



INTEGRATED MATERNAL HEALTH: PREGNANCY & BEYOND

Rural Resiliency Opioid Symposium

March 30-31, 2023

AGENDA

- Introductions / general overview of the opportunities present in integrated (behavioral/medical) care
- Opportunities/barriers to implementing integrated (behavioral/medical) care in rural settings
- Case example of integrated (behavioral/medical) care in rural settings: Pregnancy and Beyond
- Wrap up and attendee Q&A



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WHAT IS INTEGRATED BEHAVIORAL HEALTH?

- **Behavioral health** is an umbrella term that includes
 - mental health and substance abuse conditions,
 - life stressors and crises, stress-related physical symptoms, and health behaviors.
- Basic Assumption: Behavioral health conditions & medical illnesses interact and compound impacts.
- Integrated behavioral health care blends care in one setting (medical conditions and related behavioral health factors)
- Is a part of “whole-person care”



<https://integrationacademy.ahrq.gov/about/int>

- It is a core function of the “advanced patient centered medical home”

WHAT IS INTEGRATED BEHAVIORAL HEALTH?

- Integrated behavioral health care has a lot of names
 - “behavioral health integration,” “integrated care,” “collaborative care,” or “primary care behavioral health.”
- The goal is **better care and health for the whole person.**
- Providers recognize that both medical and behavioral health factors are important parts of a person’s overall health.
- Medical and behavioral health clinicians work together to address a patient’s concerns.



- The advantage is better coordination and communication

<https://integrationacademy.ahrq.gov/about/int>

BEHAVIORAL HEALTH INTEGRATION FACT SHEET - APA

Collaborative
Care Model
(CoCM)

Primary Care
Behavioral
Health Model
(PCBH)

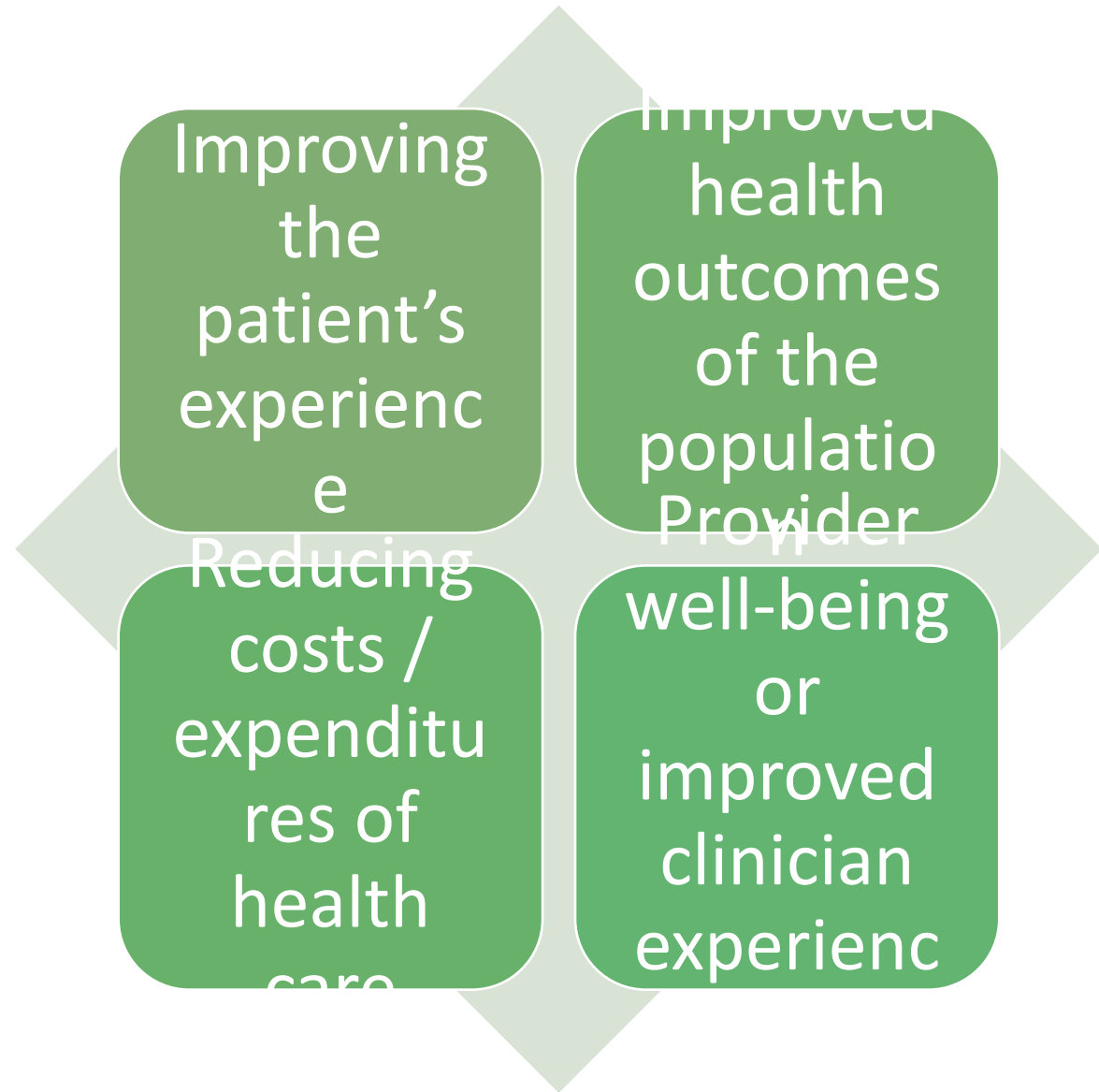
COLLABORATIVE CARE MODEL (CoCM)

