

WEDNESDAY - OCTOBER 16, 2024

10:00AM to 2:00PM CT

RURAL TELEMENTORING UNCONFERENCE

**ENHANCING RURAL RESILIENCE:
THE INTERSECTION OF CLIMATE,
BEHAVIORAL HEALTH AND
WORKFORCE**

RuralTelementoring.org





THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH

Center for Rural Health



Building Rural Climate & Disaster Resilience



Mona Arora, PhD, MsPH
Assistant Research
Professor



Building Rural Climate & Disaster Resilience



1 in 5 people in the U.S. live in **rural areas**

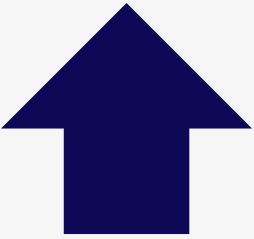
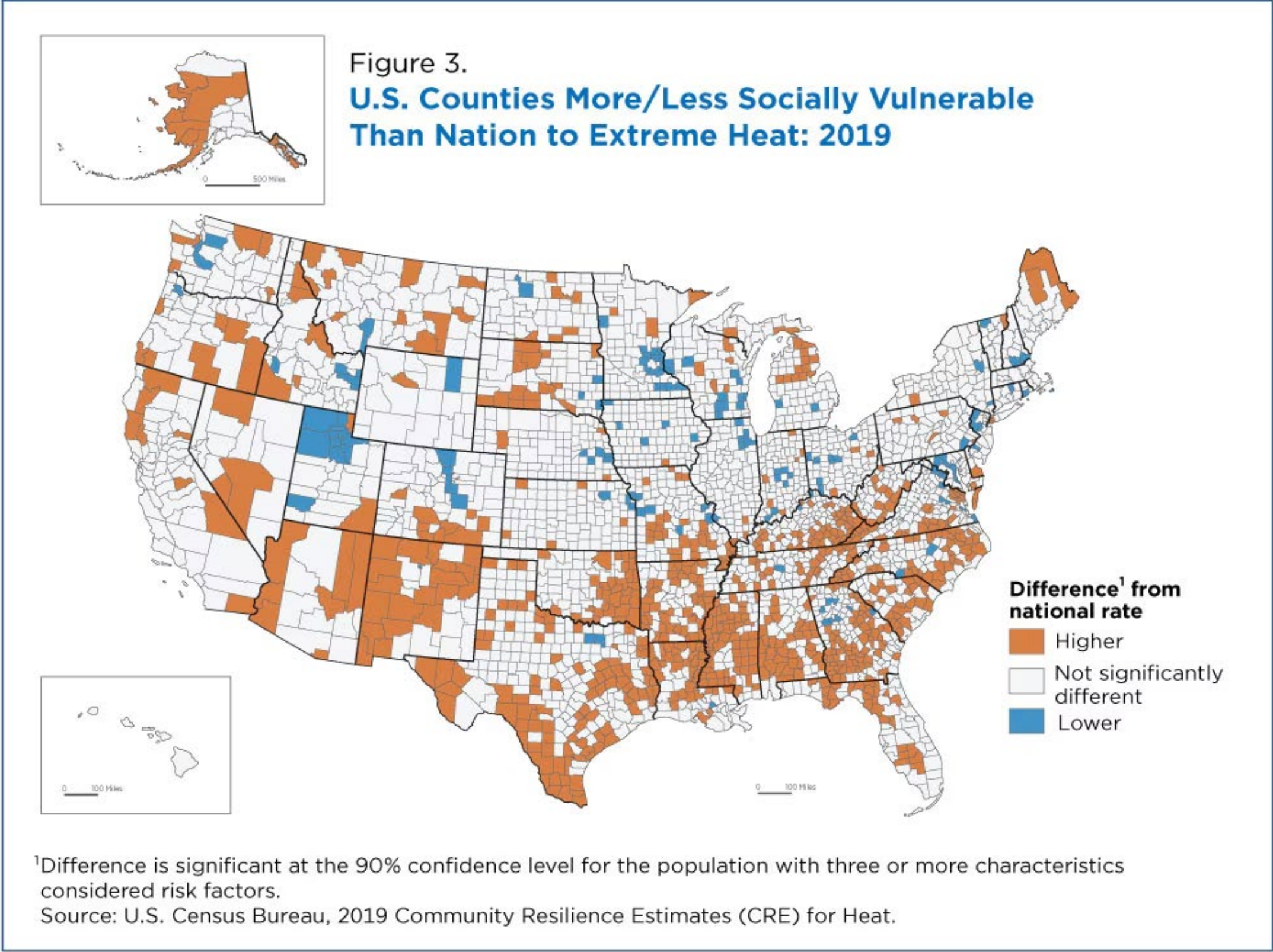
- Rural median household income in 2021: below \$59,000
- Leading causes of death include:
 - Heart disease
 - Cancer
 - Unintentional injuries
 - Chronic lower respiratory disease, or CLRD
 - Stroke



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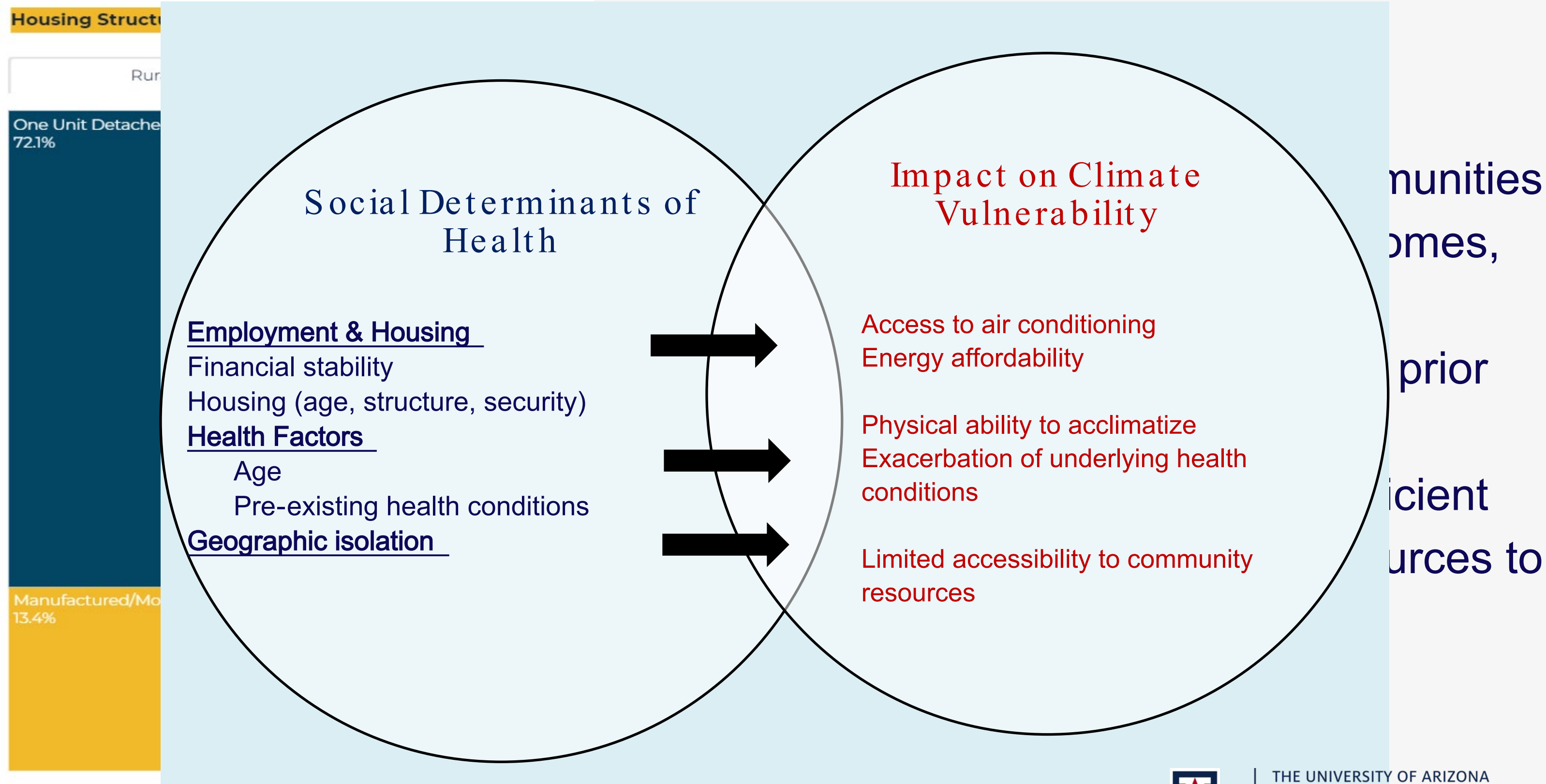
Climate Change Risk in Rural Communities



