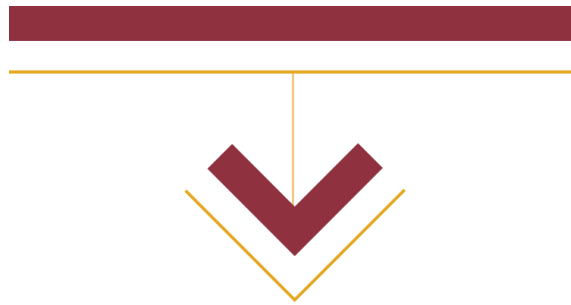


# **Equity in Mental Health Crisis Responses**

*Co-design Process & Solutions*



JUNE 2026

## Letter of Support



*Community safety and wellbeing requires a commitment to co-designing meaningful solutions with diverse communities and cross-sectoral partners. This process provides us with the opportunity to explore and understand the upstream determinants of wider societal issues and how these intersect with policing.*

**Chief Transformation Officer  
Toronto Police Service**

*The work we have done with the goal to achieving equitable responses for racialized people experiencing mental health crises is an example of true collaboration – a whole-of-system approach to determine what factors can impact a person in crisis and what solutions may change their trajectory. This comprehensive picture provides the Toronto Police Service with the opportunity to determine how best to respond in these interactions.*

*I thank everyone who has provided their time and expertise to this important work.*

A handwritten signature in black ink, appearing to read 'Colin Stairs', with a long horizontal flourish extending to the right.

Colin Stairs  
Chief Transformation Officer  
Toronto Police Service

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# 1. Executive Summary

This report presents the outcomes of a year-long co-design engagement process, which was tasked to address race- and identity-based disparities in police responses to mental health crises in Toronto. Led by Monumental in partnership with the Toronto Police Service's (TPS) Race and Identity-Based Data Collection (RBDC) Team, this work brought together the Community Advisory Panel (CAP), a cross-sectoral Equity in Mental Health Crisis Responses (EMHCR) Working Group, and members of Racialized, Black, and Indigenous communities to **co-develop a set of strategic solutions aimed at reducing the criminalization of racialized individuals experiencing mental health crises**. It is part of Phase 2 of the Race and Identity-Based Data Collection (RBDC) Strategy that is integral to TPS' commitment to equity, transparency and accountability.

This work was guided by a central question: **How do we reduce race- and identity-based disparities in outcomes for individuals experiencing mental health crises, particularly those at the highest risk of coming into conflict with the law?** The ultimate goal is to ensure more equitable crisis responses and reduce the disproportionate criminalization of racialized communities.

**This goal is driven by four intermediate outcomes:**

1. Ensure police and community resources are deployed where most needed
2. Increase diversion to alternative crisis response services
3. Reduce racial disparities in arrests, use of force, and mental health apprehensions following police interactions with persons in crises
4. Reduce repeat interactions with police while increasing access to supports after a police encounter.

To answer these foundational questions and identify activities which could drive these outcomes, Monumental facilitated a highly collaborative and iterative engagement process that built on preliminary solutions developed by CAP, a group of 12 diverse residents and youth with expertise in community organizing, academia, and social services. These solutions were further refined through eight sessions of the EMHCR Working Group involving 19 cross-sector representatives, including mental health

practitioners, community advocates, service providers, legal professionals, and TPS members.

To ensure that lived experience remained central to this process, the project expanded engagement through three Community Solutions Sessions held in early 2026 with approximately 60 participants from Racialized, Black, and Indigenous communities. These half-day sessions created opportunities for deeper exploration of two priority solutions identified by the Working Group: strengthening community partnerships and increasing awareness and use of 211 and the Toronto Community Crisis Service (TCCS). Through these sessions, participants provided critical insights on trust-building, accountability, culturally responsive outreach, alternatives to police intervention, and barriers to accessing crisis services.

These insights, along with the continuous, iterative feedback from the Working Group sessions and from TPS members who provided operational expertise and insights on feasibility of ideas, informed the development of strategic solutions.

The Working Group landed on a set of nine solutions that span the full mental health crisis response continuum, from prevention and crisis diversion to officer intervention and post-crisis supports:

- Solution #1 – Improve Partnerships
- Solution #2 – Support Youth in Crisis
- Solution #3 – Support Officers & Promote Public Campaigns to Increase Uptake of Alternative Services
- Solution #4 – Increase Transparency, Effectiveness and Public Trust around Officer Training
- Solution #5 – Improve Tracking & Accountability Around Diversion & Referral
- Solution #6 – Partner to Enable Whole-of-System Tracking of Diversion Journeys
- Solution #7 – Leverage Mental Health Support at Central Lockup
- Solution #8 – Rotate Officers Across Divisions
- Solution #9 – Support Well-Being of Our Frontline Staff

**This report does not provide detailed implementation plans for these solutions. It offers instead a strategic roadmap to guide future action by TPS and its partners.**

The solutions reflect the collective expertise of community members, frontline

practitioners, advocates, service providers, and TPS members who contributed to this process. Moving forward, TPS is encouraged to identify implementation leads, assess existing initiatives, and translate these solutions into concrete operational plans that advance equitable outcomes for racialized individuals experiencing mental health crises.

## 2. Introduction

### 2.1 Our Journey

This report outlines a collaborative, iterative process, designed and facilitated by Monumental, through which the Toronto Police Service's Race and Identity-Based Data Collection (RBDC) Team, the Community Advisory Panel (CAP), the Equity in Mental Health Crisis Responses (EMHCR) Working Group, and community participants **co-developed a set of nine strategic solutions to address race- and identity-based disparities in responses to mental health crises, by responding to a central question:**

***How do we reduce race- and identity-based disparities in outcomes for individuals experiencing mental health crises, particularly those at the highest risk of coming into conflict with the law?***

These solutions were shaped through initial work of the Community Advisory Panel, eight Working Group sessions with 19 cross-sectoral representatives, and three Community Solutions sessions with 15-20 participants per session from Racialized, Black and Indigenous communities, who all came together to do **the important work of moving towards more equitable outcomes for racialized individuals experiencing mental health crises.**

Each of these nine solutions is accompanied by more detailed information intended to provide guidelines for **future implementation plans.**

The Toronto Police Service is now invited to advance this work by continuing to analyze internal ongoing activities and identify key action takers who can **lead the development of detailed implementation plans and specific action items** inspired by these solutions.

## 2.2 Our Teams

For this project, the RBDC Team partnered with Monumental to engage with the CAP, the EMHCR Working Group and Racialized, Black, and Indigenous communities. Through this process, we iteratively co-designed the nine solutions presented in this report, ensuring **alignment with our defined problem frame and intended outcomes**.

This coalition of Service members, practitioners and community members came together to articulate relevant solutions through a true co-design process. The set of solutions accompanied by detailed information presented later in this report **represent guidelines for future actions**.

We will now provide a brief introduction to the teams who collaborated to deliver this important work:

### Monumental

[Monumental](#) is a social purpose business focused on advancing equitable city building and urban development. We work with governments, private companies, and non-profits to develop solutions to complex urban issues, centering social equity and community voice while prioritizing the development and success of BIPOC leaders. Co-founded by Zahra Ebrahim and Kofi Hope in 2020, the organization collaborates with an extensive network of subject matter experts to form project-specific teams. The Monumental team included Kofi Hope, Sara Udow, Maleeha Shams, Mo (Mariam) El Toukhy, and Indigenous Engagement partners Trina Moyan and Shadrak Gobert.

On this project, Monumental worked closely with the RBDC Team as we designed and facilitated the Working Group sessions and community solutions sessions, synthesized insights, incorporated feedback, and developed this report.

### Race and Identity- Based Data Collection Team

The RBDC Team is responsible for implementing the TPS' [Race and Identity-Based Data Collection \(RBDC\) Strategy](#). The Strategy represents an integral part of the Service's commitment to equity, transparency, and accountability. Its purpose is to

assess where racial disparities exist, what is driving different outcomes and what can be done to create greater equity.

The work described in this report is part of Phase 2 of the RBDC Strategy. The RBDC team led stakeholder outreach and engagement, coordinated the Working Group sessions and logistics for community solutions sessions, engaged internal experts, and provided key feedback to Monumental during data analysis and synthesis stages.

### **Community Advisory Panel**

The [Community Advisory Panel \(CAP\)](#) is an integral component of the RBDC Strategy. It consists of 12 diverse residents, including representatives from Black, Indigenous, and other racialized communities, as well as youth. Members bring expertise in community organizing, academia, and social services, and include consultants with specialized knowledge in racial equity and policing.

Through sustained engagement, the CAP has played a foundational role in informing the Strategy by contributing community-informed perspectives and generating initial recommendations that underpin the solutions developed in this report.

### **Equity in Mental Health Crisis Responses Working Group**

The [Equity in Mental Health Crisis Responses \(EMHCR\) Working Group](#) consists of 19 members, including representatives from organizations supporting Black, Indigenous, Latin American and other racialized communities, as well as mental health practitioners, advocates, and experts working across hospitals, courts, and community settings. The group also includes staff from the Toronto Police Service.

The Working Group worked closely with Monumental and the RBDC team to build on the initial solutions developed by CAP. Through an iterative process, members refined these solutions by incorporating findings and feedback gathered from each Working Group session and engagement sessions with community members.

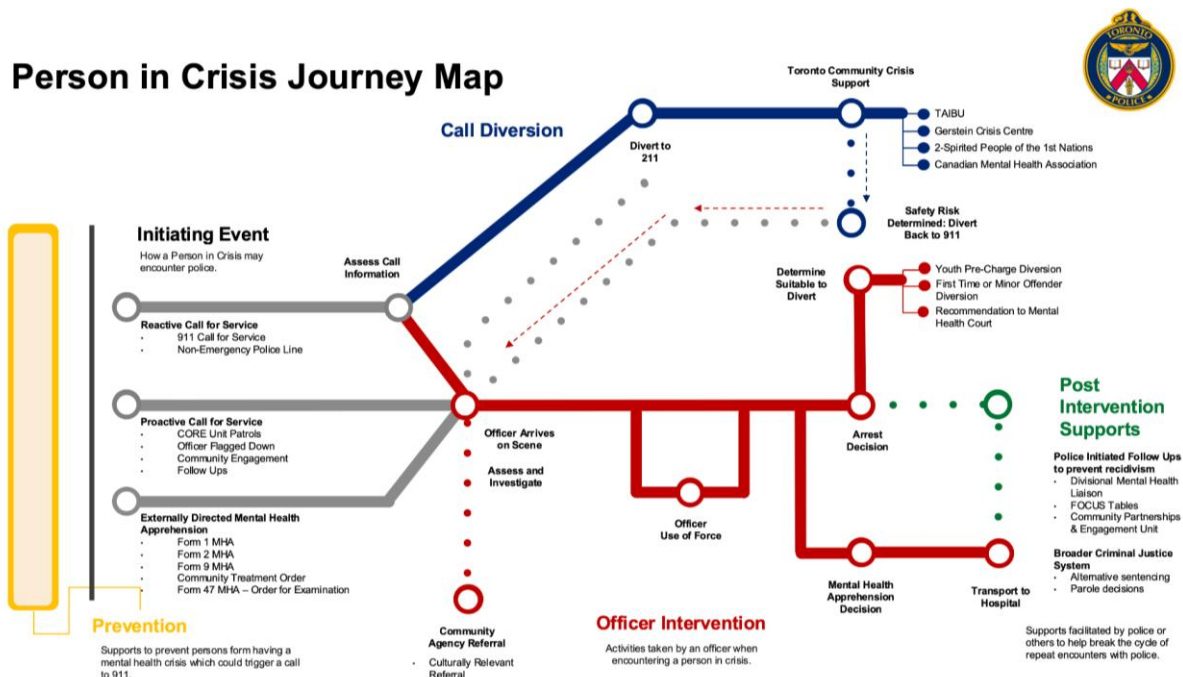
## 2.3 Our Goals & Outcomes

The set of nine solutions presented in this report **responds to a central question:**

*How do we reduce race- and identity-based disparities in outcomes for individuals experiencing mental health crises, particularly those at the highest risk of coming into conflict with the law?*

The **ultimate goal** of this work is to achieve more equitable responses for racialized individuals experiencing mental health crises, leading to a decrease in their criminalization.

To advance this goal, the nine solutions were co-developed with CAP and Working Group members and informed by input from Racialized, Black, and Indigenous communities. They are designed to contribute to **four specific outcomes, outlined below and visually, which address different stages of the Person in Crisis Journey Map**. This map provides a comprehensive picture of various pathways persons in crisis may follow which cut across multiple systems, policing being one of them. Mapping out outcomes to various stages of the journey map leads to greater clarity about what types of solutions would be most effective to achieve these outcomes.



