

Toronto Community Crisis Service

One-year outcome evaluation report: Executive Summary



Toronto Community Crisis Service staff: Canadian Mental Health Association Toronto

Photo courtesy of the City of Toronto

September 2023

Executive summary

Launched on March 31, 2022, the Toronto Community Crisis Service (TCCS) is a pilot project offering a community-based crisis response service in four pilot regions within the City of Toronto. The TCCS is led by the City of Toronto in partnership with Findhelp 211 (211), Canadian Mental Health Association – Toronto (CMHA-TO), Gerstein Crisis Centre (GCC), TAIBU Community Health Centre (TAIBU), and 2-Spirited People of the 1st Nation (2-Spirits), and with the support of the Toronto Police Service (TPS).

Third-party evaluators from the Provincial System Support Program (PSSP) and Shkaabe Makwa at the Centre for Addiction and Mental Health (CAMH) completed a six-month implementation evaluation in January 2023 that would set the stage for a one-year outcome evaluation. From January 2023 through June 2023, evaluators engaged all TCCS partners in the collaborative design and execution of a revised, outcomes-focused evaluation framework that leveraged previous work while responding to lessons learned throughout implementation. This evaluation report reflects findings related to TCCS experiences and outcomes after 13 months of operation, from March 31, 2022 to April 30, 2023, and was guided by five key evaluation questions:

1. How did stakeholders experience the TCCS, and how did experiences vary within and across groups?
2. How have communities experienced the TCCS?
3. To what extent and how were non-emergency mental health and crisis-related calls to 911 and 211 responded to by the TCCS?
4. To what extent and how were direct crisis supports provided and connections made to appropriate community-based follow-up supports through the TCCS?
5. To what extent has the TCCS demonstrated its guiding principles?

A variety of methodological approaches were used to collect and analyze primary and secondary quantitative and qualitative data from three key participant groups: service users, service providers and community members. Data were then iteratively integrated and organized in response to the key evaluation questions, which, taken together, illustrate key stakeholder experiences and outcomes within the first year of TCCS operations.

Overall, results reinforce six-month evaluation findings that the service has been implemented with a high degree of success. Data show the TCCS is effectively and increasingly diverting mental and behavioural health crisis calls from police response; connecting service users to community-based follow-up supports; and leading to positive experiences for service users, service providers and the community at large. Also consistent with interim findings was the presence of clear opportunities for collective learning and quality improvement in collaboration and operational processes.

Key findings:

- The TCCS received a total of 6827 calls in its first 13 months, of which 93% were successfully completed. Most often, these calls were for “person in crisis” (47%) and “well-being check” events (24%). Call volumes differed between pilot regions, with the Downtown East receiving the most (39%), followed by the Northeast (25%), Downtown West (21%), and Northwest (12%).
- Call volumes are increasing over time and the intake source is changing. The number of calls received by 911 (54% overall) decreased over the period and stabilized in recent months, whereas the number of completed calls received directly by Findhelp 211 (34% overall) steadily increased from an average of 89 calls per month in the first six months to an average of 236 calls per month since October 2022.
- Of total calls received, 86% resulted in a TCCS Community Crisis Team (CCT) dispatch. Of these, 61% were completed, meaning CCTs met with service users and provided crisis care. Other dispatch dispositions (i.e., outcomes) include instances where service users were unable to be located upon CCT arrival (21%); service users declined service upon CCT arrival (8%); CCT support was no longer needed (6%); and CCTs provided support over the phone (4%).
- The overall diversion rate, defined as total calls received by 911 specifically that were subsequently transferred to the TCCS and completed by CCTs with no observed police on scene, was 78% over the 13-month period.