Increased duration, intensity, and frequency of climate -driven disasters



Housing as A Driver of Health

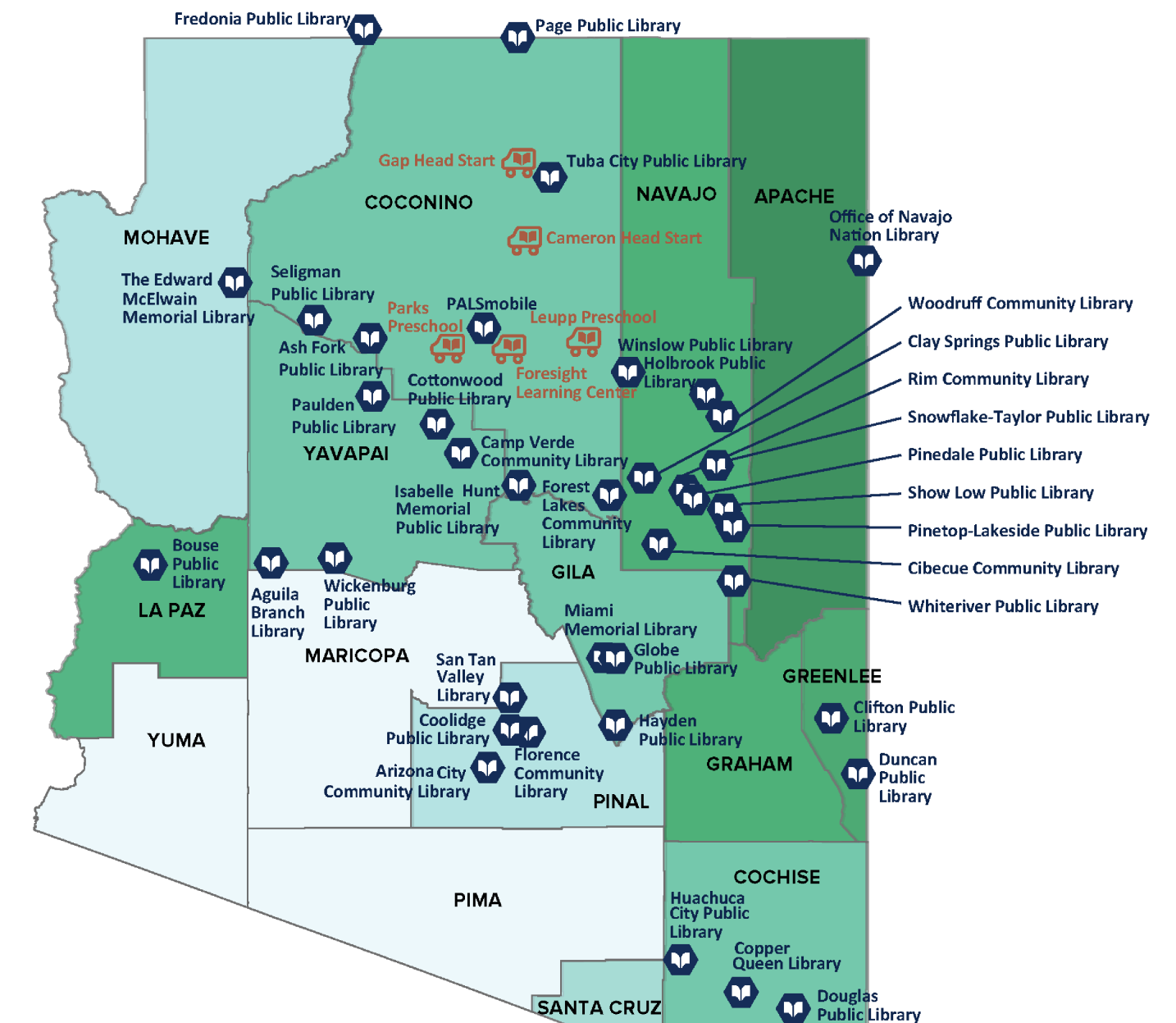


Innovative Approaches for Rural Settings

Arizona Libraries Enhancing Resilient Rural Communities

Developing community -centered programs and services to address health inequities exacerbated by COVID -19 pandemic

37 projects building health literacy, improving access to health eating, active living (HEAL) initiatives



Citations & Resources

- CDC Rural Public Health Strategic Plan

<https://www.cdc.gov/rural-health/php/about/strategic-plan.html>

- Housing Assistance Council. Taking Stock Report

<https://takingstockrural.org/>

- RHI Hub. Healthcare Access in Rural Communities

<https://www.ruralhealthinfo.org/topics/healthcare-access#barriers>

- USGCRP 3rd National Climate Assessment. Chapter 14: Rural Communities

https://nca2014.globalchange.gov/downloads/high/NCA3_Full_Report_14_Rural_Communities_HighRes.pdf

Safeguarding Rural Communities: Climate Resilience and Adaptation



Kari Northeim, PhD, MBA
Assistant Professor



Rural Health

- Geographical narcissism
- Policy gaps
- Social vulnerabilities
- Lower income
- Educational gap

1:5 rural in US

Rural Health

- Chronic health problems
- Higher values of food insecurity
- Double burden of malnutrition and obesity



Rural
Communitie
s



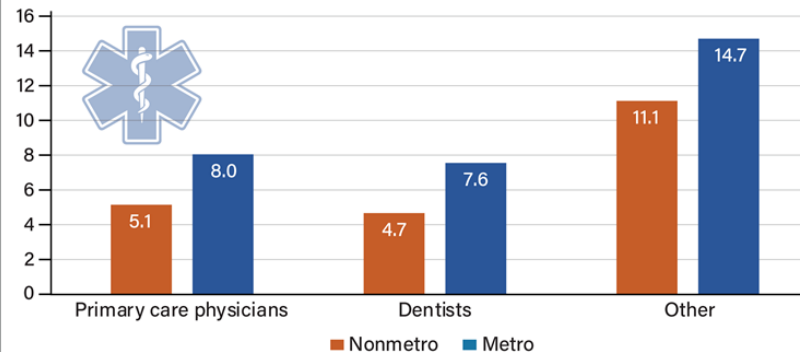
Health Effect
Modifiers



Select healthcare professionals by county type, 2020

USDA Economic Research Service
U.S. DEPARTMENT OF AGRICULTURE

Number of providers per 10,000 residents



Note: **Metro** and **nonmetro** areas are as classified by the Office of Management and Budget in 2013. **Other** refers to a combined category of healthcare professionals that includes nurse practitioners, physician assistants, and certified nurse midwives.

