Behavioral and Mental Health Services

One Community Health

One Community Health is now offering behavioral and mental health services at Hood River County School District's two middle schools:

- **Wy'East Middle School on Tuesdays**
- **Hood River Middle School on Wednesdays**

Our hope is that by bringing mental health services to the school, all youth have access to mental health supports they need without transportation, cost and time away from school becoming barriers.

How do I sign my child up for services?

Please call the School-Based Health Center (SBHC) at (541) 308-8345 and speak to our Coordinator. They can help guide you through the registration and scheduling process. You can also request an appointment online by using the QR code.

Before we can schedule the first appointment with a behavioral health provider (BHP), the following forms will need to be completed and faxed to (541) 256-4208 or brought to the SBHC:

	Form	What is this?	Notes
☐	New Patient Registration	A form with basic information about the student, the parent & insurance information	Phone number should be guardian's preferred contact number
☐	Consent to Disclose Health Information Verbally	Allow designated people to be informed of student's appointment information such as dates and times	To include: □ HRCSD Staff
☐	Application for Discount Program	Ensures patients receive no-fee or low-fee services	Please only include name of student/patient and sign at bottom
☐	Unaccompanied Minor Form	Allows the student to be seen without parent present (if under 14 years old)	

What is a Behavioral Health Provider (BHP)?

A Behavioral Health Provider (BHP) is a credentialed mental health professional that has specialty training in the connection between the mind and body to address a person's overall well-being. BHPs can help patients develop skills to effectively manage emotional or behavioral difficulties such as anger, anxiety, grief, depression, and stress. BHPs can also assist in motivating patients to make lifestyle changes such as improving sleep habits, increasing exercise, and improving interpersonal relationships with family members, peers, and teachers.

What are the appointments like?

The first appointment, or intake appointment, is between you, your child and the BHP. This appointment ensures everyone understands your child's needs and the next steps for care. You can expect the behavioral health provider to ask specific questions about emotional and physical concerns and behaviors. This appointment will last approximately 30-40 minutes. At the end of the appointment, the BHP will provide a brief assessment and treatment plan.

Ideally, this first appointment is in-person. However, we can also coordinate a virtual intake appointment on MyChart. Following the intake appointment, your child will be scheduled for follow-up appointments where they will work one-on-one with a BHP, helping to make positive changes and improve emotional well-being.

As your child's guardian, we ask that you be available to be contacted occasionally by the BHP. This allows the behavioral health provider to provide updates and address any concerns that came up during the in-school appointments.

Where do students go for their visit?

On the day of the appointment, the school attendance or counseling office will retrieve your child from their class for their scheduled appointment time. Their appointment is located in a designated office space within the school.

What if they're upset after the session?

We understand that sometimes counseling can bring up tough emotions. The BHP will work with the school counseling office to ensure your child has the time and support they need until they are ready to return to class safely.

How can guardians expect to be included?

It is so important to have guardian support through this process! We do everything we can to involve guardians in a patient's care. At the beginning of services, the BHP and guardian will discuss expectations regarding guardian involvement.

What if I need to cancel an appointment?

You can cancel or reschedule your appointment by calling or texting 541-308- 8345. Please do your best to cancel within 24 hours of your appointment time.

Guardians and/or patients will also receive a reminder text the day before the scheduled appointment.

How does billing work for this service?

If you have insurance, we prefer to bill insurance for the visit. OCH accepts Oregon and Washington Medicaid, Medicare, and commercial insurance plans. If your insurance requires copays and copays are unaffordable or are a barrier to receiving services, please make sure you complete the Application for Discount Program registration form.

We encourage anyone who is uninsured to apply for Medicaid insurance. If you qualify, this ensures you can get the medical, dental, and behavioral health care you need with minimal cost to you. You may qualify for this type of coverage secondary to your primary coverage. One Community Health has Patient Care Advocates who can help you apply for Medicaid coverage for your family. Call or text (541) 386-6380 for bilingual help with applying for insurance - this service is available to all community members.

If you do not have health insurance OCH offers a sliding fee discount based on family size and income. Patients will never be turned away because of an inability to pay.

Do you have more questions?

Contact the School-Based Health Center team at (541) 308-8345.

New Patient Registration

One Community Health

About You

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Preferred Language

Mailing Address	City, State, Zip Code	Gender

Physical Address (if different)	City, State, Zip Code	Mobile Phone #	Home Phone #

Email Address	Best Number to use: ☐ Mobile Phone # ☐ Home Phone #

Responsible Party/Guarantor (if different from above)

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Preferred Language

Mailing Address	City, State, Zip Code	Relationship to Patient

Physical Address (if different)	City, State, Zip Code	Mobile Phone #	Home Phone #

Email Address	Best Number to use: ☐ Mobile Phone # ☐ Home Phone #

Insurance Information

Primary Insurance	Policy #	Secondary Insurance	Policy #

Subscriber Name/Name of Insured	Group #	Subscriber Name/Name of Insured	Group #

Subscriber Date of Birth	Policy Effective Date	Expiration Date	Subscriber Date of Birth	Policy Effective Date	Expiration Date

Consent to Disclose Health Information Verbally

One Community Health

One Community Health (OCH) will only release Protected Health Information (PHI) as permitted by patient confidentiality laws. OCH reserves the right to use or disclose patient's PHI without patient's consent to the extent allowed by applicable law, including but not limited to uses or disclosures identified in OCH's Notice of Privacy Practices.