Executive summary

- The average total length of a TCCS call from receipt by Findhelp 211 has stabilized over time at 8 minutes 15 seconds. The median time for CCTs to arrive on scene increased slightly from 22 minutes to 25 minutes, while the median time from arrival on scene to completion of the event decreased from 53 minutes to 30 minutes.
- CCTs provided a wide range of crisis-related material resources, such as clothing and food; supports, such as resource-sharing and advocacy; and interventions, such as risk assessment, counselling, rapport building and safety planning. Referrals to shelter and crisis beds accounted for over half of all on-scene referrals made by CCTs.
- A total of 61% of service users agreed to receive follow-up support. Additionally, out of a total 1,160 service users who received follow-up support, over half (57%) of received support within the 90-day model of transitional care.
- For those receiving follow-up support, referrals were most commonly made for mental health and substance use referrals (26%), housing (16%), and case management (13%). A range of culturally relevant supports were provided to service users, of which 50% were Indigenous-specific supports such as traditional medicine and wholistic¹ family and kinship care; Afrocentric and West Indian/Caribbean-centric supports were next most commonly provided.
- TCCS service users reported generally positive experiences and an overall high level of satisfaction with the service, with 95% of service users surveyed indicating they were very satisfied or satisfied with support provided and that their overall experience was very good or good. Qualitatively, service users attributed their positive experiences to feeling respected, listened to, and meaningfully supported by non-judgmental and compassionate staff who took a person-centred approach and were able to provide holistic care that met individuals' wide-ranging and complex support needs.
- Sociodemographic data collected among service users receiving follow-up support from October 2022 to April 2023 suggest the majority of service users were between the ages of 30 and 64 years; race was most commonly reported as white (33%), Black (29%), Indigenous (9%), and South Asian or Indo-Caribbean (9%). Instances of gender identification were fairly evenly split between men (50%) and women (43%). In 85% of cases, service users indicated they had past month challenges meeting basic needs, and in 36% of cases, service users identified themselves as unstably housed. Of reporting service users, 59% indicated they live with a disability.
- TCCS service providers similarly reported positive experiences with the program, the nature of collaboration between partners, and the level of support provided to them. Specifically, 82% of frontline service providers are satisfied or very satisfied with their role and responsibilities in the service, and 93% indicated they would be likely or very likely to recommend the service to someone they know who is in need of help. However, opportunities for improvement in equitably supporting staff, refining operational processes and further enhancing communication and collaboration across partners were also identified.
- At the community level, public awareness has increased over time but is generally lacking, which is contributing to challenges with engagement in the broader service community and amongst the public. Ongoing awareness building, outreach and engagement is required to build capacity and trust in the TCCS. Impacts of the TCCS on public perceptions of community safety and well-being are emerging but challenging to achieve in isolation and in the context of broader system capacity gaps in health and social services. Such long-term impacts are also challenging to meaningfully evaluate at this early stage.
- Overall, feedback from all participant groups indicate the TCCS has successfully been operating in close alignment with its guiding principles. This has been achieved through a variety of mechanisms, including principled leadership and administration by the City of Toronto; organizational values and leadership within each of the service partners; the composition of staff teams' identities, skills and values; and the health care and well-being practices being offered to the community.

¹ Wholistic(ally): An Indigenous worldview that sees the whole person as being interconnected to "all my relations". The "w" is used intentionally in the Indigenous wholistic framework to reference the whole person, which includes the notion of Spirit. This wholistic lens is integral to many Indigenous teachings in North America [1,2].

Executive summary

Recommendations

Based on the findings of this evaluation, a series of recommendations are proposed to support ongoing successful operation and growth of the TCCS:

1. Expand geographical eligibility to be city-wide to support equity, accessibility and overall program efficiency.
2. Consider implementing implied consent at 911 intake source only if/when geographic eligibility is city-wide.
3. Continue to regularly review and audit 911 calls in order to further expand and refine TCCS eligibility criteria.
4. Establish clear response processes for non-standard crisis support calls including a) callers requesting status updates; and b) repeat callers requesting follow-up support that does not meet crisis criteria.
5. Continue inter-partner engagement to build trust, relationships and capacities.
6. Continue engagement and awareness-building with TPS to promote a holistic understanding of crisis response and build awareness of each responder's roles and responsibilities.
7. Increase staffing at each stage of the TCCS service pathway are required to a) respond to increasing direct calls to Findhelp 211, untapped potential 911 calls suitable for diversion, and proposed boundary expansions; and b) to improve staff and service user experience.
8. Ensure robust and equitable health and well-being supports are available to all staff, including part-time and relief staff, across organizations.
9. Implement centrally coordinated and administered co-designed opportunities to engage in training on an ongoing or rolling basis.
10. Implement a TCCS Community of Practice to support standardization, quality improvement, professional development and relationship-building across sites.
11. Continue to monitor and evaluate use of radios.
12. Explore the feasibility of procuring and implementing a centralized data system.
13. Engage and collaborate with local payphone providers to ensure calls to Findhelp 211 from public payphones throughout the City of Toronto are free to callers.
14. Increase the frequency and scope of public awareness and education campaigns.
15. Continue to fund dedicated staffing positions or sufficient staffing levels to allow for dedicated time and capacity for TCCS staff to participate in community outreach.
16. Develop a strategic service provider engagement plan to support TCCS staff outreach.
17. Continue dedicated resourcing for community anchor agencies to access counselling and post-crisis support.
18. Advocate to increase funding and address system-level gaps in healthcare and housing.
19. Continue program monitoring to support ongoing service planning, quality improvement, and accountability; and plan for long-term evaluation to better understand impacts over time.
20. Continue co-design and respond to stakeholder needs in monitoring and evaluation to support engagement, trust and evaluation capacity across TCCS partners.
21. Prioritize service user engagement in future evaluations.

CAMH has appreciated the opportunity to support the evaluation of the TCCS in its inaugural year of operation and looks forward to supporting ongoing monitoring and evaluation as this unique, important, and impactful service continues to evolve to better meet the needs of historically underserved populations across the City of Toronto.