

Accessibility Strategies and Crisis Response for Rural Areas

Wednesday, October 4th



M-TAC









CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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M-TAC

**Medi-Cal Mobile Crisis
Training
and Technical
Assistance Center**

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Chat

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Conflict of Interest Disclosures

Avery Belyeu has certified that she has no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Jennifer Hodgson has certified that she has no relevant relationships with any commercial or nonprofit organizations that represent a conflict of interest.

Mobile Crisis Services

- » *Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including through de-escalation and stabilization techniques; reduce the immediate risk of danger and subsequent harm; and avoid unnecessary emergency department care, psychiatric inpatient hospitalizations and law enforcement involvement.*



A New Direction for Mobile Crisis Services

- » Change mobile crisis services so that the response is more resolution-focused and works to provide relief to people in crisis in the community.
- » Support people in crisis where they are, while using the least restrictive means necessary.

A New Direction for Mobile Crisis Services



» Mobile crisis services should be:

- Person-centered
- Trauma-informed
- Equity-driven
- Brief intervention: de-escalation and resolution focused
- Working from a lens of least restrictive interventions
- Culturally responsive, linguistically appropriate, and accessible

Welcome and Introductions



Today's Presenters



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Principal

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Introductions

In the chat box, we invite you to share your:

- » Name
- » Role
- » Organization
- » One thing you're hoping to learn today

Agenda

- » Introductions
- » Definition of Rural Areas according to BHIN 23-025
- » Understanding Strengths and Challenges in Rural Communities
- » Substance Use Disorder in Rural Communities
- » Crisis Response in Rural Areas
 - Timeliness Standards
 - Workforce Recruitment and Retention
 - Telehealth
 - Safety Concerns
- » Community Engagement in Rural Areas
- » Summary
- » Questions and Discussion

Learning Objectives

Participants will:

- » Define “rural area” as described in BHIN [23-025](#)
- » Describe behavioral health challenges unique to rural areas
- » Describe potential accessibility challenges for rural communities
- » Summarize key strengths and challenges related to mobile crisis services in rural areas
- » Explain and apply potential solutions to accessibility challenges including timeliness, workforce recruitment and retention, the use of telehealth, and team safety concerns
- » Describe resources for ongoing learning regarding behavioral health in rural settings



What is a “Rural Area?”

- » According to the BHIN 23-025 (page 19), the Alternative Access Standards for Medi-Cal Managed Care Health Plans, “rural” is defined as areas with less than 50 people per square mile. This includes 21 counties:
- » Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Tuolumne, Trinity

Strengths and Challenges Unique to Rural Areas

Strengths of Rural Communities

- » Close knit (social bonds, community interconnectedness, and civic engagement)
- » Self-sufficient
- » Independent
- » Autonomous
- » Resilient

Oct 22, 2022

MENTAL HEALTH

Mental health crisis teams aren't just for cities anymore

Programs to send mental health professionals instead of police to answer crisis calls are harder to set up in rural areas. But agencies across the country are making it work.

General Challenges Facing Crisis Response and Behavioral Health and Substance Use Treatment in Rural Areas

- » Fear of stigma
- » Lack of anonymity when seeking care
- » Shortages of mental health care providers
- » Lack of culturally competent care
- » Transportation challenges
- » Geography/distance

For Discussion

- » Which of these strengths and challenges are most relevant to your community?
- » What strengths and challenges would you add?

Please place your responses in the chat.



Factors Impacting Mental Health and Substance Misuse in Rural Areas

Mental Health And Substance Misuse in Rural Areas

- » Lack of resources, poverty, and limited educational opportunities are risk factors.
- » Higher rates of death by suicide in comparison to the general population, and untreated mental health conditions are risk factors for suicide.
- » Mental health conditions can also be heritable, so areas with fewer families may be at higher risk for suicide clusters.
- » Rural communities have a higher percentage of the population over 65. Some stress factors are more common in older individuals (e.g., changes in health, loss of a spouse or partner, decreased independence) and older adults may be at higher risk for mental health conditions.
- » Social isolation is a risk factor contributing to mental health problems.

