Behavioral Health – An Overview of the Current Climate of Behavioral Health in Rural America and the Available Resources

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Federal Office of Rural Health Policy

Mission and Vision

MISSION:	To inform leadership of FORHP, HRSA, and HHS on current and emerging issues in rural behavioral and mental health and facilitate the analysis of policy, practice, and related data.
VISION:	To establish a framework for the Federal Office of Rural Health Policy to gather rural-relevant behavioral and mental health information, respond to requests, and track select rural disparities.

HHS Behavioral Health Priorities

Secretary's Opioid Initiative

Integrating Primary Care/Behavioral Health Initiative

FORHP's Behavioral Health Team

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	Short Term (09/2015 – 12/ 2015)		**Long Term** (01/2016 +)
	Creation of Response Team:	Preparing the Response Team:	Acting and Collaborating the Response Team:
1.	Define the mental/behavioral health problem in rural	Develop an understanding of the evidence in rural	Add to rural evidence base as additional data is retrieved
2.	Identify programmatic leads	Establish an understanding of FORHP's programmatic investment	Develop a common set of performance measures specific to mental/behavioral health
3.	Develop actionable goals	Create a process for team request response	Utilizing process for team request response such that responses are valuable and efficient

Objectives

- Understand key trends in behavioral health/mental health illness prevalence and access to treatment
- Know federal initiatives and priorities for behavioral health
- Understand innovation going on in this area and questions to consider for future projects
- Gain an understanding of behavioral health resources

Definitions

- ***Mental Health:*** State of well-being in which every individual realizes his/her own potential, can cope with normal stresses of life, can work productively, and can make a contribution to the community

- ***Behavioral Health:*** All contributions to mental wellness including substances, their abuse, behaviors, habits, and other external forces

What do we mean by behavioral health?

- The terms "behavioral health" and "mental health" are often used interchangeably.

- -It's a way of being inclusive. Behavioral health includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but also has as an aim preventing or intervening in substance abuse or other addictions.

- Community members and partners may use various terms, meet them where they are and inquire about the terms they use

https://www.psychologytoday.com/blog/promoting-hope-preventing-suicide/200910/behavioral-health-versus-mental-health

Context for rural mental/behavioral health: A parallel universe …

- Separate delivery system : mental health community health centers, substance abuse treatment centers, psychiatric inpatient units
- Different kinds of providers: mental health counselors, behavioral health counselors, social workers, psychologists, psychiatrists
- Different concepts of disease with different social implications: stigma, discomfort in disclosure

Current Landscape on the Federal Level

- **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 newMentalHealth.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

Current Landscape on the Federal Level Continued…

- **Mental Health and Addictions Parity**
- The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008 requires health plans to offer mental health and/or substance use benefits without imposing copayments, benefit limitations and other restrictions that are more stringent than those imposed on medical/surgical benefits.
- Parity was also included as a central component of the Affordable Care Act (ACA).
- The ACA extended parity protections to the small-group and individual market, Medicaid expansion plans and plans sold through states' health insurance marketplaces.
- Between MHPAEA and the ACA, now nearly all health plans must cover behavioral health services at parity with medical/surgical treatment.
- Together, the ACA and MHPAEA are expected to expand access to comprehensive mental health and addiction treatment benefits to more than 62 million Americans.
- For more history on parity, see the Health Affairs Policy Brief on Mental Health Parity.

Objective #1.1:

- Understand key trends in rural mental health/behavioral health prevalence

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

	Rural	Urban
Adults (18+) experiencing any mental illness (AMI)	19.5%	17.8%
Adults (18+) experiencing serious mental illness in the past year (SMI)	4.7%	3.9%
Adults (18+) experiencing serious psychological distress (SPD) in the past 30 days	5.7%	4.7%
Past year major depressive episode (MDE) among Adults (18+)	7.2%	6.6%

Prevalence of Mental Illness (2010), Source : 2014 Update to Rural-Urban Chartbook, UND

Suicide : A Rural Problem

The 2014 Update of the Rural-Urban Chartbook

Data Table 19. Suicide rates among persons 15 years of age and older by sex, region, and urbanization level: United States, 2008-2010

