



SAMHSA-HRSA Center for Integrated Health Solutions

PBHCI Grantee Webinar on Client Reassessment

December 9, 2011

1:00-2:00 Eastern



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration

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Primary and Behavioral Health Care Integration

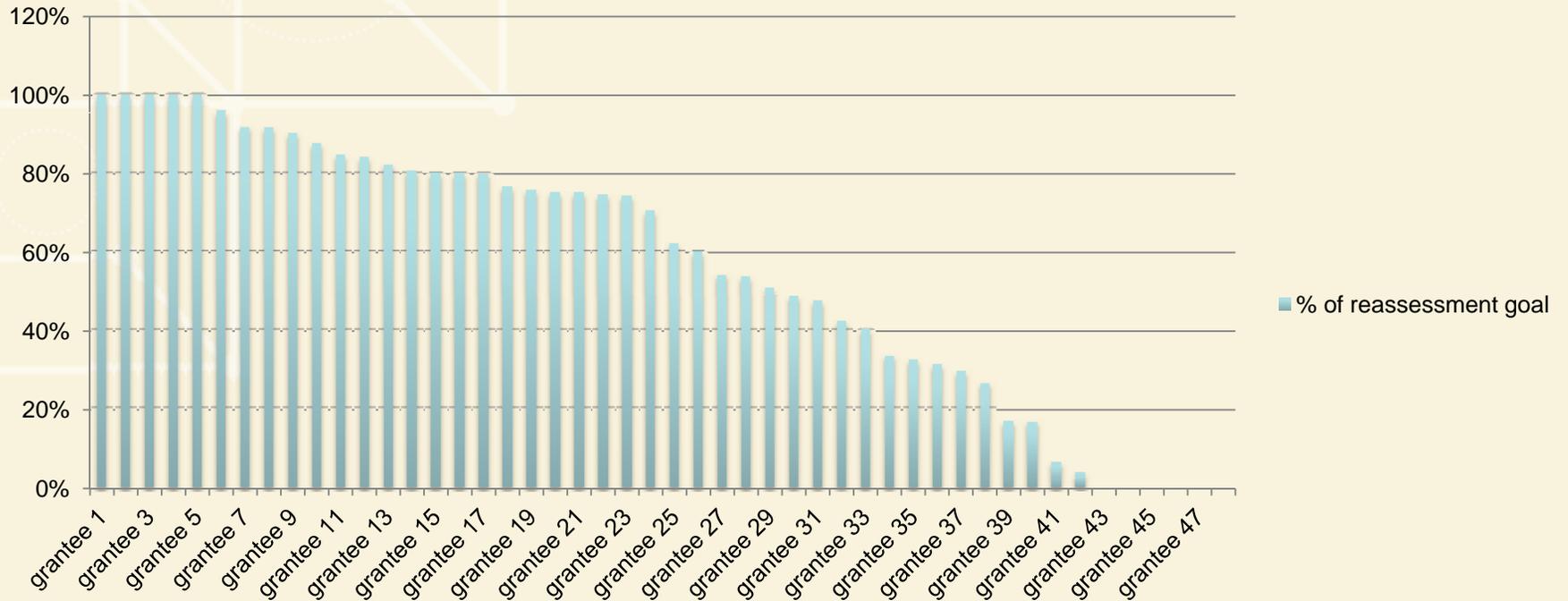
Improving the overall wellness and physical health status of people with serious mental illnesses by making available coordinated primary care services in community mental health and other community-based behavioral health settings.

The expectation is that people with serious mental illnesses will show improvement in their physical health status through participation in the programs associated with this grant. PBHCI also includes a focus on providing wellness education and support services.



Reassessment

% of reassessment goal





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Mental Health Systems

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San Diego Primary and Behavioral Health
Care Integration (SD-PBHCI)

Council of Community Clinics



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How are you reaching your reassessment goals?

Patient Engagement

- Check in with PBHCI staff
- 2-4 Reminder calls on average
- Schedule with other BH appointments
- Once patients are at BH agency, refusals do not occur.



Staff Commitment

- Awareness of goal
- Status report monthly/quarterly meetings
- Team approach
- Flexibility



Systems

- Review TRAC report for assessments daily.
- Reassessment scheduled for 30 days prior.
- Discuss specific participants at weekly BH staff meetings
- NOMS reassessment noted in the appointment scheduler.
- Flag in system if not getting a call back.



TRAC System

- Developed written protocol
- Important nuances 180 days versus 6 months
- Understand how reassessments are calculated
- Consequences of actions
- All staff members trained
- Local NOMS expert





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Greater Cincinnati Behavioral Health Services

Jeff O'Neil, MEd, LPCC, Director

Community Support Services

Greater Cincinnati Behavioral Health Services



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How are you reaching your reassessment goals?

- Nurse Care Managers held the initial responsibility for NOMs completion as part of the client assessment process, building rapport, etc.
- As project numbers served grows, we are broadening responsibility of NOMs to others,
- ie: MH CMs, Peers, potentially Medical Assistants
- Importance of NOMs requirement parallels other agency clinical process requirements.
- Built internal tracking and not relying just on TRAC system report.



Reassessment Goals Continue

- Internal Reporting tracks due dates at 5 months; when the eligibility “window” opens.
- Administrative Coordinator attends every Nurse Care Manager morning report meeting to continuously review NOMs due and to troubleshoot any barriers.
- The Supervisors of the MH clinical teams are notified ongoing of NOMs due and they review in their team meetings.
- We had to resist the temptation to try to track too many additional things!



Getting Clients Back In For Services / NOMs?

- Agency service history is built on strong engagement and community outreach to clients.
- 75% services provided in the community, however, office is preferred first for nurses.
- GCB does not provide acute care. Provides longer periods of services to persons with the most severe mental illnesses.
- Therefore, clients are not discharged until sufficient outreach attempts have been made and other discharge criteria met.
- Appointment reminder phone calls.
- Coordinating “heads-up” with other services.
- Unscheduled walk-in capacity.
- Combined / integrated clinic coordination.



Related HIT Developments?

- Integrated scheduling





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Discussion Questions

- **How does your workflow support growing number of clients?**
- **How do you handle no shows?**
- **Client Incentives: Are they useful?**



Questions?



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group.

