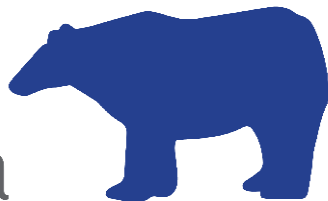# Fostering Meaningful Connections through the Toronto Community Crisis Service

Year 2 Evaluation Report

February 2025

camh | Shkaabe Makwa

Acknowledgements

Evaluation Team

Teely Hopkin, Shkaabe Makwa, CAMH
Patricia Orser, Provincial System Support Program, CAMH
Hamer Bastidas-Bilbao, Provincial System Support Program, CAMH
Nicole Nosworthy, Provincial System Support Program, CAMH
Stefanie Stuart-Williams, Provincial System Support Program, CAMH
Laura Gibbs, Provincial System Support Program, CAMH
Yara Janes, Shkaabe Makwa, CAMH
With appreciation to Adesola Popoola, Provincial System Support Program, CAMH, for supporting a rapid literature review and Anita Ravindran, Provincial System Support Program, CAMH, for project support.

Contact Information

Laura Gibbs, Provincial System Support Program, CAMH | laura.gibbs@camh.ca.
Yara Janes, Shkaabe Makwa, CAMH | yara.janes@camh.ca

Suggested Citation

Provincial System Support Program and Shkaabe Makwa. (2024). *Fostering Meaningful Connections through the Toronto Community Crisis Service: Year Two Evaluation Report*. Centre for Addiction and Mental Health.

Table of Contents

Table of Contents

Abbreviations

- 2-Spirits: 2-Spirited People of the 1st Nations
- AP: Anchor Partner Organization of the Toronto Community Crisis Service
- CAMH: Centre for Addiction and Mental Health
- CCT: Community Crisis Team
- CMHA TO: Canadian Mental Health Association – Toronto Branch
- GCC: Gerstein Crisis Centre
- PSSP: Provincial System Support Program
- TAIBU: TAIBU Community Health Centre
- TCCS: Toronto Community Crisis Service

Translations and Definitions

Kamaamwizme wii Naagidiwendiiying: Anishinaabemowin program name for TCCS at 2-Spirits which translates to "Coming together to (heal or look after or to take care of) each other."

Debaamjigewin Naagdobiigewin: in Anishinaabemowin means "Evaluation Framework"

Gaanaadimaat: Anishinaabemowin word that translates to "How it helped us?"

Throughout this document, the term Indigenous is used to describe the experiences of First Nation, Inuit and Métis service users.

Executive Summary

The Toronto Community Crisis Service (TCCS) is an innovative approach to responding to mental health crises that focuses on holistic health, prevention and well-being. An alternative to current police-led models, TCCS is a community-based service provided by multidisciplinary Community Crisis Teams (CCTs) that respond to non-emergency crisis calls and well-being checks.

TCCS is led by the City of Toronto and its Anchor Partners (APs): Findhelp|211, Canadian Mental Health Association – Toronto Branch (CMHA TO), Gerstein Crisis Centre (GCC), TAIBU Community Health Centre (TAIBU), and 2-Spirited People of the 1st Nations (2-Spirits). TCCS launched in March 2022 and has been evaluated twice: the first evaluation was conducted six months into TCCS' initial implementation and a subsequent evaluation occurred at the one-year mark. **Since its early stages, TCCS has demonstrated success through those two evaluations. A third evaluation, detailed in this report, further builds on those successes, this time highlighting the service users' perspectives and experiences to further demonstrate that the service provides a positive contribution to crisis response.**

The purpose of this evaluation was to build upon the findings obtained in previous evaluations and better understand the key aspects of the experience of service users throughout their service journey during crisis. We also aimed to describe any outcomes reported by service users. We hope that findings and insights derived from this evaluation will help improve the delivery of TCCS to better meet the needs of service users and support them in achieving equitable mental health outcomes.

This evaluation aimed to answer questions focused exclusively on the experience of service users. For this reason, we collected primary data by connecting and engaging directly with 35 service users who, through questionnaires, interviews, and art creations, told us about themselves and their experience reaching out to and receiving support from TCCS during mental health crisis. We also analyzed secondary data, obtained from impact stories written by service providers whose experiences, given their unique viewpoint from the frontlines, helped us gain familiarity with the unique features of TCCS' service delivery and develop an informed strategy for the analysis of primary interview data. At all times, we engaged with service users in way that was respectful of the confidentiality of any and all information they wished to share with us.

Findings of this evaluation were organized around themes. Overall, participating service users reported predominantly positive experiences with TCCS and their voices underscored three key aspects as follows:

Executive Summary

1. **A "human-to-human" professional relationship** (O'Reilly, 2021, as cited in Steimle, von Peter, Frank, 2024, p.9): Service users shared with us how the professional relationship they established with their TCCS service providers was characterized by positive rapport and a focus on emotional safety. Where possible, the professional relationship was further leveraged on shared identity aspects or lived experiences.

2. **Connecting with the whole person:** We also heard from service users that their experience with TCCS was grounded on a comprehensive assessment that helped them connect with wholistic supports in response to health and non-health related needs directly impacted by the crisis.

3. **Autonomy and collaboration:** TCCS service users also told us about an experience of care where autonomy and collaboration were paramount; which gave them the opportunity to have their preferences voiced and accommodated while being empowered to play an active role when making decisions throughout their care journey.

To a lesser extent, we also identified challenges among service users' experiences. These were related to interactions where service providers were not perceived as engaged or did not exhibit interest in a way that service users could perceive as genuine. Therefore, trust could not be established. Other challenges identified in the narratives shared by service users highlighted how TCCS' capabilities and scope of service can be limited in certain situations, such as crises directly related to broader socio-economic needs (e.g., lack of housing). We also heard about instances of difficult access to follow-up care, where service users experienced delays, interruptions, or unavailability of preferred services; this was attributed to an overall need for services that was greater than the available resources. Lastly, among the experiences reported by service users, we noticed variability regarding service users' perceived need or overall awareness of a complaint or feedback process to share their thoughts about TCCS and its APs.

In general, service users highlighted the value they perceive in TCCS and advocated for its continued development. To honour their participation, we have taken their experiences and used them as the essential resource for the development of specific and actionable recommendations. We hope these recommendations will help ensure that TCCS continues providing a humanizing professional interaction in response to crises, supports that consider service users' social circumstances, and a collaborative and person-centred care journey that leads to positive mental health, addictions, and wholistic well-being outcomes for all individuals and communities served by TCCS.

Background

Community Crisis Teams respond on-scene or on the phone

The Toronto Community Crisis Service (TCCS) is a community-based service with multidisciplinary Community Crisis Teams (CCTs) who respond to non-emergency crisis calls and well-being checks. An alternative to current police-led models which disproportionately harm marginalized communities (Marcus & Stergiopoulos, 2022), the TCCS is an approach to responding to mental health crises that focuses on wholistic health, prevention and well-being.

The service is delivered by five Anchor Partners: Canadian Mental Health Association – Toronto Branch (CMHA TO), FindHelp|211, TAIBU Community Health Centre (TAIBU), Gerstein Crisis Centre (GCC), and 2-Spirited People of the 1st Nations (2-Spirits). The program name for TCCS at 2-Spirits is "Kamaamwizme wii Naagidiwendiiying."

The CCTs meet with consenting service users on scene and provide a wide range of services, including crisis stabilization, provision of resources to meet basic needs, and referrals to other needed person-centered, culturally relevant services. In addition to providing direct and immediate crisis care, the teams connect consenting service users to case managers, or similar service providers, to further assess their needs, develop a care plan, and facilitate access to appropriate community-based follow-up supports.

Photo Credits: TAIBU Community Health Centre, September 2024

The TCCS is grounded in five guiding principles of care

Enable multiple coordinated pathways for service users to access crisis and support services.

Establish clear pathways for complaints, issues, and data transparency.

Ensure harm reduction principles and a trauma informed approach are incorporated in all aspects of crisis response.

Ground the service in the needs of the service user, while providing adaptive and culturally relevant individual support needs.

TCCS Five Guiding Principles of Care

1
2
3
4
5
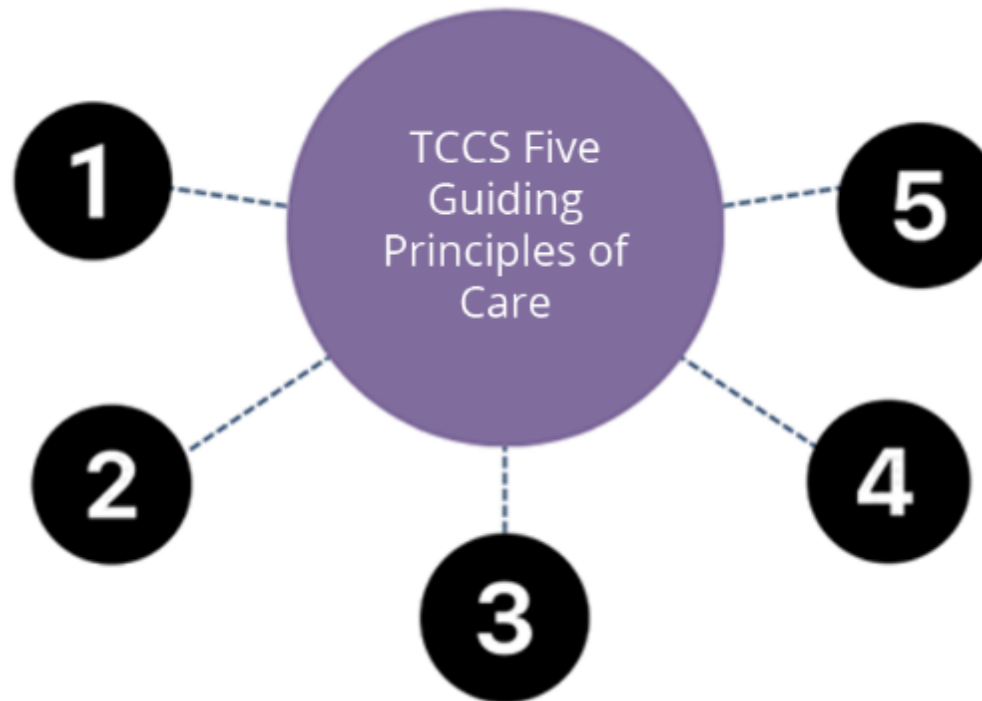
Ensure a transparent and consent-based service.

Figure 1. The five grounding principles of TCCS

Kamaamwizme wii Naagidiwendiiying is guided by the following framework and pillars
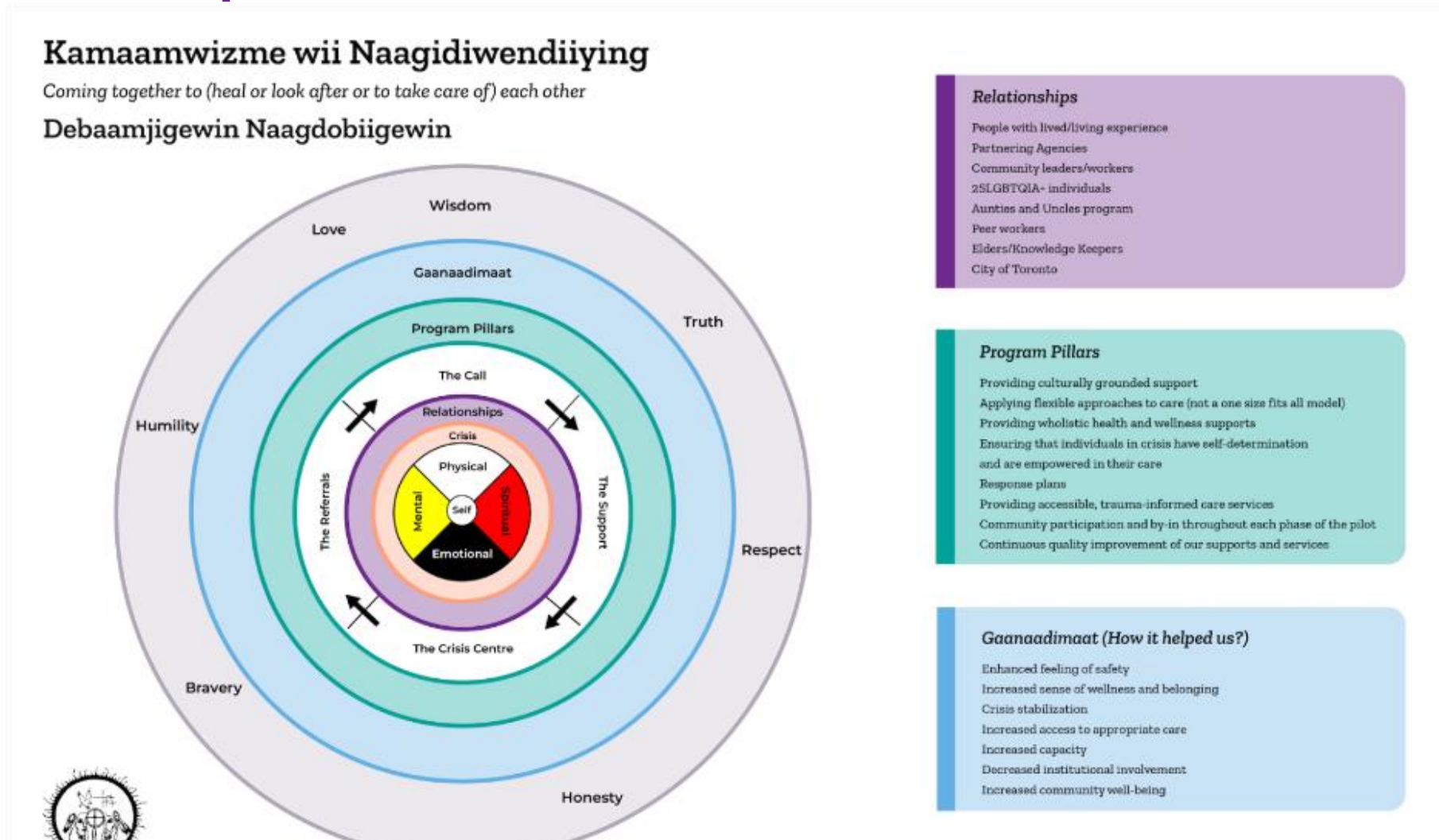
Figure 2. The Kamaamwizme wii Naagidiwendiiying Evaluation Framework (Debaamjigewin Naagdobiigewin)

Evaluation Overview

Previous evaluations demonstrated the success of TCCS

Evaluation Findings

In 2022, six months into the TCCS pilot phase, an evaluation was completed to assess the implementation fidelity and factors contributing to and hindering implementation. In 2023, a one-year evaluation determined the extent to which the model was achieving its desired outcomes. The findings of these previous evaluations are included in Figure 3.

To build on these findings, the City of Toronto and APs were interested in learning more about the experiences of service users. Thus, the current evaluation aimed to gather comprehensive data directly from service users to complement findings from previous evaluations.

6 Months

12 Months

At or After 6 Months of Implementation

- 2500 unique calls received (PSSP, 2023a)
- 700 referral to community-based supports (PSSP, 2023a)
- Service provider exhibited support and desire to collaborate and work towards quality improvement (PSSP, 2023a)

After 1 Year of Implementation:

- Over 6800 calls received (PSSP, 2023a)
- 78% of calls rerouted from 911 (PSSP, 2023b)
- 1996 referrals to community supports (PSSP, 2023b)
- Diverse supports provided to service users
- Continued positive feedback from service providers
- Overall satisfaction from service users
- Over the entire duration of the program, CCTs provided service users with diverse supports, including risk assessments, counselling, information, safety planning, as well as basic resources such as food and clothing (PSSP, 2023a; PSSP, 2023b)

Figure 3. Outcomes at six months and one year of implementation

13

The evaluation purpose was developed with the City of Toronto and APs
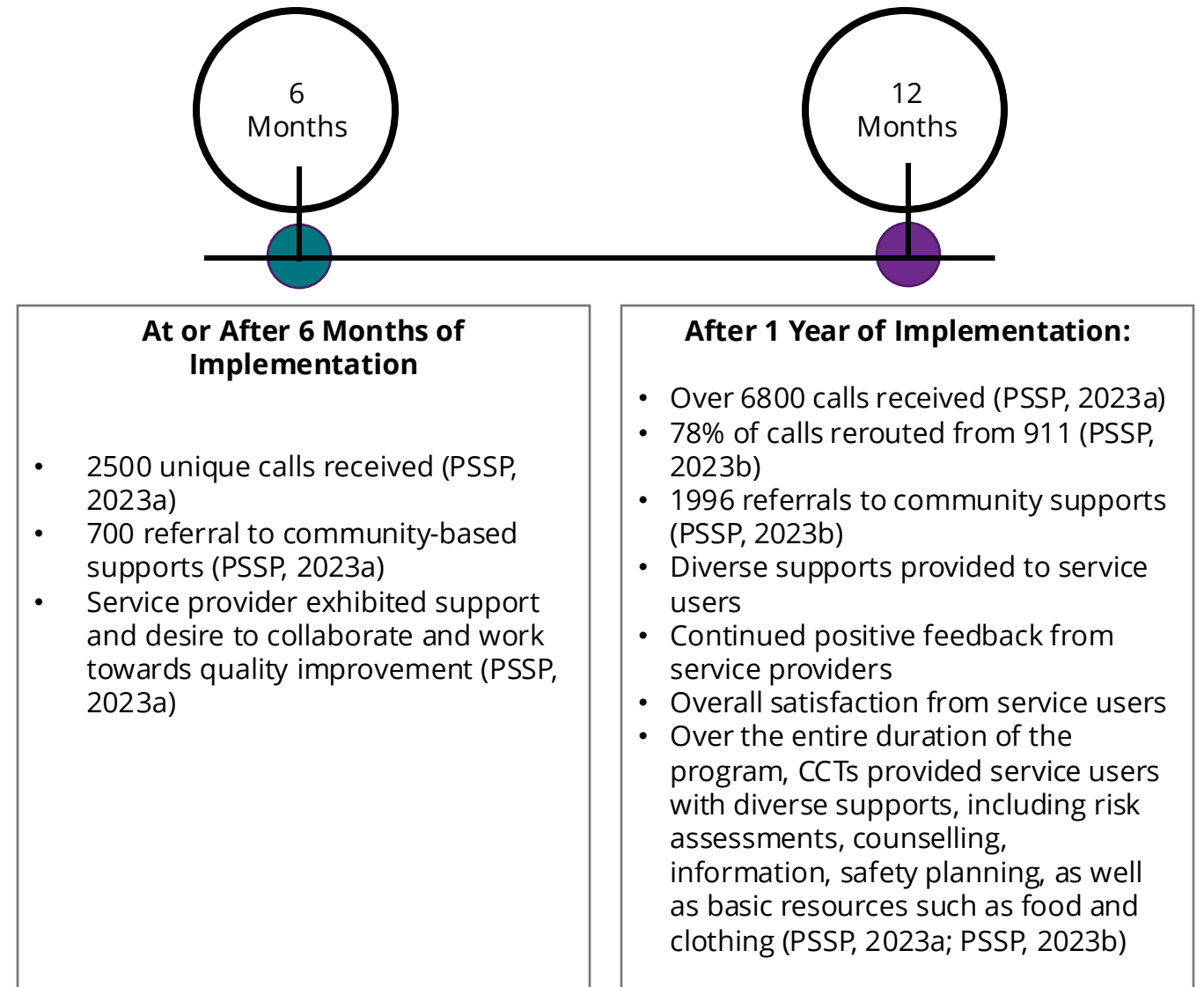
Evaluation Purpose

The purpose of this evaluation was to improve the delivery and equitable outcomes of TCCS to better meet the needs of service users. This includes people living with mental health and substance use needs and populations who experience racism, transphobia, homophobia, and/or other intersectional forms of oppression. It should be noted that people who access mental health and substance use services are part of an equity-deserving population unto itself. Although a standard definition of *priority population* does not exist, we employed the following definition: "smaller subgroups of the target population, identified because they are at higher risk of poor health outcomes, they experience additional barriers to access, and/or they experience structural marginalization" (PSSP, 2024, p.6).

For this evaluation, these specific groups have been named as priority populations:
- People accessing mental health and substance use services; and/or those identifying as:
  - Black,
  - First Nations, Inuit, Métis and other Indigenous identities,
  - Racialized (individual/groups), and/or
  - 2SLGBTQ+.

Photography credits: City of Toronto (Jose San Juan) March 2024

This evaluation aimed to achieve four objectives

1. Understand the experiences of service users in the service journey and how accessibility, delivery, and post crisis follow-up differ within and across our priority populations.

