

# ***CRISIS INTERVENTION PROGRAM***

**Presented  
to  
Health, Environment and Human Services Committee  
on  
February 28, 2005**

# PURPOSE OF BRIEFING

The purpose of this briefing is to update you on the following:

1. Overview the Mission of Crisis Intervention
2. Theoretical Models used by Crisis Intervention
3. Core Services Provided:
  - Rapid Response to Crises
  - Mental Health Referrals
  - Geriatric Mental Health
  - Child Neglect/Abuse
  - Domestic Violence
  - Homeless Outreach
4. Participation in Essential Taskforces

# Crisis Intervention's Mission

- The Crisis Intervention Unit's mission is to assertively help citizens referred by the Dallas Police, Dallas Fire Rescue, and other City Departments with professional social work assistance.
  - The staff accomplishes this mission through on-site assessments, problem solving, crisis counseling, appropriate referrals, and follow-ups.
  - Clients are contacted who have been unable to access agencies or obtain assistance due to frailty, lack of transportation, physical or mental disabilities.
  - Empowerment of clients is a key issue in this unit, due to one-on-one problem solving with a crisis trained worker who can provide counseling, as well as advocacy.
- The Crisis Intervention Unit also functions during disaster relief operations and Bioterrorism exercises, coordinating necessary resources to stricken citizens. The unit covers all areas of the city without exclusionary criteria.

# Definition of Crisis Intervention

## Crisis:

Crisis is a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms. (James & Gilliland, 2001)

## Crisis Intervention:

Crisis intervention is emergency first aid for mental health & domestic violence. It requires that the person experiencing the crisis receive timely and skillful support to help cope with his/her situation before physical or emotional deterioration occurs.

Crisis intervention therefore involves three major components:

1. The actual crisis – victim's perception of an unmanageable situation,
2. The individual in crisis, and
3. The helper who provides aid.

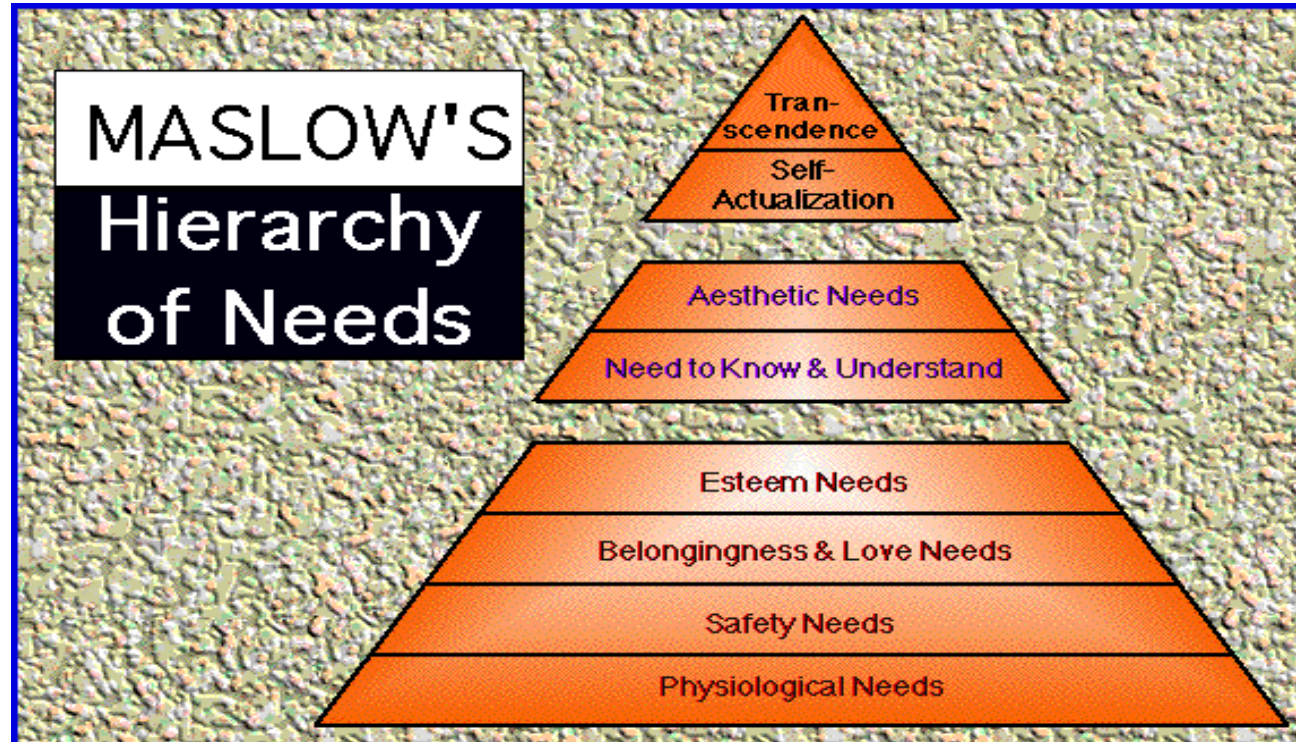
A stressful event alone does not constitute a crisis; rather, crisis is determined by the individual's view of the event and response to it. (Smead, 1988)

