

# SAMHSA: Behavioral Health in Rural Communities

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U.S. Department of Health and Human Services

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

## Mission

Reduce the impact of  
substance use and mental  
illness on America's  
communities

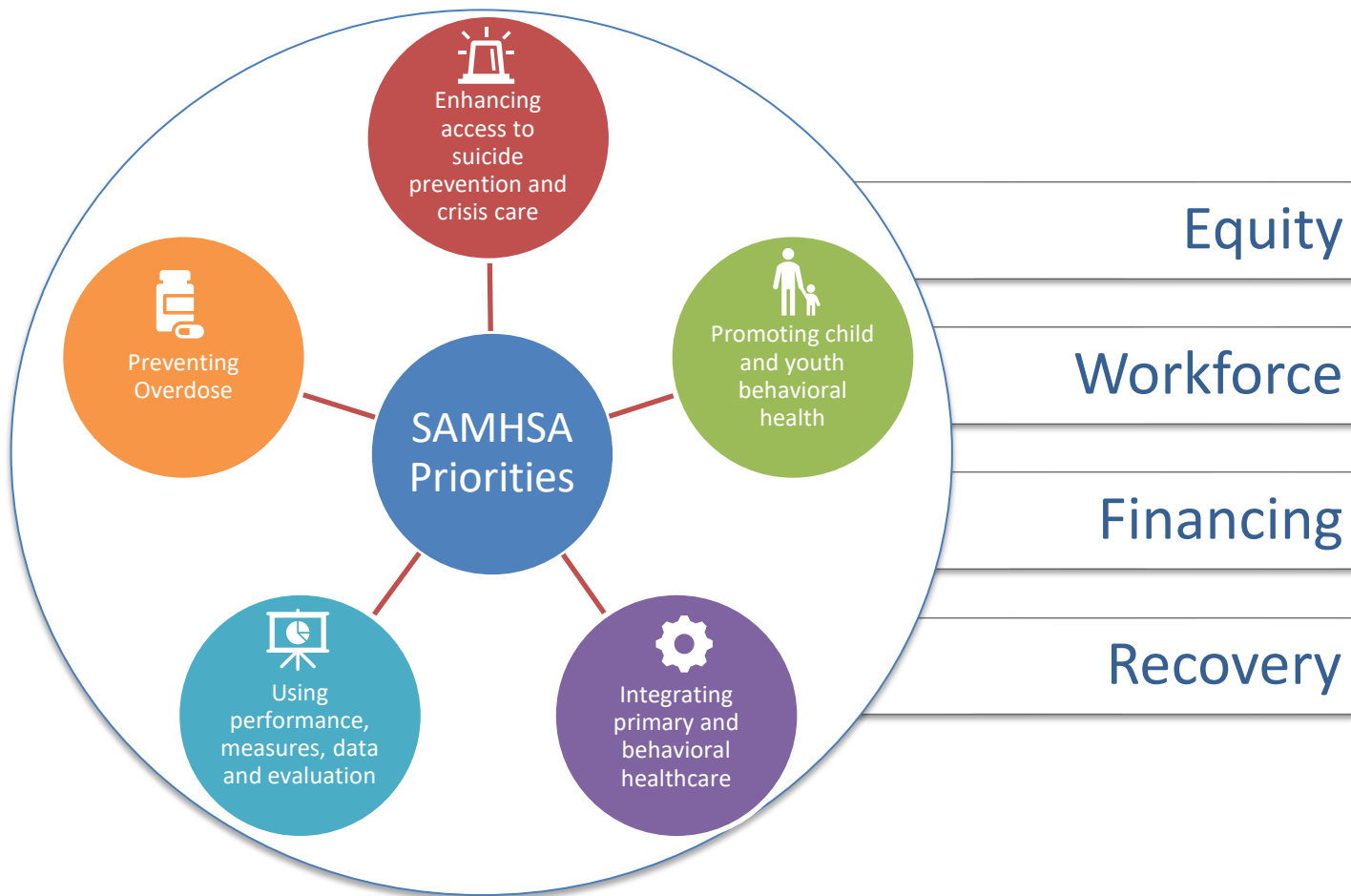
Behavioral Health is  
Essential to Health

Prevention Works

Treatment Is Effective

People Recover

# SAMHSA's Priorities and Cross-Cutting Principles



# Mental Health Awareness

SAMHSA is raising awareness about the importance of mental health (MH) in the lives of all Americans.