3. Describe service user outcomes in the service journey and how they differ within and across our priority populations.

2. Describe how service users experienced the application of the TCCS Guiding Principles and 2-Spirited People of the 1st Nations Program Pillars throughout their service journey.

4. Identify opportunities for service enhancement that would contribute to desired service user outcomes explained in the theory of change and 2-Spirited People of the 1st Nations' Evaluation Conceptual Framework.

Figure 4. Evaluation objectives

We developed three primary evaluation questions

Evaluation Questions

The following evaluation questions were refined and confirmed with all APs and the City of Toronto.

1. How do service users, within and across our priority populations, experience the service delivery of TCCS?
   a. Who are the service users participating in the evaluation? What are their social contexts?
   b. How do service users experience the TCCS continuum of care, with respect to the following domains?
      - Safety (including cultural safety)
      - Mental Health Crisis Stabilization
      - Connection to follow-up care (including culturally-responsive care)
      - Other domains of experience not captured
   c. How do these experiences differ within and across equity deserving populations, in particular those identified by this project?
   d. To what extent are the five Guiding Principles reflected in the service users' experiences?
   e. To what extent are the 2-Spirited People of the 1st Nations Program Pillars (as relevant) reflected in the 2-Spirited People of the 1st Nations service users' experiences?
   f. What new practices and processes can enhance the service?

The remaining questions focus on outcomes and improvements

2. What, if any, outcomes do service users report?

    a. What outcomes do service users experience within the following domains across the continuum of care?

- Crisis de-escalated without requiring diversion
- Diversion from emergency services
- Increased access to appropriate follow-up supports (including culturally responsive care)
- Enhanced feelings of safety and well-being
- Increased community capacity to respond to crisis events
- Decreased institutional involvement
- Other unintended or unexpected outcomes

    b. How are these outcomes distributed within and across equity-deserving populations?

    c. How did the service users' experiences of the Guiding Principles and 2-Spirited People of the 1st Nations Program Pillars (as relevant) influence the changes they perceived?

3. How can TCCS be improved to contribute to desired service users' outcomes?

    a. What improvements can be made to current practices and processes across the continuum of care?

Of note, these evaluation questions mention one AP specifically (2-Spirits), but not others. We made this decision to single out their experiences because 2-Spirits, in alignment with the City of Toronto's Reconciliation Action Plan 2022-2032 (City of Toronto, n.d.b), has its own unique program model. As such, it was important to understand 2-Spirits service users' experience separately from those of other APs. Consistent with these questions, we analyzed data from 2-Spirits service users separately from those of other APs (see Methods), which allowed us to have a more accurate and meaningful understanding of these service users' stories.

Three evaluation approaches guided our decisions and actions

We used a multifaceted approach to ensure that the evaluation not only met the needs of partners but also honoured the diverse contexts and experiences of the communities served. Central to this evaluation were three key approaches:

1. Utilization-Focused Evaluation, which emphasizes practical application and engagement with primary users (Patton, 2013).

2. An Indigenous-led approach that prioritizes the voices and values of 2-Spirited People of the 1st Nations.

3. Equity-Informed Outcome Evaluation that integrates principles of equity and inclusivity throughout the process.

By combining these approaches, we aimed to foster meaningful relationships, capture diverse perspectives, and, ultimately, enhance the effectiveness and relevance of TCCS. Further details regarding these approaches can be found in Appendix A.

Photography credits: City of Toronto (Jose San Juan) March 2024

18

Evaluation Methods

We gathered primary and secondary data

As shown below in Figure 5, we analyzed impact stories written by service providers and reached out directly to service users who, through questionnaires, interviews, and art creations, told us about themselves and their experience connecting and receiving support from TCCS during a mental health crisis. Technical details about participant recruitment, data management and analyses, and ethics are available in Appendix C.1.

101 IMPACT STORIES
- These de-identified stories described specific crisis responses by TCCS
- 25 stories were shared by 2-Spirits
- 76 stories were shared by other anchor partners
- Stories were written by frontline service providers

35 INTERVIEWS
- Service users shared their experience with TCCS
- 9 interviews with 2-Spirits service users
- 26 interviews with service users linked to other anchor partners
- Service users also filled a demographic questionnaire
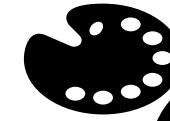
2 ART CREATIONS
- Service users could complement their participation by creating art
- One drawing
- One song
- Service users told us about their art along with their experience using TCCS

Figure 5. We gathered primary and secondary data from impact stories, interviews, and demographic questionnaires.

We adopted a person-centred and trauma informed approach

TCCS' APs were essential for our success connecting with service users and, particularly, those belonging to the service's priority populations.

In figure 6, we present our approach to recruitment and data collection.

ETHICS

- ✓ Service users' participation was informed and voluntary
- ✓ Ongoing consent was obtained throughout all evaluation activities
- ✓ Confidentiality of information was protected

EMOTIONAL SAFETY

- ✓ Institutional, community-based, and public venues were available for on-site interviews
- ✓ Participants could choose a support person to join them during the evaluation activities
- ✓ Trauma-informed de-escalation training and reflective practice check-ins for evaluators

LOW BARRIERS

- ✓ Remote or in-person participation
- ✓ Flexible scheduling of evaluation activities
- ✓ Language interpretation support for service users with difficulty communicating in English

COMPENSATION

- ✓ Compensation was available to all participating service users
- ✓ Any service user could be joined by a chosen support person who was also compensated
- ✓ Compensation was paid in cash, by electronic funds transfer or cheque

Figure 6. Our recruitment and data collection approach included ethical practices and low barriers.

We recruited 35 participants

We recruited participants between June and September 2024, amidst TCCS city-wide expansion, with a focus on priority populations. We strived to connect with service users facing accessibility barriers, or having different needs (e.g., as a person experiencing a mental health crisis, as a loved one, or in other roles), and we were fully open to hearing about positive experiences, challenges and difficulties (see Background).

This evaluation prioritized in-depth, rich, and descriptive data (see Evaluation Questions) gathered through the collection of individual narratives. Unlike other methods focused on obtaining quantifiable data from large numbers of participants, our approach was time-intensive and focused on ensuring that the participants recruited (n=35) purposefully represented diverse identities and service experiences. We were also mindful of the need to be attuned to service users' individual readiness to discuss their mental health crisis experience in a safe manner, which involved additional resources and practical considerations. Other technical reasons related to the nature of qualitative data and methods were also taken into consideration (Sim et al., 2018; Sandelowski, 1995).

Recruitment activities included outreach and initial contact, eligibility screening, and a consent discussion. Figure 7 describes our outreach and initial contact procedures.

OUTREACH & INITIAL CONTACT

Anchor partners reached out to service users, with a focus on priority populations

Interested service users consented to being contacted by CAMH evaluators

An Indigenous evaluator was in charge of supporting Indigenous service users and 2-Spirits service users at all times

SCREENING

Potential participants received a call to learn more about the evaluation

Potential participants expressing further interest were screened

Eligible participants were TCCS service users, 16+ years old, and with personal readiness to discuss their crisis experience
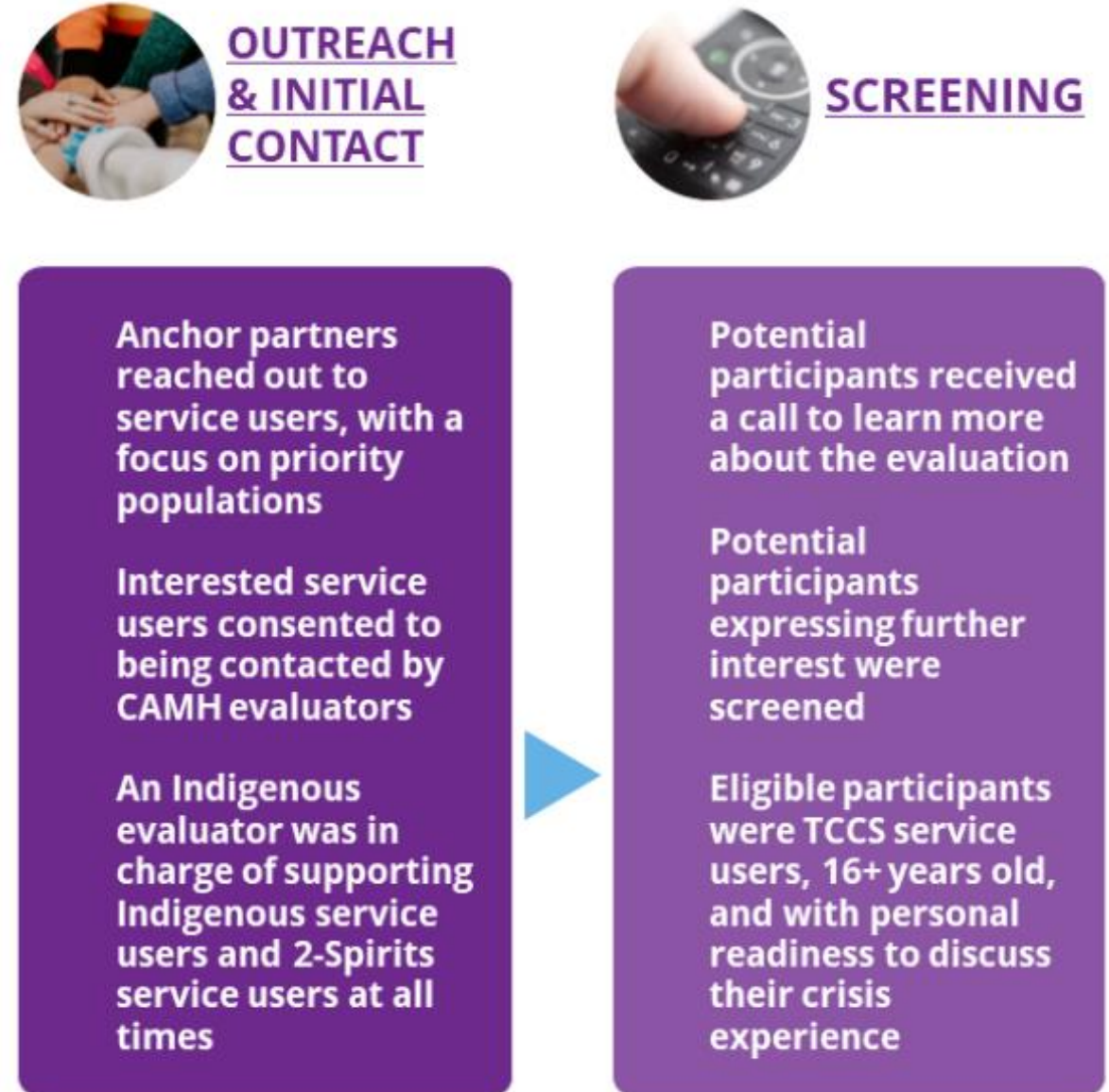
Figure 7. The recruitment process

We interviewed all participants

After securing service users' consent to participate in this evaluation, they answered a brief demographic questionnaire and completed an interview with an evaluator.

Additionally, participating service users could choose to create any form of art to complement their interview.

Indigenous service users also had the option to participate in Anishinaabe symbol-based reflection or beading sessions.

Figure 8 describes our consent procedures and evaluation activities.

CONSENT

EVALUATION ACTIVITIES

Each eligible participant had an individual consent discussion with an evaluator

Consent discussions covered details on privacy, risks and benefits, and compensation for participating

Ongoing consent was obtained for all evaluation activities

Demographic questionnaire

Semi-structured interview

Optional art submissions

Facilitated Anishinaabe symbol-based reflection and beading sessions were available to Indigenous participants
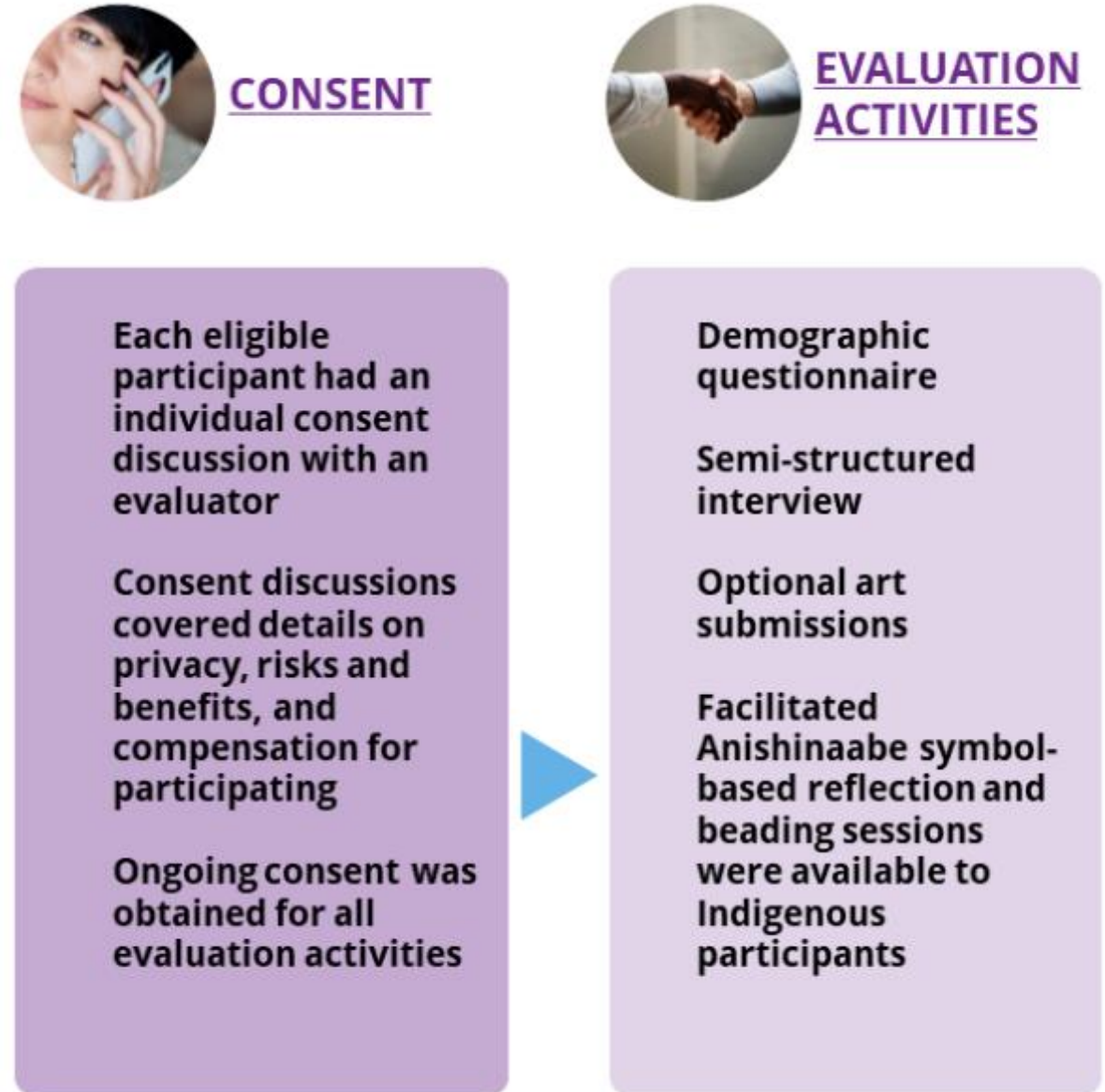
Figure 8. We secured informed consent from participating service users before any data collection took place

We used qualitative framework analysis to analyze interviews and impact stories

Service users' interview transcripts or notes and service providers' impact stories were analyzed using Framework Analysis (Braun & Clarke, 2021; Gale, et al., 2013). Demographic data were analyzed quantitatively. We also conducted a focused equity analysis. Figure 9 presents an overview of our analysis procedures and Appendix C.1 contains technical details.

Art submissions were not analyzed separately because participants discussed their art in a manner that was fully intertwined with their experience using TCCS during a mental health crisis.
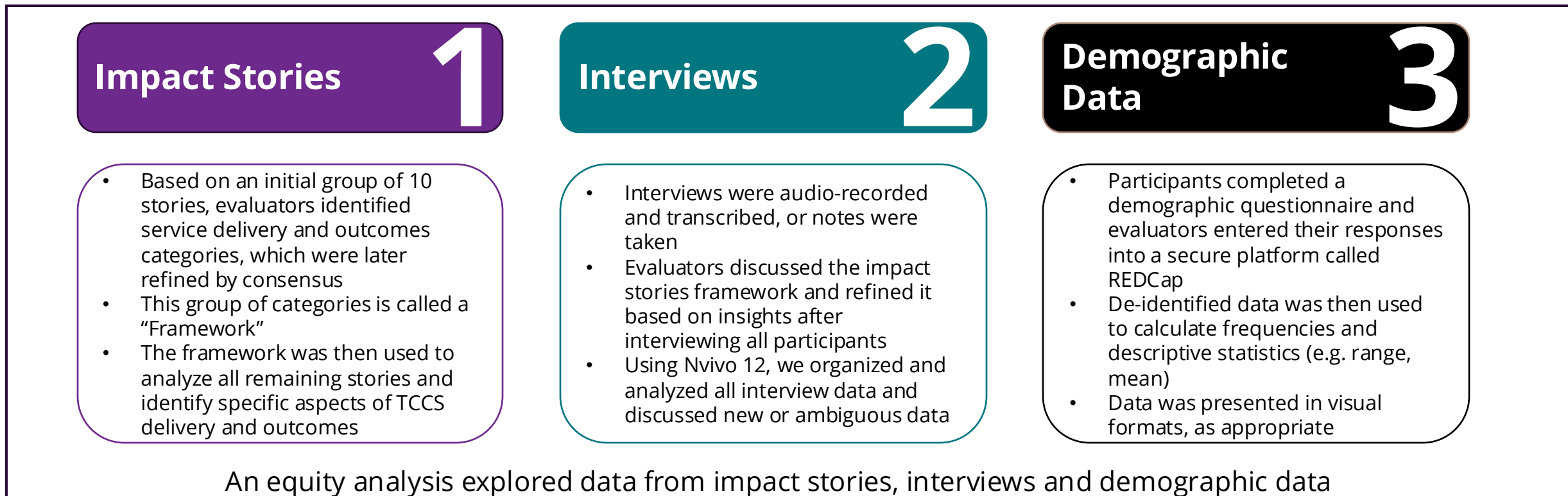
Impact Stories — 1

- Based on an initial group of 10 stories, evaluators identified service delivery and outcomes categories, which were later refined by consensus
- This group of categories is called a "Framework"
- The framework was then used to analyze all remaining stories and identify specific aspects of TCCS delivery and outcomes

Interviews — 2

- Interviews were audio-recorded and transcribed, or notes were taken
- Evaluators discussed the impact stories framework and refined it based on insights after interviewing all participants
- Using Nvivo 12, we organized and analyzed all interview data and discussed new or ambiguous data

Demographic Data — 3

- Participants completed a demographic questionnaire and evaluators entered their responses into a secure platform called REDCap
- De-identified data was then used to calculate frequencies and descriptive statistics (e.g. range, mean)
- Data was presented in visual formats, as appropriate

An equity analysis explored data from impact stories, interviews and demographic data

Figure 9. Data sources and data analysis procedures

Presenting the evaluation findings

Interviews

Given that the evaluation questions focused exclusively on the experience of service users (see Evaluation Questions), interview data were essential for creating a narrative (see Findings) highlighting both shared and unique service experiences and outcomes encountered by participants throughout their journey connecting with TCCS when experiencing a mental health crisis.

Where relevant, we also contrasted aspects of service users' experiences with perceptions shared by service providers in their impact stories.

Demographic Data

We learned more about the characteristics of service users who participated in this evaluation (see Participants). Data shed light on the extent to which participating service users represented the priority populations TCCS aims to serve.

Equity Analysis

We identified aspects of service users' experiences connecting and accessing TCCS that were permeated by socioeconomic disadvantage, social exclusion, and culture and identity.

The equity analysis was able to identify trends in experiences and outcomes for some, but not all, of the service's stated priority populations.

Impact Stories

We used this secondary source of data to develop an analysis strategy for service users' interviews. We also created brief program snapshots that are presented separately (see Appendix C.2). These snapshots describe key aspects of TCCS service delivery and outcomes, as perceived from the unique viewpoint of service providers.

Presenting the evaluation findings

The following sections will present the findings of this evaluation. When taken together, they speak of the achievements, limitations, and potential of TCCS as a community-based response for crisis situations with mental health and/or addictions elements.

