Advancing Rural Health Equity through Integrated Care ECHO
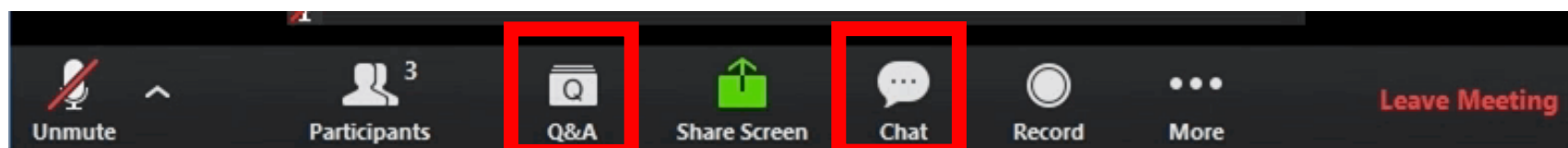
Session 3

Wednesday, February 16, 2022
11:30am-1:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

How to Ask a
Question/Make a Comment

Type in a **question in the Q&A box**   Type in a **comment** in the **chat box**

Located at the bottom of your screen.
We'll answer as many questions as we can during today's session.

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TheNationalCouncil.org

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Welcome from the National Council for Mental Wellbeing!

3,300+ health care organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
- Education
- Technical Assistance

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Introductions

Carolyn Rekerdres, MD
Medical Director, East Texas
Behavioral Health Network,
NE Region,
National Council for Mental
Wellbeing, Medical Director
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Christina Arredondo, MD
Medical Director of Behavioral
Health, El Rio Community Health
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Shauna Reitmeier, MSW, LGSW
CEO, Northwestern Mental
Health Center,
National Council for Mental
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Introductions

Danica Love Brown, MSW, PhD
Choctaw Nation of Oklahoma
Northwest Portland Area Indian Health Board, Behavioral Health Programs Director

Kait Hirchak, PhD
Eastern Shoshone
Assistant Research Professor, University of Washington

Thomasine Heitkamp, MSSW
Professor, University of North Dakota

Dennis Mohatt, MA
Vice President for Behavioral Health, Western Interstate Commission for Higher Education

Curriculum

Month	Session Topic
November	Session 1: Structural Urbanism and its Impact on Rural Health Outcomes
December	Session 2: Identifying equitable approaches and providing culturally responsive services to those most in need in rural communities
February	Session 3: Improving capacity of primary care provider organizations to address mental health and substance use needs
March	Session 4: Innovative community partnerships to improve mental health and substance use service delivery and reach
April	Session 5: Innovative approaches to improving workforce capacity and wellbeing for rural health providers
May	Session 6: Sustainability considerations and opportunities (funding, local policy and advocacy, etc.)

Safe Space Guidelines

Setting the Foundation
- We have been socialized to believe that it is not polite and not always comfortable to talk about health and racial equity and social determinants.
- We ask ourselves and participants to be mindful of assumptions and biases during this presentation.
- We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.

Requests
- Be present & avoid multi-tasking
- Respect
- Listen to understand
- Time Out
- One person speaks at a time

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Who is in the Room?

Share in the chat your
Name, Title, Organization and State

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Didactic Presentation:

Improving Capacity of Primary Care Provider Organizations to Address Mental Health and Substance Use Needs

Christina Arredondo, MD

Medical Director of Behavioral Health, El Rio Community Health Center, National Council for Mental Wellbeing, Medical Director Institute

Learning Objectives for Today

After this webinar, participants will be able to:

- Understand the need for and rationale for enhanced primary care in rural settings

- Review and understand the different levels of integrated care.

- Understand the components of effective Team-based Care and how to leverage the model within your organization.

