



# ALL ABOARD! DESTINATION: HEALTH REFORM

THE NATIONAL ACADEMY FOR STATE HEALTH POLICY 22ND ANNUAL STATE HEALTH POLICY CONFERENCE

OCTOBER 5-7, 2009 / LONG BEACH, CALIFORNIA

NATIONAL ACADEMY  
*for* STATE HEALTH POLICY

Integrating Primary and Behavioral Health Care  
through Community Health Centers and  
Community Mental Health Centers:  
The Missouri Experience

**Presented by:**

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**And**

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# Movement Towards Integration

- Missouri Medicaid Reform Commission (1/05)
  - Acknowledged reform must take place in the context of system transformation
  - Recommended
    - Support for a public health approach emphasizing prevention, early intervention
    - Support for approaches to strengthen the linkages between CHCs and CMHCs
- Two state associations hosted joint meeting of CHCs and CMHCs to explore interest in primary care and behavioral health integration (6/06)

# Movement Towards Integration Continued

- NASMHPD medical directors publish technical reports (10/06)
  - “Morbidity and Mortality in People with Serious Mental Illness”
  - “Smoking Policy and Treatment”
- Missouri awarded SAMHSA Transformation Grant (10/06)
- State associations advocate for integration funding (2007 Legislative Session)
- General Assembly appropriates integration funding (7/07)

# Technical Assistance Team

- Funded by a grant from the Missouri Foundation for Health to the Missouri Coalition of Community Mental Health Centers
  - Dorn Schuffman, MO Department of Mental Health
  - Angela Herman, MO Primary Care Association
  - Amy Meriweather, Ph.D., Clinical Psychologist with training and experience in providing behavioral health services in a primary care setting
- Provides project coordination, technical assistance, and training

## Seven Fully Funded Sites

- Integration Sites
  - Receive \$200,000/year for each of three years
  - Integrates one or more behavioral health professionals employed by the CMHC into one or more CHC clinics
  - Establishes a CHC primary care clinic site staffed by one or more primary care professionals within a CMHC facility.
- Locations

Columbia	Joplin
Kirksville	Popular Bluff
St. Joseph	St. Louis
Wentzville	

# Missouri's Integration Initiative

## What Is It About?

- Improving Access
  - To primary care for people with serious mental illness
  - To behavioral health services for people with previously unrecognized and/or untreated mental health problems
  - To behavioral health supports for people who require assistance in effectively managing their chronic disease or improving health status

## Missouri's Integration Initiative

# What Is It About?

- Improving Clinical Care
  - Seeing mental health as essential to overall health
  - Seeing and treating the whole person
  - Creating one treatment team and plan
  - Emphasizing wellness and preventive care
- Improving Collaboration Between Systems of Care
  - Finding ways to promote synergies and efficiencies by bring two safety net systems of care together

# Components of “Collaboration”

- Formal MOU between organizations outlining commitment to integration
- CMHC provide behavioral health services on-site at the CHC
- CHC establishes a primary care clinic on-site at the CMHC
- Joint administrative and clinical supervisory staff meetings
- Partners bring relevant programmatic and financial resources to bear in support of integration.

## Components of “Integration”

- CMHC clients have annual primary care visit and age appropriate primary care screenings
- Single clinical record and treatment plan
- One or more behavioral health consultant embedded in the primary care team
- Real time psychiatric consultation
- Primary care consultation is available to CMHC treatment teams
- Regularly scheduled multi-disciplinary team meetings
- Communication between primary and specialty care is verified in the client record
- Written referral arrangements for specialty care

## **Embedded Behavioral Health Consultant**

Behavioral Health Consultant duties and activities as a member of the team:

- introduced as a member of the primary care team
- behavioral health screening/evaluation
- brief interventions for behavioral health problems
- behavioral supports to improve health status and manage chronic illnesses
- meets regularly with the primary care team
- exchanges information with team members on an informal, “curbside” manner
- can be interrupted during planned treatment sessions

# Components of Training

- For successful integration it is necessary to train agency personnel
- Key agency personnel include:
  - Senior Leadership
  - Frontline staff
  - Embedded Behavioral Health Consultant
  - Primary Care Provider in CHC setting and CMHC setting
  - Community Support Workers/Case Managers

## Evaluation

- Evaluation by University of Missouri Columbia Sinclair School of Nursing
- Components:
  - Performance measures
  - Staff and consumer surveys
  - Analysis of services and financial impacts
- Objectives to determine if partnerships have:
  - Successfully integrated primary care and behavioral health care
  - Improved access and outcomes
  - Assessed consumer and staff perceptions
  - Sustainability

# Integration Initiative

## Preliminary Lessons Learned

- Missouri's initiative is as much about bringing two systems of care together, as it is about integrating primary and behavioral health care
- Project management
- Start-up funding
- Myths, misunderstandings, and real differences

# Integration Initiative

## Preliminary Lessons Learned Continued

- “All politics are local”
- Collaboration and culture
- Momentum
- Sustainability and growth
  - Patient volumes
  - Medicaid reimbursement
  - Services for uninsured patients



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