CARE/CASE MANAGEMENT CONTINUUM OF SERVICE GRID
for San Luis Obispo County

DEFINITION

Case or Care Management must include the following elements: *A collaborative process of assessment, care planning, and arranging, coordinating, monitoring, evaluating, and advocating on behalf of the client and/or his or her family for the multiple services needed from a variety of social service and health care agencies to meet an individual's complex needs.*
A necessary and critical component of care management is the relationship established with the client and their support system and a clinical understanding of the client's problems in a bio-psycho-social context so that interventions are well-designed and sustainable.

Care Management Characteristics

- **Long-term vs. Short-term:** *LONG-TERM* would be defined as ongoing care management services. While there may be a goal to reach stabilization and discharge, it is not a requirement of the provider. *SHORT-TERM* would indicate that there is a limited time in which the care management services are delivered, usually 6 months or less.
- **Formal vs. Informal:** *FORMAL* would indicate that standardized guidelines and documentation are consistently utilized related to the care management elements listed above. *INFORMAL* would indicate services are provided with less consistent standardization.
- **Brokerage vs. Direct Service:** *BROKERAGE* would indicate an emphasis on service coordination and *DIRECT* would indicate that the care manager is providing services (i.e. scheduling and transporting to medical appointments, money management, etc.) directly.
- **Intensive vs. Monitoring Contact:** This characteristic can be inferred by the average caseload size. *INTENSIVE* would indicate more frequent contact (weekly) and *MONITORING* would indicate less frequent contact (monthly or quarterly).
- **Comprehensive vs. Issue Focus:** *COMPREHENSIVE* would indicate that the care management services are directed at the full spectrum of need (physical, functional, psychological, social, environmental, financial, etc.) and *ISSUE FOCUSED* would indicate that the scope of care management is primarily within a defined realm (i.e. vocational, psychological, etc.).

PURPOSE

This grid is intended to provide a basic inventory of care management services with which to inform policy development related to unmet needs. The grid is not intended to be an exhaustive resource or referral tool.

PROVIDER	LONG-TERM vs. SHORT-TERM	FORMAL vs. INFORMAL	BROKERAGE vs. DIRECT SERVICE	INTENSIVE vs. MONITORING CONTACT	COMPREHENSIVE vs. ISSUE FOCUS
LIFE STEPS FOUNDATION HOMEMAKER AND RESPITE PROGRAMS	Homemaker program can be long-term depending on individual need. Respite hours are short-term. A maximum of 48 hours can be given yearly.	Formal Assessment, progress notes, and Reassessment	The Homemaker program is direct service. Our staff goes to the client's home to provide services. Respite is a brokerage type of program because we contract with caregiving agencies that come out to provide the services.	There is a moderate amount of monitoring contact for both programs.	Comprehensive – ANYTHING that pertains to an individual's ability to live in the community
	ELIGIBILITY: 60 years of age and older, or have early onset dementia or a qualifying neurological disorder, a resident of San Luis Obispo and northern Santa Barbara counties, not currently receiving caregiving services from anyone else, at risk of institutionalization as measured by functional impairment (2 or more ADL's), willing to participate. Exceptions to the age criteria may be available for the Respite program, but not for the Homemaker program. No income criteria but if an individual has the financial resources for private care management, we will refer related to the length of our waiting list. **AVERAGE CASELOAD**: 100 **FUNDING**: Primarily state general funds through the California Department of Aging and local Area Agency on Aging, County of SLO Community Base Organization grant, fundraising, and private donations. **REFERRALS:** Are accepted from anyone. . **WAITING LIST:** Yes 10-15 individuals at any given time)				
	Contact: Intake Coordinator, 762-4471x172, mmason@lifestepsfoundation.org				

