Working Together To Improve Services for Those Experiencing Mental Health Crisis: Mobile Crisis Rapid Response Team (MCRRT)

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St. Joseph's Healthcare Hamilton (SJHH) is a leading academic, multi-site hospital that provides ambulatory, acute & mental health care to patients in the Hamilton region & Hamilton, Niagara, Haldimand-Norfolk, Brant Local Health Integration Network (HNHB LHIN), population 1.4 million.

- 715 Beds (370 Mental Health)
- 277,412 inpatient days
- 110,130 ED visits (13% Mental Health related)
- COAST Hamilton Program is the founding program for all COAST Programs

The Hamilton Police Service (HPS) is one of the oldest Police Service in the Country and serves an extensive demographic & geographical area. HPS:

- Provides services to 550,000 residents
- Employs approximately 1,100 people, (800 sworn and 300 members)
- Responds to approximately 80,000 calls-for-service

1997: Crisis Outreach and Support Team

COAST
CRISIS OUTREACH and SUPPORT TEAM
a program of
St. Joseph's Healthcare Hamilton
Hamilton Crisis Line 24 hours - 905-972-8338

- Plain-clothed officer + MH Professional with an unmarked police car
- 24/7 crisis line
- Child/Youth team, Adult team & Dementia team (BSO)

2014 by the Numbers:

5916	Requests for Service
13,782	Telephone Calls
1,268	Community Assessments
261	Taken to Hospital via COAST

2006: Crisis Intervention Team

- 40-hour mental health training program for frontline police officers
- Focus is on de-escalation techniques and connecting with community resources
- Course provided by mental health professionals, family members and those with lived experience
- CIT officers act as relief for COAST officers
- 272 CIT-trained Hamilton Police Service officers

2013: Mobile Crisis Rapid Response Team

What is MCRRT?

- **First Responder**: pairs MH professionals with uniformed officer for 911 response
- **Funded**: **MH Professional by HNHB LHIN & Police by HPS**
- **Began**: **November 2013, for Division 1**
- **One team Monday to Friday 10am to 10pm**
- **Initial Outcomes**: 228 calls in **16 weeks**

"This is about actions and deliverables, about enhancing our service to people in crisis and about leading a coordinated strategy designed to help people who are most in need"

Chief Glenn De Caire

Media release September 5, 2014

Why MCRRT?

