



06-05 Elopees and Community Treatment Orders

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Rationale

The *Mental Health Act* (MHA) authorizes police officers to apprehend persons absent without leave from psychiatric facilities or persons who have failed to comply with Community Treatment Orders (CTO) provided that specific criteria are met under the MHA.

The following process describes duties of police officers who are in receipt of information that a facility has issued an 'Order for Return' of a person (Form 9 – MHA) or a physician has issued an 'Order for Examination' (Form 47 – MHA) for a person contravening a CTO.

Supervision

- Supervisory Officer attendance mandatory for all Level 2 – Missing Person and Level 1 – Missing Person searches
- Supervisory Officer notification mandatory
 - for all Form 9 - MHA investigations
 - if there is a delay or an expected delay of more than 1 hour for the psychiatric facility to accept the person
- Officer in Charge notification mandatory
 - upon confirmation that a Form 9 – MHA is valid
 - when a person named on a Form 47 – MHA has been located and the Form 47 – MHA is still in effect, and the issuing physician/their delegate cannot be located

Procedure

Members executing a Form 49 (Ontario Review Board warrant of committal), issued under Section 672.85 of the Criminal Code, shall comply with Procedure 02-12.

Elopees

A Form 9 - MHA is an Order for Return of an elopee, issued by a psychiatric facility, which authorizes a police officer to return the person without their consent to the psychiatric facility. A Form 9 - MHA is valid for a period of 1 month after the person is absent without leave.

In order for a facility to obtain a Form 9 - MHA, they must have reasonable grounds to believe that the person:

- has threatened or attempted (or is threatening or attempting) to cause bodily harm to themselves;
- has behaved or is behaving violently towards another person or has caused or is causing another person to fear bodily harm;
- has shown (or is showing) a lack of competence to care for themselves.

Upon the expiry of the Form 9 - MHA, police shall continue to attempt to locate the elopee, as it is reasonable to believe that the elopee may pose a risk to themselves or to others. RMS Operations (RMS-Ops) will automatically update the status of the subject of the Form 9 – MHA from “elopee” to “missing” once the Form 9 – MHA has expired.

If the elopee is located after the expiry of the Form 9 - MHA, there is no obligation or authority to return the elopee to the psychiatric facility from which the Form 9 - MHA originated. Officers must still evaluate the person’s wellbeing and act accordingly if they determine there are grounds to apprehend the person under Section 17 of the MHA.

Due to the existence of the Form 9 – MHA in conjunction with the Missing Person elements of the investigation, the search is to commence as a Level 2 Search, in accordance with Procedure 04–05.

Community Treatment Orders (CTO)

The MHA outlines that the purpose of a Community Treatment Order (CTO) is to provide a person who suffers from a serious mental disorder with a comprehensive plan of community-based treatment or care and supervision that is less restrictive than being detained in a psychiatric facility.

A Form 47 - MHA is an Order for Examination, issued by the physician who issued the person’s CTO. Form 47s are issued when:

- the physician has reasonable cause to believe the person has failed to comply with their conditions under the CTO; or,
- the CTO subject or substitute decision-maker has withdrawn consent to the CTO, the subject fails to permit the physician to review their condition within 72 hours and the physician believes the subject may cause harm or suffer deterioration.

Protection of Information Related to a Person’s Health

Any information received from the Centre for Addiction and Mental Health (CAMH) and/or other hospitals for the purposes of locating an elopee, shall only be used for that specific purpose. It shall not be used for any other purpose, including law enforcement investigations (e.g. *Criminal Code* or missing persons who are not elopees) or as disclosure to the Crown.

In addition, members shall scan any document received containing information related to a person’s health into the eReport and type the words “Information Related To A Person’s Health - Not To Be Used For Purposes Not Related To An Elopee Investigation” into the heading of the document.

Safe Beds Program and Referrals to Community Supports

There are many community service providers available to assist police with persons in crisis. Members are encouraged to access the [TPS Mental Health Referrals Guide](#) for information on the safe bed program, system navigators and other community referrals or supports available.

Connecting community members to supports may improve their quality of life and/or decrease the likelihood they will require emergency services in the future.

Officers have access to assistance from the Canadian Mental Health Association (CMHA) via their Community Referral Police Access Line – [REDACTED]. This line is for police officers only, and is available 24/7 to provide officers with assistance when dealing with:

- any person over the age of 16 who is believed to be experiencing a mental, emotional or substance use crisis;
- has become involved with police and/or is at risk of involvement with the criminal justice system; and
- who has not been apprehended under the MHA.

