

## JKE Inquest Recommendations TPS Implementation Status/Theme Summary

Recommendation #	Theme	Implementation Status
1	Training (research)	TPS Concur – Implemented
2	Equipment (Conducted Energy Weapon – research into effects on EDP)	Not assigned to TPS – TPS does not concur
3	Equipment (research of other jurisdictions)	Not assigned to TPS – TPS Concur – Action taken
4	Use of Force (reporting)	Not assigned to TPS – TPS Concur – Action taken
5	Use of Force (reporting)	Not assigned to TPS – TPS Concur – Action taken
6	Mental Health System and Toronto Police (research)	TPS Concur – Implemented
7	Use of Force (reporting)	Not assigned to TPS – TPS Concur – Action taken
8	Training	TPS Concur – Implemented
9	Training	TPS Concur – Implemented
10	Training	TPS Concur – Implemented
11	Training	TPS Concur – Implemented
12	Training	TPS Concur in part – Implemented in an alternative form
13	Training (debriefing)	TPS does not concur – Implemented in an alternative form
14	Training	TPS Concur – Implemented
15	Training	TPS Concur – Implemented
16	Training	TPS Concur – Implemented
17	Training	TPS Concur – Implemented
18	Training	TPS Concur – Implemented
19	MCIT and Other Crisis Intervention Models	TPS Concur – Implemented
20	Training (debriefing)	TPS does not concur – Implemented in an alternative form
21	Training	Not assigned to TPS – TPS Concur – Action taken
22	Training	Not assigned to TPS – TPS Concur – Action taken
23	Training	TPS Concur – Implemented
24	Training	TPS Concur – Implemented
25	Training	TPS Concur – Implemented
26	Training	TPS Concur – Implemented
27	Training (MCIT drive-along)	TPS does not concur – Implemented in an alternative form
28	Equipment (alternative options)	TPS Concur – Implemented
29	Equipment (Conducted Energy Weapon – threshold for use)	TPS does not concur
30	Equipment (Conducted Energy Weapon)	TPS does not concur – Implemented in an alternative form
31	Equipment	TPS Concur – Implemented

32	Equipment	TPS Concur – Implemented
33	Mental Health System and Toronto Police (MCIT)	TPS Concur – Implemented
34	Mental Health System and Toronto Police (MCIT)	TPS Concur – Implemented
35	MCIT and Other Crisis Intervention Models	TPS Concur – Implemented
36	Supervision	TPS Concur – Implemented
37	Supervision	TPS Concur – Implemented
38	Training	TPS Concur – Implemented
39	MCIT and Other Crisis Intervention Models (procedures)	TPS Concur – Implemented
40	Mental Health System and Toronto Police	TPS Concur – Implemented
41	Supervision	TPS Concur – Implemented
42	Supervision	TPS Concur – Implemented
43	Training	TPS Concur – Implemented
44	Supervision	TPS Concur – Implemented
45	Mental Health System and Toronto Police (rewards)	TPS Concur – Implemented
46	Mental Health System and Toronto Police (SIU protocols)	TPS does not concur – Implemented in an alternative form
47	Training	TPS Concur – Implemented
48	Use of Force (procedures)	TPS Concur – Implemented
49	Training	TPS Concur – Implemented
50	Training	Not assigned to TPS – TPS Concur – Action taken
51	Mental Health System and Toronto Police	TPS Concur – Implemented
52	Mental Health System and Toronto Police	TPS Concur – Implemented
53	Implementation	TPS Concur – Implemented
54	Mental Health System and Toronto Police	Not assigned to TPS
55	Mental Health System and Toronto Police	Not assigned to TPS
56	Mental Health System and Toronto Police	Not assigned to TPS
57	Mental Health System and Toronto Police	Not assigned to TPS
58	Mental Health System and Toronto Police	Not assigned to TPS
59	Mental Health System and Toronto Police	Not assigned to TPS
60	Mental Health System and Toronto Police	Not assigned to TPS
61	Mental Health System and Toronto Police	Not assigned to TPS
62	Mental Health System and Toronto Police	Not assigned to TPS
63	Mental Health System and Toronto Police	Not assigned to TPS
64	Mental Health System and Toronto Police	Not assigned to TPS
65	Mental Health System and Toronto Police	Not assigned to TPS
66	Mental Health System and Toronto Police	Not assigned to TPS
67	Mental Health System and Toronto Police	Not assigned to TPS
68	Mental Health System and Toronto Police	Not assigned to TPS
69	Mental Health System and Toronto Police	TPS Concur – Implemented

70	Mental Health System and Toronto Police	Not assigned to TPS
71	Mental Health System and Toronto Police	Not assigned to TPS
72	Mental Health System and Toronto Police	Not assigned to TPS – TPS Concur – Action taken
73	Mental Health System and Toronto Police	Not assigned to TPS – TPS Concur – Action taken
74	Mental Health System and Toronto Police	Not assigned to TPS

**JKE Recommendations – Implementation Status Totals/Percent**

Implementation Status	Number of Recommendations	Percent
TPS Concur – Implemented	39	85%
TPS Concur in part – Implemented in an alternative form	1	2%
TPS Concur – Implemented in part	0	0%
TPS Concur – Under consideration	0	0%
TPS does not concur	1	2%
TPS does not concur – Implemented in an alternative form	5	11%
Total of assigned recommendations	46	
<b>Total of assigned – implemented in some form</b>	<b>45</b>	<b>98%</b>
Not assigned	18	0%
Not assigned – TPS does not concur	1	0%
Not assigned – TPS Concur – Action taken (implemented in some form)	9	32%
Total of recommendations not assigned	28	
<b>Total of not assigned – percent implemented in some form/action taken</b>	<b>9</b>	<b>32%</b>

**JKE Recommendations – Implementation Status by Theme**

Theme	Number of recommendations	Percent	Number of recommendations implemented in some form/action taken		Percent Implemented	
			Assigned	Not Assigned	Assigned	Not Assigned
Mental Health System and Toronto Police	29	39%	9	2	31%	7%
Police Culture	0	0%	0	0	0%	0%
Selection of Police Officers	0	0%	0	0	0%	0%
Training	25	34%	22	3	88%	12%
Supervision	5	7%	5	0	100%	0%
Mental Health of Police Personnel	0	0%	0	0	0%	0%
Use of Force	4	7%	1	3	25%	75%
MCIT and Other Crisis Intervention Models	3	4%	3	0	100%	0%
Implementation	1	1%	1	0	100%	0%
Equipment	7	8%	4	1	57%	14%
Total – Themes	74	100%				
<b>Total</b>			<b>45 of 46 assigned</b>	<b>9 of 28 not assigned</b>		
<b>Percent</b>			<b>98%</b>	<b>32%</b>		

# JKE Inquest Recommendations – TPS Responses

## Legend

CEW	–	Conducted Energy Weapon
EDP	–	Emotionally Disturbed Person
EMS	–	Emergency Medical Services
ETF	–	Emergency Task Force
ICCS	–	In Car Camera System
ISTP	–	In Service Training Program
MCIT	–	Mobile Crisis Intervention Team
MCSCS	–	Ministry of Community Safety and Correctional Services
OPC	–	Ontario Police College
PRU	–	Primary Response Unit
SIU	–	Special Investigations Unit
TEGH	–	Toronto East General Hospital
TPC	–	Toronto Police College
TPS	–	Toronto Police Service

## Response Legend

TPS Concur	–	Implemented
TPS Concur in part	–	Implemented in an alternative form
TPS Concur	–	Implemented in part
TPS Concur	–	Under consideration
TPS does not concur	–	
TPS does not concur	–	Implemented in an alternative form

