

CMBHS User Teleconference

May 14, 2013

DSHS Staff Introductions

- Kevin Davis, Chris Meengs, Jackie Webster, Philander Moore, Brenda Briseno, Wendy Cook, Vanessa Crawford

Announcements & Updates

- **Brenda – CMBHS Training**
 - CMBHS Training will take place in Austin June 11-12.
- **Vanessa, DSHS MHSA Quality Management – QM Review of CMBHS**
 - We're in the final stages of the CMBHS review that began last year and a final report will be sent to you late next week. We need to have our internal meeting first, so I can't share anything now, but the report will be attached to an email to executive directors; this will go out Thursday or Friday of next week.
- **Chris – Mental Health (MH) Project (Currently in Development)**
 - Currently in the process of testing the CANS and ANSA data exchange with the mental health providers. We are looking forward to implementation of mental health functionality in September.
- **Jackie – Production (CMBHS Currently in Use)**
 - We have not had a major release since our last call. We have addressed some specific issues:
 - Changes to financial eligibility in response to individual issues
 - Claims changed in response to individual issues
 - Service End issues addressed
 - Since there have not been any major updates or changes, let's talk about the big change that's going to be deployed soon: **Optimization**. We've been working to focus in on timeliness of application response; we know that certain areas take longer to process than others do. The changes this optimization should improve performance, and it is divided into two sections: Framework (Chris will explain) and screen changes. Some behind the scenes changes will affect all aspects of the application – the changes to the framework – and then there will be changes to individual screens.
 - **Chris:** We implemented the framework changes to improve response time and use of server resources. We've already seen a reduction in CPU usage from 90% to 26%, and response time has been reduced by 64%, so we're hoping that folks in the field are seeing similar results. We're looking forward to the second phase of the optimization where the screens will change.

- **Jackie:** We have specifically targeted these screens for optimization in response to calls and technical testing: Day Rate Attendance, claims, progress notes, Client Workspace (and its related documents).
 - **Chris:** We're doing our internal testing on these four screens now. Next comes user acceptance testing within the next couple of weeks, and then we will move the revised screens to production.
 - **Jackie:** Does anyone have any feedback on how things are operating within the last week?
- **David, Nexus:** *Do the framework changes apply to the report server?*
 - **Chris:** No.
- **David:** *Good, I didn't see any change there.*
 - **Jackie:** What about the rest of the application, David?
- **David:** *Honestly I haven't noticed. I'm not saying it hasn't gotten quicker, I just haven't noticed.*
 - **Jackie:** Anyone else?
- **Barbara, Tarrant County:** *On claims, I haven't seen a change, it seems slow.*
 - **Chris:** That's going to be optimized within the next release.
- **Barbara:** *When I pull names or move from one record to another it still seems kinda slow, I haven't seen that much of a change.*
 - **Chris:** A lot of the client search functionality will improve when the mental health release comes online at the end of August since it will be a system-wide improvement.
 - **Kevin:** Barbara, even though that's the MH deployment it will benefit the SA providers already working in the system as well. The search will, at that time, include a global client index.
- **Sherry, Austin-Travis County:** *What are the screens?*
 - **Jackie:** Day Rate Attendance, claims, Progress Notes, Client Workspace.
- **Sherry:** *I'm glad to hear about the global client index because client searches are still slow at this time.*
 - **Chris:** We recognize that and we're looking forward to the change as well.
- **Sherry:** *Could you add a field where you can add a local case number? Is there any way for us to enter one and then search by a local case number?*
 - **Kevin:** There's already a place for the local case number to be included, in the client profile. Each provider can enter a local case number in the client profile. Was that what you were talking about? Or did you want to search by that field?
 - **Kevin:** Are you aware that there's already a place to document that?
- **Sherry:** *I guess not.*

- **Kevin:** It is on the Client Profile screen. If you don't enter a number when the Client Profile is created, it enters the CMBHS number, but you can override that with your local number. The field to enter this should be on the left hand side near the bottom of the screen.
- **Sherry:** *So you can do a search by your own local case number?*
 - **Brenda:** No, not currently you cannot find a client by the local case number.
 - **Kevin:** We do have a plan to add that in the near future, we identified that as a requirement for MH deployment, so, soon.
 - **Jackie:** It's part of the global client index functionality. It's important that there be only one client record, and yet you need to be able to find them by their unique ID no matter how many providers that person is seeing. I hope that that will all roll out by August.
- **Sherry:** *Thank you, that's fantastic*
 - **Jackie:** We have been talking about the optimization, not many have chimed in yet, so keep an eye on the speed of the system, and we do appreciate your feedback. If you don't see a difference, we need to know that. From our end, the numbers show that the system's performance has improved. It may be more evident to users when the specific optimized pages are rolled out.
 - **Kevin:** While we're waiting for anyone to speak up about the optimization, I wanted to mention something we've been talking about for a while now, and I know you haven't seen it yet but we are working on improving how the Progress Note function works. A common complaint is how long it takes to enter a Progress Note. The improvement should be available soon, it's been a long process, the code behind the Progress Note was more complicated than we had anticipated, and the developer who is working on it is encountering some difficulties in streamlining the process. We want to wait until it's working well rather than deploy something that's only halfway there. That should be coming soon, there are improvements I have seen, there are a few kinks left to be worked out but generally, the progress note process should be much improved over the current system.
 - **Chris:** We need to make it through our internal testing and then user acceptance testing, so, 2-3 weeks before this is available to users.
 - **Jackie:** If no one has any further questions or comments about the optimization, we can start taking more general questions.

