

Your *First STOP* for
Rural Health
INFORMATION



Kristine Sande, Moderator
April 14, 2016

Integrating Health and Human Services in Rural Communities



- Q & A to follow – Submit questions using Q&A tab directly beneath slides
- Slides are available at <https://www.ruralhealthinfo.org/webinars/services-integration>



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Integrating Health and Human Services in Rural Communities: Rural Services Integration Toolkit

April 14, 2016

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The Walsh Center for Rural Health Analysis
NORC AT THE UNIVERSITY OF CHICAGO



Rural Health Outreach Tracking and Evaluation Program

- Funded by the Federal Office of Rural Health Policy (FORHP)
- NORC Walsh Center for Rural Health Analysis
 - Michael Meit, MA, MPH
 - Alana Knudson, PhD
 - Alycia Bayne, MPA
- University of Minnesota Rural Health Research Center
 - Ira Moscovice, PhD
 - Amanda Corbett, MPH
 - Carrie Henning-Smith, PhD, MSW, MPH
- National Organization of State Offices of Rural Health
- National Rural Health Association

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Rural Health Outreach Tracking and Evaluation Program

- Rural Health Outreach and Tracking Evaluation is designed to monitor and evaluate the effectiveness of federal grant programs under the Outreach Authority of Section 330A of the Public Health Service Act
- Outreach Authority grantees have sought to expand rural health care access, coordinate resources, and improve quality

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Overview of 330A Outreach Authority Grant Programs

- Grant programs operate under the authority of Section 330A
 - Delta State Rural Development Network Grant Program
 - Rural Opioid Overdose Reversal Grant Program
 - Rural Benefits Counseling Program
 - Rural Health Care Coordination Network Partnership
 - Rural Health Care Services Outreach Grant Program
 - Rural Health Network Development Planning Grant Program
 - Rural Health Network Development Program
 - Rural Health Information Technology Workforce Program
 - Rural Network Allied Health Training Program

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Focus on Integrating Health and Human Services

- Rural communities are implementing programs that integrate health and human services to:
 - Increase access to health care
 - Link people to human services
 - Promote collaborative and coordinated care
- Important for children and families living in poverty
- There is a need to identify and disseminate promising practices and resources on services integration in rural communities

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Rural Services Integration Toolkit

- Project Team
 - Alycia Bayne, Alana Knudson, Luciana Rocha, Patricia Stauffer, Noelle Miesfeld, Emily Arsen, and Kellie Schueler
- Project Goals
 - Identify evidence-based and promising models that may benefit grantees, future applicants, and rural communities
 - Document the scope of their use
 - Build the Rural Services Integration Toolkit

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Project Activities

- Reviewed FORHP grantees' applications and literature to identify evidence-based and promising models
- Conducted telephone interviews with nine FORHP grantees funded in 2009, 2012, 2013, and 2014, and five experts in this field
- Developed a toolkit with resources about how to plan, implement, and evaluate services integration programs
- Toolkit is available on the Rural Health Information Hub (RHInfo) Community Health Gateway website:
<https://www.ruralhealthinfo.org/community-health>



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RHIhub Rural Community Health Gateway



Formerly the
Rural Assistance Center

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IN THIS TOOLKIT

Modules

- 1: Introduction
- 2: Program Models
- 3: Implementation Considerations
- 4: Sustainability Considerations
- 5: Evaluation Considerations
- 6: Dissemination of Best Practices
- 7: Program Clearinghouse

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Rural Services Integration Toolkit



Welcome to the Rural Services Integration Toolkit. This toolkit identifies evidence-based and promising models and resources that will benefit rural communities seeking to implement services integration programs.

