 203 at 229.

European Monitoring Centre for Drugs and Drug Addiction. (2013). Models of Addiction. Retrieved from: http://www.emcdda.europa.eu/attachements.cfm/att_213861_EN_TDXD13014ENN.pdf

Federal Government of Canada (2017). Indigenous peoples and communities. Retrieved from <https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303>

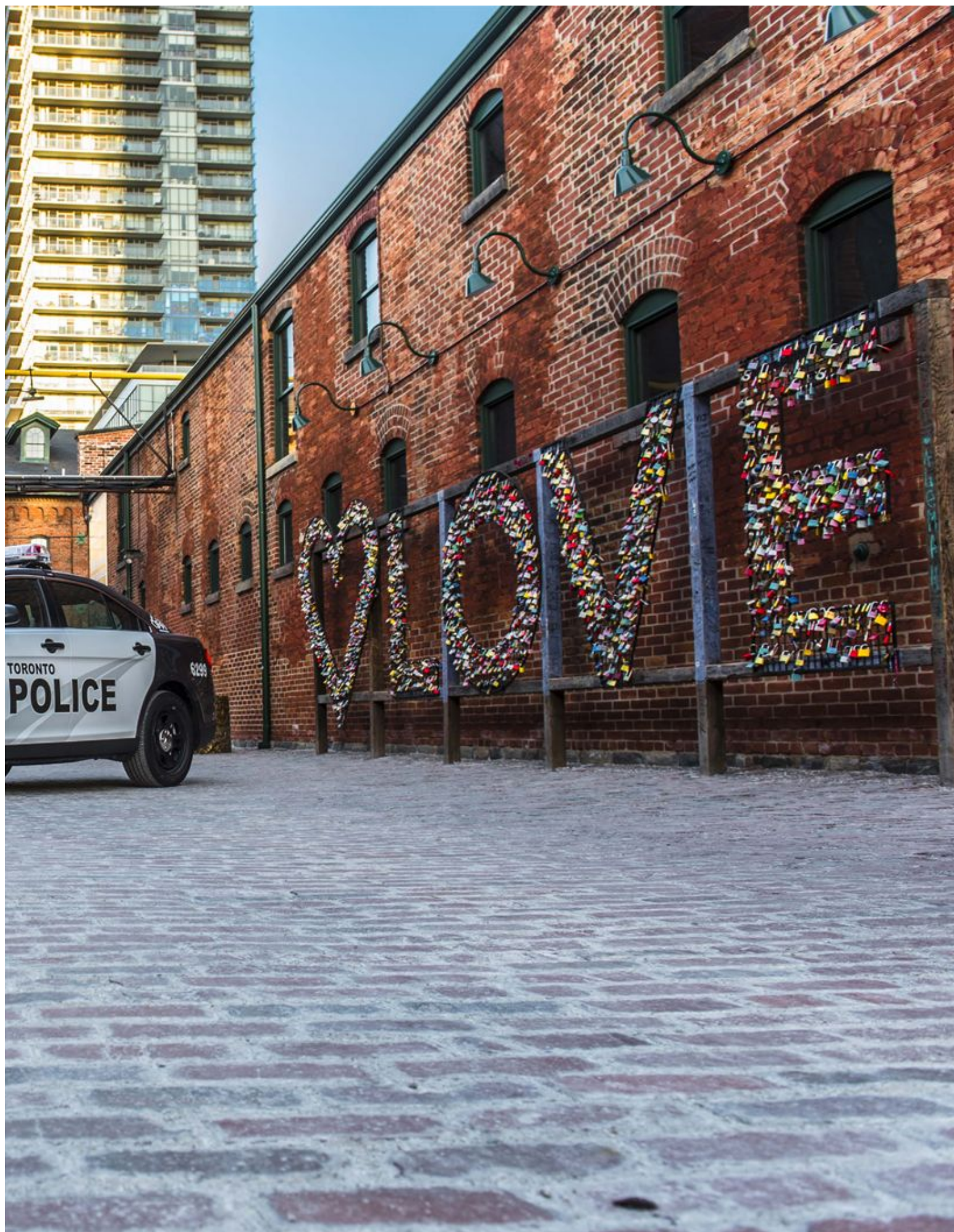
Mikkonen, J., & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management.

Public Health Agency of Canada. (2014). Mental Health Promotion. Retrieved from: <https://www.canada.ca/en/public-health/services/health-promotion/mental-health.html>

Thomas, G. (2005). Harm Reduction Policies and Programs Involved for Persons Involved in the Criminal Justice System. Ottawa: Canadian Centre on Substance Use.

