

BHH Designated Provider Agency Work Group

November 19, 2021

1:00pm – 3:00pm

Virtual Meeting

BHH Breakout Sessions: Reflecting on Where We Are and Planning for the Year Ahead

Talking Points

1. Effects of COVID19 Pandemic

a. Bringing Clients Back Onsite for Services

- In-person services have shown positive results.
- Overcome clients not wanting to come back onsite, majority were receptive, exception for a handful.
- Transportation issue, fear of Covid, conference rooms to schedule for assessments.
- Meeting clients out in the community.

b. Best Practices for Collecting Health Assessment Components

- Pick up clients and transport to clinic.
- Reaching out to PCP for vitals.
- Bringing clients to a medical appointment and asking for vitals to be taken.
- Caseworkers equipped with a kit for vitals during interactions.
- Getting them completed at events hosted by agency.
- Nurse and case worker going out to client's residence.

2. Diabetes Management

a. Successes & Challenges

- Setting up appointments with nutritionist to include client and case worker – Optimus
- Inviting a dietician on site to host an event open to clients.

b. How to Use Data to Support Diabetes Management Program

- Individual client charts to review needs.
- Annual letter to PCP explaining the program and purpose to advocate for clients, coordinate care, and obtain recent medical records.

3. Client Engagement/Outreach/Enrollment

a. How to Outreach Hard-to-Reach Clients

- CHR – welcome letter, connect w/ therapist.

- Sound – Engagement letter, text messages.
- Intercommunity – Incentive gift cards to get them in the door, client fund dollars.
- Discharge criteria:
 1. No direct contact in a quarter or 90 days or after 5 attempts.

b. Talking Points to Market BHH to Newly Eligible Clients

- Nurses take care of current need presented at enrollment.
- Providing clients with a direct line who can connect them to the right people/departments.
- BHH transition program
 1. BHH only medical needs, medical profile, health assessments, case manager assigned.
- On other department team meetings every week to receive updates on HA, Medical profile, due dates, for in-kind staff working with clients.
- Educating everyone in other departments on how they are already providing these services to clients.
- Alix O’Neil from Sound on BHH program development to tailor towards agencies.
- Hold a training once a quarter open to all agency staff to assist in understanding BHH. Less is more to different departments.
- Touch base with clinicians monthly for client updates.
- Review client PCP records, diagnosis, and overall records to assign clients to staff based on needs.

4. Strategic Planning

a. BHH Priorities for CY2022

- Internal agency quarter meetings to discuss Tx plan, HA, and ROI
- Recorded BHH trainings placed in Relias and assigned annually and for onboarding process.
 1. Trainings may consist of but not limited to, encounter notes, treatment plans, prompts, SharePoint, BHH folder, intake packet, talking points, assessments, and documentation.