

## Iacobucci Report Recommendations TPS Implementation Status/Theme Summary

Recommendation #	Theme	Implementation Status
1	Mental Health System and Toronto Police	TPS Concur – Implemented
2	Mental Health System and Toronto Police (training)	TPS Concur – Implemented
3	Mental Health System and Toronto Police (procedure)	TPS Concur – Implemented.
4	Mental Health System and Toronto Police	TPS Concur – Implemented
5	Police Culture (policy)	TPS Concur – Implemented
6	Selection of Police Officers (recruit certification)	TPS Concur – Implemented
7	Selection of Police Officers (recruit attributes)	TPS Concur – Implemented
8	Selection of Police Officers (recruit attributes)	TPS Concur – Implemented
9	Selection of Police Officers (recruit attributes)	TPS Concur – Implemented
10	Selection of Police Officers (recruit attributes)	TPS Concur – Implemented
11	Selection of Police Officers (psychological assessments)	TPS Concur – Under consideration
12	Selection of Police Officers (psychological assessments)	TPS Concur – Under consideration
13	Selection of Police Officers (psychological assessments)	TPS Concur – Implemented
14	Selection of Police Officers (psychological assessments)	TPS Concur – Implemented
15	Training (recruits)	TPS Concur – Implemented
16	Training (recruits)	TPS Concur – Implemented
17	Training (recruits)	TPS Concur – Implemented
18	Training (in-service)	TPS Concur – Implemented
19	Training (in-service)	TPS Concur – Implemented
20	Training (in-service)	TPS Concur – Implemented
21	Training (decentralized)	TPS Concur in part – Implemented in an alternative form
22	Training (research)	TPS Concur – Implemented
23	Training (curriculum design and delivery)	TPS Concur – Implemented
24	Supervision (selection and evaluation)	TPS Concur in part – Implemented in an alternative form
25	Supervision (debriefing)	TPS does not concur – Implemented in an alternative form
26	Supervision (debriefing)	TPS does not concur – Implemented in an alternative form
27	Supervision (mental health champions)	TPS Concur in part – Implemented in an alternative form
28	Supervision (discipline)	TPS Concur – Implemented
29	Supervision (discipline)	TPS Concur – Implemented
30	Supervision (rewards)	TPS Concur – Implemented
31	Supervision	TPS Concur – Implemented
32	Supervision	TPS Concur – Implemented
33	Mental Health of Police Personnel	TPS Concur – Implemented

34	Mental Health of Police Personnel	TPS Concur – Implemented
35	Mental Health of Police Personnel	TPS Concur – Implemented in part
36	Mental Health of Police Personnel	TPS Concur – Under consideration
37	Mental Health of Police Personnel	TPS Concur – Implemented
38	Mental Health of Police Personnel	TPS does not concur – Implemented in an alternative form
39	Mental Health of Police Personnel (procedures)	TPS Concur – Implemented
40	Mental Health of Police Personnel (training)	TPS Concur – Implemented
41	Use of Force (procedures)	TPS Concur – Implemented
42	Use of Force (procedures)	TPS Concur – Implemented
43	MCIT and Other Crisis Intervention Models	TPS Concur in part – Implemented in an alternative form
44	MCIT and Other Crisis Intervention Models	TPS Concur – Implemented
45	MCIT and Other Crisis Intervention Models	TPS Concur – Implemented
46	MCIT and Other Crisis Intervention Models	TPS Concur – Implemented
47	MCIT and Other Crisis Intervention Models	TPS does not concur – Implemented in an alternative form
48	MCIT and Other Crisis Intervention Models	TPS Concur in part – Implemented in an alternative form
49	MCIT and Other Crisis Intervention Models (training)	TPS Concur in part – Implemented in an alternative form
50	MCIT and Other Crisis Intervention Models (rewards)	TPS Concur – Implemented
51	MCIT and Other Crisis Intervention Models (supervision)	TPS Concur – Implemented
52	MCIT and Other Crisis Intervention Models (training)	TPS Concur – Implemented
53	MCIT and Other Crisis Intervention Models (procedures)	TPS Concur – Implemented
54	MCIT and Other Crisis Intervention Models	TPS Concur – Implemented
55	Equipment (Conducted Energy Weapons – research into effects on EDP)	TPS does not concur
56	Equipment (use of force reporting)	TPS Concur – Implemented
57	Equipment (use of force reporting)	TPS Concur – Implemented
58	Equipment (use of force reporting)	TPS Concur – Implemented
59	Equipment (Conducted Energy Weapons)	TPS Concur in part – Implemented in an alternative form
60	Equipment (Conducted Energy Weapons – Body worn camera)	TPS Concur – Implemented
61	Equipment (use of force reporting)	TPS Concur – Implemented
62	Equipment (discipline)	TPS Concur – Implemented
63	Equipment (training)	TPS Concur – Implemented
64	Equipment (reporting)	TPS Concur – Implemented
65	Equipment (Conducted Energy Weapons)	TPS Concur – Implemented
66	Equipment (Conducted Energy Weapons)	TPS Concur – Implemented
67	Equipment (procedures)	TPS Concur – Implemented
68	Equipment (Conducted Energy Weapons)	TPS Concur – Implemented
69	Equipment (Conducted Energy Weapons – threshold for use)	TPS does not concur
70	Equipment (training)	TPS Concur – Implemented
71	Equipment (training)	TPS Concur – Implemented

72	Equipment (Body Worn Cameras)	TPS Concur – Implemented
73	Equipment (procedure)	TPS Concur – Implemented
74	Equipment (alternative options)	TPS Concur – Implemented
75	Implementation	TPS Concur – Implemented
76	Implementation	TPS Concur – Implemented
77	Implementation	TPS Concur – Implemented
78	Implementation	TPS Concur – Implemented
79	Implementation	TPS Concur – Implemented
80	Implementation	TPS Concur – Implemented
81	Implementation	TPS Concur – Implemented
82	Implementation	TPS Concur – Implemented
83	Implementation	TPS Concur – Implemented
84	Implementation	TPS Concur – Implemented

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

<b>Implementation Status</b>	<b>Number of Recommendations</b>	<b>Percent</b>
TPS Concur – Implemented	67	80%
TPS Concur in part – Implemented in an alternative form	7	8%
TPS Concur – Implemented in part	1	1%
TPS Concur – Under consideration	3	4%
TPS does not concur –	2	2%
TPS does not concur – Implemented in an alternative form	4	5%
Total Recommendations	84	100%
<b>Total Recommendations – Implemented in some form</b>	<b>79</b>	<b>94%</b>

**Iacobucci Implementation Status by Theme**

<b>Theme</b>	<b>Number of Recommendations</b>	<b>Percent</b>	<b>Number of recommendations implemented in some form</b>	<b>Percent Implemented</b>
Mental Health System and Toronto Police	4	5%	4	100%
Police Culture	1	1%	1	100%
Selection of Police Officers	9	11%	7	77%
Training	9	11%	9	100%
Supervision	9	11%	9	100%
Mental Health of Police Personnel	8	10%	7	87%
Use of Force	2	2%	2	100%
MCIT and Other Crisis Intervention Models	12	14%	12	100%
Equipment	20	24%	18	90%
Implementation	10	12%	10	100%
Total – Themes	84	100%		
<b>Total</b>			<b>79 of 84 assigned</b>	
<b>Percent</b>			<b>94%</b>	

## Iacobucci Report 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

Iacobucci Report Recommendation	TPS Response
<p><b>#1 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>The TPS create a comprehensive police and mental health oversight body in the form of a standing inter-disciplinary committee that includes membership from the TPS, the 16 designated psychiatric facilities, the three Local Health Integration Networks covering Toronto, Emergency Medical Services, and community mental health organizations to address relevant coordination issues, including:</i></p> <p><i>(a) Sharing Healthcare Information: developing a protocol to allow the TPS access to an individual’s mental health information in circumstances that would provide for a more effective response to a person in crisis. This protocol must respect privacy laws and physician-patient confidentiality, and should address:</i></p> <ol style="list-style-type: none"> <li><i>I. whether, in consultation with the Government of Ontario, the concept of the “circle of care” for information sharing can be expanded to include the police, in circumstances beneficial to an individual’s healthcare interests;</i></li> <li><i>II. how healthcare, treatment and planning information with respect to people with repeated crisis interactions with the police can be shared with the TPS while respecting all relevant privacy and physician-patient confidentiality concerns; and</i></li> <li><i>III. more specifically, how healthcare information shared with the TPS can be segregated from existing police databases and therefore prevented from subsequently being passed on to other law enforcement, security and border services agencies. Healthcare information should continue to be treated as such, and not as police information;</i></li> </ol> <p><i>(b) Voluntary Registry: the creation of a voluntary registry for vulnerable persons, complementing the protocol recommended in</i></p> <ol style="list-style-type: none"> <li><i>I. which would provide permission to healthcare professionals to</i></li> </ol>	<p><b>TPS Concur – Implemented</b></p> <p>Through the work of the following committees the Service will continue to develop and refine processes and produce results that align with this recommendation. Deputy Chief M. Federico of Operational Support Services holds the mental health portfolio and represents the Service on the following committees:</p> <ul style="list-style-type: none"> <li>• Toronto Police Services Board’s Mental Health Sub-Committee. The Board’s Sub-Committee is comprised of members of the Board, members of the Service and members of the community. In creating the Sub-Committee, the Board noted that it is important that the Sub-Committee’s membership reflect the diversity of Toronto with representatives from major as well as more locally-based groups or organizations serving youth and specific ethno-cultural groups. The Sub-Committee’s mandate is to create a mechanism that facilitates ongoing liaison with the community and other stakeholders and thereby enables the Board to deal with mental health issues in an informed, systematic and effective manner.</li> <li>• Toronto Central Local Health Integration Network (TC-LHIN) Mobile Crisis Intervention Team (MCIT) City Wide Implementation Steering Committee. The Committee has helped design a MCIT program that now provides coordinated coverage in all areas of Toronto and now works to standardize the MCIT model across Toronto. The steering committee is comprised of <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> </li> </ul>

Iacobucci Report Recommendation	TPS Response
<p><i>share healthcare information with the police, only to be accessed by emergency responders in the event of a crisis situation and subject to due consideration to privacy rights;</i></p> <p><i>(c) Mutual Training and Education: how psychiatric facilities, community mental health organizations, and the TPS can benefit from mutual training and education</i></p> <p><i>(d) Informing Policymakers: informing policymakers at all levels of government, in the aim of making the mental health system more comprehensive</i></p> <p><i>(e) Advocacy: advocating more comprehensive and better-funded community supports for people with mental illness. This would be a multi-party initiative led by the mental health sector. It should include, among other things, planning for community treatment supports upon discharge from the hospital, and the creation of more “safe beds” in shelters for people in crisis, to be used when they do not meet the criteria for apprehension under the Mental Health Act but need assistance to stabilize their crisis;</i></p> <p><i>(f) Reducing Emergency Department Wait Times: a standardized approach to reducing emergency department wait times for police officers bringing in a person in crisis and transferring care to the hospital. Some relevant measures to be considered include;</i></p> <ol style="list-style-type: none"> <li><i>i. develop a standard transfer of care protocol that minimizes emergency department wait times, and across Toronto’s 16 psychiatric emergency departments. This protocol may build on existing efforts underway;</i></li> <li><i>ii. providing cross-sector training for officers and emergency department staff about apprehensions under the Mental Health Act and transfer of care;</i></li> <li><i>iii. ensuring adequate communication between officers and emergency departments when en route with a person in crisis to allow the emergency department to make necessary preparations;</i></li> <li><i>iv. arranging a separate waiting area for police-accompanied visitors to</i></li> </ol>	<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> <ul style="list-style-type: none"> <li>• Police Encounters with Persons in Crisis Implementation Advisory Committee was formally constituted on September 4, 2014 to provide advice to the Service on the implementation of the recommendations when requested. The committee consists of 14 leading members of key stakeholder groups including, hospitals, community organizations, civil liberties, mental health associations, and those with lived experience including families.</li> <li>• Human Services and Justice Coordination Committees. The committees were established based on the <u>Provincial Strategy to Coordinate Human Services and Criminal Justice Systems in Ontario (1997)</u>, in order to plan more effectively for people who are in conflict with the law. Priority consideration is for people with a serious mental illness, developmental disability, acquired brain injury, drug and alcohol addiction, and fetal alcohol spectrum disorder. The committee network is comprised of 14 regional, 39 local, and one Provincial committee funded by the Ministry of Health and Long-Term Care. Each committee is a voluntary collaboration of important stakeholder groups from health and social service organizations, community mental health and addictions organizations, and partners from the justice sector including crown attorneys, judges, police services and correctional service providers and the ministries of Attorney General, Community and Social Services, Health and Long-Term Care, Community Safety and Correctional Services and Children and Youth Services. The members work to coordinate communication and service integration planning among health, social services and criminal justice organizations. Structurally, the local committees provide input to the fourteen regional committees, which in turn provide input to the Provincial committee. Moreover, the entire network of 54 committees supports</li> </ul>

Iacobucci Report Recommendation	TPS Response
<p><i>the emergency department;</i></p> <p>v. <i>having adequate staff to manage mental health crisis situations in the emergency department;</i></p> <p>vi. <i>designating a liaison in the emergency department to work with police officers when they arrive with a person in crisis;</i></p> <p>vii. <i>developing a protocol between police services and hospitals that sets out specific procedures, expectations, and respect for patient rights;</i></p> <p>viii. <i>conducting routine monitoring and evaluation of the protocols put in place, and making any changes warranted;</i></p> <p>ix. <i>developing a protocol for how psychiatric facilities’ emergency department capacities can be effectively communicated to officers in a timely manner; and</i></p> <p>x. <i>developing a protocol to address how people apprehended under the Mental Health Act can be equitably distributed among Toronto’s 16 psychiatric facilities to ensure the best medical treatment and shortest emergency department wait times; and</i></p> <p>xi. <i>Other Matters: any other matters of joint interest.</i></p> <p>Related Recommendation: JKE #6,# 33, #40, #50, #69, IACOBUCCI #55, #58, #75</p>	<p>knowledge transfer across the province.</p> <ul style="list-style-type: none"> <li>• Toronto Central LHIN Strategic Advisory Council. The council will advise the TC LHIN regarding health care matters of critical strategic importance, with a particular focus on improving population health. The goal is to collectively identify and address issues of mutual concern. Membership consists of agencies and institutions with a shared strategic interest in community health and safety. These include, for example, <ul style="list-style-type: none"> <li>▪ the City of Toronto,</li> <li>▪ Toronto Public Health,</li> <li>▪ TC LHIN Primary Care Advisory,</li> <li>▪ Don Valley Greenwood Health Link, and other area Health Links,</li> <li>▪ Toronto Community Housing,</li> <li>▪ Ontario Medical Association,</li> <li>▪ Sick Children’s Hospital</li> <li>▪ Centre for Addictions and Mental Health</li> <li>▪ United Way.</li> </ul> </li> <li>• Finally, the Service is exploring with its community partners ways to expand collaborative programs known as HUBs. These programs are regular multi-agency forums where individual cases are studied to determine the best course of action and the appropriate agency to lead the response. The goal is to intervene early so as to avoid or reduce harm and police contact. A successful pilot project has been running in north-west Toronto known as Rexdale FOCUS (Furthering Our Communities Uniting Services). A number of cases include persons with mental health issues.</li> </ul> <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>



