NATIONAL COUNCIL for Mental Wellbeing

Oral Health, Mental Health, and Substance Use Treatment Integration: A Toolkit in Action

Tuesday, December 14th

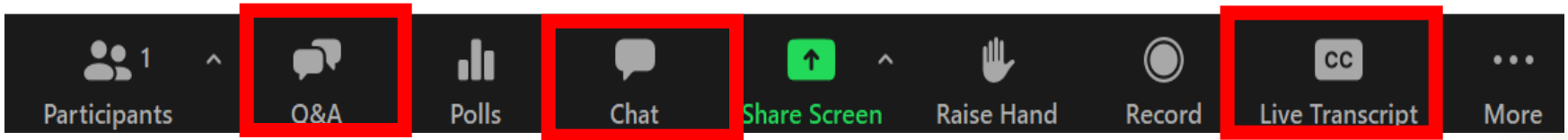
3-4pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

NATIONAL COUNCIL for Mental Wellbeing

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

NATIONAL COUNCIL for Mental Wellbeing

Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

NATIONAL COUNCIL for Mental Wellbeing

Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Oral Health Provider
- Other (specify in chat box)

NATIONAL COUNCIL for Mental Wellbeing

Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

NATIONAL COUNCIL for Mental Wellbeing

Poll #4: Which toolkit example would you like to walk through in today's webinar?

- Example 1: Behavioral health provider and patient education for oral health needs

- Example 2: Behavioral health provider screening and referral for oral health needs

NATIONAL COUNCIL for Mental Wellbeing

Introductions

Rachael Matulis, MPH
Principal, Bowling Business Strategies

Scune Carrington, MSW, LICSW, *Director of Integrated Care*, Massachusetts League of Community Health Centers

Dr. Irene Hilton, DDS, MPH, Dental Consultant, National Network for Oral Health Access

NATIONAL COUNCIL for Mental Wellbeing

Today's Agenda

Rationale for Oral Health and Behavioral Health Integration

Brief Review of New Integration Framework

Panel Discussion: Moving from Toolkit to Action

Questions and Next steps

NATIONAL COUNCIL for Mental Wellbeing

Learning Objectives

After this webinar, participants will be able to:

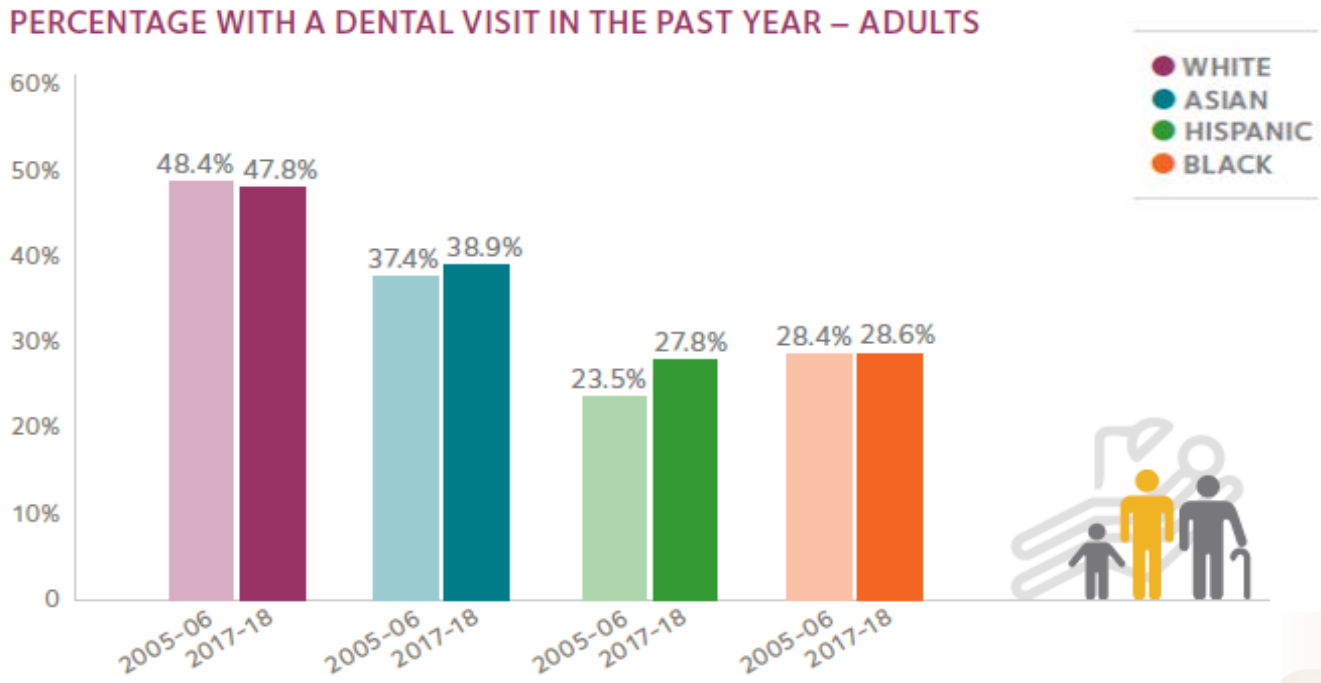
- **Understand** the rationale for oral health and behavioral health integration and coordination.
- **Acknowledge** key components of the oral and behavioral health integration framework toolkit.
- **Reflect** on real-life provider and patient education through examples from the field.

