VailPlace

Results Focused Model (RFM)

An integrated care model designed to provide assertive outreach to engage individuals in crisis experiencing mental illness, chronic substance use disorders and a variety of social and health-related consequences. The model is supported by Navigators/Social Worker and a Registered Nurse.

The RFM is an 18-month pilot in collaboration with HealthPartners. The goal of the program is to improve the health and stability of individuals and subsequently reduce healthcare costs.

RFM offers a high level of care and support for individuals who are referred and they typically:

- Have high hospitalization or ED utilization patterns;
- Have not been successfully engaged in other programs i.e. care coordination, Targeted Case Management, etc.;
- Have a need for intensive housing supports i.e. they may be homeless, have unsafe or insecure housing, or have barriers such as poor rental history, criminal background, etc.;
- Have chronic, unmanaged health conditions and may benefit from a consultation or interventions from a community RN;
- Have unmanaged mental health or substance use disorder symptoms that impact their functioning and stability in the community; and
- Would benefit from assertive outreach by a Vail Place Navigator and/or connection with a nurse.

50 total served

115 average length of stay (in days)

9 average number of contacts/ contact attempts per month for individuals opened to RFM

VailPlace RFM RESULTS FOCUSED MODEL PROGRAM
In Collaboration with HealthPartners

CLIENT SNAPSHOT:

"Tim" had a history of homelessness and had been in a serious accident prior to his referral to the RFM program. He had been experiencing ongoing medical and mental health complications and his substance use made it difficult for him to connect with service providers and to follow through with treatment recommendations.

Tim's barriers:

- Unmet medical and mental health needs,
- Lack of transportation and difficulty navigating public transportation due to accident injuries,
- Lack of services and resources to manage his needs,
- Food insecurity and lack of basic care items,
- Dissatisfied with current housing and wished to move out of the city, and
- Needed support in establishing primary care, dental, vision and psychiatric care.

Interventions provided by the RFM Team:

- Researched new subsidized housing options.
- Mitigated a housing crisis as Tim was facing eviction prior to locating new housing,
- Advocated for a mutual termination of lease to avoid an eviction on his record while assisting with new housing search.
- Assisted in accessing a community food shelf and information on free community meals.
- Assisted in completing MN Choices Assessment for CADI waivered services to improve long-term access for food services, & Independent Living Skills support for meal planning, food preparation and groceries shopping.
- Coordinated with Tim's HealthPartners Care Coordinator to locate a primary care clinic, dental and vision care providers and access to prescription medications.
- Provided information and resources on specialty clinics and mental health providers.
- Provided ongoing housing assistance after his lease was terminated.
- Provided resources for crisis services and taught coping skills to manage anxiety.
- Provided ongoing support to coordinate Tim's care.

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