



Stimulating Local Innovation for Rural Health and Human Services Integration: *A Critical Review of the ORHP Outreach Grantees*

March 2010
RUPRI Rural Human Services Panel

Mario Gutierrez, *Panel Chair*

Kathleen Belanger

Vaughn Clark

Jerry Friedman

Jane Forrest Redfern

Bruce Weber

Charles Fluharty

Jocelyn Richgels

*This report was funded by the Federal Office of Rural Health Policy,
Department of Health and Human Services, Cooperative Agreement U18RH03719*

Stimulating Local Innovation for Rural Health and Human Services Integration: *A Critical Review of the ORHP Outreach Grantees*

Introduction

Rural communities face a multitude of challenges, many of which are addressed through health and human services. The RUPRI Rural Human Services Panel realizes that a possible way to increase availability and access, improve efficiency of resources, and enhance quality may lie in integrating health and human services delivery.

The Department of Health & Human Services has encouraged coordination and integration in rural communities through the Rural Health Outreach Grant, a major funding program under the direction of The Federal Office of Rural Health Policy. The RUPRI Rural Human Services Panel recognizes the uniqueness of this program within HHS to create opportunities for innovation in rural communities. The flexibility of the grant guidelines enables rural communities to tailor efforts to their particular needs. Therefore, this grant program was the ideal avenue for the Panel to explore the integration of health and human services in rural areas. The Human Service Panel examination of existing health and human service integration efforts in the Rural Health Outreach Grants provides ORHP with the opportunity to see integration through the lens of rural human service practitioners and researchers.

In the first appropriation report for the original grants in 1990, the Senate Appropriations Committee indicated that:

In addition to the expansion of services to rural communities, these grants were intended to promote community health service collaboration. The Committee believed that “community and migrant health centers, local health departments and private medicine by and large do not cooperate and coordinate.” Subsequently, the report emphasized the need to “facilitate integration and coordination of services in or among rural communities,.... Enhance linkages, integration and cooperation” among organizations that are eligible to receive grants.

The Human Services Panel believes that the effectiveness of the health care services is often dependent on the availability and quality of human services. In fact human services can play such a critically important role in the continuum of care that medical treatment may be reduced or unnecessary if appropriate human services are available. Many of the ORHP Outreach grantees moved beyond the stated intent of integration of health services to a broader integration of health and human services that responds to the rural reality. This gave

us the opportunity to explore the types and mechanisms of integrating health and human services and examine the added value of an interdependent health and human service system in rural areas.

Process for Examination

The Human Service Panel members undertook an exploratory study to examine health and human services integration in the ORHP Rural Health Outreach Grant program. The initial staff review and Panel deliberation determined which funded projects funded between 2005-2009 proposed integrating health and human services. The Panel identified 38 grantees that had as one of their focuses the integration of health and human services. The full list of 38 grantees is in Appendix 1. The Panel and staff subjected these programs that appeared to demonstrate promise for effective delivery of service through integrated health and human services to an additional level of scrutiny, utilizing short synopses of the projects. Promising practices from that review can be found in Appendix 2.

Opportunities for further valuable case study:

Idaho Gritman Adult Day Health Program

Minnesota Northwestern Mental Health Center

Nebraska Good Neighbor Community Health Center

Tennessee Ridgeview Psychiatric Hospital and Center

Texas Migrant Health Promotion

Next, the Panel referenced more detailed descriptions of selected projects in the 2008 ORHP Sourcebook. The purpose of this step was to determine which projects might warrant more in depth case study or demonstrated innovation in its approach that would be important to bring to ORHP's attention for future dissemination. Those lessons are included in this report. In addition, the Panel sought, to the extent possible, to capture geographic and population diversity, as well as a variety of service interventions.

The Panel members determined that five programs held exceptional promise for integrating health and human services in a promising way to improve outcomes for individuals, family and/or community and a more effective and efficient overall delivery system. These funded programs that offer rich opportunities for further valuable case study are:

- Idaho Gritman Adult Day Health Program
- Minnesota Northwestern Mental Health Center
- Nebraska Good Neighbor Community Health Center
- Tennessee Ridgeview Psychiatric Hospital and Center
- Texas Migrant Health Promotion

These programs were selected for their potential to suggest nationally significant service delivery mechanisms and for serving a variety of diverse population and age groups in rural communities. These grantees attempted to involve the larger community in a sustainable community-based program, and included a wide range of health and human service providers as partners.

Findings for Service Integration from the ORHP Outreach Grant Program

The Panel review revealed some unifying themes, related to the integration of service delivery in rural communities:

- Some of the funded projects create human and social capital with very little money, utilizing existing community assets, such as promotores, community volunteers for transportation, elderly volunteers and student interns. While cost effective, such assets may be difficult to sustain, with or without funding.
- Some of the funded projects integrated not only health and human service providers, but also involved anchor institutions in rural communities, particularly the school system and the courts. These projects created new roles for the institutions. Maintaining the integration may require extra guidance, encouragement and flexible funding mechanisms.
- Integrating behavioral health services with primary care is one of the most prevalent forms of service integration and a prime example of the delivery of services along a continuum of care. For many of these ORHP grantees, the next logical step may be to determine ways to increase access to community and regional services that help at risk populations overcome circumstances that may lead to behavioral health problems.
- Integrating services is not without costs and it is possible that the costs may outweigh the gain in outcomes. In addition, while there may be overall savings, some partners who bear the costs may not see corresponding savings. There are not only initial costs, but also maintenance costs. Further examination may be warranted to identify these costs, whether the benefits outweigh the costs in the long run, and whether programs that truly integrate operational budgets gain efficiencies of scale and functions.
- Bringing services to the client, such as through home-based care or in school settings, is particularly beneficial for rural communities as a means to overcome transportation or other challenges for clients.
- Integrating services may be particularly useful for communities in transition, such as those with changing racial/ethnic composition, changing age patterns, or with increased prevalence of harmful activities, such as substance abuse.

