



# SBHC Coordinators Meeting



April 12<sup>th</sup>, 2016



# Agenda

- Welcome
- Staffing and Budget
- Telemedicine Pilots
- Youth Friendly Clinic Grants
- State Program Partners
- Behavioral Health
- SBHC SPO
- OSBHA

# SPO Team

- ❖ Jessica Duke – Adolescent and School Health Manager
- ❖ Rosalyn Liu – Systems Development Specialist- Lead
- ❖ Kate O'Donnell – Systems Development Specialist
- ❖ Stefanie Murray – School Mental Health Specialist
- ❖ Karen Vian – Public Health Nurse
- ❖ Lisa Stember – Public Health Nurse
- ❖ Loretta Jenkins – Research Analyst
- ❖ Ken Boegli – Research Analyst
- ❖ Sarah Knipper – School Health Epidemiologist/Economist
- ❖ Melanie Potter – Administrative Specialist



# Meet our newest team member!

- Ken Boegli is the new Adolescent and School Health Research Analyst. About half of his time is dedicated to SBHC data analysis.



# SBHC Budget

- HB 5507
- Oregon Medical Marijuana Program

# SBHC Planning Grants

- HB 5507: “SBHCs completed planning process”
- 2016-2017 RFP for Planning Grants
  - **Advanced Phase (“Implementation”) grants only**
- Application components:
  - Narrative
  - Data worksheet
  - Letters of support/MOUs

# SBHC Planning Grants

- Priority criteria:
  - Counties without SBHCs
  - Advanced level of community readiness
  - Clear demonstration of local need
- Applications due May 27<sup>th</sup>
- RFP Q&A calls:
  - April 26<sup>th</sup> @ 3:00PM
  - May 5<sup>th</sup> @ 11:30AM

QUESTIONS???

# Additional Funding - OMMP

- Rollover funds from last biennium
- Funds must be spent by June 30, 2017.
- Funds to support one-time special projects
  - Telemedicine Pilot Projects
  - Youth Friendly Grants
  - Extended Coordinators Meeting
  - YPAR/YAC trainings

# SBHC Telemedicine Pilot Projects

- Telemedicine: *“the remote delivery of health care services using telecommunication technology: internet, wireless services, satellite, and telephone media.”* (American Telemedicine Association)
- Request for Proposals
  - 2 SBHC-linked telemedicine pilot projects
  - Up to \$80,000/yr per pilot
  - **One time funding**
- Goal is to **explore** increasing the access to health care services by leveraging the SBHC model.

# SBHC Telemedicine Pilot Projects- Proposed model

Originating site

School



Certified  
SBHC

Distant site

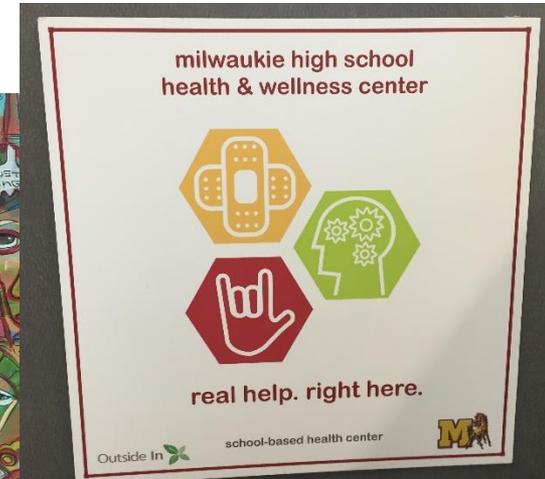
# SBHC Telemedicine Pilot Projects

- Priority Projects:
  - Expand access to services in rural regions of state;
  - Have a clear demonstration of local unmet need.
- Applications due May 27<sup>th</sup>
- RFP Q&A calls:
  - Thursday May 5<sup>th</sup>, 2:30-3pm.

QUESTIONS???

# Youth Friendly Clinic Grants

- \$5,000 per site OR up to \$10,000 per system
- Project categories:
  - Marketing/outreach
  - Clinic improvements
  - Staff trainings
- Applications due May 20<sup>th</sup>
- RFA Q&A call:
  - April 28<sup>th</sup> 2:30-3:00PM



QUESTIONS???

