

ARKANSAS BEHAVIORAL HEALTH INTEGRATION NETWORK

2022

### Dear Friends,

I want to extend my heartfelt thanks for your unwavering support and encouragement throughout this past year! The launch and operational success of ABHIN during this pandemic is a result of your incredible dedication. While the pandemic prevented us from hosting a conference this year, I am excited to share the remarkable progress and impact we made.

This year has been a whirlwind of learning, growth, and seizing opportunities. We've expanded our reach across rural counties in Arkansas, significantly boosted our monthly webinar audience, and proudly brought on board our first full-time employees. Moreover, we've actively contributed as subject matter experts to local and national advisory groups. Notably, we've secured our first private contracts and developed cutting-edge curricula.

#### Our mission remains laser-focused on:

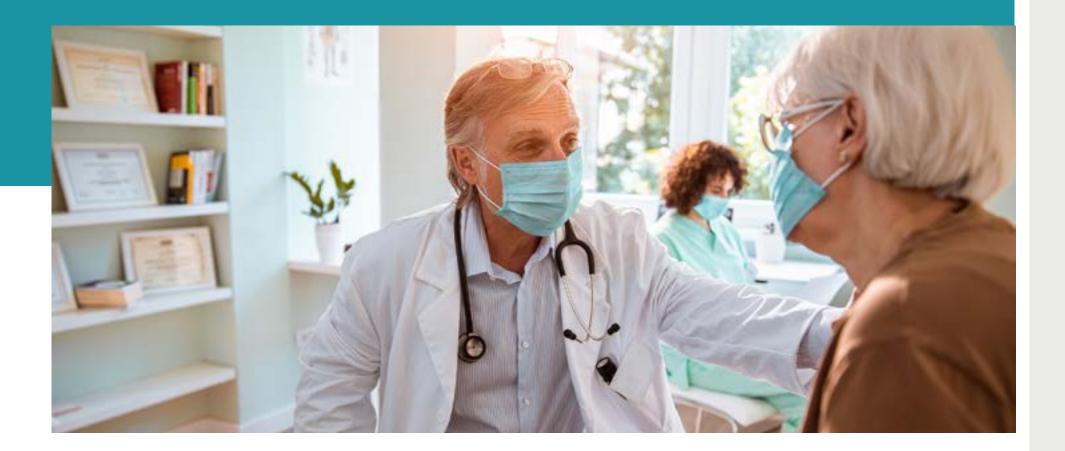
- Championing Suicide Prevention, Intervention, and Postvention
- Combating Substance Misuse
- Spearheading Behavioral Health Integration
- Advancing Whole Health

Warm regards, Kim



Kim Shuler, LCSW
Chief Executive Officer





We are a non-profit organization helping integrate quality mental health care across the healthcare continuum.

#### **Our Vision**

Better health for all through integrated care solutions.

#### **Our Mission**

To meet the challenges of integrating healthcare by building relationships, sharing resources and best practices, providing education, training, and advocacy for all.

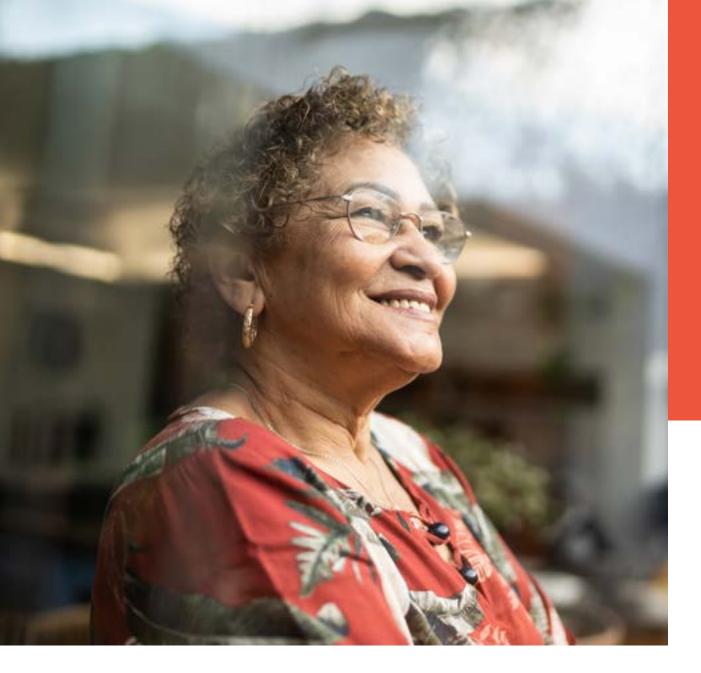
## Why is it important?

