

CCBHC-E National Training and Technical Assistance Center

CCBHC Rural Services

*Session 4: Strategies for Meeting the CCBHC Crisis Services Requirements in
Rural Communities*

January 21, 2025

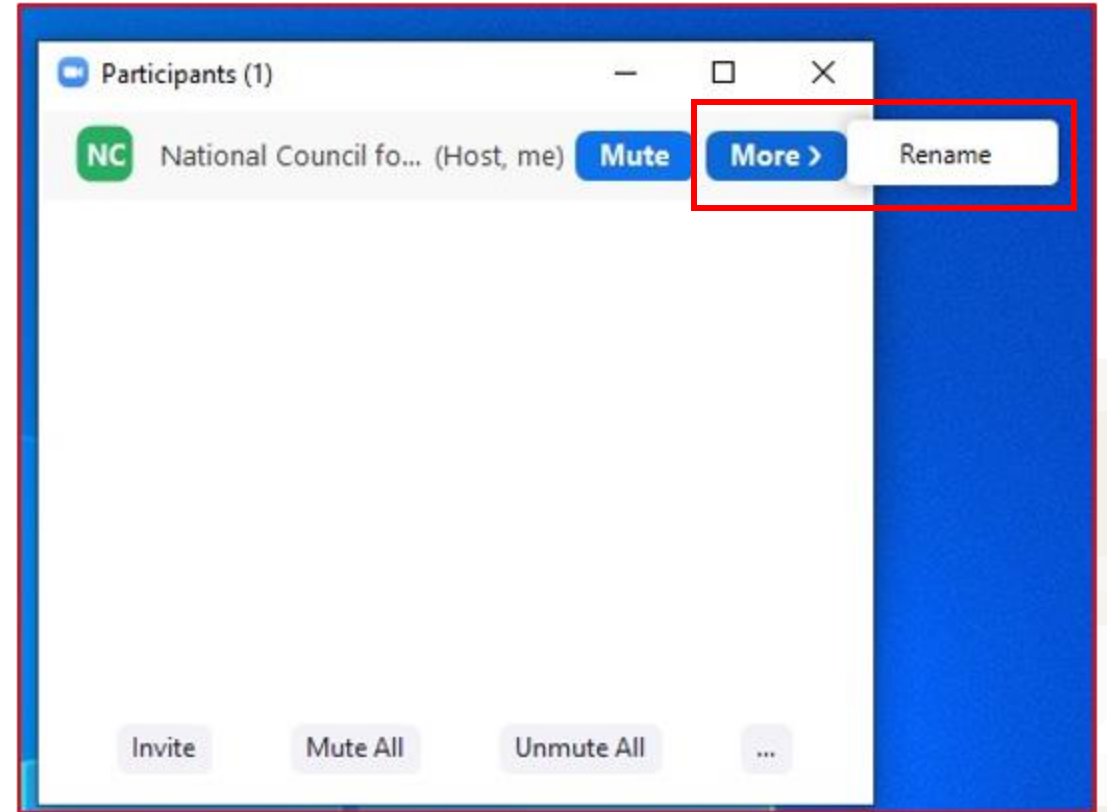
CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

This publication was made possible by Grant No. 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).

