

Community Intervention Pre-crisis Team (CIPT) Report
Executive Summary
Data from: January-December 2013

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OVERVIEW

The community in Shasta County is very concerned about the number of emergency room visits, hospitalizations, and incarcerations that occur as a result of a mental health crisis. The Community Intervention Pre-Crisis Team (CIPT) program was designed to help individuals and their families before a situation escalated into a crisis.

Implementation of the CIPT program began in January 2013, through a service contract with Northern Valley Catholic Social Service (NVCSS). The team was part of the services provided through their wellness and recovery center, Second Home.

Team members included consumers (with a focus on those with experience with homelessness), family members, and mental health educators. Teams had partnerships with clinicians, medical staff, and law enforcement. Services were offered in the home or at other locations within the community, including at Second Home. Services were provided to both consumers and family members, and varied depending on the level of help requested. Services included homeless outreach, education about psychiatric illnesses, peer support, respite care, in-home mental health services, and crisis aftercare, and an access telephone line was used for connecting to the community.

Services were available to both individuals with a mental illness and their families, as one of the goals of this program was to intervene before a person's support system is driven away by mental health symptoms. This program had a wellness whole-family-unit focus.

Data was collected on a variety of measures and is broken down into five main categories: outreach activities, community access telephone line activity, participant data, outcomes measures, and program activity data.

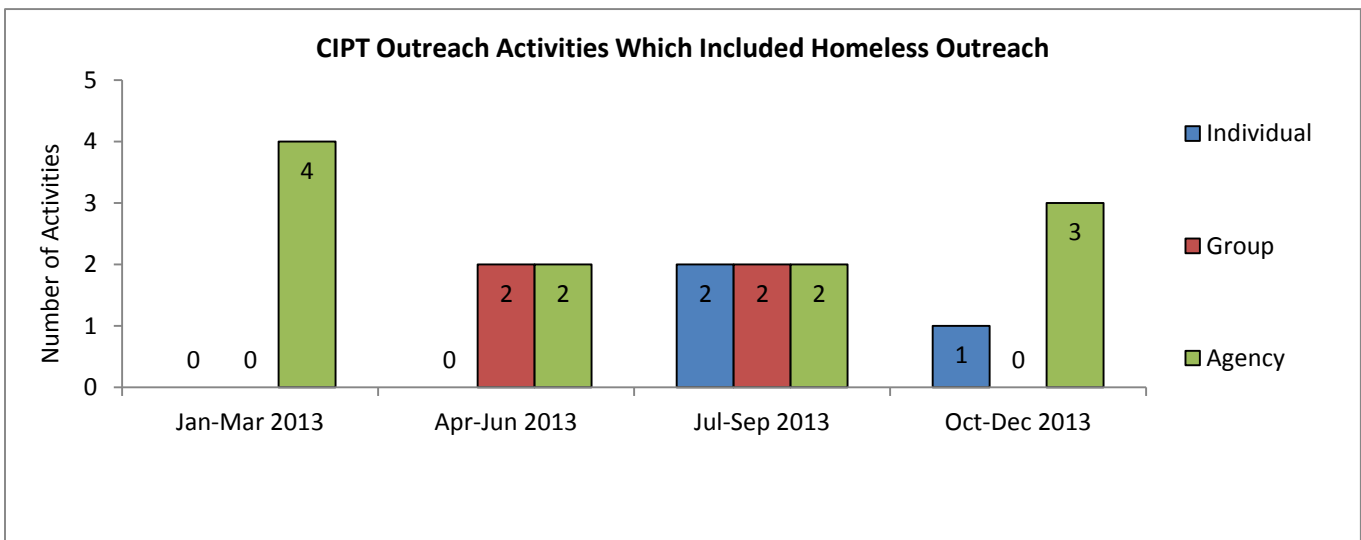
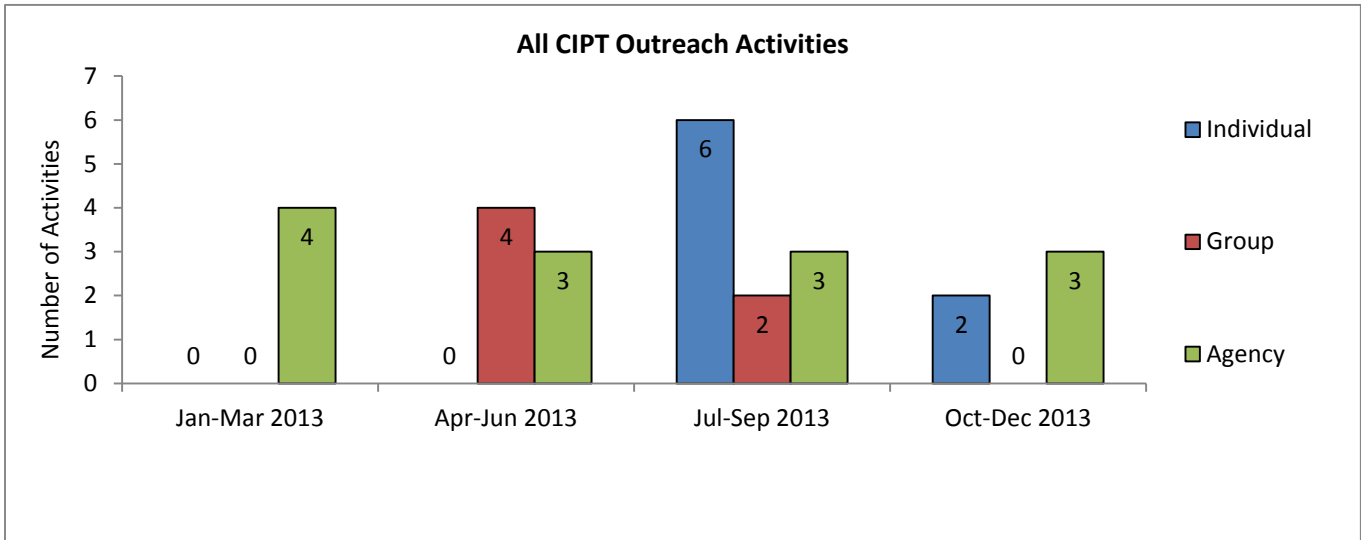
The evaluation of the CIPT project is based on answering the following three learning questions:

1. Does having an intervention available pre-crisis reduce the need for hospitalization for psychiatric symptoms?
2. Does having an intervention available pre-crisis reduce the need to go to the Emergency Room for psychiatric symptoms?
3. Does having an intervention available pre-crisis reduce the likelihood of incarceration?

This report was prepared utilizing data and information provided by NVCSS via data reports, the NVCSS website, and CIPT resources.

COMMUNITY OUTREACH ACTIVITY

In order to make the community aware of the CIPT Program and encourage people to participate, CIPT staff members engaged in outreach activities. These outreach activities may be one-on-one targeted outreach with a potential participant, in a group setting with multiple potential participants, or to another business or agency which will then refer potential participants to the CIPT program. Outreach to homeless individuals was also a focus.

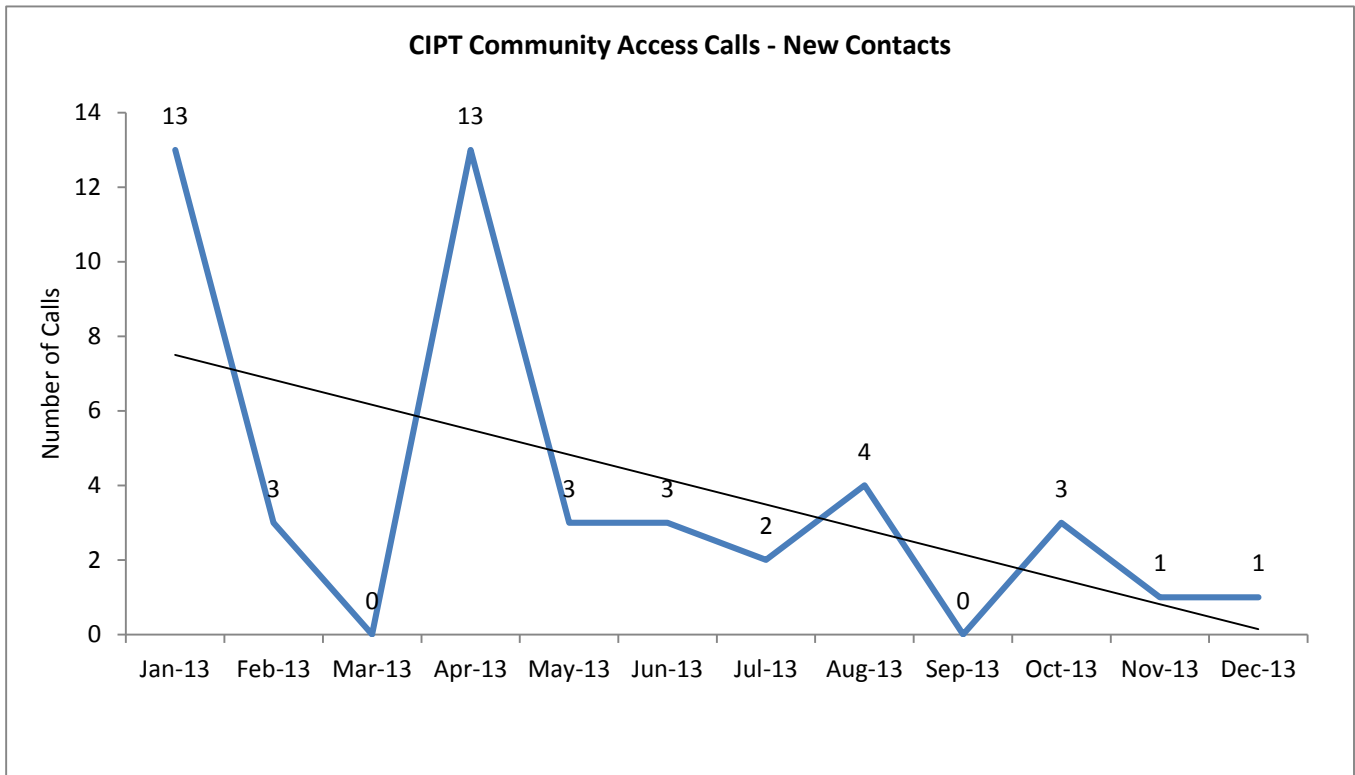


There were 13 agency outreach activities for the year with 11 of them (85%) including homeless outreach. There were 6 group outreach activities for the year, with 4 of them (67%) including homeless outreach. There were 8 individual outreach activities for the year, with 3 of them (38%) including homeless outreach. The overall average for outreach activities which included homeless outreach is 67%.

On average, there were 2.25 outreach activities performed each month during the year.

COMMUNITY ACCESS TELEPHONE LINE ACTIVITY

An access telephone number was provided to the community by CIPT. Individuals, their families, and/or concerned members of the community could call with their pre-crisis situation and request assistance, and the appropriate response team was dispatched. Local businesses were encouraged to call for assistance when situations arise, prior to calling law enforcement. While this telephone line was also used by existing CIPT participants, data for this section is focused on new callers or new contacts to the program. Information was also tracked on how people heard about this telephone line, and what action(s) the call resulted in.



As shown above by the trend line, there was a steady decline in the number of new callers utilizing the CIPT Community Access Line since it first opened.

