



INTEGRATED CARE TEAM (ICT-1) FINANCIAL IMPACT REPORT

Executive Summary

The ICT-1 Integrated Care Team, a pilot program created as a joint multi-disciplinary team with members from first response agencies, law enforcement, and community mental health services has been tasked with delivering services to mental health crises in the Sedgwick County community as they occur in real time. While the primary mission of this pilot program is to ensure appropriate resources are allocated to mental health and substance abuse emergencies as they arise, another goal of the pilot program is to study the financial impact the team has on existing system resources and to identify any potential cost savings. Costs figures used in this summary, unless otherwise noted, were obtained from a 2018 WSU Public Policy and Management Center study regarding the financial impact of the Substance Abuse Center of Kansas and COMCARE Community Crisis Center. The data set utilized for this summary is current up to October 31th, 2019, (53.5 completed 12-hour shifts out of 55 scheduled). One full shift and one partial shift were not completed because of employee sick time preventing the team from deploying.

Readiness Savings

It should be noted that cost savings should not be directly correlated to reduction in budgetary need for services discussed in this report, but rather show an increase in readiness of personnel, vehicles, and equipment for response to other emergencies. For example, if a full FTE in cost were saved on a law enforcement officer, it should not be assumed that staffing tables should be reduced by one FTE. Rather, that FTE would be available for response to other call types besides mental health emergencies.

Unique Services Provided

The ICT-1 pilot program is focused on creating innovative and efficient pathways for those experiencing mental health crises to access resources for help in the community. Those served by the ICT-1 pilot program often would not have accessed any current services. A police departmental response to mental health crises often results in a safety assessment and then clearing of the officer, without any additional resources provided, and subsequently produce more 911 calls in the following hours or days. Additionally, many of the responses that ICT-1 attends are patients who would be appropriate for COMCARE Community Crisis Center services, but either cannot or would not navigate themselves to the Crisis Center. There are many other factors surrounding these issues that are difficult to quantify and assign dollar value to. The reader is cautioned to keep these in mind while reviewing this document.



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Law Enforcement Impact

ICT-1 always has a law enforcement officer, either an officer from WPD, or a deputy from Sedgwick County Sheriff Department on the unit. As such, ICT-1 functions as a law enforcement unit and when they respond to mental health or substance use crises, they are able to free up an officer to go back to their normal patrol. Approximately **70%** of ICT-1 responses free up a law enforcement officer.

Additionally, ICT-1 has developed process to take ownership of involuntary hospital transports for psychiatric holds. This is a process that has in the past tied up officers or deputies for upward of three hours in emergency department waiting rooms, awaiting secure placement. ICT-1 has initially had similar experiences, but has seen significant decreases in wait times because of efficiency in medical and psychiatric hand-off reports. What would normally have tied an officer or deputy up for three hours, can be handled by ICT-1 in half the time.

The cost for a police officer is \$46 per hour. ICT-1 has had an officer dedicated to mental health calls for a total of approximately 226 hours. The median time spent on calls is 1 hour 19 minutes. A conservative estimate of law enforcement impact is assuming that 70% of the time that ICT-1 responds to a call, an officer is freed up. Therefore the cost savings per every hour that ICT-1 is on a call is \$32.20. This gives a figure of cost savings at \$7303.23 to date, or an average of \$137.80 in savings per shift worked.

If ICT-1 coverage were offered 365 days a year, anticipated savings with current response ability would be \$50,297

Cost of officer/hour	Officers freed up	Time ICT-1 spent in LEO capacity	Total savings	Projected savings with 365 day coverage
\$46	141	226	\$7303.23	\$50,297



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COMCARE Community Crisis Center Impact

The COMCARE Community Crisis Center is staffed by Qualified Mental Health Professionals who screen walk in mental health emergencies. This service costs \$34.38 per hour and is often times backlogged due to high demand. A typical screening at the Community Crisis Center takes about an hour to perform. Approximately 25% of these screens result in an admission to the Crisis Observation Unit (COU) at a cost of \$884 per admission to COU.

ICT-1 prevented 105 Community Crisis Center screens, resulting in a savings of \$3919.32. Assuming that 25% of these would also have been COU admits, there were 29 COU admissions avoided for additional savings of \$25,636. Total cost savings are \$29,555.32, or \$552.44 per shift worked.

