



24/7 Crisis Diversion May Summary

May 2023

Mobile Team

Accepted Dispatches – 1,596
 Dispatch Contacts Made – 1,106
 General Support Contacts – 2,650

Top 5 Incoming Referral Sources

211 – 1206 (75.6%)
 EMS – 213 (11.29%)
 Client Self-Referral – 65 (3.47%)
 Outreach Contact – 42 (3.25%)
 Community Agency – 36 (1.86%)

211 + 3

Total Calls Answered – 2,350
 Total Unique Calls for Service – 2,309

Top 5 Incoming Referral Sources

Private Citizens – (58%)
 Private Businesses – (12%)
 Self-Referrals – (11%)
 Community Agency – (8%)
 Private Security – (4%)

2023 Year to Date

Mobile Team

Accepted Dispatches – 7,436
 Dispatch Contacts Made – 5,348
 General Support Contacts – 12,781

Top 5 Incoming Referral Sources

211 – 5,124 (69%)
 EMS – 928 (12%)
 Outreach Contact – 258 (3%)
 Client Self-Referral – 217 (3%)
 Transit Peace Officers – 156 (2%)

211 + 3

Total Calls Answered – 12,063
 Total Unique Calls for Service – 9,672

Top 5 Incoming Referral Sources

Private Citizens – (33%)
 Self-Referrals – (15%)
 Private Businesses – (12%)
 Community Agency – (8%)
 Private Security – (5%)

App & Data Update

As the program continues to work through the launch of the system and the new data being collected, the monthly reports will reflect key data points only, with more robust summaries expected in the coming months.

Mobile Team Summary

The 24/7 Crisis Diversion mobile teams **made a total of 4,759 contacts** in the month of May, an **11% increase from April and a 12% increase from May of last year**. This is a combination of contacts made through accepted dispatches, and contacts made through proactive engagement in the community.

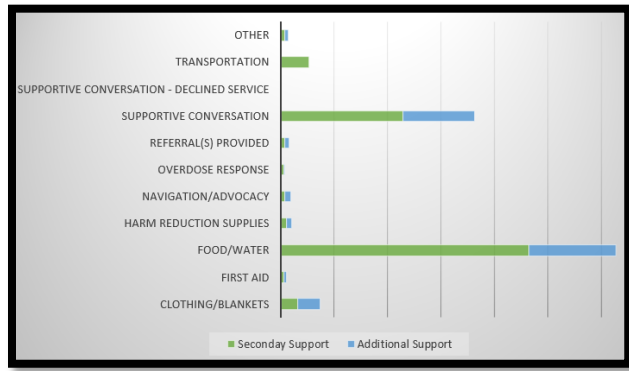
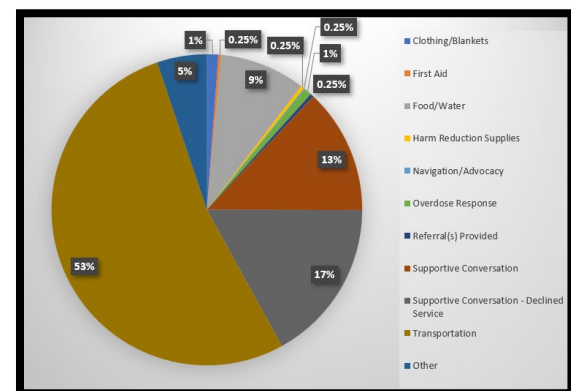
In the first 5 months of 2023 there has been a 19% increase in contacts from the first 5 months of 2022.

Primary support provided refers to the main need identified when mobile teams arrive on site. The top two needs in May were:

- Transportation 53%**
- Supportive Conversation Declined Service 17%**

The increase in service declines could be a result of the warmer temperatures.