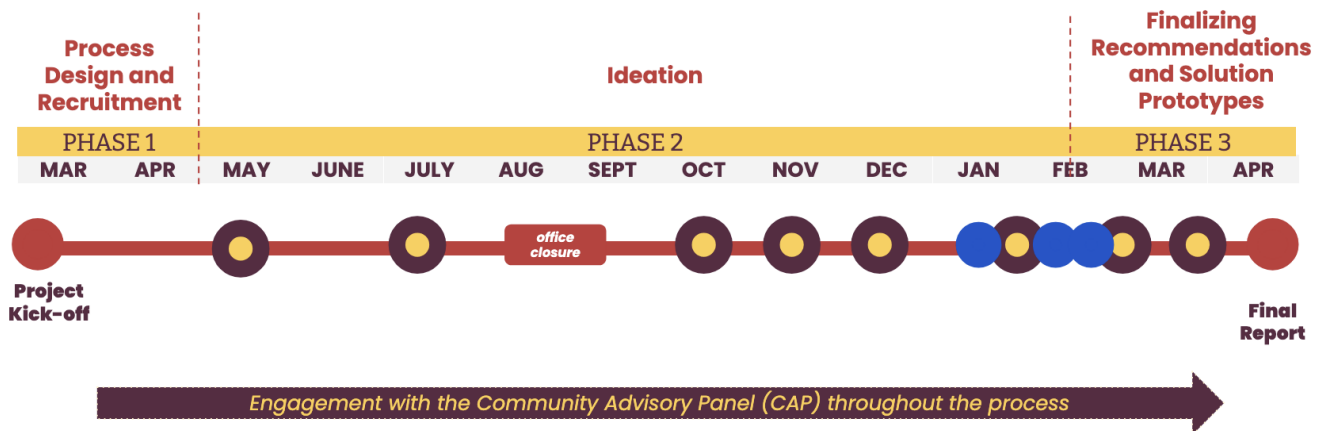
- **Outcome 1:** Ensure police and community resources are deployed in an evidence-informed way where there is the most need (*Prevention Phase*)
- **Outcome 2:** Increase in diversions to alternative response services (TCCS) following: a. person in crisis calls (*Call Diversion Phase*) or b. police interactions with persons in crisis (*Officer Intervention Phase*)
- **Outcome 3:** Reduction in racial disparities in use of force, arrests and mental health apprehensions following a police interaction with a person in crisis (*Officer Intervention Phase*)
- **Outcome 4:** Reduction in repeat occurrences, e.g. repeat criminal offences across race- and identity-based groups, and an increase in access to supports after a police encounter (*Post-Intervention Supports Phase*)

Each solution is accompanied by more detailed information that reflects the time and effort invested in this process by CAP, Working Group members, community participants and TPS members. This information is intended to guide future TPS' efforts **to develop detailed implementation plans.**

The following section outlines our engagement process and how these solutions came to be.

## 2.4 Our Engagement Process

### At a glance...



monumental

### Our Engagement Approach

The engagement process led by Monumental applied a **collaborative, iterative approach to co-design evidence-informed, community-responsive solutions** to reducing race- and identity-based inequities and improving outcomes for individuals experiencing mental health crises.

Over one year, we collaboratively co-developed the solutions in this report with the CAP, Working Group members, and Racialized, Black and Indigenous communities to address systemic disparities in alignment with the Toronto Police Service’s broader RBDC Strategy.

- 3** Community Solutions Sessions
- 8** Working Group Sessions
- 12** CAP Members
- 19** Working Group Members
- 60** Community Members

## How It Started: The Community Advisory Panel

Initial versions of the solutions were generated by CAP. Since 2022, CAP has been working closely with the RBDC team to formulate questions, conduct analyses to address these questions, and interpret data findings to assess where racial disparities in mental health crises exist and potential driving forces behind these disparities. The insights gained through this process informed the development of a preliminary set of solutions to address identified disparities.

## Going Deep: Working Group Sessions

As mental health crises sit at the intersection of multiple systems, cross-sectoral expertise is critical to inform the development of relevant solutions. Building on CAP's work, a dedicated Working Group was established, comprising 19 **cross-sectoral representatives**, including practitioners from the mental health sector, community advocates, and TPS members. This composition ensured that diverse professional perspectives and lived experiences informed the process.



Over the course of **eight sessions** beginning in May 2025, the Working Group refined CAP's preliminary work into a set of nine draft solutions. These sessions were intentionally structured to **move beyond traditional consultations**, enabling participants to co-develop and refine solution concepts through rapid ideation and iterative feedback. The sessions were also grounded in educational presentations,

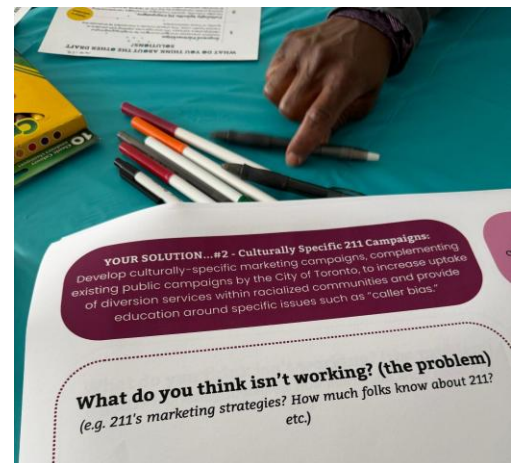
inviting experts from TPS and other institutions to provide background and further context about each topic that was explored.



## Going Wide: Community Solutions Sessions

In January and February 2026, we hosted **three Community Solutions Sessions** where we invited the broader community into our process of iterative ideation. We engaged Racialized, Black, and Indigenous community members alongside community organizers and agency staff, TPS officers and staff, and invited speakers, to co-develop solutions addressing racial disparities in police response to mental health crises.

Using a collaborative “design jam” workshop format, approximately **15-20 folks per session** came together to collaboratively respond to **two solutions** selected out of the package of draft solutions co-developed by the Working Group.



These two solutions were selected for deeper exploration: 1) strengthening community partnerships, and 2) increasing awareness and use of 211 and the Toronto Community

Crisis Service. These areas were prioritized due to their direct community interface and the value of experiential community insight in shaping practical implementation. Rather than conducting broad but less detailed consultations across all nine solutions, this approach enabled more meaningful, in-depth engagement on selected priorities, ultimately helping the Working Group finalize the entire set of solutions.

While significant efforts were made to engage a diverse range of participants, we acknowledged that some communities and smaller groups were not represented in these sessions.

Insights generated through the Community Solutions Sessions were systematically documented and communicated back to the Working Group. This created **a feedback loop**, allowing the Working Group to incorporate community-informed perspectives alongside their own ongoing revisions. Additional Working Group sessions were dedicated to integrating this input, ensuring that the final solutions reflect both technical expertise and community experience.

**Summaries of what we heard from each Community Solutions Session are included in Appendix 4.2 of this report.**

## 2.5 Our Solutions

Through this iterative and collaborative engagement process, spanning data analysis, advisory input, cross-sectoral collaboration, and community co-design, we have developed a set of **nine solutions** directly aligned with the overarching goals of the RBDC Strategy to identify and address systemic bias, improve policy and practice, and advance equitable outcomes for racialized individuals in mental health crises.

Each of these nine solutions is accompanied by more detailed information intended **to guide TPS' future implementation plans**. The nine solutions and their descriptions are as follows:

### **Solution #1 - Improve Partnerships**

TPS establishes an Engagement and Partnership Strategy that will guide relationship building and collaboration with agencies working with persons experiencing mental health crises to build trust, engage long-term.

### **Solution #2 - Support Youth in Crisis**

Enhance the capacity of all TPS frontline officers to support and engage with youth (ages 12-17) who are experiencing mental health crises and are at risk of coming into conflict with the law. This would be achieved by expanding and elevating existing best practices and areas of expertise within TPS, with a focus on standardizing approaches and expanding community partnerships.

### **Solution #3 - Support Officers & Promote Public Campaigns to Increase Uptake of Alternative Services**

Leverage existing officer training and divisional programs to increase officers' knowledge about alternative response services and support their ability to connect people in crisis from racialized communities with appropriate services. In addition, prioritize opportunities to help promote existing public campaigns around TCCS run by the City of Toronto, as well as other local mental health services and supports.

### **Solution #4 - Increase Transparency, Effectiveness and Public Trust around Officer Training**

Increase transparency and engagement with racialized communities around the content of officer training, particularly components that seek to advance equity and

cultural competency. Further, create more opportunities for racialized communities to support training development and delivery.

### **Solution #5 - Improve Tracking & Accountability Around Diversion & Referral**

Consider ways to encourage and support officers to choose diversion and referral outcomes more often. This includes internally tracking these outcomes, having supervisors review all cases involving mental health where a diversion outcome did not happen, reviewing the diversion procedure for first-time and minor offenders.

### **Solution #6 - Partner to Enable Whole-of-System Tracking of Diversion Journeys**

Explore collaborations and partnerships with other system players to enable tracking of diversion journeys across systems, so we can have a full picture of what happens to individuals as they move through different systems.

### **Solution #7 - Leverage Mental Health Support at Central Lockup**

Leverage the support from Divisional Crisis Support Officers (DCSOs) to assess individuals in custody who are experiencing mental health crises and help them connect with relevant supports where appropriate (including possible referrals to community-based programs or the Mental Health court).

### **Solution #8 - Rotate Officers Across Divisions**

Pilot and gradually expand an officer rotation framework that enables officers to temporarily work in alternate police divisions to diversify exposures to different communities, operational contexts and service approaches.

### **Solution #9 - Support Well-Being of Our Frontline Staff**

Continue to deliver and enhance wellness supports for Service members, while systematically evaluating their effectiveness to promote well-being and job satisfaction.

### 3. Detailed Solutions

Each solution begins by defining the problem the solution would solve, how it can be solved, and identifying accountable actors, which together establish a clear path towards action.

It then offers an overview of existing initiatives and current activities within the Service participants were informed of before outlining their recommendations. The document then links proposed activities to outcomes by explicitly articulating how implementation would contribute to selected key outcomes.

Finally, each solution culminates in a detailed table that provides an overview of recommended activities, including implementation strategies, responsible partners, and evaluation metrics. This standardized structure ensures that each solution can be assessed systematically in terms of relevance, feasibility, and its direct contribution to ultimate outcomes.

## Solution #1 - Improve Partnerships

TPS establishes an Engagement and Partnership Strategy that will guide relationship building and collaboration with agencies working with persons experiencing mental health crises to build trust, engage long-term.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: The need to deepen trust and improve perceptions of TPS and the benefits of partnering with TPS within racialized communities. Low trust exists with some community groups today due to the legacy of instances where members of racialized communities were harmed or mistreated by law enforcement.
- How it could be solved: By developing an Engagement and Partnership Strategy to guide TPS' work in partnership with community organizations and groups. This includes co-designing a shared definition of what 'partnerships' and 'engagement' mean, values for this work, and protocols.
- Who can address it: TPS in collaboration with community organizations and community groups.

#### First, participants heard about some of the things TPS is already doing, including...

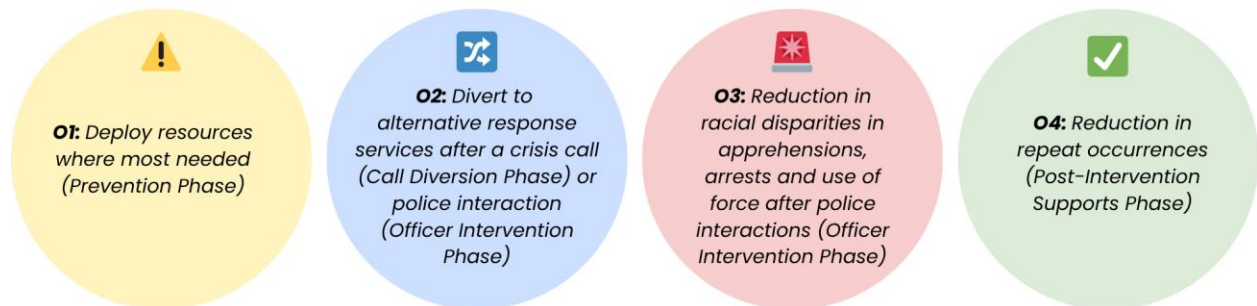
- Specific units (e.g. the Community Engagement Partnership Unit) using best practices to build and maintain community partnerships.
- Specific initiatives such as the FOCUS Tables.
- Mapping of current community organizations that specifically support individuals experiencing mental health crises.

#### Then, they suggested TPS could...

- Acknowledge that community members have experienced harm from TPS and continually restate TPS' commitment to repair broken relationships with community members and groups.
- Recognize how building trust is the prerequisite for building quality partnerships and the main factor that would sustain such community-police practices.

- Articulate how and why TPS partners with community groups and organizations, the types (and definitions) of potential partnerships (deep formal partnerships, informal collaborations, and engagements), procedures for starting and maintaining partnerships and embed tools for evaluating the quality and effectiveness of community-TPS partnerships.
- Continue building relationships with community organizations that serve diverse groups, including immigrants and refugees.
- Invest in alternative methods of engagement beyond townhall formats (which tend to be perceived as formal, transactional or confrontational) to encourage trust and relationship building.

### This is how these suggestions can advance our Moutcomes...



When community organizations and groups have long standing trust-based relationships with TPS (formal and informal), coordinating services which respond to the root causes of mental health crises can be done much more effectively.



Deeper and ongoing partnerships with mental health service providers can support officers in having a better understanding of the types of community resources that are available to support community members, allowing them to have more options available for diversion and referral when they encounter residents in crisis.



Strong partnerships can also allow for greater service coordination and referrals to community agencies for individuals after their contact with the law, breaking the cycle of repeat occurrences.

## How implementing this solution might look like

### This is what participants suggested could be the first step...

- Before building meaningful partnerships, there needs to be a deep commitment to ongoing listening and for TPS members to take accountability for past experiences by sharing space with communities, listening to their experiences, and being open to conversations that don't have a set agenda beyond building relationships.

### This is what participants suggested the key areas of work could be...

- 1) Develop an Engagement and Partnership Strategy in collaboration with partners, outlining what 'engagement' and 'partnership' means and the values that will guide this work.
- 2) Implement an evaluation framework to evaluate the success and efficacy of the strategy.