NATIONAL COUNCIL for Mental Wellbeing

Why Increase Coordination and Integration of Oral Health and Behavioral Health Care?

- Many bi-directional connections between oral and behavioral health
- Historical underdiagnosis and undertreatment of both conditions, with stark disparities in access to care
- Untreated oral, mental health and substance use challenges are costly and contribute to health disparities
- Alignment with broader movement toward more integrated, value-based care
- Interprofessional approaches to patient care can improve clinicians' experience and work-life satisfaction
- It's what is best for the client!

Disparities in Access to Oral Health and Behavioral Health Care

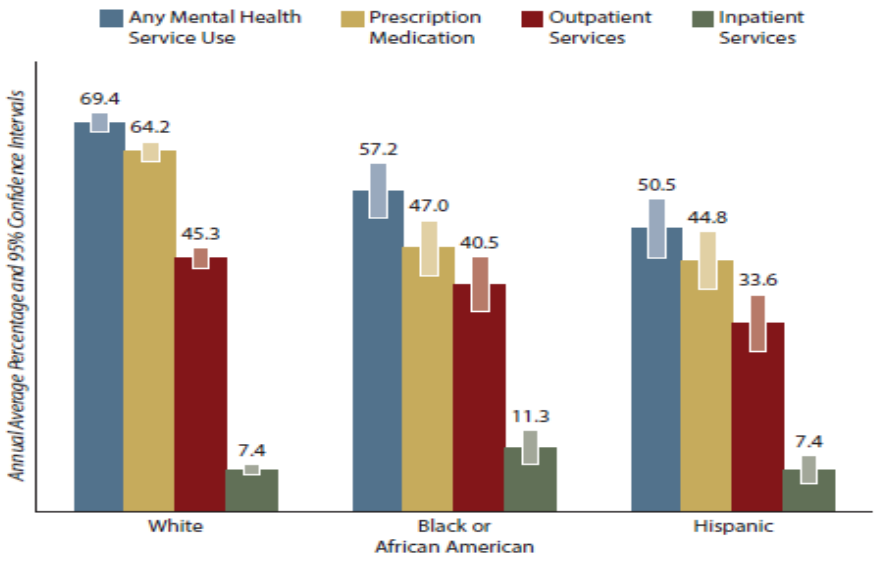


Source: *Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults*.

NATIONAL COUNCIL for Mental Wellbeing

Disparities in Access to Oral Health and Behavioral Health Care (cont.)

FIGURE 5.2 Mental Health Service Use in the Past Year among Adults with Serious Mental Illness, by Race/Ethnicity and Service Type, 2008-2012[29]



Source: *Substance Abuse and Mental Health Services Administration. Racial/Ethnic Differences in Mental Health Service Use among Adults*.

