

Missy Held
FIRN Inc
missy@firnhealth.com

Comment on Proposed Information Collection Request: Rural Health Care Coordination
Program Performance Improvement Measures (OMB No. 0906-0024—Revision)

The Rural Health Care Coordination Program appropriately focuses on five priority areas: heart disease, cancer, chronic lower respiratory disease, stroke, and maternal health. Many of these are closely linked to behavioral health needs, including mental health and substance use disorder (SUD). These needs frequently co-occur and can affect care coordination, treatment adherence, and outcomes across all five focus areas, particularly in rural communities where access to behavioral health services is often more limited.

However, there remains a persistent visibility gap across federal and state reporting; it is often difficult to determine whether a provider or facility - including community health centers and Federally Qualified Health Centers (FQHCs) - offers behavioral health services. This lack of clear, consistent identification of behavioral health capacity limits effective care coordination. It also reduces transparency, as patients, families, and referring providers may be unable to readily identify or locate available behavioral health services.

As HRSA refines performance measures, small, targeted additions could help address this gap without materially increasing reporting burden. For example, HRSA may consider:

- (1) Including a simple indicator of whether awardees' networks provide mental health and/or SUD services, with an emphasis on ensuring this information is readily identifiable and usable to support both care coordination and the ability of patients, families, and referring providers to search for and locate available services.
- (2) Adding a basic referral and follow-through measure for behavioral health services.
- (3) Incorporating a workforce indicator reflecting the presence of licensed behavioral health providers.
- (4) Identifying availability of key services such as medication-assisted treatment and tele-behavioral health. Where possible, this could be done using data that has already been collected.

These modest adjustments would strengthen HRSA's ability to assess care coordination effectiveness across its current focus areas, while also improving visibility into behavioral health service availability - an important component of access and coordination in rural communities. Behavioral health needs often co-occur with, and can influence, outcomes across the program's five priority areas.