



The Regional Municipality of York Police Services Board

To Make a Difference in Our Community

17250 Yonge Street, Newmarket,
Ontario, Canada L3Y 6Z1

Tel: 905.830.4444 or 1.877.464.9675 ext. 77906

Fax: 905.895.5249

E-mail: psb@yrp.ca • Web: yrpsb.ca

AGENDA PUBLIC SESSION

Wednesday, June 26, 2019, 9:00 a.m.

COMMITTEE ROOM "A"

YORK REGION ADMINISTRATIVE CENTRE

17250 YONGE STREET

NEWMARKET, ONTARIO

Pages

1. Swearing-In of Board Member
2. Disclosure of Interest
3. Confirmation of Public Minutes of May 15, 2019 Board Meeting 1
4. Presentations
 - 4.1 Recruiting for the Future
 - 4.2 Code of Ethics and Values (See Item No. 7.1)
5. Deputation (Subject to the Board granting deputant status.)
 - 5.1 York Regional Police Policies and Procedures 7
Wayne Cook
6. Communications
 - 6.1 Order-in-Council, Lieutenant Governor of Ontario, approved and ordered June 6, 2019, appointing Zhengyu Jennifer Fang as a member of The Regional Municipality of York Police Services Board for a three-year term. 9
 - 6.2 Correspondence from Stephen Beckett, Assistant Deputy Minister, Ministry of the Solicitor General, June 3, 2019, regarding Police-Hospital 11

Transitions Framework.

- 6.3 Correspondence from Stephen Beckett, Assistant Deputy Minister, Ministry of the Solicitor General, June 14, 2019, regarding Police Services Board Members and Elections. 77**

7. Items for Consideration - Reports of the Chief of Police

- 7.1 2020-2022 Business Plan Development Update and the New Values and Code of Ethics 79**

RECOMMENDATION

1. That the Board receive the 2020-2022 Business Plan Development update pursuant to the Board's Framework for Business Planning Policy No. 03/10.

- 7.2 2020-2022 Business Plan: 2019 Environmental Scan Highlights Report 85**

RECOMMENDATION

1. That the Board receives this report for its information.

- 7.3 Audit of the 2018 Financial Statements 139**

RECOMMENDATION

1. That the Board receive this report for information.

- 7.4 2018 Annual Report 141**

RECOMMENDATION

1. That the Board receive this report for information.

- 7.5 2018 York Region Transit Annual Report 143**

RECOMMENDATION

1. That the Board receive this report pursuant to Section 52 of the Agreement between the Regional Municipality of York Police Services Board and the Regional Municipality of York.

- 7.6 Enforcement of the Ontario Society for the Prevention of Cruelty to Animals Act 167**

RECOMMENDATION

1. That the Board receive this report for information.

8. Items for Consideration - Reports of the Executive Director

RECOMMENDATION

1. That the Board approve an expenditure in the amount of \$2,500 to support the request from the Canadian Association of Police Governance.

RECOMMENDATIONS

1. That during any period when regular meetings of the Board are suspended, either over the summer months or for any other reason, the Board Chair and the Chief of Police (or his delegate), or in the absence of the Chair, the Vice Chair and Chief of Police (or his delegate) be authorized to:
 - a. Award and execute contracts and other forms of commitment where such matters are not otherwise currently delegated by the Board, including leases;
 - b. Approve the exercise of the Board's rights and remedies at law including termination of contracts and settlement of claims, appeals and other matters before the courts or administrative tribunals.
2. That the exercise of this authority be subject to the following conditions:
 - a. The Chair and the Chief of Police (or his designate) or in the absence of the Chair, the Vice Chair and Chief of Police (or his designate) being satisfied that the authorization is required to prevent interruption of service delivery or to avoid incurring unnecessary costs;
 - b. A memorandum outlining the necessity of such requests be submitted to the Chair and the Chief of Police by the respective Officer in Charge;
 - c. Any contracts or documentation be subject to review and approval by Legal Services as to form and content; and
 - d. A report be submitted to the Board at its next regular meeting to advise of the approval of any contracts under this authority.
 - e. Reporting is only required if any commitments have been made under this authority.
3. That the conditions set out in Recommendation No. 2 in this

report apply equally to the approval of purchases by the Chief of Police, during any period when regular meetings are suspended including summer recess, under the Board's Purchasing Bylaw.

4. That during the summer recess period from June 27, 2019 to September 24, 2019, the Board delegate to the Chair and Vice Chair of the Board the authority conferred on it by the *Police Services Act* as provided for in Section 34.

9. Unfinished Business

10. Other Business

11. Private Session

RECOMMENDATION

That the Board move into Private Session.

12. Reconvene in Public Meeting

13. Consideration of Private Items

- a. Human Resources (Recommendations 1 and 2)
- b. Superintendent Promotions (Recommendation 1)
- c. Appointment of Special Constables (Recommendation 1)
- d. Promotions - Auxiliary (Recommendation 1)

14. Confirmatory Bylaw

15. Adjournment

**THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD**

**DRAFT MINUTES OF THE PUBLIC MEETING
Subject to Board Approval**

May 15, 2019

The Board commenced its meeting of May 15, 2019 in Committee Room A, York Region Administrative Centre, 17250 Yonge Street, Newmarket, Ontario on the above-noted date at 9:02 a.m. in public session.

The following were also in attendance:

Board Members Present:

V. Hackson, Chair; J. Molyneaux, Vice Chair; W. Emmerson, M. Bevilacqua, R. Doobay, J. Cooper

Board Staff:

M. Avellino, Executive Director; J. Kogan, Administrative Assistant

York Regional Police Staff:

A. Crawford, Deputy Chief of Police; R. Rouse, Deputy Chief of Police; B. Bigras, Deputy Chief of Police; J. MacSween, Deputy Chief of Police; K. Torrie, Acting Deputy Chief of Police; G. Turl, Superintendent, Executive Officer to the Chief of Police; J. Channell, Manager, Financial Services; J. Fraser, General Counsel, Legal Services; K. Griffin, Manager, Corporate Communications

York Region Staff:

J. Hulton, Regional Solicitor, Region Legal and Court Services

163 DISCLOSURE OF INTEREST

None

164 CONFIRMATION OF PUBLIC MINUTES OF APRIL 17, 2019 BOARD MEETING

It was moved by Chairman Emmerson, seconded by Vice Chair Molyneaux that the Board confirm the minutes for the public session of the meeting held on April 17, 2019 in the form supplied to the members.

CARRIED

165 PRESENTATION

None

COMMUNICATIONS

- 166 Correspondence from Stephen Beckett, Assistant Deputy Minister, Ministry of the Solicitor General, April 18, 2019, regarding an Update on Transformation of Policing Grants for 2019 - 2020 and on-going.

It was moved by Chairman Emmerson, seconded by Mr. Cooper that the Board receive the correspondence from Stephen Beckett, Assistant Deputy Minister, Ministry of the Solicitor General, April 18, 2019.

CARRIED

- 167 Correspondence from Chris Raynor, Regional Clerk, York Region, April 23, 2019, regarding an Update on Bill 68, *Comprehensive Ontario Police Services Act, 2019*.

It was moved by Chairman Emmerson, seconded by Mayor Bevilacqua that the Board receive the correspondence from Chris Raynor, Regional Clerk, York Region, April 23, 2019.

CARRIED

ITEMS FOR CONSIDERATION – REPORTS OF THE CHIEF OF POLICE

- 168 **Interim Financial Reporting for the Period Ending March 31, 2019**

It was moved by Chairman Emmerson, seconded by Vice Chair Molyneaux that the Board adopt the following recommendation contained in the Report of the Chief of Police:

1. That the Board receive the unaudited interim financial reports for the three month period ending March 31, 2019, pursuant to Financial Management Board Policy No. 01/05.

CARRIED

- 169 **Direct Purchases for Beyond Five Years**

It was moved by Mayor Bevilacqua, seconded by Mr. Doobay that the Board adopt the following recommendations contained in the Report of the Chief of Police:

1. That the Board authorize the renewal of agreements for software maintenance and off-site storage of records with the contractors listed in Schedule A, effective June 1, 2019, for up to five (5) additional terms of one year, provided that the contractor has performed the services to the satisfaction of the Chief, and that sufficient funds have been provided in the annual budget; and
2. That the Chief of Police be authorized to execute the agreements on behalf of the Board.

CARRIED

170 Direct Purchase of an Upgrade to the Automated Palm and Fingerprint Identification System

It was moved by Mr. Cooper, seconded by Vice Chair Molyneaux that the Board adopt the following recommendations contained in the Report of the Chief of Police:

1. That the Board authorize a contract with Gemalto Cogent Inc. for the purchase of an upgraded Automated Palm and Fingerprint Identification System and professional services, under the direct purchase provisions of the Purchasing By-law, at a cost of \$827,480 plus applicable taxes; and,
2. That the Board approve the award of a software and hardware support and maintenance contract to Gemalto Cogent Inc. for a period of one year with an option to renew for four additional one year terms, subject to satisfactory performance and the Chief's approval, at a total additional cost of \$398,148 plus applicable taxes, if all options to renew are exercised; and,
3. That the Chief be authorized to execute the contracts for the system upgrade and support and maintenance, and to exercise any options to renew the support and maintenance contract, subject to the approval of the Regional Municipality of York's Regional Solicitor or designate.

CARRIED

171 Proposal for Use of Public Relations Reserve Funds

It was moved by Mr. Cooper, seconded by Mr. Doobay that the Board adopt the following recommendation contained in the Report of the Chief of Police:

1. That the Board approve a disbursement from the Public Relations Reserve Fund for the 2019 York Regional Police Golf Tournament as Presenting Sponsor for \$10,000.

CARRIED

172 Purchasing By-Law Quarterly Report

It was moved by Mayor Bevilacqua, seconded by Mr. Cooper that the Board adopt the following recommendation contained in the Report of the Chief of Police:

1. That the Board receive this report pursuant to the Purchasing By-Law 10-17 quarterly reporting requirements.

CARRIED

173 Forfeited Offence-Related Property/Proceeds of Crime/ Civil Remedies for Illicit Activities (CRIA)

It was moved by Mayor Bevilacqua, seconded by Vice Chair Molyneaux that the Board adopt the following recommendation contained in the Report of the Chief of Police:

1. That the Board receive this report for its information.

CARRIED

174 2019 Community Survey Findings

It was moved by Vice Chair Molyneaux, seconded by Mr. Cooper that the Board adopt the following recommendation contained in the Report of the Chief of Police:

1. That the Board receive this report pursuant to Police Services Board Policy 03/10 Framework for Business Planning.

CARRIED

ITEMS FOR CONSIDERATION – REPORT OF THE EXECUTIVE DIRECTOR

175 eSCRIBE Software Ltd. Contract Renewal

It was moved by Mr. Cooper, seconded by Mr. Doobay that the Board adopt the following recommendations contained in the Report of the Executive Director:

1. That the Board authorize a new contract with eSCRIBE Software Ltd. to automate and manage Board agendas and reports, effective May 15, 2019, for a three-year term with two renewal options of one year each, at a total cost of \$17,415 plus applicable taxes, provided that the contractor has performed satisfactorily and that sufficient funds have been provided in the annual budgets; and
2. That the Executive Director be authorized to execute the agreements and exercise the options to renew on behalf of the Board, subject to the approval of the Regional Municipality of York's Regional Solicitor, or designate, as to form and content

CARRIED

176 UNFINISHED BUSINESS

Public Relations Reserve Fund Request for Funding – Report of the Executive Director

It was moved by Mr. Cooper, seconded by Mr. Doobay that the Board adopt the following recommendation contained in the Report of the Executive Director and that the Public Relations Reserve Fund Policy No. 08/08 be reviewed:

1. That the Board approve an expenditure in the amount of \$5,650 to support the request from Many Hands, Doing Good.

CARRIED

177 OTHER BUSINESS

None

PRIVATE SESSION

- 178 It was moved by Chairman Emmerson, seconded by Mayor Bevilacqua that the Board convene in Private Session for the purpose of considering confidential items pertaining to legal and personnel matters in accordance with section 35(4) of the *Police Services Act*.

CARRIED

The Board met in Private Session at 9:40 a.m. and reconvened in the Public Session at 11:24 a.m.

CARRIED**CONSIDERATION OF MOTION TO MOVE INTO PUBLIC MEETING**

- 179 It was moved by Vice Chair Molyneaux, seconded by Mr. Cooper that the Board rise and report from the Private Session.

CARRIED**CONSIDERATION OF PRIVATE ITEMS**

- 180 It was moved by Mr. Cooper, seconded by Mr. Doobay that the Board adopt the following recommendation contained in the Report of the Chief of Police:

Human Resources

1. That the Board reclassify 38 officers pursuant to the 2016 – 2019 Uniform Working Agreement.

CARRIED

181 **CONFIRMATORY BYLAW**

The Board had before it Bylaw No. 06-19. The Bylaw is necessary to confirm the proceedings of the Board at this meeting.

It was moved by Chairman Emmerson, seconded by Mr. Doobay that Bylaw No. 06-19, being “a Bylaw confirming the proceedings of the Board at this meeting,” be read and enacted.

Bylaw No. 06-18 was read and enacted as follows:

“To confirm the proceedings of the Board at this meeting.”

CARRIED

182 **ADJOURNMENT**

It was moved by Vice Chair Molyneaux, seconded by Mr. Cooper that the meeting be adjourned.

CARRIED

The meeting adjourned at 11:24 a.m.

Mafalda Avellino
Executive Director

Mayor Virginia Hackson
Chair

Minutes to be confirmed and adopted at the next regular meeting of the Board to be held on June 26, 2019.

Accessible formats or communication supports are available upon request.

-----Original Message-----

From: Wayne Cook

Sent: Friday, March 22, 2019 6:20 AM

To: Avellino, Mafalda

Subject: TABLE OF CONTENTS - A Handbook for Police and Crown Prosecutors on Criminal Harassment - Family Violence Initiative

Good Morning Mafalda Avellino, Executive Director, YRP Police Services Board

Please accept my request to provide a Deputation to the York Regional Police Services Board on June 26, 2017. The Policies and Procedures of the York Regional Police are inconsistent with the Justice Canada's "Handbook for Police and Crown Prosecutors on Criminal Harassment", the Justice Canada website link is attached.

Thank you,

Wayne Cook

<https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/har/toc-tdm.html>



Ontario

**Executive Council of Ontario
Order in Council**


On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

PURSUANT TO section 27 of the *Police Services Act*, as amended, Zhengyu Jennifer Fang of Richmond Hill be appointed as a member of the Regional Municipality of York Police Services Board to serve at the pleasure of the Lieutenant Governor in Council for a period not to exceed three years from the date this Order in Council is made.

EN VERTU DE l'article 27 de la *Loi sur les services policiers*, dans sa version modifiée, Zhengyu Jennifer Fang, de Richmond Hill, est nommée, à titre amovible à la discrétion du lieutenant-gouverneur en conseil, membre de la Commission des services policiers de la municipalité régionale de York pour une période maximale de trois ans commençant le jour de la prise du présent décret.



Recommended: Solicitor General
Recommandé par: La solliciteure générale



Concurred: Chair of Cabinet
Appuyé par: Le président/la présidente du Conseil des ministres,

Approved and Ordered:
Approuvé et décrété le: JUN 0 6 2019



Lieutenant Governor
La lieutenante-gouverneure

O.C./Décret: 889/2019

Ministry of the Solicitor General

Public Safety Division
Public Safety Training Division

25 Grosvenor St.
12th Floor
Toronto ON M7A 2H3

Telephone: (416) 314-3377
Facsimile: (416) 314-4037

Ministère du Solliciteur général

Division de la sécurité publique
Division de la formation en matière
de sécurité publique

25 rue Grosvenor
12^e étage
Toronto ON M7A 2H3

Téléphone: (416) 314-3377
Télécopieur: (416) 314-4037

**MEMORANDUM TO:**

All Chiefs of Police and
Commissioner Thomas Carrique
Chairs, Police Services Boards

FROM:

Stephen Beckett
Assistant Deputy Minister
Public Safety Division and Public Safety Training Division

SUBJECT:

Police-Hospital Transitions Framework

DATE OF ISSUE:	June 3, 2019
CLASSIFICATION:	General Information
RETENTION:	Indefinite
INDEX NO.:	19-0042
PRIORITY:	Normal

Please review the attached joint memorandum and attachments sent on behalf of the Honourable Sylvia Jones, Solicitor General and the Honourable Christine Elliott, Minister of Health and Long-Term Care.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Beckett", with a stylized flourish at the end.

Stephen Beckett
Assistant Deputy Minister
Public Safety Division and Public Safety Training Division

Attachments

**Ministry of Health
and Long-Term Care**

Office of the Deputy Premier and
Minister of Health and Long-Term Care

777 Bay Street, 5th Floor Toronto
ON M7A 1N3
Telephone: 416 327-4300 Facsimile:
416 326-1571
<https://www.ontario.ca/health>

**Ministère de la Santé
et des Soins de longue durée**

Bureau du vice-premier ministre
et du ministre de la Santé et des
Soins de longue durée

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone : 416 327-300
Télécopieur : 416 326-1571
<https://www.ontario.ca/sante>



Solicitor General

Office of the Solicitor General

25 Grosvenor Street, 18th Floor
Toronto ON M7A 1Y6
Tel: 416 325-0408
MCSCS.Feedback@Ontario.ca

Solliciteur général

Bureau de la sollicitrice générale

25, rue Grosvenor, 18^e étage
Toronto ON M7A 1Y6
Tél.: 416 325-0408
MCSCS.Feedback@Ontario.ca

HLTC2972IT-2019-33

MEMORANDUM TO:

Hospital Chief Executive Officers
All Chiefs of Police and Commissioner OPP
Chairs, Police Services Boards
Chiefs, Paramedic Services

FROM:

Hon. Sylvia Jones
Solicitor General
Hon. Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

SUBJECT: POLICE-HOSPITAL TRANSITIONS FRAMEWORK

We are pleased to share with all hospitals and police services in Ontario the newly released *Improving Police-Hospital Transitions: A Framework for Ontario* as well as the supporting toolkit, *Tools for Developing Police-Hospital Transition Protocols in Ontario*.

The Ministry of the Solicitor General and the Ministry of Health and Long-Term Care recognize the need for guidance and support in implementing local transition protocols between police services and hospitals, and have been pleased to work in partnership with the Provincial Human Services and Justice Coordinating Committee (PHSJCC) and the Canadian Mental Health Association, Ontario, in the development of this framework. Both ministries support its consideration for use in emergency departments across the province.

The purpose of the framework is to assist police services and hospitals with developing joint emergency department transition protocols, which are responsive to unique local needs, in order to ensure the seamless transfer of care for persons in a mental health or addictions crisis brought to a hospital by police officers. The key objectives of the framework are to:

- Improve health outcomes for individuals apprehended by police under the *Mental Health Act*;

- Improve transition of clients between police officers and hospital workers; and
- Improve coordination and collaboration among partners involved in the transition.

The framework was developed through a collaborative process, working with a range of policing and health care partners, including the Ontario Association of Chiefs of Police and the Ontario Hospital Association. This process has allowed for the development of a framework which is adaptable to operational realities and considerations, such as staff safety, while ensuring flexibility for application to a range of local circumstances. Moreover, the framework reflects evidence and successful practices in various communities across Ontario.

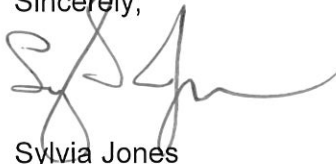
Both the Ministry of the Solicitor General and the Ministry of Health and Long-Term Care endorse and recommend that all Ontario police services and hospitals consider using the Framework and establish a written local emergency department transition protocol for individuals who are brought to the hospital emergency department by police officers under the *Mental Health Act*.

The framework is also supported by a toolkit that police services and hospitals may use and adapt to reflect their local circumstances.

As partners in ensuring community safety and well-being in Ontario's communities, we thank you in advance for working together on this important initiative.

If you have any questions about the Framework, please contact Joseph Szamuhel, Project Manager, PHSJCC Secretariat by phone at 1-800-875-6213 ext. 4127, or by email at jszamuhel@ontario.cmha.ca.

Sincerely,



Sylvia Jones
Solicitor General



Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care

Attachments

- c: Chief Executive Officers, Local Health Integration Networks
Mr. Mario Di Tommaso, Deputy Solicitor General, Community Safety
Ms. Helen Angus, Deputy Minister, MOHLTC
Ms. Melanie Fraser, Associate Deputy Minister, Health Services, MOHLTC
Mr. Stephen Beckett, Assistant Deputy Minister, Public Safety Division, Solicitor General
Mr. Phil Graham, Acting Assistant Deputy Minister, Community, Mental Health and Addictions and French Language Services Division, MOHLTC

Improving Police-Hospital Transitions: A Framework for Ontario



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario



Human Services Justice
Coordinating Committee



Ontario
Hospital
Association



Acknowledgements

This framework was developed in partnership with:

- Ministry of Health and Long-Term Care
- Ministry of the Solicitor General
- Provincial Human Services and Justice Coordinating Committee
- Canadian Mental Health Association (Ontario)

Legal Disclaimer

The information in this document is intended for information purposes only. It does not provide legal or medical advice. If you have a health question, you should consult a physician or other qualified health care provider. If you have a legal question, you should consult a lawyer.

The information in this document is provided “as is” without any representations or warranties, express or implied. Her Majesty the Queen in right of Ontario (HMQ) makes no representations or warranties in relation to any information in this document. HMQ does not warrant that the information in this document is complete, accurate or up-to-date.



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario



Human Services & Justice
Coordinating Committee



Ontario
Hospital
Association



Police-Hospital Transition Task Force

We would like to express our gratitude to all of the members of the Police-Hospital Transition Task Force for their advice and guidance in the development of this framework.

Katie Almond and Michael Dunn, Provincial Human Services and Justice Coordinating Committee
Fuad Abdi, Ministry of the Solicitor General
Nina Acco Weston and Alexia Jaouich, Centre for Addiction and Mental Health
Kashfia Alam, Human Services and Justice Coordinating Committee Secretariat
Jeffrey Bagg, Ontario Hospital Association
Alison Bevington, Waterloo Regional Police Service
Amanda Baine, Ministry of Health and Long-Term Care
Lisa Beck, Thunder Bay Regional Health Sciences Centre
Dena Bonnet, Ministry of the Attorney General
Brian Callanan, Toronto Police Association
Uppala Chandrasekera, Canadian Mental Health Association, Ontario
Raymond Cheng, Ontario Peer Development Initiative
Vanessa Aspri, Ministry of the Solicitor General
Theresa Claxton-Wali, Ontario Association of Patient Councils
Marg Connor, Ministry of Health and Long-Term Care
Sean Court, Ministry of Health and Long-Term Care
Sandra Cunning, Centre for Addiction and Mental Health
Alison DeMuy and Rebecca Webb, Waterloo-Wellington Local Health Integration Network
Ryan Fritsch, Legal Aid Ontario
Francine Gravelle, Youth Services Bureau
Paul Greenwood, St. Michael's Hospital
Lori Hassall, Canadian Mental Health Association, Middlesex Branch
Jenna Hitchcox, Human Services and Justice Coordinating Committee Secretariat
Ashley Hogue, Central Local Health Integration Network
Doug Lewis, Ontario Provincial Police Association
Phil Lillie, Provincial Human Services and Justice Coordinating Committee
Robyn MacEachern, Ontario Provincial Police
Diana McDonnell, Lanark County Mental Health
Terry McGurk, St. Joseph's Health Care Hamilton
John Pare, London Police Services and Ontario Association of Chiefs of Police
Stephen Waldie, Ministry of the Solicitor General
Margo Warren, Ministry of Health and Long-Term Care
Jeremy Watts, Alex Lam and Bryan Laviolette, York Region, Paramedic and Seniors Services Branch
Mike Worster, Hamilton Police Service
Jodi Younger, St. Joseph's Health Care Hamilton

Executive Summary

This framework has been designed to provide police services and hospitals in communities across Ontario with the tools necessary to establish effective police-hospital transition protocols for individuals that have been apprehended by police officers under the *Mental Health Act* and subsequently accompanied to a hospital emergency department for assessment and care. This framework outlines best practices and recommendations for the development of effective protocols that can be tailored to meet the needs of the local community.

The essential first step to developing an effective police-hospital emergency department transition protocol is to establish a strong relationship between the hospital and police service(s), including municipal police services and Ontario Provincial Police (OPP) Detachments. Building a strong relationship opens the door for clear and consistent communication between police officers and emergency department staff.

This framework identifies key drivers of effective police-hospital relationship building:

1. **Obtain endorsement from Police Chief(s)/OPP Detachment Commander(s) and Hospital CEO**, as strong commitment, support and endorsement from the most senior leaders of the organizations has a cascading effect and encourages all levels of staff across the organizations to establish positive working relationships.
2. **Establish Police-Hospital Committee** to provide the leadership and coordination necessary to assess current practices and develop, implement, routinely monitor and evaluate the effectiveness of the protocol.
3. **Develop Protocol** and a written agreement that outlines each step in the police-hospital emergency department transition (i.e. beginning when a police officer apprehends a person under the *Mental Health Act* and ending when the person is transferred from police officer's custody to the hospital emergency department).
4. **Provide Training** on the implementation of the protocol, including the provision of training to all staff who have a role in the protocol.
5. **Implement Protocol** beginning with an initial testing phase where issues arising from the protocol are identified and necessary corrections are made immediately.
6. **Monitor Protocol** routinely to ensure that, as issues arise from the implementation of the protocol, adjustments are made as needed.

Table of Contents

Purpose 4

Intended audiences 4

Increasing need for effective police-hospital transition protocols in Ontario 4

Developing an effective police-hospital transition protocol 6

Key drivers of effective police-hospital relationship building..... 7

 1) Obtain endorsement from Police Chief(s)/OPP Detachment
 Commander(s) and Hospital CEO 7

 2) Establish Police-Hospital Committee 8

 3) Develop Protocol 9

 4) Provide Training 12

 5) Implement Protocol 13

 6) Monitor Protocol 14

Purpose

This framework has been designed to provide police services and hospitals in communities across Ontario with the tools necessary to establish effective police-hospital transition protocols for individuals that have been apprehended by police officers under the *Mental Health Act* and subsequently accompanied to a hospital emergency department for assessment and care.

The intent of this framework is to support communities to:

- 1) Improve outcomes for individuals apprehended by police under the *Mental Health Act* while respecting individual rights, including the right to privacy;
- 2) Improve transitions between police officers and hospital workers; and
- 3) Improve coordination and collaboration among partners involved in the transition.

Intended Audiences

This framework has been specifically developed to assist police services, hospital staff and providers of community mental health, addictions and other human services across Ontario to deliver more effective and coordinated care for persons experiencing a mental health or addictions-related crisis who may be apprehended by police and may require hospital emergency department services.

Increasing need for effective police-hospital transition protocols in Ontario

Research evidence indicates the complex challenges associated with police-hospital transitions and the increasing need for effective transition protocols in Ontario. As emergency responders, police officers often provide assistance to individuals experiencing a mental health or addictions-related crisis. Under the *Mental Health Act*, police officers also have the authority to take individuals who may be at risk of harming themselves or others to an appropriate place for examination by a physician, often to a hospital emergency department. Upon making the apprehension, the police officer remains with the individual until transfer of custody to the hospital occurs. A number of service dynamics occur during this transition process resulting in issues that impact on police services, hospital staff and the individual in crisis.

Research conducted by the Provincial Human Services and Justice Coordinating Committee¹ further highlights the importance of improving transitions between police services and hospitals:

Impact on individuals in crisis. Police accompanied visits to emergency departments increase the stigma associated with mental health and addictions conditions. Being accompanied by a police officer for an extended period of time in a crowded emergency department, particularly while handcuffed or restrained, can worsen the situation and can serve to reinforce the misperceptions about people with mental health and addictions issues, and can also result in the further distress of the individual. In these situations, privacy is often compromised as the individual may feel uncomfortable communicating with hospital staff in the company of police officers, thus hindering their care and treatment.

Impact on emergency departments. Police accompanied visitors often pose additional challenges for hospitals that must balance emergency care with meeting the needs of individuals experiencing a mental health or addictions-related crisis. Limited quarters inside emergency departments mean these individuals may have to remain in a general waiting area under police custody, creating uncomfortable experiences for them and other individuals awaiting care. Hospitals that do not have quiet safe rooms or security guards often rely on police officers to maintain security and safety for everyone in the emergency department. Where hospital security guards may be available, their role with respect to police accompanied visitors is often unclear.

Impact on police services. Police officers often remain in the emergency department with the individual in crisis for extended periods of time until transfer of custody to the hospital occurs. Police presence may also be requested to ensure security and safety of hospital staff. Public safety may be impacted when police officers are required at emergency departments rather than providing services out in the community.

Increasing wait times. Emergency rooms typically face a high volume of clients. Without effective protocols in place to ease transitions, police officers may wait in hospital emergency departments several hours before the individual in crisis may be seen by a physician. These delays may result as individuals experiencing a mental health or addictions-related crisis may be given a lower triage priority compared to those experiencing a physical trauma. Across Ontario, limited number of beds in mental health inpatient units at hospitals and limited 24-hour community-based crisis intervention supports may further contribute to these increasing wait times.

This framework is a strategy for addressing these multiple, intersecting issues associated with police accompanied visits to hospital emergency departments. This framework outlines best practices and recommendations for the development of effective police-hospital transition protocols.

Developing an effective police-hospital transition protocol

Building a strong relationship between the hospital and police service(s) is the most important component of an effective police-hospital emergency department transition protocol.

Research evidence indicates that the essential first step to developing an effective police-hospital emergency department transition protocol is to establish a strong relationship between the hospital and police service(s), including municipal police services and Ontario Provincial Police (OPP) Detachments.¹

Building a strong relationship opens the door for clear and consistent communication between police officers and emergency department staff. It is important that the relationship building occurs at many levels across the organizations, from the frontline staff level to the most senior levels of management.

Establishing a joint police-hospital committee is recommended to provide the leadership and coordination necessary to assess current practices and develop, implement, routinely monitor and evaluate the effectiveness of the protocol.

Detailed below are key drivers of effective police-hospital relationship building.

¹ Provincial Human Services and Justice Coordinating Committee. (2013). *Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario*. www.hsccc.on.ca

Key drivers of effective police-hospital relationship building

1) Obtain endorsement from Police Chief(s)/OPP Detachment Commander(s) and Hospital CEO

To develop an effective police-hospital emergency department transition protocol, commitment, support and endorsement is necessary from the Chief of Police/OPP Detachment Commander and the Chief Executive Officer (CEO) of the hospital.

Strong commitment, support and endorsement from the most senior leaders of the organizations has a cascading effect and encourages all levels of staff across the organizations to establish positive working relationships.

Communication at all levels of the organization will facilitate a seamless transition for individuals apprehended under the *Mental Health Act*.

The following relationships are crucial to the success of the police-hospital emergency department transition protocol:

- a. Police Chief/OPP Detachment Commander and Hospital CEO to be the executive sponsors of the protocol;
- b. Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.) to provide guidance to staff on the successful implementation of the protocol and resolve any disputes that may arise between the organizations; and
- c. Frontline police officers and hospital emergency department staff to deliver on the expectations associated with the written agreement between the hospital and police service(s).

Key drivers of effective police-hospital relationship building

2) Establish Police-Hospital Committee

It is recommended that the organizations jointly establish a police-hospital committee, which meets regularly, for the purpose of assessing current practices and developing, implementing, routinely monitoring and evaluating the effectiveness of the police-hospital emergency department transition protocol.

The composition of the committee should include representation from frontline staff as well as management from:

- Hospital emergency department (including physicians and nurses) and privacy office;
- All police services within the hospital's catchment area. Where appropriate, local protocols may consider a different catchment area that is reasonable for the local circumstances (e.g. based on the police services' catchment area that captures multiple hospitals);
- Local paramedic services;
- Individuals and families with lived experience of police-hospital transitions; and
- Other important stakeholders in the community as needed, such as community-based mental health and addictions agencies, peer and family support organizations, child and youth mental health and addictions agencies, legal representation, Local Health Integration Network representation and others.

It is recommended that the Police-Hospital Committee develop a terms of reference document which outlines the purpose of the committee, the objectives to be achieved and the frequency of meetings.

Key drivers of effective police-hospital relationship building

3) Develop Protocol

It is recommended that a written agreement be established that outlines each step in the police-hospital emergency department transition protocol (i.e. beginning when a police officer apprehends a person under the *Mental Health Act* and ending when the person is transferred from the police officer's custody to the hospital emergency department).

The written agreement should be developed under the leadership of the Police-Hospital Committee, with executive signatories from each organization involved with the implementation of the protocol.

Where possible, people with lived experience of police-hospital transitions should be engaged in the development of the protocol.

The written agreement should include:

- a. Procedures for transferring the individual from the police officer's custody to the hospital emergency department when an apprehension has occurred under the *Mental Health Act*;
- b. A Mental Health and Addictions Screening Form for use by frontline police officers to document observations regarding the individual apprehended under the *Mental Health Act*;
- c. A Transfer of Custody Form for use by hospital staff to document decisions pertaining to a joint analysis of risk conducted by the hospital staff and the police officer. The joint analysis of risk can be completed by designated hospital staff (not necessarily a physician) and the police officer. However, when required, the decision regarding issuing a Form 1 (Application by Physician for Psychiatric Assessment) under the *Mental Health Act* must be made by a physician;
- d. Roles and responsibilities of each organization and respective staff members at each step of the transition; and
- e. Signatures from the senior leaders of each organization involved in the protocol.

Key questions to consider when developing a police-hospital emergency department transition protocol:

- What are the existing processes, policies and procedures for police-hospital transitions?
How will existing practices be impacted by developing a protocol?
Is there an opportunity to improve upon existing protocols?
- What key goals and targets are to be achieved through the protocol?
- What are the roles and responsibilities of each partner organization and respective staff members involved with the protocol?
- How will individuals and families with lived experience of police-hospital transitions be included in the committee and involved in the development of the protocol?
- Is a legal opinion needed to clarify the transfer of custody of individuals who have been apprehended under the *Mental Health Act*?
- Is a legal opinion needed to clarify the requirements under various legislation? (e.g. *Mental Health Act*, *Police Services Act*, *Freedom of Information and Protection of Privacy Act*, *Municipal Freedom of Information and Protection of Privacy Act*, *Personal Health Information Protection Act*, etc.)

Recommended goals for a police-hospital transition protocol include:

- ✓ Improve outcomes for people experiencing a mental health or addictions-related crisis that are accompanied to an emergency department by a police officer while respecting individual rights, including the right to privacy;
- ✓ Decrease police officer wait times to transfer custody of apprehended person to hospital emergency department;
- ✓ Enhance collaboration and coordination between hospitals and police services in Ontario communities;
- ✓ Protect health care worker safety and security through system improvements; and
- ✓ Promote public safety.

Key questions to consider when developing a police-hospital emergency department transition protocol (continued):

- Are there any other implementation barriers that need to be considered? Are there any existing supports that can be leveraged to assist with the development and implementation of the protocol?
- How will the decision to transfer custody from the police to the hospital be determined?
- What are the procedures for conducting an analysis of risk in order to determine when a police officer should remain at the hospital to maintain security and safety for everyone in the emergency department?
- How will disputes between frontline police officers and hospital staff be addressed? (i.e. what will be the dispute resolution process if a police officer and hospital staff disagree about the level of risk an individual in crisis may pose to themselves or others in the emergency department)?
- If the hospital is not a Schedule 1 Psychiatric Facility, which organization will be responsible for transporting the individual to the nearest Schedule 1 facility?
- Under what circumstances and how will transition-related personal health information about a patient be collected, used, disclosed, stored and secured? Who will be responsible for information-sharing decisions and how will those decisions be documented?
- What special considerations are needed for children and youth, and seniors?
- What special considerations are needed for Indigenous communities?
- What special considerations are needed for racialized communities?
- What special considerations are needed for other marginalized populations in the community?
- How will language barriers be addressed, especially French language requirements?
- What other elements should the protocol contain in order to be inclusive of consideration for special and vulnerable populations (e.g. children and youth, seniors, those with developmental disabilities, etc.)?

Key drivers of effective police-hospital relationship building

4) Provide Training

Each organization must locally determine how to provide training on the implementation of the police-hospital emergency department transition protocol, including the provision of training to all staff who have a role in the protocol.

Wherever possible, it is recommended that joint training sessions be held to encourage relationship building across the organizations involved with the protocol and support a collaborative educational experience.

The training on the protocol should include:

- Roles and responsibilities of each organization and respective staff members;
- Training on the Mental Health and Addictions Screening Form;
- Training on the Transfer of Custody Form; and
- Instructions for carrying out each stage of the protocol.

Additional content to support the training needs of staff may include: background information about the legal requirements of police-hospital transitions in Ontario (i.e. *Mental Health Act*, *Police Services Act*, *Freedom of Information and Protection of Privacy Act*, *Municipal Freedom of Information and Protection of Privacy Act*, *Personal Health Information Protection Act*, etc.); background information about mental health, addictions and the circumstances that may lead an individual to experience a mental health or addictions-related crisis; information sharing and privacy obligations; and information about the mental health and addictions services and supports available in the local community.

Where possible, individuals and families may be engaged to share their lived experiences about mental health or addictions-related crisis situations and the impact of police-hospital transitions.

Key drivers of effective police-hospital relationship building

5) Implement Protocol

Frontline police officers and hospital emergency department staff should be responsible for managing the day-to-day implementation of the protocol, with guidance from the Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.).

The implementation phase should include an initial implementation or testing phase followed by a full implementation phase:

- a. During the initial implementation phase, issues arising from the protocol should be identified and necessary corrections should be made immediately;
- b. During the initial implementation phase, a designated staff person should be available from the police service(s) and the hospital to answer any questions related to or address any issues arising from the protocol in real time; this responsibility can rest with the shift commander of the police service(s) and a designated on-call staff member of the hospital;
- c. When the testing period is over and the full implementation phase begins, the Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.) should continue to provide guidance to staff on the successful implementation of the protocol and resolve any disputes that may arise between the organizations; and
- d. As the executive sponsors, the Police Chief/OPP Detachment Commander and Hospital CEO should continue to hold ultimate accountability for the protocol during all stages of implementation.

Key drivers of effective police-hospital relationship building

6) Monitor Protocol

Under the leadership of the Police-Hospital Committee, the police-hospital emergency department transition protocol should be routinely monitored and evaluated. Over time as issues arise from the implementation of the protocol, the Police-Hospital Committee should update the protocol and make adjustments as needed.

The monitoring and evaluation process should include:

- Key indicators of success to be achieved;
- Pre- and post-test to gauge the progression of the key indicators of success;
- Timed intervals for when the data should be gathered;
- Routine report back to the Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.); and
- An annual review of the protocol and updates as required.

Additional resources and sample tools to aid in the development of the protocol, including a sample written protocol, will be made available through a complementary guideline, *Tools for Developing Police-Hospital Transition Protocols in Ontario*.



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario



Ontario
Hospital
Association



Tools for Developing Police-Hospital Transition Protocols in Ontario May 2019

A COMPLEMENTARY GUIDELINE TO SUPPORT THE IMPLEMENTATION OF
IMPROVING POLICE-HOSPITAL TRANSITIONS: A FRAMEWORK FOR ONTARIO

Acknowledgements

This toolkit was developed in partnership with:

- Ministry of Health and Long-Term Care
- Ministry of the Solicitor General
- Provincial Human Services and Justice Coordinating Committee
- Canadian Mental Health Association (Ontario)

Legal Disclaimer

The information in this document is intended for information purposes only. It does not provide legal or medical advice. If you have a health question, you should consult a physician or other qualified health care provider. If you have a legal question, you should consult a lawyer.

The information in this document is provided “as is” without any representations or warranties, express or implied. Her Majesty the Queen in right of Ontario (HMQ) makes no representations or warranties in relation to any information in this document. HMQ does not warrant that the information in this document is complete, accurate or up-to-date.



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario



Human Services and Justice
Coordinating Committee



Ontario
Hospital
Association



Police-Hospital Transition Task Force

We would like to express our gratitude to all of the members of the Police-Hospital Transition Task Force for their advice and guidance in the development of these tools and resources.

Katie Almond and Michael Dunn, Provincial Human Services and Justice Coordinating Committee

Fuad Abdi, Ministry of the Solicitor General

Nina Acco Weston and Alexia Jaouich, Centre for Addiction and Mental Health

Kashfia Alam, Human Services and Justice Coordinating Committee Secretariat

Jeffrey Bagg, Ontario Hospital Association

Alison Bevington, Waterloo Regional Police Service

Amanda Baine, Ministry of Health and Long-Term Care

Lisa Beck, Thunder Bay Regional Health Sciences Centre

Dena Bonnet, Ministry of the Attorney General

Brian Callanan, Toronto Police Association

Uppala Chandrasekera, Canadian Mental Health Association, Ontario

Raymond Cheng, Ontario Peer Development Initiative

Vanessa Aspri, Ministry of the Solicitor General

Theresa Claxton-Wali, Ontario Association of Patient Councils

Marg Connor, Ministry of Health and Long-Term Care

Sean Court, Ministry of Health and Long-Term Care

Sandra Cunning, Centre for Addiction and Mental Health

Alison DeMuy and Rebecca Webb, Waterloo-Wellington Local Health Integration Network

Ryan Fritsch, Legal Aid Ontario

Francine Gravelle, Youth Services Bureau

Paul Greenwood, St. Michael's Hospital

Lori Hassall, Canadian Mental Health Association, Middlesex Branch

Jenna Hitchcox, Human Services and Justice Coordinating Committee Secretariat

Ashley Hogue, Central Local Health Integration Network

Doug Lewis, Ontario Provincial Police Association

Phil Lillie, Provincial Human Services and Justice Coordinating Committee

Robyn MacEachern, Ontario Provincial Police

Diana McDonnell, Lanark County Mental Health

Terry McGurk, St. Joseph's Health Care Hamilton

John Pare, London Police Services and Ontario Association of Chiefs of Police

Stephen Waldie, Ministry of the Solicitor General

Margo Warren, Ministry of Health and Long-Term Care

Jeremy Watts, Alex Lam and Bryan Laviolette, York Region, Paramedic and Seniors Services Branch

Mike Worster, Hamilton Police Service

Jodi Younger, St. Joseph's Health Care Hamilton

Overview

The following tools and resources have been developed as a complementary guideline to support the implementation of *Improving Police-Hospital Transitions: A Framework for Ontario*.

These tools and resources were developed based on existing promising practices in Ontario. Their use is not a mandatory requirement, rather they are designed to help police, hospitals and others comply with legal requirements (e.g. as found in Ontario's mental health, human rights, policing and privacy legislation) and best practices. These tools may be tailored to the specific needs of local communities (except for Tool 4: interRAI Brief Mental Health Screener which is a trademarked product).

The use of the term “hospital” throughout these documents refers to public hospitals under the *Public Hospitals Act*, and the term “Schedule 1 Psychiatric Facilities” refers to psychiatric hospitals which provide inpatient services and are designated under the *Mental Health Act*.

- ❖ **Tool 1:** Stages of Transition for an Individual in Crisis (pp.3-14)
This diagram provides a general overview of an individual's pathway from the moment of the onset of a mental health or addictions-related crisis, to police officers arriving on the scene for support, to their arrival at the hospital, through to their release back into the community
- ❖ **Tool 2:** Police-Hospital Committee Terms of Reference (pp.15-19)
This is a recommended template that may be adapted as needed
- ❖ **Tool 3:** Police-Hospital Transition Protocol (pp.20-30)
This is a recommended template that may be adapted as needed
- ❖ **Tool 4:** interRAI Brief Mental Health Screener (pp.31-34)
This is a recommended tool to support police officers when responding to a mental health or addictions-related crisis situation
- ❖ **Tool 5:** Transfer of Custody Form (pp.35-36)
This is a recommended template that may be adapted as needed

Tool 1: Stages of Transition for an Individual in Crisis

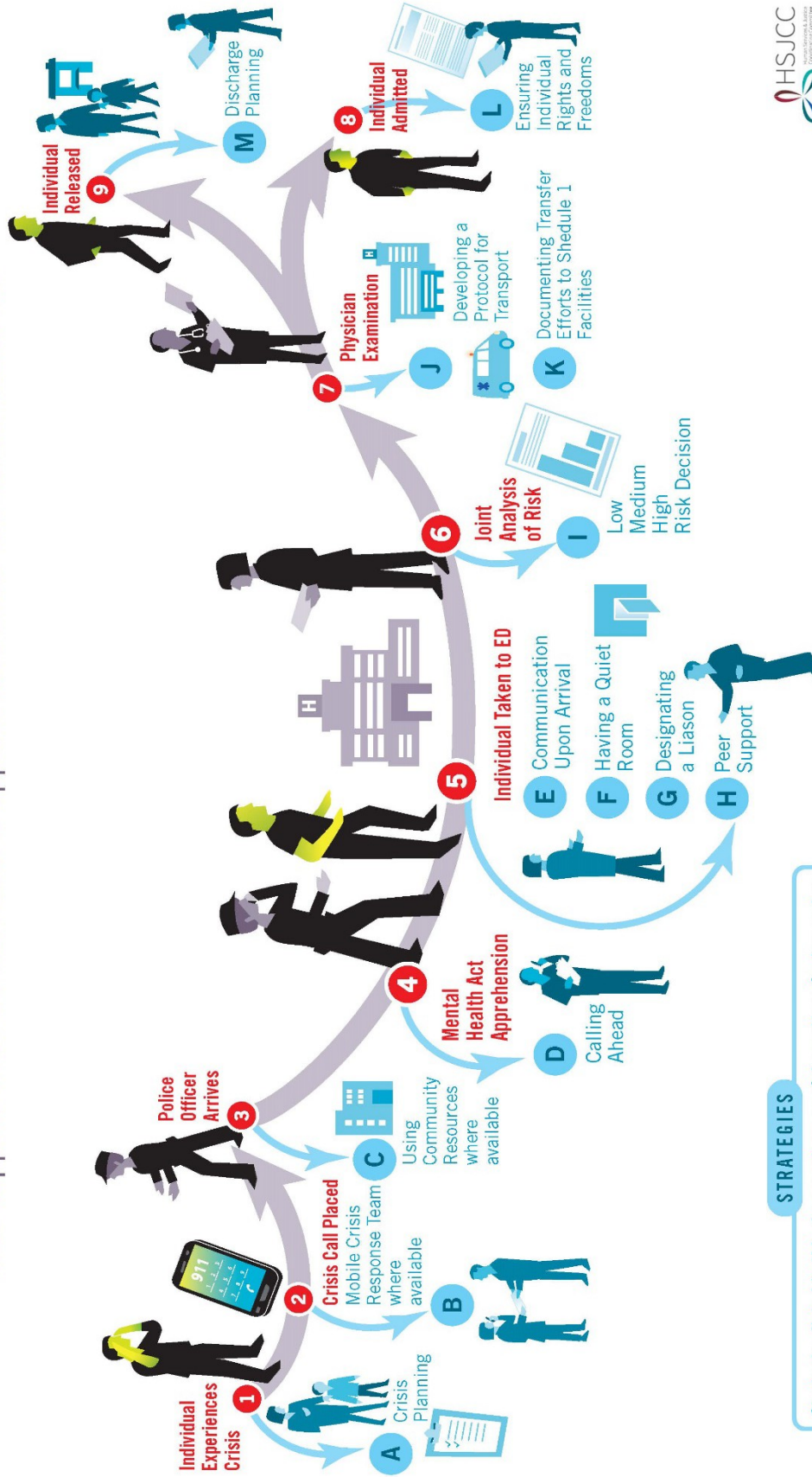
This diagram provides a general overview of an individual's pathway from the moment of the onset of a mental health or addictions-related crisis, to police officers arriving on the scene for support, to their arrival at the hospital, through to their release back into the community. This tool represents a simplified map of the pathway of an individual that has been apprehended under the *Mental Health Act*. Each person's pathway is very different, and some journeys will not be reflected here. This map is meant only as a general overview.

The Stages of a Police-Hospital Transition map can be used for two purposes:

- To inform users of the health care system about the general pathway to care that an individual may experience if they are apprehended under the *Mental Health Act* (map can be printed as a single page hand out for use with the general public with shortened descriptions of each step and strategies).
- To educate hospital staff, police officers and other community service providers involved with *Mental Health Act* apprehensions about the typical stages of transition for the individual experiencing a mental health or addictions-related crisis.

Stages of a Police-Hospital Transition

What happens when an individual is apprehended under the *Mental Health Act*



STRATEGIES

Strategies listed in this document are useful practices for improving client experiences and reducing police-hospital wait times.



Rose Zgodzinski

For more information please visit www.hsjcc.on.ca

1. Individual Experiences Crisis: When an individual is experiencing a mental health or addiction-related crisis, the person requires care and attention to address their physical and mental health needs while ensuring that they and others are kept safe in a difficult and often unfamiliar situation. A mental health or addictions-related crisis can include: a serious, immediate mental health or addictions problem, a situational crisis, psychosis, risk of self-harm or harm to others, emotional trauma, agitation or inability to sleep as a result, severe depression or anxiety, symptoms of moderate withdrawal and needing support, or suicidal thoughts.

There are many individuals that may be involved to provide support during a crisis situation, such as an individual's family and friends, crisis centres, dispatch staff, police officers, paramedics and emergency medical services, hospital staff, emergency nurses and doctors, community mental health and addictions organizations and peer support workers. In many communities, there are crisis services available that may be called before 911. ConnexOntario hosts an online listing of a community's mental health and addictions resources and operates a free, 24-hour crisis response line for mental health and addictions-related concerns. For more information, visit:

www.connexontario.ca

2. Crisis Call is Placed: When someone is experiencing a mental health or addictions-related crisis, additional help for the person may be required and the individual or their family may not know where to go for help. In these cases, friends, family members, or the individual themselves may call a crisis line to seek assistance, such as ConnexOntario which operates a free, 24-hour crisis response line: 1-866-531-2600. If crisis lines are not available within a community, then 911 may be called for help.

3. Police Officer Arrives: When the police are called or they come into contact with an individual experiencing a crisis, they have a large role in determining the best course of action to help the individual and ensure public safety. If the police officer determines that the individual requires care for mental health or addictions-related concerns, they may apprehend the individual under the *Mental Health Act*.

4. Mental Health Act Apprehension: Under the *Mental Health Act*, police officers have the responsibility to take individuals who may be at risk of harming themselves or others to an appropriate place for examination by a physician, often to a hospital emergency department. Upon making the apprehension, the police officer remains with the individual until transfer of custody to the hospital occurs. At this point, police officers can use a mental health and addictions screening form (such as the InterRAI Brief Mental Health Screener) to document their observations of the individual apprehended under the *Mental Health Act*. The individual may also be subject to a safety search by a police officer at this time.

5. Individual Taken to Emergency Department: An officer that has made an apprehension under the *Mental Health Act* is required to transport the individual to a psychiatric or health care facility. Often, the best option for immediate care for the individual is the hospital emergency department. When arriving at the hospital, as part of the intake process, the individual in crisis may be subject to a safety search.

6. Joint Analysis of Risk: After arriving at the hospital, the police officer(s) and hospital staff should jointly conduct an analysis of the level of risk the individual poses to themselves and others within the hospital. Depending on the outcome of this risk assessment, the police officers will either remain in the hospital or leave the individual in the care of the hospital. If the police officers are no longer required, the individual has the option of remaining in the hospital for an assessment by a physician to determine their mental health care needs, or the individual may leave.

