

ORNC: R&R Workflow

Mission Teams:

1. Tuesday (Pitt, Nash/Wilson/Edgecombe)
 - a. Team leaders- VP
 - b. Rover- VP, DL
 - c. Tele- CB
 - d. Specialties- Family, SA/MH, Voc
2. Thursday (Cumberland)
 - a. Team leaders- RB, JT
 - b. Rover- RB, DCJ, JT
 - c. Tele- LB
 - d. Specialties- Family, SA/MH, Voc, Biofeedback
3. Friday (Craven/Onslow/Carteret/Beaufort)
 - a. Team leaders- ML
 - b. Rover- ML, SC, EM
 - c. Tele- Biofeedback (TBD)
 - d. Specialties- Family, SA/MH, Voc

General Duties & Responsibilities

1. Outreach and Evaluation
 - a. Communicate mission location announcements,
 - b. Communicate “who’s hiring” announcements,
 - c. Communicate motivational quotes,
 - d. Manage GPRA/Focus Group systems.
2. Site Management
 - a. Develop and maintain relationships and communication with Rover docking sites,
 - b. Develop and maintain relationships with Community Based Partner Liaisons (i.e., Le Chris, Waynesboro Family Clinic, and Carolina Outreach).
3. Clinical Team Leadership
 - a. Assignment of clinical cases,
 - b. Ensure completion, tracking and reporting of clinical encounters.
 - c. Provide caseload supervision of service provision, referrals, service coordination, etc.
4. Clinicians
 - a. Ensure all intake and evaluation documents are completed,
 - b. Facilitate clinical encounters (synchronous and asynchronous),
 - c. Document clinical encounters via EHR and Encounter Tracking
 - d. Facilitate referrals and service coordination.

Overall Program includes:

- 6 months of Case Management: Outreach/Coordination/Evaluation and
- Minimum of 12 Clinical Encounters/Conversations over 6 month period

Outreach SOPs

1. Missions

- a. Engage. We are learning how to best help Veterans who are homeless, especially using technology.
- b. Complete Non-Client Status Acknowledgement form.
- c. Offer, enroll, and complete evaluation/outreach activities:
 - i. IRB informed consent. Conduct safety check for eligibility. If positive, then refer out.
 - ii. Complete GPRA Tool (hard copy).
 1. **INDICATE INTERVIEW TYPE AND DATE ON GPRA FORM.**
 2. Read questions to Participant.
 - iii. Complete Focus interview (using hardcopy to record themes).
 - iv. Disburse incentive for focus interview. Record data on CIDMF.
 - v. Provide 6 month follow-up reminder card.
 - vi. Offer clinical services.
- d. Afterwards:
 - i. Upon return to HS Bldg, place completed CIDMFs, Non-Client Status Acknowledgement forms, IRB consent forms, Focus interviews and GPRA Tools in envelope in Toriello mailbox.

2. Who's Hiring?

- a. Masters Student Clinicians spend 1 hour/week cold calling potential employers, by County, using script.
- b. Contacted organizations will be logged in Who's Hiring spreadsheet by County.
- c. When a hiring organization is identified, Clinicians will send email ASAP to veteransmobileclinic@gmail.com
 - i. Subject line- *Who's hiring: XXXXXX County*
 - ii. Body- *Name of organization, number, and contact name.*
- d. Administrative staff will sort 'Who's Hiring' emails into county subfolder under the 'Who's Hiring' folder in Gmail.
- e. Toriello/Designee will text information to participants by County.

3. Weekly inspiration

4. Monthly Check-Ins: Pitch for Clinical/ 6-month GRPA reminder

- a. Team Leader will assign Cases for Check-Ins.
- b. Clinician will "Check-In" via contact preference once per month.
 - i. Non-Clinical will get re-pitch of clinical services.
 - ii. All will get reminder for 6-month GPRA survey.
- c. Check-Ins will be tracked in the Outreach-Evaluation Participants tracker.
 - i. Add date to column if information is shared (i.e., via voice or email).
 - ii. Use (774) 318-4838 as call back number.
 - iii. If no contact, highlight cell in red.

5. Follow-Up/Discharge GPRAs and Follow-Up Focus interviews

- a. Evaluator will code Participants Tracker via:

