

**THANK YOU**

to NOSORH and all State Offices of Rural Health who assisted NCFC with identifying frontier counties and communities in their states. Updated frontier maps will be available soon on the NCFC website [www.frontierus.org](http://www.frontierus.org)

**Special points of interest:**

The Future of FESCs: Update and Next Steps

(See article on page 3)

**Mark Your Calendar!**

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**NRHA Frontier Constituency Group**

**March 21st**

(Conference Call)

**April 17th**

(Face-to-Face Meeting at NRHA Annual Conf.)

Contact

[swilger@frontierus.org](mailto:swilger@frontierus.org) for details.

**35th Annual Rural Health Conference**

Apr. 17-20th

Denver, Colorado

**Rural Quality and Clinical Conference**

July 18-20th

Seattle, Washington

**New Models Expand the Frontier Behavioral Health Workforce**

Although urban, rural and frontier areas experience similar levels of behavioral health disorders, people in frontier areas are much less likely to receive treatment. There is a severe frontier provider shortage, and travel times to reach services are very large. And while most frontier behavioral health providers have a Bachelor's or Master's degree, workforce development policy has focused on doctoral-level providers such as psychologists. Frontier workforce development has generally remained fairly stagnant.

Where behavioral health services are available, people may not seek them because of the lack of anonymity in frontier communities. Additionally, frontier residents are more likely to be uninsured than their rural and urban counterparts, which can make care unaffordable. The available services are not always culturally appropriate – there are few behavioral health professionals from racial or ethnic minority groups, and behavioral health training programs have placed little emphasis on rural

settings. There is also a lack of research on frontier-specific behavioral health models. It is often assumed that programs developed in urban settings can be scaled-down to fit more rural contexts, but this is not usually the case.



Participants in a senior peer counseling program help each other cope with aging.

These are just some of the factors which have led to the chronic and severe behavioral health care shortage frontier America.

To address this shortage, many workforce models using new types of behavioral health paraprofessionals are being developed. By expanding the behavioral health workforce with locally recruited workers, these models aim to improve access to care in several ways. First, this new class of workers practices in their local community, making them easier for clients to access than profes-

sionals practicing in larger communities. Second, the high level of cultural literacy of workers who come from the same culture as their clients makes them ideal liaisons between clients and the behavioral health system. Third, these workers often play the role of community educators and advocates to help raise awareness and reduce stigma around behavioral health disorders. Let's take a closer look at some of these emerging models.

The *Mental Health First Aid* training program teaches lay

(Continued on page 2)

**Why We Should Be Paying Attention to the Farm Bill**

**What is the Farm Bill?**

The Farm Bill (a.k.a. the Food, Conservation and Energy Act) was first enacted during the Great Depression in 1933. It was designed to reduce poverty in rural areas at a time when commodity prices were very low and many farms faced bankruptcy. It created price supports for grains, cotton, soybeans and dairy. Fruits, vegetables and

livestock were mostly left out of the bill. Congress updates the Farm Bill every five years or so, and September of 2012 is the deadline for the next update.

The Farm Bill is about much more than just agriculture. In fact, nutritional programs such as SNAP make up three-quarters of the Farm Bill's budget, and it also funds energy,

and research programs. conservation, rural development, rural

**Why the Farm Bill Matters**

*Agriculture*

Some of the Farm Bill's provisions, such as crop insurance and direct payments, are aimed at supporting farmers when crop prices are low. In frontier

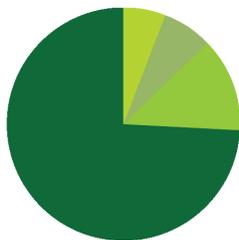
(Continued on page 2)



In several states, police receive Mental Health First Aid training

**“The Farm Bill is about much more than just agriculture.**

**In fact, today nutritional programs such as SNAP and WIC make up three-quarters of the Farm Bill’s budget, and it also funds programs on conservation, rural development, rural energy, and research.”**



- Nutrition (74%)
- Conservation (7%)
- Commodity programs (13%)
- Other (6%)

**Breakdown of the 2012 agricultural budget**

## Frontier Behavioral Health Workforce (continued from Page 1)

people to assist others during mental health crises, just as traditional first aid trains people to assist others during medical crises. Now this model is being used to train groups such as community health workers and police officers to recognize and respond to mental health crises. This strategy can help identify people in need of behavioral health services and refer them to these services. It can also help raise awareness of behavioral health issues.

