



UNITED STATES DEPARTMENT OF AGRICULTURE  
CENTER FOR FAITH BASED AND NEIGHBORHOOD PARTNERSHIPS  
& RURAL DEVELOPMENT



# USDA Mental Health Awareness Month Workshop Series

Co-hosted with the National Association of County Behavioral  
Health and Developmental Disability Directors

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

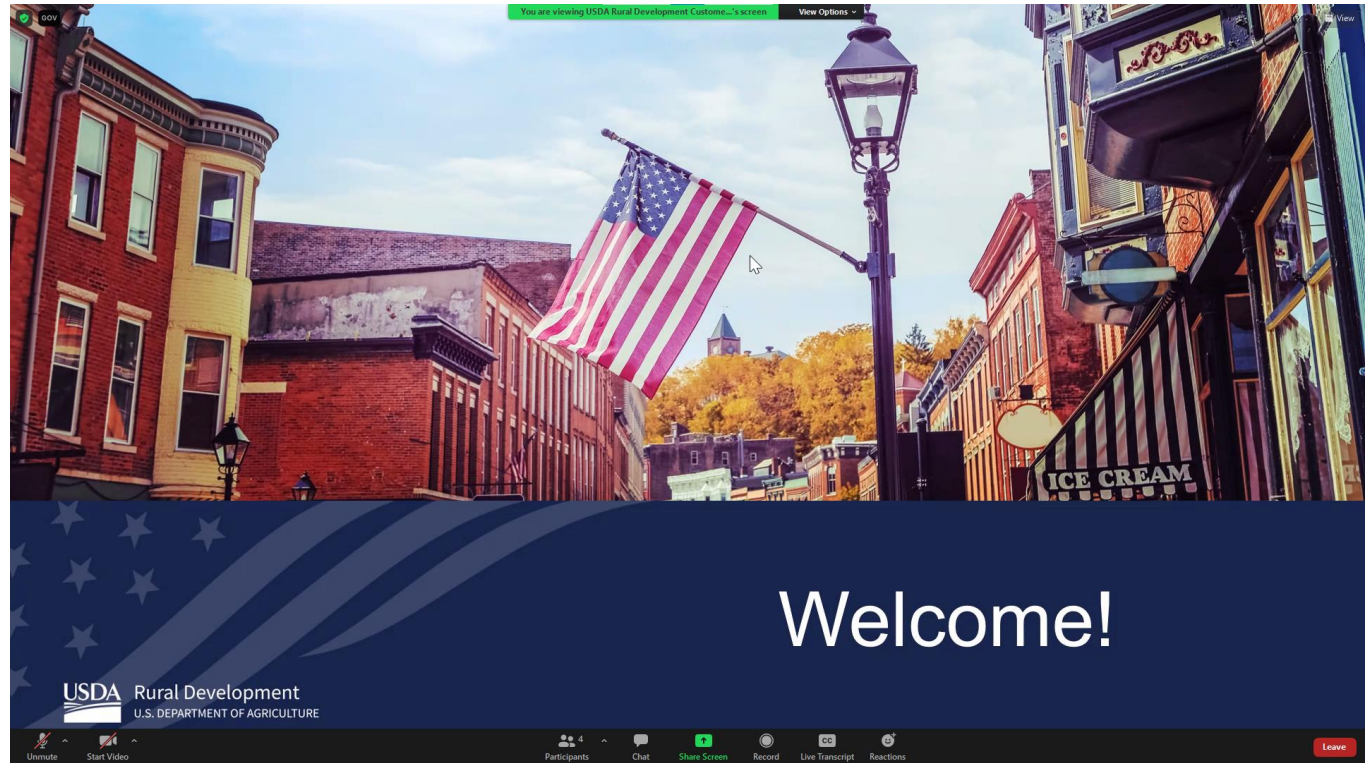
Join us for a conversation focused on resources and tools for rural and frontier communities to thrive through creative problem-solving with perspectives rooted in rural services, behavioral health, and technology.

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



# Housekeeping

- 1 Unmute\***  
Attendees are in listen only mode
- 2 Start Video\***  
Not available to attendees for this session
- 3 Participants**  
A list of attendees in the session
- 4 Chat\***  
Attendees may chat with hosts only
- 5 Share Screen\***  
Not available to attendees for this session
- 6 Record**  
We are recording today's session
- 7 Live Transcript**  
Click to view auto-generated captions
- 8 Reactions**  
Non-verbal reactions for presenters
- 9 Leave**  
Leave the session



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- 2
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*\*These functions may be enabled by the host, if necessary*

