Intervention checklists

We have developed two checklists for clinics to use for tracking interventions being provided to clients in response to quality flags. There are specific forms for the Health Promotion and coordination project and the Behavioral Care Coordination project. Both tools are customizable and we encourage clinics to make sure they reflect the interventions and processes of your clinic. Each clinic should develop a strategy for collecting and tallying the information on the forms.

These forms are optional and may be helpful for clinics to track delivery of project interventions and form the basis of the quantitative reporting process. However, these forms are for your internal use and you should not submit them to OMH.

Individual tracking forms:

- Are specific to each client with an identified quality flag
- Contain individual client identifying information
- Are completed whenever a client meets with a clinician - interventions are tracked session by session

Group tracking forms:

- Are used to keep track of a group of clients
- Can be used by a clinician to track all flagged clients on her caseload, by a supervisor during supervision, while doing administrative record reviews or during any meeting related to clients and interventions (i.e. rounds, clinical meetings, etc.)
- Can be used to keep track of any time period. The number of interventions used can be denoted by numbers or hatch marks.

Forms:

- Should be customized before use by removing interventions that are not used
- Can be modified by adding specific “Other” interventions used
- Can be modified by adding additional information your clinic would like to collect (i.e. clinic name, clinician name etc.)

PSYCKES Behavioral Health – Implementation Checklist
Clinician: J. Smith, LCSW Month: __May 2014__PSYCKES Health Promotion – Implementation checklist

	Client Initials MG	Client Initials RL	Client Initials PM	Client Initials DC
Interventions: low medication adherence or discontinuation	////	////	///	////
Assess or review medication adherence during session		/		
Evaluation of risk factors for low medication adherence or discontinuation				
Educate client on the importance of medication adherence and/or review adherence strategies	///	/	/	/
Use of long-acting injectables				
Clozapine				
Cognitive Behavioral Therapy to address low medication adherence or discontinuation				
Motivational Interviewing to address low medication adherence or discontinuation	//	///	//	//
Behavioral tailoring (e.g. dose cues) to address low medication adherence or discontinuation				
Pill boxes				
Medication reminders				
Family involvement				
Appointment reminders		/		
Coordination with other treating providers				
Contact with pharmacy				
Interventions: high utilization of inpatient and/or behavioral health services				
Evaluation of risk factors for high utilization of inpatient and/or behavioral health services		/		
Identify, monitor and educate about early warning signs of relapse				
Develop/implement early intervention/relapse prevention plan				
Use "teach back" method to reduce high utilization of inpatient and/or behavioral health services				
Motivational interviewing to reduce high utilization of inpatient and/or behavioral health services				
Cognitive Behavioral Therapy to reduce high utilization of inpatient and/or behavioral health services	/			
Peer support				
Family involvement				
Appointment reminders				
Refer to: Self-management programs				
Refer to: Case management	/			
Refer to: Health home				
Refer to: AOT				
Refer to: Other community resource(s)				
Link to housing services				
Interventions: clients' substance use				
Standardized substance abuse screening tool	/	/	/	/
Individual treatment focusing on both substance and mental health issues				
Group treatment focusing on both substance and mental health issues				
Motivational interviewing to address clients' substance use				
Medication-assisted alcohol treatment				
Harm reduction approach	/			
Substance use disorder groups at clinic				
Refer to or coordinate with OASAS provider				/
Refer to: AA/NA		/	/	

Client Name: David Jones_____ Date: 5/1/14

Clinician Name: _J. Smith, LCSW_____ Medicaid ID: AB12345C

Indicate client's quality flag (s)

	High Utilization of Medical Inpatient/Emergency Room (4+Inpatient/ER)	X	No Outpatient Medical Visit
	Preventable Hospitalizations – Adult Diabetes		No Diabetes Monitoring for Individuals with Diabetes
	Preventable Hospitalizations – Adult Dehydration	x	No Diabetes Screening for Individuals on Antipsychotics
	Preventable Hospitalizations – Adult Asthma		

	Date 5/5	Date 5/8	Date 5/15	Date 5/29
Interventions: annual physical exam				
Medical staff at the clinic provided physical				
Medical staff at the clinic checked weight, blood pressure, lab and physical exam status				
Refer to medical providers on-site	X			
Refer to medical providers off-site				
Review results of labs or physical exam				
Follow-up with abnormal physicals	X			
Educate clients on the benefits of regular exams		X	X	X
Motivational interviewing to promote an annual outpatient medical visit (i.e. physical exam)		X		
Assist in scheduling physicals			X	X
Provide reminders for physicals				
Provider transportation for physicals				
Peer support				
Interventions: reduce high utilization of inpatient/ER services				
Evaluate risks and causes of high utilization				
Incorporate health coordination into mental health treatment plan				
Educate about importance of using a primary care provider and adhering to medical treatment				
Review health issues in sessions and follow-up with health coordination	X			
Use "teach back" method to reduce high utilization of inpatient/ER services	X	X	X	X
Motivational interviewing to reduce high utilization of inpatient/ER services		X		
Assist in scheduling physicals				
Provide reminders for physicals			X	X
Arrange transportation for physicals				
Peer support				
Referral to: Nutrition programs				
Referral to: Exercise programs				
Referral to: Case management				
Referral to: Home Health Services				
Interventions: promote annual diabetes screening/monitoring				
Order, review or follow-up on lab results				
Clinic - medical professional reviews and signs-off on lab results				
Follow-up on any abnormal lab results				
Review results of lab tests with client and develop or review follow-up plan				
Educate clients on benefits of lab monitoring				

Motivational interviewing to promote annual diabetes screening/monitoring				
Schedule lab appointments for clients				
Provide transportation to labs				
Provide reminders				
Peer support				
Refer to another medical provider to order labs				