Behavioral health home (BHH) services

Implementation evaluation summary

Background

In 2016, the Minnesota Department of Human Services (DHS) established the behavioral health home (BHH) services model to serve children and adults with serious mental illness and their families. The model uses a team approach, made up of different types of clinic staff who work together to provide a person-centered, strength-based experience. Through BHH services, the team addresses the comprehensive physical, behavioral health and social service needs of individuals in a holistic, coordinated manner.

Evaluation

Wilder Research evaluated program implementation by assessing how sites were using the BHH services model and documenting the successes, challenges and preliminary outcomes associated with it.

Data was collected between April 1 and December 31, 2018, from 19 organizations providing services in 23 locations across Minnesota.

Site demographics:

Of the sites audited, four are Certified Community Behavioral Health Clinics (CCBHCs), a service delivery model that integrates substance use disorder and mental health services using many of the same person-centered, coordinated care principles as the BHH services model.

The most helpful is how they serve me in a variety of aspects, whether it be mental health, physical health, transportation, my benefits, accessing additional services, help with insurance, help with information about gym membership opportunities. As I'm reflecting back on this year, they have helped me in so many different ways. They allowed me to focus on what I needed to do to become healthier. Basically, they share the burden so I don’t feel overwhelmed doing it all alone. – Individual receiving BHH services

There are a couple of people that really would not have gotten access to greater level of services if the system navigator hadn’t have been in there seeing the need and helping the person walk through how to obtain better services. – BHH services staff

We’ve seen them to be more connected with providers, open them to more resources they are eligible for that they didn’t know they were before. – BHH services staff
Implementation highlights

The following are among the key findings identified by Wilder Research from the implementation evaluation.

- **Individuals receiving behavioral health home (BHH) services feel there is a collaborative, supportive approach to creating and fulfilling health goals and plans.**
  - Most individuals served said that the BHH services team worked with them to come up with their goals (89%) and to create a plan to address them (94%). Nearly all individuals served (94%) mentioned either the plan or the BHH services team helped them reach their goals.
- **BHH services staff make thousands of referrals to community organizations to meet the needs of people they serve, and individuals mostly follow up on referrals they receive.**
  - Based on referral tracking, BHH services sites made nearly 4,000 referrals during the 9-month data collection period.
- **Organizations with a history of integrated care are well-positioned to implement BHH services,**
- **Skilled staff are an essential element of the BHH services model, but sites struggle with staff turnover.**
  - When asked what was most helpful about BHH services, individuals served most frequently mentioned specific positive qualities about their BHH services staff (n=23).
- **There are some opportunities to increase administrative efficiencies and program success, now that the BHH services model has been thoroughly piloted in Minnesota.**

Preliminary outcomes highlights

Wilder Research also captured the following about preliminary outcomes for people receiving BHH services.

- **BHH services help the individuals they serve access more mental, physical, and chemical health care.**
- **BHH services staff and individuals receiving services both reported that those served have improved quality of life and wellness.**
  - When asked about what goals they had accomplished, some individuals receiving BHH services shared that after receiving BHH services they feel more hopeful, optimistic, and better about themselves, and that their quality of life has improved (n=8).
  - When asked about the changes they’ve observed in individuals receiving BHH services, thirteen sites shared that the individuals served have become more independent and learned to advocate for themselves and to proactively ask for help.
- **BHH services sites help individuals served take better control of their health.**
  - About two-thirds of respondents (67%) said that BHH services staff helped them learn about their health condition.
  - When asked about changes they’ve observed in individuals’ abilities to manage their health condition, seven sites explicitly mentioned that the individuals served have increased awareness, knowledge, and skills to manage their or their child’s physical and mental health condition.
  - Ten sites reported in the staff interview that the individuals served have built greater trust with providers and communicate more and better with providers.

Additional information

The complete implementation evaluation report is available on the BHH services webpage at mn.gov/dhs/mhcp/bhh-services. This report is the first phase of the evaluation. We will share further evaluation outcomes as they become available.

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