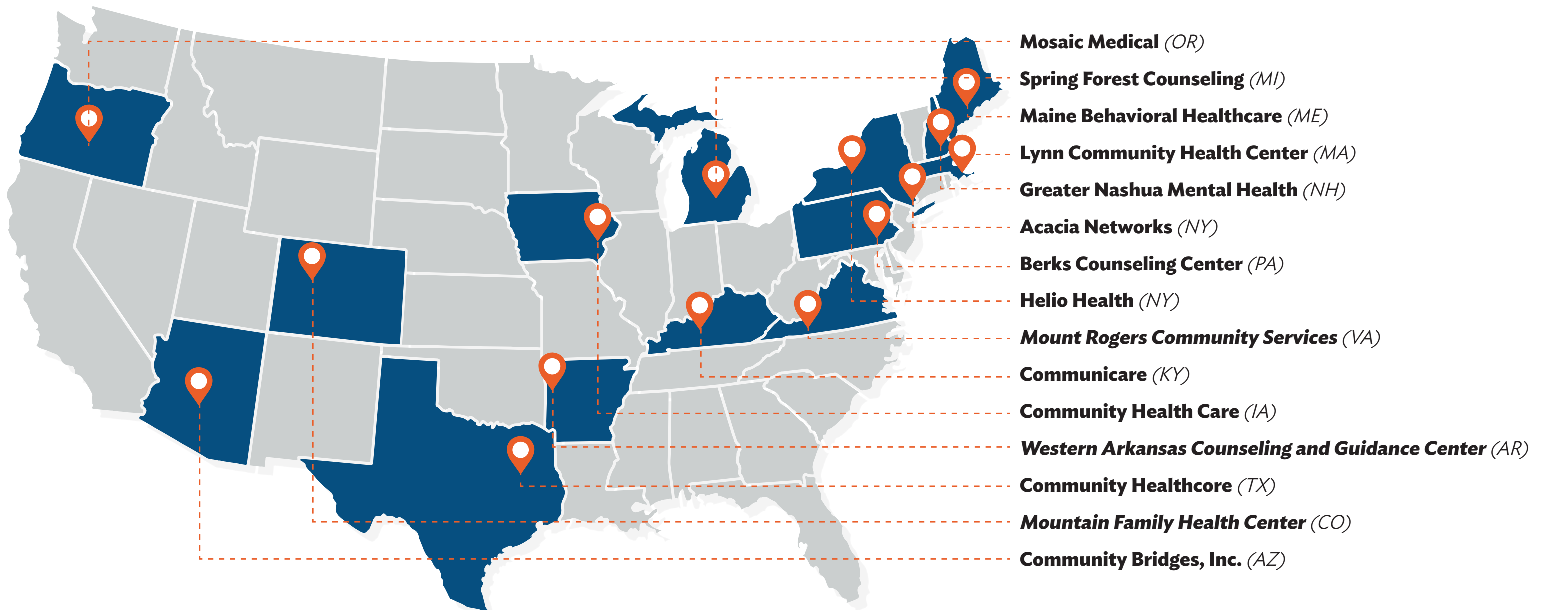
ORAL HEALTH, MENTAL HEALTH AND SUBSTANCE USE:

Recommendations and Findings from the Oral Health Integration ECHO

NATIONAL COUNCIL *for* Mental Wellbeing

PROJECT SUMMARY

Using the ECHO Model™, the National Council for Mental Wellbeing helped advance the capacity to integrate oral health with mental health and substance use treatment services (collectively referred to as behavioral health) for **15 health provider organizations** across the nation that serve a total of **227,303 individuals**. The diverse group of experts and ECHO faculty members created an **18-session series** that met twice monthly to present best and promising practices related to oral health and behavioral health integration, explore and understand organizational needs, facilitate peer-to-peer learning and develop necessary tools and resources to assist organizations as they advance integration. This brief provides a summary of the ECHO with evaluation findings and recommendations to advance the field of integrated oral health, mental health and substance use treatment services.