We will also discuss how these findings can guide the service's path forward.

With this aim in mind, we will offer recommendations focused on specific program-level and system-level opportunities for its continuous quality improvement.

Photography credits: City of Toronto (Jose San Juan) March 2024

Participants

The participants represented a diverse cross-section of TCCS' priority populations

There were 35 service users participating in this evaluation. Their average age was 41 years, with a range of 20 to 73 years.

Service users identifying either as **White (n=9; 26%) or Black (n=9; 26%)** comprised more than half of all participants; they were followed by service users identifying as **First Nations, Inuit, or Métis (n=5; 14%)**.
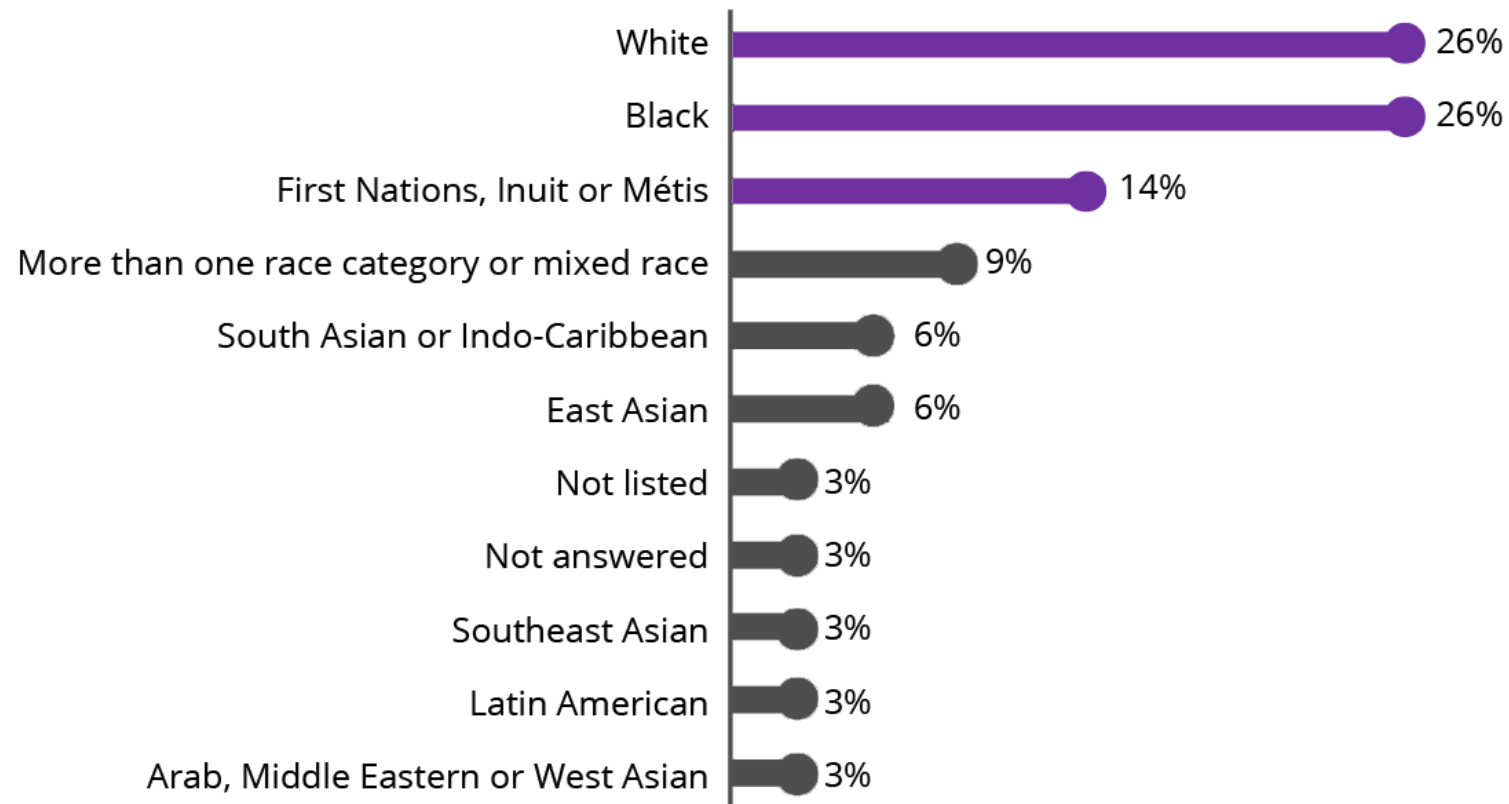

Race	Percentage
White	26%
Black	26%
First Nations, Inuit or Métis	14%
More than one race category or mixed race	9%
South Asian or Indo-Caribbean	6%
East Asian	6%
Not listed	3%
Not answered	3%
Southeast Asian	3%
Latin American	3%
Arab, Middle Eastern or West Asian	3%

Figure 10. Service users' race

Our participants were mostly women and people who identified as straight

Over half of participants (n=22; 63%) identified as women, followed by men (n=9; 26%).
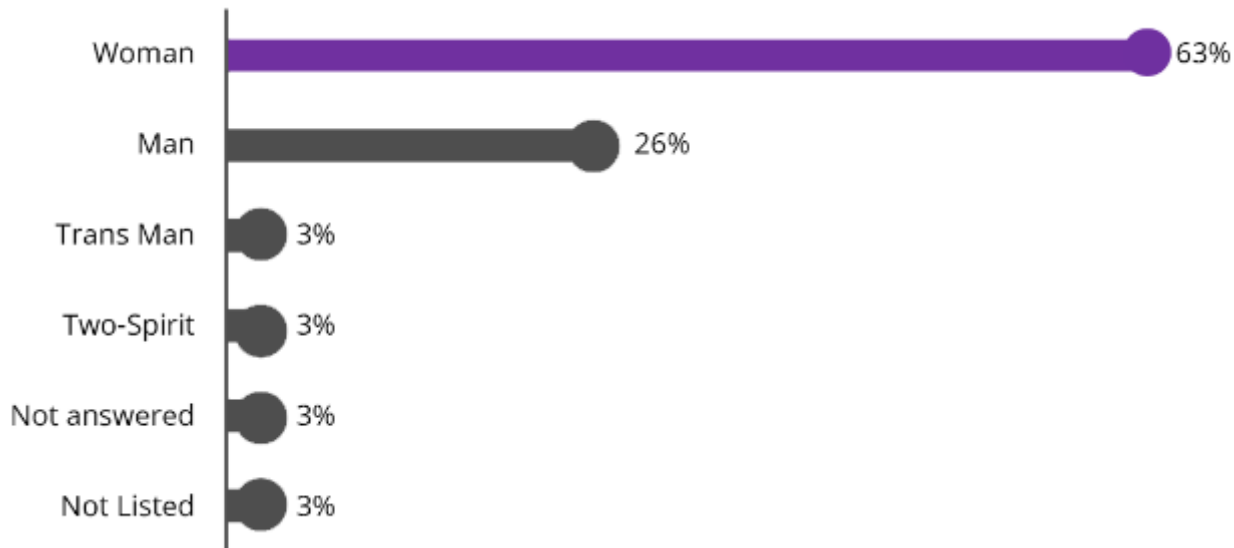
Two participants (6%) identified as gender diverse.

Among our participants, 60% identified as heterosexual or straight (n=21) and **34% identified as bisexual, gay, pansexual, queer, questioning, or 2-Spirit (n=12).**
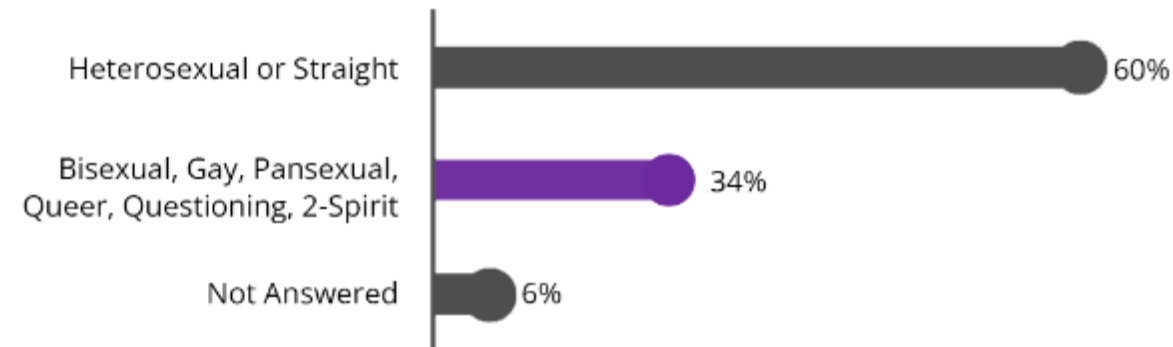

Figure 11. Service users' gender

Figure 12. Service users' sexual orientation

29

About one quarter of our participants were employed full- or part-time

Participants could select multiple options for employment status. **Twenty-three percent of participants were unemployed or looking for a job (n=8),** followed by those reporting being employed full time (n=6; 17%), unable to work (n=6; 17%), and employed part time (n=5; 14%). Out of the participants that reported a 'not listed' employment status (n=6; 17%), three (9%) were self-employed, two (6%) were on the Ontario Disability Support Program, and one (3%) was on Ontario Works.

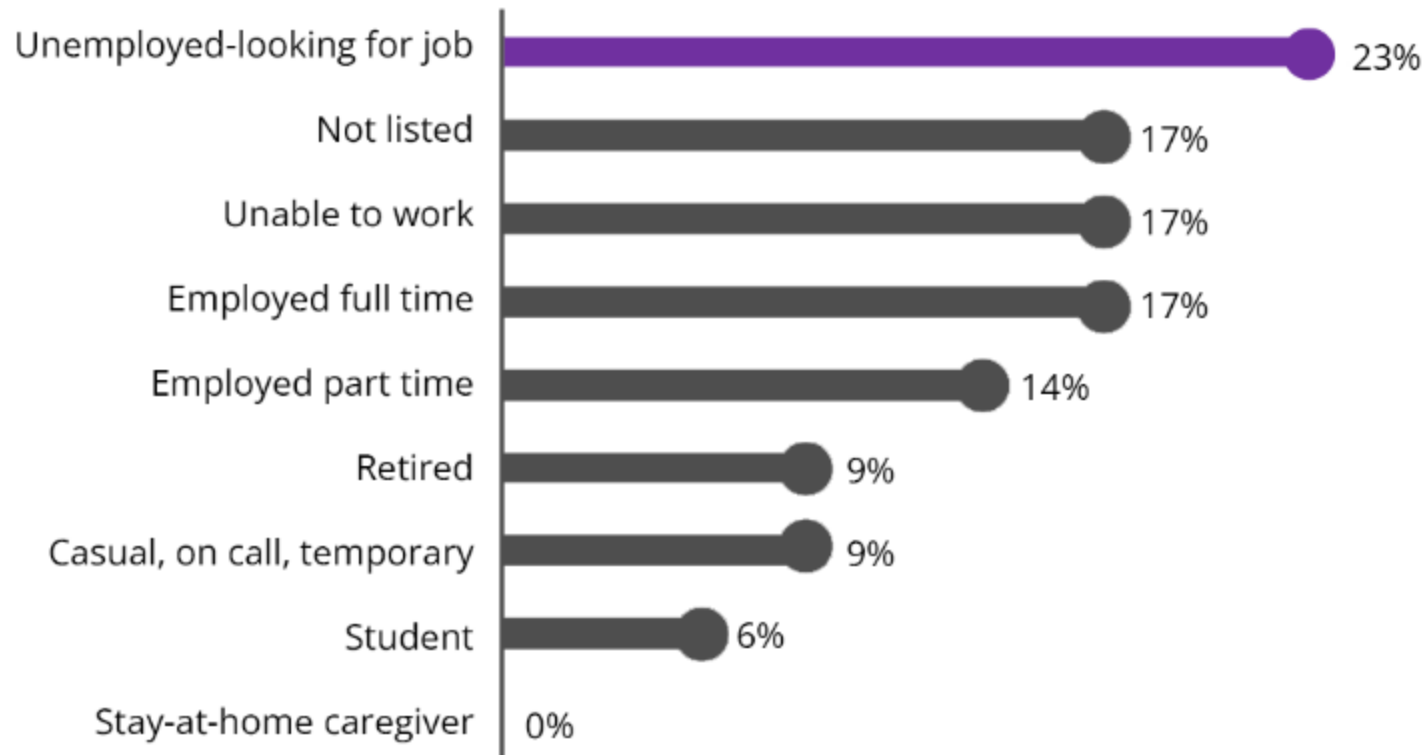Over half of all participants (n=18; 51%) reported having a disability.

Figure 13. Service users' employment status

About two thirds of participants (63%, n = 22) were renting their homes

Fourteen percent (n=5) were permanently living with parent(s) or other family member(s) and 11% were homeless (n=4), described as staying outside, in a shelter, or in a 24-hour respite. Nine percent of the participants choose 'not listed', (n=3), which they described as living in Toronto Community Housing, transitioning out of a shelter, and sharing accommodations with unrelated people.
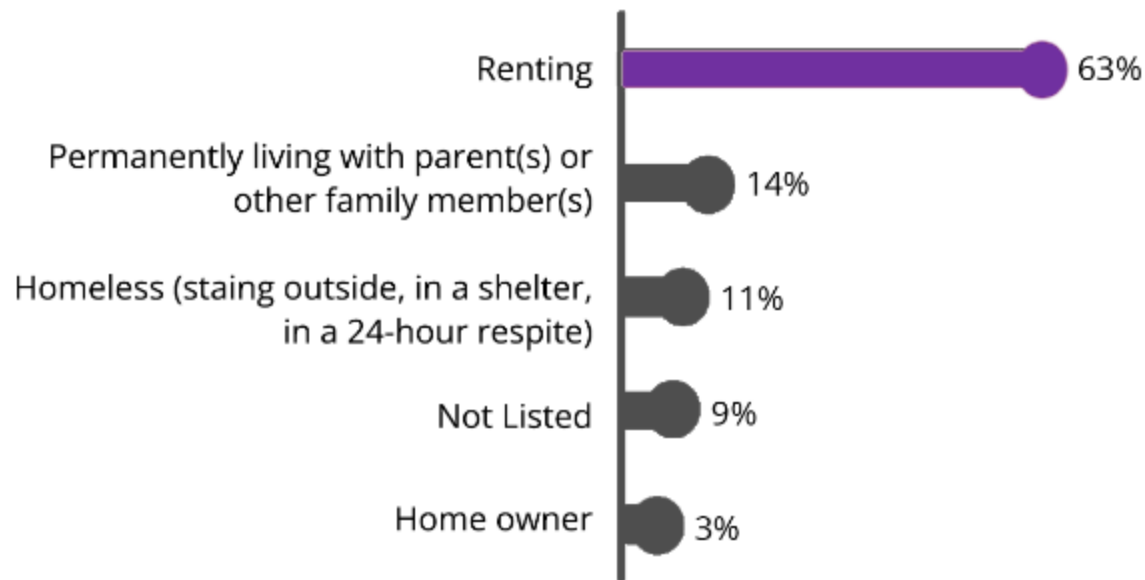
Of the 22 participants who were renting, **45% were not able to make ends meet or afford basic needs (n=10).**

Figure 14. Service users' housing status

Figure 15. Renters who could make ends meet or meet basic needs

31

Our participants had challenging income situations

Of the 35 participating service users, **66% were making less than $50,000 per year before taxes (n=23).** Furthermore, **40% of all participants reported not being able to make ends meet** or afford basic needs (n=14).

Among the subset of 23 households making less than $50,000 per year, **30% were supporting 3 or 4 people (n=7), including the service users themselves**. In addition, of those seven households, **29% were not able to make ends meet** or afford basic needs (n=2).

Household Size	Household Income Category					
	0-$29,000	**$30,000-$49,999**	$50,000-$69,999	$70,000-$99,999	I Don't Know	Not Answered
1	**29%**	**6%**	0%	6%	6%	0%
2	**6%**	**6%**	3%	0%	3%	0%
3	**0%**	**9%**	3%	0%	3%	0%
4	**11%**	**0%**	0%	0%	0%	0%
5	**0%**	**0%**	0%	0%	0%	3%
Not Answered	**0%**	**0%**	0%	0%	0%	0%

Table 1. Service users' household size and income

The vast majority of our participants were first-party callers

Of the 35 participants, 30 were first-party callers (the people who personally experienced the crisis). The remaining number were divided between second-party callers (someone who is known to the person in crisis and called on their behalf), and third-party callers (someone who is unknown to the person in crisis).

Almost half of participants' first contact with TCCS occurred over a year ago. Of all participants, 43% reported that they contacted TCCS for the first time over a year ago (n=15), followed by three months or less (n=9; 26%), more than six months ago but less than 1 year (n=7; 20%), and more than three months but less than six (n=2; 6%).

Most of the participants were recruited from the Gerstein Crisis Centre (GCC; n=13), followed by 2-Spirits (n=9), TAIBU (n=6), CMHA (n=5), and FindHelp (n=2). All participants completed a demographic questionnaire, a semi-structured interview, and two participants chose to submit an art piece.
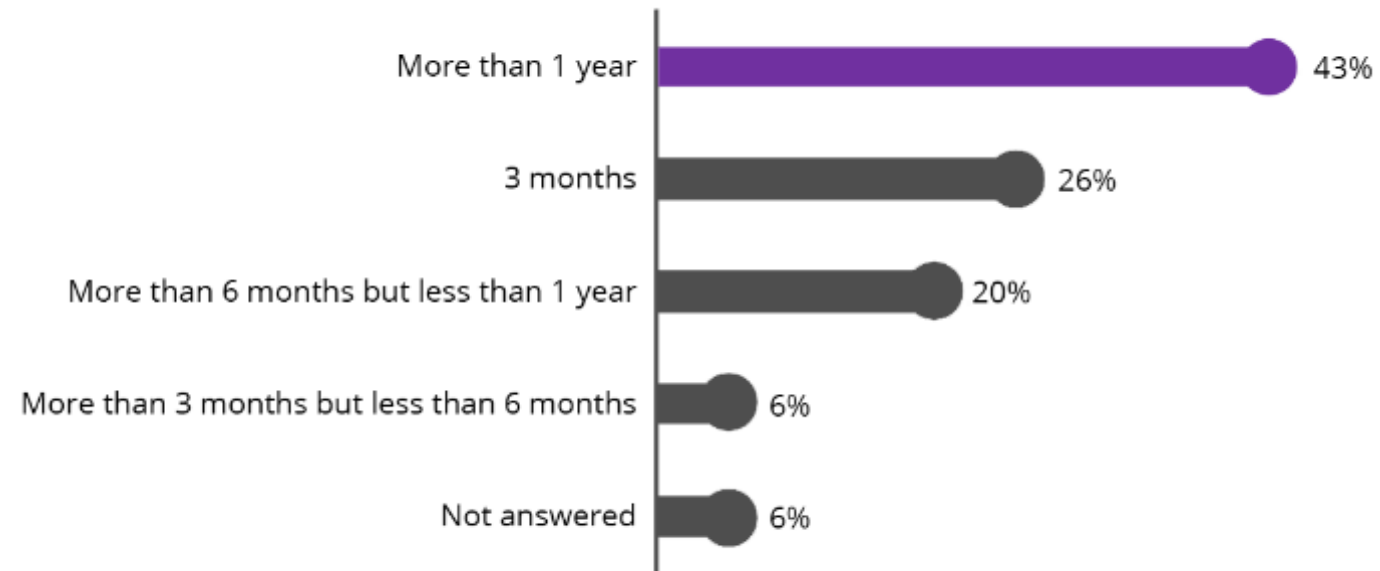

Figure 16. Time since service users' first contact with TCCS

Findings

As part of this evaluation, participants were given the option to submit any kind of artwork to share their experiences with TCCS. These art pieces are featured at the beginning and at the end of this section.

We hope readers will be able to take a step closer to some of the experiences that TCCS service users chose to share with us.