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# Oregon's STD Prevention Program

## STD Safety Net Screening

Josh Ferrer

STD/HIV Prevention Technical Consultant  
HIV/STD/TB Section

Sarah Humphrey

Client Services Coordinator  
Oregon State Public Health Laboratory

Oregon  
**Health**  
Authority

(Enter) DEPARTMENT (ALL CAPS)

(Enter) Division or Office (Mixed Case)

# STD Prevention Program

- Our role is to try to minimize STD-related morbidity in Oregon by:
  - identifying priorities and targeted goals,
  - implementing policy and procedures, and
  - providing leadership and support of public health activities related to STD prevention.

# Services Provided

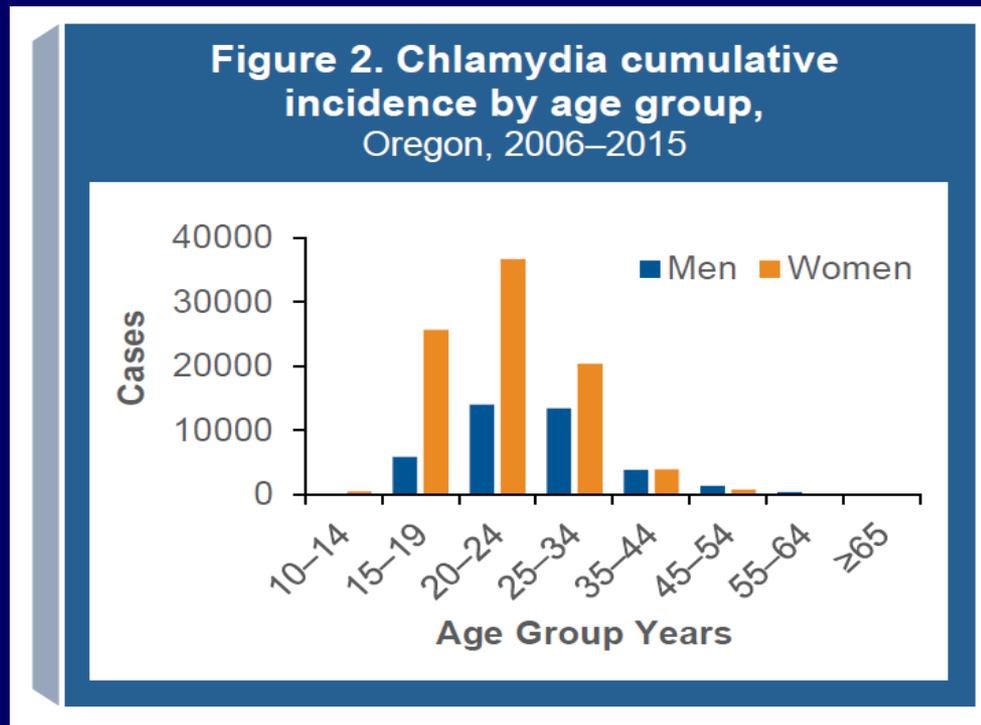
- Technical assistance and training opportunities
  - In-person
  - Online
- STD data collection & analysis
- Policy & health promotion
  - [www.SyphAware.org](http://www.SyphAware.org)
- Safety net STD screening



[www.healthoregon.org/std](http://www.healthoregon.org/std)

