

**Connecticut
Behavioral Health Homes**

**BHH Designated Provider Needs
Assessment Survey**

September 2020

This report was created for the CT Department of Mental Health and Addiction Services, and the 14 BHH Designated Provider Agencies by:



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CT BHH BACKGROUND

The Connecticut Behavioral Health Homes (BHH), was created in 2012 when, after the Affordable Care Act, states were given the option to implement health homes for Medicaid enrollees with chronic conditions.

CT BHH is designed to provide bridge the gap between physical health mental health by offering and supporting whole-person, integrated care at all of our 14 designated BHH provider agencies. Through person-centered care, we are able to improve the service delivery and outcomes of individuals living with a severe and persistent mental illness by aiming to achieve the following CT-identified BHH goals:

1. Improve Quality By Reducing Unnecessary Hospital Admissions And Readmissions
2. Reduce Substance Use
3. Improve Transitions of Care
4. Improve the Percent of Individual with Mental Illness Who Receive Preventive Care
5. Improve Chronic Care Delivery for Individuals with SPMI
6. Increase Person-Centeredness and Satisfaction with Care Delivery
7. Increase Connection to Recovery Support Services

CT BHH is a collaborative partnership among the Department of Mental Health and Addiction Services, the Department of Children and Families, the Department of Social Services, Beacon Health Options, and Advanced Behavioral Health, Inc.

By implementing Behavioral Health Homes, DMHAS, along with the other state agency partners, has transformed our current statewide behavioral health system to coordinate and integrate behavioral health and primary and preventative care for individuals with serious behavioral health needs.



SURVEY OBJECTIVES

This survey was designed to assist the CT Department of Mental Health and Addiction Services (DMHAS) and the BHH Administrative Service Organization (ASO) in identifying the training needs of the 14 designated BHH provider agencies (Provider Agency). The survey focused on the following areas: 1) Health-Integration-Related Topics and Ideas, 2) BHH Core Services, 3) Report and Dashboards, and 4) Child-Focused Service Delivery and Outcomes. Information gathered will be used to develop the calendar year 2021 training schedule.

SURVEY DESIGN

The 33 question survey was designed by the ASO, with feedback from DMHAS.

The first section, Overall Training Needs, was aimed at evaluating training needs related to topics and ideas that are crucial to the overall success of BHH. This section included 8 matrix/scale questions with extensive skills/knowledge, moderate skills/knowledge, average skills/knowledge, basic skills/knowledge, and no skills/knowledge as response choices; 1 matrix/scaling question with yes and no as response choices; 1 ranking question; and one open-ended comment box question.

The second section, BHH Core Services, considered the gap between the 6 required BHH Core Services and the providers' ability to deliver them. Included in this section was 1 matrix/rating scale question with training strongly needed, training moderately needed, training somewhat needed, training needed, and training not needed as choice options.

The third section, Population Health Training, was included to provide an in-depth look at if and how population health is used at the agencies to drive organizational change. The following questions were included: 1 matrix/rating scale question with strongly agree, agree, unsure, disagree, and strongly disagree as choice options; 1 multiple choice question; and 1 open-ended comment box question.

The fourth section, Available Data and Dashboards, intended to review the usefulness and understanding of available reports. This section included 2 multiple choice questions; 4 checkboxes questions, and 1 open-ended box question.

The fifth section, Child-Serving Agencies, was designed to assess the specific training needs of the BHH Providers that provide services to children. This section included 1 matrix/rating scale with yes and no as response choices; one multiple choice question; and one open-ended box question.

The last section of the survey, General Information, was included to collect demographics of those who participated in the survey. 3 multiple choice questions were included in this section.

SURVEY METHODOLOGY

The BHH Designated Provider Needs Assessment survey was an online survey administered through SurveyMonkey®. The survey was sent electronically to anyone employed at any of the 14 provider agencies who is listed on the BHH general email list serve, managed by the ASO. Those who received the survey was asked to forward the survey to other staff members, both BHH funded and in-kind. The survey was also mentioned during the June 2020 BHH Workgroup to remind provider agencies to participate. Lastly, BHH Directors at the provider agencies that did not have at least two participants received a reminder email two weeks after the survey was sent to the BHH general email list. BHH provider agencies had three weeks to complete the survey.

RESPONDENTS

There were a total of 34 survey respondents; 26 submitted fully complete surveys and 8 submitted partially complete surveys. While individuals who participated in the survey were anonymous, the following information was collected in the sixth section of the survey:

Percent of respondents by agency-type

Agency Type	% of Respondents
State-Operated Facility	42%
Private Nonprofit	58%

Percent of respondents by position

Position	% of Respondents
Primary Care Physician Consultant	1%
Peer Recovery Specialists	8%
BHH Care Transition Coordinator	8%
Nurse Care Manager	12%
BHH Administrative System Specialist	12%
BHH Specialists	15%
BHH Director	42%

Percent of Respondents by number of years working in BHH

Position	% of Respondents
Less than a year	12%
1-3 years	23%
3-6 years	35%
Since the start of the program (7 years)	31%

SUMMARY

⇒ 34 respondents completed the survey

⇒ **General Training Needs**

- ◇ On average, 69% of respondents stated they had above average skills/knowledge of the 8 topics listed in the survey.
- ◇ On average, 87% of respondents were interested in learning trends across all agency related to the 5 topics listed in the survey.

⇒ **BHH Core Services**

- ◇ Overall, more respondents, 33%, felt training was somewhat needed on the six BHH core services.

⇒ **Population Health**

- ◇ Most respondents, just under 50%, agreed their agency use population health to drive change.
- ◇ Similarly, just under 60% of respondents responded that they had a good understanding of population health.

