Behavioral Health and Primary Care Integration in Rural and Underserved Areas:
A Webinar and Peer Discussion for Primary Care Offices

Association of State and Territorial Health Officials (ASTHO)
August 30, 2016

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Presenters

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- Nisha Patel, Director, Community-Based Division, Federal Office of Rural Health Policy, HRSA
Behavioral Health – An Overview of the Current Climate of Behavioral Health in Rural America and the Available Resources

Nisha Patel, MA, CHES
Acting Associate Director/Senior Advisor
HRSA/Federal Office of Rural Health Policy
Current Federal Landscape

• President Obama’s Plan Now is the Time
  – January 16, 2013, to increase access to mental health services
  – SAMHSA has played a key role
  – Developing and funding new grant programs
  – Establishing the new MentalHealth.gov website

• Secretary’s Opioid Initiative
  – Opioid prescribing practices to reduce opioid use disorders and overdose
  – The expanded use of naloxone, used to treat opioid overdoses
  – Expanded use of Medication-assisted Treatment (MAT) to reduce opioid use disorders and overdose
Table: Prevalence of Mental Illness

<table>
<thead>
<tr>
<th>Category</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (18+) experiencing any mental illness (AMI)</td>
<td>19.5%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Adults (18+) experiencing serious mental illness in the past year (SMI)</td>
<td>4.7%</td>
<td>3.9%</td>
</tr>
<tr>
<td>Adults (18+) experiencing serious psychological distress (SPD) in the past 30 days</td>
<td>5.7%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Past year major depressive episode (MDE) among Adults (18+)</td>
<td>7.2%</td>
<td>6.6%</td>
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</tbody>
</table>

Rural populations have consistently slightly higher percentage of prevalence of mental illness in all categories.

_Prevalence of Mental Illness (2010), Source: 2014 Update to Rural-Urban Chartbook, UND_
Suicide: A Rural Problem

- Suicide rate increases with rurality
- Men have disproportionately higher rates of suicide
- The West has particularly high rates of suicide, 26.4 per 100,000 population (42.4 per 100,000 Men, 10.4/100,000 Women)
Since 2002, the rate of drug overdose deaths has increased by 79%, with 200% increase involving opioids.

In 2014, opioids were involved in 28,647 deaths.

Only 2% of US physicians have obtained DEA DATA waivers to prescribe buprenorphine:
  - Only 16% of all psychiatrists have obtained waivers
  - Only 3% of all primary care physicians have obtained waivers

More than 30 million Americans live in counties without access to buprenorphine treatment:
  - 82% of the counties without a physician who could prescribe were in rural areas.
Though opioid abuse and opioid-related death has been on the rise nationally, rural communities are disproportionately affected.

- Drug-related deaths 45% higher in rural
- Rural communities have a history of substance abuse
- Rural residents are most likely to be prescribed opioid painkillers

- Rural has greater prevalence of risk factors and fewer options for treatment.
Rural Trends

Trend 1
- Opioid-related overdose deaths have increased over the past 15 years in both rural and urban, with exponential increases in rural areas from 2013-2014

Trend 2
- Rural states are more likely to have higher rates of overdose death, particularly from prescription opiate overdose

Trend 3
- Rural men may be using more, but rural women are dying more
What are we hearing?

- Integration of behavioral health into primary health care
- Reimbursement
- Workforce
- Opioid epidemic
  - 60 Minutes segment:
- Suicide Rates
  - NY Times article:
Opioid Crisis Meets Innovation

• Diversion Alert, Maine
  – Serves Tribal communities
  – Creating a patient education video for Native Americans prescribed take home naloxone on how to respond to an overdose.

• Erie County Health Department, Ohio
  – Partnership includes mental health organizations
  – Training providers and family members to recognize overdose signs
  – Distribute Evzio to first responders and loved ones of high-risk drug users
  – “Circle of care,” ensuring substance use disorders are treated like other health issues.
Domestic AIDS Network, Maine

- **Shift focus of providers**
  - Treat patients with dignity and respect
  - Focus on addressing the harms associated with the addiction

- **Integration of behavioral health into primary care**
  - Harm Reduction Coalition
  - Training and technical assistance to providers

- **Utilization of peer navigators**
  - Establish trust with patients
  - Connect patients to care
  - Schedule appointments
  - Make travel and childcare arrangements
Other FORHP Resources

- Telehealth Programs
- Rural Healthcare Outreach Program
- Rural Network Programs

