

# UR Medicine Recovery Center of Excellence

## Behavioral Health Assessment Officers Managing Care for Mental Health and Substance Use Disorders in Rural Emergency Departments

HRSA Rural Communities Opioid Response Program (RCORP)

Rural Center of Excellence on Substance Use Disorders

September 2, 2021

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# Webinar Platform

- If you have technical issues, please let us know in the Q&A box and we will assist you.
- If you cannot reconnect, send us an email at: [URMedicine\\_Recovery@urmc.rochester.edu](mailto:URMedicine_Recovery@urmc.rochester.edu)
- If dialing in, you can view the slides via yesterday's reminder email.
- We will end with a discussion period. Please feel free to ask questions in the Q&A box throughout the course of the presentation.
- We will have an audience poll before the discussion. Please follow the onscreen directions when prompted.
- Closed captioning is available and can be activated by clicking the CC button at the bottom of the screen.

# UR Medicine Recovery Center of Excellence

- Established by Health Resources and Services Administration in fall 2019
- Reduce morbidity and mortality related to substance use disorder (SUD), with focus on synthetic opioids
- Disseminate best practices adapted for rural communities
- Target service area: 23 counties in Appalachian OH, KY, WV, NY
- Technical assistance to rural communities throughout U.S.



*View of the Appalachians in West Virginia. Image by Michele Herrmann.*

# Goals

1. Introduce the Behavioral Health Assessment Officer model that has been piloted in emergency departments (EDs) in rural Appalachian New York.
2. Discuss how the model can increase behavioral health (BH) resources in rural communities and support local access to care.
3. Provide an overview of planning and implementation, highlighting teamwork in the ED, in the community, and via telehealth.

# Presenters



**George Nasra, MD, MBA**



**Emily Clark, DO**

# BH Needs

- Shortage of BH resources in rural areas and EDs<sup>1</sup>
- Barriers for patients in rural communities include:
  - Limited access to providers
  - Distance to travel
  - Transportation
  - Lack of anonymity
  - Stigma<sup>2</sup>
- Rate of ED visits related to mental health (MH)/SUD rose between 2009 and 2018
- Visits can be complex, require more resources<sup>3</sup>
- ED visits during COVID-19 have underlined MH/SUD needs<sup>4</sup>

# Evidence-Based Strategies

## Care management in ED

- Effective means of treating patients with MH concerns in ED<sup>5</sup>
- Available data suggest reduced ED utilization by frequent users, reduced cost<sup>6</sup>

## Telehealth to connect rural EDs to specialists

- Quality of care improved<sup>7</sup>
- Psychiatry consults particularly helpful<sup>8</sup>
- Patients were:
  - More likely to receive outpatient follow up
  - Less likely to be admitted<sup>9</sup>

# Behavioral Health Assessment Officer (BHAO)

- BH provider in ED
- LCSW/LMHC/LMFT
- LMSW/psychiatric RN with adequate experience and supervision
- Evaluates and manages care for patients with BH concerns including SUDs
  - Naloxone kits and training
  - Handoffs/referrals to SUD treatment providers
- Focused on specific rural community
- Manages most of caseload without consulting psychiatrist
- Uses telehealth for complex cases, connecting with psychiatrist at hub site
- Engages in network of BH professionals



# Pilot Program in Rural Appalachian NYS



- To increase BH resources while reducing strain on rural EDs
- Has reduced ED revisit rates<sup>10</sup>

