

Small Group Discussion-State Operated LMHAs-4.1.16 Implementation Session

General questions

- Physician Consultant position:
 - One provider voiced concerns regarding PC consulting on a client if the client has a primary care physician. Group discussed that PC does consulting on a broad level with staff, and is not necessarily client specific. It might be, but that is not the overall expectation.
- State operated agencies can't provide services to the NAE:
 - If they set up as a pre-treatment team, they don't need sign-off, but they don't typically admit clients without a clinical intake process
- Discussed questions about duplications seen on the client summary report-ABH to follow-up with DMHAS. Know that there is some duplication if multiple services were provided, but this provider said report is duplicating the same service, for the same amount of time, on the same day.

Successful Strategies for Serving BHH Clients

- Telephone Follow-up re: Health Screens-updates, progress, next steps, etc
- Blood Pressure Clinics
- Going out of the office, into the community, to do screenings
- Education and fairs around about medical diagnoses
 - Some challenges with making sure these things are linked to the plan of care
- Collaborating with visiting nurses, working together to collect outcomes
- Wellness checks for clients difficult to engage
 - BP, temperatures, BMI, and review of meds. Even if they have a visiting nurse, seems like they are not always checking all meds.

Other Important Strategies for Increasing Documented Work

- Getting all in-kind staff to enter BHH language and documentation so services will count.
- Running service summary report throughout the month, not at the end, to see which clients are not being served, and where efforts need to be focused.