



BEHAVIORAL HEALTH PROGRAMMING IN FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)

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Overview of the FQHC delivery model

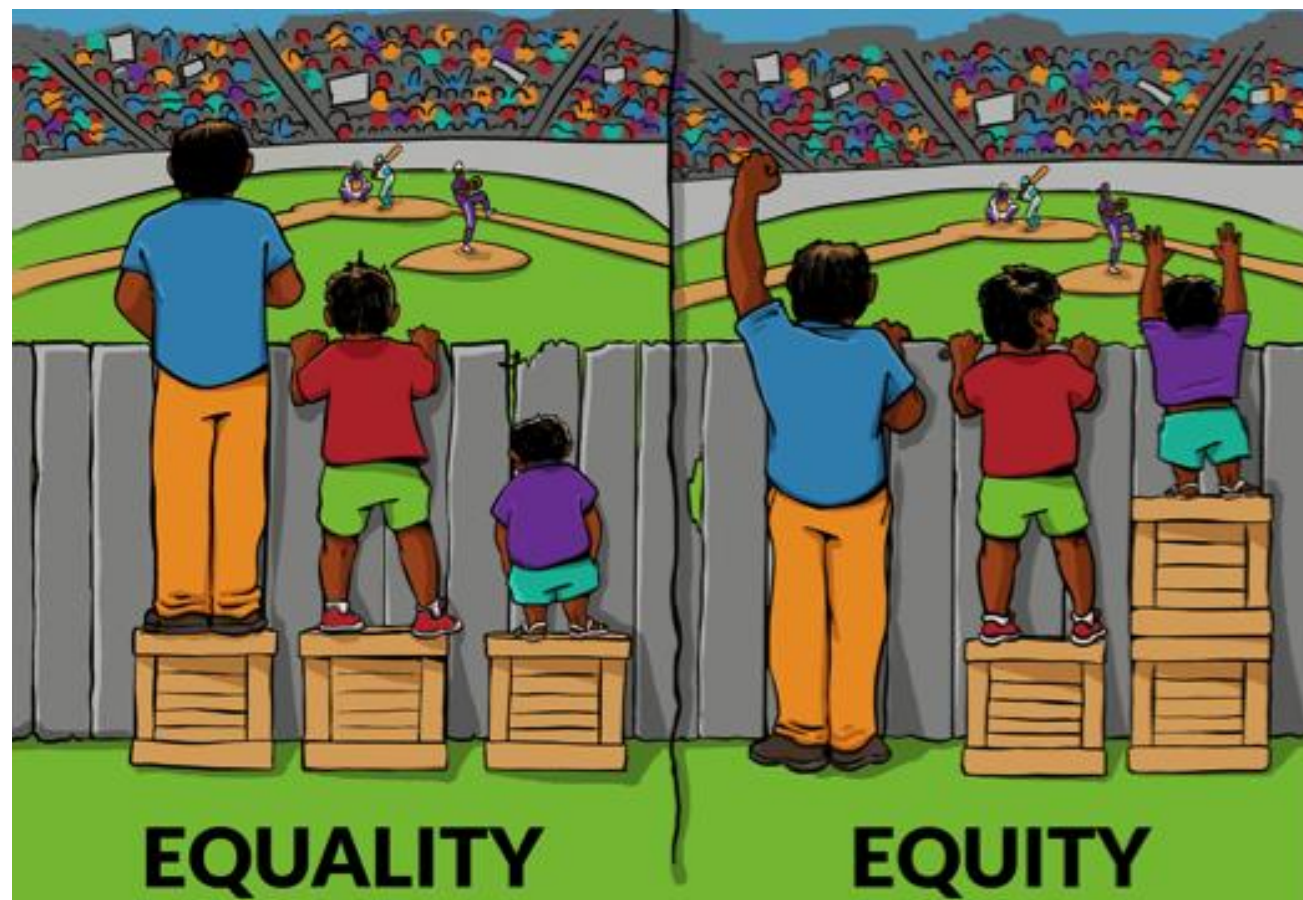
- Origin: South Africa
- Originally funded through OEO (Office of Economic Opportunity)
- Community-owned and governed non-profit business
 - >51% of Board of Directors must consist of patients

Mandates:

- Medically Underserved Area/Medically Underserved Population
- Affordable healthcare — sliding fee scale for services
- Can not deny care due to inability to pay
- Provider credentialing with payors and Federally Tort Cares Act
- External audits and every two years (2 ½ days federal compliance review) 100% compliance required
- Address all life cycles

THE MISSION OF THE MODEL

“to intervene...in the cycle of extreme poverty, ill health, unemployment and illiteracy by providing comprehensive health services, based in multidisciplinary community health centers, oriented toward maximum participation of each community in meeting its own health needs in social and economic changes related to health...”





