

Community Mental Health Centers: Closing Gaps in Care

Community mental health centers provide mental health care for individuals with the most complex needs and often limited resources. For such individuals, co-occurring physical issues can be common and deadly. Having to navigate multiple types of specialty care in different settings with different treatment regimens can be a challenge, especially when individuals are already facing pressing mental health difficulties and other stressful circumstances. Policy can drive better integration of primary care services into mental health settings (sometimes referred to as “reverse integration” or “bidirectional integration”) and ensure that individuals who need specialty mental health services still get whole-person, comprehensive, and coordinated care.

FINANCING

As with primary care, segregated financing often makes it difficult for specialty mental health settings to offer integrated, onsite primary care. Even as changes are made to reimbursement, few centers have the capacity to begin billing for these more comprehensive services. Community mental health centers have also not been meaningfully included in most payment reform efforts. Congress has initiated some innovative financing opportunities, but they are currently limited in scope and reach only a small proportion of those that could benefit.

🔗 ACTION ITEMS

- The federal government should **expand the Certified Community Behavioral Health Centers (CCBHC) initiative** to provide a more flexible and comprehensive financing to mental health centers so that they have the resources needed to provide integrated care for all while ensuring quality and accountability for integrated care.
- The federal government should **encourage better inclusion of community mental health centers in alternative payment models**, such as Accountable Care Organizations (ACO). Community mental health centers could take on accountability for the population of people who would benefit from having their care coordinated from a specialty mental health setting.

DATA INTEGRATION

Specialty mental health has also not been included in most health information technology (HIT) initiatives, making it difficult for them to provide integrated care and participate in different kinds of payment reform. Further, current regulations on data sharing (42 CFR part 2) create barriers for sharing some kinds of information, which make integration all the more challenging.

🔗 ACTION ITEMS

- The federal government should amend the HITECH Act to **extend financial incentives to mental health clinicians for using electronic health records**. Mental health and addiction clinicians are not included as clinicians eligible for the Act’s assistance.¹
- The federal government should **align 42 CFR part 2 with HIPAA**, as a regulatory barrier, for purposes of treatment, payment, and health care operations so that Substance Use Disorder (SUD) information can be incorporated into health records while protecting privacy.
- The federal government should **extend Medicaid and Medicare electronic health record (EHR) Incentive program eligibility to include all mental health professionals** providing care at psychiatric hospitals, mental health treatment facilities, and SUD treatment facilities. Only psychiatrists are currently eligible for this program, hindering the use of electronic health records among other mental health clinicians.

¹ “Navigating the New Frontier of Mental Health and Addiction: A Guide for the 115th Congress.”