### Examples of activities participants recommended are outlined in detail below:

<b>#1 – Develop the Engagement and Partnership Strategy</b>	
<b>Activity</b>	<p><b>Regular Stakeholder Mapping and Engagement</b></p> <ul style="list-style-type: none"> <li>• Continue to work collaboratively with existing partners to map and update lists of current community organizations and expand this practice across all divisions and update annually</li> <li>• Host Community Listening Sessions: smaller, locally based meetings where TPS members (e.g. NCOs) invite residents to convene without an agenda and share with TPS what's happening in the community</li> </ul>
<b>Partners</b>	<p>Community Organizations and Community Groups who could...</p> <ul style="list-style-type: none"> <li>• Be great allies in keeping these lists current</li> <li>• Set up, host and recruit for listening sessions that could happen on a regular basis within divisions across Toronto</li> <li>• Philanthropic partners or municipal/provincial partners could also play a role in providing funding or other logistical support</li> </ul>
<b>Activity</b>	<b>Implement the Service-wide strategy</b>

	<ul style="list-style-type: none"> <li>• Define types of ‘partnership’ including outlining continuum of partnership engagements (e.g. single engagements, multi-year agreements), and include co-designed principles of how to work together (based in relationships, mutual respect and benefit, not transactions)</li> <li>• Outline core principles for what every partnership experience should encompass for residents/organizations working with TPS</li> <li>• For formal partnerships, outline the standard operating procedures for creating and maintaining partnerships</li> <li>• TPS should consider identifying who within the Service will be accountable for the implementation and ongoing oversight of the Engagement and Partnership Strategy (for example, specific units like CPEU) and how continuity of the strategy will be maintained throughout leadership changes</li> </ul>
<b>Partners</b>	<p>Community Groups and Community Organizations who could...</p> <ul style="list-style-type: none"> <li>• Be part of a community advisory group including residents and organizational representatives to co-develop the strategy</li> </ul>
<p><b>#2 – Implement evaluation framework to evaluate the success &amp; efficacy of the strategy</b></p>	
<b>Activity</b>	<p>Quantitative measures can include...</p> <ul style="list-style-type: none"> <li>• Setting out measurable KPIs for how partnerships can be evaluated on a regular basis</li> <li>• Measuring to what extent people are connected to the resources they need</li> </ul> <p>Qualitative measures can include...</p> <ul style="list-style-type: none"> <li>• Evaluation approaches that rely on community feedback and input, including community partners’ satisfaction with partnerships</li> </ul>
<b>Partners</b>	N/A

## Solution #2 - Support Youth in Crisis

Enhance the capacity of all TPS frontline officers to support and engage with youth (ages 12-17) who are experiencing mental health crises and are at risk of coming into conflict with the law. This would be achieved by expanding and elevating existing best practices and areas of expertise within TPS, with a focus on standardizing approaches and expanding community partnerships.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: Addressing specific concerns of youth-serving organizations around collaborating with TPS and increasing trust between TPS and young people.
- How it could be solved: By establishing partnership guidelines, deepening youth engagement and supporting advocacy efforts by community organizations.
- Who can address it: TPS in collaboration with youth-serving organizations.

#### First, participants heard about some of the things TPS is already doing, including...

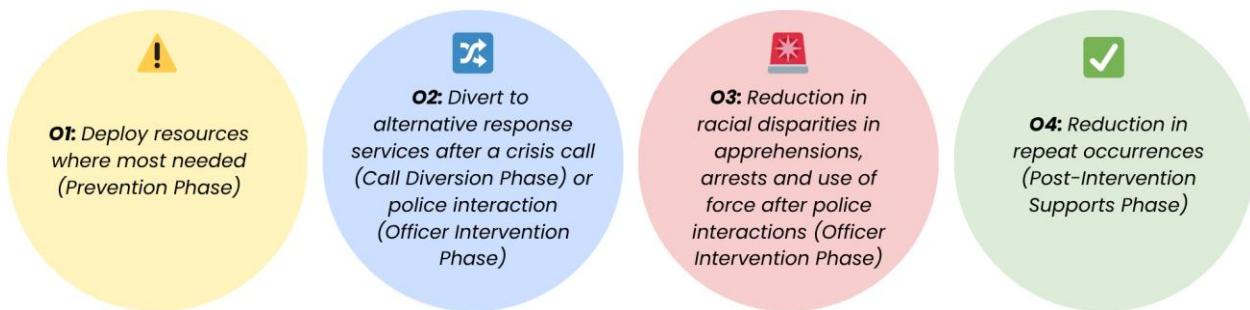
- How youth engagement happens across the Service, with pockets of deep expertise from community partners and TPS in places like FOCUS Tables and NCOs.
- The centralized work of CPEU and the Youth liaison officers who currently serve the city's youth.
- Youth engagement happens in daily actions by officers.
- The existing youth-focused divisional resources available to officers at CORE project, including a brochure with important information.

#### Then, they suggested TPS could...

- Continue to engage meaningfully with young people to ensure all young people in Toronto experience positive personal interactions with members of TPS. Specific recommendations that emerged include:
  - Develop guidelines for partnerships with youth-serving organizations, informed by community, and specifically youth feedback.
  - Incorporate youth diversion and engagement as a part of formal officer evaluations to recognize and support this work and encourage officers.

- Create resources that outline mental health services available for each division.
- Expand the number and presence of NCOs across the city so that there are more officers in all divisions that have expertise around engaging youth and increased capacity within divisions to build relationships and attend events.
- Support community and social service organizations in their advocacy for increased and continued investment in youth mental health resources and social services.

### This is how these suggestions can advance our outcomes...



Creating clear processes and frameworks for partnering with youth-serving organizations and expanding the presence of NCOs dedicated to relationship building will support prevention by connecting young people to supports/services before they experience a mental health crisis.



Adding competency in youth engagement and diversion to performance criteria, alongside expanding NCO program, can drive increases in diversion when officers encounter youth in crisis.



Providing officers with accessible, division-specific information on youth and community supports will support TPS to connect young people with appropriate supports effectively, thus reducing their chances of repeat interactions.

## How implementing this solution might look like

### This is what participants suggested the key areas of work could be...

- 1) Develop guidelines for partnering with youth-serving organizations.

- 2) Increase investments in hiring and youth-focused resources.
- 3) Support advocacy for more investment in youth programming and deepen engagement.

**Examples of activities participants recommended are outlined in detail below:**

<b>#1 – Develop guidelines for partnering with youth-serving organizations</b>	
<b>Activity</b>	<p><b>Build trust with youth-serving organizations</b></p> <ul style="list-style-type: none"> <li>• TPS should provide clear frameworks for how officers can establish partnerships between the Service and community organizations, to build community agencies' comfort collaborating with officers</li> <li>• Engage with representatives from agencies TPS hopes to partner with as well as youth (with lived experience) and invite them to provide feedback, expertise and a policy review as guidelines are being developed</li> </ul>
<b>Partners</b>	Youth-serving agencies, youth, City of Toronto staff
<b>#2 – Increase investments in hiring and youth-focused resources</b>	
<b>Activity</b>	<p><b>Evaluate metrics to incentivize and evaluate officers</b></p> <p>Quantitative measures can include...</p> <ul style="list-style-type: none"> <li>• Tracking the percentage of increase in youth diversion rates</li> <li>• Documenting the number of formalized partnerships with youth-serving organizations</li> </ul> <p>Qualitative measures can include...</p> <ul style="list-style-type: none"> <li>• Exploring incentives such as 'The member of the week' to acknowledge officers' successful community outreach activities</li> </ul>
<b>Partners</b>	N/A
<b>Activity</b>	<p><b>Expand NCO Program:</b></p> <ul style="list-style-type: none"> <li>• TPS should allocate additional budget for the hiring and training of more NCOs</li> </ul>

	<ul style="list-style-type: none"> <li>Consider expanding the Youth Liaison Program, which currently includes only one officer serving the entire city</li> </ul>
<b>Partners</b>	Community Organizations and Community Groups (e.g. 211, TCCS, CAP) who could advocate for supporting the expansion of the NCO Program
<b>Activity</b>	<p><b>Create Divisional Youth-Focused Resources</b></p> <ul style="list-style-type: none"> <li>Develop a repository of services or informational brochure with mental health supports and other relevant services (e.g. housing, food security)</li> <li>Sub-contract community agencies to co-create resources</li> <li>Invite community groups and larger community institutions with deep connections to youth services to conduct annual reviews of content to ensure the information is relevant and updated</li> </ul>
<b>Partners</b>	Youth-focused mental health organizations, local youth outreach workers and their agencies, alternative response services
<b>#2 – Support advocacy for more investment in youth programming and deepen engagement</b>	
<b>Activity</b>	<p><b>Deeper Youth Engagement</b></p> <ul style="list-style-type: none"> <li>Partner with community organizations to co-create opportunities for young people to interact with TPS members more than once a year</li> <li>Explore financial or in-kind donations to support organizations who would facilitate these sorts of sessions.</li> <li>Create opportunities for other frontline officers beyond NCOs to get involved in youth engagement</li> </ul>
<b>Partners</b>	Community Organizations who could... <ul style="list-style-type: none"> <li>Help TPS find new ways to engage with youth or build on existing engagement activities</li> </ul>
<b>Activity</b>	<p><b>Support Advocacy for more investments in youth programming</b></p> <ul style="list-style-type: none"> <li>TPS should add its voice to community-led advocacy work</li> </ul>

	<p>when the public asks for this support</p> <ul style="list-style-type: none"><li>• TPS should back submissions by community organizations that request expansion of funding for youth programming and supports</li></ul>
<b>Partners</b>	Youth-serving agencies, school boards, advocacy organizations

## Solution #3 - Support Officers & Promote Public Campaigns to Increase Uptake of Alternative Services

Leverage existing officer training and divisional programs to increase officers' knowledge about alternative response services and support their ability to connect people in crisis from racialized communities with appropriate services. In addition, prioritize opportunities to help promote existing public campaigns around TCCS run by the City of Toronto, as well as other local mental health services and supports.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: Increasing awareness and uptake of alternative services like TCCS (Toronto Community Crisis Service) within TPS and the general public.
- How it could be solved: Increasing and continually updating officers' knowledge of alternative response services (including services for specific groups such as immigrants and refugees) so they may share information with citizens and individuals in crisis to support them in using alternative support services more appropriate than calling 911.
- Who can address it: TPS, in collaboration with 211 and TCCS.

#### First, participants heard about some of the things TPS is already doing, including...

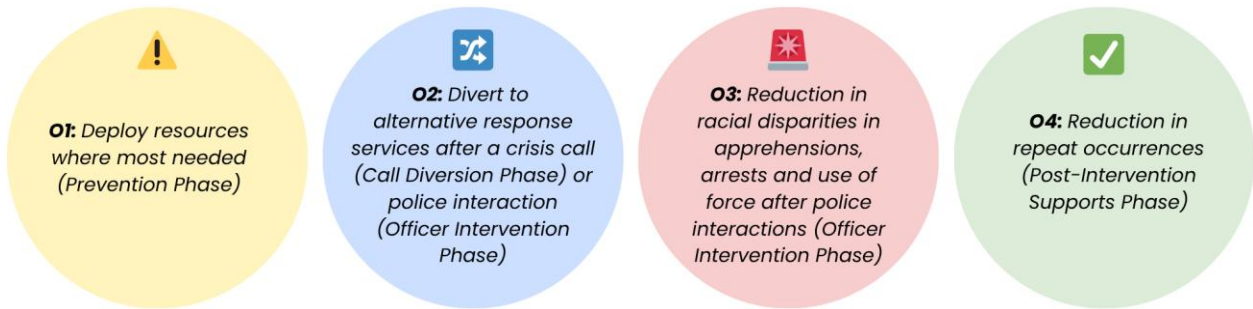
- The Toronto Police College's existing scenario training, which is co-designed with representatives from 211 and TCCS.
- TPS' annual training includes modules that raise awareness amongst officers of alternative response services and emphasize the importance of diversion when appropriate.

#### Then, they suggested TPS could...

- Ensure officers' knowledge of alternate services is up to date by continuing to expand on existing training and incorporating new elements to reflect current trends and context across the city (e.g. which services are best to divert to depending on situation, needs of specific groups, etc.).
- Provide division-specific resources to officers about local support services to keep their knowledge up to date (like Frequently Asked Questions factsheets

co-developed with 211 and TCCS) to support them in answering questions from community members about alternative services and addressing anxieties (e.g. lack of optimism for successful outcomes) or perceived risks (e.g. to their data privacy) about using these services.

### This is how these suggestions can advance our outcomes...



Deepening officers' knowledge of alternative response services, with information specific to divisions, various ethno-cultural groups and cultural contexts will increase diversions to such services following police interactions with people in crisis.



Increasing officers' and community's knowledge of 211 and alternative response services help break the cycle of repeat encounters as people in crises would be supported to transition from police contact to community-led care.

## How implementing this solution might look like

This is what participants suggested the key areas of work could be...

- 1) Incorporate, update and continually socialize information about alternative response services.
- 2) Evaluate effectiveness of trainings and programs.

