



INTEGRATED CARE TEAM (ICT-1)

ROLLOUT PACKET

Compiled and Prepared 7/16/2019 by Malachi Winters, Program Manager

Office of the Medical Director

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Introduction

Background information

The ICT-1 pilot program was conceived as a next step in a previous collaborative project aimed at reducing WFD calls to high frequency, low acuity medical calls. The Optimized Deployment Project successfully reallocated resources in the 911 system to better match patients with the emergency response resources they needed at the time (See Appendix A). Given the success of the program and the potent impact of inter-agency cooperation, Wichita Fire Department suggested further collaboration to address unmet needs in the community. The Office of the Medical Director proposed emulating a new model for responding to mental health crisis that had already been successful in two other systems in the region (See Appendix B). Consensus to move forward was reached from community stakeholders and department heads from each proposed department.

The City of Wichita and Sedgwick County emergency response departments (WFD, SCFD1, WPD, SCSO, SCEMS, and Emergency Communications) partnered together with COMCARE to run a 90-day pilot program, branded the Integrated Care Team (ICT-1) beginning on July 30th, 2019 and ending on October 31st, 2019. This pilot program will explore the effectiveness and feasibility of an integrated care team consisting of a law enforcement officer, a qualified mental health professional, and a paramedic to respond to acute mental health crises in Sedgwick County. This team is tasked with getting the most appropriate resources to individuals experiencing a mental health crisis and is anticipated to have impacts on the community by reducing ER usage, law enforcement responses, and COMCARE Crisis visits.

The development of this pilot project has been a cooperative agreement with engagement from department heads from all aforementioned agencies. Each agency will be donating personnel time and/or equipment and resources from their existing budget to implement the 90 day model.

Team Composition

The ICT-1 pilot program will deploy three personnel in a response vehicle to respond to mental health emergencies. These three personnel will be:

- A) A Law Enforcement Officer (LEO) provided by either Wichita Police Department or Sedgwick County Sheriff Office
- B) A Qualified Mental Health Professional (QMHP) provided by COMCARE
- C) A Paramedic (Medical Provider) provided by Sedgwick County EMS, Wichita Fire Department, or Sedgwick County Fire District No. 1.

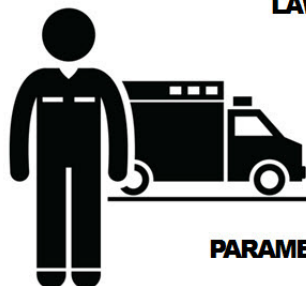
INTEGRATED CARE TEAM (ICT-1)



**QUALIFIED MENTAL
HEALTH WORKER**



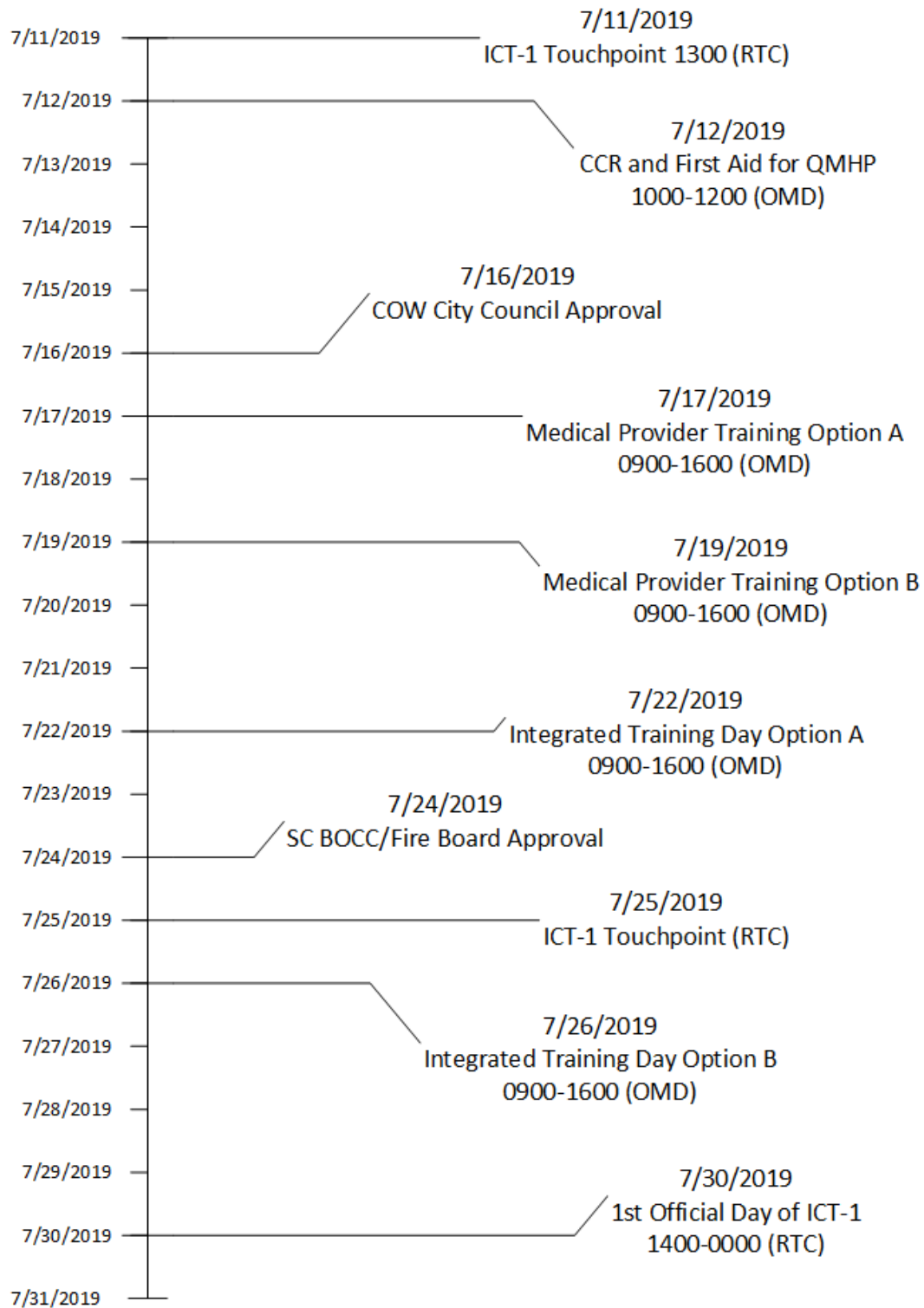
LAW ENFORCEMENT OFFICER



PARAMEDIC

Timeline

Important dates



Calendar/Schedule

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August 19

Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday
July 30	31	August 1	2	3	4	5
EMS X – Roberts WPD - Turner Lantz COMCARE	EMS O - Shastid WPD - Turner Lantz COMCARE	WFD B SHIFT WPD - Turner Lantz COMCARE	OMD - Winters WPD - Turner Lantz COMCARE			
6	7	8	9	10	11	12
EMS O - Shastid SCSO - Broussard Lantz COMCARE	WFD B SHIFT SCSO - Broussard Lantz COMCARE	EMS X - Roberts SCSO - Broussard Lantz COMCARE	SCFD A SHIFT SCSO - Broussard Slifer COMCARE			
13	14	15	16	17	18	19
WFD B SHIFT SCSO - Broussard Lantz COMCARE	EMS O - Shastid SCSO - Broussard Lantz COMCARE	SCFD A SHIFT SCSO - Broussard Lantz COMCARE	WFD B SHIFT SCSO - Broussard Lantz COMCARE			
20	21	22	23	24	25	26
EMS O - Shastid WPD - Turner Lantz COMCARE	SCFD A SHIFT WPD - Turner Lantz COMCARE	WFD B SHIFT WPD - Turner Slifer COMCARE	EMS O - Shastid WPD - Turner Lantz COMCARE			
27	28	29	30	31	September 1	2
EMS X - Roberts WPD - Turner Lantz COMCARE	WFD B SHIFT WPD - Turner Lantz COMCARE	OMD - Winters WPD - Turner Lantz COMCARE	SCFD A SHIFT WPD - Turner Slifer COMCARE			

September 19						
Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday
August 27	28	29	30	31	September 1	2
3	4	5	6	7	8	9
WFD B SHIFT SCSO - Broussard Slifer COMCARE	EMS X - Roberts SCSO - Broussard Lantz COMCARE	SCFD A SHIFT SCSO - Broussard Lantz COMCARE	WFD B SHIFT SCSO - Broussard Lantz COMCARE			
10	11	12	13	14	15	16
EMS X - Roberts SCSO - Broussard Lantz COMCARE	SCFD A SHIFT SCSO - Broussard Lantz COMCARE	WFD B SHIFT SCSO - Broussard Lantz COMCARE	EMS X - Roberts SCSO - Broussard Lantz COMCARE			
17	18	19	20	21	22	23
EMS O - Shastid WPD - Turner Lantz COMCARE	WFD B SHIFT WPD - Turner Lantz COMCARE	EMS X - Roberts WPD - Turner Lantz COMCARE	SCFD A SHIFT WPD - Turner Lantz COMCARE			
24	25	26	27	28	29	30
WFD B SHIFT WPD - Turner Lantz COMCARE	EMS O - Shastid WPD - Turner Lantz COMCARE	SCFD A SHIFT WPD - Turner Lantz COMCARE	WFD B SHIFT WPD - Turner Lantz COMCARE			

October 19						
Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday
October 1	2	3	4	5	6	7
EMS O - Shastid SCSO - Broussard Lantz COMCARE	SCFD A SHIFT SCSO - Broussard Lantz COMCARE	WFD B SHIFT SCSO - Broussard Lantz COMCARE	OMD - Winters SCSO - Broussard Lantz COMCARE			
8	9	10	11	12	13	14
EMS X - Roberts SCSO - Broussard Lantz COMCARE	WFD B SHIFT SCSO - Broussard Lantz COMCARE	EMS O - Shastid SCSO - Broussard Lantz COMCARE	SCFD A SHIFT SCSO - Broussard Lantz COMCARE			
15	16	17	18	19	20	21
WFD B SHIFT WPD - Turner Lantz COMCARE	EMS X - Roberts WPD - Turner Lantz COMCARE	SCFD A SHIFT WPD - Turner Lantz COMCARE	WFD B SHIFT WPD - Turner Lantz COMCARE			
22	23	24	25	26	27	28
EMS X - Roberts WPD - Turner Lantz COMCARE	SCFD A SHIFT WPD - Turner Lantz COMCARE	WFD B SHIFT WPD - Turner Lantz COMCARE	EMS X - Roberts WPD - Turner Lantz COMCARE			
29	30	31	November 1	2	3	4
EMS O - Shastid SCSO - Broussard Lantz COMCARE	WFD B SHIFT SCSO - Broussard Lantz COMCARE	OMD - Winters SCSO - Broussard Lantz COMCARE				

Metrics

Metrics that will be tracked and reported by the ICT-1 Program Manager will be:

1) Disposition of each call:

- ICTA – Cancelled Prior to Arrival
- ICTB – No Patient Found
- ICTC – Refusal of Care
- ICTD – Handoff to EMS
- ICTE – Handoff to LE
- ICTF – Treat in Place – Verbal Support
- ICTG – Treat in Place – Printed Resources
- ICTH – Treat in Place – Natural Support
- ICTI – Treat in Place – Appointment
- ICTJ – Treat in Place – Other
- ICTK – Transport – Hospital, Involuntary
 - Note: This is non-medical transport only
- ICTL – Transport – Hospital, Voluntary
 - Note: This is non-medical transport only
- ICTM – Transport – SACK
 - Substance Abuse Center of Kansas
- ICTN – Transport – COU
 - COMCARE Crisis Observation Unit