- Access resources, trainings, and additional information to assist you in advancing integrated care within your organization.
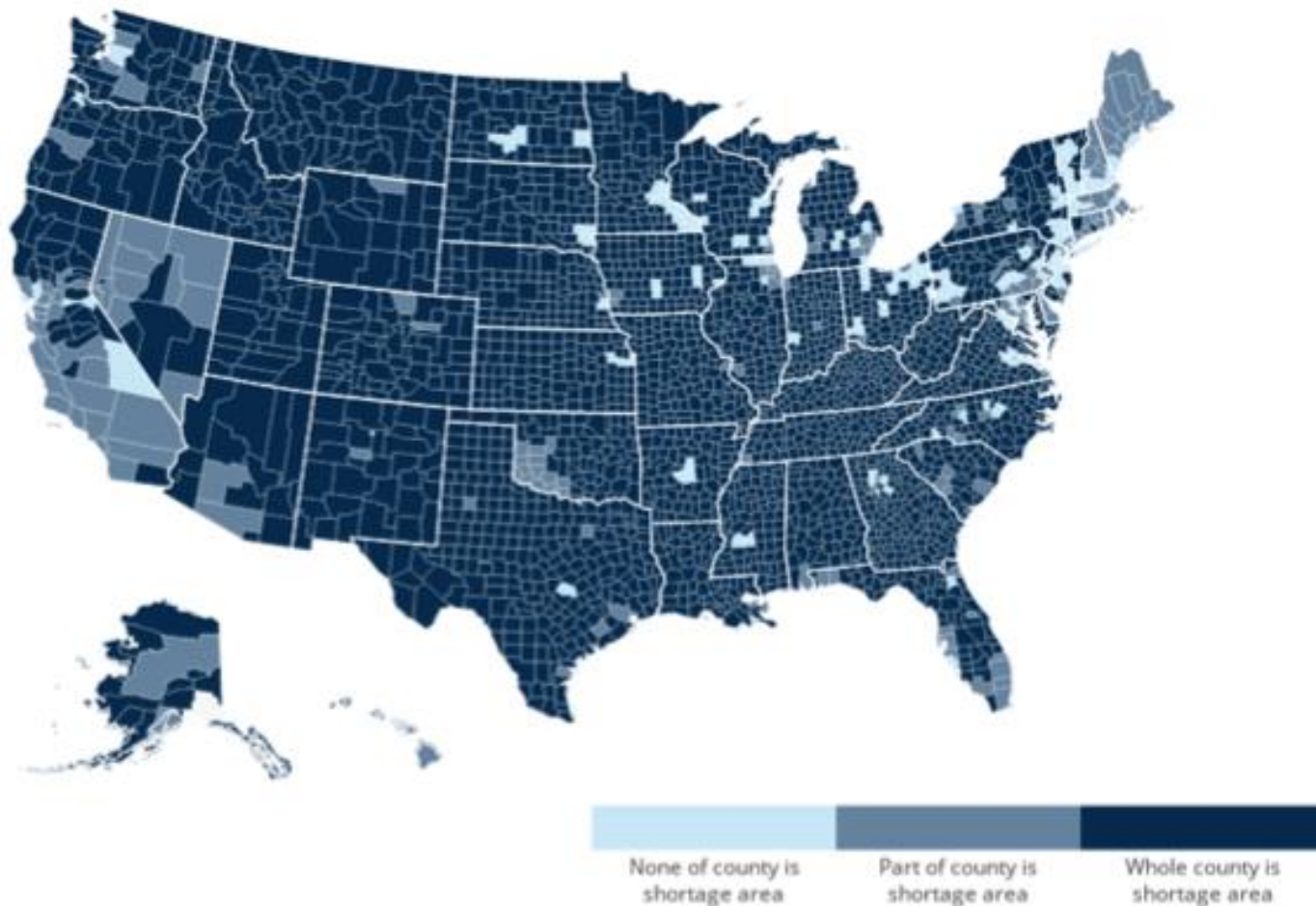
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Rural Integrated Health Strategies

Christina Arredondo, MD
El Rio Community Health Center, Specialty BH
Intermountain, Desert Palms Clinic

SCOPE OF THE PROBLEM

• ACA appropriated money for Center for Medicare and Medicaid Innovation (CMMI) to spend on developing and testing innovative payment and delivery systems

• Many of these reforms assumed infrastructure and capacity not always supported in rural communities.

• Services are variable and problems of scale limit the feasibility of investing in needed infrastructure, including health information technology and workforce.

