

Understanding the Integration of Behavioral Health with Primary Care at Florida's Federally Qualified Health Centers

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Summary

Background

Provision of timely and adequate care for populations with/at risk of serious mental illness is challenging for health care organizations, both in terms of provision of clinical and *behavioral health* (*expression coined to include both mental health/substance abuse*) services. This is especially true for Federally Qualified Health Centers (FQHCs) which are required to provide services to a federally designated medically underserved area or medically underserved population. The last ten years have witnessed a new trend in behavioral health care in the US which is the integration of *behavioral health services* into organizations otherwise delivering *primary care services*. Notwithstanding all the research and clinical success of integration models, other challenges prevent BH/PC integration to move forward. The purpose of this study was to identify current trends in provision of behavioral health services in Florida FQHCs. Moreover, we aimed at identifying successful partnerships and collaborations between FQHCs and other health care organizations, especially with behavioral health organizations as well as challenges in providing these services.

Methods

Two major methods were used in order to accomplish the objectives of the project: 1) data compilation and descriptive analysis of Florida FQHCs' UDS Reports of years 2007, 2008, and 2009, and 2) a cross-sectional phone survey about provision of BH/PC integrated services at the FQHCs.

Results

Allotment of MH/SA professionals across 38 FQHCs during the 3 years' time period, were analyzed. 32 FQHCs (84%) remained very steady over time in their allocation. 21 (55%) FQHCs allocated less than 1 FTE to MH/SA services each year for the entire period. We found 30 FQHC (79%) following the same pattern of sustained increase in the number of visits throughout the period 2007-2009. 87% of FQHC saw the number of patients requiring behavioral health services increasing over this period of time. more than 75% of FQHCs stated they have some type of partnership/official arrangement with Community Mental Health Centers, Substance Abuse Treatment Centers or both. Lack of federal funding for behavioral health programs was cited as the main barrier for community centers (81%). A second main barrier mentioned by the surveyed organizations is the difficult access they have to mental health professionals.

Discussion

Across the three years period of UDS Reports we analyzed we found that number of patients and visits increased steadily over that period regardless the fact of whether there were mental health professionals working at the centers. Challenges for the provision or expansion of services as described by our interviewees match to some extent with the most cited ones in the literature: lack of federal funding for BH services and difficult access to MH/SA professionals.