Participating Organizations: *7 Certified Community Behavioral Health Clinics (CCBHCs). 4 Federally Qualified Health Centers (FQHCs). 4 other community mental health and/or substance use treatment organizations.*

ECHO Curriculum Topics	
Background and rationale	Educating staff and clients
Health equity considerations and strategies	Screening and referral from one system to another
Cross-system service provision	Embedded oral health services within behavioral health settings
Sustainability and financing considerations	Leveraging data for improvement and expansion
Integration across co-located services	Oral health brief interventions within behavioral health settings

PARTICIPANT EXPERIENCES

The National Council and its team of experts designed an organizational self-assessment (OSA) for participating organizations to complete at the launch of the ECHO series and again at the end of the series. The OSAs evaluated the participants' readiness, barriers and capacity-building goals to advance integrated oral health care. This section outlines learnings and recommendations identified from the OSAs and other data collection methods.

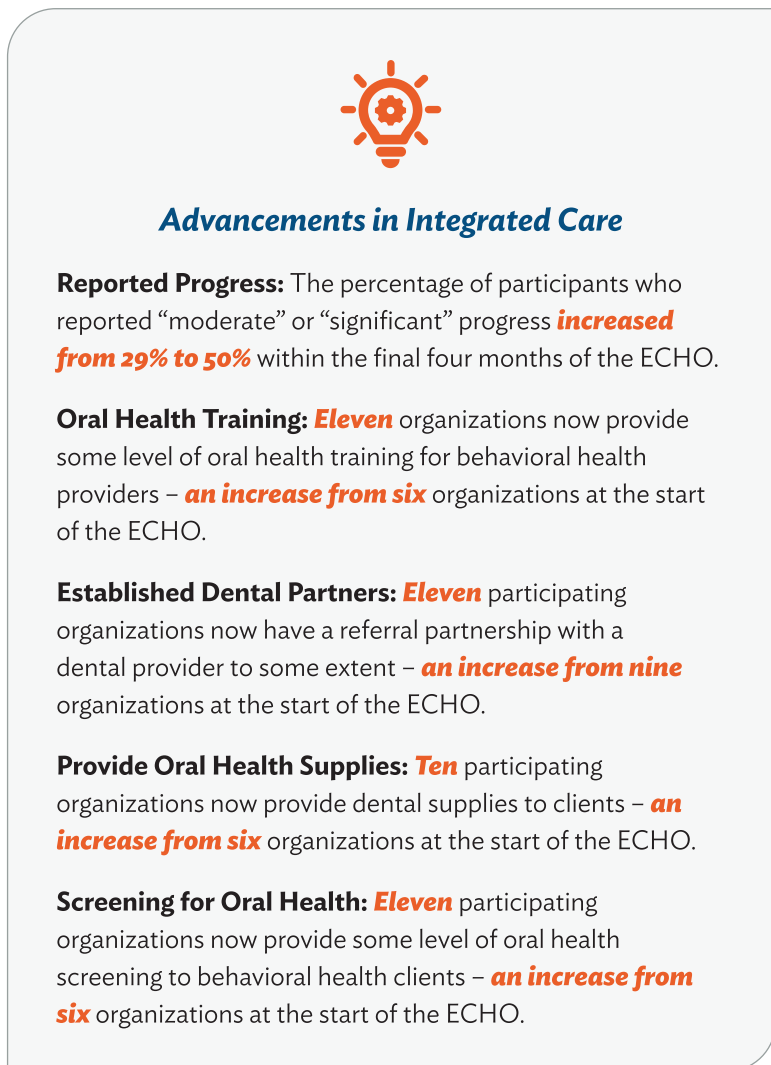
100%
*reported that **addressing health equity** is a key component of their **integration efforts.***

100%
reported knowledge growth in topics related to:
- *Oral health integration rationale and oral diseases.*
- *Oral heath brief interventions.*
- *Addressing health equity.*

