



Integrating Behavioral Health Community-wide: Moving Beyond the Medical Model

**CBD Rural Partnership Development Meeting (RPDM)
Behavioral Health Integration; Wednesday January 15, 2020**

Presenters: Riana Hegman and Jenny Swanson
Authors: Riana Hegman, Jenny Swanson, and Heidi Favet



BEHAVIORAL HEALTH NETWORK
COMMUNITY CARE TEAM • ELY, MN



Presentation Objectives

- Describe evidence-based behavioral health integration strategies (hub and spoke, integration of behavioral health in primary care, community networks) for rural communities that improve health outcomes.
- Identify challenges to implementing and sustaining those strategies in frontier communities.
- Share an example of how our network addresses the challenges of stigma and lack of education regarding behavioral health.



Ely Behavioral Health Network

Mission:

To achieve efficiencies and expand access to, coordinate, and improve the quality of behavioral health care in the rural North East (NE) Iron Range communities.

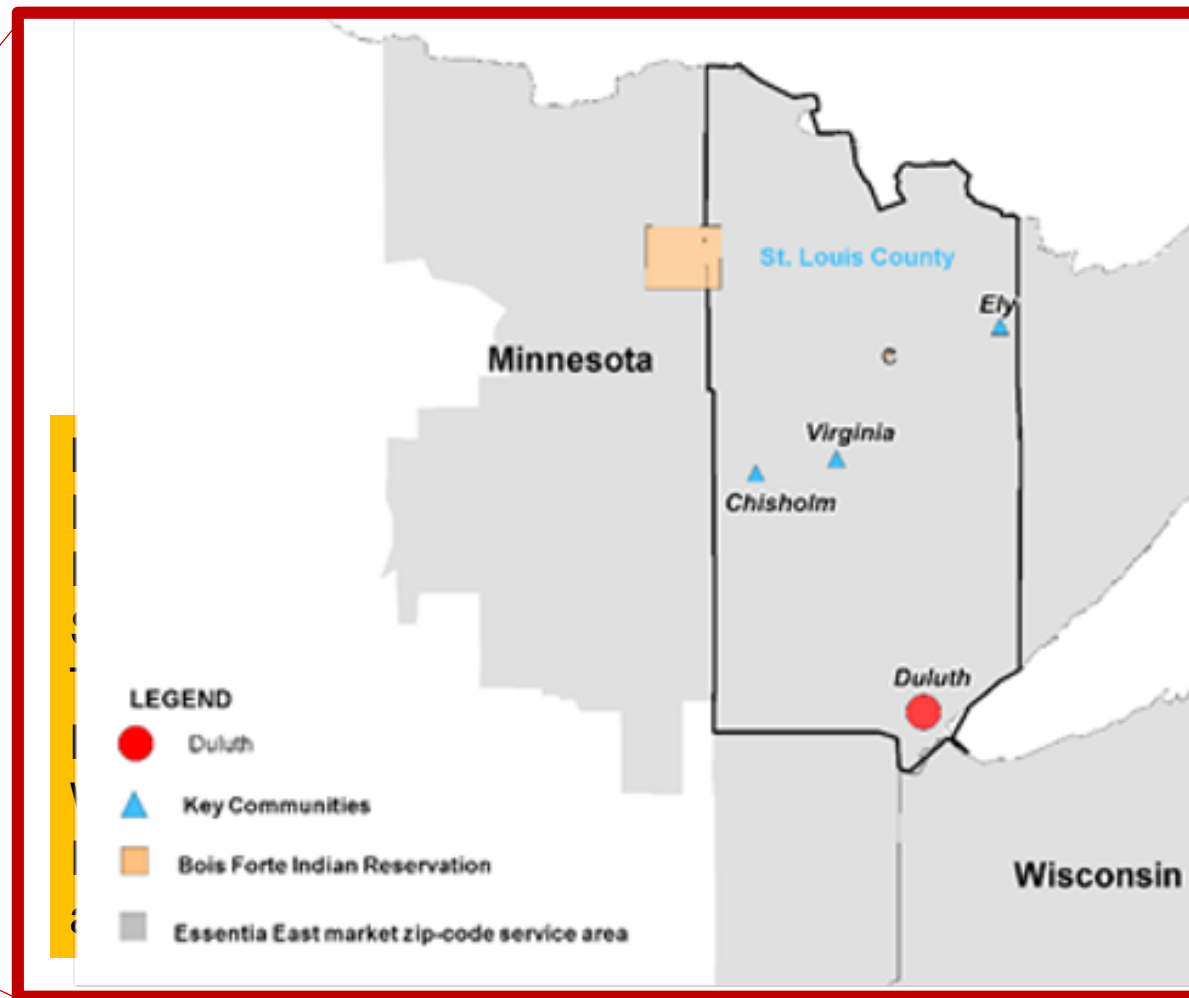
Goals:

