

# One Size Does Not Fit All: Customizing Mental Health Services to Meet Individual Rural Community Needs



National Center  
for Mental Health  
Promotion and  
Youth Violence  
Prevention

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# National Center for Mental Health Promotion and Youth Violence Prevention



National Center  
for Mental Health  
Promotion and  
Youth Violence  
Prevention

55 Chapel Street  
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[www.promoteprevent.org](http://www.promoteprevent.org)



# Providing TA to Rural Grantees

- Serving three discretionary targeted grant programs originally funded 2001 to 2004
- Rural sites served
  - 8 Youth Violence Prevention (SAMHSA funded)
  - 3 TCE Prevention Early Intervention (SAMHSA funded)
  - 43 Safe Schools/Healthy Students



# Youth Violence Prevention (YVP)

- SAMHSA grant program supporting community organizations in creating, sustaining, and expanding coalitions to prevent youth violence, substance abuse, suicide, and other mental health and behavioral problems, and to implement prevention, intervention, and treatment services.
- These coalitions bring together schools, mental health providers, social service agencies, community centers, juvenile justice agencies, law enforcement, and youth and their family members.



## Targeted Capacity Expansion (TCE)

- **SAMHSA grant program increasing the capability of cities, counties, and tribal governments to meet mental health needs of their communities.**
- **Recipients build the infrastructure to address regional mental health needs through service linkage, community outreach, & evidence-based interventions.**
- **Grants are provided in two areas:**
  - 1) **Prevention and Early Intervention, which support mental health and early intervention services for infants, toddlers, pre-school and school-aged children, and adolescents in both mental health & other health settings;**
  - 2) **Reducing Racial and Ethnic Disparities, which improve access to mental health services for racial and ethnic minorities.**

# Safe Schools Healthy Students (SS/HS)

[www.sshs.samhsa.gov](http://www.sshs.samhsa.gov)

- The SS/HS federal grant program is a collaboration among the U.S. Departments of Education, Health and Human Services, and Justice.
- SS/HS grants are awarded to local education agencies (LEAs) working in partnership with local mental health, law enforcement, and juvenile justice agencies.
- 3-year demonstration grants awarded to more than 191 communities since 1999; more than one-third are considered rural.



## SS/HS Goals

- Improve/increase services to “at-risk” children and their families.
- Link child-serving agencies in a consistent and complementary way.
- Decrease violence, substance abuse, and school disciplinary activity.
- Increase the healthy development of children.

# SS/HS Underlying Principles

- Link security with healthy childhood development.
- Take a school-based public health approach.
- Provide comprehensive, coordinated services that are developmentally appropriate.
- Encourage school/law enforcement/mental health partnerships.
- Implement science-based programs with demonstrated outcomes.





## Six Core SS/HS Elements

- To ensure a comprehensive approach to violence prevention and healthy development:
  1. **Safe school environment.**
  2. **Alcohol and other drugs and violence prevention and early intervention programs.**
  3. **School and community mental health preventive and treatment intervention services.**
  4. **Early childhood psychosocial and emotional development services.**
  5. **Supporting and connecting schools and communities.**
  6. **Safe school policies**



# Critical Issues for The Rural Grantees – Focus Groups

- Workforce Capacity and Health Integration Issues
  - Limitations and lack of integration of services and providers
  - Recruitment and retention of staff
- Access to Services Issues
  - Lack of transportation
  - Large geographic distances
- Cultural Diversity Issues
  - Changing cultural population needs (lack of capacity to utilize culturally competent and language appropriate practices)
- Funding Inequities and Needed for Sustainability



## Challenges, Strengths, and Opportunities Identified by the Rural Grantees

- Respond to changing populations with increasing diversity
  - ethnicity, cultures, languages, family structures, levels of poverty and educational attainment
  - aging population
  - youth leaving the area after high school
  - drain of educated/trained workforce



## Challenges, Strengths, and Opportunities Identified by the Rural Grantees (cont.)

### Utilize All Forms of Capital

- Economic/Financial
  - Cash, Securities, Goods readily exchanged
- Human
  - training (education...) & experience (acquired skills, on-the-job training...)
- Physical
  - buildings, infrastructure, transportation, sanitation, information highway (internet)
- Social
  - often the greatest rural strength – bonding, bridging, and linking



## Challenges, Strengths, and Opportunities Identified by the Rural Grantees (cont.)

- Provide integrated services and link with stakeholders
  - Sharing among agencies – maximizes resources and services, reduces turf battles
  - Reduces stigma
  - Increases engagement of families
  - Improves social marketing and outreach
  - Encourages change as positive and necessary
  - Increases access to services when provided at school or in common location

# Strategies/Approaches Used by Rural Projects to Meet Mental Health Needs

- Built relationship with a local member of band, as a cultural consultant, in birth to 6 Mental Health Program - to provide culturally competent, accessible pediatric mental health prevention and intervention services in a rural Native American community
- Created positive system between school and mental health providers for referral and services – working together to approach state agency for EPSDT funding
- Provided training to increase capacity of mental health staff to develop cultural competence with increasing population of Hispanics/Latinos

## **Strategies/Approaches to Meet Mental Health Needs (Cont.)**

- **Brought together three county coalitions to function as one coordinated community coalition, focused on common goals and outcomes- that worked together to successfully obtain a State Incentive Grant and continues to work on other community needs**
- **Developed a contract with the state mental health agency to provide mental health services for referred youth in the county (previously had no services in that area)**
- **Established strong networks and relationships among the community agencies, increasing connections with “power brokers” and “champions”**



## **Strategies/Approaches to Meet Mental Health Needs (Cont.)**

- **Strengthened the relationship between the school learning support resource teams and mental health staff, and increased capacity of school staff and parents to recognize the impact of the services to the school goals of increased student achievement and reduced absences.**
- **Formed a collaborative relationship between school and mental health, and streamlined a cumbersome consent process. Also provided Functional Family Therapy (FFT) training, site certification and supervision training for several Mental health Center clinicians, which later resulted in this therapeutic evidence-based intervention being used in a 21 county catchment area.**





## Strategies/Approaches to Meet Mental Health Needs (Cont.)

- **Increased collaboration between schools and mental health agency through a family access network system, and trained staff in each agency about one another's roles and functions.**
- **Enhanced the council of collaborative (44 partners in several counties) to map gaps and needs, and then identify strategies to reach outcomes and in planning for sustainability.**
- **Partnering to establish a System of Care with the local Choctaw Nation and the state mental health agency - to establish a strong connection with school, community mental health, families, and other agencies.**

# Northwestern Mental Health Center, Inc Crookston, Minnesota

Serving Kittson, Marshall,  
Mahnomen, Polk, Norman and  
Red Lake Counties (6,703 Sq.  
Miles; 9.01 people per sq. mile;  
U.S. average 79.6)



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# Infrastructure Development

- Northwest Minnesota Council of Collaboratives
- 6 County Collaboratives: Created under Minnesota statutes
- NW Minnesota County Coordinating Committees: Early Childhood, Mental Health, Juvenile Justice, Child Welfare



# Infrastructure Development

- County Care Teams
- Wrap Teams



# Implementation of Evidenced-Based Practices

- Wrap Around (Over 100 staff trained in the Wrap Around Model since 1996)...Regional Wrap Around Coordinator working in the model for approximately 10 years
- Functional Family Therapy, staff trained in 2003, NWMHC clinical supervisor trained to be a FFT supervisor provides all supervision on site





# Implementation of Evidenced-Based Practices

- Family Group Decision Making
- Future Pilot Site for Minnesota's adaptation of the Hawaii Blue Menu





# Some Outcomes of Grantee Efforts

- **Public Health model**
  - Build infrastructure and local capacity for continuum of services, from prevention to early intervention and treatment
- **Transformation**
  - Build collaborative partnerships with common goals
  - Focus 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**
  - Increase access
  - Reduce stigma
  - Provide culturally competent services
  - Improve strategic planning, use of logic models, evaluation of process and outcomes used for decision-making



# Definitions of Rural

<http://www.ers.usda.gov/Briefing/Rurality/Newdefinitions/>

- OMB changes in Census 2000 (released in 2003 )
  - Metropolitan (metro) and nonmetropolitan (nonmetro) classification system often used to define urban and rural America.
  - Nonmetro America comprises 2,052 counties, contains 75 percent of the Nation's land, with 17 percent (49 million) of the U.S. population.
  - Nonmetro counties are outside the boundaries of metro areas and are further subdivided into two types: micropolitan (centered on urban clusters of 10,000 or more persons), and all remaining are "noncore" counties





# Definitions of Rural (Cont.)

<http://www.ers.usda.gov/Briefing/Rurality/Newdefinitions/>

- Census Bureau modifications for measuring rural as territory located outside of urbanized areas and urban clusters
  - Rural includes open country and small settlements of less than 2,500 persons.
  - Urban clusters - small towns and cities that have adjoining towns or suburbs, both incorporated and unincorporated aggregations.
  - Thinly settled territory near towns whose city limits are very broad are considered rural
  - Changes resulted in considerable shifts in rural geography and population - U.S. rural population was 59 million (21 percent) in 2000



# Definitions of Rural (Cont.)

<http://www.ers.usda.gov/Briefing/Rurality/ruralurbcon/>

- 2003 Rural-Urban Continuum Codes for NonMetro Counties
  - Urban population of 20,000 or more, adjacent to metro area
  - Urban population of 20,000 or more, not adjacent to a metro area
  - Urban population of 2,500 to 19,999, adjacent to metro area
  - Urban population of 2,500 to 19,999, not adjacent to a metro area
  - Completely rural or less than 2,500 urban population, adjacent to a metro area
  - Completely rural or less than 2,500 urban population, not adjacent to a metro area



# Definitions of Rural (Cont.)

<http://www.ers.usda.gov/Briefing/Rurality/Typology/>

## 2004 Typology Codes to Differentiate Counties

- New set of county-level typology codes that captures differences in economic and social characteristics.
- Two Classification Systems for Counties
  - Economic Type
    - **six non-overlapping categories of economic dependence**
  - Policy Type
    - **seven overlapping categories of policy-relevant themes**



# Definitions of Rural (Cont.)

<http://www.ers.usda.gov/Briefing/Rurality/Typology/>

## Economic Type

Farming-dependent  
Mining-dependent  
Manufacturing-dependent  
Manufacturing-dependent  
Federal/State government-dependent  
Services-dependent  
Nonspecialized

## Policy Type

Housing stress  
Low-education  
Low-employment  
Persistent poverty  
Population loss  
Nonmetro recreation  
Retirement destinations



# Discussion of Rural Commonalities and Differences – Why it Matters

- Population and migration patterns
- Labor and education
- Income, poverty and welfare
- Housing
- Industry
- Transportation
- Others??



