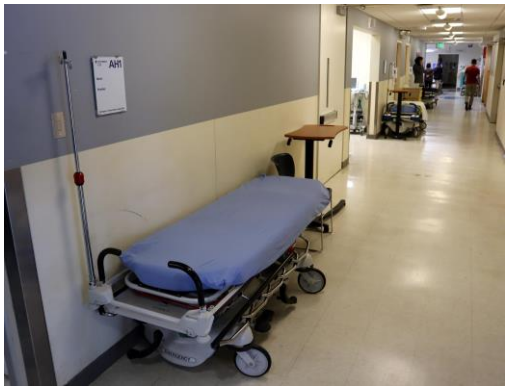
Meeting Clients "Where they are at"



Client Story – Peter

- Chronically homeless
- Substance Use Disorder
- Serious Mental Illness
- Challenges in keeping appointments, frequent wellness checks and de-escalation, lost/stolen cell phone, general mistrust of system

1

Collaboration with the Healthcare System & Providers

Who?

- **Direct service workers – Shelter Case Managers, Street Outreach, Coordinated Entry staff, Harm-Reduction staff**
- **Healthcare Professionals – ER staff, Licensed Counselors, Peer Recovery Specialists**

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Collaboration with the Healthcare System & Providers

How?

- Network! Join local committees - Hospital CCT, Community Task Force
- Release of Information – ROIs included in initial intakes
- When possible, bring the services to the client

3

Collaboration on Care Plans

- Builds client trust
- Understanding of full client's needs
- Assists in identifying other "wrap around" services
- Ease in obtaining medical records for Disability Verification
- Third party documentation of homelessness

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Cross-training opportunities

- Harm Reduction
- Mental Health First Aid
- Suicide Prevention
- CPR
- Trauma-Informed Care
- Hospital Social Workers trained in Coordinated Entry Assessments, Diversion practices

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When possible, bring the services to the client!

- Vaccine Clinics
- Health Care Bus
- Street Medicine

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