Iacobucci Report Recommendation	TPS Response
<p><b>#2 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (training)</b></p> <p><i>The TPS more proactively and comprehensively educate officers on available mental health resources, through means that include:</i></p> <p>(a) <i>Mental Health Speakers: inviting members of all types of mental health organizations to speak to officers at the divisions;</i></p> <p>(b) <i>Technological Access to Mental Healthcare Resources: considering the use of technological means, similar to Vancouver’s “Dashboard” system, to efficiently communicate to officers a comprehensive up to- date list or map of available mental health resources of all types in their area. Such an easily accessible reference tool should aggregate information on all community supports, in addition to major psychiatric facilities; and (reference checklist in Iacobucci #16)</i></p> <p>(c) <i>Point of Contact: working with mental health organizations to identify key resource people or liaisons, so that every TPS officer has a contact in the mental health system that they feel comfortable contacting for advice and who is able to knowledgeable give that advice.</i></p> <p>Related Recommendation: JKE #27, IACOBUCCI #14, #15, #16, #21</p>	<p><b>TPS Concur – Implemented</b></p> <p>The content of police training reflects the latest knowledge and practices in the field of mental health, crisis resolution, and police use-of-force. To assist in the development of training, and to incorporate the experiences of consumer-survivors into police training so that the disease and those who suffer from it are de-stigmatized, the Service has consulted broadly with advocacy groups, mental health professionals, and consumer-survivors.</p> <p>At the Toronto Police College the training includes both classroom and scenario based elements. It is delivered to new police officers during their recruit training and to serving members during their annual requalification as part of the In Service Training Program (ISTP). In the classroom, officers are informed of the resources available to them to help people in crisis, and as part of the scenario-based training officers are expected to reference these resources to help resolve the matter.</p> <p>In the divisional setting the Service will use existing forums including platoon training and the Community Police Liaison Committees (consisting of local community members) to expose officers to speakers who can discuss personal experience, public expectations and the resources available to help officers respond to persons in crisis.</p> <p>The Service has and continues to develop a network of individuals, agencies, and institutions that will help serve as resources for officers serving persons in crisis. The Services partnership with MCIT hospitals and the LHIN have also expanded the network of available resources. Some of the resources currently include.</p> <ul style="list-style-type: none"> <li>• City of Toronto Streets to Homes program</li> <li>• Gerstein Crisis Centre</li> <li>• St. Elizabeth Home Health Care</li> <li>• Empowerment Council</li> </ul>

Iacobucci Report Recommendation	TPS Response
	<ul style="list-style-type: none"> <li>• Voices from the Street</li> <li>• Sound Times</li> <li>• Schizophrenia Society of Ontario</li> <li>• Centre for Addiction and Mental Health</li> <li>• Canadian Mental Health Association</li> <li>• The Canadian Mental Health Commission</li> <li>• Canadian Coalition for Seniors’ Mental Health</li> <li>• Community Resource Connection Toronto</li> <li>• City of Toronto Streets to Homes</li> <li>• Connex Ontario</li> <li>• The Consent and Capacity Board</li> <li>• Health Canada</li> <li>• Community Partners Housing Directory</li> <li>• Ministry of Health and Long Term Care</li> <li>• Mood Disorders Canada</li> <li>• Anishnawbe Health Mental Health Crisis Line</li> <li>• Office of the Public Guardian</li> <li>• The Ontario Review Board</li> </ul> <p>It is significant to note the number of consumer support agencies in the list, for example, the Empowerment Council, Voices from the Street, Sound Times, Anishnawbe Health Mental Health Crisis Line, and the Schizophrenia Society of Ontario.</p> <p>Work, however, remains to be done. To ensure that officers have ready access to the information they need, the Service is developing technological solutions in the form of internal web based accessible data bases.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#3 – MENTAL HEALTH SYSTEM AND TORONTO POLICE (procedure)</b></p> <p><i>The TPS amend Procedure 06-04 “Emotionally Disturbed Persons” to provide for the mandatory notification of MCIT units for every call involving a person in crisis.</i></p> <p>Related Recommendation: IACOBUCCI #43, #46</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Procedure 06-04 <u>Emotionally Disturbed Persons</u> has been amended to ensure that the MCI Teams are notified as required. To further ensure that they are notified their availability has been incorporated into the Computer Aided Dispatch (CAD) system via the Availability List. As well, members who have received MCIT training, including former members, are also noted in the Availability List. Furthermore the Toronto Police Operations Centre is informed of the availability of MCIT and MCIT trained officers so that city wide deployment is possible.</p>

Iacobucci Report Recommendation	TPS Response
<p><b>#4 – MENTAL HEALTH SYSTEM AND TORONTO POLICE</b></p> <p><i>The TPS, either through the Mental Health Sub- Committee of the Toronto Police Services Board or another body created for this purpose, consider ways to bridge the divide between police officers and people living with mental health issues. This initiative, in furtherance of the formal commitments recommended in Recommendation 5, and building on the mandate for community-oriented policing placed on all police services in Ontario under section 1 of the Police Services Act, may include:</i></p> <ul style="list-style-type: none"> <li><i>(a) Divisional Meetings: inviting members of the community of people who have experienced mental health issues into Divisional meetings to speak with officers;</i></li> <li><i>(b) Community Gathering Places: officers building collaborative relationships with people who have experienced mental health issues at drop-ins, clubhouses, and other gathering places; and</i></li> <li><i>(c) Leadership: the TPS Mental Health Coordinator and Divisional Mental Health Liaison Officers facilitating the initiatives in subsections (a) and (b), as well as other relationship-building and de-stigmatizing programs.</i></li> </ul> <p>Related Recommendation: JKE #8, #27, IACOBUCCI #5</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service through the Toronto Police College has worked extensively with consumer survivors, and other mental health stakeholders, to maximize training opportunities to help bridge the divide between the police and those with lived experience. Currently, consumer input has helped develop the curriculum of the annual in-service training for all officers and produce a training video on consumer experiences.</p> <p>The Service will also use existing forums including platoon training and the <u>Community Police Liaison Committees</u> (consisting of local community members) to expose officers to personal experience and public expectations.</p> <p>As well, divisional community relations officers continue to share the responsibility for mental health liaison. Indeed, the development of the newest MCI Team in 32 and 33 Division was the direct result of work done by the Divisions’ community relations officers. The divisional Community Response Staff Sergeant and the Community Relations Officer will continue to liaise with and provide forums for local mental health agencies to address officers.</p> <p>Finally, to reflect the importance that the Service attaches to persons in crisis, it has assigned the portfolio to a deputy chief, the second highest ranking member of the Service. Deputy Chief Federico has assembled a dedicated team that consists of a Superintendent in charge of MCIT support, an Inspector responsible for client and government relations, and two constables: one who is the program coordinator for the MCIT, and the other who supports the elderly. Moreover, Deputy Federico is the Service representative on many of the committees noted in Recommendation #1, including the Board’s Mental Health Sub Committee and the TC-LHIN MCIT City-Wide Steering Committee and the TC LHIN Strategic Advisory Council. He also personally participates in community outreach and consultation to build strong relationships with the consumer-survivor community and those who support them.</p>

Iacobucci Report Recommendation	TPS Response
<p><b>#5 – POLICE CULTURE (policy)</b></p> <p><i>The TPS prepare a formal statement setting out the Service’s commitments relating to people in crisis and, more broadly, relating to people experiencing mental health issues. The statement should be made public and treated as of equal weight to the Service’s Core Values. Among the commitments listed, the Service should consider including the following items</i></p> <ul style="list-style-type: none"> <li><i>a) A commitment to preserving the lives of people in crisis if reasonably possible, and the goal of zero deaths;</i></li> <li><i>(a) (b) A commitment to take all reasonable steps to attempt to de-escalate potentially violent encounters between police and people in crisis;</i></li> <li><i>(b) A commitment by the Service to continuous self-improvement and innovation relating to issues of policing and mental health;</i></li> <li><i>(c) A commitment to eliminating stereotypes and providing education regarding people with mental health issues;</i></li> <li><i>(d) A commitment to involving people with mental health issues directly, where appropriate, in initiatives that affect them, such as police training, and the development of relevant police procedures;</i></li> <li><i>(e) A commitment to working collaboratively with participants in the mental health system (individuals, community organizations, mental health organizations and hospitals);</i></li> <li><i>(f) A commitment to institutional leadership in the area of policing and mental health, and to becoming a pre-eminent police service in this field; and</i></li> <li><i>(g) A commitment to fostering a positive mental health culture within the TPS.</i></li> </ul> <p>Related Recommendation: JKE #52, #53, #72, IACOBUCCI #4 , #33</p>	<p><b>TPS Concurs – Implemented</b></p> <p>A formal statement has been produced and can be viewed by the public at <a href="http://tps.on.ca/community/statementofcommitment.php">http://tps.on.ca/community/statementofcommitment.php</a></p> <p>The statement is consistent with and strengthens the Core Values of the Service, particularly Fairness, Reliability, Respect, and Freedom from Bias.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#6 – SELECTION OF POLICE OFFICERS (recruit certification)</b></p> <p><i>The TPS change mandatory application qualifications for new constables to require the completion of a Mental Health First Aid course, in order to ensure familiarity and some skill with this core aspect of police work.</i></p> <p>Related Recommendation: IACOBUCCI #7,8,70</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service is cautious that this requirement might limit the pool of available applicants especially since other police services are not required to set such a standard. As a result, the matter will be tabled at the Ontario Association of Chiefs of Police Constable Selection Committee to consider whether this qualification should become a required provincial standard. However, in the meantime, the Service will stipulate that a preferred applicant is one who has completed the Mental Health First Aid Course.</p>
<p><b>#7 – SELECTION OF POLICE OFFICERS (recruit attributes)</b></p> <p><i>The TPS give preference or significant weight to applicants who have:</i></p> <ul style="list-style-type: none"> <li><i>(a) Community Service: engaged in significant community service, to demonstrate community-mindedness and the adoption of a community service mentality. Community service with exposure to people in crisis should be valued;</i></li> <li><i>(b) Mental Health Involvement: past involvement related to the mental health community, be it direct personal experience with a family member, work in a hospital, community service, or other contributions; and</i></li> <li><i>(c) Higher Education: completed a post-secondary university degree or substantially equivalent education.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #6, #8</p>	<p><b>TPS Concurs – Implemented</b></p> <p>TPS will continue to actively recruit the best available applicants who have community service, mental health involvement and higher education. Typically, 80% of recruits hired by the Service hold post-secondary school education credentials.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#8 – SELECTION OF POLICE OFFICERS (recruit attributes)</b></p> <p><i>The TPS amend its application materials and relevant portions of its website to ensure that applicants for new constable positions are directed to demonstrate in their application materials any qualifications relevant to Recommendation 7.</i></p> <p>Related Recommendation: IACOBUCCI #6, #7</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service already enquires about applicant’s community service and higher education. Further, to Recommendation #6 and #7 the Employment Unit will incorporate a series of additional questions in the Service’s online uniform application form that will probe the applicant’s experience and knowledge on the subject of mental health. The forms are expected to be amended by third quarter 2015.</p>
<p><b>#9 – SELECTION OF POLICE OFFICERS (recruit attributes)</b></p> <p><i>The TPS consider whether to recruit actively from certain specific educational programs that teach skills which enable a compassionate response to people in crisis, such as nursing, social work, and programs relating to mental illness.</i></p> <p>Related Recommendation: IACOBUCCI #7, #8, #10</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Employment Unit frequently attends or hosts job fairs including at nursing schools, colleges and universities to recruit suitable applicants. For example, the Employment Unit attends the annual MARSKELL Group Health Job Fair, one of the largest nursing job fairs held.</p> <p>Further, the Employment Unit attends numerous career fairs through the university and colleges pertaining to educational focus on the humanities.</p>
<p><b>#10 – SELECTION OF POLICE OFFICERS (recruit attributes)</b></p> <p><i>The TPS direct its Employment Unit to hire classes of new constables that, on the whole, demonstrate diversity of educational background, specialization, skills, and life experience, in addition to other metrics of diversity.</i></p> <p>Related Recommendation: IACOBUCCI #6, #7, #8, #10</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Employment Unit will continue to make every effort to recruit the most suitable candidate from the most diverse backgrounds and experience. The Unit will continue to look for candidates with the qualities, attributes, and experience specified in this recommendation.</p> <p>Efforts also include appearances on ethnic radio shows like LGBT Radio, Black Pages, Asian Talk Show, along with holding information sessions in local neighbourhoods. Recently, the Unit partnered with OACP to hold the “Discover Policing Expo” at the</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>Toronto Police College that attracted recruits from around the Province</p> <p>The Employment Unit continues to advertise in the international media market in Toronto and uses such programs as its Youth In Policing Initiative and Kids 4 Kicks to reach more diverse applicants.</p> <p>Of the 226 recruits hired in 2014, 86.7% have a post-secondary school education, 55.3% speak a language other than English, and 28.8% speak two or more languages other than English. In the January 2015 graduation class, three members held doctorates, one in the field of health science.</p> <p>Selection processes now probe for those characteristics through documentation, credentials, references, and interviews.</p>
<p><b>#11 – SELECTION OF POLICE OFFICERS (psychological assessments)</b></p> <p><i>The TPS instruct psychologists, in carrying out their screening function for new constable selection, to assess for positive traits, in addition to assessing for the absence of mental illness or undesirable personality traits. In this aim, the TPS, in consultation with the psychologists, should identify a specific set of positive traits it wishes to have for new recruits and should instruct the psychologists to screen-in for those traits.</i></p> <p>Related Recommendation: IACOBUCCI #12</p>	<p><b>TPS Concurs – Under consideration</b></p> <p>The Service agrees that the identification of positive traits associated with success in the policing role would enhance the contribution of psychological evaluations to the selection of new constables.</p> <p>In order to identify a list of desirable traits for evaluation, it will be necessary to conduct a comprehensive review of the scientific literature and existing guidelines for police psychologists, as well as consultation with subject matter experts.</p> <p>It is expected that the review will be completed in 2015.</p>



<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#12 – SELECTION OF POLICE OFFICERS (psychological assessments)</b></p> <p><i>The TPS include the psychologists in the decision making process for new constable selection, in a manner similar to their involvement in selecting officers for the ETF.</i></p> <p>Related Recommendation: IACOBUCCI #11, #13</p>	<p><b>TPS Concur – Under Consideration</b></p> <p>At present, the Employment Unit receives written reports from the psychologists for consideration. If there is a specific concern, a consultation with the psychologist may occur otherwise the Employment Unit relies on the written report.</p> <p>The Service recognizes the potential value of increased and systematic collaboration between the Employment Unit and the psychologists involved in the evaluation of new constable candidates. However, given the timelines associated with recruiting and hiring, and the demands this may place on both the psychologists and the Employment Unit, this recommendation requires additional investigation to establish the most practical and efficient means for information-sharing and collaboration in the decision-making process.</p> <p>This matter is currently under review using cases of recruits assessed by the Service’s in-house psychologists and the findings are expected by the end of 2015.</p>
<p><b>#13 – SELECTION OF POLICE OFFICERS (psychological assessments)</b></p> <p><i>The TPS compile data to allow the Service to evaluate the effectiveness of the psychological screening tests that it has used in selecting recruits. Relevant data may include data that show what test results correlate with officers who have satisfactory and unsatisfactory interactions with people in crisis.</i></p> <p>Related Recommendation: IACOBUCCI #12</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service agrees that the selection of police recruits would be enhanced by an improved understanding of the accuracy with which current tests and other psychological assessment methods predict both positive and negative police outcomes, including but not limited to satisfactory and unsatisfactory interactions with people in crisis.</p> <p>With this goal in mind, a committee has been established with representation from Psychological Services, the Toronto Police College, the Employment Unit, as well as Community Safety Command, Professional Standards, Performance Management, and Labour Relations. The plan for this committee is to review the files of probationary</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>constables whose reclassification has been withheld, who have resigned voluntarily, or who have been recommended for termination to see if there were any indicators present during the probationer’s psychological assessment that might have been used to identify at pre-hire a candidate who was at risk of early resignation or termination. Based on the work of this committee, the Service will assess the feasibility of identifying performance indicators that could be linked to psychological evaluation.</p> <p>This process has started in 2015 and will be ongoing after each new constable class. The findings from this review process will be used to enhance and improve the process of new constable psychological evaluation, beginning in 2016.</p>
<p><b>#14 – SELECTION OF POLICE OFFICERS (psychological assessments)</b></p> <p><i>The TPS strike a working group that includes participation from the TPS Psychological Services unit to comprehensively consider the role of Psychological Services within the TPS, including:</i></p> <p><i>(a) More Information: whether the current process for psychological screening of new constables is effective and whether it could be improved, including whether TPS psychologists should be given more information about candidates to assist them in interpreting their test results;</i></p> <p><i>(b) Involvement of Psychologists in other Promotion Decisions: whether Psychological Services should be authorized to conduct evaluations of, and otherwise be involved in, discussions regarding the selection processes for officer promotions within the Service, and the selection of coach officers;</i></p> <p><i>(c) MCIT: whether the TPS psychologists should be involved in the selection and training of officers and nurses for the MCIT. More broadly, the TPS should consider how to facilitate a close and ongoing relationship between the psychologists and the MCIT in order to enable collaboration and information sharing between the Service’s two units with a primary</i></p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service supports the establishment of a working group from a wide range of internal stakeholders to review areas of appropriate expansion and to prioritize increased responsibilities for Psychological Services, with terms of reference that reflect the considerations outlined in this recommendation.</p> <p>Considered for inclusion in the working group are: Psychological Services, Employment Unit, Staff Planning, Community Safety Command, Performance Management, MCIT coordinator, and Strategy Management, as well as front-line users of Psychological Services.</p> <p>Psychological Services will hold initial meetings in last quarter 2015 to explore terms of reference, scope, and other processes.</p>