⇒ **Available Data and Dashboards**

◇ Tableau Reports

- * 54% of respondents agree the Tableau Dashboards are useful.
- * 54% of respondents also stated they have an understanding of how to use the dashboards to improve service delivery and outcomes.
- * More respondents (60%) use the health assessment report more than any other report
- * 46% of respondents stated they do not need training on any of the Tableau reports.

◇ DMHAS Reports

- * More respondents (60%) use the BHH client summary report more than the BHH missing data report.
- * 71% of respondents stated they do not need training on the two DMHAS reports.

⇒ **Child-Serving Agencies Training Needs**

- ◇ 11 respondents are employed at an agency that provides services to children
- ◇ Overall, 73% of respondents felt they required training on order to meet the needs of their clients under the age of 18.
- ◇ However, 40% of respondents said their agency was equipped to provide whole-person care to children.

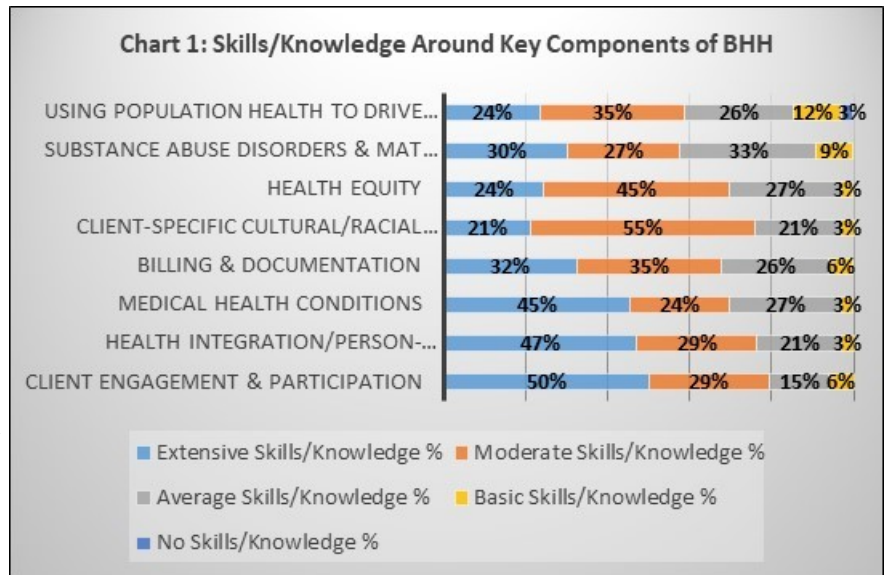
FINDINGS

Below are the key results of the survey, broken out by the section titles used to categorize the survey questions. All open-ended responses are summarized at the end of the findings.

General Training Needs

The respondents were asked to rate their level of skill or knowledge of: client engagement and participation; billing and documentation; using population health to drive success; health integration/person-centered care; health equity; client-specific cultural/racial preferences; substance abuse disorders & MAT treatment; and medical health conditions.

Using population to drive success; substance abuse disorders & MAT treatment; and Health Equity had the highest weighted average. This means the percent of respondents that stated they had above average skills was less than that of other categories, or the percent of respondents that stated they had below average skills was greater than that of the other categories. See chart 1 to the right for more details.



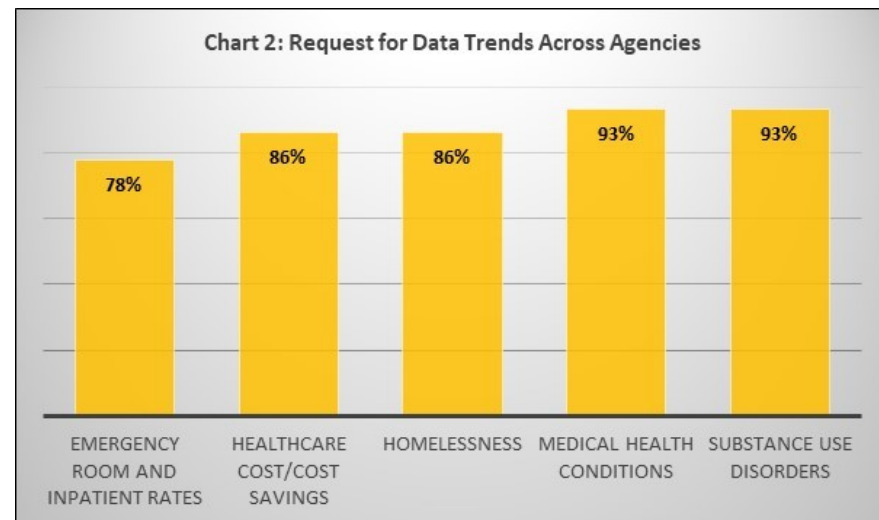
Providers were then asked if they

were interested in learning of data trends across all agencies related to: Medical Health Conditions,

Healthcare Cost/Cost Savings, Emergency Room & Inpatient Rates; Homelessness; and Substance Use Disorders.

Overall, respondents were most interested in BHH statewide trends related to medical health conditions and substance use disorders. Chart 2, to the left, provides more details.

