



Virtual Public Meeting

**Thursday,
January 27, 2022
at 9:00AM**



PUBLIC MEETING MINUTES

Tuesday, January 27, at 9:00AM

Livestreamed at: [https://youtu.be/aakJQE-- i4](https://youtu.be/aakJQE--i4)

The following *draft* Minutes of the public meeting of the Toronto Police Services Board that was held virtually on January 27, 2022, are subject to approval at its next regularly scheduled meeting.

Attendance:

The following Members were present:

Jim Hart, Chair
Frances Nunziata, Vice-Chair and Councillor
John Tory, Mayor and Member
Michael Ford, Councillor & Member
Ainsworth Morgan, Member
Lisa Kostakis, Member
Ann Morgan, Member

The following individuals were also present:

James Ramer, Chief of Police, Toronto Police Service
Ryan Teschner, Executive Director and Chief of Staff, Toronto Police Services Board
Diana Achim, Board Administrator, Toronto Police Services Board
Jane Burton, Solicitor, City of Toronto – Legal Services Division

Declarations:

There were no declarations of interest under the *Municipal Conflict of Interest Act*.

**This is an Extract from the Minutes of the Virtual Public Meeting of the
Toronto Police Services Board that was held on January 27, 2022**

**P2022-0127-0.1. Statement regarding Black History Month and International
Holocaust Remembrance Day**

Chair Hart provided the following remarks to recognize February as Black History Month, which we have celebrated since 1994.

As a Board, Black History Month has always, and continues to be, an extremely significant annual celebration, as we honour the contributions of Black communities, celebrating the past, while looking forward, as captured by this year's theme, Moving Towards a Brighter Future. Over the last several years, we have heightened our focus on connection with the community, consistently looking for ways to meaningfully incorporate the voices of the public into our policy-making and decision-making process.

We continue our work in earnest on the 81 police reform recommendations, which put into place a roadmap for comprehensive policing reform and include building new community safety response models, initiatives to address systemic racism and concrete steps to improve trust with our communities. Central to the recommendations was a recognition of the role of anti-Black racism, discrimination, and marginalization in our city, impacting policing, along with many other public and private systems.

As a Board, we recognize that much work remains to be done and that it must be done in partnership with others - our city's diverse communities, including Black communities. We view police reform recommendations, and the approach arising from them, as a beginning; one that proposes immediate action and a commitment to change through ongoing consultation and a reimagining of our current approach to public safety. Black communities are, and must be, a key voice in this critical and timely work.

We have created exceptionally powerful partnerships with individuals, community groups and agencies, working in a spirit of mutual support and collaboration. Although we still have goals to attain, we are committed to achieving them. Safe, healthy and productive communities are the result of many individuals and groups coming together with a shared objective, working diligently in pursuit of a common goal.

The Board supports Chief Ramer and the Toronto Police Service in their dedicated efforts to move us forward, through a comprehensive range of initiatives, including the Race-Based Data Collection Strategy, the continued efforts in increasing diversity in the Service - through every rank and unit - and improved training in this area. In addition, the Service and the Board are focused on effecting the necessary, important and extremely difficult shifts in culture that are required if we are to truly be an anti-racist, anti-bias organization. This commemoration of Black History Month epitomizes this vital principle as we see the remarkable results we can achieve when the community, the police, and all our stakeholders, work together in a partnership of mutual respect and

meaningful dialogue. On behalf of the Board, I join you all in commemorating Black History Month as we look forward, together, to a future of collaboration, achievement and success.

On behalf of the Board, Chair Hart also acknowledged International Holocaust Remembrance Day.

He made the following statement:

I would also like to acknowledge that today is International Holocaust Remembrance Day, designated by the United Nations to commemorate the date on which the Auschwitz concentration camp was liberated in 1945. It stands as an important day of commemoration for the victims of the Holocaust, or Shoah, in countless places around the world - the more than 6 million Jewish children, women and men whose lives were lost at the hands of the Nazis, as well as those who managed to survive. It gives us all an important opportunity to listen, to learn and to absorb the lived experiences of those whose lives were forever changed by this dark chapter of our collective history. The Board joins the Centre for Israel and Jewish Affairs and the World Jewish Congress in their "We Remember" campaign, and commit ourselves to ensuring that Never Again truly means Never Again.

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P2022-0127-0.2. Chief's Monthly Verbal Update

Chief Ramer provided the Board with an update on two matters of ongoing concern in the City (for a more detailed account of his overview, see the YouTube recording):

1. Homicides, including an update on murder trends observed in 2021; and,
2. Increase in Vehicle Thefts in the City.

He made the following points with respect to each item:

Homicides:

Toronto experienced 85 homicides in 2021, which was a 20% increase over 2020. This represents an increase of 14 homicides. The clearance rate (meaning the murders that we've solved) in 2021 is currently at 74% (representing 63 of the 85 homicides). In 2021, Toronto experienced 46 firearm-related homicides which is an increase of 21% (or, 8 additional homicides) over 2020. The clearance rate for firearm-related homicides in 2021 is currently at 52% (with 24 of the 46 solved). The solve rate for firearm-related homicides that occurred in 2020 is currently 66%. In 2021, homicides where mental health was believed to be a factor represented 28%

of all homicides (for a total of 24 homicides). This was an increase over 2020 when 16 mental health-related homicides (or, 23% of homicides) occurred.

Vehicle Thefts:

The Service's records indicate that there has been a troubling 81% increase in vehicle thefts in our city since 2017. 2021 saw a 20% increase over 2020. Divisions 23, 31, and 32 representing the northwest quarter of the City, experienced the highest number of stolen vehicles (37% of all stolen vehicles). 53 Division has an increase of 128%, 32 has an increase of 58%, and 54 Division has a 57% increase. To address this drastic increase in auto thefts in our city, the Chief is in the process of redeploying officers to re-create (re-implement) a centralized unit to target organized crime groups profiting from the theft of vehicles. This new unit will represent a \$2.1 million reallocation of resources (the Service will be required to draw resources from other areas of the Service).

Chief Ramer answered questions from Board Members, and advised that this new specialized unit will also include resources from provincial funding.

Chief Ramer also advised that the Service will continue the messaging to the public on this matter, as instances of this offence have doubled and precautions are needed.

Chair Hart thanked the Chief for his updates.

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P2022-0127-1.0. Board Minutes

The Board approved the Minutes of the special public virtual meeting that was held on [January 11, 2022](#).

Deputation: Derek Moran

The Board received the deputation and approved the Minutes.

Moved by: M. Ford
Seconded by: L. Kostakis

This is an Extract from the Minutes of the Virtual Public Meeting of the Toronto Police Services Board that was held on January 27, 2022

P2022-0127-2.0. Search of Persons Update

Chief Ramer introduced the presenters, and advised that the Service had received a letter from the Independent Police Review Director ("OIPRD") which commends the Service's willingness to listen and demonstrated reform on this issue. He thanked the

OIPRD for its letter and its insight into this matter.

Superintendent Kim O'Toole provided the Board with a presentation and an update regarding search of persons, and answered questions from Board Members. A copy of the presentation is attached to this Minute.

Deputations: Monika Lemke ([written submission included](#))
Toronto Police Accountability Coalition
Hamza Syed
Nicole Corrado ([written submission only](#))

James Cornish, Strategic Advisor to the Chief of Police, answered questions from Board Members, and advised that it is expected that the Service will soon be able to report on the type of item(s) found based on the search, in line with the recommendation from the Toronto Police Accountability Coalition. He also spoke of a case where the judge found the search to be reasonable and the force used necessary.

Chair Hart thanked the Chief and the Service for the presentation, and the success in recent times as noted by the data and work done in this area. He also thanked the Chief for sharing the letter from the OIPRD.

The Board received the deputations and the presentation.

Moved by: Ann Morgan
Seconded by: M. Ford

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P2022-0127-3.0. [Military Veterans Program](#)

Chief Ramer introduced P.C. Aaron Dale from the Service's Community Partnership & Engagement Unit and P.C. Jeremy Burns from 42 Division Primary Response Unit, who made a presentation about the Military Veterans Wellness Program, which is anticipated to launch in Toronto in the spring of 2022. The presentation was delivered along with various other external partners who are providing support to the Program, including: Dr. Genevieve Boudreault, Centre for Interpersonal Relationships; Dr. Allyson Lougheed, Department of National Defence; Dr. Peter Collins; and, Sergeant Tammy Massa, Ontario Provincial Police.

The mission of this Program is to improve the well-being of veterans by providing law enforcement agencies with a better understanding of the mental health and other challenges experienced by some veterans, de-escalation approaches to crisis calls involving veterans, and a streamlined referral process to national support services for veterans. The presentation detailed various aspects of the Program, including education and training, the referral process, policy and planning, collaboration with stakeholders and partners (including industry leaders the Royal Canadian Legion, Operational Stress Injury Social Support and Veterans Affairs Canada), and the

national implementation and communications plan. The Program, the motto of which is “Nobody Fights Alone,” was designed to work nationally, and the team will continue to build upon the different functional areas to grow the initiative across the country so that all law enforcement agencies are better equipped to assist veterans.

A copy of the presentation is attached to this Minute.

Deputation: Nicole Corrado ([written submission only](#))

Board Members asked questions and discussed this program with the presenters. For a detailed account of the discussion, see the recording here: <https://www.youtube.com/watch?v=aakJQE--i4>

In response to questions from Board Members, P.C Dale advised that there is an internal component to this program for Service Members who served with the Canadian Armed Forces, and that this is also covered in the training provided to officers.

Board Members thanked the officers for their dedicated service to Canada, the City and the Service, and for their leadership in this Program.

Chair Hart reminded Board Members that, in November 2021, this Program was awarded the Board’s 2021 Mental Health Excellence Award for this work. He informed P.C. Dale and P.C. Burns that the Board is “proud” of them for the work they do. He also said that this is a “terrific news story” and “the type of work that the Board wants to hear about,” and thanked all that called in for their participation in the Program and in the Board’s meeting.

The Board received the written deputation and the presentation.

Moved by: F. Nunziata
Seconded by: M. Ford

This is an Extract from the Minutes of the Virtual Public Meeting of the Toronto Police Services Board that was held on January 27, 2022

P2022-0127-4.0. [Special Constable Appointments and Re-Appointments – January 2022](#)

The Board was in receipt of a report dated December 17, 2021 from James Ramer, Chief of Police.

Recommendation:

It is recommended that the Toronto Police Services Board (Board) approve the agency initiated appointment and re-appointment requests for the individuals listed in this report as special constables for the Toronto Community Housing Corporation (T.C.H.C.), subject to the approval of the Ministry of the Solicitor General (Ministry).

The Board approved the foregoing report.

Moved by: M. Ford
Seconded by: Ann Morgan

This is an Extract from the Minutes of the Virtual Public Meeting of the Toronto Police Services Board that was held on January 27, 2022

P2022-0127-5.0. Toronto Police Service Mental Health and Addictions Strategy

The Board was in receipt of a report dated January 19, 2022 from James Ramer, Chief of Police.

Recommendation:

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

Chief Ramer introduced this item, and said that the Service is fully committed to modernizing its approach to how to deal with Persons in Crisis (PICs). He emphasized the importance of a range of approaches, both that prioritize the “upstream” and “downstream” needs that are associated with those in crisis, who experience mental health and addictions challenges. Chief Ramer further advised that the Service has a number of important programs, initiatives and partnerships underway that contribute to both the “upstream” and “downstream” interventions, including the following:

- Mobile Crisis Intervention Team (MCIT) expansion – that is, teams with a police officer and specially-trained mental health nurse who attend certain crisis calls;
- The creation of the Divisional Crisis Support Officers to supplement MCIT Team coverage to ensure specially-trained officers are available to respond to crisis calls even when mental health nurses are not on working hours;
- Overall expanded mental health and Persons in Crisis training for officers across the Service who may, through their work, come into contact with persons in crisis;
- The implementation of the Service’s 911 call diversion pilot, in partnership with the Gerstein Crisis Centre, where a Gerstein employee is embedded within the Service’s 911 call centre and identifies calls where a police response may not be required, and then mobilizes alternative crisis supports for the individual;

- Continued support of the FOCUS tables, where cases of individuals with acutely elevated risk are discussed and various mental health, addictions and other social supports made available through a case management approach;
- Steadfast support for the City's forthcoming pilot on alternative response to non-emergency calls for Persons in Crisis; and,
- The CARE program (which is Children at-risk of Exploitation program) which is a partnership between the Human Trafficking Team in the Service's Sex Crimes Unit, where officers are teamed with social workers to best support victims of human trafficking.

Superintendent David Rydzik provided the Board with the highlights of the Service's Mental Health and Addictions Strategy and implementation report. Joseph Ariwi, Senior Analyst, Analytics and Innovation, provided the Board with an overview of the mental health and addictions dashboard and walked through how members of the public can access it and receive up to date information on the Strategy as it is implemented.

A copy of the materials are attached to this Minute.

Deputations: Nora Ottenhof
 Inez Hillel
 Nicole Corrado ([written submission included](#))
 Jack Gemmell ([written submission only](#))
Law Union of Ontario

In response to questions from Board Members, Mr. Ariwi said that there is an option with the dashboard to filter the data to look at specific areas of commitment or specific lead units. He further advised that there is opportunity for the public to provide feedback through email to the Service with questions or concerns, or for referral to resources. Mr. Ariwi said that a copy of the dashboard can be printed and will be on both the Service's and Board's websites.

In response to Mayor Tory's question regarding the wait time in hospitals where police officers apprehend and transfer patients under the *Mental Health Act*, Superintendent Rydzik advised that this is "a number one priority the Service is working on" in collaboration with the hospitals. He further advised that hospitals are quick to assist and work on ways in which they can lessen the wait time, but that this may have to do with staff levels at the hospitals. Mayor Tory thanked the Service Members for their report and work, and noted that "this shows great progress."

Chair Hart asked Chief Ramer how the Gerstein pilot project has been funded. Chief Ramer advised that the program's funds come from within the Service's budget, and were allocated to this initiative in 2021 without an increase to the budget. He further said that the program is "going well." and advised that for calls that are deemed not suitable for Gerstein, staff is engaged in a joint operation to assist the caller, which also produces beneficial outcomes.

The Chair thanked the speakers and the Chief for their “terrific work” in this area.

The Board received the deputations and the foregoing report.

Moved by: Ann Morgan
Seconded by: J. Tory

This is an Extract from the Minutes of the Virtual Public Meeting of the Toronto Police Services Board that was held on January 27, 2022

P2022-0127-6.0. [Public Minutes of Meeting No. 76 held on September 8, 2021](#)

Deputation: Derek Moran ([written submission included](#))

The Board was in receipt of the public Minutes of the Central Joint Health and Safety Committee meeting held on September 8, 2021.

The Board received the deputation and the foregoing Minutes.

Moved by: M. Ford
Seconded by: Ann Morgan

This is an Extract from the Minutes of the Virtual Public Meeting of the Toronto Police Services Board that was held on January 27, 2022

P2022-0127-7.0. [Chief’s Administrative Investigation reports](#)

Deputations: Derek Moran ([written submission included](#))
Hamza Syed
Nicole Corrado ([written submission only](#))

P2022-0127-7.1. [Chief’s Administrative Investigation into the Custody Injury of Complainant 2020.38](#)

The Board was in receipt of a report dated December 23, 2021 from James Ramer, Chief of Police.

Recommendation:

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

P2022-0127-7.2. Chief's Administrative Investigation into the Vehicle Injury to Complainant 2020.45

The Board was in receipt of a report dated December 15, 2021 from James Ramer, Chief of Police.

Recommendation:

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

P2022-0127-7.3. Chief's Administrative Investigation into the Custody Injury to Complainant 2021.06

The Board was in receipt of a report dated December 23, 2021 from James Ramer, Chief of Police.

Recommendation:

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

P2022-0127-7.4. Chief's Administrative Investigation into the Custody Injury to Complainant 2021.07

The Board was in receipt of a report dated December 23, 2021 from James Ramer, Chief of Police.

Recommendation:

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

P2022-0127-7.5. Chief's Administrative Investigation into the Alleged Sexual Assault to Complainant 2021.16

The Board was in receipt of a report dated August 26, 2021 from James Ramer, Chief of Police.

Recommendation:

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

P2022-0127-7.6. Chief's Administrative Investigation into the Custody Injury to Complainant 2021.18

The Board was in receipt of a report dated November 30, 2021 from James Ramer, Chief of Police.

Recommendation:

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

P2022-0127-7.7. Chief's Administrative Investigation into the Custody Death of Complainant 2021.33

The Board was in receipt of a report dated September 24, 2021 from James Ramer, Chief of Police.

Recommendation:

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

P2022-0127-7.8. Chief's Administrative Investigation into the Custody Injury of Complainant 2021.37

The Board was in receipt of a report dated October 14, 2021 from James Ramer, Chief of Police.

Recommendation:

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

The Board received the deputations and the foregoing reports.

Moved by: Ann Morgan
Seconded by: M. Ford

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P2022-0127-8.0. Confidential

In addition to the public meeting conducted by the Board today, a confidential meeting was held to consider a number of matters which were exempt from the

public agenda in accordance with the criteria for considering confidential matters set out in section 35(4) of the *Police Services Act*.

The following Members attended the confidential meeting:

Mr. Jim Hart, Chair
Ms. Frances Nunziata, Vice-Chair
Mr. John Tory, Mayor and Member
Mr. Michael Ford, Councillor & Member
Mr. Ainsworth Morgan, Member
Ms. Lisa Kostakis, Member
Ms. Ann Morgan, Member

A Motion to adjourn the meeting was moved by Board Member Lisa Kostakis and seconded by Board Member and Councillor Michael Ford.

Next Regular Board Meeting

Date: Monday, February 28, 2022

Time and location to be determined and announced publicly prior to that date.

*The next regular meeting of the Board is scheduled for Monday, **February 28, 2022**. We are continuing to monitor how the City of Toronto intends to conduct its public meetings. As always, our principle focus is to conduct our meetings in accordance with Toronto Public Health guidelines. Once more information is available regarding what future meetings of the Board may look like, we will inform members of the public.*

Minutes Approved by:

-original signed-

Jim Hart
Chair

Members of the Toronto Police Services Board

Jim Hart, Chair
Lisa Kostakis, Member
Michael Ford, Councillor & Member
Ainsworth Morgan, Member

Frances Nunziata, Vice-Chair & Councillor
Ann Morgan, Member
John Tory, Mayor & Member



Toronto Police Service Board

Search of Persons Update

January 2022

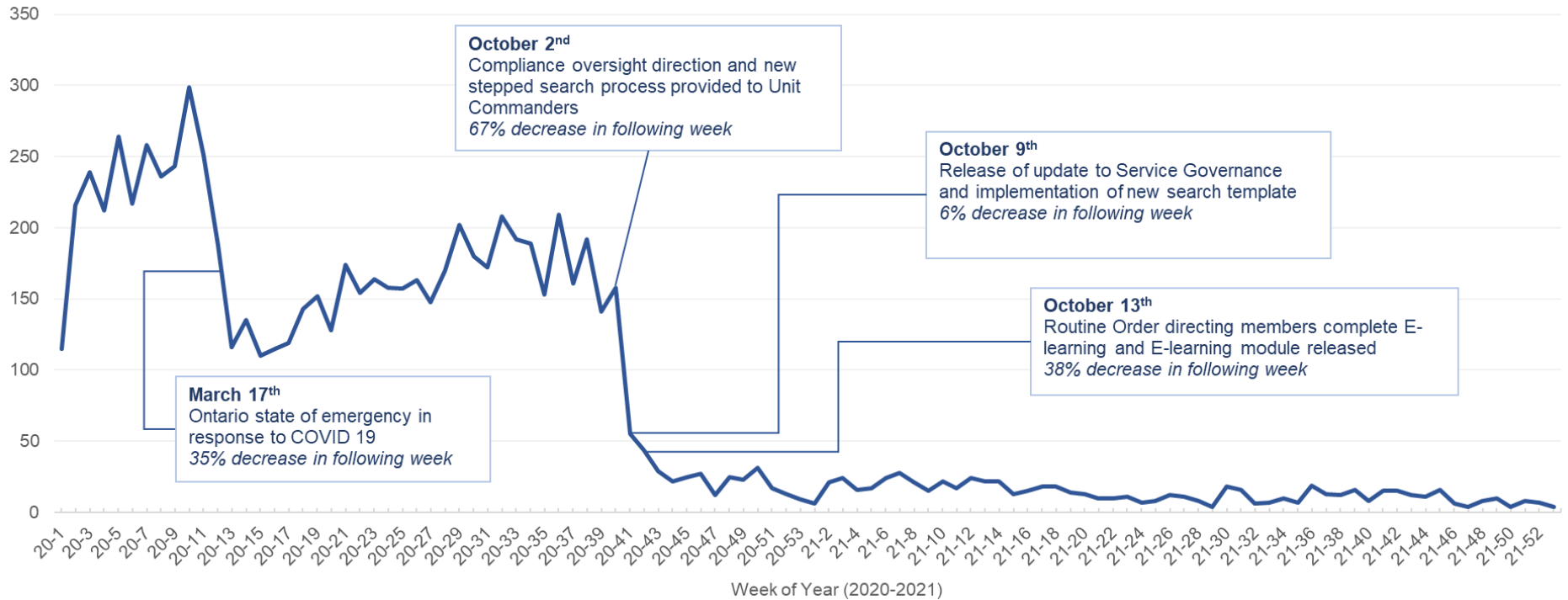
**Executive Sponsor Deputy Chief Peter
Yuen**

Background Information

This presentation will provide an overview of the Service's progress on Search of Persons Governance since the first updates were released in November of 2020

Strip Search Totals City Wide by Week

Strip Search Totals
City-Wide by Week



Ongoing Review of Strip Searches

Constant focus on accountability, every strip search:

1. Reviewed daily by each Unit Commander
2. Reported and reviewed by the Staff Superintendents
3. Reported daily to Chief Ramer

Overview

November 2021 Updates

- Phone / Search Room Project
- Governance Changes resulting from Gender Diversity and Trans Inclusion (GDTI) Consultations
- Hand Held Metal Detectors
- Updated OIC Booking and Search Template
- New Search in the Field Only Template
- Training

Phone / Search Room Project

Project commenced immediately after the release of the November 2020 updates. Main purpose was to provide phone facilities to arrested persons

Prior to a strip search, case law requires a private phone call to counsel must be made available before the search can occur

Challenge was to provide audio privacy, while maximizing safety and accountability

Phone / Search Room Project

Each division was evaluated then renovated to ensure a phone room was constructed (modified) to allow for a private phone call.

- Visual observation by staff (Door with window)
- Video Recording – no audio capabilities
- Audio Privacy – acoustic panels installed
- Arrested person remains handcuffed to rear
- Hands-free Telephone

Phone / Search Room Project

Exceptions

D41 - facility renovation imminent (responsible spending)

D51 – two rooms constructed because of prisoner volume

Search Room at each station also constructed (modified). Required audio recording for accountability with no video. Rooms can not be dual purpose.

Project funded through SOGR - \$274K

Governance Updates – Gender Inclusion

Search of Persons Procedure

Best Practice has been formalized in procedure:

- Searches that occur in the field are required to take into consideration gender.
- “Member - every effort should be made, where appropriate, to have the searching officers be of the same gender as the person being searched

New Search in the Field Only Versadex Template

- When a person is given a Protective or Frisk search in the field and not paraded at a police facility
- **New Data** - Provides the Service the ability to capture all search data previously not recorded and or stored in a central location
- Provides oversight on gender accommodation and audio/video recording of searches in the field using ICCS or BWC.

Governance Updates – Strip Search Search of Persons Procedure

Strip Searches in the field – Language has been added to provide guidance and accountability.

- *NOTE: Members shall not conduct strip searches in any location other than a private area of a secure police facility, **unless there is an immediate safety risk** where no other option is available. Members shall advise a supervisor prior to commencing the search, if unsafe, then at the earliest opportunity. Members shall provide the person the highest degree of privacy possible given the circumstances. Upon completion, members will **report to the Officer in Charge** the circumstances. The Officer in Charge shall **complete a “Strip Search – Not in a Police Facility” occurrence** and notify the Unit Commander.*

Impact to Booking Hall Operations

GDTI Consultation

- Previously, Gender accommodation requests were a passive function of the OIC.
- OICs will now actively request the gender identity and preferred pronouns of persons being paraded.