NATIONAL COUNCIL for Mental Wellbeing

Promising Outcomes for Oral and Behavioral Health Integration

- In Utah, **Project FLOSS** demonstrated that comprehensive dental care for individuals being treated for substance use conditions:
  - increased length-of-stay in substance use disorder treatment
  - higher rates of employment
  - higher rates of recovery
  - lower rates of homelessness

- **Indian Health Services** increased dental depression screenings by 1,266% (from 1,046 to 14,563 over 6 months) and increased dental referrals to behavioral health by 382% (23 to 111) at 12 pilot sites

- **Asian Health Services'** dental department integrated behavioral health screening questions into patient check-in; the first day, a patient wrote that she was contemplating suicide, and she was connected to needed care

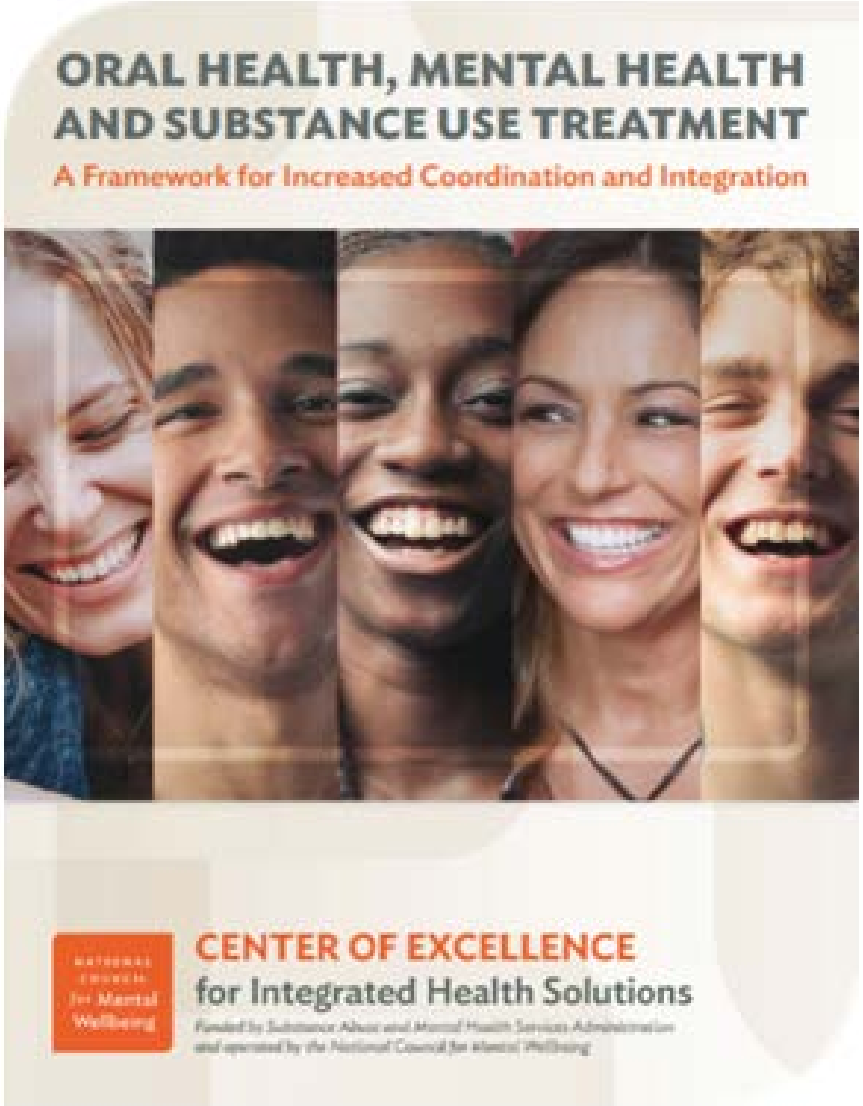
NATIONAL COUNCIL for Mental Wellbeing

Oral Health Improves Substance Abuse Treatment

"Providing complete oral care as part of treating the whole person is critical to resurrecting self-esteem and restoring important body functions as an essential first step on the path to recovery from drug use."

– *Glen Hanson, DDS, PhD, Dentistry Today, "Oral Healthcare Improves Substance Abuse Treatment."*

The Integration Framework Toolkit



Download the toolkit.

Brief History of the Integration Framework

- Published in November 2021 with funding from SAMHSA's Center of Excellence for Integrated Health Solutions.
- Developed to help fill a void – no comprehensive set of resources to help health care organizations interested in oral and behavioral health coordination & integration.
- Worked with a technical expert panel to develop initial framework, and refined via subsequent interviews with 15 key informants.