# **Theoretical Models used by Crisis Intervention**

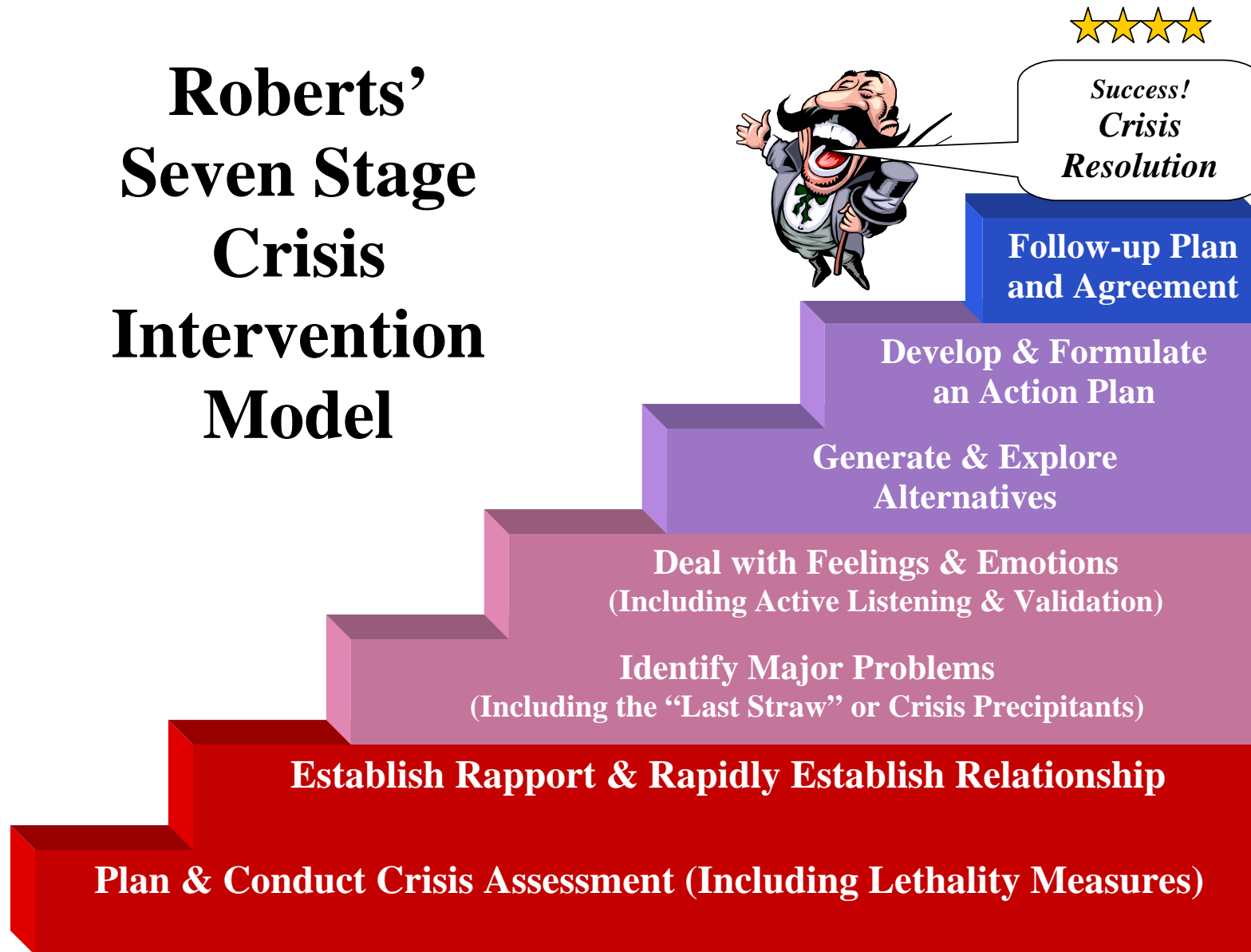
*Crisis Intervention uses 2 evidenced-based  
theoretical models in casework:*

