

BHH Workgroup 11/19/21

Facilitators: Karolina Dudzik & Velvet Yusko

Attendance:

Velvet Yusko, CMHC; Karolina Dudzik, CMHC ; Karsten Olsen, CMHC; Nadine Lewis, CMHC; Molly Malone, CMHC; Guinell Stanley, CMHC; Ellen Severn, Capital Region; Mary Germano, Capital Region; Man-Ching Yeh, WCMHN; Alexandra LaBarca, WCMHN; Monique Miley, SMHA; Joe Trzaska, SWCMHS; Donna Blake, SWCMHS; Paula Zwally, SWCMHS; Migdalia Guzman, SWCMHS; Vicky Hoey, SWCMHS; Anna Ntate, River Valley; Elaine Stone

Topics Discussed:

Impact of COVID 19

- Overall, system stopped, then restarted differently
- COVID-19 brought to light a number of IT issues at our facilities
 - None of the data jives
 - WITS, DMHAS platform, and Citrix platforms have trouble communicating between themselves
 - Duplication of work and numerous audits to ensure data quality and accuracy
 - There have also been many staffing shortages due to individuals retiring, or felt the need to quit because of related vaccine mandates
 - There were questions on why each facility seems to be staffed differently
 - Several sites reported staff are having sign-in difficulties with Tableau
 - Various facilities have started to track their own data to ensure it is complete
 - Excel spreadsheets, BRAIN, and other systems utilized for tracking
- Clients that have passed away
 - Every facility reported a significant BHH patient population that has died as a result of COVID-19
- Some clients are still scared to come on-site

Challenges with Data and Timeframes for Providing Results of BHH Activities

- Turn-around times/deadlines
 - Opportunity to discuss timeframes in which data and/or updates are provided to agencies
 - Results from BHH activities
 - Chart Reviews
 - Focus Group Results

Data Lag for Billing

- Agencies are tracking their own data because of the delay in claims data
- Data in Tableau reports may not match data in the EDW
- The health assessment that is required for BHH is different than the health assessment that DMHAS requires, which causes some confusion with clinicians
- Each facility seems to be told different things as far as requirements for the BHH program

- For example, one facility was told that “As long as there is a G code in WITS it goes into Beacon directly and I do not have to enter anything into Provider Connect”
- All other state facilities have not heard this is the case

Recommendations for Beacon and OOC

- It is suggested that Beacon or OOC provides “BHH refreshers” for all staff at each facility

Tracking & Documentation

- Each facility has a varied way of documenting
- Some sites utilize G codes for PHQ-9 and an electronic friendly format, as others only use a paper copy
- Complicated forms utilized for health assessment
- One facility reports OOC inputs PHQ-9 data “automatically” while no other site is aware of this

Telework

- Many of the state facilities have cut back or even eliminated teleworking
 - This is how they have showed increase client engagement
 - Some sites report no RNs telework, and clinicians only telework 1x a week
 - Encounter numbers suffered when staff were offsite
 - There is no change in patient volume on-site
- Client engagement has also increased due to clients and clinicians receiving the vaccination
- Some sites report feeling “very busy” onsite, reporting performing many flu and COVID shots to clients

TEAMS

- Teams has proven to be “a just ok” platform
- Clients and clinicians struggle to use it due to lack of technology or understanding
- It has also not been a reliable source of technology to constantly be working
- It has been useful although for secure messaging
- ZOOM is not allowed by DMHAS, only TEAMS to be used, it has had many glitches and there is overall frustration

Groups

- Groups have also begun at all facilities
- Some facilities attempting groups via ZOOM and TEAMS
- Some successful groups include Arts/Crafts, Anger Management, Relapse Prevention, RSS, Health/Wellness, and LGTBQA+ awareness groups
- Clients report liking groups and being onsite for them

Enrollment

- Enrollment is a challenge at all facilities
- Auto Enrollment was being done at some locations, up until recently
 - As of now all facilities do not auto enroll
- Enrollment has become a constant source of tension between staff and the BHH Team as clinicians feel they “have to do more work with a BHH client”
- Some facilities state that the client is entitled to services to the client so they seem more eager to accept
- Some locations try and retry asking clients, as well as build off relationships the client may have with the staff and clinicians to attract them to the program
- Enrollment seems like a constant push/pull tug of war between clients, clinicians, and BHH Staff