**SPNS Electronic Medical Record (Epic) Smart Phrases**

**Face to Face Encounters (.navfacetoface)**

Presentation:

1. Housing: \*\*\*

2. MH/A&D: \*\*\*

3. HIV/Medical: \*\*\*

4. Other: \*\*\*

Plan/Next Steps: \*\*\*

**SPNS Navigator Goal Plan (.navgoalplan)**

Finding or Maintaining Housing

Goal: \*\*\*

Barriers to this goal: \*\*\*

Plan to address barriers: \*\*\*

Actions steps taken w/date: \*\*\*

Engagement in Medical Care and Adherence to HIV Medication

PCP recommends that CL come in \*\*\* every \*\*\* \*\*\*.

Description of where CL is at with taking HIV medications: \*\*\*.

Goal: \*\*\*

Barriers to this goal: \*\*\*

Plan to address barriers: \*\*\*

Actions steps taken w/date: \*\*\*

Meeting Basic Needs

Goal: \*\*\*

Barriers to this goal: \*\*\*

Plan to address barriers: \*\*\*

Actions steps taken w/date: \*\*\*

Engagement in Mental Health Treatment

Goal: \*\*\*

Barriers to this goal: \*\*\*

Plan to address barriers: \*\*\*

Actions steps taken w/date: \*\*\*

Date of initial appointment\*\*\*

Provider: \*\*\*

Attended appointment? \*\*\*

Barriers to scheduling and attending appointment \*\*\*

Engagement in Substance Use Treatment

Goal: \*\*\*

Barriers to this goal: \*\*\*

Plan to address barriers: \*\*\*

Actions steps taken w/date: \*\*\*

Date of initial appointment\*\*\*

Provider: \*\*\*

Attended appointment? \*\*\*

Barriers to scheduling and attending appointment \*\*\*

**SPNS Graduation Plan (.navgraduation)**

SPNS Graduation Plan for \*\*\*

Date: \*\*\*

My Team

Medical case manager: \*\*\* Phone: \*\*\*

Medical provider: \*\*\* Team phone: \*\*\*

Housing case manager: \*\*\* Phone: \*\*\*

Peer Mentor: \*\*\* Phone: \*\*\*

Pharmacy: \*\*\* Phone: \*\*\*

Other: \*\*\* Phone: \*\*\*

I will call the clinic and schedule check in appointments with my Medical Case Manager \*\*\* time(s) per \*\*\* .

I will meet with my Peer Mentor at least \*\*\* to check in.

I will see my medical provider at least \*\*\* time(s) per \*\*\* or more often if needed.

See my mental health provider every \*\*\*.

I will call ahead to refill my prescriptions and pick up my medication every \*\*\* days from \*\*\* Pharmacy.

My team can help me with:

Mental Health

Basic Needs (Clothing, food, cell phone)

Housing Needs (rent, utility bill, relationships with neighbors)

Medical/HIV (medical appointments, taking medications, staying healthy and safe)

Drug and alcohol support and/or treatment

Other things- just ask!

The best way to communicate with me is by \*\*\* (email, texting, phone calls)Graduation Plan

*This publication is part of a series of manuals that describe models of care that are included in the HRSA SPNS Initiative* Building a Medical Home for HIV Homeless Populations*. Learn more at* <http://cahpp.org/project/medheart/models-of-care>