NATIONAL COUNCIL for Mental Wellbeing

Overview of Oral and Behavioral Health Integration Framework

This introductory toolkit provides more details and associated resources for **10 unique integration models**, including:

- General model description and why it is needed
- Examples of models in practice
- Key planning questions
- Potential funding approaches
- Data monitoring strategies
- Links to tools and resources
- Snapshot of a "real-world" case study from the field

NATIONAL COUNCIL for Mental Wellbeing

Integration Framework for Oral and Behavioral Health Providers

	1. Provider and Patient Education	2. Screening and Referral	3. Cross-System Service Provision	4. Cross-System Embedded Provider (Physical or Virtual)	5. Co-Location with Partial System Integration	6. Full System Integration
Examples for Oral Health Providers	**Oral health providers receive training on common behavioral health conditions, and learn new skills or techniques that could help better treat such patients in a dental office**	**Oral health providers screen patients for mental health or substance use disorders and make referrals to external providers as needed to address identified behavioral health needs**	**Oral health providers offer service interventions for certain behavioral health needs, as appropriate and within scope of practice (e.g., tobacco cessation services)**	**A behavioral health provider (e.g., a social worker) is embedded within a dental practice or dental teaching clinic to address barriers to care and increase access to needed dental and behavioral health care.**	**Oral and behavioral health providers located at the same site, and have some system integration (e.g., shared systems and records, some face-to-face communication)**	**Oral health and behavioral health providers share a physical office space, use a common electronic health record (or have bi-directional access to patient information contained the EHR/EDR), and co-manage patients as needed using a single patient treatment plan and regular case conferences**
Examples for Mental Health and Substance Use Treatment Providers	Mental health & substance use providers receive training on common oral health issues associated with behavioral health disorders, including oral health impacts of medications for behavioral health treatment, offering patient education as needed and appropriate	Mental health & substance use providers screen for basic oral health hygiene habits, problems with teeth or mouth, and/or dental visit history and make referrals to oral health providers as needed	Mental health and substance use providers offer service interventions for certain oral health needs, as appropriate and within scope of practice (e.g., addressing behaviors that lead to poor oral health outcomes in goal planning)	An oral health provider (e.g., a dental hygienist) is embedded within a behavioral health practice to help expand access to needed oral health care. This staff person can provide oral health services onsite within the behavioral health practice, and/or via mobile or tele-dentistry.		

Definition of acronyms used: EHR = Electronic Health Record, EDR = Electronic Dental Record

Example 1: Provider & Patient Education on Oral Health for Behavioral Health Providers

General description: Tooth decay is largely preventable but affects more than nine in 10 adults and is the most common chronic childhood disease. Individuals with mental health and substance use disorders tend to have poorer oral health than the general population, including greater and more severe dental caries (tooth decay) and periodontal disease (gum disease), but are less likely to have received dental care. Behavioral health providers receive training on common oral health issues associated with trauma history, mental health, or substance use disorders, providing patient education as needed and appropriate.

NATIONAL COUNCIL for Mental Wellbeing

Example 1: Provider & Patient Education on Oral Health for Behavioral Health Providers – *Examples in Practice*

Examples in practice:

- Peer specialists, peer recovery coaches, or community health workers learn the basics of good oral health hygiene habits.
- Substance use treatment providers receive training on unique impacts of different illicit substances on oral health, and oral health side-effects of medications used to treat substance use conditions.
- Clinical psychologists or licensed clinical social workers receive training on oral health side effects of medications used to treat mental health conditions and behavioral strategies to support good oral health hygiene.

NATIONAL COUNCIL for Mental Wellbeing

Example 1: Provider & Patient Education on Oral Health for Behavioral Health Providers – *Key Planning Questions*

Key Planning Questions:

- What type of training is most appropriate given your practice's patient population?
- Which staff members within the behavioral health clinic can and should be trained on these topics?
- What educational materials could be distributed in the behavioral health office to promote awareness of oral health for patients and staff?

NATIONAL COUNCIL for Mental Wellbeing

Example 1: Continued

Potential Funding Approaches: Many high-quality, online training resources are available at no cost and can help licensed behavioral health providers meet continuing education requirements. Providers can also seek funding through grants, provider associations, and private foundations to help fund statewide provider education opportunities.

