



Canadian Mental
Health Association
Ontario

Crisis Response Teams in Action: Insights from Canadian Mental Health Association Ontario's 2024 Environmental Scan



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GLOSSARY

Crisis: For this project, crisis refers to any situation involving mental health, addiction, neurodevelopmental disability, dementia, acquired brain injury and/or similar condition where a person's behaviour puts them or others at risk or prevents them from self-care or functioning in the community.

Mobile crisis response teams: Specialized teams that respond to mental health, addiction, neurodevelopmental and other crises in the community. They de-escalate situations on-site, divert individuals from emergency departments when appropriate, and connect them to local services. Teams may or may not include police.

Police-partnered teams: Teams made up of a police officer and a mental health professional, such as a nurse, social worker or crisis worker.

Non-police teams: Teams made up solely of mental health professionals – such as a nurse, social worker, crisis worker without direct police involvement. These teams are typically delivered by community-based agencies, health centres or hospitals.

Mobile crisis response team models: Service approaches used by police-partnered teams to respond to individuals in crisis. These include embedded live response, live co-response, embedded follow-up and hybrid response model.¹

Embedded live-response model: A police officer and a crisis worker ride together in a police vehicle and respond to immediate 911 calls for police service.

Live co-response model: A police officer responds to a crisis call and, once the scene is safe, their crisis worker partner arrives separately to assist.

Embedded follow-up model: A police officer and crisis worker ride together in a police vehicle to follow up with individuals based on referrals from other police officers or from a crisis line.

Target population: Specific group(s) a team is trained to serve – such as youth or Indigenous communities. These teams bring specialized skills, knowledge and approaches tailored to the unique needs of their population.

¹ These models were originally identified in a 2020 environmental scan conducted as part of the development of [Mobile Crisis Response Teams: A Framework for Ontario](#).

EXECUTIVE SUMMARY

This report presents the findings from an updated environmental scan conducted in January 2024 aimed at cataloguing crisis response teams across Ontario. Building on a scan conducted in 2020 for the [Mobile Crisis Response Teams Framework and Toolkit](#), the updated results highlight an evolution in both police-partnered and non-police partnered crisis response teams, showcasing their essential role in addressing acute mental health, substance use and neurodevelopmental crises.

Key findings:

- This scan identified 110 crisis response teams – 94 are police partnered and 16 are non-police partnered.
- The number of police-partnered crisis response teams increased 51 per cent from 62 teams identified in 2020.
- Overall, 48 teams rely on multiple funding sources, including 32 funded by both MOH and SolGen; in total, 95 teams receive some form of provincial funding.
- Several teams expressed concerns about long-term sustainability, with some community agencies and hospitals continuing partnerships in kind despite uncertainty – often reallocating already limited resources to keep services running.
- Only 10 per cent of the 110 identified crisis response teams operate 24/7. Limited weekend and evening availability poses challenges for individuals in crisis.
- Most of the identified teams operate in the Ontario Health (OH) West (n=33), East (n=26), and Central (n=26) regions. The OH regions with the lowest number of teams are the Northeast (n=11), Northwest region (n=9) and Toronto region (n=8). Despite having the lowest number of teams overall, the Toronto region has the highest concentration of 24/7 teams (n=6).

Crisis response teams play a vital role in de-escalating crises and connecting individuals to appropriate follow-up services, helping to reduce pressure on the health care and justice systems. However, without stable, long-term funding and coordinated cross-sector planning, the sustainability of these teams remains at risk.

Investing in crisis response teams and addressing funding and operational challenges will ensure these services remain impactful and responsive to community needs.

These findings should be interpreted with consideration of key limitations, including gaps in data, inconsistencies in reporting and challenges in capturing localized service coverage.

BACKGROUND

In 2023, the Canadian Mental Health Association, Ontario (CMHA Ontario) and the Ontario Provincial Police (OPP), jointly released [Mobile Crisis Response Teams: A Framework for Ontario](#) and the toolkit [Tools for Developing Mobile Crisis Response Teams](#). These resources provide police services and their health partners with tools to establish effective mobile crisis response teams. The framework also included the 2019-2020 environmental scan of mobile crisis response teams in Ontario.

After releasing the framework and toolkit resources, CMHA Ontario met with organizations from the community mental health, community justice and policing sectors. During these discussions, feedback highlighted that several new crisis response teams had been launched since the original environmental scan was completed.

Partners from the human services and justice sectors also expressed interest in learning more about non-police-partnered crisis response teams as the 2023 framework focused primarily on police-partnered mobile crisis response team models. Based on this feedback, CMHA Ontario committed to completing an updated environmental scan of crisis response teams across the province.

2024 ENVIRONMENTAL SCAN

In January 2024, CMHA Ontario launched an updated environmental scan to catalogue all crisis response teams serving individuals experiencing acute mental health, substance use and/or neurodevelopmental crises. The scan includes crisis response team services delivered by community organizations, hospitals, police services, and First Nations police services that are specifically mandated and/or funded to provide crisis response services.

Ontario offers a range of services for individuals experiencing crises related to mental health, substance use or neurodevelopmental challenges. The scan focuses specifically on mobile crisis response teams, which respond directly to individuals in the community during crisis, rather than in a fixed service location.

The following services were therefore excluded from this scan:

- Preventative or early intervention services (i.e., early psychosis intervention)
- Crisis call lines and 911 crisis call diversion
- Crisis stabilization beds or walk-in crisis services

Teams serving post-secondary campuses – also known as campus crisis response teams – were also excluded from this scan. These teams are generally limited to campus boundaries and differ in both their service delivery and funding structures.

