

PROMESA TOGETHER IN CARE CLINIC Integrated Team Meeting

Demographic Data:

❖

Frequency:

- ❖ Within 1 week of contact to help consumer identify immediate healthcare, substance, community supports
- ❖ Monthly as the consumer feels more connected

Team Members:

- ❖ Consumer
- ❖ Nurse Practitioner
- ❖ Mental Health Provider
- ❖ Substance Abuse Provider
- ❖ Peer Specialist
- ❖ Care manager
- ❖ Family, friends and community supports identified by the consumer

Goals:

- ❖ Develop an immediate plan of care with responsible parties identified for addressing these needs as well as assessing long term mental health, trauma, substance abuse, health care, recovery needs, aspirations, educational, recreational, vocational, community living skills.
- ❖ Develop an individualized treatment plan

Minutes and Action Plan

Date of Meeting:

Consumer Name:

Core Area	Discussion	Specific Action Steps	Person Responsible	Date Due
Physical Health	Health Indicators:			
	1- Blood pressure			
	2- BMI			
	3- Waist circumference			

	<ul style="list-style-type: none"> 4- Breath CO 5- Plasma Glucose- HgbA1c 6- HDL Cholesterol 7- LDL Cholesterol 8- Triglycerides 9- Specialty referral 			
Mental Health	<ul style="list-style-type: none"> 1- Psychiatric evaluation- 2- Medication management- 3- Hospitalized since last visit- 4- Seeking safety – EBPs 5- Motivational interviewing- EBPs 6- CBT 			
Substance Abuse	<ul style="list-style-type: none"> 1- Integrated Dual Diagnosis treatment IDDT- EBPs 2- Medication management 3- Hospitalized since last visit 4- SBIRT-n/a 5- Referral-n/a 			
Wellness	<ul style="list-style-type: none"> 1- Peer support- At PROS 2- Smoking cessation- EBPs 3- Nutrition education- EBPs 4- Health cooking 5- Diabetes education- Yes provided by NP 6- Hypertension education- Yes provided by NP 7- Physical activity education- Yes 			

	<p>provided by NP</p> <ul style="list-style-type: none"> 8- Exercise 9- Stress management 10- Illness self-management – EBPs 11- Recovery activities- yes at PROS 12- Vocational/pre-vocational 				
Care management	<ul style="list-style-type: none"> 1- Other supports 2- Food 3- Housing 4- Health insurance 				
Other					

Attach Attendance Sheet

Reviewed by: _____

Reviewed by: _____

Recipient

Title: _____

Title: _____

Reviewed by: _____

Reviewed by: _____

Clinical Leadership

Title: _____

Title: _____

Reviewed by: _____

Reviewed by: _____

Clinical licensed provider

Title: _____

Title: _____

Reviewed by: _____

Reviewed by: _____

Peer Advocate

Title: _____

Title: _____

Reviewed by: _____

Reviewed by: _____

Support staff

Title: _____

Title: _____