Social Return on Investment (SROI) Analysis

of REACH Edmonton's

24/7 Crisis Diversion Program

Summary Report

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CATALYST
RESEARCH & DEVELOPMENT INC.

Acknowledgements

Catalyst team members live and work in Alberta on the traditional lands of the Plains and Woodland Cree, Nakota, Saulteaux, Blackfoot, Tsuut'ina, Dene and Métis people. In British Columbia, we live and work on the traditional and unceded territories of the Syilx (Okanagan), Ktunaxa (Akisqnuk) and Secwepemc (Shuswap) people.

Catalyst acknowledges the inequities and disparities experienced by Indigenous people in Canada. We align all our work the spirit of the TRC and its 94 Calls to Action, and the UN Declaration on the Rights of Indigenous Peoples. We found that the 24/7 Crisis Diversion program reflects this desire as well. Let us continue efforts to increase engagement and partnership with Indigenous organizations and leaders, so we might better understand and address the challenges Indigenous peoples face.

We very much appreciate the 24/7 team. We thank the frontline staff, volunteers and managers for their efforts with individuals in crisis as well as their efforts and attention to gathering quality outcome data for this analysis. We also thank the 24/7 Crisis Diversion leads and stakeholder representatives for their advice on elements of the analyses, access to data and contributions to the continuous improvement of practices. The entire team has worked hard to respond to, and improve, the quality of the data for this analysis.

Finally, we thank the community members (over 200) who shared their experiences. Your information helped us to significantly improve this analysis.

The Social Return on Investment (SROI) of 24/7 Crisis Diversion

Summary Report

This outcome-based Social Return on Investment (SROI) analysis for Edmonton's 24/7 Crisis Diversion program (also known as 24/7 CD or 24/7). We have organized the outcomes and their values under the program's three objectives as follows:

1. **Help community members[1] in distress**
2. **Address or divert crises before they become emergencies**
3. **Address residents' and businesses' concerns**

24/7 CD
returned over
$6
for every
$1
invested.

This report builds on three previous stages of work:

- Outcome and evaluation framework created at the outset,
- Year 1 (2023) "Forecast" SROI analysis, and
- Year 2 (2024) "Intermediate" SROI analysis[2].

Since 2023, the 24/7 team has made many improvements in program and evaluation processes. We have used the same methodology for analysis but improved many of the key analysis factors. Together, we have improved outcome data availability and quality. We have continued to apply very conservative outcome quantities and analysis factors and consider this to be the best-possible "outcome-based" SROI analysis for 24/7 CD at this time.

We can say with confidence that the social return on investment ratio for 24/7 CD is over 6:1. This means that at least $6 in social value[3] is being created for every $1 spent.

This report is organized under the following headings:

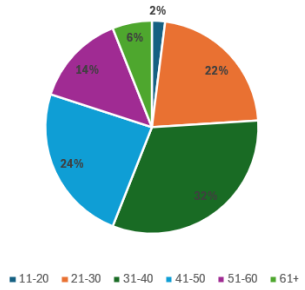
[1] "Community members" in 24/7 CD are also referred to as persons in distress, those who experience vulnerability, or clients of the service.
[2] The Year 2 analysis incorporated improvements in outcome data quality and relied on fewer assumptions.
[3] This SROI ratio is consistent with that found in the Year 1 and Year 2 data.

A: The Persons in Crisis

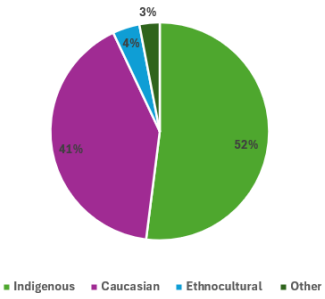
24/7 serves vulnerable individuals experiencing non-emergency crises. Their crises are often related to mental health, substance use and homelessness-related distress. Many are likely to face harm without intervention, and some have been victims of violence. This group often needs quick access to shelter, basic needs (food, water, clothing), and warmth or cooling.

Many of those in distress encounter barriers to accessing services and can "fall through the cracks" of our health and social systems. They may have been impacted by structural inequities and can be considered *equity deserving persons* (EDPs)[4]. Access barriers of today may stem from unsuccessful or negative histories with formal services in past. Such experiences often reduce an individual's willingness to trust or seek help.

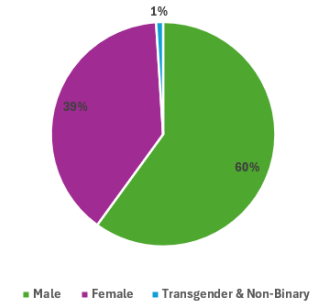
Key contributing factors include mental health, substance use and addictions, and lack of access to housing. The root causes of these factors lie "upstream" in the social determinants of health and well-being. These include racism and discrimination; poor development or trauma in childhood; poverty, education and employment; access to services; supportive relationships; and housing.



EDPs typically experience more risk factors and fewer protective factors in their lives. This can lead to poor health in multiple dimensions and a wide range of unmet needs. They may live in a precarious state of uncertainty and vulnerability, which impacts current and future health, safety and well-being. The 24/7 teams act as a bridge for those in distress to access services that could benefit them in both the short and long term.



A current demographic analysis of community members served by 24/7 was not available at the time of reporting.[5] The graphics to the side are the best information available, acquired in 2023. Community members in distress (aka equity deserving persons) vary in age, culture, and gender. Anecdotal data from 24/7 Mobile Team staff in January 2026 suggest possible increases in the following characteristics: over 60 years of age; with chronic illness; with pets; with diverse ethnicity and gender identities. Many continue to identify as Indigenous, while connectivity to agencies providing socially and culturally relevant services has also increased.



Readers should note that participation in 24/7 CD services is entirely voluntary. Some community members may refuse 24/7 assistance and walk away when supports are offered.

[4] Note that "EDP" is used in the SROI workbook, whereas "community members" is often used by front line workers.

[5] Although an updated demographic survey would be helpful for decision making and funding, it is challenging for several reasons:

- While receiving services and supports, many community members are not in a state of mind to respond to survey questions.
- The population of individuals served is dynamic and shifting due to seasonal factors, services, economic factors, housing availability. etc.
- The landscape of services is also dynamic and shifting due to demand, types of needs, seasonal factors, policy, and funding changes.

