Two Years of IMPACT:

Canadian Mental Health Association Thunder Bay Report on Community Crisis Response Partnership with Thunder Bay Police Service

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THUNDER BAY POLICE SERVICE
TO SERVE AND PROTECT

Thunder Bay Regional Health Sciences Centre

01 Overview

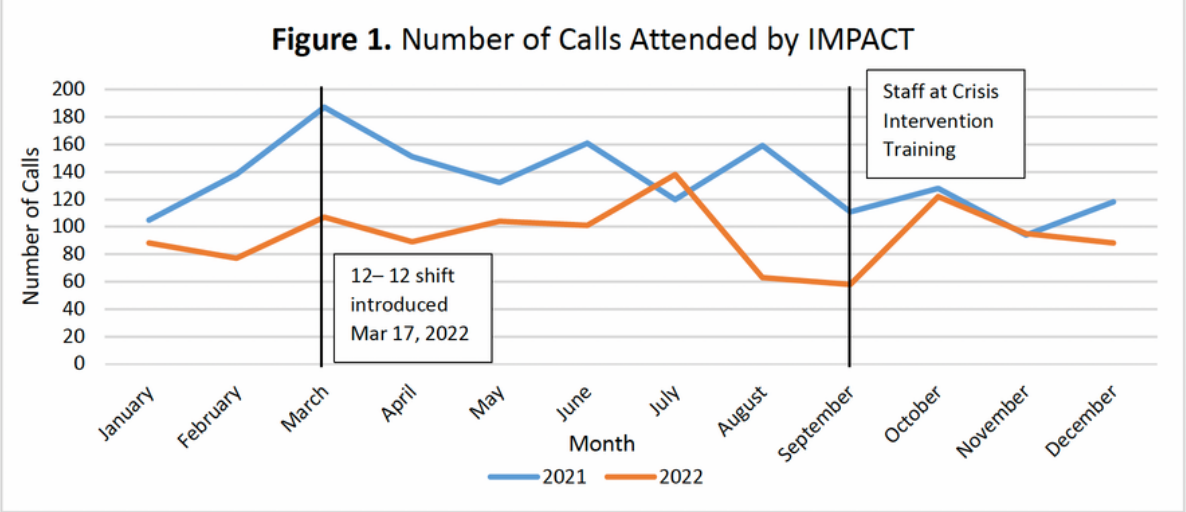
The Canadian Mental Health Association Thunder Bay (CMHA-TB), Thunder Bay Police Service (TBPS), and the Thunder Bay Regional Health Sciences Centre (TBRHSC) received funding from the North West – Local Health Integration Network (NW-LHIN) to expand and enhance crisis services in Thunder Bay by implementing a new service model called **Integrated Mobile Police Assessment Crisis Team (IMPACT)**.

THE GOAL OF THE IMPACT PROGRAM IS TO ASSIST INDIVIDUALS EXPERIENCING MENTAL HEALTH CRISES.

The IMPACT model consists of dedicated teams of police and mental health workers who respond together in police vehicles to mental health crises identified through police dispatch or CMHA-TB mobile crisis teams (essentially the service formerly known as Joint-Mobile Crisis Response, or JMCR. The goal of the IMPACT program is to assist individuals experiencing mental health crises and direct them to the most appropriate services, including community supports, thereby resulting in diversions from restrictive and costly services such as hospital emergency department (ED) and/or jail. The IMPACT service launched in Thunder Bay on January 1, 2021. It began with one police-CMHA worker team on the road, 24 hours, seven days per week, and transitioned to a full complement of four full-time mental health workers and a rotation of specially trained police staff.

On March 17, 2022, a second shift running from 12 pm to 12 am was added to the service. This shift was funded by a community safety project grant through the government of Ontario, based on call volumes. The purpose of this brief report is to summarize CMHA-TB data describing the amount and type of services provided by the IMPACT program during its Year 2 operation overall in comparison to the services provided in Year 1.

Findings 02



Note: Month calculations are approximate (e.g., February 1st – 28th). Month calculations were based on a 4- or 5-week period as per the available data, which may include a few dates from other months.