Iacobucci Report Recommendation	TPS Response
<p><i>focus on mental illness;</i></p> <p>(d) <i>Organizational Structure: whether the TPS should amend its organizational structure so that Psychological Services reports directly or on a dotted-line basis to a Deputy Chief, in order to give greater recognition to the operational role that they play; and</i></p> <p>(e) <i>Expanding Psychological Services: how Psychological Services should be expanded to accommodate the officer selection duties and TPS members' wellness needs, as described in this Report.</i></p> <p>Related Recommendation: IACOBUCCI #11, #12</p>	
<p><b>#15 – TRAINING (recruits)</b></p> <p><i>The TPS place more emphasis in its recruit training curricula on such areas as:</i></p> <p>(a) <i>Containment: considering and implementing techniques for containing crisis situations whenever possible in order to slowdown the course of events and permit the involvement of specialized teams such as ETF or MCIT as appropriate;</i></p> <p>(b) <i>Communication and De-escalation: highlighting communication and de-escalation as the most important and commonly used skills of the police officer, and the need to adjust communication styles when a person does not understand or cannot comply with instructions;</i></p> <p>(c) <i>Subject Safety: recognizing the value of the life of a person in crisis and the importance of protecting the subject's safety as well as that of the officer and other members of the public;</i></p> <p>(d) <i>Use of Force: making more clear that the Use of Force Model is a code of conduct that carries</i></p> <ul style="list-style-type: none"> <li><i>i. a goal of not using lethal force and</i></li> <li><i>ii. a philosophy of using as little non-lethal force as possible; and that the Model is not meant to be used as a justification for the use</i></li> </ul>	<p><b>TPS Concur – Implemented</b></p> <p>The Service is committed to the continuous improvement of officers' skills in dealing with persons in crisis. Recruit training curricula has been designed to address the items contained in this recommendation.</p> <p>The additional training recruits receive will be reinforced during annual In Service Training Program (ISTP):</p> <p>(a) Containment: scenarios for the dynamic scenario based training have been designed that require members to contain a crisis situation, slow down the dynamics, and then use a team approach to resolve the matter. Within this approach, members consider the use of specialized response teams such as ETF or MCIT or referral to outside resources or agencies.</p> <p>(b) Communication and de-escalation: discussed in classroom settings and practiced in the dynamic scenario based training.</p> <p>(c) Subject safety: all classroom instruction and scenario based training continue to emphasise the value of life for all persons. This is further reflected in the core values that guide TPS, such as integrity, fairness, respect and reliability.</p>

Iacobucci Report Recommendation	TPS Response
<p><i>of any force;</i></p> <p>(e) <i>Firearm Avoidance: implementing dynamic scenario training in which a recruit does not draw a firearm, as a means of emphasizing the non-lethal means of stabilizing a situation and reducing the potential for over-reliance on lethal force;</i></p> <p>(f) <i>Fear: including discussions of officers’ fear responses during debriefings of practical scenarios that required de-escalation and communication techniques to defuse a crisis situation;</i></p> <p>(g) <i>Stigma: addressing and debunking stereotypes and stigmas concerning mental health. For example, the Toronto Police College (TPC) could build on its use of video presentations involving people with mental health issues by adding interviews with family members of people who have encountered police during crisis situations and police officers who were present during a crisis call that resulted or could have resulted in serious injury or death;</i></p> <p>(h) <i>Experience and Feedback: incorporating mental health and crisis situations into a larger number of practical scenarios to provide recruits with more exposure to, and feedback on, techniques for resolving such situations; and</i></p> <p>(i) <i>Culture: laying the foundation for the culture the TPS expects its officers to promote and embody, and preparing recruits to resist the aspects of the existing culture that do not further TPS goals and values with respect to interactions with people in crisis.</i></p> <p>Related Recommendation: JKE #11, #14, #15, #16, #25, #26, #42, IACOBUCCI #16, #18, #42</p>	<p>(d) Use of force: recruits and all sworn members are taught that the Use of Force model is a guideline and an aid to training (see TPS response to recommendation #41 for a more developed articulation of the use of force model).</p> <p>(e) Firearm avoidance: members are taught and given time to practice transitioning from one use of force option to another response, specifically from lethal to less lethal while applying effective de-escalation communication strategies. Indeed, training now includes this training without the member wearing their duty belt to isolate the skills of de-escalation.</p> <p>(f) Fear: officer fear management that includes recognition and mitigation strategies is now incorporated into recruit training and the ISTP program;</p> <p>(g) Stigma: the Service has incorporated the use of the video series developed by the College and consumers to reduce stigma to the divisional training setting as well as recruit and ISTP.</p> <p>(h) Experience and feedback: recruit training and ISTP have incorporated more training scenarios involving mental health and crisis situations. There will be 3 components to the program. <ul style="list-style-type: none"> <li>o Dynamic video training</li> <li>o Scenarios in the outdoors tactical village</li> <li>o Scenarios using the indoor tactical area</li> </ul> The scenarios will utilize basic officer safety principals with the focus on de-escalation, team work and communication.</p> <p>(i) Culture: a major effort is underway by the TPS to instill a client oriented culture, “Customer Service”, in all aspects of police training and practice for members who engage both internal and external clients.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#16 – TRAINING (recruits)</b></p> <p><i>The TPS consider whether officers would benefit from additional tools to assist them in responding to crisis calls, such as a quick reference checklist for dealing with people in crisis that reminds officers to consider whether containment of the person and the scene is a viable option; and whether discretion should be used in determining whether to apprehend, arrest, divert or release the person in crisis.</i></p> <p>Related Recommendation: JKE #14, MCGILLVARY #4</p>	<p><b>TPS Concurs – Implemented</b></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 <u>Mental Health</u>. This list links to external community agencies such as the <u>Canadian Mental Health Association</u> and the <u>Centre for Mental Health and Addictions</u>. Through these external links officers can find resources specific to the City of Toronto.</p> <p>The Service is also testing a <u>Vulnerable Persons Registry</u> 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>Information about these sources is now part of the training curriculum, particularly during the scenario training where officers are expected to refer to these resources to resolve the event.</p>
<p><b>#17 – TRAINING (recruits)</b></p> <p><i>The TPS consider whether the 20-week recruit training period should be extended to allow sufficient time to teach all topics and skills required for the critically important work of a police officer.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>In August 2015, the Service increased the post Ontario Police College recruit training by three weeks. This increased time allows for the introduction of new material, expand current material, and reinstate previously included material.</p> <p>Service recruits attend the Toronto Police College for 12 working days prior to attending the Ontario Police College (OPC) for their mandatory provincial 12-week training. Previously, Service recruits attend TPC for an additional six weeks (approximately 30 working days) after OPC prior to their deployment as police officers to their divisions. In this post-OPC training, recruits received additional training in a variety of areas in</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>order to prepare them for policing the diverse and challenging environment of Toronto.</p> <p>Now, new training includes anti-bias and client oriented services, such as, responding to emotionally disturbed persons, fair and impartial policing, diversity, inclusion and human rights, and victim services. Increased training includes additional sessions on racially biased policing, the Accessibility for Ontarians with Disabilities Act, and the Services body worn and in-car camera systems. Previous material, now reinstated, includes youth and justice, and violent extremism.</p>
<p><b>#18 – TRAINING</b></p> <p><i>The TPS consider placing more emphasis, within the existing time allocated to in-service training if necessary, on the areas identified in Recommendation 15.</i></p> <p>Related Recommendation: IACOBUCCI #15</p>	<p><b>TPS Concurs – Implemented</b></p> <p>In addition to the emphasis placed within the current two day ISTP, a third day of training is planned for 2016. This will help the Service meet its training goals.</p>
<p><b>#19 – TRAINING (in-service)</b></p> <p><i>The TPS consider requiring officers to re-qualify annually or otherwise in the areas of crisis communication and negotiation, de-escalation, and containment measures.</i></p> <p>Related Recommendation: IACOBUCCI #15, #16, #18</p>	<p><b>TPS Concurs – Implemented</b></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>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#20 – TRAINING (in-service)</b></p> <p><i>The TPS consider whether to tailor in-service mental health training to the needs and experience levels of different audiences, such as by offering separate curricula for officers assigned to specialty units or divisions with high volumes of crisis calls.</i></p> <p>Related Recommendation: JKE # 18, IACOBUCCI #43</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service is committed to building the skill level and knowledge of all members so that they are effective in dealing with a person in crisis. It does so primarily through recruit training and the ISTP which all officers are required to attend. Through these programs the Service is confident that it reaches its members including those assigned to specialized units or division with high volumes of crisis calls.</p> <p>Furthermore, 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>
<p><b>#21 – TRAINING (decentralized)</b></p> <p><i>The TPS consider how decentralized training can be expanded and improved to focus on such issues as:</i></p> <ul style="list-style-type: none"> <li><i>(a) Platoon training: increasing opportunities for officers to engage in traditional and online mental health programming within their platoons;</i></li> <li><i>(b) Exposure: providing officers with in-service learning exercises that involve direct contact with the mental health system and community mental health resources; and</i></li> <li><i>(c) Peer learning: instituting a model of peer-to-peer education within divisions, such as discussions with officers who have experience with</i></li> </ul>	<p><b>TPS Concur in part – Implemented in an alternative form</b></p> <p>The time available for decentralized training is limited by operational considerations and the collective agreement that governs shift scheduling. It is unlikely that this will change in the near future. However, notwithstanding these limits, the Service believes that when platoon training is combined with its police college-based training, it can meet the training needs of its members.</p> <p>(a) Platoon training takes place on the 1<sup>st</sup> Thursday and last Wednesday of the afternoon shifts. The training is led by the divisional training sergeant and is standardized through the College. Attendance and performance records are kept by the College. A variety of training methods are used including in-room training, guest speakers,</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><i>mental health issues in their families, who have worked on an MCIT, who received Crisis Intervention Team (CIT) training, or who have other related experience.</i></p> <p>Related Recommendation: JKE #27, IACOBUCCI #51, #52</p>	<p>video, and web based using the Canadian Police Knowledge Network.</p> <p>(b) Exposure: This is accomplished, in part, through the use of training videos produced with consumers and, when feasible, by guest presenters. Content development is coordinated through the College with input from internal and external stakeholders and partners. Since 2014 all new coach officers, supervisors and senior officers receive training from, and exposure to, persons with lived experience.</p> <p>(c) Peer Learning: Police training and education is based on the principles of adult education; and peer learning, a component of that approach, is recognized by the Service as an effective means to help students gain knowledge and insight. Peer learning is included in the production of learning materials through input and feedback from our members, including those with lived experience, and peer to peer discussion is incorporated into all training sessions, regardless of their format. Since 2014 MCIT officers and those who have completed the training have also increased their divisional discussions to provide more peer-to-peer training. And, as part of their mandate the MCI Teams are required to regularly promote their role to primary response officers in order to encourage notification and consultation when appropriate.</p>
<p><b>#22 – TRAINING (research)</b></p> <p><i>The TPS collaborate with researchers or sponsor research in the field of police education to develop a system for collecting and analyzing standardized data regarding the effectiveness of training at the TPC, OPC and the divisional levels, and to measure the impact that improvements in training have on actual encounters with people in crisis.</i></p> <p>Related Recommendation: JKE #1, IACOBUCCI #55, #56, #58, #83</p>	<p><b>TPS Concurs – 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 proceeding 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</p>



<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	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><b>#23 – TRAINING (curriculum design and delivery)</b></p> <p><i>The TPS consider whether a broader range of perspectives can be considered in designing and delivering mental health training, for example, by involving TPS psychologists, Police College trainers, additional consumer survivors, mental health nurses and community agencies who work with patients and police.</i></p> <p>Related Recommendation: JKE #27, #50, IACOBUCCI #1, #15</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The content of mental health training is continuously updated and refined in collaboration with various stakeholders and subject matter experts within the mental health and consumer survivor communities. Persons consulted include:</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.</li> <li>• Dr. Nancy McNaughton University of Toronto Faculty of Medicine</li> </ul> <p>As well, on February 27, 2015, members of the Board’s Mental Health Committee, the TC-LHIN MCIT City-Wide Implementation 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>#24 – SUPERVISION (selection and evaluation)</b></p> <p><i>The TPS further refine its selection and evaluation process for coach officers and supervisory officers to ensure that the individuals in these roles are best equipped to advise officers on appropriate responses to people in crisis; in particular, that</i></p>	<p><b>TPS Concurs in part – Implemented in an alternative form</b></p> <p>The selection of supervisors is a product of merit based systems that includes an assessment of demonstrated attributes and competencies, written or oral exams, and selection interviews. In 2014, the Service created a <u>Performance Management Unit</u> to</p>

Iacobucci Report Recommendation	TPS Response
<p><i>the TPS:</i></p> <ul style="list-style-type: none"> <li><i>(a) Consider requiring additional mental health training and/or experience for candidates interested in coach officer and sergeant positions, such as CIT training or MCIT experience;</i></li> <li><i>(b) Create an evaluation mechanism through which officers can provide anonymous feedback on their coach officers or supervisors, including feedback on their skills regarding people in crisis; and</i></li> <li><i>(c) Ensure that performance evaluation processes for supervisors include evaluation of both their skills regarding mental health and crisis response, as well as their monitoring of their subordinates' mental health and wellness</i></li> </ul> <p>Related Recommendation: None</p>	<p>establish and administer an evaluation and feedback process for all members of the service, including supervisors and coach officers. Furthermore:</p> <ul style="list-style-type: none"> <li>(a) Since 2014 all new coach officers, supervisors and senior officers receive mental health training that includes a session with persons with lived experience. Coach Officers and supervisors also take the MCIT training, and in 2014 divisional training sergeants, and coach officers, have attended. From December 8-12, 2014, selected member from the College attended a train the trainer course at the Ontario Police College on the subject of mental resiliency in the workplace using the Canadian Military's <u>Road to Mental Readiness</u> program. This program has been endorsed by the Mental Health Commission of Canada and has been adopted by Calgary and Edmonton Police. In the same vein, from February 17-19, selected members from the College, Psychological Services, and the MCIT attended a symposium on <u>Mental Readiness – Strategies for Psychological Health in Police Organizations</u> presented by the Canadian Association of Chiefs of Police and the Canadian Mental Health Commission. Themes in these forums explored the issues of stigma, police cultural, self-awareness, and key behaviours that might identify members with a problem. Both these sessions provided the Service with lessons that will help enhance its training. A <u>Mental Readiness at Work</u> training component has been added to the new coach and supervisors' course in 2015, with the plan to deliver it to all coach and supervisors thereafter.</li> <li>(b) Further research is required when considering anonymous evaluation and feedback but presently probationary officers are invited, during their evaluations, to comment on their experience and relationship with their coach officers. This takes place in a private setting with their unit commander. At times, based on this feedback, different coach officers have been assigned.</li> <li>(c) While the Service develops and refines its appraisal processes evaluators are still expected to assess coach officers and supervisors' competence in crisis response and their ability to monitor their members' mental health.</li> </ul>