Impact to Booking Hall Operations OIC Search Notices

Strip Search Notice (read out prior to the search):

Notification that the BWC is deactivated

Hand Held Metal Detectors

- **Two (2) hand held metal detectors** issued each unit.
- The Officer in Charge can authorize the use of an approved Handheld Metal Detector to assist in the search of any prisoner.
- Use of the Handheld Metal Detector must be reasonable and justified given all the circumstances and it must be conducted for a valid reason.

OIC Booking and Search Versadex Template Update

- Gender and preferred pronouns section updated to include questions for the OIC to ask and record answers.
- A section has been added to record the details of the use of a Hand Held Metal Detector, including a specific area to list what was found as a result of metal detector use.
- Time the booking process is concluded will be now captured
- Strengthening Data Collection – Supporting Race Based Data Collection and Gender Inclusion

Training

Governance Update Training modules have been released for eLearning

1. Search Procedure Updates
2. Magnetic Wand Use

O.I.P.R.D.

January 21, 2021, Director Stephen Leach wrote to the Ministry of the Solicitor General, the Inspector General of Policing and the Commissioner of the O.P.P. stating in part:

“ I recommend that the Ministry of the Solicitor General update the Policing Standards Manual, and the Search of Persons Guideline to ensure consistency in police strip search procedures throughout Ontario.

Additionally, I recommend that police services review their current strip search procedures and compare them to the new procedures recently developed by the Toronto Police Service (TPS) in response to our recommendations.”

Questions?



Military Veteran Wellness Program

Nobody Fights Alone

PC Aaron DALE #11267 & PC Jeremy Burns #11268
Community Partnership & Engagement Unit, Toronto Police Service

Sgt. Tammy MASSE #9365 Ontario Provincial Police
Dr. Peter COLLINS Ontario Provincial Police
Dr. Genevieve BOUDREAULT Centre for Interpersonal Relationships
Dr. Allyson LOUGHEED Department of National Defence



Introduction





Strategic Framework



Ultimate Outcome:

Prosperity for all our Canadian Forces veterans,
and increased public safety for all communities across Canada.

Training

Canadian law enforcement officers have the knowledge and skills necessary to de-escalate and help veterans in crisis.

Referral

Law enforcement officers have the capacity to refer veterans to veteran social service agencies.

Policy

Effective Military Veterans Wellness Program policy and support system.

Collaboration

Integrated partnerships with national veterans service agencies, law enforcement agencies and stakeholders.

National Communications

National awareness and implementation of the Military Veterans Wellness Program.

Mission: To improve the well-being of veterans by providing law enforcement agencies with a better understanding of veterans, de-escalation, and a streamlined referral process to national support services.



Logic Model Activities and Outputs



Education and Training

- Educate police officers to better understand veterans and how they can help
- Track training course test results and provide certificates
- Distribute training program to police units across Canada



- Online training program
- Course evaluations
- Course completion certificates

Referral

- Maintain and update assistance form
- Maintain access to additional resources on assistance form
- VAC, OSSIS, and RCL contact veterans to provide assistance



- Military Veterans Assistance Form

Policy and Planning

- Develop and maintain the policy and Routine Orders
- Implement and maintain the performance measurement framework
- Inform program policy through an annual report



- Policy & Routine Order
- Performance measurement framework
- Annual report

Collaboration

- Collaborate with stakeholders & partners
- Establish new partnerships to improve and expand the program
- Distribute MVWP Package with support to external agencies



- MVWP program package

National Implementation and Communications Plan

- Develop an internal and external communications strategy to raise awareness through website, social media, news articles, podcast, and video
- Coordinate with stakeholders and partners to promote the program



- Internal and external communications strategy
- Awareness website



Logic Model Outcomes



Law enforcement officers better understand veterans and how to assist them in crisis.

Law enforcement officers assist veterans in crisis across Canada and refer them to support services.

Stakeholders understand the program policy, and are aware of the progress and results.

National veterans service agencies and law enforcement agencies across Canada maintain integrated partnerships to support veterans.

Law enforcement agencies across Canada implement the MVWP and are supported in doing so.

Law enforcement officers across Canada and the Canadian public are aware of the MVWP values, vision, and progress.

Veterans receive support from national veterans service agencies.

Law enforcement agencies are optimized by reducing repeated service calls for veterans.

The referral of veterans to support services is streamlined across Canada.

Decrease in veteran homelessness and suicide.

Dignity and prosperity for all our Canadian Armed Forces Veterans.

Increased public safety for all communities across Canada.



Military Veterans Wellness Program



Training Program

- The training program is a one hour, self guided program, available via Canadian Police Knowledge Network (CPKN) to any member employed by a law enforcement agency.
- It uses mainstream media and was developed in collaboration with industry leaders to create an informative program that members will enjoy and the country will benefit from.



Training Program



Module 1 - 3

Life in the Canadian Armed Forces

- Culture, Training, History and Current Operations.

Veteran Transitions & Common Struggles

- Challenges entering civilian life
- Mental and physical health challenges
- Survivors guilt, co-morbidity, negative coping and substance abuse
- Specific indigenous, women and LGBTQ2S+ challenges

Veterans in Crisis

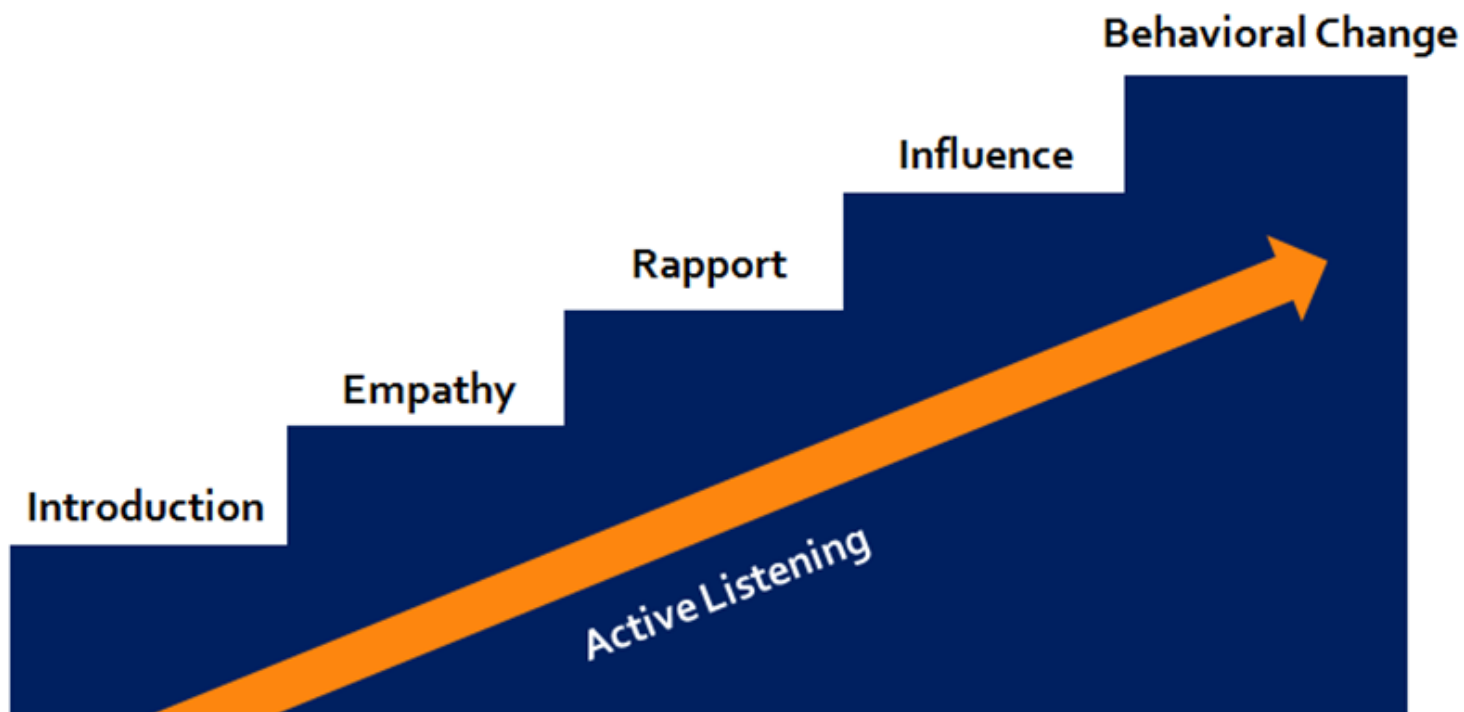
- Homelessness and Suicidal Ideations



Training Program



Module 4 - De-escalation Techniques





Training Program



Module 5 - Veteran Social Services



Veterans Affairs
Canada

Anciens Combattants
Canada

Canada



OPERATIONAL STRESS INJURY
SOCIAL SUPPORT



Referrals and Assistance



TPS 660, 2021/05/25

MILITARY VETERAN ASSISTANCE FORM

Date:

VETERAN'S INFORMATION

Date of Birth:

Surname Maiden Name Given Name (G1)

Military Branch / Nationality Military Service Number Currently Serving? Years of Service: to

Address (Street number and name, Apt. #, City, Province, Postal Code) Phone Number (10 digits)

Shelter Name Shelter Phone Number (10 digits)

INSTRUCTIONS

- If you encounter a Veteran who requires assistance, please submit the form via the link at the bottom.
- In addition, for immediate assistance during regular business hours contact the following and speak to a service agent
 - Veterans Affairs Canada (1-866-522-2122),
 - Royal Canadian Legion (1-888-207-0939), or
 - Operational Stress Injury Social Support Program (1-800-883-6094).
- If you are not able to speak to a service agent, attempt to assist the Veteran with any other local services, to ensure the Veteran's well-being until a care provider can contact them within 72 hours.

CONSENT FOR CONTACT

The Veteran indicated they wish to receive support from Veterans Affairs Canada, The Royal Canadian Legion, and/or the Operational Stress Injury Social Support Program.

I have advised the Veteran of the following:

The information collected on this form is solely to link Veterans Affairs Canada, The Royal Canadian Legion and/or the Operational Stress Injury Social Support Program to the Veteran and for no other purpose.

The provision of any information, together with the Veteran's participation in a program, is strictly voluntary.

The consent provided can be withdrawn at any time.

The Veteran provided consent to allow the Toronto Police Service to provide the collected information contained on this form to Veterans Affairs Canada, The Royal Canadian Legion, and/or the Operational Stress Injury Social Support Program.

SUBMITTING OFFICER

Surname, Given Name Badge / Employee Number Contact Number

Police Service Division / Unit / Detachment

DISTRIBUTION: Page 1 - email to psmilitaryveterans@torontopolice.on.ca
Page 2 - to the Veteran

Page 1 of 2

ONE IS ONE TOO MANY

AVAILABLE RESOURCES ARE:

- Veterans Emergency Fund
- Health Care
- Financial Support
- Employment
- Vocational Training and Support
- Peer Support
- Veteran & Family Well-Being Fund
- Case Management
- Local Service Providers

DO YOU KNOW SOMEONE WHO SERVED IN THE CANADIAN ARMED FORCES OR THE ROYAL CANADIAN MOUNTED POLICE WHO IS HOMELESS OR AT RISK OF BECOMING HOMELESS?

CALL US.

1-866-522-2122

1-800-268-7708

(SEE ASSISTANCE SERVICE TO WHOM IS A SERVICE USER PROVIDED)

Operation Leave the Streets Behind
Homeless Veterans Assistance

ASSISTANCE PROVIDED

- Medical Needs
- Assistive Devices
- Emergency Transportation
- Emergency Assistance
- Addiction Programs
- Rental Payments
- Furnishing Assistance
- Moving Expenses
- Utility Payments
- Shelter
- Food

For more information, contact:
The Royal Canadian Legion Ontario Provincial Command
89 Industrial Parkway North, Aurora, ON L4G 4C4
icofortorocemman@royalcanlegion.ca
TOLL FREE: 1-866-207-0939 • PHONE: 905-646-7999 • FAX: 905-646-9992

Operational Stress Injury Social Support

The Power of Peer Support

The OSISS program includes CAF members, veterans and family members in multiple locations across Canada who provide mentorship, firsthand lived experience and practical knowledge of what life is like with an OSI. Our program is for peers, by peers.

- National standardized program
- One on One support as well as group support
- Community engagement
- Confidentiality

1-800-883-6094

OSISS@SESOS@torontopolice.ca

osiss.ca

24 Hour Assistance Lines
Veterans Affairs Canada Assistance Service Line: 1 (800) 268-7708 TDD/TTY: 1 (800) 567-8803
Canadian Forces Family Information Line: 1 (800) 866-4546

Page 2 of 2



Case Study



In early 2020, 22 Division Community Response Officers apprehended a male and through regular conversation identified he was a military veteran.

Officers contacted the Military Veteran Wellness Program, who made contact with the appropriate social services. Social services agencies provided assistance with shelter, food and medical appointments.

A month later the male had a permanent place to live, regular mental health counselling, proper medication, physical rehabilitation, peer support and returned to his old job.



Policy



- Routine Orders scheduled for release in March 2022, which will direct all members of the service to have the training program completed within six-months and to then use the Military Veterans Assistance Form when consent has been obtained from the veteran.



Program Collaboration



Veterans Affairs
Canada

Anciens Combattants
Canada

Canada



TORONTO POLICE
ASSOCIATION



CENTRE FOR
INTERPERSONAL
RELATIONSHIPS



SONY

TED Ideas worth
spreading



National
Defence

Défense
nationale



DAVID LYNCH FOUNDATION

CENTER FOR RESILIENCE
HEALING TRAUMATIC STRESS AND RAISING PERFORMANCE



Communications Strategy



- Overall goal is to raise awareness and achieve our ultimate outcomes of helping veterans across the country.
- News Articles, Pod Casts, Peer Support Sessions, Social Media, Public interactions and Month of Remembrance Epauettes are being used to generate awareness.
- Toronto Police Service Corporate Communications & Media Twist.



National Implementation



- All Canadian law enforcement agencies will be provided the training program and referral system for their own use.
- Veteran social service agencies will also establish relationships with their local law enforcement agencies.
- The police associations which assist law enforcement members with their own well being will also be made aware of the program and its internal benefits.



Model Indicators & Next Steps



- Program performance indicators based off the Logic Model will monitor the success of the program.
- The team will continue to build upon the different functional areas to grow the initiative across the country with an anticipated launch in Toronto of Spring 2022.
- A yearly report will be available to show the performance of the program.



Case Study Follow Up



A year ago I was close to living on the street, broke and suicidal.

*I had a nervous break down and had to contact 911. This is where I
was introduced to the Military Veterans Wellness Program.*

*I received financial assistance, social help and the leg up I needed to
change my life.*

I owe them my life.



Military Veteran Wellness Program

Nobody Fights Alone

Questions / Comments



Toronto Police Services Board Report

December 17, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

**Subject: Special Constable Appointments and Re-Appointments –
January 2022**

Recommendation:

It is recommended that the Toronto Police Services Board (Board) approve the agency initiated appointment and re-appointment requests for the individuals listed in this report as special constables for the Toronto Community Housing Corporation (T.C.H.C.), subject to the approval of the Ministry of the Solicitor General (Ministry).

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*, the Board is authorized to appoint and re-appoint special constables, subject to the approval of the Ministry. Pursuant to this authority, the Board has agreements with T.C.H.C. governing the administration of special constables (Min. Nos. P41/98 refer).

The Service received requests from T.C.H.C. to appoint the following individuals as special constables (Appendix 'A' refers):

Table 1 Name of Agency and Special Constable Applicant

Agency	Name	Status Requested	Expiry
T.C.H.C.	Kashif YUNUS	Appointment	N/A
T.C.H.C.	Gurmeet SINGH	Re-Appointment	February 9, 2022

Agency	Name	Status Requested	Expiry
T.C.H.C.	Janet TEH	Re-Appointment	April 5, 2022

Discussion:

Special constables are appointed to enforce the *Criminal Code* and certain sections of the *Controlled Drugs and Substances Act*, *Trespass to Property Act*, *Liquor Licence & Control 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 and re-appointment as special constables. The Service's Talent Acquisition Unit completed background investigations on these individuals, of which the agencies are satisfied with the results. Re-appointments have been employed by their agency for at least one 5-year term, and as such, they are satisfied that the members have satisfactorily carried out their duties and, from their perspective, there is nothing that precludes re-appointment.

The agencies have advised the Service that the above individuals satisfy all of the appointment criteria as set out in their agreements with the Board. The T.C.H.C. approved and current complements are indicated below:

Table 2 Name of Agency, Approved Complement and Current Complement of Special Constables

Agency	Approved Complement	Current Complement
T.C.H.C.	300	162

Conclusion:

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

Acting Deputy Chief Myron Demkiw, Specialized Operations Command, will be in attendance to answer any questions that the Board may have with respect to this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*copy with original signature on file at Board Office

Toronto Community
Housing Corporation
931 Yonge Street
Toronto, ON
M4W 2H2



Amended December 15, 2021

Sergeant Julie Tint
Special Constable Liaison Office
40 College Street
Toronto, Ontario
M5G 2J3

DELIVERED VIA ELECTRONIC MAIL

Re: Request for Toronto Police Services Board Approval for Appointment and Re-Appointment of Special Constables

In accordance with the terms and conditions set out in the Memorandum of Understanding between the Toronto Police Services Board and Toronto Community Housing, the Board is authorized to appoint special constables, subject to the approval of the Ministry of the Solicitor General.

The following individuals are fully trained, meeting all Ministry requirements, and have shown they possess the required skills and ability to perform at the level required to be a special constable. Both new appointments and re-appointments have undergone a background check, conducted by the Toronto Police Service, and we are satisfied with the results of those checks. Re-appointments have been employed by Toronto Community Housing for at least one 5-year term, and as such, we are satisfied that the members have satisfactorily carried out their duties and, from our perspective, there is nothing that precludes reappointment.

Name	Type	Current Term Expiry
Gurmeet SINGH	Re-Appointment	February 9, 2022
Janet TEH	Re-Appointment	April 5, 2022
Kashif YUNUS	New Appointment	N/A

It is requested that the Board approve this submission and forward the applicants to the Ministry of the Solicitor General for appointment of a five-year term.

Should you require any further information, please contact Kristina Seefeldt, Specialist-Compliance, Training & Quality Assurance at 416-268-8365.

Respectfully,



Allan Britton
Acting Senior Director, Community Safety Unit
Acting Chief Special Constable | Badge #31194

Toronto Community Housing
931 Yonge St, Toronto, ON M4W 2H2
T: 416 981-4116
torontohousing.ca



Toronto Police Services Board Report

January 19, 2022

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

Subject: Toronto Police Service Mental Health and Addictions Strategy

Recommendation:

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

Financial Implications:

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

Background / Purpose:

The Board, at its meeting of October 22, 2019, received a report from Chief Mark Saunders detailing the Service's Mental Health and Addiction Strategy (Min. No. P203/19 refers), the first for our Service and unique within the Canadian policing context.

This Strategy was created with considerable community input and is the direct result of a recommendation made by the Board's Mental Health External Advisory Committee (a precursor to what is currently the Mental Health & Addictions Advisory Panel (M.H.A.A.P.)). This Committee recognized the excellent work done in terms of the Service's initiatives dealing with mental health and addiction. However, it went on to say that in order to truly evaluate our success in this critical area, we need cohesion and integration, and a comprehensive framework with a clear statement of goals and desired outcomes that will result in the collection of meaningful data. The Committee also identified key themes it wanted to see in the Strategy: Leadership and Culture, Use of Force, and Intersectionality.

The Strategy aimed to incorporate these essential components. Developed in close consultation with the Board's Mental Health Sub-Committee (not M.H.A.A.P), a group of committed individuals from across the mental health sector, as well as Service and Board representatives, it laid 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.

The Strategy recognizes the significant priority we must place on responding to individuals who appear to be experiencing mental health and 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.

Importantly, the Strategy is not simply a two-dimensional document that states principles and prescribes processes at one static point in time, but one rooted in the goals and objectives of *The Way Forward*, the Board and Service's action plan for modernization. The Strategy incorporates goals 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.

This important concept was reinforced in the police reform recommendations approved by the Board at its meeting of August 18, 2020 (Min. No. P129/20 refers), which look at a potential reimagining of the concept of public safety that involves a greater non-police response, especially with respect to how we deal with people experiencing mental health and addictions issues.

The Strategy also places a necessary emphasis on the mental health and wellness of the Service's 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.

Discussion:

With this Strategy, the Service acknowledges that responding to people who appear to be experiencing mental health or addiction issues is one of the single most important aspects of policing today.

Along with delivering the report on the Mental Health and Addictions Strategy, the Service also committed to providing the Board with an update on the progress of the action items detailed in the Strategy. The focus on the importance of consistent and meaningful evaluation is central to the success of the Strategy. 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 successful progress of this Strategy, regular and meaningful evaluations 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.

When the Strategy was announced, an emphasis was placed on the Service's commitment to preserving and enhancing the health, human rights, dignity, and safety of members of the community and of 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.

The Mental Health and Addictions Strategy includes a set of Action Items that serve as a roadmap to the Service's goal of fulfilling the outcomes outlined in the Strategy.

As stated in the October 22, 2019 Board report, "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 (M.H.A.A.P.)".

This year, the Service introduces its Mental Health Champion, Superintendent David Rydzik, who provides an update on the progress made in implementing each of the Action Items detailed in the Strategy.

(See Appendix A)

Conclusion:

As a result of the work done by M.H.A.A.P. and various units within the Service, the Service has reviewed, assessed and implemented many of the recommendations outlined in the Strategy.

Of the Strategy's 46 Action Items:

- 39 are 'Implemented and Ongoing', meaning the recommendations have been satisfied but the Service will remain guided by the principals within;
- 2 are 'Concluded', meaning the recommended actions have been completed, and an end point to the work has been achieved; and
- 5 are 'Ongoing', meaning the action item is of a longer term nature, and work towards the goal of implementation continues.

The Service's Mental Health and Addictions Strategy emphasizes the commitment to the principles of transparency and accountability. An important commitment was made to report annually on the strategy. Therefore, in the interest of this transparency and accountability in the tracking process, the Service has created an interactive dashboard which will be updated continuously. The dashboard describes the Board's and the Service's work plan for the implementation of each of these critical initiatives, tracks our progress, and provides links to relevant results and outcomes, as soon as they are available. This dashboard serves as the primary and most efficient method to report to the public on developments in the implementation of the Mental Health and Addictions Strategy. In the future, it will integrate with other Service dashboards as well as support valuable information sharing with the City of Toronto.

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.

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

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office

Toronto Police Service

Mental Health and Addictions Strategy - Update 2021

Our Commitment to Preserving Life

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

Toronto Police College – implemented and ongoing

The Request for Purchase referenced in last year's update has now been completed and the Service is awaiting responses from interested qualified proponents who will provide metrics to quantify the transfer of learning. Expected completions is projected for spring of 2022.

The Request for Purchase (RFP) is an invitation to research and advisory firms, with expertise in Adult Education, to build and implement a comprehensive transfer of learning analysis program for training delivered at the Toronto Police Service College.

The TPC utilizes a widely recognized evaluation standard, the Kirkpatrick Model, which consists of four areas/levels of evaluation. Levels 1 (Reaction) and 2 (Learning) are evaluated at the time of delivery by the TPC in all courses. Levels 3 (Behaviour) and 4 (Results) require longer analysis times and are more labour intensive. TPC recognizes the need to complete all four levels of analysis, and the RFP is designed to address this need.

In addition to reviewing procedures every 3 years pursuant to the Adequacy Standards Compliance policy, TPS's Governance develops, reviews and amends procedures on an ongoing basis as the need emerges – ie as required by new/changing legislation, Board direction, Coroner's inquests, audits etc.

For example, TPS' Persons In Crisis procedure was very recently amended to reflect evolving language, as the Service has moved away from the term Emotionally Disturbed Persons and has adopted Persons in Crisis. At the same time, the Persons in Crisis procedure has been updated to reflect an increasing emphasis on TPS Members referring community members to resources/supports. Among other changes, the procedure now contains a link to a 'Mental Health Referrals Guide' that provides officers guidance in social system navigation and also promotes the Canadian Mental Health Association's (CMHA) Police Access Referral Line and Safe Bed Program.