## ***Children's MH***

- Disruptions in routines and relationships have led to increased social isolation, anxiety, and learning loss.

## ***Maternal MH***

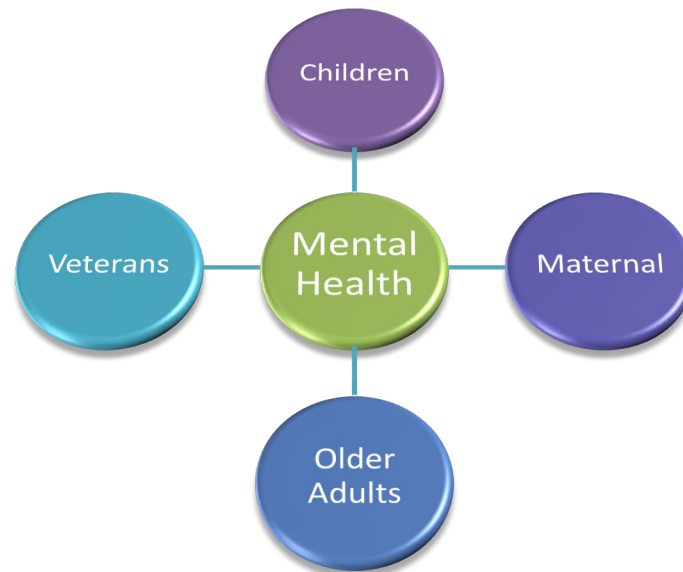
- Life changes around pregnancy can make women more vulnerable to mental illness.

## ***Older Adults MH***

- Social isolation and its impact on mental and physical health, lack of access to health care, increased substance use, and grief are at the forefront.

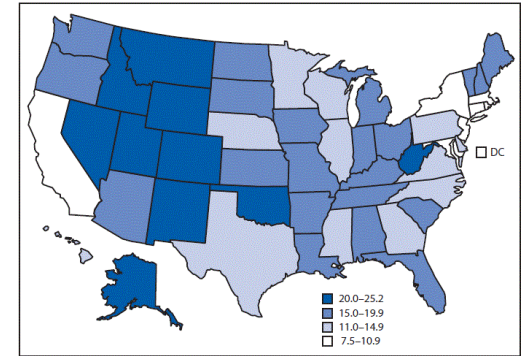
## ***Veterans MH***

- For veterans undergoing PTSD, TBI, and/or depression, life can be extremely difficult. A disturbing trend – the average number of Veteran suicides per day: 17.9.



# Rural Health Disparities in Behavioral Health

- Rural **suicide** rate nearly 2x the rate in urban areas
  - This difference has widened from 1999 to 2019, increasing 50% in rural areas compared to 31% in urban areas.
  - Suicide among rural youth is 54% higher than urban youth and has increased 74% over the past 12 years.



Age-Adjusted Suicide Rates by State — National Vital Statistics System, United States, 2018

- Misuse of **Opioids**
  - (ages 12+) in rural areas – 3.5% vs. national avg of 3.2%
  - The CDC analyzed patient opioid prescription data from 2014-2017 and found that the percentage of patients prescribed an opioid was higher in rural areas than in urban settings.
- **Alcohol** use among rural youth (ages 12-20) - 32.2% vs. national avg. of 28.5%
- Rural adults also have higher rates of use for **tobacco** and **methamphetamines**.
- 20% of rural counties lack behavioral health services versus 5% in metropolitan areas.
- Limited **broadband** availability may hinder the use of tele-behavioral health

# Barriers Creating or Exacerbating Rural Disparities

Accessibility

Availability

Affordability

Acceptability

# Barriers Creating or Exacerbating Rural Disparities

## Accessibility

- Travel distances to available BH providers.
- Lack of public transportation.
- Limited broadband availability in rural areas may hinder tele-behavioral health

## Availability

- Fewer providers covering crisis care, mental health and substance abuse services
- limited or no access to detox services.
- Limited access to Medications for Opioid Use Disorder (e.g. Buprenorphine or methadone).