Methodology

The survey questions were developed based on the previous environmental scan from the Mobile Crisis Response Teams Framework and feedback received on the framework. The 33-question survey included quantitative and qualitative questions related to the service model (i.e., police partnered or non-police partnered), funding sources, service delivery partners, staffing, region(s) and population(s) served, hours of operation, service initiation and services provided.

The survey was distributed to:

- 27 CMHA local branches
- The Provincial Human Services and Justice Coordinating Committee (P-HSJCC) and its 14 regional and 39 local committees
- Ontario Provincial Police (OPP)
- Ontario Association of Chiefs of Police's Mental Health Community of Practice for Law Enforcement
- Leadership from the Mental Health Partners,²
- The Association of Municipalities of Ontario (AMO)
- Ontario government representatives from the Ministry of the Solicitor General and the Ministry of Health.³

Survey responses were collected over a period of 10 weeks. When key information was missing, unclear or conflicted with information provided elsewhere (e.g., another survey response regarding the same team), clarification was sought via email or through interviews. Four organizations provided data through interviews due to the number or complexity of their currently operating teams.

Instead of requesting each detachment to complete the survey individually, the OPP provided available data on behalf of the 60 teams they co-deliver. This data was limited to detachment name and number of teams, team name(s) and model(s), funding source(s), and the health or community partners involved in each team.

Three new teams were launched during data collection (CMHA Simcoe County's CARE pilot, Bluewater Health & CMHA Lambton Kent's Community Health Integrated Care Pilot (CHIC), Centretown Community Health Centre and Somerset West Community Health Centre's ANCHOR team). Information was gathered from the respective organizational announcements and media releases and all teams are included in the results of this scan. Similarly, information on TAIBU's crisis response team was collected from a presentation delivered to the P-HSJCC in May 2024.

² The Mental Health Partners is a strategic alliance made up of the nine designated Schedule 1 psychiatric facilities in Ontario.

³ These ministries currently provide the majority of funding for crisis response teams in Ontario.

Data analysis

Thirteen survey questions were analyzed to present the findings most relevant to the project goals. The questions analyzed provide insight into:

- The number of police-partnered and non-police teams in operation
- Organizations delivering mobile crisis response services
- Service models used by police-partnered teams
- Funding sources
- Initiation of calls for a mobile crisis response team
- Availability of and access to services
- Populations served

Responses to questions with open text fields varied widely. In these cases, data was coded based on themes that emerged during the analysis.

Limitations

While this scan provided valuable insights into mobile crisis response teams across Ontario, several limitations should be considered when interpreting the findings.

The data is based on self-reported information and the level of data varied significantly across teams. Not all service delivery partners provided complete responses for each team, which may result in data gaps or inconsistencies. For example, some teams indicated that they operate for 12 hours or more per day, but did not specify the exact hours (e.g., 7 a.m. to 7 p.m. vs 9 a.m. to 9 p.m.). This limits our ability to assess whether there is comprehensive coverage across the full span of community needs, especially during early mornings or late-night hours.

Additionally, the findings reflect a point-in-time snapshot (January to March 2024) and do not capture recent or ongoing changes to the service landscape. As a result, our overall understanding of service availability and distribution is limited. While teams were mapped by OH region, Ontario's large number of municipalities made more localized mapping difficult. Data from the OPP allowed for a slightly more detailed understanding of regional coverage based on detachment jurisdictions, though exact service coverage remains unclear.

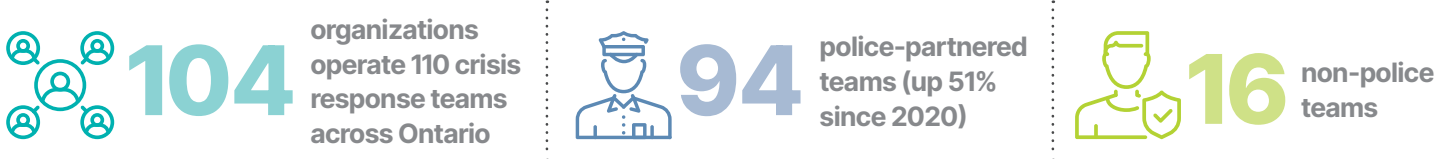
Finally, engagement with health care partners – such as hospitals – was limited. This highlights ongoing challenges in connecting with health care partners and underscores the need to strengthen collaboration between mental health, policing and the health care sectors.

The limitations mentioned above affect the completeness and comparability of the data discussed. This in turn affects our ability to fully understand service availability, identify gaps and assess equity across regions. Strengthening data collection and enhancing collaboration across sectors will be essential in supporting future planning and better systems integration for mobile crisis response teams.

Findings

In total, this scan identified 110 crisis response teams operating across Ontario including 94 police-partnered and 16 non-police teams operated by 104 organizations. Notably, the number of police-partnered teams has increased by 51 per cent since 2020, up from 62 teams in the previous scan.

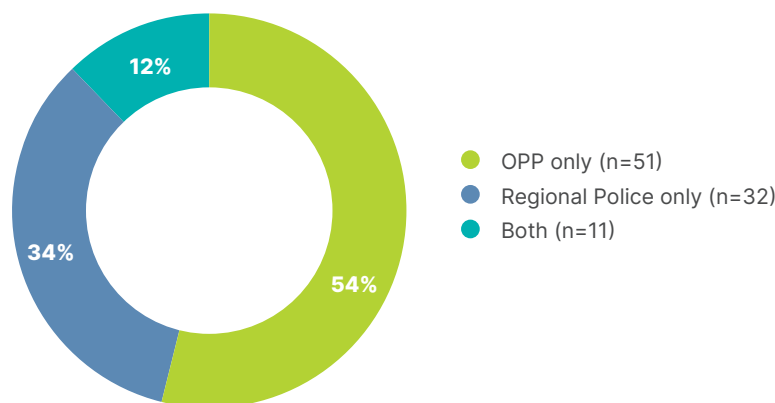
Non-police partnered teams were not captured in the 2020 environmental scan, which prevents us from quantifying growth in this area over time and within this report. However, based on our work in this sector, there have been several announcements of non-police partnered teams showcasing the evolution of crisis teams across the province. The 16 non-police teams identified in this scan reflect the growing diversity of crisis response models in Ontario.



