




Innovation through RCORP: Bridging Gaps in Rural Arkansas

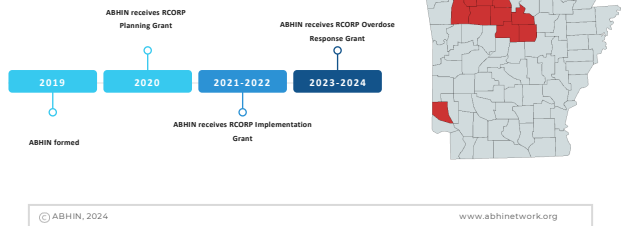


Presented By: Kim Shuler, LCSW
November 21, 2024

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ABHIN AND RCORP



2019: ABHIN formed


2020: ABHIN receives RCORP Planning Grant

2021-2022: ABHIN receives RCORP Implementation Grant


2023-2024: ABHIN receives RCORP Overdose Response Grant

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OPIOID AND MENTAL HEALTH CRISIS IN RURAL ARKANSAS



- ▶ **FATAL and NON-FATAL OVERDOSES**
306 opioid overdose deaths between December 2022 and December 2023. Down 13.8% from year prior. 3,938 non-fatal overdoses in 2023. 3,641 so far in 2024.
- ▶ **NALOXONE ADMINISTRATION**
4,270 in 2023. 3,075 so far in 2024.
- ▶ **CO-OCCOURING MENTAL HEALTH CONDITIONS**
457,000 adults in Arkansas have a mental health condition. 35,000 Arkansans age 12-17 have depression.
- ▶ **LIMITED ACCESS**
145,000 adults in Arkansas did not receive needed MH care. 49% did not receive care b/c of cost.
93% of Arkansans are uninsured; Arkansans are over 3x more likely to be forced out of network for MH care than for primary health care.
1,426,349 people in Arkansas live in a community that does not have enough mental health providers (46.8% of the total population).

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BEHAVIORAL HEALTH INTEGRATION TO ADDRESS OUD

- Anchored in Primary Care settings to maximize rural resources
- Identification of needs through screening
 - Screening and Brief Interventions and Referral to Treatment (SBIRT)
- Builds recovery ecosystem and identifies social determinant of health needs
- Interventions, whether that is developing a treatment plan with the patient, providing medication for OUD, referring to another treatment provider (ie. MOUD, Intensive Outpatient, Inpatient, etc), connecting with peer recovery support specialists, or connecting the patient with community social supports
- Continuing Care and Case Management

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AROUTE INNOVATIONS

- ▶ WHILE YOU WAIT PODCAST WITH CEUS
- ▶ PEER SPOTLIGHT VIDEOS IN EACH COUNTY
- ▶ COMMUNITY CONVERSATIONS WITH PANEL DISCUSSIONS
- ▶ BEHAVIORAL HEALTH INTEGRATION IN PRIMARY CARE
- ▶ "WELLNESS KITS" - REBRANDING HARM REDUCTION
- ▶ BEAUTY SALON NALOXONE
- ▶ BE THERE STIGMA CAMPAIGN

... AND MUCH MORE!!

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AROUTE IMPACT

Percent Change 2022-2024

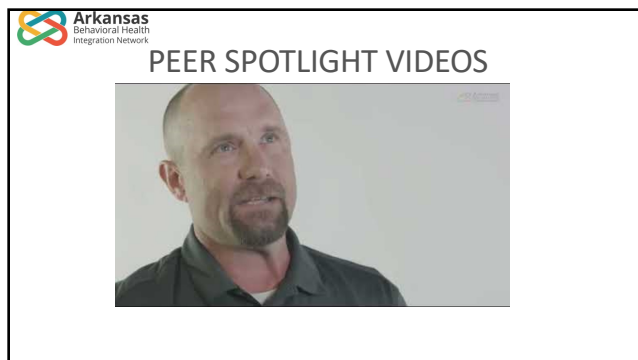
Screening for OUD	45%
Screening for Depression with SUD dx	54%
Treatment for OUD	71%
Recovery Services	100%

2,721 People Trained

10 New Naloxone Access Points

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OUTREACH AND PARTNERSHIPS

KILEN AM LOMORENE MOUR EO AN JUON ARMID

RECORD SEALING CLINIC

CHIMINAL RECORD

NaloxBox Locations

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AROUTE OVERDOSE RESPONSE PROGRAM

- 9 facilities including EDs and satellite clinics
- 6 peers integrated into healthcare settings
- Collaborative, multi-disciplinary training with CEUs
- Tailored workflows
- Peer-led
- Storytelling through Data

