Rural Health Transformation Initiative

NASMHPD Annual 2026 Meeting

Sunday, July 26, 2026

Center for
Mental Health
Implementation Support

Rural Health Transformation

Presented by

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July 26, 2025

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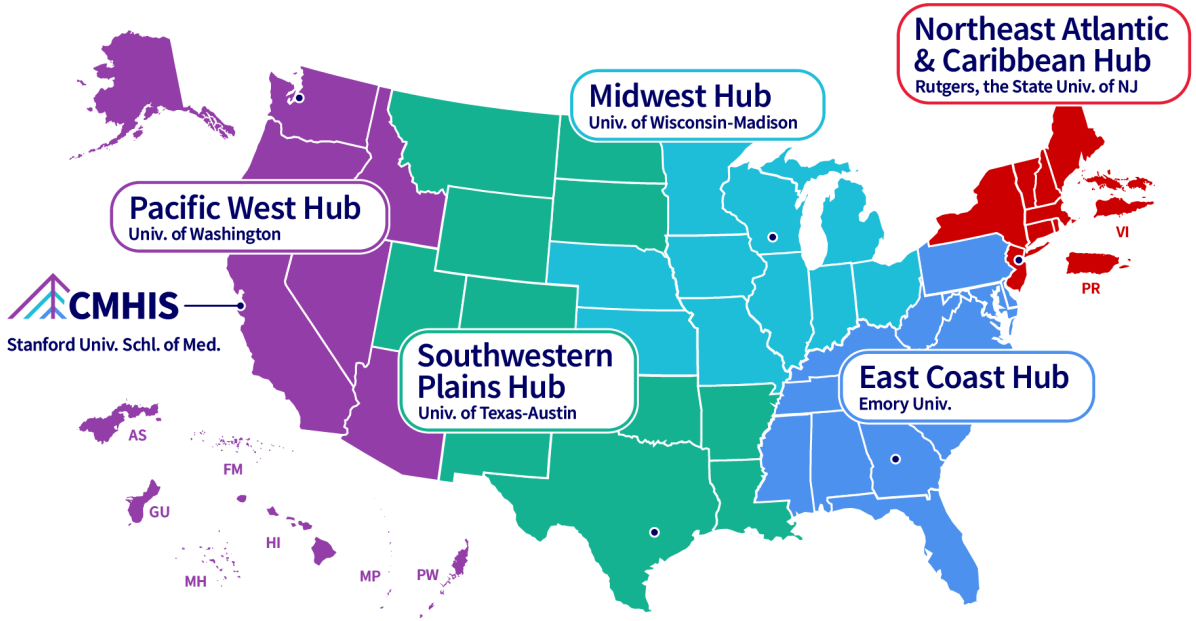
SAMHSA
Substance Abuse and Mental Health Services Administration

Center for Mental Health Implementation Support

- SAMHSA-funded training and technical assistance center
- How to prepare for, implement, and sustain effective practices
  - Community engagement/needs assessment
  - Overcoming barriers to practice change
  - Measurement based care
  - Program evaluation, CQI
  - Strategic communications and marketing
  - Sustainability planning



www.cmhisupport.org

What is it?

- CMS Rural Health Transformation Program (RHTP)
- Advance care for 60 million Americans in rural areas
- 60% of federal Health Professional Shortage Areas (HPSAs) lack mental health providers
- $10 billion annually, 5 yrs (2026-2030)
  - 50% divided evenly among the 50 states
  - 50% awarded based on rural population/facilities and applications

What Does RHTP Do?

