

Integrating Behavioral Health into Primary Care: A Case Study

New Jersey's behavioral healthcare safety net was in crisis. Vulnerable patients across the state had problems getting the mental health and substance abuse treatments they needed. The Nicholson Foundation saw a broken system in need of change.

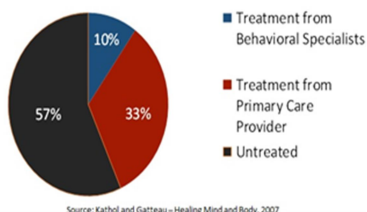
Today, New Jersey has a network of clinics across the state providing a high-quality model of integrated behavioral healthcare to thousands of patients. In collaboration with The Nicholson Foundation, the State also has begun work to revise its regulations to ease access to care. And, in years to come, students at Rutgers, The State University of New Jersey, who are studying to become healthcare professionals will be trained to work in environments that integrate physical and behavioral healthcare as a matter of course.

This is the story of how that transformation occurred.

Behavioral Health

- ❖ A mental health condition
- ❖ A substance use disorder
- ❖ Difficulties with lifestyle factors because of a chronic health condition

Americans Suffering From a Diagnosable Behavioral Disorder



Source: Kathol and Gatteau - Healing Mind and Body, 2007

The Problem

Much of Nicholson's early healthcare work, which began in 2009, focused on supporting primary care as a linchpin for improving access to quality care among vulnerable populations. Through these grants, Nicholson learned from healthcare practitioners on the ground that behavioral healthcare was in crisis.

National statistics from 2011 conveyed the high prevalence of behavioral health conditions:¹

- One in five Medicaid beneficiaries had one or more behavioral health diagnoses.
- Nearly half of all Medicaid spending was on patients with behavioral health conditions.

Behavioral health problems are often untreated or undertreated. This is due in large part to the fact that healthcare has been traditionally fragmented and "siloed." People with behavioral health issues are typically referred to social workers, psychologists, psychiatrists, counselors, or addiction specialists. Unfortunately, studies show that patients referred by primary care have a hard time getting the treatment they need. In addition, the stigma associated with a behavioral health condition makes many people reluctant to seek care.

Behavioral healthcare is an especially acute problem for vulnerable populations. Compared to other populations, they have higher rates of depression, anxiety, and substance misuse. Another key issue is access to care. A relatively small number of behavioral health clinicians offer services to disadvantaged populations. In addition, financial limitations, lack of transportation, and difficulty getting time off from work make it hard for disadvantaged populations to find care.

The Solution: Integrated Care

Through research into potential solutions, Nicholson learned that strong evidence supports integrated care approaches. Many behavioral health issues can be effectively treated in this way and integrating behavioral healthcare within primary care benefits both the healthcare team and the patients.

What is Integrated Care?

- ❖ Care in which physical and behavioral health are viewed and treated together as a whole
- ❖ A trained behaviorist or behavioral health consultant is embedded within a primary care team and provides interventions during the office visit itself.
- ❖ Integrated care provides behavioral health expertise when the primary care clinician is not able to address the patient's condition.

- Ⓢ Integration helps **the healthcare team** understand the whole spectrum of issues their patients are facing, which helps them provide comprehensive, effective care.
- Ⓢ Simultaneously receiving physical and behavioral healthcare helps **patients** reduce barriers associated with navigating and accessing two separate systems of care. Integrated care also can reduce stigma and increase patient confidence and trust. It may also help to be introduced to a behavioral health provider as a “member of the team” by a primary care provider with whom they already have a trusting relationship.

Ⓢ Nicholson's Support for Integrated Care

Convinced of the necessity of making integrated care “the new normal” for safety net patients in New Jersey, The Nicholson Foundation has worked since 2012 on a multi-pronged effort to help primary care practices change their model of care to integrate behavioral health. This work has evolved through five phases and through a carefully considered progression of projects supporting multiple grantees.

The Five Phases of Nicholson's Integrated Care Grantmaking

- 1 Find an evidence-based model and the right partner.
- 2 Pilot test the model.
- 3 Support additional projects that address issues that arise along the way.
- 4 Expand the application of the model.
- 5 Go upstream by educating the next generation of healthcare providers.

1 Find an evidence-based model and the right partner

The first essential starting point for this work was finding an evidence-based model that had been successful elsewhere and that had the potential to be adapted to New Jersey's unique context. Nicholson found it in Cherokee Health Systems, a Federally Qualified Health Center (FQHC) and state-approved Community Mental Health Center that operates more than 30 clinics in Knoxville, Tennessee, and surrounding counties. Cherokee Health's experience and expertise were essential in helping Nicholson develop its multi-faceted integrated care initiative in New Jersey.