- Collaborative Care Model (CoCM).
 - based on an adult chronic care management approach
 - involves psychiatric services
 - psychopharmacological recommendations supplemented by
 - brief psychoeducation or problem-solving skills training for a defined group of adult primary care patients diagnosed with chronic mental illness.
 - A team comprised of a primary care provider and a care manager (e.g., nurse, social worker)

PRIMARY CARE BEHAVIORAL HEALTH MODEL (PCBH)

- Primary Care Behavioral Health Model (PCBH)
 - model is population based
 - Team includes a licensed behavioral health professional who functions as a Behavioral Health Consultant (BHC) as a core member of the primary care team.
 - Focus is on prevention and early identification / intervention strategies such as
 - targeted treatment for behavioral health conditions,
 - “nudging” change in health behaviors that exacerbate physical health concerns,
 - and support for chronic health conditions across the lifespan

KEY OUTCOMES OF INTEGRATED CARE MODELS



INTEGRATED MODELS FOR BEHAVIORAL HEALTH AND PRIMARY CARE

- SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), collated a list of resources to providers in integrating primary and behavioral health services
- The aim is to better address the needs of individuals with mental health and substance use concerns
 - specialty behavioral health or
 - primary care provider settings



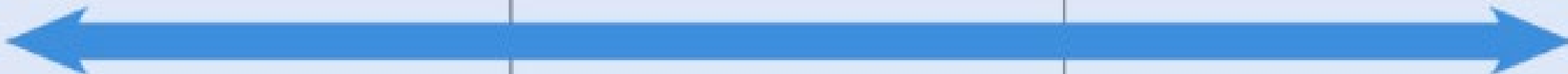
U.S. Department of Health & Human Services

