



Harm Reduction ECHO Presentation Form

Presentation Date: _____ Site: _____ Presenter: _____

ECHO ID:

Please enter applicable information below if known for either **Client/Patient** or **Community/System** presentation

Program/Project Background Information
Program Location (City, State):
3-4 Sentence about program model and history: (when was the program started, types of services, for example program model (mobile, fixed, or delivery, inside/outside or both) what types of supplies are distributed, how people find out about program, participation requirements or intakes, referral processes and networks)

Client/Participant Presentation

<p>Please provide deidentified information</p> <p>Age: _____ Sex assigned at Birth: <input type="checkbox"/>Male <input type="checkbox"/>Female <input type="checkbox"/>Intersex Gender Identity: _____</p> <p>Length of time client/participant has been involved or participating with your program: _____</p> <p>Client/Participant Wellness History: (health, social, legal, housing, support system, work, medical or substance use treatment etc.)</p>
<p>What are the- client/participant's goals/strengths?</p> <p>What is your main question about this client/participant?</p>

Community/System Presentation

<p>Situation:</p> <p>Describe the current project/issue:</p> <p>What are you working on? Are there any barriers, obstacles or challenges?</p>

Notes

(To be completed for both **Client/Participant** or **Community/System** case presentation)

<p>What worked well?</p>
<p>What opportunities for improvement did you identify?</p>

Please send completed case forms to:
NPAIHB ECHO Fax # 888.462.3246
Email: jrienstra@npaihb.org