

Behavioral and Mental Health Service Provision in SBHCs

April 27th, 2015



Agenda

- Overview of behavioral health integration
- Three different SBHC models:
 - Benton County
 - Deschutes County
 - Multnomah County
- Questions
 - We are saving questions until the end. At any time type your questions into the question box on the right of your screen.

BEHAVIORAL HEALTH INTEGRATION

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Program Director
Integrated Behavioral Health
LifeWorks Northwest

Behavioral Health vs. Mental Health

Behavioral Health

- Short sessions
- Greater time between sessions
- Billing medical side
- Need PCP referral
- Focus on improving health outcomes

Mental Health

- Longer sessions
- Greater frequency of sessions
- Billing mental health
- No need for referral
- Focus on improving mental health

Behavioral Health Providers

- Generally LCSW or Licensed psychologist
- Some have had success with LPC
- Most importantly, needs to be licensed and credentialed

Billing

- BH billing is on the medical side
- Health and behavior codes
 - Not mental health codes
- Use the diagnosis from the medical provider referral
- Providers need to be credentialed on *medical* side

Documentation

- Just like MH, “Golden Thread” is important
- Connect referral diagnosis to the client’s presenting issues and main concerns
- Make documentation clear and connect the steps together

Integrated Behavioral Health Alliance of Oregon

- Workgroup of behavioral health providers, program managers, medical providers, and other invested parties
- Working on greater consistency and visibility of behavioral health in the state of Oregon

Contact

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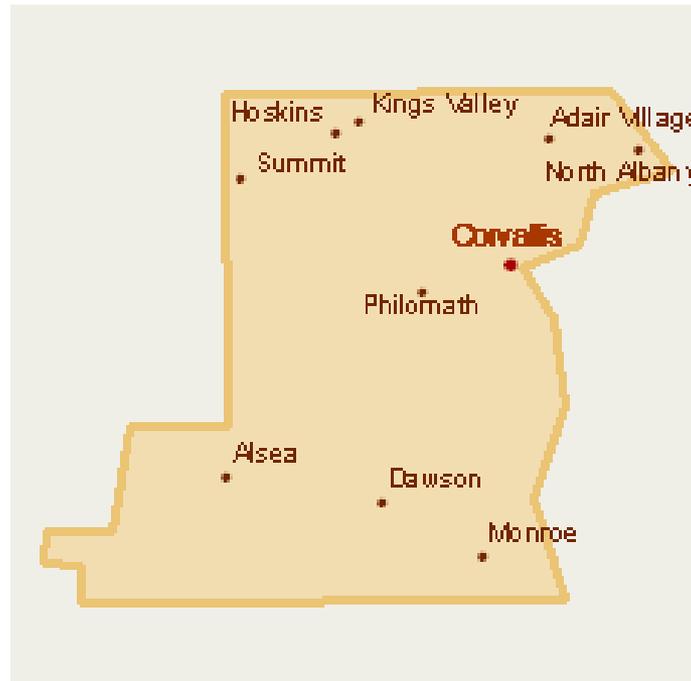
Benton County

School Based Health Centers



Benton County School Based Health Centers

- Lincoln Elementary School
- Monroe Grade School



Benton County School Based Health Centers: Lincoln

- **Community and families of Lincoln:**
 - 42% of families live in households with incomes at or below 185% of FPL
 - 12% of the population identify as Hispanic/Latino
 - 32% are on Medicaid
 - 42% are uninsured
 - 31% identify as Hispanic/Latino
 - 35% of clients are between 0-15 years of age.

American Community Survey, U.S. Census Bureau 5-Year Estimate (2007-2011)

Benton County School Based Health Centers: Lincoln

- **Lincoln Elementary School**

- The Lincoln SBHC is located on the grounds of Lincoln Elementary School
- The school serves kindergarten through fifth grade
- Has 444 students enrolled
- 37% of students identify as Hispanic/Latino
- 69% of the student body is eligible for the free or reduced meal program
- Approximately 44% of the student body is enrolled in the Oregon Health Plan and 25% are uninsured.

<http://elementaryschools.org/schools/40731/lincoln-elementary-school.html>

Benton County School Based Health Centers: Monroe

- **Community and families of Monroe**
 - Monroe is a rural community located 20 miles south of Corvallis
 - The approximate population is 2,972
 - Approximately 8% of residents in south Benton County identify as Hispanic/Latino
 - 36% of families live below FPL
 - 22% of households have incomes at or below 185% of FPL
 - 29% of clients are on Medicaid
 - 50% of community members are uninsured
 - 30% identify as Hispanic/Latino
 - 41% of clients are between 0-15 years old.