MISSION

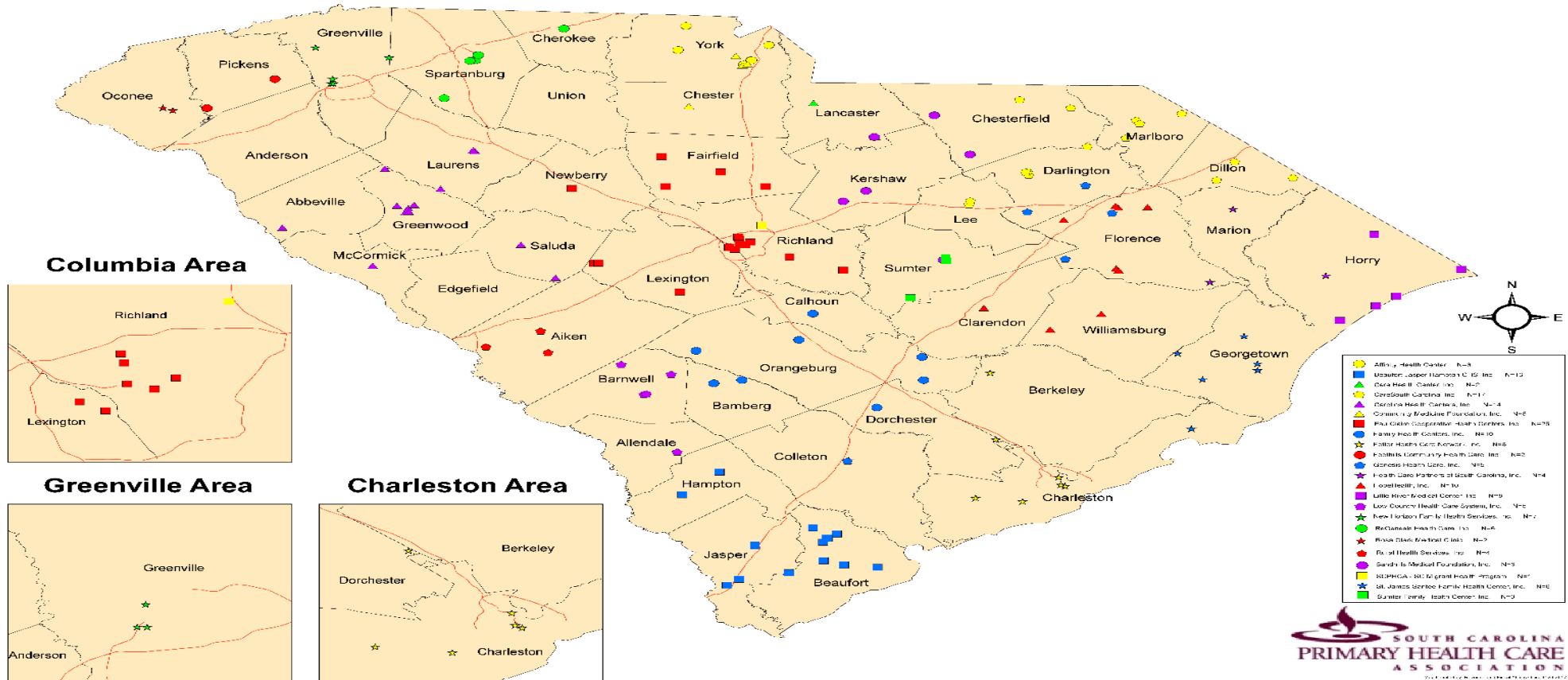
- Access to Quality Health Care for All of South Carolina

SC COMMUNITY HEALTH CENTERS

- 23 CHC Corporate Grantees
 - 4 Health Care for the Homeless Programs
 - 5 with Migrant Health Services
 - 6 School-Based Health
 - 1 Public Housing
- Statewide Migrant Voucher Program
- 201 service sites
- Served 387,713 medical patients in 2017
- Approximately 432 providers