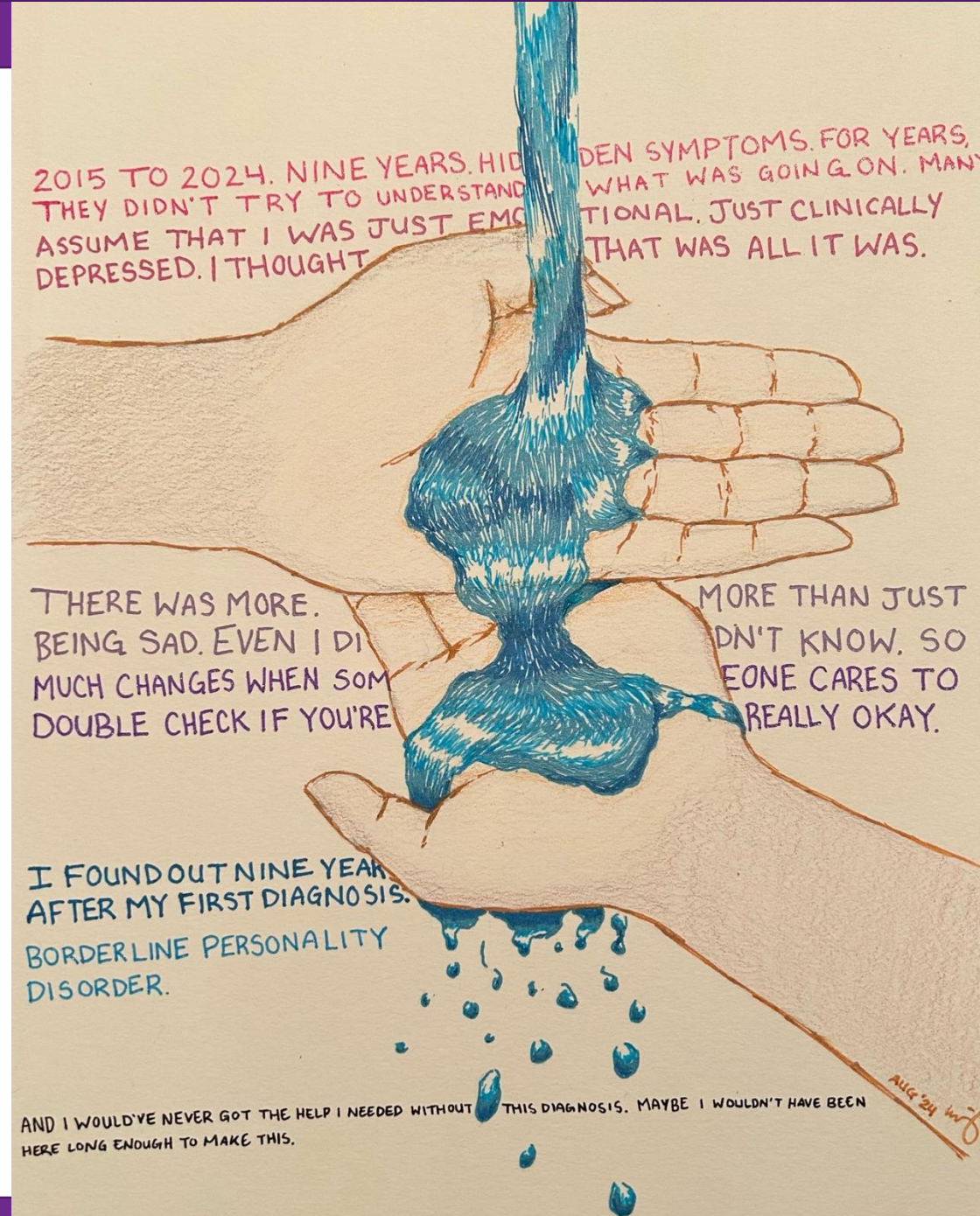Creators provided their consent for their artwork to be featured in this report alongside their names.

Figure 18. Untitled artistic work by participant Arion K. Chin

A note about qualitative methods

In alignment with the qualitative methods guiding this evaluation, data were collected through semi-structured interviews that allowed participants to take the lead and share what was most critical from their perspective. Throughout the analysis of data, the focus was therefore on how salient – that is, important or noticeable – things were for each service user, rather than how many of them described one or more concrete aspects of TCCS, or how often one or more specific situations were reported.

Also, the evaluation findings are reported as themes, which "describe or explain aspects of the data" (Gale et al, 2013, p. 2). These themes were developed by identifying patterns, as well as unique pieces of data, that were relevant to answering the evaluation questions. Overall, our themes represent a service user-led prioritization of issues and not an exhaustive examination of every aspect of TCCS' service experience.

It is worth acknowledging that we also heard of unique interactions with TCCS, or unique outcomes, which can only be understood in the context of the individual life experiences that each service user chose to share with us. This type of data was considered important enough to be reported as part of our findings, even if other similar stories were not encountered. Additionally, qualitative studies involve a relatively fewer number of people than quantitative studies typically do. As a result, sharing how many people had a specific experience or story might make those individuals identifiable, which our participants did not consent to. Although our sample of 35 participants is on the larger side for a qualitative study, we could still potentially identify our participants by stating how many people shared each of the aspects of the TCCS experience we describe in the next sections. For these reasons, we have not provided the specific numbers of participants; instead, we use relative terms, like "few," "some," and "majority" to let you know if the experience was shared among a group of participants.

Through rich descriptions, the evaluation data convey multiple and different facets of the experience of connecting and accessing mental health crisis support through TCCS; this makes it possible for other TCCS service users, or service users of other mental health crisis support programs, to relate to the actions and outcomes of TCCS vicariously and vividly (Guba & Lincoln, 1982).

Our evaluation occurred during TCCS city-wide expansion

The evaluation findings that follow should also be interpreted in the context of the progressive expansion of TCCS. Specifically, data collection occurred when TCCS was scaling its services in preparation for its city-wide expansion on July 8, 2024. Prior to this date, TCCS operated in specific geographical catchment areas within Toronto.

Similarly, 2-Spirits also underwent a city-wide expansion with the purpose of ensuring that Indigenous service users across the city can have access to culturally-informed mental health crisis supports as part of TCCS offerings.

As such, the experiences of the participating service users we connected with best illustrate key service aspects and outcomes of TCCS in its pre-expansion phase.
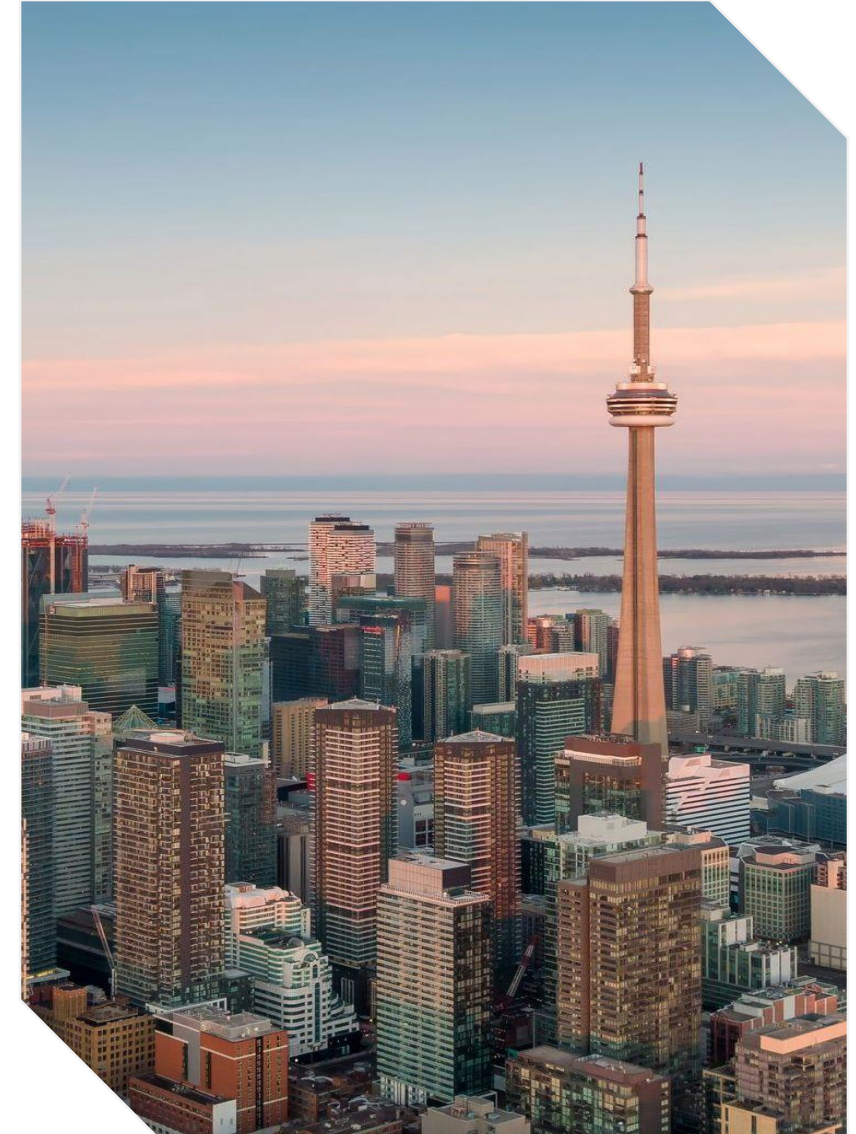
TCCS service user experience is characterized by different forms of *Connection*

The following findings illustrate the experiences of 35 unique service users linked to all TCCS APs. Specific data from service users of 2-Spirited People of the 1st Nations are highlighted separately when applicable, in keeping with the evaluation questions and evaluation approach. Furthermore, this evaluation aimed to understand any differences in experiences across priority populations (see Background). Overall, our findings show a highly consistent experience across priority populations and differences, whenever identified, are explicitly highlighted.

Three key themes were generated through our analyses, to reflect service users' experiences with TCCS. These themes are united by the overarching concept of **Connection**. This broad notion reflects the multiple ways in which TCCS can foster connections for its service users.

A **connection** may be established in the form of a newly-built relationship between service users and service providers; as facilitated access to resources and additional supports for service users' mental health needs; or it may also be established through awareness of TCCS itself and subsequent access to it. The different facets of this overarching concept of **Connection**

are exhibited through service user accounts and described in detail in the following sections.

Furthermore, throughout our findings, we also wanted to articulate the notion of **disconnection**, which is intended to illustrate instances where some service users described challenges in establishing an effective connection with TCCS and its service providers. Overall, service users' experiences emphasized the significance and positive outcomes of an effective connection, along with the importance of mitigating any outcomes potentially related to a disconnection from service providers and mental health crisis care.

Findings are reported as three primary themes

These themes were generated from patterns in the data and represent the experience of participating service users. Themes, and their respective sub-themes, are listed below. Throughout the Findings section, we include quotations from participant interviews to illustrate the themes.

1. Connection with the service provider: A "human-to-human" professional relationship

2. Connecting with the Whole Person: Meeting service user's needs through wholistic support

3. Driving connections: Delivering care centered on autonomy and collaboration

1.1 Fostering supportive interactions
1.2 Value of shared identities and experiences
1.3 Providing genuine care
1.4 Missing TCCS service connections
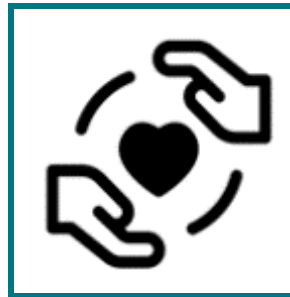
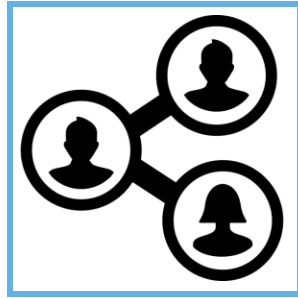2.1 Comprehensive assessment process
2.2 Accessing wholistic resources
2.3 An alternative to traditional emergency responders
2.4 Access challenges

3.1 Service user preferences accommodated
3.2 Shared decision-making
3.3 Complaint process

Connection with the service provider: A "human-to-human" professional relationship

Overall, service users described their interactions with TCCS staff as **positive.** The ability of staff to foster **supportive relationships** with service users in crisis and the ways in which staff successfully **established rapport** were highlighted. This type of "human-to-human" (O'Reilly, 2021, as cited in Steimle et al., 2024, p. 9) professional relationship was characterized by TCCS staff taking a person-centered approach, creating emotionally safe environments for service users in crisis, and helping service users to feel genuinely cared for. Service users also shared that rapport was established by having shared experiences with their service providers; these shared experiences were identified as a crucial connection point.

Service users also spoke about how these elements of the professional relationship contributed to their experiences of feeling less alone and to creating a greater sense of safety and belonging.

1.1 TCCS staff foster safe and supportive interactions for service users

Service users identified multiple ways in which **TCCS staff were person-centered in their approach**, including attentive listening and exhibiting a genuine interest in learning about their needs and circumstances during crisis.

Service users perceived staff as striving to be relatable, focused on creating a safe interpersonal space characterized by respect, and taking efforts to establish a connection free from stigma.

Notably, service users also highlighted how **this human-to-human connection was successfully established thanks to specific language and behaviours displayed by TCCS staff**, which contributed to an experience of comforting rapport and ease of communication.

> *"[TCCS staff] talk [in a] normal, positive... helpful way that makes me feel calm and that makes me understand that those people are really there to help"*

> *"[Agency staff] makes you feel human. And then I related well with them"*

> *"They didn't make me feel any specific way because of my mental health [challenges]. They made me feel like I was a normal person."*

Photography credits: City of Toronto (Jose San Juan) March 2024

1.2 Forming connections with staff with shared identities and lived experiences resulted in positive service user experiences

This is an integral component of TCCS. Service users described how shared identities or lived experiences between service users and staff was an important facet of the "human-to-human"(O'Reilly, 2021, as cited in Steimle et al., 2024, p. 9) professional relationship. Service users emphasized how **having shared identities and lived experiences contributed to a safe, non-judgmental and understanding crisis response**, fostered connections, and supported their ability to relate to TCCS staff. These shared life experiences included broad experiences, such as mental health, gender identity or parenthood.

"...[Service provider] was like me in a way. I'm trans[gender] and he could relate. I felt safe talking to him."

"[Service provider] showed a lot of empathy, she's very concerned because she's a mother herself and she also has a child."

This was also specifically highlighted by 2-Spirits service users who identified as Indigenous. They reported their 2-Spirits service providers were well-informed and understanding of intergenerational trauma.

For many, **the presence of Indigenous 2-Spirits staff provided a sense of familiarity and comfort, and facilitated a deeper connection to cultural practices, such as smudging, which contributed to the stabilization of their crises.**

"Well, the Native aspect, even though we're not all from the same [Nation], it is really nice for me to be with people who remind me of home...there's like some common ground that caught on really quickly"

"I definitely appreciated [Indigenous service providers] having that cultural aspect to it and it really did help me because it reminded me to ground myself and to use my medicines and actually, since then, I've always made an effort to keep a smudge bowl around and sage on my shelf..."

1.2 Indigenous service users noted the importance of having an Indigenous-led service option

The prevailing sentiment across Indigenous service users was appreciation for an Indigenous-led service option, since it created a safe environment for them to express their needs and be heard without fear of judgement.

An Indigenous service user explained how 2-Spirits staff understood their culture and made them feel at ease to engage in practices such as smudging. Additionally, another Indigenous service user described how 2-Spirits often act as "a shield over me" by advocating on their behalf to other organizations or persons involved in supporting their well-being.

By having lived experience and shared identity, the **2-Spirits staff are acutely aware of stereotypes, biases, cultural context and history that may influence service users' experiences and perspectives**. 2-Spirits staff have also been commended by some service users for their transparency and their active involvement of service users in decision making. These elements overall seemed to contribute to service users labelling 2-Spirits staff as trustworthy and protective.

Photography credits: City of Toronto (Jose San Juan), July 2023

1.3 Many participants said TCCS staff genuinely cared about their well-being

Service users discussed the efforts taken by TCCS staff to convey an authentic desire to provide support and see improvements in their mental health and well-being.

> *"I think [service providers] went beyond when it came with me and my family. I mean, they did everything you could think of. And things that I didn't even think of, they [also] did."*

> *"[knowing that service providers will come if I called them] make[s] me feel like someone else in this world cares about [me]."*

TCCS staff were dedicated to providing support for service users, including **searching for and offering more than one option to address specific needs** and making efforts to make themselves available whenever the service users needed support.

In addition, service users shared in multiple instances that **staff spent much more time than what they had initially anticipated and this made them feel valued, cared for, and heard.** This experience, of longer care interactions, contributed to the service users' perception of receiving authentic care. For service users, this dedication and genuine interest from service providers helped to reduce feelings of isolation and made them feel supported. Service users also shared how they experienced an improved mood thanks to their interaction with TCCS staff.

> *"I guess what I do wanna say, is that when I look at that time commitment, the time that was given to me that day, the human resources, the man hours, the money, ...it feels like 'wow!' All the investment, the investment seems so big."*

1.4 Some experiences reinforced the importance of a "human-to-human" professional relationship

Participants in this evaluation described primarily positive experiences with the service. However, some participants—including some who identified as Black and Indigenous, and who received services from agencies that do not specialize in Black- and Indigenous-specific cultural support—shared situations where they did not establish an effective connection with TCCS staff. In these situations, they described feeling unheard and unsupported.

These challenges in establishing an effective connection between service users and providers are important to note and understand because they reinforce the significance of person-centered care in general, and culturally-responsive approaches to care where necessary. These findings also highlight a potential pattern of experiences for Black and Indigenous service users that can be investigated further, as they are among the priority populations TCCS aims to serve.

"[Service providers] didn't call [me], they didn't return my messages. Like – I had to keep escalating to get a response back... I was in crisis often during that time and I needed somebody to check-in with me."

"I felt offended when [service providers] called me – and about the way they interacted with me. At the time, one of the crisis workers was making jokes about keeping life spirited, but it was not a good time for me. It was not fun. I was overwhelmed so I hang up when they called me."

"I wish for the same [service provider]. Because [during] the first call... he was spot-on with a lot of things, and we had a really good conversation. Then there was a female the next time and she wasn't as interested, and I even got the feeling she thought I might be overreacting about something. And I didn't really feel good about that. It's hit and miss."

1.4 This difficulty connecting extended to the TCCS itself, as some service users reported trouble accessing the service

Service users were connected to TCCS via multiple pathways, such as calling 911 or Findhelp|211 on their own, or having others call on their behalf. Some service users were not aware of TCCS prior to their crisis and having someone call on their behalf was how they reported becoming connected with TCCS.

Many service users perceived **there was a general lack of awareness about the service,** broadly regarding TCCS as a crisis service, but expressed difficulties pinpointing specific services and its providers (e.g., Anchor Partners).

Furthermore, many participants spoke positively of their initial interaction with TCCS; however, **some noted difficulties in establishing first contact with the service, with calls becoming disconnected and long wait times**, either for the call to be answered, or being on hold. Some also noted a lack of consistency among the Findhelp|211 team, sharing that staff could be difficult to have a conversation with and to build rapport with.

"I don't know if the general public would know to call TCCS instead of police when someone's not being violent"

"I did have - at one point - when there actually was a crisis situation happening, I did call 211 and I didn't get a response from 211. That was a really bad one. And, then I had to end up calling 911. So, that was a bad situation"

"It feels a little cumbersome to go through 211. There was some initial problems when certain people in 211 [that] didn't seem to know what I was talking about when I said TCCS or Gerstein team."

46

Connecting with the Whole Person: Meeting service user's needs through wholistic supports

From the perspective of TCCS service users, care which considers the whole person – their unique social context, mental, physical, and social needs – underpins the TCCS service journey. This theme illustrates how TCCS considers other relevant service users' needs beyond those emerging during the acute mental health crisis, such as through comprehensive assessments, connection to wholistic resources, and acknowledgement of cultural needs. Service users also expressed gratitude for this unique wholistic approach as an alternative to a traditional emergency response.

Indigenous frameworks use the term wholistic, which takes a comprehensive view of the whole person, and include being connected to "all my relations" and to Spirit (Provincial System Support Program & Shkaabe Makwa, 2023). We have chosen to use this term here to capture this broad and all-encompassing view of whole health.

2.1 The assessment process is dynamic and considers more than mental health

Service users shared that **assessments of their needs occurred at multiple stages of the crisis response:** from the time of the initial access call, to receiving a mobile response and follow-up care, TCCS service providers assessed risks, service users' specific needs, and preferences. Through ongoing assessment, TCCS was able to identify and respond to a **range of different needs** that were experienced by service users in crisis, not those solely related to mental health, to help ensure that the crisis was successfully de-escalated.

> *"…[service providers]'re still looking at the person as a whole and the responsibility to the person as a whole is 'we don't want this interaction to do further damage.'"*

> *"[Service providers] asked questions to find out what kind of support was needed and offered suggestions, advice, and left the information…"*

Photography Credits: City of Toronto (Jose San Juan), July 2023

2.2 TCCS staff facilitated connections to wholistic resources

In addition to connecting service users to resources for mental health and addiction needs, TCCS staff facilitated connections to services and resources for their wholistic needs. These resources included those addressing basic needs such as food, shelter, and other daily living essentials; transportation; legal services; and interpretation. These **supports were not limited to the immediate crisis but aimed to provide long-term assistance to service users** (e.g., case management services, employment, rental assistance).