Why was Cherokee Health the Right Partner?

- ❖ It was a **recognized national leader** in integrated care.
- ❖ It had developed a **solid model of care** consisting of a multidisciplinary, integrated team of primary care and specialty clinicians, behavioral health consultants, psychiatric providers, dentists, and community health coordinators.
- ❖ It had **evidence** demonstrating that the model resulted in a decrease in emergency department visits and an overall decrease in the cost of care for participating patients.²
- ❖ It has **substantial experience** from training hundreds of organizations in this model of care.



Through Cherokee Health's evidence-based model of integrated care, behaviorists and primary care physicians work as a team to simultaneously deliver care to patients.

Get to Know the Pilot Sites

- ❖ [Henry J. Austin Health Center](#)
- ❖ [CHEMED](#)

A Key Lesson Learned from the Pilot Sites

Changing the way care is delivered is more than just training individual staff members—it involves creating a team and training people to work together in new ways. Delivering truly integrated care is all about changing the culture of care.

2 *Pilot test the model*

In 2013, Nicholson funded a pilot test to implement Cherokee Health’s integrated care model at four treatment sites within two New Jersey FQHCs—the Henry J. Austin Health Center, in Trenton, and the Center for Health Education, Medicine, and Dentistry (CHEMED), in Lakewood. With intensive and continuous technical assistance from Cherokee, these two FQHCs were able to successfully integrate the model into their care systems. Cherokee helped the sites train staff, develop new policies and procedures, and create data collection protocols and tools to monitor progress. The number of behavioral health interventions increased steadily over the course of the project and the FQHCs were able to generate revenue by billing for the interventions.

3 *Support additional projects to address issues that arise along the way*

As the pilot implementation progressed, it became increasingly clear that New Jersey’s licensing rules and regulations governing medical and behavioral health facilities were creating barriers that made it difficult for the clinics to provide integrated care. As a result, in 2015, Nicholson funded the **Seton Hall University School of Law** to examine this issue and recommend ways to ease these burdens. Seton Hall’s report showed that barriers, such as gaps in reimbursement, low Medicaid reimbursement rates, and onerous licensing standards, posed substantial challenges to integrated care. The report recommended a number of ways in which New Jersey could adjust its licensure and reimbursement rules to enhance integration of behavioral health into primary care.

The report’s recommendations were a key starting point in conversations with state regulatory agencies. At the state’s request, Seton Hall drafted several guidance documents on ways that regulations might be restructured to facilitate integration.

Learn More

- ❖ [Seton Hall University School of Law](#)
- ❖ Jacobi JV et al. [Integration of Behavioral and Physical Health Care: Licensing and Reimbursement Barriers and Opportunities in New Jersey](#); March, 2016³

Get to Know the Full Implementation Sites

- ❖ [AtlantiCare Special Care Center](#)
- ❖ [Eric B. Chandler Health Center](#)
- ❖ [Hackensack Meridian Family Health Center](#)
- ❖ [Jefferson Health Services](#)
- ❖ [Metropolitan Family Health Network](#)
- ❖ [Visiting Nurse Association of Central Jersey](#)

4 *Expand the application of the model*

Nicholson's next step was to apply what it learned. In 2017, Nicholson issued a Request for Proposals and six primary care sites were selected—the **AtlantiCare Special Care Center**, in Atlantic City; the **Eric B. Chandler Health Center**, in New Brunswick; the **Hackensack Meridian Family Health Center**, in Neptune; **Jefferson Health Services**, in Somerdale; the **Metropolitan Family Health Network**, in Jersey City; and the **Visiting Nurse Association of Central Jersey**, in Asbury Park.

Cherokee Health applied the knowledge gained from the pilot implementation in the intensive technical assistance it provided to the six new sites. It:

- ❖ Trained leadership staff
- ❖ Helped with recruiting, hiring, and training behavioral health consultants
- ❖ Provided onsite consultation to help sites operationalize and sustain the model
- ❖ Held monthly conference calls with all sites for peer support and learning

By the end of their two-year projects, all six sites were able to successfully replicate Cherokee's model. Because of their success, Nicholson funded the sites for two more years. The goals of the new funding were to refine the implementation and improve billing to the point that the sites could become fully sustainable without grant funding.

