

ICT-1 2022 Annual Summary

Summary

ICT-1 continues to respond to mental health emergencies, four days a week. ICT-1 is scheduled Monday-Thursday, 8:00 AM to 6:00 PM. The unit is staffed with a Qualified Mental Health Professional (QMHP) from COMCARE, a law enforcement officer from Wichita Police Department, and a Paramedic from Sedgwick County EMS. This report reflects the summary of ICT-1 activity for the calendar year of 2022.

Metrics Tracked

Team Usage Overview

Hours In-Service	1820
Hours engaged in direct care	1027.3
Unit Time on Task (%)	56.44%

Unit time on task is a measurement showing the amount of time that ICT-1 was engaged in direct patient care. This does not include time spent on documentation, nor travel time, nor time spent researching client information prior to engagement.

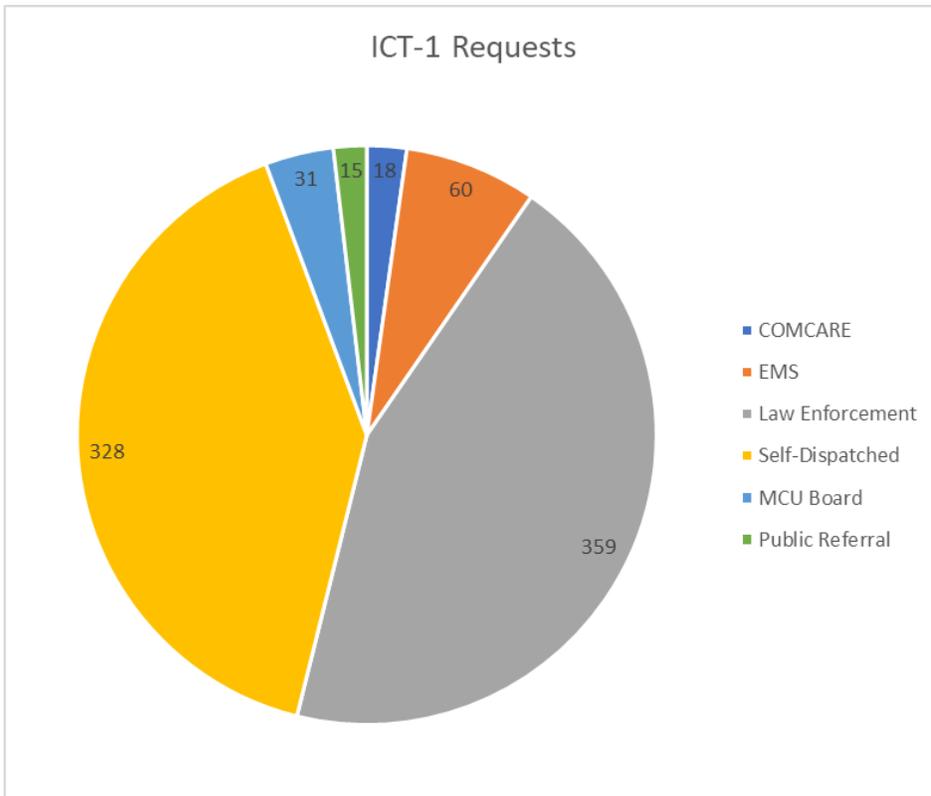
Encounters vs Consults

Total contacts	1015
ICT-1 Field Responses	767
Consultation	159
Medical Response	40

ICT-1 had 578 field responses and 97 consult requests, totaling 675 encounters. ICT-1 has increasingly become a resource for creative problem solving and guidance for multiple agencies when difficult to navigate situations arise. As such, they are sometimes contacted via phone for advice and a scene response is not needed. We are now tracking these incidents as contacts and differentiating between in person responses and phone consultations, as well as which agency is initiating a phone consultation. Medical Responses refer to instances that ICT-1 was the closest emergency unit to a medical 911 call (EMS request) and first responded to the scene to provide medical care specifically.

