

The Ins and Outs of Federally Qualified Health Centers for Integrated Behavioral Health Providers

Mia Cooper Kahn, MPH (she/her)

Senior Manager of Integrated Health and Community Relations

Alameda Health Consortium / Community Health Center Network



ALAMEDA HEALTH
CONSORTIUM



COMMUNITY HEALTH
CENTER NETWORK



This project is supported by (1) the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,905,974 with zero percentage financed with non-governmental sources and (2) Department of Education (DOE) as part of an award totaling \$5,667,660. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, DOE, or the U.S. Government.

Learning Objectives

1. Describe the key structural and functional components of our public healthcare system, with a focus on Medi-Cal Managed Care
2. Describe key elements of Federally Qualified Health Centers and how they incorporate culturally responsive care
3. List the key elements of an Integrated Behavioral Health model and the values and challenges of IBH

Grounding in these principles:

- Acknowledging we all have wisdom and experience we bring to this work
- We get to shape the system we have – things will continue to change, and we get to shape this change
- Our leadership is valuable

Lots happening in behavioral health policy in California – How will YOU shape it from here?



About Me:

- What gets me excited: Understanding systems and collaborating to make them better
- Early Career Professional, studied public health
- Queer, cis-gender, woman of color, bi-racial and bilingual, able bodied, educational and class privilege
- Lived experience as a family member of folks with severe mental illness & feel the intergenerational impacts

My work

Senior Manager of Integrated Health and Community Relations at Alameda Health Consortium / Community Health Center Network.

- I support the integrated behavioral health programs at our 8-member health centers through partnership, policy and program development.
- I **build relationships** and partnerships with individuals, organizations and other allies that believe in increasing capacity and resources for **community based** mental health and substance use services

Alameda Health Consortium

- Regional Association of 8 Federally Qualified Health Centers in the East Bay, CA



**NATIVE AMERICAN
HEALTH CENTER**
Serving the community since 1972



La ClínicaSM
a california *health+* center



ASIAN HEALTH SERVICES



TIBURCIO VASQUEZ
Health Center



BAYWELL
HEALTH



axis
community
health



**LifeLong
Medical
Care**
Health Services For All Ages
a california *health+* center

In 2023,

134+



Sites across 8
Health Centers

20



Mobile
Sites

290,000



Patients

1.4 Million



Visits

OUR HISTORY – AHC/CHCN

The Alameda Health Consortium

- Founded early 1970's
- Support the involvement of our communities in achieving comprehensive, accessible health care and improved outcomes for everyone in Alameda County, California.



