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This menu allows you to **control**:

- React (“**Raise Hand**” is under this option)
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Camera options are not available for participants. Participants can be unmuted by raising their hand and being recognized by the presenter.

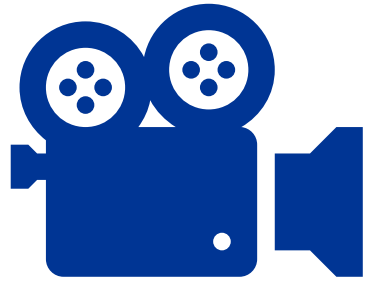


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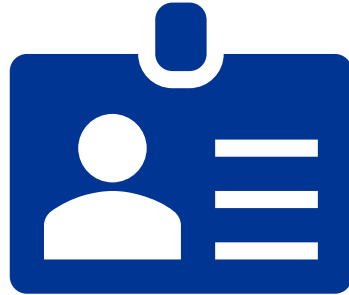
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Housekeeping



This session is
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Pose questions in
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Continuing Education Information

In support of improving patient care, this activity has been planned and implemented by the University of Pittsburgh and The Jewish Healthcare Foundation. The University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME) and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. **1.25 hours is approved for this course.**

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive **1.25 continuing education credits.**

Disclosures

No members of the planning committee, speakers, presenters, authors, content reviewers, and/or anyone else in a position to control the content of this education activity have relevant financial relationships with any entity producing, marketing, re-selling, or distributing health care goods or services, used on, or consumed by, patients to disclose.



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Mutual Agreement

- Everyone on every Program Evaluation and Research Unit (PERU) webinar is **valued**. Everyone has an expectation of **mutual, positive regard** for everyone else that respects the **diversity** of everyone on the webinar.
- We operate from a **strength-based, empathetic, and supportive** framework – with the people we serve, and with each other on PERU webinars.
- We encourage the use of **affirming language** that is not discriminatory or stigmatizing.
- We treat others as **they** would like to be treated and, therefore, avoid argumentative, disruptive, and/or aggressive language.



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Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
- The Learning Network format is **not conducive to debate**. If something happens that concerns you, **please send a chat during the session** to the panelists and we will attempt to make room to address it either during the session or by scheduling time outside of the session to process and understand it. **Alternatively, you can reach out offline to your PERU point of contact.**



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Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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Program Evaluation and Research Unit

Mobile Engagement



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By the end of this module, you will be able to do the following:

- Discuss the value of mobile engagement in care management, including its role in reaching high-risk populations.
- Describe strategies for effective mobile care, focusing on reducing implementation barriers.
- Explore how COEs implement mobile care, including outreach methods, team roles, and coordination strategies.