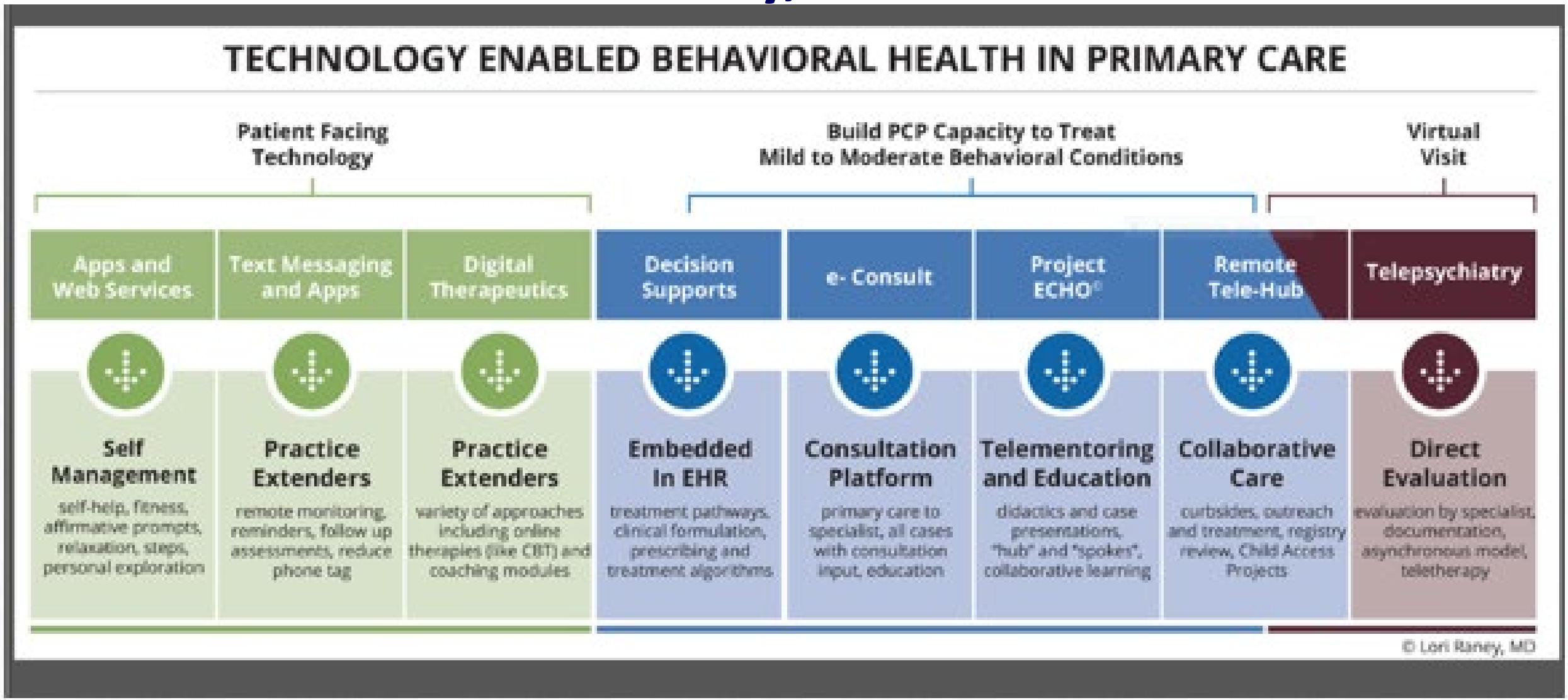
- Overall Goals
  - Support innovation and access to prevention services
  - Increase access and sustainability through shared rural services (integration, regional networks)
  - Strengthen workforce recruitment, retention, and upskilling/task sharing
  - Develop incentivized payment systems like Accountable Care Organizations
  - Increase use of technology in rural care provision

