NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS STRONG COMMUNITIES

Addressing Disparities in Rural Communities

March 18, 2025

3:00-4:30 P.M. (ET)

National Council Disclaimer

The views expressed in this webinar are solely the opinions and views of the people participating. They do not necessarily reflect the opinions or views of the National Council for Mental Wellbeing, its employees or partners. We are providing this content for informational purposes only.

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Logistics

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- *For example:*
  - Emma Hayes, National Council
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  - Click on the **Participants** icon at the bottom of the screen
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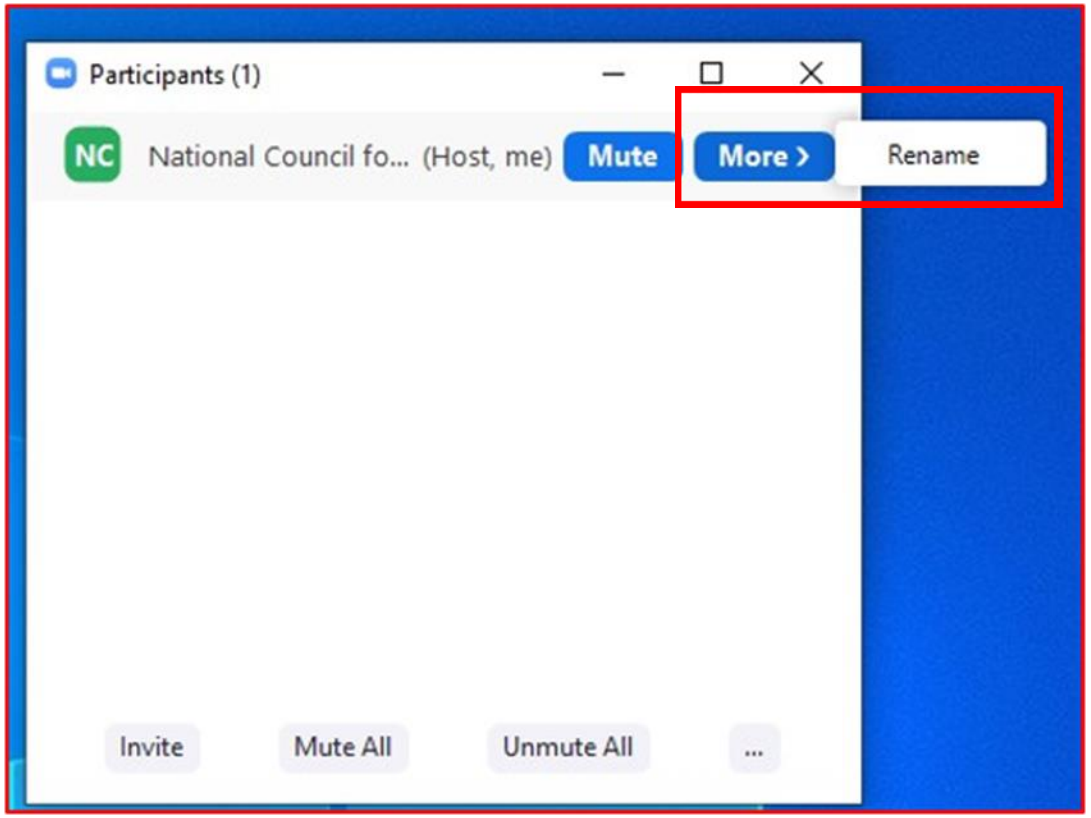

