The Rural Web Portal: Healthy Children and Families
Helping Communities to Enhance Social and Emotional Outcomes for Children and Families in Rural and Frontier Areas

WEBINAR
Creating Systems Change in Rural and Frontier Areas for Children’s Mental Health
June 7, 2007
2:00 PM – 3:30 PM Eastern
Purpose of the Webinar

To provide participants with opportunity to learn about and discuss:

• The newly developed Rural Web Portal: Healthy Children

• The New Freedom Commission Report on Rural Mental Health and the Federal action agenda to transform mental health in America

• Current work underway to build a National Plan for Rural Behavioral Health

• Strategies to create systems change in rural communities

Participants will have the opportunity to:

• Share ideas, exchange knowledge, and develop networks with other rural communities and children’s grant programs
Webinar Agenda
Creating Systems Change in Rural and Frontier Areas for Children’s Mental Health

• Welcome and overview of the call today:
  – Gary Blau, Branch Chief, Child Adolescent and Family Branch,
  – Susan Keys, Branch Chief, Prevention Initiatives and Priority Program Development Branch
  
  Center for Mental Health Services Administration, Substance Abuse and Mental Health Services Administration

• Introducing the Rural Web Portal: Healthy Children and Families:
  – Joyce Sebian, Senior Policy Associate, National Technical Assistance Center for Children’s Mental Health at Georgetown University and coordinator for SAMHSA/CMHS’s efforts to develop a National Plan for Rural Behavioral Health.

• Transforming Mental Health in Rural and Frontier areas:
  – Nancy Speck, former commissioner, Presidents Commission Report on Mental Health, Transforming Mental Health in America

• Creating systems change in Rural and Frontier areas:
  – Dr. Mimi McFaul, Senior Research Associate, Western Interstate Commission for Higher Education
  – Barb Winters, Director, Allamakee Community, Iowa, SS/HS.

• Questions and Participant Discussion:

• Next Steps
Appreciation to:

Leadership Team:
• Erin Tackney, Erin Tackney, Technology Assistant, National Center for Mental Health Promotion & Youth Violence Prevention, Education Development Center
• Jennifer Kitson, TA/Rural Specialist, National Center for Mental Health Promotion & Youth Violence Prevention, Education Development Center
• Karen Francis, Senior Research Analyst, American Institutes for Research
• Leigh Meredith, Research Associate, American Institutes for Research
• Joyce Sebian, National TA Center for Children’s Mental Health, Georgetown University

Additional Contributors/Administrators:
• Debra Larsen, (Idaho State University, Institute of Rural Health, Center for Rural, Frontier, and Tribal Health)
• Cybelle Merrick and Chris Siegfried, National Child Traumatic Stress Initiative
• Anna DeGuzman and Soumia Yesouri, (National TA Center for Children’s Mental Health, GT)

Other Key People:
• Susan Keys, Branch Chief, CMHS/SAMHSA
• Gary Blau, Branch Chief, CMHS/SAMHSA
• Peter Donovan, Special Advisor to the Director, CMHS/SAMHSA
• Leah McGee, CMHS/SAMHSA
• Lisa Park - Office of the Administrator/SAMHSA
• Kristi Martinsen - Office of Rural Health Policy, Health Resources Services Administration/ DHHS
• Ken Curl, CMHS/SAMHSA
• Angela Gonzales, CMHS/SAMHSA
• SAMHSA Rural Health Workgroup- Ali Manwar (CSAT), Erica Pearson, Andrea Kamargo (CSAP), Andrew Hunt (CMHS), Hal Krause (CSAT)
• Peggy Nikkel – UPLIFT - Casper Wyoming
• Susie Markus, Wyoming SAGE Initiative
• Jon Turner - Safe Schools/Healthy Students, Cabool Missouri
• Richard McKeon, CMHS/SAMHSA
# Building a National Plan for Rural Behavioral Health: First Steps – Workforce Development

## INTRA-DEPARTMENTAL RURAL BEHAVIORAL HEALTH WORKGROUP ROAD MAP

**Mission:** To develop a stable, highly skilled, culturally and linguistically competent behavioral health workforce.

**Vision:** To improve the availability, accessibility and acceptability of behavioral health services and supports in rural America.