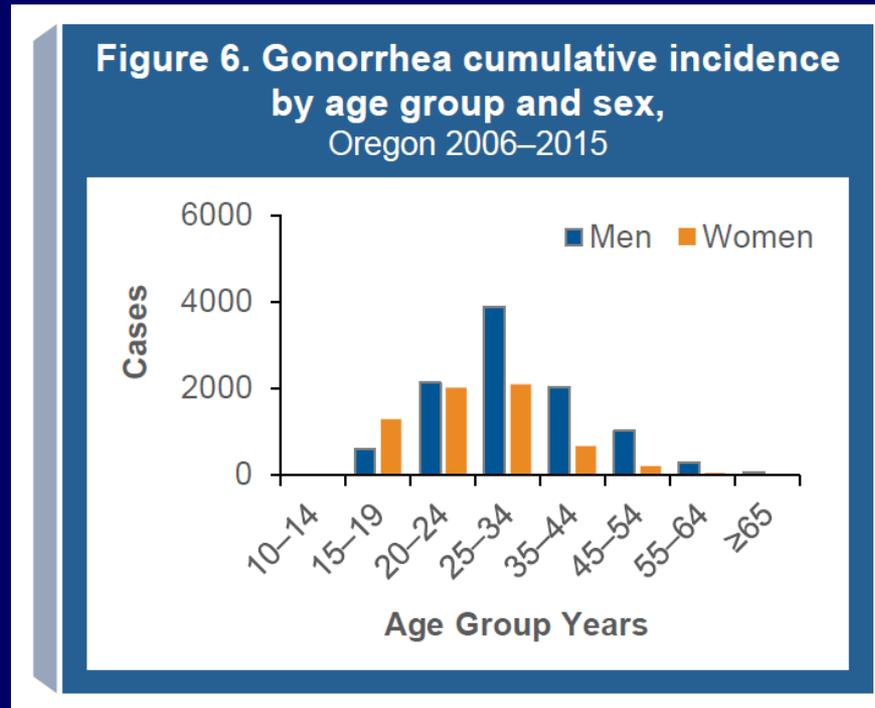
# Chlamydia in Oregon

- Chlamydia is the most common reportable disease in OR
- 16,000 cases reported in 2015
- 65% of cases were in people  $\leq 25$  from 2006-2015



# Gonorrhea in Oregon

- Gonorrhea rates have increased 122% from 2006 (1,460 cases) to 2015 (3,254)



# Impact of Untreated STIs

- Young people most impacted by chlamydia for a variety of reasons:
  - STD health disparities
  - Anatomical and physiological factors of female genital tract in adolescents
- Concerns around untreated GC/CT
  - Pelvic Inflammatory Disease
  - Infertility
  - Increased risk for HIV

# 2015 STD Treatment Guidelines

- Released by CDC in June
- Limited paper copies available from STD Program (971-673-0149)
- Special section on Adolescents
- No big changes in tx for chlamydia
  - Azithromycin 1g orally in a single dose, or
  - Doxycycline 100mg orally 2x/day for 7 days



# 2015 STD Treatment Guidelines

- Doxycycline no longer recommended as part of gonorrhea tx
- Recommended gonorrhea tx regimen:
  - Ceftriaxone 250mg IM in a single dose PLUS
  - Azithromycin 1g orally in a single dose

[www.cdc.gov/std/tg2015/](http://www.cdc.gov/std/tg2015/)

# Safety Net STD Screening & SBHC

- Safety net STD screening paid for by STD Program
- Chlamydia/gonorrhea screening for men and women under 25 who are uninsured or underinsured
- Examples of underinsured include:
  - An insured individual with prohibitively high co-pays or cost-sharing for lab services
  - An insured individual on their parent or guardian's insurance plan who has privacy and confidentiality concerns over an insurance explanation of benefits being sent to their parent or guardian

# Safety Net STD Screening & SBHC

- School-based health centers are considered “safety net STD sites” and eligible to participate in the program
- Labs must be submitted to Oregon State Public Health Laboratory to be eligible
- Program will pay for specimens collected at any applicable specimen site (e.g. urethral, rectal, pharyngeal, endocervical, vaginal)
  - See OSPHL Instructions for CT/GC testing available on OSPHL website

# Safety Net STD Screening & SBHC

- Program is meant as a **payer of last resort**
- If the individual has another payer mechanism, the STD Program **should not be billed.**
- Examples of other payer sources include:
  - CCare
  - Oregon Health Plan

# Safety Net STD Screening & SBHC

- If you wish to indicate a patient should be billed to the STD Program, you may do so using the Testing Request Form.
- Write STD Program in the “Insurance/health plan name” box, or
- Check the “STD Program” box in the “Public Health Program Eligible patient” section

PATIENT INSURANCE INFORMATION	
Insurance/Health plan name: <input type="checkbox"/> None <input type="checkbox"/> Confidential STD Program	
Policy no./Member ID:	Group ID:
Diagnosis/ICD-10 code for test:	
Public Health Program eligible patient: (for participating locations only)	
<input checked="" type="checkbox"/> STD Program <input type="checkbox"/> CCare <input type="checkbox"/> Other: _____	

# Safety Net STD Screening & SBHC

- Please carefully complete the Test Request Form!
- Not providing complete information on the form may result in your SBHC receiving an invoice for laboratory testing

# For more information

Eligibility for the STD Program or questions about definition of uninsured or underinsured

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STD/HIV Prevention Technical  
Consultant  
STD & HIV Prevention Programs  
971-673-0149  
[joshua.s.ferrer@state.or.us](mailto:joshua.s.ferrer@state.or.us)

Specimen collection/submission,  
test request forms

Sarah Humphrey  
Client Services Coordinator  
Oregon State Public Health  
Laboratory  
503-693-4124  
[sarah.m.Humphrey@state.or.us](mailto:sarah.m.Humphrey@state.or.us)

QUESTIONS???