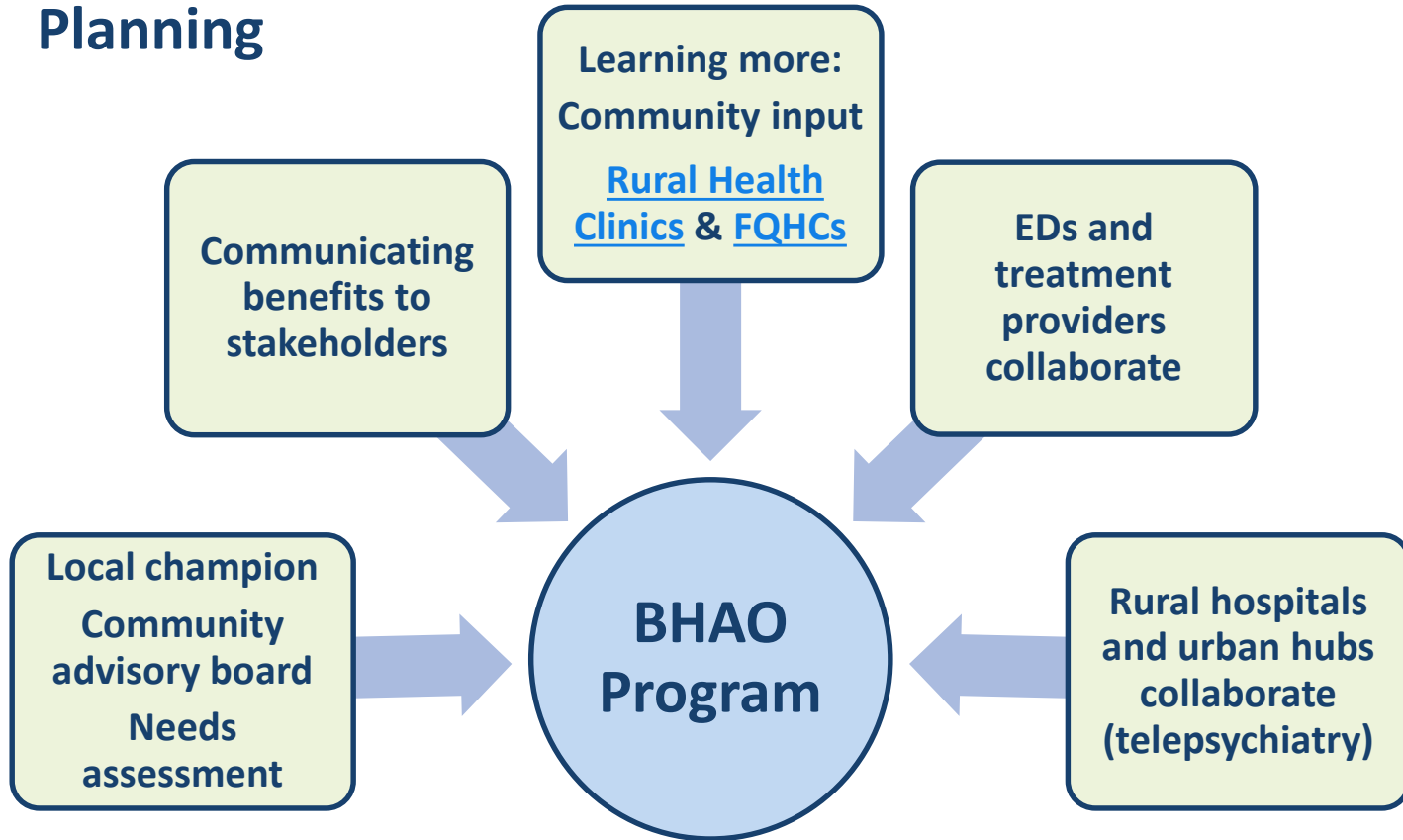
*Steuben County, NY. Image by Michele Herrmann.*

## Treatment Close to Home

# #1 goal:

Provide treatment to individuals in their own communities.

# Planning



# Responsive to Local Needs

- **Incorporating input from stakeholders**
  - Community members, hospitals, providers, treatment programs, first responders, others
- **Psychiatrist for telehealth consultations**
  - Knowledgeable about communities served
- **Conversations among leadership**
  - CMOs, CNOs, ED directors, telehealth hub leaders
- **Flexibility about delivery**
  - Appropriate to community and ED
- **Buy-in from ED providers and staff**
  - Reducing strain
  - Comfort with BHAOs making decisions



*Image by Gerd Altmann, from Pixabay.*

# Financial Considerations

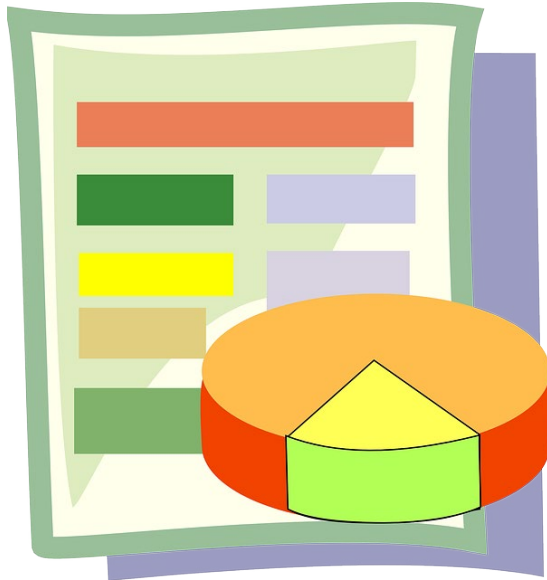
## Expenses include:

- Salary and benefits allocation
  - BHAO, triage nurse, psychiatrist
- Supervising
- Computer equipment\*
- Office space\*
- Travel reimbursement\*

## BHAO:

- May be hired by local hospital or hub organization
- Can reduce overreliance on psychiatrist, telehealth

\*As needed basis



## In the toolkit:

- ✓ Practice pro forma

*Image by Clker-Free-Vector-Images, from Pixabay.*

## Increasing Access to Care Locally

Leadership at a rural hospital piloting the BHAO program says it's become central to BH services in the community.

