Addressing Health Disparities: Implementation of an Evidence-Based Practice in Rural Virginia

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Introduction

A Central Virginia behavioral health agency implemented the evidence-based Illness Management and Recovery (IMR) model for adults with serious mental illness (SMI) and/or serious mental illness and substance use disorders (SMI/SUD) through federal grant funding. This project addresses two broad population health goals: to increase years of life and the quality of those life years (i.e., a personal sense of physical and mental health and the ability to react to factors in the physical and social environments) and to reduce the disparities in health outcomes among adults with an SMI or SMI/SUD.

Background

Access to care is the top rural health priority, and mental health and substance use disorders were in the top five rural health priorities. Research suggests there is a lack of specialty areas in mental heal care in rural communities (Coughlin et al., 2019). Rural individuals highlight fear and shame as barriers to accessing services for mental health problems (Crumb et al., 2019). Adults with an SMI or with an SMI and SUD are overrepresented in the criminal justice (CJ) system, with estimates citing that up to 16% of the CJ population have an SMI (Peterson & Heinz, 2016).

IMR Client Goals

- Learn about mental illnesses and strategies for treatment
- Understand the illness, including symptoms
- Medication education, medication adherence, and symptom management
- Reduce relapse and re-hospitalizations by identifying early warning signs and developing a relapse prevention plan
- Learn to create networks of social support to enhance recovery
- Learn coping strategies for persistent symptoms

Inherent Tensions

Stagnation vs. Sustainability

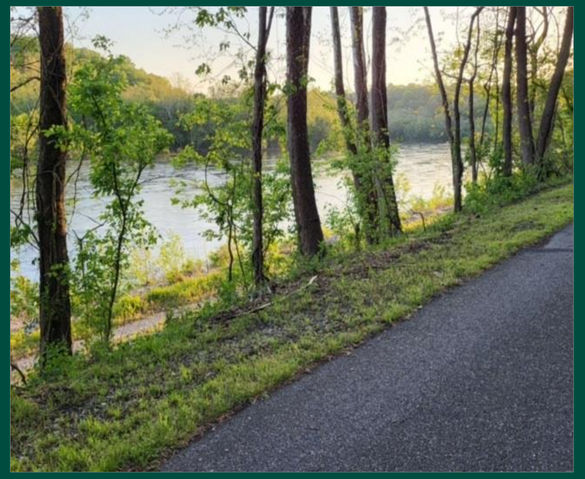
Effective coordination and collaboration (i.e., cross-train staff, including probation officers, to understand the unique needs of individuals with an SMI). This strategy highlights the influence of an individual's ecology (e.g., home, neighborhood, community) inasmuch as probation officers and judges become part of the ecology for many adults with an SMI who become involved in multiple community systems (Smith Ramey et al., 2022).

Stigma vs. Psychoeducation

Psychoeducation is embedded throughout IMR treatment as IMR focuses on psychoeducation about mental illness. Psychoeducation regarding mental health and substance use disorders is expected to reduce the stigma experienced by adults in rural communities (Crumb et al., 2019).

Adoption Resistance vs. Stakeholder Buy-In

Regular communication with community stakeholders strengthened the stakeholder buy-in of IMR for the behavioral healthcare agency in this project. Monthly collaborative meetings between the behavioral healthcare provider and stakeholders offer an opportunity to highlight shared vision and progress toward community-driven goals (Provan, 1984; Smith Ramey & Randall, 2020).



Lessons Learned

Phased Implementation

Some of the strategies to support EBP implementation include: developing EBP champions and mentors, resource allocation (e.g., time, money), and developing a culture of expectations related to EBPs (Aitken et al., 2011).

Match Clinician Characteristics with IMR Delivery

Willingness to provide service delivery in client homes and the community. Given the access and transportation barriers, many rural residents face, IMR clients were not always able or willing to attend office-based sessions.

Invest in Staff Training

Whitley and colleagues (2009) found that IMR delivered in community-based settings with rural populations is associated with positive outcomes when the staff is adequately trained and the organizational leadership embraces innovation.

Celebrate Every Success

Acknowledgment of community partners' efforts in a public forum keeps partnerships strong and flourishing. Offer lunch and learn training opportunities to educate stakeholders and highlight program outcomes.

Next Steps

Service Delivery

The behavioral health agency met the IMR service delivery requirements for the first year of the funding. The grant requirements indicate that 30 clients must be enrolled in services by the end of year one. In year two, the agency will expand service delivery by adding a clinician to the team.

Fidelity

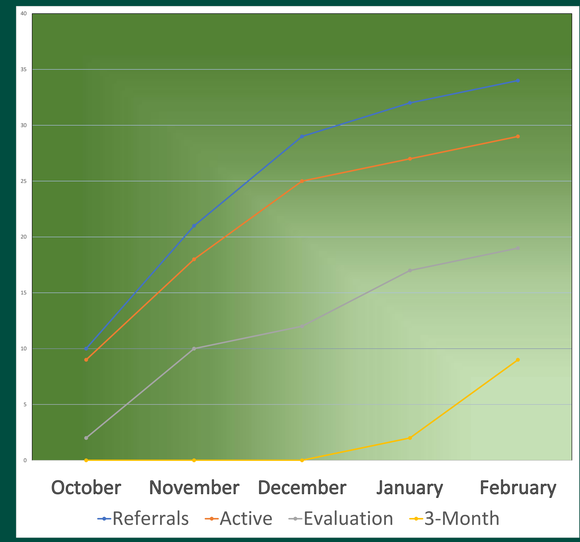
In year two of funding, the agency will implement fidelity measures through chart reviews using the established IMR checklist to assure model adherence. A minimum of 25% of charts will be reviewed each month.

Capacity Expansion Sustainability

Cross-train community partners, including probation officers, to understand the unique needs of individuals with an SMI. This strategy highlights the influence of an individual's ecology since probation officers become part of the ecology for many adults with an SMI who become involved in multiple community systems.

IMR Services Delivery

First Year Client Participation



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