Q&A/Open Discussion

David, Nexus

I just went through and clicked around and edited a progress note and it did seem pretty quick.

- **Jackie:** That's great, thank you. I hear Friday afternoons are busy so we will have to see how it works on Friday, but I really appreciate the feedback.

Linda Buechter, Brazos Place

For those who are just getting on the system, I want to tell you that this too shall pass, this is a great system and once you get into it, its' very helpful. I do have a request: Can we get outcome performance measures added back to the reports system? The BHIPS system had an outcome performance measure report that we could pull at any time and it was extremely helpful.

- **Kevin:** I know the issue you are talking about, I'll talk with our team that works on those reports. I'll talk with them today to find out what we need to do to make that happen.
- **Linda:** *Outcome measures are essential for DSHS and other funders. I love the system and I'm all for it but I do wish we could get this report as we had it in BHIPS.*
 - **Jackie:** What kinds of things were shown in that report?
- **Linda:** *Percentage admitted, percentage completed, how many thorough follow-up report how many were in recovery, how many completed, how many unsuccessfully discharged...it gave us a good percentage.*
 - **Kevin:** What provider are you with?
- **Linda:** *Brazoria County Alcohol Recovery Center – Brazos Place*
 - **Kevin:** I remember there was some sort of issue with this type of report, but I can't remember the details; we'll find some way to accommodate you, we have a different set of resources for reports so we'll have to work on getting this for you. I will let you know directly and we'll include the answer in the call notes.
 - **Chris:** From a resource perspective, I want to mention that we got approval to hire two new developers and we're interviewing now, so once we have them hired and trained (which will take 2-3 months) we will have additional resources for dealing with routine maintenance issues in CMBHS.
 - **Jackie:** Sometimes during their training, they have a chance to fix the little things that might not otherwise get fixed, so you may see some of the relatively smaller problems be addressed sooner rather than later.

Andrew, MHMR Brownwood

When you asked what measures were reported, the contracts themselves were driving the measures - we have some of those in the prevention side of CMBHS, and the contracts were driving the population of the report.

- **Jackie:** We appreciate that info and we will not forget prevention.

Kevin: About the two new resources – it will take them a couple of months to get up to speed and be productive to fix changes and problems in CMBHS. It will be worth the wait because then we'll have twice the number of developers we have now for maintenance. This might be

more than you care to know, but we have funding for maintenance and those salaries are paid out of that fund and maintenance is *all* they can do, and two have people paid for out of the project fund - which is developing the mental health functionality – so that’s all *they* can do. The two sides can’t cross over to help each other. Maintenance is what you care about on a day-to-day basis – change requests, bug reports – we have a nice long list of issues that these two will be working on once they are on board. The little nagging issues that are lower priority are the types of issues they’ll resolve earlier while they are getting to know the system. We might solicit feedback on which issues need to be looked at first from this call or other calls. Once they are trained and up to speed we should see some real improvement in the turnaround time for issues and problems.

Marsha, Gainesville State School

I have several items entered and ready for review, what is the time limit from when you’re supposed to have these reviewed and changed to closed-complete by your supervisor?

- **Brenda:** In the system, depending upon the documents, they should close complete all documents before the client is discharged from the system.
- **Marsha:** *So if you don’t do that, there’s a holdup if you discharge them*
 - **Brenda:** If you have the service end in close complete and service begin is in ready for review status, you’ll never be able to mark that record complete. Also when you have a treatment plan in ready for review you can not update or do a treatment plan review since the document is not closed complete.
- **Marsha:** *I had a new admission, and then had to turn around and do a discharge because they failed the system – we couldn’t go in and do the discharge.*
 - **Kevin:** There is a report in the system that shows you which records are in ready for review
 - **Brenda:** On the bottom of the reports, “Document Status”
 - **Kevin:** I’d recommend you review that report on at least a weekly basis if not more often.
- **Marsha:** *At least that way we will know how many are ready for review. I’ve been trying to keep up with a report of my own, but there are probably several discharges that are ready for review and not closed.*
 - **Brenda:** The report is called Document Status Query – it will give you all the statuses (ready for review, draft).
 - **Kevin:** You can then filter down to a specific document status (called drill down), so you can view only the records that are in ready for review status.
- *Thanks, that’s really helpful.*

Nancy H, Council on Alcohol Drugs Houston

We have an OSAR and a PPI program. Which reports are available to those programs? Screening is available for OSARs, as is Document Status Query, but is demographic summary?