Reduce opioid misuse and overdose
Things to Consider

• Have you conducted an assessment (community assessment) to determine the need?
• Who else in your community is addressing this issue?
• What are the available resources?
• How are primary health and behavioral health interacting currently?
• What state level initiatives are available?
• Who are the champions in your community? In your State?
• Do you have people who identify as persons with lived experience as a part of your planning activities? Evaluation? Policy development?
• Have you ever considered using peer staff (recovery coaches, peer specialists, navigators, etc.)?
Toolkits

- Resources and best practices to help you identify and implement public health programs

Sustainability Tools

Rural Health Models and Innovations Hub

- Find examples of approaches you can adapt for your program, including models shown to be effective, as well as new and emerging ideas.

Economic Impact Tool

- Show how your program’s grant funding affects your community’s economic well-being

https://www.ruralhealthinfo.org/
Resources: Toolkits

SAMHSA:
- Opioid Overdose Reversal Toolkit
- Center for Integrated Health Solutions
  http://store.samhsa.gov/

FORHP:
- Rural Health Research Gateway
  https://www.ruralhealthresearch.org/
- Community-Health Gateway:
  - Behavioral Health Toolkit
  - Addictions Toolkit
  - Social Services Integration Toolkit
  https://www.ruralhealthinfo.org/community-health
Resources: DATA

- County Health Rankings 2016
- Behavioral Risk Factor Surveillance System (BRFSS)
- National Survey on Drug Use and Health (NSDUH)
- CDC WONDER
- Area Health Resource File (AHRF) 2014/2015
<table>
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<tr>
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<tr>
<td>WWAMI</td>
<td>Supply of Physicians Waivered to Treat Opioid Addiction in Rural America: Policy Options to Remedy Critical Shortages</td>
<td>Published in Annals of Family Medicine</td>
</tr>
<tr>
<td>WWAMI</td>
<td>Who Treats Opioid Addiction in Rural America? Quantifying the Availability of Buprenorphine Services in Rural Areas.</td>
<td>In Progress</td>
</tr>
<tr>
<td>WWAMI</td>
<td>The Supply and Distribution of the Behavioral Health Workforce in Rural America</td>
<td>In Progress</td>
</tr>
<tr>
<td>Maine</td>
<td>Rural Opioid Use: Prevalence and Characteristics</td>
<td>On Gateway</td>
</tr>
<tr>
<td>Maine</td>
<td>State and Local Efforts to Promote Prevention and Access to Treatment for Rural Opioid Users</td>
<td>In Progress</td>
</tr>
<tr>
<td>Maine</td>
<td>Implications of Rurality and Psychiatric Status for Diabetic Preventive Care Use among Adults with Diabetes</td>
<td>On Gateway</td>
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<tr>
<td>Maine</td>
<td>Implications of Rurality and Single Mother Status for Maternal Smoking</td>
<td>On Gateway</td>
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<tr>
<td>North Dakota</td>
<td>Use of Emergency Departments for Behavioral Health Related Care</td>
<td>In Progress</td>
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SAMHSA Resources

• SAMHSA Awards by States in FY 2014

• The National Network to Eliminate Disparities (NNED) in Behavioral Health
  – http://nned.net/nned_overview/

• SAMHSA Surveys (Data)
  – Emergency Department Data / DAWN
  – Substance Abuse Facilities Data / NSSATS
  – Mental Health Facilities Data / NMHSS
  – Client Level Data / TEDS
  – Population Data / NSDUH

• SAMHSA-HRSA Center for Integrated Health Solutions
  – http://www.integration.samhsa.gov/
THANK YOU
Increasing Access to Behavioral Health Services

Improving health and health equity through access to quality services, a skilled health workforce and innovative programs

ASTHO-Primary Care Office Directors Call
August 30, 2016
Agency Objectives

- Increase Access to Quality Health Care and Services
- Strengthen the Health Workforce
- Build Healthy Communities
- Improve Health Equity
- Strengthen Program Operations
Overview

• HRSA’s National Presence

• Behavioral Health Services
  • Health Center Program
  • National Health Service Corps
  • Workforce Training and Education
  • HIV/AIDS
  • Maternal and Child Health
  • Federal Office of Rural Health Policy

• Resources
  • SAMHSA/HRSA Center for Integrated Health Solutions
HRSA National Activities

• Over 24 million patients are served in over 1,300 HRSA-funded health centers and 9,800 health care delivery sites.