## Affordability

- Higher poverty and uninsured rates in rural areas may make it difficult to pay for treatment, esp. out-of-pocket costs.
- Areas with limited BH providers may not accept insurance plans with lower reimbursement rates
- Inadequate BH parity, insurance payments

## Acceptability

- Higher stigma associated with substance use disorders care and recovery in rural areas.
- Residents may be more susceptible to stigma surrounding 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

# Best Practices to Address Rural Disparities

- Prevention and Community Education
- Workforce Recruitment and Retention
- Emerging Leaders in Behavioral Health
- Telehealth
- Integration of Behavioral Health & Physical Health Care
- Community-Based Supports and Services

<https://www.ruralhealthinfo.org/toolkits/mental-health/2/program-models>





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## Rural Behavioral Health

Advancing health equity involves ensuring that everyone has a fair and just opportunity to be as healthy as possible. This also applies to behavioral health. In conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care – all of which have an impact on behavioral health outcomes.

# SAMHSA Formulary Grants

1. Substance Abuse Prevention & Treatment (SAPT) Block Grant
2. Community Mental Health Services (CMHS) Block Grant
3. Projects for Assistance in Transition from Homelessness (PATH)
4. Protection and Advocacy for Individuals with Mental Illness (PAIMI)
5. State Opioid Response (SOR) / Tribal Opioid Response (TOR)

## State Points of Contact

- State Substance Abuse Authority (SSA)
- State Mental Health Authority (SMHA)
- Planning and Advisory Council

# SAMHSA Discretionary Grants (examples)

## Center for Substance Abuse Prevention

- Strategic Prevention Framework
- Partnership for Prevention
- Sober Truth on Preventing Underage Drinking Act
- Minority AIDS Initiative Continuum of Care Pilot Syringe Services
- Preventing Drug Overdose Death

## Center for Substance Abuse Treatment

- Screening Brief Intervention Referral to Treatment
- Building Community Oriented Recovery
- Adolescent Substance Use Disorder Treatment
- Treatment Drug Courts
- MAT – Prescription Drug Overdose
- Addictions Treatment for Homeless
- Pregnant and Post Partum Women Program

## Center for Community Mental Health Services


- Mental Health Services-Jail & Prison Populations
- Offender Reentry Program (CMHS)
- Primary Behavioral Health Integration Grant
- Certified Community Behavioral Health Center
- Project AWARE & Mental Health Awareness Training
- Garrett Lee Smith Suicide Prevention
- Supported Employment
- National Child Trauma Stress Network
- Crisis Counseling Program
- HIV/AIDS Mental Health Care
- Assisted Outpatient Treatment
- Assertive Adolescent Family Treatment
- Native Connections