One respondent who stated they had basic knowledge of medical health conditions was then asked to rank

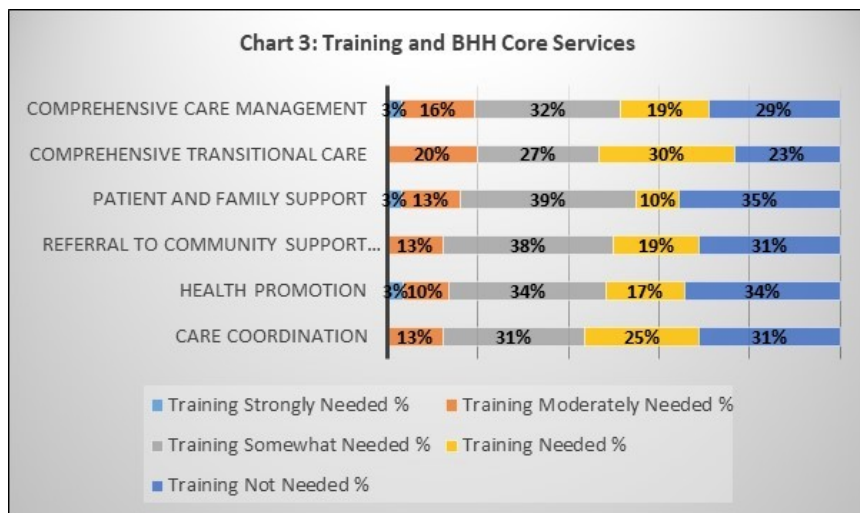


their interest for the following health conditions: Hypertension, Chronic Pulmonary Disease, Diabetes, Neurological Disorders, Hypothyroidism, and Liver Disease. The respondent expressed the most interest in learning about diabetes.

One respondent who stated they had basic knowledge of health integration was asked what aspect of health integration they would like to learn more about. They stated they would like a general definition.

BHH Core Services

In section 2 of the survey, respondents were asked if training was needed around any of the six BHH core services: Comprehensive Care Management; Care Coordination, Health Promotion, Patient and Family Support, Comprehensive Transitional Care, and Referral to Community Support Services.

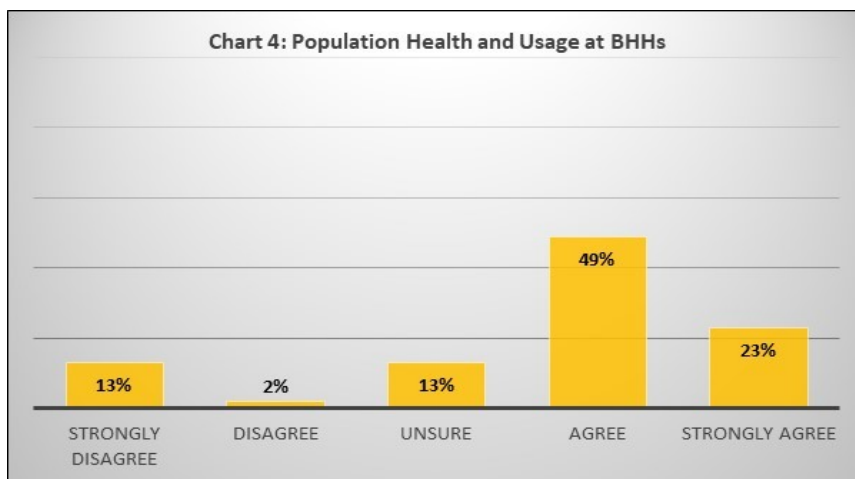


The three BHH Core Services that had the highest weighted average are: Comprehensive Care Management, Comprehensive Transitional Care, and Patient & Family Support. This means the percent of respondents that stated they did not need training was less than that of other BHH core services, or the percent of respondents that stated they strongly/moderately needed training was greater than that of the other BHH core services. See chart 3 above for more details.

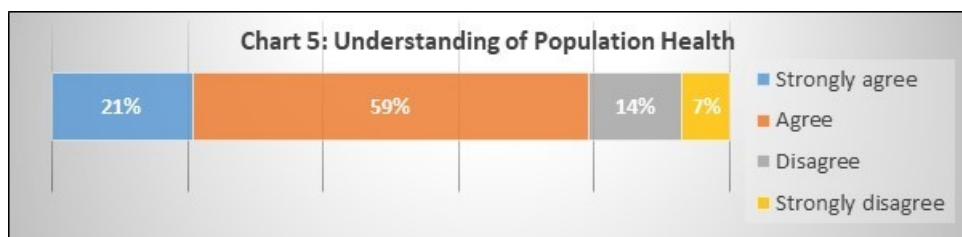
Population Health

In section 3 of the survey, population health, respondents were asked if population health was used at their agency to: Improve Service Delivery & Member Outcomes; Promote Preventative Services; Build Relationships with Community Providers; Track Changes in Health Outcomes; Identify Populations in Need of Additional Support; Identify and Resolve Areas of Health Inequity; and Develop the Next Year's Goals/Strategies.

On average, respondents agreed that population health is used at their agency in the ways asked above. Only about 13% of respondents felt population health was not used at their agency to implement change or influence practices. See chart 4 to the right for more details.



Respondents were then asked if they had a good understanding of population health. 79% of



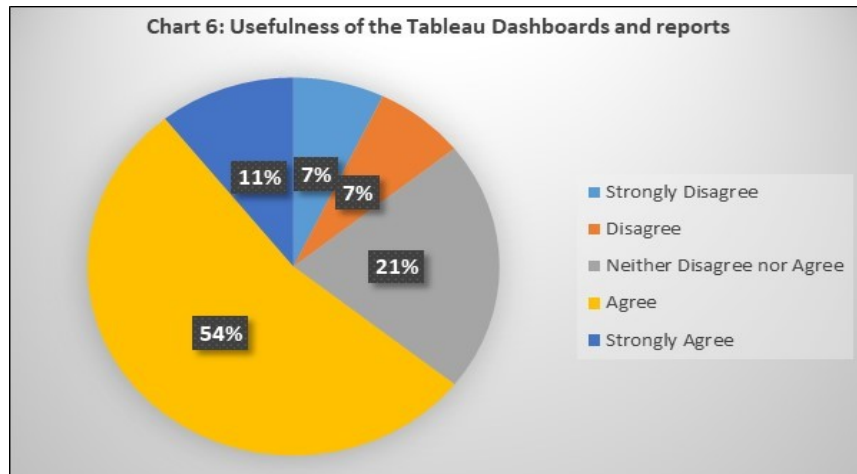
respondents either agreed or strongly agreed with this statement. Chart 5 to the left breaks down the selections made by respondents.