Logistics

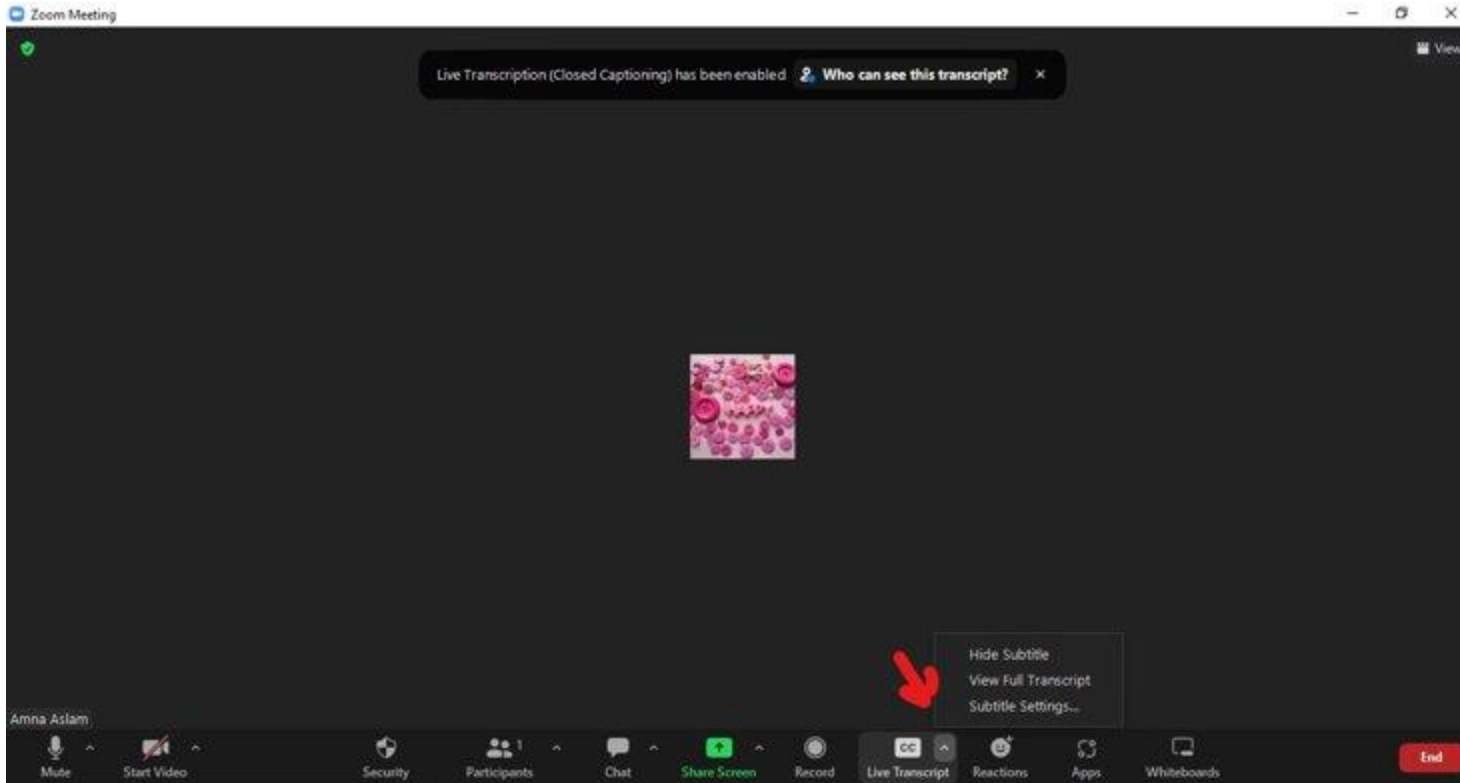
- Please rename yourself so your name includes your organization.
- *For example:*
 - Emma Hayes, National Council
- *To rename yourself:*
 - Click on the **Participants** icon at the bottom of the screen
 - Find your name and hover your mouse over it
 - Click **Rename**
- If you are having any issues, please send a Zoom chat message to **Emma Hayes, National Council**



NATIONAL
COUNCIL
for Mental
Wellbeing



How to Enable Closed Captions (Live Transcript)



Next to “Live Transcript,” click the arrow button for options on closed captioning and live transcript.



Learning Objectives

- Identify challenges in meeting CCBHC crisis services requirements for rural CCBHCs
- Increase awareness of strategies that support delivery of crisis services in rural CCBHCs
- Engage opportunity to learn from peers who have demonstrated innovations in delivery of crisis services



Your Learning Community Team



Renee Boak, MPH
Consultant and
Subject Matter Expert



Clement Nsiah, PhD, MS
Project Director

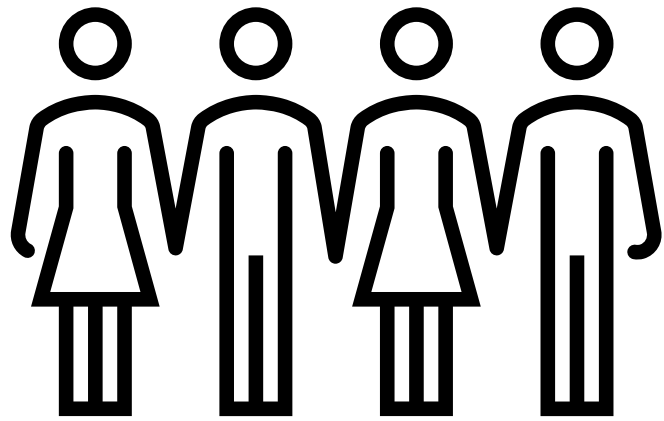


Roara Michael, MHA
Project Manager



Emma Hayes, MSW
Project Coordinator





Polling Questions

Is your organization collaborating with 988?

