Expanding Care in Rural Communities through CCBHCs

Renee Boak, MPH
Stephanie Woodard, PsyD

CCBHC S-TAC
CCBHC State Technical Assistance Center

This presentation was made possible through funding 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).

Contract Number: ***75S20322D00024/75S20323F42001***

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.*

Today's Agenda

- Welcome & Introductions
- Current Realities of Rural Health Care
- CCBHCs Community Needs Assessment and Rural Considerations
- How States Can Support Rural CCBHCs
- Q&A and Closing

Webinar Objectives

By the end of this session, participants will be able to:

- Understand the current realities of health care in rural settings.
- Identify and describe the role of the community needs assessment in supporting rural CCBHCs through areas of state discretion.
- Gather ideas and opportunities for states to improve supports for rural CCBHCs.

Today's Presenters

Renee Boak
Lead Consultant and Subject Matter Expert
National Council for Mental Wellbeing

Stephanie Woodard
Senior Behavioral Health Advisor
National Association of State Mental Health Program Directors

Current Realities of Rural Health Care

Realities of Rural Health Care

Rural communities face a unique set of challenges not seen in urban communities including challenges with transportation, internet and wireless communication infrastructure, geographic/time and distance to provider, and workforce shortages.

- The mental health workforce is one of the fastest growing in the country, however, mental health professional shortages are greatest in rural and low-income areas; these provider shortages may result in long waitlists.
- 65% of rural areas do not have a psychiatrist, and 47% do not have a psychologist.
- Inadequate reimbursement rates for mental health services, especially under Medicaid, create barriers to recruiting and retaining providers in rural areas where Medicaid enrollment rates are higher than in urban areas.

Sources:
Rural Health Information Hub. (2024, November 8). *Healthcare access in rural communities*. https://www.ruralhealthinfo.org/topics/healthcare-access
Rural Health Information Hub. (2024, May 15). *Challenges and opportunities for mental health services in rural areas*. https://www.ruralhealthinfo.org/toolkits/mental-health/1/barriers
Andrilla, C.H.A., Patterson, D.G., Garberson, L.A., Coulthard, C., and Larson, E. H. (2018, June). Geographic variation in the supply of selected behavioral health providers. *American Journal of Preventive Medicine, 54*(6), S199-S207. https://www.ajpmonline.org/article/S0749-3797(18)30005-9/fulltext

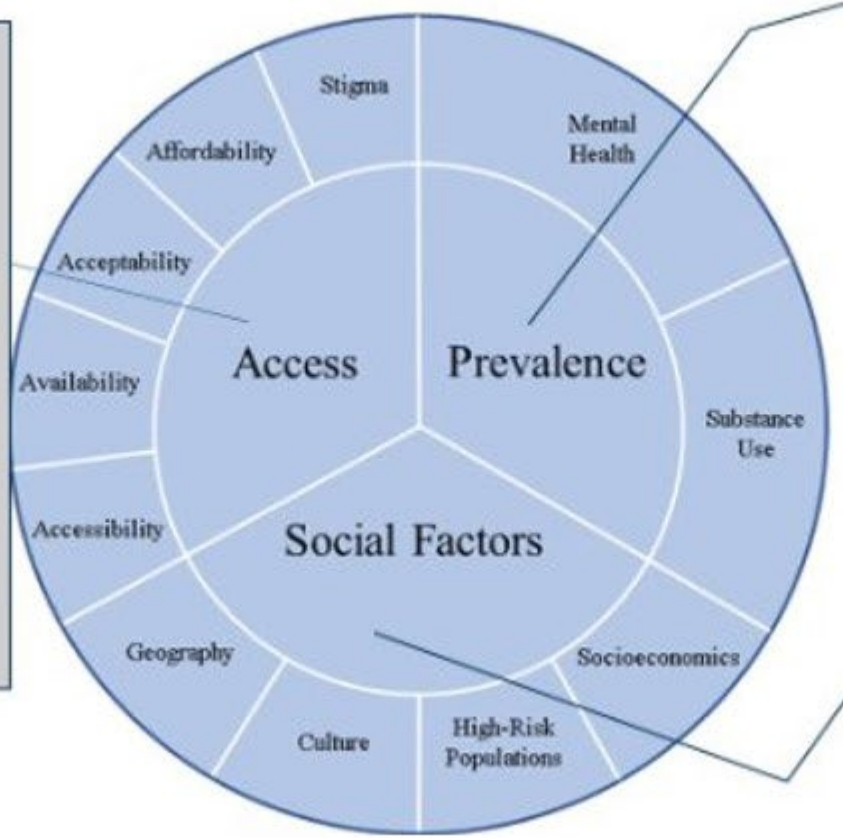
Health Professional Shortage Areas

Non-Metro Health Professional Shortage Areas-Primary Care, by county

Non-Metro Health Professional Shortage Areas-Mental Health, by county

Figure 1: The Context for Understanding Rural Mental Health and Substance Use

- Less access to providers
- Limited availability of specialty providers
- Lack of trained mental health providers and care coordination
- Underutilization of available services
- Higher % public insurance or underinsured
- Reimbursement rates
- Stigma



