

National Association of Community Health Centers and Primary Care Associations Working to Integrate Behavioral Health and Addiction Medicine in Primary Care



PURPOSE

Build health center capacity to provide integrated behavioral health services for opioid use disorders.

BACKGROUND

Opioid Use Disorder (OUD) is a crisis in America, with opioid-related deaths at an epidemic level.¹ As OUD has come into the national spotlight, the health care community has urgently sought to develop, test, and implement practices that limit the spread and severity of this epidemic. The COVID-19 pandemic amplifies this urgency.²

The American Academy of Addiction Psychiatry (AAAP) leads the Opioid Response Network (ORN), which provides free training and technical assistance to U.S. states and territories via local experts, focusing on applying evidence-based practices in prevention, treatment, and recovery to meet locally identified needs and streamline efforts to fill gaps as defined by states/territories and communities. The AAAP invited the National Association of Community Health Centers (NACHC) to partner with them to facilitate health center use of ORN services in their integrated systems of OUD care, recognizing the role that NACHC has in leveraging its infrastructure to 1) support health centers, primary care associations (PCAs), and health centered controlled networks (HCCNs) in clinical management, system transformation, and clinical workforce development and 2) scale evidence-based/informed practices that start as pilot projects at health centers.

GOALS

Increase support in selected under-resourced states with a high number of rural health centers and significant OUD burden. Selected states are Alabama, Nebraska, Nevada, North Dakota, and South Dakota.

APPROACH

Engage PCAs in the selected states in a 6-month learning collaborative to build state-based capacity to provide services to patients and families impacted by OUD. Each PCA designs a work plan that:

- Leverages its activities and infrastructure with health centers to advance addiction services and behavioral health integration
- Engages 3-4 health centers to improve integrated screening, referral, interventions, and treatment for OUD through the lens of scale and sustainability and in consideration of the short and long term impacts of COVID-19
- Identifies key local partners and faculty to engage to advance access to services
- Leverages ORN resources, faculty, and training

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TIMELINE | 6/1/2020 – 12/31/2020



FUNDING | AMERICAN ACADEMY OF ADDICTION PSYCHIATRY STATE TARGETED RESPONSE (STR) TECHNICAL ASSISTANCE CONSORTIUM (TA)

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MEASURES

To be jointly designed with primary care associations.

COLLABORATORS

AAAP Funder	Leads the Opioid State Targeted Response (STR) Technical Assistance (TA) efforts via the ORN throughout the U.S. and its territories. National leader in evidence-based clinical practices and research in the prevention, identification, and treatment of substance use disorders and co-occurring mental disorders.
NACHC	National leadership role in integrated behavioral health for substance use and abuse services in health centers. Engage primary care associations, health centers, and ORN collaborators in state-based workplans for OUD systems of care. Oversee learning collaborative. Manage project to accelerate learning, ensure fiduciary responsibility, and advance AAAP and NACHC goals. Reporting.
PCA	Identify 3-4 health centers to participate in learning collaborative. Participate in learning collaborative. Collaborate to develop a state-based plan to build capacity for OUD systems of care. Leverage ORN resources and opportunities.
Health Center	Selected by their primary care association to improve screening, referral, interventions, and treatment for OUD as part of a state-based workplan. Participate in learning collaborative. Leverage ORN resources and opportunities.

¹Centers for Disease Control and Prevention (2020), accessible at www.cdc.gov/drugoverdose/

²National Institute on Drug Abuse (2020), accessible at <https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>