B. 24/7 Program Description and Context

The 24/7 call system and mobile teams respond to community members in distress or non-emergency crises across the City of Edmonton and, on occasion under certain circumstances, beyond to satellite communities. They provide this service **– 24 hours/day, 7 days/week, 365 days/year.**

For this analysis, program outcomes and values created, were organized under the **three program objectives**:

1. **Help community members[6] in distress** – Most often, distress is due to challenges with housing, mental health, addictions and/or access to support services. The root causes of these are upstream – in the social determinants of health[7]. Participation in any level of service is always voluntary.
2. **Address / divert crises before they become emergencies** – Early intervention by 24/7 CD can avoid engaging first responders'[8] – ambulance, police, fire or bylaw enforcement – thereby freeing their time to address more appropriate situations.
3. **Address residents' and businesses' concerns –** They are concerned about the community members in distress, as well as their own safety, security and costs.[9]

Over the last 3 years, Objectives 1 and 2 were emphasized for improving practices and evaluation data.

REACH Edmonton[10] partners with three organizations on the delivery of 24/7 CD:

- **Canadian Mental Health Association Edmonton (CMHA)** – CMHA operates **a dedicated phone service** through **Edmonton's 211 call centre**. They receive and document reports from callers of people in non-emergency crises / distress, then relay the information to the Mobile Teams.[11] Callers may be residents, people working in businesses and public organizations, or community members in distress themselves.
- **Boyle Street Community Services** – Boyle equips and manages Mobile Teams to deliver services to community members in distress.
- **Hope Mission** – Hope equips and manages Mobile Teams to deliver services to community members in distress. This group was the first to operate rescue van services in Edmonton prior to the start of 24/7 CD.

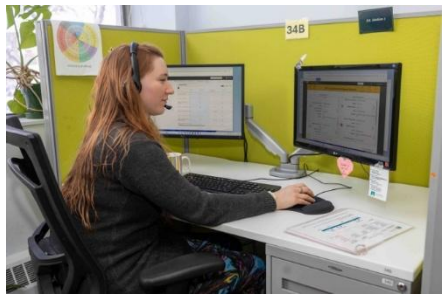
[6] "Community members" in 24/7 CD are also referred to as persons in distress, those in non-emergency crises, people experiencing vulnerability, equity deserving persons (EDP as in the SROI workbook), or clients of the service.
[7] Social determinants of health relevant to 24/7 CD include childhood development and trauma, poverty, education, racism and discrimination, employment, access to housing, services, and supportive relationships.
[8] I.e., avoid cost of ambulance, police, fire, or bylaw services, and free them up to respond to situations that require their skills.
[9] Costs include vicarious trauma and compassion fatigue when persons damage property, businesses, local services, and aesthetics. Businesses lose customers, revenue, and staff. Increased costs for staff, security, insurance, repair, or relocation result.
[10] REACH's aim is to strengthen community safety by preventing violence through innovative, collaborative initiatives.
[11] In 2025, $960,000.00 (17% of the 24/7 budget) was directed to CMHA for the 211 call centre.

24/7 CD Team Activities

24/7 Mobile Team staff are, overall, very well-trained for their work. They use a relationship-based, trauma-informed, professional approach to engage with community members in distress. They are also skilled in interacting with business and organization staff, callers, and service providers. Some of their stories are captured on the 24/7 website.

A dispatch is created about every 15 minutes on average, though demand can vary through the day. When the Mobile Team receive a dispatch, they drive to the site, reviewing any notes provided enroute.

On arrival, the team will locate the individual (on average about 75% of the time) and initiate conversation. The team assesses the community members situation, then responds with supplies and supports to meet immediate needs for safety, health and well-being[12]. Responses might include first aid, access to food and water, warm clothing when it is cold and relief from overheating and dehydration. In thousands of cases, they provide transportation, supportive conversations and warm handoffs. In hundreds of cases, they have delivered life-saving action. As possible, the conversations lead to exploring possibilities for addressing underlying issues that led to the crises.



Edmonton's crisis response service has changed over the years. Hope Mission ran a limited service before 24/7 CD launched in 2015. More Hope Mission teams were added, along with Boyle Street teams, and 24/7 grew to become the major and unifying service it is today. Hope Mission still has a van that operates outside the partnership focused only on bringing shelter residents to medical appointments. In 2024, Catholic Social Services added a "Care-A-Van" to provide food, water and warm clothing less visible encampments away from downtown.

Shelters have changed as well. Some open additional sleeping spaces for extremely cold nights, one shelter now accommodates pets, and two are associated with clinics[13]. Shelters are asserting boundaries more often, and are more likely to ban individuals who have not complied with their rules.[14] As a result, staff spend time to check if a community member will be accepted at a shelter before transporting them there.

A recently developed interactive dashboard shows 24/7 actions across the city over a 24-hour day[15]. It shows the neighborhoods and business areas visited, and details on where and when, and how patterns change over a week and night to day. Viewers see the % of persons found, needs expressed, emergency services, transports, supportive conversations and warm handoffs.

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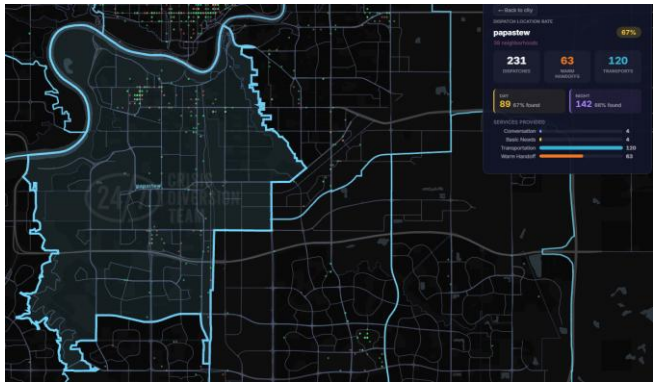
[12] This includes rehydration, food, clothing, and protective supplies; supportive conversations to build relationships for longer term solutions; and calls to emergency responders for situations that were, or become emergencies.

[13] This enables rapid attention to frostbite and other issues and reduces barriers to medical services.

[14] Rules include less tolerance for theft, violence, and substance use onsite.