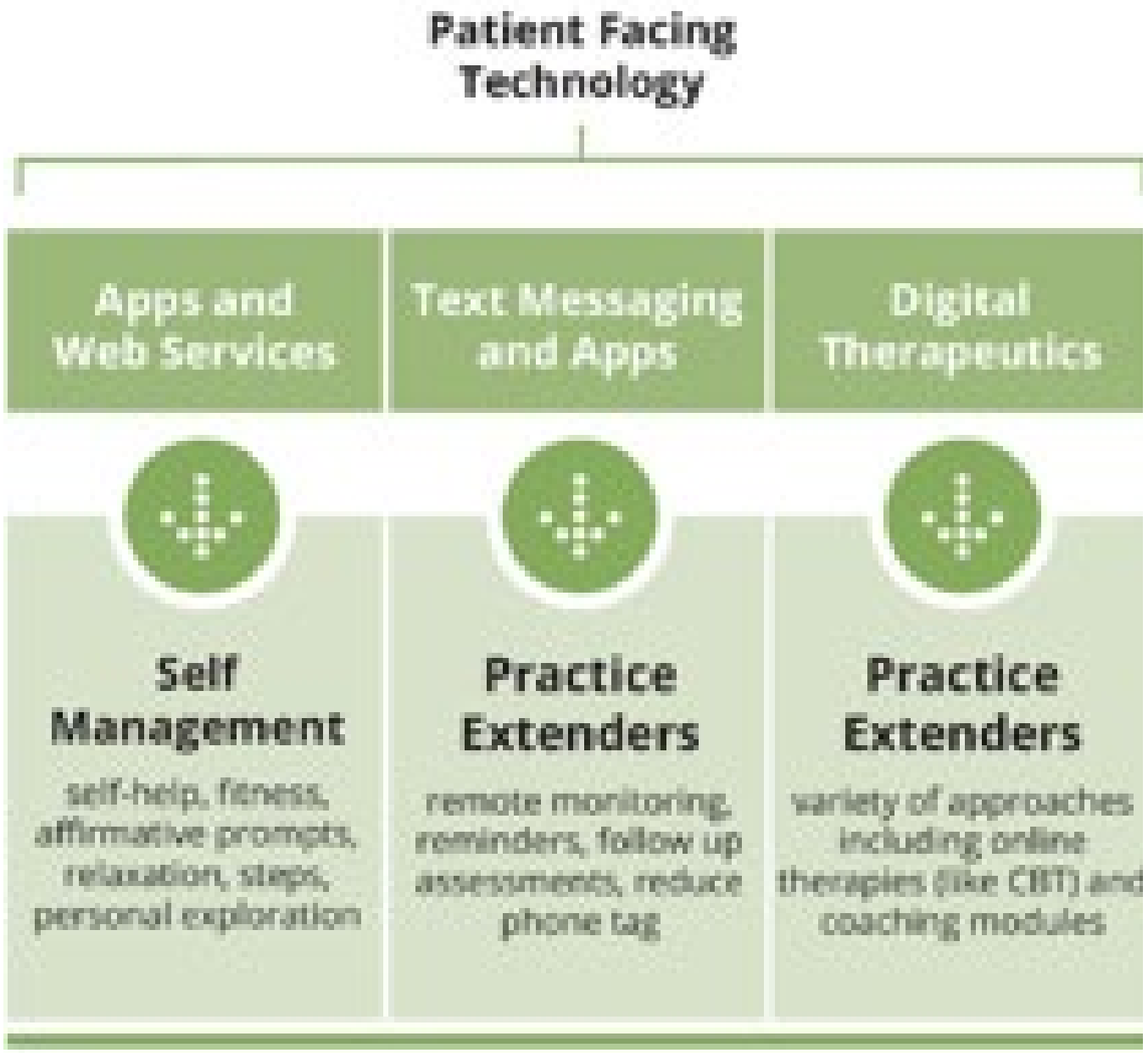
How Are States Using RHTP Funds for Behavioral Health?

