

WILDERNESS HEALTH'S

HRSA Rural Health Network Development Care Navigation Grant

JULY 2025 YEAR TWO SUMMARY



Who - What - When - Where - Why

What is the objective of the HRSA RHND Grant?

- Goal: Patients understand where and how to access mental & behavioral health care and wait times
 are reduced. The strength of the network is increased.
- Year Two Highlights: The ED telepsychiatry pilot was sunsetted June 2025. This change allows us to
 shift focus and resources to creating systems of communication between transferring and receiving
 providers, with the goal to elevate transitions of care for patients with mental health concerns. We
 have scheduled our second round of change management education after a successful first round.
 This education will bring together all staff to work towards a culture of change. We partnered with
 YourPath to support a media campaign reducing stigma for people experiencing substance use
 disorder and offering a program that may assist these patients.

Why is Wilderness Health involved?

 Wilderness Health identified a need for regional resources to communicate and work together to streamline patients' continuity of behavioral healthcare. There is also a need to bring in additional supportive resources to care teams and the community.

Who is involved?

 Wilderness Health, network members, community organizations, regional educational systems, community members, and private practice mental health providers are involved.

Where is this taking place?

- Pilots are currently live at Ely-Bloomenson Community Hospital and North Shore Health.
- For non-rural sites we are supporting the programs with alternative funding.

When will this happen?

 July 2023 - June 2027. This FAQ covers goals and activities completed from July 2024 through June 2025 and looks ahead into future program years.



Key Goals & Objectives

- Leverage technology to increase treatment pathways and decrease length of time for care referrals
- Reduce the number of patients who no-show or don't complete the intake process for referred services
- Add capacity with integrated mental health resources within primary care (either inperson or via telehealth), including through consultation and educational opportunities with the care navigation team
- Continue annual survey of our members to assess gaps in mental health resources and educational needs
- Continue working with members to increase consistent screening processes for depression and anxiety
- Improve patient health literacy
- Provide training to network members and community on change management and care coordination
- Increase the percentage of patients closing the referral loop for social determinants of health needs
- Continue development work with other community-based organizations and referral
 providers to inform local community needs, reduce duplication of efforts, and partner
 with them to coordinate efforts
- Provide outreach on mental health stigma and how to access care in the community





Key Partners

Adaptive Telehealth and Digital Health Innovation: Software developer for ambulatory referral pilot programs. ATH develops telehealth solutions to support care teams throughout the United States. https://www.adaptivetelehealth.com/#

Krista Harju MSW, LICSW, M.Ed.: Consultant for behavioral health care coordination best practices, supported care coordination newsletter and all work with care coordination teams. Krista Harju is an instructor at the College of St. Scholastica and an independent therapy provider.

Northspan Group, Inc.: Consultant and contracted support for community listening sessions data collation and action planning. Northspan assists in business and program development. https://www.northspan.org/

Rural Wisconsin Health Cooperative: Contractor for change management education. RWHC contracts to provide soft skill education for health leaders. https://www.rwhc.com/

YourPath: Partner in SUD media campaign, offering the advertisement of their services alongside WH messaging. YourPath offers SUD diagnostics and support. https://yourpathhealth.org/





Magnets and bags were developed and are being distributed to reduce stigma around seeking mental or behavioral healthcare.

> If you would like either magnets or bags please email alexis.sininger@wildernesshealthmn.org for availability.



Education Collaborations



Daylen Kallberg

- · Intern for grant
- Researched how CHWs could be incorporated into the network
- · Produced presentation and report on CHWs



Valencia Ruprecht

- · Intern for grant
- Produced communication designs and materials for grant activities
- Assisted in media campaigns and community communications



Zoey Vos

- Intern for grant
- · Researched and presented on EmPATH Units
- Assisted in survey distribution and analysis



David Beard, PhD

UMD - Creative Writing for Media, Public Relations, and Copywriting

- Hosted a class project
- Produced communication designs and materials for grant activities
- Assisted in media campaigns and community communications

UMN Office of Academic Clinical Affairs



Morghan Byrnes



Seun Oginni

- Placed interprofessional interns year 4 medical and year 3 dentistry student
- Students researched and interviewed IBH SSA respondents
- Produced report of insight into how respondents are evaluating and responding to survey questions