Police-partnered teams

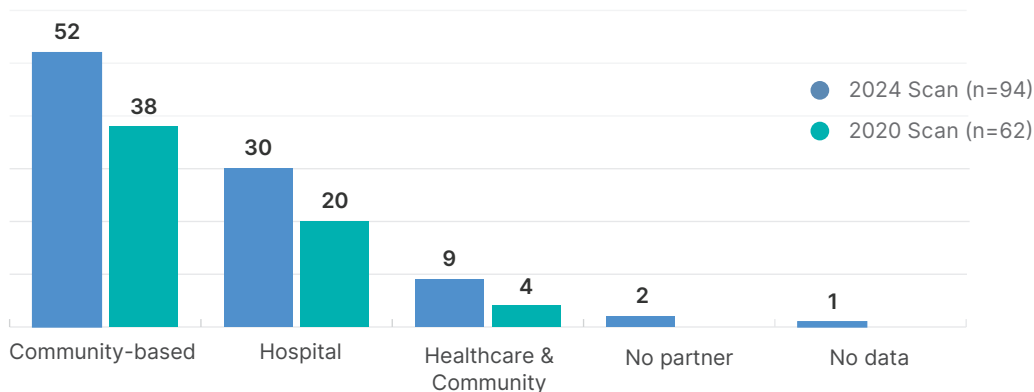
Overall, the OPP and its regional or local detachments are the most common providers of police-partnered crisis response services in Ontario. The OPP is the only police service partner in over half (54 per cent, n=51) of the 94 police-partnered teams. About one-third of police partnered teams (34 per cent, n=32) only include local/regional police service partners, while 12 per cent (n=11) include both local/regional police service partners and OPP partners. One team with both regional and provincial police partners also includes a First Nations police service partner.

Graph 1 - Police partnered crisis response teams: police partner type (n=94)



Community mental health organizations are the primary service delivery partners for police-partnered teams, followed by hospitals and other health care providers. Since 2020, all partnership types have seen growth, as illustrated in the following graph below. Two police teams also indicated that they have hired crisis workers internally and do not partner with external providers to deliver crisis response services.

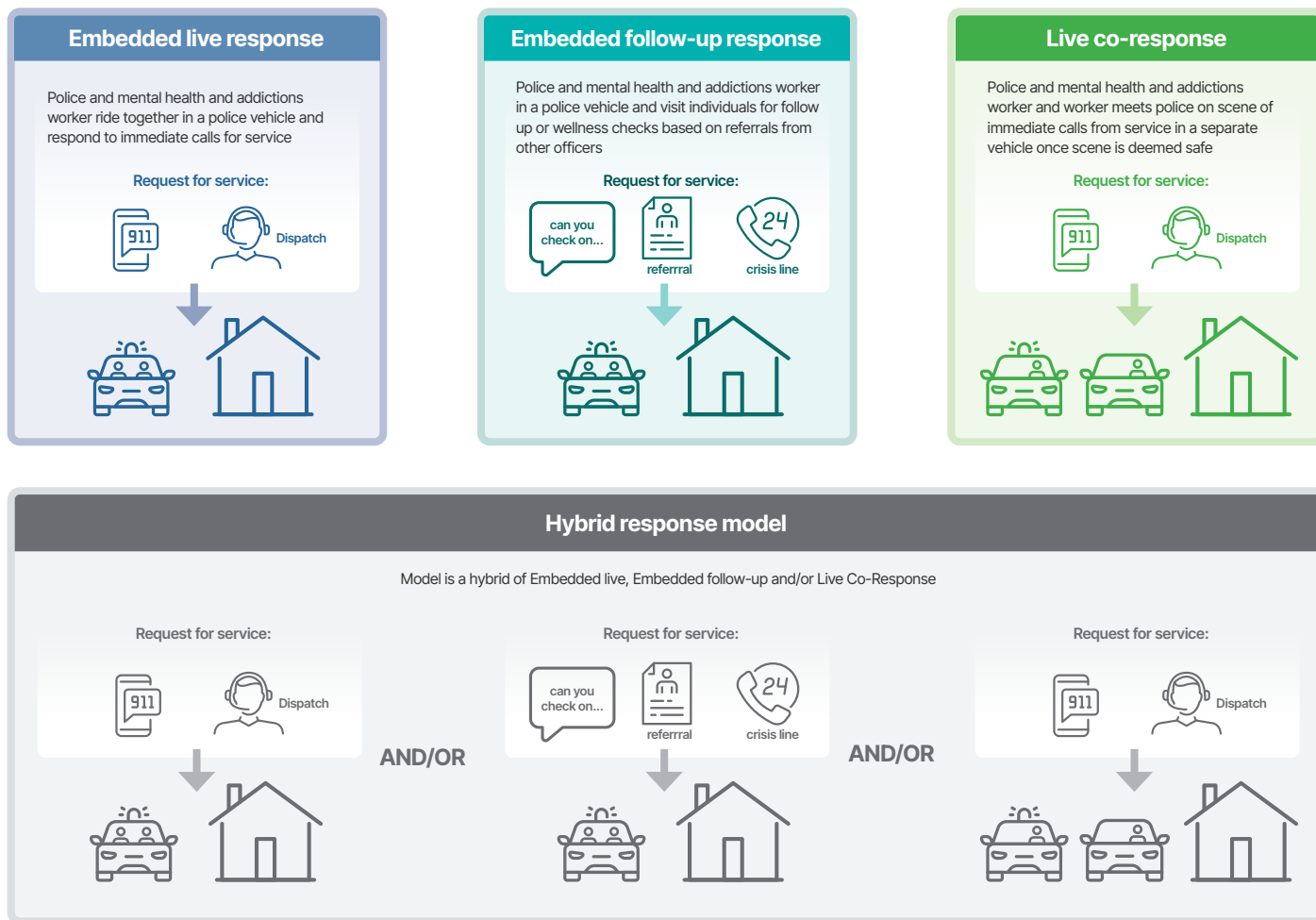
Graph 2 - Service delivery partners in police-partnered teams (n=94)