Iacobucci Report Recommendation	TPS Response
<p><b>#25 – SUPERVISION (debriefing)</b></p> <p><i>The TPS create a Service-wide procedure for debriefing, including the debriefing of incidents involving people in crisis and incidents involving use of force, which includes consideration of such factors as;</i></p> <ul style="list-style-type: none"> <li><i>(a) Discretion: the circumstances under which debriefing is mandatory, as opposed to when it is subject to the discretion of the appropriate supervisor;</i></li> <li><i>(b) Participants: which members should participate in the debriefing process, particularly where there is a risk of re-traumatizing an officer suffering from critical incident stress;</i></li> <li><i>(c) Institutional Learning: how the learning points from the debriefing can be shared with other members of the Service;</i></li> <li><i>(d) Process: the appropriate circumstances, methods and selection of appropriate personnel for debriefing incidents that involved people in crisis, whether they were resolved successfully or resulted in unsatisfactory outcomes;</i></li> <li><i>(e) Timing: how to create an expectation that debriefs will be conducted immediately after an incident, where appropriate, to encourage learning through debriefs without the fear of resulting sanctions;</i></li> <li><i>(f) Self-analysis: whether the incident was resolved with the least amount of force possible, as well as whether the officer experienced fear, anxiety and other psychological and emotional effects during the encounter, and techniques for coping with those effects while trying to de-escalate a situation;</i></li> <li><i>(g) Direct Feedback: direct feedback to officers on incidents that could have been resolved with less or no force, including whether the officer considered inappropriate circumstances or failed to consider appropriate factors and any alternative force options that could have been employed;</i></li> <li><i>(h) Critical Incident Response: the importance of conducting debriefs in a</i></li> </ul>	<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> <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>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><i>manner that respects officers’ mental health needs following an incident of serious bodily harm or lethal force, and the role of the Critical Incident Response Team;</i></p> <p><i>(i) Stigma: how to foster discussions regarding stereotypes or misconceptions about people in crisis that may have contributed to the officer’s decision-making during the crisis situation; and Valuing the Role of Debriefs: methods for creating a culture of debriefing and self-assessment within the Service, rather than a systemic perception of debriefing as a routine administrative duty.</i></p> <p>Related Recommendation: JKE #13, #20, #24, IACOBUCCI #26, #27</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> <ul style="list-style-type: none"> <li>• A review of the event by the Service’s PRS-SIU Liaison via a Section 11 investigation, PRS-Criminal Section 11 report, the 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>• 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>• Analysis by the Police College of recommendations resulting from coroner’s inquests and other legal proceedings, inquiries, and reviews.</li> <li>• 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.</li> <li>• 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</li> </ul>

Iacobucci Report Recommendation	TPS Response
	<p>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> <p>The protocol is that the Service utilizes to achieve the goal of learning from the event results in ensuring best practices and compliance are followed.</p>
<p><b>#26 – SUPERVISION (debriefing)</b></p> <p><i>The TPS develop a procedure that permits debriefing to occur on a real-time basis despite the existence of a Special Investigations Unit (SIU) investigation. The TPS should work with the SIU and appropriate municipal and provincial agencies to craft a procedure that does not interfere with external investigations, and that maintains the confidentiality of the debriefing process in order to promote candid analysis and continuous education.</i></p> <p>Related Recommendation: JKE #13, #20, IACOBUCCI #25, #28, #29, #32, #55, #56, #57, #58, #60, #61, #63, #64, #65, #66, #69, #72, #73</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>For the reasons provided in response to Recommendation 25, the Service will not implement a debriefing process as prescribed.</p>

Iacobucci Report Recommendation	TPS Response
<p><b>#27 – SUPERVISION (mental health champions)</b></p> <p><i>The TPS develop a network of mental health champions within the Service by appointing at least one experienced supervisory officer per division with experience in successfully resolving mental health crisis situations to:</i></p> <ul style="list-style-type: none"> <li><i>(a) provide formal and informal divisional-level training, mentoring and coaching to other officers;</i></li> <li><i>(b) lead or participate in debriefings of mental health crisis calls when appropriate;</i></li> <li><i>(c) provide feedback to supervisors and senior management on officers who deserve recognition for exemplary conduct when serving people in crisis and those who need additional training or coaching;</i></li> <li><i>(d) meet periodically with other mental health champions at various divisions to discuss best practices, challenges, and recommendations; and</i></li> <li><i>(e) report to the appropriate deputy chief or command officer on the above responsibilities</i></li> </ul> <p>Related Recommendation: JKE #27, IACOBUCCI #25, #30, #31, #50</p>	<p><b>TPS Concurs in part – Implemented in an alternative form</b></p> <p>The Service will create a mental health champion at each division. The Service has identified the divisional Community Response Staff Sergeant for the role based on the criteria used to select the Staff Sergeant. This criterion included the experience and competence to handle complex and critical incidents. Additional support will be provided by the divisional Community Relations Officer who is currently the mental health liaison officer for each division.</p> <p>However, the role of the mental health champion will not include leading or participating in debriefings given the Service’s response in Recommendation 25. On the other hand the Service recognizes the value of learning from experience. Thus, sergeants will be given tools and training to critically assess operational reports, including the Use of Force Report in order to make appropriate recommendations regarding training, procedures, and equipment.</p>
<p><b>#28 – SUPERVISION (discipline)</b></p> <p><i>The TPS establish an appropriate early intervention process for identifying incidents of behaviour by officers that may indicate a significant weakness in responding to mental health calls. Relevant data would include: propensity to draw or deploy firearms unnecessarily; use of excessive force; lack of sensitivity to mental health issues; insufficient efforts to de-escalate incidents; and other behaviours.</i></p> <p>Related Recommendation: IACOBUCCI #26, #30, #31, #32, #34, #39, #40</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service has an <u>Early Intervention</u> (EI) program to proactively identify Service members with potential performance or conduct issues. The program provides members’ unit commanders with comprehensive information to help them guide and help their members. An EI alert is triggered when a member exceeds a pre-set threshold for incidents monitored through the Professional Standards Information System. Once an alert is triggered, the member’s performance and conduct history is reviewed and a report is generated to help unit commanders address potential performance or conduct issues.</p>

Iacobucci Report Recommendation	TPS Response
	<p>In 2013, the Service created an additional threshold related to use-of-force. Additional improvements were also made to the review process to record the action taken by unit commanders and any results obtained.</p> <p>Annually the Service publishes the statistics, data, and analysis related to the conduct of our members and their use of force in its <u>Professional Standards Report</u> (<a href="http://www.torontopolice.on.ca/publications/">http://www.torontopolice.on.ca/publications/</a>).</p>
<p><b>#29 – SUPERVISION (discipline)</b></p> <p><i>The TPS review its discipline procedure with regard to the following factors:</i></p> <ul style="list-style-type: none"> <li><i>(a) Consistency: whether appropriate consequences are consistently applied to penalize inappropriate behaviour by officers in connection with people in crisis;</i></li> <li><i>(b) Appropriate Penalties: whether officers who demonstrate conduct inconsistent with the role of a police officer are appropriately disciplined, including through suspension without pay or removal from their positions when appropriate;</i></li> <li><i>(c) Supervisory Responsibility: whether there are appropriate disciplinary consequences for supervisors who fail to fulfil their duties to identify and rectify weaknesses in training or performance by officers subject to their oversight;</i></li> <li><i>(d) Use of Force Reports: whether the information recorded in previous Use of Force Reports could be used in determining the appropriate level of discipline in particular incidents involving excessive use of force; and</i></li> <li><i>(e) Legislative Reform: whether the factors listed above require the TPS to work with the provincial government to modify legislative or regulatory provisions.</i></li> </ul>	<p><b>TPS Concurs – Implemented</b></p> <p>Police discipline is governed by statute in the Province of Ontario. The Service will continue to apply discipline pursuant to the <u>Police Service Act</u>, legal rulings and principles, procedural justice, and established practice. In addition, when determining the appropriate level of discipline, the Service will continue to consider past behaviour, complaints and discipline, as well as previous incidents of use of force, and, in the case of supervisors, failure to fulfil their duties.</p> <p>Regarding legislative reform, the Service participates on the <u>Future of Policing Advisory Committee</u> of the Ministry of Community Safety and Correctional Services where changes to the <u>Police Service Act</u> are considered.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p>Related Recommendation: IACOBUCCI #26</p>	
<p><b>#30 – SUPERVISION (rewards)</b></p> <p><i>The TPS create incentives for officers to put mental health training into practice in situations involving people in crisis, and to reward officers who effectively de-escalate such crisis situations. In this regard, the TPS should consider inviting community organizations or other agencies to participate in determining division-level and Service-wide awards for exceptional communications and de-escalation skills.</i></p> <p>Related Recommendation: JKE #45, IACOBUCCI #50</p>	<p><b>TPS Concurs – 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>



Iacobucci Report Recommendation	TPS Response
<p><b>#31 – SUPERVISION</b></p> <p><i>The TPS consider revising the process for performance reviews and promotions to</i></p> <ul style="list-style-type: none"> <li><i>(a) establish an explicit criterion that experience with people in crisis will be considered in making promotion decisions within the Service;</i></li> <li><i>(b) place a greater emphasis on crisis de-escalation skills such as communication, empathy, proper use of force, patience and use of mental health resources; and</i></li> <li><i>(c) determine the appropriate use of information contained in Use of Force Reports in assessing an officer’s performance and suitability for promotion or particular job assignments.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #28,</p>	<p><b>TPS Concurs – Implemented</b></p> <p>In 2014, the Service created a <u>Performance Management Unit</u> to establish and administer an evaluation process for all members of the service, including those seeking promotion.</p> <p>The Service is considering including the elements of this Recommendation into its promotional and work assignment processes.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#32 – SUPERVISION</b></p> <p><i>The TPS enforce, in the same way as other TPS procedures, those procedures that require an officer to attempt to de-escalate, such as Procedure 06-04 “Emotionally Disturbed Persons”. In particular:</i></p> <ul style="list-style-type: none"> <li><i>(a) Professional Standards investigations under Section 11 of Regulation 267/10 under the Police Services Act should investigate whether applicable de-escalation requirements were complied with and, if not, a finding of contravention of Service Governance and/or misconduct should be made;</i></li> <li><i>(b) in appropriate cases, officers who do not comply with applicable de-escalation requirements should be subject to disciplinary proceedings; and</i></li> <li><i>(c) supervisory officers should be formally directed to (i) monitor whether officers comply with applicable de-escalation requirements, and (ii) take appropriate remedial steps, such as providing mentoring and advice, arranging additional training, making notations in the officer’s personnel file, or escalating the matter for disciplinary action.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #26, #28, #64</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service will continue to strictly and fairly enforce compliance with its rules and procedures. A failure to de-escalate a situation when force is used might constitute unreasonable or excessive use of force which is an offence under the <u>Police Services Act Code of Conduct</u>. In such cases the Service does consider whether discipline is warranted.</p> <ul style="list-style-type: none"> <li>(a) Professional Standards will continue to investigate and make findings based on the evidence in Section 11 investigations.</li> <li>(b) All allegations of misconduct or poor performance will be thoroughly investigated and any findings will be carefully reviewed to determine the appropriate action discipline will be applied as required.</li> <li>(c) Supervisors’ responsibility currently requires them to monitor their members’ performance and conduct, and take the appropriate action when required.</li> </ul>

Iacobucci Report Recommendation	TPS Response
<p><b>#33 – MENTAL HEALTH OF POLICE PERSONNEL</b></p> <p><i>The TPS create a formal statement on psychological wellness for TPS members. This statement should</i></p> <ul style="list-style-type: none"> <li><i>(a) acknowledge the stresses and mental health risks that members face in the course of the performance of their duties;</i></li> <li><i>(b) confirm the Service’s commitment to providing support for members’ psychological wellness;</i></li> <li><i>(c) emphasize the importance of members attending to their mental health needs;</i></li> <li><i>(d) emphasize the importance of members monitoring the mental health of their colleagues, and assisting colleagues to address mental health concerns;</i></li> <li><i>(e) emphasize the role of supervisory officers in monitoring the mental health of those under their command, and in intervening to assist where appropriate;</i></li> <li><i>(f) set out the psychological wellness resources available to members of the Service; and</i></li> <li><i>(g) be accessible online and used in training at all levels of the Service.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #5, #37</p>	<p><b>TPS Concur – Implemented</b></p> <p>Consistent with the <u>National Standard on Psychological Health and Safety in the Workplace</u> (Mental Health Commission of Canada), a formal statement on psychological wellness for Service members has been produced. The statement incorporates the elements outlined in Recommendation 33 and has been posted prominently in Service facilities and on the Service website <a href="http://www.torontopolice.on.ca/">http://www.torontopolice.on.ca/</a></p>

Iacobucci Report Recommendation	TPS Response
<p><b>#34 – MENTAL HEALTH OF POLICE PERSONNEL</b></p> <p><i>The TPS consider whether to establish a comprehensive psychological health and safety management system for the Service.</i></p> <p>Related Recommendation: IACOBUCCI #28</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service has an enviable record of effectively and efficiently supporting the psychological health and safety of its members. Indeed, the Service has been recognized by both the Ontario Psychological Association and the American Psychological Association in 2008, 2009, and 2010 for its efforts to provide a psychologically healthy workplace.</p> <p>The Service will work with internal stakeholders and external subject matter experts to develop a comprehensive psychological health and safety management system that is consistent with the specifications of the <u>Canadian National Standard on Psychological Health and Safety in the Workplace</u>. In developing this project plan, attention will be devoted to the five key elements of a psychological health and safety management system:</p> <ol style="list-style-type: none"> <li>1) Leadership Commitment and Participation;</li> <li>2) Planning;</li> <li>3) Implementation;</li> <li>4) Evaluation and Corrective Actions; and</li> <li>5) Management Review.</li> </ol> <p>Application to the <u>Canada Excellence Mental Health at Work Award Program</u> is being considered as one possible vehicle to conduct a gap analysis for the identification of additional programs and procedures that can help achieve compliance with the National Standard.</p> <p>It is expected that the review could be completed by 2<sup>nd</sup> quarter 2016.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#35 – MENTAL HEALTH OF POLICE PERSONNEL</b></p> <p><i>The TPS provide a mandatory annual wellness visit with a TPS psychologist for all officers within their first two years of service.</i></p> <p>Related Recommendation: IACOBUCCI #36</p>	<p><b>TPS Concur – Implemented in part</b></p> <p>The TPS agrees that new officers would benefit from participating in a psychological wellness program. A pilot project involving wellness visits has begun with early career officers at 14 and 22 Divisions; however, at this time Psychological Services does not have the capacity to fully implement this recommendation Service-wide.</p> <p>The Service has budgeted for a third psychologist in 2015 and if hired, the Service will begin to expand the early-career pilot program to other units.</p>
<p><b>#36 – MENTAL HEALTH OF POLICE PERSONNEL (frequency of psychological wellness visits)</b></p> <p><i>The TPS consider providing less frequent periodic mandatory wellness visits with a TPS psychologist or other counsellor for all police officers, or, if it is not immediately possible to provide wellness visits to all officers, for any officer who works as a first responder, coach officer, or supervisory officer..... The TPS should also encourage all officers to seek counselling voluntarily.</i></p> <p>Related Recommendation: IACOBUCCI #5, #35, #37, #38</p>	<p><b>TPS Concur – Under consideration</b></p> <p>The Service now requires certain units designated as high risk to participate in a psychological wellness program that includes regular visits with the Service psychologists.</p> <p>The Service agrees that all front-line police officers would benefit from regular visits with a psychologist as part of a wellness program, not only members assigned to designated high risk units. However, there are significant financial implications associated with this recommendation and, while these cannot be determined at this time, it is likely that they will include the need to hire additional staff.</p> <p>The Service has budgeted for a third psychologist in 2015 and if hired, the Service will consider if it is possible to modify the current program to include additional first responders, coach officers, and supervisory officers.</p> <p>In the meantime, the Service has undertaken several other ways to encourage members to seek counselling voluntarily (see, for example, recommendation 37.)</p>