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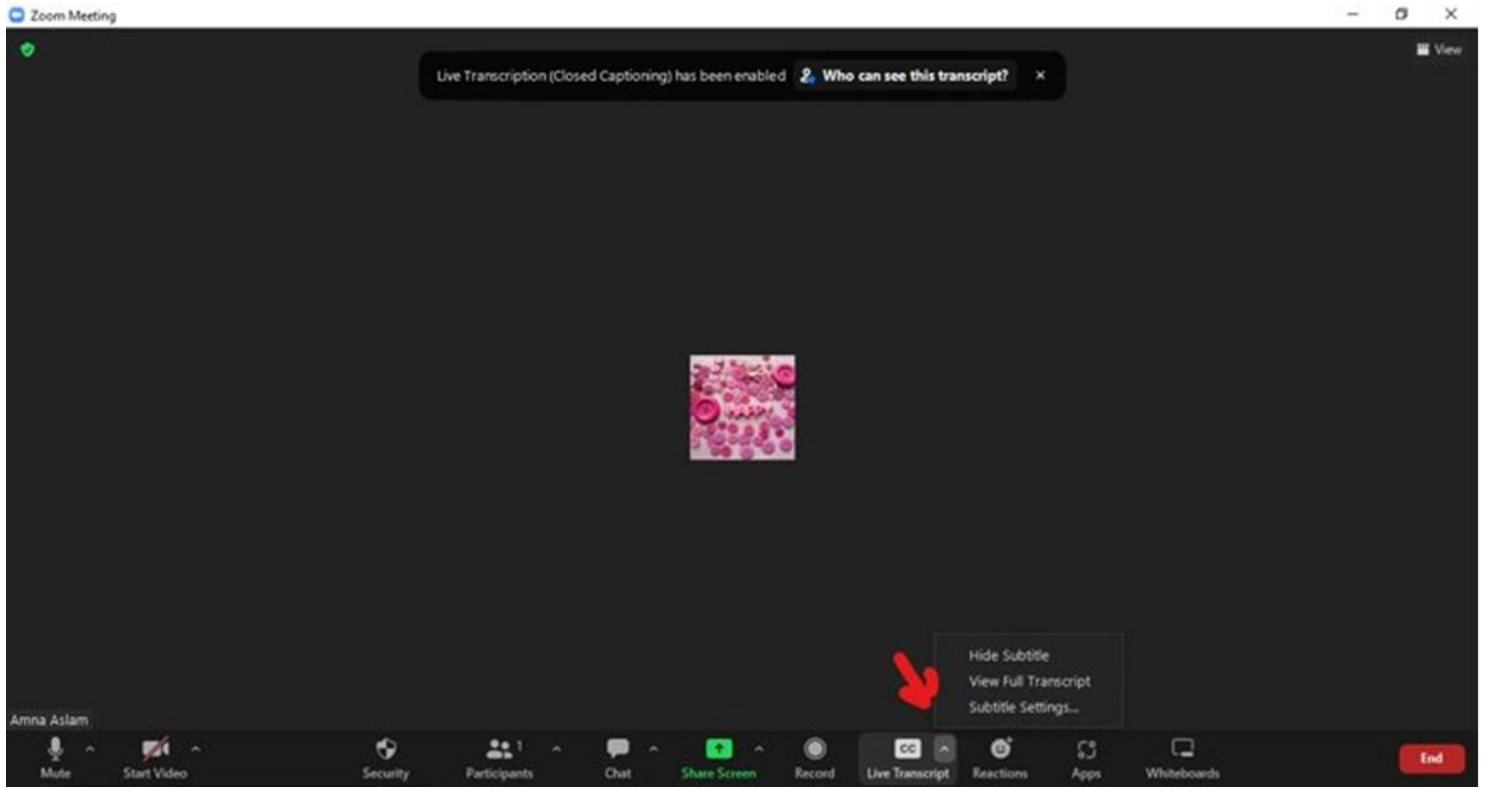

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Learning Objectives

- Identify challenges addressing disparities in rural communities.
- Increase strategies that support disparities in rural CCBHCs.
- Engage opportunity to learn from peers who have demonstrated innovations disparities.

Your Learning Community Team

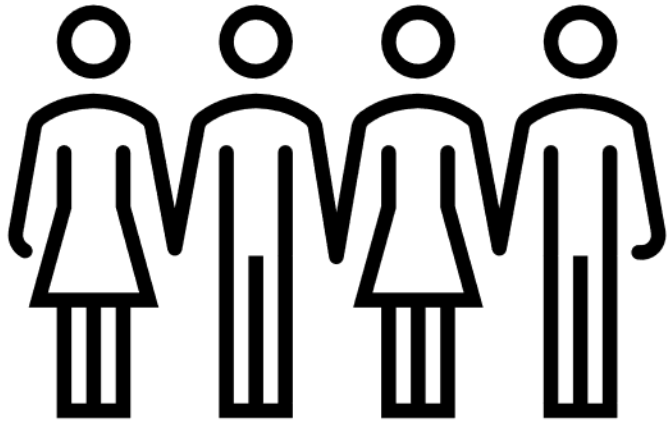
Renee Boak, MPH
Consultant and
Subject Matter Expert

Clement Nsiah, PhD, MS
Project Director

Roara Michael, MHA
Project Manager

Emma Hayes, MSW
Project Coordinator

Polling Questions



How did your agency leverage its community needs assessment to understand disparities?