Source: USDA, Economic Research Service analysis of Area Health Resource File data (Health Resources and Services Administration, 2020).

- ❖ Shorter life expectancy
- ❖ Increased risk of death from stroke and heart disease
- ❖ Higher rates of tobacco use, high blood pressure and diabetes

American Health Association (AHA). 2024.
<https://www.heart.org/en/news/2024/04/30/whats-health-care-like-in-rural-america-were-taking-a-close-up-look>.



Climate Change as an Effect Modifier

Climatic Hazards

Vector distribution changes

Clean water/air

Agricultural growing changes

Heat related illnesses

Flood/droughts

Wildfires

Length of Growing Season



Clean Water/Air



Heat-Related Deaths



Outdoor Workers



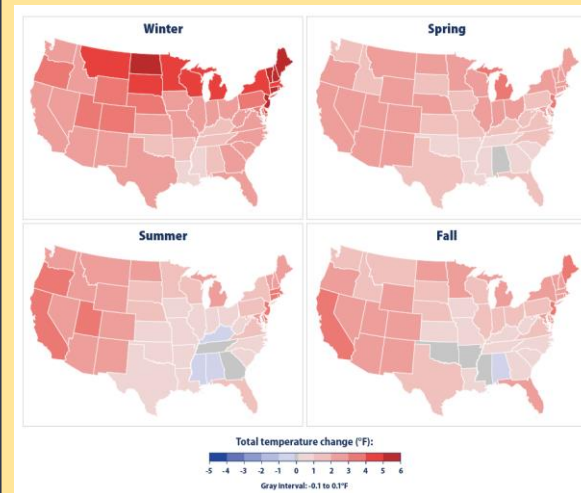
Environmental Justice Lens

Inequitable impact rural/urban

Rural - Fewer social economic resources

Mental - Physical - Behavioral health impacts **exacerbated**

Temperature Change by Season in the Contiguous 48 States, 1896–2023

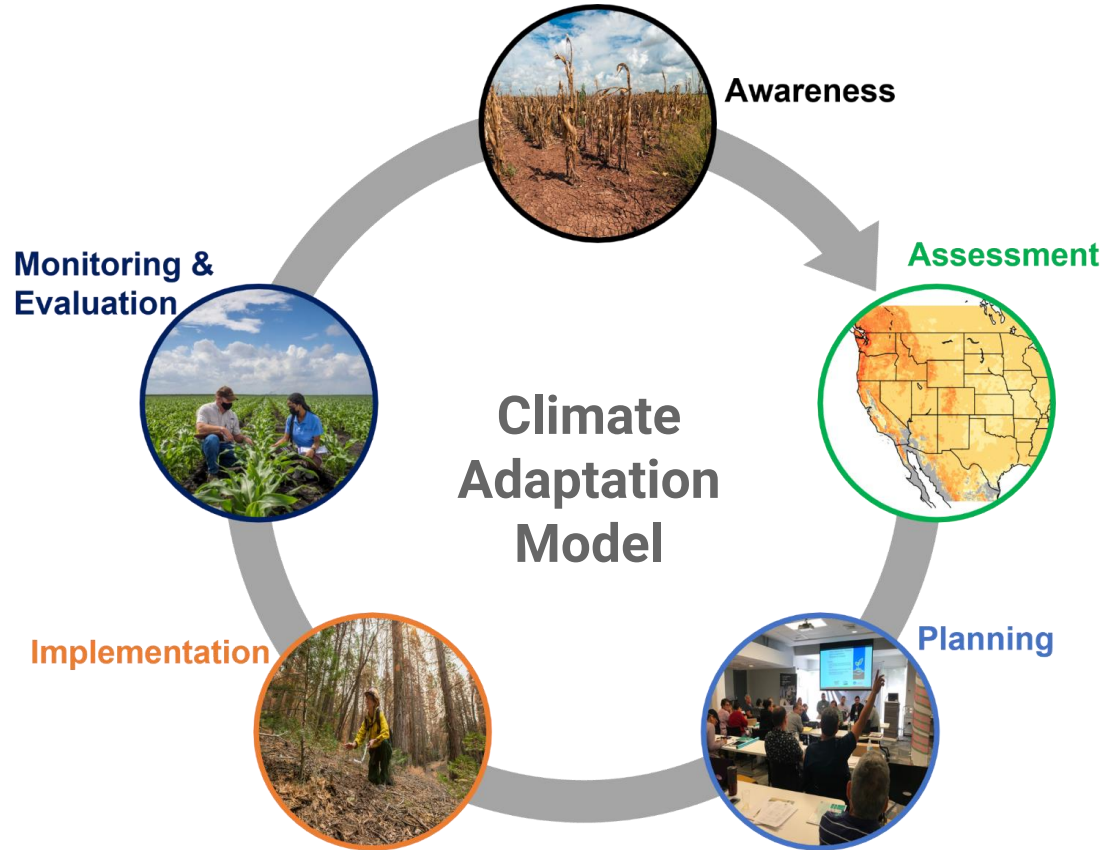


United States Department of Agriculture.
2024. <https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=106208>