Iacobucci Report Recommendation	TPS Response
<p><b>#37 – MENTAL HEALTH OF POLICE PERSONNEL</b></p> <p><i>The TPS promote a greater understanding of the role and availability of the TPS psychologists, the EFAP and peer support groups as confidential resources that officers are encouraged to make use of to help them stay mentally healthy.</i></p> <p>Related Recommendation: IACOBUCCI #5, #33, #36, #38</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service will continue to make every effort to promote awareness amongst its members of the psychological and general health supports available. For example, in February 2014, Psychological Services conducted a health promotion campaign during Psychology Month called the Elephant in the Room that got members talking about mental illness without the stigma.</p> <p>Printed material (pamphlets, fact sheets, news articles) and internal web presence reminds members of the available support including EFAP (provided by Shepell-fgi), Peer Support Critical Incident Response Teams, Psychological Services, and Occupational Health and Safety Services which includes Medical Advisory Services. Information about the resources and supports is also promoted at every training opportunity such as ISTP and the supervisors and leadership courses. Members’ personal experience is also shared in these forums to de-stigmatize mental illness and encourage members to seek help.</p> <p>A Critical Incident Peer Support working group has been formed with the goal of developing creative means to increase the profile of the Critical Incident Peer Support Team and to make members aware of avenues for accessing their services. Proposed initiatives include the re-design of the EFAP web-page to include the peer support component and the development of a package of promotional materials for presentation at each unit/Division of the Service.</p> <p>Currently the Service supports an ISN that serves those members who have identified themselves as disabled. The ISN is known as the No Boundaries Internal Support Network. This network currently includes police officers who have experienced traumatic events or psychological stress.</p> <p>Also in response to Recommendation 5 a formal statement has been produced and can</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>be viewed at <a href="http://tps.on.ca/community/statementofcommitment.php">http://tps.on.ca/community/statementofcommitment.php</a>. The statement is consistent with and strengthens the Core Values of the Service, particularly Fairness, Reliability, Respect, and Freedom from Bias.</p>
<p><b>#38 – MENTAL HEALTH OF POLICE PERSONNEL</b></p> <p><i>The TPS consider whether it would be helpful to establish an Internal Support Network for people who have experienced a shooting or other traumatic incident, or more generally to help officers with work related psychological stresses.</i></p> <p>Related Recommendation: IACOBUCCI #37</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>The Service is strongly committed to helping members develop formal and informal networks of support. Since 2007 the Service has supported Internal Support Networks (ISN) which are peer initiated forums where members can develop relationships, share experiences, and receive mentorship and support.</p> <p>Currently, the Service supports an ISN that serves those members who have identified themselves as disabled. The ISN is known as the <u>No Boundaries Internal Support Network</u>. This network currently includes police officers who have experienced traumatic events or psychological stress.</p> <p>In addition, there is a much-valued informal support system that has developed among officers who have the shared experience of involvement in a shooting incident. This initiative is both peer-led and informal, factors which have contributed to its acceptance among officers and to its success. Because the development of an ISN would require a more formal administrative structure, this model might meet with resistance from officers due to concern that membership would require them to self-identify as an “at risk” group. Instead, a “buddy system” will be developed that will match officers who have experienced shooting incidents and their aftermath with officers who are new to the experience, with support offered not only in the immediate aftermath of the event but also in the months that follow and especially at the time of participation in any judicial proceedings. This buddy-system will operate under the auspices of the Critical Incident Response Team and its Coordinator, with administrative supervision provided by the Service psychologists.</p>

Iacobucci Report Recommendation	TPS Response
<p><b>#39 – MENTAL HEALTH OF POLICE PERSONNEL (procedures)</b></p> <p><i>The TPS consider creating a new procedure, substantially modelled after Procedure 08-05 “Substance Abuse,” to address members’ mental health, and specifically to require officers in supervisory roles to monitor for mental health concerns of TPS members under their command, in order to identify means of providing help for mental health issues before a fitness for duty issue arises.</i></p> <p>Related Recommendation: IACOBUCCI #28, #33, #40</p>	<p><b>TPS Concur – Implemented</b></p> <p>The procedure is being drafted. Professional Standards Support – Governance will consult with Psychological Services regarding the development of a procedure for “Psychological Health and Wellness” that will confer upon members of the Service the responsibility to take appropriate actions whenever they become aware of individuals who are experiencing distress that is psychological in nature, with the range of appropriate actions and resources for response specified within the procedure for both individual members and their supervisors. The publication of this procedure will be supported by the appropriate training at both unit-level and the College.</p> <p>Currently, procedures addressing sickness and injury reporting, traumatic critical incidents, workplace safety, violence, and harassment, injury on duty, substance abuse, and medical accommodation are among some of the procedures that govern, in a more general way how the Service, including supervisors and unit commanders, manage members’ health (Service Governance <u>Chapter 08 Health and Safety</u>). The Service is confident that when taken together these procedures help guide and instruct supervisors to support members’ health, including mental health, in the workplace.</p> <p>Additionally, a <u>Mental Readiness at Work</u> component has been added to the supervisors’ course. Themes in this training include, amongst other things de stigmatization, organizational cultural, self-awareness, and key behaviours that can identify members with a problem.</p>



Iacobucci Report Recommendation	TPS Response
<p><b>#40 – MENTAL HEALTH OF POLICE PERSONNEL (training)</b></p> <p><i>The TPS provide officers in supervisory roles with training specific to monitoring other officers’ psychological wellness and guiding preventive intervention where it is warranted.</i></p> <p>Related Recommendation: IACOBUCCI #28, #33, #39, #49</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Toronto Police College has added course content to the supervisor, coach officer, advanced leadership, and ISTP courses to help supervisors monitor members’ psychological wellness and intervene when appropriated. This includes aspects of the <u>Mental Readiness at Work</u> training that explore, amongst other things, de stigmatization, organizational cultural, self-awareness, and key behaviours that can identify members with a problem.</p>
<p><b>#41 – USE OF FORCE (procedures)</b></p> <p><i>The TPS revise its Use of Force Procedure to supplement the Ontario Use of Force Model and guidelines with best practices from external bodies such as the International Association of Chiefs of Police, the United Nations and other police services in order to:</i></p> <ol style="list-style-type: none"> <li><i>a. Incorporate approaches to minimizing the use of lethal force wherever possible</i></li> <li><i>b. Increase the emphasis placed on the seriousness of the decision to Use lethal force in response to a person in crisis;</i></li> <li><i>c. Further emphasize lethal force as a last resort to be used in crisis situations only where alternative approaches are ineffective or unavailable;</i></li> <li><i>d. Articulate the importance of preserving the lives of subjects as well as officers wherever possible;</i></li> <li><i>e. Recognize indicators of mental health crises as symptoms rather than threats to officer safety;</i></li> <li><i>f. Acknowledge that many mental health calls result from crisis symptoms rather than criminal behaviour;</i></li> <li><i>g. Emphasize that police responding to people in crisis are usually required</i></li> </ol>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service regularly reviews and updates all its procedures to incorporate the latest knowledge techniques, practices, and equipment that will help officers safely defuse potentially violent situations emphasizing the preservation of life through the use of de-escalation techniques and minimal use of force. It is currently participating in a provincial working group to update the current provincially mandated Use of Force Report and is also addressing this recommendation through annual ISTP.</p> <p>Policing officials in the Province of Ontario continue to review the Use of Force Model to ensure it reflects current best practices.</p> <p>Current relevant Service procedures are informed by the <u>Ontario Use of Force Model</u> (2004). This model was developed through extensive collaboration among experts in the area of police use of force. An excerpt from Appendix B in Procedure 15-01 <u>Use of Force</u>, details the development and principles of the model;</p> <p><i>... as an aid to training, the Model promotes continuous critical assessment and evaluation of each situation and assists officers to understand and make use of a variety of force options to respond to potentially violent situations. ... The</i></p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><i>to play a helping role, not an enforcement role; and articulate that communication with a person in crisis should be a default technique in all stages of assessing and controlling the situation and planning a response.</i></p> <p>Related Recommendation: IACOBUCCI #42</p>	<p><i>Ontario Use of Force Model (2004) is not intended to serve as a justification for officer use of force nor does it prescribe specific response option(s) appropriate to a situation. The Model does provide a valuable framework for understanding and articulating the events associated with an incident involving officer use of force.</i></p> <p><i>As conceived by the CACP and the use of force experts and trainers, the National Use of Force Framework would bring together into one model all of the best theory, research and practice about officer use of force. The model would be dynamic, support officer training, and facilitate professional and public understanding of officer use of force. In Ontario, the National Framework, along with updated Provincial Use of Force Guidelines were vetted through the Policing Standards Advisory Committee (PSAC). The new Ontario Use of Force Model-2004 (based on the National Framework) was endorsed by PSAC and has subsequently been approved by the Minister for release.</i></p> <p><i>Six basic principles underlie the Ontario Use of Force Model (2004).</i></p> <ol style="list-style-type: none"> <li><i>1. The primary responsibility of a peace officer is to preserve and protect life.</i></li> <li><i>2. The primary objective of any use of force is to ensure public safety.</i></li> <li><i>3. Police officer safety is essential to public safety.</i></li> <li><i>4. The Ontario Use of Force Model (2004) does not replace or augment the law; the law speaks for itself.</i></li> <li><i>5. The Ontario Use of Force Model (2004) was constructed in consideration of (federal) statute law and current case law.</i></li> <li><i>6. The Ontario Use of Force Model (2004) is not intended to dictate policy to any agency</i></li> </ol> <p><i>Current Service procedures relating to use of force (e.g.: 15-01 <u>Use of Force</u>, 15-02 <u>Injury Reporting</u>, 15-04 <u>Service Firearm</u>, 15-09 <u>Conducted Energy Weapons</u>, amongst others) align with the Ontario Use of Force Model and are consistent with this recommendation.</i></p>

Iacobucci Report Recommendation	TPS Response
<p><b>#42 – USE OF FORCE (procedure)</b></p> <p><i>The TPS regularly update its Use of Force Procedure to reflect best practices and the results of further research into the most effective means of communicating with people in crisis.</i></p> <p><i>In this regard, the TPS should seek alternative approaches for officers when a person in crisis does not appear to comprehend or have the ability to comply with the Police Challenge; and consider consulting with provincial agencies, the Ontario Police College, mental health experts, consumer survivors, and others with specialized experience to ensure that the Use of Force Procedure reflects best practices.</i></p> <p>Related Recommendation: JKE #10, #16, #48, IACOBUCCI #41</p>	<p><b>TPS Concur – Implemented</b></p> <p>Pursuant to Board Policy TPSB AD-001 the Service follows a three year cycle of regularly reviewing and updating all its procedures to incorporate the latest knowledge and best practices. While current Service procedures relating to use of force (e.g.: 15-01 <u>Use of Force</u>; 15-02 <u>Injury Reporting</u>; 15-04 <u>Service Firearm</u>; 15-09 <u>Conducted Energy Weapons</u>, amongst others) are consistent with this recommendation, they are continually reviewed to incorporate the latest knowledge, techniques, practices, and equipment that will help officers safely defuse potentially violent situations emphasizing where feasible the preservation of life through the use of de-escalation techniques. In conducting its review the Service will consult with appropriate resources and subject matter experts.</p> <p>However, the Service also believes that this recommendation is best implemented through training. Officers are currently taught a variety of communication strategies aimed at assisting in de-escalation involving persons in crisis including:</p> <ul style="list-style-type: none"> <li>• recognizing when persons in crisis do not understand police instructions,</li> <li>• changing communication strategies to gain understanding, and</li> <li>• acquiring appropriate assistance or resources to establish communication and understanding.</li> </ul> <p>The development of this training is a product of broad consultation with subject matter experts and community stakeholder, especially consumers.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#43 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>The TPS develop a pilot Crisis Intervention Team (CIT) program, intended to complement the MCIT program, along the lines of the Memphis/Hamilton model, in the aim of being able to provide a specialized, trained response to people in crisis 24 hours per day.</i></p> <p>Related Recommendation: IACOBUCCI #44, #23</p>	<p><b>TPS Concurs in part – Implemented in an alternative form</b></p> <p>The TPS is, through the ISTP, raising all members’ skills to effectively deal with persons in crisis. The 10 core elements of the Memphis Model are incorporated into the Service’s ISTP and MCIT training, which are also consistent with the Mental Health Commission of Canada’s recommendations.</p> <p>Since 2104, by extending the invitation to attend MCI Team training to non-team members, the Service is expanding its pool of specially trained officers who are available during the hours when MCIT are not. These include divisional training sergeants, coach officers, members assigned to youth and family services, and PRU officers interested in joining the MCIT. These officers, along with former MCIT officers, are listed as available resources with Communications Services (Dispatch) on the Availability List.</p>
<p><b>#44 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>The TPS fully implement the 10 core elements of the Memphis/Hamilton CIT model comprehensively discussed in this Report.</i></p> <p>Related Recommendation: IACOBUCCI #43</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The 10 core elements of the Memphis model are incorporated into the Service’s MCIT approach, which is also consistent with the Mental Health Commission of Canada’s recommendations.</p> <ol style="list-style-type: none"> <li>1. MCIT is a partnership between the Service and partnered hospitals.</li> <li>2. This partnership helps plan and determine how the program is utilized.</li> <li>3. As part of its programing the MCIT advocates on the behalf of its clients in order to ensure the best possible outcomes when navigating the various mental health and social services available in the community.</li> <li>4. The Service has dedicated a Mental-Health (MCIT) Co-ordinator who oversees the teams, as well as a Command and Senior Officer who are champions for the program.</li> <li>5. All MCIT members receive formalized training.</li> <li>6. The partnered hospitals are a receiving facility for persons in crisis.</li> </ol>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<ol style="list-style-type: none"> <li>7. MCIT officers and nurses wear a distinct identifying crest.</li> <li>8. The Mental Health co-ordinator, along with MCIT and Divisional Mental Health Liaison officers conduct outreach in the community.</li> <li>9. Radio dispatchers are made aware when the MCIT units are working, so that the teams can be dispatched to calls requiring their expertise because the teams register on divisional Availability Sheets when on duty.</li> <li>10. The MCIT program is involved in research and evaluation through office of the Centre for Research on Inner City Health.</li> <li>11. Established agreements, policies and procedures guide the activities of the MCIT program.</li> <li>12. Members of the MCIT are recognized for exceptional performance through the various award schemes in place with the Service.</li> </ol>
<p><b>#45 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>The TPS should study the effectiveness of CIT officers who participate in its pilot program by analyzing, among other things</i></p> <ol style="list-style-type: none"> <li>a. <i>Whether a greater proportion of calls involving a person in crisis are addressed by a specialized response;</i></li> <li>b. <i>Whether CIT officers use various forms of force less frequently than non-CIT officers;</i></li> <li>c. <i>Whether CIT officers feel more capable and confident in interacting with people in crisis than non-CIT officers;</i></li> <li>d. <i>Whether the relevant community notes a difference in the way they are treated by CIT officers versus non-CIT officers;</i></li> <li>e. <i>Whether the proportion of persons entering the criminal justice system who suffer from mental illness declines; and</i></li> <li>f. <i>Any other metrics deemed relevant.</i></li> </ol> <p>Related Recommendation: Iacobucci #81</p>	<p><b>TPS Concur – Implemented</b></p> <p>All programs undertaken by the Service are evaluated to determine their effectiveness. Currently, the Centre for Research on Inter-City Health (CRICH, of St. Michael’s Hospital) is evaluating the MCIT program. This evaluation will compare the MCIT program to the Service’s general response to persons in crisis. The findings of this study will help the Service identify opportunities and service enhancements, and the need for further research.</p> <p>At the same time the Service continues to evaluate its overall progress in implementing its priority to <i>Enhance officer ability to effectively interact with emotionally disturbed persons, particularly those with mental illness</i> (Service Priority #1). The Service evaluates its performance 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</li> </ul>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>received has prepared them to effectively interact with emotionally disturbed persons, and</p> <ul style="list-style-type: none"> <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>The results of the evaluation of its Service Priorities are submitted publicly to the Toronto Police Services Board annually.</p>
<p><b>#46 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>The TPS should amend its procedures and training to enable, where appropriate, a CIT officer to take charge of a call when a person in crisis may be involved, regardless of whether they are the first officer to arrive</i></p> <p>Related Recommendation: JKE #19</p>	<p><b>TPS Concur – Implemented</b></p> <p>This is already a general practice within the Service. However, the Service will formalize 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.</p>
<p><b>#47 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>The TPS establish a six-month probation period for MCIT officers, which culminate in a review, to ensure that the best-suited people are in these roles. Those who successfully complete probation should be subject to a minimum commitment of two years as part of the MCIT</i></p> <p>Related Recommendation: None</p>	<p><b>TPS does not concur – Implemented in an alternative form</b></p> <p>Outside of probationary constables and newly promoted sergeants, the Service does not employ a probationary period for any police officer assigned to special units or projects. Given that police associations might argue that to introduce one might affect working conditions, it might raise collective agreement issues. Instead, consistent with established practice, members’ performance is always under review through, for example, daily supervision coaching and mentoring, annual evaluations, special performance reviews, and complaint investigations. When considered unsuitable, officers will be reassigned regardless of the passage of time.</p> <p>MCIT members are volunteers who are carefully selected for the assignment. Selection</p>

