Collaborative for Community Wellness

Asociación Colaborativa para el Bienestar Comunitario

Assessing Mental Health Service Delivery Among Federally Qualified Health Centers

Introduction

In 2012, half of Chicago's public mental health clinics were closed.[1] One of the primary rationales used by the Chicago Department of Public Health (CDPH) for these closures was the Affordable Care Act's expansion of individual health insurance and the shift toward privately operated managed care networks for Medicaid recipients.[2] In this context, FQHCs have been cited by CDPH as the agencies community members should use to access mental health and substance use services in place of the closed public mental health centers. In a previous report by the Collaborative for Community Wellness, an assessment was undertaken of a list of 253 providers that the CDPH identified as offering mental health services.[3] Recognizing that FQHCs as a subset of the CDPH provider list are often touted as the solution for addressing community residents' mental health needs, we aimed to systematically understand the accessibility of mental health care at FQHCs and learn how FQHCs would go about treating an individual with complex trauma.

Methods

To understand real world accessibility of mental health services offered through FQHCs, we systematically contacted each FQHC (*N* = 33) on a list of 253 providers that the CDPH identified as offering mental health services. Phone calls were placed to each of these FQHCs between May 30, 2019 and June 6, 2019. Phone calls were conducted so as to replicate the experience of a community resident placing phone calls to obtain information and initiate services through the organization. We developed a script to ask each FQHC: a) do you provide mental health services? and b) if so, what type of services do you provide? We additionally inquired about organizational factors that could either facilitate or impede service access, including service cost, wait lists, and referral requirements. Furthermore, to assess factors associated with

[1] Spielman, F. (2017, October 31). Health commissioner defends smaller network of mental health clinics. *Chicago Sun Times*. Retrieved from https://chicago.suntimes.com/chicago-politics/health-commissioner-defends-smaller-network-of-mental-health-clinics/

[2] Kovensky, J. (2014, March 4). Lost contact. *South Side Weekly*. Retrieved from https://southsideweekly.com/lost-contact/

[3] Collaborative for Community Wellness (2018). Assessing CDPH list of mental health providers. Retrieved from https://docs.wixstatic.com/ugd/a93a18_3239c2f911804585aa5fb868c005952c.pdf

service quality and duration, we asked FQHCs to provide information on the length of sessions and whether there is a limit on the number of sessions an individual can receive. Finally, we asked an open-ended question regarding what the treatment modality and length of treatment might be for an individual with complex trauma. We made a minimum of two attempts to contact each agency in this time period.

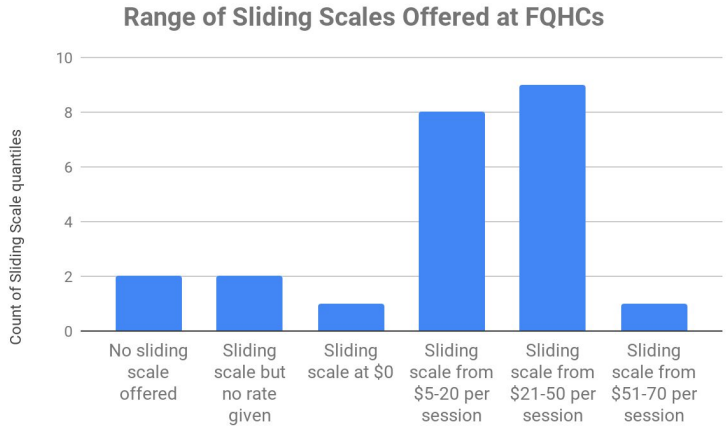
Results

Provision of services: Of the 33 FQHCs on the CDPH list, we were unable to reach 7 (22%). All FQHCs we surveyed (*n* = 26, 78%) reported that they offer mental health services. Furthermore, our entire sample reported that they offer services to undocumented individuals. The majority (95%, *n* = 22; 3 did not answer this question) offer services to uninsured and underinsured individuals.

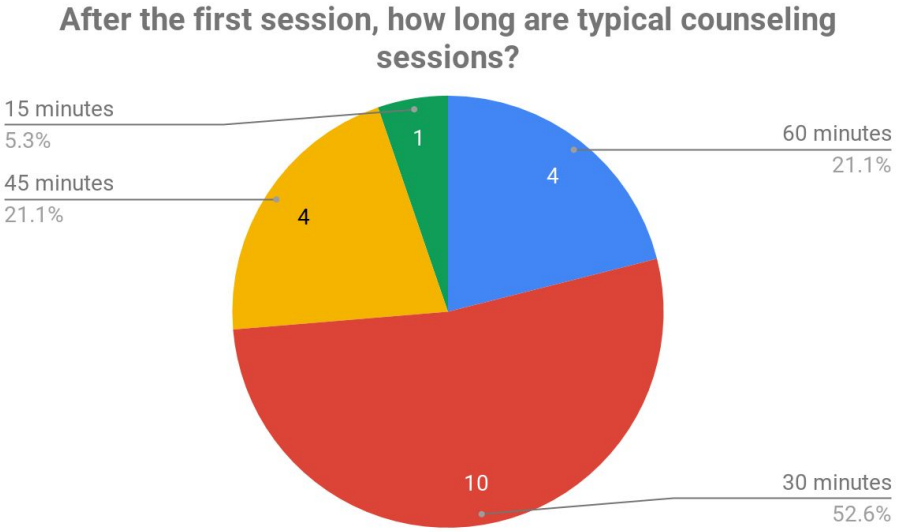
Wait list: Of the 23 FQHCs who responded to this question, ten (43%) reported having no wait list upon being surveyed and ten (43%) reported having a wait list. Among those with a wait list, the average wait to receive services was approximately five and a half weeks (*n* = 10). However, a large range existed in terms of wait time, with clinics reporting as little as one week to a maximum of a four month wait. Three clinics noted that they were unsure of wait time.

