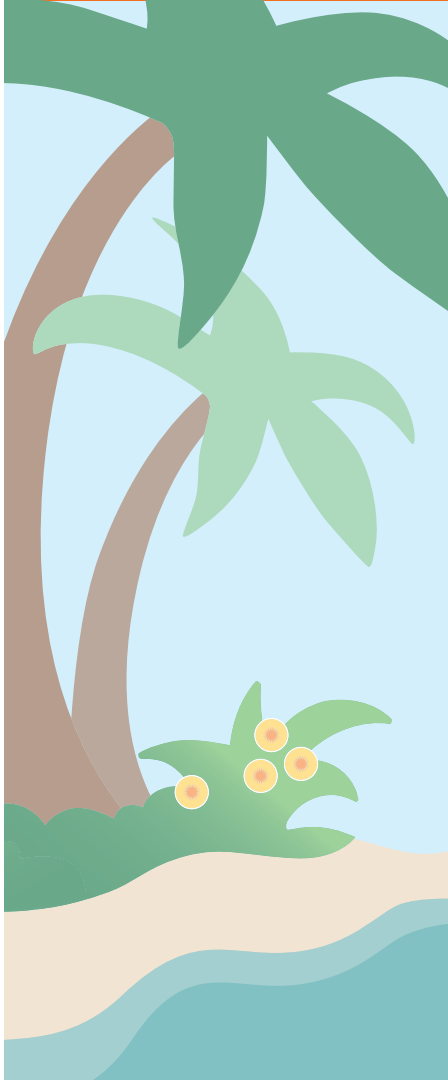


Services in Rural and Frontier Communities

SUMMARY OF THE SPECIAL FORUM HELD AT THE
2006 GEORGETOWN UNIVERSITY TRAINING INSTITUTES

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Introduction

A series of Special Forums were held at the Georgetown University Training Institutes in July 2006 to provide opportunities for dialogue about critical issues in order to contribute to the development of future policy and technical assistance. The Special Forums were designed as interactive discussions about communities and populations with unique service needs, requiring specialized planning and service delivery approaches within systems of care. Specifically, the goals of the Special Forums were to:

- Summarize issues and challenges related to each topic
- Identify effective service delivery strategies for local systems of care
- Develop recommendations for policy and technical assistance that will support communities in implementing these effective service delivery strategies

Each Special Forum began with brief framing presentations summarizing issues and challenges related to the topic and offering examples of effective service delivery strategies. The remainder of the forum consisted of facilitated discussion among forum participants focusing on recommendations for services, financing, policy, advocacy, information development and dissemination, and training and technical assistance. The Special Forums were tape recorded and transcribed, and additional input was collected from participants through worksheets completed at the conclusion of each forum. These materials were used to prepare a paper summarizing the issues and recommendations resulting from each Special Forum.

This paper presents the issues and recommendations from the Special Forum on Services in Rural and Frontier Communities. Presenters included:

- Joyce Sebian, M.S. Ed., *Senior Policy Associate, National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development, Washington, DC*
- Peggy Nikkel, *UPLIFT Executive Director, Wyoming SAGE Initiative Lead Family Contact, and Parent, WY*
- Amber Reagan, *UPLIFT Family Outreach Specialist, Wyoming SAGE Initiative Youth Coordinator, WY*
- Nikki Brown, *Youth Representative, UPLIFT and Wyoming SAGE Initiative, WY*

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Issues and Strategies

Development of a National Plan for Rural Behavioral Health

Joyce Sebian highlighted the work underway at the federal level to develop a National Plan for Rural Behavioral Health. A workgroup comprised of representatives from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) has undertaken a process to improve outcomes for behavioral health in rural and frontier areas, with the following outcomes:

- **Federal level:** Collaborations are in place across federal agencies to implement policy, regulatory, and program changes that improve the quality and stability of the rural behavioral health workforce
- **National level:** National organizations support initiatives to enhance the recruitment and retention of the rural behavioral health workforce.
- **State level:** Policy is implemented that provides incentives to support the rural behavioral health workforce.
- **Community level:** Policy and program collaborations and resources increase comprehensive, coordinated services and supports for the rural behavioral health workforce and across multiple service sectors that link effectively with primary care.
- **Individual level:** Families, children and youth, seniors, and all who live and work in rural America are active decision-makers in their own plans and enjoy optimal mental and behavioral health utilizing coordinated and comprehensive services and supports including a stable and quality behavioral health workforce

that is well integrated with primary care services and supports.