Iacobucci Report Recommendation	TPS Response
	<p>is based on merit. Candidates must have a proven record of performance including effective response to persons in crisis. Partnered hospitals participate in the selection process. Successful candidates are usually assigned to the team for a minimum of two years. To date, (over 15 years) there have been no documented concerns about the members selected to the teams.</p> <p>Currently interest in the MCIT program is high among Service members and team members typically commit to serving at least two years.</p>
<p><b>#48 - MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>The TPS expand the availability of MCIT to provide at least one MCIT unit per operational division. The following matters related to expanding MCIT should be addressed, in cooperation with applicable Local Health Integration Networks and partner hospitals:</i></p> <ul style="list-style-type: none"> <li><i>a. Hours: Whether MCIT service should be provided 24 hours per day;</i></li> <li><i>b. First Response: Whether MCIT can act as a first response in certain circumstances; and</i></li> <li><i>c. Alcohol and Drugs: Whether MCIT can respond to calls involving alcohol or drug abuse</i></li> </ul> <p>Related Recommendation: JKE #34, IACOBUCCI #43, #44</p>	<p><b>TPS Concur in part – Implemented in an alternative form</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> <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>• 53/54/55 Divisions are partnered with Toronto East General Hospital.</li> </ul> <p>The Service will continue to work with its hospital partners and the TC-LHIN to expand the availability and coverage of the MCIT if warranted. There are several considerations.</p> <ul style="list-style-type: none"> <li>• Whether community services are available 24 hours when the team wants to divert a client from the emergency room.</li> <li>• The current needs analysis of the program has identified the peak times for the operation to be generally between 11 am and 11pm.</li> <li>• Given the legal and health and safety consideration, while not first responders,</li> </ul>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>the teams do operate as co-responders.</p> <ul style="list-style-type: none"> <li>• The MCIT program focuses on mental illness because it is the critical community need at this time. While addictions and mental illness do intersect, the clinical responses are entirely different. It would not, for example, be appropriate for persons who are only suffering from their addiction to be brought to the emergency department, especially if they are intoxicated. Furthermore it is unlikely that the Team nurse could perform a mental health assessment on an intoxicated person. Because the teams are established, in the main, to speed up hospital admissions, this would be an inefficient use of the resource since the teams are already stretched to their limit responding to the apparently mentally ill.</li> </ul>
<p><b>#49 – MCIT AND OTHER CRISIS INTERVENTION MODELS (training)</b></p> <p><i>The TPS require all coach officers and supervisory officers to attend the training course designed for MCIT officers so that they gain greater awareness of mental health issues and the role of specialized crisis response.</i></p> <p>Related Recommendation: Iacobucci #40, #51, #53</p>	<p><b>TPS Concur in part – Implemented in an alternative form</b></p> <p>Given the training demands the Service is under, this recommendation is not feasible as written. However, in 2014, the Service included an enhanced module on mental health issues in the coach and supervisor courses, and expanded the number allotted spaces available to non-MCIT officers to attend the MCIT course. Preference is given to supervisors and coach officers. Furthermore, all officers now receive enhanced training (which includes many of the elements from the MCIT course) as part of the ISTP.</p> <p>Moreover, as part of their mandate the MCI Teams are required to regularly promote their role to PRU officers in order to encourage notification and consultation when appropriate. In June 2014, a Routine Order (0742) was also published as reminder of the MCIT’s role and function.</p>



Iacobucci Report Recommendation	TPS Response
<p><b>#50 – MCIT AND OTHER CRISIS INTERVENTION MODELS (rewards)</b></p> <p><i>The TPS establish a system of awards and recognition within TPS for exemplary MCIT service as part of the overall system of recognition and awards identified in Recommendation 30.</i></p> <p>Related Recommendation: JKE #45, IACOBUCCI #30</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 and MCIT officers qualify.</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>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#51 – MCIT AND OTHER CRISIS INTERVENTION MODELS (supervision)</b></p> <p><i>The TPS encourage supervisory officers, coach officers, and others with leadership roles to promote awareness of the role of the MCIT program within the TPS so that all front line officers know the resources at their disposal in helping a person in crisis.</i></p> <p>Related Recommendation: JKE #38, IACOBUCCI #21, #39, #40, #49, #52</p>	<p><b>TPS Concur – Implemented</b></p> <p>Since 2014, all new coach officers, supervisors, and senior officers receive mental health training that includes a discussion about the role of the MCIT as a resource to the front line. Furthermore, information about the role of the ETF and the MCIT as front line resources is included in the ISTP training which is delivered annually to all police officers.</p> <p>This information is also delivered through the de-centralized platoon training at the divisions.</p>
<p><b>#52 – MCIT AND OTHER CRISIS INTERVENTION MODELS (training)</b></p> <p><i>The TPS, as part of training at the platoon level, include sessions in which MCIT units educate other officers on the role of the MCIT unit and best practices for interacting with people in crisis.</i></p> <p>Related Recommendation: JKE #38, IACOBUCCI #21, #51</p>	<p><b>TPS Concur – Implemented</b></p> <p>Since 2014 MCIT officers and those who have completed the training have increased their divisional discussions to provide more peer-to-peer training. In fact, as part of their mandate the MCI Teams are required to regularly promote their role to primary response officers in order to encourage notification and consultation when appropriate.</p> <p>Furthermore, on June 16, 2014, a Routine Order (0742) was published reminding officers that they can rely on their training to safely respond to persons in crisis, and of the role and function of the MCIT’s.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#53 – MCIT AND OTHER CRISIS INTERVENTION MODELS (procedures)</b></p> <p><i>The TPS consider whether to amend Procedure 06-04 “Emotionally Disturbed Persons” to identify exceptions to TPS requirements such as handcuffing, the use of in-car cameras, and other measures, in recognition that the apprehension of a person in crisis under the Mental Health Act differs from other types of police apprehensions</i></p> <p>Related Recommendation: JKE #39, IACOBUCCI #5</p>	<p><b>TPS Concur – Implemented</b></p> <p>Procedures 01-01 Arrest and 06-04 Emotionally Disturbed Persons have been 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>#54 – MCIT AND OTHER CRISIS INTERVENTION MODELS</b></p> <p><i>The TPS solicit the input of MCIT members to learn from their first-hand experience, with respect to any proposed changes to the MCIT program</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concur – Implemented</b></p> <p>Since 2008, an MCIT advisory committee has been established to include team members’ input and feedback into program development. More recently, in 2014 and 2015, they have been part of the evaluation project conducted by Centre for Research on Inner City Health of St. Michael’s Hospital.</p>
<p><b>#55 – EQUIPMENT (Conducted Energy Weapons – research into effects on EDP)</b></p> <p><i>The TPS advocate an interprovincial study of the medical effects of conducted energy weapon (CEW) use on various groups of people (including vulnerable groups such as people in crisis), as suggested by the Goudge Report.</i></p> <p>Related Recommendation: JKE #2, IACOBUCCI #1, #56, #57, #68, #71</p>	<p><b>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> <p>In Ontario, under the regulations of the <u>Police Services Act</u>, the Ministry approves and specifies the types of weapons that police may use. One of them is the Conducted</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>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>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#56 – EQUIPMENT (use of force reporting)</b></p> <p><i>The TPS collaborate with other municipal, provincial, and federal police services to establish a central database of standardized information concerning matters related to the use of force, and CEW use specifically, such as:</i></p> <ul style="list-style-type: none"> <li><i>a. the location of contact by CEW probes on a subject’s body;</i></li> <li><i>b. the length of deployment and the number of CEW uses;</i></li> <li><i>c. any medical problems observed by the officers;</i></li> <li><i>d. any medical problems assessed by Emergency Medical Services(EMS) or hospital staff;</i></li> <li><i>e. the time period between the use of a CEW and the manifestation of medical effects;</i></li> <li><i>f. the subject’s prior mental and physical health condition;</i></li> <li><i>g. the use of CEWs per ratio of population;</i></li> <li><i>h. the use of CEWs per ratio of officers equipped with the devices; and</i></li> <li><i>i. the use of CEWs in comparison to other force options.</i></li> </ul> <p>Related Recommendation: JKE #4, #5, IACOBUCCI #55, #57, #58, #68, #71, #83</p>	<p><b>TPS Concur – Implemented</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>In Ontario, the Service along with the Ministry of Community Safety and Corrections (the Ministry), the Ontario Police College (OPC), and other police services, is participating 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. Furthermore, the Service is aware that 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>The information sought in sub-clauses (d), (e), and (f) is currently captured in another report(s) used by the Service such as the injury report.</p> <p>While the Service waits for the publication of the new use of force report, its current reports (including its CEW report), collect very useful data. Annually, the Service submits a report to the Board regarding use of force generally, and CEW use specifically. Contained in these reports are the information sought in sub-clauses (h) and (i).</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#57 – EQUIPMENT (use of force reporting)</b></p> <p><i>The TPS review, and if necessary amend, the Use of Force and CEW Report forms to ensure that officers are prompted to include all standardized information required for the database proposed in Recommendation 56.</i></p> <p>Related Recommendation: JKE #4, #5, IACOBUCCI #55, #56</p>	<p><b>TPS Concur – Implemented</b></p> <p>The proposed provincial use of force report will be comprehensive. The Service will continue to use its CEW report.</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><b>#58 – EQUIPMENT (use of force reporting)</b></p> <p><i>The TPS collaborate with Local Health Integration Networks, hospitals, EMS, and other appropriate medical professionals to standardize reporting of data concerning the medical effects of CEWs</i></p> <p>Related Recommendation: IACOBUCCI #1, #55, #71</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service will consult with its partners to determine if it is feasible to collect this data. It is important to note, however, that since the introduction of CEWs into its operations in 2007, the Service has reported no serious injuries related to its CEW use.</p>
<p><b>#59 – EQUIPMENT (Conducted Energy Weapons)</b></p> <p><i>TPS consider conducting a pilot project to assess the potential for expanding CEW access within the Service, with parameters such as:</i></p> <ul style="list-style-type: none"> <li><i>a. Supervision: at an appropriate time to be determined by the TPS, CEWs should be issued to a selection of front line officers in a limited number of divisions for a limited period of time with the use and results to be closely monitored;</i></li> <li><i>b. Cameras: all front line officers who are issued CEWs should be equipped either with body-worn cameras or audio/visual attachments for the</i></li> </ul>	<p><b>TPS Concur in part – Implemented in an alternative form</b></p> <p>Since 2007, the Service has deployed CEWs to front-line supervisory personnel. On October 7, 2013, the Service submitted a plan to the Board to phase in the expanded deployment of CEWs to non-supervisory front-line police officers. Based upon operational needs and community safety, the Service planned to initially expand the deployment of CEWs to two (2) officers from each platoon for each of the 17 divisions and Traffic Services, and four (4) officers from the TAVIS Rapid Response Team.</p> <p>This plan would equip 184 officers with a CEW in addition to the 275 front-line</p>

Iacobucci Report Recommendation	TPS Response
<p>devices;</p> <p>c. <i>Reporting: the pilot project require standardized reporting on issues such as:</i></p> <ul style="list-style-type: none"> <li>i. <i>frequency and circumstances associated with use of a CEW,</i></li> <li>ii. <i>including whether it was used in place of lethal force;</i></li> <li>iii. <i>frequency and nature of misuse of CEWs by officers;</i></li> <li>iv. <i>medical effects of CEW use; and</i></li> <li>v. <i>the physical and mental state of the subject;</i></li> </ul> <p>d. <i>Analysis: data from the pilot project be analyzed in consideration of such factors as:</i></p> <ul style="list-style-type: none"> <li>i. <i>whether CEWs are used more frequently by primary</i></li> <li>ii. <i>response units, as compared to baseline information on current use of CEWs by supervisors;</i></li> <li>iii. <i>whether CEWs are misused more frequently by primary response units, as compared to baseline information on current use of CEWs by supervisors</i></li> <li>iv. <i>the disciplinary and training responses to misuses of CEWs by officers and supervisors;</i></li> <li>v. <i>whether use of force overall increased with expanded availability of CEWs in the pilot project;</i></li> <li>vi. <i>whether use of lethal force decreased with expanded availability of CEWs in the pilot project; and</i></li> <li>vii. <i>whether TPS procedures, training or disciplinary procedures need to be adjusted to emphasize the objective of reducing deaths without increasing the overall use of force or infringing on civil liberties; and</i></li> </ul> <p>e. <i>Transparency: the TPS report the results of the pilot project to the Toronto Police Services Board (TPSB), and make the results publicly available.</i></p>	<p>supervisors who are already equipped. As a result, each shift would have up to 5 CEWs available (3 sergeants and 2 constables), which are two more than is currently available.</p> <p>Officers would be carefully chosen by their Unit Commander based upon a proven record of good judgement and competence. They will only be issued a CEW after they have completed the Ministry approved user training that is based on a set of principles that foster the responsible and accountable use of CEWs.</p> <p>No further expansion was planned at the time. The Board instructed the Chief not to proceed until the Ministry released its revised Use-of-Force Guidelines. On November 2, 2103, the Ministry released its guidelines. In 2016 the Service intends to submit a report to the Board with its plan to expand deployment.</p> <p>Every time an officer uses a CEW, even if the officer only displays the weapon to gain compliance, the officer must submit a report. This report captures information necessary to properly assess the officer’s actions and the CEW program generally. These reports help form the basis of the Service’s annual report.</p> <p>Each year since 2007, the Service reports publicly to the Board on the use of the CEW. This report is an extensive analysis of all aspects of the weapon’s use consistent with the purpose of this recommendation. In fact, this report is one reason why the Service believes that its record consistently demonstrates that officers are using good judgement under difficult circumstances and making appropriate decisions to use only the force reasonably necessary to resolve tense and dangerous situations. Moreover, the CEW has proven to be an effective tool that has helped avoid injuries to the public and police officers. Consequently, the Service believes that through proper policy, procedures, training, and accountability, the CEW is an appropriate use of force option that can help maintain public and officer safety. In essence, then, the Service has conducted an eight year pilot project that has, in its view, proven the concept and administration of its CEW program.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p>Related Recommendation: IACOBUCCI #55, #56, #57, #58, #60, #61 #72, #73</p>	<p>While the Service supports expanded deployment, it remains committed to maintaining the highest degree of accountability and public confidence consistent with this recommendation. For example, in 2015, the Service introduced a pilot project to deploy body worn cameras to selected front-line officers to monitor their activities including their use of force. Supervisors who are currently equipped with CEW will be part of the pilot project. The results of this project will be shared with the public.</p>
<p><b>#60 – EQUIPMENT (Conducted Energy Weapons – Body worn camera)</b></p> <p><i>The TPS ensure that all CEWs issued to members (including those CEWs already in service) are accompanied by body-worn cameras, CEW audio/visual recording devices, or other effective monitoring technology</i></p> <p>Related Recommendation: JKE #30, IACOBUCCI #55, #56, #57, #58, #60, #61, #72, #73, #74</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service is currently engaged in a pilot project which equips officers with body worn cameras.</p> <p>The pilot project includes some supervisors who are currently equipped with CEW will be part of the pilot project. The results of this project will be shared with the public.</p>
<p><b>#61 – EQUIPMENT (use of force reporting)</b></p> <p><i>The TPS ensure that CEW Reports are reviewed regularly, and that inappropriate or excessive uses are investigated.</i></p> <p>Related Recommendation: IACOBUCCI #55, #56, #57, #58, #60, #72, #73</p>	<p><b>TPS Concurs – Implemented</b></p> <p>Every Use of Force and CEW Report is reviewed by the officer’s supervisor and then unit commander to assess the officer’s actions and performance to determine if there are any immediate issues to address. If inappropriate conduct is suspected the matter will be investigated. The reports are then reviewed by the Service’s Use of Force Analyst, who further assesses the officer’s actions to determine if there are corporate and systemic issues to be addressed, for example changes to procedures and training.</p>



