



Colorado Community Health Centers Leaders in Behavioral Health Integration

October 2013

Patient Centered Care

Colorado Community Health Centers (CHCs) are national leaders in providing high quality patient-centered care. Sixty-one percent of Colorado’s CHCs have received national recognition as Patient Centered Medical Homes (PCMH), meaning that these CHCs have met rigorous standards for providing chronic, preventive, and acute care in a manner that is sensitive to patient time, focused upon patient concerns, and involves patients as active participants in their own care.

“Patient centeredness is a key component of PCMH, and this includes a strong focus on integrating behavioral healthcare and care management.”¹

Many studies have shown that the integration of primary and behavioral health care services “produces significant positive results, including decreases in client depression levels, improvement in quality of life, decreased stress and lower rates of psychiatric hospitalization.”¹

A study completed by Katherine Rost, “*Cost Effectiveness of Enhancing Primary Care Depression Management on an Ongoing Basis*,” found that enhanced depression management in a primary care setting on an ongoing basis resulted in substantial long-term effectiveness. It increased the number of days free of depression impairment for two years when compared to usual care.¹

“Most people do not choose to go to specialty mental health for treatment of their mental health concerns; instead they choose to go to their Primary Care Provider.”¹

Models for Integrated Care

The SAMHSA-HRSA Center for Integrated Health Solutions has developed a standard framework for levels of integrated care, which divides collaboration/integration of care into a six-level continuum. The framework contains three overarching categories of care: coordinated, co-located, and integrated. The following table² lays out the core descriptions of this six-level framework.

About Colorado CHCs

Colorado’s 19 CHCs serve as the health care home for more than 600,000 individuals – over one in 10 people in the state. Colorado’s CHCs operate 159 clinic sites and serve patients from 60 of the state’s 64 counties. CHCs provide services that include:

- Primary and preventive health care for all ages
- Dental health care
- Mental and behavioral health care
- Referral to care for specialty treatment
- Case management
- Disease management

In 2012, over 94 percent of patients seen at CHCs lived at or below 200 percent of the Federal Poverty Level and over 90 percent of CHC patients are either uninsured or enrolled in Medicaid, Medicare, or Child Health Plan *Plus* (CHP+).

¹ Levey, Miller, and deGruy. Behavioral health integration: an essential element of population-based health care redesign. *TBM: Practice and Public Health Policies*.

² <http://www.integration.samhsa.gov/resource/standard-framework-for-levels-of-integrated-healthcare>

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

| COORDINATED KEY ELEMENT: COMMUNICATION | | CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY | | INTEGRATED KEY ELEMENT: PRACTICE CHANGE | |
|---|---|---|---|--|--|
| LEVEL 1 Minimal Collaboration | LEVEL 2 Basic Collaboration at a Distance | LEVEL 3 Basic Collaboration Onsite | LEVEL 4 Close Collaboration Onsite with Some System Integration | LEVEL 5 Close Collaboration Approaching an Integrated Practice | LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice |
| Behavioral health, primary care and other healthcare providers work: | | | | | |
| In separate facilities, where they: | In separate facilities, where they: | In same facility not necessarily same offices, where they: | In same space within the same facility, where they: | In same space within the same facility (some shared space), where they: | In same space within the same facility, sharing all practice space, where they: |
| <ul style="list-style-type: none"> » Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles | <ul style="list-style-type: none"> » Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources | <ul style="list-style-type: none"> » Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet ill-defined team | <ul style="list-style-type: none"> » Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture | <ul style="list-style-type: none"> » Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture | <ul style="list-style-type: none"> » Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend |

Colorado's 19 CHCs provide behavioral health services through a variety of models that fall into levels three through six on the above continuum.

- 1 CHC is a level six – working in full collaboration in a transformed/merged integrated practice.
- 17 CHCs fall into levels four and five, providing close collaboration onsite with some system integration, approaching a fully integrated practice.
- 1 CHC falls into levels three *and* four, providing basic collaboration onsite through contracted behavioral health providers located in different offices as well as integrating some behavioral health services into primary care services through a contracted Clinical Social Worker.

Integration in Action*

Clinica Family Health Services, Inc. (Clinica) has developed an Integrated Services Project at two of their clinic sites in that is a collaboration with the local Community Mental Health Center (CMHC) and the local Behavioral Health Organization (BHO) to create a new model of providing behavioral health care. In these two clinics, Clinica has added a full-time licensed social worker to each “pod,” who functions as a behavioral health professional (BHP). With this model, when a clinician suspects that a patient might benefit from counseling, he/she can walk out the exam room door and walk back in a minute later with the BHP and the beginning of mental health treatment.