The process began with a review of Department of Health and Human Services (HHS) reports and other documents pertaining to rural behavioral health to identify themes. Meetings of the federal Intradepartmental Rural Behavioral Health Workgroup and selected non-federal partners were convened in November, 2005 and January, 2006 to assess the current situation, prioritize issues, and develop a logic model for rural behavioral health. The clear consensus for action was to focus first steps on activities designed to improve, expand, and sustain the rural mental health workforce. Sub-themes of a public health approach, integration of primary care, and financing were discussed within the workforce framework. Work then proceeded to develop actionable steps for building and sustaining a behavioral health workforce in rural America. A logic model, shown on Figure 1, guides this work.

The workgroup has created strategic alignments with several federal structures including the Federal Partners Senior Workgroup and ongoing working groups focusing on financing, primary care, children and families, suicide, and workforce development. This strategy is intended to build on existing efforts to incorporate a focus on rural issues and to engage key points of leverage. The rural voice in these various processes emphasizes the following key points:

- Rural communities have unique strengths and challenges—they are different from urban and suburban communities.
- Rural and frontier areas require different service delivery strategies.

- “Once you’ve seen one rural community, you’ve seen one rural community.”
- There is an emerging interest in rural and frontier areas to develop and evaluate a “grow your own” and “locally committed” workforce.

Service Delivery Challenges: Family and Youth Perspectives

Peggy Nikkel is the Executive Director of UPLIFT in Wyoming, Wyoming’s Federation of Families for Children’s Mental Health, and is the lead family contact for a newly funded system of care site that is statewide in Wyoming. She also serves on the federal workgroup addressing rural mental health. Nikkel’s personal story illustrates some of the service delivery challenges in rural areas.

