SBHC Mental Health Expansion Grant

Adolescent and School Health Program - Public Health Division - Oregon Health Authority
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State of Mental Health Capacity

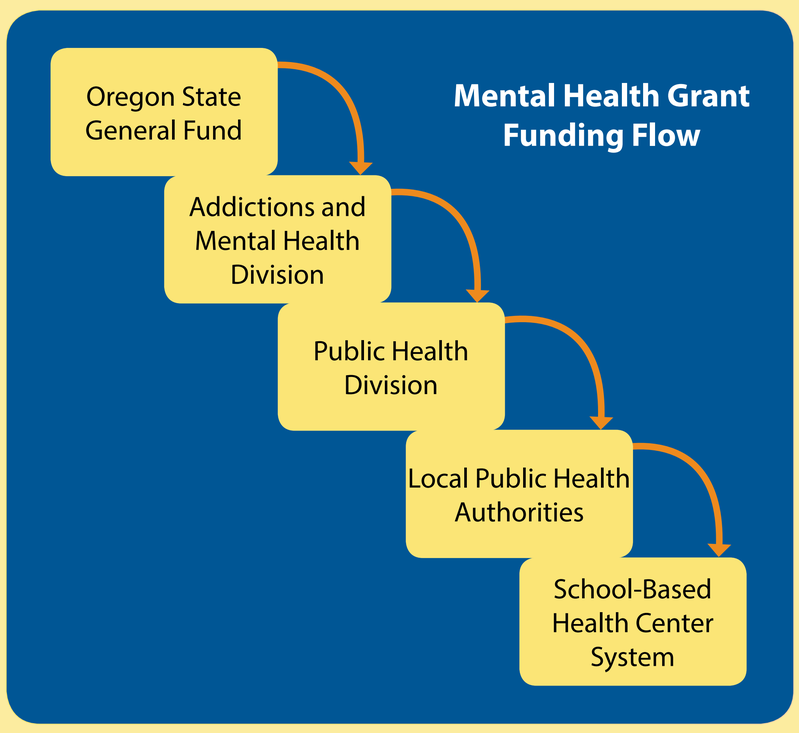
In 2013, there was strong momentum to dramatically boost funding for mental health programs in Oregon. The effort was spurred on by mass shootings in Newtown, Connecticut and at the Clackamas Town Center in Oregon[1]. Ultimately, the Oregon State Legislature increased funding by $22 million to the Addictions and Mental Health Division (AMH) 2013–2015 budget to support and enhance children's mental health programs.

AMH used the funding to support statewide programs emphasizing prevention, early identification, and intervention, as well as training and technical assistance for providers[2]. One new investment project was the Mental Health Expansion Grant to School-Based Health Centers (SBHCs). This funding gave SBHCs the opportunity to increase their capacity to provide mental health services to their clients. SBHCs were well-positioned to receive this funding due to robust partnerships, a strong system of care and focus on prevention. SBHCs across the state were awarded $4.6 million.

Overview

In 2013, the SBHC State Program Office created a new position—the School Mental Health Specialist—who is responsible for coordinating the integration of mental health service provision into SBHCs. In addition, this person is responsible for fostering the adoption of mental health promotion and problem prevention in K-12 public schools in Oregon.

SBHCs were awarded grants to add or expand mental health staffing capacity and to support mental health projects.



Unmet Mental Health Need - Oregon Healthy Teens

In 2013, 14% of 8th graders and 15% of 11th graders reported an unmet emotional or mental health care need.

In the same year, 11% of 11th graders reported missing 3 or more school days because of emotional health reasons.

Next Steps

The next grant phase is July 1, 2015 to June 30, 2017. The applications for Capacity Building and Support Projects were released in April 2015, and new grantees will be selected in early June. Priorities for grant funding include increased geographical spread and new SBHCs. In the upcoming grant phase, the State Program Office will focus on grantee sustainability, including billing and reimbursement for mental health and behavioral health services.