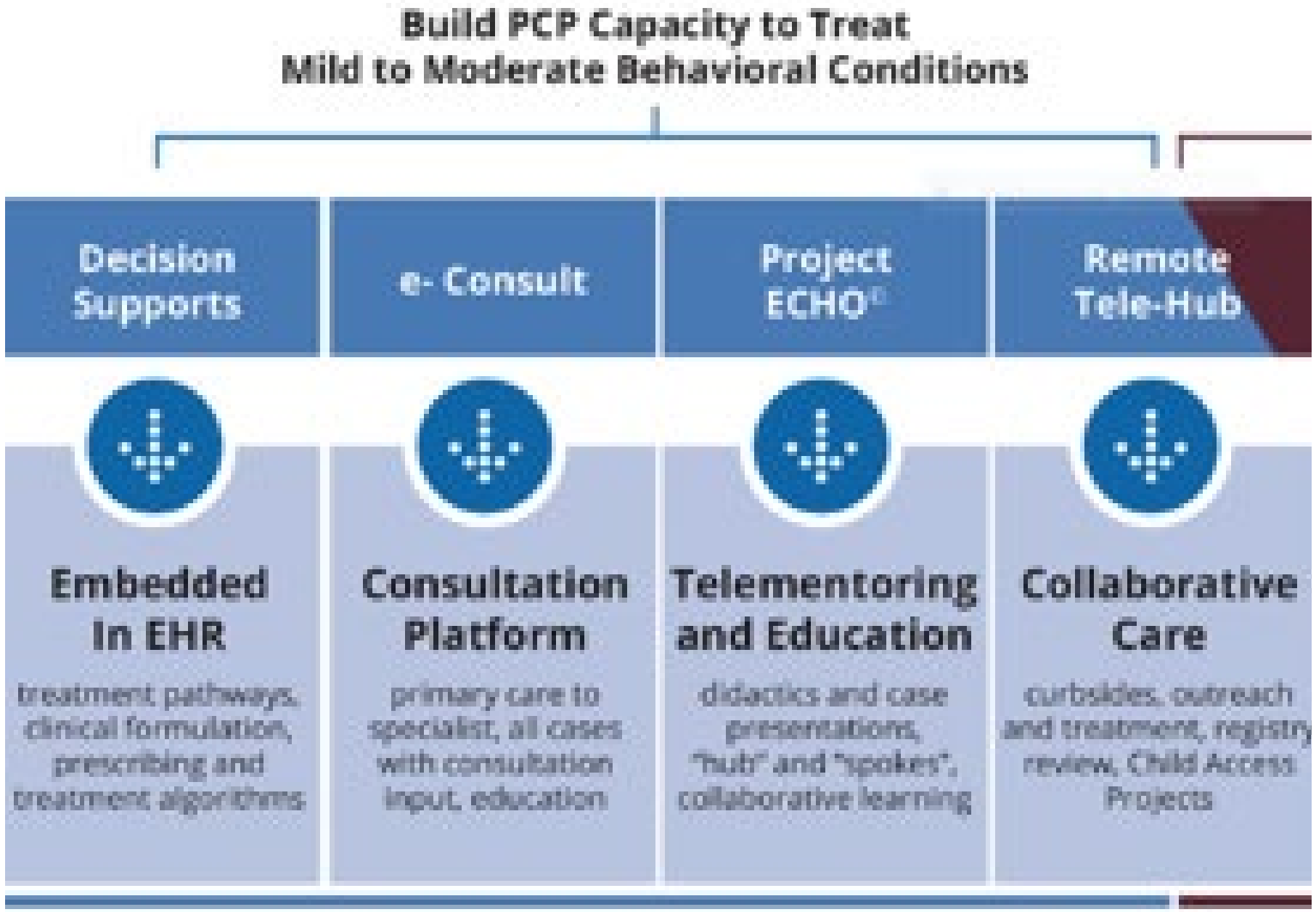
- Workforce
  - Recruitment and retention, career pathways
  - Upskill and task shift – nurse practitioners, pharmacists, community health workers, peer support providers
- Services
  - Integrated care through Collaborative Care model
  - Enhance school mental health services
  - Build rural crisis services continuum of care
- Payment
  - Including behavioral health services in payment models
  - Value based care
- Technology
  - Data systems
  - Telehealth and other technologies

Technology-Based Innovations

Technology Approaches to Integrate Rural Primary and MH Care – Lori Raney, MD




Patient Facing Technology
Apps and Web Services
Text Messaging and Apps
Digital Therapeutics
Self Management
self-help, fitness, affirmative prompts, relaxation, steps, personal exploration
Practice Extenders
remote monitoring, reminders, follow up assessments, reduce phone tag
Practice Extenders
variety of approaches including online therapies (like CBT) and coaching modules


