

**DMHAS BEHAVIORAL  
HEALTH HOME FOCUS  
GROUP FINDINGS  
2021**



*“If you’re not taking care of your physical health, how are you supposed to take care of your mental health? It goes hand in hand.”*

## BHH FOCUS GROUPS

- Annual site visit was held in person this year
- 29 total focus groups at 14 sites
- 61 clients participated
- 83 staff participated
- Average of 6 staff and 4 clients per focus group
- Some focus groups were offered in Spanish
- Focus groups were analyzed for common themes – individual agency reports are forthcoming



# BHH FOCUS GROUPS



## Focus Areas

- What are client's health goals?
- What did we learned from COVID?
- What do staff and clients say about their alliance?
- What works to increase collaboration at agencies?

## WHY BHH?

“On average, people living with mental health issues die 25 years younger than an average person with no mental health issues. So I think - you know - preventative care plays a huge part.”

- Many psych meds have negative health side effects
- Feeling well mentally includes feeling well physically
- If experiencing MH crisis, PH may be put on hold indefinitely – so clients may have a backlog of issues
- MH symptoms may interfere with access to health services

## CLIENT SUCCESS

*I have a client in mind ... She's diabetic and she uses a walker, and if you lifted up the seat, she always had empty cans of soda falling out. I saw her yesterday, and she had bottled water, and she's lost 30 pounds. And she's so proud of it. - Staff*

*"I have a client that – he was virtual, he never was in person. I engaged him in the wellness-health group. He was going to get bariatric surgery, and was coming to the group – did well, lost weight, and didn't have to have the surgery." -Staff*

*"I honestly believe some of the clients got more independent. They stepped up to the plate and they showed that they could do things that I didn't think they could do. The classic example I can use, the gentleman who is very lower functioning – I just talked to him on the phone the entire way he was on the bus. Just pay attention, things like that. Just getting him to the bank to get the money and then to bring it to the landlord. And I was on the phone for probably almost 2 hours with him, but we did that." - Staff*

# COMMON CONCERNS / GOALS

Nutrition

Exercise

Weigh Loss

Asthma / COPD

High cholesterol

Pain

Drinking more water

Med compliance

STDs

Cancer

Clients want:

- Strategies for eating healthy on a very limited budget / food stamps
- Areas to exercise and socialize with their peers
- Support setting SMART goals and then revisiting them to track progress over time
- Support in doctor's office visits to help 'break it down' for them
- Care coordination when inpatient



# WHAT WE LEARNED FROM COVID

# COVID

“Well, it was a really depressing time there, and, then getting left without support. Well I just stopped taking my meds and started getting drunk again so it didn't work out well for me.”  
-Client

“they're trying to do their electronic connection stuff. It's just absolutely horrible...and secretaries and making appointments or phone call things you know, that's the, you know, basically they... I just got abandoned by them.

-Client

“It was difficult – some of the clients that we had in the manors and in the nursing homes, they ended up getting COVID and dying. And that was traumatic for the team, the people that worked with them for 5, 7 years.... And we didn't have the support of each other because we were all working from home.”

-Staff



# TELEHEALTH

“it’s supposed to be a smart phone, but it’s dumb.”

“I thought it was easy to do the online equipment for appointments. I was wondering – why couldn’t they do this all along? ... it makes it easier to not have to come in, not have to need transportation or anything”

-Client

“people talk about doing the Zooms. I’m just not a phone person talking, -It’s not people friendly number one, and I can do it, it’s just very frustrating. Some people just can’t get the gist of it.”

-Client

# TECH AVERSE

- Meet face-to-face in the community; socially distancing and wear masks
- Have an outdoor walking or hiking group
- Consider going to the client's house to help them use telehealth for important doctor's appointments

- Be sure to have the right frequency of connections based on client needs
- Have a plan for check in; not just a general 'are you ok' or clients may disengage
- Continue to support client basic needs in a socially distanced way

# TECH SAVVY

- Some clients will prefer groups and sessions virtually to reduce travel and other inconvenience
- No-show rates may improve
- Clients with social anxiety may feel more comfortable with virtual groups
- Support clients in using other online services like Instacart and Peapod

- Consider trying different groups:
  - Social activities, like movie nights
  - Exercise groups like chair exercise and dance
  - Self-care groups
  - Curriculum-based groups like CDC diabetes type 2 prevention group

## TECH SAVVY --- APPS?

myfitnesspal



abridge

Google Fit

myWalgreens Health Goals

- State now offers free smart phones and ARP funded free internet
- Multiple apps will record client's activity and calorie intake
- Clients mentioned using apps that 'pay them' to walk
- Abridge will record, transcribe, and translate medical terms for doctor's visits

# INDEPENDENCE

“And I think it really challenged them to start being a little more independent and not always looking for us for every little thing. I think it was a unique way for them to start learning new skills or utilizing the skills that they already were taught and putting it into action, so I think some of them actually came out a little more resourceful or independent.”

“I honestly believe some of the clients got more independent. They stepped up to the plate and they showed that they could do things that I didn't think they could do. ... [a] gentleman who is very lower functioning – I just talked to him on the phone the entire way he was on the bus. Just pay attention, things like that. Just getting him to the bank to get the money and then to bring it to the landlord. And I was on the phone for probably almost 2 hours with him, but we did that”.

