Behavioral Health: Addressing Rural Challenges And Opportunities Through An Evidence-Based Lens

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November 10, 2020

This program is 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 $510,424 with zero percentage financed with non-governmental sources through a contract between the Missouri Hospital Association (MHA) and the Missouri Department of Health and Senior Services, Office of Rural Health and Primary Care (DHSS ORHPC). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, the U.S. Government, MHA or DHSS ORHPC.

Funding for this program was made possible by the Health Resources and Service Administration (HRSA) funding opportunity HRSA-19-024.
Disclosures

Shawn Billings has no conflicts of interest and nothing to disclose.
Objectives

- Discuss challenges and opportunities when addressing mental health in rural communities
- Review four waves of opioid overdose deaths
- Identify key challenges facing Missouri
- Describe the efficacy and types of Medication-Assisted Treatment
- Review the Medication First Model
- Review Hospital-Initiated Bridge Programming: Engaging Patients In Care Coordination (EPICC)
Pre-Survey — Poll Question 1

I understand the impact of mental health among rural communities in Missouri.

5 – Strongly agree
4 – Agree
3 – Neutral
2 – Disagree
1 – Strongly disagree
Pre-Survey — Poll Question 2

I understand the impact of Substance Use Disorder and Medication Assisted Treatment programs among rural communities of Missouri.

5 – Strongly agree
4 – Agree
3 – Neutral
2 – Disagree
1 – Strongly disagree
Mental Health: Addressing Challenges and Opportunities Caring For Rural Communities

• More than 60% of rural Americans live in mental health professional shortage areas.
• More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas.
• More than 65% of rural Americans get their mental health care from their primary care provider.
• The mental health crisis responder for most rural Americans is a law enforcement officer.
Mental Health: Urban Vs. Rural

• No prevalence – rural/urban rates of mental disorders are pretty much the same.

• Accessibility (getting there and paying)

• Availability (someone there when you are)

• Acceptability (choice, quality, knowledge)
Behavioral Health: Accessibility

- Rural Americans travel further to provide and receive services.
- Rural Americans are less likely to have insurance benefits for mental health care.
- Rural Americans are less likely to recognize mental illnesses and understand their care options.
Behavioral Health: Availability

- Rural areas suffer from chronic shortages of mental health professionals.
- Specialty providers are highly unlikely to be available in rural areas.
- Comprehensive services often not available
- Community Mental Health Centers are expected to serve everyone.
Behavioral Health: Acceptability

- Few programs train professionals to work competently in rural places.
- Rural people often lack choice of providers.
- Stigma
- Urban models assumed to work for rural.
Building A Stronger Rural Network Of Behavioral Health Treatment: What Can We Do?

- Rural planning and development should be engrained in regional and statewide efforts.
- Advocacy
- Public education
- Improve primary care/mental health integration
Programs That Work: Crisis Intervention Team (CIT)

CIT training, developed in Memphis, TN, provides a model of specialized law enforcement expertise. Volunteer officers, based in the general patrol division, work in cooperation with the mental health system, individuals in crises, and families. Trained CIT Police Officers carry on the normal duties of law enforcement but switch to a specialist role when a potential mental health-related crisis is identified.

CIT focuses on de-escalation strategies and redirecting the individual from the criminal justice system to the mental health care system. In turn, the mental health care system assumes "custody" of the individual and provides directed and non-restrictive accessibility to a full range of health care and social service options.
Programs That Work: Emergency Room Enhancement (ERE)

The ERE projects are for people with mental illness or substance use disorders who seek treatment in emergency rooms. Stabilization can be difficult and often requires considerable time and resources. Even when the crisis is resolved, these patients may be kept for hours – if not days – waiting for placement in psychiatric care or substance use disorder treatment.

