

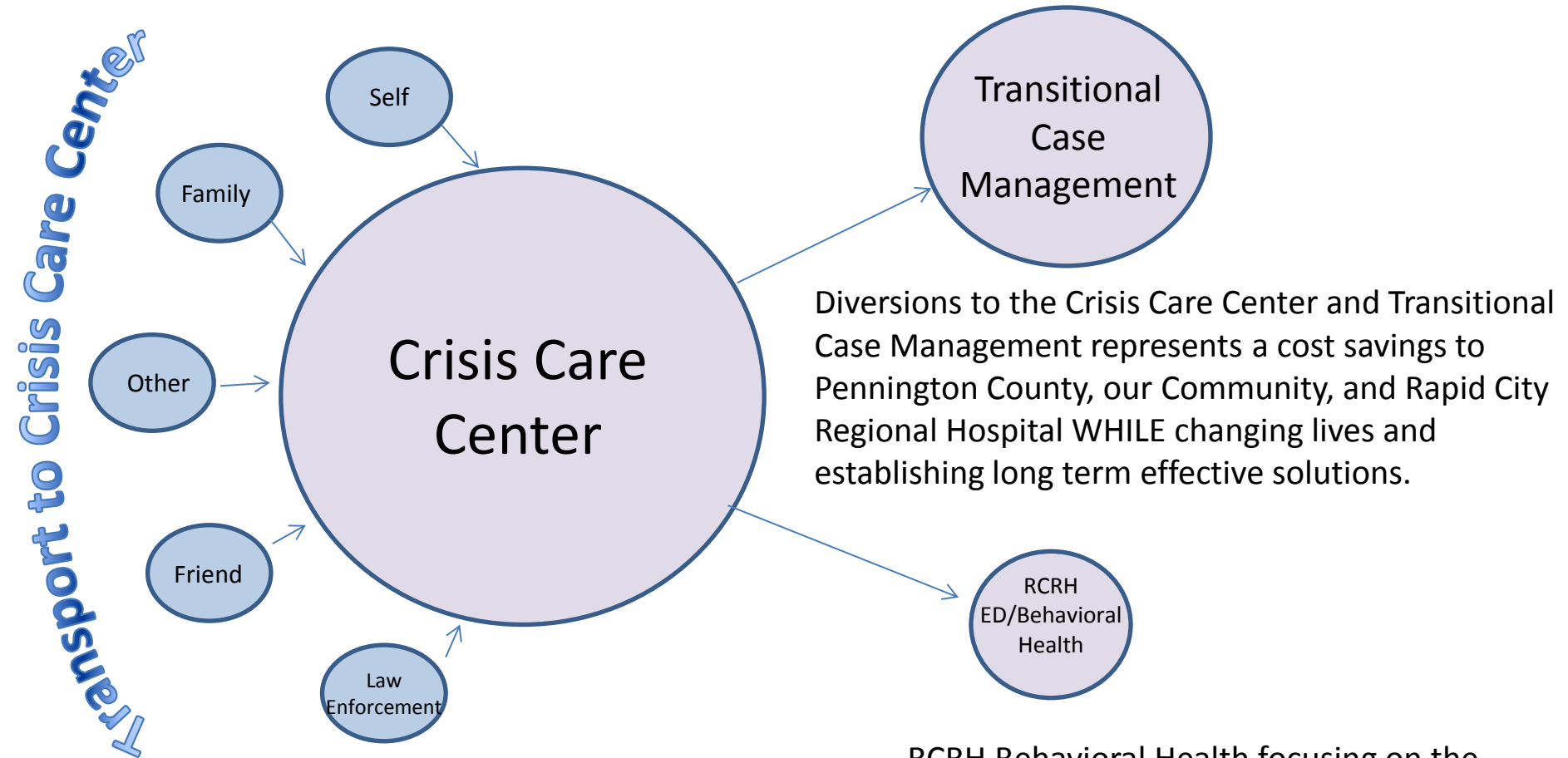
The Evolution of Case Management at the Crisis Care Center

Slide 1

Of

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CRISIS CARE CENTER ORIGINAL PLAN