- **Maslow's Hierarchy of Needs**
- **Robert's Model of Crisis Intervention**

# *Maslow's Hierarchy of Needs*



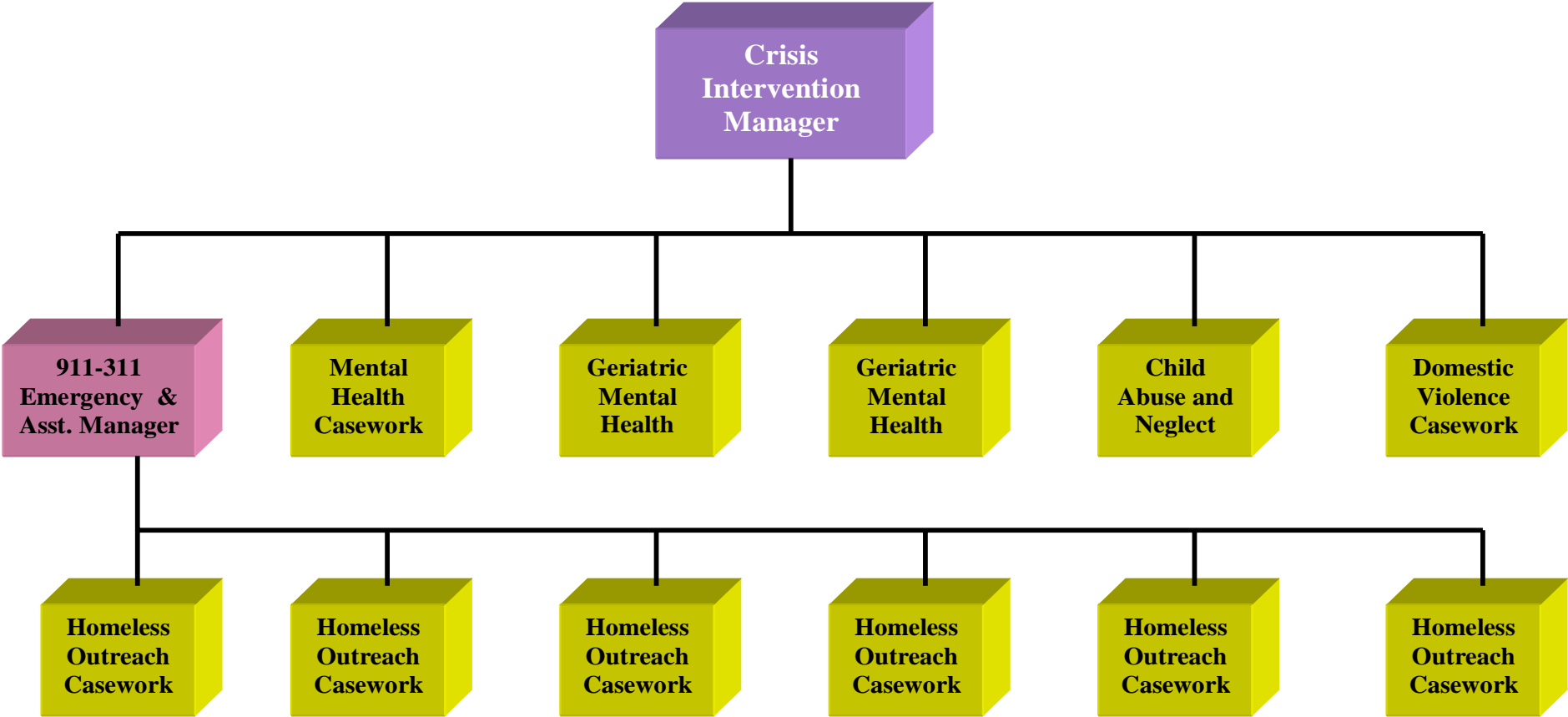
# Roberts’ Seven Stage Crisis Intervention Model