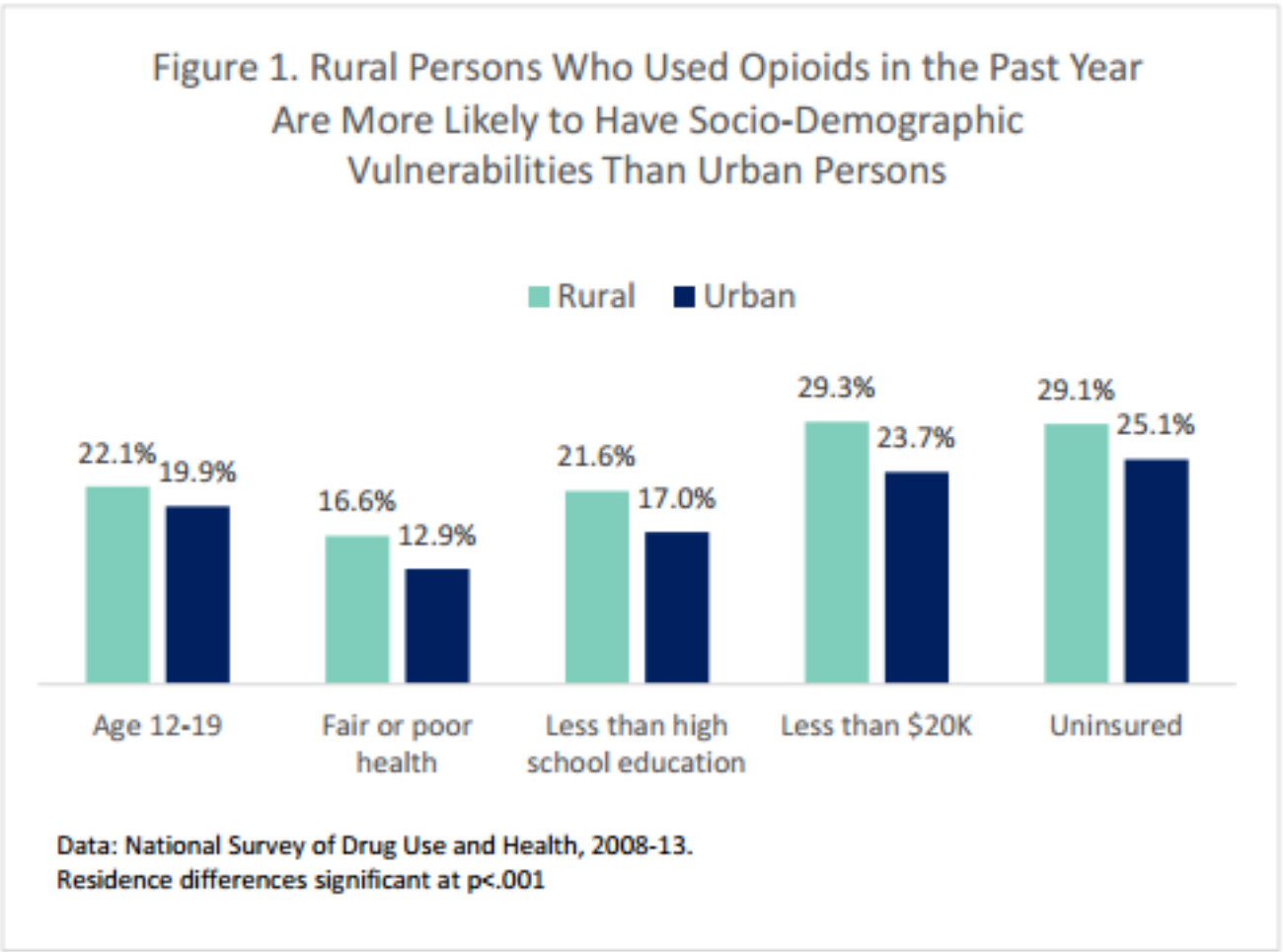
Region and urbanization level	Total		Males		Females	
	Rate	SE	Rate	SE	Rate	SE
	Deaths per 100,000 population					
All regions	14.9	0.0	24.5	0.1	6.1	0.0
Metropolitan counties:						
Large central	12.8	0.1	20.9	0.1	5.6	0.1
Large fringe	13.7	0.1	22.4	0.2	5.7	0.1
Small metro	16.1	0.1	26.3	0.2	6.7	0.1
Nonmetropolitan counties	18.9	0.1	31.1	0.2	7.0	0.1
Micropolitan	18.2	0.2	30.2	0.3	6.8	0.1
Non-core	20.0	0.2	32.6	0.4	7.4	0.2

- 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)

