

Connecticut Behavioral Health Homes

BHH Designated Provider Needs Assessment Survey Report

July 2021

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



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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 bridge the gap between physical health and 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 (SPMI) by aiming to achieve the following CT identified BHH goals:

1. Reduce 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 (DMHAS), the Department of Children and Families (DCF), the Department of Social Services (DSS), 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/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) 2020 Training Topics, 4) Reports and Dashboards, and 5) BHH Resource Documents. Information gathered will be used to develop the calendar year 2022 training schedule.

SURVEY DESIGN

The 28 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 11 matrix/scale questions with extensive skills/knowledge, moderate skills/knowledge, average skills/knowledge, basic skills/knowledge, and no skills/knowledge as response choices; and 1 open-ended comment box question.

SURVEY DESIGN CONTINUED

The second section, Medical Health Conditions, was included to assess respondents interest in attending a training on the top 6 medical conditions prevalent among the BHH populations, according to the 2019 BHH population health dashboard. In this section was 1 ranking question listing the following 6 medical conditions: Hypertension, Chronic Pulmonary Disease, Diabetes, Neurological Disorders, Hypothyroidism, and Liver Disease.

The third section, BHH Core Services, considered the gap between the 6 required BHH Core Services and the providers' need for additional training in order to successfully care for BHH clients. 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 fourth section, 2020 Trainings Evaluation, was included to give respondents an opportunity to share their satisfaction with 6 special topics trainings offered in 2020. Included in this section was 1 matrix/rating scale question with very satisfied, satisfied, neutral, dissatisfied, very dissatisfied, and did not attend as choice options; and 1 open-ended comment box question.

The fifth 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 sixth section, BHH Resources, was designed to assess the usefulness of documents created by DMHAS and/or the ASO to help agencies successfully operate as a BHH designated provider agency. This section included 1 matrix/rating scale with very useful, useful, neutral, somewhat useful, not useful, and do not use as response choices; and 1 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 about 400 BHH staff members throughout the state. Those who received the survey were listed as a BHH staff person on the 2020 BHH credentialing applications, or 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 2021 BHH Workgroup to remind provider agencies to participate. Lastly, BHH Directors at 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 was a total of 89 survey respondents; 68 submitted fully complete surveys and 21 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
Private Nonprofit	44%
State-Operated Facility	33%
No Response	24%

Percent of respondents by position

Position	% of Respondents
Primary Care Physician Consultant	1%
Peer Recovery Specialists	7%
BHH Administrative System Specialist	7%
BHH Care Transition Coordinator	9%
BHH Director	15%
BHH Nurse Care Manager	24%
BHH Specialists	37%

Percent of Respondents by number of years working in BHH

# of Years	% of Respondents
Less than a year	39%
1-3 years	18%
3-6 years	35%
More than 6 years	18%

SURVEY SUMMARY

1. General Training Needs

- At least 90% of respondents indicated average or above skills/knowledge of: population health, substance abuse disorders & MAT treatment, client engagement & participation, client-specific cultural/racial preferences, providing medical health education, and health equity
- Between 80%-89% of respondents indicated average or above skills/knowledge of: billing & documentation, medical health conditions, using data to outreach/serve clients, health literacy, and collaborating with community providers

2. Medical Health Conditions

- Overall, the medical conditions were ranked in the following order: 1) Neurological Disorders, 2) Diabetes, 3) Hypertension, 4) Chronic Pulmonary Disease, 5) Hypothyroidism, and 6) Liver Disease

3. BHH Core Services

- At least 77% of respondents stated they need some level of training around all 6 BHH Core Services
 - 88%, the highest percentage of respondents, stated they need some level of training around Comprehensive Transitional Care

4. 2020 BHH Trainings

- At least 46% of respondents stated they did not attend the listed 2020 BHH trainings

5. Available Data & Dashboards

- Tableau® Dashboards & Reports
 - About 49% of respondents neither disagreed nor agreed that the Tableau® reports are useful.
 - 43% neither disagreed nor agreed that the Tableau® reports are easy to use and understand
 - 54% of respondents indicated they do not utilize Tableau® reports
 - 64% of respondents indicated they do not need any training on the Tableau® reports
- DMHAS Billing Reports
 - 49% of respondents indicated they do not utilize the DMHAS billing reports
 - 61% of respondents stated they do not need training on the DMHAS billing reports

