

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

## **Introduction**

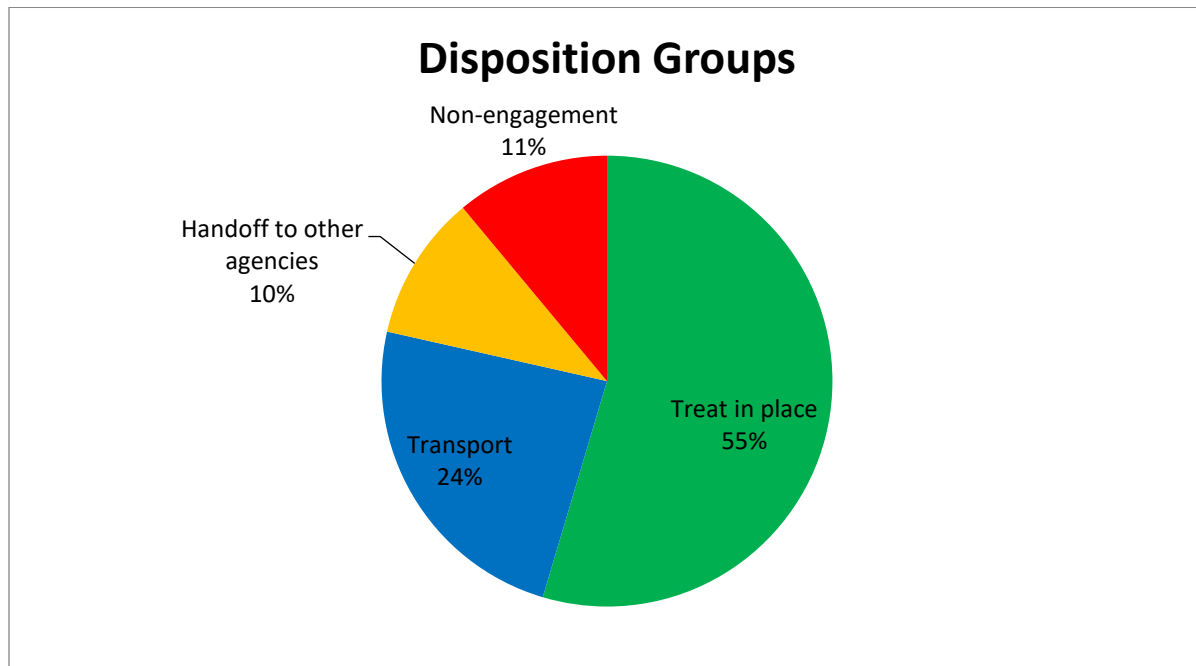
The Integrated Care Team (ICT-1) is a collaborative effort between governmental agencies from the City of Wichita and Sedgwick County to address mental health crises in real-time as they occur in the community. The team consists of a Qualified Mental Health Professional (QMHP), a law enforcement officer (LEO), and a paramedic. The team completed a 90-day pilot program to test the feasibility of the team between August and September of 2019. In December of 2019, the team was stood up again for an extended pilot and has continued to run four days a week (Tuesday through Friday) since then. There have been occasional sporadic days (5 total) where the team was not on duty secondary to weather or staffing issues.

## **Metrics Tracked**

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 the pilot extension, from December 17<sup>th</sup>, to May 19<sup>th</sup>, 2020.**

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020



- **Treat in Place (55% of all calls) 89 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. A benchmarked range of 50-60% of calls in this category is on par with other similar programs in other communities.
- **Handoff to other agencies (10% of calls) 17 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 (24% of calls) 39 Incidents**

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

- 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 (11% of calls) **18 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.