JKE Inquest Recommendation	TPS Response
<p><b>#1 – TRAINING (research)</b></p> <p><i>That the Toronto Police Service and the Ministry of Community Safety and Correctional Services conduct, jointly or separately, a comprehensive research study to establish metrics against which current and future police training (delivered by the Toronto Police Service and Ontario Police College respectively) can be evaluated to determine whether and how practices on which officers are trained are being adopted in the field.</i></p> <ul style="list-style-type: none"> <li><i>a. Among other things, the study should evaluate how much and how well training emphasizes communication strategies and de-escalation strategies, and how well the training explains the research-based rationales for such strategies.</i></li> <li><i>b. The study should also consider and evaluate: <ul style="list-style-type: none"> <li><i>i. practices used to evaluate officer performance during and upon completion of training, and</i></li> <li><i>ii. the skills and training of officers delivering the training content.</i></li> </ul> </i></li> <li><i>c. Finally, a protocol for the formal assessment of officers regarding the communication and judgement skills they demonstrate in training and while on duty should also be developed.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #22</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service agrees that rigorous training metrics and assessments of competencies and skills are integral to policing training. The Service is informed that as part of the Ministry of Community Safety and Correctional Services’ commitment to continuous service improvement, the Ontario Police College (OPC) will be undertaking a review of its training curriculum with an eye to a more rigorous assessment of its current training and police officer competencies. To this end, the OPC has committed to proceed with a review in partnership with policing experts, academics, and its policing partners, including the OPP and the Toronto Police Service.</p> <p>As well, the Service uses established standards of measurement for evaluating police training based on the four levels in the <u>Kirkpatrick Hierarchy of Evaluation</u>. The results of this evaluation are reported to the Toronto Police Services Board annually.</p>
<p><b>#2 – EQUIPMENT (Conducted Energy Weapons – research into effects on EDP)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services commission a study of CEWs to determine if there are any special risks or concerns associated with the use of this device on EDPs.</i></p> <p>Related Recommendation: IACOBUCCI #55</p>	<p><b>Not assigned to TPS – TPS does not concur</b></p> <p>While the Service recognizes the value of continual research, it remains satisfied that the current medical research has found no persuasive evidence of risk to vulnerable persons. The Service understands that across Canada police authorities including the Ontario Ministry of Community Safety and Correctional Services (the Ministry) are not contemplating further research at this time.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<p>In Ontario, under the regulations of the Police Services Act, the Ministry approves and specifies the types of weapons that police may use. One of them is the Conducted Energy Weapon (CEW) (s.14 Regulation 926/60). On August 27, 2013, the Ministry announced that it will authorize the expanded deployment of conducted energy weapons (CEW) in Ontario. The Ministry explained that:</p> <p><i>Conducted Energy Weapons (CEWs) have been in use by police in Ontario since 2002. Until now, only frontline supervisors and officers who are members of tactical units, hostage rescue teams and containment teams have been permitted to carry CEWs.</i></p> <p><i>The Ministry of Community Safety and Correctional Services initiated a review to explore the advisability of expanding deployment of CEWs. The review included an examination of current medical literature, a jurisdictional scan and consultation with stakeholders, including police and civil liberties advocates.</i></p> <p><i>Following the conclusion of this review, the Minister has decided to lift the existing restriction and to allow police services to determine which officers should be permitted to carry CEWs, based on their local needs and circumstances.</i></p> <p>The Ministry found that in addition to its effectiveness the CEW had a lower incidence of injury to both subjects and officers when compared to other intermediate force options, including empty hand techniques (see for example <u>Prospective Analysis of Police Use of Force in Four Canadian Cities</u> – Dr. Christine Hall 2013).</p>
<p><b>#3 – EQUIPMENT (research of other jurisdictions)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services continue to research and consider police procedures when dealing with EDPs with edged weapons in other jurisdictions where either not all police are equipped with</i></p>	<p><b>Not assigned to TPS – TPS Concurr – Action taken</b></p> <p>The Service has contacted police in England and requested information with respect to:</p> <ul style="list-style-type: none"> <li>• the success of unarmed vs armed officers encountering individuals armed with an offensive weapon,</li> </ul>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><i>firearms or where police are prohibited from drawing their firearm unless they face a subject armed with a firearm.</i></p> <p>Related Recommendation: IACOBUCCI #74</p>	<ul style="list-style-type: none"> <li>• the response of UK officers to individuals armed with a knife or edged weapon, the type of training and instruction is provided to UK officers in situations where edged weapons are present,</li> <li>• the judgement based training given to London officers in determining application of force decisions, including appropriate and reasonable response to edged weapons, and</li> <li>• who is dispatched to calls related to edged weapons (e.g.: individual officers, multiple officers, coordinated response utilizing specialized teams).</li> </ul> <p>The Service's Armament Section constantly reviews, updates and, when warranted, creates new tactical approaches that are based on best practices, evidence based research, and the local, unique circumstances upon which policing in a large urban environment requires.</p>
<p><b>#4 – USE OF FORCE (reporting)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services enhance the collection of data for analysis, amend the Use of Force form to include, but not limited to:</i></p> <ul style="list-style-type: none"> <li><i>a) the drawing and deployment of a CEW as one of the listed use of force options;</i></li> <li><i>b) a requirement that, if officers indicate on the Use of Force form that "verbal interaction" was an Alternative Strategy Used, the officers must also provide particulars in respect of that verbal interaction;</i></li> <li><i>c) a section to identify whether the use of force involved a subject whom the officer perceived was suffering from a mental illness and/or in emotional crisis; and</i></li> <li><i>d) an electronic format for improved input and tracking.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #56, # 57, #64</p>	<p><b>Not assigned to TPS – TPS Concur – Action taken</b></p> <p>The Service acknowledges the benefits of collecting broad data about use-of-force incidents so that comprehensive analysis can be done about officer and public safety and health, weapon effectiveness, training, supervision, and procedures.</p> <p>The Service is participating along with the Ministry of Community Safety and Corrections (the Ministry), the Ontario Police College (OPC), and other police services on a joint working group whose mandate it is to update the current provincial Use of Force form (UFR Form 1). The new form which is expected to be published in 2015 will enhance the collection of data for analysis.</p> <p>The Service's current CEW Use Report (TPS 584) requires that officers complete a synopsis of the incident and to describe what led to the decision to use the CEW.</p> <p>Officers are required to include in the report what de-escalation measure were taken.</p>



<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<p>The CEW report must be filled out in conjunction with the Provincial Use of Force Report that currently collects information on whether tactical communication was used and whether it was effective. The principles of tactical communication are based on the principles of de-escalation. Both reports must be submitted together.</p> <p>Officers are required to fill out the forms correctly and in full. The reports are then reviewed for completeness and accuracy by the officer's supervisors and then the Service's Use of Force Analyst.</p> <p>The Ministry is currently examining the viability of the Ontario Police College collecting and analysing province-wide use of force data to inform training.</p> <p>While the Service waits for the publication of the new use of force report, its current reports which include a specific one for conducted energy weapons (CEW) usage, collect very useful data. The Service annually submits a report to the Board regarding use of force generally and CEW use specifically.</p>
<p><b>#5 – USE OF FORCE (reporting)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services create a provincial database to compile data obtained from the Use of Force Form, as amended in accordance with the recommendation above and to better track EDP calls and their outcomes</i></p> <p>Related Recommendation: IACOBUCCI #56, #57</p>	<p><b>Not assigned to TPS – TPS Concurs – Action taken</b></p> <p>The Service is aware that the Ministry of Community Safety and Correctional Services is currently examining the viability of the Ontario Police College collecting and analysing province-wide use of force data to inform training. The Service supports this effort, and is part of the working group.</p>
<p><b>#6 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (research)</b></p> <p><i>That the Toronto Police Service, Toronto Police Services Board (TPSB) and Empowerment Council consider a joint research project between TPS, TPSB, and</i></p>	<p><b>TPS Concurs – Implemented</b></p> <p>In August 2013, Chief William Blair commissioned retired Supreme Court of Canada Justice the Honourable Frank Iacobucci to conduct an independent review of police use</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><i>community partners (e.g. Empowerment Council, academic institution) on best practices regarding police interactions with EDPs.</i></p> <p>Related Recommendation: IACOBUCCI #1</p>	<p>of force and response to emotionally disturbed persons, and to make recommendations regarding the Service’s policies, procedures, training, and equipment.</p> <p>To complete his review Justice Iacobucci consulted across the broad spectrum of community partners and stakeholders, including academics, researchers, and consumers. His report was released publicly in July 2014 and contains 84 recommendations covering the following themes:</p> <ul style="list-style-type: none"> <li>• The Mental Health System and the TPS</li> <li>• Police Culture</li> <li>• Police Officer Selection</li> <li>• Training</li> <li>• Supervision</li> <li>• Mental Health of Police Personnel</li> <li>• Use of Force</li> <li>• Mobile Crisis Intervention Teams</li> <li>• Equipment</li> </ul> <p>The Toronto Police Service is committed to continuous improvement and will continue to work extensively with community partners to ensure that best practices and up-to-date information are incorporated into police training for interactions with emotionally disturbed persons.</p>
<p><b>#7 – USE OF FORCE (reporting)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services and Ontario Police College is to receive and track statistics about frequency of edged weapon incidents in the field, police use of force, and how often a weapon is shown and/or deployed.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS – TPS Concur – Action taken</b></p> <p>The Service, along with the Ministry of Community Safety and Correctional Services, the Ontario Police College, and other police services, is part of a working group updating the current provincial Use of Force form (UFR Form 1).</p>

