

# BEHAVIORAL HEALTH NEEDS ASSESSMENT MONROE COUNTY **SYSTEM GAPS AND COORDINATION ISSUES**

Behavioral health care services are diverse in scope and practice. Different types of care are available from a mix of entities, including both medical systems that offer many services and community-based organizations that provide specific types of support. Services span the continuum of care from early prevention to acute crisis care. They also include different modalities ranging from medical-model health care settings to holistic recovery-oriented community-based programs. Due to the fragmented behavioral health landscape, many people struggle to find and access needed care.

## Why Focus Here?

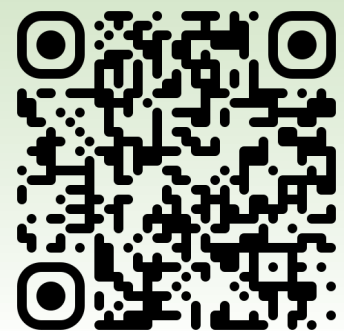
**Fragmented and Siloed Services:** Behavioral health services are often separate and disconnected from each other across agencies and even within organizations. This makes coordination difficult as individuals' needs vary and may evolve, requiring different levels and types of care. Despite the interdependence of physical and behavioral health, coordination between these systems of care remains limited. In particular, primary care providers are well-positioned to identify behavioral health issues early but often lack the tools and support to connect patients to appropriate care.

**Obstacles to Accessing Care:** Individuals face multiple hurdles in accessing care. These include finding providers who are geographically accessible, accept their insurance, and offer appointments that

*This brief is part of a Behavioral Health Needs Assessment completed in July 2025. This is one of six issue briefs summarizing findings.*

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fit their schedules. Arranging needed care often takes a combination of persistence and flexibility. This can be particularly difficult for people who face barriers related to transportation, care-giving responsibilities, work schedules, and other social drivers of health.

### **Shortage of Culturally Congruent**

**Resources:** The racial, ethnic, and cultural mix of providers does not match the diversity of people seeking help. Shared identities are a component of meeting client needs in addition to training in areas of cultural responsiveness. There is a shortage of behavioral health providers trained to address the mental health impacts of intergenerational and racialized trauma, making it particularly difficult for people of color to find culturally congruent care.

### **Inadequate Funding and Billing Structures:**

Providers face challenges due to the non-billable time needed to coordinate care, unpredictable funding streams, and rigid reimbursement policies. These issues hinder collaboration and innovation, limiting services to only what meets the reimbursable definitions of treatment and delivery settings.

### **Gaps in State-Level Integration and**

**Vision:** While providers are encouraged to collaborate, there is limited guidance on a state-level strategy to support integrated care. It is difficult for people with co-occurring conditions to receive coordinated care from multiple state agencies that have different funding streams, eligibility rules, enrollment processes, and other regulatory requirements.

## **Key Opportunities**

### **Enhance System Coordination and**

**Referral Networks:** Appoint fully funded care coordinators to bridge services and providers. Develop centralized, dynamic referral systems that strengthen warm

handoff processes and build trust through community-based networks. When possible, provide services in community-based settings such as primary care practices and schools to meet individuals where they already are.

### **Expand and Support Peer and Community-**

**Based Roles:** Increase investment in peer specialists, family navigators, and community health workers. Implementation should include higher compensation for peer workers, clear supervision structures, and adherence to peer support models. Ensure culturally responsive training with equitable access for communities of color.

### **Implement Flexible, Recovery-Oriented**

**Care Models:** Promote same-day service models, drop-in centers, peer and recovery-oriented models of care, and service delivery in community settings. These approaches reduce delays and meet individuals where they are, both physically and emotionally.

### **Align Funding and Policy at the State Level:**

Integrate behavioral health oversight across agencies, streamline billing mechanisms, and incentivize collaboration. Conduct service mapping to identify gaps and underutilized resources, guiding strategic improvements.

***“[The] current medical system is reactive rather than preventative...And so most of our behavioral health interventions are post-incident...or after people have developed long symptoms.”***

***—Behavioral Health Needs Assessment Advisor***