First published 3/2016

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Organization of the Services Integration Toolkit

IN THIS TOOLKIT

Modules

- 1: Introduction
- 2: Program Models
- 3: Implementation Considerations
- 4: Sustainability Considerations
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2: Program Models

- Co-location of Services Model
- One-Stop Shop Model
- Primary Care/Behavioral Health Model
- Care Coordination Models
- Technology and Telehealth Model
- School-Based Model
- Multigenerational Approach
- Worksite Model

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Findings: Promising Rural Services Integration Models

- **Co-location of services model:** Providers are located in the same physical space (office, building, campus); may share equipment and staff
- **One-stop shop model:** Multiple health and human services are offered in a single location
- **Primary care behavioral health model:** Behavioral health is integrated into primary care settings to increase access to mental health services and reduce stigma



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Findings: Promising Rural Services Integration Models

- **Care coordination model:** Connects individuals to different types of services:
 - Case management
 - Counseling (individual, family, group, youth, and vocational)
 - Crisis care and outreach
 - Education
 - Family support, independent living supports, self-help or support groups
 - Health services
 - Legal services, protection and advocacy
 - Transportation



- **Care Coordination Models**
 - PACE Model
 - Wraparound Programs
 - Community HUB Model
 - Community Health Workers Model
 - Nurse-Family Partnership Model
 - Health Homes Model
 - Mobile Unit Model

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Findings: Promising Rural Services Integration Models

- **Technology and telehealth model:** Increases access to health and human services across distance, connects individuals and providers, and makes it possible for people to receive screenings, education, services
- **School-based model:**
Links schools with local health care and social services programs
 - School-Based Health Center
 - School-Linked Services
 - Coordinated School Health



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Findings: Promising Rural Services Integration Models

- **Worksite model:** Integrates services at the workplace to support employees and create a culture of health
- **Multi-generational approach:**
Programs address the needs of the whole family and integrate:
 - Education
 - Job readiness training
 - Housing
 - Health and human services
 - Other public and private resources



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Lessons Learned

- Rural communities integrate services in different ways
- Partnerships are critical to success
- Space for co-located services should look and feel integrated
- Warm hand-offs are important
- Access to technology may impact the program
- Transportation is a key consideration
- Community outreach may be needed

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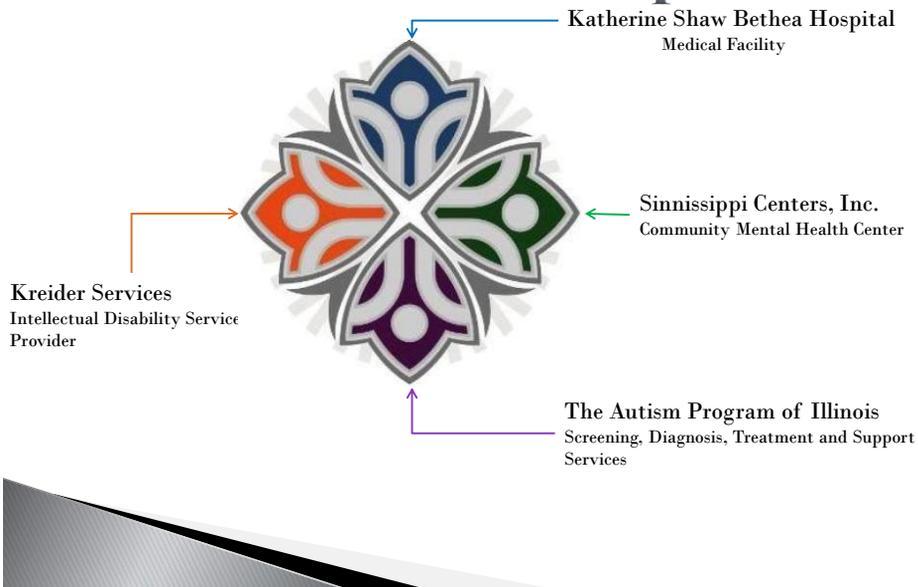
Florissa

Where children & families flourish.