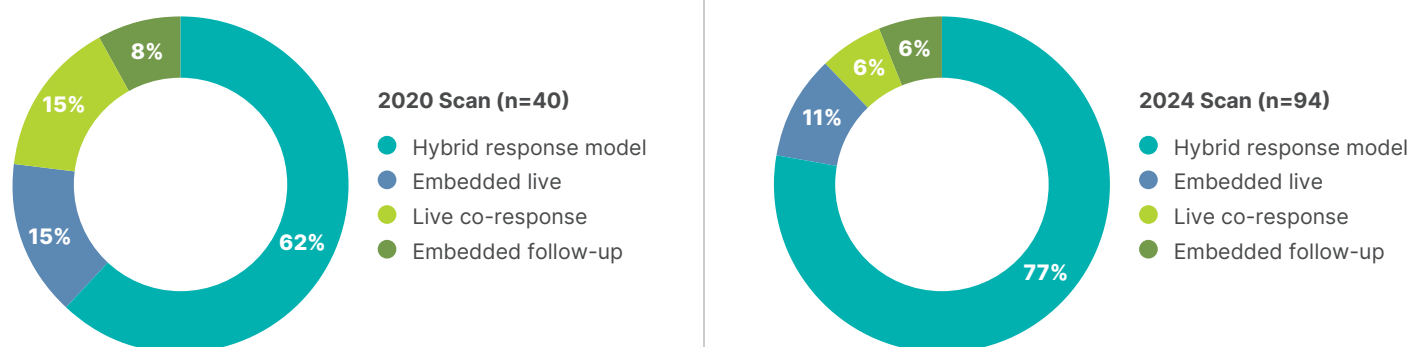
Service models

Since the 2020 scan, the hybrid response model – which blends features of different models – has remained the most common approach for police-partnered teams. The growth of this model may suggest that teams are increasingly tailoring their services to meet community needs, though further study is needed to explore reasons for expansion of this model.

Mobile crisis response teams framework: police-partnered service models



Graph 3 - Police-partnered teams service models: 2020 vs. 2024



Non-police-partnered teams

The 16 non-police-partnered teams, operated by 15 organizations, often use innovative service models led exclusively by mental health crisis workers and health care professionals. These teams are listed in the table below:

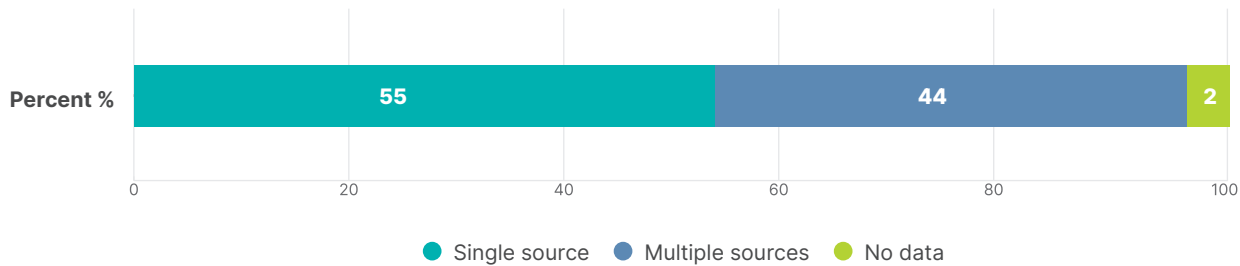
Table 1: Non-police-partnered crisis response teams (n=16)

ORGANIZATION(S)	CRISIS RESPONSE TEAM	OH REGION
KFLA Addictions and Mental Health Services	Community Crisis Response	East
Lakeridge Health – Durham Mental Health Services	Mobile Crisis Team	East
Centretown Community Health Centre (CHC) and Somerset West CHC	Alternate Neighbourhood Crisis Response (ANCHOR)	East
SOAR Community Services	Crisis Outreach and Support Team (COAST)	West
Hotel Dieu Grace Healthcare	Mental Health Engagement and Response Team (MHEART)	West
Bluewater Health & CMHA Lambton Kent	Community Health Integrated Care Pilot (CHIC)	West
CMHA Thunder Bay	Mobile Response Team	Northwest
CMHA Simcoe County	Crisis Intervention and Community Response Program	Central
CMHA Simcoe County and Simcoe County Paramedic Services	CARE Pilot	Central
Gerstein Crisis Centre	Substance Use Crisis Team Here2Help Mobile Crisis Team Toronto Community Crisis Service (Central)	Toronto
TAIBU Community Health Centre	Toronto Community Crisis Service (Scarborough)	Toronto
2-Spirited People of the First Nations	Toronto Community Crisis Service (Indigenous-led team)	Toronto
CMHA Toronto	Toronto Community Crisis Service (Northwest)	Toronto