7. Physician Examination: After an examination, the physician makes a decision about whether a Form 1 is required. If the individual is issued a Form 1, there is the authority to take the individual in custody to a psychiatric facility forthwith and detain the individual for up to 72 hours for psychiatric assessment. If a Form 1 is not issued, the individual can either stay voluntarily at the hospital for additional care, or they can leave. Following this assessment, the physician or a hospital staff person may ask the individual if the outcomes of this assessment can be communicated back to the police officer(s) that apprehended the individual under the *Mental Health Act*.

8. Individual Admitted: An individual can be voluntarily or involuntarily admitted to a psychiatric facility once they have been assessed by a physician. If a Form 1 is issued and an involuntary admission is made, the hospital then has the authority to hold custody of the individual for up to 72 hours. Persons assessed on a Form 1 have a right to know the outcomes of their assessment and potential detention, and to know of their right to counsel.

9. Individual Released: Leaving an acute care setting for individuals that have experienced a mental health or addictions-related crisis requires good quality discharge planning for a successful transition back into the community. Recovery from a crisis is experienced differently by everyone. For many, it is important that the proper community supports are put in place and connections or referrals to community programs are provided. To keep an individual well within their community, it is important for hospital staff to identify unique needs of individuals when released from the hospital.

A. Planning for a Crisis: Crisis Planning helps to ensure client-centred care and offers a way for individuals to establish a plan of action in preparation for periods of illness. Crisis plans provide time-tested strategies for de-escalating crisis situations, provides the tools for reducing triggers, and outlines specific treatments and medications that have either mitigated or aggravated such experiences in the past. Individuals maintain the ability to control the care they receive when they may be unable to effectively communicate. For more information about crisis planning, see the Provincial Human Services and Justice Coordinating Committee Information Guide: *Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario* (pg. 13-15) available at www.hsjcc.on.ca

B. Mobile Crisis Response Teams: Mobile crisis response services may involve health care professionals responding to a crisis or may involve a joint response between police services and health care organizations. The joint response teams typically include a police officer working alongside a mental health professional. Where available, these response teams may be dispatched to assist the individual in crisis and they generally arrive on the scene after the area has been made secure. The mobile crisis response team assesses the individual in crisis and refers them to the appropriate place in the community for care, whether it is a hospital or a community-based mental health and addictions service provider.

C. Using Community Resources: If a mental health apprehension is not made, police officers can connect individuals to community resources in their area. ConnexOntario can connect individuals in crisis (youth and adults), family and friends, and professionals with information on types of services/programs and estimated wait times for support within their community. The crisis response lines are staffed by Information and Referral Specialists that are trained in suicide intervention skills and most have worked within frontline mental health and/or addictions services. They engage in supportive listening with callers to help ensure that individuals requiring support are linked to the most appropriate services in their community. For more information, visit: www.connexontario.ca

D. Calling Ahead: When police officers are en route to the hospital, it is best that the police officers or the Police Service Communication Centre (dispatch) call ahead to inform the emergency department staff that a mental health apprehension has taken place and police officers will be arriving at their facility with the individual. This information allows emergency department staff some additional time to adequately prepare for the incoming individual.

E. Communication Upon Arrival: Establishing communication between the police officers and hospital staff upon arrival in the emergency department, and having the officers provide all relevant information to hospital staff, can expedite the process and can assist hospital staff in providing the best possible care to the person in crisis. Furthermore, establishing strong communication upon arrival can help determine the length of time that police officers will be required to remain at the hospital.

F. Having a Quiet Room: Having a quiet space for individuals experiencing a crisis can reduce the stigma associated with mental health and/or addictions conditions. The quiet space provides privacy for the individual and offers shelter from the watchful eyes of others waiting in the emergency room. A quiet space can also provide safety and security for the individual in crisis.

G. Designating a Liaison: A designated crisis coordinator in the emergency department can be an asset to hospital staff as well as police officers in terms of establishing clear communication. The designated crisis coordinator can also provide services and supports to the individual experiencing a mental health or addictions-related crisis, including conducting an initial mental health assessment, providing counselling

services, and connecting the individual to appropriate mental health and addictions resources in the community.

H. Peer Support: Some hospitals have peer support workers available within their facility that can play a key role in supporting an individual in crisis. Having peer support available for individuals experiencing a mental health or addictions-related crisis can help the individual, family or other support people have conversations with a person that is familiar with their situation and can assist with planning for any potential future crisis situations that may arise.

I. Low/Medium/High Risk Decision: An individual experiencing a mental health or addictions-related crisis can be low, medium or high risk in harming themselves or others, or fleeing from the hospital. The police officers and hospital staff should engage in a conversation to collaboratively determine the risk level of the individual in crisis.

J. Developing a Protocol for Transport: Non-Schedule 1 Facilities with emergency departments should develop a protocol for transporting individuals who require a psychiatric assessment to Schedule 1 Psychiatric Facilities. It is best practice that the physician completing the Form 1 also provide a clinical assessment of how the individual can be safely transferred to the new facility. The determination of transfer method and rationale should be recorded by the physician. If paramedic services are needed for the transport of the individual between facilities, the Provincial Transfer Authorization Centre will need to be consulted during the development of the protocol.

K. Documenting Transfer Efforts to Schedule 1 Facility: The *Mental Health Act* states that the transfer of an individual to a Schedule 1 Psychiatric Facility for an assessment needs to be completed "forthwith" which is generally interpreted in case law as "as soon as reasonably possible." It is recommended that the hospital staff document the efforts made to transfer to the individual to the new facility, the care provided while waiting for the transfer, and the ongoing monitoring and assessment of the individual to ensure that the criteria for an individual to require a psychiatric assessment under Form 1 are still present.

L. Ensuring Individual Rights and Freedoms: The hospital and police officers responding to a crisis should take necessary steps to ensure that the individual's right and freedoms are protected at all times.

➤ To learn more about individual rights when a Form 1 has been issued, please see the **Community Legal Education Ontario** resource *Are you in hospital for a psychiatric assessment?* available at: http://www.cleo.on.ca/sites/default/files/book_pdfs/form1.pdf

➤ For individuals seeking additional information on their rights while in the care of an Ontario hospital for a mental health or addictions-related concern, contact the **Psychiatric Patient Advocate Office** at 1-800-578-2343

➤ To learn more about the legal authorities of hospitals to detain individuals that may be at risk to harming themselves or others, please see the **Ontario Hospital Association Practical Guide to Mental Health and the Law in Ontario** available at www.oha.com

M. Discharge Planning: Support from family, the community, and having access to the social determinants of health (for example: housing and food) are key to increasing wellness and preventing individuals from coming into contact with police or experiencing additional, unanticipated visits to the emergency department. It is recommended that discharge planning for individuals that have been frequently apprehended under the *Mental Health Act* be reviewed by hospital staff to identify any gaps or issues that need to be addressed to better connect individuals to community services while respecting the individual's right to treatment, choice and privacy.

Stages of Transition for an Individual in Crisis

The stages of transition for individuals that have experienced a mental health or addictions-related crisis and have been apprehended under the *Mental Health Act* are described below. The strategies listed below are based on promising practices that have been implemented in communities across Ontario. Please note that the strategies are intended to support the development and implementation of a successful police-hospital emergency department transition protocol and should be considered as recommendations only, and are not mandatory requirements. Some strategies require resources which may not be available in all communities.

1) Individual experiences a mental health or addictions-related crisis

When an individual is experiencing a mental health or addictions-related crisis, the person requires care and attention to address their physical and mental health needs while ensuring that the person and others are kept safe in a difficult and often unfamiliar situation. A crisis may require the assistance of professionals to help reduce risks and provide care for the individual and others, especially if the circumstance is new or unmanageable for the individual and those around them.

A mental health or addictions-related crisis can include: a serious, immediate mental health or addictions problem, a situational crisis, psychosis, risk of self-harm or harm to others, emotional trauma, agitation or inability to sleep and, as a result, severe depression or anxiety, symptoms of moderate withdrawal and needing support, or suicidal thoughts.

There are many individuals that may be involved to provide support during a crisis situation, such as an individual's family and friends, crisis centre dispatch staff, police officers, paramedics and emergency medical services, hospital staff, emergency nurses and doctors, community mental health and addictions organizations and peer support workers.

In many communities, there are crisis services available for individuals experiencing a mental health or addictions-related crisis that may be called before 911. ConnexOntario

Addiction, Mental Health, and Problem Gambling Treatment Services:

1-866-531-2600 | **Available 24-hours every day**
ConnexOntario: www.connexontario.ca

hosts an online listing of a community's mental health and addictions resources and operates a free, 24-hour crisis response line for mental health and addictions concerns.

STRATEGY A: Planning for a crisis

Individuals and families can develop a plan to prepare for a crisis situation. Crisis Planning helps to ensure client-centred care and offers a way for individuals to establish a plan of action in preparation for periods of illness. Crisis plans provide time-tested strategies for de-escalating crisis situations, provide the tools for reducing triggers, and outline specific treatments and medications that have either mitigated or aggravated such experiences in the past. Individuals maintain the ability to control the care they receive when they may be unable to effectively communicate.

For more information about crisis planning, see the Provincial Human Services and Justice Coordinating Committee Information Guide: *Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario* (pp.13-15). www.hsjcc.on.ca

2) Crisis call is placed

When someone is experiencing a mental health or addictions-related crisis, additional help for the person may be required and the individual or their family may not know where to go for help. In these cases, friends, family members, or the individual themselves may call a crisis line to seek assistance. If crisis lines are not available within a community, a 911 emergency call may be placed.

The role of the Police Service Communication Centre (dispatch) is important in the response to individuals in crisis when a 911 call is placed. Particularly in communities where there may be mobile crisis response teams that can be dispatched to a location to assist police officers in their response, these teams can potentially divert individuals away from emergency departments and the justice system, and offer care where the individual is located. Crisis bed programs in the community may also be available to support individuals in crisis.

ConnexOntario hosts an online listing of a community's mental health and addictions resources and operates a free, 24-hour crisis response line for mental health and addictions concerns.

STRATEGY B: Utilizing mobile crisis response teams or other community mental health and addictions agencies for support, where available

Mobile crisis response services may involve health care professionals responding to a crisis or may involve a joint response between police services and health care organizations. The joint response teams typically include a police officer working alongside a mental health and addictions professional. Where available, these response teams may be dispatched to assist the individual in crisis and they generally arrive on the scene after the area has been made secure. The mobile crisis response team assesses the individual in crisis and refers them to the appropriate place in the community for care, whether it is a hospital or a community-based mental health and addictions service provider.

3) Police officer(s) arrive to assist the individual in crisis

When the police are called or they come into contact with an individual experiencing a mental health or addictions-related crisis, they have a large role in determining the best course of action to help the individual and ensure public safety. In some cases, there may be a criminal incident that has also occurred at the same time as the mental health or addictions-related crisis. In those situations, there may be times when a police officer has to decide whether it is appropriate to make a mental health apprehension or to lay a criminal charge. In appropriate circumstances, police officers should be encouraged to make all efforts to divert a person away from the criminal justice system. Police officers should give primary consideration to whether the *Mental Health Act* can appropriately address the factors of concern in any particular case.

Police officers can connect individuals to community resources at any point. For instance, where a criminal charge is not laid and a mental health apprehension is not made, a police officer may connect the individual to community resources in their area. ConnexOntario hosts an online listing of a community's mental health and addictions resources and operates a free, 24-hour crisis response line for mental health and addictions concerns.

Addiction, Mental Health, and Problem Gambling Treatment Services:

1-866-531-2600 | Available 24-hours every day

ConnexOntario: www.connexontario.ca

ConnexOntario can connect individuals in crisis (youth and adults), family and friends, and professionals such as police officers with information on types of services/programs and estimated wait times for support within their community. The crisis response lines are staffed by Information and Referral Specialists that are trained in suicide intervention skills, most have worked within frontline mental health and/or addictions services, and engage in supportive listening with callers to help ensure that individuals requiring support are linked to appropriate services in their community.

STRATEGY C: Using community resources, where available

If a criminal charge is not laid and a mental health apprehension is not made, then police officers can connect the individual to community resources in their area. For more information about community resources contact ConnexOntario, which hosts an online listing of a community's mental health and addictions resources and operates a free, 24-hour crisis response line for mental health and addictions concerns: www.connexontario.ca

4) Apprehension under the *Mental Health Act*

Under the *Mental Health Act*, when the required circumstances are met, police officers have the authority to take individuals who may be at risk of harming themselves or others to an appropriate place for examination by a physician, often to a hospital emergency department. Upon making the apprehension, the police officer remains with the individual until transfer of custody to the hospital occurs.

At this time, police officers can use the interRAI Brief Mental Health Screener form to document their observations of the person apprehended under the *Mental Health Act*. See [Tool 4: interRAI Brief Mental Health Screener](#) for more information.

During this process, the individual may also be subject to a safety search by a police officer.

STRATEGY D: Calling ahead

When police officers are en route to the hospital, it is best that the police officer(s) or the Police Service Communication Centre (dispatch) call ahead to inform the emergency department staff that a mental health apprehension has taken place and the police officer(s) will be arriving at their facility with the individual. This information allows emergency department staff some additional time to adequately prepare for the incoming individual.

5) Individual taken to the hospital emergency department

When the police officer(s) arrive at the hospital emergency department with the individual experiencing a mental health or addictions-related crisis, a number of service dynamics can occur during this transition process resulting in issues that impact on police services, hospital staff and the individual in crisis. At this point, as part of the intake process of the hospital, the individual in crisis may be subject to a safety search.

Establishing a Police-Hospital Transition Protocol is recommended to support everyone involved in the transition. See [Tool 3: Police-Hospital Transition Protocol](#) for a general template that may be adapted as needed.

STRATEGY E: Communicating upon arrival

Establishing communication between the police officer(s) and hospital staff upon arrival in the emergency department, and having the officer(s) provide all relevant information to hospital staff, can expedite the process and can assist hospital staff to provide the most appropriate care to the individual in crisis. Furthermore, establishing strong communication upon arrival can help determine the length of time that police officers will be required to remain at the hospital.

STRATEGY F: Having a quiet room

Having a quiet space for individuals experiencing a crisis can reduce the stigma associated with mental health and/or addictions conditions. The quiet space provides privacy for the individual and offers shelter from the watchful eyes of others waiting in the emergency room. A quiet space can also provide safety and security for the individual in crisis.

STRATEGY G: Designating a liaison

A designated crisis coordinator in the emergency department can be an asset to hospital staff as well as police officers in terms of establishing clear communication. The designated crisis coordinator can also provide services and supports to the individual experiencing a mental health or addictions-related crisis, including conducting an initial mental health and addictions assessment, providing counselling services, and connecting the individual to appropriate mental health and addictions resources in the community.

STRATEGY H: Peer support

Some hospitals within Ontario have peer support workers available within their facility that can play a key role in supporting an individual in crisis. Having peer support available for individuals experiencing a mental health or addictions-related crisis can help the individual, family or other caregivers have conversations with peers that are familiar with their situation and can assist with planning for any potential future crisis situations that may arise.

6) Joint analysis of risk

After arriving at the hospital, the police officer(s) and hospital staff should jointly conduct an analysis of the level of risk the individual poses. The joint analysis of risk should be completed by a designated hospital staff person (not necessarily a physician) and the police officer.

The purpose of the joint analysis of risk is to determine whether the individual poses a risk in harming themselves or others at the hospital, and whether the individual poses a risk of fleeing from the hospital. In view of these particular risks, the designated hospital staff person and the police officer should determine whether the hospital is ready to take immediate custody of the individual such that the police officer(s) may leave the hospital premises.

This risk analysis is distinct from the assessment associated with the decision about whether to issue a Form 1. When required, the decision regarding issuing a Form 1 under the *Mental Health Act* rests solely with a physician.

At this point, a transfer of custody form can be used by hospital staff to document decisions pertaining to the joint analysis of risk conducted by the hospital staff and the police officer. See [Tool 5: Transfer of Custody Form](#) for a general template that may be adapted as needed.

Strategy I: Low, Medium, High Risk Decision

An individual experiencing a mental health or addictions-related crisis can be low, medium or high risk with respect to harming themselves or others, or fleeing from the hospital. The criteria for high, medium and low risk should be defined clearly and should appear on the transfer of custody form keeping in mind the overarching goals of the protocol, specifically, to improve and formalize the transition process.

If the individual is **low-risk**, the police officer(s) can transfer custody to the hospital staff immediately.

Medium-risk individuals may or may not require the police officer(s) to stay. To determine if the police officer(s) need to remain in the hospital, the hospital staff and police officer(s) should engage in a conversation to collaboratively determine the decision.

If the individual is **high-risk**, the police officer(s) must remain with the individual until the individual has been assessed by a physician for the purpose of determining whether to issue a Form 1.

An individual's level of risk may fluctuate from low-to-high or high-to-low at any time during or after the transition of custody. If the individual's observable behaviour indicates that they present a noticeable increased risk of harm after the police officers have left, the hospital may call the police to return – police services should prioritize these return calls.

It is best practice that if there is any dispute on the decision of the joint analysis of risk, the police officer(s) should stay in the hospital at the request of the hospital staff. If disagreement is persistent and systematic, police services and the hospital may trigger their dispute resolution mechanism through their Police-Hospital Transition Protocol to address the ongoing issues.

7) Physician's Form 1 related examination

After an examination, the physician makes a decision about whether a Form 1 is required (whether the test in Section 15 of the *Mental Health Act* is met). If the individual is issued a Form 1, there is the authority to take the individual in custody to a psychiatric facility forthwith and detain the individual for up to 72 hours for psychiatric assessment. If a Form 1 is not issued, the individual can either stay voluntarily at the hospital for additional care, or they can leave.

Following this assessment, the physician or a hospital staff person may ask the individual if the outcomes of this assessment can be communicated back to the police officer(s) that apprehended the individual under the *Mental Health Act*. The individual's consent to share or not to share information with the police officers should be documented.

(7a) Transport to Schedule 1¹ Psychiatric Facility may be required

In some situations, the hospital where the person had been accompanied to by a police officer does not have the legal authority to detain a patient on an involuntary basis. Where this is the case, the person should be transported to a Schedule 1 Psychiatric Facility,¹ that provides in-patient services, under the *Mental Health Act* for further assessment and care.

A Form 1 is effective for seven days and provides authority to take the individual in custody to a psychiatric facility where they may be detained, restrained, observed and examined for no more than 72 hours.

STRATEGY J: Developing a protocol for transport

Non-Schedule 1 Facilities with emergency departments should develop a protocol for transporting individuals who require a psychiatric assessment at Schedule 1 Psychiatric Facilities. It is best practice that the physician completing the Form 1 may also provide a clinical assessment of how the individual can be safely transferred to the new facility. The determination of transfer method and rationale should be recorded by the physician. Should it be determined that paramedic services are needed for the transport of the individual between facilities, the Provincial Transfer Authorization Centre will need to be consulted when developing the protocol as this is the body responsible for coordinating and approving all transfers conducted by paramedic services in Ontario.

¹ A full list of designated Schedule 1 Psychiatric Facilities that provide in-patient psychiatric services in Ontario can be found here:
<http://www.health.gov.on.ca/en/common/system/services/psych/designated.aspx>

Currently, within Ontario communities, the transport of the individual to a Schedule 1 Psychiatric Facility may be done by a family member, friend, paramedic services or other patient transport service, or police officer(s). It is recommended that hospitals, paramedic services, police services, and other appropriate transport entities ensure that a process has been established for transporting clients to Schedule 1 Psychiatric Facilities. This process can be embedded into the Police-Hospital Transition Protocol.

STRATEGY K: Documenting transfer efforts to Schedule 1 Psychiatric Facility

The *Mental Health Act* states that the transfer of an individual to a Schedule 1 Psychiatric Facility for an assessment needs to be completed “forthwith” which is generally interpreted in case law as “as soon as reasonably possible.” It is recommended that the hospital staff document the efforts made to transfer the individual to the new facility, the care provided while waiting for the transfer, and the ongoing monitoring and assessment of the individual to ensure that the criteria for an individual to require a psychiatric assessment under Form 1 are still present.

8) Individual is admitted to hospital

An individual can be voluntarily or involuntarily admitted to a Schedule 1 Psychiatric Facility once they have been assessed by a physician. If a Form 1 is issued, the hospital then has the authority to hold custody of the individual for up to 72 hours.

It should be considered best practice for hospitals to inform individuals assessed on a Form 1 of their right to learn the reasons for their assessment and potential detention, and be informed of their right to counsel, upon admission at the psychiatric facility. Psychiatric facilities have certain obligations under the *Mental Health Act*, including obligations to advise individuals of their rights (usually through delivery of a Form 42).

STRATEGY L: Ensuring individual rights and freedoms

The following actions can be taken by hospital staff and police officers to ensure that an individual's rights and freedoms are protected in a crisis situation:

- ✓ As much as possible, it is recommended that hospital staff review internal processes to ensure that individuals apprehended under the *Mental Health Act* are quickly assessed, and that a decision for the hospital to assume custody is made as early as possible (and so in compliance with legislation). Hospitals can ensure that Canadian Triage Acuity Scale (CTAS) levels being assigned to individuals presenting with mental health or addictions-related crises are accurately reflecting acuity by internally reviewing CTAS guidelines and how they are being applied within the emergency department setting. Where all acuity is equal, the hospital can put a process in place that prioritizes individuals accompanied by police officers to be seen first in an effort to expedite the transition process for individuals in crisis.
- ✓ Provide supervised or monitored quiet rooms without locks.
- ✓ Train hospital staff on the limits of their detention, search and restraint powers, and alternative measures that may be used.
- ✓ Train hospital and security staff on the legal rights framework, de-escalation techniques, and human rights accommodations and privacy requirements, with an emphasis on appropriate and effective communication.
- ✓ Train hospital staff on how to assess and triage apprehended persons who are unable or unwilling to communicate.
- ✓ Identify clear procedures around the provision of Form 42 and the availability of peer support and advocacy services.

Additional resource for hospitals: To learn more about the legal authorities of hospitals to detain individuals that may be at risk of harming themselves or others, please see the Ontario Hospital Association *Practical Guide to Mental Health and the Law in Ontario* available at www.oha.com

9) Individual is released from hospital

Leaving an acute care setting for individuals that have experienced a mental health or addictions-related crisis requires good quality discharge planning for a successful transition back into the community. Recovery from a crisis is experienced differently by everyone. For many, it is important that the proper community supports are put in place and connections or referrals to community programs are provided. To keep an individual well once back in their community, it is important for hospital staff to work with the individual to identify their unique needs when released from the hospital.

STRATEGY M: Discharge planning

The “revolving door” can occur in the emergency department. Police officers may accompany an individual apprehended under the *Mental Health Act* to the emergency department; yet once the individual is examined by the physician, the individual may be released back into the community because they did not meet the criteria for involuntary admission to a psychiatric facility.

Support from family, the community, and having access to the social determinants of health (for example: housing and food) are key to increasing wellness and preventing individuals from coming into contact with police or experiencing additional, unanticipated visits to the emergency department.

It is recommended that discharge planning for individuals that have been frequently apprehended under the *Mental Health Act* be reviewed by hospital staff to identify any gaps or issues that need to be addressed to better connect individuals to community services while respecting the individual’s right to treatment, choice and privacy.

Tool 2: Police-Hospital Committee Terms of Reference

This tool is a template for Ontario communities to use to assist with establishing a joint police-hospital committee to support the development of a police-hospital transition protocol. Communities can adapt and change this template to their local needs using available resources. The purpose of this Terms of Reference document is to clearly outline the role and scope of the Police-Hospital Committee, including the committee's objectives, membership, frequency of meetings and key contact information for matters relating to police-hospital transitions and the corresponding protocol.

Police-Hospital Committee Terms of Reference

(Insert date when Terms of Reference was created or revised)

Purpose of Police-Hospital Committee

The purpose of the committee is to bring together representatives from police services, hospitals, paramedic services and community mental health and addictions organizations in *(insert name of your city/town)* to develop and implement a police-hospital transition protocol that complies with legal requirements and best practices associated with Ontario's mental health, human rights, policing and privacy legislation.

To support the work of this committee, members are encouraged to use *Improving Police-Hospital Transitions: A Framework for Ontario*. The information, templates and tools in this framework will provide guidance to members of this committee to establish effective police-hospital transition protocols for individuals that have been apprehended by police officers under the *Mental Health Act* and subsequently accompanied to a hospital emergency department for assessment and care.

Objectives of Police-Hospital Committee

- To improve outcomes for people experiencing a mental health or addictions-related crisis that are accompanied to an emergency department by a police officer while respecting individual rights, including the right to privacy;
- To enhance collaboration and coordination between hospitals and police services in Ontario communities;
- To decrease police officer wait times to transfer custody of apprehended individual to hospital emergency department;
- To protect health care worker safety and security through system improvements
- To promote public safety
- To identify strategies and solutions to any issues that may arise during the implementation of the police-hospital transition protocol
- To develop strategies for ongoing monitoring and evaluation of the effectiveness of the police-hospital transition protocol
- To annually review the work of this police-hospital committee and update the terms of reference as necessary

Reporting Relationships

The *(insert name of your committee)* shall report to the Chief Executive Officer (CEO) of *(insert name of your hospital)*, and the Chief of Police of *(insert name of your police service)* or Ontario Provincial Police (OPP) Detachment Commander. Paramedic services and community mental health and addictions organizations are responsible for reporting to their own respective organizations' CEOs or their managers.

Responsibilities of Members

All members are responsible for attending Police-Hospital Committee meetings on a regular basis and working to achieve committee objectives noted above. The responsibilities outlined below indicate specific responsibilities of committee members.

Police Chief/OPP Detachment Commander and Hospital CEO will:

- Be the executive sponsors of the protocol

Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.) will:

- Provide guidance to staff on the successful implementation of the protocol and resolve any disputes that may arise between the organizations
- Ensure all frontline staff complete the necessary training needed to implement the police-hospital transition protocol
- Provide guidance to frontline staff throughout the implementation phase
- Ensure the ongoing monitoring and evaluation of the police-hospital transition protocol
- Manage relationships and resolve issues between representatives of police service(s), hospital and other members

Frontline police officers and hospital emergency department and privacy office staff will:

- Deliver on the expectations associated with the written agreement between the hospital and police service(s)
- Participate in all necessary training related to the police-hospital transition protocol
- Work with other frontline police and hospital staff to implement the protocol
- Communicate progress and report any issues to their respective superiors

Other Service Provider Roles and Responsibilities:

- Deliver on the expectations associated with the protocol
- *(Insert additional details)*

Police-Hospital Committee Membership

Hospital representatives

Police representatives (can include multiple municipal police services and the OPP)

Paramedic Service representatives

Community Mental Health and Addictions Organization(s) representative(s)

Individual(s) with lived experience of police-hospital transitions

Police-Hospital Committee Meetings

Meetings will be held at least annually at *(insert name of meeting location)*.

Meetings will be chaired by the Police Designate with decision-making authority and Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.).

Secretarial support for this Committee for minute-taking and other activities will be provided by *(insert name of organization)*.

Contact Information

For information about the Police-Hospital Committee, contact:

Hospital representative:

Title:

Telephone Number:

Email:

Police representative:

Title:

Telephone Number:

Email:

Tool 3: Police-Hospital Transition Protocol Template

This tool is a template for Ontario communities to use to assist with the development of a police-hospital transition protocol. Communities can adapt and change this template to their local needs using available resources. The purpose of this tool is to determine the processes involved with police-hospital transitions when an individual has been apprehended under the *Mental Health Act*.

Police-Hospital Transition Protocol

(insert names/logos of partner organizations)

1. Introduction

This protocol is designed to enhance collaboration between hospitals and police services with the purpose of improving outcomes for individuals that have been apprehended by police officers under the *Mental Health Act* and subsequently accompanied to a hospital emergency department for assessment and care.

The intent of this protocol is to 1) Improve outcomes for individuals apprehended by police under the *Mental Health Act*, while respecting individual rights, including the right to privacy; 2) Improve transitions between police officers and hospital workers; and 3) Improve coordination and collaboration among partners involved in the transition.

The protocol may be extended to include partnerships with other stakeholders in the community, such as paramedic services, community-based mental health and addictions agencies, peer and family support organizations, child and youth mental health and addictions agencies and others.

2. Purpose

This protocol was developed in collaboration with key stakeholders who are the first responders to individuals experiencing a mental health or addictions-related crisis. This document reflects the commitment of all participants to provide an effective and integrated response to such crisis situations in *(insert name of your town/city)*.

The purpose of this agreement is to:

- To improve outcomes for people experiencing a mental health or addictions-related crisis that are accompanied to an emergency department by a police officer while respecting individual rights, including the right to privacy;
- To enhance collaboration and coordination between hospitals and police services in Ontario communities;
- To decrease police officer wait times to transfer custody of apprehended individual to hospital emergency department;
- To protect health care worker safety and security through system improvements; and
- To promote public safety.

This agreement outlines:

- The roles of the signatories in responding to the individual that has been apprehended by police officers under the *Mental Health Act*; and
- The respective responsibilities of each signatory to ensure seamless transition between frontline police officers and hospital staff.

3. Key Definitions

Mental Health: is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.²

Mental Illnesses: mental illnesses are health problems that affect the way we think about ourselves, relate to others, and interact with the world around us. They affect our thoughts, feelings, and behaviours. Mental illnesses can disrupt a person's life or create challenges, but with the right supports, a person can get back on a path to recovery and wellness. It is important to understand that there are many different types of mental illnesses that affect people in different ways.³

Addiction: The term addiction is generally applied to patterns of heavy use of psychoactive drugs that are taken primarily for their effects on consciousness, mood and perception. In general, addiction has been replaced by the more specifically defined term substance (or drug) dependence. However, “addiction” continues to be used widely and is generally thought of as compulsive use leading to physical symptoms of withdrawal when use is discontinued. For that reason, it is often equated with physical dependence.⁴

Form 1: This is the Application for Psychiatric Assessment and can be used to bring someone to a psychiatric facility for an assessment that lasts up to 72 hours (three days). To order a Form 1, a physician must have personally examined the person within the previous seven days and have reason to believe that the person meets certain criteria under the *Mental Health Act*. During the assessment, other mental health professionals (e.g., nurses, psychologists and social workers) may meet with the person and their family members, friends or caregivers to get additional information.⁵

² Public Health Agency of Canada's definition of mental health, taken from: <http://www.phac-aspc.gc.ca/mh-sm/mhp-psm/index-eng.php>

³ Canadian Mental Health Association's definition of a mental illness, taken from: https://www.cmha.ca/mental_health/mental-illness/

⁴ Canadian Centre for Substance Abuse's definition of addiction, taken from: <http://www.ccsa.ca/Resource%20Library/ccsa-011811-2010.pdf>

⁵ Centre for Addiction and Mental Health's definition of Form 1, taken from: http://www.camh.ca/en/hospital/visiting_camh/rights_and_policies/Pages/challenges_choices_appclegalform.aspx

Hospital and Schedule 1 Psychiatric Facility: Hospital refers to public hospitals under the *Public Hospitals Act*, and Schedule 1 Psychiatric Facility refers to psychiatric hospitals which provide inpatient services and are designated under the *Mental Health Act*. Schedule 1 Psychiatric Facilities have the legal authority to detain involuntary patients under the *Mental Health Act*, and they provide inpatient mental health programs, including acute and short-term care and treatment, to individuals experiencing mental health and addictions related issues.⁶

4. This protocol is between:

(List all organizations involved with the protocol)

Hospital

Police Service (can include multiple municipal police services and the OPP)

Paramedic Services

Community Mental Health and Addictions Organization(s)

(List any other partners)

5. Team Response

As soon as a *Mental Health Act* apprehension has been made and the police officer(s) take the individual experiencing a mental health or addictions-related crisis to the hospital emergency department, the following procedure will be followed:

- 5.1) The police officer(s)/Police Service Communications Centre will advise the hospital emergency department of the estimated time of arrival and that an individual experiencing a mental health or addictions-related crisis will be brought in for assessment.

⁶ A full list of designated Schedule 1 Psychiatric Facilities that provide in-patient psychiatric services in Ontario can be found here: <http://www.health.gov.on.ca/en/common/system/services/psych/designated.aspx>

- 5.2) The police officer(s)/Police Service Communications Centre will share the following information with the emergency department:
- Estimated time of arrival; and
 - Whether the individual is being transported in a police vehicle or by ambulance.
- 5.3) The responding police officer(s) will complete the interRAI Brief Mental Health Screener (*see Appendix for sample form*). A copy of the completed Form may be provided to (*insert appropriate emergency department staff position*).
- 5.4) If the individual experiencing a mental health or addictions-related crisis is being transported by police and their state as observed is such that routine triage may not be appropriate or safe, the transporting officer(s) will use the ambulance entrance of the hospital emergency department.
- 5.5) When an individual experiencing a mental health or addictions-related crisis is brought to the hospital emergency department pursuant to the *Mental Health Act*, the triage assessment will be completed by (*insert appropriate emergency department staff position*).

6. Joint Analysis of Risk

After arriving at the hospital, the police officer(s) and hospital staff should jointly conduct an analysis of the level of risk the individual poses. The joint analysis of risk should be completed by a designated hospital staff person (not necessarily a physician) and the police officer.

The purpose of the joint analysis of risk is to determine whether the individual poses a risk in harming themselves or others at the hospital, and whether the individual poses a risk of fleeing from the hospital. In view of these particular risks, the designated hospital staff person and the police officer should determine whether the hospital is ready to take immediate custody of the individual such that the police officer(s) may leave the hospital premises.

This risk analysis is distinct from the assessment associated with the decision as to whether to issue a Form 1. When required, the decision regarding issuing a Form 1 under the *Mental Health Act* rests solely with a physician. Following the assessment to determine if a Form 1 will be issued, the physician may ask the individual if the outcomes of this assessment can be communicated back to the police officer(s) that apprehended the individual under the *Mental Health Act*. The individual's consent to share or not to share information with the police officers should be documented.

The police officer shall remain with the individual until the transfer of custody responsibility is complete. The transfer of custody is considered complete when the responsible hospital staff member and police officer have reviewed the Transfer of Custody Form and both have signed off in the designated areas (*see Appendix for sample form*).

(In the following section, the criteria for high risk, medium risk and low risk should be defined clearly and should appear on the transfer of custody form keeping in mind the overarching goals of the protocol, specifically, to improve and formalize the transition process.)

An individual experiencing a mental health or addictions-related crisis can be low, medium or high risk:

- If the individual is **low-risk**, the police officer(s) can transfer custody to the hospital staff immediately (*add additional information as appropriate*).
- **Medium-risk** individuals may or may not require the police officer(s) to stay. To determine if the police officer(s) need to remain in the hospital, the hospital staff person and police officer(s) should engage in a conversation to collaboratively determine the decision (*add additional information as appropriate*).
- If the individual is **high-risk**, the police officer(s) must remain with the individual until the individual has been assessed by a physician for the purpose of determining whether to issue a Form 1 (*add additional information as appropriate*).

An individual's level of risk may fluctuate from low-to-high or high-to-low at any time during or after the transition of custody. If the individual's observable behaviour indicates that they present a noticeable increased risk of harm after the police officers have left, the hospital may call the police to return – police services should prioritize these return calls.

It is best practice that if there is any dispute on the decision of the joint analysis of risk, the police officer(s) should stay in the hospital at the request of the hospital staff. If disagreement is persistent and systematic, police services and the hospital may trigger their dispute resolution mechanism through their Police-Hospital Transition Protocol to address the ongoing issues.

7. Dispute Resolution

In the event of a dispute between the hospital and the police service concerning any matter arising under this protocol, the Police Designate with decision-making authority and the Head of the Emergency Department (i.e. the most senior person responsible for the Emergency Department, such as a Chief of the Department, Vice President, Program Director, etc.), shall meet, by telephone, or in person, to engage in conversation to resolve the dispute.

In the event that any matter referred to the representatives set out above remains unresolved after a period of 20 business days from its referral, then resolution will fall to the Police Chief/OPP Detachment Commander and the Hospital CEO.

8. Forms to Complete

- interRAI Brief Mental Health Screener for use by frontline police officers to document observations regarding the individual apprehended under the *Mental Health Act* (*see Appendix for sample form*).
- A Transfer of Custody Form for use by hospital staff to document decisions pertaining to a joint analysis of risk conducted by the hospital staff and the police officer. The joint analysis of risk can be completed by a designated hospital staff person (not necessarily a physician) and the police officer. However, when required, the decision regarding issuing a Form 1 under the *Mental Health Act* rests solely with a physician (*see Appendix for sample form*).

9. Depending on the needs and resources available in your community, insert the following:

Connecting Individual to Supports in the Community
(If community based agencies are involved with the police-hospital transition protocol, then include the instructions for connecting the individual to supports in the community here, including those related to respect for the individual's right to treatment, choice and privacy).

10. Information sharing associated with a *Mental Health Act* apprehension

Information sharing between police and hospital personnel concerning an individual apprehended under the *Mental Health Act* will typically involve both the individual's personal information and their personal health information. For example, a police officer's observations about the individual will be the individual's personal information. When the hospital collects and uses information for the purpose of providing health care to the individual, the information is the individual's personal health information.

In sharing information, police, hospital and other emergency service partners must be cognizant of their privacy-related obligations under relevant statutes such as the *Freedom of Information and Protection of Privacy Act*, *Health Care Consent Act*, *Mental Health Act*, *Municipal Freedom of Information and Protection of Privacy Act* and *Personal Health Information and Protection Act*. This means that the disclosing organization must have the authority to disclose and the recipient organization must have the authority to collect and use the personal information and/or personal health information at issue.

In this context, it is noteworthy that hospital staff must generally comply with the limiting principles set out in Section 30 of the *Personal Health Information and Protection Act*. Section 30 generally requires that no personal health information be collected, used or disclosed if other information will serve the purpose and that no more personal health information be collected, used or disclosed than is reasonably necessary to meet the purpose. Similar limiting principles also apply to the collection, use and disclosure of personal information by police under *Municipal Freedom of Information and Protection of Privacy Act*.

10.1) Disclosures and collections related to apprehension and transport

Under the *Mental Health Act*, police officers have the authority to take individuals who may be at risk of harming themselves or others to an appropriate place for examination by a physician, often to a hospital emergency department. In the course of apprehending an individual under Section 17 of the *Mental Health Act*, police officers may collect relevant information about an individual's demeanor, behavior and circumstances, and use that information to safely apprehend and transport that individual to hospital.

While in transit, police officers may call ahead to inform the emergency department staff that a mental health apprehension has taken place and police officers will be arriving at their facility with the individual. In addition, upon arrival in the emergency department, police officers may disclose further personal information to hospital staff where that information is reasonably likely to be relevant to the hospital's safe assessment, treatment, detention and release of the individual, including information describing the officers' observations about the individual's demeanor, behavior and circumstances.

As health information custodians, hospitals can only collect, use and disclose personal health information in accordance with the rules set out in the *Personal Health Information Protection Act* including the limiting principles set out in section 30.

Reasonable care should be taken by both police officers and hospital staff to ensure that information sharing be restricted to information that is as accurate, complete and up-to-date as possible.

10.2) Disclosures and collections related to transfer of custody

Upon making the apprehension, police remain with the individual until transfer of custody to the hospital occurs. The *Mental Health Act* regulations require that: a decision about the transfer of custody be made as soon as is reasonably possible; the hospital decision maker consult with the police officer(s); and hospital staff promptly inform the police of the decision.

Under this protocol, the transfer of custody generally occurs under one of the following two circumstances:

1. Custody of an individual may pass from police to the hospital where the responsible hospital staff member and police officer have reviewed the Transfer of Custody Form; agreed that the hospital is ready to take immediate custody of the individual; and signed the designated areas of the Transfer of Custody Form.

In informing the police of this transfer decision, the hospital should restrict its disclosure of personal health information to the police to the information on the Transfer of Custody Form.

2. Where the responsible hospital staff member and police officer have determined that the police officer should remain at the hospital until a physician has decided whether to issue a Form 1, custody of an individual may pass from police to the hospital after the physician has made the Form 1 decision.

Following an initial examination, hospital staff can inform the police officers of their decision to issue or not issue a Form 1 for the individual if the police officer has remained in the hospital. But if this assessment has occurred after the police officers have passed custody to the hospital and left the hospital premises, the hospital staff may ask the individual if they consent to sharing this information (whether the individual is admitted or not).

If the police ask the hospital to disclose whether the individual is ultimately detained under a Form 1, the hospital may inform the police officer as to whether or not a Form 1 was issued with the express consent of the individual.

As a general rule, the hospital should only ask the individual to consent to this disclosure of their personal health information after the Form 1 decision has been made. Moreover, in order to ensure that the consent is knowledgeable and freely given, the individual must be informed of the specific personal health information that will be disclosed to the police (i.e. that a Form 1 has been issued or that no Form 1 has been issued), the specific purpose(s) for the disclosure, and the individual has the right to give or withhold consent to the hospital's disclosure of this personal health information. In addition, the individual should be informed that this disclosure of personal health information could lead to further mental health-related disclosures by the police (e.g. about the issuance of a Form 1 to other police services through the Canadian Police Information Centre).

In addition, the individual must be capable of consenting to any disclosure of their personal health information, which includes information regarding the issuance of a Form 1. The test for consent to the collection, use and disclosure of personal health information is set out in s. 21 of the *Personal Health Information Protection Act* (PHIPA).

10.3) Other disclosures and collections

An individual's level of risk may fluctuate during or after the transition of custody phase. If an individual's observable behavior indicates that they present a noticeably increased risk of harm after the officers have left (e.g. to another person or to themselves), the hospital may call the police and ask them to return to the hospital or assist in the re-location of the individual.

Authority for such a disclosure is found in Section 40(1) of the *Personal Health Information and Protection Act* which permits a hospital to disclose personal health information if the hospital believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. "Significant risk of serious bodily harm" includes a significant risk of both serious physical as well as serious psychological harm. Like all collection, use and disclosure provisions of the *Personal Health Information and Protection Act*, Section 40(1) is subject to the limiting principles in Section 30.

It is understood and agreed that the parties in this protocol shall hold all information, materials and client information gained through participation in this agreement in confidence in accordance with each organization's policies.

11. Joint Training

Training will be an important component of our ability to better serve the individual experiencing a mental health or addictions-related crisis. Our partners are committed to assisting each other in their training needs. Training will be constantly modified to enhance our ability to serve the individual experiencing a mental health or addictions-related crisis.

(Insert training details)

12. Contact Information

For more information about this protocol, contact:

Hospital representative:

Title:

Telephone Number:

Email:

Police representative:

Title:

Telephone Number:

Email:

13. Signatories

(Signatures from all organizations involved with the protocol)

Hospital

Police Service (can include multiple municipal police services and the OPP)

Paramedic Services

Community Mental Health and Addictions Organization(s)

(List other partners here)

Tool 4: interRAI Brief Mental Health Screener

The interRAI Brief Mental Health Screener provides police officers with a tool to assist in identifying persons experiencing a mental health or addictions-related crisis. This tool enables police officers to record their observations about the individual in crisis and articulate their observations to appropriate health care professionals. The use of the interRAI Brief Mental Health Screener is recommended for police services across Ontario.

About the interRAI Brief Mental Health Screener

The interRAI Brief Mental Health Screener (BMHS) provides police officers with a tool to assist in identifying persons experiencing a mental health or addictions-related crisis. It enables police officers to record their observations about the individual in crisis and articulate their observations to appropriate health care professionals. The purpose of BMHS is to develop an effective way of documenting the observations made by the police officers at the time of the crisis/incident so as to better inform and support decision-making by staff in the emergency department. The ultimate goal underlying the development and use of the BMHS is to ensure that people experiencing a mental health or addictions-related crisis who come into contact with police officers receive prompt access to appropriate health care services, reducing the risk of criminalization.

Core items on the BMHS were extracted from a sample of 40,000 cases in the Ontario Mental Health Reporting System database for the Resident Assessment Instrument for Mental Health (RAI-MH) version 2.0, which is the psychiatric assessment tool used with all patients admitted to psychiatric hospital beds in the province of Ontario. Additional items were identified through collaboration with police officers, hospital staff, and mental health and addictions professionals. A pilot study was conducted over an eight-month period with the participation of two police services, four general hospitals and one psychiatric facility in southern Ontario. The effectiveness of the BMHS was demonstrated by testing the association between police officers' ratings on the form and clinicians' assessments conducted in the emergency department of the general hospitals.

There are two major benefits to using the BMHS. First, when police officers learn to use the BMHS, they are receiving enhanced evidence-informed training on the key indicators of mental health and addictions conditions. Second, because the core items on the BMHS mirror that of the RAI-MH tool, police officers are using a form that is not only based on health system data but also written in health system language. Using common language acts as a bridge between the two sectors, thus laying the foundation for a more collaborative approach between hospitals, police services and community mental health and addictions service providers.

The BMHS does not replace a police officer's authority under the *Mental Health Act*. Police officers complete the BMHS for all persons presenting with a mental health or addictions-related crisis regardless of the officer's intended course of action (i.e. release, referral, diversion, *Mental Health Act* apprehension, arrest for criminal offence, etc.). A copy of the BMHS is provided to emergency department staff or to community mental health and addictions service providers, as the BMHS may be used by emergency department staff to assist in their assessment, and community mental health and addictions service providers may use the form to determine whether follow-up care is necessary with the individual.

interRAI Brief Mental Health Screener Demonstration Copy

Copies of this form are available at minimal cost. For more information, visit:
<https://catalog.interrai.org/category/bmhs-forms>

interRAI™ Brief Mental Health Screener (BMHS)
Police Assessment Form
[CODE FOR LAST 24 HOURS UNLESS OTHERWISE SPECIFIED]

SECTION A: Identification Information

1. NAME
a. (First) _____ b. (Middle initial) _____ c. (Last) _____ d. Lx/Sx _____

2. SEX
M Male ☐ F Female ☐

3. BIRTHDATE _____
Year _____ Month _____ Day _____

4. POSTAL CODE OF USUAL LIVING ARRANGEMENT
(EXAMPLE — CANADA) _____

5. HOMELESS
0 No ☐ 1 Yes ☐

6. DATE AND TIME CONTACT INITIATED
a. Date: ____/____/____
b. Time: ____:____ (24-hr time system)

7. OCCURRENCE NUMBER (EXAMPLE — CANADA)

SECTION B: Indicators of Disordered Thought

1. MENTAL STATE INDICATORS AND BEHAVIOURS
0 Not present
1 Present but not exhibited in last 24 hours
2 Exhibited in last 24 hours
a. Irritability
b. Hallucinations
c. Command hallucinations
d. Delusions
e. Hyperarousal
f. Pressured speech or racing thoughts
g. Abnormal thought process
h. Socially inappropriate or disruptive behaviour
i. Verbal abuse
j. Intoxication by drug

2. DEGREE OF INSIGHT INTO MENTAL HEALTH PROBLEM
0 Full ☐
1 Limited ☐
2 None ☐

3. COGNITIVE SKILLS FOR DAILY DECISION MAKING
Making decisions regarding tasks of daily life — e.g., when to get up or have meals, which clothes to wear or activities to do
0 Independent — Decisions consistent, reasonable, and safe
1 Modified independence or any impairment

SECTION C: Indicators of Risk of Harm

1. PREVIOUS POLICE CONTACT IN LAST 30 DAYS
0 No contact
1 Any contact, no mental health apprehension
2 Any contact, mental health apprehension

2. PERSON HAS BEEN KNOWN TO CARRY OR USE WEAPON(S) IN THE LAST YEAR
0 No ☐ 1 Yes ☐

3. VIOLENCE
Code for most recent instance
0 Not present
1 Present but not exhibited in last 24 hours
2 Exhibited in last 24 hours
a. Violent ideation
b. Intimidation of others or threatened violence
c. Violence to others

4. INDICATORS OF SELF-HARM
0 No ☐ 1 Yes ☐
a. Self-injurious attempt in LAST 7 DAYS
b. Considered performing a self-injurious act in LAST 30 DAYS
c. Suicide plan — in LAST 30 DAYS, formulated a scheme to end own life
d. Family, caregiver, friend, or other expresses concern that person is at risk for self-injury

5. HOME ENVIRONMENT — SQUALID CONDITION — e.g., extremely dirty, infestation by rats or bugs
0 No ☐
1 Yes ☐
2 Unknown, home not visited or no information

6. REFUSED TO TAKE SOME OR ALL OF PRESCRIBED MEDICATION IN LAST 3 DAYS
0 No, or no medications ☐
1 Yes ☐

SECTION D: Disposition

1. ACTION(S) TAKEN
Record action(s) taken as applicable
0 No ☐ 1 Yes ☐
a. Voluntarily escorted to hospital
b. Transferred to EMS / mobile crisis team
c. Caseworker / probation notified
d. Referred to community mental health agency
e. Apprehended under existing order
f. Involuntarily apprehended
g. Charges pending

2. HOSPITAL INFORMATION (if applicable)
a. Hospital Name _____
b. interRAI BMHS received by _____
c. Admitted to hospital
0 No ☐
1 Yes ☐
2 Unknown

© interRAI BMHS 2014-2019 (3.3.0) www.interrai.org
Reproduction prohibited. Purchase interRAI forms at catalog.interrai.org
ISBN 978-1-62705-626-7

Accessing the interRAI BMHS

To use the BMHS, a police service must sign a User Agreement with interRAI and agree to purchase BMHS manuals for training purposes (manuals are available online at a minimal cost: <https://catalog.interrai.org/category/bmhs-manuals>). There are various ways that police officers can convey the information on the BMHS to health care professionals, from hand delivery to electronic transmission. To determine which method is most appropriate for your police service and to obtain a copy of the BMHS User Agreement please contact:

Dr. Ron Hoffman
School of Criminology and Criminal Justice
Nipissing University, 100 College Drive, Box 5002
North Bay, Ontario, P1B 8L7
Tel: (705) 474-3450 ext. 4565
Email: ronhoffman@nipissingu.ca

Development of the interRAI BMHS

There were several stages to the development of the interRAI BMHS including a focused literature review, an analysis of the RAI-MH database, the creation of a research team and advisory committee.⁷ Input was also solicited from interRAI researchers and in particular the interRAI Network of Mental Health (iNMH) which was established in 2005 to support research and implementation of the interRAI mental health instruments. The iNMH is comprised of about 30 researchers and clinicians from nine countries (Canada, United States, Finland, Iceland, Netherlands, Australia, Brazil, Chile, Peru, Russia) with a broad range of expertise in mental health services.

About interRAI

interRAI is an international collaborative network of researchers in over thirty countries committed to improving the quality of life of vulnerable persons through a seamless comprehensive assessment system. As a not-for-profit consortium, interRAI strives to promote evidence-informed clinical practice and policy decision making through the collection and interpretation of high-quality data about the characteristics and outcomes of persons served across a variety of health and social services settings. For more information about interRAI, visit: www.interrai.org

⁷ For more information about the interRAI BMHS, see: Hoffman, R. et al. (2016). The use of a brief mental health screener to enhance the ability of police officers to identify persons with serious mental disorders. *International Journal of Law and Psychiatry*, 47, 28-35. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0160252716300449>

Tool 5: Transfer of Custody From

This tool is a template for Ontario communities to use to assist with the development of a police-hospital transition protocol. Communities can adapt and change this template to their local needs using available resources.

