



ENHANCING AND STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE

How to Meet the Needs of Rural
and Frontier Communities

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SPEAKERS

- ▶ **Monica Porter Gilbert:** Bazelon Center for Mental Health Law
- ▶ **Rebecca Boss, MA:** Technical Assistance Collaborative
- ▶ **Xiomara Owens, PhD:** Alaska Behavioral Health Aide Program
- ▶ **Josie Poiyuna Garnie, BHP:** Alaska Behavioral Health Aide Program
- ▶ **Gregory Mruk:** NY FarmNet

LEARNING OBJECTIVES

- ▶ **Understand** the unique mental health needs of people in rural and frontier communities.
- ▶ **Hear** from multiple real-world successful examples of programs providing mental health services in rural and frontier communities.
- ▶ **Learn** how to leverage various funding sources to pay for mental health services in rural and frontier communities.
- ▶ **Actively engage** with presenters to address any questions about bringing such programs to your community.

AGENDA

1. Introduction: Bazelon Center
2. Technical Assistance Collaborative
3. Alaska Behavioral Health Aide Program
4. NY FarmNet
5. Questions & Discussion

About the Bazelon Center for Mental Health Law

- ▶ Mission: To protect and advance the civil rights of adults and children with mental health and developmental disabilities.
- ▶ <https://www.bazelon.org/>
- ▶ Follow us on:
 - ▶ LinkedIn: <https://www.linkedin.com/company/the-bazelon-center-for-mental-health-law/>
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JUDGE DAVID L.
**BAZELON
CENTER**
FOR MENTAL HEALTH LAW

Sending Health Responders to Health Calls



Response photo source: <https://www.cabq.gov/acs>

Short & Medium-Term Benefits of Mental Health Responses:

- ✓ Deescalate mental health crises
- ✓ Provide immediate emergency counseling
- ✓ Help people remain in their housing and receive needed care
- ✓ Successfully link people to community resources

SAMHSA, [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit \(2020\)](#).
Bazon Center, [Diversion to What? Evidence-Based Mental Health Services That Prevent Needless Incarceration \(2019\)](#).

Long-Term Benefits of Mental Health Responses:

- ✓ Reduces hospitalization rates and lengths of stay
- ✓ Reduces frequency and intensity of future crises
- ✓ Reduces criminal system involvement
- ✓ Promotes participation in community services
- ✓ Saves costs for communities

SAMHSA, [National Behavioral Health Crisis Care Guidance](#) (2025).

SAMHSA, [Peer Support Services in Crisis Care](#) (2022).

U.S. Dept. of Justice and U.S. Dept. of Health & Human Services, [Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities](#) (2023).

Bazelon Center, [Diversion to What? Evidence-Based Mental Health Services That Prevent Needless Incarceration](#) (2019).

Elements of an Effective Crisis Response System Include:

- ▶ Timely Responses
- ▶ Availability 24/7
- ▶ Voluntariness
- ▶ Accessibility
- ▶ Leadership of Persons with Lived Experience
- ▶ Trauma-Informed
- ▶ Culturally Responsive
- ▶ Effective Linkages to community services
- ▶ Effective Planning
- ▶ Positive Outcomes

For additional detail, visit:

Bazelon Center, [When There's a Crisis, Call a Peer: How People with Lived Experience Make Mental Health Crisis Services More Effective](#) (2024), pp. 11-18.

Mental Health Services Around the Country

In addition to those featured today, examples of mental health services responding to communities' tailored needs:

- ▶ **Someone to Contact**

- ▶ Houston, TX - [Crisis Call Diversion Program](#) (CCD)

- ▶ **Someone to Respond**

- ▶ Denver, CO - [Support Team Assisted Response](#) (STAR)

- ▶ **A Safe Place for Help**

- ▶ Pennington County, SD – [Pivot Point](#)

Bazon Center, Reducing the Arrest and Jailing of People with Mental Health Disabilities, Including those with Intersectional Identities (2025).

Improving Access to Mental Health Services Around the Country

- ▶ **The Need:** April 2024: More than half (122 million) of the U.S. population lives in a Mental Health Professional Shortage Area.
- ▶ **USDA Rural Health Program**
 - ▶ [USDA Rural Health Program Index](#)
 - ▶ [USDA RD Mental Health in Rural America](#)
 - ▶ [USDA Resource Guides](#)

Today: Rural & Frontier Communities

This webinar will present key considerations for providing community-based mental health services in rural and frontier communities, including:

- ❑ Reaching people across wide geographic areas,
- ❑ Developing trust, and
- ❑ Being responsive to unique mental health needs and stressors.