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# Discussion: The Diversity of Your Rural Characteristics

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## Why Do We Need to Focus on Rural?

- The cultural implications of rural characteristics
- Commonalities and variations present differing needs among rural areas
  - Geographic distances
  - Ethnic and cultural differences and minority populations
  - Changing populations (migration, aging, youth)
  - Social-economic differences

# Rural Geo-Mapping



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# CMHS Geo-Mapping Analysis of Targeted Grants in Rural Areas

- Locations of targeted discretionary grants (SS/HS, TCE and YVP) display the concentration of targeted discretionary grants in rural counties.
- Definition of Rural for mapping purposes was supplied by the Census Bureau and is calculated on Population Density/Square Mile.
- Determination of SS/HS targeted discretionary grants as rural is based on school locale codes used by the National Center for Education Statistics (NCES) Common Core of Data (CCD). These data are collected annually from the State Educational Agencies.

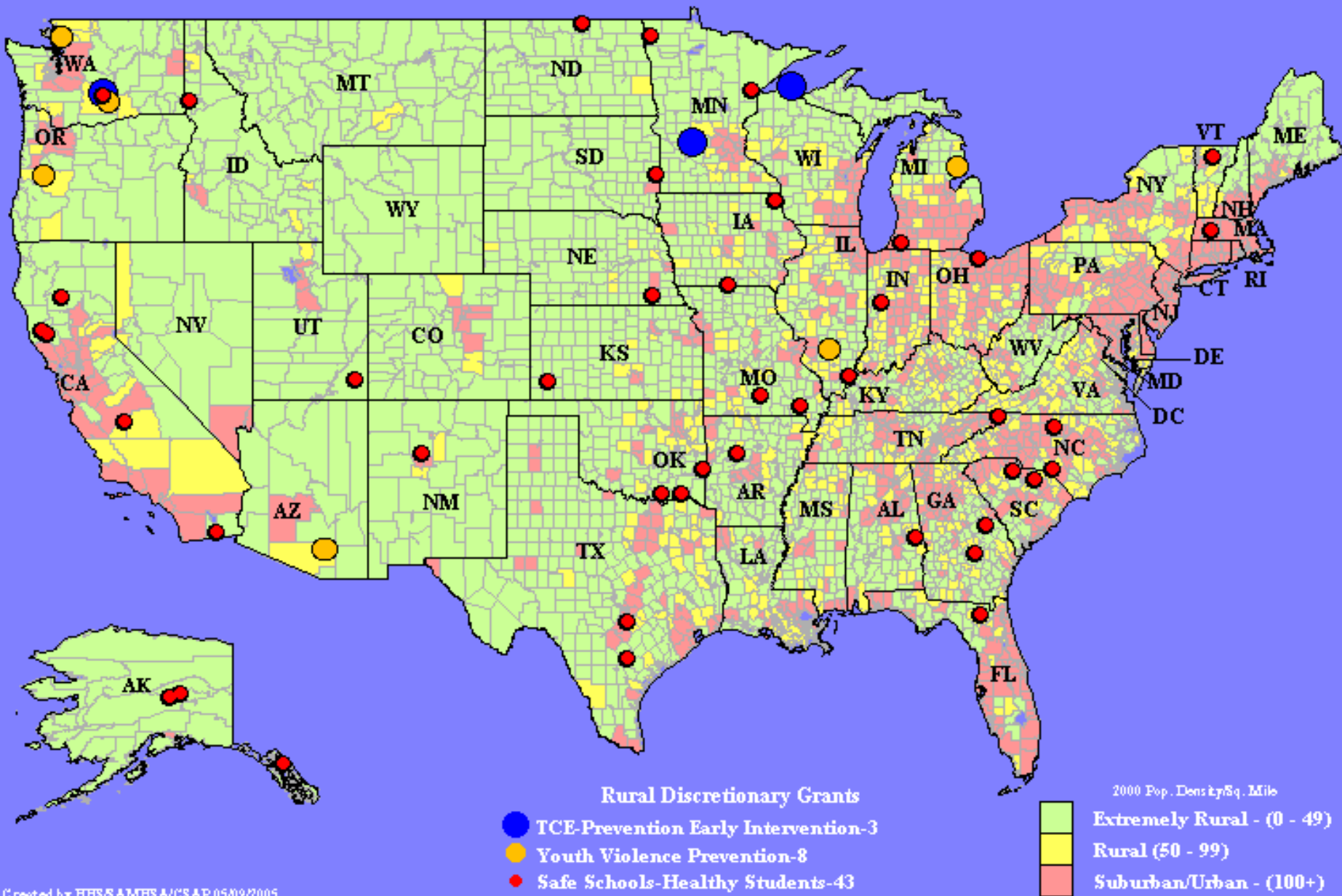


# County Population Analysis

- Location of Targeted Discretionary Grants and Identification of Counties as Suburban, Rural or Extremely Rural (Map 1)

# Map 1

## Substance Abuse & Mental Health Services Administration Distribution of Children Services & Children Mental Health Initiative Grants Awarded in Rural Counties Currently Funded Since 1993



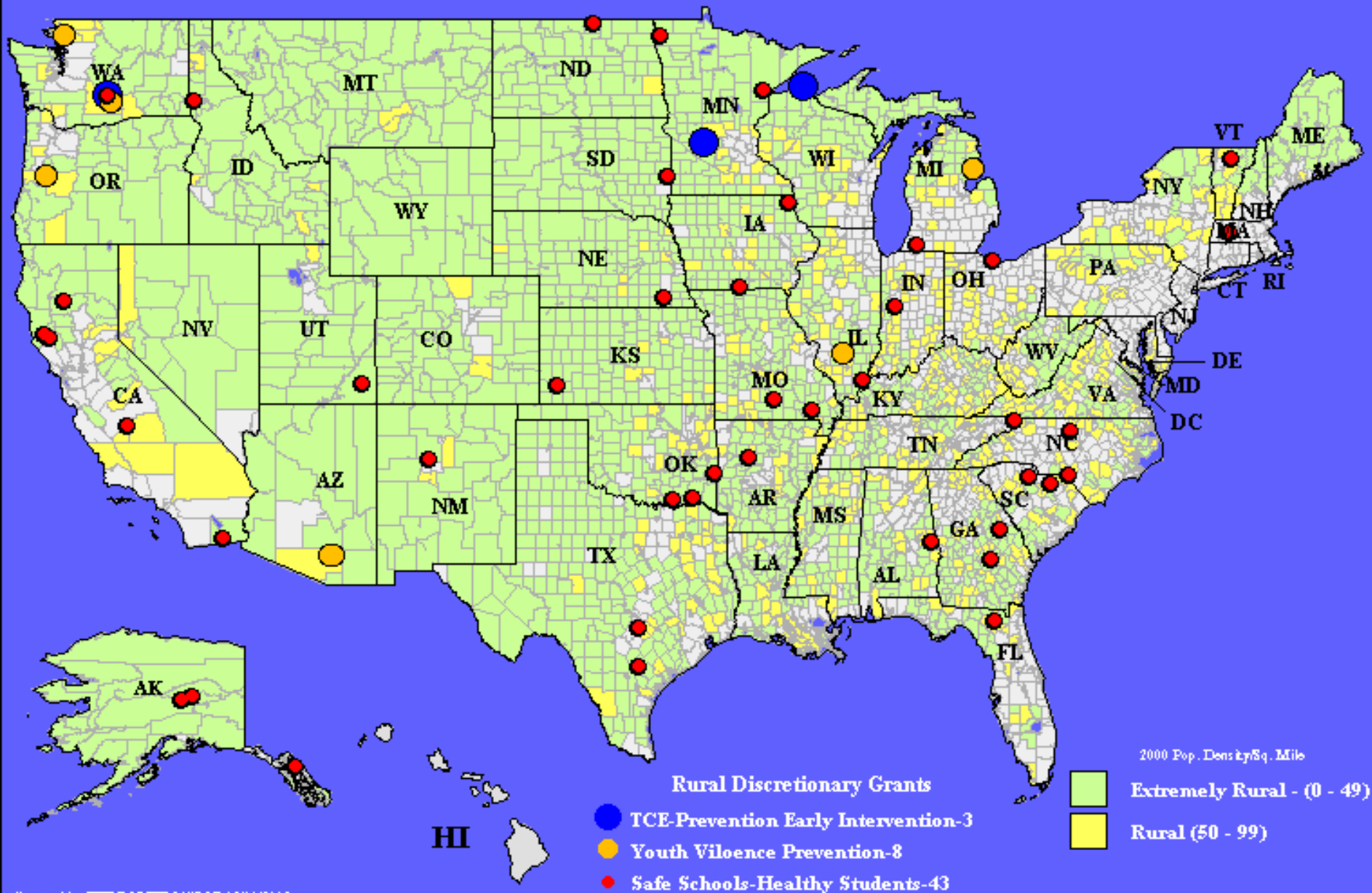


# Rural Population Analysis

- Location of Targeted Discretionary Grants in Rural or Extremely Rural Counties Only (Map 2)

## Map 2

# Substance Abuse & Mental Health Services Administration Distribution of Targeted Mental Health Discretionary Grants - Funded and Active in Fiscal Year 2004/2005 in Rural Counties