Oregon Office of Rural Health, Health Care Shortage Area, 2013

American Community Survey, U.S. Census Bureau 5-Year Estimate (2007-2011)

Benton County School Based Health Centers: Monroe

- **Monroe Elementary School**

- The Monroe SBHC is located on the school grounds of the Monroe Grade School
- The grade school is also 0.4 miles from Monroe High School
- Monroe Grade School has 319 students
- 23% of students identify as Latino
- 62% qualify for the free and reduced meal program
- 30% of students are on the Oregon Health Plan

Benton County School Based Health Centers: Monroe

- **Monroe High School**

- Monroe High School has 154 students
- 11% of students identify as Latino
- 51% of students qualify for the free and reduced meal program
- 10% of students in the Monroe school district are considered “homeless.”

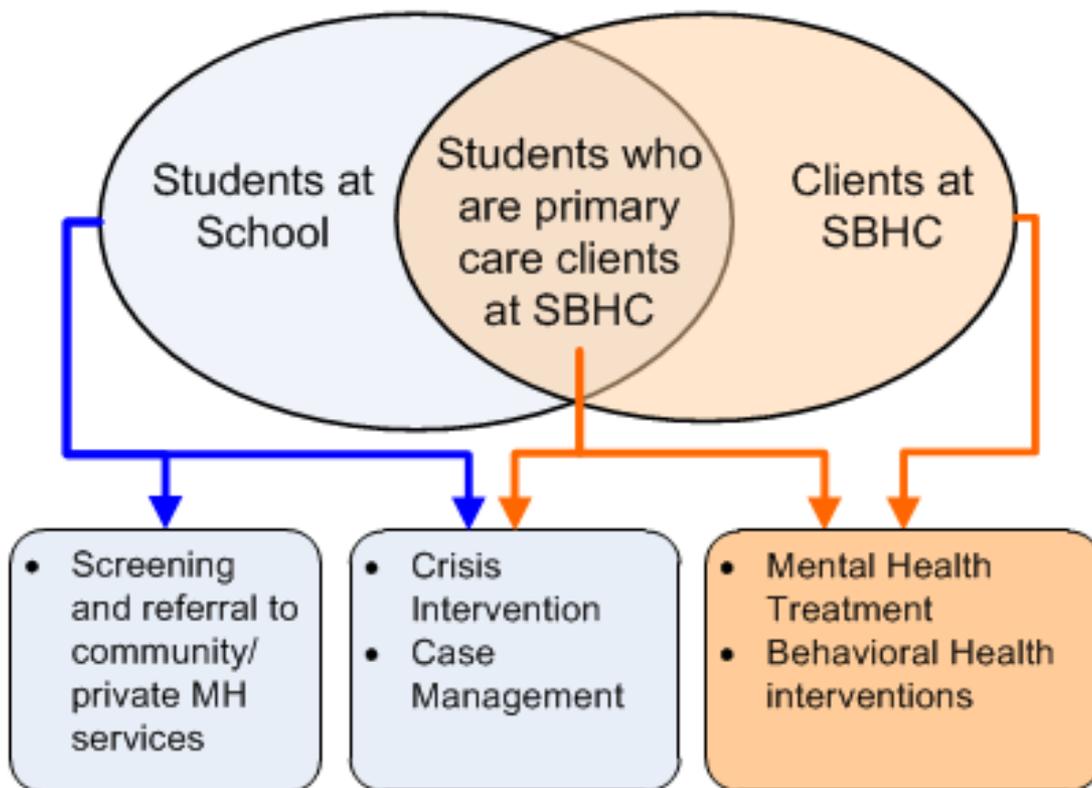
http://www.publicschoolreview.com/school_ov/school_id/67722

Year 'Round School Based Health Centers

- The CHC's school-based health centers are located on school property at the edge of each school's parking lot
- The clinic includes examination rooms, an on-site laboratory, a reception and waiting area
- the health centers are independent of the school schedule, and provide year round primary care services to the students and the surrounding community.
- This allows the health centers to be the primary care home for students and their families,
- This model allows for continuity of care to community members in a familiar and convenient location.