Questions? Contact:

Monica Porter Gilbert

Policy & Legal Advocacy Attorney

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Frameworks for Enhancing and Strengthening Mental Health Services in Rural and Remote Communities

Rebecca Boss, M.A.
Senior Consultant, TAC

2025



Behavioral Health Disparities in Rural and Remote Areas

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.¹

Health disparities result from multiple factors, including:

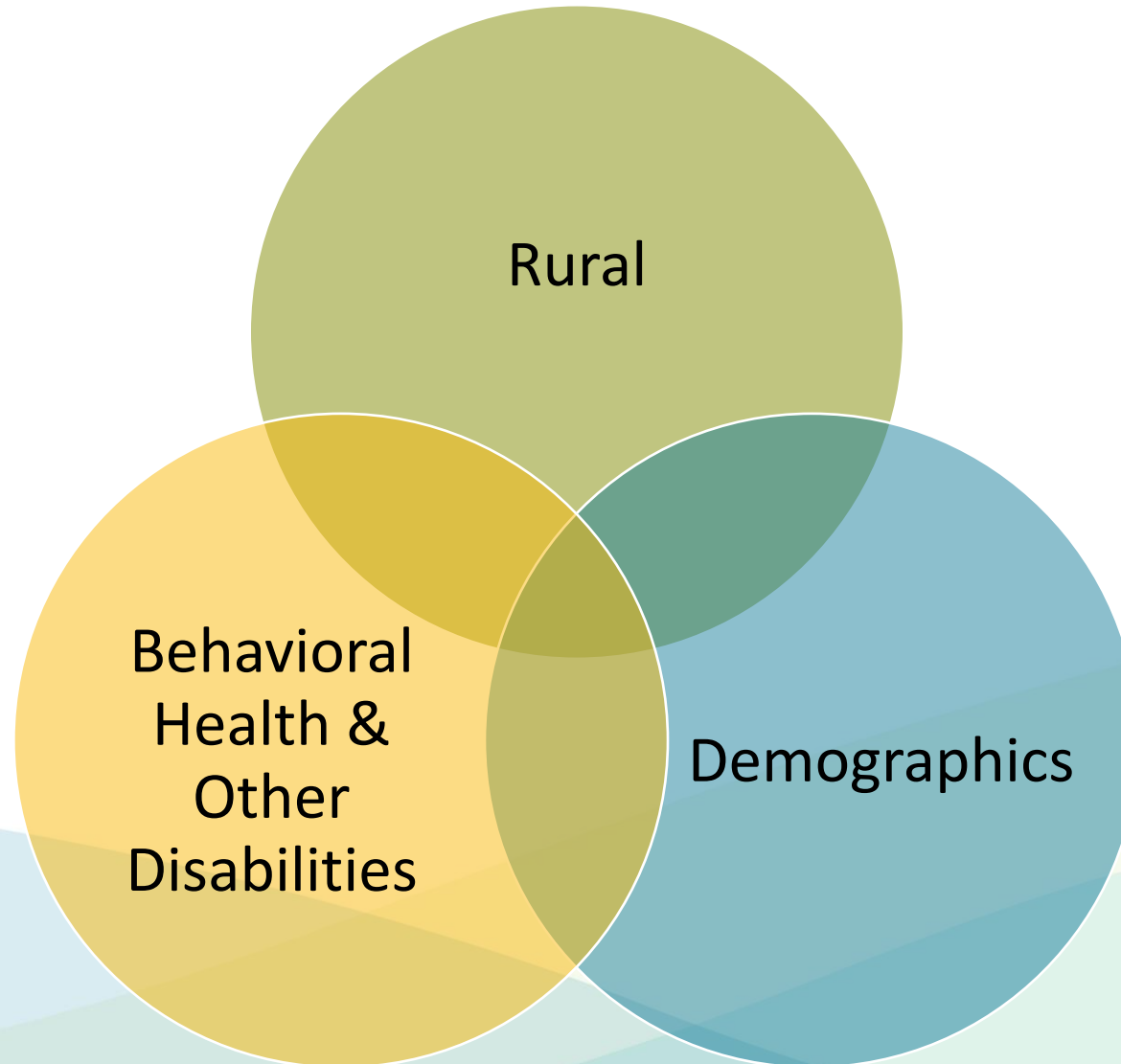
- Poverty
- Environmental threats
- Inadequate access to health care
- Individual and behavioral factors
- Educational inequalities

