



Psychological Centers, Inc.

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*Providing a broad spectrum of
behavioral health expertise to help
communities solve their problems*

Behavioral health evaluation and intervention

- Outpatient offices:
Providence, Warren
(Riverwood Mental Health Services)
- Consultation and psychological evaluation:
Central Falls Schools; Chariho Regional School District;
Crossroads Rhode Island;
Meeting Street School;
Program evaluation services;
Trudeau Center & Looking Upwards Early Intervention

Center for Disruptive Behavior Disorders

- Multisystemic Therapy (MST)
- Preserving Families Network

Center for Broad-Spectrum School-Based Services:

- RYSE School, Autism Spectrum Disorder, and At-Risk Programs, Chariho Regional School District
- Johnson and Wales University Counseling Center

Center for Community-Based Services:

- Intensive Outpatient Services
- Enhanced Community-Based Services for Youth with Severely Disruptive Behavior
- Developmental Disabilities Program

Infant and Early Intervention behavioral health services:

- Growing Families Project: maternal mental health
- Head Start/Early Head Start, Citizens for Citizens
- Looking Upwards Early Intervention
- Trudeau Center Early Intervention

Center for Integrated Behavioral-Medical Care:

- Hillside Avenue Family and Community Medicine (Pawtucket and Scituate)
- Mount Hope Medical Center
- OB-Gyn Associates (various)
- Pediatric Associates
- Portsmouth Medical Center
- Thundermist Health Center
- University Family Medicine
- University Medicine Foundation (Providence sites)
- Wood River Health Services

Psychological Centers/ URI Counseling Center Professional Continuing Education Program

Center for Behavioral Science and Public Policy

Integrated care: A demand-side approach to improving Medicaid affordability

- Supply-side efforts to make healthcare affordable by limiting access or reducing costs of services have failed (Blount, Kathol, O'Donohue, Peek, Rollman, Schoenbaum, & Thomas, 2007)
- The most promising healthcare financing strategies improve efficiency by more appropriately managing health status and health problems, i.e., by managing demand (Blount et al., 2007; Wagner, 1998)
- Managing demand efficiently and effectively requires improved management of behavioral aspects of medical conditions (Bakken, 1992; Kroenke & Mangelsdorff, 1989; McGinnis & Foege, 1993) as well as mental health and substance abuse problems that significantly decrease healthcare effectiveness and increase costs (Thomas, Waxmonsky, McGinnis, & Barry, 2006)
- Integration of behavioral health services into medical care has been proven to improve outcomes and reduce costs, as projected (Blount et al., 2007; Chiles, Lambert, & Hatch, 1999; Cuffel, Goldman, & Schlesinger [researchers from United Behavioral Health], 1999; Pincus, Pechura, Keyser, Bachman, & Huntsinger, 2006)
- Effects of behavioral factors and behavioral health interventions on healthcare effectiveness and costs are particularly relevant for Medicaid populations:
 - Low income populations and people from ethnic minority groups overrepresented in Medicaid have significantly higher ineffectively-addressed behavioral health needs that dramatically increase healthcare costs (Schoenbaum, Miranda, Sherbourne, Duan, & Wells, 2004; Thomas et al., 2006)
 - Increasing use of behavioral health services by Medicaid patients alone dramatically reduced costs in the population-based "Hawaii Project" (Cummings, Dorken, Pallak, & Henke, 1990) including 38% lower costs for patients without chronic illnesses, 18% for patients with chronic illnesses, 15% for substance abusers, and among high users of medical services (Pallak, Cummings, Dorken, & Henke, 1995), significant total cost reductions through use of even brief psychological interventions
- Therefore, inclusion of behavioral health providers on primary care teams has been recommended by HRSA (Smith, 2004), the American Academy of Family Physicians (Kahn, 2004), and the Institute of Medicine (2005), among many others

(over)

- Behavioral health services in medical care should focus on behavioral medicine services targeting medical conditions, care management, and integrated behavioral/medical care, which have been shown to produce the greatest improvements in health status and the greatest reductions in costs (Chiles, Lambert, & Hatch, 1999; Pincus et al., 2006)
 - Brief behavioral interventions focused on medical concerns improve outcomes and decrease costs by increasing appropriateness of use of medical services, offer effective intervention for behavioral causes of medical problems, improve adherence with medical treatments, offer effective behavioral treatments for biological causes of medical conditions, improve ability to cope with illness and with adverse effects of treatment without misuse or overuse of healthcare services, and treat comorbid mental health and substance abuse problems presenting as somatic complaints
 - Such services are funded through the Health and Behavior Procedures (Procedure Codes 96150-96155, developed by the American Psychiatric Association) that are currently reimbursed as medical benefits in Rhode Island by Medicare and Blue Cross & Blue Shield of Rhode Island

Recommended:

Rhode Island Medicaid should reimburse the Health and Behavior Procedure Codes (96150- initial assessment, 96151- reassessment, 96152- individual treatment, 96153- group treatment, 96154- family treatment with patients present, and 96155 family treatment without patients) through all of its fee for service and managed care (RIte Care) products