# Agenda

Opening Remarks	<ul style="list-style-type: none"><li>• Kellie Kubena, USDA Rural Health Liaison</li><li>• Jonah C. Cunningham, President &amp; CEO, National Association of County Behavioral Health and Developmental Disability Directors and Executive Director, National Association for Rural Mental Health</li><li>• Joaquin Altoro, Administrator Rural Development Rural Housing Service</li></ul>
Center for Rural Behavioral Health at Minnesota State University at Mankato	<ul style="list-style-type: none"><li>• Paul Force-Emery Mackie, PhD, LISW- Distinguished Faculty Scholar, Professor, &amp; Assistant Director</li></ul>
USDA Rural Development	<ul style="list-style-type: none"><li>• Kellie Kubena- USDA Rural Health Liaison</li></ul>
Netsmart	<ul style="list-style-type: none"><li>• Neal Tilghman, MPA- General Manager</li></ul>
Center for Rural Behavioral Health at Minnesota State University at Mankato	<ul style="list-style-type: none"><li>• Thad Shunkwiler, LMFT, LPCC, ACS, CCMHC- Associate Professor &amp; Director</li></ul>
Discussion	<ul style="list-style-type: none"><li>• Moderated by Jonah C. Cunningham, President &amp; CEO NACBHDD and Executive Director NARMH</li></ul>
Closing Remarks	<ul style="list-style-type: none"><li>• Samantha Joseph, Director, USDA Center for Faith-Based &amp; Neighborhood Partnerships</li></ul>

# Joaquin Altoro

Administrator

Rural Housing Service

Rural Development

US Department of Agriculture

# Paul Force-Emery Mackie, PhD, LISW

Distinguished Faculty Scholar, Professor and Assistant Director,  
Center for Rural Behavioral Health at Minnesota State University at Mankato

# Challenges Associated with Rural Behavioral Health in the United States

- Approximately one-fifth (19.3%) of the US population lives in rural.
- Among those in rural, about 8.6 million currently experience mental illness.
- Reported that 5.1% of non-metropolitan residents report serious thoughts of suicide in past year.
- Rural single males without children show some of the highest rates of depression when compared to urban counterparts.
- Prevalence of serious mental illness/psychiatric disorders similar between rural and urban areas.
- Those living in rural areas receive treatment less frequently compared to urban.
- Those who do receive treatment (rural) are often cared for by providers with less specialized training/expertise – often by Primary Care Physicians/others in health care services (65% of rural residents receiving MH care receive from PCPs).

*Source: Morales, D.A., Barksdale, C.L., & Beckel-Mitchener, A.C. (2020). A call to action to address rural mental health disparities. Journal of Clinical and Translational Science, Oct 4(5): 463-467 and Amato, P.R. & Zuo, J. Rural poverty, urban poverty, and psychological well-being. The Sociological Quarterly, 33 (2), 229-240.*

# Challenges Associated with Rural Behavioral Health in the United States

- Services that are available are often geographically distant, thus creating a distance barrier to receiving care.
- Over 60% of rural residents live in mental health professional shortage areas.
- More than 90% of all psychologists and psychiatrists and over 80% of MSWs work exclusively in metropolitan areas.
- Access to high-speed technology necessary to facilitate care delivery via the internet is typically much slower in rural, and often not available.

Sources: <https://www.nimh.nih.gov/news/media/2018/mental-health-and-rural-america-challenges-and-opportunities> and Mackie, P.F.E. (2015). *Technology in rural behavioral health care practice: Policy concerns and solution suggestions*. *Journal of Rural Mental Health* (39), 5-12. doi:10.1037/rmh0000027



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

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

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), [Results from the 2021 National Survey on Drug Use and Health: Detailed Tables](#)



# The “4 A’s” of Rural Behavioral Health

- **Accessibility** – Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and providers are less likely to recognize a mental illness.
- **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to practice in urban centers.
- **Affordability** – Many rural residents may not be able to afford the cost of health insurance or the cost of out-of-pocket care, especially when they lack health insurance.
- **Acceptability** – Rural residents may be more susceptible to the stigma of needing or receiving mental healthcare in small communities where familiarity and fewer choices of trained professionals can lead to a lack of faith in confidentiality, as well as a reliance on the informal care of family members, friends, and religious leaders.

source: [https://www.ruralhealth.us/NRHA/media/Emerge\\_NRHA/Advocacy/Policy%20documents/The-Future-of-Rural-Behavioral-Health\\_Feb-2015.pdf](https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/The-Future-of-Rural-Behavioral-Health_Feb-2015.pdf)

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

- The prevalence of mental illness in rural is significant.
- Rural areas continue to struggle to gain access to behavioral health services.
- Rural areas typically show similar but often higher rates of alcohol & other drug use and misuse.
- There is a chronic lack of behavioral health providers in rural areas.

