



Community Behavioral Health Services

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Since its inception in the 1960s, the provision of community behavioral health services in the United States has vacillated between spurts of creative proposals and hopeful energy to profound discouragement with the lack of cohesive planning and support. The implementation of the Patient Protection and Affordable Care Act (ACA) of 2010 (better known as *Obamacare*) brought to the forefront the mandate to health care systems to improve health care value, quality, and efficiency. The ACA spurred the development of new models of service delivery, some of which enhance existing services and some of which demonstrate a major rethinking of how services could be provided. This has led to a plethora of new terms for actualized and proposed models, which are highlighted in Figure 3-1. Unfortunately, the political climate in the United States has changed drastically since the passing of the ACA, resulting in considerable concern and confusion about the status of health care funding and the commitment, or lack thereof, to solidifying and expanding services in the community. Although it is not clear what the future may hold, it is imperative that we continue to protect the services currently being offered as well as advocate for improvements and expansion to meet the needs of all community members. Most importantly, all providers, including occupational therapists, must keep up to date on the ever-changing landscape of service delivery and be prepared to step up to create opportunities and address needs, particularly in the behavioral health arena.

To that end, this chapter discusses integrated primary care and behavioral health centers.

Furthermore, the premise of this chapter is that community services for behavioral health should extend far beyond specific settings, and the community must be understood as an interactive system that can either support or inhibit mental health and recovery. Therefore, this chapter also discusses qualities of healthy communities as well as the importance of developing community partners.

Prior to discussing professional behavioral health services, it is important to acknowledge that peer-provided services are essential for supporting recovery and wellness. However, they are not the focus of this chapter because, by definition, professionals are only peripherally involved, if at all. For example, 12-step programs such as Alcoholics Anonymous are found in communities throughout the country, and other forms of support groups can be found internationally. They are primarily operated on a volunteer basis and do not have professional staff. Therefore, the only role for a behavioral health service provider is as a referral source. Other models of peer support, such as consumer-operated services, are gaining in popularity and recognition. The Substance Abuse and Mental Health Service Administration (SAMHSA) defines consumer-operated services as “peer-run service programs that are owned, administratively controlled, and operated by mental health consumers and emphasize self-help as their operational