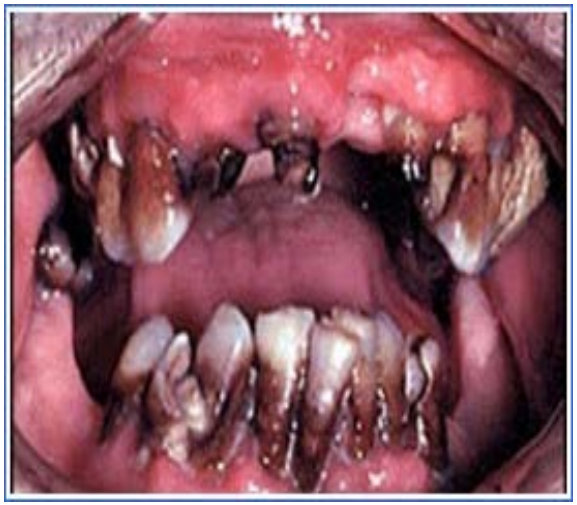
Data Monitoring:

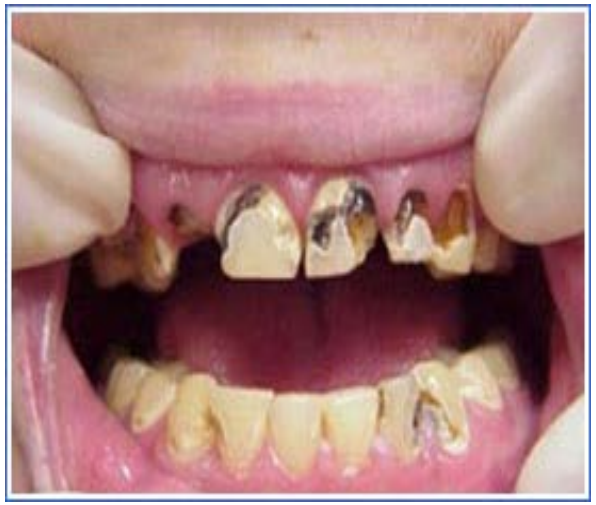
- Assess number & percent of staff trained on the relationships between oral and behavioral health
- Assess changes in the knowledge and skills of behavioral health providers
- Conduct organizational self-assessment related to racial equity
- Ensure all staff understand the basics of good oral hygiene and assess whether educational materials and posters about oral health have been displayed in the behavioral health clinic

Education Snapshot:

Model Tip:
Leverage Educational Resources with Photographs of Teeth & Mouth

Clinical examples of the effects of methamphetamine use on teeth





Source: Smiles for Life: Adult Oral Health and Disease – Substance Use Disorders. Available at: https://www.smilesforlifeoralhealth.org/topic/substance-use-disorders/

NATIONAL COUNCIL for Mental Wellbeing

Provider & Patient Education: Example from the Field

Oral Health for Community Workers

A set of two brief educational modules (An Introduction to Oral Health and An Oral Health Toolbox) that provides oral health education tailored to community workers such as peer support specialists, peer recovery coaches and community health workers.

For more information on accessing Oral Health for Community Workers, please contact the Michigan Community Health Worker Alliance (MiCHWA).

Example 2: Oral Health Screening & referral for Behavioral Health Providers

General description: Individuals with mental health and substance use challenges tend to have poorer oral health than the general population. Under this model, mental health and substance use treatment providers screen for basic oral health hygiene habits, problems with teeth or mouth, and prior utilization of dental care, and make referrals to oral health providers as needed.

NATIONAL COUNCIL for Mental Wellbeing

Example 2: Oral Health Screening & referral for Behavioral Health Providers – *Examples in Practice*

Examples in practice:

- Mental health and substance use treatment providers add basic screening questions related to oral health hygiene, prior utilization of dental care, and any problems/pain with teeth or mouth.
- Mental health and substance use treatment providers form referral partnerships with local oral health providers.
- Mental health and substance use treatment providers pilot test models in specific programs, such as targeted case management, assertive community treatment, or supported employment programs.

NATIONAL COUNCIL for Mental Wellbeing

Example 2: Oral Health Screening & referral for Behavioral Health Providers

Key planning questions:

- What oral health screening tool(s) will you use? Will they differ for pediatric versus adult populations?
- How often will screening be conducted?
- Who will administer the screening (e.g., receptionist, social worker, clinical psychologist)?
- Who will serve as an ongoing referral partner? Will the referral relationship be bi-directional?