• Over 500,000 people living with HIV/AIDS receive services through more than 900 HRSA-funded Ryan White Clinics. Two-thirds are members of minority groups.

• 50 million women, infants, children, and adolescents benefit from HRSA’s maternal and child health programs.

• More than 9,600 National Health Service Corps clinicians are working in underserved areas in exchange for loan repayment or scholarships.
Health Center Behavioral Health Services

- Almost 83% of health centers provide mental health treatment or counseling services on-site.
- 21% of health centers provide substance abuse counseling and treatment on-site.
- In 2015, there were over 7 million mental health visits and over 1 million visits for substance abuse services.
- More than 7,700 behavioral health providers (physicians, psychologists, LCSW, counselors, etc.) work in health centers (2015).

(Data Source: UDS 2015)
Health Center Behavioral Health Expansion

• **Behavioral Health Services Expansion Grants:**
  - Awards made in July and November 2014
  - Nationally: **$105.9 million** awarded to **431 health centers**

• **Substance Abuse Services Expansion Grants:**
  - Approximately **$100 million** to fund **271 awards**
  - Maximum of $325,000 per award
  - Awards were made March 1, 2016
National Health Service Corps

• Recruits healthcare professionals to provide services to underserved populations, including:
  • Psychiatrists, Psychiatric Physician Assistants, Psychiatric Nurse Practitioners, Health Service Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, and Psychiatric Nurse Specialists.

• Loan repayment and scholarship programs available.

• 87% of NHSC clinicians continue to practice in underserved areas up to two years after their service commitment.

• One-third in behavioral health fields (3,371 out of nearly 9,683 as of 9/2015).
Health Professions Training and Education

- Medicine/Nursing/Behavioral Health/Public Health;

- Behavioral Health Focus:
  Graduate Psychology Education Grant/Behavioral Health Workforce Education and Training Programs
  • Including internships/field placements to strengthen the clinical field competencies of social workers and psychologists who pursue clinical service with high need/high demand population.
    • Separate grant program training community health workers and peer counselors.

- Area Health Education Centers – continuing education;

- National Center for Workforce Analysis - Behavioral Health Workforce Analysis Center - provides modeling, and data collection to project current and future workforce demands.
HRSA – Ryan White HIV/AIDS Program

• Provides primary health care, support services, and life-sustaining medications for nearly 500,000 people living with HIV (more than half of all people living with diagnosed HIV infection in the United States).
  
  • Mental Health Services were provided by about 75% of HIV/AIDS organizations receiving funds (CY 2014).
  
  • Substance Abuse Services were provided by about 34% of HIV/AIDS organizations receiving funds (CY 2014).
  

• Special Projects of National Significance – Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations (2012-2016);

• AIDS Education and Training Centers (AETCs) - Integrating Care through the Use of Screening and Brief Intervention in HIV Settings - Pacific AETC.
HRSA - Maternal and Child Health

HRSA MCH Programs serve more than 43 million women, infants and children annually.

- **HRSA Healthy Start** - there are 100 Healthy Start sites addressing birth outcomes and health disparities in areas with high infant mortality and shortages of health care providers; and provide activities such as:
  - Community-Based Outreach/Case Management.
  - Behavioral Health Screening.

- **Maternal, Infant, and Early Childhood Home Visiting Program**:  
  - Funds States to provide evidence-based home visiting services to improve outcomes for children and families who reside in at-risk communities  
  - 145,500 parents and children were served by the program in FY 2015.  
  - 2.3 million home visits have been provided over the past four years.

- **Bright Futures Guidelines** (Initiated by HRSA's MCH Bureau):  
  - Since 1995, more than 1.3 million copies of the guidelines distributed.  
  - Important chapter discussion on drug and alcohol use/mental health screening of youth.
Rural Health

• Rural Health Care Services Outreach Grant Program – Supports innovative health care delivery systems in rural communities via a consortia model; 13 outreach grantee focused on mental health and/or substance abuse (FY 2015).

• Publications on behavioral health and substance use in rural America, including:
  • Rural and Frontier Mental and Behavioral Health Care: Barriers, Effective Policy Strategies, Best Practices.
  
  • Integrating Primary Care and Mental Health: Current Practices in Rural Community Health Centers (www.raconline.org).
  
  
Rural Opioid Overdose Reversal Grant Program

• Funded by the HRSA Federal Office of Rural Health Policy in September 2015;

• To reduce opioid overdose related morbidity and mortality in rural communities – one year grants to develop community-level partnerships.
  
