Occupational Therapy in Community Behavioral Health: What Have We Accomplished and Where Are We Going…

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Introductions

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Objectives

Objective 1: Identify opportunities to include OT as a service in community MH

Objective 2: Explore potential facilitators and barriers to implementing OT in community mental health

Objective 3: Discuss actionable steps to implementing OT as a service within your organization

What is Occupational Therapy?

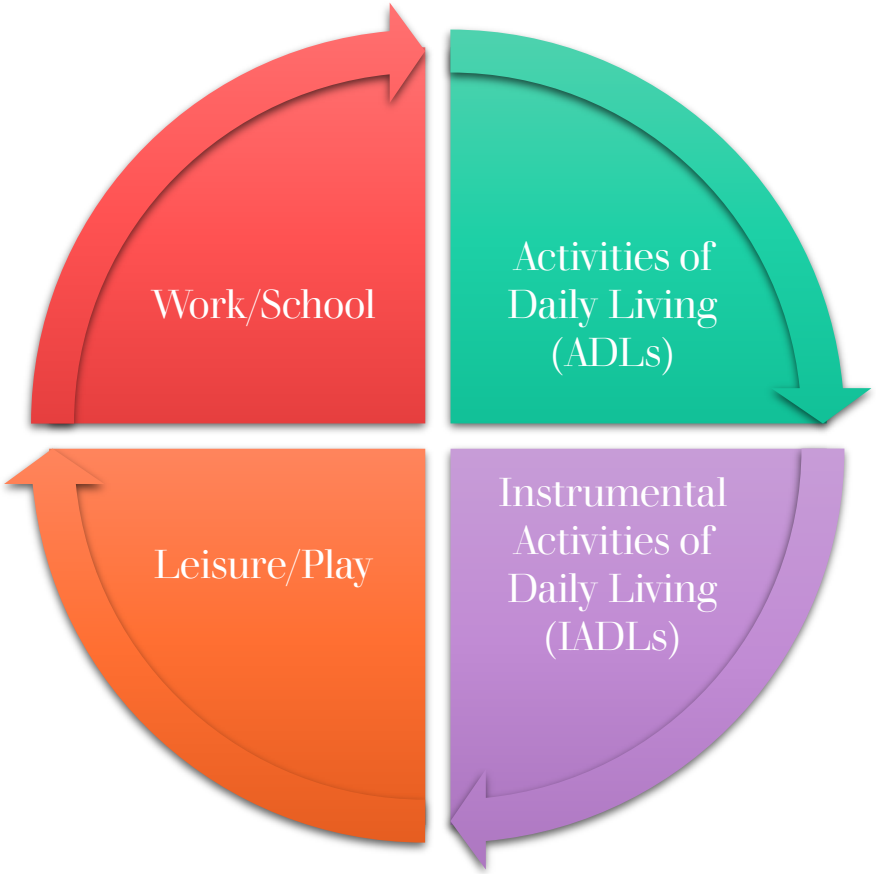
Health profession that works with people across the age span to help them participate in meaningful life activities as independently as possible.

Occupational Therapy practitioners believe that:

- People have the ability to positively impact their health and participation when given the right knowledge, tools, and supports
- People are the driver of their own behavioral change
- Behavioral change is a process that occurs when people are given the opportunity to learn and practice through "doing"

Fisher, A. & Marterella, A. (2019).

Occupations of Everyday Life



Group Discussion:

What occupations of daily living do the people you work with struggle with?