Build PCP Capacity to Treat
Mild to Moderate Behavioral Conditions
Decision Supports
e- Consult
Project ECHO©
Remote Tele-Hub
Embedded In EHR
treatment pathways, clinical formulation, prescribing and treatment algorithms
Consultation Platform
primary care to specialist, all cases with consultation input, education
Telementoring and Education
didactics and case presentations, "hub" and "spokes", collaborative learning
Collaborative Care
curbsides, outreach and treatment, registry review, Child Access Projects


Virtual
Visit
Telepsychiatry
Direct
Evaluation
evaluation by specialist,
documentation,
asynchronous model,
teletherapy
© Lori Raney, MD

Telehealth

- Direct to patients
  - Expand telehealth across rural communities
    - Decrease time and transportation costs for clients and families
  - Telehealth is effective for mental health services in rural areas (Watanabe et al., 2023)
  - Young people sometimes prefer telehealth to in-person services
    - Especially true of rural young people (Sharma et al., 2025)
  - Patient technology access is an ongoing need – the digital divide
    - Not just the technology, but training in how to use it
  - Provider training and technical assistance is also a need (Fledderman et al., 2024)
    - Administration (billing, documentation, clinical practice for children, groups

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Remote Monitoring

- Remote patient monitoring (RPM), Remote Therapeutic Monitoring (RTM)
  - Examples: implanted biosensors, ingestible medications, neurostimulators, and tracking tools
  - Remote monitoring of Patient-Reported Outcome Measures (PROMs)
- Technologies are coming, but evidence still emerging (Brar et al., 2025)
  - Remote monitoring good for depression, not as much for mania
- Buyer beware

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Data Sharing

- Integrating multiple EHRs/data systems, including across healthcare, behavioral health, and community care providers
  - AI enabled decision support/workflows, enabling closed loop BH referrals, risk stratification, and remote monitoring in rural settings

- Building state level healthcare workforce data systems to track workforce gaps and placements, powering targeted recruitment/retention and pipeline expansion

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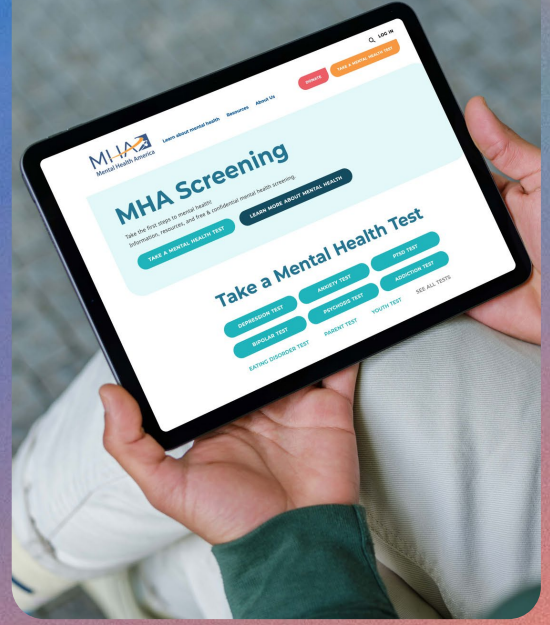
Mental Health America

5 principles for transforming rural behavioral health

Pierluigi Mancini, Ph.D.
Interim President & CEO
Mental Health America



Principle 1

Move upstream

How do we reach people sooner, before there is a crisis? Invest in...

- **Prevention**
- **Mental health literacy**
- **Early identification**
- **Community education**
- **Meet people where they are**
  (trusted spaces)
- **Navigation**

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1

Principle 2

Expand the workforce

An expanded approach creates numerous touch points where individuals can access mental health support in their everyday lives, including:

- Behavioral health
- Primary care
- Peers
- Community health workers
- Agricultural professionals
- Schools, faith communities, and employers
- People with lived experience