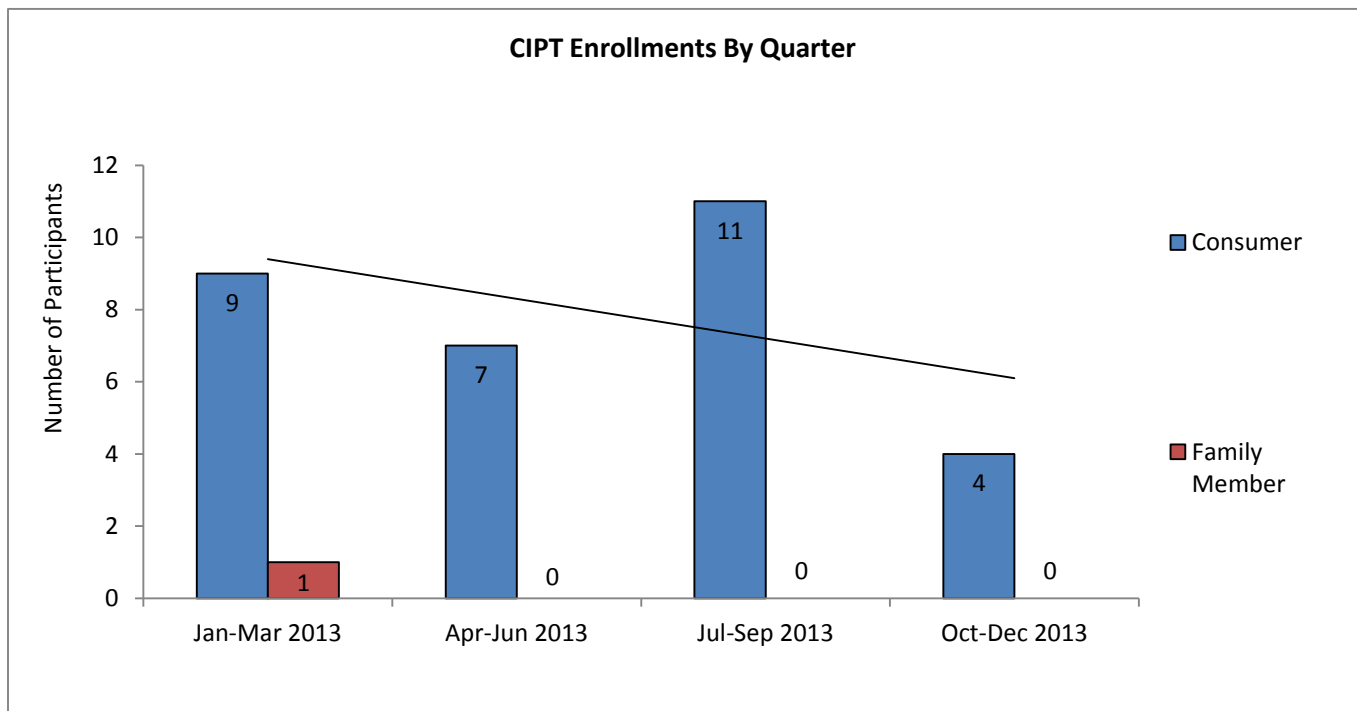
Call time data shows the average time of day for a call was 12:30 pm, with no calls documented between 8:00pm and 7:00 am for the entire year. Out of 152 calls received, only 19 calls required a call back, with most calls being returned the same day or the very next day.

PARTICIPANT DATA

For each individual that received CIPT services, information was collected about demographics, what had happened in their life in the previous 12 months, the pre-crisis situation that happened, the services and help asked for, and the services initially received. As participation continued, updates were collected about how the participant was doing, what activities CIPT had helped them attend, and what additional services they had received.

Information in this section is divided up into data about new participants who started during each quarter, existing participants who left the program each quarter, and everyone who was active in the CIPT program at some point during the year.