Specific to de-escalation, TPS' Conducted Energy Weapon procedure was amended in September of 2021, and now includes the following section on de-escalation:

Police officers when appropriate, before using a CEW as a force option shall consider

- using de-escalation techniques or verbal commands
- be aware of the risk of secondary injury
- use demonstrated force presence / laser paint techniques to gain compliance
- be mindful of CEWs capabilities in relation to the context and environment
- delivering the minimal amount of cycles necessary in order to gain compliance
- avoid extended or multiple cycles where practical
- have reasonable and appropriate alternate force options available when practical
- consider cover and distance tactics
- be aware of "containment pressure" and when appropriate, consider disengagement
- consider subject's fall zone
- when practical, have at least one additional officer present to control/cuff the subject under power.

2. 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 (CEW)

Analytics and Innovation – implemented and ongoing

De-escalation attempts are captured/tracked via the Service's CEW report - including the techniques utilized such as communication and/or containment. The following data is sourced from these reports.

2019 – 631 Total Uses. De-escalation was attempted in 97.3% of incidents.

2020 – 604 Total Uses. De-escalation was attempted in 97.8% of incidents.

2021 –The analyst office at the Toronto Police College has reviewed 566 CEW occurrences submitted for the reporting period of January 1st to December 31st, 2021. De-escalation was attempted in 95.2% of these incidents.

- Instances where de-escalation was not attempted indicate scenarios where officers were faced with an imminent threat and were required to take immediate action in order to avoid harm.

3. Police officers will continue to receive de-escalation training at the Toronto Police College (T.P.C.) 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.

Toronto Police College – implemented and ongoing

See last year's response as work referenced previously is ongoing and adequately addresses this Action Item.

- 4. 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.**

Toronto Police College/Human Resources – implemented and ongoing

The Service continues to explore the viability of collection & reporting aggregate information under the following projects:

- Performance Management (Police Reform Rec #46) – new process is set to launch in Q1 2022 and will include a goal-setting component at the unit level. The Service will be recommending that applicable units/divisions include a group goal related to interactions with people in crisis in the annual performance appraisals beginning in 2022. Members who are working in capacities where they regularly have contact with persons in crisis will be expected to both deliver services that are aligned with the technical and procedural practices established as well as the behavioural competencies of the Service.
- Race Based Data Collection – updated data and tooling being developed in relation to data collection for RBDC will allow us to build toward a process for effective monitoring and reporting following interactions with persons experiencing mental health/addictions issues. Data is currently being collected related to Mental Health Act Apprehensions as a part of the project.
- Early Intervention Program (Police Reform Rec #45) – modernization of the PSIS system with 2 software enhancements will support real-time monitoring of data related to member wellness, performance indicators and response to critical incidents.

While currently challenged by gaps with data, process and tools, as the projects described above mature, the Service hopes to be able to collect and report aggregate information as described in the action item, with a target to build up our process in 2022.

- 5. 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.**

Talent Acquisition – implemented and ongoing

In building on last year's response - which referenced evaluation/measurement at the applications stage, Talent Acquisition additionally evaluates a future police officer's understanding and abilities to handle people who deal with mental health and addiction at the following stages:

Pre-Background/Local Focus Interest (Written): Applicants are required to write an essay type answer to questions surrounding the diversity of the City, their personal reasons for becoming a police officer and their understanding/experience in dealing with vulnerable people.

Essential Competency (ECI)/ Local Focus Interview (LFI): During the formal interview stage questions are built in to both the ECI and LFI stages designed to measure and evaluate an applicant's ability to handle conflict, connect with the community and experience in dealing with vulnerable people suffering from mental health and addiction. The interview is a Behavioural Event interview which requires the applicant to provide an example from lived experience.

Background Investigation: During the background investigation the investigators specifically look for evidence of experience in the field of mental health awareness including but not limited to completion of courses, work experience or lived experience relevant to handling and dealing with mental health and addiction.

Selection Panel: The selection stage is a panel comprised Senior Officers from the field, Senior Leadership from the Toronto Police College, Psych Service, Equity, Inclusion and Human Rights and the Talent Acquisition Leadership team. During the presentation the panel evaluates an applicant's competitiveness and suitability, paying specific attention to their connection to the diversity of the City and their abilities in dealing with and understanding mental health and addiction.

6. 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.

Human Resources – Implemented and Ongoing

Currently, supervisors have the ability to include de-escalation events on annual appraisals and to do so routinely.

In Q1 2022, the Service will be launching a revamped Performance Management process to all members, both uniform and civilian. The process will provide performance evaluation to members based on the responsibilities of their roles and the competency behaviors tied to their level of leadership in the Service. Members will be required to examine the responsibilities of their roles and share:

- the "what" of what they delivered, and
- the manner in which they delivered it, the "how".

The process will be collaborative, with members formulating a self-evaluation and their direct supervisors providing their assessment. Role profiles have been created by our Labour Relations Unit. The role profiles for frontline, Community Officer and Mobile Crisis Intervention Team (MCIT) officers will include the skills and responsibilities of both de-escalation techniques and the building of strong relationships with marginalized communities. The Service will be recommending that units/divisions include a group goal related to use of de-escalation techniques (i.e., communication, empathy, use of force, etc.) in the annual performance appraisals beginning in 2022.

For members seeking promotion to the rank of Sergeant, the Service's new promotional process includes screening tools for members and supervisors to consider in their assessment of the skill and experience of a member in dealing with persons in crisis, members of the black community and racialized communities, including their ability to de-escalate and negotiate during crisis situations.

- 7. 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.**

Wellness – implemented and ongoing

Award recipient(s) will continue to be recognized for demonstrating the skill set cited in this Action Item. The Service will continue to promote awareness and prestige around the award both internally and externally (ie hospital and community partners). Both members and partners will be encouraged to nominate those members that they feel are candidates for the award.

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

Communications – implemented and ongoing

See last year's response as work referenced previously is ongoing.

The standalone de-escalation training referenced in last year's response has now been delivered to all members of Communications Services through the In-Service Training Program (fall of 2020).

This training was also incorporated into the Call Taker and Dispatch Curriculums as a separate module.

- 9. The Service will explore ways of capturing referrals to community agencies, beginning with M.C.I.T. referrals.**

Community Partnerships and Engagement Unit - ongoing

The MCIT program continues to provide referrals to community agencies for people that have had an interaction with the MCIT.

In 2020, the MCIT program as a whole provided 1238 referrals. As of October 1st 2021, 1342 referrals had been made – already an 8.4 percent increase over the 2020 totals.

In addition, the MCIT program now has a dedicated case management process available to teams assigned to the northwest and eastern sections of the City of Toronto. The case management program is managed by *COTA in a partnership with Humber River Hospital, North York General Hospital and Scarborough Health Network. It is envisioned with future funding that the case management program will be become available for all MCIT, throughout the City of Toronto.

In 2022, the MCIT program will be utilizing some of the base funding from Ontario Health to conduct a qualitative evaluation of the program as whole. Including in the evaluation will be measuring the effectiveness of case management and exploring the development of metrics to measure repeat client referrals and their associated outcomes.

Beyond MCIT, TPS is working toward developing a process for capturing ALL community referrals made by TPS officers. The Analytics and Innovation Unit is presently developing Information Management structures to support an app or digital platform for members to make referrals. This work includes data modelling, and process analysis. There are many ways in which referrals occur, and we are working to ensure these are supported.

*COTA Health (Cota) is an accredited, not-for-profit, community-based organization that supports adults with mental health and cognitive challenges to live well within their communities.

Additional Referral Pathways

The Service contacts those who have been apprehended under the *Mental Health Act (M.H.A.)* on numerous occasions through a variety of means. This could include a Priority Response Unit officer, MCIT, or a Neighbourhood Community Officer (NCO). A Community Relations officer or investigator might also contact the person after being assigned an occurrence to provide them a referral or supports. Any of these officers can directly refer people who have been apprehended on numerous occasions to the FOCUS table(s). Many persons who have been repeatedly apprehended are already being referred to FOCUS tables.

Additionally, any person taken to a hospital is provided with a variety of supports and follow ups whether they are placed on a Form 1 *M.H.A.* at the hospital or not. Those supportive service referrals would come directly through the health care providers' within the hospital. The types of supports and follow ups will depend upon the situation at hand.

When MCIT units encounter a person who is a high utilizer of police services (repeat client), apart from offering referrals to community agencies, MCIT will conduct follow up calls to help clients navigate supportive services. In some cases the Nurse assigned to the team will connect

to a client's care team, for example, a family doctor, psychiatrist, social worker, to arrange for a reassessment if it is appropriate to the situation.

Frequently high utilizers have often been engaged by police services, paramedic services and the health care system. In such cases, the MCIT draws upon police records available to all officers and the MCIT Nurse can access hospital records, if that person also have had a previous admission at a hospital. In doing so, the collated information can help inform on-scene assessments. All the available information is used to formulate a plan that will support the client. This helps lessen the chances of repeat calls for service, as well as curtail a crisis from developing.

Further, MCIT assigned to Humber River Hospital (HRH), North York General Hospital (NYGH) and Scarborough Health Network (SHN) have the ability to refer to a new component of the MCIT program. This program known as ARC-MCIT (Access to Resources and Community Supports-MCIT), is a partnership with the MCIT, HRH, NYGH, SHN and COTA. Below is a brief overview of the ARC-MCIT process. It is a consent based and client centered in its approach.

Services Offered:

- Contact within 48 hours (2 business days)
- Short term case management and peer support for up-to 3 months
- Comprehensive assessment
- Collaborative development of a personal safety plan with a focus on strengths and resources
- Collaborative development and implementation of an individualized recovery/goal plan

Direct Support in the following areas:

- Education about the nature of mental illness
- Support and education to caregivers and /or the person's support network as appropriate
- Development and maintenance of self-management strategies
- Encouragement, emotional support, and motivation
- Referrals to other community and primary health care services based on individual need
- Exploring strengths, resiliency and personal responsibility

Services Available to:

Adults 16 years and over who were recently visited by the MCIT. With additional future funding it is hoped that the ARC-MCIT program would be expanded and utilized by all hospital partners and available to all MCIT.

When MCIT engages the ARC-MCIT program, early indications are that referred clients have their care integrated within the overall mental health care response across sectors. Clients continue to attend appointments and follow ups. The case management process also shows a greater adherence by clients to care plans, thus seeing an uptick in utilizing supports, ensuring positive outcomes.

In 2022, the MCIT program will be utilizing some of the base funding from Ontario Health to conduct a qualitative evaluation of the program as whole. Including in the evaluation will be measuring the effectiveness of case management and exploring the development of metrics to measure repeat client referrals and their associated outcomes.

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

Community Partnerships and Engagement Unit – implemented and ongoing

During the First quarter of 2021, the six partner hospitals involved in the MCIT partnership (Humber River Hospital, North York General Hospital, Michael Garron Hospital, Scarborough Health Network, Unity Health Toronto- St. Joseph Health Centre and Unity health Toronto- St. Michael Hospital) received increased funding from the Ontario government. As a result the MCIT program was able to expand from 10 teams to 13 teams.

Post expansion, 12 teams are operating 7 days a week, 365 days a year. The 13th team is operational four days a week, every week of the year. This 13th team is deployed in the busy downtown core, which traditionally sees the highest volumes of person in crisis calls. With the addition of this team, the down town core, has three dedicated teams available from Tuesday through Friday, when call volumes tend to be at its highest.

The expansion also allowed for expanded service hours, moving from 10 hours of service delivery to 14 and half hours of service. The new service hours provide a day and afternoon shift respectively.

As a compliment to MCIT expansion, TPS introduced the role of the Divisional Crisis Support Officer (DCSO) in 2021. Officers selected to be DCSOs received enhanced mental health and addictions related training (a 20 hour program) and were trained to respond both as support to the MCIT and as the lead in mental health and addictions related calls for service where MCIT is unavailable. To support the initial rollout of this position, the Service delivered the training to over 300 Members in 2021 – exceeding our goal of 278.

The original intent of the program was for one officer per platoon to be assigned as the DCSO each day at the beginning of their shift. However, evaluation during the implementation phase lead to the program being re-imagined in the fall. As such, all officers trained as DCSOs are now deployed as part of the priority response. TPS' Dispatchers will be able to identify DCSO trained officers via a skill search and selectively assign these officers to mental health related calls where they deem it appropriate.

Similar training to the DCSO course will be delivered going forward. The Service is currently in the process of determining whom the most appropriate members are to receive the training.

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

Wellness – implemented and ongoing

The Service's naloxone program was initiated in June 2018 and focused primarily on the downtown core during the first phase. Since that time, the Service has implemented an expansion of the naloxone program effective April 1, 2020, at which time the availability of naloxone was expanded to include all frontline members across the City of Toronto. Naloxone is now available to frontline members at all Divisions and to specialized units to support the police response to opioid overdoses.

Members are required to have completed mandatory training prior to being issued with naloxone, and must also have proof of current Standard First Aid certification. Practical overdose response and naloxone training is now an ongoing topic within the St. John Ambulance Standard First Aid curriculum which is delivered to Service members.

In 2021, Officers administered naloxone on 91 occasions.

12. 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 addiction issues, including suicide prevention resources, workplace accommodation services and psychological support.

Wellness – implemented and ongoing

Last year's response is summarized below. The full response, which is quite extensive can be viewed via the following link:

<https://www.tpsb.ca/jdownloads-categories/send/57-2020/652-november-24>

The Service has developed a robust wellness program to support its members. Current programs/resources include the following:

- The Wellness Unit intranet page
- StrongTogetherTPS website
- Intranet quick-link for mental health resources
- Mobile phone/personal computer
- COVID-19 Supports including pandemic support hotline as a point of contact for members.
- Critical Incident Response Team (C.I.R.T.)
- Psychological Services
- Employee and Family Assistance Program (E.F.A.P.)
- Chaplaincy Program
- Medical Advisory Services (M.A.S.)
- Peer-led, independent charitable organizations, including but not limited to:
 - Toronto Beyond the Blue
 - Wounded Warriors
 - Boots on the Ground
- Canadian Mental Health Association Training
- Road to Mental Readiness (R2MR)
- 'Understanding and Managing the Stresses of Police Work' course.

- Psychological training to Crime Analysts at Forensic Identification Services
 - Mental health awareness and suicide prevention training by Psychological Services to all newly promoted supervisors.
 - Member survey to solicit input re the value of existing resources/supports and/or what members wish to see offered
- A comprehensive Wellness Strategy is being developed.

In addition to the standard Wellness resources that we support, we do seek to provide resources that are not homogeneous in nature and are tailored and inclusive to meet the needs of the individual. Wellness did publish some specific resources for related to anti-racism and mental health. See link below.

<https://humanresources.prd.tps/ohs/PublishingImages/SitePages/Links%20and%20Resources/TorontoForAll.pdf>

13. 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.

Wellness – implemented and ongoing

Progress on Action Items was presented to MHAAP on the 25th of November 2021 and will be publicly reported at the January 2022 TPS Board meeting.

14. 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.

Analytics and Innovation – implemented and ongoing

A dashboard that reports on repeat clients with multiple MHA apprehensions has been developed and presented to Command. Internal discussions are ongoing regarding how broadly this sensitive information will be shared both internally and externally.

The data includes a count of unique persons with multiple interactions, categorized by frequency, hospital wait time, hospitals frequented and other relevant information recorded in the apprehension form.

The data available in this dashboard will be aggregated and anonymized to form the basis of a more thorough analytical assessment that will be delivered at a future date.

15. The Service is committed to involving the community, including the Board’s M.H.A.A.P., to inform and review our training and procedures related to interactions with individuals who may be experiencing mental health and/or addictions issues.

Wellness – implemented and ongoing

In March of 2021, the 'Community Advisory Panel For Training' (CAPFT) outreach strategy was launched. 24 community volunteers were selected to participate. In addition, 7 representatives from existing partnerships were invited to join – including the Chief's Consultative Committees (CCCs), Anti-Racism Advisory Panel (ARAP), Mental Health and Addictions Advisory Panel (MHAAP), Combatting Anti Black Racism (CABR) and PACER 2.0.

The selected CAPFT volunteers have relevant lived experience and/or academic/professional experience. The CAPFT members represent a diverse cross section of citizens including those from Indigenous, Black, Asian, Cuban, Latino, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Two-Spirit (LGBTQ2S+) communities, persons living with mental health and/or addictions issues, along with existing partners from the Muslim Community CCC, Black CCC, Aboriginal CCC, South and West Asian CCC, PACER 2.0 and several Community Police Liaison Committees.

Collective professional experience of the CAPFT members includes; project management, teaching and education, consulting, youth work, social advocacy and paralegal. Several have comprehensive academic backgrounds, including PhDs, Masters Degrees, Bachelor Degrees and certificates.

All members of the CAPFT are invited to contribute feedback and insights to help inform future training. This is with an expressed view to improving the quality of police interactions with all members of the community including those members of the community living with mental health and addictions issues.

Additionally, the college has hired an Equity Inclusion & Human Rights (EI&HR) curriculum lead. The curriculum lead will review all training at the college from the EI&HR lens and will make recommendation and changes to enhance training aligned with proactive best practices, community stakeholder input and compliance with police reform recommendations. The College has also hired three (3) EI&HR Instructors/curriculum designers to advance all training related to equity, inclusion and human rights.

Our Commitment to Leadership

- 16. 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.**

Wellness – implemented and ongoing

In addition to reviewing procedures every 3 years (pursuant to the Adequacy Standards Compliance policy), TPS's Governance develops, reviews and amends procedures on an ongoing basis as the need emerges – ie as required by new/changing legislation, Board direction, Coroner's inquests, audits etc.

For example, TPS' Persons In Crisis procedure was very recently amended to reflect evolving language, as the Service has moved away from the term Emotionally Disturbed Persons and has adopted Persons in Crisis. 14 other procedures were subsequently amended to reflect this change.

The languages and principals contained within the Mental Health and Addictions strategy have very much been adopted into TPS procedures. For example, the introductory paragraphs (the 'Rationale' section) of TPS' Person In Crisis Procedure include the following, direct quotes from the Strategy:

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.

In every encounter, the Service is committed to taking all reasonable steps to assess, de-escalate and safely resolve the situation.

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

Wellness – implemented and ongoing

All Uniform and Civilian Senior Officers have completed the Road to Mental Readiness training that includes mental health and addition components. The Service will continue to explore professional development opportunities in this area.

18. 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.

Toronto Police College – implemented and ongoing

The Service remains committed to the pursuit of excellence in this space. Examples of TPS initiatives that have been developed as a result of the external influences referenced in this Action Item include:

- Our Crisis Call Diversion Program (CCD), which involves a Crisis Worker from Gerstein Crisis Centre being co-located in TPS's call centre for the purpose of diverting crisis calls from a police response to a more focused mental health response. TPS initially became intrigued by this concept via our relationship with York Regional Police whom were

piloting something similar. From here TPS researched numerous comparable programs in the US and UK before developing our own pilot.

- In response to Recommendation 50 from the Coroner's inquest into the death of Bradley CHAPMAN, an online training module was created to address police interactions with those who experience discrimination associated to addiction and homelessness. This course was made mandatory and was completed by all Police officers in 2021.
- As referenced in this year's response to Action Item 15, Toronto Police College is now working collaboratively with its Community Advisory Panel For Training in the development and review of training. See Action Item 15 for details

19. 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.

Wellness – implemented and ongoing

In addition to the processes cited in last year's response, it should be noted that ongoing oversight and assessment of an officer's ability and commitment to responding appropriately and compassionately to members of our communities whom are living with mental health and/or addictions issues is very much built into the day to day responsibilities of supervisory personnel. Sergeants are monitoring the front line response to all calls for service, including attending where possible, receiving telephone updates often in real time, reading electronic reports and/or memo book entries, reviewing in car camera and body worn camera videos, individual and group debriefing sessions etc.

The Service's commitment to an increasingly compassionate response to those living with mental health and addictions issues is incorporated in policies and training, and is translating to policing culture accordingly.

Our Commitment to Equity/Anti-Racism

20. 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.

Toronto Police College – implemented and ongoing

Anti-Black Racism (ABR) training was launched in the fall of 2021 and is mandatory training for all members. It was created via a collaboration between TPS' Equity, Inclusion and Human Rights Unit and the Toronto Police College.

Collaboration with Dr Grace-Edward Galabuzi is ongoing, as the creation of updated Race Based Data Collection (RBDC) training is being created at TPS' Equity, Inclusion and Human Rights Unit. This training is separate and distinct from the aforementioned ABR training that has already launched.

Due to the pandemic, this training that was previously planned to be delivered as a 4 hour in-person module, is being modified for online delivery. The training will be mandatory for all members and will be launched in Q1 of 2022.

It will be delivered in 2 separate modules :

- 1) Anti Black Racism and Indigenous training – history and context
- 2) Policy/Procedure/Governance training – including scenarios where Use of Force and Use of Force reporting processes are key learning points.

In addition to the above, TPS' specialized Mental Health related trainings include modules on the intersection of mental health and addictions issues and a) the Indigenous experience b) the LGBTQ+ experience and c) Anti Black Racism. These trainings were delivered in person to over 300 members (one session yet to be delivered at the time of this report's preparation) plus a compliment of MCIT nurses.

See response to Action Item 21 as it also has relevance here.

21. 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.

Toronto Police College – implemented and ongoing

The initial review by Farrell and Fearon referenced in last year's response has been completed. TPC has received and discussed the feedback from Drs. Fearon and Farrell and amended training as a result. In addition, Drs. Fearon and Farrell will be facilitating online training sessions for TPC Instructors, Neighbourhood Officers and Senior Officers, entitled "Enhancing the Delivery of Effective and Bias-free Policing in the City of Toronto". This training is currently scheduled to be delivered to all TPC instructors over three dates in January 2022. Training dates for delivery to the other intended recipients are to follow.

Anti Black Racism training was redesigned for 2021 and launched in Q3. Due to COVID the modules were converted to on-line learning. Development of content was done in consultation with TPS stakeholders including CABR, ARAP, Black CCC, CAPFT.

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

Toronto Police College/Equity, Inclusion and Human Rights – implemented and ongoing

TPS ensures equity, inclusion and human rights (EIHR) training for all civilian and uniform members is aligned with police reform recommendations and applicable organizational core values and competencies.

Integrated into the training design, development and delivery are the Service's core values, behavioural competencies and relevant service governance (policies, procedures and legislation) which reinforce the foundational concepts found in practical strategies to offsetting and challenging implicit bias. This design provides tactical approaches for on the job application central to permanent courses in Anti-Black Racism, Bias and Implicit Bias Avoidance, The Indigenous Experience and the new 5-day course in Fair and Impartial Policing - which is scheduled to launch in 2022.

As a commitment to create and lead training programs that are proactive to improving positive interactions between police officers, their colleagues and community members, the Service has recently hired the following EIHR positions: an e-learning specialist, an equity curriculum lead and three EIHR dedicated instructors.

By acknowledging identifiable problems, the Service also leads consultations with community groups such as the Community Advisory Panel for Training (CAPFT) to further inform the training with cross-cultural strategies which will help to advance all police officers' and civilian members' capacity in personal leadership, ethical decision-making and community trust engagement and building.

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

Toronto Police College – implemented and ongoing

The College has hired an EI&HR curriculum lead. The curriculum lead will review all training at the college from the EI&HR lens and will make recommendation and changes to enhance training aligned with proactive best practices, community stakeholders and police reform recommendations.

Additionally, the College has hired three (3) EI&HR Instructors/curriculum designers to advance all training related to equity, inclusion and human rights.

The College continues to endeavour to have all training reviewed for the purposes of feedback by stakeholders which include, the board's Anti-Racism Advisory Panel (A.R.A.P.) and the City of Toronto's Anti-Black Racism Action Panel to inform future training for Service Members.

Our Commitment to a Stigma-Free Environment

- 24. 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.**

Wellness – **implemented and ongoing**

See last year's response as supports/resources referenced remain accessible to members.

- 25. The Service will continue to implement the Road to Mental Readiness (R2MR) program as a mandatory training program for all Service Members and will track the number of Members trained.**

Wellness – **concluded**

All Civilian and Uniformed Service members received the Road to Mental Readiness module.

The 2022 Wellness portion of our mandatory In Service Training Program reinforces R2MR training on stigma reduction for self and others as a barrier to seeking care.

- 26. 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.**

Toronto Police College – **implemented and ongoing**

See last year's response for an extensive list of community partners the Toronto Police College's Incident Response Teams invited to participate in/debrief/provide suggestions for scenario based training.

Regarding member input, Toronto Police College courses utilize participant surveys to solicit feedback from members.