1. Enable the community to embrace mental health as an integral part of health and wellness.
2. Develop cross-agency system for routine screening, referral, interventions, and follow-up for behavioral health.
3. Build capacity in the community to address behavioral health needs.
4. Develop and expand an actively engaged network to plan collaborative behavioral health services.





Current Service Area





Population Served

	N. St. Louis Co	Minnesota	United States
Total Population	51,101	5,490,726	321,004,407
Male	51%	49.8%	49.2%
Age			
Under 5 years	5%	6.40%	6.20%
Age 5 to 19	15%	19.70%	19.50%
Age 20-64	58%	59.20%	59.50%
age 65+	22%	14.60%	14.90%
Education			
No degree	6.18%	7.20%	12.60%
High school degree	56.04%	46.90%	48.10%
Associate degree	15.93%	11.10%	8.30%
College degree and higher	21.84%	34.80%	30.90%
Race			
White	95%	82.7%	83.7%
American Indian Alaska Native	3%	1.8%	1.5%
Poverty status below poverty level	13%	10.5%	14.6%





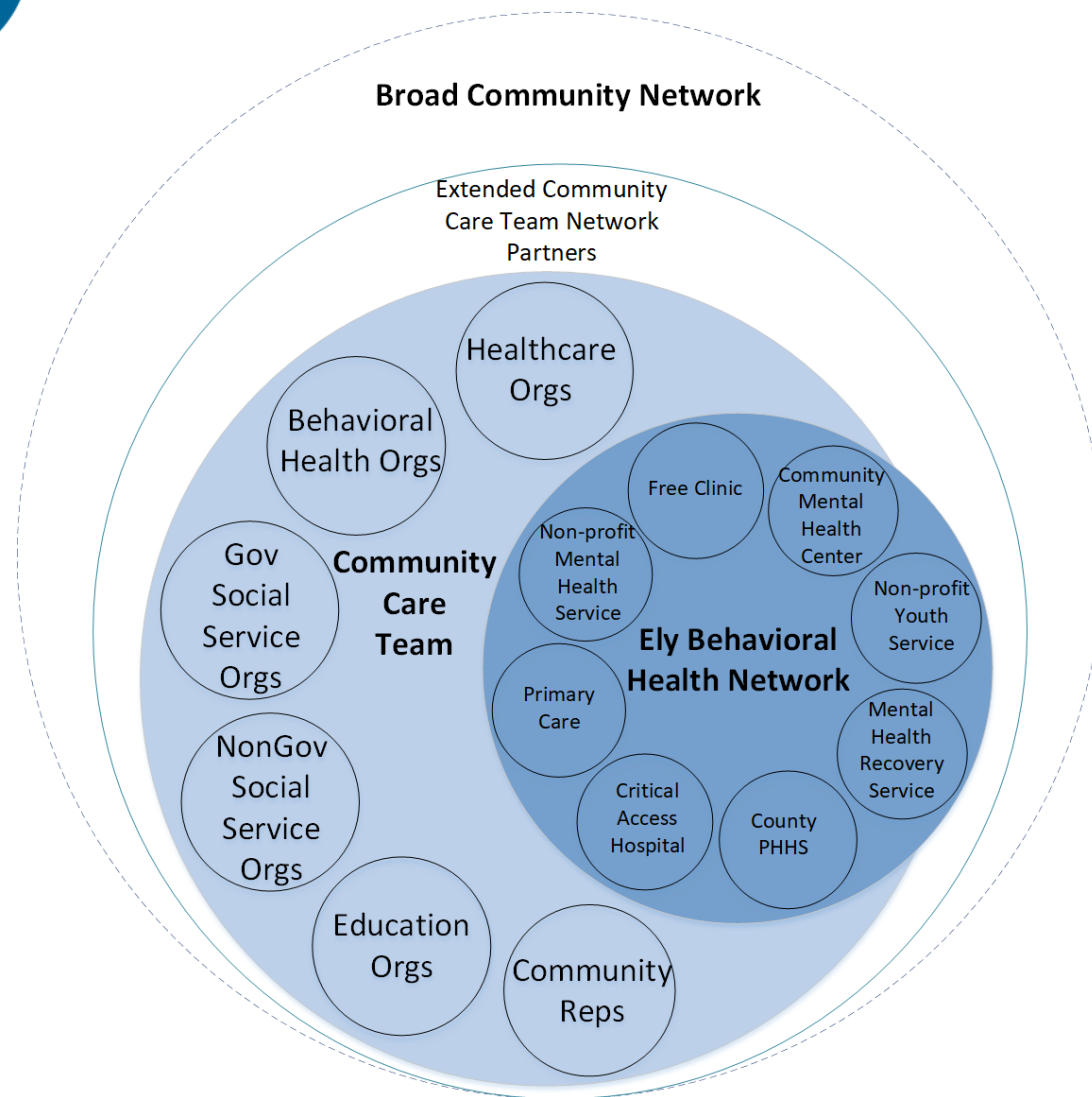
Evidence-Based Strategies

- **Community Networks**
- **Integration of Behavioral Health in Primary Care**
- **Hub and Spoke Care Coordination**



Community Care Team: the evidence-based component missing in many care coordination models.

- ▶ Broader identification of individual needs
- ▶ Full Spectrum Care
 - Social Determinants of Health
- ▶ Successful Referrals
- ▶ Warm Handoffs
- ▶ Cross-disciplinary team care





Evidence-Based Strategies for Integration of Behavioral Health in Primary Care

Primary care interdisciplinary teaming

- Physician, Physician Assistant, Nurse Practitioner
- Care coordination (care coordinator, care facilitator, community health worker, social worker)
- Behavioral Health Specialist (mental health, substance abuse)