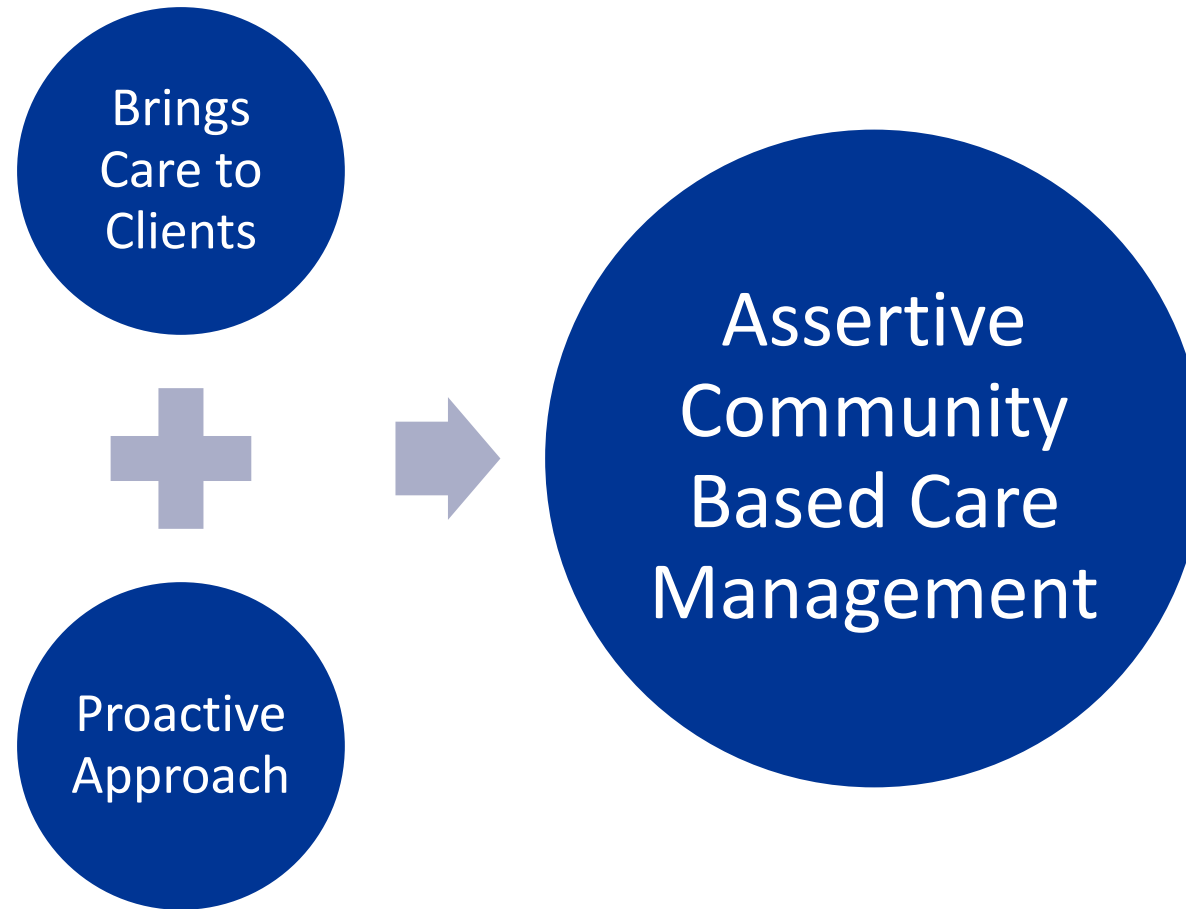


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Connection to the Guiding Principles



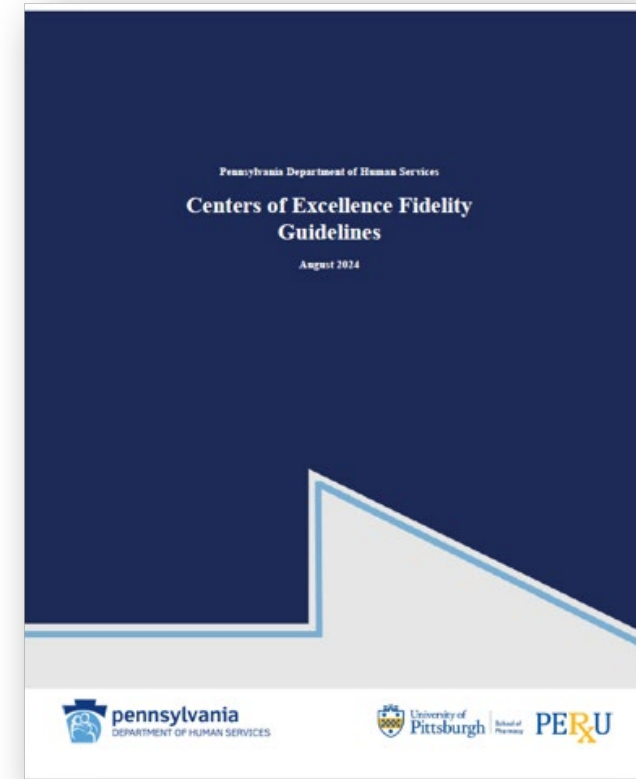
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Connection to the Fidelity Guidelines

- Requires **mobile engagement policy**
- Reaches **hard-to-engage** clients
- Offers **flexible** care options
- Encourages **assertive engagement**





Discussion Question

How do you define mobile engagement?



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Benefits of Mobile Care

- Reaches high-risk populations¹
- Improves access to service¹
- Improves retention in care²
- Addresses transportation barriers¹
- Provides real-time support¹
- Engages individuals with barriers to care³
- Reduces overdose risk⁴
- Delivers comprehensive services¹



Challenges

- Operational logistics¹
- Funding and sustainability²
- Safety concerns²
- Client engagement^{3,4}
- Geographic limitations^{5,6}
- Scheduling constraints¹



Examples of Mobile Engagement

- Mobile units/vans
- Street-based outreach teams
- Home
- On-site support
- Transportation support
- Embedded services



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Discussion Question

How do you use mobile engagement?



