POLICY LANDSCAPE FOR COMMUNITY HEALTH CENTER INTEGRATION OF BEHAVIORAL HEALTH & SUD/OUD SERVICES

As the national and unified voice for over 28 million people served by community health centers (also known as Federally Qualified Health Centers or "health centers") around the country, NACHC understands that policies, regulations, geography and more dictate which services health centers can and should provide to their patients. With an increasing number of communities experiencing opioid misuse, addition, and overdose, NACHC recognized an urgent need to assess the policy landscape influencing health center integration of behavioral health care, including services for substance/opioid use disorder (SUD/OUD). This was the first of many steps in a concerted effort to ensure that health centers are able to carry out their mission to provide the more than 11,000 local communities they serve with high-quality, comprehensive health care. This policy snapshot provides a brief overview of the findings from that assessment.

NACHC serves as the national and unified voice for the country's more than 1,400 community health centers and the medically uninsured and underserved populations they serve.

In late 2017, NACHC began conducting an assessment of the health center response to the opioid epidemic on a state-by-state basis. Working with clinical and policy expert, Dr. Kimá Taylor, MD, MPH of Anka Consulting, NACHC identified and interviewed staff from 14 state Primary Care Associations and over 20 health centers in those states and others. The pool of states represented a range of shared and unshared characteristics, such as Medicaid expansion and rural barriers. Interviewees provided new insights into policy barriers that must be addressed in order to design and implement appropriate and successful strategies to address opioid misuse in the community health center patient population. The interviews also helped NACHC gain a better understanding of the myriad of needs present for health center integration of behavioral and primary health care services, and particularly for those providing treatment for opioid and other substance use disorders.

The general findings of the assessment are outlined below, and represent only a portion of NACHC's ongoing efforts[1] to serve as an advocate and resource to health centers as they further refine their response to the opioid epidemic. For more information on NACHC's efforts or the policy landscape for behavioral health integration, including SUD/OUD care services, please contact state@nachc.org.

[1] See NACHC's Issue Brief, "Rising to the Challenge: Community Health Centers are Making Substance Use Disorder Treatment More Accessible than Ever" (March 2018). See www.nachc.org/policymatter for additional resources.

KEY INSIGHTS FROM STATE PRIMARY CARE ASSOCIATIONS AND COMMUNITY HEALTH CENTERS ON INTEGRATION OF BEHAVIORAL HEALTH & SUD/OUD SERVICES

Role of Federal Government	Grant funding should account for all levels of readiness to provide services for SUD, and recognize that time and resources are needed to build capacity. Future grant funding should require some degree of sustainability planning and the focus should not be solely on opioid use disorder and/or Medication-Assisted Treatment (MAT).
Integration Facilitators, Including Medicaid Expansion	Without Medicaid expansion, integrated care is more difficult. Alternative forms of Medicaid expansion achieved through state waivers must ensure access to the breadth of services needed to help enrollees manage SUD or OUD as a chronic condition.
Stigma & MAT Bias	Although progress is being made to eradicate the stigma associated with addiction (i.e., addiction was thought of as a "moral failure"), persistent bias and discrimination in treatment and can negatively impact a patient's ability to access MAT. A focus on opioids may inadvertently increase the stigma against people who use other substances. Resources to support expanded training and education, specifically on the evidence behind various types of MAT, will help to decrease stigma. Community stigma must also be addressed to ensure that all patients feel at ease seeking integrated care services at health centers.
Operational Needs	Health centers report a need for funding specifically for start-up and implementation costs, such as training, workflow reconfigurations, electronic medical records (EMR) updates, and provider salaries.
Workforce Challenges	Persistent workforce shortages necessitate coordination between the federal and state governments, in partnership with providers. Loan repayment assistance programs, licensing, certification and interstate reciprocity rules, better reimbursement for behavioral health services, and integrated care curricula for the next generation of primary and behavioral health providers are all areas for improvement.
Privacy Standards	Health centers that have not initiated integrated care are sometimes deterred by the privacy standards[2] that are in place to protect patients but may impede ease of operations.
Rural Barriers	Specific attention should be given to rural health centers who face unique challenges related to their geography, including reimbursement for services provided via telehealth. Workforce challenges are more intense in rural settings and will require increased incentives.
Sustainability	As the federal government and states promote solutions to the opioid epidemic, they must develop and implement payment and other policies that will sustain SUD services to fully meet need in this current crisis and beyond.
Lack of Services for Special Populations	Care for special populations is often built into existing integrated care models, but health centers have to develop a basic system before being able to make adaptions for special, higher risk populations.
Competition, Reimbursement & Other Barriers	Reimbursement policies should promote the integration of staff and billing across different types of providers in the community.

[2] "[] confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and regulations (42 CFR Part 2) that outline under what limited circumstances information about the client's treatment may be disclosed with and without the client's consent." See more at National Center for State Courts.

For more information, contact state@nachc.org