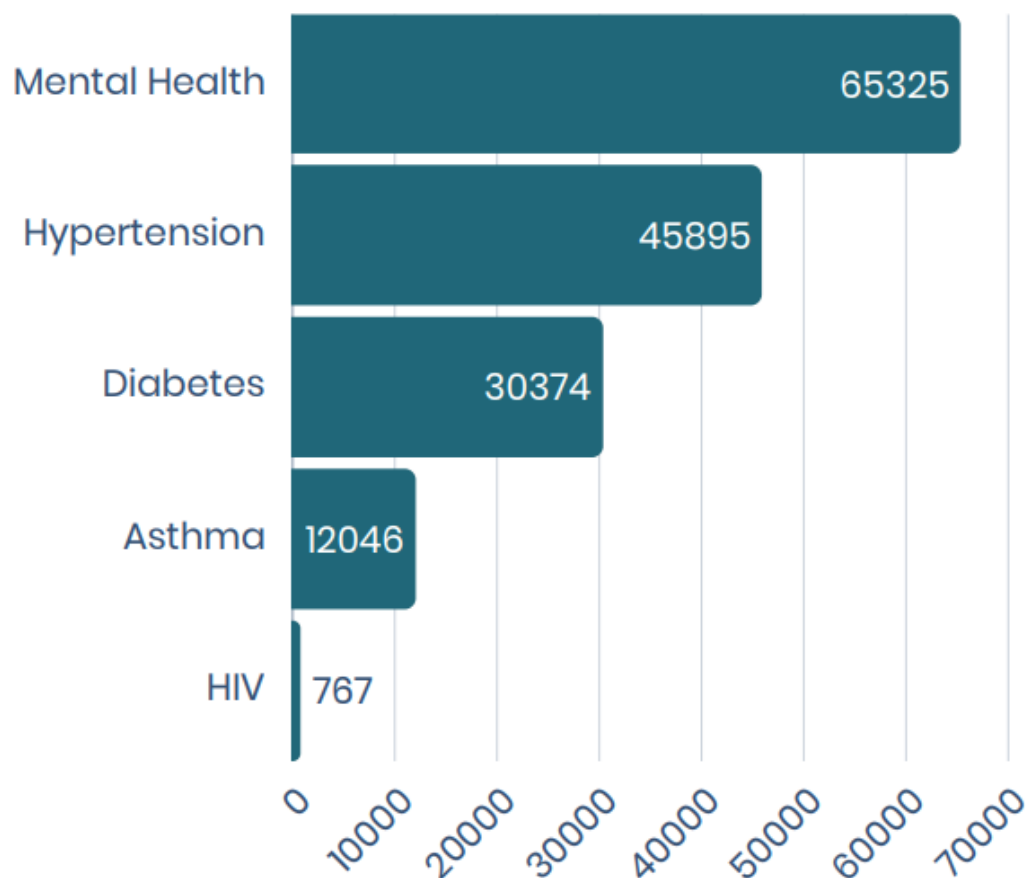
Community Health Center Network

- Founded 1996
- A non-profit Medi-Cal Managed Services Organization (MSO) and Independent Practice Association (IPA), providing business administrative support for community health centers
- Formed so health centers could participate more effectively in newly-launched state managed care programs.

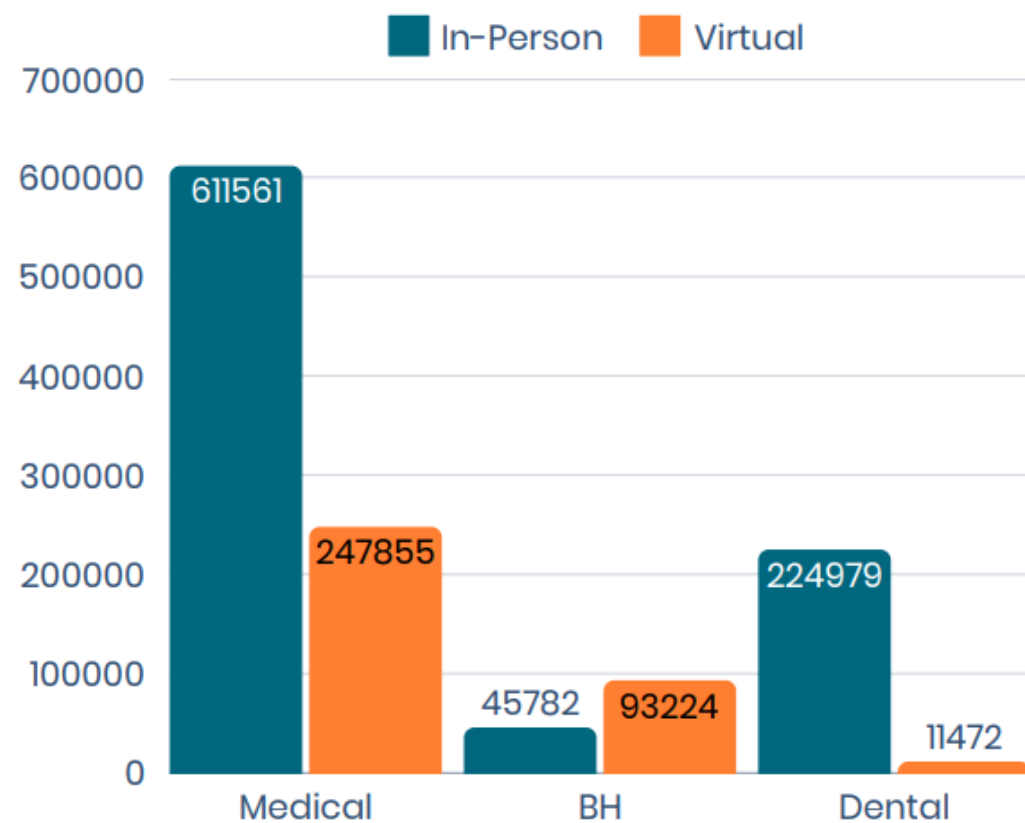


Our member health centers

290,00 Patients Served in 2023



1.4 Million Patient Visits in 2023



Today's Flow

- Key Terms & Definitions
- How FQHCs fit into CA's Public Behavioral Health Care System
- Overview of Medi-Cal Managed Care in FQHCs
- Values and Challenges of an Integrated Behavioral Health Model in FQHCs
- The role of policy and advocacy when it comes to increasing access to BH services at FQHCs