Benton County SBHC Model

CHC's program model for providing year-round mental health services at Lincoln and Monroe SBHCs:



Billing and Reimbursement

- **Three options for billing**
 - Behaviorist can provide short term specialty care and bill standard mental health codes
 - They can also use the behavioral health codes as primary care billing
 - These require a physical health diagnosis and referral from a primary care provider
 - In the school setting behaviorists provide preventative services, typically in a group setting, but also to individuals or families.
 - They use PEO codes (prevention and outreach codes) for these services
 - Behaviorists also use “touches”

Touches

- In addition to standard billable codes our health record allows multiple providers to indicate the type and amount of service they provided by an individual by mean of touches.
- Touches record duration of time spent with clients and supports the concept of team care

Challenges

- Our most significant challenges were:
 - Finding qualified applicants
 - There is a work force shortage and many agencies are recruiting for social workers.
 - Space
 - The Lincoln Health Center required some re-modeling in order to support an additional provider in the building.
 - There are still challenges around this.

Rewards

- Providers are happy and the community is better served



Contact

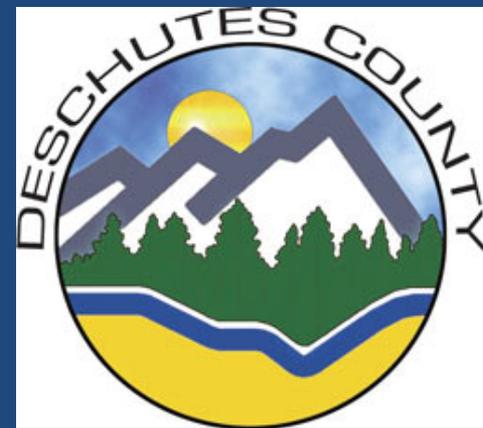
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Deschutes County School-Based Health Centers

Behavioral Health Expansion in Partnership with
Deschutes County School District,
St. Charles, LaPine Community Health Center
and Mosaic Medical

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OUR BEHAVIORAL HEALTH TREATMENT MODEL

The Behavioral Health Specialist (BHS)

- BHS provide intensive psychotherapy (group, family and individual) to address acute symptoms associated with mental health diagnosis
- BHS also provide support and consultation to their site providers and school faculty, including classroom observation and feedback
- BHS have provided onsite crisis counseling and support for school tragedies

The Behavioral Health Consultant (BHC)

- Psychological approach to population-based health care that is simultaneously co-located, collaborative, and integrated, within the primary care clinic
- Mental health care needs whose symptomology may overlap with medical disorders
- Early identification and behavioral/medical intervention that can prevent some acute problems from becoming chronic health care problems.
- The role of the BHC is to facilitate systemic change within primary care that facilitates a multidisciplinary approach
- BHCs collaborate with physicians to develop treatment plans, monitor patient progress, and flexibly provide care to meet patients' changing needs

WHO & WHERE WE ARE

5 SBHCs, 3 School Districts, 3 Medical Sponsors, 1 County

- Ensworth ES (Mosaic Medical)
 - 1.0 BHS - Grant Funded
 - Co-located
- LaPine HS (Lapine Community Clinic)
 - 1.0 BHS - Grant Funded
 - Located in same building, but not in the clinic
- Lynch ES (Mosaic Medical)
 - 1.0 BHS - Grant Funded
 - Located in the school, separate from clinic
- Redmond HS (St Charles Health System)
 - 0.5 FTE BHS County funded *
 - 0.5 FTE BHC Grant funded passes to Medical Sponsor
 - On-site
- Sisters HS (St Charles Health System)
 - 0.5 FTE BHS County funded*
 - 0.5 FTE BHC – Grant funded passes to Medical Sponsor
 - On-site

* Not part of the MHEG



How We Got Here

□ Mosaic Medical

- Requested the BHC Model – but not an option through DCBH
- Hiring their own BHC to be shared among clinics
- Warm hand offs happening with the County BHS
- Medical Sponsor committed to Having BHS on School grounds

□ LaPine Community Health

- The structure presented was accepted
- Therapist accepts warm hand-offs
- Therapist goes to the school to meet with clients

□ St Charles Health System

- Presenting information



INTEGRATION



Working Together

- Monthly integrated site team meetings
- Receiving warm hand-off referrals from school and medical staff
- Co-location of BH at 2 of the 5 sites
- SBHC community partner outreach
- Integrated hiring process for behavioral health staff
- Trauma-Informed Care project in LaPine
- Move to shared EHR at 3 of 5 sites