- We looked at outcomes data to help understand disparities
- We looked at utilization data to help understand disparities
- We sought feedback from people receiving services to understand their experience
- We connected with the community/community partners in effort to understand how to better serve the community and address disparities
- We identified opportunities to establish/enhance partnerships with other providers/organizations in the community

Does your agency assess for social determinants of health?

- Yes, at intake
- Yes, at intake and during annual service plan updates
- Yes, at every appointment
- No, but we are interested in learning more about this opportunity.

Does your agency provide support or coordinate care for any of the following SDOH (check all that apply)?

- Transportation
- Childcare
- Housing
- Food
- Education/employment
- Social support/Community network
- Language and literacy
- Physical activity/movement

Addressing Disparities in CCBHC

- The CCBHC uses its secure health IT system(s) and related technology tools, ensuring appropriate protections are in place, to conduct activities such as population health management, quality improvement, quality measurement and reporting, reducing disparities, outreach, and for research.
- The CQI plan is data-driven and the CCBHC considers use of quantitative and qualitative data in their CQI activities. The CQI plan includes an explicit focus on populations experiencing health disparities and addresses how the CCBHC will use disaggregated data from the quality measures and, as available, other data to track and improve outcomes for populations facing health disparities.

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS STRONG COMMUNITIES

Terence Fitzgerald, PhD, M.Ed, MSW

Consultant, Trauma-Informed, Resilience-Oriented Services

National Council for Mental Wellbeing

Definitions

- Researchers and scholars primarily are referring to non-metro areas.
- The U.S. federal government currently utilizes multiple definitions for identifying and distinguishing rural from urban communities/areas.
- This is based on various geographies and different elements of rurality.
- Congressional legislation uses it to describe different targeting definitions.

Definitions

- USDA, Economic Research Service (ERS) researchers and others who look into the conditions in "rural" America most often utilize data on nonmetropolitan (non-metro) areas.

- Counties are seen as a standard unit for publishing economic data and for conducting research.

Definitions

- In 2023, OMB defined metropolitan (metro) areas as broad labor-market areas that include:
  - 1. Central counties with one or more urban areas with populations of 50,000 or more people. Urban areas, described in the next section, are densely settled urban entities defined on the basis of population and housing-unit density.
  - 2. Outlying counties that are economically tied to the central counties as measured by labor-force commuting.

Historical Strategies

- Next, organizations have worked toward increasing the numbers of rural residents earning provider credentials and gaining licensure for practice in rural areas.
- Peaked in the 1990s
- There is a lack of rigorous evaluation concerning the impact.
- Other associated strategies include developing and validating novel provider roles and innovative practice arrangements.
- Established professional provider categories:
  - Peer worker
  - Behavioral health aides and navigators

Challenges To Addressing Disparities

- It is essential to know that the various definitions of "rural" significantly impact the understanding and analysis of health disparities.

- Different definitions can lead to different populations being categorized as rural, potentially obscuring important variations in access to healthcare and health outcomes within rural areas.
- This makes it difficult to accurately assess and address rural health disparities effectively.

- This inconsistency can also affect policy decisions and funding allocation for rural health programs.

Affordability

- Despite advancements, behavioral health services continue to be inaccessible for millions of U.S. citizens who are in need.

- Specifically, in rural communities, behavioral health services are often considered less affordable due to a combination of factors, including:
  - *Limited provider availability*
  - *High out-of-pocket costs*
  - *Lower insurance coverage rates*
  - *Transportation difficulties*
  - *Low reimbursement rates for providers*

Affordability Strategies

To address the affordability of behavioral health services in rural communities, strategies include:

- Utilize telemedicine.
- Expand community-based support systems.
- Leverage school-based programs.
- Increase provider workforce through training and incentives.
- Implement sliding-scale fees.
- Partner with local organizations.
- Advocate for policy changes to improve insurance coverage and funding for rural mental health services.

Stigma

- People in rural areas are less likely than their urban counterparts to seek professional help for psychological distress due to stigma (both public and self-directed) and limited mental health literacy.

Image is legally acquired by the National Council via Pexels.com

Stigma: Strategies

- Promote open conversations about mental health.
- Utilize community leaders to spread awareness.
- Integrate mental health services into existing community structures.
- Utilize telehealth options to increase accessibility.
- Empower individuals to challenge negative stereotypes by speaking up against stigmatizing language.