## Point Person for BH

- BHAO is licensed BH practitioner
- Can make decisions without consulting medical providers
- Telepsychiatry is secondary
- BHAO mainly works in ED
- Inpatient physicians may reach out for consults

# Hiring

## Looking for a:

- Seasoned decision maker
- Team player

## Experience may include areas such as:

- ED
- Emergency medical services
- Crisis intervention
- BH clinic
- Comprehensive Psychiatric Emergency Program
- Addictions



*Image by Vishnu Vijayan, from Pixabay.*



# Recruitment, Retention, Reporting

## Recruitment

- Area medical systems
- Community MH centers

## Retention

- Loan repayment programs
  - HRSA [website about programs](#)
- Professional development built into model
- Effective integration into ED team

## Each organization determines reporting structure

- BHAO may report to, e.g.:
  - ED nurse manager
  - Organizational social work department

### In the toolkit:

- ✓ Job description
- ✓ Skills checklist

# Licensure

## **BHAO is typically:**

- Licensed clinical social worker (LCSW)
- Licensed mental health counselor (LMHC)
- Licensed marriage and family therapist (LMFT)

## **With appropriate experience/supervision:**

- Licensed medical social worker (LMSW)
- Psychiatric nurse (RN)

## **Key points:**

- Scope of practice varies
- Affects role of psychiatrist
- Are they an independent provider?
- Is direct supervision required?
- Refer to state requirements for BHAOs to consult with BH and/or on-site clinicians

# Training

## In the toolkit:

- ✓ Skills checklist

## Other resources:

- ✓ Toolkit on [naloxone training/distribution](#)
- ✓ SAMHSA: [Screening, Brief Intervention and Referral to Treatment \(SBIRT\)](#)

- Broad, inclusive, flexible
- Key components include
  - Screening and risk assessment
  - SUD training
  - ED workflows
- Cultural competence
  - Knowledge of region
  - Culturally sensitive evaluation
  - Working with subpopulations
- Huddles for additional education
- Training for other ED staff

## Decision Maker, Team Player

The BHAO is the BH provider on  
the **ED team.**

# Teamwork Within and Beyond ED

- **Developing workflows**
  - ED administration, providers, nursing, other staff
  - Partners at treatment organizations
  - Process when BHAO is not on-site<sup>11</sup>
- **Screening and evaluation**
  - Coordination in ED
- **Referrals and enrollment**
  - MH and SUD facilities
  - Peer advocates



## In the toolkit:

- ✓ Assessment and referrals
- ✓ ED workflow for MH/SUD



### In the toolkit:

- ✓ Telehealth tips
- ✓ Provider-to-patient telehealth workflow

# Telehealth Consultations

- When needed, not frequent
- Provider-to-provider
  - BHAO consults with psychiatrist
- If needed, provider-to-patient video visit
  - Second opinion
  - Timeframe/scheduling
  - BHAO facilitates
  - Uses technology/broadband at hospital

## Teamwork

It's key in the **ED**, for **referrals**, and for **telehealth** consultations.

# Building a Professional Network

- **Telementoring**
  - BHAO has 1-on-1 consultations with psychiatrist
- **Huddles**
  - Group meetings with other BHAOs, psychiatrist
- **Ongoing education**
  - Evidence-based practices
- **Community of rural BH providers meeting online**
  - Convenient way to connect
- **Strengthening relationships with community partners**
  - E.g., representatives from treatment programs join huddles





# Program Evaluation



*Image by Unbox Science, from Pixabay.*

- **BHAOs track**
  - Demographics
  - Presenting problems
  - Type of intervention/services provided
  - Patient engagement
  - Disposition
- **Treatment facilities report**
  - Number of patients successfully engaged
  - Duration of engagement
- **Database secured and HIPAA compliant**
  - No Protected Health Information (PHI) reported
  - PHI handled in compliance with HIPAA, state laws

# Recap

1. BH needs in rural EDs
2. BHAO model to address challenges
3. Planning and partnerships
4. BHAO as decision maker
5. Teamwork within and beyond ED
6. Professional development
7. Program evaluation



*Mingo County, WV. Image by Michele Herrmann.*

# Which topics would you like to discuss or learn more about?

(Multiple options can be selected.)

- Qualifications and/or responsibilities of BHAO
- Recruiting and hiring for BHAO position
- Training for BHAO and other members of ED team
- BHAO's role in naloxone training and distribution
- Collaboration between BHAOs and SUD treatment programs
- Use of telehealth for consultations in this model
- Financial considerations and sustainability
- Other topics (*Feel free to type your response in the Q&A box.*)

# Discussion



*Sunrise in Floyd County, KY. Image by Michele Herrmann.*



# We look forward to your input and questions!

## UR Medicine Recovery Center of Excellence

### Technical Assistance Center

- Phone: 1-844-263-8762 (1-844-COE-URMC)
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Website: [recoverycenterofexcellence.org](http://recoverycenterofexcellence.org)

Twitter: [@URMC\\_Recovery](https://twitter.com/URMC_Recovery)

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