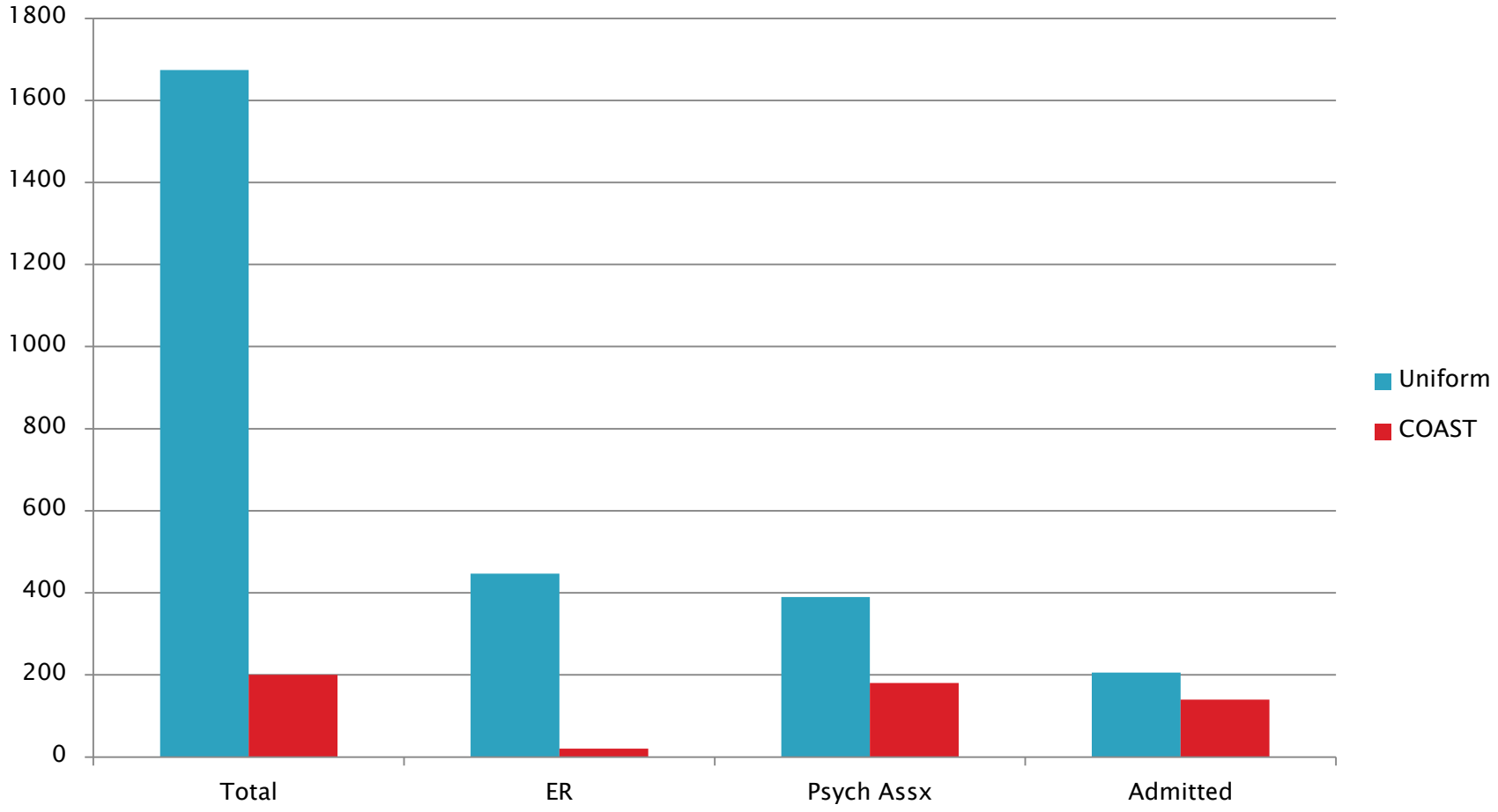
- Evidence that both CIT trained police & COAST type models reduce unnecessary apprehensions and improve access to service…but
  - It's difficult to know precisely how much and what type of training police require for 911 response
  - Lots of time is still spent waiting in ED
  - lack of training for police and members of the criminal and legal system: police are 'gatekeepers'
- Individuals in crisis prefer a "ride along" model


NO ENTRY

The Hamilton Situation

- In 2012,1674 PIC were taken to St. Joe's under Section 17 of MHA by uniformed officers
- 894 (53%) were seen in ER only/discharged
- 780 (47%) were assessed by psychiatry
- Of the 1674, 412 (25%) were admitted to psychiatry
- In 2012, COAST responded to 5000 request for service
- 200 from COAST were taken to ER
- 20 (10%) seen in ER only/discharged
- 180 (90%) were assessed by psychiatry
- 70%) were admitted
- Question is, if MHW attached to uniformed officer responding to 911would this be a better response in terms of Health, Client Satisfaction, Cost?

People Taken to Hospital (2012)



The Challenge!

- Could we reduce the apprehension rates to hospital?
- Reduce the rates of psychiatric emergency services assessments?
- Ensure the proportion of individuals admitted to inpatient psychiatry were where they should be?
- Can we reduce the total police wait-times in the ER?
- With the overall goal of improved healthcare, client experience, and be more cost efficient?

2013 Proposal

- Two MHW working 10am to 10pm Monday – Friday, with uniformed officers responding to 911 MH calls for Division 1 (Downtown Core)
- Track Diversion
- Connect more clients to community support
- Reduce wait times for Officers
- Help Police with De-escalation skills
- Support officers in assessing mental health and addiction and to utilize CIT Skills.