- **Kevin:** I can’t think of a reason why that wouldn’t work, even with PPI you’re creating a client profile...Brenda, are you aware of a reason that wouldn’t work?
- **Brenda:** I don’t see a reason; if you want, we can talk about this after the call, call the Help Line, and ask for Brenda.

- **Nancy:** *We know there are many reports in CMBHS and we want to see which reports are relevant for our program.*
 - **Jackie:** I will make a table for help to indicate which program types have access to different reports. I'll work on that and get it ready within a couple of weeks.

Marcy, Helen Farabee

When the initial assessment needs to be done by the end of third service day, and initial treatment plans are due by the fifth service day, this causes issues when I pull up the report that says clients did not have completed treatment plan within five service days - they did, but y'all are counting every day not just service days since program admission. [Clarification: Outpatient service days may or may not be contiguous and uninterrupted; in this case, treatment was not provided over a continuous period of days.]

- **Kevin:** I think that we can fix that easily, I need to talk with the report writer, I did not know it was doing that.
- **Marcy:** *It shows the dates to be the same, it counts every day and not only the service days. So that's not reflecting what we do.*
 - **Kevin:** The report functionality is a separate group of resources, as I mentioned. It sounds like an easy fix but they may tell me I'm wrong.
- **Marcy:** *I appreciate y'all taking a look at that, I kept thinking it might be resolving but I checked this morning and it was the same.*
- **Jim Krebs, Gulf Coast Center:** *The report that she was talking about - we've seen that too, the service days are the ones they attend, I understand, so if there are absences I'm not sure how to clock that...*
 - **Kevin:** We have some clever report writers so I'll talk with them. I can't promise that it will be fixed quickly but I think we can come up with something.
- **Jim:** *It's different... for residential services you've got them in a house but with outpatient services they may not show up for 2 days after they're admitted, which would impact that five service day piece.*

Female caller, MHMR Tarrant

I think it's a glitch; under client information we load our local case number and when we switch locations the number doesn't follow, it records the CMBHS client number not the local case number.

- **Kevin:** That's on purpose although I think when we deploy mental health functionality we're looking at making changes to that. Several years back we were told that location-dependent numbers for clients were in use, and now we have some people in Substance Abuse that are using it that way – changing client numbers with each location. However, for MH providers and LMHAs, it's the same number across the board and so we've already identified a need to change that feature as part of MH functionality. On the one hand we knew about it and it was intentional - it's doing what was requested that it be done – but on the other hand, we recognize the need to adjust that again, and soon.

- **Linda, Brazos Place:** You can go in on the profile and change the local number, but if we get a client that's returning – we just put a dash and then next number, so we know by looking at the number that they have been there before.
- **MHMR Tarrant:** We have the same local case number regardless of service type.
 - **Kevin:** I do not have the requirements document in front of me, but we had a lengthy discussion on how to accommodate providers once we add Mental Health services. I believe it will display the current number in the client profile, but you will also be able to see a case number history, what we're going to have ready for the MH deployment will be an improvement so that you can track case numbers from other providers as well as within your organization. It's going to be a lot more flexible.
 - **Kevin:** I know some of the changes we're making for the mental health release we're going to deploy prior to September 1. I'm not sure if that's one of them or not, but there will be announcements made, we'll coordinate with help line and training team, and make announcements on the CMBHS login page so you know when that's about to happen.
 - **Jackie:** And release notes and the Online Help. You can always look there as well.

Female caller

In the September rollout will there be a place for the Medicaid number?

- **Jackie:** Yes, there will be ways to enter Medicaid number whether it's in the client profile or elsewhere – I know we do have a place for SA users in the Financial Eligibility section – but what's important is after the MH rollout there's going to be another rollout that changes the way we interact with Medicaid. You will be able to get coverage verification via CMBHS or get their Medicaid number...the answer is yes but it's going to be a while.
- **Kevin:** When we get Medicaid functionality, you'll be able to verify in real time Medicaid eligibility via CMBHS as well as having access to some related features.

Call ended at 10:50 AM

The June 2013 Teleconference will take place on Tuesday, June 11, 2013 beginning at 10 AM Central. Please join the call promptly as some calls are brief. Information about the call, including tips for callers, may be found at <http://www.dshs.state.tx.us/cmbhs/teleconferences.shtm>. Please direct any general questions to cmbhs@dshs.state.tx.us. For current users with specific, technical questions or issues to report, please call the CMBHS Help Line at 1-866-806-7806. The Help Line is staffed Monday through Friday from 8 AM - 5 PM Central. Please note that the Help Line is closed after hours and on holidays. Should you encounter problems after hours or on a holiday, your call to the Help Line will be routed to a pager. Please enter your number and your call will be returned as soon as possible on the next business day.