Version 3.5.24 JMDMT, Refreshened, LLC for

At Placement into CoLEAD Temporary Shelter /// First 7 Days in CoLEAD

Case Management Domain - Case Management Tasks

Criminal Legal System

Day 1 through 14

CRIMINAL LEGAL SYSTEM contact is assessed. *This is to determine what the participant knows and is willing to share with the LEAD Legal will help you will verify legal status.*

1.Does participant know about any open court cases? ASSUME THEY HAVE OPEN COURT CASES!
If all so, do they know who their public defender is?

WARRANTS - ASSUME YOUR PT HAS WARRANTS!
1.Do participant know if they have any warrants? (To determine: IF the participant has warrantees, this MUST BE VERIFIED with LEAD legal/CoLEAD legal system liaison)
A. Do they know if they have any out of county or out of state court cases/probation that is active or warrants from out of county or state?

1. Please note that LEAD Legal is working a local and legal report in Extended/REACH that will be available to you by the end of the participant's first week in CoLEAD.

Day 15 through 30

CRIMINAL LEGAL SYSTEM support needs ARE BEING ACTIVELY ASSESSED:
1. All open court cases are known and a list of next court dates is made and tracked in Extended/REACH.
2. Assigned PSS has contacted the pt's Public Defender and PSS introduces themselves and CoLEAD to the PO.
3. If on probation or DOC, Assigned PSS has contacted the PO or DOC CCO and introduced CoLEAD and PSS; **get a copy of the Conditions of Probation, upload to Extended/REACH and review with pt.**
A. Verify PSS is on the email chain with the LEAD prosecutorial liaisons and has reviewed all emails in the thread and have responded to the thread at least once with acknowledgment and provide any useful or pertinent information, which includes a summary of the plan the PSS will be pursuing to support the participant with their criminal legal system issues, including any pending adjudication and related hearings, and any other information that is relevant to the criminal legal system issues. 4. Any outstanding warrants are identified and discussed with LEAD Legal, CoLEAD criminal legal liaison and pt.
6. Active planning is underway to address any outstanding warrants if in Seattle or King County.
7. If outstanding warrants are in a municipality in King Co that is not Seattle or are out of county (incl out of state), contact LEAD Legal and CoLEAD criminal legal liaison to make a plan to address.
8. Attend criminal legal system office hours with Criminal Legal Liaison to discuss this participant's legal system needs and ensure understanding of all of the above.

By the end of Month 1

CRIMINAL LEGAL SYSTEM support needs HAVE BEEN actively addressed and the following ACTIONS HAVE BEEN ESTABLISHED for each of the following:
1. All open court cases; ensure all tasks for attending and follow-up based on the **CoLEAD *Court PSS Role and Responsibilities Handbook*** are met and completed.
1a. ENSURE ALL CONDITIONS OF RELEASE OR PROBATION ARE REVIEWED; pay special attention to an requirements for SUD assessment and treatment, review monthly and what the consequences look if not complied with.
2. Working collaboratively with pt.'s Public Defender
3. **EMAIL THREAD and CASE CONFERENCING with LEAD prosecutorial liaisons**
3a.Note sent at least **one positive engagement update to the email chain, if warranted.**
3b. If a positive engagement is not warranted by this time, PSS has acknowledge the email thread and provided the plan PSS is using to foster engagement and progress.
3c. PSS has attended case conferencing meetings in appropriate cases to problem-solve any urgent issues.
4. Actively addressing any outstanding warrants if in Seattle or King County.
5. If outstanding warrants are in a municipality in King Co that is not

By the end of Month 3

CRIMINAL LEGAL SYSTEM support HAVE BEEN AND CONTINUE TO BE ADDRESSED for each of the following:
1. All open court cases are known and a list of next court dates is made and tracked in Extended/REACH; ensure all tasks for attending court and follow-up based on the **CoLEAD *Court PSS Role and Responsibilities Handbook*** are met and completed.
1.b. Documented effort is made towards supporting participants increased ability to attend court hearings and appointments
2. Working collaboratively with pt's Public Defender
3. Working collaboratively with pt PO or DOC CCO, all appts are attended.
4. EMAIL THREAD and CASE CONFERENCING with LEAD prosecutorial liaisons
4a.Note sent at least one positive engagement update to the email chain, if warranted.
4b. If a positive engagement is not warranted by this time, PSS has acknowledge the email thread and provided the plan PSS is using to foster engagement and progress.
4c. PSS has attended case conferencing meetings in appropriate cases to problem-solve any urgent issues.
5. ALL Outstanding warrants HAVE BEEN QUASHED.
5. Review with LEAD Legal any outstanding Legal-Financial Obligations (LFOs) to see if there are options to address.

