

A Recovery-Oriented
System of Care that
uses community-
based services to
achieve sustained
recovery capital



Client **A**ccess to **S**ervices **E**xchange



Brian Williams - Executive Director
Lorna Miles - Program Director



Our Mission

The mission of The Randolph County Caring Community Partnership is to serve as a framework to engage the community in action towards enhancing the quality of life for all residents. The mission will be accomplished by applying the values of Respect, Collaboration, Integrity, and Accountability.



PATHWAYS REENTRY



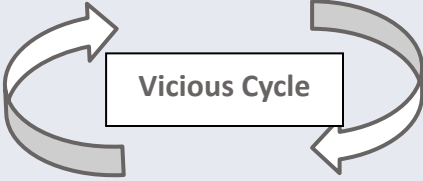
SAMHSA – TAC GRANT

3 year TAC Grant Funding from SAMHSA

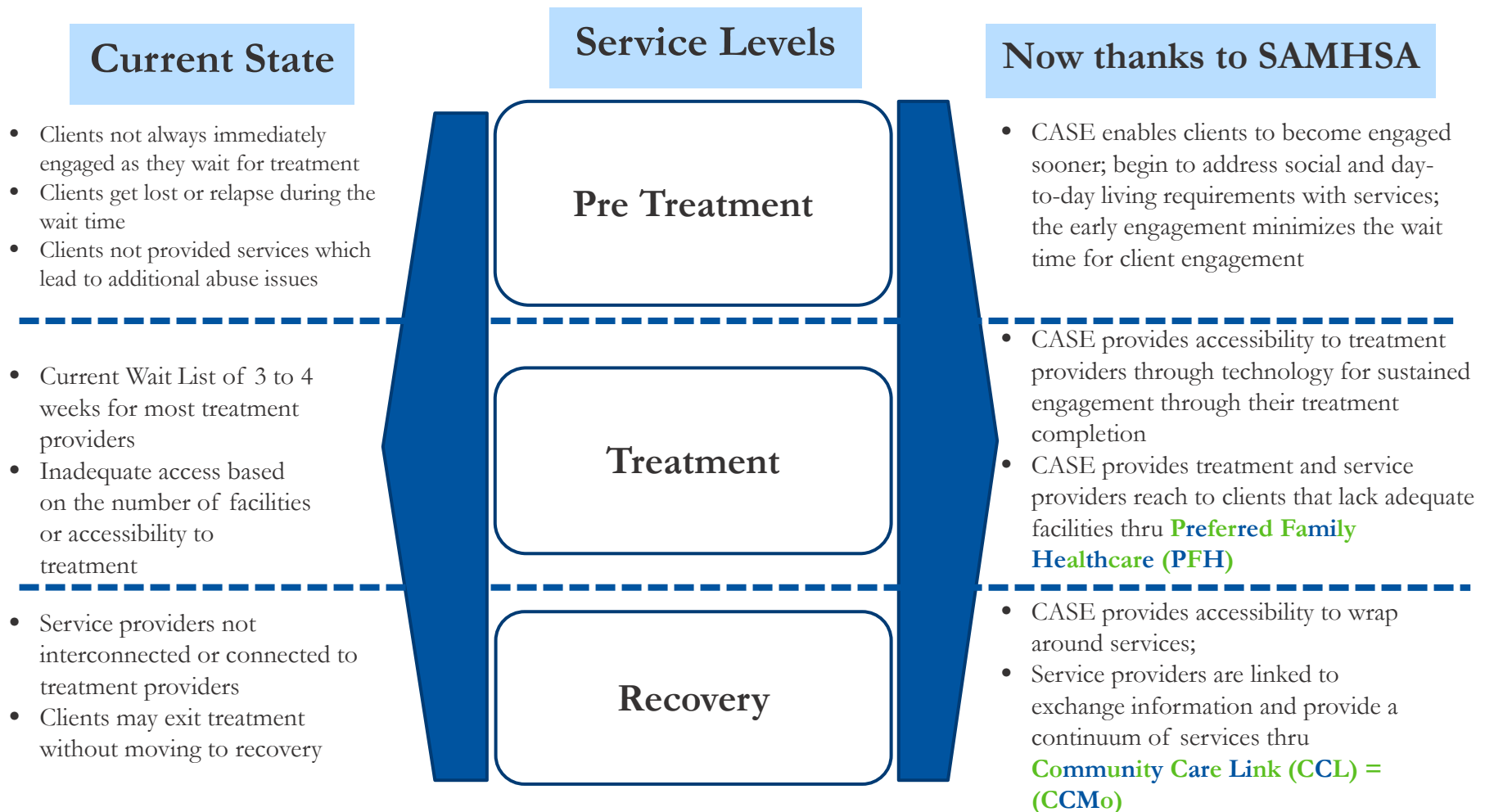
- decreased substance and marijuana use
- decreased alcohol consumption
- increase retention among **pre-treatment** clients who utilized CASE services
- increase access to treatment for clients who utilized CASE services
- increase in recovery support retention for clients who utilized CASE services