JKE Inquest Recommendation	TPS Response
<p><b>#8 – TRAINING</b></p> <p><i>That the Toronto Police Service and the Ministry of Community Safety and Correctional Services consider, evaluate and implement strategies to maximize training opportunities for officers to be educated on the perspective of mental health consumers/survivors by:</i></p> <ul style="list-style-type: none"> <li><i>a. incorporating more information about consumer/survivors; and</i></li> <li><i>b. increasing opportunities for contact between officers and consumer/survivors.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #4</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Toronto Police College has worked extensively with consumers and will continue to work with them, as well as other stakeholders to maximize training opportunities for officers. This includes continuing the program of incorporating consumers’ lived experience into the <u>In Service Training Program</u> (ISTP) delivered annually to all front line officers.</p>
<p><b>#9 – TRAINING</b></p> <p><i>Maximize emphasis on verbal de-escalation techniques in all aspects of police training at the Ontario Police College, at the annual in-service training program provided at Toronto Police College and at the TPS Divisional level.</i></p> <p>Related Recommendation: IACOBUCCI #15, #19, #20</p>	<p><b>TPS Concur – Implemented</b></p> <p>The principles and techniques of de-escalation are the foundation of recruit training, the ISTP and advanced training delivered by the Service. This is also the case for training delivered by the Ontario Police College (OPC).</p> <p>As a result of broad consultation, including with the OPC, mental health experts, and consumers all Service training is now designed to re-emphasize de-escalation as an essential element of the Service’s response to emotionally disturbed persons. This approach continues to be the basis of our program development.</p> <p>The ISTP currently incorporates training in crisis communication and negotiation, de-escalation and containment measures. Failure to show an aptitude in these or any other part of the program results in officers having to relinquish their use of force options until they are able to show competence.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#10 – TRAINING</b></p> <p><i>With respect to situations involving EDPs in possession of an edged weapon:</i></p> <p><i>a. If the EDP has failed to respond to standard initial police commands, (i.e. "Stop. Police. "Police. Don't move.", and/or "Drop the Weapon."), train officers to stop shouting those commands and attempt different defusing communication strategies.</i></p> <p><i>b. Train officers in such situations to coordinate amongst themselves so that one officer takes the lead in communicating with the EDP and multiple officers are not all shouting commands.</i></p> <p>Related Recommendation: JKE #15, #16, IACOBUCCI #42</p>	<p><b>TPS Concurs – Implemented</b></p> <p>All use of force training is now designed to re-emphasize de-escalation as an essential element of the Service's response to emotionally disturbed persons. Training stresses that officers consider various communication strategies aimed at de-escalating those situations. Officers are taught to continually assess the situation, especially the person's reactions to the officers' directions. If the person is not responsive, officers are taught to try other communication strategies.</p> <p>Officers are taught to use simple commands that are easy to verbalize under stressful and dynamic situations because evidence based research shows that they are easier to understand and follow. Additionally, officers are taught to speak clearly and at a volume that others can hear so that a full understanding of the situation can occur. This means that depending on environmental factors the volume might have to be louder and the directions repeated. In this way the primary contact officer, by using loud and clear commands, can, for example, alert other officers or by-standers who, possibly due to their position, might not be aware of a present danger.</p> <p>Furthermore, if the person has not complied with the direction to disarm, that instruction may have to be repeated if the officer hopes to avoid the use of force.</p> <p>The Toronto Police through its training emphasizes that, when feasible, one officer act as the primary contact when trying to communicate to avoid confusion. Training also encourages the identification of a secondary officer who could potentially take the lead if rapport is not developed by the initial officer.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#11 – TRAINING</b></p> <p><i>Toronto Police Service and Ministry of Community Safety and Correctional Services incorporate the facts and circumstances of each of these three deaths into scenario-based training. In particular, incorporate a neighbourhood foot pursuit of an EDP armed with an edged weapon, with several responding officers (not just two) to emphasize the importance of coordination, containment, and communication between the responding officers.</i></p> <p>Related Recommendation: IACOBUCCI #15</p>	<p><b>TPS Concur – Implemented</b></p> <p>Historically, the use of scenario-based training that echoes real events (often the subject of inquests) has been included in the annual use of force requalification program (ISTP) for all front-line officers and is part of the recruit training program.</p> <p>In 2014 the facts and circumstances of these three deaths were incorporated into the ISTP, including foot pursuit of persons armed with edged weapons, with an emphasis on the importance of coordination, containment, and communication between officers.</p> <p>The Service will continue to incorporate into its training, especially its scenario-based training, the latest knowledge and practices in the field of mental health, crisis resolution, and police use-of-force.</p>
<p><b>#12 – TRAINING</b></p> <p><i>There should be mandatory annual trainer requalification for Use of Force trainers.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concur in part – Implemented in an alternative form</b></p> <p>The <i>Equipment and Use of Force Regulation</i> (R.R.O. 1990, Reg. 926), under the <u>Police Services Act</u>, sets out requirements in relation to police use of force including training.</p> <p>The Service complies with these standards. At the same time, the Service, along with the Ministry of Community Safety and Corrections, the Ontario Police College (OPC), and other police services, is part of a working group updating the current provincial Use of Force regulations. The matter of regular re-certification for trainers is part of the review.</p> <p>In the meantime, as part of its established business practice the Service reviews its course curriculum and content annually to ensure training continues to be current and relevant.</p> <p>It is also important to note that the training curriculum and course training standards of</p>

JKE Inquest Recommendation	TPS Response
	<p>the Service are produced by the Service’s trainers and reflect the latest knowledge and practices in the field of mental health, crisis resolution, and police use-of-force. Also, Service trainers like front-line officers requalify annually on their use of force options. Combined these activities require the trainer to refresh their knowledge and practice their skills and so remain current and proficient.</p>
<p><b>#13 – TRAINING (debriefing)</b></p> <p><i>To achieve consistency, Sergeants should receive training to facilitate effective debriefing sessions.</i></p> <p>Related Recommendation: JKE #20, IACOBUCCI #25, #26</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>The Service recognizes the value of learning from experience as part of continuous improvement in individual and corporate performance. While acknowledging that some observers suggest that there are benefits from conducting operational debriefings, it is also recognized that operational debriefings may place officers at heightened psychological risk. Accordingly, the Service does not agree with the recommendations to implement operational debriefings.</p> <p>Therefore the Service will not train sergeants to conduct or facilitate operational debriefing sessions. However, sergeants will be given tools and training to help them critically assess members’ performance and conduct using all available methods and resources including operational reports, particularly the Use of Force Report, in order to make appropriate supervisory decisions and recommendations regarding training, procedures, and equipment.</p>
<p><b>#14 – TRAINING</b></p> <p><i>Toronto Police Service and Ministry of Community Safety and Correctional Services train officers to, when feasible and consistent with officer and public safety, take into account whether a person is in crisis and all relevant information about his/her condition, and not just his/her behaviour, when encountering a person in crisis with a weapon.</i></p>	<p><b>TPS Concurs – Implemented</b></p> <p>All use of force training is now designed to re-emphasize de-escalation as an essential element of the Service’s response to emotionally disturbed persons. Consistent with this emphasis, officers are trained that when feasible and consistent with officer and public safety to take into account whether persons are in crisis and all relevant information about their condition, including their behaviour, when encountering persons with a weapon.</p>

JKE Inquest Recommendation	TPS Response
<p>Related Recommendations: JKE #15</p>	
<p><b>#15 – TRAINING</b></p> <p><i>Toronto Police Service and Ministry of Community Safety and Correctional Services Training officers, on the subject of edged weapons, shall incorporate the following principle: "When officers are dealing with a situation in which a person in crisis has an edged or other weapon, the officers should, when feasible and consistent with maintaining officer and public safety, try to communicate with the person by verbally offering the person help and understanding."</i></p> <p>Related Recommendation: JKE #10, #16, IACOBUCCI #15</p>	<p><b>TPS Concur – Implemented</b></p> <p>All use of force training is now designed to re-emphasize de-escalation as an essential element of the Service’s response to emotionally disturbed persons. Training stresses that officers consider various communication strategies aimed at de-escalating those situations. Officers are taught to continually assess the situation, especially the person’s reactions to the officers’ directions. If the person is not responsive, officers are taught to try other communication strategies including, when feasible and consistent with safety, offering help and understanding.</p>
<p><b>#16 – TRAINING</b></p> <p><i>Toronto Police Service and Ministry of Community Safety and Correctional Services Officers must continue de-escalation attempts and refrain from firing as long as possible consistent with officer and public safety.</i></p> <p>Related Recommendation: JKE #10, #15, #38, IACOBUCCI #15</p>	<p><b>TPS Concur – Implemented</b></p> <p>All use of force training is now designed to re-emphasize de-escalation as an essential element of the Service’s response to emotionally disturbed persons. Training stresses that officers consider various communication strategies aimed at de-escalating those situations. Officers are taught to continually assess the situation, especially the person’s reactions to the officers’ directions. If the person is not responsive, officers are taught to try other communication strategies.</p> <p>The foundation of the ISTP emphasizes the principles, strategies, and techniques of de-escalation before using force, recognizing that officers have a duty, consistent with officer and public safety, to preserve life.</p> <p>Furthermore, on June 16, 2014, a Routine Order (0742) was published to remind officers that when responding to an emotionally disturbed person to continue de-escalation efforts before resorting to force, particularly lethal force when feasible and consistent with officer and public safety.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#17 – TRAINING</b></p> <p><i>Toronto Police Service and Ministry of Community Safety and Correctional Services emphasize and clarify in training that there is no fixed distance from a subject with an edged weapon at which officers should either draw or fire their firearms and that the reactionary gap (the time it takes to perform a response, which in this case would be the time it takes to discharge a firearm) is much shorter once a firearm is drawn.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Service training has never specified that there is a fixed distance from a person that dictates when officers should discharge their firearms. However, to insure that members do not labour under any misapprehensions the Service emphasizes that all situational factors including the person’s condition, actions, and distance from the officer must be considered when deciding to use force.</p>
<p><b>#18 – TRAINING</b></p> <p><i>Toronto Police Services Board and the Toronto Police Service provide additional mental health, verbal de-escalation, and negotiation training to officers including, but not limited to, PRU’s and MCIT.</i></p> <p>Related Recommendation: JKE #10, #15, #16</p>	<p><b>TPS Concurs – Implemented</b></p> <p>With the help of stakeholders, use of force training is now designed to re-emphasize negotiation and de-escalation as an essential element of the Service’s response to emotionally disturbed persons. Additional training and the opportunity to apply the knowledge and practice the skills are now incorporated into the lessons and the scenario based training.</p> <p>Specialized training is given to Emergency Task Force, MCIT, and hostage negotiators. Other members are invited to participate in this training, for example the MCIT course has been attended by divisional training sergeants, coach officers, members assigned to youth and family services, and PRU officers interested in joining the MCIT.</p> <p>Finally, mental health training is also included in the coach, supervisors’ and senior officers’ courses.</p>