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AROUTE OVERDOSE RESPONSE 6-MONTH IMPACT

180 Peers Served

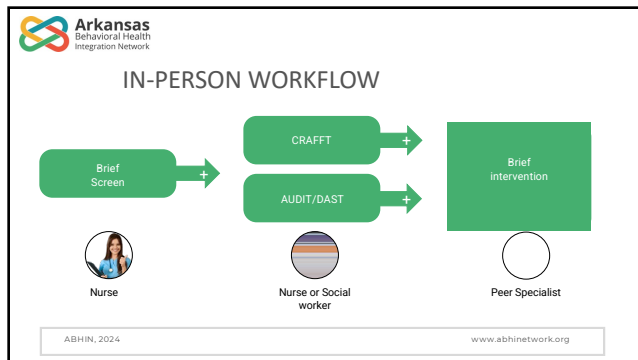
Key Referrals Provided

- Percent Enrolling in MAT Treatment: 26%
- Percent Enrolling in Other Treatment: 18%
- Percent Enrolling in Any Type Treatment: 43%
- Percent Receiving Naloxan: 24%

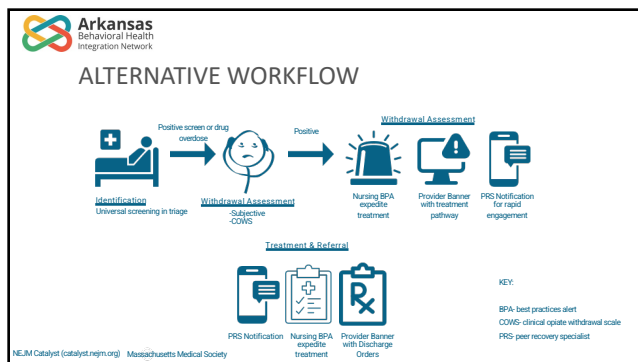
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ARKANSAS HOSPITAL ASSOCIATION

ARKANSAS HOSPITALS
MENTAL HEALTH TODAY

Integrating Peer Support Services into Hospital Care

The Arkansas Behavioral Health Integration Network (ABHIN) is a collaborative effort between the Arkansas Hospital Association (AHA) and the Arkansas Behavioral Health Integration Network (ABHIN) to improve mental health care in hospitals. This presentation highlights the importance of integrating peer support services into hospital care, which can significantly improve patient outcomes and reduce the burden on the healthcare system. The slide includes a photo of a meeting and a text block detailing the initiative.

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STORY TELLING THROUGH DATA

Peer Support at Five Rivers: Mid-way Progress Summary

Part-time peer services have been offered to patients by Brynne Jaska, PhD, at St. Bernard's the River Medical Center since July. The following summary data are through July 29. In total, **28** initial visits and **19** follow-up visits have occurred with patients.

KEY FINDINGS

- Of 28 initial visits, 10 were conducted during hours of business hours.
- Of 19 follow-up visits, 10 were conducted during hours of business hours.

TOP TO SERVICES AND REFERRALS OFFERED

Patients were connected with a variety of services, with the most common referral being treatment.

MALWARE

Network also known as Malware, was distributed to patients and families on 9 occasions.

36.4%

EDUCATION AND CONVERSATION

Peer's documented key topics of conversation and education provided about services they use offer.

PEER NOTES EXAMPLE


Peer notes include the patient's history of substance use, including tobacco, alcohol, and other substances. Peer notes also include information about the patient's current and past substance use and other health issues.

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'PEER'IODICAL

MONTHLY 'PEER'IODICAL

AUGUST

SCREENING FOR SUBSTANCE USE DISORDERS

BRIEF SCREENING

The National Health Organization and the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) have developed **Brief Intervention, and Referral to Treatment (SBIRT)**.

SBIRT strengthens patient assessments by effectively identifying high-risk patients, their level of risk related to alcohol and drug use. SBIRT provides an evidence-based framework to effectively address behavior change with patients.

NIDA Quick Screen for AUD

SCREENING IN THE ED

The ED QSOFT has been used to identify patients who are at risk for SUDs. Increasingly, the practice of screening includes professional and pharmacological interventions, and linking patients with SUD to effective treatment has become more common.

SCREENING FOR ALCOHOL USE

The 2-question AUDIT-C, the CAGE, and the 3-item Alcohol Use Disorders Identification Test (AUDIT) are the most commonly used screening tools for substance use disorders. Screening for SUD using the 2-question AUDIT-C, the CAGE, and the 3-item Alcohol Use Disorders Identification Test (AUDIT) are the most commonly used screening tools for substance use disorders.

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THANK YOU!

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