



# Behavioral Health Home 2021 Site Visit Results

February 2022



# Behavioral Health Home Site Visits September - November 2021

## A Big Thank You

Thank you to all providers for being flexible. We appreciate you working with us as we continue to encounter challenges through this pandemic. It is important that we acknowledge your ability to do this with grace, understanding, and patience.

## Purpose of the Site Visits:

- To gain an understanding of the performance of Behavioral Health Home providers for year five.
- To assess areas of strengths and opportunities for growth.

## Reviewers:

- Beacon Health Options conducted record reviews.
- ABH and DMHAS staff conducted BHH staff and client focus groups.

# Behavioral Health Home Site Visits September - November 2021

## **This year's review process:**

- A random sample of BHH enrollees was selected for review of which was approximately 10 records or 2% of BHH enrollees.
- Some reviews were conducted remotely and some were conducted on site.
- Providers were given the client names prior to the arrival of the site review and created a key for the record reviews using the audit tool.

## **Focus Groups Process:**

- Providers selected staff and clients to attend separate focus groups.
- A common set of questions were asked of each group.
- Sessions were recorded and themes were identified to look at progress, challenges, and best practices.

# Measures and Scores

# Record Review Tool and Scoring

## Review tool

- The audit tool was modified in 2020, which included a change in language to a few measures. The tool categories remained the same since that time to allow for easy comparison.
- Scoring
  - Y = present
  - N = not present
  - P = partially present (an example of this would be when part of the measure is present, but not all components of the measure are present).
  - N/A = did not apply
- An overall passing score is 80% or above.
- Any provider with a category scoring below 80% was provided examples and suggestions for improvement in this categories.

# Overall Scores

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- Final scores ranged from 85 – 99%
- All providers passed
- Highest scoring category = Comprehensive Assessment (98.7%)
- Lowest scoring category = Treatment Planning (83.4%)

# Category changes since 2020

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## Improved categories (% increase)

Discharge planning and transition of care = 10.7%

Coordination of care = 12.8%

Progress notes = 9.4%

Peer support and family involvement = 7.5%

Comprehensive assessment = 3.6%

## Category that declined (% decrease)

Treatment planning = -3.3%

# Private Non-Profits

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- Score range 85-99%
- Highest category = Comprehensive assessment (98.4%)
  - Full credit score = Information in assessment category was found through documentation such as annual assessments, psychiatric assessments, notes, other forms of documentation. All components within this measure must be met to get full score.
  - Partial credit score = The presenting problem is documented, but not all of health concerns are listed, or perhaps depression screening is completed, but actions for a positive score were not documented. A partial score would then be given.



# Private Non Profits

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- Lowest category = Treatment planning (81.4%)
  - Full credit score = All client needs are documented on the plan, there are measurable objectives to be met within a reasonable time-frame, and evidence of the plan being a collaborative effort between staff and client is seen.
  - Partial credit score: Not all of the client needs are documented on the plan, some objectives are not measurable, or client language is not present. This would lead to a partial score.
  - Please see slide 12 for additional information / explanation on this category.

# State Operated

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- Score range 90-98%
- Highest category = Discharge planning and transition of care (100%); Comprehensive assessment (99.2%)
  - Full credit score for discharge planning = There is documentation of coordination with higher level of care via phone call or other. This is clearly seen in the record and includes a plan for discharge / aftercare.
  - Partial score for discharge planning = This may be where a W10 is present, but it is not clear that staff has read through or communicated with treating provider regarding this. (Documenting an attempt to contact would count towards a score).
  - See slide 8 for further explanation on comprehensive assessment.

# State Operated

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- Lowest category = Treatment planning (86.6%)
  - Please see next slides on further information / explanation for this area.

# Area needing most improvement

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## Treatment Planning (86.7% to 83.4% since 2020)

### Treatment Plan Requirements:

Overall, the treatment plan is consistent with identified needs including behavioral health, substance abuse, and physical health. There is one single treatment plan for all services.

- *For partial score, a plan may be missing an identified goal. For instance, there would be a mental health and substance use need listed, but the health need such as diabetes would be left out. Another example would be if a goal was too vague.*
- *When a record has several different treatment plans, all of the client's needs may not be seen by all providers involved. As a result, this could defeat the purpose of whole person care.*

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## **Treatment Plan Requirements (continued)**

The treatment plan contains a general goal, with a measurable objective (concrete change that can be observed through demonstration or self report), and includes time frame for progress.

- *For a partial score, a plan may have a general goal and a reasonable time frame for progress, but has an objective that is not measurable.*
- *The main issue seen within treatment planning category was an inconsistency in measurable objectives.*

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## Treatment Plan Requirements (continued)

The plan / plan update is developed collaboratively and there is evidence of direct input from the member. (e.g., The plan may includes quotes or language from the individual).

- *Sometimes it looked as though the language was from staff only and not the client throughout the entire plan. Clinical language might be sufficient in certain areas of the plan as long as there is also evidence of input from the client being worked with.*

# Treatment Plans

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- Janis Tondora's Person Centered treatment plan training is extremely helpful to assist in improving this area. It can be found here:

<https://www.ctintegratedcare.com/providers/prv-events.html>

(The following sets of slides have information taken from Janis Tondora's training. Please see the full training for all information).

# Person Centered Goals

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- Use person centered language
- Use the client's own words
- Goals should be written in positive language (“I want to feel good enough to take care of my family” rather than “I want to decrease my depression”)



# Treatment Plan Objective

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- Objectives are logically linked to reducing / removing a barrier
- Objectives are understandable and meaningful to the person served
- Objectives meet the SMART criteria
  - » S = they are written simply and are specific
  - » M = they are measurable (they happened or not *as evidenced by*). *A concrete change can be observed through demonstration, self report, or task completion.*
  - » A = achievable
  - » R = relevant
  - » T = time limited

# Objective Examples

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*Ms. (name) will...(improve in which area/ overcome which barrier) as evidenced by.... (achieving what new skill, hitting what short-term milestone)...within what timeframe.*

For example:

- Gary will better manage depression as evidenced by getting out of the house to attend one social activity per week in the community over the next three months.
- Within 60 days Jeanie's diabetes will be better controlled as evidenced by daily readings on her glucometer at 200 or less.
- For the next 90 days, Sally will have increased energy as evidenced by self-report of walking three times a week for 15 minutes each time.

# Objective Tips

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Objectives are the “what” / the proof they are getting closer to their goals.

- Divide larger goals into manageable steps for completion.

Ask yourself:

- What are the next steps to the goal?
- What is the next significant milestone?
- What change can happen that the person will feel good about?

*\*\*Read it aloud – can you say yes or not to the question of whether or not it was achieved?*

# Interventions

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- Interventions are the *how*
  - *How* are we going to get there?
- Interventions are the actions taken to achieve the objective.
  - » These are the services or supports provided by professionals, friends, or family
  - » Answers the questions: who, what, when, and why

# Next Steps for Chart Reviews

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- If your agency scored below 80% on any of the categories, you received a summary in addition to your score letter.
  - Summary included examples and suggestions to assist in improving your score.
  - A strong suggestion is to review the Janis Tondora training on Person Centered Treatment Planning if treatment planning was an area of suggested improvement.
- Next chart review: Date to be determined
- It is expected that at the next chart review, that there will be an improvement in areas less than 80%.

# Thank you.