The nature and frequency of these supports illustrated the level of marginalization that many TCCS service users are experiencing. **Many service users spoke to the positive impacts that TCCS had on their experiences with loneliness, homelessness, trauma, and hunger, more than any specific therapeutic approach.** This further speaks to the value of the TCCS wholistic approach in addressing comprehensive needs.

"…the way that the crisis team seems to operate is that some of the difficulties and problems — that impact people who might be going through emotional or mental crises or have mental illness… [in those difficulties] there are also real life factors that make those [crises] much worse and that… it's not one or the other [mental illness or real life factors]. It's 'hey, are there like practical things that we could actually just help you with?'

"With TCCS it feels a little more like they're not only listening to you and not only supporting you, but they are working on the problem-solving and trying to connect with resources that are specific to solving your individual problems…."

"[Service providers] provided a lot of information — with the foodbanks and any activities for kids around, clothing bank. It depends… on that time when I asked [for help], they referred me to those services."

2.2 TCCS staff connected Indigenous service users to culturally-relevant resources

Similar to previous evaluation findings, service users highlighted the importance of access to culturally-relevant resources. Indigenous service users who received support from TCCS staff from 2-Spirits, appreciated being connected to **support that is specific to First Nations, Inuit and Métis people and cultures**, including housing, shelters, recreational programming, physicians, psychiatrists, and psychologists. Other non-Indigenous 2-Spirits service users felt similarly, as their whole identities were acknowledged, with group support, recreational programs and employment opportunities that were inclusive of their experiences with substance use, addiction, mental health, ethnicity, and sexual orientation. **The connection to follow-up care was specifically highlighted by service users from 2-Spirits.**

Photo Credits: City of Toronto (Leanne Champagne) September 2024

"My case manager was really, really helpful and she still is helping me find everything that I need. I also always felt very safe and comfortable talking to her. She always heard me out, and offered different solutions as well, because I guess obviously, she knows more than I do here. But it's been great truly. It has been such a weight lifted off my shoulders. I feel like I could actually tackle what I want to tackle properly."

"They were the best staff to know how to assess, you know, the people that are in crisis. They are the ones that know how to give them more resources. They're the wonderful people, you know, that gave them other resources to go to, to find what they need in their situation."

50

2.3 Wholistic supports offer valued alternatives to traditional emergency response

Many of the situations described by service users were not necessarily law enforcement matters, nor emergencies involving risks to physical health, which are traditionally addressed by emergency responders such as police, paramedics, or fire department. As such, **the wholistic support provided by TCCS, and experienced by service users, fills a unique and specific gap, which TCCS service users acknowledged.** Service users felt comforted by the trauma-informed approach utilized by TCCS service providers and felt this form of support aligned with their acute needs during crisis.

"[Service providers are] just providing extra comfort and support and easing the edge of a really upsetting experience in a way that the police and paramedics are not equipped to [and] can't necessarily be expected to"

"I didn't really wanna use the 911 call instead. [TCCS] is something more, more relevant... being within the Indigenous help that could help understand what I was going through at that time."

"I just remember feeling safe. A lot of the times, when you're, I guess, having suicidal thoughts and if you call the police — a lot of times, they can be very rough, and they don't seem [like] they are really interested in your well-being. And, I found, with the [TCCS] crisis team, that [they] would take the time and really listen to you and let you know what the options are."

2.4 System barriers lead to challenges connecting to needed resources

Although service users shared TCCS staff made efforts to connect them with needed resources, they also communicated that there were barriers with accessing these services. In some cases, these difficulties were due to systemic barriers, such as the wide-spread housing crisis which prevented their connection to long-term housing due to long wait lists and/or overall limited availability.

In other situations, service users were not able to identify a specific barrier within the TCCS continuum of care that prevented them from connecting to needed follow-up resources. However, they described experiencing a lack of warm referrals to other services and long wait times to access follow-up care, which in some cases did not fully meet their needs.

"I did need some other supports, but I also was aware of how much they could do, because [TCCS] did let me know kind of the range of what they are able to do. So, yeah, there were obviously some things that I would have loved to just be able to get some help with instantaneously, but I was also just kind of aware that there's obviously limitations— because it was more about the housing. The housing market is horrible right now, it is really expensive and everybody is looking for the same stuff, so there's only so much they can do with that."

"There were also not enough workers to support [service users] and... it seemed that [service providers] were overwhelmed by the caseload. So, it seems like, to me, they need to hire more support staff. Because, as people are reaching out in these dire crisis situations, you don't have months and months to wait, to be able to get access."

"No, at the time, I wanted a counsellor and they said they had referred me to someone, some service that provides counselling, but that never went through. It's ok now... at the time, I didn't have anybody and that didn't get followed through with..."

**Driving connections:
Delivering care centered on autonomy and collaboration**

This theme describes instances where service users emphasized that TCCS service delivery was flexible and centred on opportunities for active participation throughout all stages of the crisis response.

These characteristics were essential to ensure service users' autonomy to drive their own care.

3.1 Service users' preferences are accommodated across the continuum of care

Photography Credits: City of Toronto (Jose San Juan), July 2023

Service users shared how service providers adapted to their needs and the type of support they needed. Service users could specify if they preferred a phone-only or a mobile in-person response; if the latter, service users had the opportunity to choose a preferred location.

We identified a pattern in the data describing that service users valued the option of a mobile response and of physically meeting the CCT in person, emphasizing this as a unique feature of TCCS.

..."the idea that people could come to me physically, be there, talk to me, take that time just to talk to me, and can you make a bit of a plan, like a touch point and like, it feels so big! It feels like, 'really?' Like these people are just like, 'I just called you guys and you're just gonna come to me, I don't even have to travel!"

"But that's what I liked about [TCCS], that I can call them any hour in the night and they would come."

"So that's why I feel like, you know, like having [TCCS] to come in person is more important... for me, having [them] to come in-person is more important than just talking with me on the phone."

3.2 Service users and providers engage in shared decision-making

Service users outlined how the TCCS enables them to collaboratively participate in their own care. **Service providers would engage in open dialogues with the service user to evaluate these different available options and support them through shared decision-making to identify which supports or resources best met the service users' preferences.** In this way, service users were active participants in their care planning. Some service users reflected on how TCCS staff encouraged them to identify their own healthcare and well-being goals and that service providers were not directive.

Service users also described how this approach was used when obtaining their consent for care and identifying relevant and desired follow-up supports. Some service users also spoke of changes they had experienced through their interaction with TCCS, such as having **an increase in knowledge and awareness of coping strategies, mitigating risks, feeling empowered and engaged in their care, and having their needs met.**

"[Service providers] always include me, make me know this... it's like a step by step. They clarify everything for me. They let me know [that] if I'm uncomfortable with something I can speak up."

"I felt like my voice was included in making decisions"

"[Service providers] weren't, "you must do abstinence." It was, "where do you wanna be?" And "what can we do to help you get there?"

3.3 Some service users are unaware of the complaint process

While empowered to participate in their care plan, participants were not always familiar with the formal process to provide feedback including complaints. Some service users shared that even if they were familiar with the process, they may not feel comfortable or that their complaints were appropriate. Furthermore, some service users shared **they did not feel comfortable making a complaint or did not know whether it was within their rights to question their service providers' actions or submit feedback.**

"...if I did [have a complaint], which I don't, but I don't think I would feel comfortable telling them because I'm so grateful and I wouldn't want to stir the pot or get anybody in trouble or have them resent me."

"I would never have thought to complain. I just thought that I left. So, I'm — that's just in my nature, I don't really complain about anyone. So, I could [complain], but I wouldn't [be]cause I just feel that they're the professionals and they have said that that's their boundary and it's not for me to question that, you know?"

Song Lyrics

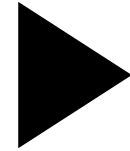*When I'm feeling down*
More lost than found
And I can't find my way
I reach out hoping
With thoughts that I can't say

And no words can express
The pain and emptiness
That cause my heart to sway

The aching I feel
For my child to heal
Drowns me in dismay

My second son
So lost and so undone

Select the Play icon to listen to the song

"The Price I'll Pay" by Bryant Didier

Limitations of the evaluation

We identified limitations both with this project's analytical approach and with the process for participant recruitment.

Although the evaluation team strived to create trauma-informed and culturally safe environments during data collection, we did not have the capacity to always pair interviewers with participants with whom they shared identities, except for an Indigenous evaluator who interviewed participants who identified as Indigenous. This potentially limited the data that were collected, as participants – particularly those who identified as Black, racialized, or 2SLGBTQ+ – may have not felt comfortable sharing their experiences as it related to these identities.

Despite undertaking analytical steps to compare experiences across priority populations, with the exception of a few findings where Indigenous and Black participants had unique experiences, we were unable to identify more patterns of differing experiences within and across priority populations. This finding may be due to our use of semi-structured interviews in which we allowed participants to determine the direction for the interview topics, based on what was most important to them and their experiences. It may also signal that the service is successful in achieving a similar standard of care for participants across priority populations. Further research is required to determine if any true differences exist.

Limitations of the evaluation

Recruitment for this evaluation relied on APs, who initially identified and approached potential participants. Although this process had practical advantages, it may have carried some potential biases, such as the risk of over-representing participants with positive experiences by leading evaluators to a less diverse and potentially skewed sample. In turn, this potential bias could have limited the inclusion of other perspectives present within the community of TCCS service users.

Furthermore, due to internal policies and evaluation timelines, the use of broader recruitment methods (e.g., flyers, advertisements) was not possible, potentially limiting sample diversity. A future opportunity to address this limitation could involve a broader range of data collection methods (qualitative and quantitative) to attract a more diverse participant pool, ensuring representation of a wider range of perspectives.

The participants in this evaluation had recently experienced potentially traumatic crisis situations. Given the sensitivity of these individual scenarios, some participants struggled to recall specific interactions with the TCCS, particularly distinguishing between services provided by the mobile CCT and the follow-up services provided by case managers or other AP service providers. This challenge, especially regarding follow-up care, complicated efforts to draw broad conclusions about TCCS' continuum of care. Additionally, in a few specific cases, this lack of recall resulted in evaluators having to rely on APs to verify service user eligibility to participate in the evaluation, as some service users could not recall specific details about their TCCS response experiences.

Discussion & Lessons Learned

TCCS is providing a valued service for its users

This evaluation revealed predominantly positive experiences among TCCS service users, by fostering and facilitating important connections with service users. These connections were achieved by implementing a service delivery experience characterized by three distinguishing features: a "human-to-human" (O'Reilly, 2021, as cited in Steimle et al., 2024, p. 9) professional relationship, a wholistic approach to care that considers the service users' social circumstances, and ample opportunity for their active and autonomous participation as drivers of their own care.

These service delivery features were experienced by service users in ways that resulted in self-reported **positive mental health and addictions outcomes** including, but not limited to, improved mood, positive perceptions of social support and connectedness, enhanced knowledge of well-being resources, risk mitigation, and enhanced access to post-crisis supports.

Participants shared how they valued an alternative to a police-led crisis response, which centers **trauma-informed care and wholistic needs**. Through both service user and service provider perspectives, TCCS is revealed to be a distinct mental health crisis response service, through its embodiment of trauma-informed and recovery-based care models. TCCS fills a critical and long-standing void for service users in crisis response care.
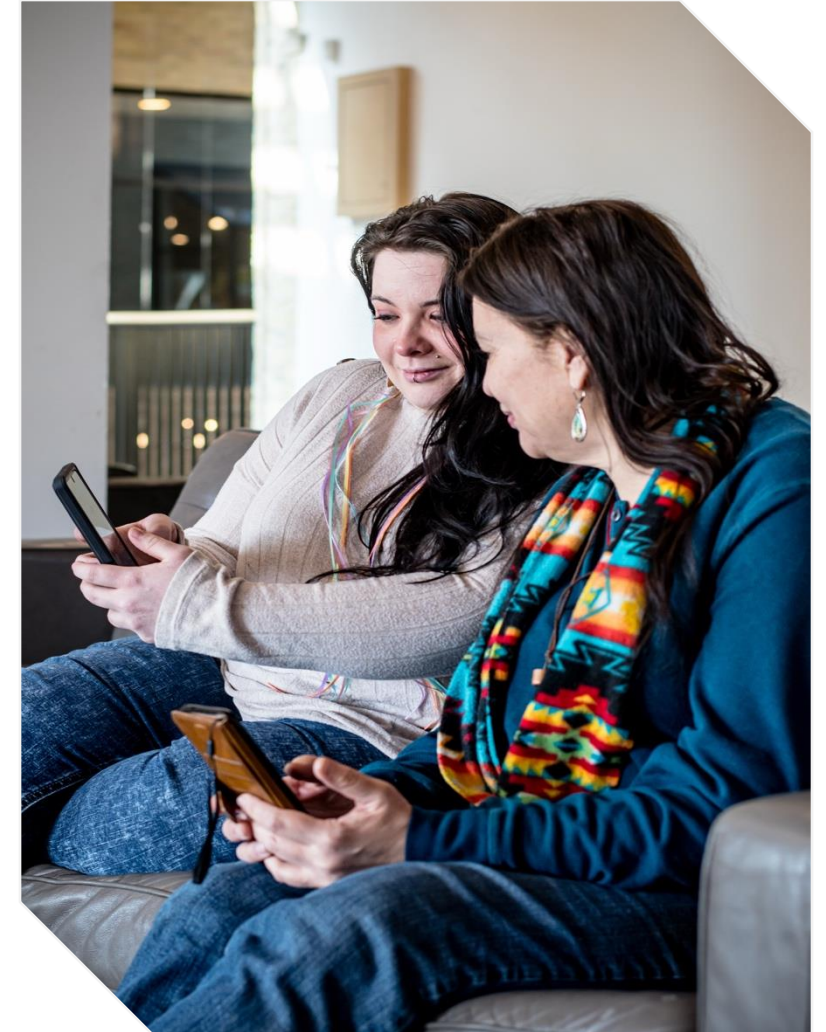
The TCCS Guiding Principles were reflected in service user experiences in different ways

The following table describes how each of the Guiding Principles of TCCS were evident in the experiences of the service users within our sample.

Harm reduction and trauma-informed approach to care	This principle is embedded throughout TCCS service delivery, as service users shared how they were able to establish professional relationships with service providers, which fostered safe and trusting environments. This comforting relationship was reflected in service users' comments, who shared "I remember feeling 'This is someone I can talk to,' right? So, I felt very comfortable," and another who described their service provider as "...almost like my sister, not like a worker." Another service user disclosed that TCCS' approach is one of the reasons they prefer them to police response, sharing that "the reason that I often call them is because they are trauma-informed, so sometimes my option is them or the police, right? And the police likes to put me in handcuffs and do other things that are not trauma-informed, ..."
Ensuring a transparent and consent-based service	This principle is reflected in the service users' experience of having autonomy in the care planning process, from preferred resources, services delivered, and location of care. Service users recounted that service providers centered on their needs and preferences, which then informed collaborative decision-making. As one service user articulated "...it also feels that they are working with you in choosing what you think is best for yourself. They are not telling you, 'Oh, this is what you should be doing.'"

The TCCS Guiding Principles were reflected in service user experiences in different ways

Ground the service in the needs of the service user, while providing adaptive and culturally relevant individual support needs	This principle is illustrated through service user and service provider accounts of TCCS providing wholistic care, centering service user needs beyond those related to the immediate mental health crisis, including individual cultural needs. This was particularly impactful for one service user who shared that "when they first found a spot for me in the shelter, it made a difference because of the fact that I was homeless. I basically had nowhere to live." Other service users also described how TCCS aids them in obtaining basic living essentials, for instance, as one individual expressed: "they've given me food, they still give me some things, cards, vouchers and things so I can get my food."
	Relatedly, this evaluation was able to identify clear themes related to the experiences and outcomes of Indigenous service users who accessed culturally relevant care (specifically through 2-Spirits), in part because of 2-Spirits' intentional and unique focus on offering culturally relevant care. Elements of culturally relevant care for Black and 2SLGBTQ+ service users were less evident in this evaluation.
Multiple pathways for service user to access crisis and support services	This pillar is evident through service users' details of the diverse ways in which they had come to be connected to TCCS. Service users were connected to TCCS via multiple pathways, such as calling 911 or Findhelp|211 on their own, other crisis lines, or having others, such as supportive others, health care providers, or first responders, calling on their behalf.
Establish clear pathways for complaints, issues and data transparency	This principle was somewhat less evident in this evaluation, as service users generally reported that they were unaware of this process. This may be related to the overall positive responses from participating service users and an indication that they have not felt a need to make a complaint. Other service users expressed apprehension and discomfort with filing complaints, which may be evidence of a power imbalance between service user and the service, reflecting further need for mutuality (SAMHSA, 2014) in the relationship between these parties.

Kamaamwizme wii Naagidiwendiiying pillars were demonstrated to varying degrees when service users' shared *Gaanaadimaat* (how it helped us?)

These Kamaamwizme wii Naagidiwendiiying pillars were highlighted from 2-Spirits service users:

- Providing culturally grounded support

- Applying flexible approach to care (not a one size fits all model)

- Ensuring that individuals in crisis have self-determination and are empowered in their care

- Providing wholistic health and wellness supports

- Providing accessible trauma-informed care services

The provision of culturally grounded services such as smudging with service users and traditional teachings, was helpful for crisis stabilization, otherwise described by some service users as becoming "grounded." Similarly, the flexible approach to care was important to service users like this one who said: "having regular conversations was really helpful in terms of deescalating the situation." Being connected to staff who shared the same identity as Indigenous service users helped to create a sense of belonging for them. For example, a service user said, "it is really nice to be with people who remind me of home" and another service user noted, "I felt emotionally and spiritually connected with them."

It was evident that 2-Spirits staff were trying to ensure that service users in crisis have self-determination and are empowered in their care; for example, a service user noted that their case worker "always heard me out and offered different solutions." The 2-Spirits staff clearly demonstrated the ability to "appropriately assess," each unique situation to provide wholistic support. Additionally, their trauma-informed approach not only helped service users feel comfortable and safe, but also that they were valued and cared for, which together contributed to positive outcomes. Some of these outcomes included medical diagnoses, a service user receiving a reduced court penalty and becoming "sober and less violent," goal setting among other service users and, most importantly, a service user noting "I'm still alive because of this service."

Therefore, based on the experiences shared by service users in this evaluation, it is evident these pillars have been critical in increasing individual well-being. By upholding the pillars of Kamaamwizme wii Naagidiwendiiying, 2-Spirits can continue supporting community well-being alongside other efforts.