Available Data and Dashboards

This section of the survey was broken into two sections. One section focused on the Beacon Tableau dashboards and reports while the other section focused on DMHAS reports.

Tableau Dashboards and Reports

The first question respondents were asked related to the Tableau dashboards and reports was whether or not they found the dashboards useful. About 64% of respondents stated they agreed or strongly agreed with this statement. Only about 14% of respondents did not find the dashboards useful. Chart six to the below summarizes these findings.



Respondents were then asked if they understand the information shared via the Tableau dashboards and reports and if that understanding led to improved service delivery and outcomes. More than 60% of respondents either agreed or strongly stated they understood and used the dashboards to provide better services to their clients. Chart 7 below summarizes these findings.

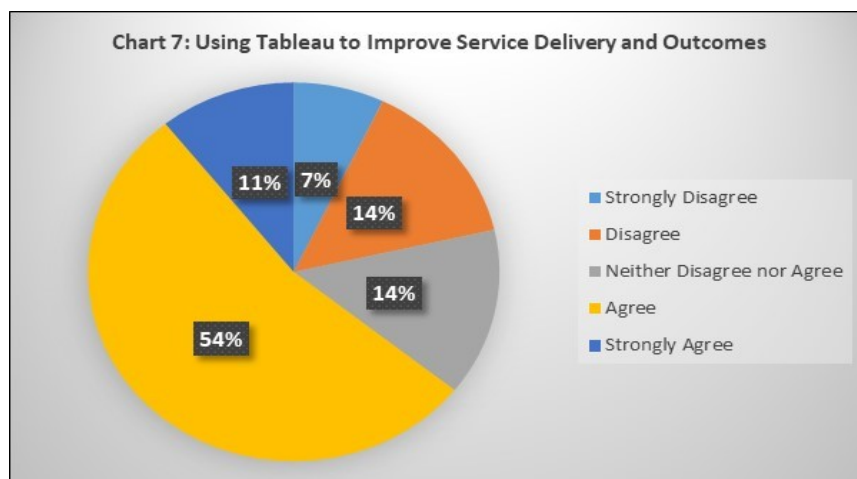
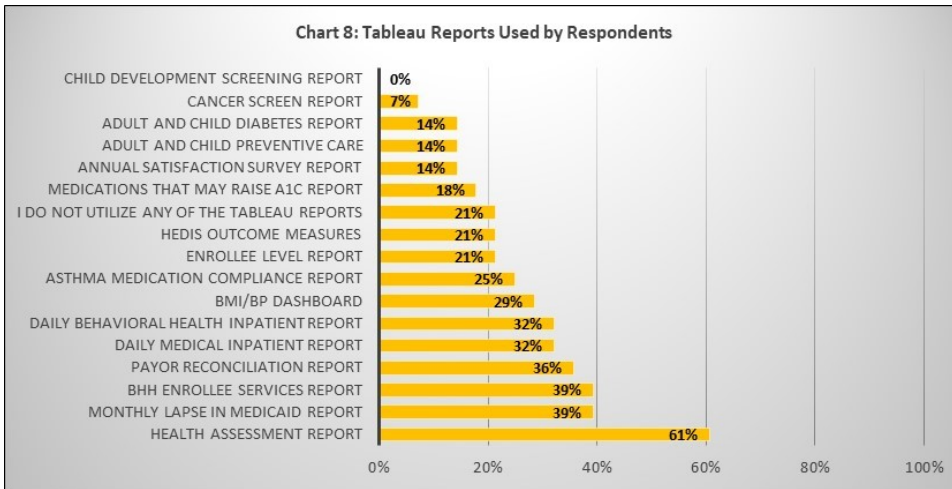


Tableau Dashboards and Reports continued

To develop a better picture of the relationship between the Tableau reports and clients' experiences, respondents were asked to select any report used to assist them in improving service delivery and outcomes. They were also asked to select all reports that require training.

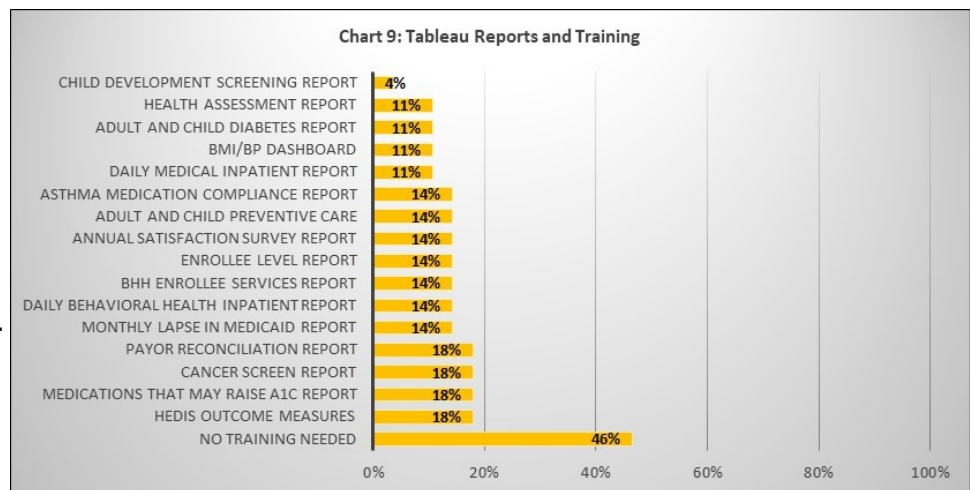


The results indicate the top three Tableau reports that are used most often are: Health Assessment Report (60%), Monthly Lapse in Medicaid Report (40%), and BHH Enrollee Services Report (40%). In addition, while we did have some representatives from child-serving agencies complete the survey, we did

not have any respondents state that they utilize the Child Development Screening Report. Lastly, 21% of respondents do not use any of the Tableau reports.