Referrals: In order to receive treatment, half of all FQHCs surveyed (*n* = 13, 50%) require a referral from a primary care physician (PCP). Only five agencies (19%) do not require a referral. For three agencies (12%) a referral is required for psychiatry services, but not for mental health services. One agency (4%) was unsure if a referral was required, and three (12%) did not respond to this question. Furthermore, a total of 12 FQHCs (46%) require an individual to have their PCP at the clinic in order to receive mental health services there.

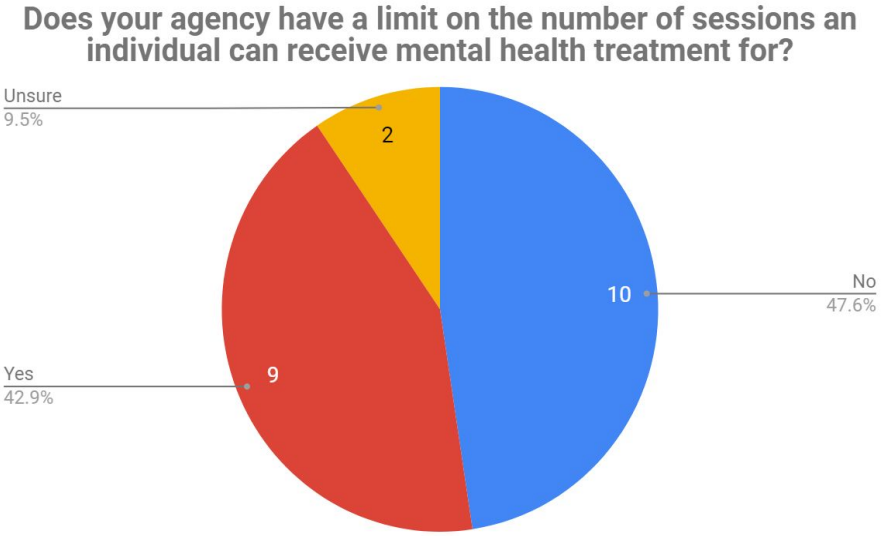
Cost of Services: Approximately 90% of FQHCs we surveyed (*n* = 21) offer a sliding scale for individuals who are uninsured or underinsured. The average cost of the lowest rate on the sliding scale was approximately $20, with a range of $0 to $70 per session. It is notable that only one agency reported having a sliding scale rate starting at $0, indicating that cost may be a prohibitive factor for low-income individuals attempting to access services.



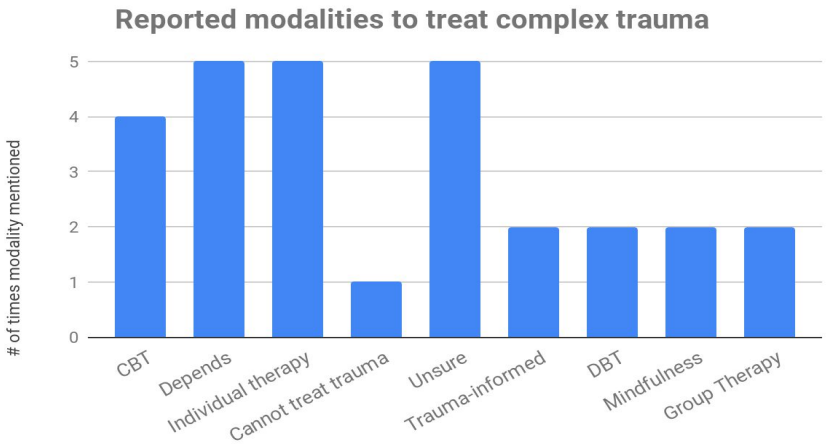
Length of Sessions: After the first session, counseling sessions lasted a median of 30 minutes (*n* = 20). A breakdown of the length of counseling sessions offered is provided below.



