Mental Health Provider Orientation

Welcome to the Child and Adolescent Health Center (CAHC) Program! You are part of a Michigan Department of Community Health grant funded program that has been in existence for over 25 years and boasts over 100 programs. This program positively impacts the health and mental health of over 250,000 school-aged youth a year. Effective October 2014, all clinical CAHCs are required to provide .5 FTE of mental health services. All School Wellness Programs (SWP) are required to provide 1 FTE mental health services.

This packet is designed to give you an overview of the mental health component of this program. All materials related to this program and mentioned in this orientation packet can be located at the CAHC website. (www.michigan.gov/cahc)

Information provided here includes:

- Minimum Program Requirements Overview (page 2)
- Site Visit Process and Tools Overview (page 5)
- Helpful Tips in Working with School Staff (page 6)
- Available Resources and Technical Assistance (page 7)
Minimum Program Requirements (MPRs) Overview

The CAHC program maintains approximately 20 MPRs. These are the requirements each health center is held to in order to receive their funding from MDCH. Some requirements relate to the “Administrative” side of the center but the “Services” requirements relate to the clinical side (medical and mental health) of the center. That’s where you come in.

Here are a few highlights to keep in mind:

**Supervision** - Regardless of your years of experience and status of licensure, we require each Mental Health (MH) provider have access to a supervisor. Your level of supervision will depend on whether you are fully licensed (need less supervision) versus limited license (need more supervision). Either way, a supervisor should be available to you and those interactions should be documented (at minimum with date and time). You should also maintain documentation for all your continuing education credits. If there is no one available in your sponsoring agency, to provide mental health supervision to you, then one must be contracted (paid for by the sponsoring agency, if necessary) to provide that for you.

**Continuous Quality Improvement (CQI)** - Each center should be looking at ways to improve the quality of care/services provides. One way this occurs is through Client Satisfaction Surveys. MH should either be included in the center’s satisfaction survey or can be assessed on its own. Additionally, chart reviews should be occurring by peers and/or your supervisor at least twice a year. You should consider choosing an indicator to measure for this CQI process as well (i.e. intakes completed by the 3rd visit). You can refer to the CQI publication for more information. Make sure there is a plan in place for any corrective actions that may need to be completed and a method to denote when the issue has been resolved. A chart review format is available if you would like to receive a copy of that, please contact Lauren Kazee, LMSW, MDCH Mental Health Consultant at Kazeel@michigan.gov.

**Charting** - Chances are your CAHC is utilizing an Electronic Medical Record. If not and you need mental health related forms for documentation purposes or you would like to see samples of these forms, please contact Lauren Kazee, at Kazeel@michigan.gov. Otherwise, each EMR should contain templates for MH documentation.

Each MH provider is encouraged to complete the intake/assessment by the third visit. The information gathered during those initial sessions should be utilized, with the client, to develop their treatment plan, complete with measurable goals and objectives. The treatment plan should be reviewed within reasonable intervals (best practice suggests approximately 90 days for treatment plan reviews). Progress notes should be completed after each session/visit. A visit/session is defined as an interaction between the provider and the client where personal information/updates are shared in an effort to improve the client’s mental health. **Please note:** Due to the nature of the communities in which we work, it is not a requirement that you maintain a minimum caseload. In many cases, every client you see may not come in for 3 visits and therefore would not complete the intake process nor have a treatment plan in place. Many times in these populations, there are high numbers of transiency so maintaining a caseload can be difficult. Our intention is that you are able to meet the mental health needs of as many clients as you can, which sometimes means providing brief therapy and/or crisis intervention services. Keep documentation of each session and your efforts to follow up on missed appointments. Review your centers policy on “Missed Appointments” so your practice follows the policy.
It is important to make sure that you are coordinating care with the medical provider(s) in your center. This can occur during Huddles or staff meetings or other case consultation meetings. Your interactions should be documented in the clients chart and/or in center staff meeting minutes (generically, no names).

Also important to document is any internal or external referrals, including follow up measures taken to ensure referral was completed or explain additional outcomes. Again, be aware of your center’s policy on referrals so you are following that policy/procedure.

**Counting your Clients**-Each center submits a projected number of users each year to MDCH. The clients you see can add to that number. CAHC contracts are based on unduplicated user counts (so how many students accessed the center each year). There is also a visit count (how many times did each client come to the center during the year). Talk to your center coordinator about the method established to calculate who you see in the center. (It is likely tracked through your EMR).

**Goal Attainment Scale (GAS)**-Each center submits a GAS each year denoting what their goals are for the year for various services, (i.e. How many patients will be seen for primary care services. How many patients will be seen for MH services, etc.) The GAS should be completed collectively by the center staff looking at the needs of your school population and determining what programs and/or services need to be implemented to meet those needs. You should have input into this process, especially in determining the number of clients you believe you could see during the year. Depending on when you were hired this may already have been determined for you. You will be able to ascertain if this number was reasonable or needs to be modified for the next year’s GAS. You may consult the Mental Health publication for an overview of what other centers implemented.

**Risk Assessments**-If part of your role in the center is to conduct the general risk assessment with clients, you will need to participate in the MDCH Risk Assessment training. Talk with your MDCH consultant or center coordinator to get registered for that training.

**Groups**-Providing group treatment sessions are allowed but not required. Depending on the school, some centers have great success with doing groups, other centers have difficulty. You are free to conduct a group if feasible and if it’s a good use of your time. Make sure you use an evidenced-based curriculum. If you do conduct a group, please make sure you are documenting for each client that is in the group in their individual chart, which means they too will need to have an intake assessment completed. There are sample group notes for charting if you would like to see those, contact Lauren Kazee, (kazeel@michigan.gov).