World Health Organization (2019). Health Topics: Indigenous Populations. Retrieved from https://www.who.int/topics/health_services_indigenous/en/









Toronto Police Services Board Report

October 15, 2019

To: Members
Toronto Police Services Board

From: Marie Moliner
Acting Chair

Subject: Recommendation for Board Ratification of Collective Bargaining Settlement with the Toronto Police Senior Officers' Organization Dated August 22, 2019

Recommendation:

It is recommended that the Board ratify the Collective Bargaining Memorandum of Settlement reached between the Board and the Toronto Police Senior Officers' Organization (S.O.O.) on August 22, 2019, and extend the same monetary settlement to Excluded staff.

Financial Implications:

The financial implications relating to this report will have a budget impact of \$4,342,700 over a five year term.

Background/Purpose:

The Uniform and Civilian Senior Officers' Collective Agreements in force between the Board and the S.O.O. expired on December 31, 2018. The S.O.O. provided notice to the Board of its desire to bargain new collective agreements on April 23, 2019.

The Board's bargaining team met with the S.O.O.'s bargaining team to begin collective bargaining for renewed collective agreements and exchanged proposals on June 18, 2019. The parties subsequently met on June 20, July 17, and August 22, 2019 to negotiate. At the end of bargaining on August 22, 2019, the parties were able to reach a tentative agreement.

Typically, the Board considers a recommendation to ratify a bargaining settlement after the S.O.O. has conducted its ratification vote. On September 20, 2019, the S.O.O.

advised the Board that it had conducted its ratification vote and that its members had voted in favour of ratifying the bargaining settlement dated August 22, 2019.

Discussion:

If ratified by the Board, the bargaining settlement will resolve both the Uniform and Civilian Senior Officers' Collective Agreements in force between the Board and the S.O.O. for a term of five years, from January 1, 2019 to December 31, 2023.

Highlights of the settlement include:

- Five year term from January 1, 2019 to December 31, 2023 (replicates recent Toronto Police Association (T.P.A.) settlement)
- Wage increase of 11.06% (compounded) over five years, averaging 2.21% per year (replicates T.P.A. settlement).
- Replicated applicable non-wage items as negotiated with the T.P.A.:
 - S.O.O. membership on applicable joint committees, including legal indemnification and benefits review committees.
 - Joint review and modernization of civilian job evaluation process by the end of 2020.
 - Removal of legal indemnification language for civilians.
 - Key health and dental benefits improvements, including leading psychological/counselling benefit coverage.
 - Improvements to bereavement and parental leave entitlements.
- Senior Officer-specific modernization and transformation items:
 - New sector-leading Pay for High Performance Program to be implemented for the 2021 performance year.
 - Elimination of \$3,000 per year Inspectors' Allowance and inclusion of Inspectors in Uniform Senior Officer vehicle entitlement for the performance of and to maximize time spent on official police business using existing fleet resources.
 - Improved civilian job posting language to allow for simultaneous internal and external posting of jobs.
 - Agreement to discuss potential new excluded positions under the new *Community Safety and Policing Act, 2019*.

This is the first time that the Board and the S.O.O. have been able to negotiate a five year term. Together with the recently negotiated five year T.P.A. collective agreements, this will ensure long term labour stability during a critical phase of the transformation of the Toronto Police Service (Service).

The renewed five year collective agreements will allow the Board to continue to work together with both the T.P.A. and the S.O.O. to tackle the challenges of modernization and to meet the complex and evolving nature of policing in Toronto. Importantly, the settlement with the S.O.O. also ensures that the Board and the Service continue to

recognize the unique and critical role played by senior leadership in driving the modernization of the Service.

A negotiated settlement is always an achievement between an employer and an association. It ensures labour peace, and signifies a good working relationship between the parties. These elements are not achieved lightly, or easily.

Conclusion:

The conclusion of negotiations resulting in five year collective agreements is a significant achievement for the Board and the S.O.O. The renewed collective agreements will ensure that the Board can move forward with its modernization agenda in partnership with both the S.O.O. and the T.P.A. during an extended period of labour relations stability.

Based on the foregoing, and in light of the importance of maintaining a positive labour relations environment during this period of transformation and modernization, it is recommended that the Board ratify the Collective Bargaining Memorandum of Settlement between the Board and the S.O.O. dated August 22, 2019, and extend the same monetary settlement to Excluded staff.