# Mental Health



# MH Financial Survey

- Responses from all but 3 MH providers
- Will be following up in April and May to get more clarity



# MH Financial Survey

- About half of the respondents said that there were behavioral services and/or patients that the CCO does not reimburse
  - If a diagnosis is not on the prioritized list
  - Most services require a full assessment / treatment plan; if they do not have it they cannot bill for the service
  - Out of county
  - PEO (Prevention, Education, Outreach)
  - Uninsured
  - Services that are not considered PPS for DMAP, the CCO won't pay (capitate either)
  - If diagnosis does not meet Medicaid criteria
  - Open card
  - Behavioral health screenings
  - Outreach that is required to get a patient into treatment/assessment

# MH Financial Survey

- About one third of the respondents said that there were behavioral services and/or patients that private payors do not reimburse
  - Some private payors do not authorize Mental Health Services
  - Will only pay when clinician is licensed and providing a covered service
  - If a client has an unmet deductible this can impact if SBHC receives payment
  - A few entities do not bill private payors at all
  - Some payors will not allow the SBHC MH providers to be in-network, so they reimburse the patient. Patient would need to bring in the check to the SBHC for them to receive payment.

# Training Opportunity



# Training Opportunity

- Kognito At-Risk in Primary care
  - One-hour learning experience used to train physicians and nurses
  - Goals:
    - to identify risk factors and warning signs for mental health disorders
    - screen patients for mental health disorders
    - discuss treatment options
    - engage in collaborative decision making
    - build intrinsic motivation in patients.
  - Adolescent focused

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    - engage in collaborative decision making
    - build intrinsic motivation in patients.
  - Adolescent focused
- SBHCs able to access between May 2016-October 2019
  - Free
  - Recommend that mental health referral is trained in ASIST
  - More information will be sent to all coordinators in early May

QUESTIONS???

# Trauma Informed Oregon

Diane Yatchmenoff



# Trauma Informed Oregon

- ▶ OHA-funded to promote and support trauma informed care.
- ▶ Coordination of education, information, resources (website).
- ▶ Training and technical/assistance.
- ▶ Documentation/dissemination of approaches, strategies, implementation process.
- ▶ Resources, support, linkages for policy implementation and consideration.



[www.traumainformedoregon.org](http://www.traumainformedoregon.org)



# Who we are



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- ▶ Portland State University
- ▶ Oregon Health Authority
- ▶ Oregon Pediatric Society
- ▶ Oregon Health Sciences University
- ▶ Leadership Team
  - ▶ Partners and systems
  - ▶ Youth and Families, Individuals with Lived Experience
- ▶ TIO Collaborative: Stakeholders from multiple systems all over the state.

# What is Trauma Informed Care?

- ▶ A trauma informed organization, program, or system:
  - ▶ **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
  - ▶ **Realizes** the widespread impact of trauma and understands potential paths for recovery;
  - ▶ **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices; and
  - ▶ Seeks to actively **resist re-traumatization**.

Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No.(SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

# Why is this TIC important?

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- ▶ Trauma is pervasive.
- ▶ Trauma's impact is broad, deep and life-shaping.
- ▶ Trauma, especially interpersonal violence, is often self-perpetuating.
- ▶ Trauma differentially affects the more vulnerable.
- ▶ Trauma affects how people approach services.
- ▶ Trauma affects the workforce.
- ▶ The service system has often been re-traumatizing.

Trauma Informed Services Policy  
Oregon Health Authority  
July 2015

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# Which Providers are Included?

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- ▶ All **behavioral health programs** licensed by Health Systems (formerly AMH), including:
  - ▶ Community Mental Health Programs (CMHPs).
  - ▶ Subcontracted providers of CMHPs.
  - ▶ Other entities receiving behavioral health funding directly or indirectly through Medicaid or state general funds.

# What is the Overall Purpose?



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- ▶ Ensure that all state and community providers and those who oversee public mental health and addictions services are knowledgeable:
  - ▶ Informed about the effects of psychological trauma;
  - ▶ Able to assess for the presence of trauma and related challenges;
  - ▶ Able to offer or refer to services that facilitate recovery, both *through trauma informed service delivery* and best or promising practices to promote healing.

# Specific Provisions related to TIC



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- ▶ **Establish a standard** to provide treatment in a trauma informed manner.
- ▶ **Increase access** to effective and appropriate services for individuals who have experienced trauma.
- ▶ **Mitigate vicarious traumatization** of treatment providers and others working with traumatized individuals.