NATIONAL COUNCIL for Mental Wellbeing

Example 2: Continued

Potential Funding Approaches: Some states and payers may cover non-dental provider assessments of oral health disease or injury, and the potential need for referral for diagnosis and/or treatment (e.g., via D0191). Behavioral health organizations can explore use of codes for screening and assessment (e.g., 96160), care coordination (e.g., 99401) and/or e-consults (99451, 99452) to help reimburse for time spent on screening and referral activities.

Data Monitoring:

- Monitor number and percent of patients with mental health or substance use challenges screened for oral health conditions, oral health hygiene and recent utilization of dental care.
- Assess number and percent of patients with oral health needs referred to a dental provider, and those who obtained follow-up care.
- Stratify (separate) data by social risk factors, race/ethnicity, and gender to identify and address disparities in care.

Screening Tool Example:

Mouth Care Matters

Oral Health Needs Assessment

- Answers marked with ✱ ticked - Dental check-up required
- Answers marked with ↗ ticked - **URGENT** dental check-up required

Model Tip: Distinguish Between Urgent and Non-Urgent Referrals

Reasons for urgent referrals could include:

Severe dental pain affecting sleep, eating, and drinking	Oral infection (facial swelling, pus adjacent to teeth)	Trauma to teeth (possibly after a fall)
Teeth so mobile they may be an aspiration risk	Broken or lost dentures	Ulcers caused by trauma from broken teeth/dentures

Source: National Health Service, Health Education England. Mouth Care Matters.

NATIONAL COUNCIL for Mental Wellbeing

Screening & Referral: Example from the Field

The Oral Health Recovery Initiative

Faculty at University of Michigan developed a peer specialist-led model designed to help improve oral health and access to dental care among Medicaid-insured individuals with mental health challenges.

The three model components are:

1. **Outreach:** Peer specialists identify and engage Medicaid-insured individuals with mental health challenges who may have high oral health needs. This may include flyers and resource lists provided in waiting rooms in recreational spaces and with their current clients.
2. **Support:** Peer specialists deliver brief educational interventions focused on oral health home-care topics that can be assumed within the peer workers' scope of practice, designed to improve oral health knowledge, self-care behaviors and health care utilization.
3. **Linkages:** Peer workers provide warm handoffs to local dental clinics as needed and follow up to ensure appointments are completed.

Panel Discussion

How can we move from toolkit to action?

Conclusions & Next Steps

Models of care that are more integrated across oral and behavioral health hold promise to **improve access, costs, and outcomes of care.**

Organizations across the country have begun to experiment with more coordinated and integrated models of oral and behavioral health care.

An **integration framework can provide a roadmap** for providers interested in better coordination or integration across oral and behavioral health.

Stay tuned for more details on a forthcoming **provider learning collaborative** opportunity.

NATIONAL COUNCIL *for* Mental Wellbeing

Questions?

NATIONAL COUNCIL for Mental Wellbeing

Tools & Resources

- Oral Health, Mental Health & Substance Use Treatment: A Framework for Increased Coordination & Integration
- Trauma-Informed Care and Oral Health: Recommendations for Practitioners
- "What Medications Can Cause Dry Mouth?"
- American Dental Association, Medications that Cause Dry Mouth
- Smiles for Life
- Oregon Oral Health Coalition
- Oral Health Care Tips for Children with Developmental or Behavior Concerns
- Western States Center Racial Justice Assessment Tool
- A Framework for Stratifying Race, Ethnicity and Language Data
- Oral Health Risk Assessment Tool
- Oregon Oral Health Coalition's Oral Health Toolkit
- Find A Dentist

NATIONAL COUNCIL for Mental Wellbeing

Upcoming CoE Events:

CoE Office Hour: Understand Health Inequities, Health Disparities & Social Determinants of Health within Integrated Care Settings

Register for the office hour on Thursday, December 16, 2-3pm ET

Motivational Interviewing in Integrated Care Settings

Register for the webinar on Tuesday, January 18, 2-3pm ET

CoE Office Hour: CareQuest ECHO Launch

Register for the office hour on Thursday, January 27, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

Looking for free trainings and credits?

Check out integrated health trainings from Relias here

Subscribe for Center of Excellence Updates

Subscribe here

NATIONAL COUNCIL for Mental Wellbeing

Thank You

Questions?

Email integration@thenationalcouncil.org

CareQuest: Email Sarah Neil, Director of Practice Improvement & Consulting at SarahN@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

NATIONAL COUNCIL for Mental Wellbeing