

Success-Ready Students Through Behavioral Health Access

Robert Stiles
Central Ozarks Medical Center

- Overview**
- Central Ozarks Medical Center began providing behavioral health services using an integrated model during the 2017-18 school year.
 - Today's presentation will provide background information and an overview of the approach we are using for those interested in supporting these types of services in their area.

Central Ozarks Medical Center

FQHCs

- Product of President Lyndon B. Johnson's War on Poverty initiatives in the early 1960s.
- Established health centers in medically underserved inner city and rural areas of the country in 1965.
- Dramatically increased number and funding under President George W. Bush; followed by significant increases under President Obama; strong support from Republicans and Democrats.
 - Health care for the uninsured and others without access/ local community-led solutions to local needs.
- Serve as health care home for more than 27 million people in 9,800 rural and urban communities across America.
 - 31 percent under 18.
 - Missouri 527,000 patients, 37 percent under 18.

FQHC Requirements

- Offer services to all persons, regardless of the person's ability to pay
 - Establish a sliding fee discount program
- Be a nonprofit or public organization
- Be community-based, with the majority of governing board of directors composed of patients
- Serve a medically underserved area or population
- Provide comprehensive primary care services
 - Including medical, dental, and mental health
- Have an ongoing quality assurance program
- Serve a defined service area made up of zip codes

Benefits of being an FQHC

- **Grant funding** - for new grantees, funding up to \$650,000 can be requested
- **"Cost-Based" Reimbursement** under Medicare and Medicaid
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Program.
 - Access to the Vaccine for Children Program
- Automatic designation as a Health Professional Shortage Area (HPSA).
 - The HPSA designation provides eligibility for loan repayment for providers working there.
- Medical malpractice coverage through the Federal Tort Claims Act Program

School Health Services

- Spring of 2016, Missouri School Board Association published a study examining the best approaches to school health services.
- Some of the benefits named in the School-based Health Clinic Report included:
 - Early intervention for learning or behavioral development;
 - Chronic disease management;
 - Preventative care and screenings;
 - Mental health diagnosis and treatment;
 - Improved academic performance;
 - Decreased absenteeism and tardiness.
- One not mentioned—employee wellness and school finances.
 - Reduces absences when staff and their family members can obtain care at the clinic.

Health Centers and School Services

- Recommendation One is: “identify and seek out FQHCs operating in Missouri as the first-choice sponsorship model for the implementation of a statewide school-based health clinic network” (p. 46).
- Why:
 - Health Centers provide medical, dental, and behavioral health services in an integrated model, including enabling services;
 - Health Centers focus on serving those without access and are tasked with providing care throughout their communities, not just the clinical setting;
 - Health Centers use Place of Service Code “50” regardless of location where service is provided/“Cost-based” payment.

Health Centers and School Services

- Recommendation 2: Establish a state program office.
 - To help popularize and expand access.
- Recommendation 3: Dedicate state funds to provide school health clinic grants or consider restricting allowable sponsors of school health clinics by type.
 - Estimates a need for \$4.5 million in annual state funding for a network of 50 to 60 clinics.
 - Could limit to sponsor types that are able to get by without state funding through billing.

Health Centers and School Services

- Recommendation 4a: Require Medicaid Managed Care (MCOs)--United, MissouriCare, Home State--to contract with school clinics.
- Recommendation 4b: Require MCOs to reimburse school clinics.
- Recommendation 5: Define school clinics as a provider type.
- Recommendation 6: Waive prior authorizations for services.

Missouri Medicaid

“Services are considered school based when they are included in an IEP as defined by the Individuals with Disabilities Education Act, Part B (34 CFR 300 and 301).”

Missouri Medicaid Behavioral Health Services Manual, p. 18

Services that don’t meet this definition (i.e. not specified in an IEP) are not “school-based” and can be provided outside of the school district administrative claiming process.

I call them school-located to try to avoid this confusion.

