



Health Sciences North
Horizon Santé-Nord



Canadian Mental
Health Association
Sudbury/Manitoulin

Association canadienne
pour la santé mentale
Sudbury/Manitoulin

Crisis Intervention Services

An Innovative Community-based model

Outline

- **Community plan/vision**
- **New model- Implementation**
- **Outcomes- 6 month review**
- **Lessons learned**



Creating Community

- **Community-based steering committee**
- **Shared leadership and vision**
- **Consistent commitment & communications**
- **Involvement of family members and consumers**
- **Continues beyond implementation and focused on evaluation & improvement**



Our Community's Vision

- Improved access
- Improved options/ choice
- Integrated model
- Culturally safe
- Comprehensive service
- Information sharing across agencies/ sites



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What We Implemented

- **Consistent triage rating scale**
- **24/7 LIVE voice**
- **Community-based location & expanded hours**
- **Marketing campaign and promotion of model for community providers/ stakeholders/referral sources**
- **Enhanced training to police & 911 operators**



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New Downtown Location

Are you having a
CRISIS or feeling
OVERWHELMED?

YOU HAVE OPTIONS. WE CAN HELP.

By phone and in person.
Your place or ours.

Crisis Intervention Services

127 Cedar Street. 7 days a week.
Office Hours: 8:30am to 10:00pm
Mobile Hours: 10:00am to 10:00pm everyday.



24-hour Crisis Line 705.675.4760



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- **No appointment necessary**
- **Walk-in's Welcome**
- **Can't come to us?**
...Let our mobile team come to you
- **Effective October 1st**



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Emergency Department

- ED priorities
- 24/7 Crisis Nurse available on site
- Triage risk assessment determines wait time
- Potential diversion from ED to Crisis



Crisis Support Navigator

- **Pilot project through CMHA**
- **To support individuals in accessing the most appropriate service to meet their needs**
- **Primary location within Emergency Department**
- **Service hours: 12:00 noon – 8:00pm**



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Working Together

- **Help us help your client. We welcome your involvement**
- **Call to our LIVE-voice triage clerk**
- **Assist us in planning for the person's arrival**
- **Person's choice will always prevail**



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Collaboration with Police



- Developing information sharing agreements
- Police training provided
- Police continue to have a vital role with MHA apprehensions



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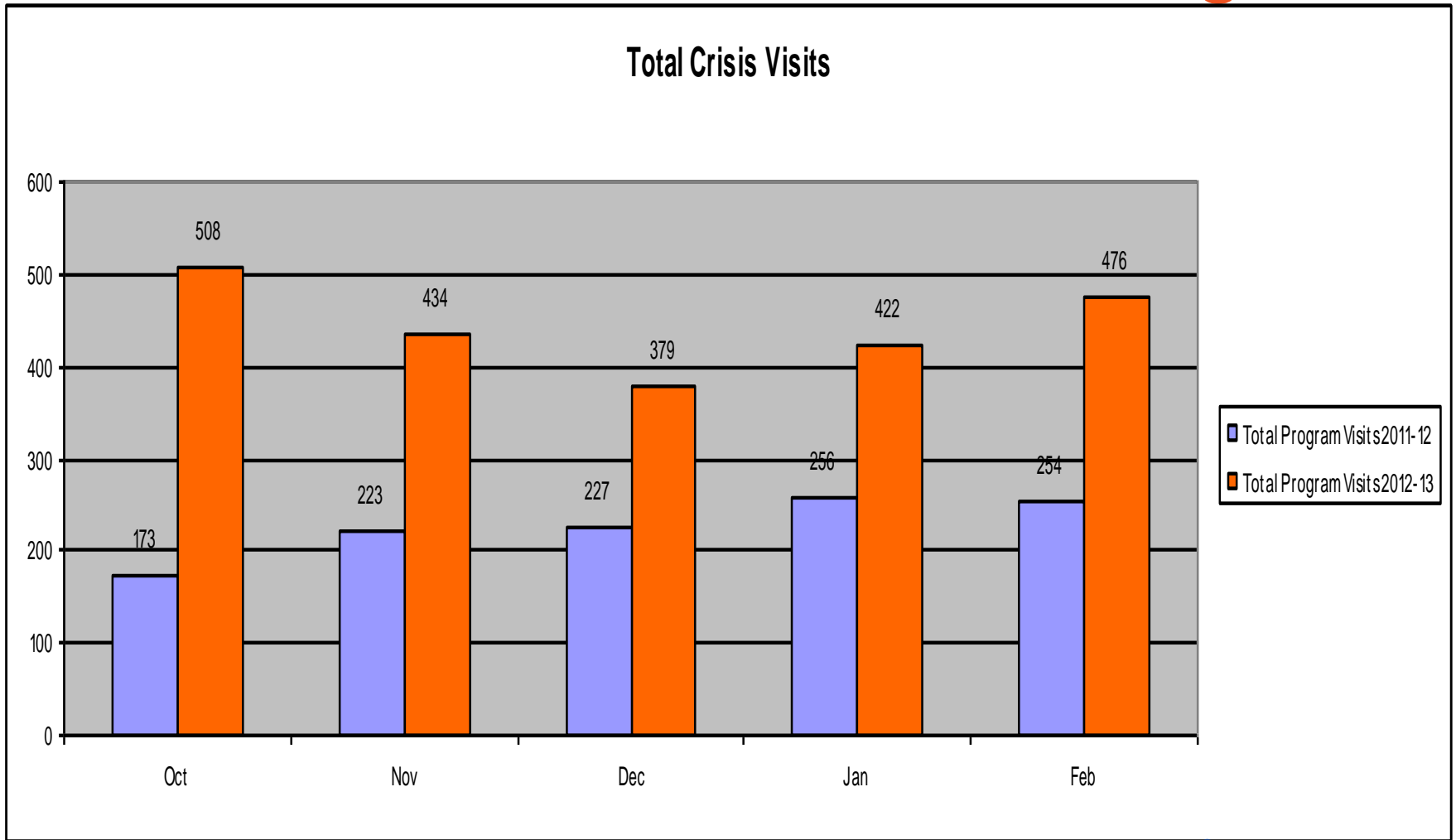
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Outcomes