*Please note: This example of “Integration in Action” demonstrates a model of care integration that involves working closely with local CMHCs and BHOs. Many CHCs practice a similar model of integration and Clinica was selected as an example of this model.

Colorado's CHCs practice a solutions-based operational model in providing behavioral health services. Many integrate a behavioral health screening into all physical health appointments to ensure patients are connected to the care they need. Through this approach, the behavioral health provider flags areas of concern and works closely with the physical health provider on follow-up and solutions for improving mental health.

The SAMHSA-HRSA Center for Integrated Health Solutions tiers above are similar to the framework used to develop Colorado's State Innovation Model (SIM). Colorado's SIM project involves creating a plan to achieve the Triple Aim of better health, better patient experience, and lower costs as well as focusing on integrating behavioral and physical health in primary care medical homes. The Colorado Department of Health Care Policy and Financing (HCPF) have developed a framework for integrating behavioral health and primary care as a part of the SIM plan. This framework involves three tiers of integration with three defining components for each of: 1) teams, 2) shared patients and mission, and 3) systems support and integration. Using this framework, most of Colorado's CHCs already fall into tiers one and two, i.e. practice teams are prepared through training and experience, include BHPs, and share workflows for integrating care of mental health and substance abuse AND these practice teams have ability to address behavioral health contributors to common chronic illnesses and the need for health behavior change.³

Integration in Action**

Salud Family Health Centers (Salud) employs a team of nearly 30 behavioral health providers with training in psychology, social work, and counseling who work side by side with primary care providers to ensure that "patients receive thorough, appropriate, and effective care when they need it." Salud's Behavioral Health Care Providers function as primary care providers, not as ancillary staff, and work shoulder-to-shoulder with the rest of the medical team in the "same place, at the same time, with the same patients."

Moving Forward: Challenges and Opportunities

CHCs help their patients overcome barriers to accessing primary and preventive health care, including integrating behavioral and oral health care. The coverage expansions, system redesign and payment reform opportunities provided by both state and federal health care reform efforts provide an opportunity to improve access to behavioral health for CHC patients, and for all Coloradans.

Medicaid: The expansion of Medicaid eligibility to 133% of the Federal Poverty Level in January of 2014 will provide an estimated 160,000 Coloradans with improved access to health care, including behavioral health services, delivered both at primary care providers like CHCs, as well as specialty behavioral health care through Colorado's mental health system. According to SAMHSA, "the Medicaid system is already the most important insurer for persons with serious mental illnesses, and its importance will grow under health reform."⁴

Opportunity: Colorado's Medicaid program finances behavioral health services separately from physical health services. This "carved out" system makes it difficult for primary health care providers to access reimbursement for the integrated health services they are providing. CCHN and

³ HCPF Draft SIM Plan: Integrating Behavioral Health and Primary Care: The Colorado Framework©. July, 2013

⁴ Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013.

** Please note: This example of "Integration in Action" demonstrates a model of care integration that involves a CHC employing BHPs as a part of their care team. Several CHCs practice a similar model of integration and Salud was selected as an example of this model.

Colorado CHCs recommend that Colorado reintegrate the funding systems for physical and mental health services to ensure that patients can easily access Medicaid services where they need them and providers can be adequately reimbursed for providing integrated care. The 2014 rebid of the Medicaid BHO contracts and the 2015 rebid of the Regional Care Collaborative Organization (RCCO) contracts provide opportunities, with stakeholder input, to reintegrate Medicaid funding.

Opportunity: The House Bill 2012-1281 Payment Reform Pilot with Rocky Mountain Health Plans creates a “Global Budget, Global Payment,” reporting and gainsharing model that 1)encompasses the full scope of covered *physical health, behavioral health and substance use disorder services*; and 2) aggregates data from the many systems serving patients.

Private Insurance: Commercial plans available on and off of the health insurance Marketplace in 2014 must offer a new package of Essential Health Benefits (EHBs). The EHBs include mental/behavioral health and substance use disorder services, behavioral health treatment, preventive and wellness services, and chronic disease management covering inpatient and outpatient mental/behavioral health and substance use disorder services.