If ICT-1 coverage were offered 365 days a year, anticipated savings with current response ability would be \$201,640.

Cost of QMHP/hour	Community Crisis visits avoided	COU admissions avoided	Crisis screening savings	COU savings	Projected savings with 365 day coverage
\$34.38	114	29	\$3919.32	\$25,636	\$201,640



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EMS Impact

The cost of staffing an EMS unit is \$268.81 per hour (figure obtained from EMS). Assuming that an average time spent on assessment and if needed, transport of a mental health emergency to a local ED is one hour. ICT-1 has prevented 92 EMS responses, creating \$24,744 in readiness savings or \$462.51 per shift worked.

If ICT-1 coverage were offered 365 days a year, anticipated savings with current response ability would be \$91,414.25.

Cost of ambulance coverage	Number of EMS calls avoided	Average time spent on mental health call for EMS	EMS Savings	Projected savings with 365 day coverage
\$268.81	92	1 hour	\$24,744.32	\$168,816.15

Fire Department Impact

The cost of staffing a Wichita Fire Department first response squad unit is \$43.47 per hour (figure obtained from WFD). Assuming that an average time spent on assessment and on scene management of a mental health emergency is 30 minutes, the average cost for one of these responses would be \$21.73. ICT-1 has prevented 96 fire responses, creating \$2,086.56 in readiness savings or \$39 per shift worked.

If ICT-1 coverage were offered 365 days a year, anticipated savings with current response ability would be \$14,235

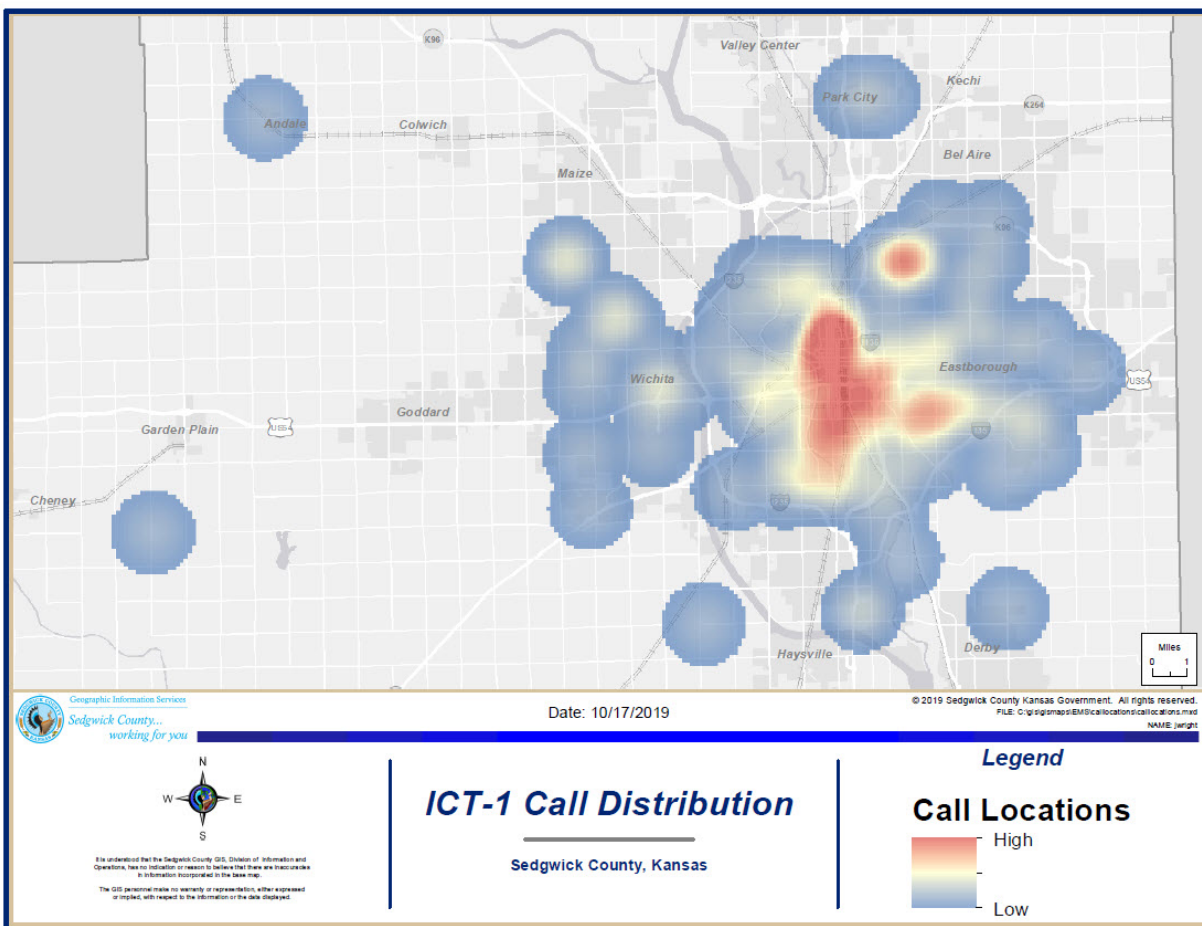
Cost of first response squad coverage	Number of first response calls avoided	Average time spent on mental health call for WFD Squad	WFD Savings	Projected savings with 365 day coverage
\$43.47	96	0.5 hours	\$2,086.56	\$14,235