# SAMHSA: Current Funding Opportunities

Opportunity Number	Opportunity Title	Agency	Opportunity Status	Posted Date ↓	Close Date
SM-22-016	Cooperative Agreements for Innovative Community Crisis Response Partnerships	HHS-SAMHS-SAMHSA	Posted	05/24/2022	07/25/2022
SM-22-017	Cooperative Agreements for School-Based Trauma-Informed Support Services and Mental Health Care for Children and Youth	HHS-SAMHS-SAMHSA	Posted	05/24/2022	07/25/2022
TI-22-005	State Opioid Response Grants	HHS-SAMHS-SAMHSA	Posted	05/19/2022	07/18/2022
SM-22-013	Center of Excellence on Social Media and Mental Wellbeing Cooperative Agreement	HHS-SAMHS-SAMHSA	Posted	05/18/2022	07/18/2022
FG-22-001	Asian American, Native Hawaiian, and Pacific Islander Behavioral Health Center of Excellence	HHS-SAMHS-SAMHSA	Posted	05/09/2022	07/08/2022
TI-22-006	Tribal Opioid Response Grants	HHS-SAMHS-SAMHSA	Posted	04/27/2022	06/27/2022
SP-22-006	Sober Truth on Preventing Underage Drinking Act Grants	HHS-SAMHS-SAMHSA	Posted	04/22/2022	06/21/2022
SM-22-011	Cooperative Agreement for the Center of Excellence for Building Capacity in Nursing Facilities to Care for Residents with Behavioral Health Conditions	HHS-SAMHS-SAMHSA	Posted	04/21/2022	06/20/2022
TI-22-012	Rural Opioid Technical Assistance Regional Centers	HHS-SAMHS-SAMHSA	Posted	04/15/2022	06/14/2022
SP-22-004	Strategic Prevention Framework-Partnerships for Success	HHS-SAMHS-SAMHSA	Posted	04/12/2022	06/13/2022
TI-22-007	State Opioid Response (SOR)/Tribal Opioid Response (TOR) Technical Assistance	HHS-SAMHS-SAMHSA	Posted	04/11/2022	06/10/2022

<https://www.samhsa.gov/grants/fy-2022-nofo-forecasts>

# SAMHSA Rural Opioid Technical Assistance - ROTA

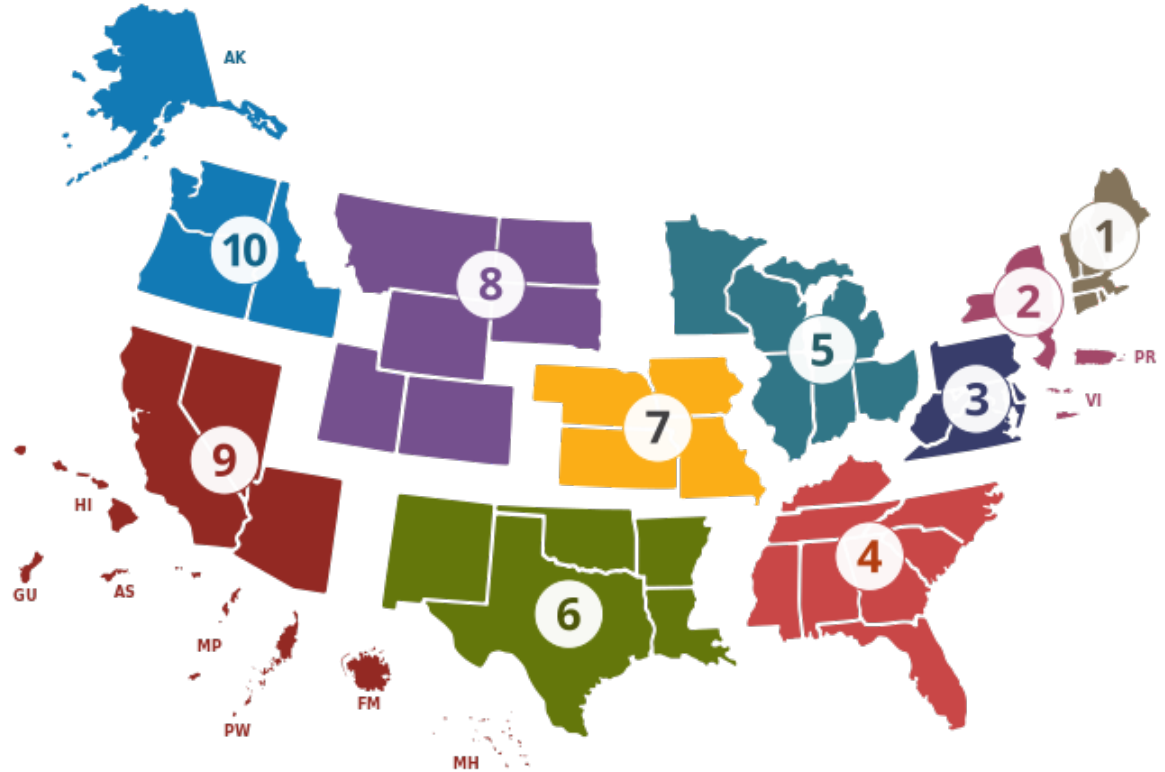


Develop and disseminate training & technical assistance for rural communities addressing opioid issues affecting their communities.