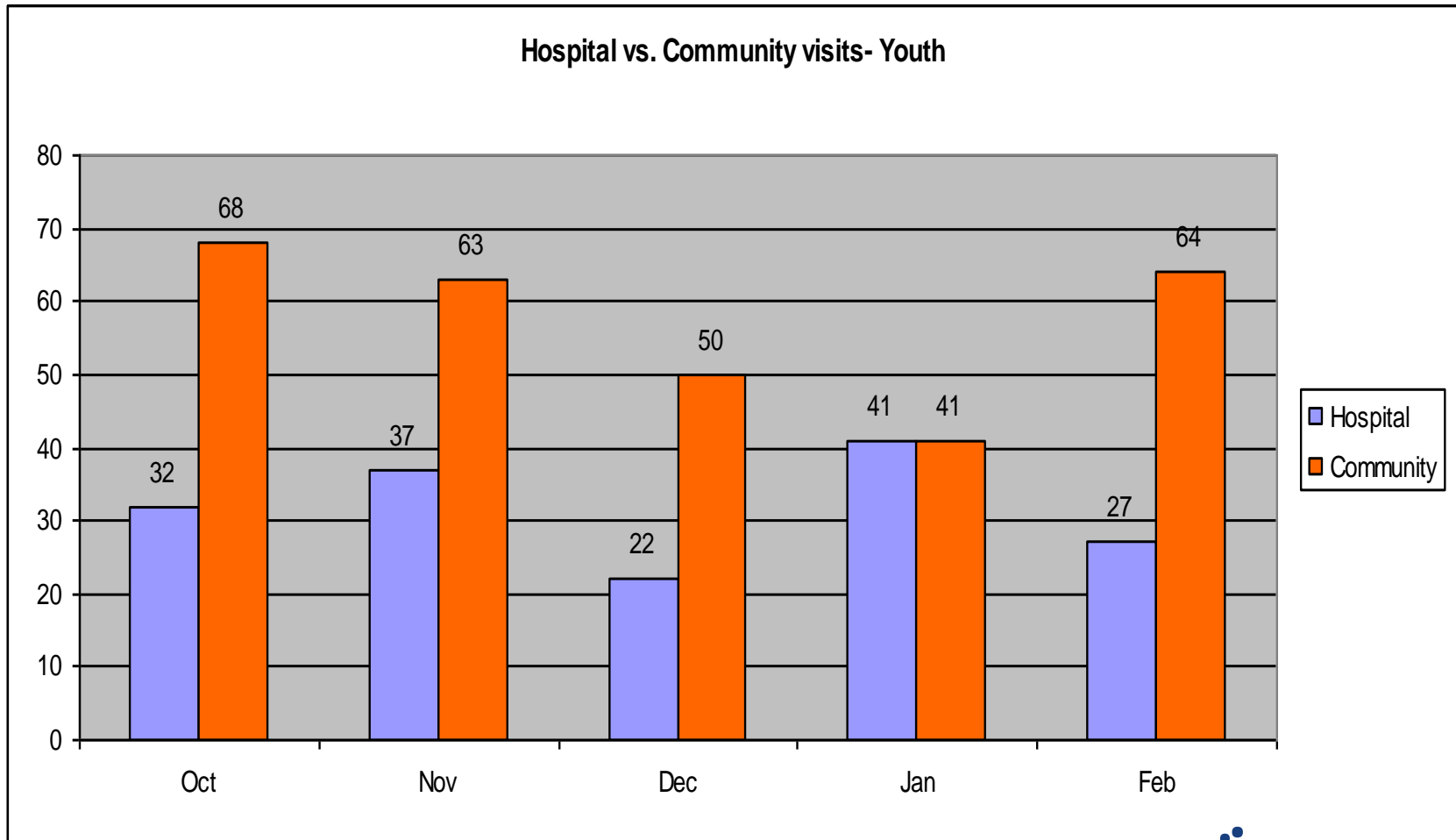
- **Shift in volume to community & away from ED**
 - 12% reduction in ED visits in first 3 months alone for MH visits
 - 85% increase in mobile outreach visits
 - 100% increase in overall visits in last 5 months
- **Police training & Police diversions**
 - Average 8 diversions per month to community crisis rather than ED
 - 24% decrease in overall apprehensions under the MHA
 - Savings of 60h per month in time spent by officers in ED
- **Wait time comparisons ED, community, mobile**
 - 45 minute average wait for mobile “hand off” or community “pick up”
 - 3 hour average wait for “transfer of custody” in ED



Overall service volume changes



Youth as early adopters of community model



Lessons Learned

- Legislation (PHIPA and MHA) – what can be shared?
- Role of a Schedule 1 hospital
- Purpose needs to be clear. Triage is critical. Diversion where appropriate/ acceptable and to improve the patient experience
- Importance of community education and marketing
- Importance of police training police
- Buy-in from all stakeholders



Lessons Learned cont'd

- **Downtown accessibility**
- **Safety considerations are paramount**
- **Orientation/training sessions to all onsite**
- **Psychiatry's place in the spectrum**
- **Continuous evaluation & accountability**



Crisis Intervention Services

...operated by Health Sciences North in partnership
with our community

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Local Heroes



Questions?



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