THE TYPICAL CASE MANAGER AT THE END OF THE WEEK





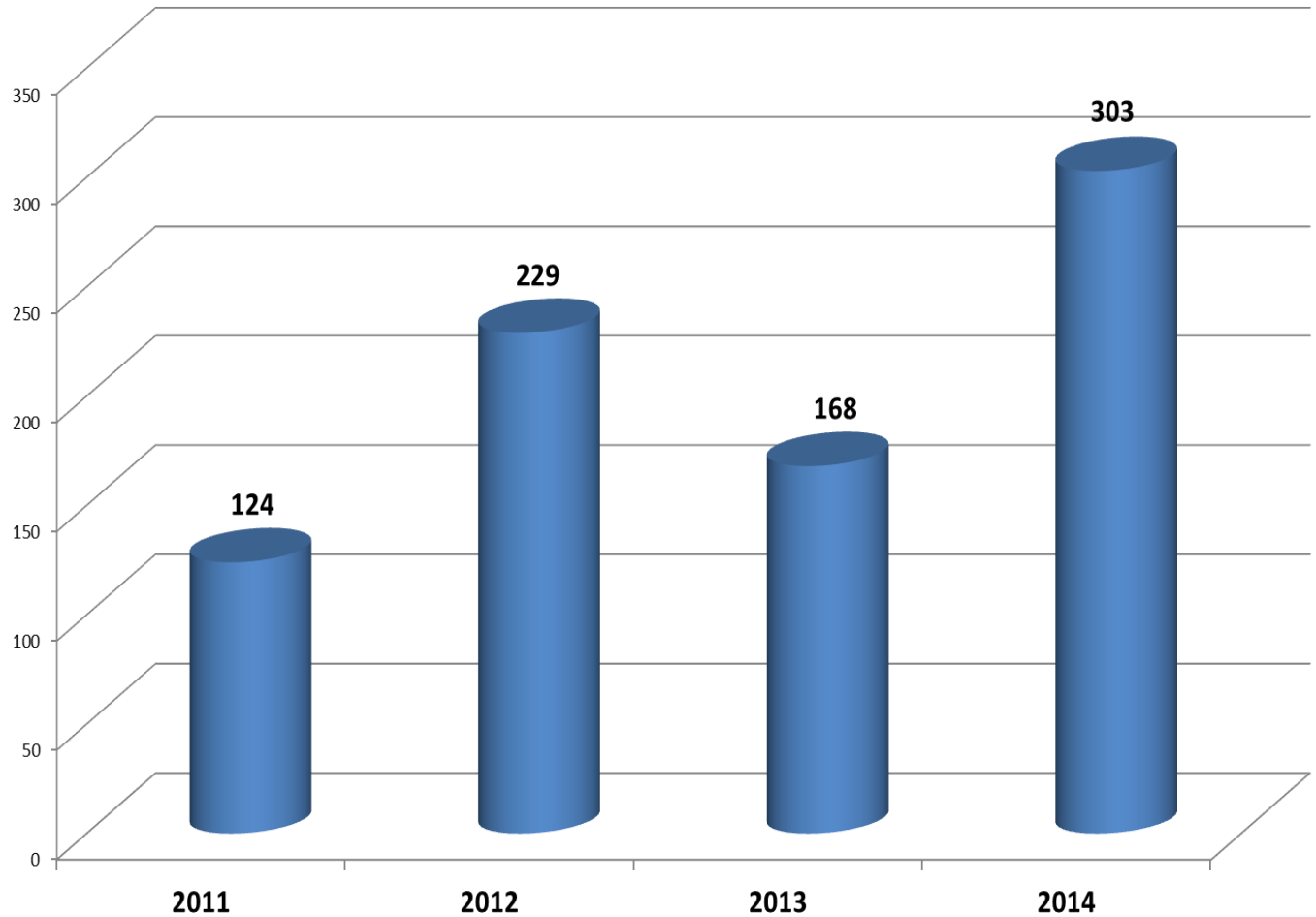
SUPERCHARGED TRANSITIONAL CASE MANAGEMENT