- When a full complement of services is not available, integrating services in a rural community may simply require the addition of a new service provider, such as a behavioral health specialist. In these circumstances, sustainability of funding is critical.
- Evidence-informed processes, such as the Gatekeeper program or the ABCD (Assets Based Community Development) model, were chosen for use in several projects. Further examination is needed to clarify their appropriateness for and cost-effectiveness in rural settings and modifications that could have improved their effectiveness.

Considerations for Further Study and Funding Mechanisms

The Outreach Grant program has a long history with the Federal Office of Rural Health Policy, undoubtedly encompassing a wealth of potential wisdom and promising practices to be lifted up. As stated in the introduction, the Outreach grant is unique within HHS in creating opportunities for innovation in rural communities. In fact, ORHP selected many programs that were able to define human needs in an even broader context than the RFP stated. However, until recently, it is not clear that a systematic process has been implemented to understand the impact of the funded programs in rural communities, both during the duration of the grant cycle and beyond the life of the grant. With the awarding of a new contract for Rural Health Outreach and Tracking Evaluation, it appears that such a process is in its early stages. The Panel applauds this effort and suggests the following additional steps to learn more about the integration of rural human services:

The Outreach Grant Program has a long history with ORHP, undoubtedly encompassing a wealth of potential wisdom and promising practices to be lifted up.

- Consider further examination of the five demonstration projects highlighted in this report to determine service integration practices generalizable to other rural communities.
- The sustainability of these programs is sometimes challenging, given the time and funding constraints of grant parameters. The Panel believes that ORHP is well-positioned to study questions of sustainability for innovative rural health and human service delivery, and may want to initiate a study similar to the 2003 study on Grantee Sustainability in the Rural Health Outreach Grant Program undertaken by the University of Minnesota Rural Health Research Center, with a more heightened focus on integration, including the mechanisms for integration and costs and savings evaluation.

- The new contract for Rural Health Outreach and Tracking Evaluation could include an additional focus on the integration of health and human service delivery through Outreach grantee efforts. The Panel proposed several questions that might be included in the monitoring and evaluation process to garner more information about the integration of health and human services. These suggested questions are provided in Appendix 3.
- Several of the projects studied by the panel created new human services in their communities and then integrated them with the health services in order to achieve better outcomes. There is some evidence that human services are more likely to be absent, and -- where present -- less accessible in rural communities than urban ones, even though very possibly more needed. The Panel believes it important to understand the human service infrastructure in rural communities and suggests that ORHP consider funding research to determine availability and accessibility of human services in selected rural areas and how the presence or absence of human services affects the healthcare delivery system and health outcomes in these rural communities.
- ORHP should continue efforts to establish a working definition of human services in an effort to provide guidance to grantees who are interested in providing more human service functions in their programs.
- Policymakers and the Department of Health and Human Services should consider increasing flexibility of program funding streams to encourage collaboration and integration. If necessary, this could include a waiver or application process for grantees to develop innovative and non-conventional approaches.
- The suggested legislative intent of the Outreach grants is to “facilitate integration and coordination of services in or among rural communities....Enhance linkages, integration and cooperation.” The Panel recommends continued ORHP support for these efforts, with perhaps a more direct encouragement of attempts to integrate health and human service delivery, including a process to collect more information about the delivery of human services in rural communities. This can be accomplished through the following efforts:
 - More explicit RFP language
 - Targeted funding to projects that integrate health and human services.

Case Studies: Innovative and Non-conventional Approaches to Health and Human Services Integration

Idaho Gritman Adult Day Health Program

While this project focused on a specific population, the elderly, it highlighted the intersection of health and human services not just for this at risk population, but for those who care for them. In order to help seniors remain independent, the project:

- Focused integrated early intervention to keep seniors healthy
- Used the tested Gatekeeper program for early community identification of potential problems for elderly persons, particularly those living alone
- Supported caregivers to increase the likelihood of elder independence and reduce/delay the likelihood of hospitalization or nursing home care
- Provided transportation to increase access to health and human services and therefore utilization of already existing services
- Leveraged resources and built social capital by creating a network of volunteer support for transportation and caregiver assistance, and through the Gatekeeper program of early problem identification

In addition to these intended outcomes, the project also:

- Held the possibility of averting expenditures on expensive residential and hospital care by focusing on prevention
- Created mechanisms that leveraged community resources in a systematic way, holding promise of sustainability.

Questions:

1. Was the Gatekeeper program successful in this rural community? Does this program hold promise in other rural communities? What are the distinct rural differences for program implementation? What does it take to sustain the program?
2. Were health outcomes realized? Was hospitalization or nursing home care prevented/delayed?
3. Did access to health care actually increase?
4. Were human services outcomes realized for caregivers and/or elderly?
5. Was transportation utilized? What were the problems using volunteers? Benefits (planned and unplanned)?