of people who seek care for mental health conditions do so in a primary care setting.

of all primary care visits are related to mental and behavioral health conditions.



On average, primary care providers receive very limited training related to mental and behavioral health conditions.





January 13, 2022	Introduction to Integrated Care Financing and ROI, Part 1  Dr. Leslie Manson, PsyD
February 10, 2022	Introduction to Integrated Care Financing and ROI, Part 2  Dr. Leslie Manson, PsyD
March 10, 2022	Conducting Functional Assessments by Using the 5A's Model Mandy McCorkindale, PsyD



#### [ TRAINING ]

# In 2022, we have <u>trained 1,374\* professionals</u> through our monthly speaker series as well as grant projects and outreach.

\*Does not include training provided in grant consortium meetings or individual one-on-one trainings with clinics.

April 14, 2022	Understanding and Addressing Psychosocial Factors in Diabetes Management - <i>Amy Walters, MD</i>	
May 12, 2022	The Arkansas Center for Health Improvement Naloxohome Program Pat Brannin	
June 9, 2022	Value-based Integrated Case Management Rachel Andrew, MS, LMFT, CCM	
July 14, 2022	Substance Use Disorders During Pregnancy and Postpartum Jessica Coker, MD	
August 11, 2022	An Overview of the Comprehensive Healthcare Integration (CHI) Framework Dr. Lori Raney, MD	
September 8, 2022	Overview of Arisa Health and the Certified Community Behavioral Health Center (CCBHC) Model - Chris DeBernard, MD	
October 13, 2022	Tobacco Use and Behavioral Health in Primary Care Joy Sharp, TTS	
November 10, 2022	Suicide Prevention: Arkansas and Beyond with American Foundation for Suicide Prevention - <i>Jacqueline Sharp and Christine Yu Moutier, MD</i>	
December 8, 2022	I'm not sick, I don't need help: How to help someone accept treatment <i>Xavier Amador, MD</i>	





- Arkansas Primary Care First Stakeholders Group
- NEHI Advisory Group
- Diversity, Equity, and Inclusion Training (April October)
- AR Legislative Mental Health Workgroup
- Advocacy to Support Passage of SB178/ACT615 Requiring
   All Payers to Reimburse CoCM Codes
- Behavioral Health Strategy Planning
- Northwest Arkansas ACES Coalition

## 2022 Projects:

- Arkansas Rural Opioid Use Team Education Planning Grant
- Arkansas Rural Opioid Use Team Education Implementation Grant
- Arkansas Lives Network of Care Care Coordination Grant
- Arkansas Lives Network of Care Suicide Postvention Planning Grant
- MSW Training Program
- >> Private Contracts
- Diversity Equity and Inclusion Grant
- Additional Outreach and Advocacy



The A-ROUTE planning grant was completed in February 2022. Through the project, we were able to create a plan and engage partners focused on expanding the capacity of rural communities to provide improved opioid use disorder (OUD) prevention, treatment, and recovery services.

Over the course of the grant, the project team engaged a multi-sector consortium to conduct a needs assessment of 9 rural counties in Arkansas that have been disproportionately affected by the opioid crisis. The A-ROUTE consortium used this information to develop a strategic plan and expand the consortium to fill gaps in key areas. This collaboration and planning led to a successful Rural Communities Opioid Response Implementation grant that was awarded in September 2021.

The project has enhanced the landscape for the prevention, management, and treatment of OUDs in rural Arkansas and resulted in continued movement toward the A-ROUTE vision of a high-functioning network of community partners, providers, and healthcare teams collaborating to educate the community, destignatize opioid use disorders, and provide high-quality services that ultimately eliminate overdose deaths.