SAMHSA

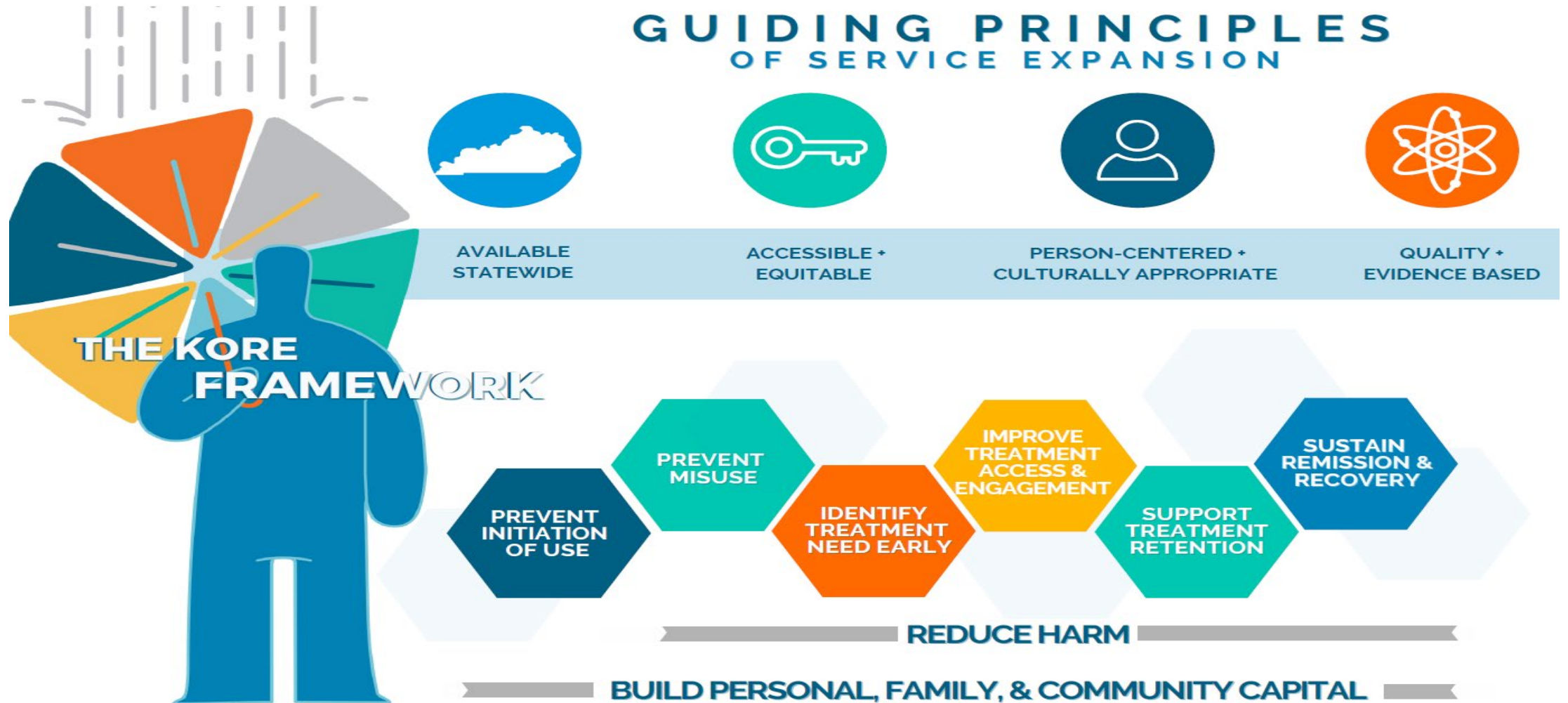
Substance Abuse and Mental Health
Services Administration

THE BEST IS THE ENEMY OF THE GOOD – VOLTAIRE

LEVELS OF INTEGRATION

Coordinated		Co-located		Integrated	
					
Minimal collaboration, siloed care	Basic collaboration at separate locations	BHP on-site, BHP and PCP keep separate schedules, records, and treatment plans	Some systems integration, BHP and PCP keep separate schedules, some shared treatment plans	Close collaboration, shared treatment plans and records, some joint visits on PCP schedule	Close collaboration, shared treatment plans and records, most appointments on PCP schedule

KENTUCKY OPIOID RESPONSE EFFORT (KORE)



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map



small town



photography



beautiful



19th century



girl



life in



old



urban



healthcare



population



[The Conversation](#)
Where is 'rural America,' and what does ...



[Urban Institute](#)
Three Myths about Rural America ...



[Center on Rural Innovation](#)
Rural America is not a monolith ...



[The Hill](#)
Rural America shrinks over decade for ...



[The Atlantic](#)
The Graying of Rural America - The Atlantic



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[Giving Compass](#)
Why Rural America Needs Cities for ...



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disinvestment, rural America ...



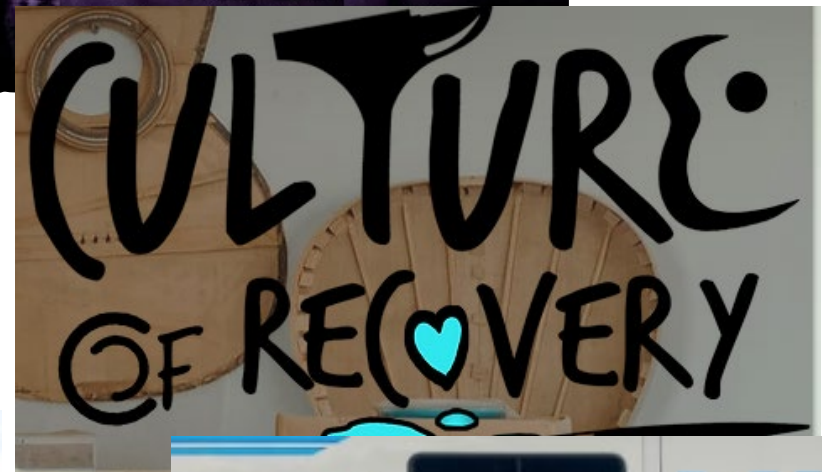
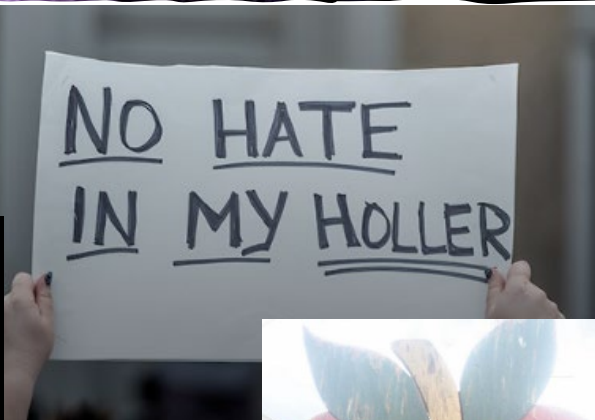
[Commonwealth Fund](#)
Health Care in Rural America ...