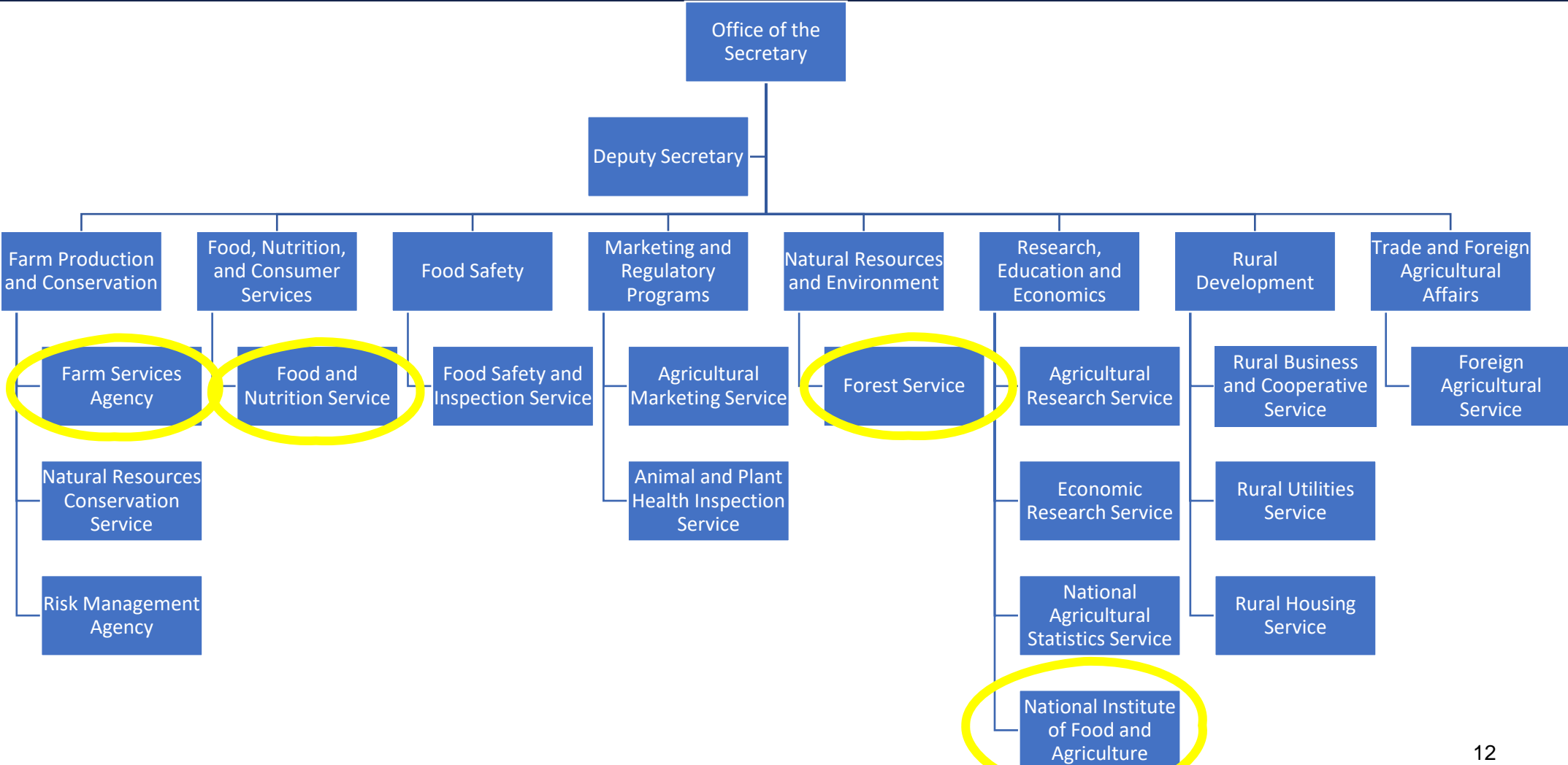
# Kellie Kubena

USDA Rural Health Liaison

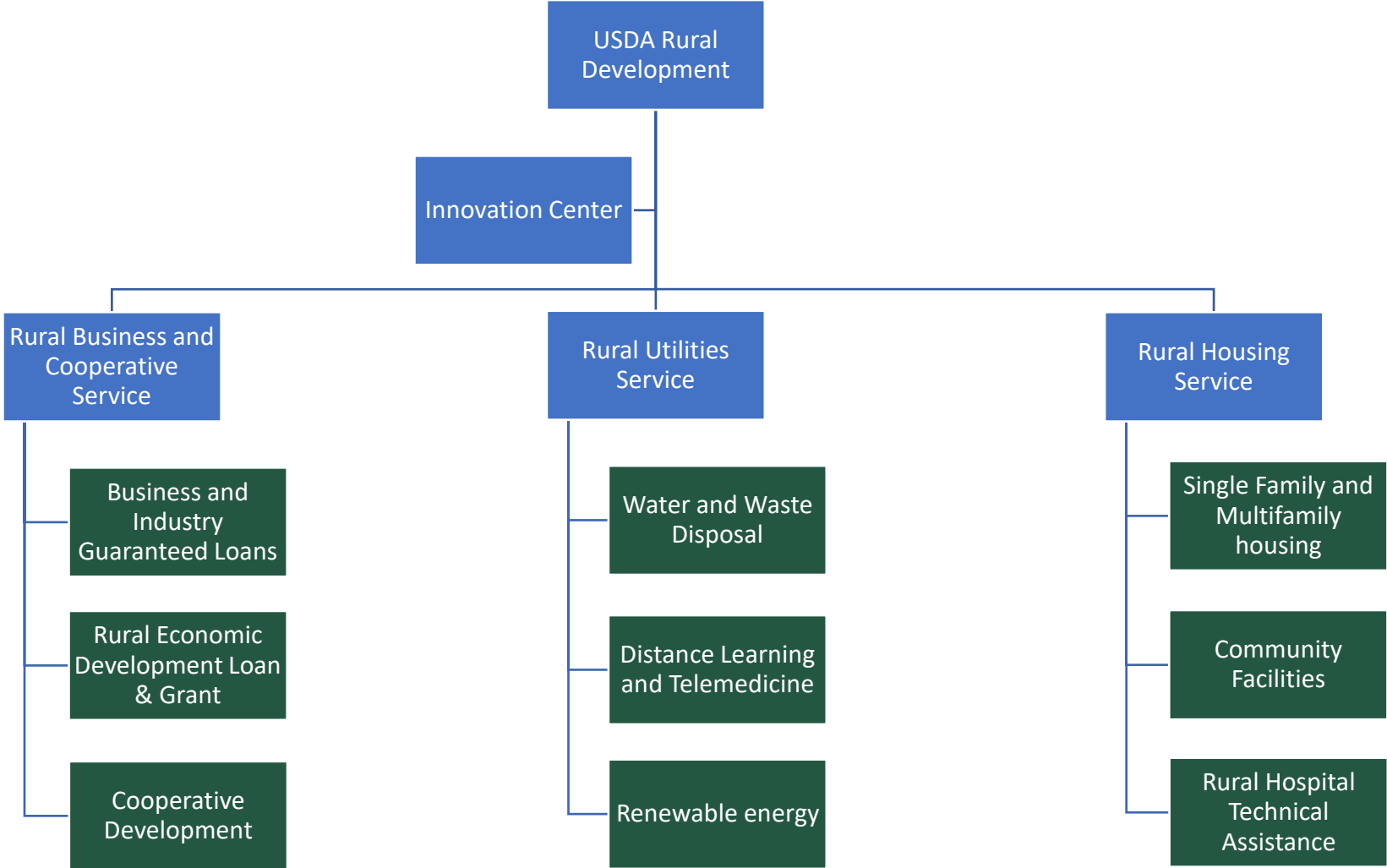
Rural Development Innovation Center

United States Department of Agriculture

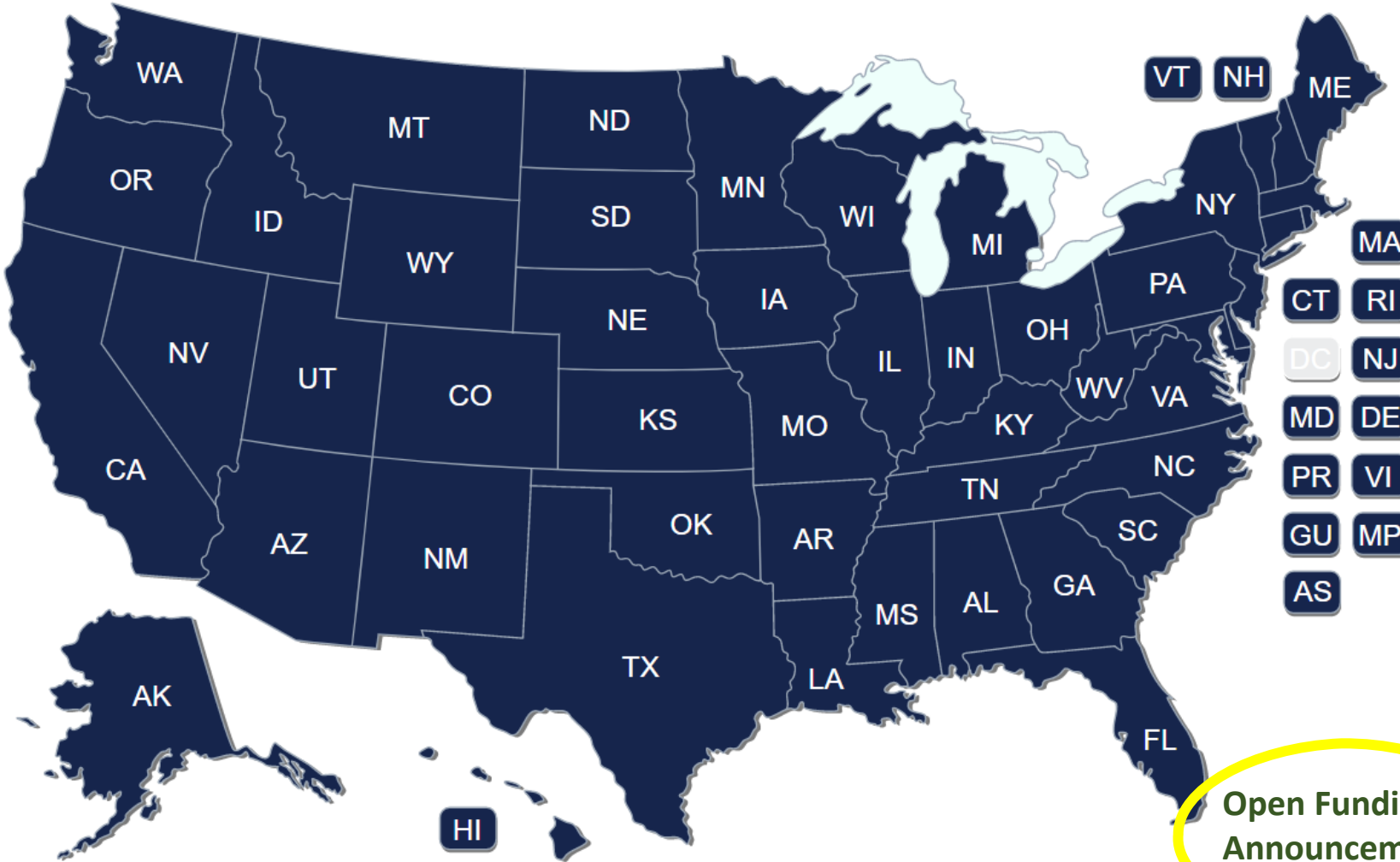