- ICTO – Transport – POU
 - Psychiatric Observation Unit at St Joseph
 - ICTP – Transport – Jail
 - ICTQ – Transport - Other
- 2) Number of units freed up from mental health calls
 - 3) Number of transports to crisis center averted
 - 4) Number of transports to ED averted
 - 5) Percentage of patients treated in place
 - 6) Incidence of medication administered by paramedic
 - 7) Number of field medical screenings performed
 - 8) Validation of field medical screening (of those medically cleared, how many had to have EMS called back, or were seen for a medical condition within 48 hours)

Tracking Form

PATIENT NAME

- 1) WERE ANY **LAW ENFORCEMENT** UNITS FREED UP?
- 2) WERE THERE ANY **FIRE APPARATUS** FREED UP?
- 3) WERE THERE ANY **EMS UNITS** FREED UP?
- 4) WAS A VISIT TO **COU** AVOIDED?
- 5) WAS A VISIT TO AN **ED** AVOIDED?
- 6) WAS MEDICATION ADMINISTERED?
- 7) WAS A FIELD MEDICAL SCREENING PERFORMED?
- 8) WAS THE PATIENT TRANSPORTED BY **ICT-1**?
- 9) DID THE PATIENT GO TO JAIL?
- 10) WHICH ER DID THE PATIENT GET TRANSPORTED TO?
 - A. ST JOSEPH
 - B. ST FRANCIS
 - C. WESLEY MAIN
 - D. WESLEY WOODLAWN
 - E. OTHER/NONE

A = YES
B = NO

GRAM #

DISPOSITIONS

11)
 A. ICTA - CANCELLED PRIOR TO ARRIVAL
 B. ICTB - NO PATIENT FOUND
 C. ICTC - REFUSAL OF CARE
 D. ICTD - HANDOFF TO EMS
 E. ICTE - HANDOFF TO LE

12)
 A. ICTF - TREAT IN PLACE - VERBAL SUPPORT
 B. ICTG - TREAT IN PLACE - PRINTED RESOURCES
 C. ICTH - TREAT IN PLACE - NATURAL SUPPORT
 D. ICTI - TREAT IN PLACE - APPOINTMENT
 E. ICTJ - TREAT IN PLACE - OTHER

13)
 A. ICTK - TRANSPORT - HOSPITAL, INVOLUNTARY
 B. ICTL - TRANSPORT - HOSPITAL, VOLUNTARY
 C. ICTM - TRANSPORT - SACK
 D. ICTN - TRANSPORT - COU
 E. ICTO - TRANSPORT - POU

14)
 A. ICTP - TRANSPORT - JAIL
 B. ICTQ - TRANSPORT - OTHER

Name	
Date	Period

1	A	B	C	D	E	11	A	B	C	D	E
2	○	○	○	○	○	12	○	○	○	○	○
3	○	○	○	○	○	13	○	○	○	○	○
4	○	○	○	○	○	14	○	○	○	○	○
5	○	○	○	○	○	15	○	○	○	○	○
6	○	○	○	○	○	16	○	○	○	○	○
7	○	○	○	○	○	17	○	○	○	○	○
8	○	○	○	○	○	18	○	○	○	○	○
9	○	○	○	○	○	19	○	○	○	○	○
10	○	○	○	○	○	20	○	○	○	○	○

A B C D E

Policies

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Contract

CONTRACT

WICHITA-SEDGWICK COUNTY COMMUNITY PARA-MEDICINE TEAM

This Agreement, entered into this ____ day of July, 2019, by and between the City of Wichita, Kansas, a Kansas municipal corporation (hereinafter "CITY"), and Sedgwick County, Kansas, (hereinafter "COUNTY"), and Sedgwick County Sheriff's Office (hereinafter "SCSO"), and Sedgwick County Fire District No. 1 (hereinafter "SCFD").

WITNESSETH:

WHEREAS, CITY, COUNTY, SCSO, and SCFD desire in partnership to provide joint services to the citizens of Sedgwick County, Kansas, through a joint Community Para-Medicine Team, which shall be named, "Integrated Care Team" (hereinafter "ICT Program").

WHEREAS, CITY agrees to devote resources and personnel from the Wichita Fire Department and Wichita Police Department to the ICT Program.

WHEREAS, COUNTY agrees to devote resources and personnel from the Sedgwick County EMS and COMCARE to the ICT Program.

WHEREAS, SCSO agrees to devote resources and personnel to the ICT Program.

WHEREAS, SCFD agrees to devote resources and personnel to the ICT Program.

WHEREAS, the Parties are authorized to enter into this Agreement pursuant to K.S.A. 13-2008.

NOW, THEREFORE, the above named parties do hereby agree as follows:

The term "Party" as used throughout this Agreement shall mean a party to this Agreement, and "Parties" means every party to this Agreement.

SECTION 1. Purpose. The Parties agree that the purpose and mission of the ICT Program shall be to provide a mobile crisis response with a specialized multi-disciplinary team to provide treatment, resources and appropriate disposition for individuals in behavior health crisis.

SECTION 2. Policies and Procedures. The Parties agree to work together to prepare and maintain a joint set of policies and standard operating procedures to provide direction and procedural guidance for the ICT Program. These joint policies and procedures shall be effective for the life of this Agreement and any renewals thereof, and shall be used as a companion to the policies and procedures of each involved department and agency from the participating Parties.

SECTION 3. Term and Renewal. This Agreement shall become effective as of the date first entered above, and shall continue between the CITY AND COUNTY until July 30, 2020.

unless sooner terminated under the provisions agreed to herein. As to the SCSO and SCFD, this Agreement shall become effective as of the date first entered above and continue for 90 days from the formal implementation of the program. The participation of SCSO and SCFD in the ICT Program shall not automatically renew upon expiration. This Agreement shall automatically renew for consecutive one (1) year terms until terminated by any remaining Party as expressly provided herein or as otherwise amended. Any Party may elect to terminate this Agreement at any time by giving ninety (90) days written notice to the other Parties according to the notice provisions of this Agreement.

SECTION 4. Vehicle Use. The Parties agree that the CITY will provide one (1) vehicle to be utilized by the ICT Program for the purposes of this Agreement, and such vehicle shall be clearly marked by painting and/or decals with the words "Integrated Care Team 1" and/or "ICT-1". Such vehicle provided by the CITY shall remain titled and registered to the CITY for the duration of this Agreement and any renewals thereof. The Parties agree that this vehicle shall when not in use be parked at a location agreed to by the Parties. Any additional vehicles devoted by any Party for the purposes of this Agreement shall remain registered and titled to the contributing Party, and shall be subject to the provisions of this Section and Section 5 of this Agreement. Each subsequent vehicle shall include sequential markings pursuant to this Section (e.g., "ICT-2", "ICT-3", etc.).

SECTION 5. Indemnity. Subject to the provisions of the Kansas Tort Claims Act, K.S.A. 75-6101, et. seq. ("KTCA"), and to the extent allowed by Kansas law, each Party agrees to indemnify, defend, and hold harmless the other Parties and their employees, representatives, and assigns, from any and all claims, demands, injuries, damages, judgments, liabilities, or losses, arising from operation by an employee of a Party of a vehicle contributed by another Party for the purposes of the ICT Program. The Parties agree that each Party is subject to the provisions of the KTCA for any negligent or wrongful act or omission of any Party's own employees while acting within the scope of their employment.

SECTION 6. Obligations.

CITY agrees to provide the following resources and personnel necessary to perform the purpose and mission of the ICT Program:

- a) One (1) vehicle pursuant to Section 4 of this Agreement, and any additional vehicles at the CITY'S discretion for use in the ICT Program.
- b) To provide for all regular maintenance and upkeep of all vehicles contributed for use in the ICT Program;
- c) An agreed amount of Full-Time Employee ("FTE") hours per 2-week schedule from the Wichita Fire Department;
- d) An agreed amount of FTE hours per 2-week schedule from the Wichita Police Department.

COUNTY agrees to provide the following resources and personnel necessary to perform the purpose and mission of the ICT Program:

- a) To stock and maintain the necessary inventory of medical equipment, tools, and supplies for all the vehicles contributed for use in the ICT Program. A list of necessary

inventory of medical equipment, tools, and supplies to be included in all ICT Program vehicles shall be established by mutual agreement of all Parties:

- b) An agreed amount of FTE hours per 2-week schedule from the Sedgwick County EMS;
- c) An agreed amount of FTE hours per 2-week schedule from the Sedgwick County COMCARE.

SCSO agrees to provide the following resources and personnel necessary to perform the purpose and mission of the ICT Program:

- a) An agreed amount of FTE hours per 2-week schedule.

SCFD agrees to provide the following resources and personnel necessary to perform the purpose and mission of the ICT Program:

- a) An agreed amount of FTE hours per 2-week schedule.

The Parties agree that all FTE hours provided by each Party shall be within a mutually agreed schedule and that the FTE hours contributed by each Party shall not conflict with the normal FTE schedule of each Party. The Parties further agree that no employee of any Party shall be deemed to be the employee or agent of any of the other Parties.

SECTION 7. Governing Law and HIPAA Compliance. This Agreement shall be governed under the laws of the State of Kansas. To the extent that each Party is considered a covered entity under the Health Insurance Portability and Accountability Act ("HIPAA"), each Party, pursuant to the policies and procedures of the involved departments and agencies of each Party and the joint act of policies and procedures established for the ICT Program, shall comply with all provisions of HIPAA including, but not limited to, provisions addressing privacy, security, and confidentiality.

SECTION 8. Notice. Whenever notice is required or otherwise given pursuant to this Agreement, it shall be given in writing, and either hand-delivered, faxed, or sent by registered or certified U.S. mail, postage prepaid, return receipt requested. For purposes of notices or other written communications, the following addresses shall be used, and may be changed from time to time upon written notice in accordance with this Section.

To the CITY:

E. C. Snow
 Fire Chief
 Wichita Fire Department
 City of Wichita
 455 N. Main
 Wichita, KS 67202
 FAX (316) 858-7702

If to the COUNTY:

Sedgwick County Manager's Office
 Attn: Contract Notification
 Sedgwick County Courthouse
 525 N. Main, Suite 543
 Wichita, Kansas 67203-3731
 FAX: (316) 383-7946

and

Sedgwick County Counselor's Office
 Attn: Contract Notification
 Sedgwick County Courthouse
 525 N. Main, Suite 359
 Wichita, Kansas 67203-3731
 FAX (316) 383-7007

If to the SCSO:

Colonel Greg Pollock
 Undersheriff
 Sedgwick County Sheriff's Office
 141 W. Elm
 Wichita, KS 67203
 FAX: (316) 660-3248

If to the SCFD:

Sedgwick County Fire District No. 1
 Attn: Fire Chief
 7750 N. Wild West Drive
 Wichita, Kansas 67147
 FAX: (316) 660-3171

SECTION 9. Amendments; Binding Effect. This Agreement represents the full and complete understanding of every kind or nature whatsoever between the Parties hereto relating to the ICT Program, and all preliminary negotiations and agreements of whatsoever kind or nature concerning this matter are merged herein. No verbal agreement or implied covenant shall be held to vary the provisions hereof. Any modification of this Agreement, will be effective only by written instrument signed by the Parties.

