

## **Supporting Systems-Level Change in Louisiana to Increase Access To Care**

By The Centerstone Research Institute

Integrating primary care and behavioral health is a complex process that looks different for every practice, clinic, or organization that implements an integrated care model. Along with a variety of other services, the Louisiana Public Health Institute (LPHI) helps organizations navigate that process.

The larger mission of LPHI is to expand access to care and improve health and quality of life for all. They began by focusing on communities in Louisiana but have expanded their services throughout the Gulf Coast. In addition to their expertise related to behavioral health integration, Sarah Gillen, Chief Operating Officer for LPHI notes that “LPHI has a range of portfolios including tobacco-free living, healthy communities and community resiliency, maternal, child and family health and HIV/AIDS, STDs and reproductive health. At any given time, we may have between 30 to 45 projects being implemented.”

A key part of striving to achieve their larger organizational mission is supporting integrated care. “Across the country, we are in a space of redesigning care delivery. By supporting integrated team-based care, we see an increase in positive health outcomes, meaningful healthy community outcomes, and cost savings, particularly for high-needs individuals,” says Taslim van Hattum, Behavioral Health Integration Director for LPHI. Throughout the last five years, LPHI has worked with Federally Qualified Health Centers (FQHCs) and other community-based health care centers in the Greater New Orleans (GNO) area to integrate behavioral health into their practices with three goals in mind: increase access to care, improve population health, and promote sustainable, systems-level change.

While LPHI works with each organization to ensure they meet their own defined behavioral health integration goals, their project with the New Orleans Charitable Health Fund (NOCHF) stands out. The NOCHF was created in 2011 with \$8,299,191 resulting from a court settlement to support access to primary care for GNO area residents. After analyzing the needs of the community, NOCHF and their local and national partners determined that the greatest need was for expanded behavioral health services including both mental health and substance abuse. Due to prior experience coordinating and managing public health programs, LPHI was selected to administer the NOCHF program. There were two components of the project. First was a competitive grant program for GNO area community-based healthcare providers to implement evidence-based integrated models of primary healthcare, behavioral healthcare, and social services over three years. The second was a regional learning community designed to improve access, quality, coordination, and sustainability of integrated models of care for GNO healthcare providers.

As part of the first component of the program, six local community-based health organizations were selected as grantees. One of the grantees, Jefferson Parish Human Services Authority (JPHSA), had an especially distinctive experience. Typically, primary care organizations integrate behavioral health into their practice sites, known as co-location. JPHSA did the opposite. Before the grant, they offered behavioral health and developmental disability services, but after being selected as grantees, JPHSA expanded access to integrated care by adding primary healthcare services to their existing behavioral health facilities, known as reverse co-location.

LPHI provided assistance to JPHSA and all of the grantees through behavioral health integration technical assistance including policy development, supporting the expansion of psychiatric services,

ongoing quality improvement assistance, and electronic health record (EHR) optimization. JPHSA specifically wanted to develop health services supporting the needs and reducing the early mortality of seriously mentally ill (SMI) patients. Additionally, they wanted to obtain FQHC Look-Alike status and enhanced reimbursement rates to support services for uninsured people.

By the end of the grant period, they had exceeded their original goals. JPHSA skipped over FQHC Look-Alike status, being designated as a FQHC, allowing for greater reimbursement. “Compared to year one, they were able to serve 54 percent more patients by year three,” said van Hattum, “and they exceeded their goal number of patients being screened for physical healthcare needs.” JPHSA also more than doubled their number of full time staff members including new behavioral health staff, primary care nurse practitioners, medical assistants, and care coordinators to provide integrated care services. Moreover, through quality improvement training, staff became more efficient at billing for behavioral health services and adopted a single EHR across sites.

Anecdotally, both patients and staff at JPHSA’s clinics also noted the positive changes. “They’re beginning to recognize that if a person takes care of themselves physically, they feel better and therefore some of their depressive symptoms reduce,” said a JPHSA staff member. A quote from one of JPHSA’s patients echoes that sentiment: “[The care I received from the clinic] has been a life saver. I can’t imagine what would have happened had I not been able to have such a smooth transition from losing my insurance into here- there really wasn’t a loss in the services...On the physical and emotional side there are certain things that are always present, but when I first came, I was in a state to where I couldn’t even have a conversation without crying and crying and crying. That’s much improved.”

To sustain and support ongoing behavioral health integration efforts during and beyond the NOCHF project, LPHI developed a collaborative learning community open to all FQHCs and behavioral health centers in the GNO area. They are in their fourth year of meeting quarterly with over 20 community-based behavioral health organizations to learn about evidence-based practices from subject matter experts, continue ongoing quality improvement initiatives and have opportunities to engage in peer-to-peer learning exchange. (Pictures included below.)

Moving forward, LPHI would like to continue to work collaboratively with partners to integrate behavioral health in community-based primary care and behavioral health organizations across Louisiana and the gulf coast. “We’ve effectively supported the systems around us so far,” said Sarah Gillen. “We are excited to leverage our partnerships and skills to keep transforming care to meet future needs so that we can work together to improve conditions that support health for all.”