Minnesota Northwestern Mental Health Center

This project targeted the at-risk Native population and integrated health services from two health care providers with mental health services, with three other systems: education, child protective services and criminal justice. In addition, it provided integrated care at two key locations: in the client's own home and in the public schools. The program:

- Integrated care very early in the process by coordinating early identification, screening, assessment and then intervention
- Utilized a well accepted model of practice in child welfare: family group decision making. This model empowers families to make choices in a collaborative manner to increase the safety of their children, maintain the child's well-being, and improve the likelihood that the child will remain in a more permanent setting (home)
- Included health and behavioral health professionals in decision-making, and provided the process in the client's own home in a culturally-appropriate manner.
- Tackled the problems of keeping appointments ("no shows") through service provision where the client already is
- Utilized and planned for expansion of tele-mental health as a cost-effective evidence based practice for rural communities
- Recognized the intersection of health, mental health, child welfare, education and criminal justice and attempted to achieve outcomes in all systems through targeted, integrated, on site care
- Attempted to achieve specific outcomes (reduce out of home placements in child protective services and criminal justice; improve academic performance; reduce school dropouts) that improve the quality of life of clients and the community, and prevent larger expenditures in other systems that would be expected when children drop out of school or require care outside of their families in order to be protected

Questions

1. Is family group conferencing in the client's home or at school more successful than conferencing in child protective services offices or other agency settings for rural and/or Native populations?
2. Is Family Functional Therapy an evidence-based model for Native populations? Are modifications required for ethnicity, culture, or rural delivery?
3. How is the delivery of integrated care at the school site adapted for rural locations? How is stigma in smaller schools managed/avoided?
4. Was the integrated service delivery effective in reducing out of home placements, reducing school drop outs, and improving academic performance? Did the model

- improve child safety on CFSR (Child and Family Service Reviews, Children's Bureau) measures? How is integration accomplished across public and Native systems?
5. To what extent did the integrated approach respond to and enhance cultural beliefs and practices related to mental/spiritual health?

Nebraska Good Neighbor Community Health Center

This project focused on the intersection of health and human services not only by targeting mental health treatment for youth in primary health care settings, but also integrating the care with other key systems: child protective services, juvenile justice (residential treatment facility) and education (recruitment and retention of behavioral health students through on-site rural placements). Specifically, it:

- Recognized the intersection of health, behavioral health, child protective services and juvenile justice and utilizes an integrated behavioral health team in the residential treatment facility for youth in either the child welfare or criminal justice systems
- Tried to prevent and reduce expensive out of home placements through intense treatment and increased access to treatment
- Increased access by providing behavioral health care in primary health care setting. Utilized an effective diagnosis tool (QPD) to engage primary care providers in diagnosis.
- Provided transportation
- Attempted to increase capacity and sustainability by leveraging the resources of behavioral health students while providing them experiences in rural settings to encourage recruitment and retention. Continued involvement of UNMC will be critical to sustainability. Nearly 50% of UNMC students completing the program have chosen to work in rural areas after their graduation.
- Utilized Spanish speaking interpreters

Questions:

1. Did the use of Spanish speaking interpreters increase utilization by Spanish speaking clients? What were the problems? Benefits? Costs?
2. Does the integration of behavioral health students into care in rural settings increase recruitment and retention in rural areas? Did this model change availability and accessibility of behavioral health in any community? Over what period of time?
3. Does placement of behavioral health trainees reduce out of home placements?

Tennessee Ridgeview Psychiatric Hospital

This program targeted the at risk population of drug exposed infants (DEI) and drug endangered children (DEC) through intensive integrated family drug treatment for abusing parents.

Partners included the Psychiatric Hospital and Center, the Medical Center and the Department of Children's Services (child protective services). By integrating child protective services with health and mental health (substance abuse) services at the critical juncture in the family's lives and in their homes, the program hoped to improve outcomes for the children and family with significantly less cost and trauma. Specifically, the program:

- Integrated the child protection plan with the parent treatment plan
- Involved the justice system in placement which helped create judicial buy-in for the initiative.
- Provided immediate treatment for substance abuse
- Targeted the methamphetamine use particularly problematic in rural communities
- Taught parenting skills and advocacy skills to parents
- Provided social resources and education
- Intervened when the family was most vulnerable and open to assistance
- Provided intense intervention and support through home visitation model

Questions

1. Does the family visitation model in a rural community prevent out of home placements or achieve positive child welfare outcomes (CFSR's)?
2. Did the immediate, targeted, intensive intervention impact the reoccurrence of substance abuse in families?
3. Did the provision of social services improve parenting skills and reduce reoccurrence of exposure to drugs for the children?
4. What other costs/benefits/issues resulted?
5. Given struggles with receiving payment from managed care companies for care that was not "provided in a licensed center," is this approach replicable for other service providers? More specifically what are some of the policy and administrative practices that place undue burden on rural practitioners?

Texas Migrant Health Promotion

This project also targeted an at-risk population, migrant workers and primarily uninsured persons on the Texas/Mexico border. The project integrated behavioral health and health care not only in health clinics, but attempted to change the community's health. The ongoing community activities implemented can be conceptualized as social services provided by trained local participants where previously services were not available and accessible for this population. The program:

- Used culturally appropriate community *promotores* to improve community health.
- Expanded *promotores* responsibilities beyond traditional role to fill community need for group health education sessions.
- Provided information to communities about health care, including ways to change their environment to prevent disease
- Provided information to communities about behavioral health care
- Transmitted information throughout communities in culturally appropriate language and methods directly pertaining to immigrant needs and facilitated discussion.
- Organized communities to install dumpsters for trash removal to prevent disease, and speed bumps at targeted locations to reduce the number of accidents
- Clearly described rural obstacles to achieving outcomes:
 - Providing transportation to services, or bringing services to the homes is essential
 - Integrating with behavioral health care requires more immediate appointments rather than appointments too far in the future
 - Communicating cannot rely on telephone service in rural locations;
 - Implement better methods to avoid stigma (See President's Commission on Health Report on Rural Mental Health) in rural locations
 - Address subcontractor difficulties over distances
 - Professionals moving from rural and remote locations to urban sites.
- In addition to these intended outcomes, other possible consequences would include:
 - Increased empowerment and self-esteem in the immigrant community
 - Increased community identification with place and ownership of personal and community health.