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ADULT PROTECTIVE SERVICES (APS)	Short-term	Formal Assessment, Care and Visit plan, progress notes and reassessment	Primarily Brokerage with some direct service	Contact depends on need but minimum of once a month	Comprehensive – Anything that pertains to ability to live safely in the community
	ELIGIBILITY: 18 years of age and older. APS clients only, who are unable to partake of other Care management services or are waiting to be accepted by another Care management service. **AVERAGE CASELOAD**: **FUNDING**: Public **REFERRALS:** Are accepted from anyone. Case Management is only provided if the client or responsible other agree. **WAITING LIST:**				
	Contact: Laurie Wylie, 781-1704, lwylie@co.slo.ca.us				
IN-HOME SUPPORT SERVICES (IHSS)	Short-term and Long-Term, depending on client's need	Formal Assessment, Care and Visit plan, progress notes and annual reassessment, referrals to other resources	Primarily Brokerage with some direct service.	Contact depends on need but minimum of once a year	Comprehensive – Provides services and resources that pertain to ability to live safely and independently at home
	ELIGIBILITY: Must have full scope Medi-Cal. Services are provided to elderly and to disabled people of all ages. **AVERAGE CASELOAD**: 1600+/- cases throughout County **FUNDING**: Public **REFERRALS:** Are accepted from anyone. **WAITING LIST:** None, however there is generally 30 days from time of referral to time of eligibility determination**.**				
	Contact: Kat Lauterback, 781-1896 , klauterback@co.slo.ca.us				

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CAPSLO HOMELESS CASE MANAGEMENT	3 months – 2 years (If ongoing need exists, a referral is made to another case management provider)	Formal written assessment, client-driven case plan	Direct service provision and Broker services after stabilization	Contact is daily to weekly basis	Comprehensive – focus on obtaining permanent housing and stable income for clients.
	ELIGIBILITY: Homeless (families, individuals and those at immediate risk of eviction) **AVERAGE CASELOAD**: 25 per FTE. Currently 6.5 FTE case managers countywide. Open assessment times: Prado- Mondays 9 – 12pm and Maxine Lewis Memorial Shelter – Tuesday/Wednesdays 1-3pm **FUNDING**: HUD Supportive Housing Program grants. **REFERRALS:** Self referrals and referrals from public or community partners such as Mental Health, Public Health, DSS, SAFE. Client must agree to services and be willing to develop a budget that includes saving for housing and attend regular case management meetings. **WAITING LIST:** One – two weeks.				
	Contact: Dee Torres at 541-6351 ext. *822; dtorres@capslo.org				

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AIDS SUPPORT NETWORK AND SLO HEP C PROJECT	Long-term, depending on individual need, with goal to take people through their disease process.	Formal assessment made at intake, with referrals made to our internal services. Case plan developed and driven by particular need.	Mainly direct service provision.	Both, dependent on program within agency.	Comprehensive – to maintain health and stability in housing
	ELIGIBILITY: HIV + and Hep C + **AVERAGE CASELOAD**: 545 (180 HIV; 265 Hep C) **FUNDING**: State funding for various HIV programs through the California State Office of AIDS; grant funding from various sources; donations **REFERRALS:** Referrals accepted by anyone. **WAITING LIST:** No				
	Contact: Edie Kahn, 781-3660, ekahn@as.n.org				

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PEOPLE'S SELF-HELP HOUSING	Short term counseling and case management services. Emphasis on focused, strategic interventions and setting priorities to reach stability. (Services available to individuals and families.)	An informal consultation is done, client linkage will be provided at that time or a formal assessment will be done and a service provider will be assigned.	Ideally brokerage, but can be Direct Service if access to community based services is difficult. Direct services may include counseling	Both; driven by the assessment – severity of need and individual capacity to access and utilize existing services and the existence of the support network.	Both, especially with our senior population and un- or under-treated mental health population.
	ELIGIBILITY: Any PSHH resident or applicant with special needs; emphasis in particular on individuals who are homeless or housed with PSHH and at risk of losing their housing. **AVERAGE CASELOAD**: 25 clients **FUNDING**: Various Grants and private donations. **REFERRALS:** Accepted from anyone. Client must be willing to accept services. **WAITING LIST:** Not at this time**.**				
	Contact: Rick Gulino, 540-2498, rickg@pshhc.org				

