

Community Health Centers: Behavioral Health Integration



Washington's community health centers (CHCs) provide care to low-income and other special populations in rural and urban communities across the state, including those who are uninsured and enrolled in Medicaid. CHCs have a proven track record of caring for clients with **complex behavioral health needs** by providing **integrated, evidence-based care**. CHCs use a **variety** of models to provide this integrated care, ensuring that patients have access to the care that meets their needs. Through these models, CHCs are improving the behavioral and physical health of patients and reducing the cost of care.

Meeting the Need

The demand for **behavioral and physical health** needs is high among CHC patients and will continue to grow:

- Approximately 20% of Washingtonians with incomes less than \$20,000 report poor mental health.¹
- At Valley View Community Health Center, 22% of patients had a mental health diagnosis in 2012 and 10% had a depression diagnosis.²
- In Washington State, almost 75 percent of Medicaid enrollees with significant mental health and substance use disorders had at least one chronic health condition and 29 percent of adults with medical conditions have mental disorders.³
- CHCs are more than twice as likely to serve patients with mental disorders than other primary care offices.⁴
- Medicaid expansion enrollees are likely to have levels of chronic disease and behavioral health problems that are significantly greater than those experienced in the current non-disabled Medicaid population.⁵

Innovations in Behavioral Health Integration

CHCs have a long history of focusing on the whole person. After innovating and co-locating dental and pharmacy services, they have more recently expanded to integrate behavioral health services. Behavioral health integration builds on this innovative history through a variety of collaborative care models. Collaborative care models emphasize integrated and evidence-based services provided mostly in primary care clinics, which includes specialty mental health services when needed. The following are models currently being used by Washington CHCs:

- Integrated Behavioral Health models are collaborative, co-located, and integrated in the primary care setting. The model views behavioral health providers as a part of the medical team and promotes brief and succinct interactions. It does not supplant long-term, therapeutic visits. The focus remains on quality of care rather than volume of patient visits.
 - One example, the Mental Health Integration Program (MHIP), was developed and is operating in collaboration with community health centers, the University of Washington, community mental health centers and the Regional Support Networks.
 - Over 35,000 patients have been served by this model in over 100 clinics across the state.

¹ The Health of Washington State, 2007. Washington Department of Health. Updated 1/29/2008. Available at <http://www.doh.wa.gov/Portals/1/Documents/5500/GHS-MENT2007.pdf>.

² Valley View presentation, Oct 25, 2013.

³ Washington State Health Care Innovation Plan. Draft. October 2013.

⁴ Source: Kaiser Family Foundation. Community Health Centers: Opportunities and Challenges of Health Reform. August 2010. Available at <http://www.kff.org/uninsured/upload/8098.pdf>. Based on Private Physicians from 2006 NAMCS (CDC National Center for Health Statistics, 2008). Health Centers from UDS, 2006

⁵ Somers, S., A. Hamblin, J. Verdier, and V. Byrd. August 2010 "Covering Low-Income Childless Adults in Medicaid: Experiences from Selected States." Center for Health Care Strategies, Inc. and Mathematica Policy Research, Inc.

- **Co-locating** with **community mental health centers** (CMHC) includes comprehensive coordination of care within all disciplines: medical, dental, health education, maternity support services, and behavioral health services. These sites are state-licensed as a community mental-health agency and a certified chemical dependency agency.
 - Seamar Community Health Center is an example of a co-location. Seamar Community Health Center is also licensed as a Community Mental Health Center.
- **Reverse co-location** occurs when a CHC partners with a CMHC to provide primary care services in a behavioral health setting.
 - The partnership between Neighborcare and Navos is an example of reverse co-location. Neighborcare sends a PCP to Navos one day a week. The PCP is able to see 10-15 patients that day.

Reducing Costs

Behavioral health integration **saves money** and **improves health**. Individuals enrolled in integrated care models may cost up to 5 times less than those who are allowed to qualify for long term disability. Further, Integration of behavioral health has been shown to decrease the time towards recovery for those with depression. By providing coordinated mental and physical health services, savings can be achieved and care is provided in the right place and at the right time. An **investment** in behavioral health integration should include **sufficient provider reimbursement** and **shared savings** with the state and other systems.

- Under the MHIP model, Washington experienced hospital savings of over \$11.2 million during the initial 14 months of statewide implementation.
- Improvements in mental health include: reduced inpatient admissions, decreases in the number of arrests, and a smaller proportion of clients living in homeless shelters.

Answering the Demand

As more people gain coverage through **Medicaid expansion** and the **Washington Healthplanfinder**, integrated behavioral health models can help **meet the demand**. Integrated behavioral health care models can **reduce administrative burden** to physicians and allow for flexible scheduling, thus increasing the number of patients behavioral health providers can see each day. **Telepsychiatry** can help extend the reach of behavioral health providers to areas with fewer mental health providers, such as rural counties.

- Behavioral health providers are able to see 12-14 patients a day, compared with 5-7 under a traditional model.
- At Yakima Valley Farm Workers Clinic, primary care provider satisfaction increased with the addition of a BHC in the clinic and resulted in lower provider turnover.