Health Professional Shortage Areas: Mental Health, by County, 2022

None of county is shortage area

Part of county is shortage area

Whole county is shortage area

Health Professional Shortage Areas: Mental Health, by County, 2022 - Nonmetropolitan

None of county is shortage area | Part of county is shortage area | Whole county is shortage area
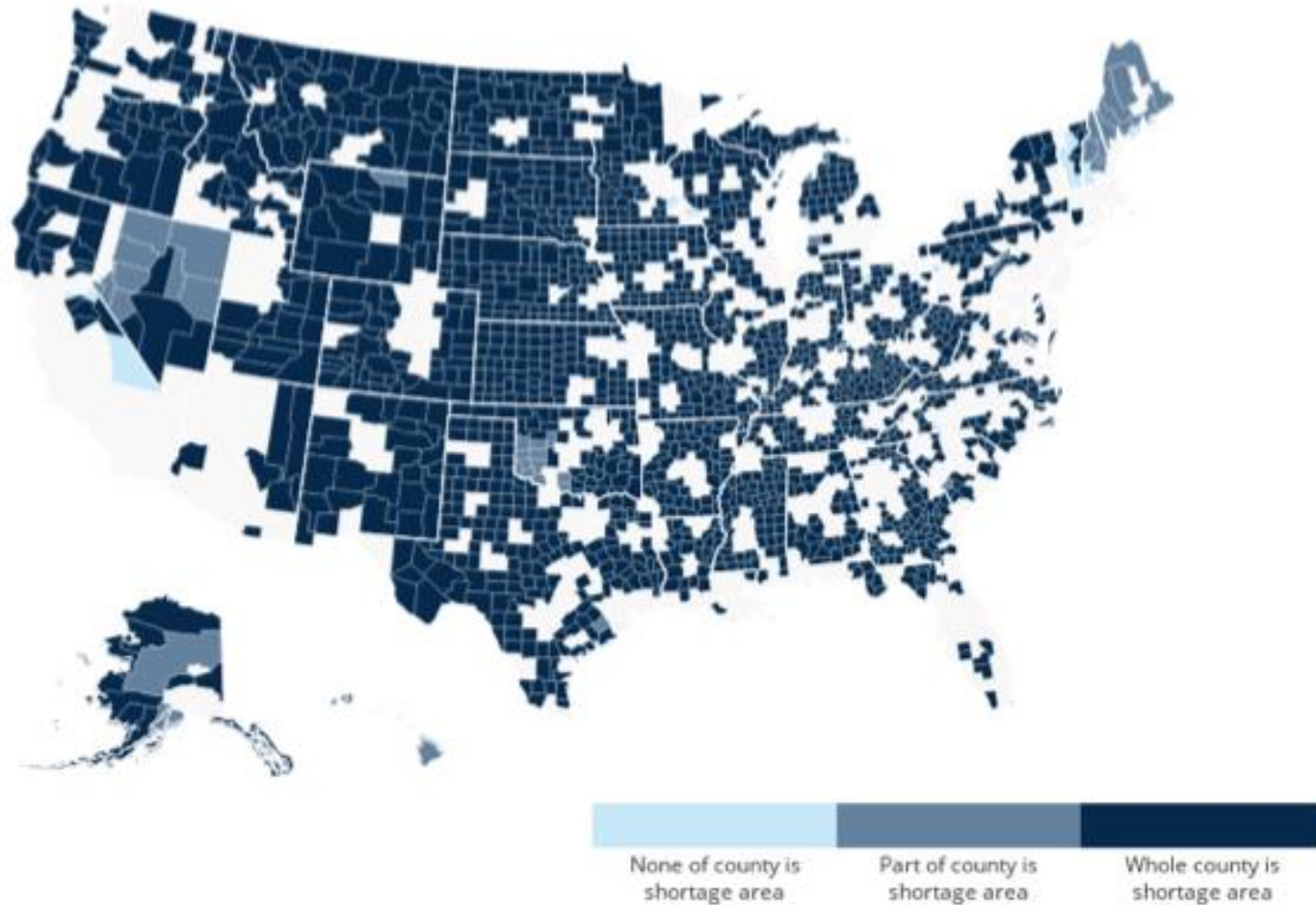
Source: data.HRSA.gov, January 2022.

