SEEI Phase 2 Study

An evaluation of an integrated crisis-case management service model

Investigators: Terry Krupa, PhD, Heather Stuart, PhD, Alan Mathany, MSW
Background:

- Systems enhancement funding made possible changes to existing community-based crisis service

- Frontenac Community Mental Health Service – use enhancement funding to refine design of their crisis services
Crisis Line
After business hours

TRIAGE

CRISIS SERVICE

CRISIS TEAM response: Limited Mobile response

information or referral

Walk in to Crisis Service

Outreach limitation

No built in follow-up
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- Service redesigned with a view to:
  - Enhancing service capacity - outreach
  - Enhance direct access to mobile crisis services
  - Enhance service capacity - improving access to appropriate follow-up services (transitional case management)
  - Meet standards for crisis response set by OMHLT
“NEW MODEL”

CRISIS TEAM – DIRECT CONTACT
walk in or telephone

CRISIS
Mobile or non-mobile

Mobile Team responds

Non-mobile response

Crisis Deescalates
NO follow up required

Crisis Deescalates
Follow up required

Information or Referral

Hospital Discharge - direct referrals TCM

Referral to Transitional Case Management

8-10 weeks
Up to 60 clients
Methods:

- The overall study was guided by 5 core objectives, each with a distinct design.
Study objectives:

1. Compare the old crisis service model (old model) with the new integrated crisis-case management model (new model)**

2. Evaluate the acceptability of the new model to service users

3. Evaluate the acceptability of the crisis service to local community health and social service network**

4. Examine how crisis service is experienced by service users**

5. Create a competency profile for the new transitional case-management positions
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Objective #1.

To compare the old crisis service model (old model) with the new integrated crisis-case management model (new model):

a.) Service capacity  
b.) Delivery of mobile crisis services  
c.) Accessibility to crisis services  
d.) Appropriateness of crisis services
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Objective #1.
To compare the old crisis service model (old model) with the new integrated crisis-case management model (new model).

Study Design:

- Non-equivalent group design comparing a control group (crisis contact between Nov. 1, 2004 and October 31, 2005) to new crisis model (crisis contact between March 1, 2006 and February 28, 2007).

- Data primarily from established data collection and databases, as well as hospital record linkage system.
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a) Service capacity

Results:

a. Service capacity: People served by crisis service in the specified one year period

- Old model  \( n = 108 \)
- New Model  \( n = 216 \)
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Demographic characteristics

No differences in age, gender, marital status, residential status, legal status, principle income, diagnosis

Differences in employment and living status:
  New model higher percentage employed and live alone or with a relative
  Old model clients higher percentage unemployed and living with non-relative
## emplysta * progrmnumber Crosstabulation

<table>
<thead>
<tr>
<th></th>
<th>progrmnumber</th>
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<td>% of Total</td>
<td>33.3%</td>
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Comparing hospital services use patterns:

Old model clients were significantly more likely to:

- Be evaluated as having had previous psychiatric hospitalizations
- Have had, in the 6 months prior to crisis service,
  - More days in hospital
  - More number of hospitalizations
  - More visits to emergency room
## Comparing hospital use

<table>
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<tr>
<th></th>
<th>Old Model</th>
<th>New model</th>
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<tr>
<td>Days in hospital 6 mos. Prior – M/SD</td>
<td>8.31/16.32</td>
<td>0.81/4.35</td>
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<tr>
<td>Number admit 6 mos. Prior - M/SD</td>
<td>0.75/1.37</td>
<td>0.14/0.49</td>
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<td>No. emerg visits 6 mos prior – M/SD</td>
<td>0.58/1.2</td>
<td>0.12/0.47</td>
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</table>
b.) Accessibility to ‘in person’ mobile crisis service;

Results:

Dramatic increase in number of mobile crisis visits (from one visit to 72).
c) Accessibility to crisis services: Extent to which referral source patterns reflected a range of pathways to crisis services directly from the broader community
Access to crisis services

• Results:

• New model significantly more referrals from:
  • Community organizations, self-referrals and other community members (family, friends, clergy, etc)

• Old model crisis service received more referrals directly from hospitals (emergency, but also from in-patient services)

**In new model hospital units refer directly for tcm services**
d.) Appropriateness of crisis services;
   Number of days served by crisis (3 week ideal)
   Exit disposition (indication of resolution)
Appropriateness

Results:

- Number of days that people served by crisis
  - New model significantly more likely to service clients within a 3 week period; More then half the old model clients served more than 3 months

- Patterns of completion/follow-up
  - New model clients more likely to formally “exit” the service or be referred on for further services
  - Old model clients more likely to withdraw from service or “other”
Referral patterns to Transitional Case Management (TCM) by new crisis service?