Peer counselors are people who have recovered from a behavioral health disorder. They are trained to use their personal experiences to provide counseling and support and inspire others dealing with similar issues. Peer counselors can help their clients reduce feelings of

stigmatization and isolation associated with behavioral health disorders. In addition to face-to-face peer counseling, there are also peer counseling hotlines and websites. These services may be especially useful for frontier residents because they can help overcome isolation while maintaining clients’ anonymity.

In frontier communities lacking access to behavioral health professionals, highly trained paraprofessionals can help fulfill some basic behavioral health care needs. This allows clients to receive more treatment locally and enables professionals to focus on providing specialized care as needed. An example of this is Behavioral Health Practitioners (BHPs), who practice in Alaska and Min-

nesota. BHPs assess clients, develop treatment plans, provide some therapeutic services, and modify treatment plans as needed under the general supervision of a licensed professional. In Minnesota, the role of the BHP is focused on life skills training to help clients self-manage and live independently. In Alaska, BHPs are midlevel providers, offering routine contact, screening, assessment, and evaluation of patients, treatment planning, and case management.

These are just a few of the behavioral health paraprofessional models which are emerging in frontier communities. As the behavioral health workforce evolves, frontier-specific models will play a vital role in eliminating behavioral health disparities.

## The Farm Bill (continued from Page 1)

communities with agriculture-based economies, changes to these programs’ budgets could have a large impact.

### Rural development

The Farm Bill’s Rural Development Title includes funding for telemedicine initiatives, broadband programs, grants and loans for rural non-profit and for-profit businesses, among others. Programs such as telemedicine are helping improve health care in frontier communities. Other programs, such as grants for rural businesses and broadband development, can help diversify frontier economies by making them more friendly to small businesses.

### Poverty and Equity

The Farm Bill funds nutritional programs for low-income households, such as SNAP and WIC. Since the average poverty rate in the frontier is higher than in rural and urban areas, frontier communities could be disproportionately affected by

changes to the budgets of these and other programs targeted to low-income families.

### Health

The Farm Bill contains programs such as telehealth specifically geared towards rural and frontier health. The bill also affects the health and nutrition of all Americans in more subtle ways. According to Michael Pollan, a leading writer on food and farming, the Farm Bill “determines what’s in your supermarket, how accessible organic produce is, how accessible local farmers markets are, and really the difference in price between junk food and good food....you can find the cause of that in the crops we choose to subsidize.”

### A New Farm Bill

Congress started holding hearings on the Farm Bill on February 15<sup>th</sup> in the hopes of passing an updated Farm Bill by June. However, many observers doubt that the Farm Bill will get

passed this year with elections coming up, a tightening budget, and the many, often contentious issues the bill covers. If Congress fails to pass a new Farm Bill before the current one expires in September, the current bill will probably be reauthorized for another year.

The new Farm Bill’s budget will be reduced, but it remains to be seen which programs will be affected. Agricultural subsidy programs, especially direct payments, have been a major target for budget cuts. There has also been talk of reducing the number of Rural Development programs. Currently, there are 40 programs under the Rural Development Title. The White House would like to see some programs with overlapping goals combined to “streamline USDA’s grant and loan authority,” and has also called for more resources to be allocated to communities which are part of regional partnerships.

Full article available at: <http://www.frontierus.org/backgroundpolicy.htm>

## Dr. Jane Bolin Joins the Frontier and Rural Expert Panel!

The Frontier and Rural Expert Panel (FREP) is very excited to have Jane N. Bolin, R.N., J.D., Ph.D. as its newest member. Dr. Bolin joined the FREP in January 2012 and will work with five other national experts and two ex-officio members who represent diverse disciplines, service areas and geography to provide expertise and guidance on a variety of issues facing rural and frontier areas.

