
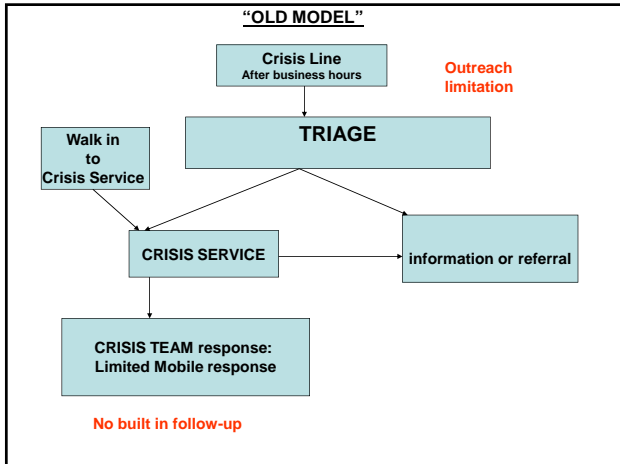


An evaluation of an integrated crisis-case management service model
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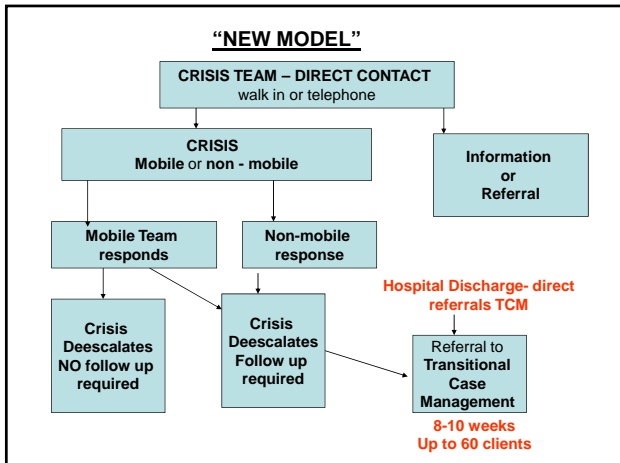
Background:

- Frontenac Community Mental Health Service – use enhancement funding to refine design of their crisis services


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- Service redesigned with a view to:
 - Enhancing service capacity
 - Enhance access to mobile crisis services
 - Enhance out-reach capacity
 - Improving access to appropriate follow-up services
 - Meet standards for crisis response set by OMHLT

Study objectives:

- Compare service utilization patterns of the old crisis service model with the new integrated crisis-case management model on service utilization patterns.**
- Evaluate the acceptability of the crisis service to local community health and social service network**
- Examine how crisis service is experienced by service users**
- Create a competency profile for the new transitional case-management positions (available upon request)



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Objective #1.
Service utilization.

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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Findings: Intended changes in service utilization patterns realized

- a. Significant increase in number of people served by crisis
- b. Dramatic increase in access to mobile crisis service
- c. Reaching a broader range of the community population
- d. Significantly more likely to service individuals within an "ideal" of 3 weeks, with a "resolved" exit status

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Objective 2: Acceptability to local community health and social service network

Methods: On-line questionnaire evaluating perceived helpfulness to agencies, perceived helpfulness to clients, perceived efficiency

- 24/54 local mental health and social service agencies completed survey

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Findings:

- Perception of improved access to crisis services and to mobile response
- Perception of unchanged access to follow-up services
- Lowest ratings from social agencies, compared to police and health agencies.

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Objective #3.
To examine how the crisis service is experienced by service recipients.

Methods:

- Participatory evaluation approach; phenomenological approach
- A sample of clients (n=13) who had a range of experiences with crisis services participated in interviews.

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Evaluation of an integrated crisis-case management model

Findings:

1. ALL crisis services are highly valued – understanding of "how"
2. Three "tensions" in service use:
 - Confusion about what is a legitimate crisis
 - Structure of crisis impacts access to services
 - Experience related to skill of individual worker
3. Suggestions:
 - Establish warm line, develop peer-to-peer opportunities; develop a back up system; guidelines for crisis use

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Overall main messages

1. Restructured crisis services lead to desired changes in crisis service utilization patterns. An integrated crisis-TCM model may be relevant and generalizable to other communities
2. Strategic outreach should accompany service changes. The relationship to social service organizations may require particular attention.
3. Crisis services are highly valued by service recipients, but their experiences can inform further service refinement.
4. Policies and funding governing crisis service delivery should be responsive to service challenges and service innovation.

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