ICT-1 2022 Annual Summary

ICT-1 Request Sources



How was ICT-1 requested	Count	Percentage:
COMCARE	18	2.22%
EMS	60	7.40%
Law Enforcement	359	44.27%
Self-Dispatched	328	40.44%
MCU Board	31	3.82%
Public Referral	15	1.85%

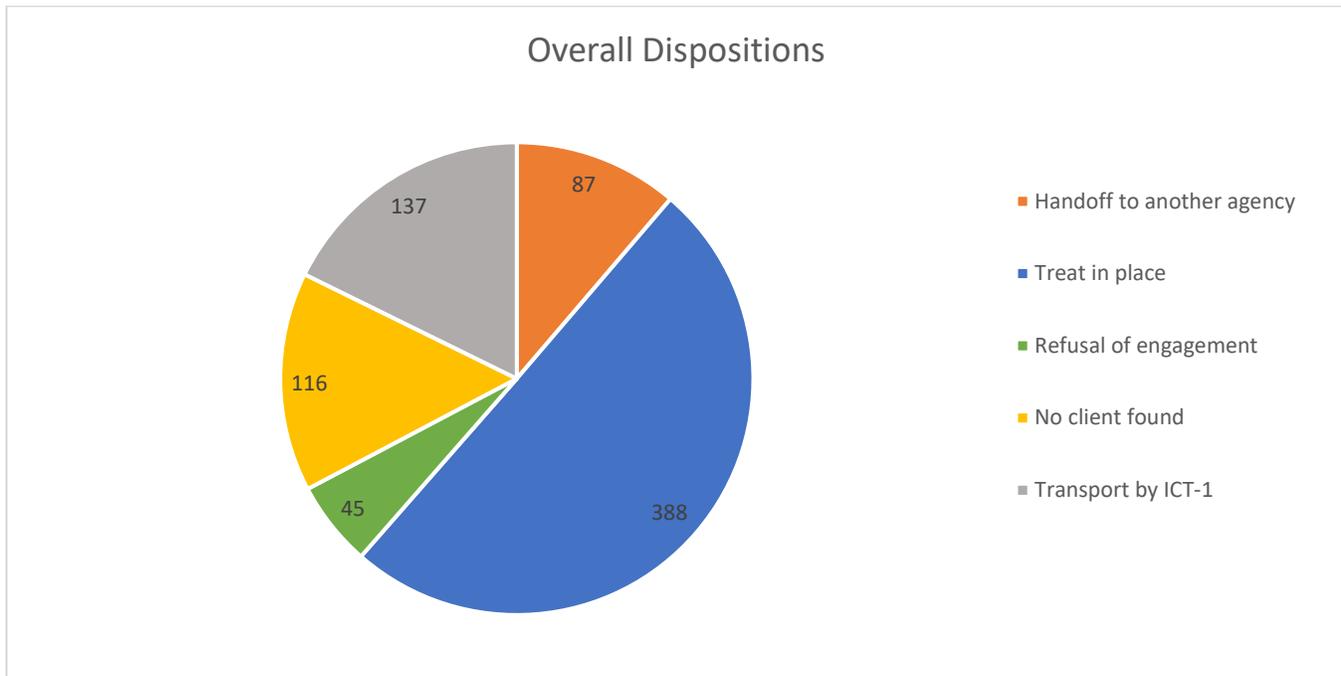
The above graph reflects where requests for ICT-1 originate from.

ICT-1 2022 Annual Summary

Total Dispositions

Every ICT-1 call is assigned a disposition to correlate with the outcome of the call. Dispositions are grouped roughly into four categories:

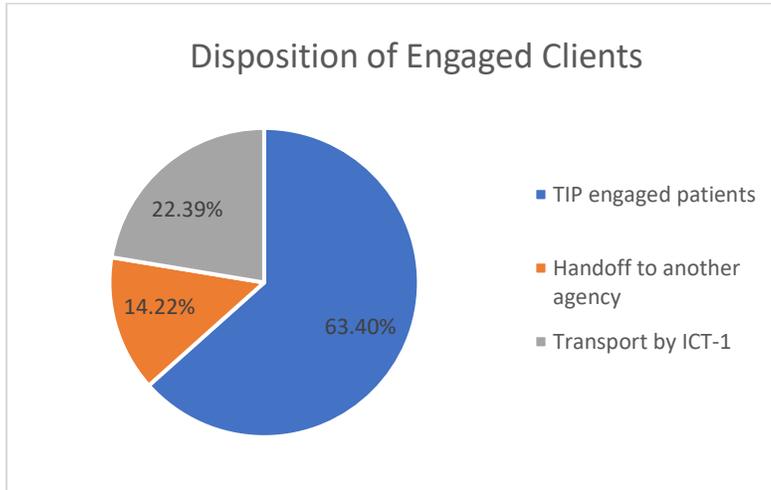
The below graph reflects Q1 of 2021:



- **Treat in Place (50% of all calls) 388 Incidents**
 - This is the targeted desirable outcome for ICT-1 engagement with the community. These are calls where the team was able to engage with the patient on scene and deliver stabilization and care without tying up other resources for transport and overwhelming crisis centers and emergency departments.
- **Handoff to other agencies (11% of calls) 87 Incidents**
 - These are calls in which either a medical or law enforcement issue takes priority and the patient is appropriately deferred to the agency that is better equipped to meet their needs.
- **Transport (18% of calls) 137 Incidents**
 - These are calls where the patient is in need of services that cannot be provided on scene by ICT-1, whether this is stabilization at a mental health facility, hospital, or other destination.
- **Non-engagement (21% of calls) 161 Incidents**
 - These are calls where there was no identified patient upon arrival, or the subject was unwilling to engage with the team. These calls are NOT included in the presented totals of outcomes, as they are part of the expected “dry run” and are not typically included in reports generated by comparable systems that ICT-1 is benchmarked against.

ICT-1 2022 Annual Summary

Disposition of Engaged Clients

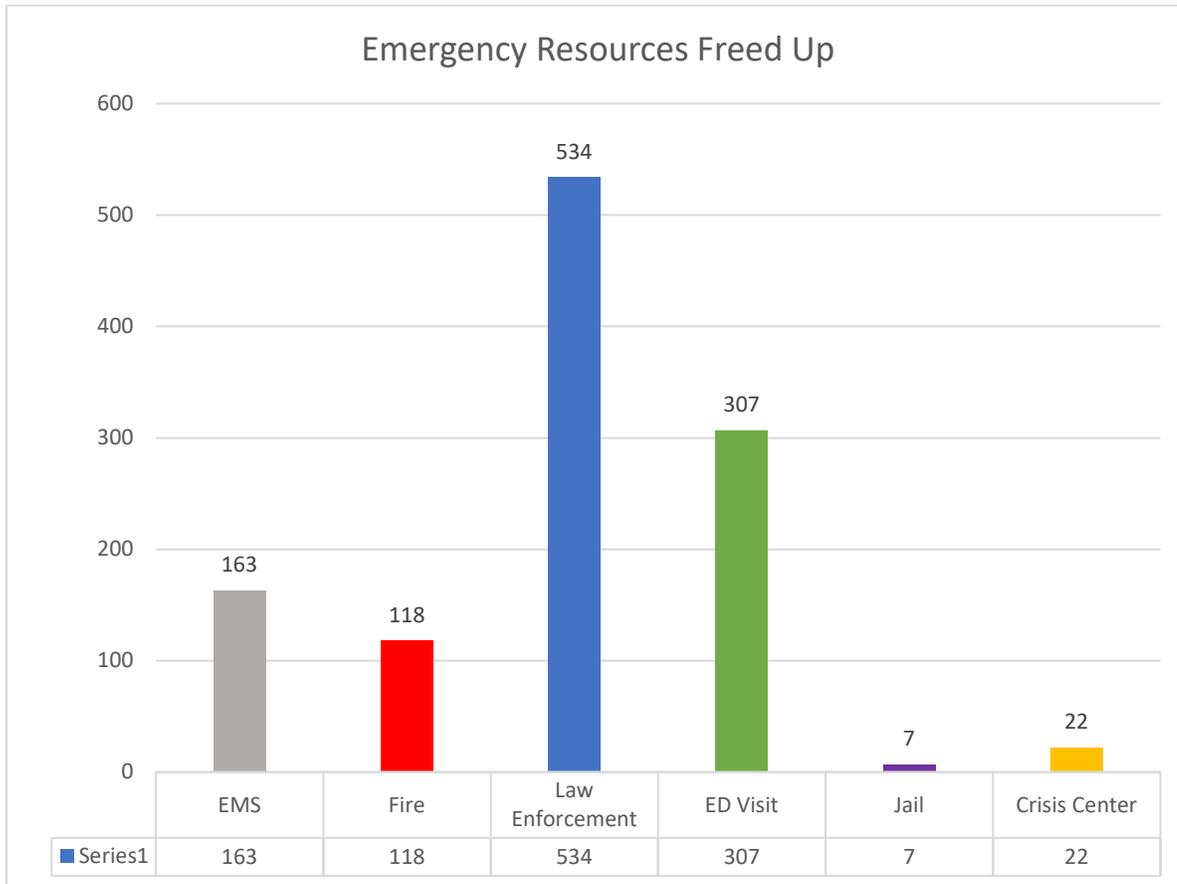


Disposition of Engaged Clients	Count	Percentage:
Handoff to another agency	87	14.22%
Transport by ICT-1	137	22.39%
Treat in place	388	63.40%