- The Transitional Case Manager (TCM) provides case management and assistance to those clients in crisis referred by Crisis Care Center Staff.
 - The TCM works with the client to develop a stabilization plan and identify potential needs. These needs may include: medication assistance, medical assistance, food, clothing, shelter, transportation and income.
 - Many of the clients that enter the Crisis Care Center may have no support or access to community resources. By establishing these connections and providing ongoing case management, the client is provided with a range of service providers to assist them.
 - Connecting clients with these services and ongoing case management provides alternatives to unnecessary admissions to facilities such as: Behavioral Health, Pennington County Jail, Detox and the Emergency Department at Regional Health.
 - An emergency shelter option exists at a local motel for individuals determined not appropriate for community shelters on a very limited basis. This option ensures that individuals are appropriately housed and with case management, can work toward transitioning into alternative housing options.
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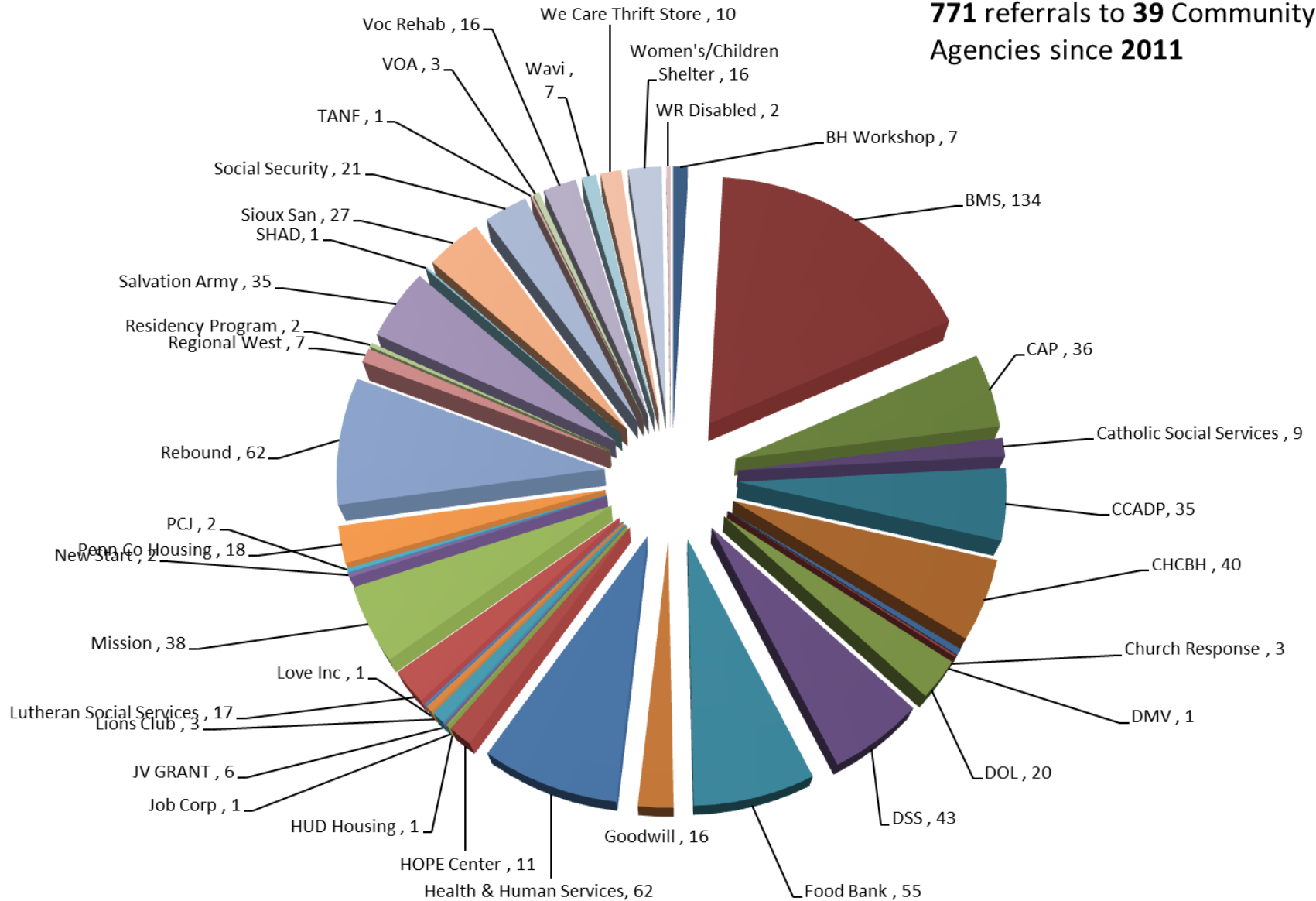
Crisis Care Transitional Case Management Referrals

Pennington County Health & Human Services has received a total of **824** Transitional Case Management Referrals from the Crisis Care Center since the doors opened in 2011.