CASE Pre-Treatment

Ideal Continuum of Care vs. Actual Continuum of Care

Prevention would be nice	Pre-Treatment CASE starts	Treatment	
<input type="checkbox"/> Early screening before onset <input type="checkbox"/> Collaborate with other systems, e.g., Child welfare, VA. <input type="checkbox"/> Stigma reduction activities <input type="checkbox"/> Refer to intervention treatment services	<input type="checkbox"/> Screening ASI-MV <input type="checkbox"/> Early intervention <input type="checkbox"/> Psychosocial services <input type="checkbox"/> Outreach services 	<input type="checkbox"/> Menu of treatment services <input type="checkbox"/> Alternative services and therapies <input type="checkbox"/> Prevention for families and siblings of individuals in treatment	
	Post-Treatment (Recovery Support)		
	<input type="checkbox"/> Continuing care <input type="checkbox"/> Recovery support services <input type="checkbox"/> Check-ups <input type="checkbox"/> Self-monitoring <input type="checkbox"/> ATR <input type="checkbox"/> Life Skills Training		

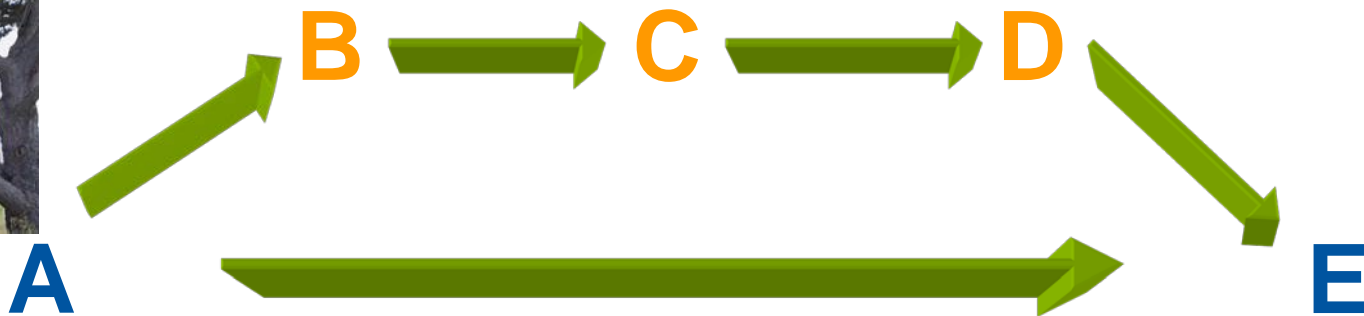
CASE Pre-Treatment Cont.



CASE Pre-Treatment Cont.

A Plan Is A Road Map

Our Case Managers provide hope by breaking a seemingly overwhelming journey into manageable steps for both us and the client served