SECTION 10. Counterparts. This Agreement may be executed in several counterparts, each of which shall constitute an original and all of which shall constitute one and the same Agreement.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the day and year first above written.

CITY OF WICHITA, KANSAS

SEDGWICK COUNTY, KANSAS

Jeff Longwell, Mayor

David T. Dennis, Chairman
Commissioner, Third District

ATTEST:

ATTEST:


Karen Sublett, City Clerk

Kelly B. Arnold, County Clerk

APPROVED AS TO FORM:

APPROVED AS TO FORM:

Jennifer Magaña, Director of Law



Karen L. Powell, Deputy County Counselor

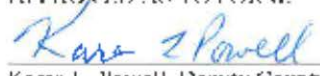
SEDGWICK COUNTY FIRE
DISTRICT NO. 1

David T. Dennis, Chairman
Governing Body for Sedgwick County
Fire District No. 1

ATTEST:

Kelly B. Arnold, County Clerk

APPROVED AS TO FORM:



Karen L. Powell, Deputy County Counselor

SEDGWICK COUNTY
SHERIFF'S OFFICE

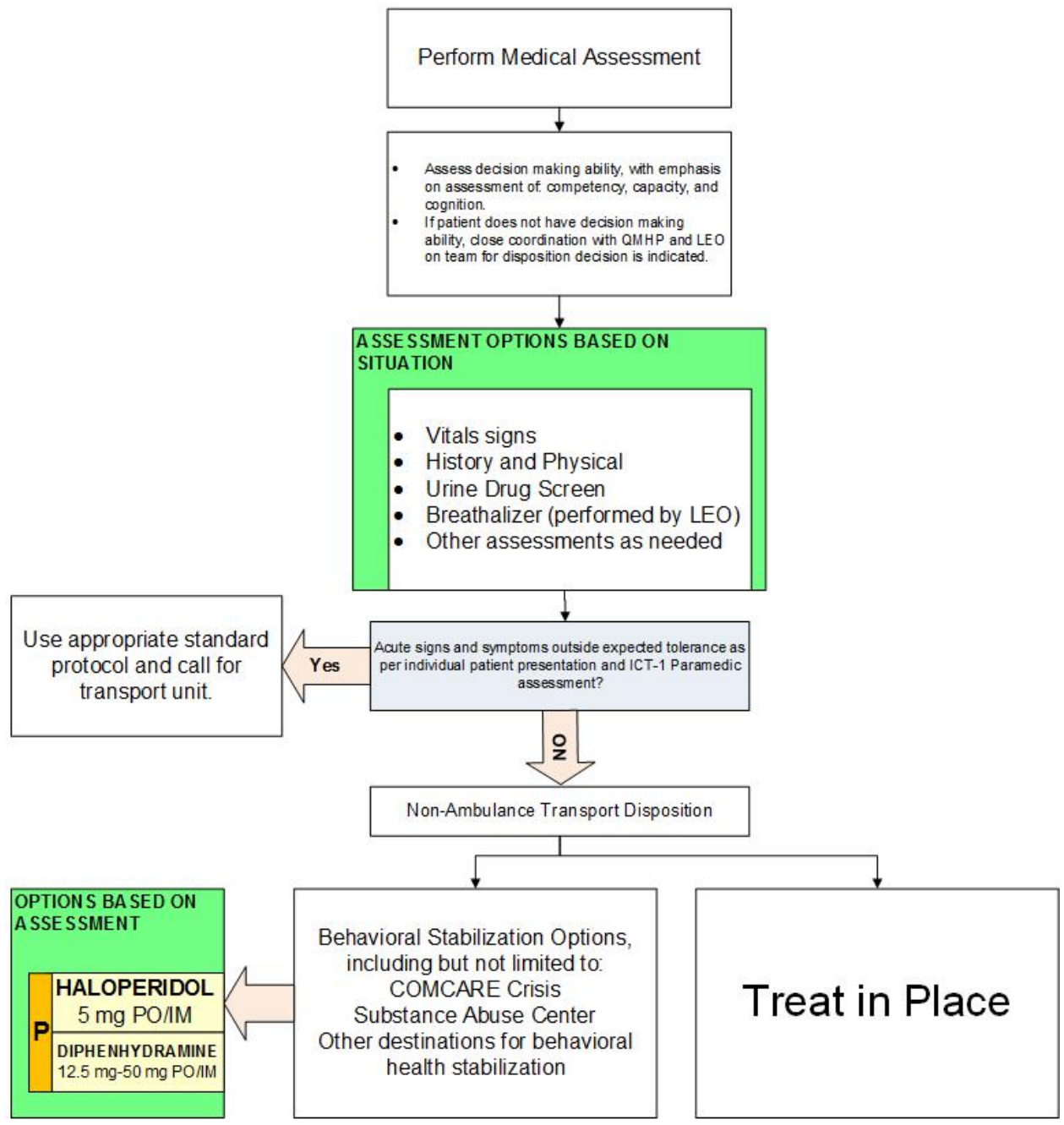
Jeffrey T. Easter, Sheriff

Medical Protocol

INTEGRATED CARE TEAM - 1 MOBILE INTEGRATED HEALTHCARE PROTOCOL Medical Society of Sedgwick County	MIH-2
	Effective (Insert Date)

V1.0 (6-13-2019)

This protocol is designed to be used by the Integrated Care Team (ICT-1) collaborative pilot program consisting of assigned personnel from Wichita Fire District #1, Office of the Medical Director, Sedgwick County Communications, Sedgwick County Sheriff, Sedgwick County Fire District #1, Comcare, Sedgwick County EMS, and Wichita Police Department. This protocol is to be used by the Medical Provider as defined in the ICT Interdepartmental Policies document. Medical Provider will be a OMD credentialed Paramedic, Community Paramedic, or Critical Care Paramedic assigned to the ICT-1 unit. This protocol is only to be used by the Medical Provider while on duty with ICT-1.



ICT Interdepartmental Policy

POLICY: ICT: Integrated Care Team

DATE REVISED: 6/27/2019

INTRODUCTION: The Integrated Care Team is a partnership between Wichita Fire District #1, Office of the Medical Director, Sedgwick County Communications, Sedgwick County Sheriff, Sedgwick County Fire District #1, COMCARE, Sedgwick County EMS, and Wichita Police Department. It is staffed with either a WFD, SCFD, or SCEMS Medical Provider, a WPD or SO Patrol Law Enforcement Officer, and a COMCARE Qualified Mental Health Professional.

Within this document:

- “ICT” is defined as Integrated Care Team as described above.
- “Law Enforcement Officer (LEO)” is defined as a sworn officer employed by WPD or SCSO with a current OMD credential of LEO.
- “Medical Provider” is defined as a KS licensed Paramedic with a current OMD credential of Paramedic, with additional OMD credential of ICT-Paramedic, provided by SCEMS, WFD, or SCFD.
- “Qualified Mental Health Professional” is defined as a licensed mental health professional who is an active employee of COMCARE of Sedgwick County.
- ICT Supervisor is defined as Program Manager of the Office of the Medical Director.

PURPOSE: To provide direction and procedural guidance for the Integrated Care Team. This policy is to be used as an interdepartmental resource that is to be used in conjunction with specific agency policies and procedures.

SCOPE: All team members of the Integrated Care Team

OPERATIONS

- The ICT is designed to respond to mental health crises and deliver a broad spectrum of care to the scene of the mental health crisis.
- The ICT cannot respond to every mental health emergency in the County, so appropriate triage and prioritization of response to calls is paramount.
- The primary focus of the ICT is to assess individuals and match them with the most appropriate resources. While this program will likely decrease utilization of some system resources, that is not the primary mission of the ICT.

SUPERVISION

- Supervision of ICT personnel will be performed by individual agency supervisors as assigned in rank structure.
- Performance monitoring and metric tracking of the ICT will be performed by ICT Supervisor at the Office of the Medical Director.
- Monthly performance reports will be compiled and disseminated to partner organizations by the ICT Supervisor.
- ICT Supervisor will report any personnel concerns to individual agencies in a prompt timeframe.
- If a team member has been identified as not being able to meet the goals of the program, a joint discussion regarding continued participation in the ICT will be held with representative agency supervisors. Any additional personnel action, if any, remains with individual agencies.

DOCUMENTATION

- Primary documentation source will be COMCARE system ***TO BE SPECIFIED BY COMCARE.***
 - Medical Assessment (MA) will be documented by Medical Provider in: HealthEMS under the ICT agency.
 - All calls involving crimes, an arrest or unusual circumstances will be documented in LEO departmental reporting system as per departmental policy, and routed to the other participating agencies when appropriate.
- ### UNIFORMS
- Uniforms will be dictated by individual departmental policy.
-

PROCEDURES

1. RESPONSE:

- ICT will respond to incidents only within Sedgwick County
- ICT will make all reasonable efforts to respond to calls within one hour
- Unit may self-dispatch to 9-1-1 calls that they feel are appropriate for the ICT model.
- ICT may take calls from units on scene with mental or behavioral health patients.

- ICT may self-dispatch to calls that the team has had previous contact with the subject.
2. CALL ASSIGNMENT AND DISPATCHING
 - ICT response units will log on and respond on the radio with the call sign ICT-1, ICT-2, etc. Units will be logged on to the dispatch group ICT.
 - All dispatch personnel, across all disciplines, will assign the dispatch group ICT to their board to monitor the availability and movement of the ICT unit.
 - Law enforcement personnel assigned to the team will monitor law enforcement channels, fire personnel will monitor the Ops channel, and EMS personnel will monitor the EMS channel.
 - ICT personnel will listen for opportunities to respond (self-dispatch) to appropriate situations that can be addressed by the multidisciplinary team. The ICT team can choose to disregard other responding units.
 - When assigned to a call, ICT personnel will actively monitor and respond on the talk group of jurisdiction for the event. It is the responsibility of the dispatcher assigned to that talk group to monitor the team's status while on the call, relay call information, verify that responding personnel are aware of any safety concerns and offered backup when appropriate, check on personnel, and respond to requests from personnel.
 - Emergency Communications dispatchers may contact ICT personnel to request a response to a call that is identified by field personnel to be within the purview of the team. The decision to respond and/or to disregard additional personnel will be made by the ICT personnel.
 3. CANCELLING UNITS FROM OTHER AGENCIES
 - ICT may cancel 9-1-1 units and take over patient care. Medical Provider is responsible for documentation of medical care. QMHP is responsible for documentation of care for mental health needs.
 - When requesting additional units, the ICT-1 may request response priority.
 4. TRANSPORTING INDIVIDUALS IN ICT VEHICLE
 - ICT vehicle is not to be considered an ambulance.
 - Patients must follow all policies for transportation in a city vehicle.
 5. PARKING AND LOCKING ICT VEHICLE
 - ICT vehicle is to be locked at any time the team is away from it.
 - The ICT LEO will make every attempt to safely park the vehicle out of traffic and if unable to do so will activate emergent lighting.
 6. SCHEDULING
 - **TBD BY GROUP**
 - Refer to individual agency internal policies for sick call, vacation use, injury leave, and other policies regarding compensation.
 7. INTERNAL AND EXTERNAL COMPLAINTS AND COMPLIMENTS
 - All complaints or compliments will be documented and sent to the ICT Supervisor at OMD.
 - The ICT Supervisor will disseminate a form to the appropriate agencies for review and/or action.

- Patient/Client complaints will be addressed by the ICT Supervisor within seven days of receipt and disseminated to appropriate agencies for review.
- Media Requests/PIO/KORA requests will be directed to ICT Supervisor and coordinated with City and County Communication Departments.