The bell hooks center

Feminism is for everybody

BEREA
COLLEGE



BARRIERS TO INTEGRATION IN RURAL SETTINGS

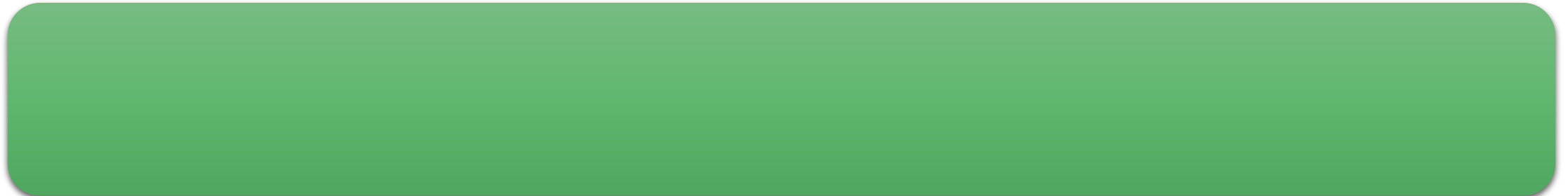


Distance and Transportation - Rural populations are more likely to have to travel long distances to access healthcare services, particularly subspecialist services.

BARRIERS TO INTEGRATION IN RURAL SETTINGS



Broadband Access - many rural areas lack access to broadband internet and experience slow internet speeds, both of which are barriers to accessing telehealth services.



A top-down view of a white bowl filled with a light-colored vegetable soup. The soup contains several large, dark green leafy vegetable pieces, several bright orange carrot slices, and some shredded white vegetable. A silver spoon is placed to the left of the bowl, resting on a patterned placemat with orange, green, and blue floral designs. A semi-transparent green rectangular box is overlaid on the right side of the bowl, containing white text.

OPPORTUNITIES FOR INTEGRATION IN RURAL SETTINGS



Submit an article

Journal homepage

484

Views

2

CrossRef

citations to date

6

Altmetric


Research Article

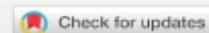
Stone soup: social work community engagement in rural America's opioid crisis

Suzie T. Cashwell , PhD MSW, Michael Campbell , PhD & James Cowser , LCSW

Pages 81-87 | Published online: 20 Jan 2021

Download citation

 <https://doi.org/10.1080/15332985.2021.1875965>



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ABSTRACT

The opioid epidemic has wreaked havoc in rural America. Evidence-based approaches have been found to limit overdose and death related to the opioid crisis. We explore the current trends in treatment for Opioid Used Disorder (OUD) and present an argument that social workers in rural settings play a vital role to help facilitate the linkages needed for clients seeking OUD care. The fable of Stone soup is used to link the power of community connections in rural settings and potential that social workers play in convening the “right ingredients” for success in OUD management.

Q KEYWORDS:

Rural

social work

opioid use disorder

interdisciplinary teams

Sample our
Health and Social Care
Journals



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STONE SOUP: WHAT MAKES RURAL COMMUNITIES STRONG

- the story of stone soup takes place in challenging times, like our current opioid epidemic.
- The story and rural communities revolves around the primacy of engagement and sharing.
- In both the fable and in rural communities, there is a shared sense of connection in caring for their own.
- Finally, the individual who serves as the community convener who “stirs the pot” and brings these resources