Questions:

1. What is the difference between the past partnerships that did not work, and the newly proposed partnerships?

2. What obstacles need to be overcome to bring provide mental and physical health care on site in rural communities (new proposal they were making)?

Characteristics of Integrated Health and Human Services Projects

Panel members identified five important dimensions of service integration and investigated the extent to which each program integrated different types of health and human service providers, involved both health and human service interventions, and sought both health and human service outcomes. The overview table for the five case study programs follows, with more detailed tables for each program included in Appendix 4.

Characteristics of Integrated Health and Human Services Projects				
<i>Service Delivery Enhancements</i>	Enhanced Information & Referral <i>ID, MN, TX</i>	Improved Access to Services <i>ID, MN, NE, TN, TX</i>	Integrated Case Management <i>TN, TX</i>	Developed New Service <i>TN, TX</i>
<i>Service Delivery Strategy</i>	Increased Collaboration and/or Coordination <i>ID, MN, NE, TX</i>	Formal Partnerships among Existing Agencies <i>ID, TN</i>	Delivered through Multidisciplinary Teams <i>MN, TN</i>	One-Stop or Co-located Services <i>MN, NE, TN, TX</i>
<i>Service Delivery Location</i>	Agency/Local <i>MN, NE, TX</i>	Other Agency; place already there <i>MN, NE</i>	Bring client to service <i>ID, NE, TN</i>	Home based <i>ID, MN, NE, TN, TX</i>
<i>Targeted Populations for Health Outcomes</i>	Individual <i>ID, MN, NE, TN, TX,</i>	Family <i>MN, NE, TN, TX</i>	Organization	Community <i>TX</i>
<i>Targeted Populations for Human Service Outcomes</i>	Individual <i>MN, NE, TN, TX</i>	Family <i>ID, MN, NE, TN, TX</i>	Organization	Community <i>TX</i>

Appendix 1

The Panel identified 38 grantees that had as one of their focuses the integration of health and human services. Those grantees are:

- Coosa Board of Education, *Alabama*
- Hardrock Council on Substance Abuse, *Arizona*
- Mendocino County Health Department, *California*
- Terry Reilly Health Services, *Idaho*
- Gritman Adult Day Health Program, *Idaho*
- Dunn Center and Family Health Services, *Indiana*
- Wayne Community School District, *Iowa*
- Promoting Healthy Lifestyle, Health Education Action Partnership, *Kansas*
- Four County Mental Health Center, Senior Outreach Services Consortium, *Kansas*
- Franklin Parish Hospital Service District No. 1, *Louisiana*
- Worcester County Health Department, *Maryland*
- Cass County Health, Human and Veteran Services, *Minnesota*
- Evergreen House, Inc., *Minnesota*
- Northwestern Mental Health Center, *Minnesota*
- Princeton R-V School District, *Missouri*
- District III Area Agency on Aging, *Missouri*
- Butte Silver Bow Primary Health Care Clinic, Inc., *Montana*
- Fort Peck Assiniboine Sioux Tribes, *Montana*
- Cooperative Health Center, Inc., *Montana*
- Good Neighbor Community Health Center, *Nebraska*
- Great Basin College, *Nevada*
- BrightPath Adult Day Services, Inc., *Nevada*
- Northern Human Services, *New Hampshire*
- Border Area Mental Health Services, Inc., *New Mexico*
- Las Cumbres Learning Services, Inc., *New Mexico*
- Standing Rock Reservation, *North Dakota*
- Cavalier County Job Development Authority, *North Dakota*
- Southwestern District Health Unit, *North Dakota*
- La Clinica de Carino Family Health Center, *Oregon*
- ADAPT, Inc., *Oregon*
- Custer School District 16-1, *South Dakota*
- Ridgeview Psychiatric Hospital and Center, Inc., *Tennessee*
- East Texas Border Health, *Texas*
- Migrant Health Promotion, *Texas*
- People Incorporated of Southwest Virginia, *Virginia*
- Shenandoah Memorial Hospital, *Virginia*
- San Juan Telepsychiatry Demonstration Project, Compass Health, *Washington*
- Alzheimer's Disease and Related Disorders Association, *Wisconsin*

Appendix 2

The following grantees also had as one of their focuses the integration of health and human services. While potentially not holding the same opportunities for integrating health and human services to improve human service outcomes as the five case studies, the Panel agreed that there are promising practices incorporated into their program design.

People Incorporated of Southwest Virginia:

The consortium intends to engage physicians and medical residents in order to increase their knowledge of community-based resources to support low-income patients' self-efficacy. Includes home visits by medical residents and human service providers, information exchange forum for human service providers and physicians. Enables better understanding by all service providers of the necessary components in a full continuum of care.

Questions:

- Does increased knowledge of community-based resources translate into increased outreach to social service providers by physicians?

Mendocino County Health Department, California:

ADAPT project will team a substance abuse therapist with an intervention specialist to increase youth resiliency through prevention, intervention, and treatment. The county health department attempts to integrate service through a locally designed program that operates within the school setting and other community-based organizations.

Questions:

- What responsibilities and assistance was the school system given to help ensure success of the program beyond the times that services were offered?