Day 31 through 45

CRIMINAL LEGAL SYSTEM support needs are BEING ADDRESSED:
1. **Attending case conferencing meetings with LEAD Prosecutorial Liaisons and providing updates on progress in CoLEAD or plan for engagement towards progress.**
2. All open court cases are known and a list of next court dates is made and tracked in Extended/REACH; ATTEND COURT WITH PT
3. Assigned PSS works collaboratively with pt's Public Defender and ensures the PD understands CoLEAD and knows how to reach the PSS
4. REGULAR review of the mail chain with the LEAD prosecutorial liaisons; TIMELY RESPONSES WITHIN 24 HOURS to Prosecutors
5. Any outstanding warrants are identified and discussed with LEAD Legal, CoLEAD criminal legal liaison and pt.
6. Actively addressing any outstanding warrants if in Seattle or King County.
7. If outstanding warrants are in a municipality in King Co that is not Seattle or are out of county (incl out of state), working with LEAD Legal and CoLEAD criminal legal liaison to address.

Day 46 through 60

CRIMINAL LEGAL SYSTEM INVOLVEMENT CONTINUES TO BE ADDRESSED:
1. **Attending case conferencing meetings with LEAD Prosecutorial Liaisons and providing updates on progress in CoLEAD or plan for engagement towards progress.**
2. All open court cases are known and a list of next court dates is made and tracked in Extended/REACH; ATTEND COURT WITH PT when scheduled
3. Assigned PSS continues to work in partnership with the pt's Public Defender in order to get court cases resolved.
4. REGULAR review and timely respond to the email chain with the LEAD prosecutorial liaisons.
5. Regularly checking with CoLEAD criminal legal liaison, LEAD Legal to see if any new warrants have been ordered.
6. Actively addressing any outstanding warrants if in Seattle or King County.
7. If outstanding warrants are in a municipality in King Co that is not Seattle or are out of county (incl out of state), working with LEAD Legal and CoLEAD criminal legal liaison to address.

Day 61 through 75

CRIMINAL LEGAL SYSTEM INVOLVEMENT CONTINUES TO BE ADDRESSED:
1. **Attending case conferencing meetings with LEAD Prosecutorial Liaisons and providing updates on progress in CoLEAD or plan for engagement towards progress.**
2. All open court cases are known and a list of next court dates are tracked in Extended/REACH; ATTEND COURT WITH PT when needed
3. Assigned PSS continues to work in partnership with the pt's Public Defender in order to get court cases resolved.
4. REGULAR review and timely respond to the email chain with the LEAD prosecutorial liaisons.
5. Regularly checking with CoLEAD criminal legal liaison, LEAD Legal to see if any new warrants have been ordered.
6. Actively addressing any outstanding warrants if in Seattle or King County.
7. If outstanding warrants are in a municipality in King Co that is not Seattle or are out of county (incl out of state), working with LEAD Legal and CoLEAD criminal legal liaison to address.

Day 76 through 90

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3. Assigned PSS continues to work in partnership with the pt's Public Defender in order to get court cases resolved.
4. REGULAR review and timely respond to the email chain with the LEAD prosecutorial liaisons.
5. Regularly checking with CoLEAD criminal legal liaison, LEAD Legal to see if any new warrants have been ordered.
6. Actively addressing any outstanding warrants if in Seattle or King County.
7. If outstanding warrants are in a municipality in King Co that is not Seattle or are out of county (incl out of state), working with LEAD Legal and CoLEAD criminal legal liaison to address.

By the end of Month 3

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Housing

Day 1 through 14

If a jail booking happens, please see the email thread from LEAD prosecutors for any new information, strategies with Criminal Legal Liaison and LEAD legal if visiting in jail is appropriate and if there is any in-custody healthcare coordination needed.

Find out when the first appearance or in-custody court date is, and plan to attend to support the pt. If attending is impossible, Criminal Legal Liaison may also attend for support with complex or high stakes situations or if the case manager staff have an unavoidable conflict or are not on shift when the hearing occurs.