  • EMS, schools, fire departments, police departments, and other private/public non-profit entities involved in the prevention and treatment of opioid overdoses.

• Nationally: Awarded $1.8 million to 18 grants.
  
  • To date, grantees have acquired more than 2,000 Narcan (naloxone devices), trained 600 providers and first responders in its use and have reported 80 overdose reversals.
Ten Regions – One HRSA

To improve health equity in underserved communities through on-the-ground outreach, education, technical assistance and partnering with local, state and federal organizations.
ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

LEARN MORE

HOT TOPICS

- Health Homes
- eSolutions
- Health IT
- Wellness
- Screening Tools
- SBIRT
- Billing Tools
- Workflow
- Million Hearts
- Confidentiality
- MAT
- Motivational Interviewing
- Tobacco Cessation
- Partnerships
- Trauma Informed Care

CALENDAR OF EVENTS

- May 14
  Human Trafficking: The Role of the Health Care Provider
  MAY 14-14, 2014

- May 4
  National Children’s Mental Health Week

- May 1
  Expanding Treatment for Opioid Use Disorder: The Role of

TOP RESOURCES

View Our RSS Feed

Glossary
SAMHSA/HRSA Center for Integrated Health Solutions

Mission of the Center – To Build Bidirectional Integration

- **Technical Assistance and Training Center on Primary and Behavioral Health Integration:**
  - Integrated Care Models
    - Workforce
    - Financing
    - Clinical Practice
    - Operations & Administration
    - Health & Wellness

- **Improving Access to Primary Care for Behavioral Health Patients & Access to Behavioral Health for Primary Care Patients.**

- **Contractor - National Council on Community Behavioral Health Care and a large cadre of partners.**
Use the *Quick Start Guide to Behavioral Health Integration* to walk you through some of the questions to consider when integrating primary care and behavioral health and find the resources your organization needs.


Use the *Standard Framework for Levels of Integrated Healthcare* to understand where your organization is on the integration continuum.


The *Core Competencies for Integrated Behavioral Health and Primary Care* provide a reference for the vision of an integrated workforce and the six categories of workforce development so you can have all the necessary providers around the table.  

Telebehavioral Health Learning Collaborative

- Divided into six sessions, the training will provide you with the tools and resources necessary to identify and implement a telebehavioral health program.

http://www.integration.samhsa.gov/operations-administration/telebehavioral-health

Listing of Date-Specific Provider Trainings

- One-stop resources on provider training regarding opioid abuse.

http://www.integration.samhsa.gov/clinical-practice/substance_use/trainings

What Makes for an Effective Behavioral Health/Primary Care Team

- Review identifies four essential elements for effective integrated behavioral health and primary care teams and provides a roadmap for organizations designing their own teams.

Billing/Coding Worksheets

• CIHS compiled these state billing worksheets to help clinic managers, integrated care project directors, and billing/coding staff bill for services related to integrated primary and behavioral health care.

http://www.integration.samhsa.gov/financing/billing-tools

Advancing Behavioral Health Integration Within NCQA Recognized Patient-Centered Medical Homes

www.integration.samhsa.gov/search?query=pcmh

Return on Investment – Can I Afford Behavioral Health Staff?

• Addresses the business case for integration of behavioral health into primary care and provides guidance on how to evaluate this business case at an individual Community Health Center.


[Find all resources at: www.integration.samhsa.gov/]
CIHS Webinar
Effective Benchmarking

• Understand how quality benchmarking can be used to prioritize quality improvement efforts specific to the integration of behavioral and primary care.

• Get practical tips on how to establish a process for benchmarking and ideas for sharing quality improvement and ROI data with your team, leadership and payers.

August 25th – archive available.

• Go to: www.integration.samhsa.gov/
Resources

- www.hrsa.gov
- The website for public UDS data is: http://bphc.hrsa.gov/uds/datacenter.aspx
- www.nhsc.hrsa.gov
- www.hrsa.gov/grants/index.html
- http://www.grants.gov/
For More Information Contact:

Office of Planning, Analysis and Evaluation
Health Resources and Services Administration
U.S. Department of Health and Human Services
Behavioral Health and Primary Care Integration in Rural and Underserved Areas

Questions & Open Discussion
THANK YOU!

- Please take a few moments to fill out our brief evaluation, which will appear on your screen at the conclusion of the call.

- If you have additional questions or comments, contact:

  Megan Miller  
  Senior Director, Health Integration  
  mmiller@astho.org