Examples of activities participants recommended are outlined in detail below:

<b>#1 – Incorporate, update and continually socialize information about alternative response services</b>	
<b>Activity</b>	<p><b>Keep officers’ knowledge up to date</b></p> <ul style="list-style-type: none"> <li>● Continually share and update information about alternative response services, including services to specific groups such as immigrants and refugees, through different venues: annual In-Service trainings, divisional training days (platoon training days), information on screensavers, eUpdates, and regular organizational meetings</li> <li>● Clarify how TPS will ensure consistency across divisions so that awareness and use of alternative services do not vary depending on location or leadership</li> </ul>
<b>Partners</b>	211, TCCS and partner community organizations, who should keep their organization profiles regularly updated so that TPS training materials use the most accurate information
<b>Activity</b>	<p><b>Support the promotion of culturally specific 211 campaigns</b></p> <ul style="list-style-type: none"> <li>● TPS should co-develop “Frequently Asked Questions” factsheet with 211 and TCCS based on concerns shared by communities with their NCOs. It can be shared with community networks alongside campaign materials by the City and/or NCOs directly to community members. Where appropriate, include other alternative mental health support services.</li> <li>● NCOs with up-to-date knowledge of 211 services must promote services to their existing community contacts and networks</li> </ul>

	where they have established trust, leading to higher uptake of diversion services
<b>Partners</b>	211 and/or TCCS can co-design factsheets with TPS and would be responsible for incorporating the information into other relevant marketing materials and for disseminating these factsheets city-wide
<b>#2 – Evaluate effectiveness of trainings and divisional programs</b>	
<b>Activity</b>	<p>Quantitative measures can include...</p> <ul style="list-style-type: none"> <li>• Tracking how many officers attended and completed trainings</li> <li>• Analyzing data collected through NCO referral app to identify patterns and trends</li> </ul> <p>Qualitative measures can include...</p> <ul style="list-style-type: none"> <li>• Collecting feedback from community members about their experiences of interacting with TPS in crisis situations</li> <li>• Documenting information from follow-up calls to complete TPS internal referral forms</li> <li>• Incorporating officer feedback on whether alternative services are accessible, responsive, and practical to use during crisis situations, to identify barriers to diversion</li> </ul>
<b>Partners</b>	TPS can contract community organizations to track how many calls they receive, from which community group, and which services people have used over time and report this data to TPS regularly

## Solution #4 - Increase Transparency, Effectiveness and Public Trust around Officer Training

Increase transparency and engagement with racialized communities around the content of officer training, particularly components that seek to advance equity and cultural competency. Further, create more opportunities for racialized communities to support training development and delivery.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: The majority of community members do not have a full awareness of the content and depth of current officers' training around mental health, or the ongoing improvements to this training. Further, there is also a belief from many residents that more attention needs to be put towards training officers around anti-racism, anti-oppressive behaviours, and responding to persons in crisis with a trauma informed and culturally competent approach.
- How it could be solved: By finding appropriate ways to increase community involvement with officer training (particularly around de-escalation, mental health crisis response and anti-racism), which will build deeper trust with the community, improve partnerships with TPS, and support officers to make equitable decisions around diversion.
- Who can address it: TPS, in collaboration with community agencies.

#### First, participants heard about some of the things TPS is already doing, including...

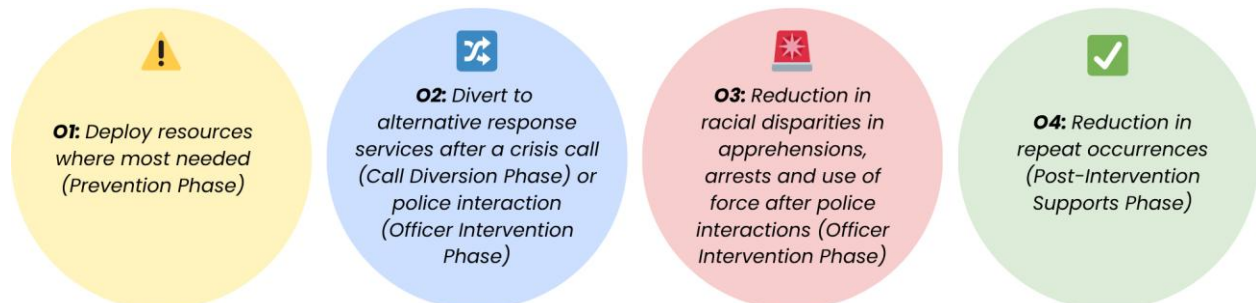
- The great strides TPS has made to update officer training even though residents and mental health professionals in the community may be unaware of the progress and still see gaps in their daily interaction with police.
- How TPS consults subject matter experts in crafting its training programs, including those with an anti-racism and equity focus.
- Existing best practices in experiential learning, including 'Walkabouts' that take place in division 51 with Indigenous communities.

- The existing Community Experience Program, which focuses on specific ethno-cultural communities in Toronto with community members, agency staff and Knowledge keepers being invited as facilitators to impart knowledge to officers.

### Then, they suggested TPS could...

- Increase public awareness of current training practices by sharing information online and in information sessions along with being transparent about aspects of existing training that might require further improvement.
- Invite community groups to shape training content and innovative delivery approaches that can build on required training and make officers even more effective in responding to racialized residents experiencing mental health crises.
- Create new experiential learning programs that focus on diverse communities that exist in the city, by inviting community members to lead these programs for a greater impact on officers than classroom-based training. This may increase empathy and understanding of how mental health crises play out in Toronto's racialized communities.

### This is how these suggestions can advance our outcomes...



Increased community understanding of the content of current police training and TPS' ongoing commitment to innovation can lead to community groups being more open to partnering with TPS around prevention work.



By equipping officers with training informed and co-delivered by racialized community groups, they can be even more effective at responding to

mental health calls and diverting individuals to community supports where appropriate.



Community-informed training can improve the ability of officers to apply de-escalation and culturally responsive practices in interactions with racialized individuals in mental health crises, driving more equitable outcomes around use of force, arrests and mental health apprehensions.

## How implementing this solution might look like

### This is what participants suggested could be the first step...

- TPS can build trust by being proactive and inviting communities to learn more about how their training functions rather than waiting for requests for more information.

### This is what participants suggested the key areas of work could be...

- 1) Enhance public understanding of current training practices.
- 2) Create more opportunities for community members to inform existing training.
- 3) Work with racialized community groups to develop new experiential training opportunities.
- 4) Evaluate the effectiveness of officer training using internal and external feedback.

### Examples of activities participants recommended are outlined in detail below:

<b>#1 – Enhance public understanding of current training practices</b>	
<b>Activity</b>	<p><b>Publicly share details around training</b></p> <ul style="list-style-type: none"> <li>• TPS should share more details around its existing training on equity, diversity and inclusion and mental health-related training modules</li> <li>• TPS may share this information online, host information sessions for community leaders and groups, and organize more tours for community groups at Toronto Police College. These leaders can</li> </ul>

	then host their own information sessions with other organizations and leaders in their communities.
<b>Partners</b>	Community leaders, community organizations and groups
<b>#2 – Create more opportunities for community members to inform existing training</b>	
<b>Activity</b>	<p><b>Invite and incorporate community feedback</b></p> <ul style="list-style-type: none"> <li>• TPS should expand its ongoing consultation of subject matter experts while developing training modules by creating more feedback points for representative advisory groups and community experts to review and provide feedback on existing training</li> <li>• TPS should ask for community members to get involved in evaluating the effectiveness and relevance of current curriculum instead of only advising</li> <li>• TPS must allocate a budget to pay community members for their time and consultation to demonstrate TPS' respect for community voice</li> </ul>
<b>Partners</b>	Frontline staff, mental health experts, advocates and individuals with lived experience
<b>#3 – Work with racialized community groups to develop new experiential training opportunities</b>	
<b>Activity</b>	<p><b>Invite and incorporate community feedback</b></p> <ul style="list-style-type: none"> <li>• TPS should seek partners to co-design community-led training which could expand on the existing Community Experience Program, with training opportunities potentially ranging from intensive immersions to lighter touch cultural exposure, including officers taking part in social gatherings and heritage events</li> <li>• TPS should contract community organizations as vendors/service providers to develop new experiential, culturally</li> </ul>

	<p>grounded training to ethno-specific community organizations and frontline mental health agencies for TPS, but must acknowledge that community organizations may need more support (in resources and time) to develop training than traditional training providers</p>
<b>Partners</b>	<p>Community organizations to develop and facilitate training as a contracted vendor/service provider to TPS</p>
<p><b>#4 – Evaluate the effectiveness of officer training using internal and external feedback</b></p>	
<b>Activity</b>	<p>Quantitative measures can include...</p> <ul style="list-style-type: none"> <li>● Tracking the reduction in negative interactions with police over time (which could be determined by complaints and other metrics for interactions)</li> </ul> <p>Qualitative measures can include...</p> <ul style="list-style-type: none"> <li>● Collecting pre/post training assessments</li> <li>● Collecting community feedback post interactions with officers</li> <li>● Collecting feedback from officers on whether the training is realistic and helpful during actual crisis calls through surveys, follow-up discussions etc.</li> </ul>
<b>Partners</b>	<p>N/A</p>

## Solution #5 - Improve Tracking & Accountability Around Diversion & Referral

Consider ways to encourage and support officers to choose diversion and referral outcomes more often. This includes internally tracking these outcomes, having supervisors review all cases involving mental health where a diversion outcome did not happen, reviewing the diversion procedure for first-time and minor offenders.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: Addressing the gaps and promoting accountability in understanding of how often individuals encountering police during mental health crises are eligible for non-enforcement outcomes, like diversion and referrals, how often referrals do take place and whether diversion services are equitably provided to racialized and marginalized communities. There is also a need for increased officer accountability around the role they play in driving diversion outcomes.
- How it could be solved: By improving tracking of these outcomes, including policy and data systems measures to ensure accountability in accurate data entry.
- Who can address it: TPS, specifically supervisors.

#### First, participants heard about some of the things TPS is already doing, including...

- TPS' ongoing migration to a new records management system (Niche).
- RBDC Strategy, which is grounded in regular public updates and full transparency and ensures various community partners and cross-sectoral stakeholders are informed through existing reporting mechanisms under this strategy.

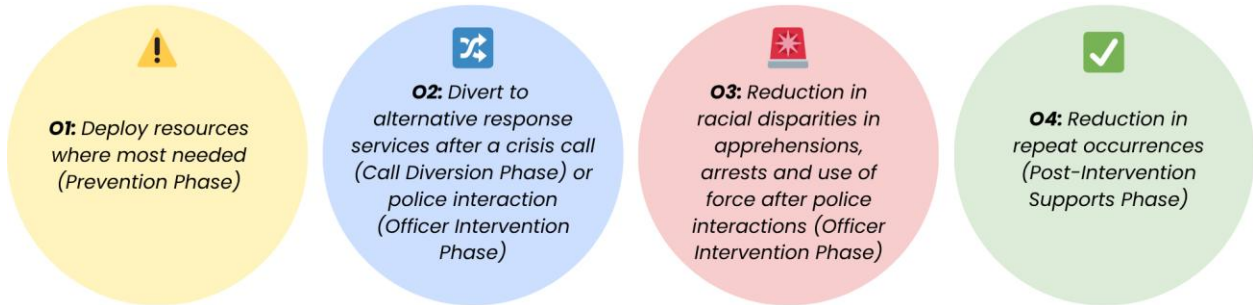
#### Then, they suggested TPS could...

- Leverage the new records management system (RMS) and develop its capabilities to capture more detailed diversion and referral data. This includes enhanced collection and analysis of diversion and referral data, the identification of racial disparities in these outcomes, and the integration of

safeguards to ensure officers are compliant and accountable in tracking this information to strengthen TPS' transparency and facilitate more equitable service delivery.

- Incorporate accountability measures at different levels, including at the RMS, policy and public reporting levels.

### This is how these suggestions can advance our outcomes...



By identifying where disparities lie in individuals' encounters with police during mental health crises, TPS can increase diversion to alternative response services and reduce the racial disparities in apprehensions after police interactions.



For those individuals who repeatedly encounter police, consistent tracking provides insights into the types of services and programs used throughout diversion and referral processes as well as opportunities for new partnerships to break the cycle of recidivism.

## How implementing this solution might look like

This is what participants suggested the key areas of work could be...

- 1) Develop RMS capabilities to capture diversion & referral data.
- 2) Implement accountability measures at different levels.

Examples of activities participants recommended are outlined in detail below:

<b>#1 – Develop RMS capabilities to capture diversion &amp; referral data</b>	
<b>Activity</b>	<b>Defining requirement and improving data linkage</b> <ul style="list-style-type: none"> <li>• TPS should define requirements for better collection of diversion and referral data to ensure Service-wide consistency and operational feasibility</li> <li>• TPS can link identity information to capture race and identity-based data on these interactions</li> </ul>
<b>Partners</b>	N/A
<b>#1 – Implement accountability measures at different levels</b>	
<b>Activity</b>	<b>At the RMS level</b> <ul style="list-style-type: none"> <li>• TPS should integrate safeguards into new RMS to ensure diversion decisions are captured following all arrest interactions, regardless of age and that referrals are captured when applicable to non-criminal incidents</li> <li>• TPS should consider including year-over-year trend analysis and intersectional reporting (e.g. race, age, gender) to better understand systemic patterns</li> <li>• Continue to inform community partners and cross-sectoral stakeholders through existing reporting mechanisms under the RBDC Strategy</li> </ul>
<b>Partners</b>	N/A
<b>Activity</b>	<b>At the policy level</b>

	<ul style="list-style-type: none"> <li>• TPS should review existing policy and procedure regarding referrals, arrests and youth investigations, adding requirements for the capture of diversion and referral data</li> <li>• TPS should also consider tracking not only diversion outcomes, but instances where diversion eligibility criteria were present but not exercised, and capture reasons for those decisions</li> </ul>
<b>Partners</b>	N/A
<b>Activity</b>	<p><b>At the public level</b></p> <ul style="list-style-type: none"> <li>• TPS must explore how to integrate reporting on diversion and referral data findings into the regular cycle of race-based data public reporting once the data is available, increasing transparency around this work with the public and increasing public accountability for the Service around mental health</li> </ul>
<b>Partners</b>	N/A

## Solution #6 - Partner to Enable Whole-of-System Tracking of Diversion Journeys

Explore collaborations and partnerships with other system players to enable tracking of diversion journeys across systems, so we can have a full picture of what happens to individuals as they move through different systems.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: Ensuring organizations have a full understanding of the journey of persons in crisis who come into contact with the law experience (e.g. their diversion journey, outcomes of the services they received) so they can understand where gaps are and how diversion experiences are different for specific racialized groups.
- How it could be solved: TPS should explore opportunities to build an integrated data system with partners that one day could capture the full scope of individuals' journeys, allowing TPS and other system players to identify and respond to gaps in pathways of care.
- Who can address it: TPS in partnership with system players who collect tracking data.