Total number of participants enrolled since the CIPT program started: **32**

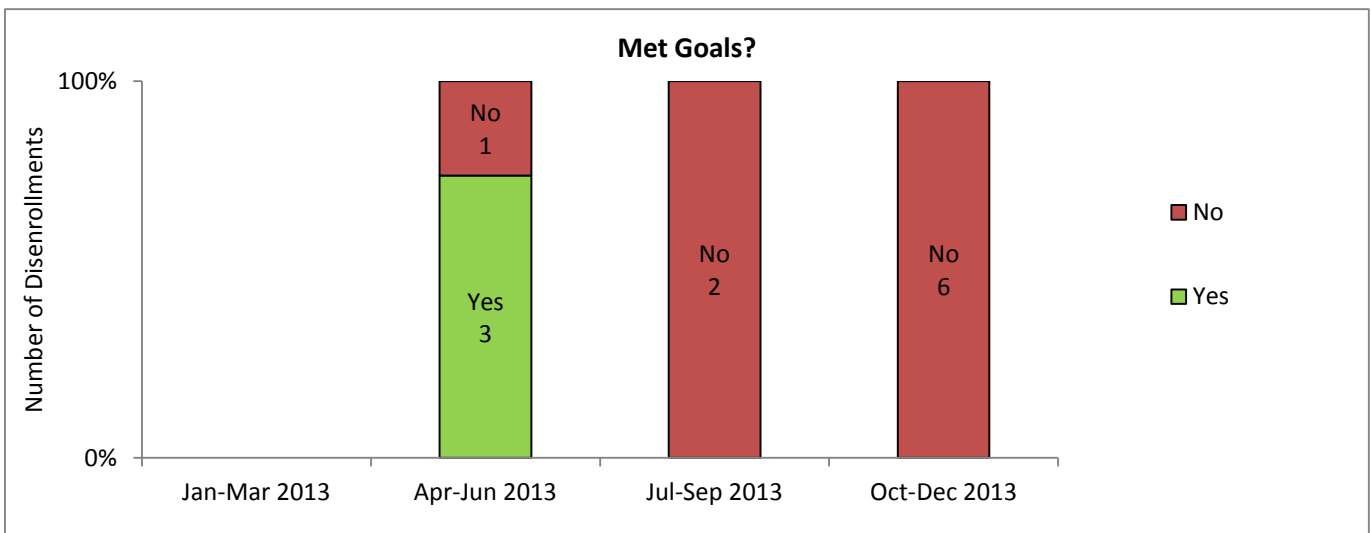
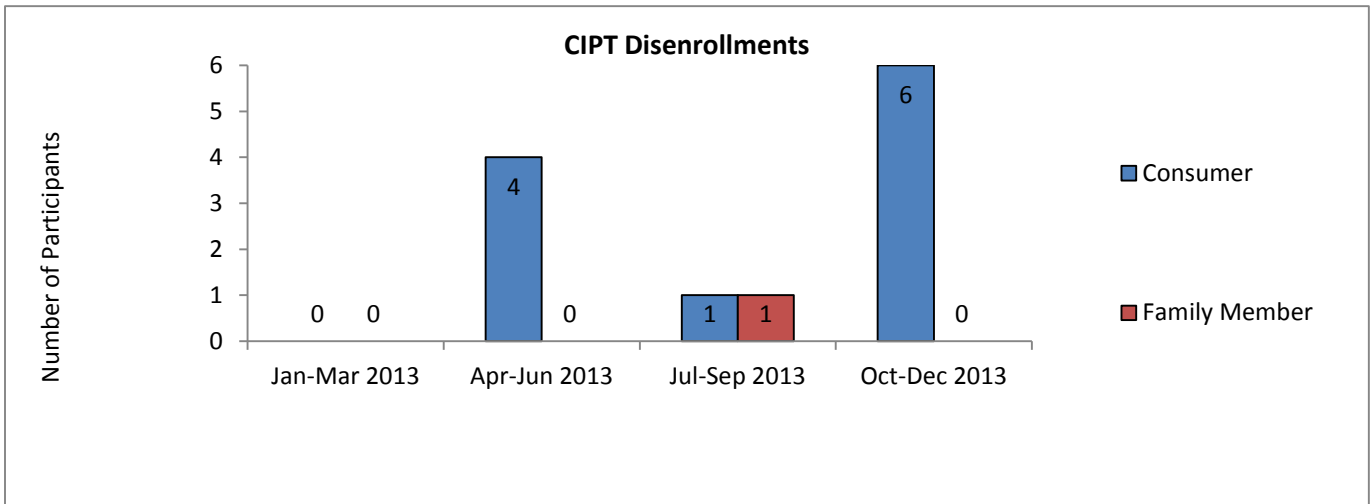


NEW ENROLLEE DATA

As shown in the chart above, there was apparently little interest in the Family Member portion of the CIPT program, and the enrollment data for Consumer participants had been trending downward also.

DIENROLLED PARTICIPANT DATA

Average length of participation in CIPT for disenrolled participants: **154 days (approximately 5 months)**



As shown above, 25% of those who disenrolled from CIPT met their goals prior to stopping the program and 75% did not meet their goals.

Reason for disenrollment:

	Consumer	Family Member	Total Percentage
Participant Choice	1 (8%)	-	8%
Moved Out of Area	2 (17%)	-	17%
Incarcerated	1 (8%)	-	8%
Loss of Contact	7 (59%)	1 (8%)	67%

To date, no exit surveys have been returned by any former participants.

DATA ON ACTIVE PARTICIPANTS

Total Number of Unduplicated Participants Active in the year: **32**

Number of Consumers Active: **31**

Number of Family Members Active: **1**

By Ages:

	0-15 Youth	16-18 TAY1	19-25 TAY2	26-59 Adult	60+ Older Adult
Consumers	0	0	2	26	3
Family Members	0	0	0	1	0

By Gender:

	Male	Female	Transgender	Other
Consumers	18	12	0	1
Family Members	0	1	0	0

By Race/Ethnicity:

	Consumer	Family Member
Caucasian	24	1
Black/African American	2	0
Hispanic	0	0
Asian/Pacific Islander	1	0
Native American	1	0
Other or Unknown	1	0
Multiple Races	2	0

Activities Reported:

Total Number of Activities Reported for the year: **261**

Average Number of Activities per Participant for the year: **8.2**

This averages out to approximately one activity every 6 weeks, per participant.