7. BHH Resource Documents

- 41% of respondents find the resource documents to be useful or very useful
- 30% of respondents indicated they do not use the resource documents
- 25% of respondents had no opinion on the usefulness of the BHH documents

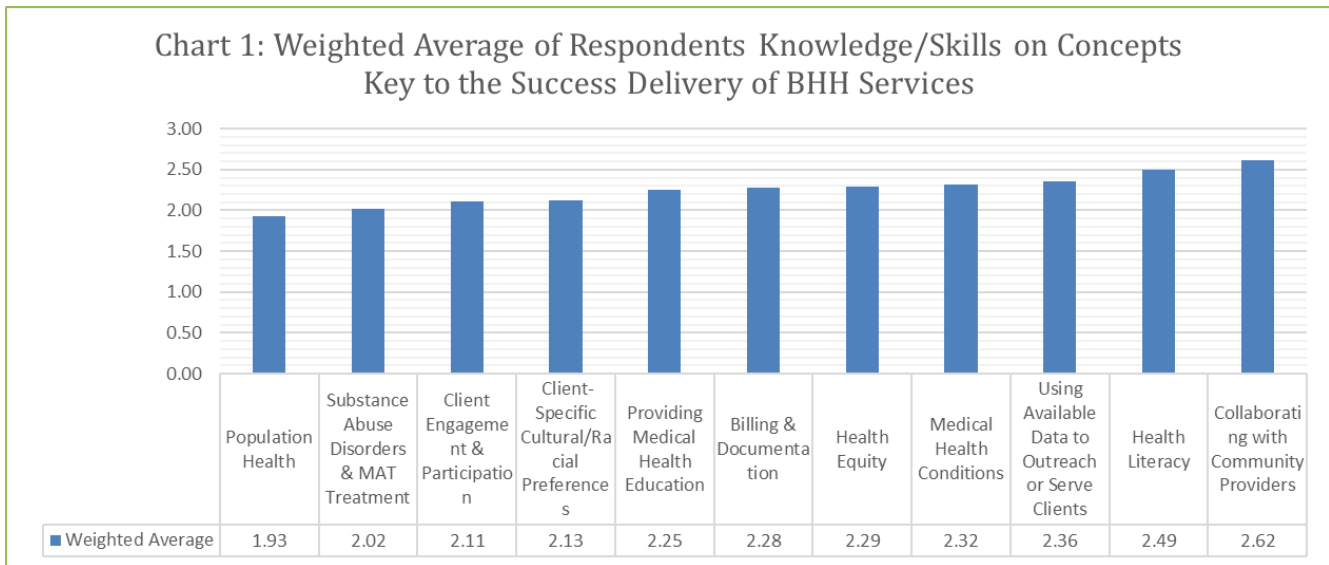
FINDINGS

Below are the key results of the survey, broken out by the section titles used to categorize the survey questions:

General Training Needs

The respondents were asked to rate their level of skill or knowledge of: billing and documentation; client engagement and participation; client-specific cultural/racial preferences; collaborating with community providers; health equity; health literacy; medical health conditions; population health; providing medical health education; substance abuse disorders and MAT treatment; and using available data to outreach/serve clients.

While overall most respondents indicated they were knowledgeable or skilled at the topics listed in the survey, **collaborating with community providers, health literacy, and using available data to outreach or serve clients** were the three topics that require the most training. This assumption is based on the high weighted average for these topics. A high weighted average may indicate one of two things: 1) more respondents selected basic knowledge/skills or no knowledge/skills, or 2) fewer respondents selected extensive knowledge/skills or moderate knowledge/skills. The highest possible weighted average is 6. See chart 1 below for more details.



Medical Health Conditions

The respondents were asked to express their interest in attending a training on the top six medical health conditions prevalent among the BHH population — according to the 2019 Tableau® BHH Population Health Dashboard — by ranking each condition from 1 to 6, with 1 indicating a strong desire to attend a training and 6 indicating little to no desire to attend a training. The three medical conditions that were ranked at a 1 more often than the other conditions were: **Diabetes, Neurological Disorders, and Hypertension**. These findings are not surprising, as diabetes and hypertension are the top disorders prevalent among the population. Participants may require training on these topics because so many individuals they work with have at least one of these diagnoses. Neurological Disorders while not as prevalent, the lack of previous training on this topic may be the reason for the need. See chart 2 on page 10 for more details.

Chart 2: Weighted Average of Respondents Interest in Attending a Training on the Top 6 BHH Population Medical Diagnoses



BHH Core Services

In section 3 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.