Peter Mowat, Manager of Labour Relations, will be in attendance to answer any questions that Board members may have regarding this report.

Respectfully submitted,

Original signed

Marie Moliner
Acting Chair

UC:mm



Toronto Police Services Board Report

October 11, 2019

To: Chair and Members
Toronto Police Services Board

From: Uppala Chandrasekera
Acting Chair

**Subject: PROCESS FOR REVIEWING 2020 CAPITAL AND
OPERATING BUDGET REQUESTS**

Recommendation(s):

It is recommended that:

1. The Toronto Police Services Board (Board) establish a Budget Committee for the purpose of reviewing the Toronto Police Service's 2020 capital and operating budget requests as well as the Board's 2020 operating budget request and the Parking Enforcement Unit's 2020 operating budget request;
2. The Board designate the Chair and Vice Chair as the members of the Budget Committee;
3. The Board approve the process and schedule as outlined in this report for its review of the capital and operating budget estimates; and
4. The Board forward a copy of this report to the City Manager, and to the Deputy City Manager and Chief Financial Officer (CFO).

Financial Implications:

There are no financial implications arising from the recommendations in this report.

Background / Purpose:

For the 2020 budget, the City of Toronto is implementing a revamped budget process that is intended to empower City programs and agencies with more accountability for decisions and to make the budget more accessible and easier to understand by all. The end goal of the process is a multi-year, service-based budget that will evolve over a four-year period. The changes over the next four years are as follows:

- Year 1 - current: Simplify processes, clarify plans, build momentum, prioritizing staff wellbeing
- Year 2: Foundations for Multi-Year Budgeting
- Year 3: Foundations for Service-Based Budgeting
- Year 4: Transition to Service-Based Budgeting (communicates value of services to public for their tax dollars, easier to understand and engage)

For 2020, the City has also launched a Value-Based Outcomes Review that will look at finding efficiencies and recommending new business models that will create the same or better outcomes at lower costs. This review is intended to inform the 2020 budget. In addition, significant provincial cuts to the City are creating greater pressures on the overall City budget, which will inevitably have an impact on the budgets for the City's agencies, boards and commissions.

Key dates in the 2020 budget process, including those established by the City are summarized below.

- Early October – Reviews with City Manager and Chief Financial Officer
- Late October – Informal City Budget Committee member review
- October 22 – Board Meeting – Board report regarding Board Budget Committee composition and process considered
- November/December – Board Budget Committee to hold public meeting(s)
- December Board meeting – Board consideration of Service, Board and Parking Enforcement Unit budget requests
- January 2020 – City budget launch
- January – February 2020 – City Budget Committee & Executive Committee reviews
- February 19, 2020 – City Council approval of budget

Discussion:

It is proposed that the Toronto Police Services Board establish its Budget Committee in October 2020 in order to engage in a process to review the capital and operating budgets. The Budget Committee will be chaired by the Chair and the Vice Chair will be a member of the Committee. All Board Members are encouraged to attend and participate in the Budget Committee's events and meetings.

The Budget Committee's formal meeting(s) will be convened in accordance with the Board's Procedural Bylaw and, consequently, will meet in public, as appropriate. The Board will ensure that there is an opportunity for public input into the budget process, with exact details to be determined.

The process will include the posting of budget information on both the Board's and Service's websites in advance of the Board Budget Committee, so that the public and other interested stakeholders can have access to more detailed information on the budgets.

December 2019 Board Meeting

At its regularly scheduled December 2019 public meeting, the Board will consider a report from its Budget Committee recommending approval of capital and operating budget requests for 2020.

Conclusion:

This report outlines the process and general timelines for review of the Service's 2020 operating and capital budget requests, the Parking Enforcement request, and the Board's budget request, with the objective of the Board-approved budgets being provided to the City after the Board's December 2019 meeting. The public will be advised as more details with respect to the timing of the public meetings of the Board's Budget Committee are finalized.

The report includes the establishment of a Board Budget Committee to review and makes recommendations to the full Board on the respective operating and capital budget requests, for the Board's consideration and approval.

Respectfully submitted,

Original signed

Uppala Chandrasekera
Acting Chair



Toronto Police Services Board Report

September 6, 2019

To: Chair and Members
Toronto Police Services Board

From: Mark Saunders
Chief of Police

Subject: New Job Description – Team Lead, Internal Communications, Corporate Communications

Recommendation(s):

It is recommended that the Toronto Police Services Board (Board) approve the attached new civilian job description and classification for the position of Team Lead, Internal Communications, Corporate Communications.