# ***Crisis Intervention***

***“TIP OF THE HUMAN SERVICES SPEAR”***



# Performance Indicators 04-05

<u>Service</u>	<u>Input</u>	<u>Output</u>	<u>Efficiency</u>	<u>Effectiveness</u>
<b>Rapid Response to 911/311 Calls</b>	Staff of 1.1 FTEs Budget: \$73,273 >All GF	Clients Served: 80 Assessments: 80 Referrals: 160 I & R calls: 470	\$92.75 per Client encounter	Placements: 6 Stabilization Plans: 14 Problem Solving: 60
<b>Mental Health Referrals</b>	Staff of 1.1 FTEs Budget: \$61,181 > All GF	Clients Served: 200 Assessments: 110 Referrals: 90 I & R calls: 400	\$76.48 per Client encounter	Placements: 25 Treatment: 75 Stabilization Plans: 100
<b>Geriatric Mental Health</b>	Staff of 2.1 FTEs Budget: \$108,801 >CDBG: \$100,864 >GF: \$7,937	Clients Served: 280 Assessments: 280 Referrals: 140 I & R calls: 500	\$90.67 per Client encounter	Placements: 70 Treatment: 50 Stabilization Plans: 160
<b>Child Neglect/Abuse</b>	Staff of 1.1 FTEs Budget: \$62,645 >All GF	Clients Served: 230 Assessments: 120 Referrals: 90 I & R calls: 320	\$82.43 per Client encounter	Placements: 3 Problem Solving: 80 Effective Parenting skills: 37
<b>Domestic Violence</b>	Staff of 1.1 FTEs Budget: \$54,095 >All GF	Clients Served: 350 Assessments: 350 Referrals: 300 I & R calls: 400	\$38.64 per Client encounter	Placements: 50 Safety Plan: 320 Increased knowledge of domestic violence: 300

# Performance Indicators (cont'd)

<u>Service</u>	<u>Input</u>	<u>Output</u>	<u>Efficiency</u>	<u>Effectiveness</u>
Homeless Outreach	Staff of 6.5 FTEs Budget: \$320,870 >GF: \$121,167 >CDBG: \$105,922 >DID: \$93,781	Clients Served: 2,000  Referrals: 500  I & R calls: 600	\$103.51 per Client encounter	Housing: 250  Treatment: 250  Warrants: 24