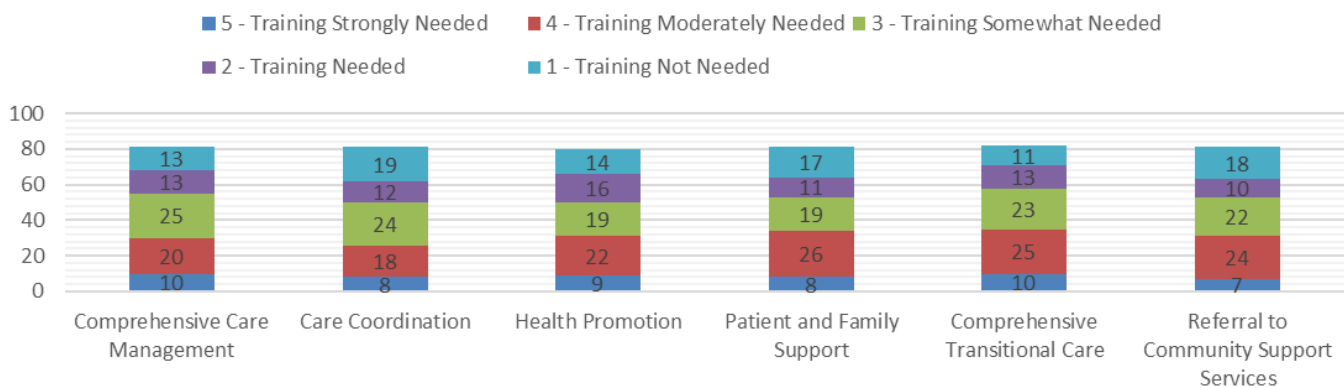
The results of the survey indicate some level of training is required for **all six BHH core services**. This assumption is based on the low number of participants that stated they did not need any training. For all six services, less than 20 respondents (25% of respondents) selected “training not needed.”

These findings correlate with the fact that 39% of respondents have been in their BHH position for less than a year; 18% worked in BHH between 1 and 3 years. This indicates a need for training around core BHH concepts as more than half of BHH designated staff are relatively new to the program.

Comprehensive Care Management and **Comprehensive Transitional Care** had the highest weight average, which implies a need to better understand the BHH services that focus less on providing a direct service/intervention and more on assessing and planning the course of treatment.

See chart 3 below for more details:

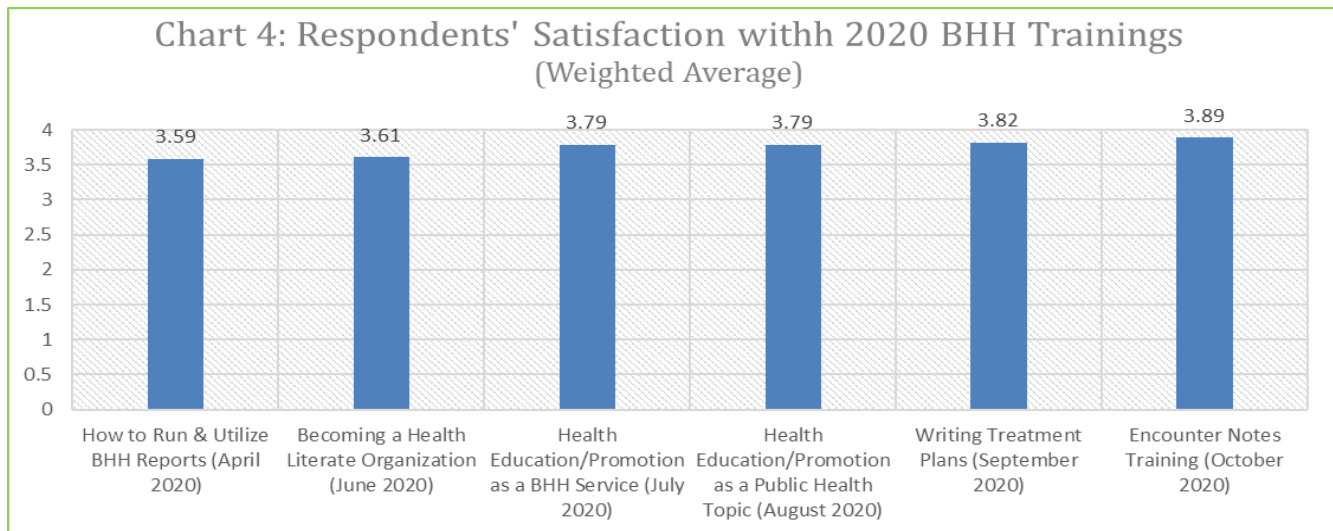
Chart 3: Respondents' Need for Training on the Six BHH Core Services



2020 BHH Trainings

In section 4 of the survey, respondents were asked to rate their satisfaction with the following 2020 trainings: 1) How to Run & Utilize BHH Reports; 2) Becoming a Health Literate Organization; 3) Health Education/Promotion as a BHH Service; 4) Health Education/Promotion as a Public Health Topic; 5) Writing Treatment Plans; and 6) Encounter Notes Training.