Occupation and Health

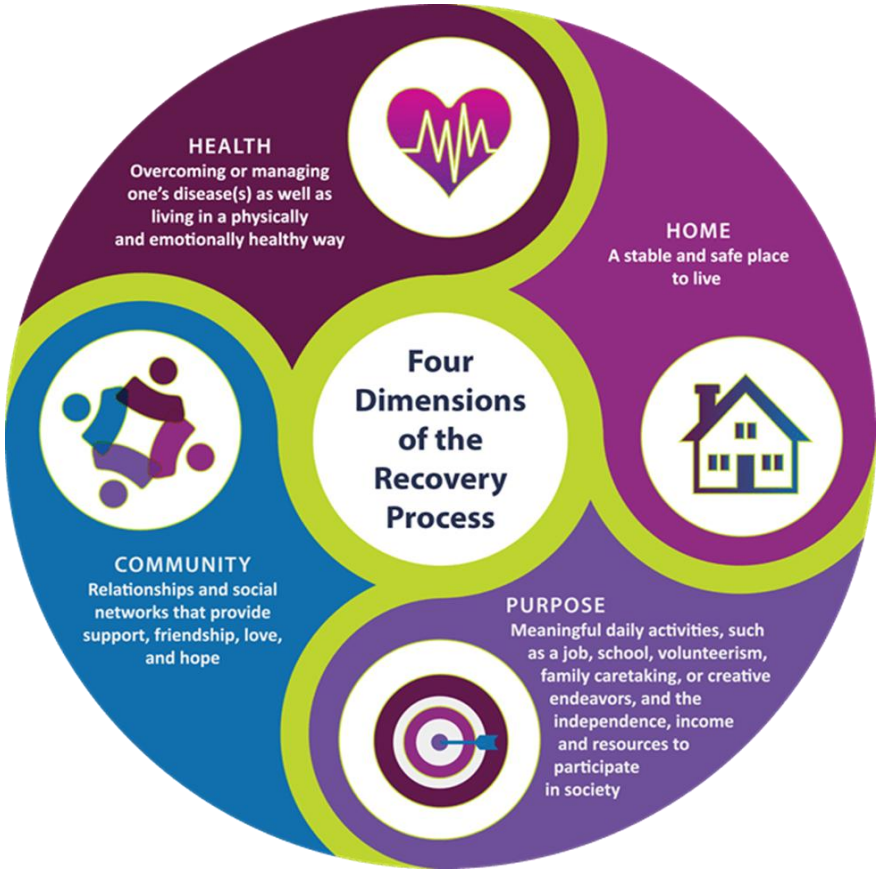
"[Health is a]... positive, dynamic, state of 'well-being' reflecting adaptability, a good quality of life, and satisfaction in one's own activities."

Yerxa (1998)

- Breaking this cycle requires:
  - Adaptation
  - Behavioral change
  - Development of new skills
  - Modification of the environment or activities

Yerxa, E. (1998); Wilcock (2006)

OT and Mental/Behavioral Health Recovery



- Promote adaptation
  - Wholistic assessment of strengths and functional challenges that impact occupations
  - Education and collaboration with client and team members
- Facilitate skill building
  - Cognitive remediation/habilitation
  - Illness management and health promotion
  - Self-regulation and coping
  - Social participation
  - Habit/Routine development
- Modify environment/activities
  - Home safety
  - Organization

Community in Crisis, 2025

OT in Community Behavioral Health

- Consultative Role: 1-3 sessions or periodic team/caregiver consultation
  - Provide information to the CBHC team about a client's strengths and areas of need
  - Identify additional supports needed to help the client be successful in the community
  - Provide training or support in modifying the environment or daily tasks to support the client
- Rehabilitative Role: 3-6 months of direct client/caregiver treatment
  - Provide information to the CBHC team about a client's strengths and areas of need
  - Develop specific goals with the clients
  - Provide individual or group OT interventions with the client

Qualified Mental Health Provider (QMHPs) Status

National Level: Recognized as QMHPs by Centers for Medicaid and Medicare and Veterans Administration

State Level:

- 13 states recognize OTs as QMHPs in the definition.
- 16 states classify OTs as able to provide mental and behavioral health care as "Practitioners of the Healing Arts" or based on their training and experience

Internationally: Canada, United Kingdom, and Australia mental and behavioral health services regularly include OT services in hospital, community, and crisis care

AOTA (2024)

So why don't I work with any OTs?

Reimbursement Barriers:

- Occupational Therapists are not QMHPs in NH thus can't provide care without a waiver from NH DHHS
- No mechanism to bill OT CPT codes in community based settings (Medicaid or 3rd party payers)
- Can bill for OT under CCBHCs daily rate when included in cost analysis

Implementation Barriers:

- CBHC organizations would need to build internal structures to support OT services (EHRs) and create contracts with 3rd party payers

Workforce Barriers:

- Limited OT practitioners in this setting to train new OTs mean a limited number of students can be trained
- Lack of community BH positions for OT practitioners in NH

How has OT been addressing these issues?