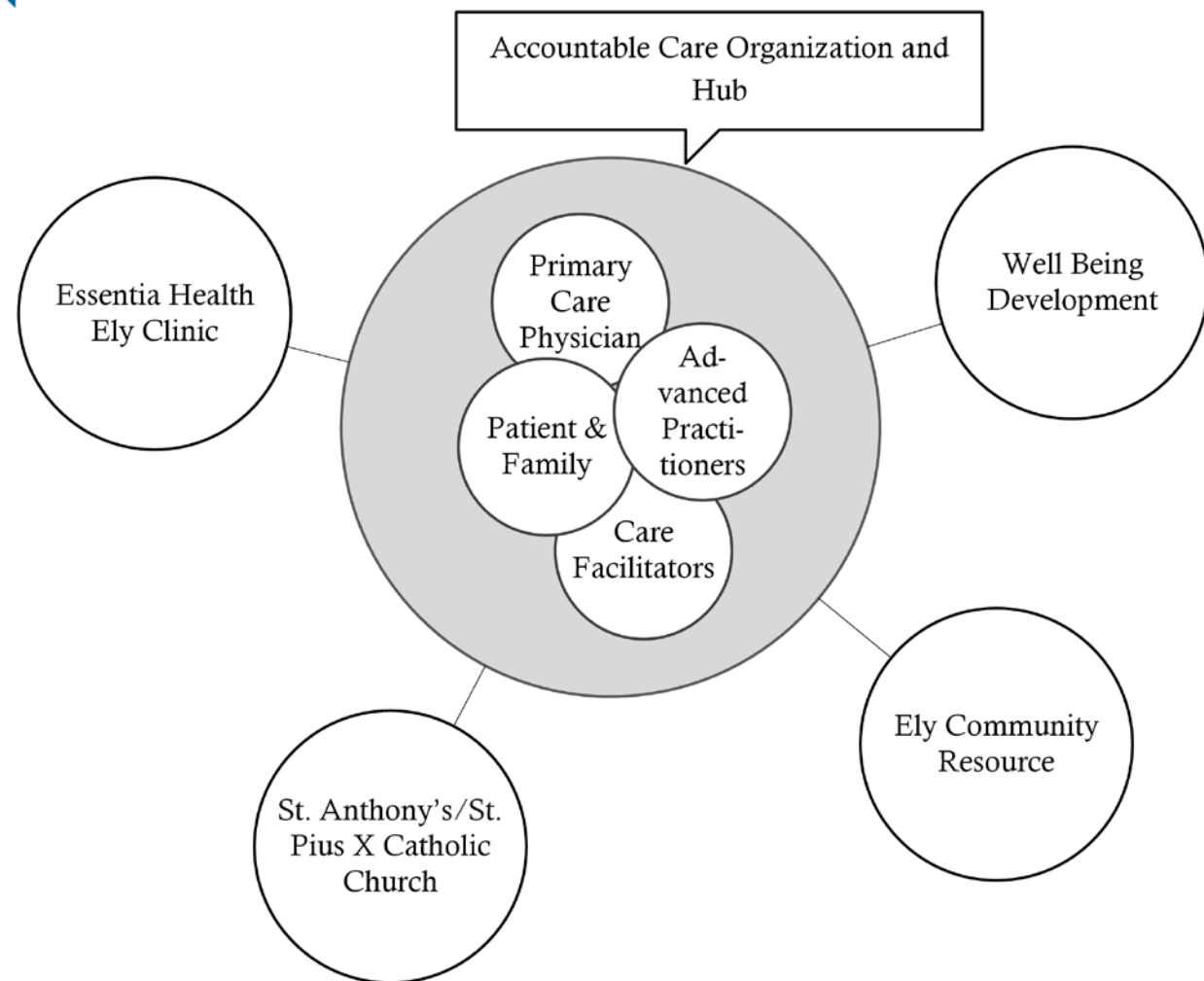
Specialty care

- Consultation with specialty care through telehealth
- Access to out-of-region specialty care



Ely's Pathways to Wellness: A Rural Hub and Spoke Care Coordination Model

A rigorous and evidence-based strategy to assure the identification and mitigation of risk in a whole person approach to culturally connected care.





What challenges or barriers to integrated behavioral health do you experience in your community?



Our challenges to implementing and sustaining evidence-based health-related strategies.



Reimbursement



Workforce



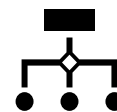
Legal Issues



Expertise to identify best strategies for situations.



Transportation



Embracing and implementing full models, not just pieces



Organizational leadership (not just enthusiasm)



Stigma and lack of knowledge of behavioral health issues.



Stigma Reduction

- Formed a committee representative of the community to develop campaign using SAMHSA's Guide for a Stigma Reduction Initiative.
- Decided on existing Make It OK campaign (altered to better reflect our community).
- Developed robust campaign for maximum visibility and impact:

Posters

Paper

Radio

Social Media

School

Businesses

Library

Tables at events



**WEAR
GREEN
DAY**

THURSDAY, MAY 9

POST YOUR PICTURES WITH
#MAKEITOKELY



Education and Support

Community-Wide

- Mental Health First Aid
- QPR for suicide prevention
- Documentary screenings with panel discussions and resource fairs
- Living Well with Chronic Conditions (Pain, Diabetes)
- Grassroots coalition to address substance use
- Mental health support group

Trainings for Professionals

- Crisis De-escalation for First Responders
- QPR for school faculty and staff
- CSSRS for healthcare settings
- Motivational Interviewing
- "Lunch and Learn"



Starting Dec 3rd 2019
1st and 3rd Tuesdays
6:00 pm-7:30 pm

Ely
Northern Lights
Clubhouse
715 S Central Ave

For information, contact Joe at
218-235-9627

Description:
NAMI Connection is a recovery support group for adults with mental illness regardless of their diagnosis. Every group is offered free of charge and meets bi-monthly for 90 minutes. All are led by trained individuals who are also in recovery—people who understand the challenges we face.