Patient

Last Name	First Name	Date of Birth (MM/DD/YYYY)

Authorized Phone Number(s)

I hereby authorize OCH staff to leave a brief voicemail messages at the following phone number(s):

Phone Number(s)

Authorized Person(s)

I hereby authorize OCH staff to discuss my PHI with the following person(s):

Name	Relationship to Patient	Phone
Hood River County School District Counseling/Attendance Staff	Patient's school	

Certain information cannot be released without specific authorization as required by state or federal law. By checking the specific boxes below, you authorize the disclosure of the following protected information with the listed family or friends above:

- ☐ Mental health diagnoses, prognosis, and treatment
- ☐ Substance use diagnoses, prognosis, and treatment
- ☐ Pregnancy information
- ☐ HIV / AIDS Virus
- ☐ Sexually Transmitted Diseases

Authorization

- I understand that this authorization is valid as long as I am a patient of OCH, or revoke my authorization.
- I understand that I may revoke this authorization in writing any time, but that the revocation of this authorization will not apply to information
- already released.
- This authorization allows for verbal communication (both in person and on the telephone) between OCH and the designated person(s) on this
- form. It does not allow for copies of medical records to be released.
- This form is not valid unless signed and dated.

Signature of Patient / Representative

Date

Printed Name

Relationship of Personal Representative

Application for sliding scale discount program

One Community Health

For your assistance, we have a discount program. In order for us to determine if you qualify, please provide us with the following information, in addition to proof of income. Common proofs of income include:

- Last year's taxes
- W-2 From Employer (s)
- Most recent pay stubs (2)
- Self-employment records
- Social Security / SSI
- Worker's Compensation
- Public Assistance
- Disability
- Unemployment
- Pension funds
- VA Benefits
- Grant / Scholarship

☐ Provide Household Information **Please provide proof of address for for household members over the age of 18*

How many people are supported by this income? Use the number of persons who live in the same household and who share income, food and rent. That number may include you, your spouse, and/or any dependents.

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

FOR OFFICE USE ONLY

All fields must be completed. Attach all proof(s) of income to this application. Run two tapes on calculator and attach to form.

Verified annual income	
# in household	
Discount level	
Proof of income	
Received by	
Approved by	
Date entered	
Chart #	
Account #	

Approved by (Welcome Team Mgr or Billing) Date

Self-Declared Houseless / No income (applies for ONE VISIT ONLY)

How are you receiving food and shelter?

If declared houseless, please check all that apply to your current living situation:

- ☐ In parks / on streets / under bridge
- ☐ Living in vehicle
- ☐ Hotel / Motel
- ☐ Staying with others, no rent
- ☐ Camping / traveling with no income
- ☐ Recently incarcerated

Please note this OCH program is not health insurance.

Authorization

By signing, you confirm the information provided is accurate and authorize One Community Health (OCH) to verify your financial status. This pre-approval requires income verification documents within 30 days to qualify for the sliding fee discount. If not provided or denied, you are responsible for the full visit fee.

Signature of Patient / Guarantor Date

Sliding Scale Discount Application Process

Once you have completed your Sliding Scale Discount application and gathered the required information (income verification and proof of address for everyone over 18 in the household), return all paperwork to the front desk at any OCH clinic. You should receive a letter in the mail within 3 weeks notifying you that your application was approved, denied or if there is a request for additional information.

Frequently Asked Questions

Who should sign this application? The person who is financially responsible for the account balance. All other family members in the household will be moved under the primary account holder.

What if I have other adults living in the house with me? We need income verification and proof of address for everyone in the household who is over 18 years old (adult children, aunts, grandparents, etc.)

What if my adult child was on my account but has moved out? Be sure to notify our Front Desk staff if someone needs removed from your account. We ask you provide that person's current address so we can create them their own account.

I live with roommates do you need their income? No, and you won't be able to add them to your application unless you include their income information.

I live with my family do I need to include their income? Yes, typically you have shared finances with family members living in one household. Eligibility is based on household. If you have an extenuating circumstance, please reach out to us.

What can I use as proof of address? You can use a utility bill, or any other bill with your name and address as proof of income. You cannot use your LabCorp or One Community Health bill as proof of address.

What if I just started a new job and I don't have my 2 most recent pay stubs? Contact our Billing Department to discuss options.

What if I have no income? If you do not have income (wages from employment, social security, unemployment, etc.) you can fill out an attestation (a form declaring your circumstance).

What if I am Houseless? You can apply with a one-time application by checking the "Homeless" box on the application.

What if my living or income situation changes? You are responsible for notifying the Billing Department of any updates that need to be made. If not, it could lead to termination of your discount.

How long is my discount last? One year from the date it becomes active. You will be responsible for re-applying after or before that date to continue your discount.

Contact Information

Please call our main line at (541) 386-6380 and follow the prompts to our Sliding Scale Discount Voicemail. Our Billing Department will follow up with you within 3 business days.

General Consent to Evaluate and Treat Unaccompanied Minor for Behavioral Health Services

One Community Health

I, _____, authorize One Community Health to evaluate and treat
(guardian printed name)

my minor child, _____, _____ when
(minor printed name) (minor date of birth)

unaccompanied for behavioral health services provided at HRCSD.

By authorizing my child for behavioral health evaluation and treatment:

- ·I AGREE to participate in an initial intake appointment and periodic check-ins with the behavioral health provider either by phone or in-person. Subsequent appointments will be scheduled once the intake appointment is complete.
- ·I UNDERSTAND I must provide an existing, valid phone number for verification and contact purposes.
- ·I UNDERSTAND that I may revoke this request in writing. If revoked, it would not affect any actions already taken by One Community Health based upon this authorization.

Signature of Patient / Representative

Date

Printed Name

Relationship of Personal Representative