Crisis response team funding

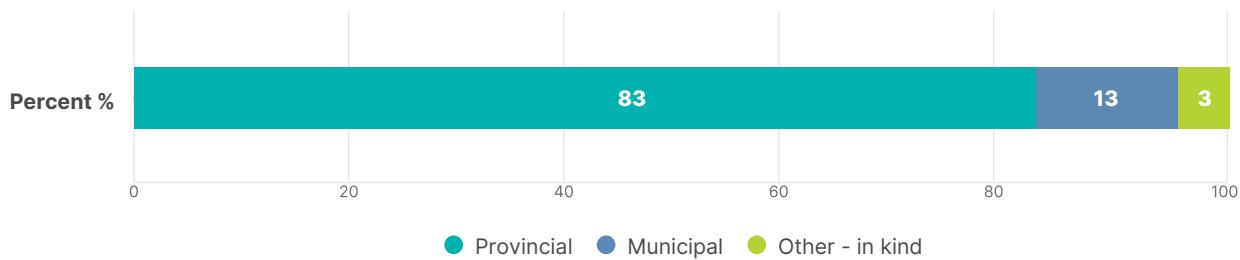
As the number of crisis response teams have expanded, so too has the need for sustainable funding for these teams. Through this scan, we confirmed existing challenges that have been reported anecdotally for years.

Graph 4 – Crisis Response Team Funding Models (n=110)



As noted in the chart above, 55 per cent (n=60) of all teams rely on a single funding source. Of these 60 teams, 83 per cent (n=50) receive funding from the Ministry of Health – making it the most common funding source. Another 13 per cent (n=8) are municipally funded, while three per cent (n=2) rely on in-kind⁴ contributions.

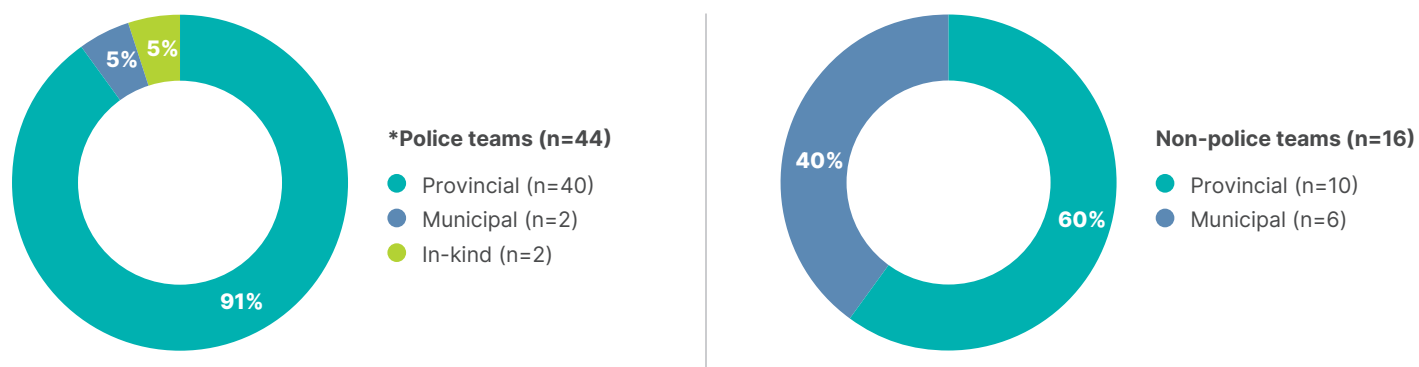
Graph 5 – Funding source: teams with a single funding source (n=60)



When broken down further by partnership type, fewer than half of police-partnered teams rely on a single funding source (n=44), whereas all 16 non-police-partnered teams are fully funded by the Ministry of Health (63 per cent, n=10) or municipal governments (38 per cent, n=6).

⁴ In-kind funding means the service provider absorbs the costs of operating the crisis response teams, rather than receiving direct financial support.

Graph 6 - Funding sources of teams with a single funder (n=60)



*Note: Due to rounding, the total of this pie chart equals 101%. The actual percentages are: Provincial: 90.91% (n=40) | Municipal: 4.55% (n=2) | In-kind: 4.55% (n=2)

All the teams that reported relying on multiple funding sources (44 per cent, n=48) are police-partnered; 88 per cent (n=42) of these teams rely on two funding sources, while 13 per cent (n=6) rely on three sources.

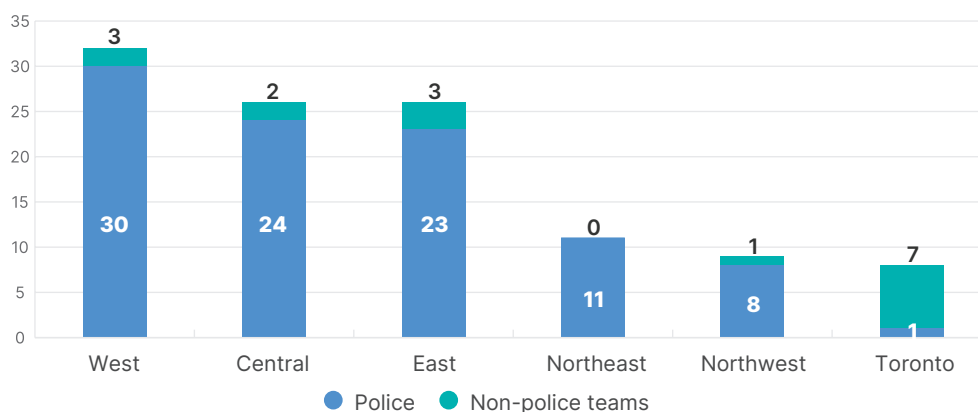
Having multiple funding sources can be a positive indicator, suggesting that crisis response teams are recognized as valuable investments in community mental health. However, it can also create challenges – if any one source is discontinued or not renewed, service may be disrupted.