This form is used to document the joint analysis of risk conducted by the police officer(s) and hospital staff. The purpose of the joint analysis of risk is to determine whether the individual poses a risk with respect to harming themselves or others, and whether the individual poses a risk of fleeing from the hospital. The outcome of this analysis is to determine if the police officer(s) can transfer custody of the individual to the hospital staff or remain in the hospital. The joint analysis of risk should be completed by a designated hospital staff person (not necessarily a physician) and the police officer(s).

Transfer of Custody Form

This form is used to document the joint analysis of risk conducted by the police officer(s) and hospital staff. The purpose of the joint analysis of risk is to determine whether the individual poses a risk with respect to harming themselves or others at the hospital, and whether the individual poses a risk of fleeing from the hospital. The outcome of this analysis is to determine if the police officer(s) can transfer custody of the individual to the hospital staff or remain in the hospital. The joint analysis of risk should be completed by a designated hospital staff person (not necessarily a physician) and the police officer(s).

Personal Information

Name	
Address	
Telephone	
Date of Birth	

interRAI Brief Mental Health Screener Completed by Officer(s):

☐ No
 ☐ Yes
 ☐ BMHS form attached

Behaviour(s) Observed:

Disposition

Disposition of the individual. Descriptors are guidelines only.

High Risk <input type="checkbox"/>	Many verbal and physical indicators are demonstrated in the past 30-minutes. Individual is not cooperative. Has a history of violence or of absconding from institutions. Recent substance abuse. If the individual is high-risk , the police officer(s) must remain with the individual until the individual has been assessed by a physician for the purpose of determining whether to issue a Form 1.
Medium Risk <input type="checkbox"/>	Some verbal and physical indicators are demonstrated in the past 30-minutes. Individual is cooperative some of the time. May have a history of violence or absconding from institutions. May have had recent substance abuse. Medium-risk individuals may or may not require the police officer(s) to stay. To determine if the police officer(s) need to remain in the hospital, the hospital staff and police officer(s) should engage in a conversation to collaboratively determine the decision.
Low Risk <input type="checkbox"/>	Individual is docile and cooperative during the past 30-minutes. No history of violence or absconding from institutions. No recent substance abuse. If the individual is low-risk , the police officer(s) can transfer custody to the hospital staff immediately.

Action

Did the Police Officer leave the individual at the hospital?

Yes <input type="checkbox"/>	Time Officer left:
No <input type="checkbox"/>	Officer remained for the following reasons:

Additional Comments or Observations:

The signatures below indicate agreement with the behaviour(s) observed and the disposition checked:

Hospital Staff:	Time:	
Police Officer:	Badge Number:	Time:
Police Officer returned to the facility:		Time:
Reason:		

Additional Resources

Hoffman, R. et al. (2016). The use of a brief mental health screener to enhance the ability of police officers to identify persons with serious mental disorders. *International Journal of Law and Psychiatry*, 47, 28-35.

<http://www.sciencedirect.com/science/article/pii/S0160252716300449>

Ontario Hospital Association. (2012). *Practical Guide to Mental Health and Law in Ontario*.

<http://www.oha.com/CURRENTISSUES/KEYINITIATIVES/MENTALHEALTH/Pages/MentalHealthandtheLaw.aspx>

Provincial Human Services and Justice Coordinating Committee. (2013). *Strategies for Implementing Effective Police-Emergency Department Protocols in Ontario*.

<http://www.hsjcc.on.ca/Provincial/Planning%20and%20Priorities/Strategies%20for%20Implementing%20Effective%20Police-Emergency%20Department%20Protocols%20in%20Ontario.pdf>

Public Services Health & Safety Association. (2013). *Completing the Violence/Aggression Assessment Checklist (VAAC) for Emergency Departments (ED) or Emergency Medical Services (EMS)*.

https://www.pshsa.ca/wp-content/uploads/2013/02/VAACEtoo_instruction.pdf

Relevant Legislation can be accessed at: <https://www.ontario.ca/laws>

- *Freedom of Information and Protection of Privacy Act, 1990*
- *Mental Health Act, 1990*
- *Municipal Freedom of Information and Protection of Privacy Act, 1990*
- *Personal Health Information Protection Act, 2004*



Canadian Mental
Health Association
Ontario

Association canadienne
pour la santé mentale
Ontario



75



Ontario
Hospital
Association



Ministry of the Solicitor General

Public Safety Division
Public Safety Training Division

25 Grosvenor St.
12th Floor
Toronto ON M7A 2H3

Telephone: (416) 314-3377
Facsimile: (416) 314-4037

Ministère du Solliciteur général

Division de la sécurité publique
Division de la formation en matière
de sécurité publique

25 rue Grosvenor
12^e étage
Toronto ON M7A 2H3

Téléphone: (416) 314-3377
Télécopieur: (416) 314-4037



MEMORANDUM TO: All Chiefs of Police and
Commissioner Thomas Carrique
Chairs, Police Services Boards

FROM: Stephen Beckett
Assistant Deputy Minister
Public Safety Division and Public Safety Training Division

SUBJECT: **Police Services Board Members and Elections**

DATE OF ISSUE:	June 14, 2019
CLASSIFICATION:	General Information
RETENTION:	Indefinite
INDEX NO.:	19-0045
PRIORITY:	Normal

The Ministry of the Solicitor General (the Ministry) has received a number of queries regarding police services board members running in an election.

It is advisable that the board member disclose to his/her police services board the decision to be a candidate in the upcoming federal election as soon as possible. Members appointed by Lieutenant Governor in Council (LGIC) should also inform the Ministry as soon as possible.

It is the Ministry's position that a declaration of candidacy for the federal election is not necessarily cause for a board member's resignation. However, should a board member feel that, at any point in his/her political activity during the election period, he/she would be, or had the potential to be, in a real or perceived conflict of interest, it may warrant further consideration.

Should any individual police services board have its own rules and procedures related to this issue, including those developed in accordance with s.37 of the *Police Services Act*, the board member or the board may wish to discuss this particular situation with their legal counsel. The board member might also wish to consult with the municipality to determine if there are any municipal by-laws related to this issue.

All members of a police services board should review Ontario Regulation 421/97 *Members of Police Services Boards – Code of Conduct*.

.../2

Should a board member appointed by LGIC be elected, the board member is requested to please notify the Ministry and their police services board immediately.

For any questions, please contact your respective Police Services Advisor (see attached Zone Assignments), or Jeeti Sahota A/Manager, Operations Unit at (416) 702-4404 or via e-mail at Jeeti.Sahota@Ontario.ca.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Beckett', with a stylized flourish at the end.

Stephen Beckett
Assistant Deputy Minister
Public Safety Division and Public Safety Training Division

Attachment

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE CHIEF OF POLICE

JUNE 26, 2019

**2020-2022 Business Plan Development Update and the New
Values and Code of Ethics**

RECOMMENDATION

1. That the Board receive the 2020-2022 Business Plan Development update pursuant to the Board's Framework for Business Planning Policy No. 03/10.

SYNOPSIS

The York Regional Police business planning process is undertaken in accordance with Regulation 3/99 of the *Police Services Act* and the requirements of Board Policy 03/10, Framework for Business Planning. This report provides an update on our progress to develop the 2020-2022 Business Plan, as well as the introduction of our new Values and Code of Ethics.

The York Regional Police 2020-2022 Business Plan will set out the priorities and goals for policing our communities over the next three years. It will shape decisions around continued organizational transformation and how resources will be used to help keep people safe and provide an effective, efficient and accessible service that can be trusted. As we continue to implement activities identified in our current 2017-2019 Business Plan, we have also undertaken an extensive research and consultation process to prepare for the next three year business planning cycle.

The 2020-2022 Business Plan will be built on the foundation of our Vision, Values and Code of Ethics and position us well to respond to anticipated changes in our future operating environment. Consultations have included York Region residents and businesses, municipal councils, school boards, community support organizations, policing partners, citizen advisory committees, and members of York Regional Police. The consultations to develop the new Plan have been completed and the new Plan will be presented to the Police Services Board in early 2020.

FINANCIAL IMPLICATIONS

None.

BACKGROUND

In accordance with section 31(b) of the *Police Services Act*, the Police Services Board shall generally determine, after consultation with the Chief of Police, objectives and priorities with respect to police services. The Province of Ontario anticipates changes to the business planning framework through Bill 68, the Comprehensive Ontario Police Services Act. This legislation has received royal assent, but is not yet in force. Therefore, Ontario Regulation 3/99, Adequacy and Effectiveness of Police Services, Section 30, still applies to the development of police business plans and requires every board to prepare a Business Plan at least once every three years.

Furthermore, Section 32(2) of the *Police Services Act*, Regulation 3/99 requires a board to consult with its municipal councils, school boards, community organizations and groups, businesses and members of the public and undertake an environmental scan during the development of the Business Plan.

CONSULTATION STRATEGY

We have used a comprehensive consultation process for development of the 2020-2022 Business Plan. The consultation strategy to develop the new plan was presented and received by the Board on January 17, 2018. It is consistent with previous business plan cycles and anticipated changes to the Police Services Act. Since that time, a multitude of consultation activities have been undertaken and are summarized herein.

New Values and Code of Ethics

Our Values and Code of Ethics serve as the foundation of our strategic planning efforts. Throughout every business planning cycle it is prudent to review their validity. They are critical towards ensuring an organizational culture that is in line with accomplishing our vision and goals as set forth in the business plan.

In 2015, the Executive Command Team began work to develop an ethics strategy under the guidance of Dr. Stephen Maguire, Adjunct Research Professor at Carleton University. His November 2016 report "An Agency Wide Approach to Ethics at York Regional Police" recommended review of our ethical and strategic values. The same recommendation was also made by a senior leadership team in 2018 tasked with development of a "Civility and Respect in the Workplace" strategy. Subsequently, this review was undertaken by the Professionalism Through Ethics Committee (PTEC). Two sub-committees were established and following lengthy consultation with members, PTEC developed and launched a new set of YRP Values and Code of Ethics in June 2019.

Our Values and Code of Ethics will inspire us and guide our conduct with members of the public and our colleagues every day. Committing to these values and adhering to the expected behaviours will strengthen our ethical culture and enhance public confidence and professional service to our communities.

York Regional Police Values:

- **Respect** - We value and treat all people with dignity
- **Fairness** - We are just and impartial in everything we say and do
- **Courage** - We have the moral strength to stand up and do what is right
- **Compassion** - We care about the wellbeing of our members and the community
- **Professionalism** - We conduct ourselves with honesty and integrity, and we are accountable for our actions

Code of Ethics:

1. We uphold our position of public trust by serving the community with integrity, professionalism and honesty. We are accountable for our behavior, both in the community and in the workplace.
2. We preserve the rights and freedoms of all individuals in accordance with the Canadian Charter of Rights and Freedoms and the Ontario Human Rights Code.
3. We faithfully administer the law in a just, impartial and reasonable manner to everyone, regardless of their race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability
4. We promote equality, diversity and inclusivity, both in the community and in the workplace. We treat everyone with dignity and respect.

Surveys

- **Community Survey** – This survey was distributed to 12,000 randomly selected residences across York Region. There was a response rate of 26.4%. The results were benchmarked against previous community surveys the findings were presented to the Police Service Board on May 15, 2019.
- **Business Survey** - This survey was distributed to 6,500 randomly selected business owners across York Region with a 16.5% response rate. The results were benchmarked against the previous business survey and the results were presented to the Police Services Board on November 7, 2018.
- **Member Survey** – The member Survey has been replaced by the Organizational Culture Inventory® (OCI®). This is a very important survey that will assess our current culture, identify a picture of our ideal culture, and then enable its evolution. The (OCI®) was released to members on May 21, 2019 and will provide an assessment of the operating culture in terms of the behaviours that members believe are required to “fit in and meet expectations” within their organization.

Twitter Virtual Town Hall

The Planning, Research and Evaluation Unit in conjunction with Corporate Communications organized a Twitter event to gather feedback from our online community. This event was held

on January 8, 2019. As part of the session, there were 11,022 total engagements, 1,054 votes through social media polling as well as approximately 400 retweets/replies.

Community Support Agency Forum

The Planning, Research and Evaluation Unit held a Community Support Agency Forum on May 30, 2019 in partnership with York Region. The forum included a focus group as well as an engagement booth. There were approximately 100 participants with representatives from:

- Community-based support groups
- Victims assistance agencies
- Mental health program/service providers
- York Region school boards
- York Region Centre for Community Safety
- Public health services
- Hospitals

Community and Member Focus Groups

For the 2020-2022 Consultation Strategy, the Planning, Research and Evaluation Unit conducted focus groups to gain input on pressing issues and priorities with the following groups:

- York Regional Police District Community Liaison Committees
- York Regional Police Community Advisory Committee
- York Regional Police Investigative Services Advisory Committee
- York Region Welcome Centres
- Youth
- Seniors and persons with disabilities
- York Regional Police Internal Support Networks
- York Regional Police Auxiliary members, volunteers and Chaplains

Ongoing Consultation

The Executive Command Team has had an ongoing initiative to collect input and feedback from our members. Quarterly Breakfast Banter sessions have occurred with a member-driven agenda. There were four sessions in both 2017 and 2018 and two sessions to date in 2019, with two more planned. Input from these sessions will be utilized to identify potential efficiencies and develop Business Plan objectives and actions.

Engaging Municipal Councils

District Commanders have consulted with municipal councils and CAOs/city managers to ensure the needs of their constituents are considered in the 2020-2022 Business Plan.

Environmental Scan

The Planning, Research and Evaluation Unit has conducted a comprehensive Environmental Scan to identify changes and trends in our operating environment that may influence our community and the services we provide. This report is being presented to the Board on June 26, 2019. The Scan includes an overview of trends in policing, crime patterns, regional growth and

demographics, transportation and infrastructure, immigration and migration patterns, economic and socio-economic influences in Canada, Ontario and York Region. The Environmental Scan will be used along with consultation input to inform the development of goals and objectives in the 2020-2022 Business Plan.

NEXT STEPS

Consultation activities for the 2020-2022 Business Plan process have been substantially completed and a report summarizing key findings will be presented to the Board on September 25, 2019. We are well on track to present the draft 2020-2022 Business Plan to the Police Services Board in early 2020. It is expected that the final copy of the 2020-2022 Business Plan will be approved and disseminated to the public in the winter of 2020.

Robertson Rouse,
Deputy Chief, Administrative Branch

RR:jg

Accessible formats or communication supports are available upon request

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE CHIEF OF POLICE

JUNE 26, 2019

**2020-2022 Business Plan:
2019 Environmental Scan Highlights Report**

RECOMMENDATION

1. That the Board receives this report for its information.

SYNOPSIS

In accordance with the *Police Services Act*, Adequacy Standards Regulation 3/99, York Regional Police and the Regional Municipality of York Police Services Board are currently developing the 2020-2022 Business Plan, which will address the objectives and core business functions of our Service over the next three years.

Section 30(1) of the Adequacy Standards Regulation requires that every board shall prepare a business plan at least once every three years that is developed in consultation with its municipal council, school boards, community organizations and groups, businesses and members of the public. Police Services Board Policy 03/10 Framework for Business Planning further details the process for development of the York Regional Police Business Plan and specifies that it shall include an environmental scan of the community that highlights crime, calls for service and public disorder trends within the community.

Further to this requirement, Appendix A - the 2019 Environmental Scan Highlights Report is attached. The scan provides an overview of the internal and external influences and trends in our operating environment that will have an impact on the delivery of police services in the coming years. By identifying these factors, we will ensure that our business plan reflects and responds to our changing environment.

FINANCIAL IMPLICATIONS

None

BACKGROUND

The environmental scan is an essential component of the business planning process as it identifies, analyzes and monitors environmental factors that can influence the delivery of police services in the future. These factors include regional, demographic and socio-economic trends; crime, calls for service and resource trends; public safety and legislative impacts at the federal, provincial and municipal levels; and political and environmental changes. The environmental scan draws from a multitude of government and open sources to provide a comprehensive overview of what changes are occurring and are likely to change in the future.

ENVIRONMENTAL SCAN HIGHLIGHTS

Demographic and Social Trends

- York Region's population is expected to grow to 1,790,000 residents by 2041, a 50% increase from 2019.
- Approximately 70% of the region's population growth is expected to occur in Markham, Richmond Hill and Vaughan.
- All municipalities experienced growth from 2016 to 2019, with the southern municipalities recording the greatest actual increases in population.
- East Gwillimbury experienced the highest rate of growth with a 32% increase between 2016 and 2019.
- Urbanization and intensification is expected to continue, especially along Highway 7 and Yonge Street.
- The Region's population is expected to continue aging.
- Ethnic, linguistic and cultural diversity of the population is expected to continue.
- Residents are well educated with high participation levels in post-secondary education.
- There is continued positive employment growth; however, the income gap between high and low-income earners continues to expand.
- Increasing housing costs have created affordability issues and impacts personal income expenditures.

Crime Trends and Calls for Service

- York Region has maintained a low overall crime rate that ranks first/lowest in Total Crime Code and Crime Severity Index across the nation when compared to the eight regional/ municipal police services serving the largest populations in Canada.

- From 2014-2018, York Region experienced increases in the rate of Crimes Against Persons, Crimes Against Property and Total Criminal Code offences.
- The rate of drug violations decreased by 33.8% over a five-year period between 2014-2018.
- The total youth crime rate in York Region continued to decline from 2014 to 2018, but violent youth crime increased by 11.3% over the same period.
- York Regional Police experienced a significant increase in citizen generated calls for service over the past three years (21.8%).
- From 2014 to 2018, dispatched calls for service related to mental health issues increased by 18.3%.

Police Resources

- York Regional Police's authorized strength in 2019 is 1,668 sworn officers and 652 civilians.
- Ethnic diversity of YRP uniform members grew from 16.6% in 2014 to 20.5% in 2018.
- From 2018 to 2023, York Regional Police could potentially lose 300 sworn members to retirement, which creates additional recruitment pressures.
- York Regional Police has made efforts to hire more new recruits and experienced officers to address the incoming number of retirements.

Emerging Police Trends and Changing Public Safety Environment

- Recent legislative changes has had an impact on policing in York Region:
 - Cannabis Act has the potential to increase the occurrence of other related calls for service due to recreational use of cannabis such as illegal possession, impaired driving, mental health or other emergency room visits.
 - Comprehensive Ontario Police Services Act received royal assent but has not yet come into force as no date has been set for proclamation. The Act includes a mandate for municipalities to develop a Community Safety and Well-Being Plan to strengthen the emphasis on community-based policing. As well, the Act transforms the office of the Independent Police Review Director into the Law Enforcement Complaints Agency to reduce delays in investigation process, and establishes the Special Investigations Unit as a provincial agency accountable to the Attorney General to increase independence and focus the SIU's mandate.
- York Regional Police is leveraging technology such as Business Intelligence to aid in tactical, operational and strategic policing through the use of real-time data and intelligence.
- Political polarization locally, nationally, and internationally has led to political and social unrest.

- Police services across North America are reassessing policies on emergency situations due to international instability and recent large-scale attacks on civilians.
- Growing prevalence of extreme weather has the potential to lead to additional traffic accidents or motor vehicle collisions.

York Regional Police uses a consultative approach when developing the business plan. In addition to the Environmental Scan, there have been various consultations and surveys with a multitude of internal and external stakeholders. The information gathered from these consultation efforts will be taken into consideration in the development of goals and objectives for the York Regional Police 2020-2022 Business Plan and will ensure we continue to provide a high quality of service to the citizens of York Region.

Robertson Rouse
Deputy Chief, Administrative Branch

RR:at
Appendix A: 2019 Environmental Scan Highlights Report

Accessible formats or communication supports are available upon request



YORK REGIONAL POLICE 2019 ENVIRONMENTAL SCAN HIGHLIGHTS



Appendix A



Table of Contents

EXECUTIVE SUMMARY	2
ENVIRONMENTAL SCAN HIGHLIGHTS	3
<i>Demographic & Social Trends</i>	3
<i>Crime & Public Safety Trends</i>	3
<i>The Changing Landscape of Policing</i>	4
DEMOGRAPHIC & SOCIAL TRENDS	5
<i>Overview</i>	5
<i>Population Growth & Forecasts</i>	5
<i>Age & Sex Composition</i>	9
<i>Immigration</i>	10
<i>Ethno-cultural Diversity</i>	11
<i>Languages Spoken</i>	12
<i>Religious Affiliation</i>	12
<i>Mental Health Issues</i>	13
<i>Substance Abuse in York Region</i>	15
<i>Education</i>	16
<i>Families</i>	17
<i>Employment</i>	17
<i>Income</i>	18
<i>Housing/ Homelessness</i>	19
<i>Transportation</i>	20
CRIME and PUBLIC SAFETY TRENDS	23
<i>Crime & Public Safety Trends - National and Provincial Context</i>	23
<i>Crime Rate & Reported Crime in York Region</i>	25
<i>Calls for Service</i>	25
<i>Elder Abuse/ Vulnerable Persons</i>	30
<i>Youth Crime</i>	31
THE CHANGING LANDSCAPE OF POLICING	32
<i>Police Resources</i>	32
<i>Future of Policing Service Delivery Trends</i>	34
<i>Legislative Impacts and Trends</i>	34
<i>Technological Trends</i>	35
<i>Social/ Political Trends</i>	35
<i>Economic Trends</i>	36
<i>Accountability</i>	36
<i>Public Order, Extremism / Terrorism</i>	37
<i>Environmental Impacts</i>	37
MUNICIPAL PROFILES	38
<i>Aurora</i>	38
<i>East Gwillimbury</i>	39
<i>Georgina</i>	40
<i>King</i>	41
<i>Markham</i>	42
<i>Newmarket</i>	43
<i>Richmond Hill</i>	44
<i>Vaughan</i>	45
<i>Whitchurch-Stouffville</i>	46
END NOTES/ REFERENCES	47

EXECUTIVE SUMMARY

The purpose of the environmental scan is to gather information regarding internal and external factors that can affect the work of York Regional Police and how we serve our community. This process allows for the identification of strengths, weaknesses, opportunities, and threats in a rapidly changing environment which may impact the organization.

Demographic and Social Trends

York Region's population continues to age and become more ethnically diverse. Various sources predict the rate of growth of the senior population in York Region will continue to outpace other age segments while the rate of growth for preschool aged children is declining. New immigrants will continue to view the Region as a top choice for settlement. Overall, the total population growth of York Region has surpassed the rate of growth at the national and provincial levels.

An increase in awareness of mental health-related issues reflects the growing number of occurrences police and other emergency services respond to involving persons with mental illnesses. The growing prevalence of substance abuse is also a contributing factor to the increase of mental health-related incidents reported.

Crime and Public Safety Trends

The 5-year variance for citizen-generated calls for service has increased from 2014 to 2018 by 9.3%. YRP's non-criminal and administrative workload is increasing. The 5-year variance in crime rates per 100,000 in population has seen increases in Crimes Against Persons, Crimes Against Property, Criminal Code Traffic Violations, Robbery, Sexual Violations, and Assault.

Issues surrounding drug possession and trafficking have been featured heavily in the media with the legalization of recreational cannabis in the fall of 2018 and rising occurrences involving opioids. Despite this national and provincial trend, York Region has observed a decrease in drug violations over the past five years.

Gun violence in the GTA and hate crime fueled by changing political and social climate locally and internationally have garnered much attention and may be affecting the perception of safety in the region.

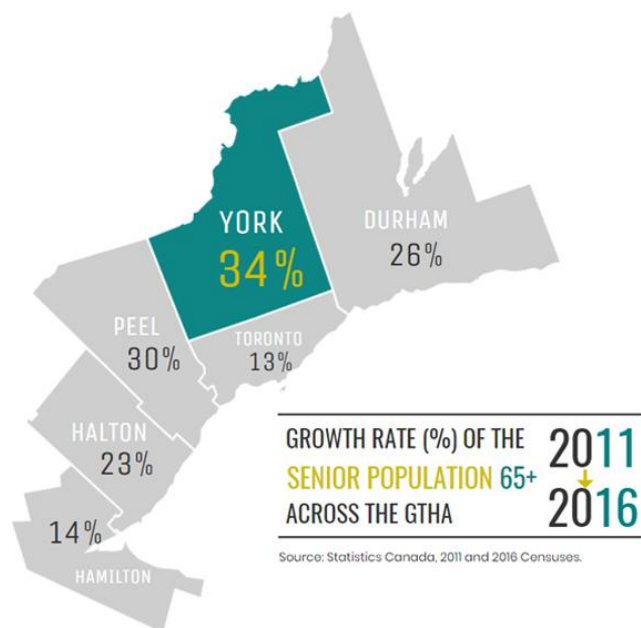
The Changing Landscape of Policing

York Regional Police has maintained a high level of community approval despite growing anti-police sentiments in North America. We enjoy support from the community, Regional Council, and the Police Services Board. To maintain the current level of service, YRP has taken steps to recruit new and experienced officers to accommodate for the large number of upcoming retirements and growth in the Region.

New technological trends that may affect policing include autonomous vehicles, use of Real-time Data and Business Intelligence, and prevalence of mobile device use leading to distracted driving. Business Intelligence tools allow for enhanced information sharing to officers, enabling data-informed, evidence-based decisions. Legislative changes that have an impact on the work of YRP include the legalization of recreational cannabis and recent overhaul of the Police Services Act.

ENVIRONMENTAL SCAN HIGHLIGHTS

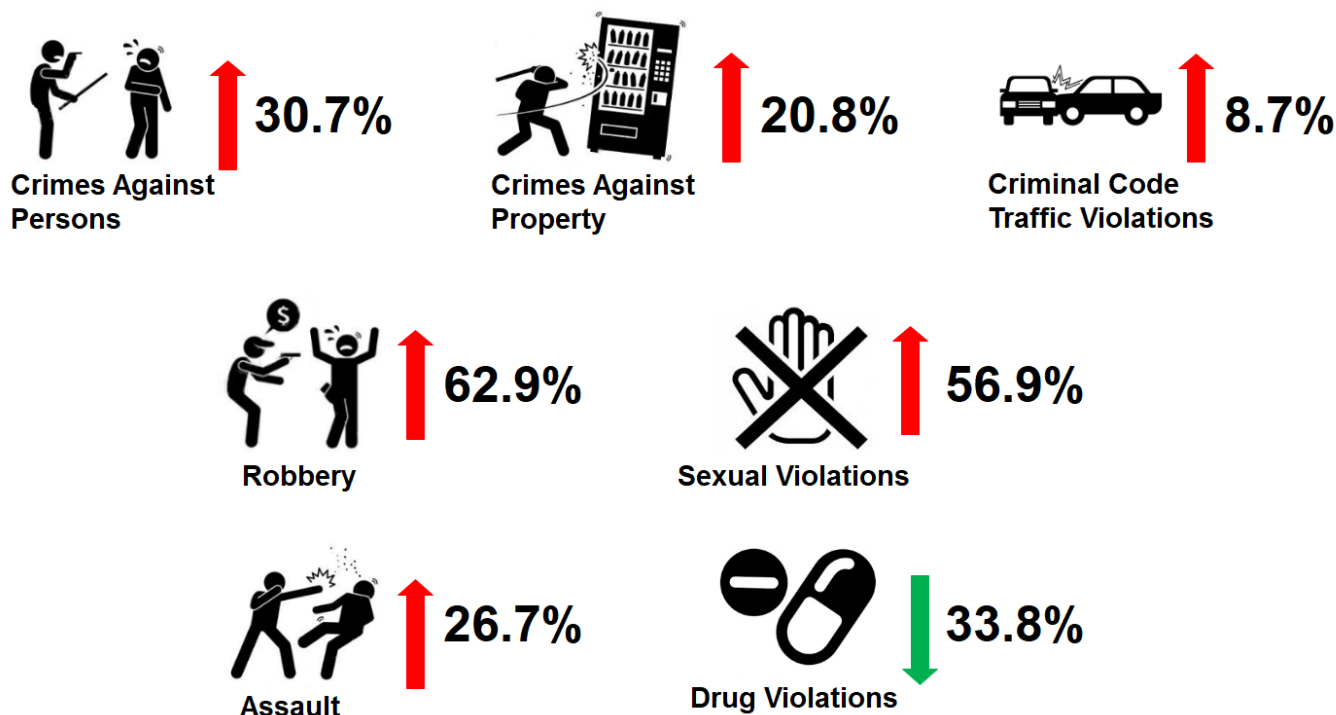
Demographic & Social Trends



- Senior population is growing fast in York Region: 1 out of 5 people in the region will be age 65+ by year 2031
- Ethnic diversity will continue to grow as new immigrants find York Region one of GTHA's top choices for place of settlement
- Average household size decreasing over the next 20 years, favouring the increase of smaller, multi-unit residential builds over detached single-family homes in the region

Crime & Public Safety Trends

- 2014-2018 Crime Statistics 5-Year Variance calculated by rate per 100,000 in population (YRP Annual Statistical Reports 2014-2018):



The Changing Landscape of Policing

Political

- Continuing polarization of Canadian politics
- Uncertainty with upcoming federal election (Oct 2019)
- Provincial Conservative government elected until 2022
- Current provincial government publicly supportive of police
- Review of regional governance early 2019 may affect York Region and its municipalities

Economic

- Provincial funding review has put transfer of money to police services on hold
- Provincial government may reallocate traditional police grants to be distributed to other government departments due to new Community Safety and Well-Being Plan
- Regional council has approved an operating budget for YRP of \$333.9 million for 2019

Social

- Potential increase in social unrest caused by polarizing politics locally and abroad
- Police being erroneously tied to alt-right movements
- Population of York Region continues to grow, with seniors being the fastest growing segment
- Increase in number of refugees into the GTA
- Growing concern for mental health issues
- Increasing concern over opioids abuse

Technological

- Driverless (Autonomous) vehicles becoming a reality, with Markham being selected as a launch test site by the Autonomous Vehicle Innovation Network
- Social media's influence over social and political discourse with use of fake news
- Pervasive use of mobile devices leading to distracted driving
- Police services across Canada using mobile apps as way to engage community
- Concerns over privacy related to online activities

Legal

- Bill 175: Safer Ontario Act proposed by previous provincial government was repealed, new Comprehensive Ontario Police Services Act received royal assent in March 2019
- Bill C-45: Changes to cannabis legislation potentially leading to increased workload on officers, as well as strain on resources due to new required training
- Recreational use of cannabis a concern for potential risks associated with drug use

Environmental

- Growing prevalence of extreme weather patterns
- Impact on increasing need for emergency preparedness due to rising instances of natural disasters
- Extreme weather can potential lead to increase in demand for traffic-related calls for service
- Region of York has identified protection of the environment as a priority in the 2019 to 2023 strategic plan

DEMOGRAPHIC & SOCIAL TRENDS

Overview

York Regional Police serves over 1.1 million residents divided amongst nine municipalities. Our policing jurisdiction consists of 1,756 square kilometres of land and 350 square kilometres of Lake Simcoe

Nine Municipalities: Aurora, East Gwillimbury, Georgina, King, Markham, Newmarket, Richmond Hill, Vaughan, and Whitchurch-Stouffville

Deeds Speak

Population Growth & Forecasts

CANADA'S LARGEST MUNICIPALITIES BY POPULATION, 2017*

*2017 Population numbers are estimated

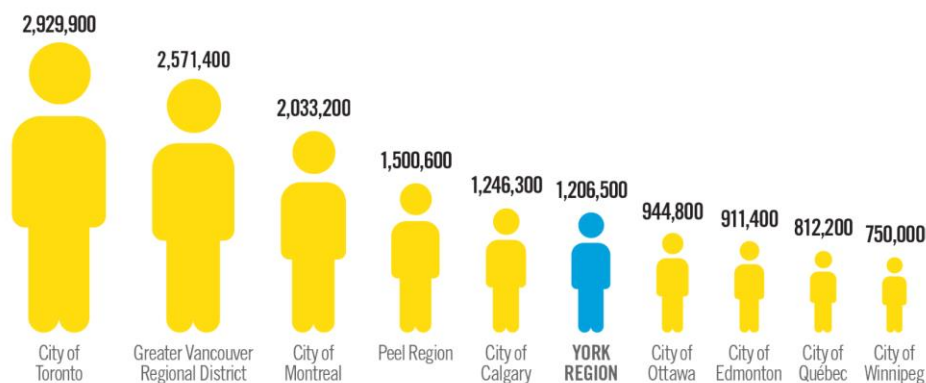
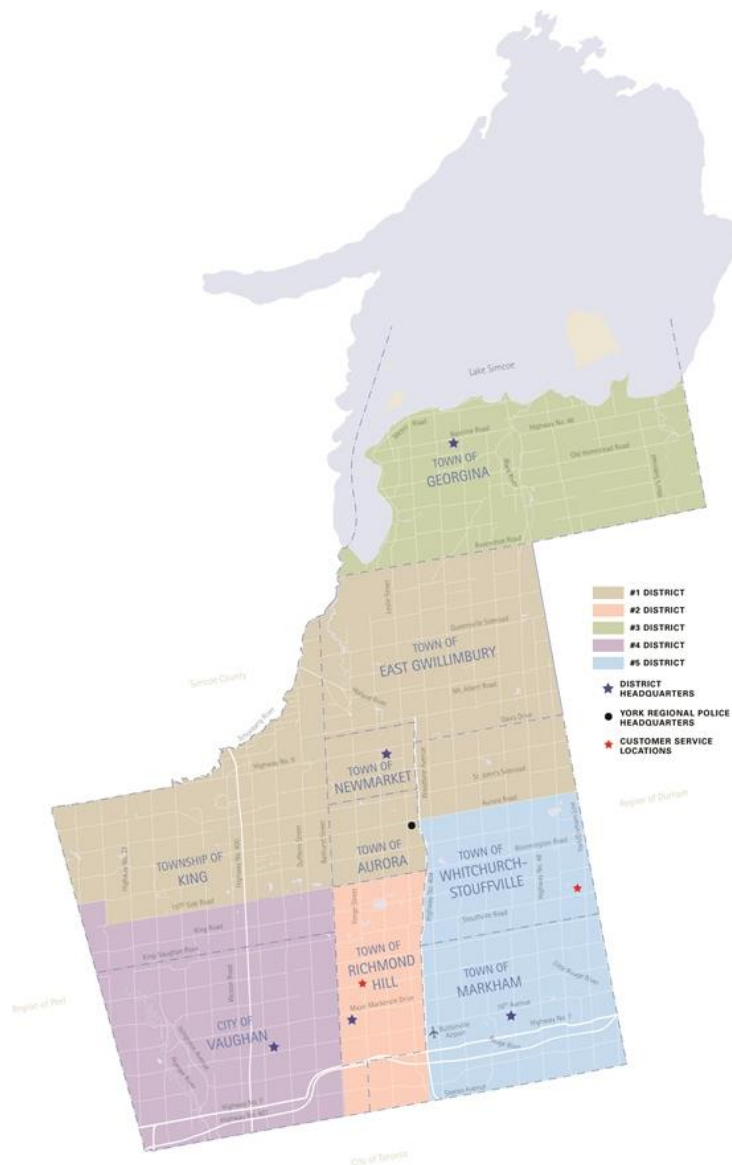


Figure 1. Canada's largest municipalities by population. Adapted from "York Region – 2017 Growth & Development Review" by Region of York



2017 Growth by Municipality

York Region is the sixth largest municipality in Canada according to statistics from the Region of York. York Region is on pace to outrank Calgary in population by the end of 2019¹

- York Region's population growth has been steady for the last several years averaging 1.9% per year since 2011²
- All municipalities experienced population growth between 2016 to 2019
- It is anticipated the Region will reach a population of 1.5 million people by 2031 and 1.79 million by 2041³
- York Region is growing faster than the national and provincial average. York Region recorded the 6th highest absolute population growth amongst regions in Canada from 2011 to 2016⁴
- According to statistics from the Region of York, East Gwillimbury has experienced the largest population growth from 2016 to 2019 at a rate of 31.8%

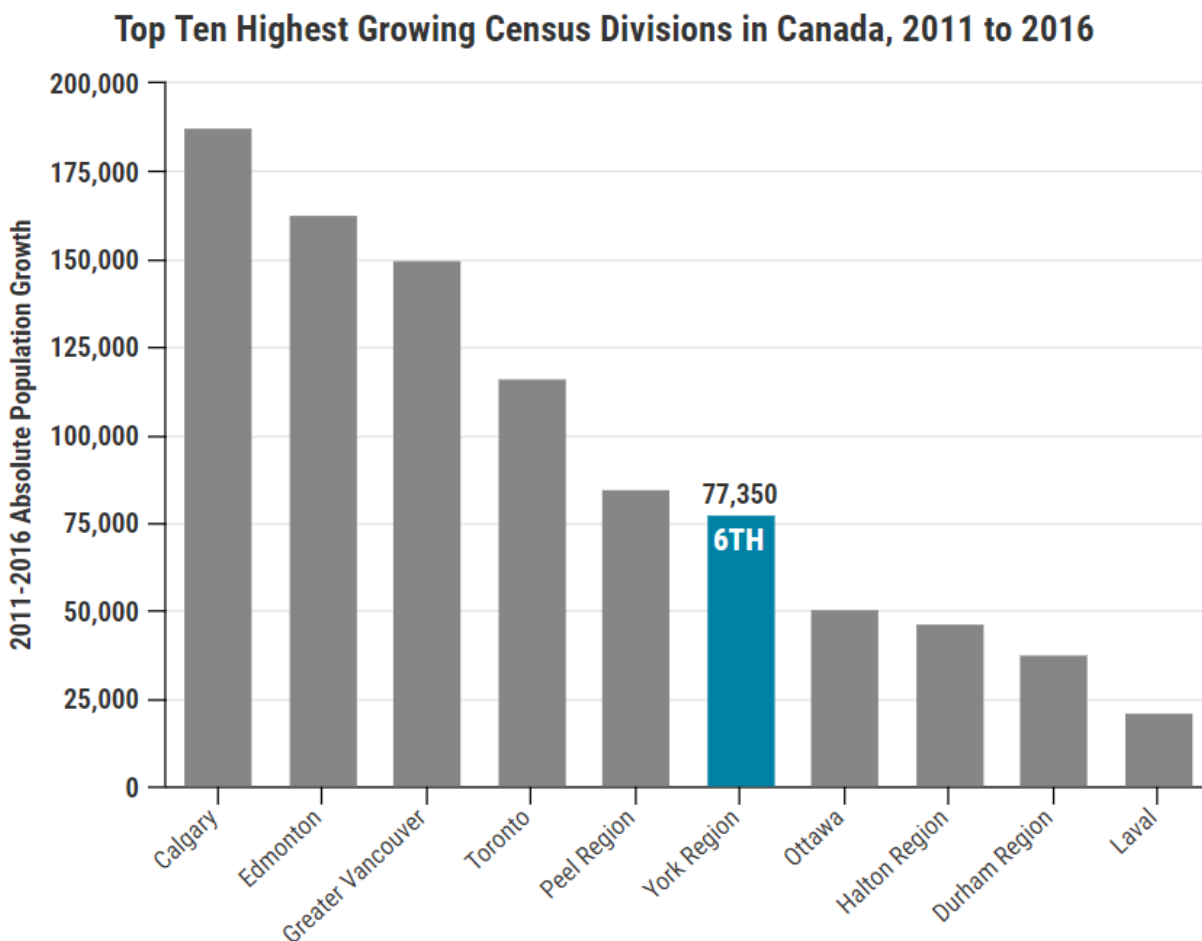


Figure 2. Top ten highest growth census divisions in Canada from 2011 to 2016. Adapted from 2016 Census Profile: York Region Census stories

- The three southern municipalities of Markham, Richmond Hill, and Vaughan represent 76% of York Region's population with Markham being the largest (30%)
- The population of York Region is forecast to increase across all municipalities with the most noticeable growth occurring in East Gwillimbury where the population is expected to experience a growth of 394.8% between 2016 to 2041
- Markham and Vaughan have reached #16 and #17 respectively for Canada's largest municipalities, each having a population equal to 0.9% of the total population in Canada. (Statistics Canada 2016 Census)⁵

- York Region has the 3rd largest population within the GTHA with over 1.1 million, representing 16% of the total⁶

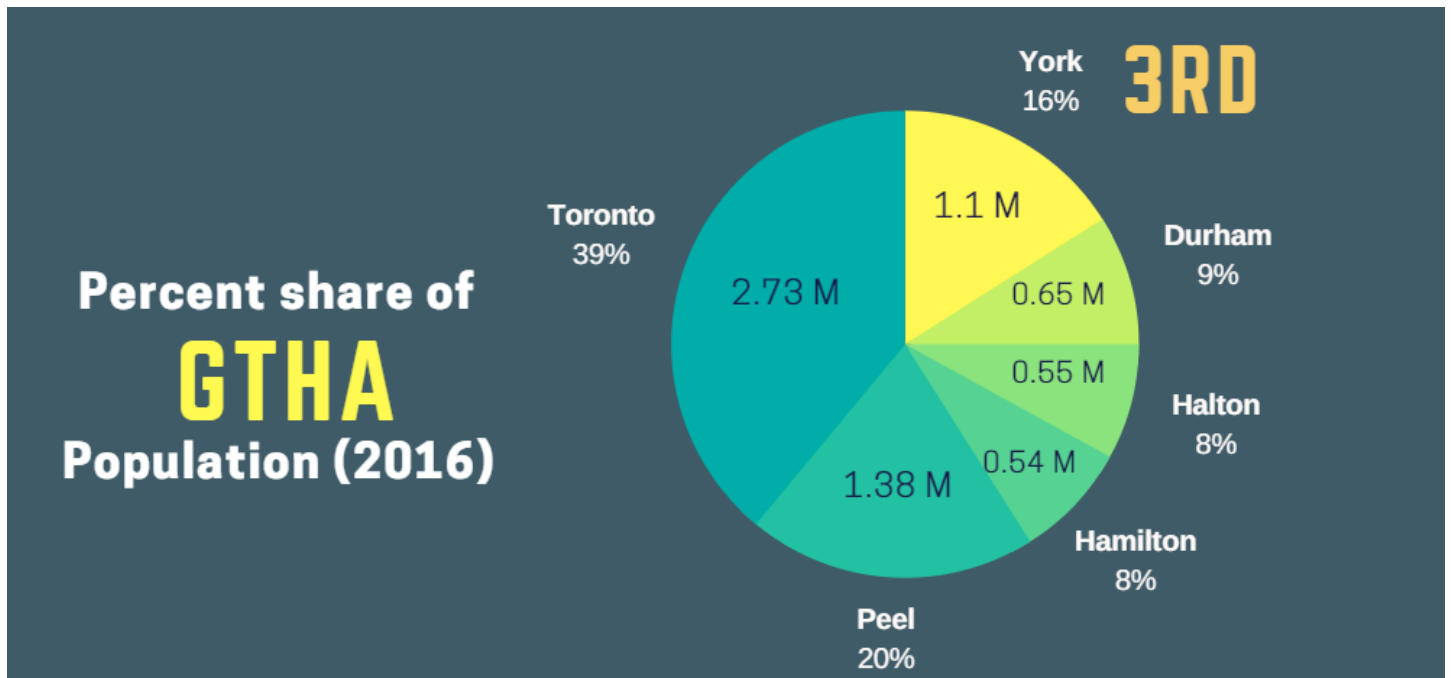


Figure 3. Share of population in the GTHA as per 2016 Census. Adapted from Statistics Canada 2016 Census

- York Region was the second fastest growing municipality (7.5%) after Halton Region (9.3%) between 2011 and 2016

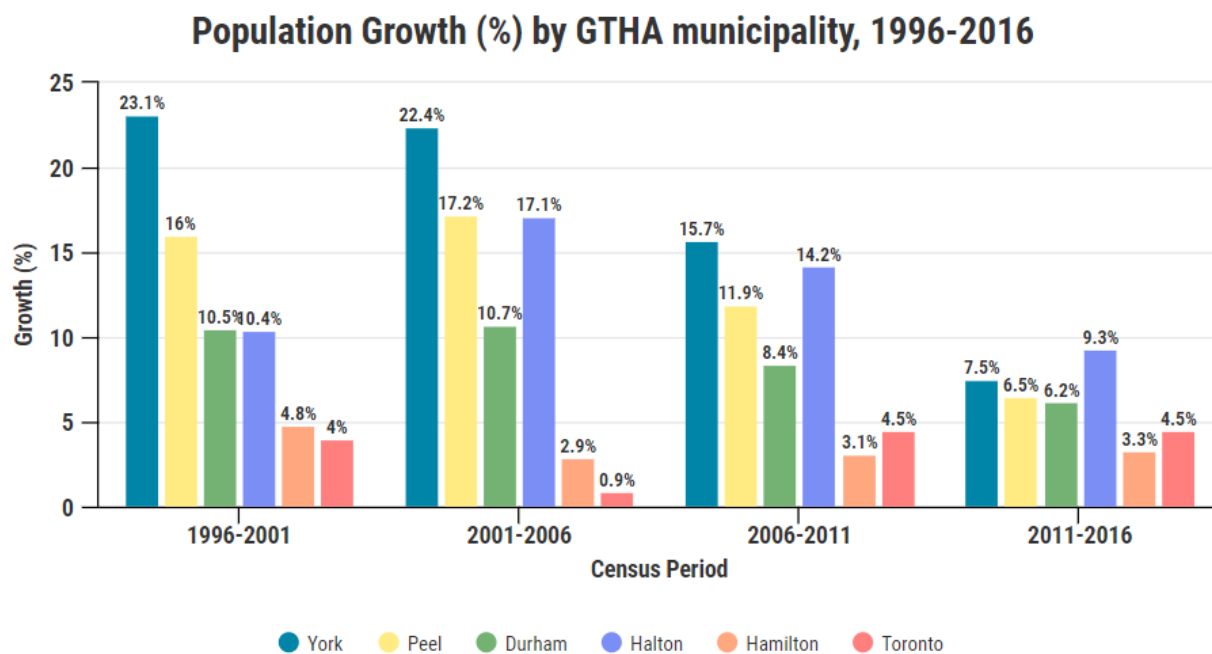


Figure 4. Population growth of GTHA municipalities from 1996-2016. Adapted from York Region 2041 Preferred Growth Scenario, 2041 Population and Employment Forecasts

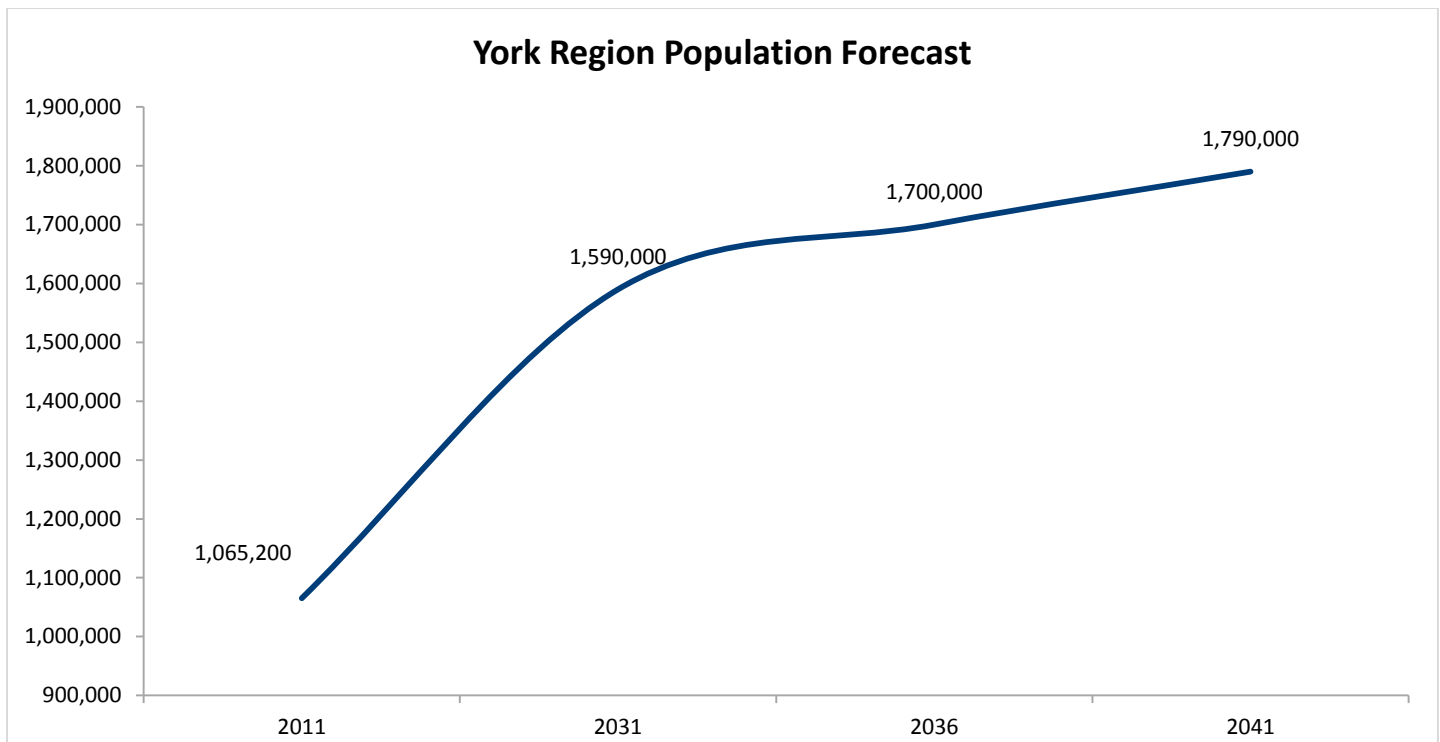


Figure 5. York Region Population Forecast 2011-2041

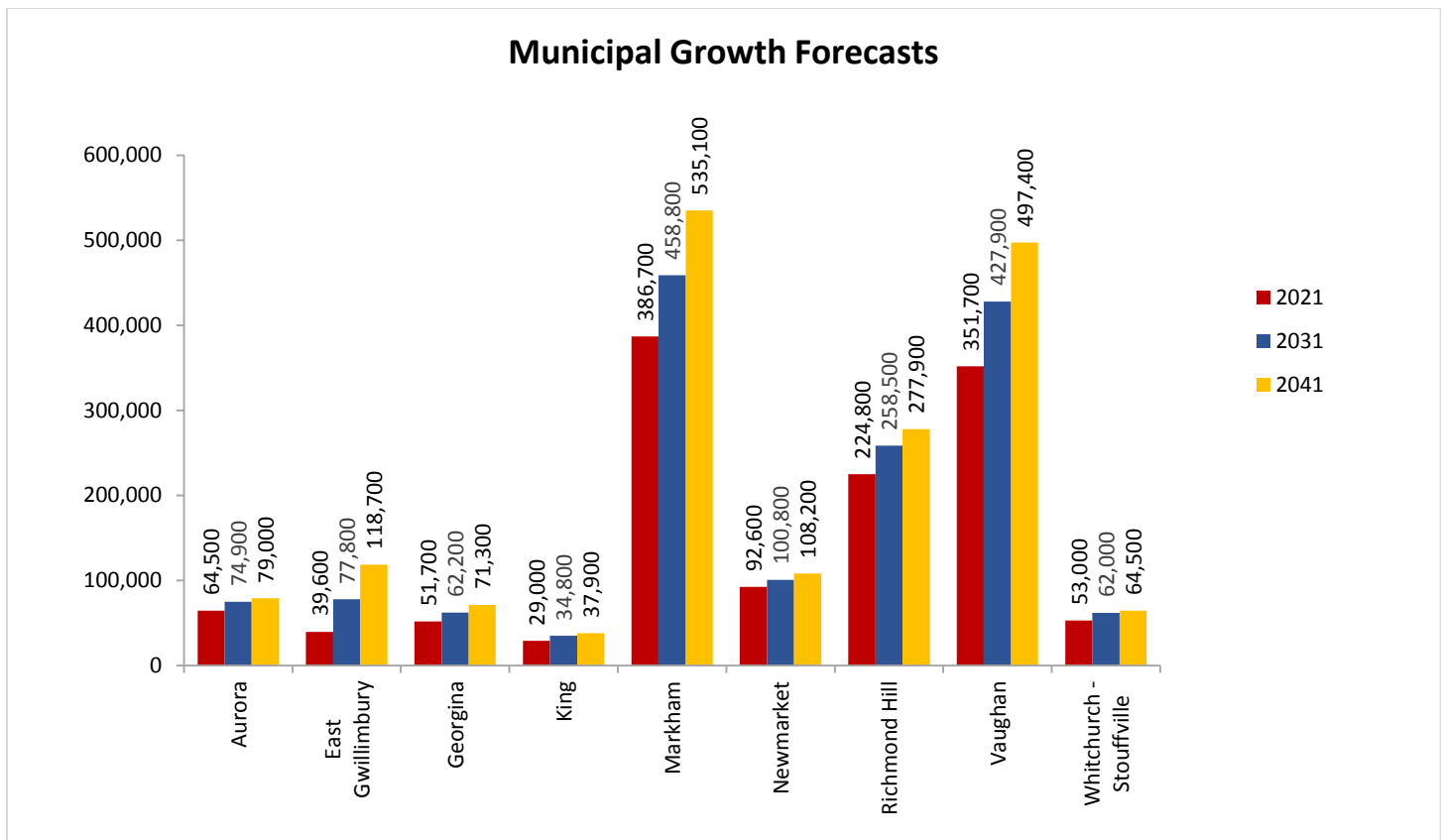


Figure 6. Growth forecast of municipalities in York Region from 2016-2041. 2016 Data: from Statistics Canada 2016 Census, 2041 Data from York Region 2041 Preferred Growth Scenario, 2041 Population and Employment Forecasts)