# USDA – Who we are



# USDA Rural Development



# USDA Rural Development



# Advancing Racial Justice, Equity, Opportunity, and Rural Prosperity

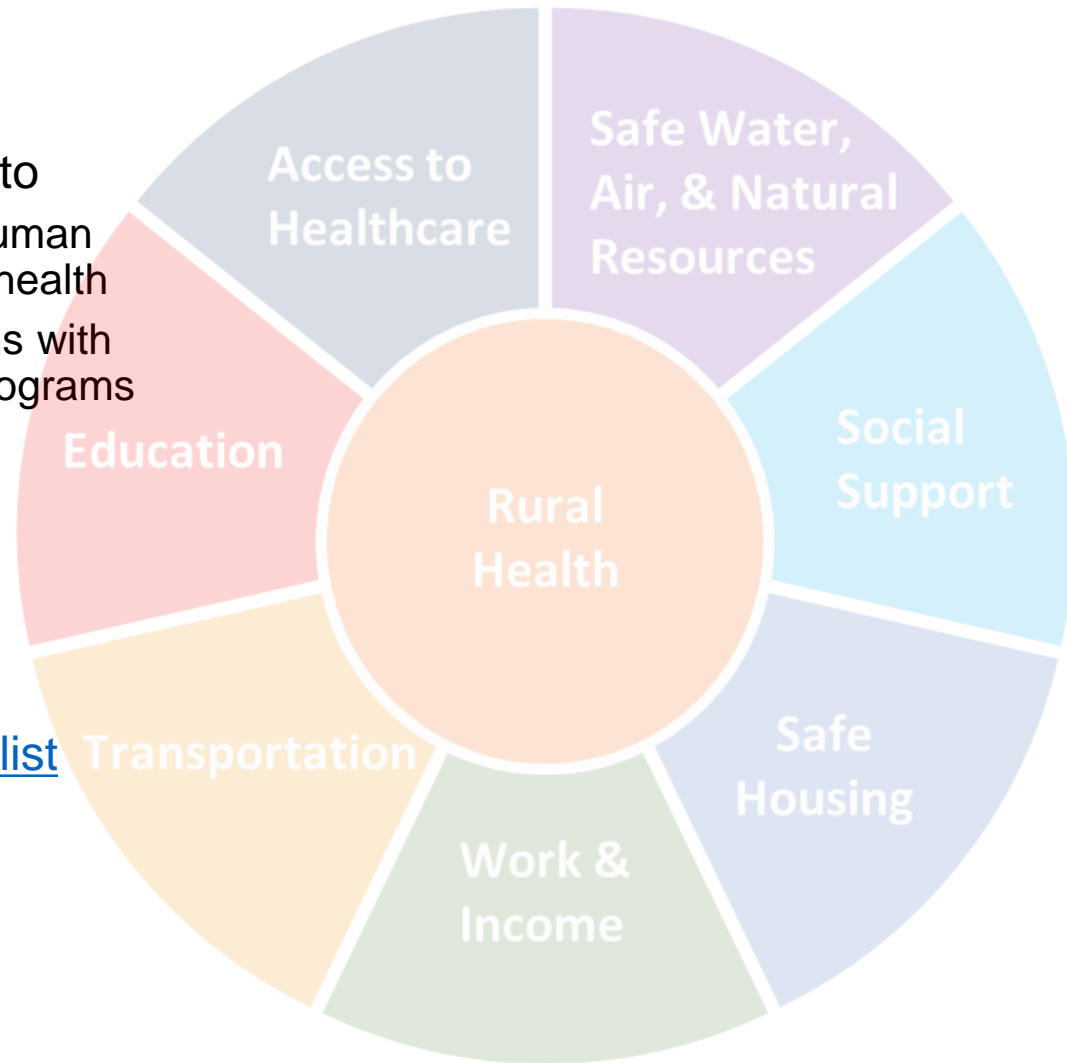
**Under the Biden Harris Administration and Secretary Vilsack's leadership, Rural Development is focused on advancing the following [key priorities](#):**

- Addressing Climate Change and Environmental Justice
- Advancing Racial Justice, Place-Based Equity, and Opportunity
- Creating More and Better Market Opportunities