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

Wellness - **concluded**

TPS' Wellness Unit presented the results of the Member wellness survey to the TPS Board, TPS Command, the Toronto Police Association, TPS' Employee and Family Assistance Program (EFAP), the Central Joint Health and Safety Committee (CJHSC) and TPS' Strategy Management Unit.

Our Commitment to Continuous Learning

28. 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.

Wellness ongoing

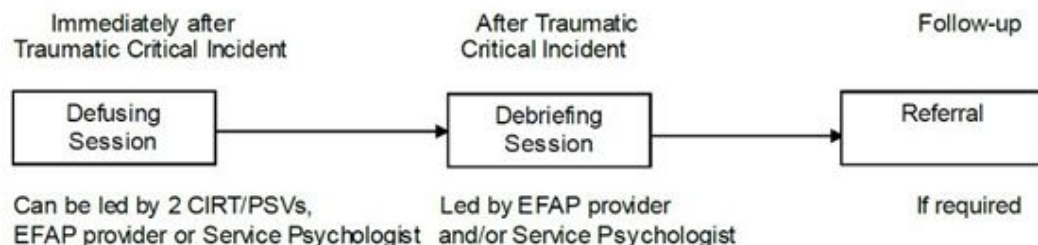
Due to the high volume of calls for service involving persons living with mental health and/or addictions issues and the demand on resources that would be associated with debriefing the same at the time of the call's completion, it has been determined that it is neither feasible nor practical for TPS to endeavour to develop a procedure to do so.

However, road supervisors are monitoring officers under their charge at all times. This includes guidance in real time (during the response) and debriefs of varying levels of formality after the response has concluded.

For calls with less complexity involved, a debrief would take on the form of a short conversation.

Incidents involving greater complexity would result in a more formal debrief. Supervisors routinely conduct these debriefs with groups of involved officers, or entire platoons where the teaching points would benefit all officers. These debriefs involve in depth assessment of the Police response – what worked? What didn't work? What alternate approaches could we consider moving forward? etc... These debriefs occur both in the field immediately post response and/or during platoon 'parades' which are meetings platoons hold before each shift. Supervisors will also utilize these debriefs to assess the psychological impact that exposure to such incidents have had on their officers.

For escalated incidents where a member's potential to experience symptoms of critical incident stress are higher, a formal procedure exists in TPS governance (procedure 08-04). The Service's critical incident support process may include mandatory defusing and debriefing sessions and, where required, the opportunity for professional assistance in dealing with critical incident stress.



The above notwithstanding, the Service will seek to satisfy the spirit of this Action Item via a bi-annual survey that will solicit input from every member across the Service with respect to:

- Their confidence in their ability to serve community members living with mental health and addictions issues during their daily duties,
- How relevant and applicable they feel TPS' mental health related training is to their job,
- How confident they are in their ability to refer community members to social supports,

MHAAP will be invited to provide input in regards to the specific questions included on the survey.

- 29. 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.**

Wellness – ongoing

Results of the survey referenced in the preceding Action Item will be forwarded to TPS College, and analysis of the same will inform strategic direction, processes and trainings going forward.

- 30. 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.**

Toronto Police College – implemented and ongoing

In addition to last year's comprehensive response, the Service wishes to re-iterate the impact that the hiring of an EI&HR Curriculum Lead and 3 EI&HR Instructors/Curriculum Designers will have on advancing all of the Service's training related to Equity across the board.

- 31. 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.**

Toronto Police College – implemented and ongoing

The membership of both MHAAP and CAPFT include community members with mental health and/or addictions lived experience and both panels will continue to be consulted in the development of training.

- 32. 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.**

Communications – implemented and ongoing

See last year's response as the work referenced previously is ongoing.

Regarding the standalone module of de-escalation training referenced in last year's update, the Communications Training Section has now provided documents (the content of the training that was delivered to Communications personnel in 2020) to Toronto Police College. This content will inform the creation of an online version of this training which will be made available to members as required/desired going forward.

33. 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.

Communications – implemented and ongoing

Communications strives to ensure that members are aware they are the first contact for the public. Training stresses the importance of creating a positive interaction with the public and our partners, and how that interaction impacts both citizens and officers when they arrive on scene. Members are aware that high risk, violent and emotional events will have distraught callers who may not be focused, listening effectively or be capable of responding. Training focuses on rapport building and professional control when attempting to ascertain information from a caller who is in crisis.

The Communications Training Supervisor is a member of "The Learning Network", whose membership is comprised of numerous Southern Ontario Police Services. This network shares information on training, current issues and solutions. The Learning Network provides opportunity for the Unit to become aware of issues that may be arising elsewhere but have not yet been encountered in Toronto.

The Association of Police Communication Operators and the National Emergency Number Association are two more examples shared learning networks among Emergency Communicators and Training Sections.

Members about to enter 'Dispatch Class' attend a "ride-along" on the road with a frontline Sergeant. This provides insight as to what happens after they receive a call, the importance of voice and language with the caller, as well as the need for professional communication on the radio.

34. 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.

Communications – implemented and ongoing

Communication Services tracks all probationary training for both Call Taker and Dispatch trainings. This includes the training referenced in the preceding Action Item.

- 35. 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).**

Analytics and Innovation – implemented and ongoing

There is on going work involving Analytics and Innovation and the Mental Health Data Collection & Analytics Working Group. The group will define what constitutes a mental health and/or addictions issue and will enable existing records management tools to record these interactions via changes to our records management systems, preparing reports and conducting analysis.

Analysis work has begun on the observed behaviours recorded by officers during apprehensions under the Mental Health Act.

Our Commitment to Advocacy & Partnership

- 36. 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 (M.C.I.T.) program, community-based crisis services, affordable housing and peer-led organizations operated by and for persons with mental health and/or addictions histories.**

Community Partnerships and Engagement Unit – implemented and ongoing

During the First quarter of 2021, the six partner hospitals involved in the MCIT partnership (Humber River Hospital, North York General Hospital, Michael Garron Hospital, Scarborough Health Network, Unity Health Toronto- St. Joseph Health Centre and Unity health Toronto- St. Michael Hospital) received increased funding from the Ontario government. As a result the MCIT program was able to expand from 10 teams to 13 teams.

In keeping with the long history of advocating for and partnering with community agencies, the MCIT program has partnered with COTA to establish the ARCS (Access to Resources and Community Supports)-MCIT case management program. This program is currently available to teams assigned to the northwest and eastern parts of the city. Funding for this initiative comes from the same source as MCIT expansion ie from the Ministry of Health, delivered via Ontario Health Toronto.

- 37. 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, experiencing mental health and/or addictions issues access the information, supports, and resources they require.

Community Partnerships and Engagement Unit – implemented and ongoing

TPS remains engaged in work on a number of progressive initiatives that emphasize collaboration with community partners with the intent of connecting people experiencing mental health and/or addictions issues with the resources and supports that they require. The following paragraphs provide summaries of many of these initiatives:

- Expansion of *Furthering our Communities by Uniting Services* (FOCUS) Toronto. In 2021, the highly impactful FOCUS initiative – already the largest Police/Community Agency collaboration in Canada, experienced the largest expansion in its 9 year history. There are now 6 tables meeting weekly, covering 13 TPS divisions (an increase from 5 tables covering 9 Divisions). Over 150 Community and Government Agencies are now working with Police to identify vulnerable community members and to connect them to the supports they require. In 2020, 681 situations were presented at FOCUS tables across the City of Toronto. In 2021, that number is on pace to exceed 1000.
- Expansion of TPS' *Mobile Crisis Intervention Teams* (MCIT). The MCIT program maintains strong working relationships with its 6 partner hospitals - Humber River, Michael Garron, North York General, Scarborough Health Network, Unity Health St. Joseph and Unity Health St. Michael. On June 1st 2021, the program increased both its capacity to respond to calls and the number of hours within which it may provide a response. The number of teams expanded from 10 to 13, and its daily hours of coverage from 10 hours to 14.5 hours.

In addition, the program has now incorporated a case management component into its response. Via a partnership with COTA Health, Social Workers (with Peer Support) are now assisting hospital partners in managing cases and clients that are referred by MCIT and require follow up supports and resources.

As referenced in the 2020 update to this Action Item, work on this enhancement was underway last year - including completion of a pilot in October of 2020. The success of the pilot lead to its being formally adopted at both North York General and Humber River Hospitals in October of 2020. In July of 2021, the program expanded to include the Scarborough Health Network. As such, there are now 9 Police Divisions covered by this initiative.

- Via a partnership with Gerstein Crisis Centre, TPS is currently piloting a 'Crisis Call Diversion' initiative that sees an embedded crisis worker co-located within the 911 call centre for the purpose of de-escalating calls for service over the phone and/or diverting calls involving Persons in Crisis to a more appropriate community-lead response.

The pilot launched in September 2021 and will initially involve the downtown core of the city - providing coverage for 14, 51 and 52 Divisions.

- TPS is currently in the process of revising the role of the Divisional Mental Health Liaison Officer. These officers will be recognized both by fellow officers and community members as the mental health champions of their respective divisions.

An enhanced role profile will clearly define the responsibilities of these officers – which will include reviewing the divisional mental health response from a quality control lens (ie identifying issues and addressing via training) and with the intent of identifying community members whom are under supported and connecting them to appropriate community agencies (including ensuring cases suitable for presentation at a FOCUS table are referred).

These officers will be supported corporately by the Mental Health Coordinators at TPS' Community Partnerships and Engagement Unit (CPEU) and will receive regular training around community agencies available of supporting people living with mental health and/or addictions issues.

- The Service has recently initiated a resurgence of numerous Hospital Police Liaison Committees (HPLCs), which facilitate strong partnerships between Police and our Hospital partners. The Committees are comprised of highly influential members on both the Police and Hospital side, resulting in practical discourse related both systemic and local issues. Beyond the quarterly meetings, the relationships formed at the tables have lead to enhanced communication generally. The strengthened partnerships allow the Police and Hospital partners to work through challenges collaboratively and efficiently.

Training

- As a compliment to MCIT expansion, TPS introduced the role of the Divisional Crisis Support Officer (DCSO) in 2021. Officers selected to be DCSOs received enhanced mental health and addictions related training (a 20 hour program) and were trained to respond both as support to the MCIT and as the lead in mental health and addictions related calls for service where MCIT is unavailable. To support the initial rollout of this position, the Service delivered the training to over 300 Members in 2021 – exceeding our goal of 278.

The original intent of the program was for one officer per platoon to be assigned as the DCSO each day at the beginning of their shift. However, evaluation during the implementation phase lead to the program being re-imagined in the fall. As such, all officers trained as DCSOs are now deployed as part of the priority response. TPS' Dispatchers will be able to identify DCSO trained officers via a skill search and selectively assign these officers to mental health related calls where they deem it appropriate.

Similar training to the DCSO course will be delivered going forward. The Service is currently in the process of determining whom the most appropriate members are to receive the training.

- The Service has increased the emphasis on the value of referral to supports and the importance of the role of the Police as connectors to services in its training in 2021. Training around the navigation of Toronto's social services system – including promoting

Connex Ontario, 211 and the Community Asset Portal was included the curriculum of mental health related courses (including the course referenced in the preceding paragraphs).

- In addition, TPS updated its Persons in Crisis procedure to include a more robust section on the Canadian Mental Health Association's (CMHA) Community Referral Police Access Line. This includes more detailed information about the CMHA's Safe Bed Program. The Referral Line and Safe Bed program are also featured in mental health related training and have been the subject service wide communiques (ie routine orders and screen savers) The Service has also been in communication with CMHA around their attending mental health related trainings to educate officers on the Referral Line and Safe Bed program.
- The Service has published a Mental Health Referrals Guide on its internal 'home page' providing members access to guidance when making referrals. The messaging in the guide is consistent with that in the aforementioned training (ie a focus on system navigators, the CMHA's Referral Line and the Safe Bed program.) Awareness around this resource was raised via a Routine Order and it is featured in training.
- (There have been 65 TPS referrals to CMHA's Safe Bed Program to date (as of Dec 9) in 2021)

38. The Service will review the M.C.I.T. model with our hospital and other health care partners to guide program development and quality improvements processes.

Community Partnerships and Engagement Unit – implemented and ongoing

In April 2021, the MCIT Steering Committee membership was expanded to include a broader representation of community agencies and persons with lived experience. The expanded committee will work to set a strategic direction for the MCIT program including exploring best practices, quality improvement initiatives and developing innovative models. A complete list of the enhanced MCIT Steering Committee, is provided below;

- Sarah Downey, President & CEO – Michael Garron Hospital, Toronto East Health Network (Co-chair)
- Peter Yuen, Deputy Chief – Toronto Police Service (Co-chair)
- Sandy Murray – Toronto Police Services Board
- Tim Rutledge, President & CEO – Unity Health Toronto
- Barb Collins, President & CEO – Humber River Hospital
- Elizabeth Buller, President & CEO – Scarborough Health Network
- Karyn Popovich, President & CEO – North York General Hospital
- Tess Romain, Interim CEO - Toronto Central Local Health Integration Network
- Representative from the Confronting Anti-Black Racism (C.A.B.R.) Unit from City of Toronto – TBD
- Paul Bruce, CEO – Cota

- Jason Altenberg, CEO – South Riverdale CHC
- Susan Davis, Executive Director – Gerstein Crisis Centre
- Kevin Haynes – TPSB MHAAP Member
- Jennefer Simo - TPSB MHAAP Member
- Helen Tsamis, Person with Lived Experience
- (Anonymity preferred), Person with Lived Experience

2021 has also seen the development of a specific MCIT procedure. It was finalized December 7th, 2021 and was circulated to all TPS members by Routine Order. Procedure 06-04, Persons in Crisis procedure was modernized to reflect current operational changes and best practices including a change in title, from Emotionally Disturbed Persons to Persons in Crisis.

Further quality improvement initiatives that occurred with the MCIT program in 2021, include the transition from a secondary response to a MCIT first response on calls for service involving persons in crisis that are deemed appropriate and safe for the MCIT to be the primary unit responding.

The basic introductory MCIT Level 1 training course increased from 40 hours to 80 hours in 2021. Which included 20 hours of lectures on the intersection of mental health with racialized, marginalized and vulnerable communities. Lectures on topics such intergenerational trauma in the Indigenous community, anti-black racism and the LGBTQ2S+ community are grouped under the theme of Equity, Inclusion and Human Rights.

The MCIT adopted a new uniform that matured in consultation with the Toronto Police Service Board's Mental Health and Addictions Advisory Panel. Added input from a community survey contributed to the new uniform design. The result is a uniform change that accounts for more visibility and a less authoritative appearance. The MCIT patrol vans also underwent a design change, which incorporated a more subdued decaling in order to diminish any stigmatized affect that a police response could have on individuals in crisis. Moving forward, in early 2022 the Service will be commencing a pilot where MCIT teams will be using Ford Explorers with the same subdued decaling.

39. 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.

Community Partnerships and Engagement Unit – implemented and ongoing

The Covid-19 pandemic has had a significant impact on the operations of hospitals in the City of Toronto and as a result have affected both wait times and the ability of the Toronto Police Service and Hospital partners to continue Hospital-Police Liaison Committees throughout most of 2020 and the first half of 2021. However, with the easing of provincial restrictions in the second quarter of 2021, many committees had begun to return to regular meetings, albeit in a

virtual environment. The Omicron variant now challenges the work of these committees once again.

The committees continue to work collaboratively to develop and/or strengthen existing wait time protocols – as this is an ever present agenda item at meetings and in discussions beyond HPLC meetings. The busy nature of hospital emergency departments will necessitate that wait times will always need to be tracked, with an eye to ensure more efficient processes, including referrals to alternate service models such as community agencies when appropriate.

The average wait times have remained relatively stable over the last three years despite a slight increase in 2021, that is likely attributable to the pandemic. The average wait times for the past three consecutive years are highlighted as follows:

- 2019 - 96 minutes
- 2020 - 91 minutes
- 2021 – 108 minutes

Historical barriers to decreasing wait times continue to present a challenge, with the two most significant being:

- Staffing
 - health care personnel to triage and provide care
 - security personnel to relieve police
- Physical Barriers
 - insufficient receiving areas for assessment of patients
 - bed shortages

40. 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 (C.A.P.).

Analytics and Innovation – implemented and ongoing

As referenced in last year's update, FindHelp 211 data has now been transformed to better cater towards our community and frontline officers through the tools available in C.A.P. application.

The following are excerpts from this year's response to Action Item 37, as there is relevance here :

- TPS is currently in the process of revising the role of the Divisional Mental Health Liaison Officer. These officers will be recognized both by fellow officers and community members as the mental health champions of their respective divisions.

An enhanced role profile will clearly define the responsibilities of these officers – which will include reviewing the divisional mental health response from a quality control lens (ie identifying issues and addressing via training) and with the intent of identifying community members whom are under supported and connecting them to appropriate community agencies (including ensuring cases suitable for presentation at a FOCUS table are referred).

These officers will be supported corporately by the Mental Health Coordinators at TPS' Community Partnerships and Engagement Unit (CPEU) and will receive regular training around community agencies available of supporting people living with mental health and/or addictions issues.

- As a compliment to MCIT expansion, TPS delivered enhanced mental health and addictions related training (a 20 hour program) to over 300 frontline officers in 2021 – exceeding our goal of 278, which equates to 4 officers per platoon across the city. These officers are trained to respond both as support to the MCIT and to take the lead in mental health and addictions related calls for service where MCIT is unavailable.

Similar training will be delivered going forward. The Service is currently in the process of determining whom the most appropriate members are to receive the training.

- The Service has increased the emphasis on the value of referral to supports and the importance of the role of the Police as connectors to services in its training in 2021. Training around the navigation of Toronto's social services system – including promoting Connex Ontario, 211 and the Community Asset Portal was included the curriculum of mental health related courses (including the course referenced in the preceding paragraphs).
- In addition, TPS updated its Persons in Crisis procedure to include a more robust section on the Canadian Mental Health Association's (CMHA) Community Referral Police Access Line. This includes more detailed information about the CMHA's Safe Bed Program. The Referral Line and Safe Bed program are also featured in mental health related training and have been the subject service wide communiques (ie routine orders and screen savers) The Service has also been in communication with CMHA around their attending mental health related trainings to educate officers on the Referral Line and Safe Bed program.
- The Service has published a Mental Health Referrals Guide on its internal 'home page' providing members access to guidance when making referrals. The messaging in the guide is consistent with that in the aforementioned training (ie a focus on system navigators, the CMHA's Referral Line and the Safe Bed program.) Awareness around this resource was raised via a Routine Order and it is featured in training.

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

Analytics and Innovation – implemented and ongoing

As of August 21st, TPS had attended 3216 'Overdose' calls for service in 2021. The Analytics and Innovation Unit presented to MHAAP regarding their breakdown of these calls in Sept of 2021.

In order to maintain ongoing statistics, members are required to complete a Naloxone Tracking Form in in the Services records management system whenever a report related to a drug overdose is created.

In 2021, there were 1,608 forms submitted. Officers administered naloxone in 91 instances (representing 5.7% of entries).

Our Commitment to Evaluation –

- 42. 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.**

Analytics and Innovation – implemented and ongoing

The Service has created a Persons in Crisis dashboard for internal use and a public facing version of this dashboard and accompanying data will be released publically. Prior to release this product will be presented to the Mental Health and Addictions Advisory Committee for input and feedback. This presentation was delivered to the committee on November 25th 2021.

It is anticipated that in the first quarter of 2022 the open data and dashboard will be available on the Public Safety Data Portal to provide seven years of data including: persons in crisis calls for service, M.C.I.T. calls for service and M.H.A. apprehensions. Data will be presented from 2014-2020.

The Service will utilize bi-annual member surveys to evaluate its effectiveness in responding to and interacting with Persons in Crisis. The surveys will solicit input from our membership in areas such as relevance of training, knowledge/awareness of community supports for referral and effectiveness of internal supports and resources. MHAAP will be consulted regarding specific questions to be include on the survey. The insights gained will help to identify gaps and inform future training, initiatives and processes and we strive for continuous growth in this area.

- 43. 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.**

Analytics and Innovation – implemented and ongoing

The Mental Health Data Collection & Analytics Working Group and other internal stakeholders have begun to identify the appropriate quantitative and qualitative measures for this work.

- 44. 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 (M.H.A.) apprehension was made.**

Analytics and Innovation – ongoing

Work is ongoing and complex issues (ie. privacy laws etc.) will continue to impact work in this area. Analytics and Innovation will continue to work towards solutions to these challenges.

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

Toronto Police College – implemented and ongoing

As referenced in last year's response, TPS continues to review international best practice in the creation and review of all trainings.

And as referenced in previous responses here, TPS has hired Equity, Inclusion and Human Rights subject matter experts to advance trainings.

Our Commitment to Transparency, Accountability and Reporting

- 46. 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.**

Wellness – ongoing

Along with delivering the report on the Service's Mental Health and Addictions Strategy, the Service also committed to providing the Board with regular updates on the progress of the Action Items detailed in the Strategy. The Service's Mental Health and Addictions Strategy emphasizes the commitment to the principles of transparency and accountability. An important commitment was made to report annually on the strategy. In the interest of increased transparency and accountability in the tracking process, the Service has created an interactive dashboard which will be updated continuously. The dashboard describes the Toronto Police Services Board and Service work plan for the advancement of each of these critical initiatives, tracks our progress, and provides links to relevant results and outcomes, as soon as they are available. This dashboard serves as the primary and most efficient method to report to the public on developments in the implementation of the Mental Health and Addictions Strategy. In the future, it will integrate with other Service dashboards as well as support valuable

information sharing with the City of Toronto. After the Mental Health and Advisory Panel have had a chance to review the dashboard, it is anticipated that it will be launched in the first quarter of 2022.



MENTAL HEALTH AND ADDICTIONS STRATEGY

Toronto Police Services Board

Public Meeting - January 27th, 2022

Publish date: January 27th, 2022

Presenter: Superintendent David Rydzik



What is the Mental Health and Addictions Strategy?



Toronto Police Service

Mental Health and Addictions Strategy

2019

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**

Action Item Implementation

The following is an up to date overview of the implementation status of the Strategy's 46 Action Items.

39 action items are implemented and on-going

5 action items are on-going

2 action items are concluded



Highlights of Implemented Actions from 2020-2021

Action Item #37

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.

Commitment: Advocacy and Partnership

Assigned to: Community Partnerships and Engagement Unit

- ▶ **Expansion of Furthering our Communities by Uniting Services (FOCUS) Toronto**
- ▶ **Expansion of TPS' Mobile Crisis Intervention Teams (MCIT)**
- ▶ **Divisional Crisis Support Officer Training**
- ▶ **Mental Health Coordinators at CPEU**
- ▶ **Co-Located Call Diversion**

Action Item #5

6

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.

Commitment : Preserving Life
Assigned to : Talent Acquisition

Talent Acquisition now evaluates a future officer's understanding and abilities to interact with people living with mental health and addiction at the following **4 stages**:

- ▶ #1 Pre-Background/Local Focus Interest (Written)
- ▶ #2 Essential Competency (ECI)/Local Focus Interview (LFI)
- ▶ #3 Background Investigation
- ▶ #4 Selection Panel

Action Item #22

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

Commitment : Equity/Anti-Racism
Assigned to : Toronto Police College

- ▶ The Service ensures **annual** Equity, Inclusion and Human Rights (EIHR) training for all members. In addition, the following stand-alone trainings have been/will be delivered in 2021-2022 :
 - ▶ **Anti Black Racism Training**
 - ▶ **Bias and Bias Avoidance**
 - ▶ **The Indigenous Experience**
 - ▶ **Fair and Impartial Policing (5 day)**

- ▶ The Service has also recently hired an EIHR Curriculum Lead, and E-Learning Specialist and 3 EIHR Dedicated Instructors.

Action Item #46

8

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 ... this report will be a public document ...

Commitment : Transparency, Accountability and Reporting

Assigned to : Wellness Unit/Analytics and Innovation

- ▶ The Service has created an interactive dashboard which will serve as the primary and most efficient method to update the public on the implementation of the Strategy.
- ▶ It is anticipated that the dashboard will go live in mid-February of 2022
- ▶ Joseph Ariwi will now give a brief demonstration of the dashboard



Questions?