Yes

No

Is your organization the state sanctioned crisis provider?

Yes

No

Is your organization accessing real time information through an HIE (Health Information Exchange)?

Yes

No



Does your organization have a protocol/workflow in place that supports post crisis follow up?

- Yes
- No

Are peers/individuals with lived or living experience part of the crisis response team?

- Yes
- No

Does your organization have a formal agreement in place when working with law enforcement?

- Yes
- No

Crisis Care in Rural Environments



Crisis Care in Rural Communities

Rural regions face unique barriers to mental health and substance use crisis care access. Low population density and expansive geography spreads resources thin. Residents may travel long distances to services, if any exist nearby. Stigma and cultural disconnects with outsider providers can impede utilization. **CCBHCs are well-suited to expand rural crisis access by leveraging their embedded community presence and flexible, comprehensive model, or through DCO arrangements with more local providers or community-based services.** Even small rural CCBHCs can make significant impacts with thoughtful localization.



Understanding Realities in Rural HealthCare

- Extreme provider shortages: Many counties have one mental health professional per 1,000 square miles or more. Recruitment is very difficult. Hospital systems may be experiencing perpetual crisis.
- Transportation obstacles over long distances on poorly maintained roads. Transportation is a significant strain on law enforcement, and there are limitations as to where and how far they may transport people
- Delays obtaining backup from law enforcement and emergency medical responders who are spread thin.
- Health care and social services infrastructure concentrated in distant urban hubs, with only a patchwork of local crisis service providers.
- A culture that values self-reliance, discouraging help-seeking behavior. Stigma is amplified in close-knit towns.
- Economic factors like poverty, unemployment and uninsured status limit affordability of any care. Digital divide: limited broadband or access to technology for telehealth capabilities.
- Digital divide: limited broadband or access to technology for telehealth capabilities.



National Association of State Mental Health Program Directors (NASHMPD)



Behavioral Health Care in Rural Communities

Rural regions face unique barriers to mental health and substance use care access. Low population density and expansive geography spreads resources thin. Residents may travel long distances to services, if any exist nearby. Stigma and cultural disconnects with outsider providers can impede utilization. **CCBHCs are well-suited to expand rural access by leveraging their embedded community presence and flexible, comprehensive model, or through DCO arrangements with more local providers or community-based services.** Even small rural CCBHCs can make significant impacts with thoughtful localization.



Understanding Realities in Rural HealthCare

- Extreme provider shortages: Many counties have one mental health professional per 1,000 square miles or more. Recruitment is very difficult. Hospital systems may be experiencing perpetual crisis.
- Transportation obstacles over long distances on poorly maintained roads.
- Health care and social services infrastructure concentrated in distant urban hubs, with only a patchwork of local service providers.



Understanding Realities in Rural HealthCare

- A culture that values self-reliance, discouraging help-seeking behavior. Stigma is amplified in close-knit towns.
- Economic factors like poverty, unemployment and uninsured status limit affordability of any care.
- Digital divide: limited broadband or access to technology for telehealth capabilities.



Overcoming Obstacles to Rural Care

Workforce

The CCBHC model allows for a problem-solving approach to care, utilizing every type of BH worker to their fullest extent, while emphasizing the value of persons with lived experience. This flexibility can allow creative solutions to providing care in a workforce challenged world. Utilizing licensed professionals to supervise and provide consultation to staff while prioritizing their time for evaluation and diagnosis can lead to a model for care that supports the needs of a rural environment. Case managers, rehabilitation specialists, and persons with lived experience can support persons served on a day-to-day basis through developing problem-solving skills, education, and hope.

NATIONAL
COUNCIL
for Mental
Wellbeing



Overcoming Obstacles to Rural Care

Technology

The use of technology is a crucial component of CCBHC's and nowhere is it more crucial than in a rural environment.

The expansion of a workforce that is not limited by living in specific geographical area is an advantageous part of the use of technology as well as the ability to provide specialized and licensed services that can be difficult to recruit for in low population areas.

The utilization of technology to provide care, treatment, and consultation is supported by the PPS of the CCBHC model.

This can be utilized within the office setting or using technology to provide access to care and treatment within a client's home.

The use of cell phone technology to overcome wifi challenges can be critical in rural environments and may need to be financially supported by the treatment provider.