SC COMMUNITY HEALTH CENTERS

South Carolina Community Health Centers Sites - 2018





Behavioral Health in FQHC's

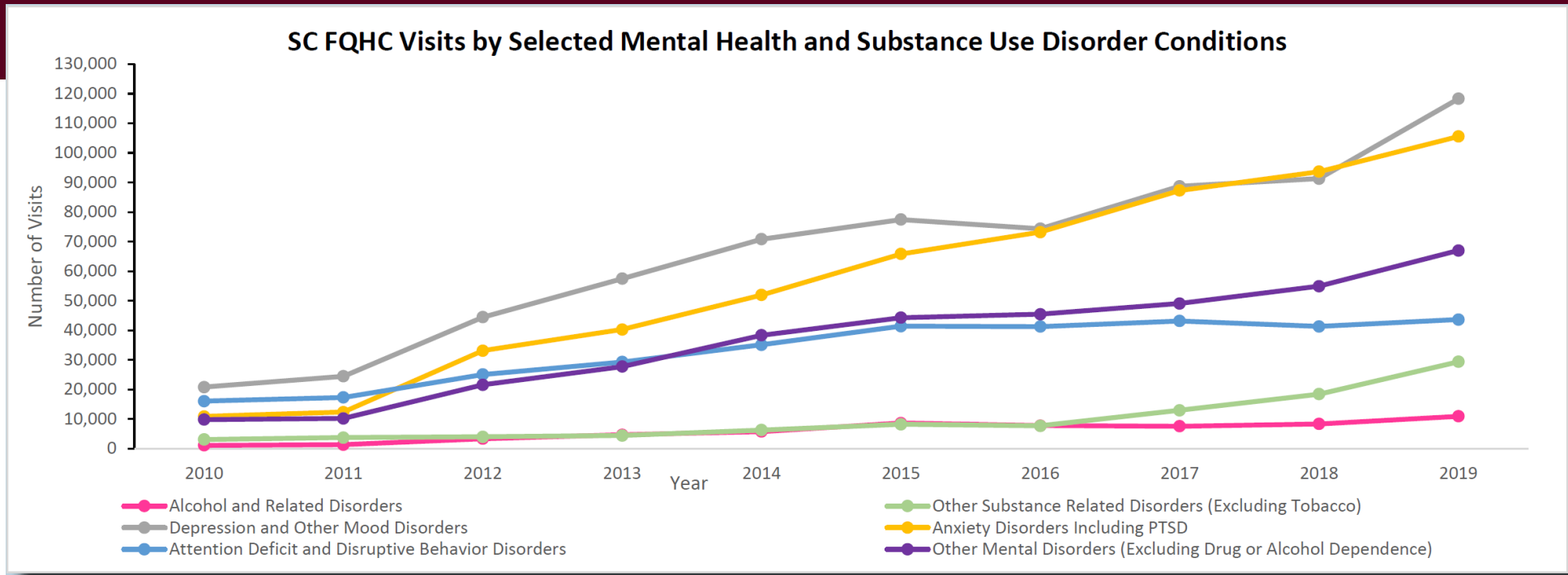
- Bring awareness
 - Reduce Stigma
- Normalize Mental Wellness
 - Provide Quality Care



Where Are We Now?

SC FQHC ANNUAL VISITS BY SELECTED MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS

SOURCE: 2010 – 2019 UNIFORM DATA SYSTEM, HRSA

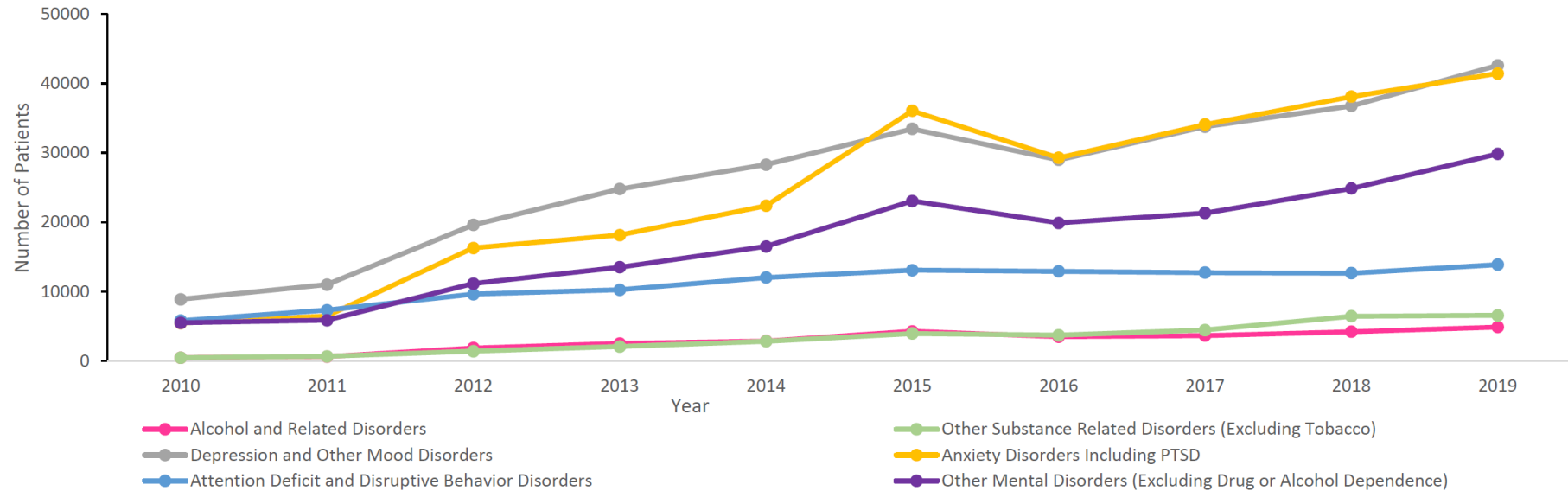


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-2019 Actual Change	2010-2019 Percent Increase
Alcohol and Related Disorders	1,134	1,327	3,367	4,680	5,773	8,667	7,800	7,596	8,343	10,947	9,813	865%
Other Substance Related Disorders (Excluding Tobacco)	3,123	3,768	3,998	4,446	6,303	8,206	7,722	12,960	18,419	29,364	26,241	840%
Depression and Other Mood Disorders	20,803	24,486	44,438	57,470	70,829	77,425	74,356	88,704	91,272	118,283	97,480	469%
Anxiety Disorders Including PTSD	10,884	12,372	33,113	40,266	51,929	65,797	73,186	87,257	93,618	105,515	94,631	869%
Attention Deficit and Disruptive Behavior Disorders	16,054	17,333	25,073	29,282	35,103	41,407	41,285	43,139	41,298	43,645	27,591	172%
Other Mental Disorders (Excluding Drug or Alcohol Dependence)	9,833	10,223	21,601	27,727	38,330	44,276	45,435	49,064	54,928	66,990	57,157	581%

SC FQHC ANNUAL PATIENTS BY SELECTED MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS

SOURCE: 2010 – 2019 UNIFORM DATA SYSTEM, HRSA

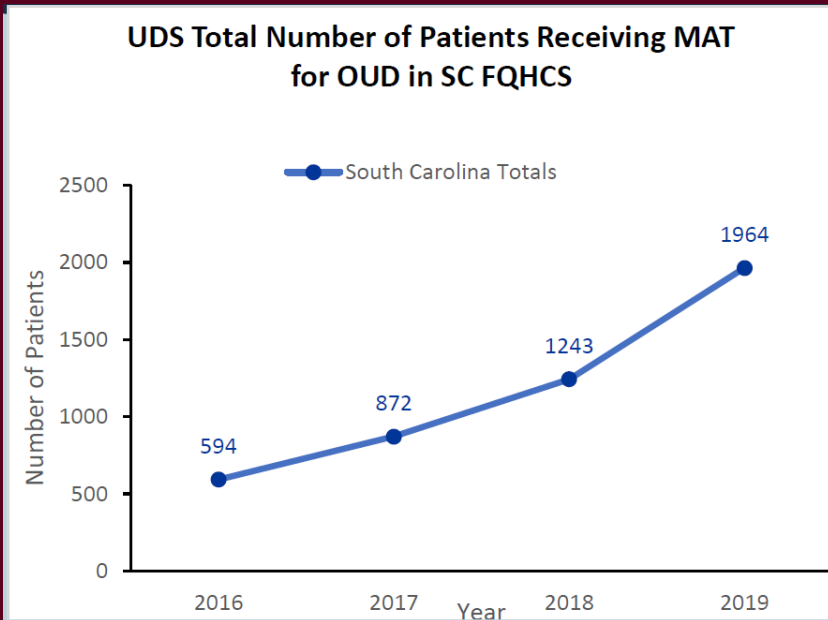
SC FQHC Patients by Selected Mental Health and Substance Use Disorder Conditions



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2010-2019 Actual Change	2010-2019 Percent Increase
Alcohol and Related Disorders	502	653	1,896	2,555	2,893	4,290	3,518	3,685	4,241	4,907	4,405	877%
Other Substance Related Disorders (Excluding Tobacco)	498	681	1,441	2,096	2,869	3,980	3,730	4,475	6,476	6,598	6,100	1225%
Depression and Other Mood Disorders	8,899	11,020	19,626	24,800	28,295	33,459	28,986	33,769	36,764	42,590	33,691	379%
Anxiety Disorders Including PTSD	5,483	6,488	16,305	18,154	22,376	36,054	29,289	34,088	38,089	41,418	35,935	655%
Attention Deficit and Disruptive Behavior Disorders	5,844	7,351	9,643	10,269	12,040	13,111	12,932	12,746	12,668	13,903	8,059	138%
Other Mental Disorders (Excluding Drug or Alcohol Dependence)	5,528	5,892	11,179	13,526	16,519	23,069	19,896	21,344	24,865	29,852	24,324	440%

NUMBER OF PATIENTS WHO RECEIVED (MAT) FOR OPIOID USE MEDICATION ASSISTED TREATMENT DISORDER (OUD) FROM A PROVIDER WITH A DATA WAIVER IN SC FQHCS