Substance Use in Rural Populations

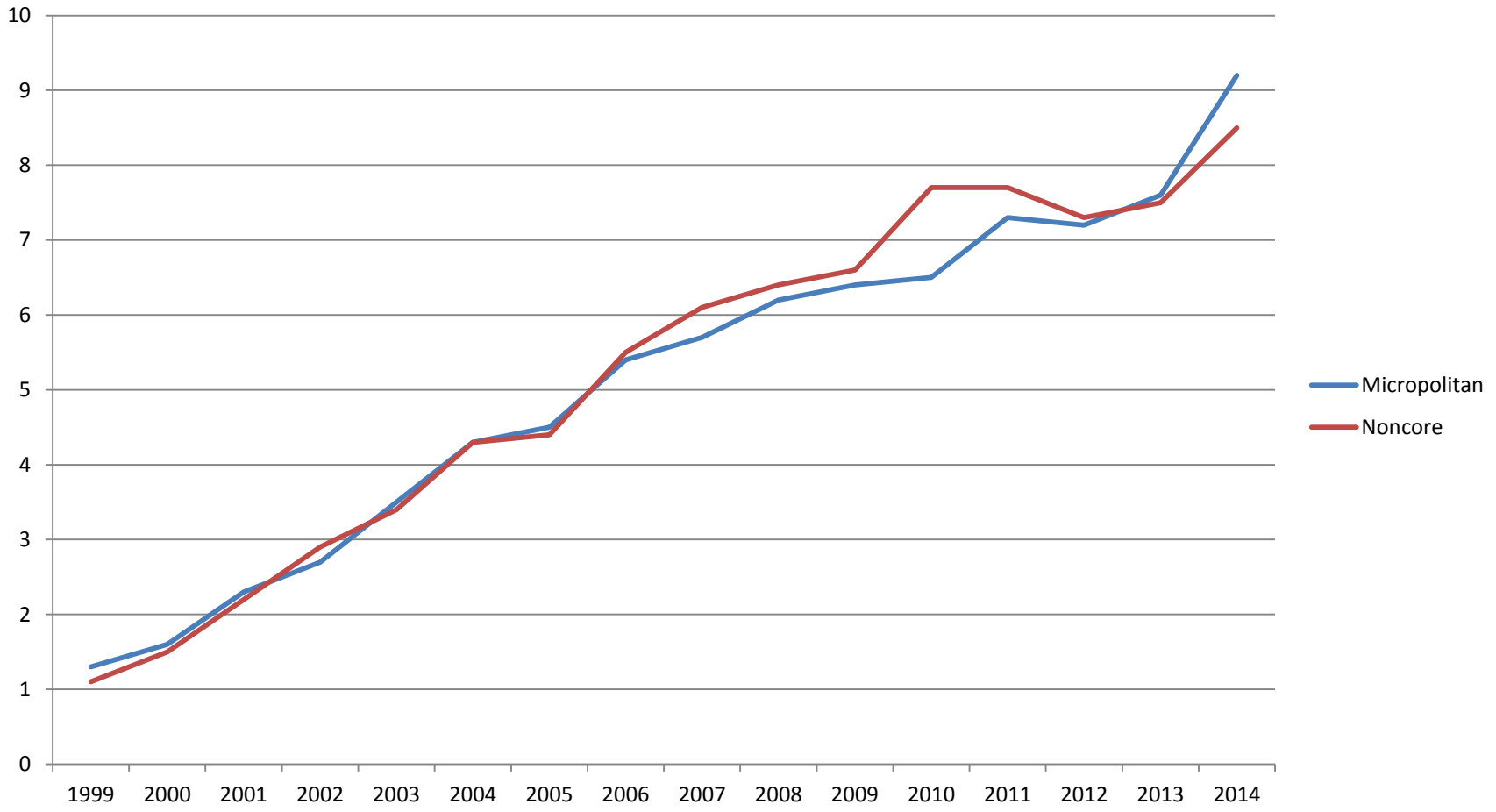
- Larger percentage of rural youth abuse alcohol (26% in 2010)
- Larger percentage of rural adults (18+) smoke tobacco vs. urban counterparts (27% vs. 18% in 2010)
- From 2008-2013, urban populations had slightly higher rates of opioid users (4.8% vs. 4.4%)