The projects have been implemented in over 75 hospitals and health centers in 13 regions of the state to develop models of effective intervention in the emergency room setting, creating alternatives to unnecessary hospitalization and extended emergency room stays.
Addressing Opioid Use Disorder Through An Evidence-Based Lens

A Medication-First Model
3 Waves of the Rise in Opioid Overdose Deaths

- **Wave 1:** Rise in Prescription Opioid Overdose Deaths
- **Wave 2:** Rise in Heroin Overdose Deaths
- **Wave 3:** Rise in Synthetic Opioid Overdose Deaths

Other Synthetic Opioids
- e.g., Tramadol and Fentanyl, prescribed or illicitly manufactured

Commonly Prescribed Opioids
- Natural & Semi-Synthetic Opioids and Methadone

Heroin

**Source:** National Vital Statistics System Mortality File.
The 4th Wave Of The Opioid Epidemic

“We’ve seen three waves – we’re very concerned about the fourth wave and getting ahead of it, and that’s methamphetamine,” said a senior administration official at the US Department of Health and Human Services.
The Elephant Tranquilizer In The Room

Carfentanil

- It’s 10,000 times more potent than morphine.
- It’s 100 times more powerful than fentanyl.
Key Challenges Facing Our State

- Workforce shortages and professional development gaps
- Fragmented opioid prescription tracking – Prescription Drug Monitoring Program
- Diminished patient access to medication-assisted treatments (e.g. buprenorphine, methadone)
- Significant barriers to OUD treatment in rural Missouri.
- Social determinants of health (e.g. lack of broadband access, transportation, housing)
- Stigma
- Challenges associated with COVID-19 (e.g. social isolation, financial insecurity, health of workforce/community, etc.)
2018 Opioid Overdose Data: Key Findings

• Overdose events are **highest among the 25-44 age group**, with events among this age group increasing faster over time relative to other age groups.

• 75% of all overdose events occur in the home.

• Overdose rates are highest in St. Louis, followed by Greene County.

• 68% of all overdose deaths were in the St. Louis area.

• **90% of deaths in St. Louis City and County were fentanyl-involved**, 36% were heroin-involved and 6% were prescription opioid-involved.
## Missouri Preliminary Overdoes Data

October 2020 St. Louis City and County

<table>
<thead>
<tr>
<th>Opioid-involved Deaths</th>
<th>St. Louis County</th>
<th>St. Louis City</th>
<th>Overall City &amp; County</th>
<th>Overall By Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total (All Races)</td>
<td>123</td>
<td>174</td>
<td>41%</td>
<td>128</td>
</tr>
<tr>
<td>Black Female</td>
<td>9</td>
<td>25</td>
<td>178%</td>
<td>21</td>
</tr>
<tr>
<td>Black Male</td>
<td>36</td>
<td>53</td>
<td>47%</td>
<td>53</td>
</tr>
<tr>
<td>White Female</td>
<td>26</td>
<td>27</td>
<td>4%</td>
<td>15</td>
</tr>
<tr>
<td>White Male</td>
<td>50</td>
<td>67</td>
<td>34%</td>
<td>38</td>
</tr>
</tbody>
</table>
Medication-Assisted Treatment (MAT)

• What is it?
  ▶ MAT incorporates the use of FDA-approved medications and behavioral therapy in the treatment of Opioid Use Disorder

• Which agencies endorse MAT?
  ▶ Substance Abuse and Mental Health Services Administration
  ▶ American Medical Association
  ▶ National Institute on Drug Abuse

Source: https://www.samhsa.gov/medication-assisted-treatment
# FDA Approved Medications for Treatment of Opioid Use Disorder

<table>
<thead>
<tr>
<th>Medication</th>
<th>Action</th>
<th>Dispensing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>Full agonist--Full agonists (like heroin, morphine, hydrocodone, and oxycodone) bind to opioid receptors and create a response proportional to the dose.</td>
<td>Opioid Treatment Program (OTP)</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>Partial agonist—Partial agonists bind to opioid receptors, cause a limited reaction, and prevent the euphoric effect.</td>
<td>Any prescriber with waiver</td>
</tr>
<tr>
<td>Naltrexone</td>
<td>Antagonist—Antagonists bind to opioid receptors and block the receptors from being activated.</td>
<td>Any prescriber</td>
</tr>
</tbody>
</table>

Source: [https://store.samhsa.gov/shin/content/SMA14-4852/SMA14-4852.pdf](https://store.samhsa.gov/shin/content/SMA14-4852/SMA14-4852.pdf)
Medication First Model

