

CITY OF TORONTO MCIT PROGRAM

Presenters:

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Funding support from the
Toronto Central LHIN



Objectives



- Introduce existing models for police-mental health co-response to mental health crises in the community.
- Learn about the process of developing and coordinating Toronto's Mobile Crisis Intervention Teams (MCITs).
- Review findings on MCIT's operation and client experiences.



Overview of Existing Models



Models of Crisis Intervention



Response by
specialized police
officer

Police response, in
consultation with
mental health
professionals

Response by both
police and mental
health
professionals, in
partnership

Response by
mental health
professionals

Peer response team



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About the MCIT Program



- Provides a community crisis response to individuals who are experiencing a mental health crisis.
- Partners a mental health nurse (RN) and a police officer specially trained in crisis intervention.



Development of the MCIT Program



Building a Program



- First MCIT implemented at St. Michael's Hospital in 2000
- By 2010, 4 hospitals in Toronto had MCIT
- Individual programs



October 2012

- Toronto Central LHIN (Local Health Integration Network) established MCIT Coordination Steering Committee
- Co-chaired by Toronto Police Services Deputy Chief Mike Federico and Toronto East General CEO Rob Devitt



MCIT Program Development



- Project scoping
- Current state
- Gap analysis
- Logic model
- Recommendations
- TEGH MCIT

- NYGH MCIT
- Protocol standardization
- Annual training program
- CRICH Implementation Evaluation
- City of Toronto MCIT model

- Data collection tools
- Program dashboard & monitoring
- Program expansion
- Standardization of protocols and ongoing training
- CRICH Outcome evaluation

- Program dashboard & outcomes monitoring
- Standardization of practices through design of orientation manual
- Continued to refine training for teams
- Linkages to follow-up services
- Expansion evaluation

Toronto Police Service
Community crisis stakeholders
EMS
CAMH
Partner Hospitals
TC, C & CE LHIN representatives

Toronto Police Service & Partner Hospitals
Centre for Research on Inner City Health
TC LHIN
Engagement of stakeholders on ad hoc basis

Implementation Structure



City of Toronto MCIT Program Coordination Steering Committee

New MCIT Implementation

- NYGH in partnership with TEGH and two police divisions

MCIT Standardization Working Group

- Design of administrative and practice protocols to enhance consistency among teams

MCIT Expansion Working Group

- Model expansion to cover three remaining uncovered divisions
- Linkages with other EDs

MCIT Evaluation Working Group

- Implementation & Outcome Evaluation
- Common indicators and standardized definitions
- MCIT Program Dashboard

Training



MCIT (Mobile Crisis Intervention Team) Course

Monday, March 3, 2014 - Friday, March 7, 2014

	March 3rd	4th	5th	6th	7th
Time	Monday	Tuesday	Wednesday	Thursday	Friday
0700	Welcome Deputy Federico-remarks Rob Devitt, CEO TEG-remarks History/bkgrd/MOU HSJCC, Sara Kirkup, Pt Care Mgr, Reg & Mobile Crisis Prog. MH Services Overview – materials – Diana 0830-0900 Pre-Test	Sarah Burtenshaw COAST program Seniors Understanding Mental Illness and effects	0700-0745 Blair McConnell Communications 0745-0830 RN Alexis Silverman Personal Protection	PC Mike Stavrakis Toronto Police College Mental Health front line training	0700-0800 PC Kevin Lisowski & PC Esmail Dhukai Use of Force safety training – officer & nurse perspective
BREAK	0900-0930hrs	0900-0930hrs	0830-0900	0745-0800	TBD
	0930-1100 RN Conny Stefan RN Sharon Lawlor PC Mike Zawerbny The Interventionists CBC video The Role of the Nurse The Role of the Officer	Sarah Burtenshaw cont'd 1030-1100 Avis Ottey Critical Incident Response Teams	0900-1000 Joanne Capozzi Crown – Mental Health Court 1000-1100 Dr. Howard Ovens Hospital E/R Overview Wait times - Protocol	Dr Peter Collins Mental Health Disorders What they are? What they look like? How to respond...	0800-1200 Nancy McNaughton & Co-Facilitator 3 actors University of Toronto Role Play
LUNCH	1100-1200	1100-1200	1100-1200	1100-1200	1200-1300
	1200-1330 Det Kerry Watkins Toronto Police College Cognitive Interview Techniques	1200-1330 D/S Andy Onyszkiewicz SIU investigations	1200-1500 Julie-Anne Nayler & Amy Warren Lakeridge Health Centre Mental Health anti-stigma & Concurrent Disorders training	1200-1300 Sgt Mike Forestell Emergency Task Force cases Negotiating 1300-1330 Dr. Peter Collins debrief	Test
BREAK	1330-1400	1330-1400	1330-1400	1330-1400	1400-1415
	1400-1500 Mark Dukes "Insights and Considerations"	1400-1500 D/S Claudine Thomas OIRPD Office of the Independent Review Police Directorate	Mental Health anti-stigma & Concurrent Disorders training continued	Dr. Peter Collins Suicide by Cop	Evaluations