Qualitative responses stressed the importance of having multiple, stable sources of funding. Many teams expressed concerns about the sustainability of their services, noting that continued operation is often dependent on renewing grant funding or securing alternative sources. For communities with successful and impactful crisis response teams, the loss of a funding source can jeopardize the team’s ability to operate, creating a critical gap in services. In some cases, due to the high demand for these supports, community agencies and hospitals continue partnerships in kind, hoping that funding will be restored. This often forces organizations to reallocate already limited internal resources placing additional strain on their budgets and potentially impacting other essential services.

Service availability: OH region (n=110)

Access to services varies significantly across the province. To explore this in relation to crisis response teams, we mapped their distribution by OH regions. This approach aligns with the boundaries established by Ontario’s Ministry of Health, which is the primary funder of crisis response teams.

Graph 7 – Crisis response team distribution by OH region (n=110)*



*Total exceeds 110 because three teams serve Central and East regions and appear in each count.

As illustrated, OH regions in northern Ontario have a reduced number of crisis response teams, compared to the West, East and Central regions. While northern OH regions serve a smaller overall population, they cover significantly larger geographical areas, which can limit access to services.

The graph also illustrated that the Toronto Region has the highest number of non-police partnered teams (n=7) across all OH regions.

Each region requires crisis response services tailored to the needs of their community

Service availability: hours of operation (n=81)

Eighty one teams⁵ responded to the question regarding hours of operation, 14 per cent (n=11) of which indicated that they provide 24/7 service. As illustrated in the chart below, the majority of 24/7 teams (73 per cent, n=8) are non-police-partnered and operate in the Toronto Region (55 per cent, n=6) serving the City of Toronto, Scarborough, North Etobicoke, and South Etobicoke.

Table 2: Mobile crisis response teams available 24/7 (n=11)

SERVICE DELIVERY PARTNERS	TEAM NAME	TEAM TYPE	OH REGION
2-Spirited People of the First Nations	Toronto Community Crisis Team (Indigenous-led, city wide)	Non-police partnered	Toronto
TAIBU CHC	Toronto Community Crisis Team (Scarborough)	Non-police partnered	Toronto
CMHA Toronto	Toronto Community Crisis Team (Northwest)	Non-police partnered	Toronto
Gerstein Crisis Centre	Toronto Community Crisis Team (Central)	Non-police partnered	Toronto
Gerstein Crisis Centre	Mobile Crisis Team	Non-police partnered	Toronto
Gerstein Crisis Centre	Substance Use Crisis Team	Non-police partnered	Toronto
CMHA Simcoe County	Crisis Intervention & Community Response Program	Non-police partnered	Central
Centretown CHC & Somerset West CHC	ANCHOR	Non-police partnered	East
CMHA Grey Bruce, West Grey Police, Owen Sound Police, Saugeen Shores Police, Hanover Police, Bluewater District School Board, Bright Shores Health System.	MMHART	Police partnered	West
CMHA Thames Valley, London Health Sciences Centre, St. Joseph's Hospital, Middlesex London EMS, London Police Services	London Crisis Response Team	Police partnered	West
CMHA Thunder Bay, Thunder Bay Regional Health Sciences Centre, Thunder Bay Police Service, OPP Thunder Bay	IMPACT	Police partnered	Northwest

⁵ No data was provided regarding hours of operation for 29 teams (26%). This limits our understanding of true service availability

To better understand the service availability of the 70 teams that do not operate 24/7, we grouped teams into the following categories:

1. Teams operating Monday-Friday, less than 12 hours per day
2. Teams operating Monday-Friday, 12 hours a day or more
3. Teams operating Saturday-Sunday, less than 12 hours per day
4. Teams operating Saturday-Sunday, 12 hours a day or more

Incomplete responses (i.e., days of the week not specified, hours not specified) and responses outside the categories listed above were labelled “unable to code”. The breakdown is presented in the following table:

Table 3: Availability of non-24/7 teams (n=70)

MONDAY-FRIDAY AVAILABILITY	POLICE-PARTNERED (N=62)	NON-POLICE PARTNERED (N=8)	TOTAL
12hrs/day or more	27	4	31
Less than 12hrs/day	22	1	23
Unable to code	13	3	16

SATURDAY-SUNDAY AVAILABILITY	POLICE-PARTNERED (N=62)	NON-POLICE PARTNERED (N=8)	TOTAL
12hrs/day or more	16	4	20
Less than 12hrs/day	10	0	10
No availability	20	1	21
Unable to code	16	3	19

The tables above highlight an important gap in weekend availability. While many teams operate for at least 12 hours on weekdays, far fewer provide coverage on weekends. Alarming, nearly 30 per cent (n=21) of teams have no weekend availability. This poses a significant concern, as mental health crises can occur at any time.

