

# Building Your Behavioral Health Referral Network in the Context of Healthy Start



May 31, 2018

# Welcome and agenda

Welcoming Remarks

**Dawn Levinson**, Division of Healthy Start and Perinatal Services (DHSPS)

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Expert Presentations

**Amy Pepin**, JSI, Community Health Institute  
**Danielle Lowe and Georgea Madeira SHIELDS**  
*for Families, Los Angeles, CA*

**Sharon Donaldson**

*Center for Health Equity, Inc., Quincy, FL*

Q/A and Discussion

All



# Pretest

- SAMHSA's treatment locator resource includes information on only select states in the US (True or False)
- Behavioral health providers are required by law to serve all clients that need services without programmatic eligibility requirements. (A – No – many programs have eligibility requirements and it's important to know them prior to referral.)
- The goal of making a referral is to ensure the client is linked to correct services and that they follow through (True/False)



# Welcoming Remarks from the Division of Healthy Start and Perinatal Services

Your expert presenters today:



**Dawn Levinson**  
HRSA/MCHB/DHSPS



**Amy Pepin**  
Community Health  
Institute



**Georgea Madeira**  
SHIELDS for Families



**Danielle Lowe**  
SHIELDS for Families



**Sharon Ross-Donaldson**  
Center for Health Equity



Supporting communities to  
give every child a Healthy Start.  
**Healthy Start EPIC Center**



# Developing a Behavioral Health Referral Plan





# Organizational Planning

Organization/programmatic referral planning and relationship building

Focus on types of behavioral health services that clients frequently require access to, not on individual clients

Utilize existing relationships that your organization has within the broader community/state

Identify core needs and the process to continue to add to the referral network over time

# Identifying Behavioral Health Providers

Understanding the potential available network using state and national resources

<https://findtreatment.samhsa.gov/>

Buprenorphine Treatment Locator

<https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator>

The screenshot displays the SAMHSA Buprenorphine Treatment Locator interface. The main heading is "Buprenorphine Treatment Practitioner Locator". Below this, there is a search bar and a map of the United States. The map is currently showing the entire country, with state boundaries visible. Below the map, there are input fields for "ZIP Code", "City", and "State". The right sidebar contains several sections: "Behavioral Health Links", "Federal Government", "Health and Human Services Agencies", "Behavioral Health Agencies", "Informational Websites", "Self-Help, Peer Support, and Consumer Groups", "Self-Help Groups (Addiction)", "Peer Support (Mental Health)", "Mental Health Consumer Assistance", "Consumer Advocates", "Children", "Violence, Active Duty Military, and Military Families", "Clinical Trials", and "Drug-Free Workplace". There is also a "Behavioral Health Treatment Services Locator" section with a "PLEASE NOTE" and a "Enter a starting location to search facilities:" field. The bottom right corner features a "SAMHSA Locator" section with a "Find Help" button and a "NATIONAL SUICIDE HELPLINE" banner.



# Developing Programmatic Relationships

“Dating” potential referral sources

- Make an appointment
- Physically visit and meet staff

Understand Program Eligibility

Understand Level of Care

Formalize referral relationship, when possible

Danielle Lowe, MSW Youth Services Director  
13 years with agency

Georgea Madeira, LMFT Senior Director  
10 years with agency



# Poll

- Is your Healthy Start program co-located with behavioral health services? Yes/No

# Referral

- Goal to ensure client is linked to correct services and they follow through
- Steps
  - Having the right staff/ staff training
  - Build rapport
  - Gather consent/gather participant history to link to appropriate services/ don't overwhelm with all services at once prioritize
  - Warm hand off
  - Remember all services are individualized- no one person needs the same thing

# SHIELDS for Families

- Who are we?
- believing, building becoming
  - Believing
    - Participant- your values/ mission
  - Building
    - Discovering client needs
    - Collaborative partnerships within community
  - Becoming
    - Participant Success
    - New programs- bridging the gaps
    - Integrating services
    - Meeting clients needs vs the money



# **The Center for Health Equity, Inc.**

**Building Your Behavioral System within Your Health Start Project**

**May 31, 2018**

**Presented By: Sharon Ross-Donaldson**

# Organizational Background

- The Center for Health Equity, Inc. (CHE) was founded in 2000
- Mission has been dedicated to public service and participatory research that is community-based and focused on the elimination of disparities in health, due to race, gender, age, socioeconomic status or geography.
- Located in Quincy, Florida
- Community Based Organization (Rural)
- Target Population: Black/African American, Low-Income with particular focus on preconception and interconceptional women ages 14-44.
- Two primary service delivery models is home visiting and peer support groups.
- CEO/President and program directors have over 30 years of experience in state and local maternal and child health and behavioral health services.
- CHE home visiting team comprised of master's degree clinicians, RN and master's level social work interns.

# Problem Statement & Overall Need for Behavioral Health

## Problem Statement:

- There is limited to no behavioral health service providers in the county served by the CHE
- There is limited transportation for consumers to get to services in the county and/or neighboring counties
- Many of the CHE's consumers, Federal Healthy Start (FHS) consumers, assessed were identified as having mental health concerns that needed to be addressed
- Ethical question: Do we assess knowing there is little to no places to refer? Or do we create an avenue to and provide services to fill this gap in service?
- We chose to figure out how to provide behavioral health services to address this growing need.

# Assessment of Internal Capacity

## Assessment Questions:

- What would a model look like in Federal Healthy Start to address both maternal/child health and behavioral health services?
- Where might additional funding come from to test a combined model?
- What would internal staffing capacity look like?
- What partnerships would be necessary to sustain and continue development of behavioral health services?

# Creation of Behavioral Health Model

- **Change in Staffing Composition:** Home visiting team went from paraprofessional/BS level home visitors to Masters level clinicians home visitors.
- **Recruitment and Retention of Masters Level Staff to Rural Area:** Established a relationship with Florida State University, (FSU) College of Social Work, in a neighboring county, to allow Master's level interns educational opportunities. In turn, interns desired positions at the agency. CHE also encouraged internal staff to obtain higher education and supported them through flexible schedules so they could attend school. CHE also offers clinical supervision for Master's level professional seeking licensure.
- **Securing Funding to Test Combined Model:** CHE wrote for a Blue Foundation grant and received funding for 2 years to create what we called the Biopsychosocial team. Funds were able to pay for a RN , Nutritionist and LCSW to work with the home visiting team. All team members were cross trained on nutritional and some health education information.
- **Sustainability to Continue the Work:**
  - Partnership with FSU College of Social Work has secured CHE receiving anywhere in upwards of one to four Master's' level Social Work interns each semester.
  - Recent partnership with FSU College of Nursing will secure nursing students each semester.
  - Contractual partnership with local Child Welfare entity has purchase of services from CHE because of behavioral health professional availability in rural community
  - However, the need is great so we continue to need and seek additional funds to support this model.
- **Meeting the Needs of Community:** All services remain home based which is beneficial to consumers due to limited to no transportation.



# Center for Health Equity, Inc. Contact Information

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CEO/President

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# Posttest

- SAMHSA's treatment locator resource includes information on only select states in the US (True or False)
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# Wrap Up and Reminders

## Upcoming Webinar:

**June 21, 2018 - 3-4pm ET: Needs Assessment and Healthy Start**

**EPIC Center website:** <http://www.healthystartepic.org>

Includes all recorded webinars, transcripts, and slide presentations  
[AStEPP Resources](#)