### POLICY ISSUES
- Workforce development - recruitment and retention
- Need for shared vision - shared language
- Need for collaboration across Federal Departments, within DHHS, & across SAMHSA
- Need to align policies and leverage resources

### INFRASTRUCTURE ISSUES
- Federal Partners Senior Workgroup -
  - Coordinate Work on National Plan for Rural Behavioral Health –
    - Cross Departmental Rural Collaborations and planning
    - Linkages with DHHS Rural Workgroup
    - SAMHSA Internal Rural Workgroup
- Data Systems – need for improved data on rural. Evaluation data, research priorities
- Workforce Development – Matrix Activities

### SERVICE & SUPPORT ISSUES
- Need for shared values and principles: Family driven, youth guided, consumer choice, community driven, cultural and linguistic competence, more
- Need for awareness, knowledge and skills regarding public health approach and transformation agenda.
- Need to expand evidence base- need for adaptations for diverse populations
- Stigma reduction- social marketing, mental health is part of physical health,
- Priority areas: Integration of Primary Care and Behavioral Health, Financing, Training and Education, Disparities in rural and frontier areas

### TARGET POPULATIONS
- Changing demographics in rural and frontier areas- immigration, aging, farmers, children, youth, and families, American Indians/Alaskan Natives, Hispanics/Latinos, African Americans, Asian Americans/Native Hawaiian and Other Pacific Islanders; Existing or potential behavioral workforce professionals and recruits; Federal, State, Tribal and local public entities. Educational entities, public and private service providers. Other.

### STRATEGIES
- Coordinate development and implementation of Federal Action Agenda action step: Develop a National Plan for Rural Behavioral Health.
- Infuse rural agenda into key activities of Federal Partners Senior Workgroup and its workgroups and activities.
- Provide expertise on rural issues to federal agencies
- Participate on SAMHSA Matrix Workgroups to leverage rural priorities
- Increase visibility and foster ongoing communication across Departments, agencies, & key partnerships.
- Support existing activities in the following priority areas: integration of primary care & behavioral health, financing, education & training, public health approaches.
- Facilitate collaborations across SAMHSA centers and TA resources to enhance resources for rural behavioral health.
- Improve availability of and access to data
- Identify opportunities to enhance existing Federal, National, State, Tribal and local activities.
- Develop strategic partnerships with National organizations, States, and tribal entities
- Establish linkages to enhance the development of diverse cultural and linguistics workforce
- Participate in and support SAMHSA accountability activities in all areas of implementation and continuous quality improvement.
- Utilize values and principles to guide work and facilitate partnerships for ongoing planning and quality improvement.
- Disseminate knowledge and information on innovations regarding workforce development in rural and frontier areas.

### LONG-TERM OUTCOMES
- A stable, highly skilled, culturally and linguistically competent behavioral health workforce is available in rural America.
- Rural behavioral health systems are well integrated with primary care services.
- Collaborative, comprehensive systematic & public health approaches that are driven by shared values and principles guide rural behavioral health services and supports.
- Federal policies are aligned to support continuous improvements in rural behavioral health and strategic partnerships with national, research and other organizations are in place.

## IMPACT: Access to acceptable and available behavioral health services and supports enables individuals across the lifespan to fully live, work, play and learn in rural America.
Building a National Plan for Rural Behavioral Health Action Areas

- **Action Area #1**: Public Health Approaches to mental and behavioral health are implemented in rural and frontier areas.

- **Action Area #2**: Research informs policy and practice regarding rural mental health/behavioral health services and supports.

- **Action Area #3**: Disparities in financing behavioral health services and supports are reduced or eliminated in rural and frontier areas.

- **Action Area #4**: Behavioral health and primary health care services and systems are integrated in rural and frontier areas.

- **Action Area #5**: Recruitment, retention and the provision of a quality professional work environment results in a stable, highly qualified, culturally and linguistically competent behavioral health workforce in rural and frontier areas.

- **Action Area #6**: Consumers, families and youth are employed as part of the mental and behavioral health workforce within rural and frontier communities.