Access Strategies

- There is a significant lack of access to specialty mental health care of rural parts in the U.S.
- Sixty-five percent of nonmetropolitan counties do not have psychiatrists.
- Over 60% of those living in rural Americans live in areas where mental health provider shortages exist.
- The scarcity of specialty mental health services contributes to these disparities in care.

Access Strategies

- One of the principal strategies used to address the lack of access to specialty mental health care is to provide economic incentives and training in rural settings.

- The National Health Service Corps (NHSC) is estimated to have provided more than 1100 mental and behavioral health professionals to rural settings.

- While a gallant effort, analysis indicates that:
  - *Sixty percent of alumni still serve those categorized as "underserved" up to 15 years after their service is completed.*
  - *A significant number of providers do not remain in a rural setting.*
  - *This creates challenges within the patient–provider relationship and the stability of care.*

Promising Strategies

- The strategy of *"Task-Shifting."*
  - A process whereby specific tasks are moved, where appropriate, to health workers with shorter training and fewer qualifications"
  - This method helps to address critical health priorities and provider shortages.
  - Importantly, this approach is not a stand-alone solution.
  - Should be used in conjunction with additional efforts.
- Research has shown that, for example, task-shifting delivery of evidence-based mental health care to community health workers, including delivery of EBPs, can be implemented with fidelity.
- Seen to be effective for the treatment of common mental health disorders.
  - *For ex., depression, post-traumatic stress, and substance use disorders*

Promising Strategies

- The use of paraprofessionals from the community may increase professional capacity, help with the acceptability of treatments, contribute to increased uptake and retention, and enhance the scale-up and sustainability of critical mental health interventions for underserved groups.

- The training and employment of community mental health workers can increase the cultural appropriateness of care and decrease stigma and other access barriers to mental health care.

- Task-shifting may offer a source of local workforce and economic development, reinforcing self-determination.

Responsive Care Strategies

- I argue that the path of institutional and personal humility is optimal for all organizations, systems and institutions striving for compassionate equity.
- Institutional and personal humility involves a process of institutional and personal reflection.
- Individuals not only learns about the story of others, but they also examine how their own story creates interactive barriers.
- Individuals must reflect upon their own assumptions and values.

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS STRONG COMMUNITIES

Brandi Smith, LCSW

Chief Clinical Officer/Clinical Director

CREOKS Health Services

CREOKS Health Services

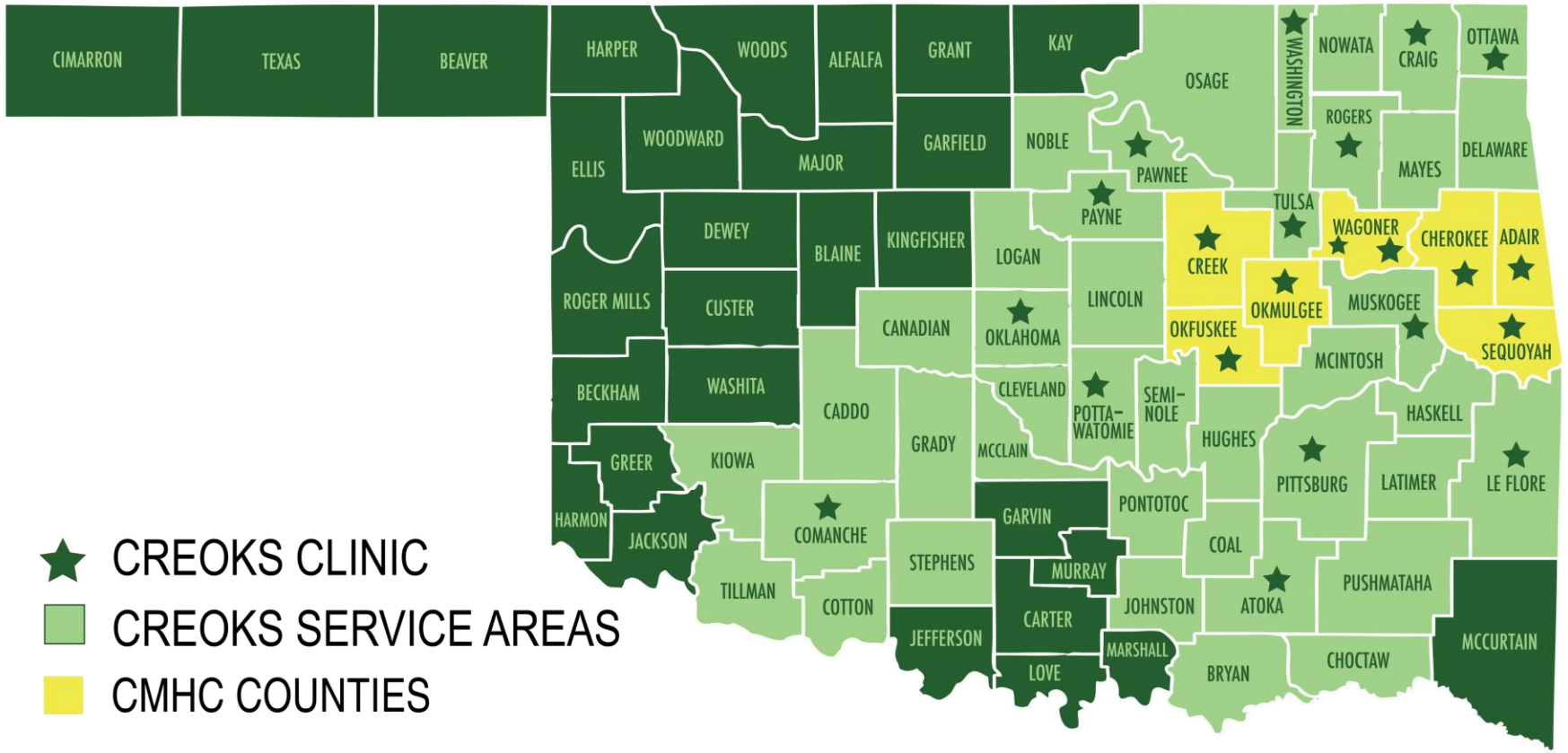
- Founded in 1980 to Serve Creek, Okfuskee, and Okmulgee Counties
- 24 Clinics that provide services to 48 counties that encompass 80% of the population of OK
- 2 Behavioral Health and Substance Use clinics in Arkansas
- Serve approximately 18,000 persons a year
- Approximately 830 Employees
- Largest Children's Behavioral Health Provider in the State