OUTLINE

- Models of Integrated Health
  - Collaborative Care Model
  - Co-located Services
  - Telemedicine
- Models for Accessing services
  - 211
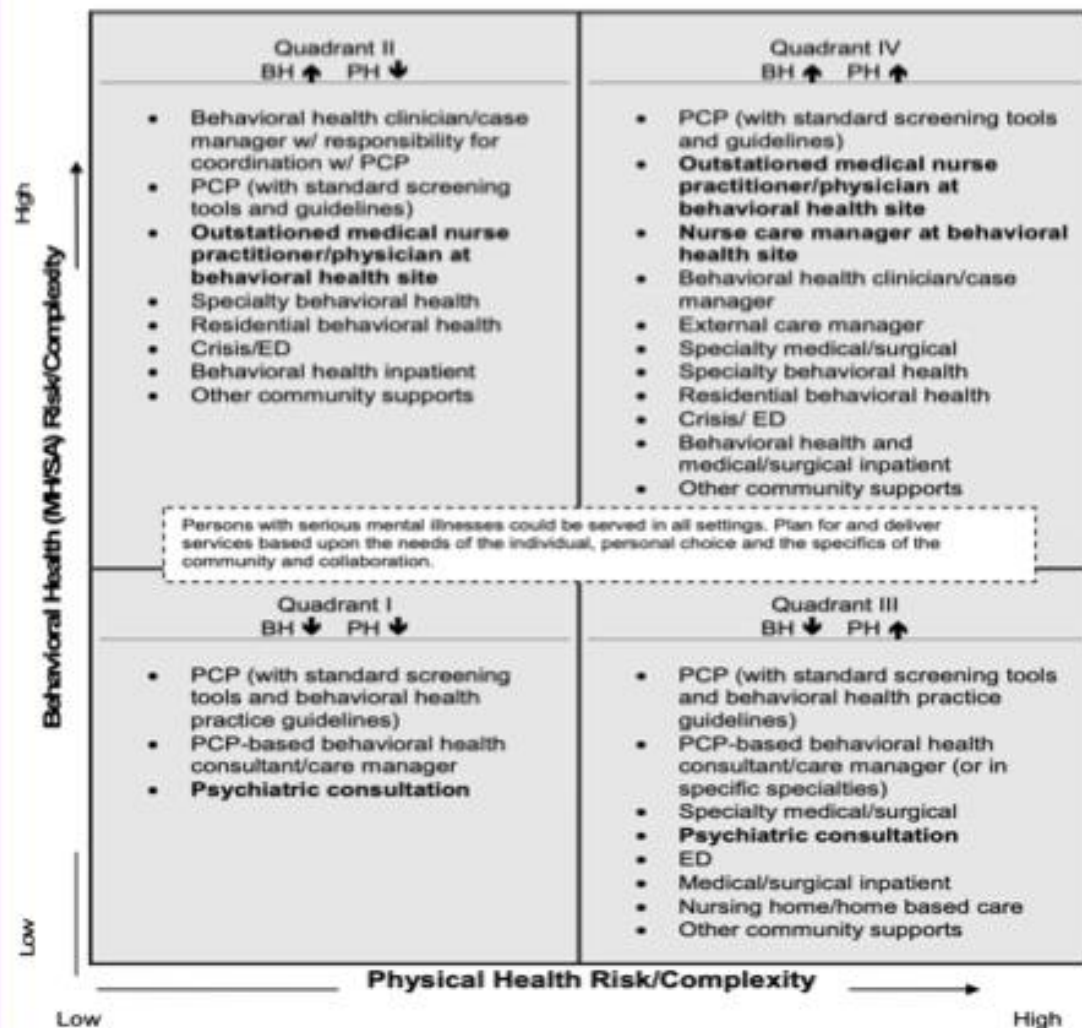 - Mental Health First Aid
- Resources