Kamaamwizme wii Naagidiwendiiying

Coming together to (heal or look after or to take care of) each other

Debaamjigewin Naagdobiigewin
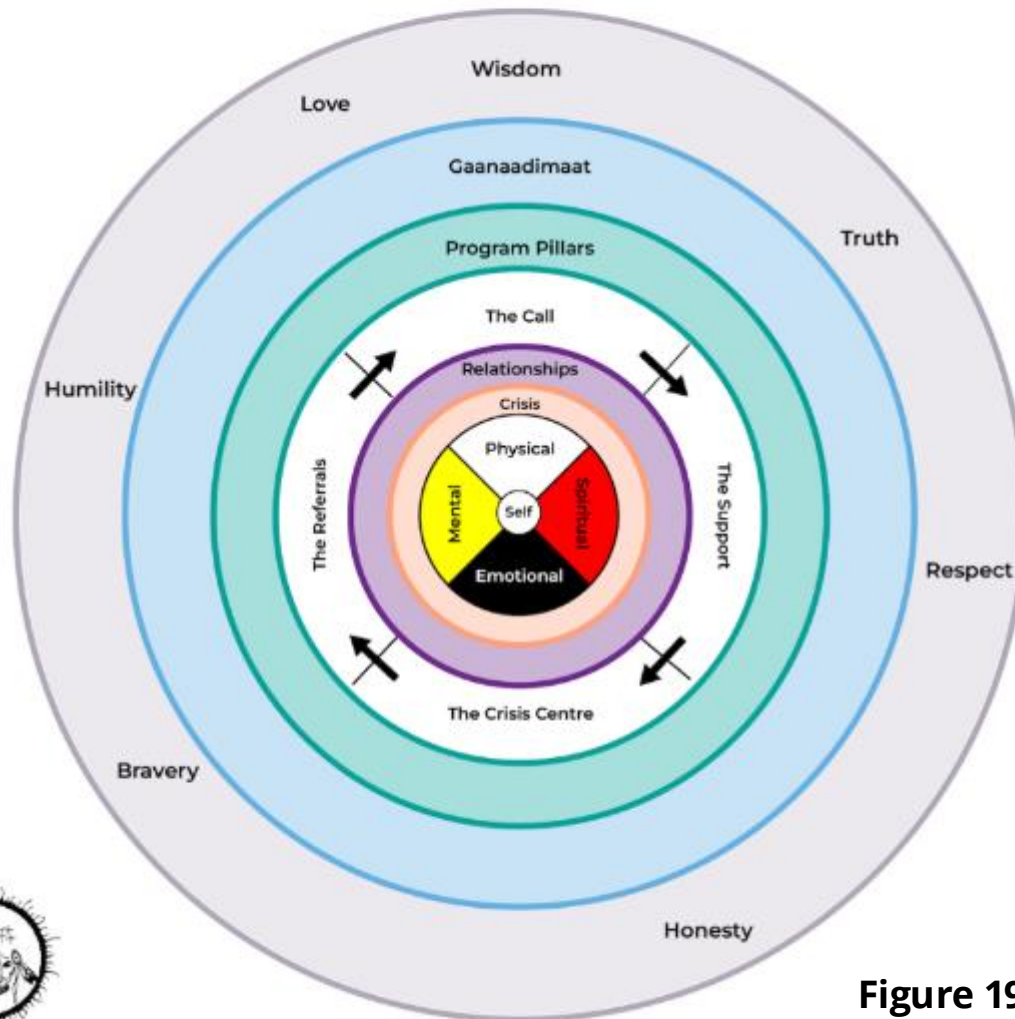
Relationships
People with lived/living experience
Partnering Agencies
Community leaders/workers
2SLGBTQIA+ individuals
Aunties and Uncles program
Peer workers
Elders/Knowledge Keepers
City of Toronto

Program Pillars
Providing culturally grounded support
Applying flexible approaches to care (not a one size fits all model)
Providing wholistic health and wellness supports
Ensuring that individuals in crisis have self-determination and are empowered in their care
Response plans
Providing accessible, trauma-informed care services
Community participation and by-in throughout each phase of the pilot
Continuous quality improvement of our supports and services

Gaanaadimaat (How it helped us?)
Enhanced feeling of safety
Increased sense of wellness and belonging
Crisis stabilization
Increased access to appropriate care
Increased capacity
Decreased institutional involvement
Increased community well-being

Figure 19. The Kamaamwizme wii Naagidiwendiiying Evaluation Framework (Debaamjigewin Naagdobiigewin)

65

Participants had a shared experience of social exclusion

This evaluation sought to engage with members of priority populations to identify unique or differential experiences with TCCS. Positively, the resulting participant sample was diverse, with representation across all identified priority population groups. However, we were unable to identify clear trends of differential experiences between priority population groups within our sample, with the exception of racial identity.

Overall, the demographic make-up of participating service users (especially income levels, employment status, rates of disability, and rates of homelessness) taken together with the nature and frequency of supports needed demonstrated the shared experience of high levels of social disadvantage and marginalization amongst many. With this in mind, it is worth highlighting the great limitations and challenges that exist for TCCS as it is operating in a fractured system (City of Toronto, 2015). While it is not within TCCS' scope to create longer term mental, social and economic stability, this is a clear need for many of its service users.

Finally, a common appreciation for a non-police response was heard from service users. Evidence clearly demonstrates that the existence of a non-police response is particularly important for historically marginalized communities who experience disproportionate use of force, invasive searches, and legal system interactions (Marcus & Stergiopoulos, 2022).

The humanizing relationships created by TCCS are meaningful and valued

Both first-party callers, who were in crisis, and second-party callers, who supported others, reported meaningful connections facilitated by service providers reflecting on their service providers' skills and authenticity in their care, fostering a trusting relationship. Some of these elements were also present in the service providers' impact stories we analyzed, which also emphasized how their own actions were aimed to connect at the same level with service users during crisis. Many of the descriptions were consistent with existing literature characterizing this relationship (e.g., Steimle, von Peter & Frank, 2024; Shattell, Starr, Thomas, 2007).

The importance of the relationship between service users and providers is an important element of care with literature defining approaches front-line service providers can take to build this relationship (Steimle, von Peter & Frank, 2024), many of which were reflected by service user and service provider accounts. Taken together, this specific skillset can contribute to establishing professional relationships and positive health and well-being outcomes in crisis care.

Notably, the stories we heard from service users who had difficult or challenging experiences with TCCS further affirms the importance of relationship building, and overall rapport, as a core set of skills essential to the delivery of TCCS. **Defining these core clinical skills can be used to inform TCCS policies, quality assurance and professional development initiatives, to further embed these practices in TCCS' service delivery.**

Photo Credits: City of Toronto (Jose San Juan), March 2024

Service users value relating to providers through common life experiences

A second relational element highlighted by service users was the opportunity of being supported by service providers representing diverse, and in some cases shared, identities and life experiences, for example, gender diversity, mental health, and parenthood. This may be a type of peer support, which is a pillar of trauma-informed care (SAMHSA, 2014), and which other non-police led models have embedded into practice (Pearl & Irwin, 2020). Other evidence also speaks to this element, relating through self-disclosure (Shattel, Starr, & Thomas, 2007). **Therefore, a sustained targeted recruitment of professionals with diverse lived experiences and who undertake an anti-oppressive, anti-racist, trauma-informed approach is recommended.**

We saw the specific importance of shared identity and lived experience among Indigenous service users and Indigenous 2-Spirits staff. Being Indigenous-led, 2-Spirits is uniquely positioned to provide culturally safe and trauma-informed care. Having service providers respond to you that share a similar identity can be pivotal. Indigenous service providers often have an intimate understanding of cultural values, traditions, and the impacts of historical trauma and on-going oppression experienced by their communities (Tomkins et al., 2024). By sharing identity and experiences, these providers are more likely to approach their work from a trauma-informed perspective, acknowledging the systemic issues that have impacted Indigenous people and taking steps to avoid re-traumatizing service users (Tomkins et al., 2024).

Shared identity typically results in culturally grounded care, as Indigenous service providers often hold cultural knowledge. This characteristic was demonstrated when 2-Spirits staff were able to use smudging as a tool in crisis de-escalation with First Nations service users, which has powerful effects of creating a sense of calm and fostering mindfulness (Native Women's Association of Canada, 2024). For these reasons, it is beneficial that 2-Spirits has since been able to expand to service Indigenous service users city-wide. Outside of 2-Spirits, we also saw traditonal teachings and cultural knowledge be used meaningfully, by the Indigenous Specialist at CMHA TO, in the impact stories. The Indigenous specialist was able to emotionally and spiritually connect to service users, through using traditional teachings to assess the situation and help the service users process their emotions, as a further strategy to engage and relate to service users.

As such, ongoing commitment to improve the Indigenous Service user experiences at non-Indigenous led Anchor Partners could be to hire Indigenous employees who can perform the role of "Indigenous Specialist" as operationalized at CMHA TO. Additionally, Anchor Partners should continue to prioritize Indigenous cultural safety training and review curricula to ensure it is updated and sufficient. These suggestions, combined with 2-Spirits ability to service city-wide will increase the capacity of TCCS to ensure safe and culturally relevant TCCS responses for Indigenous service users.

The relationship between health and social circumstance necessitates wholistic care

Providing wholistic care, which addresses an individual physical, mental, social, emotional, and spiritual health, is a necessity, as one's social context and circumstance can have immediate bearing on one's mental health. Such wholistic care is also a guideline of recovery-oriented practice (Mental Health Commission of Canada (MHCC), 2015), with other non-police models also engaging in such comprehensive supports (Rached-d'Astous et al, 2021). TCCS' commitment to a wholistic approach to care was exhibited through service providers' consideration for the service users' broader needs, gleaned through comprehensive assessments. This was also observed in service providers' impact stories, which described service delivery across multiple dimensions, such as medical care and practical supports, in addition to mental health and addictions care, and helping to establish safe environments.

Importantly, connections to resources to address whole-person needs is an area in which service users experienced barriers. Follow-up care is an integral component of TCCS and it is important to **ensure consistency in follow-up care to avoid gaps in service delivery to enhance service users' outcomes**.

However, in some cases these access difficulties were products of systematic barriers, such as the wide-spread housing crisis. **The City of Toronto is encouraged to advocate for effective solutions to address system-level gaps in housing, to resolve these gaps impeding service users in connecting with appropriate and essential supports.** This recommendation is consistent with findings from the TCCS One-Year Outcome Evaluation report (Provincial System Support Program and Shkaabe Makwa, 2023).

TCCS' approach better aligns with service users' needs than traditional emergency response

Many 911 calls do not necessitate a police response, as they do not involve situations requiring law enforcement intervention (Pearl & Irwin, 2020). Furthermore, prior models of police involved crisis response, placed individuals in crises at an increased risk of harm and arrest (Balfour et al., 2023; El-Sabawi & Carroll, 2021; Alegría et al., 2021). Only 7-10% of police encounters involve mental illness (Alegría et al., 2021) but 25% of police involved shootings in the United States (Balfour & Zeller, 2023; Marcus & Stergiopoulos, 2022) and 23-70% of police involved fatalities in Canada (Marcus & Stergiopoulos, 2022) occur during behavioral health emergencies.

Literature highlights other existing non-police models, which work to address an individual's social needs, and establish connection to community services (Rached-d'Astous et al, 2021; Pearl & Irwin, 2020). Pearl and Irwin (2020) further elaborate that police are not necessarily trained with the skills to adequately support individuals experiencing mental health crisis. Service users in this evaluation spoke to their preference for TCCS' trauma-informed approach compared to traditional responders. Impact stories from service providers further illustrated instances where they were able to successfully collaborate with system partners, such as police and paramedics, and that such partners were able to be deferred away from scenes.

These findings highlight the success so far achieved by TCCS in its mission to provide an alternative emergency response pathway that is more attuned to the nature of crises with mental health and addictions elements.

Photo Credits: City of Toronto (Jose San Juan), March 2024

Interventions to address barriers to accessing TCCS are needed

This evaluation revealed two barriers to accessing TCCS, specifically regarding the overall awareness of TCCS, and difficulties experienced at time of the intake call.

Despite having used the service and generally speaking positively about the care they received, service users participating in this evaluation often demonstrated a lack of awareness regarding TCCS, the service it provides, and who the involved partners are. They felt that further education across the broad population would be beneficial. Some requested specific tangible resources, such as pamphlets.

This finding is consistent with a recommendation in the TCCS Six-Month Implementation Evaluation (2023), One-Year Outcome Evaluation report (2023), and other literature (Ennis & Walker, 2022) regarding a need to increase awareness of such programs. Based upon these findings, this evaluation recommends that **The City of Toronto implement interventions to increase awareness of TCCS among the general public**.

Of note, since collecting the data for this evaluation, TCCS has undertaken such initiatives, with a public awareness campaign active from October 2024 to January 2025. Additional investigation of the efficacy of this campaign may be warranted. In addition, prior to service expansion in July 2024, previous awareness interventions had been specific to the geographic regions which TCCS was operating within, and since expansion, awareness campaigns are now implemented broadly across Toronto.

Furthermore, some service users expressed difficulties during their intake call with FindHelp|211, experiencing technical issues, or staff who were unfamiliar with TCCS. As such, **addressing barriers to service access experienced at the time of the initial call to Findhelp|211 is recommended**.

TCCS should continue to engage service users to inform improvement efforts

Involving those most affected by an issue is essential to the development of relevant, appropriate, achievable, and sustainable solutions (Ontario Centre of Excellence in Child and Youth Mental Health, 2016). Because one of the TCCS' five Guiding Principles is "Establish clear pathways for complaints, issues, and data transparency," and one of the Kamaamwizme wii Naagidiwendiiying Pillars is "Continuous quality improvement of our supports and services," there may an opportunity for TCCS to strengthen implementation of this Principle and Program Pillar. As such, we recommend **incorporating service user experience data that is linked to demographic data into a program-wide continuous quality improvement system.** This recommendation is also consistent with the recommendation found in the Year-One Outcome Evaluation Report (2023) to conduct further service user engagement.

Collecting and analyzing data on disparities in service experiences and outcomes based on race and other demographics is good practice to inform program and policy changes and hold organizations accountable to higher standards of care (Hassen et al., 2021) and was also recommended by the TCCS Six-Month Implementation Evaluation Report (2023). Engaging meaningfully with service users from priority populations is advised. This will enable TCCS to further understand and implement changes to respond to the root causes of any negative or positive experiences reported, given these populations' historical and present-day disproportionate marginalization. The City of Toronto and APs can use this gathered data to inform implementation of revisions or improvements to TCCS' policies and practices.

Recommendations

Recommendations and Rationale

Recommendation	Rationale	Responsible Actor(s)
Continue to implement interventions (e.g., advertising campaigns, educational sessions, flyers, posters etc.) that increase awareness of TCCS among the general public.	Across interviews with service users, many evaluation participants noted a lack of personal awareness of TCCS, the Anchor Partners, their roles, and the services that TCCS provides prior to being connected to TCCS through Findhelp|211, 911, and sometimes after the mobile response as well. The perception of some service users was that awareness could be improved with the public. It seems service users are sometimes confused with the acronym "TCCS." They also appeared to be confused about the differences between TCCS and crisis lines. Continuing to promote the service and foster public awareness could position the service to be widely recognized similar to the police and 911. Such public awareness campaigns are already implemented, active from October 2024 to January 2025, and with the TCCS' expansion in July 2024, have a broader audience across all of Toronto. Further investigation of the outcomes of these campaigns may be warranted.	City of Toronto (lead) with participation of APs
Continue to prioritize selection and onboarding of TCCS staff and leadership with diverse lived experiences and who undertake an anti-oppressive, anti-racist, trauma-informed approach.	Continuous prioritization of recruiting TCCS staff with diverse lived experiences is recommended as some interviewed service users shared that TCCS staff with diverse lived experiences, or with other shared identity characteristics, aided in establishing rapport and creating a comfortable and safe environment. This best practice supports anti-oppressive, anti-racist, and culturally safe care (Sunkel and Sartor, 2022; Cleary and Armour, 2022; Hassen et al., 2021; AMHO, 2021; IPHCC, 2022).	All APs

Recommendation	Rationale	Responsible Actor(s)
Ensure consistency in the provision of follow-up care and the follow through of said care to avoid gaps in service delivery and enhance service user outcomes.	Some service users experienced difficulties accessing follow-up from TCCS staff (e.g., a service user was not followed-up with after their initial call with TCCS and other service users expressed wishing they were connected to more support). Also, some reported not being able to connect to resources/services which TCCS referred them to which caused frustration for some service users and resulted in them feeling the need to advocate for additional follow-up care that met their needs (e.g., there were long waitlists for shelters and housing and some services had limited availability). Therefore, it would be beneficial to confirm that service users were indeed serviced by the support they were connected to. If not, alternative follow-up care could be provided.	All APs
Advocate for effective solutions to address system-level gaps in housing.	Many service users discussed barriers within the system related to housing, including shelter availability, long wait lists, and safety concerns (e.g., violence, theft, exposure to substances, and inappropriate behavior). System-level gaps in housing impede TCCS staff from connecting service users experiencing housing crises to appropriate supports.	City of Toronto
Address barriers to service access experienced at the time of the initial call to Findhelp|211.	Some service users noted difficulties accessing TCCS at the time of their initial call, sharing experiences of long waits, calls dropping, and inconsistencies in professionalism among Findhelp|211 staff, sharing that staff could be difficult to have a conversation with, to build rapport with, and lacked awareness of TCCS.	Findhelp|211 with participation from City of Toronto

Recommendation		Rationale	Responsible Actor(s)
Incorporate service user experience data into a service-wide continuous quality improvement system	i) Create and promote a clear and safe avenue for service users to provide ongoing feedback about their experiences of the service.	Some service users expressed not knowing how to share feedback about the TCCS (e.g., not aware of where to send feedback or who to talk to) and said it would be uncomfortable to report anything to their case worker. Gathering key demographic data (e.g., race, gender, sexual orientation, disability, housing, employment) alongside this experience data can be used to support identification of trends across priority population groups. This data could further advance an understanding of the experience of priority population groups. We recommend collecting anonymous data (Badu, O'Brien & Mitchell, 2019) a few weeks to one month after the initial crisis (Baker & Azzari, 2024). Data collection is more effective and ethical once people have received some psychological stabilization (Wilson & Lindy, 2013).	City of Toronto (lead) with participation of APs
	ii) Continue to investigate experiences of priority populations.	Due to our methodology, we are unable to make causal inferences regarding the differential experiences of the priority population groups (e.g., Black, First Nations, Inuit, Métis, and other Indigenous identities, racialized individuals or groups, and/or 2SLGBTQ+). However, we recommend continued investigation of the root causes of any negative or positive experiences that priority population groups report.	City of Toronto (lead) with participation of APs
	iii) Analyze experiential data to adjust service processes and policies.	In addition to data collected directly from TCCS service users, Anchor Partners/TCCS can also make good use of other existing or emerging forms of lived experience data/analysis to inform service improvements (such as community driven calls to action developed by local priority populations).	City of Toronto (lead) with participation of APs

Recommendation	Rationale	Responsible Actor(s)
Clearly articulate TCCS's approach to serving each priority population (e.g., Black, First Nations, Inuit, Métis, and other Indigenous identities, racialized individuals or groups, and/or 2SLGBTQ+).	The evaluation was able to identify clear themes related to the experiences and outcomes of Indigenous service users who accessed culturally relevant care (specifically through 2-Spirits), in part because of 2-Spirits' intentional and unique focus on offering culturally relevant care. To assess and continuously improve on these elements for all priority populations, they must first be clearly defined. This recommendation is in line with TCCS's following Guiding Principle "Ground the service in the needs of the service user, while providing adaptive and culturally relevant individual support needs."	City of Toronto with participation of APs
Continue to provide Indigenous cultural safety training as a core and ongoing training for TCCS staff across all partners (including Findhelp|211 and 911). Additionally, training should undergo a curriculum review to determine sufficiency.	Continuing to provide cultural safety training for all Anchor Partners including Findhelp|211 and 911 is essential to improving experiences of Indigenous service users at non-Indigenous led agencies. However, it is well documented that training opportunities must be tailored as well as embedded within a larger set of intentionally planned and adequately resourced actions to support meaningful and sustained change towards cultural safety (Truth and Reconciliation Initiative, 2025). With this knowledge, and the recognition that APs currently undergo numerous cultural competency trainings, conducting a curriculum review to examine whether current training content is sufficiently relevant and practical to staff needs can strengthen this recommendation. Further, to support the bridging of knowledge to practice, cultural safety indicators could be included in the performance management process for TCCS staff across all APs (IPHCC, 2022) to identify gaps and support the development of skills.	City of Toronto with participation of APs and 911.

Recommendation	Rationale	Responsible Actor(s)
Ensure there are First Nations, Inuit, and Métis staff employed at non-Indigenous-led Anchor Partners who can provide culturally relevant support.	Since the recent expansion, 2-Spirits is now able to service any service users across the city who prefer an Indigenous led-response. Additional opportunities for ongoing commitment to improve the Indigenous service user experiences at non-Indigenous led APs could be to hire Indigenous employees who can perform the role of "Indigenous Specialist" as operationalized at CMHA TO. According to service providers' impact stories, the Indigenous Specialist role at CMHA TO was able to provide culturally relevant support, especially through using traditional teachings to understand and stabilize the crisis during mobile response. APs should ensure they have the capacity and ability to meaningfully incorporate this role and support the person(s) in this role. It is recommended that there be more than one Indigenous staff member to avoid tokenism. This strategy would enhance the ability of the TCCS as whole to strengthen their ability to service Indigenous community members in Toronto. However, this should not replace the need for ongoing cultural safety training in the recommendation above.	City of Toronto with participation of APs

Conclusion

This evaluation aimed to bring forth the voices of TCCS service users, to understand their experiences with the service and the impacts that it has on them, from their own perspectives.

Service users, in general, shared positive experiences with TCCS, recounting empathetic support through difficult crises solutions and beyond. Service users were grateful for TCCS and advocated for its continued support.

Through the thoughtful participation of TCCS service users and service providers, TCCS is revealed to be a unique service, through its person-centered, trauma-informed approach. This service fills a gap for service users, as it centers and attends to their needs.