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City vs County Distribution

This report has generalized costs between city and county fire departments as well as WPD vs SCSO departmental costs and it should be acknowledged that there are differences between costs between these departments. Our current data set has not drilled down to specific call differences on whether resources freed up would be City of Wichita resources or Sedgwick County resources. For reference on the distribution of calls responded to by ICT-1, see the below heat map:





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Cost of ICT-1 Program

The estimated initial cost of the ICT-1 90 day startup program is \$113,812 (although it should be noted that identifying the exact cost is difficult because of the multiple agencies, costs centers, and budgets utilized to bring this project to fruition). This cost figure includes personnel, vehicle, and equipment for the 90 day pilot with 4 day a week staffing.

The cost for running the ICT-1 program continuously for the first year at current staffing of four 12 hour shifts a week (or 208 days a year) is \$268,271.50. This includes the cost of the initial pilot, which covers the cost of initial vehicle and equipment purchase. Subsequent years, which do not include vehicle and equipment initial cost, but do take into account fuel, set aside for vehicle replacement, and maintenance, is \$219,996.50 (for 208 days a year). If the ICT-1 program was expanded to 365 day/year coverage, the cost would be \$425,624.10 for the first year (taking into account that the pilot was not 7 day week coverage) and \$386,051.55 for subsequent years.

	90-day Pilot	208 day coverage	365 day coverage
Initial Year	\$113,812	\$268,271.50	\$425,624.10
Subsequent Years	N/A	\$219,996.50	\$386,051.55



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Total Financial Impact

The ICT-1 program during 53.5 active days of pilot has saved a total of \$53,746.10 for 53.5 shifts worked. If these costs savings were extrapolated out over a year with current staffing of four days a week for 52 weeks (208 day coverage) the savings would be \$247,884.00. If 365 day year coverage was provided, the total cost savings for the system would be \$434,988.75.

Projected cost savings are greater than the cost of the program, utilizing either the 208 day year model (net \$48,912.14 savings) or the 365 day year model (net \$85,831.40 savings).

<u>Department</u>	<u>Savings per shift</u>	<u>Savings (53.5 days)</u>	<u>Projected Savings (208 day coverage)</u>	<u>Projected savings (365 day coverage)</u>
Law enforcement	\$137.80	\$7,372.30	\$28,662.40	\$50,297.00
EMS	\$462.51	\$20,350.44	\$96,202.08	\$168,816.15
Fire	\$39.00	\$1,716.00	\$8,112.00	\$14,235.00
COMCARE	\$552.44	\$24,307.36	\$114,907.52	\$201,640.60
<u>Savings</u>	\$1,191.75	\$53,746.10	\$247,884.00	\$434,988.75
<u>Cost</u>		(\$113,812.75)	(\$219,996.50)	(\$386,051.55)
<u>Difference</u>		(\$60,066.65)	\$27,887.50	\$48,937.20