

**BEHAVIORAL HEALTH SERVICES  
IN HOME OUTREACH TEAM PROGRAM REPORT  
(IHOT)**

**9 MONTH REPORT**

**JANUARY 1, 2012 – SEPTEMBER 30, 2012**

**PRESENTED TO THE MENTAL HEALTH BOARD**

**OCTOBER 4, 2012**

**IN HOME OUTREACH TEAM PROGRAM REPORT  
(IHOT)**

**October 31, 2012**

**Table of Contents**

<b>1. In-Home Outreach Team Program Summary</b>	<b>1</b>
<b>2. IHOT Program Service Delivery Characteristics</b>	<b>2</b>
<b>3. Comparisons between Potential Laura's Law Candidates and Non Potential Laura's Law Candidates</b>	<b>9</b>
<b>4. IHOT Letter of Support #1</b>	<b>11</b>
<b>5. IHOT Letter of Support #2</b>	<b>12</b>

## 1. IN-HOME OUTREACH TEAM PROGRAM SUMMARY

The County of San Diego contracts with Telecare, Inc., to operate the In-Home Outreach Team (IHOT) program. IHOT is a centralized program offering three mobile teams to provide in home outreach to adults with serious mental illness who are reluctant or "resistant" to receiving mental health services. The IHOT program also provides extensive support and education to family members who are dealing with the mental illness of a loved one within their family. Such families are specifically dealing with the experience of their loved one with mental illness declining or refusing any mental health support, yet very clearly struggling with daily life. The IHOT team provides mobile outreach to such families and their loved ones in the North Coastal, East and Central Regions of San Diego County. Services include behavioral health screening, outreach and engagement, crisis management, transitional case management, support and educational services.

### Program Goals

- To connect participants and family members with education, support and community resources
- To connect participants with appropriate medical and mental health care as is feasible
- To collaborate with participants and their families to help them fulfill their hopes and dreams and go on to lead meaningful lives

### Eligibility Criteria

- 18 years or older
- Presence of serious mental illness with functional impairment
- Resides within North Coastal, Central or East Regions of San Diego County
- Not currently enrolled in mental health treatment and resistant to mental health treatment

### Phases of IHOT Involvement

**Referral Phase** - This is the initial entry point into the program. Referrals can come from numerous referral sources such as Psychiatric Emergency Response Teams (PERT), hospitals, jails, National Alliance on Mental Illness (NAMI), families, Recovery Innovations of California (RICA), etc., to target the most acute and difficult-to-engage. Referrals are primarily done by phone and an IHOT team member will take the information over the phone and consult with the IHOT program Team Lead and Administrator to determine whether or not an individual meets the criteria to be accepted into the program. If staff determines that an incoming referral does not meet program criteria, Telecare will provide the referring party with referrals for other appropriate resources in the community.

**Accepted into Program** - When an individual is determined to meet criteria, they are considered "accepted" into the program and are further outreached with the goal of engagement.

**Outreached Phase** - In this phase, IHOT staff members will outreach to those families who have requested our services for their loved one who is suffering from mental illness. In this phase, the IHOT team will actively meet and support the family members. At the same time they try to make contact and build trust and rapport with the individual identified as having mental illness but who is not engaged or interested in receiving any type of help or mental health treatment. If no family is involved, the IHOT team will make numerous efforts to outreach the referred individual by contacting them by phone, stopping by their place of residence as many times as needed to connect, build trust and rapport with them and to initiate initial discussions with them about their needs and wants.

**Engaged Phase** - A participant is defined as "engaged" with IHOT services when they agree, subsequent to IHOT team outreach efforts, to meet regularly with IHOT staff and are open and receptive to receiving IHOT support services. In this phase, the IHOT team strives to connect the participants with as many resources as they are interested in receiving, and if they are willing, to assist them in linking to medical or mental health care.

## 2. IHOT PROGRAM SERVICE DELIVERY CHARACTERISTICS

The following sections presents a brief overview of the IHOT program services and characteristics of the persons accepted into the IHOT program between January 1, 2012 and September 30, 2012.