8. RIDE ALONGS

- All riders will be scheduled through the ICT Supervisor at the Office of the Medical Director and communicated to agency supervisors.
- All riders and coordinated observations will be vetted and approved by all agencies.
- Riders will be given information packets of expectations and release of liability form will be signed. Tracking form will be filled out and left with ICT team members at the end of the shift to be submitted to ICT supervisor.
- Law enforcement riders may carry their weapon.

9. TEAM MEMBER ROLES AND RESPONSIBILITIES

- This unit must function as a team, with the understanding that each role is very specific to each other's training, certification and licensures. Each is expected to be the expert in their field and has the final decision making authority within their scope of practice. It is expected that the team will work to arrive at consensus prior to disposition. If agreement is not reached ICT Supervisor must be contacted.
- LEO is responsible for safety, de-escalation and breathalyzer.
- Medical Provider is responsible for all medical screening, clearance, medical documentation, and medical disposition
- QMHP is responsible for behavioral health assessment, disposition, legal documents, if appropriate, Safety Planning and provision of resources.

10. OFFICER DOWN

- In the unlikely event of the LEO being injured or incapacitated, immediately call for additional resources. The Medical Provider will render medical care if safe to do so. If the scene is unsafe the QMHP will attempt to find a safe place of cover or concealment. An ICT supervisor should be notified as soon as safe to do so.

11. BODY WORN CAMERAS

- There is no HIPAA concern for recording during calls.
- Body worn camera footage will not be included as part of the medical record.
- LEO will follow departmental policies regarding body worn cameras.

12. LAW ENFORCEMENT SPECIFIC POLICIES WITH IMPLICATION TO TEAM

- Law enforcement will follow all departmental policies and procedures regarding existing warrants, crimes committed and illicit drugs and/or paraphernalia on scene.
- Encounters resulting in arrest will be tracked for statistical purposes.

13. MEDICAL ASSESSMENT, PROCEDURES, AND PROTOCOLS

- The ICT Medical Provider will adhere to all State, Local, and ICT policies when performing testing in accordance with state regulations and local protocols.
- Medical Provider will be the sole individual responsible for gathering samples and performing lab testing on specimens.
- Breathalyzer will be performed by LEO.
- All medical procedures beyond the scope of basic first aid and CPR will be performed by the Medical Provider.
- Basic first aid and CPR that would normally be rendered by a lay person may be rendered by LEO or QMHP if an emergent situation arises.

14. Agencies will follow HIPAA policies as determined by departmental policies and procedures. MEDICAL EQUIPMENT AND POINT OF CARE LABORATORY EQUIPMENT

- Medical equipment and laboratory equipment will be provided by EMS.

15. INVOLUNTARY HOLDS

- **MOBILE PRINTED HOLD PAPERWORK WITH SIGNATURE**

WPD Policy

SUBJECT: Integrated Care Team	
Effective Date:	Distribution: All Personnel
Reviewed/Approved Date:	Next Review Date:
Approved By:	Amends/Rescinds
<i>This Policy is for departmental use only and does not apply in any criminal or civil proceeding. This Policy should not be construed as creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this Policy will only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting</i>	

I. INTRODUCTION

The Wichita Police Department is dedicated to offering the best solutions related to mental health, and mental crisis. The purpose and mission of the Integrated Care Team (ICT) is to provide a mobile crisis response with a specialized multi-disciplinary team to provide treatment, resources, and appropriate disposition for individuals in mental health crisis. The ICT is a partnership between the WPD, WFD, SCFD, SCSO, SCEMS, Office of the Medical Director, and Comcare. This unit is currently available 10 hours a day, four days a week. It is staffed with either a WPD or SCSO Patrol Officer; a WFD, SCFD, or SCEMS Medical Provider; and a mental health professional from Comcare. This unit is designed to assist members of our community that need access to behavioral and mental health treatment in acute crisis. The goal is to provide immediate access to care while minimizing the demand on emergency resources.

II. PURPOSE

To provide direction and procedural guidance for the ICT. This policy is to be used as a companion to policy and procedures that apply to team members from the Wichita Police Department.

I. POLICY

This unit by nature is designed to work with multiple agencies across Sedgwick County. In regards to interacting with people with mental illness please refer to policy 519.

A. Response

1. This unit will respond to incidents only within Sedgwick County.
2. This unit will self-dispatch to low priority calls into 9-1-1.
3. This unit can take calls from units on scene with mental or behavioral health issues.
4. This unit can self-dispatch to calls that the team has had previous contact with the individual.
5. Officers will operate on and monitor WPD/SCSO radio channels and

CAD.

6. The Integrated Care Team may cancel other patrol units and take over care.
7. Any documentation related to the behavioral health call is the ICT officer's responsibility. In the event of a criminal report or incident that would require extensive investigation or undue burden on the team, the officer shall request an additional unit; unless the report can easily be handled by the ICT officer.
8. The unit will answer to the ICT Supervisor.

B. Transportation

1. This unit will transport only medically cleared individuals as determined by the medical provider.
2. If an ambulance or secure vehicle is needed for transport, the unit will request one as needed.

C. Training

1. Due to the unique nature of this unit additional training will be needed.
2. Members must be trained in Crisis Intervention Team training and should seek out additional training related to mental health and de-escalation.

D. Ride Along (IF NECESSARY)

- a. All riders will be scheduled through the ICT Supervisor and communicated to all agency supervisors. All riders that are not employed by sponsoring agencies must be pre-approved by all agencies supervisors.
- b. Visiting agencies from Law Enforcement, Fire Service, and EMS do not require background checks.
- c. All other riders must complete a background check before riding.

SCSO Policy



General Order 47.3 Integrated Care Team (ICT)

PURPOSE: Provide direction and procedural guidance for employees assigned to the Integrated Care Team (ICT).

DATE OF APPROVAL: DRAFT

DATE OF ISSUE:

EFFECTIVE DATE:

REVIEW DATE: Annual

AMENDS:

THIS ORDER CANCELS:

ISSUED BY : Sheriff Jeffrey Easter

REVIEWED BY:

INDEX AS:

- 47.3.1 Response
- 47.3.2 Transportation
- 47.3.3 Complaints or Compliments
- 47.3.4 Lab Testing and Medical Procedures
- 47.3.5 Communication
- 47.3.6 Ride A Long

DEFINITIONS

- A. Integrated Care Team: The Integrated Care Team (ICT) is a partnership between the Wichita Fire Department (WFP), Sedgwick County Fire Department (SCFD), Wichita Police Department (WPD), The Sedgwick County Sheriff's Office (SCSO), Sedgwick County EMS (SCEMS), Office of the Medical Director and Comcare. This unit is available 10 hours a day, for four days a week. It is staffed with either WFD, SCFD, or SCEMS Medical Provider, a WPD or SO Patrol Officer, and a mental health professional from Comcare.

- B. Medical Provider: ? will need to obtain one from the group.

47.3.1 RESPONSE

- A. ICT will respond to incidents only within Sedgwick County.
- B. ICT top priority is responding to calls within one hour.
- C. ICT will self-dispatch to low priority calls into 9-1-1.
- D. ICT can take calls from units on scene with mental or behavioral health patients.
- E. ICT can self-dispatch to calls that the team has had previous contact with the subject.
- F. ICT may cancel 9-1-1 units and take over patient care. The Medical Provider is responsible for completing all patient reporting.

47.3.2 TRANSPORTATION

- A. ICT will transport only medically cleared patients as defined by protocol.
- B. Vehicle operator and passengers must be engaged in official business or receiving services unless they obtained prior authorization from the governing agency to ride in the vehicle. All occupants of the vehicle must follow all City of Wichita policies, procedures, and regulations for transportation in a city vehicle.

47.3.3 COMPLAINTS OR COMPLIMENTS

- A. All complaints or compliments will be documented and sent to the ICT Supervisor, EMS System Medical Director for Wichita/Sedgwick County EMS System, or their designee.
- B. The ICT Supervisor will disseminate a form to the appropriate agencies for review and/or action.
- C. Patient/Client complaints will be addressed by the ICT Supervisor within seven days of receipt and disseminated to appropriate agencies for review

47.3.4 LAB TESTING AND MEDICAL PROCEDURES

- A. All performed testing will be in accordance with state regulations, local protocols, and ICT's policies. All testing will be administered by the Medical Provider.

47.3.5 COMMUNICATION

- A. ICT personnel will use the Ops channel and will use radio call sign ICT (appropriate unit number).

47.3.6 RIDE ALONG

- A. All riders will be scheduled through the ICT Supervisor, EMS System Medical Director for Wichita/Sedgwick County EMS System or their designee, and communicated to all agency supervisors. All riders that are not employed by sponsoring agencies must be pre-approved by all agencies supervisors.

- B. Visiting agencies from Law Enforcement, Fire Service, and EMS do not require background checks.
- C. All other visiting agencies must complete a background check from ICT before riding.

47.3.7 DOCUMENTATION

- A. All calls involving crimes, an arrest or unusual circumstances will be document in a standard offense report and routed to the other participating agencies when appropriate. Reports will be generated as outlined in General Order 82.1.

EMS Policy

Section	Issued	CAAS/ Legal Reference
Special Operations	June 27, 2019	
Policy	Revised	Back to Table of Contents
Integrated Care Team (ICT-1)		
Authorization	Amends	Rescinds
Dennis Mauk, Director		

I. Policy

The Integrated Care Team (ICT) is a specialized multi-disciplined care team tasked with providing mobile support of social and mental health services for system users which have typically utilized emergency services. The ICT is a partnership between the WPD, WFD, SCFD, SCSO, SCEMS, Office of the Medical Director, and Comcare. This unit is designed to assist members of our community that need access to behavioral and mental health treatment in acute crisis. The ICT goal is to assist in routing system users to appropriate community resources and subsequently decrease the utilization of emergency services.

II. Procedure

- a. The ICT will be available 10 hours a day, four days a week. It will be staffed with either a WPD or SCSO Patrol Officer; a WFD, SCFD, or SCEMS Medical Provider; and a mental health professional from Comcare. Assigned providers will report the Office of the Medical Director for the duration of the assigned shift. ICT specific policies and procedures will be maintained by the Office of the Medical Director
- b. ICT Responses
 - i. This unit will respond to incidents only within Sedgwick County.
 - ii. The ICT medical provider will operate and monitor EMS CTRL channel.
 - iii. This unit will self-dispatch to low priority calls into 9-1-1.
 - iv. This unit can take calls from units on scene with mental or behavioral health patients.
 - v. The ICT may cancel 9-1-1 units and take over patient care.
 - vi. This unit can self-dispatch to calls that the team has had previous contact with the subject.

- c. ICT Medical Procedures
 - i. The ICT Medical Provider will evaluate individuals using the ICT Protocol authorized by the Medical Society of Sedgwick County.
 - ii. All performed testing will be in accordance with state regulations, local protocols, and ICT's (Integrated Care Team) policies. All testing will be administered by the Medical Provider.
- d. ICT Transport
 - i. Individuals who cannot be medical cleared will have to be transported via ambulance.
 - ii. The ICT vehicle should only be used to transport individuals who have been medically cleared defined by protocol and have signed a release of liability.
 - iii. Vehicle operator and passengers must be engaged in official business or receiving services unless they obtained prior authorization from the governing agency to ride in the vehicle. All occupants of the vehicle must follow all City of Wichita policies, procedures, and regulations for transportation in a city vehicle.
 - iv. The ICT Medical Provider is responsible for completing reports regarding the medical clearance of a patient.