Key Terms

Behavioral Health

Medi-Cal

Medi-Cal Managed Care

Federally Qualified Health Center

Key Terms

Behavioral Health – An umbrella term that includes mental health and substance use disorder

Key Terms

Medi-Cal – California's Medicaid health care program. The program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes

Fee For Service or “Regular”
Medi-Cal – A type of Medi-Cal where state pays doctors and other care provider directly for every service provided.

Medi-Cal Managed Care – A type of Medi-Cal coverage where patients enroll in a health plan that is contracted with a network of doctors, pharmacies and other providers

What is a Federally Qualified Health Center (FQHC)?

FQHCs are community health centers that deliver comprehensive and culturally competent primary and preventive care services to California's medically underserved populations without regard to a patient's ability to pay for care.

FQHCs are public or tax-exempt entities that must meet certain federal requirements to receive grant funding under Section 330 of the Public Health Service Act through the Health Recourse Services Administration (HRSA).

FQHCs in California

- In 2023, FQHCs in CA:
 - Served ~5.4M patients
 - 2 in 11 children
 - 93% of patients at or below 200% of the poverty line
 - 4.9M uninsured, Medi-cal and Medicare patients
 - 349K patients experiencing homelessness
 - 2M+ mental health visits (in person and telehealth)

Source: https://www.cpcd.org/CPCA/About/Publications_and_Reports/CHC_Data/CPCA/About/CHC_Data.aspx
Data Source: HRSA UDS 2023 for FQHC Clinics. Not included: FQHC lookalikes, rural clinics, or community clinics/free sites.

Today's Flow

- Key Terms & Definitions
- **How FQHCs fit into CA's public behavioral healthcare system**
- Overview of Medi-Cal Managed Care in FQHCs
- Values and Challenges of an Integrated Behavioral Health Model
- The role of policy and advocacy when it comes to increasing access to BH services at FQHCs

We'll start with the big picture, then zoom in

Zoom in:
IBH and QHCs

FQHCs and CA's BH system: a brief history

1700's-1950's - Institutionalization through asylums and mental hospitals.

1957 - Short-Doyle Act (CA) Provided state matching funding for cities and counties that established and provided **community-based mental health services**

1963 - Community Mental Health Act provided federal support for community-based mental health care and treatment facilities

TAKEAWAY: Even before the establishment of community health centers, State and Federal Policy play a HUGE role in determining what our public MH system looks like.



Beginnings of Specialty
Mental Health System of
Care

More health system milestones

1965 - Medicare and Medicaid were created as amendments to the Social Security Act

1965 – The first federally funded **community health centers** were launched in the US

1966 - CA established Medi-Cal Specialty mental health services

1970's – CA pioneers managed care within its Medi-Cal program



FQHCs mental health/
behavioral health services
were limited for a while

Today's Flow

- Key Terms & Definitions
- How FQHCs fit into CA's public healthcare system
- **Overview of Medi-Cal Managed Care and FQHCs**
- Values and Challenges of an Integrated Behavioral Health Model
- The role of policy and advocacy when it comes to increasing access to BH services at FQHCs

The growth of Mental Health Services within Medi-Cal Managed Care

2014- CA adds outpatient MH services to the Medi-Cal Managed care program to comply with the Affordable Care Act

Opens the door to the expansion of preventative behavioral health services at FQHCs, extending the continuum of public mental health care in CA