SOURCE: 2016 – 2019 UNIFORM DATA SYSTEM, HRSA

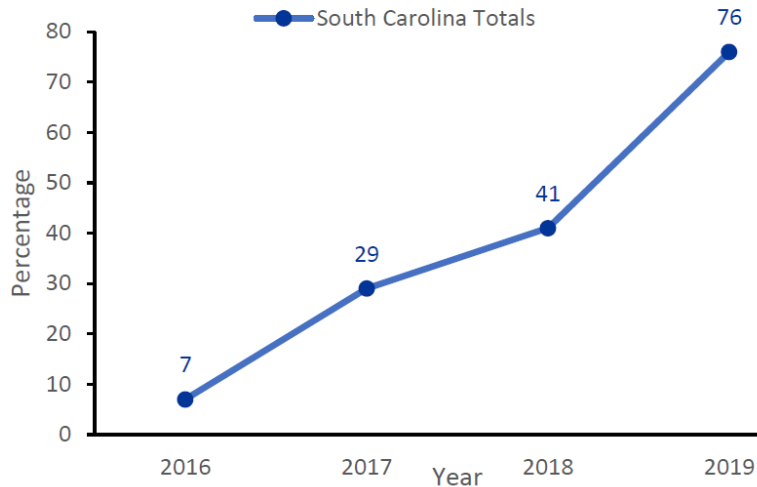


Health Center	2016	2017	2018	2019	2016-2019 Actual Change	2016-2019 Percent Change
Affinity Health Center, Inc.	0	0	0	16	16	N/A
Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.	4	0	0	11	7	175.0%
CareSouth Carolina, Inc.	90	453	828	1088	998	1108.9%
CareTeam Plus, Inc.	N/A	N/A	0	0	N/A	N/A
Carolina Health Centers, Inc.	0	2	4	1	1	N/A
Community Medicine Foundation, Inc.	0	0	0	*	N/A	N/A
Cooperative Health Center, Inc.	0	0	1	3	3	N/A
Family Health Centers, Inc.	327	120	*	*	N/A	N/A
Fetter Healthcare Network, Inc.	0	0	0	0	0	N/A
Foothills Community Health Care, Inc.	0	0	0	0	0	N/A
Genesis Health Care, Inc.	0	0	0	0	0	N/A
Health Care Partners of SC, Inc.	0	0	0	10	10	N/A
HopeHealth, Inc.	113	110	197	217	104	92.0%
Little River Medical Center, Inc.	0	28	53	128	128	N/A
Low Country Health Care System, Inc.	0	0	2	9	9	N/A
New Horizon Family Health Services, Inc.	0	0	0	0	0	N/A
Plexus Health, Inc.	N/A	0	N/A	4	N/A	N/A
ReGenesis Health Care, Inc.	0	0	10	250	250	N/A
Rosa Clark Medical Clinic		–	0	11	11	N/A
Rural Health Services, Inc.	0	0	76	82	82	N/A
Sandhills Medical Foundation, Inc.	0	102	0	0	0	N/A
SCPHCA- Agricultural Worker Health Program	0	0	0	0	0	N/A
St. James Health and Wellness, Inc.	60	57	60	65	5	8.3%
Tandem Health SC, Inc.	0	0	12	14	14	N/A
South Carolina Totals	594	872	1243	1964	1370	230.6%

THE NUMBER OF PROVIDERS WITH A MAT WAIVER WORKING IN FQHCS

SOURCE: 2016 – 2019 UNIFORM DATA SYSTEM, HRSA

UDS Total Number of Providers at SC FQHCS who have a MAT Waiver



Health Center	2016	2017	2018	2019	2016-2019 Actual Change	2016-2019 Percent Change
Affinity Health Center, Inc.	0	0	0	3	3	N/A
Beaufort-Jasper-Hampton Comprehensive Health Services, Inc.	0	0	2	7	7	N/A
CareSouth Carolina, Inc.	1	8	13	16	15	1500%
CareTeam Plus, Inc.	N/A	N/A	0	0	N/A	N/A
Carolina Health Centers, Inc.	0	2	2	1	1	N/A
Community Medicine Foundation, Inc.	0	0	1	*	N/A	N/A
Cooperative Health Center, Inc.	0	0	2	3	3	N/A
Family Health Centers, Inc.	3	5	*	*	N/A	N/A
Fetter Healthcare Network, Inc.	0	0	0	2	2	N/A
Foothills Community Health Care, Inc.	0	0	0	1	1	N/A
Genesis Health Care, Inc.	0	0	0	0	0	N/A
Health Care Partners of SC, Inc.	0	0	0	3	3	N/A
HopeHealth, Inc.	1	3	5	9	8	800%
Little River Medical Center, Inc.	1	3	5	9	8	800%
Low Country Health Care System, Inc.	0	0	4	4	4	N/A
New Horizon Family Health Services, Inc.	0	0	0	0	0	N/A
Plexus Health, Inc.	–	0		1	N/A	N/A
ReGenesis Health Care, Inc.	0	0	1	1	1	N/A
Rosa Clark Medical Clinic	N/A	–	0	3	N/A	N/A
Rural Health Services, Inc.	0	1	1	5	5	N/A
Sandhills Medical Foundation, Inc.	0	5	0	0	0	N/A
SCPHCA- Agricultural Worker Health Program	N/A	0	0	0	N/A	N/A
St. James Health and Wellness, Inc.	1	2	3	4	3	300%
Tandem Health SC, Inc.	0	0	2	2	2	N/A
South Carolina Totals	7	29	41	76	69	986%



