Fostering Meaningful Connections through the Toronto Community Crisis Service

Year 2 Evaluation Report: Executive Summary February 2025



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:

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- 1. A "human-to-human" professional relationship (O'Reilly, 2021, as cited in Steimle, von Peter, Frank, 2024, p.9)¹: 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 socioeconomic 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.