Working it Out

- BH clinician safety at each site
- Addressing space and IT issues for BH clinicians not colocated in clinic
- Identifying ways to meet BH service gap needs for SBHC clients(BHS/BHC)
- Client centered care and building an integrated culture
- Access during school closures
- Matching the work flow and requirements of two different organizations trying to work together
- BH Management structure
- Staff hiring and transitions

I like working in an environment that supports the importance of having MH services on-site

I love having someone next door and being able to collaborate about treatment plans for mutual patients

Our therapist is already full, I wish we had another one

Having a BHS in the school provides access to the students who would not have otherwise been able to be seen

Having a therapist on site was especially helpful when there was a death of a student

The separate registration process and intake is onerous for our patients

I was hoping for more warm-hand offs, this has been difficult

It would be great if we could have someone who can jump in at a moments notice to do prevention and provide acute strategies for presenting concerns (BHC)

Patients have to be enrolled in OHP, this can be a barrier

SBHC-BH Team Stats

April 1 2014-April 2015

"If you build it they will come!" –Field of Dreams

Location	# of BH Services 2012-2013	# of BH Services 2014-2015
Ensworth (grant)	2	427 (1 year of data) + 92
LaPine (grant)	21	368 (7.5 months of data)
Lynch (grant)	35	383 (7 months of data)
Redmond High	73	225 (8 months of data)*
Sisters	3	339 (1 year of data)*

* **Not part of the MHEG**

- Totaling 1,742 school-based BH services (1, 095 billable services by grant hired clinicians)
- \$125, 537 in billed behavioral health services by grant-hired clinicians



Redmond and Sisters High Schools

St. Charles School-Based Care

WebEx April 27th, 2015

- Grant funded 2014-2017
- 1 FTE shared between sites
- Serving 0-20
- Each clinic is located at the high school campuses which provides the benefit of proximity for minors able to consent for their own treatment and for the SBHC to honor privacy and confidentiality
- St. Charles is the SBHC medical sponsor, non-FQHC

The Case for Primary Care Behavioral Health Consultation

BHC's are imbedded within primary care to be available for consultation to the practitioners for treatment planning, monitoring patient progress, providing brief solution-focused therapies and assist with patient transition to specialty MH care if needed.

A BHC model affords us the opportunity for early identification and behavior/medical intervention that can prevent some acute problems from becoming future chronic health care problems.

Considerations:

- 60% of psychiatric illness is treated in primary care
- Over 50% of Medical visits to primary care are related to chronic conditions
- Primary care practitioners prescribe approximately 70% of psychotropic medications and 80% of anti-depressants
- Patients referred to specialty MH outside of primary care follow up about 10% of the time from time of referral to time of first appointment.
- Of those patients that attend an appointment, on average only 2-3 appointments before discontinuing contact

St. Charles Model of Care Delivery:

Goal: To create a sustainable model based on population health principles for providing behavioral health in a school clinic

- Services are structured with time considerations (15-30 minute individual sessions) and focus is on services that benefit the most (groups)
- Time is blocked in the consultant schedule to allow for warm hand-offs
- Mental health diagnosis is not required for referral or intervention to the behaviorist
- Full picture, total context, whole person
- Use geographic history to target population needs (ex. US census bureau)
- Consultant is a co-provider of care and not a separate provider, health record is open to providers and PH/BH information is not separated out
- Billing practice allows for expanded codes (not necessarily expanded reimbursement). We use Health & Behavior Codes (96150-96155) as well as traditional MH codes such as 90791, 90847 and 90832. We have access to T1023 and T1016. We have not traditionally billed for G & H coded services but are reviewing this. Coding is more focused on obtaining the data needed to support moving out of a fee for service model.

Contact Information

St. Charles School-Based Care - Behavioral Health Services

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Multnomah County

Mental Health Services in
School-Based Health Centers

Partnership

- Multnomah County Health Dept.
 - School-Based Health Centers
 - 13 clinics
- Multnomah County Dept. of County Human Services
 - School-Based Mental Health
 - 22 clinicians (increasing next year)
 - 2 supervisors
 - Half of clinicians work in SBHC's and half in schools w/o clinics

Mental Health Services

History

- School Mental Health Program began in 1967
 - Geared towards schools with now elementary counselors and few supports
- Hx of having clinicians in SBHC's and some in schools without clinics
- Funding
 - Sources
 - County General Funds
 - School districts
 - FQHC wrap money
 - Funding has fluctuated over the years
 - Increased funding
 - Next year, significant increase in funding from Multnomah County and several school districts
 - Expand mental health services, especially culturally specific services