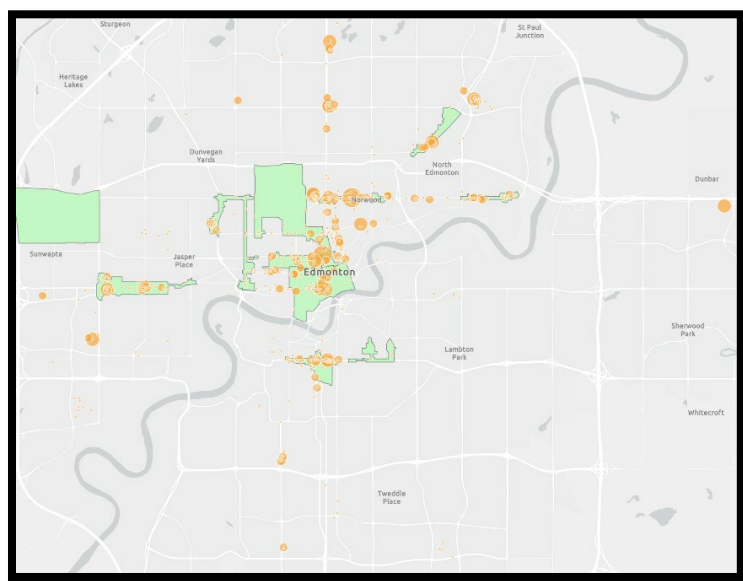
Secondary and additional supports are provided to individuals as needed during events. As in April, **supportive conversations**, as well as **providing food and water** were the main needs of community members aside from those noted above.



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General Support

The mobile teams **connected with 2,650 individuals during 900 general support engagements** in the month of May.



Two areas where there were noticed increases in need throughout the month of May:

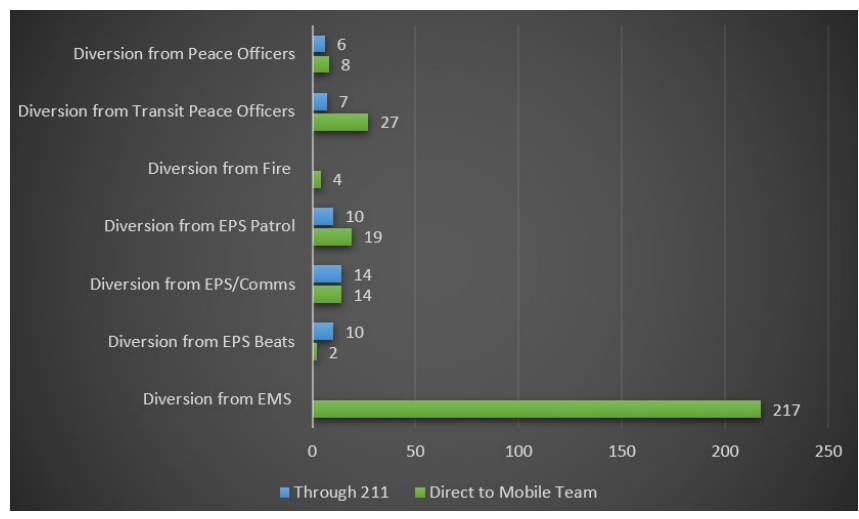
- Alberta Avenue BIA:** 231 individuals
32 engagements
- Clareview Transit:** 110 individuals
24 engagements

Food/Lunch	2561	851
Water	2328	706
Clothing/ Blankets	1768	479
Supportive Conversation	456	116
Other	204	52
Harm Reduction Supplies	35	13
Rogers Place	16	14
Overdose	13	7
First Aid	5	3

Note: One event can have multiple support provided

Emergency Service Referrals

The various **Emergency Services in Edmonton made a total of 304 referrals to the 24/7 Crisis Diversion Program** in May, a 7% increase from April. 71% of those referrals were made by EMS directly to the mobile teams.



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211 made **158 referrals** to Emergency Services in May for reasons noted in the charts below.