Enhancing Rural Resilience

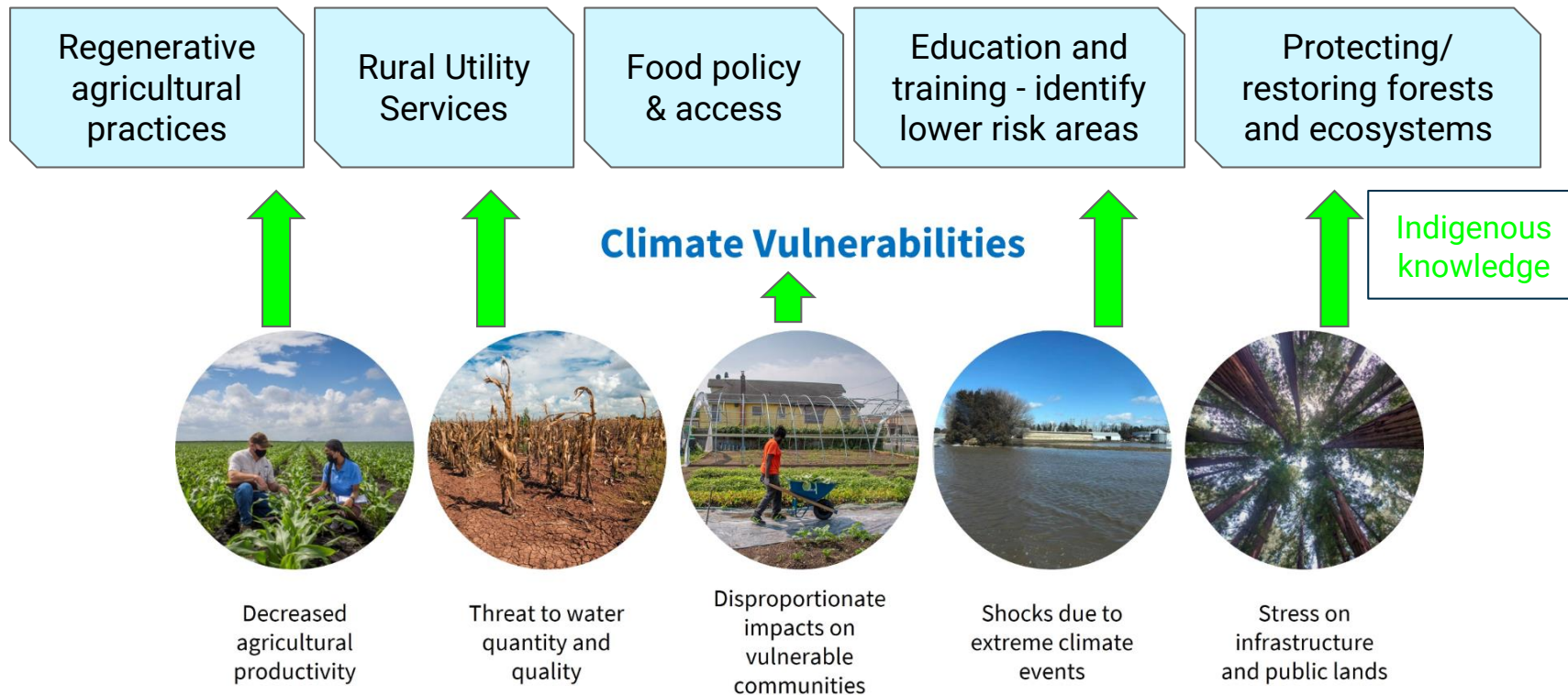


- Reduce exposure
- Reduce sensitivity to climate effects
- Increase adaptive capacity



Adapted from the Fourth National Climate Assessment (2018)

Rural Policy Implications





Sunny Day Conversations: Preparing Rural Communities for Natural Disasters

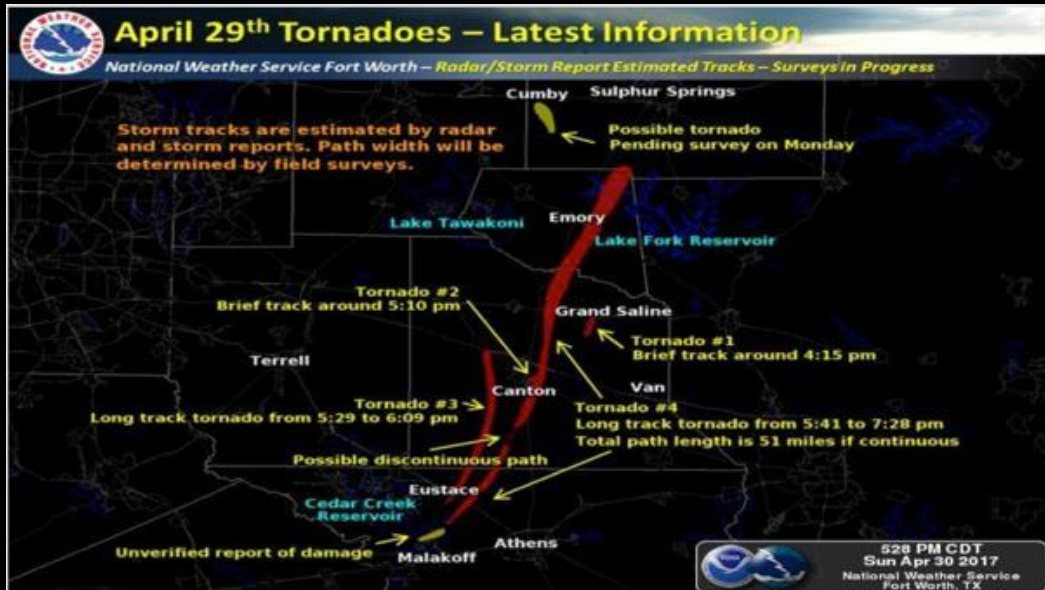


Melissa Oden, DHEd, LMSW-IPR
Fellow/Immediate Past President
Texas Public Health Association



Russell Hopkins
Director









HOW TO DEVELOP RESILIENCE?

THE SKILLS YOU NEED TO BOUNCE BACK WHEN LIFE HITS YOU



RESILIENCE IS

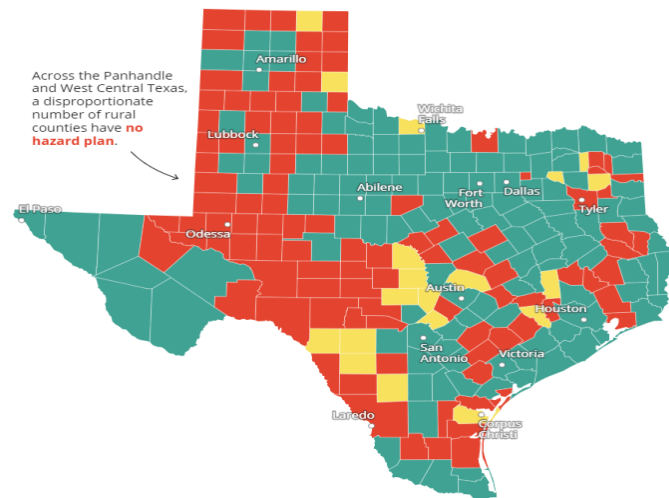
"The capacity to remain flexible in our thoughts, feelings, and behaviours when faced by a life disruption, or extended periods of pressure, so that we emerge from difficulty stronger, wiser, and more able."



Rural Texas counties lack active hazard mitigation plans

More than 3.5 million Texans live in counties that either have an expired plan or no plan at all. Of the counties with no plans, 83% percent are rural. About three fourths of all Texas counties are considered rural, with a population of fewer than 50,000 people.

Expired or no plan Plan in progress Approved



Note: Population data was obtained from the 2022 American Community Survey five year estimates. County plan statuses were consolidated for simplicity. Counties with a status of "Approved" and "Approvable Pending Adoption" are combined under "Approved." Counties with a status of "Plan in Progress", "Awaiting Revisions" and "In Review" are all included under "Plan in progress." If a county's plan status has changed but it has not yet reported that change to