100%
*overall **satisfaction** ratings.*

73%
*reported knowledge growth in **all topic areas** covered in the ECHO.*

ACCOMPLISHMENTS



Advancements in Integrated Care

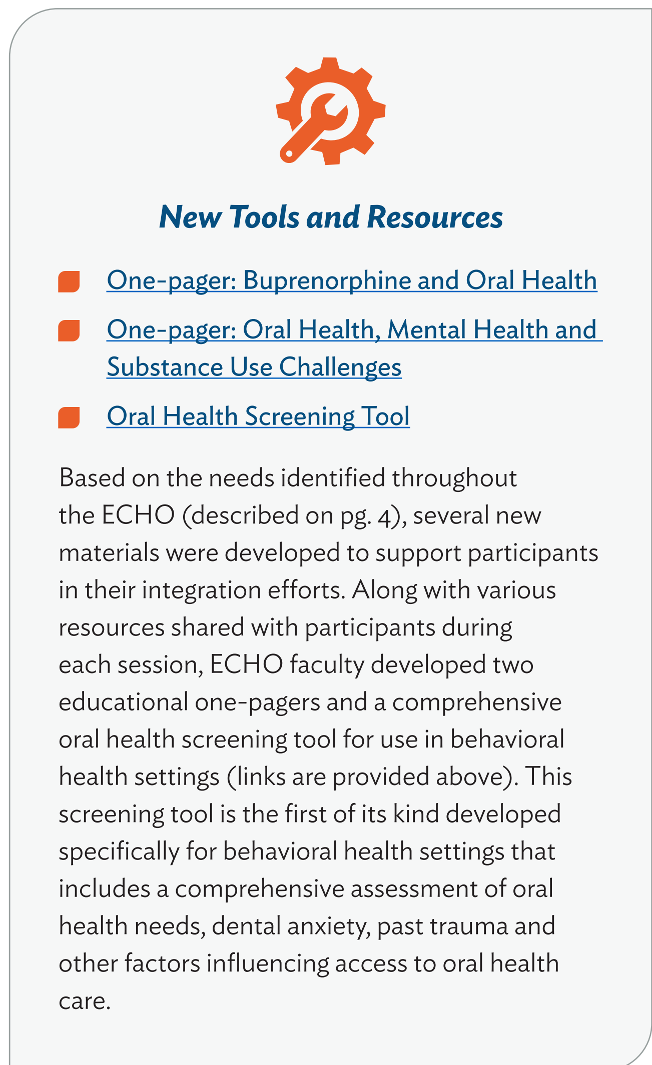
Reported Progress: The percentage of participants who reported "moderate" or "significant" progress ***increased from 29% to 50%*** within the final four months of the ECHO.

Oral Health Training: ***Eleven*** organizations now provide some level of oral health training for behavioral health providers – ***an increase from six*** organizations at the start of the ECHO.

Established Dental Partners: ***Eleven*** participating organizations now have a referral partnership with a dental provider to some extent – ***an increase from nine*** organizations at the start of the ECHO.

Provide Oral Health Supplies: ***Ten*** participating organizations now provide dental supplies to clients – ***an increase from six*** organizations at the start of the ECHO.