The top four Tableau reports that require training are: HEDIS Outcome Measures; Medications that May Raise A1c Report; Cancer Screen Report; and Payor Reconciliation Report. All four reports were selected for training by 18% of respondents.

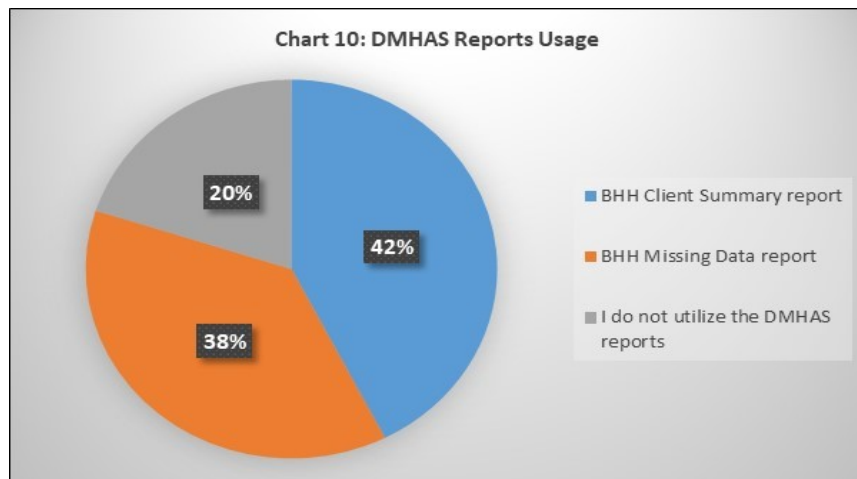
46% of respondents stated they do not need any training on the Tableau reports.



Available Data and Dashboards continued

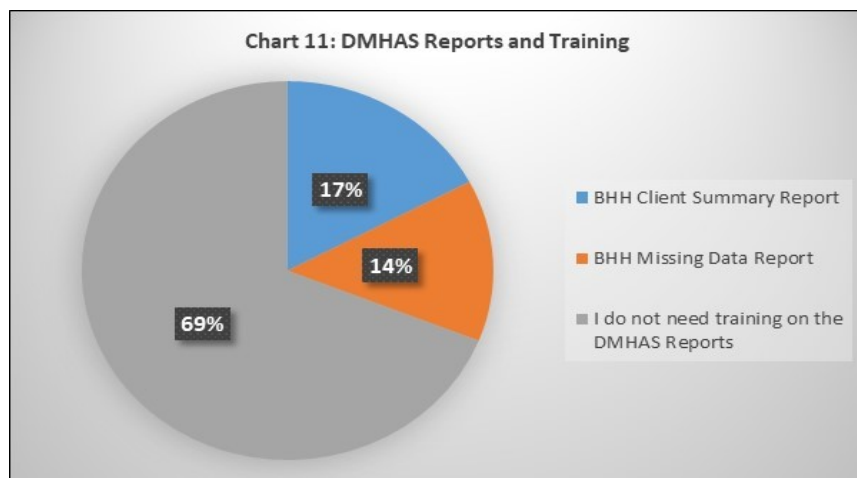
DMHAS Reports

In the DMHAS reports portion of the available data and dashboard section, respondents were asked to indicate which of the two reports available in Ddap and WITS were utilized for their work within BHH. There was not a significant difference in usage between the BHH client summary report and the BHH missing data report. However, 61% of respondents do use the BHH client summary report compared to the 54% of respondents that indicated they used the BHH missing data report. See Chart 10 below for more details.



Respondents were then asked to indicate if they need training on either of the DMHAS Reports.

Only 17% of respondents stated they need training on the BHH client summary report and 14% stated they need training on the BHH missing data report. see chart 11 below for more details.