When making a referral for a safe bed through the Community Referral Police Access line shall:

- proceed only on the consent of the person in crisis
- with the consent of the person in crisis, provide only the name, date of birth and phone number of the person being referred to the call taker. The CMHA will obtain all other personal information directly from the person being referred to their services upon arrival at the central intake location.
- provide any information that could impact the safety of staff and other patrons while at the safe bed location
- provide transport for the person being referred to the safe bed location
- remain at the safe bed intake site until CMHA staff complete the triage process

→ *Note: The CMHA will accept individuals who can be safely supported in the community. This means that the individual does not pose a threat to the safety of the public or is not at serious risk of harming themselves or others. Prior to providing support, the person in crisis must voluntarily agree to the services being provided and any other required conditions for admittance (i.e. pandemic screening and testing, wearing of personal protective equipment, etc.).*

The CMHA also hosts a separate Referral Line that is accessible to the general public – (416) 248-4174. Officers may provide this number to community members who may benefit from CMHA programs (including safe beds), but who wish to do so on their own timeline.

Police Officer

1. Upon receiving a complaint of a person who is absent without leave from a psychiatric facility shall
 - attend the psychiatric facility
 - obtain and review the original Form 9 – MHA to ensure it is
 - properly completed
 - still in effect
 - obtain as much information as possible from the facility about the person, including but not limited to, past history of violence towards self or others, weapons, and medical illnesses
 - ensure that any information received from CAMH and/or other hospitals for the purposes of locating an elopee, shall only be used for that specific purpose. It shall not be used for any other purpose, including law enforcement investigations (e.g. *Criminal Code* or missing persons who are not elopees) or as disclosure to the Crown
2. Upon confirmation that the Form 9 – MHA is valid shall
 - conduct a Person Query, including a CPIC check
 - comply with Procedure 04–05

- phone RMS – Ops as required, and provide all pertinent information to ensure that a new eReport is generated
 - ➔ *When reporting officers call RMS – Ops to create the eReport, RMS-Ops staff will ensure that*
 - *the elopee is entered onto CPIC immediately*
 - *the elopee is listed in the eReport as primary “missing person” and secondary “elopee (Form 9)”*
 - notify the Officer in Charge
 - notify the Specialized Emergency Response – Emergency Task Force (ETF) prior to attending an address or probable destinations
 - request and await the arrival of sufficient backup officers
 - attend the address and, if known, probable destinations of the person named on the Form 9 – MHA
 - if located, take the person named on the Form 9 – MHA into custody
3. When apprehending a person named on a Form 9 – MHA shall
- consult with the Mobile Crisis Intervention Team (MCIT), if available
 - take all necessary steps to make sure the situation is safe
 - ensure medical attention is offered to all injured parties, if required
 - ensure the dwelling and any valuables are secured for safekeeping in compliance with Procedure 09–01, if applicable
 - notify the next of kin or The Office of the Public Guardian and Trustee, if necessary
 - ➔ *The Office of the Public Guardian and Trustee protects mentally incapable adults and maximizes their life by managing their financial affairs when no one else can do so.*
4. After apprehending a person named on a Form 9 – MHA shall
- transport the person to the psychiatric facility listed on the Form 9 – MHA or to the nearest psychiatric facility
 - give the original Form 9 – MHA and any currently prescribed medications to the nursing supervisor at the psychiatric facility
 - advise a supervisory officer if there is a delay or an expected delay of more than 1 hour for the psychiatric facility to accept the person
 - if experiencing difficulty admitting the person to the psychiatric facility, comply with Procedure 06–04
 - remain with the person until the psychiatric facility accepts care of the person
 - call RMS-Ops and advise that the elopee has been located
 - update the original eReport with all pertinent information
 - scan and attach all memorandum book notes and hardcopy reports to the original eReport
 - ensure any document received containing information related to a person’s health is scanned into the eReport and type the words “Information Related To A Person’s Health - Not To Be Used For Purposes Not Related To An Elopee Investigation” into the heading of the document
 - submit a copy of the Form 9 – MHA, the eReport number and all hardcopy reports to the Officer in Charge prior to the completion of the tour of duty
5. When the location of the person named on a Form 9 – MHA is unknown and every reasonable effort to locate the individual has been made shall
- complete the original eReport generated by RMS as required, and ensure
 - a TPS 260 is completed and submitted to the Supervisory Officer
 - to document all other relevant information