[15] The dashboard uses early 2026 iterations as example.



Actions that Contribute to Program Effectiveness

Five actions are often cited as major contributors to 24/7's effectiveness. In a single year (2025), 24/7 generated the following numbers of these key actions:

- **31,695 Dispatch Records** – Mobile staff add to the records of each encounter and try to link with past encounters[16]. In addition to evaluation information, the records help to deepen staff understanding of individuals, including the barriers, facilitating factors and helpful services they have experienced. This deeper understanding enables 24/7 staff and follow-up service providers to give more appropriate direction and assistance, so community members can access the short-term and long-term assistance needed.

> *"There was a team who went out of their way to ensure my needs were met. They went above and beyond what they needed to do. I'll never forget it."*
> – Community Member

- **12,147 Supportive Conversations & Relationships** – Whether on arrival or during transport, these build trust and facilitate relevant support. This is key to providing appropriate services in the short term, as well as facilitating community members to seek longer-term stability. Stability enables community members to address the root causes that contributed to their distresses. This is key to reducing the need for, and cost of emergency services in future.

> *"They are amazing people. They are very helpful and caring."*
> – Community Member

- **16,461 Transports** – This primary support is often essential for community members to address challenges relating to either immediate health and safety (e.g., frost bite), or factors contributing to stability (e.g., medication access, treatment) and/or longer-term health and well-being (e.g., housing, social support). 24/7 transport has value far beyond a taxi service.

> *"I am able to go home at night and know that I made a difference."*
> – 24/7 CD Team Member

[16] This might be by phone number, unique identifiers, or relationship.

- **10,155 Warm handoffs** – When arriving to others providing short-term and long-term supports, warm handoffs enable community members to rapidly get the right kind of assistance. They also facilitate community members' empowerment and dignity to help overcome barriers they might experience.

> *"They gave me options but helped me pick."*
> – Community Member

- **279 Life-saving events** – In 2025 alone, 24/7 teams documented 279 life-saving events, including resuscitation by CPR and emergency treatment for acute drug poisoning (naloxone). Of the 279 fatal poisonings avoided in 2025, 51 were verified as "unique clients", so we have used that as the outcome quantity. Uniqueness for another 228 life-saving events could not be confirmed. Over the years, **24/7 CD saved hundreds of lives.**

> *"I'll never forget those two ladies. They saved my life."*
> – Community Member

Receiving 24/7 CD services is entirely voluntary and the 24/7 staff "uniform" is a small logo for identification. These features reduce barriers for those with negative associations with uniforms or being compelled to comply in past.

Continuous Improvement

The 24/7 team made many improvements in many areas over the past 3 years. These include improvements as follows:

- protocols;
- staff training;
- system capacity building;
- policy development;
- engaging partners;
- engaging organizational leaders;
- data collection and utilization in decision-making; and
- evaluation integration and capacity building.

Appendix 1 includes a summary of improvements.

C: Investment and Demand for Services

Calls to 211[17] increased by an average of ~23% from 2023-2025. Considering the trend of increased demand, investment increase to maintain service. The chart below shows the changes in dispatches, Mobile Teams, and unique client contacts[18] over the years of this study.

	Year 1 (2023) Forecast Analysis	Year 2 (2024) Intermediate Analysis	Year 3 (2025) Outcome-based Analysis
Dispatches created	20,074	29,945	31,695
Teams	8, then 10	10	10, then 11 in November
New unique clients	NA	3,591	6,360

Investment increased in response to increased demand. In 2025 (Year 3), $6.3M[19] was invested in 24/7 as follows:

Contributor	$ Amount
City of Edmonton – 24/7 Crisis Diversion Budget	5,560,000.00
REACH Edmonton Operations[20]	494,933.00
Partner In-Kind	270,678.72
Total	**$6,325,611.72**

Investment beyond maintenance would enable 24/7 to progress on identified priorities:

- Reducing wait times,
- Deploying teams more strategically, particularly during peak periods and extreme weather (e.g., reduce need for amputations[21])
- Exploring dedicated call-taking capacity and potential for integration with 911
- Enhancing the fleet

To reduce future demand for emergency and non-emergency services, it is essential to invest in follow-up with individuals to support positive change and enable lasting outcomes. This is not part of 24/7's mandate currently so policy decisions are needed to locate responsibility for this action.

Many improvements in outcomes and their measurement were made. Further improvements with outreach and response system partners on coordination and data integration (Objective #2) will require engagement and collaboration with those partners. Similarly, improved outcomes and measurement regarding (Objectives 1 & 3) will require engagement and refinement with Indigenous organizations, businesses, public organizations, residents, 211 callers, and other municipalities in the Edmonton region.

[17] Press 3 for assistance related to 24/7 CD.

[18] Unique clients are those for whom 24/7 has no record of previous interaction. They may have used crisis support services other than 24/7

[19] There was an increase of ~23% from 2023 to 2024 (Year 1 to 2), and a 12% increase from 2024 to 2025 (Year 2 to 3).

[20] REACH Edmonton receives separate funding from the City and supports the administration and delivery of the program.

[21] Edmonton, unfortunately, holds the record for the city with highest number of amputations due to cold exposure in Canada.

D: SROI Methodology, Framework & Data

We consider this "outcome-based" Social Return on Investment analysis to be the best-possible estimate of value created by 24/7 CD, given the outcome data available. What follows is a summary of how the analysis evolved over the three years of our involvement.

We applied traditional SROI principles but customized strategies for 24/7, as summarized in the table below. Catalyst worked closely with the 24/7 program leads and staff to critically examine the existing program evaluation framework and understand the program's structure, stakeholders, governance, key outcomes, current and potential data gathering, and the variations associated with the complex set of these factors.

