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## **COMMUNITY RESOURCE TEAMS: BRIDGING THE GAP BETWEEN PUBLIC HEALTH AND BEHAVIORAL HEALTH**

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“An integrated behavioral health team is an opportune setting for adopting community-based participatory evaluation designs where both clients (recipients of services) and providers can guide data collection and reporting.”

Implementing and evaluating integrated behavioral health teams requires early consideration of a few critical processes to optimize success. For one, evaluations of team-based interventions and activities require democratic approaches. Second, teams should begin mapping their implementation plans across the spectrum of the Social Determinants of Health (SDoH) as they begin to adopt a participatory approach to evaluation. Finally, interdisciplinary teams should evaluate the progression of care coordination practices to link with client outcomes at the clinical and community levels.

Behavioral health teams can facilitate intrinsic ownership toward collective evaluation work, cultivating trust among multiple stakeholders who include funders, program managers, community members, clients, and partners. This has been called for in a non-linear Performance-Based Model that requires patient or client involvement in the implementation and evaluation of behavioral health services (Estrine, 2022). Evaluating through a systems of care lens depends upon a collaborative evaluation approach, not a ‘single evaluator’ one. External consultants and outside researchers require synchrony with content experts (nurses, social workers, pharmacists, psychotherapists, counselors), who work directly with clients, to co-create comprehensive evaluation plans, culturally competent data collection tools, and actionable summaries.

Shared, local level data monitoring, planning, and execution supports evaluation across provider (clinical, community) and client systems (home, work, school). Process improvement (analyzing root causes, standardizing procedures, reducing waste and error) is best accomplished through multi-sector committees or communities of practice for comprehensive representation of assets and opportunities. An internal evaluation committee with inclusive representation can review and make decisions from up-to-date, quality dashboards and program reports with key metrics on a regular basis.

Emergent team leaders become advocates and champions who facilitate internal ownership of evaluation among colleagues. External evaluators or research consultants will want to connect with these champions to measure changes in meaningful outcomes

among individuals with specific needs (diabetes, asthma, substance abuse, low health literacy, unemployment). An integrated behavioral health team is an opportune setting for adopting community based participatory evaluation designs where both clients (recipients of services) and providers can guide data collection and reporting.

Integrated teams should map how clinical, educational, and community outreach activities may create impactful change across the spectrum of the SDoH, even outside the health and healthcare domain. For example, opioid treatment and resulting client improvement have ripple effects into both education access (increasing high school graduation rates in communities) and economic stability (sustained employment). These plans should explore which changes are occurring across the SDoH (rather than focusing solely on predicted changes that may or may not have occurred in one realm). This exploratory evaluation should become the collective paradigm for regular and targeted evaluation planning. As previously stated, behavioral health efforts produce combinations of measurable, short-term (decreased wait times for intake, improved access to crisis services, improved care transitions, reduced emergency room use) and longer-term outcomes (reduced chronic disease, increased stress management, improved health literacy, reduced domestic violence) across systems (clinical, educational, domestic, legal); therefore, the evaluation planning team should include multiple stakeholders at the intra-agency, inter-agency, and residential level to properly address interconnected elements.

While providers receive continuing education to maintain credentials, an additional layer of democratic monitoring and accountability may enhance the success of the community-based team approach; that is, evaluating the quality and evolution of care coordination for areas such as substance abuse, falls risk management, suicide prevention, or medication assisted treatment. Integrated care relies on cross-provider knowledge of social workers, nurses, psychotherapists, physicians, and many others. Assumptions about provider behaviors (screenings, referrals, diagnoses, follow-up testing, client education) should take into account an evolution, or progression in maturity of those behaviors (Manchester, 2013), from routine and mechanical, to integrated ('filling in performance gaps'), and finally sustained performance.

#### References:

Estrine, S. (2022). Emerging leadership strategies. Issue Brief: April 7, 2022. Retrieval from <https://saebhc.com/emerging-leadership-strategies/>. .

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