<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#62 – EQUIPMENT (discipline)</b></p> <p><i>The TPS discipline, as appropriate, officers who over-rely on or misuse CEWs, especially in situations involving non-violent people in crisis.</i></p> <p>Related Recommendation: IACOBUCCI #26, #55, #56, #57, #58, #60, #61, #63, #64, #65, #66, #69, #72, #73</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service remains committed to strict and fair discipline and it is confident that it has the necessary supervision and processes in place to hold its members accountable. Officers who over rely on, or misuse CEWs will be thoroughly investigated and if found to have committed misconduct will be disciplined.</p>
<p><b>#63 – EQUIPMENT (training)</b></p> <p><i>The TPS provide additional training, as appropriate, to officers who misuse CEWs in the course of good faith efforts to contain situations without using lethal force</i></p> <p>Related Recommendation: IACOBUCCI #26, #55, #56, #57, #58, #60, #61, #64, #65, #66, #69, #72, #73</p>	<p><b>TPS Concurs – Implemented</b></p> <p>When officers’ actions indicate that they need additional training it is provided and they are compelled to take it.</p>
<p><b>#64 – EQUIPMENT (reporting)</b></p> <p><i>The TPS require officers to indicate on CEW Reports whether, and what, de-escalation measures were attempted prior to deploying the CEW</i></p> <p>Related Recommendation: IACOBUCCI #26, #28, #32, #55, #56, #57, #58, #60, #61, #64, #65, #66, #69, #72, #73</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service is working with several police services and the Ministry of Community Safety and Correctional Services, to update the provincially mandated Use of Force Report.</p> <p>The Service currently trains officers to include de-escalation attempts in the CEW Report.</p> <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</p>

Iacobucci Report Recommendation	TPS Response
	principles of de-escalation. Both reports must be submitted together.
<p><b>#65 – EQUIPMENT (Conducted Energy Weapons)</b></p> <p><i>The TPS carefully monitor the data downloaded from CEWs on a periodic basis, investigate uses that are not reported by Service members and discipline officers who fail to report all uses appropriately</i></p> <p>Related Recommendation: IACOBUCCI #26, #28, #32, #55, #56, #57, #58, #60, #61, #64, #65, #66, #69, #72, #73</p>	<p><b>TPS Concur – Implemented</b></p> <p>Using the systems in place now, the Service will discover unreported usage and will take the appropriate action. Currently Procedure 15-09 <u>Conducted Energy Weapon</u> requires that data from each CEW, regardless of whether it has been used, be randomly downloaded and reviewed for audit purposes. If the weapon has been used a data download is required before the end of the shift. The Use of Force Analyst uses this data to determine if there are any issues.</p> <p>To augment its monitoring the Service, through the Inspection Section of its Audit and Quality Assurance Unit increased its collection and analysis of CEW data from the divisions in 2015.</p>
<p><b>#66 – EQUIPMENT (Conducted Energy Weapons)</b></p> <p><i>The TPS periodically conduct a comprehensive review of data downloaded from CEWs and audio/visual attachments or body cameras, to identify trends in training and supervision needs relating to CEWs as well as the adequacy of disciplinary measures following misuse.</i></p> <p>Related Recommendation: IACOBUCCI #26, #28, #32, #55, #56, #57, #58, #60, #61, #64, #65, #66, #69, #72, #73</p>	<p><b>TPS Concur – Implemented</b></p> <p>Currently Procedure 15-09 <u>Conducted Energy Weapon</u> requires that data from each CEW, regardless of whether it has been used, be randomly downloaded and reviewed for audit purposes. If the weapon has been used a data download is required before the end of the shift. The Use of Force Analyst uses this data to determine if there are any issues.</p> <p>In a similar fashion, Procedure 15-17 <u>In Car Camera System</u> requires supervisors to regularly review recorded images to assess officer conduct and the Officers in Charge are to ensure that supervisors do so. The introduction of body worn cameras has been accompanied by the same requirement. Additionally, when the Inspection Section of the Audit and Quality Assurance Unit conducts its inspections it reviews in-car camera and body worn camera recordings.</p>

Iacobucci Report Recommendation	TPS Response
	<p>As previously noted, the Service remains committed to applying fair and strict discipline when warranted. It is confident that it has the necessary supervision and processes in place to hold its members accountable.</p>
<p><b>#67 – EQUIPMENT (procedures)</b></p> <p><i>The TPS revise its CEW procedure to emphasize that the purpose of equipping certain officers with CEWs is to provide opportunities to reduce fatalities and serious injuries, not to increase the overall use of force by police.</i></p> <p>Related Recommendation: IACOBUCCI #55, #56, #57, #68, #69</p>	<p><b>TPS Concurs – Implemented</b></p> <p>In March 2015 the Service amended Procedure 15-09 <u>Conducted Energy Weapon</u> to include the following comment:</p> <p style="padding-left: 40px;"><i>CEWs provide officers with an additional tool to assist them in utilizing the appropriate level of force required when necessary. The purpose of issuing CEWs is not to increase the use of force by officers, but rather to provide officers with an additional option within the use of force continuum in an effort to reduce fatalities and serious injuries whenever possible.</i></p> <p>A Routine Order (0233) was published on March 5, 2015 informing members of the change. In addition to the procedure, the appropriate use of the weapon is emphasized through training, supervision and reporting.</p>
<p><b>#68 – EQUIPMENT (Conducted Energy Weapons)</b></p> <p><i>The TPS review best practices on safety of CEWs in different modes, both from TPS personnel that are already using CEWs and from other jurisdictions that have implemented policies on permitted methods of discharging CEWs.</i></p> <p>Related Recommendation: IACOBUCCI #55, #56, #57, #69, #71</p>	<p><b>TPS Concurs – Implemented</b></p> <p>TPS through its Use of Force Analyst and Armament Section constantly collect and analyze information, data, and evidence to determine the best practices and evidence based procedures for all use of force options.</p>

Iacobucci Report Recommendation	TPS Response
<p><b>#69 – EQUIPMENT (Conducted Energy Weapons – threshold for use)</b></p> <p><i>The TPS consider the appropriate threshold for permissible use of CEWs, and in particular whether use should be limited to circumstances in which the subject is causing bodily harm or poses an immediate risk of bodily harm to the officer or another person, and no lesser force option, de-escalation or other crisis intervention technique is available or is effective.</i></p> <p>Related Recommendation: JKE #29, IACOBUCCI #55, #56, #57, #68</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 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.</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).</p> <p>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>This recommendation expects officers to predict whether bodily harm is imminent. The Service submits that it is difficult in the extreme, if not impossible, for anyone to reliably anticipate before being assaulted whether the assault will result in bodily harm as defined. Admittedly, there will be strong indicators of potential injury when the person is armed or forcefully striking out, but if the person threatens an assault or engages only in the first stages of a fight by, for example, shoving and pushing, it would be very difficult to determine if injury “that is more than merely transient or trifling in nature” would result until it was too late to intervene (if, for example, the shove resulted in a violent fall). And by the time it became clear that bodily injury is imminent, it might be too late to use the weapon because CEW is most effective in probe mode and that requires that there be some distance between the officer and the subject, and in</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>drive stun mode the officer is very likely already struggling with the subject. It is a principle in Canadian society, endorsed by law and countless court rulings that persons, including police officers, do not have to wait to be struck before defending themselves. The Service submits that this principle, in part, recognizes that a first strike might incapacitate the victim - and if the victim is a police officer the public would be in greater danger because the assailant could become armed with the officer's weapons. This is an outcome that a police officer cannot let occur. An officer's responsibility includes preventing an offence whenever possible and so requiring an officer to anticipate the severity of injury that an assault might cause before using the CEW, in the opinion of the Service, unnecessarily complicates an officer's assessment. This, in turn, raises an unacceptable risk to public and officer safety, especially when the officer could use the CEW earlier instead of other force options to gain control and, according to research, greatly reduce the likelihood of injury to the subject and the police officer.</p> <p>The Service has arrived at its current position in consultation with the Ministry and is not aware that the Ministry contemplates changing the threshold.</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>#70 – EQUIPMENT (training)</b></p> <p><i>The TPS require that all officers equipped with CEWs have completed Mental Health First Aid or equivalent training in mental health issues and de-escalation techniques</i></p> <p>Related Recommendation: JKE #8, #9, #18, IACOBUCCI #6</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service is exploring the feasibility of incorporating the Mental Health First Aid course into its curriculum. Members of the training staff along with the Mobile Crisis Intervention Team Co-ordinator have taken the course and many of its tenets have now been incorporated into the ISTP, the Supervisor Course and the MCIT course.</p> <p>In addition CEW training has now been extended to 12 hours from eight to include four hours of judgement training pursuant to new Ministry training standards. The</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	judgement training emphasizes de-escalation.
<p><b>#71 – EQUIPMENT (training)</b></p> <p><i>The TPS ensure that training on potential health effects of CEWs, including any heightened risks for people in crisis or individuals with mental illnesses, is updated regularly as the state of knowledge on the topic advances.</i></p> <p>Related Recommendation: JKE #43, IACOBUCCI #55, #56, #58, #68</p>	<p><b>TPS Concur – Implemented</b></p> <p>Presently, all training, including CEW training, is reviewed at least annually, to ensure it is up to date.</p> <p>All members issued a CEW are informed of the health risks associated with the use of CEWs. Furthermore, the Ministry’s training standard expects student to learn when and against whom the weapon should not be used.</p>
<p><b>#72 – EQUIPMENT (Body Worn Cameras)</b></p> <p><i>The TPS issue body-worn cameras to all officers who may encounter people in crisis to ensure greater accountability and transparency for all concerned.</i></p> <p>Related Recommendation: JKE #28, IACOBUCCI #60, #73</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service has initiated a body worn camera pilot project starting in 2015. Some cameras were issued to officers who are likely to encounter people in crisis.</p> <p>The project will be evaluated to determine its impact on accountability and transparency.</p>

Iacobucci Report Recommendation	TPS Response
<p><b>#73 – EQUIPMENT (procedure)</b></p> <p><i>The TPS develop a protocol for protecting the privacy of information recorded by body-worn cameras. The protocol should address the following matters:</i></p> <ol style="list-style-type: none"> <li><i>a. Use and Retention: The privacy protocol should address the appropriate methods of storage and length of retention of body camera recordings, limits to accessing and sharing this information, and mechanisms through which individuals recorded can request access to, and the deletion of, information stored by the TPS;</i></li> <li><i>b. Discretion: The TPS should establish the scope of discretion for officers to disable recording, reporting measures to be taken when a camera is deactivated, and consequences of misusing that discretion. Examples include requiring officers to notify Communications Services of the reason for disabling a body camera and the duration of the deactivation, or requiring officers to file were deactivated;</i></li> <li><i>c. Discipline: The TPS should establish and enforce clear disciplinary measures for members of the Service who do not comply with the privacy protocol and the discretionary/use protocol to be developed concerning body cameras;</i></li> <li><i>d. Balancing Interests: The TPS should investigate appropriate options for balancing an individual’s right to privacy, an officer’s discretion, and the need for accountability in public policing; and</i></li> <li><i>e. Collaboration: The TPS should work closely with civil liberties groups, legal advisors, consumer survivors, provincial government agencies, privacy commissioners and other appropriate stakeholders in developing the protocol</i></li> </ol> <p>Related Recommendation: JKE #28, #30, IACOBUCCI #60, #72</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The pilot project for body worn camera started in 2015. The project has established protocols that address the issues raised in recommendation #73.</p> <p>Several external agencies and community groups have been consulted and advised by TPS in designing the pilot project including:</p> <ul style="list-style-type: none"> <li>• Ontario Privacy Commission</li> <li>• Ontario Human Rights Commission</li> <li>• Ontario Ministry of the Attorney General</li> <li>• Community Police Liaison Committees of 42, 43, 55 Divisions TPS</li> <li>• Chief’s Consultative Committees</li> <li>• Special Investigations Unit (SIU)</li> <li>• Office of the Police Review Director (OIPRD)</li> <li>• Toronto Police Services Board’s Mental Health Committee</li> <li>• Canadian Civil Liberties Association</li> </ul>

Iacobucci Report Recommendation	TPS Response
<p><b>#74 – EQUIPMENT (alternative options)</b></p> <p><i>The TPS conduct a review of alternative equipment options and tactical approaches, including examples from other jurisdictions, to assist in further reducing the number of deaths arising from police encounters with people in crisis.</i></p> <p>Related Recommendation: JKE #3, IACOBUCCI #59</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service has requested of police in England 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> <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>#75 – IMPLEMENTATION</b></p> <p><i>The Chief of Police strike an advisory committee, to advise the Chief of Police on how best to implement the recommendations contained in this Report. In this regard, I recommend:</i></p> <ul style="list-style-type: none"> <li>• <i>Stakeholder Membership: The advisory committee should include leading members of key stakeholder groups, including hospitals, community mental health organizations, the police and those with lived experience of mental illness;</i></li> <li>• <i>Limited Membership: The advisory committee should be of manageable</i></li> </ul>	<p><b>TPS Concurs – Implemented</b></p> <p>Invitations were extended to individuals and organizations to form the Implementation Advisory Committee as recommended by Justice Iacobucci. The following participants have met.</p> <ul style="list-style-type: none"> <li>• Ms. Susan Davis, Executive Director Gerstein Centre. The Centre provides crisis intervention, supportive counselling, and referrals to other services to adults, living in the City of Toronto, who experience mental health problems.</li> <li>• Dr. Catherine Zahn President and CEO Centre for Addiction and Mental Health.</li> </ul>