SROI Principles	Our Interpretation	Methods
Involve stakeholders	Determine how best to work with them, which outcomes were most valued, and how to best measure them. Help them understand the analysis and own it.	Formed relationships with 24/7 leads, steering group & identified stakeholders. Identified outcomes of most interest and values, and contributions to achievement. Engaged again in Year 2 and again in 3 with in-depth interviews.
Understand what changes	Articulate theory of change (how outcomes are created) and how evidence of outcomes is gathered. Understand positive and negative changes, intended and unintended.	Conducted document review, including theory of change and logic model. Re-articulated/clarified program outcomes and logic. Further development with 24/7 leads and managers. Further development and validation with stakeholder representatives and front-line staff (including ride-alongs).
Value outcomes that matter	Considering data available and possible, find financial proxies appropriate for outcomes and indicators. Establish that social value includes beneficiaries as well as systems.[22]	Scanned SROI databases (Canada, UK, US). Scanned social, medical, and economic literature. Consulted 24/7 project leads and colleague review. Reviewed in Year 2 and again in Year 3.
Only include what is material	Determine which outcomes and evidence are needed to create an accurate picture, enable stakeholders to draw reasonable conclusions about impact, and demonstrate adequate rigor.	Communications with 24/7 project leads, frontline staff and stakeholders. Reduced outcomes (to 46) and established discount factors. Determine appropriate indicators. Colleague Review. Draft initial SROI Workbook (Impact Map, spreadsheets). Reviewed in Year 2 and Year 3.
Do not over-claim	Only claim value that the organization's programs and efforts create. Where there is uncertainty, it is better to under-value and under-claim.	Scanned literature, consultation with 24/7 project leads and stakeholder representatives. SROI Workbook development. Discount factors established and refined. Colleague Review to avoid double counting and err on the side of under-valuing and under-claiming. Thorough Review in Year 3.

[22] "Systems" includes city police and provincial health, social welfare, and justice systems.

Be transparent	Demonstrate the basis on which the analysis should be considered accurate and honest.	Every adjustment and explanation is noted and dated, and visible to all in the workbook. References provided for indicators and proxies. Colleague Review. Limitations identified throughout. Very thorough review with 24/7 project leads and partners in Year 3.
Verify the result	Ensure best possible quality given the resources available.	Consultations with 24/7 project leads. Colleague Review. Workbook validation in Year 2, then final with 24/7 project team and stakeholders in Year 3.

Framework Development

Analysis Framework & Methodology Consistency
While data quality and analysis factors have improved, the SROI analysis framework, spreadsheets, and methodology have been consistent from Year 1-3. Appendix 2 includes screen shots of the most recent outcome-based analysis.

Our goal for Year 1 was to create a "forecast" SROI analysis based on best available program data, surveys that could be created and conducted within the timeline, and consultations with field staff and stakeholder representatives. Many gaps remained for the "**intermediate**" analysis in Year 2 and most were resolved for Year 3's "outcome-based" analysis.

In preparation for the Year 1 "forecast" analysis (as noted in the table above), Catalyst reviewed program documents, including a recently renewed program evaluation framework, past SROI and annual reports. This was followed by discussions with program leads and staff to understand the program structure, stakeholders, governance structure, key outcomes, current and potential data gathering, as well as the many variations and nuances. With this understanding, we updated the logic in practice, clarified or articulated outcomes and potential indicators, then validated with 24/7 leads and managers.

Alongside the above process, Catalyst created a custom web-based "workbook" application. This facilitated access to the workbook for 24/7 leads but also co-creation and co-ownership through the following:

- Getting to shared understanding of the rationales for proxies, discount factors, and quantities.
- Developing and validating elements of the analysis (proxies, discount factors, and quantities).
- Enabling 24/7 staff to directly use the workbook and "own" it so they would be able to communicate effectively to policy/decision makers and even conduct analyses after project completion.[23]

Continued co-development of analysis factors or components
The following are major factors in the SROI, along with an explanation of their significance and evolution:

- **Outcome quantities –** Good data on quantities is essential for calculating a credible value. We created notes in the workbook to identify places where establishing outcome quantities was challenging and in need of improvement. For some outcomes where quantitative data was weak or

[23] with minimal assistance.

unavailable, but we knew that outcomes were being achieved (from qualitative data), we used either very conservative estimates or very small numbers[24] as "place holders". We did this to enable the outcome to register a value in the calculation but only a small value so it would not threaten the credibility of the analysis.

Community members' outcome data improved in accuracy over the three years. Much of this was due to the introduction of a rigorous survey conducted with a sample of community members in 2024. Volunteers assisted 24/7 in gathering qualitative and quantitative information from over 100 community members through a direct, in-person survey. The numbers and stories that emerged informed understanding of outcome quantities and their meanings, as well as issues and challenges in data gathering. In 2025, data quality improved further through improved process, evolved questions in a more rigorous survey and a larger sample size. Similarly, improvements in data quality for the health and justice systems, particularly for Year 3, resulted from discussions with stakeholder representatives. We have confidence that the outcome data quantities now reflects the minimum outcomes achieved for community members and health and justice systems. In contrast, quality outcome data for businesses, public organizations, residents and 211 callers, were not available for this analysis. Good data for these groups will enable a more complete and accurate analysis of the value generated.

- **Financial proxies –** Canadian SROI proxy data was preferred, but for many outcomes, it was out of date and no longer relevant. Catalyst, therefore, searched databases beyond Canada, primarily in the US, UK, and Australia, as well as in social, medical and economic literature. Regardless of where proxies were found, they need to be made relevant to the Edmonton, Alberta context and updated to the year 2023. We re-examined and updated these again for the final analysis and report (2025).

- **Testing / refining indicators and proxies with stakeholders –** Although extrapolations of published proxies are accepted practice, we found that they seldom reflected the increases in costs of services and changes accurately. Similar, the local context, practices and policies influence costs. We knew that we needed to test and refine the indicators and proxies with Edmonton stakeholder representatives, but the process was challenging due to the time required for representatives to understand what was needed, then acquire appropriate proxy values. In several cases the representatives changed from year to year. As the Year 1 timelines did not provide opportunity for all the discussions and validation needed, we continued to refine these for the Year 2 analysis. We had most success for this final "outcome-based" report using Year 3 data, so are most confident in these results.

- **Discount factors –** These adjust the total value of an outcome downward, which is critical to not over-claiming and establishing the most realistic and credible value. Considerable time was required to deriving these[25], either from data (if available) or by consensus on very conservative estimations (if data was weak or unavailable). The discount factors are briefly defined as follows:
  - **duration** = # years the change is likely to last
  - **deadweight** = % chance that outcome would be achieved without intervention
  - **displacement** = % another service would have likely done
  - **attribution** = % of value due to another group's contributions
  - **drop-off** = % of the outcome quantity that would likely be lost each year.