Diversion to EPS by 211	
Criminal Activity	8
Violence or Risk of Violence	11
Weapons	1
Hostile Situation	3
Unsafe Location	20
Outside Service Area - RCMP Diversion	2
Other	18
Total	63

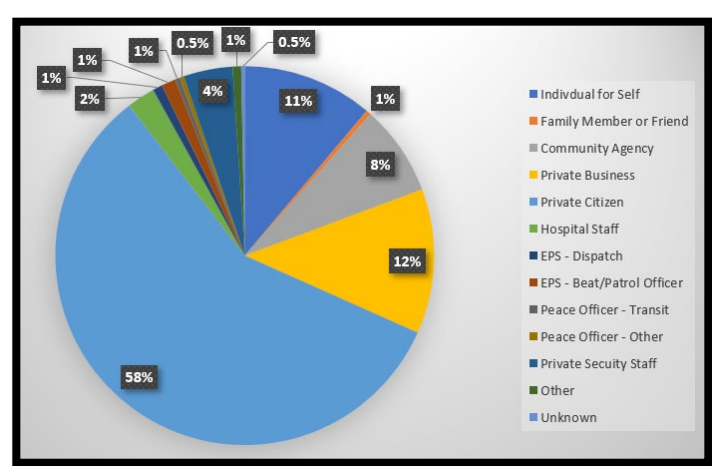
Diversion to EMS by 211	
No signs of breathing	22
Immediate medical need	31
Signs of overdose	29
Outside Service Area - EMS Diversion	0
Unable to move unassisted	3
Biohazard Concerns	2
Other	8
Total	95

211 Summary

211 responded to 5,504 calls overall in May. 3,154 of these were base 211 contacts where information and referrals were provided. **2,350 calls came through on the 211 press 3 - 24/7 Crisis Diversion line**, which accounted for 42.7% of the total volume, up slightly from April.



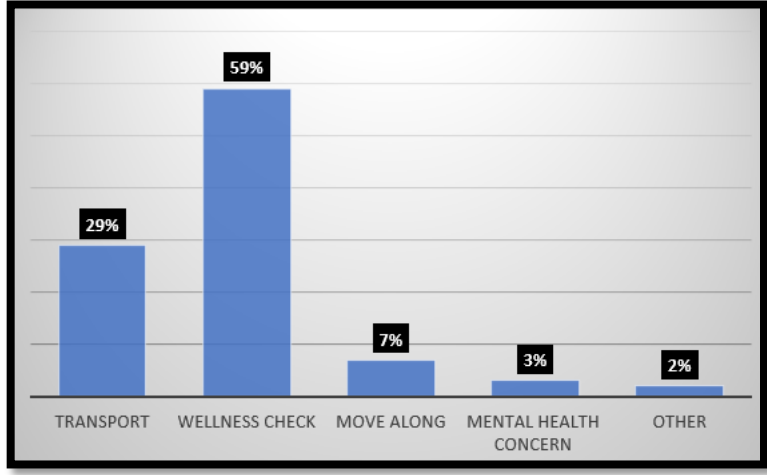
The **average wait time on the 211 press 3 phone line was 167 seconds**, with 43.1% answered within the 90 second target. CMHA has been onboarding new Community Resource Specialists over the past few months, and it is expected this summer to have dedicated representatives to answer Crisis Diversion calls during peak call times. This is predicted to decrease wait times for callers.



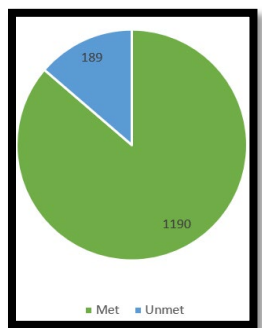
The main referral sources to Crisis Diversion through 211 came from private citizens (58%), private businesses (12%), and the individuals themselves (11%).

Referrals from private citizens increased by 11% from April.

