

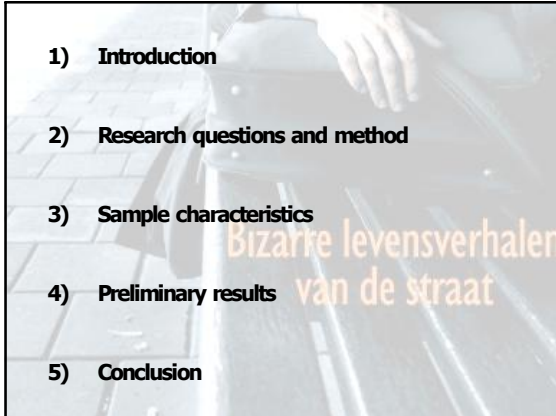



Implementation in The Hague: CTI at TOP-level




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- 1) Introduction
- 2) Research questions and method
- 3) Sample characteristics
- 4) Preliminary results
- 5) Conclusion




Research questions




1. Is implementation of CTI feasible?
 - A. Is program fidelity maintained?
 - B. Does the situation on life areas change during CTI?
2. Does CTI improve continuity of care?




Method




- Recruitment between 01-12-2006 and 31-01-2008
- Inclusion criteria:
 - Aged 18+
 - Residential or literal homeless or impending homelessness
 - Severe mental illness
 - Not involved in ongoing treatment




Instruments



- Quick Scan
- MINI
- Case register




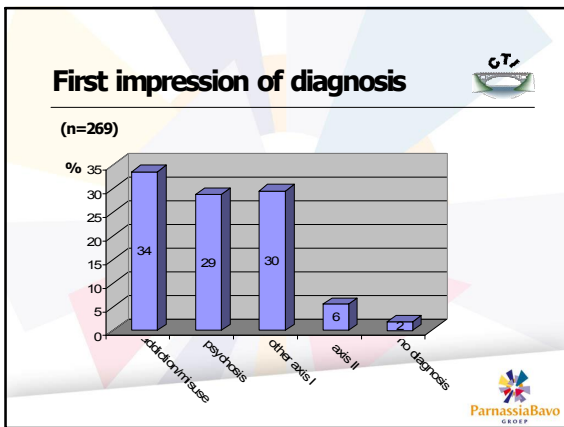
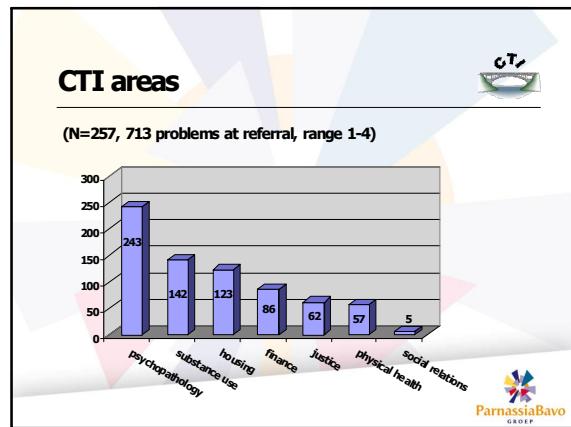
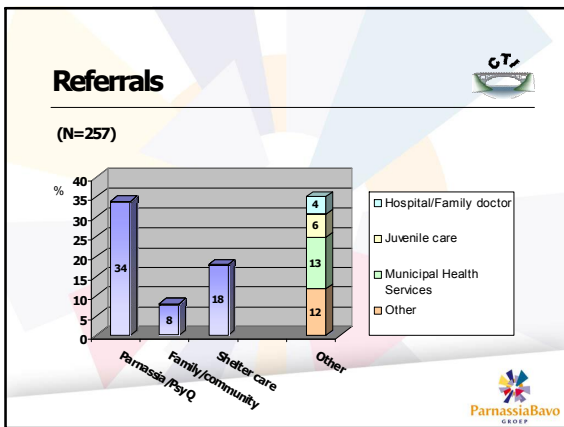
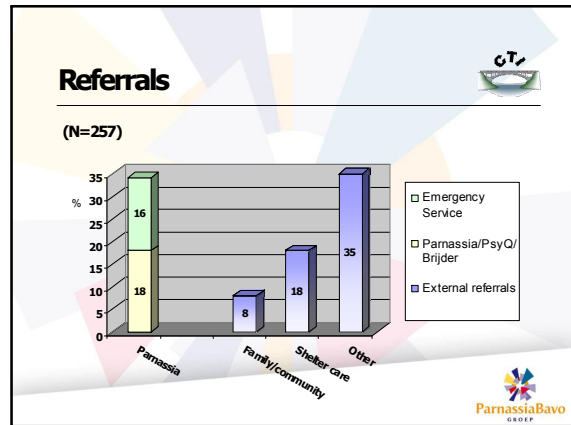
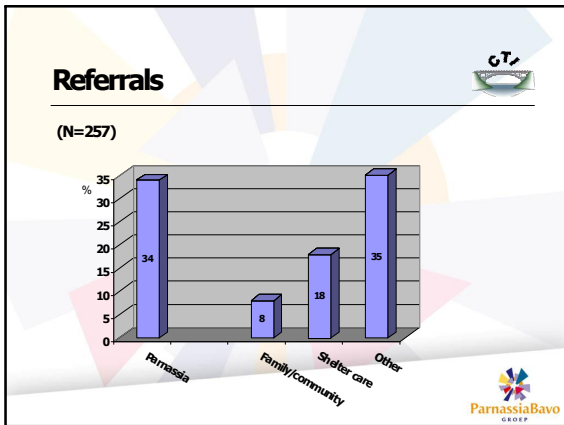
Basic characteristics of sample



271 patients included in 14 months

- 182 male (67%)
- Mean age was 40.8 (SD 13.5)
- 105 were homeless (39%)
- 20 were residential homeless (7%)

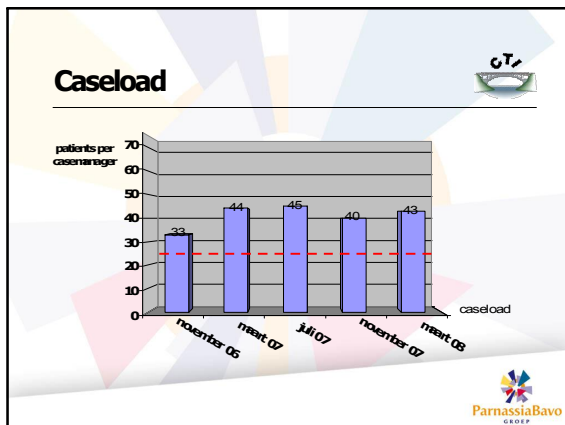




Preliminary results

- Is implementation feasible?
Indicator of program fidelity: Caseload
- Does CTI improve continuity of care?
Making contact

ParnassiaBavo GROEP



Making contact

60% of referrals have three or more contacts within 30 days.

No significant differences were found between groups on variables gender, age, homelessness, diagnosis.

- ### Making contact
- Zero contacts: 21 (7.8%)
 - One contact: 16 (5.9%)
 - Two contacts: 19 (7.0%)
 - Three contacts: 21 (7.8%)
 - More contacts: 194 (71.6%)

- ### Conclusion
- High caseload
 - Making contact within 30 days: 60%
 - Study is still ongoing