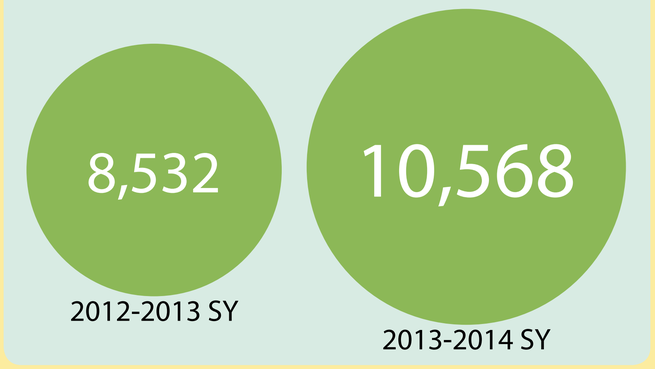
[1] http://nwnewsnetwork.org/post/oregon-legislature-falls-short-game-changing-mental-health-investment
[2] http://www.oregon.gov/oha/amh/Pages/MHinvestments.aspx
[3] Kitchener BA, Jorm AF. Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behavior. BMC Psychiatry. 2002 Oct 1;2:10.

Mental Health Expansion Capacity Grants

Successes

Expanding mental health capacity
The MH Expansion Grant allowed SBHCs to provide new or expanded mental and behavioral health services. Seventeen counties requested and were awarded funding for capacity projects. Forty-four SBHCs received funding for mental health staffing. Twelve of those did not provide mental health services prior to the 2013-14 school year. Now, 90% of Oregon SBHCs (60) have a mental health provider on-site. Visits to a mental health provider increased 20% in the first year of the grant.

Visits to a SBHC mental health provider



Building networks
The grant provided opportunities to initiate or strengthen partnerships within SBHCs and with external partners. The intent of the grant was to foster integration of primary care and mental health; by co-locating both at SBHCs, it allowed for increased communication, collaboration, and quality of care at the patient and systems levels.

In addition to internal clinic transformation, the grant enabled SBHCs to better meet the needs of their school community. Many mental health providers educate students and teachers on behavioral health topics.

Changing social norms related to mental health
Many SBHCs feel that having both mental and physical health onsite has normalized mental health services. This is evidenced by student and parent self-report and by the number of young people who are self-referring for services.

SBHCs also report changing norms related to mental health with teachers, school officials, and community members. Behaviorists and mental health providers have done outreach with teachers and school administration to educate that the pursuit of good mental health is an activity for everyone—not just young people with behavior issues. Other sites have implemented trainings or screenings and found that they help to shift perceptions related to mental health. One site implemented Mental Health First Aid (http://www.mentalhealthfirstaid.org/cs/) with their community, law enforcement, hospital, and school personnel; the program showed a reduction in social distance created by negative perceptions of individuals with mental illness[3]. A number of SBHCs began screening for substance use using the SBIRT framework; one SBHC found that SBIRT helps to "reframe substance use as a health issue and not a moral issue."

Lessons Learned

Delayed hiring
A variety of reasons, including the timing of the grant, bureaucratic processes, and lack of qualified personnel to recruit, led to a substantial delay in hiring at some SBHCs. At one rural SBHC site, it took eight months to hire a mental health provider.

Challenges in working within school systems
As many schools in Oregon are understaffed with school counselors, at times, schools conflate mental health providers with school counselors. The two roles can be complementary—especially as many providers receive referrals from school counselors—but they are also very different, and have different goals, ways of working, and responsibilities. In addition, schools may respond to emotional/behavioral problems with a disciplinary approach, which can conflict with the interventionist approach of a mental health provider.

Integration of behavioral/mental health and primary care
SBHCs sometimes faced logistical and operational challenges to effectively integrate physical and behavioral health care. SBHCs that had previously not provided behavioral health services needed to create policies and procedures for setting appointments, getting appropriate consent and releases of information, billing for services, and determining how to share information between providers. Some SBHCs found that they had inadequate space to absorb the new providers and increased clientele.

Data sharing between primary care and behavioral health
One particular challenge has been the segregation of primary care and mental health data through disparate EHR technologies. Reasons for this include:

- Mental health provider contracting agency uses a different EHR system.
- Primary care EHR does not offer appropriate mental health functionality, leading to:
  - Selection of a different EHR system; or
  - Return to paper charts for mental health visits.

The lack of EHR integration means primary care providers do not always have a full picture of the concerns facing the young people they are serving. Conversely, mental health providers may not be able to access the full health history of their clients.

