

Community Mobilization Sudbury Mobilisation Communautaire Sudbury Weweni EnjiNagidwendaagozing

Rapid Mobilization Table

City of Greater Sudbury

Community Services Planning Committee: January 18, 2021

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Canadian Mental Health Association – Sudbury/Manitoulin



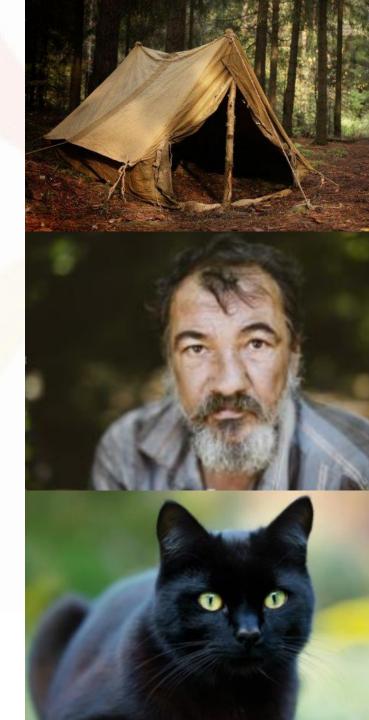
Meet "James"

Primary Risk Factors:

- Homelessness
- Diagnosed Mental Illness
- Physical Health concerns

RMT response included:

- Stabilization in hospital
- Connection to housing
- Connection to employment
- Ongoing Community Mental Health supports
- Veterinary Care and shelter for pet

















La Société d'aide à l'enfance des districts de Sudbury et de Manitoulin











Ministry of Children, Community & Social Services











HIV/Hepatitis Health and Social Services

Services sociaux et de santé pour l'hépatite et vih









Health Sciences North Horizon Santé-Nord

Sudbury District
Restorative Justice









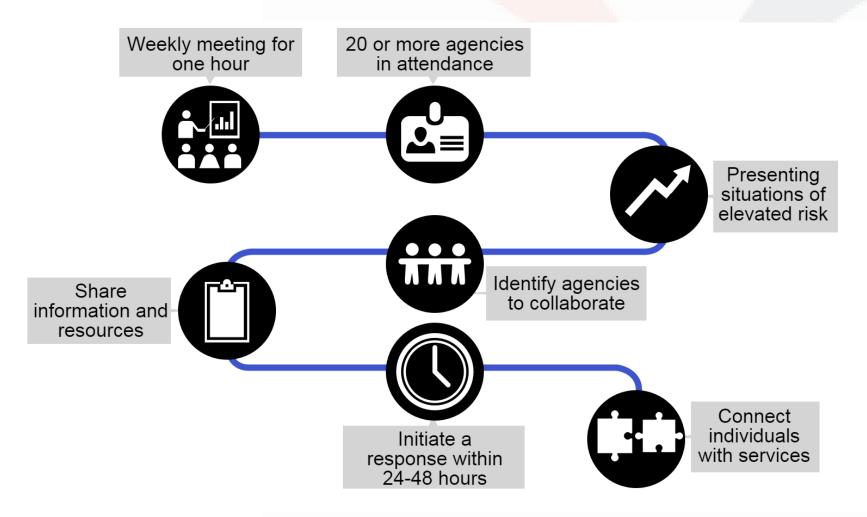




Background

- CMS/RMT established in May 2014
- Initial pilot funding provided to CMHA-S/M from NELHIN, Ontario Trillium Foundation
- Dedicated funding ended October 2018
- CMS/RMT has continued operating with onetime financial and in-kind contributions from partners
- The total operating cost is \$129,000 (1FTE plus expenses)

What are Situation Tables?



Source: http://taylornewberry.ca/addressing-risk-through-system-collaboration-evaluation-of-the-connectivity-situation-tables-in-waterloo-region/



What gets discussed?

Does the situation involve risk of significant harm?

Is that harm likely to occur in the imminent future?

Does the situation require involvement of 3 or more agencies in order for risk to be mitigated?





What do RMT responses look like?

- Coordinated Filter 4 determines each agency's role and action
- Rapid within 24/48 hours
- Person focused Meeting people where they're at
- Caring How can we support you?
- Creative Be prepared to think outside of the box and do things differently

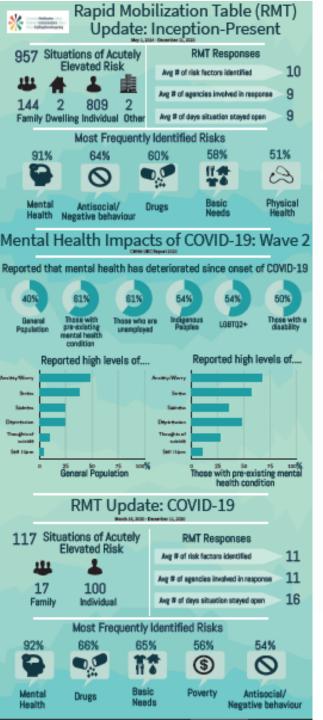


RMT is essential to Municipal Population Health, Safety & Wellbeing Plans (PHSWB)

- RMT sustainability identified as a priority of CGS PHSWB Planning
- Effective mechanism for reducing risk
- Builds community and system capacity to support broader resident needs
- Data is uniquely able to highlight priority issues and trends in risk across sectors – essential to good municipal planning