#### First, participants heard about some of the things TPS and others are already doing, including...

- The ongoing tracking and recording of health data at a provincial level through the Institute for Clinical Evaluative Sciences (ICES), an organization that has robust analysis capacity and can be a key partner institution that stores and analyzes the pathway data needed to implement this solution.
- ICES has shown interest in data sharing with TPS and other partners in the justice system but is legally unable to do so without changes to legislation.
- How the existing barriers in collecting and sharing data across institutions impact the feasibility of developing an integrated data system, which leaves important questions unanswered including: What programs were individuals in mental health crises diverted to and how successful were these programs?

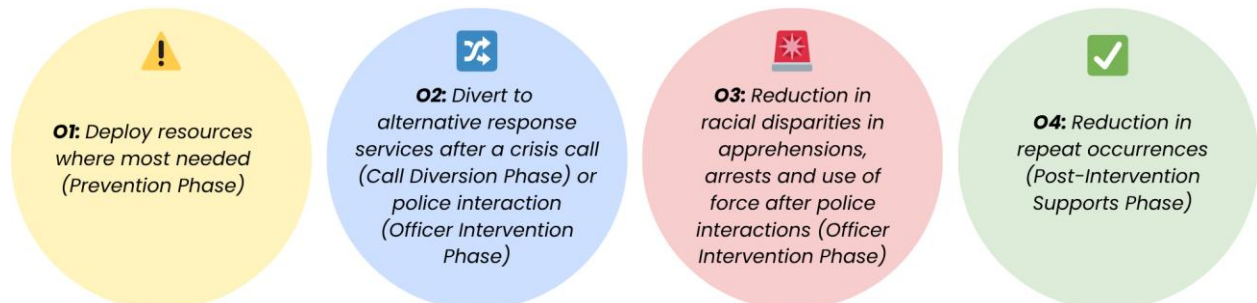
What happens to them when they are admitted to a hospital and when they leave the hospital?

- There are significant gaps in standardizing data and getting consistent data collection across groups (especially at community organizations with limited resources), and how all players, including TPS, see the value in being able to do this.

### Then, they suggested TPS could...

- Explore collaborations and partnerships with institutions to gain a more comprehensive picture of the journeys of individuals in crises who encounter the law.
- Work towards the goal of building a coalition of agencies who commit to working towards sharing data to track the entire diversion journey over the long term and do the systems-level work (including potential advocacy) required to make this possible.
- Explore how to engage in data sharing agreements when possible, using existing agreements and new insights from collated data.

### This is how these suggestions can advance our outcomes...



Bringing together partners to share and combine data around diversion journeys enables a better understanding of the services individuals have been diverted to and the outcomes of accessing those services, which could lead to more effective preventative work in the community.



Data insights gained from different parts of the person in crisis journey help identify broader patterns across systems and what can be done to break the cycle of repeat occurrences.

## How implementing this solution might look like

### This is what participants suggested could be the first step...

- Considering the complexity of the current mental health landscape, the Working Group suggested focusing on incremental steps that would pave the way towards a whole-of-system tracking of diversion journeys over the long term.

### This is what participants suggested the key areas of work could be...

- 1) Explore collaborations & partnerships with healthcare institutions and community organizations to build a more comprehensive picture of individuals' journeys across systems.

### Examples of activities participants recommended are outlined in detail below:

<b>#1 – Explore collaborations and partnerships with various system players</b>	
<b>Activity</b>	<p><b>Host focus tables</b></p> <ul style="list-style-type: none"> <li>• TPS should convene tables where TPS members and system players share insights from their own data and work together to collate findings across systems for a more comprehensive understanding of systemic gaps</li> <li>• TPS should continue to bring together partners to discuss key steps towards an integrated system over the long term such as standardizing race-based data collection, creating a data-sharing consortium with proper funding from the province</li> </ul>
<b>Partners</b>	Mental health institutions, hospitals, community organizations providing mental health services

<b>Activity</b>	<p><b>Explore data-sharing agreements</b></p> <ul style="list-style-type: none"> <li>• TPS should explore data sharing agreements with different institutions and agencies, including the parameters of existing agreements</li> <li>• TPS must consider how to clarify how privacy, consent, and data governance risks will be managed when exploring data sharing to ensure transparency and accountability</li> </ul>
<b>Partners</b>	N/A
<b>Activity</b>	<p><b>Support Community in Advocacy around data with provincial government</b></p> <ul style="list-style-type: none"> <li>• TPS must use its role as a respected partner of the provincial government to bring forward community concerns around the need for more investment in data collection capacity within social service organizations so they can participate in data sharing efforts</li> <li>• TPS should work with community groups to articulate shared positions around legislative changes to put to the government to make data sharing across sectors more viable</li> </ul>
<b>Partners</b>	N/A

## Solution #7 - Leverage Mental Health Support at Central Lockup

Leverage the support from Divisional Crisis Support Officers (DCSOs) to assess individuals in custody who are experiencing mental health crises and help them connect with relevant supports where appropriate (including possible referrals to community-based programs or the Mental Health court).

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: Supporting racialized individuals who are overrepresented in custody and who may face compounded barriers to accessing mental health care.
- How it could be solved: By assessing and offering services consistently and potentially leveraging support from DCSOs at scale so that individuals in central lock-up can be connected with services right away.
- Who can address it: TPS, specifically DCSOs in collaboration with community agencies.

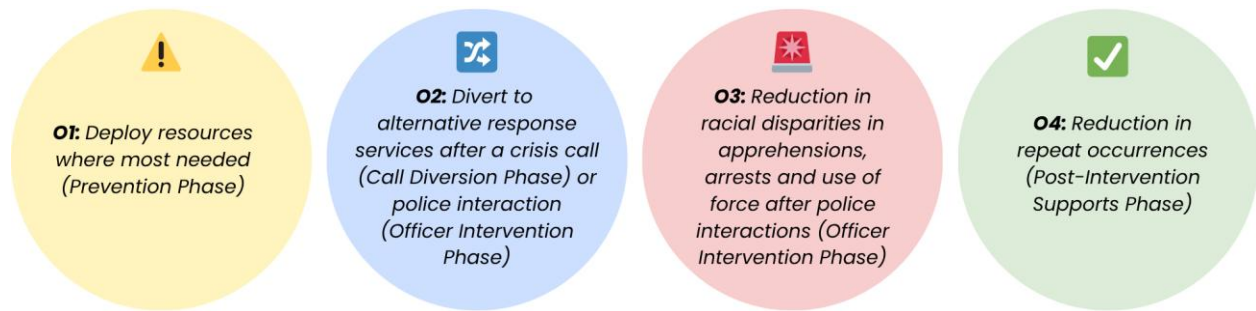
#### First, participants heard about some of the things TPS is already doing, including...


- The fairly successful pilot tested at Division 51 that brought crisis workers to work with the officers at central lockup to provide alternative supports for individuals deemed suitable, reducing unnecessary criminalization. Although successful, the organization providing crisis worker services was unable to continue funding, pointing to the importance of funding at scale to support this program if it is to be restarted.
- Although TPS regularly partners with crisis workers from community agencies at central lockup, crisis workers are not available 24/7 and cannot provide emergency services. As such, TPS members lose the ability to leverage the services provided by community agencies to help individuals in central lock up and require more specialized training to support individuals when crisis workers are not present.
- Ongoing discussions around having a uniform DCSO on the road to respond to crisis calls and refer individuals to the appropriate services before they are brought to central lockup.


**Then, they suggested TPS could...**


- Leverage learnings from Division 51 pilot to update existing processes in place for DCSOs who support individuals at central lockup, including receiving specialized training from partner community agencies to better identify individuals that might benefit from alternative supports and identify appropriate community-based programs that the individuals can be referred to.
- Leverage the experience of DCSOs with more specialized training around persons in crises by having them train special constables and bookers at central lockup who can support individuals in crises when DCSOs are not present, with training support from community agencies.
- Strengthen collaboration with mental health providers, the courts, and the Crown to address disparity in diversion for Black and Racialized individuals, ensuring that they are approved for diversion to appropriate supports by the Crown.
- Update internal data systems to measure outcomes of supports individuals are referred to at central lockup in collaboration with partner agencies to better understand the pathway of diversion journeys and which services are used or underutilized.
- Consider assigning a DCSO as case manager to each individual at central lockup to closely follow their diversion journey and can accompany court and/or special officers who receive individuals to be released to a police facility or court system. DCSOs may also operate on the frontline to defer individuals to appropriate services before they are booked into central lockup.

**This is how these suggestions can advance our outcomes...**



 Facilitating community-based supports for those individuals who have already entered the justice system at central lockup when mental health has been identified as the underlying cause of their interaction with police, reduces unnecessary criminalization and helps to break the cycle of repeat encounters with the criminal justice system; it may also improve court outcomes.

 Through specialized training and capacity building, biases can be addressed early to reduce racial disparities in apprehensions, with DCSOs playing an active role in diverting individuals to alternative response services either before they enter central lockup, at central lockup, or after they have been released to the court.



**How implementing this solution might look like**

**This is what participants suggested the key areas of work could be...**

- 1) Leverage support from DCSOs at central lockup.
- 2) Develop internal tracking systems to measure outcomes.

**Examples of activities participants recommended are outlined in detail below:**

<b>#1 – Leverage support from DCSOs at central lockup</b>	
<b>Activity</b>	<ul style="list-style-type: none"> <li>• TPS should consider clarifying the scope of DCSO engagement at lockup (voluntary vs. mandatory participation) and train booking officers and court officers to provide support in case DCSOs and/or crisis workers are not available</li> </ul>

	<ul style="list-style-type: none"> <li>• DCSOs can become case managers for individuals at central lockup to ensure racial disparities in diversion for Black and Racialized individuals are addressed and diversion recommendations are accepted by the Crown</li> <li>• DCSOs should partner with court officers and special officers to provide referrals to individuals soon to be released to a police facility or court system</li> <li>• TPS can engage with mental health community partners to ensure access to existing support programs and consider developing formal referral pathways or Memorandums of Understanding with Mental Health Court and Crown partners</li> <li>• Depending on capacity, DCSOs may consider responding to crisis calls to assist individuals and refer them to appropriate services before they are brought to central lockup</li> </ul>
<b>Partners</b>	Mental health community agencies, mental health courts, Crown prosecutors
<b>#2 – Develop internal tracking systems to measure outcomes</b>	
<b>Activity</b>	<p>Quantitative measures can include:</p> <ul style="list-style-type: none"> <li>• Updating internal data systems to enable referral tracking and which programs yielded positive outcomes for diverted individuals, requesting additional data from partner community agencies around supports used by the individuals referred to understanding gaps in available services or services more frequently used</li> <li>• Measuring an individual’s rate of reduced re-arrests within 6 or 12 months</li> <li>• Measuring the rates of diversion at first appearance</li> </ul>
<b>Partners</b>	Community agencies offering alternative response services

## Solution #8 - Rotate Officers Across Divisions

Pilot and gradually expand an officer rotation framework that enables officers to temporarily work in alternate police divisions to diversify exposures to different communities, operational contexts and service approaches.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: Innovations around mental health responses are not always shared across TPS, knowledge and practice are often localized to specific divisions.
- How it could be solved: Expanding the officer rotation framework could address these knowledge gaps and benefit officers by exposing them to different community dynamics and service delivery in other divisions. This helps to reduce unintentional biases that can emerge from working within a single division and build officers capacity to engage with mental health crises in various contexts.
- Who can address it: TPS, specifically officers within the NCO program and PRU unit.

#### First, participants heard about some of the things TPS is already doing, including...

- How some officers have developed strong working relationships with local service providers, built more established diversion pathways to Toronto Community Crisis Service (TCCS) and developed effective crisis engagement strategies which reduce escalation and improve referrals.
- The importance of NCOs' long-standing presence in communities and strong relationships they establish with community members through reliable and consistent presence in their communities.

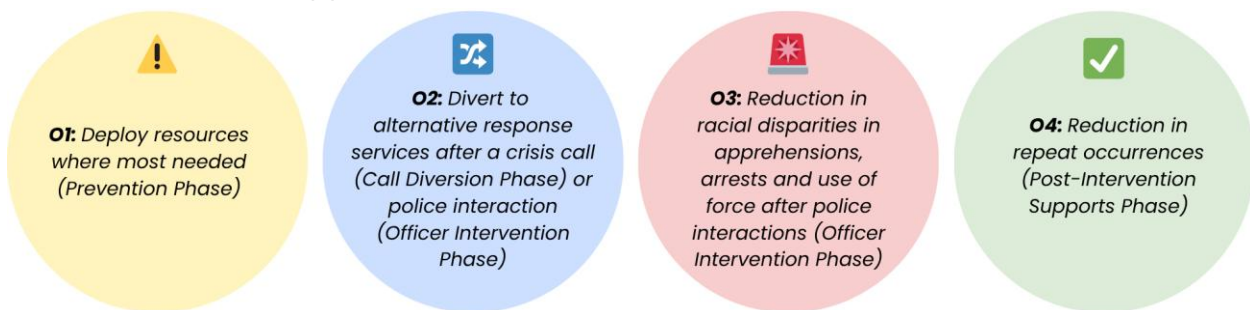
#### Then, they suggested TPS could...