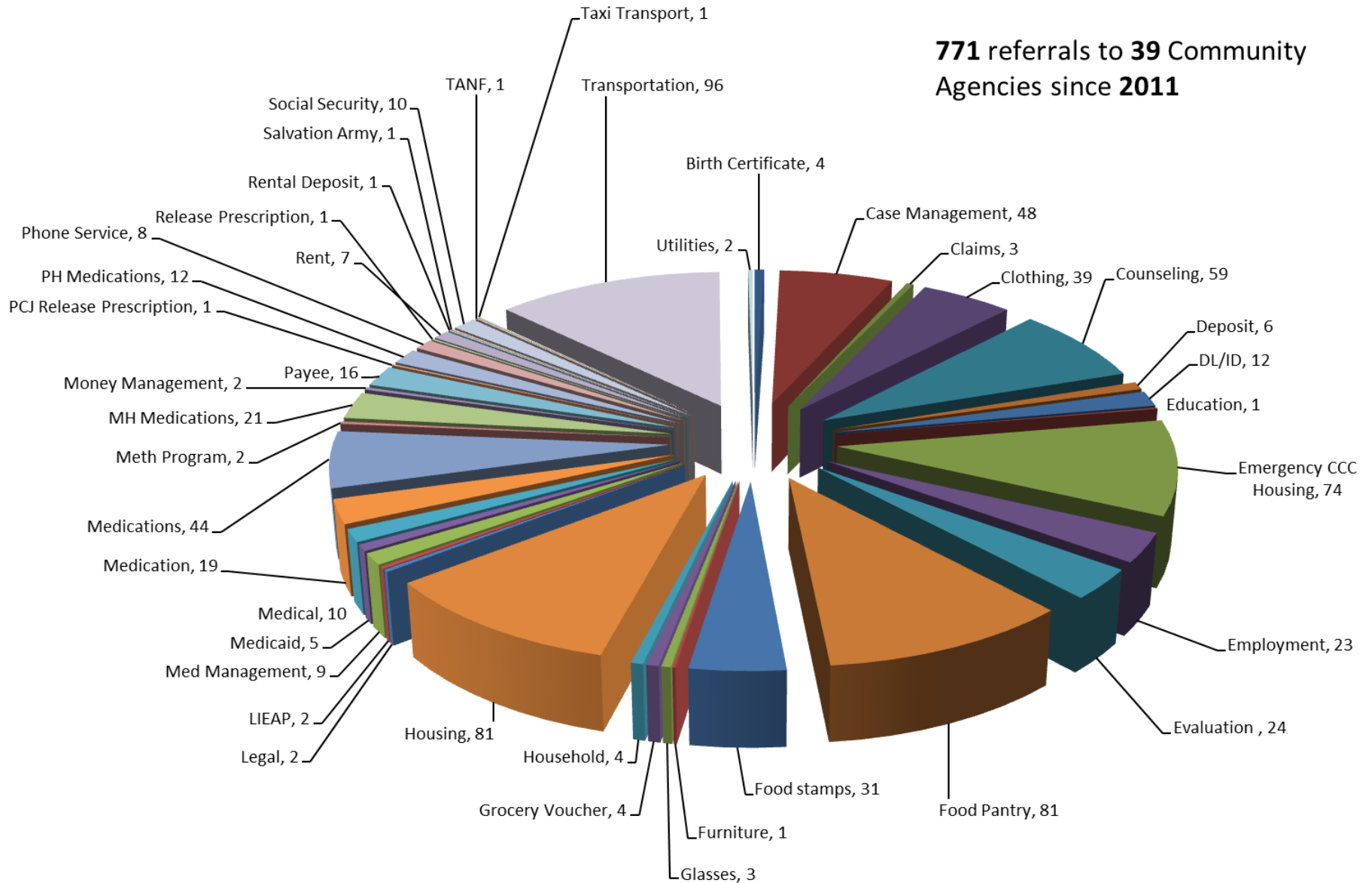
Transitional Case Management Community Involvement