Service Delivery

In Year 2, IMPACT attended a total of 1,130 calls for service, 720 (64%) of which were mental health calls to police. This represents a 30% decline in total calls from Year 1. In Year 1, IMPACT received a total of 1,604 calls for service, 826 (51%) of which were mental health calls to police. Thus, while the number of calls that IMPACT attended in Year 2 was reduced, the total proportion of mental health calls attended was greater in Year 2, suggesting that as the program is evolving and becomes better known, the team may receive more appropriate calls for service. Since its inception, IMPACT has attended 2,734 total calls.

The frequency of calls for IMPACT service changed from month to month (Figure 1). In Year 2, IMPACT responded to 95 calls per month on average, with the highest frequency of calls in July 2022 (n = 138) and the lowest frequency of calls in September 2022 (n = 58). When looking at the frequency of call attendance across months for both years of the program, no clear trends in service demand emerge. Note that the number of service calls attended is affected by service capacity (e.g., staffing, shifts covered). Specifically, these data do not capture mental health calls to 911 or CMHA that were not serviced by IMPACT because the team was not available.

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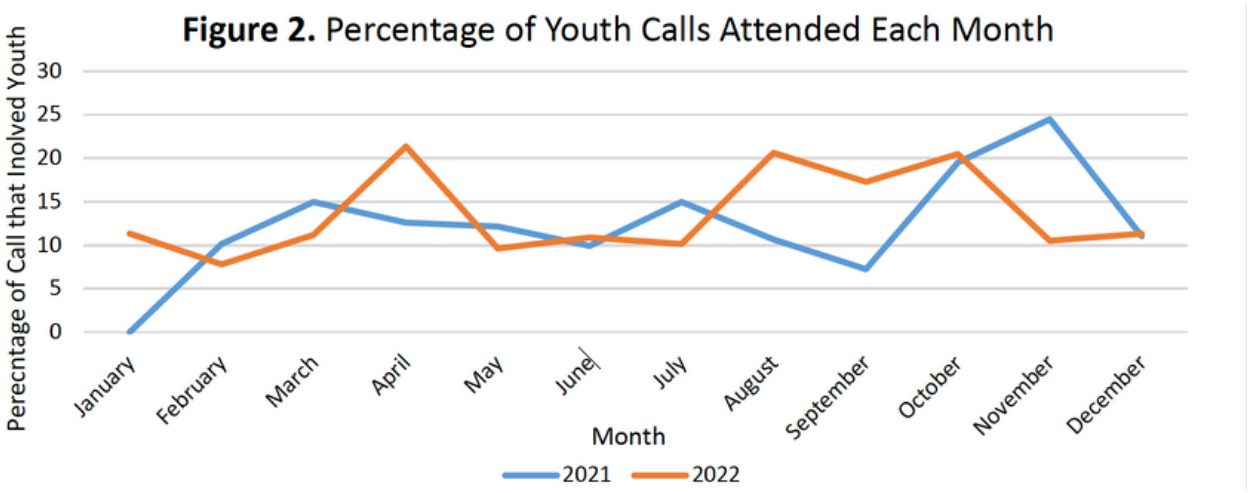
Youth Served

Approximately 13% of Year 2 calls (n =150) that IMPACT responded to involved youth (e.g., individuals under the age of 18). This is consistent with findings from Year 1, in which 12% of calls (n = 197) were for persons under 18 years of age. The number of IMPACT responses to youth calls fluctuated from month to month, with the highest frequency of youth calls in October 2022 (n = 25) and the lowest frequency of calls in February 2022 (n = 6) (Figure 2).



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04 Findings Continued

ED and Jail Diversions

Figure 3 shows the number of IMPACT clients who presented to the TBRHSC ED or who were remanded to jail, as compared to other dispositions. Approximately 30% (n =335) of IMPACT service calls resulted in presentations to ED [range: n = 15 (August and September 2022, respectively) to n = 49 (July 2022)], and 3% (n = 32) were taken to jail [range: n = 0 (April 2022) to n = 14 (November 2022)].

