



## 06-13 Mobile Crisis Intervention Team (MCIT)

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### Rationale

The Toronto Police Service (Service) is committed to preserving the well-being and lives of people who may be experiencing mental health and/or substance use issues, while working towards the goal of zero deaths and ensuring the safety, rights, and dignity of individuals and communities. While it is not the role of police officers to diagnose mental health or substance use issues, it is their role to respond appropriately to the behaviours and circumstances they observe. In every encounter, the Service is committed to taking all reasonable steps to assess, de-escalate and safely resolve the situation.

The attendance of a Mobile Crisis Intervention Team (MCIT) at incidents involving a person experiencing a mental, emotional and/or substance use crisis, provides a skilled and compassionate response that may assist in diffusing and concluding the incident safely. The MCIT can assist frontline officers by providing a prompt assessment, supportive counselling, as well as connecting the person to the appropriate follow-up services.

### Supervision

- Supervisory Officer attendance mandatory for calls for service when there is information that a person in crisis is armed or may be armed with a weapon
- Supervisory Officer notification mandatory if officers are required to remain at a psychiatric facility for more than one (1) hour

### Procedure

The MCIT program is a collaborative partnership between participating hospitals and the Service bound through a Memorandum of Understanding. The MCIT program partners a mental health nurse with a police officer with additional training in working with persons in crisis that will respond, or assist in the response to calls for service involving individuals experiencing a mental, emotional or substance use crisis.

The MCIT response will assist with:

- assessing the situation
- attempting to stabilize and diffuse the crisis
- providing supportive counselling as needed
- connecting the individual to appropriate community services

The MCIT program currently operates 7 days a week (0900hrs – 2330hrs) and is partnered with area hospitals having catchment areas within in the following divisions:

- D11/14/22 – Unity Health Toronto - St Joseph's Health Centre
- D12/13/23/31 – Humber River Health
- D32/33 – North York General Hospital
- D41/42/43 – Scarborough Health Network
- D51/52 – Unity Health Toronto - St. Michael's Hospital
- D53/55 – Michael Garron Hospital

➔ *The MCIT shall remain within their respective divisions/catchment areas when responding to calls for service as specified in the hospitals' legal agreements with the Toronto Police Service Board.*

Responding to Person in Crisis calls for service require a minimum two (2) police officers in attendance. The MCIT officer may be dispatched in tandem with an additional officer, as the priority response deployed in certain circumstances, including but not limited to calls for service involving:

- a person experiencing a mental, emotional, or substance use crisis
- a person attempting/threatening suicide
- a barricaded person, or other circumstances where it is known or thought to be caused by a mental, emotional or substance use crisis, in order to assess the person

➔ *The MCIT officer shall conduct a threat assessment prior to attending the call and continue to assess throughout the duration of the call.*

➔ *Where a person in crisis is found to pose a risk or threat to the attending MCIT nurse, the MCIT officer or Supervisor shall direct the nurse not to actively engage in the incident until it is determined to be safe by the attending MCIT officer or Supervisor.*

A threat assessment of the incident (based on available information) and overall safety of the MCIT shall determine the involvement and level of the MCIT response.

The Specialized Emergency Response – Emergency Task Force (ETF) shall be notified when:

- there is information that a person in crisis is armed or may be armed with a weapon
- background checks indicate that the person in crisis has a history of violence or use of weapons
- the incident involves a barricaded person
- the incident involves a person who by their position has placed themselves or others in immediate jeopardy (i.e. person located at height on a balcony, bridge, etc.)

MCITs may also provide assistance and support:

- to family members or support persons of an individual in crisis
- to assess a person who has been exposed to critical incident stress (e.g. witness death by suicide, witness)
- to attending police officers where MCIT expertise may be utilized
- to consult on missing persons with vulnerable attributes prior to being located
- to attend safety or wellness checks directly related to a person experiencing a mental, emotional and/or substance use crisis from non-dispatch sources, including but not limited to the Divisional Mental Health Liaison Officer (DMHLO), hospitals, and MCIT Cota Health Case managers
- as directed by a supervisory officer

MCITs shall **not** generally be utilized for the following:

- incidents not involving a person in crisis

- clinical assessments where criminal charges will be laid
- to transport a person apprehended by the PRU, or to relieve a PRU officer at the hospital who has apprehended an individual