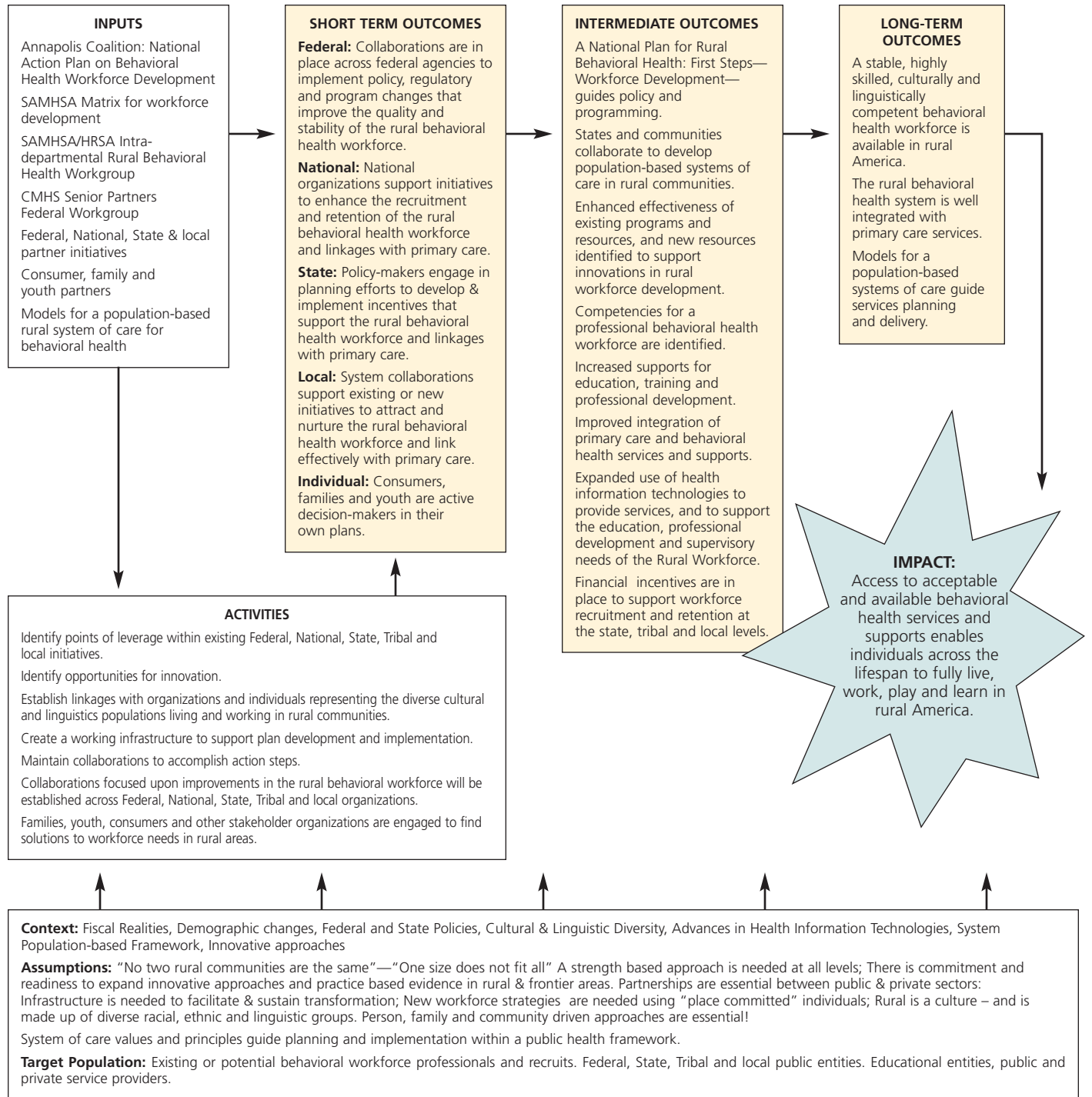
Nikkel described her family’s personal experience in moving to Wyoming 12 years ago when her son was 11 years old. Her son, who was adopted as an infant, has lived with a number of cognitive and mental health challenges. When she moved to Wyoming, her son had just returned home from a group home setting and was in a small classroom for children with serious emotional disorders with highly intensive services and supports. When they arrived in Wyoming, they attempted to develop a plan for him. Although they came with extensive records and information, all new evaluations were required. He was placed in special education, but the emotional disorder was not recognized, and there were no behavioral interventions or supportive counseling. After an initial “honeymoon” period, her son resumed his self hurting behavior and threatened suicide, as well as harm to his parents and teacher. The family was called in for an emergency IEP meeting and was

FIGURE 1

Building a National Plan for Rural Behavior Health: First Steps—Workforce Development

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.



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encouraged to file a CHINS (Child in Need of Supervision) petition to give up custody and place him in a juvenile facility so that he could receive the mental health services. The family refused, indicating that another plan was needed. The son finished the school year in in-school suspension, which was a room in the back of the library where he sat at a desk by himself. That situation prompted Ms. Nikkel to become involved, advocating changes in services for children with mental health challenges in Wyoming.

Nikkel's personal story illustrates many of the service delivery challenges in rural areas. She outlined challenges including:

- *Workforce shortages*—Wyoming, like most rural areas, faces a serious workforce shortage, both overall and in the area of children's mental health. Workforce shortages and staff turnover have been persistent problems. Most providers are trained to work with adults and perhaps some adolescents, but are not adequately trained to work with children. Further, when small communities have economic downturns, professionals often move to larger communities with better opportunities.
- *Integration of behavioral health and primary health care*—Primary care physicians do most of the mental health treatment in Wyoming, but do not have sufficient training in children's psychiatric issues. One of the challenges that the national task force is working on is the blending of behavioral health care and primary care in rural areas where there often are few places to turn to for help.
- *Early identification*—Many rural and frontier areas lack resources

for early identification and struggle over how to identify or label the child in order to get appropriate services. An issue in Wyoming is the reluctance of a number of school districts to identify the child's true special need if it is an emotional disorder. However, if an emotional disorder is not identified, then mental health supports often are not considered. It is important to examine how children are labeled so that services can be provided, funding streams can be accessed, and the child's needs can be met—a real challenge in rural and frontier areas.