Connections are at the center of TCCS and are illustrated in different forms across the continuum of care. Connections are fostered with services users through supportive relationships with providers, which acknowledge the whole-person and their social context and environment, and service users become equipped and supported to drive their own care.

Application of the recommendations included in this report will further build upon the existing successes of TCCS.

Photo Credits: City of Toronto (Jose San Juan), March 2024

References

AMHO's Equity, Anti-Racism and Anti-Oppression Framework (2021). Accessed from: http://amho.ca/wp-content/uploads/2024/01/FinalFramework_standalone.pdf

Alegría, M., Frank, R. G., Hansen, H. B., Sharfstein, J. M., Shim, R. S., & Tierney, M. (2021). Transforming Mental Health And Addiction Services: Commentary describes steps to improve outcomes for people with mental illness and addiction in the United States. *Health Affairs*, *40*(2), 226–234. https://doi.org/10.1377/hlthaff.2020.01472

Badu, E., O'Brien, A.P. & Mitchell, R. An integrative review on methodological considerations in mental health research – design, sampling, data collection procedure and quality assurance. *Arch Public Health* 77, 37 (2019). https://doi.org/10.1186/s13690-019-0363-z

Baker, S. M., & Azzari, C. N. (2024). Conducting research at times and places in crisis. In *Handbook of Qualitative Research Methods in Marketing* (pp. 58–68).

Balfour, M. E., Hahn Stephenson, A., Delany-Brumsey, A., Winsky, J., & Goldman, M. L. (2022). Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies. *Psychiatric Services*, *73*(6), 658–669.

Braun, V., & Clarke, V. (2021). Thematic Analysis: A Practical Guide. Sage

City of Toronto. (2015). TO Prosperity: Toronto Poverty Reduction Strategy. Accessed from: https://www.toronto.ca/wp-content/uploads/2017/11/9787-TO_Prosperity_Final2015-reduced.pdf

City of Toronto. (n.d.a). Data for Equity Guidelines. https://www.toronto.ca/legdocs/mmis/2020/ex/bgrd/backgroundfile-158052.pdf

City of Toronto. (n.d.b). 2022-2032 Reconciliation Action Plan. 2022-2032 Reconciliation Action Plan

Cleary, R., & Armour, C. (2022). Exploring the role of practitioner lived experience of mental health issues in counselling and psychotherapy. Counselling and Psychotherapy Research, 22(4), 1100-1111. https://doi.org/10.1002/capr.12569

El-Sabawi, T., & Carroll, J. J. (2021). A model for defunding: An evidence-based statute for behavioral health crisis response. *Temp. L. Rev.*, *94*, 1.

Ennis, E., & Walker, E. (2022). Experiences of a community crisis intervention service. *Issues in Mental Health Nursing*, *43*(2), 96–102.

References

Gale, N. K., Heath, G., Cameron, E., Rashid, S., & Redwood, S. (2013). Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Medical Research Methodology, 13, 117. https://doi.org/10.1186/1471-2288-13-117

Guba, E., & Lincoln, Y. (1982). Epistemological and methodological bases of naturalistic inquiry. *Educational Communication and Technology*, *30*(4), 233-252.

Harris, P. A., Taylor, R., Minor, B. L., Elliott, V., Fernandez, M., O'Neal, L., McLeod, L., Delacqua, G., Delacqua, F., Kirby, J., Duda, S. N. & REDCap Consortium. Building an international community of software platform partners. Journal of Biomedical Informatics, 95, 103208. https://doi.org/10.1016/j.jbi.2019.103208

Hassen, N., Lofters, A., Michael, S., Mall, A. & Pinto, A. D. (2021). Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review. *International Journal of Environmental Public Health Research, 18*(6), 2993. https://www.mdpi.com/1660-4601/18/6/2993

IPHCC 2022. NE' IIKAANIGAANA 'All Our Relations' Toolkit: Guidance for Creating Safer Environments for Indigenous Peoples. Accessed from: https://iphcc.ca/wp-content/uploads/2022/08/NE_IIKAANIGAANA_TOOLKIT.pdf

Levesque, J. F., Harris, M. F. & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *Int J Equity Health,* 12, 18. https://doi.org/10.1186/1475-9276-12-18

Marcus, N. & Stergiopoulos, V. (2022). Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models. Health & Social Care in the Community, 30(5), 1665–1679. https://doi.org/10.1111/hsc.13731

Mental Health Commission of Canada. (2015). Recovery Guidelines. https://mentalhealthcommission.ca/wp-content/uploads/2021/05/MHCC_Recovery_Guidelines_2016_ENG.pdf

Native Women's Association of Canada. (2024). *Smudging: A Necessary Mindfulness Exercise*. https://nwac.ca/assets-knowledge-centre/Smudging_final.pdf

Ontario Centre of Excellence for Child and Youth Mental Health (2016), Walking the talk: A toolkit for engaging youth in mental health. http://www.yetoolkit.ca/content/guiding-principles#footnoteref2_3t8xc2w

References

Patton, M. (2013). Utilization-Focused Evaluation (U-FE) Checklist.
https://wmich.edu/sites/default/files/attachments/u350/2014/UFE_checklist_2013.pdf

Pearl, A., & Irwin, B. (2020). The Community Responder Model. https://www.americanprogress.org/wp-content/uploads/sites/2/2020/10/Alternatives911-report.pdf

Provincial System Support Program and Shkaabe Makwa. (2023). Toronto Community Crisis Service: Six-month implementation evaluation report. Centre for Addiction and Mental Health.

Provincial System Support Program and Shkaabe Makwa. (2023). Toronto Community Crisis Service: One-year outcome evaluation report. Centre for Addiction and Mental Health.

Provincial System Support Program. (2024). Priority Populations within the Ontario Structured Psychotherapy (OSP) Program: a summary of the literature and proposed definitions. Centre for Addiction and Mental Health.

Rached-d'Astous, L., Darveau, L., Luigi, M., Bourgeois-Tardif, S., Goulet, M.-H., Lessard-Deschênes, C., Villeneuve, E., Gilbert, M., & Lesage, A. (2021). Mobile Crisis Resolution Team Implementation Challenges: A Rapid Review. *International Journal of Hospital Based Health Technology Assessment, 1*, 2-11. http://dx.doi.org/10.21965/IJHBHTA.2021.001

Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing and Health, 18*(2), 179-183. https://doi.org/10.1002/nur.4770180211

Shattell, M., Starr, S., & Thomas, S. (2007). Take my hand, help me out: Mental health service recipients' experience of the therapeutic relationship. International Journal of Mental Health Nursing, 16(4), 274-284.

Sim, J., Saunders, B., Waterfield, J., & Kingstone, T. (2018). Can sample size in qualitative research be determined a priori? *International Journal of Social Research Methodology, 21*(5), 619–634. https://doi.org/10.1080/13645579.2018.1454643

References

Steimle, L., von Peter, S. & Frank, F. (2024). Professional relationships during crisis interventions: A scoping review. Plos One. https://doi.org/10.1371/journal.pone.0298726

Substance Abuse and Mental Health Services Administration - SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. https://store.samhsa.gov/sites/default/files/sma14-4884.pdf

Sunkel, C. & Sartor, C. (2022). Perspectives: involving persons with lived experience of mental health conditions in service delivery, development and leadership. BJPsych Bulletin, 46(3), 160-164.

Tomkins, S., Liu, J., & Campbell, L. A. (2024). Meaningful positioning: insights on the importance of culturally safe, anti-racist settler-Indigenous relationships in supporting Indigenous maternal health in Canada. *International Journal of Indigenous Health*, *19*(1). https://doi.org/10.32799/ijih.v19i1.41140

Wilson, J. P. & Lindy, J. D. (2013). Trauma, Culture, and Metaphor. Pathways of Transformation and Integration. Routledge. https://doi.org/10.4324/9780203893579

Appendix A: Evaluation Approaches

Utilization-focused Evaluation
Utilization-focused evaluation is a guiding framework, which can include a wide variety of evaluation methods within an overall participatory paradigm. It emphasizes that evaluations should be useful and practically applied, guiding evaluators to design and conduct evaluations with real-world use and learning in mind (Patton, 2011). The TCCS evaluation engaged with the primary evaluation users (i.e., the City of Toronto and the APs) throughout the project to understand their needs and expectations from the evaluation and TCCS, including how they intended to use both the evaluation's process and its products (Patton, 2011).

Indigenous-led
This lens focuses on an Indigenous community-driven approach, which centres Indigenous ways of knowing in the design and implementation of the evaluation, by meaningfully incorporating the unique priorities, needs, and contributions of 2-Spirits' community and partners. The program values of Kamaamwizme wii Naagidiwendiiying were weaved into the TCCS evaluation to be reflective of the 2-Spirits's community and their voices, and to foster meaningful relationships throughout the entire process. These values refer to the Seven Grandfather teachings: Love, Respect, Bravery, Truth, Honesty, Humility and Wisdom.

Indigenous evaluators from Shkaabe Makwa worked closely with 2-Spirits to ensure this evaluation is culturally responsive. This included developing appropriate methods, adapting interview/focus group questions, among others.

Equity-Informed Outcome Evaluation
In alignment with the values of the City of Toronto, the APs, and the Evaluators (PSSP and Shkaabe Makwa), this evaluation adopted an equity-informed approach. This entails integrating equity and Indigenous engagement principles and practices throughout the evaluation, including the following:
- embedding equity-centered language in the evaluation questions and objectives;
- engaging with partners to inform the process from beginning to end;
- analysis of service user demographics vs. experience and outcome data whenever possible;
- integration of service user perspectives and social determinants of health analysis;
- describing limitations to the evaluation, including in data collection, engagement, and where equity principles were not integrated;
- prioritizing participant choice, by providing options with regards to data collection, and respecting participants' limits with regards to data sharing; and
- use of reflexive practice on the evaluation project team

Appendix B. Evaluation matrix

Data source	Description	Evaluation question	Type of information	Collected from	Collected when	Analysis
Impact Stories	Secondary data; brief descriptions of service delivery and outcomes witnessed by frontline service providers	1 b 2 a	Service providers' accounts of service users' experience of service and outcomes	City of Toronto	April & May	Framework analysis
Service user interviews	Primary data; semi-structured individual interviews with service users	1 a, b, c, d, e	Service users' experience and perception of service and outcomes; service users' perception of harm reduction, trauma-informed principles, cultural relevance; demographic factors	Service users	June to September, 2024	Framework analysis Equity analysis based on sociodemographic data
		2 a, b, c	Service users' experience and perception of outcomes; demographic factors	Service users		
		3 a, b	Service user-recommended improvements, changes to the service	Service users		

Appendix B. Evaluation matrix

Data source	Description	Evaluation question	Type of information	Collected from	Collected when	Analysis
Focus groups*	Primary data; semi-structured focus groups with service users	1 a, b, c, d, e	Service users' experience and perception of service and outcomes; service users' perception of harm reduction, trauma-informed principles, cultural relevance; demographic factors	Third-party service users	N/A	N/A
		2 a, b, c	Service users' experience and perception of outcomes; demographic factors	Third-party service users		
		3 a, b	Service user-recommended improvements, changes to the service	Third-party service users		

* Given the small number of third-party service users who participated in this evaluation, data were collected through individual interviews instead of focus groups.

Appendix B. Evaluation matrix

Data source	Description	Evaluation question	Type of information	Collected from	Collected when	Analysis
Arts-based data	Primary data; submission of artistic expressions (e.g., drawings, music, etc.) that describe the service users' experiences and a guided reflection†	1 a, b, c, d, e	Service users' experience and perception of service and outcomes; service users' perception of harm reduction, trauma-informed principles, cultural relevance; demographic factors	Service users	June to September, 2024	Framework analysis
		2 a, b, c	Service users' experience and perception of outcomes; demographic factors	Service users		
		3 a, b	Service user-recommended improvements, changes to the service	Service users		
	Anishinaabe symbol-based reflection‡	1 b, c, e 2 a, b		2-Spirited People of the 1st. Nations service users	N/A	N/A
	Beading‡	1 b, c, e 2 a, b		2-Spirited People of the 1st. Nations service users	N/A	N/A

† Service users described their artistic submissions in a way that was interweaved with their narratives about service experience and outcomes. Therefore, a separate analysis was not performed.
‡ These facilitated arts-based participation opportunities were available to Indigenous service users but no submissions were received.

Appendix B. Evaluation matrix

Data source	Description	Evaluation question	Type of information	Collected from	Collected when	Analysis
Demographic questionnaire	Primary data; brief questionnaire to document service users' self-reported socio-demographic characteristics	1 a, c 2 b	Individual demographic data	Service users	June to September, 2024	Frequencies and descriptive statistics Equity analysis based on sociodemographic data

Appendix C. Technical Appendices

C.1 Methodological appendix

This evaluation followed three stages, which required different sources of data and analysis procedures:

1. Secondary data analysis of impact stories shared by the City of Toronto
2. Exploration of TCCS service users' experience and perception of:
   a. service delivery across a continuum of care informed by the service's guiding principles or the Kamaamwizme wii Naagidiwendiiying pillars, and
   b. related outcomes
3. Equity analysis

An evaluation matrix with data sources and evaluation questions is shown in Appendix B.

Stage 1: Secondary data analysis of impact stories shared by the City of Toronto

As part of the service's implementation, the City of Toronto routinely collects impact stories, which are brief de-identified accounts of service response. These impact stories are written by service providers and are based on case notes and their own observations as primary responders. Their perspective was important for this evaluation because of their knowledge as service insiders and their motivation for the TCCS' success.

Although impact stories are originally written with the purpose of increasing visibility of the service's actions and achievements among its team members and partners, we planned a secondary analysis of their contents with the purpose of gaining preliminary insights about the implementation of TCCS and its outcomes that would later inform our approach to the analysis of primary data gathered directly from service users.

Data sources

The City of Toronto shared with the evaluation team a total of 106 impact stories collected from May 2022 to May 2024. Eighty stories were submitted to the City of Toronto by APs CMHA TO, GCC and TAIBU, and 26 by 2-Spirits. An initial inspection was conducted and five duplicate stories were removed. The final selection included 101 stories organized in two datasets, one including 76 stories submitted by APs CMHA, GCC, and TAIBU and one including 25 impact stories submitted by 2-Spirits. Each dataset was analyzed separately.

Appendix C. Technical Appendices

C.1 Methodological appendix

Data analysis and interpretation

To analyze the data, we used a framework approach to thematic analysis (Braun & Clarke, 2021). This method was chosen due to its extensive use in applied research fields and its practical advantages when working with multiple coders from varying disciplinary backgrounds (Braun & Clarke, 2021; Gale, et al., 2013). This method has also proven useful when working with concrete qualitative data such as timeframes, specific steps, or actions (Braun & Clarke, 2021). Unlike experiential narratives or perceptions, concrete qualitative data can be difficult to interpret. However, framework analysis allows for the development of themes as topic summaries that describe the scope and basic attributes of the phenomenon. In turn, these topic summaries can be traced back to specific units of data at the case and code levels (Braun & Clarke, 2021).

We conducted the analysis in three steps:

1. **Familiarization and initial framework development:** Four members of the evaluation team selected 10 stories to read and code independently, using a Microsoft Excel spreadsheet, with the purpose of inductively developing preliminary framework categories to illustrate specific aspects of the program implementation or its outcomes. These initial categories aimed to be broad enough to facilitate an effective data reduction but, at the same time, distinctive enough to ensure that different facets of TCCS implementation and outcomes could be identified and understood. Next, the evaluation team discussed their individual experiences and a final framework was developed through consensus. This framework included the following categories:

   a. Eight service delivery categories (i.e., mental health and/or addictions services; medical services; daily living and practical supports; supports for families; socioeconomic and environmental supports; advocacy and legal supports; language-, culture-, and identity-informed services; and Indigenous and wholistic care);

   b. Five outcome categories (i.e., perceptions of service experience; individual changes; safety changes; family, social, or system changes; unintended outcomes);

   c. One miscellaneous category.

Appendix C. Technical Appendices

C.1 Methodological appendix

2. **Charting and summarizing data into the framework:** The final framework was applied deductively to the dataset. Three members of the evaluation team coded similar numbers of impact stories submitted by APs CMHA TO, GCC, and TAIBU while an Indigenous evaluator worked with all the impact stories submitted by 2-Spirits. Once coding was completed, evaluators summarized all data belonging to each category. In pairs, evaluators then inspected all the summaries developed by a colleague and checked for consistency in the application of the framework. Discrepancies were resolved until consensus was achieved.

3. **Interpretation:** The last step in the analysis focused on the identification of high-level aspects describing the experience of service delivery and its outcomes as perceived by service providers. By using high-level attributes of TCCS service delivery and outcomes as organizers, we achieved further data reduction.

We then integrated our resulting interpretations into brief program snapshots describing five categories of service delivery and four categories of outcomes. Given that the evaluation questions focused exclusively on the experience of service users, and not on the perspectives of service providers (see Evaluation Questions), we present these impact stories snapshots separately in the Impact Stories section (see Appendix C.2).

Stage 2: Exploration of service users' experience and perceptions

In addition to learning about the service by analyzing the impact stories written by service providers, it was crucial to reach out to service users with first-hand experience connecting with TCCS and accessing its services and supports during crisis situations with mental health and/or addictions features. The voice of service users belonging to the service's priority populations was essential to understand, firstly, how they have experienced TCCS' service delivery across a continuum of care during crises and, secondly, what outcomes—if any—they experienced.

Appendix C. Technical Appendices

C.1 Methodological appendix

Data sources

We collected primary data from TCCS service users between June and September 2024 using sociodemographic questionnaires and semi-structured interviews. The demographic questionnaire developed for this evaluation included 18 questions about individual characteristics (e.g., age, gender, disability), general socioeconomic information (e.g., ethnicity, Indigenous ancestry, income, housing), and basic questions about accessing TCCS (e.g., time since latest access, services received, perceived barriers). Where applicable, questions and response choices were based on the City of Toronto's Data for Equity Guidelines (n.d.a). We employed single- and multiple-choice questions, as well as open fields, to capture quantitative and qualitative data.

We also developed a primary semi-structured interview guide (Appendix D.2) with seven broad questions, and relevant probes, aimed to know more about how participating service users first learned about TCCS and its APs; their experience requesting services during a mental health crisis; receiving a mobile response and/or other relevant supports or services; perceived outcomes; and improvement opportunities for the service.

Secondary versions of the interview guide, including minor wording adjustments, were developed to ensure language consistency when interacting with second- and third-party service users.

Additionally, participants had the option to complement their contribution to this evaluation by submitting any type of art piece (e.g., drawing, creative writing, music) and commenting on it during the interview. Indigenous participants also had the option to join a facilitated Anishinaabe symbol-based reflection or a beading session.

Appendix C. Technical Appendices

C.1 Methodological appendix

Participant recruitment and procedures

This evaluation aimed to recruit three different types of service users: first-, second-, and third-party users. We defined first-party users as individuals who reached out and requested the support of TCCS for themselves. Second-party users were individuals who reached out and requested the support of TCCS on behalf of a person known or directly related to them (e.g., family member, partner, friend, etc.). Lastly, third-party users were individuals who reached out to TCCS in search for information or support on behalf of people unknown to them or in anticipation of any future mental health crisis response needs within their communities. Recruitment was purposive and the APs identified service users with a desire to take part in this evaluation, with an emphasis on facilitating connections with those belonging to the service's priority populations.

Additionally, given the recency of TCCS' city-wide expansion (July 2024), we are aware that service users who participated in this evaluation may have experienced an access pathway and services at different stages of development. This occurs naturally as the service evolves to better respond to its context and resourcing.

Once a potential evaluation participant was identified, each AP obtained verbal consent for securely sharing their preferred name and contact details with PSSP evaluators firs. Anchor Partners also noted whether the potential participant identified as Indigenous (First Nations, Inuit, Métis, or other Indigenous ancestry). Next, evaluators individually contacted each potential participant with more information about the evaluation and its procedures. An Indigenous evaluation consultant contacted all potential participants receiving services from 2-Spirits, as well as any other potential participant identifying as Indigenous.

Appendix C. Technical Appendices

C.1 Methodological appendix

Evaluators asked some basic questions to determine eligibility, including being 16+ years of age, having received crisis supports compatible with a TCCS response or describing being connected with one of TCCS APs and self-reported readiness to talk about their experience of having navigated through a crisis and accessed TCCS. Evaluators also identified whether the potential participant was a first-, second-, or third-party user. If the potential participant confirmed their interest in joining the evaluation, a consent discussion followed. To ensure accessibility and inclusion, eligible participants with difficulty communicating in English had the option of completing the consent discussion and all evaluation activities with the support of a language interpreter.