COMCARE Policy

COMCARE of Sedgwick County

POLICIES AND PROCEDURES

POLICY: ICT: Integrated Care Team

DATE REVISED: 6/4/19

INTRODUCTION The Integrated Care Team (ICT) is a partnership between the WFD, SCFD, WPD, SO, SCEMS, Office of the Medical Director and Comcare. This unit is currently available 10 hours a day, four days a week. It is staffed with either WFD, SCFD, or SCEMS Medical Provider, a WPD or SO Patrol Officer, and a mental health professional from Comcare.

Within this document, "Qualified Mental Health Professional(QMHP)" is defined as a licensed mental health professional who is an active employee of COMCARE of Sedgwick County.

PURPOSE To provide direction and procedural guidance for the Integrated Care Team. This policy is to be used as a companion to policy and procedures that apply to team members from COMCARE of Sedgwick County.

SCOPE QMHP employed by COMCARE of Sedgwick County

OPERATIONS

- A. The QMHP is responsible for behavioral health assessment, disposition, legal documentation, if appropriate (ie Involuntary Admission Certificate or 24 hour hold), safety planning and provision of resources. The QMHP is responsible for appropriate behavioral health plan.
- B. QMHP will assist on the following call types as defined by ICT partnership within the QMHP's scope of practice which focused on providing mental health services:
 - a. This unit will respond to incidents only within Sedgwick County.
 - b. The unit's top priority is responding to calls within one hour.
 - c. This unit will self-dispatch to low priority calls into 9-1-1.
 - d. This unit can take calls from units on scene with mental or behavioral health patients.
 - e. This unit can self-dispatch to calls that the team has had previous contact with the subject.
 - f. The Integrated Care Team may cancel 9-1-1 units and take over patient care.
- C. Equipment
 - a. QMHP will have access to the following equipment as needed to perform tasks in

the field:

- i. Laptop
 - ii. Printer and paper
 - iii. QMHP will use personal cell phone (please see below under Procedures, D., Communications for more details)
- b. If damage to equipment QMHP will adhere to County policy and notify program manager(PM)

SUPERVISION

- A. QMHP will be supervised by the program manager (PM) of the Community Crisis Center.
 - a. The QMHP will meet with supervision once a week for 30 minutes for scheduled supervision.
 - b. While in the field and outside of supervision QMHP will contact PM as needed to consult and provide guidance on situations and procedures within the scope of mental health related needs – as the QMHP is acting under COMCARE licensure.
- B. On call manager will be available to the QMHP throughout their shift.

DOCUMENTATION

- A. Non State Screen or Hospitalization Documentation
 - a. Client open to COMCARE
 - i. If QMHP is providing assistance for mental health needs
 1. The QMHP will bill for service
 2. The QMHP will complete a Crisis Advanced note and Risk assessment
 3. Following standard practice if the client was seen in the office
 - ii. If QMHP's services are not needed on the call
 1. The QMHP will write a Note for Record in the chart
 - b. Client not open to COMCARE
 - i. If QMHP is providing assistance for mental health needs
 1. The QMHP will bill for service
 - a. The QMHP will complete ICT evaluation documentation
 - b. Screen or Note For Record Crisis Advanced note
 - c. Note for Record Risk Assessment
 - d. Diagnosis
 - e. ACSP as needed
 - f. This will be billed as "ICT_THER" by COMCARE office specialist.
 - ii. If QMHP's services are not needed on the call
 1. The QMHP will write a Note for Record in the chart
- B. State Screen or Hospitalization Documentation
 - a. State Screen for Osawatomie State Hospital (OSH) or Larned State Hospital (LSH - if a courtesy screen)
 - i. For any client open or not open to COMCARE
 1. Crisis Screening Form
 - a. Tracking number with KHS
 2. Diagnosis
 3. Disposition 6B
 4. Involuntary Admission Certificate

5. Call OSH or LSH
 6. Fax needed paperwork to OSH or LSH for triage
 7. 24 hour hold – as/if needed
 8. Contact appropriate Crisis Center staff to initiate legal paperwork
- b. Acute hospitalization
- i. Client open to COMCARE
 1. Voluntary
 - a. The QMHP will complete a Crisis Advanced note and Risk assessment
 - b. Following standard practice if the client was seen in the office
 2. Involuntary
 - a. The QMHP will complete a Crisis Advanced note and Risk assessment
 - b. Disposition 6B
 - c. Involuntary Admission Certificiate
 - d. 24 hour hold – as/if needed
 - e. Tracking number with KHS
 - f. Call Acute Hosptial
 - g. Fax needed paperwork
 - h. Contact appropriate Crisis Center staff to initiate legal paperwork
 - ii. Client not open to COMCARE
 1. Voluntary
 - a. The QMHP will complete:
 - i. The QMHP will complete ICT evaluation documentation
 - ii. Screen or Note For Record Crisis Advanced note
 - iii. Note for Record Risk Assessment
 - iv. Diagnosis
 - v. This will be billed as “ICT_THER” by COMCARE office specialist.
 2. Involuntary
 - a. The QMHP will complete a Crisis Advanced note and Risk assessment
 - b. Disposition 6B
 - c. Involuntary Admission Certificiate
 - d. 24 hour hold – as/if needed
 - e. Tracking number with KHS
 - f. Call Acute Hosptialization
 - g. Fax needed paperwork
 - h. Contact appropriate Crisis Center staff to initiate legal paperwork

UNIFORM

- A. As defined by COMCARE Policy AD 1.106 Dress Code
 - a. To project a professional image to consumers/clients, co-workers, other agencies and the general public.
 - b. The dress code is intended to support the objective and to promote the personal safety and effectiveness of all staff. Dress is expected to be professional based

on position and daily activities. It is the expectation that all supervisors will monitor staff for appropriate apparel. Exceptions to the dress code may only be made with the approval of the Strategy Team.

- c. In general, clothing should not be tight fitting and should be cleaned and pressed. It is up to supervisors to ensure that employees represent themselves and our organization with a professional appearance.
- B. QMHP will observe expectations as defined in the policy as "Field Case Managers"
 - a. Shirts:
 - i. No writing or pictures, no tube tops, no halter-tops, no muscle shirts, no tank tops, no spaghetti straps, midriiffs should be covered at all times and approved shirts with county logo may be worn on any workday
 - b. Slacks and shorts:
 - i. Must be hemmed, denim allowed and walking shorts only
 - c. Dresses/Skirts:
 - i. Should not be tight fitting and should fall below length of fingertips
 - d. Hats/Caps:
 - i. May be worn outside only
 - e. Shoes:
 - i. QMHP will wear closed toe, leather, or durable synthetic, rubber soled shoes.
 - f. Piercing:
 - i. Body piercing must not be evident during working hours. This is to include but not limited to eyebrows, chin and nose. You may choose to remove the pierced jewelry during work hours or cover the piercing with a band-aid. Tongue piercing will only be acceptable when the jewelry is small and is a clear plastic or flesh color. Pierced ears are acceptable.
 - g. These are minimum standards. More restrictive guidelines may be established at the discretion of the individual programs. Corrective measures will be taken where appropriate to include being sent home using your leave benefit.
 - h. QMHP is required to wear reflective safety vests at all incidents on or immediately near the roadway where there is a potential hazard involving a moving vehicle. Reflective safety vests will be provided by EMS.

PROCEDURES

- A. Transportation
 - a. This unit will transport only medically cleared, voluntary and presenting mentally stable clients as defined by protocol.
 - b. Vehicle operator and passengers must be engaged in official business or receiving services unless they obtained prior authorization from the governing agency to ride in the vehicle. All occupants of the vehicle must follow all City of Wichita policies, procedures, and regulations for transportation in a city vehicle.
- B. Complaints or Compliments
 - a. All complaints or compliments will be documented and sent to the ICT Supervisor, EMS System Medical Director for Wichita/Sedgwick County EMS System, or their designee.
 - b. The ICT Supervisor will disseminate a form to the appropriate agencies for review and/or action.
 - c. Patient/Client complaints will be addressed by the ICT Supervisor within seven days of receipt and disseminated to appropriate agencies for review
- C. Lab Testing and Medical Procedures
 - a. QMHP will not perform or engage in any medical testing.

- b. All performed testing will be in accordance with state regulations, local protocols, and ICT's (Integrated Care Team) policies. All testing will be administered by the Medical Provider.
 - c. QMHP is able to assist with basic life saving measures (as long as they are properly certified) such as CPR as a last resort and/or dependent on the severity of the circumstances of the situation.
 - i. SCEMS will provide CPR, Bloodborne Pathogens and First Aide training to QMHP and ensure that certification is valid.
 - ii. QMHP is covered under the Good Samaritan law
- D. Communications
 - a. ICT personnel will use the Ops channel and will use radio call sign ICT (appropriate unit number).
 - b. QMHP will be reached and use personal cell phone while in the community to collaborate on cases
 - i. QMHP will complete Cell Phone Allowance Request Form
- E. Ride Along
 - a. All riders will be scheduled through the ICT Supervisor, EMS System Medical Director for Wichita/Sedgwick County EMS System or their designee, and communicated to all agency supervisors. All riders that are not employed by sponsoring agencies must be pre-approved by all agencies supervisors.
 - b. Visiting agencies from Law Enforcement, Fire Service, and EMS do not require background checks.
 - c. All other visiting agencies must complete a background check from ICT before riding.
- F. Scheduling
 - a. QMHP will schedule all vacations and sick leave with COMCARE PM
 - i. QMHP will adhere to COMCARE Policy
 - b. PM and QMHP will find replacement for any dates that QMHP is not available. ICT PM will be notified of these changes.
- G. Safety
 - a. QMHP align and observe with the overall safety procedures of both COMCARE and ICT
 - i. QMHP along with team members will have the foremost responsibility of safety for the team, the client and the community.
 - 1. Adhere to the standard that the members of the team are to be in the line of sight to other team members as often as possible or communicate where they will be going (ie going to the back of the house, etc).
 - 2. QMHP behaviors will be conducive to the expectation of safety
- H. Reporting Injuries or Accidents
 - a. QMHP will adhere to Sedgwick County Policy for reporting work place injury
 - b. QMHP will contact ICT PM and COMCARE PM

Emergency Communications Policy

Sedgwick County Emergency Communications

Created: June 2019

Standard Operating Guideline

LE Dispatch Policy 31.0

Integrated Care Team

I. Objective

The purpose of this Standard Operating Guideline (SOG) is to provide Emergency Communications personnel with information regarding the Integrated Care Team (ICT).

The purpose of the ICT is to provide a mobile crisis response with a specialized, multi-disciplinary team to provide treatment, resources, and assistance for individuals in mental health crisis. The ICT response team is a collaboration of the Wichita Police Department, Sedgwick County Sheriff's Office, Sedgwick County EMS, Wichita Fire Department, Sedgwick County Fire Department, Comcare, and the Office of the Medical Director.


II. Procedures

1. The ICT response units will be comprised of a three member team, consisting of a law enforcement officer/deputy, a paramedic/firefighter, and a social worker.
2. The team will be available 10 hours a day, four days a week.
3. ICT response units will log on and respond on the radio with the call sign ICT-1, ICT-2, etc. Units will be logged on to the dispatch group ICT.
4. All dispatch personnel, across all disciplines, will assign the dispatch group ICT to their board to monitor the availability and movement of the ICT unit.
5. Law enforcement personnel assigned to the team will monitor law enforcement channels, fire personnel will monitor the Ops channel, and EMS personnel will monitor the EMS channel.