NAMI Connection groups offer a flexible and casual environment without an educational format, and no registration or enrollment obligation is required.

Join us for the next recovery support group meeting.

NAMI
National Alliance on Mental Illness
MINNESOTA

1915 University Ave., 2nd Fl., Ste. 400
St. Paul, MN 55104
Phone: 1-888-645-2648
Toll Free: 1-888-626-4435
www.nami.org



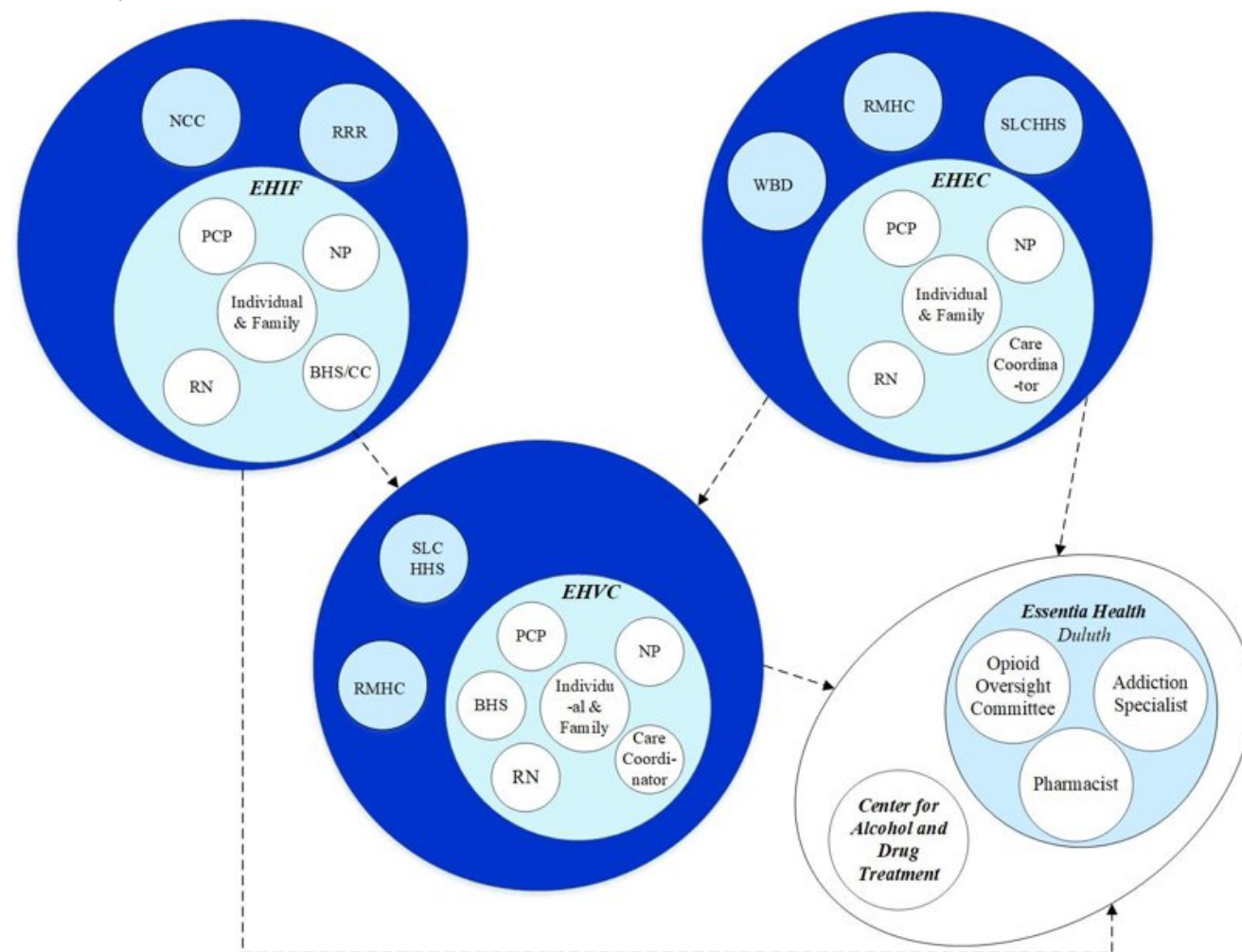
ELY PREVENTION, AWARENESS & RECOVERY COALITION

NAMI Minnesota (National Alliance on Mental Illness) is a non-profit organization dedicated to improving the lives of children and adults with mental illnesses and their families. NAMI Minnesota offers education, support and advocacy.