Age & Sex Composition

- The Region's age composition is expected to continue its shift towards an older population due to continued effects of the aging of the baby boomer generation; the population of seniors in York Region will increase from 12% to approximately 24% by the year 2041⁷
- The number of seniors increased faster in York Region (34%) than any other municipality in the GTHA⁸
- The number of preschool children (aged 0-4) declined in all GTHA municipalities except for Durham and Hamilton. Overall number of preschool children in York Region declined by 2.5% since the 2011 Census
- The senior population in York Region is growing faster than any other age group (1 in 5 people will be 65 years or older by 2031). 15.6% of York Region's population is between 50 – 59 years of age⁹

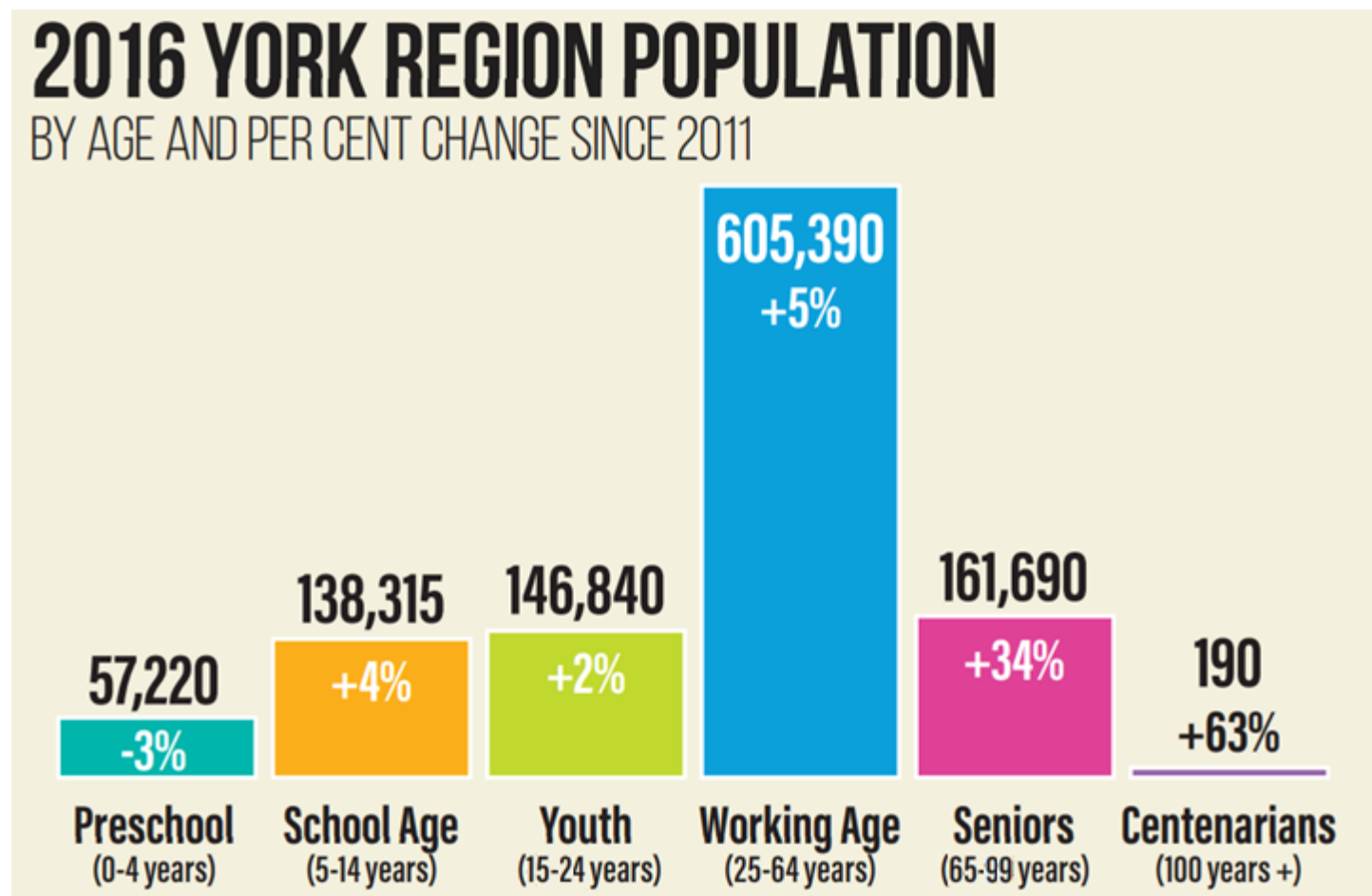


Figure 7. Total senior population in the GTHA as per 2016 Census. Adapted from 2016 Census Profile: York Region Census stories

- York Region's labour force is aging. Those considered working age (25-64) represented 54.6% of the population in 2016, down from 55.8% in 2011
- Women outnumbered men in 2016 – 51.3% (569,150) women compared to 48.7% (540,755) men¹⁰

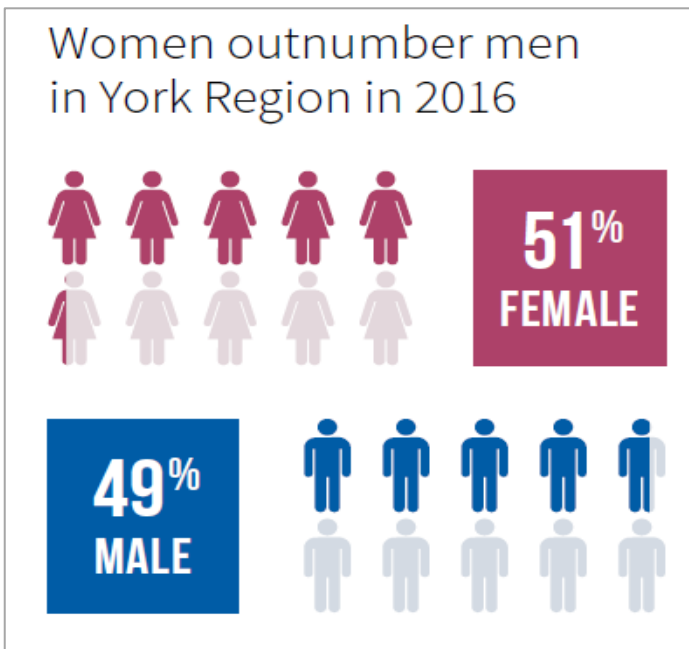


Figure 8. Female vs. Male Percentage of York's population. Adapted from York Region 2016 Census Release Report – Age & Sex

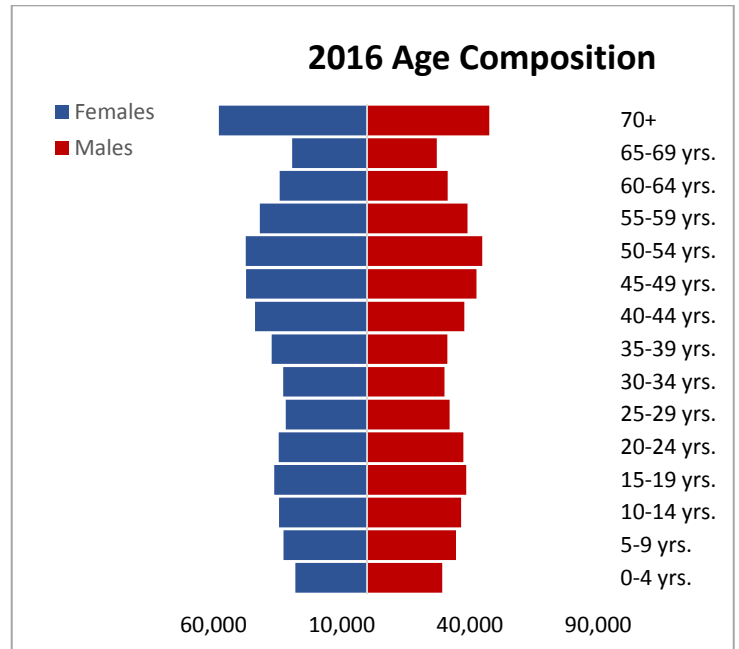
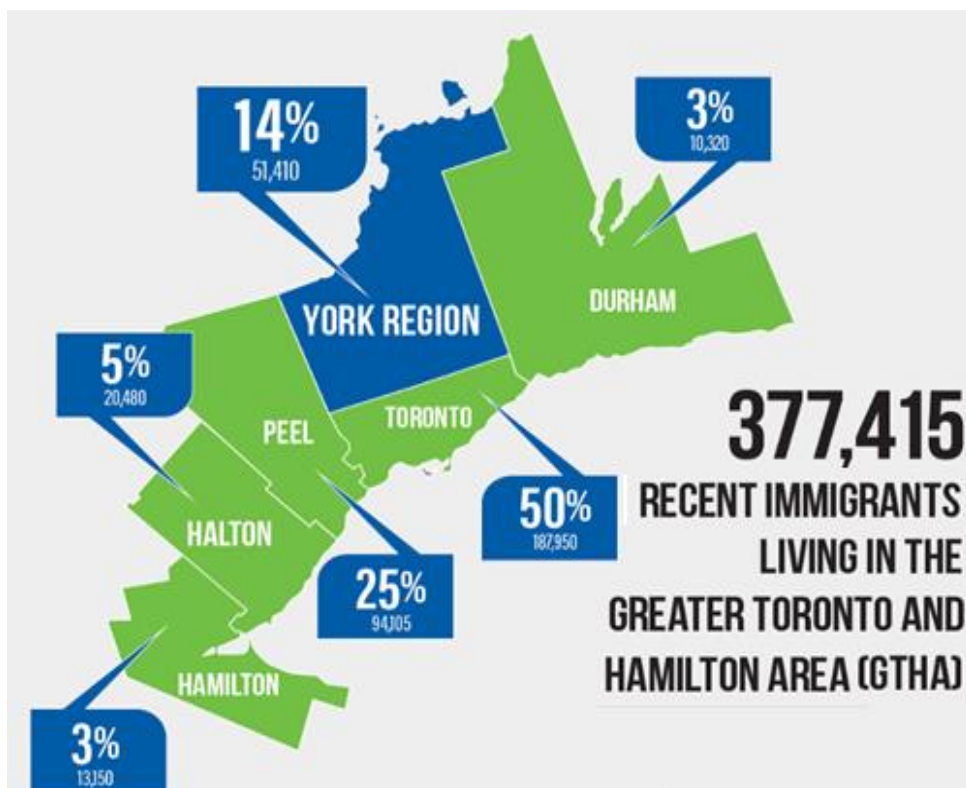


Figure 9. Population in various age ranges in York Region – Census 2016. Adapted from York Region 2016 Census Release Report – Age & Sex

Immigration¹¹



- In 2016, 80% (377,415) of Ontario's recent immigrants (in the last five years) chose to settle in the GTHA; 14% (51,410) settled in York Region
- In 2016, 47% (515,000) of York Region residents were born outside of Canada (3rd highest in the GTHA and Ontario)
- China, Iran, and the Philippines were the top 3 countries of origin for recent immigrants

Figure 10. Places of settlement for recent immigrants. Adapted from York Region 2016 Census Release Report – Immigration & Ethno-cultural Diversity

Ethno-cultural Diversity (Ethnicity & Visible Minority Status)

- 49% (541,200) of York Region residents self-identified as a visible minority in 2016

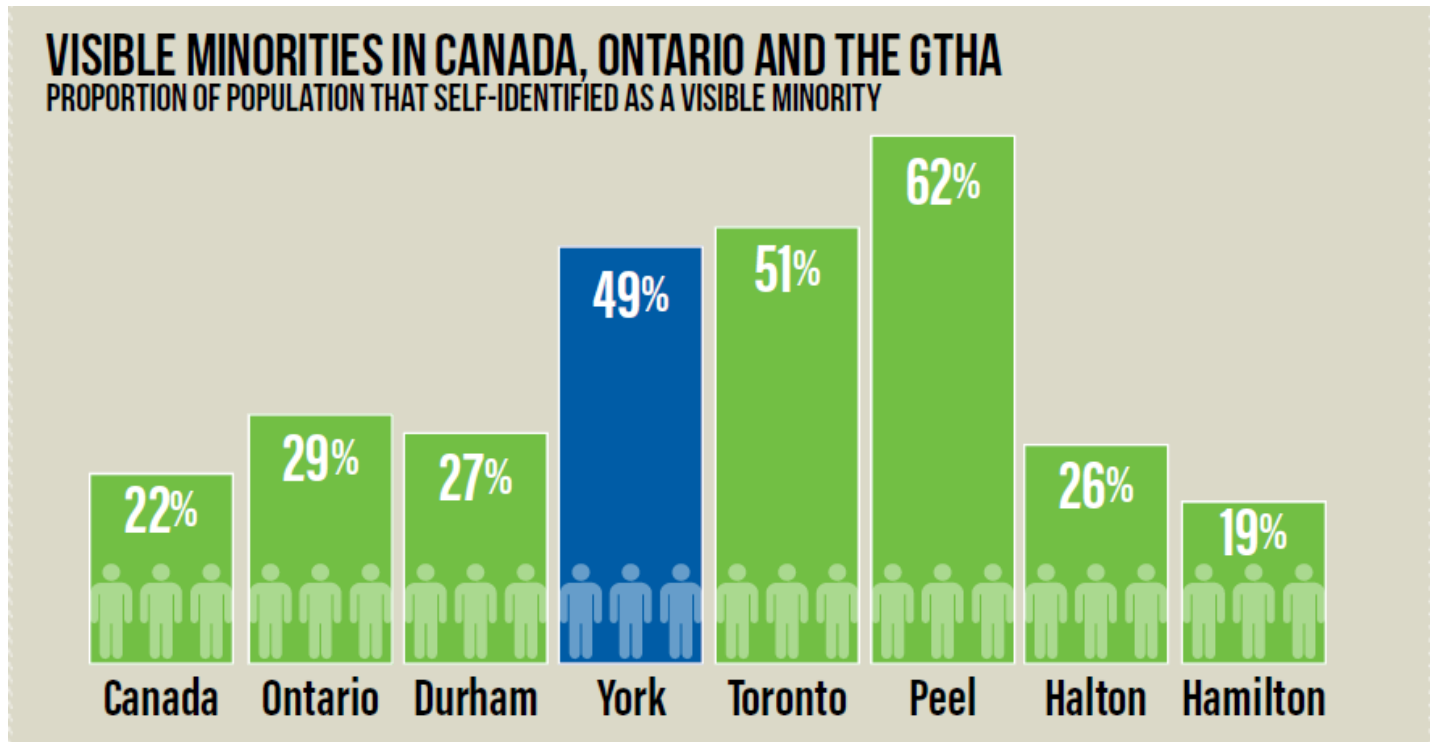
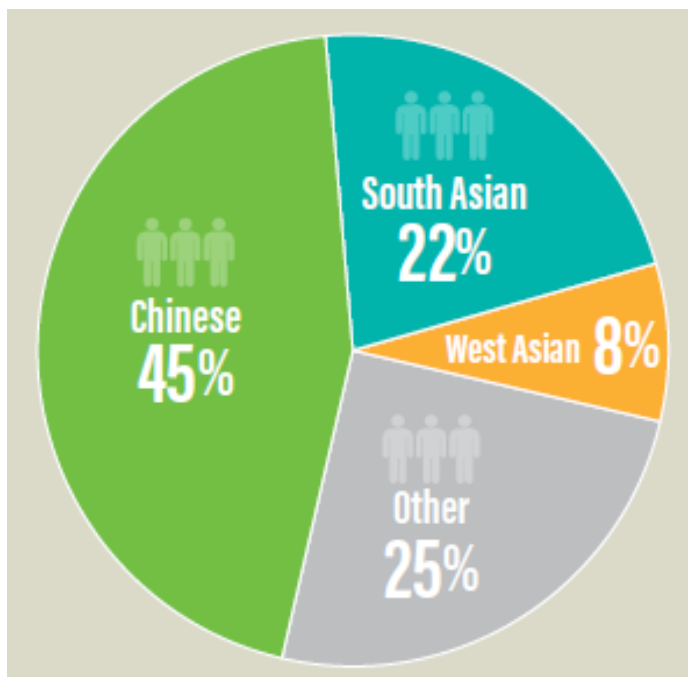


Figure 11. National, provincial, and regional population of visible minorities. Adapted from York Region 2016 Census Release Report – Immigration & Ethno-cultural Diversity



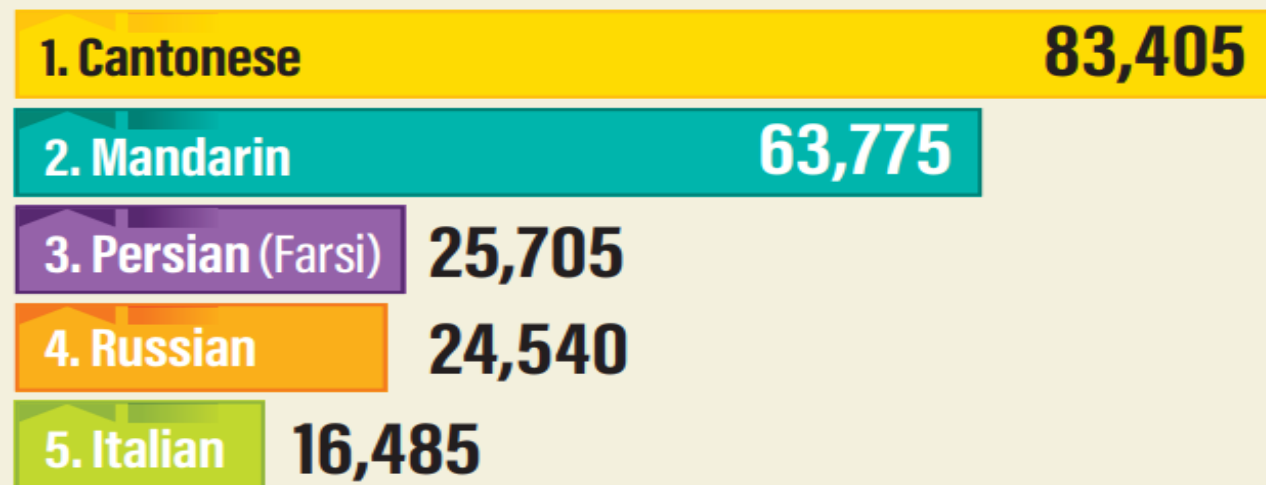
- Millennials (25-34) were the most culturally diverse age group with 56% identifying as visible minorities
- 78% of Markham's population identifies as a visible minority (highest in York Region)
- 8% of Georgina's population identifies as a visible minority (lowest in York Region)

Figure 12. Top visible minority groups in York Region. Adapted from York Region 2016 Census Release Report – Immigration & Ethno-cultural Diversity

Languages Spoken

- Over 120 different languages were spoken in York Region in 2016
- 61,860 York Region residents do not speak an official language (English or French); an increase of 28%
- 31% of York Region residents reported speaking a non-official language at home

NON-OFFICIAL LANGUAGES SPOKEN AT HOME MOST OFTEN* IN YORK REGION



* Numbers based on the total number of respondents who provided a single response at the time of data collection

Figure 13. Top 5 non-official languages spoken at home in York Region. Adapted from York Region 2016 Census Release – Family, Households, Marital Status and Language

Religious Affiliation

- The most recent National Household Survey (2011) identifies Christianity, Judaism, and Islam as the top three religious affiliations in York Region

Religion	Number
Total population in private households	1,024,225
Buddhist	29,220
Christian	568,435
Hindu	50,505
Jewish	63,880
Muslim	62,290
Sikh	10,515
Traditional (Aboriginal) Spirituality	140
Other religions	4,815
No religious affiliation	234,420

Table 1. Distribution (number) of population in private households by religion, Canada, 2011. Adapted from <https://www12.statcan.gc.ca/nhs-enm/2011/dp-prof/prof/details/page.cfm?Lang=E&Geo1=HR&Code1=3570&Data=Count&SearchText=york%20region&SearchType=Begins&SearchPR=01&A1=All&B1=All&Custom=&TABID=1>

Mental Health Issues

- Mental illness can and often does go undiagnosed but manifests itself in people through difficult behavior, acting out, relentless pursuit of a singular purpose, poor academic achievement, unemployment, poverty, homelessness, and risky behaviour which can affect the people around them
- Mental health-related calls to emergency services in York Region has experienced steady increases year to year
- Calls for service to York Regional Police and Mental Health Act Apprehensions have been on a steady rise between 2014 and 2018¹²

Mental Health Calls to Paramedic Services By Year By Primary Impression

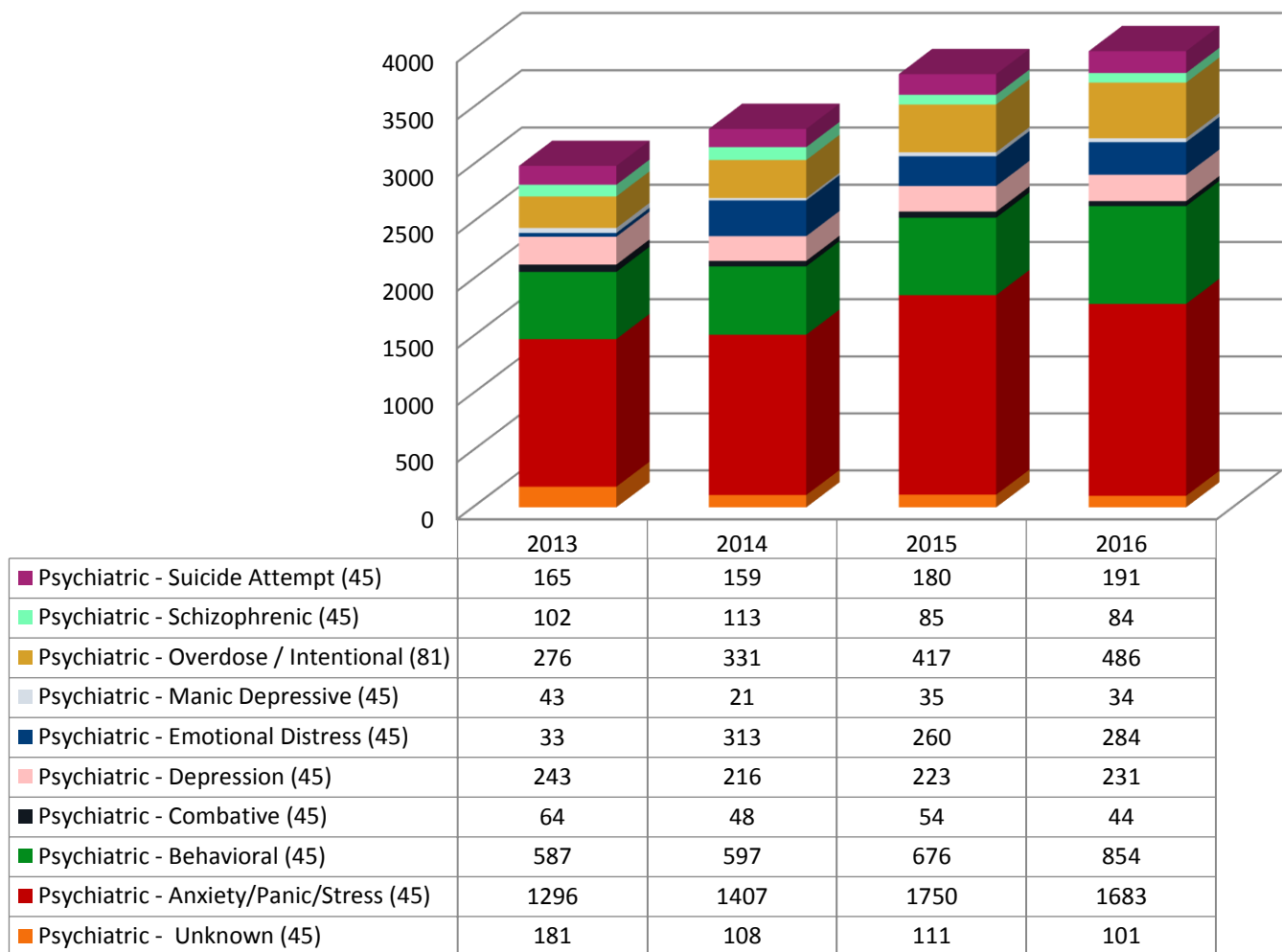


Figure 14. Mental Health Calls to Paramedic Services. Data provided by Region of York Continuous Quality Improvement. Data after 2016 is not comparable due to change in data collection method.

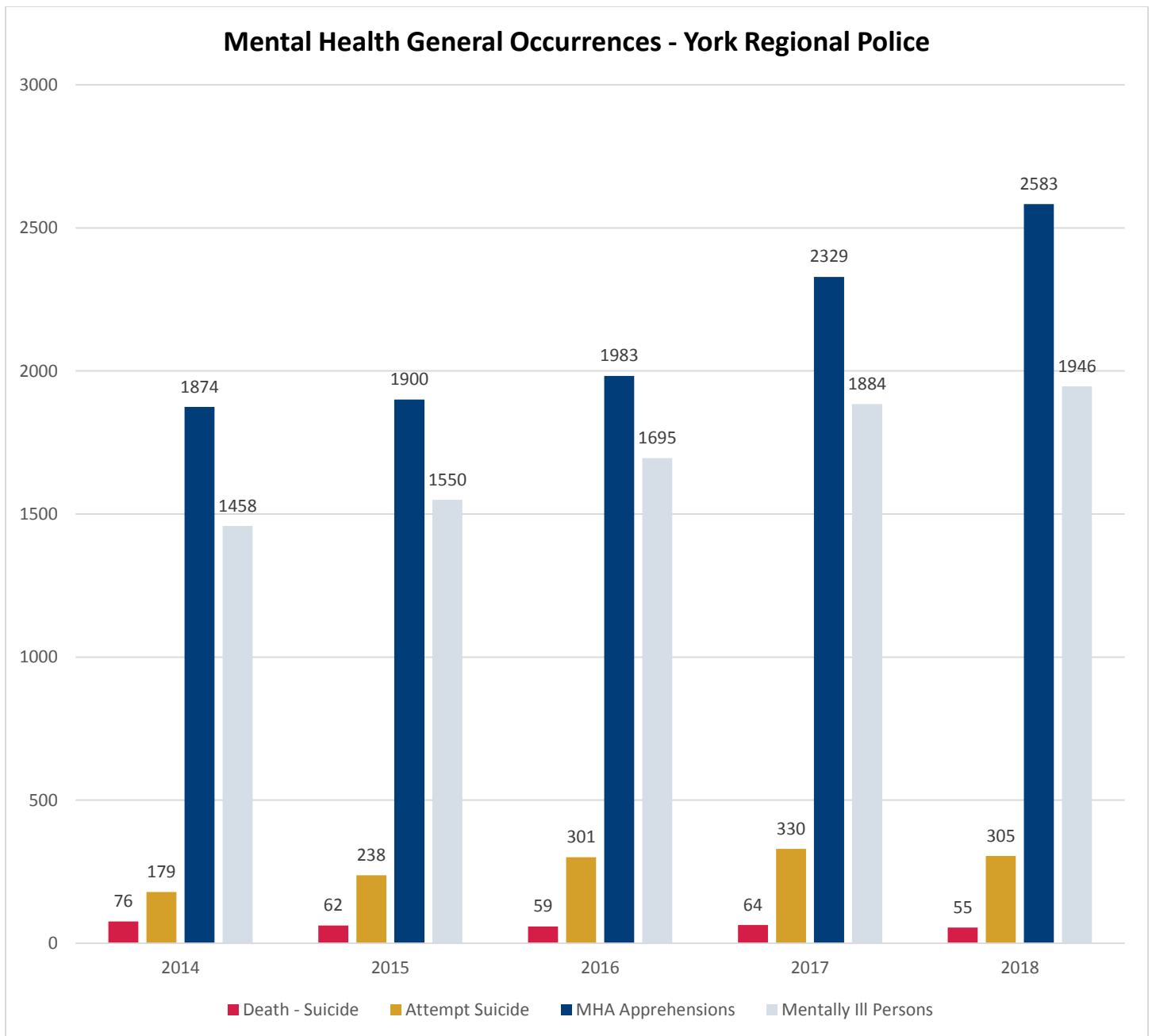


Figure 15. Mental health occurrences attended by York Regional Police, 2014-2018. Data taken from 2014-2018 York Regional Police Statistical Reports

- Over 2 million Canadians aged 15 years and over have a mental health-related disability. This represents 7% of Canadian adults and youth¹³
- Women are more likely to report depression compared to men. Among youth aged 15 to 24, women are twice as likely as men to have a mental health-related disability
- Statistics Canada reported that 1 in 5 contacts with police involve people with a mental illness or a substance abuse disorder¹⁴
- The likelihood of Canadians who will experience a mental illness or substance abuse disorder is 1 in 3¹⁵

Substance Abuse in York Region

- Drug violations in York Region have been decreasing over time (see Crime Trends section), but drug use remains prevalent in the region¹⁶
- Addictions Services of York Region (ASYR) reported that in 2018:
 - Total individuals served by agency – 5,671 (increase from 3,196 in 2017)
 - Total visits – 30,555 (increase from 25,376 in 2017)
 - Total group sessions facilitated – 1,053 (increase from 1,045 in 2017)
 - Total group participants – 11,671 (increase from 11,421 in 2017)
- Top 5 Municipalities Served in 2018
 - Newmarket – 17%
 - Aurora – 12%
 - Vaughan – 12%
 - Richmond Hill – 10%
 - Markham – 8%
- The top 3 substances used by individuals accessing ASYR's services are alcohol, cannabis, and cocaine
- Provincially, statistics show a high prevalence of drug and alcohol use for youth in grades 7-12, with alcohol use being reported by 42.5% of respondents in the Ontario Student Drug use and Health Survey (2017)¹⁷ (see table 1)

Past Year Drug Use (%) for the Total Sample, by Sex, and by Grade, 2017 OSDUHS (N=11,435)

	Total	Males	Females	G7	G8	G9	G10	G11	G12
Grades 7–12									
Alcohol	42.5	42.7	42.2	10.5	11.8	31.8	49.9	60.6	68.3 *
High-Caffeine Energy Drinks	34.1	41.1	26.9 *	21.8	26.0	36.7	37.7	36.9	39.7 *
Cannabis	19.0	19.6	18.3	2.0	2.0	9.3	19.9	30.4	36.9 *
Binge Drinking (5+ Drinks Past Month)	16.9	17.6	16.1	s	s	9.2	17.2	27.7	32.3 *
Electronic Cigarettes (Vape Pens)	10.7	13.0	8.2 *	s	s	9.2	12.6	16.1	18.9 *
Opioid Pain Relievers (NM)	10.6	10.2	11.1	8.4	8.1	11.1	13.1	11.9	10.5
OTC Cough/Cold Medication	9.2	11.2	7.1 *	10.0	5.2	10.7	11.6	9.5	8.3
Tobacco Cigarettes	7.0	8.1	5.8 *	s	s	2.8	6.4	11.1	15.2 *
Waterpipes (Hookahs)	6.2	7.7	4.5 *	s	s	3.3	7.2	10.8	12.1 *
Smokeless (Chewing) Tobacco	5.4	8.1	2.6 *	s	s	6.3	4.8	9.7	8.5 *
Inhalants (Glue or Solvents)	3.4	3.0	3.7	6.2	4.8	2.3	3.8	1.9	s *
ADHD Drugs (NM)	2.3	2.6	1.9	1.5	0.9	0.8	s	3.3	4.5 *
Synthetic Cannabis ("Spice," "K2")	1.5	1.6	1.4	s	s	s	1.6	s	2.5 *
Salvia Divinorum	0.6	0.9	s	s	s	s	s	s	s
Grades 9–12[†]									
Mushrooms (Psilocybin) or Mescaline	4.0	5.4	2.4 *	--	--	1.8	2.0	5.4	5.7 *
Ecstasy (MDMA)	3.4	4.2	2.5	--	--	s	2.3	2.5	6.7 *
Cocaine	3.1	4.0	2.0	--	--	s	1.2	s	5.5 *
Tranquillizers/Sedatives (NM)	2.7	2.7	2.6	--	--	s	2.0	3.0	4.1 *
LSD	1.5	2.0	1.0 *	--	--	s	1.6	1.7	1.9
Fentanyl	0.9	s	s	--	--	s	s	s	s
Jimson Weed	0.8	s	s	--	--	s	s	s	s
Methamphetamine	0.6	s	s	--	--	s	s	s	s
Crack	0.6	s	s	--	--	s	s	s	s
Any NM Use of a Prescription Drug	13.7	13.5	14.0	--	--	12.2	14.0	14.3	14.1
Any Drug Use Including Cannabis	37.8	35.8	40.1	--	--	24.6	33.2	39.8	48.3 *
Any Drug Use Excluding Cannabis	23.8	23.1	24.6	--	--	19.6	22.1	23.2	28.3

Table 2. Alcohol and drug use reported by Gr. 7-12 respondents for the Ontario Student Drug Use and Health Survey. Adapted from Ontario Student Drug Use and Health Survey (2017)

Education

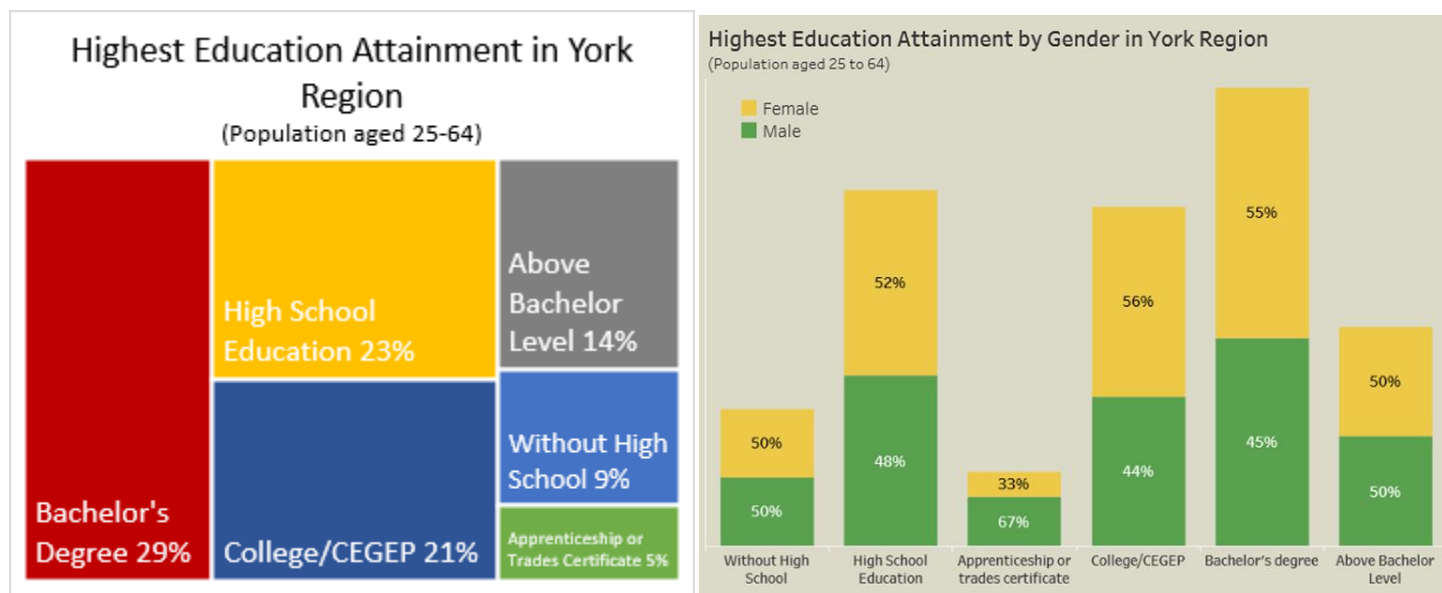


Figure 16. Highest education attained by York Region residents between ages 25-64. Adapted from 2016 Census Profile: York Region Census Stories

- The Regional Municipality of York ranks first as the most educated population among Canada's largest municipalities (population over 1 million); more than 70% of the Region's residents have a post-secondary education. 70% of working-age residents (25 to 64) had a post-secondary education. Only 8% (50,360) of working-age residents had not completed a high school certificate^{17,18}
- York Region ranks fourth in Canada for the share of residents with a university degree¹⁹
- An increasing number of women aged 25 to 64 in York Region are obtaining a university education (41% increase since 2006). 55% of women aged 25 to 34 held a bachelor's degree or higher (up from 46% in 2006). 50.6% of residents aged 25 to 34 who held a doctorate degree in 2016 were women
- York Region has a large number of immigrants with a post-secondary education. In 2016, 51% of immigrants in the Region held a university degree or higher compared to 41% of the Canadian-born population

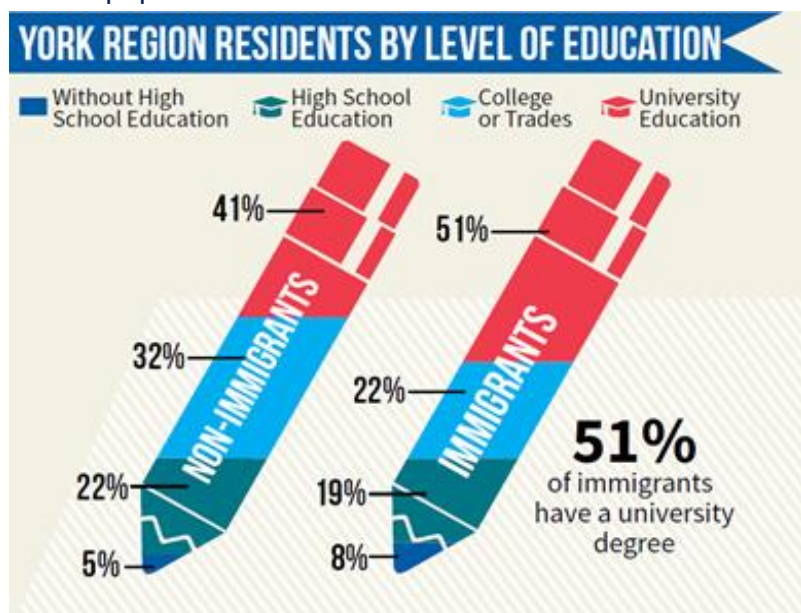


Figure 17. Percentage of York Region immigrant residents age 25-64 with post-secondary education. Adapted from 2016 Census Release Report: Education, Mobility, Migration

Families

- Of those included by Statistics Canada in the 2016 Census (age 15 and over), 57.9% of York residents are married whereas 26.9% have never been married. The average size of families in the Region is 3.1 persons. 86.2% of families in the Region are considered couple families (15.4% increase from 2011 census) while 13.8% are lone-parent families (13.2% increase from 2011 census)²⁰
- The average household size is anticipated to decrease by 2041 to approximately 2.95 persons, following a national trend of shrinking family/household sizes²¹

Employment

- York Region is home to over 50,000 businesses and 630,000 jobs. It is the third largest business centre in Ontario and is the second largest Information, Communication and Technology (ICT) cluster in Canada. (York Region 2016 Community Report)²²
- More than 70% of jobs in the Region are full-time²³

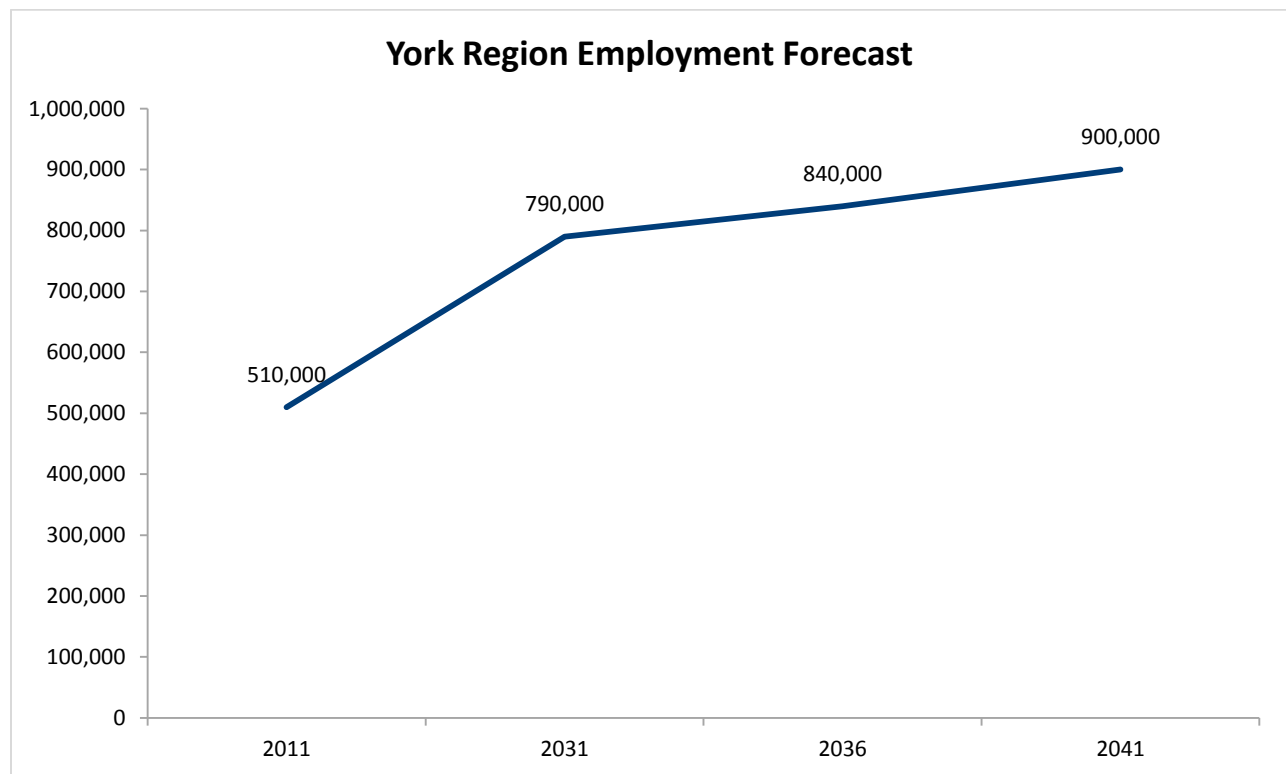


Figure 18. York Region Employment Forecast. Data taken from York Region 2041 Preferred Growth Scenario, 2041 Population and Employment Forecasts

- Employment in the Region is forecasted to grow to over 900,000 jobs by 2041
 - Approximately 75% of the employment growth is expected to occur in the Region's southern municipalities
- York Region continues to have strong employment growth in addition to a diversified economy with strengths in areas such as manufacturing, transportation and warehousing, wholesale trade, finance and insurance, information and culture, and professional, scientific and technical services²⁴

Income

- Income growth in York Region is not keeping pace with the cost of living²⁵



- Since 2006, the Consumer Price Index (CPI) has grown faster than York Region's median household, individual, and employment income
- 52% of York Region residents reported an income under \$100,000 per household²⁶
- Median employment income in York Region has risen 11.6% to \$36,290 since 2006²⁷
- Between 1970 and 2015, income inequality increased 63% in York Region²⁸

Figure 19. Rate of growth comparison between cost of living (in CPI) and income for York Region residents. Adapted from York Region 2016 Census Release Report – Income

YORK REGION HOUSEHOLDS BY INCOME GROUP

	York Region		Aurora		East Gwillimbury		Georgina		King	
Income	Household	Share	Household	Share	Household	Share	Household	Share	Household	Share
Under \$10,000	8,935	3%	315	2%	105	1%	365	2%	135	2%
\$10,000 to \$19,999	13,275	4%	570	3%	180	2%	810	5%	210	3%
\$20,000 to \$29,999	19,790	6%	860	5%	355	4%	1,135	7%	360	4%
\$30,000 to \$39,999	22,060	6%	975	5%	405	5%	1,245	7%	390	5%
\$40,000 to \$49,999	21,785	6%	970	5%	435	5%	1,160	7%	380	5%
\$50,000 to \$59,999	21,200	6%	1,000	5%	470	6%	1,215	7%	365	4%
\$60,000 to \$69,999	20,700	6%	990	5%	430	5%	1,165	7%	420	5%
\$70,000 to \$79,999	20,190	6%	1,010	5%	480	6%	1,140	7%	380	5%
\$80,000 to \$89,999	19,525	5%	995	5%	465	6%	1,140	7%	390	5%
\$90,000 to \$99,999	19,165	5%	1,035	5%	500	6%	1,090	6%	385	5%
\$100,000 and over	170,340	48%	10,125	54%	4,255	53%	6,350	38%	4,740	58%
Total	356,965	100%	18,855	100%	8,080	100%	16,820	100%	8,145	100%

	Markham		Newmarket		Richmond Hill		Vaughan		Whitchurch-Stouffville	
Income	Household	Share	Household	Share	Household	Share	Household	Share	Household	Share
Under \$10,000	3,390	3%	530	2%	2,320	4%	1,550	2%	235	2%
\$10,000 to \$19,999	4,265	4%	1,140	4%	3,175	5%	2,525	3%	405	3%
\$20,000 to \$29,999	6,015	6%	1,595	6%	4,380	7%	4,465	5%	635	4%
\$30,000 to \$39,999	6,860	7%	1,700	6%	4,430	7%	5,285	6%	760	5%
\$40,000 to \$49,999	6,800	7%	1,735	6%	4,095	6%	5,380	6%	820	5%
\$50,000 to \$59,999	6,375	6%	1,705	6%	3,925	6%	5,235	6%	905	6%
\$60,000 to \$69,999	6,370	6%	1,760	6%	3,505	5%	5,205	6%	845	6%
\$70,000 to \$79,999	6,075	6%	1,615	6%	3,510	5%	5,025	5%	955	6%
\$80,000 to \$89,999	5,745	6%	1,665	6%	3,235	5%	4,950	5%	940	6%
\$90,000 to \$99,999	5,545	5%	1,585	6%	3,190	5%	4,945	5%	885	6%
\$100,000 and over	45,225	44%	13,640	48%	28,345	44%	49,700	53%	7,965	52%
Total	102,675	100%	28,675	100%	64,115	100%	94,255	100%	15,355	100%

Table 3. York Region households by income group in various municipalities. Adapted from York Region 2016 Census Release Report – Income

Housing/ Homelessness

- The number of households in the Region is expected to increase to a total of approximately 583,600 by 2041²⁹
- There continues to be a shift in the housing market towards row and apartment style housing; these housing types are expected to be required to accommodate 45% intensification³⁰

Common Housing in York Region

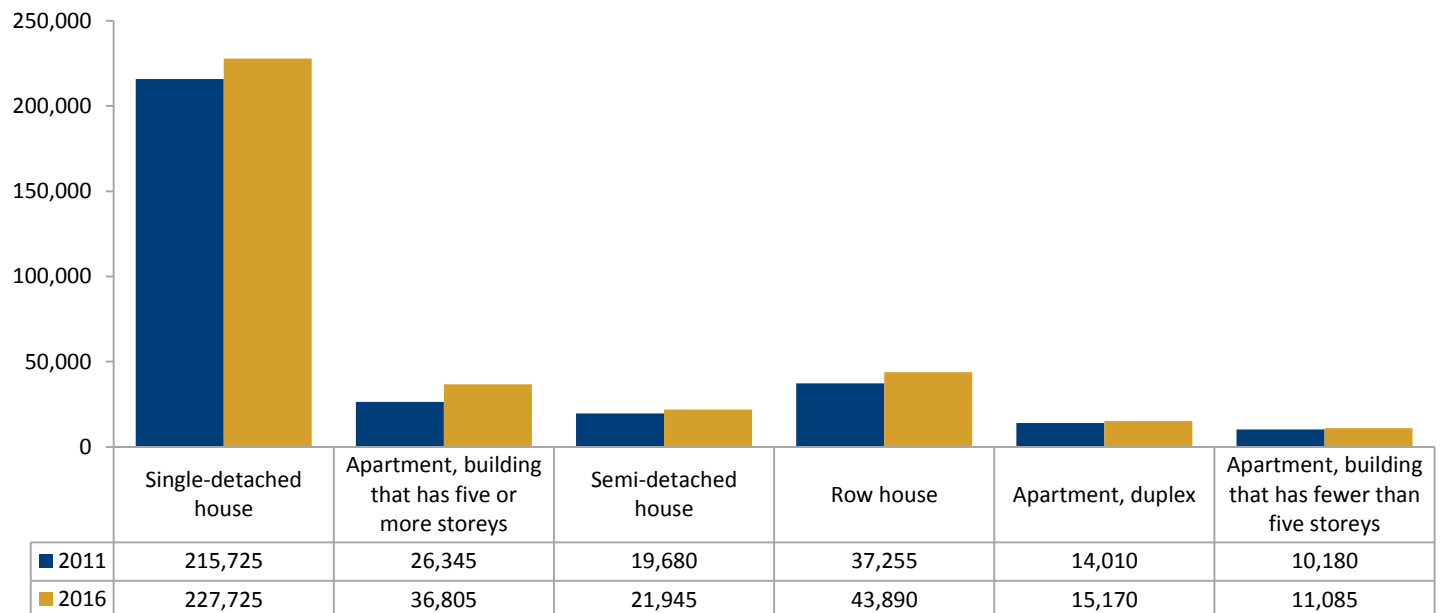


Figure 20. Types of housing in York Region – Comparison between 2011 and 2016 Census date. Data taken from Statistics Canada 2016 Census