NATIONAL
COUNCIL
for Mental
Wellbeing



Overcoming Obstacles to Rural Care

Transportation

Rural and frontier communities rarely have access to public transportation and the infrastructure of roads can vary greatly depending on where a person's lives. Roads may be unpaved, deteriorating during inclement weather while the costs of getting to care may exceed a person's budget.

Solutions to transportation in rural communities are key to providing care, examples of include;

1. Technology usage
2. In home services
3. Provider supplied or funded transportation



Overcoming Obstacles to Rural Care

Culture and Stigma

Confidentiality in rural settings requires special consideration, as clinics may be in visible settings and vehicles widely known. With challenges to confidentiality, comes greater concerns of stigma. Rural cultures often emphasize independence, self reliance and strength. Ensuring persons seeking services have a means to do so where confidentiality is prioritized, including private parking settings, the ability not to be seen by acquaintances and neighbors while waiting and providing technology option at all times.

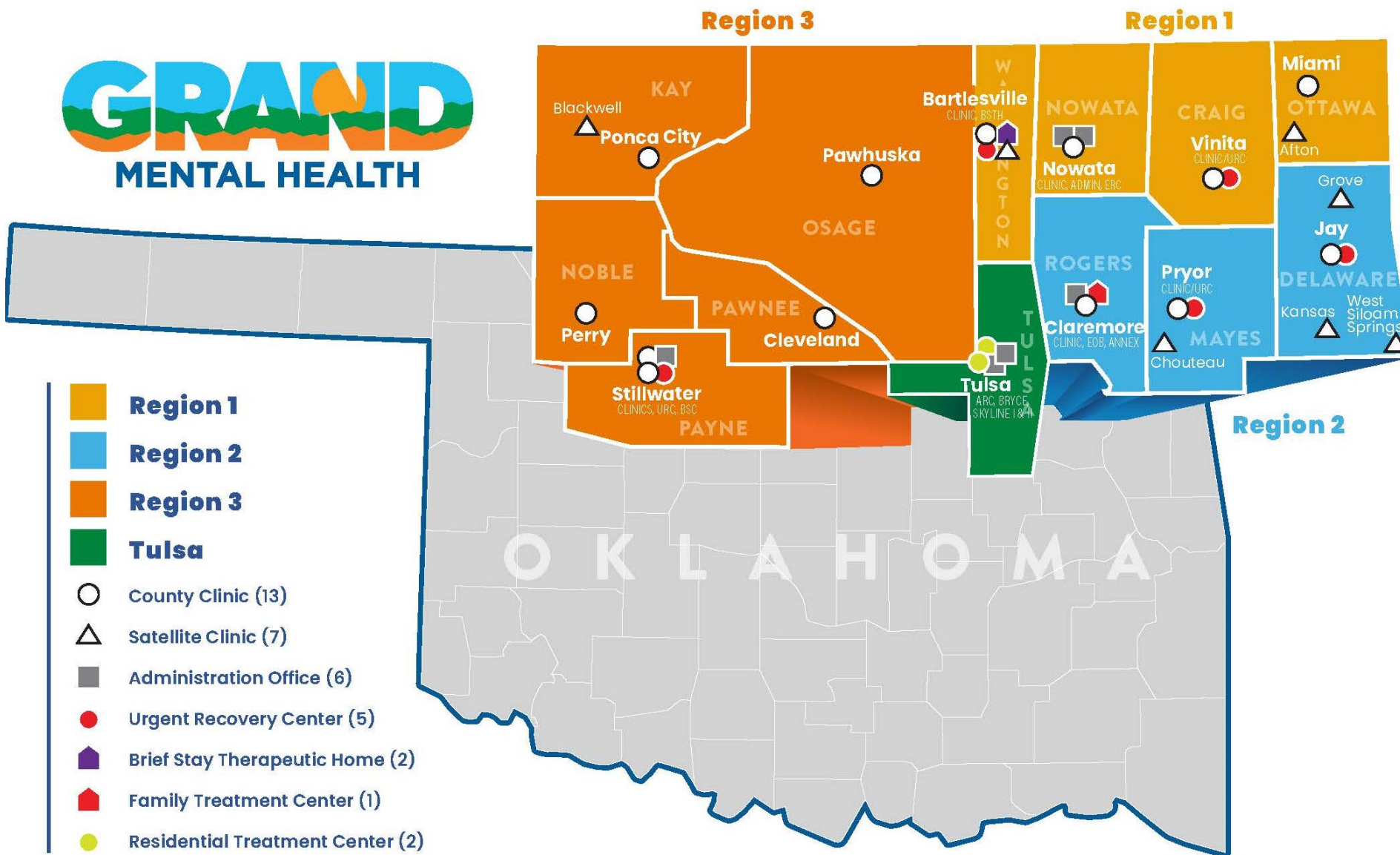


GRAND Mental Health



GRAND

MENTAL HEALTH



1. Adult Crisis Continuum
2. Children Crisis Continuum
3. Substance Abuse Urgent Recovery Center





GRAND Adult Crisis Continuum

- 6 Urgent Recovery Centers
- 5 Structured Crisis Centers
- 28 adult beds
- 165 chairs