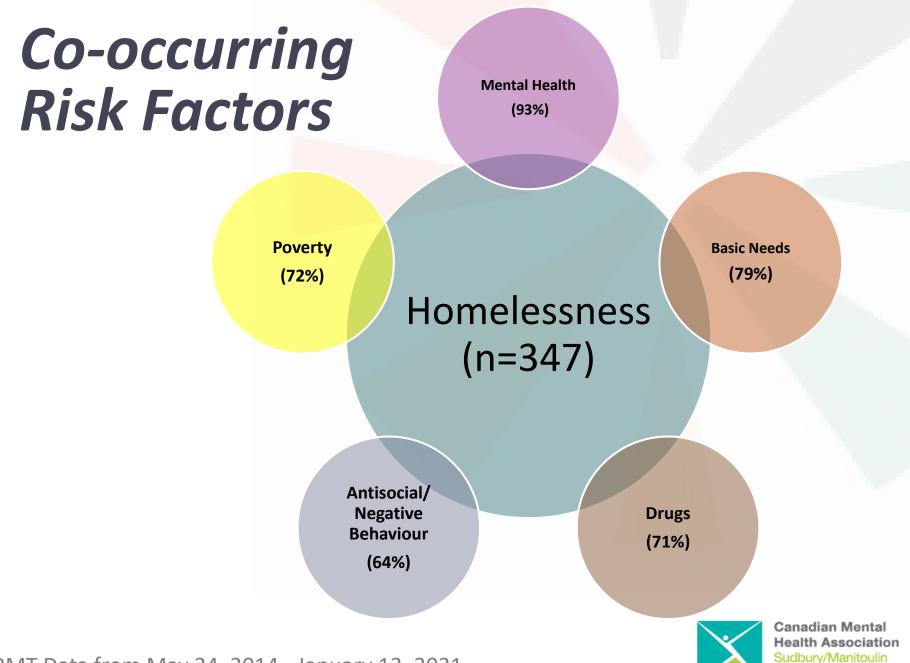
2014-present:

- 957 situations of acutely elevated risk addressed by RMT
- Most frequently identified risk factors: mental health, substance use, basic needs
- Homelessness identified in 347 situations of risk

Since onset of COVID (April-December 2020):

- 117 situations of acutely elevated risk addressed by RMT
- Mental health involved in 92% of situations
- Avg. of 11 risk factors/situation high complexity of need





Mental health for all

Emergency Medical Services provided to individuals presented at RMT – 2013, 2014, and 2015 (Jan-Apr).

		2013 2014		2014	2015	
				2011		(as of April 2015)
	# of	Estimated	# of Estimated		# of	Estimated
	calls	Cost	calls	Cost	calls	Cost
Female 40-59	34	\$8,160	65	\$15,600	3	\$720
Male 40-59	26	\$6,240	25	\$6,000	2	\$480
Female 40-59	41	\$9,840	52	\$12,480	9	\$2,160
Total	101	\$24,240	142	\$34,080	14	\$3,360

Estimated cost was calculated using an avg. cost of \$240 per ambulance trip⁴



Health Sciences North Referrals to RMT, May – August 2018 n=33

Health Service Utilization Impact	30 days pre- RMT referral (n=33)	30 days post- RMT referral (n=31*)	% change 30 day pre vs. 30 day post (n=31*)
Emergency Department Visits	42	13	↓68%
Community Mental Health Crisis Visits	50	14	↓71%
Withdrawal Management Service Visits	18	8	↓ 56%



Greater Sudbury Police Service cost-savings analysis: Police involvement following RMT presentations in 2015

Resources spent per month of	n the 65 RMT	Cases in 2015
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Year	Average Monthly RMT Related Occurrences	Average Hospital Wait Time (minutes)	Estimated Cost Per Month	Estimated Cost Per Year	Cost Difference from Previous Year
2014	35	141	\$7,029.09	\$84,349.02	N/A
2015	67	118	\$11,608.64	\$139,303.68	\$54,954.66
2016	40	132	\$7,837.28	\$94,047.36	-\$45,256.32

Estimated cost calculated based on 1st Class Constable hourly wage and hospital wait times.

Estimated \$696.25 saved per case on average the year after RMT response.



Emergency Medical Services Provided to Individuals presented to RMT: 2013, 2014 and 2015 (Jan-Apr)

	2013		2014		2015	
	# of calls	Estimated cost	# of calls	Estimated cost	# of calls	Estimated cost
Individual Female (40-59)	34	\$8,160	65	\$15,600	3	\$720

HSN Health Service Utilization to Individuals presented to RMT: May – August 2018 (n=33)

Health Service Utilization Impact	30 days pre-RMT referral (n=33)	30 days post-RMT referral (n=31*)	% change 30 day pre vs. 30 day post (n=31*)
Emergency	42	13	↓ 68%
Department Visits			



RMT "ah ha" moments

- Process and relationships are as important as outcomes... and much more difficult to measure
- "Connected" does not always mean "safe and supported" – we can think differently and creatively about how we provide care
- Responding to mitigate risk is critical.
 Effective use of the data is our best way to prevent risk in the first place





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Thank you
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