The AROUTE-Implementation project achieved a number of notable successes in 2022. The availability of Medication-Assisted Treatment (MAT) increased in the target area, with consortium clinics expanding services and providers undergoing training to offer MAT. Capacity-building efforts, including training in Screening, Brief Intervention, and Referral to Treatment (SBIRT) and in Infectious Disease management, enhanced primary care teams' ability to identify and treat patients with Opioid Use Disorder (OUD).

We hosted three panel discussions in rural communities that included prevention providers, treatment providers, and peer recovery support specialists and engaged the community in a conversation about the most pressing needs as they see it. We also hosted three naloxone trainings and worked with regional prevention provider to develop and deliver training on stigma related to OUD. In addition, the consortium expanded with the addition of 3 new partners.



[ PROJECTS ]

## **Arkansas Lives Network of Care**

Care Coordination Grant

The ALiNC project continued in year two of implementation, and successfully improved suicide prevention, intervention, and postvention efforts in the rural target area by enhancing access to care for individuals at risk of suicide, increasing provider competency in managing suicide risk, reducing stigma among providers and communities, and strengthening the capacity of clinical and community teams to identify and respond to suicide risk. Notably, the project conducted specialized Youth Suicide Prevention training, benefitting 40 providers and staff who reported increased comfort in managing suicidal patients.

We also hosted two Community Gatekeeper trainings that reached 263 (in-person and virtual) participants, including clinicians, social service providers, pastors, and first responders, equipping them with knowledge and skills to identify and respond to suicide risk. Additional training included Risk Stratification, Addressing Suicide in Marginalized and Minoritized Communities, Billing and Coding, and Comprehensive Suicide Risk Management.

All participating clinics incorporated mental and behavioral health screening into their workflows, fostering stronger connections with community organizations and mental health providers, ultimately improving screening rates and provider comfort with the process.



In June 2022, ABHIN was awarded a Rural Health Network Planning Grant through the Health Resources and Services Administration. This funding will allow us to assess need, engage partners, and create a strategic plan for a rural Suicide Postvention Network that serves North Arkansas counties.

The Arkansas Lives Network of Care planning team has engaged a strong cross-sector partners who are dedicated to supporting loss survivors and ensuring they have quick access to available suicide postvention resources, such as mental health services, basic comfort needs, and peer support services, among others. We are in the process of creating a suicide postvention network that represents key stakeholders from every sector and working collaboratively to develop a rapid community response to suicide.

Our efforts will be focused on reducing the stigma related to suicide, educating our communities and policymakers, and improving access to resources in the immediate aftermath of a tragedy, which will ultimately, reduce survivors' isolation, generate collaborative solutions, and stimulate a healing community involvement.





## MSW Training Program

ABHIN has been focusing on building the workforce to make Behavioral Health Integration a reality in more communities. In 2022, we were funded to train Master of Social Work students to practice within the primary care behavioral health model (PCBH). In partnership with both University of Arkansas at Little Rock (UALR) and University of Arkansas (UARK), the first year of the project found great success with the deployment of six students into primary care clinics around the state.

To prepare these students, a Behavioral Health Integration Bootcamp was developed and provided by ABHIN clinical staff, Kim Shuler and Caitlyn Johnson. The bootcamp, held over a two day period, provided a well rounded and in-depth look of the aspects of BHI. These topics included an overview of the multiple levels of BHI, common BHI terminology, how to integrate into the primary care model, psychopharmacology (provided by Dr. Patty Gibson), and Contextual Interviewing.

The 2nd day held intervention modules which included motivational interviewing, empathetic listening, cognitive behavioral therapy, psychoeducation and teach back. The students also learned suicide assessment and intervention in conjunction with recorded teachings from internationally known suicidologist, Kent Corso, PsyD. The bootcamp captured the attendance of all seven inaugural students as well as faculty from both UALR and UARK for a total of 10 participants.

