

# BEHAVIORAL HEALTH NEWS

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## The Behavioral Health Sector and Physical Health Services Models

By **Jorge R. Petit, MD**  
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Individuals with serious mental illness (SMI) are known to have significant co-morbid medical conditions and as such greater medical costs though only a tiny fraction of that overall costs can be attributed directly to mental health services.<sup>1</sup> It is well established that approximately 50% of total Medicaid expenditures accrue in those individuals with behavioral health diagnoses but spending increases up to 75% when these individuals have a co-morbid chronic physical condition.<sup>2,3</sup>

There are many models that aim to integrate physical and behavioral health (BH) services and itModels that integrate care to treat people with mental health and medical comorbidities have proven effective. Despite their effectiveness, however, these models are not in widespread use. It is increasingly apparent that these models reduce fragmentation of services and promote true person-centered care for adults with behavioral health and comorbid health conditions. There is sufficient evidence that shows that integrating physical



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health services into the traditional public behavioral health treatment sector leads to improved care and reduced costs. Mental health professionals are best suited to align treatment options and interventions in order to manage these comorbid health conditions. Despite the effectiveness of

these models, however, they are not in widespread use.<sup>4,5</sup>

The Coordinated Behavioral Care (CBC; [www.cbcare.org](http://www.cbcare.org)) Independent Practice Association (IPA: [www.cbcare.org/ipa/what-is-an-ipa/](http://www.cbcare.org/ipa/what-is-an-ipa/)) Network of providers, throughout the five boroughs, offers a comprehensive, person-centered and holistic and integrated health care network to New Yorkers with serious behavioral health disorders and/or complex medical needs by bringing together primary health, behavioral health, care coordination, recovery, and supportive housing and social service interventions in all five boroughs. CBC connects individuals in the community using a variety of traditional BH services as well as a number of practice-based and evidence-based care transition and crisis service models, which fill identified, critical community-based service gaps.

CBC and the Network are at the forefront of developing, implementing and/or establishing multiple models of integrated care that are innovative and characteristic of CBC's Network provider's core mission to deliver care to individuals in the mode person-centered manner possible. As part of CBC IPA's clinically integrated array of services these are a few of

the CBC Network's models/services:

Among the most promising models of integrated care is the Certified Community Behavioral Health Clinic (CCBHC), part of the 2014 Excellence in Mental Health Act that allocated over \$1 billion to community-mental health services. This program mandated nine broad categories of services with a unique and promising federal reimbursement methodology based on a Prospective Payment System (PPS) ensuring that these organizations were compensated for the actual cost of care delivered. Within the CBC Network, Services for the UnderServed ([www.sus.org](http://www.sus.org)), Catholic Charities Neighborhood Services ([www.ccbq.org](http://www.ccbq.org)), New Horizon Counseling Center ([www.nhcc.us](http://www.nhcc.us)) and Samaritan Daytop Village ([www.samaritanvillage.org](http://www.samaritanvillage.org)) are all designated as CCBHC.

An innovative model of improving the physical and mental health of vulnerable New Yorkers, comes from CUCS's ([www.cucs.org](http://www.cucs.org)) Janian Medical Care ([www.cucs.org/wellness/janian-medical-care/](http://www.cucs.org/wellness/janian-medical-care/)). Whether it is at a park bench, shelter or housing residence, Janian's health

*see Integrated Care on page 28*

## Reimagining Integrated Care: Why Social Interventions are Vital in Providing Support for People with Serious Mental Illness

By **Kenneth Dudek, MSW, President and Ralph Aquila, MD, Psychiatrist, Brightpoint Health/Sidney R. Baer Jr. Center, and Medical Director Fountain House**

The concept of "integrated health-care" has been regarded as an optimal treatment approach for individuals experiencing co-occurring mental and physical illnesses. Twenty years ago, Fountain House – the most widely replicated evidence-based community model for people living with mental illness in the world – created the first integrated health home specifically for people with serious mental illness in the US, known today as the Brightpoint/Sidney R. Baer Jr. Health Center (Baer Center). The extraordinary health outcomes of Center patients (a re-hospitalization rate of 10% compared to re-hospitalization rates of 50% for people with schizophrenia in the general population; and a 21% decrease in cost of care to



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Medicaid [Solís-Román C, Knickman J. Project to evaluate the impact of Fountain House programs on Medicaid utiliza-



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tion and expenditures [Internet]. New York (NY): New York University Health Evaluation and Analytics Lab; 2017 May

9 [cited 2018 Jan 29]. Available from: <https://www.fountainhouse.org/nyustudy/>) result from a reimagined version of integrated care, which Fountain House calls a "Community System of Care." This approach goes beyond primary and psychiatric care to include a vital, overlooked and unfunded third element – social interventions.

Social interventions address the Social Determinants of Health (SDOH) and empower people with serious mental illness – a population that often has weak social networks, lives in poverty, experiences precarious housing, are often caught in the revolving door of hospitalizations and incarceration, and lacks access to healthy lifestyle options – to form meaningful peer relationships, return to school and work, obtain and maintain housing and participate in wellness activities. These social interventions are delivered at Fountain House's clubhouse – a nonclinical,

*see Social Interventions on page 28*

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