A Program of the Illinois Rural Health Network



Florissa: consortium of providers



Building a System of Care

Total of over \$5.3 million

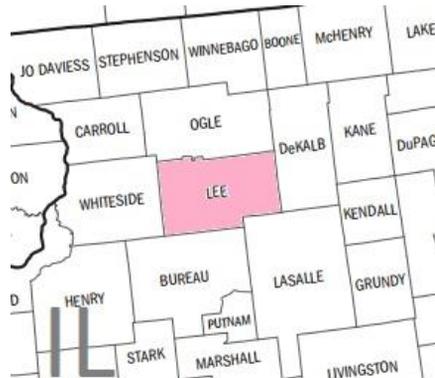


Florissa

- ▶ **Florissa is uniquely positioned to provide *multidisciplinary comprehensive evaluations and services* in a welcoming small town setting.**
- ▶ **Services offered at Florissa include:**
 - **Comprehensive diagnostics (includes pediatrician)**
 - **Direct therapies – e.g. mental health, speech, PT, OT**
 - **Case consultation for community providers**
 - **Family and community resource room**
 - **Screening**
 - **Trainings (for professionals and parents/caregivers)**
 - **Developmental play groups, Social skills and treatment groups**
 - **Support and recreation**
 - **yoga, music therapy, SibShop, Parent Cafés**



Who do we Serve?



- **Florissa accepts children from all over Northwestern Illinois and in 2015 evaluated kids from 12 counties.**
 - **Our training and supportive services, (including care coordination) target the 4 county region of Lee, Ogle, Carroll and Whiteside Counties**

Problem addressed

- ▶ **The Autism program started multidisciplinary assessments in 2009.**
 - **Consistently we found that only 1/3 of the kids referred had an Autism Spectrum Disorder.**
 - **Families/children bounced between providers.**
 - **Long waiting list**
 - **We lacked pediatric specialties for complex kids in our rural area.**
 - **If it wasn't Autism then what?**
- The rest of the kids needed accurate diagnosis & services too!**



Mission and Vision Statements

Mission: To be an accessible system of care that promotes early identification of and provides resources and services for children at risk for developmental, medical, emotional, social, and/or behavioral difficulties, enhancing families' ability to ensure the healthiest outcomes for their children while strengthening and promoting inclusive practices in our community.

Vision: A collaborative community with children and families flourishing.

Service Integration Models

- ▶ **One-Stop Shop Model**
 - ▶ **Early intervention, evaluation/assessment for 3-18, and direct therapies.**
 - ▶ **Integrated Pediatrician into multi-disciplinary assessment including Psychologist, Occupational therapist, and speech therapist.**
 - ▶ **Case consultation involving clinical staff from multiple agencies and providers (community mental health, medical, education, psychologists, etc.)**
- ▶ **Care Coordination Model**
 - **Family Care coordinators-referrals and linkages both directions.**

Supporting those in poverty

- ▶ **Location-More accessible**
 - **Travel to larger cities not feasible for many.**
- ▶ **Family Care Coordinators**
- ▶ **Multiple appointments in one location**
 - **Easier for families who have difficulty navigating the system**
- ▶ **Sliding Scale Fee**
 - **Based on Federal poverty guidelines**



Challenges

- ▶ **Billing/Funding**
 - **State cuts, learning and navigating private insurance**
- ▶ **Complexity of Multiple/Different types of providers**
 - **Regulations, Records, space needs, Communication**
- ▶ **Co-location**
 - **Goal is to have the Pediatrician and Florissa all in one location. For now we are across the street from each other.**
- ▶ **Keeping other partners engaged**
 - **Courtesy briefings**



Lessons Learned

- ▶ **Be patient, persistent, and kind**
 - **Building lasting systems with multiple providers is complex.**
- ▶ **Collaboration and positive relationships are key to long-term success.**
 - **Find the champions in your community!**
- ▶ **Be flexible – your plan and model may have to change many times; systems grow and evolve.**
 - **Break things into reasonable steps and tackle one thing at a time.**
- ▶ **Don't recreate the wheel**
 - **Seek out support and resources**



Florissa

Where children & families flourish.