Housing Forecast for York Region

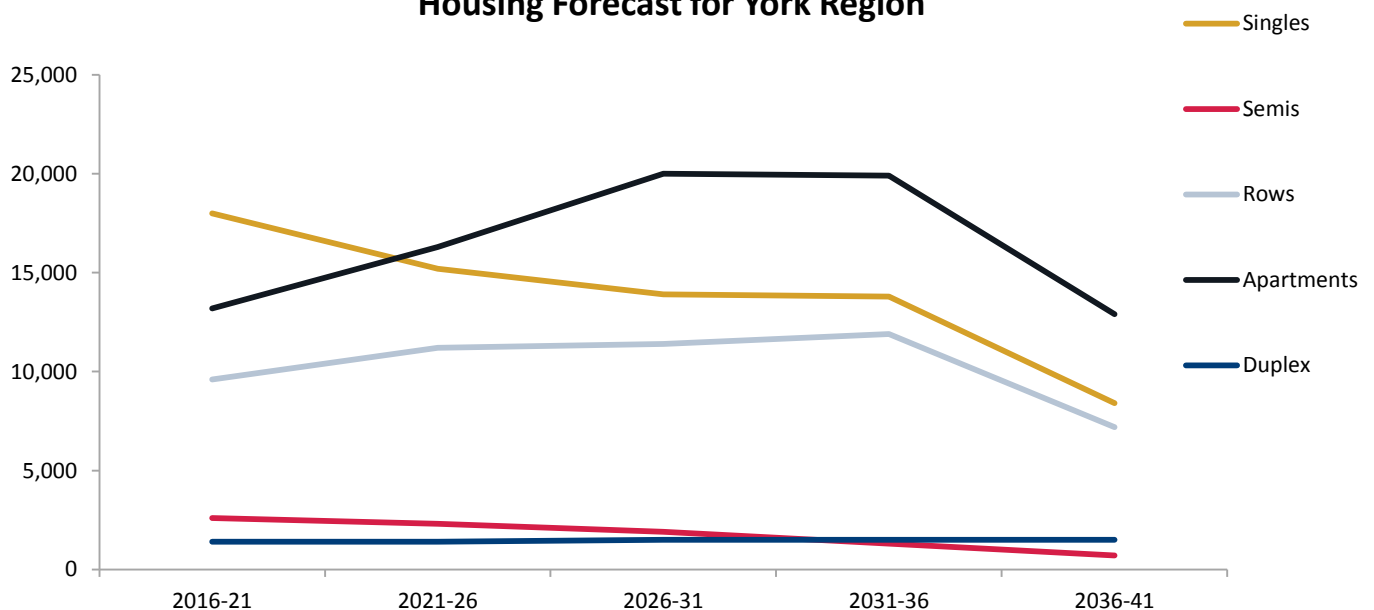


Figure 21. Growth of various housing types from 2016-2041. Adapted from York Region 2041 Preferred Growth Scenario, 2041 Population and Employment Forecasts

- Affordable housing is a growing concern in the Region, sometimes resulting in homelessness or precarious housing for individuals with low income³¹
- Homeownership is becoming increasingly difficult to achieve due to high housing costs, which leads to higher number of renters in York Region. An estimated 13,700 youth and seniors will be renters by 2031. The pressure for rental housing is expected to exceed the vacancy rate for rental units in York Region, currently at 1.6%³²
- The wait list for social housing has almost doubled in sized to over 14,500 households over the last seven years³³
- The demographic of individuals at-risk of homelessness are also exposed to risk factors leading to poor physical and mental health, compromised living conditions, and negative social determinants of health such as violence³⁴
- As of 2017, York Region has a total of 6 shelters and 158 beds for the homeless
- At last count by Homeless Hub, there were 389 individuals found homeless. 1,352 individuals are assisted by the Housing Stability Program and 407 are assisted by the Homelessness Prevention Program³⁵
- The Region has committed to supporting residents experiencing chronic homelessness to finding long-term housing. Beginning in November 2017, the Home Now Program expects to help a minimum of 100 participants find permanent housing. Evidence shows stable housing leads to more successful outcomes when addressing other mental and physical health issues³⁶

Transportation

VIVA and TTC Expansions:

- The planned TTC Yonge Subway Extension will allow commuters in and out of Richmond Hill, Vaughan, and Markham in greater numbers³⁷
- The new Viva rapidway segment along Davis Drive enjoyed its first full year of service in 2016. As a result of this addition to York Region's transit system, passenger volumes are up and travel times are down³⁸
- In 2016, Viva services experienced the highest overall ridership increase with 470,000 additional boardings with an average of 35,000 travelers per weekday³⁹
- Rapid population growth and urbanization in York Region will lead to greater road congestion and transit demands.⁴⁰

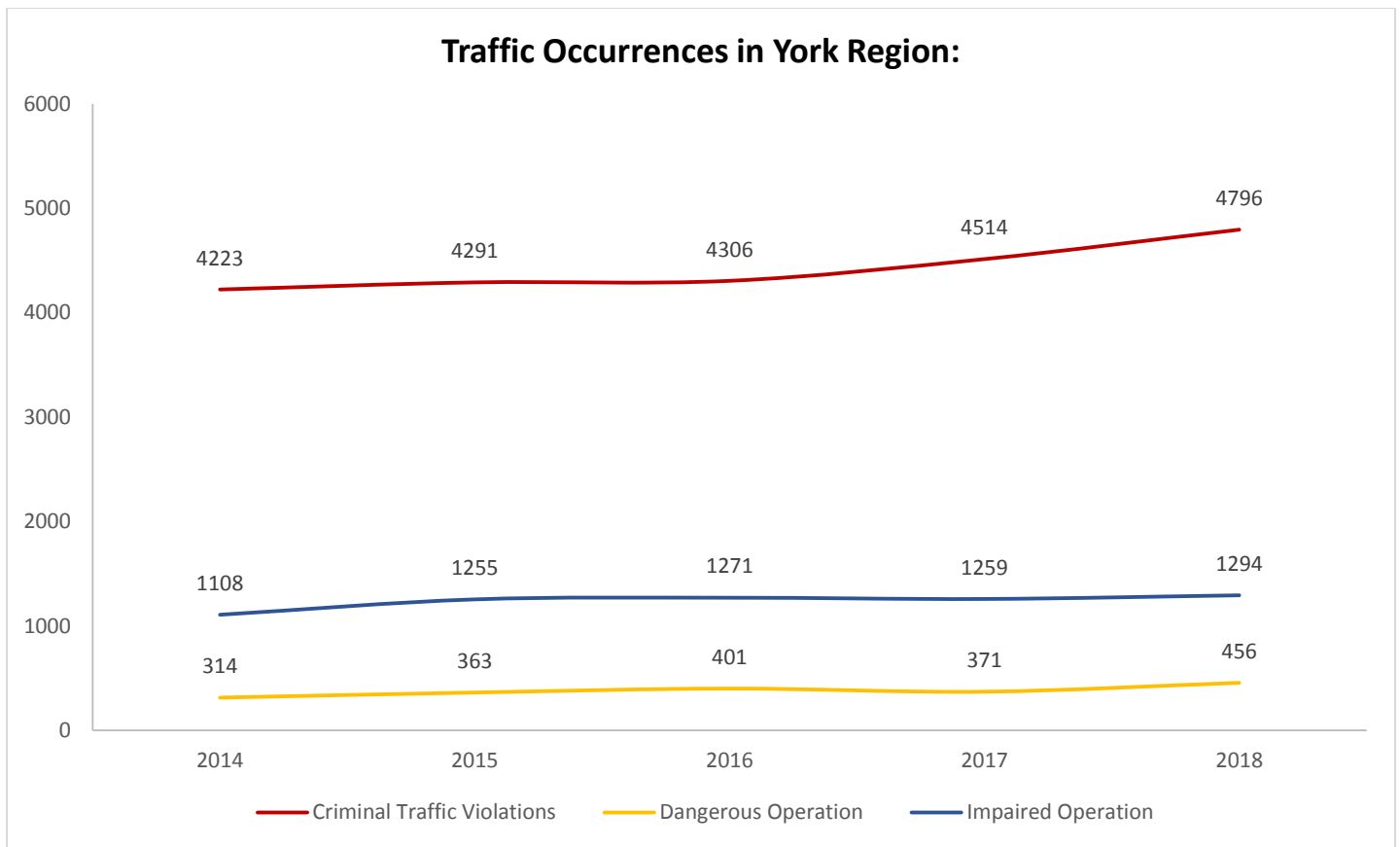


Figure 22. Number of traffic offences in York Region from 2014-2018

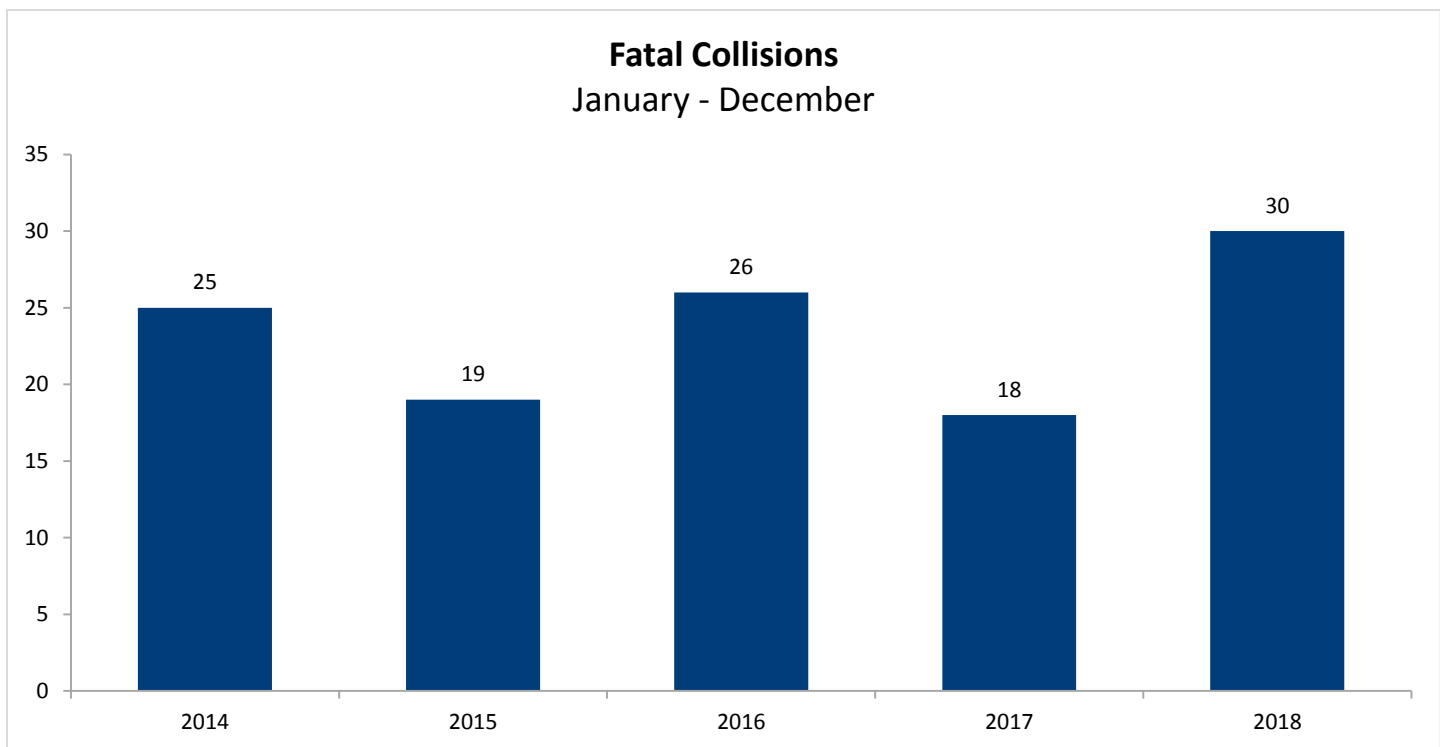


Figure 23. Yearly occurrence count of fatal collisions, 2014-2018

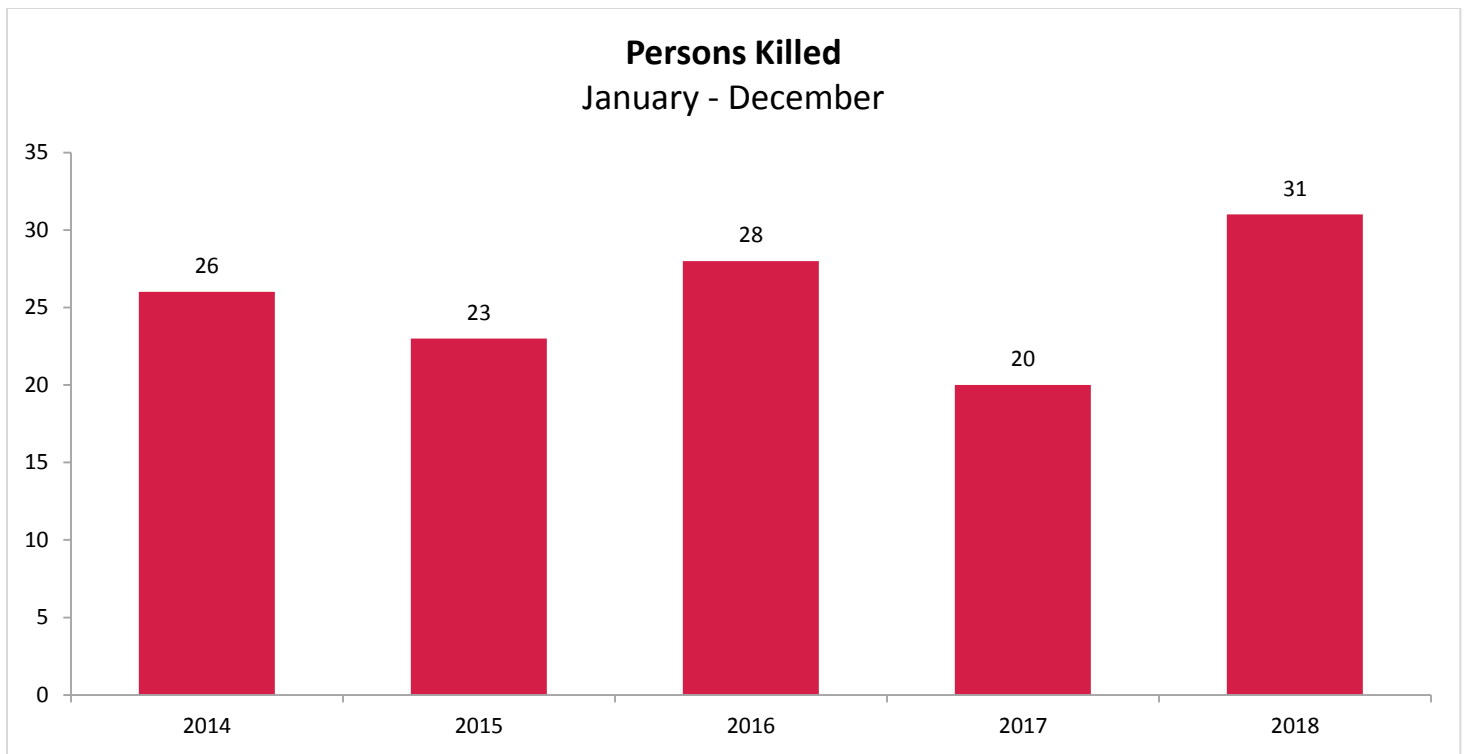


Figure 24. Yearly count of persons killed from fatal collisions, 2014-2018

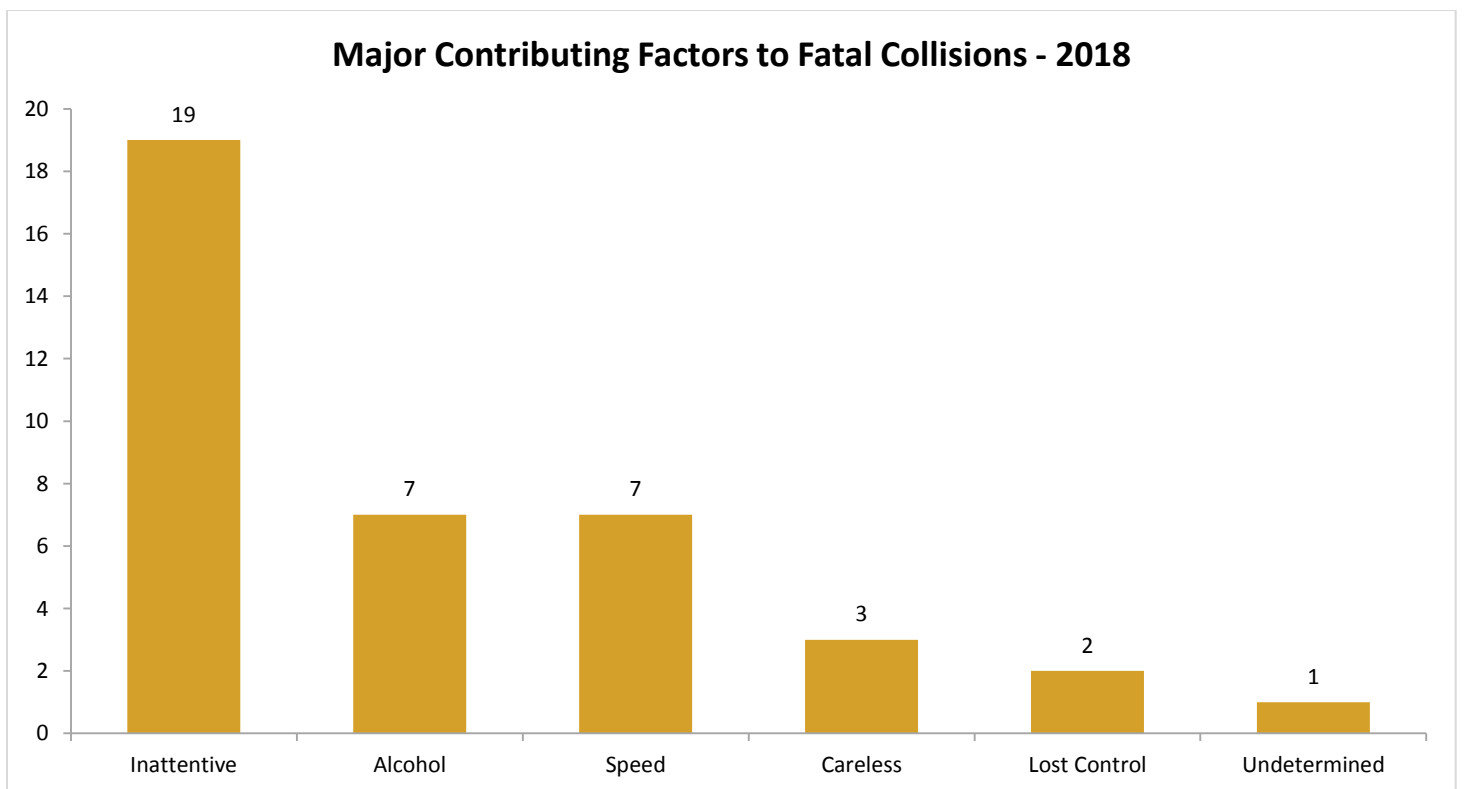


Figure 25. Major contributing factors to fatal collisions in 2018

CRIME and PUBLIC SAFETY TRENDS

Crime & Public Safety Trends - National and Provincial Context

- Crime Severity vs. Crime Rate
 - At 5,334 incidents per 100,000 population, the police-reported crime rate in Canada increased 1% in 2017 (most recent available statistics). This rate was 23% lower than a decade earlier.⁴¹
 - In 2017, the overall volume and severity of violent crime was 5% higher than the previous year. More than half of the increase was the result of increases in the rates of police-reported incidents of sexual assault (level 1), homicide, and robbery. Rates for almost all violent violations increased.⁴²
 - Youth crime trend reflected the same uptrend in violent crimes
- Heightened attention on gun violence:
 - City of Toronto experienced heightened attention on gun violence, with 428 shooting occurrences in 2018, 183 of which occurred in border districts between TPS and York Region⁴³
 - Number of deaths involving rifles and shotguns have increased since the dismantling of the long-gun registry, bringing about a larger conversation on gun control⁴⁴
- Drug legislation and trends
 - Bill C-46
 - Changes to enforcement of driving impaired
 - Training for officers regarding new legislation on legalization of cannabis
 - Similar to the trend in cannabis related offences, most forms of cocaine drug offences continued to decline in 2017 for the fifth consecutive year dropping 5% from 2016 to a rate of 38 incidents per 100,000 population⁴⁵
 - Sale of recreational cannabis in brick & mortar retail stores starting on April 1, 2019
 - Fentanyl, opioids, and other drugs
 - Police-reported rates of cannabis-related drug offences declined for the sixth consecutive year in 2017. The combined rate of possession, trafficking, production and importation or exportation of cannabis declined 15% from 2016 (most recent available statistics) with all provinces and territories reporting declines. In contrast, the combined rate of possession, trafficking, production and importation or exportation of drugs other than cannabis and cocaine has been increasing since 2010. Between 2016 and 2017, the most notable increases were reported for possession (+13%) and trafficking, production or importation/exportation (+11%) of methamphetamines or ecstasy. There was no noticeable change in heroin possession, but a 9% increase in its trafficking, production or importation/exportation. In addition, there was a 3% increase in possession and a 5% increase in the trafficking, production, or importation/ exportation of “other drugs” such as prescription drugs, LSD, “date rape” drugs, and opioids including fentanyl.⁴⁶
 - Provincial government announced effective immediately on November 13, 2018 police services will no longer be required to call in the Special Investigations Unit (SIU) when an individual dies or is seriously injured after a police officer administers naloxone⁴⁷

Cases of opioid-related morbidity and mortality, Ontario, 2003 – 2017

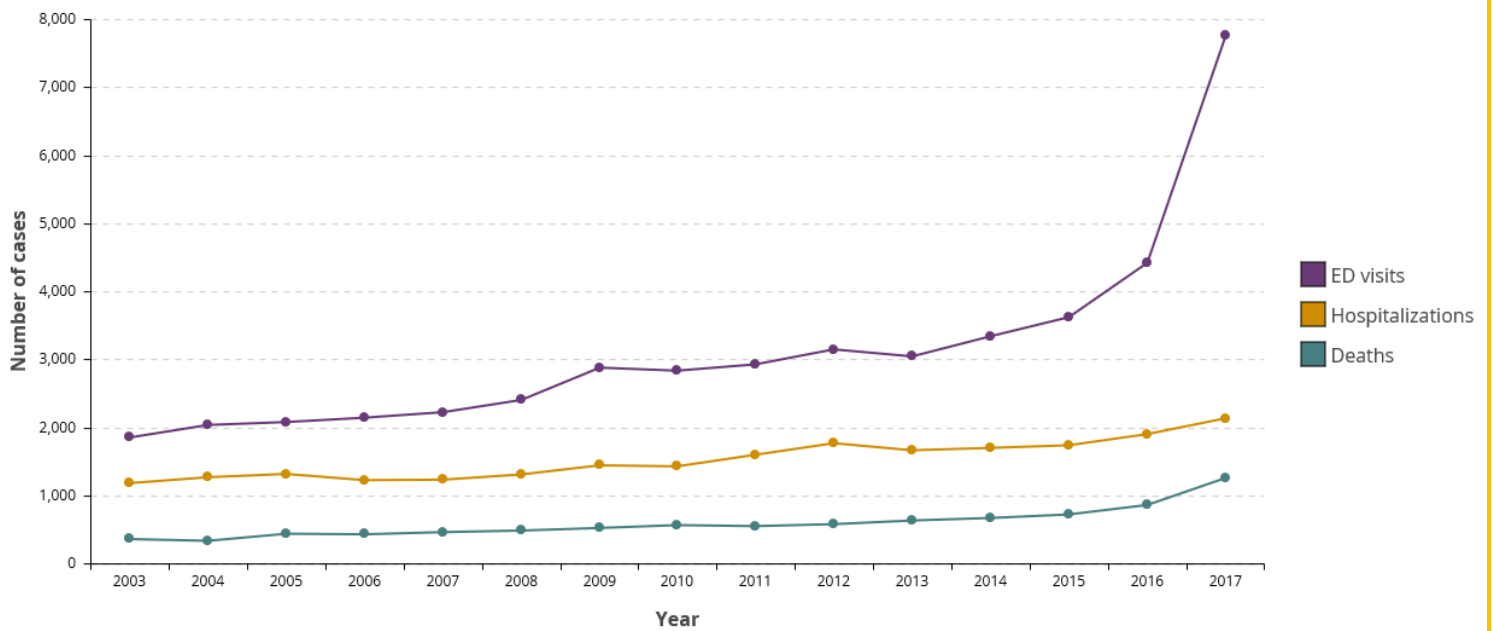


Figure 26. Cases of opioid-related morbidity and mortality in York Region, 2003-2016. Adapted from <https://www.publichealthontario.ca/en/DataAndAnalytics/pages/opioid.aspx>

Type of opioid present at death, Ontario, 2003 – 2017

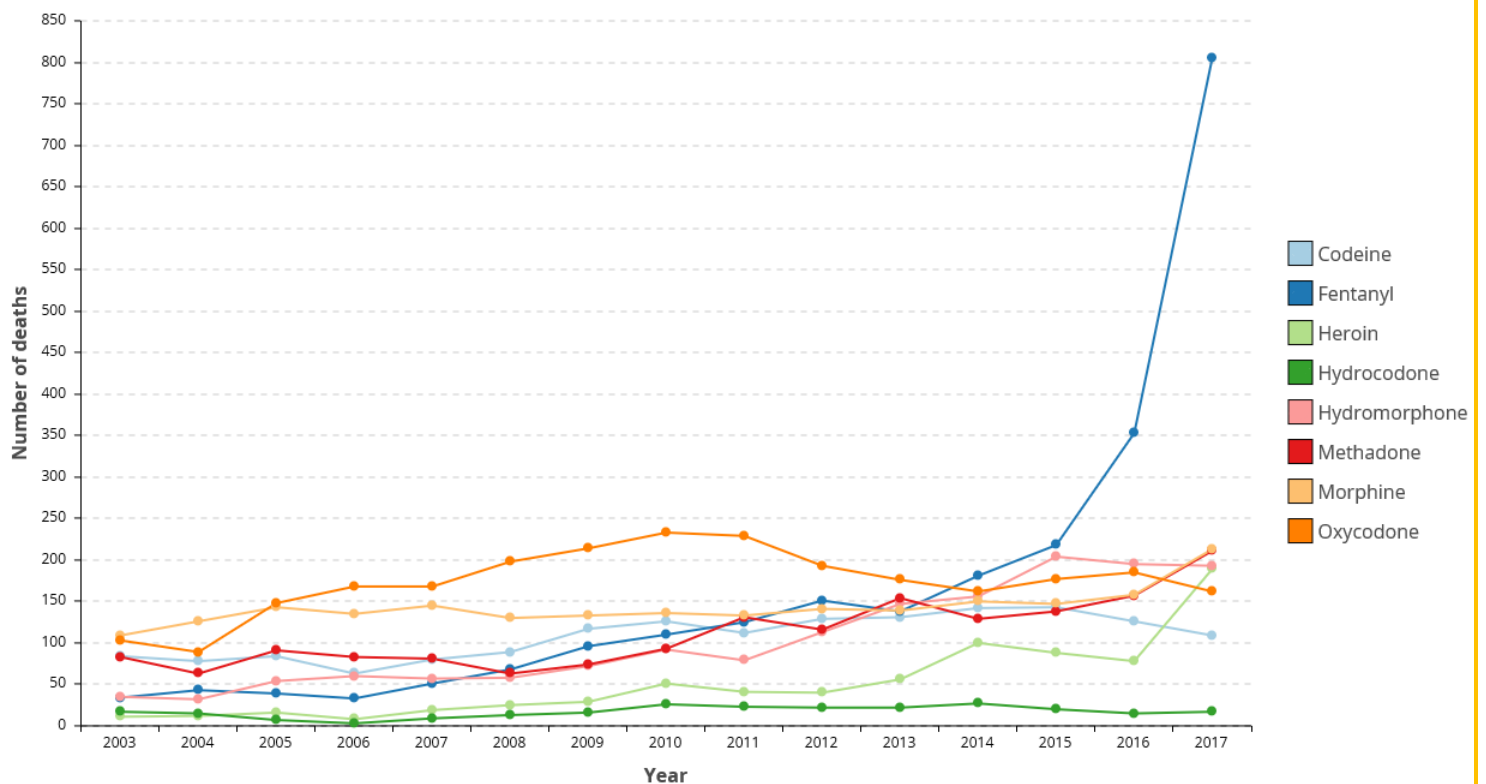


Figure 27. Types of opioid present at death, York Region, 2005-2016. Adapted from <https://www.publichealthontario.ca/en/DataAndAnalytics/pages/opioid.aspx#/drug>

- **Organized Crime**
 - Statistics Canada states there is a consistent under-reporting of criminal occurrences linked to organized crime, which may lead to a misrepresentation of the severity of organized crime issues⁴⁸
 - Organized crime is a cross-national problem that requires cooperation between different jurisdictions⁴⁹
- **Hate Crime/ Extremism**
 - Statistics Canada reported a 47% spike in hate crimes in 2017⁵⁰
 - Hate crimes against Jews, Muslims, and Blacks represented the largest proportion of all hate crimes
 - Non-violent hate crimes are on the rise, while violent hate crimes are decreasing
- **Impaired driving**
 - Drunk driving in Canada ranks highest among developed nations.⁵¹ This coupled with the legalization of recreational cannabis could mean more impaired driving incidents in our Region

Crime Rate & Reported Crime in York Region

- York Region is ranked lowest in all Crime Severity Index categories among our national comparators serving the largest populations
 - One of the safest communities in Canada
- Trend in hate crimes may lead to potential for criminal acts associated with extremism
- Increase in fraud and cybercrime
- Emerging and rapidly evolving drug trends
- Increasing sophistication and prevalence of organized crime

Calls for Service

- All data drawn from 2014 - 2018 York Regional Police Statistical Reports and Business Intelligence
- The amount of citizen generated calls for service experienced a significant increase
- The increase from 2017 to 2018 was 16.7%

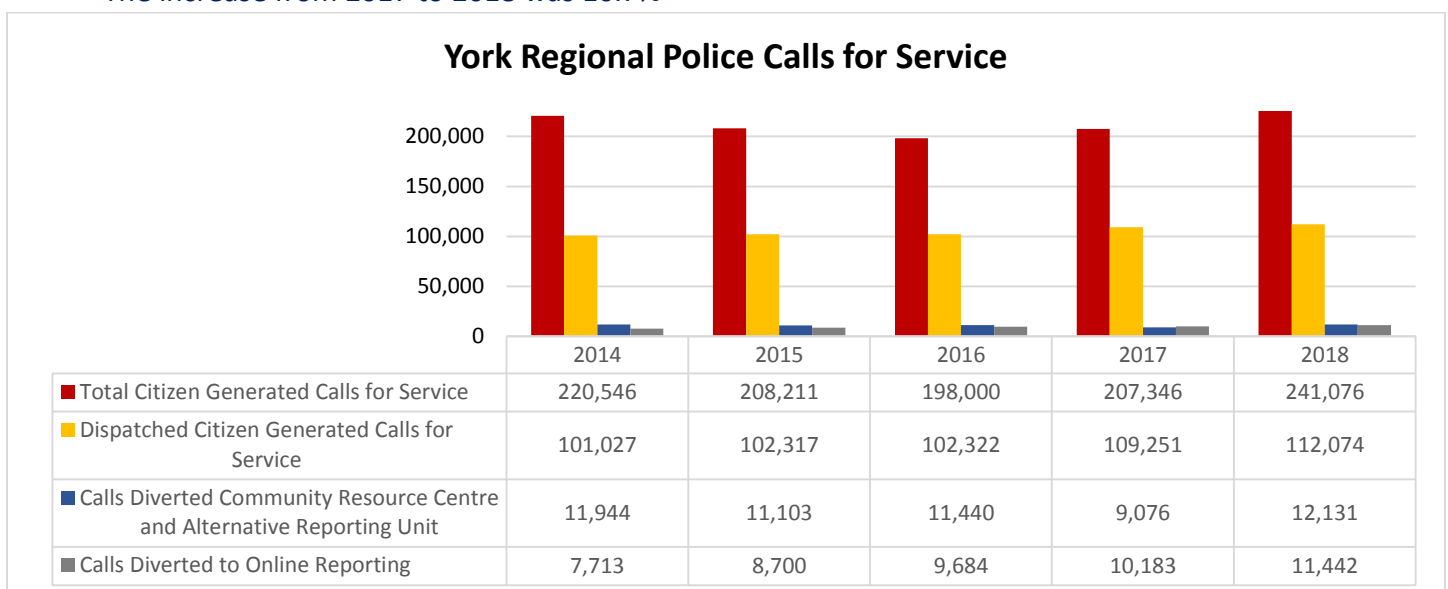


Figure 28. York Regional Police Calls for service, 2014-2018

- Since 2014, there has been an increase in rate of Total Criminal Code & Federal Violations (excluding traffic), Crimes Against Persons, and Crimes Against Property. Rate of Total Criminal Code & Federal Violations (excluding traffic) has shown an 20.0% increase since 2014, Crimes Against Persons have increased 30.7%, Crimes Against Property have increased 20.8%

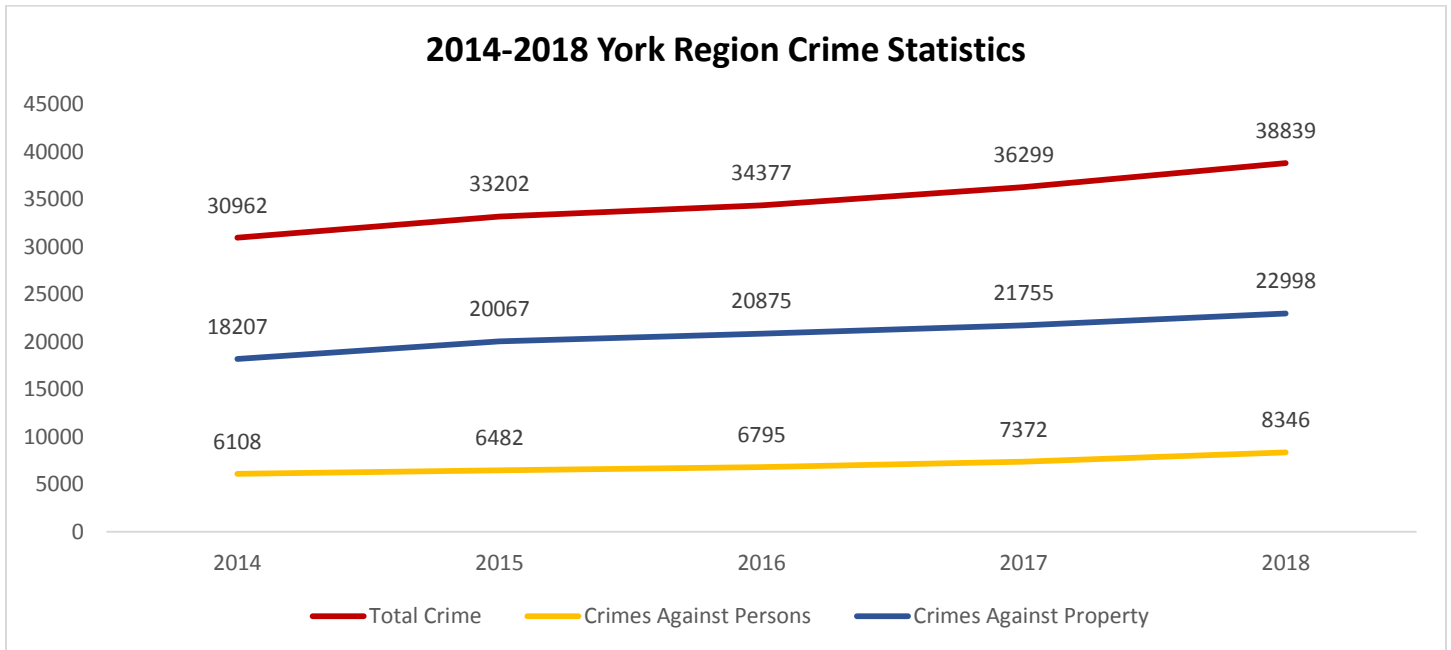


Figure 29. York Region Crime Statistics from 2014-2018 Annual Statistical Reports

- Violent crimes in York Region are on the rise, similar to the national trend

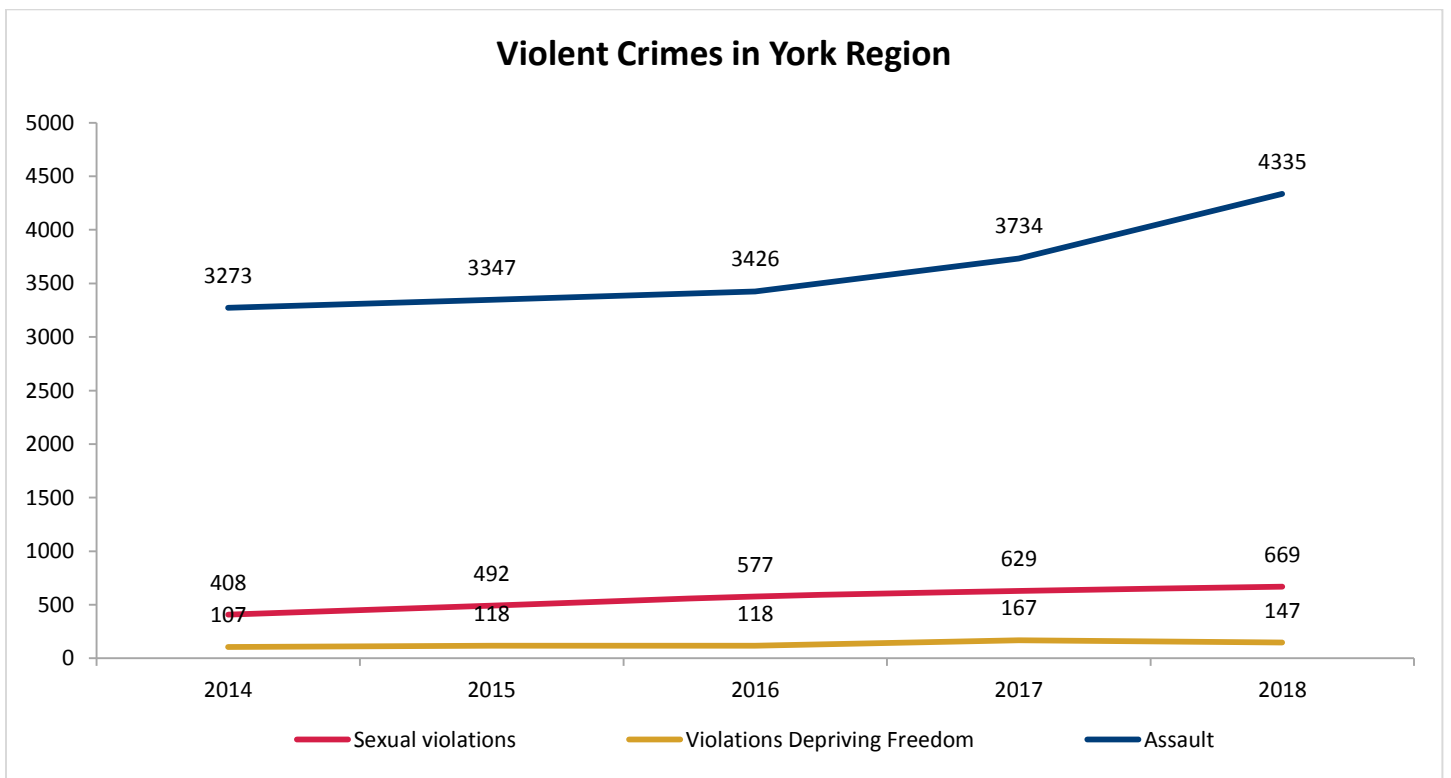


Figure 30. Violent crimes in York Region from 2014-2018 Annual Statistical Reports

- Heightened attention on gun violence:
 - Uptrend in violent crime occurrences involving firearms over 5 year span

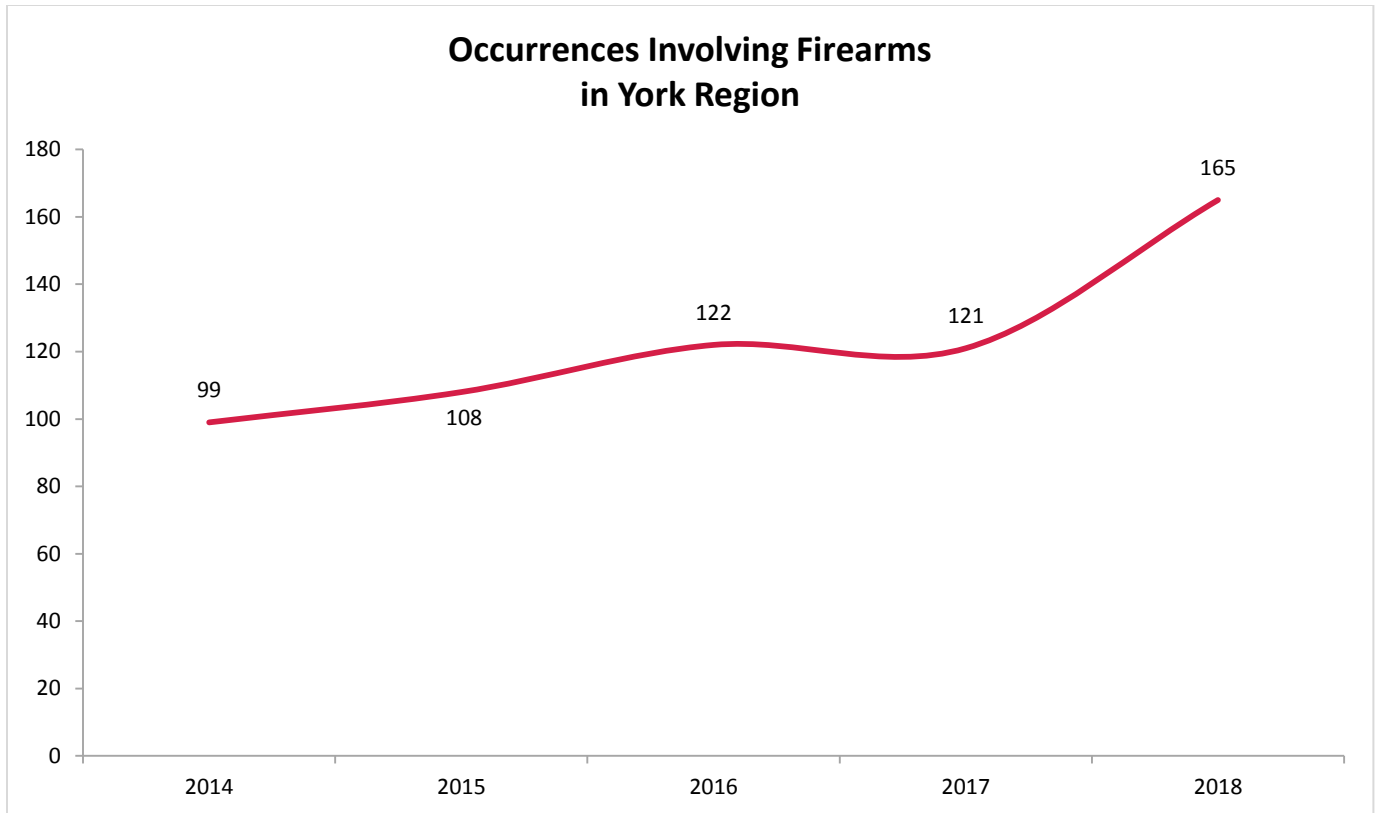


Figure 31. Occurrences involving firearms in York Region, 2014-2018

- There has been an overall increase in rate of traffic violations in York Region in 2018 from 2014. Traffic Violations have increased 8.7% (rate per 100,000). Rate of Impaired Operation/Related Violations occurrences per 100,000 have increased 11.7%, and Dangerous Operation have increased 38.9%

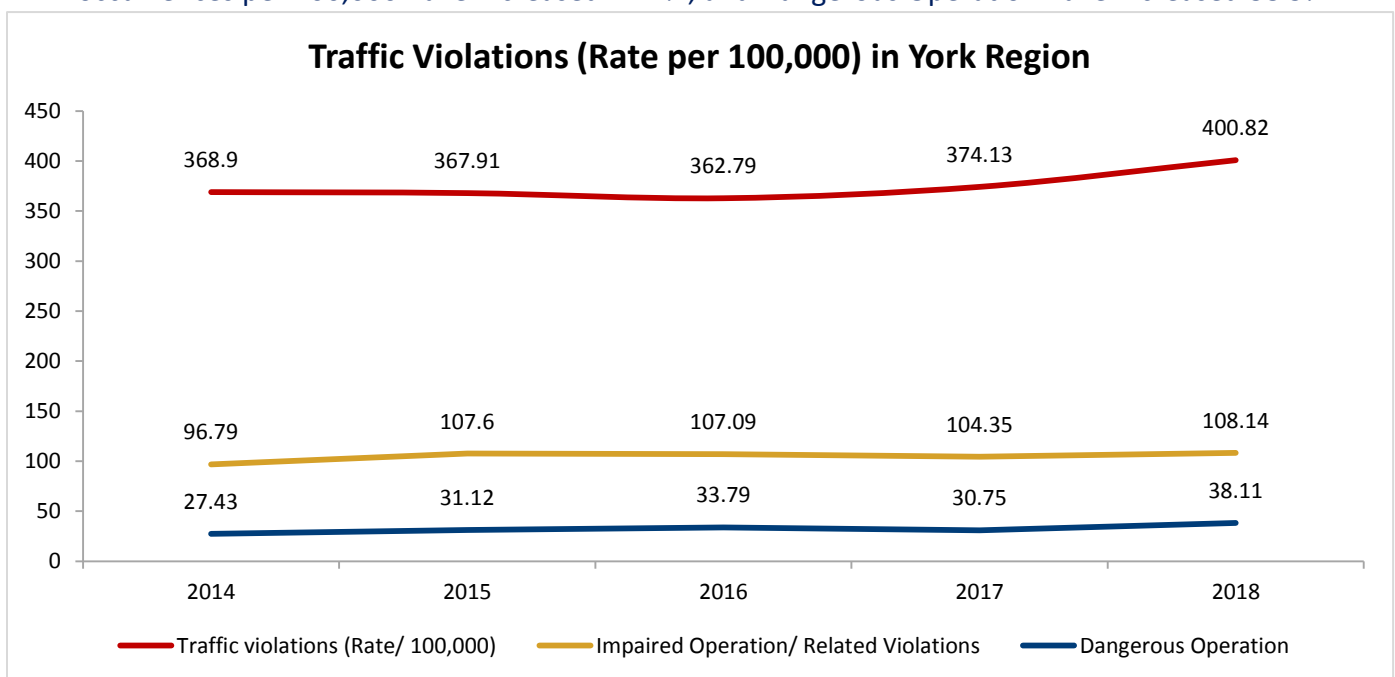


Figure 32. Traffic violations in York Region, 2014-2018

- Rate of drug violations decreasing over 5 years, but occurrences involving fentanyl has seen a 5 year increase of 33.8%

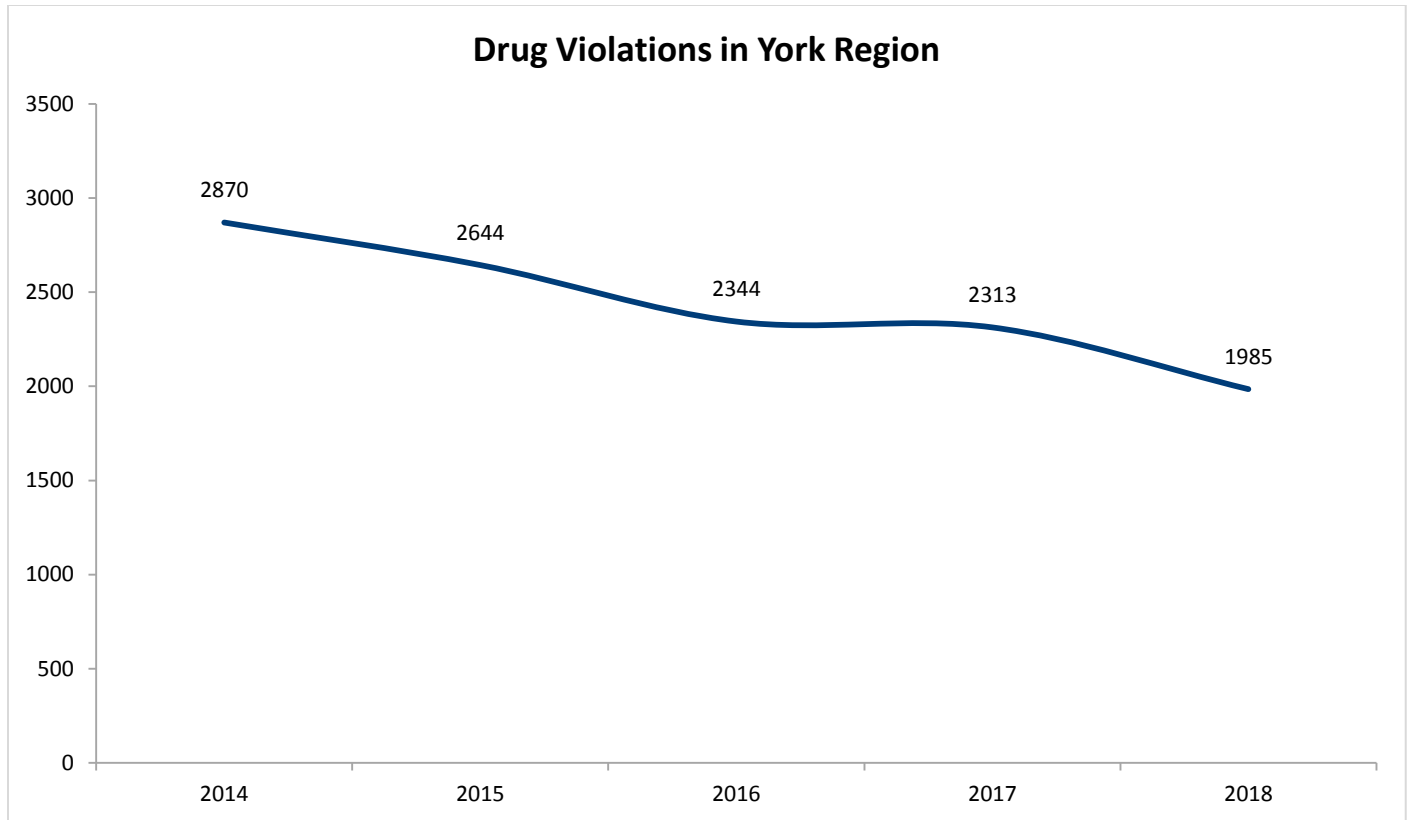


Figure 33. Drug violations in York Region, 2014-2018 Annual Statistical Reports

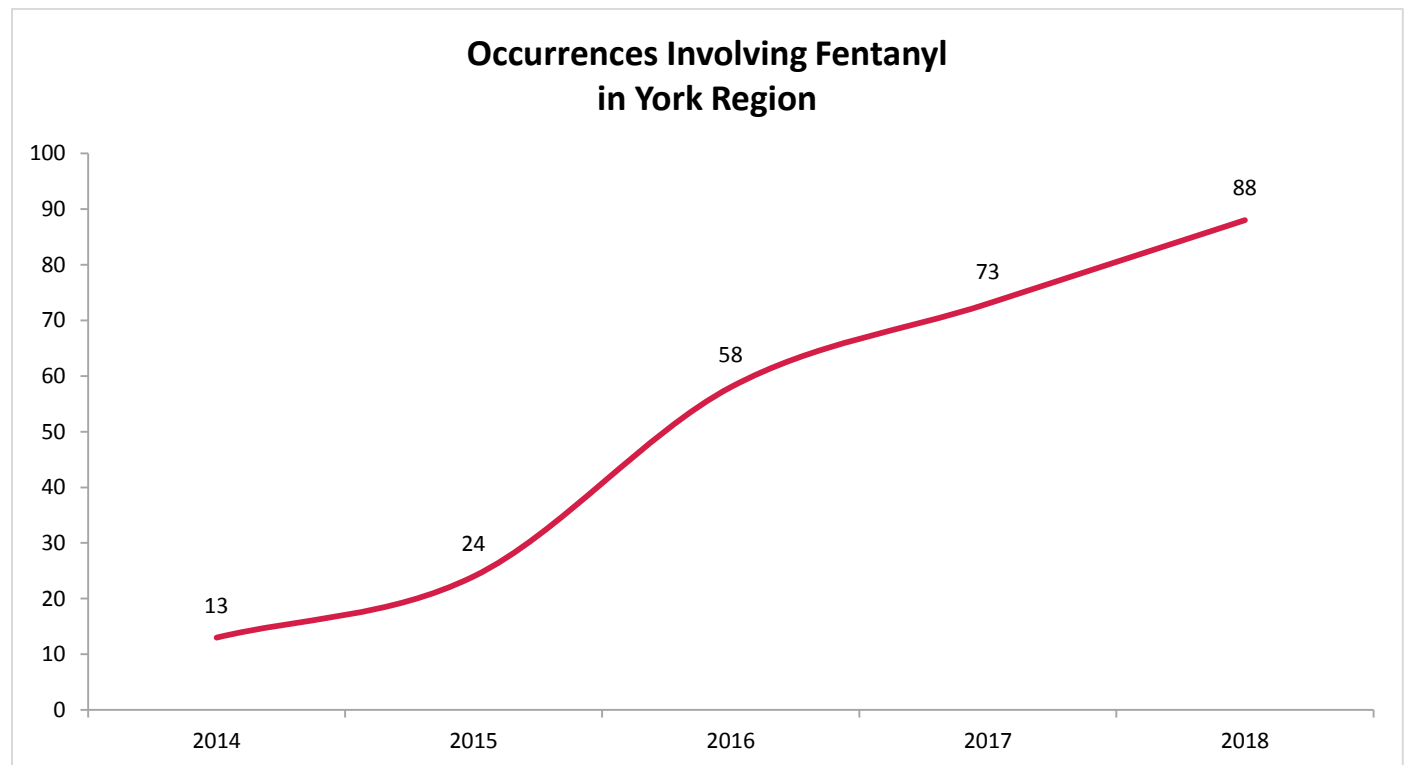


Figure 34. Occurrence involving fentanyl in York Region according to YRP Business Intelligence, 2014-2018

- Organized crime in York Region

- Incidents captured as related to Organized Crime experienced a 115.4% rise from the year 2016 to 2018. Data from prior to 2016 is not available for comparison (data provided by YRP Statistician)
- In recent years, YRP has placed an emphasis on ensuring accurate reporting and flagging of Organized Crime occurrences.

