



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Three Strategies for Effective Referrals to Specialty Mental Health and Addiction Services

August 19, 2015



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



Moderators:

- **Laura Galbreath, MPP, Director, CIHS**
- **Aaron Williams, MA, Director of TTA for Substance Abuse**

To download the presentation slides, please click the dropdown menu labeled "Event Resources" on the bottom left of your screen.

Slides are also available on the CIHS website at:



www.Integration.samhsa.gov
under *About Us/Webinars*

Before We Begin

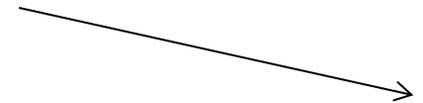
- During today's presentation, your slides will be automatically synchronized with the audio, so you will not need to flip any slides to follow along. You will listen to audio through your computer speakers so please ensure they are on and the volume is up.
- You can also ensure your system is prepared to host this webinar by clicking on the question mark button in the upper right corner of your player and clicking test my system now.

▼ Test my system now

| | | |
|---------------------|--|---|
| Operating System |  Passed | Windows 7 Your operating system is ready to go! |
| Browser |  Passed | Google Chrome 33 Your browser is ready to go! |
| Bandwidth |  Passed | Your connection speed is approximately: 4,513 Kbps Your current bandwidth connection is ready to go! |
| Media Playback Test |  Passed |  |
| Slide Display Test |  Passed | Your system is ready to go! |
| Advanced Info | User Agent: Mozilla/5.0 (Windows NT 6.1; WOW64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/33.0.1750.117 Safari/537.36 Tech info: Windows 7 Google Chrome 33 BW: 4,513 Kbps AFP v.12.0.0 WMP v.Not installed or disabled IP: 98.141.87.70 RSA: 173.228.128.107 Screen Res: 1920 x 1080 Compatibility Mode Enabled: NA Cookies Enabled: Yes Click here for the advanced system test Time: Thu Feb 27 16:23:17 GMT+00:00 2014 | |

Before We Begin

- You may submit questions to the speakers at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
- If you need technical assistance, please click on the Question Mark button in the upper right corner of your player to see a list of **Frequently Asked Questions** and contact info for tech support if needed.
- If you require further assistance, you can contact the Technical Support Center.
Toll Free: 888-204-5477 or
Toll: 402-875-9835



SAMHSA-HRSA

Center for Integrated Health Solutions

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



HRSA Welcome:
NISHA Patel

Health Services Resources Administration (HRSA)
Federal Office of Rural Health Policy (FORHP)

Today's Purpose

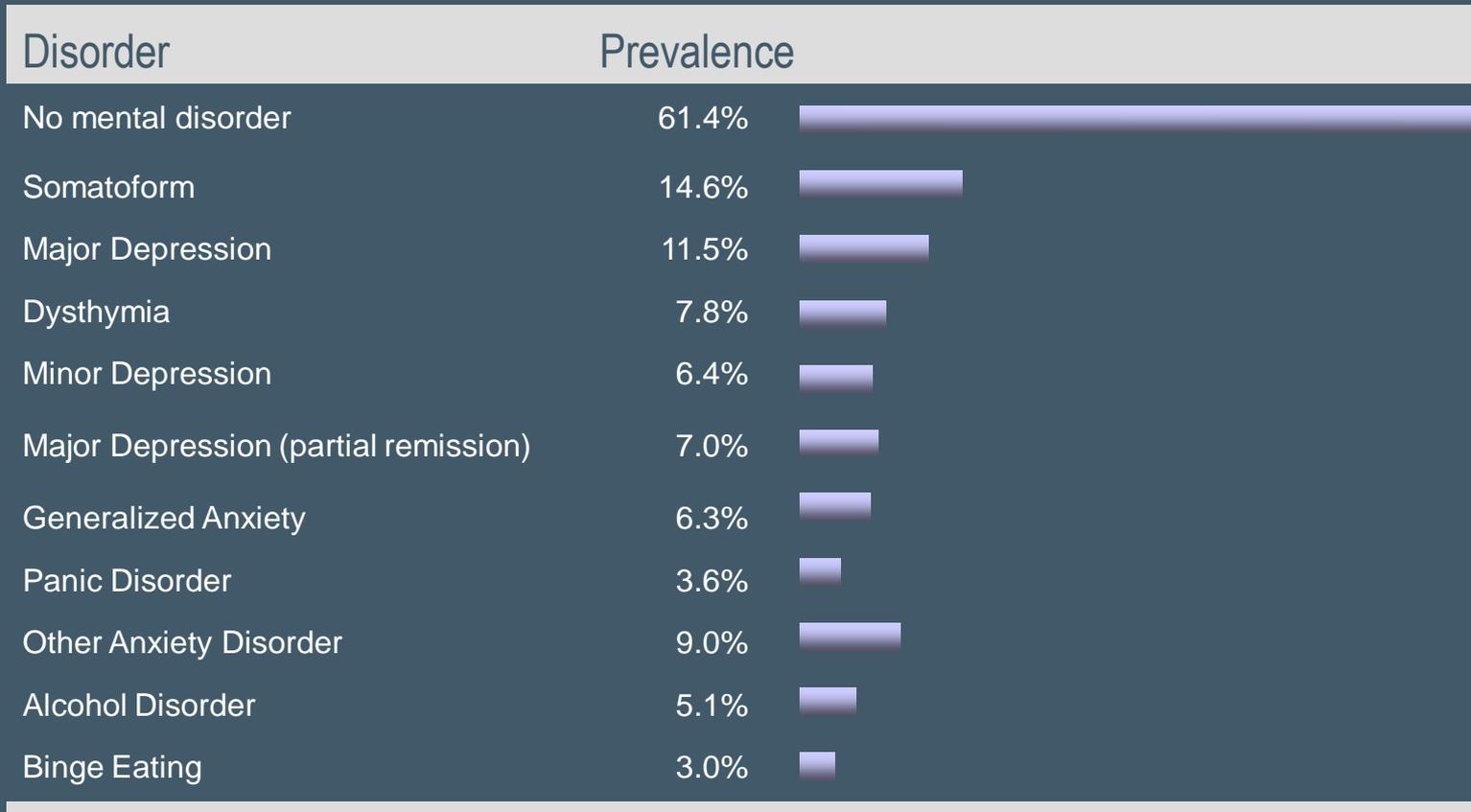
Effective referral relationships are critical for safety-net providers, especially those identified as Patient Centered Medical Homes and providers who adopt Screening, Brief Intervention, and Referral to Treatment (SBIRT).

After this webinar, participants will:

- understand how effective referrals fit into Patient Centered Medical Homes and SBIRT models
- identify four strategies for forming partnerships with specialty mental health and addiction services for effective referrals
- recognize practical tips and resources to help establish appropriate referrals.