Wayne Community School District, Iowa:

The Wayne County Multi-Generational Behavioral Health Project aims to increase access to behavioral health care for area children and isolated elderly through outreach, education and involvement of the community in an integrated network of services. The project will focus beyond mental health to a broader emphasis on behavioral health condition. As project lead, the school system is attempting to translate its first-hand observations of children's behavioral health conditions into community leadership in behavioral health services.

Questions:

- As a key component of the program, how sustainable is a community-based mentoring program?
- Are services provided within the school setting or is the school setting just used for identification of students with behavioral health problems? If not provided within the school setting, what role does school play in sustainability of services?

Franklin Parish Hospital, Louisiana:

The effort attempts to integrate primary care and behavioral health program by providing behavioral health services at rural health clinics, long-term care facilities and home-bound patients. Case management, psychological evaluation and treatment services will be provided.

Questions:

- Given that this effort creates new services previously unavailable, how sustainable is the effort after grant funding ends?

Worcester County Health Department, Maryland

The ACCESS Collaborative will expand services that promote independent and unrestricted living for the county's aging population. The Collaborative approaches effort through proven Asset-Based Community Development Approach (ABCD model), which emphasizes the involvement of community assets in addressing community needs. Services are integrated by increasing access to behavioral health services, in-home personal care, chore and home improvement services through community assets.

Questions:

- Utilizing community assets can involve an intensive effort. Is someone dedicated just to this task and will this effort be sustainable after funding ends?

Shenandoah Memorial Hospital, Virginia:

The “Community Health Connections” project provides disadvantage persons in the county with enhanced access to health and human services through education, outreach and coordination of care activities. The project is collaborative and while services do not appear to be integrated, a wide array of community health and human service organizations – including nonprofit and faith-based organizations – are involved in the effort, with each of the partners having distinct roles that take advantage of their specialties. These include in-home nursing care; case management for low-income persons; a coordinated transportation program; and advancement of community awareness through education, public relations and outreach activities.

Questions:

- Is there a role for community volunteers, given nonprofits in the partnerships?
- Many of the county’s most important health and human service providers have designed this program to be holistic and take advantage of their specialties. Does this make the program more sustainable after grant funding ends?

Appendix 3

In our examination of the grantees' post-award reports, we often found ourselves asking, "what if/what about" questions. These questions, while not difficult for grantees to answer, might yield a more in-depth self-analysis of the project's outcomes. These questions are:

1. Which components were valuable? Which sustainable? Which actions or activities would you recommend to others NOT to repeat or include?
2. Did the provision of human services in your project impact health? Did the provision of health services impact the social service needs of the clients?
3. What did you learn? Were health and human services integrated well? Any better than they were before? Why or why not? What one thing was the most innovative? What one thing, activity, administrative change was the most successful?
4. What changes occurred in infrastructure? Did the extra funds impact any of the partners? Did the extra funds permanently impact any clients? How?
5. Will the work continue in a different format? If so, how? Under what funding mechanisms?
6. Can this work be done in the future without outside funding? Explain.
7. What would you like further studied about your project?
8. What recommendations do you have for ORHP for the further use of funds in rural areas?

Appendix 4: Characteristics of Integrated Health and Human Services Projects

Service Delivery Enhancements	Enhanced Information & Referral MN, TX, ID	Improved Access to Services MN, NE, TN, TX, ID	Integrated Case Management TN, TX	Developed New Service TN, TX
	<p>Idaho Gritman Adult Day Health Program</p> <ul style="list-style-type: none"> The ACCESS program implemented the Gatekeeper program to identify warning signs that a senior might be at risk for a health/mental health crisis. One component is contact a local agency to engage the appropriate delivery system. ACCESS will increase access to wellness and disease prevention information and referrals by developing and purchasing materials accessible to all community members. 	<p>Idaho Gritman Adult Day Health Program</p> <ol style="list-style-type: none"> Initiate Gatekeeper program to train a proactive network of community members to identify changes in behavior, routines, etc. in seniors that might be early warning signs for at-risk seniors. Initiates a care giver support group for those who care for rural seniors Increase access to primary care & related social services through an expanded volunteer corps of drivers from rural communities. Caregiver Support grant funding provided support for part-time licensed social worker to assess need, establish & facilitate program. 	<p>Tennessee Family Outreach Program</p> <p>Program included case management services for mothers in program to help access community resources</p>	<p>Tennessee Family Outreach Program</p> <p>The Tennessee Family Outreach Program is a new program to work with drug exposed infants and their mothers. Goals included providing assessments and interventions to create a stable environment and addresses physical and emotional well-being of infants with special needs. Involved working with parents in a plan to regain custody of their infant.</p>

Service Delivery Enhancements	Enhanced Information & Referral MN, TX, ID	Improved Access to Services MN, NE, TN, TX, ID	Integrated Case Management TN, TX	Developed New Service TN, TX
	<p>Minnesota Northwestern Mental Health Center</p> <p>Goal of the network is to</p> <ol style="list-style-type: none"> 1. Interagency process for coordinating early identification, screening, assessment and intervention. 2. To improve access to mental health resources. 	<p>Minnesota Northwestern Mental Health Center</p> <p>Creation of a new Mahnomen County Mental Health Consortium to provide home-based mental health therapy services and school-based mental health services.</p>	<p>Texas Migrant Health Promotion</p> <p>Migrant Health Promotion supplied case manager to follow-up on emergent & complex cases encountered by the Promotoras.</p>	<p>Texas Migrant Health Promotion:</p> <p>Nuevas Avenidas (New Avenues) program combines the work of Promotoras (community health workers) with accessible health care services, case management, grassroots organizing and service agency coordination in Texas colonias communities.</p>
	<p>Texas Migrant Health Promotion</p> <p>The program goals were designed around increasing education of colonias members. Promotoras went door-to-door in colonias and spoke to families about health concerns, provided individual health education and referrals to health and social services. Promotoras also conducted small group presentations around preventative and mental health care and substance abuse.</p>	<p>Nebraska Good Neighbor CHC</p> <ol style="list-style-type: none"> 1. Expand availability of BH providers through placement of faculty & students at GNCHC & BGH 2. GNCHC hired dually licensed psychiatric & family health nurse practitioner and licensed mental health therapist. 3. Created a Telehealth program 		