Overall, the results indicate attendance for the 2020 trainings was low; just under half of respondents (46%) indicated they did not attend. However, the top 2 most popular trainings among those who did attend were: 1) **Encounter Notes**; and 2) **Writing Treatment Plans**. This indicates providers and agency staff are more interested in trainings related to BHH service delivery and documentation. See chart 4 below for more information.



Tableau® Dashboards & Reports

In section 5 of the survey, respondents were asked to rate the usefulness and user-friendliness of the 16 BHH reports available in Tableau®.

48% of respondents neither agreed or disagreed with the usefulness of the reports. Similarly, 43% of respondents indicated they neither agree or disagree with the idea that the reports are easy to understand and use to improve service delivery and outcomes.

Respondents were then asked to select the reports they use to deliver BHH services/improve outcomes and which reports they require additional training.

The three most used Tableau® reports are: **1) Health Assessment Report; 2) Monthly Lapse in Medicaid Report, and 3) BHH Enrollee Services Report**. The results imply the BHH provider agencies use the reports designed to help with data reconciliation and monitoring more so than the reports that were created to assist with service delivery.

The report that requires the most training is the **Daily Behavioral Health Inpatient Report**. The **Adult & Child Diabetes, Annual Satisfaction Survey, Asthma Medication Compliance, BHH Enrollee Services and Medication that May Raise A1c** reports all came in second in requiring additional training. The assumption here is that the service delivery assistance reports are not used as often as the data reconciliation reports because BHH staff may not know how to best use them to support BHH clients. See charts 5 and 6, and table 1 on page 12 for more details.

Tableau® Dashboards & Reports

Chart 5: Reports are Useful

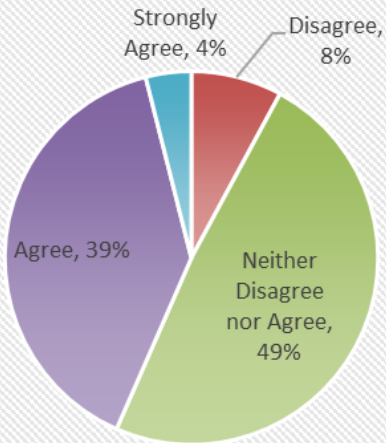


Chart 6: Reports are Easy to Understand

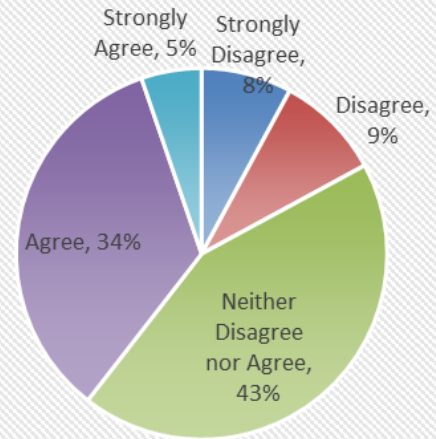


Table 1: Respondents' Utilization Rate and Report Training Needs Assessment

Tableau® Report	Utilization %	Training Needed %
Child Development Screening Report	2.63	13.16
HEDIS Outcome Measures	2.63	17.11
Cancer Screen Report	5.26	15.79
Medications that May Raise A1c Report	5.26	18.42
Asthma Medication Compliance Report	7.89	18.42
BMI/BP Dashboard	7.89	17.11
Daily Medical Inpatient Report	9.21	15.79
Adult and Child Diabetes Report	10.53	18.42
Adult and Child Preventive Care	11.84	17.11
Enrollee Level Report	11.84	17.11
Daily Behavioral Health Inpatient Report	13.16	19.74
Payor Reconciliation Report	13.16	13.16
Annual Satisfaction Survey Report	15.79	18.42
BHH Enrollee Services Report	18.42	18.42
Monthly Lapse in Medicaid Report	19.74	13.16
Health Assessment Report	34.21	14.47
I do not utilize any of the Tableau Reports/Require Training	53.95	64.47

DMHAS BHH Billing Reports

Section 5 of the survey also focused on the two DMHAS billing reports: 1) BHH Client Summary Report and 2) BHH Missing Data Report. Respondents were asked to select the report they use to improve service delivery. They were also asked to indicate if they required any additional training on either of the reports.