JKE Inquest Recommendation	TPS Response
<p><b>#19 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>That the Toronto Police Services Board and the Toronto Police Service evaluate the possibility of and consider having officers with the additional mental health and verbal de-escalation/negotiation training act as lead officers on calls involving persons in crisis.</i></p> <p>Related Recommendation: IACOBUCCI #46</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service has formalized the practice of having officers with additional mental health training take a lead at calls involving persons in crisis when feasible and consistent with officer and public safety. It should be noted, however, that this is already a general practice within the Service.</p>
<p><b>#20 – TRAINING (debriefing)</b></p> <p><i>With the understanding that debriefing is essential for driving continuous improvement and highlighting deviation from policy, the debriefing process for critical incidents should:</i></p> <ul style="list-style-type: none"> <li><i>a. be conducted in a timely manner</i></li> <li><i>b. be conducted effectively</i></li> <li><i>c. involve all subject and witness officers</i></li> <li><i>d. involve all active participants including call takers and dispatch personnel</i></li> <li><i>e. consider adoption of the ETF debriefing model</i></li> <li><i>f. be conducted by trained sergeants</i></li> <li><i>g. include video review when possible</i></li> </ul> <p>Related Recommendation: IACOBUCCI #25, #26</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>The Service recognizes the value of learning from experience as part of continuous improvement in individual and corporate performance. While acknowledging that some observers suggest that there are benefits from conducting operational debriefings, it is also recognized that operational debriefings may place officers at heightened psychological risk, a concern that is supported by a review of the scientific literature relating to the impact of trauma exposure and the identification of factors that both facilitate and interfere with recovery. Noted experts in the field of police psychology from the Psychological Services section of the International Association of Chiefs of Police who were canvassed by the Service expressed concern about the potential risk to officers’ psychological well-being if a procedure for debriefing is developed that requires mandatory participation.</p> <p>In 2013, the Ontario Ombudsman in his report entitled In the Line of Duty made it clear that police services have an obligation to protect officers and their families from the effects of operational stress injury. While acknowledging the need for accountability for police actions, it is the opinion of the Service that the requirement that officers participate in a mandatory critical analysis of actions taken may result in negative impact on the psychological health and well-being of some officers.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<p>Furthermore, it is also important to recognize that the act of reliving the event from the perspective of others, as required by an operational debriefing, would necessarily alter the recall of the event among those who participate in the debriefing, leading to contamination in the ability of participants to provide accurate testimony in any subsequent legal proceeding.</p> <p>Given the potential for adverse outcomes for some individuals the Service will not implement this recommendation.</p> <p>Nevertheless, to achieve the goal of this and related recommendations which is for the Service to learn from critical events, the Service can rely on established systems and processes that do not put the psychological well-being of members at risk, and do not undermine their capacity to provide accurate first-hand testimony. These processes include:</p> <ol style="list-style-type: none"> <li>1) A review of the event by the Service’s Use of Force Analyst and the Use of Force Committee to identify trends or possible gaps in training, equipment, or procedure, using documents and records including: <ul style="list-style-type: none"> <li>• the Use of Force Report completed by involved officers when they use force that results in injury or when the officer uses certain force options such as the CEW or firearm,</li> <li>• other officer submitted reports including occurrences, injury reports, and arrest records,</li> <li>• officers’ memo books and other notes,</li> <li>• results of officer interviews or testimony, and</li> <li>• any video evidence from both police and private sources.</li> </ul> </li> <li>2) A full evidentiary review by Professional Standards as part of a legislated investigation required when police actions have led to serious injury or death of a civilian or a police officer [PSA O. Reg. 267/10, s. 11 (1)].</li> <li>3) Analysis by the College of recommendations resulting from coroner’s inquests and</li> </ol>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<p>other legal proceedings, inquiries and reviews.</p> <p>4) At the conclusion of every practical exercise, especially scenario-based training, (which are based on real-life events) participants are probed for the reasons behind their decisions and they are given an opportunity to peer and self-critique their decisions and actions. This form of debriefing is a proven educational method that very effectively imbeds the training and the lessons.</p> <p>5) Finally, sergeants will be given more tools and training to help them critically assess members' performance and conduct using all available methods and resources including operational reports, particularly the Use of Force Report, in order to make appropriate supervisory decisions and recommendations regarding training, procedures, and equipment.</p> <p>Combined, the lessons learned from these processes help develop policy, procedures, practices, supervision and training. On the other hand, to enhance its ability to learn from these events, the Service will continue to develop and refine its information systems. For example, the Service has worked closely with the Ministry of Community Safety and Correctional Services to develop a more comprehensive Provincial Use of Force Report that captures more information about the circumstances and the person against who force was used.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#21 – TRAINING</b></p> <p><i>That the Ministry of Community Safety and Correctional Services &amp; Ontario Police College modify the EDP and de-escalation training model and materials, so that less attention is paid to specific diagnoses and the medical model. This should include input from consumer/survivors.</i></p> <p>Related Recommendation: JKE #22, IACOBUCCI #14, #15, #16, #21</p>	<p><b>Not assigned to TPS – TPS Concur – Action taken</b></p> <p>The content of mental health training for members of the Service is continuously updated and refined in collaboration with various stakeholders and subject matter experts within the mental health and consumer survivor communities. Persons consulted include:</p> <ul style="list-style-type: none"> <li>• Dr. John Arrowood, Staff Psychologist, Centre for Addiction and Mental Health (CAMH);</li> <li>• Dr. Terry Coleman Canadian Mental Health Commission</li> <li>• Dr. Dorothy Cotton, Canadian Mental Health Commission</li> <li>• Pat Capponi, Lead Facilitator – Voices from the Street;</li> <li>• Jennifer Chambers, Co-ordinator – Empowerment Council, CAMH;</li> <li>• Graham Vardy, Education Specialist &amp; Coordinator for the Prevention &amp; Management of Aggressive Behaviour training, CAMH; and</li> <li>• Dr. Nancy McNaughton University of Toronto Faculty of Medicine.</li> </ul> <p>Officers are instructed to be alert to the possibility that people’s behaviours might be related to a health condition, including mental illness or disorders. Officers are not taught to diagnose nor are they expected to diagnose health conditions, including mental health conditions of persons they encounter. Nor does officer training focus on the medical model except as it relates to medical emergencies and the officer’s obligations under the Mental Health Act.</p> <p>On February 27, 2015, members of the Board’s Mental Health Committee, the TC-LHIN MCIT City-Wide Implementation Steering Committee, and the Implementation Advisory Committee reviewed the ISTP and provided their input and feedback. The curriculum reflects the appropriate attention to specific diagnoses and the medical model.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><b>#22 – TRAINING</b></p> <p><i>That the Ministry of Community Safety and Correctional Services &amp; Ontario Police College leverage/adopt the Toronto Police Service format of using consumer/survivor videos to improve quality and achieve consistency in the delivery of EDP/Mental Health training.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS – TPS Concurr – Action taken</b></p> <p>The Service will provide any training material requested by the Ministry of Community Safety and Correctional Services or Ontario Police College (OPC) including perspectives of consumer survivors and individuals with lived experience to achieve consistency in the delivery of EDP and mental health training across the province.</p> <p>On February 27, 2015 the OPC participated in a review of the Service’s use of force and mental health training, in part, to determine what could be incorporated into constable basic training.</p>
<p><b>#23 – TRAINING</b></p> <p><i>That the Ontario Police College and Toronto Police College consider expert review and analyses of videos, audios and evidence specific to each case, i.e. Sylvia Klibingaitis, Reyal Jardine-Douglas, Michael Eligon, for the purpose of identifying all alternative police service tactics for preserving life.</i></p> <p>Related Recommendation: JKE #11, #25, #26, IACOBUCCI # 15, #16, #18</p>	<p><b>TPS Concurr – Implemented</b></p> <p>The content of police training reflects the latest expert knowledge and practices in the field of mental health, crisis resolution, and police use-of-force. The training incorporates knowledge and experience from real events that are often the subject of inquests. The Toronto Police College In Service Training team and the Use of Force Committee reviewed and analyzed all relevant information relating to these three deaths, in part, to identify alternative police tactics for preserving life.</p> <p>In 2014 the facts and circumstances of these three deaths were incorporated into the ISTP. The Service will continue to incorporate into its training, especially its scenario-based training, the latest knowledge and practices in the field of mental health, crisis resolution, and police use-of-force.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><b>#24 – TRAINING</b></p> <p><i>That the Ontario Police College and Toronto Police College explore and consider opportunities for Training Sergeants to meet with subject officers for learning/training development (post-legal proceedings).</i></p> <p>Related Recommendation: IACOBUCCI #25, #26</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Officers who have completed all legal proceedings, and are considered psychologically ready, presently receive individualized training and development with training sergeants at the Toronto Police College.</p>
<p><b>#25 – TRAINING</b></p> <p><i>That the Ontario Police College and Toronto Police College consider providing officers with strategies to reduce immediate shock/adrenaline rush.</i></p> <p>Related Recommendation: IACOBUCCI #15</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Ontario Police College teaches autogenic breathing techniques during the <u>Basic Constable Training Program</u> with the goal of reducing stress and improving situational awareness. Since 2014, the Toronto Police College has included tactical breathing techniques and exercises into its ISTP. Officers practice these techniques as a group in a classroom setting and then employ them in practical portions of defensive tactics, firearms, and scenario-based training, under a variety of different physical, psychological and emotional settings. Benefits of the techniques employed by the Service are supported by research.</p>
<p><b>#26 – TRAINING</b></p> <p><i>That the Ministry of Community Safety and Correctional Services, Toronto Police Service, Ontario Police College, and Toronto Police College incorporate more dynamic scenarios in use of force training (e.g. include bystanders, traffic, and distractions).</i></p> <p>Related Recommendation: IACOBUCCI #15</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The use of scenario-based training that echoes real events (often the subject of inquests) is included in the annual use-of-force requalification program for all front-line officers and is delivered to new police officers as part of the recruit training program. More scenarios that include distractionary elements have been added.</p> <p>The Service will continue to incorporate into its training, especially its scenario-based training, the latest knowledge and practices in the field of mental health, crisis resolution, and police use-of-force.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#27 – TRAINING (MCIT drive-along)</b></p> <p><i>That the Toronto Police Service, with the goal of increasing positive interactions between PRUs and the Mental Health community, develop an in-service learning exercise (e.g. drive along, MCIT shadowing, special day assignments, etc.) to increase PRU awareness and knowledge of the Mental Health community and resources.</i></p> <p>Related Recommendation: JKE #8, #38</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>After review, given operational limitations including officer availability, volume of PRU calls for service, and even police vehicle passenger capacity, the Service is doubtful that it can institute a regular program of mental health awareness through drive-along or shadowing of MCIT by PRU.</p> <p>Instead, the Service has worked extensively with consumers and other mental health stakeholders to increase officers’ awareness of the mental health community and the resources available to support it. For example, consumer input helped develop the curriculum of the annual in-service training for all officers and a training video on consumer experiences.</p> <p>The Service will also use existing forums including platoon training and the Community Police Liaison Committees (consisting of local community members) to expose PRU officers to consumer experience and available community resources.</p> <p>Additionally, since 2014 the Service has increased attendance at the MCIT course to include PRU, coach, and supervisory officers. Part of the graduates’ responsibility is to regularly discuss mental health issues with the PRU and promote the MCIT. These officers, along with former MCIT officers, are listed as available resources with Communications Services (Dispatch) on the Availability List</p> <p>The Service is working to make a reference checklist available online through internal web based platforms such as Push Pin or a dashboard, or by adding one to officers’ memo book. A resource list is currently found within the Divisional Police Support Unit intranet webpage under the heading of Mental Health. This list links to external community agencies such as the Canadian Mental Health Association and the Centre for Mental Health and Addictions. Through these external links officers can find resources specific to the City of Toronto. Information about these sources is now part of the training curriculum, particularly during the scenario training where officers are expected</p>

