

United Way of Laramie County End-of Year Report
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Agency Name: Peak Wellness Center **Program:** Peak Wellness Center emergency services **Reporting Period:** Jan - Dec 2009

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Agency Mission/Vision:	To provide the services of mental health professionals for emergency mental health needs.
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Community Issue Program Targets:	Public and personal safety for the people in Laramie County Wyoming by ensuring access to emergency mental health and substance abuse services.
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Program Target Population:
<ul style="list-style-type: none">• Persons identified as being a risk to self or others as a result of mental illness• Persons expressing a danger to themselves or others through serious suicidal/homicidal threat, intent, behaviors or attempts need assessment to determine appropriate level of care• Persons unable to care for themselves through an inability to meet their daily needs require assessment to determine appropriate level of care.• Persons in crisis due to situational stressors for which therapeutic intervention is helpful need assessment to determine appropriate level of care.• Recommendations and treatment/placement in the safest and least restrictive level of care.• Emergency intervention with appropriate referral to additional community resources.• Diversion into a crisis stabilization program such as Casa de Paz.• Admission to an in-patient psychiatric facility (voluntary or involuntary)• Persons identified as being seriously and persistently mentally ill are at increased risk• Persons who are homeless and suffer from a mental illness have increased risk factors• Persons whose diminished capacity for functioning places them or dependent children at risk

Program Significance to the Community
<ul style="list-style-type: none">• PWC emergency services priority areas are to help neighbors in crisis by assisting them to live in a healthy and safe community where they have adequate resources to pursue their full potential.• Promotion of public and personal safety through involvement with law enforcement.• Crisis intervention and strengthening of families.• Reduction of trauma through appropriate placement into the least restrictive setting.• Linkage to needed community resources, providing a safety net.• Access to services at the point of critical need.• Timely intervention preventing a crisis from escalating into a potentially more dangerous situation.• Intervention and placement in the safest and least restrictive setting.• Potential for more rapid recovery due to earlier intervention• Decreased stigma due to de-escalation of situations with improved and more positive outcomes• Increased awareness, understanding of and education regarding mental illness in our community.• Increased demand for community emergency response team• Need for designated staff with primary responsibility to perform duties of community emergency response• Need for solution to be a community response to a community problem• Demands exceed current system

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Program Resources		Program Activities	
<ul style="list-style-type: none"> Staff 5 PWC employees cover after hours, weekends and holidays in addition to their full time duties with PWC 5 computers, copier, fax and office support 5 offices Designated after hours phone After hours emergency phone coverage Collaboration with Cheyenne Police Department, Laramie County Sheriff's Department, CRMC emergency room and CRMC Behavioral Health Unit 		<ul style="list-style-type: none"> Crisis intervention and outreach services Safety planning and discharge planning Critical Incident review Linkage to other community resources Detentions and risk assessment for suicidal/homicidal persons Diversions to less restrictive programs Collaboration with other community agencies/partners 	
Outcome	Performance Measure	Method of Measure	
<ul style="list-style-type: none"> Average response for stabilization and assistance is 4 minutes 100% of responses were stabilized in the least restrictive/safest setting 898 calls were responded to 173 persons were placed in the highest level of care 35 persons were diverted to a less restrictive but intensive level of care Contact was made with 173 persons and they were provided with information regarding discharge and follow up care 35 persons were provided with treatment and after care planning Outreach was provided to 100% of the people and follow up to those who were accessible 18 persons were evaluated and referred to follow up care in an out-patient setting 173 of the contacts were reviewed by the Clinical Incident Committee and deemed to be appropriate placements 	<ul style="list-style-type: none"> 898 after hours calls were managed 191 consumers were provided with face to face contact 35 persons were diverted 173 were placed in the highest and most restrictive level of care 18 were evaluated and referred to less restrictive level of care 	<ul style="list-style-type: none"> Crisis contact sheets Emergency detention forms Call log Electronic record system review Clinical incident review 	
Program Results		Results Analysis and Next Steps	
<ul style="list-style-type: none"> Responded to 898 after hours crisis calls Services were delivered in a timely (4 minutes) and responsive manner resulting in stabilization for the individuals receiving services 173 persons were placed in a safe and restrictive environment to maintain their personal safety and the safety of their neighbors and families 35 persons were diverted to a crisis stabilization placement which allowed them to maintain safety and resulted in less trauma to themselves and their families Access to services at the time of crisis diminished the potential for further escalation, decompensation and potential harm to self and others Timely response allowed for persons to be evaluated and recommendations made with the least impact on law enforcement staff Persons received the treatment and help they needed to stabilize and return to their families and living situations Persons were evaluated and placed in a less restrictive setting that allowed them to stabilize without the trauma and in a more cost effective manner Trend continues to demonstrate need for mental health assistance and evaluation for persons suffering from mental illness Persons in need of emergency mental health services need rapid and effective response Persons need timely and effective crisis intervention Trend indicates a need for a community wide response system 		<ul style="list-style-type: none"> Lives were saved Community safety was maintained Law enforcement was on the street maintaining safety Persons with mental illness were served in a timely and effective manner Trauma was reduced Law enforcement and local hospital indicated services were necessary, beneficial, and worked well Cost effectiveness During reporting period PWC reviewed the feasibility of continuing to provide mental health emergency response under the existing system and determined the demands were too great for existing staffing Continued high number of contacts support the need for continued emergency services Increased community awareness of the need for designated emergency response staff 	