Behavioral Health Home Services Summary of Characteristics: Mental Health 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 among the 17 sites that primarily provide mental health services. This summary refers to sites that primarily provide mental health services as mental health care sites and those that mainly provide primary care services as primary care sites. Mental health care sites served seventy four of the individuals receiving BHH services who completed interviews. Conversely, only two sites are primary care sites, and primary care sites served only 19 of the interview respondents. Because of the small number of primary care sites, the data from the self-reported implementation checklist and staff interviews are insufficient to determine findings specific to primary care sites. Accordingly, there is limited information that can be compared between mental health care and primary care sites. From the limited data available, both types of sites generally reported similar patterns of data, with a couple differences noted in this summary; 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 care site data to. Due to the relatively small number of sites and interview respondents representing mental health care 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, mental health care sites mentioned better processes (e.g., standardized workflows, quicker/more systematic/integrated process; 47%), a clearer understanding of how to implement/run the BHH services model (e.g., increased understanding of workflows, policy, procedures, roles and future implementation plan; better able to identify which individual would be a good fit; 41%), and implementing a more holistic approach (e.g., focus on health and wellness and/or cultural competence; 29%). Sites also mentioned they are expanding by increasing enrollment in BHH services, getting more referrals, or broadening the services provided (35%).

However, about a quarter of mental health sites requested additional funding or reimbursement, such as administrative support funding, reimbursement for pre-enrollment processes, or higher overall reimbursement rates (24%). In addition, some sites identified challenges related to financial instability or expenses, such as losing money due to reimbursement rates, and that they serve individuals with higher acuity than what reimbursement rates cover (both 18%).

Organizational supports

Mental health care sites are generally receiving organizational support for BHH services implementation, including technical infrastructure. All reported using an electronic health record, and most reported using a patient registry (54%). Most mental health care sites reported using the state-developed Mental Health Information System (MHIS) to report data to the state (63%). Ten sites said they monitor and analyze data in their patient registry or the Minnesota Provider Partner Portal to perform population management (42%). However, some sites mentioned that building or navigating the patient registry is a challenge (29%) and requested more up-to-date information in the Minnesota Provider Partner Portal (18%).

Most mental health care sites benefit from additional organizational resources and supports, as they are also implementing other models, such as Certified Community Behavioral Health Clinics (CCBHC) or Adult Rehabilitative Mental Health Services (ARMHS; 65%). Some sites reported they have received other funding, such as a disability services innovation grant from the Minnesota Department of Human Services (29%).

Culture to support integration

Mental health care sites generally have an organizational culture that supports service integration. All reported having leadership support for BHH services implementation in the implementation checklist, and nearly all sites shared that they previously provided services to support integrated care in the staff interview (94%). Most mental health care sites also reported that they have a culture of shared leadership (88%), leaders who work to engage all staff in integration (94%), and financial leaders involved in creating the business plan for increased integration (94%).

Staff training and capacity

All mental health care sites reported they hire qualified staff and meet the training needs of their staff. Most sites indicated that their staff has a basic understanding of integration principles and use evidence-based practices such as motivational interviewing (88% and 94%, respectively).

However, more than half of sites shared in the staff interview that they would like opportunities for BHH services staff to communicate and share their experiences (53%), and almost half mentioned a need for additional training (47%). In addition, almost a quarter of sites mentioned

hiring staff or staff turnover as a challenge (24%), and some sites requested clearer guidelines or expectations for BHH services implementation (18%).

Comprehensive care management

The majority of mental health care sites are engaging in comprehensive care management activities. According to the implementation checklist, most sites reported tracking medications and using medication data to coordinate recommendations and treatment (71%), administering or referring individuals to physical health screenings (88%), and having a process for following up with screenings (88%). Most sites also engage in health and wellness promotion activities, such as health coaching and health education (71%).

Care coordination

Mental health care sites are using a variety of care coordination strategies. All mental health care sites reported implementing all the care coordination activities in the implementation checklist, including providing a central point of contact for individuals served and their families, delivering services in locations that meet the needs of the individual, and helping with appointments. In addition, all or almost all mental health care sites reported team members have access to information related to individuals served, such as medication and lab result records (82%), contact information for individuals' providers (100%), and records of referrals based on physical health screenings (100%).

However, several mental health care sites identified challenges related to care coordination, including communication with outside providers and managed care organizations (41%), avoiding duplicative services (35%), and service delays due to diagnostic assessment requirements (24%).