The Client Summary Report is used more often than the Missing Data Report. However, more respondents indicated they needed training on the **Missing Data Report**.

It is worth noting that many of the respondents stated they neither utilized the reports nor required training on the reports. This may be because the BHH administrative specialist is the primary person who use the reports and many of the survey participants indicated they are BHH specialists.

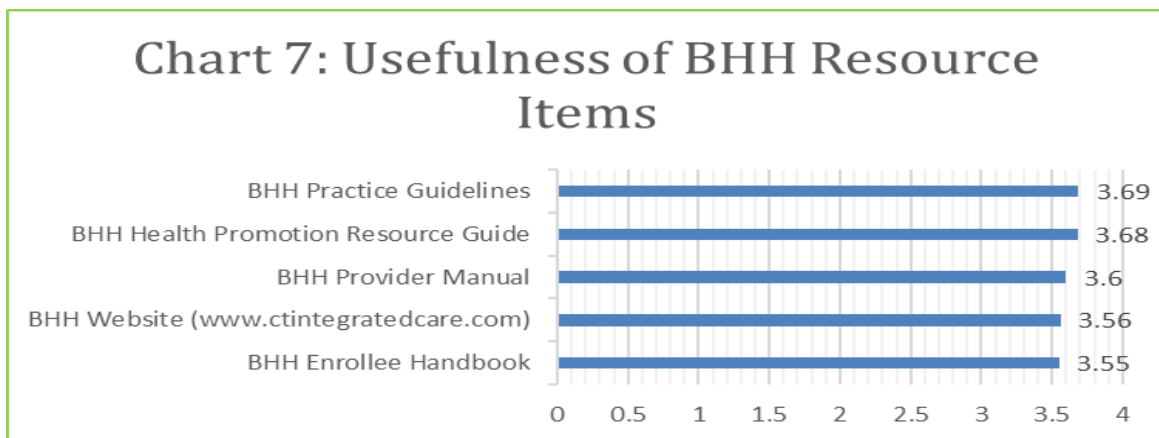
See table 2 below for more information.

Table 2: Respondents' Utilization Rate and Report Training Needs Assessment		
DMHAS BHH Billing Reports	Utilization %	Training Required %
BHH Missing Data Report	28.95	34.21
BHH Client Summary Report	38.16	28.95
I do not utilize reports/require training	48.68	60.53

BHH Resource Items

In section 6 of the survey, respondents were asked to rate the usefulness of five available resource items created by DMHAS and/or the ASO: 1) BHH Provider Manual; 2) BHH Website; 3) BHH Practice Guidelines; 4) BHH Enrollee Handbook; 5) BHH Health Promotion Resource Guide.

The top three most useful resource items are the **BHH Provider Manual**, the **BHH Practice Guidelines**, and the **BHH Health Promotion Resource Guide**. The results of this section indicate the BHH designated providers are most interested in resources that assist with understanding the BHH program and successfully implementing BHH services. See chart 7 below.



ASO Recommendations

A general theme throughout the results of the survey was the need for trainings and resources that help BHH providers better understand the BHH initiative and provide BHH services. Going forward, it may be worth devoting time to the following recommendations:

1. Using available resources to work 1-on-1 with agencies that have a high number of new BHH staff. New BHH staff is defined here as anyone that has been working in the program for less than 3 years.
2. Identifying trainings that would be offered year-over-year to assist with getting new BHH staff up to speed. Recommended trainings are below:
 - ◆ Encounter Notes
 - ◆ Person-Centered Recovery Planning
 - ◆ BHH Codes & Services
 - ◆ BHH Overview
3. Creating individualized, agency-specific provider needs assessment results reports so the leadership teams at each of the designated provider agencies can better support their staff in understanding the BHH initiative.

Below are recommendations, broken out by survey sections.

General Training Needs

As a reminder, collaborating with community providers, health literacy, and using available data to outreach or serve clients were the three topics that require the most training.