Prevalence of Psychiatric Disorders in Primary Care



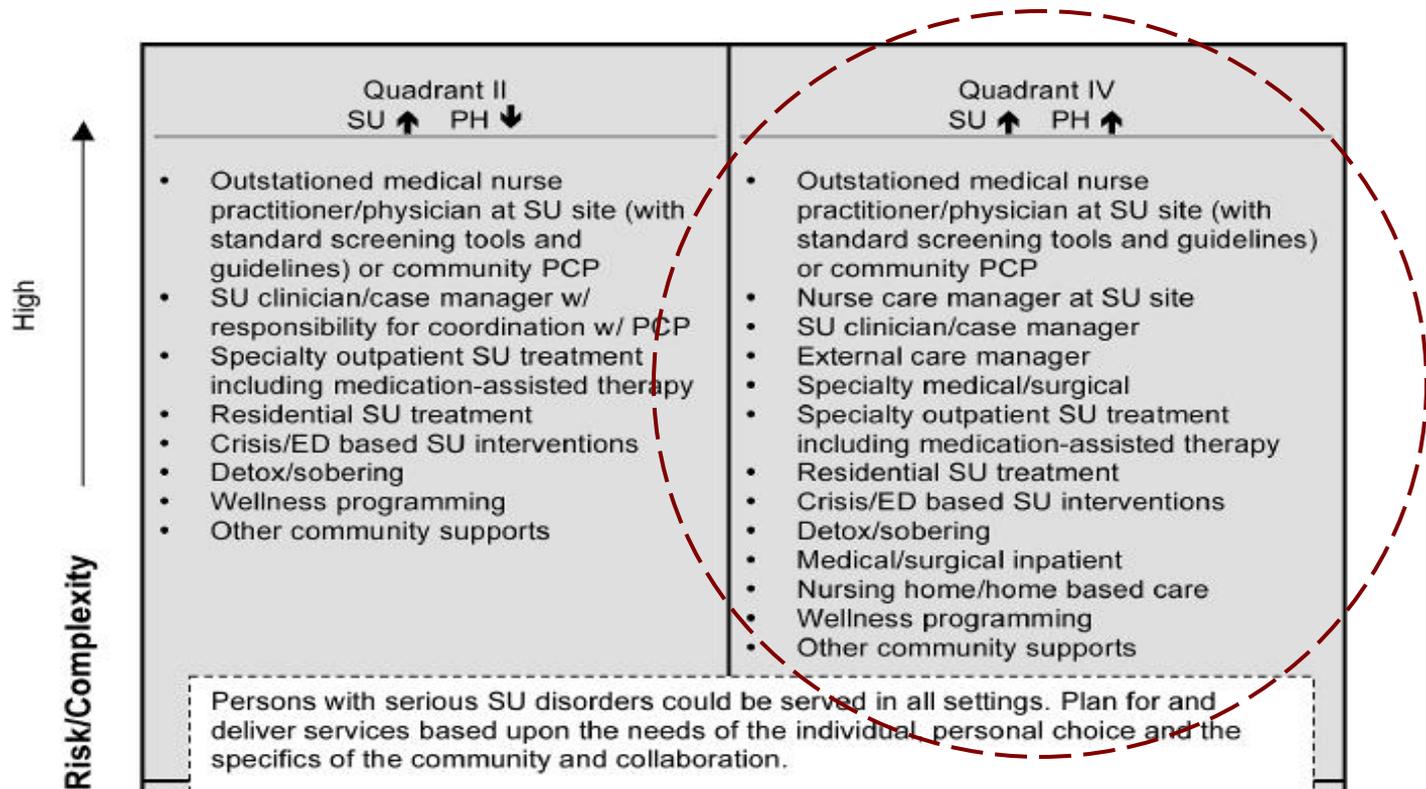
Source: Spitzer RL, Williams JBW, Kroenke K, *et al.* Utility of a New Procedure for Diagnosing Mental Disorders in Primary Care: The PRIME-MD 1000 Study. *Journal of the American Medical Association*, 272:1749, 1994.

Specialty Mental Health & Addiction Providers

- They treat people with complex healthcare needs
- They have a different pace and workflow
- They have little reimbursement uniformity from state to state
- They can save lives through partnering with you
- They are developing solutions for sharing patient information

Clinical Services provided by Specialty Substance Use Providers

The Four Quadrant Clinical Integration Model for Substance Use Disorders



NCQA PCMH 2014 & Behavioral Health

| | |
|--|------------|
| 1: Enhance Access and Continuity | Pts |
| A. Patient-Centered Appointment Access* | 4.5 |
| B. 24/7 Access to Clinical Advice | 3.5 |
| C. Electronic Access | 2 |
| | 10 |
| 2: Team-Based Care | Pts |
| A. Continuity | 3 |
| B. Medical Home Responsibilities‡ | 2.5 |
| C. Culturally and Linguistically Appropriate Services (CLAS) | 2.5 |
| D. The Practice Team*‡ | 4 |
| | 12 |
| 3: Population Health Management | Pts |
| A. Patient Information | 3 |
| B. Clinical Data‡ | 4 |
| C. Comprehensive Health Assessment‡ | 4 |
| D. Use Data for Population Management* | 5 |
| E. Implement Evidence-Based Decision-Support‡ | 4 |
| | 20 |

* Must-pass elements

‡ Elements specific to behavioral health integration

| | |
|--|------------|
| 4: Plan and Manage Care | Pts |
| A. Identify Patients for Care Management‡ | 4 |
| B. Care Planning and Self-Care Support* | 4 |
| C. Medication Management | 4 |
| D. Use Electronic Prescribing | 3 |
| E. Support Self-Care and Shared Decision-Making | 5 |
| | 20 |
| 5: Track and Coordinate Care | Pts |
| A. Test Tracking and Follow-Up | 6 |
| B. Referral Tracking and Follow-Up*‡ | 6 |
| C. Coordinate Care Transitions | 6 |
| | 18 |
| 6: Measure and Improve Performance | Pts |
| A. Measure Clinical Quality Performance | 3 |
| B. Measure Resource Use and Care Coordination | 3 |
| C. Measure Patient/Family Experience | 4 |
| D. Implement Continuous Quality Improvement* | 4 |
| E. Demonstrate Continuous Quality Improvement | 3 |
| F. Report Performance | 3 |
| G. Use Certified EHR Technology | 0 |
| | 20 |

Standard 5: Care Coordination & Transitions

| Element | Description |
|---|---|
| Element 5B: Referral Tracking and Follow-up | <p>Maintain agreements with behavioral health providers to enhance access, communication and coordination across disciplines</p> <p>Describe the approach to integrate behavioral health providers within the practice site</p> |

5B is a must pass element and a stage 2 core meaningful use requirement: Practices that do not score above 50% will not receive recognition.

SBI+RT

- Although only 3% to 4% of screened patients in primary care settings typically need to be referred, the absence of a proper treatment referral can prevent individuals from receiving timely and appropriate care and can exacerbate other health issues and drive up overall costs of care
- Appropriate referrals will require the establishment of robust linkages with the traditional specialty care providers

Today's Speakers

Les Sperling, BA, LAC

CEO, Central Kansas Foundation (SU Partner)
Salina Regional Health Center, Kansas (FQHC)

Linda L. Stone, PhD & Todd Konen

CEO, Community Health Centers of Sarasota County
Program Administrator, Sarasota Healthcare Access
Florida Department of Health in Sarasota County