This graph is the breakdown of dispositions for ICT-1 when the team has engaged with clients. The **63.40% treat in place** section is the targeted intent of the program. When possible, ICT-1 strives to find solutions that allow clients to remain in the community, closely engaged with their natural support systems (family, friends, etc.) and to remain engaged with their daily lives and community. This format of reporting is consistent with other regional partners who report their data that we benchmark against. **The desired target for treat in place is between 50-60% of calls with patient engagement.**

ICT-1 2022 Annual Summary

Resources Freed Up



The above graph reflects resources directly freed up by ICT-1, including 163 EMS ambulances, 118 fire apparatus, 534 Law Enforcement Units, 307 Emergency Department visits, 7 Jail diversions, and 22 COMCARE Community Crisis Center visits.

Client Demographics

Race

Client race is now being tracked by ICT-1. The below chart gives the breakdown of ICT-1 contacts by race, compared with the final column, which illustrates the racial demographics of Wichita.

Race	Count	Percentage:	Wichita Demographics
American Indian or Alaska	14	1.6%	1.0%
Asian	19	2.2%	4.9%
Black	174	20.4%	10.3%
White	634	74.2%	70.6%

ICT-1 2022 Annual Summary

Ethnicity

Client ethnicity is now being tracked by ICT-1. The below chart gives the breakdown of ICT-1 contacts by ethnicity, compared with the final column, which illustrates the ethnic demographics of Wichita.

Are You Hispanic?	Count	Percentage:
No	736	91.43%
Yes	69	6.2%

Wichita Demographics
62.8%
17.2%

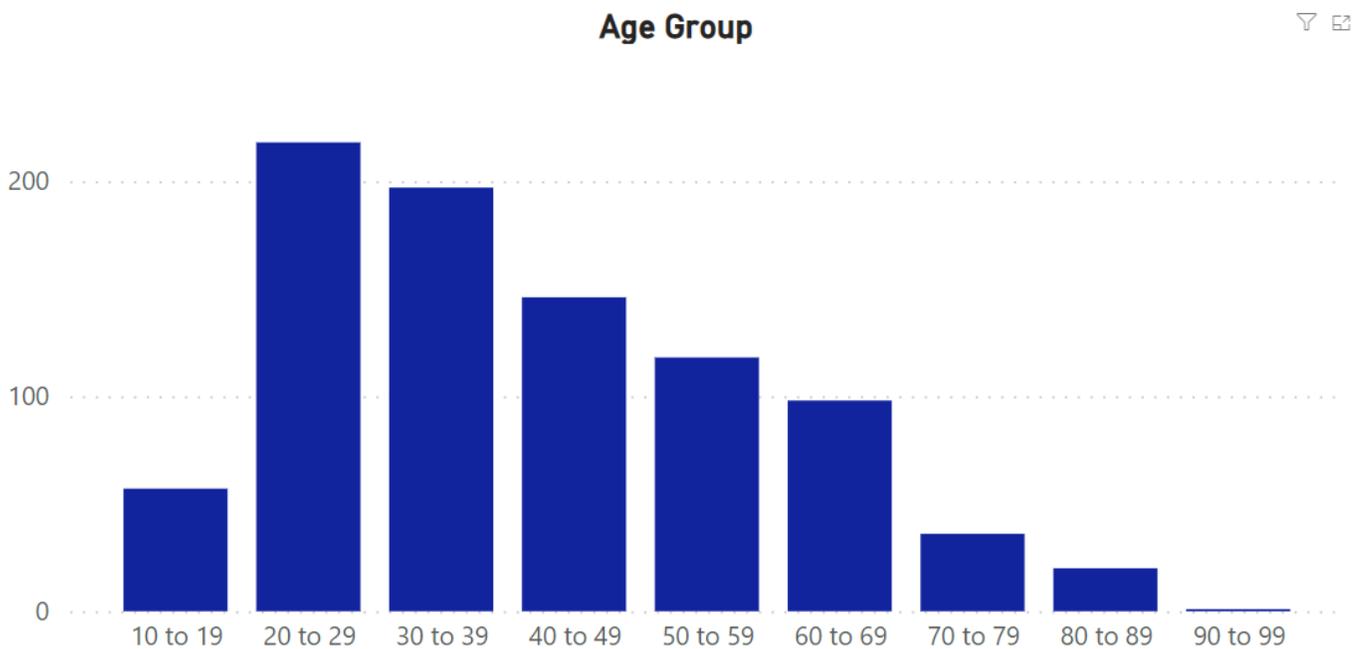
Gender

Client gender is now being tracked by ICT-1. The below chart is a breakdown of client gender.