- Workforce Development
  - Both UNH and MCPHS OT programs have been partnering with CBHCs
    - UNH 2017-2025: HRSA BWHET grants to place OT students in different OT programs
    - MCPHS: Supervised OT student run programs at MHCGM
- Reimbursement Issues
  - Updated NH OT Practice Act to legally define our role and training in mental and behavioral health
  - Working closely with NH DHHS to create:
    - A waiver for OT to provide care as a part of FSS
    - Inclusion of OT in CCBHCs policies
    - A permanent pathway for OT practitioner to an additional service in CBHCs
    - Pathways for reimbursement through Medicaid and 3rd party payers
- Implementation Barriers
  - OT Pilot Project

Pilot Project Evolution

2022

Started meeting with CBHC to explore how to add OT

2023

Collaborate with Partners

2023

Proposal for OT Salary funding

2024

Jan: Received funding
March: Hire OT
May: Start OT
July: Internal grant funding
August: Funding for OTA

Back to the Beginning….

One position for an occupational therapist was funded for one year

The position was split between two Community Behavioral Health Centers

MCPHS was the academic partner with the following research questions:

- Will a structured implementation of an OT program develop reach within the CBHC setting?
- Will OT as a service be adopted by existing CBHC staff?
- How will OT as a service be implemented in the CBHC setting?
- How sustainable is occupational therapy as a service in the CBHC model?
- What resources or equipment are identified as important and frequently utilized to start an OT program in this setting?

Where was OT for the pilot?

- CLM
  - Collaborative Care Team
  - Integrated Care Team

- MHCGM
  - NEC counselling-level 2-clinicalappointments
  - Bedford counseling-level 1-clinical appointments
  - Medical services team
  - Pediatric mental health team
  - CTI- Critical Time intervention
    - CATT-9 month
    - ITT-intensive transition team

Data on Care Provided

90 Referrals to OT (with 3 month pause)

40 Evaluations performed

515 client visits made

Over 667 hours of care

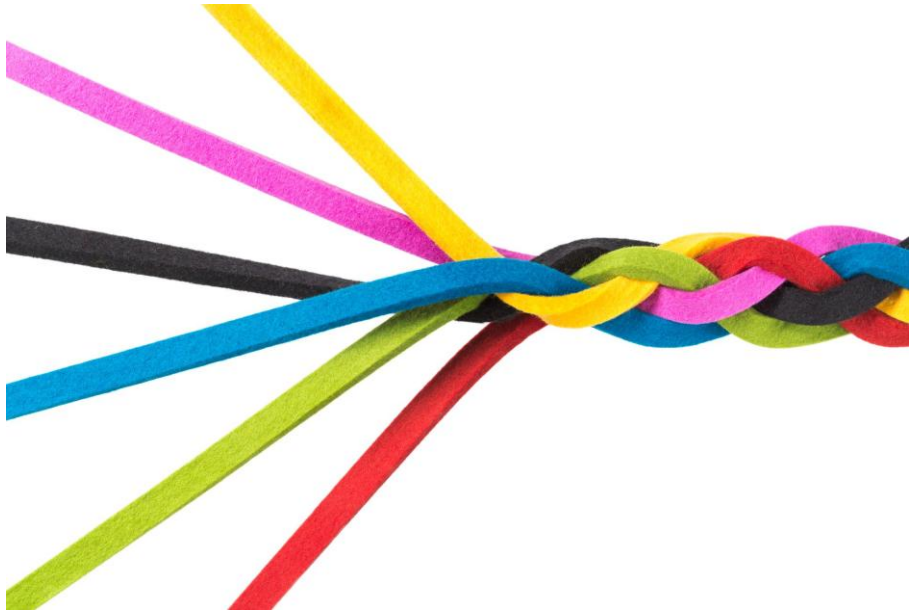
Known Facilitators

- Organization Level:
  - Strong leadership support
  - Some familiarity with OT in programs who had OT students
  - Desire to expand services
  - Mentors with CBHC experience
- State Level:
  - Strong state association
  - Good relationship with AOTA
  - Coalition of CBHC leaders advocating for OT