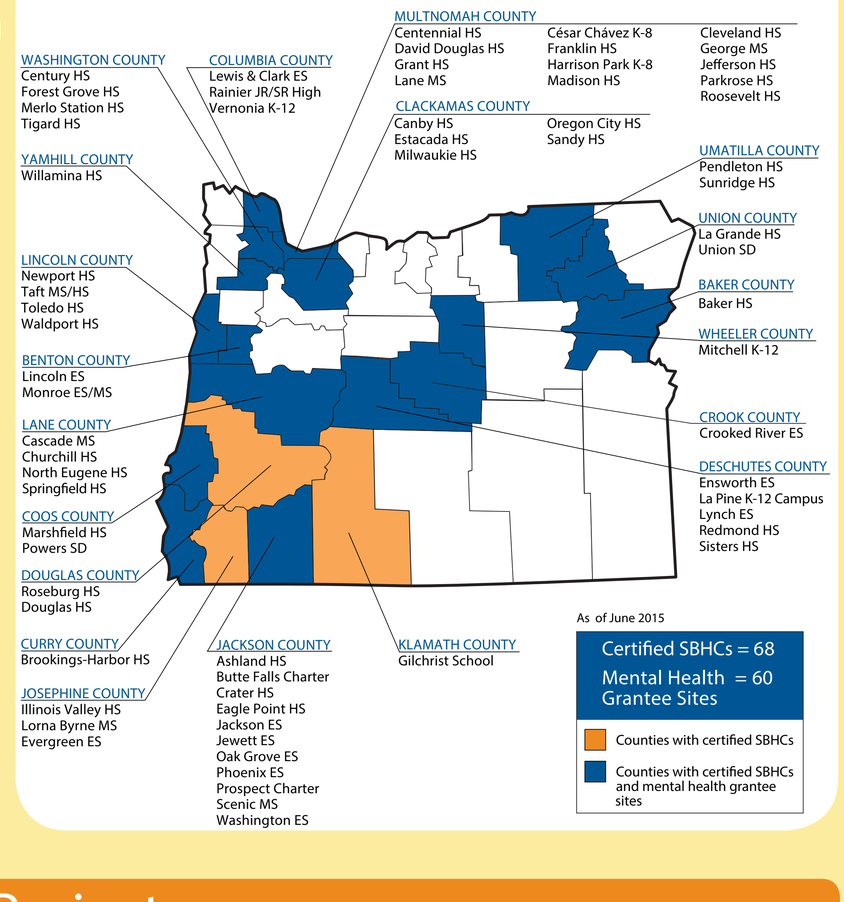
Technical infrastructure related to mental health
New use of electronic health records (EHR) for mental health and primary care was the most common outcome from the grant related to technology. Many grantees used funds to purchase new EHR systems, which allowed for better care coordination between providers. Some moved to EHR systems that were commonly used in their area, enabling greater care coordination with other providers in the community.

Some grantees used the opportunity to begin tracking services that were not "encounterable", like prevention services and care coordination (e.g. warm handoffs). With this information, the SBHC State Program Office has a more complete picture of the array of services that are being provided at SBHCs.

Data capturing
Oregon's Addictions and Mental Health Division revamped their data collection system at the beginning of the grant implementation. All clinics enrolling clients in the mental health system were required to enter data into this system. This added an unexpected requirement on grantees that was time consuming and costly.

Billing and reimbursement
In Oregon, there is a distinction between behavioral health and mental health. Behavioral health services are billed through primary care, while mental health services are billed through the mental health system. Some SBHCs provide behavioral health services, some provide mental health services, and some provide both types of services. For behavioral health, the provider must be licensed and credentialed to bill and receive reimbursement. For mental health, the medical sponsoring agency billing the codes needs to be certified by the county in order to provide and be reimbursed for mental health services provided to Medicaid clients. The requirement for agency certification may be difficult or impossible for some SBHC medical sponsors. Even if the SBHC partners with a certified mental health agency to provide mental health services, the SBHC and agency must determine a reimbursement mechanism for billing such that the SBHC receives the funds.