Opportunity: The SIM Grant to strengthen Colorado’s Health Care Innovation Plan, focuses on integrating behavioral and physical health in primary care medical homes for all Coloradans, including those served by Medicaid and commercial insurance. Through SIM, Colorado is working to achieve the Triple Aim of better health, better patient experiences, and lower costs.

Care for the Uninsured: Even after the implementation of health care reform, many Coloradans will experience temporary periods of uninsurance, and thousands will remain uninsured.

Opportunity: Continued support for CHCs and others in the primary care safety net offering integrated health services will ensure access to care for the remaining uninsured. CCHN and Colorado CHCs recommend maintaining the Colorado Indigent Care Program (CICP) at least until the remaining unmet need is better understood.

Integration in Action***

Metro Community Provider Network (MCPN) works very closely with their local CMHC partners, placing staff in the CMHC offices and coordinating care via the RCCO. Launched in 2011, MCPN’s Clinic WithOut Walls (CWOWs) program aims to “expand the philosophy of bringing healthcare to ‘where the people are’.” The purpose of the CWOWs is to ensure that the Chronic and Persistently Mentally Ill population, who use the Community Mental Health Centers for most of their health care needs, are also receiving physical health services.

CHCs and the Future of Integration

CHCs recognize the importance of integrating behavioral health care services with primary health care and continue to make strides and advancements to further integrate care in their clinics and communities.

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*** Please note: This example of “Integration in Action” demonstrates a model of care integration that involves a CHC working with local CMHCs to provide primary care services to CMHC patients. Several CHCs practice a similar model of integration and MCPN was selected as an example of this model.

Colorado CHCs

Axis Health System

(970).259.2162

www.axishealthsystem.org

Serving La Plata county

Clinica Family Health Services, Inc.

(303) 650-4460 www.clinica.org

Serving Adams, Boulder and Broomfield counties

Colorado Coalition for the Homeless

Health Care: (303) 293-2220

Administration: (303) 293-2217

www.coloradocoalition.org

Serving Denver metropolitan area

Denver Health's Community Health Services

(303) 602-4954

www.denverhealth.org/dchs

Serving City and County of Denver

Dove Creek Community Health Clinic

(970) 677-2291

Serving Dolores, Montezuma and San Miguel counties

High Plains Community Health Center

(719) 336-0261 www.highplainschc.net

Serving Prowers, Baca, Cheyenne, Kiowa, and Kit Carson counties

Metro Community Provider Network

(303) 360-6276 www.mcpcn.org

Serving Arapahoe, Adams, Jefferson, Douglas and Park counties

Mountain Family Health Centers

(970) 945-2840 www.mountainfamily.org

Serving Garfield, Boulder, Clear Creek, Eagle, Gilpin, Pitkin and Rio Blanco counties

Northwest Colorado VNA - Community Health Center

Craig: (970) 824-8233 Steamboat Springs: (970) 879-1632

www.nwcovna.org/community-health-programs.php

Serving Moffat and Routt counties

Olathe Community Clinic, Inc.

(970) 323-6141

Serving Montrose and Delta counties

Peak Vista Community Health Centers

(719) 632-5700 www.peakvista.org

Serving El Paso, Douglas, Elbert, Lincoln, Park, and Teller counties

Plains Medical Center, Inc.

(719) 775-2367 www.pmchc.org

Serving Lincoln, Adams, Arapahoe, Elbert, and Kit Carson counties

Pueblo Community Health Center, Inc.

(719) 543-8711 www.pueblochc.org

Serving Pueblo and Huerfano counties

Salud Family Health Centers

(303) 892-6401 / (800) 388-4325

www.saludclinic.org

Serving Weld, Adams, Boulder, Larimer, Logan, and Morgan counties

Sheridan Health Services

(303) 797-4260

www.sheridanhealthservices.com

Serving City of Sheridan and surrounding communities

Summit Community Care Clinic

(970) 668-4040 www.summitclinic.org

Serving Summit County and neighboring communities

Sunrise Community Health

(970) 353-9403

www.sunrisecommunityhealth.org

Serving Weld and Larimer counties

Uncompahgre Medical Center

(970) 327-4233 www.umclinic.org

Serving San Miguel, Delta, Ouray, and Montrose counties

Valley-Wide Health Systems, Inc.

(719) 589-5161 www.vwhs.org

Serving Alamosa, Bent, Cheyenne, Conejos, Costilla, Crowley, Delta, Fremont, Kit Carson, Mesa, Mineral, Montrose, Otero, Rio Grande and Saguache counties