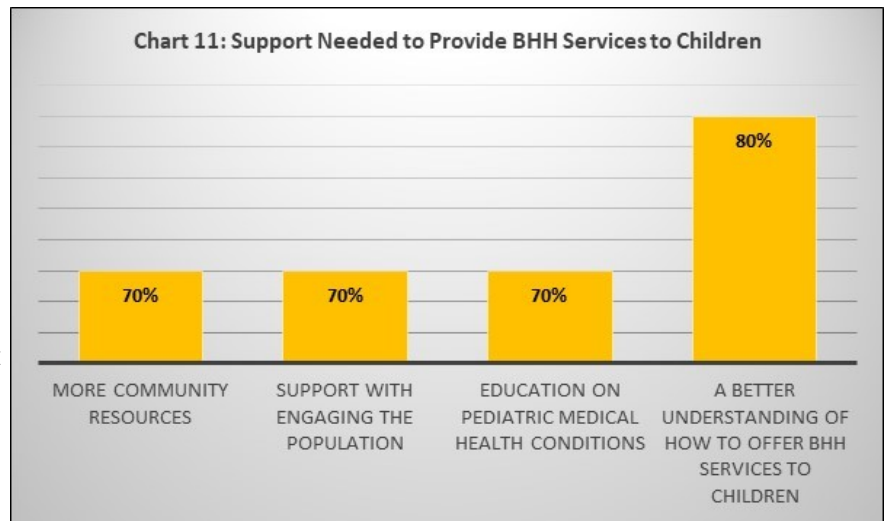


Specific Training Needs of Child-Serving Agencies

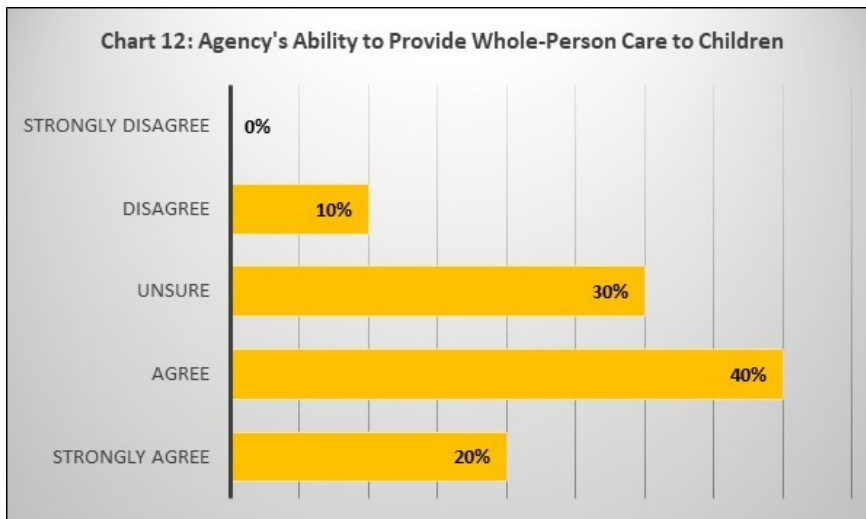
The fifth section of the training was crafted for respondents that worked at child-serving agencies. 11 respondents indicated they were from a child-serving agency.

The first questions asked if any of the following was needed from the ASO or DMHAS to help them provide BHH services to children: more community resources; support with engaging population; education on pediatric medical health conditions; a better understanding of how to offer BHH services to children.

70% of respondents specified they needed more community resources, support engaging the population, and education on pediatric medical health conditions. 80% of respondents specified they needed a better understanding of how to offer BHH services to children. Chart 11 to the right summarizes these findings.



Child-serving respondents were then asked if their agency was equipped to provide whole-person care to children.



Although most of the respondents indicated they needed additional resources to serve children in the previous questions, 60% of respondents either agreed or strongly agreed with the statement that their agency was able to provide whole-person care. Chart 12 to the left summarizes these findings.

ASO RECOMMENDATIONS

⇒ **Survey Design/Methodology**

- ◇ Almost 50% of respondents were BHH Directors. In order to ensure the survey reaches out members of the BHH team, the ASO will create email lists for all the different BHH positions January-March of 2021. Then in June, when the survey is administered, the ASO will send the survey to anyone listed in those email list.

⇒ **General Training Needs**

- ◇ Use the BHH workgroup to train agencies on the 5 severe and persistent mental illnesses that are a requirement for BHH eligibility: Schizophrenia and Psychotic Disorders; Mood Disorders; Obsessive Compulsive Disorder, Post-Traumatic Stress Disorder, and Borderline Personality Disorder
 - * Identify BHH staff or DMHAS staff willing to cover the above topics in Fall/Winter of 2020
- ◇ Send out a survey after the August 2020 Workgroup to assess attendees understanding of population health
 - * If attendees request additional training, add population health overview training to the 2021 training calendar. Offer as an specialized training aside from workgroups and learning collaborative.
- ◇ Cover Health Equity during a learning collaborative
 - * Identify Beacon Staff or community provider willing to cover the health equity in Fall/Winter of 2020
- ◇ Develop trends and share with providers during December 2020 Learning Collaborative

⇒ **BHH Core Services**

- ◇ Use the BHH workgroup to review the following BHH core services: Comprehensive Care Management, Comprehensive Transitional Care, Patient and Family Support
 - * Review should be a collaboration between the ASO and BHH providers. Providers will be identified, based on results of chart review and historical service data, in Fall/Winter of 2020

⇒ **Population Health**

- ◇ See training suggestion under the “General Training Needs” section above.

ASO RECOMMENDATIONS continued

⇒ Available Data and Dashboards

- ◇ Many of the reports that are not used in Tableau are the CHN Gaps in Care Reports. Two workgroups in 2021 should be focused on reviewing these reports and discussing how they should be used to provide services to clients.
- ◇ The HEDIS Outcome Measure and Payor Reconciliation Reports were also identified as reports that require training.
 - * The HEDIS Outcome Measure can be reviewed during the 2020 December Learning Collaborative as a piece of the “year in review”
 - * ASO will continue to review the Payor Reconciliation Report during the check-ins. ASO is now able to share screen, so the report can be pulled up during the call to provide more support.

⇒ Child-Serving Agencies Training Need

- ◇ A special training series around BHH and children should be incorporated into 2021. While respondents stated their agencies are equipped able to provide services, child enrollment remains low. And results indicate a deeper level of support is required.
 - * Outreach child-serving agencies in Fall/Winter 2020 to determine training schedule