When asked to describe their care coordination process, mental health care sites most commonly mentioned communication with outside providers (94%); regular team meetings, check-ins, or supervision (88%); accompanying individuals to appointments (82%); using electronic records for care coordination (e.g., electronic health records, electronic medical records; 77%); and basing their care on the individual's needs (71%).

Mental health care sites most commonly reported communicating with individuals by phone call (94%), face-to-face contact (77%), in places individuals prefer (35%), and through text (35%).

When asked about appointment help they have received, more than half of individuals served at mental health care sites reported that the BHH services team at least sometimes helps make appointments (76%), reminds them about appointments (72%), provides assistance to get to appointments (53%), and follows up about their appointments (90%; Figure 1). Individuals served at mental health care sites were more likely to receive help getting to their appointments at least sometimes than individuals served at primary care sites (53% versus 24%).

1. Appointment assistance received by individuals served by mental health care sites

Does the BHH services team…	Percentage of individuals served by mental health care sites (N=74)			
	Most of the times or always	Sometimes	Never	Not needed
Help you make the appointments you need?	46%	30%	5%	19%
Remind you about the appointments?	50%	22%	5%	23%
Provide assistance to help you get to the appointments?	30%	23%	8%	39%
Follow up with you about the appointments?	64%	26%	4%	7%

Source. Interview with individuals receiving BHH services

Transitional care

Mental health care sites are providing some assistance to individuals transitioning between different types of care settings. The majority of sites reported having systems for comprehensive transitional care, such as accessing health information from appropriate entities (71%); creating a plan to follow after the individual's discharge from hospitals, residential treatment, and other settings (77%); and engaging individuals and families in transition planning (82%).

When asked whether they have been admitted to a hospital or other residential setting, about a quarter of individuals served at mental health care sites said that they had (26%; n=19). Almost half of these individuals reported receiving help from the BHH services team to move in and out of that care (47%). When asked how the BHH services staff helped with the care transition, individuals most commonly mentioned that staff helped with transportation (32%) and came to the hospital with them or helped with admission (26%).

Individual and family support services

Mental health care sites are generally providing person-centered care and individual and family support services. All or nearly all mental health care sites said they provide individual and family support services, such as asking individuals to identify formal and informal supports (94%); using a person-centered planning approach (100%); and learning about the individual's culture, preferences, and communication needs (100%).

Most individuals served at mental health care sites agreed they have physical and/or mental health goals they're working on when asked in the interview (91%), and that they worked with the BHH services team to come up with these goals (88%). Almost all of these individuals reported that they worked with the BHH services team to create a plan to reach their goals (92%), and that the plan or the BHH services team has been helpful to reach these goals (94%).

When asked about what goals they had accomplished, individuals served at mental health care sites most often cited general improved physical health (15%) and general improved mental or behavioral health (15%). Individuals also commonly mentioned getting more active or increasing exercise (9%) and gaining improved socializing skills or experiencing decreased isolation (8%). Individuals most frequently mentioned general emotional support or encouragement (8%) and that the BHH services team is reliable, dependable, or responsive (7%) when asked how the plan or service team helped them to reach their goals.

Referrals and supports

Mental health care sites made 1,914 referrals to additional services and supports over the 9-month referral tracking data collection period. Most referrals were for mental health care services (24%), housing (17%), and physical health care services (15%). The individuals receiving referrals followed up on more than half of referrals (63%), 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 on the referral.

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

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

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 mental health care sites and primary care sites (continued)

	Referral tracking results			
	Mental health number of referrals	Primary care number of referrals	Mental health sites % of all referrals	Primary care sites % of all referrals
Education	30	14	2%**	1%
Child care	5	12	<1%	1%
Total	**1,914**	**2,080**		

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 was a greater number of mental health care sites compared to primary care sites, mental health care sites made fewer total referrals (1,914 versus 2,080; Figure 2). Relative to primary care sites, a greater proportion of referrals at mental health care sites were for dental care (4% versus 3%; p<.05); housing (17% versus 13%; p<.01); legal assistance (3% versus 2%; p<.01); and recreational, social, or cultural services (5% versus 2%; p<.01), while a smaller proportion of referrals were physical health care (15% versus 26%; p<.01) and the Supplemental Nutrition Assistance Program (SNAP) or other food support (3% versus 5%; p<.05; Figure 2).