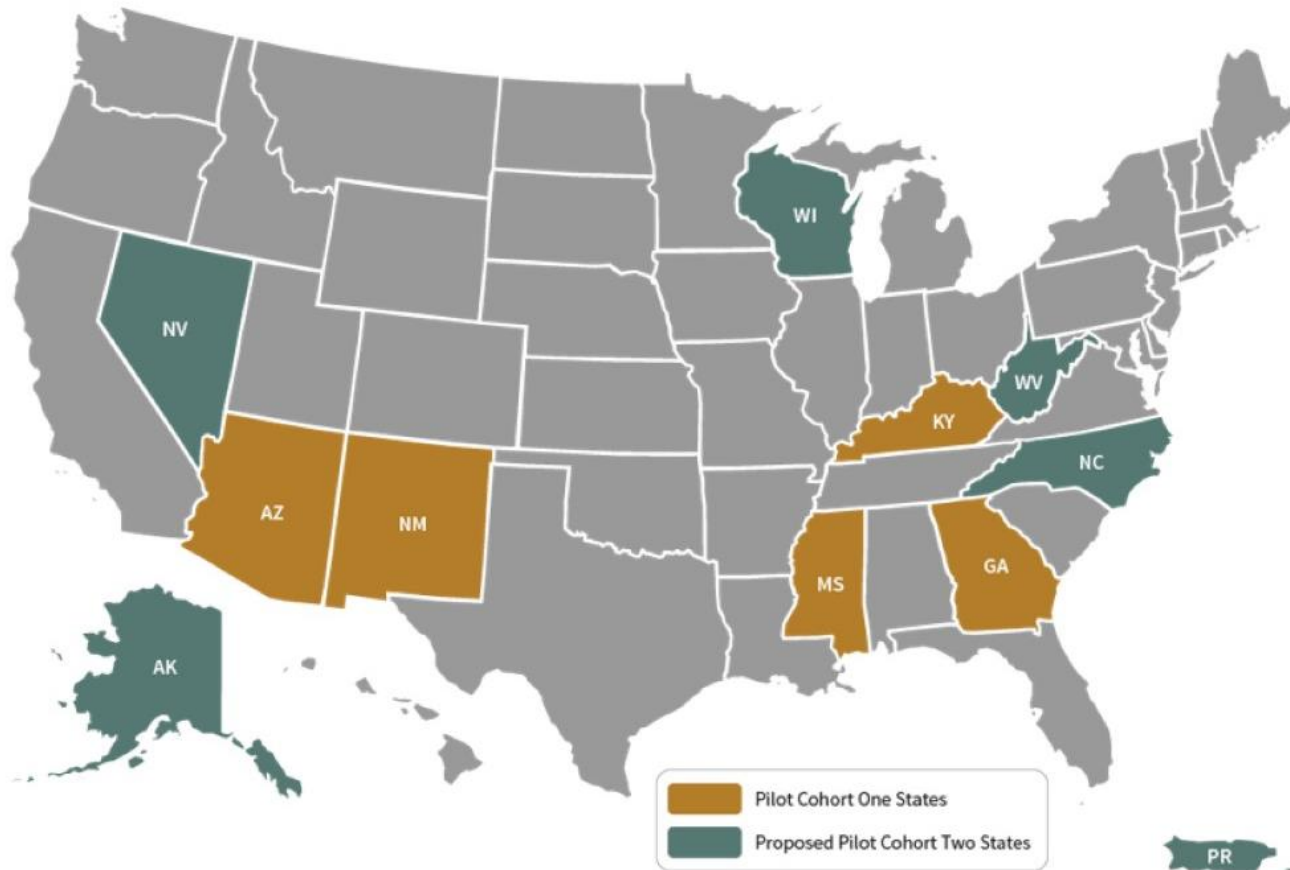


# Rural Health Liaison

- 2018 Farm Bill created USDA Rural Health Liaison to
  - Coordinate across USDA, with Dept of Health and Human Services (HHS), and other partners to promote rural health
  - Share information and data related to USDA programs with customers and rural health information with USDA programs and partners
- Mental Health Events
  - NIFA/FSA/RD/HHS [Behavioral Health Conference](#)
  - Upcoming [events](#) for Mental Health Month
- [Rural Data Gateway](#)
- Keep up to date with the Rural Health [GovDelivery list](#)
- Reach out with questions or ideas to Kellie ([kellie.kubena@usda.gov](mailto:kellie.kubena@usda.gov)) or to rural health email: [rural.health@usda.gov](mailto:rural.health@usda.gov)



# Rural Partners Network



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

**Cohort Two States  
and Territory:**  
Alaska, Nevada,  
North Carolina,  
Puerto Rico,  
Wisconsin, and West  
Virginia.

# Neil Tilghman, MPA

General Manager

Integrated Care

Netsmart

# Access to Care & Workforce Efficiency

## The Role of Technology

# Why All the Buzz around AI/ML/RPA?

- ① The high-level use case for AI in healthcare is in helping to make sense of the huge amount of messy, unstructured data that's available for capture and analysis
- ① Data can take the form of medical image data, progress notes, claims data, population and social data, information on the spread of communicable diseases like covid, genomic data, and even handwritten notes

## Clinicians See Little Threat or Downside in Adopting AI

**Q** To what extent do you agree with this statement: digital health tools and artificial intelligence will take over easy tasks, leaving me with only hard tasks, and increase my risk of burnout.

N = 309

**33%**

**LITTLE DOWNSIDE**  
Disagree that digital health tools and AI will take over easy tasks, leaving clinicians with only hard tasks, and increase risk of burnout.

**62%**

**NOT USING NOW, BUT INTERESTED**  
Respondents are not using AI currently, but interested in using in the future.

**Q** What is your experience with artificial intelligence tools and solutions?

N = 226

**76%**

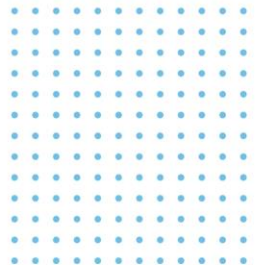
**NO THREAT TO JOB SECURITY**  
Respondents do not perceive AI to be a threat to their job security.