### Cumulative IHOT Program Participation

As of September 30, 2012:

- A total of 295 persons have been referred to the IHOT program from across San Diego County.
- Of those, 127 (42.9%) were determined to be eligible and accepted into the *Outreach Phase* of the IHOT program. During the Outreach Phase, IHOT staff connects with and supports the family of the participant and attempts to develop a relationship with the potential IHOT participant.
- Of those who entered into the Outreach Phase, 57 (44.9%) have already transitioned into the *Engaged Phase* of the IHOT Program. The Engaged Phase begins when the intended recipient of IHOT services agrees to have an ongoing relationship with the IHOT staff. During this phase the IHOT staff continue to provide support service to the family members.

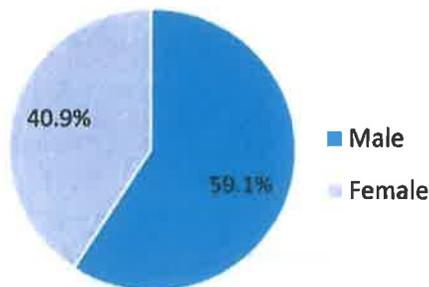
### Characteristics of Persons Accepted into the IHOT Program

The following tables reflect data for the 127 participants who entered the IHOT program during the reporting period. For each participant characteristic overall totals and the distribution are reported by IHOT region.

#### Gender

As shown in Figure 1, males comprised the majority of the persons accepted into IHOT (59.1%).

Figure 1. Gender of Persons Accepted into IHOT Program



As shown in Table 1, males were particularly prevalent in the North Coastal Region (76.6%).

Table 1. Gender by Region for Persons Accepted into the IHOT Program

	Total		Central		East		North Coastal	
	#	%	#	%	#	%	#	%
Female	52	40.9	25	53.2	16	48.5	11	23.4
Male	75	59.1	22	46.8	17	51.5	36	76.6
Total	127	100.0	47	100.0	33	100.0	47	100.0

**Race/Ethnicity**

The majority of persons accepted into IHOT were Caucasian (63.0%), followed by African American (11.8%), and Latino (7.9%).

Figure 2. Race/Ethnicity of Persons Accepted into the IHOT Program

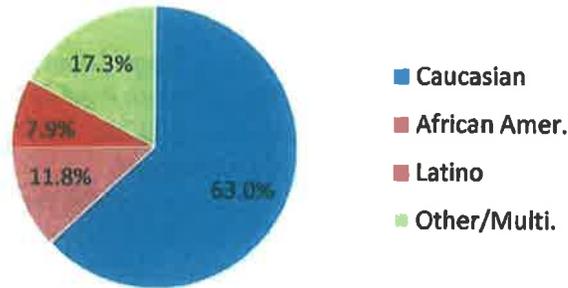


Table 2 illustrates that relatively similar percentages and patterns exist across regions regarding the racial/ethnic characteristics.

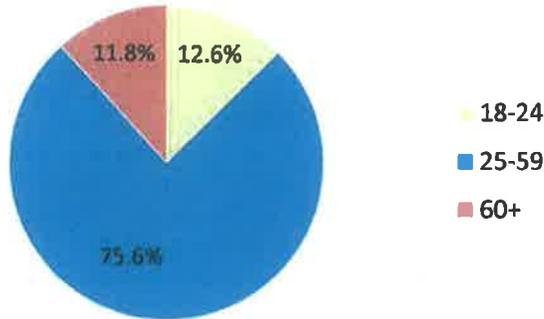
Table 2. Race/Ethnicity by Region for Persons Accepted into the IHOT Program

	Total		Central		East		North Coastal	
	#	%	#	%	#	%	#	%
Caucasian	80	63.0	26	55.3	20	60.6	34	72.3
African Amer.	15	11.8	8	17.0	4	12.1	3	6.4
Latino	10	7.9	5	10.7	3	9.1	2	4.3
Other/Multi.	22	17.3	8	17.0	6	18.2	8	17.0
<b>Total</b>	<b>127</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>	<b>33</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>

### Age Groups

Approximately three quarters (75.6%) of the IHOT participants were between 25-59 years old.

Figure 3. Age Groups of Persons Accepted into the IHOT Program



The results presented in Table 3 indicate that while the 25-59 age group contained the vast majority of persons accepted into IHOT, each region included at least some persons from the transitional age youth (18-24) and older adult (60+) age groups.