CREOKS Health Services

- Certified as a State CCBHC in 2019
- 2 CCBHC Expansion Grants and now CCBHC-IA
- 8 Counties: Adair, Cherokee, Creek, Okfuskee, Okmulgee, Sequoyah, Tulsa and Wagoner
- Current CCBHC Population 7,960
- Rural, 4,800 sq miles, total pop: 306,605
- High Native American population 30%
- Top three most Native American populated counties: Adair, Cherokee, Sequoyah

CREOKS
Health Services

CCBHC Locations



CREOKS Health Services

Access to Services: Telehealth

- Providing Telehealth for 10 years in a variety of circumstances
- Provide data and devices to consumers as needed
- Intake and Assessment
  - Crisis
  - Same Day or urgent access
- Therapy, Psychosocial Support Groups, etc.
- Medication Management

CREOKS Health Services

Access to Services: Telehealth cont.

- Telehealth and Crisis System
  - Mobile Crisis: Being Everywhere All At Once
  - Hospitals
  - Law Enforcement
  - School Crisis Teams
- Telehealth and Court Systems
  - Reduce transport to court houses for detention hearings
  - Reduce trauma
  - Reduce costs

CREOKS Health Services

Barriers to Transport

- Contract for Crisis Transport with the State
- Contract for 988 with Transport with the State
- Medicaid Transport (Sooner Ride)
  - Limited locations and long waits
  - State is experimenting with Uber for Medicaid Transport
  - We have designated transport staff and vehicles in some locations
- Embedded staff in different locations in the community (FQHCs, Schools, etc.)

CREOKS Health Services

Meeting Resource Gaps

- Food Pantries and Clothing Closets
- Access to shelters, transitional housing and sober living
- Medical Care
- Sober Living
- Needs Assessment
- Advisory Workgroup
- Access and Opportunity Committee
- Housing Teams in Each County
  - Special Flex Funds
  - Partnering with Landlords
- Supported Employment Team for each County
  - Focuses on employers and rapid placement

We want to set the stage for today's discussion. We understand that there are a lot of changes happening at the Federal policy level and there are many questions about these changes.

While you are welcome to share questions with us today, we may not have answers to specific questions about policy changes.

We are committed to our mission to making mental wellbeing a reality for everyone, everywhere.

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**
Session 7	April 15, 2025	Care Coordination and Population Health Management

Resources

- CCBHC-E National Training and Technical Assistance Center
- National Council: Workforce Innovations in Integrated Care
- 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/

for

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/