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

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

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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

Rural NE Iron Range:
- Ely
- Embarrass
- Soudan
- Tower
- Babbitt
- Winton
- Isabella
and surrounding townships
## Population Served

<table>
<thead>
<tr>
<th></th>
<th>N. St. Louis Co</th>
<th>Minnesota</th>
<th>United States</th>
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<tbody>
<tr>
<td>Total Population</td>
<td>51,101</td>
<td>5,490,726</td>
<td>321,004,407</td>
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<tr>
<td>Male</td>
<td>51%</td>
<td>49.8%</td>
<td>49.2%</td>
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<td>Age Under 5 years</td>
<td>5%</td>
<td>6.40%</td>
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<td>Age 5 to 19</td>
<td>15%</td>
<td>19.70%</td>
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<td>Age 20-64</td>
<td>58%</td>
<td>59.20%</td>
<td>59.50%</td>
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<tr>
<td>Age 65+</td>
<td>22%</td>
<td>14.60%</td>
<td>14.90%</td>
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<tr>
<td>Education No degree</td>
<td>6.18%</td>
<td>7.20%</td>
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<td>High school degree</td>
<td>56.04%</td>
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<td>Associate degree</td>
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<td>11.10%</td>
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<td>College degree and higher</td>
<td>21.84%</td>
<td>34.80%</td>
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<td>Race White</td>
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<td>82.7%</td>
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<td>American Indian Alaska Native</td>
<td>3%</td>
<td>1.8%</td>
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<td>Poverty status below poverty level</td>
<td>13%</td>
<td>10.5%</td>
<td>14.6%</td>
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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
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"
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.
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