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COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST (MEDICAL CASE MANAGEMENT)	Both long term chronic disease care and short term immediate medical needs case management.	Patient can be agency or self referred and is managed by team lead by medical provider and may include LCSW, RD, Health Educator, and Nurse Case Manager as needed.	CHCCC provides direct primary medical and dental care services and specialty services including family medicine, geriatrics, internal medicine, mental health, OB/GYN/women's health, pediatrics, chiropractor, podiatry, orthopedics, neurology, cardiology, homeless/farm worker/public housing health care. Patients are also referred out to additional specialty care service providers.	Both depending on need.	Issue Focused: primary medical and dental health care. If referred to the LCSW – comprehensive.
	ELIGIBILITY: SLO or northern Santa Barbara County resident **AVERAGE CASELOAD**: 60,000 patients per year, 225,000 patient visits per year **FUNDING**: Grants, private pay, private insurance, Federal, State, County **REFERRALS:** Self or agency referrals accepted **WAITING LIST:** There may be a waiting list for some offices and/or providers, especially dental.				
	Contact: Gail Tutino, 614-9275, gtutino@chccc.org				

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PRIVATE CASE MANAGEMENT **NOTE:** There are many variations of Private Case Management. Some providers include caregivers as part of their structure, some provide daily money management some do not, some will function as a Power of Attorney or Conservator, some have a more medical model (i.e. RN Case Manager) Other providers in SLO County include: □ Cheryl Kippen (Professional Care Management for Older Adults) □ Teri Weitkum, RN, BSN, CCM,	**Bates Care Management**				
	Both long term and short term depending on need. Average long-term – 3 years; Average short term – 3 months Free Consultation and Information and Referral – one time over the phone. Hourly consultations in office with family members.	Formal written assessment and care plan. Note: While there may be a payer source other than the "client", all services are provided to meet the best interests of the "client".	Provides direct service (especially at onset) such as family consultation and mediation, medical care coordination, vacation coverage for adult children (i.e. who to call with emergencies) and bill paying (in home with client). Otherwise brokerage model (i.e. for care giving and ongoing transportation needs.)	Very intensive based upon need. Minimum monthly face-to-face contact.	COMPREHENSIVE – any need that pertains to living safely in the clients own home or facility. However, nature and extent of services is linked to client/payer's wishes related to cost.
	ELIGIBILITY: Frail elderly and/or dependent adults in San Luis Obispo County, North County and the Coast. **AVERAGE CASELOAD**: 15 clients **FUNDING**: Private pay (may be client, adult children or other responsible party); Special needs trusts, some private insurance. **REFERRALS:** Accepted from anyone. Client or responsible must be willing to accept services. **WAITING LIST:** No				
	Contact: Meredith Bates, CMC, Bates Care Management, 771-9124, mbates@batescare.com				

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Client Care Consultants □ Debbie Trout (Trout and Associates – primarily financial) This is not meant to be an exhaustive list but provide a sampling of the private care management models. Certification is available through National Association of Professional Geriatric Care Managers and care managers can be found their website www.caremanager.org	**LivHome**				
	Both long term and short term, including one-time only intervention or assessment depending on need. Average length of stay 6 months. All phone consultations are free. Face-to-face consultations may have a charge for care management.	Formal written assessment and care plan. Cost of assessment is $0 to $150 determined on a case by case basis.	Provides direct service such as family consultation and mediation, medical care coordination, vacation coverage for adult children. Otherwise brokerage model (i.e. for care giving and ongoing transportation needs.) Bill paying service is a separate service in the company not provided by care manager.	Based on individual need. Available on a 24/7 basis.	COMPREHENSIVE – any need that pertains to living safely in the clients own home or facility. However, nature and extent of services is linked to client/payer's wishes related to cost.
	ELIGIBILITY: Older Adults and Special needs in the tri-county area: San Luis Obispo County, Santa Barbara and Ventura **AVERAGE CASELOAD**: For the tri-county area 150 clients – Care managers are billing an average 5-10 hours per week for potentially 30 clients **FUNDING**: Private pay, special needs trusts, and private insurance. **REFERRALS:** Accepted from anyone. Client or responsible party must be willing to accept and pay for services. **WAITING LIST:** No				
	Contact: Jessica Solomon, Eldercare Consultant, LivHome, (866) 373-1466, jsolomon@livhome.com; www.livhome.com This is a nationwide company. The company provides care giving as part of their services (less than 10% of cases are care management only). Care managers supervise the caregivers through unannounced visits, staffing, orientation, care meeting (as part of hourly caregiver charge $24-32/hour; 400 active caregivers and 150 of which are working at any given time). Care managers have advanced degrees in nursing, social work and gerontology.				