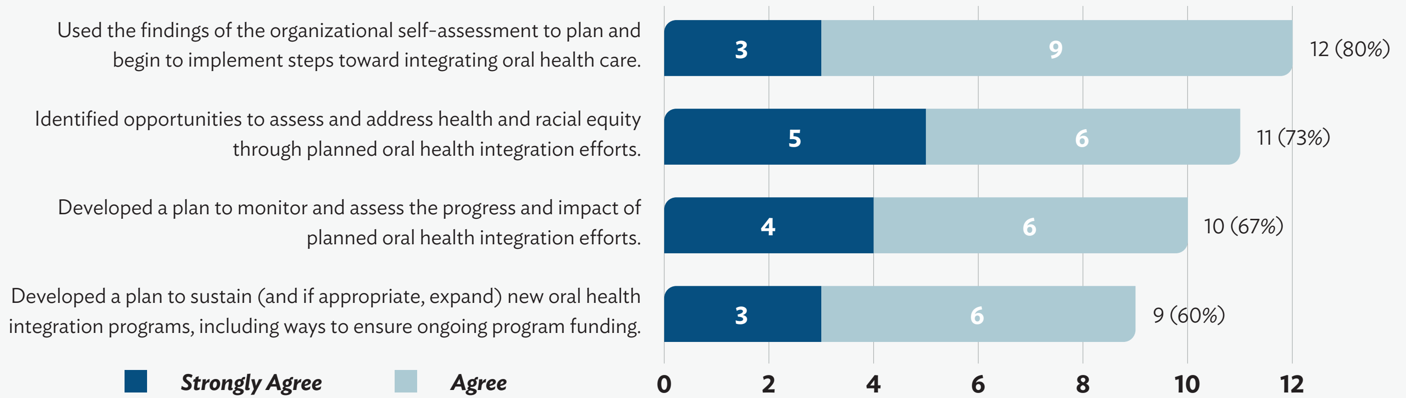
Screening for Oral Health: ***Eleven*** participating organizations now provide some level of oral health screening to behavioral health clients – ***an increase from six*** organizations at the start of the ECHO.



New Tools and Resources

- One-pager: Buprenorphine and Oral Health
- One-pager: Oral Health, Mental Health and Substance Use Challenges
- Oral Health Screening Tool

Based on the needs identified throughout the ECHO (described on pg. 4), several new materials were developed to support participants in their integration efforts. Along with various resources shared with participants during each session, ECHO faculty developed two educational one-pagers and a comprehensive oral health screening tool for use in behavioral health settings (links are provided above). This screening tool is the first of its kind developed specifically for behavioral health settings that includes a comprehensive assessment of oral health needs, dental anxiety, past trauma and other factors influencing access to oral health care.



Leveraging the CCBHC Model

Seven of the 15 participating organizations are Certified Community Behavioral Health Clinics (CCBHCs), which have demonstrated unique benefits to support oral health and behavioral health integration through enhanced reimbursement and advanced care coordination. Throughout the ECHO, several other participating organizations explored the CCBHC model as an opportunity to improve their integration efforts and have since received CCBHC grant opportunities to pursue CCBHC status. See the *Recommendations* section for information describing how CCBHC expansion can impact oral health and behavioral health integration nationwide.

Participant Testimonials

This experience has been invaluable for us *and the people we serve. We look forward to putting things in place to address the unmet needs of our clients."*

I am a funding advocate for our agency. And ***this ECHO*** *has been really beneficial for me personally, because it* ***helps me shape the conversation when talking to our local State and Federal stakeholders."***

Since this program we have gotten word out to our medical staff about the importance of dental health and how it relates to their entire well being. *All staff were given the tragic stories that have been shared in previous ECHOs to read and learn about, such as the child who died from lack of dental care that would have cost approx $80. We shared this story and others with staff to give perspective on patients with dental needs and showed results."*

Talking about the connection between behavioral health and oral health has been very instrumental in ***helping reduce the shame clients often feel around oral health struggles. As a result of this conversation we have had clients attend dental appointments for the first time in years."***

UNDERSTANDING NEEDS AND BARRIERS

Participants reported various barriers to advancing oral health and behavioral health integration that were collected through the pre-OSA and post-OSA. While **100% of participants** reported that the ECHO helped them address many of their barriers to advancing integration, the progress made throughout the ECHO uncovered further complex barriers that participants experienced as they began to implement new integration strategies. Barriers to advancing integration, as reported by participants, are listed in Table 1.

Percentage of participants reporting "significant" barriers ***decreased from 36% to 21%*** throughout the final four months of the ECHO.