[24] E.g., using "1" instead of stating a range (e.g., between 50-100)
[25] By Catalyst and 24/7 staff but also stakeholder representatives.

To reinforce, these adjustment factors are subtractive – i.e., the total value of a given outcome is adjusted downward by each of the discount factors for that outcome[26].

Each of the components (i.e., proxies, discount factors, quantities) **for each outcome** were critiqued by 24/7 leads, managers and stakeholder representatives and, ultimately, validated. We left notes on all adjustments to proxies and other components in the SROI Workbook for Year 3. In general, these components were quite stable, but incremental change occurred as conditions changed and / or practices improved. Numbers in individual cells could change as better data becomes available in future.

Catalyst improved the analysis factors as new information was provided from program leads, stakeholder representatives and literature. Examples of changes were as follows:

- Outcome wording (e.g., value of avoiding fatal drug poisoning instead of "lives saved")
- Indicators (e.g., emergency provider calls avoided)
- Proxy values (e.g., costs of emergency services personnel changed)

We believe that the analysis factors are the best available at this time (reporting on 2025 outcomes). Decisions regarding all the above are documented in the SROI Workbook spreadsheets.

[26] E.g., For an outcome where 80% of the attribution is to other agencies, 80% of total value is deducted, leaving 20% to 24/7.

E: Results

Using very conservative approaches to analysis, we calculated the total value created by the 24/7 CD program in 2025 to be at least $41M. As expected from previous SROI analyses[27], and program objectives and priorities, the largest portion of this value (at least $39.9M), was due to positive impact on the health and well-being of community members in distress (24/7 Objective #1). 24/7 freed time of the emergency responder group to enable them to attend to more appropriate situation (24/7 Objective #2), which was valued at $2M.

Substantial value was also generated by addressing concerns of residents, businesses and public organizations (24/7 Objective #3). From estimates done for the 2023 "forecast" SROI analysis this value may be several million dollars. Unfortunately, the data available was insufficient to calculate value for this "outcome-based" SROI analysis.

In 2025, the total invested in 24/7 CD was $6.3M. When we divide the return of $41M by investment, we find the SROI ratio is at least 6:1. In other words, at least $6 of value was created for every $1 invested.

279

Total life-saving events in 2025 including.

51

Unique individual fatal drug poisonings avoided in 2025 alone.

Outcome Values by Objective

Objective 1: Help community members in distress ~ $40M

Consistent with previous years, community members in distress continue to be the major beneficiary of 24/7 CD services. While some outcomes increased in value from previous years, others decreased. The total value of all outcomes in Year 3 was comparable but slightly higher. Quantities and outcome values were as below. For some outcomes (marked with *), a very high portion of the total value generated was attributed to others. This means that, although there may be a significant outcome quantity of a high-value outcome, 24/7 gives most of the credit to others. The outcomes below are grouped by level of contribution to the total value of ~$40M.

- **Six community member outcomes contributed $Millions in value each:**
  - 51 unique individuals avoided fatal overdose ~$13.5M
    (Note: 228 other events not included[28])
  - 790 individuals experienced increased sense of safety ~$10.2M
  - 89 individuals reduced sexual assaults* ~$4.2M
  - 1142 individuals were empowered to seek/request help ~>$3.8M
  - 445 individuals reduced assault + robbery ~$3.7M
  - 445 individuals reduced physical assaults only ~$2.4M

"I love those guys. I'd be dead right now, but 24/7 saved my life."
– Community Member

[27] i.e., SROI Forecast Analysis (2023) and Intermediate Analysis (2024).

[28] 228 events were NOT included due to uncertainty of their uniqueness and our commitment to not overclaiming. If these were included, the total value of this outcome would increase dramatically.

- **Seven community member outcomes contributed $100,000-$900,000:**
  - 5029 individuals had immediate relief when basic needs met ~$634,000[29]
  - 150 chronically unhoused individuals become housed* ~$417,000
  - 470 individuals free from intimate partner violence* ~$380,000
  - 16,294 individuals transported to access needed services ~$232,000
  - 450 individuals with improved mental health* ~$157,000[30]
  - 1100 communicable disease prevention supplies needs met ~$110,000

- **Five community member outcomes contributed $10,000-90,000:**
  - 50 individuals free of substance use disorder* ~$76,000
  - 280 individuals with increased engagement in employment* ~$68,000
  - 150 individuals transiently unhoused become housed* ~$66,000
  - 570 individuals now food secure* ~$27,000
  - 220 individuals received training* ~$21,000

- **Three community member outcomes contributed $1,000-10,000:**[31]
  - 440 individuals with improved physical health* ~$6,800
  - 1 suicide attempt avoided* ~$1,600[32]
  - 1 individual no longer involved in sex work* ~$1,042

> *"They are very kind and really try to take care of you and make you happy."*
> – Community Member

Objective 2: Address / divert crises before they become emergencies ~$2M

As 24/7 and emergency service partners continue to improve data, and proxy values increase, we anticipate the total value of these outcomes will increase.

- **Health System ~$1.5M** – Good quality data was available to show that 24/7 CD saved health workers' time and hospital space so they could deal with more appropriate medical issues. The quantities and estimated values of outcomes were as follows:
  - 228 hospital emissions avoided ~$861,000
  - 1239 ER visits avoided ~$477,000
  - 101 EMS callouts diverted to 24/7 ~$118,000
  - 1118 EMS hours saved ~$96,000

- **Police and Justice System ~$460,000** – Good quality data was available to show the following savings:
  - 330 Police callouts diverted to 24/7 ~$156,000
  - 409 Police time saved when 24/7 takes over ~$49,000
  - 18 Incarcerations prevented ~$79,000
  - 21 probationary sentences avoided ~$22,000
  - 78 Court service use reduced ~$155,000

> *"I'm most proud of being able to help people in crisis feel safe and supported, and connecting them to the right help instead of letting the situation escalate."*
> – 24/7 CD Team Member

[29] This is the total of two related outcomes: $506,380 + $127,355

[30] Combined value of two mental health outcomes.

[31] Data are best possible but low in quality, so estimated very conservatively. Note high attribution to other services.