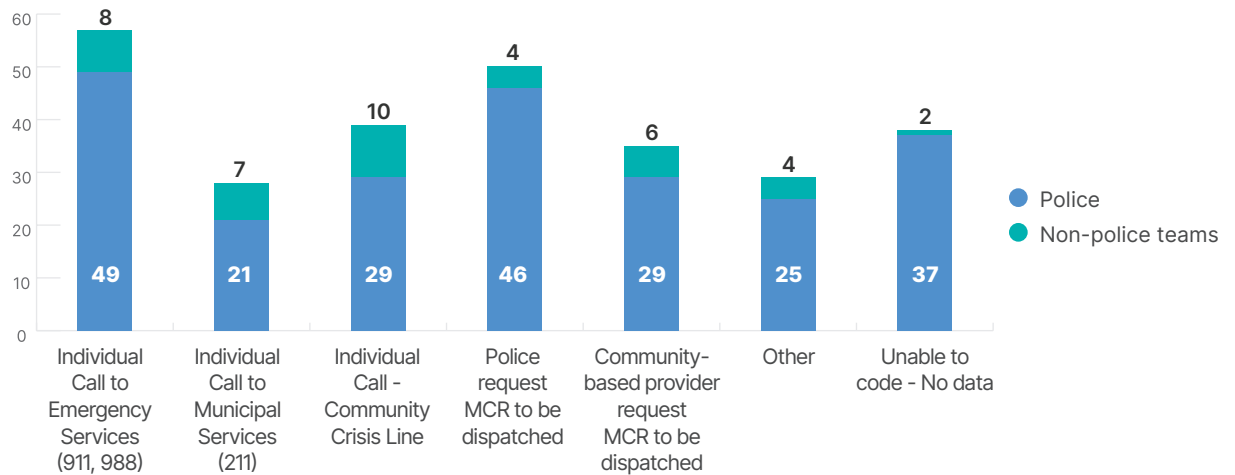
This data also highlights significant challenges in achieving 24/7 coverage across the province, with only 10 per cent (n=11) of identified crisis response teams (n=110) operating around the clock. A common qualitative theme among respondents was the desire to expand services to better meet community needs.

Of the 70 teams that provided data regarding their hours of operation, seven responses were categorized as “unable to code” due to missing information (i.e., days of the week not specified). However, other reasons data could not be coded highlight the range of variation in available hours across the province, as well as factors limiting availability. Responses from nine teams could not be coded because they fell outside the categories described above (i.e., Tuesday-Thursday, every other weekend). Responses from three additional teams could not be coded because the crisis team did not have consistent hours of operation (e.g., availability was based on the schedule of the assigned officer).

NOTE:

Service initiation (n=71) Overall, 71 teams responded to the question “How are requests for service initiated?”. Complete responses were not provided for all questions by every service delivery partner. For example, if three service delivery partners each submitted a separate response regarding the same team, there may only be one survey completed in full, and the remaining two completed to varying degrees. As a result, the findings reflect all points of access or service initiation that were identified by any of the responding partners.

Graph 8 – How requests for service can be initiated (n=71)



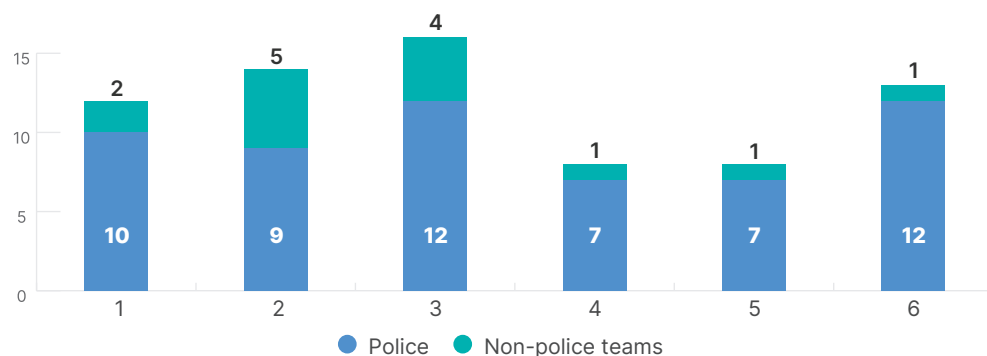
**Totals will be greater than 100% as respondents could select multiple responses*

Eighty per cent (n=57) of teams noted that service requests can be initiated through calls to emergency services such as 911 or 988, while 70 per cent (n=50) of teams noted that services can be initiated internally by police requesting the dispatch of a mobile crisis response team.

Over half (55 per cent, n=39) of teams reported that services could be initiated through a call placed to a community crisis line by the individual in crisis or a witness. Just under half (49 per cent, n=35) indicated that community-based service providers could request the dispatch of a mobile crisis response team. Additionally, 39 per cent (n=28) of teams reported that services could be accessed through municipal services such as 211, while 41 per cent (n=29) identified “other” points of access. Some examples of other points of access include having a police referral for a follow up visit, calling an organizations crisis line for a request for service and receiving voicemails to the specific crisis team requesting service.

Further analysis found that most teams (83 per cent, n=59) reported having two or more ways service could be requested/initiated. It was most common for teams to have either two (20 per cent, n=14) or three (23 per cent, n=16) ways to initiate service. Police-partnered teams were more likely to report having multiple ways for service to be initiated compared to non-police partnered teams.

Graph 9 – Number of ways to request or initiate service (n=71)



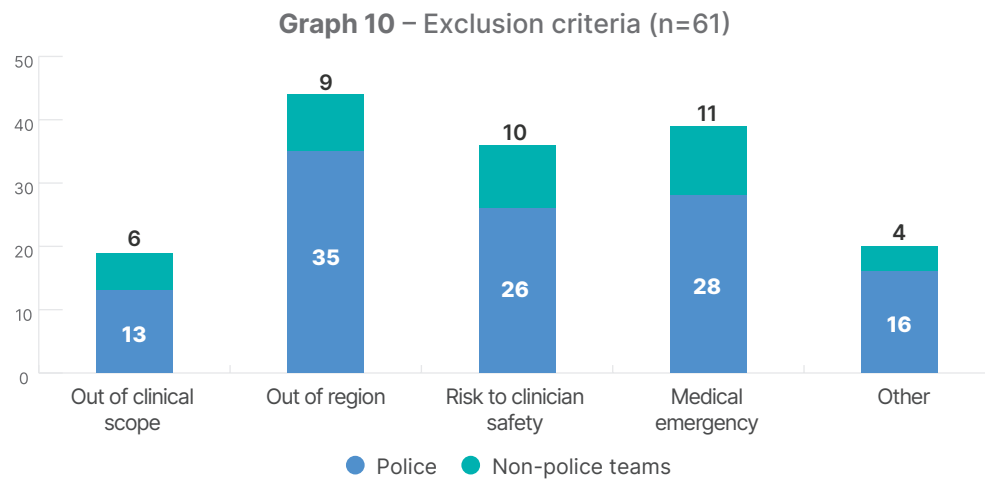
Exclusion criteria (n=61)

Sixty-one teams responded to the question “Are there any exclusion criteria or reasons someone would be ineligible for support from this team?”