4 A's in Rural Behavioral Health

- **Accessibility** – Rural residents often travel long distances to receive services, are less likely to be insured for behavioral health services, and providers are less likely to recognize a mental illness.
- **Availability** – Chronic shortages of behavioral health professionals exist and behavioral health providers are more likely to practice in urban centers.
- **Affordability** – Some rural residents may not be able to afford the cost of health insurance or the cost of out-of-pocket care if they lack health insurance.
- **Acceptability** – Rural residents may be more susceptible to the stigma of needing or receiving behavioral healthcare in small communities where everyone knows each other 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, close friends, and religious leaders.

Source: National Rural Health Association. The Future of Rural Behavioral Health, 2015.

Intersectionality of Rurality, Disabilities, and Demographics



Intentional Health Equity Policies

- Place-intentional policies (rural/remote, regional, micro-levels)
- Behavioral health and other disability-intentional policies
- Demographic-intentional policies

CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

CMS Framework for Rural Health Priorities



Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies



Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities



Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities



Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities



Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities



Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

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BEHAVIORAL HEALTH AIDES: BRIDGING THE GAP FOR BEHAVIORAL HEALTH IN ALASKA

Presented by:

Xiomara Owens, PhD

Director of Behavioral Health Aide Training
Alaska Native Tribal Health Consortium

Josie Poiyuna Garnie, BHP

Village-Based Counselor/ Field Supervisor
Norton Sound Health Corporation

www.akchap.org/behavioral-health-aide/



The **Behavioral Health Aide Program** was developed in response to increases in behavioral health concerns in rural Alaskan communities, including suicide, substance use, substance-related mortality, domestic violence, and other effects of historical trauma.