- *Access to appropriate services*—In rural and frontier areas, access to appropriate services is difficult. There are few resources for adequate evaluation of a child's needs, and, once needs have been identified, it is challenging to find appropriate services and qualified providers. For example, when the school finally agreed to provide counseling for Ms. Nikkel's son, the counselors at the mental health center in their community acknowledged that they were not equipped to provide services. The school then paid for the family to drive him 70 miles each way to see a therapist twice a week. They paid mileage to the family and contracted with a private provider in a larger town who could provide services for their son's fairly intensive needs. Child psychiatric services and specialized services typically are not available in rural and frontier communities. A participant noted that her family had to travel 80 miles just to find a mental health provider with any knowledge of bulimia, which was their child's problem.
- *Transportation*—Many families do not have transportation. If they do not have a vehicle, how do they get

to the treatment? Wyoming, for example, is the 9th largest state in land mass and yet the smallest in population, with a population of barely over 500,000 at the last census. Technically, there are more antelopes than people. There is no bus service from town to town, and, typically, there is limited taxi service. Though there are airports in some of the larger cities, planes do not fly from one town to another.

- *Custody relinquishment*—Families in rural areas too often are forced to relinquish custody to obtain needed services. Wyoming just approved a home and community based waiver for children's mental health in the last legislative session, which is a step towards helping families receive services without having to relinquish custody. It is intended for cases that are fairly extreme, in which children are at risk of going into a psychiatric hospital for care. The state is working to provide services to a family regardless of the cost and regardless of their ability to pay.
- *Lack of support services*—There are few support services in rural and frontier areas, such as respite, family training, family support, training for the youth, youth peer support, and others. Some of these will be addressed in Wyoming's Medicaid waiver, though not to the extent that families would like. The state's new system of care initiative will begin to put those support services in place at the community level.
- *Services to tribal communities*—There is substantial poverty and profound issues around behavioral health service delivery in Native American tribal communities. Wyoming's Native American population is an example.

- *Stigma*—Lack of understanding and a negative view of mental health disorders prevent many people in rural areas from seeking or accepting mental health assistance.

Amber Reagan, who is a family outreach specialist with UPLIFT and the youth coordinator of the system of care grant, highlighted the challenge of providing youth-guided services, a challenge that is not limited to rural areas.

- *Youth-guided care*—Parents and service providers make a lot of choices without youth input and involvement. Youth usually don't know what part they play in treatment. In treatment team meetings, youth are sitting right there, but service providers often talk at a level that youth do not understand. A significant concern is that youth typically do not learn

much about their disabilities or diagnoses; no one takes the time to teach them. A lot of this could be changed if youth understood what they were diagnosed with, how to treat it, or ways to cope with it. Further, youth typically do not know what services are available. UPLIFT has just started a teen group, where youth can come to learn about services and supports in their community and how to access them.

In addition, Reagan highlighted challenges related to lack of availability of services, lack of supports, large distances, and lack of transportation. In rural areas, youth often are released from residential facilities to communities that do not have mental health services or support services. Thus, they are released back into the communities they were taken away from without needed supports. Caseworkers and

mental health professionals may live 30, 40, 50 miles or more away from them. If they need to see a caseworker, they have to travel, which is difficult in rural and frontier areas, especially in the winter. As a result, youth may not see their caseworkers or mental health providers for three or four months.

Nikki Brown provided a youth perspective. Her personal experiences illustrated some of the challenges in rural areas. For example, she was unable to remain in her own community due to the lack of availability of foster homes and other services. There also were few therapists in the rural area where she lived, and she was forced to see a therapist who was not of her choice. Mentoring services, which were helpful in one community where she was placed, were not available when she returned to Wyoming.