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TRANSITIONS MENTAL HEALTH	Dependent on Program. **Housing** 1. Adult Transitional – 1 year 2. FSP, Community Housing, Santa Ysabel – No maximum length of stay 3. Transitional Housing for the Homeless – 2 years **Other**	Formal interview and service plan for all housing Psychosocial-rehab philosophy/model.	Provide direct service as needed	Dependent on program: The more independent the setting, the lower the intensity of support services.	Comprehensive for all housing Issue focused (i.e. vocational) for Supported Employment Family Advocacy is consultation and brokerage, not full case management.
	ELIGIBILITY: People Mental Illness who are referred from eligible agencies; Family Advocacy serves any community member in needs **AVERAGE CASELOAD**: Dependent on level of care (i.e. most independent setting 27 clients per 1 care manager: monitoring 1-2 weeks), For some programs TMHA care management is in addition to the MHSA treatment team Transitional Housing for Homeless Program: 4 FTE for 32 clients;. **FUNDING**: Contract with County Mental Health except Transitional Housing for Homeless Program (HUD) **REFERRALS:** Appropriate provider (relative to program). **WAITING LIST:** Length of time varies by program.				
	Contact: Denise Rea, 541-5144 ext 103; drea@t-mha.org				

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SLO COUNTY MENTAL HEALTH: FULL SERVICE PARTNERSHIPS	Long term to meet individual's personal goals in the community. Approx. 18 months – 2 yrs.	Formal Mental Health assessment and client-driven treatment plan. Treatment plan is completed annually and reviewed every 6 months	Direct Service includes a Personal Service Coordinator (therapist), Resource Specialist, D &A Specialist, and Psychiatrist working as a team in the community.	Intensive: services include assessment, individualized planning, case management, integrated co-occurring drug & alcohol services, medication management, housing (TMHA), integrated vocational services and access to after hours support line.	Comprehensive: Provides mental health therapy, and connects client to all necessary and appropriate services in the community.
	ELIGIBILITY: Individual has a current Axis I DSM-IV diagnosis of a major psychiatric disorder and demonstrates a need for an intensive FSP program based on their history and current level of functioning. Full Service Partnerships: Transitional Age Youth (TAY, age16 – 21) Adults (18-60) and Older Adults (age 60+) **AVERAGE CASELOAD**: Average 10 - 12 **FUNDING**: Mental Health Services Act (MHSA) **REFERRALS:** All agencies **WAITING LIST:** Limited number of spaces approximately 50 – 60 individual, only accept referrals when space available.				
	Contact: Coralyn Brett (Older adult) 781-4855, cbrett@co.slo.ca.us; Dave Boorman, (Adult SLO) 781-1553, dboorman@co.slo.ca.us; Nancy Mancha-Whitcomb, (No. Co. Adult) 461-6070, nmanchawhitcomb@co.slo.ca.us				

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SLO COUNTY MENTAL HEALTH: PHF (PSYCHIATRIC HEALTH FACILITY) AFTERCARE SERVICE	Short-term: Until intakes are completed with MH or up to 6 weeks	Minimal formal: CSI form – demographics. Focus on engaging client with identifying own resources and support persons.	Direct & Brokerage: transports clients home from PHF and transports to appropriate appointments, will help with grocery shopping, housing, daily needs to help stabilize client in the community.	Intensive: Contact is daily to weekly depending on client needs.	Comprehensive: Connects client to all necessary and appropriate services throughout SLO County.
	ELIGIBILITY: Individuals leaving SLO Psychiatric Health Facility. Participation is voluntary. **AVERAGE CASELOAD**: approximate case load of 3-5 individual. **FUNDING:** MHSA **REFERRALS:** PHF unit only **WAITING LIST:** 0				