Access to Mental Health and Substance Use Care in Rural Areas

- » Over 60% of rural Americans live in designated mental health provider shortage areas¹.
- » Rural residents have less access to a full continuum of care and resources.²
- » Individuals in reservation areas had significantly lower odds of reporting getting all needed care.³
- » As many as 65% of nonmetropolitan counties do not have psychiatrists⁴

For Discussion

- » What **additional challenges** meeting mental health and substance use needs in rural areas stand out to you?
- » Which do you feel **impacts** the meeting of mental health and substance use needs of rural areas the most?

Please place your responses in the chat.



Crisis Response in Rural Areas

Challenges and Solutions

Timeliness Standards

- » BHIN 23-025 (page 19) provides the following:
- » Mobile crisis teams shall arrive at the community-based location where a crisis occurs in a timely manner. Specifically, mobile crisis teams shall arrive:
 - Within 60 minutes of the beneficiary being determined to require mobile crisis services in urban areas; and
 - Within 120 minutes of the beneficiary being determined to require mobile crisis services in rural areas.
- » Timeliness standards are not included in network adequacy requirements or certification. DHCS will provide ongoing technical assistance to Medi-Cal behavioral health delivery systems to review response times and adjust timeliness standards, as needed.

Timeliness Standards: Examples

- » Arizona's mobile crisis teams respond to a call in an average of 30–40 minutes anywhere in the state, including in rural areas.
 - **INNOVATION:** Mobile crisis teams are enabled with live GPS tracking and coordination so that the nearest available mobile crisis team is dispatched to a person in crisis across city and county lines.
- » Utilize telehealth to provide support during wait times for those in more rural locations.

Workforce Recruitment and Retention: Challenges

- » Identification and recruitment
- » Retention of staff for overnight shifts
- » Issues of privacy and anonymity
- » What other challenges have you identified? Please place your answers in the chat

Workforce Recruitment and Retention: Solutions

- » Financial Strategies:
 - Bonuses
 - Loan Repayments
- » A Different Approach to Shifts:
 - Rural areas may have more success with 24- or 48-hour shifts
 - This staffing pattern may improve safety, critical decision making, and rapport building with both teams and beneficiaries
 - This staffing pattern can also support work/life balance and improve recruitment and retention efforts
- » Hire remote/telehealth only staff

Sources:

- Washington State Healthcare Authority Mobile Crisis Response Program Guide <https://www.hca.wa.gov/assets/program/mobile-crisis-response-program-guide.pdf>
- https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/The-Future-of-Rural-Behavioral-Health_Feb-2015.pdf

Workforce Recruitment and Retention: Solutions

- » Leverage Community Partnerships:
 - Because rural areas often lack enough licensed clinicians, the use of peers, first responders, and community health workers for mobile crisis teams is a critical staffing strategy.

Telehealth: Challenges

- » Technology and access to cell service and internet broadband
- » Privacy for the individual in crisis
- » What other challenges do you experience while utilizing telehealth in rural locations? Please place your answers in the chat

Telehealth: Solutions

- » Telehealth equipped mobile units
- » Partnerships with local community centers, nonprofit organizations, and relationships with restaurants and café owners to provide safe meeting locations with reliable access to Wi-Fi

Safety: Challenges

- » Isolated location of onsite visits
- » Lack of cell service
- » Wilderness Challenges:
 - Lack of lighting, access to electricity, vulnerability to weather events
 - Wildlife
- » What other safety challenges do you experience? Please place your answers in the chat?

Safety: Solutions

- » Training regarding common safety scenarios with group agreements and protocols.
- » Greater use of peer supports and community health workers who are familiar with the rural community culture and who may be able to coordinate with community partners to address some safety concerns.
- » Working with local community centers and business owners to establish centralized meeting places.
- » Have teams carry dog treats in the event they run into dogs who may appear aggressive.