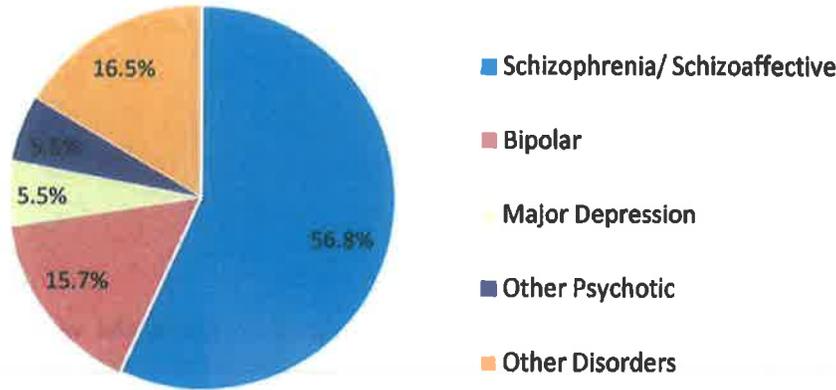
Table 3. Age Groups by Region for Persons Accepted into the IHOT Program

	Total		Central		East		North Coastal	
	#	%	#	%	#	%	#	%
18-24	16	12.6	2	4.3	5	15.2	9	19.1
25-59	96	75.6	40	85.1	24	72.7	32	68.1
60+	15	11.8	5	10.6	4	12.1	6	12.8
Total	127	100.0	47	100.0	33	100.0	47	100.0

**Diagnostic Impressions**

Schizophrenia/Schizoaffective Disorder represented the most common diagnostic impression for the IHOT participants (56.8%) followed by Bipolar Disorder (15.7%).

Figure 4. Diagnostic Impressions of Persons Accepted into the IHOT Program



As shown in Table 4, relatively similar diagnostic impression prevalence patterns were found in each region.

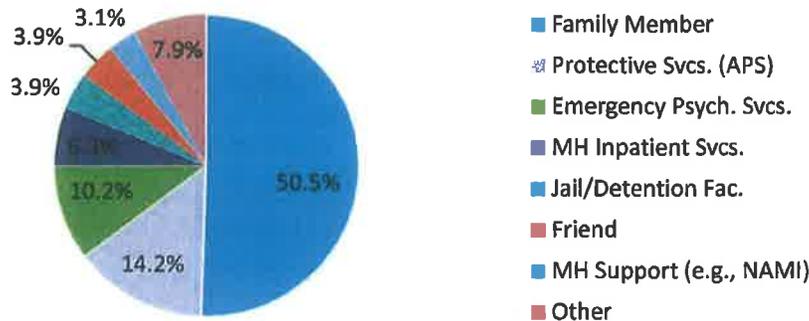
Table 4. Diagnostic Impressions by Region for Persons Accepted into the IHOT Program

	Total		Central		East		North Coastal	
	#	%	#	%	#	%	#	%
Schizophrenia/ Schizoaffective	72	56.8	30	63.9	16	48.5	26	55.3
Bipolar	20	15.7	5	10.6	7	21.2	8	17.0
Major Depression	7	5.5	3	6.4	1	3.0	3	6.4
Other Psychotic	7	5.5	4	8.5	3	9.1	0	0.0
Other Disorders	21	16.5	5	10.6	6	18.2	10	21.3
<b>Total</b>	<b>127</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>	<b>33</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>

### Source of IHOT Referrals

Family members were the most common source of referrals into IHOT overall (50.5%).

Figure 5. Source of IHOT Referrals for Persons Accepted into the IHOT Program



As shown in Table 5 below, the regions differed to some extent in their distribution of other prevalent referral sources. For example, in the Central Region, 25.5% percent of the referrals originated from Adult Protective Services (APS), compared to 15.2% and 2.1% for East and North Coastal, respectively. However, the relatively small numbers of referrals, particularly for some of the referral source categories, suggest caution when interpreting the differences by regions.

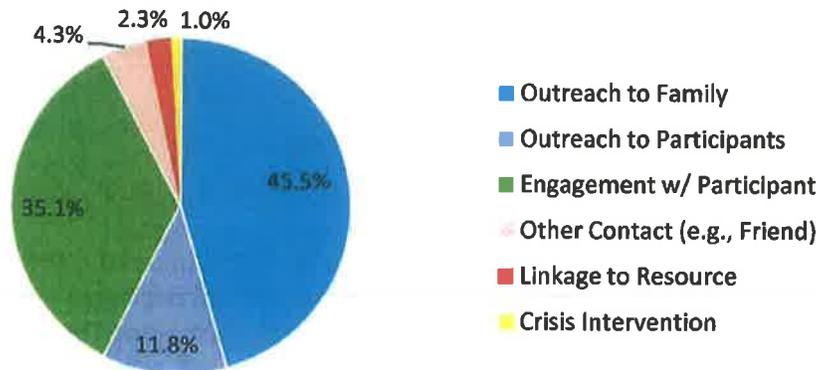
Table 5. Source of IHOT Referrals by Region for Persons Accepted into the IHOT Program