- Community events and training
- Empowering youth and families
- MAT and Naloxone training
- Mental health
- Reducing stigma
- Drug take back events

# 2022 ROTA-R – Regional CoEs

Regional Centers of Excellence to develop and disseminate training and technical assistance addressing opioid and stimulant misuse affecting rural communities.



# Rural EMS Training Program Grant

## Rural Emergency Medical Services (EMS) Training Program

The purpose of this program is to recruit and train emergency medical services (EMS) personnel in rural areas.

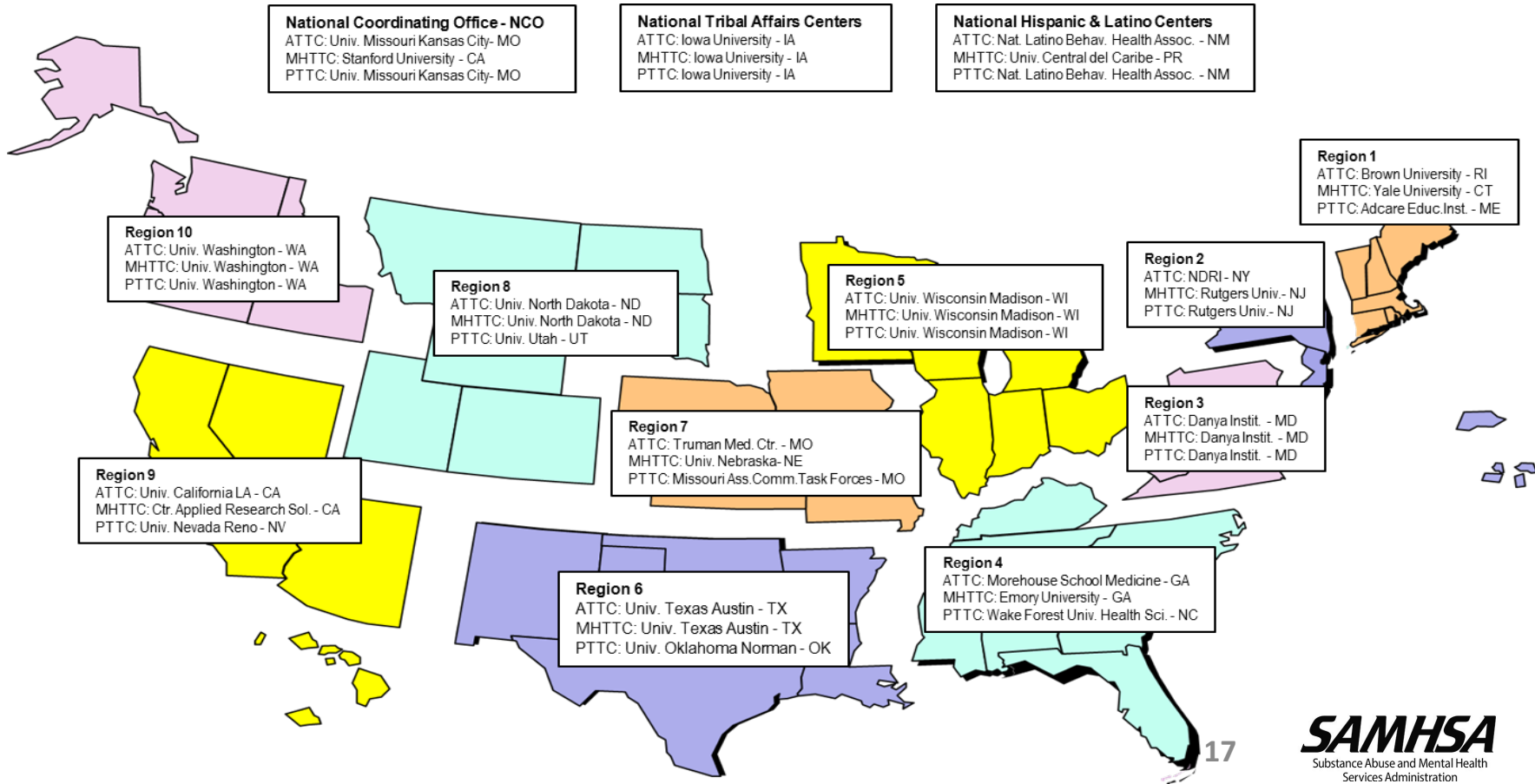
- To date SAMHSA has funded two cohorts with a total of 59 Rural EMS grantees. Together they have:
  - Recruited EMS personnel in rural areas.
  - Engaged the EMS staff in trainings, including training on SUD and MH.
  - 90% of the grantees have used grant funds to purchase essential training equipment or supplies, such as Naloxone kits.
- In 2022 SAMHSA expects to fund another 22 Rural EMS organizations.

