

Behavioral Health Home Services Summary of Characteristics: Primary Care Sites

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 of Behavioral Health Home (BHH) services implementation for the two organizations that primarily provide primary care services. One organization had five participating BHH services sites; thus, one interview and one implementation checklist represent all five sites. Two total checklists and staff interviews do not provide enough data to analyze primary care sites as a subset of all BHH services sites. Accordingly, this summary presents only data from referral tracking records and the interviews with individuals served and/or their caregivers. This summary refers to sites that primarily provide primary care services as primary care sites and sites that mainly provide mental health services as mental health care sites. Primary care sites served nineteen of the individuals served who completed interviews. From the limited data available, primary care sites and mental health care sites generally reported similar patterns of data; if a difference is not specifically mentioned, it indicates that these two types of sites had similar results, or there were not enough primary care site data to compare mental health site data to. Due to the small number of sites and interview respondents representing primary care sites, readers should interpret results with caution.

BHH Services Implementation

Care coordination

When asked about different types of appointment help they've received, more than half of individuals served at primary care sites (53%) reported that the BHH services team helps them make appointments, reminds them about appointments, and follows up with them about appointments most of the time or always. Individuals were less likely to report that BHH services staff provided assistance to help them get to appointments (Figure 1). A smaller proportion of individuals served at primary care sites reported receiving help getting to their appointments than individuals served at mental health care sites (24% versus 53%).

1. Appointment assistance received by individuals served by primary care sites

Does the BHH services team...	Percentage of individuals served by primary care BHH services sites (N=17)			
	Most of the times or always	Sometimes	Never	Not needed
Help you make the appointments you need?	53%	24%	6%	18%
Remind you about the appointments?	53%	12%	0%	35%
Provide assistance to help you get to the appointments?	12%	12%	18%	59%
Follow up with you about the appointments?	53%	24%	0%	24%

Source. Interview with individuals receiving BHH services

Transitional care

When asked whether they've been admitted to a hospital or other residential setting, less than half of individuals served at primary care sites responded affirmatively (41%; n=7). Of those, less than half said the BHH services team helped them move into and out of that care (n=3). When asked how the BHH services team helped with the transition, individuals most commonly reported that the BHH services team followed up with them once they returned home (n=2).

Individual and family support services

The themes from interviews with individuals served indicate that primary care sites are generally providing person-centered care and individual and family support services. When asked whether they have any physical and/or mental health goals they're currently working on, most individuals served at primary care sites responded affirmatively (90%). Of these individuals, almost all or all reported that they worked together with the BHH services team to come up with these goals and to create a plan to reach these goals (94% and 100%, respectively). Most individuals agreed that the plan or the BHH services team has been helpful in reaching their goals (94%).

When asked what goals they have been able to accomplish, individuals served at primary care sites most commonly mentioned improved socializing skills or decreased isolation (16%) and obtaining more stable housing (16%). Individuals most commonly shared that the plan or the BHH services team helped them reach their goals by helping them feel more hopeful, optimistic, or giving them a more positive outlook; providing general emotional support or encouragement; increasing their coping skills; increasing their independence; and staff being reliable, dependable, or responsive (all 11%).

Referrals and supports

Primary care sites made 2,080 referrals to additional services or supports over the 9-month referral tracking data collection period. The most common categories for referrals made at primary care sites were for physical health care (26%), mental health care (24%), and housing (13%; Figure 2). The individuals receiving referrals followed up on more than half of referrals (61%), meaning that 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.

2. Referrals given to individuals receiving BHH services at primary care sites and mental health care sites

	Referral tracking results			
	Primary care number of referrals	Mental health care number of referrals	Primary care % of all referrals	Mental health care % of all referrals
Physical health care	533	287	26%	15%**
Mental health care	495	464	24%	24%
Housing	265	323	13%	17%**
Transportation	125	102	6%	5%
SNAP/Food Support	95	58	5%	3%*
MFIP/Financial Assistance	85	57	4%	3%
Disability services	83	90	4%	5%
Chemical health care	65	63	3%	3%
Dental care	61	82	3%	4%*
Recreational, social, or cultural	50	104	2%	5%**
Other basic needs	50	47	2%	3%
MA/Insurance/MNsure	49	48	2%	3%
Other	36	51	2%	3%
Legal assistance	33	61	2%	3%**
Employment	29	42	1%	2%
Education	14	30	1%	2%**
Child care	12	5	1%	0%
Total	2,080	1,914		

Source. Referral tracking

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

While there were fewer primary care sites than mental health sites, there were more referrals made at primary care sites (2,080 versus 1,914; Figure 2). Compared to mental health care sites, a greater proportion of referrals made at primary care sites were for physical health care (26% versus 15%; $p < .01$) and the Supplemental Nutrition Assistance Program (SNAP) or other food support (5% versus 3%; $p < .05$; Figure 2). Referrals for dental care (3% versus 4%; $p < .05$); housing (13% versus 17%; $p < .01$); legal assistance (2% versus 3%; $p < .01$); and recreational, social, or cultural services (2% versus 5%; $p < .01$) were less common at primary care sites (Figure 2).

When asked what additional supports would be helpful, individuals served at primary care sites most commonly mentioned additional mental health services (16%) and more social support or interaction (16%).

Preliminary outcomes

When asked whether the BHH services team helped them learn about their health condition, most individuals served at primary care sites responded affirmatively (78%). Individuals most frequently reported that BHH services staff helped them understand their symptoms or diagnoses (26%) and learn coping skills (21%) when asked how the BHH services team helped them learn about their health condition.

When asked what has been the most helpful about receiving BHH services, individuals served at primary care sites most frequently cited specific positive qualities about BHH services staff (37%). About a quarter of individuals mentioned that staff are caring or genuinely nice (26%), and some individuals cited having an entire care team or that multiple services are located in one place (21%). When asked what was least helpful about BHH services, individuals served at primary care sites most commonly mentioned that they needed a service BHH services could not provide or that the site's resources are limited, such as food support or low-cost transportation (16%).

Conclusion

According to the interviews with individuals served by BHH services or their caregivers and service referral records, primary care sites are generally making progress in implementing the BHH services model by providing care coordination, transitional care, individual and family support services, and referring individuals to needed supports and services. BHH services staff are helping individuals manage their appointments, set and achieve health-related goals, and learn about their health condition. Individuals served at primary care sites view BHH services staff positively.

There is a lack of appropriate data to determine challenges faced by primary care sites. However, there were fewer referrals made at primary care sites than mental health sites, and unfortunately, the existing data does not indicate why this is the case. Individuals served at primary care sites also indicated they could benefit from additional mental health services and social support or interaction opportunities, as well as an increase in the capacity of BHH services staff.

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