JKE Inquest Recommendation	TPS Response
	<p>to refer to these resources to resolve the event.</p> <p>The Service is also testing a Vulnerable Persons Registry that would include information about individuals that might help officers determine an appropriate course of action. It is expected that the registry could be operating by 2016.</p>
<p><b>#28 – EQUIPMENT (alternative options)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services and Toronto Police Service investigate and evaluate the adoption of improved equipment and alternative use of force measures for Primary Response Officers such as:</i></p> <ul style="list-style-type: none"> <li><i>a. body armour that provides officers greater protection from sharp-edged weapons</i></li> <li><i>b. body-worn camera technology for front line officers</i></li> <li><i>c. shields to disarm and control subjects with edged weapons</i></li> </ul> <p>Related Recommendation: IACOBUCCI #72</p>	<p><b>TPS Concur – Implemented</b></p> <p>Members of the In Service Training Program Section (ISTP) and Armament Section are evaluating the latest technology and equipment and alternative use of force measures and will continue their efforts.</p> <p>The Service is studying the availability and feasibility of stab resistant body armour that can be worn in conjunction with ballistic body armour because the threat from firearms is still present in Toronto. Although there might exist stab resistant armour that provides some measure of protection against edged weapons, if it is like ballistic armour it still leaves critical areas of the body such as the neck, arms, and thighs exposed. Indeed, for 5 Ontario police officers killed by subjects using edged weapons, body armour would not have protected any of them. Four were slashed on the head or neck and the fifth was slashed in the thigh severing the femoral artery.</p> <p>In 2015 the Service initiated a pilot project to test the concept of body-worn cameras for front line officers.</p> <p>The Service is studying the feasibility of equipping PRU officers with shields. By providing some measure of protections, shields might allow officers to move closer to a threat to secure it without increasing the likelihood of using lethal force. However, while shields might initially protect officers from injury they do not by themselves disarm the person. At some point officers have to take physical control and disarm the person and this would be extremely difficult and risky while holding onto the shield because the officer has only one hand available to disarm and secure the person.</p>