Integrated Health Models

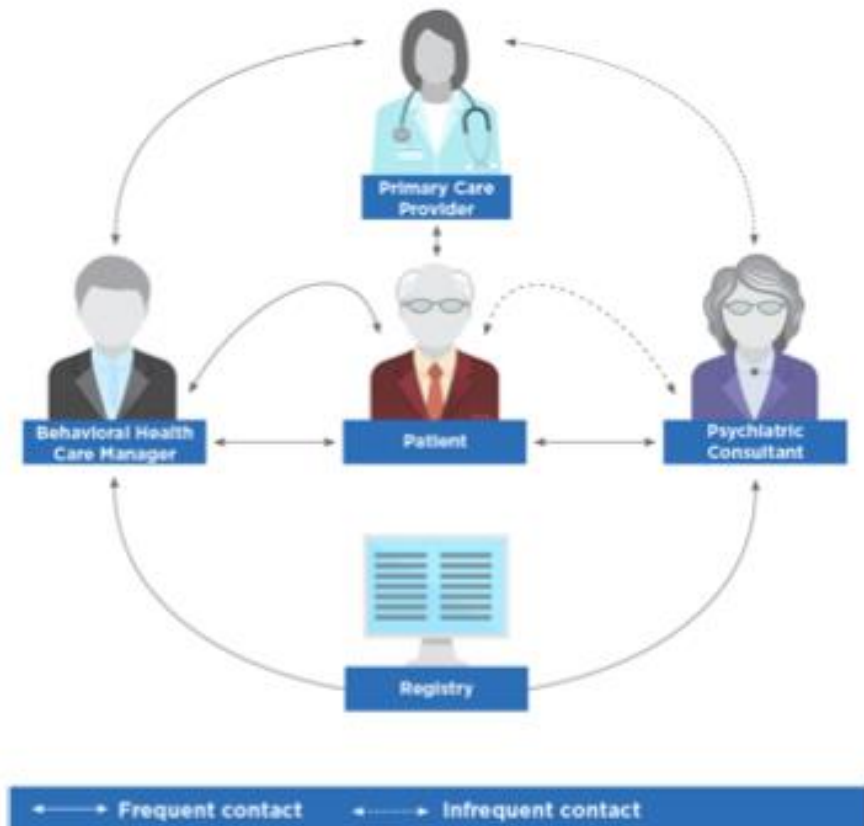# Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
» Have separate systems » Communicate about cases only rarely and under compelling circumstances » Communicate, driven by provider need » May never meet in person » Have limited understanding of each other's roles	» Have separate systems » Communicate periodically about shared patients » Communicate, driven by specific patient issues » May meet as part of larger community » Appreciate each other's roles as resources	» Have separate systems » Communicate regularly about shared patients, by phone or e-mail » Collaborate, driven by need for each other's services and more reliable referral » Meet occasionally to discuss cases due to close proximity » Feel part of a larger yet non-formal team	» Share some systems, like scheduling or medical records » Communicate in person as needed » Collaborate, driven by need for consultation and coordinated plans for difficult patients » Have regular face-to-face interactions about some patients » Have a basic understanding of roles and culture	» Actively seek system solutions together or develop work-a-rounds » Communicate frequently in person » Collaborate, driven by desire to be a member of the care team » Have regular team meetings to discuss overall patient care and specific patient issues » Have an in-depth understanding of roles and culture	» Have resolved most or all system issues, functioning as one integrated system » Communicate consistently at the system, team and individual levels » Collaborate, driven by shared concept of team care » Have formal and informal meetings to support integrated model of care » Have roles and cultures that blur or blend

The Four Quadrant Clinical Integration Model

Behavioral Health (MH/SA) Risk/Complexity (vertical axis, Low to High)

Quadrant II
BH ↑ PH ↓

- Behavioral health clinician/case manager w/ responsibility for coordination w/ PCP
- PCP (with standard screening tools and guidelines)
- **Outstationed medical nurse practitioner/physician at behavioral health site**
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health inpatient
- Other community supports

Quadrant IV
BH ↑ PH ↑

- PCP (with standard screening tools and guidelines)
- **Outstationed medical nurse practitioner/physician at behavioral health site**
- **Nurse care manager at behavioral health site**
- Behavioral health clinician/case manager
- External care manager
- Specialty medical/surgical
- Specialty behavioral health
- Residential behavioral health
- Crisis/ ED
- Behavioral health and medical/surgical inpatient
- Other community supports

> Persons with serious mental illnesses could be served in all settings. Plan for and deliver services based upon the needs of the individual, personal choice and the specifics of the community and collaboration.