Table 1. Reported Key Barriers	
Resources and Continued Education (electronic health records (EHR) compatibility, training, screening tools, etc.)	**93%**
Staffing Capacity	**43%**
Funding	**43%**
Identifying Compatible Dental Partner	**43%**
Competing Priorities	**21%**

"We learned how to overcome the barriers that we face through creativity and incremental change. By learning what other people were doing, it helped us see our own possibilities." – ECHO Participant

Resources and Continued Education: When asked to share the top three things needed to support their organization's advancement of oral health and behavioral health integration, participants most frequently mentioned additional training, education and resources (93%). Half of participants noted continued oral health education and training for their behavioral health staff remained an important need, along with dedicated tools and guidance to best support integration implementation. Many participants are now using different methods for screening oral health needs; however, participants reported that their methods are not standardized, not comprehensive and do not align with their current EHR systems, creating many barriers to understanding the impact of the screening tool or process. The National Council hopes their newly developed oral health screening tool will help to address this need.

Funding and Insurance Coverage: Inadequate insurance coverage and financial resources were a prominent theme in the post-OSA and topic of discussion throughout the ECHO series. In response, ECHO faculty shared guidance and tools to

Specific Funding Barriers

- Inadequate coverage of oral health services in non-Medicaid expansion states.
- Lack of guidance and information shared by managed care organizations and insurance agencies regarding appropriate billing codes and use of dental care billing codes in behavioral health settings.
- Limited oral health providers that accept clients with Medicaid benefits or underinsured clients, especially in rural communities, to serve as partners to behavioral health providers.
- Lack of guidance and information shared from employers who provide dental insurance regarding the dental insurance options, available providers and payment options.

understand variations in Medicaid adult dental coverage, as well as strategies for billing and financing for oral and behavioral health integration work.

Staffing Capacity: Six of the 14 (43%) post-OSA respondents indicated limited staffing capacity as a primary barrier to advancing integration. Although the National Council provided guidance on how to support oral health integration efforts ways that add minimal burden to behavioral health staff, most participants indicated that their organizations are currently understaffed and hope that integration efforts will improve once more staff are hired. Many organizations also developed innovative staffing models to address this challenge, including partnering with dental schools to leverage the services and expertise of dental students and interns.

Compatible Dental Partner: By the end of the ECHO, 11 participating organizations identified a dental partner, but many are still working to identify partners that best meet their community's and clients' needs. Participants in rural communities described more unique challenges for identifying compatible dental partners. Several participants intend to identify oral health partners who provide trauma-informed services to best serve clients with behavioral health needs.

Top Three Limitations to Identifying a Dental Partner

1. Medicaid coverage and serving underinsured individuals.
2. Ability to accept new clients.
3. Experience or training to provide support to behavioral health clients.

Competing Priorities: In addition to staffing and workforce barriers, many participants noted competing organizational priorities as a challenge to oral health integration. Some participants shared that their organizations' emphasis on integrating primary care and behavioral health services inhibited their ability to advance oral health integration. However, the ECHO model helped underscore the importance of oral and behavioral health integration work, with nearly double the number of participants reporting that various oral health integration activities were "very important" or "important" to their organization's efforts by the end of the project, when compared to the beginning.

RECOMMENDATIONS

Throughout this ECHO, the 15 participating organizations shared feedback and other data that guided the direction of the ECHO and the subsequent list of the following recommendations. These recommendations fall into two overarching categories: 1) provider and practice-based recommendations and 2) local, state and federal policy recommendations.

