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Rural Recovery Innovations

Recovery support services have been increasing throughout the nation, but significant inequities remain in rural, frontier, and tribal communities that translate into disparate behavioral health outcomes. Specifically, rural communities experience higher rates of overdose, suicide and negative social determinants of health when compared with non-rural areas.¹ Because rural communities have low population density and span large geographic areas many typical service delivery models are challenging and, in some cases, simply infeasible.

However, rural populations also have many strengths which include attitudes of self-reliance, a strong sense of community, outdoor spaces that can have a healing impact for individuals both physically and mentally, and ingenuity in creating solutions that are person centered, community based, and recovery oriented.^{2,3,4}

This factsheet offers innovative and promising practice approaches to improve rural behavioral health, including how to provide greater access to services. It contributes to SAMHSA's goal of strengthening the behavioral health workforce and promoting equity and recovery to address the unique circumstances of rural settings. One specific objective is to expand peer and family support services by increasing the number of people in recovery and their family members employed in the behavioral health care system and formally engaging these individuals as educators of the traditional workforce through teaching about the "lived/living experience" of illness, treatment, and recovery.



¹ CDC "About Rural Health" <https://www.cdc.gov/rural-health/php/about/index.html> accessed 10/22/24.

² Carrie Henning-Smith, PhD, MPH, MSW; Ira Moscovice, PhD; & Katy Kozhimannil, PhD, MPA, (2019) Differences in Social Isolation and Its Relationship to Health by Rurality, *The Journal of Rural Health*, 35 540–549.

³ White, M., P., Pahl, S., Ashbullby, K., Herbert, S., & Depledge, M. H. (2013). Feelings of restoration from recent nature visits. *Journal of Environmental Psychology*, 35, 40-51.

⁴ Robinson, W. D., Springer, P. R., Bischoff, R., Geske, J., Backer, E., Olson, M., Jarzynka, K., & Swinton, J. (2012). Rural experiences with mental illness: Through the eyes of patients and their families. *Families, Systems, & Health*, 30(4), 308–321.



➤ Peer workforce growth and flexibility:



Partner with Higher Education – Universities and community colleges can provide an infrastructure for certification and ongoing education programs for peer service providers and behavioral health community workers and offer a pathway to degree programs in behavioral health and allied fields. Kentucky’s Career Ladders in Mental and Behavioral Health, or [CLIMB](#) Initiative is one example of creating a career ladder for people, including those with lived experience, to expand the behavioral health workforce.



Support the Peer Workforce – Increasing the number of peer support providers can help in providing culturally-appropriate, time-sensitive connections for community members needing services in rural areas. Peer providers can also benefit from peer to peer learning to share solutions to serving frontier and American Indian / Alaskan Native communities, such as [Peer Project ECHO Alaska](#).

➤ Build community connections:

Because rural communities can have few behavioral health providers across wide geographic areas, accessing care can be challenging. “Being seen” at a behavioral health organization can be stigmatizing for many rural residents. Lack of home broadband internet access – roughly [3 in 10 rural Americans](#) (28%) say they do not have a broadband internet connection at home – can also limit their ability to connect with telehealth — a safer, less-stigmatizing option.



Address Stigma – Individuals with behavior health conditions need understanding, acceptance, and resources in a safe (less-stigmatizing) compassionate environment. Peer programs can provide community education by peer programs partnering with churches, schools, and community organizations. [Tennessee’s Certified Recovery Congregation](#) program is an example of one such partnership promoting supportive and safe communities.



Improve Technology Access – According to a [Pew Center analysis](#) of public internet connections and laptop ownership, a digital divide persists between rural/ tribal and their urban/suburban counterparts. This can impact the ability to receive mental telehealth care and may compromise confidentiality of care, for example when using a library to connect to care. In some communities, peers use Health Insurance Portability and Accountability Act (HIPAA) secure tablets and mobile hot spots to connect people in crisis to 988 or related telehealth services.



➤ Bolster rural ecosystems of recovery care and innovations:

Rural and tribal communities often lack providers, basic resources, and socialization opportunities. Innovative peer-based alternatives such as [Rhonda's House](#), a peer crisis respite program in Iowa and [White Buffalo Recovery](#) in Wyoming, can support the community's behavioral health needs.



Address Social Determinant of Health Needs – Partnering with businesses and non-profit organizations can help meet basic needs such as transportation, food, and more. Integrated and culturally affirming behavioral programs, like those offered by the [Indian Health Council Inc](#) in rural California, address whole health needs of tribal members.



Identify and Expand Social Connection – Individuals seeking recovery need a supportive community around them. Expanding opportunities for social activities, whether virtual or in-person, can also reduce [loneliness and isolation](#). [Peers](#) offer welcoming, low threshold, strength-based connections.



Leverage Peer Services – Peers are offering creative, safe services that are open to all and can provide support to [LGBTQ+](#) youth and other underserved groups. The [Georgia Parent Support Network](#) partners with other groups to develop diverse services in communities at risk for poor behavioral health.

➤ Invest in rural America's behavioral health:

Build Relationships with State, Tribal and Territorial Agencies – Work to maximize [SAMHSA funding](#) and other resources including Medicaid, health insurance payors, opioid abatement funds, [USDA Rural Development Funds](#) and others to support behavioral health needs in rural communities.

Collaborate with Other Partners – Rural peer-based organizations with less infrastructure could consider collaborating or partnering with larger organizations including Certified Community Behavioral Health Clinics (CCBHC) Certified Opioid Treatment Program (COTP) and Federally Qualified Health Centers (FQHC).



All photos within this document are stock photography and the people represented are models.



SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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