6. ICT personnel will listen for opportunities to respond (self-dispatch) to appropriate situations that can be addressed by the multidisciplinary team. The ICT team can choose to disregard other responding units.
7. When assigned to a call, ICT personnel will actively monitor and respond on the talk group of jurisdiction for the event. It is the responsibility of the dispatcher assigned to that talk group to monitor the team's status while on the call, relay call information, verify that responding personnel are aware of any safety concerns and offered backup when appropriate, check on personnel, and respond to requests from personnel.
8. Emergency Communications dispatchers may contact ICT personnel to request a response to a call that is identified by field personnel to be within the purview of the team. The decision to respond and/or to disregard additional personnel will be made by the ICT personnel.

Appendix A – Results of Optimized Deployment

Slide 1

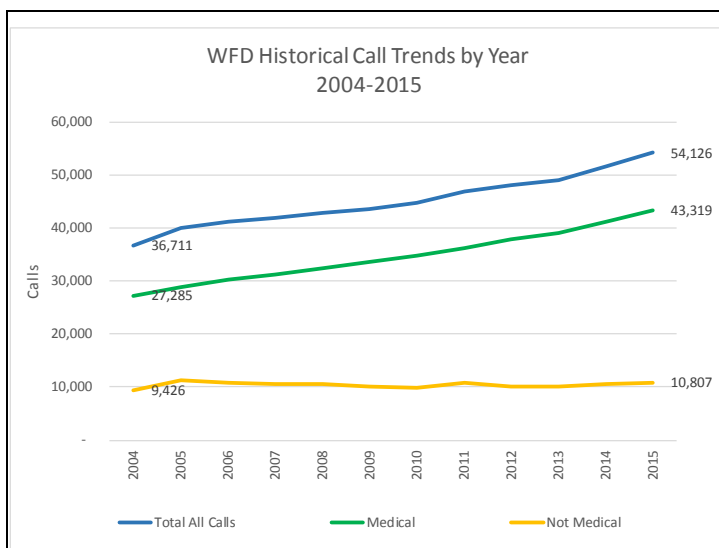


WICHITA FIRE DEPARTMENT:
OPTIMIZING DEPLOYMENT
UPDATED ANALYSIS 2018




OVERVIEW

Slide 2




Slide 3

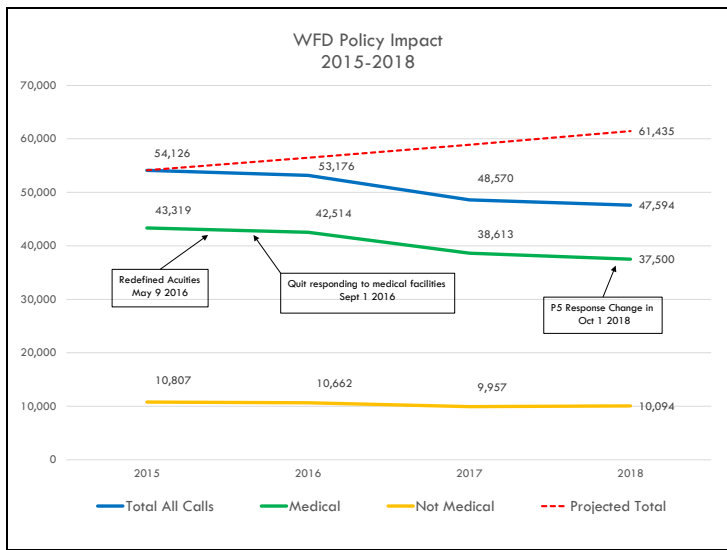


2015 to 2018 Changes

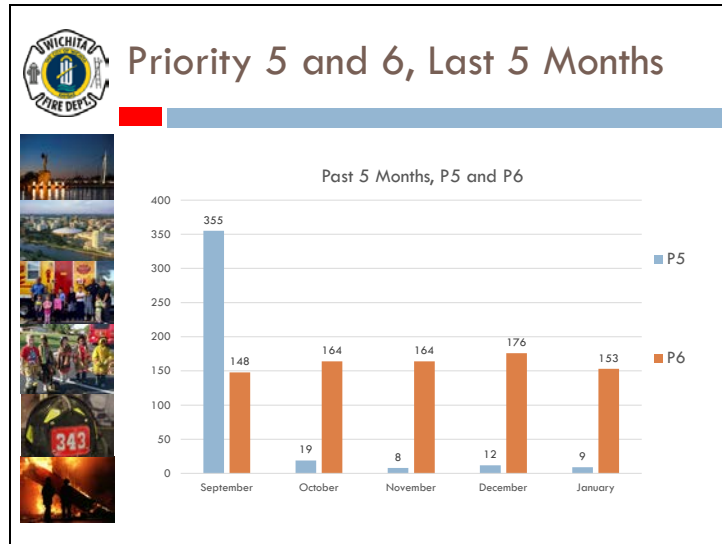
- From 2004 to 2015 the average rate of increase to total calls was 4.31% per year.
- At this rate the projected 2018 total call volume would have been approximately **61,435 calls**.
- EMD had a projected effective **decrease of 13,841 calls (22.53%)**.
- Actual **decrease** from 2015 is **6,532 calls** which is **12.06%**.



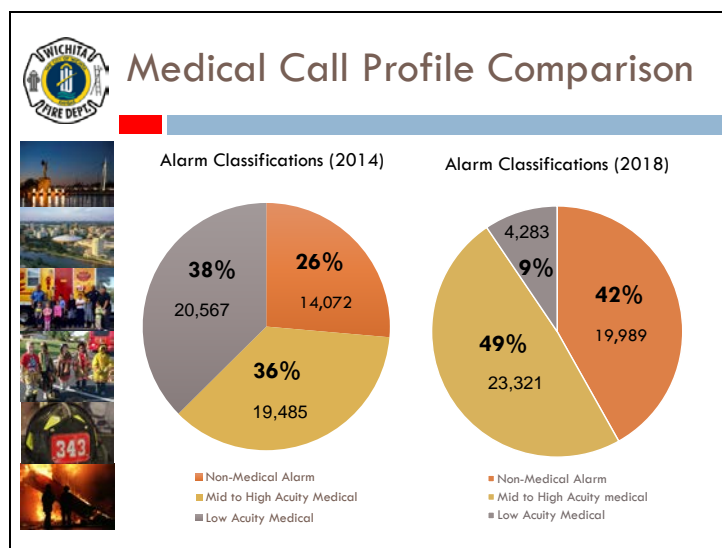
Slide 4




Slide 5



Slide 6

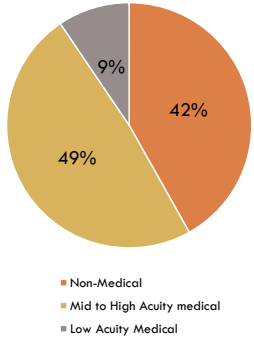


Slide 7

 **Medical Call Profile**


- In 2018, 9% or approximately 8,700 alarms were low acuity medical calls (minor emergencies, medical public assists).
- Low acuity medical calls have decreased by (51%) from 2015 to 2018, due to dispatching changes.
- Emergency Medical Dispatching (EMD) has had a dramatic effect on low acuity medical calls.

Alarm Classifications (2018)




Classification	Percentage
Non-Medical	42%
Mid to High Acuity medical	49%
Low Acuity Medical	9%


■ Non-Medical
■ Mid to High Acuity medical
■ Low Acuity Medical



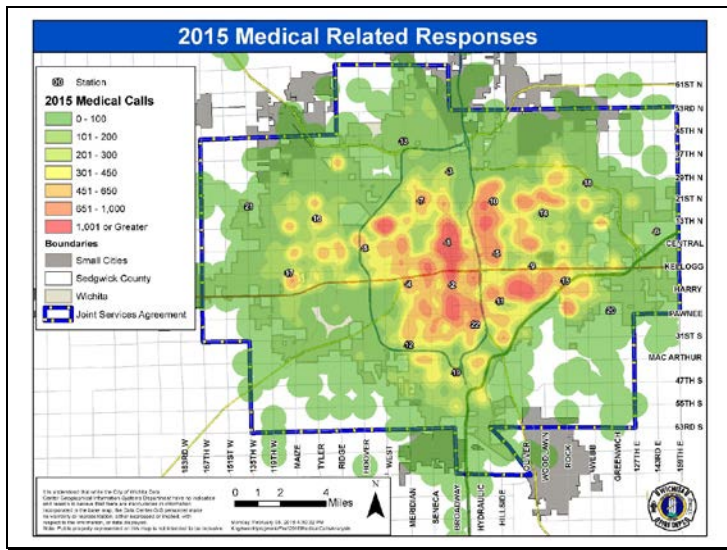
Slide 8

 **WFD Medical Response**

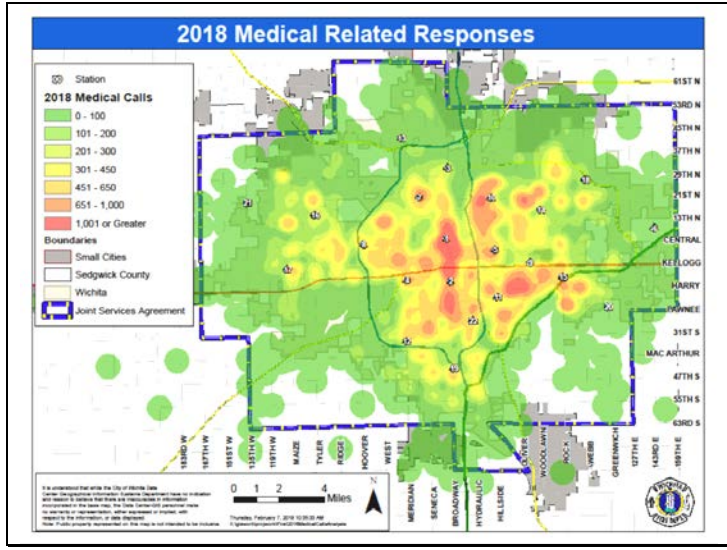
- The attached maps show call density for medical related calls in 2015 and 2018
- Each call density map displays calls per square mile during each year.
- When viewed in series, the maps provide an example of call density changes.



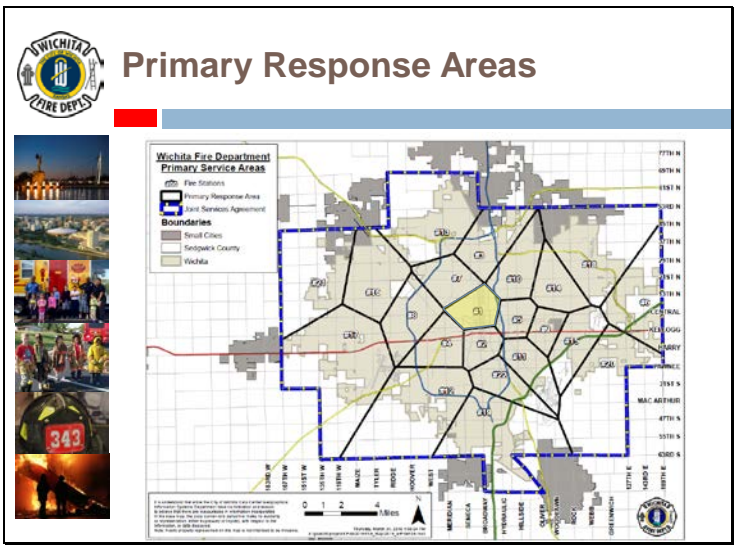
Slide 9



Slide 10



Slide 11




For example, if a code blue came in to station 16, with a minimum staffing of 3, 2 trucks would need to be sent, leaving no resources left at that station to respond to another call coming in. If a call did come in, resources would be deployed from a secondary response area, for example, station 13 or 8. As mentioned before, this would reduce response reliability and increase response times.

