

Case Scenario #1

Mr. X is 35 y.o., single male residing in his own apartment. He had been abandoned at two days of age and adopted at three months. No information exists on his biological parents. Mr. X was fired from his full time welding job four months ago due to poor job performance and unexplained absences from work. He was unable to afford to maintain his health benefits. Mr. X had been actively applying for jobs but has not been able to find work. He does not qualify for any cash assistance programs and can only get a small amount of food support. He only has enough money to cover rent and essential living expenses for about 2 more months. Although his car is paid for, his insurance has expired. His parents are elderly and unable to help financially. He has no siblings.

Mr. X's parents requested a welfare check by local authorities after Mr. X had not visited them for several days and was not answering his telephone. Mr. X was found in his apartment. He appeared to be quite thin and disheveled. There was very little food in the house. He had not eaten, slept or bathed for several days. The apartment was in considerable disarray. Mr. X had been drinking but was not legally intoxicated.

Mr. X voluntarily agreed to be taken to the Emergency Room for further evaluation. While in the ER, Mr. X admitted to being depressed, having a lack of motivation, and having feelings of worthlessness and hopelessness. He tested negative for other mood altering chemicals. Mr. X admitted to having intense suicidal thoughts and a plan that he could easily carry out. He had not made any overt attempts at this point. He was unable/unwilling to contract for safety. While generally cooperative, he was hesitant to accept services due to the additional expenses it would create.

Case Scenario #1 Service Options

Since Mr. X is initially cooperative, Mr. X could be taken by law enforcement to the local Emergency Room for a mental health evaluation. The Crisis Team could be contacted to complete the assessment and determine what services would be appropriate. If Mr. X remains cooperative and willing to engage with providers and verbalize a willingness help keep himself safe, a Crisis Stabilization bed could be considered if one is available. If he is not able to verbalize a commitment to safety, hospitalization would be the least restrictive alternative. Allowing him to return to his apartment at this point would not be recommended.

If Mr. X is hospitalized, a pre-petition screening may be needed if there is signed Physician's Statement in Support of Commitment. Even if this happens, Mr. X would have another opportunity to sign in voluntary under some circumstances. Whether committed or not, upon discharge from the hospital, the next most likely step would be for placement in an Intensive Residential Treatment (IRT) program for a period of up to 90 days.

In either case, committed or not, the IRT would be appropriate. Mr. X will need a referral to an outpatient mental health center for further psychiatric/medication management services and possible individual therapy Mr. X should have a complete physical exam to rule out any underlying medical conditions.

In regard to the financial concerns regarding treatment, Mr. X could apply for Mn. Crisis Housing to help pay for rent and utilities for up to three months while in the IRT. An application for General Assistance/Medical Care should be completed as well as consideration given to assisting him completing a State Medical Review Team (SMRT) application for possible disability determination.

Prior to 30 days of discharge from the IRT, continued services such as ACT or ARMHS would be considered and selected based on the perceived intensity of service needs. Mr. X needs to be reassured that the services he will receive will not impact him financially as County Case Management, CSP, and, ACT services can be provided without charge. IRT services would be covered under his GRH grant and adult mental health funding.

While in the IRT, other services such as Vocational Rehabilitation could be initiated and could include a referral to the DCSS/CSP/CEP employment grant (if a resident of Douglas County). Other potential services such as Homemaking, Home Delivered Meals, and Home Health Aide could be considered. Mr. X could also apply for Bridges and HRA housing for on-going rental assistance. Consideration could be given to the use of Transitional Housing funds to assist Mr. X with obtaining car insurance so he could look for employment and remain as independent as possible.