Dr. Bolin currently serves as the Director for the Southwest

Rural Health Research Center at Texas A&M Health Science Center School of Rural Public Health in College Station, Texas and is an Associate Professor in the Department of Health Policy & Management. She is a member of the Editorial Board of the Journal of Rural Health and has served as special editor for the Texas Public Health Association Journal. Dr. Bolin's current and past research focus includes the problems and needs of rural and underserved populations, chronic disease man-

agement, rural and minority disparities, and health law and ethics. Dr. Bolin's 15+ years of practice as an attorney in health related areas and her practice in nursing, including critical care, (ICU/CCU) provide a unique research and policy perspective on issues related to health law as it intersects with the regulation of hospitals and health organizations.

It is with great pleasure that we welcome the rich background and expertise that Dr. Bolin brings to the Panel.



Dr. Jane Bolin

## What's the FREP Up To? – Exploring Six Frontier Promising Practices

The Frontier and Rural Expert Panel (FREP) along with staff at the National Center for Frontier Communities is in the process of examining five program models that were identified by various frontier advocates as promising practices for frontier communities. These models include:

- ◆ Frontier Extended Stay Clinics
- ◆ Care Coordination Using Community Health Workers
- ◆ Behavioral Health Aides
- ◆ Dental Health Therapists
- ◆ Community Health Aide

In addition to these five models, the FREP will be reviewing a series of White Papers released on the Frontier Community Health Integration Program (FCHIP), a demonstration program at nine clinics in Montana, Alaska, North Dakota and Wyoming. The purpose of the FCHIP program is to explore the regulatory and reimbursement issues

around Critical Access Hospitals and related services, and the long-term viability and sustainability of CAHs.

The FREP will be studying each program model through a frontier lens while looking at program components, how its currently funded and funding sustainability, policy issues, regulatory issues, cost-benefit and workforce issues (training requirements, how training takes place, who provides training, etc.). In addition, we want to share a personal story behind each of the models. WE WOULD LOVE TO HEAR FROM YOU if your state is planning for or implementing any of these models or if you have a story to share about any of these six program models. Please contact [swilger@frontierus.org](mailto:swilger@frontierus.org) or call 575-313-4720.

## The Future of FESCs: Update and Next Steps

In our last newsletter, we talked about the Frontier Extended Stay Clinic (FESC) model and why it we need to work to preserve and expand it. In January 2012, NCFC presented a policy brief on FESCs to the National Rural Health Association's Policy Congress, which included the following recommendations:

1. Recognize the FESC as a new and permanent provider type.
2. Adjust the current FESC authorizing language and CMS Conditions of Participation to allow more frontier communities to benefit from this model.

The policy paper was accepted by the NRHA Policy Congress but that was only the first step towards getting the FESC model recognized in national policy. Here are our next steps:

- ◆ Get legislative support by inviting Senators and Repre-

sentatives to visit FESC sites. Take every opportunity to keep them informed.

- ◆ Continue to gather information to show how FESCs can improve quality of care, improve health outcomes and/or reduce the cost of quality care, and work closely with researchers to support further study of FESCs.

- ◆ Continue to gather information on the feasibility of replicating the FESC model outside Alaska and Washington. Both New Mexico and North Dakota have expressed an interest in the FESC model.

- ◆ Focus on how the integration of inpatient FESC services into primary care can lead to improved patient care. Look for ways that FESCs, Critical Access Hospitals, and other organizations can cooperate and support each other.

## Cancer Care



Did you know that you can attend free informational or support sessions by telephone or computer every month? Cancer Care is a national non-profit organization that offers free professional support services to anyone affected by cancer. Cancer Care programs--including counseling, support groups, education, financial assistance and practical help--are provided by professional oncology social workers and other experts completely free of charge. To learn more about the lecture schedule and how to access this wonderful service go to [www.cancercare.org](http://www.cancercare.org).