771 referrals to 39 Community Agencies since 2011



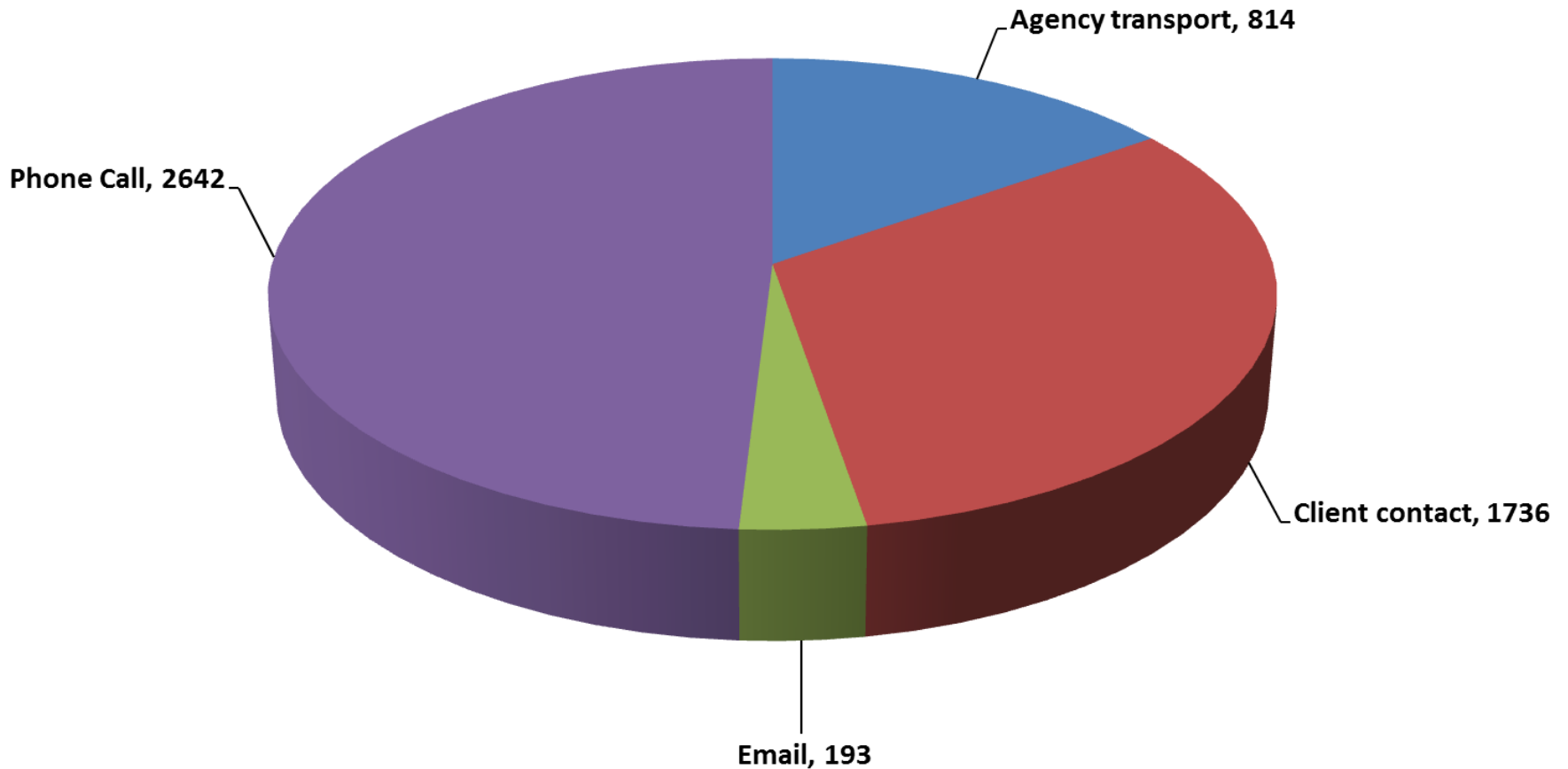
Transitional Case Management Services Provided by Community Agencies