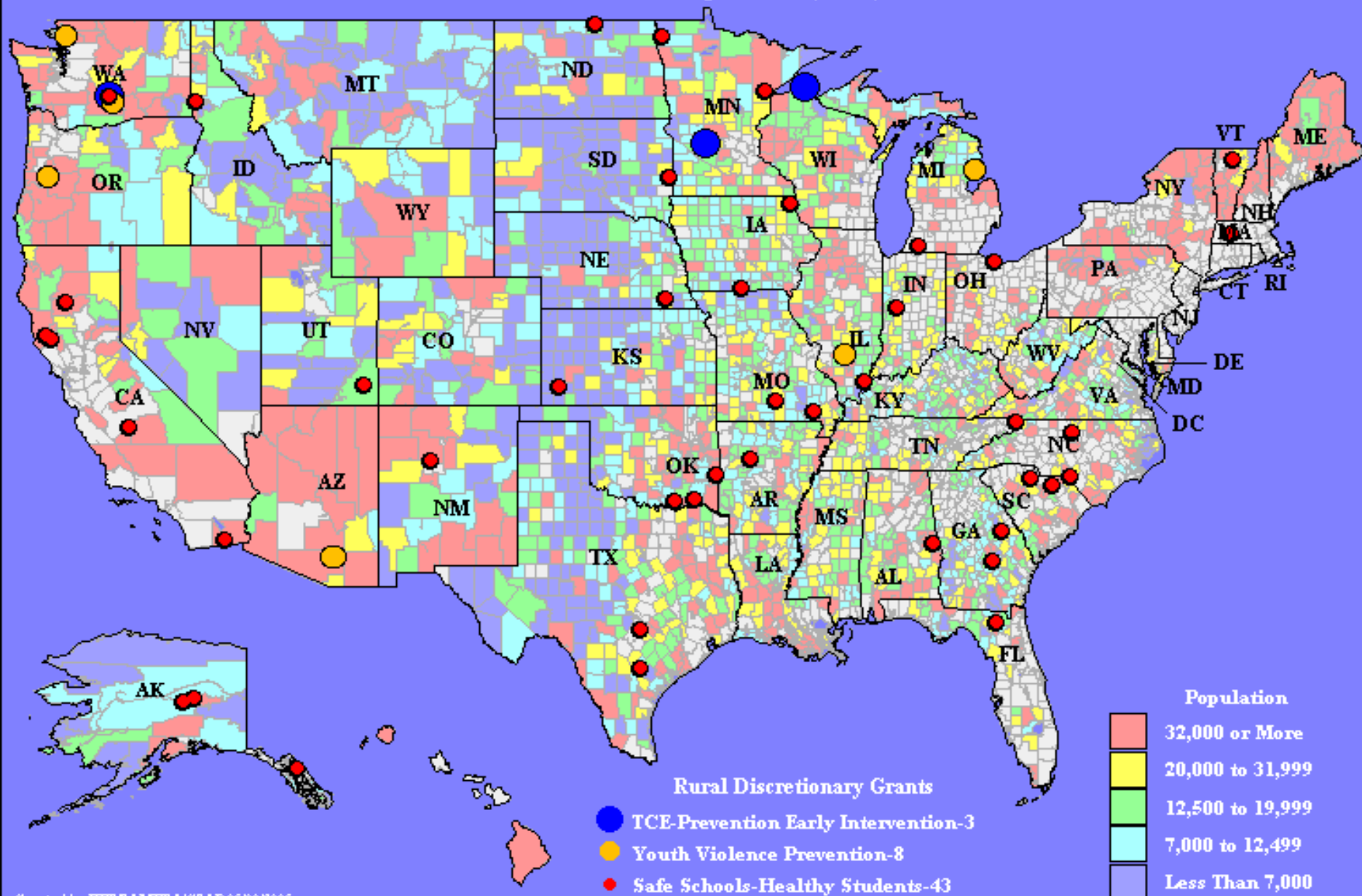
# Population Analysis

- Total Population 1990 (Map 3)
- Total Population 2000 (Map 4)
- Change in Population from 1990 – 2000 (Map 5)

### Map 3

## Substance Abuse & Mental Health Services Administration

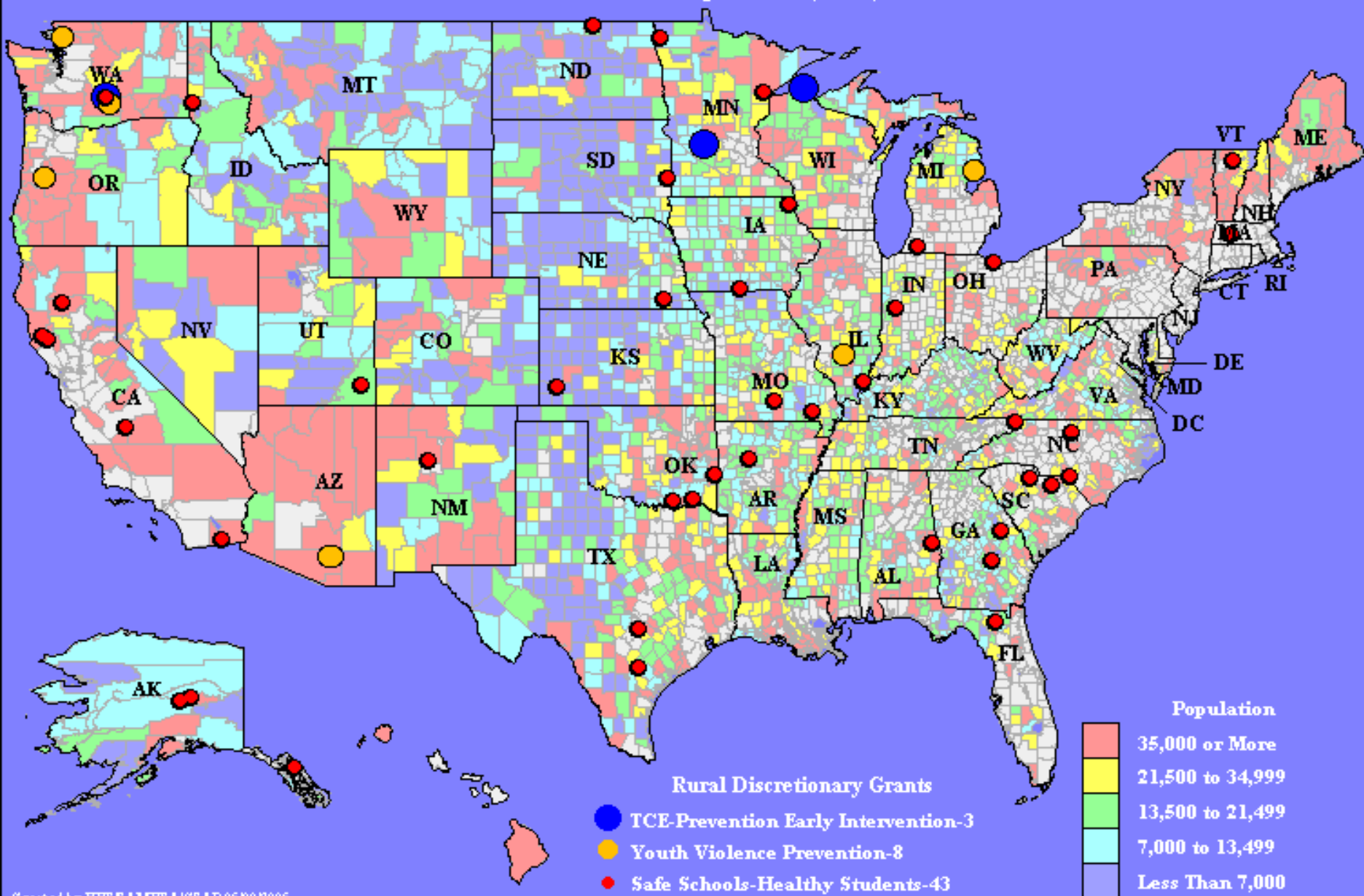
Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Total Population (1990) in Rural Counties





# Map 4

## Substance Abuse & Mental Health Services Administration Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Total Population (2000) in Rural Counties

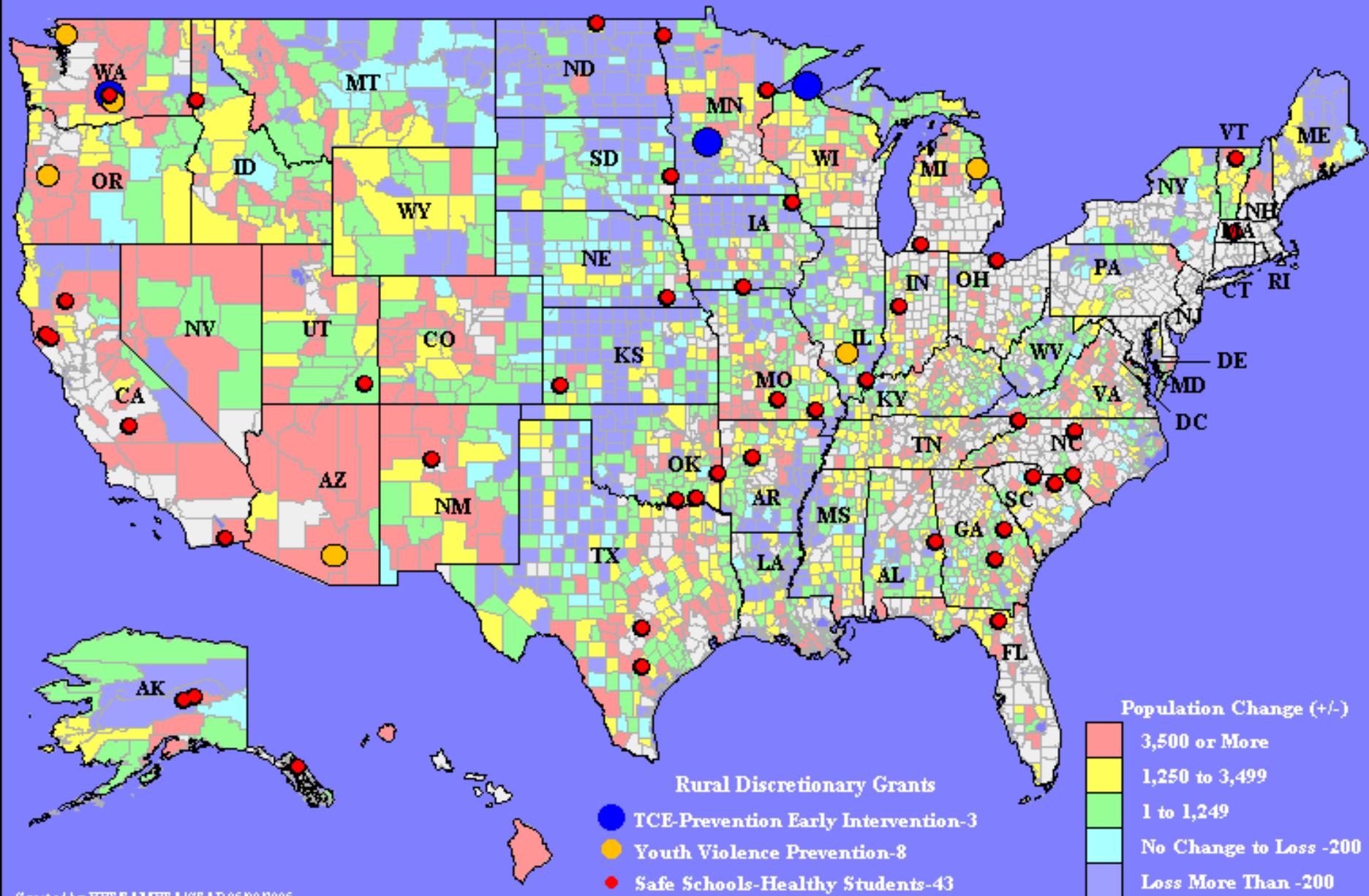




# Map 5

## Substance Abuse & Mental Health Services Administration

Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Population Change (1990-2000) in Rural Counties