- Higher risk of suicides
- Higher rates of alcohol use among 12 - 20-year-olds
- More likely to engage in risky behavior
- Growing need for MH/SU services
- Higher rates of opioid-related deaths

- Stigma
- Privacy concerns
- Higher proportion of families living below poverty level
- High rates of unemployment
- Higher sense of isolation and hopelessness
- Lower education rates

Rural Policy Research Institute
Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020)
Richman, L., Pearson, J., Beasley, C., & Stanifer, J. (2019)

Mobile Crisis in Rural Communities

- CCBHCs are required to provide 24-hour crisis response, including but not limited to mobile crisis teams, emergency crisis intervention services, and crisis stabilization. CCBHCs currently manage their own crisis hotlines – as of January 2021, every CCBHC either operates their own local crisis hotline themselves or refers individuals to a crisis hotline within the community, such as NSPL.
  - If a state, through legislation or executive action, establishes CCBHC as a provider type within their state Medicaid program and requires CCBHCs to coordinate with or participate in the 988-lifeline network, certain allowable costs (as outlined in CMS guidance) could be funded through federal dollars with the 85% enhanced match for mobile crisis response.

Examples of Mobile Rural Crisis Program

- In 2022, the Richmond Fire Department in Richmond, Indiana launched a mobile integrated health (MIH) program. The MIH team collaborates with law enforcement, firefighters, EMS, or other first responders in crisis response efforts. After a crisis, the MIH team follows up with the individual in need to connect them to community resources or treatment services. The MIH team also conducts outreach to provide resources to those in need.

- South Dakota's Virtual Crisis Care program aims to enhance collaboration between law enforcement and behavioral health professionals during a mental health crisis using virtual technology. When responding to a mental health crisis, law enforcement officers can provide the individual in crisis with a tablet to perform a video session with a crisis response team. The crisis response team then performs a safety assessment and offers follow-up recommendations to the person in need.

- In 2021, the Alabama Department of Health expanded the Alabama Crisis System of Care to include Mobile Crisis Teams (MCTs). The goal of this expansion was to improve access to crisis care for residents in rural Alabama and reduce the burden on emergency departments and law enforcement. The MCTs provide a variety of crisis response services including de-escalation, assessment, medical services coordination, counseling, and peer support.

https://www.ruralhealthinfo.org/toolkits/mental-health/2/access/crisis-response/mobile-teams

Strategies For CCBHCs to Address Mobile Crisis in Rural Communities

- To reduce the number of detained individuals with serious mental illnesses, rural CCBHCs should consider training law enforcement and jail staff in engaging, assessing, and assisting individuals experiencing a mental crisis.
- Rural CCBHCs should consider training and certifying peer support specialists, community health workers, clergy, and other community members to become crisis responders or part of a mobile crisis team.
- Crisis receiving and stabilization facilities are critical components of a crisis response system.
- Rural CCBHCs should consider equipping mobile crisis team members with internet-connected technology to connect individuals in crisis with telehealth capabilities.

Impacts of Age in Rural Areas

Children and Adolescents

- Reported rates of mental health issues are comparable for rural and metropolitan residents, however, rural children from small communities are more likely to have mental, behavioral, and developmental disorders than children living in cities and suburbs.
- Rural communities experience significant shortages of trained mental health specialists able to provide quality care to children and adolescents in need.

Older Adults

- The overall gap in suicide rates between urban and rural areas has grown steadily since about 1999 and rural suicide rates are currently almost double those of metropolitan areas for both males and females.
- Older rural adults, especially men, are also among those at highest risk for suicide. There are more veterans in rural areas, with more than 25% of all veterans living in rural places, and older veterans who die by suicide are more likely to live in rural areas compared to their younger counterparts.

Source: Morales, D.A., Barksdale, C.L., Beckel-Mitchener, A.C. (2020, May 4). A call to action to address rural mental health disparities. *J Clin Transl Sci, 4*(5), 463-467. doi: 10.1017/cts.2020.42.