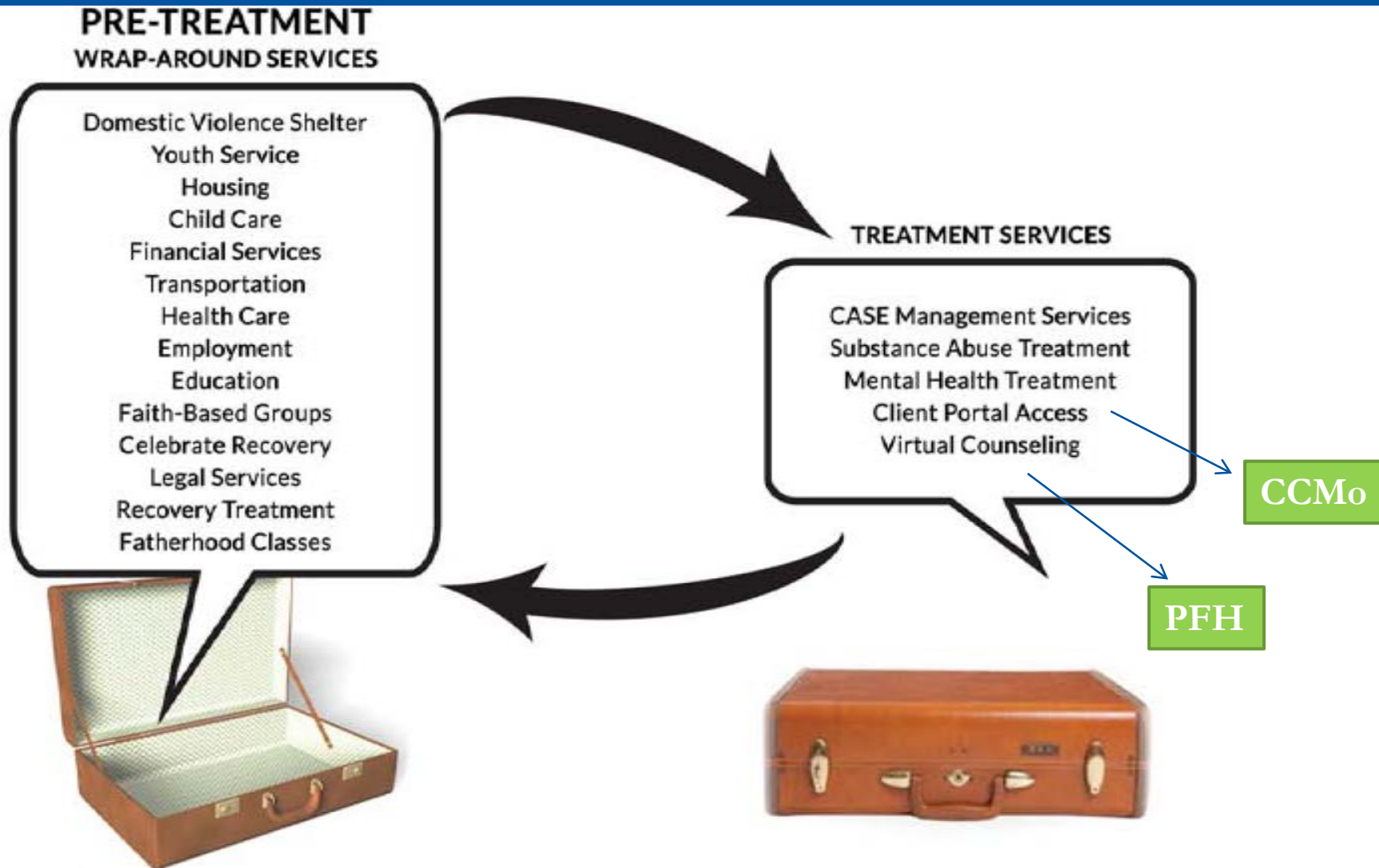


“life is a journey...not a destination”

CASE Pre-Treatment Cont. Building A Plan



CASE Pre-Treatment Cont.



Cohort Partnership



Community CareLink

Included Modules

- ❑ Referral & Scheduling
 - No Wrong Door
- ❑ Screening
 - SUD, MH, & Trauma
- ❑ Electronic Behavioral Health Record
 - Demographics
 - Referral Sources & Referral Database
 - Adult & Children; Link a Family
 - ASI & Other Assessment tools
 - Screenings & Diagnostics
 - Treatment Plan & Progress Notes
 - Discharge Planning & Summary
- ❑ Clinicians Dashboard
 - Link to Clients
 - Manage Alerts
- ❑ Billing
 - Multiple Programs & Multiple Payers
 - Customizable by Agency
- ❑ Auditing and Reports
 - Memorized & Ad-Hoc
 - Pivot Table for real time data management
- ❑ Satisfaction Surveys

Community CareLink Cont.

Designed to Facilitate a Recovery-Oriented System of Care

- ❑ Triage, Scheduling and Referral: A Person-Centered Process
 - Meet the Person Where They Are
 - Flexible, Streamlined and Smooth
 - No Wrong Door Access to Care
 - Wrap Around Services



Mobile CASE

Website: mobile-case.org

Mobile CASE is a recovery and support tool the client uses on their path to healing.



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need help?
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answers....

[Do I Need Help?](#)



Mobile CASE cont. Referral Guide

Clients and the General Public can . . .

- ❑ Navigate Through the System and Captures all Counties Resources

Staff and Agency Partners can . . .

