

**TTSTA Outreach Flow Sheet**

Outreach Intervention Levels:

1. Individuals
  - a. Walk-in clients @ Volag
2. Communities
  - a. Accessed through Volag CHW & Volag CM
3. Organizations
  - a. W2
  - b. Other Volags
  - c. MILAWA
  - d. CHW Regional Meetings
  - e. Blessed Savior
  - f. Capitol Heights Neighborhood

Outreach Type

**Telephone Calls ≥**

**Walk-In Nurse "Health Information & Referral" Sessions (T, W, R: 1p-4p) ≥**

Home Visits (scheduled as needed) ≥

### Outreach Decision Tree

1. FOCUS: Immigrants & Refugees (newly resettled or established)
2. Does client have health concerns?
  - a. NO- Refer to appropriate agencies & resources (Primary Care Provider, Volag, free clinics, culturally appropriate clinics)
  - b. YES- Next question
3. Is client in need of Primary Health Care? ASK- *"What clinic do you go to?"* Help client understand what Primary Health Care is (not health screening, emergency department, or urgent care). This question leads into the **Healthcare Utilization Survey**.
  - a. NO- Refer to appropriate agencies & resources (Primary Care Provider, Volag, free clinics, culturally appropriate clinics)
  - b. YES- Next question
4. Does client have Straight Title 19 or ICARE HMO?
  - a.
  - b. YES- Go to question 6
5. Is client within timeframe to change insurance or HMO?
  - a. NO- Refer to appropriate agencies & resources (Primary Care Provider, Volag, free clinics, culturally appropriate clinics)
  - b. YES- Ask if client would like to switch to ICARE HMO, if appropriate (see next question)
6. Does client have desire to go to SSCNC for Primary Health Care? (IE: good location)
  - a. NO- Refer to appropriate agencies & resources (Primary Care Provider, Volag, free clinics, culturally appropriate clinics)
  - b. YES- Make referral to SSCNC for establishing Primary Health Care

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