Stephanie Dodge, PhD

Clinical Psychologist
West Hawaii Community Health Center

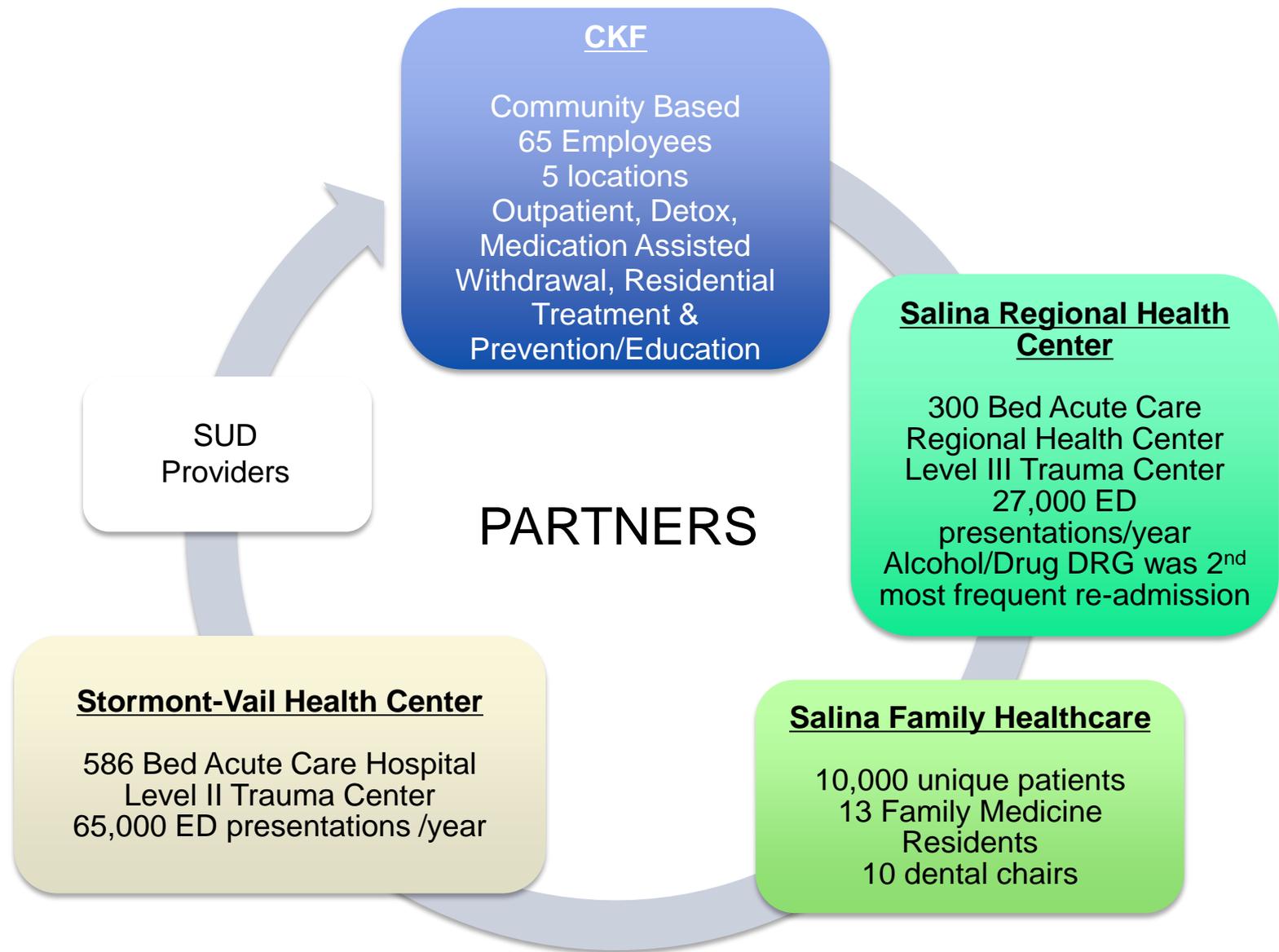


SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Establishing Effective Referral Relationships



Les Sperling, CEO
Central Kansas Foundation



Minimum SUD Provider Requirements

- Capacity for 24/7 communications
- Immediate access to services (same day appointments)
- Participate in warm hand-off practices (engage patient in medical setting)
- Support MAT best practices
- Access to staff with behavioral health clinical license
- Timely discharge planning communication

SUD Provider Aspirations

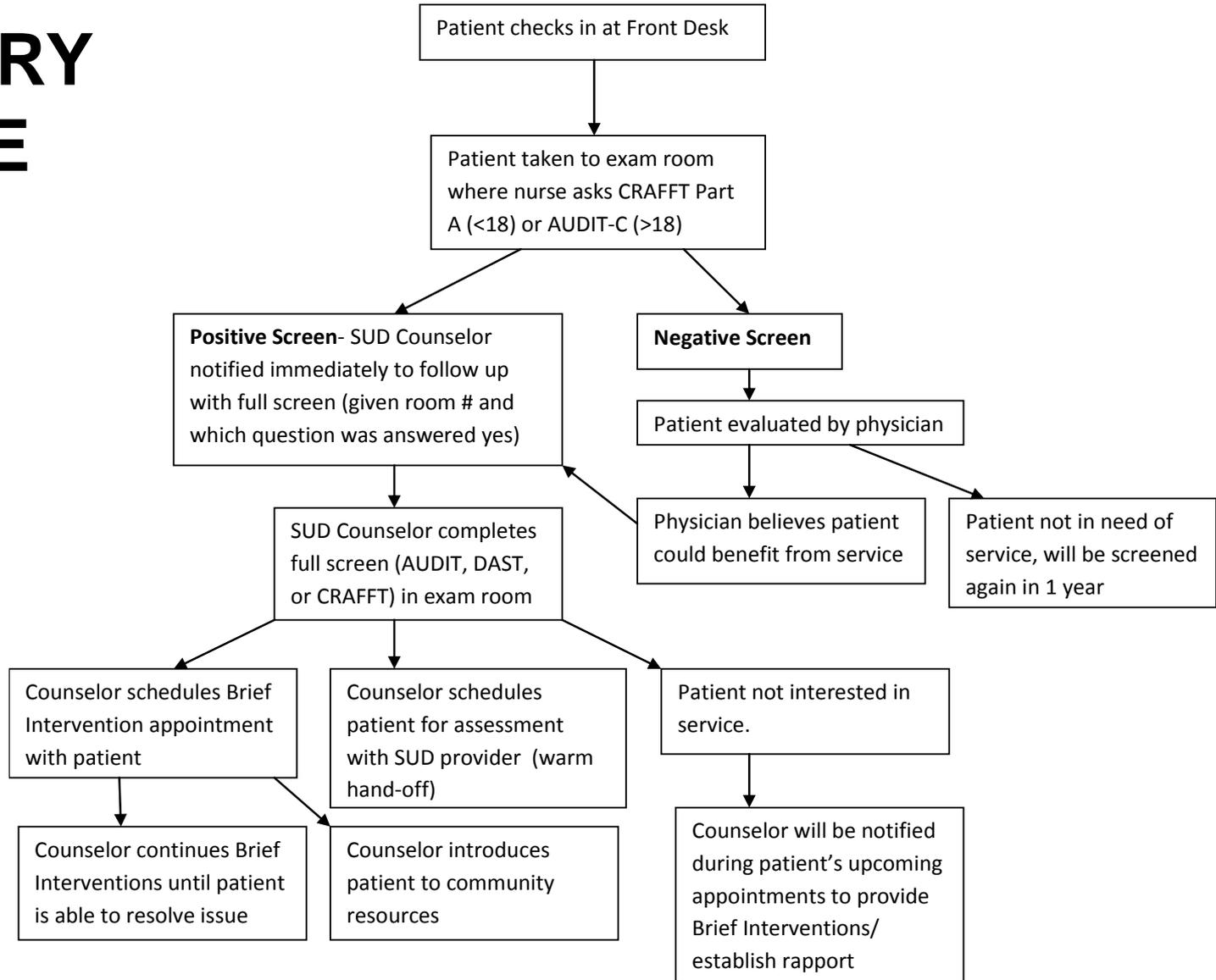
- Staff trained in S.B.I.R.T.
- Staff trained in Motivational Interviewing
- Experience and familiarity with medical settings and culture
- Supported by licensed medical practitioners