SC FQHC BEHAVIORAL HEALTH WORKFORCE

SOURCE: 2010 – 2019 UNIFORM DATA SYSTEM, HRSA

Total Provider Staffing by FTEs in SC FQHCs

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Psychiatrists	1.79	1.3	2.85	3.58	4.29	3.71	3.72	3.40	3.33	4.91
Mental/Behavioral Health	25.22	28.62	27.58	33.92	40.11	63.96	77.37	79.41	97.29	104.57



SCPHCA'S RURAL COMMUNITIES OPIOID RESPONSE PROGRAM IMPLEMENTATION GRANT (RCORP)

RCORP-Implementation grant aims to strengthen and expand substance use disorder (SUD) services, including opioid use disorder (OUD) prevention, treatment, and recovery services in rural areas

CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT

MENTAL HEALTH FIRST AID (MHFA)

- Just as CPR course teaches people how to help assist an individual having a heart attack, Mental Health First AID helps you assist someone experiencing a mental health or substance use related crisis.
- Addressing the stigma around SUD and BH disorders is key the success of the grant!
- **Through the RCORP grant, the SCPHCA has added 28 MHFA Trainers in South Carolina! AND added the first THREE bi-lingual MHFA trainers to South Carolina!**
- [Click here](#) to book a MHFA Certification Training with the SCPCHA!
- Initiated a pilot with Little River Medical Center to implement a mandatory MHFA training policy (like a mandatory CPR policy). Each employee, new hire, and board member will be MHFA certified by 2021 at Little River Medical Center.

CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT

SUD TEAM WELLNESS PROGRAM

- The SCPHCA designed a series of group sessions entitled “Taking Care of Our Well-Being” to address burnout and retention among SUD treatment teams.
- Morehouse School of Medicine is evaluating the effectiveness of intervention.
- **Taking Care of Our Well-Being**
 - Eight-week session that to identify the effective
 - Learn the skills needed to prevent burnout and create a wellness program for your individual lives as well as in your organization.
 - Sessions include Mindfulness-Based Stress Reduction activities, group activities, handouts, and quizzes. The Social Ecological Model, exploring the eight dimensions of wellness in an Individual Burnout Plan and a Team Burnout Plan.

CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT DSS PARTNERSHIP

- Enhance the care coordination for children in foster care who have SUD/ODU in collaboration with the South Carolina Department of Social Services (SC DSS).
- SCPHCA is conducting a pilot study with ReGenesis Healthcare of evidence-based strategies to enhance the care coordination for parents with SUD/ODU who are involved in case management with the South Carolina Department of Social Services (SC DSS) to promote family-centered programming and treatment.
- SCPHCA is looking to launch this statewide in 2022

CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT INCREASING THE NUMBER OF MAT WAIVERED PROVIDERS

- Hosted two MAT Waiver training in partnership with the SC Office of Rural Health in 2020 & 2021
 - Added 27 NEW MAT Waivered providers to partner organizations
- Next MAT Waiver training of 2021 will be November 16, 2021

CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT ADDRESSING THE CO-EPIDEMICS OF HIV AND HCV

- Under the RCORP Grant, SCPHCA is facilitating a Ryan White Network a strategic planning process to increase the state-level CQI plan from 1 year to a 3 years plan AND integrate a wholistic/whole-person focus by adding measures around SUD and BH screenings and services.
- SCPHA is utilizing AZARA Health Population Management Tool
 - To collect data and reports to support the identification of gaps in care for PLWHA
 - Increase Behavioral health services/SUD screening integration into Ryan White services
 - Create registries of patients with SUD/OD and infectious complications for the RCORP Advisory Council

CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT DATA ANALYTICS

Established BH/SUD Measures

- **Screening for Depression and Follow-Up Plan (CMS 2v9)**
- **Depression Remission at Twelve Months (CMS 159v8)**
- **HIV Screening (CMS 349v2)**