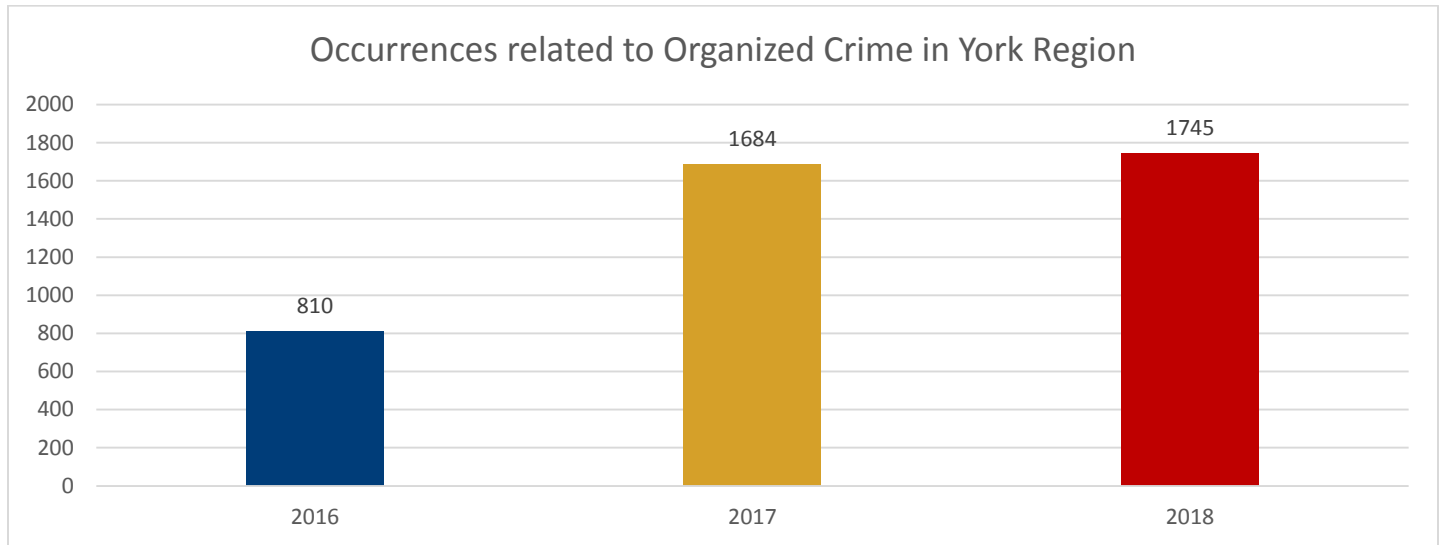


Figure 35. Occurrences related to organized crime taking place in York Region from 2016-2018

- Hate crime and extremism

- Hate crime reported based on religion doubled from 2016 to 2017, and shows an increase from 2014 to 2018
- The occurrence of race/ethnicity being the principle factor has increased 18.5% from 2017 to 2018. Hate crime on the basis of religion experienced a spike in 2017 and can be attributed to current political and social climate. Hate crimes based on a victim's sexual orientation has increased 100% over a 5-year period.

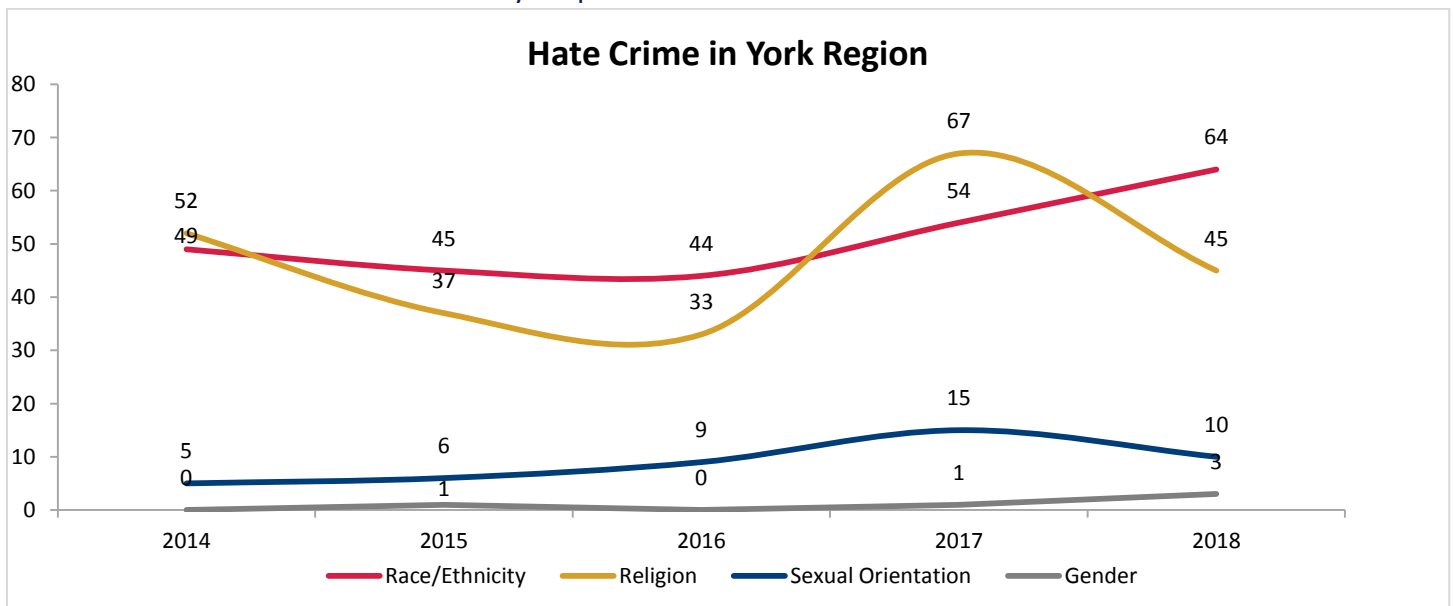


Figure 36. Hate crime occurrences by motivation in York Region, 2014-2018 Annual Statistical Reports

- Human trafficking
 - York Regional Police takes an aggressive stance on tackling human trafficking in the Region
 - York Regional Police is committed to combating child sex trafficking through a three-pronged approach: rescuing victims; identifying and charging those who traffic children; as well as those attempting to purchase sex with children.
 - Since 2016, officers working on an internal task force called Project Raphael targeted sexual predators who would solicit the services of juvenile sex workers online. This project has led to the 104 arrests

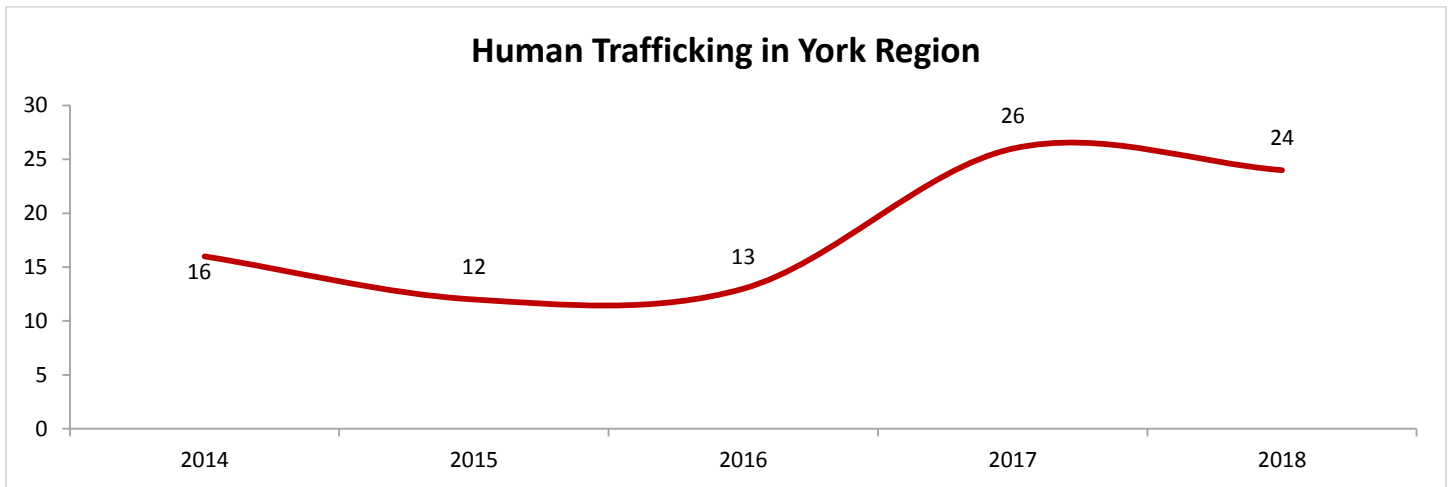


Figure 37. Human trafficking occurrences in York Region, 2014-2018 Annual Statistical Reports

Elder Abuse/ Vulnerable Persons

- Reported Incidents involving elder abuse and vulnerable persons experienced a 5 year variance of 394.9% increase
- In 2018, the number of incidents involving elder abuse and vulnerable persons saw an increase of 19.2% from 2017

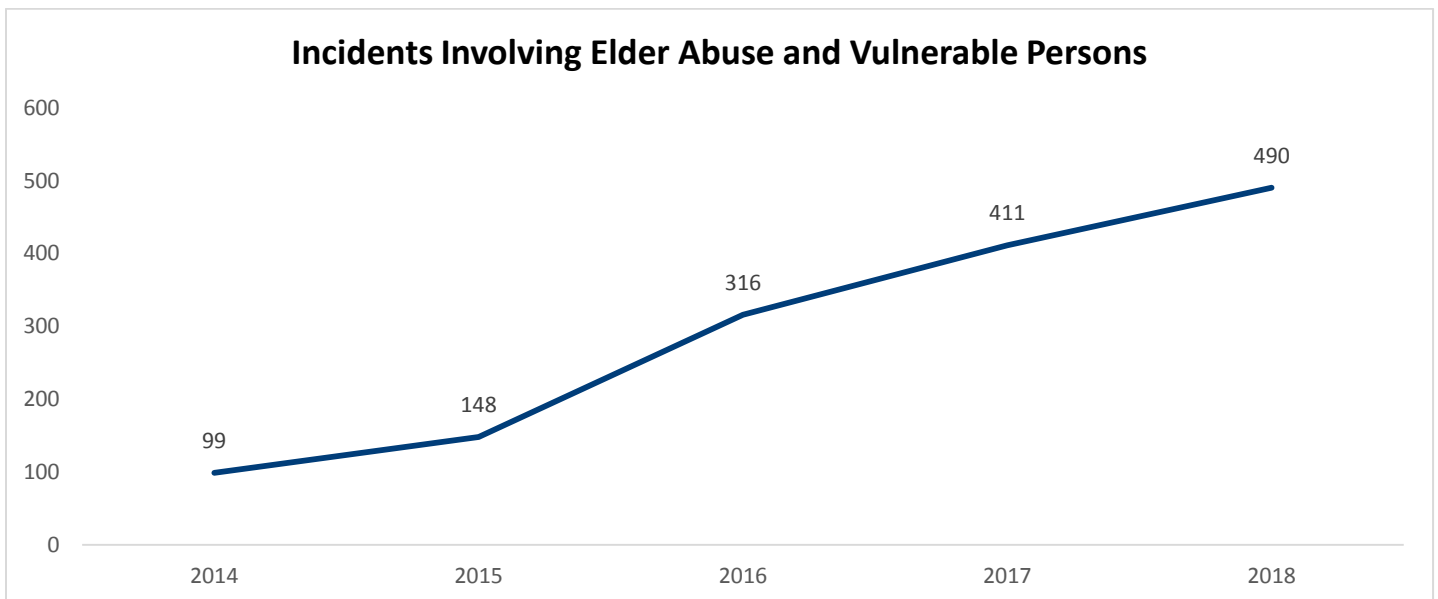


Figure 38. Incidents involving elder abuse and vulnerable persons in York Region, 2014-2018 Annual Statistical Reports

Youth Crime

- Total youth crime decreasing over a 5-year period by 27.1%
- In 2018, the overall regional youth crime rate experienced a decrease of 14.5% from 2017
- Violent youth crime is showing an exception to this decreasing youth crime trend. Over the last 5 years, the rate of violent youth crime has increased by 11.3%

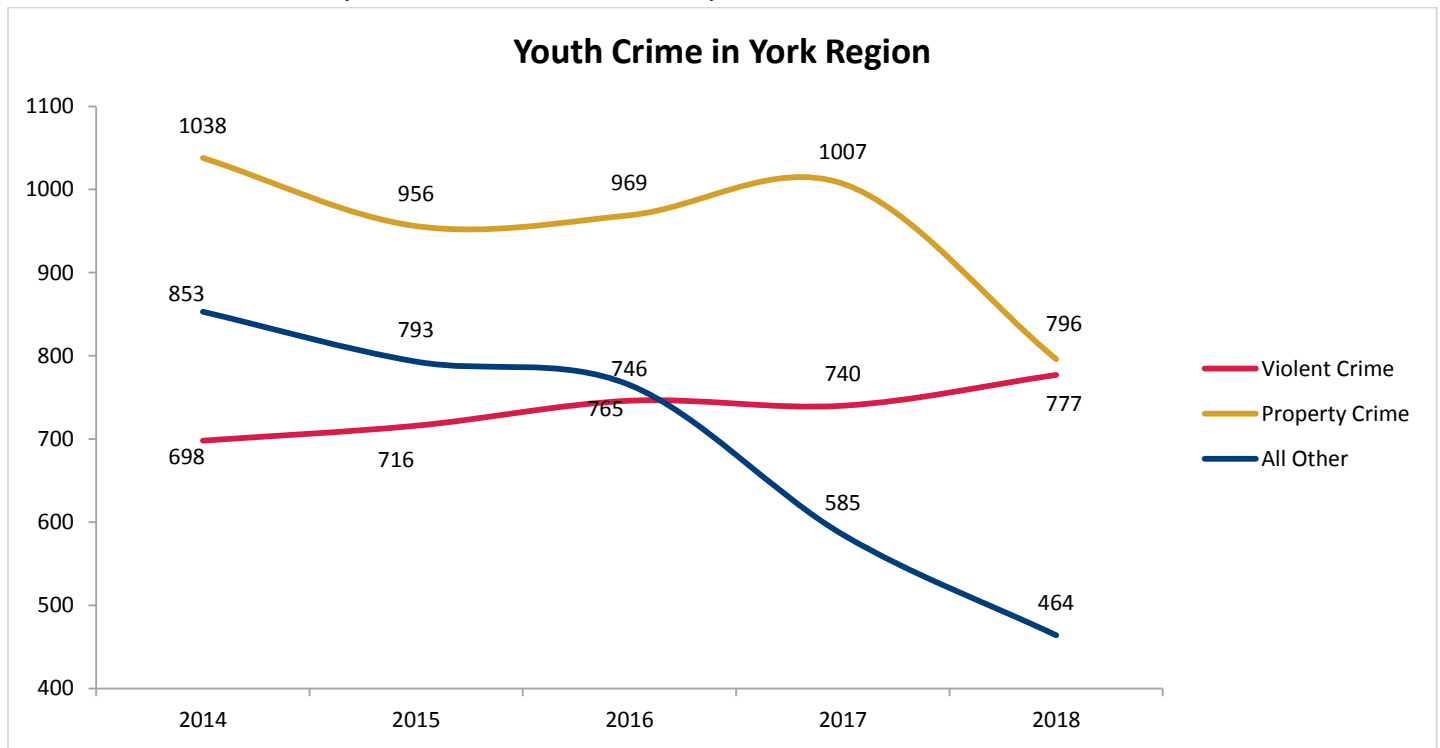


Figure 39. Youth Crime rate in York Region, 2014-2018 Annual Statistical Reports

THE CHANGING LANDSCAPE OF POLICING

Police Resources

York Regional Police's authorized strength in 2019 IS 1,668 for uniform and 652 for civilian.⁵² At the end of 2018, civilian members represented 28.4% of York Regional Police's total authorized strength, in line with statistics from 2014. 19.8% of uniform members in 2018 were female officers while 80.2% were male. Ethnic diversity of YRP uniform members grew from 16.6% in 2014 to 20.5% in 2018.

Recruitment continues to be a focus for York Regional Police in the coming few years due to a high number of expected retirements. 300 sworn members are eligible for retirement between 2018 and 2023. Due to this high number of expected retirements, York Regional Police has made efforts to hire more new recruits and experienced officers from other services to replace outgoing/retiring sworn members. The influx of new recruits will have an effect on the retention of organizational experience and knowledge. As experienced officers retire, YRP needs to address potential knowledge gaps that will be created.

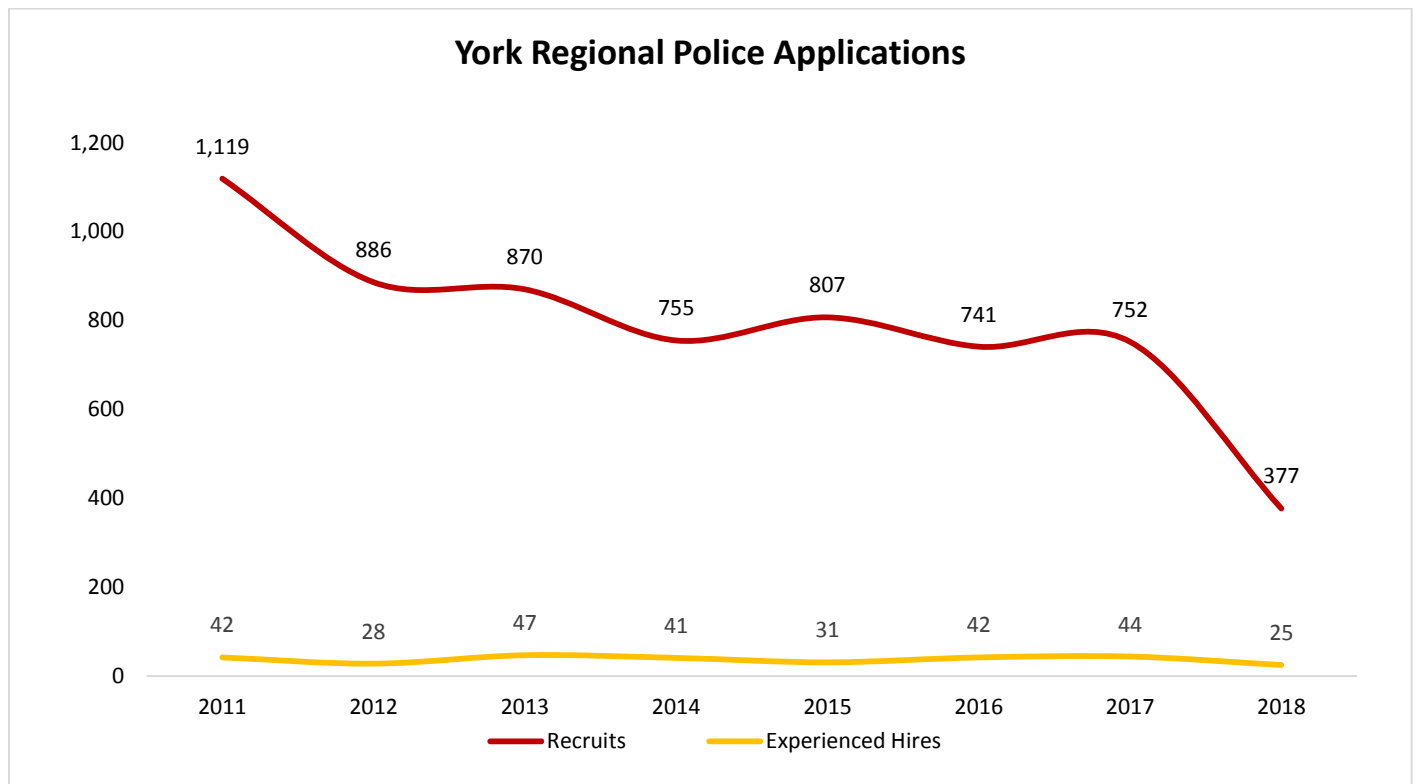


Figure 40. Number of uniform applications received by York Regional Police, 2011-2018. Data provided by YRP Uniform Recruiting

York Regional Police Hires

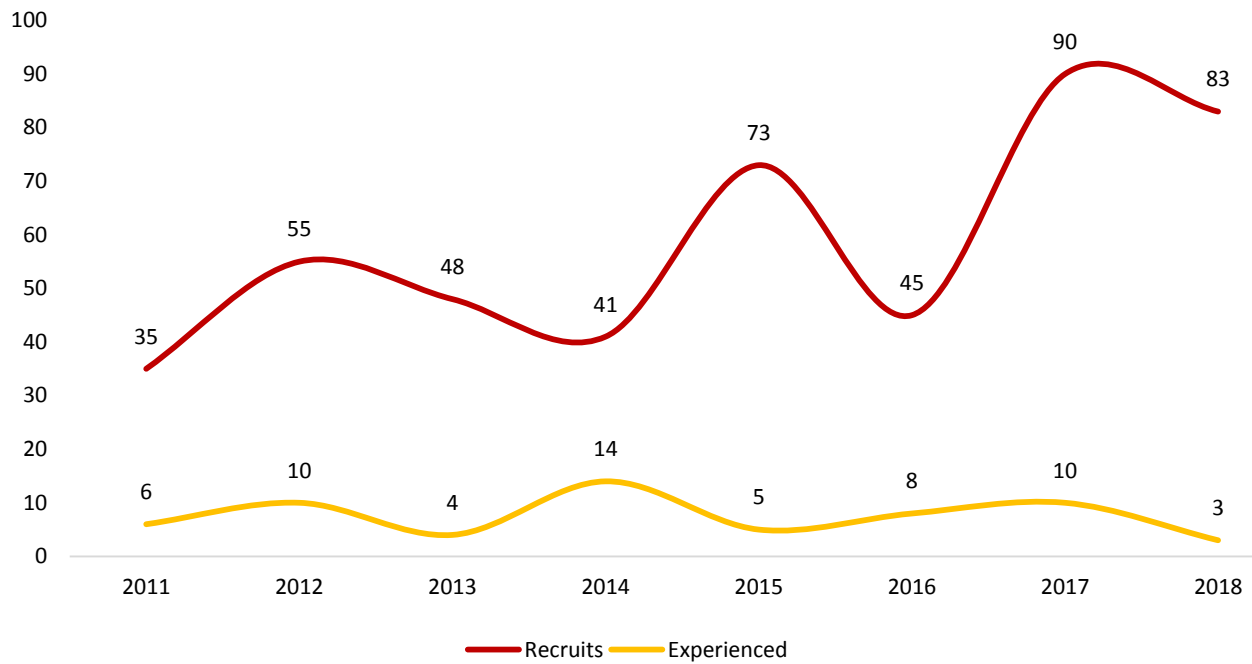


Figure 41. Number of uniform hires by York Regional Police, 2011-2018. Data provided by YRP Uniform Recruiting

Projected Retirements

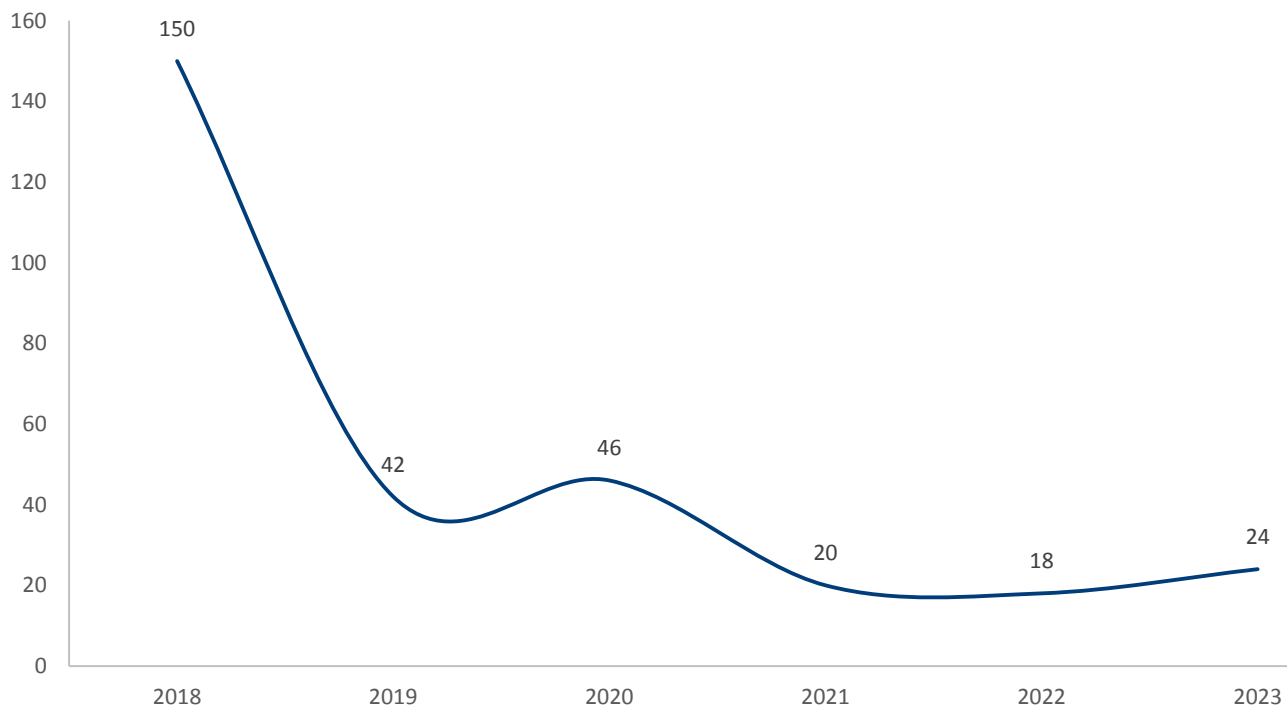


Figure 42. Projected retirements of YRP uniform members based on OMERS eligibility

Future of Policing Service Delivery Trends

York Regional Police is experiencing an increasing amount of non-criminal related workload, including responding to citizens with mental health issues. There is also an increase in the administrative workload of officers associated with process changes and legislative requirements. York Regional Police has put efforts into continuous improvement and modernization of service delivery, including enhancing online reporting capabilities.

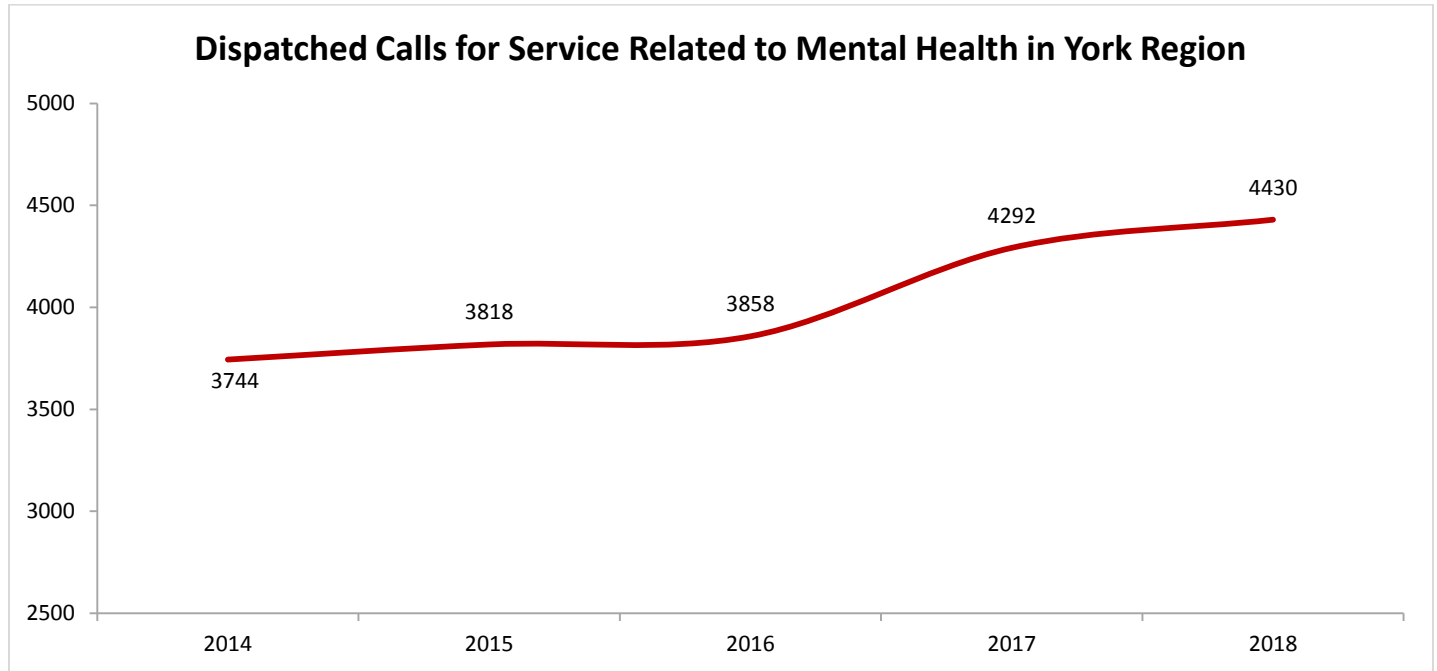


Figure 43. Dispatched calls for service related to mental health, 2014-2018 YRP Annual Statistics Report

Legislative Impacts and Trends

Bill 68 – the Comprehensive Ontario Police Services Act received royal assent on March 26, 2019 and replaced the Safer Ontario Act introduced in early 2018. The Comprehensive Ontario Police Services Act includes a mandate for municipalities to develop a Community Safety and Well-Being Plan to strengthen the emphasis on community-based policing. As well, the Act transforms the office of the Independent Police Review Director into the Law Enforcement Complaints Agency with the goal of reducing delays in the investigation process, and establishes the Special Investigations Unit as a provincial agency accountable to the Attorney General with the aim to increase independence and focus the SIU's mandate. The Act has not come into force yet as no date for proclamation has been set.

Bill C-46 – changes to cannabis legislation has the potential to increase the occurrence of other related charges due to recreational use of cannabis such as illegal possession, impaired driving, mental health or other emergency room visits. In December 2018, new legislation came into effect that allows police officers to administer a breathalyzer test on any driver legally stopped.

Bill 46 – Terrorist Activities Sanctions Act, 2018 – proposed provincial legislation that will deny access to programs (including healthcare, OSAP, WSIB coverage) from Ontarians who have participated in terrorist activities abroad. This act is part of a larger social debate revolving around extremism, discrimination, and hate-related issues.

Technological Trends

York Regional Police is a leader in using Business Intelligence and data to direct policing as well as ensuring police work is evidence-based and accountable. Implementation of Business Intelligence and Real-Time Data involves the use of local and open source data to gather information that is accessible in real-time to YRP members. Real-Time Data can assist police work both tactically (front-line, intelligence) and strategically (costing, resource deployment).

The onset of autonomous vehicles being introduced to our roadways will affect traffic safety and enforcement. The Autonomous Vehicle Innovation Network (AVIN) has launched sites in Southern Ontario to test driverless cars, including Markham, Toronto, and Durham Region.⁵³ The exact impact of autonomous vehicles on road safety is currently unknown. Another technological trend affecting road safety is the continuing pervasiveness of the use of mobile devices leading to distracted driving (4648 tickets in year 2016, 5605 tickets in year 2017, 4456 tickets in 2018 based on local database).

Other trends in technology that may have an effect on policing include the prevalence of fake news on social media to influence political and social discourse⁵⁴, police services using more online tools to connect with the community (Ottawa, Vancouver, Toronto, Edmonton, Calgary), increasing concerns for cyber-fraud, use of open-source DNA information for investigations⁵⁵, and privacy concerns related to online activities.

Social/ Political Trends

There has been an accelerating polarization in local, provincial, national, and international politics leading to social unrest and political unease. The polarizing of political and social opinions have contributed to a heightened attention to hate speech and radicalized political/social movements. There are now both far-left and far-right extremist groups gaining traction in mainstream media. The voice of political moderates are being drowned out by those on the extremes on the political spectrum.⁵⁶ Police are being lumped together with the far-right movement as certain far-left groups have erroneously linked the “Thin Blue Line” symbol used by some pro-law enforcement organizations with the political far-right.⁵⁷ Despite the negative environment in which North American police services operate in general, York Regional Police continues to enjoy a high level of satisfaction from our community, Regional Council, and Police Services Board.

The current provincial government has an elected mandate until June 2022. Its agenda has been more publicly supportive of police. The Safer Ontario Act proposed by the former Liberal government was replaced by the new Comprehensive Ontario Police Services Act, which received royal assent in March 2019 but has not come into force. The current Conservative provincial government has also put a hold on minimum wage at \$14/ hour along with other labour law reforms.⁵⁸ The government is reviewing the regional government model in 2019 and has proposed changes to various municipal services (such as public health, library services, paramedic services), and this may affect governance and policing of municipalities in York.⁵⁹

The most notable demographic change in York Region is the expected increase of the senior population from 162,780 to 310,000 over the next 20 years. One in five people will be a senior by 2031.⁶⁰ A new generational group called the Perennials are emerging. Perennials are seniors who do not fully retire and continue to work full-or part-time. This creates a social ripple effect as jobs are potentially taken from youth applicants.⁶¹

Finally, a trend that has garnered much attention in recent years is the growing concern for youth mental health issues. Suicide is the second leading cause of death in youth after accidents in Canada⁶².

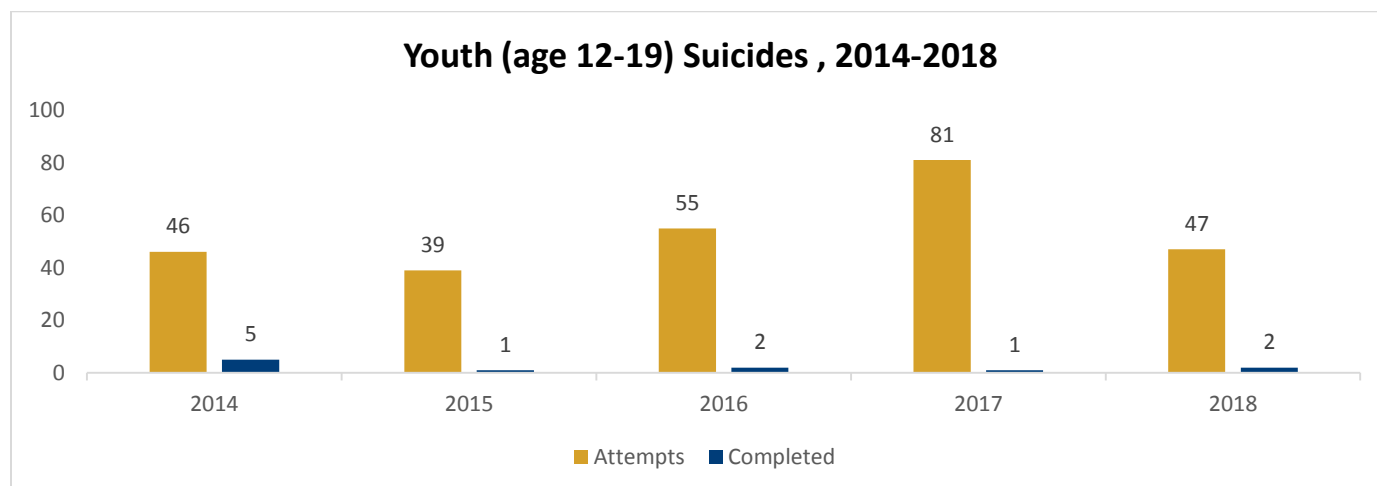


Figure 44. Youth suicides (attempted and completed) in York Region, 2014-2018 Annual Statistical Reports

Economic Trends

York Region is the third largest municipality and also the third largest business centre in Ontario. Employment growth in the Region is projected to increase by 26% by 2041 and has a higher average household income when compared to the provincial and national averages⁶³. The current provincial government has placed a hold on Minimum wage for Ontarians at \$14/hour, which causes concerns regarding the widening income gap.

York Regional Police has a net operating budget of \$333.9 million for 2019, which includes funds for 53 additional staff to meet increasing demands for service and responding to legislative reforms. On April 18, 2019, the Ministry of the Solicitor General announced that effective 2019-2020, various grants will be repurposed into the new Community Safety and Policing (CSP) grant. The risk of reduction to the total amount of funding from existing grants is currently estimated at up to \$1.88 million. By repurposing grant funding, YRP will need to decide whether to maintain or lower its existing level of service from the activities previously funded. The Ministry has appeared to repurpose \$9 million that police services need to reapply for as provincial initiatives and/or for guns and gangs.

Accountability

The York Regional Police 2017 – 2019 Business Plan stated YRP's commitment to ensuring accountability and transparency to our citizens. The number of complaints made against YRP has increased year-to-year from 2017 to 2018 - 126 public complaints were made in the year 2017 and 171 were made in 2018 – an increase of 35.7 %⁶⁴. The new Comprehensive Ontario Police Services Act includes changes to the Office of the Independent Police Review Director (now known as the Law Enforcement Complaints Agency) and streamlining the work of the Special Investigations Unit.

York Regional Police has embarked on a process to implement a Professionalism through Ethics Program. YRP is committed to building an authentic values based organization through the engagement of its members with a view to strengthening processes that will reflect ethics and professionalism in YRP's work. YRP adopted a new Code of Ethics and new organizational values in 2019 as part of an organizational culture transformation.

Public Order, Extremism / Terrorism

The likelihood of a repeat of an event involving large scale protests that can lead to potential violent clash between protestors and law enforcement (such as G20) is low. The primary focus of YRP's Public Safety Unit is on crowd "management" rather than "control". PSU members are being trained in crowd interaction and behaviour detection in crowded places more so than the "sticks-and-shields" crowd control approach. With more awareness and heightened sense of crowd safety, the PSU has been deployed more in the last 24 months than they have in their entire existence for crowd management purposes.

EXTREME EVENTS

Police services, as well as other first responders, across North America are reassessing guidelines and policies on special events and disaster/ emergency management in light of global prevalence of large scale attacks on civilians in everyday situations. PSU remains vigilant and proactive in finding the latest global trends to anticipate how to better respond to emergency situations. For example, van attacks like that in Toronto in 2018 are now being categorized as Hostile Vehicle Mitigations, where this terminology did not exist 2 years ago.⁶⁵

York Regional Police is currently developing Business Continuity plans that outline how key processes can be supported to function in the event of any business interruptions caused by extreme events. These plans are being developed to align with regional business continuity plans.

Environmental Impacts

The prevalence of extreme weather patterns is becoming the norm. Extreme weather has the potential to lead to additional strain on municipalities' infrastructure, as well as various municipalities' ability to meet increasing demands of road management (i.e.: snow and ice clearing). Increased extreme winter or summer weather patterns could cause increase in traffic accidents or motor vehicle collisions.⁶⁶

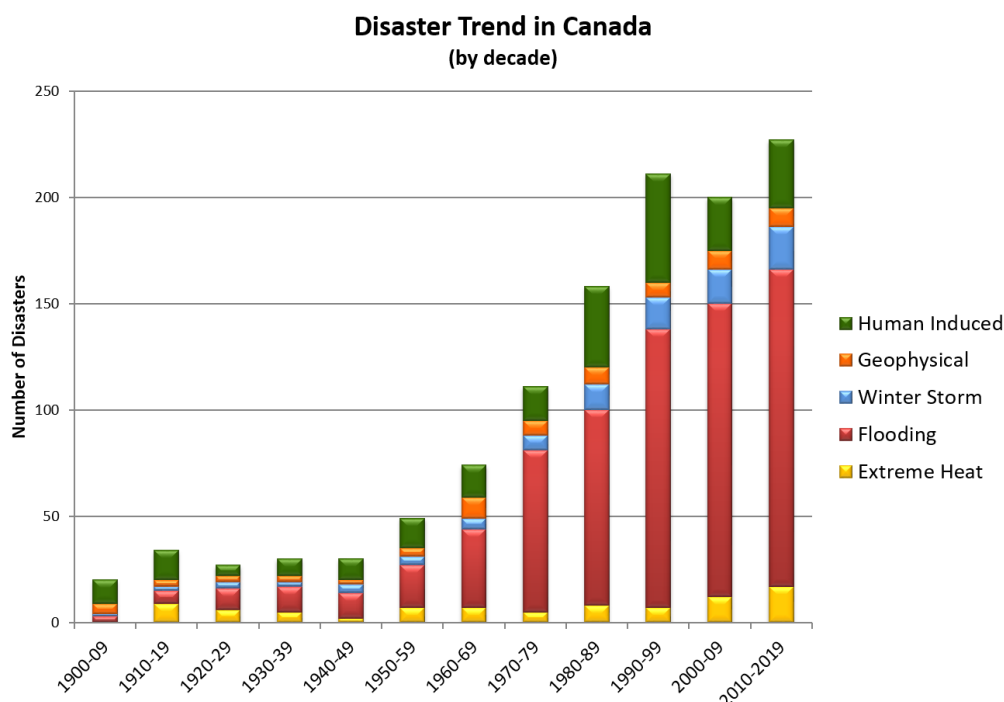


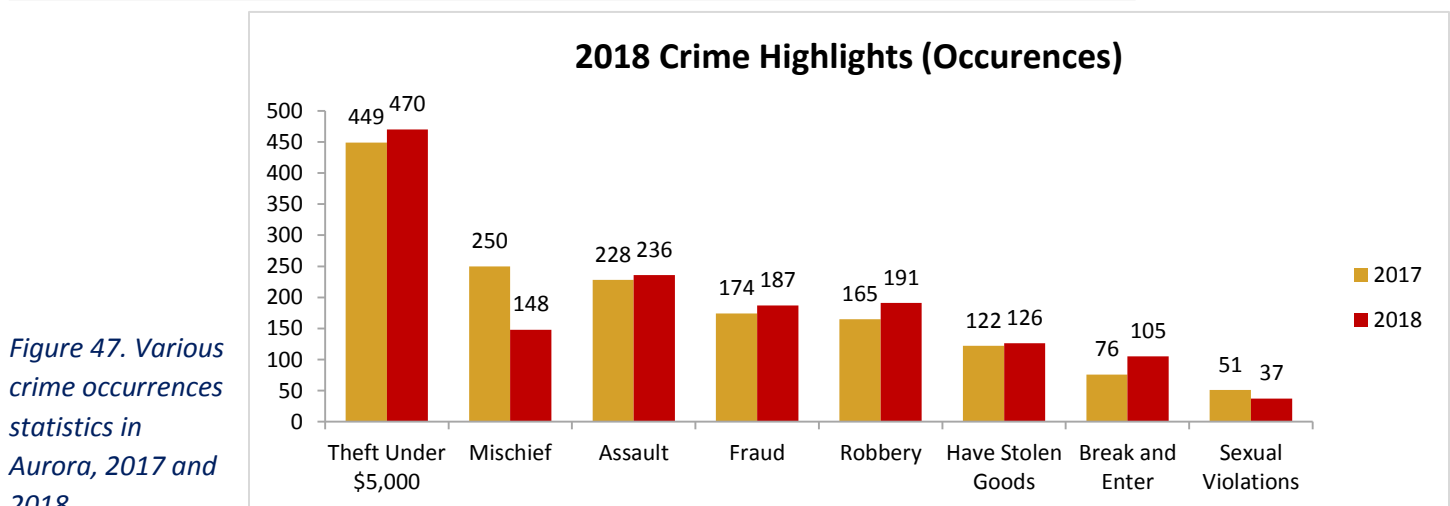
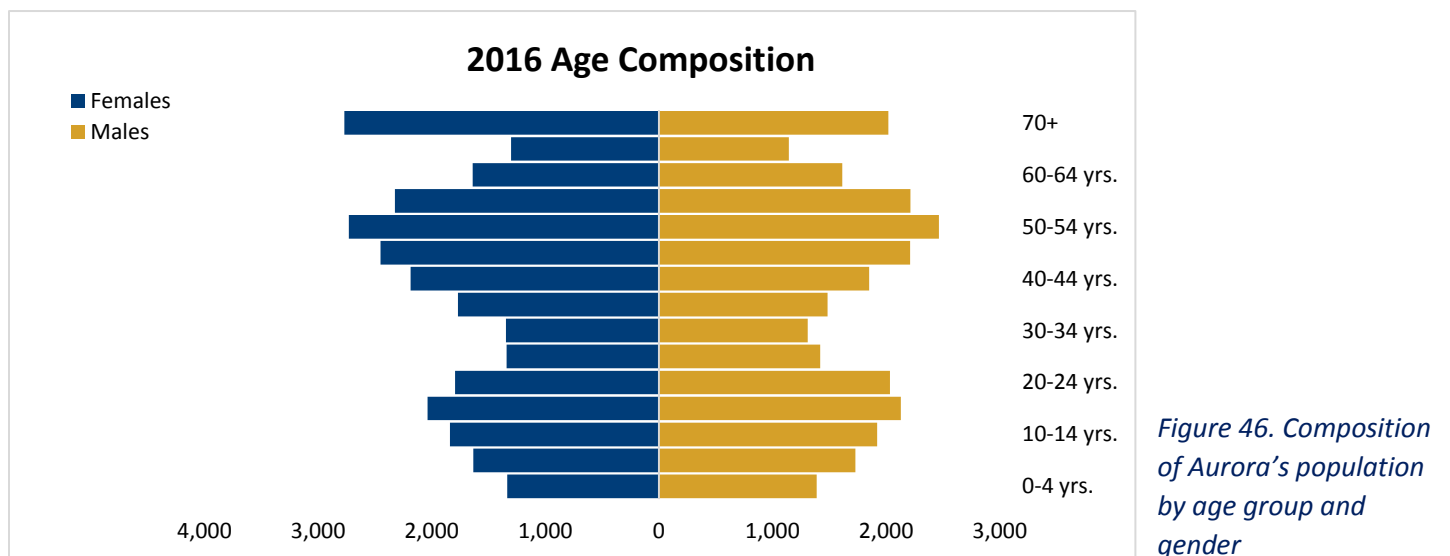
Figure 45. Trend in natural disasters in Canada by decade. Adapted from the Canadian Coalition for Green Health Care

MUNICIPAL PROFILES

- Demographic statistics of each municipality gathered from 2016 Statistics Canada Census. Crime Statistics gathered from 2018 YRP Statistical Report

Aurora

- Median Age: 41.5
- Average Age: 39.6
- 80.1% of residents speak English most often in the home
- 14.4% of residents speak a non-official language in the home
- Top areas of employment: Retail Trade, Professional, Scientific & Technical Services, and Education (replacing manufacturing from last profile)
- 62.2% of the adult population has a degree, diploma, or certificate
- Aurora targeting development of advanced manufacturing, green industries, and interactive media
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in Aurora increased 0.3% in 2018 from 2017. Crimes Against Persons increased 7.4%, and Crimes Against Property decreased 1.9%



East Gwillimbury

- Median Age: 42.8
- Average Age: 40.6
- 90.6% of residents speak English most often in the home
- 6.1% of residents speak a non-official language in the home
- Top areas of employment: Construction, Retail Trade, Manufacturing
- 55.9% of adult population has a degree, diploma, or certificate
- 3 major local centers identified which will incorporate the highest densities of housing and population-related employment opportunities: Yonge Street & Green Lane, 2nd Concession & Green Lane, and Queensville
- 70% of the Town's land is classified as 'Protected Countryside'
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in East Gwillimbury decreased 11.8% in 2018 from 2017. Crimes Against Persons decreased 9.9%, and Crimes Against Property decreased 13.6%

