

Association canadienne pour la santé mentale Ontario

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

John Tory Mayor, City of Toronto City Hall, 2nd Floor 100 Queen St. W., Toronto, ON M5H 2N2

July 13, 2020

Dear Mr. Hart, Mayor Tory,

Re: Toronto Police Services Board's Virtual Town Hall Meeting July 15, 2020

Founded in 1952, Canadian Mental Health Association (CMHA) Ontario and our 28 local branches are part of the community-based mental health and addictions sector, which serves approximately 500,000 Ontarians annually. CMHA Ontario actively contributes to health systems development by recommending policy options to improve the lives of all Ontarians. Through leadership, collaboration and the continual pursuit of excellence in community-based mental health and addiction services, CMHA works to achieve the vision of a society that embraces and invests in the mental health of all people. Our services include mental health and addictions treatment and counseling, crisis services, court diversion and mobile crisis response. It is from this perspective that we offer you our feedback on Chair Hart's report titled *Recommendations for the Board Related to Current Events*.

We want to thank the Toronto Police Service and the Board for engaging with CMHA over the years. CMHA Ontario's Director of Public Policy, Ms. Uppala Chandrasekera, is a member of the Board, and Mr. Steve Lurie, the CEO of CMHA Toronto Branch, has been part of the Board's Mental Health & Addictions Advisory Committee for the past decade.

Today CMHA Ontario would like to offer the following two recommendations for the City of Toronto:

- 1) That Toronto establish a community-based crisis centre, outside of the hospital setting, that can support individuals experiencing a mental health and/or addictions-related crisis situation 24-hours a day and seven days a week.
- 2) That Toronto implement CMHA's recommended three-tiered crisis response model, which includes a 24-hour crisis line staffed by mental health and addictions professionals, a civilian only mobile crisis response option, as well as a mobile crisis response team that includes a police officer and mental health and addictions professional responding together.

1) Toronto should implement a 24/7 crisis centre, similar to the model with CMHA Middlesex Branch

In London, Ontario, individuals experiencing a crisis can call or visit CMHA Middlesex Branch's Mental Health & Addictions Crisis Centre. The CMHA Crisis Centre is an evidence-based program that provides 24/7 walk-in support for individuals experiencing a mental health and/or addictions crisis who do not require hospital or 911 emergency services. When 911 is called, police officers and/or paramedics can bring individuals in crisis directly to the CMHA Crisis Centre. Staff provide assessment and supportive counselling for immediate crisis issues and referrals to other services for ongoing, non-crisis issues. The CMHA Crisis Centre can also refer individuals to the CMHA Crisis Stabilization Space, a five bed short-term (maximum 3 day) residential treatment program where staff help clients create and implement a plan for enhancing stability and meeting urgent needs in a safe, therapeutic environment.

In 2018/2019, the CMHA Crisis Centre provided approximately 10,000 visits for crisis assessment and response, tracked 1,500 visits to the CMHA Crisis Stabilization Space, and offered crisis management supports to 1,600 clients. These thousands of individuals did not need to interact with police to receive the mental health and/or substance use supports they required. CMHA Ontario recommends that the City of Toronto implement a similar 24/7 crisis centre to ensure clients receive the services they need, while alleviating the burden on the Toronto Police Service to respond to mental health and/or addictions-related crisis calls.

2) Toronto should implement the CMHA three-tiered crisis response model

Evidence indicates that mobile crisis response teams (MCRTs) are effective in supporting people who are experiencing mental health or addictions-related crisis situations. 1,2,3,4,5,6 MCRTs are staffed by a police officer and a mental health and addictions professional. These teams co-respond to a person in crisis to ensure timely and direct links with community services and resources, prevent and reduce harms to clients, decrease encounters with and entry into the justice system, and prevent unnecessary visits to hospital emergency departments.

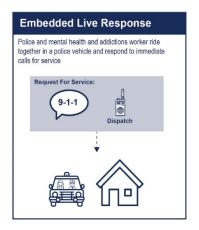
CMHA Ontario recommends that the City of Toronto adopt a crisis response model based on the existing innovative model led by <u>CMHA Peel Dufferin Branch</u> and Peel Regional Police. This evidence-based model provides a comprehensive and holistic crisis response, including three-tiers of mobile crisis response and a 24-hour crisis line.

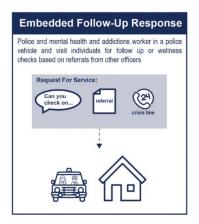
The use of the 24/7 crisis line is an integral component of the three-tiered model.