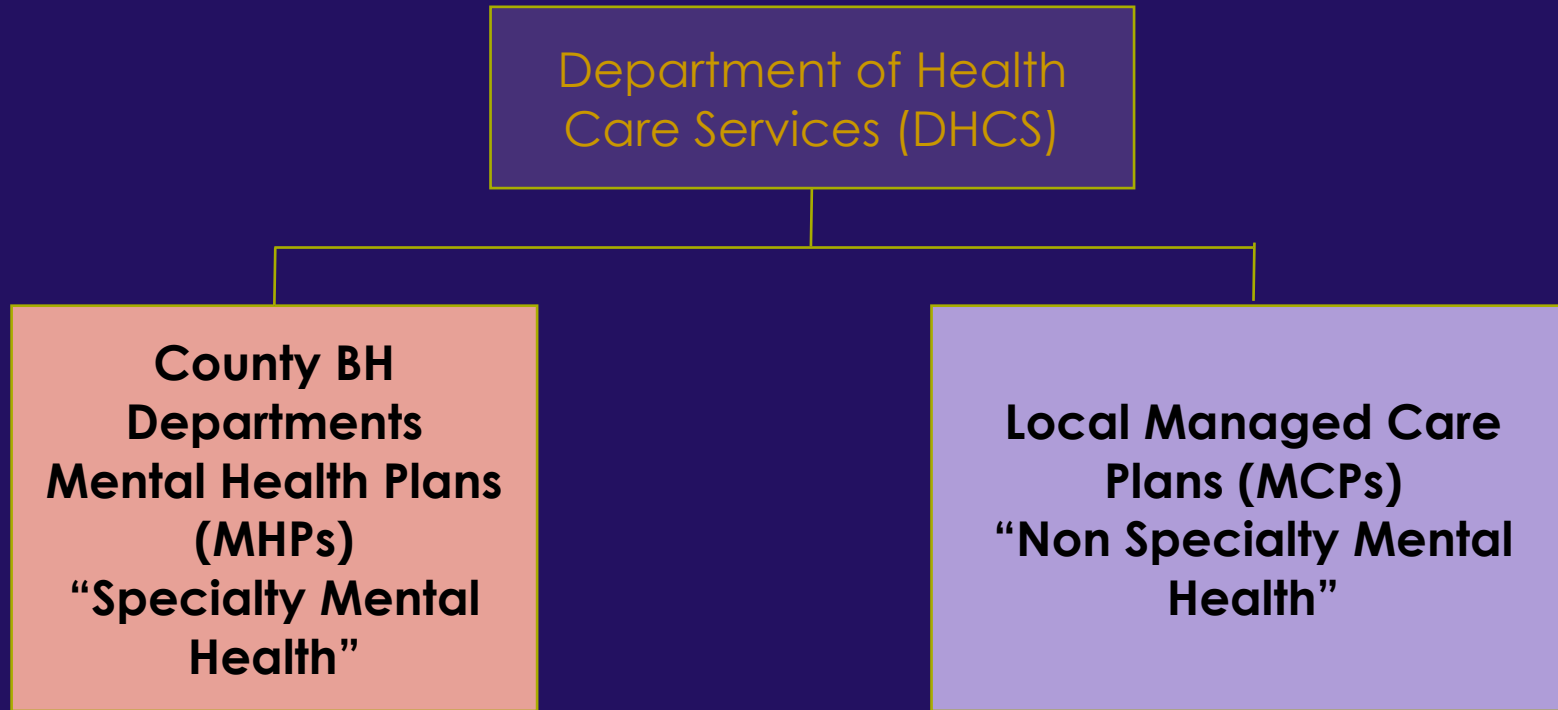
2014 – Pivotal Year for BH
Care Delivery in FQHCs

Takeaways

- Affordable Care Act greatly improved access to preventative behavioral health care programs managed by Managed Care Plans within FQHCs
- Together the Specialty Mental Health and Non Specialty Mental health system are often described as our bifurcated mental health delivery system.

Specialty and non specialty mental health – Adult System of Care

A bifurcated system



Contracted Providers: FQHCs, BH CBO Providers

Source: Children's Trust Fund Alliance. (2024, May). *Bifurcated promises, bifurcated possibilities: A brief on the challenges and opportunities for children's policy*. <https://cachildrenstrust.org/wp-content/uploads/2024/05/CCT-Bifurcated-Promises-Possibilities.pdf>