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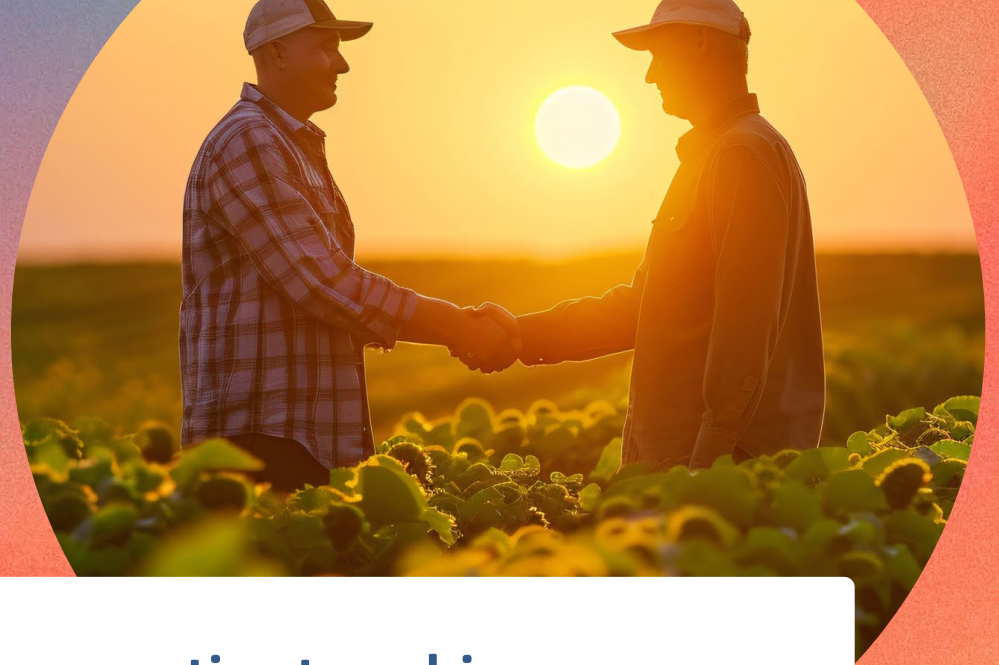
Principle 3

Partner to increase impact



No single organization transforms rural behavioral health on its own. Transformation happens when systems become connected, including through:

Working beside one another → **Working together**

Bridging expertise to achieve common goals

Connecting systems

Healthcare, govt., community

3

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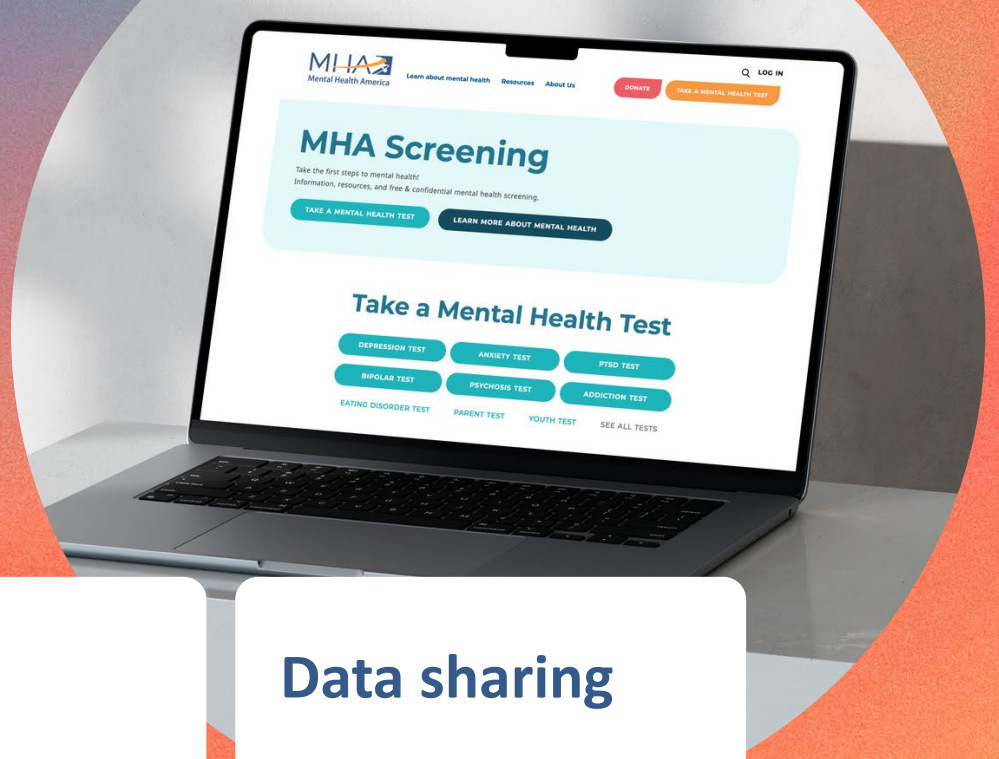
Principle 4