## Definitions

- Assessments – Formal appraisal of client’s most pressing needs
- Referrals – Referrals to professional agencies made only after the assessments are completed
- Placements – Includes psychiatric facilities, nursing homes & assisted living, boarding homes, relatives
- Contacts – Documented encounters with offers of assistance
- Housing – Includes supported housing, boarding homes, and SROs, but not homeless shelters
- Treatment – Extended mental health or chemical dependency in-patient services
- Warrants – Mental Health & Chemical Dependency Warrants, including Warrantless Apprehension
- Clients Served – Documented unduplicated & duplicated contacts
- I & R calls – Information & referral calls resolved by not opening a documented case

# Core Services Provided

- Rapid Response to 911/311 Calls
- Mental Health Referrals
- Geriatric Mental Health
- Child Neglect/Abuse
- Domestic Violence
- Homeless Outreach

# Rapid Response to Human Services Needs

## Services Summary:

Staff responds to on-scene human service crises, and provides post-crisis follow-up to citizens. These interventions are aimed at assisting disaster victims achieve safety and stabilization in their lives.

## Activities Breakdown:

- 1) *On-scene crisis intervention to floods/tornados by interviewing and assessing needs of victims*
- 2) *On-scene response to apartment complexes water and power outages by tracking and assessing seniors and people with disabilities*
- 3) *On-scene response to bioterrorism training events by assisting nurses with mass prophylaxis and vaccinations*
- 4) *Post-crisis follow-up to flood/tornado victims by monitoring effectiveness of provided services*
- 5) *Post-crisis follow-up to seniors & people with disabilities in apartments without water or power by locating necessary in-home resources*
- 6) *Post-crisis follow up training to attacks by weapons of mass destruction by providing critical incident stress management counseling*

# Mental Health Assistance

## **Services Summary:**

At the request of police officers, staff responds to on-scene mental health crises for citizens and follows up on referrals from officers previously involved in mental health calls. These interventions link up citizens with psychiatric services through professionally trained caseworkers.

## **Activities Breakdown:**

- 1) On-scene response to mental health police calls, thus assisting officers with a master's-level trained professional*
- 2) On-scene field diagnosis of referred individual*
- 3) On-scene assessment of individual's living conditions and daily functioning*
- 4) Follow up with client by connecting to appropriate mental health services, involuntary if necessary.*
- 5) Advocate for client in the mental health system to insure continuity of care*
- 6) Monitor client's functioning after hospital release to insure medication compliance, and adequate activities of daily living*

# Geriatric Mental Health

## Services Summary:

Staff responds to on-scene mental health crises and self-neglect of citizens 60 years and older at the request of 911/311, police officers, paramedics, Adult Protective Services, and other community agencies. The goal is to assess the senior and connect them with the proper service. Oftentimes this involves intensive case management over a period of time (3-6 months).

## Activities Breakdown:

- 1) *On-scene response to mental health police calls, thus assisting officers with a master's-level trained professional*
- 2) *On-scene field diagnosis of referred individual*
- 3) *On-scene assessment of individual's living conditions and daily functioning*
- 4) *Assessment also includes: Alzheimer's Disease, Dementia, Depression, Bipolar Disorder, and Schizophrenia*
- 5) *Assuring the client is in a protective environment (nursing home, psychiatric treatment facility, relatives home, etc.) and that a care plan has been developed with the client, family, and discharge planners*
- 6) *Monitor client's functioning after hospital release to insure medication compliance, and adequate activities of daily living*

# Child Neglect/Abuse

## Services Summary:

Staff responds to allegations of child neglect/abuse, parent/child disputes, custody disputes involving abuse allegations, and follow up on attempt suicide reports of children 17 years old and under. For cases not requiring CPS involvement, referrals are sent to the City of Dallas' Crisis Intervention Unit. There the referral is assigned to the Child Neglect Caseworker for further interaction and possible intervention.