Recommendations

Service Delivery

- *Provide psychiatric consultation to primary care providers*—In Massachusetts, a program was initiated to offer psychiatric consultation from the University of Massachusetts Medical School to primary care physicians and pediatricians. These doctors frequently prescribe psychiatric medications but do not have a lot of support. Consultation assists them in making diagnoses and in using medications appropriately. In rural areas, consultation to primary care providers is critical, since the availability of psychiatrists is limited.
- *Use technology to improve access to services*—Telemedicine is an approach that has a great deal of potential for serving rural and frontier communities. In Wyoming, a telemedicine project allows a community to access psychiatric services for mental health clients. A psychiatrist in Cheyenne is able to “see” clients via telemedicine, open up electronic records, prescribe medications, and conduct follow

up. Rural areas which don't have psychiatrists can reach out to universities, hospitals, and other resources through these vehicles. Telemedicine and interactive videoconferencing can increase access to psychiatrists and other mental health professionals for both service provision and consultation.

- *Provide transportation*—Increase the availability and financing of transportation services in rural areas. Provide vans to mental health agencies to facilitate transportation.
- *Organize family support groups*—In one community, a family support group meets monthly for families of youth receiving wraparound services, with transportation provided by staff or by arranging for families to pick up other families. The group, which has a facilitator, offers a variety of activities such as a barbecue, a swim day, or whatever the families decide. The group gives families the opportunity to talk to each other about what works and what doesn't work for them and to share ideas and strategies. It

Recommendations

also provides social activities for the children who had few social opportunities previously. State or community parks often are used at little or no cost.

- *Provide family and youth peer support*—Phone trees, email, and other strategies offer low-cost mechanisms for family-to-family and youth peer support in rural areas.
- *Use technology (internet, webcams, etc.) to connect youth and youth groups*—Schools in rural communities have had to develop technological solutions to provide youth with access to lab sciences and advanced courses that they need for college admission. Connections with university partners have been used for these purposes. These lessons can be applied to children’s mental health services in rural communities; the technology likely is available in universities and the like. Imagine the possibilities of connecting youth groups in different rural communities or different states with web cams and let them have sessions where they talk about their issues and how to deal with them.
- *Provide respite services*—Develop and maintain respite programs for youth and parents to increase availability of respite services in rural communities. One rural community has a “respite ranch.” This is a mom and pop organization, which is located on 30 acres and has animals, such as goats, chickens, and horses. Youth go there and help with chores for the afternoon and receive “animal therapy.”
- *Provide day treatment*—Day treatment, which is financed by Medicaid, provides training in daily living skills and social skills needed by youth to function successfully. It is provided in larger towns, and transportation is provided to bring youth from rural areas. Transportation is not a billable service, but is provided. Whereas many children have sports and other recreation, for some rural children with mental health issues, this is the only activity and socialization opportunity they may have.
- *Organize activities for youth*—A home-based program in one community holds a Talent Day that involves bringing a small group of adolescents together to present a skill or talent to the rest of the group in the morning. The afternoon is used to do an activity in the community which is used as a learning opportunity, for example, in using Mapquest for

directions, money management, and others. Transportation is provided for youth to and from the program by the home-based program staff members.

- *Build on systems and services that are already in place*—A strategy also for rural communities is to build on what is already in place. For example, working with school districts and courts to address service delivery challenges can be an effective strategy by increasing their capacity to recognize and respond to mental health challenges.

Financing

- *Provide financing mechanisms for transportation*—Transportation should be billable under Medicaid or through other financing streams.
- *Provide resources to assist uninsured and underinsured families*—Use grant funds and other resources to help working poor and uninsured families pay for treatment, deductibles, and co-payments so that they can access care.
- *Allow families to buy into Medicaid*—Allow the working poor to be eligible for or buy into the Medicaid program to access health and mental health care.