**MH Networking Meetings**-Twice a year MH providers from the CAHCs around the state get together for a networking meeting (usually in March and September). The host location for those meetings rotates. Topics of the meetings vary from case consultation, to topics of interest (trauma informed care, integrated health/mental health, etc.) to self-care strategies. MDCH strongly recommends your participation in these meetings when feasible.

**MH listserv**-You will want to make sure your name and email address has been included on the MH listserv. This listserv is used to share resources, trainings and other programmatic information with all CAHC MH providers. MH providers can use it as well. Your coordinator, MDCH consultant or Lauren Kazee can all make sure your information is added to that list.

**Billing**-Effective September, 2014, all MH providers are required to start billing for their services. This means that you should have a NPI number and be getting credentialed through your sponsoring agency.
There should be a billing mechanism in place for you to submit claims and for the rejected claims to be followed up on. It may be difficult for you to do this yourself so it is ideal for there to be a designated person in your sponsoring agency that can do this for you (& the other staff at the center...
An Overview of the Site Review Process and Tools

Every 3-5 years (based on past performance/previous site review findings) MDCH staff from the CAHC program will conduct a formal site review. This is not to be confused with regular visits from your MDCH assigned consultant. For these site reviews, there will be a representative to review the administrative portion of the CAHC, a clinical reviewer and a mental health reviewer. Each site review visit lasts anywhere from 2-3 days depending on the size of the health center and the number of health centers operated by the sponsoring agency that are being reviewed, as some agencies sponsor multiple health centers which may be reviewed concurrently. Typically the MH portion of the review is about a day.

Each center is given about 2 months to prepare for the scheduled site review visit, (dates are selected collectively between MDCH and CAHC staff). MDCH has provided a site review tool (or rubric) that will be utilized during those visits. This tool can be found on the CAHC website as well.

In the site visit tool, there is a MH section (Section III) that will be used for your portion of the review. In preparation for this visit it would be beneficial to review each element along with the indicator(s) listed in the “Indicator column” to ensure there is evidence to support your compliance with each requirement. You will want to review the center policies that relate to your services along with procedures and other documentation. This will help to expedite the site review visit and improve your score!

The day of the site visit will begin with introductions and usually a tour of the center. Then the MH reviewer will meet with you and potentially your supervisor. You should plan to set aside time to meet with the reviewer, usually a 2-3 of hours is sufficient. A chart review of 3-5 charts will also occur. Those charts can be chosen by you and available for review by the reviewer.

During the site visit the reviewer will discuss with you any possible citations or suggestions for improvement. Sometimes these findings can be “quick fixes” and are able to be resolved during the visit. Sometimes they need a bit more attention and will be included in the final site visit report. At the end of the visit, an exit conference will be held where all the findings will be identified and discussed. There are usually no surprises by this point as everything has been discussed all along the process.

Once the visit is completed, MDCH staff will write up their findings in a report and send that to the Sponsoring agency of your health center. The health center staff will have 45 days from the date of that letter to reply with any corrective actions. Once those are received and sufficient, the visit is closed.

Most often center staff find these visits helpful and supportive. The goal is to work with everyone to ensure quality of care and compliance with requirements. It shouldn’t be too anxiety-provoking.
Helpful Tips in Working with School Staff

In some schools there can be a little trepidation on the part of the school support staff (i.e. school social workers, school counselors) with the CAHC MH provider. It is important to be mindful of each other’s roles in the school. There is typically enough need to go around for everyone to do their part. This relationship can usually be worked out over time and through conversations about ways both parties can collaborate, work together and support each other. Eventually those dynamics can become mutually beneficial, as they see you as a help and not a hindrance or replacement.

It is also important to have a written protocol in place in the event of a mental health crisis in the school. Consider working with the administration and your coordinator to determine and develop reasonable expectations for the school staff to have of you in cases of emergency. It may be helpful to share your schedule with the front office as well. Keep in mind that each school is required to have their own emergency preparedness plan/crisis response team (that should probably not include you). Once this agreement is in place, all personnel should be made aware of it.

You may want to determine if there is a standing referral procedure already in place between the CAHC and the school. If so, does that procedure work for you or do you need to revise it in some way? This is something you will need to determine as you begin to build a rapport with school staff and students. It is helpful to communicate with them on the best, most efficient way to receive and respond to school based referrals.

You may need to continuously remind school personnel about the limits of confidentiality as well. The student’s presence in the center can be confirmed but the specifics about the services they received while in the center are not to be shared. (This is sometimes difficult for school staff).

It has often proven beneficial for the CAHC staff to be a presence in the school. When time permits, you may want to be in the halls during passing time or in the lunchroom during lunch. Many times CAHC staff attend pep rallies, school games or assemblies. Being involved in school events helps students and staff to see you as an ally and potentially enables you to build a better rapport with them.

There is a “10 Helpful Tips” document available on the CAHC website as well that you can review.
Available Resources and Technical Assistance

Resources

You may feel free to use the MH listserv to share resources or to ask the field a question. Sometimes people use it to ask for copies of policies or procedures. It’s available for your use. It is mentalhealth@org2-lists.salsalabs.com

As mentioned earlier the MH Networking meetings are also a bi-annual opportunity to network, share/exchange resources and/or experiences. Many providers find that time to interact very helpful.

Again, another resource of information is the MDCH CAHC website located at www.michigan.gov/cahc
It contains documents and other CAHC program related materials.

Technical Assistance

Each CAHC has a MDCH assigned consultant. This person is available to you and your CAHC colleagues for any questions or concerns you may have related to this program.

Additionally, there is a MH Consultant, Lauren Kazee, LMSW, available to all the MH providers of this program. She can be contacted by email at Kazeel@michigan.gov. She should be able to answer any questions you may have about your role, responsibilities or requirements in your center and/or this program.