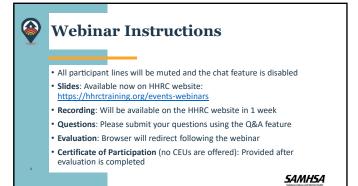




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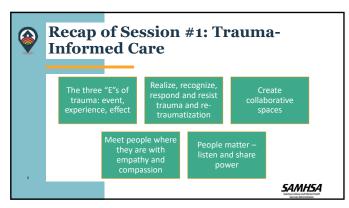




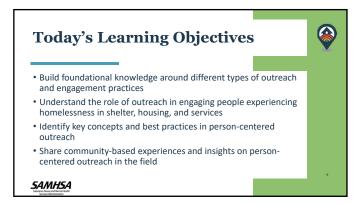
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## Introduction to the Learning Community This learning community will focus on trauma-informed outreach and engagement practices to serve individuals with serious mental illness, serious emotional disturbances, substance use disorders, or co-occurring disorders. In this four-part series, you will learn best practices in trauma-informed care and person-centered outreach, how to connect people with services and housing, and how to provide behavioral health care assessments in unsheltered environments.

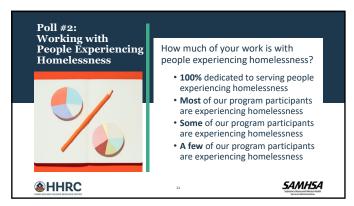




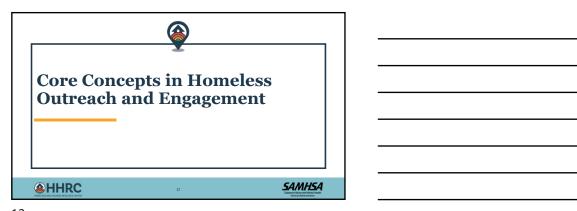
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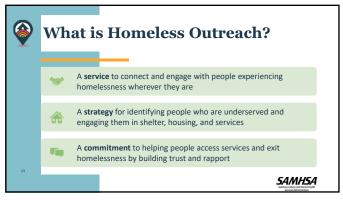






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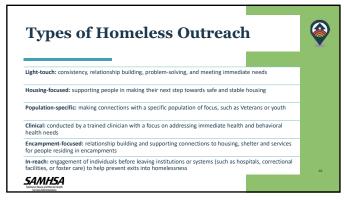






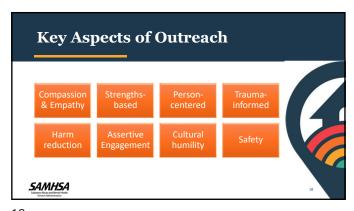
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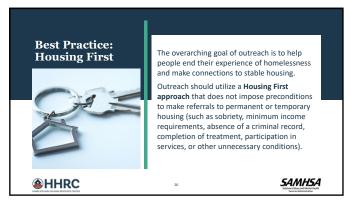


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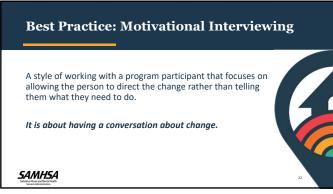
## **Key Concepts: Time & Trust** Time **Trust** • It can take multiple outreach • Building trust takes time and attempts to engage • Set realistic expectations • Show up when you say you will • Offer unconditional help by • Your reputation matters decreasing restrictions to • Find an "in" with community assistance (e.g., needing real members name or date of birth) SAMHSA **%**HHRC

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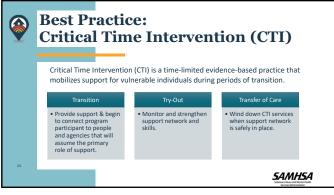
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## Best Practice: Assertive Community Treatment (ACT) An integrated team-based approach designed to provide comprehensive community-based supports to help people attain or maintain housing. Characteristics: A multi-disciplinary team of professionals that provides wrap-around service directly to the program participant. May include clinical/medical staff (e.g., psychiatrist, doctor, nurse, substance abuse specialists), Peer Support workers, and case managers.

- Meets regularly with the program participant and with each other to provide real-time support.
- Rooted in concepts of individual choice, peer support, and recovery.
- Warm handoffs for ongoing services.

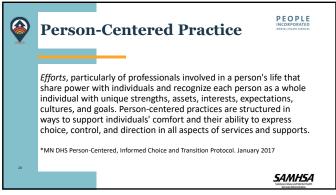


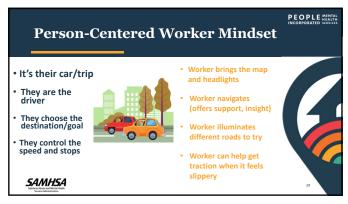
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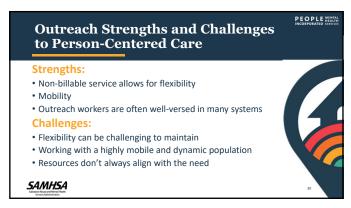
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