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SLO COUNTY MENTAL HEALTH: CLINIC SERVICES	Short-term and long-term dependent on needs of the client.	Formal: Assessment, treatment plan (care plan). Treatment plan is done annually and reviewed every 6 months.	Brokerage and Direct services (i.e. medication management, rehabilitation and therapy.	Some intensive case management – 15 to 20 client caseload; crisis stabilization; monitoring – once every 3 months minimum contact.	Comprehensive
	ELIGIBILITY: Individuals with mental illness who are "open cases" with moderate functional impairment that is due to a mental illness (occasional, social, family). Must serve individuals with Medi-Cal, can serve those who are not Medi-Cal eligible. IMD (Institute for Mental Disorders), MIPS (Mentally Ill Probationers). 3 Adult Clinics –No. County, (Atascadero) SLO, So. County (A.G.). Mental illness must be primary when treating dual diagnosis (i.e. addiction, dementia). **AVERAGE CASELOAD**: 80 to 110 per case manager. Total clients in SLO County: 1,000+ adults **FUNDING:** County, Medi-Cal (federal match), State (Department of Mental Health), Prop 63 (MHSA). **REFERRALS:** Anyone can refer but the client must contact the Managed Care Office. Individuals with Medi-Cal are entitled to an assessment. **WAITING LIST:** 0				
	Contact: SLO, Dave Boorman, 781- 1553, dboorman@co.slo.ca.us; No. County, Nancy Mancha-Whitcomb, 461-6070, nmanchawhitcomb@co.slo.ca.us; So. County, Randy Jost, 473-7045, rjost@co.slo.ca.us				

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SLO County Public Health Dept. CMSP (County Medical Services Program)	Short-term: Client must have a medical need and no way to pay for medical services. Once approved they are eligible for 2 months at a time and must re-apply.	Formal: All clients are referred to CHC for primary care, all specialized care is case managed and care is appropriated using InterQual standards.	Brokerage: CMSP provides access to medical care for those who do not have insurance or money to pay.	Intensive: Utilization review of specialty services and emergency room visits present a large case load of clients.	Issue Focused: All cases are focused on health care needs. We do screen for eligibility for MediCal and Disability to meet other client needs.
	Eligibility: Individuals must have a medical need, no or little insurance and meet the financial criteria for CMSP. They must be between the ages of 21-64, must not be receiving disability benefits, must not be pregnant, must be a legal citizen or permanent resident, live in SLO County, and receive their primary medical care at CHC clinics. **Average Caseload**: Last year CMSP approved 2340 residents for primary care, 376 were approved through Utilization Review, and we reviewed 1422 emergency room visits. **Funding:** The program is funded by General Fund. **Referrals:** Anyone can apply to the program no referrals required. Hospital reps will apply for inpatients. **Waiting list:** 0				
	Contact: Diane Jay 781-4838, djay@co.slo.ca.us				

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Victim/Witness Assistance Center (Division of the District Attorney's Office)	Contingent on extent of the victim's physical, emotional and financial injuries/trauma and crime-related needs, and duration of the criminal case (if case is prosecuted)	Formal intake based on victim needs assessment and codified service definitions; ongoing contacts and services documented; quarterly county and state reporting	Many crisis and support services are provided directly, with some exceptions (e.g., medical treatment, mental health therapy, shelter/housing, etc.)	Often intensive initially, then as victim stabilizes and/or criminal case concludes, contacts become less frequent. Highly variable based on degree of injury/trauma, victim's needs and status of criminal case	Comprehensive for needs arising from crime victimization
	Eligibility: Victims of all types of crime committed in San Luis Obispo County, or residing in the County. Specialized services for elder and dependent adult victims of crime **Average Caseload:** 400 victims and family members per year **Funding:** Federal, State and County **Referrals:** Primarily from law enforcement, but also self and community-referred; all crimes submitted by law enforcement to the D.A. are referred to Victim/Witness Division for outreach and services to victims **Waiting List:** Initial contact with victims occurs within 5 days of referral on average				
	Contact: Cindy Marie Absey, Victim/Witness Director #781-5821 or toll-free 1-866-781-5821; victimwitness@co.slo.ca.us				