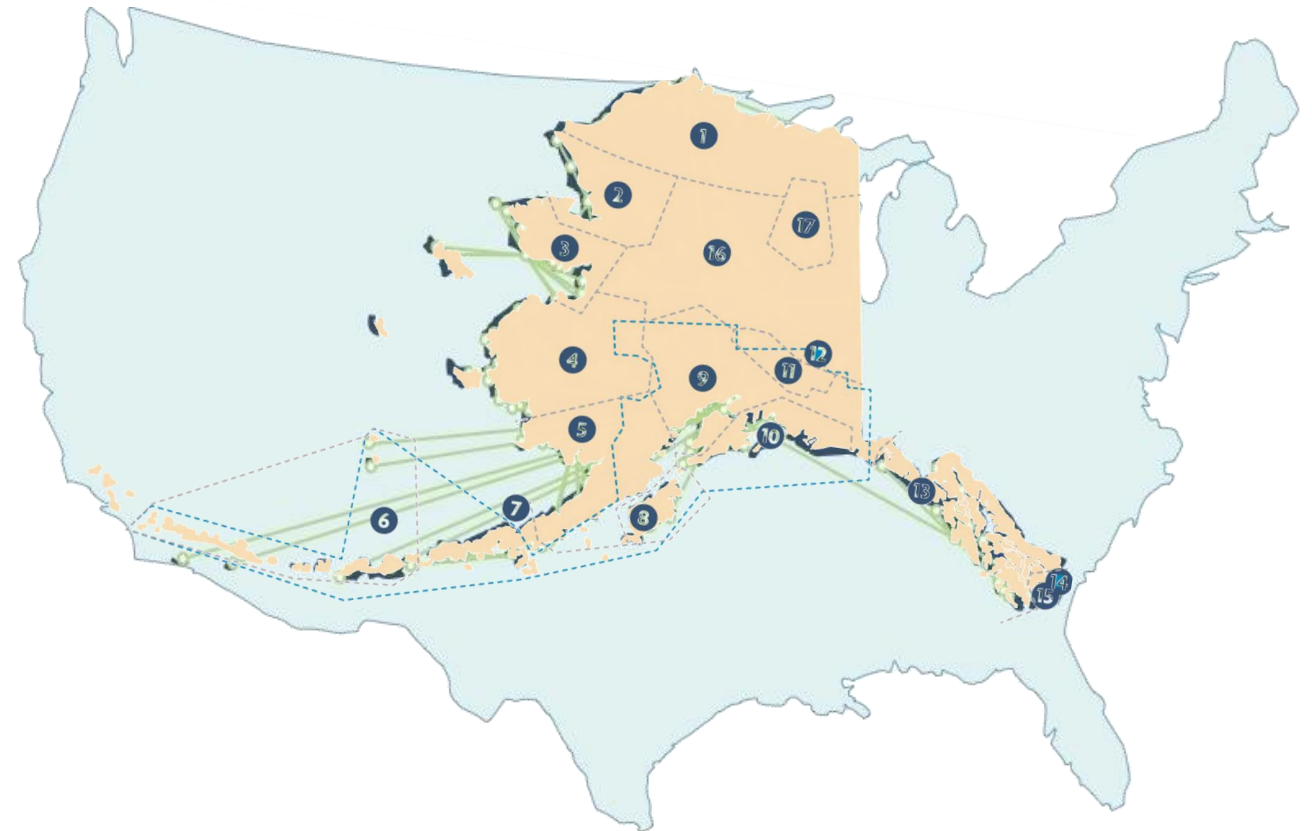
Connecting Care Across Alaska

RURAL, REMOTE, FRONTIER ALASKA*

- 571,951 square miles
 - Nearly 2x the size of Texas
- 11 distinct geographic and cultural communities
- ~733,391 residents
 - ~1.3 persons per square mile
- 66% of communities have less than 500 residents
 - 31% have less than 100 residents
- 25% of communities are on the road system
 - 75% of remote communities rely on off-road vehicles (e.g., ATVs, snow machines, boats, and small planes) as the primary means of travel
- 10% of residents live in remote communities
 - 80% of these rurally-based communities are Alaska Native/American Indian (AN/AI)

*See “References” slide for citations.

(Same-scale comparison – Alaska vs continental United States)



- Community health clinics
- Subregional clinics
- Regional hospitals
- Alaska Native Medical Center



BHA/P WORKFORCE

Behavioral Health Aides and Behavioral Health Practitioners use a combination of Western and traditional-based practices to provide behavioral health prevention, treatment, and recovery services to Alaska Native populations* in the Alaska Tribal Health System.

BHA/P CERTIFICATION

- Certification Board
- *Standards & Procedures*
 - Clinical oversight
 - Supervision and program responsibility
 - Scope of practice
 - Certification requirements
 - Training, Practicum, Competencies
 - Continuing education

	BHA I	BHA II	BHA III	BHA/P
Scope of Practice	<ul style="list-style-type: none"> • Wellness Promotion • Education • Advocacy • Community Needs Assessment • Screening • Intake • Referral • Crisis Management • Case Management • Life Skill & Resource Development • Medication Education • Psychoeducation • Individual & Group Interventions 	<ul style="list-style-type: none"> • Substance Use Disorder Assessment & Diagnosis • Substance Use Disorder Treatment Planning • Substance Use Disorder Treatment Implementation • Community Readiness Assessment • Individual, Group & Family Counseling 	<ul style="list-style-type: none"> • Treatment/ Aftercare of Co-Occurring Disorders • Child/Youth Services • Clinical Case Review • Quality Assurance Case Review 	<ul style="list-style-type: none"> • BHA Mentoring • Child-Centered Interventions



BHAs Serving the Community



Community Health Aide Program (CHAP) Expansion to the Lower 48 States

- **History**

- 2016: Indian Health Service (IHS) consulted with Tribes on expanding CHAP
- 2018: CHAP Tribal Advisory Group formed
- 2020: IHS announced National CHAP policy ([IHS Circular No. 20-06](#))

- **Goals**

- Expand access to care
- Overcome provider recruitment and retention barriers

- **Resources**

- IHS, [Nationalization of the Community Health Aide Program \(CHAP\) for Tribes and Tribal Organizations in the Lower 48 States](#) (Sept. 2021)
- IHS, [Community Health Aide Program Expansion](#)