TYPES OF ACTIVITIES	Consumer	Family Member
Crisis Aftercare	0	0
In-Home Services	1	0
Respite Care	0	0
Referral to Other Provider	7	0
12-Step Meeting	72	0
Activity/Group	93	1
Workshop	38	0
Self-Help Meeting	1	0
Education Service/Support	1	0
Permanent Housing Education/Assistance	10	0
Employment Service/Support	3	0
Other	34	0

SERVICE PROVIDERS OF ACTIVITIES	Consumer	Family Member
2 ND Home	167	1
Empire Recovery	70	0
Shasta County Mental Health	3	0
Visions of the Cross	1	0
Wright Education	17	0
Not Listed	2	0

OUTCOME MEASURES

In order to measure whether the CIPT program was successful for consumer participants, four areas of data were selected for tracking: arrest and incarceration information; emergency room visits for psychiatric needs; psychiatric hospitalizations; and, homelessness. Participants were asked to report every three months on these areas, and the goal was to have the rates of all these decrease when compared to what was happening in the 12 months prior to their CIPT enrollment.

Measuring success of the CIPT program for family member participants is much more straightforward, as participant satisfaction was the only measurable outcome.

CONSUMER QUARTERLY UPDATE FORMS DATA

Data has been divided up into tables comparing participants who have been active for the same length of time in the CIPT program. The number of participants being examined for each measure is listed as N=#. The numbers are not the same for all the measures, as some individuals did not have data reported for them in all areas. Because there was so little information available on homeless statuses, that measure has been dropped from this report.

CIPT Participants with at least ONE quarterly report submitted with data							
	Prior 3 months (averaged)			Q1 Data			% who met goal
	Raw #	Average	# of individuals	Raw #	Average	# of individuals	
# of arrests (N=29)	4	.14	10	6	.21	6	21%
# of days incarcerated (N=29)	204	7.04	10	108	3.72	6	24%
# of ER visits (N=24)	24.75	1.03	17	5	.21	5	50%
# of hospitalizations (N=24)	6.5	.27	12	6	.25	6	38%
# of days hospitalized (N=24)	58.5	2.44	12	86	3.58	6	38%

CIPT Participants with at least TWO quarterly reports submitted with data							
	Prior 6 months (averaged)			Q1+Q2 Data			% who met goal
	Raw #	Average	# of individuals	Raw #	Average	# of individuals	
# of arrests (N=21)	7	.33	9	7	.33	6	33%
# of days incarcerated (N=21)	226	10.76	9	71	3.38	6	33%
# of ER visits (N=15)	43	2.87	11	6	.40	4	47%
# of hospitalizations (N=15)	9.5	.63	8	7	.47	6	33%
# of days hospitalized (N=15)	85	5.67	8	91	6.07	6	33%

CIPT Participants with at least THREE quarterly reports submitted with data							
	Prior 9 months (averaged)			Q1+Q2+Q3 Data			% who met goal
	Raw #	Average	# of individuals	Raw #	Average	# of individuals	
# of arrests (N=9)	6.75	.75	5	5	.56	4	33%
# of days incarcerated (N=9)	60	6.67	5	171	19	4	33%
# of ER visits (N=8)	57	7.13	5	3	.38	2	50%
# of hospitalizations (N=8)	6	.75	4	5	.63	4	38%
# of days hospitalized (N=8)	69	8.63	4	63	7.88	4	38%

CIPT Participants with at least FOUR quarterly reports submitted with data							
	Prior 12 months			Q1+Q2+Q3+Q4 Data			% who met goal
	Raw #	Average	# of individuals	Raw #	Average	# of individuals	
# of arrests (N=6)	7	1.17	3	6	1	3	17%
# of days incarcerated (N=6)	65	10.83	3	181	30.17	3	17%
# of ER visits (N=5)	24	4.8	3	3	.6	2	60%
# of hospitalizations (N=5)	4	.80	2	4	.80	2	40%
# of days hospitalized (N=5)	43	8.6	2	38	7.6	2	40%

FAMILY MEMBER QUARTERLY UPDATE FORMS DATA

There were two quarterly reports completed by the one Family Member participants in the year.

