USDA Mental Health Awareness Month Workshop Series
Co-hosted with the National Association of County Behavioral Health and Developmental Disability Directors

Rural Mental Health Matters: Challenges, Opportunities & Resources for Communities

Join us for a conversation focused on resources and tools for rural and frontier communities to thrive through creative problem-solving with perspectives rooted in rural services, behavioral health, and technology.

Tuesday 5/23 | 2:00 -3:30 PM EDT
Housekeeping

1. **Unmute**
   Attendees are in listen only mode

2. **Start Video**
   Not available to attendees for this session

3. **Participants**
   A list of attendees in the session

4. **Chat**
   Attendees may chat with hosts only

5. **Share Screen**
   Not available to attendees for this session

6. **Record**
   We are recording today’s session

7. **Live Transcript**
   Click to view auto-generated captions

8. **Reactions**
   Non-verbal reactions for presenters

9. **Leave**
   Leave the session

*These functions may be enabled by the host, if necessary*
<table>
<thead>
<tr>
<th>Agenda</th>
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</thead>
</table>
| **Opening Remarks** | • Kellie Kubena, USDA Rural Health Liaison  
• Jonah C. Cunningham, President & CEO, National Association of County Behavioral Health and Developmental Disability Directors and Executive Director, National Association for Rural Mental Health  
• Joaquin Altoro, Administrator Rural Development Rural Housing Service |
| **Center for Rural Behavioral Health at Minnesota State University at Mankato** | • Paul Force-Emery Mackie, PhD, LISW- Distinguished Faculty Scholar, Professor, & Assistant Director |
| **USDA Rural Development** | • Kellie Kubena- USDA Rural Health Liaison |
| **Netsmart** | • Neal Tilghman, MPA- General Manager |
| **Center for Rural Behavioral Health at Minnesota State University at Mankato** | • Thad Shunkwiler, LMFT, LPCC, ACS, CCMHC- Associate Professor & Director |
| **Discussion** | • Moderated by Jonah C. Cunningham, President & CEO NACBHDD and Executive Director NARMH |
| **Closing Remarks** | • Samantha Joseph, Director, USDA Center for Faith-Based & Neighborhood Partnerships |
Joaquin Altoro
Administrator
Rural Housing Service
Rural Development
US Department of Agriculture
Paul Force-Emery Mackie, PhD, LISW
Distinguished Faculty Scholar, Professor and Assistant Director,
Center for Rural Behavioral Health at Minnesota State University at Mankato
Challenges Associated with Rural Behavioral Health in the United States

• Approximately one-fifth (19.3%) of the US population lives in rural.

• Among those in rural, about 8.6 million currently experience mental illness.

• Reported that 5.1% of non-metropolitan residents report serious thoughts of suicide in past year.

• Rural single males without children show some of the highest rates of depression when compared to urban counterparts.

• Prevalence of serious mental illness/psychiatric disorders similar between rural and urban areas.

• Those living in rural areas receive treatment less frequently compared to urban.

• Those who do receive treatment (rural) are often cared for by providers with less specialized training/expertise – often by Primary Care Physicians/others in health care services (65% of rural residents receiving MH care receive from PCPs).

Challenges Associated with Rural Behavioral Health in the United States

• Services that are available are often geographically distant, thus creating a distance barrier to receiving care.

• Over 60% of rural residents live in mental health professional shortage areas.

• More than 90% of all psychologists and psychiatrists and over 80% of MSWs work exclusively in metropolitan areas.

• Access to high-speed technology necessary to facilitate care delivery via the internet is typically much slower in rural, and often not available.