Quick Look at Opioid Abuse in Rural Areas

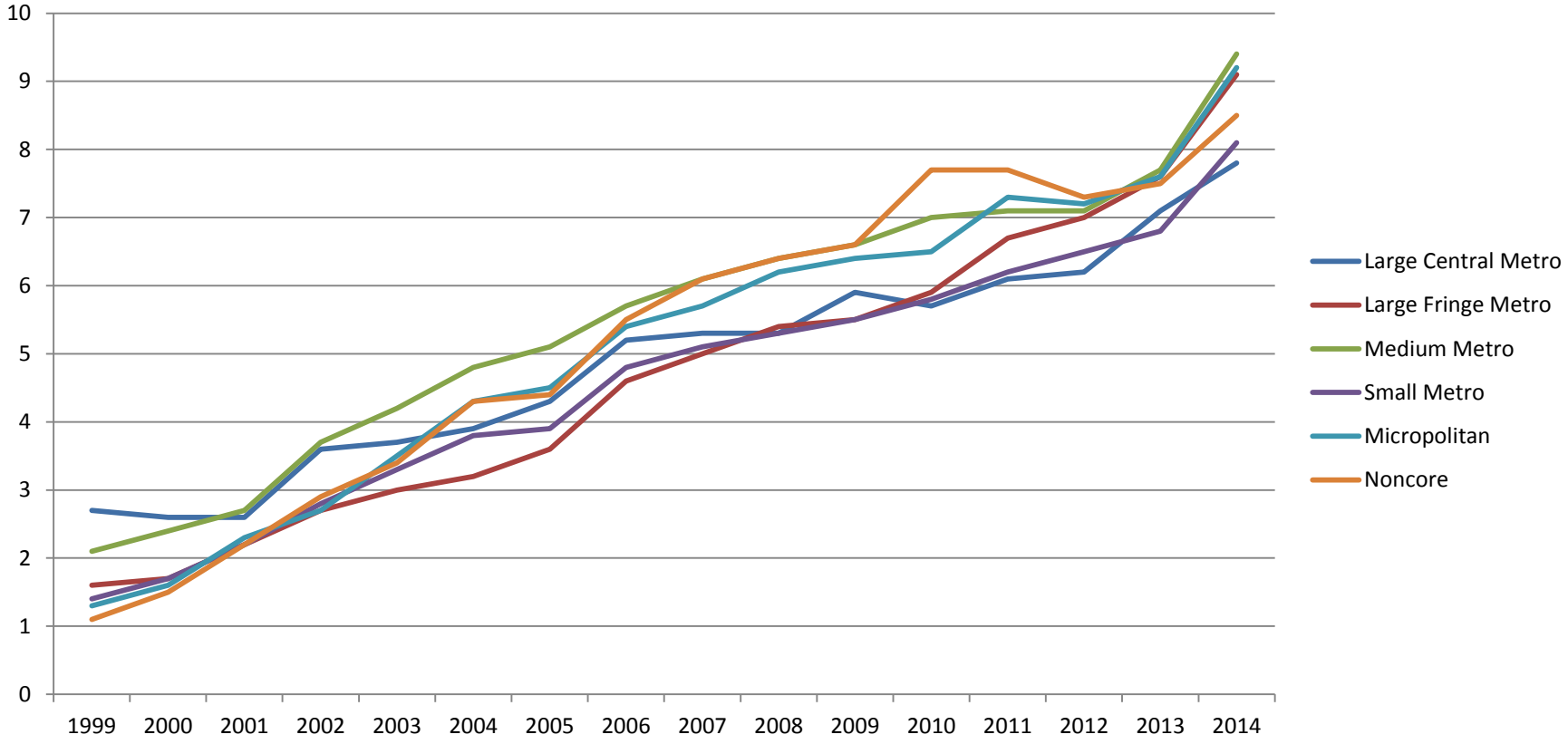


Source: Lenardson J, Gale J, and Ziller E. Rural Opioid Abuse: Prevalence and User Characteristics. *Maine Rural Health Research Center* (February 2016) . Retrieved from: http://muskie.usm.maine.edu/Publications/rural/Rural-Opioid-Abuse.pdf

Increasing rate of death from opioid overdose in rural areas



This trend in mortality is also true in urban areas



State by state: Crude opioid overdose mortality rate (2014)

	>50% Rural	<50% Rural
Overdose Mortality >8.4% in 2014	**WV, NH, NM, OH, KY, UT,** OK, ME, TN, NV, MO, WI, SC, MI, VT, AK, NC, CO, WA,	**RI, MD, MA, CT**, DE, DC
Overdose Mortality Rate <8.4% in 2014	IL, WY, PA, AZ, OR, GA, IN, KS, AL, MN, AR, LA, MT, IA, ID, SD, TX, HI, MS, ND, NE	VA, NY, NJ, FL, CA

Differences in those abusing opioids versus those dying from opioid overdose

- Young adults (12-29) dying, middle-aged adults (35-54) dying
- Users abuse heroin/prescription opiates equally, more fatal overdoses from prescription opiates in rural
- Rural middle aged women (45-54) dying at highest rates from prescription opiate overdose, (15.0% in 2014)

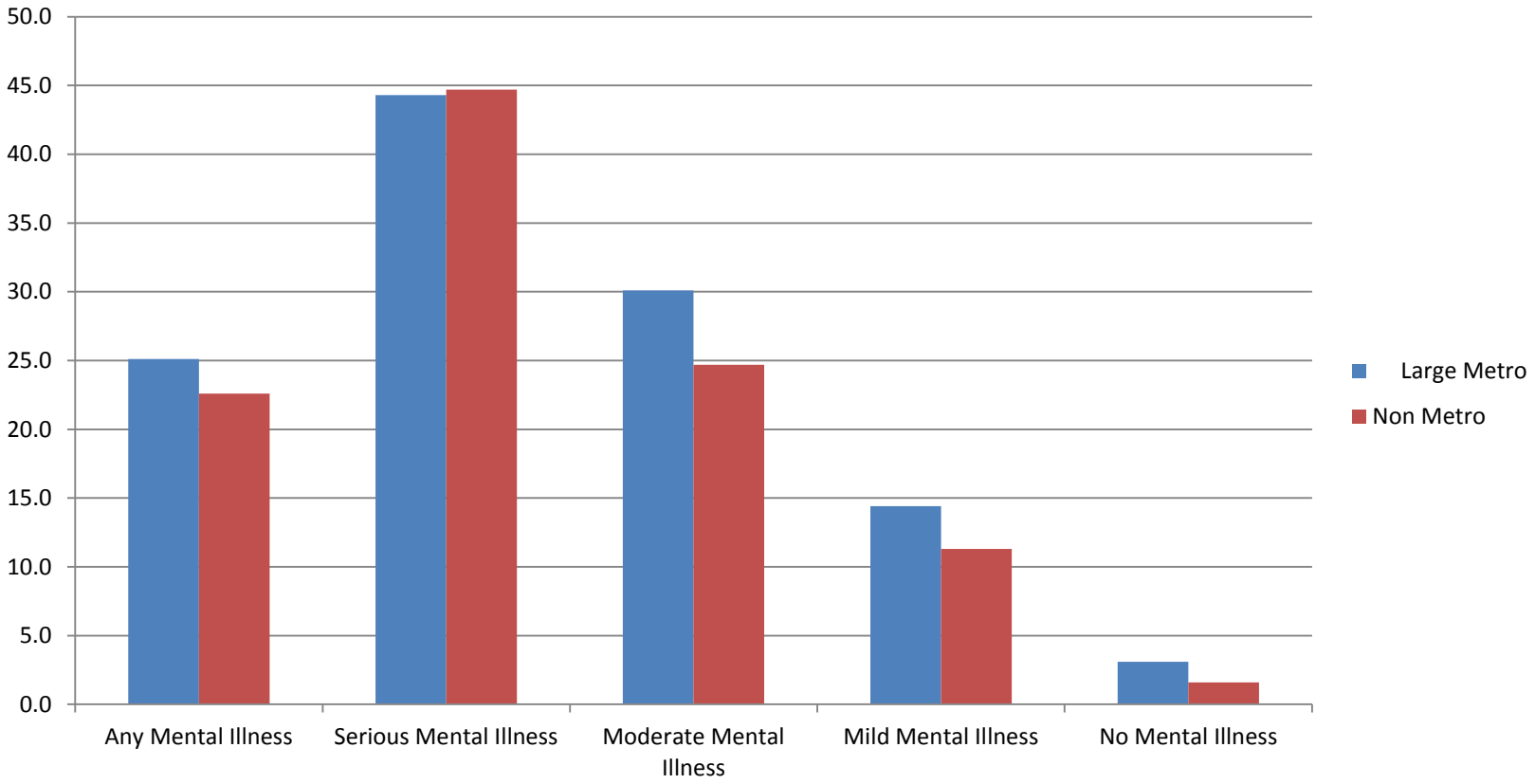
Questions :

- Do these trends resonate with your community and your network process?
- Have you been able to create a sense of urgency using data such as this in your network development process?
- What gaps do you see in these trends?
- Does the work that you do address these gaps?