- i. **Green**- Participant has entered follow-up/discharge GPRA window.
 - ii. **Yellow**- Participant has 1 month remaining in follow-up/discharge GPRA window.
 - iii. **Red**- Participant has 14 days remaining in follow-up/discharge GPRA window.
- b. Routine Follow-Up AND Discharge-
 - i. Complete GPRA Tool (hard copy).
 - 1. **ENTER PARTICIPANT ID# ON GPRA FORM.**
 - 2. **INDICATE INTERVIEW TYPE AND DATE ON GPRA FORM.**
 - a. select "YES" for *BOTH* 6-month follow-up and discharge. For section J, note date of discharge and "Completion/Graduate."
 - ii. Complete Follow-Up Focus Interview (hard copy).
 - iii. Disburse 2 incentives for Follow-Up GPRA and Follow-Up Focus Interview. Record data on CIDMF. If Follow-Up Focus Interview is NOT complete, then give only 1 incentive.
- c. Non-Routine Discharge (e.g., early discharge)-
 - i. Complete GPRA Tool (hard copy).
 - 1. **ENTER PARTICIPANT ID# ON GPRA FORM.**
 - 2. **INDICATE INTERVIEW TYPE AND DATE ON GPRA FORM.**
 - a. select "YES" for discharge *ONLY*. For section J, note date of discharge and "Termination" and indicate reasons for termination.
 - ii. Complete Follow-Up Focus Interview (hard copy).
 - iii. Disburse 1 incentive for Follow-Up Focus Interview. Record data on CIDMF.
- d. Follow-Up ONLY (i.e., discharge already complete)-
 - i. Complete GPRA Tool (hard copy).
 - 1. **ENTER PARTICIPANT ID# ON GPRA FORM.**
 - 2. **INDICATE INTERVIEW TYPE AND DATE ON GPRA FORM.**
 - a. select "YES" for follow-up *ONLY*.
 - ii. Disburse 1 incentive for Follow-Up GPRA. Record data on CIDMF.
- e. Afterwards:
 - i. Upon return to HS Bldg, place completed Follow-Up Focus interviews and GPRA Tools in envelope in Toriello mailbox.

Clinical Encounter SOPs

- 1. Clinical intake
 - a. Build rapport & outline agenda.
 - b. Using client handbook, explain Navigate.
 - c. Explain and complete Client Consent to Treatment, Non-Routine Consent Form (Breathalyzer), and EHR Privacy forms (Yellow goes to Client).
 - d. Provide Client blank copies of consent and Privacy forms. DO NOT LEAVE BLANKS.
 - e. Video Recording (individual sessions only).

- f. Explain and complete all pertinent ROIs.
 - g. Complete registration and encounter in EHR.
 - i. use the following web address to connect to EHR from a 'non-ECU' network (i.e., Rover): <https://myapps.vidanthealth.com/vpn/index.html>
 - ii. Use EHR assigned MRN.
 - iii. Add Client to Clinical Encounters Tracker
 - iv. Upon return to HS Bldg, place completed Clinical Intake forms in envelope in Toriello mailbox.
2. Clinical interview
- a. Complete GAIN-SS
at [https://www.gainabs.org/absgain/\(S{f03zqr553nd3ck450n5qky45}\)/Login/LoginView.aspx](https://www.gainabs.org/absgain/(S{f03zqr553nd3ck450n5qky45})/Login/LoginView.aspx)
 - b. Complete Infectious Disease Screening.
 - c. Complete Crisis Plan form.
 - i. Include Navigate Crisis Phone # 252-378-8498 as "System Prevention & Intervention."
 - ii. Give a copy to Client.
 - d. Save electronic copies of GAIN-SS PDF, Infectious Disease Screener and Crisis Plan to a client subfolder on piratedrive.
 - e. Complete EHR encounter.
3. Asynchronous contact-
- a. Email:
 - i. Clinical Team identifies which Clients are email-based.
 - ii. Administrative staff will develop a client subfolder, using Participant ID #, under 'team folder' in Gmail.
 - iii. Assigned Clinician initiates minimum of 1 email conversation per week per Client using veteransmobileclinic@gmail.com email.
 - 1. Subject line- *Team #X, Participant ID # XXXXX: Checking in*
 - a. Do not use MRNs within email for confidentiality purposes
 - 2. Body-
 - a. Initial email- *Identify yourself by name as the client's assigned team member. Describe the process of email clinical encounters (highlight informed consent/limits of confidentiality). Engage via open ended questions surrounding known target behaviors.*
 - b. On-going emails- *Use MI skills to affirm Client's responding and engagement in clinical conversation(s). Engage using a brief intervention model to respond to and elicit ambivalence and movement towards change of identified target behavior(s). When appropriate, engage in treatment/change planning conversation(s).*
 - c. 'No response' follow-up email- *after two weeks of non-response from client, email message attempting to engage.*

- iv. Administrative staff will sort incoming email messages into Client subfolder under appropriate 'team folder' in Gmail.
- v. Standards
 - 1. Monitor Gmail team folder/client subfolder(s) at least 2x's per week, responding to received emails on your caseload.
 - 2. Complete EHR encounter:
 - a. Initiation of conversation and/or every Clinician response.
 - b. Follow-up after two weeks of no response.
 - c. In EHR, use Telephone encounter [email mode].
 - d. Update 'clinical encounters tracker' for each note written.
- b. A-CHESS...coming soon.
- 4. Synchronous
 - a. Phone
 - i. Clinical Team identifies which Clients are phone based.
 - ii. Assigned Clinician initiates minimum of 1 phone conversation per week per Client.
 - 1. Call back number: (774) 318-4838.
 - iii. Standards
 - 1. Complete EHR encounter:
 - a. When phone call placed to Client (whether conversation or not).
 - b. When phone call received from Client (ONLY when conversation takes place).
 - c. Follow-up after two weeks of no response.
 - d. In EHR, use Telephone encounter.
 - e. Update 'clinical encounters tracker' for each note written.
- 5. Miscellaneous use of HER
 - a. Administrative encounters?
 - b. Couples/Families?
- 6. Discharge/Transition Planning
 - a. Ensure Follow-up/Discharge GPRA is complete per #5 under Outreach SOPs.
 - b. Complete EHR encounter noting discharge and/or transition.