771 referrals to 39 Community Agencies since 2011



Transitional Case Management Client Contacts

5,385 contacts with and on behalf of
the **824** referrals since **2011**

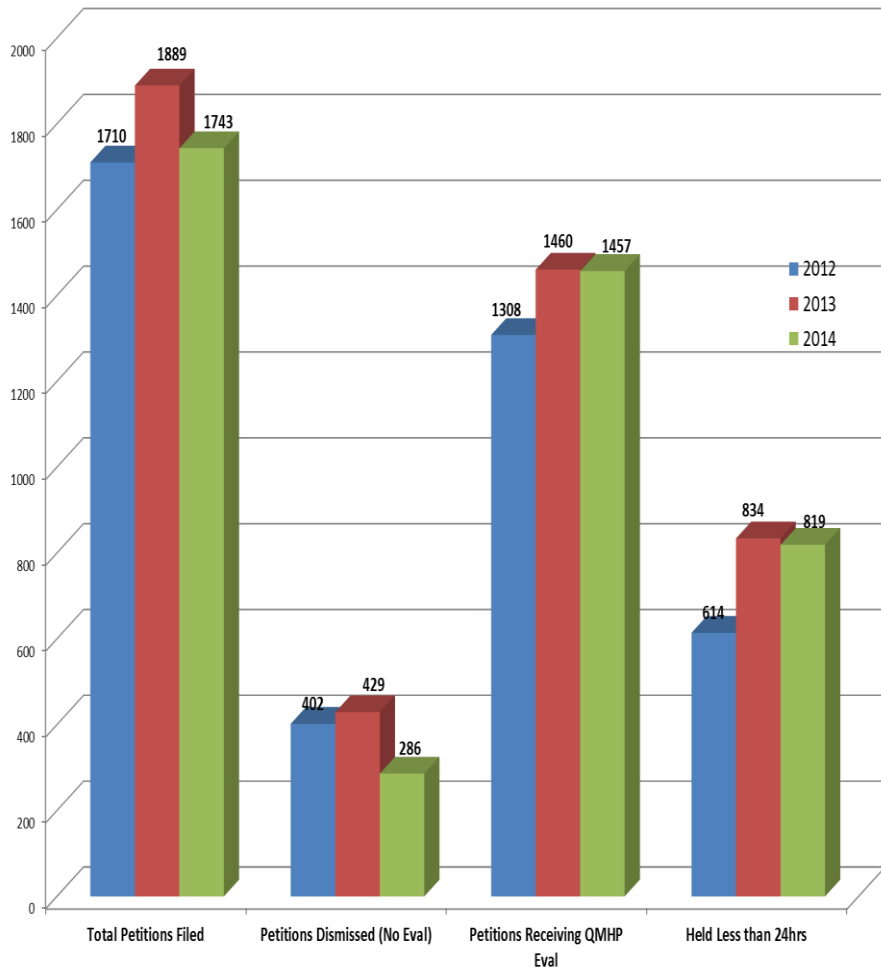


The Evolution Into A **SUPERCHARGED SUPPORT COORDINATOR**



Why Support Coordinator ?

The percent of petitions held less than 24 hours remains steady at 56% to 60%. In an attempt to better utilize resources, the Support Coordinator's goals include redirecting individuals and offering services/resources to prevent inappropriate hospitalizations.