Data Collection Methods	
☑ Pre-OSA (Organizational self-assessment)	☑ Post-session surveys
☑ Zoom polls during session	☑ Live session discussions
☑ Mid-point survey	☑ Case presentations
☑ Participant final report-outs	☑ Post-OSA

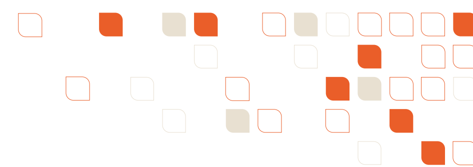
Provider and Practice-based Recommendations

1. **Build capacity of the behavioral health workforce to identify and address oral health concerns.** To ensure the behavioral health workforce has the staffing ability and skills needed to integrate oral health services, the National Council recommends organization-wide training on oral health integration topics including: the importance of integrated oral health; common oral health diseases, specifically associated with behavioral health diagnosis like anxiety or depression; dental problems frequently associated with medications used to treat common substance use and mental health disorders; strategies for providing basic education to clients about the importance of oral health/hygiene; understanding impacts of social determinants of health needs; and strategies for screening, referring and providing brief interventions to support oral health needs for behavioral health clients. This information and training should be provided to all staff who are involved in client services and encourage the inclusion of peer support services and community health workers when appropriate.

2. **Build capacity and ability of the oral health workforce to address mental health and substance use challenges.** Clients experiencing mental health and substance use challenges may have traumatic experiences associated with oral health diseases and/or dental appointments that may result in dental anxiety. However, most dental schools and education programs do not include training related to trauma-informed care or mental health and substance use challenges. Educating the oral health workforce on the topic of trauma-informed and resilience-oriented care can create a more inclusive environment among dental care teams to support their diverse workforce. The National Council plans to develop a series of resources and supports for oral health providers to help broaden their understanding and skills to best support mental health and substance use treatment needs when presented in oral health settings. The National Council also recommends that dental schools include training and education related to trauma-informed care, motivational interviewing and the connection between oral health and behavioral health within their curricula to best prepare oral health providers to provide client-centered and compassionate care.

3. **Create and test oral health tools for broader adoption by behavioral health organizations.** ECHO participants cited their greatest need as education, tools, templates and resources that they can tailor for use within their clinical settings. In response, the National Council plans to implement and test the newly developed oral health screening tool for use within a small group of behavioral health settings. The National Council recommends building an evidence-based set of resources for broader dissemination across the behavioral health field by testing this tool and developing accompanying implementation resources.

4. **Leverage additional training and technical assistance (TTA) support.** Advancing the integration of oral health and behavioral health requires a fully dedicated team willing to implement, test and share new ideas. Organizational change takes time and commitment from leadership and staff, as well as access to expertise on integration best-practices and tools. While ***100% of participants*** reported that the ECHO helped them address many of their barriers to advancing integration, the progress made throughout the ECHO uncovered further complex barriers that participants experienced as they began to implement new integration strategies. This list of needs will be the primary target of the National Council's training and technical assistance (TTA) efforts moving forward. Because there is a limited evidence-base supporting oral health and behavioral health integration models, national TTA efforts are critical to continue exploring, testing and implementing best practice models and tools. Therefore, the National Council recommends continued funding from government and foundation programs to support national TTA efforts that build the capacity of health providers through structured implementation support to measure and scale best practices.

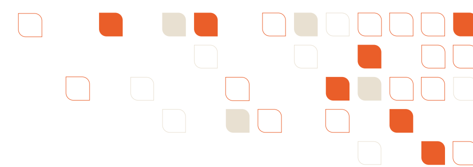


5. **Maximize provider-level billing opportunities.** As discussed earlier, one of the main barriers to integrating services with an oral health provider partner is lack of funding and limited billing options. The National Council recommends that organizations use several specific billing codes (see Table 2) for provider organizations to ensure their integrated care strategies are sustainable.