Quadrant I
BH ↓ PH ↓

- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager
- **Psychiatric consultation**

Quadrant III
BH ↓ PH ↑

- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager (or in specific specialties)
- Specialty medical/surgical
- **Psychiatric consultation**
- ED
- Medical/surgical inpatient
- Nursing home/home based care
- Other community supports

Physical Health Risk/Complexity →

Low   High

COLLABORATIVE CARE MODEL

Primary primary care provider led team

Includes BH CM and Psychiatric consultant

Significant improvement in symptoms

Psychiatrist-BHCM meet weekly

Recommendations made to PCP

BHCM engages patients

BHCM provides targeted interventions

Psychiatrist can do eval if needed

Primary Care Provider

Behavioral Health Care Manager — Patient — Psychiatric Consultant

Registry

← → Frequent contact ←---→ Infrequent contact

PATIENT NAVIGATOR

- Can liaison between primary care and and behavioral health staff in co-located clinics

- Identifies those that need either primary care and behavioral health services and which is needed at that time

- Daily communications between the departments/organization, handles patient needs, participates in team meetings

TELEMEDICINE

- IN CLINIC

- CONSORTIUM

- HUB-AND-SPOKE

  - University of Kansas Medical Center's Telehealth ROCKS program

MODELS FOR ACCESSING SERVICES
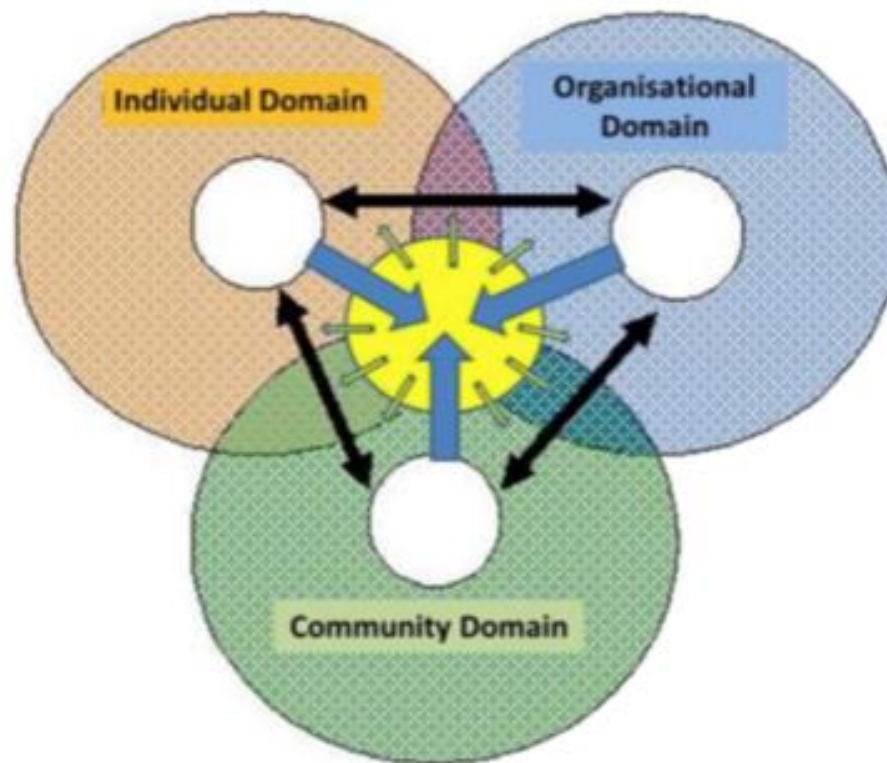
Fig. 1 Conceptual health workforce and health service model: Needs, concerns and influence (Adapted from Schoo et al. [20])

- Schoo, Lawn, S., & Carson, D. (2016). Towards equity and sustainability of rural and remote health services access: supporting social capital and integrated organisational and professional

National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*			
		Individual	**Interpersonal**	**Community**	**Societal**
Domains of Influence *(Over the Lifecourse)*	**Biological**	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		Individual Health	Family/ Organizational Health	Community Health	Population Health

National Institute on Minority Health and Health Disparities, 2018
*Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual/Gender Minority
Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region

- Skills based training for the community
- Teaches how to identify and respond to mental health crisis
- 8 hour training course, can be certified to be a trainer
- Developed in 2001 and adapted world-wide

How Mental Health First Aid for Rural Communities Can Help

Reduces stigma

Increases mental health and substance use literacy.

Teaches an action plan to identify and respond to signs of mental illness or addiction in rural communities.

Encourages an open dialogue about mental health in rural communities.

211 Health Check

Free Mental Health Check-Ins With A Person Who Cares.