Partners **4** Rural Resilience







Protecting the People Who Feed the World

Protecting the People Who Feed the World



Tara Haskins, DNP, MSN, RN
Total Farmer Health Director





Protecting the People Who Feed the World

Rural Telementoring Unconference

October 16, 2024

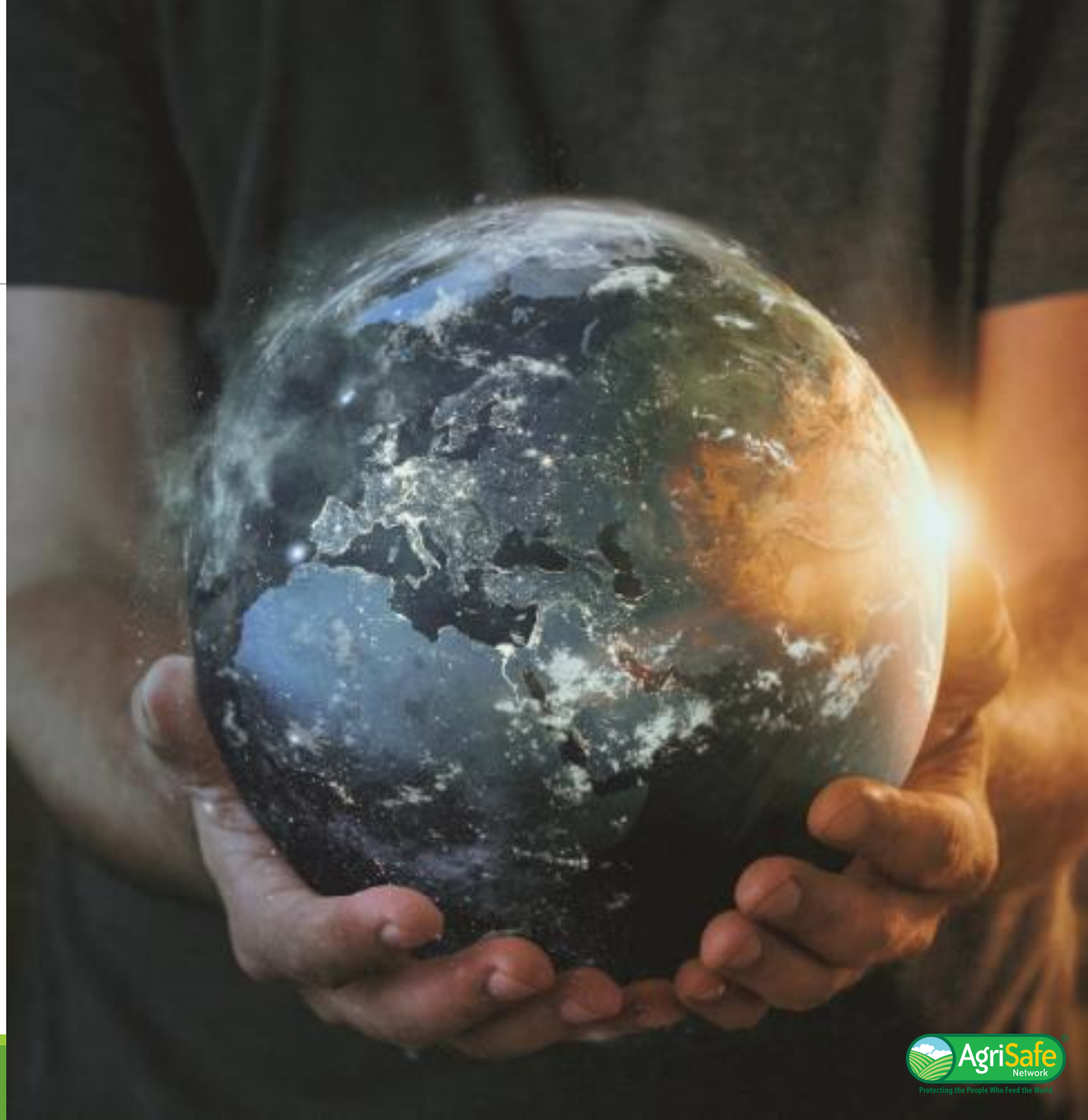
TARA HASKINS DNP, MSN, RN, AHN-BC

AGRISAFE TOTAL FARMER HEALTH DIRECTOR

Protecting the People Who Feed the World

AgriSafe protects the people who feed the world by:

- Performing ongoing needs assessments of agricultural producers and workers .
- Training rural health professionals (both in person and virtually).
- Establishing partnerships with academia, rural research centers, and other non-government-based organizations.
- Maintaining a culture of readiness and organizational expectation to protect and respond.



TOTAL FARMER HEALTH[®]





AGRICULTURAL MENTAL HEALTH FACTS

- **AMERICAN FARM BUREAU 2019 NATIONAL POLL**

- 91% MENTAL HEALTH ESSENTIAL
- 3 IN 4 SAY IT'S ESSENTIAL TO REDUCE STIGMA
- STIGMA: MEDIA (72%) COMMUNITY (58%) FRIENDS (56%)

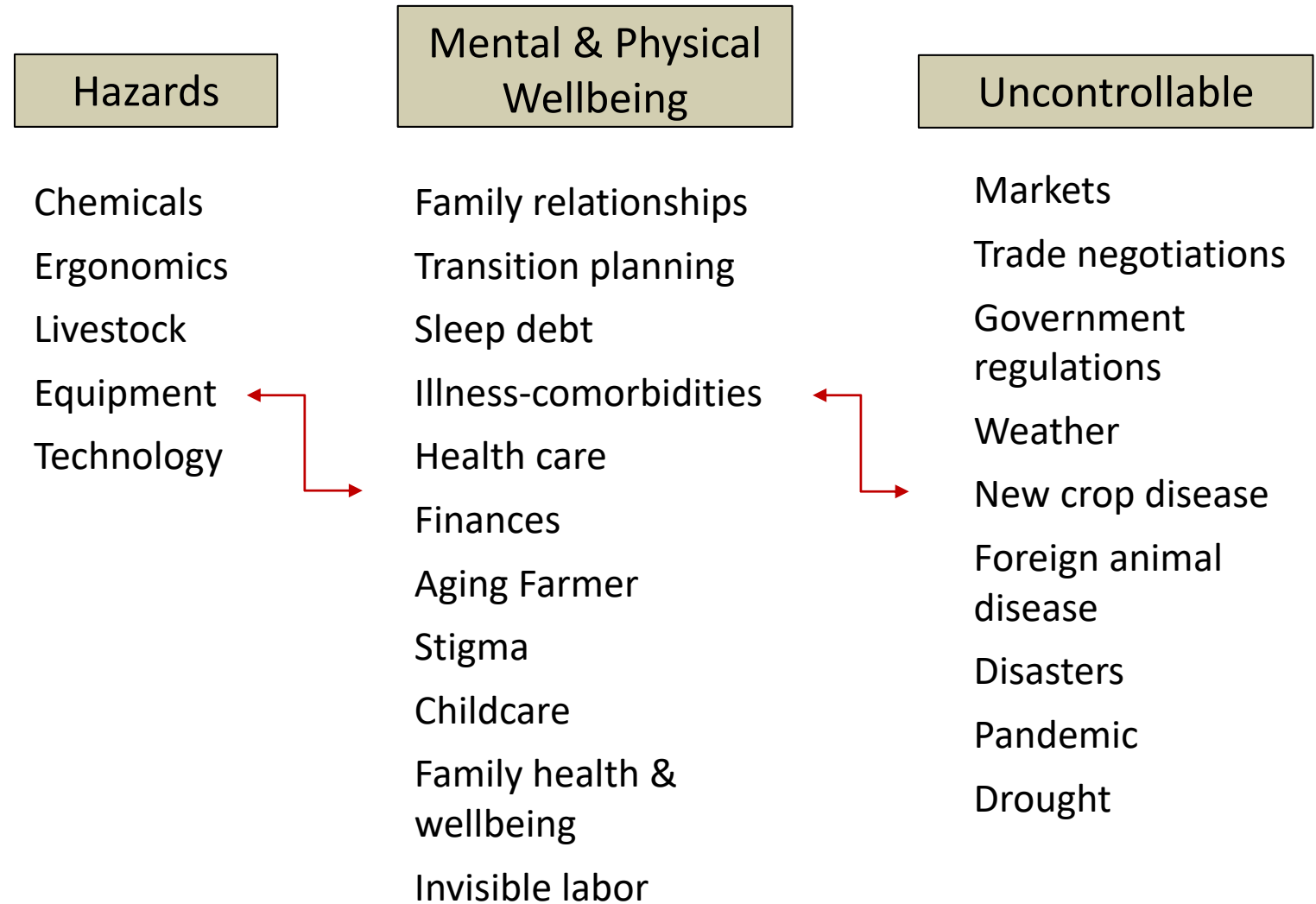
- **AMERICAN FARM BUREAU 2021 NATIONAL POLL**