The first year of implementation went well with students providing intervention for over 400 patients during the 2022-23 school year. These patients saw an **11% decrease in overall depression** scoring using the PHQ9 and a **14% decrease in overall anxiety** using the GAD7. One student that completed the 22-23 bootcamp and BHI internship has since been hired to work within a local health system as a behavioral health consultant. ABHIN continues to work with both universities by providing clinical supervision to students training within the PCBH model.

## **Private Contracts**

ABHIN was contracted by two payor networks to conduct work focused on Behavioral Health Integration assessment, planning, and training. Through this work we trained more than 50 clinicians on a wide range of topics related to BHI. Outcomes included increased confidence in treating MH/BH conditions and substantial progress toward health system transformation

#### Diversity, Equity, and Inclusion

ABHIN staff participated in the IDEALs Institute TRAIN program, based in the Division of Diversity, Equity, and Inclusion (DEI) at the University of Arkansas. This 6-month program was focused on DEI capacity building. The team participated in organizational assessment and professional development and ultimately developed a strategic plan to embed DEI in every aspect of ABHIN's culture and processes.

#### Additional Outreach and Advocacy

ABHIN participated in a number of advisory boards and workgroups, including the Arkansas Primary Care Stakeholders Group, Network for Excellence In Health Innovation BHI Advisory group, Arkansas State Legislature Mental Health/Behavioral Health Working group, Adverse Childhood Events Coalition, and the NWA Council Behavioral Health Strategy Planning Advisory Group. This work has led to improved legislation related to Collaborative Care Management as well as local initiatives to advance BHI.

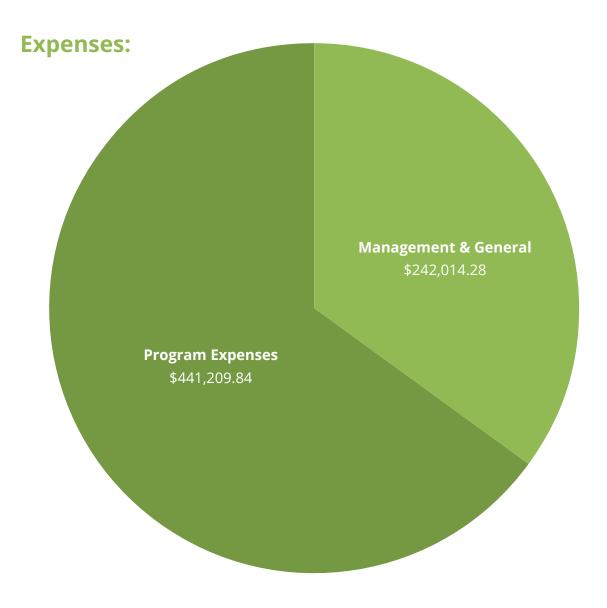
#### Other notable items in 2022:

We built the ABHIN team by adding two new staff members and three new contractors.

## **Financial Statement**

#### **Revenue:**

10%		90%
■ Contract Revenue - \$ 70,000.00		■ Grant Revenue - \$ 604,341.42





### **2023 Goals:**

#### >> Funding:

In 2023, we intend to actively engage individual donors and corporate sponsors to diversify our funding sources and bolster our operational support. Our goal is to raise at least \$50,000 in individual donations by December 2023.

#### Provider Training and Support:

Over the next year, we will train at least 1,500 healthcare professionals. In addition to monthly webinars, we will broaden our reach through paid consultation with healthcare teams throughout Arkansas.

#### >> Annual Conference:

In 2023, we will host Arkansas' first conference focused entirely on behavioral health integration in 2022. Our goal is to engage at least 100 healthcare professionals in what will be the first of an annual conference series.

## **Our Board of Directors**

Arkansas Behavioral Health Integration Network is led and managed by a board of directors consisting of a remarkable combination of physicians, clinicians, administrators, community members, and policymakers.

Kim Shuler, LCSW

Patty Gibson, M.D.

Senator Kim Hammer

Lee Crow

Jen Yturriondobeitia, DBH

Anna Reigner, JD

Lubna Maruf, M.D.

Chad Rodgers, M.D.

















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