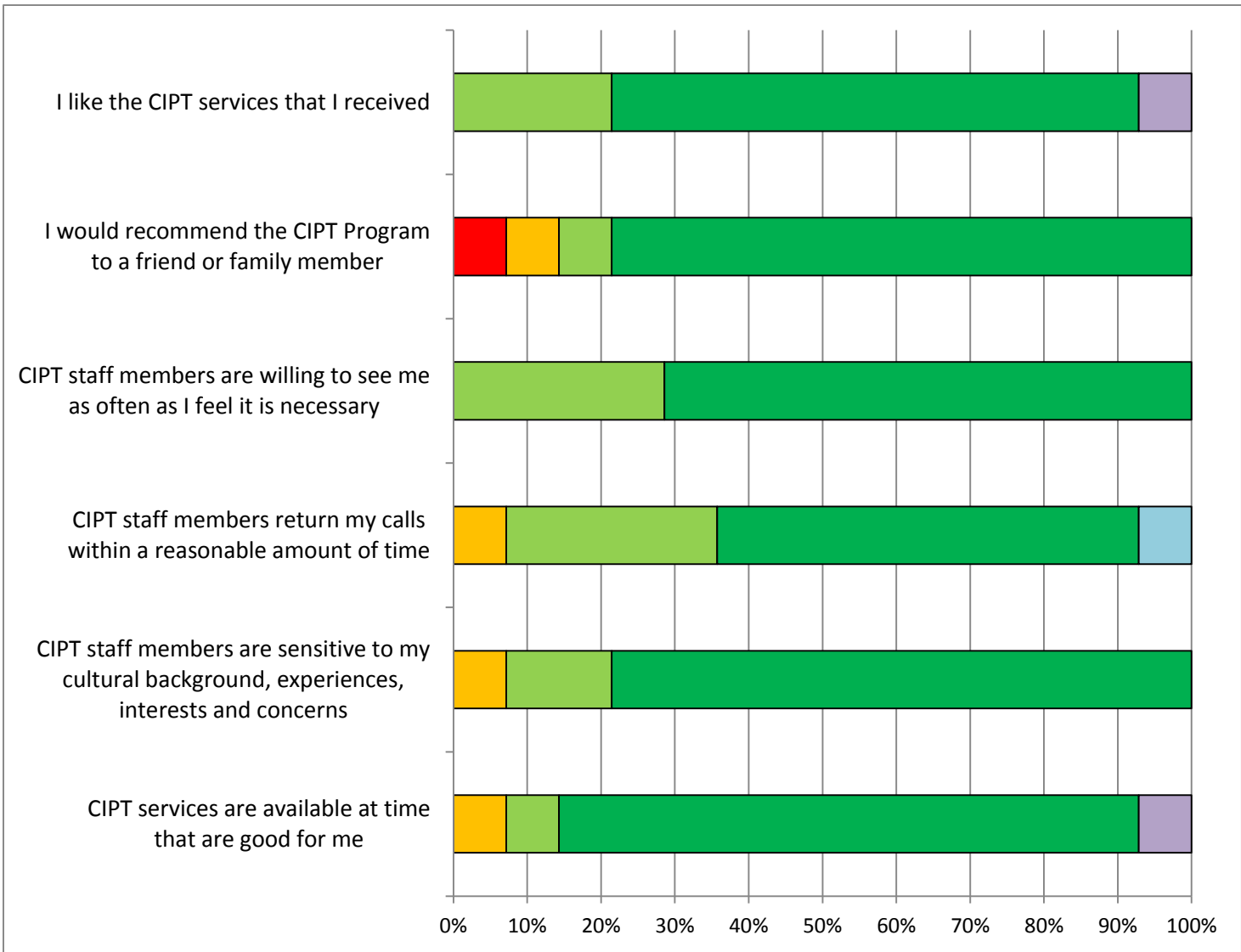
Family Member Participant Satisfaction Reported by Individual and Timeframe					
Participant	Start date with CIPT	Found CIPT Services Helpful after Months 1-3 with CIPT	Found CIPT Services Helpful after Months 4-6 with CIPT	Found CIPT Services Helpful after Months 7-9 with CIPT	Found CIPT Services Helpful after Months 10-12 with CIPT
F1	2/27/13	Yes	No	No Longer Participating in CIPT	

SIX MONTH SATISFACTION SURVEYS

There have been 14 Six Month Satisfaction Surveys completed and returned between July 1 and December 31, 2013, from a possible pool of 19 participants who have been enrolled with the CIPT program for 6 or more months, which is a 74% return rate.