AGENDA

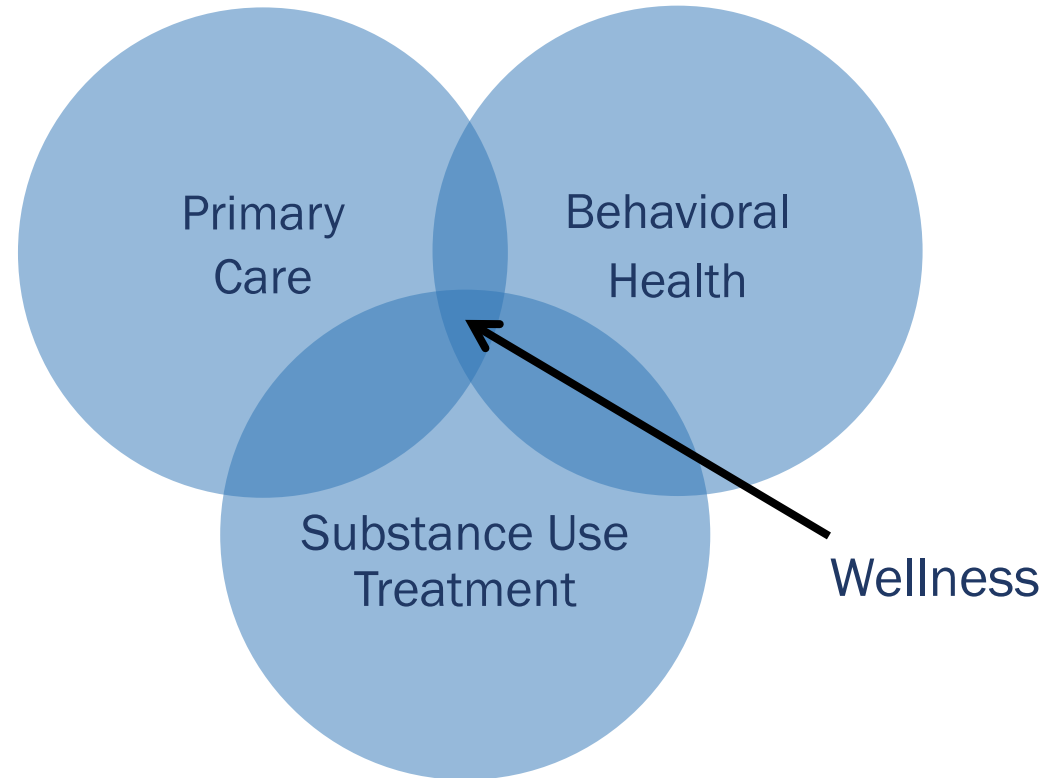
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Integrated Care Model

*Pregnancy
& Beyond*



Integrated Care Model



Fundamental Values

We believe...

That amazing things happen when we work together...



Fundamental Values

We believe in...

Really working together...

- Integrated Treatment Team



Fundamental Values

We believe in...

Really working together...

- Integrated Treatment Team
- Integrated Support Staff
- EMR/Scheduling
- Daily Conversations
- Weekly Leadership Meetings
- Bi-Weekly Staff Meeting



Fundamental Values

Onsite

- Medication-Assisted Treatment (MAT)
- Medication Inductions
- Hepatitis C Screening, Diagnosis, Treatment
- Prenatal Care
- Postpartum Care
- Medical Care
- Pediatrics
- Counseling (Individual and Group)
- Mental Health Assessment
- Case Management
- Community Services
- Peer Support
- Prenatal Education
- Pharmacy
- Dental
- Parenting Classes
- GED Classes
- 12 Step Group
- Bible Study Group
- Laundry
- Shower
- Basic Needs (diapers, wipes, shampoo, etc.)





Fundamental Values

We believe in...

Re-engaging

When do we “pull them in closer”?

- Missed medication appointment
- Missed counseling appointments
- Positive drug screen

How do we “pull them in closer”?

- Daily dosing
- Additional counseling
- Home visits



Fundamental Values

We believe in...

Many paths to recovery

- Buprenorphine
- Sublocade
- Lucemyra
- Vivitrol
- Abstinence
- Inpatient, Outpatient
- Drug Court
- Casey's Law



Fundamental Values

We believe in...

The power of choices, responsibilities, nurturing, and relationships

- Last Chance Agreement
- 30 Day Notice of Dismissal



Fundamental Values

We believe in...

Celebrating successes!

Client Successes

- Voluntary participation/investment
- Insight
- Mental health education
- Relapse prevention
- Prenatal education
- Parenting education
- Self disclosures
- Reaching out – accessing resources
- Mother reporting withdrawal in baby
- Babies going home with mothers



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