Created by HHS/SAMHSA/CSAP 05/09/2005



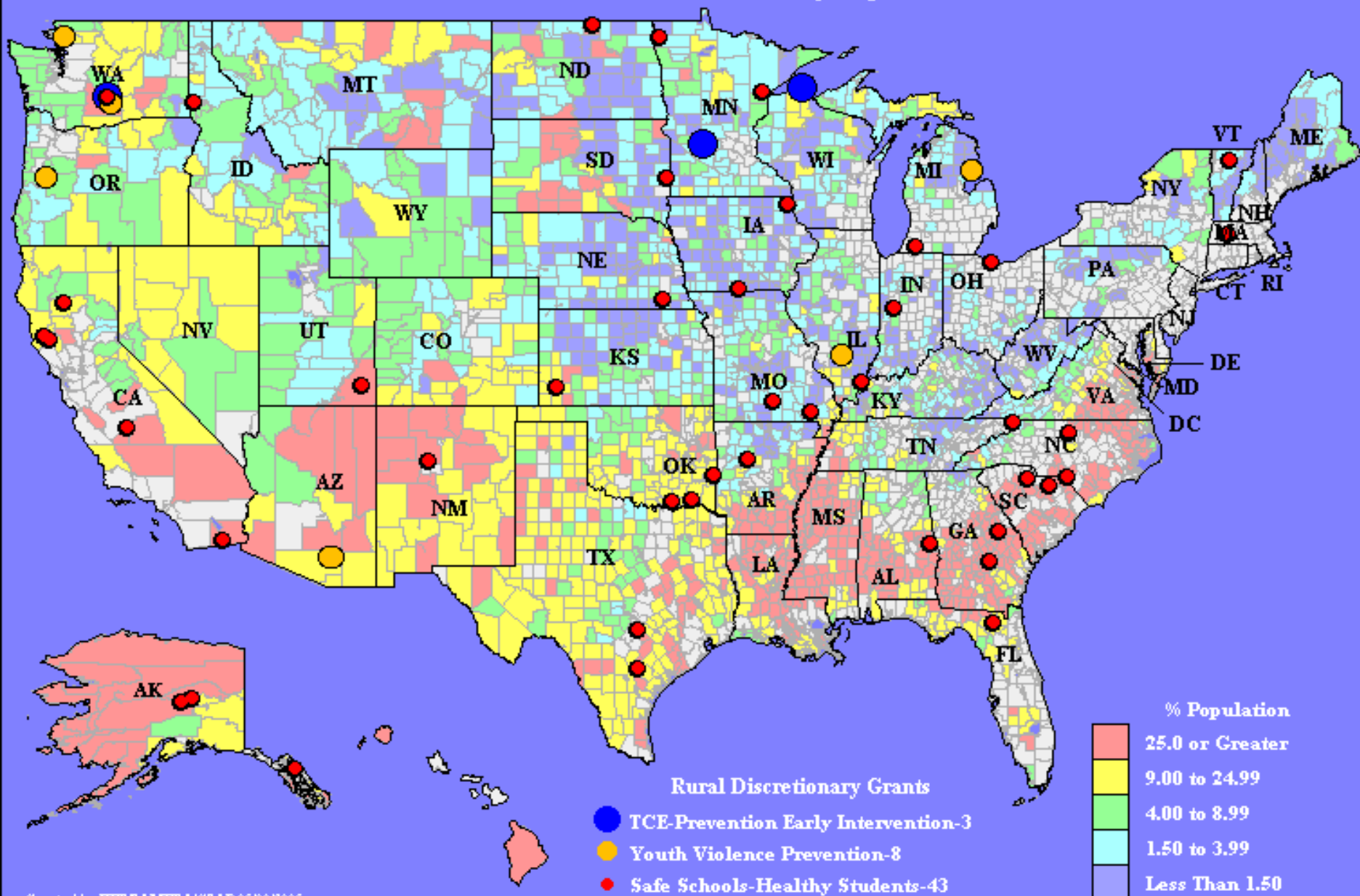
# Race/Ethnicity Analysis

- Location of Targeted Discretionary Grants & Concentration of the following Races/Ethnic Group in Rural or Extremely Rural Counties Only:
  - Minority Population (Map 6)
  - Black Population (Map 7)
  - Alaska Native/Native American Population (Map 8)
  - Asian Population (Map 9)
  - Native Hawaiian/Pacific Islander Population (Map 10)
  - Hispanic Population (Map 11)

# Substance Abuse & Mental Health Services Administration

## Map 6

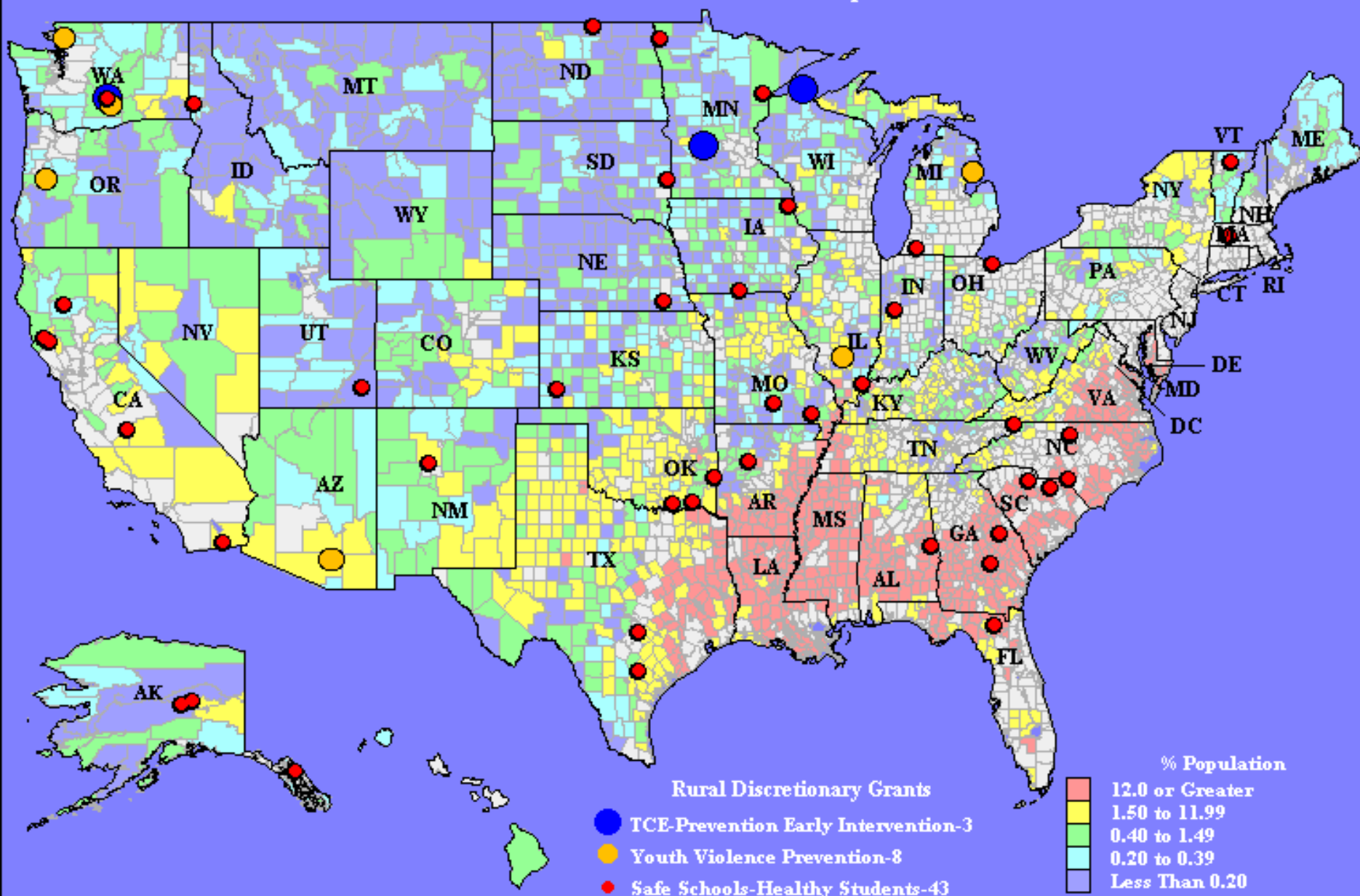
Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Concentration of Minority Population in Rural Counties



# Substance Abuse & Mental Health Services Administration

## Map 7

Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Concentration of Black Population in Rural Counties