Objective #1.2:

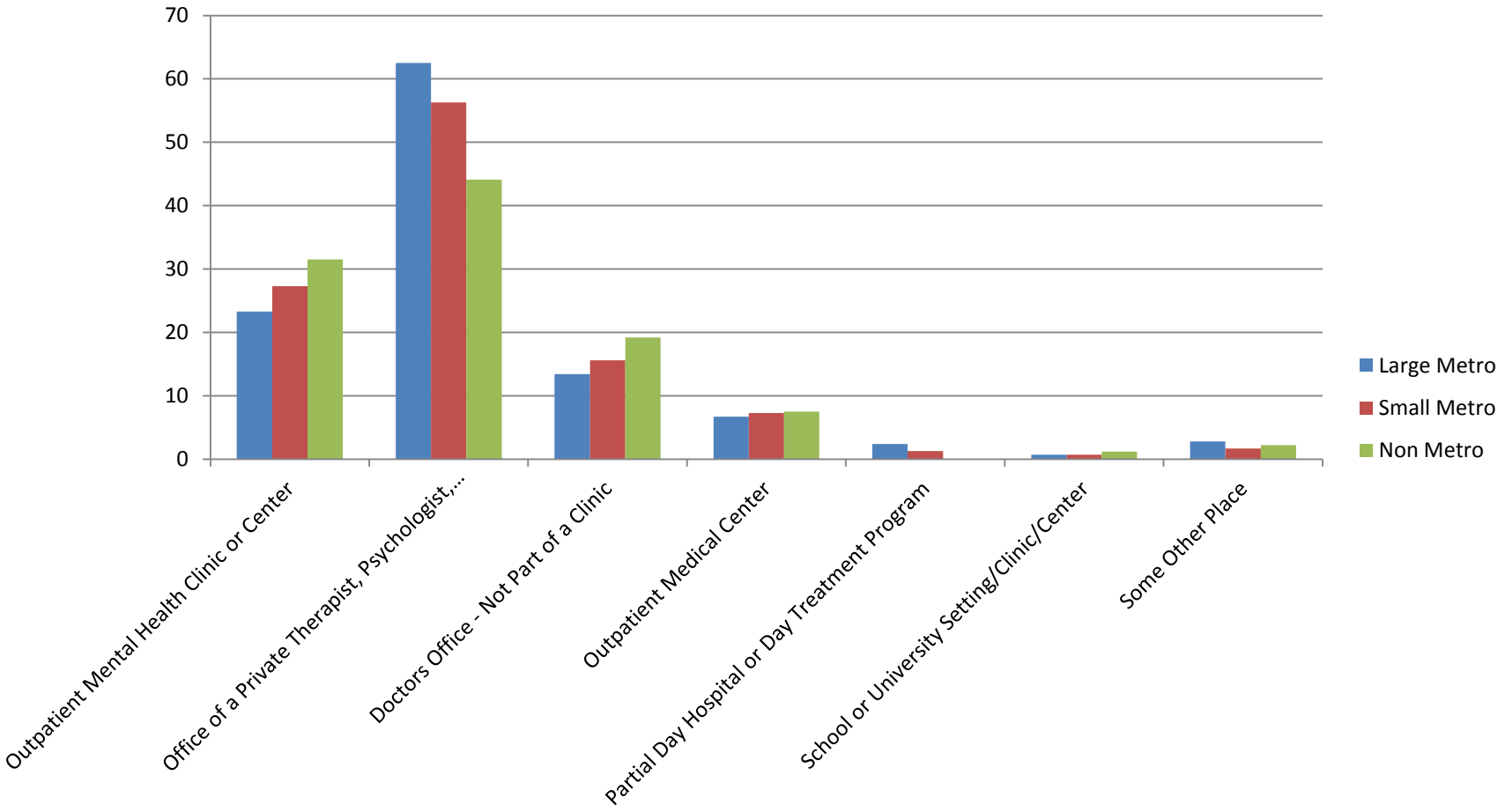
- Understand key trends in rural resident access to mental/behavioral health treatment

Most rural patients receiving mental outpatient counseling have serious mental illness