Referral Outcomes

- Detoxification-Community Based 44.1%
- Residential-Community Based 18.6%
- Outpatient-Community Based 37.3%

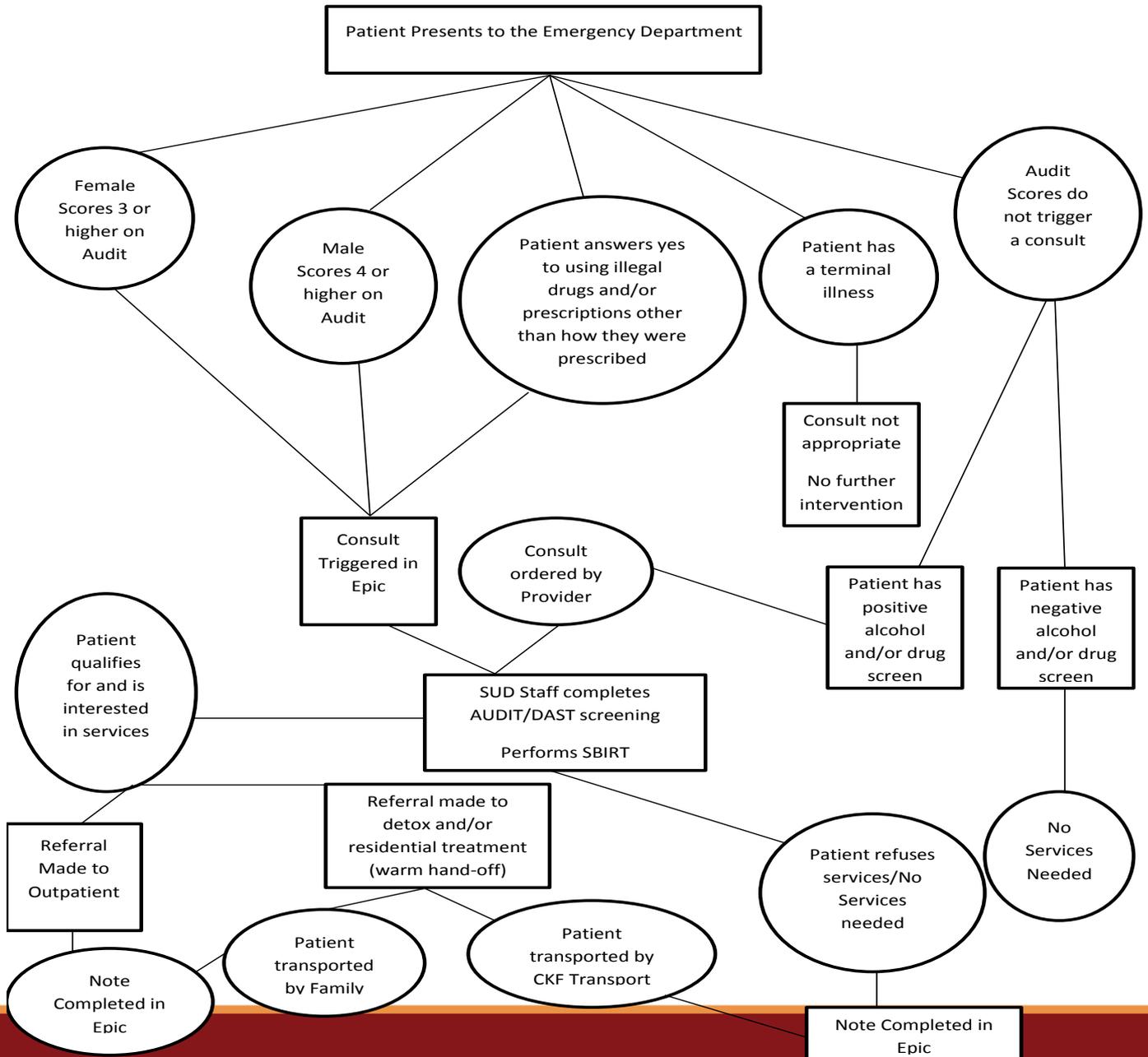
- Patient Engagement Rate-Acute Care Settings 74.6%
- Patient Engagement Rate-Primary Care Settings 58.0%

PRIMARY CARE



ACUTE CARE

(full size diagram is available under "Event Resources" on the left hand side of your screen.)





SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Florida Department of Health in
Sarasota County/Community Health
Centers of Sarasota County



Linda L. Stone, PhD
Todd Konen, BS

Who We Are

- A public entity FQHC
- Have a service area that includes north and south Sarasota County, FL.
- Served over 30,000 patients in calendar year 2014
- Provide on-site Behavioral Health Services at two of our three sites
 - Working toward a fully integrated model of primary care and behavioral health
 - Try to work under a brief therapy/medication management model

On-Site Behavioral Health Services

Contract with Manatee Glens (Centerstone), a behavioral health organization for

- 1 Licensed Mental Health Counselors
- 2 psychiatric ARNPs

MOU with First Step of Sarasota, a substance abuse treatment provide

- 1 Substance Abuse Interventionist

Provided by the Health Center

- 3 Social Services Case Managers

Target population is low income uninsured adults who are primary care patients of our FQHC

So the picture page goes...

On-Site Behavioral Health Services

- Case Management
- Psychiatric Assessment and Medication Management
- Brief therapy