# INDEPENDENCE

“I considered it, but I changed my mind – what I was reading online and on the news, the mental health hospitals aren’t exactly the safest place to be. So I had to find a different way to deal with whatever it was.”

-Client

- Use online services – Peapod, Instacart
- Accessing free resources like food pantries and USDA produce giveaways
- Support clients learning how to use the transit system – especially when it was free
- Walk clients through doing tasks themselves

**DO YOU THINK YOUR CLIENTS  
BECAME MORE INDEPENDENT  
DURING COVID?**

## ROUTINE & PREVENTIVE CARE

“[for] something simple like an ear infection, they would ... go to the ED ... because they couldn't get an appointment with their primary because the primaries backed up for three months or they couldn't get to an urgent care. ... it was very hard to see that”

-Staff

***Clients will need to catch up on routine and preventive care in the next few months!***

- Clients reported long delays in scheduling appointment with their primaries and specialist
- Many doctors were offering telehealth services but tech averse clients didn't have access or didn't have the knowledge
- Routine procedures, like colonoscopy, etc., were canceled as hospital capacity was reserved for patients with COVID



## OTHER LESSONS FROM COVID

- Clients and staff alike need access to smartphones, computers, and internet in a virtual world
- Agency cars / vans can be modified to continue to provide transportation to clients
- Clients can be coached through routine activities they normally get help with
- Some agencies used collateral contacts to continue to monitor client vitals such as outpatient settings and visiting nurses
- Clients need support in meeting basic needs such as access to food giveaways and food pantries

**WHAT ONE THING DID YOU LEARN  
ABOUT YOUR CLIENTS FROM COVID?**

## RELATIONSHIP BUILDING

“My clients, and I hate to say this, but the majority of them because of COVID have gotten lazy. They don't want to do anything.” -Staff

“I've even taken her shopping and taken stuff out her cart [staff laughs] – you don't need this, you don't need candy”  
-Staff

VS.

“these are things that normally family and friends would go with you. So it's also [being] that person to know what's going on, to hold your hand...-Staff

“I noticed that the staff I interact with here will ...share about activities they are doing in their personal life, and I am endeared to that. ... I enjoyed the comradery.” -Client

# TALKING ABOUT HEALTH

I don't know – it feels almost too personal, I don't know.”

-Client

“I guess I'm fine with it as long as they're qualified to be doing it.”

-Client

“I think the technology has really helped us to be in a place where you can look something up and find the information you need right there and feel confident, too.”

-Staff

“I feel okay to talk to them about [health], because it's basically following up – it's not like we're telling them you're prescribed this or giving them medical advice – we're just supporting and helping them and assisting them to be in the best health they can be.”

-Staff

# RELATIONSHIP BUILDING

- Develop a trusting relationship through consistency and caring
- Clients want staff to be knowledgeable about the topics on which they provide information
- Turnover feels like 'losing a family member' to clients
- Clients appreciate when workers share a little bit of themselves
- Clients don't want to feel judged in anyway
- Be aware that some clients a history of trauma related to health care

# AGENCY FEEDBACK

**SELF-RATINGS ON BHH  
COLLABORATION RANGED FROM A 1  
TO A 10 WITH 10 BEING THE HIGHEST  
LEVEL OF COLLABORATION**

## BHH COLLABORATION

We know that it exists – it almost is even my team, talking about BHH, we can have [staff name] come in and talk more about it [laughs]. We need refreshers sometimes and a lot of times the team, we're thinking - what exactly BHH is giving or adding to what we're already doing, what's the add. So that's been kind of strange....” -Staff

“Yeah, for me when I first came here – I didn't see any difference to how we approached our clients. [Laughs] Like BHH to me was almost like a statistical thing ... it wasn't really like people – it was this statistics thing”  
-Staff



## WHAT WENT WRONG?

- Non-BHH agency staff don't see the value-added in BHH
- BHH delivery is undermined by diverting staff in to other tasks or having BHH understaffed in general
- Frequent staff turnover results in BHH staff having to educate staff over and over again
- BHH staff feels that, while they are collaborative, people in other roles at the agency are siloed and not as collaborative
- have limited ability to meet client needs like transport to medical appointments
- Staff are focused on meeting their 'numbers' of assessments or one service a month

## BHH COLLABORATION

“Yeah, the treatment plans. We have the health goal and then we have steps too of following up with appointments. Even the clinicians, they have in their treatment plans the date of their last physical so they encourage them to go. Yeah, like [S5] said, whoever is sitting in front of the clients, have everybody on board encouraging them about their health.

-Staff

“The Drive has a BHH folder, so everybody in the agency can access it. On Fridays, they also have some meetings....So like the other week, they were doing diabetes, so people could pop in and get that information, but they also know they can go on the Drive and get it there, too.”

-Staff

## WHAT WENT RIGHT?

- Had BHH members embedded in regular team meetings
- Required each treatment plan to have a health goal that was implemented by the entire team, i.e. CSP, clinicians, BHH, etc.
- Leveraged other department's staff to reinforce and implement health goals – the agency had a 'whole person' orientation
- Medical consultants have an active role in developing treatment plans and was easily accessible for a consult
- Provided shared health / BHH resources through a central computer drive for the entire agency
- Used resources like Project Notify and 'gaps in care' report to support clients going to hospitals

**WHAT ONE KEY THING WILL YOU  
TAKE-AWAY FROM THIS MEETING?**

**THANK YOU!!**