The first 6 questions were multiple-choice. The scale for the first 6 questions is:

Strongly Disagree ■ Disagree ■ Agree ■ Strongly Agree ■ Don't Know ■ Did not respond ■



The last 3 questions were open-ended. Answers have been reported verbatim.

Question: What is working well with the CIPT program?

<ul style="list-style-type: none"> • Everything you do for me. I'm very grateful to have you.
<ul style="list-style-type: none"> • Follow-up with Dr. appt., rides to places to receives medical trtmt, listen to concerns, help w/needs quickly if not doing well, help get head on straight, treat me as an equal even though disabled
<ul style="list-style-type: none"> • Housing and getting to appointments
<ul style="list-style-type: none"> • I am initiating contact and that was welcomed but beyond that ??? For services. Really nice workers.
<ul style="list-style-type: none"> • People are friendly and understanding. I wouldn't have made it as far as I have without this program.
<ul style="list-style-type: none"> • People practically help the people that suffer from Mental Illness to navigate through the Health & Mental Health system with dignity & support practically. That's what we people really need. Thank you for your concern & assistance to become more interdependent & assertive when we feel unimportant & vulnerable in our illness.
<ul style="list-style-type: none"> • Staff involved are friendly
<ul style="list-style-type: none"> • Staff will go over the min. requirements to try and get you on your feet and get you better.
<ul style="list-style-type: none"> • The CIPT program has worked well. I really benefited. The staff was alert and responsive. They typically had a good understanding. It came together well being available in a short amount of time.
<ul style="list-style-type: none"> • The help with meds and react plan is vitally important to me.
<ul style="list-style-type: none"> • The staff is friendly and knowledgeable about the community & resources, and helpful to the people
<ul style="list-style-type: none"> • They helped me get to appointments I needed to get to.
<ul style="list-style-type: none"> • They provide a warm, homey atmosphere for the homeless, such as I.

Question: How could the CIPT program be improved?

<ul style="list-style-type: none"> • Don't know
<ul style="list-style-type: none"> • If CIPT had more confidence in their ability to make improvements to society
<ul style="list-style-type: none"> • It could be improved if a continuous concern wouldn't just drop down and quit. Asking more for information on how, etc., why etc., did this concur.
<ul style="list-style-type: none"> • Maybe one day a team or a designated person who is a lay person but perhaps has medical experience would like to accompany clients in their office visits to support & assist mentally ill & learning disabled people to articulate & prioritize their health care needs. I find that the most challenging aspect of being mentally ill & having people believe what I say is physically a problem for me.
<ul style="list-style-type: none"> • More classes and outreach
<ul style="list-style-type: none"> • More computers and internet services, more library hours.
<ul style="list-style-type: none"> • More counseling
<ul style="list-style-type: none"> • More housing programs.
<ul style="list-style-type: none"> • Not sure
<ul style="list-style-type: none"> • Nothing - staff are wonderful people.
<ul style="list-style-type: none"> • Open Sunday
<ul style="list-style-type: none"> • Quicker response to my phone calls
<ul style="list-style-type: none"> • This is client-driven. Sometimes it is important that others reach out. We don't always know what is best for us. Better training for staff on mental illness. Licensed staff.

Question: Is there anything else you wish to add?

<ul style="list-style-type: none">• Anger management
<ul style="list-style-type: none">• Continue to talk, feedback, talking to the primary person as well as staff. People are somewhat or sometimes resourceful.
<ul style="list-style-type: none">• Don't listen to clients who bad mouth the staff, b/c they are wonderful, caring people.
<ul style="list-style-type: none">• I have improved because of this program & you hope is works for others.
<ul style="list-style-type: none">• No/Not at this time (x4)
<ul style="list-style-type: none">• Phone check in's would be good, if not being done
<ul style="list-style-type: none">• This program does not seem to be any different from what 2nd Home offers. More \$\$ is needed to develop more services.
<ul style="list-style-type: none">• You girls and men, ladies, are really showing validation. It shows that you not only are sincerely but honest in relating with participants & knowledgeable & respectful of how and where the mentally ill suffer in specific areas of life, everyday life.

CONCLUSIONS

As a result of the evaluation of the first 12 months of implementation, the data showed that the project was not meeting its stated goals at the desired level and the decision was made to conclude the project early.