- Address withdrawal symptoms
- Reduce cravings
- Enable the patient to focus and engage in counseling and social support groups
- Increase treatment retention
- Supported by the Missouri Department of Mental Health
- Key component of the Opioid State Targeted Response (STR) Grant

Source: https://static1.squarespace.com/static/594939ba197aea24a334ef60/t/59bab107f09ca461180d6429/1505407240927/Opioid+STR+Implementation+Guide_nonDMH.pdf
Obstacles to MAT

- **Access**
  - Need for more waiver-trained prescribers to use buprenorphine for treatment
  - Community services for support and treatment

- **Funding**

- **Stigma**
  - A shift from abstinence-models (12-step)
  - Lack of awareness of evidence-based treatment

Hospital-Initiated Bridge Programming: EPICC

- Programming provides 24/7 referral and linkage services for patients who present to hospital for opioid overdose to establish immediate connections from hospitals to community-level care and resources (e.g. MAT and housing)
- EPICC programming has been integrated in the central, eastern, southwestern and western regions of the state – serving over 8000+ community members to date.
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. EPICC programming delivery is based on the SBIRT model:

- OUD Screening
- Overdose Education / Naloxone Distribution
- MAT
- Warm Handoff w/ Recovery Support
- Referral to OUD Treatment
Applying Medication First Model in EPICC

- Patient overdoses and arrives in the Emergency Department (ED).
- Patient is screened/assessed for OUD (PHQ-9, DAST-20).
- Buprenorphine induction occurs in the ED, if medically appropriate.
- A Recovery Coach (RC) is contacted and meets with the patient in the ED.
- The ED physician provides the patient with a bridge prescription of 3-5 days of buprenorphine, as appropriate.
- The RC assists the patient with a timely referral to outpatient MAT, behavioral therapy and recovery support services, including housing.
# Hospital-Initiated Bridge Programming

<table>
<thead>
<tr>
<th>REGION</th>
<th>LAUNCH DATE</th>
<th># PARTICIPATING HOSPITALS</th>
<th># PATIENTS SERVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>March 2019</td>
<td>2</td>
<td>200+</td>
</tr>
<tr>
<td>Eastern</td>
<td>December 2016</td>
<td>16</td>
<td>7,200+</td>
</tr>
<tr>
<td>Western</td>
<td>April 2019</td>
<td>7</td>
<td>550+</td>
</tr>
<tr>
<td>Southwest</td>
<td>December 2019</td>
<td>3</td>
<td>200+</td>
</tr>
</tbody>
</table>
Certified Peer Specialists: Recovery Coaches

• Able to quickly build rapport by sharing personal, lived experience with Substance Use Disorder (SUD).
• Provide a vision of hope. Living examples of those who once lived in active addiction and are now in recovery.
• Individuals with SUD seem more receptive to working with RC’s.
  ➢ "You all are able to relate to them in a way that we simply can’t." - Hospital Social Worker
• RC’s offer encouragement and strength through individual’s vulnerable beginnings of recovery.
Rural Communities Opioid Response Program (RCORP) Grants

In June 2018, the Missouri Rural Health Association formed a multidisciplinary technical assistance team to support rural communities in:

• Grant writing
• Planning
• Implementation efforts
RCORP Technical Assistance: State Partners

- Community Asset Builders
- Missouri Coalition for Behavioral Healthcare
- Missouri Department of Health and Senior Services
- Missouri Department of Mental Health
- Missouri Foundation for Health
- Missouri Health Connection
- Missouri Hospital Association
- Missouri Institute for Mental Health
- Missouri Primary Care Association
- National Council on Alcoholism & Drug Abuse- St Louis
- Primaris Healthcare Business Solutions
- University of Missouri- MU Extension
- Center for Applied Research and Engagement Systems (MU CARES)
- United States Department of Agriculture
### RCORP Infrastructure Development: Rural Missouri