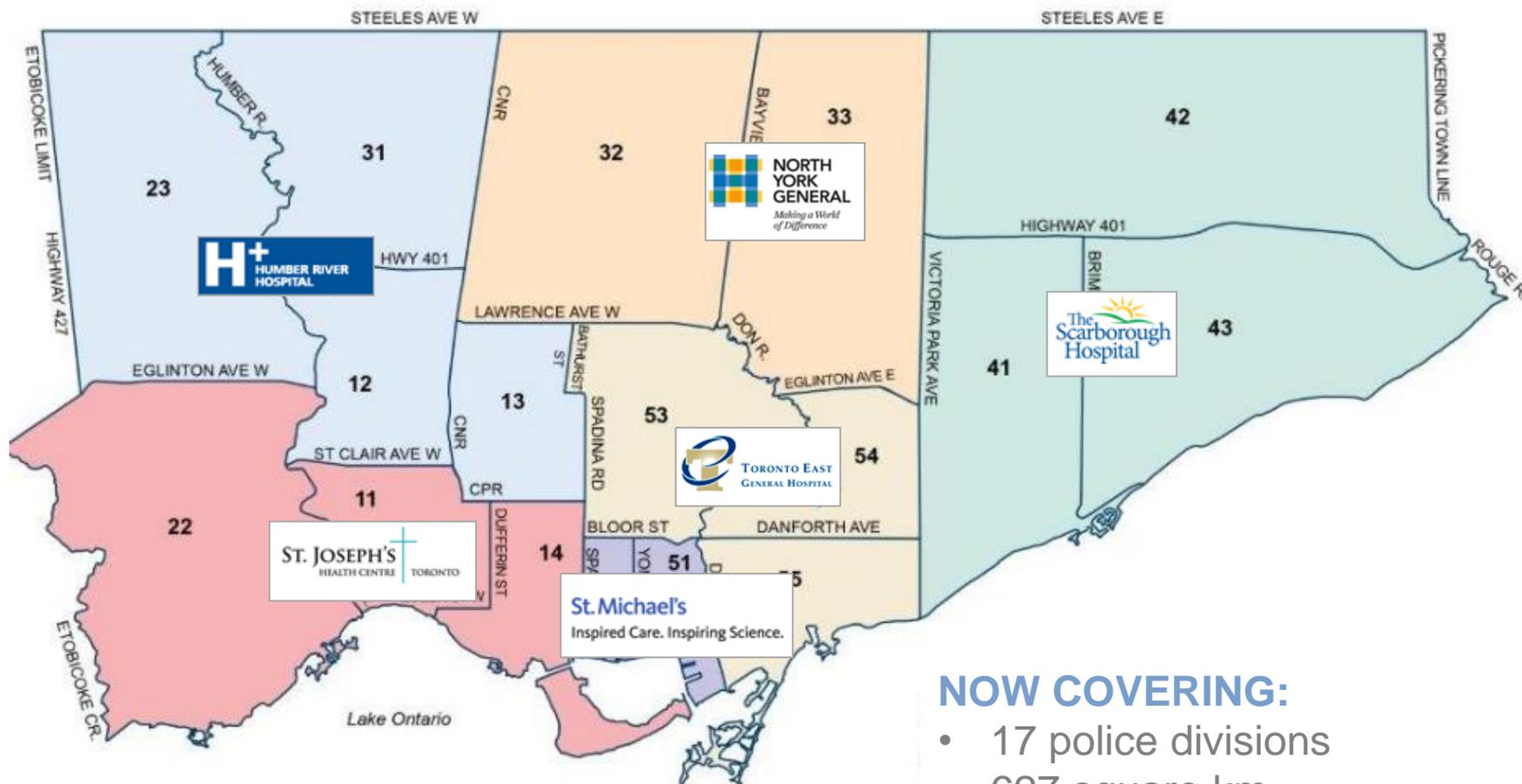
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MCIT City-Wide Coverage