- ❑ Use Referral Feature to guide client to best resource for their needs

Select Requested Services:

<ul style="list-style-type: none"><input type="checkbox"/> Assistance Programs<input type="checkbox"/> Clothing<input type="checkbox"/> Counseling<input type="checkbox"/> Crisis Hotlines<input type="checkbox"/> Detox<input type="checkbox"/> Education<input type="checkbox"/> Employment<input type="checkbox"/> Food<input type="checkbox"/> Grief Counseling<input type="checkbox"/> Housing - Domestic Violence Shelters<input type="checkbox"/> Housing - Transitional Living<input type="checkbox"/> Legal Services<input type="checkbox"/> Medical - Adult<input type="checkbox"/> Medical - Child	<ul style="list-style-type: none"><input type="checkbox"/> Medication Assisted Treatment<input type="checkbox"/> Mental Health - Adult<input type="checkbox"/> Mental Health - Child<input type="checkbox"/> Parent Education / Support<input type="checkbox"/> Parenting Class<input type="checkbox"/> Pregnancy / Prenatal Services<input type="checkbox"/> Recovery Support<input type="checkbox"/> Senior Services<input type="checkbox"/> Sex Industry<input type="checkbox"/> Shelters<input type="checkbox"/> Substance Abuse Treatment<input type="checkbox"/> Transportation<input type="checkbox"/> Trauma
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Submit

Mobile CASE cont.

DOB: * (mm/dd/yyyy)	12/08/1945
Gender: *	Male
Gender (Other Description):	
MaritalStatus:	Married
Adult Or Child:	Adult
Does client want to participate in the Mobile CASE project?: *	Yes
Agency:	Caring Community
Languages Spoken	
English	<input checked="" type="radio"/> Yes <input type="radio"/> No
Spanish	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other Language	<input type="radio"/> Yes <input checked="" type="radio"/> No
Preferred Language	English
Primary Language Spoken At Home	English
Family Income Information	
<i>Note: The two numbers are used to calculate Poverty Level.</i>	
Family Income Level:	\$30,001 - \$40,000
Number in Household:	3
Presenting Problem and Notes	
Prior involvement with our Agency?	No
Client Presenting Problem	Need help coping with depression and drinking
Case Log	

Case

Refused	<input type="checkbox"/>
White	<input type="checkbox"/>

Hispanic or Latino	Select
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Ethnicity Information	
Central American	<input type="checkbox"/>
Cuban	<input type="checkbox"/>
Dominican	<input type="checkbox"/>
Mexican	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>
Puerto Rican	<input type="checkbox"/>
South American	<input type="checkbox"/>
Refused	<input type="checkbox"/>
Other Ethnicity Description	

Address	
Street1:	1507 Porter St <small>(First line is for street address only please.)</small>
Street2:	
City:	Moberly
State:	MO
Zip: * (Alt-Z)	65270
County: *	Randolph

Telephones		Add new	
Type	Number	Ext	
Home	(660) 353- 2146		

Email	
Email:	momiles3@yahoo.com

Mobile CASE cont.

From: momiles3@yahoo.com
To: eldermmiles@hotmail.com
Date: Wed, 26 Mar 2014 11:08:54 -0500
Subject: Welcome to Mobile CASE



Maurice,
At your recent appointment at Caring Community, your counselor created an account for you in the secure Mobile CASE client portal. This portal is a recovery and support tool to use on your path to healing.
In the Mobile CASE portal, you will be able to update contact information, securely communicate with your counselor, and complete assignments online.
To take advantage of these features, you need to activate the account that was created for you. Click the "Activate my Account" link below to get started. Once you follow the link, you'll be able to change your username and password if you want to.

[Activate my Account](#)

Set up your account today and take control of your recovery, from wherever you may be.

Thanks,
The Mobile CASE Team

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Welcome to Mobile CASE!

Get started working online towards your path to recovery today!