Service Delivery Enhancements	Enhanced Information & Referral MN, TX, ID	Improved Access to Services MN, NE, TN, TX, ID	Integrated Case Management TN, TX	Developed New Service TN, TX
		<p>Tennessee Family Outreach Program Services offered through the consortium included in-home mental health and substance abuse treatment, relapse prevention, parenting education, supervised visits with mothers and infants, education regarding infant care and emotional/physical development, and case management services.</p>		
		<p>Texas Migrant Health Promotion: Access to primary, preventative and behavioral health services increased by utilizing a community based health service and referral network, offering peer health education, and supporting community organizing. The training of migrant farmworkers as promotoras will provide education and community improvement guidance in their communities.</p>		

Service Delivery Strategy	Increased Collaboration and/or Coordination	Formal Partnerships among Existing Agencies	Delivered through Multidisciplinary Teams	Co-Located Services
	<p>Idaho Gritman Adult Day Health Program</p> <ul style="list-style-type: none"> • Council on Aging & Human Services linked to COAST Transportation to provide transportation services • Whitman Hospital provides community & professional education • Whitman Hospital provides coordination between patients and transportation services • Area Agency on Aging serves as an ACCESS branch • Office & meeting space and supplies provided by health providers • Reporting statistics for evaluation provided by health care provider. 	<p>Idaho Gritman Adult Day Health Program</p> <p>Palouse Alliance, a group of professionals joined together to pool resources to meet community needs, including creating Project ACCESS to address transportation needs, community education, adults caring for loved ones & strategies to avoid crisis situations.</p>	<p>Minnesota Northwestern Mental Health Center</p> <p>This project was governed by the five participating organizations, with each organization responsible for project related services for which they were best suited. Additional resources were provided to expand and create new services. Recruitment and training of in-home and school-based services staff was a responsibility.</p>	<p>Minnesota Northwestern Mental Health Center</p> <p>The consortium will provide:</p> <ul style="list-style-type: none"> • Professional home-based mental health therapy services and • School-based mental health services to improve both social and academic performance.
	<p>Minnesota Northwestern Mental Health Center</p> <p>This initiative is an extension of the Mahnommen County Children’s Mental Health Collaborative, consisting of a health center, human services center, Indian Health</p>	<p>Tennessee Ridgeview Psychiatric Hospital</p> <p>The consortium involved:</p> <ul style="list-style-type: none"> • Ridgeview Hospital – staff & resources for implementation • Methodist Medical Center birthing unit – information & 	<p>Tennessee Ridgeview Psychiatric Hospital</p> <ul style="list-style-type: none"> • Staffing & resources delivered through Ridgeview Psychiatric Hospital & Center • Training to staff on issues related to infant 	<p>Nebraska GNCHC</p> <p>Behavioral health services offered within a primary care setting, to increase the continuum of care, and within the Boys & Girls club, where other social and developmental services are provided to</p>

Service Delivery Strategy	Increased Collaboration and/or Coordination	Formal Partnerships among Existing Agencies	Delivered through Multidisciplinary Teams	Co-Located Services
	<p>Services, the public school district and the mental health center. Each organization had participation from the CEO or Administrator on the Steering Committee. A primary goal is to build an interagency process for coordinating early identification, screening, assessment and intervention.</p>	<p>training for staff on issues related to infant health & assessment and referrals</p> <ul style="list-style-type: none"> • Healthy Starts – curriculum to be used with mothers • Department of Children’s Services – referrals & interactions with mothers who lost custody of their infants. • Anderson County Juvenile Court – referrals t program. 	<p>health & assessment Methodist Medical Center birthing unit.</p> <ul style="list-style-type: none"> • Referrals to program from Methodist Medical Center • Curriculum for use with mothers provided by Healthy Starts • Referrals from Department of Children’s Services and working with program staff in interaction with mothers who lost custody of infants. This relationship prevented the mother to be fully removed from her infant. • Referrals from Juvenile Court Judge 	<p>disadvantaged, at risk youth living in residence.</p>
	<p>Nebraska Good Neighbor CHC</p> <ol style="list-style-type: none"> 1. BH faculty & students placed in GNCHC. 2. GNCHC hired licensed psychiatric nurse practitioners and licensed mental health therapist. 3. UNMC faculty & students provide services at Boys & Girls Home. 			<p>Tennessee Ridgeview Psychiatric Hospital</p> <p>Services were provided on an in-home basis, which allowed staff to meet the clients in their own environment.</p>