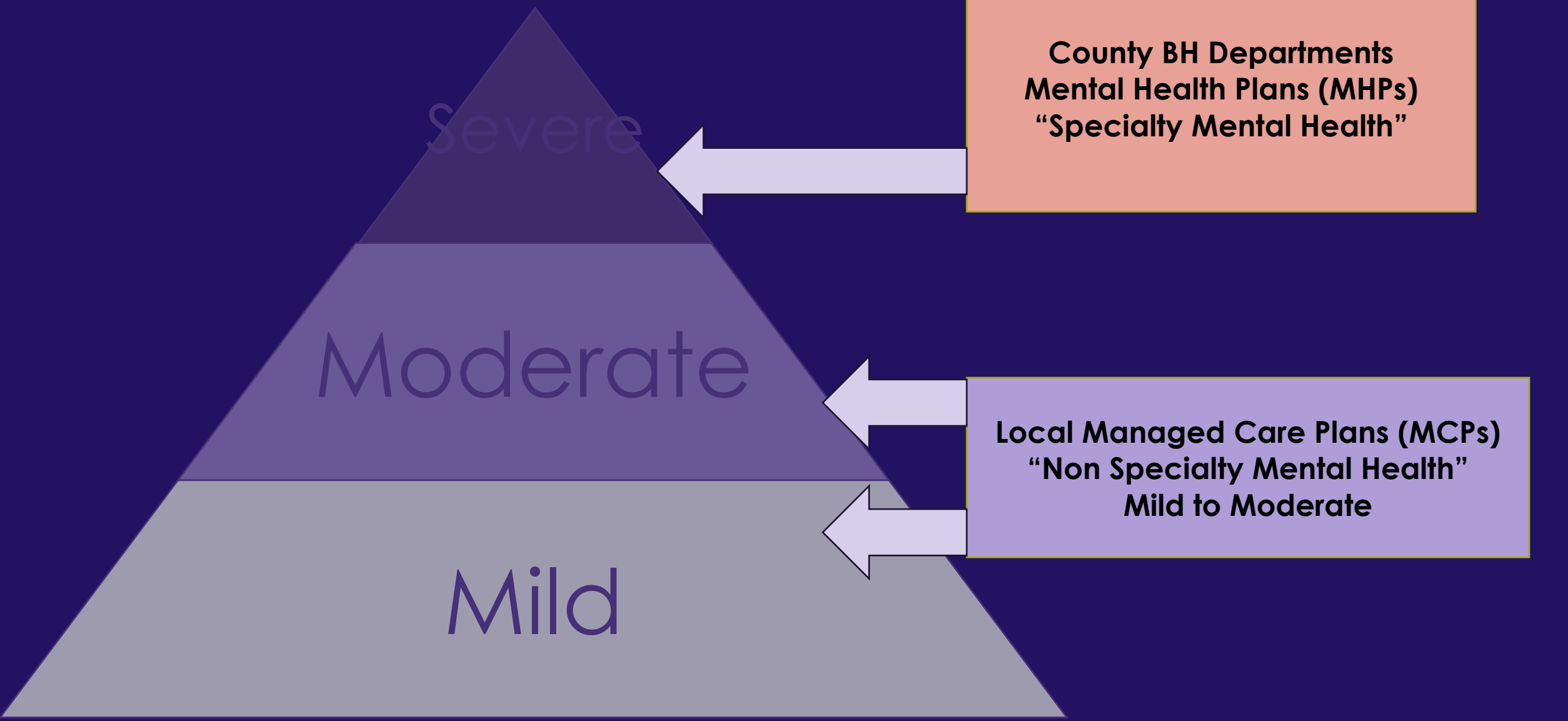
Severe

**County BH Departments
Mental Health Plans (MHPs)
“Specialty Mental Health”**

Moderate

**Local Managed Care Plans (MCPs)
“Non Specialty Mental Health”
Mild to Moderate**

Mild



Continuum of Mental Health Services: A Bifurcated System

Specialty Mental Health Benefit

- Payor: County Mental Health Plan (MHP)
- Adult crisis residential services
- Adult residential treatment
- Crisis intervention
- Crisis stabilization
- Day rehabilitation
- Intensive home-based services
- Medication support
- Psychiatric health facility services
- Psychiatric inpatient hospital services

Non-Specialty Mental Health Benefit

- Payor: Managed Care Plans (MCP)
- Individual & Group MH evaluation and treatment
- Psychological Testing
- Outpatient services
- Psychiatric consultation