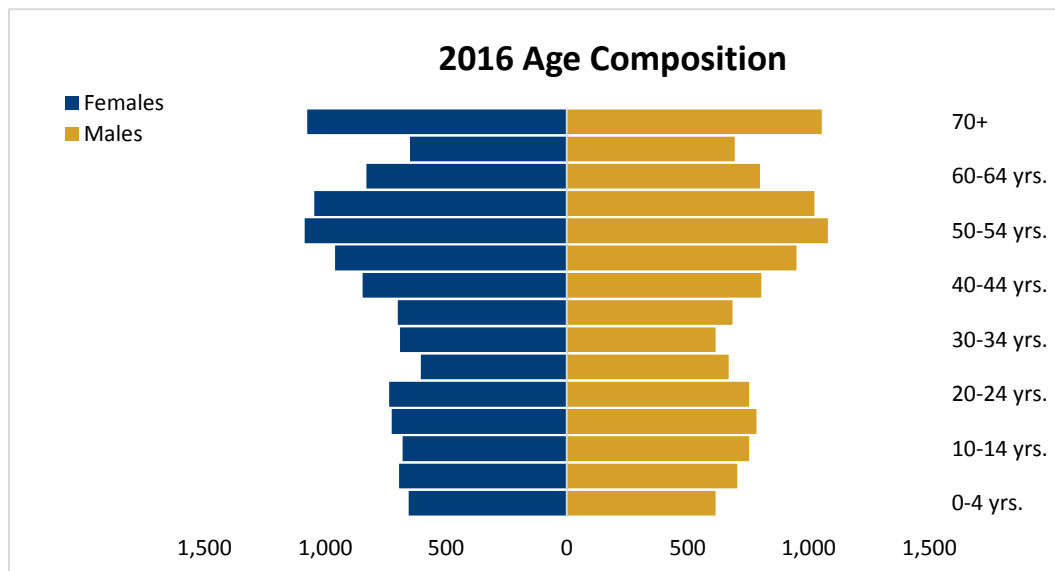


Figure 48. Composition of East Gwillimbury's population by age group and gender

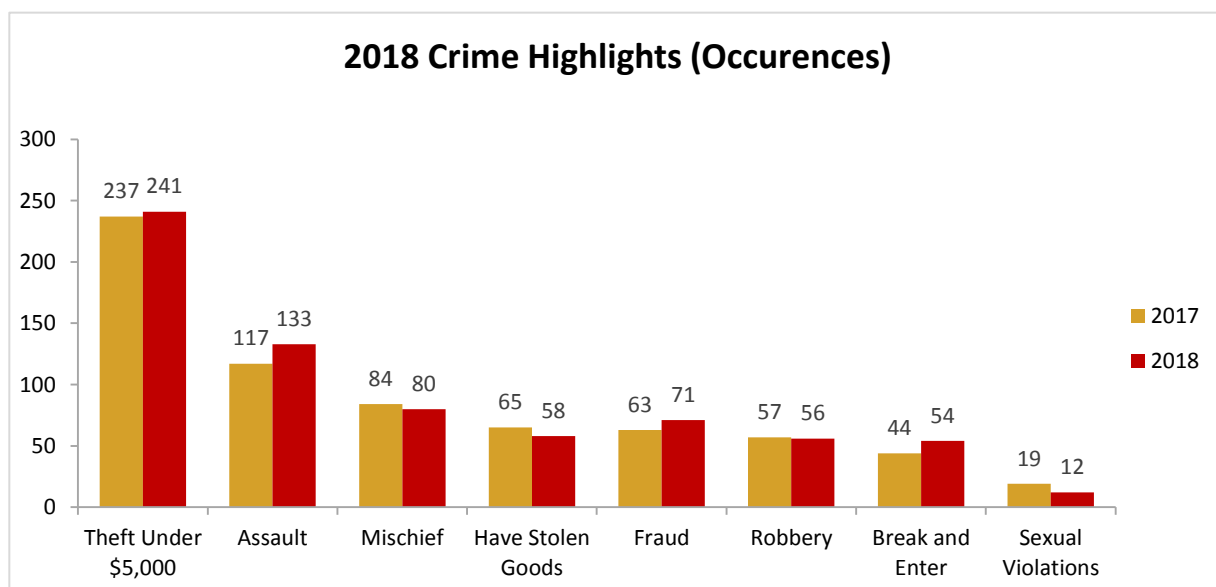


Figure 49. Various crime occurrences statistics in East Gwillimbury, 2017 and 2018

Georgina

- Median Age: 42.2
- Average Age: 40.7
- 94.3% of residents speak English most often in the home
- 3.5% of residents speak a non-official language in the home
- Top areas of employment: Construction, Healthcare and Social Assistance, Retail Trade
- 46.1% of the adult population has a degree, diploma, or certificate
- Urbanization to take place mostly in Keswick, while Sutton's residential growth and development is increasing
- Extension of Highway 404 promotes growth in population as residents move north for lower home prices
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in Georgina increased 13.2% in 2018 from 2017. Crimes Against Persons increased 14.2%, and Crimes Against Property increased 18.1%

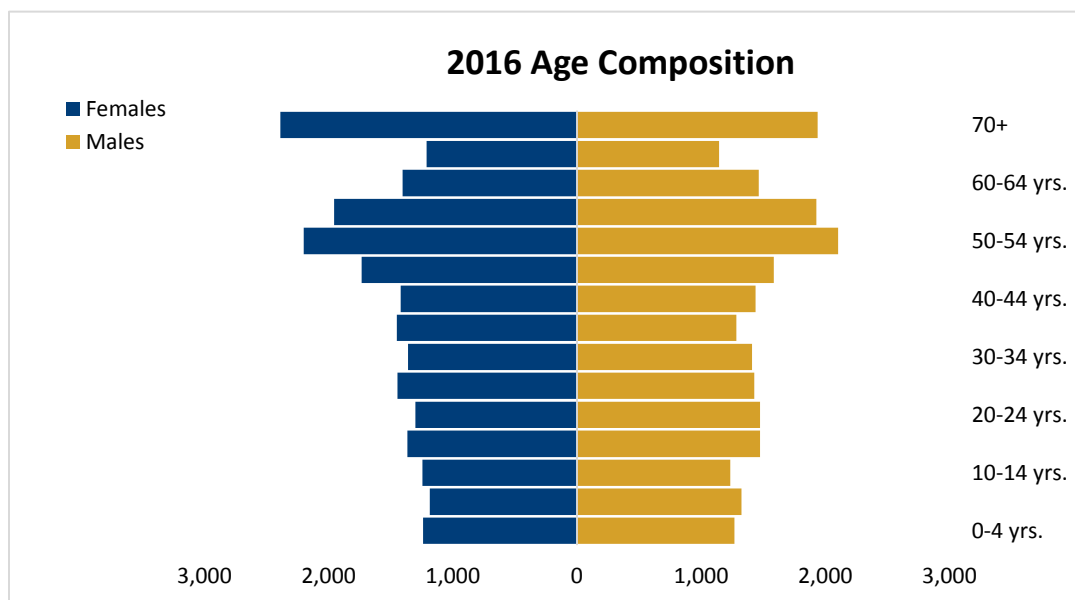


Figure 50. Composition of Georgina's population by age group and gender

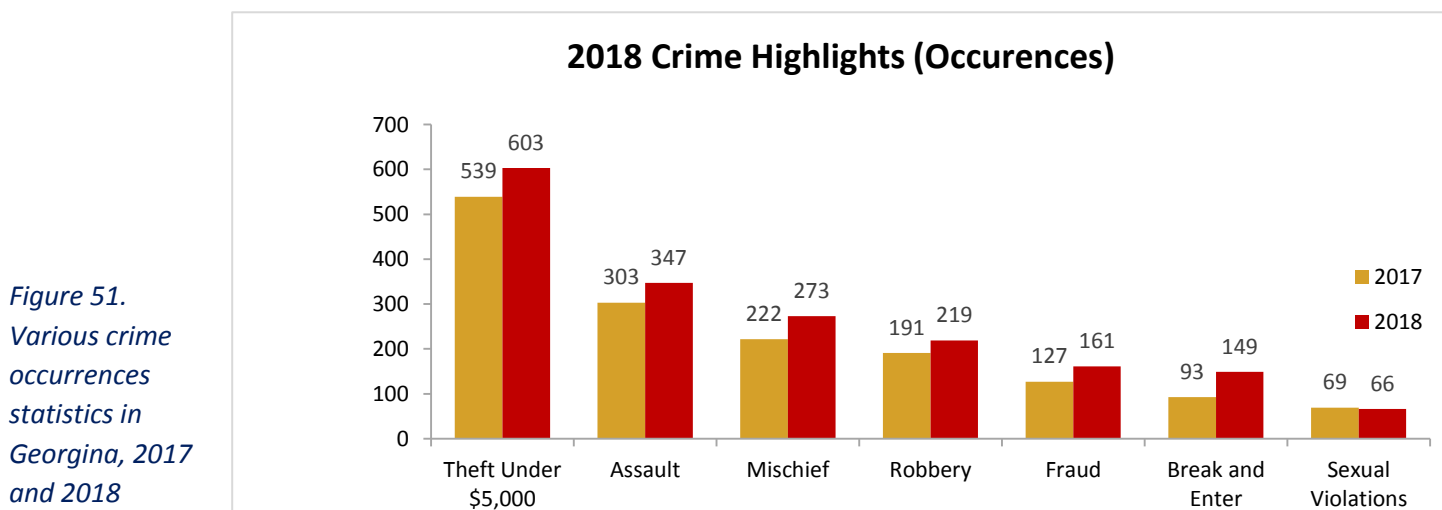


Figure 51. Various crime occurrences statistics in Georgina, 2017 and 2018

King

- Median Age: 42.5
- Average Age: 40.4
- 87.6% of residents speak English most often in the home
- 8.0% of residents speak a non-official language in the home
- Top areas of employment: Construction, Retail Trade, Professional Scientific and Technical Services (employment has grown by 32% from 2011 to 2016)
- 58.2% of adult population has a degree, diploma, or certificate
- Key priorities for economic development: Promote higher density employment lands, Advancing innovation and the creative economy, Raise the community profile, Focus on business support activities
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in King decreased 15.8% in 2018 from 2017. Crimes Against Persons increased 35.6%, and Crimes Against Property decreased 34%

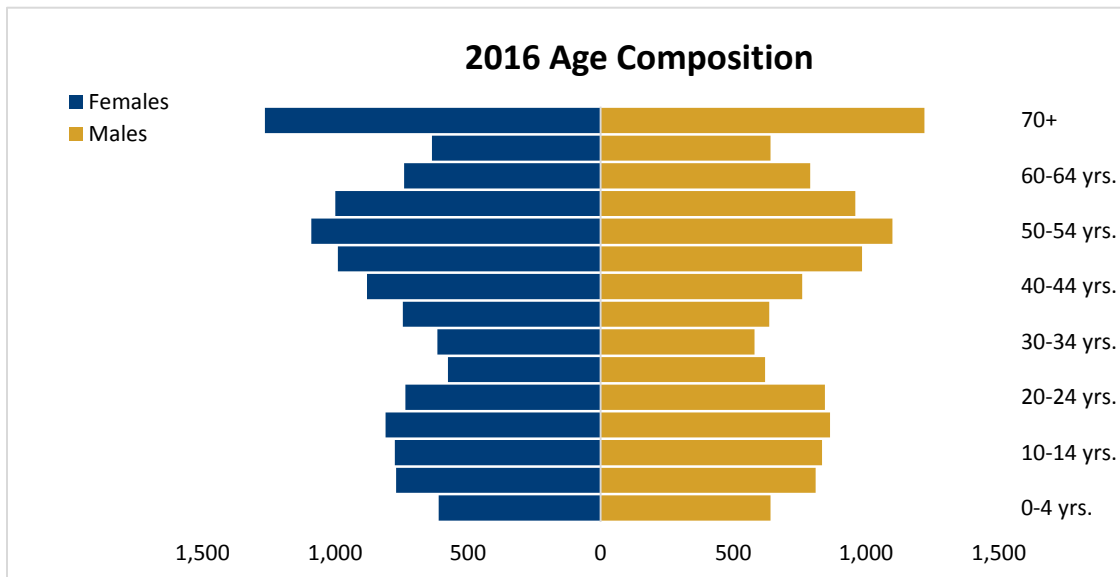


Figure 52. Composition of King's population by age group and gender

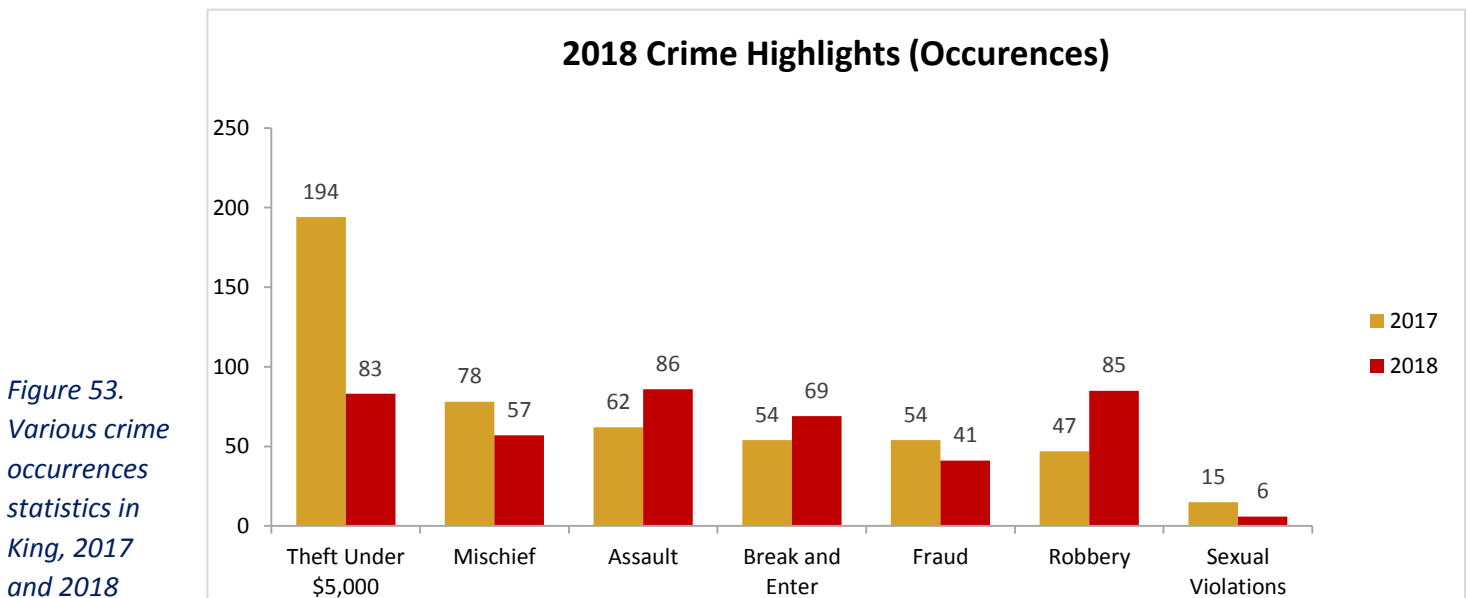


Figure 53. Various crime occurrences statistics in King, 2017 and 2018

Markham

- Median Age: 41.1
- Average Age: 40.2
- 47.7% of residents speak English most often in the home
- 41.1% of residents speak a non-official language in the home
- Top areas of employment: Professional, Scientific & Technical Services, Retail Trade, and Financial & Insurance
- 57.0% of the adult population has a degree, diploma, or certificate
- Markham continues to grow its labour force in various areas
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in Markham increased 11.2% in 2018 from 2017. Crimes Against Persons increased 17.2%, and Crimes Against Property increased 12.7%

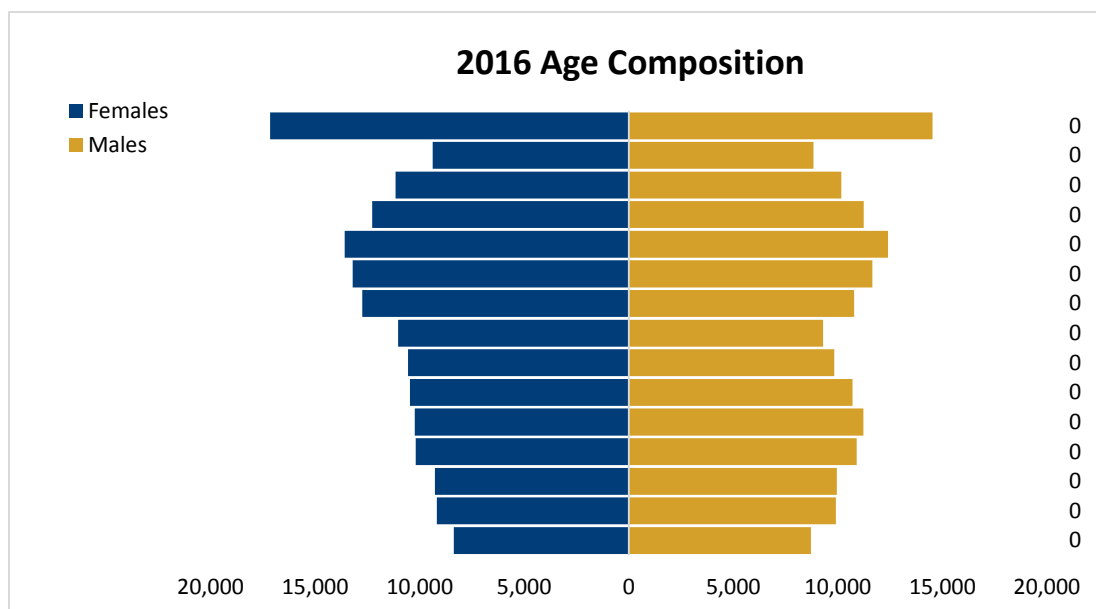


Figure 54. Composition of Markham's population by age group and gender

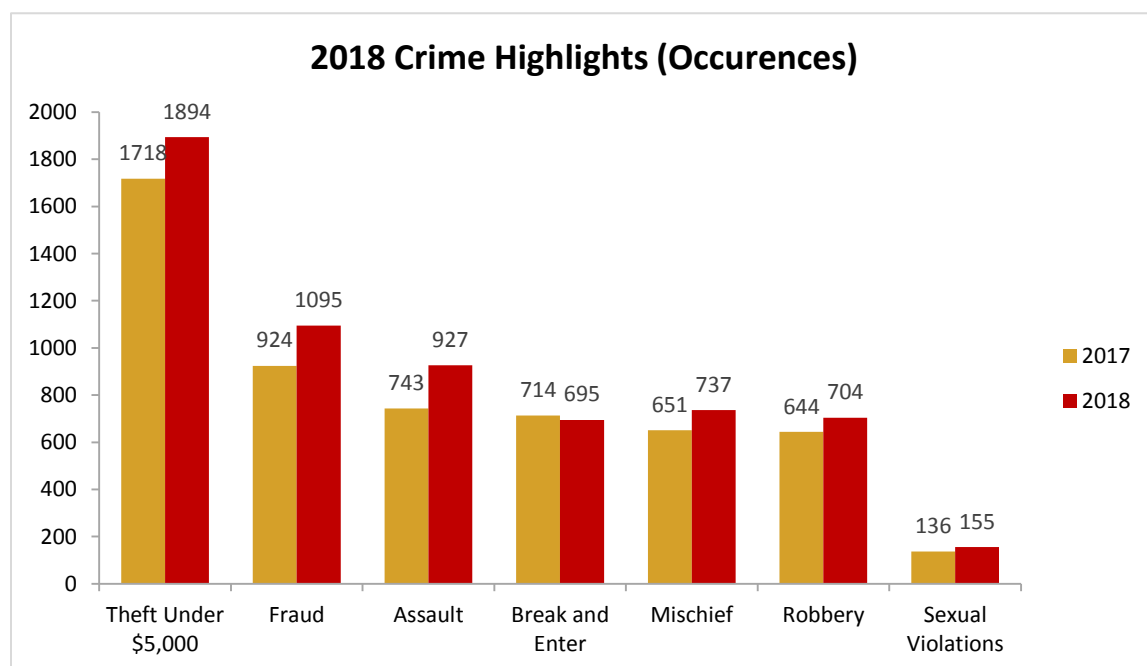


Figure 55. Various crime occurrences statistics in Markham, 2017 and 2018

Newmarket

- Median Age: 40.9
- Average Age: 39.7
- 81.6% of residents speak English most often in the home
- 12.9% of residents speak a non-official language in the home
- Top areas of employment: Retail Trade, Professional, Scientific & Technical Services, and Manufacturing
- 57.0% of the adult population has a degree, diploma, or certificate
- VivaNext transit project is ongoing and will provide better access into and out of the town
- Aging population with decreasing household size
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in Newmarket increased 15% in 2018 from 2017. Crimes Against Persons increased 25%, and Crimes Against Property increased 7.3%

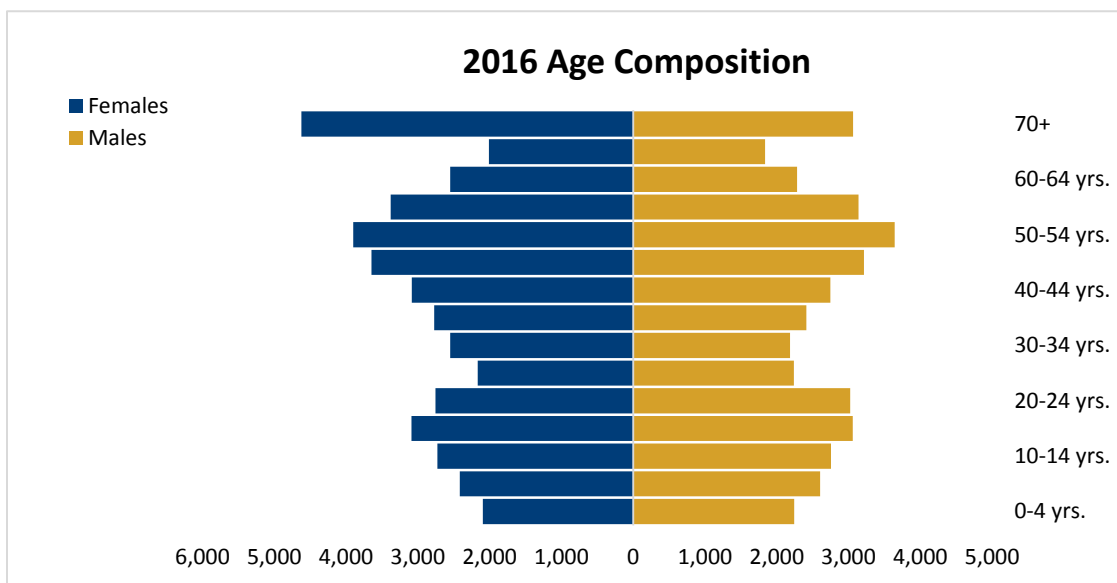


Figure 56. Composition of Newmarket's population by age group and gender

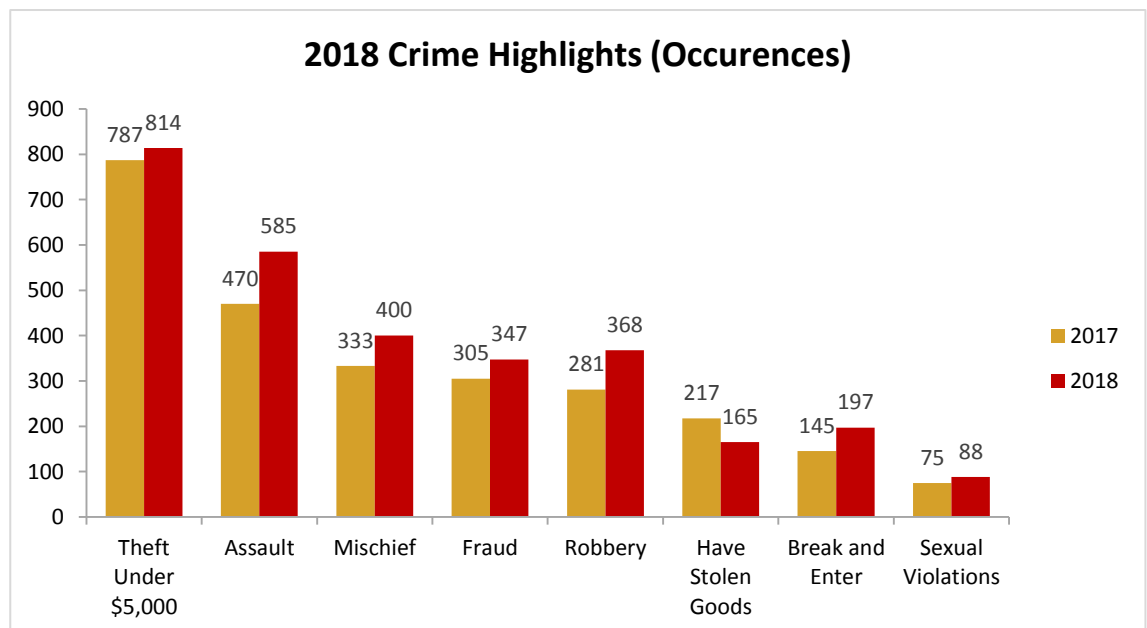


Figure 57. Various crime occurrences statistics in Newmarket, 2017 and 2018

Richmond Hill

- Median Age: 42.4
- Average Age: 40.4
- 52.1% of residents speak English most often in the home
- 37.5% of residents speak a non-official language in the home
- Top areas of employment: Professional, Scientific & Technical Services, Retail Trade, and Finance and Insurance
- 63.6% of the adult population has a degree, diploma, or certificate
- Richmond Hill tops list of most unaffordable housing market based on home prices and median income
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in Richmond Hill increased 9% in 2018 from 2017. Crimes Against Persons increased 27.1%, and Crimes Against Property increased 8.3%

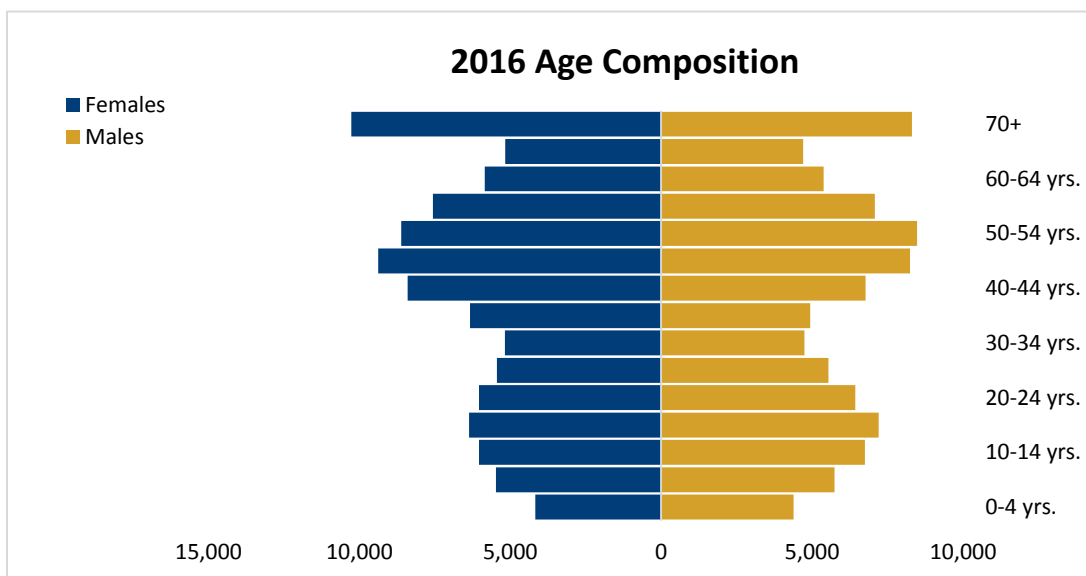


Figure 58. Composition of Richmond Hill's population by age group and gender

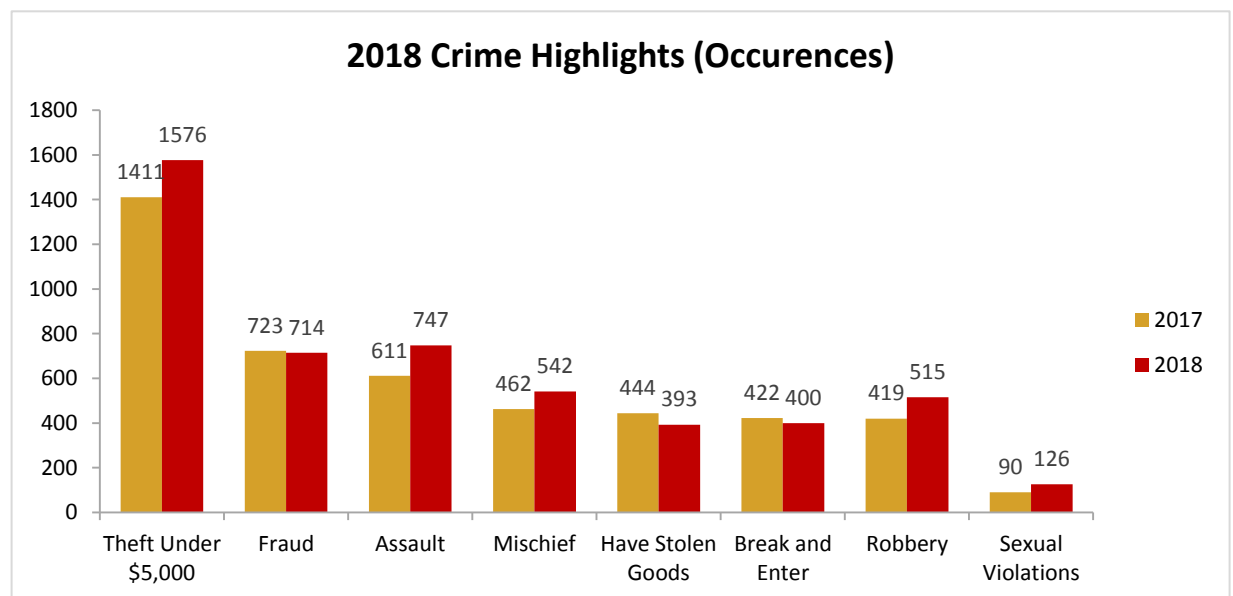


Figure 59. Various crime occurrences statistics in Richmond Hill, 2017 and 2018

Vaughan

- Median Age: 40.2
- Average Age: 39.2
- 64.0% of residents speak English most often in the home
- 25.7% of residents speak a non-official language in the home
- Top areas of employment: Manufacturing, Construction, Retail Trade
- 57.2% of the adult population has a degree, diploma, or certificate
- Key council priorities: Improve municipal road network, continue to develop transit, cycling and pedestrian options, re-establish urban tree canopy, invest, renew and manage infrastructure and assets, create and manage affordable housing options
- Niagara University opened in Vaughan Metropolitan Centre Jan 21 2019⁶⁷
 - 12,000 square foot space will have seven classrooms for 300 students, faculty & administration offices, and student lounges
 - Focus on programs in Education – Bachelor of Professional Studies in Education or Master of Science in Education
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in Vaughan increased 6.3% in 2018 from 2017. Crimes Against Persons increased 6.1%, and Crimes Against Property increased 6.6%

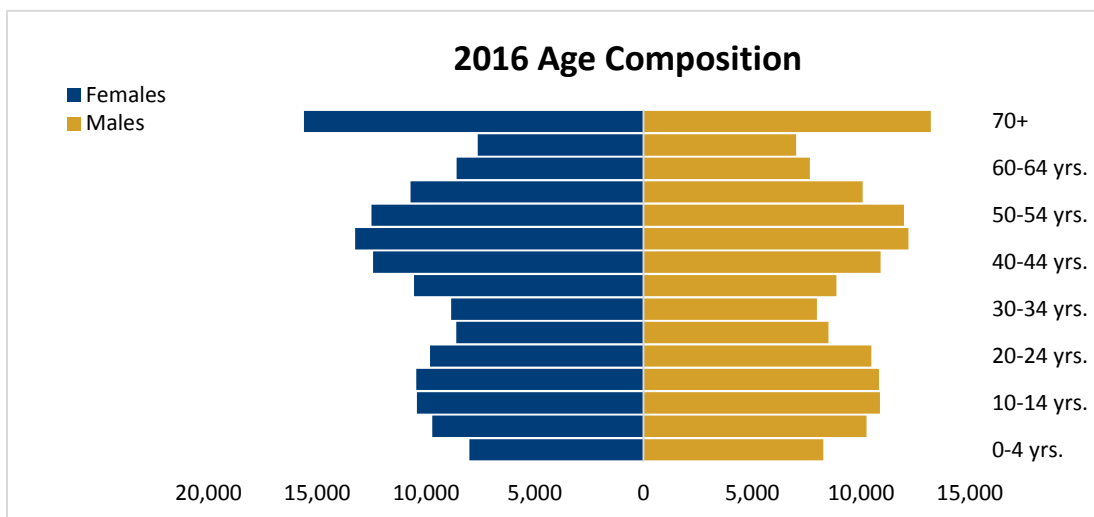


Figure 60. Composition of Vaughan's population by age group and gender

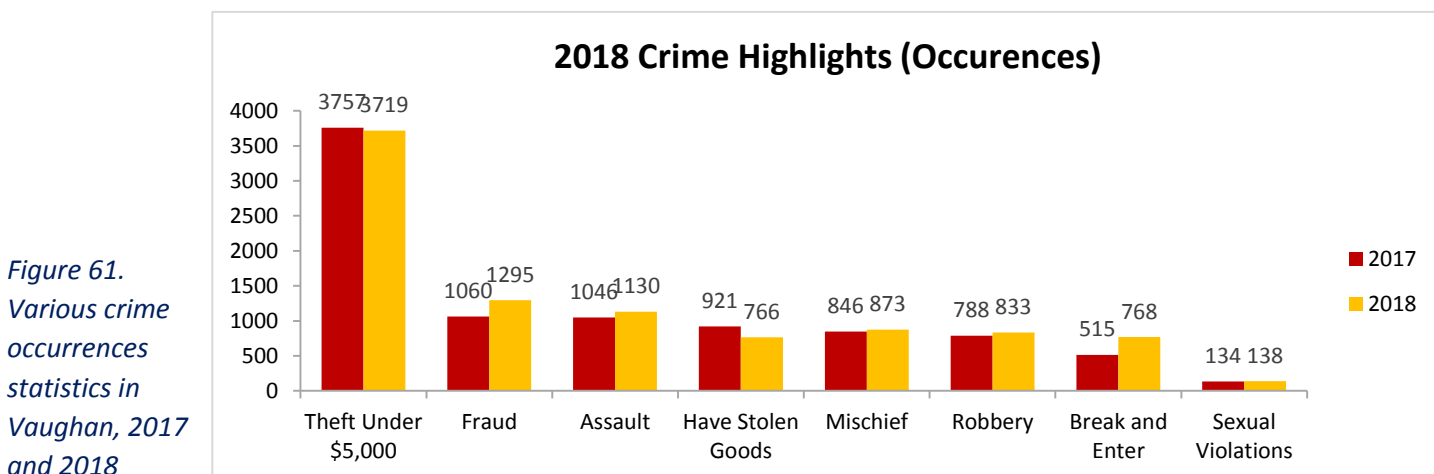


Figure 61. Various crime occurrences statistics in Vaughan, 2017 and 2018

Whitchurch-Stouffville

- Median Age: 40
- Average Age: 39.6
- 77.5% of residents speak English most often in the home
- 15.6% of residents speak a non-official language in the home
- Top areas of employment: Retail Trade, Professional, Scientific & Technical Services, and Education Services
- 57.3% of the adult population has a degree, diploma, or certificate
- Town looking to build capacity for business development, create jobs within the municipality to promote working and living in Whitchurch-Stouffville
- Overall, Total Criminal Code & Federal Violations (excluding traffic) in Whitchurch-Stouffville decreased 15% in 2018 from 2017. Crimes Against Persons decreased 17.2%, and Crimes Against Property decreased 14.4%

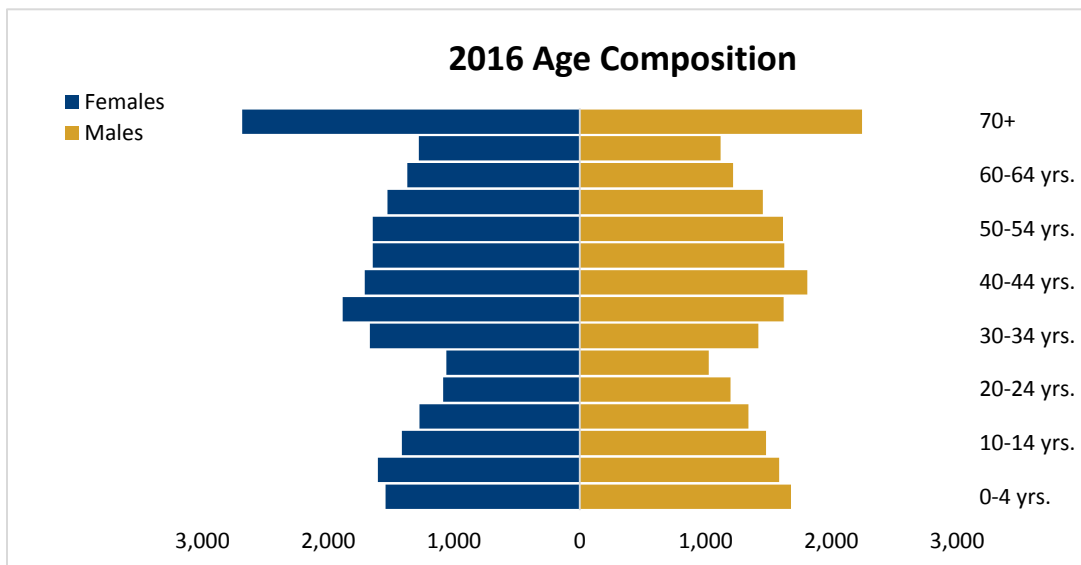


Figure 62. Composition of Whitchurch-Stouffville's population by age group and gender

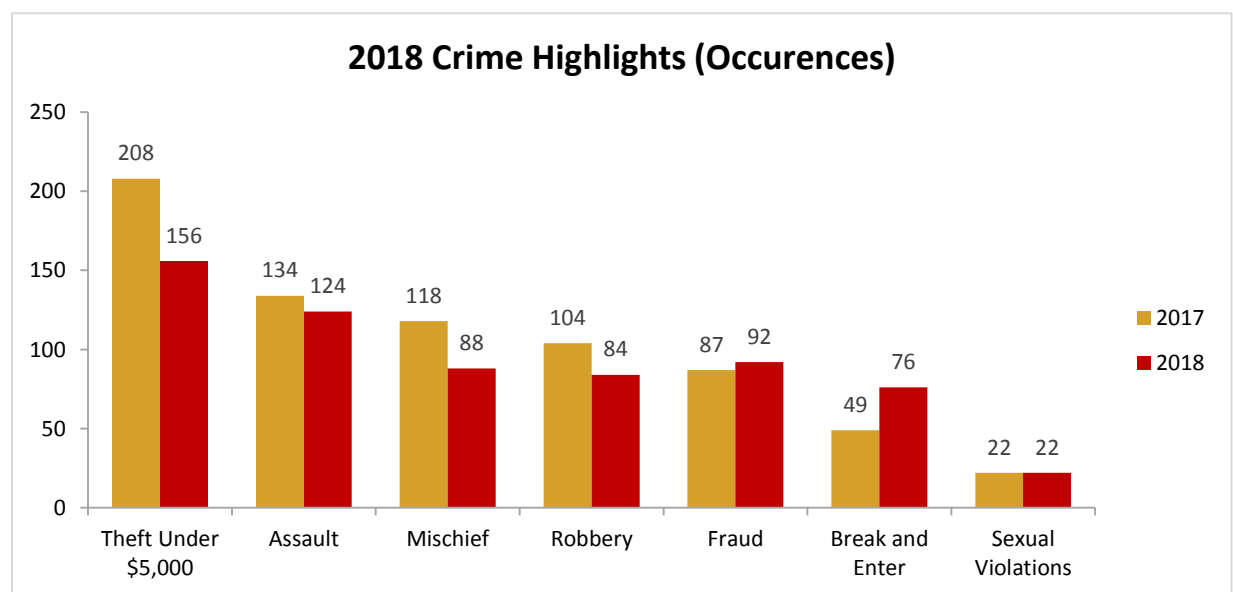


Figure 63. Various crime occurrences statistics in Whitchurch-Stouffville, 2017 and 2018

END NOTES/ REFERENCES

¹York Region – 2017 Growth & Development Review

²Ibid

³York Region Official Plan 2010

⁴2016 Census Profile: York Region Census stories

⁵Statistics Canada 2016 Census

⁶2016 Census Profile: York Region Census stories

⁷Ibid

⁸2016 Census Profile: York Region Census Stories

⁹Statistics Canada 2016 Census

¹⁰York Region 2016 Census Release Report – Age & Sex

¹¹York Region 2016 Census Release Report – Immigration & Ethnocultural Diversity

¹²Mental Health & Wellbeing Initiatives in York Region – Committee of the Whole (Community and Health Services)

¹³<https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2019005-eng.htm>

¹⁴Mood Disorders Society of Canada – Quick Facts: Mental Illness & Addiction in Canada

¹⁵Ibid

¹⁶Addictions Services for York Region – 2017 and 2018 Annual Reports

¹⁷2016 Census Profile: York Region Census Stories

¹⁸York Region 2016 Community Report

¹⁹York Region 2016 Census Release Report – Education Mobility Migration

²⁰Statistics Canada 2016 Census

²¹York Region 2041 Preferred Growth Scenario, 2041 Population and Employment Forecasts

²²York Region 2016 Community Report

²³Ibid

²⁴Ibid

²⁵York Region 2016 Census Release Report – Income

²⁶Ibid

²⁷Ibid

²⁸The Opportunity Equation in the Greater Toronto Area, 2017

²⁹York Region 2041 Preferred Growth Scenario, 2041 Population and Employment Forecasts

³⁰Ibid

³¹Housing Solutions: A place for everyone – York Region 10-year housing plan

³²Ibid

³³Modernization of the Subsidized Housing Wait List – Report No. 4 of Committee of the Whole

³⁴York Region Alliance to end Homeless: Health and homelessness on York Region Fact Sheet

³⁵<http://homelesshub.ca/content/york-region>

³⁶Housing Solutions: A place for everyone – York Region 10-year housing plan

³⁷http://www.vivanext.com/project_YongeSubway

³⁸York Region 2016 Community Report

³⁹Ibid

⁴⁰The Regional Municipality of York – Transportation Master Plan

⁴¹<https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54974-eng.htm>

⁴²Ibid

⁴³Toronto Police Service Crime Statistics

-
- ⁴⁴<https://ipolitics.ca/2018/12/06/homicide-by-rifles-shotguns-reached-pre-gun-registry-levels-in-2017-statcan/>
- ⁴⁵<https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/54842/tbl/tbl07-eng.htm>, StatsCan, Table 7, Chart 17
- ⁴⁶Police-reported crime statistics in Canada, 2017, <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54974-eng.htm>
- ⁴⁷<http://www.oacp.on.ca/Userfiles/Files/NewAndEvents/Naloxone%20Nov%2018%20NR%20Final.pdf>
- ⁴⁸<https://www150.statcan.gc.ca/n1/pub/85-002-x/2017001/article/14689-eng.htm>
- ⁴⁹<http://www.cisc.gc.ca/media/2014/2014-08-22-eng.htm>
- ⁵⁰<https://www150.statcan.gc.ca/n1/daily-quotidien/181129/dq181129a-eng.htm>
- ⁵¹https://www.cdc.gov/mmwr/volumes/65/wr/mm6526e1.htm?s_cid=mm6526e1_w#T2_down
- ⁵²YRP Annual Report 2017
- ⁵³<https://www.avinhub.ca/>
- ⁵⁴ <https://www.wired.com/story/facebook-uncovers-new-fake-accounts-ahead-of-midterm-elections/>
- ⁵⁵<https://www.wired.com/story/the-future-of-crime-fighting-is-family-tree-forensics/>
- ⁵⁶<https://www.macleans.ca/politics/why-were-calling-out-the-left-and-the-right-of-canadian-politics/>
- ⁵⁷<https://nypost.com/2017/08/21/boston-antifa-group-lists-pro-police-symbol-with-hate-symbols/>
- ⁵⁸<https://www.cbc.ca/news/canada/toronto/ont-labour-reform-1.4914613>
- ⁵⁹<https://news.ontario.ca/mma/en/2019/01/special-advisors-appointed-to-begin-regional-government-review.html>
- ⁶⁰York Region Senior Strategy: Thinking Ahead
- ⁶¹<https://qz.com/work/1476842/the-future-of-work-will-be-shaped-by-an-aging-workforce/>
- ⁶²https://www.huffingtonpost.ca/2018/10/10/teen-suicide-warning-signs_a_23556813/
- ⁶³York Region Investor Presentation, March 2019
- ⁶⁴2018 Annual Public Complaints Report by YRPSB
- ⁶⁵Plante, Christopher. "Re: Environmental Scan for YRP business plan." Received by Alex Tang, 6 Sep, 2018.
- ⁶⁶<https://globalnews.ca/news/4909707/canadas-extreme-weather-government-prepare/>
- ⁶⁷<https://toronto.citynews.ca/2019/01/21/niagara-university-vaughan/>

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE CHIEF OF POLICE

JUNE 26, 2019

Audit of the 2018 Financial Statements

RECOMMENDATION

1. That the Board receive this report for information.

SYNOPSIS

This report is to update the Board that there were no changes to the reported 2018 York Regional Police financial reporting after completion of the external audit review by KPMG LLP.

FINANCIAL IMPLICATIONS

In a typical year, surpluses are transferred to The Regional Municipality of York's Debt Reduction Fund in accordance with the surplus management policy within the Regional Fiscal Strategy. At its June 5, 2019 meeting, the Audit Committee received a report outlining an allocation of \$35.5 million from the operating surplus to reserves and reserve funds, which included the York Regional Police 2018 Operating Surplus of \$5.5 million.

BACKGROUND

At its March 27, 2019 meeting, the Board received a draft Financial Statement (un-audited) for the period ending December 31, 2018, reporting total net operating expenditures of \$318,010,645 or 98.3 percent of budget, subject to review by the Regional Finance staff and by

external auditors. For comparison purposes, the operating budget for York Regional Police was 97.7 percent spent at December 31, 2017. In June 2019, an external audit was completed by KPMG LLP Chartered Professional Accountants resulting in no changes to operating, capital or reserve balances for York Regional Police.

As in prior years, the Region's Finance department has applied non-budgeted charges of \$9,508,270 in accordance with Public Sector Accounting Board (PSAB) requirements for tangible capital asset costs for amortization, debt principal and disposal of capital assets. The resulting 2018 net expenditures total \$327,518,915 including non-budgeted PSAB charges, as follows:

Non-Budgeted PSAB Charges	
Account	Amount
Amortization expense	\$12,764,972
Debt principal contra	(\$3,432,743)
TCA sale proceeds	\$499,905
Gain on sale of capital assets	(\$392,708)
Loss on sale of capital assets	\$68,844
Total Non-Budgeted PSAB Charges	\$9,508,270

The financial reporting reflects current year results and specifically excludes any prior year corporate adjustments that have no impact on the 2018 reported results.

It is therefore recommended that the audit of 2018 financial statements be received for the Board's information.

Robertson Rouse
Deputy Chief, Administrative Branch

RR:jo

Accessible formats or communication supports are available upon request.

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE CHIEF OF POLICE

JUNE 26, 2019

2018 Annual Report

RECOMMENDATION

1. That the Board receive this report for information.

SYNOPSIS

With the support of the Regional Municipality of York Police Services Board and members of the Executive Command Team, members of the Corporate Communications Bureau have completed the 2018 Annual Report, profiling our accomplishments from the last year. The report includes a summary of high-profile investigations, information on community engagement and crime prevention programs, features on our officers and projects, mandated statistical reporting and our 2018 Business Plan accomplishments.

FINANCIAL IMPLICATIONS

In-house resources and expertise were utilized to write and design the 2018 Annual Report. The only cost associated with the report is for print production, which cost approximately \$11,100 for 2,000 hard copies. Funding is included in the existing 2019 budget details under External Printing.

BACKGROUND

The Ministry of Community Safety and Correctional Services Policing Standard 001-0049 Framework for Annual Reporting Guideline states that, pursuant to Section 31 of the Adequacy Standards Regulation, every Chief of Police prepare for the police services board, an annual

report on the activities of the police service during the previous fiscal year which includes information on performance objectives; indicators and results; public complaints; and the actual cost of policing.

In addition, section 32 of the Adequacy Standards Regulation requires a police services board to enter into a protocol with its municipal council that sets out the date by which the annual report will be provided to municipal council, the responsibility for making the annual report public and the date by which it will be made public.

The York Regional Police 2018 Annual Report addresses Ministry reporting requirements and will provide the Regional Municipality of York Police Services Board and our community with an overview of our accomplishments in 2018. The report, while strictly adhering to Ministry reporting guidelines, is engaging, informative and easy to read.

As a transparent organization whose mission is to ensure our citizens feel safe and secure through excellence in policing, York Regional Police is proud to provide the 2018 Annual Report which details a summary of our efforts and accomplishments in the area of community safety, crime prevention and law enforcement. It gives York Regional Police an opportunity to communicate directly with our community and allows our community to share in our accomplishments and successes.

An electronic version of the 2018 Annual Report will be posted to the York Regional Police website at www.yrp.ca and the Regional Municipality of York Police Services Board website at www.yrpsb.ca by June 30, 2019, meeting the legislative requirements.

Hard copies of the 2018 Annual Report will be disseminated to the Regional Municipality of York Police Services Board, York Regional Police members, mayors, councillors, MPs, MPPs, community groups, libraries, school boards, emergency services, community partners and support agencies through the weeks of June and July 2019.

I am pleased to present the 2018 Annual Report to members of the Police Services Board.

Robertson Rouse
Deputy Chief, Administrative Branch

RR:kg
Attachment

Accessible formats or communication supports are available upon request.

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE CHIEF OF POLICE

JUNE 26, 2019

2018 York Transit Annual Report

RECOMMENDATION

1. That the Board receive this report pursuant to Section 52 of the Agreement between the Regional Municipality of York Police Services Board and the Regional Municipality of York.

SYNOPSIS

This report has been submitted in accordance with an Amending Agreement signed on February 13, 2008, between the Regional Municipality of York Police Services Board and the Regional Municipality of York. Section 52 of the Agreement requires the Region to annually report to the Board statistical information regarding enforcement activities, training, supervision, complaints and other issues of concern. A copy of the 2018 Annual Report for York Regional Transit Enforcement and Security is submitted with this report.

FINANCIAL IMPLICATIONS

There are no financial implications.

BACKGROUND

On September 14, 2005, the Board and the Region entered into a Joint Services Agreement to facilitate an eighteen-month pilot project dealing with Special Constables for York Region Transit. In June 2007, upon completion of the pilot project, the Ministry of Community Safety and Correctional Services approved the program; and, on February 13, 2008, the Board and the Regional Municipality of York signed an Amending Agreement extending the Joint Services Agreement.

York Region Transit has an approved Special Constable workforce of one (1) Manager, Special Constable, three (3) shift supervisors, twenty (20) Special Constables and seven (7) Fare Media Inspectors in the Transit Enforcement and Security section. All newly-hired Special Constables must complete a comprehensive, four-week training course provided by a certified professional vendor. This initial training covers use of force and defensive tactics, conflict resolution, both federal and provincial legal authorities, tactical communications and officer safety. Final testing consists of academic, practical and judgmental components. The Special Constables also have to pass an annual requalification. This requalification is three days in length and consists of legislative information and updates, use of force, crisis intervention, diversity and court training.