Financial Implications:

The Team Lead, Internal Communications position is classified as a Class Z26 (35 hour), with an annual salary of \$100,123 - \$115,909, effective January 1, 2018.

Funds for this position were included in the 2019 operating budget and the hiring process is expected to begin in the fourth quarter of this year.

Background / Purpose:

At its meeting held on July 31, 2019 (Min. No. P174/19 refers), the Board received an updated organizational structure for the Corporate Communications Unit, and a request to approve three new job descriptions for the positions of Manager, Corporate Communications, Team Lead, Corporate Communications and Community Relations and Team Lead, Digital Communications. The Board approved the report.

The purpose of this report is to provide the recently evaluated job description for the position of Team Lead, Internal Communications for Board approval.

Discussion:

The modernization plan for the Corporate Communications Unit that was presented to the Board in July 2019 included a recommendation to build the structure with enhanced senior expertise, implementing dedicated roles that bring communications planning and

preparedness in an estimated two-phase hiring approach. These roles were identified as critical for the implementation of the unit's mandate and to support the Service's overall modernization efforts.

The job descriptions for the Manager, Corporate Communications, Team Lead, Corporate Communications and Community Relations and the Team Lead, Digital Communications were approved by the Board at its July 31, 2019 meeting.

The job description for the Team Lead, Internal Communications position was also attached to the report at the July 31, 2019 meeting to provide the Board with the Corporate Communications leadership structure in its entirety. At that time, the classification and salary range for the position was pending job evaluation and the Board was notified that a future Board report would be submitted for approval post evaluation.

The purpose of the Team Lead, Internal Communications function is to work with the Director and Managers to implement new communications protocols and manage internal communications efforts, and greater consistency in communications for members. Members want effective communications – organized, clear updates regarding their day-to-day work and direct communications on complex issues affecting the Service.

In partnership with People, Strategy and Performance, this role looks to modernize internal communications from planning to content to delivery to continuous improvement. It is largely strategic, but also tactical; this role requires a candidate willing to see the big picture and also get into the detail as required.

The new job description for the Team Lead, Internal Communications is attached (see Appendix A). The position has been evaluated using the Service's job evaluation plan and has been determined to be a Class Z26 (35 hour) position within the Civilian Senior Officer salary scales. The current salary range for this position is \$100,123 - \$115,909 per annum, effective January 1, 2018.

Conclusion:

It is therefore recommended that the Board approve the job description and classification for the position of Team Lead, Internal Communications. Subject to Board approval, this position will be staffed in accordance with the established procedure.

Deputy Chief Barbara McLean, Human Resources Command, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

Mark Saunders, O.O.M.
Chief of Police

Appendix A



TORONTO POLICE SERVICE

JOB DESCRIPTION

Date Approved:

Board Minute No.:

Total Points: 697

Pay Class: Z26

JOB TITLE: Team Lead, Internal Communications

JOB NO.: Z26027

BRANCH: Chief of Police

SUPERSEDES: New

UNIT: Corporate Communications

HOURS OF WORK: 35 **SHIFTS:** 1

SECTION:

NO. OF INCUMBENTS IN THIS JOB: 1

REPORTS TO: Manager, Corporate Communications

DATE PREPARED: 2019.09.03

SUMMARY OF FUNCTION:

The Team Lead, Internal Communications handles all internal communications efforts, creating more transparency and greater consistency in communications for members. In partnership with People, Strategy and Performance (*informal*), this role looks to modernize internal communications from planning to content to delivery to continuous improvement.

DIRECTION EXERCISED:

The Team Lead, Internal Communications will report to the Manager, Corporate Communications and have support from Communications Specialists (*informal*).

MACHINES AND EQUIPMENT USED:

Workstation with associated software and any other office equipment as required.

DUTIES AND RESPONSIBILITIES:

1. Develops and implements an internal communications strategy capturing key internal communications priorities and channels.
2. Develops internal communications toolkits for key announcements/events, to drive greater consistency in approach across the Service.
3. Develops new mobile workplace (intranet+) and strategy.
4. Partners with the People, Strategy and Performance unit to train managers on better communication.
5. Executes strategic communications plans.
6. Advises on internal communications components of broader communications plans (led by others in unit).
7. Amplifies good news stories internally.
8. Supports team in designing solutions to meet their individual goals and instill culture and organizational values within the business.
9. Ensures each strategist has what they need to succeed including external resources, training and professional tools.
10. Stays on top of internal communications trends, ensuring the Service delivers on best practice.
11. Provides professional advice and coaching on the implementation of Service policy and supports delivery of employee lifecycle events such as promotion and performance management.
12. Supports the Manager / Director in management and leadership of the broader team.