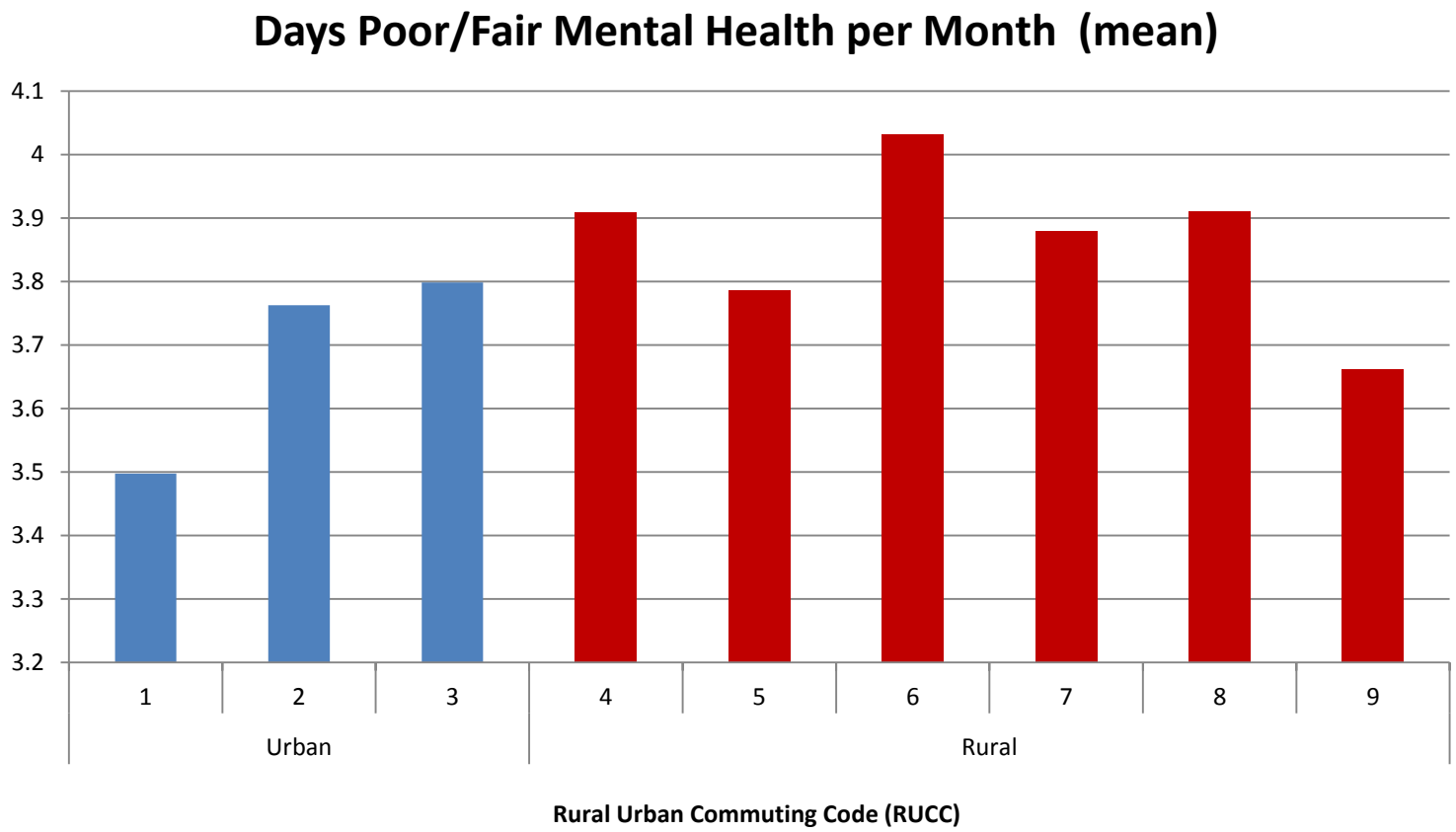


National Survey on Drug Use and Health: Table 1.25B – Received Outpatient Mental Health Treatment/Counseling in the Past Year (Persons Aged 18 and older), by Level Mental Illness , Geographic Characteristics, and Socioeconomic Characteristics: Percentages, 2013 and 2014

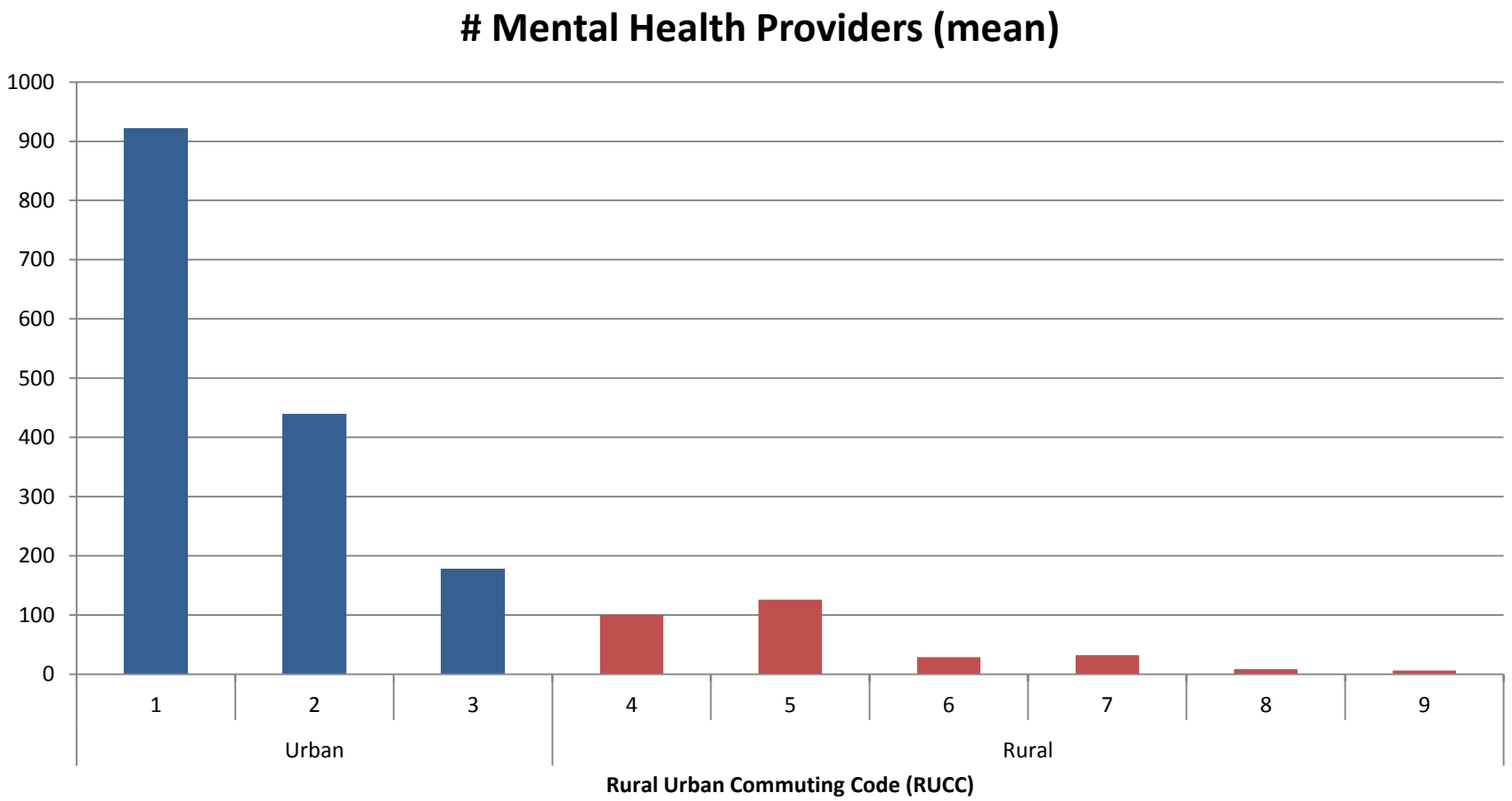
Rural-urban differences in outpatient mental health treatment location