Policy and Advocacy

- *Involve key stakeholders in systems of care*—Identifying and involving the major stakeholders in small communities (the mayor, a doctor, or other individuals) is an effective approach for developing service delivery strategies and overcoming challenges. Working with the key community stakeholders as a small consortium is a strategy being used to begin to develop resources and creative solutions to service delivery challenges in rural communities.
- *Implement a public health approach to mental health services*—Systematic approaches that incorporate public health strategies are needed. There are fewer partners and partners may wear multiple “hats” in rural areas. Data and technical assistance is needed to help rural and frontier areas plan for universal, selected, and targeted services and supports that are across the full mental health continuum and that the whole community can understand and embrace.

Recommendations

- *Implement policies to prevent custody relinquishment to obtain services*—Historically, children with mental health issues in small rural areas have been sent to residential programs in larger cities, with many parents giving up custody to obtain treatment. Policies are needed to prohibit the need for custody relinquishment to obtain services.
- *Implement incentives for professionals to work in rural areas*—Incentives for mental health professional to provide services in rural and frontier communities should be created, including pay differentials, educational benefits, and others.
- *Conduct social marketing activities to address stigma*—Social marketing campaigns in rural areas involving local media should be used to address the stigma associated with mental health problems and treatment.
- *Advocate for mental health to be seen as part of health and for parity in insurance coverage*
- *Ensure that mental health is considered an integral part of health care and ensure parity in insurance coverage* of physical and mental health. Consider annual health check ups for all that include attention to both physical and mental health.
- *Encourage state governments to address the challenges in providing mental health services in rural and frontier communities.*
- *Use creative approaches to advocacy*—“Photovoice” is being started in Wyoming. It is an action research strategy in which the youth and family members are taught how to use cameras, and they are given cameras and asked to capture their lives in pictures. Groups of parents and youth meet at various intervals and decide how they want to tell their stories and which images they would like to use, both their individual and their collective story. Staff will help to put narratives to the stories. This process has been used internationally on a lot of different social issues, some of which are mental health related.

Training and Technical Assistance

- *Provide training to primary care providers on identifying and intervening for behavioral health disorders*—Participants discussed the lack of understanding among general practitioners and other primary care providers about mental health and substance abuse problems and the need for training to increase their skills.
- *Provide training and technical assistance to strengthen the capacity of schools to identify and respond to mental health issues among children and youth*—We know that schools are the de facto mental health providers and are already in place in all communities. An effective strategy is to strengthen schools and their ability to provide these services. For example, training in positive behavioral supports and strategies for handling mental health issues can be provided to teachers and other staff in rural school districts.
- *Train law enforcement*—Providing training to law enforcement agencies in rural areas, which often come into contact with youth in crises. Such training helps officers to become more familiar with children’s mental health problems and to respond more appropriately. Law enforcement personnel should be trained in children’s mental health issues and appropriate crisis intervention techniques.
- *Use technology for training and technical assistance*—Technology such as videoconferencing, webinars, and others can be used to connect people for purposes including training, consultation, and service provision.
- *Provide training and technical assistance on the wraparound approach*—Training, technical assistance, and ongoing consultation and support to implement the wraparound process should be provided in rural and frontier communities.
- *Train courts and judges about children’s mental health issues*—Educate the judicial system and judges about mental health issues among children and adolescents and treatment needs. Accompanying youth to court and working with judges is a strategy that has helped improve awareness of mental health issues in rural

Recommendations

communities. Judges become more familiar with mental health issues and start to better recognize and respond to behavioral health treatment needs. The creation of drug courts and mental health courts (strategies that have been applied to adults) may prove effective, as well as the concept of a family court that has one judge for all of the issues concerning one family.

- *Train families on how to become involved*—An organization called PEP (Parent Educating Parents) is funded by a federal grant and initially focused on helping parents address school problems for youth with special needs. Recently in Nevada, the group has been going into rural communities and training parents on how to become more involved.
- *Train local people as first responders*—Train and use local community resources as “first responders.”

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