The above statements reflect the principal functions and duties as required for proper evaluation of the job and shall not be construed as a detailed description of all the work requirements that may be inherent in the job or incidental to it.



TORONTO POLICE SERVICE
JOB DESCRIPTION

Date Approved:
Board Minute No.:
Total Points: 697
Pay Class: Z26

JOB TITLE:	Team Lead, Internal Communications	JOB NO.:	Z26027
BRANCH:	Chief of Police	SUPERSEDES:	New
UNIT:	Corporate Communications	HOURS OF WORK:	35 SHIFTS: 1
SECTION:		NO. OF INCUMBENTS IN THIS JOB:	1
REPORTS TO:	Manager, Corporate Communications	DATE PREPARED:	2019.09.03

DUTIES AND RESPONSIBILITIES: (cont'd)

13. Serves as a positive role model; supports and respects colleagues, clients and partners; focuses on self-improvement and ensures work is based on strategic insights.
14. Ensures work and relationships are founded on open and honest communications; listens and asks the right questions during day-to-day work; upholds creative, ethical and legal standards.
15. Ensures the connectivity of Corporate Communications to the Service across all units.
16. Performs other related duties as required.

.../2

The above statements reflect the principal functions and duties as required for proper evaluation of the job and shall not be construed as a detailed description of all the work requirements that may be inherent in the job or incidental to it.



Toronto Police Services Board Report

September 16, 2019

To: Chair and Members
Toronto Police Services Board

From: Mark Saunders
Chief of Police

**Subject: Special Constable Appointments and Re Appointments –
October 2019**

Recommendation:

It is recommended that the Board approve the appointments and re-appointments of the individuals listed in this report as special constables for the Toronto Transit Commission (T.T.C.) and the University of Toronto, St. George Campus (U of T), subject to the approval of the Ministry of the Solicitor General.

Financial Implications:

There are no financial implications relating to the recommendations contained within this report.

Background / Purpose:

Under Section 53 of the *Police Services Act of Ontario*, the Board is authorized to appoint and re-appoint special constables, subject to the approval of the Ministry of the Solicitor General. Pursuant to this authority, the Board now has agreements with the University of Toronto (U of T), Toronto Community Housing Corporation (T.C.H.C.) and Toronto Transit Commission (T.T.C.) governing the administration of special constables (Min. No. P571/94, P41/98 and P154/14 refer).

The Service has received requests from T.T.C. and U of T to appoint the following individuals as special constables:

Table 1 Name of Agency and Special Constable Applicant

Agency	Name	Status Request
T.T.C.	Shaun Michael SALMON	Re - Appointment
T.T.C.	Raymond Bruce WALKER	Re - Appointment
U of T	Steven Moore	Appointment

Discussion:

The special constables are appointed to enforce relative sections of the *Criminal Code of Canada*, *Controlled Drugs and Substances Act*, *Trespass to Property Act*, *Liquor Licence Act* and *Mental Health Act* on their respective properties within the City of Toronto.

The agreements between the Board and each agency require that background investigations be conducted on all individuals who are being recommended for appointment or re-appointment as special constables. The Service's Talent Acquisition Unit completed background investigations on these individuals and there is nothing on file to preclude them from being appointed as special constables for a five year term.

The T.T.C. and U of T have advised the Service that the above individuals satisfy all of the appointment criteria as set out in their agreement with the Board. The agencies' approved strength and current complements are indicated below:

Table 2 Name of Agency, Approved Strength and Current Number of Special Constables

Agency	Approved Strength	Current Complement
T.T.C.		64
U of T	50	24

Conclusion:

The Service continues to work together in partnership with the agencies to identify individuals who may be appointed as special constables who will contribute positively to the safety and well-being of persons engaged in activities on T.T.C. and U of T properties within the City of Toronto.

Deputy Chief of Police James Ramer, Specialized Operations Command, will be in attendance to answer any questions that the Board may have with respect to this report.

