
FOUNDATION

Using Technology to Address Behavioral Health in Rural Communities

Central Kansas

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Four counties in rural Central Kansas face a large prevalence of unmet behavioral health needs, a lack of awareness of community resources, and low utilization of current services. Recent community health needs assessments from Barton, Pawnee, Rice and Sta□ord counties identified mental health services and the reduction of chemical/substance abuse as top priorities. Using these assessments — plus national, state and local statistics on suicide rates — and community mental health center utilization data, local public o□cials and the community mental health center, The Center for Counseling and Consultation (The Center), determined that cultural stigma surrounding mental health disorders and distance from providers were acting as barriers to accessing behavioral health services.

The Center itself understood the problem posed by the distance required to see clients across the four-county area. Under state law, The Center provides mental health screenings for individuals and juveniles prior to inpatient hospitalization. When a law enforcement agency or local hospital emergency room has an individual in their custody who needs to be screened for mental health services, they contact the Kansas Health Solutions (KHS) hotline. KHS then notifies The Center's on-call sta□ Hs 6 (he)-ner'lus Heedds and juveniles pr, tforoll s orantl sifies The Cen

Engaging a broad array of community partners serving the same populations was essential to the success of this

of asking for help as a sign of strength, not weakness. The Center hosted a regular radio show and advertised in special feature sections in local newspapers to highlight mental health topics, key community issues and upcoming events.

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For the initial rollout of the televideo equipment, collaborative partners had to resolve technological, clinical and operational issues ranging from Wi-Fi strength and computer compatibility, to clinical protocols and sta□ng workloads. HIPAA requirements and memorandums of understanding (MOUs) between respective agencies also posed a challenge. While several of the law enforcement sites began with minimal instruction and setup, others were marked with miscommunication, distrust and frustration. Several law enforcement leaders believed the use of tablets and inconsistent Wi-Fi unduly shifted the monitoring of individuals in crisis onto law enforcement, increased the risk of behavior escalation, and was less e□ective than face-to-face assessments.

Once these issues were highlighted at a collaborative meeting, Center sta□ and law enforcement leadership met to problem solve and engaged with County o□cials and The Center's board of directors. Sta□ developed an MOU that defined roles and responsibilities, provided additional individualized training on televideo screening, upgraded tele-video equipment, and installed wireless hotspots and network boosters where needed. These actions resolved the problems and, in fact, one of the sheri□s who had been a vocal critic of the project's implementation became a strong advocate for the program.

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The Center purchased 12 Internet-connected kiosks and software to o□er mental health screenings in public locations, including libraries, malls, stores, etc. It had researched a successful project in Philad, srielkk3tto oe fTJ-0.I hate fr-1.364 T5.044 0 22 [k3)d[l)13 (o)a k]TJ0 (ns)1 3 (t)5 2 (o)-4 (t)-2 (h C)-
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1.3 Utilization of The Center for Counseling and Consultation's Behavioral Health Services

2014	6.16%	3.23%	2.07%	5.54%	5.07%
2017	5.8%	3.1%	2.3%	5.0%	4.8%

The ability to use televideo to assess crisis situations in minutes versus hours not only benefited the people in crisis, but also first responders. With the experience gained from the project, The Center continues to see and implement more applications for this type of connectivity. Most recently it provided a tablet for screenings to the 20th Judicial District Juvenile Justice Authority, as well as to a long-term care facility in Pawnee County. The Center has made a commitment to pursue such collaborations in the future as needs arise.

The increase in uninsured patients accessing services precipitated a revenue deficit, as these clients pay on a sliding scale. In response, The Center is piloting a short-term "Gap" program designed to use funds from another grant program to cover these fees and ensure no one is denied services due to an inability to pay. This Gap project will determine if health navigation can assist this population in

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The Iberia Development Foundation (IDF) and the Iberia Parish government originally proposed establishing a specialized STEM-Ag academy charter school on the site of a vacant elementary school, and to work with stakeholders to create a basic gardening and nutrition education program that the school would implement. Although the charter school was delayed for reasons outside the scope of the project, IDF was successful in moving the project forward by partnering with existing area schools. IDF redesigned the program to be a summer school and after-school program for local elementary and middle school students.

A garden facility and instructional greenhouse were built to serve as a lab for students to learn the basic growing skills. The project also included a weekly farmers market at the school site, where extra produce from the project was sold and where students could use vouchers to purchase healthy foodo pnc growing s tit t6M3JT[-1 (r)-9 (s71P-4 (d)3)-2 (e)-1 (( )]TJTe(t)-2 (i)8 (n)4 (41 TD[3[a)1 (nd w)n(l s)-13 5(a)6 (t)-2 (i)5 (o)1 (n p-4 (e)-4

The California Institute for Behavioral Health Solutions (CIBHS) collaborated with TCBH to engage local stakeholders and create the Tuolumne SOAR (SSI/SSDI Outreach, Access, and Recovery) Collaborative (TSC). TSC was modeled on the SAMHSA-recognized promising practice, SOAR, which is designed to assist potentially eligible individuals in navigating the often di□cult and confusing process of applying for SSI/SSDI.