Service Delivery Strategy	Increased Collaboration and/or Coordination	Formal Partnerships among Existing Agencies	Delivered through Multidisciplinary Teams	Co-Located Services
	<p>4. Implemented Quick Diagnostic Panel (QPD) device questionnaire to better integrate BH services into the primary care clinic, allowing for on-the-spot BH care from primary care provider and BH professional, if needed. 73% of clients are being followed by a health care provider for the identified condition.</p>			
	<p>Texas Migrant Health Promotion</p> <ul style="list-style-type: none"> • Training for Promotoras in accessing mental health & substance abuse services, crisis intervention & general information about specific mental illnesses including clinical depression, anxiety disorder, children’s disorders • Case management for emergent and complex cases encountered by Promotoras • Family Health Center to provide patients referred by Promotoras for medical services & counseling. 			<p>Texas Migrant Health Promotion</p> <p>The use of Promotoras through the Nuevas Avenidas program allowed most screening, education and basic health care services to be provided in the colonias, a familiar and safe place for residents.</p> <ul style="list-style-type: none"> • Health education, primary, preventative and behavioral health care screening were provided under one program. Referrals were provided onsite to the Hope Family Health Center, with follow-up visits at colonias by the Promotoras or caseworker. • Group presentations around preventative health, mental health & substance abuse were

Service Delivery Strategy	Increased Collaboration and/or Coordination	Formal Partnerships among Existing Agencies	Delivered through Multidisciplinary Teams	Co-Located Services
				provided onsite at the colonias, often presented by guest speakers from local agencies.

Service Delivery Location	Agency/Local	Other Agency; place already there	Bring client to service	Home based
	<p>Minnesota Northwestern Mental Health Center</p> <p>Outpatient services will be initiated to ensure access to all population to improved crisis management and to better integrate mental health with primary health services, particularly relevant to the Native American population.</p>	<p>Minnesota Northwestern Mental Health Center</p> <p>Services were provided in the school for at-risk youth.</p>	<p>Idaho Gritman Adult Day Health Program</p> <ol style="list-style-type: none"> 1. Gatekeeper program created training courses for community members in each participating community 2. COAST Transportation provides transportation services for community elderly through training and use of volunteer drivers 3. Caregiver support program offered community located support and respite relief for volunteer caregivers. 	<p>Idaho Gritman Adult Day Health Program</p> <p>The Gatekeeper program was one of the major components of this program. Through that program, community members are trained to recognize and identify potential warning signs and symptoms that that a senior may be at risk for a health/mental health crisis. Awareness of a senior in their home setting is a leading way to identify warning signs.</p>

Service Delivery Location	Agency/Local	Other Agency; place already there	Bring client to service	Home based
	<p>Nebraska GNCHC</p> <p>Behavioral health treatment provided at GNCHC</p>	<p>Nebraska GNCHC</p> <p>UNMC provided therapy for residents at Boys & Girls Home to reduce return to out of home treatment</p>	<p>Nebraska GNCHC</p> <p>Psychological screening and Tele-health services provided at GNCHC, with van transportation for clients seeking services provided by East Central District Health Department.</p>	<p>Minnesota Northwestern Mental Health Center</p> <p>Mental health services were provided in the home, which helped alleviate the problem of “no shows” for appointments.</p>
	<p>Texas Migrant Health Promotion</p> <p>Most health care and mental health services were first offered within the colonias, creating a local system of care.</p>		<p>Tennessee Family Outreach Program</p> <p>Program staff provided transportation for clients to pediatrician visits, WIC appointments, OBGYN follow-ups.</p>	<p>Nebraska GNCHC</p> <p>In later years of the grant, the East Central District Health Department and Columbus Community Hospital expanded diagnostic screening services to the general community by providing administration of the screening at home visits.</p>
				<p>Tennessee Family Outreach Program</p> <p>Services were provided on an in-home basis, which was more reassuring to clients, but also allowed an evaluation of the infant’s living situation.</p>

Service Delivery Location	Agency/Local	Other Agency; place already there	Bring client to service	Home based
				<p>Services could be provided “right then” when a mother was unsure about some aspect of infant care.</p>
				<p>Texas Migrant Health Promotion:</p> <p>Almost all services, except for medical care requiring physician attention, were provided onsite at colonias by Promotoras. This program advanced the services provided by Promotoras to include those normally provided in a local agency or health care setting.</p>

Targeted Populations for Health Outcomes	Individual	Family	Organization	Community
	<p>Idaho Gritman Adult Day Health Program</p> <p>Target population were area residents:</p> <ul style="list-style-type: none"> • Adults 60+ • Income of ~\$15,000-\$16,000. Median for the region. 	<p>Minnesota Northwestern Mental Health Center</p> <p>Target population is at-risk children and adolescents and their families in need of multiple services in Mahnommen County, located entirely within the boundaries of the White Earth Reservation. 28.6 percent of the population are Native Americans. 30.9 percent live in poverty. A goal is to better integrate mental health with primary health services.</p>		<p>Texas Migrant Health Promotion</p> <p>This program specifically targets colonias in Texas. Colonias are unincorporated neighborhoods developed outside of city limits and lacking city services such as transportation, utilities & road signs. 98-99 percent of colonia residents are Latino. Colonias lack clean water and adequate sewage and drainage, complete plumbing, garbage collection and paved roads.</p>
	<p>Minnesota Northwestern Mental Health Center</p> <p>Target population is at-risk children and adolescents and their families in need of multiple services in Mahnommen County, located entirely within the boundaries of the White Earth Reservation. 28.6 percent of the population are Native Americans. 30.9 percent lives in poverty. A goal is to better integrate mental health with primary health services.</p>	<p>NE GNCHC: Target population included:</p> <ul style="list-style-type: none"> • Non-minority children under 18 who lack insurance • Undocumented children who lack health insurance • Children & adults who are underserved due to distance from providers & lack of transportation • Mostly Hispanic adults & children underserved due to linguistic & cultural barriers 		