# SAMHSA Technical Assistance Centers

- Rural Opioid Technical Assistance (ROTA)
- Suicide Prevention Resource Center (SPRC)
- Service Member, Veteran and Family Technical Assistance Center (SMVF)
- Bringing Recovery Support Services Technical Assistance Center (BRSS-TACS)
- Tribal Technical Assistance Center (T-TAC)
- National Network to Eliminate Disparities in Behavioral Health (NNED)
- National Resource Center for Mental Health Promotion & Youth Violence Prevention
- Infant/Early Childhood Mental Health Consultation Center (IECMHCC)
- SMI-Adviser: Clinical Support System for Serious Mental Illness
- National Child Traumatic Stress Network (NCTSN)
- National Center on Substance Abuse & Child Welfare (NCSACW)
- GAINS Center for Behavioral Health and Justice Transformation (GAINS Center)
- Disaster Technical Assistance Center (DTAC)
- Homeless and Housing Resource Center
- Center for Integrated Health Solutions (CIHS)
- SSI/SSDI Outreach, Access and Recovery (SOAR)



# Technology Transfer Centers (TTCs)



**American Indian & Alaska Native Sexual Assault Awareness**

University of Iowa Center for Health Systems Research and Analysis  
 NCTSN National Center for Traumatic Stress Management  
 IOWA College of Public Health

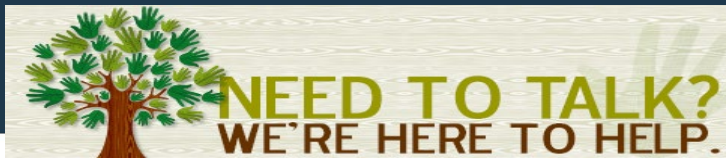
**TOR**  
 TRIBAL OPIOID RESPONSE

Prevention, Treatment, and Recovery Innovations in Native American Communities

**Developing a Healthy Relationship with Money**  
 Financial Literacy for AI/AN Youth

School Mental Health Program

# National American Indian and Alaska Native Technology Transfer Centers



### **National Suicide Prevention Lifeline [1-800-273-TALK \(8255\)](tel:1-800-273-TALK)**

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

24-hour call, text, chat hotline available to anyone in suicidal crisis or emotional distress. Your call is routed to the nearest crisis center in the national network of more than 190 crisis centers.

### **Veteran's Crisis Line [1-800-273-TALK \(8255\)](tel:1-800-273-TALK)**

[www.veteranscrisisline.net](http://www.veteranscrisisline.net)

Connects veterans (families and friends) in crisis with qualified, caring VA responders through a confidential, toll-free hotline, online chat, or text.

### **National Behavioral Health Helpline [1-800-662-HELP \(4357\)](tel:1-800-662-HELP)**

[www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)

24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish.