1. Collaborating with community providers: The ASO and DMHAS can discuss hosting a learning collaborative in 2022 that discuss ways to develop relationships with community medical providers. Part 2 of the learning can including special guests from community organizations that can help BHH clients meet their non-medical needs such as: housing, employment, social wellness, etc.
2. Health Literacy: The ASO and DMHAS are in the process of planning a health literacy training for October 2021. They are also working with Harvard University to have students enrolled in the school of public health review public-facing BHH documents. In addition, the ASO will ask those on the BHH general email list if they would like to join the BHH Health Literacy Committee to help BHH designated providers transform into health literate organizations.
3. Using Available Data: The ASO can remind BHH agencies of the monthly Tableau® support group. This time can be used to take a deeper dive into the reports designed to assist with service delivery and offer ways in which they can be used to provide BHH services to those who are eligible for the program.

Medical Health Conditions

Diabetes, Neurological Disorders, and Hypertension were the top three medical conditions respondents stated they require additional training around.

ASO Recommendations Continued

1. Diabetes: Diabetes was identified as the strategic topic for BHH for DMHAS fiscal year 2021-2022. So the ASO will spend time during the monthly check-ins reviewing the following Tableau® reports: Medications that May Raise A1c; and BHH Enrollees with Diabetes. DMHAS and the ASO will also encourage providers to identify clients with a Prediabetes diagnosis or are at risk of developing Diabetes. Once these individuals are identified, the team will discuss ways to proactively treat and support them.

A training on Metabolic Syndrome, Diabetes, and Depression was offered to the agencies in June 2021. The recording for this webinar was sent to each agency and will be posted on the BHH website so staff can review on an ongoing basis. Agencies also received the BHH health promotion resource guide, which provides several links to pre-existing evidence-based Diabetes curriculums and presentations. This guide is available on the BHH website.

2. Neurological Disorders: ASO would like to first identify the neurological disorder that requires the most training. Once there is a better understanding of the training need, the ASO can identify an external presenter around the specific-topic. Depending on providers' responses, one Neurological Disorder can be covered each year.
3. Hypertension: Hypertension should be the next strategic topic for DMHAS fiscal year 2022-2023. Similar to the plan to focus on Diabetes, the ASO can spend time during the check-ins reviewing reports that provide information on BHH clients' blood pressure. In addition, the ASO and DMHAS can work with the providers to better understand their process for supporting individuals who have a high blood pressure reading for the annual health assessment.

Agencies also received the BHH health promotion resource guide, which provides several links to pre-existing, evidence-based hypertension curriculum and presentations.

BHH Core Services

The results of the survey indicate training, or some form of assistance, is needed to help BHH staff understand how to provide the six BHH core services.

The first suggestion is to create practice guidelines around the core services. A practice guideline for health promotion currently exists and has received positive feedback from providers. It may be worth doing the same for: Comprehensive Care Management, Care Coordination, Patient and Family Support, Referral to Community Support Services, and Comprehensive Transitional Care. That way, these documents can be used by the BHH leadership teams as a training resource document for BHH staff. In addition, the ASO and DMHAS can continue to provide the encounter notes and BHH service and codes training to help understand the core services as well.

Tableau® Reports and Dashboards

The results indicate a need to remind BHH designated agencies of the reports that are available in Tableau®, specifically the reports that are more geared towards helping staff provide services and coordinate care with their clients. The ASO recommends reminding agencies of the monthly Tableau Support group and selecting one report to dive into each month. The ASO also recommends

ASO Recommendations Continued

encouraging the BHH Director to allow other members of the team outside of the BHH administrative assistant to have access to the database. The ASO can create a guiding document that suggests how each member of the BHH team can use the reports.

DMHAS BHH Billing Reports

Because the ASO is sun setting the Tableau® Enrollee Service report, the recommendation is to use a future work group to review both the Missing Data Report and the Client Summary report. While we are currently reviewing information on the Missing Data Report during the provider monthly check-in calls, providers continue to express difficulty with running and understanding the report.

In addition, we need to identify the person at each agency who has access to these reports and be sure to invite them to the meeting.