Respectfully submitted,

Mark Saunders, O.O.M.
Chief of Police



Toronto Police Services Board Report

October 15, 2019

To: Chair and Members
Toronto Police Services Board

From: Mark Saunders
Chief of Police

Subject: Request for Special Funds: Health Promotion Initiative – Cardiac Health Fair

Recommendation(s):

It is recommended that the Toronto Police Services Board (Board) approve an expenditure of approximately \$3,500 plus Harmonized Sales Tax (H.S.T.) from the Board's Special Fund to support the Toronto Police Service's (Service) pilot of a health promotion initiative focused on cardiovascular health in partnership with the Toronto Police Association (T.P.A.), the Senior Officers Organization (S.O.O.) and the Peter Munk Cardiac Centre and the University Health Network (U.H.N.).

Financial Implications:

The approximate cost of this initiative is \$10,000 plus H.S.T. It is recommended that the Board fund one-third of the cost of this initiative from the Board's Special Fund with the remainder to be shared by the Toronto Police Service Wellness Reserve and the Toronto Police Association.

Background / Purpose:

Based on the assessment of the Service's extended health care benefit claims experience, the Service is aware that cardiac related health conditions are one of the highest disease concerns that affect members. Additionally, we know that first responders, as a collective group, demonstrate a number of health risk factors for cardiovascular related disease. Raising awareness of this issue is in the best interests of the health and wellbeing of Service members. Given the outcome of our health benefits analysis, the Service is embarking on a partnership-based Cardiac Health Fair event throughout the month of November 2019. The Board, the Service, the T.P.A. and the S.O.O. have been in consultation for several months on the development of this initiative.

Discussion:

Health promotion initiatives are a key component of a comprehensive Wellness program that brings health issues and resources to members so that they can make informed decisions about their own health and wellbeing. One of the goals of health promotion is to prevent illness and injury from occurring in the first place, and in cases where it does occur, reduce the impact of the illness or injury. For members, this could mean a better understanding of risk factors and available resources to enable them to maintain a high quality of life. For the organization, this can mean a reduction in health-related costs, including absenteeism and benefit costs.

Given the outcome of our health benefits analysis, the Service is embarking on a pilot Cardiac Health Fair event throughout the month of November 2019. In preparation for the development of a wellness strategy in 2020, the Wellness unit will lead this initiative on behalf of the Service with leadership and financial support from the Board, the T.P.A., and the S.O.O.

A key feature of the Cardiac Health Fair is a partnership with the U.H.N. and the Peter Munk Cardiac Centre. The Peter Munk Cardiac Centre is a world leader in diagnosis, care and treatment of cardiac health. Partnering with renowned organizations, such as the Peter Munk Cardiac Centre, adds assurance to the members that the information provided and resources recommended are reliable and driven by credible research.

The Cardiac Health Fair will provide Service members with an opportunity to use a variety of risk screening tools such as blood pressure tests, physical activity, nutrition, body mass index, sleep, and age and waist circumference assessments. Members who participate will have an opportunity to enter a draw to win health-related prizes. Participation in this health fair will be voluntary.

This initial pilot will take place at select locations across the Service: Headquarters, 41 Division, 23 Division, 51 Division, and the Toronto Police College. Based on the outcome of this pilot, the Service will propose that the event be conducted at other locations in the future.

Conclusion:

The Cardiac Health Fair is an opportunity for the Service, the Board, the T.P.A., and the S.O.O. to demonstrate proactive and collaborative leadership in the promotion of health care to members.

It is therefore recommended that the Board approve an expenditure from its Special Fund in the amount of approximately \$3,500 plus H.S.T. to support this health promotion initiative as outlined above.

Deputy Chief Barbara McLean, Human Resources Command, will be in attendance to answer any questions the Board members may have regarding this report.

Respectfully submitted,

Mark Saunders, O.O.M.
Chief of Police

Filename: Board Report – Request for Special Funds – Cardiac Health Fair.doc



Toronto Police Services Board Report

October 10, 2019

To: Members
Toronto Police Services Board

From: Ryan Teschner
Executive Director

Subject: City of Toronto Council Decision – Cycling Network Plan Update

Recommendation(s):

It is recommended that:

- 1) the Board refer this report to the Chief of Police for consideration and direct the Chief to liaise with City officials and others, as deemed appropriate, with respect to this matter; and,
- 2) the Board forward a copy of this report to the Infrastructure and Environment Committee.

Financial Implications:

There are no financial implications arising from the Board's consideration of this report.

Background/Purpose:

City Council, at its meeting on July 16, 17, and 18, 2019 adopted an item with respect to the Cycling Network Plan. The motion is available at this link:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.IE6.11>

Discussion:

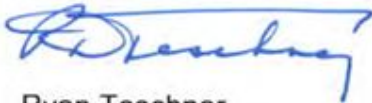
In considering this matter, City Council adopted, among other items, the following:

25. City Council request the Toronto Police Services Board to consider siting the Toronto Police Service's main bike collision reporting centre at the new police station at Danforth Avenue and Coxwell Avenue.

