



CCC PROGRAM OUTCOMES – 2014

TEAM GOAL: Connect 450 people with a medical home through case management, patient navigation, and community stabilization.

Project Access Annual Outcomes

- 23 dental commitments will be recruited for in-office dental services
- Project Access will connect 4,000 patients with specialty care
- 5 new chronic pain specialties will be recruited
- Dental services will be coordinated for 100 individuals

Community Case Management Outcomes

- 75% of case management patients will establish a primary care home.
- 75% of those referred for MH services will be connected to a provider.
- 50% of case management patients will reduce their number of ED visits.

Patient Navigation Outcomes

- 750 (565 – Wake/185 – Johnston) uninsured individuals will receive Patient Navigation services
- 60% of those navigated will be connected with a primary care home
- 75% of those that establish a PCH will demonstrate knowledge of how to access the optimal level of care.

Homeless Engagement Team Outcomes

- 150 clients will be enrolled in the Community Stabilization Program.
- 75% of clients engaged will establish a medical home.
- 60% will of clients engaged will be connected to MH services
- 60% of clients engaged will improve their housing status (transitional, permanent, group home, or with family).