# Shared Responsibility

## ▶ Providers will:

- ▶ Engage in a clearly outlined process to become trauma informed.
- ▶ Examine existing practices, environment, and treatment approaches.
- ▶ Provide trauma informed care and ensure availability of trauma specific services.
- ▶ Deliver services in a person-centered collaborative process.

## ▶ OHA will:

- ▶ Provide educational resources, toolkits and other technical assistance, as available, to agencies, customers, community partners or providers.
- ▶ Share guidelines for behavioral health providers to screen, assess, and treat acute, chronic and complex trauma.

*Site visits beginning in July 2016 will include review of progress in meeting policy provisions.*

# Resources for Implementation

## ▶ TIO Resources

- ▶ Ongoing training events; trainer database
- ▶ Implementation Process and Considerations
- ▶ Standards of Practice; crosswalk with OHA policy.
- ▶ TIO TIP Sheets and Definitions
  - ▶ What is TIC
  - ▶ Selecting evidence based or 'best' practices
  - ▶ Workforce wellness

## ▶ Other resources available on TIO website

- ▶ Agency assessment tools.
- ▶ Environmental Scan.
- ▶ Sample agency policy.
- ▶ Sample questions for staff and service recipients' feedback.
- ▶ Videos, presentations, other training materials.

[www.traumainformedoregon.org](http://www.traumainformedoregon.org)



Find out more about Trauma Informed Oregon and Upcoming  
Events and Opportunities:

website: [www.traumainformedoregon.org](http://www.traumainformedoregon.org)

email: [info@traumainformedoregon.org](mailto:info@traumainformedoregon.org)

call: 503-725-9618

QUESTIONS???

# Certification Review Update

- Proposed changes to field
- Survey for field feedback
  - **Closes April 29, 2016**
- Workgroup reconvenes early May
- Final changes available Fall 2016

## Section B: Sponsoring agency ~~feasibility~~

### B.1 Sponsoring agency requirements

- a. A sponsoring agency is an entity that provides a SBHC or contracts with another entity to provide one or more of the following:

- (1) Funding;
- (2) Staffing;
- (3) Medical oversight;
- (4) Liability insurance; ~~and~~
- ~~(5) Billing support; and~~

~~(4)(5) Space.~~

- b. SBHCs may have more than one sponsor, but at least one of the sponsors must meet the definition of a medical sponsor.

~~c. Each SBHC shall have a designated Site Coordinator who is employed by at least one of the SBHC sponsoring agencies. The Site Coordinator is the primary contact to the SPO and act as a liaison between the SBHC, SPO, local public health authority (LPHA) and other SBHC community partners. They are responsible for attending SPO meetings, preparing for and attending verification site visits, and completing the Operational Profile.~~

~~d. SBHCs shall have a designated SBHC administrator with administrative duties who is employed by at least one of the sponsoring agencies of the SBHC.~~

~~e. SBHCs shall designate a Quality Assurance Coordinator who is responsible for the SBHC's quality improvement processes.~~

~~f. Medical sponsorship requirements shall include:~~

- (1) Medical liability coverage;
- ~~(2) Ownership of medical records; and~~
- ~~(3) Medical oversight~~

~~g. Designation of each SBHC shall have a designated SBHC medical director. Medical Director, who is employed by the medical sponsoring agency. The Medical Director must be a M.D., D.O., N.D., or N.P., (health care provider with a licensed to practice independently in Oregon with the population being served, and who has The Medical Director must have prescriptive authority such as an M.D., D.O., N.D., N.P., and is, and be actively involved in development of clinical policies and procedures, review of medical records, and clinical oversight).~~

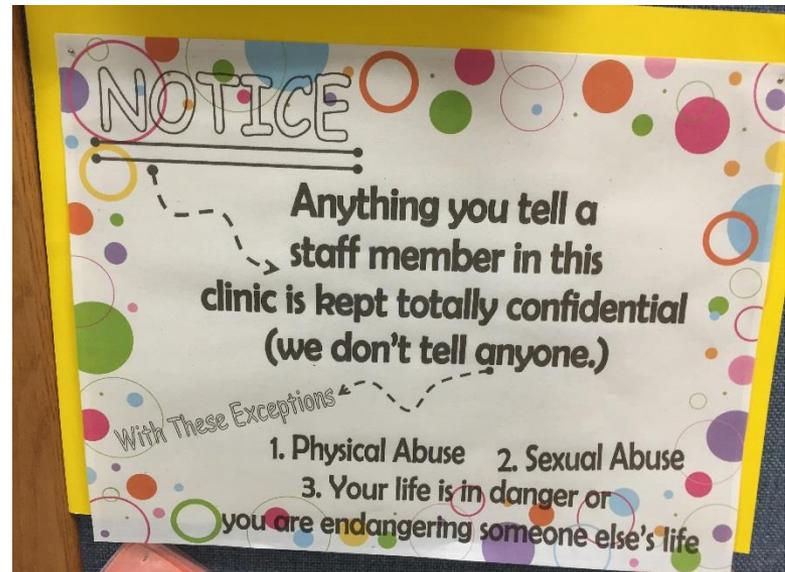
~~h. All sponsoring agencies must have a signed written agreement with the SBHC describing their roles and responsibilities in SBHC operations.~~

