Diversions to the Crisis Care Center and Transitional Case Management represents a cost savings to Pennington County, our Community, and Rapid City Regional Hospital WHILE changing lives and establishing long term effective solutions.

RCRH Behavioral Health focusing on the severely mentally ill requiring a higher level of care and longer in-patient services.
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.
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

Phone Call, 2642
Agency transport, 814
Client contact, 1736
Email, 193
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.
- 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

- Referrals to Support Coordinator: 66
- Referrals to Partner Community Agencies: 25
- Followup Admissions to RCRW: 8
- Followup Treatment at HSC: 1
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.