These data are consistent with Year 1, where 30% of callers presented to ED and 3% were taken to jail. In Year 2, 64% of IMPACT service users remained in the community. Comparable community disposition data were not available in Year 1. Of the 1,130 calls attended in Year 2, 617 calls (55%) were classified as ED diversions, which is a success for the IMPACT program overall.

How do we explain the increased rates of ED diversions in Year 2? One possible explanation is that the IMPACT program is improving its capacity for crisis de-escalation and diversion from the ED and jail. Another consideration is that community services (i.e., alternative service options) in Year 2 were more accessible than in Year 1 when COVID-19 service restrictions were widespread. A total of 36 (3%) IMPACT user dispositions were unknown in Year 2, whereas 191 (12%) dispositions were unknown in Year 1. This shows an improvement in IMPACT program data collection and follow-up, which was an area for improvement noted in the Year 1 report.

05 Findings Continued

Additional Client Dispositions

To inform community service planning, we present more detailed information about IMPACT client dispositions including connections to specific programs and services through IMPACT, besides ED and jail. Client dispositions presented here are limited to those made at the time of service delivery and do not include client follow throughs on referrals made by IMPACT after the team departs. Table 1 shows that the most common dispositions were: care of self, with or without family, ED (voluntary or apprehended), or medical EMS.

	Year 1		Year 2		Change
Disposition	**n**	**%**	**n**	**%**	
COS w/ Family	353	22	272	24	+2%
COS	193	12	218	19	+7%
ED Apprehended	340	21	222	20	-1%
ED Consenting	127	8	113	10	+2%
ED Consent Unknown	47	3	0	0	-3%
Medical EMS	68	4	53	5	+1%
Other	23	1	35	3	+2%
Jail/ Police	45	3	32	3	0%
Unknown	191	11	34	3	-8%
Unable to Locate	34	2	27	2	0%
Community Service	21	1	15	1	0%
Safe Bed	13	1	9	1	0%
Shelter	20	1	9	1	0%
Call Cancel	<5	<1	5	<1	0%
Detox	<5	<1	<5	<1	0%
InPatient	6	<1	<5	<1	0%
OutPatient	0	0	1	<1	0%
RAAM	0	0	0	0	0%
Total (*n*)	1,604		1,130		

Table 1. IMPACT User Dispositions in Year 1 and Year 2

Note:
a) Data approximate – some inconsistencies detected in reporting dispositions.

Abbreviations:
COS – Care of Self,
ED – Emergency Department,
EMS – Emergency Medical Service, RAAM - Rapid Access to Addiction Medicine.

