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

Jodi Younger, Clinical Director, SJHH
Objectives

1. Collaboration Background – setting the stage:
   i. Crisis Outreach and Support Team (secondary responder team)
   ii. Crisis intervention training
   iii. Improved coordination of hand over for individuals brought to the emergency department ("police wait time reduction")
   iv. Mobile Crisis Rapid Response Team (MCRRT, first responder team)

2. Mobile Crisis Rapid Response Team:
   i. Model
   ii. Year 1 – lessons learned
   iii. Outcomes (November 2013 – present)

3. Next steps: future program implementation and directions.
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)

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
<table>
<thead>
<tr>
<th>COAST 1997</th>
<th>CIT 2006</th>
<th>MCRRT 2013</th>
<th>Uniformed Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Outreach and Support Team</td>
<td>Crisis Intervention Team</td>
<td>Mobile Crisis Rapid Response Team</td>
<td></td>
</tr>
<tr>
<td>Mental health team with plain-clothed officer in a plain car</td>
<td>Uniformed officer with 40 hours of mental health training</td>
<td>Uniformed officer + Mental Health Worker in a cruiser</td>
<td></td>
</tr>
<tr>
<td>24/7 crisis line</td>
<td>24/7</td>
<td>Mobile response between 10:00 and 01:00 hours</td>
<td>24/7</td>
</tr>
<tr>
<td>Mobiles between 09:00 &amp; midnight</td>
<td>24/7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08:00 – 20:00</td>
<td>24/7</td>
<td>10:00 – 22:00, 13:00 – 01:00</td>
<td>24/7</td>
</tr>
<tr>
<td>12:00 – 00:00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respond to entire City of Hamilton</td>
<td>All divisions</td>
<td>Team 1: Div1, Team 2: Div 2 &amp; 3</td>
<td>All divisions</td>
</tr>
<tr>
<td>MHW + 60% police salary LHIN</td>
<td>Training paid for by LHIN</td>
<td>MHW paid by LHIN</td>
<td>Hamilton Police Services</td>
</tr>
<tr>
<td>Office in community</td>
<td></td>
<td>Office in Central Station</td>
<td></td>
</tr>
</tbody>
</table>
1997: Crisis Outreach and Support Team

- Plain-clothed officer + MH worker 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
2012: ED/Police Transfer of Care Protocol

- Joint plan to address police wait times in the ED
  average = 122 min 90th%ile = 240 min
- Reviewed “arrives with police” process
- Addressed Form 1 issue: legal opinion obtained
- Officer rates the risk of the individual & with nurse sign the form confirming transfer of care
  Low risk = leave  Med risk = discuss  Hi risk = stay
- Officer returns to the hospital if needed
- Reduces Stigma & criminalization of MH
  ○ 67% = low risk 23% = medium risk
Wait Time Outcomes

Overall Mean = 73 min

Mean Prior to start

July 2012–Dec 2014

90th Percentile

July 2012  Dec 2014
**Why MCRRT?**

Factors that relate to criminalization of mental illness:

- lack of sufficient community support
- lack of sufficient housing and income
- lack of training for police and members of the criminal and legal system: police are ‘gatekeepers’
- failure to provide mental health assessments and treatments in a timely manner


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
- Individuals with lived experience prefer a “ride along” model


Mobile Crisis Rapid Response - Voices in the Community

Published on May 12, 2015

Insp. Glenn Bullock of the Hamilton Police Service talks about how, in partnership with St. Joseph's Healthcare Hamilton, the Mobile Crisis Rapid Response Team is making a difference for those with Mental Health and Addiction issues.

https://youtu.be/TuVnzFEJ_SY

“Voices in the Community”
(HNHB LHIN)
2013: Mobile Crisis Rapid Response Team

What is MCRRT?

- **First Responder**: pairs MH worker with uniformed officer for 911 response
- **Funded**: MH worker by HNHB LHIN & Police by HPS
- **Began**: November 2013, for Division 1
- **Initial Goal**: 250 calls annually
- **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
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.
Table 1: Hospital Contact Info between Police alone (2012 data) and MCRRT (Nov 2013-July 2014) for comparable 8 month period

<table>
<thead>
<tr>
<th>UNIT</th>
<th>People Apprehended to Hospital</th>
<th>Seen in ER only</th>
<th>Assessed by Psychiatric Emergency Services</th>
<th>Admitted to Inpatient Psychiatry</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPS Wide Uniformed Officers</td>
<td>1339</td>
<td>709 (53%)</td>
<td>630 (47%)</td>
<td>158 (25%)</td>
</tr>
<tr>
<td>Division 1 only Uniformed Officers</td>
<td>661</td>
<td>351 (53%)</td>
<td>310 (47%)</td>
<td>78 (25%)</td>
</tr>
<tr>
<td>MCRRT</td>
<td>259*</td>
<td>52 (20%)</td>
<td>207 (80%)</td>
<td>113 (54%)</td>
</tr>
</tbody>
</table>

* represents all MCRRT contacts during proof of concept trial, Monday-Friday X 10 hours per week, Division 1 only for 8 month snapshot.
## ED Waits: MCRRT vs. Police As Usual

<table>
<thead>
<tr>
<th>Unit</th>
<th>Officers Required</th>
<th># Individual Seen</th>
<th>Apprehen Rate</th>
<th># Indiv Apprehen</th>
<th>Average time at Hospital (min)</th>
<th>Total Hours at Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniform Officer</td>
<td>2</td>
<td>997</td>
<td>75.4</td>
<td>752</td>
<td>150*</td>
<td>1,880 hrs</td>
</tr>
<tr>
<td>MCRRT</td>
<td>1</td>
<td>997</td>
<td>25.9</td>
<td>259</td>
<td>60**</td>
<td>259 hrs</td>
</tr>
</tbody>
</table>

*2 officers X 75 min average wait time
**MCRRT average wait time = 60 min

= 85% reduction in police hours in ED
What’s New:

• **Expansion:** 2 teams 10:00–1:00 coverage, city wide (April 2015)
• **Replication:** Niagara, Norfolk, Brantford & Halton
• **Refinement:** Evaluate & Improve

First of its kind project is expanding in Hamilton

Hamilton police are expanding the service’s innovative program aimed at dealing with those who are involved in a mental health situation to seven days a week.

As of Sunday, all such 9-1-1 calls to the Mobile Crisis Rapid Response Team (MC3RT) will be responded to by a mental health worker from St. Joseph’s Health Centre as well as a police officer.

And the program’s hours of operation will be expanded to 10am until 1am, seven days a week, across the city.
Evaluation:

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
Questions & Discussion

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