

A complex network diagram with various sized nodes (black, blue, grey) connected by thin grey lines, set against a light grey background with faint circular patterns.

INTEGRATED BEHAVIORAL HEALTH CARE IN RURAL NEBRASKA

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ME



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From Rushville, NE



Licensed Clinical Psychologist



In behavioral health for nearly 30 years, 18 as a Psychologist in rural practice



Originally on staff with the Munroe-Meyer Institute (2004 – 2011)

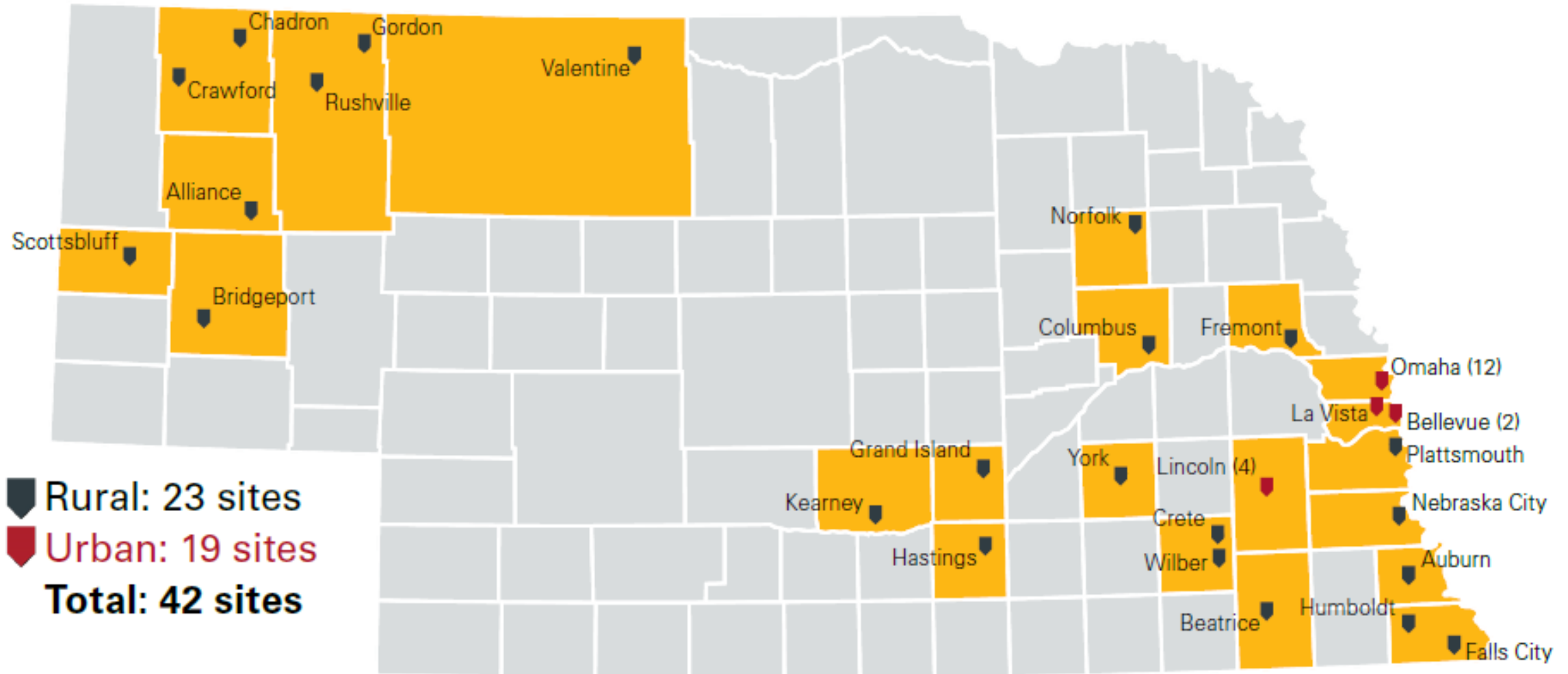


Now the owner of Western Nebraska Behavioral Health Clinics (2011 to present), but still collaborating with MMI



Clinician, supervisor, trainer, and Co-Director of BHECN Panhandle

MMI Integrated Behavioral Health Locations



TODAY

Defining Integrated Care

Exploring Different Models in Rural Settings

Looking at Advantages and Challenges of Integrated Care

The future



INTEGRATED CARE

Integrated behavioral health care blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. Integrated behavioral health care

Integrated behavioral health care is sometimes called “behavioral health integration,” “integrated care,” “collaborative care,” or “primary care behavioral health.”

Agency for Healthcare Research and Quality

Key Features of PCBH and CoCM

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graph TD; A[Key Features of PCBH and CoCM] --> B[Primary Care Behaviorist Model]; A --> C[Care Management for Patients With Mental Health Conditions Model];
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Primary Care Behaviorist Model

- Co-located and integrated behavioral health specialist (Primary Care Behaviorist)
- Evidence-based screening with diagnosis by practitioner
- Warm hand-offs to behaviorist
- Evidence-based behavioral treatments customized for primary care
- Treatment duration ≤ 6 sessions (time-limited therapy)

Care Management for Patients With Mental Health Conditions Model

- Co-located and integrated care manager with behavioral health training
- Evidence-based screening with diagnosis by practitioner
- Decision support for complex mental health needs provided by practitioner or psychiatric consult
- Algorithm-based, stepped care with proactive patient follow-up and monitoring
- Treatment duration 3-12 months