Safety: Solutions

» Equipping teams for wilderness conditions:

- Equipment to travel through snow or mud
- Spare battery charging bank and a cellphone that has emergency satellite connectivity
- Vehicles should be required to have all-wheel drive and have snow chains accessible when needed
- Consider investing in a snowmobile depending on weather conditions in your location
- Equip teams with survival gear, flashlight, and radios for communication

Safety: Solutions

- » Strategic partnership with law enforcement:
- » When a mobile crisis team is dispatched, it is considered a national best practice for the team to respond without law enforcement accompaniment (25 CMS, 25 SHO #21-008, Dec. 28, 2021), unless special safety concerns warrant inclusion. It is also a requirement of California [BHIN 23-025](#) that counties **not** include law enforcement as a standard part of their mobile crisis response. Nationally and in California, it is recognized that when not required for safety reasons, law enforcement involvement in a behavioral health crisis can lead to an increase in unnecessary arrests and incarceration of beneficiaries.
- » While law enforcement officers may accompany a mobile crisis team when necessary for safety reasons, they shall not qualify as a member of the mobile crisis team for purposes of meeting Mobile Crisis Team Requirements. Similarly, Crisis Intervention Teams (CIT), which include specially trained law enforcement officers who have undergone designated CIT training may not provide or be reimbursed for mobile crisis services, unless they meet the mobile crisis team requirements described in section III (BHIN 23-025 pages 26 and 27).

For Discussion

- » What challenges concern you most?
- » Are there innovations you or your community are leveraging that could benefit others?

Please place your responses in the chat.



Community Engagement in Rural Areas

Engaging Community

Community connection and partnership opportunities are a strength in rural communities.

- » Community stakeholder meetings should be established to receive community feedback and co-create solutions to mobile crisis implementation challenges.
- » Community input and collaboration about safety concerns should be gathered.

Tribal Specific Considerations

Often there are “go-to” families, elders, or places that serve as a source of support.

- » Include tribal leaders in community stakeholder meetings.
- » Train key individuals regarding mobile crisis services to increase community trust and engagement.



Summary

- » Mobile crisis teams need innovative thinking to address accessibility challenges specific to rural communities.
- » Awareness of strengths of rural communities within your county is important to engaging, de-escalating, and earning trust.
- » Rural communities may have higher incidence of mental health, substance use disorders, or co-occurring disorders while at the same time having lower access to behavioral health services.
- » Many rural communities experience significant behavioral health challenges including lack of access to providers, transportation challenges, stigma, and privacy concerns.
- » Some characteristics common of rural communities may place individuals at additional risk for behavioral health crisis including lower median household incomes, levels of employment, and educational attainment compared to the general populace; lack of available resources; a higher population over age 65; and social isolation.
- » Mobile Crisis Services in rural communities may face unique challenges related to recruiting and retaining team members, response times, technology use, and safety.
- » Community outreach strategies are a vital part of developing strategies that reflect community needs and priorities.



Resources

- » **National Academy for State Health Policy:**
<https://nashp.org/the-rural-behavioral-health-crisis-continuum-considerations-and-emerging-state-strategies/>
- » **Rural Health Information Hub:**
<https://www.ruralhealthinfo.org>
- » **Washington State Healthcare Authority Mobile Crisis Response Program Guide:**
<https://www.hca.wa.gov/assets/program/mobile-crisis-response-program-guide.pdf>

Questions?



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Your feedback is important to us!

Post-Survey, attendees need to opt into the 90-day survey so we can collect your emails to send out the Certificates of Completion

The completion of this survey is vital to our quality control and to the future funding of this project, as it allows us to provide you with training and technical assistance at no cost. In addition, it allows us to continually improve our services and provide the information and resources you need in the field.

**Please take a few minutes to complete the survey!
Your time and feedback are greatly appreciated and valued!**

Thank You!



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