It is, therefore, recommended that:

- 1)) the Board refer this report to the Chief of Police for consideration and direct the Chief to liaise with City officials and others, as deemed appropriate, with respect to this matter; and,
- 2) the Board forward a copy of this report to the Infrastructure and Environment Committee.

Respectfully submitted,



Ryan Teschner
Executive Director



Toronto Police Services Board Report

October 10, 2019

To: Members
Toronto Police Services Board

From: Ryan Teschner
Executive Director

**Subject: City of Toronto Council Decision – Downtown East 2023
Five-Year Action Plan**

Recommendation(s):

It is recommended that:

- 1)) the Board refer this report to the Chief of Police for consideration and direct the Chief to liaise with City officials and others, as deemed appropriate, with respect to this matter; and,
- 2) the Board forward a copy of this report to the Economic and Community Development Committee.

Financial Implications:

There are no financial implications arising from the Board's consideration of this report.

Background/Purpose:

City Council, at its meeting on July 16, 17, and 18, 2019 adopted an item with respect to the Downtown East 2023 Five-Year Action Plan. The motion is available at this link:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.EC6.16>

Discussion:

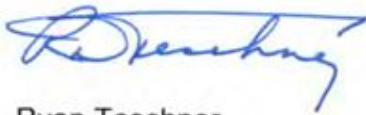
In considering this matter, City Council adopted, among other things, the following:

5. City Council request the Toronto Police Services Board to review the current response to safety and noise concerns in the Sherbourne Corridor and Moss Park areas and identify resource requirements to respond.

It is, therefore, recommended that:

- 1)) the Board refer this report to the Chief of Police for consideration and direct the Chief to liaise with City officials and others, as deemed appropriate, with respect to this matter; and,
- 2) the Board forward a copy of this report to the Economic and Community Development Committee.

Respectfully submitted,



Ryan Teschner
Executive Director



Toronto Police Services Board Report

October 10, 2019

To: Members
Toronto Police Services Board

From: Ryan Teschner
Executive Director

Subject: City of Toronto Council Decision – Road Safety Plan

Recommendation(s):

It is recommended that:

- 1) the Board refer this report to the Chief of Police for consideration to support the implementation of Vision Zero 2.0 and direct the Chief to liaise with City officials and others, as deemed appropriate, with respect to this matter; and,
- 2) the Board forward a copy of this report to the Infrastructure and Environment Committee.

Financial Implications:

There are no financial implications arising from the Board's consideration of this report.

Background/Purpose:

City Council, at its meeting on July 16, 17, and 18, 2019 adopted an item with respect to the Vision 2.0 – Road Safety Plan. The motion is available at this link:

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2019.IE6.8>

Discussion:

In considering this matter, City Council adopted the following:

21. City Council request the Toronto Police Services Board to request the Toronto Police Service to review its enforcement process for traffic collisions involving cyclists, clarify reporting procedures for incidents involving motor vehicles and cyclists, and to

forward any recommended actions or findings to the Toronto Police Services Board for their consideration to support the implementation of Vision Zero 2.0.

It is, therefore, recommended that:

1) the Board refer this report to the Chief of Police for consideration to support the implementation of Vision Zero 2.0 and direct the Chief to liaise with City officials and others, as deemed appropriate, with respect to this matter; and,

2) the Board forward a copy of this report to the Infrastructure and Environment Committee.

Respectfully submitted,



Ryan Teschner
Executive Director



Toronto Police Services Board Report

February 1, 2019

To: Chair and Members
Toronto Police Services Board

From: Mark Saunders
Chief of Police

**Subject: Chief's Administrative Investigation into the Custody
Injury to Mr. Lawrence Newton**

Recommendation(s):

It is recommended that the Toronto Police Services Board (Board) receive the following report.

Financial Implications:

There are no financial implications relating to the recommendation contained within this report.

Background / Purpose:

Whenever the Special Investigations Unit (S.I.U.) is notified of an incident involving serious injury or death, provincial legislation directs that a chief of police shall conduct an administrative investigation.

Ontario Regulation 267/10, Section 11(1) states:

"The chief of police shall also cause an investigation to be conducted forthwith into any incident with respect to which the S.I.U. has been notified, subject to the S.I.U.'s lead role in investigating the incident."