NOW COVERING:

- 17 police divisions
- 627 square km

Ongoing Monitoring



MCIT Daily Report Officer

MCIT Data Collection Tool Nurse

Number of visits

Average ED Wait Time

Number of visits

Number of follow-up visits

Number of shift cancellations

Number of calls unable to attend to

Number of repeat visits

Number of clients brought to hospital

Number of incidents/injuries

Number of apprehensions

% clients admitted to hospital

Number of clients referred to services

Average time to scene



MCIT Program Dashboard



City of Toronto MCIT Program

Monthly Monitoring Dashboard

Reporting Period: JUNE 2014

Area of Focus	Indicator (See tab 3 for definition)	Data Source	Definition	Humber River Hospital 12, 13, 22 &	North York General Hospital 32 & 33	The Scarborough Hospital 41, 42, & 43	St. Joseph's Health Centre 23, 11 & 14	St. Michael's Hospital 51 & 52 Divisions	Toronto East General Hospital 53, 54 & 55	Program Total
Program Operations										
Volume	Number of visits (initial) (Officer)	MCIT Daily Report	Total number of visits including GOA, follow-up and other interactions with clients.	75	51	69	100	71	88	454
	Number of visits (initial) (Nurse)	Nursing Documentation	Total number of visits (does not include GOA, consultations or follow-ups)	51	N/A	53	105	60	49	318
	Number of follow-up visits	Nursing Documentation	Total number of follow-ups (includes both telephone and in-person)	5	N/A	3	24	2	17	59
	Number of repeat visits	Nursing Documentation	Total number of clients seen more than once (not including follow-up visits)	9	N/A	23	N/A	12	12	
	Unique individuals served	Nursing Documentation	Total number of unique clients served by MCIT (does not include repeat assessments of the same client).	42	N/A	28	70	43	37	



Partnership Successes



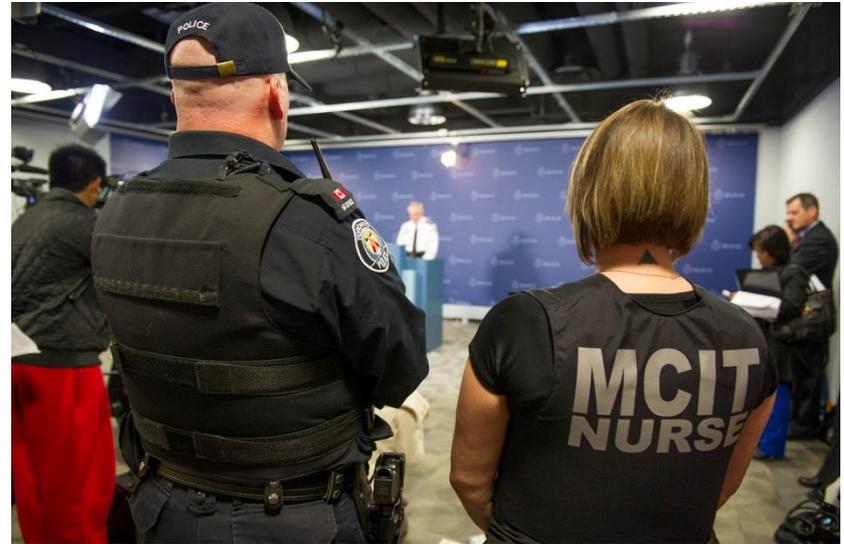
- ✓ Collaboration across **3 LHINs – Toronto Central, Central and Central East**
- ✓ Cross-sector leadership partnership between **healthcare and Toronto Police Service (TPS)**
- ✓ Active participation at Steering Committee and Working Groups from all **6 hospital partners and TPS**
- ✓ **Joint team training** including initial week-long and 4 annual city-wide training days



