

# Behavioral Health Home Services Summary of Site Characteristics: Certified Community Behavioral Health Clinics

In 2016, the Minnesota Department of Human Services (DHS) established the behavioral health home (BHH) services model. DHS contracted with Wilder Research to conduct an implementation evaluation that will inform a later outcome evaluation, drawing on data from interviews with individuals served and/or their caregivers, staff interviews, service referral records, and an implementation checklist self-administered by providers.

In order to understand how different types of sites are implementing the BHH services model, this summary provides an overview for the four BHH services sites that are also Certified Community Behavioral Health Clinics (CCBHC). This report refers to sites that are both BHH services sites and CCBHC sites as CCBHC/BHH services sites and BHH services sites that are not CCBHC sites as BHH services-only sites. Twenty four of the individuals served who participated in interviews received support at CCBHC/BHH services sites. This summary reports data representing more than 10 responses, including the interviews with individuals served and referral tracking, as percentages, and data representing fewer than 10 responses, including the staff interviews and implementation checklist, as numbers. While CCBHC/BHH services sites and BHH services-only sites generally reported similar patterns of data, there were several differences; if a difference is not specifically mentioned, it indicates that these two types of sites had similar results. Due to the relatively small number of sites and interview respondents representing CCBHC/BHH services sites, readers should interpret results with caution.

## BHH Services Implementation

### *Progress in BHH services implementation overall*

When asked in the staff interview about the successes they have had so far in implementing the BHH services model, three of the four CCBHC/BHH services sites mentioned: they have more systematic or integrated processes, a clearer understanding of overall BHH services implementation (e.g., workflows, policy, procedures, and/or roles), and more holistic services and assessment (e.g., a focus on health and wellness and/or cultural competence). Two of the four sites reported their site is expanding by increasing enrollment in BHH services, receiving more referrals, or broadening services. However, two sites also mentioned they are receiving few referrals to their BHH services or receiving referrals slowly.

## ***Organizational supports***

CCBHC/BHH services sites are generally receiving organizational support for BHH services implementation, including technical infrastructure. According to the self-reported implementation checklist, all four CCBHC/BHH services sites reported using an electronic health record and the state-developed Mental Health Information System (MHIS). CCBHC/BHH services sites were more likely to report monitoring and analyzing data in their patient registry or in the Minnesota Provider Partner Portal to perform population management than BHH services-only sites (4 out of 4 versus 8 out of 15), and two of the four CCBHC/BHH services sites reported using a patient registry. However, two sites indicated that building or navigating the patient registry is a challenge and that they would like more up-to-date information in the Minnesota Provider Partner Portal.

CCBHC/BHH services sites also benefit from additional organizational resources and supports, as they are implementing both the CCBHC model and the BHH services model concurrently. No CCBHC/BHH services site mentioned receiving outside funding as six BHH services-only sites reported, such as a disability services innovation grant from the Minnesota Department of Human Services.

## ***Culture to support integration***

The themes from both the self-reported implementation checklist and the staff interview suggest that there is an organizational culture that supports integration at all of the CCBHC/BHH services sites. All four sites reported in the staff interview that they previously provided services to support integrated care, and all four also agreed in the implementation checklist that they have leadership support for BHH services implementation. Three sites indicated their organization has financial leaders involved in creating the business plan for increased integration, leaders who work to engage staff in integration, and a culture of shared leadership.

## ***Staff training and capacity***

All CCBHC/BHH services sites indicated in the self-reported implementation checklist that they hire qualified staff, ensure staff receive adequate training, and that their staff have a basic understanding of integration principles. In addition, all four sites shared that they use evidence-based practices such as motivational interviewing. However, all four sites reported a need for additional training opportunities on topics such as motivational interviewing or the Minnesota Provider Partner Portal, and for BHH services staff to communicate and share their experiences with one another. Unlike BHH services-only sites, CCBHC/BHH services sites did not mention challenges related to hiring staff, staff turnover, or high caseloads.

