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POLICY MANUAL

State Board of Behavioral Health and Developmental Services
Department of Behavioral Health and Developmental Services

POLICY 1042(SYS) 07-1 Primary Health Care

Authority Board Minutes Dated: December 6, 2007
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Approved by Board Chairman /s/ Victoria Huber-Cochran

References

Morbidity and Mortality in People with Serious Mental Illness, (July, 2006) National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council.

Integrating Behavioral Health and Primary Care Services: Opportunities and Challenges for State Mental Health Authorities, (January, 2005) NASMHPD Medical Directors Council.

Lisa B. Dixon, M.D., David A. Adler, M.D, Jeffrey L. Adler, et al., *Best Practices: Psychiatrists and Primary Caring: What Are Our Boundaries of Responsibility?*, Psychiatric Services (American Psychiatric Association), May 2007.

Prater, Christopher D. and Zylstra, Robert G., *Medical Care of Adults with Mental Retardation*, American Family Physician (Journal of the American Academy of Family Physicians), June 15, 2006.

Supersedes STATE BOARD POLICY 1032(SYS) 92-1 Primary Care

Background A number of published studies show that people with serious mental illnesses have higher rates of physical disabilities, significantly poorer health, and higher mortality rates than people in the general population. In 2006, the Medical Directors Council of the National Association of State Mental Health Program Directors (NASMHPD) reported that people with serious mental illnesses served by the public mental health system die on average 25 years earlier than people in the general population. NASMHPD attributes higher mortality rates to various factors, including the risks that are associated with some psychiatric such as metabolic abnormalities and weight gain. However, NASMHPD finds that the high morbidity and mortality rates for persons with serious mental illnesses are largely due to preventable medical conditions and modifiable risk factors that may be addressed with medical support and interventions such as appropriate food selection and better nutrition, stress reduction, and smoking cessation.

Background *(continued)*

Similarly, the U.S. Surgeon General finds there are "glaring" disparities in the availability of good health care for adults with intellectual disability compared with people in the general population. These disparities are attributed, in part, to inadequate compensation, communication problems, and a lack of experience among health care professionals in meeting the needs of this population. Good medical support is needed for individuals with intellectual disability to live successfully in the community (Prater and Zylstra, 2006).

Physical health care is considered a core component of basic services for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders although this care is often fragmented in the community for these individuals. However, there is an increasing professional recognition of the essential interconnection between physical and behavioral health and keen interest in finding ways to link physical and behavioral health systems of care (NASMHPD, 2005).

The American Academy of Family Physicians (AAFP) (2007) indicates that a primary care practice serves as an individual's first point of entry and continuing focal point for an individual's health care needs. AAFP defines primary care to include a broad spectrum of preventive and curative services including health promotion, disease prevention, health maintenance, counseling, patient education, and diagnosis and treatment of acute and chronic illnesses in a variety of health care settings.

Purpose

To articulate policy on the importance of primary health care services for individuals receiving services in the public mental health, developmental, and substance abuse services system and the need to link and collaborate with primary health care services in the provision of mental health, developmental, or substance abuse services.

Policy

It is the policy of the Board that the Department, state hospitals and training centers, hereafter referred to as state facilities, and community services boards and the behavioral health authority, hereafter referred to as CSBs, shall to the greatest extent practicable within available resources assure that individuals receiving services in the public mental health, developmental, and substance abuse service system are screened and referred for treatment of physical health issues. The Board recognizes that primary health care is one essential component of an individually focused and community-based system of services and supports for individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders.

It also is the policy of the Board that the Department, state facilities, and CSBs shall develop, with input from key stakeholders, strategies to improve the medical screening and assessment of all individuals who enter the public mental health, developmental, and substance abuse services system. Consistent with this policy, representatives of the Department and CSBs shall continue to work with other state agencies and organizations, including the Virginia Hospital and Healthcare Association,

Policy *(continued)*

the Virginia College of Emergency Physicians, the Department of Medical Assistance Services, and others, to develop guidance materials and other protocols to assist clinicians and direct service workers to recognize signs of physical health problems in individuals with behavioral health issues that are seen in emergency settings.

Further, it is the policy of the Board that the Department, state facilities, and CSBs shall develop other types of programs to the greatest extent possible within available resources to assure that individuals receiving services in the public mental health, developmental, and substance abuse services system are referred for and receive appropriate primary health care services on a timely basis when they are needed. Other types of programs may include training for direct service workers about potential physical health risks of individuals they serve, education for individuals to appropriately utilize the health resources that are available to them, and education programs on topics such as weight management, smoking cessation, and other healthy lifestyle practices.

It also is the policy of the Board that the Department, state facilities, and CSBs shall coordinate and integrate behavioral health and primary health care services and resources on an ongoing basis for the individuals they serve to the greatest extent possible. This shall include developing or strengthening referral relationships with appropriate service organizations and agencies, such as the Department of Health and its local health departments, Virginia Community Healthcare Association, Virginia Rural Health-Resource Center, Virginia Association of Free Clinics, and federally qualified health centers (FQHCs). To the greatest extent possible, strategies shall be developed to ensure a high level of communication between providers of primary health care in the community and state facilities and CSBs. These efforts will afford greater access to all of the services needed for individuals receiving services to recover, realize their fullest potential, or move to greater independence from care. In FY 2013, 19 CSBs partnered with FQHCs, free clinics, or local health departments to integrate the provision of primary and behavioral health care.

Finally, it is the policy of the Board that the Department, state facilities, and CSBs develop and support in-service training opportunities and provide consultation and technical assistance to primary health care providers in local communities about mental health and substance use disorders, intellectual disability, and co-occurring disorders and the available services whenever this is appropriate. These efforts shall be geared toward the integration of the primary and behavioral health systems of care and improving the effectiveness of primary care services that are available to individuals receiving services in all types of community settings, statewide.