	Total		Central		East		North Coastal	
	#	%	#	%	#	%	#	%
Family Member	64	50.5	20	42.6	16	48.4	28	59.6
Protective Svcs. (APS)	18	14.2	12	25.5	5	15.2	1	2.1
Emergency Psych. Svcs.	13	10.2	2	4.3	4	12.1	7	14.9
MH Inpatient Svcs.	8	6.3	5	10.6	3	9.1	0	0.0
Jail/Detention Fac.	5	3.9	0	0.0	0	0.0	5	10.6
Friend	5	3.9	3	6.4	0	0.0	2	4.3
MH Support Group (e.g. NAMI, RICA)	4	3.1	0	0.0	0	0.0	4	8.5
Other	10	7.9	5	10.6	5	15.2	0	0.0
<b>Total</b>	<b>127</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>	<b>33</b>	<b>100.0</b>	<b>47</b>	<b>100.0</b>

### ***IHOT Service Contacts, by Type***

As reflected in Figure 6, IHOT staff had an extensive amount of contact with both the family members and the persons accepted into the IHOT program (a total of 2,669 service contacts by September 30, 2012). The vast majority of service contacts were related to Outreach (45.5% with family and 11.8% with participants) and Engagement (35.1% of contacts) activities. When needed, IHOT staff also helped manage crisis situations (1.0% of contacts) and facilitated linkages to resources (2.3% of contacts).

Figure 6. Service Contact Types for Persons Accepted into the IHOT Program



During the Outreach Phase the majority of contacts were with family members (61.0%), but a substantial proportion were directly with the intended participants (32.8%). During the Engaged Phase the emphasis switched as participants received the majority of the service contacts, but family members continued to receive a substantial proportion of the service contacts as well (36.7%).

Table 6. IHOT Service Contacts

	Total		Outreach Phase		Engaged Phase	
	#	%	#	%	#	%
Outreach to Family	1,211	45.5	584	61.0	627	36.7
Outreach to Participant	314	11.8	314	32.8	0	0.0
Engagement w/Participant	938	35.1	0	0.0	938	54.8
Crisis Intervention	28	1.0	10	1.0	18	1.1
Other Contact (e.g., friend/neighbor)	116	4.3	40	4.2	76	4.4
Linkage to Resource (e.g., attend appt.)	62	2.3	10	1.0	52	3.0
<b>Total</b>	<b>2,669</b>	<b>100.0</b>	<b>958</b>	<b>100.0</b>	<b>1,711</b>	<b>100.0</b>

### **Referrals for Additional Services**

As the IHOT staff becomes familiar with the specific circumstances of those accepted into the IHOT program they often make additional referrals for recommended services. As indicated in Table 7, the five most common referrals were:

1. MH Support Groups (e.g., NAMI, RICA)
2. MH Outpatient Services
3. Housing Assistance
4. Employment Assistance
5. Medical Care

Table 7. Additional Referrals for Persons Accepted into IHOT

	Total	Central	East	North Coastal
	#	#	#	#
MH Support Groups (e.g., NAMI, RICA)	63	13	19	31
MH Outpatient	44	8	14	22
Housing Assistance	44	19	7	18
Employment Assistance	26	10	4	12
Medical Care	23	8	5	10
Social/Recreational	18	8	4	6
Emergency/Crisis Services (e.g., PERT)	18	4	6	8
MH Inpatient	17	5	6	6
Entitlements (e.g., SSDI)	17	6	4	7
Case Mgmt. Services	15	6	3	6
Legal Counsel	13	7	4	2
Education Assistance	11	2	3	6
Protective Services	11	5	4	2
Healthcare Benefits (e.g., MediCal)	8	2	0	6
Substance Abuse Counseling	8	2	4	2
Substance Abuse Residential	8	0	6	2
Food Banks	7	3	3	1
Financial/Payee Services	6	2	2	2
Caretaker	5	4	0	1
Transportation Services	5	3	0	2
Other Services (e.g., aging svcs., outreach svcs., etc.)	29	22	2	5
<b>Total Referrals</b>	<b>396</b>	<b>139</b>	<b>100</b>	<b>157</b>