## ***Comprehensive care management***

Most of the CCBHC/BHH services sites are engaging in comprehensive care management activities. Three of the four sites reported having a process for following up with screenings and the capacity to administer or refer individuals for physical health screening. Three sites also reported tracking lab results and using lab result data to coordinate recommendations and treatment, and two sites reported tracking medications and using medication data to coordinate recommendations and treatment. Three sites indicated that they implement health and wellness promotion activities, such as health coaching and health education.

## ***Care coordination***

CCBHC/BHH services sites are engaged in a variety of care coordination strategies. All four CCBHC/BHH services sites said that they implement all care coordination activities in the implementation checklist, such as providing a central point of contact for people and families to navigate different services, delivering services in locations that meet the needs of the individual, and assisting individuals with appointments. In addition, all four sites reported in the implementation checklist that they have access to records of referrals based on physical health screenings, contact information for individuals' providers, and contact information for family member(s) or supports of individuals served. Unlike BHH services-only sites, CCBHC/BHH services sites did not mention challenges related to avoiding duplicative services or service delays due to diagnostic assessment requirements. Two CCBHC/BHH services sites reported having access to medications and lab result records.

When asked to describe their care coordination process, all four CCBHC/BHH services sites mentioned they base their care on the individual's needs and that team members have access to data related to the individual receiving BHH services. In addition, all four shared that they communicate with outside providers who are involved in the individual's care, and that they have regular team meetings, check-ins, or supervision. Three sites reported that staff assist with appointments or referrals, and two sites shared they have a protocol or tracking system to make sure they have regular contact with individuals receiving BHH services.

CCBHC/BHH services sites most commonly reported communicating with individuals served through phone calls (n=4) and face-to-face contact (n=4). Two sites reported communicating in places individuals prefer and using telehealth.

When asked whether the BHH services team helps with appointments if needed, every individual served at a CCBHC/BHH services site who needed a support reported that the team helps at least sometimes with making appointments, reminders about appointments, following up about appointments, and getting to appointments (Figure 1).

## 1. Appointment assistance received by individuals served by CCBHC/BHH services sites

Does the BHH services team...	Percentage of individuals served by CCBHC/BHH services sites (N=24)			
	Most of the time or always	Sometimes	Never	Not needed
Help you make the appointments you need?	54%	29%	0%	17%
Remind you about the appointments?	54%	17%	0%	29%
Provide assistance to help you get to the appointments?	25%	33%	0%	42%
Follow up with you about the appointments?	71%	21%	0%	8%

Source. Interview with individuals receiving BHH services

### *Transitional care*

CCBHC/BHH services sites are providing some assistance to individuals transitioning between different types of care settings. According to the implementation checklist, three sites reported that they create plans to follow up after an individual is discharged, and two of the four CCBHC/BHH services sites reported engaging individuals and families in transition planning and accessing admission and discharge information as needed.

When asked whether they had been admitted to a hospital or any other residential setting since starting BHH services, four of the 24 individuals served at CCBHC/BHH services sites responded affirmatively (17%). Of those, three individuals received help from the BHH services team while moving into and out of that care. When asked how the BHH services staff helped with the care transition, two individuals mentioned that BHH services staff helped with transportation and either helped with admission or accompanied the individual to the hospital.

### *Individual and family support services*

The themes from interviews with individuals served and the implementation checklist indicate that all four CCBHC/BHH services sites are generally providing person-centered care and individual and family support services. According to the implementation checklist, all four CCBHC/BHH services sites reported providing individual and family supports, such as using a person-centered planning approach and learning about the culture, preferences, and communication needs of individuals receiving BHH services.

When asked whether they have physical and/or mental health goals they're working on, every individual served at a CCBHC/BHH services site responded affirmatively (100%). Most individuals reported that they worked with the BHH services team to come up with their goals (83%) and to create a plan to reach their goals (96%). Almost all individuals agreed the plan or the BHH services team has been helpful to reach their goals (92%).