SUGGESTED 2021 TRAINING SCHEDULE

DATE	MEETING TYPE	TIME	PLANNED TOPIC	INTENDED AUDIENCE
1/15/21	BHH Working Group	1:00pm-3:00pm	The Year Ahead: BHH 2021 Goals/Focus	BHH Directors
January 2021	Training	TBD	Diabetes	All BHH Staff
February 2021	BHH and Children Series	TBD	Engaging BHH Children and Their Parents	Child-Serving Agencies
2/19/21	BHH Working Group	1:00pm-2:30pm	BHH Core Service: Comprehensive Care Management	BHH Directors, BHH Specialists, Peer Recovery Specialists
3/19/21	BHH Working Group	1:00pm-2:30pm	Engaging and Supporting Clients with Schizophrenia	BHH Directors BHH Specialists, Nurse Care Managers, Primary Care
March 2021	Training	TBD	Hypertension	All BHH Staff
4/16/21	BHH Working Group	1:00pm-2:30pm	BHH Core Service: Comprehensive Transitional Care	BHH Directors, BHH Care Transition Coordinator
April 2021	Training	TBD	Becoming a Health Literate Organization	BHH Directors
5/21/21	BHH Working Group	1:00pm-2:30pm	Engaging and Supporting Clients with Mood Disorder Diagnosis	BHH Directors, BHH Specialists, Nurse Care Managers, Primary Care Physician Consultant
May 2021	BHH and Children Series	TBD	Providing BHH Services to Children	Child-Serving Agencies
June 2021	Training	TBD	Chronic Pulmonary Disease	All BHH Staff
June 2021	Training	TBD	Review of 3/6 CHN Reports	BHH Directors, BHH Admin
06/18/21	Learning Collaborative	10:30AM-12:30PM	Health Equity	All BHH Staff
07/16/21	BHH Working Group	1:00pm-2:30pm	BHH Core Service: Patient and Family Support	BHH Directors, BHH Specialists, Peer Recovery Specialists
July 2021	Training	TBD	Review 3/6 CHN Reports	BHH Directors, BHH Admin
July 2021	Training	TBD	Black, Indigenous, & Person of Color and Mental Health	All BHH Staff

SUGGESTED TRAINING SCHEDULE

8/20/21	BHH Working Group	1:00pm-2:30pm	Engaging and Supporting Anxiety Disorder Diagnosis	BHH Directors, BHH Specialists, Nurse Care Managers, Primary Care Physician Consultant
August 2021	BHH and Children Series	TBD	Pediatric Medical Health Conditions	Child-Serving Agencies
August 2021	Training	TBD	Hypothyroidism	All BHH Staff
9/17/21	BHH Working Group	1:00pm-2:30pm	Engaging and Supporting Clients with Post-Traumatic Stress Disorder	BHH Directors, BHH Specialists, Nurse Care Managers, Primary Care Physician Consultant
September 2021	Training	TBD	Neurological Disorders	All BHH Staff
10/1/21	BHH Working Group	1pm-3pm	Engaging and Supporting Clients with Obsessive Compulsive Disorder	BHH Directors, BHH Specialists, Nurse Care Managers, Primary Care Physician Consultant
October 2021	Training	TBD	Becoming a Health Literate Organization	BHH Directors
October 2021	Training	TBD	Liver Disease	All BHH Staff
11/19/21	BHH Working Group	1pm-3pm	Engaging and Supporting Clients with Obsessive Compulsive Disorder	BHH Directors, BHH Specialists, Nurse Care Managers, Primary Care Physician Consultant
November 2021	BHH and Children Series	TBD	Brainstorming session: Child-Focused Community Resources	Child-Serving Agencies
November 2021	Training	TBD	Homelessness and Mental Health	All BHH Staff
12/17/21	BHH Working Group	1:00pm-3:00PM	A Year in Review	BHH Directors

Survey Results

Q1-Q8: Please rate your level of skills or level of knowledge for each of the topics below:

Topic	Extensive %	Moderate %	Average %	Basic %	None %	Total Respondents	Weighted Average
Client Engagement & Participation	50.00%	29.41%	14.71%	5.88%	0.00%	34	1.76
Health Integration/Person-centered Care	47.06%	29.41%	20.59%	2.94%	0.00%	34	1.79
Medical Health Conditions	45.45%	24.24%	27.27%	3.03%	0.00%	33	1.88
Billing & Documentation	32.35%	35.29%	26.47%	5.88%	0.00%	34	2.06
Client-Specific Cultural/Racial Preferences	21.21%	54.55%	21.21%	3.03%	0.00%	33	2.06
Health Equity	24.24%	45.45%	27.27%	3.03%	0.00%	33	2.09
Substance Abuse Disorders & MAT Treatment	30.30%	27.27%	33.33%	9.09%	0.00%	33	2.21
Using Population Health to Drive Success	23.53%	35.29%	26.47%	11.76%	2.94%	34	2.35

Q9: I am interested in learning trends across all agencies related to:

Topic	Yes %	No %	Total
Emergency Room and Inpatient Rates	77.78%	22.22%	27
Healthcare Cost/Cost Savings	86.21%	13.79%	29
Homelessness	86.21%	13.79%	29
Medical Health Conditions	93.10%	6.90%	29
Substance Use Disorders	93.33%	6.67%	30
Please list a data trend you'd like to see that is not currently provided	87.33%	12.67%	2 (see below)
Comments:			telehealth impact on provision of services SUD

Q10: Please rank the following medical conditions to indicate your interest in attending a training for each topic

Topic	1	2	3	4	5	Total Score	
Hypertension	0.00%	100.00%	0.00%	0.00%	0.00%	1	5
Chronic Pulmonary Disease	0.00%	0.00%	100.00%	0.00%	0.00%	1	4
Diabetes	100.00%	0.00%	0.00%	0.00%	0.00%	1	6
Neurological Disorders	0.00%	0.00%	0.00%	100.00%	0.00%	1	3
Hypothyroidism	0.00%	0.00%	0.00%	0.00%	100.00%	1	2
Liver Disease	0.00%	0.00%	0.00%	0.00%	0.00%	1	1

Q10: What aspect(s) of Health Integration and/or Person-Centered Care would you like to learn more about?

Respondents	Responses
1	Basic skills, definition of Health Integration

Survey Results continued

Q12: Please indicate you or your agency's need for training on each of the 6 BHH Core Services listed below.