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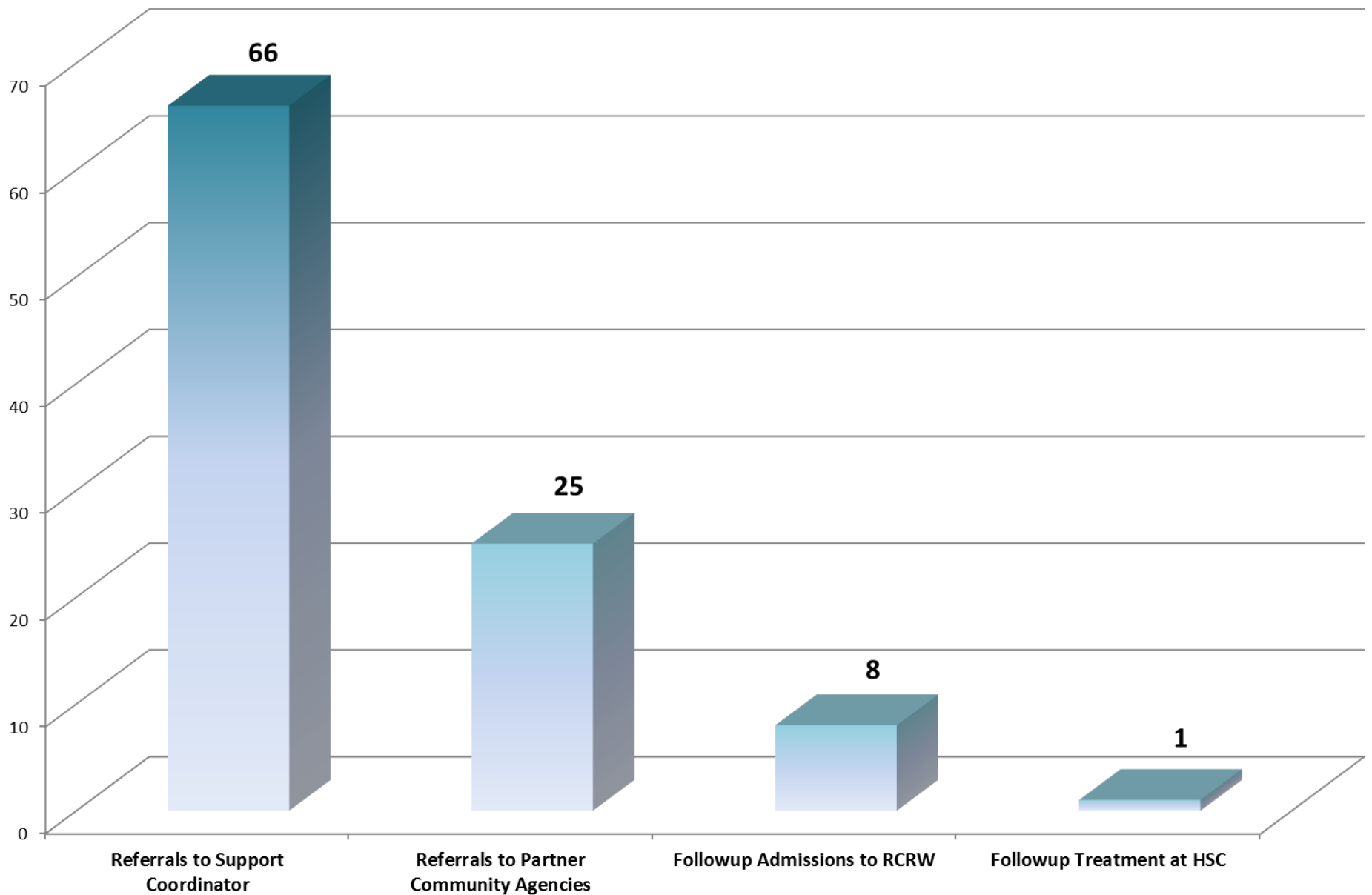
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- Identify the needs of appropriate referrals from the County QMHP at Regional Behavioral Health
- Connect individuals to appropriate Community Resources including the Crisis Care Center
- Redirect individuals to prevent inappropriate higher level of care (inpatient hospitalizations)
- Ultimately reducing the less than 24 hour Mental Health Holds

Support Coordinator Statistics



WHAT HAVE WE LEARNED

- ✓ Only 20% of referrals have had prior contact or established connection with Mental Health services.
- ✓ General observation is that a large number of the referrals have been individuals with lower cognitive functioning skills that are unable to cope with a current crisis involving housing, income or relationships
- ✓ Many of the referrals are not the typical recidivists
- ✓ The majority are housed with income and some family support