TheNationalCouncil.org

NATIONAL
COUNCIL
for Mental
Wellbeing



Leveraging Technology in Crisis Care

Use of iPads with MyCare App:

- Direct link to 24/7 assessment, consultation and treatment:
 - Hospitals
 - Law Enforcement
 - Schools
 - Clients

Adult Crisis Services:

- **Urgent Recovery Centers:** 24/7 immediate access to care for anyone experiencing behavioral health crisis. Assessment, stabilization and triage.
- **Structured Crisis Centers:** 24/7 immediate access to care for those in crisis and unable to voluntarily seek help.
- **988 Mobile Crisis Response:** We proudly partner with the 988 Lifeline, providing direct crisis response to 988 callers needing in-person support.



GRAND Children Crisis Continuum

Family Assessment Center: GRAND Family Assessment Centers provide a safe, therapeutic starting point for children and families experiencing a crisis. The FACs are designed to provide 24-hour access to immediate assessment, stabilization and referral services. Rapidly linking families to the recommended level care, resulting in better long-term outcomes.

Family Treatment Center: Provides a full spectrum of crisis services to serve families in need and keep them together. Services include a 24/7 Walk-in Family Urgent Recovery Center designed for immediate stabilization... the Family Crisis Center, allowing for additional short-term crisis care (2-3 days) as needed... and finally, our Brief Stay Therapeutic Home which provides a more intensive 5-day individualized family treatment program on-site.

Brief Stay Therapeutic Home: Short term intensive treatment, addressing behavioral health challenges for the entire family. GRAND teams are onsite and common areas of the home are wired for audio and video. Parents receive therapeutic feedback during structured therapy sessions and family interactions. We begin the process of wraparound services for continued family support after returning home.



Substance Use Crisis Continuum:

- **Substance Abuse Urgent Recovery Center:** Rapid stabilization and crisis resolution. Allowing for 24-hour entry into SUD treatment.
- **Detox Services:** Medical support for safe withdrawal.
- **Residential Programs:** Structured, supportive and intensive care treatment. Focus on stabilization, therapy, and skill-building.



Discussion



Webinar Dates and Topics

	Date	Session Focus
Session 1	October 15, 2024	Orientation to Learning Community
Session 2	November 19, 2024	Workforce: Recruitment, Retention, and Innovations in Rural Communities
Session 3	December 17, 2024	Access and Delivery of Core CCBHC Services
Session 4	January 21, 2025	Strategies for Meeting the CCBHC Crisis Services Requirements in Rural Communities
Session 5	February 18, 2025	Innovative Partnerships in Rural Communities
Session 6	March 18, 2025	Addressing Disparities and DEI-B Efforts
Session 7	April 15, 2025	Care Coordination and Population Health Management

Resource

- [CCBHC-E National Training and Technical Assistance Center](#)
- [The Role of Certified Community Behavioral Health Clinics in Crisis Services and Systems](#)
- [Rural Health Information Hub](#)



CCBHC-Expansion Grantee National Training and Technical Assistance Center

We offer CCBHC grantees...



Virtual Learning Communities, Webinars and Office Hours

Regular monthly offerings that are determined based on grantees expressed needs.



Opportunities for Collaboration with Other Grantees

Monthly Peer Cohort Calls for CCBHC Program Directors, Executives, Evaluators and Medical Directors.



Direct Consultation

Request individual support through our website requesting system and receive 1:1 consultation.



On-demand Resource Library

Includes toolkits, guidance documents, and on-demand learning modules.

Access our website to register for upcoming events, submit a consultation request or scan our on-demand resource library:

 <https://www.thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/>

Questions or Looking for Support?



Visit our website
and complete the [CCBHC-E
NTTAC Request Form](#)

thenationalcouncil.org/program/ccbhc-e-national-training-and-technical-assistance-center/request-training-assistance/