Special Constable Appointments by the Board authorize the Special Constables to enforce a by-law that regulates the use of public transit vehicles and facilities in the Regional Municipality of York (#R-1415-2005-28). This includes the enforcement of proper fare payment, conduct on transit vehicles and the safety of all persons travelling on public transit vehicles or located on/in public transit facilities.

In addition, for the purpose of their appointment, Special Constables have Peace Officer powers as set out in the *Criminal Code*. They enforce sections dealing with obstructing or resisting a peace officer, obstructing justice, false pretenses, forgery, uttering a forged document, fraud under \$5,000 and fraud in relation to fares.

Originally, the geographic jurisdiction of the Special Constables was restricted to the property and vehicles under the control of the Regional Municipality of York and situated within the boundaries of the Region. A Memorandum of Understanding with the Toronto Police Services Board allowing York Region Transit Special Constables the authority to enforce the *Trespass to Property Act* within the City of Toronto has been in effect since January 1, 2010.

General supervision of the Special Constables comes under the Transit Enforcement Supervisor. This Special Constable holds an office position and is responsible for all aspects of the York Region Transit Special Constables Program, including human resource issues, training, supervision, complaints and discipline. He has received additional training in all of these areas. He is a member of the Municipal Law Enforcement Committee and is on the Board of Investigation and Enforcement Directors Council of Ontario, which includes other agencies such as the Ministry of Transportation of Ontario, the Ministry of Natural Resources and the Ministry of Finance.

All public complaints relating to staff conduct, security and safety, fare evasion and fine disputes are forwarded to the Enforcement Supervisor for review, assessment and investigation. Serious complaints relating to the conduct of Special Constables are forwarded to York Regional Police Professional Standards Bureau for further investigation. There were 56 complaints lodged in 2018; of which, all were identified as unsubstantiated by York Region Transit and did not require the involvement of York Regional Police.

York Region Transit Historical Complaints

Year	Number Of Complaints	Investigated By York Region Transit	Investigated By York Regional Police
2014	39	38	1
2015	42	42	0
2016	53	53	0
2017	55	55	0
2018	56	56	0

In 2018, the York Region Transit Enforcement and Security section worked in conjunction with York Regional Police on the following operational undertakings:

- Participated in the 2018 YRP Polar Plunge and Law Enforcement Torch Run in support of Special Olympics;
- Participated in the Youth in Policing program;
- An education initiative for new Canadians at Middlefield Collegiate;
- Participated with the Youth in Policing initiative;
- Education program with York Regional Police regarding Transit safety to new Canadians;
- Conducted safety and security initiatives with York Regional Police focusing on community outreach and visibility on the York Region Transit system; and,
- Attended community events including York Regional Police's "We belong" Pride Breakfast and the International Day for the Elimination of Racial Discrimination.

The attached 2018 Annual Report from York Region Transit Enforcement satisfies Section 52 of the Agreement between the Regional Municipality of York Police Services Board and the Regional Municipality of York. York Regional Police staff will continue to liaise with York Region Transit staff to ensure the terms of the Agreement are fulfilled.

Robertson Rouse
Deputy Chief, Administrative Branch

RR:gt
Attachment

Accessible formats or communication supports are available upon request.



2018 Annual Report

YORK REGION TRANSIT ENFORCEMENT AND SECURITY

147



York Region



Contents

- Background..... 2
- Supervision 3
- Appointments 3
- Training and Professional Development..... 4
- Affiliations and Associations..... 6
- Equipment 6
- Reporting..... 7
- Property..... 9
- Complaints..... 9
- Use of Force Reporting..... 10
- 2018 Enforcement Statistics 11
- 2018 Revenue Protection Statistics..... 11
- 2018 Major Accomplishments 12



Background

In September 2005, York Region Transit began operating its Viva bus rapid transit service. This service uses an off-board fare collection system commonly known as proof-of-payment.

A Joint Services Agreement was established between York Region and The Regional Municipality of York Police Services Board to provide a Special Constable program for the new service. The YRT Enforcement and Security section would provide transit revenue protection and security services in partnership with York Regional Police.

The Transit Special Constable program was introduced as an 18-month pilot project with the launch of Viva. In June 2007, the program received permanent approval by the Ministry of Community Safety and Correctional Services.

In 2010, the jurisdiction for Transit Enforcement and Security expanded into the City of Toronto through a formalized agreement with the Toronto and York Regional Police Services Boards.

As part of the Joint Services Agreement, Transit Enforcement and Security must provide an annual report to the Toronto and York Regional Police Services Boards outlining all Special Constable activities including recruitment, training, complaints and statistics. The annual report includes all York Region Transit Enforcement and Security activities for both classes of positions — Special Constables and Fare Media Inspectors.

In 2018, York Region Transit had an approved workforce of 20 Special Constables and seven Fare Media Inspectors.

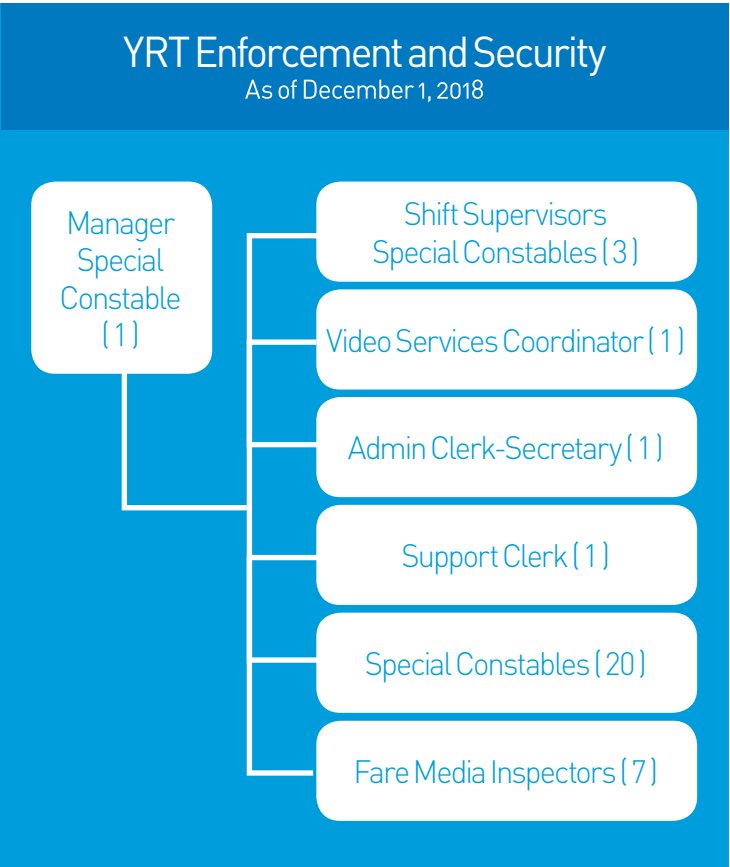
Staffing

Supervision

The York Region Transit Enforcement and Security unit consists of 34 positions, as outlined in the diagram.

General supervision of the unit is provided by Shift Supervisors who report to the Manager.

Uniformed Special Constables provide dedicated security and law enforcement duties and maintain revenue protection through fare inspection. Fare Media Inspectors also provide additional fare inspection and customer service functions.



Staffing Changes

In 2018, there were six appointments to York Region Transit Enforcement and Security and six Special Constables resigned, taking positions in various police and other law enforcement agencies.



Appointments (January 1 to December 31)			
Total applications	New	Resumed	# of Special Constables
6	6	0	6

Attrition (January 1 to December 31)			
Terminations	Suspensions	Resignations	Retirements
0	0	6	0

Training and Professional Development

In 2018, outside annual recertification training, York Region Transit Enforcement participated in a number of additional training sessions focused on improving service to our diverse traveller base, emergency management and serving our most vulnerable travellers.



Mandatory			
Course / topic	Delivered by	Duration	# of Staff
Annual Use of Force Recertification	The Control Institute Certified Professional Vendor	24 hours	17
Basic Special Constable Training	The Control Institute Certified Professional Vendor	4 weeks	6
Basic Fare Inspector Refresh	The Control Institute Certified Professional Vendor	24 hours	6
Standard First Aid & CPR Recertification	FAST (First Aid Safety Training) c/o York Region Transit instructor	2 days	6
Emergency First Aid & CPR C	FAST (First Aid Safety Training) c/o York Region Transit instructor	1 day	6

Outreach and Awareness			
Course / topic	Delivered by	Duration	# of Staff
Crisis Intervention with the Hostile/Aggressive Individual	Canadian Training Institute	2 days	5
Conducted Energy Weapon (CEW) Awareness training	York Regional Police	4 hours	6
360 Kids – About Us	360 Kids	4 hours	6
Mental Health First Aid	MHFA Canada	2 days	25
Disability Training – A Journey Beyond the Label	The Centre for Dreams	4 hours	5
Toronto Police Social Media Awareness	Toronto Police Service	4 hours	6
Stop the Bleed	Sunnybrook Health Sciences Centre	4 hours	13
Social Media in Communications	Toronto Police Service	3 days	2
Social Media the Internet and Law Enforcement (SMILE) Conference	Miami Police	3 days	1
LGBTQ2S Awareness and Education presentation	Toronto Police Service	4 hours	3
The Anti-Graffiti Symposium (TAGS) Annual Conference	Downtown Moncton Centre Inc.	2 days	1
Rapidway Construction Info Session	VivaNext	1 hour	10
Incident Management Systems (IMS200)	GO Transit/Metrolinx	2 days	2
Certificate, Process Improvement	Excellence Canada	6 days	1
Police Fitness Personnel Ontario Appraiser Certification	Police Fitness Personnel Ontario	4 days	2

Outreach and Awareness

Course / topic	Delivered by	Duration	# of Staff
Police Fitness Personnel Ontario Appraiser Re-Certification	Police Fitness Personnel Ontario	1 day	1
Law Enforcement Health and Wellness	York Regional Police	4 hours	6
Presto Device Training	Metrolinx	1 day	5
Blue Line Expo	Blue Line Magazine	1 day	4
RCEC Annual Training Forum and Conference	Regulatory Compliance Enforcement Education Council	3 days	2
Transit Revenue Management Summit	American Public Transportation Association (APTA)	4 days	1
Transit Annual Conference	Canadian Urban Transportation Association (CUTA)	4 days	1

External and Canadian Police Knowledge Network (CPKN)

Course / topic	# of Staff
Courtroom Testimony Skills	1
Children Involved in Sex Trade	1
Autism Spectrum Disorder	1
Customer Service in the Police Environment	4
Hate Crimes Awareness	2
Homelessness Awareness	4
Interviewing	1
Recognition of Emotionally Disturbed Persons	4
Terrorism Event Pre-Incident Indicators	4
Youth at Risk	4
Drug Identification	1





Affiliations and Associations

York Region Transit Enforcement and Security maintains membership with the following organizations:

1. Ontario Association of Chiefs of Police
2. Association of Black Law Enforcers
3. Municipal Law Enforcement Officers' Association of Ontario
4. Central Ontario Crime Prevention Association
5. Prosecutors' Association of Ontario
6. Ontario Police Video Training Alliance
7. Canadian Police Knowledge Network
8. ASIS International
9. Regulatory Compliance and Education Council, formerly IEDC

Equipment

The following equipment is issued to all Special Constables:

- Wallet badge with wallet and agency identification card
- Soft body armour with internal and external carriers
- Two sets of standard handcuffs with cases
- Expandable baton with carrier
- Container of Oleoresin Capsicum foam with carrier
- Serialized memo book with carrier
- Flashlight with carrier
- Forge cap/hard hat/toque
- Reflective safety vest

Reporting

In 2018, York Region Transit Enforcement and Security investigated 5,377 occurrences.



Reporting Trends (2014– 2018)

Occurrence Type	2014	2015	2016	2017	2018
Assault	19	21	30	37	70
Assistance	145	154	125	237	227
Bomb Threat	1	1	0	0	0
Breach of Probation	0	0	0	0	0
Breach of Peace [†]	—	—	—	—	4
Breach of Recognizance [†]	—	—	—	—	8
Collections – Fare Revenue [†]	—	—	—	—	164
Court Services [†]	—	—	—	—	15
Damage to Property	116	120	98	85	98
Digital Audio Request	2	5	2	1	3
Disturbance	46	51	41	88	174
Drugs/Drug Paraphernalia	15	7	5	5	15
Fare Dispute/Fare Concern	18	21	32	49	54
Fire	4	4	4	0	1
Fraud	29	60	106	96	124
Hate Crime – Public Incitement of Hatred [†]	—	—	—	—	12
Indecent Act	0	2	5	2	5
Information	15	6	30	47	3
Mischief	2	3	8	9	29
Missing Person	2	5	***121	7	10
Motor Vehicle Collision	17	11	11	21	33
No Category	0	0	3	0	0
Obstruct Peace Officer	0	0	1	8	8
Other	10	9	12	0	0
Policy Violation	2	1	2	1	1

* Lost and found property processed by York Region Transit Enforcement and Security received from the contractors.

** Special detail includes follow up investigations to concerns reported by customers and staff. Increase due to enhanced reporting.

*** Received Information of Missing Persons

[†] Newly reported in 2018

Reporting continued...

Reporting Trends (2014– 2018)					
Occurrence Type	2014	2015	2016	2017	2018
Property	*478	*593	992	861	1,024
Robbery	1	0	1	1	4
Safety/Security Concern	62	49	46	113	51
Safety/Security Hazard	8	5	15	9	7
Seized Video	2,395	1,955	2,304	2,926	2,999
Special Detail/ Request to Investigate	**164	**58	65	93	72
Suspicious Incident	9	15	23	9	14
Terrorist Incident	0	0	0	0	0
Theft	4	5	3	3	11
Uttering Threats	2	4	7	9	18
Vehicle Concerns	0	2	0	12	2
Warrants – Arrest	1	0	3	1	8
Weapons	4	2	0	3	9
Total	3,571	3,169	4,095	4,733	5,377

* Lost and found property processed by York Region Transit Enforcement and Security received from the contractors.

** Special detail includes follow up investigations to concerns reported by customers and staff. Increase due to enhanced reporting.

*** Received Information of Missing Persons

† Newly reported in 2018



The top three occurrence types investigated by York Region Transit Enforcement and Security in 2018 were seized video, property (lost and found) and assistance (assist passenger/medical).

Property

In 2018, York Region Transit Enforcement and Security processed 1,024 pieces of property into evidence lockup. Property that was secured as lost and found or was no longer required for court or investigative purposes was either returned to the lawful owner or disposed of in accordance with the York Region Transit Enforcement and Security policy for disposal of property.

All moneys are turned over to York Region Transit Finance while all items of value are donated to a local charity. Eyeglasses, cell phones and batteries are recycled. All other items are destroyed. Every item is itemized and a disposition record is maintained for audit purposes.

Complaints

All public complaints relating to staff conduct, security/safety, fare evasion and warning/fine disputes are forwarded to York Region Transit Enforcement and Security Shift Supervisors for review, assessment and investigation.

Serious complaints relating to Special Constable conduct are reviewed by the Manager of Enforcement and Security. If allegations meet the requirements of the complaint criteria under 'Schedule E' of the Joint Services Agreement, they are forwarded to the York Regional Police Professional Standards Bureau for investigation.

Adjudication and penalties are the responsibility of the Manager of Enforcement and Security. Complainants are advised of the findings of all investigations. All complaints are investigated in accordance with York Region Transit Enforcement and Security procedures and are within the parameters of the Joint Services Agreement and all Regional policies and procedures.

Investigation findings pertaining to Special Constable and Fare Inspector conduct complaints are defined and categorized as follows:

Unsubstantiated

- No evidence exists to support the allegation; or
- Evidence exists and if believed, would not constitute misconduct; or
- The identification of the Special Constable or Fare Inspector involved cannot be established.

Substantiated

- The complaint was found to be supported by statements and/or evidence.

Informal Resolution

- May include an apology, an explanation by a management member and referral to education, training or various forms of mediation.

Complaint Investigations				
Complaints	by YRT	by YRP	Resolved	Outstanding
56	56	0	56	0

Complaints by Position				
Position	Received	Unsubstantiated	Substantiated	Informal Resolution
Special Constable	16	16	0	0
Fare Media Inspector	40	40	0	0

Use of Force

Use of Force Reporting		
Type of Force Used	Number of Incidents	Use of Force Report Submitted
Expandable baton	0	0
Oleoresin Capsicum foam	0	0

Criminal Code of Canada

Section Number and Charge	2015	2016	2017	2018
Sec. 129 Obstruct Peace Officer	0	1	8	9
Sec. 139 (2) Obstruct justice	0	0	0	0
Sec. 362 (2)(b) False pretense under \$5,000	0	0	0	0
Sec. 366 Forgery	0	0	0	0
Sec. 368 Uttering forged document	0	0	1	0
Sec. 380 Fraud under \$5,000	0	0	0	0
Sec. 393 Fraud in relation to fares	60	106	96	120
Total	60	107	104	129

Provincial Offences

Occurrence Type	2015	2016	2017	2018
Liquor Licence Act	9	4	20	75
Trespass to Property Act	3	2	27	33
Mental Health Act (Incidents)	2	0	2	27
Total	14	6	49	135

2018 Revenue Protection Statistics

Provincial Offences		Fine Revenue Recovery *	
Year	# of tickets filed	Year	Amount
2015	5,907	2015	321,880
2016	5,947	2016	351,554
2017	6,431	2017	353,955
2018	5,900	2018	374,924

Annual System Inspections and Evasions

Year	Fares Inspected	Evasions	Evasion Rate (%)
2015	498,203	7,338	1.47
2016	475,360	8,537	1.80
2017	489,954	8,187	1.67
2018	421,489	7,628	1.81

Fare Box Unclassified Revenue by Contractor

Contractor	Revenue (\$)	Unclassified Revenue (\$)	Unclassified Revenue (%)
Transdev	4,964,455.15	144,228.92	2.91
Miller Transit	1,810,373.29	43,115.14	2.38
TOK Transit	1,155,037.10	30,163.50	2.61

* Revenue resulting from fines issued are collected by the Region's Court Services.

2018 Accomplishments by Quarter



01



02



03

Q1 January to March

- Inspected 106,874 fares
- Maintained a 4.67 per cent inspection rate and a 1.86 per cent evasion rate of inspections
- Administered 1,990 evasions
- Completed 1,035 general occurrence reports
- Added the new Video Services Coordinator position to the Enforcement and Security team
- Partnered with York Regional Police in the Newcomer to Canada Day at Middlefield Collegiate Institute and delivered a presentation to new Canadian students on transit use and safety
- York Region Transit Special Constables partnered with York Regional Police Officers and spent an evening on transit with three participants in the Youth in Policing Initiative program
- Participated in the York Regional Police Polar Plunge in support of the Ontario Special Olympics
- Conducted safety initiatives with York Regional Police that focused on community outreach and visibility on transit services
- Coordinated the Bell Let's Talk event at York Region Transit's 55 Orlando Avenue bus maintenance facility
- Participated in career fairs at Durham College, University of Guelph-Humber and Humber College Lakeshore
- Developed and implemented an electronic scheduling program with York Region Transit's Systems Management group through an internal reporting program
- Incorporated a Field Sergeant position as a pilot project to provide further supervision and support to on-street staff

01 York Region Police Polar Plunge

02 Big Brothers Big Sisters of York Holiday Family Program

03 2018 Peace Officers' Memorial



01 Recruitment Outreach – ABLE Job Fair

Q2 April to June

- Inspected 115,023 fares
- Maintained a 4.75 per cent inspection rate and a 1.50 per cent evasion rate of inspections
- Administered 1725 evasions
- Completed 1,278 general occurrence reports
- Participated in the International Day for the Elimination of Racial Discrimination hosted by York Regional Police
- Participated in the Annual Law Enforcement Torch Run, Race for Plunkett
- Attended the 'We Belong' Pride Breakfast, hosted by York Regional Police
- All Special Constables, Fare Media Inspectors and management completed Mental Health First Aid training
- Participated in a Toronto Police LGBTQ2S awareness presentation with Toronto Transit Commission's Enforcement team
- Two staff attended a Social Media in Communications course at the Toronto Police College
- Hosted representative from Sunnybrook Health Services Centre to provide 'Stop the Bleed' training to staff
- An Enforcement Special Constable received the Lifetime Law Enforcement Achievement Award presented by Blue Line

Q3 July to September

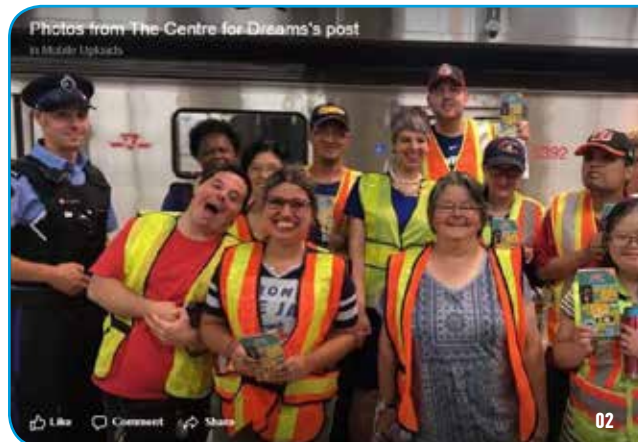
- Inspected 112,025 fares
- Maintained a 4.96 per cent inspection rate and a 1.78 per cent evasion rate of inspections
- Administered 2,411 evasions
- Completed 1,011 general occurrence reports
- Partnered with Toronto Transit Commission and Metrolinx to host the first Annual Transit Special Constable Women's Symposium
- Hosted a community learning event for The Centre for Dreams day program members
- York Region Transit Special Constables partnered with York Regional Police Officers and spent a day with students participating in the Youth in Policing Initiative program
- Special Constables marched in the Canadian Police and Peace Officers Memorial Service at Parliament Hill in Ottawa
- On-boarded six new Special Constables

Q4 October to December

- Inspected 87,567 fares
- Maintained a 3.85 per cent inspection rate and a 2.19 per cent evasion rate of inspections
- Administered 1,918 evasions
- Completed 1,155 general occurrence reports
- Sponsored and supported a family through the Big Brothers and Big Sisters of York holiday family program
- Conducted safety initiatives with York Regional Police that focused on community outreach and visibility on transit services in Newmarket
- Conducted field testing of a new PRESTO hand-held card reader device
- Staff participated in the CN Tower Stair annual climb in support of United Way
- Participated in career fairs at Centennial College and University of Guelph-Humber, and attended the Public Safety and Protection Forces Career Fair Expo as part of ongoing recruitment outreach initiatives



01 Transit Special Constables Women's Symposium



02 Centre for Dreams Tour



01 Career Fair at Centennial College

02 Protection Forces and Public Safety Expo Career Fair

03 United Way CN Tower Climb

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE CHIEF OF POLICE

JUNE 26, 2019

**Enforcement of the *Ontario Society for the Prevention of
Cruelty to Animals Act***

RECOMMENDATION

1. That the Board receive this report for information.

SYNOPSIS

In March 2019, the Ontario Society for the Prevention of Cruelty to Animals (OSPCA) advised that it would discontinue its long-standing work enforcing animal welfare in Ontario. Since that time, the provincial government attempted to secure a service extension agreement with the OSPCA to January 2020, at which time the province intends to introduce a new animal welfare enforcement model for Ontario. The provincial government was unsuccessful in that regard and has confirmed that the OSPCA's last day enforcing the *Ontario Society for Protection of Animals Act* will be June 28, 2019.

The provincial government recently passed legislation permitting it to appoint humane societies and/or other parties willing to enforce animal welfare legislation to fill the void left by the OSPCA's impending withdrawal. At this time, no such alternates exist in York Region. In absence of the OSPCA or an alternate, the legislation leaves enforcement of animal welfare to the police. York Regional Police anticipates an increase in calls for service starting on June 29, 2019, with nowhere to refer those calls.

York Regional Police does not have the necessary infrastructure, resources or expertise to adequately enforce animal welfare legislation. Nor has York Regional Police accounted for any incremental expenditures in its operating budget. The gap in service left by the withdrawal of the

OSPCA and the lack of interim legislative support in York Region, poses a potential risk to our people, our community and, importantly, the animals that live here.

FINANCIAL IMPLICATIONS

Funding in the amount of \$107.8 million is included in the 2019 Operating Budget for front-line patrol, including approximately \$0.08 million to attend existing animal complaint calls for service. The anticipated increase to call volume, subsequent investigation time per call and potential training is expected to increase operating accounts including salaries, overtime and training expense by up to \$1.03 million. It is anticipated that the impacts of OSPCA legislation will be included in the proposed 2020 Operating Budget either as a cost pressure or partially offset by savings from risk mitigation funding, service level adjustments or efficiencies.

BACKGROUND

The Ontario Society for the Prevention of Cruelty to Animals (OSPCA) is a charitable organization that has been in existence since 1873. The OSPCA has provided animal welfare protective services in Ontario for over 100 years. The provincial headquarters of the OSPCA is located in the Town of Whitchurch-Stouffville.

On March 4, 2019, the OSPCA announced that it intended to discontinue its work enforcing Ontario's animal welfare legislation, the [Ontario Society for Protection of Animals Act \(the Act\)](#), on March 31, 2019.

The provincial government reached an agreement with the OSPCA whereby the OSPCA agreed to continue providing animal welfare enforcement services until June 28, 2019. However, the extension agreement did not cover matters involving livestock, which the OSPCA discontinued responding to on March 31, 2019.

The provincial government was unsuccessful in its efforts to reach an agreement with the OSPCA to extend its work to the end of 2019. See **Appendix A** for Ontario's May 17, 2019 announcement.

The provincial government intends to develop a new animal welfare enforcement model for Ontario by January 2020. In an effort to provide service coverage to areas impacted by the OSPCA's departure in the interim, the province passed the [Ontario Society for the Prevention of Cruelty to Animals \(OSPCA\) Amendment Act \(Interim Period\) 2019](#) which permits it to appoint humane societies and/or other parties willing to enforce the Act to fill the void left by the OSPCA. See **Appendix B** for Ontario's June 6, 2019 announcement.

In the absence of the OSPCA or alternate, the Act provides that police services are the only remaining entities permitted to enforce the legislation. York Regional Police anticipates a significant increase in calls for service starting on June 29, 2019 with nowhere to refer those calls.

Since learning of the OSPCA's intention to withdraw from service and recognizing the potential impact to our service, the community and the animals that reside here, York Regional Police took the following steps:

- Met with and obtained information from members of the OSPCA about its announcement to withdraw, their work in York Region and future intentions;
- Informed the Ontario Association of Chiefs of Police about the potential gap in service and sought its assistance;
- Formally advised the Solicitor General of York Regional Police concerns with taking on the enforcement of the Act on such short notice and without appropriate training, staffing and financial supports;
- Completed a police survey distributed by the provincial government about animal welfare enforcement in York Region;
- Engaged in a preliminary police working group consultation meeting hosted by the Ministry of the Solicitor General about the future of animal welfare enforcement in Ontario during which time our concerns were raised;
- Obtained information from all York Region municipalities concerning animal control under their respective by-laws;
- Consulted with subject matter experts;
- Determined necessary training and financial requirements to enforce the Act;
- Confirmed with the OSPCA that it will provide for law enforcement support to police services in person for a fee;
- Confirmed with the Ministry of Agriculture, Food and Rural Affairs and the Office of the Chief Veterinarian that it will provide technical support only for calls involving livestock with respect to agricultural standards of care;
- Obtained information about a forthcoming OSPCA fee-for-service schedule for police, should York Regional Police need to contract the services of the OSPCA (See **Appendix C** for the OSPCA schedule as was presented to municipal entities); and
- Advised the Ministry of the Solicitor General of our concerns with the interim legislation and the fact that the legislation does not appear to respond to the needs of York Region.

The above efforts have been informative but have not resulted in a solution to the impending gap in service in York Region.

York Regional Police will continue to advise the Ministry of the Solicitor General of our ongoing concerns and seek its assistance in determining where animal welfare enforcement investigations ought to be re-directed starting on June 29, 2019.

Robertson Rouse
Deputy Chief, Administrative Branch

EJ:mi

Accessible formats or communication supports are available upon request.

Ontario Takes Next Step to Improve Animal Protection

Province Launches Public Survey; Acts to Ensure No Animal Falls Through the Cracks

May 17, 2019 9:30 A.M.

Ontario's Government is working to improve the animal welfare system to make sure it is more robust, transparent and accountable. As this work proceeds, the government wants to hear from the people of Ontario.

A [public survey](#) has been posted online to ensure everyone has the opportunity to share their thoughts to help improve animal welfare. This feedback will directly inform Ontario's new model.

In the 2019 Ontario Budget, Protecting What Matters Most, the government promised to review existing legislation to ensure appropriate measures are in place to provide animals with the protections they deserve and Ontarians expect.

"Protecting animals is important to the people of Ontario, and it's important to me," said Sylvia Jones, Solicitor General. "Our government has always maintained that the system can be made more robust, transparent, and accountable. While work is already underway to introduce a better system, I'm counting on the people of Ontario to share their ideas, feedback, and concern as part of our public survey."

In addition to the public survey, the government today [posted a regulation](#) intended to help ensure no animals fall through the cracks during the transition to the new enforcement model.

This regulation will provide options to ensure effective enforcement until the new model is implemented. The regulation enables affiliates of the Ontario Society for the Prevention of Cruelty to Animals (OSPCA), such as local humane societies, to continue enforcement should they wish to do so.

"A number of OSPCA affiliates stepped forward to offer their continued assistance as we work towards a new, permanent enforcement model," said Jones. "Our government wants to empower these affiliates to continue protecting animals as we develop a new model. This work cannot be rushed, and animal protection is too important not to get right. This is a temporary solution to fill in the gaps while we transition to a new model."

To report an animal in distress or suspected animal abuse, you can:

- Call 310-SPCA (7722) or 1-888-668-7722 or email cruelty@ospca.on.ca.
- Contact your [local OSPCA branch or affiliate](#), local humane society, or your local police service.

QUICK FACTS

- The OSPCA has provided animal welfare protection services in Ontario for over 100 years. On March 4, 2019, they provided the province notice that they intend to discontinue those services.
- An agreement was reached between Ontario and the OSPCA to extend animal welfare law enforcement services until June 28, 2019. The OSPCA has refused to extend that agreement until the end of 2019, when a new system will be in place.
- Police services continue to have the authority to enforce the laws that protect animals in Ontario.

Marion Isabeau-Ringuette Office of the Solicitor General
Marion.IsabeauRinguette@ontario.ca
Brent Ross Communications Branch
416-314-7024

[Available Online](#)
[Disponible en Français](#)

New Measures Will Help Protect Animals

Province Passes OSPCA Amendment Act (Interim Period), 2019

June 6, 2019 12:15 P.M.

Ontario passed the [Ontario Society for the Prevention of Cruelty to Animals \(OSPCA\) Amendment Act \(Interim Period\), 2019](#), a temporary measure to keep animals safe while the province transitions to an improved animal protection enforcement system that is more robust, transparent and accountable.

This act empowers the province to appoint a Chief Inspector, who can in turn appoint qualified local inspectors at affiliated humane societies and others who are willing to assist and ensure animal welfare enforcement continues after June 28, 2019, when the OSPCA will withdraw its animal protection enforcement services.

"The OSPCA Amendment Act allows local humane societies to continue the important enforcement work that they've already been doing for many years," said Sylvia Jones, Solicitor General. "This is a temporary solution to fill the gaps until we transition to a new model in 2020."

Ontario has been seeking public feedback through an [online survey](#) to ensure the people of Ontario have the opportunity to share their thoughts to help improve animal protection. This feedback will directly inform Ontario's new model.

"We are taking action to ensure the laws we have in place protect animals from abuse and neglect, and hold people accountable when they do not properly look after animals under their care," said Jones. "I know the people of Ontario support our government's commitment to develop a better animal protection enforcement system. We're going to deliver on our promise to improve the system."

STAKEHOLDER QUOTES

"Humane Societies are the only specialized force in the country dedicated solely to animal protection and we look forward to working with the Government of Ontario throughout this consultation to ensure an enforcement role for local Humane Societies ensuring protection for our animals."

- Humane Canada

"We are very pleased at the government's efforts to ensure that an effective transition plan is in place for the remainder of the year to protect Ontario's animals. Our organization looks forward to working with others to create a new animal welfare and law enforcement structure in Ontario

that will be a model for other jurisdictions, and in the meantime, we welcome the opportunity to continue our current animal welfare enforcement work. We appreciate the government's willingness to take the steps needed to make this smoother transition possible."

- Windsor-Essex County Humane Society

"The Hamilton/Burlington SPCA is ready to continue serving community through animal protection, enforcement and investigation services as the province works towards a new, permanent enforcement model."

- The Hamilton/Burlington SPCA

"Our Board of Directors has been very clear that we want to continue to provide animal protection in our communities. We have been providing this service for many years in Waterloo Region (except Cambridge) and Perth County and are committed to ensuring that the animals, who don't have a voice, have the care and protection they need."

- The Humane Society of Kitchener Waterloo & Stratford Perth

"This progressive measure will enable protection for animals to continue while the government works to develop robust animal protection legislation that includes transparency and accountability. In response to the Ontario SPCA's decision to withdraw from enforcement and from their legislated responsibilities relating to the Chief Inspector, Bill 117 will enable the province to appoint a Chief Inspector who will empower Humane Society Inspectors to continue their vital work to protect Ontario's animals."

- The Lincoln County Humane Society

"The Guelph Humane Society is one of the affiliated humane society's that has willingly stepped forward to offer our continued assistance as the Province works towards a new, permanent enforcement model."

- The Guelph Humane Society

"This temporary legislative measure will keep animals in our region and across Ontario safe in the interim. It will allow the provincial government the appropriate time to build a more robust, transparent and accountable animal protection system in Ontario."

- Humane Society London & Middlesex

QUICK FACTS

- The OSPCA has provided animal welfare protection services in Ontario for over 100 years. On March 4, 2019, they provided the province less than 30 days' notice that they intended to discontinue those services as of March 31, 2019.
- An agreement was reached between Ontario and the OSPCA to extend animal welfare law enforcement services until June 28, 2019.

- The province is working to have a new animal welfare system in place in January 2020. However, the OSPCA has refused to extend the current agreement to support the transition to the new system.

Marion Isabeau-Ringuette Office of the Solicitor General
Marion.IsabeauRinguette@ontario.ca
Brent Ross Communications Branch
416-314-7024

[Available Online](#)
[Disponible en Français](#)



ONTARIO SPCA ENFORCEMENT SUPPORT SERVICES

Schedule of services and fees

ONTARIO SPCA

AND HUMANE SOCIETY

Ontario's animal charity since 1873.

SERVICES

Enforcement Technical Support:

- Case review, consultation and planning
- Investigations and/or legal services
- Assist with ITO or brief preparation
- Field work, including officer hours on scene and related administration
- Forensic or other veterinary medicine services
- Animal removal (care and handling, transport, boarding, placement)
- Personnel to attend for animal removal under the Act
- Standby services for natural disasters or urgent response cases

Call Centre – 310-SPCA/Law Enforcement Hotline:

- Receive calls from public and redirect to appropriate responder during regular business hours
- Community outreach consultations to address animal protection concerns that do not fall within law enforcement
- Law enforcement only –initial consultation/advice on case during regular business hours

Boarding:

- Standard market value services and rates

Training:

- Costs to be determined based on the type and scope of training and number of participants

Bylaw Review:

- Municipal bylaw review (free initial consultation)
- Detailed analysis, including a report and recommendations

FEES

Enforcement Support Service staff time:

Technical support: \$125 per hour*

Field work: \$65 per hour*

Senior Investigator: \$100 per hour*

Veterinary medicine: Fees as determined by consultation**

Legal advice: Fees determined by consultation**

Administrative services: \$50 per hour*

Training: Fees determined by consultation**

Standby charge: To be determined

Boarding:

Standard rate: \$30/day

Dangerous dogs: \$100/day

Livestock/exotics: Costs incurred

Special needs boarding: \$10/day is added to any boarding charge where the animal requires the administration of medical treatment etc.

Miscellaneous: As billed (registered letters, grooming etc.)

Costs:

Mileage: \$.60 per km

Meals: \$65/day/person

Accommodations: \$150/night

Trucking expense: Cost incurred

Veterinary expense: Cost incurred

Administration fee: 12.5%

Prices and costs shown are subject to change.

Some services may be contracted to other organizations.

* Minimum 3 hours

** Plus OSPCA Administrative Fee

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE EXECUTIVE DIRECTOR

June 26, 2019

**Public Relations Reserve Fund
Request for Funding**

RECOMMENDATION

1. That the Board approve an expenditure in the amount of \$2,500 to support the request from the Canadian Association of Police Governance.

BACKGROUND

The Public Relations Reserve Fund Policy No. 08/08 outlines the use of unused monies in the Public Relations Reserve Fund. The monies from this fund are from proceeds from the sale of unclaimed personal property and money found and seized by the police service and can be used for any purpose that the Board considers in the public interest in accordance with Sections 132 (2) and 133 (3) of the *Police Services Act*.

The Executive Director monitors expenditures and reports to the Board semi-annually on the Public Relations Reserve Fund.

FINANCIAL IMPLICATIONS

The closing balance of the reserve fund on April 30, 2019 was \$121,309.

REQUEST FOR SPONSORSHIP

Canadian Association of Police Governance

The Canadian Association of Police Governance (CAPG) is the only national organization and national voice for police governance in Canada and represents 75% of municipalities. The CAPG is seeking sponsorship for its 30th Annual Conference which will be held in Calgary from August 8 – 11, 2019. The conference provides opportunities for professional development and networking with other boards and police stakeholders from across Canada. The theme for this year is “Community Safety, Community Service and Community Strength”. At this time, the Chair, Vice Chair and Executive Director have confirmed their attendance at this year’s conference.

The Board is a long-standing supporter of the CAPG conference and has also hosted the conference in York Region in 2015. In keeping with previous Board sponsorship levels, it is recommended that the Board support the Cultivator sponsorship level in the amount of \$2,500. The funds raised through sponsorship will help offset the cost of the conference.

CONCLUSION

The Board has made significant investments from its Public Relations Fund in recent years in accordance with its Public Relations Reserve Fund policy. The funds help support community safety initiatives and help build partnerships with policing stakeholders.

Mafalda Avellino
Executive Director

/jk

Attachments

April 1, 2019

Regional Municipality of York
Police Services Board
17250 Yonge St 3rd Fl
Newmarket, Ontario
L3Y 6Z1

Dear Ms. Virginia Hackson,

RE: Support for the 30th Annual Conference of the Canadian Association of Police Governance

On behalf of the CAPG Board of Directors, I am writing to request your support for the 30th Annual Conference of the Canadian Association of Police Governance (CAPG). The conference, hosted by the Calgary Police Commission (CPC), will take place in Calgary, Alberta, on August 8 – 11, 2019.

The theme for this year's conference is **"Community Safety, Community Service, and Community Strength"**. Our theme deals with the responsibility of representation on our boards and commissions. Meaning, how do our members, collectively and as individuals, effectively represent the diverse community members and provide the oversight they have been tasked with? Our priority this year is to strategically target ways we can engage with our membership and use their input to help shape policies and plans for the police service.

The planning committee is asking for your support to help us offset the cost of putting on this first-rate conference. Our members have shown their generosity and commitment by sponsoring coffee breaks, hospitality suites, lunches or simply contributing whatever their budget can manage. There are a variety of exceptional sponsorship opportunities available that can be tailored to give a high level of recognition and visibility for your organization.

We are sincerely grateful for any contributions you are able to make, whether monetary or with promotional products that could be included in the delegate welcome bags. We commit to making the conference experience unique and rewarding for everyone who attends.

On behalf of the CAPG planning committee, I look forward to your positive reply.

Sincerely,



Jennifer Malloy
CAPG Executive Director
78 George Street, Suite 204
Ottawa, ON K1N 5W1
Phone: 613-344-2384 | Fax: 613-344-2385

30th ANNUAL CAPG CONFERENCE

Calgary, Alberta

August 8 - 11, 2019

2019 CONFERENCE SPONSORSHIP PROSPECTUS



CAPG
AUGUST 8-11, 2019
CALGARY

Canadian Association of Police Governance

78 George Street, Suite 204
Ottawa, Ontario K1N 5W1
www.capgconference.ca

tel. 613.344.2384
fax. 613.344.2385
email: conference@capg.ca

Dedicated to Excellence in Police Governance in Canada since 1989



INNOVATION

KNOWLEDGE

COLLABORATION

PROACTIVE

ABOUT THE CAPG

Who We Are

The Canadian Association of Police Governance (CAPG) is the only national organization dedicated to excellence in police governance in Canada. Since 1989, the CAPG has worked diligently to achieve the highest standards as the national voice of civilian oversight of municipal police. Our Association has grown to represent 75% of municipal police services throughout Canada.

Our Mission

The Canadian Association of Police Governance works collaboratively and pro-actively with members and partners to enhance civilian governance of policing in Canada.

ABOUT THE CONFERENCE

30 Years of Commitment

Celebrating our 30th year, the Annual CAPG conference is held over a four-day period during which delegates are encouraged to network, discuss, engage, and discover the rich community we continue to foster.

The conference offers a variety of learning and networking activities, including:

- Inspiring speakers and networking reception.
- Engaging and interactive plenary and small group discussions with thought leaders and field experts.
- Skill building workshops to help delegates develop concrete skills.

WHAT PEOPLE ARE SAYING...

“

I can say that your conference was very well organized and presented. I have been to a LOT of conferences, and this struck me as top notch!

Excellent information from across the Country on many aspects of issues facing police today.

I was quite impressed with the variety and scope of the speakers and panelists.

I wasn't sure what to expect. But I thoroughly enjoyed it and brought back with me considerably more insight.

The topics are always interesting and important for the overall policing function in Canada.

”

SPONSORSHIP BENEFITS

We strive to make the conference a valuable experience for all of our sponsors. We offer four standard levels of sponsorship to meet a variety of budgets and objectives. We recognize that you may have unique sponsorship needs and we look forward to working with you directly to create a customized package.

Sponsor Recognition

Sponsors receive recognition and thanks on all conference materials, on the CAPG's public website, social media sites, and newsletter.

Brand Exposure

Sponsors will also have the opportunity to include branded giveaways in the delegates' packages, and leave a lasting impression with delegates by being a front-and-centre presence at the Conference.

Connect With a National Audience

Engage with a national audience, with hundreds of delegates attending from across North America. Become part of our community! Invest in three cost-effective days connecting with the national police governance community.

Build Your Network

By sending company delegates, your organization will have the opportunity to connect with leading voices in police governance and will have access to the latest research, discussions and interests within the community.

SPONSORSHIP STREAMS

CHAMPION Sponsor \$10,000

Prioritized listing as a Champion Sponsor on all printed and on-line media, including the conference website, program and/or schedule- at-a-glance, e-blasts, and post-conference report.

Also includes:

1. Five (5) minute speaking opportunity to introduce one keynote speaker.
2. Two (2) complimentary conference registrations including evening activities.
3. One (1) insert in delegate and companion welcome bags.
4. Company logo featured on splash page of conference app.
5. Logo on banner in plenary room.
6. Logo on poster at registration desk.
7. Logo and recognition at one (1) evening activity.
8. Recognition in the fall edition of Board Connection, the CAPG quarterly newsletter.
9. Prioritized Recognition on social media.

ADVOCATE Sponsor \$5,000

Prioritized listing as a Advocate Sponsor on all printed and on-line media, including the conference website, program and/or schedule-at-a- glance, eblasts, and post-conference report. Also includes:

1. Listing on the conference app.
2. One (1) complimentary conference registration, including evening activities.
3. Logo on banner in plenary room.
4. Recognition in the fall edition of Board Connection, the CAPG quarterly newsletter.
5. Recognition on CAPG's social media profiles.

CULTIVATOR Sponsor \$2,500

Listing as a Cultivator Sponsor on all printed and on-line media, including the conference website, program and/or schedule- at-a-glance, e-blasts, and post-conference report.

Also includes:

1. Recognition in the fall edition of Board Connection, the CAPG quarterly newsletter.
2. Recognition on CAPG's social media profiles.

FRIEND Sponsor \$1,000

Listing as a Friend Sponsor on all printed and on-line media, including the conference website, program and/or schedule-at-a-glance, e-blasts, and post-conference report.

PEER Sponsor \$250 - \$500

1. Listing on the CAPG website.
2. Listing in conference program.
3. Listing in post-conference report.



CREATE YOUR OWN SPONSORSHIP!

Do you want to create your own version of an
engaging sponsorship experience?

Contact us to discuss the possibilities, or if you have
any questions, or you would like additional
information.

CONTACT CAPG

Jennifer Malloy
Executive Director

jmalloy@capg.ca
tel – 613-344-2384
fax – 613-344-2385

Canadian Association of Police Governance
78 George Street, Suite 204
Ottawa, Ontario K1N 5W1

Check Us Out



www.capg.ca





2019 CONFERENCE SPONSORSHIP APPLICATION

August 8 to 11, 2019 - Calgary, Alberta

Organization Information

Company/Organization: _____

Contact person: _____

Title: _____

Address: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Tel: _____ Ext: _____ Cell: _____

E-mail: _____

SPONSORSHIP STREAMS

- | | | |
|--------------------------|------------------------|-----------|
| <input type="checkbox"/> | CHAMPION Sponsor | \$10,000 |
| <input type="checkbox"/> | ADVOCATE Sponsor | \$5,000 |
| <input type="checkbox"/> | CULTIVATOR Sponsor | \$2,500 |
| <input type="checkbox"/> | FRIEND Sponsor | \$1,000 |
| <input type="checkbox"/> | PEER Sponsor | \$250-500 |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | Customized Sponsorship | \$_____ |

METHOD OF PAYMENT

Completed form can be returned by 613-344-2385 or by email at conference@capg.ca

- ☐ MasterCard ☐ Visa ☐ Cheque ☐ Electronic Funds Transfer

Card Number: _____ Expiry Date: _____ 3-Digit Security Code: _____

Cardholder's Name: _____ Signature: _____

THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD

REPORT OF THE EXECUTIVE DIRECTOR

June 26, 2019

Approvals During Board Recess

RECOMMENDATIONS

1. That during any period when regular meetings of the Board are suspended, either over the summer months or for any other reason, the Board Chair and the Chief of Police (or his delegate), or in the absence of the Chair, the Vice Chair and Chief of Police (or his delegate) be authorized to:
 - (a) Award and execute contracts and other forms of commitment where such matters are not otherwise currently delegated by the Board, including leases;
 - (b) Approve the exercise of the Board's rights and remedies at law including termination of contracts and settlement of claims, appeals and other matters before the courts or administrative tribunals.
2. That the exercise of this authority be subject to the following conditions:
 - (a) The Chair and the Chief of Police (or his designate) or in the absence of the Chair, the Vice Chair and Chief of Police (or his designate) being satisfied that the authorization is required to prevent interruption of service delivery or to avoid incurring unnecessary costs;
 - (b) A memorandum outlining the necessity of such requests be submitted to the Chair and the Chief of Police by the respective Officer in Charge;
 - (c) Any contracts or documentation be subject to review and approval by Legal Services as to form and content; and
 - (d) A report be submitted to the Board at its next regular meeting to advise of the approval of any contracts under this authority.
 - (e) Reporting is only required if any commitments have been made under this authority.
3. That the conditions set out in Recommendation No. 2 in this report apply equally to the approval of purchases by the Chief of Police, during any period when regular meetings are suspended including summer recess, under the Board's Purchasing Bylaw.
4. That during the summer recess period from June 27, 2019 to September 24, 2019, the Board delegate to the Chair and Vice Chair of the Board the authority conferred on it by the *Police Services Act* as provided for in Section 34.

PURPOSE

The purpose of this report is to seek the Board's authorization to delegate approval of certain matters that are not already delegated, in order to ensure the continuity of services during those periods when regular meetings are suspended.

The Board's Purchasing Bylaw delegates the authority to award and execute contracts for goods and services subject to certain conditions and expenditure limits. The Purchasing Bylaw also provides that the Chief may award any contract during any period that regular Board Meetings are suspended including the summer recess, providing a report is submitted when the Board resumes setting out the details of any contract awarded. However, the Purchasing Bylaw does not contain any preconditions which require justification of the necessity of the approval. It is recommended, therefore, that the preconditions set out in Recommendation No. 2 in this report apply equally to the approval of purchases by the Chief of Police, during any period when regular meetings are suspended including summer recess, under the Board's Purchasing Bylaw.

There are some matters which are not governed by the Purchasing Bylaw and which would still require Board authority. For instance, leases are not governed by the bylaw. In addition, the extension of existing agreements which may not be the subject of a competitive process may also require Board authority. As well, matters before the courts or tribunals may need resolution during Board recess.

The Board's Execution of Documents Bylaw authorizes the Chair or Vice Chair to execute contracts and agreements but only where such agreements have been authorized by the Board pursuant to section 3.1 of the bylaw. Such authorization cannot be obtained during the Board's summer recess.

Section 34 of the Police Services Act allows a Board to delegate to two or more of its members the authority conferred on it by this Act, except the authority to bargain under Part VII, which may be delegated to one or more members.

ANALYSIS AND OPTIONS

During a recess period authorization may be required to approve contracts and authorize leases that are not currently authorized by the Purchasing Bylaw. Other matters that may require resolution include contract disputes, litigation matters and issues arising during hearings (for example, judicial review). In these circumstances, it is recommended that the authority to make such commitments be jointly delegated to the Chair and the Chief. It is also recommended that certain procedures be put in place as follows:

- That a memorandum be submitted by the respective Officer in Charge indicating the need for the approval;
- That any contract or other form of commitment be subject to review and approval by Legal Services; and
- That the authorization to approve the transaction or activity is required to prevent interruption of service delay or to avoid incurring extra costs.

A similar practice has been established in past years to ensure continuity of service delivery.

FINANCIAL IMPLICATIONS

Any commitment authorized under the approval process set out in this report will be subject to funds being available in the annual police budget.

CONCLUSION

In order to ensure continuity of service delivery during the period when regular Board meetings are suspended, it is recommended that a process be adopted as set out in this report of matters not currently authorized by the Purchasing Bylaw or other delegated authorities. The authority would be exercised only where strictly essential and would be subject to a report to the Board at the next regular meeting of the Board to advise of any commitments made under this authority.

Mafalda Avellino
Executive Director

**THE REGIONAL MUNICIPALITY OF YORK
POLICE SERVICES BOARD**

BY LAW NO. 07-19

**A By Law to Confirm
the Proceedings of the Board at its Meeting
held on June 26, 2019**

The Regional Municipality of York Police Services Board HEREBY ENACTS as follows:

1. The action of the Board in respect of each motion, resolution and other action passed and taken by the Board at its meeting is hereby adopted, ratified and confirmed.
2. The Chairman of the Board, the Chief of Police and Deputy Chiefs of Police are hereby authorized and directed to do all things necessary to give effect to the said action or to obtain approvals where required, and, except where otherwise provided, the Chairman and Executive Director are hereby directed to execute all documents necessary in that behalf.

ENACTED AND PASSED this 26th day of June, 2019

Mafalda Avellino, Executive Director

Mayor Virginia Hackson, Chair