SURVEY RESULTS

Q1-5: Please rate your level of skills for each of the topics below:

Topic	Extensive #	Moderate #	Average #	Basic #	None #	Total Respondents	Weighted Average
Q1. Client Engagement & Participation	37	32	15	3	2	89	1.89
Q2. Billing & Documentation	18	41	21	9	0	89	2.24
Q3. Using Available Data to Outreach or Serve Clients	19	34	25	7	4	89	2.36
Q4. Providing Medical Health Education	28	36	17	6	2	89	2.08
Q5. Collaborating with Community Providers	32	38	10	7	2	89	1.98

Q6-11: Please rate your level of knowledge for each of the topics below:

Topic	Extensive #	Moderate #	Average #	Basic #	None #	Total Respondents	Weighted Average
Q6. Health Equity	7	44	25	8	3	87	2.49
Q7. Client-Specific Cultural/Racial Preferences	14	38	27	8	0	87	2.33
Q8. Substance Abuse Disorders & MAT Treatment	16	38	24	7	2	87	2.32
Q9. Health Literacy	12	43	26	6	0	87	2.3
Q10. Population Health	8	33	31	9	6	87	2.68

Q12: Please share any additional training need you may have:

Respondents	Responses
1	The help we provide echos to eternity
2	Data management, Excel skills, downloading of Beacon Reports
3	Need additional training regarding MAT
4	I would like more training on substances, their effects, and MAT
5	Motivational Interviewing, Train the Trainer, Supervisory Skills
6	DCF Training
7	I think it would be beneficial to have an arsenal of trainings to choose from online with a set number of hours so that the trainings are streamlined and we/or bosses can select from a repository in an area that they feel we may benefit from.
8	Substance use and medical
9	CPR First AID Suicide Risk Assessment Infection Control
10	How to conduct groups with clients

SURVEY RESULTS CONTINUED

Q13: Please rank the following medical conditions to indicate your interest in attending a training for each topic:

Topic	1	2	3	4	5	6	Total	Score
Hypertensions	15	20	11	11	11	15	83	3.66
Chronic Pulmonary Disease	5	14	28	20	12	4	83	3.61
Diabetes	23	21	11	12	7	9	83	4.17
Neurological Disorders	30	11	13	14	7	8	83	4.23
Hypothyroidism	2	8	14	19	26	14	83	2.78
Liver Disease	8	9	6	7	20	33	83	2.54

Q14: Please indicate you or your agency's need for training on each of the 6 BHH Core Services listed below:

Topic	5-Training Strongly Needed	4-Training Moderately Needed	3-Training Somewhat Needed	2-Training Needed	1-Training Not Needed	Total Respondents	Weighted Average
Comprehensive Care Management	10	20	25	13	13	81	3.01
Care Coordination	8	18	24	12	19	81	2.80
Health Promotion	9	22	19	16	14	80	2.95
Patient and Family Support	8	26	19	11	17	81	2.96
Comprehensive Transitional Care	10	25	23	13	11	82	3.12
Referral to Community Support Services	7	24	22	10	18	81	2.90

Q15: Please rate your satisfaction with the following 2020 trainings:

Topic	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Did not attend	Total Respondents	Weighted Average
How to Run & Utilize BHH Reports	1	1	15	11	6	46	80	3.59
Becoming a Health Literate Organization	0	0	19	8	6	49	82	3.61
Health Education/Health Promotion as a BHH Service	0	0	15	16	7	44	82	3.79
Health Education/Health Promotion as a Public Health Topic	0	0	16	15	8	43	82	3.79
Writing Treatment Plans	3	0	12	16	13	38	82	3.82
Encounter Notes Training	1	0	12	21	10	38	82	3.89

SURVEY RESULTS CONTINUED

Q16: Please share any additional comments you have about the 2020 trainings

Respondents	Responses
1	I find the staff generally claim to know the purpose of BHH. May we have simple flyers to explain this to staff and
2	I do not remember attending any trainings but may have.
3	I did not attend any of these trainings but would if offered again in 2021
4	I found it frustrating to receive trainings and criticisms about how I can better perform my job duties from people sitting in their homes during a pandemic while I'm in the office everyday seeing patients when no one else in the
5	I am no longer involved in BHH activities.