## Activities Breakdown:

- 1) On-scene response to child neglect police calls with a licensed professional*
- 2) On-scene assessment of child neglect/abuse allegations*
- 3) Intervention provides a "wake-up call" for abrasive/ neglecting parents*
- 4) Intervention provides for a non-biased, open-minded, trained mediator in custody disputes*
- 5) Intervention provides for appropriate referrals to family counseling and effective parenting classes*
- 6) Brief follow-ups are required to help the positive intervention become permanent*

# Domestic Violence On-Scene Response

## Services Summary:

Staff responds to on-scene domestic violence calls following patrol officers, and post-crisis follow-up to victims. These interventions are aimed at assisting victims cope with domestic violence. Safety of the victim is of immediate concern, followed by crisis counseling.

## Activities Breakdown:

- 1) *On-scene crisis intervention to victims thru assisting patrol officers with filling out Domestic Violence Packets & photographing victims' injuries*
- 2) *On-scene assistance to victims by conducting safety and needs assessments*
- 3) *On-scene assistance to victims by crisis counseling and reality orientation of being violated*
- 4) *Post-crisis follow up to ensure victims' physical safety & emotional stability*
- 5) *Post-crisis follow up to educate victims in dynamics of domestic violence*
- 6) *Post-crisis follow up to assist victims with appropriate community referrals and necessity of Protective Orders*

# Homeless Outreach

## Services Summary:

Staff responds to all CRMS referrals of Homeless Encampments. Additionally, service-resistant/shelter-resistant homeless individuals are actively sought out in an attempt to develop an on-going rapport. The goal of homeless outreach is helping the clients engage in the services and housing they need to become productive members of society once again. The focus is on the “nationally recognized evidence-based best practices”\* as the most effective outreach utilized in establishing trust and building relationships with these homeless clients.

## Activities Breakdown:

- 1) *On-scene examination of homeless encampments to engage the people there*
- 2) *Perform a brief assessment of mental/physical illness and substance abuse*
- 3) *Care for immediate client needs such as safety, crisis intervention, urgent medical care, clothes, food, water and shelter*
- 4) *Develop a trusting relationship*
- 5) *Provide necessary services and resources*
- 6) *Connect clients to mainstream community services*
- 7) *Brief follow ups help the positive intervention become more permanent*

\* (See Addendum for description of “nationally recognized evidence.....”)

# No Duplication of Services

- There are no other City units or community agencies that perform the same holistic services as Crisis Intervention.
- All positions in this unit were created to fill critical identified gaps in the service delivery of governmental and non-profit agencies. No unit in DPD goes into the field on Social Service referrals, natural disasters, or Bioterrorism exercises.
- Although this unit collaborates with many other community agencies to fulfill its mission, there is no overlap or duplication of service provision.

# Participation in Essential Taskforces

- *Metro Dallas Homeless Alliance*
- *Mayor's Taskforce on Homelessness & related committees*
- *Boarding Home Taskforce*
- *Special Needs Offender Workgroup*
- *White House 25 Cities Drug Initiative*
- *Dallas MetroCare Mental Health Advisory Committee*
- *Mental Health Association Coalition on Mental Illness (COMI) Committee*
- *Elder Abuse Coalition*
- *Mental Health & Aging Coalition*
- *Access Center for the Elderly*
- *Homeland Security*

# Addendum

- *Evidence-Based Best Practices*
- *Homeless Head Counts by Years*
- *Homeless Recovery Phases*
- *Homeless Housing Flow*
- *Time Spent on Bioterrorism Training*

