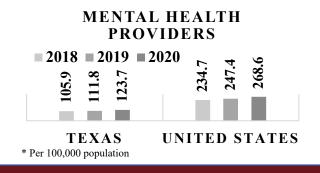
BEHAVORIAL HEALTH INTEGRATION TO ADDRESS RURAL SUBSTANCE USE DISORDER

Alexa Gutierrez^a, Jodie Gary^b, Carly McCord^c, Isaac Saldivar^c, Nancy Downing^b Texas A&M University ^a College of Education, ^b College of Medicine, ^c College of Nursing

INTRODUCTION

- Substance use disorder (SUD) is a behavioral health disorder with negative impacts on both mental and physical health.
- 61.2 million Americans have a mental illness and/or SUD.
- In 2018, 1.96 million adults with mental illness in Texas did not receive treatment.



BACKGROUND

- Improving behavioral health integration (BHI) into primary care that incorporates SUD services can increase access to care within the Golden Crescent region of Texas.
- Focus Groups have been conducted with healthcare workers in the region describing the issues, environment, and ways to improve care and resources.

OBJECTIVE

• Understanding the current levels from healthcare workers to then supply the resources to develop primary care BHI to increase screening, treatment, and recovery for persons with SUD in the golden crescent region.

Increasing the resources available

within primary healthcare facilities, healthcare providers will have the ability to better identify and treat patients with substance



METHODS

- Research team will conduct a telephone and/or electronic survey using the Integrated Practice Assessment Tool (IPAT).
- IPAT will be able to differentiate which of 6 levels of BHI a primary care facility is currently providing.

DISCUSSION

- 6 Levels of BHI include:
 - minimal collaboration, 2) basic collaboration at a distance, 3) basic collaboration onsite, 4) close collaboration onsite with some systems integration, 5) close collaboration approaching integrated practice, 6) full collaboration in a transformed integrated practice.

Focus Group

- "Ultimately, addiction is a mental health issue. You can send someone to rehab, but you have to make sure they have their resources to be successful afterwards"
- "It's just hard because we don't have resources or manpower to tend to all these people that are addicted to drugs, and it's a cycle"
- "It's just the lack of resources...Nowhere to go for help"
- "We've had so much trauma. Some people don't know how to deal, don't have the resources to deal, or ask for help"
- It's detrimental to the family. They all suffer, Whoever is in their addiction isn't there for them, so the cycle continues in the next generation."
- Improving BHI within primary care facilities, providers can provide treatment and recovery options.

RESULTS

- Number of facilities contacted and agree to be interviewed.
- Report the level of BHI and if facilities are interested in the tools to increase BHI level.

REFERENCES

- Rocky Mountain Poison & Drug Safety, RADARS® System Survey of Non-Medical Use of Prescription Drugs Program, 2020
- 2016-2017 NSDUH estimated totals by state: March 17, 2021, from https://www.samhsa.gov/data/report/2016-2017-nsduh-estimated-totals-state
- Heath, B., Romero, P. W., & Reynolds, K. A. (2013). A standard framework for levels of integrated healthcare and update throughout the document. Retrieved from <u>https://www.integration.samhsa.gov/resource/standard-framework-for-</u> levels-of-integrated-healthcare.