Rural and Urban Substance Use Rates (ages 12 and older, unless noted)

<table>
<thead>
<tr>
<th>Substance</th>
<th>Non-metro</th>
<th>Small metro</th>
<th>Large metro</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol use by youths aged 12-20</td>
<td>29.8%</td>
<td>28.5%</td>
<td>28.1%</td>
</tr>
<tr>
<td>Binge alcohol use by youths aged 12 to 20 (in the past month)</td>
<td>7.7%</td>
<td>9.1%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Cigarette smoking</td>
<td>26.7%</td>
<td>20.0%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Smokeless tobacco use</td>
<td>7.1%</td>
<td>4.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>15.7%</td>
<td>19.4%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Illicit drug use</td>
<td>18.4%</td>
<td>22.4%</td>
<td>22.5%</td>
</tr>
<tr>
<td>Misuse of Opioids</td>
<td>3.2%</td>
<td>3.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.2%</td>
<td>1.7%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>2.3%</td>
<td>2.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>1.5%</td>
<td>0.9%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2021 National Survey on Drug Use and Health: Detailed Tables
The “4 A’s” of Rural Behavioral Health

- **Accessibility** – Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and providers are less likely to recognize a mental illness.

- **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to practice in urban centers.

- **Affordability** – Many rural residents may not be able to afford the cost of health insurance or the cost of out-of-pocket care, especially when they lack health insurance.

- **Acceptability** – Rural residents may be more susceptible to the stigma of needing or receiving mental healthcare in small communities where familiarity and fewer choices of trained professionals can lead to a lack of faith in confidentiality, as well as a reliance on the informal care of family members, friends, and religious leaders.

Summary: Yes, We Have a Lot of Work to Do

• The prevalence of mental illness in rural is significant.

• Rural areas continue to struggle to gain access to behavioral health services.

• Rural areas typically show similar but often higher rates of alcohol & other drug use and misuse.

• There is a chronic lack of behavioral health providers in rural areas.
Kellie Kubena
USDA Rural Health Liaison
Rural Development Innovation Center
United States Department of Agriculture
USDA – Who we are
USDA Rural Development

Open Funding Announcements
Under the Biden Harris Administration and Secretary Vilsack’s leadership, Rural Development is focused on advancing the following key priorities:

• Addressing Climate Change and Environmental Justice

• Advancing Racial Justice, Place-Based Equity, and Opportunity

• Creating More and Better Market Opportunities
Rural Health Liaison

- 2018 Farm Bill created USDA Rural Health Liaison to
  - Coordinate across USDA, with Dept of Health and Human Services (HHS), and other partners to promote rural health
  - Share information and data related to USDA programs with customers and rural health information with USDA programs and partners

- Mental Health Events
  - NIFA/FSA/RD/HHS Behavioral Health Conference
  - Upcoming events for Mental Health Month

- Rural Data Gateway
- Keep up to date with the Rural Health GovDelivery list
- Reach out with questions or ideas to Kellie (kellie.kubena@usda.gov) or to rural health email: rural.health@usda.gov
Rural Partners Network

**Cohort One States:**
Georgia, Kentucky, New Mexico, Mississippi and Three Tribes in Arizona

**Cohort Two States and Territory:**
Alaska, Nevada, North Carolina, Puerto Rico, Wisconsin, and West Virginia.
Access to Care & Workforce Efficiency

The Role of Technology
Why All the Buzz around AI/ML/RPA?

- The high-level use case for AI in healthcare is in helping to make sense of the huge amount of messy, unstructured data that’s available for capture and analysis.

- Data can take the form of medical image data, progress notes, claims data, population and social data, information on the spread of communicable diseases like covid, genomic data, and even handwritten notes.
The right technology optimizes workforce improving Access to Care

Beyond the EHR
- Patient Engagement
- Analytics
- Workforce Management

Automation
- Artificial Intelligence/Machine Learning
- Robotic Processes Automation

Intuitive UX
- Extreme Usability
Workforce Management

Technologies to support staff optimization, engage teams, increase productivity and drive outcomes

- Mobile Caregiver+™
  Electronic visit verification
- CareRouter™
  Mobile dispatch
  Mobile crisis
- Capacity Management
- Shift Bidding
- Route Optimization
Data science and analytics capabilities