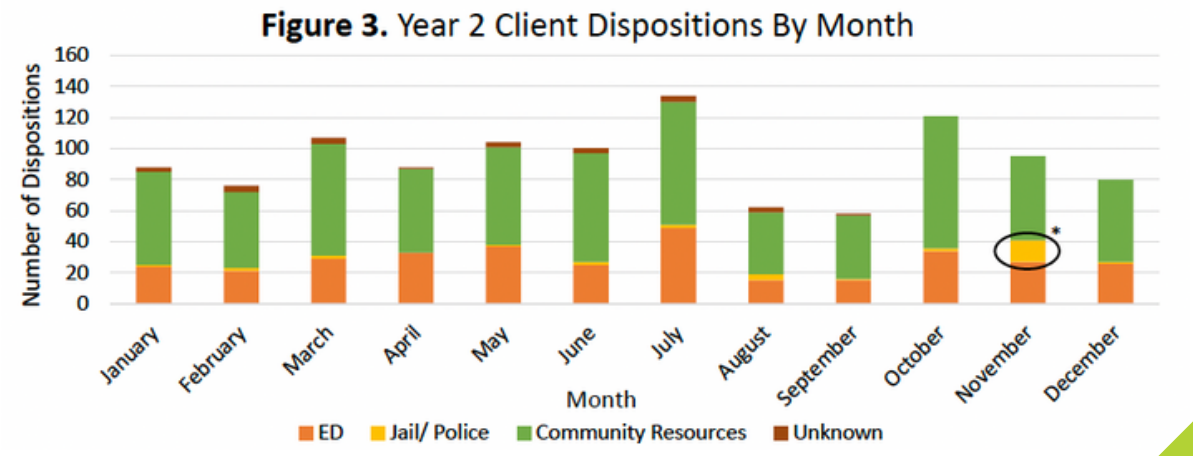
Findings 06

Referrals Made by IMPACT Team

As per recommendations of the Year 1 report, staff began to record follow-ups and referrals made outside of referral service hours on June 5, 2022. Between June 2022 and December 2022, 303 follow-up contacts with service users were made. 236 referrals were captured during this period, with the most common referral being to the CMHA Crisis Phone Line (n = 118; 50%). Other referrals were made to hospital (n = 63; 27%), CMHA mobile crisis team (n = 23; 10%), counselling services (n = 15; 6%), withdrawal management (n = 6; 3%), and addiction services (n = 5; 3%). Fewer than 5 referrals were made to child and youth mental health services and family physician/walk-in clinics.

Since its inception in March 2022, the 12 pm – 12 am shift responded to 185 calls, which equated to 20% of calls served during the weeks that this shift was operating). Staffing issues, including hiring and weekslong gaps in coverage, likely affected this shift's total productivity.

Figure 3. Year 2 Client Dispositions By Month



Note: Month calculations are approximate (e.g., February 1 – 28). Month calculations were based on a 4 or 5 week period as per the available data, which may include a few dates from other months.
*14 jail dispositions (45%) occurred in November.

07 Considerations

Demand for IMPACT services in Year 2 were likely affected by the loosening of COVID-19 restrictions and broader availability of other services. Thus, differences in call numbers between Year 1 and Year 2 should be interpreted with consideration of historical and environmental factors outside of the program's control. Year-over-year
comparisons may become more meaningful post-COVID-19 and when the program has established a longer history of regular service.

Community use of IMPACT services was affected by staff availability. In Year 2, there were four full-time staff who worked the regular shifts and one staff member who consistently worked the 12pm -12am shift. Staff absence, vacation, and training affected the ability for the IMPACT program to operate. Skilled mental health workforce issues are endemic in Ontario and especially in the North, and this issue was not specific to the IMPACT program.

Lastly, the statements made in this report are based on descriptive analysis and should therefore be considered preliminary.

08 Future Challenges

Future challenges for the IMPACT program and the larger community include creating improved connections to substance and addictions services. Few (1%) IMPACT clients were connected with substance and addictions services, likely reflecting the dearth of service options and/or accessibility issues with existing local options for care as opposed to the extent of need.

Furthermore, the IMPACT program may wish to alter data collection procedures to improve how calls are captured in the future. For example:

- IMPACT may consider recording dispositions for mental health and non-mental health calls separately. This can aid in understanding the appropriateness of client dispositions.
- Staff may also consider recording youth dispositions separately. This may aid in understanding the specific needs of each population.
- Administrators may consider recording the number of IMPACT staff hours worked each week. This can aid in more accurate assessments of service availability and team productivity.
- Administrators may consider tracking staff and client-reported metrics such as staff perceptions of client outcomes and job satisfaction, and client satisfaction to help improve the program and retain staff.
- Data from program partners (TBPS and TBRHSC) has the potential to inform analyses of additional benefits (e.g., reduced police time spent on mental health calls) and cost savings associated with the IMPACT program.

09 Summary

In 2022, the IMPACT program responded to 1,130 calls for service. While this number is less than the number of calls attended in 2021, the proportion of mental health calls attended was greater (2021: 51%; 2022: 64%). Moreover, 64% of service users were able to remain in the community, rather than attending costly services, such as jail or ED.

64% OF SERVICE USERS WERE ABLE TO REMAIN IN THE COMMUNITY, RATHER THAN ATTENDING COSTLY SERVICES, SUCH AS JAIL OR ED.

Thus, the continued operation of the IMPACT program has the capacity to improve mental health crises response in Thunder Bay.

Improvements in match between mental health calls and service and increased community-based dispositions may suggest that IMPACT is becoming more known, getting more appropriate referrals, and subsequently facilitating better client dispositions. This process is evidence of a 'learning' mental health system, in which data is routinely used to enhance program performance and improve care.

Thank you

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