Set up a release notification in the VINE system.

Day 15 through 30

If a jail booking happens, please see the email thread from LEAD prosecutors for any new information, strategies with Criminal Legal Liaison and LEAD legal if visiting in jail is appropriate and if there is any in-custody healthcare coordination needed.

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Day 31 through 45

If a jail booking happens, please see the email thread from LEAD prosecutors for any new information, strategies with Criminal Legal Liaison and LEAD legal if visiting in jail is appropriate and if there is any in-custody healthcare coordination needed.

Find out when the first appearance or in-custody court date is, and plan to attend to support the pt. If attending is impossible, Criminal Legal Liaison may also attend for support with complex or high stakes situations or if the case manager staff have an unavoidable conflict or are not on shift when the hearing occurs.

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Day 46 through 60

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Day 61 through 75

If a jail booking happens, please see the email thread from LEAD prosecutors for any new information, strategies with Criminal Legal Liaison and LEAD legal if visiting in jail is appropriate and if there is any in-custody healthcare coordination needed.

Find out when the first appearance or in-custody court date is, and plan to attend to support the pt. If attending is impossible, Criminal Legal Liaison may also attend for support with complex or high stakes situations or if the case manager staff have an unavoidable conflict or are not on shift when the hearing occurs.

Set up a release notification in the VINE system.

Day 76 through 90

If a jail booking happens, please see the email thread from LEAD prosecutors for any new information, strategies with Criminal Legal Liaison and LEAD legal if visiting in jail is appropriate and if there is any in-custody healthcare coordination needed.

Find out when the first appearance or in-custody court date is, and plan to attend to support the pt. If attending is impossible, Criminal Legal Liaison may also attend for support with complex or high stakes situations or if the case manager staff have an unavoidable conflict or are not on shift when the hearing occurs.

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Basic Needs

Day 1 through 14

Basic Needs Checklist (BNC) and WANT to WELCOMES, SECURE AND FEEL SAFE IN TEMP LODGING?
1. CoLEAD Welcome Kit is provided
2. Does the participant have access to food, and what is their food plan?
3. Do participant supplies needed?
4. Clothing
5. Urgent medications needs?
6. Any urgent healthcare needs? (see below)
7. Does the pt have a pet, pet food, up to date on shots, and where the pet, does pet need an emergency vet appt? Is the pet safe? Is pet sleeping safely, what they need support with in the immediate future?
8. If a participant is using opioids, what do they need support with in the immediate future?
9. Is the participant in an abusive situation or relationship, or are and ensure case manager phone number is saved in s.
10. Get an emergency contact for pt.

Do they need an immediate HOUSING ASSISTANCE?

Does the pt. have a Social Security Card (SSC)?
Determine if pt. knows their social security number and has a social security card in their possession or will the pt. need assistance?

Day 15 through 30

Continue to SUPPORT IN TEMP LODGING, Begin to Assess HOUSING PATHWAYS
1. Is participant safe in temp lodging? Is there any concerns, issues, needs, or anything happening, follow ups of a lease?
2.The Participant Housing Stabilization & Needs form with the participant. Talk with the pt. about housing goals that are attainable within the time in CoLEAD Temp Lodging. Options may need to be explored that are starter housing pathways that will support them with future longer-term housing goals.

PTS WITH EMOTIONAL SUPPORT ANIMALS
1. Do PTS have pets, Bring in clean vetting on up to date vaccines, and obtaining an emotional support (ESA) letter for the pet from healthcare/behavioral health provider (this is to prepare for future housing)

IDENTIFICATION (ID) IS OBTAINED or ACTIVE PLAN TO OBTAIN IS UNDERWAY
2. A copy of ID is scanned and saved in Extended REACH
3. If they do not have ID, have they ever had one and in which state? Can pt get a new one?
4. If pt cannot get a new one, can you get birth certificate to start the process of obtaining a new one?
5. What other barriers are there to obtaining ID; ask you supervisor for support and prioritize obtaining ID

SOCIAL SECURITY CARD (SSC)
3. Does the pt. have a Social Security Card (SSC)? Determine if pt. knows their social security number and has a social security card in their possession or also the pt. need assistance or has one been lost?