## **Days that ICT-1 was not operational:**

December 25th, 2019 (PD unavailable – other assignment)

December 31st, 2019 (PD unavailable – other assignment)

January 29th, 2020 (Paramedic unavailable - illness)

February 12th, 2020 (weather)

## **Cost of running ICT-1**

### **Non-personnel costs:**

|              |             |             |            |
|--------------|-------------|-------------|------------|
| Vehicle      | \$30,000.00 | Maintenance | \$1,750.08 |
| Outfitting   | \$11,000.00 | Set aside   | \$1,249.92 |
| iStat        | \$12,000.00 | Fuel        | \$1,875.00 |
| Breathalyzer | \$150.00    |             |            |

Total non-personnel costs: \$58,025

### **Personnel costs:**

Paramedic FTE: \$64,492\*

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

WPD Officer FTE: \$80,286\*

Social Worker FTE: \$74,500\*

Total personnel costs: \$219,278\*

Total program cost for one unit for one year: \$277,303

\*Overtime costs are not incorporated into this figure. If overtime were to be calculated for backfill from a paramedic, our average overtime rate is 33.97 times the number of hours backfilled. Assuming that all ICT-1 Paramedic hours are backfilled overtime, this would amount to \$1631 per day or \$84,789 per year. WPD has a similar figure and situation with backfilling in the current model. I do not have that exact figure presently to calculate overtime costs for WPD. All of COMCARE's employees are salary, so overtime costs do not factor in.

## **Additional Units for Coverage:**

Using the cost displayed for one ICT-1 unit, one can extrapolate the additional numbers needed for expanded coverage. An additional ICT unit would allow for seven day a week coverage, with double coverage one day a week, but not 24 hour a day coverage. In order to achieve 24/7 coverage, a total of five ICT teams would be needed, but vehicles would be shared between day and night teams.

Current coverage: \$277,303

7-day a week coverage: \$544,052 (two teams)

24/7 coverage estimate: \$1,212,440 (five teams)

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

## **Changes to ICT-1**

### **Change in times of operations**

With the closing of businesses due to the coronavirus pandemic, all emergency services saw a decrease in call volume as well as a temporal change in call distribution. Specifically, emergent calls (mental health crises included) tended to occur earlier in the day. As such, the operational hours of ICT-1 were adjusted from 14:00-00:00 to 12:00-22:00 to better match the demand in the community. We continue to evaluate these times and will adjust as necessary.

### **Change in staffing**

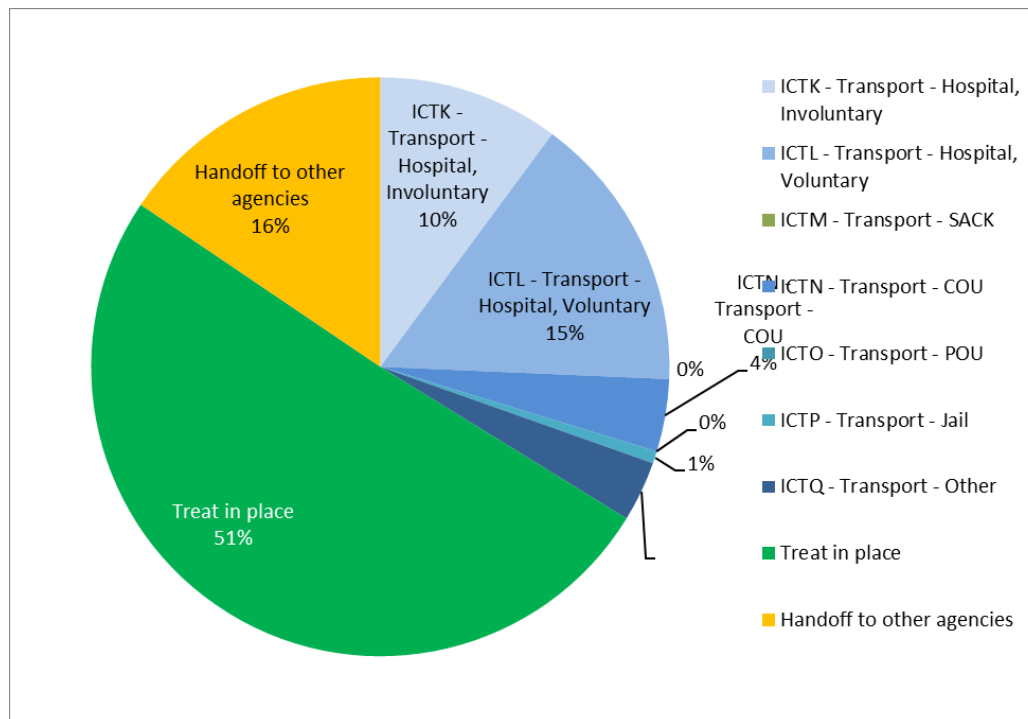
The staffing of ICT-1 and participation of associated agencies continues to evolve. After the initial 90-day pilot was completed, Sedgwick County Fire Department and Sedgwick County Sherriff Office have withdrawn their staff from participation in the pilot program. Subsequently, since March 2020, Wichita Fire Department is no longer staffing a paramedic for the ICT-1 program, but they are still providing support by providing a vehicle, fuel, maintenance, and durable equipment for ICT-1. The resulting staffing scenario with the Paramedic being staffed from one agency has led to efficiencies and consistency in the team, as the Paramedic stays on the ICT-1 rotation for an entire pay period, which results in closer collaboration, internal consistency and mutual trust within the team.