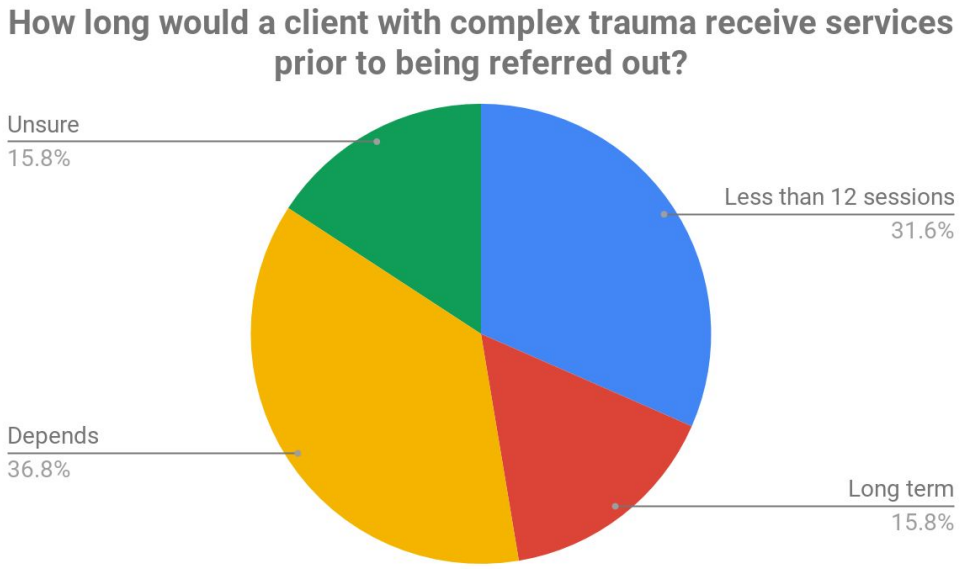
Session Limits: Approximately 43% of the FQHCs we surveyed (*n* = 9) have a limit on the number of sessions an individual can receive prior to being referred out. Of the FQHCs which have a limit on the number of sessions, five noted that the limit would depend on the individual and/or the individual's insurance. The remaining four FQHCs allowed an average of approximately eight sessions before they would refer out to another agency.



Complex Trauma and Treatment Modalities: Twenty FQHCs answered the question regarding what treatment modality might be used for an individual with complex trauma. Respondents were allowed to list more than one treatment modality, therefore, responses will add up to more than 100%. Only two FQHCs (10%) explicitly stated that they use a trauma-informed treatment approach. One explicitly stated that they are unable to treat individuals with trauma and would refer out. See chart below for other reported modalities.



Complex Trauma and Treatment Length: When asked about the length of treatment for an individual with complex trauma, a third of agencies (*n* = 6) responded that the treatment length would typically be less than three months (one agency reported they would offer a minimum of four sessions and a maximum of 12 sessions) prior to referring the individual to another agency. Only three agencies (16%) reported being able to provide long-term services to individuals with complex trauma. Further, seven agencies (37%) noted that length depends, and three were unsure (16%), adding to the uncertainty that surrounds trauma services at FQHCs. Eight FQHCs did not answer this question.



Conclusion

Findings from this report highlight important insights into the experience of accessing care at Chicago's Federally Qualified Health Centers (FQHCs). Regarding accessibility of FQHCs, we were unable to reach approximately one quarter of those on the CDPH list of mental health providers. Furthermore, half of the FQHCs we surveyed reported an average wait time of almost six weeks. Given the nature of mental health disorders, a six week wait can lead to emergency room utilization or worse. Additionally, cost acts as a barrier to care at FQHCs. While the majority of providers offer a sliding scale, the average cost of each session was still $20. Given that therapy is generally once a week, this amount adds up quickly for an individual living in poverty, thus making treatment unaffordable.

Our data also reveal the short-term, symptom-focused nature of treatment at FQHCs. For instance, the majority (52%) of FQHCs told us that after the first session, clients are generally seen for an average of a half an hour per session. Furthermore, 43% of FQHCs reported limiting the number of sessions for which an individual can access treatment before they are referred out. While this model of short-term, symptom-focused treatment may be appropriate in some situations, it would not be considered a best practice for individuals who have experienced complex trauma and who require long-term care to truly recover. When asked how they might treat an individual with complex trauma, only two agencies reported using a trauma-informed modality, and one explicitly stated that they are unable to treat individuals with trauma. Only three agencies stated that they could provide long-term services to an individual with complex trauma, with the majority (53%) saying "it depends" or they were "unsure" how long treatment would be. These findings highlight the uncertainty and limitations that exist around effectively treating complex trauma within FQHC settings. While there is a role for FQHCs as a model for short-term, symptom-focused care, our findings indicate that this model is unable to meet the needs of uninsured and underinsured community residents who have experienced complex trauma. FQHCs cannot be seen as a panacea for mental health service delivery in neighborhoods that have experienced systemic disinvestment and have experienced high rates of community violence.

About the Collaborative for Community Wellness

The Collaborative for Community Wellness is convened by Saint Anthony Hospital as a collaborative that brings together mental health professionals, community-based organizations, and community residents to address the lack of mental health access and to redefine mental health to match the needs of the community.

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