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Title

National and State Level Trends in Mental Health and Substance Use Disorder Visit Rates at FQHCs, 2012-2019

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: Little is known about the uptake of behavioral health (BH) services in Federally Qualified Health Centers (FQHCs) over time and how this may vary across the US.

Objective: To describe national and state-level trends in rates of mental health (MH), substance use disorder (SUD), and BH related visits at FQHCs in the US, and determine how the composition of services may be changing in these centers.

Study Design and Analysis: repeat cross sectional observational study.

Setting or Dataset: Uniform Data System (UDS) and IHME Global Burden of Disease Study Dataset from 2012-2019.

Population Studied: People with a MH condition or SUD served at FQHCs.

Intervention/Instrument: None.

Outcome Measures: Primary measures were mental health, SUD, and total BH visits per 1k people with a BH condition at FQHCs. Secondary measures were FQHC patients with a MH condition or SUD per 1k people with a BH condition; and annual visits per patient for people with a MH condition or SUD.

Results:

National: From 2012 to 2019, MH visits grew from 82 to 359 per 1k population with a BH condition, a 4.4-fold relative growth. SUD visits grew from 15 to 59 per 1k population, a 3.9-fold growth. Combined, FQHC BH visits grew from 97 to 418 visits per 1k population with any BH condition, a 4.3-fold growth. MH FQHC patients had a 4.4-fold relative growth and SUD patients had a 3.9-fold growth from 2012-2019. The number of visits per year for someone with a mental health condition increased from 3.0 to 3.3, SUD visits decreased from 4.3 to 4.2, and BH increased from 3.2 to 3.4.

State: The states (or DC) with the highest BH visit rates in 2019 were DC (2,132 per 1k), VT (1,666 per 1k), and NM (1,606 per 1k) and the states with the lowest rates were DE (122 per 1k), NJ (129 per 100k), and NV (130 per 100k). The states with the largest proportional increase in BH visit rates from 2012 to 2019 were WY (2019:2012 ratio of 5.5), NV (5.4), and OH (5.3); the states with the lowest proportional increase in BH visits rates were AK (0.7), OR (1.1), and HI (1.2).

Conclusions: Between 2012-2019, FQHCs throughout most of the US increased its BH visits at a rate that outpaced the growth in BH condition prevalence. Most of this growth is attributable to an increase in MH visits, although SUDs did experience more modest growth. This growth is explained by FQHCs caring for a large share of patients with BH conditions, rather than increasing visit intensity for existing BH patients.