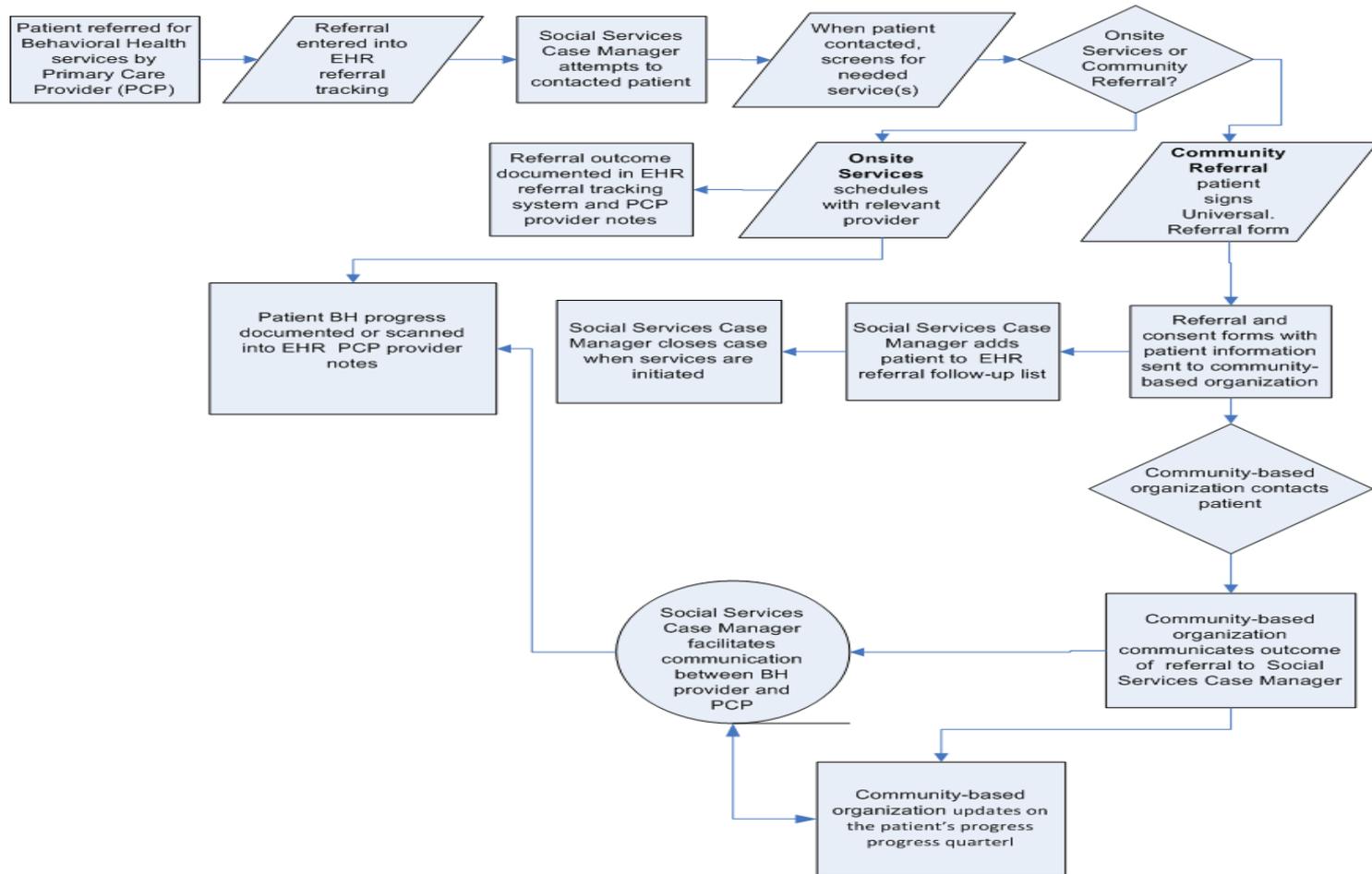
External Referrals

- For:
 - High Acuity patients
 - Individuals with insurance coverage
- Collaborations with a number of community agencies

Florida Department of
Health In Sarasota
County

Community Health
Centers of Sarasota
County

BEHAVIORAL HEALTH
REFERRAL
FLOWCHART



External Referral Process

- Social Service Case Manager obtains verbal and/or written consent from individual for Release of Information (ROI)
 - If verbal consent is given, follows-up to obtain written consent
- A completed Universal Referral form is sent to the selected agency
 - Includes current medications, labs, and the name of the treating Primary Care Physician
 - Process gives permission for the outside agency to contact the patient

External Referral Process (cont'd)

- Social Service Case Manager
 - Adds the patient to the DOH EHR referral follow-up list to track the status of the referral within (2) two to (4) four weeks, based on acuity
 - Documents the status of the referral in the EHR progress note
 - Closes referral in EHR when the service has been initiated
 - Facilitates communication between community behavioral health provider and patient's Primary Care Provider
- External Referral Agency
 - Per agreement, updates on the patient's progress on a quarterly basis or more often, as indicated, to be sent to the patient's primary care provider for review and coordination of care.

External Referral Forms

- Universal Referral Form



Community Health Centers of Sarasota County
Florida Department of Health

FILLED OUT BY CASE MANAGER, CLIENT, OR LEGAL GUARDIAN OF CLIENT

Client Information (please print): Date of Referral: ___/___/___

Last Name _____ First Name _____ Middle Initial: _____

SS# _____ - _____ - _____ DOB ___/___/___ Sex _____ Race _____ County _____

Parent/Guardian _____ Phone 1 (____) _____ - _____ Phone 2 (____) _____ - _____

Home Address _____ Apt # _____ City _____ Zip _____

| <u>Primary Reason(s) for Referral</u> | | <input type="checkbox"/> STRAIGHT-MEDICAID <input type="checkbox"/> AMERGROUP <input type="checkbox"/> PRESTIGE <input type="checkbox"/> AETNA <input type="checkbox"/> SUNSHINE <input type="checkbox"/> INTEGRAL <input type="checkbox"/> MEDICARE <input type="checkbox"/> STAYWELL/WELCARE <input type="checkbox"/> HEALTHY KIDS <input type="checkbox"/> MEDICARE/MEDICAID <input type="checkbox"/> SELF-PAY <input type="checkbox"/> OTHER: |
|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Inattention/Hyper | Medicaid Number (10 digits) _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Substance Abuse | |
| <input type="checkbox"/> Sexual Acting-Out | <input type="checkbox"/> Trauma / Grief / Loss | |
| <input type="checkbox"/> Low Self Esteem | <input type="checkbox"/> Verbal Aggression | |
| <input type="checkbox"/> Social Skills | <input type="checkbox"/> Non-Compliance | |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Family Issues | |
| <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Defiance/Disrespect | |
| Comments: | | |

Referral Source Information Name/ Agency/Clinic: _____

Email (PRINT CLEARLY) _____

Phone (____) _____ - _____ Fax (____) _____ - _____ Contact Person _____

PLEASE FAX any updates to the APPROPRIATE OFFICE (based on client's residence)

| | | |
|--|---|---|
| North Port Health Center 6950 Outreach Way North Port, FL 34287 Phone: (941) 861-3846 Fax: (941) 861-3394 | Children's Health Center 1750 17th St, Building E Sarasota, FL 34234 Phone: (941) 861-1400 Fax: (941) 373-7676 | William L. Little Health and Human Services 2200 Ringling Blvd. Sarasota, FL 34237 Phone: (941) 861-2744 Fax: (941) 861-2705 |
|--|---|---|

External Referral Forms

Uniform Consent for Release of Information



Community Health Centers of Sarasota County
Florida Department of Health
Multiagency Consent Form

AUTHORIZATION AND CONSENT FOR DISCLOSURE, RECEIPT AND USE OF CONFIDENTIAL INFORMATION BY MULTIPLE PARTIES FOR MENTAL HEALTH, ALCOHOL, AND/OR SUBSTANCE ABUSE PATIENTS.

CLIENT NAME: _____

CLIENT SSN: _____ CLIENT DOB: _____

NAME OF SERVICE PROVIDER: _____

I hereby authorize any of the parties designated below to communicate with one another through disclosure, receipt and use of my confidential information for purposes of evaluating my need, coordinating and/or providing services to me. Any disclosure, receipt or use of information by the parties will be limited to the minimum that is reasonably necessary to accomplish the intended purpose.