- STIGMA AROUND SEEKING HELP AND MENTAL ILLNESS IS DECREASED BUT STILL A FACTOR
- FARMERS AND FARM WORKERS ARE MORE COMFORTABLE TALKING TO FRIENDS AND FAMILY ABOUT MENTAL HEALTH THAN IN 2019
- MAJORITY OF RURAL ADULTS AND FARMERS AND FARM WORKERS ARE EXPERIENCING MORE STRESS THAN A YEAR AGO AND THEY ARE SEEKING CARE

- **CDC 2016 SUICIDE RATES**

- AGRICULTURE, FORESTRY, FISHING, HUNTING
 - 4TH HIGHEST (36.1/100,000) (ALL INDUSTRIES AVERAGE 27.4)
- MALE AGRICULTURAL MANAGERS (43.2/100,000)
- 80% OF AGRICULTURAL SUICIDES INVOLVED A FIREARM

Stressors Unique to Agriculture

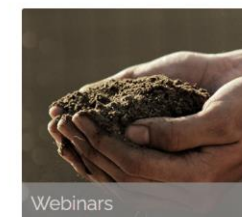
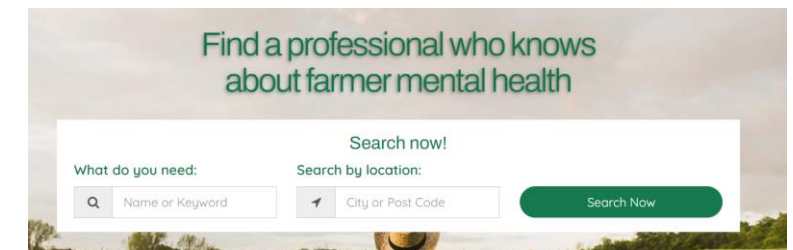


RESOURCES

- Agrisafe Network's webinars and events this month!
- Extensive behavioral health trainings
 - QPR for Agricultural Communities
 - CALM
 - Naloxone for Ag Employers
- FarmResponse®
- AgriStress® Helpline
- AgriStress Provider Directory



Protecting the People Who Feed the World



Webinars



Courses



Resource Library



Protecting the People Who Feed the World

Thank you!

thaskins@agrisafe.org

TARA HASKINS DNP, MSN, RN, AHN-BC

SAMHSA

Substance Abuse and Mental Health
Services Administration

Climate Change and Behavioral Health



Hal Zawacki, MPH, MSW
Assistant Regional Director

Rural Telementoring
UnConference
2024



SAMHSA: Climate Change and Behavioral Health RTTC Unconference

Hal Zawacki, Asst. Regional Director, Region 9
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

October 16, 2024



SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA RFI: Climate Change and MH/Substance Use



FEDERAL REGISTER

The Daily Journal of the United States Government



Notice

Request for Information: SAMHSA's Role in Possible Agency Actions Regarding Mental Health and Substance Use Wellbeing in the Context of Climate Change and Health Equity

A Notice by the Substance Abuse and Mental Health Services Administration on 08/31/2022



KEY IDEAS

- ✓ Climate change is a social determinant of Behavioral Health
- ✓ Behavioral health systems must become “climate-informed”
- ✓ BH responses to climate change need to be immediate and long-term
- ✓ Intergenerational trauma will be one of the layered effects of climate-related environmental change

RECOMMENDATIONS:

1. **Develop a SAMHSA Climate Action Plan**
2. **Create a Climate Change and Behavioral Health Clearinghouse and Technical Assistance Center & Incorporate Climate-Informed Guidance into SAMHSA Grants**
3. **Incorporate Public Behavioral Health Approaches to Promote Resilience**
4. **Incorporate and Expand Resources for:**
impacted populations, Trauma, Effects of Extreme Heat, Disaster Behavioral Health - Response to Long-Term Recovery.

Readying the BH Workforce for Climate Change

Acute, Sub-acute, and Chronic = Immediate, Short-term, and Long-term

SAMHSA

Substance Abuse and Mental Health
Services Administration

**Disaster Technical
Assistance Center (DTAC)**



Psychological First Aid

Training is to prepare individuals to deliver basic behavioral health response skills following large scale disasters or smaller scale critical incidents.

FEMA

**Crisis Counseling Assistance
& Training Program**

**SAMHSA
Disaster
Response
Grants**



CHANGE LIVES.
Train to be a Mental Health First Aid Instructor with
Team: Changing Minds

 **Mental Health FIRST AID**
from NATIONAL COUNCIL FOR MENTAL WELLBEING





#LetsGetReal
about teen mental health with **teen Mental Health First Aid**

Visit [MHFA.org/teens](https://www.MHFA.org/teens)

**BORN THIS WAY
FOUNDATION**

**climate
psychiatry
alliance**



SAMHSA
Substance Abuse and Mental Health
Services Administration

The Psychological Impact of Climate Change

Behavioral health issues resulting from climate-related disasters may include stress, anxiety, depression, PTSD; and increases in substance use, suicidality, and violence.

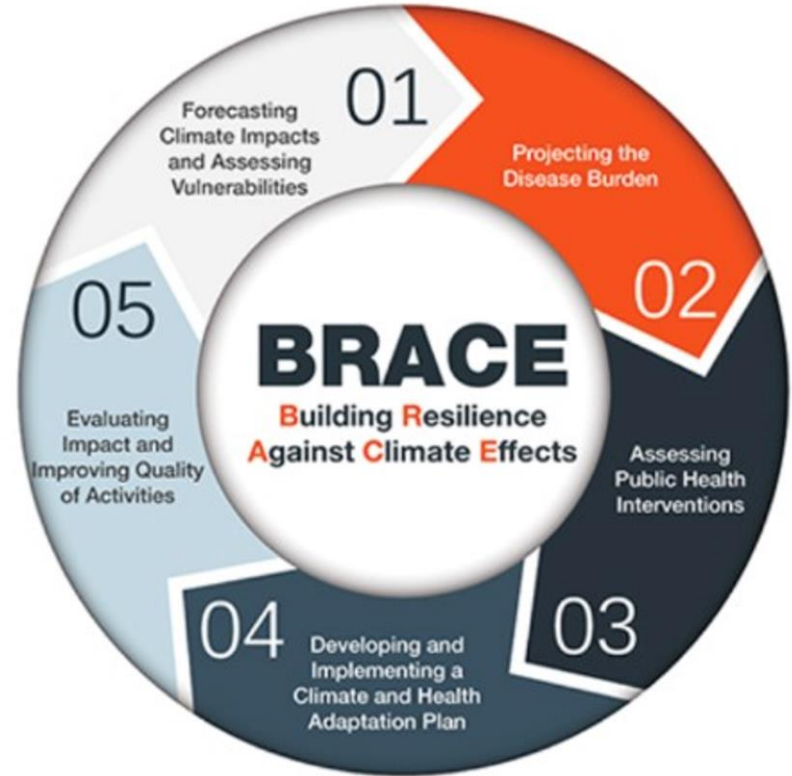
- **Climate Distress:** anticipated, perceived or experienced effects of climate change
- **Climate Resilience:** interacting emotions, capacity used to cope with climate change.
- **Ecological anxiety:** the response to the slower moving affects of climate change, a feeling of doom or dread.
- **Solastalgia:** describes the distress people feel when their environment changes negatively, particularly in a place they care about.
- **Normalizing:** the response to the impact of climate change that can lead to underdiagnosing, and the need for services may not be appropriately addressed.