➔ *The MCIT nurse may call ahead to a hospital to assist for a smooth transition of care.*

### MCIT Management

Although MCITs remain assigned to the Community Response Unit (CRU) and/or Neighbourhood Community Officer Unit, they respond to calls for service with the Priority Response Unit (PRU) personnel. As a result, the on-duty PRU management team will be responsible to manage MCIT deployment to mental health related calls for service and be available to provide support and guidance when required. The nature of the PRU supervisor's role profile places them in an ideal position to further ensure the MCIT mandate is carried out. PRU supervisors will be responsible for direct supervision of MCITs while they are on patrol, monitoring calls for service and attending where required.

### Police Officer

1. As this Procedure is an extension of Procedure 06-04, members shall first comply with the direction contained therein and then follow the additional incident-specific direction contained in this Procedure.
2. When responding to an incident involving a person in crisis shall
  - request notification and attendance of the MCIT, if available
  - comply with Procedure 06-04

➔ *Members shall include remarks in their memorandum books and/or CAD call details documenting efforts made to consult with MCIT, ETF, and any other specialized units for calls related to persons in crisis as well as barricaded persons.*
3. When attending an incident where the MCIT is on scene, shall provide support and assistance as required and ensure any safety concerns are documented in memo book and/or CAD call details.

➔ *Members are reminded to consider various methods of engagement, including other agencies, such as Toronto Community Crisis Service (TCCS) for incidents which meet their mandate.*
4. When grounds exist for an apprehension under the *Mental Health Act* (MHA), shall
  - ensure a TPS 710 is completed within the eReport
  - ensure an exact duplicate of the TPS 710 is provided to the hospital staff as soon as practicable

### MCIT Officer

5. When responding to an incident involving a person in crisis, shall
  - prior to attending and throughout the duration, conduct a threat assessment of the incident (based on available information) and overall safety of the MCIT to determine the involvement and level of the response and include remarks in their memorandum books and/or CAD call details documenting in compliance with Procedure 13–17

➔ *MCIT officers shall continually assess any safety concerns and use their discretion to determine the level of engagement of the MCIT Nurse.*

  - request to obtain sufficient backup officers

- request the attendance of a supervisory officer when there is information that a person in crisis is armed or may be armed with a weapon
  - request notification of the Specialized Emergency Response – Emergency Task Force (ETF), in accordance with Procedure 10–05, when:
    - there is information that a person in crisis is armed or may be armed with a weapon
    - background checks indicate that the person in crisis has a history of violence or use of weapons
    - the incident involves a barricaded person
    - the incident involves a person who by their position has placed themselves or others in immediate jeopardy (i.e. person located at height on a balcony, bridge, etc.)
- ➔ *It will be at the discretion of the Supervisory Officer – ETF as to whether they will attend.*
- when required complete a Cota Health Referral Form (Cota Health Program Form)
  - comply with Procedure 06-04
6. When grounds exist for an apprehension under the MHA, shall
- ensure a TPS 710 is completed within the eReport
  - ensure an exact duplicate of the TPS 710 is provided to the hospital staff as soon as practicable

### Supervisory Officer

7. When supervising a division with an assigned MCIT on duty shall
- coordinate with supervisory officers from other divisions within the MCIT catchment area to manage resources and maximize MCIT availability for mental health related calls for service
  - ensure the MCIT attend mental health related calls for service promptly, when available
  - ensure the MCIT are utilized in all circumstances where their expertise can assist in facilitating a peaceful resolution
- ➔ *Supervisors shall include remarks in their memorandum books and/or CAD call details documenting efforts made to consult with MCIT, ETF, and any other specialized units for calls related to persons in crisis as well as barricaded persons.*
8. Upon becoming aware that the MCIT is attending a call for service shall
- monitor the situation and attend when the risk for potential violence is or appears to be heightened
  - continually assess any safety concerns and use their discretion to determine the level of engagement of the MCIT Nurse.
  - ensure sufficient backup officers are attending
  - ensure the ETF has been notified in accordance with item 4 criteria, if applicable
9. When attending a call for service with a MCIT response shall
- ensure compliance with Procedure 06-04
  - ensure compliance with Procedure 08-04, if the call for service involves a traumatic critical incident
10. When attending a person in crisis call where a MCIT is unavailable to attend, shall consider contacting one of the crisis teams via telephone for consultative purposes.