- Introduce a voluntary NCO Sergeant rotation pilot program that enables NCO sergeants to rotate across divisions so they can collaborate with exchange divisions' NCOs and Service members, learn best practices from them, explore existing partnerships with community agencies and identify potential new

partnerships they can develop with their home division to better support service delivery. After their rotation, NCO sergeants can report back on their learnings and implement new best practices to improve service delivery in their home division.

- Expand the rotation pilot program to Primary Response Unit (PRU) officers in a later phase.
- Use the existing Community Safety Index to identify divisions with high mental health call volumes as potential hosting divisions for the rotation pilot.
- Develop evaluation strategies to ensure key learnings are captured and properly reported back by the officers benefiting from the rotation program, incorporating feedback from community partners where possible.

### This is how these suggestions can advance our outcomes...



By enabling voluntary cross-divisional rotations, TPS can create intentional pathways for officers to learn different models of crisis response, diversion and post-intervention support and gain exposure to divisions with strong diversion practices (and potentially TCCS connections), increasing diversion to alternative response services.



Cross-divisional exposure to alternative engagement and de-escalation practices across divisions can reduce entrenchment of practices (and biases) that may contribute to disparities in crisis encounters, helping reduce reliance on use of force, arrests, and mental health apprehensions during crisis encounters.



Expanding officers' knowledge of community mental health resources and service pathways and strengthening their abilities to connect individuals in

crisis to appropriate supports following a police encounter can reduce the likelihood of repeat crisis interactions.

## How implementing this solution might look like

### This is what participants suggested could be the first step...

- TPS can identify which divisions and/or units are willing to participate and will provide a supportive learning environment for the officers interested in the rotation pilot.

### This is what participants suggested the key areas of work could be...

- 1) Introduce NCO Sergeant exchange program.
- 2) Evaluate exchanges and expand capacity.
- 3) Expand with PRU-NCO shadowing opportunities.

### Examples of activities participants recommended are outlined in detail below:

<b>#1 – Introduce NCO Sergeant exchange program</b>	
<b>Activity</b>	<ul style="list-style-type: none"> <li>• TPS should develop a structured exchange program where NCO sergeants rotate to another division to learn about how they address mental health calls, their best practices, and the partnerships they have that can benefit the home divisions of rotating NCO Sergeants, and eventually divisions with different practices (i.e. established best practices around diversions/referrals etc.)</li> <li>• The length of the rotation pilot should be at least 4 weeks to get familiarized with practices and existing successful partnerships in the host division</li> <li>• TPS can consider exchange program activities for NCO sergeants (and PRUs at a later stage) including pre-orientation and goal setting, shadowing, and exposure to local community partners and service agencies</li> <li>• TPS could partner with community partners who can provide information and opportunities for collaboration</li> </ul>

<b>Partners</b>	Community partners (e.g. community-based and mental health service organizations)
<b>#2 – Evaluate exchanges and expand division capacity</b>	
<b>Activity</b>	<p>Quantitative measures can include...</p> <ul style="list-style-type: none"> <li>• Tracking participation rate in program</li> <li>• Documenting number and types of referrals made post-rotation</li> <li>• Tracking changes in referral patterns post-rotation</li> <li>• Formalizing protocols to document resources from exchange divisions in a centralized knowledge hub per division to ensure succession of knowledge (e.g. a blog or other knowledge hub similar to those that exist in other specialized units such as the homicide unit)</li> </ul> <p>Qualitative measures can include...</p> <ul style="list-style-type: none"> <li>• Collecting officers' reflections post-rotation on lessons learned and new approaches to working with community partners</li> <li>• Collecting community partners' feedback from exchange divisions on officers' engagement and relationship building</li> </ul>
<b>Partners</b>	Community partners
<b>#3 – Expand with PRU-NCO shadowing opportunities</b>	
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Once tested with NCO Sergeants, TPS can expand the program to PRU officers to give them the opportunity to gain exposure to community engagement work and supports for racialized persons experiencing mental health crises</li> </ul>
<b>Partners</b>	N/A

## Solution #9 - Support Well-Being of Our Frontline Staff

Continue to deliver and enhance wellness supports for Service members, while systematically evaluating their effectiveness to promote well-being and job satisfaction.

### How This Solution Advances Our Ultimate Outcomes

#### At a glance...

- What problem this solution could solve: Supporting individuals in mental health crises is difficult work that can have a mental health impact on officers.
- How it could be solved: By implementing tactics to increase uptake of wellness supports by officers, including a focus on reducing stigma, encouraging use of existing supports, establishing clear evaluation mechanisms and continually improving services that support staff.
- Who can address it: TPS members, leadership, and especially sergeants and staff sergeants.

#### First, participants heard about some of the things TPS is already doing, including...

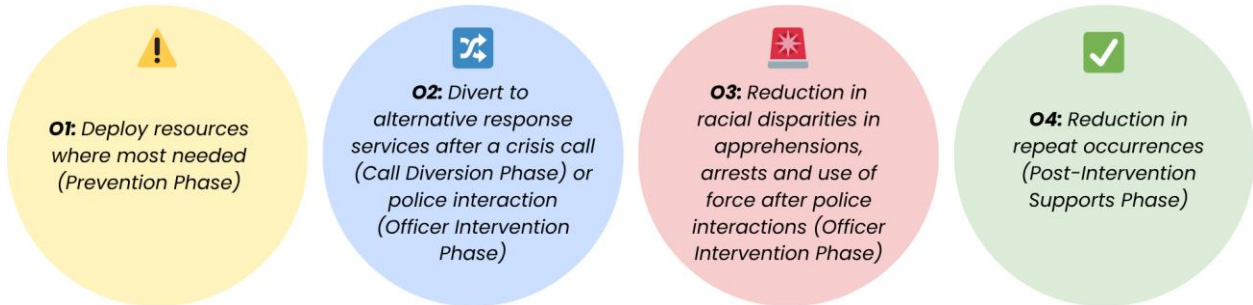
- What supports currently exist through the centralized Wellness Unit, which operates in close partnership with the Toronto Police College to embed wellness principles across training and career development and involves third parties to ensure quality of services.
- Prioritizing members' wellbeing by the leadership (especially sergeant and staff sergeant) is critical for the members to feel safe to access wellness supports, regardless of the divisions they are working in, and that the continuity of these services will be prioritized if leadership priorities shift.

#### Then, they suggested TPS could...

- Continue to evaluate support services provided to officers for availability, frequency of use, and members' experiences using these services to identify opportunities for improvement.
- Shift the culture around accessing and using wellness support services, with TPS leadership championing pro-wellness philosophies.
- Reducing barriers to access across the Service by ensuring members can access supports with minimized friction.

- Coordinate communication strategies to ensure members across the Service know what wellness supports are available and how to access them.

### This is how these suggestions can advance our outcomes...



Officers on the frontline who feel supported are better positioned to respond to emergency and community calls effectively and professionally, build and maintain relationships with community partners, and prioritize diversions and referrals when appropriate, which can help them to deliver more equitable responses to individuals in crisis.

## How implementing this solution might look like

### This is what participants suggested could be the first step...

- TPS members should adopt a “help yourself first to best help others” philosophy to help the Service shift towards a culture of reducing stigma associated with seeking and accepting mental health support for all TPS members and built upon increased knowledge sharing and trust.

### This is what participants suggested the key areas of work could be...

- 1) Continued evaluation of services provided to officers.
- 2) Shifting culture & reducing barriers to access.
- 3) Coordinated communications strategy to raise awareness and enable access to services.

### Examples of activities participants recommended are outlined in detail below:

<b>#1 – Continued evaluation of services provided to officers</b>	
<b>Activity</b>	<ul style="list-style-type: none"> <li>• TPS could collect data on types of services available and frequency of use to understand patterns, opportunities for expansion and identify gaps in outreach and/or delivery</li> <li>• TPS may consider implementing anonymized surveys to understand the experiences of Service members using support services available, the outcomes of using these services, and any other services they would like to see</li> <li>• TPS should continue to seek third-party evaluation to confirm quality of support services and implement frameworks to ensure supervisors are accountable for supporting the officers to receive proper support</li> </ul>
<b>Partners</b>	N/A
<b>#2 – Shifting culture &amp; lowering barriers to access</b>	
<b>Activity</b>	<p><b>Strengthen leadership support to enable access to services</b></p> <ul style="list-style-type: none"> <li>• TPS leadership (especially sergeants and staff sergeants) should continue to visibly model the use of wellness services, actively communicate the importance of psychological health,</li> </ul>

	<p>and reinforce a culture where accessing supports is viewed as a professional responsibility rather than a weakness</p> <ul style="list-style-type: none"> <li>• TPS leadership should support supervisors as they create operational space for staff to access supports without stigma, operational penalty, or perceived career risk</li> <li>• Sergeants and staff sergeants should receive trauma-informed and culturally responsive training centered around listening to members’ experiences, communicating with empathy, and modeling a shift in culture towards supporting mental health and wellbeing</li> </ul>
<b>Partners</b>	N/A
<b>Activity</b>	<p><b>Lower barriers to access</b></p> <ul style="list-style-type: none"> <li>• Dedicated TPS units can develop simplified and standardized pathways to wellness services (e.g. using a clear, user-centered system) that allows members to easily identify available resources, understand eligibility, and connect directly to supports without unnecessary administrative steps</li> <li>• Sergeants and staff sergeants should implement immediate debriefing practices after all calls (crisis or otherwise) so that Service members are in regular communication with leadership, are continually reminded of existing services, and are meaningfully encouraged to prioritize their mental health throughout their career</li> </ul>
<b>Partners</b>	N/A
<p><b>#3 – Coordinated communications strategy to raise awareness and enable access to services</b></p>	
<b>Activity</b>	<p><b>Implement a coordinated internal communications approach</b></p> <ul style="list-style-type: none"> <li>• TPS should establish consistent messaging about wellness supports available to its members</li> <li>• TPS Wellness Unit continue collaborating across the Service to regularly disseminate information across ranks and divisions about existing supports and new programs</li> </ul>

	<ul style="list-style-type: none"> <li>• TPS can integrate information about wellness supports into training and regular organizational meetings to ensure repeated exposure throughout a member’s career</li> <li>• TPS can consider implementing automatic wellness outreach following high-stress incidents rather than relying on self-referral, with sergeants and staff sergeants hosting immediate debriefings with their team members after all calls, to strengthen communication and reduce barriers to support access</li> </ul>
<b>Partners</b>	N/A
<b>Activity</b>	<p><b>Leverage external initiatives to reinforce knowledge of internal services:</b></p> <ul style="list-style-type: none"> <li>• TPS can leverage external initiatives, such as Mental Health Awareness Month, to remind its members of existing internal wellness supports and programs</li> </ul>
<b>Partners</b>	N/A

## 4. Appendix

### 4.1 Solutions List

#### **Solution #1 - Improve Partnerships**

TPS establishes an Engagement and Partnership Strategy that will guide relationship building and collaboration with agencies working with persons experiencing mental health crises to build trust, engage long-term.

#### **Solution #2 - Support Youth in Crisis**

Enhance the capacity of all TPS frontline officers to support and engage with youth (ages 12–17) who are experiencing mental health crises and are at risk of coming into conflict with the law. This would be achieved by expanding and elevating existing best practices and areas of expertise within TPS, with a focus on standardizing approaches and expanding community partnerships.

#### **Solution #3 - Support Officers & Promote Public Campaigns to Increase Uptake of Alternative Services**

Leverage existing officer training and divisional programs to increase officers' knowledge about alternative response services and support their ability to connect people in crisis from racialized communities with appropriate services. In addition, prioritize opportunities to help promote existing public campaigns around TCCS run by the City of Toronto, as well as other local mental health services and supports.

#### **Solution #4 - Increase Transparency, Effectiveness and Public Trust around Officer Training**

Increase transparency and engagement with racialized communities around the content of officer training, particularly components that seek to advance equity and cultural competency. Further, create more opportunities for racialized communities to support training development and delivery.

#### **Solution #5 - Improve Tracking & Accountability Around Diversion & Referral**

Consider ways to encourage and support officers to choose diversion and referral outcomes more often. This includes internally tracking these outcomes, having

supervisors review all cases involving mental health where a diversion outcome did not happen, reviewing the diversion procedure for first-time and minor offenders.

### **Solution #6 - Partner to Enable Whole-of-System Tracking of Diversion Journeys**

Explore collaborations and partnerships with other system players to enable tracking of diversion journeys across systems, so we can have a full picture of what happens to individuals as they move through different systems.

### **Solution #7 - Leverage Mental Health Support at Central Lockup**

Leverage the support from Divisional Crisis Support Officers (DCSOs) to assess individuals in custody who are experiencing mental health crises and help them connect with relevant supports where appropriate (including possible referrals to community-based programs or the Mental Health court).

### **Solution #8 - Rotate Officers Across Divisions**

Pilot and gradually expand an officer rotation framework that enables officers to temporarily work in alternate police divisions to diversify exposures to different communities, operational contexts and service approaches.

### **Solution #9 - Support Well-Being of Our Frontline Staff**

Continue to deliver and enhance wellness supports for Service members, while systematically evaluating their effectiveness to promote well-being and job satisfaction.

## 4.2 What We Heard: Community Solutions Sessions Summaries

The Community Solutions Sessions (CSS) were designed as a series of half-day engagements held in community centers that were accessible by public transit, with scheduling that included both weekday and weekend options to accommodate different availability. Three sessions were focused respectively on Racialized, Black, and Indigenous communities.