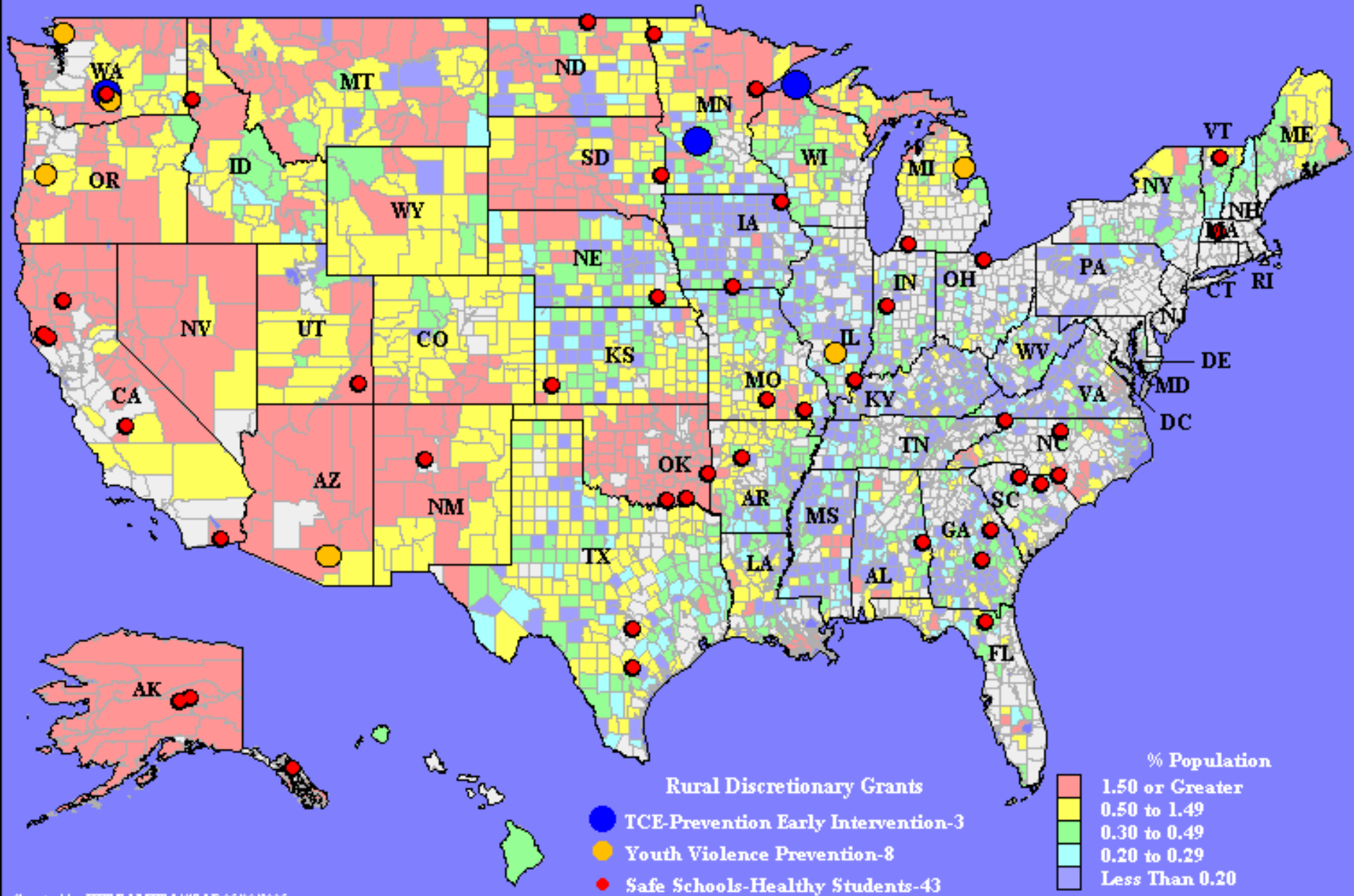




# Map 8

## Substance Abuse & Mental Health Services Administration

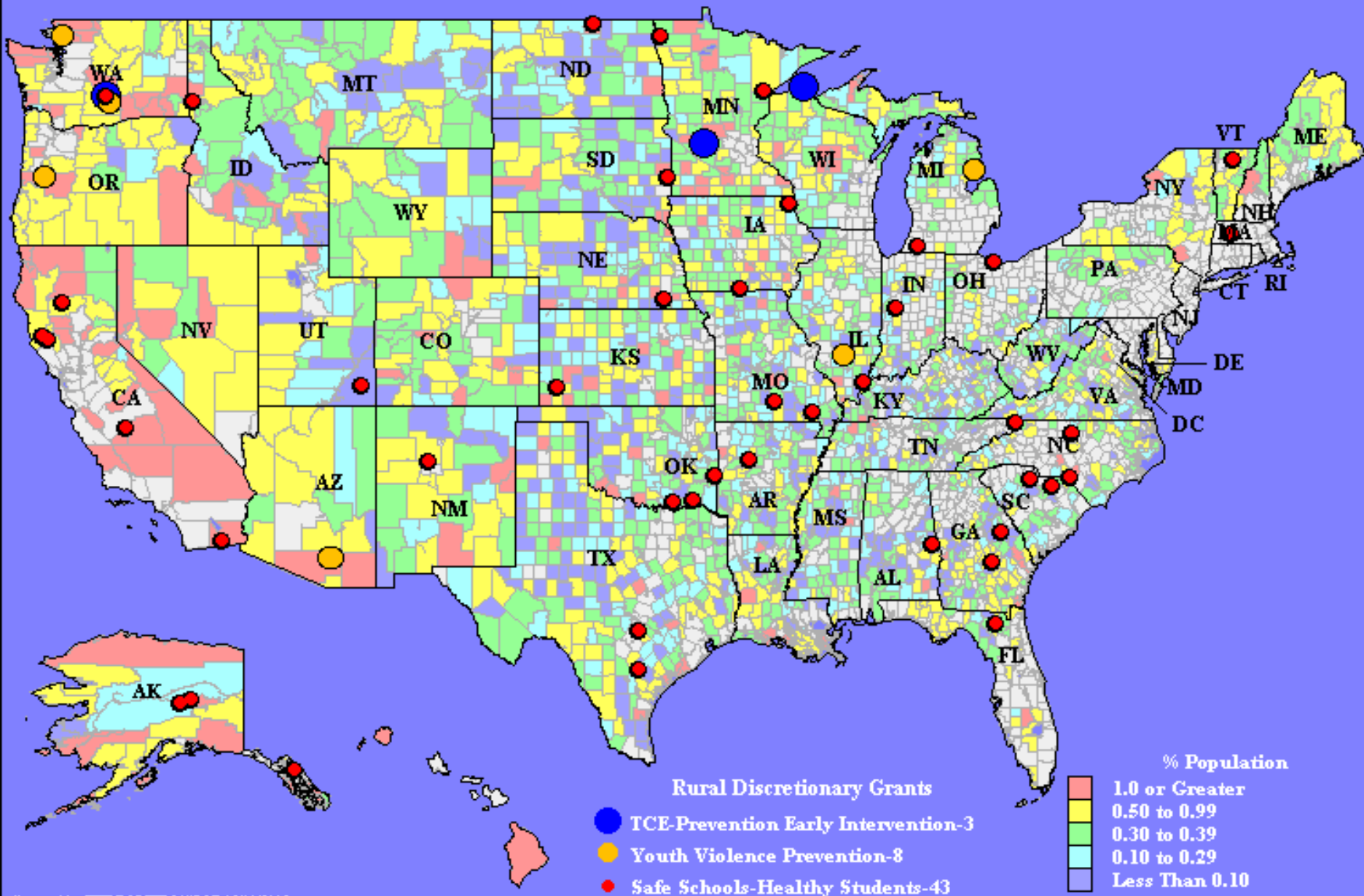
Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in FY 04/05 & Concentration of AK Native/Native Amer. Pop in Rural Counties



# Map 9

## Substance Abuse & Mental Health Services Administration

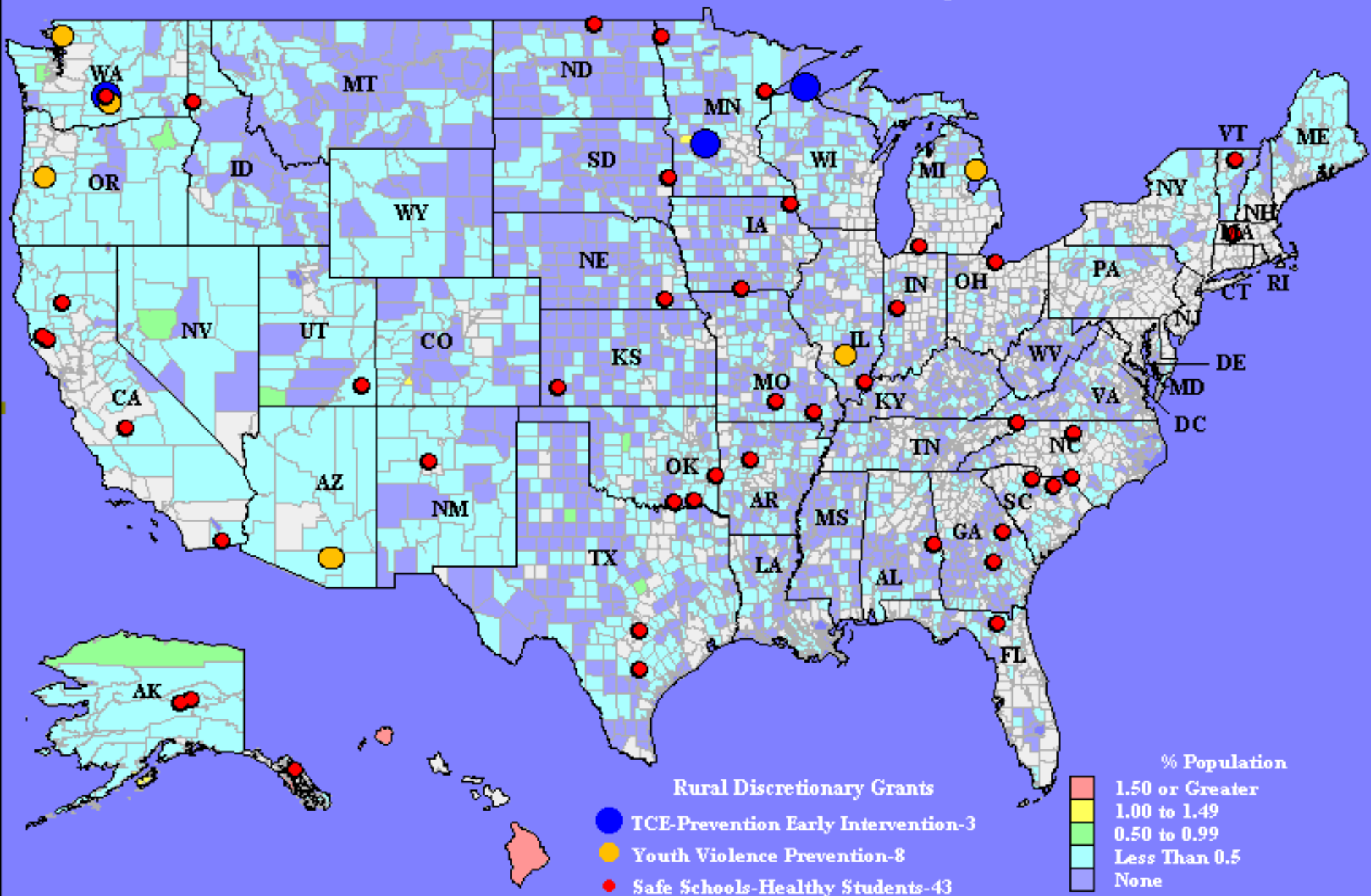
Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Concentration of Asian Population in Rural Counties