Q17: Overall, the Tableau® Dashboards are useful:

Answer Choice	Response %	Responses
Strongly Disagree	0.00	0
Disagree	7.89	6
Neither Disagree nor Agree	48.68	37
Agree	39.47	30
Strongly Agree	3.95	3

Q18: I understand and am able to use the data available in the Tableau® Dashboards to improve service

Answer Choice	Response %	Responses
Strongly Disagree	7.89	6
Disagree	9.21	7
Neither Disagree nor Agree	43.42	33
Agree	34.21	26
Strongly Agree	5.26	4

SURVEY RESULTS CONTINUED

Q19: Which of the following Tableau® report do you utilize to help improve service delivery and outcomes? (select all that apply)

Report	Response %	Response #
Monthly Lapse in Medicaid	19.74	15
Daily Medical Inpatient Report	9.21	7
Daily Behavioral Health Inpatient Report	13.16	10
BMI/BP	7.89	6
BHH Enrollee Services Report	18.42	14
Enrollee Level Report	11.84	9
HEDIS Outcome Measures	2.63	2
Annual Satisfaction Survey Report	15.79	12
Adult and Child Preventive Care	11.84	9
Adult and Child Diabetes Report	10.53	8
Medications That May Raise A1c Report	5.26	4
Cancer Screen Report	5.26	4
Asthma Medication Compliance Report	7.89	6
Health Assessment Report	34.21	26
Payor Reconciliation	13.16	10
Child Development Screening Report	2.63	2
I do not utilize any of the Tableau Reports	53.95	41

SURVEY RESULTS CONTINUED

Q20: Which of the following Tableau® report do you require training? (select all that apply)

Report	Response %	Response #
Monthly Lapse in Medicaid	13.16	10
Daily Medical Inpatient Report	15.79	12
Daily Behavioral Health Inpatient Report	19.74	15
BMI/BP	17.11	13
BHH Enrollee Services Report	18.42	14
Enrollee Level Report	17.11	13
HEDIS Outcome Measures	17.11	13
Annual Satisfaction Survey Report	18.42	14
Adult and Child Preventive Care	17.11	13
Adult and Child Diabetes Report	18.42	14
Medications That May Raise A1c Report	18.42	14
Cancer Screen Report	15.79	12
Asthma Medication Compliance Report	18.42	14
Health Assessment Report	14.47	11
Payor Reconciliation	13.16	10
Child Development Screening Report	13.16	10
I do not require any additional training	64.47	49

Q21: Which of the following DMHAS report do you utilize to help improve service delivery and outcomes? (select all that apply)

Report	Response %	Responses
BHH Client Summary Report	38.16	29
BHH Missing Data Report	28.95	22
I do not utilize the DMHAS report	48.68	37

SURVEY RESULTS CONTINUED

Q22: Which of the following DMHAS report do you require training? (select all that apply)

Report	Response %	Responses
BHH Client Summary Report	28.95	22
BHH Missing Data Report	34.21	26
I do not need training on DMHAS reports	60.53	46

Q23: Please list any report you'd like to see that is not currently provided:

Respondents	Responses
1	Monthly
2	I don't know anything about reports for BHH
3	I utilize enrollee service report, with the Billable service per enrollee per month
4	I have not had access for quite a while now to get into tableau
5	The case managers in BHH do not use Tableau, only the RNs do
6	More up to date health information on clients
7	Whatever is available
8	I am in the CSP program and not a direct BHH provider
9	Weekly BHH enrollee reports
10	BHH Report
11	BHH eligibility report
12	Reported of primary care physician yearly physical exam
13	No service report
14	EDW
15	I am not sure if I need any report
16	I would like to see reports that have information in them that we did not already provide you
17	Daily behavioral inpatient report
18	Client summary report
19	Blood Pressure
20	Substance use

SURVEY RESULTS CONTINUED

Q24: Please rate the usefulness of the following items:

Resource Item	Not Useful	Somewhat			Very		Do not use	Total Respondents	Weighted Average
		Useful	Neutral	Useful	Useful				
BHH Provider Manual	0	6	13	26	5	20	70	3.60	
BHH Website (www.ctintegratedcare.com)	0	6	17	23	6	19	71	3.56	
BHH Practice Guidelines	0	2	17	24	6	21	70	3.69	
BHH Enrollee Handbook	0	4	19	21	5	22	71	3.55	
BHH Health Promotion Resource Guide	0	2	17	22	6	23	70	3.68	

Q25: Please share any resource document you'd like to see that is not currently provided:

Respondents	Responses
1	I don't use any documents
2	Whatever is available
3	Cannot recall health promotion resource guide but I do use Krames on line often
4	All of them. I haven't seen any.
5	Client engagement for BHH
6	Comprehensive manual/book with all providers accepting husky, etc.
7	I would like to see the practice guidelines and health promotion resource guide
8	I usually will search the internet for information that is relevant to my clients needs at the time.
9	A guide for in-kind staff to introduce and offer BHH services
10	BHH provider manual
11	Updated information
12	Unaware these resources existed
13	There should be resource documents on how to run groups