References

- U.S. Census Bureau, Alaska, <https://data.census.gov/profile/Alaska?g=040XX00US02>.
- U.S. Census Bureau, Quick Facts: Alaska, <https://www.census.gov/quickfacts/fact/table/AK/PST045223>.
- Alaska Demographics, Alaska Cities by Population (2025), https://www.alaska-demographics.com/cities_by_population.
- Alaska Aviation System Plan, Fact Sheet: Essential Air Service in Alaska (Nov. 2023), https://www.alaskaasp.com/media/4528/aasp_eas_fact_sheet_final.pdf.
- Alaska Department of Fish and Game, Alaska Population Trends and Patterns: 1960–2018 (2019), [https://www.adfg.alaska.gov/static/home/library/pdfs/subsistence/Trends in Population Summary 2019.pdf](https://www.adfg.alaska.gov/static/home/library/pdfs/subsistence/Trends_in_Population_Summary_2019.pdf).
- Scott Goldsmith, Understanding Alaska’s Remote Rural Economy (2008), https://iseralaska.org/static/legacy_publication_links/researchsumm/UA_RS10.pdf.



WHO IS



FARMNET



Dyson
Cornell
SC Johnson College of Business

Cornell **CALS**
College of Agriculture and Life Sciences

NY FARMNET: What makes us different



- The family's needs are approached from a wholistic perspective
- Every case is initially assigned a team – social worker & financial specialist
- We go to the farm – On the family's schedule
- We build relationships first to gain trust – we listen first
- An informal formal process – no formal intake
- Observe the environment, body language & dynamics
- The best solutions come from the kitchen table

The Early Days



1986 – Farm financial crisis and FarmNet was created to assist NY farmers with trying to save their farms with financial and legal assistance.

In the debriefing a common theme began to emerge – financial stress exacerbates mental health issues, and a mental health crisis can severely impact a family business.

Adding social workers and trained counselors to the visit and the dynamic of the process completely changed.

It was no longer a purely financial conversation, but it also became a process of dealing and healing.

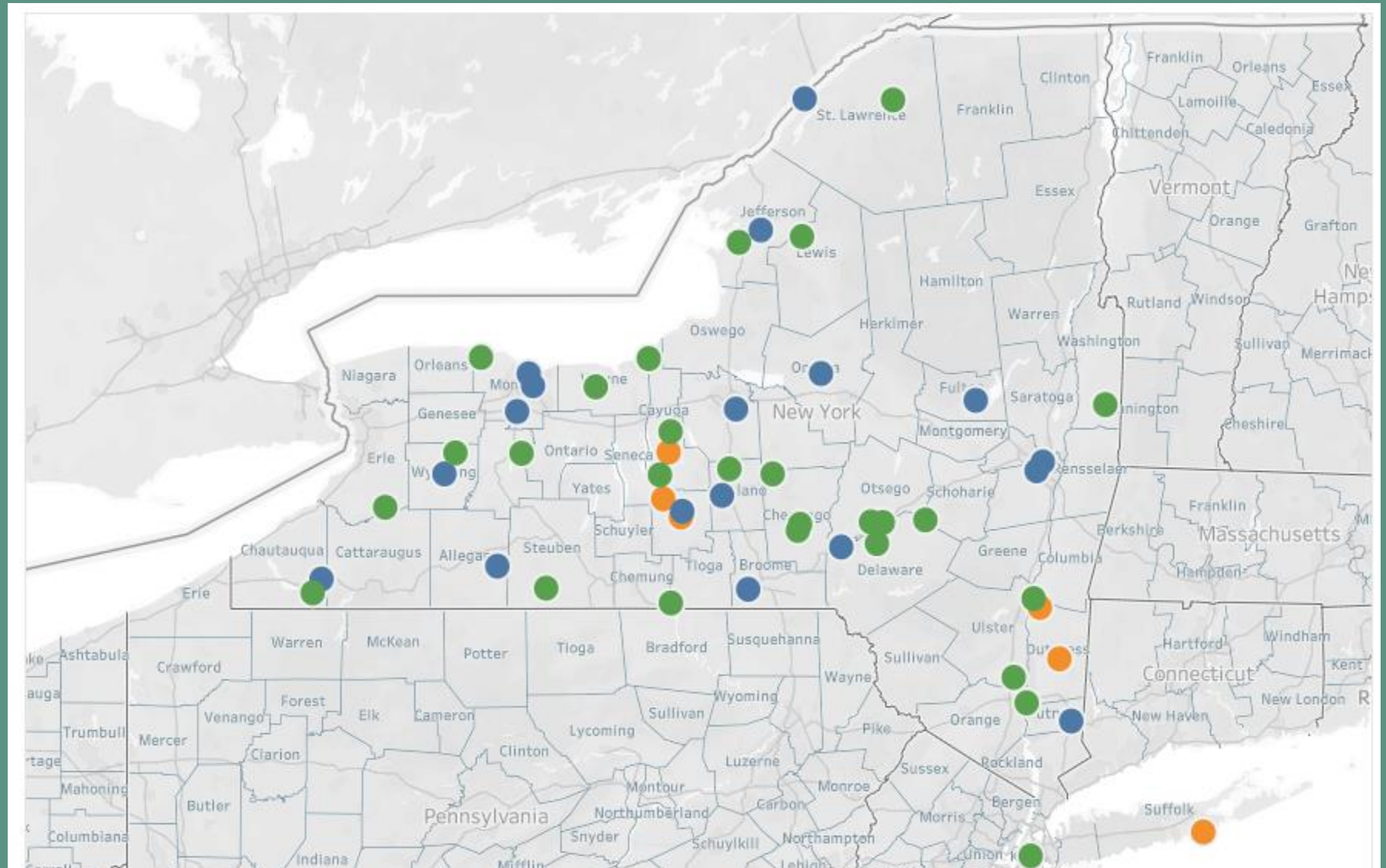
We understand we can't save every farm, but we are determined to save every family regardless of the financial outcome.