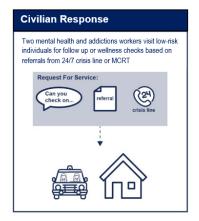
When the community has access to crisis services 24-hours a day, seven days a week, 911 is no longer the default option for individuals experiencing a mental health or addictions-related crisis. In this model, community members may request a civilian response when the need for mental health and addictions services is not urgent. In some cases, crisis workers can deescalate the crisis situation, assess the individual and provide follow-up care and referrals over the phone. Individuals experiencing depression, anxiety, substance use issues, or concern for a loved one can be supported through the crisis line and follow-up civilian response without any police involvement. The crisis line alleviates pressure on the police service and ensures individuals experiencing a crisis receive the best response to meet their needs.

1. Embedded Live Response: where the Mobile Crisis Response Team (MCRT) pairs a police officer with a crisis worker who respond to immediate mental health or addictions-related crisis calls in the community. Calls may be received from 911 dispatchers at the police service or from the 24/7 crisis line. The individual experiencing the crisis automatically becomes a client of CMHA, ensuring the individual receives long-term mental health and addictions services and support in the community.

- 2. Embedded Follow-Up Response: where the community outreach team pairs a police officer with a crisis worker who perform follow-up visits or wellness checks in the community. The team may visit new or existing clients who call the 24/7 crisis line or who call 911 but do not require an immediate response.
- **3. Civilian Response:** where the civilian mobile crisis team pairs two crisis workers who perform follow up visits or wellness checks on individuals who are low risk and do not present any risk of violence. The team may visit new or existing clients who call the 24/7 crisis line and do not require an immediate response.⁷







CMHA Ontario is uniquely positioned with 28 local CMHA branches that support mobile crisis response teams and crisis services in diverse communities across the province. Among our strengths is our ability to convene, educate and collaborate with justice-related partners province-wide, including police services. Given our expertise relating to mental health, substance use and policing, CMHA Ontario would be happy to meet with you and further discuss how we can support you in developing the best crisis response model for Toronto. Please feel free to contact me directly by email at cquenneville@ontario.cmha.ca or by phone at 647-449-8055.

Sincerely,

Camille Quenneville

CEO, Canadian Mental Health Association, Ontario

Camelle Drewindle

cc. Hon. Sylvia Jones, Solicitor General of Ontario
Hon. Christine Elliott, Deputy Premier and Minister of Health
Hon. Michael Tibollo, Associate Minister, Mental Health and Addictions
Toronto Police Services Board Members
Ryan Teschner, Executive Director, Toronto Police Services Board

References

¹ Lamanna, D., et al. (2015). *Toronto Mobile Crisis Intervention Team (MCIT): Outcome Evaluation Report*. Toronto, Canada: Centre for Research on Inner City Health, St. Michael's Hospital.

- ² Kisely, S., et al. (2010). A controlled before-and-after evaluation of a mobile crisis partnership between mental health and police services in Nova Scotia. *Canadian Journal of Psychiatry*, 55(10), 662-668. Retrieved from: https://www.researchgate.net/journal/1497-0015 Canadian journal of psychiatry Revue canadienne de psychiatrie
- ³ Saunders, J. A. & Marchik, B. M. A. (2007). Building community capacity to help persons with mental illness: A program evaluation. *Journal of Community Practice*, 15(4), 73-96. Retrieved from:

https://www.researchgate.net/publication/233319410_Building_Community_Capacity_to_Help_Persons_with_Mental_Illness

- ⁴ Baess, E. P. (2005). *Integrated Mobile Crisis Response Team (IMCRT): Review of pairing police with mental health outreach services.* Victoria, Canada: Vancouver Island Health Authority. Retrieved from: https://link.springer.com/article/10.1007%2Fs10488-014-0594-9
- ⁵ Tacchi, M. J., et al. (2003). Evaluation of an emergency response service. *The Psychiatrist*, 27, 130-133 doi: 10.1192/pb.27.4.130
- ⁶ Scott, R. L. (2000). Evaluation of a mobile crisis program: effectiveness, efficiency, and consumer satisfaction. *Psychiatric Services*, 51, 1153-1156. Retrieved from: https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.51.9.1153
- ⁷ Image taken from: Longworth, L., Conrad, C., Young, B. (2019). Mobile Crisis Response Teams in Ontario: A Framework & Toolkit. Presented at the Provincial Human Services and Justice Coordinating Committee Conference 2019. Retrieved from: https://hsjcc.on.ca/wp-content/uploads/Mobile-Crisis-Response-Teams-in-Ontario-A-Provincial-Framework-2019-11-04.pdf