How CCBHCs are Impacting Rural Communities

- CCBHCs are leveraging the strengths of the model to address the stark lack of access in rural communities, including through:
  - ***Workforce expansion***: While approximately 25% of all CCBHCs are rural, new positions at those clinics account for nearly 30% of staff roles created by all CCBHCs
  - ***Service expansion***: CCBHCs in rural areas are also more likely to add mobile crisis teams compared to their nonrural counterparts (37% vs. 26%)
  - ***Eliminating access challenges***: 83% of CCBHCs have begun delivering services on-site in schools, colleges or childcare settings or implementing mobile CCBHC units that travel throughout a community to support people where they are

Source: National Council for Mental Wellbeing. (2024, June). *2024 CCBHC impact report*. https://www.thenationalcouncil.org/resources/2024-ccbhc-impact-report/

Rural CCBHCs: Community Needs Assessment and Rural Considerations for Areas of State Discretion

The Community Needs Assessment is the Foundation of the CCBHC Model

CCBHCs are required to provide a comprehensive range of outreach, screening, assessment, treatment, care coordination and recovery supports based on a community needs assessment specific to their service area.

CCBHCs are required to serve all individuals across the lifespan in need of behavioral health services in their geographic area and are expected to focus their efforts on specific groups in need, as identified by the community needs assessment.

Source: Substance Abuse and Mental Health Services Administration. (2023, March). *Certified Community Behavioral Health Clinic (CCBHC) certification criteria*. https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf

Community Needs Assessment: Clinic

Community Needs Assessments	Clinic Readiness Assessments
• What's working well in the CCBHCs service area that could be improved? What funding or other resources are needed to support or expand what is working well in rural communities? • What community-specific services are lacking in the service area? How are rural communities defining populations and addressing needs of all?	• How prepared are the clinic and its partners to meet the CCBHC criteria? Are there gaps in the community around required services and how can this be addressed? • What resources and upskilling are needed for the clinic to achieve readiness? How can partnerships be leveraged to meet requirements and/or expand capacity in rural communities?

Community Needs Assessment: State

Aggregated Community Needs Assessment

- What is the demographic makeup of the state? What are the demographics of rural communities?
- What's working well in the current behavioral health system in the state and where are rural providers challenged?
- Where are the gaps in services and needs in the behavioral health system in the state? How are rural communities experiencing workforce challenges?

State Preparedness Assessment

- Outside of behavioral health and Medicaid, are all state divisions aligned on CCBHC efforts?
- What additional criteria should be required or allowed from assessments? How will rural communities be represented?

Assessing Rural Community Needs with Data

Health Outcomes		
Length of Life	**Nevada**	**United States**
Premature Death	8,300	8,000
Quality of Life	**Nevada**	**United States**
Poor or Fair Health	18%	14%
Poor Physical health Days	4.1	3.5
Poor Mental Health Days	5.5	4.8
Low Birthweight	9%	8%

2024 Health Outcomes - Nevada

Health Factors		
Health Behaviors	Nevada	United States
Adult Smoking	15%	15%
Adult Obesity	32%	34%
Food Environment Index	6.8	7.7
Physical Inactivity	23%	23%
Access to Exercise Opportunities	91%	84%
Excessive Drinking	15%	18%

Source: County Health Rankings and Roadmaps. (2024). *Nevada*. https://www.countyhealthrankings.org/health-data/nevada?year=2024

Areas of State Discretion: Staffing

- If physicians are unavailable as medical directors, states may approve the CCBHC's approach to fill these positions, to ensure compliance with state laws on the prescription and management of medications.
- Certifying states should specify which staff disciplines they will require as part of certification and should consider workforce and challenges specific to rural CCBHCs.

Source: Substance Abuse and Mental Health Services Administration. (n.d.). *Community Behavioral Health Clinics (CCBHCs) areas of state discretion in the CCBHC criteria.* https://www.samhsa.gov/sites/default/files/ccbhc-state-discretion-guidance.pdf

Areas of State Discretion: Care Coordination

- States are encouraged to find ways to incentivize inpatient treatment facilities to partner with CCBHCs to establish protocols and procedures for transitioning individuals, including real time notification of discharge and record transfers. Time, distance, and technological capabilities (for real time notification) for rural CCBHCs should be considered when creating incentives to support care coordination and hospital discharge.
- Certifying states may require CCBHCs to establish additional partnerships; states should consider the impact that this may have on rural CCBHCs, particularly if a required partner is not available in the community (or nearby).