Section 11(2) of the Regulation states:

"The purpose of the chief of police's investigation is to review the policies of or services provided by the police force and the conduct of its police officers."

Section 11(4) of the Regulation states:

“The chief of police of a municipal police force shall report his or her findings and any action taken or recommended to be taken to the board within 30 days after the S.I.U. director advises the chief of police that he or she has reported the results of the S.I.U.’s investigation to the Attorney General, and the board may make the chief of police’s report available to the public.”

Upon conclusion of its investigation, the S.I.U. provides the Toronto Police Service (T.P.S.) with a letter. The S.I.U. does not provide the T.P.S. with a copy of the report that was provided to the Attorney General.

Discussion:

On September 29, 2017, plainclothes members of the Provincial Repeat Offender and Parole Enforcement (R.O.P.E.) Unit were engaged in the investigation of a wanted party, identified as Mr. Lawrence Newton. Mr. Newton had been involved in a domestic assault incident with his partner in recent days and she had reported this event to the Niagara Regional Police Service (N.R.P.S.), the jurisdiction in which it had occurred.

The R.O.P.E. team was comprised of five officers, three from the T.P.S., one from the Halton Regional Police Service (H.R.P.S.) and one from the N.R.P.S. The officers, through investigation, learned that Mr. Newton was living at an address other than his own and upon attending 4479 Ferguson Street, Niagara Falls, learned that the apartment he was occupying was leased to his mother.

The officers gained access to the apartment through the use of a key provided by the landlord, announced themselves as police officers with the Provincial R.O.P.E. Unit and commenced a search of the premises. Mr. Newton was located hiding behind a door in one of the bedrooms and shoved it against one of the officers when they identified themselves and called out to him to surrender.

A struggle ensued with two officers trying to subdue and arrest Mr. Newton. Mr. Newton kept his hands beneath his torso, hiding several objects. Both officers delivered several closed fist strikes to Mr. Newton’s upper body and shoulder area, in an effort to gain compliance and secure his arms and hands for handcuffing.

After several sets of strikes, the officers were able to gain control of Mr. Newton’s arms and he was handcuffed and placed under arrest. When the officers stood him up, he had a cut to his forehead and complained of pain in his rib cage. A knife was located on the floor under where he had been struggling.

Mr. Newton was transported by N.R.P.S. officers to Greater Niagara General Hospital where he was examined by medical staff. The results of the examination were inconclusive with respect to the ribs being fractured due to the swelling that limited proper diagnosis.

The N.R.P.S. S.I.U. Liaison Officer was notified of the event and they in turn notified the S.I.U. who invoked their mandate.

The S.I.U. designated one officer from the T.P.S., and one officer from the N.R.P.S., as subject officers; three other officers were designated as witness officers, two from the T.P.S. and one from the H.R.P.S.

In a letter to the T.P.S. dated December 12, 2018, Director Tony Loparco of the S.I.U. advised that the investigation was completed, the file has been closed and no further action is contemplated.

The S.I.U. published a media release on December 13, 2018. The media release is available at: https://www.siu.on.ca/en/news_template.php?nrid=4519

Summary of the Toronto Police Service's Investigation:

Professional Standards Support (P.S.S.) conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

P.S.S. examined the injury in relation to the applicable legislation, service provided, procedures, and the conduct of the involved officers.

The P.S.S. investigation reviewed the following T.P.S. procedures:

- Procedure 01-01 (Arrest)
- Procedure 01-02 (Search of Persons)
- Procedure 01-03 (Persons in Custody)
- Procedure 10-06 (Medical Emergencies)
- Procedure 13-16 (Special Investigations Unit)
- Procedure 13-17 (Notes and Reports)
- Procedure 15-01 (Use of Force)

The P.S.S. investigation also reviewed the following legislation:

- *Police Services Act* Section 113 (Special Investigations Unit)
- Ontario Regulation 267/10 (Conduct and Duties of Police Officers Respecting Investigations by the Special Investigations Unit)
- Ontario Regulation 926 Section 14.3 (Use of Force Qualifications)

The P.S.S. investigation determined that the T.P.S.'s policies and procedures associated with the custody injury were found to be lawful, in keeping with current legislation, and written in a manner which provided adequate and appropriate guidance to the members. None of the examined policies and procedures required modification.

The conduct of the officers was in compliance with applicable provincial legislation regarding the Standards of Conduct and applicable T.P.S. procedures.

Deputy Chief Barbara McLean, Human Resources Command, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

Mark Saunders, O.O.M.
Chief of Police

MS/ao

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