**Map 10**

# Substance Abuse & Mental Health Services Administration

Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in FY 04/05 & Concentration of Native HI/Pacific Islanders Pop in Rural Counties

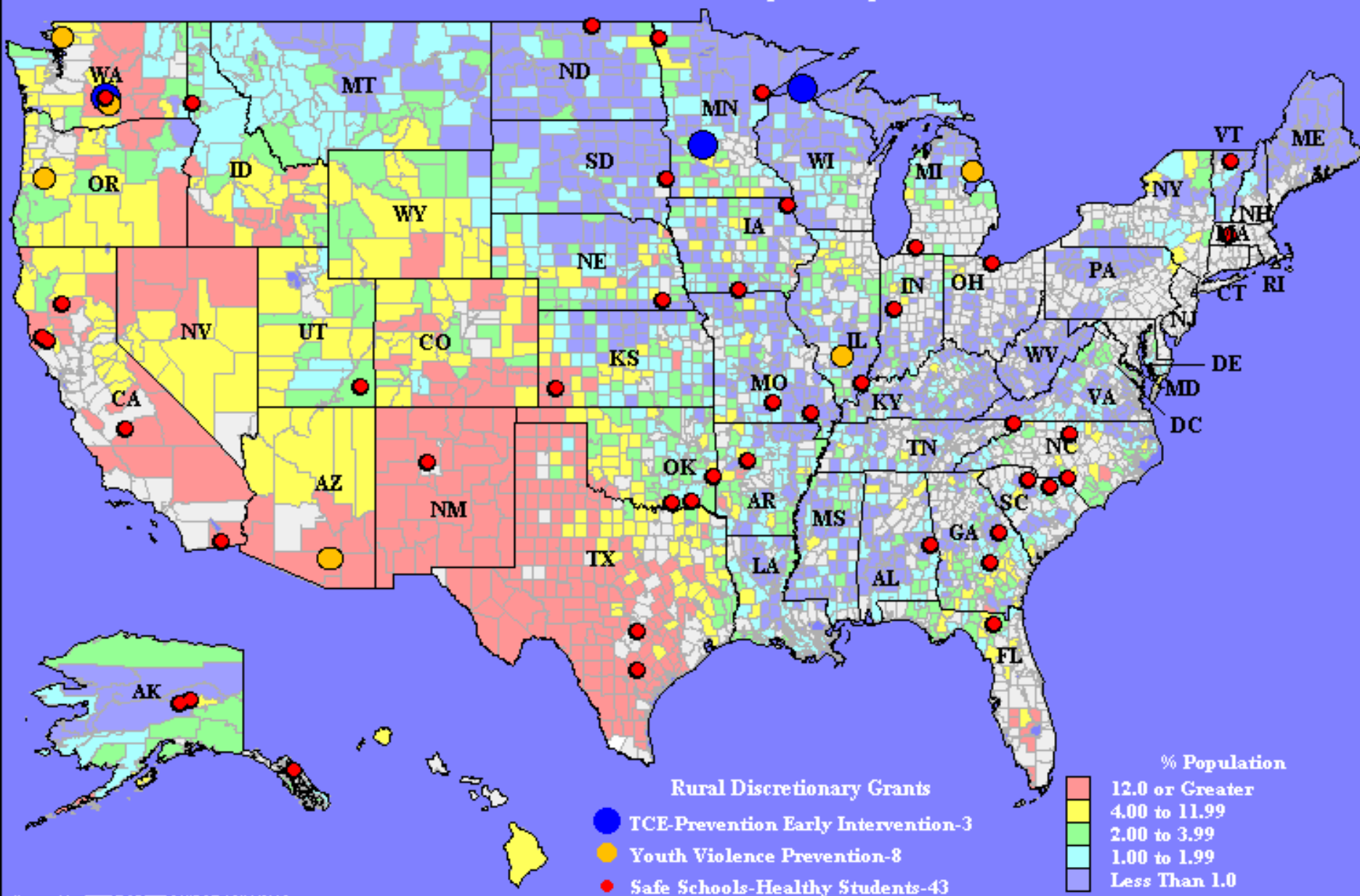




# Substance Abuse & Mental Health Services Administration

## Map 11

Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Concentration of Hispanic Population in Rural Counties







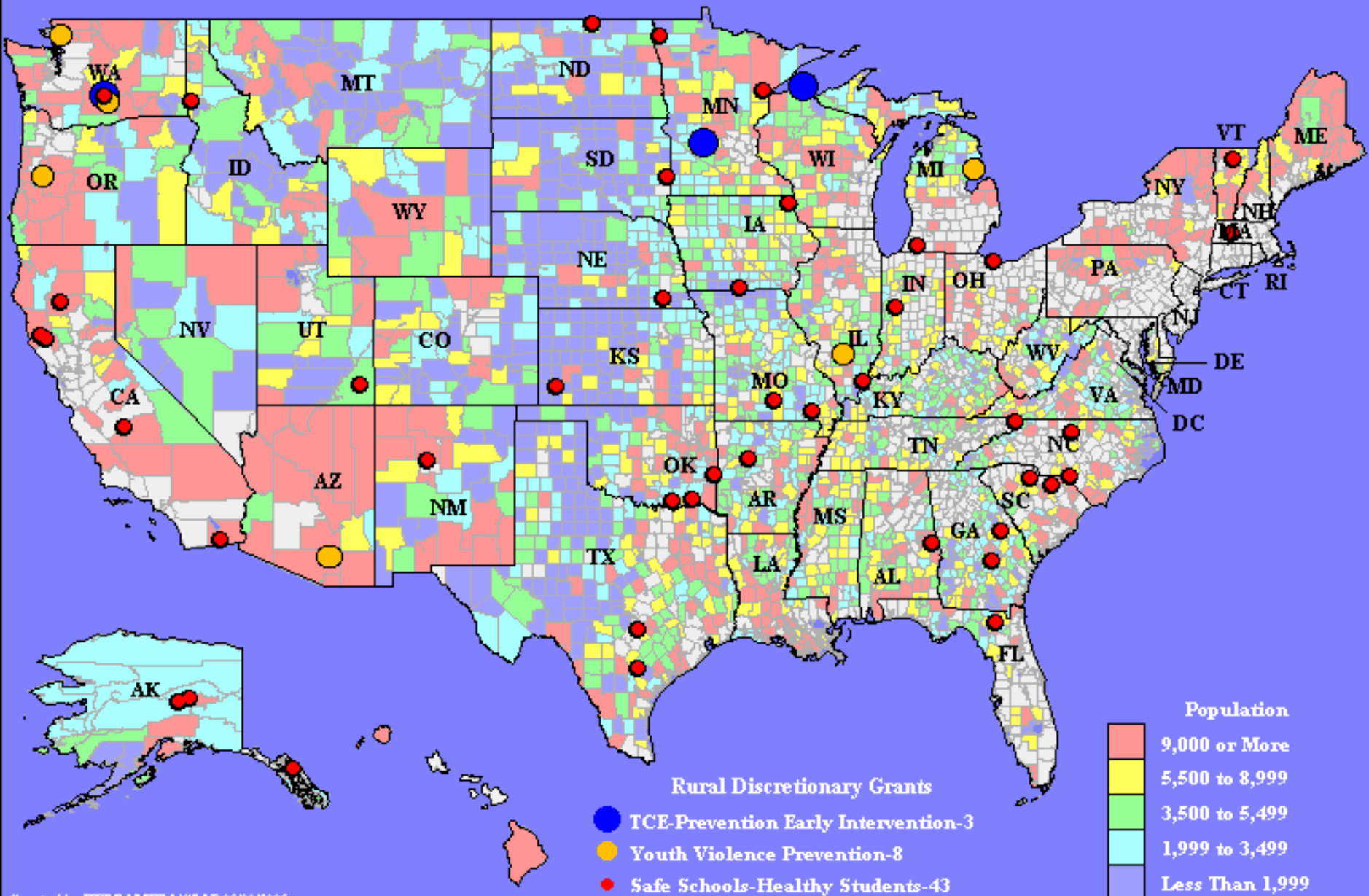
# Youth Population Analysis

- Location of Targeted Discretionary Grants & Concentration Population 0 to 17 for Rural or Extremely Rural Counties Only (Map 12)

# Substance Abuse & Mental Health Services Administration

## Map 12

Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Population Under 18 in Rural Counties