Mental Health and Addictions Strategy Commitments

Prepared by
[Analytics and Innovation](#)

Last updated: December 17, 2021

ACTIONS SUMMARY

1

2

3

4

46

Total Actions

40

Implemented and Ongoing

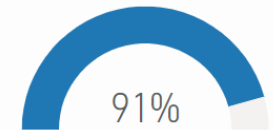
4

Ongoing

2

Concluded

Implementation Status



Select Commitment

Hold *Ctrl* to select multiple items

Commitment To A
Stigma-Free
Environment

Commitment To
Advocacy &
Partnership

Commitment To
Continuous
Learning

Commitment To
Equity/Anti-Racism

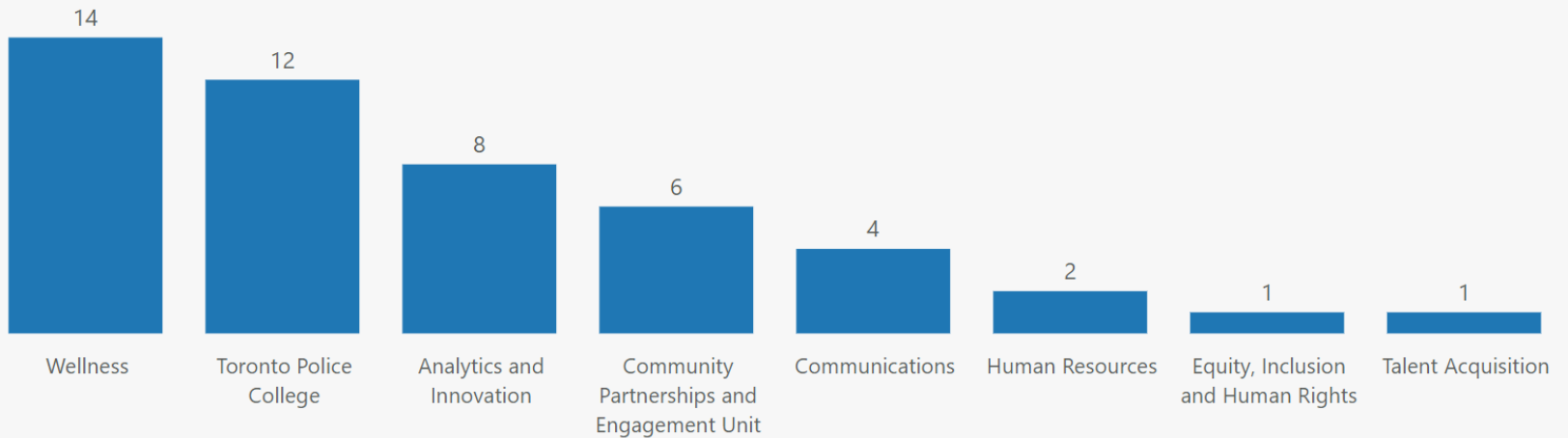
Commitment To
Evaluation

Commitment To
Leadership

Commitment To
Preserving Life

Commitment To
Transparency,
Accountability, A...

Lead Unit Responsibility





Mental Health and Addictions Strategy Commitments

Prepared by
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ACTIONS BY COMMITMENT

1

Select Commitment

2

Equity/Anti-Racism

4

Total Actions

4

Implemented and Ongoing

0

Ongoing

0

Concluded

3

Action	Unit(s) Responsible	Action Item	Status
20	Toronto Police College	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.	Implemented And Ongoing
21	Toronto Police College	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.	Implemented And Ongoing
22	Toronto Police College/Equity, Inclusion and Human Rights	The Service will continue to ensure that training provides police officers with strategies to offset and challenge implicit bias.	Implemented And Ongoing
23	Toronto Police College	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.	Implemented And Ongoing

i



Mental Health and Addictions Strategy Commitments

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ACTIONS BY COMMITMENT

1

Select Commitment

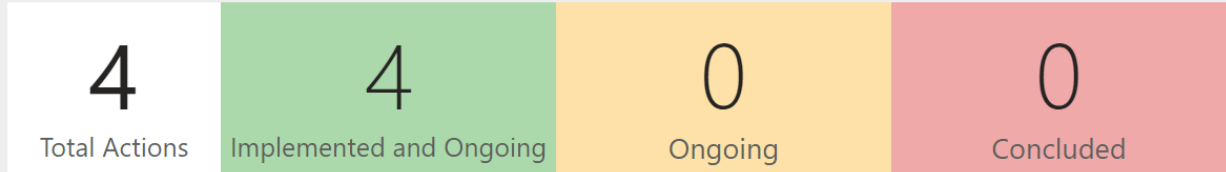
2

Equity/Anti-Racism

3

- A Stigma-Free Environment
- Advocacy & Partnership
- Continuous Learning
- Equity/Anti-Racism
- Evaluation
- Leadership
- Preserving Life

4



	Status
will research training on how the race, cultural identity, and/or other identities individual may influence a police officer's decisions and actions with regards to use	Implemented And Ongoing
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.	Implemented And Ongoing
22 Toronto Police College/Equity, Inclusion and Human Rights The Service will continue to ensure that training provides police officers with strategies to offset and challenge implicit bias.	Implemented And Ongoing
23 Toronto Police College 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.	Implemented And Ongoing





Mental Health and Addictions Strategy Commitments

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ACTIONS BY UNIT RESPONSIBLE

1

Select Unit

2

Communications

4

Total Actions

4

Implemented and Ongoing

0

Ongoing

0

Concluded

3

Action	Commitment	Action Items	Status
8	Preserving Life	The Service will continue to review its existing de-escalation training for Communication Operators.	Implemented And Ongoing
32	Continuous Learning	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.	Implemented And Ongoing
33	Continuous Learning	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.	Implemented And Ongoing
34	Continuous Learning	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.	Implemented And Ongoing

i



Mental Health and Addictions Strategy Commitments

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ACTIONS DETAILS

1

Select an Action

Status

2

4



Implemented And Ongoing

3

Action Item

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.

4

Progress Details

The Service continues to explore the viability of collection & reporting aggregate information under the following projects:

- Performance Management (Police Reform Rec #46) – new process is set to launch in Q1 2022 and will include a goal-setting component at the unit level. The Service will be recommending that applicable units/divisions include a group goal related to interactions with people in crisis in the annual performance appraisals beginning in 2022. Members who are working in capacities where they regularly have contact with persons in crisis will be expected to both deliver services that are aligned with the technical and procedural practices established as well as the behavioural competencies of the Service.
- Race Based Data Collection – updated data and tooling being developed in relation to data collection for RBC will allow us to build toward a process for effective monitoring and reporting following

Commitment To Preserving Life

Commitment

Toronto Police College/Human Resources

Unit(s) Responsible

<https://www.torontopolice.on.ca/community/peopleincrisis.php>

Resources

Notes





Mental Health and Addictions Strategy Commitments

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ACTIONS DETAILS

- 1
- 2
- 3
- 4

Select an Action

Status

4

- 22
- 23
- 24
- 25
- 26
- 27
- 28

Implemented And Ongoing

ability of collecting and reporting aggregate information on supervisor following an interaction with a person who may be experiencing mental issues.

Progress Details

The Service continues to explore the viability of collection & reporting aggregate information under the following projects:

- Performance Management (Police Reform Rec #46) – new process is set to launch in Q1 2022 and will include a goal-setting component at the unit level. The Service will be recommending that applicable units/divisions include a group goal related to interactions with people in crisis in the annual performance appraisals beginning in 2022. Members who are working in capacities where they regularly have contact with persons in crisis will be expected to both deliver services that are aligned with the technical and procedural practices established as well as the behavioural competencies of the Service.
- Race Based Data Collection – updated data and tooling being developed in relation to data collection for RBC will allow us to build toward a process for effective monitoring and reporting following

Commitment To Preserving Life

Commitment

Toronto Police College/Human Resources

Unit(s) Responsible

<https://www.torontopolice.on.ca/community/peopleincrisis.php>

Resources

Notes





Mental Health and Addictions Strategy Commitments

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ACTIONS DETAILS

1

Select an Action

Status

2

25



Concluded

3

Action Item

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.

4

Progress Details

All Civilian and Uniformed Service members received the Road to Mental Readiness module.

The 2022 Wellness portion of our mandatory In-Service Training Program reinforces R2MR training on stigma reduction for self and others as a barrier to seeking care.

Commitment To A Stigma-Free Environment

Commitment

Wellness

Unit(s) Responsible

<https://www.torontopolice.on.ca/community/peoplein crisis.php>

Resources

Notes





Mental Health and Addictions Strategy Commitments

Prepared by
[Analytics and Innovation](#)

Last updated: December 17, 2021

REPORT SUMMARY

1

Intent of Dashboard

2

The Mental Health and Addictions Strategy (MHAS) details specific actions categorized within commitment areas that the Toronto Police Service will undertake as a part of the MHAS. This dashboard is a part of the work to ensure that the Action Items in this Strategy are undertaken and that progress on the Action Items are public reported on a regular basis.

3

4

Intended Audience

This dashboard is for use by members of the Toronto Police Service, the Toronto Police Service Board, the Mental Health and Addictions Advisory Panel, the TPS Board's Mental Health External Advisory Committee and members of the public in alignment with the Strategy's commitment to Transparency, Accountability and Reporting.

Additional Links

[Mental Health and Addictions Strategy.](#)

Action Status Definitions

Implemented and Ongoing

Action item has been implemented and is actively being worked on.

Ongoing

Action item has started and is actively being worked on.

Concluded

Action item has been concluded.

Questions about the report, please contact Analytics.Innovation@torontopolice.on.ca





Mental Health Open Data Release

Mental Health Calls for Service Attended
Mental Health Act Apprehensions
2014 to 2020

DRAFT FOR BOARD MEETING



Mental Health Calls for Service Attended

EventID	EventDate	EventHour	EventType	GeographicDivision	OccurrenceCreated	ApprehensionMade	NeighbourhoodName
1253013	2014.01.01	0	Suicide-related	D11	No	No	High Park North
1253185	2014.01.01	0	Suicide-related	D23	Yes	Yes	Willowridge-Martingrove-Richview
1253198	2014.01.01	1	Suicide-related	D53	No	No	Annex
1253204	2014.01.01	1	Person in Crisis	D51	No	No	Moss Park
1253227	2014.01.01	1	Suicide-related	D32	No	No	Willowdale West
1253239	2014.01.01	1	Suicide-related	D51	Yes	Yes	Cabbagetown-South St.James Town
1253685	2014.01.01	2	Suicide-related	D51	No	No	Church-Yonge Corridor
1253724	2014.01.01	2	Suicide-related	D43	No	No	Highland Creek
1253798	2014.01.01	2	Person in Crisis	D41	No	No	Kennedy Park
1253841	2014.01.01	3	Overdose	D11	No	No	High Park North
1253860	2014.01.01	3	Suicide-related	D51	No	No	Regent Park
1254077	2014.01.01	4	Person in Crisis	D54	No	No	O'Connor-Parkview
1254168	2014.01.01	4	Suicide-related	D51	No	No	North St.James Town
1254174	2014.01.01	4	Overdose	D14	No	No	University
1254254	2014.01.01	4	Suicide-related	D32	Yes	No	Newtonbrook West
1254313	2014.01.01	5	Suicide-related	D32	Yes	No	Newtonbrook West
1254356	2014.01.01	5	Suicide-related	D43	No	No	West Hill
1254506	2014.01.01	6	Overdose	D43	Yes	Yes	West Hill
1254526	2014.01.01	6	Overdose	D53	No	No	Annex
1254536	2014.01.01	6	Overdose	D14	No	No	Trinity-Bellwoods
1254641	2014.01.01	7	Person in Crisis	D32	No	No	Englemount-Lawrence
1254675	2014.01.01	8	Person in Crisis	D32	No	No	Willowdale East
1254908	2014.01.01	9	Suicide-related	D51	No	No	Church-Yonge Corridor
1254936	2014.01.01	9	Person in Crisis	D22	Yes	No	Islington-City Centre West
1254978	2014.01.01	10	Person in Crisis	D51	No	No	Moss Park
1255020	2014.01.01	10	Overdose	D53	No	No	Rosedale-Moore Park
1255151	2014.01.01	10	Person in Crisis	D53	No	No	Mount Pleasant West
1255191	2014.01.01	11	Person in Crisis	D14	No	No	Little Portugal
1255246	2014.01.01	11	Suicide-related	D13	Yes	Yes	Corso Italia-Davenport

ABOUT THE DATA

This data set contains information on the 6 Mental Health call types for the previous 7 years, and includes information such as the Call Type and whether or not an apprehension was made.

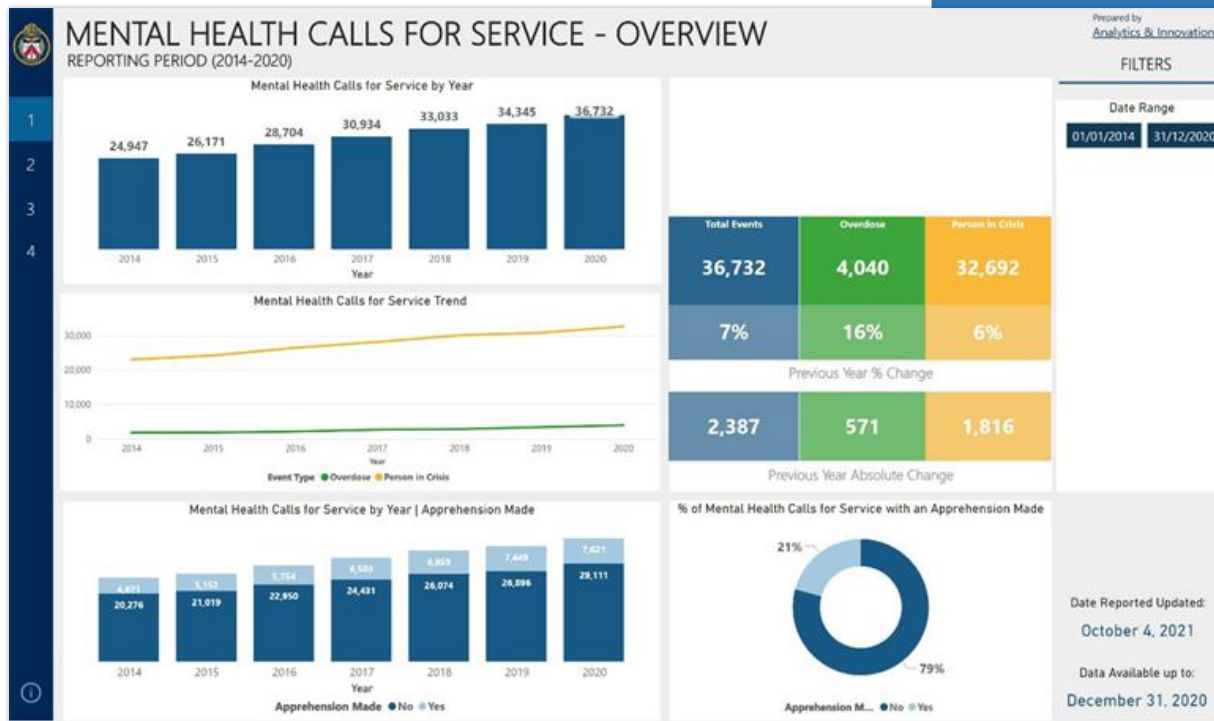
MHA Apprehensions Data Set

EventUniqueID	ReportDate	OccurrenceDate	ApprehensionType	Division	NeighbourhoodName	PremisesType	Sex	AgeGroup
GO-20141260037	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D51	Cabbagetown-South St.James Town (71)	Apartment	Male	45 to 54
GO-20141259983	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D23	Willowridge-Martingrove-Richview (7)	House	Female	45 to 54
GO-20141260625	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D53	Thornccliffe Park (55)	Outside	Male	35 to 44
GO-20141261310	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	NSA	NSA	Outside	Female	55 to 64
GO-20141261611	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D32	Englemount-Lawrence (32)	Apartment	Male	25 to 34
GO-20141262098	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D11	Weston-Pellam Park (91)	House	Male	25 to 34
GO-20141262056	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D13	Corso Italia-Davenport (92)	House	Male	25 to 34
GO-20141264197	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D22	Stonegate-Queensway (16)	Apartment	Female	35 to 44
GO-20141263132	2014.01.01	2014.01.01	Mha Sec 16 (Form 2)	D23	Elms-Old Rexdale (5)	Apartment	Female	25 to 34
GO-20141263946	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D42	Rouge (131)	House	Male	55 to 64
GO-20141263993	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D12	Mount Dennis (115)	Apartment	Male	18 to 24
GO-20141264269	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D31	Downsview-Roding-CFB (26)	Apartment	Male	25 to 34
GO-20141261121	2014.01.01	2014.01.01	Mha Sec 17 (Power Of App)	D14	Kensington-Chinatown (78)	Apartment	Female	25 to 34
GO-20141265354	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D11	High Park North (88)	Other	Female	18 to 24
GO-20141265022	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D22	Alderwood (20)	House	Male	18 to 24
GO-20141265784	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D41	Clairlea-Birchmount (120)	House	Female	18 to 24
GO-20141267412	2014.01.02	2014.01.02	Mha Sec 15 (Form 1)	D14	Kensington-Chinatown (78)	Other	Female	Not Recorded
GO-20141267093	2014.01.02	2014.01.02	Mha Sec 28(1) (Form 9 Elopee)	D11	High Park-Swansea (87)	Other	Male	45 to 54
GO-20141267260	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D41	Bendale (127)	Outside	Male	65+
GO-20141267516	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D42	Agincourt North (129)	House	Female	45 to 54
GO-20141267948	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D32	Bathurst Manor (34)	Apartment	Female	35 to 44
GO-20141267868	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D42	Malvern (132)	Apartment	Female	35 to 44
GO-20141268491	2014.01.02	2014.01.02	Mha Sec 17 (Power Of App)	D52	Bay Street Corridor (76)	Commercial	Male	25 to 34

This data set contains information on MHA Apprehensions for the previous 7 years, and includes information on the Apprehension Type, and demographic information of the apprehended person.

Dashboards

Mental Health Calls for Service Attended

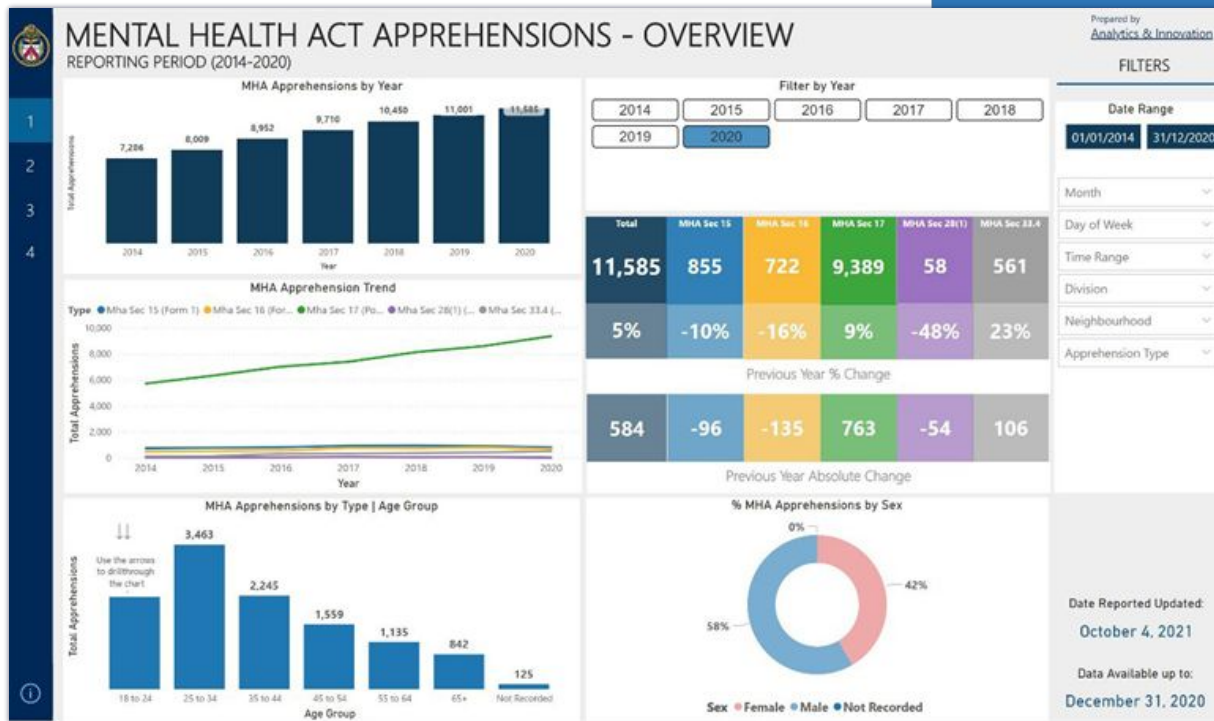


ABOUT THE DASHBOARD

This dashboard visualizes the data from the Mental Health Calls for Service Attended dataset, and shows the trend for Call Types, the proportion of apprehensions made, temporal trends, divisional trends and neighbourhood trends.

Dashboards

Mental Health Act Apprehensions



ABOUT THE DASHBOARD

This dashboard displays the data from the Mental Health Act Apprehensions dataset, and shows the trend for Apprehension Types, demographic trends for apprehended persons, temporal trends, divisional trends and neighbourhood trends.

Story Map

Mental Health Calls for Service Attended & Mental Health Act Apprehensions

Overview

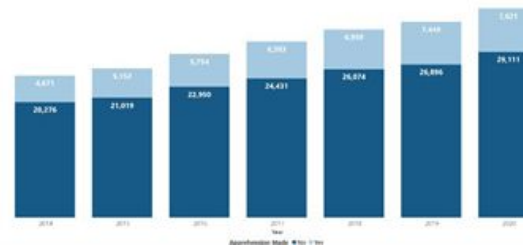
Recommendation 37: Direct the Chief of Police to share regularly updated datasets from the Toronto Police Service's open data portal with the City of Toronto for display and distribution on the City's open data portal, subject to the need to protect personal privacy and to comply with any privacy legislation. (City Council #16)

Pursuant to the Recommendation 37 of the 81 Recommendations on policing reform, the Toronto Police Service is releasing open data from the past seven (7) years regarding Mental Health (MH) Calls for Service Attended and Mental Health Act (MHA) Apprehensions.

Two datasets are being released today:

MHA Apprehensions

MH Calls for Service Attended



Resources

TPS News Release

Community Asset Portal

Mobile Crisis Intervention Teams

Police Encounters with MH Crisis

ABOUT THE STORY MAP

The Story Map gives context to the data release, highlights key statistics, and provides links to resources and supporting documentation.

Open Data Documentation Updates

Existing Open Data Documentation will be updated to include information on the 2 new data sets.

For the MHA Apprehensions Data Set, The documentation explains the omission of Youth Records, and highlights key statistics including aggregated statistics for Youth Records. The use of the term 'Not Recorded' for both the Age and Sex fields is explained in the documentation.

The documentation includes detailed Data Field Descriptions for each data set.





Central Joint Health and Safety Committee

PUBLIC MINUTES

**Wednesday, September 8 at 2:30PM
43 Division**

Meeting No. 76

Chair for this meeting: Jim Hart, Chair, Toronto Police Services Board, and
Co-Chair, Central Joint Health and Safety Committee

Members Present:

Jim Hart, Chair Toronto Police Service Board & Co-Chair, Central Joint Health & Safety Committee (CJHSC)

Jon Reid, Director, Toronto Police Association (TPA) & Co-Chair, CJHSC

CAO Tony Veneziano, Toronto Police Service (TPS), Command Representative

Also Present:

Ivy Nanayakkara, Manager, TPS, Wellness Unit

Rob Duncan, Safety Planner & Program Coordinator, TPS Wellness Unit

Sheri Chapman, Executive Assistant, TPSB

Diana Achim, Board Administrator, TPSB

Claire Wagar, Executive Assistant, TPA

Chair for this Meeting: Jim Hart, Chair, TPSB and
Co-Chair, CJHSC

Opening of the Meeting:

1. Co-Chair, Jim Hart, welcomed the group to the meeting and called the meeting to order.
2. The Committee approved the public Minutes from the meeting that was held on June 14, 2021.

The Committee considered the following matters:

3. New Initiatives

Review by: All Members

Mr. Brian Callanan advised the Committee that the Service recently reopened its facilities and that no issues have been reported. Mr. Callanan said that Service has worked to ensure that there is proper signage, markings and stickers for social distancing at all Service facilities.

Mr. Rob Duncan advised the Committee that the Service is continuing to work on and review which services require in-person attendance by members of the public and will offer by appointment only options where possible.