- comply with Procedure 04–05
 - ➔ *RMS – Ops will create and post a BOLO, as applicable.*
 - submit the original Form 9 – MHA and eReport number to the Officer in Charge prior to the completion of the tour of duty
6. When detailed to apprehend a person named on a Form 47 – MHA shall
- attend the address of the issuing physician
 - obtain and review the Form 47 – MHA to ensure it is properly completed and is still in effect
 - request the physician to
 - supply telephone numbers where the physician/delegate can be reached 24 hours a day, including weekends and holidays
 - designate a 24–hour psychiatric facility as the delegate
 - notify police immediately if the person returns for an examination or the Form 47 – MHA is revoked for any other reason
 - obtain as much information as possible from the physician about the person including, but not limited to, past history of violence towards self or others, weapons, and medical illnesses
 - conduct a Person Query, including a CPIC check
 - complete the applicable eReports and include the
 - subject’s name, DOB/age, gender, physical description
 - date and time the subject was last seen
 - date and time the Form 47 - MHA was issued
 - copy of the Form 47 - MHA and hospital risk assessment details, if applicable
- ➔ *The primary offence in the eReport is not to be entered as Missing Persons for Form 47 – MHAs.*
- notify RMS-Ops that the Form 47 - MHA requires entry onto CPIC
 - notify the ETF prior to attending the address or probable destinations
 - ➔ *It will be at the discretion of the Supervisor Officer – ETF as to whether they will attend.*
 - attend the address and, if known, probable destinations of the person named on the Form 47 – MHA
7. When a person named on a Form 47 – MHA has been located and the Form 47 – MHA is still in effect, shall immediately contact the issuing physician or their delegate prior to apprehension to ensure their presence when the person is returned once taken into care.
8. When a person named on a Form 47 – MHA has been located and the Form 47 – MHA is still in effect, and the issuing physician or their delegate cannot be located shall
- if grounds exist to apprehend the person under s. 17 MHA, comply with Procedure 06–04
 - if grounds do not exist to apprehend the person under s. 17 MHA
 - notify the Officer in Charge of the circumstances and the attempts that were made to contact the issuing physician or their delegate
 - comply with the instructions of the Officer in Charge
- ➔ *At no time shall a person being detained on a Form 47 – MHA be held in a police facility.*
9. When locating a person named on a Form 47 – MHA issued in another jurisdiction shall
- prior to apprehending the person, seek approval from the Officer in Charge

- comply with item 7
 - ➔ *Arrangements can be made with the issuing physician and/or the police service having jurisdiction to transport the person.*
10. When apprehending a person named on a Form 47 – MHA shall comply with item 3.
11. After apprehending a person named on a Form 47 – MHA shall
- transport the person to the physician issuing the Form 47 – MHA or their delegate
 - give the original Form 47 – MHA and any medications currently prescribed to the person to the physician or their delegate
 - remain with the person until the physician or their delegate accepts care
 - advise a supervisory officer if there is a delay or an expected delay of more than 1 hour for the psychiatric facility to accept care of the person
 - if experiencing difficulty admitting the person to the psychiatric facility, comply with Service Procedure 06–04
 - add supplementary information to the original eReport, detailing the circumstances of the apprehension
 - contact RMS-Ops to remove the Form 47 – MHA entry from CPIC
 - submit a copy of the Form 47 – MHA, the eReport number and all hardcopy reports to the Officer in Charge prior to the completion of the tour of duty

Supervisory Officer

12. Upon being notified of a Form 9 – MHA, where the location of the person named on a Form 9 – MHA is unknown and every reasonable effort to locate the individual has been made, shall
- ensure a TPS 260 has been completed
 - complete the required TPS 260A
 - review the eReport for accuracy and ensure all necessary steps were taken
 - ensure compliance for the protection of information related to a person's health has been maintained
 - comply with Procedure 04–05

Divisional Investigator

13. When assigned an eReport related to an elopee/missing person shall
- consider a media release, in compliance with Procedure 17–01
 - comply with Procedure 04–05
 - ensure compliance for the protection of information related to a person's health has been maintained

Detective Sergeant – Investigative Office

14. When notified of a Form 9 – MHA occurrence shall
- assign the eReport to an investigator
 - comply with Procedure 04–05
 - ensure compliance for the protection of information related to a person's health has been maintained