<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<p data-bbox="1292 240 1946 272">Dropping the shield, of course, defeats its purpose.</p> <p data-bbox="1292 315 2432 418">Furthermore, shields are simple to defeat by pulling them downward and if the officer's firearm is drawn the potential for sympathetic contractions by the officer gripping and manipulating a shield increase the possibility of an unintended discharge.</p> <p data-bbox="1292 461 2432 565">Finally, when dealing with emotionally disturbed persons, officers are encouraged to de-escalate situations by attempting to build rapport. Presenting a shield from the outset could be perceived as barrier and prevent officers from accomplishing this goal.</p> <p data-bbox="1292 607 2432 711">On the other hand, with sufficient officers at the scene it might be feasible for officers equipped with shields to contain the person while other officers without shields wait to disarm and apprehend the person when safe.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#29 – EQUIPMENT (Conducted Energy Weapon – threshold for use)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services and Toronto Police Service Study evaluate the threshold for use of conducted energy weapons ("CEWs"). This evaluation shall include a public consultation component.</i></p> <p>Related Recommendation: JKE #2, IACOBUCCI #69</p>	<p><b>TPS does not concur</b></p> <p>The threshold for use of CEWs has been set by the Ministry of Community Safety &amp; Correctional Services (the Ministry) after broad consultation with police legal advisors and stakeholders including use of force experts and police defensive tactics trainers. When considering the threshold, the Ministry took into account that the research has demonstrated that there are fewer injuries to subjects and police officers associated to CEW use than other force options like the baton and physical control techniques. The Service is not aware that the Ministry contemplates changing the threshold.</p> <p>In accordance with Ministry standards, a CEW is only used in direct application (probe or drive stun mode) when <i>the officer believes a subject is threatening or displaying assaultive behaviour or, taking into account the totality of the circumstances, the officer believes there is an imminent need for control of a subject</i> (Equipment and Use of Force Regulation (R.R.O. 1990, Reg. 926). Therefore, direct application of the device is only used to gain control of a subject who is at risk of causing physical harm, not to secure compliance of a subject who is merely resistant.</p> <p>TPS Procedure 15-09 <u>Conducted Energy Weapon</u> clearly articulates when it is appropriate to use the CEW. In addition to the procedure, the appropriate use of the weapon is also emphasizes through training, supervision and reporting.</p>
<p><b>#30 – EQUIPMENT (Conducted Energy Weapon)</b></p> <p><i>That the Ministry of Community Safety and Correctional Services and Toronto Police Service, where CEWs are available, consider adopting the model with video option.</i></p> <p>Related Recommendation: JKE #28, IACOBUCCI #60</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>In 2015 the Service initiated a pilot project to test the concept of body-worn cameras for front line officers. Supervisors who are equipped with CEWs are part of the pilot project.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><b>#31 – EQUIPMENT</b></p> <p><i>That the Toronto Police Service consider an improved, interoperable communication system between units/departments (TPS, EMS, ETF, Duty desk, etc.) towards the goal of reducing communication delays, errors and airway traffic. For example, the TPS dispatcher should not have to manually contact EMS by phone and verbalise critical information; an automated system would more effectively convey essential information.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Toronto Police Service currently uses non-verbal and verbal methods of communication through the Computer Aided Dispatch System, and traditional telephone and radio technology.</p> <p>Along with Toronto Paramedics Services, Toronto Fire Services, and the City of Toronto the Service is part of the Toronto Radio Infrastructure Project designed to improve the current radio system. This project will improve radio coverage and improve interconnectivity, network security, and record management systems</p> <p>Improved radio coverage and encryption were activated in December 2014 and the project is expected to be complete in 2015.</p> <p>A Steering Committee continues to review communication requirements.</p>
<p><b>#32 – EQUIPMENT</b></p> <p><i>That the Toronto Police Service to ensure that system “users” (e.g. dispatchers and trainers) are included as stakeholders when exploring new dispatch/call-taker tools and systems improvements.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concur – Implemented</b></p> <p>New dispatch and call-taker tools and system improvements are reviewed and vetted by dispatchers, trainers, supervisors and management prior to procurement.</p> <p>As new or improved systems are reviewed or introduced, working and focus groups are established pre-and post-procurement when required.</p>
<p><b>#33 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (MCIT)</b></p> <p><i>That the Toronto Police Service, Ministry of Health and Long Term Care, and Toronto Central Local Health Integration Network establish a permanent ongoing advisory committee to the MCIT with significant representation by</i></p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service is the co-chair of the Toronto Central Local Health Integration Network (TC-LHIN) Mobile Crisis Intervention Team City-Wide Implementation Steering Committee.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><i>consumer/survivors and Mental Health professionals to review and consider, among other things:</i></p> <ul style="list-style-type: none"> <li>• Preferred Model (MCIT, CIT, Memphis, COAST, etc.)</li> <li>• Service hours</li> <li>• Policy and procedure</li> <li>• Dispatch procedures</li> <li>• Deployment of services</li> <li>• Partnerships (support services, hospitals, community)</li> <li>• Goals and performance</li> </ul> <p>Related Recommendation: IACOBUCCI #1</p>	<p>The Committee has helped design a MCIT program that now provides coordinated coverage in all areas of Toronto. The Steering Committee now works to standardize the MCIT model across Toronto. The steering committee is comprised of</p> <ul style="list-style-type: none"> <li>• Toronto Police Services</li> <li>• Participating GTA LHIN representatives</li> <li>• Mental health and addiction services</li> <li>• Toronto Paramedics Services (formally Emergency Medical Services)</li> <li>• Acute Care Alliance</li> <li>• City of Toronto Mental Health Promotion Program</li> <li>• Center for Research on Inner City Health (CRICH St. Michael’s Hospital)</li> </ul> <p>Two of the immediate products of the steering committee were the publication of the final report, the <u>MCIT Program Coordination in the City of Toronto</u> (2013), and a preliminary program evaluation report conducted by CRICH (2014) that recorded high institutional approval and client satisfaction. A second program evaluation is now underway.</p> <p>The Service is committed to continuous improvement and will work extensively with community partners to ensure that best practices and up-to-date information are incorporated into police practices.</p>
<p><b>#34 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (MCIT)</b></p> <p><i>That the Toronto Police Service, Ministry of Health and Long Term Care, and Toronto Central Local Health Integration Network expand availability of MCITs to make them available in all divisions of the City and to operate beyond their current 11 am – 9pm hours.</i></p> <p>Related Recommendation: IACOBUCCI #48</p>	<p><b>TPS Concur – Implemented</b></p> <p>In May 2014, the Service introduced a new team to North Toronto and with funding from the Central LHIN expanded the coverage of existing teams into 22, 23, and 53 Divisions. As a result, 6 teams now cover all 17 Service divisions:</p> <ul style="list-style-type: none"> <li>• 11/14/22 Divisions are partnered with St Joseph's Health Centre.</li> <li>• 12/13/31 Divisions are partnered with Humber River Regional Hospital.</li> <li>• 32/33 Divisions partnered with North York Genera Hospital</li> </ul>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<ul style="list-style-type: none"> <li>• 41/42/43 Divisions are partnered with The Scarborough Hospital.</li> <li>• 51/52 Divisions are partnered with St. Michael's Hospital.</li> <li>• 54/55/53 Divisions are partnered with Toronto East General Hospital.</li> </ul> <p>The teams operate seven days a week and, depending on the team, will work as early as 6 a.m. and as late as 11 p.m. The hours are based on the times when the police receive the highest number of EDP calls.</p> <p>The Service continues to work with its partners, including the Toronto Central Local Health Integration Network, to fully support the MCIT program and its possible expansion.</p>
<p><b>#35 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>That the Toronto Police Service have officers who are current and former MCIT members wear a special insignia or badge to indicate to the community and fellow officers that they are past or present members of the MCIT.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concur – Implemented</b></p> <p>Past and present members of MCIT wear a crest on their outer clothing which bears the word MCIT and an emblem of the health care and justice system.</p>
<p><b>#36 – SUPERVISION</b></p> <p><i>That the Toronto Police Service amend the TPS Communications EDP Procedure to require a Road Sergeant to be dispatched to a scene as soon as possible when the call involves an EDP with a weapon.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concur – Implemented</b></p> <p>Service Procedure 06-04, <u>Emotionally Disturbed Persons</u> has been amended to ensure a sergeant is notified to attend at a call for service involving an EDP armed with a weapon.</p> <p>Currently, Communications Services’ Unit-Specific Policy C06-04, <u>Emotionally Disturbed Persons</u> incorporates this requirement.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#37 – SUPERVISION</b></p> <p><i>That the Toronto Police Service implement procedures to improve communication regarding whether and when a Road Sergeant with a CEW is expected to attend a scene including the delivery of regular updates to officers regarding the Road Sergeant’s estimated time of arrival at the scene when possible.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Communications Services Directive C.6.1.21 <u>Keeping Units Advised of Action Taken</u> now incorporates the requirement that:</p> <p>Upon receiving a request for a specialized unit and/or a supervisor equipped with a CEW to attend an event the dispatcher shall, if circumstances permit, ensure and confirm that officers receive the information that the specialized unit/supervisor is en route providing an estimated time of arrival whenever possible.</p>
<p><b>#38 – TRAINING</b></p> <p><i>That the Toronto Police Service establish a process to increase knowledge sharing and awareness through formalized information sessions/lectures to divisions by specialised units such as ETF, MCIT and Canine for all PRUs.</i></p> <p>Related Recommendation: JKE #27, IACOBUCCI #51, #52</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Historically, the ETF has provided the Toronto Police College with information about the unit’s operation and tactics so they can be incorporated into the annual ISTP delivered to front line officers. Delivery of this information through ISTP ensures consistency.</p> <p>Since 2014 the Service has increased attendance at the MCIT course to include PRU, coach, and supervisory officers. Part of the graduates’ responsibility is to regularly discuss mental health issues with the PRU and promote the MCIT at platoon training sessions. These officers, along with former MCIT officers, are listed as available resources with Communications Services (Dispatch) on the Availability List</p> <p>Finally, all specialized units, including the Service’s canine unit continue to augment ISTP through divisional lectures when practicable.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#39 – MCIT AND OTHER CRISIS INTERVENTION MODELS (procedures)</b></p> <p><i>That the Toronto Police Service amend TPS procedure documents to ensure it is clear that officers should not adopt a practice of handcuffing EDPs being apprehended under the Mental Health Act unless those individuals exhibit behaviour that warrants the use of handcuffs.</i></p> <p>Related Recommendation: IACOBUCCI #53</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Procedures 01-01 Arrest and 06-04 Emotionally Disturbed Persons are currently being revised to include the following direction to officers:</p> <p><i>Keeping in mind officer and public safety, officers may use discretion when determining whether to handcuff an individual as it may not be practical or necessary in all circumstances (e.g. due to person’s medical condition, age, disability, pregnancy, or frailty).</i></p>
<p><b>#40 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Toronto Police Service incorporate guidance into the TPS Procedure on dealing with EDPs to encourage officers to, where feasible, bring an individual to a specific psychiatric facility where that individual is believed to have a prior relationship even when that facility is not the closest available facility in the City or division.</i></p> <p>Related Recommendation: IACOBUCCI #1</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Service Procedure 06-04, <u>Emotionally Disturbed Persons</u> allows officers, when feasible, to use their discretion and transport an apprehended person to a specific psychiatric facility if that person is an outpatient of, or has a recent history with, that facility.</p>
<p><b>#41 – SUPERVISION</b></p> <p><i>That the Toronto Police Service to ensure that all officers are aware of, and follow current policies and procedures associated to SIU investigations.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Through the following means the Service ensures that all officers are aware of and follow current SIU-related policies and procedures:</p> <ul style="list-style-type: none"> <li>• Service Procedure 13-16, <u>Special Investigations Unit</u> outlines the duties of: divisional members at each level of rank, the Chief’s SIU Designate and the Duty Inspector and covers all aspects of an SIU investigation,</li> <li>• Routine Orders are issued to communicate changes to legislation, case law and procedural changes,</li> </ul>

JKE Inquest Recommendation	TPS Response
	<ul style="list-style-type: none"> <li>• Training on the SIU mandate and procedure is provided at the Ontario Police College during recruit training and at the TPC as a component of ISTP and investigative courses.</li> <li>• The Chief’s SIU Designate is available 24/7 and is responsible for notifying the SIU of incidents where the SIU mandate may be invoked,</li> <li>• Two SIU Liaison Detective Sergeants are on call 24/7 to attend all SIU events and manage operational compliance and section 11 Chief’s Administrative investigations under O. Reg. 267/10 of the Police Services Act,</li> </ul>
<p><b>#42 – SUPERVISION</b></p> <p><i>That the Toronto Police Service emphasize the importance of professionalism when personnel are communicating with each other including, but not limited to, the internal communication systems.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The importance of professionalism when personnel are communicating with each other is emphasized in:</p> <ul style="list-style-type: none"> <li>• Service Core Values of <i>Fairness, Reliability, Respect, and Freedom from Bias.</i></li> <li>• Service Governance section 1.9 <u>Fairness, Discrimination and Harassment</u> stipulates that in the performance of their duty, members shall treat all people with respect, courtesy and consideration. This section also addresses unacceptable behaviour, for example, members shall not be ...discourteous or uncivil or use profane, abusive or insulting language to a person, without limitation, language that tends to demean or show disrespect to a person on the basis of that person's race, ancestry and 18 other categories.</li> <li>• Service Governance section 1.19 <u>Use of Computers and Telecommunications</u>, outlines the expectations for members using these devices. For example, <i>Members shall not use profane, obscene, insulting or abusive language over a Service telecommunication system.</i></li> <li>• Service Governance section 1.2 which states that the PSA <u>Code of Conduct</u> applies to all members.</li> <li>• PSA <u>Code of Conduct</u> 2 (1)(a)(iv) – Discreditable Conduct 2 (1) states that Any chief of police or other police officer commits misconduct if he or she engages in Discreditable Conduct, in that he or she (iv) uses profane, abusive or insulting language to any other member of a police force and (v) uses profane, abusive or insulting language or is otherwise uncivil to a member of the public.</li> </ul>