Ms. Ivy Nanayakkara advised the Committee that the Service is working with members from the Public Health Unit to ensure that all the necessary steps are taken and confirmed that the Incident Management System is still in place to assist with this work.

Mr. Tony Veneziano said that the Service will communicate the screening protocols to members of the public to ensure that they properly screen before attending a Service facility.

The Committee agreed that any issues that may arise as a result of the reopening plan, will be brought to the attention of Mr. Rob Duncan. Mr. Duncan will provide an update at the next committee meeting.

Moved by: Jon Reid
Seconded by: Brian Callanan

Status	On-going
Action	To be left on the agenda as a standing agenda item until resolved. Mr. Veneziano to provide an update at the next meeting.

4. Respiratory Protection Masks

Update by: Mr. Rob Duncan, Safety Planner & Program Coordinator, TPS Wellness Unit

Mr. Rob Duncan advised the Committee that the first appointment with Scenes of Crime Officers (“SOCO”) is scheduled for next week and that the Service is looking into fit testing. He further advised that this is a long-term contract and that the Service will work with SOCO qualified members.

Status	On-going
Action	To be left on the agenda as a standing agenda item until resolved. Mr. Duncan to provide an update at the next meeting.

Next Meeting Date: Wednesday, December 15 2021 at 10:00AM
Location: TBA

Members of the Central Joint Health and Safety Committee:

Jim Hart, Co-Chair Toronto Police Services Board	Jon Reid, Co-Chair Toronto Police Association
Tony Veneziano, Command Representative, Toronto Police Service	Brian Callanan, Executive Member Toronto Police Association



Toronto Police Services Board Report

December 23, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

Subject: Chief's Administrative Investigation into the Custody Injury of Complainant 2020.38

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.) investigates an incident involving serious injury or death, or the allegation of a sexual assault, provincial legislation requires the chief of police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

S.I.U. Terminology:

Complainant – refers to the affected person

SO- Subject Official

CW- Civilian Witness

S.I.U. Investigative Conclusion:

In a letter to the Chief of Police dated August 16, 2021, Director Joseph Martino of the S.I.U. advised, "*the file has been closed and no further action is contemplated. In my view, there were no grounds in the evidence to proceed with criminal charges against the subject officer*".

The following S.I.U. *Incident Narrative and Analysis and Directors Decision* have been reprinted in their entirety from the S.I.U. Director's report, number 20-TCI-200, which can be found in its entirety via the following link:

https://www.siu.on.ca/en/directors_report_details.php?drid=1507

S.I.U. Incident Narrative:

"The following scenario emerges from the evidence collected by the SIU, which included interviews with several civilian eyewitnesses and video recordings that captured parts of the interaction in question. At about 10:30 a.m. of August 14, 2020, the SO was performing speed enforcement at the intersection of Islington Avenue and Ridgevalley Crescent when he had occasion to pull the Complainant over for speeding. The Complainant, who had been traveling northward, pulled onto Ridgevalley Crescent and came to a stop facing east just east of Islington Avenue.

The Complainant was not happy about being pulled over. He voiced his displeasure, hurled profanity at the SO and, at one point, exited his vehicle. The SO attempted to calm the Complainant and asked him to return to his vehicle. The Complainant did so, but only for a short period.

Still angered, the Complainant exited his vehicle again and approached in the officer's direction. He continued to take issue with what was happening and was particularly irate with another civilian – CW #1 – who, with the SO's permission, had been variously recording the officer-citizen interaction.

The SO continued to direct the Complainant to return to his vehicle. When the Complainant advanced to within an arm's length of the officer, the SO swung his baton. The weapon struck the Complainant resulting in a laceration to the left side of the face and a fractured right-sided mandible.

Following the baton strikes, the Complainant grabbed hold of his face and noticed he was bleeding. He yelled at the officer over what he had done but maintained his distance. The SO radioed for an ambulance and waited for additional police officers to arrive.

The Complainant was taken to hospital in an ambulance and diagnosed with his injuries".

Injuries:

Fractured Jaw

Analysis and Director's Decision:

"In the morning of August 14, 2020, the Complainant was struck and injured by the SO in the course of a traffic stop. The SO was identified as a subject officer for purposes of the SIU investigation. On my assessment of the evidence, there are no reasonable grounds to believe that the SO committed a criminal offence in connection with the Complainant's injuries.

Section 34 of the Criminal Code prescribes the ambit of justifiable force used in one's self-defence or the defence of another. It provides protection for conduct that would otherwise amount to an offence if the conduct was intended to thwart a reasonably apprehended attack, actual or threatened, and was itself reasonable in all the circumstances. In my view, there is insufficient evidence to reasonably conclude that the force used by the SO fell afoul of the limits of justification.

It would appear on the evidence that the SO was in the lawful discharge of his duties performing speed enforcement when he clocked the Complainant's vehicle exceeding the speed limit and pulled him over. The Complainant reacted angrily to being stopped by the officer. He verbally expressed his objections and swore at the officer. That was one thing. However, the Complainant took his disdain for what was occurring to another level when he exited his vehicle on a couple of occasions and approached the officer in a threatening fashion. Telling in this regard is the evidence of the independent eyewitnesses, each of whom expressed concern with the Complainant's behaviour. On this record, having advised the Complainant to stand down and return to his vehicle, I am satisfied that the SO was entitled to resort to a measure of force to defend himself from what would have been a reasonably apprehended attack. The issue turns to the propriety of the force used by the SO.

I am satisfied on reasonable grounds that the officer's resort to two swings of his ASP baton was not excessive in the circumstances. The Complainant's belligerent demeanour and refusal to cease his advance despite the officer's request that he do so would have given the officer cause to believe he was about to be attacked. He was entitled to protect himself. He was also entitled to protect CW #1, who was also the target of the Complainant's ire and in the vicinity at the time. It is highly regrettable that the ASP strikes caused serious injury to the Complainant's face. Police officers are trained to avoid striking the face with their ASP batons because of the obvious potential for serious injury. However, the evidence indicates that the SO did not intend to strike the Complainant's head area. Rather, as the SO explained to an officer arriving at the scene following the confrontation, he had aimed an "X-pattern" 1 ASP deployment at the Complainant's torso and inadvertently struck him in the head given his movements at the time. There is nothing in the evidence,

including the video evidence that calls into question the officer's explanation in this regard.

I conclude by noting that the SO did not help himself in this matter. Prior to his interaction with the Complainant, the officer had been approached by a journalist – CW #1 – seeking to shoot some video footage depicting officer-citizen interactions at traffic stops. The SO, seemingly of the view that he was authorized to give that permission as long as the parties' faces were blurred, allowed it. It is unclear to me whether the officer acted appropriately in so doing. Be that as it may, what is clear is that CW #1's presence with a video camera apparently recording the interaction was a source of consternation for the Complainant and contributed to his anger. The SO was also unduly aggressive in his dealings with the Complainant prior to the altercation, needlessly escalating what was already a tense situation. At one point, for example, he started a countdown from ten seconds – the time he gave the Complainant to produce some paperwork or be ticketed for failing to do so. While the SO was still entitled to defend himself notwithstanding these errors in judgment, I will be raising these matters with the chief of police.

For the foregoing reasons, as I am satisfied that the SO acted reasonably by using his ASP baton to deter a reasonably apprehended attack at the hands of the Complainant, there is no basis for proceeding with criminal charges in this case. The file is closed”.

Summary of the Toronto Police Service's Investigation:

Professional Standards-S.I.U. Liaison (S.I.U. Liaison) conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

This investigation examined the circumstances of the custody injury in relation to the applicable legislation, service provided, procedures, and the conduct of the involved officers.

The S.I.U. Liaison investigation reviewed the following T.P.S. procedures:

- Procedure 01-01 (Arrest);
- Procedure 01-03 (Persons in Custody);
- Procedure 01-08 (Criminal Code Release);
- Procedure 06-01 (Commencing POA Proceedings);
- Procedure 07-10 (Speed Enforcement);
- Procedure 10-06 (Medical Emergencies);
- Procedure 13-16 (Special Investigations Unit);
- Procedure 13-17 (Notes and Reports);
- Procedure 15-01 (Use of Force);
- Procedure 15-02 (Injury/Illness Reporting);

- Procedure 15-16 (Uniform, Equipment and Appearance Standards).

The S.I.U. Liaison 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)
- *Police Services Act* Section 2 (1)(a)(xi) (Schedule of Conduct-Discreditable Conduct);
- Standards of Conduct Section 1-20 (Members shall only use Service issued equipment to capture images or make electronic recordings, and only do so with prior authorization).

The S.I.U. Liaison investigation determined that the T.P.S.'s policies and procedures associated with this custody injury were 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 S.I.U. Liaison investigation determined the conduct of the designated subject official was not in compliance with applicable provincial legislation regarding the Standards of Conduct and applicable T.P.S. procedures.

The Director of the S.I.U. commented that the officer may have aggravated an already agitated 2020.38 and failed to appropriately de escalate the situation. The Director commented in part.... *"The SO was also unduly aggressive in his dealings with the Complainant prior to the altercation, needlessly escalating what was already a tense situation. At one point, for example, he started a countdown from ten seconds – the time he gave the Complainant to produce some paperwork or be ticketed for failing to do so. While the SO was still entitled to defend himself notwithstanding these errors in judgment, I will be raising these matters with the chief of police"*.

It was substantiated that the officer acted in a disorderly manner or in a manner prejudicial to discipline or likely to bring discredit upon the reputation of the Police Force throughout his interactions with 2020.38

It was also substantiated that the officer had recorded this interaction on his own personal recording equipment he had attached to his uniform and had recorded other interactions with members of the public prior to his interaction with 2020.38 contrary to T.P.S. procedure 15-16 and the T.P.S. Standards of Conduct 1.20. This incident occurred prior to the issuance of Body Worn Camera by the Service.

Misconduct was substantiated and a penalty was imposed on the officer.

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office



Toronto Police Services Board Report

December 15, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

Subject: Chief's Administrative Investigation into the Vehicle Injury to Complainant 2020.45

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.) investigates an incident involving serious injury or death, provincial legislation requires the Chief of Police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

Discussion:

On October 5, 2020, at about 1500 hours, several members of the 13 Division Major Crime Unit (M.C.U.) were in the area of Lanark Avenue and Winona Drive. The officers were engaged in a substantial and lengthy drug investigation involving a male party identified as Vehicle Injury Complainant 2020.45. 2020.45 was associated to a 2016 White Mercedes (Mercedes) with Ontario licence plates. A Detective from 13 Division M.C.U. was the lead investigator in this case. He had applied for and received judicial authorization for search warrants for 2020.45's address and the Mercedes. 2020.45 was also wanted for investigation of several drug transactions and the plan developed

was to arrest him as he approached his parked vehicle.

The Detective had conducted an operational briefing at 13 Division. He had assigned several plainclothes officers to commence observations of the white Mercedes that was parked on Winona Avenue. Several uniform officers were assigned as backup for the pending arrest plan.

At approximately 1534 hours, officers in plainclothes attended the area where the Mercedes was parked and observed that 2020.45 was already in the driver's seat. Two plainclothes officer approached the driver's door to effect the arrest. Seeing the officers approach, 2020.45 started his vehicle and drove away southbound on Winona Drive.

2020.45 drove past a marked police vehicle, which was being operated by two of the uniform officers assigned to the event. The officer operating the police vehicle activated the vehicle's emergency lighting and attempted to stop the fleeing Mercedes. He advised the other 13 Division officers that they were attempting to stop the vehicle over the police radio.

Immediately upon hearing this transmission, the Detective ordered the officers not to pursue the vehicle and ordered the pursuit terminated. The officers stopped their scout car on Alameda Avenue and discontinued the pursuit. The Mercedes was last seen westbound on Bude Street. The pursuit lasted 195 meters and approximately 17 seconds.

Approximately 60 seconds after discontinuing the pursuit, one of the assigned uniformed officers was notified by people in the area of a personal injury collision at the intersection of Bude Street and Oakwood Avenue. The distance from where the pursuit was discontinued and where the collision occurred was approximately 280 meters.

Moments after the collision, several of the plainclothes officers attended the scene of the collision and identified 2020.45 to be the same male that fled from the police moments earlier. 2020.45 was placed under arrest for dangerous driving and drug trafficking offences.

2020.45 indicated he was injured and Toronto Paramedic Services (Paramedics) attended the collision scene.

Investigation into the collision revealed that 2020.45 disobeyed the clearly posted stop sign at Oakwood Avenue and westbound Bude Street striking a northbound vehicle on Oakwood Avenue. This vehicle was a Toyota RAV 4 which had four female occupants. All four were transported to Sunnybrook Health Sciences Centre and treated for relatively minor injuries.

2020.45 was transported to Sunnybrook Health Sciences Centre by Paramedics. 2020.45 was diagnosed and treated for a brain bleed as well as a fractured spine. He was admitted for treatment.

The S.I.U. was notified and invoked its mandate.

The S.I.U. did not designate any Toronto Police Service (T.P.S.) members as subject officials; however ten officers were designated as witness officials.

In a letter to the T.P.S., dated September 13, 2021, Director Joseph Martino of the S.I.U. advised that the investigation was completed, the file has been closed and no further action is contemplated. Director Martino stated:

“In my view, there were no grounds in the evidence to proceed with criminal charges against any of the involved officers.”

The S.I.U. published a media release on September 20, 2021. The media release is available at;

https://www.siu.on.ca/en/news_template.php?nrid=7107

The media release was titled:

“No Charges in Post-Police Pursuit Crash that Resulted in Serious Injuries in Toronto”

The Director’s Report of Investigation is published on the link:

https://www.siu.on.ca/en/directors_report_details.php?drid=1550

In his ‘analysis’ portion of the Report of Investigation, Mr. Martino states:

“...aside from a seconds’ long attempt by WO #2 and WO #8 to keep pace with the Mercedes Benz, quickly terminated by WO #7, there is no evidence of any further active engagement by any of the officers in the course of events that culminated in the collision. Complainant #1 had ample opportunity to alter his reckless course and he chose not to. On this record, I am satisfied that he alone is responsible for the collision at the intersection of Oakwood Avenue and Bude Street.

For the foregoing reasons, there are no reasonable grounds to believe that the officers involved in the operation that ultimately resulted in Complainant #1’s arrest transgressed the limits of care prescribed by the criminal law. Accordingly, there is no basis for proceeding with criminal charges on this case, and the file is closed.”

Summary of the Toronto Police Service’s Investigation:

Professional Standards (P.R.S.) and Traffic Services (T.S.V.) conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

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

The 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 02-18 (Executing a Search Warrant)
- Procedure 07-01 (Transportation Collisions)
- Procedure 10-06 (Medical Emergencies)
- Procedure 13-16 (Special Investigations Unit)
- Procedure 13-17 (Notes and Reports)
- Procedure 15-01 (Use of Force)
- Procedure 15-02 (Injury/Illness Reporting)
- Procedure 15-10 (Suspect Apprehension Pursuits)
- Procedure 15-17 (In-Car Camera System)

The investigation also reviewed the following legislation:

- *Police Services Act* Section 113 (Special Investigations Unit)
- Ontario Regulation 266/10 (Suspect Apprehension Pursuits)
- 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.R.S. and T.S.V. investigation determined that the T.P.S.'s policies and procedures associated with the custody injury were 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.

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office



Toronto Police Services Board Report

December 23, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

Subject: Chief's Administrative Investigation into the Custody Injury to Complainant 2021.06

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.) investigates an incident involving serious injury or death, or the allegation of a sexual assault, provincial legislation requires the Chief of Police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

S.I.U. Terminology:

Complainant – refers to the affected person

SO- Subject Official

WO- Witness Official

TPS OCE- Toronto Police Service Organized Crime Enforcement

PDS- Police Dog Services

PSD- Police Service Dog

ETF- Emergency Task Force

S.I.U. Investigative Conclusion:

In a letter to the Chief of Police dated May 14, 2021, Director Joseph Martino of the S.I.U. advised, *“the file has been closed and no further action is contemplated. In my view, there were no reasonable grounds in the evidence to proceed with criminal charges against the three officials”*.

The following S.I.U. *Incident Narrative and Analysis and Directors Decision* have been reprinted in their entirety from the S.I.U. Director’s report, number 21-TCI-022, the complete report can be found via the following link:

http://www.siu.on.ca/en/directors_report_details.php?drid=1351

S.I.U. Incident Narrative:

“The following scenario emerges on the weight of the reliable evidence collected by the SIU, which included interviews with the Complainant and SO #1. As was their legal right, SO #2 or SO #3 chose not to interview with the SIU or authorize the release of their notes.

At about 8:10 p.m. of January 17, 2021, the Complainant was arrested in a wooded area on the west bank of the Don River, a distance north of Eglinton Avenue East, following a physical altercation with SO #1, SO #2 and SO #3. Seeking to escape police apprehension, he had led officers on a protracted foot chase from the parking lot at 150 Wynford Drive East, east of the river. It was there that members of the TPS OCE unit had approached the Complainant seeking to take him into custody on firearms charges.

Earlier in the day, undercover police officers had the Complainant under surveillance as they waited for the issuance of a warrant authorizing the search of his residence and minivan for firearms. At a location in downtown Toronto, the Complainant managed to slip the officers and avoid arrest. The officers regrouped in the area of the Don Valley Hotel, where the Complainant had been staying, and waited for his return.

At about 7:40 p.m., the Complainant arrived in the area operating a minivan. He parked in the lot at 150 Wynford Drive and spoke with a female associate in her Mercedes. Within minutes, the officer leading the operation – WO #2 – gave the order to arrest the Complainant. The Complainant noticed police officers and vehicles converging on his location and immediately fled south and then east toward the ravine leading to the Don River.

ETF officers, who had gathered in the area to assist with the Complainant’s arrest and search warrant execution, pursued the Complainant. A dog handler, WO #1, and his PSD picked up the Complainant’s scent and led the

way. The ground in the ravine was wet and slippery, and the Complainant and the officers had difficulty keeping their footing as they went down the ravine's steep slope.

The Complainant traversed the Don Valley River a short distance north of Eglinton Avenue East, after which he travelled northwards along a set of railway tracks. In the area of a railway bridge, he waded into the water and again crossed the river. WO #1, the PSD, SO #1, SO #2 and SO #3 were right on his heels. The PSD swam across the river ahead of the officers, who forded behind.

The PSD caught the Complainant, latched onto his left arm and side, and brought him down. The Complainant kicked and punched at the PSD to release the dog's grip but was unable to do so. WO #1 reached the scene, gave the PSD the release order and pulled the dog away as SO #1, SO #2 and SO #3 arrived.

The Complainant physically resisted his arrest and was met with a measure of force by the ETF officers. SO #1 kicked him in the chest with the intention of forcing him flat on his back. The Complainant sat back up and was subjected to a second kick to the chest by SO #1. At about this time, SO #2 and SO #3 engaged the Complainant physically, wrestling him onto his front in a prone position. One of the two officers delivered a knee strike to the Complainant's back or side in the process, after which the Complainant was handcuffed behind his back without further incident.

The climb out of the ravine was a difficult one, made more difficult by the Complainant's inability to crawl on his hands and knees (even after his handcuffs were removed by the officers). With the use of a system of ropes and a sked, on which the Complainant was placed, the ascent was eventually accomplished, though not without a number of stumbles and falls along the way. Once at the top, the Complainant was handed over to paramedics and taken to hospital, where he was diagnosed with a fractured rib".

Analysis and Director's Decision:

"On January 17, 2021, the Complainant suffered a serious injury in and around the time of his arrest by members of the TPS ETF. The arresting officers – SO #1, SO #2 and SO #3 – were identified as subject officials for purposes of the SIU investigation. On my assessment of the evidence, there are no reasonable grounds to believe that the subject officials committed a criminal offence in connection with the Complainant's arrest and injury.

Pursuant to section 25(1) of the Criminal Code, police officers are immune from criminal liability for force used in the course of their duties provided such force was reasonably necessary in the execution of an act that they were

required or authorized to do by law. The officers seeking the Complainant's arrest on the day in question had a legal basis for doing so. The Complainant had been named in a search warrant alleging that he was unlawfully in possession of a firearm. There were also warrants outstanding for the Complainant's arrest for a number of offences, including uttering threats and possession of property obtained by crime.

Thereafter, there is insufficient evidence to reasonably conclude that SO #1, SO #2 and/or SO #3 used excessive force in taking the Complainant into custody. There is some evidence that once the Complainant was captured by the dog, he was subjected to multiple kicks and punches to the head and body by several police officers, though he offered no resistance to his arrest. According to this evidence, the Complainant was also dropped by the officers as they carried him up the ravine, on which occasions they beat him again. This version of events is contradicted by SO #1's account of what occurred. More importantly, it is incongruous with the nature and extent of the Complainant's efforts to flee from police. To say that the Complainant was determined to escape apprehension is an understatement. Risking his own life and limb, the Complainant had led police on a lengthy, treacherous trek down uneven, steep and heavily wooded terrain, during which he repeatedly stumbled and fell, and across a fast flowing river, not once, but twice. Against this backdrop, the claim of non-resistance must give way to the evidence of SO #1 to the opposite effect.

According to SO #1, upon reaching the Complainant, he delivered a kick to his chest to force him flat on his back. When the strike did not accomplish its purpose, SO #1 kicked him again. SO #1 had cause to suspect that the Complainant was armed with a firearm and was, therefore, within his rights in seeking to place him in a position of disadvantage as soon as possible. After all, the Complainant was being pursued for having an illegal firearm in his possession. Thereafter, aside from a single knee strike delivered by either SO #2 or SO #3, the only force reported by SO #1 was the use by the officers of their greater combined manpower to force the Complainant onto his front and effect his arrest. Given the Complainant's continued resistance, I am unable to reasonably conclude that this level of force was more than was necessary to subdue the Complainant and take him into custody. Finally, though SO #1 concedes that the Complainant was dropped more than once as the officers made their way up the steep incline of the ravine, he says the falls were accidental and caused by the poor ground conditions.

There is a distinct possibility raised in the evidence that the Complainant suffered his fractured rib as he fell on one or more occasions during his flight from police. Be that as it may, as there are no reasonable grounds to believe that any of the subject officials acted other than lawfully throughout their interaction with the Complainant, there is no basis for proceeding with criminal charges in this case. The file is closed".

Summary of the Toronto Police Service's Investigation:

Professional Standards- S.I.U. Liaison (S.I.U. Liaison) conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

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

The S.I.U. Liaison 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 02-17 (Obtaining a Search Warrant)
- Procedure 02-18 (Executing a Search Warrant)
- Procedure 04-27 (Use of Police Dog Services)
- Procedure 08-03 (Injured on Duty Reporting)
- Procedure 10-05 (Incidents Requiring the Emergency Task Force)
- Procedure 10-06 (Medical Emergencies)
- Procedure 13-16 (Special Investigations Unit)
- Procedure 13-17 (Notes and Reports)
- Procedure 15-01 (Use of Force)
- Procedure 15-02 (Injury/Illness Reporting)

The S.I.U. Liaison 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 S.I.U. Liaison investigation determined that the T.P.S.'s policies and procedures associated with the custody injury were lawful, in keeping with current legislation, and written in a manner that 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.

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office



Toronto Police Services Board Report

December 23, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

Subject: Chief's Administrative Investigation into the Custody Injury of Complainant 2021.07

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.) investigates an incident involving serious injury or death, or the allegation of a sexual assault, provincial legislation requires the chief of police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

S.I.U. Terminology:

Complainant – refers to the affected person

SO – Subject Official

WO – Witness Official

BWC – Body Worn Camera

S.I.U. Investigative Conclusion:

In a letter to the Chief of Police dated May 21, 2021, Director Joseph Martino of the S.I.U. advised, *the file has been closed and no further action is contemplated. In my view, there were no reasonable grounds in the evidence to proceed with criminal charges against the official*".

The following S.I.U. *Incident Narrative and Analysis and Directors Decision* have been reprinted in their entirety from the S.I.U. Director's report, number 21-TCI-024, which can be found in its entirety via the following link:

http://www.siu.on.ca/en/directors_report_details.php?drid=1360

S.I.U. Incident Narrative:

"The material events in question are clear thanks to video footage captured by the BWCs of the involved officers, and statements from the Complainant, the SO and two other officers who participated in the Complainant's arrest. At about midnight of January 20, 2021, a woman called 911 to report a disturbance. The woman indicated that she had been in an argument with her boyfriend – the Complainant – in a parking lot on Dundas Street West. According to the woman, the Complainant had tried to pour hot water on her and was presently punching and damaging her vehicle with her inside. She indicated that the Complainant was possibly armed with a knife. Officers were dispatched to investigate.