AUTHORIZED PARTIES (CLIENT INITIALS ALL THAT APPLY)

WRITTEN CONSENT _____

VERBAL CONSENT _____

MENTAL HEALTH, ALCOHOL, AND/OR SUBSTANCE ABUSE PROVIDERS:

| | |
|--|---|
| _____ Palm Shores Behavioral Health Center | _____ Family Preservation Services |
| _____ Charlotte Behavioral Health Center | _____ Renaissance Manor |
| _____ Coastal Behavioral Healthcare, Inc. | _____ Salvation Army |
| _____ First Step of Sarasota, Inc. | _____ Bayfront Punta Gorda (Riverside) |
| _____ Goodwill | _____ Suncoast Behavioral Health Center |
| _____ Jewish Family & Children's Service of Suncoast | _____ Manatee Glens |
| _____ Mental Health Community Centers | _____ NAMI |
| _____ The Charis Center | _____ Cornerstone Psychiatric Services |
| _____ Other (Specify) _____ | |
| _____ Other (Specify) _____ | |
| _____ Other (Specify) _____ | |

FINANCIAL ASSISTANCE AND RESOURCE OFFICES:

| | |
|--|---|
| _____ Social Security Administration (SSA) | _____ Women, Infants and Children (WIC) |
| _____ Medicaid (AHCA) | _____ Temporary Assistance for Needy Families (DCF) |
| _____ Food Stamps (DCF) | |
| _____ Other (specify): _____ | |

OTHER SERVICE PROVIDERS: _____

Lessons Learned

- Changing the culture so that behavioral health is viewed as just another specialty need
- Two-way coordination between primary care and behavioral health is critical for best patient outcomes
- Motivational interviewing helps to determine the patient's readiness for behavioral health services
- It is important to help the patient clarify what services might be beneficial



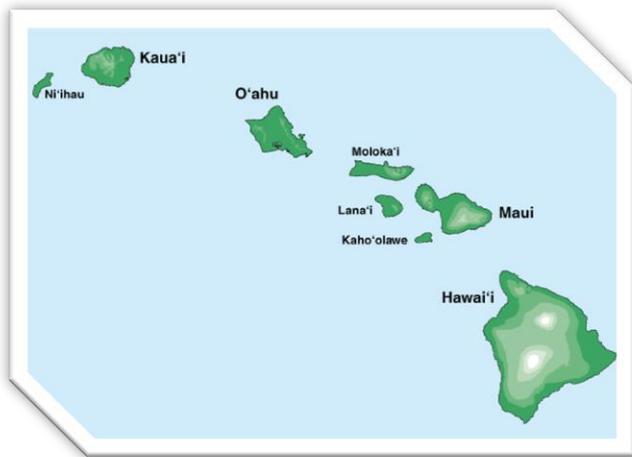
SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS



Stephanie Dodge, PhD
Clinical Psychologist
West Hawaii Community Health Center

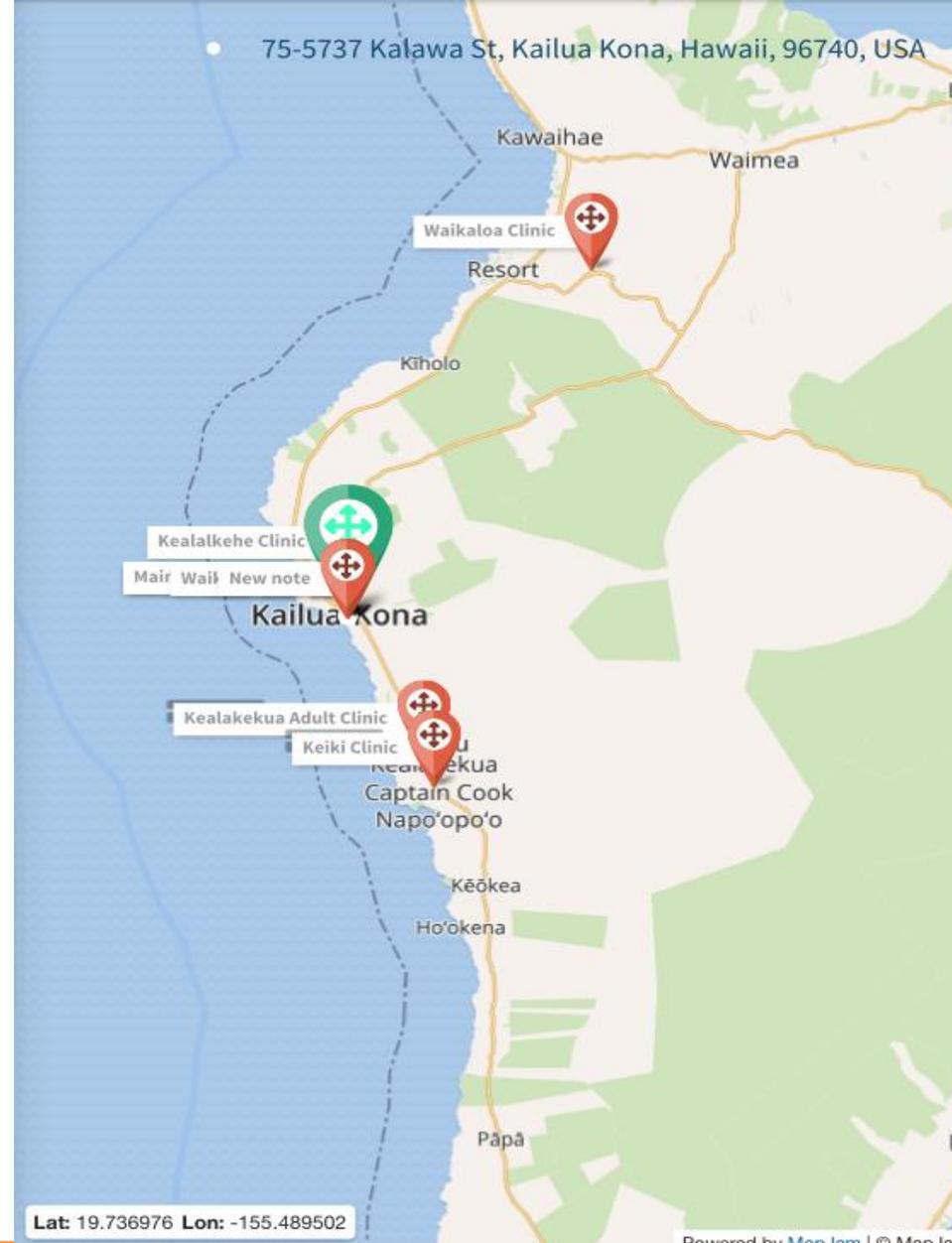
West Hawaii Community Health Center (WCHCH)

- Federally Qualified Rural Health Center (FQRHC)
- Population Served
 - Primarily low SES
 - Vast majority on Medicaid
 - Diverse ethnicities (Caucasian, Asian, Hawaiian, Other Pacific Islander (COFA), Hispanic, mixed)
 - Limited community resources
 - Psychiatric care
 - Substance Disorders Treatment
 - Medical specialties



WHCHC

- Waikaloa Clinic
 - 1 PCP; part time BH
- Kealakehe Clinic
 - 2 PCPs; 1 BH; 2 Dentists
- Main (Kuakini) Clinic
 - 6-7 PCPs; 2 BH
 - Part-time pain specialist
- Kealakekua Adult Clinic
 - 2 PCPs; 1 BH
- Keiki Clinic
 - 2 Pediatricians; 1 BH
 - 1-2 Dentists



Department of Health (DOH) Child & Adolescent Mental Health Division (CAMHD)

CAMHD Family Guidance Centers (FGCs)