How FQHC's fit into the landscape of Medi-Cal Managed Care

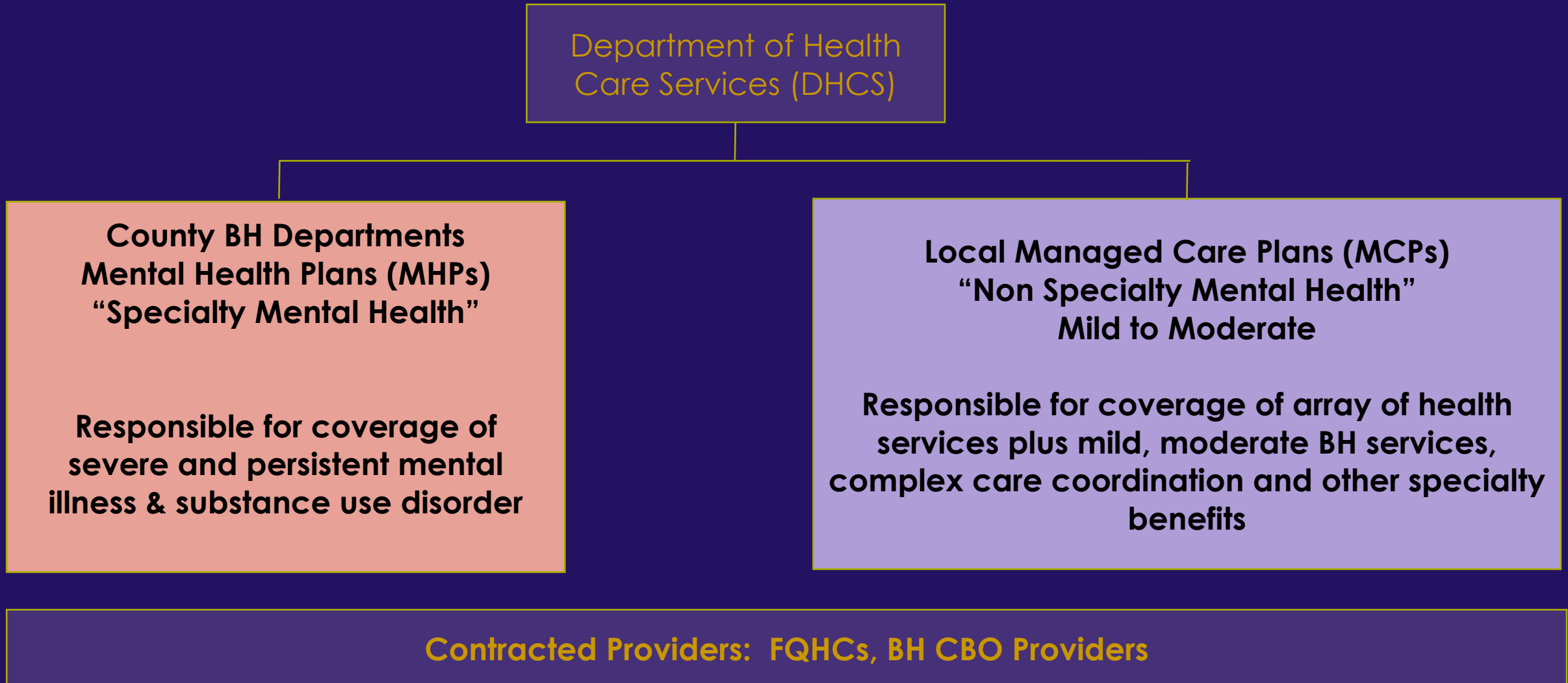
- FQHCs are contracted with Managed Care Plans to provide non-specialty mental health services

For example, Alameda Health Consortium's 8 member health centers are contracted with Alameda Alliance for Health, Alameda County's managed care plan, to provide non-specialty mental health services like:

- Mental health evaluation and treatment
- Individual, group psychotherapy

Specialty and non
specialty mental health

A bifurcated system



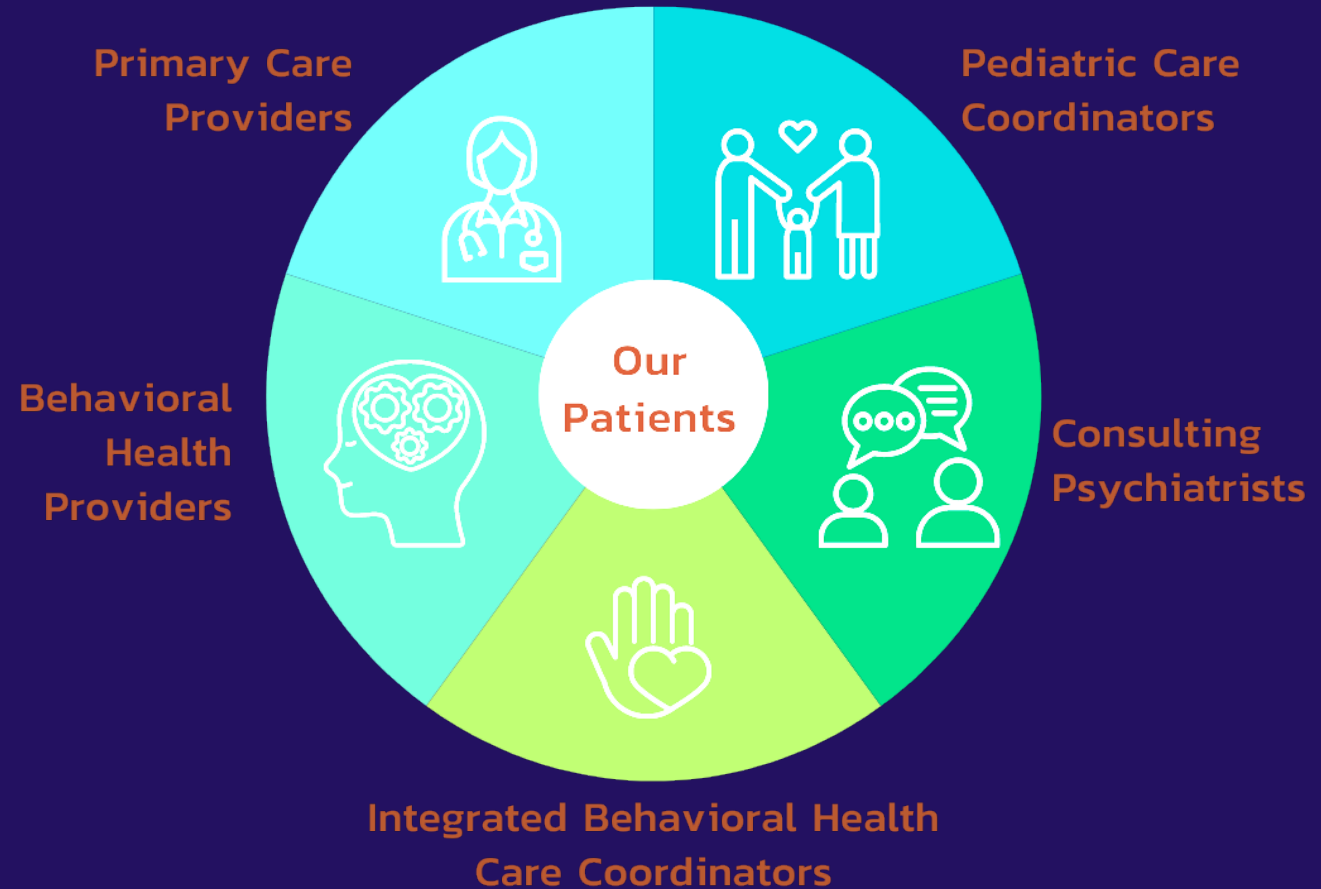
Today's Flow

- Key Terms & Definitions
- How FQHCs fit into CA's public healthcare system
- Overview of Medi-Cal Managed Care and FQHCs
- **Values and Challenges of an Integrated Behavioral Health Model**
- The role of policy and advocacy when it comes to increasing access to BH services at FQHCs

What is Integrated Behavioral Health at a FQHC?

Integrated behavioral health (IBH) is the collaboration between primary care providers and behavioral health providers under one roof. This **team** works together with patients and families to provide patient-centered care for a defined population.

IBH is considered a best practice in non-specialty mental health system of care.