Officer in Charge

15. When made aware of a person named on a Form 9 – MHA or Form 47 – MHA shall ensure
 - the Form 9 – MHA or Form 47 – MHA is still in effect
 - sufficient police officers are assigned
 - the ETF is notified prior to attending the address or probable destinations
 - the usefulness and efficacy of issuing a press release is considered, in compliance with Procedure 17–01
 - ➔ *The press release heading for a Form 9 – MHA Elopee is to be for a “Missing Person” and is to be sensitive of the circumstances*
 - ensure compliance for the protection of information related to a person’s health has been maintained
16. When made aware of a person named on a Form 47 – MHA issued in another jurisdiction shall
 - determine if the person named on the Form 47 – MHA can be returned promptly to the issuing physician or their delegate by the officers
 - if so, direct the officer to transport the person named on the Form 47 – MHA to the issuing physician or their delegate
 - if not, make appropriate arrangements with the issuing physician and/or the police service having jurisdiction to transport the person
 - comply with item 20 if arrangements cannot be made to transport the person named on the Form 47 – MHA to the issuing physician or their delegate
17. When made aware that a person named on a Form 9 – MHA or Form 47 – MHA has been apprehended shall ensure
 - every effort has been made to notify the next of kin or The Office of the Public Guardian and Trustee, if necessary
 - the appropriate entries are made on the Unit Commander’s Morning Report (UCMR)
18. When made aware a Form 9 – MHA or Form 47 – MHA has not been executed shall ensure
 - the applicable eReports is completed forthwith and the BOLO option has been selected
 - ➔ *RMS – Ops will create and post a BOLO, if applicable.*
 - every effort has been made to apprehend the person listed on the Form 9 – MHA or 47 – MHA
 - the original Form 9 – MHA or 47 – MHA is maintained with the OIC until the person is apprehended or until the Form 9 – MHA or Form 47 – MHA has expired
19. When notified that the issuing physician/delegate cannot be located for execution of a Form 47 – MHA shall
 - contact the local psychiatric facility, explain the circumstances and request the facility to examine the person
 - if approved, instruct the officers to transport the person to that facility for examination
 - if refused, note the details and instruct the officers to
 - release the individual unconditionally, if grounds do not exist to apprehend the person under s. 17 MHA
 - consider the use of the Community Referral Police Access Line
 - add supplementary information to the original eReport, detailing all circumstances and attempts made
 - make a notation that the Form 47 – MHA has NOT been executed

- submit a TPS 649 to the Unit Commander describing all attempts and efforts made to execute the Form 47 – MHA

Unit Commander

20. Upon receipt of a TPS 649 from an officer unable to locate the issuing physician/delegate of a Form 47 – MHA shall ensure
- the issuing physician is notified as soon as practicable
 - the TPS 649 is forwarded to the Unit Commander – Community Partnerships & Engagement Unit

Supplementary Information

Governing Authorities

Provincial:

- Community Safety and Policing Act (Ontario Regulation)
 - O. Reg. 392/23, Adequate and Effective Policing (General)
- Mental Health Act, RRO 1990, Reg 741
- Municipal Freedom of Information and Protection of Privacy Act

Associated Governance

Toronto Police Service Board:

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

Toronto Police Service Procedures:

- 01–01 Arrest
- 02–12 Ontario Review Board Warrants and Dispositions;
- 04–05 Missing Persons
- 06–04 Persons In Crisis
- 09–01 Property – General
- 17–01 News Media
- 17–07 BOLOs and FYIs

Forms:

- eReports
- TPS 260 Missing Person Risk Assessment
- TPS 260A Missing Person Risk Assessment – Supervisor

➔ *The TPS 260 and TPS 260A are available as text templates.*

Definitions

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

Community Treatment Order (CTO) means an order with conditions issued by a physician to a person which provides that person with psychiatric treatment in the community that is less restrictive than being detained in a facility.

Delegate means another named physician or facility designated by the issuing physician indicated in the Form 47 when the issuing physician is unavailable.

Elopee means a person who is subject to detention at a psychiatric facility and is absent without leave.

Form 9 - MHA means an Order for Return of an elopee issued by a psychiatric facility which authorizes a police officer to return the person without their consent to the psychiatric facility. A Form 9 – MHA is valid for a period of 1 month after the person is absent without leave.

Form 47 - MHA means an Order for Examination issued by the physician who issued the person a Community Treatment Order (CTO) and (a) has reasonable cause to believe the person has failed to comply with the conditions under the CTO, (b) the CTO subject or substitute decision-maker has withdrawn consent to the CTO and the subject fails to permit the physician to review their condition within 72 hours and the physician believes the subject may cause harm or suffer deterioration. A Form 47 – MHA authorizes a police officer to take that person into custody and return them to the physician promptly and is valid for a period of 30 days.

Level 2 Missing Person Search means the level of search when a missing person:

- is under 16 years and judged likely to be incapable of caring for themselves;
- has known vulnerabilities (including medical and/or mental health conditions, and current emotional/physical state)
- is over 65 years of age or infirm, or;
- there is a strong possibility of being victimized by crime

Level 1 Missing Person Search means the level of search implemented when the Level 3 and Level 2 missing person searches are ineffective or if the situation, due to the extenuating circumstances, necessitates that this level be initiated immediately.

Section 17 - MHA means a police officer's grounds for apprehension of a person in crisis as prescribed in s. 17 of the MHA. Refer to Procedure 06–04 for details.

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

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