

24/7 CRISIS DIVERSION: COMMUNITY REPORT BACK

The 24/7 Crisis Diversion program is a collaboration between the following organizations:









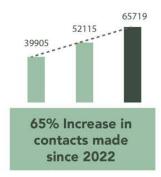


Learn more about the 24/7 Crisis Diversion with our website: scan the code above or go to crisisdiversionedmonton.ca The 24/7 Crisis Diversion program helps people experiencing non-emergency crisis get to a safer place, freeing up police, fire rescue, emergency medical services and peace officers to respond to more critical events. It is Edmonton's first and only community-based citywide response program that is available to the public by calling 2II and pressing 3 that will respond to any person experiencing vulnerability and connect them with the needed in-the-moment supports - 24 hours a day, 365 days a year.

24/7 Crisis Diversion provided support to 3,591
NEW clients in 2024

Operating Budget (2024)



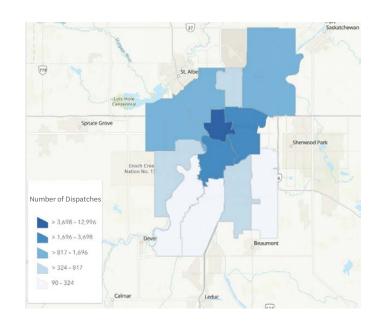




Top Five Referral Sources

Private Citizens 30%
Self-Referrals 21%
Community Agencies 16%
Private Businesses 12%
Emergency Services 12%

Number of Dispatches by Ward





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Evaluation Background

The forecasted year-one social return on investment (SROI) is \$5.20 for every dollar invested.

In 2023, REACH began the process to re-assess the Social Return on Investment for the program from the last completed analysis which saw a \$1.91 return for every \$1 invested in the program (2016-2018).

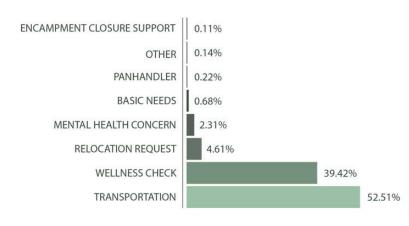
This updated forecast analysis uses 2023 data, surveys and stakeholder input to assess the 24/7 program and guide future improvements. REACH Edmonton has contracted Dr. Eugene Krupa of Catalyst Research & Development to lead this SROI analysis project.

Analysis Framework: Catalyst worked with the 24/7 program leads and staff, the 24/7 program evaluation framework and other resources to understand the program's structure, stakeholders, governance structure, key outcomes, current and potential data gathering, and the many complexities of the program and data. After several discussions, the number of beneficiary groups' outcomes were reduced to 46 which were included in the analysis. Appropriate potential indicators were found and proxies were searched for in social, medical and economic literature and value databases.

Considerable effort was taken to establish credible outcome quantities, durations and discount factors, where factors such as deadweight, displacement, attribution and drop-off were assessed. Outcome quantities were derived from actual data where available and very conservative estimations were included where data was weak or unavailable. Each of the specific elements were then critiqued, adjusted and, ultimately, validated by stakeholder representatives.

We look forward to sharing the final results in 2026.

Primary Needs Identified By Callers



Supports Provided: Primary and Secondary

