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Community health centers integrate mental and medical services to address care gap

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In recent years, there has been growing recognition that mental health status impacts physical health and vice versa. As a result, there is growing interest in the coordination of medical and behavioral health services as part of patient-centered primary health care. A new analysis by a team led by researchers at the George Washington University School of Public Health and Health Services (SPHHS) examines factors affecting the integration of mental health and substance abuse treatment services with medical care at community health centers.

"Community health centers have been leading the way in promoting the coordination of medical and behavioral health care, with a more integrated vision for primary health care," said Leighton Ku, PhD, MPH, a professor of health policy and director of the Center for Health Policy Research at SPHHS.

The report found that most community health centers provided mental health services, although substance abuse and alcohol treatment services, psychiatric care and 24-hour crisis counseling services were available less widely. Health centers were more likely to offer behavioral health services if they were larger or located in areas with more psychiatrists and psychologists per capita.

In addition, a policy that was found to impact the availability of behavioral health treatment services in health centers was whether state Medicaid programs – the major source of insurance revenue for health centers – pay separately for behavioral services when they are rendered

on the same day that medical care is provided, a policy known as same-day billing. In many states, only one payment is permitted even if both medical and behavioral services are provided. Health centers that were located in states that do not allow same-day billing were less likely to offer onsite substance abuse services or 24 hour crisis counseling.

"Permitting payments for both behavioral and medical care provided in community health centers could help more health centers begin to offer crucial services such as substance abuse treatment or crisis counseling," said lead author Emily Jones, PhD, MPP, who began this work as a doctoral student at SPHHS and now works for the Office of the National Coordinator for Health Information Technology at the U.S. Department of Health and Human Services.

This is one of the first papers examining the integration of behavioral and medical care at community health centers, and this paper is the first to address policy barriers including same-day billing restrictions. The report notes that in addition to offering on-site services, health centers also maintain linkages with behavioral health providers in the community to ensure that the full range of patient needs for mental health and substance use disorders can be met.

More information: The paper will be in a forthcoming print issue and is currently available in *The Journal of Behavioral Health Services & Research* as an Online First article: download.springer.com/static/pdf/716/art%253A10.1007%252Fs11414-013-9364-9.pdf?auth66=1383748052_8bff41e6620628c77f4cbe6b87d34e98&ext=.pdf

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