Gender	Count	Percentage:
Female	438	45.91%
Male	505	52.94%
Trans	10	0.8%

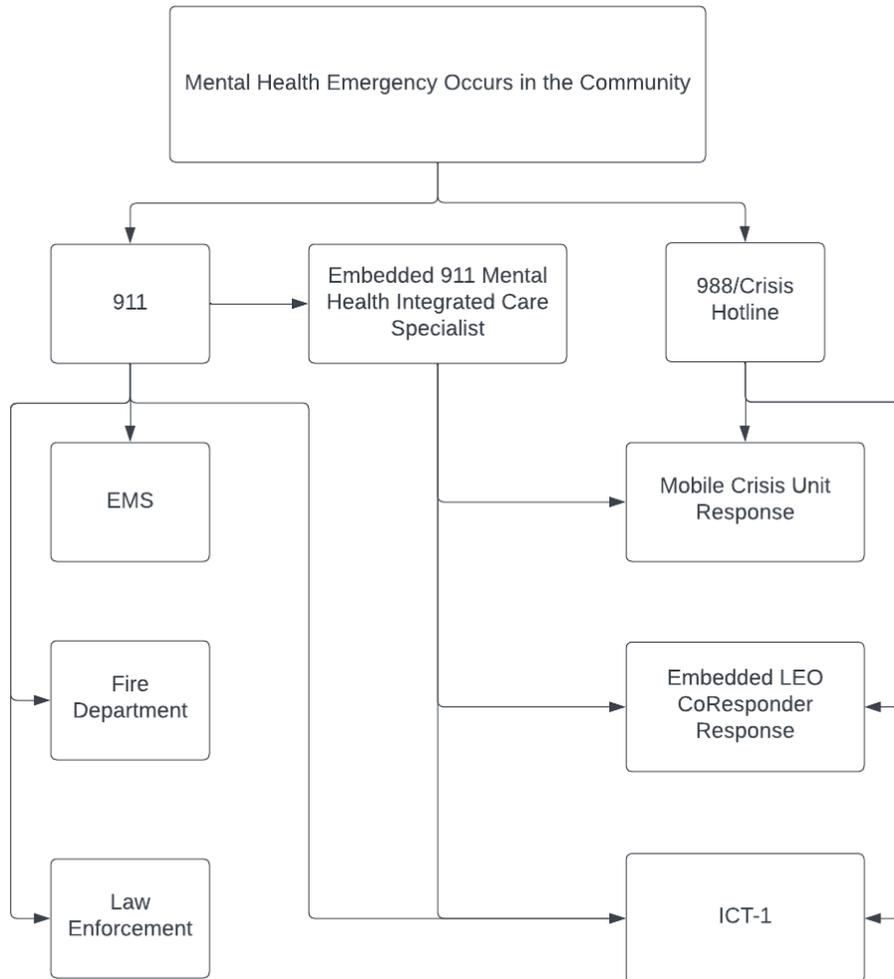
Age Range

Client age is now being tracked by ICT-1. The below chart is a breakdown of client age range.



ICT-1 2022 Annual Summary

Mental Health Responses in Sedgwick County



The above graphic depicts the model that Sedgwick County and the City of Wichita are moving towards for tiered responses to mental health emergencies that occur in the community. Individuals that are experiencing a mental health emergency can access help by either calling 911 or 988/Comcare Crisis Hotline (316-660-7500). COMCARE has partnered with 911 Emergency Communications to place a dedicated embedded Integrated Care Specialist in the 911 center that mental health calls can be referred to. This individual will be able to address mental health concerns directly, or can triage and assign field responses from the options of tiered mental health responders. The Mobile Crisis Unit is comprised of a Masters level Qualified Mental Health Professional and an Integrated Care Specialist and responds within a goal of two hours. The forthcoming Embedded LEO CoResponder teams are similarly staffed with a Masters level Qualified Mental Health Professional and an Integrated Care Specialist that will be working directly with WPD and can receive referrals directly from the police department. ICT-1 has the most immediate response available and will be available for the most urgent and complicated of mental health emergencies.