Prevention and Community Resilience

Climate-ready Communities: Building Resilience and Hope



**Community
Resilience Hubs**





Strength in Community: Navigating Behavioral Health Challenges in Rural Texas



Aniela Brown, MSW
Trauma Informed Care
Program Director



Traversing Complexity



Over 60% of Rural Counties in Texas are designated as HRSA BH Provider Shortage.



Reference: Texas Community Health News Report, 2024

Ready and Willing but Unable



30% of Texans who needed counseling reported not having access to services.



Reference: KFF Mental Health and Substance Use State Fact Sheets, 2023

Rethinking the Team



Evidence-based frameworks such as TIC & HCD promote meaningful empowerment.



Reference: Journal of General Internal Medicine, 2023

“Bowling Together”



Engagement in community-based activities fosters healing and resilience.



Reference: Environmental Justice Journal, 2021



**University
Health**

Rural Telementoring
UnConference
2024

Closing the Care Gap: Integrating Primary and Behavioral Healthcare in Rural Communities



Mercedes Ingram, PhD, LPC
Director, Population Health



Closing the Care Gap: Integrating Primary and Behavioral Healthcare in Rural Communities

Problem

Behavioral healthcare needs are often not met in rural communities because of a lack of adequate available, accessible, and affordable healthcare services.

Solution

**Integrated health care – primary care
behavioral health (PCBH) consultation model**



How integrated healthcare can help rural communities

- Reduce the effects of social stigma associated with seeking out behavioral health services
- Increase in the quality of care through enhanced coordination of services.
- Expose learners to rural health care, increasing the likelihood of rural health care practice after graduation.



Behavioral Health Consultant Trainees in Rural Internship Settings

- Rural internship locations, which had limited to no previous PCBH services
- 2 PCBH electives, 2 rotations/internships
- 4 Site supervisors trainings
- Semesterly site visits and coaching
- 4 interprofessional education workshops



Findings & implications

- Increased knowledge in interprofessional teams, clinical practice, primary care context, intervention design and delivery, and outcome-based practices.
- Improved access and availability of PCBH services in rural locations.
- 115 graduates; >36,000 hours pro bono BHC services



U.S. Health Resources and Services Administration (HRSA) Behavioral Health Workforce Education & Training (BHWET) federal funding

Initially funded in 2017-2021 for the Program for the Integrated Training of Counselors in Behavioral Healthcare (PITCH), Refunded 2021-2025 to implement PITCH Expanded Providers (PEP)



Substance Abuse and Mental Health
Services Administration



SAMHSA

National Mental Health and Substance Use Policy Laboratory (NMHSUPL) Evidence-Based Practices (EBP)



Humberto Carvalho, MPH
Public Health Advisor



**LT Jalima Caulker, LICSW,
LCSW-C, BCD, CCM**
Social Science Analyst



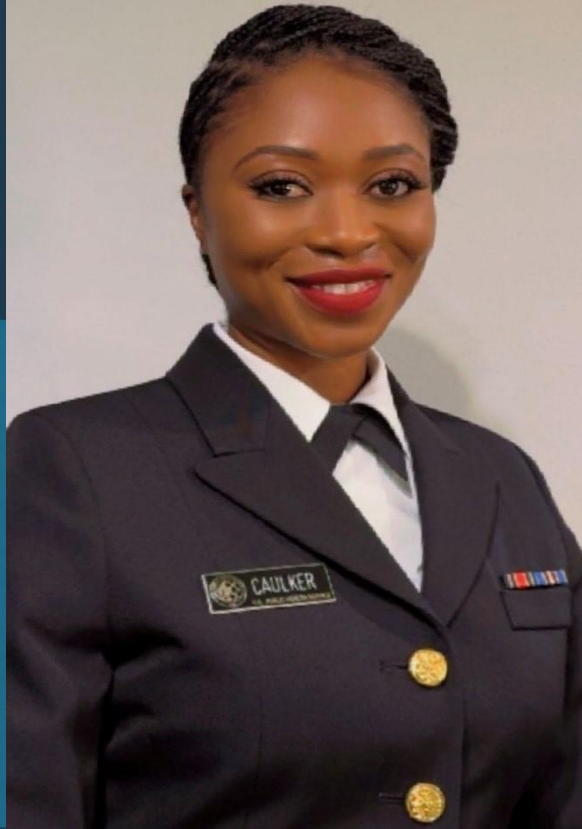
**Krishnan Radhakrishnan, MD,
PhD, MPH**
Physician, Senior Advisor



Substance Abuse and Mental Health Services Administration (SAMHSA)
National Mental Health and Substance Use Policy Laboratory (NMHSUPL)
Evidence-Based Practices (EBP)



Humberto Carvalho, MPH



Jalima Caulker, LICSW, LCSW-C, BCD, CCM



Krishnan Radhakrishnan, MD, PhD, MPH

September 2024



SAMHSA
Substance Abuse and Mental Health
Services Administration

Evidence-Based Practices Resource Center (EBPRC)



June 2024

Guidance to States and Communities on Using Federal Funding To Support Mental Health Services for LGBTQ+ Youth

On June 25, 2022, President Biden signed into law the [BSCA], providing an unprecedented investment in mental health services for LGBTQ+ youth. The historic legislation includes the Community Mental Health Services Block Grant; funding for serving mental health grantees; supplemental funding to expand and enhance the 988 Suicide & Crisis Lifeline; and funding for Certified Community Behavioral Health Clinics (CCBHs).

In the two years since enactment, the Substance Abuse and Mental Health Services Administration (SAMHSA) has distributed millions of dollars in federal funding to states and communities to use for services for lesbian, gay, bisexual, transgender, and gender nonconforming (LGBTQ+) youth with examples from BSCA grantees.

Mental Health Block Grant:

The Community Mental Health Services Block Grant



SAMHSA ADVISORY

AUGUST 2024

PREVENTING SUBSTANCE USE AMONG YOUNG ADULTS WITH DISABILITIES

In 2021, approximately 3.2 million or about 6.8 percent of people between the ages of 14 and 24 were living with a physical or mental disability. Although data on young people with disabilities are limited, recent evidence highlights the increased risk in this population for a host of health and other challenges, including higher rates of mental disorders and substance use disorders (SUDs).^{1,2} Even so, young people with disabilities are less likely than young people without disabilities to receive prevention and treatment services for substance use.^{3,4} Developing new prevention strategies to receive prevention and treatment education and tools to reduce potential substance use among young adults with disabilities may support a healthy trajectory for this population during a period of transition.

This Advisory highlights the potential for evidence-based substance use prevention programs to help address the needs of young adults with disabilities by focusing on designing and tailoring these programs to meet the needs of this population. It does not aim to provide comprehensive information on disability. Rather, it aims to encourage substance use prevention and perspectives that young adults with disabilities may have on designing and tailoring these programs to meet the needs of this population.

Key Messages

For young adults with disabilities, substance use prevention programs can help address the needs of this population during a period of transition. Evidence-based substance use prevention programs can apply strategies for young adults. Specifically, prevention programs should focus on the following:

- Tailoring prevention programs to the needs of young adults with disabilities.
- Addressing the needs of young adults with disabilities in their environments.
- Supporting young adults with disabilities in their environments.
- Supporting young adults with disabilities in their environments.

ENGAGING COMMUNITY COALITIONS TO DECREASE OPIOID OVERDOSE DEATHS

PRACTICE GUIDE 2023



Who We Are: The EBPRC is managed by SAMHSA's National Mental Health and Substance Use Policy Laboratory (NMHSUPL).