Slide 12


Station 1 Primary Response Area 2015

- In 2015, 5,066 calls happened in Sta. 1's PRA.
 - Station 1 PRA covers 4.9 square miles in the core of Wichita.
 - Station 1 has three primary response units: Squad 1, Engine 1, and Truck 1; with 8 staff per day.
- To provide some context, this is about the same amount of calls made by the Hutchinson and Emporia Fire Departments combined.
 - Serving a combined population near 70,000 that covers 35 sq. mi., using 9 fire stations, and 43 staff per day.

Slide 13




Station 1 Primary Response Area 2015




- When call demand is this heavy, response reliability becomes an issue.
- About 15% of the time, (650 calls) other units from other stations were needed to serve calls in Sta. 1 PRA. Number of units sent from nearby stations to cover these calls.
 - 226 engines.
 - 46 trucks.
 - 355 squads
 - Over 400 of the calls were low-acuity calls: unknown medical, sick, check a man down, etc.

Slide 14




Station 1 Primary Response Area 2018




- In 2018, 4,531 calls happened in Sta. 1's PRA.
 - A reduction of 10.5% from 2015.
 - By the end of 2019, the reduction is expected to be 17%.

Slide 15




Station 1 Primary Response Area 2018




- About 11% of the time, (438 calls) other units from other stations were needed to serve calls in Sta. 1 PRA. This is a reduction of 4% from 2015. Number of units sent from nearby stations to cover these calls.
- Change from 2015 to 2018.
 - 216 engines a decrease of 10.
 - 21 trucks a decrease of 25.
 - 172 squads a decrease of 139.
 - Over 70 of the calls were low-acuity calls: unknown medical, sick, check a man down, etc. A reduction of 82% from 2015.

Slide 16



Summary



- The changes made by the medical community, have had an expected and dramatic effect.
 - Medical calls are down 22%. 2015-2018
 - Low acuity calls have be reduced 51% from 2015.
 - With the changes in Priority 5 calls, WFD expects to have an additional reduction of 10,200 call at the end of 2019. Leaving units more likely to be in quarters when a emergency happens.

Appendix B – Review of Other Systems Data

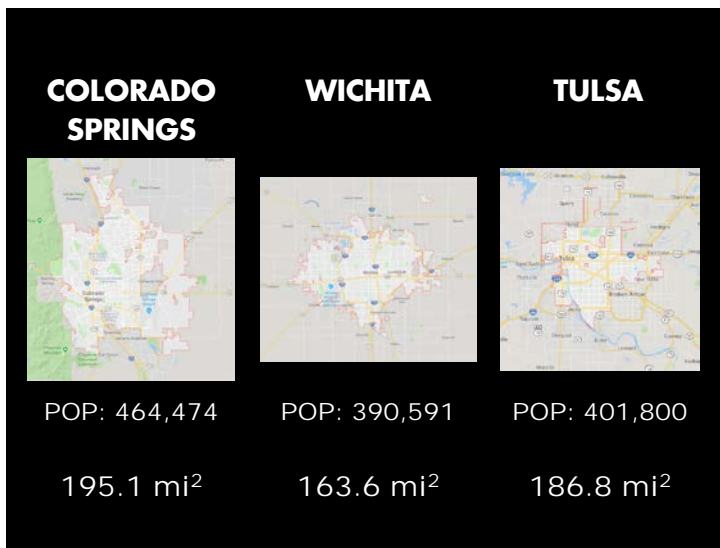
Slide 1



Slide 2



Slide 3



Slide 4



Slide 5

TEAM IS COMPRISED OF THREE MEMBERS

MENTAL HEALTH WORKER PROVIDED BY LOCAL MENTAL HEALTH CRISIS CENTER

POLICE OFFICER PROVIDED BY CITY POLICE DEPARTMENT

PARAMEDIC FIREFIGHTER PROVIDED BY ALS FIRST RESPONSE AGENCY



Slide 6

Procedure 14: Team Member Roles and Responsibilities

This unit must function as a team, with the understanding that each role is very specific to each other's training, certification and licensure. Each is expected to be the expert in their field and has the final decision making authority within their scope of practice. It is expected that the team will work to arrive at consensus prior to disposition. If agreement is not reached a CRT supervisor must be contacted.

CRT Officer is responsible for safety, de-escalation and breathalyzer.

Medical Provider is responsible for all medical screening, clearance, medical documentation, and medical disposition

Clinician is responsible behavioral health assessment, disposition, legal documents, if appropriate, i.e. M-I and EC, Safety Planning and provision of resources.

Slide 7

CALLS COME FROM:

CRISIS CENTER CALLS

REFERRALS FROM PD

REFERRALS FROM FIRE/EMS

SELF DISPATCHED

911 DISPATCHED CALL TYPES

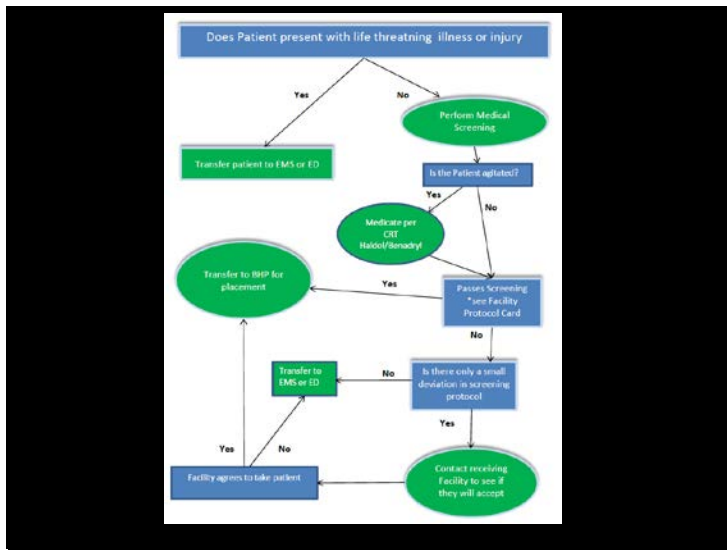
SCHEDULED CHECKUPS ON

PREVIOUS HIGH RISK PATIENTS

Slide 8

Procedure 1: Calls CRT Can Respond To	
CRT responds to Crisis Line, 9-1-1, Unit to Unit and CRT initiated calls. CRT is not to respond Code 3 to any calls for service.	
A consensus should be reached among the team around response to calls, however, CRT Officer has the final say to CSPD 9-1-1 calls for service and CSFD Medical Provider will decide on 9-1-1 EMS calls for service.	
<p>Examples of appropriate CRT calls:</p> <ul style="list-style-type: none"> • State Crisis Line • AspenPointe Crisis Lines • AspenPointe Providers Office, not currently M-1 • Suicides in progress • CTW Assist, urgent and non-urgent • Suspicious Person • Harassment and Threats • Trespassing • Alpha FD Request PD code 2 	<p>Examples of CRT Calls that Patrol must be on scene first:</p> <ul style="list-style-type: none"> • Disturbance • Domestic Disturbance • Completed suicide • Abuse, abandoned, neglect • Drugs and narcotics • Sexual assault • Missing/Found Adult • Missing/Found Child
Examples of Calls that are not appropriate for CRT	
<ul style="list-style-type: none"> • Barricaded suspect • In progress assaults • Calls where individuals have pending criminal charges • Active Shooters • In progress burglaries • Kidnappings • Indecent exposures 	<ul style="list-style-type: none"> • Shootings • Weapons, displayed or CCW • DUI in progress • Calls where an M-1 is already in placed • Individuals that have been identified as "No CRT Response" *List will be maintained by CSPD and CSFD • Overdoses • BOLO that identify "two officers and a supervisor response"

Slide 9




Slide 10

Facility Medical Screening Protocol

- Patient Demeanor**
 - * Pt can follow basic commands
 - * Pt is not aggressive
 - * Can demonstrate some self control
- Vital Signs**
 - * Systolic BP: >90 <180
 - * Heart Rate: >50 <120
 - * PaSO2: >88% on room air RR>8<24
- Chem 8 values**
 - Na >126<150 K >3<6 TCO2 >16 Glu <300 BUN <25
 - Crea <2 Hb > 8.5
- UA Values**
 - * Pregnancy test results (negative)
 - * Urine tox negative other than MMJ
- Breathalyzer**
 - * Document only, Patient must be able to ambulate and address activities of daily living

Slide 11



Facility Medical Screening Protocol

Patients who fall into below criteria are **NOT** appropriate for ATU or Detox: Consider transfer to ED

- 1) Unable to ambulate or transfer self if in a wheel chair
- 2) Wound care must be able to be cared for by patient and no active MRSA or Staph resistant infections are acceptable
- 3) IV's, tracheostomies, chest tubes or PIC lines
- 4) Patient on methadone
- 5) Shakes are ok but no serious active withdrawal from substance (for example change in vital signs, vomiting, hallucinations)
- 6) Active TB or other communicable diseases
- 7) Dialysis, chemotherapy or HIV regimens or tube feedings
- 8) Patient requires specialized medical equipment such as ventilator, positive pressure machine. This does not include oxygen or C-PAP, Bi-pap if they have their own equipment
- 9) Active vomiting, diarrhea, acute head injuries, respiratory distress or uncontrolled asthma, uncontrolled seizures, severe alcohol withdrawal, prolonged post-ictal phase, other acute medical condition requiring acute evaluation or care.