- Throughout islands (West Hawaii location in Kealahou)
- Staff
 - Child Psychiatrist
 - Child Psychologist
 - Mental Health Supervisor
 - Care Coordinators
- Contracted Service Providers
 - Intensive In Home Services
 - Multisystemic Therapy
 - Therapeutic Foster Home

CAMHD History

Felix Consent Decree

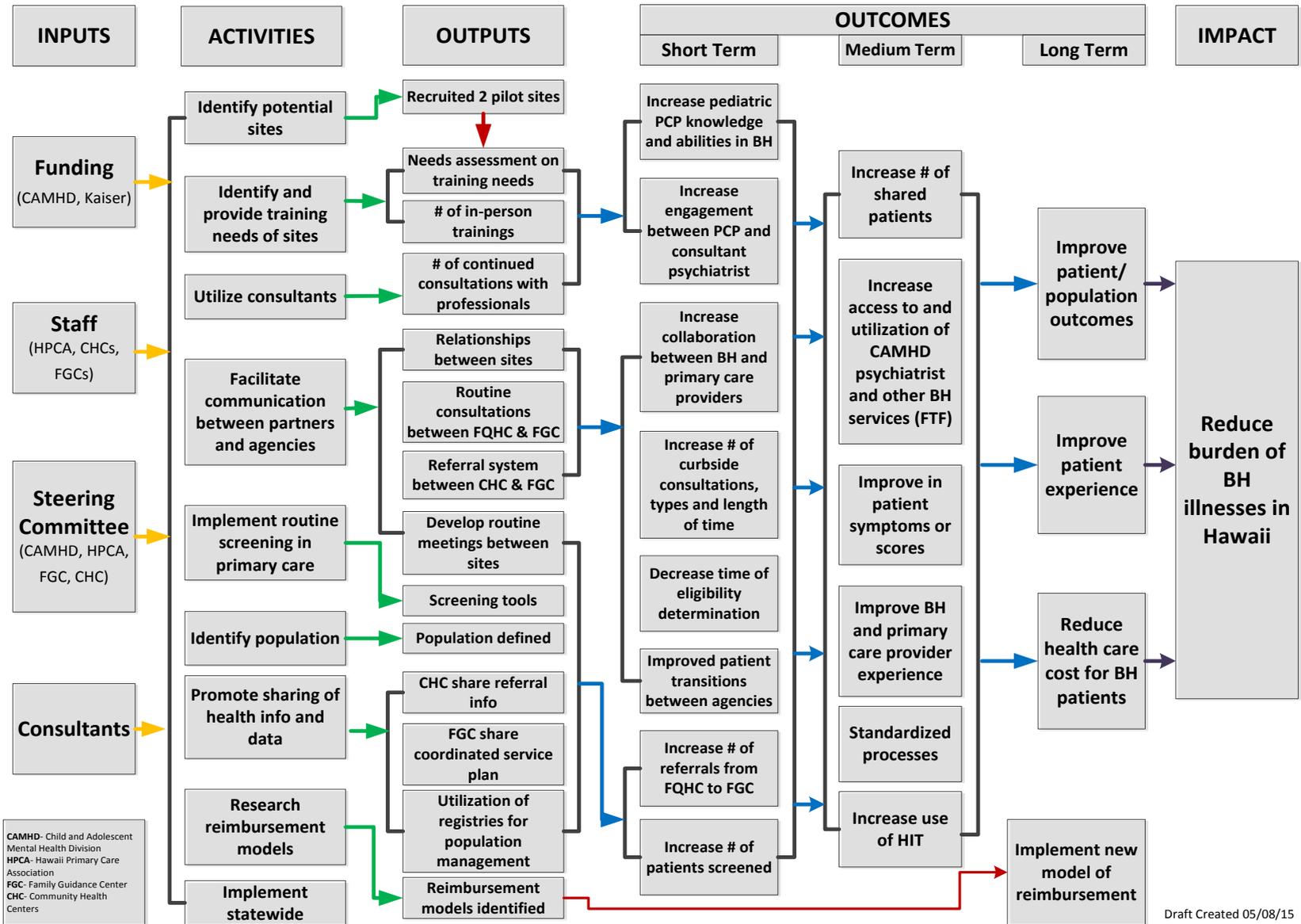
Population

- Older teens (average age at intake 14-16)
- Severe mental health or behavioral problems
- Often court involved

Very Strict Criteria for Services

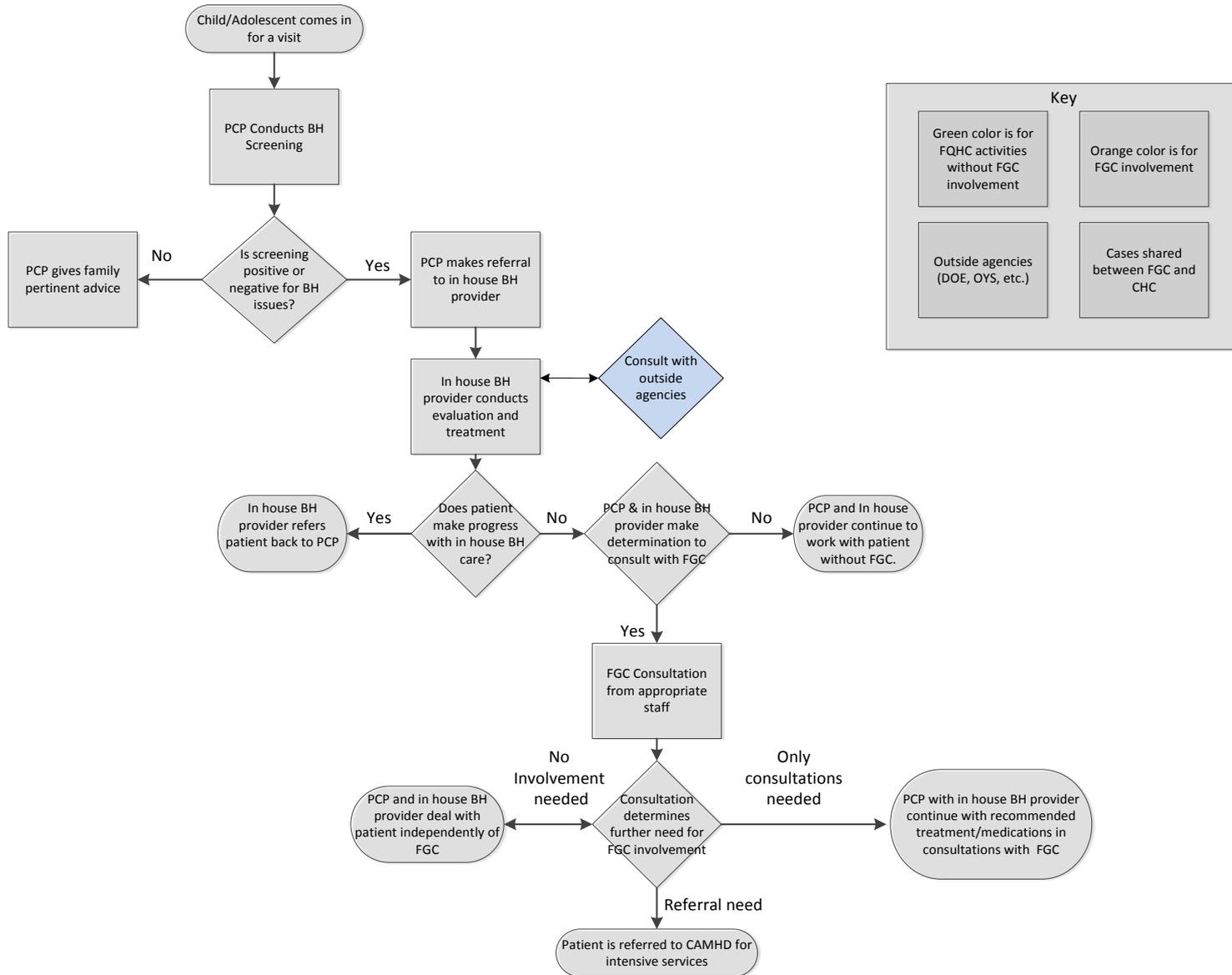
- Medicaid insurance
- CAFAS score of 80 and above
- Autism exclusion