- **Action Area #7**: Children, youth and their families and consumers across the lifespan have access to a full continuum of quality mental and behavioral health services and supports within the community that are culturally and linguistically acceptable.
The Rural Web Portal: Healthy Children and Families

Helping Communities to Enhance Social and Emotional Outcomes for Children and Families in Rural and Frontier Areas

- Official Launch - June 7, 2007
- Collaborative effort across technical assistance centers
- Technical assistance resource to rural and frontier communities
- An outcome of the National Plan for Rural Behavioral Health
- Funded by the SAMHSA/Center for Mental Health Services
- Fosters networking and information sharing across Grant programs – starting with SAMHSA/CMHS children’s grantees
Rural Portal: Healthy Children and Families

- Safe Schools/Healthy Students, Systems of Care, National Child Traumatic Stress, Youth Suicide Prevention & Early Intervention, Circles of Care, Statewide Family Networks, Youth Transition

- Dialogue and discussion that can inform state and federal policies including the continued development of the National Plan for Rural Behavioral Health

- To provide a Web portal that facilitates on-going dialogue about challenges, successes and best practices related to providing mental health services to children and families in rural areas

- A community of learners committed to children’s overall health and social/emotional wellbeing
Collaborative Work across National TA Centers

• Rural grant programs asked for more collaborative efforts across TA Centers

• An effective and efficient use of technical assistance resources
The Rural Web Portal: Healthy Children and Families
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Let’s take a brief tour!
New Freedom Commission on Mental Health
Achieving the Promise:
Transforming Mental Health Care in America

Nancy Speck: former commissioner

Subcommittee on Rural Issues:

We must address:

• Accessibility,
• Availability, and
• Acceptability  (Larson, Beeson, & Mohatt, 1993; Mohatt, 2000)
Transforming Mental Health Care in America:

The Federal Action Agenda First Steps

- Page 53: Development of a National Plan for Rural Mental Health
On the Journey to Achieving the Promise

"Vigilance and Diligence"
Mimi McFaul, PsyD

• Technical Assistance & Evaluation Center
• Focus: Rural Mental Health
• Projects include systems of care, workforce development, primary care integration
The face of rural America is changing – rapid increases of new immigrant populations in rural and small towns in all regions of the country. *Carsey Institute 2006*

Increasing complexity and richness of rural and frontier communities as well as introducing significant challenges

Potential benefits – bringing new life to fading communities

Culture and linguistic competence matters

Community strengths not just pathologies

Soaring suicide rates among Native Americans – 2.5 x the national average for Indian youth ages 15-24

Farm population is experiencing high suicide rates- seasonally influenced (Gunderson et. Al. (1993))
Behavioral Health in Rural and Frontier America

- **60 million** = # of Americans living in Rural and frontier areas

- **4th most often identified health priority** = Importance of Mental health and mental disorders among state and local rural health leaders

- **1,253** = the # of smaller rural counties with populations of 2,500 to 20,000 – nearly ¾’s of which lack a psychiatrist. 95% lack a child psychiatrist

- **Stigma** = more of an issue in rural areas than in urban areas i.e.," Where do you park your car?"

*from Advancing Suicide Prevention: July/August 2006*
America at Night: Transformation must reach these places outside the bright lights...off the usual paths of focus...
Nonmetropolitan Counties, 1999

County Type (# Counties)
- Nonmetropolitan (2270)
- Metropolitan (870)

Produced By: North Carolina Rural Health Research and Policy Analysis Center,
Cecil G. Sheps Center for Health Services Research,
University of North Carolina at Chapel Hill.
Few Americans Picture…

- A farmer or rancher with serious depression
- The stress associated with changing rural economies
- Someone driving 150+ miles to a clinic
- A traveling psychiatrist
- Migrant workers, boom towns, isolation
- Rural America
A few words about context

• Use of the word “system” and “system of care” in the general sense
• Referring to the network of child and family-serving agencies, organizations, or institutions that exist within a given community
• Including mental health and substance abuse services, juvenile justice, primary care, schools, social work, occupational therapy, physical therapy, and early learning or other educational programs
Rural Community-Based Systems