Targeted Populations for Health Outcomes	Individual	Family	Organization	Community
	<p>NE GNCHC: Target population included:</p> <ul style="list-style-type: none"> • Rural non-minority elderly persons who do not qualify for Medicare &/or lack sufficient funds to purchase supplemental Medicare coverage • Non-minority working age adults who lack health insurance • Documented & undocumented minority adults who lack health insurance 	<p>Tennessee Family Outreach Program: Program participants were</p> <ul style="list-style-type: none"> • Mothers (and their infants) who tested positive for substance abuse during pregnancy, at time of birth or admitted to using drugs during the pregnancy. • Age range from 17-35+ • At or below poverty level • Most insured with TennCare 		
	<p>Tennessee Family Outreach Program:</p> <p>Program aimed to help drug-exposed infants by helping mothers learn parenting skills, including physical well-being.</p>	<p>Texas Migrant Health Promotion</p> <p>Culturally & linguistically appropriate peer health education & social service education to families in colonias.</p>		
	<p>Texas Migrant Health Promotion</p> <p>Culturally & linguistically appropriate peer health education & social service education to colonias' residents and migrant farm workers</p>			

Targeted Populations for Health Outcomes	Individual	Family	Organization	Community
	<p>Minnesota Northwestern Mental Health Center</p> <p>Target population is at-risk children and adolescents and their families in need of multiple services in Mahnomen County, located entirely within the boundaries of the White Earth Reservation. 28.6 percent of the population are Native Americans. 30.9 percent lives in poverty. A special emphasis is on youth involved in the criminal justice system</p>	<p>Idaho Gritman Adult Day Health Program</p> <p>Support services, respite care, education for volunteer caregivers</p>		<p>Texas Migrant Health Promotion</p> <p>This program specifically targets colonias in Texas. Colonias are unincorporated neighborhoods developed outside of city limits and lacking city services such as transportation, utilities & road signs. 98-99 percent of colonia residents are Latino. Colonias lack clean water and adequate sewage and drainage, complete plumbing, garbage collection and paved roads.</p>
	<p>NE GNCHC: Target population included:</p> <ul style="list-style-type: none"> • Rural non-minority elderly persons who do not qualify for Medicare &/or lack sufficient funds to purchase supplemental Medicare coverage • Non-minority working age adults who lack health insurance • Documented & undocumented minority adults who lack health insurance 	<p>Minnesota Northwestern Mental Health Center</p> <p>Target population is at-risk children and adolescents and their families in need of multiple services in Mahnomen County, located entirely within the boundaries of the White Earth Reservation. 28.6 percent of the population are Native Americans. 30.9 percent live in poverty. A well accepted model of functional family therapy and family group decision-making was adapted.</p>		

Targeted Populations for Health Outcomes	Individual	Family	Organization	Community
	<p>Tennessee Family Outreach Program</p> <p>A significant portion of this program was helping mothers of drug-exposed infants with mental health & substance abuse treatment. Program also involved case management for mothers to help access community resources.</p>	<p>NE GNCHC: Target population included:</p> <ul style="list-style-type: none"> • Non-minority children under 18 who lack insurance • Undocumented children who lack health insurance • Children & adults who are underserved due to distance from providers & lack of transportation • Mostly Hispanic adults & children underserved due to linguistic & cultural barriers 		
	<p>Texas Migrant Health Promotion</p> <p>Culturally & linguistically appropriate peer health education & social service education to colonias' residents and migrant farm workers</p>	<p>Tennessee Family Outreach Program</p> <p>Mothers of drug-exposed infants to access community resources for their infant and themselves, parent skills education.</p>		
		<p>Texas Migrant Health Promotion</p> <p>Culturally & linguistically appropriate peer health education & social service education to families in colonias</p>		

RUPRI Rural Human Services Panel

Kathleen Belanger, Associate Professor of Social Work at Stephen F. Austin State University. In addition to teaching Social Work, she assists in the development of social service programs, in linking service providers, and in program evaluation.

Vaughn Clark, Director of Community Development at the Oklahoma Department of Commerce. His responsibilities include supervision and oversight of the planning of several federal and state programs administered by the Department, including the Community Development Block Grant (CDBG), the Weatherization Assistance Program, the State Energy Office, the Community Services Block Grant (CSBG), the Emergency Shelter Grant (ESG), the Neighborhood Stabilization Program (NSP), and several additional programs funded under the American Reinvestment and Recovery Act (ARRA).

Jane Forrest Redfern, Rural Policy Coordinator for the Ohio Department of Job and Family Services. Her responsibility is to advise the agency and build capacity in Appalachian and rural Ohio.

Jerry Friedman, Executive Director of the American Public Human Services Association, a nonprofit, bipartisan organization of state and local human service agencies and individuals who work in or are interested in public human service programs.

Mario Gutierrez

Mario Gutierrez has had an extensive and successful career in the non-profit health sector as an organizer, program developer, administrator and funder. From 1996 to 2009, Mr. Gutierrez served as a Strategic Programs Director for The California Endowment. Since leaving the California Endowment, Mr. Gutierrez has developed his own independent consultant practice and has dedicated his time to volunteering his services with several local community, national, and international non-profit boards of directors.

Bruce Weber, Professor of Agricultural and Resource Economics and Extension Economist at Oregon State University and Director of the Rural Studies Program. His current research projects focus on the causes of poverty and hunger in rural areas, particularly on the interaction of community characteristics, public policy, and household economic outcomes for low-income people.

For more information:

Jocelyn Richgels

Associate Director, National Policy Programs
Rural Policy Research Institute (RUPRI)

202-624-7807

202-624-8813 fax

400 N. Capitol St. NW, Suite 390
Washington, DC 20001



www.rupri.org