Collaborations Between Health Systems and Community-Based Organizations to Address Behavioral Health

ASTHO conducted a nationwide environmental scan, looking at how healthcare delivery systems are partnering with community-based organizations (CBOs) on behavioral health issues. By completing this research, ASTHO plans to be able to analyze and encourage public health leaders to engage in partnerships with healthcare systems and their community partners. ASTHO produced a chart of state-by-state results, which led to this summary of early findings.

Early Findings

Role of public health: Slightly over half of the behavioral health collaborations involving healthcare delivery system and community-based organizations identified did not specifically mention public health involvement. A recurring role of state public health agencies is often as a funder or as a convener (e.g., leading waiver implementation and design, membership in advisory groups, and participation in strategic planning sessions). Local public health agencies are more often formally identified as partners and can provide data and information on local community health needs and priorities.

Activities: Common priorities across the scan of collaborations included activities that focused on:

1. Addressing the social determinants of health for individuals with behavioral health needs (32 partnerships identified): These addressed housing stability (10), employment support (4), interpersonal violence (3), transportation (2), food security and nutrition (2), jail diversion programming (1), educational attainment (1), and medication management assistance (1). 17 partnerships focused on managing healthcare provider referrals to CBOs for social services.

2. Community and public outreach (26 partnerships identified): These partnerships focused on reducing stigma and educating community members on Mental Health First Aid (18), offering family support and counseling (4), and building crisis stabilization centers (2).

3. Integrating and co-locating behavioral health and primary care services (20 partnerships identified).

4. Expanding access to community-based behavioral health treatment (16 partnerships identified): This category included partnerships that expanded the use of peer support works and community health workers (6) and supported the development of out-patient care clinics (4).

5. System-level and policy changes (12 partnerships identified): Partnerships focused on data-sharing between sectors (5); securing 1115 waivers to expand access to care and/or incentivize collaborations with CBOs (3); expanding the Medicaid SUD benefit package to meet ASAM criteria (2); and expanding coverage for residential services (1).

6. Care coordination for high healthcare utilizers (11 partnerships identified).

7. Expanding licensed and non-licensed healthcare provider training and education (5 partnerships identified) and training CBO social service providers to recognize mental health needs (2 partnerships identified).

Specific populations and behavioral health concerns: Many of these partnerships focused on addressing health-related needs among populations at risk for post-partum depression or substance use disorder, youth, high-emergency department utilizers, and low-income populations. The top ranked listing of specific populations is as follows:

1. Low-income population (19 partnerships identified).
2. Family units with general behavioral health needs (13 partnerships identified).
3. Emergency department high utilizers (11 partnerships identified).
4. Students (11 school-based partnerships identified).
5. Individuals with co-occurring chronic disease and mental health issues (7 partnerships identified).
6. Youth at-risk for suicide (7 partnerships identified).

Other specific populations identified include: older adults, individuals with severe mental illness, LGBTQ youth, veterans, justice-involved individuals and ex-offenders, individuals experiencing homelessness, refugees, and new mothers (with a focus on post-partum depression or substance use disorder).

Methodology

States were separated into each HRSA region and searched individually. To identify state examples, a list of search terms was developed, in addition to a list of resources containing compiled lists of examples. The search terms and additional resources used can be found below. Each identified example was broken down by the categories shown below (state, partners, issue area, depth of partnership, level of public health engagement, and source). This search was limited to publicly available information and may not include all relevant examples of behavioral health collaborations in each state.

Search terms included the following: Partnership(s), Collaboration(s), Engagement(s), Coalition(s), Council(s), Program(s), Mental health, Behavioral health, Hospital, Community-based organization (CBO), and Healthcare delivery system.

Criteria for inclusion:

- Must involve a health system/hospital partnering with community-based organizations. Public health involvement is not a criterion.
- Must address behavioral health (e.g., improving access to care, reducing stigma, public education, payment reform).

Existing resources:

- American Hospital Association – Behavioral Health Community Collaborations
- ASTHO Have You Shared Stories
- ASTHO Opioid/Addictions Database
- CMS list of Section 1115 Demonstrations
- Kaiser Family Foundation Waiver List
- Practical Playbook Find a Partnership Tool
- State health agency websites; health plan and hospital system websites