Source: Substance Abuse and Mental Health Services Administration. (n.d.). *Community Behavioral Health Clinics (CCBHCs) areas of state discretion in the CCBHC criteria.* https://www.samhsa.gov/sites/default/files/ccbhc-state-discretion-guidance.pdf

Areas of State Discretion: Scope of Services

- States may decide what level of licensed Behavioral Health professional will conduct consumer evaluations; understanding the workforce and how rural CCBHCs are conducting evaluations should be considered.
- States should specify other aspects of treatment planning they will require based upon the needs of the community served and reflect the needs of rural CCBHCs.
  - Treatment planning components may include: Prevention, community inclusion and support, involvement of family/caregiver and other supports, recovery planning, and the need for specific services required by federal CCBHC criteria.
- Certifying states should specify which evidence-based and other psychiatric rehabilitation services they will require based upon the needs of the community; states should consider fidelity and training requirements for rural CCBHCs

Source: Substance Abuse and Mental Health Services Administration. (n.d.). *Community Behavioral Health Clinics (CCBHCs) areas of state discretion in the CCBHC criteria.* https://www.samhsa.gov/sites/default/files/ccbhc-state-discretion-guidance.pdf

Areas of State Discretion: Organizational Authority, Governance, and Accreditation

- States must approve any alternate approach (ex: advisory board that reports to board of directors) that a CCBHC proposes to use, to ensure meaningful participation by consumers, persons in recovery, and family members.
  - Rural CCBHCs may benefit from the additional flexibility provided through an advisory board option.

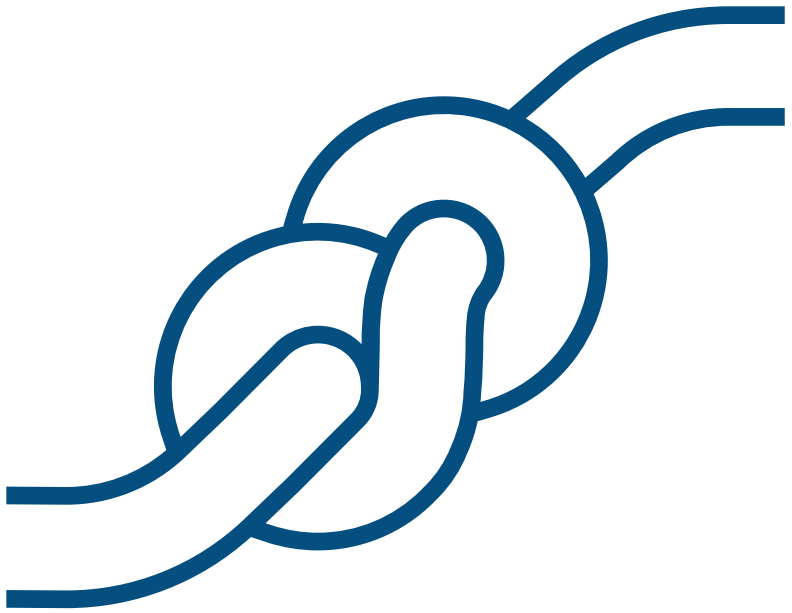
Source: Substance Abuse and Mental Health Services Administration. (n.d.). *Community Behavioral Health Clinics (CCBHCs) areas of state discretion in the CCBHC criteria.* https://www.samhsa.gov/sites/default/files/ccbhc-state-discretion-guidance.pdf

How States can Support Rural CCBHCs

How States can Support Rural CCBHCs

- Solicit feedback from providers/communities across the state to inform the state certification criteria and inquire how delivery of evidence-based practices or staffing requirements may impact rural providers.
- Support partnerships and facilitate connections that support CCBHCs in meeting requirements (ex: FQHCs, law enforcement and criminal justice, tribal health, school-based health centers, community specific services, colleges and universities).
- Consider how statewide metrics may be challenging for rural CCBHCs to achieve; how can the state support data collection and sharing of results?
- Work with CCBHCs on workforce initiatives that are specific to rural efforts.
- Create opportunities where rural CCBHCs can connect with and support each other!

Resources



- CCBHC Revised Criteria (March 2023)
- CCBHC Needs Assessment Toolkit
  - List of Data Sources
- CCBHC Partnerships Toolkit
- What is a CCBHC?
- Rural Health Information Hub (RHIhub)
- CCBHC: Areas of State Discretion
- How to Successfully Implement a Mobile Crisis Team

How did we do?

Please answer a few questions to let us know how we did and what we can do to support you in future sessions.

CCBHC S-TAC

CCBHC State Technical Assistance Center

Request Technical Assistance

Email CCBHC@TheNationalCouncil.org

Resources

The CCBHC State Technical Assistance Center is here to provides accessible, timely and evidence-based technical assistance designed to meet the needs of all states implementing the CCBHC model, as well as individualized consultation to support the needs of specific states. Please request technical assistance by clicking “Request TA” above.

CCBHC S-TAC

CCBHC State Technical Assistance Center