North Bay START Data Summary

Presented by

Messina Dovichi, Program Director

Board of Director's Meeting

November 6, 2024

Current Caseload Total Served to Date: 75

Program Enrollment	
Active caseload at the beginning of reporting period	58
Total Served during reporting period	60
Active Caseload at the end of reporting period	53
Children (6-17)	20 (38%)
Adults (18 and older)	33(62%)
Average caseload size	12

Pre and Post-Enrollment Emergency Service Utilization

Variable	Children	Adults	
N (%)	24(40%)	36 (60%)	
Psychiatric Hospitalization			
Prior to enrollment, N (%)	5 (21%)	8 (22%)	
Mean Admissions (range)	1.6 (1-2)	2.8 (1-9)	
During START to date, N (%)	3 (13%)	3 (8%)	
Mean (range)	1.0 (1)	1.7 (1-2)	
Emergency Department Visits			
Prior to enrollment, N (%)	5 (21%)	12 (33%)	
Mean Visits (range)	2.6 (1-4)	6.9 (1-30)	
During START to date, N (%)	3 (13%)	12 (33%)	
Mean (range)	1.7 (1-3)	2.0 (1-8)	

Community Training Activities

Type of Community Activity	FY25 Q1	FY25 to
Type of Community Activity		Date
Number of Activities (N)		
Community linkage work		
Community-based training	2	
Community education		
Host Advisory Council Meeting	1	
Total Community Outreach/Training Episodes	3	
Total hours of community outreach	3.5	
Linkage/Collaboration Agreements Completed (program total)	1	4
Linkage/Collaboration Agreements Completed (FY25)		2

Emergency/Crisis Intervention Services

	FY2	FY25 Q1	
Variable	Children	Adults	
Crisis Contacts			
Number of Individuals	6	5	
Number of Crisis Contacts	27	8	
Range of Contacts	1-15	1-3	
Type of Intervention			
In-Person	24 (89%)	5 (63%)	
Telehealth	3	3	
Average Response Time	47 minutes	47 minutes	
Number of calls involving police	5	3	
Crisis Disposition			
Maintain Setting	27 (100%)	6 (75%)	
Psychiatric Hospital Admission			
Medical Admission			
ED (released)		1	
ED (held over 24 hours)		1	
ED (not specified)			
Non-START Crisis Stab		_	
Emergency housing			

Success Stories

- System Collaboration: START received a referral for an individual with a history of 5 psychiatric hospitalizations and 30 ER visits in the year leading up to intake. By collaborating with the person's care team, START helped identify key factors contributing to the crises, including vulnerabilities related to the person's physical health. Through this partnership, START supported the team in implementing a plan to monitor blood sugar levels and recognize early signs of UTIs. This proactive approach, along with improved communication across all involved systems, led to significant mental and physical health stability. As a result, the individual was successfully inactivated from START's services in September.
- ▶ Cross-Systems Crisis Prevention/Intervention: START began working with a teen living with their grandparents, who had been experiencing frequent crises, resulting in multiple crisis calls each week. Through the development of the crisis prevention and intervention plan, along with in-person crisis response support, START empowered the grandparents to recognize early warning signs and manage crisis prevention independently. This capacity-building effort led to a dramatic reduction in crisis calls—from 4-7 calls per month between May and September—to zero calls in October.

Contact Information

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