~~i. The local public health authority (LPHA) retains the right to approve use of public funds to provide public health services on the local level (Oregon Revised Statutes [ORS] 431.375 section 3) and thus has first right of refusal to become the SBHC medical sponsor when public funds are awarded for SBHCs. LPHAs shall designate a Health Department Primary Contact who is responsible for communication/liaison between the SBHC and LPHA.~~

QUESTIONS???

# Confidentiality & Consent Interviews

- Interviews with SBHC systems:
  - “Exclusion” policies
  - Consent policies
  - Confidentiality policies
  - Parent/guardian engagement policies
- Timeline: Spring & Summer 2016



QUESTIONS???

# SBHC Resource Network



Oregon  
**SBHC**  
School-Based Health Centers

Oregon  
**Health**  
Authority

QUESTIONS???

# Data -- Key Performance Measures

- Available on the SPO website next few weeks
  - ✓ Webinar presentation from 3/9/2015 available
  - ✓ Updated KPM Guidance documents with ICD-10 diagnosis codes where applicable
  - ✓ Sample chart audit spreadsheet available
- KPM Technical Assistance conference calls (6 individual calls)
  - ✓ Discuss problems, questions, issues about individual Optional Topics plus one combined CPE/Health Assessment conference call
  - ✓ Chart audit spreadsheet questions
- Submit chart audit results between 7/1/2016 and 10/1/2016

# Data -- Satisfaction Survey & Year-End Deadlines

- Satisfaction Survey for 2016-17
  - ✓ Spanish version for iPad and Paper copies
  - ✓ Developing this spring/summer
- Year-end data deadlines
  - ✓ Satisfaction Surveys completed and submitted to the SPO by **6/30/2016**
  - ✓ Year-end encounter data report due **7/15/2016**
    - ALL visits that occurred at the SBHC between 7/1/15 and 6/30/16.
    - ALL visits = Behavioral/Mental Health Services, Dental Services and Physical Health Services.

# 2016-17 Satisfaction Survey & Parental Notification

- Why parental notification?
  - Alignment with other youth surveys
  - Balance protection of youth confidentiality with parental inclusion
  - Recognition of increased political & community attention on SBHCs
- How SBHCs notify parents will be up to them
  - SPO will provide optional sample language
  - Notification can be “blanket” (i.e., posted on web, printed in annual registration, etc.) – just a reasonable effort required
  - Consent NOT required

QUESTIONS???

# October Coordinators Meeting

- No OSBHA Conference this fall.
- Two-day SBHC Coordinators Meeting
  - Sometime during the last two weeks of October
    - Most likely Tuesday/Wednesday or Wednesday/Thursday
  - Pay for lodging for those more than 70 miles away
  - One day will overlap with the state Reproductive Health meeting to talk about youth and reproductive health
- One time offer

If lodging is covered, would you come to the optional/additional day of the coordinators meeting?

If you came to both days, would you be interested in participating in the following?



QUESTIONS???

## OSBHA Updates

New Staff – Megan Kovacs, Program Manager

YACs

CORE Grants

Healthy youth relationships



Safety Net Capacity Grants – RFP Coming Soon!

Grants for safety net clinics to provide care

Outreach grants for community partners

HB 4002 – Chronic Absenteeism Plan and Trauma  
Informed Schools

QUESTIONS???

# Operational Profile Training

- September 15<sup>th</sup> from 1:30pm - 3pm
- Webinar invite will go out in late summer
- Areas of focus:
  - Why, when & where
  - Profile structure
  - Changes to the profile
    - (Including new KPMs)
  - Audit process



# Contact Us

School-Based Health Center Program

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[www.healthoregon.org/sbhc](http://www.healthoregon.org/sbhc)



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