### 3. COMPARISONS BETWEEN POTENTIAL LAURA'S LAW CANDIDATES AND NON POTENTIAL LAURA'S LAW CANDIDATES

Under Laura's Law, participants would be court ordered to participate in an involuntary outpatient treatment program based on a diagnosis of serious mental illness, resistance to accept treatment and history of frequent hospitalizations and incarcerations. San Diego's IHOT eligibility criteria is less restrictive, with no requirements for frequent hospitalizations or incarcerations, but is also targeted at high-risk seriously mentally ill individuals who are resistant to and not engaging in treatment. IHOT is able therefore, to serve a larger number of clients than could potentially be served under Laura's Law. IHOT staff track participants who appear potentially eligible under Laura's Law criteria (referred to below as *Potentials*), and compare them to participants who do not appear potentially eligible under Laura's Law (referred to below as *Nons*).

#### ***Percentage of Persons Accepted into IHOT who may be Potential Laura's Law Candidates (Potentials)***

- Of the 127 persons accepted into IHOT as of September 30, 2012, 35, or 27.6% appear to fit the criteria for consideration as *Potentials*.

#### ***Percentage of Persons Accepted into IHOT who have Transitioned to the Engaged Phase***

- Of the 127 persons accepted into IHOT as of September 30, 2012, 57, or 44.9% have already transitioned from the Outreach Phase to the Engaged Phase.
  - Of the 35 *Potentials*, 15, or 42.9% have already transitioned from the Outreach to the Engaged Phase.
  - Of the 92 *Nons*, 42, or 45.7% have already transitioned from the Outreach to the Engaged Phase.

#### ***Psychiatric Hospitalizations during the 12 Months Prior to Acceptance into IHOT***

Of the persons accepted into IHOT as of September 30, 2012, 35, or 27.6% had at least one psychiatric related hospitalization in the 12 months prior to acceptance into IHOT. For those with a hospitalization, the average number of hospitalizations was 2.2 with a range of 1 to 16.

A greater percentage of *Potentials* had at least one psychiatric related hospitalization in the 12 months prior to acceptance into IHOT relative to *Nons* (45.7% compared to 20.7%)

- Of the *Potentials*, 16, or 45.7% had at least one psychiatric related hospitalization in the 12 months prior to acceptance into IHOT. For those with a hospitalization, the average number of hospitalizations was 1.6 with a range of 1 to 5.
- Of the *Nons*, 19, or 20.7% had at least one psychiatric related hospitalization in the 12 months prior to acceptance into IHOT. For those with a hospitalization, the average number of hospitalizations was 2.8 with a range of 1 to 16.

#### ***Psychiatric Hospitalizations Following Acceptance into IHOT***

- A total of 26, or 20.5% of persons accepted into IHOT experienced at least one psychiatric related hospitalization following acceptance into IHOT. For those with a hospitalization, the average number of hospitalizations was 1.2 with a range of 1 to 3.
- A greater percentage of *Potentials* had at least one psychiatric related hospitalization since acceptance into IHOT relative to *Nons* (37.1% compared to 14.1%)

- Of the *Potentials*, 13, or 37.1% had at least one psychiatric related hospitalization since acceptance into IHOT. For those with a hospitalization, the average number of hospitalizations was 1.2 with a range of 1 to 3.
- Of the *Nons*, 13, or 14.1% had at least one psychiatric related hospitalization since acceptance into IHOT. For those with a hospitalization, the average number of hospitalizations was 1.2 with a range of 1 to 2.

#### ***Arrests during the 12 Months Prior to Acceptance into IHOT***

A greater percentage of *Potentials* reported at least one arrest in the 12 months prior to acceptance into IHOT relative to *Nons* (28.6% compared to 13.0%)

- Of the *Potentials*, 10, or 28.6% had at least one arrest in the 12 months prior to acceptance into IHOT. For those with an arrest, the average number of arrests was 2.3 with a range of 1 to 7.
- Of the *Nons*, 12, or 13.0% had at least one arrest in the 12 months prior to acceptance into IHOT. For those with an arrest, the average number of arrests was 1.9 with a range of 1 to 8.