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PRESENTER NAME(S)

New Directions Healthcare: Meeting Clients Where They Are



Program Overview

We believe that every patient with an opioid use disorder deserves the opportunity to take their life in a **New Direction**

Located in Erie PA

Mobile Services Provided

Care
management

Peer recovery
support (CRS)

Exploring
possible MOUD



Meeting Clients Where They Are

Community spaces

- Parks
- Coffee Shops

Client homes

Events

- Host
- Attend

Partnerships

- Hospital
- Mental Health Association



Strategies

Know **where** clients are

Seek **disengaged** clients

Welfare checks (planned & responsive)

Listen and learn from client cues!

Contact clients ahead of visits

Build **trust** over time

Adapt to client **preferences**

Group outings and events



Safety Protocols

Use

Use Life360

Go

Go in pairs for high-risk situations

Clear

Clear communication with team



Funding and Support

Fundraising supports outreach

Maintain a client fund



Outcomes and Impact

High engagement & client
return rates

Outreach improves trust
and connection

Supports overall
treatment engagement



Key Takeaways



Mobile care extends **beyond the facility**



Flexibility, trust, and presence are vital



Creative resources make outreach sustainable



Meeting clients where they are drives **success**



Courage Medicine

MOBILE ENGAGEMENT APPROACHES IN KENSINGTON AND SOUTHWEST PHILLY

Kay Brister MEMS, Program Coordinator, Site Director

Emily Kenny LSW MEd, Sexual Health Coordinator, Care Manager

June 2025



“We choose to accept the reality of drug use and to humanize the people who use drugs by treating them with love and support, not anger and condescension.”

— The People's Harm Reduction Alliance



OUR MISSION

We are a nonprofit dedicated to delivering compassionate, judgment-free healthcare to underserved communities in the Greater Philadelphia Region. Grounded in harm reduction, we meet people where they are—providing essential medical services, STI and HepC care, prenatal support, and trusted connections to local resources. With a focus on those who are underserved, unsafe, or judged, we bring dignity, safety, and healing directly to those most in need, including people experiencing homelessness.



THE IMPORTANCE OF MOBILE ENGAGEMENT

- Smaller/isolated neighborhoods with less care access
- Unstable populations who are not being served by major institutions
- Extreme volatility of Philadelphia's "dope" supply, alongside the defunding or restriction of vital harm reduction services
- Stigma regarding patient base on many levels
- Complicated medical histories and comorbidities in patient population (ID, SSTI), **we're willing to teach ourselves what is needed!**

The vast majority of our patient base continue to have a relationship with substances, while at least half are unhoused, engage in sex work, or use substances intravenously.



WARM HANDOFFS(INT/EXT)



SAGE

Our SAGE team is focused around reproductive health, prenatal/perinatal care, queer/trans health, and services for sex workers. This is often an internal referral from general care into SAGE care.



Specialty Care

As we get to know patients and establish what their goals are, patients may enter HIV care, infectious disease, SSTI/wound care, or various other smaller service teams.



HLOC

At times, patients may be best served in a higher level of care, generally a detox or rehab setting. We generally work with them to find a care facility that will take them directly into services, and seek to serve them again on their return to the community.



Hospitalization

Likewise, patients may need to access hospital-level care. We've cultivated care relationships at each of the three major care systems in Philadelphia to help navigate them and follow their journey.



MOBILE CARE MGMT

By maintaining a presence in the community we serve, we position ourselves as equally invested stakeholders and get to know our patients on a deeper level. We don't wait in an office for them, we come to the places where they stay or hang out. We often ask our patients about where they sleep or hang out so we can find them in the future as needed to maintain care.



ADDRESSING BARRIERS



Drug Trade

The volatile and fast paced drug trade presents significant challenges to mobile services and our patients.



Instability

Our team is constantly working to navigate the chronic instability present in the lives of our patient base, and mitigate what care barriers we can.



Knowledge & Legis

We also work to educate the communities around our patients, and advocate for kinder and more informed legislative interventions in their lives.



LEE

Lee is a 34-year-old mixed race trans man who we have cared for throughout the past four years. Lee has at times been unhoused, but recently returned to us and is now involved in a transitional housing program. Courage has provided access to Lee's hormone replacement therapy and healthcare to support his transition.

➔ MOUD

At times over the years, Lee has been on our Suboxone program, and received necessary withdrawal management medications. Lee is in recovery now, and is receiving care and medications from Courage to support him where he is now!



➔ Trans Health

Upon a recent return to care, Lee admitted he'd never felt very comfortable or able to inject his own HRT, and received education from our provider of how to do so safely. Lee has asked to receive this direct care from our staff for now, until he can gain comfort in the future.