Survey Results & Outreach

Results of Network Health survey

Data Dashboard Measure: "Perceptions of Network Health: Based off of the average score of the Network Health Survey"



Goal: 4 out of 5 on Likert Scale Year 2 Score: 3.98 out of 5

Increased by .11 from last measurement

17 Questions had an increase in avg. score, 2 questions increased by more than .30

- The network is able to attract additional network funds, as needed: +.36
- Decision making processes encourage members to contribute and collaborate: +.61

5 Questions had a decrease in avg. score, 2 questions decreased by more than .30

- Members honor their commitments to the network: -.64
- All members are contributing time and resources to the network: -.32

Results of Integrated Behavioral Health Site Self Assessment

Data Dashboard Measure: Percentage of Provider/Care Team who rate continuity of care as "good": Based upon the percentage of respondents who rate: Continuity of care between primary care and behavioral/mental health" a 7 or higher on a 10-point scale.



Goal: 70% of respondents rated question 7 out of 10

Year 2 Score: 44%

Decreased by 4 percentage points from last measurement (-8%)

We expect that a portion of the reason for the decrease in score is the many transitions our network experienced in year 2. Some members transitioned EHRs, and some merged with other organizations. Emergency Departments have a greater challenge in integrating mental and behavioral health care. We have piloted our Ambulatory Referral program to support our EDs' needs. We will continue to work with members in year 3 to bridge the gaps between primary care, ED, and mental/behavioral health.

Substance Use Disorder Media Campaign

In year two we partnered with YourPath to develop a media campaign. This campaign aimed to reduce stigma and promote YourPath's diagnosis and medication services. We concluded the campaign with an interview article discussing how the community can support members with SUD.









Key aspects of the data dashboard

The Wilderness Health data dashboard measured three focus topics: Continued development of value-based care services, development of a talent pool for current and future workforce needs, and enhance the use of innovative practices. The dashboard was developed to track these grant aspects with both quantitative and qualitative metrics gathered from patient health data, surveys, and participation numbers.

Year two data showed increases in 6 out of 11 measures, 3 measures did not change, and 2 measures decreased. We saw significant increase in the number of patients receiving follow-up care post mental health visit at the designated pilot site, and in the number of community members who accessed outreach messages and materials. We saw a decrease in the satisfaction of educational offerings from 100% to 94.3%. This change may be due to random variation due to small sample size. Additionally we measured responses to more class offerings in year 2 compared to year 1. We continue to develop programming to enhance our outcomes and achieve our goals.

Community Listening Session Report

Report

This report defined eight strategies for change based off of needs identified by the community:



- Improving Fair & Equitable Access
- 2. Developing Community-Based Support Networks
- Recruiting & Retaining Workforce
- 4. Advancing Integrated Health System Changes
- Increasing Acceptance & Reducing Stigma
- 6. Empowering Care Support Through Education
- 7. Enhancing Early Detection
- 8. Implementing Trauma-Informed Intake Processes

Community members and mental health specialists rated all of these strategies through a community feedback survey in response to the report. Our strategies all received ratings of 4 out of 5 or above. The community felt the most important strategy was Recruiting and Retaining Workforce which had an average rating of 4.9 out of 5



Plans for Year 3

Education

In year 3 we are focusing on health literacy and workforce development to support care coordination including:

- Change Management education in collaboration with RWHC
- Community Education
 - Develop "how to recognize if you need care" education.
 - Develop "how to navigate your care" education.
- Care Team Education
 - Develop "how to help patients navigate care" education.

Community Collaboration

 Create community group consisting of individual providers and network members to advise and develop community education, and to strengthen relationships for patient care navigation.

Care coordination support

- Bi-monthly Care Coordination Newsletter will continue.
- Care Coordination Resource Website Launch.

External Facility Communication Pilot

 Create bi-directional communication between transferring and receiving facilities to enhance outcomes for patients following discharge.



Have more questions?



zomi.bloomewildernesshealthmn.org or infoewildernesshealthmn.org



https://wildernesshealthmn.org/initiatives/mentaland-behavioral-health-care-navigation/

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