Does supply meet demand? Days reporting poor/fair mental health status increases slightly with rurality



However, the supply of mental health providers is skewed towards the most urban counties



This is true of behavioral health provider and psychologist distribution as well

	Rates per 100,000	
RUCC	**Behavioral Health Providers**	**Psychologists**
Urban		
1	148.4	29.0
2	142.2	23.3
3	129.3	19.7
Rural		
4	91.0	12.6
5	143.5	19.0
6	67.1	8.3
7	100.2	12.7
8	39.0	4.4
9	41.2	4.2

Source: Miller, B.F. et. al. (2014). Colocating Behavioral Health and Primary Care and the Prospects for an Integrated Workforce. *American Psychologist*. 69, 443-451.
Data: CMS National Plan and ProviderEnumeration System (NPPS), 2010 (using 2003 RUCC codes)

Access to treatment for opioid use disorder for rural areas remains a challenge

- As of 2009, 82% of rural counties did not have detox centers
- As of 2010, only 3% of rural primary care physicians were waivered to prescribe buprenorphine (important medication
- Medication Assisted Treatment requires regular visits and coordination with additional counseling sessions – presents additional barriers for rural residents

Questions

- Do these trends resonate with you and your community planning process?
- Is behavioral health workforce part of your network strategy?
- Are there specific issues that were not addressed in this presentation that you find to be a major barrier in access to treatment?