Outcomes after 1st year

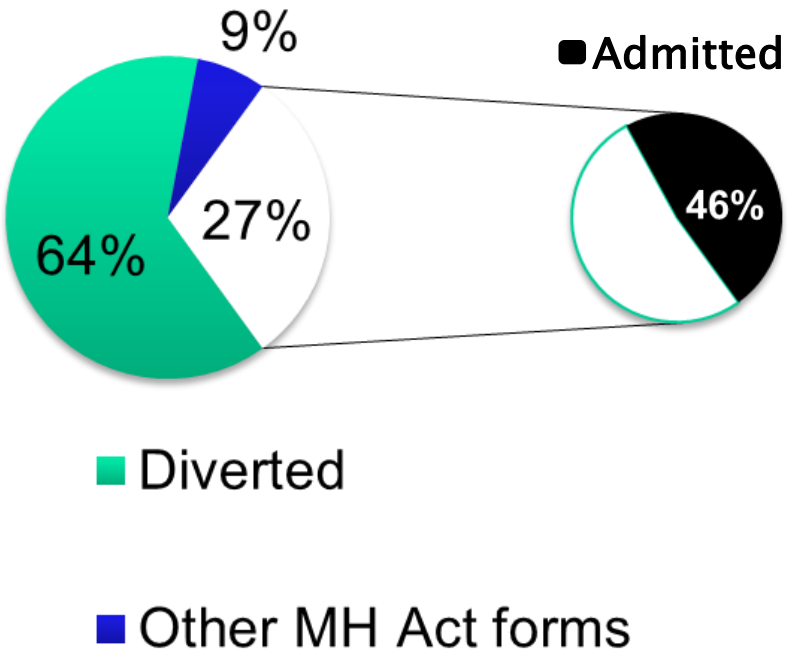
- An informal survey was completed by 78 officers attending calls with MCRRT.
- Officers were asked during the MCRRT experience, if MCRRT staff not present, would you have apprehended?
- MCRRT did apprehend/Uniform would have = 23 (30%)
- MCRRT did not apprehend/Uniform would have = 32 (40%)
- MCRRT did not apprehend/Uniform would not = 23 (30%)
- The survey demonstrates the value of the MCRRT MHW providing a rapid mental health assessment in the field

Proof of Concept MCRRT

- Responded to 997 individuals (16 months) Nov.25 2013 – March 31/15
- Reduction in individuals brought into ED (from 827 prior to MCRRT in Division 1 to 259)
- Represents less individuals apprehended under the MHA
- Seen in ER only 51 (19.7%)
- Assessed by Psychiatrist 43 (16.6%)
- Admitted to Psychiatry 113 (43.6%)
- 48 apprehended youth taken to McMaster Children's Hospital
- Of remaining 690 individuals, 600 were diverted, many connected to other services or reconnected to services.
- 90 were apprehended under the strength of the MHA (Form 1,9 & 47)
- From Police perspective MCRRT outcome represents an 85% reduction in hours spent in the ED
- 92% of the officers screened felt the MCRRT response was very effective and beneficial for police.