[32] This would be interesting to probe further as other similar programs report far higher numbers.

- **Peace & Transit Officers ~$30,000** – Data was available to show the following savings:
  - 151 calls diverted to 24/7 ~$19,000
  - 87 hours saved by 24/7 ~$9,500

- **Fire Rescue ~$20,000** – Good quality data was available to show the following savings:
  - 16 callouts diverted to 24/7 ~$9,000
  - 78 hours saved by 24/7 ~$10,500

Objective 3: Address concerns of businesses and organizations, 211 callers and residents

At the time of reporting, we did not have quality data available to credibly estimate value created for this group. The analysis framework and factors were set in place for these stakeholders, along with the others, in the first year of the project. In the first "forecast" analysis, we calculated values based on assumptions, past surveys, and anecdotal data available. This led to conservatively forecasting that 24/7 CD was creating over $3.8M in value for this group of stakeholders.

In contrast, this "outcome-based" analysis, required a higher standard for data to calculate values created by 24/7. Unfortunately, we did not have quality data for these stakeholders at the time of reporting. Although we suspect that 24/7 CD created the same or greater value for these stakeholders, we do not have the outcome-based data to credibly estimate value. Here is a summary of what we can say about potential values for these stakeholders.

- **Business and public organizations**

  In our Year 1 (2023) analysis, available data and validated assumptions led to an estimate of $210,000 in value for businesses[33]. In both Years 2 and 3, qualitative reports from businesses indicate that the 24/7 CD is appreciated and outcomes are being achieved. However, quantities could not be estimated with confidence. In 2025, the 24/7 team invested time in clarifying criteria for calling the service and expectations for response. They also increased availability of teams for peak periods and the winter season, which reduced wait times. It also became clear that community members in distress are often found at libraries, government agencies, hospitals and other "public organizations" so these were grouped together with business (for future analyses if desired). We have limited evidence[34] that satisfaction and confidence in 24/7 increased for these stakeholders and have discussed possible methods to gather good data. Good quality data could show that 24/7 is generating $1-3M in value for this group.

  > *"24/7 is a great idea, and it's working. If the teams arrived faster, businesses would be more likely to call them."*
  > – Business representative

- **211 Callers**

  In our Year 1 (2023) analysis, available data and validated assumptions led to an estimate of $2.55M in value for 211 callers. Anecdotal data and limited survey data in 2026 suggested that the 24/7 CD is appreciated and outcomes are being achieved. However, for this 2025 "outcome-based" analysis, there was insufficient data to credibly estimate outcome quantities. The 24/7 team is exploring methods to obtain better caller data. We think that good quality data could show a value for callers of at least $2M.

[33] In the Year 1 (2023) report, we grouped businesses with 211 callers, as some evidence indicated a substantial overlap.
[34] From direct contact by evaluator during ride-along events.

- **Residents**

  Our Year 1 (2023) "forecast" analysis predicted that 24/7 was creating at least $1.1M to residents. This was mainly due to residents' increased sense of safety and reduced vandalism. Again, for this "outcome-based" analysis, we required quality data on resident outcomes and that data was not available.

We have estimated that the value generated by 24/7 CD is at least $41M. If quality data were available for this group of stakeholders, the total value created by 24/7 CD could increase by $1-5M.

	Year 1 (2023) **Forecast Analysis**	**Year 2 (2024)** **Intermediate Analysis**	**Year 3 (2025)** **Outcome-based Analysis**
Investment (Budget)	$4.5 M	$5.6 M	$6.3 M
Total Return on Investment[35]	$23+ M	$30+ M	$41+ M[36]
Estimated SROI ratio	At least **5 : 1** [37]	At least **5 : 1**	At least **6 : 1**

[35] This is the sum of values generated for all stakeholder groups in Year 1. Due to insufficient data, Years 2 and 3 total values do not include value to businesses, organizations, residents or callers.

[36] Readers should note that the Year 3 total does not include the value created for businesses, public organizations, residents and 211 callers. If the value of their outcomes were to be included, we think it would be reasonable to expect the total to increase by $1-5 M.

[37] We can say with confidence that 5:1 is our best estimate of Year 1. Although an estimated ratio of 5.2:1 was reported at the time, many quantities were estimated and some of proxies were not fully validated due to short timelines. To be consistent with our "very conservative" approach, we are most comfortable in using "at least" and rounding to the whole number for each year.

F: Recommendations – by Objectives and Action Groups[38]

This report is focused on outcomes and their value, rather than process evaluation. That said, from 2023-2025, the 24/7 program made many improvements in processes, which translated to progress on the following:

- effectiveness of 24/7 action to assist those in crisis
- efficiencies in serving community members
- reduction in wait times to callers including businesses and public organizations
- quality documentation of actions and outcomes.

These improvements supported progress on the three 24/7 CD objectives, under which the program outcomes and values were organized in this report. We have organized the recommendations by objectives as well as by stakeholder group.

Recommendations by Objective:

1. **Help community members[39] in distress** – 24/7 CD saved lives and contributed significantly to addressing needs and challenges related to health, food security, safety, housing, mental health and addictions, access to support services, etc. as detailed above. The population of community members has benefitted greatly from 24/7 CD assistance. Further incremental gains can be achieved by optimizing communications and coordination.

   However, a larger return on investment could be realized by investing in reducing the number of community members living in distress now, and slowing the flow of people entering life on Edmonton's streets. This means action to achieve longer-term outcomes and address root causes of challenges upstream (i.e., social determinants of health[40]). Effective action on these will likely require personnel dedicated to follow-up support with individuals, creating strategies tailored to sub-populations, and closer partnerships with groups serving sub-populations.

   The high numbers of Indigenous community members in distress, coupled with the challenges articulated by the TRC's 94 Calls to Action, particular attention should be devoted to collaboration with organizations serving Indigenous community members. Discussions and collaboration toward this have begun. Success in achieving and documenting the challenging outcomes will likely require strategic planning and transition management, as well as frontline staff time and capacity building for success.

2. **Address / divert crises before they become emergencies** – Rapid response and intervention by the 24/7 CD system and staff have avoided considerable costs for emergency and first responders[41]. The many callouts avoided and emergency responder time freed, enabled these resources to be re-directed to the medical, justice, and social order emergencies, which they are trained and equipped to address.