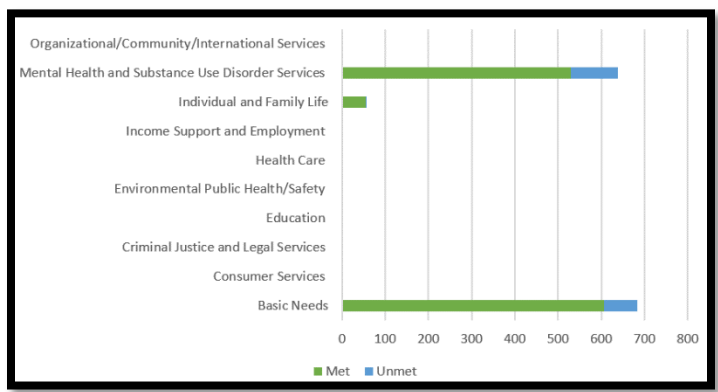
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The primary reasons for calling for Crisis Diversion in May were for wellness checks (59%) on individuals who appeared to be in distress. Additional reasons for calls for support are represented in the chart.



86.3% of the needs identified by callers were met by the 24/7 Crisis Diversion Program and 211 responders in May (as tracked through the 211 press 3 line).



Basic needs and mental health & substance use disorder support continue to be the main areas of need that could not be met by Crisis Diversion.

Noted Trends/Updates/Gaps in Service

Weather – In the month of May, Edmonton experienced both a heat wave and poor air quality due to wildfires which made outdoor conditions for community much more challenging than normal. Teams ensured to connect with folks as often as they could to provide water and other needed supplies.

Overdose – The teams provided life-saving care to 16 individuals experiencing overdose in May. Data reported by AHS noted a spike in overdose responses in the last week of the month, and it is estimated to continue to see higher than normal responses throughout the summer.

Program Narratives

CMHA/211

21 May@ 9:15 pm, a male called from the UofA hospital emergency department waiting room. He had been discharged and was not able to receive a bus ticket or taxi voucher from the hospital workers. The caller shared that he was under the influence of consuming hairspray and thereby was uncomfortable attempting to board and ride public transit to the Hope

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Mission for free. The Community Resource Specialist consulted with a Hope Mission team and the dispatch was accepted.

Hope Mission

On May 17th, the daytime team got a call to assist with a transport from the EXPO Centre to the Hope Mission Women's Shelter. Upon arrival, the staff were informed that the community member had been displaced as part of the evacuation order from Drayton Valley. The City of Edmonton was starting to provide transport back to Drayton Valley, but the community member was unwilling to return to her home because of a domestic abuse situation and she was also unwilling to go to the women's shelter. The 24/7 staff were able to connect with a safe house in Lloydminster for women fleeing domestic abuse and confirmed that they had space for the woman. Staff then transported her to the bus station, and confirmed with the bus service that they could transport the community member to Lloydminster. The team was able to confirm afterwards that the woman successfully made it to Lloydminster Interval Home.

Boyle Street

At approximately 9 am, Crisis Diversion pulled over to check on a male who was sprawled limp on the ground with drug paraphernalia around him. While doing so, a female came running up yelling that her friend is turning blue and overdosing and she needs help. After confirming that the male was responsive, staff followed the female and to find another male unconscious on his back, blue skin, and vomit on his face and on the ground. 24/7 staff rolled him onto his side and made sure his airway was clear of vomit while administering a dose of naloxone and called EMS for a suspected opioid overdose. Staff noted that the man was breathing and kept the male on his side in case he threw up again and after 2 minutes, administered another dose of naloxone as his condition not improving. During this time, a highly intoxicated community member attempted to intervene by doing improper chest compressions and almost making staff prick themselves with the needle of naloxone. The 24/7 staff attempted to direct them to leave, but they were too intoxicated to understand. Soon after, staff could no longer observe signs of breathing, so they administered a third dose of naloxone, and as they began CPR, EMS arrived and started a manual resuscitator for breathing and prepared a fourth dose of naloxone. A citizen approached the 24/7 staff at this point and was concerned because there someone was unresponsive in a garbage dumpster a couple of buildings down. Staff completed a warm hand off to Fire as they arrived on scene, and then departed to check on the other person and provide support.