Making Understanding Simple

- Identify most impactful opportunities for driving change and closing gaps
- Predictive models driven by multi-model data to generate insights and inform decisions
- Personalized recommendations
- Enhancing the clinical decision-making process
- Monitor and measure performance
- Improving patient outcomes
Case Study: AI & NLP
Less Paperwork, More Client Care
Reducing Documentation

**BIRP Note**

**Behavior**
Lisa presented at the crisis short term group home with an acceptable appearance as she had odorless clothes on. Her mood was positive and behavior was cooperative. She was alert with a logical thought process.

**Intervention**
Staff observed Lisa as she completed her household responsibilities independently. Staff engaged with Lisa to gain insight into her overall mood. Staff discussed with client how her day was to maintain rapport. Staff observed client working on her medication goals by utilizing her coping skills to manage MHS symptoms. I transported the client to her doctor’s appointment.

**Response**
Lisa was observed working on her daily living with minimal assistance. She was polite and manager. Lisa continues to state and discuss country and Oregon is this state. That is all observed watching a show.

**Plan**
Staff will remain available to provide support to Lisa while she continues to work on her goal of identifying and using coping skills to manage her MHS symptoms while maintaining ADLs. I noticed the TX plan is almost due so I messaged the CM Jill Jones. I helped Lisa schedule her next medication appointment.

**Recommendation**

- **Transferred to Accompanied**

  Transferred is not a billable service. Please document services provided while in the vehicle.
Case Study:
Robotic Process Automation
What is RPA (Robotic Process Automation)?

“Put simply, the role of RPA is to automate repetitive tasks that were previously handled by humans. The software is programmed to do repetitive tasks across applications and systems. The software is taught a workflow with multiple steps and applications.”

- Antony Edwards, COO, Eggplant

Goals

- Reduce repetitive/duplicative tasks
- **Free up staff for tasks that require Human interaction/decision making**
- Reduce error in Data Entry
- Schedule tasks
Measuring Success

**OPTIMIZED REVENUE**

-10%  days in accounts receivable

-10%  number of denied claims

1-2   days cut off payer reimbursement cycle

+11%  average claims per direct service provider

1.5   days faster reimbursement submission

**OPERATIONAL EFFICIENCIES**

-40%  time spent on clinical documentation

6     more clients helped per week per Staff

6     more notes a month per direct service provider

+67%  note writing speed

-20%  time spent on billing

+56%  time gained from session to sign

-10%  time spent on scheduling

-70%  cut from clinician travel time
Thad Shunkwiler, LMFT, LPCC, ACS, CCMHC
Associate Professor and Director
Center for Rural Behavioral Health at Minnesota State University at Mankato
Opportunities in a sea of challenges
Strength of Rural Communities
The Impact in Rural Minnesota

Martin county, and every adjoining county qualifies as a Federally Designated- “High Needs” Mental Health Professional Shortage Area (HPSA).

Top pork producing county in the state and 6th in the nation.- (MN Ag Mag)
The Center for Rural Behavioral Health is dedicated to improving access to behavioral healthcare for residents in outstate Minnesota to include recognized Reservations through research, workforce development, and customized training.
Center Objectives

• Solution Orientated Research

• Workforce Development

• Customized Training
Innovative Solutions Through Partnerships

Higher Education

Government

Private Corporations

MN PORK BOARD

MINNESOTA STATE UNIVERSITY

HRSA

DEPARTMENT OF HEALTH

MAYO CLINIC
The Future of Rural Behavioral Health
Discussion and Questions
USDA Mental Health Awareness Month Workshop Series

Breaking the Stigma

Join us for a conversation focused on sustainable livelihoods and mental health, farm stress and suicide prevention, and community health and wellbeing

Tuesdays 5/9-6/6 | 2:00-3:30 PM EDT

REGISTER

CONTACT: center@usda.gov