### **Disaster Distress Helpline [1-800-985-5990](tel:1-800-985-5990)**

[www.samhsa.gov/find-help/disaster-distress-helpline](http://www.samhsa.gov/find-help/disaster-distress-helpline)

Toll-free helpline for anyone experiencing stress, anxiety, depression related to any natural or human-caused disaster. Callers are connected to the nearest crisis center for information, support, & counseling.

### **Drug-Free Workplace [1-800-WORKPLACE \(967-5752\)](tel:1-800-WORKPLACE)**

[www.samhsa.gov/workplace/resources/drug-free-helpline](http://www.samhsa.gov/workplace/resources/drug-free-helpline)

Assists employers and union representatives with policy development, drug testing, employee assistance/education, supervisor training, and program implementation.



### **Behavioral Health Treatment Services Locator**

Find alcohol, drug, or mental health treatment facilities and programs around the country at [findtreatment.samhsa.gov](http://findtreatment.samhsa.gov).

### **Buprenorphine Practitioner & Treatment Program Locator**

Find information on locating practitioners and treatment programs authorized to treat opioids at [www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator](http://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator).

### **Early Serious Mental Illness Treatment Locator**

Find treatment programs in your state that treat recent onset of serious mental illnesses at [www.samhsa.gov/esmi-treatment-locator](http://www.samhsa.gov/esmi-treatment-locator).

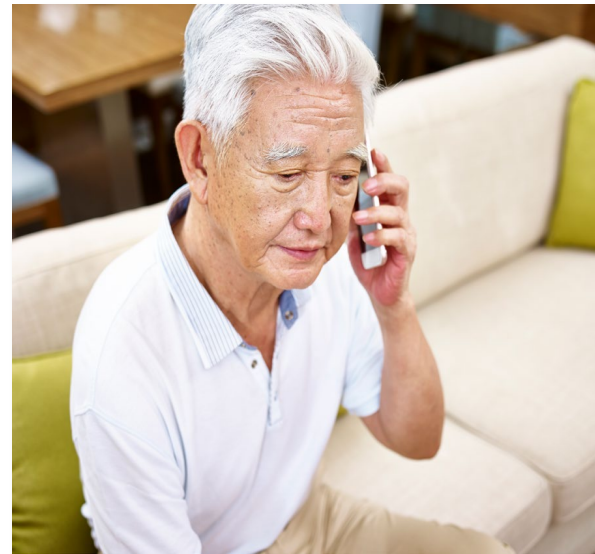
### **Opioid Treatment Program Directory**

Find treatment programs in your state that treat addiction and dependence on opioids at [dpt2.samhsa.gov/treatment/](http://dpt2.samhsa.gov/treatment/).

# The Opportunity of 988

Transitioning to 988 is an important step in transforming crisis care in the country, creating a universal entry point to needed crisis services in line with access to other emergency medical services.

- We are strengthening and expanding the National, state and territory infrastructure to respond to all behavioral health crisis calls, texts, and chats anywhere in the country;
- We are transitioning the National Suicide Prevention Lifeline number, [1-800-273-8255 \(TALK\)](tel:1-800-273-8255) to an easy-to-remember, 3-digit number, [988](tel:988) (on July 16, 2022);
- An unprecedented opportunity to improve behavioral health crisis response and care for the nation.
- SAMHSA can't do this alone. We embrace the partnership from states and territories to meet the needs of anyone in crisis
- Playbook: [Crisis Services: Meeting Needs, Saving Lives](#)



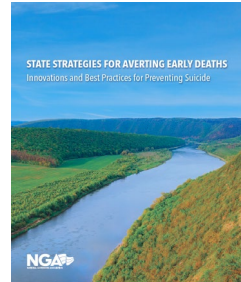
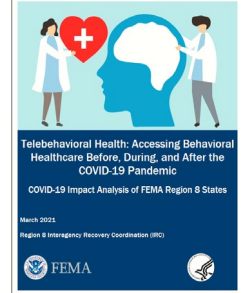