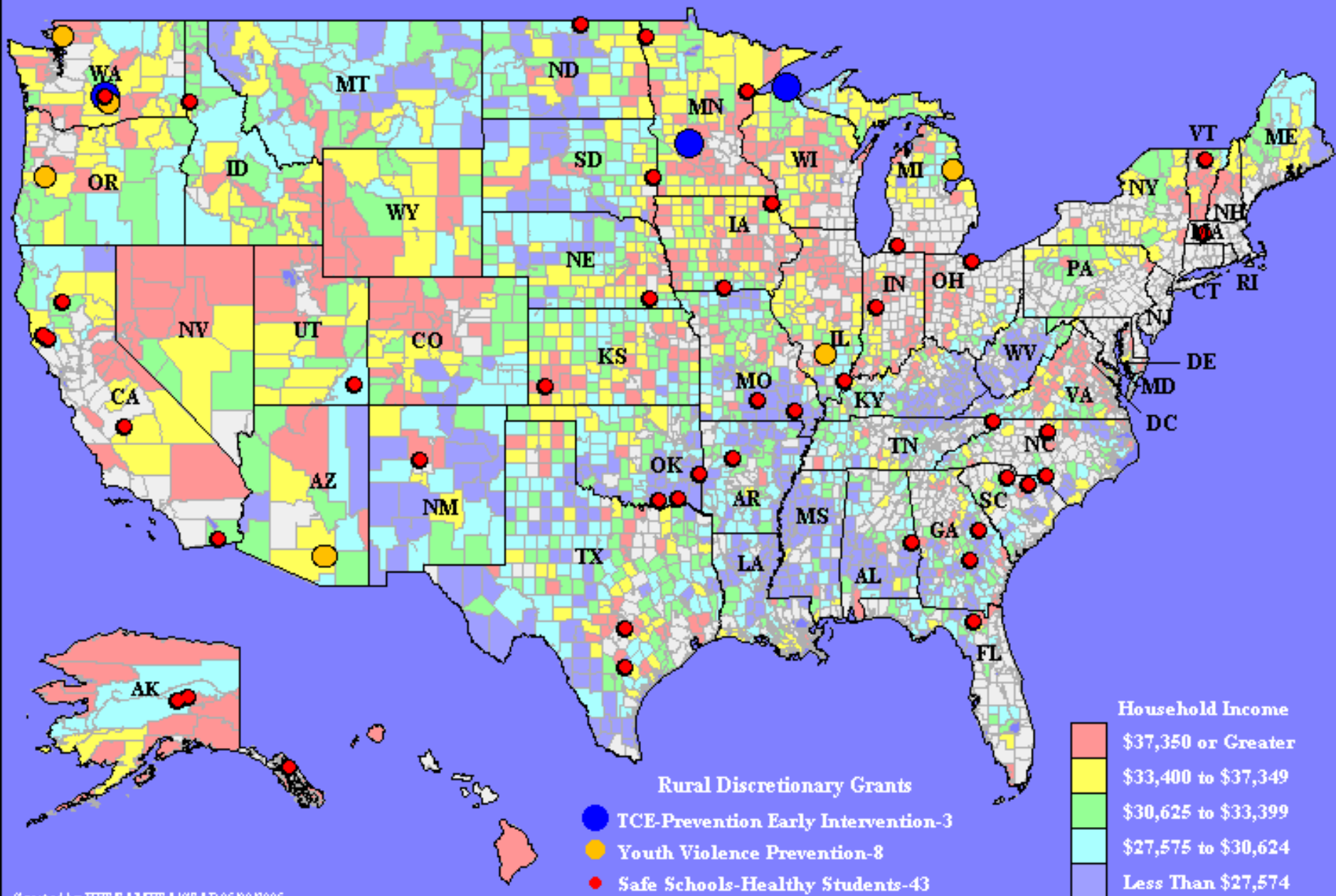
# Social Economic Analysis

- Median Household Income - (Map 17)
- Number of Households Living Below Poverty Level - (Map 18)
- Number of Grandparent Household Living Below the Poverty Level with Grandchildren Living With Them - (Map 19)

# Substance Abuse & Mental Health Services Administration

## Map 17

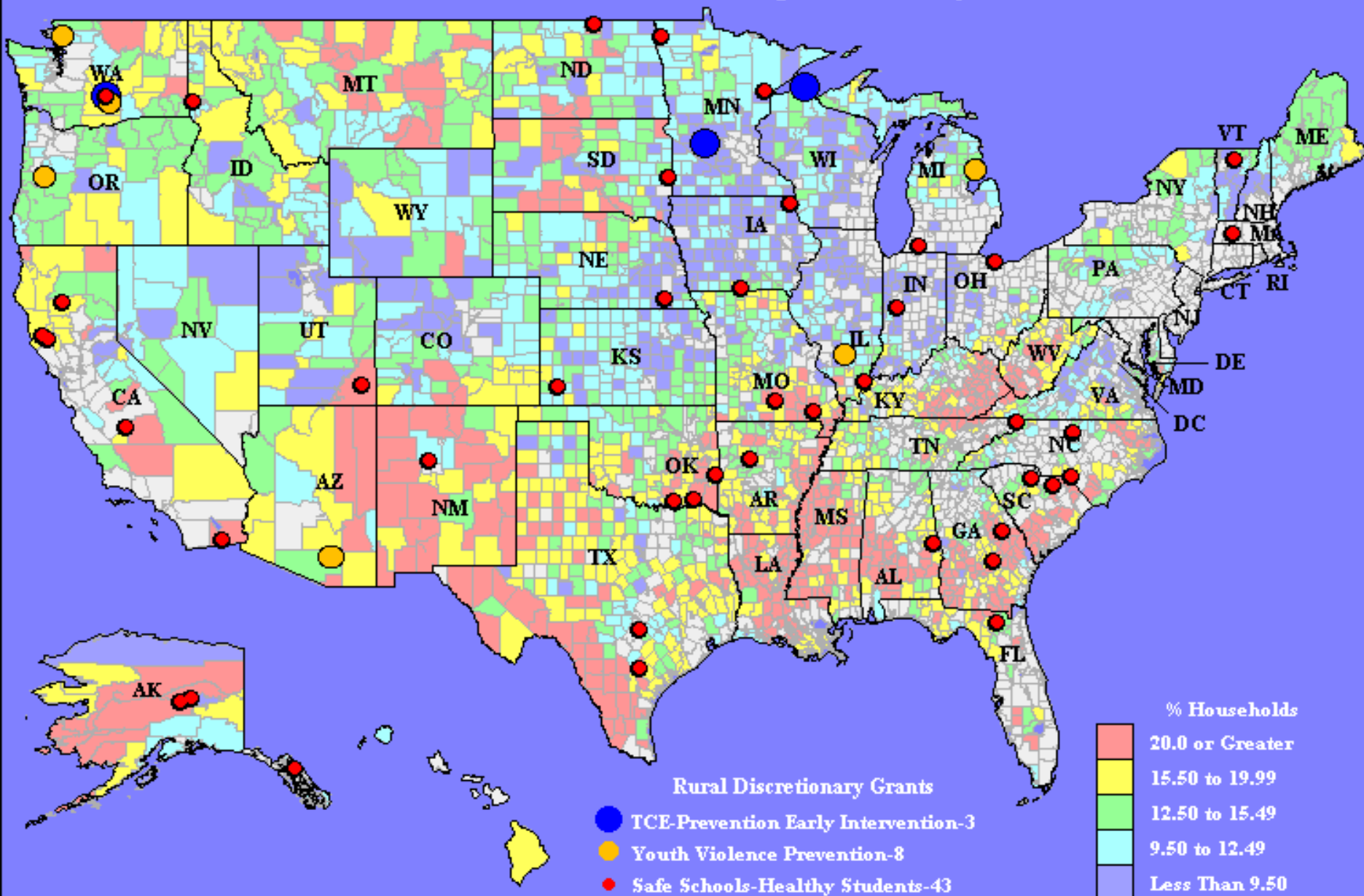
Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in Fiscal Year 2004/2005 & Median Household Income in Rural Counties



# Substance Abuse & Mental Health Services Administration

## Map 18

Distribution of Targeted Mental Health Discretionary Grants (Funded/Active) in FY 04/05 & Concentration of Households Living Below Poverty in Rural Counties

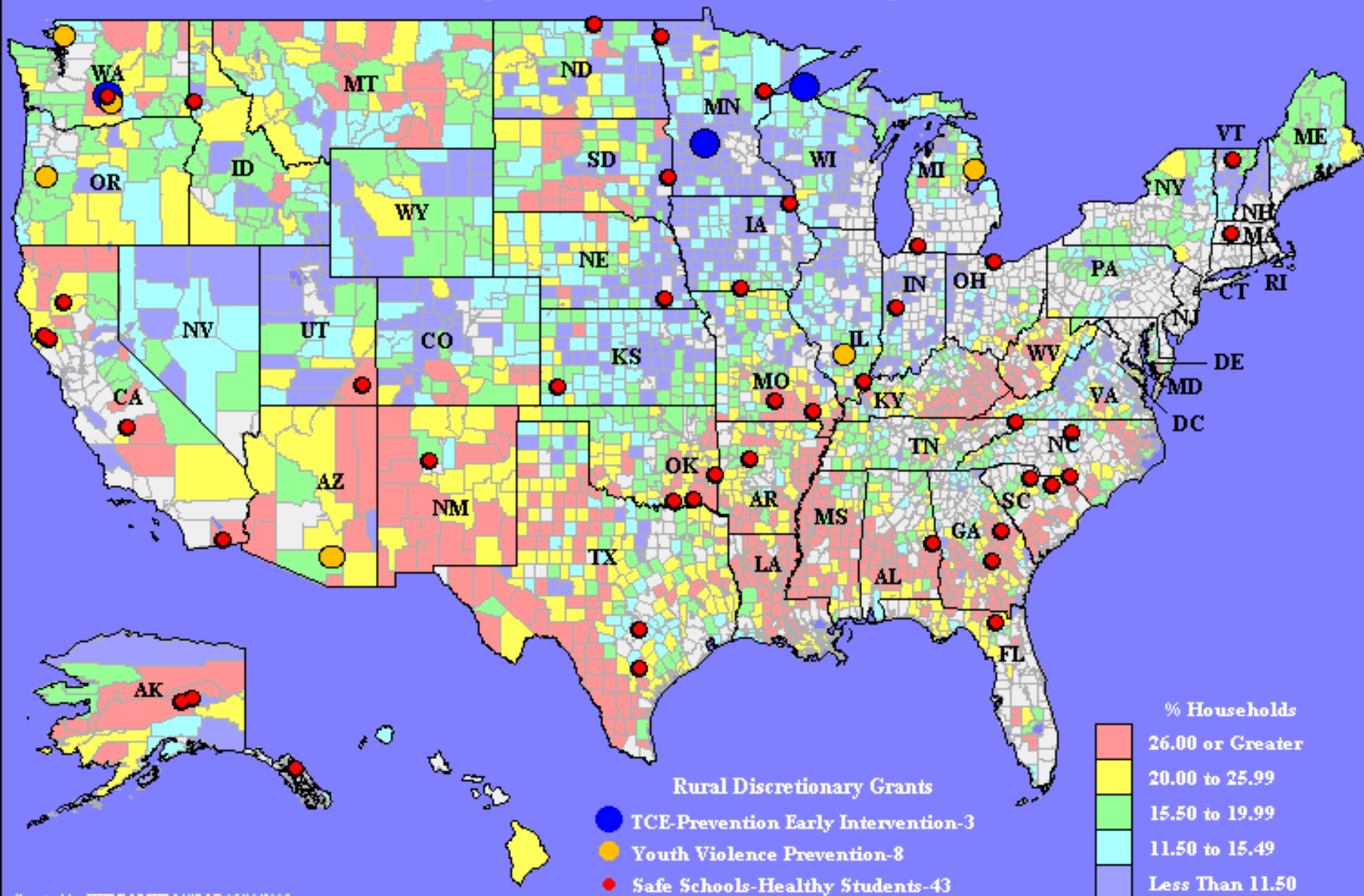




# Substance Abuse & Mental Health Services Administration

## Map 19

Distribution of Targeted Mental Health Discretionary Grants in FY 04/05 & Concentration of Grandparents W/Children Below Poverty Level in Rural Counties



# Trends and Hypotheses from Rural Geo-maps

- Sites in the Southwest and West that are extremely rural and have the highest poverty rates also seem to have the highest percentages of a number of minority populations. (e.g. American Indian, Alaskan Natives, African-American, and Hispanic populations).
- Sites in the West and Southwest have highest rates of grandparents as head of household.