The SO, in a marked police SUV, arrived in the area, in and around the Dufferin Street and Dundas Street West intersection. As other officers tended to the woman, the SO attempted to find the Complainant, who had reportedly left the scene. At about 12:13 a.m., the SO located the Complainant. He was walking south on the west sidewalk of Dufferin Street approximately 70 metres south of Dundas Street West. The officer stopped his cruiser in the curb lane ahead of the Complainant, exited and walked to the rear of his cruiser.

As the Complainant approached the rear of the SO's cruiser, looking down at his cell phone, he was asked for his name by the officer and responded, "John." He told the SO that he was out for a walk, denied the SO's suggestion that he had just been in a fight with his girlfriend, and asked what the problem was. The SO, assisted by WO #1, who had just arrived on scene with his partner, WO #2, in their cruiser, proceeded to take hold of the Complainant's arms and bring them around his back.

Within seconds of the officers grabbing the Complainant's arms, he yanked his right arm free of the SO's grasp and attempted to flee northward. He was only able to advance a step or two before his progress was halted by the

three officers, who grappled with the Complainant as he attempted to break free. The Complainant turned toward the SO at one point and was punched twice to the face by the officer. The Complainant was then forced to the ground where his face appeared to strike the ledge of a small wall bordering the front of the property at 598 Dufferin Street. The struggle continued for a brief period on the ground before the Complainant's hands were handcuffed behind his back. The time was about 12:16 a.m.

The Complainant was lifted to his feet and placed in the rear of WO #1 and WO #2's cruiser where he waited for the arrival of paramedics. He was taken from the scene to hospital and diagnosed with a broken nose”.

Analysis and Director's Decision:

“On January 20, 2021, the Complainant suffered a serious injury in the course of his arrest by TPS officers in Toronto. One of the arresting officers – the SO – was identified as a subject official for purposes of the SIU investigation. On my assessment of the evidence, there are no reasonable grounds to believe that the SO committed a criminal offence in connection with the Complainant's arrest and injury.

Pursuant to section 25(1) of the Criminal Code, police officers are immune from criminal liability for force used in the course of their duties provided such force was reasonably necessary in the execution of an act that they were required or authorized to do by law. The SO, WO #1 and WO #2 were aware via the information received on dispatch that the Complainant had reportedly just damaged his girlfriend's vehicle in the course of a quarrel. In the circumstances, I am satisfied that the Complainant was subject to arrest.

The issue arises whether the Complainant's arrest, though based on reasonable and probable grounds to believe that he had committed an offence, was nonetheless unlawful pursuant to section 29 of the Criminal Code. The provision provides, in part, that “it is the duty of every one who arrests a person, whether with or without a warrant, to give notice to that person, where it is feasible to do so, of the reason for the arrest.”

It is arguable whether the SO complied with section 29. On the one hand, it does not appear from the BWC footage that the officer advised the Complainant of the specific offence for which he was being taken into custody before the altercation began. On the other hand, the SO did indicate, just before he asked the Complainant to put his hands behind his back that the officers' involvement had to do with the Complainant's fight with his girlfriend. Shortly after that, the Complainant started aggressively resisting, suggesting it was not feasible for the officer to further particularize the reason for arrest until he was under control. In any event, as section 29(3) explicitly states that failure to comply with section 29 does not deprive the person

making the arrest of protection from criminal responsibility, I am unable to reasonably conclude that the SO was not in the execution of his lawful duty for purposes of the section 25(1) analysis. The issue turns to the propriety of the force used by the SO in effecting the Complainant's arrest.

In my view, there is insufficient evidence to reasonably establish that the force used against the Complainant was excessive. While the two punches delivered by the SO, soon after the struggle broke out and with two other officers present and assisting, were perhaps at the upper end of what was permissible in the circumstances, I am not satisfied on reasonable grounds that the force crossed the line. The law does not require police officers embroiled in volatile situations to measure their responsive force to a nicety; rather, in recognition of the dynamism of these encounters, what is required is a reasonable response, not an exacting one: R v Baxter (1975), 27 CCC (2d) 96 (Ont. CA); R v Nasogaluak, [2010] 1 SCR 206 . The Complainant's girlfriend told the police that the Complainant was probably in possession of a knife, which the SO was aware of. More importantly, at the time the strikes occurred, the SO's BWC showed the Complainant was squared off with the officer and restrained by WO #1 and WO #2. It appeared as if the Complainant was struggling toward the SO. While I do not necessarily believe the Complainant was going to attack the SO (he may have just been trying to escape the two officers who held him by struggling in the subject official's direction), that assessment is made with the privilege of time. The SO had to make a snap judgment, and I do not believe that his fear that he was going to be hit or shoved was unreasonable. In this context, I am not persuaded that the two punches, struck in quick succession in response to a reasonably apprehended assault, fell afoul of the latitude of justifiable force in the circumstances.

As for the takedown, in the course of which it appeared the Complainant struck his face on a raised curb bordering a nearby garden, I am unable to fault the officers for the grounding given the Complainant's intent to escape and level of resistance. Moreover, while it may well be that the Complainant suffered his fracture at this time, the evidence does not reasonably establish that the takedown was unduly forceful or executed carelessly with respect to the location of the curb”.

Summary of the Toronto Police Service's Investigation:

Professional Standards-S.I.U. Liaison (S.I.U. Liaison) conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

This investigation examined the circumstances of the custody injury in relation to the applicable legislation, service provided, procedures, and the conduct of the involved officers.

The S.I.U. Liaison investigation reviewed the following T.P.S. procedures:

- Procedure 01-01 (Arrest);
- Procedure 01-03 (Persons in Custody);
- Procedure 05-04 (Domestic Violence);
- Procedure 10-06 (Medical Emergencies);
- Procedure 13-16 (Special Investigations Unit);
- Procedure 13-17 (Notes and Reports);
- Procedure 15-01 (Use of Force);
- Procedure 15-02 (Injury/Illness Reporting);
- Procedure 15-17 (In-Car Camera System);
- Procedure 15-20 (Body Worn Cameras)

The S.I.U. Liaison 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)

The S.I.U. Liaison investigation determined that the T.P.S.'s policies and procedures associated with this custody injury were 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 S.I.U. Liaison investigation determined the conduct of the designated officers was in compliance with applicable provincial legislation regarding the Standards of Conduct and applicable T.P.S. procedures.

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office



Toronto Police Services Board Report

August 26, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

Subject: Chief's Administrative Investigation into the Alleged Sexual Assault to Complainant 2021.16

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.) investigates an incident involving serious injury or death, or the allegation of a sexual assault, provincial legislation requires the Chief of Police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

Discussion:

On July 9, 2020, at about 1805 hours, two uniformed Police Constables from 43 Division responded to a call for an assault that had just occurred at 2945 Lawrence Avenue East.

The officers arrived and spoke to three victims of an assault. A female identified as Alleged Sexual Assault Complainant 2021.16 (2021.16) who was a roommate of the three victims had become enraged about living conditions in the apartment building and the actions of the landlord. She believed that the three roommates were acting in

concert with the landlord and as a result of a letter to her from the landlord about her behaviour; she lashed out and assaulted her three roommates.

After taking appropriate statements from the three victims, the officers formed the grounds to place 2021.16 under arrest for the assaults. The male officer located 2021.16 outside of the residence in a neighbouring parking lot. He placed her under arrest, handcuffed her and requested that his partner, a female officer, conduct a frisk search prior to placing her in his vehicle.

The female officer conducted the frisk search, which was captured on In-Car Camera Video, very thoroughly and according to her training. Nothing of interest was located and 2021.16 was placed into the rear seat of the male officer's vehicle.

After a period of time, 2021.16 was released from custody on a Promise to Appear release form after meeting the conditions for release.

On March 4, 2021, 2021.16 composed and sent an e-mail to Chief of Police James Ramer outlining among other issues, an alleged sexual assault upon her person by the female officer who had searched her at the scene of the arrest.

The e-mail was forwarded to Professional Standards (P.R.S.) and was reviewed by the Unit Commander. As a result of that review, the S.I.U. was notified and invoked its mandate.

The S.I.U. designated one officer as a subject official; one other officer was designated as witness official.

In a letter to the T.P.S., dated July 5, 2021, Director Joseph Martino of the S.I.U. advised that the investigation was completed, the file has been closed and no further action is contemplated. Director Martino stated:

"In my view, there were no grounds in the evidence to proceed with criminal charges in this case"

Further that, *"please note that I will not be providing a copy of the report to any of the involved parties, nor will the report be posted publicly on the S.I.U.'s website, as the release of information related to investigations of sexual assault allegations is always associated with a risk of further deterring reports of what is an under-reported crime and undermining the heightened privacy interests of the involved parties, most emphatically, the complainants"*.

Summary of the Toronto Police Service's Investigation:

Professional Standards S.I.U. Liaison (S.I.U. Liaison) conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

The S.I.U. Liaison examined the alleged sexual assault in relation to the applicable legislation, service provided, procedures, and the conduct of the involved officers.

The S.I.U. Liaison 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 05-05 (Sexual Assault);
- Procedure 13-16 (Special Investigations Unit);
- Procedure 13-17 (Notes and Reports);
- Procedure 15-01 (Use of Force);
- Procedure 15-17 (In-Car Camera System)

The S.I.U. Liaison 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 S.I.U. Liaison investigation determined that the T.P.S.'s policies and procedures associated with the alleged sexual assault were lawful, in keeping with current legislation, and written in a manner that provided adequate and appropriate guidance to the members. None of the examined policies and procedures required modification.

Procedure 01-02 (Search of Persons) was amended as part of the T.P.S.' Strip Search review. This procedure requires officers to record all protective and frisk searches on audio and video. If not captured on audio and video the officer is required to note the reasons why in their memorandum book. This requirement applies regardless of whether those searches occur in the field or at a police facility. This governance update was implemented in order to increase accountability and transparency.

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

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office



Toronto Police Services Board Report

November 30, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer Chief of Police

Subject: Chief's Administrative Investigation into the Custody Injury to Complainant 2021.18

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.) investigates an incident involving serious injury or death, provincial legislation requires the Chief of Police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

Discussion:

On March 13, 2021, at about 2000 hours, Toronto Police Service (T.P.S.) Communications Services (Communications) received a call from the Loss Prevention Unit at the No Frills store located at 2430 Eglinton Avenue East. The caller advised that a Loss Prevention Officer (L.P.O.) had attempted to arrest a male who had committed a theft and had left the store. The male, later identified as Custody Injury Complainant 2021.18 (2021.18), had selected a granola bar, concealed it and had left the store without paying.

The L.P.O. identified herself outside the store to effect an arrest. 2021.18 pushed the L.P.O. into a wall and fled on foot to escape arrest. The L.P.O. gave chase and caught

up with 2021.18 at the bus stop located at the south-east corner of Kennedy Road and Eglinton Avenue East.

While chasing 2021.18, the L.P.O. called 9-1-1 on her cellular phone. At the bus stop a physical altercation took place as the L.P.O. attempted to arrest 2021.18. 2021.18 physically took the L.P.O.'s cellular phone and punched her in the face.

A police constable, working in plainclothes capacity from 41 Division Major Crime Unit (M.C.U.) responded to the call. The officer arrived on scene and upon witnessing the assault on the L.P.O., tackled 2021.18 and took him to the ground. During the arrest the officer struck 2021.18 in the face several times in an effort to gain control. A Detective from 41 Division M.C.U. arrived on scene to assist in the arrest. Two other uniform constables from 41 Division also responded to the call and assisted in controlling and completing the arrest of 2021.18.

After his arrest, 2021.18 complained of an injury to his head and Toronto Paramedic Services (Paramedics) attended the scene. 2021.18 was transported to Scarborough Health Network-General Hospital where he was diagnosed and treated for a fractured nasal bone. After his treatment, he was transported to 41 Division for further investigation and processing on several criminal charges.

The S.I.U. was notified and invoked its mandate.

The S.I.U. designated one police constable as a subject official; six other officers were designated as witness officials.

Some of the event was captured on T.P.S. In-Car Camera System (I.C.C.S.) and disclosed to the S.I.U.

In a letter to the T.P.S., dated July 9, 2021, Director Joseph Martino of the S.I.U. advised that the investigation was completed, the file has been closed and no further action is contemplated. Director Martino stated:

"In my view, there were no reasonable grounds in the evidence to proceed with criminal charges against the official."

The S.I.U. published a media release on July 12, 2021. The media release is available at:

https://www.siu.on.ca/en/news_template.php?nrid=6862

The media release was titled:

"No Basis to Charge Officer in Connection with Man's Arrest in Toronto"

The Director's Report of Investigation is published on the link:

https://www.siu.on.ca/en/directors_report_details.php?drid=1432

In his report, Director Martino commented in his analysis and decision by stating:

“Thereafter, I am not reasonably satisfied that the force used by the SO was more than was necessary to effect the Complainant’s arrest. The officer had just seen the Complainant punch CW #1 when he grabbed hold of him and tackled him to the ground. The takedown, in my view, seems a reasonable tactic to have adopted in the circumstances as time was of the essence if the SO was going to prevent a further assault on CW #1. [1] Once on the ground, the Complainant vigorously resisted the SO’s efforts to maintain control over him and was met with an initial series of three strikes to the face. The punches were not indiscriminate; rather, one followed the other when the preceding blow failed to deter the Complainant. Nor can it be said that the punches were excessive as the Complainant’s fight continued after the third punch was struck. The same can be said of the SO’s second series of strikes – two punches and a knee to the Complainant’s right side – coming as they did as the Complainant refused to release his right arm to be handcuffed. Following the last of these blows, the officers were able to overcome the Complainant’s resistance and secure his arms in handcuffs.

In the result, while I accept that the Complainant’s broken nose was incurred in the course of the force used against him by the SO, there are no reasonable grounds to believe that the Complainant’s arrest and the force brought to bear in its aid were unlawful. Accordingly, there is no basis for proceeding with criminal charges in this case, and the file is closed.”

Summary of the Toronto Police Service’s Investigation:

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

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

The P.R.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)
- Procedure 15-02 (Injury/Illness Reporting)
- Procedure 15-17 (In-Car Camera System)

The P.R.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.R.S. investigation determined that the T.P.S.'s policies and procedures associated with the custody injury were 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.

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office



Toronto Police Services Board Report

September 24, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

**Subject: Chief's Administrative Investigation into the Custody
Death of Complainant 2021.33**

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.) investigates an incident involving serious injury or death, provincial legislation requires the chief of police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

S.I.U. Terminology:

Complainant – refers to the affected person

SO- Subject Official

WO- Witness Official

CW- Civilian Witness

S.I.U. Investigative Conclusion:

In a letter to the Chief of Police dated September 15, 2021, Director Joseph Martino of the S.I.U. advised, *"the file has been closed and no further action is*

contemplated. In my view, there were no reasonable grounds in the evidence to proceed with criminal charges against the official.”

The following S.I.U. *Incident Narrative and Analysis and Directors Decision* have been reprinted in their entirety from the S.I.U. Director’s report, number 21-TCI-157, which can be found at the following link:

https://www.siu.on.ca/en/directors_report_details.php?drid=1554

S.I.U. Incident Narrative:

“The material events in question are clear on the evidence collected by the SIU and may be briefly summarized.

At about 11:46 a.m. of May 18, 2021, CW #3 contacted police to express concern about the Complainant’s well-being. CW #3 reported that the Complainant was having a difficult time with her finances and had mentioned that she was considering suicide. Officers were dispatched to check on the Complainant.

The SO, together with WO #1 and WO #2, arrived at the Complainant’s address - a high-rise building in the area of Yonge Street and Finch Avenue East - and made their way up to the Complainant’s apartment. The officers knocked on the door and were greeted by the Complainant’s roommate – CW #1. Told that the officers were there to speak with the Complainant, CW #1 left the door to beckon the Complainant. The time was about 12:30 p.m.

The Complainant, who had been in her bedroom, went to the front door and spoke with the SO. The officer explained that the police had received a call from one of her friends expressing concern and that they were there to ensure she was okay. The Complainant acknowledged that her life in Canada was unsatisfactory and she was planning to return to her country of origin. WO #2 asked to see the Complainant’s passport and she agreed, re-entering her apartment as the officers waited in the hallway by the door.

Within a couple of minutes of the Complainant’s departure from the door, the officers heard over their radios a call about someone who had jumped from an upper floor at the very same building. Fearing it was the Complainant, the officers entered and searched the apartment. In her bedroom, they discovered an open window with a hole in the screen. Looking out from the window, the officers observed the Complainant’s body on the ground below.

WO #1 and WO #2 rushed to the site of the Complainant’s body and rendered first aid. As soon as the Complainant lost vital signs, WO #2 administered CPR.

Paramedics and fire department personnel arrived on scene and took over the Complainant's care. Despite their efforts at resuscitation, the Complainant could not be revived. She was declared deceased at 12:51 p.m.

Cause of Death

The pathologist at autopsy was of the preliminary view that the Complainant's death was attributable to blunt force injuries."

Analysis and Director's Decision:

"On May 18, 2021, the Complainant fell to her death from her apartment in Toronto. As the Complainant had interacted with police officers just seconds before her fall, the SIU was notified and commenced an investigation. The SO was identified as the subject official. On my assessment of the evidence, there are no reasonable grounds to believe that the SO committed a criminal offence in connection with the Complainant's passing.

The offence that arises for consideration is criminal negligence causing death contrary to section 220 of the Criminal Code. The offence is reserved for cases of serious neglect that demonstrates a wanton or reckless disregard for the lives or safety of other persons. It is not made out, inter alia, unless the impugned conduct amounts to a marked and substantial departure from the level of care that a reasonable person would have observed in the circumstances. In the instant case, the issue is whether the SO failed in his duty of care toward the Complainant and, if so, whether the SO's conduct contributed to the Complainant's demise and was sufficiently egregious as to attract criminal sanction. These questions, I am satisfied, must be answered in the negative.

The SO, WO #1 and WO #2 were lawfully placed throughout their brief interaction with the Complainant. An officer's foremost duty is the protection and preservation of life. Having been dispatched to check on the welfare of a woman for whom concern of self-harm had been expressed, the officers were duty bound to attend at her address to take such reasonable steps as were available to ensure her well-being.

Once at the Complainant's address, I am satisfied that the officers comported themselves with due care and regard for the Complainant's well-being. The SO, who had taken the initiative to respond to the call for service as he could speak the same language as the Complainant, took the lead in talking to the Complainant in her mother language. He explained why they were there and assured the Complainant that she was not in any trouble with the police. The Complainant was soft-spoken and noted some current difficulties in her life, but presented as calm and coherent. As the officers only knew her by a name other than her legal name, the SO asked to see some formal identification to ascertain her legal name. The Complainant agreed to do so, and re-entered the

apartment to retrieve her papers. Regrettably, the Complainant used the opportunity to jump through her bedroom window. As soon as the officers heard via their radios that someone had jumped from the address, they quickly entered the apartment and learned of the Complainant's fate. Seeing that she was still breathing, two of them rushed to her side to provide her care, including CPR. On this record, given the brevity of their interaction and the Complainant's composure throughout her dealings with the officers, I am unable to reasonably conclude that anything the SO did or failed to do amounted to criminal negligence vis-à-vis the Complainant's death. More specifically, for example, I am satisfied that there were no grounds under the Mental Health Act to apprehend the Complainant prior to her re-entry into the apartment.

In the result, as I am satisfied that the SO conducted himself lawfully at all times in his dealings with the Complainant, there are no reasonable grounds to believe that he is criminally responsible in any way for her sad death. The file is closed."

Summary of the Toronto Police Service's Investigation:

The Professional Standards (P.R.S.)–S.I.U. Liaison conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

This investigation examined the circumstances of the custody death in relation to the applicable legislation, service provided, procedures, and the conduct of the involved officers.

The S.I.U. Liaison investigation reviewed the following Toronto Police Service (T.P.S.) procedures:

- Procedure 04-02 (Death Investigations);
- Procedure 04-16 (Death in Police Custody);
- Procedure 06-04 (Emotionally Disturbed Persons);
- Procedure 08-03 (Injured on Duty Reporting);
- Procedure 08-04 (Members Involved in a Traumatic Critical Incident);
- Procedure 10-06 (Medical Emergencies);
- Procedure 13-16 (Special Investigations Unit);
- Procedure 13-17 (Notes and Reports);
- Procedure 15-17 (In-Car Camera System).

The S.I.U. Liaison 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)

The S.I.U. Liaison investigation determined that the T.P.S.'s policies and procedures associated with this custody death were 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 S.I.U. Liaison investigation determined the conduct of the designated officers was in compliance with applicable provincial legislation regarding the Standards of Conduct and applicable T.P.S. procedures with the following additional comments provided.

The officers attended the affected person's residence to check on her well being. A friend of the affected person had called police as they were concerned she may have suicidal ideations. The information received was extremely vague and did not appear a great deal of reliability could be placed on it at the time. Officers were dispatched to conduct a well-being check out of an abundance of caution. One of the responding officers volunteered to attend the call as he spoke Korean and could better facilitate communication with the affected person. Considering the lack of reliable information and the communication barrier with the affected person, the M.C.I.T. was not contacted in lieu of allowing an officer who spoke the affected person's language to attend first to triage the situation. The interaction between the affected person and the officers was extremely brief and there was no indication from that limited interaction that the affected person was in crisis.

The responding officers were not equipped with Body Worn Cameras (B.W.C.), but had properly utilized their In-Car Camera System (I.C.C.S.).

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

*original copy with signature on file in Board office



Toronto Police Services Board Report

October 14, 2021

To: Chair and Members
Toronto Police Services Board

From: James Ramer
Chief of Police

Subject: Chief's Administrative Investigation into the Custody Injury of Complainant 2021.37

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.) investigates an incident involving serious injury, death, or the allegation of a sexual assault, provincial legislation requires the chief of police, of the relevant police service, to conduct an administrative investigation. This is the Chief's report in respect of this incident.

S.I.U. Terminology:

Complainant – refers to the affected person

SO- Subject Official

WO- Witness Official

TPS- Toronto Police Service

BWC- Body Worn Camera

S.I.U. Investigative Conclusion:

In a letter to the Chief of Police dated October 1, 2021, Director Joseph Martino of the S.I.U. advised, *“the file has been closed and no further action is contemplated. In my view, there were no reasonable grounds in the evidence to proceed with criminal charges against the official.”*

The following S.I.U. *Incident Narrative and Analysis and Directors Decision* have been reprinted in their entirety from the S.I.U. Director’s report, number 21-TCI-172, which can be found at the following link:

https://siu.on.ca/en/directors_report_details.php?drid=1587

S.I.U. Incident Narrative:

“The material events in question are clear on the evidence collected by the SIU, which included interviews with the Complainant, the SO, and other police officers present at the time. The investigation was also assisted by police BWC footage, which captured the incident in large measure.

In the evening of June 2, 2021, a team of TPS officers, including the SO, took part in the execution of a drug warrant at an apartment on Queen Street West, Toronto. The door to the apartment was rammed and the officers entered. A quantity of illicit drugs was reportedly seized in the search of the apartment that followed, and three persons were arrested. Among the persons arrested was the Complainant.

The Complainant was seated on a chair when the officers entered the apartment. He promptly lowered himself to the ground, possibly assisted by the SO and/or WO #5. Once on the ground, the SO took control of the Complainant’s arms, and placed them in handcuffs behind his back.

Following his arrest, the Complainant was seated on a chair and subsequently transported to the police station. He complained of pain in his right hand and was taken to hospital, where he was diagnosed with fractures of the fourth and fifth metacarpals”.

Analysis and Director’s Decision:

“The Complainant was diagnosed with a serious injury following his arrest by TPS officers on June 2, 2021. One of the arresting officers – the SO – was identified as a subject official for purposes of the SIU investigation. On my assessment of the evidence, there are no reasonable grounds to believe that the SO committed a criminal offence in connection with the Complainant’s injury.

Pursuant to section 25(1) of the Criminal Code, police officers are immune from criminal liability for force used in the course of their duties provided such force was reasonably

necessary in the execution of an act that they were authorized or required to do by law. There is nothing in the evidence collected by the SIU to suggest that the police acted unlawfully in seeking to take the Complainant into custody on drug charges.