REALITY: A CONTINUUM OF OPTIONS IN RURAL PRACTICE

Strong practice policy and procedure of screening for bh concerns and referral to designated, practice affiliated provider

Behavioral health provider located in a separate part of the same building, where easier referrals can be made (e.g. a specialty clinic arrangement)

Behavioral health provider functions largely independently, but within the clinic space (maximizing contact for warm hand-offs and curbside consults)

Behavioral health provider is a direct part of the treatment team, on hand and pulled in as needed and routinely present for well-child checks and physicals

ADVANTAGES OF INTEGRATED BEHAVIORAL HEALTH

- Numerous studies show benefit in:
 - Access
 - Patient satisfaction
 - Patient outcomes
 - Cost-effectiveness
 - Provider experiences



RURAL ADVANTAGES



- Consolidating care in one location to reduce travel for patients
- Reducing need of specialty referrals for general practitioners
- Decreased impact of stigma
- Greater anonymity
- Ease of building needed behavioral health practices
 - Infrastructure already exists
 - Lower costs for providers establishing care

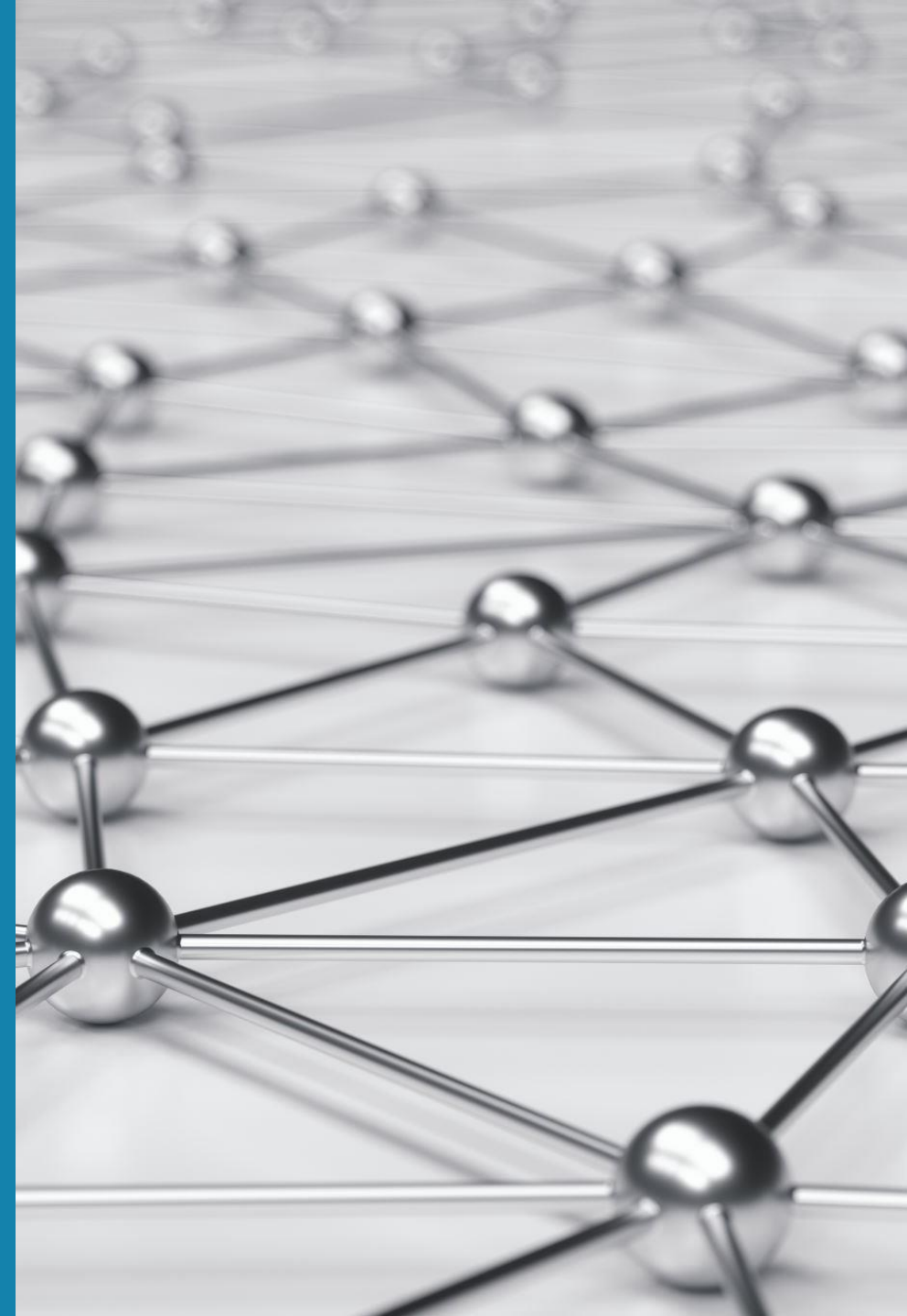
SOME CHALLENGES



- Space
 - Rural practices are often already strapped for space
- Melding of very different models of care
- Some medical providers (especially older ones) can be dubious of the benefits

THE FUTURE

- Integrated care locations are growing across the state
- The Behavioral Health Education Center of Nebraska (BHECN) has been awarded ARPA funds to increase the behavioral health workforce
 - This is being granted out to agencies to train additional students, as well as positively impacting the existing rural workforce
- SAMHSA has toolkits for practices considering an integrated practice



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