All calls are confidential.

DIAL 2-1-1

- Different ways to utilize the service: text, chat, call, search online

- Disaster resources, food and shelter, mental health crisis, employment supports, elderly and disability supports

- Speak to a live person

Millions Served

People can contact 211 by phone, text, and online. In 2020, the 211 network:

* Answered **more than 18.5 million** phone calls

* Responded to **more than 1.5 million** texts, web chats and emails

* Made **more than 27.8 million** total connections to help.

* Was designated by governors and health departments in **32 states** as the official COVID-19 resource line.

Rural Community Health Gateway

The Federal Office of Rural Health Policy (FORHP) supports a range of programs and tools to help rural communities improve the health of their residents. This section highlights a number of these resources.

STEP 1:
Identifying an Intervention
You've identified a need in your community but are unsure of how to address it.

STEP 2:
Funding an Intervention
You've identified a rural health intervention but are unsure how to fund it.

STEP 3:
Evaluation and Sustainability
You want to make sure that the program you're planning will last and meet the needs of your community and your funder.

STEP 4:
Dissemination
You want to share your experience with other rural stakeholders and help build the rural evidence base.

Resources

- [Six Levels of Integrated Care](#) (currently being revised)

- [Quick Start Guide to Behavioral Health Integration](#)

- [General Health Integration Framework](#)

- [High-functioning Behavioral Health Team-based Care](#)

- [MAT Readiness and Implementation Toolkit](#)

- [SBIRT Change Package](#)

- [Free online trainings on Integrated Care](#)

- [Rural health Info](#)

- [AIMS Center](#)

Questions, Comments?

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Case Presentation

Annette Darkenwald, LCSW, MSW, BHC Health Program Coordinator & **Jenni Leininger,**
RN, Regional Clinical Coordinator
Billings Clinic Regional Network (MT)

Our health system consists of a large tertiary hospital and a network of 15 affiliated (but independent) Critical Access Hospitals. All members of the network are having difficulties with employee retention and recruitment, especially staff providing bedside care. All members continue to face challenges in supporting the wellbeing and mental health needs in our community. As we struggle to meet the needs of our patients, we have become acutely aware that our employees are suffering. Several member facilities of our health system have experienced employee suicides, and all are concerned with the mental health of the workforce. Member sites feel that finding ways to provide resources for employee mental health needs and address secondary trauma experienced on the job is of the upmost importance for resilience and wellbeing.

The large tertiary health center has an Employee Assistance Program (EAP) that is overwhelmed by current demand, resulting in delays in providing counseling and other services to employees. Most of the Critical Access hospitals in the network do not offer EAP.

Main Question:
Have health systems used integrated behavioral health resources to quickly address employee crisis and mental health needs?

Open Discussion in Breakout Groups

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Discussion Conclusion

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What's next?

Next Session (Session 4) March 16, 11:30am-1pm ET
Topic: Innovative community partnerships to improve mental health and substance use service delivery and reach

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Resources

- PRISM Collaborative –Culturally Adapted Evidence-Based Substance Use Disorder Treatment for American Indian and Alaska Natives
- Project ECHO
- Mental Health and Rural America: Challenges and Opportunities
- Mountain Plains Prevention Technology Transfer Network
- Mountain Plains Addiction Technology Transfer Network
- Mountain Plains Mental Health Technology Transfer Network
- National Association for Rural Mental Health
- National Rural Health Association
- National Association for Rural School Mental Health
- Rewarding Recovery Study

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Upcoming CoE Events:

CoE Office Hours: Understanding Black & African American Experiences in Mental Health & Substance Use Services
[Register for the office hour](#) on Thursday Feb. 17, 3-4pm ET

Webinar: Integrated Care: Charting a Path Forward
[Register for the webinar](#) on Thursday Feb. 24, 1-2pm ET

Webinar: Advancing General Health Integration in Community Behavioral Health
[Register for the webinar](#) on Monday Feb. 28, 12-1pm ET

Interested in an individual consultation with the CoE experts on integrated care?

[Contact us through this form here!](#)

Looking for free trainings and credits?

[Check out integrated health trainings from Relias here](#)

Subscribe for Center of Excellence Updates

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Thank You

Questions?

Email paulaz@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) 1-800-487-4889 (TDD)

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