In 2019, Nicholson expanded the initiative again, with support for up to four new primary care sites. Based on lessons learned from the six sites, Cherokee provided individualized billing and coding consultation to these new sites.

Our Work in Behavioral Health Integration



*The Nicholson Foundation's behavioral health integration initiative brings to mind the image of a tree. The **roots** that nurtured it were the evidence-based model and the experience of the pilot sites. The **trunk** that gave it strength and stability was the Seton Hall report, written with the State's cooperation. The **branches** that brought it to full maturity are the six implementation sites.*

Get to Know the Eight Behavioral Health Training Partners

- ❖ [Robert Wood Johnson Medical School](#)
- ❖ [Rutgers New Jersey Medical School](#)
- ❖ [Graduate School of Applied and Professional Psychology](#)
- ❖ [Rutgers School of Nursing](#)
- ❖ [Rutgers School of Dental Medicine](#)
- ❖ [Ernest Mario School of Pharmacy](#)
- ❖ [Rutgers School of Health Professions](#)
- ❖ [Rutgers School of Social Work](#)

5 Go upstream by educating the next generation of health professionals to build sustainable change

As the behavioral health integration initiative evolved, it became clear that to achieve sustainable systems change with the integrated care initiative, Nicholson needed to “go upstream” to help healthcare professionals understand and support integrated care right from their earliest training days. In 2019, Nicholson funded Rutgers University Behavioral Health Care (UBHC) to develop new training programs and curricula on integrated care for students, interns, and residents in multiple health disciplines. Eight Rutgers University schools—covering the range of healthcare disciplines involved in primary care and behavioral health—came together in a joint commitment to participate in this effort.

Moving forward, Nicholson is working to develop “home grown” expertise in New Jersey to help expand and strengthen the integration of behavioral healthcare within primary care. Nicholson is funding the Metropolitan Family Health Network, one of the six “full implementation” sites, to work with Cherokee Health over the next two years to provide billing, clinical, and administrative consultation services to the new clinics.

The Impact of Nicholson's Investment

References

1. Medicaid and CHIP Payment and Access Commission. *Report to Congress on Medicaid and CHIP*. Chapter 4: Behavioral Health in the Medicaid Program—People, Use, and Expenditures. Washington, DC: MACPAC, June 2015. Available at: <https://www.macpac.gov/wp-content/uploads/2015/06/June-2015-Report-to-Congress-on-Medicaid-and-CHIP.pdf>. Accessed April 15, 2019.

2. Butler, M. et al, Evidence Report/Technology Assessment. *Integration of Mental Health/Substance Abuse and Primary Care*. Nov 2008 (173):1-362.

3. Jacobi JV, Ragone TA, Greenwood K. *Integration of Behavioral and Physical Health Care: Licensing and Reimbursement Barriers and Opportunities in New Jersey*. Newark, NJ: Seton Hall University School of Law, March, 2016. Available at: https://thenicholsonfoundation.org/sites/default/files/Integration_Healthcare_Seton_Hall_report.pdf. Accessed April 13, 2019.

Kathol R, Gatteau S. *Healing Body and Mind: A Critical Issue for Health Care Reform*. Westport, CT: Praeger Publishers/ Greenwood Publishing Group, 2007.

As of 2019, the Behavioral Health Integration initiative was still going strong. It's still too early to identify significant changes in patient health outcomes from this integration initiative, but the effort has demonstrated clear care and systems improvements:

- Ⓢ Nicholson's support improved billing and coding protocols at the sites, which helped them become more financially stable and ensure the sustainability of integrated care.
- Ⓢ Nicholson's work with Seton Hall has enhanced State agencies' emphasis on the importance of integrated care, and, at the State's request, the Foundation continues to support Seton Hall to work with them.
- Ⓢ This work shifts the way the healthcare workforce operates in New Jersey and potentially in other states. The UBHC training pipeline will foster an environment in which healthcare is conceived of, taught, and delivered from an integrated perspective.

About The Nicholson Foundation

The Nicholson Foundation is dedicated to improving the health and well-being of vulnerable populations in New Jersey. Its primary goal is to improve outcomes in health and early childhood. Our strategic approach is to transform service delivery systems by informing policy and developing sustainable models that better serve vulnerable populations. Our work is concentrated on bringing change to the following five systems:

- ❖ Primary Care
- ❖ Population Health
- ❖ Early Childhood
- ❖ Professional Development
- ❖ State Government

To learn more about The Nicholson Foundation, visit our website at www.thenicholsonfoundation.org.

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