#### ***Arrests since Acceptance into IHOT***

- A total of 11, or 8.7% of persons accepted into IHOT reported at least one arrest following acceptance into IHOT. For those with an arrest, the average number of arrests was 1.5 with a range of 1 to 4.
- A greater percentage of *Potentials* had at least one arrest since acceptance into IHOT relative to *Nons* (25.7% compared to 2.2%)
- Of the *Potentials*, 9, or 25.7% had at least one arrest since acceptance into IHOT. For those with an arrest, the average number of arrests was 1.6 with a range of 1 to 4.
- Of the *Nons*, 2, or 2.2% had at least arrest since acceptance into IHOT. For those with an arrest, the average number of arrests was 1.0 with a maximum of 1.

#### ***Connections to Additional Services and Supports***

Of the 57 participants who have transitioned from the Outreach to the Engaged Phase, 29, or 50.9% have already been connected to additional services and supports through IHOT staff involvement.

We anticipate that the percentage of Engaged Phase participants with connections to other services and supports will continue to rise due to ongoing IHOT engagement and outreach activities with the 43 participants and their families still in the active Engaged Phase as of September 30, 2012.

IHOT staff has been successful at making connections for additional services and supports for both Engaged Phase *Potentials* and *Nons* (40.0% and 54.8%, respectively).

05/17/2012

To Whom It May Concern:

I want to thank the establishment of Telecare for helping my family through a very hard situation. I am very thankful this program was available to help my son and our family deal with his schizophrenia and heroin drug addiction.

My son was in denial of his mental condition and with the help of Stacey from Telecare he began to accept his condition and started taking his medication regularly. Stacey also played a huge role in helping my son to get help for his addiction. I feel because of Stacey's support my son started accepting himself more, which helped him move forward in getting the help he needed.

Debbie from Telecare was instrumental in helping me start taking care of myself and setting boundaries. Debbie was there by my side the whole step of the way dealing with the chaos and taking the necessary steps I had to take to get my son to the help he needed. Debbie also spent a lot of time taking me out to lunch and teaching me about addiction and mental health and because of all this education I was ready to take the steps I needed to in order to get control over our lives.

Words can't express my gratitude for this program and the incredible staff team members who made such a huge difference in our lives.

Thank you Debbie and Stacey for helping my family regain structure and balance! This was truly a blessing and gift from God.

Sincerely,

August 1, 2012

IHOT  
1660 Hotel Circle North  
Suite 314  
San Diego, CA. 92108  
Attn: Roselyn Rosado

Dear Ms. Rosado,

I wanted to write this letter weeks ago but with everything that was going on in my household I just could not focus on the simplest task. First if I did not attend the classes for NAMI I would not have found out about this agency and all of the support IHOT provides. Our family has been on a long and difficult road living with our son Ryan who suffers not only from bi- polar disorder but also drug and alcohol abuse. When I first called IHOT I had my doubts because it was a brand new agency and the person I was connected with sounded kind of wishy washy with her answers to my questions.

As time went on Ryan's episodes became so severe IHOT connected our family with two exceptional employees Asheka Jordon and Shanna Talant without them I would not have survived. There were many times I didn't want to come home the pain and destruction was too much to handle but through each step Asheka and Shanna helped me through it. Their compassion and devotion for their clients is over and beyond what I have ever witnessed with an agency. The day my son was in one of his episodes Asheka and Shanna were at our home for hours trying to convince the police and PERT he needed to be taken to the hospital. They also made sure I was safe and told me not to feed into Ryan's verbal assaults as we were waiting for help to arrive.

I was in a panic when Shanna told me our case was coming to an end that Ryan exhausted all the help that was available and they had to move on to other cases. What do inexperienced parents do then? After years of abuse, torment, holes in walls, broken furniture etc I was able to be strong and remember what Asheka and Shanna told me it's called TOUGH LOVE so with that in mind I called the police when Ryan had yet another violent episode. I pressed charges against my son and they took Ryan away. Then if things could not get any worse my husband finds a camera in our son's room with pictures so graphic of Ryan cutting his arm while under the influence of bath salts. My husband immediately called Asheka and told her what he found and forwarded the pictures to her. From what I understand Shanna went to her boss and told them what was going on and it was approved to reopen Ryan's case. All I can say is I am so deeply grateful for IHOT and the people you employee especially Asheka and Shanna our family could not handle this terrible situation without them and all the support they have given us.

Sincerely,