Thereafter, there is nothing in the evidence, including the BWC footage that captured the Complainant going to the ground of his own volition, to indicate that any significant force was brought to bear by the SO or any of the other officers present. Aside from the SO possibly exerting some pressure on the Complainant's back as he went to the floor, and then taking control of the Complainant's arms and affixing them in handcuffs, the arrest was uneventful.

There is a real possibility raised in the evidence that the Complainant's injury was incurred sometime prior to his arrest by the police on June 2, 2021. Be that as it may, as there are no reasonable grounds to believe that the SO comported himself other than lawfully in his interaction with the Complainant, there is no basis for proceeding with criminal charges in this case. The file is closed."

Complainants Injury:

Fractures of the fourth and fifth metacarpals.

Summary of the Toronto Police Service's Investigation:

The Professional Standards (P.R.S.)-S.I.U. Liaison conducted an investigation pursuant to Ontario Regulation 267/10, Section 11.

This investigation examined the circumstances of the custody injury in relation to the applicable legislation, service provided, procedures, and the conduct of the involved officers.

The S.I.U. Liaison investigation reviewed the following Toronto Police Service (T.P.S.) procedures:

- Procedure 01-01 (Arrest);
- Procedure 01-02 (Search of Persons);
- Procedure 01-03 (Persons in Custody);
- Procedure 02-17 (Obtaining a Search Warrant);
- Procedure 02-18 (Executing a Search Warrant);
- Procedure 10-06 (Medical Emergencies);
- Procedure 13-16 (Special Investigations Unit);
- Procedure 13-17 (Notes and Reports);
- Procedure 15-01 (Use of Force);
- Procedure 15-02 (Injury/Illness Reporting);
- Procedure 15-20 (Body-Worn Camera).

The S.I.U. Liaison 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)

The S.I.U. Liaison investigation determined that the T.P.S.'s policies and procedures associated with this custody injury were 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 S.I.U. Liaison investigation determined the conduct of the designated officers was in compliance with applicable provincial legislation regarding the Standards of Conduct and applicable T.P.S. procedures.

Staff Superintendent Robert Johnson, Strategy and Risk Management, will be in attendance to answer any questions that the Board may have regarding this report.

Respectfully submitted,

James Ramer, M.O.M.
Chief of Police

original copy with signature on file in Board office

**Toronto Police Services Board
Virtual Public Meeting
January 27, 2022**

**** Speakers' List ****

Opening of the Meeting

1. Confirmation of the Minutes from January 11, 2022

Deputation: Derek Moran

2. Search of Persons Update

Deputations: Monika Lemke ([written submission included](#))
Toronto Police Accountability Coalition

Hamza Syed

Nicole Corrado ([written submission only](#))

3. Military Veterans Program

Deputation: Nicole Corrado ([written submission only](#))

5. Toronto Police Service Mental Health and Addictions Strategy

Deputations: Nora Ottenhof
Inez Hillel
Nicole Corrado ([written submission included](#))

Jack Gemmell ([written submission only](#))
Law Union of Ontario

6. Public Minutes of Meeting No. 76 held on September 8, 2021

Deputation: Derek Moran ([written submission included](#))

7. Chief's Administrative Investigation Reports

Deputations: Derek Moran ([written submission included](#))
Hamza Syed

Nicole Corrado ([written submission only](#))

Toronto Police Accountability Coalition

www.tpac.ca, info@tpac.ca

Jan 23, 2022

TO: Toronto Police Services Board

RE: Search of Persons Update – Jan 2022

TPS Board Members and Deputy Chief Peter Yuen,

Thank you for sharing the update on the 'Search of Persons'. Regarding this update, we would like to raise four items for your consideration.

1. We propose that the Board adopt a policy that the Chief to report the number of “in-field” (protective, frisk, and strip) searches conducted by the Police Service in the annual report to the Board.

- This amendment to **Section 4 of the Adequacy Policy on the Search of Persons** would enable the Board to monitor the most obvious location for the potential abuse of the police’s authority to conduct a ‘search of persons’.
- Searches that are committed in the field have a greater potential to be humiliating, embarrassing, and degrading to the searched person, and, regarding strip searches, to constitute an unreasonable violation of a person’s s. 8 Charter right against unreasonable search and seizure.
 - For example, **the Supreme Court of Canada in R. v. Golden (2001)**, a landmark case on police searches, noticed that the “in field” location of the strip search magnified the harms of that search, already a serious infringement of privacy and personal dignity of a person.
- The harms of gratuitous searches by police are amplified in marginalized communities, particularly Black, Indigenous, and trans/non-binary communities and for women and survivors of sexual assault and childhood sexual abuse.

2. We propose that the Board direct the Chief to make the procedures and policy regarding the TPS’ use of the Metal Detector Wand explicit and public.

- The Metal Detector Wand is a germane topic to include in the **TPS’ 01-02 Search of Persons Procedure**, as a part of the search of persons.
- The Board should amend **Section 4 of the Adequacy Policy on the Search of Persons** to direct the Chief to report to the Board about the use of the Metal Detector Wand annually.

3. We propose that all other governance updates mentioned in Deputy Yuen's presentation be included in the publicly available **TPS 01-02 Search of Persons Procedure**, namely direction about:

- the new '**Field Only**' template and the '**Strip search – Not in a Police Facility**' **occurrence report**, including the notification protocol to supervisors, OICs, Unit Commanders,
- the relationship between BWCs and the Search of Persons.
- the specific 'search of persons' datasets which will be associated with the Board '**Policy on Race-based Data Collection, Analysis, and Public Reporting**'.

4. Finally, we propose that the TPS/B work towards restricting the use of strip searches (aka. Level 3 searches) Service-wide with a view toward eliminating them entirely.

- Strip searches are fundamentally intrusive upon a person's dignity and human rights.
- They are dehumanizing and are experienced as racial and sexual violence.
 - The practice of strip search deepens Black and Indigenous communities' experience of racial profiling: these communities are disproportionately policed and, while in police custody, are disproportionately subject to intrusion and abuse via strip searching.
 - Being strip searched contributes to race-based trauma, including intersectional race- and gender-based trauma.
 - Strip searches are commonly experienced as a sexual assault. They can and do trigger past trauma for survivors of child sexual abuse and sexual assault, as well as cause harm for anyone who is subjected to one.
 - Strip searches often require the searched person to perform squatting or bending motions so that officers may examine the rectal or vaginal cavity. The premise for this practice, searching for secreted weapons or drugs, is faulty and it is unclear whether this approach to strip searches is official TPS practice, or an informal practice which has circulated among officers.
- The emphasis on the 'reasonableness' of officer decision-making within legal and procedural frameworks has led to institutional disregard for what is humane. The legal, policy, or procedural framework which regulates strip searches compel courts, oversight bodies and police leadership to accept the unacceptable. For example:
 - **The OIPRD's Report on the G20** noticed that at least 245 people were strip searched at the Temporary Prisoner Processing Centre without any paperwork to justify those searches. Without justification, these violations of s. 8 Charter rights are prima facie illegal; nevertheless, the massive systemic failures of policing the G20 overshadowed the matter of search of persons recording keeping.
 - The current **Procedure (01-02)** does not discourage officers from stripping the person completely naked during the search, only offering that the officers should "not leave the person in a completely naked state *after* the search". This direction undermines two often-cited standards of decency: (1) that a searched person searched is allowed to replace each item of

clothing after it has been searched, so that they are ideally *never* fully naked in front of police officers at any time and (2) that strip searches should be conducted with minimal intrusion of the person's privacy.

- Brutal strip searches continue, and they continue to be considered reasonable. Recently, the case of **R. v. Black (2020) ONSC 495** concerned a man who was forcibly strip searched by at least four TPS officers while shackled by his hands and feet. They cut away his clothing using a pair of scissors. He was then carried by the officers to his holding cell while naked and in full view of video cameras. The judge found nothing unreasonable about this strip search, no Charter violation.

Thank you for accepting this submission.

Yours truly,

Monika Lemke for Toronto Police Accountability Coalition.

Thank you for changing the strip Search and frisking rules to accommodate the dignity of all persons of all gender identities and body types. Thank you for letting a person know everything that is going to happen before hand. A very traumatic experience can be made less traumatic by a person knowing what to expect. I like that there is privacy, and the chance to talk to a lawyer before hand. Thank you for making the searches only a last resort by checking non invasively for weapons by using a metal detector. These changes could prevent a situation like the one in Agenda Item 7.5.

Nicole Corrado

The Military Veteran Wellness Program Nobody Fights Alone is a great start. Most police officers have somewhat of an idea of what it is like to experience trauma from being involved daily in life threatening and tragic situations.

A one hour virtual module/watching a video about veterans does not give full insight into anyone's life. The training must include dialogue with veterans.

There is a Military Veteran Assistance Form that Police can fill out with a veteran's permission while the veteran is being assisted by police. This can be life saving, and life changing, as pointed out in the Veteran testimony and case study.

However, some veterans might want to access the form themselves on their own terms, at their own time. It may also be very hard to identify a veteran before the police arrive.

I would suggest that the forms be able to be filled out by veterans virtually on the TPS website, or be printed off the TPS website, filled out, and mailed in. Making a VPR type Military Veteran Assistance Form that is self filled out, or even adding Veteran Looking for Assistance as a category on the VPR, could help. (A Veteran should be allowed to sign up for the MVAFF without being on the VPR though.)

I think veterans might welcome a Military Veteran Wellness program that has veterans reaching out and helping each other. Veterans have insight into their lives that police may not have.

Nicole Corrado

Why is the Military Veteran Assistance Form only available for police to fill out on the veteran's behalf? Why isn't there an online form that the veteran can fill out themselves to ask the police to sign them up for the Military Veteran Wellness Program? The Veteran could fill out the form online, at home, the form be emailed to the right department, and then be signed off by the police. This way, the Veteran takes the lead on their own information. This is how the Vulnerable Persons Registration works.

Nicole Corrado

The TPS are doing many things to change their service to clients with mental health challenges to better serve them. Creating a more discrete uniform and vehicle design, and using respectful language (“persons in crisis” is a much nicer term than “emotionally disturbed person”) shifts the mindset of the police and the public in a positive way.

The Crisis Call Diversion Program through Gerstien Centre is excellent, and needs to be city wide and 24/7.

The new Divisional Crisis Support Officers have 300 members, and 20 hours of training. The MCIT has 80 hours of training, but are only available for 14.5 hours a day, 4 days a week. It is very unlikely that a person in crisis would be serviced by an officer who has had the obligatory 80 hour MCIT training program. More likely, they would encounter an officer who has had minimal training.

I really like that the Community Partnership and Engagement Unit has two people with lived experience. All training programs must include persons with lived experiences and members of the community being served. Additionally, all police should be obligated to take the 80 hour MCIT training course.

While the police must now use deescalation before pulling out a taser, for some people, the very presence of police (especially the firearm presence) is escalating. I am deeply concerned about the use of tasers on persons in crisis. I would prefer if the MCIT units did not have guns or tasers, and I would prefer that most police would not have guns.

A much better approach would be to triage calls, and only have MCIT or DCSO police presence when there is a weapon. In all other mental health calls, a non police Community Crisis team, like the civilian program being trialed this year, or the EMS, should be the responders. Please invest in de-tasking whenever possible.

Nicole Corrado

LAW UNION OF ONTARIO

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January 25, 2022

Chair Jim Hart and Members
Toronto Police Services Board
40 College St.
Toronto, ON M5G 2J3

Dear Chair Hart:

RE: Mental Health and Addictions Strategy – Update 2021

We commend the Toronto Police Service for its efforts to implement the Mental Health and Addictions Strategy developed by the Board and the Service in consultation with the community. We recognize that the province's *Mental Health Act* as well as the *Police Service Act* oblige the police service to respond to calls for service by and on behalf of people in crisis related to mental health and addictions related issues, and support any effort to discharge this statutory responsibility to the best of its ability. Several components of the Strategy address this need.

However, we share the view widely accepted in Toronto and across North America that the police cannot and should not be the sole or primary responder to situations involving mental health and addictions. Our effort must be to develop, support and strengthen models of non-police response, to look for ways to reduce the police footprint to only those functions that are absolutely required by law. City of Toronto itself has taken certain steps in this direction, including the introduction of its Community Crisis Plan and support for a number of community based models of response to mental health crises as pilot projects.

For this reason, sections 9 and 10 of the report by TPS Chief James Ramer dealing with the MCIT and DCOS programs are of serious concern to us.

We understand the need to ensure that the existing programs, as originally designed, work well and first responders from the police service are provided with excellent training and support. However, we are strongly opposed to any efforts to expand the size and the scope of the MCIT program. The report suggests that this is exactly what TPS is doing and MCIT appears to have grown beyond its original intended purpose.

It concerns us that TPS has or is seeking to become an integral participant in collection and sharing of personal information about individuals as well as in the provision of ongoing support to them.

This, we believe, runs counter to the currently prevalent community expectation and the City's own direction.

We, therefore, urge the Board to direct the Chief of Police to halt any further expansion of the MCIT and DCOS programs. Further, we ask that the Board and the Service support the non-police mental health response projects initiated by the City to ensure their successful implementation and continued expansion.

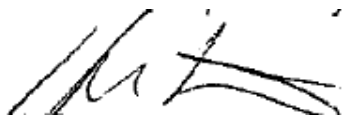
One specific area of concern in this regard is the area of call taking and dispatch. The Chief's report does not shed enough light on what steps have been taken to improve this critical component in responding to people in crisis.

As the first point of contact, call takers perform a crucial function. The information they obtain and provide affects the response. We know from past interactions how there have been tragic outcomes from the information which police officers received and based on which they responded. Further, with new models of mental health response being put in place, there is a need to put in place a call taking and dispatch function that is accessible to non-police responders and that allows for appropriate triaging so that a well-informed decision can be made as to whether a situation requires a police or a non-police response.

We, therefore, ask that the Board and the Service:

1. Determine whether the 9-1-1 service as it currently exists is adequate for dealing with mental health and addictions related calls;
2. Assess whether the call centre is appropriately staffed for handling such calls;
3. Ascertain whether the call centre staff have the training and the support to perform the functions of call taking and dispatch effectively;
4. Implement the necessary technological and other changes to enable community-based, non-police responders to have access to mental health and addictions related calls and to engage in triaging with TPS to select the best response; and,
5. Explore with the City the possibility of installing a stand-alone, dedicated call number exclusively for mental health and addictions related calls for service, staffed by appropriately trained and skilled personnel.

Yours truly,



Howard Morton, Q.C.

For the Policing Subcommittee of the Law Union of Ontario



By **Ben Cohen** Staff Reporter
Wed., Dec. 29, 2021 | 5 min. read

Article was updated 3 hrs ago

Dr. Peter Jüni, scientific director of Ontario's COVID-19 science table, said it is likely about five per cent of Ontarians currently have COVID and are infectious. That's more than 725,000 people, or one in every 20 people.

By the time New Year's comes around, he said there will be about a one in three chance that if you meet with 10 people, one of them will be infected.

"People need to understand now that after two (COVID vaccine) doses, their protection against infection is next to zero," said Jüni. "If you have had two doses or less, you have a very high risk of getting infected and bringing the virus home."

"Respiratory Protection Masks - Mr. Rob Duncan advised the Committee that the first appointment with Scenes of Crime Officers is scheduled for next week and that the Service is looking into fit testing. He further advised that this is a long-term contract and that the Service will work with SOCO qualified members."

Dr. Williams says - "...our **PROTOCOLS**, with respiratory conditions throughout the season, we've **NEVER** recommended the wearing of masks in public...one of the problems with wearing the mask is as both Dr. de Villa and Dr. Yaffe alluded to, is i see people wearing the mask, and then they're handling stuff, and they put their hand on their mask, and touch their mouth and do everything like that. It may give that person some solace but if you're going to do that kind of respiratory protection, it's more important that you don't put your hands up to your face and mask - which i just did, sorry...and the mask may not be cleaned on a regular basis, so you actually may be **RECIRCULATING** stuff - so there's alot of things about the handling of that - the same as you do in the hospital, you're very strict about how people wear them and change them, and handle them/how they put them on and take them off - so it's not just a clothing thing to do because it's just to be used for very specific purposes, in a specific timeline and disposed of and handled accordingly so, i understand that some groups like to do that if they want - that's their prerogative, we have **NEVER** recommended that in Ontario..."

<https://youtu.be/2J9LJXCVmIM?t=3641>



Joe Cressy @joe_cressy · Oct 1, 2021

Toronto's Medical Officer of Health is recommending that Council extend the bylaws on masking in indoor public areas and common spaces in residential buildings until January. This is a cautious and **evidence-based** approach to protect everyone. Full report: toronto.ca/legdocs/mmis/2...



1



2



36



https://twitter.com/joe_cressy/status/1443963520668811266

Here's the discussion that took place at Toronto City Council when the vote on the mandatory mask by-law took place: Councillor Joe Cressy to Dr. de Villa:

"...you are recommending the requirement for masks in indoor public settings. How has the EVIDENCE, evolved in recent months to suggest that this is the best course of action today in your opinion"

Dr. Eileen de Villa: "...we know increasingly that people who MAY be infected with the virus that causes Covid-19, MAY not actually show symptoms or have very very mild symptoms, and we've seen over time that the use of a cloth-mask actually prevents the transmission of those germs from people who for example, MAY have the infection and not know it." So notice she was asked for the EVIDENCE, but instead, she just made use of the word "MAY," three times. Therefore, she wasn't using any evidence at all. She was just making an ARBITRARY decision, like she usually does.

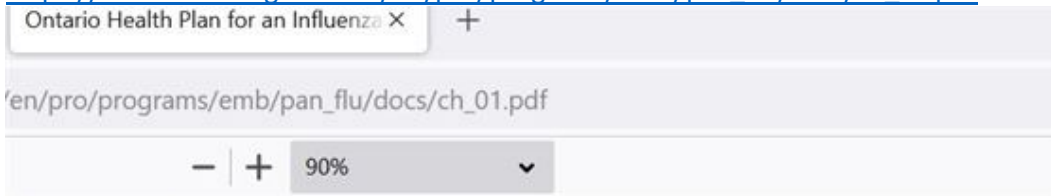
<https://youtu.be/utZrrbZkAdo?t=19796>

Ontario Health Plan for an Influenza Pandemic 2013

https://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/pan_flu_plan.aspx

Ontario Health Plan for an Influenza Pandemic Chapter 1: Introduction March, 2013

https://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/ch_01.pdf



Surgical mask

Also known as procedure mask. Surgical masks are used as physical barriers to protect users from hazards, such as splashes of large droplets of blood or body fluids. Surgical masks are used for several different purposes, including being placed on sick people to limit the spread of infectious respiratory secretions to others. (Source: Based on United States Department of Labor [Occupational Safety and Health Administration Fact Sheet: Respiratory Infection Control](#)).

Chapter 4: Public Health Measures March, 2013

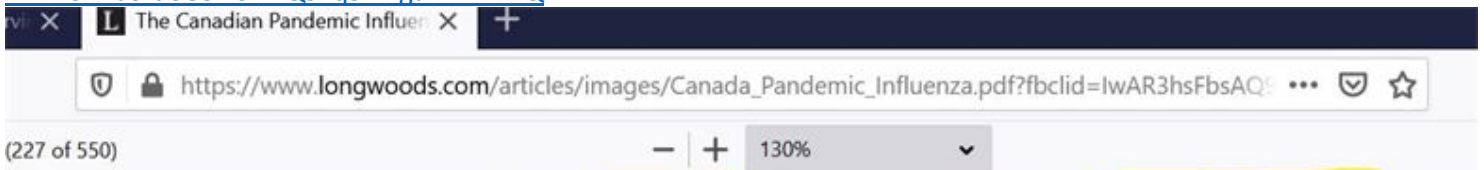
https://www.health.gov.on.ca/en/pro/programs/emb/pan_flu/docs/ch_04.pdf

emergencymanagement.moh@ontario.ca

Hi Ray, In regards to Anthony Furey's article above, where retired Lt.-Col. David Redman says that Ontario Premier Doug Ford put the chief medical officer in charge and basically ignored the existence of Emergency Management Ontario; is this true, has Premier Doug Ford basically ignored the existence of Emergency Management Ontario throughout Covid?

<https://torontosun.com/opinion/columnists/furey-a-former-military-leader-breaks-down-what-ontario-must-do-now>

https://www.longwoods.com/articles/images/Canada_Pandemic_Influenza.pdf?fbclid=IwAR3hsFbsAQ9mD1efiMX8oTLLIxTY_9Evb0kJUe3AUnDQ97q9nNgaIPMDEnQ



the community. There is no evidence that the use of masks in general public settings will be protective when the virus is circulating widely in the community.

https://twitter.com/joe_warmington/status/1482397336362004483

“An officer’s foremost duty is the protection and preservation of life.”

[R. v. Godoy](#), [1999] 1 SCR 311, 1999 CanLII 709 (SCC)

Supreme Court of Canada — Canada (Federal)

1999-02-04 | 18 pages | cited by [512 documents](#)

police — caller — call — duty to protect life — apartment

[...] **The police were responding to an unknown trouble call.** They had no indication as to the nature of the 911 distress. **They had the common law duty (statutorily codified in s. 42(3) of the Act) to act to protect life and safety.** [...]

[R. v. MacDonald](#), 2014 SCC 3, [2014] 1 SCR 37

Supreme Court of Canada — Canada (Federal)

2014-01-17 | 43 pages | cited by [365 documents](#)

search — firearm — police — reasonable grounds to believe — safety

[...] The first stage was satisfied because the warrantless search falls within the scope of the **common law police duty to protect life** and safety and the second, because the search constitutes a justifiable exercise of powers associated with the duty. [...] In the case at bar, the police action falls within the general scope of the **common law police duty to protect life** and safety that I mentioned above. [...] Indeed, **the execution of the police duty to protect life and safety lies at the very core of the existence of the police as a social entity.** [...]

“As the officers only knew her by a name other than her legal name, the S.O. asked to see some formal identification to ascertain her legal name.”

[Moore v. The Queen](#), 1978 CanLII 160 (SCC), [1979] 1 SCR 195

Supreme Court of Canada — Canada (Federal)

1978-10-17 | 22 pages | cited by [206 documents](#)

constable — duty — police — obstructing — offence

[...] **There is no duty at common law to identify oneself to police**, and the refusal to so identify oneself cannot constitute obstruction of the police. [...] **There is no duty at common law to identify oneself to police.** As was stated by **Lord Parker in Rice v. Connolly**[5], at p. 652: [...] It seems to me quite clear that though every citizen has a moral duty or, if you like, a social duty to assist the police, there is no legal duty to that effect, and **indeed the whole basis of the common law is the right of the individual to refuse to answer questions put to him** by persons in authority, and to refuse to [...]

legal name. A person’s full name as recognized in law.

- A legal name is usu. acquired at birth or through a court order. There are no rules governing a legal name’s length or constitution; it may be a single name (e.g., Prince) or include words **not generally used in human names** (e.g., Moon Unit). [Cases: Names ↻]

For something to be LEGAL there must be JOINDER. For there to be JOINDER there must be CONSENT.

<https://www.minds.com/newsfeed/1193873701942587392>

Frisking/search of persons is a traumatic and invasive way of handling a person. We use non contact metal detectors to search for weapons at airports. And drugs end up in prisons despite frisking and strip searches. Police do not need to be intimately touching suspects.

Nicole Corrado

First, I would like to thank the police for sending police officers who speak Korean to the woman who tragically died by suicide during a mental health wellness check. Having someone who can communicate directly back and forth with the person in need is essential. I am sorry for the loss of life. I can only imagine how hard it must be for the officers who tried so hard to save this woman's life.

It sounds like there were warning signs of elopement behaviour throughout this incident. The woman expressed being upset living in Canada. The behaviour that resulted was lethal outcome elopement, which is what suicide essentially is.

Suicide and sublethal elopement behaviour is often an impulsive response to a stuck idea. One way to reduce self harm behaviour is to distract the person, and redirect the thinking. Perhaps talking to the woman while she looked for her passport, and keeping the woman engaged in a friendly way during the entire wellness check may have resulted in a non lethal outcome.

This tragic case illustrates the essential, life saving need for a non police, peer lead, multicultural 24/7 city wide mental health community crisis program. A non police presence could have accompanied the woman into her apartment without coming across as being invasive.

Once again, I would thank the officers who did their best to save this woman. Even the best surgeon sometimes loses a patient.

Nicole Corrado