

SB82 — COMMUNITY INTERVENTION PROGRAM PAST, PRESENT & FUTURE

October 19th and 20th

PROGRAM DESIGN

Planned

4 Mobile Crisis Response Teams (Clinician/Peer Counselor)

- West Sacramento
- Woodland
- Davis
- Winters/Rural

Clinician co-located at LEAs to provide joint response with law enforcement

Peer Counselor to provide follow-up crisis support

Actual

4 Mobile Crisis Response Teams (Clinicians only)

- West Sacramento
- Woodland
- Davis
- Sheriff/Winters
- Clinician co-located at LEAs to provide joint response with law enforcement
- Peer Counselors eliminated due to underutilization-funded additional FTE

HOURS OF OPERATION

Planned

Mobile Crisis Response

- Monday, Tuesday, Wednesday, Friday, Saturday 3:30pm- 12:00am
- Hours selected based on analysis of LEA crisis call data

Telephone Crisis Response

On-call Thursday and Sunday

Peer Counseling

Monday- Friday 8:00am- 5:00pm

Actual

Mobile Crisis Response

- West Sac M-F (10-7)
- Davis M-F (11-8)
- Woodland M-F (11-8)

Telephone Crisis Response

Later in program, intermittent weekend on call

Peer Counseling

Eliminated after year one

POPULATION TO BE SERVED

Planned

Target Population

 Any Yolo County resident who comes into contact with law enforcement during a psychiatric crisis.

Projected Annual Service Volume

• 2,250 encounters

Actual

Target Population

 Any Yolo County resident who comes into contact with law enforcement during a psychiatric crisis.

Actual Numbers Served

- 594 encounters, average (74% less than projected
- 1,188 encounters across two years

PLANNED CRISIS SYSTEM

Crisis Response

 Joint Law Enforcement and Clinical Staff response

Crisis Intervention

- Hospital/ER
- Direct Access to Safe Harbor CRT
- Stays at Home with Self-Care Plan and Fast Track ADMH Appointment

Follow-up Peer Counseling

- Peer Counseling
- Support to implement Self-Care Plan
- Support to access Outpatient and Other Recovery Supports
- Benefits Assistance



PROGRAM EVALUATION INDICATORS

Outcome	Indicator
Decreased utilization of ER, hospital, and jails following crisis event.	 # of persons who go to ER (81)7% # of persons who are hospitalized (336)34% # of persons who go to jail (17)1.5%
Increased use of alternatives to hospitalization .	 # of persons who remain at home (718)62% # of persons who go to Safe Harbor CRT(12)1%
Increased participation in post- crisis services.	 Length of time between crisis and ADMH service # of people in crisis who do (798)95% and or do not access additional services
Reduction in frequent or repetitive use of ER, hospital, and jail services.	 # of individuals with repeat crisis events (179)21% Average length of time between ER, hospital, and jail services-didn't track
Decreased per-person costs of service.	 Per person cost of service, planned and unplanned \$2,012 per client served, \$1,461 per encounter

MOVING FORWARD

Access Points

- Woodland Clinic (M-F 8-5) ongoing
- West Sacramento Clinic (M, W, F 8-5) until January 2018
- Davis Navigation Center (M-F 8-5) projected by January 2018

Crisis Response

- Mental Health Urgent Care(7 days per week 12-9) Projected by January 2018
- Dignity Health (M-F 8-5) Projected by January 2018
- Sutter Health(M-F 8-5) Projected by January 2018

Gap

• 7 days per week 9pm- 8am - to be RFP'd

QUESTIONS/COMMENTS