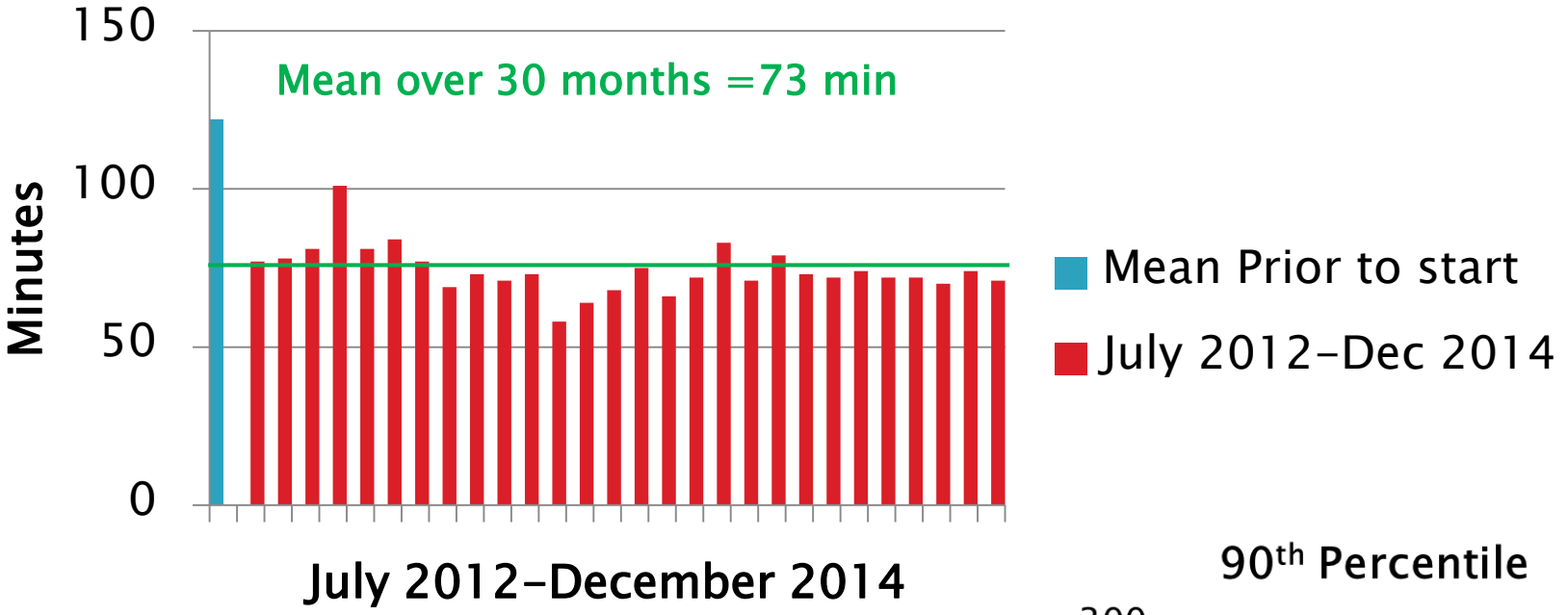
MCRRT Outcomes:

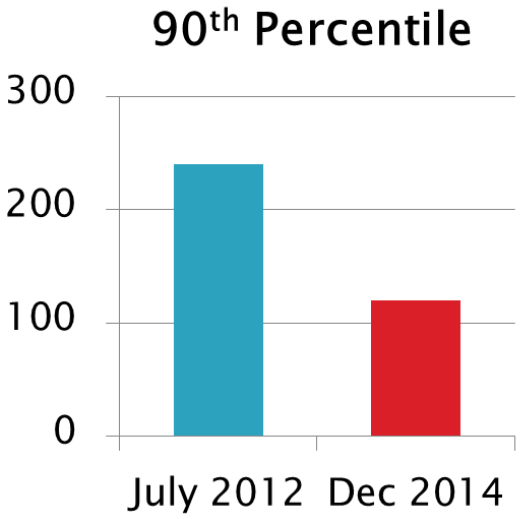
Nov. 25, 2013–March 31, 2015



- **997** contacts
- **49.5% reduction** of individuals who would normally have been brought to ED with uniform response only.
- **21% more** individuals brought by MCRRT are admitted, than those brought by uniform alone.

2012: Police SJHH ED Wait reduction





A 12-month Comparison of Police-Only vs. MCRRT Outcomes for Hospital Apprehensions & Visits

UNIT	Apprehended to Hospital (n)	ED-only assessment‡ (n, %)	PES Assessment (n, %)	Proportion of PES-individuals admitted to Inpatient Psychiatry (n, %)
Police-Only (HPS city-wide response)	1339	709 (53%)	630 (47%)	158 (25%)
Police-Only (HPS Division 1 response)	661	351 (53%)	310 (47%)	78 (25%)
MCRRT	336*	67 (20%)	269 (80%)	145 (54%)

HPS: Hamilton Police Services

MCRRT: Mobile Crisis Rapid Response Team

ED: Emergency Department

PES: Psychiatric Emergency Services

* represents all MCRRT contacts November 26, 2013-December 2014, Monday-Friday X 10 hours per week

† Represents 12 month MCRRT data (November 26, 2013-November 28, 2014) as compared to 12 month historical HPS city-wide & HPS Division-1 data (2012-2013).