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TRI-COUNTIES REGIONAL CENTER	Life long once eligibility is established. Service coordinator is the Regional Center case manager.	Initial assessment for eligibility. Case managers develop an individual program plan (care plan) updated every 3 years. Service providers usually do an assessment or evaluations related to their services or have their own care plans.	Broker only for the Regional Center. Service providers do direct services may or not include case management.	RC service coordinators see a client once every three months if they are not living with parents.	Comprehensive.
	ELIGIBILITY: People with Developmental Disabilities in one of 5 Areas: Cerebral Palsy, Autism, Mental Retardation, Epilepsy, Someone needing treatment similar to some who had mental retardation – i.e. borderline IQ. In all areas the disability must be 1. lifelong 2. diagnosed prior to age eighteen (or evidenced prior to 18 if diagnosis was not made) 3. Significantly handicapping. Will serve dually diagnosed individuals. No income eligibility and no cost participation for adults. **AVERAGE CASELOAD**: Serves 10,000 people in the Tri-Counties (2,000 in San Luis Obispo). Caseload is 62:1 for Waiver clients and 66:1 for all other clients. **FUNDING:** Entitlement dependent on eligibility. Funding is categorical: operational (staff and admin) and purchase of services. Department of Developmental Services is the primary funding source. Home and Community Based Medicaid Waiver provide federal funds (individuals with Medi-Cal and level of deficit and need for level of care). **REFERRALS:** Anyone or anywhere **WAITING LIST: 0** **ADDITIONAL SERVICES:** When regional center identifies a ***need*** (not want) related to a client's level of care, they must provide for that need or coordinate other service providers. Provides purchase supportive services – residential placement, supportive living, independent living skills, respite, day program, vocation support (shared with the Department of Rehab)				
	Contact: Pam Crabaugh, 539-2514, pcrabaugh@tri-counties.org				

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The following services provide elements of the case management process but do not provide full scope case management.					
COAST CAREGIVER RESOURCE CENTER	Short- and long-term information, referral, and family consultation for unpaid family/friend caregiver for duration of care giving situation. Face-to-face contact is generally one time.	Comprehensive assessment of caregiver needs, including practical and emotional coping of caregiver, cognitive and behavioral function of care receiver, and action plan.	Brokerage: Make referrals for the caregiver in response to needs where CCRC does not provide direct service. Direct: Support Groups; Respite care, and professional counseling.	Give support to caregiver to case manage the receiver needs. Intensive case management is referred to other agencies.	Comprehensive regarding issues related to care giving an adult with neurological impairment. .
	The mission of CCRC is to serve as a point of entry to services available to care giving families **ELIGIBILITY**: Client is the unpaid family/friend CAREGIVER of an individual with adult-onset neurological impairment. Family caregivers paid by IHSS are not eligible to receive respite grants. Respite and counseling are also available to unpaid caregivers of adults over 60 without neurological impairment. CCRC serves three counties (Ventura, Santa Barbara, San Luis Obispo). **AVERAGE CASELOAD**: Varies; 1 part-time family consultant **FUNDING**: Primarily from California Department of Mental Health. Respite and Counseling funds from the Area Agency of Aging; matching funds from San Luis Obispo County Community Foundation. **REFERRALS**: Agencies or individuals **WAITING LIST**: Services are not generally wait-listed.				
	Contact: Alyce Crawford, 534-9234 alycec@coastcrc.org Toll Free-1-888-488-6555				

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ALZHEIMER'S ASSOCIATION, CALIFORNIA CENTRAL COAST CHAPTER	Short and long-term information, referral, Care Consultation, support groups, education for unpaid family/friend caregivers during entire care giving relationship, including after placement. As many face-to-face contacts as needed, but does not provide Case Management. Also provides professional caregiver training, resource library, MedicAlert & Safe Return program, Comfort Zone, and respite grant.	Formal Care Consultation provided including assessment, care planning and follow up.	Brokerage includes: making referrals to community agencies that can assist the family. Direct includes: support groups, respite grant, resource library, Care Consultation, safety services registration site.	Does not do intensive case management. Will engage with clients more than once, often repeatedly, until their information and support needs are met- either by Alzheimer's Association or through linkage with other organizations.	Comprehensive for issues related to any form of dementia or significant memory loss, brain health promotion, care giving issues.
	MISSION: The mission of the Alzheimer's Association is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. **ELIGIBILITY:** Clients include those affected by dementia or significant memory loss in San Luis Obispo, Santa Barbara, Ventura or Kern Counties. Care Consultations, educational programs, respite grants and Support Groups are provided to family/friend caregivers. Information & referral. Professional education, community				