**Q** Are artificial intelligence tools a threat to your job security?

N = 309

**1/3**

OF CLINICIANS BELIEVE THAT AI WILL INCREASE BURNOUT RISK.

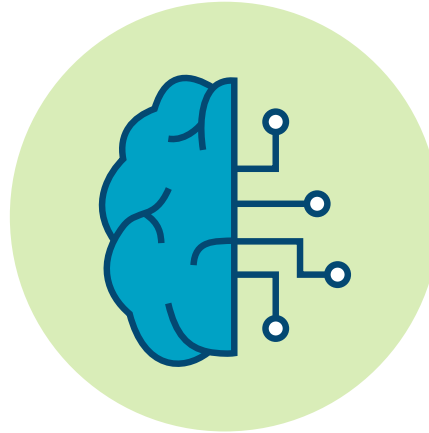


# The right technology optimizes workforce improving Access to Care



## Beyond the EHR

- Patient Engagement
- Analytics
- Workforce Management



## Automation

- Artificial Intelligence/ Machine Learning
- Robotic Processes Automation



## Intuitive UX

- Extreme Usability

# Workforce Management

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



**Workforce Management**



**Mobile Caregiver+™**

*Electronic visit verification*



**Capacity Management**



**CareRouter™**

*Mobile dispatch  
Mobile crisis*



**Shift Bidding**



**Route Optimization**



# Data science and analytics capabilities

*Making Understanding Simple*



Identify most impactful opportunities for driving change and closing gaps



Predictive models driven by multi-model data to generate insights and inform decisions



Personalized recommendations  
Enhancing the clinical decision-making process



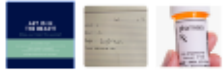
Monitor and measure performance  
Improving patient outcomes



# Case Study: AI & NLP Less Paperwork, More Client Care

# Reducing Documentation

 **Lisa Anderson** LA090919760  
F • 44 • 09/09/1976



## Reminders

- Get updated consent to treat agreement
- Get updated med list
- Remind of Med Appt 06/23/2021

## Resources

- Banner IP Hotline: 888-555-1212
- Med Mgt Line: 800-631-1316
- National Suicide Hotline: 800-273-8255
- Partner agency admit: 888-555-1215

## BIRP

### B

Present at group home  
Acceptable appearance  
Odorless clothes  
Positive and cooperative  
Logical thoughts

### I

Completed household responsibilities  
Discussed her day  
Saw her work on TX goals

## BIRP Note

### Behavior

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

### Intervention

Staff observed Lisa as she completed her house hold responsibilities independently. Staff engaged with Lisa to gain insight to her overall mood. Staff discussed with client how her day was to maintain rapport. Staff observed client working on her treatment goals by utilizing her coping skills to manage MH symptoms. I transported the client to her doctor appointment.

### Response

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

### Plan

Staff will remain available to provide support to Lisa while she continues to works on her goal of identifying and using coping skills to manage her MH Symptoms while maintaining ADL's. I noticed the TX plan is almost due so I messaged the CM Jill Jones. I helped Lisa schedule her next medication appointment.

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independently → independently

Add to dictionary

Dismiss

RECOMMENDATION

transported → accompanied

transported is not a billable service. Please document services provided while in the vehicle.

helped → supported

Help indicates doing for. We are trying to do with.

12/15/2021, 12:00 pm

Analyzing

Session to sign

3 : 00  
Hours Minutes

Current session to sign time is less than your average. Continue using speed tools to maintain this pace.

Speed

Drop-Ins Used	7	<a href="#">View List</a>
Expansions Used	6	<a href="#">View List</a>
t@gs	1	<a href="#">View List</a>
Words checked	244	

Recommendations 2

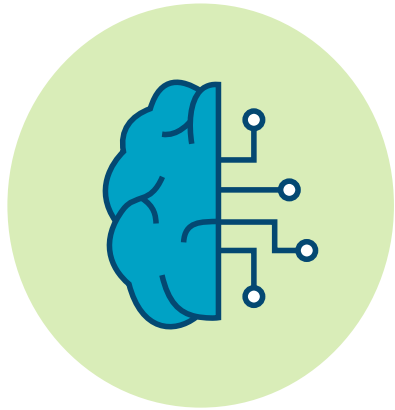
RECOMMENDATION

transported → accompanied

Transported is not a billable service. Please document services provided while in the vehicle.