## Grantee Regional Trends in Rural Geomaps (Cont.)

- Several sites in the West and the Southwest are extremely rural and have the highest bracket of poverty rates.
- Midwest sites are predominantly extremely rural and have varying levels of poverty.
- More of the extremely rural sites in the Midwest are of less poverty than in other regions.
- Southeast states are predominantly rural and less poverty stricken.



# DISCUSSION QUESTIONS



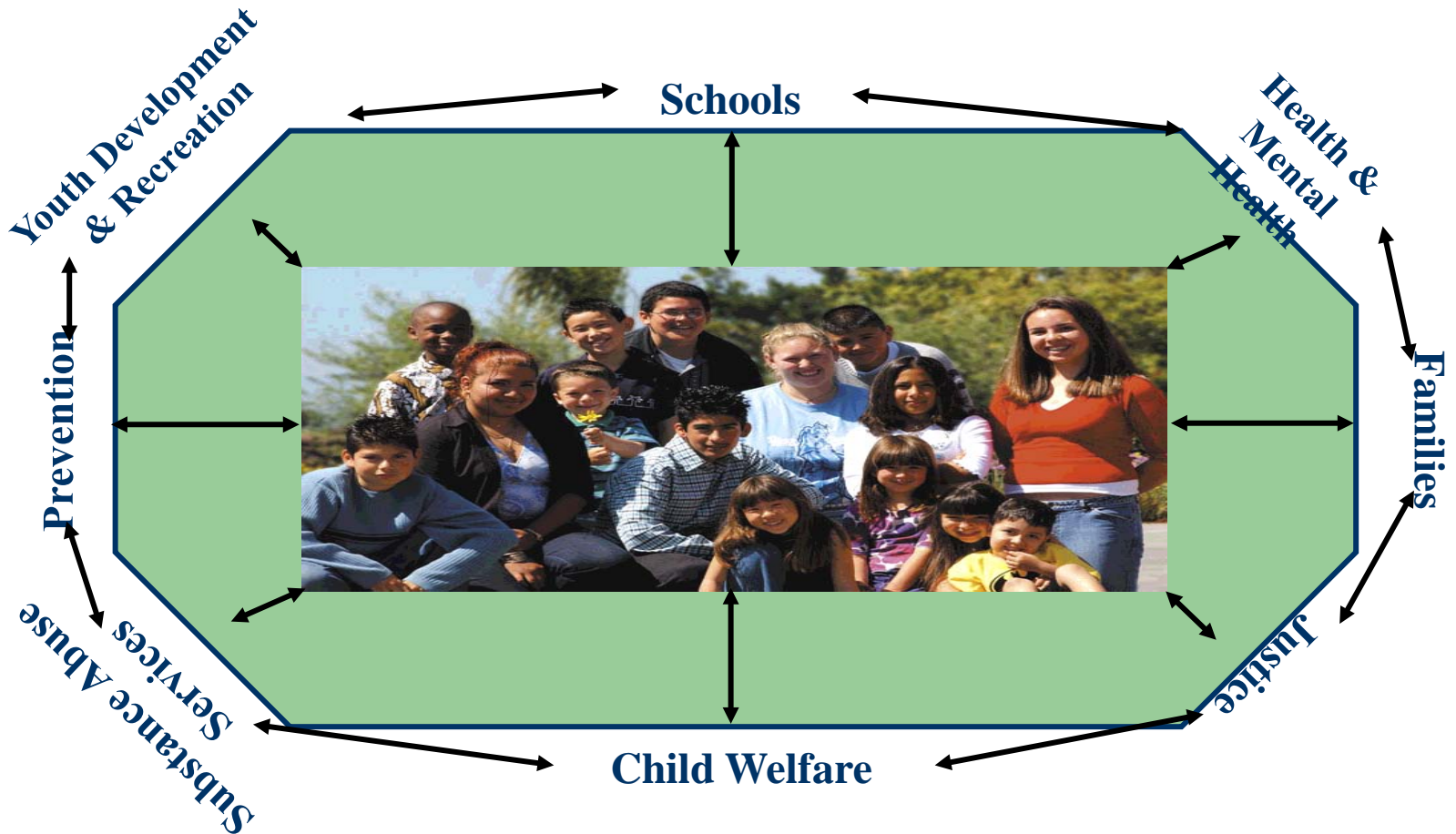
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*“The question is not  
what you look at, but  
what you see”*

Henry David Thoreau



# Given the Characteristics of Rural, How Can Rural Areas Effectively Build Systems of Mental Health Prevention & Care?





## **DISCUSSION:** **Implications For Focus on Rural**

- What are the implications with regard to creating a framework for school and community initiatives focused on mental health promotion and prevention or early treatment of mental disorders?



## **DISCUSSION: Questions**

- **How do we increase capacity of the workforce to respond to changing needs of rural communities?**
- **What are the possibilities for community-school-health care collaboration to meet education needs?**
- **How can rural areas build social capital to address varying rural characteristics?**
- **How can rural areas work together with one voice to create partnerships with, and collaboration among, state agencies?**



## DISCUSSION: Questions (Cont)

- What can rural communities do to create sustained collaborative practice in schools, health settings, and community, a key goal of the President's New Freedom Commission and of system transformation?



# DISCUSSION: Additional Questions

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# Resources

- **American Council on Rural Special Education**  
[www.ksu.edu/acres/index.html](http://www.ksu.edu/acres/index.html)
- **APA Rural Psychology**  
<http://www.apa.org/rural/homepage.html>
- **Center for Rural Affairs**     <http://www.cfra.org/>
- **ERIC Clearinghouse on Rural Education & Small Schools**  
[www.ael.org/eric/](http://www.ael.org/eric/)
- **Federal Office of Rural Health Policy (HRSA)**  
<http://ruralhealth.hrsa.gov/>
- **Frontier Mental Health Services Network**  
<http://www.wiche.edu/MentalHealth/Frontier/index.htm>



# Resources

- **Journal of Rural Community Psychology**  
<http://www.marshall.edu/jrcp/>
- **Maine Rural Health Research Center**  
<http://www.muskie.usm.maine.edu/research/ruralheal/>
- **National Association for Rural Mental Health**  
<http://narmh.org/>
- **National AHEC organizations**  
<http://www.nationalahec.org/main/index.asp>
- **National Center for Mental Health Promotion & Youth Violence Prevention** <http://www.promoteprevent.org>
- **National Children's Center for Rural & Agricultural Health & Safety** <http://research.marshfieldclinic.org/children/>





# Resources

- **National Health Service Corps (student loan repayment)**  
<http://bhpr.hrsa.gov/nhsc/>
- **National Rural Education Association** <http://www.nrea.net/>
- **National Rural Health Association**  
<http://www.nrharural.org/>
- **NCLB Information Center for Rural & Small School Dist.**  
<http://www.ael.org>
- **Rural Ed Resources online**  
[http://www.questia.com/Index.jsp?CRID=rural\\_education&OFFID=se1](http://www.questia.com/Index.jsp?CRID=rural_education&OFFID=se1)
- **Rural Health Issues: Information Resources and Funding Programs**  
<http://www.nal.usda.gov/ric/ruralres/issues.htm>



## Resources

- Rural Health Roundtable <http://rhr.gmu.edu/>
- Rural Information Center <http://www.nal.usda.gov/ric/>
- Rural Sociological Society  
<http://www.ruralsociology.org/#>
- The Rural School and Community Trust  
<http://www.ruraledu.org/>
- The Rural Policy Research Institute (RUPRI)  
<http://www.rupri.org/default.asp>
- Safe Schools Healthy Students  
<http://www.sshs.samhsa.gov>



## Resources

- United States Department of Agriculture, Economic Research Service, The Economics of Food Farming, Natural Resources, and Rural America  
<http://www.ers.usda.gov/Briefing/Rurality/>
- United States Department of Agriculture, National Agricultural Library, Rural Information Center  
[http://www.nal.usda.gov/ric/faqs/ruralfaq.htm#R\\_C#RC](http://www.nal.usda.gov/ric/faqs/ruralfaq.htm#R_C#RC)
- Western Interstate Commission on Higher Education (WICHE) <http://www.wiche.edu/mentalhealth>



## References

- Beeson, E. & Strange, M. (2003). *Why rural matters 2003: The continuing need for every state to take action on rural education*. Washington DC: Rural School & Community Trust. [www.ruraledu.org](http://www.ruraledu.org)
- Ganson, H.C., & Roy, M.E. (2004). *No Child Left Behind Act: Additional assistance and research on effective strategies would help small rural districts*. Washington DC: General Accounting Office. [www.gao.gov](http://www.gao.gov)



# References

- **Jimerson, L. (2004). *The devil is in the details: Rural-sensitive best practices for accountability under no child left behind*. Washington DC: Rural School & Community Trust. [www.ruraledu.org](http://www.ruraledu.org)**
- ***Measuring Rurality*, Briefing Room, United States Department of Agriculture, Economic Research Service, The Economics of Food Farming, Natural Resources, and Rural America, <http://www.ers.usda.gov/Briefing/Rurality/>**
- **New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America. Final Report*. DHHS Pub. No. SMA-03-3832. Rockville, MD: 2003.**



## References

- New Freedom Commission on Mental Health. *Subcommittee on Rural Issues: Background Paper*. DHHS Pub. No. SMA-04-3890. Rockville, MD: 2004.
- Ormond, B, et al., (2000). *Supporting the Rural Health Care Safety Net*.
- *What is Rural? Defining Rural, Rural Values, and Rural Character*, United States Department of Agriculture, National Agricultural Library, Rural Information Center,  
[http://www.nal.usda.gov/ric/faqs/ruralfaq.htm#R\\_C#RC](http://www.nal.usda.gov/ric/faqs/ruralfaq.htm#R_C#RC)



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