Mental Health Sites

(Over 40 sites)

School-Based Health Centers

- Centennial SBHC: 0.8 MHC, .2 Latino MHC
- David Douglas SBHC: 0.6 MHC, .2 Latino MHC, .2 African-American MHC
- Parkrose SBHC: 0.6 MHC, .2 Latino MHC, .2 African-American MHC
- Franklin SBHC: 0.8 MHC
- Harrison Park SBHC: 0.5 MHC
- Lane SBHC: 0.5 MHC
- Cesar Chavez SBHC: 0.4 Latino MHC
- George SBHC: 0.4 Latino MHC
- Roosevelt SBHC: 0.4 MHC, .2 Latino MHC, .2 African-American MHC
- Madison SBHC: 0.6 MHC, .2 Latino MHC
- Cleveland SBHC: 0.8 MHC
- Grant SBHC: 0.4 MHC
- Jefferson SBHC: 0.4 MHC, .2 African-American MHC

Schools

- Centennial:
 - Centennial MS, Lynchwood, Lynchmeadows, Butler Creek, Lynchview, Parklane, Oliver
- David Douglas
 - Lincoln Park, Mill Park, Ventura Park, West Powell,
 - Ron Russell, Earle Boyles, Fir Ridge, Floyd Light
- Gresham Barlow
 - Highland, Hall, McCarty, Clear Creek, Gordon Russell
- Reynolds
 - Alder, Reynolds MS, Margaret Scott, misc , elementary schools
- Parkrose
 - Sacramento, Russell, Parkrose MS
- Portland Public
 - Benson

Mental Health Services

- Screenings for service need
 - Refer out or provide on-going treatment
- Provide on-going treatment
 - Comprehensive Mental Health Assessments
 - Treatment plan
 - Brief and longer term treatment
 - CBT
 - Trauma CBT
 - Solution focused
 - Access to psychiatric consultation
- Provide culturally specific mental health services (Latino and African American)
- Provide consultation to clinic and school

Mental Health Referral Process

- Can come from the SBHC medical staff, from the school site, or from other schools/community
- Goal is for most of mental health clients to also be established with Health Clinic
 - Some clients decline medical services

Mental Health Data

- Referrals: 1,500
- Enrollments: 700

School-Based Health Centers

13 SBHCs

- In 4 of 6 Multnomah County School Districts
 - 9 in Portland Public
 - 1 Centennial
 - 1 David Douglas
 - 1 Parkrose

School-Based Health Centers

Clinic Services

- Routine physical exams, including sports physicals
- Early detection, diagnosis and treatment of illness and injury
- Vision, dental and blood pressure screenings
- Immunizations
- **Mental health services**
- Age-appropriate reproductive health
- Routine lab tests
- Prescription medications
- Health education, counseling and wellness promotion
- Fitness and nutrition education and counseling
- Referrals for healthcare services not provided at the clinics

Integrated Care Model

Staffing

- NP
- Nurse
- CHN
- Office Assistant
- Mental Health Consultant

Integrated Care Model

Overview

- Mental health co-located in SBHC with medical staff
- Joint procedures and protocol
- Separate billing, EMR, and departments

Integrated Care Model

Joint procedures and protocols

- Referrals
 - Can come from clinic or school
 - Form that is completed
 - Goal is for students who want mental health to also be established with medical
- Scheduling
 - Google doc that Front Desk and medical can schedule mental health appointment in
- Communication
 - Daily review of clients scheduled for the day
 - Regular team meetings to review clients and clinic issues
 - Share mental health documents with medical (assessments, tx plans)
- Suicide assessment
 - Comprehensive assessment guideline that include:
 - Assessment
 - Stratification
 - Treatment
 - Follow-up
- Depression, anxiety and ADHD guidelines

Pros and Cons

- **Pros**

- Joint procedures and guidelines
- Co-located
- Same the department (Health) (7/15)
- Able to see uninsured

- **Cons**

- Two different EMR's
- Mental Health not fully staffed in all SBHC's
- Hx have been in two separate County departments
- Differing “cultures” in Health and Mental Health
- Mental health does not bill private insurance

Next Steps...

- Mental Health moves to Health Dept July 1st
 - Continue to look at ways to integrate
- In Fall, SBHC program will pilot one Behavioral Mental Health Consultant (Behaviorist)
- Working on project (State Grant) that will allow our two EHR's to “talk” to each other.

Contact information

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Thank you!

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