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[38] Some are possible to advance immediately, but others require more time. We leave it to the 24/7 leads to work with partners to priorize.

[39] "Community members" in 24/7CD are also referred to as persons in distress, those who experience vulnerability, or clients of the service.

[40] Social determinants of health relevant to 24/7 CD include childhood development and trauma, poverty, education, racism and discrimination, employment, access to housing, services and supportive relationships.

[41] 24/7 avoided cost of ambulance, police, fire services, which free emergency workers to respond to situations that require their skills.

Systems and communications can be improved further to achieve incremental gains. However, reducing the population of those living in distress in Edmonton, means achieving longer-term outcomes for those already on the streets as well as reducing the flow of those who would otherwise be entering. This will require investment in dedicated personnel and healthy public policy action to address the social determinants of health and well-being.

3. **Address concerns of business and public organizations, 211 callers, and residents –** This objective had to be given lower priority in order to focus the other two. It is important, and progress is being made on measurement of the outcomes for this group, but documentation will require further development and implementation of evaluation activities. Activities to inform businesses and gaining their support, and to improve the 211 call centre seems to be working. Additional staff time or efficiencies will likely be needed to further evolve effective approaches to working with businesses and organizations, establish and communicate procedures, document outcomes, and utilize the data gained to continually improve practices and policies for sustainable positive impact.[42]

   When considering all objectives, the largest financial (and humanitarian) gains will likely be achieved by reducing the numbers of people living in distress and stemming the flow of people there in the future.

Recommendations by Stakeholder Group:

24/7 CD Team and Delivery Partners

a. Develop a workplan and timeline to address recommendations contained in this report [43]
b. Continue to evolve 24/7 CD strategies and services with Indigenous organizations, including articulating a plan for increased Indigenous engagement[44].
c. Continue to evolve and standardize 24/7 CD policies and practices.[45]
d. Explore human resources needed for info sharing, navigation and supports that would increase community members' chances of moving to greater stability and achieving longer-term outcomes.
e. Continue to refine caller data[46] with 211.
f. Continue to refine referral parameters and related data with service delivery and emergency partners.
g. Continue to clarify criteria and expectations for calls, as well as data gathering with businesses and organizations
h. Continue to improve evaluation – outcome data quality as well as evaluation for continuous improvement.
i. Work with 211 to update their resource directory, especially for Indigenous community members.
j. If/when next conducting another SROI analysis, update indicators, proxies, and discount factors.

[42] Costs include vicarious trauma and compassion fatigue, when persons damage property, businesses, local services, and aesthetics. Businesses lose customers, revenue and staff. Increased costs for staff, security, insurance, repair, or relocation result.

[43] Ideally with stakeholders as soon as possible.

[44] Engagement should at least focus on relationship and feedback, and may extend to partnering.

[45] Service practices differ, making it challenging to expect the same outcomes. Evolved core practices are key to achieving (and documenting) key outcomes in this collective impact enterprise. Also clarify policy on mandate – i.e., who is doing follow-up support?

[46] Includes data gathering tools as outlined, as well as proxies and discount factors for all groups (with Catalyst).

Emergency Service Partners

a. Continue to collaborate with 24/7 CD to address any barriers or uncertainties, and optimize responses.
b. Continue to collaborate with 24/7 CD to continue improving outcome data.

Indigenous-serving Organizations

a. Continue to collaborate with 24/7 CD to build capacities for culturally appropriate strategies and services.

Business & Organization Representatives

a. Work with 24/7 CD to improve strategies and optimize service.[47]
b. Work with 24/7 CD and evaluator to develop methods and survey(s) to improve outcome data gathering.
c. Work with 24/7 CD to ensure adequate resources are available for appropriate responses and follow-up.

Policy/Decision Makers and Funders

a. Determine additional investment needed to improve current 24/7 CD services, strengthening system coordination and integration, and work more seamlessly for the benefit of all stakeholders. 24/7 CD's infrastructure is established[48], effectiveness and efficiency are high, with predictable demand. The program already has a high SROI ratio and experience has shown that increasing resources available[49] yielded high returns.
b. Strategize with provincial governments to invest in 24/7 CD. Health and Justice services are provincially funded and avoid costs because of 24/7 CD's actions.
c. Strategize with 24/7 CD and other relevant stakeholders to create longer-term solutions that will reduce the number of community members currently living on the streets. Longer-term health and well-being outcomes have high value to community members, as well as to emergency responders, residents, businesses and public organizations.
d. Strategize with 24/7 CD and municipal and provincial governments regarding healthy public policies to reduce the number of people entering life on Edmonton's streets in the future. Of the dozens contacted in developing this analysis, almost all emphasized the importance of action to stop and reverse this flow. This will require policies that address root causes upstream – i.e., social determinants of health such as poverty, education, and employment; racism and discrimination; child development and trauma; access to services; supportive relationships; cultural (re)connection; and housing.

[47] I.e., staff, vehicle, supplies, etc. for additional resource. The strategy could differ according to type of business or organization, setting, area of the city, etc.
[48] I.e., leadership, partnerships for service and 211, physical and data infrastructures.
[49] https://ratcreek.org/2023/02/01/helping-edmontonians-in-crisis/

G: Conclusion

The 24/7 Crisis Diversion program is a sound investment. More than $6 in value is returned for every $1 invested. This "outcome-based" analysis is a reliable current estimate of the Social Return on Investment for the 24/7 CD program. Based on 2025 data, many improvements in outcome quantity data, and updated financial proxies and discount factors, it shows that **24/7 CD created over $41M in value[50].** If outcomes were included, we expect that the value would increase by several million dollars.

We have confidence that the SROI ratio is at least 6:1. We applied several strategies to ensure confidence (examples footnoted): excluding values of outcomes for which we do not have quality data[51]; using conservative approaches to establish outcome quantities[52]; using conservative proxy values and discount factors[53]; and rounding totals downward.

It is logical to continue and increase investment in 24/7 CD. The increase in investment from 2023 to 2025 enabled 24/7 CD to keep pace with demand, improve service and generally increase value for community members and emergency service providers. Further investment would likely improve 24/7's reach and efficacy, improve evaluation for measuring outcomes and continuous program and practice improvement.