Objective #2

- Understand innovation in this area and questions to ask for future projects

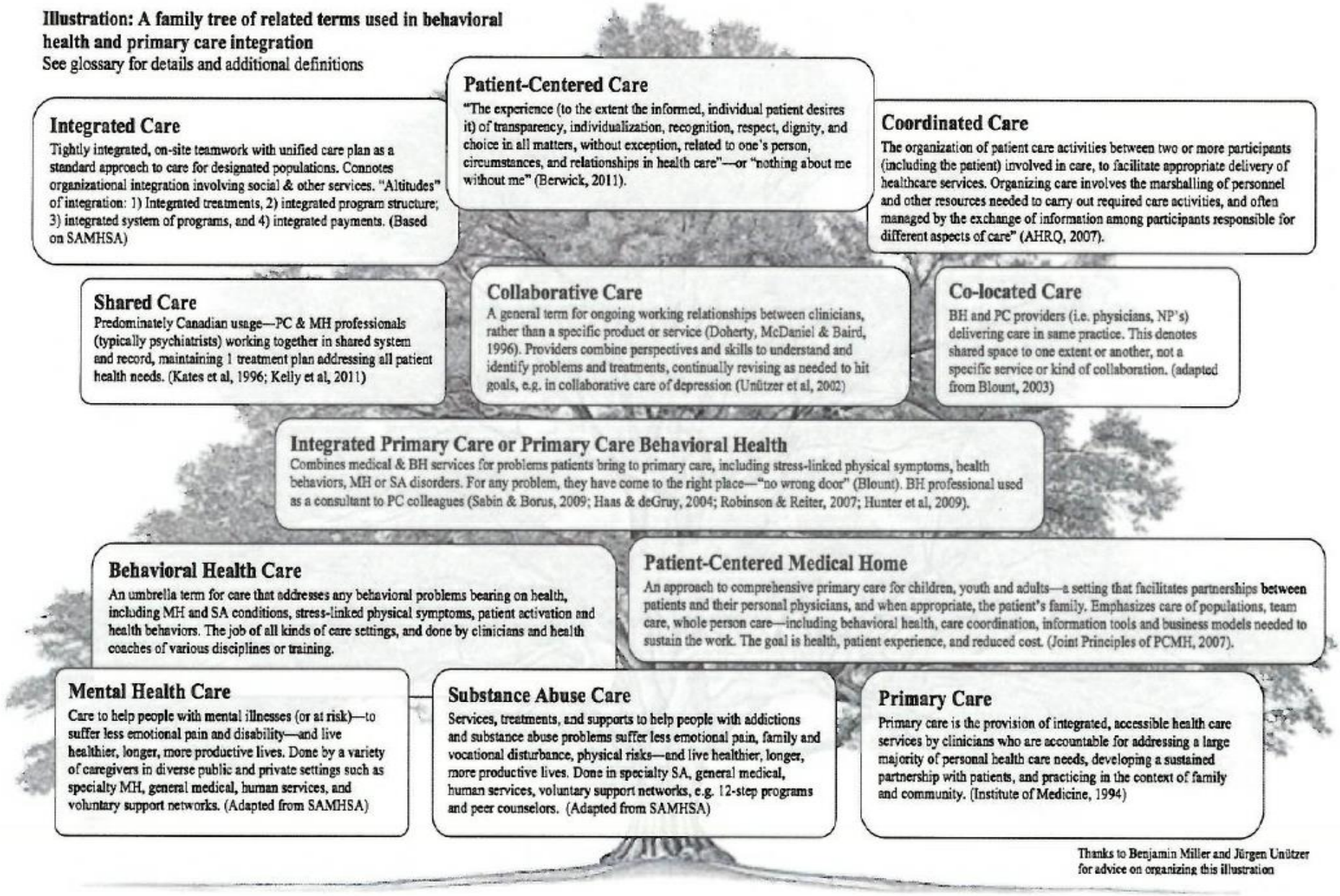
Topics Heard from Grantees

- Integration of behavioral health into primary health care
- Reimbursement
- Workforce
- Opioid epidemic
    - 60 minutes segment:
        - http://www.cbsnews.com/news/heroin-in-the-heartland-60-minutes
- Suicide Rates
    - NY times article:
        - http://www.nytimes.com/2015/11/03/health/small-towns-face-rising-suicide-rates.html?_r=0

Do you have a shared lexicon/language?

- Lexicon for Behavioral Health and Primary Care Integration, AHRQ April 2013
  - http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf

Illustration: A family tree of related terms used in behavioral health and primary care integration
See glossary for details and additional definitions



Thanks to Benjamin Miller and Jürgen Unützer for advice on organizing this illustration

From: Peek CJ and the National Integration Academy Council. *Lexicon for Behavioral Health and Primary Care Integration:* AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf.

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.)?

Case Study: Grantees as a behavioral health convener

Granville Vance Public Health Department, *Oxford NC*

- Partnership with local mental health and substance abuse provider agencies
- Utilize agencies to conduct trainings and dispense naloxone to high risk populations
- Current metrics = 261 kits distributed, 16 reversals reported

Think about your next proposal

- Can I find someone in my community to match?
- Do I want to pay my partners? Do I want to put them in my contractual section in budget?
- How will we determine who to take on? Caseload amount? Target audience?
- Serious mental illness versus mental health
- How can we connect to state-level activities?
- Do I have an indirect cost rate?
- Do I have a mental health/substance use provider as a partner? In a formal capacity?
- How do I build in sustainability efforts?
- Are we interested in tele-health? Tele-mental health?
- Have you considered inter-disciplinary teams? Co-location?
- Are there any contractual fees/services we will need?
- Do we have the workforce available?
- Do we have a network director? By-laws? Mission/vision?
- Do we want to build in educational events? Lunch and learns? CEUs?

How do you build your work plan three years+ out?

Resources

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

FORHP Funded Research

Center	Project	Status
WWAMI	Supply of Physicians Waivered to Treat Opioid Addiction in Rural America: Policy Options to Remedy Critical Shortages	Published in Annals of Family Medicine
WWAMI	Who Treats Opioid Addiction in Rural America? Quantifying the Availability of Buprenorphine Services in Rural Areas.	In Progress
WWAMI	The Supply and Distribution of the Behavioral Health Workforce in Rural America	In Progress
Maine	Rural Opioid Use: Prevalence and Characteristics	On Gateway
Maine	State and Local Efforts to Promote Prevention and Access to Treatment for Rural Opioid Users	In Progress
Maine	Implications of Rurality and Psychiatric Status for Diabetic Preventive Care Use among Adults with Diabetes	On Gateway
Maine	Implications of Rurality and Single Mother Status for Maternal Smoking	On Gateway
North Dakota	Use of Emergency Departments for Behavioral Health Related Care	In Progress

SAMHSA Resources

- **SAMHSA Awards by States in FY 2014**
- http://www.samhsa.gov/grants-awards-by-state/

- **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/

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

Primary and Behavioral Health Care Integration (PBHCI) grant program

Purpose: To establish projects for the provision of coordinated and integrated services through the co-location of primary and specialty care medical services in community-based behavioral health settings.

Goal: To improve the physical health status of adults with serious mental illnesses (SMI) and those with co-occurring substance use disorders who have or are at risk for co-morbid primary care conditions and chronic diseases.

- Request for Application
  - http://www.samhsa.gov/grants/grant-announcements/sm-15-005
- Last Application Due Date: Friday, February 27, 2015
- Anticipated Number of Awards: 102
- Anticipated Award Amount: Up to $400,000 per year
- Length of Project: Up to 4 years

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Thank you!

Questions?