Day 31 through 45

Continue to SUPPORT IN TEMP LODGING, complete assessment of HOUSING PATHWAYS.
1. Continue to assess all living skills and determine what level of support the pt needed at placement into Temp Lodging and what changes need to be made to increase independence and self-sufficiency.
2. Have a working understanding of what type of permanent housing pt WANTS and NEEDS. **It has been discussed with the pt. planning for the pt. to be discharged within the time in CoLEAD Temp Lodging. Options may need to be explored that are starter housing pathways that will support them with future longer-term housing goals.**
3. The participant has been qualified through housing meetings or 1:1 with the Housing Manager after **The Participant Housing Stabilization & Needs form is COMPLETE**
4. **The PSH Questionnaire is completed** to the Housing Navigator's guidance after being staffed through housing meeting.
Other forms or screeners requested to be completed by the housing manager are complete.

CoLEAD Temp Lodging to Aftercare Case Warm Hand-Off
1. Complete all sections of the CoLEAD Lodging to Aftercare Case Warm Hand-Off in Extended Reach with the participant. This is a living document that will be continuously updated by SPSS throughout month 2-3 as the participant moves towards housing.

IDENTIFICATION (ID) IS OBTAINED or ACTIVE PLAN TO OBTAIN IS UNDERWAY
2. Continue to work on obtaining identification. Once completed you: **THIS IS CRITICAL TO HAVE DONE BEFORE PT MOVES INTO HOUSING.**

SOCIAL SECURITY CARD (SSC) IS OBTAINED or ACTIVE PLAN TO OBTAIN IS UNDERWAY
2. Social Security card is obtained or actively being procured. **If ID is not obtained at this point, focus must be become high priority focus of the housing manager.**

Day 46 through 60

DOCUMENTS OBTAINED, CoLEAD Lodging to Aftercare Case Warm Handoff Form is completed and Pt ready to begin attending Aftercare Groups at CoLEAD Lodging Site.
1. Continue to assess all living skills and determine what level of support the pt needed at placement into Temp Lodging and what changes need to be made to increase independence and self-sufficiency.
2. Have a working understanding of what type of permanent housing pt WANTS and NEEDS. **It has been discussed with the pt. planning for the pt. to be discharged within the time in CoLEAD Temp Lodging. Options may need to be explored that are starter housing pathways that will support them with future longer-term housing goals.**
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Other forms or screeners requested to be completed by the housing manager are complete.

CoLEAD Temp Lodging to Aftercare Case Warm Hand-Off
1. Complete all sections of the CoLEAD Lodging to Aftercare Case Warm Hand-Off in Extended Reach with the participant. This is a living document that will be continuously updated by SPSS throughout month 2-3 as the participant moves towards housing.

IDENTIFICATION (ID) IS OBTAINED or ACTIVE PLAN TO OBTAIN IS UNDERWAY
7.If ID, Ask your supervisor for support and prioritize this for pt.
THIS IS CRITICAL TO HAVE DONE BEFORE PT MOVES INTO HOUSING.

SOCIAL SECURITY CARD (SSC) IS OBTAINED or ACTIVE PLAN TO OBTAIN IS UNDERWAY
7.A.If SSC was lost or stolen in Washington State, do they have a Green Card? **If yes, make sure we get a copy. If they are undocumented, be sure to work with LEAD Legal on any next steps.**

Day 61 through 75

Active conversations about moving on from Temp Lodging, and Pt attending Aftercare Groups.
1. Temp Lodging staff are having frequent conversations (minimum of one time per week) with SPSS about their time in Temp Lodging and what is coming up in the future. Staff are helping the participant and their own permanent housing.
2. Pt is attending **Aftercare Groups** at their lodging site and meeting the Aftercare team of Housing Specialists. The pt is learning about the Aftercare phase of CoLEAD
3. Pt is working on the **Aftercare Checklist** and plan to meet soon with the pt to begin co-case management by **reviewing the CoLEAD Lodging to Aftercare Case Warm Handoff Form together.**

4. HOUSING RESOURCES & CONNECTIONS
***Pt. has housing goals that are attainable within their time in CoLEAD Temp Lodging (S.M.A.R.T. Goals)**
*Pt. is being provided the appropriate eligible resources that are available through CoLEAD.
*SPSS are working with partner case management providers (e.g. REACH CM) to explore all community resource housing options for the participant that are attainable within the time in CoLEAD Temp Lodging.

