

“A Day in the Life of a Project H3 Navigator...”



I started off picking up **“O”** at his apartment. While at the property, I learned that **“Suzie”** hadn’t come home to her apartment today (she had a doctor’s appointment scheduled today). Then went to **“Charles”** at his apartment complex across town and transported them both to the local DES Office. I assisted them in checking in and filling out applications. I gave them my contact info to call me when they are done.

I went to XYZ Apartments to pick up newly housed client **“Randy”** to take him to DES as well. He did not answer his door.

“Suzie” had previously said she was going to check into a motel with her boyfriend for a few days (who’s not allowed on the grounds of the apartment complex she lives at.) So, since I learned earlier in the day that she didn’t come home today, I decided to call over to the motel and was informed she was in room 222. She was not answering the phone so I drove over there and knocked on the door. Her boyfriend answered the door and **“Suzie”** jumped up asking if she could still make it to her doctor appointment. I informed her we have to hurry. They both hurried, her boyfriend checked them out and I transported **“Suzie”** to her PCP doctor’s appointment about 5 miles away. The doctor cleared **“Suzie”** to go into a 30-day substance use treatment program/facility. I stayed with **“Suzie”** during the appointment. While there, we learned that there are nodules on **“Suzie’s”** lungs that need to be checked out by a pulmonologist but there is no sign of TB infection. I have a “prescription” filled out saying that **“Suzie”** is clear to go into treatment facility. **“Suzie”** kept saying she does not feel as though she is healthy enough to go into substance abuse treatment. We talked with the doctor and the doctor informed **“Suzie”** that at this point her biggest concern as a doctor, is her substance abuse. The doctor informed **“Suzie”** that she will be putting off treatment of all her other issues and focusing on treating the substance abuse. **“Suzie”** responded well to this input from the doctor. She agreed to continue to work towards getting her bed at the treatment facility. We contacted the intake coordinator at the “XYZ Treatment Facility” and informed her of **“Suzie’s”** TB clearance. She informed us that **“Suzie”** needs to begin the Outpatient groups ASAP while she waits for a bed to open. The groups are Mon-Thurs from 1:45pm to 3:00pm. **“Suzie”** will need to attend 2 groups a week. **“Suzie”** agreed to go to the group on Monday. We contacted her HIV medical coordinator organization to set up transportation. We were informed that her personal medical coordinator no longer works there and that **“Suzie”** does not have an assigned CM at this time. We discussed with **“Suzie”** and described what we needed to do to get her reassigned to a new case manager over there. She will need to go to their office sometime next week Mon-Thurs to be reassigned a CM and complete an update before they can provide her with services. We will coordinate that transportation and process as well as the transportation to attend on Monday at 1:45PM. The group session is held at the “XYZ Treatment Facility.”

All of this created anxiety with **“Suzie”**. She started to state that she continued to believe that the “XYZ Treatment Facility” is going to require too much from her physically. I assured her they will work with her. We contacted XYZ Intake Staff to discuss this... she later returned my call, told me that they will work with us to help her succeed and also asked that we provide them with a letter from her PCP stating that **“Suzie”** has physical disabilities and that reasonable accommodations be made for her when needed. I then re-contacted her PCP and explained the new developments. They wrote a letter for **“Suzie,”** had the doctor sign it and I will be picking it up tomorrow.

While I was transporting **“Suzie”** back to her apartment, we dropped off a prescription for a cream for her skin that the doctor had given her. We stopped by the CVS downtown and will help her pick up as soon as possible.

A little later I received a call from **“Jerry.”** He and his friend **“Brenda”** who lives in the same complex he does, were requesting transportation to the bank so he and **“Brenda”** can pay their rent. I went to his apartment, picked them up and transported them to the bank on Thomas Rd. They got cash out for both of their rents. I

took them to a 7-Eleven down the street, where they purchased two money orders. I then took them back to his place. Their medicine cabinets are filled with medical and psychotropic prescriptions but it all appeared orderly and both report that they are able to keep their med-sets up to date. They're both doing very well.

I received a call from "O", he was done at DES. They renewed his food stamps for 2 years. We also got his address changed and correct in the system. He also continues to have ongoing AHCCCS. He was recently denied his SS benefits again. This is the second denial. **I contacted Disability Lawyer, "XXX Law Office." They scheduled a lawyer's assistant consultation over the phone for Wednesday June 8th at 3:00PM.** So we will need to be at "O's" apartment at that time for when they call. We dropped off his prescription he received from his IOP provider yesterday at the pharmacy and we will take him to pick it up as soon as it is ready. I transported "O" back to his apartment.

I returned to DES, "Charles" was just finishing up. They renewed his AHCCCS benefits and food stamps. The food stamps will be activated tomorrow. I gave him a bus pass so he can get to the grocery store tomorrow. I transported him back to his apartment.

"Derek" has been interested in doing some part-time work. Arrangements were made for "Derek" to clean at "XYZ's" office in downtown on Monday from 10am to 1:00pm. I went to "Derek's" apartment to confirm that he is interested in doing this... he is **VERY** interested. We will need to pick him up at his apartment and take him to "XYZ" office. We will introduce him to the "boss" there and they will familiarize him with the work that needs to be done. We will be transporting him back to his apartment once he is done working. He still has his assessment tomorrow at a GHMSA provider, so I reminded him and informed him of pick up time. Since he has needed this service for a while and originally had been reluctant, I want to be sure that he's able to get there without any logistical mishaps. We will be transporting him to that appointment tomorrow. Also, he is out of his blood pressure meds, he is going to turn them into Wal-Mart by his house tonight and I when we pick him up tomorrow for his Friday assessment appointment, we will stop by and pick them up.

I went to "City Park" to engage 4 new Project H3 clients I had just recently met and to take them to get their Social Security cards. They were all there and ready. I transported "D", "R" and "M" to the Social Security office on 7th Ave & Van Buren. I walked them inside and assisted them in getting numbers. I left them there and took "B" to Vital Statistics on 16th Street & Osborn to try to get him a birth certificate since he was born in AZ. He was intoxicated and extremely shaky. When we got to Vital Statistics I did not feel comfortable taking him inside due to how shaky he was. After much conversation he agreed to go to detox for services. He is very sick & is drinking every day, very excessively. He agreed he needs detox services for him to reach his full potential. I transported him to detox, spoke with the intake techs, Crisis Peers, and nurse about his situation. I reminded "B" of the importance of staying and receiving detox. Good news- "B" agreed to stick it out and then go directly into Project H3 short-term "bridge" housing, to until his permanent housing is ready. Detox staff will be contacting me prior to discharge, so I can move him directly into the bridge housing upon his discharge.

I returned to the Social Security office, picked up the other 3 new clients: "R" and "M" were able to get their Social Security cards ordered. "D" is in need of a divorce decree in order to get hers because the name on her AZ ID does not match the name in the SS office files. We made copies of all the vitals documentation they had and then than transported them back to "City Park".

I was not able to finalize the coordination to do a jail to visit with "Albert" today. I called the Correctional Health Services doctor we are working with and left a message for her. I expect a call back from her tomorrow. I am swamped with client appointments tomorrow and "Mitchell's" move-in to his new apartment, but I am going to try to get it set up to see "Albert" in jail, early tomorrow morning, before moving "Mitchell" in!