TSC employed a SOAR advocate — a peer specialist with lived experience — to help design, coordinate and champion the program. For participants who faced a particularly high risk of homelessness, TSC used grant funds to lease and manage temporary housing for participants awaiting approval of benefits, along with programming to build self-reliance.

Throughout the program, local community-based organizations, alternative and higher education, and peer support groups were engaged to provide services to individual clients.

Goal and E˛al˛a ion Plan

Initially, the following outcomes were projected as results of implementing TSC:

- Increased access to a□ordable stable housing.
- Increased access to health insurance, outpatient. treatment, case management and recovery support services.
- Increased income.
- Reduction in recidivism rates.

Key metrics were to include applications received and approved each month, referrals to services, number of days for application/decision, and number of clients receiving SOAR benefits. Short-term outcomes were to include income and housing status, number of days in stable housing, and participant satisfaction. Long-term outcomes included leveraging of new Medi-Cal and Medicare funds for eligible participants, decrease in local General Assistance funding, and number of re-arrests.

However, cross-system data sharing regulations and lack of interoperability between IT systems became a significant barrier to gathering this information. It became insurmountable when a key county leader retired suddenly and there was a delay in the recruitment and hiring of a replacement. Ultimately, TSC decided the focus would be on collecting client demographics, specific functional outcomes, client satisfaction feedback, and the status of referrals and SOAR applications.

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The initial purpose of TSC was to provide targeted assistance

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Over two years, 53 individuals were referred to the program. TSC assisted eight individuals in obtaining SSI/SSDI benefits (seven of whom also secured housing), eight cases are still pending, and 25 clients remain active.

Outcomes for the 53 clients served during the grant period are as follows:

- Approved for SSI benefits (n=8) 15%
- Motion filed for reconsideration (n=2) 4%
- Pending SSA medical/psych evaluations (n=8) 15%
- Declined to continue/became employed (n=2) 4%
- Incarcerated (n=12) 23%
- Deceased (n=2) 4%, and
- Other/unknown (n=18) 34%

For the 12 clients also living in transitional housing, all had a documented mental illness and needed help with medical documentation for their SSI/SSDI claim. Three began attending college and three became employed. Unfortunately, five clients were removed for substance abuse violations and one committed suicide.

The team significantly reduced the average SSA response time for a SOAR application from an average of 120 to 67 days. And although the time to complete the actual application remained unchanged (five to six hours), with TSC support the average approval rate for SSI/SSDI applications was 65 percent (compared to 28 percent nationwide and 10 percent in California).

The recidivism rate for persons in California released from incarceration is almost 45 percent within two years. For TSC clients during the two-year grant period, the recidivism rate was 23 percent. Finally, compared to the 12 months prior to TSC to the 12 months of TSC involvement, there was a 13 percent decrease in arrests and 40 percent of the clients reported reduced encounters with police. While these outcomes reflect a positive impact for those served during the two-year project, it must be noted that they are not statistically significant.

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TSC recognizes that the programming o□ered in the two-year pilot addressed only the more immediate needs of individuals leaving incarceration, and is now seeking resources to expand the program to encourage (co t)-2.4 (hno)4 (t)5 8.4 (e)-11..3 (2 m)--10.2 (s 06 (e)-3.9 (ds o)6 (f T)-8.8. e)-3.f8.12.2 (y.7 D (e)-11.7r p.2 ()-3 er7 (, a)3 (e)e(1)8.4 (en)3.6 1.ws 1 (n)4, a. ewme123.

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Summary

The Centene Foundation for Quality Healthcare is proud to have funded these programs, which will now have lasting impacts in the communities that created them. Business units across Centene — including Envolve PeopleCare, Sunflower Health Plan, Louisiana Healthcare Connections, and California Health & Wellness — are also proud to have been partners in these projects. These successful e□orts confirm that local communities can bring together the broad array of partners and local stakeholders necessary to successfully create and implement solutions for issues related to social determinants of health.

The Centene Foundation for Quality Healthcare believes that while local solutions are necessary, communities can find common ground and learn from each other. Toward that end, the models developed through these projects are being shared across the country in hopes that other rural communities with similar issues can benefit from the lessons learned and processes developed by these three communities. As part of that e□ort, a point of contact for each project is included so that other communities have a resource to answer questions and provide general guidance.

Special Thanks to our Contributing Partners