5. All sections of the CoLEAD Lodging to Aftercare Case Warm Handoff is completed by the SPSS in ExtendedREACH.
This is a living document that will be continuously updated by SPSS throughout month 2-3 as the participant moves towards housing. All final sections must be complete prior to the move-in day.

PT MOVING INTO HOUSING
6. Once the paperwork is housed the **CoLEAD Lodging to Aftercare Case Warm Handoff** form is SUBMITTED in ExtendedREACH for the Housing Managers' review.
7. **The Participant Move-In Checklist** has been completed as soon as a move date has been established for the participant to move to permanent housing.
8. **The Participant New Address Form** has been complete with the participant and will be sent to the post office or dropped off upon move out.

BENEFITS & ENTITLEMENTS ARE DOCUMENTED IN EXTENDEDREACH, TRACK those in process
ubRFOLLOW-UP!
1. Pt has Provider 1 Card and a copy is uploaded in to EnR
2. Pt has healthcare insurance card and a copy is uploaded into EnR; PSS knows and is able to identify which MCO pt is active with any time.

STATE (Food, Disability, HEN) & FEDERAL BENEFITS - con't to assess and APPLICATIONS ARE SUBMITTED & CHECKED ON
4. If Pt is eligible for Veterans Health or Veterans Benefits, copies of documentation are uploaded into EnR along with the DD-214 form
5. Status of eligibility for other DSHS benefits (EBT, TANF, HEN, ABD) are tracked and documentation is uploaded into EnR. Appointments for ABD are made and attended to (financial and social work evaluation).
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HEN IS SECURED BEFORE THE END OF MONTH 2, if eligible, this is critical to transition to permanent housing.
7. Status of eligibility for SSI or SSDI is documented, and appointments to get this process moving are made and attended with pt. Other resources to ensure entitlement are achieved are made (social security office, legal assistance, medical documentation).

Day 76 through 90

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AFTERCARE COORDINATION
If a case plan for continuation and ongoing securing of benefits is documented and staffed with Aftercare team housing specialist that will be assigned to pt once they leave temp lodging.

Benefits & Income

Day 1 through 14

What PUBLIC BENEFITS does the pt have or need connection or reconnection to?
1. Is the pt. enrolled in Apple Health or have other Healthcare coverage (Veterans benefits, Medicare, SSDI, etc)?
www.wahealthplanfinder.org
2. Make a list of all entitlements and benefits pt. may be eligible for
Make a plan for pt. to begin applying for each over the next two weeks.

Day 15 through 30

CONFIRMING BENEFITS & ENTITLEMENTS APPLICATIONS ARE SUBMITTED
1. Provider One number is documented in Extended/REACH
2. MCO is identified and copy of insurance card uploaded into Extended/REACH
Which plan is your pt on? *Wellpoint (Formerly Amerigroup), Coordinate Care of Washington (CCW), Molina Healthcare, or Community Health Plan of WA?*
www.wahealthplanfinder.org
3. Application for DSHS ABD is active
4. Application for DSHS ABD or HEN (if ABD, follow through applying for SSI) is submitted and is being tracked
www.washingtonhelpcenter.com
5. Apply for Veterans Health (VA) and Veterans Benefits (VBA) at federal, state and county levels. If applicable
6. Apply for unemployment or Disability
6. Other

By the end of Month 1

BENEFITS & ENTITLEMENTS ARE DOCUMENTED IN EXTENDEDREACH, Con't to TRACK status of those in process
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2. Pt has healthcare insurance card and a copy is uploaded into EnR; PSS knows and is able to identify which MCO pt is active with any time.

State & Federal Benefits - ASSESS & APPLY (make appointments when needed)
3. If Pt is eligible for Veterans Health or Veterans Benefits, copies of documentation are uploaded into EnR along with the DD-214 form
4. Status of eligibility for other DSHS benefits (EBT, TANF, HEN, ABD) are tracked and documentation is uploaded into EnR.
5. Status of eligibility for SSI or SSDI is tracked and documentation uploaded into EnR.