### **Evolution of Outcomes**

As the ICT-1 team has become more established and internal consistencies in the team have developed, efficiencies in the care provided have also evolved. There has been an increase in the number of “treat in place” dispositions, as well as a decrease in “handoff to other agency” and “transport to the hospital” dispositions. This strongly suggests that the team is becoming more comfortable in their role and ability

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

to stabilize and treat in place. The below two charts show the evolution of dispositions of engaged patients in the initial 90 day pilot compared to the 2020 pilot extension.



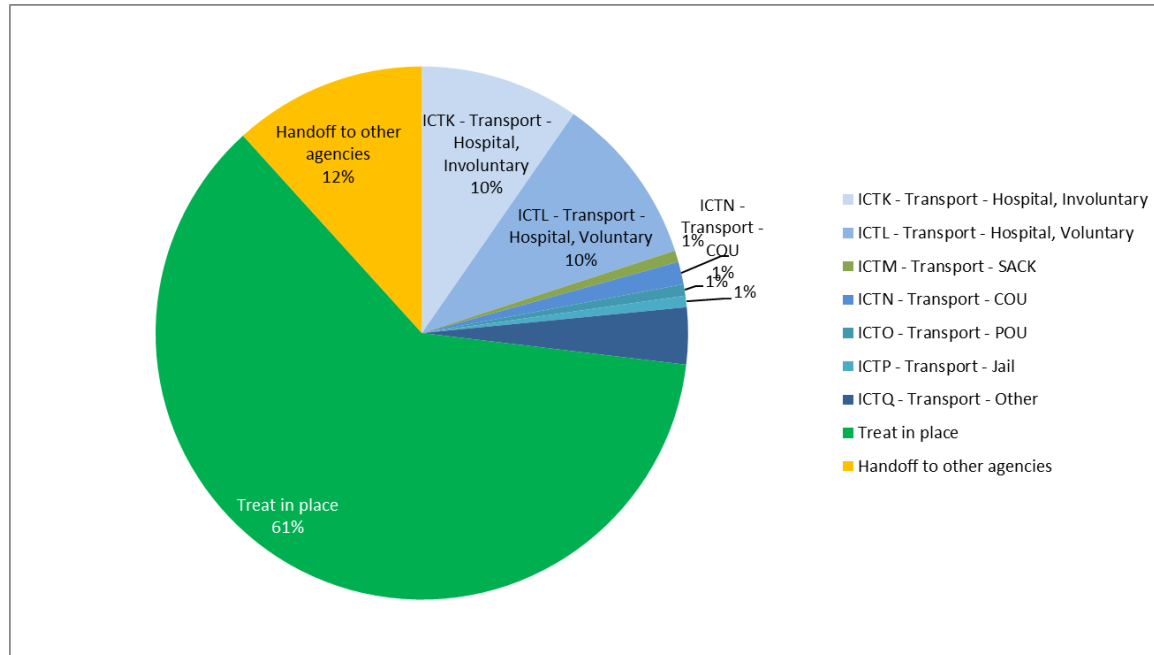
ICT-1 first 90-days Pilot data

Specific numbers are:

|   |    |
|---|----|
| ICTD - Handoff to EMS                     | 14 |
| ICTE - Handoff to LE                      | 9  |
| ICTF - Treat in place - Verbal Support    | 50 |
| ICTG - Treat in place - Printed Materials | 5  |
| ICTH - Treat in place - Natural Support   | 10 |
| ICTI - Treat in place - Appointment       | 7  |
| ICTJ - Treat in place - Other             | 3  |
| ICTK - Transport - Hospital, Involuntary  | 15 |
| ICTL - Transport - Hospital, Voluntary    | 23 |
| ICTM - Transport - SACK                   | 0  |
| ICTN - Transport - COU                    | 6  |
| ICTO - Transport - POU                    | 0  |

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

|  |                          |   |
|--|--------------------------|---|
|  | ICTP - Transport - Jail  | 1 |
|  | ICTQ - Transport - Other | 5 |



## ICT-1 2020 Extended Pilot Data

Specific numbers are:

|   |    |
|---|----|
| ICTD - Handoff to EMS                     | 8  |
| ICTE - Handoff to LE                      | 9  |
| ICTF - Treat in place - Verbal Support    | 56 |
| ICTG - Treat in place - Printed Materials | 4  |
| ICTH - Treat in place - Natural Support   | 12 |
| ICTI - Treat in place - Appointment       | 7  |
| ICTJ - Treat in place - Other             | 10 |
| ICTK - Transport - Hospital, Involuntary  | 14 |
| ICTL - Transport - Hospital, Voluntary    | 15 |
| ICTM - Transport - SACK                   | 1  |
| ICTN - Transport - COU                    | 2  |

# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

|                          |   |
|--------------------------|---|
| ICTO - Transport - POU   | 1 |
| ICTP - Transport - Jail  | 1 |
| ICTQ - Transport - Other | 5 |

The team members on ICT-1 debrief after every call and determinations about what would likely have occurred if ICT-1 was not on this call are subjectively agreed upon by the team. These are predictions based upon the professional expertise of the collective group. Questions asked include: “Was an ED visit avoided?” and “Was a visit to the Crisis Unit avoided?” Additionally, we identified objective measures such as 911 resources freed up and number of times medication was administered to the patient by the Paramedic. To date, the results of these metrics are (CUMULATIVE, including both initial pilot and current pilot extension):

|     |   |
|-----|---|
| 362 | Number of calls for ICT-1   |
| 223 | How many times was a law enforcement unit freed up?                   |
| 165 | How many times was a fire apparatus freed up?                         |
| 168 | How many times was an EMS unit freed up?                              |
| 556 | Total 911 resources freed up?   |
| 217 | How many times was a visit to COMCARE Crisis avoided?                 |
| 179 | How many ED visits were avoided?                                      |
| 12  | How many times was a medication administered (Haloperidol, Benadryl)? |
| 91  | How many times was a medical screen performed?                        |
| 49  | How many times was the patient transported by ICT-1?                  |
| 12  | How many times did the patient go to jail?                            |



# ICT-1 Quarterly Report Q2 – June 3<sup>rd</sup> 2020

Additionally, the estimated cost savings to insurance carriers and patients from avoided hospitalizations is \$1,947,673.94. The numbers used to calculate these savings are pulled from a WSU cost avoidance study that was commissioned by Ascension in partnership with Sedgwick County.

|                               |          |                |
|-------------------------------|----------|----------------|
| Hospital Avoidance            | 179      |                |
| Inpatient Cost                | \$22,516 | \$1,571,841.96 |
| Outpatient Cost               | \$3,442  | \$375,831.98   |
| Anticipated rate of inpatient | 39%      | 70             |
| Total Cost Savings            |          | \$1,947,673.94 |

## Recommended Future Steps

The ICT-1 program has evolved from a proof of concept pilot into an operational program. The outcomes produced by the team are on par with established programs in other cities and cost savings to the citizens that the program serves have been demonstrated. The recommended next steps for this program is to establish permanent budgetary funding and continue the services provided by the team.