Monumental began by situating the sessions, outlining the journey of the work to date, including the problem framing, intended impacts, and ultimate outcomes to ensure participants had both context and direction. The objectives of the sessions emphasized developing concrete activities and programmatic responses to two solutions selected for their direct relevance and impact on communities:

- Solution #1 - Improve Partnerships
- Solution #2 - Culturally Specific 211 Campaigns.

Before the sessions' activities began, participants heard from representatives of TPS, 211, and Toronto Community Crisis Service on existing initiatives so that ideas generated would build on current efforts. After the presentations, participants selected a solution area and worked in groups to develop and refine their concepts in preparation to share with the larger group.

**Over the process, we realized many of the ideas generated for Solution #2 fell outside the direct implementation scope of TPS. Accordingly, community feedback related to this solution has been shared directly with 211. Receipt and appreciation of this feedback have been acknowledged by Kosal Ky, the Director of Strategic Partnerships at 211/Findhelp Information Services, through her following message:**

*Dear Community Members and Participants,*

*On behalf of Findhelp Information Services, we would like to extend our heartfelt thanks to each of you who showed up and contributed to the engagement sessions. You brought your full selves to the table, sharing your lived experiences, your insights, and the challenges you have faced within the system. Your openness, honesty, and willingness to speak into these spaces made it possible for meaningful dialogue to*

*take place and for real opportunities for community mobilization, system change, and collective impact to emerge.*

*Your voices have been heard, and they are essential in shaping more responsive and supportive pathways for those navigating mental health challenges in our City. We are deeply grateful for your trust, your courage, and your commitment to improving outcomes for our communities.*

*As an agency, we have heard your challenges and your many thoughtful ideas on how to make 211 more noticeable, relevant, and engaging across your communities. We are committed to reaching out, continuing to listen, and deepening our engagement to ensure your voices remain at the center of this work. Our goal is to ensure that people in every corner of Toronto are aware that 211 is available 24/7 to connect them to mental health supports such as TCCS because there is no wrong door to seeking help.*

*We look forward to continuing this important work together.*

*With sincere appreciation,*

*Kosal Ky*

*Director of Strategic Partnerships*

*Findhelp Information Services*

## Community Solution Session #1 - Racialized Communities

Summary of Insights (Session held on January 17, 2026)

### Overview

- **#1 – Improve Partnerships:** This group recommended formalizing TPS partnerships through clearer definitions, accountability measures, and community-led evaluation mechanisms—such as annual cross-sector conferences and public forums—to reduce reliance on informal relationships and improve coordination and service access.
- **#2 – Culturally Specific 211 Campaigns:** This group proposed a sustained, culturally tailored 211 awareness campaign that builds trust by clarifying confidentiality, rights, and language access while using community, youth, faith-based, and corporate partnerships to reduce stigma and increase service use.



### Detailed Summary: Solution 1 - Improve Partnerships

Focused on strengthening TPS partnerships by addressing informal relationship structures, power imbalances, and limited community voice. Participants noted that “partner” and “partnership” are often used loosely, without clear definitions or measures of accountability. They recognized that connections tied to individual staff rather than formal systems are more powerful and stressed the need to clarify who

organizations are directly connected to. They proposed an annual cross-sector conference and public forums where communities can critically evaluate partnerships using community-defined criteria. Success would be reflected in diverse participation, clearer points of contact, improved coordination, and increased awareness and use of appropriate services.

### *Worksheet transcriptions:*

#### **#1 – Improve Partnerships (group 1)**

- What problem are you focusing on/how is it going to help?
  - Increase awareness of services and partnerships
    - The term “partner” is often used loosely, with relationships depending on individual staff members rather than formal structures
    - Grassroots and nonprofit organizations expressed interest in partnering with TPS but cited funding limitations, staffing constraints, and high turnover
  - Create space for relationship-building and direct connections across organizations
  - Evaluate partnerships using community-defined criteria rather than only institutional measures
    - Significant power imbalances between large institutions (e.g., TPS) and smaller or grassroots organizations
    - Examine partnerships through a critical lens, including concerns about privatization and corporatization of care
  - Share and showcase best practices to reduce silos and improve coordination
  - Strengthen trust through transparency and consistent engagement
    - Decision-making is sometimes viewed as system-led rather than community-driven, with limited diversity of perspectives
  - TPS needs to understand the cultural/context of the communities they work in before developing partnerships
  - Connections with organizations need to be more fine grain/direct – WHO at the organizations are you partnering with? Networking is key!

- Activities:
  - A two-part approach:
    - An annual conference bringing together TPS, mental health agencies, community organizations, frontline responders, and grassroots groups
    - Public forums where communities evaluate partnerships and provide feedback on what is meaningful and effective
  - Annual conference with structured panels, breakout sessions, and showcases of successful models
  - Public forums designed to be welcoming, accessible, and safe, including consideration of plainclothes attendance by officers
  - Inclusion of grassroots and community groups, not only established agencies
- Who's going to be involved?
  - TPS, mental health agencies, community organizations, frontline responders, and grassroots groups
- What do we need for this to work?
  - Assign a designated liaison in each organization to maintain continuity despite staff turnover
  - Address accessibility and inclusion needs (e.g., honoraria, food, transit support)
  - Consider asset mapping, particularly in high-density areas, to guide where partnerships and presence are most needed
  - Balance adding new partnerships with better coordination of existing resources
  - More partnerships do not always mean better outcomes; fragmented funding can weaken organizations
  - Power imbalances must be acknowledged and actively mitigated through governance and decision-making structures
  - Community feedback must include critical and dissenting voices, not just positive input
- Timelines:
  - Increase visible and consistent presence in schools, community agencies, and programs (e.g., annual or recurring engagement)
  - Annual conference and forum
- Measuring success:
  - Community participation and diversity of representation

- Increased awareness and use of appropriate services
- Clear points of contact across organizations
- Qualitative feedback from public forums
- Evidence of improved coordination or referral pathways

### ***Detailed Summary: Solution #2 - Culturally Specific 211 Campaigns***

Focused on increasing awareness and trust in 211 through a sustained, culturally tailored campaign. They emphasized clearly differentiating 211 from 911, 311, and 988, highlighting confidentiality, consent, and access in 170+ languages. Many community members hesitate to call due to fear of arrest, data collection, or stigma, so they need to know their rights so they can feel safe using the service without worrying about someone finding out or their data being shared without their knowledge. Proposed strategies include multi-channel outreach like advertising in community centers, healthcare clinics, schools and shelters. This group also emphasized the importance of partnerships with schools and communities, so that peer ambassadors can visit youth and faith-based communities to share information about 211, as well as corporate partnerships with Bell or sports teams to widely advertise 211 and lower the stigma around using their services. Success would be measured through increased trust, word of mouth, engagement metrics, and higher referral rates from community partners.

#### *Worksheet transcriptions:*

### **#2 – Culturally Specific 211 Campaigns (group 2)**

- What problem are you focusing on/how is it going to help?
  - Clear explanation of what 211 does and does not do
  - Differentiation between 211, 311, 911, 988, etc.
  - Emphasis on confidentiality, language availability (170+ languages), and consent
  - Setting realistic expectations about response and support due to perceptions of long response times that discourage use
  - Campaigns that address stigma directly, not just awareness
    - Know Your Rights – many folks are nervous about calling 211 or 911 because they don't know their rights – will they get arrested? What data will they collect on me? Will they tell my family I

called? Will my community know I called? → if you know your rights, what you can consent to, what you don't have to agree to, the stigma can be lowered, and people can change their perception of 211 / support services

- Activities:
  - A long-term, multi-channel, culturally tailored campaign to increase awareness, understanding, and trust in 211 services (showcase live translation services, 21 languages, confidentiality, great variety in resources etc.)
  - Social media campaigns using existing 211 platforms, with targeted posts for different audience groups
  - Traditional and local media, including exploration of public service or corporate social responsibility (CSR) placements (partnering with CP24, CBC, etc.)
  - Posters and video materials in community centers, libraries, schools, clinics, and public spaces
  - Partnerships with schools for age-appropriate education (i.e. info sharing sessions in classes since children of immigrants are typically their points of contact to services and resources in the west)
  - Engagement of faith and sports organizations to reach broader and harder-to-reach audiences
  - Peer ambassador model, including a short video-based certification process featuring lived experience
  - Coordinated activations around 211 Day (February 11)
- Who's going to be involved?
  - Target audiences: Newcomers and racialized communities, Youth and students, Seniors (who often rely on word of mouth and traditional media), Faith communities, People less likely to seek help independently
  - Corporate companies who can be funding/advertising partners (Bell Canada, sports teams, etc.)
  - CAMH/mental health services as partners who can advertise 211 services in their offices
  - Healthcare professionals/offices who can promote 211 services and post advertising material in their offices

- Partnering with other community-based organizations that are hubs of resources like UNISON
- What do we need for this to work?
  - Funding for content creation, translation, and outreach
  - Coordination and support for ambassadors and volunteers
    - 211 can hire summer students
    - 211 can advertise at events/at existing spaces
    - Volunteers who've used 211 and can be living examples of its success
  - Leveraging corporate social responsibility partnerships/programs to offset advertising costs
- Timelines:
  - Long-term campaign
  - Consistent advertising strategy
- Measuring success:
  - How do we measure trust?
    - More information for communities
    - More regular presence/time in community spaces
    - Consistency
    - Word of mouth
  - Call surveys at the end of 211 calls
  - Social media and outreach engagement metrics
  - Increased referrals from schools, healthcare providers, and community organizations
  - Qualitative feedback from peer ambassadors and community sessions

## Community Solution Session #2 - Black Communities

Summary of Insights (Session held on January 20, 2026)

### Overview

- **#1 – Improve Partnerships:** The first group proposed rebuilding trust between TPS, youth, and community agencies through regular engagement spaces like quarterly forums and weekly coordination tables, supported by strong communication systems and a long-term commitment to consistent presence and relationship-building. The second group emphasized that TPS must first acknowledge historical harms and improve transparency before building partnerships through culturally specific training, regular dialogue, faith-based outreach, and long-term trust-building efforts across diverse Black communities.
- **#2 – Culturally Specific 211 Campaigns:** This group recommended a highly visible, culturally grounded 211 campaign using trusted community ambassadors, youth engagement, and broad outreach strategies to increase awareness, trust, and service uptake in Black communities.



## **Detailed Summary: Solution #1 - Improve Partnerships**

### **Group 1**

This group focused on rebuilding trust and improving collaboration between community members (especially youth), and local agencies through transparency, consistent presence, and shared education. Their proposal, *Hand-in-Hand*, would include quarterly meetings with TPS, community organizations, and members of the public to come together and exchange experiences, raise concerns early, share resources, and discuss how TPS can de-escalate in crisis situations. They proposed linking quarterly gatherings with weekly Focus Tables to ensure ongoing case coordination and responsiveness between meetings. Success depends on time, funding, sponsorship, logistics support, and strong communication infrastructure (e.g., planning committees, WhatsApp groups, clear points of contact). The group emphasized “Presence, Persistence, Patience” as a framework, because time = respect. Outcomes would include increased attendance, improved rapport, clearer referral pathways, and visible examples of TPS “giving back,” such as promoting its open-door policy so efforts are recognized.

### **Group 2**

This group centered on rebuilding trust by directly acknowledging historical harms and improving transparency in how TPS partners with communities, particularly diverse Black communities (i.e. African Black communities, Caribbean communities etc.) beyond a Caribbean focus. They proposed annual trust-building forums, regular officer -organization conversations, and opportunities for agencies to review TPS training materials and provide feedback. A core message was explicit: TPS must acknowledge its role in harming communities before initiating new partnerships. They recommended culturally specific training reflecting differences across Black and African communities, plain-language communication about police roles in mental health responses, and social media campaigns to address stigma and clarify how TPS can support youth. Faith-based partnerships and engagement with those who do not typically interact with police were prioritized. This is a long-term effort: “a marathon, not a sprint,” with success measured through quality community touchpoints, implemented training changes, and informal and formal feedback indicating increased trust.