Specialty Measures Implemented

- **Naloxone Prescription w/ OUD**
Patients with a diagnosis of Opioid Use Disorder (OUD) with a naloxone prescription in the last 12 months.
- **Naloxone Prescription w/ COT**
Patients prescribed a Chronic Opioid Therapy (COT) medication for at least 90 continuous days with a Naloxone prescription in the last 12 months.
- **Opioid and Benzodiazepine**
Patients with both an active Opioid and an active Benzodiazepine at the same time during the reporting period.
- **Continuity of Pharmacotherapy for Opioid Use Disorder (NQF 3175)**
Adults aged 18 years and older with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment.
- **Initiation of AOD Treatment 13+ Years Old (NQF 0004)**
Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who initiated treatment within 14 days of the diagnosis.
- **Engagement of AOD Treatment 13+ Years Old (NQF 0004)**
Percentage of patients 13 years of age and older with a new episode of alcohol and other drug (AOD) dependence who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT DATA ANALYTICS: A FOCUS ON DE-AGGREGATED DATA

Naloxone Prescribing for Patients w/ OUD or COT

The goal of the initiative is to decrease the number of fatal overdoses in the target rural service area through the prescribing and distribution of Naloxone to target populations at higher risk for fatal overdose. The objectives of the project are to:

OBJECTIVE ONE

Increase the percentage of patients with opioid use disorder (OUD) who have a prescription for Naloxone to **60%** by September 2022.

OBJECTIVE TWO

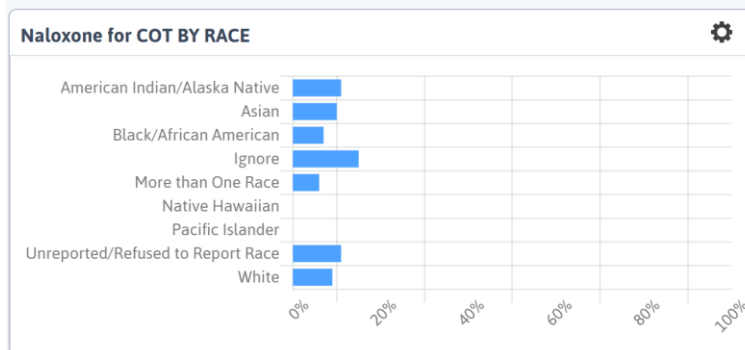
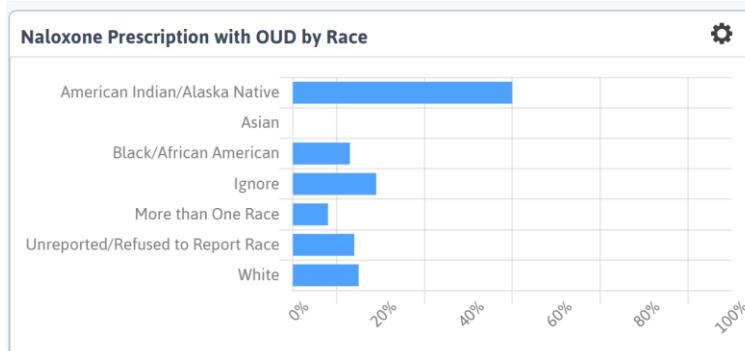
Increase the percentage of patients with chronic opioid therapy (COT) who have a prescription for Naloxone to **60%** by September 2022.

OBJECTIVE THREE

Decrease the percentage of patients who have an active opioid AND an active benzodiazepine prescription at the same time by September 2022.

EQUITY-STRATIFIED DATA ANALYSIS

All three objectives will include secondary analyses to continually assess all relevant demographic and social determinants of health factors that may be associated with inequities in care. Each of the three measures will be analyzed by race, ethnicity, and payor type. The SCPHCA and participating FQHCs will expand the equity-stratified data reporting and analysis if other health disparities related to the three included measures are identified.