Slide 12

OUTCOMES

Slide 13

YTD Total Incidents: 3147
YTD Total Patients Treated: 1611
YTD Patients on M1 Hold: 159
YTD Patients on EC Hold: 17

M1 HOLDS = INVOLUNTARY HOLD

EC HOLDS = INVOLUNTARY HOLD WITH DRUGS OR ALCOHOL

Slide 14

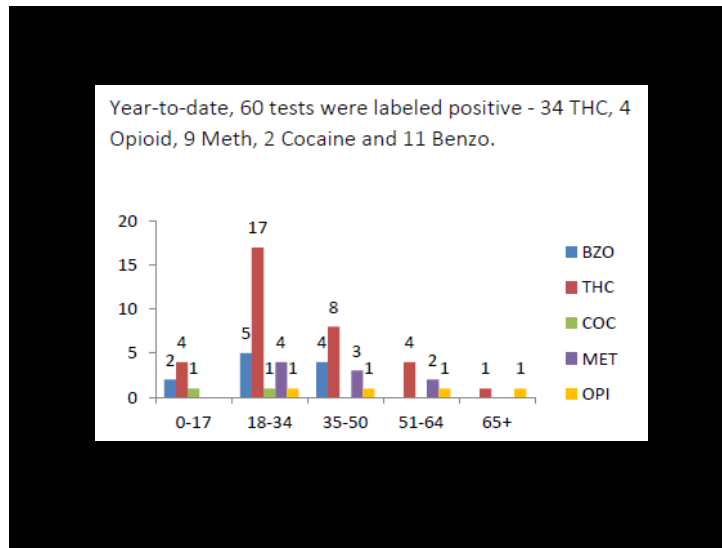
COLORADO SPRINGS

Call Type	911	Aspen	Pointe	CARES	Crisis Line	CRT	Unit to	Unit	Unit	Center	Yer	Total
Check the Wellfare	31	0	0	0	1	1	1	1	0	0	0	34
Medical	0	0	0	0	0	0	0	0	0	0	0	0
Psych	26	1	0	0	0	0	14	0	0	0	0	31
ETOH/DRUG	1	0	0	0	0	0	0	0	0	0	0	1
Suicidal	30	3	0	0	1	0	2	0	0	0	0	35
Resources Given	0	0	0	0	0	0	0	0	0	0	0	0
Total	78	4	0	0	2	1	17	0	0	0	0	102

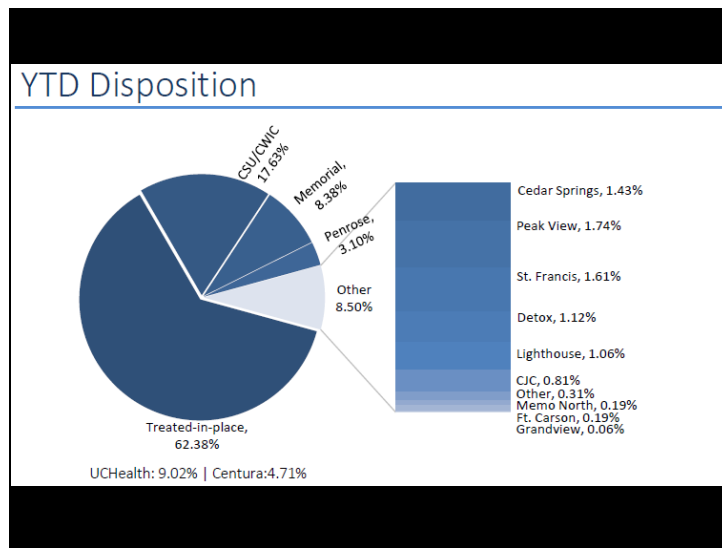
TULSA

Call Code	Count of Calls	% to Total
1085 / possible MI	192	31%
Suicidal	142	23%
Follow-Up	90	14%
Check on Subject	52	8%
Check Well Being	41	7%
Disturbance	31	5%
Other – SEE NOTES	28	4%
Assist Other Agencies	15	2%
Domestic	8	1%
Pedestrian Check	6	1%
Suspicious Activity	6	1%
Overdose	5	1%
Man Down	4	1%
Indecent just occurred	2	0%
Found Person	2	0%
(blank)	1	0%
1085 / possible MI	1	0%
Grand Total	626	100%

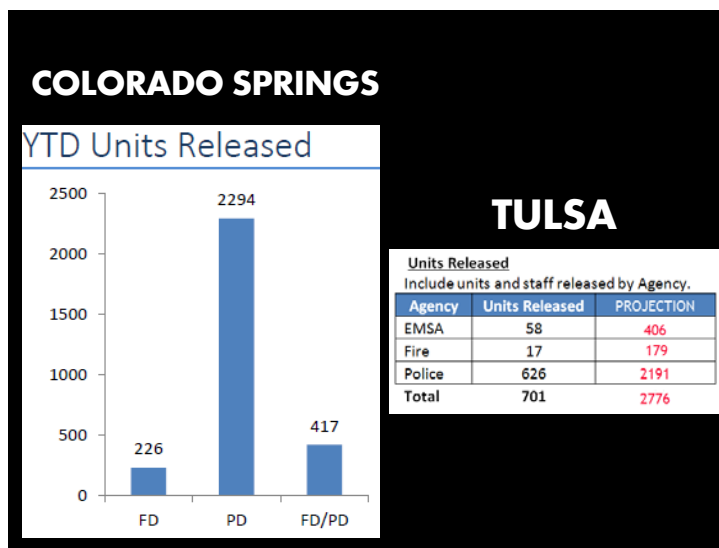
Slide 15



Slide 16



Slide 17

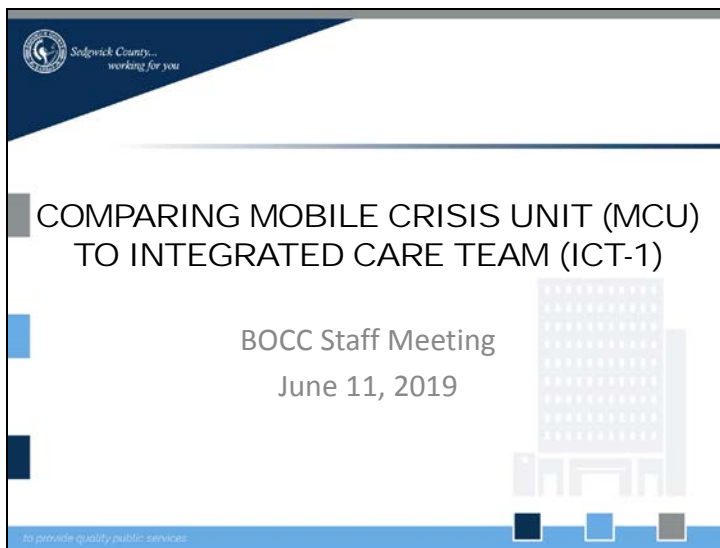


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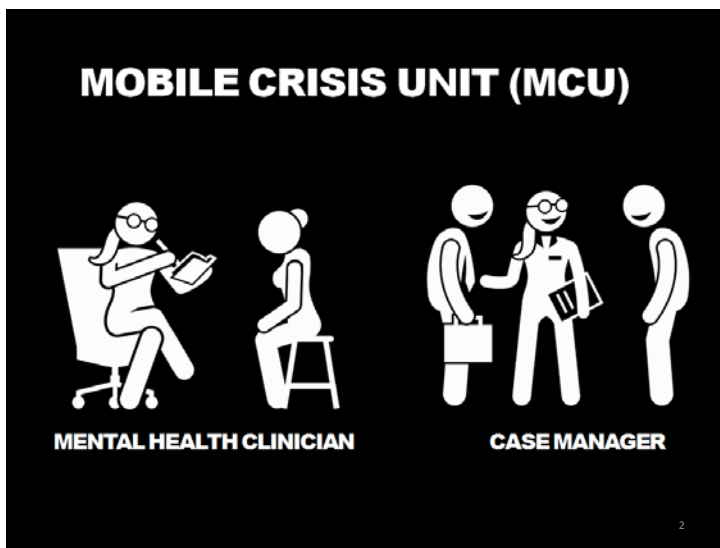
**HOW DO WE
DEPLOY THE CRT
MODEL IN THIS
SYSTEM?**

Appendix C – Comparison between ICT-1 and Mobile Crisis Unit

Slide 1



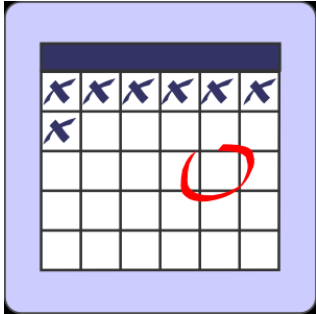
Slide 2



Slide 3

Mobile Crisis Unit


- Established part of our crisis continuum of services for greater than 10 years
- Renewed emphasis – increased need
- Visits can be at time of request or scheduled days to weeks in advance





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Slide 4


INTEGRATED CARE TEAM (ICT-1)



MENTAL HEALTH CLINICIAN

LAW ENFORCEMENT OFFICER




PARAMEDIC

4

Slide 5

Integrated Care Team (ICT-1)

- New pilot program
- Cost shared between six departments to fund a four month pilot
- No long term funding established
- Meant for immediate/emergent situations (less than 3 hour response)



To provide quality public services

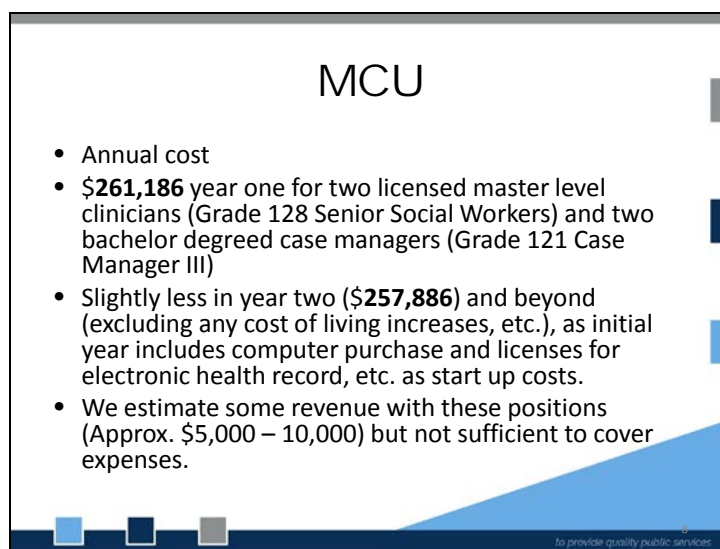
Slide 6



Slide 7



Slide 8



Slide 9







ICT-1

- Four month pilot program
- Cost of pilot program will be approximately **\$138,083**, split between six departments from both the City and County.
 - Average cost per department is **\$23,013**
- If continued funding were to be considered for this program, annual cost could be expected to be **\$296,126** split between City and County.

to provide quality public services

Slide 10

Other Important Distinctions

	Why the Decision Package <ul style="list-style-type: none">•MCU – known gap – activity within the crisis facility has increased and is more intense – results in an inability to respond to requests for mobile crisis services.•ICT 1 – this is a pilot and there is no current financial request – do anticipate expansion of this pilot
	Safety <ul style="list-style-type: none">•MCU – known persons and nonviolent history/or we have screened for safety•ICT 1 – good if person is unknown or weapons in the home
	Dispatch <ul style="list-style-type: none">•MCU – can be planned- scheduled by crisis staff based on urgency and availability•ICT 1 – Acute/Emergent- Dispatched by 9 1 1 based on type of call during pilot hours or requested by first responders on scene
	Hours of Operation <ul style="list-style-type: none">•MCU – ideally 24/7, but again, can be planned/scheduled•ICT 1 – Tuesday– Friday- 2:00 PM to 12:00AM.
	Expectations <ul style="list-style-type: none">•MCU – can stabilize with mental health team support, no need for Paramedic•ICT 1 – reducing LED/EMS runs, can do medical clearance from the field
	Other Benefits <ul style="list-style-type: none">•MCU – Can do outreach to those on Outpatient Treatment Orders or f/u with those seen by ICT 1•ICT 1 – Reduce amount of staff time accompanying patient in the ER.

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Slide 11




Final Thoughts

- While there is some overlap - these are persons who have mental health issues, the populations served are different
 - MCU is proactive, scheduled and designed to reduce higher levels of care
 - ICT 1 is reactive, responding to emergent needs and aimed at reducing LEO/EMS runs
 - Also, MCU will respond to Mental Health Needs. ICT 1 will respond to persons with mental health and/or substance use issues based on type of call to 9 1 1

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Slide 12

Benefits

<ul style="list-style-type: none">• Fills a gap in our service continuum• Specialty Care – increased access <p>MCU</p> 	<ul style="list-style-type: none">• Innovative Pilot• Provides new response to certain 9 1 1 calls <p>ICT 1</p> 	<ul style="list-style-type: none">• Focused on improved interactions with COMCARE, law enforcement and paramedics <p>Both</p> 
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to provide quality public services

Slide 13