Next Steps:

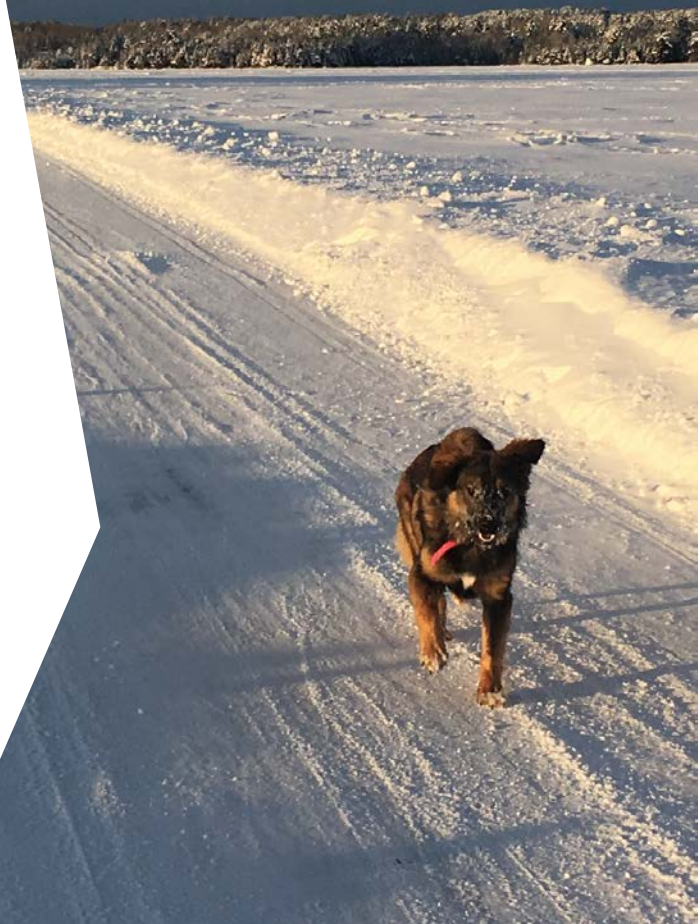
Adopting existing strategies to address emerging challenges: Opioids in rural community





Lessons Learned and Strategies for Success

- Rural settings have unique challenges due to both setting and culture.
- Importance of a community-wide integrated behavioral health strategy (moving beyond primary care clinics and the medical model).
- Stigma and lack of education regarding behavioral health is a major barrier to receiving care.





Thank You: Acknowledgements

- This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Rural Health Network Development Program, grant number D06RH31047. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The Upper Midwest Rural Opioid Response Planning Project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$200,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
- This project was part of a \$45 million State Innovation Model (SIM) cooperative agreement awarded to the Minnesota Departments of Health and Human Services in 2013 by the Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model.
- We would like to thank Pat Conway, Ph.D., MSW, Senior Research Scientist, Essentia Institute of Rural Health, for her ongoing evaluation of the CCT, BNN, and their projects.
- Funding and other resources also received from the Essentia Foundation.
- Special thanks to MDH Promising Practices Grant for funding the initial BHN.



Contact Information

Riana Hegman
Education Coordinator

Well Being Development
Behavioral Health Network
10 N 1st Ave E
Ely, MN 55731
218-235-6104
riana@elybhn.org

Jenny Swanson, BA, MPA
Network Director

Well Being Development
Behavioral Health Network
P.O. Box 714
Ely, MN 55731
218-576-5756
jennys@elybhn.org

Heidi Favet, BS, CHW
Program Director

Essentia Health - Ely Clinic
300 W Conan
Ely, MN 55731
218-365-7980
heidi.favet@essentiahealth.org