42 clients from new crisis model  (TCM served an additional 71 directly from hospital)

Those referred to TCM from crisis:

- Referred early, within first two weeks of service delivery
- Compared to others receiving crisis service, more likely to have received mobile visit and be evaluated with presenting issues of housing and previous psychiatric hospitalizations
Objective #3.

To evaluate the acceptability of the ‘new model’ to the local network of mental health and social services.
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Methods:

- Used Likert-style survey questionnaire based on Balanced Scorecard Framework (Kaplan and Norton)
  - Customer perspective (agency) (perceived helpfulness)
  - Customer perspective (client) (perceived helpfulness)
  - Internal process perspective (perceived efficiency)
  - Learning and innovation perspective (perceived proficiency)

- 54 local mental health and social service agencies invited to participate
- Online survey between February – March 7, 2008
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Results:

- 24 (44%) surveys completed

Community health services – 6
Hospital services – 6
Police – 1
Educational institution – 2
Non-profit social service – 8
Community living - 1
Results

- Agreement that crisis service is helpful to agencies (Total 3.09/5) and that they are efficient (Total 3.48/5)
- Lower ratings on perceived helpfulness to service users (Total 2.95/5)
- Agencies rated their own ability to manage crisis highly (Total 3.70)
- Highest ratings from community health, hospital and police agencies
- Lowest ratings from non-profit and educational institutions
## Results – experience over the past 2 years

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<thead>
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<th></th>
<th>Improved</th>
<th>The same</th>
<th>Worse</th>
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<tbody>
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<td>0</td>
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<tr>
<td>Capacity</td>
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<tr>
<td>Efficiency</td>
<td>4</td>
<td>10</td>
<td>3</td>
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<tr>
<td>Mobile response</td>
<td>7</td>
<td>9</td>
<td>1</td>
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<tr>
<td>Follow-up referral</td>
<td>2</td>
<td>11</td>
<td>3</td>
</tr>
</tbody>
</table>
An evaluation of an integrated crisis-case management service model

Objective #4.
To examine how the crisis service is experienced by service recipients.

Methods:
- Participatory evaluation approach (PAR group of 4 service users)
- Phenomenological approach
- A sample of clients (n=13) who had a range of experiences with crisis services (both old and new models) participated.
Evaluation of an integrated crisis-case management model

Findings:

1. ALL crisis services are highly valued

   Crisis services can have a great impact on the lives of clients (from “saving my life” to “it was very hurtful”)

2. Accessible, dependable, responsive and persistent services are key
Access/dependable/responsive

“It’s always there. You can count on it, 24 hours a day, 7 days a week. You do not have to know what time it is, you don’t have to know when they are open, you don’t have to wait till somebody is there to work. 24 hours. I’ve only got one place to call and that’s them”

“I’ve landed there many a time on the doorstep…somebody will talk to me there”

“They’re going to take care of you…If you’re having any problems at all call them and they’ll take care of it. They’ll either take care of it themselves or point you in the right direction”
3.
Experience of crisis service tied closely to the individual worker

What was the most beneficial aspect of the service?

“The people who work here” “It’s people, individual people” (12)
“Professional” “Trained in the field” “Qualified” (12)

Qualities identified: Respectful; Offer support with coping, direct practical support, reassurance and hope
4. Talking it out

“It’s like probing the person...getting the person to say what’s really on their mind, and I’m not even sure what’s on my mind because I’ve got so many different stressors happening at the same time”.

Findings (cont)

5. Crisis must be understood as both universal and unique

6. Important to value crisis service in preventing an actual crisis or prevention of an escalation of a crisis
Tensions emerging

• Confusion about legitimacy of their use of crisis services
  “I didn’t understand what was considered a crisis”

• Structure of service influences experience of access, dependability and responsiveness
  “And the girl at the front desk said ‘Everyone is out on a call right now’
Tensions

Experience related to skill of individual worker

“When I am that close to the edge I don’t know for sure I’m that close to the edge. But to have someone judge me on the phone, puts me over that edge.”
Specific suggestions for change

- Establish a warm line
- Hire more consumer survivors, peer to peer opportunities
- Provide guidelines for crisis use – but make them personal
- Information about what is offered
- A back up system to deal with crises
Study Limitations/Considerations

Use of existing databases not developed for research purposes

Transition to new service model not completed within expected timeframe

Focus is on service patterns not quality of care

Clients and community agencies do not differentiate between the old and new model

Study findings do not consider other changes to the local service system
Overall main messages:

Use of enhancement funding to restructure crisis services has lead to expected changes in crisis service utilization patterns (service capacity, access to mobile and crisis services, appropriateness of services)

Community service satisfaction surveys suggest the need for more strategic outreach to local service network by the crisis service

Service recipients value crisis services highly but their experiences are influenced by several key tensions
Help us with:

• What changes would you recommend to this presentation?

• What specific main messages should be disseminated from this study?

• How should the main messages be disseminated in our region? Beyond?