When asked which community resources individuals served are accessing to meet their needs, mental health care sites most commonly mentioned housing (88%); food support (71%); primary care (53%); mental health care (41%); and recreational, social, cultural (41%) services. When asked which resources are needed to better meet the needs of the individuals served by their site, staff members mentioned housing (71%); transportation (59%); mental health resources (24%); and recreational, social, cultural resources (24%) services.

When asked what additional supports would be helpful, individuals served at mental health sites most often cited transportation services (14%); an increase in the number of staff, greater staff availability, or increased staff capacity (11%); and more social support or interaction (10%).

Preliminary outcomes

Mental health care sites generally reported positive changes in the individuals they serve. The majority of sites reported that individuals served have become more independent and more able to advocate for themselves (71%); have been able to identify and resolve issues that went unnoticed, seek out and start treatment, or get additional services (71%); and have strengthened their trust of providers and communication with providers (53%). Almost half of sites mentioned that individuals enjoy and are engaged with BHH services, attend appointments more regularly, and follow through with appointments (47%).

When asked whether the BHH services team helped them learn about their health condition, most individuals served at mental health care sites agreed they had (64%). When asked how BHH services staff helped them learn about their condition, individuals most often shared that BHH services staff explained the treatment or how the individual should manage or control their condition (16%), provided resources or information (15%), or helped them understand their symptoms or diagnoses (10%).

When asked what was most helpful about BHH services, individuals served at mental health care sites most frequently mentioned that the BHH services team is reliable, dependable, or responsive (23%) or mentioned another specific positive quality about the BHH services staff (20%). Individuals served also mentioned that the staff are friendly, comfortable to be around, or that they have a good rapport with the staff (14%). When asked what was least helpful about BHH services, individuals most frequently mentioned they would like greater staff availability or capacity (12%), and that they needed a service that BHH services could not provide, such as clothing (5%).

Challenges and additional supports requested

In the staff interview, mental health care sites noted some challenges they've encountered and the types of support or modifications that would be most helpful as they move forward with BHH services implementation.

Challenges

- BHH services are not well-known (29%), and it can be difficult to help others understand what BHH services are (47%)
- Communication with outside providers and managed care organizations (e.g., data sharing, 41%)
- Avoiding duplicative services (35%)
- Billing or insurance (e.g., type of insurance limits services, 35%)
- Receiving slow or few referrals to their BHH services from community partners (29%)
- Building or navigating the patient registry (29%)
- Delays in accessing services due to diagnostic assessment requirements (24%)
- Staffing (e.g., difficulty hiring staff, high staff turnover; 24%)
- Financial instability or expenses (e.g., losing money due to reimbursement rates, high staffing ratio increases costs; 18%)
- Serving individuals with higher acuity than reimbursement rates (18%)

Additional supports requested

- Outreach from the Minnesota Department of Human Services to outside service providers and the community to educate and advertise BHH services (59%)

- Opportunities for BHH services staff to come together to share lessons and communicate more regularly (53%)

- Additional training (e.g., Minnesota Provider Partner Portal training, 47%)

- Funding or greater reimbursement (e.g., administrative support funding, reimbursement for pre-enrollment process, higher reimbursement rates; 24%)

- Up-to-date information in the Minnesota Provider Partner Portal (18%)

- Smoother claims processing (18%)

Clearer guidelines or expectations for BHH services implementation (18%)

Conclusion

Mental health care sites are generally making progress implementing the BHH services model and experiencing positive benefits. Mental health care sites describe improved processes, organizational support, and organizational cultures conducive to service integration. They are providing comprehensive care management, care coordination, individual and family support services, and transitional care. Individuals served at mental health care 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 mental health care sites are well-qualified, and the individuals served at mental health care sites view BHH services staff positively.

Mental health care 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 staff requested outreach from the Minnesota Department of Human Services to outside service providers to better advertise BHH services. Some sites also mentioned receiving few referrals to their services or receiving referrals slowly.

Staff at mental health care sites identified several other obstacles to successful implementation, such as difficulties communicating with other providers or managed care organizations, avoiding duplicative services, delays in services due to diagnostic assessment, and billing or insurance issues. Staff also requested more opportunities to come together with other BHH services staff to communicate and shared lessons learned, as well as additional training.

According to the interviews with BHH services staff and individuals served, individuals receiving BHH services at mental health care sites could benefit from additional transportation; housing; mental health; and recreational, social, or cultural support; as well as an increase in the capacity or availability of BHH services staff.