Missouri Medicaid

- Prior to April, providers other than FQHCs who had school based clinics were not able to provide behavioral health in schools other than IEP-related services.
- In April, Medicaid released a bulletin that provides oversight of the requirements for school behavioral health.
- A work group led by the Missouri School Board Association created a framework and guidelines to assist school districts with recommendations and best practices.
 - Available at: <https://www.mosba.org/behavioral-health/>

COMC's school services

- Provide dental services in eleven school districts—preventive and restorative.
- Provide behavioral health services in eight school districts currently—using LCSWs and LPCs.
 - More than 15,000 students combined in districts.
 - Initially Camdenton, School of the Osage, Waynesville, Eldon.
 - Followed by Richland, Laquey, Crocker, and Plato.
- Provide medical services including screenings and other preventive services
 - Have one full-time medical clinic in Waynesville district.
 - Provide ongoing medical in other districts (sports physicals, vaccinations, etc).
- **Goal—Integrated services including medical, dental, behavioral, and support services integrated into activities of the school.**

Behavioral Health

Our model:

- Trauma-Informed Care
 - District-wide
- School-based behavioral health
 - Full-time therapist integrated into school district and day.
- Community health workers
 - Focused on social or underlying determinants of health.

Trauma-Informed

- Work with school districts to develop district-specific approaches to awareness and action.
 - Start with core group and provide assistance as they develop their approach and grow it district-wide.
 - Next steps will involve working regionally with districts and using existing districts to serve as peer experts for others.

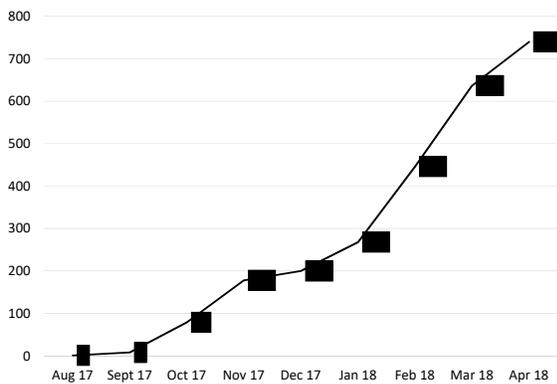
School-Located Behavioral Health

- American Academy of Pediatrics 2004 Policy Statement calls for school-based behavioral health.
 - Recent JAMA article related to higher rates of developmental and behavioral issues in rural children argues for the integration of therapy into schools to increase access.
- COMC provides full-time permanent staff in districts who are integrated into daily activities of school.
- Spend time on therapeutic work with individual students, working with teachers, counselors and other staff, participating as a member of the staffing team.

2017-18 Visits

District	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total
Camdenton		3	48	64	75	93	183	205	236	907
Eldon			7	56	61	73	75	167	146	585
Richland, Crocker, Laquey, Plato							40	108	122	270
School of the Osage				29	39	61	76	64	87	356
Waynesville	1	5	24	29	25	41	72	93	149	439
Behavioral Health Total	1	8	79	178	200	268	446	637	740	2,557
Waynesville Medical							34	81	81	196

Behavioral Health Total



Community Health Workers

- Public health workers who are trusted members of and have an understanding of the communities they serve.
 - Serve as a liaison/link/intermediary between health/human services and the community to facilitate access to needed services.
 - Builds individual and community capacity by increasing knowledge and self-sufficiency through outreach, education, informal counseling, social support, and advocacy.
- Liaisons for the resource providers in the community.
 - Connection between health systems and community resources and education in order to reduce risk factors.

Create “social scaffolding” to bridge between individuals in need and resources to meet those needs.

- Provide service coordination and system navigation.
- Education to promote behavior change.
- Advocate on behalf of people to exercise their rights and gain access to resources
- Individual and community capacity building.

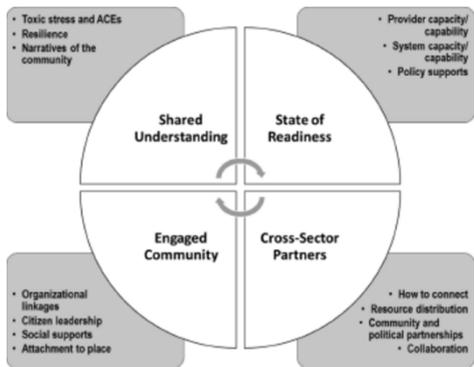
Community Health Workers

- Work in district with all students, not specifically only those who are patients.
- Currently one in Eldon District
- Just received federal ORHP funding to add three more (along with additional therapists and substance abuse counselor for schools).