### Officer in Charge

11. When managing a division with an assigned MCIT on duty shall monitor and coordinate with other divisions within the MCIT catchment area to ensure resources are managed to maximize MCIT availability for mental health related calls.
12. Upon becoming aware that a call for service is being attended to by the MCIT shall
  - monitor situation and ensure supervisory officer attendance, if required
  - ensure compliance with Procedure 06-04

### Staff Sergeant – Community Response Unit and/or Neighbourhood Community Officer Unit

13. When managing the home units of an assigned MCIT, shall oversee the coordination and supervision of MCIT related activities and initiatives including attendance at meetings when required.
14. Upon becoming aware that the permanent MCIT Officer is unavailable for shift (e.g. Annual Leave, Sick Leave, etc.) shall select an officer that has completed additional mental health training, either MCIT Level One and/or Divisional Crisis Support Officer (DCSO), to backfill the position.
  - ➔ *Preference should be given to MCIT Level One trained officers.*
15. Shall coordinate with all PRU supervisors when completing the officer's annual evaluation.

### Unit Commander

16. When in charge of a division that supports a MCIT shall ensure adherence with the terms set out in the Memorandum of Understanding with partnered hospital.

### Divisional Mental Health Liaison Officer (DMHLO)

17. In addition to their duties set out in Procedure 06-04, the DMHLO shall coordinate, collaborate and work with MCIT for an overall effective response to persons in crisis.

### MCIT Program Co-ordinator – Community Partnerships & Engagement Unit

18. The role of the MCIT Program Co-ordinator shall include but is not limited to the following duties
  - support planning and coordination of the MCIT program and its activities
  - monitor the implementation of policies and practices
  - help build positive relations within the teams and program partners
  - coordinate annual mandatory training
  - coordinate with MCIT nurse managers from partner hospitals
  - coordinate with MCIT hospitals project manager

# Supplementary Information

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## Governing Authorities

### Provincial:

- Community Safety and Policing Act (Ontario Regulation)
  - O. Reg. 392/23, Adequate and Effective Policing (General)
- Mental Health Act

## Associated Governance

### Toronto Police Service Board Policies:

- Adequacy Standards Compliance Policy
  - Part 5 XL LE-013 Police Response to Persons In Crisis

### Toronto Police Service Procedures:

- 06-04 Persons In Crisis
- 08-04 Members Involved in a Critical Incident
- 10-05 Incidents Requiring the Emergency Task Force
- 13–17 Notes and Reports

### Forms:

- TPS 710 Person In Crisis Information Form
- Cota Referral Form (Cota Program Form)

➔ *The TPS 710 is available as a text template.*

### Other:

- Iacobucci Report - Police Encounters With People In Crisis
- Toronto Police Service Mental Health and Addictions Strategy
- TPS Mental Health Referrals

## Definitions

For the purposes of this Procedure, the following definitions will apply:

**Divisional Mental Health Liaison Officer** means the police officer responsible for coordinating all *Mental Health Act* needs and/or concerns within the division; usually the Community Relations Officer or the FOCUS liaison officer.

**Person in Crisis** means a member of the public whose behaviour brings them into contact with emergency services, either because of an apparent need for urgent care within the mental health system, or because they are otherwise experiencing a mental, emotional or substance use crisis involving behaviour that is sufficiently erratic, threatening or dangerous that emergency services are called in order to protect the person or those around them. This includes persons who may require assessment under the *Mental Health Act*.

**Traumatic Critical Incident** means any incident during which a member experiences, witnesses, or is confronted with serious injury, death, or mass casualties; any incident in which the member's life has

been imperilled or threatened; or any situation which is recognized at the time to have the potential to significantly interfere immediately or at a later time with a member's ability to function professionally or personally.

**Vulnerable Person** means a person who by nature of an emotional, medical, psychological or other physical condition may exhibit patterns of behaviour that pose an increased risk of danger to themselves or others, who may require assistance from emergency services.

We are dedicated to delivering police services, in partnership with our communities, to keep Toronto the best and safest place to be.

Learn more about our **Service Core Values and Competencies** [here](#)