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	events, and resource library are provided to entire community. There are no financial criteria to qualify for services and services are mostly donation-based only. There are financial criteria for respite grant **AVERAGE CASELOAD**: About 100 clients for 1.5 FTE per month. **FUNDING:** Walk to End Alzheimer's fundraisers; donations; community foundation grants; memorials, planned giving. **REFERRALS:** agencies or individuals, physicians **WAITING LIST:** none
	Contact: Toll-free: 1-800-272-3900 (caller routed automatically to closest office) 805-547-3830 San Luis Obispo office 805-636-6432 Santa Maria office

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ILRC (INDEPENDENT LIVING RESOURCE CENTER)	No limit on length of service: until they don't need help any more. They work with a goal-oriented model so once goals are met clients are discharged. ILRC is a lead organization for CCT (California Community Transitions)	No formal assessment: basic client information required only	Brokerage	As needed.	Issue focused.
	ELIGIBILITY: People with disabilities (client report only). Model is empowerment in terms supporting client to do for themselves. FOUR COMPONENTS Information and Referral (Jerry Mihaic), 2 Housing Specialist/ Community Living Advocate (Kelly Hannula), Assistive Technology (Cary McGill), and 4. Benefits Specialist/Community Living Advocate (Paul Collagan). **AVERAGE CASELOAD**: **FUNDING**: **REFERRALS:** **WAITING LIST:** **Contact:** Jerry Mihaic, (805) 462-1162 X "0", jmihaic@ilrc-trico.org				

PROVIDER	LONG-TERM vs. SHORT-TERM	FORMAL vs. INFORMAL	BROKERAGE vs. DIRECT SERVICE	INTENSIVE vs. MONITORING CONTACT	COMPREHENSIVE vs. ISSUE FOCUS
SLO COUNTY MENTAL HEALTH, JAIL RE-ENTRY SERVICES	Short-term from a few days to a month.	Informal. Develops individualized Release Plan.	Mostly brokerage but may provide both.	Intensive. Frequent contact to assess and develop Release Plan; refer and assist to connect with services upon release including housing and benefits	Issue Focused. Assist individuals to connect to all necessary services to stabilize in community and prevent re-arrest.
	ELIGIBILITY: Individuals with serious mental illness who are incarcerated. May also have co-occurring disorder (mental health and substance abuse). Service is voluntary. **AVERAGE CASELOAD:** Varies. Service consists of two full time staff. **FUNDING:** Mental Health Services Act (MHSA) **REFERRALS:** Jail staff screen and make all referrals. **WAITING LIST:** None				
	Contact: County Jail Mental Health Services at 781-4614.				

PROVIDER	LONG-TERM vs. SHORT-TERM	FORMAL vs. INFORMAL	BROKERAGE vs. DIRECT SERVICE	INTENSIVE vs. MONITORING CONTACT	COMPREHENSIVE vs. ISSUE FOCUS
Transitional Food & Shelter, Inc.	Short Term. Provides casework to clients of its program with temporary, emergency shelter for medically fragile clients.	Informal	Brokerage	Monitoring and Issue Focused	For the totally and permanently disabled, we help them maximize income and get into subsidized, low market rent, or transitional housing. Casework is provided to the temporarily disabled if the need arises.
	ELIGIBILITY: Medically Fragile **AVERAGE CASELOAD:** Varies. Casework is provided by volunteers and student interns. **FUNDING:** Donations **REFERRALS:** Agency referrals are accepted at 805-468-4113 **WAITING LIST:** None				
	Contact: Pearl Munak, 805-238-7056; Fax: 805-461-6925; pearltrans@aol.com				