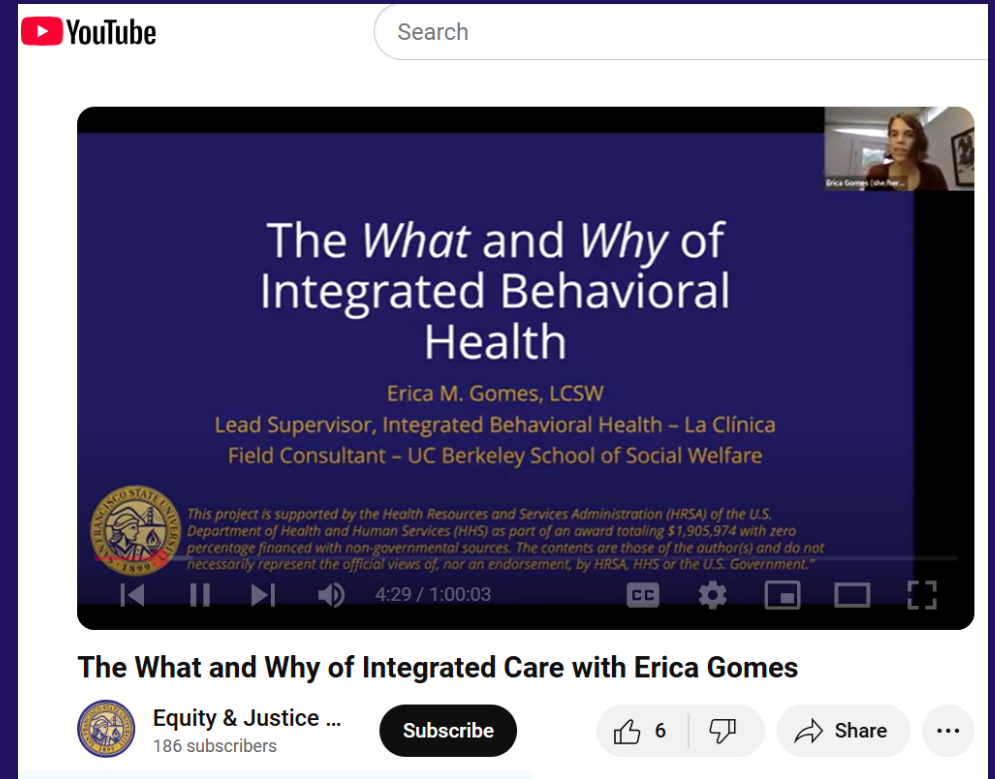
Why Integrated Behavioral Health?

- Addressing Stigma
- Accessing Care
- Preventing physical health conditions
- Cost savings to system

Deeper dive on Integrated Behavioral Health

Watch: The What and Why of Integrated Care with Erica Gomes, LCSW

https://www.youtube.com/watch?v=UDY9grcXF3Y&list=PL55nSvaf_SNmx-hyeLawBmDwNkUKBpij_&index=8



Policy Challenges that impede Integrated BH Care Delivery at FQHCs

Same Day Billing

FQHCs cannot bill for a medical and BH visit on the same day, due to State policy. This requires health centers to provide uncompensated care and seek additional grant funding. It also limits clinical warm handoffs, an important part of integrated care.

Policy Challenges that impede BH Care Delivery at FQHCs

- Implementation of Proposition 1

Changes in the Mental Health Services Act (2004), now Behavioral Health Services Act

Shifting resources to acute care and homeless services.

In Alameda County: threaten the sustainability of crucial programs such as care coordination that support integrated behavioral health, culturally driven prevention and early programs.

Policy Challenges that impede BH Care Delivery at FQHCs

- **Recruiting and Retaining BH Providers:** Recruiting and retaining culturally and linguistically aligned providers remains difficult, due to competition with larger healthcare systems.

Behavioral Health at FQHCs: Why Now?

- Lots of state policies, \$\$, county decisions, and implementations rolling out NOW



Student BH Incentive Program

CalAIM

Dyadic Services

Children and Youth BH Initiative

Workforce

BH Continuum Infrastructure Program

Care Court

Opioid Settlement

SB 43 Expansion of "Grave Disability"

Same Day Billing

BH-Connect
Sustainable \$ for BH care coordination

No Wrong Door

Behavioral Health Services Act

Population Health Management

And more!!



Back to our grounding question

Lots happening in behavioral health policy in California – How will YOU shape it from here?





Contact Mia: mcooper@chcnetwork.org

Questions Regarding the Equity and Justice Focused
Integrative Behavioral Health Training Project can be
directed to:

ibhequity@sfsu.edu

To see a schedule of future events and archived webinars,
visit:

ibhequity.sfsu.edu