Invest in achieving longer-term, high-value outcomes to yield high returns. 24/7 CD's mandate does not include follow-up and achieving long term outcomes. However, 24/7 leads could help with segmenting populations and creating strategies to target interventions and track progress. Investment in REACH and its partner organizations could enable improved follow-up on community members touched by the program.

Policy and investment are needed to address upstream factors and social determinants of health that trigger a move to the streets and distress – It makes sense from economic, political and humanitarian perspectives to prevent this negative flow of people, and aspire to eliminate that flow all together. Healthy public policy is key to address social determinants of health and well-being. Other policy action is needed to address loss of services and supports that destabilize individuals and trigger loss of self-sufficiency. Process and outcome evaluation should inform actions to address upstream factors and focus supports to efficiently contribute to health and well-being of individuals and sub-populations. Quality data could help to inform municipal and provincial efforts in healthy public policy that will lead to positive, sustainable change.[54]

Recommendations were articulated by program objective and by stakeholder group. **Catalyst remains available** to discuss any questions and support strategic planning, evaluation and knowledge utilization to inform the program, practices, and related policies.

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[50] It is important to note that quality outcome data for analysis was available only for community members and emergency services (outcomes under Objective 1 and 2). The value 24/7 generated for Objective 3 stakeholders (businesses and public organizations, 211 callers, and residents) was not included due to insufficient data for outcome-based analysis.

[51] E.g., Objective 3 stakeholders' outcomes forecast to have value of several million dollars, as described above.

[52] E.g., avoiding death due to drug overdose

[53] E.g., In the section on "Results" – An asterisk identifies community member outcomes with very high attribution to others.

[54] Healthy public policy includes addressing the following: early childhood development; trauma in childhood (ACEs); poverty, education, and employment; racism and discrimination; access to supportive services and relationships; and housing. Consider the TRC Calls to Action in this determination.

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Appendix 1: 24/7 CD Process Improvements (2023-2025)

2023 (Year 1) – Emphasis: Foundation Building and Process Alignment

- **Training and Capacity Building:** Developed the *Tip of the Spear* training to strengthen front-line skills and reinforce a unified program identity.
- **Technology and Data:** Introduced a new PowerApp to streamline reporting and data entry; began geo-location development to improve response tracking.
- **Collaborative Engagement:** Expanded steering committee membership to include business representatives, Native Counselling Services of Alberta, and EPS; conducted numerous *ride-alongs* with City and partner organizations (e.g., City of Edmonton, REACH Board, Catholic Social Services).
- **Evaluation Integration:** Updated the program's Theory of Change; clarified key outcomes, indicators, and deliverables; refined datasets (e.g., separated EPS and EMS responses) for performance tracking; developed improved survey questions for community members and businesses.
- **Policy and Communications Development:** Major policy drafting to prepare for 2024 process changes undertaken, supported by new training materials. This included updates to key internal and external communication messages (e.g., 211 consultations) to ensure quality and consistency of delivery.
- **Partnerships and Pilots:** Initiated discussions for the EPS/211 pilot project to enhance coordination and referral pathways.

2024 (Year 2) – Emphasis: Policy Implementation and Front-Line Empowerment

- **Major Policy Rollout (January–February 2024):** Introduced comprehensive new procedures including call dispatching, CRS–MT consultation processes, priority levels, exposure risk, ETA tracking, call-backs, and follow-up standards.
- **Policy Refinement and Expansion:** Continuous updates throughout the year to reflect front-line feedback; additional policies developed around call type priorities, definitions, and CDT App functions. The *process change working group* of front-line staff played a key role in shaping these updates to ensure they reflected real operational challenges and practices.
- **Technology and Process Integration:** Launched the 211 App to streamline dispatch and reduce redundant call consultations; implemented a structured *feedback form* for front-line staff, enabling regular system improvements.
- **Operational Enhancements:** Added two additional shifts to increase capacity; introduced a *winter team* to address seasonal call volume surges.
- **Collaborative Development & Knowledge Sharing:** Hosted CELS sessions, ride-alongs (with evaluator, MacEwan partners, NCSA, City of Halifax, others).
- **Collective Training:** Hosted a staff retreat focused on collective care, human trafficking, and connection, and shared training to support resilience and mental well-being.[55]
- **Policy Expansion (December 2024):** Rolled out new policies including Wellness Checks, Transportation Calls, Repeat/Familiar Faces, Multiple People Calls, Weapons, Internal Communication, Pet Transport, and Rogers Place Special Events.

[55] Key resources was *The Working Mind for First Responders*.

2025 (Year 3) – Emphasis: Refinement, Standardization, and Strategic Planning

- **Policy Updates (May 2025):** Refined multiple areas—dispatch acceptance, ETA protocols, follow-up expectations, and trauma-informed approaches. Expanded coverage of Wellness Checks, Relocation Requests, Domestic Violence, Suicide Calls, Transportation, and Special Events.
- **New Policy Rollouts:** Introduced policies on Consent, No Signs of Life, and Trauma-Informed Disclosures and Information Sharing, ensuring legal and ethical consistency.
- **Dispatcher Role Development:** This role was developed in response to ongoing service demands and executive leadership's commitment to reducing wait times. Senior management created the job description, defined key responsibilities and tasks, and identified required app functions to support real-time coordination between 211 and Mobile Teams. This role should enhance overall efficiency, improve call prioritization, and enable oversight of field deployment. Official launch in **Summer 2026**.
- **Leadership Engagement:** Hosted visioning and commitment workshops to align long-term strategic direction and planning.
- **Continuous Process Improvement:** Updated feedback form process and maintained regular review cycles to ensure issues were promptly addressed.
- **Partnership and Visibility:** Continued ride-alongs (City of Edmonton managers, PALCares, and other municipal partners; knowledge exchange with the City of Halifax and Strathcona County).
- **Strategic Planning for Winter:** For additional teams with targeted hours to relieve service pressure.
- **Partnerships and Pilots:** Launched enhanced coordination with EPS/211 pilot project and two Community Resource Specialists (working out of the 911 ECOMBS location) [56]

[56] This created opportunities for sharing learning, real-time collaboration, informed decision-making about most appropriate responses in situations where an emergency response may be required.