‡ Refers to individuals discharged by the emergency room and not referred to PES for assessment by a psychiatrist

ED Waits: MCRRT vs. Police As Usual

Unit	Officers Required (n)	Apprehension Rate (%)	Individuals Apprehended (n)	Average Time in ED (min)	Total Time in ED (hrs)
Police-Only	2	75.4‡	752‡	150*	1880
MCRRT	1	25.9	259	60	259

= 85% reduction

HPS: Hamilton Police Services

MCRRT: Mobile Crisis Rapid Response Team

ED: Emergency Department

† Analysis of cases from November 2013-March 2015 (n=997)

‡ Police reported figure (police participants asked to determine whether crisis case would have resulted in an apprehension if police-only response)

*2 officers x 75 minutes (upper range limit of typical monthly performance)

Expansion: Hamilton HPS/St. Joe's Model

- Hamilton MCRRT Program is the Standard Model across the LHIN
- 2 teams city wide
  - MCRRT1: 10am – 10pm
  - MCRRT2: 1pm – 1am
- Senior MHW Leadership Role
- CIT Coordinator for LHIN
- CIT Support Staff

CBC | Hamilton

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Hamilton police send mental health pros to the front lines with cops

'Some people respond better to the mental health worker, and some to the officer'

By Kelly Bennett, CBC News Posted: Apr 08, 2015 5:45 AM ET | Last Updated: Apr 08, 2015 5:45 AM ET

St. Joe's mental health worker Sarah Burtenshaw sits with Steve Holmes, acting sergeant coordinating the Hamilton Police

Replication: Across the LHIN

- Niagara: Partnership between CMHA Niagara and Niagara Regional Police
- MCRRT in St. Catharine's 6pm to 1am, 7 days/week

- Norfolk: Partnership between Community Addiction and Mental Health Services of Haldimand Norfolk and Norfolk OPP
- MCRRT in Norfolk 0730am to 6pm 7 days/week

- Brantford: Partnership between St. Leonard's and Brantford Regional Police
- MCRRT in Brantford 0900am to 2300hrs 5 days/week

- Halton: Partnership between St. Joseph in Hamilton and Halton Regional Police
- 2 MCRRT's same hours as Hamilton.

Evaluation/Refinement:

1. Person in crisis' experience when "diverted"
   - Better outcomes, better value & better experience
   - Qualitative & quantitative review
   - Identify gaps/disconnects in services

2. Threshold criteria to be called "MCRRT"
   - Core elements & fidelity
   - Standardization of outcome measures

Key Elements for Success:

1. Integrating Team Members:
   - Shared daily debrief for both police & health.
   - The ability to access and share both police and health information when necessary.
2. Training Mental Health Professionals:
   - MH professionals need experience + education + specific training
   - Safety training for MH professionals including use of force and safety equipment
   - Police lead response on the scene & there is a clear
3. Training Uniformed Officers:
   - Police officers must be CIT trained
4. Availability of an ED/Emergency Psychiatric Service as a partner in the process
5. Leadership **&** Front-Line buy-in is essential

Results

- In the first year of operation, MCRRT resulted in a 49% reduction in apprehension rates to hospital
- Of those taken to hospital, only 20% of patients were discharged without a PES assessment as compared to 53% in the police-only model
- Of the remaining 80%, 54% required admission, resulting in a 29% increased admission rate as compared to the police-only model.
- Average police wait times in ED were consistently shorter than police-only response.

Conclusions

- MCRRT presents one of the first ride-along models that includes, mental health professionals as first responders.
- MCRRT reduces the burden on ED and Acute mental health services, while ensuring that the level of care is accessible to those who require it most.
- MCRRT demonstrates cost and time savings for hospital and police staff.

Questions & Discussion

http://canadaam.ctvnews.ca/video?playlistId=1.2324151

https://youtu.be/TuVnzFEJ_SY
"Voices in the Community" (HNHB LHIN)