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Or 815-288-1905

Rural Services Integration Santa Cruz County Adolescent Wellness Network School-Linked Health Care



Mission

To promote adolescent wellness through advocacy, education and collaboration with schools and community organizations serving youth ages 12-25.*

*School-linked services apply to any school-age, prek-12



Members



Goals

Integrate and enhance community and school services to address adolescent health disparities

- Capacity Building for Population Health
- Environmental and Policy Change
- Youth Involvement

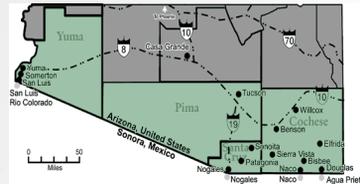
Develop and sustain a system of school-linked health care to improve adolescent access to care and health status.



Our Community

Santa Cruz County, Arizona

- Predominantly Spanish-speaking
- Latino community
- Trans-border environment
- Use of health care in Mexico



Our Response

Community Health Services
Platicamos Salud (Let's talk health)
 Community Health Worker Model

- | | |
|--------------------|------------------------|
| • Health insurance | • Language |
| • Employment | • Immigration status |
| • Education | • Race/ethnicity |
| • Housing | • Transportation |
| • Culture | • Economic Development |

A Socio-Ecological Model





More than a doctor's office: Patient-Centered Medical Home

It's not a place... It's a partnership with your primary care provider.



PCMH puts **you** at the center of your care, working with your health care **team** to create a **personalized plan** for reaching your goals.



Personalized care plans
you help design that address your health concerns.



Medication review to help you understand and monitor the prescriptions you're taking.



Coaching and advice to help you follow your care plan and meet your goals.



Connection to **support and encouragement** from peers in your community who share similar health issues and experiences.

Patient-Centered Primary Care Collaborative



Addressing Gaps

- Schools and youth-serving organizations face limited resources
 - School health staff
 - Coordinated School Health
- Access to care
 - Mixed documentation status and socioeconomic barriers
- Youth leadership and empowerment



What is School-Linked Health Care?

- System of referral and follow-up
- Formal link between school health staff and primary care



School-Linked Health Care Goals

- Increase health insurance rates
- Increase % of students with a health care home
- Improve attendance



School-Linked Health Care

Contracts between Mariposa CHC and school districts

- Work together to develop the system
- Share de-identified data to track goals
- Participate in related trainings



School-Linked Health Care

Mariposa:

- Same-day appointments
- Same-day immunizations
- Sports Physicals next day
- 5 full-time pediatric providers
- Share visit summary
- Transportation

School Districts:

- Identify and refer students
- Collect release of information
- Share appropriate background



Early Progress

- Technical Assistance for school district data collection
- Dental: education and referrals
- Behavioral health: education and referrals
- Awareness of services
- Communication and cooperation



Challenges & Lessons Learned

- Differences between *and* within each sector
 - Non-profit – School District
 - One School District to another



Services integration best practices

- Diverse group of stakeholders and key allies
 - Both organizations and individuals
 - Involve youth and parents
- Set expectations
 - Partner roles
 - Acknowledge remaining gaps
- Creativity and customization



Poverty, Pediatrics, and Rural

AAP

<http://www.npr.org/2016/03/10/469972559/pediatricians-urged-to-screen-for-poverty-at-child-check-ups>

Out in the Rural-Community Health Center Documentary

<https://vimeo.com/9307557>



Thank you!

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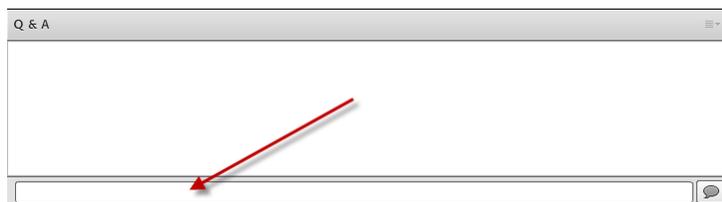
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www.adolescentwellness.net

www.mariposachc.net



Submit questions using Q & A tab directly beneath slides.





- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIhub website

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