Challenges
• Silos of funding
• Duplication of assessment and services
• Lack of communication
• Urban models assumed to work for rural

Solutions
• Attempts to formalize relationships
• No wrong door
• Standardize processes (forms, data collection)
• Peer supports and natural healers
Rural Community-Based Systems

• The particular form a system takes is specific to the locality in which it exists
• Flexible and adaptable
• Community-specific does not mean isolated or fragmented
• A challenge in developing local systems of care is to create goals and plans that enable flexibility in service provision that nevertheless maintain connections to the larger system of care and implement best or evidence-based practices
Rural Community-Based Systems

- Community Readiness Assessment
- Evaluations identify specific characteristics related to different levels of problem awareness & readiness for change in a given community
- Identify resources and abilities in the community
- Six dimensions, each of which is assigned a level of readiness along a continuum of nine stages
- Consistently identified LEADERSHIP as a missing component
Rural Community-based Systems

Acute Need for Care
- Inpatient
  - 24 Hour Total Care
- Community Rehabilitation Services
- ACT Partial Hosp. Etc.
- Crisis & Assessment
  - 7 days/week Outreach in acute short term

Community Based Treatment Services
- Primary Care Specialty Care Outpatient Care Mgmt.

Entry & Exit

Recovery
- Psychosocial Rehab
  - 7 days Rehabilitation Outreach Group Homes Day Programs
- Formal Community Support
- Residential
- Informal Community Support
- Self-Help Primary Prevention Mentoring Etc.
Safe Schools Health Students from the Local Grant Perspective

Barbara Winters
Community Connections Safe Schools/Healthy Students
Allamakee County, IA
What’s different in a rural county?

• Not prevalence – rural/urban rates of mental disorders are pretty much the same
• Accessibility (getting there and paying)
• Availability (someone there when you are)
• Acceptability (choice, quality, knowledge)
Safe Schools Healthy Students (SS/HS)
www.sshs.samhsa.gov

- Federal grant program administered by U.S. Departments of Health and Human Services, Education, and Justice.
- SS/HS underlying principles ensure a comprehensive approach to violence prevention and healthy development
- Required to address six core SS/HS elements, and the partnership
Greatest Rural Strengths—Each Other

- Cooperating
- Bonding
- Bridging
- Linking
- Collaborating
Opportunities for Improvement in Allamakee County

- Sharing workforce development opportunities among agencies – maximizing resources and services, reducing turf battles
- Reducing stigma
- Increasing engagement of families and youth
- Improving awareness and outreach
- Encouraging change as positive and necessary
- Increasing access to services when provided at schools
Strategies Used to Meet Mental Health Needs in Allamakee County

• Created referral and service coordination system between 3 school districts and mental health providers

• Strengthened the relationship between the school learning support teams and mental health staff, and increased capacity of school staff and parents to recognize the impact of mental health services to the school goals of increased student achievement and reduced absences.
Strategies Used to Meet Mental Health Needs in Allamakee County (Cont.)

• Developed a contract with the mental health agencies to provide mental health services for referred youth in the county

• Established strong networks and relationships among the community agencies and increasing connections with “power brokers” and “champions”, which is leading towards sustainability planning for mental health services
Outcomes of SS/HS Efforts in Allamakee County

- **Public Health model**
  - Built infrastructure and local capacity for continuum of services, from prevention to early intervention and treatment

- **Transformation**
  - Built collaborative partnerships with common goals
  - Focused on state and local infrastructure: inter-agency funding, regulations, licensure; collaboration with local health, mental health, law enforcement, juvenile justice, and family organizations/agencies

- **Improve outcomes for children and their families**
  - Increased access
  - Reduced stigma
  - Provided culturally competent services
  - Improved strategic planning, evaluation of process and outcomes used for decision-making
Outcomes of SS/HS Efforts in Allamakee County

• 60.9% increase in mental health service contacts from 2004 to 2006 (Availability)
• Community members rated mental health services in the top five rankings to continue in the future (Acceptability)
• Overcame “no shows” by locating in schools (Accessibility)
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