When We Started: The EBPRC was established in 2018 to fulfill the requirements of the 21st Century Cures Act .

What We Do: The EBPRC is a comprehensive online resource center that provides communities, clinicians, policymakers, and others with information and tools to incorporate evidence-based practices into their work. It includes a collection of scientifically-based resources, such as treatment improvement protocols, toolkits, resource guides, clinical practice guidelines, and more.

Why We Do It: The EBPRC aims to improve access to reliable and valid information on evidence-based programs and practices, ultimately supporting better behavioral health outcomes nationwide. By providing high-quality resources and tools, the EBPRC helps bridge the gap between research and practice, ensuring that communities and practitioners have the information they need to make informed decisions.

Where We're Located: The EBPRC is accessible online and its resources can be searched by topic area, substance or condition, resource type, target population, and target audience.

<https://www.samhsa.gov/resource-search/ebp>

How We Get it Out: The EBPRC resources are disseminated through various channels, including webinars, social media platforms, email blasts, online forums, and partnerships with professional organizations to reach a wide audience.

Rural Connection: The EBPRC enhances rural resilience by providing actionable resources and tools that address the intersection of climate change, behavioral health, and workforce development, supporting rural communities' ability to mitigate, adapt, and recover from climate-related stressors, promote behavioral health solutions, and foster a resilient workforce.

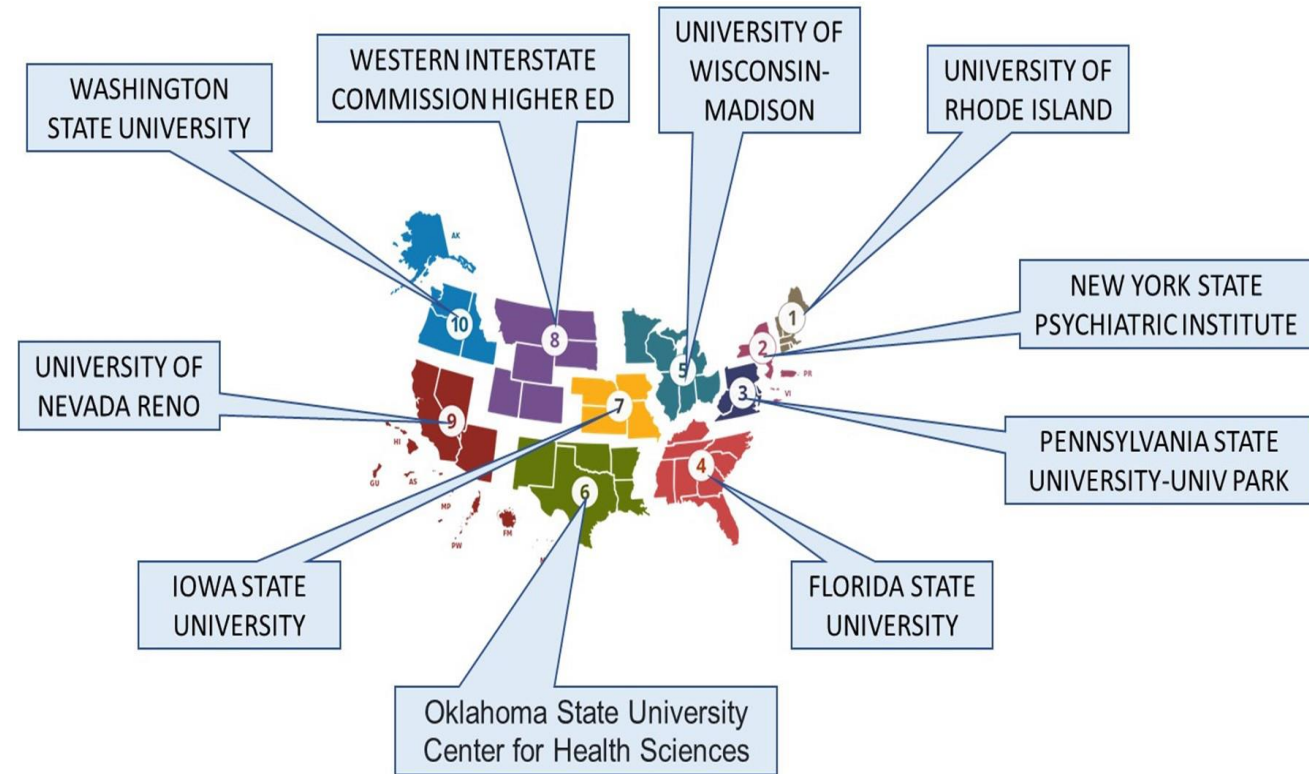


Substance Abuse and Mental Health Services Administration

Rural Opioid Technical Assistance Regional Centers (ROTA-R)

Purpose:

- To develop and disseminate training and technical assistance addressing opioid and stimulant use affecting rural communities.
- The ROTA-R teams are expected to facilitate the identification of model programs, develop and update materials related to the prevention, harm reduction, treatment, and recovery activities for opioid use disorder (OUD) and/or stimulant use disorder, and ensure that high-quality training is provided.
- The ROTA-R program is comprised of ten Regional Centers, with one located in each of the ten HHS regions.



Rural Emergency Medical Services (EMS) Training Grant



Purpose

- To recruit and train EMS personnel in rural areas with a particular focus on addressing substance use disorders (SUD) and co-occurring disorders (COD) substance use and mental disorders.
- SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.
- Provides funding to support trainings of EMS personnel on SUD and COD, trauma-informed, recovery-based care for people with such disorders in emergency situations and, as appropriate, to maintain licenses and certifications relevant to serve in an EMS agency.
- Aims to develop the capacity of EMS staff to support residents in rural communities.

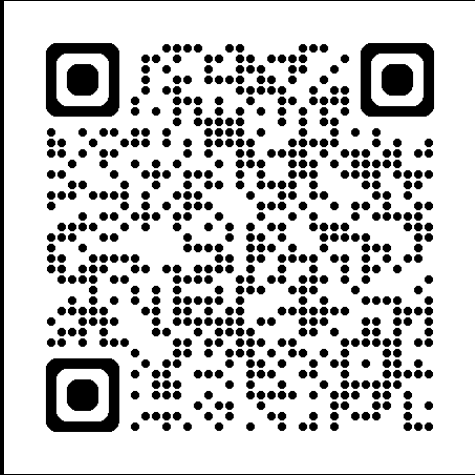
<https://www.samhsa.gov/grants/grant-announcements/ti-23-011>

More Information

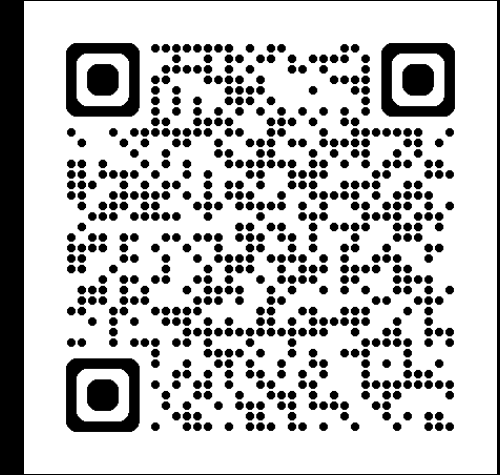
Access the EBPRC Website



Access the SAMSHA Website



Access the Policy Lab Website



1-877-SAMHSA-7
(1-877-726-4727)
1-800-487-4889 (TDD)
www.samhsa.gov



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