Day 31 through 45

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3. If healthcare insurance (MCO) is not identified in the pt record in EnR, staffing MUST focus on ACTIVE
4. If Pt is eligible for Veterans Health or Veterans Benefits, copies of documentation are uploaded into EnR along with the DD-214 form
5. Status of eligibility for other DSHS benefits (EBT, TANF, HEN, ABD) are tracked and documentation is uploaded into EnR. Appointments for ABD are made and attended to (financial and social work evaluation).
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HEN IS SECURED BEFORE THE END OF MONTH 2, if eligible, this is critical to transition to permanent housing.
7. Status of eligibility for SSI or SSDI is documented, and appointments to get this process moving are made and attended with pt. Other resources to ensure entitlement are achieved are made (social security office, legal assistance, medical documentation).

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AFTERCARE COORDINATION
If a case plan for continuation and ongoing securing of benefits is documented and staffed with Aftercare team housing specialist that will be assigned to pt once they leave temp lodging.

Healthcare

Day 1 through 14

URGENT HEALTHCARE NEEDS
1. Did a case/health check and immediate needs/ASK!
1. Does pt have any open wounds or injuries?
1. Does pt have any immediate medication needs?
4. If yes to any of above coordinate with Dr. Cyn!

MAKING A PLAN TO ADDRESS HEALTHCARE
1. Does the pt have a primary care provider? If not, discuss clinics and places they can go to establish care.
2. Any follow-up from previous ER/Urgent care visits needed, what care coordination needs are present?
3. If on medication, do we have a pharmacy identified, do we need a refill called in and picked up?
4. Have we discussed any healthcare needs with Dr. Cyn, to begin to make a plan? If not, make a plan to do so!

Day 15 through 30

ACTIVELY ASSESSING & ADDRESSING ALL HEALTHCARE NEEDS
1. Efforts to establish a primary care provider have been made and PSS has called withstamped to talk with Pt. at least **THREE** times about addressing healthcare.
2. Pt. has established at least one healthcare goal to achieve while in temp lodging.
3. Any medication Pt is on has been refilled and is in their possession.
4. There is a clear plan for any new medication Pt needs to have a primary care provider established and has had contact with PCP while in Temp Lodging.
5. PSS has worked to coordinate health care needs with Dr. Cyn unless Pt. already has a primary care provider established and has had contact with PCP while in Temp Lodging.
6. PSS, along with supervisors and other clinical supports are actively assessing mental health needs and understand Pt's mental health status. This includes PSS having/working on gaining an understanding of Pt. mental health history (any psychiatric hospitalizations, outpatient care, etc.) and triggers/symptoms at baseline.
7. Pt's substance use is known and trends of use have been assessment and documented (level of use, type of drugs used, behaviors when high).

ALL ABOVE HEALTHCARE NEEDS, GOALS & CARE are DOCUMENTED IN Extended/REACH and reviewed.

By the end of Month 1

ONGOING ASSESSMENT OF HEALTHCARE NEEDS; ACTIVELY ADDRESSING
1. Pt. has established, and at least **TWO in-person appointments have been** attended by Pt and PSS. A working understanding of all acute and chronic care needs is documented in Extended/REACH and staffed with supervisor/Dr. Cyn.
IF A PRIMARY CARE APPT HAS NOT BEEN ATTENDED, STAFF IMMEDIATELY WITH DR. CYN
2. Mental health baseline and support needs are actively known and being addressed. PSS attends any mental health treatment appointments with Pt. MH-care can be accessed either through a primary care clinic or an outpatient behavioral health organization (see King County BHRD information here: https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse.aspx)
3. Pt.'s substance use is known (type of drugs using, frequency of use, behavior while high, any exacerbated physical or mental health systems as a result of drug use are known). PSS has had an open and honest conversation with Pt about their use and if they are interested in Medication Assisted Treatment (MAT) or any other SUD treatment (PSS has shared resources, talked with Pt about the Open Door group, etc.).
4. Determine what Stage of Change is the Pt in from an MI perspective?