OREGON SCHOOL-BASED HEALTH CENTERS
Mental Health Grantees 2014-2015



Mental Health Expansion Grant Support Projects

Mental Health Screening

Four SBHC systems (9 SBHCs) were awarded grants to integrate new mental health screening tools. The majority joined the Adolescent Health Project, a performance improvement project that focused on increasing alcohol abuse and depression screening within the context of the adolescent well-visit. Participants were trained on the use of the Screening, Brief Intervention and Referral to Treatment (SBIRT) framework and using the CRAFFT screening tool for adolescents, as well as the PHQ-2 and PHQ-9 for depression screening. The project consisted of one full-day training for providers and clinic staff as well as technical assistance through learning communities where sites can share challenges and successes. SBIRT for adolescents is an incentive metric for Oregon Coordinated Care Organizations.

Lessons Learned

- Very few practices had standardized, universal screening procedures.
- Reasons for not screening included: time limitations and lack of training or knowledge of community referral entities.
- Lack of consistent and timely communication between the primary care provider and referral entity.
- Staffing at SBHCs may limit ability to do and get paid for SBIRT screening, due to regulations on type of provider that is able to be reimbursed.

Data Capturing System

Seven SBHC systems were awarded grants to implement electronic health record systems (EHRs) or explore functionality. EHRs will help SBHCs track data over time, identify patients for preventive visits and screenings, monitor patients and improve quality of care. EHRs usually include a comprehensive patient history and will help coordinate care. Some sites implemented EHRs for the first time, moving from paper charts, and others used the funding to explore how to better integrate their separate physical health and mental health EHR systems.

Lessons Learned

- The time between EHR contract signing and implementation can be very long (over 6 months).
- Required reporting for mental health services in Oregon is complex and may take time to build into existing EHRs.
- Integrating behavioral/mental health and physical health EHRs in separate systems can be costly, time-consuming, and not user-friendly.

Telemental Health

Two SBHC systems in rural areas received funding for telemental health projects. Telemental health is the use of telecommunications technology to provide mental health services. This service can be helpful in meeting the needs of communities where there are limited professionals and distances are far. The bulk of awarded funding was used for the purchase of equipment, but some also went to contracts with service providers.

Lessons Learned

- Equipment to set up a telemental health site is inexpensive.
- Patients may be initially resistant to new care delivery methods. The uptake of these services was less than anticipated.

Cultural Competency and Equity

There were three SBHC systems that received grants to work on projects that support equity and enhance cultural competence. One SBHC system enrolled staff in an 8 month certified medical interpreter training program for Spanish, to better meet the needs of their Latino clientele. One system implemented a year-long program focused on oppression and social justice. The remaining system conducted a series of trainings on mental health topics that incorporated cultural issues relevant to the populations the SBHC serves.

Lessons Learned

- If conducting a training program, deciding on and scheduling trainings should be the first thing done, and should include all partners.
- Local context is important to increasing relevance of any training program. Programs should use data and real-life examples to enhance content.

Youth Advisory Councils

Three SBHC systems (8 SBHCs) were awarded funding for the implementation and support of Youth Advisory Councils (YACs). Each YAC conducted and led a Youth Participatory Action Research (YPAR) Project on a mental health issue during the 2014–2015 school year. Project topics included: mental health stigma, teen substance use, suicide prevention, sleep, and stress. As part of the project, each YAC developed and implemented a survey in their school. Some YACs may use the information that they gathered to inform a project on that topic.

Lessons Learned

- Implementing a YAC is best begun at the beginning of the school year, in order to recruit students.
- Coordinators need to be flexible in scheduling and recruiting, as each school operates differently, and it may be challenging to find times that meet everyone's needs.
- Buy-in from school administration is important and sometimes challenging.
- YPAR projects require dedicated staff time and increased meeting hours.

"The Health Center is very helpful, and the staff is very easy to talk to about things that are private to me."
– 16-year-old SBHC client

"Because the mental health provider is located on the school campus, there has been an exceptional opportunity for the students and their families to have better accessibility."
–SBHC coordinator

"Already I can see that students, teachers and administration recognize the need for mental health services … students have said that being able to have a place to talk and share has helped them to feel less stress and more hopeful about their futures."
– SBHC mental health provider

"You make life easier and less stressful. Knowing that I can get help when I need it and it's affordable for me is a lot of weight off my shoulders. Thank you for being there."
– 18-year-old SBHC client