When asked what goals they had accomplished, individuals served at CCBHC/BHH services sites most commonly reported general improved physical health (21%) and general improved mental or behavioral health (21%). When asked how the plan or service team helped them to reach their goals, individuals served at CCBHC/BHH services sites most often mentioned specific positive qualities or comments about staff (17%), and that the BHH services team is reliable, dependent, or responsive (13%).

### Referrals and supports

Over the 9-month referral tracking data collection period, CCBHC/BHH services sites made 428 referrals to additional services and supports. The most common categories for referrals were mental health care (30%), physical health care (18%), and housing (14%; Figure 2). The individuals receiving referrals followed up on about half of referrals (51%), meaning they contacted the referral agency to initiate the referral service. Those not followed up on may be because BHH services staff were unable to ask the individual served about referral follow-up, the referral was unavailable, or the individual chose not to follow up on the referral.

#### 2. Referrals given to individuals receiving BHH services at CCBHC/BHH services sites and BHH services-only sites

	Referral tracking results			
	CCBHC/BHH services number of referrals	BHH services-only number of referrals	CCBHC/BHH services % of all referrals	BHH services-only % of all referrals
Mental health care	129	830	30%**	23%
Physical health care	75	745	18%	21%
Housing	61	527	14%	15%
Recreational, social, or cultural	48	106	11%**	3%
Chemical health care	24	104	6%**	3%
Dental care	19	124	4%	4%
Transportation	14	213	3%*	6%
Legal assistance	13	81	3%	2%
Disability services	11	162	3%	5%
Other	7	80	2%	2%
SNAP/Food Support	5	148	1%**	4%
MA/Insurance/MNsure	5	92	1%	3%
Other basic needs	5	92	1%	3%
Employment	5	66	1%	2%

Source. Referral tracking

Note. Statistical significance was tested using chi-square analysis and statistically significant results are identified as \* p<.05 and \*\* p<.01.

## 2. Referrals given to individuals receiving BHH services at CCBHC/BHH services sites and BHH services-only sites (continued)

	Referral tracking results			
	CCBHC/BHH services number of referrals	BHH-only number of referrals	CCBHC/BHH services % of all referrals	BHH-only % of all referrals
MFIP/Financial Assistance	4	138	1%**	4%
Education	2	42	1%	1%
Child care	1	16	<1%	<1%
<b>Total</b>	<b>428</b>	<b>3,566</b>		

Source. Referral tracking

Note. Statistical significance was tested using chi-square analysis and statistically significant results are identified as \*  $p < .05$  and \*\*  $p < .01$ .

Compared to referrals made at BHH services-only sites, a greater proportion of referrals made at CCBHC/BHH services sites were for mental health care (30% versus 23%;  $p < .01$ ); chemical health care (6% versus 3%;  $p < .01$ ); and recreational, social, or cultural services (11% versus 3%;  $p < .01$ ; Figure 2). There were smaller proportions of referrals made at CCBHC/BHH services sites relative to BHH services-only sites for the Supplemental Nutrition Assistance Program (SNAP) or other food supports (1% versus 4%;  $p < .01$ ), the Minnesota Family Investment Program (MFIP) or other financial assistance (1% versus 4%;  $p < .01$ ), and transportation services (3% versus 6%;  $p < .05$ ; Figure 2). Overall, referrals made at CCBHC/BHH services sites were less likely to be followed up on by the person receiving the referral than referrals made at BHH services-only sites (51% versus 63%;  $p < .01$ ).

When asked which community resources individuals receiving BHH services access, the four CCBHC/BHH services sites most commonly mentioned food ( $n=4$ ) and housing ( $n=4$ ) supports. When asked which resources are needed to better meet the needs of individuals served at their site, sites most often mentioned housing ( $n=3$ ) and transportation ( $n=2$ ) supports.