Harness technology

Technology is transforming the way we think about and deliver behavioral health care. New tools should strengthen human relationships, not replace them:



- Telehealth
- Care navigation
- Remote support
- Data sharing
- Care coordination
- Screening
- Peer support
- Locating services & information

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Principle 5

Support local innovation

The role of national organizations, and often state agencies, is to create the conditions for community-based innovation:

- Listen
- Invest
- Assist
- Evaluate
- Share
- Scale

5

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The future of rural behavioral health

1. Reach people earlier
2. Ensure communities are part of the solution
3. Partner to increase capacity and impact
4. Harness technology to support connection
5. Invest in local innovation to drive sustainable change

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Thank you!

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Learn more at mhanational.org/rural

Rural Health Transformation

Nebraska Department of Health and Human Services

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NEBRASKA
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Initiative 3.3 Rural Workforce Incentive

- Financial incentives to healthcare providers residing in, or relocating to rural areas
- Open to private practice, CCBHCs, rural health clinics, schools, hospitals, etc.
- Award amounts ranging from $7,500 to $75,000 per years for 5 years with a commitment.
- Includes Psychiatrists, Nurses, Master's Level Practitioners, Psychologists, Peers, and Medication Aides.

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Initiative 5.1: Integrated Clinics

- Partnership with the Nebraska Medical Association to connect rural primary care clinics with in-house behavioral health providers
- Technical assistance, start-up, education
- Expanded to connecting specialists with BH providers
  - Chronic Pain
  - Obstetrics

Initiative 5.2 Crisis System Enhancements

- A crisis responder in the pocket of all rural law enforcement
  - Telehealth provider for instant access
  - Plugging in gaps in rural crisis response
- Secured Transportation
  - Law enforcement will often have to drive 2+ hours to hospitalize an individual.
  - Uber-like model
- Enhancements to 988 dispatching in rural areas
- Crisis Intervention Team (CIT) Training

Initiative 5.3 Crisis Stabilization Grants

- Equipment or minor renovations for crisis stabilization centers, hospitals or other facilities rendering crisis or withdrawal services.
  - Tablets, furniture, medical equipment etc.
  - Workspace configuration, security upgrades

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Initiative 5.4 BH Nursing Home Pilot

- Many rural nursing homes lack behavioral health supports and therefore do not take clients with marked BH needs
  - For example:
    - BH disturbances due to TBI, dementia, stroke, etc.
    - Chronic psychosis, conditions that require frequent medication management
  - Individuals stuck in hospitals which impacts access.
- Rate enhancement to allow for 1:1 staff, monitoring, bringing in a BH provider, etc.

Thank you

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Rural Health Transformation in Wyoming

Integrating Behavioral Health and Primary Care for Rural Communities

Wyoming Department of Health

Wyoming Demographics and Challenges

DEMOGRAPHICS & LAND

Wyoming is the **most sparsely populated state** *in the lower 48.*

587,618
Estimated Population

97,813
Square Miles of Land

SAFETY NET ISOLATION

Population Centers: Only Cheyenne and Casper exceed 50,000 residents, followed by Gillette, Laramie, and Rock Springs with over 20,000.

None of these major population centers host our state safety net facilities.

CRITICAL CONCERN

26.3

deaths per 100,000 residents

Wyoming has the **highest age-adjusted suicide rate** in the nation.

Key Performance Objective

26.3 → 20.7

Target reduction in the state suicide rate

The Behavioral Health Gap in Frontier Counties

Geographical dispersion creates severe gaps in access to traditional behavioral health and primary care. Our population clusters into small cities separated by unusually long distances, making healthcare delivery difficult.