BHH Core Service	Training Strongly Needed %	Training Moderately Needed %	Training Somewhat Needed %	Training Needed %	Training Not Needed %	Total	Weighted Average
Care Coordination	0.00%	12.50%	31.25%	25.00%	31.25%	32	2.25
Health Promotion	3.45%	10.34%	34.48%	17.24%	34.48%	29	2.31
Referral to Community Support Services	0.00%	12.50%	37.50%	18.75%	31.25%	32	2.31
Patient and Family Support	3.23%	12.90%	38.71%	9.68%	35.48%	31	2.39
Comprehensive Transitional Care	0.00%	20.00%	26.67%	30.00%	23.33%	30	2.43
Comprehensive Care Management	3.23%	16.13%	32.26%	19.35%	29.03%	31	2.45

Q13: Population Health is used to:

Topics	Strongly	Disagree	Unsure	Agree	Strongly	Total
Improve service delivery and member outcomes	13.33%	0.00%	13.33%	53.33%	20.00%	30
Promote preventative services	13.33%	0.00%	6.67%	53.33%	26.67%	30
Build relationships with community providers	13.33%	3.33%	13.33%	50.00%	20.00%	30
Track changes in health outcomes	13.33%	3.33%	13.33%	50.00%	20.00%	30
Identify populations in need of additional support	13.33%	0.00%	13.33%	46.67%	26.67%	30
Identify and resolve areas of Health inequity	13.33%	3.33%	16.67%	36.67%	30.00%	30
Develop the next year's goals/strategies	13.33%	3.33%	13.33%	53.33%	16.67%	30

Q14: I have a good understanding of what Population Health is.

Topic	Percentage
Strongly agree	21%
Agree	59%
Disagree	14%
Strongly disagree	7%

Q15: If provided a training on Population Health, what would you want to know more about?

Respondents	Responses
1	Health inequity
2	n/a
3	the term population health is not a term I have heard used in my setting . It may be important to educate facilities of what you mean by population health
4	goal and strategy development based on population health data
5	Continue with medical health
6	yes

Survey Results continued

Q16: Overall, the Tableau Dashboards are useful.

Answer Choices	Responses
Strongly Disagree	7.14%
Disagree	7.14%
Neither Disagree nor Agree	21.43%
Agree	53.57%
Strongly Agree	10.71%

Q17: I understand and am able to use the data to available in the Tableau Dashboards to improve service delivery and outcomes.

Answer Choices	Responses
Strongly Disagree	7.14%
Disagree	14.29%
Neither Disagree nor Agree	14.29%
Agree	53.57%
Strongly Agree	10.71%

Q18: Which of the following Tableau report do you utilize to help improve service delivery and outcomes? (select all that apply)

Answer Choices	Percentage
Health Assessment Report	61%
Monthly Lapse in Medicaid Report	39%
BHH Enrollee Services Report	39%
Payor Reconciliation Report	36%
Daily Medical Inpatient Report	32%
Daily Behavioral Health Inpatient Report	32%
BMI/BP Dashboard	29%
Asthma Medication Compliance Report	25%
Enrollee Level Report	21%
HEDIS Outcome Measures	21%
I do not utilize any of the Tableau Reports	21%
Medications that May Raise A1c Report	18%
Annual Satisfaction Survey Report	14%
Adult and Child Preventive Care	14%
Adult and Child Diabetes Report	14%
Cancer Screen Report	7%
Child Development Screening Report	0%

Survey Results continued

Q19: Which of the following Tableau report do you require training? (select all that apply)

Answer Choices	Responses
No Training Needed	46%
HEDIS Outcome Measures	18%
Medications that May Raise A1c Report	18%
Cancer Screen Report	18%
Payor Reconciliation Report	18%
Monthly Lapse in Medicaid Report	14%
Daily Behavioral Health Inpatient Report	14%
BHH Enrollee Services Report	14%
Enrollee Level Report	14%
Annual Satisfaction Survey Report	14%
Adult and Child Preventive Care	14%
Asthma Medication Compliance Report	14%
Daily Medical Inpatient Report	11%
BMI/BP Dashboard	11%
Adult and Child Diabetes Report	11%
Health Assessment Report	11%
Child Development Screening Report	4%

Q20: Which of the following DMHAS report do you utilize to help improve service delivery and outcomes? (select all that apply)

Answer Choices	Responses
BHH Client Summary report	60.71%
BHH Missing Data report	53.57%
I do not utilize the DMHAS reports	28.57%

Q21: Which of the following DMHAS report do you require training? (select all that apply)

Answer Choices	Responses
BHH Client Summary Report	17.86%
BHH Missing Data Report	14.29%
I do not need training on the DMHAS Reports	71.43%

Q22: Please list any report you'd like to see that is not currently provided.

Respondents	Responses
4	New Enrollee list
7	I am not sure
8	Report on cost savings by agency
10	Reports pertaining to health disparities
15	In my current position I have no access to tableau and only one person in agency has access
17	Improved outcomes report
18	Client Dashboard on Tableau
19	I don't have a suggestion
20	Most current client healthcare expenditure

Survey Results continued

Q23: Does your agency provide services to children?

Answer Choices	Responses
Yes	39.29%
No	60.71%

Q24: In order to meet the needs of BHH children enrollees, I need:

Topic	Yes	No
More community resources	70%	30.00%
Support with engaging the population	70%	30.00%
Education on pediatric medical health conditions	70%	30.00%
A better understanding of how to offer BHH services to children	80%	20.00%

Q25: My agency is equipped to provide whole-person care to children.

Answer Choices	Responses
Strongly agree	20%
Agree	40%
Unsure	30%
Disagree	10%
Strongly disagree	0%

Q26: What specific training needs do you require to effectively serve BHH Children?

Respondents	Responses
1	how to provide services
2	xxxx
3	More Education
4	Listed above, ehngaging the parents to agree to BHH and having therapists be able to explain.
5	Unknown
6	n/a
7	none
8	n/a/
9	n/a
10	Implementing BHH with children