



NC Department of Health and Human Services

Office of Rural Health

Behavioral Health Program

March 2020

Agenda



**Behavioral
Health Funds**



**Monthly
Worksheet**



**Community
Resources**



**Behavioral
Health Models**

Purpose

Behavioral Health Funds

- **Behavioral Health- Funds available to help North Carolina residents that cannot afford behavioral health and mental health counseling services.**
- **Visits are reimbursable through on-site face-to-face behavioral health provider encounters: licensed social worker, advanced practice registered nurses, psychiatricians, and psychiatrists.**
- **MAP \$75 per face-to-face encounter**

Behavioral Health Monthly Worksheet

SFY 2019 - 2020 Rural Health Centers Operational Program - Behavioral Health

Contract #:			BH MAP Budget Amount	
			Remaining	\$ -
			Utilization	#DIV/0!
			Per Visit	\$ 75

MONTHLY MAP WORKSHEET July 2019 Thru June 2020

	All Visits	MAP Visits	MAP AMOUNTS			
	Total Face-to-Face Patient Visits (MAP & nonMAP)	FACE TO FACE MAP VISITS	\$75 MAP ALLOWABLE (reimbursement amount)	MAP Bad Debt	Copayments Collected (based on clinic policy)	Total MAP COLLECTED
July			\$ -			\$ -
August			\$ -			\$ -
September			\$ -			\$ -
October			\$ -			\$ -
November			\$ -			\$ -
December			\$ -			\$ -
January			\$ -			\$ -
February			\$ -			\$ -
March			\$ -			\$ -
April			\$ -			\$ -
May			\$ -			\$ -
June			\$ -			\$ -

Community Resources



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About NCCARE360

NCCARE360 is the first statewide network that unites health care and human services organizations with a shared technology that enables a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. NCCARE360 helps providers electronically connect those with identified needs to community resources and allow for feedback and follow up. This solution ensures accountability for services delivered, provides a “no wrong door” approach, closes the loop on every referral made, and reports outcomes of that connection. NCCARE360 will be available in all 100 counties by the end of 2020, statewide in North Carolina.

<https://nccare360.org/about/>

NC Behavioral Health Services-CHCs

- NCCHCA Behavioral Health Workgroup

Workgroup of behavioral health providers, administrators, and staff from FQHCs and partner organizations.

The Behavioral Health Workgroup meets quarterly to discuss behavioral health and to contribute ideas, experiences and share best practices.

<https://www.ncchca.org/community-resources/programs-services/behavioral-health-program/>

BEHAVIORAL HEALTH PERFORMANCE MEASURES

Depression Screening and Follow-up: This performance measure requires health centers to report the number of patients age 12 and older screened for depression and receiving a follow-up plan (if diagnosed).

[SCREENING TOOLS FOR DEPRESSION](#) 

[SCREENING TOOLS FOR BEHAVIORAL HEALTH DISORDERS BY AGE GROUP](#) 

Screening, Brief Intervention and Referral to Treatment: Health centers annually report this performance measure, as well as other substance abuse counseling and treatment services. SBIRT identifies, reduces, and prevents substance abuse.

[SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT](#) 

[WHAT IS SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT](#) 

Resource

- Foundation for Health Leadership & innovation (Center of Excellence for Integrated Care)
- <https://foundationhli.org/programs/center-of-excellence/>

Behavioral Health Models- Primary Care

- ❑ **Coordinated Care:** Coordinated care primary care and behavioral health providers communicate about shared patients, but maintain separate facilities and systems
- ❑ **Co-Located Care:** Co-located care includes basic collaboration onsite, or close collaboration with some systems integration.
- ❑ **Integrated Care:** Providers jointly plan and execute goals, develop integrated care plans, co-manage patients, and maintain shared schedules. Integrated practices use a systematic clinical approach to identify patients who are in need of behavioral health services and engage both providers and patients in shared-decision making.

Examples of Coordinated Services

- **Program for All-Inclusive Care for the Elderly (PACE)**
- **Wraparound Programs**
- **Community HUB Model**
- **Community Health Workers Model**
- **Nurse-Family Partnership Model**
- **Health Homes Model**
- **Mobile Unit Model**
- **Tele psychiatry**

External Funding

- <https://www.samhsa.gov/>



- <https://www.justice.gov/grants>





Questions?