Facilitators We Discovered

- Organization Level:
  - Rapid acceptance-high referral rates
  - EHR system flexibility at 1 CBHC
  - Culture of learning
- State Barrier
  - Strong DHHS support for OT in MH
  - NH chosen for the CCBHC program

Pilot Study Successes



Significant changes in staff understanding, acceptance and adoption of OT

Significant positive findings around staff understanding and valuing the OT perspective caring for the clients

Strong referral patterns

Anecdotal stories about client satisfaction and engagement

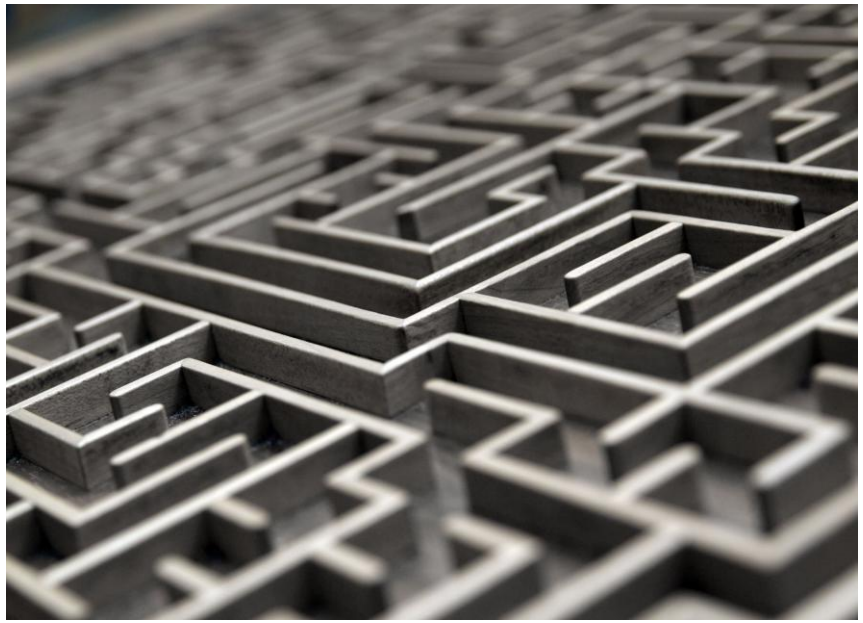
Known Barriers

- Organization Level:
  - Limited knowledge of OT and OT scope across the organizations
  - No referral process
  - No access to EHR
- State Level:
  - Lack of clarity about how to make OT reimbursable (QMHPs status, CCBHC statutes, Practitioner of the healing arts)
  - Difficulty getting regular meetings with DHHS

Barriers We Discovered

- Organization Level:
  - Differences between organizations
  - EHR
  - OT Scope vs. FSS
  - Divided time between CBHCs
  - External to the organization
  - Case Management challenges
  - Documentation challenges
- State Level:
  - Competing priorities
  - Extremely pace of policy change
  - Lack of cost analysis of OT services

Pilot Study Challenges



- Flood of referrals with no intake process to prioritize clients
- Late identification of assessment tools to report OT findings and recommendations
- Documentation system barriers
- Reimbursement challenges

So where are we now?

Workforce:

- 1 OTR and OTA are employed in 1 CBHC in NH funded under FSS and soon the CCBHC daily rate

Reimbursement Barriers:

- Continue work with NH DHHS
  - Update law to include OT as skilled professional who can provide client evaluations
  - Create pathways to Medicaid reimbursement
  - Partner with new organizations who are applying for CCBHC status to consider OT as part of cost analysis

Implementation:

- Applying for an additional grant to fund testing of a new OT intake and referral process that could be tailored to individual organizations to help them implement OT services

Group Discussion:

What questions do you have about OT?

How can we partner with you to add OT to the services you provide?

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