JKE Inquest Recommendation	TPS Response
<p><b>#43 – TRAINING</b></p> <p><i>That the Ministry of Community Safety and Correctional Services, the Toronto Police Services Board and the Toronto Police Service's CEW training and policy should include information about risk of harm and death proximal to CEW use, in line with the manufacturer's documentation.</i></p> <p>Related Recommendation: IACOBUCCI #71</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Presently, at their initial training and annually thereafter, all members who are issued a CEW are informed of the health risks associated with the use of CEWs in line with the manufacturer's documentation. Furthermore, the Ministry's training standard expects student to learn when and against whom the weapon should not be used.</p>
<p><b>#44 – SUPERVISION</b></p> <p><i>That the Toronto Police Services Board and the Toronto Police Service amend the current TPS procedure with respect to use of the in car camera systems (ICCS) to require officers to visually and audibly record:</i></p> <ul style="list-style-type: none"> <li>• <i>all investigative contacts with members of the public which are initiated from an ICCS equipped vehicle, meaning investigative contacts initiated by the police from their ICCS equipped scout car. This would include, but is not limited to, traffic stops.</i></li> <li>• <i>crimes in progress that are taking place, or might reasonably be expected to take place (in whole or in part), within viewing range of the ICCS.</i></li> </ul> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Currently, Service Procedure 15-17, <u>In-Car Camera System</u>, directs that police officers assigned to or operating a Service vehicle equipped with an ICCS shall use the ICCS to visually and audibly record all investigative contacts with members of the public and crimes in progress.</p> <p>The current Procedure further directs that police officers assigned to or operating a Service vehicle equipped with an ICCS shall use the ICCS to visually and audibly record all vehicle pursuits, all prisoner transports, crimes and collision scenes until no additional benefit will be gained by further recording, and any other situation or event where it is believed it would be beneficial to do so.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#45 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (rewards)</b></p> <p><i>That the Toronto Police Service and the Empowerment Council recognize officers who consistently perform exceptionally well at verbal de-escalation. This may include, but is not limited to accolades and letters of recommendation.</i></p> <p>Related Recommendation: IACOBUCCI #30, #50</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service agrees that rewards and recognition are effective ways to encourage good performance. The Toronto Police Service and the Board have established a formal awards program to recognize good police work in the form of medals, merit marks, commendations and letters of excellence (Procedure 13-01 <u>Awards</u>). These awards are bestowed for acts of bravery, altruism, innovation, and otherwise commendable work.</p> <p>The awards are often earned by police officers who have exercised restraint in the face of danger and risk to personal safety. These situations often involve police encounters with persons in crisis that were safely concluded without the use of force because the officer skillfully and successfully de-escalated the situation.</p> <p>The submissions for the formal recognitions are approved by a committee of Board staff along with uniform and civilian members of various ranks and positions from across the Service. Awards are presented at public meetings scheduled throughout the year. In addition, the Service may, at the unit level, reward members for excellent work by way of positive documentation and an award of up to eight hours of time off.</p> <p>Submissions to recognize Service members’ good work are often received from members of the public and the Service continues to encourage such submissions.</p> <p>The Service will invite members from the Board’s Mental Health Committee and other partners to participate in assessing appropriate submissions.</p> <p>Information about a member’s commendable performance is welcomed from members of the public. Members of the public may register a compliment online at the Toronto Police Service website.</p>

JKE Inquest Recommendation	TPS Response
<p><b>#46 – MENTAL HEALTH SYSTEMS AND TORONTO POLICE (SIU protocols)</b></p> <p><i>That the Toronto Police Service, in collaboration with the SIU, explore ways to engage in ongoing dialogue with family members of the deceased/community members following a traumatic and tragic outcome in which the TPS are involved.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>The Service is governed by established SIU protocol that prohibits the release of information by a police service when the SIU mandate has been invoked. The Service has been informed that the SIU does not contemplate changing its protocol.</p> <p>On the other hand, the Service has and will, when appropriate, convey its condolences to the family following a traumatic and tragic event that involved the Service and, when appropriate, refer the family to victim services for support.</p>
<p><b>#47 – TRAINING</b></p> <p><i>That the Ministry of Community Safety and Correctional Services, Ontario Police College, Toronto Police College, and Toronto Police Service ensure that a process is in place to keep officers up-to-date regarding current standards for CPR – i.e. do not check for pulse and breathing, just perform compressions.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Currently Toronto Police Service divisional and traffic sergeants, constables, cadets, parking enforcement officers, court officers, document servers, custodial officers, station duty operators, tow-truck drivers and any other members as required by the <u>Workplace Safety Insurance Act</u> must pass any requirements for first aid training as established by the chief of police.</p> <p>St. John’s Ambulance provides the <u>Standard First Aid</u> and Cardio Pulmonary Resuscitation, and Automated External Defibrillator training to the designated Service members. Once certified, members are kept up-to-date through a one day refresher course once every three years.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><b>#48 – USE OF FORCE (procedures)</b></p> <p><i>That the Toronto Police Service Corporate Planning establish clear review cycles for policies, procedures, models, and other key documents (e.g. use of force model). Review cycles for policies referencing technology should be particularly frequent.</i></p> <p>Related Recommendation: IACOBUCCI #42</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service has review cycles for procedures, unit directives and other key documents. The Service’s Standards of Conduct, Governance, and Procedures are reviewed following a 3-year cycle pursuant to Board Policy TPSB AD-001. Notwithstanding this cycle, these documents are reviewed and amended whenever there are changes to the Service’s Mission Statement, Vision Statement, Core Values, collective agreements, Police Services Board Policies, operational processes, new program implementation, legislation, case law, relevant coroner’s jury recommendations, best practices, and new or changing technology.</p> <p>Of the existing 398 Service procedures, Professional Standards Support – Governance reviewed 168 procedures falling within the 3 year review cycle in 2014</p>
<p><b>#49 – TRAINING</b></p> <p><i>That the Toronto Police Service Corporate Planning establishes a review process to ensure that written language in policies aligns to language used in training and practice. (e.g. Policy uses “apprehend,” whereas Training uses “arrest”)</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>A review process exists to ensure written language in policies aligns with language used in training and practice. Service training is guided in part by Service Procedures. Professional Standards Support – Governance, which is responsible for reviewing Service Procedures, has consulted with the Toronto Police College regarding terminology and confirms that the language used in training is consistent with the language used in the procedure with respect to the “apprehension” of an Emotionally Disturbed Person.</p>
<p><b>#50 – TRAINING</b></p> <p><i>That the Ministry of Community Safety and Correctional Services establish a committee or panel of mental health professionals and mental health consumer/survivors to review and provide feedback on current and future training materials used (including videos) that relate to mental health, EDPs, and</i></p>	<p><b>Not assigned to TPS – TPS Concurs – Action taken</b></p> <p>The Toronto Police Services Board Mental Health Subcommittee is an established committee, comprised of Service members, consumer survivors and mental health professionals. This committee has been consulted in the development of training materials that relate to mental health, emotionally disturbed persons and persons in crisis</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><i>persons in crisis.</i></p> <p>Related Recommendation: JKE #27, IACOBUCCI #1, #15</p>	<p>and have provided feedback to TPC.</p> <p>The Committee also provided input into the Ministry’s study of police encounters with emotionally disturbed persons led by Commissioner D. Hefskey.</p> <p>As well, on February 27, 2015, members of the Board’s Mental Health Committee, the TC-LHIN MCIT Steering Committee, the Implementation Advisory Committee, the Ontario Police College, the Canadian Civil Liberties Association, along with the Service’s psychologists, and the Human Resources Director were invited to review the ISTP and provide their input and feedback.</p>
<p><b>#51 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Toronto Police Services Board and Toronto Police Service include in the Toronto Police Services Board's Mental Health Subcommittee, representatives from advocacy organizations who support family members experienced with dealing with mental illness in their families in order to include their voice, knowledge, insights and perspectives.</i></p> <p>Related Recommendation: IACOBUCCI #1</p>	<p><b>TPS Concur – Implemented</b></p> <p>Currently the Schizophrenia Society of Ontario which, in part, represents families, is a member of the Committee. The Society works to create a positive difference in the lives of people, families and communities affected by schizophrenia and psychotic illnesses. In addition, the hospitals that are partnered with the MCIT program are represented and they support the interests of consumers and their families (e.g. the Toronto East General Hospital Withdrawal Management Services consisting of consumers of and their families).</p>
<p><b>#52 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Toronto Police Service, Ministry Of Health and Long Term Care and the Local Health Integration Networks create and implement better public awareness/education mechanisms about the crisis teams that do exist, and what resources are available to those in crisis and their families.</i></p> <p>Related Recommendation: IACOBUCCI #5</p>	<p><b>TPS Concur – Implemented</b></p> <p>To create better public awareness the Service’s web page has been updated to include:</p> <ul style="list-style-type: none"> <li>• information to help those supporting individuals who are undergoing a mental health crisis,</li> <li>• an overview of the Service’s response to emotionally disturbed persons,</li> <li>• online sites the public can access for further information regarding mental health resources,</li> </ul>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<ul style="list-style-type: none"> <li>• a full description of the MCIT, its mandate, hours of service, divisional coverage, and partnered hospitals.</li> </ul> <p>In 2014, the Service was informed that the Toronto Central LHIN had produced public information packages about mental health supports and the MCITs. In 3<sup>rd</sup> quarter 2015 an information pamphlet will be published further describing the MCIT program.</p>
<p><b>#53 – IMPLEMENTATION</b></p> <p><i>That the Toronto Police Service improve public disclosure of goals/performance measures, especially where related to police use of force, to better facilitate community awareness and understanding of police responses in situations involving edged weapons. This would support an ongoing commitment to positive community relations and increase public confidence in 911 responses for EDPs in crisis.</i></p> <p>Related Recommendation: IACOBUCCI #5</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The results of the evaluation of the Service’s priorities are reported publicly to the Toronto Police Services Board annually.</p> <p>The Service Priority <i>Enhance officers’ ability to effectively interact with emotionally disturbed persons, particularly those with mental illness</i> (Service Priority #1) is evaluated based on the following performance and objectives indicators:</p> <ul style="list-style-type: none"> <li>• decrease in proportion of MHA interactions involving an injury (sustained either prior to or during apprehension),</li> <li>• increase in proportion of officers who say they believe that the training they have received has prepared them to effectively interact with emotionally disturbed persons, and</li> <li>• of those officers who dealt with an emotionally disturbed person during the year, increase in proportion who say that the training they received did help them in that situation.</li> </ul> <p>As well, the Service provides information about its use of force in its annual Professional Standards Report which is submitted annually to the Board at its March public meeting.</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><b>#54 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>Hospitals create spaces/environments within the emergency department that can reduce the risk of elopement. This may include locked units and procedures for monitoring patients (e.g., Hired sitter or constant observation by nursing staff).</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#55 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>Hospitals Consider the feasibility of creating a psychiatric waiting areas, away from the emergency area and building exits (e.g. secure area for psychiatric patients who are admitted, when an inpatient bed is not yet available, or similarity, the model used in the Emergency Room at St. Joseph's Health Centre, Toronto) to reduce the risk of elopements).</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#56 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>The Toronto East General - To ensure that psychiatric patients (held on Form 1 or voluntary) are provided with timely support and as appropriate a clinical environment as possible in the circumstances, taking into account their reasons for being in crisis, the nature of their crisis and their comfort.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><b>#57 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>The Toronto East General - To draft guidelines regarding early contact with the Hospital's crisis team (if one exists) when managing a patient in emotional crisis in the emergency department (once medically cleared) in order to assist in creating early linkages/support through the crisis program.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#58 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>The Toronto East General - Ensure the appropriate hospital emergency codes are activated and followed per hospital policy (e.g. code yellow for missing persons, which would notify all parties and initiate the established procedures for elopements).</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#59 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>The Toronto East General - In collaboration with consumer/survivor groups, study evidence based support for use of peer support workers at all points within the continuum of care</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>