Challenges and Opportunities



- Cultural differences
- Training
- Role clarity
- Transportation and transfer of clients
- Lack of a coordinated mental health system



MCIT Outcome Evaluation



Evaluation research questions



- How have people in crisis experienced MCIT and Primary Response Unit (PRU) crisis response services?
- What is MCIT's role in Toronto's crisis resolution and prevention?
- What lessons were learned during the implementation of a coordinated MCIT program?



Evaluation methods



Qualitative interview & focus group data



- 15 clients of MCIT/PRU



- 17 TPS staff sergeants



- 15 TPS PRU officers



- 7 community agency staff members



- 7 MCIT Steering Committee members

Administrative data

July 2014 – March 2015:

1. MCIT officers' documentation:
4,313 service activities
2. MCIT nurses' documentation:
4,403 service activities
3. PRU officers' documentation:
19,254 calls for service

Evaluation findings

Clients' experiences – impact of responders



- High value placed on a supportive and empowering approach:
 - “[MCIT staff] were compassionate interveners...that was what I found made the biggest difference, like they weren't trying to escalate the situation. They were trying to de-escalate it, make it calmer.” (Client)
 - “Well I didn't talk to the cop [on the MCIT team]...I don't like cops. *Interviewer: No? And why do you-* Well, it really depends, like I was recently in [hospital] and there was a really nice cop...we had a cool conversation. Like he treated me like a normal human being.” (Client)
- High value placed on knowledge of mental health challenges and resources:
 - “[The MCIT was] so great because they just like, right away just kind of were problem-solving...I got the sense like they really knew what they were doing.” (Client)



Evaluation findings

Client experiences – impact of policies



- Clients' needs can be met with flexibility and responsiveness
“We've had to sort of change the way we think about the job, and it's changed dramatically...frontline officers in the PRU, they're still of that triage mindset. As quickly as they get to the radio call and deal with the person, they want to get closure and move on.” (TPS staff sergeant)
- Clients value measured and non-criminalizing responses
“That's scary, when you're in that state of mind...it's very intimidating when you open your door, and there's a nurse who looks like a police officer 'cause she has vest on, and then three police officers standing there.’
(Client)
- Keeping an eye on language and culture
“Mental health arrest” (TPS staff sergeant)
“They used to take your body” (TPS PRU officer)



Evaluation findings

Client outcomes – adverse events



- 98% of crisis interactions do not have charges laid
- 98% of crisis interactions have no injuries
 - 1.4% of crisis interactions have a minor, self-inflicted injury to the client.



Evaluation findings

Client outcomes – transportation to ED



Circumstances of transportation to hospital ED	No. (%)
	Total: 2,726 (100.0%)
Voluntary	364 (13.3%)
MHA Apprehension: Section 17	523 (19.2%)
MHA Apprehension: Form 1	145 (5.3%)
MHA Apprehension: Form 2	136 (5.0%)
MHA Apprehension: Form 9	10 (0.4%)
MHA Apprehension: Form 47	69 (2.5%)