Iacobucci Report Recommendation	TPS Response
<p><i>size—large enough to provide adequate representation of stakeholder groups, but small enough to be efficient;</i></p> <ul style="list-style-type: none"> <li>• <i>Advisory Role: The advisory committee should play only an advisory role and should not have decision-making authority, unless the Chief of Police determines otherwise;</i></li> <li>• <i>Defined Role: The role of advisory committee members should be defined in clear terms at the time of the creation of the advisory committee, so that there is no misunderstanding as to their function and authority;</i></li> <li>• <i>In Camera Meetings: The discussions of the advisory committee should be held in camera in order to promote candour and collegiality, unless otherwise directed by the Chief of Police.</i></li> <li>• <i>Advisory committee members should agree as a condition of membership that they will not disclose the committee’s discussions;</i></li> <li>• <i>Communications with the Public: The advisory committee and its individual members should not advocate publicly or use the media as a vehicle for seeking to persuade the Chief of Police (or the TPS more broadly) to make specific decisions, or to criticize the TPS.</i></li> <li>• <i>The advisory committee should not be a political body but rather a true advisory body, with the effectiveness of its advice deriving from the quality of its membership;</i></li> <li>• <i>Staffing: The advisory committee should be provided with reasonable assistance by staff as needed, whether using existing TPS personnel or otherwise; and</i></li> <li>• <i>Annual Reports: The advisory committee should prepare annual reports for the Chief of Police, summarizing the state of progress in implementation, any significant divergences between the advice of the committee and the decisions taken by the TPS in the past year, and major recommendations going forward relating to implementation, prioritization, scheduling, planning, resource allocation, public reporting and related topics</i></li> </ul>	<p>CAMH is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres, combining clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addictions.</p> <ul style="list-style-type: none"> <li>• Dr. David S. Goldbloom, Chair Mental Health Commission of Canada and Senior Medical Advisor at CAMH. MHCC is a catalyst for improving the mental health system and changing the attitudes and behaviours of Canadians around mental health issues by bringing leaders and organizations from across the country to accelerate these changes.</li> <li>• Ms. Pat Capponi, Lead Facilitator Voices from the Street a speaker’s bureau of individuals who have had direct experience with homelessness, poverty, and mental health issues.</li> <li>• Ms. Jennifer Chambers, Co-ordinator of The Empowerment Council, an independent organization consisting of people who have received mental health or addictions services.</li> <li>• Mr. Steve Lurie, Executive Director, Canadian Mental Health Association – Toronto. CMHA Toronto offers a continuum of services for people living with serious and persistent mental health illness.</li> <li>• Sukanya Pillay, Director, Public Safety Program. The Canadian Civil Liberties Association. The CCLA is a national organization that promotes respect for and observance of fundamental human rights and civil liberties, and defends, extends, and fosters recognition of these rights and liberties.</li> <li>• Mr. Bruce Herridge, Director Ontario Police College: the College provides training to prepare police officers to safely and effectively perform their duties, while meeting the needs of Ontario's diverse communities</li> <li>• Ms. Sandy Murray, Senior Advisor, Toronto Police Services Board. The Board is a seven member civilian body that oversees the Toronto Police Service and is responsible for policy and governance (<a href="http://www.tpsb.ca/">http://www.tpsb.ca/</a>).</li> <li>• Mr. Brian Beamish, Acting Commissioner Ontario Information Privacy Commission. Under the <u>Freedom of Information and Protection of Privacy Act</u>, and the <u>Personal Health Information Protection Act</u>, the Commission helps</li> </ul>

Iacobucci Report Recommendation	TPS Response
<p>Related Recommendation: IACOBUCCI #1,#75, #76, #81</p>	<p>government organizations and health information custodians apply the rules on how they may collect, use, and disclose personal data (<a href="http://www.ipc.on.ca/english/Home-Page/">http://www.ipc.on.ca/english/Home-Page/</a>)</p> <ul style="list-style-type: none"> <li>• Ms. Paula Podolski, St. Joseph’s Hospital,</li> <li>• Paula Villafana, Humber River Regional Hospital,</li> <li>• Ms Susan Engels, Scarborough Hospital, and Ms. Linda Young, Toronto East General Hospital.</li> <li>• Mark Pugash, Director, TPS Corporate Communications.</li> <li>• Dr. Molyn Leszcz, Psychiatrist-in-Chief, Mount Sinai Hospital and Co-Chair of the Mental Health and Addictions Acute Care Alliance (<a href="http://www.psychiatry.utoronto.ca/news-announcements/name-change-the-mental-health-and-addictions-acute-care-alliance/">http://www.psychiatry.utoronto.ca/news-announcements/name-change-the-mental-health-and-addictions-acute-care-alliance/</a>).</li> <li>• Irina Sytcheva, Schizophrenia Society of Ontario. The Society works to create a positive difference in the lives of people, families and communities affected by schizophrenia and psychotic illnesses (<a href="http://www.schizophrenia.on.ca/">http://www.schizophrenia.on.ca/</a>).</li> </ul> <p>The committee agreed that its mandate was to generally provide feedback, insight and wisdom to the Chief of Police regarding the implementation of Justice Iacobucci’s recommendation when requested. The committee is not an accountability, oversight, or governance body nor will be asked to advocate, conduct research, develop new recommendations or implement the recommendations.</p> <p>The committee agreed to meet as needed depending on the progress of implementation.</p> <p>Since many of the recommendations are common with those that arose out of the recent Jardain-Douglas, Klibingaitis, Eligon coroner’s inquest, the Committee was asked to include those recommendations into its mandate.</p> <p>To maintain confidentiality, it was agreed that the existence, purpose, and themes discussed by the Committee can be shared with members’ constituents; however, the detailed candid discussions, opinions, and attributions would not be shared. It was</p>

Iacobucci Report Recommendation	TPS Response
	<p>agreed that there would be a record of general topics of discussion and that people on the committee could continue to speak openly, as community members or representatives of agencies at large and on behalf of their constituents, just that any confidential information arising from committee work would be kept confidential.</p> <p>Regular reports will be published.</p>
<p><b>#76 – IMPLEMENTATION</b></p> <p><i>In order to ensure transparency and accountability during the implementation stage, the TPS issue a public report at least annually after the date of release of this Report, with the following contents:</i></p> <ul style="list-style-type: none"> <li><i>a. a list of recommendations implemented in whole or in part to the date of the report, with an explanation of what was done and when;</i></li> <li><i>b. a list of those recommendations still to be implemented, with an indication of the anticipated timing of implementation;</i></li> <li><i>c. if applicable, a description of resource constraints that affect the ability of the TPS to implement any recommendations, or the timing of implementation;</i></li> <li><i>d. if applicable, a description of any other limitations on the ability of the TPS to implement any recommendations (such as lack of cooperation from other organizations, change in circumstances, etc.);</i></li> <li><i>e. if applicable, a list of recommendations that the TPS decided not to implement at all, and an explanation of the reasons for decision;</i></li> <li><i>f. if applicable, a list of recommendations that the TPS decided to implement in modified form (different from what was recommended in this Report), and an explanation of the reasons for decision; and</i></li> <li><i>g. a discussion of any significant divergences between the advice of the advisory committee and decisions made by the TPS.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #1, #75, #76, #81</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service will regularly and publicly report on its progress in implementing the recommendations.</p> <p>On December 15, 2014 the Service submitted its latest progress report when it updated the Toronto Police Services Board on its response to inquest recommendations from the Jardain-Douglas, Klibingaitis, Eligon (JKE) Inquest (Min. No. P270). At that time the Service publicly advised that there were numerous recommendations in common with Justice Iacobucci’s review and that thirty three had been implemented.</p> <p>Finally, this document conforms to this recommendation.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><b>#77 – IMPLEMENTATION</b></p> <p><i>The Chief of Police and the Executive Management Team of the TPS play a significant leadership role in requiring implementation of the recommendations in this Report, and in encouraging (through leadership by example and otherwise) voluntary compliance.</i></p> <p>Related Recommendation: IACOBUCCI #78, #79</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Chief of Police William Blair took leadership of this matter by commissioning the independent review conducted by retired Justice Frank Iacobucci and then publicly committing that “our highest duty is to preserve the lives of the citizens that we have sworn to serve and protect”. Chief Blair’ statement can be found on the Service’s website (<a href="http://www.torontopolice.on.ca/community/statementofcommitment.php">http://www.torontopolice.on.ca/community/statementofcommitment.php</a>). The Chief publicly stated that where feasible, the Service will implement Justice Iacobucci’s recommendations. In turn, current Chief of Police Mark Saunders has made the same commitment.</p> <p>To reflect the importance that the Chief attaches to the issue of police use of force and its response to persons in crisis, he has assigned the portfolio to a deputy chief, the second highest ranking member of the Service.</p>
<p><b>#78 – IMPLEMENTATION</b></p> <p><i>The TPS appoint a senior officer to assume overall operational responsibility and executive accountability for the implementation of the recommendations in this Report, subject to the direction of the Chief of Police or the chief’s designate.</i></p> <p>Related Recommendation: IACOBUCCI #77, #79</p>	<p><b>TPS Concurs – Implemented</b></p> <p>To reflect the importance that the Service attaches to the issues of police use of force and police response to persons in crisis, a deputy chief, the second highest ranking member of the Service has assumed the portfolio.</p> <p>To administer this portfolio Deputy Chief M. Federico works directly with a Superintendent who provides front-line support to the MCITs, an Acting Inspector who oversees government partnerships, a Staff Sergeants coordinates the Service’s support of the vulnerable sector, including persons in crisis, and two constables: one who is the program coordinator for the MCIT, and the other who supports the elderly.</p> <p>To respond to the Iacobucci report, Deputy Chief Federico assembled a dedicated team that consisted of the Implementation Management Team and various working groups.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>He has also established liaisons with the Ministry of Community Safety and Correctional Services, the Ministry of Health and Long Term Care, and the applicable Local Health Integration Networks, other government agencies, and community groups.</p> <p>Deputy Chief M. Federico is the Service representative on the Toronto Police Services Board’s Mental Health Sub Committee, the Co-Chair of the MCIT City-Wide Implementation Steering Committee, Chair of the Iacobucci Implementation Advisory Committee, member of the LHIN Strategic Advisory Council, and he personally participates in community outreach and consultation to build strong relationships with governments, hospitals, community agencies, and the consumer-survivor community and those who support them.</p>
<p><b>#79 – IMPLEMENTATION</b></p> <p><i>The TPS create an implementation team, led by the senior officer identified above and composed of those TPS members charged with responsibility to implement recommendations within specified areas of the Service (e.g., within the MCIT program, within Psychological Services, within the Toronto Police College, etc.)</i></p> <p>Related Recommendation: IACOBUCCI #77, #78</p>	<p><b>TPS Concurs – Implemented</b></p> <p>An Implementation Management Team, led by an acting inspector, was created to guide and co-ordinate the implementation of the recommendations using appropriate project and business management principles. The Team included a Detective, a Sergeant, and two constables with specialized training and experience in mental health (one constable was the Service’s MCIT Co-ordinator and the other was a former member of a MCIT). The Implementation Management Team reported directly to Deputy Chief Federico.</p> <p>In addition, eleven working groups were formed around the themes identified in the review to work on the recommendations. These groups represented a cross section of assignments, experience and leadership.</p>
<p><b>#80 – IMPLEMENTATION</b></p> <p><i>The Chief of Police or his delegate appoint, within each TPS division and unit, at</i></p>	<p><b>TPS Concurs – Implemented</b></p> <p>Unit Commanders are responsible for the effective delivery of service in their units.</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p><i>least one TPS member formally charged with responsibility for ensuring effective implementation of the recommendations in this Report at the division or unit level.</i></p> <p>Related Recommendation: None</p>	<p>Accordingly, once a recommendation is approved, the appropriate Unit Commanders will ensure that it is implemented.</p>
<p><b>#81 – IMPLEMENTATION</b></p> <p><i>In connection with those recommendations above that call for further study, examination and analysis of specific issues</i></p> <ul style="list-style-type: none"> <li><i>a. Stakeholder Input: Where appropriate, the TPS seek to involve representatives of affected stakeholders meaningfully in the work;</i></li> <li><i>b. Deliverables: The TPS identify specific deliverables sought from those tasked with the work, and a timeframe for delivery; and Police Encounters With People in Crisis</i></li> <li><i>c. Reporting Requirement: There be a regular reporting requirement for any work taking place over an extended period, whereby the senior TPS officer in charge of implementation is kept informed regarding the progress of the work.</i></li> </ul> <p>Related Recommendation: IACOBUCCI #45, #76</p>	<p><b>TPS Concurs – Implemented</b></p> <p>The Service is committed to a systematic project management approach to implementing the recommendations. To this end:</p> <ul style="list-style-type: none"> <li>(a) The Implementation Management Team consulted broadly with both internal and external stakeholders in order to determine how best to fulfil the recommendations.</li> <li>(b) As part of the business process established by the Implementation Management Team, stakeholders and partners tasked with specific assignments were given specific deliverables and timelines.</li> <li>(c) Regular reporting to the Deputy Chief was part of the established business process used by the Implementation Management Team. In turn, the Service will publicly report its progress when appropriate.</li> </ul>
<p><b>#82 – IMPLEMENTATION</b></p> <p><i>In connection with those recommendations above that call for the TPS to work with outside organizations such as government ministries, hospitals and others, the TPS take a leadership role in forging and fostering the necessary relationships.</i></p>	<p><b>TPS Concurs – Implemented</b></p> <p>To reflect the importance that the Service attaches to the issue of police use of force and police response to persons in crisis, a deputy chief, the second highest ranking member of the Service has assumed the portfolio.</p> <p>Deputy Chief M. Federico is the Service lead on the Toronto Police Services Board’s</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
<p>Related Recommendation: IACOBUCCI #1, #75</p>	<p>Mental Health Sub Committee, the Co-Chair of the TC-LHIN MCIT City-Wide Implementation Steering Committee, Chair of the Iacobucci Implementation Advisory Committee, member of the LHIN Strategic Advisory Council, and he personally participates in community outreach and consultation to build strong relationships with governments, hospitals, community agencies and the consumer-survivor community and those who support them.</p>
<p><b>#83 – IMPLEMENTATION</b></p> <p><i>The TPS collaborate with academic researchers, hospitals and others to evaluate the effectiveness of TPS initiatives undertaken as a result of this Review, including, where applicable, both quantitative and qualitative evaluations.</i></p> <p>Related Recommendation: IACOBUCCI #22, #55, #56, #58</p>	<p><b>TPS Concur – Implemented</b></p> <p>The Service recognizes the value of continual research into the effectiveness of its initiatives and as part of its regular business the Service evaluates its programs to determine if they are meeting their goals. At times, when it is appropriate, the Service works with outside evaluators who are often researchers, academics, auditors, and partners.</p> <p>One of the Service Priorities is to <i>Enhance officer ability to effectively interact with emotionally disturbed persons, particularly those with mental illness</i> (Service Priority #1). Its performance objectives and indicators include:</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</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>This priority is entirely congruent with the recommendations in Justice Iacobucci’s review. Thus, when the Service measures its performance it will, in effect, be</p>

<b>Iacobucci Report Recommendation</b>	<b>TPS Response</b>
	<p>evaluating aspects of its response to the review. Annually, the Service reports its progress to the Toronto Police Services Board publicly (see for example, the <u>2013 Service Performance Year End Review</u>). In 2015 the Service will consider whether the review would benefit from outside evaluators.</p> <p>On a related note, in 2015 the Service joined with the Ontario Police College and academics in reviewing police training with a view to a more rigorous assessment of its current training and police officer competencies. This research will help the Service evaluate the effectiveness of its training. As well, the Service is currently joined with the Centre for Research on Inner-City Health (CRICH) evaluating the MCIT program. The results of the CRICH evaluation are expected to be published by the end November 2015.</p>
<p><b>#84 – IMPLEMENTATION</b></p> <p><i>A follow-up review be conducted—whether by TPS personnel, by an independent review body or by committee of interested stakeholders—in five years’ time to assess the degree of success achieved in minimizing the use of lethal force in encounters between the TPS and people in crisis, and to make further recommendations for improvement. I recommend that the results of that review be made public, and that the reviewers be similarly tasked with developing recommendations for implementation.</i></p> <p>Related Recommendation: None</p>	<p><b>TPS Concurs – Implemented</b></p> <p>In addition to any quinquennial review the Service might undertake, every year the Service reports publicly on the progress it has made across the spectrum of its responsibilities. These reports include the <u>Service Performance Year End Review</u> which evaluates the Service’s performance against the objectives and indicators specified in each Service Priority; the <u>Professional Standards Annual Report</u> which examines the Service’s activities in such categories as use of force, injuries, public complaints, and awards; and the <u>Annual Training Report</u>, which assesses the effectiveness of the Service’s training programs. These reports typically provide year-to-date and year-over-year comparisons so that readers can gauge the progress of the service over extended periods of time. Many of these reports are submitted to the Board at the Board’s public meeting and they are accessible from the Service’s or the Board’s website.</p> <p>Cumulatively, these reports represent the progress the Service has made on its overall mandate, including its response to persons in crisis.</p>