<table>
<thead>
<tr>
<th>September 2018</th>
<th>November 2018</th>
<th>August 2019</th>
<th>September 2020</th>
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<tbody>
<tr>
<td>Seven Missouri communities were awarded grants – the greatest number of awards for any one state.</td>
<td>The Health Resources and Services Administration (HRSA) announced a second round of one-year grants. Six additional rural Missouri communities were awarded.</td>
<td>HRSA awarded $80 million to 80 grantees as part of its RCORP initiative. Missouri received eight awards — again receiving the highest number among other applicant states — totaling $8 million in funding.</td>
<td>HRSA awarded Citizen’s Memorial Hospital a $500,000 neonatal abstinence syndrome grant to conduct a combination of prevention, treatment and recovery activities designed to improve systems of care, family supports and social determinants of health.</td>
</tr>
</tbody>
</table>

Collectively, these awards total $11 million and reach 46% of rural Missouri.
Addressing Stigma

- New England Journal of Medicine. Perspective: Controlling the Swing of the Opioid Pendulum (Feb 2018). This perspective piece provides a case example of a patient who is negatively impacted by a clinic’s decision to implement a no-opioid policy, which means they would no longer prescribe any opioids. This piece goes into the reasons such policies exist and recommendations on how to overcome challenges which may result in clinics choosing to implement no-opioid policies.
Addressing Stigma

• New England Journal of Medicine. Perspective: Caring for Ms. L. — Overcoming My Fear of Treating Opioid Use Disorder (Feb 2018). This perspective piece provides a case example of a patient who had come to a physician asking for buprenorphine treatment which is used to treat substance use disorders. The physician did not go through the training to get the licensure for buprenorphine treatment due to several reasons, including stigma that was associated with treating patients with substance use disorders. This piece provides insight into this physician going through the licensure process and experiencing providing treatment to patients in need.
Addressing The Opioid Epidemic: Resources

• Clinician education on Rx practices
• Non opioid pain management
• Addressing stigma
• Treatment options for opioid use disorder
• Patient family and caregiver education, e.g. naloxone
• Transitions of care
• Collaborating with communities
MHA Opioid-Related Guidance Documents (2017-2020)

- EPICC Statewide Status Report (October 2020)
- The Economic Cost of the Opioid Crisis in the U.S. (March 2019)
- Hospital and Hospital ED Opioid Prescribing Guidelines (November 2018)
- Integrating Evidence-Based OUD Treatment: A Medication First Model (September 2018)
- Neonatal Abstinence Syndrome: Guidance to Improve Clinical Documentation and Data Capture (September 2018)
- An Ounce of Prevention for Mothers and Newborns: Reducing In-Utero Opioid Exposure in Missouri (June 2018)
- Overdose Deaths, Hospital Visits and Unfilled Jobs: The Opioid Crisis in Missouri and Kansas (September 2017)
Medical Marijuana - Guidance Documents

Medical Marijuana and Your Employees
Medical Marijuana and Health Care Facilities
How Medical Marijuana Will Affect Hospital Policies

Medical Marijuana - Policy Templates

Medical Marijuana Policy: Self-Administration Permitted
Medical Marijuana Policy: Administration by Hospital
Medical Marijuana Policy: Use Prohibited

Medical Marijuana - Model Medical Staff Bylaws

Medical Marijuana: Self-Administration by Qualifying Patients
Medical Marijuana: Administration by Hospital Staff
Medical Marijuana: Patient Use Prohibited
Post-Survey — Poll Question 3

Following today’s session, I have a better understanding of the impact of mental health for rural communities in Missouri.

- 5 – Strongly agree
- 4 – Agree
- 3 – Neutral
- 2 – Disagree
- 1 – Strongly disagree
Post-Survey — Poll Question 4

Following today’s session, I have a better understanding the impact of Substance Use Disorder and Medication Assisted Treatment programs among rural communities in Missouri.

5 – Strongly agree
4 – Agree
3 – Neutral
2 – Disagree
1 – Strongly disagree
Thank you!
Contact Information

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Thank you for your participation today.

Please assist us by completing the evaluation that follows. In addition, please email to shorn@mhanet.com the following information:

• What is one activity you are considering implementation of based on today’s presentations?
• Comments not addressed in the evaluation
• Suggested topics for future training