After providing informed consent, participating service users completed a demographic questionnaire and an interview. Completing these activities was possible immediately after the consent discussion, or at a different time, based on the participants' scheduling preferences. Participants also chose between completing the evaluation activities remotely (via Webex or over the phone) or in person, at locations provided by CAMH, at AP locations, or select public venues. The demographic questionnaire was administered by an evaluator and participants' responses were entered into a secure electronic form on REDCap (Harris, et al., 2019).

Interviews were audio-recorded and transcribed. Written notes were used as a substitute for recording depending on participants' preferences or technological limitations during data collection.

The evaluation team endeavored to provide a recruitment process and data collection environment that was trauma-informed, low-barrier, and voluntary for interested service users. We offered multiple options for participation (e.g., remote, in-person), and accommodations to ensure emotional safety (e.g., offering multiple locations, including non-institutional alternatives; allowing for the presence of a chosen support person) and accessibility (e.g., interpreting services for speakers of languages other than English). Abiding by informed and on-going consent practices and providing honoraria were also essential for our person-centred recruitment process.

Thirty-five people completed an interview and demographic questionnaire and two of those participants also submitted art to accompany their narrative. No Indigenous participants chose to participate in the Anishinaabe symbol-based reflection or beading exercises. For detailed information on their sociodemographic characteristics, please see the Participants section.

Appendix C. Technical Appendices

C.1 Methodological appendix

Data analysis and interpretation

Based on the data obtained from the demographic questionnaire, we calculated frequencies and descriptive statistics (e.g., range, mean) aimed to better understand the characteristics of the evaluation participants. Where pertinent, we also created visual representations (e.g., bar or pie charts, other illustrations) of quantitative demographic data. Calculations and graphs were completed using Microsoft Excel 2016. The Participants section presents key findings based on quantitative demographic data.

Qualitative analysis of interview data shared some similarities with the analysis of impact stories as we also used a framework approach to thematic analysis (Braun & Clarke, 2021). This approach was implemented by a multi-coder, multi-disciplinary analysis team. We aimed to develop themes as topic summaries based on specific units of data at the case and code levels (Braun & Clarke, 2021).

We conducted the analysis in three steps:

1. **Familiarization and framework adoption:** To ensure familiarity with the data, members of the evaluation team prioritized working with transcripts or notes obtained from those interviews they conducted personally. Based on this familiarity with the data, the evaluation team discussed the relevance of the service delivery and outcomes framework developed during the first stage of this evaluation (Appendix C.1, stage 1) for the analysis of the interview dataset. The evaluation team agreed that the previous framework was relevant and useful for the current stage of the analysis. However, we refined the framework by adding an equity and accessibility category to capture relevant personal insights or experiences shared by service users. We also added a miscellaneous inductive category to ensure openness to capture data that did not fit any of the pre-determined framework categories.

Appendix C. Technical Appendices

C.1 Methodological appendix

2. **Charting and summarizing data into the framework:** All transcripts and interview notes were imported into an NVivo 12 project. Three members of the evaluation team coded a similar number of transcripts or notes from interviews conducted with service users connected with APs CMHA TO, GCC, and TAIBU. An Indigenous evaluator worked with all the data obtained from participants connected with 2-Spirits. The refined service delivery and outcomes framework was applied deductively to the dataset. Data that did not fit any of the pre-determined categories was descriptively coded and categorized under the miscellaneous inductive category. Once coding was completed, the evaluation team gathered to discuss the contents of the miscellaneous inductive category. Through consensus, data were re-coded under other existing categories, except for improvement suggestions, which were grouped under a new category. Evaluators then summarized the data coded under each framework category.

3. **Interpretation:** The last step in the analysis focused on developing topic summaries describing key aspects of the experience of TCCS service delivery, across the service's continuum of care, its outcomes, and improvement opportunities, as voiced by service users. The resulting interpretations were used to develop a narrative comprising 3 themes. This narrative can be found in the Findings section.

Ethical considerations

This evaluation was guided by the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada, 2022). As this evaluation is solely implemented with program improvement purposes, we did not conduct an external ethics review.

Taking part in this evaluation was voluntary. Each evaluation participant had a consent discussion with an evaluator before completing any data collection activity. During the consent discussion, evaluators shared details about the evaluation aims, data collection activities, potential risks and benefits, and compensation.

Appendix C. Technical Appendices

C.1 Methodological appendix

Evaluators worked with each participant to ensure comprehension of the information that was necessary to make an informed decision about participating in this evaluation; they also endeavoured to answer any questions. In line with our ongoing consent practices, when participants completed the evaluation in multiple encounters with the evaluator, brief reminders on the evaluation aims and privacy considerations were offered at the beginning of each activity.

At all times, evaluators strived to create continuous opportunities for checking-in, moments of reflection, and a reciprocal dialogue, to ensure the experience was trauma-informed and emotionally safe. All evaluation participants received an honorarium of $30 per hour spent in the evaluation activities, up to a maximum of $120. 2-Spirits participants received an honorarium supplement of $50 per hour spent in the evaluation activities; this supplement was provided by the AP, in line with its internal compensation policy. Compensation was paid in cash, by electronic funds transfer, or cheque to show appreciation for participants' time and contributions to this evaluation. Where applicable, support individuals chosen by the participating service users were also compensated for their time.

All evaluation data shared by participating service users have been kept confidential at all stages of the evaluation and were stored in CAMH password-protected servers accessible only to members of the evaluation team. Art submissions are presented herein with consent of their creators, including their consent to disclose their names and associate them with their respective creations.

Stage 3: Equity analysis

For a focused equity analysis, coding of all interviews included explicit categorization for equity themes, including but not limited to equity and accessibility; socioeconomic/environmental support; language, culture and identity, and Indigenous/wholistic approaches. Secondly, service user interview codes alongside race, gender and sexual orientation data for each client were extracted, categorized by client number, and exported for analysis by the Health Equity Specialist to examine potential trends in outcomes and experiences by the selected demographics.

Appendix C. Technical Appendices

C.2 Impact stories

Impact Stories

As previously described, this evaluation also analyzed impact stories shared by the City of Toronto. Impact stories helped us see, through the eyes of frontline service providers, not only the wide range of supports that TCCS delivers to people in crisis, but also some of the outcomes that service users and their families can experience. Service providers have also perceived changes within the overall healthcare and mental health crisis response systems, as well as some unintended changes that may be related to the service's actions. Notably, impact stories from 2-Spirits service providers allowed us to identify unique service components and outcomes for their service users. Overall, service providers' perspectives are important because they possess insiders' knowledge, motivation for the service's success, and have directly witnessed the challenges faced by the communities they serve; the diversity, possibilities, and limits of the service and the fit between the needs of service users and the service offerings over time.

Service delivery

In alignment with what we heard directly from services users, service providers also noted that mental health and addictions needs are at the core of TCCS. However, the service also provides services, or facilitates connections to specialized providers, in areas related to medical care, daily living, socioeconomic needs, and advocacy in different contexts. Furthermore, as a person-centred service, TCCS also tailors its services to the identity and culture of its users, including Indigenous-specific supports, where necessary.

The wide array of services provided by TCCS, and described on service providers' impact stories, is synthesized in the following vignettes.

Appendix C. Technical Appendices

C.2 Impact Stories

Mental health and addictions: Service delivery is rooted in a caring collaboration between service users, loved ones, and service providers. Connecting at the same level is essential to contain distress, mitigate immediate risks to service users and families, and help them gain awareness of the circumstances shaping the mental health crisis situation. TCCS also helps service users and families establish connections with pertinent mental health and addictions resources (e.g., information, referrals to specialized services, other support people) with service users' own healthcare and well-being goals in mind. Additionally, **2-Spirits service providers** prioritize connections to traditional healing options for their service users.

Medical care: With the purpose of offering comprehensive supports to address priority needs emerging during moments of mental health crisis, TCCS also helps service users connect with or access medical care, including emergency medical care, with a focus on communicating and advocating for their needs and wants, as relevant to the crisis response, and centred on the service users' own healthcare and well-being goals. **2-Spirits service providers** also coordinate care with other system partners to ensure wholistic support is available to their service users.

Appendix C. Technical Appendices

C.2 Impact Stories

Identity and culture: TCCS makes resources available to ensure that service users and families can access the program in their own language (e.g., service providers who speak different languages, translation support). The program also helps service users, who wish to do so, connect with culturally-grounded or identity-affirming services and resources.

Daily living, socioeconomic needs, and advocacy: Service users and families can experience other needs that may influence the immediate course of the mental health crisis. This is why TCCS provides wholistic supports, including immediate daily living needs (e.g., food, clothing, emergency shelter, emergency transportation), connections with providers specialized in broader socioeconomic challenges (e.g., housing, employment, training), and support with initial advocacy in different community or institutional settings (e.g., other people in the service users' lives, educational institutions, law enforcement, others).

Indigenous-specific supports: As a person-centred program, TCCS also supports Indigenous service users and families by promoting awareness and creating safe spaces for traditional teachings, medicine, and healing practices. The program also facilitates connections to Indigenous-specific services in response to the preferences of its service users.

Appendix C. Technical Appendices

C.2 Impact Stories

Outcomes

Similar to what we learned from the experiences shared by service users who participated in this evaluation, service providers' impact stories predominantly described TCCS as a response program that can lead to positive outcomes experienced by its service users, their families (e.g., service user's loved ones, caregivers, supportive others), or noticed as changes in the way healthcare system partners collaborate and respond to crises with mental health and addictions elements.

However, it is important to note some potentially unintended outcomes that may be related to the service's actions, which should be further explored together with the challenges and difficulties that some service users described during their interviews, as reported in the previous themes.

A synthesis of outcomes, as shared on service providers' impact stories, is shown next.

Service users: Service providers noticed that service users experienced improved mood and functioning as the mental health crisis de-escalated. This included feelings of being supported, safe, and with enhanced knowledge of relevant resources and connections. Service users were described as more empowered to make positive healthcare decisions to improve their overall well-being and mitigate risk factors, which can lead to a reduced need for service. Additionally, **2-Spirits service providers** noted service users felt safer, optimistic about their well-being, more confident about taking care of themselves, more willing to further contact after having established trust, and grateful for having access to TCCS through an Indigenous anchor partner.

Appendix C. Technical Appendices

C.2 Impact Stories

Families: Service providers also noticed positive outcomes for families (e.g., service user's loved ones, caregivers, supportive others), such as an improved involvement with the care needed by the service user experiencing the mental health crisis. Families were also described as feeling supported, safe, and with enhanced knowledge of relevant resources and connections centred on service users' needs.
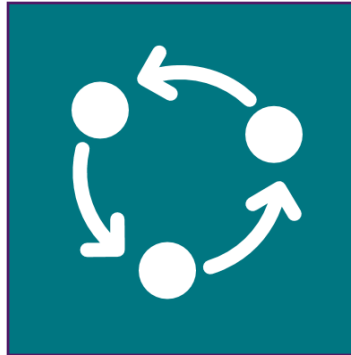
Systems: Given their essential role in the implementation of the program, service providers have noticed improved awareness of the program's role among partners within the broader healthcare system. This results in enhanced collaboration between responders, including more appropriate routings of mental health crisis situations through the emergency response system.

Unintended outcomes: Service providers have noticed that, when responding to mental health crises, other inequities become salient, such as housing inequity, which go beyond the response capacity and resourcing of the program. Other unintended outcomes included an experience where a service user in crisis opted to not engage with the program and another experience where a service user expressed their desire to start pursuing a career for which their lived experience could be an asset for supporting others in the same way TCCS positively supported them.

Appendix C. Technical Appendices

C.2 Impact Stories

When taken together, impact stories described service delivery features and predominantly positive mental health and well-being outcomes that were broadly aligned with the experiences service users described in their interviews. Although this evaluation focused exclusively on the experiences of service users (see Evaluation Questions), and service providers' impact stories were therefore not the main source of evaluative data, it is worth highlighting key aspects perceived by frontline service providers that further enrich our understanding of the service delivery and outcomes also reported by service users.

Both types of data shed light on the qualities of the professional relationship that service providers and service users establish during the mental health crisis response, with particular emphasis on a caring disposition and a connection at the same level: a "human-to-human" professional relationship (O'Reilly, 2021, as cited in Steimle et al., 2024, p.9). These data also spoke of TCCS' wholistic approach, which includes supporting other immediate needs during crises, including those stemming from unique socioeconomic, cultural, and identity aspects of service users. Furthermore, impact stories and interviews also converged on the service user's role as driver of their own care and the collaboration efforts between service providers and service users, and between TCCS and partners in the healthcare system and other relevant systems (e.g., law enforcement, social welfare, education).

Lastly, the unique features of the TCCS' service delivery have led to positive changes in service users' mental health and well-being, along with a favorable perception of support when in crisis. These positive outcomes have been perceived not only by service providers but have also been described by service users themselves.

These perspectives highlight the success so far achieved by TCCS in its mission to provide an alternative emergency response pathway that is more attuned to the nature of crises with mental health and addictions elements.

Appendix D. Instruments

D.1 Demographic questionnaire variables

We developed a questionnaire with 18 items about service users' individual characteristics, general socioeconomic information, and basic questions about accessing TCCS. Where applicable, language employed in questions and response choices was based on the City of Toronto's Data for Equity Guidelines (n.d.a). The following is a list of variables that were included in the questionnaire:

- Age
- Race
- Indigenous ancestry
  - Two-spirit identity
- Gender identity
- Sexual orientation
- Language preference
- Disability
- Access to primary care provider
- Current housing situation
- Ability to make ends meet or afford basic needs, last month
- Employment status
- Household pre-tax income, last year
- Number of people supported by the respondent's income
- Time since first contact with TCCS
- Perceived barriers to access TCCS
- Perceived discrimination when accessing TCCS
- Type of services received or referred to by TCCS

Appendix D. Instruments

D.2 Semi-structured interview guide

We developed a primary semi-structured interview guide—shown below—with seven broad questions, and relevant probes, aimed to know more about service users' overall experience with TCCS, any perceived outcomes, and improvement suggestions. Secondary versions of the interview guide, with minor wording adjustments, were developed and used with second- and third-party service users. Semi-structured interviewing allows service users to take the lead when discussing their own experiences and perspectives in response to topics of interest to the evaluators. However, probes are only used as discussion facilitators to clarify or learn more about any aspects initially shared by service users and not as surveying tools for controlled data collection.

Evaluation of the Toronto Community Crisis Service (TCCS) - Service-users interview guide

Welcome
- Introduce CAMH Evaluation Team members.
- Explain purpose of evaluation and of session.

Our topic is:
- "We'll be discussing the TCCS and your experiences with it."
- "We've asked people who have accessed the TCCS to participate in these sessions."
- "The development of the TCCS program is rooted in the needs of the communities it is serving. The findings from this evaluation will be used to make recommendations to help to improve the program."
- Please know, you don't need to share any specific details about your personal health that you don't want to, but we're trying to learn what it was like for you accessing services from the TCCS.

Appendix D. Instruments

D.2 Semi-structured interview guide – Cont'd

Guidelines
- Confidentiality: "what's discussed in this session is not shared elsewhere."
- Disagreement is OK: "we want to hear differing perspectives."
- "Share only as much as you feel comfortable sharing."
- "As part of on-going consent, Evaluators will ask you if you're comfortable to continue throughout the discussion."
- "Do you have any questions for me before we begin? If a question comes to you during our discussion or you need any clarifications, please let me know."

Ice breaker
- "How is your day going?"
- Other examples: How was your commute? Was it easy to connect to Webex? Where do you live?

Ongoing consent language
Thank you so much for making time for this. My name is [Evaluator 1] and I work for the Provincial System Support Program (PSSP) or Shkaabe Makwa at The Centre for Addiction and Mental Health (CAMH). CAMH has been hired to evaluate the Toronto Community Crisis Service (TCCS) program. The purpose of this evaluation is to learn how well the program is working and how it can be improved.

Our chat today can take about 1 hour. You can share as much or as little information as you feel comfortable with. However, please make sure that everything we discuss today remains private. [If a support person is present: Besides (name of support person)] no one else should be listening to this conversation or watching over your screen.

Appendix D. Instruments

D.2 Semi-structured interview guide – Cont'd

Your participation is completely voluntary, and you don't have to answer every single question if you don't want to. You can also stop the interview at any time without having to provide a reason. If you want to stop participating, just let me know. If you want me to delete the information gathered so far, also let me know. Lastly, this discussion will be audio recorded and transcribed, but no names will be used. [If audio is not being recorded: During our chat, I will be taking notes to remember all the important things you will be sharing with me]. I'm about to start recording this call, please let me know that you're OK with the recording.

[Evaluator waits until service-user confirms that audio recording is OK]

Thank you! I'm now recording the audio.

Questions

1.   What do you know about TCCS?
   a.   Probe areas:
      o   Supports accessed
      o   Agency(ies) involved
      o   How heard about it?

We can all have different ways and reasons for reaching out for support. Please think back to a time(s) when you needed support and you reached out to TCCS. If you have reached out to TCCS multiple times, you can think about your overall experience, or a specific one that stands out to you.

Appendix D. Instruments

D.2 Semi-structured interview guide – Cont'd

Your interaction with TCCS could have included reaching out to them for the very first time, sharing detail about the situation you were going through, getting help from multiple people, in multiple roles, who could also have provided different types of support. Think about your full experience from beginning to end.

Think of that for a few seconds and hold this memory in your mind.

2.	Now that we've brought that memory back to the front of your mind, what stands out to you? - Can you tell us what you remember about your experience with TCCS? Do you remember the initial visit and how that went?

Key Questions

3.	Let's start from the beginning. Tell me about why you ended up connecting with TCCS.
   a.	Probe areas:
      o	How you heard about TCCS.
      o	First point of contact or how you accessed TCCS (Findhelp|211, 911, crisis line, 9-8-8, etc.)
      o	Steps followed
      o	Response times from first contact to other services (i.e., mobile response)
      o	Access barriers and accommodations (i.e., English as a second language, unmet accommodations needed for a disability, cultural safety, etc.) Did anything create a challenge for you to participate in the program?
      o	Types of staff involved (i.e., co-response; multiple scenarios of response)

Appendix D. Instruments

D.2 Semi-structured interview guide – Cont'd

4.   How was your interaction with the TCCS staff? Did you feel comfortable? If not, please tell us why.
   a.   Probe areas:
      o   Interaction with and reactions from staff (i.e., respect, validation, negative reactions, interest in service-user's well-being)
      o   Overall safety (i.e., identity, emotional, behavioral, cultural) and trusting environment
      o   Degree of coordination and transparency - Did it feel like your service team worked well together? Did it feel like the reasons for the decisions that were made were shared with you?
      o   Focus on service user's needs, not what staff thought should happen - Did you feel like your wants or perspectives were heard and included?
      o   Cultural relevance/responsiveness of the interactions - If your culture is important to you, did you feel like this was taken into consideration when offering services and/or speaking with you?
      o   Met them where they're at (e.g., harm reduction principles)

5.   In a crisis situation, not everybody needs the same kind of support or services. Was TCCS able to provide you with the supports you were looking for and/or connect you to the services you were in need of? If not, what would have been helpful?
   a.   Probe areas:
      o   Able to have preferences in options?
      o   Information about available services (i.e., adequate, inadequate)
      o   Alternative services if preferences could not be accommodated
      o   Culturally grounded services
      o   Identity-affirming services

Appendix D. Instruments

D.2 Semi-structured interview guide – Cont'd

6.   How do you feel that your overall health has been impacted by the supports you received from TCCS?
   a.   Probe areas:
      o   Wholistic health (i.e., physical, mental, emotional, social, and spiritual components of health)
      o   Safety
      o   Mental health crisis stabilization
      o   Connections to follow-up care (including connections to culturally relevant agencies/supports)

7.   Is there anything about your experience with the TCCS that you would change? What things about the program would you keep the same?
   a.   Probe areas:
      o   Inclusion: making sure everyone feels welcome and involved
      o   Equity/diversity: Making sure everyone has what they need or deserve, regardless of differences
      o   Cultural Safety: we want to make sure that people from all cultures feel respected, understood and safe in these interactions.
      o   Mental health crisis stabilization
      o   Connections to follow-up care
      o   Mobile crisis response
      o   Intake and diversion
      o   Staffing
      o   Pathway for complaints
      o   Others

Appendix D. Instruments

D.2 Semi-structured interview guide – Cont'd

Ending
Our conversation is almost done. I thank you so much for sharing your experience and your views with me. Before we wrap things up, I'm just wondering if there's anything else you'd like to share with me about your experience with the TCCS.

[Audio recording stops]