FarmNet Consultants

Consultants
are located
across all
regions

Consultant Type

- Financial
- Family
- Staff



WHY FARMS CALL



- Farm transfer/estate planning
- Business and financial questions
- Stress
- Depression, anxiety, suicidal indications
- Drug and alcohol use
- Communication issues within the family
- Sudden loss on the farm or accident
- Divorce

Stressors NY FarmNet Sees Most Often



- Who is going to take over the farm?

Many of the farms we work with have a legacy of farming – 3 or 4+ generations and the responsibility of keeping it going can be overwhelming – will I be the generation that loses what my family has built?

- Commodity prices, cost of production, debt service, paying the bills...

For many this is an underlying stressor that can build up over time and in many cases it's a conversation that comes too late.

Stressors



- Farming with family

Working with family is extremely hard for some, creating problems and causing great challenges. In some cases, there are three generations working together but not always on the same page. Conflict between adult siblings, conflict with older parents, conflicts among the extended family will build over time.

Stressors



The same challenges of everyone else.....

Depression, anxiety, drug & alcohol use, divorce, illness, death – everything that can happen to anyone of us, does happen to families in rural communities.

We are seeing an increased concern about elder care and the isolation of many elderly in communities.

The divide between rural and urban cultures

WHAT TO EXPECT



- Help line is staffed 24/7 by real person
- A returned call from a consultant within 24 hours
- On-farm or Zoom visit scheduled ASAP
- Refer to professionals if case requires higher level of expertise
- Will work with the family for as long as they desire
- Free service to the family
- Confidentiality

Mental Health Education



In the past several years NY FarmNet has become a leading educator and advocate in New York improving mental health education and awareness within the farm communities.

Partnering with numerous organizations and agricultural service providers we have presented across the state and continue to work towards improve mental health literacy.

Mental Health Education



Talk Saves Lives

Mental Health First Aid

Difficult Conversations

Stress Management on the Farm

Striking the Right Work / Life Balance

You take care of the cows; who takes care of you?

Mental Wellness & Resilience

Techniques when Dealing with Stressful Situations (for Agri service)

Farmer Friday Coffee

Local diner – invite the farmers in the community to a free breakfast with the objective of bringing people together in the winter to just talk.

Week 1 – a dozen showed up.

Week 2 – 2 dozen and many from the week before brought someone with them

Week 3 – 40 people showed up and we had to ask people to leave after the 5 hours.

Week 4 – The question was asked, “will you be hosting this again soon?”

By the end of the month, we were pleased to hear how many had enjoyed this – most of the farmers were older and retired. They talked about loss and pain, they supported others, connections were made and as one person told us – these past few weeks they had stopped feeling alone and felt they could begin to reach out to others.

The healing process starts with a conversation.....



1-800-547-3276 | www.nyfarmnet.org



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QUESTIONS & DISCUSSION