# **Nationally Recognized Evidence-Based Best Practices < Homeless Outreach >**

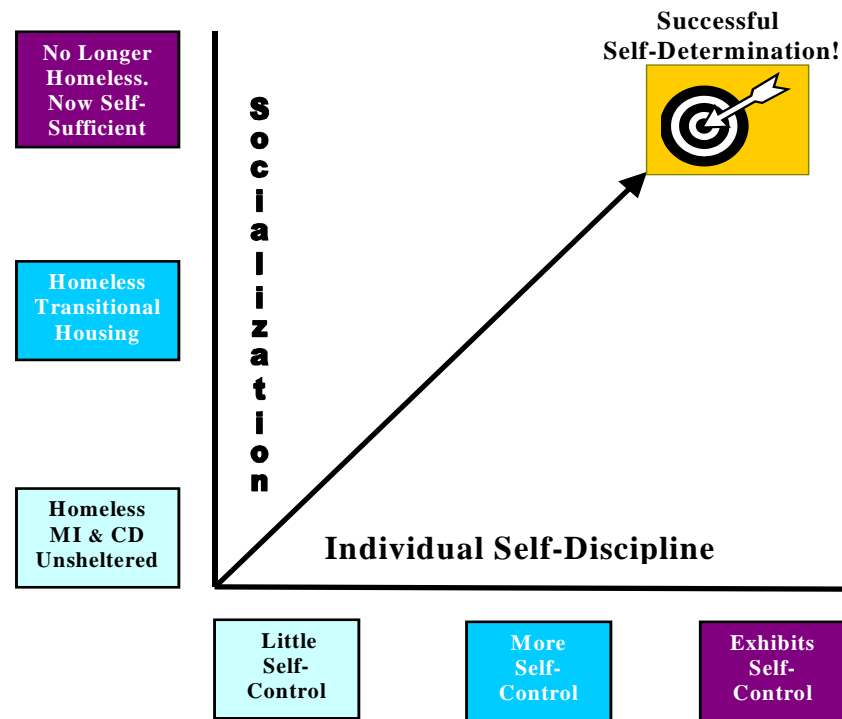
**Erickson & Page (1999) found the following when studying Homeless Outreach:**

- 1.Outreach work is based on a foundation of strong values, principles and unique worker stances.**
- 2.Engagement is the key.**
- 3.The goals of outreach are to develop trust, care for immediate needs, provide linkages to services and resources, and to help people get connected to mainstream services and ultimately into the community through a series of phased strategies.**
- 4.Peer based outreach and the use of the expertise of homeless and formerly homeless & recovering persons are valued and should be actively sought out.**

## Homeless Head Counts By Years

1997	1,800
1999	3,098
2001	2,909
Jan, 2002	3,989
Aug, 2002	4,315
Jan, 2003	5,188
Jan, 2004	5,636

