

Health Promotion and Prevention

Pathways to Care services



Ingham County
Health Department



Pathways to Care Program



The Pathways Team

- 7 Community Health Workers
- 1 Clinical Supervisor
- 6/7 CHW's are certified through MICHWA (Michigan Community Health Worker Alliance)
- 4/7 Recovery Coach Trained



Pathways to Care Services:

- Home visitation program for adults funded through Medicaid outreach
- CHW's provide navigation and support to participants engaged in services
- Participants meet with a Community Health Worker (CHW) and create a checklist to identify the health and social services they need



Pathways services cont.

- Connect to primary care, dentist, and other health providers
- Enroll in healthcare coverage
- Help facilitate Medicaid covered transportation
- Connect with needed community resources/SDOH's
- Goal of our program-To support client's in their journey toward a healthier life



Who can enroll?

- Medicaid eligible adults
- 2 or more chronic health conditions
- Living in Ingham County or the City of Lansing

To Refer:

Call: 517-272-4123

or

Email: Enrollmentservices@ingham.org



PATHWAYS TO CARE: NEW BEGINNINGS

A client-centered approach to working with substance-involved individuals incarcerated in the Ingham County Jail or 90 days post-release

Program Overview

- Seeks to reduce recidivism and fatal and non-fatal overdoses among Ingham County residents
- Utilizes evidence-based practices to assist jail residents with substance use disorders (SUD) in successfully navigating and overcoming barriers to treatment, recovery and other social needs during and following incarceration
- Creates access and adherence to healthcare interventions and social services



Services Provided

- Re-entry planning and coordination of services before release
- Post-release home visits for up to one year
- Navigational support to assist clients in securing long-term healthcare
- Linkage to treatment and recovery resources
- Connection to social determinates of health such as housing, food, clothing, and other person centered needs



Services Provided cont'd

- Employment supports
- Social connections
- Resources to increase natural healthy supports, build recovery capital, and improve the likelihood of long-term recovery
- Overdose prevention education
- Navigation/coordination support Medication Assisted Treatment/Medication Assisted Recovery





Pathways to Care Referral Form

Date:	Referral Agency:	Name of Person Making Referral: Phone:	Urgent Referral? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Client aware of referral? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	<input type="checkbox"/> Needs Interpreter
CONTACT INFORMATION			
Name: _____		<input type="checkbox"/> M <input type="checkbox"/> F	DOB: _____
Address: _____		Apt #: _____	City: _____ Zip: _____
Phone: _____		Work Phone: _____	Email: _____
Emergency contact: Please describe relationship: _____		Name: _____	Phone: _____
Medical Provider Name: _____		Practice: _____	Phone: _____
Health Insurance:	<input type="checkbox"/> Medicaid (straight)	<input type="checkbox"/> Medicaid (emergency)	<input type="checkbox"/> Medicaid (pending)
	<input type="checkbox"/> Meridian Medicaid	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Medicare
	<input type="checkbox"/> Blue Complete Medicaid	<input type="checkbox"/> None	<input type="checkbox"/> McLaren Medicaid
Other Services in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Agencies Involved: <input type="checkbox"/> CPS <input type="checkbox"/> APS <input type="checkbox"/> Other: _____	
IDENTIFIED ISSUES			
<input type="checkbox"/> No Doctor <input type="checkbox"/> No Dentist <input type="checkbox"/> Noncompliance Medically		<input type="checkbox"/> Visually Impaired <input type="checkbox"/> Hearing Impaired	
<input type="checkbox"/> High Blood pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Stroke		<input type="checkbox"/> Need Assistance w/Social Security	
<input type="checkbox"/> Diabetes Type <input type="checkbox"/> I <input type="checkbox"/> II		<input type="checkbox"/> Need Assistance w/Social Security Disability	
<input type="checkbox"/> Obesity		<input type="checkbox"/> Isolation/lack of support/emotional stress	
<input type="checkbox"/> Thyroid issues		<input type="checkbox"/> Food Resources <input type="checkbox"/> Clothing <input type="checkbox"/> Personal needs	
<input type="checkbox"/> Arthritis <input type="checkbox"/> Back pain <input type="checkbox"/> Chronic Pain		<input type="checkbox"/> Housing issues: <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Asthma <input type="checkbox"/> COPD		<input type="checkbox"/> Utility Assistance	
<input type="checkbox"/> Dementia		<input type="checkbox"/> Transportation	
<input type="checkbox"/> Cancer Type: _____ <input type="checkbox"/> Current <input type="checkbox"/> History		<input type="checkbox"/> Mobility Concerns	
<input checked="" type="checkbox"/> Mental Health Diagnosis: <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety		<input type="checkbox"/> Unemployed	
<input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> Financial need	
<input type="checkbox"/> Substance use: <input type="checkbox"/> Current <input type="checkbox"/> History		<input type="checkbox"/> Teen parent (18 or younger)	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Tobacco Use <input type="checkbox"/> Current <input type="checkbox"/> History			
Please explain circumstances, above risks, and any other risks or concerns.			
Results of Referral (Office Use Only)			
<input type="checkbox"/> Open to Pathways to Care	CHW Name: _____	Date: _____	
<input type="checkbox"/> Referred to another program/service (specify): _____			



Pathways to Care Team Contacts

- Sarah Kenney, MSW, Certified Prevention Specialist / Clinical Supervisor, 517-819-2061 / 517-272-4123 skenney@ingham.org
- Kisha Beverly, CHW / Community Health Worker, 517-231-2482 / 517-272-4128 kbeverly@ingham.org
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- Tarsha Bronner, CHW / Community Health Worker, 517-243-8073 / 517-887-4598 tbronner@ingham.org
- Darrick Miller, CHW / Community Health Worker, 517-230-2833 / 517-887-4444 dmiller@ingham.org
- Lora Rich, CHW / Community Health Worker, 517-420-0982 / 517-887-4539 rlora@ingham.org
- LaShawn Sinclair, MA / Community Health Worker, 517-285-5935 / 517-887-4559 lsinclair@ingham.org
- Tracy Skinner, CHW / Community Health Worker, 517-231-1814 / 517-272-4124 tskinner@ingham.org



Quick Plug for Narcan Training:

Narcan/Naloxone

Available On Site for Emergency Assistance



Please notify a staff member if you believe someone needs assistance for a possible overdose.

Narcan/ Naloxone helps with reversing the effects of an opioid overdose.

Opioid overdose deaths are reduced by half in communities providing access to Narcan/Naloxone.



SAVE A LIFE.

GET NALOXONE TRAINED.

Ingham County Health Department offers free Narcan training & kits, incl. virtual/online training & bulk kit delivery.

Contact Tammy Maidlow-Bresnahan @ 517-930-5514 / tmaidlow@ingham.org



Program by:

Ingham County Health Department

More info online:
tinyurl.com/InghamNarcan



Funded by:

MSHN
Michigan State Health Network



Thank you

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