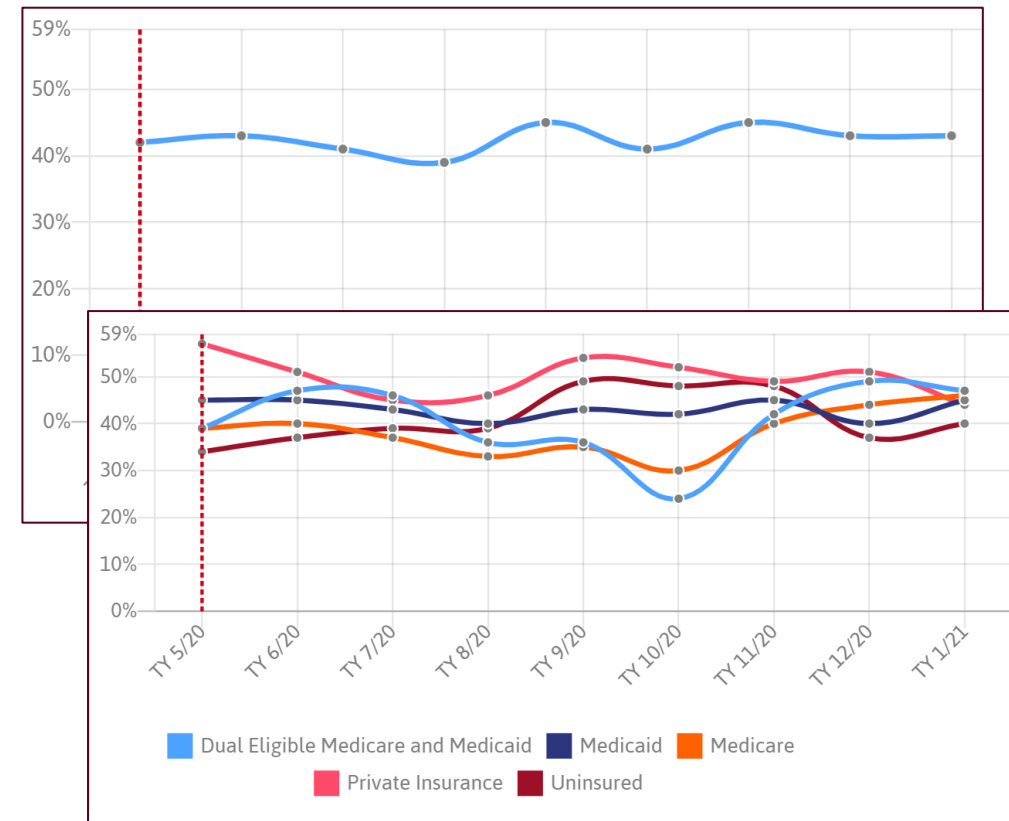
CORE COMPONENTS OF THE SCPHCA'S RCORP GRANT

DATA ANALYTICS: A FOCUS ON DE-AGGREGATED DATA

Measuring Clinical Quality of SUD Programs in FQHC Settings

- Primary care settings need to adopt CQI measures for SUD programs to inform clinical practice. You cannot improve what you don't measure!
- Need to bring the same CQI mindset that occurs with diabetes management and prevention quality work to SUD and BH programs

Continuity of Pharmacotherapy for Opioid Use Disorder (NQF 3175)



NEXT STEPS

- **SCPHCA Payer parity study for SUD/BH programming** → **inform advocacy strategies and legislative agendas**
 - Not all SC payors cover SUD and BH services the same. If we want to improve access and quality of SUD programs, this is a crucial aspect the work that needs to be done.
- **SCPHCA Behavioral Health Consultant ROI study** → **inform advocacy strategies and legislative agendas**
 - Medicaid in South Carolina DOES NOT support behavioral health providers being integrated onto the chronic disease treatment team through payment on services in alignment with the CPT Billing Health and Behavior (H&B) Codes. **Evidence-based interventions around patient behavior change is what will move the needle on chronic disease outcomes.**
 - The SCPHCA is working to demonstrate the value of these services.

COVID-19 STATE-LEVEL SUCCESSES: 2020 TESTING FOCUS

- Representing the PCA and SC FQHC interests on state-level committees
 - COVID Vaccine Equity Council
 - COVID Therapeutics Advisory Group
- Created monthly one-pager highlighting the impact of FQHCs on COVID testing
- Created a 2020 Year in Review
- Provided extensive technical assistance around testing specifications on various COVID testing options
- Flipped the entire clinical practice transformation training infrastructure to a virtual format so centers continued to have the opportunity network with peers across the state.
 - Did not miss a beat – every single scheduled network meeting was flipped to a virtual format
 - Facilitated additional “ad hoc” network meetings as needed to address emerging issues
- Facilitated the deidentification and sharing of COVID-related policies and procedures
- Co-sponsors of the SC COVID Grand Rounds Weekly Webinar series
- COVID Chronicles weekly newsletter provided timely updates and resources
- Partnered in the SC Strong Seroprevalence Project



COVID-19 STATE-LEVEL SUCCESSES: 2021

VACCINE FOCUS

- Negotiated early onboarding for FQHC sites to be COVID vaccine providers
 - 200 vaccines shipped to over 139 FQHC sites
 - FQHCs were the only type of ambulatory care facility provided priority onboarding
- Successfully advocated for VAMS system-wide upgrades to allow for bulk vaccine administration uploading
- Facilitated an FQHC focused SC COVID Grand Round session on April 13th highlighting the successes of four SC FQHCs in their vaccination efforts
- Co-sponsors of the SC COVID Grand Rounds Weekly Webinar series
- Facilitating FQHC focus day during SCDHEC's COVID Vaccine Action Week