- **Infrastructure Strain:** High fixed costs for basic infrastructure conflict with low patient volumes.
- **Siloed Services:** Fragmented care prevents immediate intervention.
- **Frontier Access:** Psychiatric access is exceptionally rare in frontier counties, leaving vulnerable populations without essential, coordinated mental health support.

How Did We Decide What to Focus On?

Our strategic priorities were shaped directly by listening to communities across Wyoming.

11

Stakeholder Meetings

The Wyoming Department of Health held a comprehensive series of engagement sessions around the state.

- **8 in-person** regional forums
- **3 virtual** public meetings

02

Online Prioritization

Following the live sessions, we launched a statewide online feedback process to ensure all voices were represented.

- Active public survey
- Community-driven ranking of urgent clinical needs

RHT Program Goals: The 4 Strategic Pillars

The Rural Health Transformation (RHT) Program aims to increase sustainable access to right-sized, coordinated care across the state.

01

Access to Emergency Care

Supporting sustainable emergency and primary care through Critical Access Hospital incentives.

02

Rural Workforce Supply

Building a durable, locally-rooted healthcare pipeline.

03

Targeted Health Outcomes

Targeting specific improvements in metabolic, cardiovascular, and behavioral health.

04

Health Tech & Innovation

Allocating resources to technology that bridges geographical distances and modernizes care delivery.

Strengthening Behavioral Health Systems

Wyoming is shifting away from siloed care toward a whole-person integrated model where behavioral health is as accessible as primary care.

01

Integrated Delivery

Expanding Federally Qualified Health Centers (FQHCs) to embed behavioral health and preventive services directly into primary care and hospitals.

02

Tele-Specialist Hub

Deploying a centralized psychiatry platform.

03

Crisis Stabilization Pilot

Providing immediate psychiatric support to Emergency Departments, law enforcement, and jails to reduce systemic pressure.

Workforce Development: The Grow Your Own Strategy

Relying on expensive traveling and temporary staff is unsustainable. We are building a stable, locally-rooted workforce that can establish long-term relationships with patients.

- **Education Awards:** Providing individual financial support for behavioral health clinicians, nurses, and EMTs.
- **Service Commitment:** Recipients must fulfill a 5-year service obligation in underserved Wyoming communities.
- **Licensure Mobility:** Leveraging compacts like PSYPACT (an interstate compact facilitating cross-border telepsychology and temporary in-person practice) to stabilize local teams while utilizing mobile talent.

Innovation and Technology for Clinical Outcomes

Technology-supported approaches are critical to overcoming physical barriers and improving client outcomes in remote areas. This frames technology and payment models as a means to an end: improving how medical care is delivered to Wyomingites by giving providers the right tools and the right incentives

- **Tech Adoption:** Offering grants for interoperable technology, requiring provider cost-sharing to ensure long-term utilization.
- **Centralized Billing:** Outsourcing administrative burdens so clinicians can focus entirely on patient care rather than claims.
- **Value-Based Care:** Shifting toward shared savings models that reward providers for positive patient outcomes rather than the volume of visits.

Interdisciplinary Collaboration & Integration

Improving care coordination requires aligning behavioral health, primary care, hospitals, and state agencies through voluntary, incentive-based structures.

Financial Incentives

Using positive reinforcement to encourage regionalization between critical access and larger hospitals.

Governance

Utilizing an Outside Stakeholder Advisory Committee to ensure clinical alignment.

Cross-Sector Integration

Linking Senior Centers, 211 services, and ride-sharing networks to eliminate transportation barriers and ensure patients reach appointments.

Sustainability and Next Steps

Long-Term Sustainability

Moving beyond one-time federal grants to establish the **Wyoming Rural Health Transformation Perpetuity Fund**, ensuring sustainable program income.

Stakeholder Advisory

Stakeholder Advisory Committee to ensure these integration models are clinically sound and practical for frontier practice.

Questions??

For more information, please visit:

health.wyo.gov

or email

wdh-wyrhtp@wyo.gov