ALL HEALTHCARE NEEDS, INCLUDING BEHAVIORAL HEALTH, ARE BEING ADDRESSED AND MET
1. Primary care is established, and at least TWO in-person appointments have been attended by Pt and PSS. A working understanding of all acute and chronic care needs is documented in Extended/REACH and staffed with supervisor/Dr. Cyn.
IF A PRIMARY CARE APPT HAS NOT BEEN ATTENDED, IT HAS BEEN STAFFED WITH DR. CYN and PL has been seen by Dr. Cyn.
2. Mental health baseline and support needs are actively known and being addressed. PSS attends any mental health treatment appointments with Pt. MH-care can be accessed either through a primary care clinic or an outpatient behavioral health organization (see King County BHRD information here: https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse.aspx)

SUBSTANCE USE IS KNOWN, DISCUSSED AND GOALS IDENTIFIED
3. Pt.'s substance use habits are known (type of drugs using, frequency of use, behavior while high, any exacerbated physical or mental health systems as a result of drug use are known).
4. PSS has DOCUMENTED at least **two in-person, meaningful conversations** with Pt about their use and if they are interested in Medication Assisted Treatment (MAT) or any other SUD treatment (PSS has shared resources, talked with Pt about the Open Door group, etc.).
5. The Stage of Change is the Pt in from an MI perspective has been documented and discussed with Pt. Aftercare Housing Specialist begins, PSS to identify all Pt. healthcare needs and how those needs are being met, in a summary/warm hand off to Aftercare Housing Specialist. Aftercare to support continuity of care/accessing ongoing healthcare once Pt leaves temp lodging.

Day 15 through 30

STATUS OF HEALTHCARE NEEDS ARE ASSESSED, KNOWN AND BEING ADDRESSED
1. Efforts to establish a primary care provider have been made and PSS has called withstamped to talk with Pt. at least **THREE** times about addressing healthcare.
2. Pt. has established at least one healthcare goal to achieve while in temp lodging.
3. Any medication Pt is on has been refilled and is in their possession.
4. There is a clear plan for any new medication Pt needs to have a primary care provider established and has had contact with PCP while in Temp Lodging.
5. PSS has worked to coordinate health care needs with Dr. Cyn unless Pt. already has a primary care provider established and has had contact with PCP while in Temp Lodging.
6. PSS, along with supervisors and other clinical supports are actively assessing mental health needs and understand Pt's mental health status. This includes PSS having/working on gaining an understanding of Pt. mental health history (any psychiatric hospitalizations, outpatient care, etc.) and triggers/symptoms at baseline.
7. Pt's substance use is known and trends of use have been assessment and documented (level of use, type of drugs used, behaviors when high).

ALL ABOVE HEALTHCARE NEEDS, GOALS & CARE are DOCUMENTED IN Extended/REACH and reviewed.

By the end of Month 1

ONGOING ASSESSMENT OF HEALTHCARE NEEDS; ACTIVELY ADDRESSING
1. Pt. has established, and at least **TWO in-person appointments have been** attended by Pt and PSS. A working understanding of all acute and chronic care needs is documented in Extended/REACH and staffed with supervisor/Dr. Cyn.
IF A PRIMARY CARE APPT HAS NOT BEEN ATTENDED, STAFF IMMEDIATELY WITH DR. CYN
2. Mental health baseline and support needs are actively known and being addressed. PSS attends any mental health treatment appointments with Pt. MH-care can be accessed either through a primary care clinic or an outpatient behavioral health organization (see King County BHRD information here: https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse.aspx)
3. Pt.'s substance use is known (type of drugs using, frequency of use, behavior while high, any exacerbated physical or mental health systems as a result of drug use are known). PSS has had an open and honest conversation with Pt about their use and if they are interested in Medication Assisted Treatment (MAT) or any other SUD treatment (PSS has shared resources, talked with Pt about the Open Door group, etc.).
4. Determine what Stage of Change is the Pt in from an MI perspective?

Day 46 through 60

ACTIVELY ADDRESSING ALL HEALTHCARE NEEDS, INCLUDING BEHAVIORAL HEALTH
1. Primary care is established, and at least **TWO in-person appointments have been** attended by Pt and PSS with PCP. A working understanding of all acute and chronic care needs is documented in Extended/REACH and staffed with supervisor/Dr. Cyn.
IF A PRIMARY CARE APPT HAS NOT BEEN ATTENDED, IT HAS BEEN STAFFED WITH DR. CYN and PL has been seen by Dr. Cyn.
2. Mental health baseline and support needs are actively known and being addressed. PSS attends any mental health treatment appointments with Pt. MH-care can be accessed either through a primary care clinic or an outpatient behavioral health organization (see King County BHRD information here: https://kingcounty.gov/en/legacy/depts/community-human-services/mental-health-substance-abuse.aspx)
3. Pt.'s substance use is known (type of drugs using, frequency of use, behavior while high