When asked what additional supports would be helpful, individuals served at CCBHC/BHH services sites most commonly mentioned greater staff availability or capacity (17%) and more social support or interaction (13%).

## Preliminary outcomes

CCBHC/BHH services sites reported generally positive changes for the individuals served at their sites. When asked about the changes they've noticed in the individuals served at CCBHC/BHH services sites, all four sites reported that individuals have become more independent and have learned how to advocate for themselves, and three of the four sites reported that some individuals served at their site were able to attain housing. Two sites also reported that individuals served are

better able to manage their health condition, have increased their awareness, knowledge, or skill about their health condition, and attend their appointments more regularly.

When asked whether the BHH services team helped them learn about their health condition, most individuals served at CCBHC/BHH services sites (75%) said they had. When asked how staff helped them learn about their health condition, individuals most often reported that staff explained the treatment for their health condition or how to manage or control it (25%), helped them understand their symptoms or diagnoses (17%), and provided resources or information (17%).

Individuals served at CCBHC/BHH services sites most commonly mentioned positive aspects of staff when asked what was most helpful about BHH services. More than a third of individuals interviewed shared that the BHH services team is reliable, dependable, or responsive (38%), and a third of individuals shared that the staff are friendly or that they work well with the staff (33%). When asked what was least helpful about BHH services, individuals served at CCBHC/BHH services sites most commonly mentioned that agencies should hire more staff, the staff should be more available, or staff capacity should be greater (13%).

## Challenges and additional supports requested

In the staff interview, CCBHC/BHH services sites noted some challenges they have encountered and several types of support that would be most helpful as they move forward with BHH services implementation.

### **Challenges**

- BHH services are not well-known, and it can be difficult to help others understand what BHH services are (both n=2)
- Building or navigating the patient registry (n=2)
- Receiving slow or few referrals to their BHH services from community partners (n=2)

### **Additional supports requested**

- Opportunities for BHH services staff to come together to share lessons learned and communicate more regularly (n=4)
- Additional training (e.g., Minnesota Provider Partner Portal training, motivational interviewing, on-going BHH services implementation training; n=4)
- Outreach from the Minnesota Department of Human Services to outside service providers and the community to educate and advertise BHH services (n=2)
- Up-to-date information in the Minnesota Provider Partner Portal (n=2)



## Conclusion

CCBHC/BHH services sites are generally making progress in implementing the BHH services model and experiencing positive benefits. CCBHC/BHH services sites report improved processes, organizational support, and organizational cultures conducive to service integration. They're providing comprehensive care management, care coordination, individual and family support services, and some transitional care. Individuals served at CCBHC/BHH services sites have also experienced benefits, such as learning about their health condition, setting and accomplishing health-related goals, and receiving referrals to needed services and supports. Lastly, BHH services staff at CCBHC/BHH services sites are well-qualified, and the individuals served view staff positively.

CCBHC/BHH services sites also face challenges as they move forward with BHH services implementation. The general lack of awareness and understanding of what BHH services are is a challenge, and BHH services staff requested outreach from the Minnesota Department of Human Services to outside providers to better advertise BHH services. Some CCBHC/BHH services sites mentioned receiving few referrals to their services or receiving referrals slowly. BHH services staff also requested more opportunities to communicate and share their experiences with BHH services, as well as additional trainings.

Individuals served at CCBHC/BHH services sites were less likely to follow up on referrals they received than those served at BHH services-only sites, and unfortunately, there is no clear explanation for this pattern in the data currently available. According to the interviews with BHH services staff and individuals served and/or their caregivers, individuals receiving BHH services at CCBHC/BHH services sites could benefit from additional food, housing, transportation, and social support, as well as an increase in the capacity of BHH services staff.

### **Wilder Research**

Information. Insight. Impact.

451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700  
[www.wilderresearch.org](http://www.wilderresearch.org)

#### **For more information**

For more information about this report, contact  
Melissa Serafin at Wilder Research, 651-280-2734.

Author: Melissa Serafin

September 2019