INTEGRATING CHILDREN'S MENTAL HEALTH SERVICES INTO PRIMARY CARE



Draft Created 05/08/15

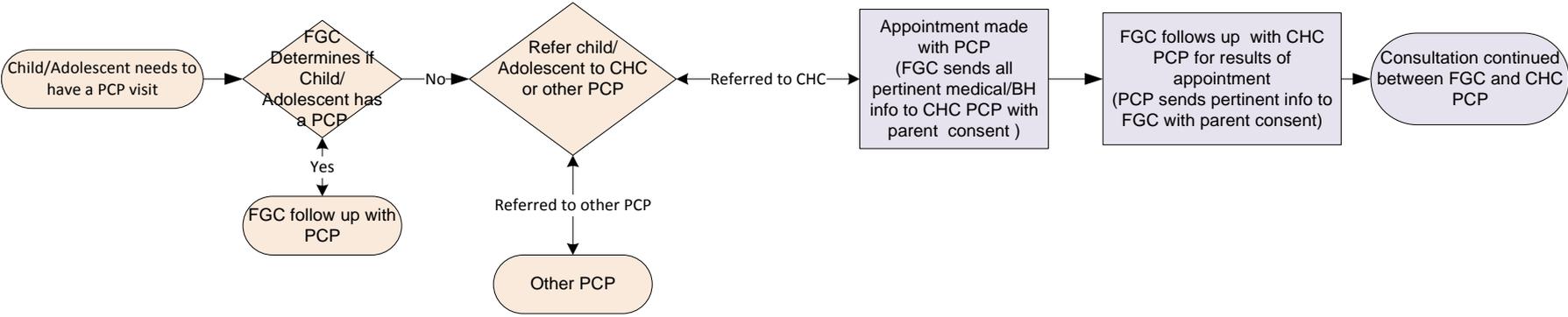
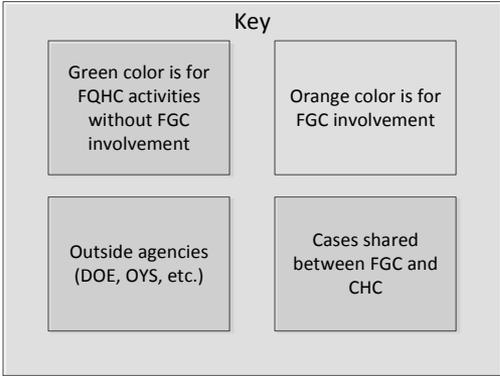
Involvement of FGC with FQHC Activities



Key

| | |
|--|-------------------------------------|
| Green color is for FQHC activities without FGC involvement | Orange color is for FGC involvement |
| Outside agencies (DOE, OYS, etc.) | Cases shared between FGC and CHC |

Involvement of FQHC with FGC Activities



Group Discussion

- **Nisha Patel-(HRSA)**
Federal Office of Rural Health
Policy (FORHP)
- **Les Sperling, CEO**
Central Kansas Foundation
- **Linda Stone & Todd Konen**
Health Centers of Sarasota
County
- **Stephanie Dodge**
West Hawaii Community Health
Center

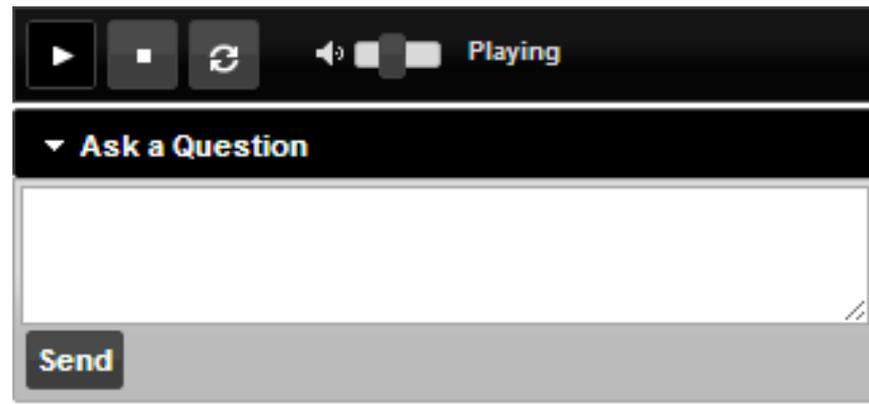


Resources

- **CIHS Website - Referral to Treatment Section**
<http://www.integration.samhsa.gov/clinical-practice/sbirt/referral-to-treatment>
- **Sample Business Association Contract from the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL):** Provides details of the privacy related information that could be included in a contractual agreement between a health clinic and a behavioral health organization.
http://www.integration.samhsa.gov/clinical-practice/sbirt/sample_contract_from_WI.pdf
- **Sample MOU from the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL):** Provides example of what types of information may need to be included in a Memorandum of Understanding between to a community health organization and a behavioral health organization to deliver SBIRT services.
http://www.integration.samhsa.gov/clinical-practice/sbirt/Sample_MOU_from_Wisconsin.pdf
- **Bridging the Gap Between Primary Care and Behavioral Health - Referral Forms**
Community Care of North Carolina, in partnership with other stakeholders, has developed a set of three referral forms (below) for primary care and behavioral health providers to facilitate easier consultation and communication.
<https://www.communitycarenc.org/population-management/behavioral-health-page/referral-forms/>

Questions ?

- You may submit questions at any time during the presentation by typing a question into the “Ask a Question” box in the lower left portion of your player.
- If you require further assistance, you can contact the Technical Support Center. Toll Free: 888-204-5477 or Toll: 402-875-9835



Presenter Contact Information

- **Laura Galbreath, MPP**
SAMHSA-HRSA CIHS
laurag@thenationalcouncil.org
- **Aaron Williams, MA**
SAMHSA-HRSA CIHS
aarons@thenationalcouncil.org
- **Nisha Patel-(HRSA)**
Federal Office of Rural Health Policy (FORHP)
npatel@hrsa.gov
- **Les Sperling, CEO**
Central Kansas Foundation
lsperling@c-k-f.org
- **Linda Stone & Todd Konen**
Health Centers of Sarasota County
Linda.Stone@flhealth.gov
- **Stephanie Dodge**
West Hawaii Community Health Center
dodges004@gmail.com



Additional Questions?
Contact the SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org

For More Information & Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org





SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Thank you for joining us today.

**Please take a moment to provide your
feedback by completing the survey at the
end of today's webinar.**