# Case Study: Robotic Process Automation



## What is RPA (Robotic Process Automation)?

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

- Antony Edwards, COO, Eggplant

### Goals

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

# Measuring Success

## OPTIMIZED REVENUE

- 10%** days in accounts receivable
- 10%** number of denied claims
- 1-2** days cut off payer reimbursement cycle
- +11%** average claims per direct service provider
- 1.5** days faster reimbursement submission

- 40%** time spent on clinical documentation
- 6** more clients helped per week per Staff

## OPERATIONAL EFFICIENCIES

- 6** more notes a month per direct service provider
- +67%** note writing speed
- 20%** time spent on billing
- +56%** time gained from session to sign
- 10%** time spent on scheduling
- 70%** cut from clinician travel time

# Thad Shunkwiler, LMFT, LPCC, ACS, CCMHC

Associate Professor and Director

Center for Rural Behavioral Health at Minnesota State University at Mankato





Opportunities  
in a sea of  
challenges

# Strength of Rural Communities



# The Impact in Rural Minnesota



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

data.HRSA.gov

Top pork producing county in the state and 6<sup>th</sup> in the nation.- (MN Ag Mag)

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	PC MCTA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7277624220	South Central Region Geographic High Needs	High Needs Geographic HPSA	Minnesota	Blue Earth County, MN   Brown County, MN   Faribault County, MN   Freeborn County, MN   Le Sueur County, MN   Martin County, MN	11.61	15	NA	Designated	Partially Rural	09/02/2021	01/26/2022



**MINNESOTA STATE UNIVERSITY, MANKATO**

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**CENTER FOR RURAL BEHAVIORAL HEALTH**

**The Center for Rural Behavioral Health is dedicated to improving access to behavioral healthcare for residents in outstate Minnesota to include recognized Reservations through research, workforce development, and customized training.**

# Center Objectives

- Solution Orientated Research
- Workforce Development
- Customized Training

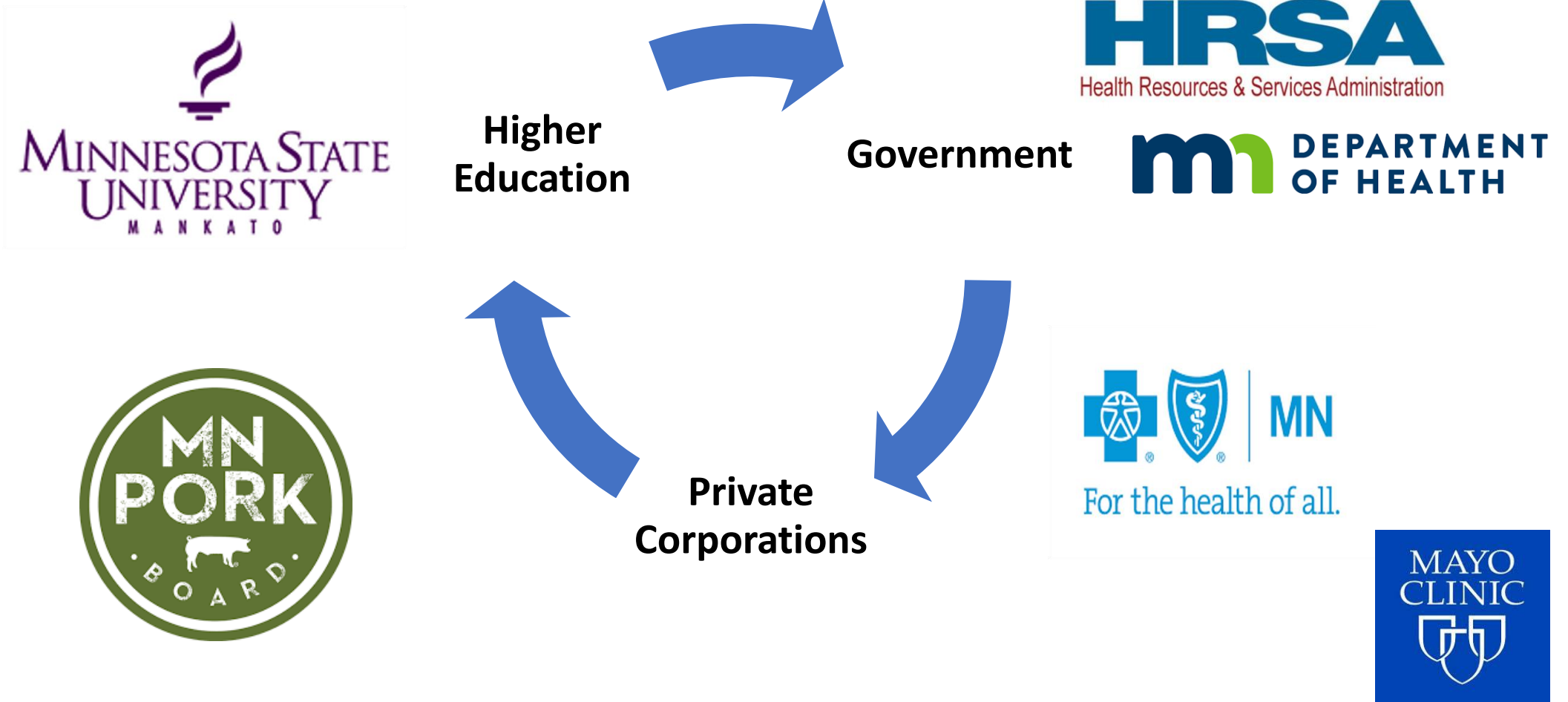


**National Rural  
Health Association**



center for **rural policy**  
and development  
*Seeking Solutions for Greater Minnesota's Future*

# Innovative Solutions Through Partnerships



# The Future of Rural Behavioral Health



# Discussion and Questions





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# USDA Mental Health Awareness Month Workshop Series

## *Breaking the Stigma*

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

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

[REGISTER](#)

CONTACT: [center@usda.gov](mailto:center@usda.gov)