ANNA & SARAH

Anna and Sarah are a couple that a staff member approached while they were pan-handling downtown in October 2022. The pair finally entered care in December 2022, and have been dedicated patients ever since. Recently, Amy and Sydney have begun attending weekly art therapy to help process their feelings as they shift their relationship with substances. Anna and Sarah have both cured their HCV in our care.

➔ Queer-Affirming Care

Amy and Sydney have shared over the years how important it is for them to have a clinic that supports and affirms their relationship, and provides any unique care that they may need. They know that Courage is a safe place for them, staffed by people who care for them.



➔ MOUD

We know progress is non-linear, and we have journeyed alongside Amy and Sydney as they work to change their relationship to drugs. Amy and Sydney are now housed, and have greatly reduced their use of problem substances. They continue to engage in therapy to support their recovery.

Thank you!

Kay Brister, Program Coordinator, Site Director

Emily Kenny, Sexual Health Coordinator, Care Manager

June 2025





MOBILE ENGAGEMENT

at Hamilton Health Center

MEETING CLIENTS WHERE THEY ARE



“The **engagement** piece of mobile engagement is key.”



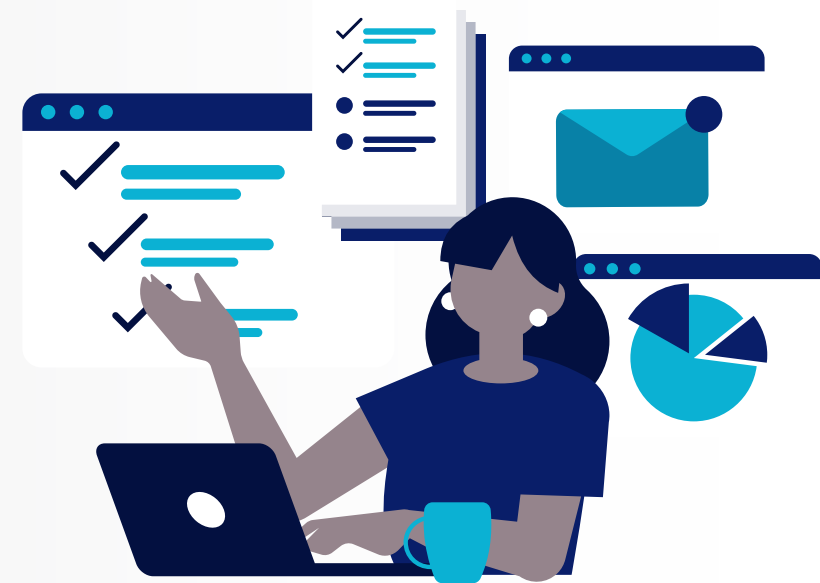
MOBILE ENGAGEMENT MODEL

- Home and community-based care management
- Transportation provided case-by-case
- Bus passes are distributed based on operational feasibility
- Engagement efforts include attending court and medical appointments



PROTOCOLS AND LOGISTICS

- Company vehicles used for client transport
- Liability vetted by leadership and insurer
- Written protocol signed by all staff
- Engagements scheduled in advance



FUNDING AND OPERATIONAL INTEGRATION

- Mobile engagement is built into the core model
- Resources like bus passes used flexibly
- Single-ride tickets offered as low-cost support
- Serve as a coordinating hub for transportation



TRANSFORMATIONAL IMPACT

Multiple Benefits



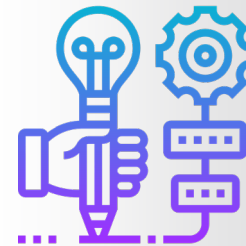
- Enhances **trust** and community **engagement**
- Provides richer **context for care planning**
- Increases **support** during vulnerable moments
- Enables practical, **solution-oriented interactions**



Trust



Support



Care planning

THANK YOU

For more information contact:

- **Jillian London**
- Senior Director of Behavioral Health
- Hamilton Health Center, Inc.
- jlondon@hamiltonhealthcenter.com
- Hamilton.Health



Questions?



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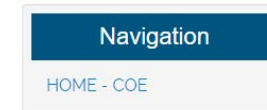
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Wrap up and Next Session



[HOME](#) [LOGOUT](#)



- To request CEs, complete the **session evaluation**.
- Slides and recording available on [Tomorrow's Healthcare](#)
- **Next Session:** Orienting New Clients to the COE – May 21st at 12pm

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