*Worksheet transcriptions:***#1 – Improve Partnerships (group 1)**

- What problem are you focusing on/how is it going to help?
  - Build bridges between community members, youth, and agencies; build transparency, awareness, and collaboration
  - Foster transparency, trust, communication, awareness, collaboration
  - Changing youth's perception of TPS and what services / supports TPS can offer them
- Activities:
  - Name: Hand-in-Hand
  - Quarterly meetings; share experiences; network; organize community education; share resources; discuss de-escalation
    - Exchange experiences and network
    - Be proactive, raise concerns early
    - Community story-sharing and complaints
    - Organize education for the wider community
    - Explore de-escalation strategies and training with TPS – have conversations about what to do in crisis situations and roles + responsibilities
  - Collab with Focus Tables: Quarterly table works with weekly Focus Table for joint service delivery in between (capacity building + general education vs. action-oriented)
  - Collaborate on educating local communities on the roles of TPS and organizations/agencies like 211
- Who's going to be involved?
  - Community, case workers, community leaders, peer support groups, TPS, schools, agencies, local councilors/leaders
- What do we need for this to work?
  - Time; funding for people; event logistics; promotion; sponsorships; planning
  - committee; communication across committees and sponsors
  - Address competing priorities (time/staff limitations)
  - Organizing is the biggest barrier (staffing, food, venue)

- Promotion and formal partnerships
- Between meetings: communication channel (e.g., WhatsApp), planning committee, notetaking
- Circle of care and case conferencing in between, especially for emerging crises?
  - Covered by Focus Table?
  - Focus Table activity varies by area; ensure coverage and responsiveness between meetings
- Strong word of mouth network and putting names to faces – who are the points of contact? Who can you trust? Who can support you, how?
- Timelines:
  - Ongoing (quarterly)
  - NCO framework: Presence, Persistence, Patience → Time = Respect
- Measuring success:
  - Surveys, suggestion boxes, increased attendance, better rapport and service use
  - Communities need to see TPS give back; showcase actions (e.g., open-door policy) so efforts are recognized

### **#1 – Improve Partnerships (group 2)**

- What problem are you focusing on/how is it going to help?
  - Build trust within communities and organizations; educate public on TPS actions; acknowledge history and set a foundation for rebuilding trust
  - How do we acknowledge the community's fears and broken trust re: working with TPS?
  - How do we partner with the continental African community, not just the Caribbean one?
- Activities:
  - Name: Tentatively "Hope in the Wild"
  - Yearly meetings with TPS, orgs, etc., to talk about reaching people; discuss negative experiences and how to build trust; clarify scope of policing in MH; police presence to protect MH staff
  - Have officers hold regular conversations with organizations; lead officers provide updates

- Allow agencies to view training materials and offer feedback
  - Make the “open-door policy” more publicly known so community orgs know they can reach out about training (not widely known)
  - Different community sectors can help identify at-risk members; improve links and referral pathways
- Intentional and culturally specific training for TPS officers re: different ethnicities and the differences between them
- Social media campaigns that address the stigma of working with TPS, share information about how TPS partners, how they can support communities and youth, what they teach officers etc. to reach youth that typically avoid police and spaces where police can be → meeting communities where they are
- Who’s going to be involved?
  - Politicians, TPS, community leaders, orgs, and people who don’t typically engage with police
  - Partners from community orgs/agencies from different backgrounds
    - Not all Black communities are the same!
    - Faith based partnerships with culturally specific organizations
- What do we need for this to work?
  - Transparency; TPS acknowledgement of history; social media campaigns
  - Changing how Black youth view/relate to TPS
  - TPS MUST ACKNOWLEDGE THEIR ROLE IN HURTING OUR COMMUNITIES FIRST THEN SHARE WHAT THEY WILL DO TO BUILD TRUST AGAIN BEFORE STARTING ANY NEW PARTNERSHIPS
  - Transparency from TPS
    - What are they doing? How are they partnering?
    - What are they teaching/training officers in?
    - How are they planning to build respect and trust?
    - Use plain language
- Timelines:
  - 10-year plan; marathon not a sprint
- Measuring success:

- Number of community touchpoints, quality of conversations, what training is implemented, and whether trust increases
- Feedback collection and iterative improvement of cultural competency training for TPS officers
- Word of mouth reviews – what’s working and what isn’t? Responding to that informal feedback

### ***Detailed Summary: Solution #2 - Culturally Specific 211 Campaigns***

This group focused on closing the gap between communities and 211 through a high-visibility, culturally grounded campaign. They proposed bold, youth-friendly taglines such as “211 We’ve Got You,” “Tap In,” and “2+1+1=4 You,” combined with a saturation-style outreach strategy modeled on COVID-19 public health campaigns. Central to the approach is hiring trusted community leaders as paid ambassadors to build local ownership and trust, alongside translators and liaisons to support both language and knowledge translation. Activities would include classroom education, youth internships with 211, pop-up events, and broad engagement across diverse Black communities, faith leaders, and local businesses. Funding for marketing, CSR partnerships, and potential gala events were identified as essential. A one-year pilot with built-in evaluation was recommended, with success measured by increased call uptake in Black communities and ongoing qualitative and quantitative feedback.

#### *Worksheet transcriptions:*

### **#2 – Culturally Specific 211 Campaigns (group 1)**

- What problem are you focusing on / how is it going to help?
  - Bridging the gap between community and 211
- Activities:
  - Taglines/Names: Calling 211: It’s Giving; 211 We’ve Got You; Call 211.ca; 211 The Plug; 211 I Got You; Tap In; 2 + 1 + 1 = 4 You
  - Replicate high-priority community strategy (e.g., COVID-19 model) with community ambassadors; hire community leaders to build trust and local ownership
  - Blitz campaign to saturate people’s knowledge of 211 and what supports/resources they offer

- Teach the youth about 211 early on in classes, pop-up events, youth internships with 211 etc.
- Who's going to be involved?
  - Diverse Black communities across Toronto, linguistically diverse groups, faith leaders, businesses, relevant groups
- What do we need for this to work?
  - Funding to pay translators/community liaisons; marketing funds; possible gala; CSR support
  - Knowledge translation (not just language translation)
- Timelines:
  - 1-year pilot with evaluation & feedback
- Measuring success:
  - Uptake in calls within Black communities; qualitative & quantitative measures; regular feedback meetings

## Community Solution Session #3 - Indigenous Communities

Summary of Insights (Session held on February 10, 2026)

### Overview

- **#1 – Improve Partnerships:** This group called for formal accountability agreements, meaningful acknowledgment of past harms, culturally informed crisis alternatives, and long-term relationship-building initiatives to strengthen trust between TPS and Indigenous communities.
- **#2 – Culturally Specific 211 Campaigns:** This group recommended conducting a needs assessment and launching an Indigenous-led 211 campaign with accessible outreach strategies, system reforms, and youth involvement to improve service access and reduce mental health crises.



### ***Detailed Summary: Solution #1 - Improve Partnerships***

This group emphasized the need for written partnership protocols between TPS and organizations that clearly outline accountability and respect, and for TPS to formally acknowledge and apologize for past harms at both organizational and individual levels before partnerships can be built. Specific proposals included partnering with Indigenous organizations so an Indigenous health support specialist can be present

during interviews or interventions and creating a distinct helpline for pan-Indigenous communities rather than defaulting to TPS. The group called for long-term, immersive cultural competency and trauma-informed training (beyond annual sessions), including education on the Mental Health Act, colonization, and the nuances of Indigenous experiences of mental health and addiction that result from systemic colonial impacts. Relationship-building activities would include seasonal pop-ups, drop-in sessions, shared meals, and planting medicinal gardens to foster non-threatening engagement. Success would be measured by how often TPS redirects individuals to appropriate community support, and the strength and continuity of relationships and connections between Neighbourhood Community Officers (NCOs) and community contacts. The group stressed this is a generational effort requiring sustained presence, succession planning, and shared responsibility.

#### *Worksheet transcriptions:*

### **#1 – Improve Partnerships (group 1)**

- What problem are you focusing on/how is it going to help?
  - Addressing how partnerships are perceived by TPS and community/service organizations
  - Building more connections with partner agencies so TPS can go to folks in need instead of waiting for them to come to TPS
  - Changing the perception of TPS/calling/partnering with TPS as leading to risk of arrest/trouble
  - Investigating how much TPS officers know about important issues that concern communities and service providers, relevant policies (like the Mental Health Act), meaningful cultural/religious practices
- Activities:
  - Having written policies/protocols that outline partnerships between TPS and community/social organizations to outline accountability and respect
  - Partner with Indigenous organizations so that an Indigenous health support specialist can be present during interviews/interventions TPS conducts
  - Specific helpline for pan-Indigenous folks instead of forcing them to call/work with TPS

- Long-term and iterative cultural competency training (immersion)
  - More training beyond just annual sessions
  - More trauma-informed training including de-escalation, prevention, no use of force
  - More training re: relationships between Indigenous experiences, how they experience mental illness / addiction in a unique way, the effect of colonization on the Indigenous experience and the lasting impact it has had
- Leveraging the community connections Neighbourhood Community Officers (NCOs) have to keep relationships strong
  - Transition training between old and new NCO's
  - Frequent casual conversations / drop-in sessions to share information and knowledge
  - Follow up leadership and continuous updating of community point of contact directories
  - TPS officers coming to community / social service organizations' team meetings where they share concerns and issues
- Pop-up activities/chats with TPS, community org representatives and community members
  - Drop-in, no pressure
  - Invite new TPS recruits = immersion cultural training
  - Gather around food, activities, planting and harvesting medicinal garden = continuous presence in the community and joint work to build something together
  - Chance for everyone to meet in a non-threatening context, chat, get to know each other and start to build familiarity and lower anxiety
  - Could be a good opportunity to share important resources depending on context (the season [i.e. winter? Share info about nearby warming centers], the community [i.e. more youth struggling with mental health? Share info about resources they can use])
- Who's going to be involved?
  - TPS officers (junior, senior, leadership, everyone!)

- Neighbourhood Community Officers (NCOs)
- Frontline workers
- Social and community service providers
- What do we need for this to work?
  - TPS TO ACKNOWLEDGE THE DARK HISTORY WE SHARE + apologize first before can begin to build trust or any sort of relationships
    - Apologies and acknowledgements should be continuous, on an organizational AND individual level
    - They should show their commitment by creating a task force that is responsible for ensuring the 'truth' of 'truth and reconciliation' is being shared and honored
  - Continued time with community and presence = build trust (intentional ongoing relationship building, conversations, training to understand cultural nuance)
  - TPS to show their vulnerable side to community
    - Come to service providers and ask them about their concerns
    - Offer training materials upfront
    - Share with organizations what resources/supports TPS can offer to help them with their concerns
  - Buy-in and initiation from both sides: TPS AND community/service organizations = it's a 2-way street!
  - Community accepting that TPS is a necessary group – we need them to protect the law and protect us
  - Being aware of what resources each organization can offer (i.e. venue space, existing programming that can be the activity during the pop-ups, etc.)
  - Improving engagement procedures within TPS re: successful relationship succession planning (transitions between NCOs, keeping points of contact informed, keeping points of contact the same)
- Timelines:
  - Long-term – pop up sessions can happen every season
  - Training: long-term, cumulative and iterative based on feedback
  - This change in perception and trust building will be a **GENERATIONAL** endeavour

- Measuring success:
  - How many times does TPS redirect folks in need to the right PEOPLE at the right organizations?
  - How many points of contact do NCOs/officers know in their division?
  - Leadership ensuring lines of communication are open and connected between officers internally + points of contact in communities and organizations

### ***Detailed Summary: Solution #2 - Culturally Specific 211 Campaigns***

This group recommended they begin a comprehensive needs assessment and environmental scan to evaluate how effectively 211 is reaching diverse and Indigenous communities. They proposed establishing a one-year advisory council composed primarily of Indigenous individuals with lived experience using 211 and frontline workers to guide campaign development. Dedicated staff time, potentially bought out from agencies, would be required to coordinate the work. Suggested strategies included highly visible advertising (bus shelters, bathroom stalls, dating apps), removing restrictions on 211 promotions in shelters, and introducing accessible “hot phones” in public locations for those without personal mobile phones. Marketing should feature Indigenous faces to signal safety and align with TRC commitments, with potential partnerships including Bell Let’s Talk and the Hope for Wellness line. The group suggested engaging youth to help advertise 211, including using call outs for design competitions for campaign materials. System-level improvements include simplifying intake questions from 211, and addressing the age restriction for accessing 211, as Indigenous youth under 211’s 16-year-old age for access and consent disproportionately experience mental health crises including suicidality. Success would be measured by increased and more diverse 211 call volumes, reduced mental health apprehensions, and improved data collection to assess service reach and impact.

#### *Worksheet transcriptions:*

### **#2 – Culturally Specific 211 Campaigns (group 2)**

- What problem are you focusing on / how is it going to help?
  - Mapping of who’s out there / needs assessment
  - Evaluation of how effective 211 is at reaching diverse communities first

- Talking to agencies re: TRC commitments + raising awareness re: 211 services
- Activities:
  - Creating an advisory council – leaning towards folks who are Indigenous with lived experience calling 211 + folks from community/front lines (not just exec directors lol) → this group would support building materials and ways to move forward
    - Should be folks familiar with using 211
    - Should map existing connections etc. + environmental scan to see where 211 is doing well/ where it needs extra work
    - Needs to be dedicated staff – we could buy their time from agencies + dedicated staff working on this as we're crafting it
  - Hot phone – for folks who don't have access to phone, they can use a phone at bus stops, stations, key locations for folks to call
  - Ads in dating apps
  - Ads in bathroom stalls/ traditional spots
  - Remove the barrier/rule barring 211 advertising at shelters
  - Go to liaisons directly to speak about them about 211 and how to advertise it
  - Have an Indigenous face on the marketing material = indicate that this is a safe service to go to
  - Marketing at the back of public bathroom stalls, bus shelters, EVERYWHERE!
  - Possibility to partner with Bell Let's Talk, Hope for Wellness line, being connected to TRC's website and their campaigns
  - Youth call out to design campaigns for artists and designers to create posters from their experiences
- Who's going to be involved?
  - We could get Indigenous celebrities on board + partner with Bell Let's Talk + TRC and other groups
  - Engage youth / students – how can they incorporate these campaigns as part of their studies?
- What do we need for this to work?
  - Campaigns in diverse languages and showing Indigenous subjects

- Need federal and provincial governments + 1-2 dedicated people focusing on fundraising/ensuring that money will flow
- Improving the intake process and lessening questions
- Improve cultural competency across the sector
- Proactively advocating for more investment in 211 and specifically 2-Spirit First Nation doing that work – do they need more support? More capacity to create more partnerships to support our communities?
- Lowering the age of access – many folks under 16 need help and support especially re: suicidality – what can we do to support our little ones in these harsh urban environments?
- Timelines:
  - 1-year advisory group
  - Ongoing campaigns
- Measuring success:
  - Increased calls to 211
  - Decrease in mental health apprehensions
  - Breadth of calls to show breadth of services being used
  - Evaluating data collection processes