Table 2. Example Billing Codes for Oral Health Integration	
Peer services (e.g., for peer education and referral coordination, if allowed under state law and per Medicaid/MCO billing rules).	**H0038**
Medical home program, comprehensive care coordination and planning.	**S0280**
Health behavior assessment and intervention procedures.	**96159**
Interprofessional coordination for referral to treatment (MD/DO only).	**99446**
Telephone services, with patient (any team member).	**99441/ 99442/ 99443**
Medical team conference, interdisciplinary team.	**99368**
Billable ICD-10 diagnosis code for "fear of other medical care" (including dental phobia, fear of dentist).	**F40.232**

7. **Pursue the CCBHC Model.** CCBHCs are specially designed clinics that provide a comprehensive range of mental health and substance use treatment services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status. CCBHCs have the infrastructure and funding to establish innovative partnerships with other community providers like oral health providers, to ensure comprehensive and integrated services. They have established core requirements that enable them to provide a comprehensive array of services, either directly through their clinic or through a designated partner organization, using screenings and care coordination services. The National Council recommends that mental health and substance use treatment provider organizations coordinate with their states to explore opportunities to become CCBHCs, either by applying to participate as a CCBHC Expansion Grantee, Medicaid 1115 Demonstration waivers or through the recently announced funding opportunity for states to develop and implement the CCBHC model.

8. **Leverage partnerships between behavioral health organizations and FQHCs.** FQHCs are community-based and patient-centered organizations that deliver comprehensive integrated care services, including dental services, to underserved populations and communities. They offer a sliding fee scale and enhanced reimbursement from Medicare and Medicaid for eligible services. Although Medicare does not cover dental services except in cases where care is deemed medically necessary, some state Medicaid plans cover routine and expanded dental care, as many states expand coverage through the Affordable Care Act. Behavioral health provider organizations can partner with FQHCs to serve as coordination and referral partners for primary care services as well as dental services.



Local, State and Federal Policy Recommendations

1. **Expand state opportunities through 1115 Waivers:** Some states have used Medicaid 1115 Demonstration waivers to make changes from normal federal guidelines to support experimental, pilot or demonstration projects that the Secretary of Health and Human Services finds likely to assist in promoting the objectives of the Medicaid program. For example, the Oregon Health Authority leveraged the 1115 Medicaid Demonstration waiver to provide numerous opportunities to expand and improve health care. In their recent demonstration waiver, they've included a requirement for all Coordinated Care Organizations to provide integrated physical, behavioral and oral health services to all Oregon Health Plan members.

2. **Expand the CCBHC Model and service array:** As more states and health care providers adopt the CCBHC model, more individuals have access to mental health and substance use treatment services. Currently, there is not a specific requirement for CCBHCs to provide oral health services; however, many are partnering with dental providers or hiring their own team of dental providers to provide integrated oral health services. Because CCBHCs dramatically improve access to care in the communities they serve, the National Council recommends that states coordinate with state agencies and the Substance Abuse and Mental Health Services Administration (SAMHSA) to discuss opportunities to explicitly include oral health requirements within CCBHC programs. This could improve access to oral health services and strengthen the connection and integration of oral health, mental health and substance use services.

3. **Coordinate with policymakers and associations on state-level information.** Because there is a lack of guidance and information shared by employers about their dental insurance offerings, individuals often are not aware of what services their plans cover and how to access covered care. The National Council recommends that state Medicaid agencies and associations collaborate to provide more clarity and information to providers and clients regarding covered dental services and billing procedures. The National Council also recommends that states develop educational resources and implementation tools to share with providers across the state to raise awareness of the need for integrated oral health and behavioral health services (e.g., through conferences, marketing campaigns) and support providers and clients in identifying providers and payment options based on the state's insurance landscape.

4. **Convene a policy roundtable to discuss national and state implications and opportunities.** The National Council recommends convening key policy and practice experts (including local, state and federal policymakers; payers; and subject matter experts) for a virtual policy roundtable to discuss ECHO accomplishments and suggested policy changes that will:
   - Build consensus around the value proposition for integrating oral health care with mental health and substance treatment and primary care.
   - Explore solutions to bridge the gap between evidence-based practice recommendations and regulatory and financial support of oral health integration.
   - Increase access to insurance coverage, including comprehensive Medicaid adult dental benefit in all states.