# SAMHSA Region 8



# Region 8 Examples of Rural Behavioral Health Initiatives

- **SAMHSA and USDA-Food and Nutrition Services (USDA-FNS)** co-lead the bi-regional (Regions 7 & 8) *Food and Mood Collaborative* to promote emotional wellness and reduce the impact of mental health and substance use issues. Identification and implementation of local strategies were used to address the intersection between behavioral health and food/food insecurity/cultural food diversity/school gardens.  
(<https://www.samhsa.gov/about-us/who-we-are/regional-offices/food-and-mood>)
- **SAMHSA leads the Region 8 Suicide Prevention Collaborative** which brings together national, regional, and local experts in rural suicide prevention and crisis care to identify innovative strategies to address suicide.
- **SAMHSA and FEMA (Region 8)** co-authored, *“Tele-behavioral Health: Accessing Behavioral: Healthcare Before, During, and After the COVID-19 Pandemic - COVID-19 Impact Analysis of FEMA Region 8 States.”* (March 2021).
- **Mountain Plains MHTTC** published, *“Depression, Alcohol and Farm Stress: Addressing Co-Occurring Disorders in Rural America.”* (2021)
- **SAMHSA sponsored** a regional innovation summit on *Rural Behavioral Health Technology* (October 2020).
- **SAMHSA in partnership** with the **Region 8 Substance Use Disorder Consultation Team**, hosted a regional summit on *Rural Applications in Syringe Service Programs and Harm Reduction* (August 2020).
- **SAMHSA collaborated with ACF** to train all Region 8 state and tribal Head Start programs, teachers, and staff in *Mental Health First Aid* (2019-2020).
- **SAMHSA and the Mountain Plains MHTTC** co-authored, *“Mental Health Training and Technical Assistance Needs: Findings, Implications, and Summary of a Survey of Probation and Parole Officers in Region 8.”* (2020).



# SAMHSA Region 10





# Region 10 Examples of Rural Behavioral Health Initiatives

- **Northwest TTC network workforce trainings targeted to rural and Tribal communities.**
- **Monthly meeting with all four State partners engaged in planning the transition to 988 Suicide and Crisis Line and development of crisis response systems.**
- **Funded the Crisis Counseling program to Oso, WA and surrounding communities after the deadly 2014 mudslide.**
- **Funded support and specialized TA thru the WA Office of Superintendent of Public Instruction (OSPI) to Marysville and the Tulalip tribal community after mass shooting at Marysville-Pilchuk HS, Oct. 2014.**
- **Funded Crisis Counseling program to Roseburg, OR in aftermath of mass shooting at Umpqua Community College, Oct 2015; HHS also sent in a specialized MH team of PHS officers to assist.**
- **MH Supports to First Responders during 2020 Wildfires, in partnership with State of Oregon Health Authority (OHA).**
- **Provided “Listen, Protect, Connect” Psychological First Aid training to the community of Haines, AK following Dec 2020 mudslide; training provided in advance of the 2021 anniversary of the slide to help community members support one another.**
- **Multiple activities to provide resources, Technical Assistance (TA) and Training to rural BH workforce and communities to respond to the Opioid epidemic:**
  - **SAMHSA Opioid resources presentation, Redmond, OR, Oct 2017**
  - **Presentation to Oregon Painwise Conference for rural medical practitioners, Lebanon, OR, Feb.2017**
  - **Presentation to Opioid Epidemic Research Symposium, jointly sponsored by University of Alaska-Anchorage and University of Montana, for rural medical and BH researchers working on opioid response, Anchorage, AK, March 2018**
  - **Opioid awareness, response and resources Town Meetings, Newport and Albany, OR June 2018**
  - **Economic resources and grants seminar, Elma, WA, Dec. 2018**
  - **Region 10 Opioid Summit, 3 days of BH workforce training, summer Aug 2019 and 2021; over 800 BH staff from across the 4 State region and Tribes attended. Next summit: August 3&4, 2022**



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.



1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

# Thank You

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