JKE Inquest Recommendation	TPS Response
<p><b>#60 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry Of Health and Long Term Care and the Local Health Integration Networks collaborate with consumer/survivor groups to identify gaps in community support for improved management of mental health issues in the community (e.g. community integration/bridging programs).</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#61 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry Of Health and Long Term Care and the Local Health Integration Networks: To Investigate the adequacy of urgent care psychiatric service (e.g. walk in clinics, day programs) for patients who would not be treated in hospital emergency departments or could be more appropriately treated in the community. If access and or supply of such services are found to be insufficient, consider increasing access and/or availability of such services.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#62 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry Of Health and Long Term Care and the Local Health Integration Networks: Consider creating a provincial standard for spaces/environments within the emergency department that can reduce the risk of elopement.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>

JKE Inquest Recommendation	TPS Response
<p><b>#63 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry Of Health and Long Term Care and the Local Health Integration Networks: Review security standards for hospitals, with special focus on practices related to mental health.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#64 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry Of Health and Long Term Care and the Local Health Integration Networks: Increase funding and availability for more Mental Health Case workers.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#65 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>Ontario Hospital Association - When a patient is admitted to a psychiatric facility pursuant to a form under the Mental Health Act, the psychiatric facility shall ask the patient to provide a list of emergency contacts and shall request the patient's permission to inform those contacts that he/she has been admitted to at the psychiatric facility pursuant to a form. If the patient's permission is granted, the psychiatric facility shall soon as practicable, inform those contact that the patient has been admitted to the psychiatric facility pursuant to a form under the Mental Health Act.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>

JKE Inquest Recommendation	TPS Response
<p><b>#66 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>Ontario Hospital Association - When a patient is admitted either voluntarily or involuntarily to a psychiatric facility, the psychiatric facility shall ask the patient to provide a list of emergency contacts and shall request the patient's permission to disclose his/her medical information to those contacts. If the patient's permission to share his/her health information is granted, the psychiatric facility shall, as soon as practicable, on a form those contacts if the patient's safety or security becomes a concern.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#67 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>Ontario Hospital Association- Upon acquiring a new client, a mental health case worker shall ask the client for a list of emergency contacts and permission to discuss his/her condition and circumstances with those contacts. If such permission is granted, the mental health case worker shall, as soon as practicable, inform those contacts if a client's safety or security becomes a concern or if the mental health case worker becomes aware that the client has been admitted to psychiatric facility pursuant to a form under the Mental Health Act.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><b>#68 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>Ontario Medical Association-Upon acquiring a new client, psychiatrics should ask the patient for a list of emergency contact and permission to disclose his/her medical information to those clients. If such permission is granted, the psychiatrist shall, as soon as practicable, inform those contacts if the patient's safety or security becomes a concern or the psychiatrist becomes aware that the patient has been admitted to a psychiatric facility pursuant to a form under the Mental Health Act.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#69 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry Of Health and Long Term Care, Ontario Medical Association, and Toronto Police Service: establish a communication process to allow officers to check for hospital availability when apprehending a patient under the Mental Health Act.</i></p> <p>Related Recommendation: JKE #40, IACOBUCCI #1</p>	<p><b>TPS Concur – Implemented</b></p> <p>Currently, officers can request that a dispatcher check whether a particular hospital emergency department is accepting patients.</p> <p>Service Procedure 06-04, <u>Emotionally Disturbed Persons</u> allows officers, when feasible, to use their discretion and transport an apprehended person to a specific psychiatric facility if that person is an outpatient of, or has a recent history with, that facility</p>
<p><b>#70 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry Of Health and Long Term Care, Ontario Medical Association, the Local Health Integration Networks, and the United Health Network in support of family and caregivers, consider increasing the availability of and funding for programs providing mental health “first aid” education in terms of first responses or initial steps to seeking assistance/care for persons developing a</i></p>	<p><b>Not assigned to TPS</b></p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
<p><i>mental health problem or experiencing a mental health crisis.</i></p> <p>Related Recommendation: None</p>	
<p><b>#71 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry of Health and Long Term Care encourage increased public education and awareness about the current standard for the application of chest compressions while waiting for emergency responders.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>
<p><b>#72 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That an increase in advertising campaigns to promote greater public awareness of the availability of mental health crisis hotlines and services in Ontario and an increase in funds be made available for enhancing mental health helplines and accessible services in Ontario.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS – TPS Concur – Action taken</b></p> <p>The Service has updated and enhanced its public website. The site provides information on the TPS MCIT program and information of other online community mental health resources members of the public can access.</p>
<p><b>#73 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Office of the Chief Coroner compile and maintain a searchable repository containing facts, jury recommendations, and any responses received thereto arising from prior and future Coroner’s Inquests in Ontario.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS – TPS Concur – Action taken</b></p> <p>The Service’s Audit and Quality Assurance Unit maintain a searchable repository of inquest recommendations assigned to the Service including the Service’s response. Audit &amp; Quality Assurance also conducts an annual search of CanLII, an online service of the Federation of Law Societies of Canada, for inquest recommendations that, although not assigned to the Service, are relevant. If relevant, a copy is forwarded to the</p>

<b>JKE Inquest Recommendation</b>	<b>TPS Response</b>
	<p>appropriate unit for review and action.</p> <p>Audit &amp; Quality Assurance provides updates on coroner's inquest recommendations assigned to the Service to Professional Standards for inclusion in their annual report.</p>
<p><b>#74 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>That the Ministry of Municipal Affairs &amp; Housing, Empowerment Council, Mental Health Service Providers, and the Local Health Integration Networks provide further funding to expand community resources with Mental Health crisis support. For example, the Gerstein Centre, COTA, etc.</i></p> <p>Related Recommendation: None</p>	<p><b>Not assigned to TPS</b></p>