CCL Assessment

- Assessment utilizes six domains: drugs/alcohol, legal status, family/social relationships, psychiatric, medical, employment/support

General Information	Drugs/Alcohol Use	Legal Status	Family/Social Relationships	Psychiatric Status	Medical Status	Employment/Support Status	Composite Results	Interpretive Summary	ASAM Criteria	Print
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Client ID:	<input type="text" value="14066"/>
Client Name:	<input type="text" value="Tree, Apple"/>
Gender:	<input type="text" value="Female"/>
Date of Interview: (mm/dd/yyyy)	<input type="text" value="09/11/2012"/>
Agency:	<input type="text" value="First Call"/>
Contact Code:	<input type="text" value="In person"/>
Interviewer Name:	<input type="text" value="Emily Hage"/>
Assessment Type:	<input type="text" value="Initial Assessment"/>
Client Program: (Optional)	<input type="text" value="First Call - Mobile"/>

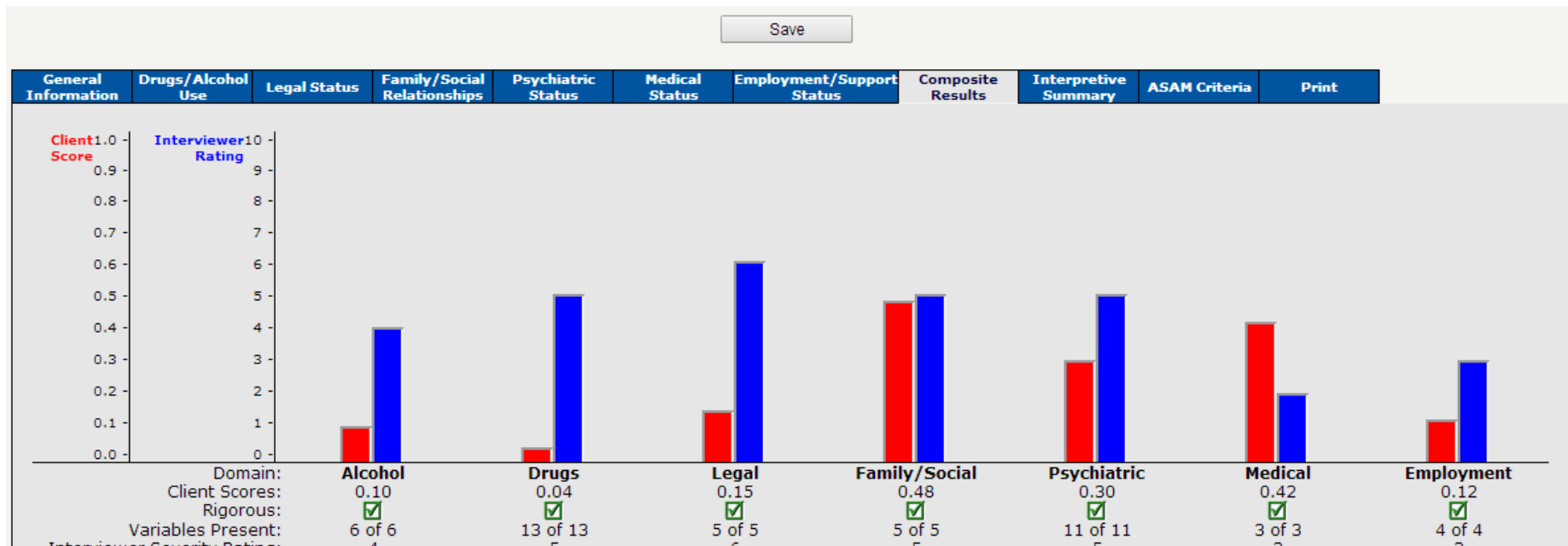
How long have you lived at current address?	Years: <input type="text"/>	Months: <input type="text"/>
Have you been in a controlled environment in the past 30 days?	<input checked="" type="checkbox"/>	
Where?	<input type="text" value="Select"/>	
How many days?	<input type="text"/>	
In the last 30 days, where have you been living most of the time?	<input type="text" value="Housed"/>	
Where?	<input type="text" value="Own/rent apartment, room or house"/>	
Are you at a safe location?		
<input type="text" value="Select"/>		

This assessment form implements the

Assessment

CCL Assessment

- Displays composite scores based on answers to key questions



Preferred Family Healthcare



Preferred
Family Healthcare

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Virtual Services-Portal

We Meet You Where You Are

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PFH cont. Virtual World Counseling



Virtual World Services is a persistent, computer based, simulated 3-D environment in which real people, using avatars, are able to interact in meaningful ways with each other and the virtual environment.



CASE Success

- “By participating in the CASE program I have been able to get my children back and we are a family now” *client referred by Family Division*
- “After hearing of its success, I personally hand-delivered my relative to the CASE program” *Police Officer*
- “I knew nothing but selling drugs and getting high, I now look forward to coming into the office to get onto the computer to talk to my Counselor” *client referred by Probation & Parole*

Staff Contact Information

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