Evaluation findings

Client outcomes – connecting to services



Hospital / Police divisions	Interaction type			Total, No. (% of total)
	Crisis interaction No. (% of interaction type)	Follow-up: In-person No. (% of interaction type)	Follow-up: Telephone No. (% of interaction type)	
Team 1				
Supported service connection	175 (36.4%)	14 (35.0%)	8 (47.1%)	197 (36.6%)
Team 2				
Supported service connection	317 (61.2%)	65 (65.0%)	8 (40.0%)	390 (61.1%)
Team 3				
Supported service connection	139 (34.0%)	24 (27.6%)	13 (19.4%)	176 (31.3%)
Team 4				
Supported service connection	157 (31.2%)	8 (50.0%)	2 (4.7%)	167 (29.7%)
Team 5				
Supported service connection	271 (49.4%)	31 (47.0%)	24 (34.8%)	326 (47.7%)
ALL TEAMS				
Supported service connection	1,059 (43.0%)	142 (46.0%)	55 (25.5%)	1,256 (42.1%)
Total interactions	2,460 (100.0%)	309 (100.0%)	216 (100.0%)	2,985 (100.0%)



Evaluation Findings

Client Outcomes – connecting to services



Service type	Interaction type			Total, No. (% of total)
	Crisis interaction No. (% of interaction type)	Follow-up: In-person No. (% of interaction type)	Follow-up: Telephone No. (% of interaction type)	
Shelter	56 (2.3%)	4 (1.3%)	0 (0.0%)	60 (2.0%)
Mental health & justice network	20 (0.8%)	1 (0.3%)	0 (0.0%)	21 (0.7%)
Crisis support	358 (14.6%)	39 (12.6%)	16 (7.4%)	413 (13.8%)
Mental health	122 (5.0%)	27 (8.7%)	6 (2.8%)	155 (5.2%)
Addictions	34 (1.4%)	2 (0.6%)	0 (0.0%)	36 (1.2%)
Other	285 (11.6%)	46 (14.9%)	24 (11.1%)	355 (11.9%)
Total interactions	2,460 (100.0%)	309 (100.0%)	216 (100.0%)	2,985 (100.0%)



Evaluation findings

MCIT and crisis resolution/prevention



- Participants from all samples perceived that the health and social service system does not adequately prevent mental health crises due to:
 - Challenges in accessing information

“Part of it is, for us who are working in this field to have a greater scope of understanding of what is available out there.” (Community agency)
 - Waitlists

“There's no confidence that these groups are going to be able to respond quickly to minimize the crisis that somebody is in, and prevent it from escalating.” (MCIT Steering Committee member)
 - Prioritization of short-term management over long-term resolution

“I and a lot of other people have cost the healthcare system in terms of ER visits... it probably costs quite a lot of money... that same money is not available for that person to see a psychologist.” (Client)



Evaluation findings

Strengths in coordination process



- Commitment by decision-makers:

“Police and healthcare have gotten to know each other a lot better... some of it is the executive leadership...we can, by virtue I guess of our positions just say, ‘we’re going to act differently’.” (MCIT Steering Committee)

- Attention to work culture:

“The police culture and the hospital culture are very different... and every hospital has its own subculture as well...we have learned about each other's culture and been quite deliberate and open to that enhanced understanding.” (MCIT Steering Committee)

- Maintaining narrow focus:

“One of the reasons we've been successful is because we started by focusing on a little piece...we had to keep coming back to, no, we're here to set up an MCIT system only.” (MCIT Steering Committee)



Evaluation Findings

Weaknesses in coordination process



- Accessing client input:

“It's extremely diverse... even though there are [clients] that are on these committees, they don't represent everybody, or they don't consult with the people that they purport to represent...which groups do you pick? Which leaders of these different groups do you pick?” (MCIT Steering Committee)



For more information:



Toronto Mobile Crisis Intervention Team (MCIT): Outcome Evaluation Report

Lamanna D, Kirst M, Shapiro G, Matheson F, Nakhost A, Stergiopoulos V.

To be available at: <http://www.stmichaelshospital.com/crich/>

Toronto Mobile Crisis Intervention Team (MCIT) Program Implementation Evaluation Final Report.

Kirst M, Narrandes R, Francombe Pridham K, Yogalingam J, Matheson F, Stergiopoulos V.

Available at: <http://www.stmichaelshospital.com/crich/reports/mcit/>

Co-responding police-mental health programs: A review.

Shapiro GK, Cusi A, Kirst M, O'Campo P, Nakhost A, Stergiopoulos V.

Published in: *Administration and Policy in Mental Health and Mental Health Services Research*



Q&A