Next Steps: Community Focus

- Recently received an Office of Rural Health Policy grant in collaboration with three county health departments and the local hospital system.
 - Focused on development of a community-wide trauma-informed approach to community development using the “Building Community Resilience” model.
 - Work collectively to identify and alleviate sources of trauma in the community.
- Role of community in alleviating trauma with a goal of creating community resilience:
 - 1. sustained economic development; 2. development of social capital; 3. the transfer of information between residents and human service agencies that serve them; and 4. support for civic engagement, self-management, and collective empowerment.

Continuous Quality Improvement Process



Partnerships and Responsibilities

School Responsibilities

- Appoint a liaison between the District and COMC personnel. The liaison will participate in the development and implementation of joint guidelines and procedures that ensure the quality and confidentiality of COMC services in the district.
- Provide adequate space to accommodate COMC's services including area within the district school buildings to accommodate health-related services and provide access to the district's internet and phone system at no cost to COMC.
- Assist in the identification of students needing services and the securing of the necessary consents from the parents of children being served through school health services.
- Promote the availability of school health services to parents and school employees.

FQHC responsibilities

- Provide school health care services to a target population: students, their family members, and school staff and their family.
- Employ health care professionals and support staff members commensurate to the needs of the school health program. Perform administrative supervision and oversight of health center staff including credentialing, licensure, evaluation, and malpractice insurance.
- Purchase all applicable equipment and consumable supplies commensurate to the needs of the school health program. All equipment and supplies shall remain the property of COMC.
- Secure parental consent in accordance with approved policies prior to rendering services.
- Process applicable billing for services rendered to third party payers including Medicaid, Healthwave and private insurance companies **with no remainder billed to District.**
- Communicate with parents regarding health services provided, follow-up instructions and referrals for additional care.
- Monitor quality of care and provide technical assistance in quality improvement processes related to health services.

Mutual responsibilities

- Maintain records and conduct communications in a manner consistent with all state and federal requirements related to the health and welfare of children enrolled in District.
 - These requirements include both the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Negotiate and execute a data-sharing agreement outlining procedures, a work plan for specific data elements, and safeguards for data exchange.
- Consult with each other on a continuing basis regarding the health status of students and the school health program needs, working together to adjust the scope of services accordingly.
- Jointly devise written guidelines that guide usual working relationships in the provision of school primary care and population-based, preventative healthcare.
- Indemnify and hold harmless the other for its negligent acts or omission and those of its officers, employees, agents, or students.
- Either party can cancel for any reason with 30 days notice.

My Advice

- Allow clinic to serve as medical home for those without one; for those with a provider, it can provide “urgent” care or chronic care management (asthma care/testing).
 - Require school clinic to not only communicate with parents but with the child’s primary care provider if they have one.
- Biggest hurdle to start-up is getting providers enrolled with MCOs and other insurance in a timely manner.
- In-person, on-site better than telehealth.
 - Provider not available when needed.
 - Expensive systems that often sit unused.
- Require whoever you partner with to provide care to all regardless of ability to pay.
 - Wrap-around services to include presumed eligibility, Medicaid enrollment, and care to those who are uninsured/underinsured.
- There are start-up costs that you might need to help with, but it should not cost the district on an ongoing basis to have a school clinic other than in-kind staff support and perhaps some building costs.

My Advice

- Important to identify line between normal school activities and school services where parental permission is needed.
 - School district should set boundaries and requirements.
- About 1,000 per full-time provider optimal.
 - We are finding that the ratio is lower—not clear if this is at start-up or long-term.
- One of the cons of FQHC sponsorship from MSBA study is really about choosing the wrong partner:
 - “Decreased local control of programmatic goals and leadership;”
 - “Perception of lost community independence or ability to partner with other locally acceptable organizations.”
- Community integration essential
 - Health departments, universities, hospitals, community mental health centers, private providers.

What next?

- Substance abuse prevention and counseling.
 - Biggest hurdle is availability and linkage to treatment programs for children and adolescents.
- RHOP funding we just received will allow us to hire a full-time school-based substance abuse counselor to work in school districts where we provide behavioral health.

Final Thought

- FQHCs are not the only entity that can partner with your district to provide school health services.
 - Choose the best partner, the one most committed to your community and your students.
 - But, there are some financial and other reasons why FQHCs may be more successful than other health care entities, such as hospitals, health departments, or mental health centers.
 - The complexity of requirements for providing health care and getting paid for services would make it difficult for a school district to do on its own.

Robert Stiles
Central Ozarks Medical Center
rstiles@centralozarks.org
573-765-5131
573-480-3839 (cell)

Questions?