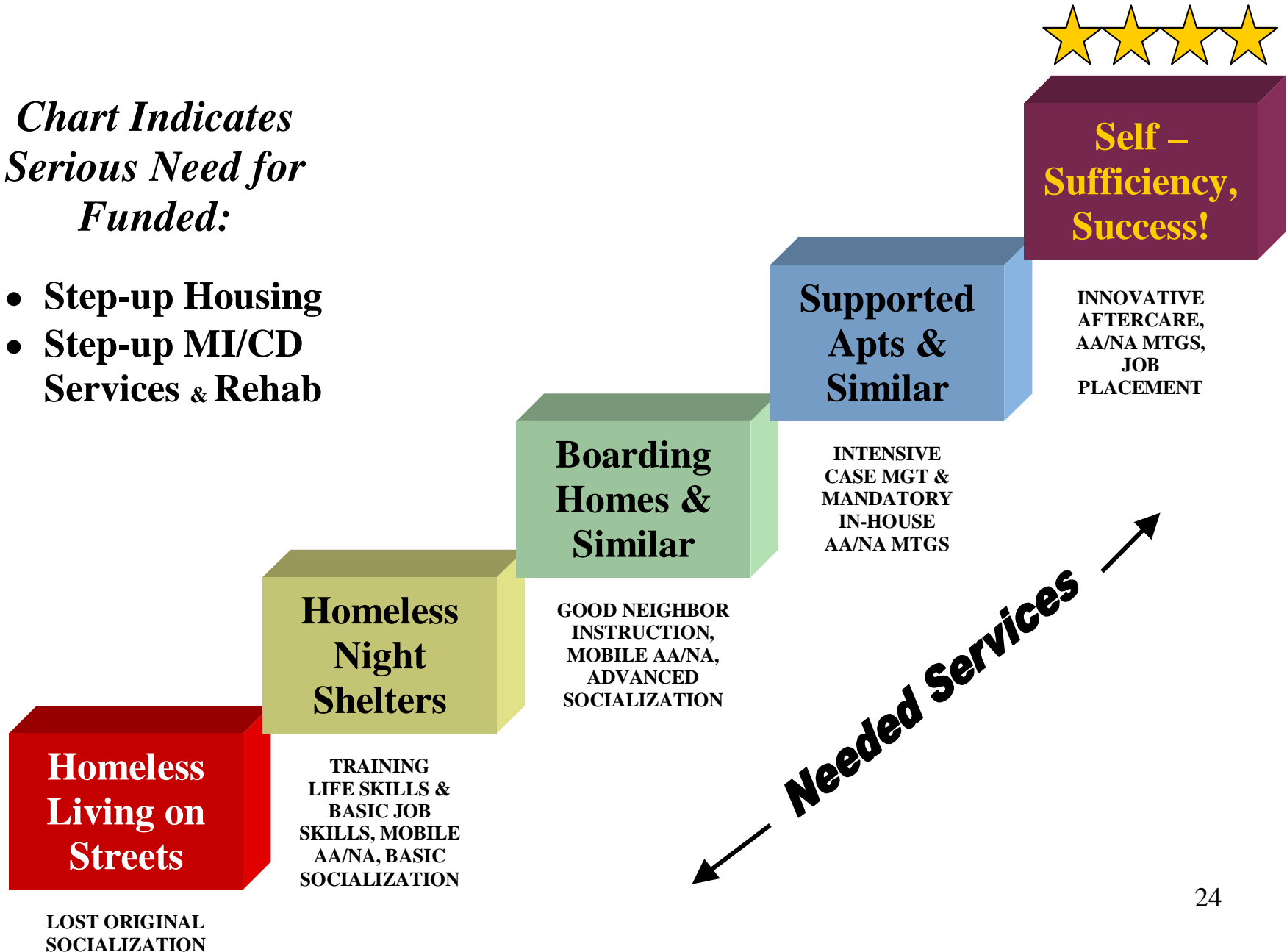
# Homeless Recovery Phases to Achieve Self-Determination



# Homeless Housing Flow

*Chart Indicates  
Serious Need for  
Funded:*

- Step-up Housing
- Step-up MI/CD Services & Rehab



## Time Spent on Bioterrorism Crisis Intervention 2004

4-09-04	DCH&HS	DH	1.5 hr
4-27-04	DCH&HS	DH	1.5 hr
4-30-04	EHS mtg	DH	1.5 hr
5-03-04 thru 5-05-04	<b>TEEX tng</b>	DH	23 hrs
5-10-04	DCH&HS	DH	1.5 hr
5-20-04	DCH&HS	DH&RC	1.5 hr
6-09-04	Exercise in McKinney	ALL STAFF 8 CWs x 7 hrs	56 hrs
6-14-04	CONF. CALL	RC	1.5 hr
6-22-04	EHS	DH,RC	3 hr
6-24-04	DCH&HS	DH	1.5 hr
7-21-04	DCH&HS	DH,RC	6 hrs
7-22-04	DCH&HS	DH	1.5 hr
7-27-04 thru 7-29-04	<b>TEEX tng</b>	RC,DM	46 hrs
7-30-04	EHS	DH,RC	3 hrs
8-17-04	EHS	DH	1.5 hr
<b>TOTAL TIME=</b>	<b>150.5 staff hrs</b>	<b>x \$21/hr</b> (Average staff hourly salary)=	<b>\$3,160.50 Total</b>