Among the 61 teams that responded, the most common exclusion criteria were:

- **72% (n=44)** – Outside regional boundaries: The crisis occurred outside the program’s catchment area or jurisdiction
- **64% (n=39)** – Medical emergency: The nature of the crisis required a medical response
- **59% (n=36)** – Safety risk: The situation posed a risk to the safety of the crisis worker
- **33% (n=20)** – Other
- **31% (n=19)** – Outside program scope: The situation required a specialized response beyond the crisis worker’s clinical scope

Forty-five per cent (n=49) of the 110 identified teams did not provide a response to this question.



**Totals will be greater than 100% as respondents could select multiple responses*

Qualitative responses indicate that many teams do not strictly exclude individuals based on set criteria. Even if someone falls outside of a team’s typical service scope, teams often still provide some level of support, either by helping to stabilize the situation or by connecting the person to more appropriate services.

Target population (n=76)

Of the 76 teams that answered the question “Target population served”:

- **59% (n=45)** serve the general public and do not have a defined target population
- **21% (n=16)** indicated they typically serve adults and youth above a certain age (i.e., 12+, 13+, 16+, 18)
- **13% (n=10)** of teams specified that they tend to serve more vulnerable and/or marginalized populations (e.g., elderly, homeless or experiencing poverty, frequent use of hospital emergency departments, frequent or high risk of criminal justice involvement)
- **9% (n=7)** of teams identified a specific target population. While they respond to all calls within their catchment area, these teams have specialized training or expertise to address the unique needs of their population
- **31% (n=34)** of teams did not provide a response to this question

Graph 11 – Target populations served (n=76)

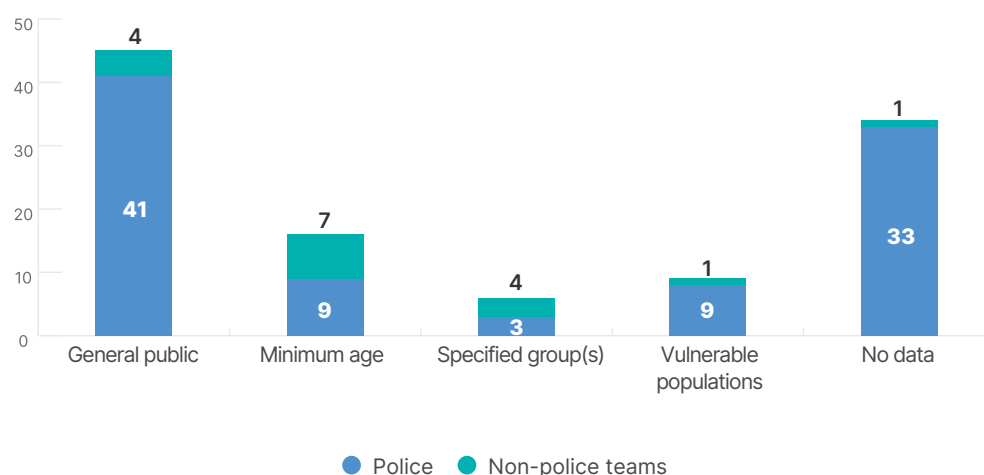


Table 4: Mobile crisis response teams with a specified target population (n=7)

SERVICE PROVIDER(S)	TEAM TYPE	TARGET POPULATION	OH REGION
2-Spirited People of the First Nations*	Non-police	Indigenous 2SLGBTQIA+. POC, individuals who use substances /experience houselessness/do sex work, experience mental health related issues & who have experience with police violence.	Toronto
TAIBU CHC*	Non-police	General public, MHA crisis, focus on ACB communities (i.e., staffing reflects community served)	Toronto
Hotel Dieu Grace Health care	Non-police	Individuals with a high frequency of 911 calls and/or recently experienced an overdose in the community	West
CMHA Lambton Kent	Non-police	People experiencing homelessness or mental health and addictions crisis	West
Hotel Dieu Grace Health care, OPP Essex County	Police	Youth under 18	West
Dilico Anishinabek Family Care	Police	First Nation and non-Indigenous	Northwest
Treaty Three Police Service, OPP Sioux Lookout, OPP Kenora	Police	Youth 12-14	Northwest

*=Toronto Community Crisis Team



CONCLUSION

Crisis response teams in Ontario have expanded since 2020 with new teams continuing to launch. These teams play an important role in de-escalating crises related to mental health, substance use, and neurodevelopmental challenges.

However, their sustainability and effectiveness depend on several key factors including, adequate resourcing, strategic planning, and strong coordination between policing, community mental health and addictions, and health care partners. Without these supports, their ability to effectively manage crisis situations and divert individuals from unnecessary involvement in the health system or justice system is severely limited.

Crisis response teams do important work but their impact can only reach as far as the support systems behind them. They can only be as effective as we allow them to be.

While a detailed analysis is beyond the scope of this scan, the findings in this report highlight notable disparities across Ontario and the need for tailored approaches. Future work should focus on examining regional variations more closely, the types of crises, identifying gaps in access to service, availability and service models, and exploring promising practices and evaluation frameworks to support all crisis response teams.

Ongoing evaluation, investment and collaboration are vital for Ontario's crisis response teams to evolve to meet the complex and growing needs of the communities they serve. Each region requires crisis response services tailored to the needs of their community.