FOCUS GROUP REPORT

PROJECT RURAL RECOVERY

Delivering Mobile Integrated Care Where Tennesseans Live, Work, and Recover

TN Department of Mental Health & Substance Abuse Services

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INTRODUCTION

Project Summary

Project Rural Recovery (PRR) is a network of mobile clinics providing integrated physical health, mental health, and substance use services in 20 rural Tennessee counties. The aim of PRR is to bring care to individuals living in rural communities with limited available services and high need. In alignment with Governor Lee's Executive Order 1, PRR is a direct response to the critical need for rural health solutions.

To date, Project Rural Recovery has connected **nearly 6,300** Tennesseans in rural communities to needed integrated care, demonstrating that high-quality, person-centered services can reach even the most underserved areas. In areas where access to care is limited, this project is not only innovative—it's necessary.

By reducing avoidable emergency room visits and improving health outcomes, PRR is helping close long-standing rural health gaps. The overwhelmingly positive feedback we received affirms the value of this model and highlights its potential for broader impact.

More Detail

4 MOBILE CLINICS

4 PROVIDERS

20 COUNTIES

6,278 CLIENTS

17,237 VISITS

PRR launched in November 2020 with two providers and expanded to four providers in 2022. Each provider operates one unit which visits a specific rural county each day of the week. Each mobile clinic is staffed by a Nurse Practitioner (NP), a mental health specialist, and a certified peer recovery specialist. Some may also include a medical assistant, intake specialist, and/or a dedicated driver depending on needs and available space. PRR is funded by grants from the Substance and Mental Health Services Administration (SAMHSA) and the American Rescue Plan Act. These funds are distributed to four agencies by the Tennessee Department of Mental Health & Substance Abuse Services (TDMHSAS). The four participating agencies are Buffalo Valley, the McNabb Center, Pathways Behavioral Health Services, and Ridgeview Behavioral Health Services.

Purpose

As PRR leadership, we (the TDMHSAS PRR Lead Evaluator and Project Director) conducted focus groups in 2024 as part of the project's overall evaluation process to help us learn more about the services being provided and how we can continue to improve.

The purpose of these focus groups was to give clients and staff a place to speak openly about their experience receiving and providing care on the mobile unit. We plan on using what we learned to:

- **Identify and expand on areas that are doing well**
- **Identify and address areas in need of improvement**
- **Provide useful feedback to providers**
- **Share lessons learned with others doing or considering doing this work**
- **Help stakeholders understand the program and its impact**
- **Improve startup of additional unit if we expand**

4 Providers

12 Focus Groups

13 Clients

16 Staff

8 Supervisors

KEY CLIENT FINDINGS

1. **Without the mobile unit, clients would not get the healthcare they need.**
2. **Most clients felt their visit was better than a typical doctor's office visit because the care was more thorough and personal.**
3. **Small teams with thoughtfully chosen staff improve clients' trust in healthcare and their overall experience.**
4. **Clients are flexible and tolerate the limitations of providing care in a mobile unit better than expected.**
5. **Clients are concerned about the mobile clinics being discontinued.**
6. **Clients' health was positively impacted by receiving care on the mobile unit.**

KEY STAFF FINDINGS

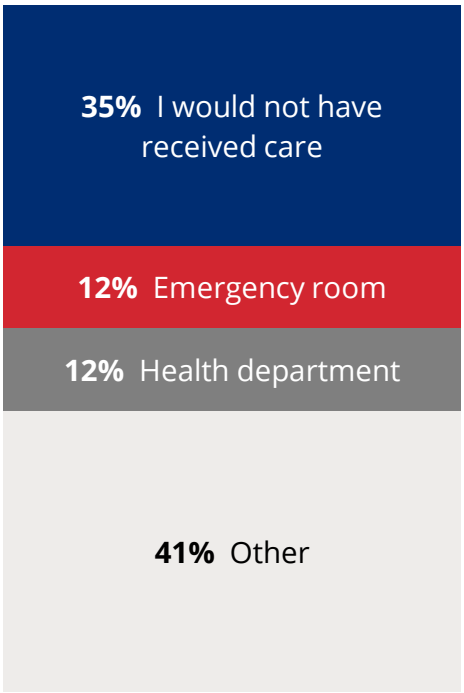
1. **Staff take pride in the program because of its unique service delivery and their ability to offer much needed services to underserved communities.**
2. **Building a strong team depends on clearly defining the role and choosing staff who fit the environment.**
3. **Agency support, buy-in, communication, and flexibility affect staff satisfaction and program efficiency.**
4. **Vehicle issues create challenges for staff and can hinder their ability to provide care.**
5. **It is difficult to find support or specialty services clients need in rural communities, which can make staff feel like they cannot fully meet their clients' needs.**

CLIENT FINDINGS

Key Client Finding #1: Without the mobile unit, clients would not get the healthcare they need.

Unprompted, several clients said they **would not be alive** if they had not received services on the mobile clinic. Other clients said they would not receive care if the mobile clinic were not available. After these comments, we began asking focus group participants where they would receive services if the mobile clinic was not an option. Most clients said they had **no other options** because the services they needed did not exist in their area, because providers had no availability, because they had no insurance, and/or they could not afford care or medications. Additionally, available providers may not have the expertise necessary to provide needed care. For example, one NP described a situation where a client had a primary care physician (PCP), but they did not feel comfortable managing medications for certain mental health conditions. Other care options mentioned included the **emergency room** and **health departments**. This aligns with baseline data from clients participating in the longitudinal evaluation, as shown in the chart on the right.

Where would you have received care if the mobile health clinic wasn't available?



(Responses from 1,571 baseline assessments)

> **"I probably wouldn't be here without the mobile clinic."**

> **"I don't know what I would do without it. I called other places and couldn't find anything."**

> **"[Without the mobile clinic], I wouldn't get my meds because I can't afford them."**

One supervisor noted:

> **"Without this program, a lot of people would go without care. The closest emergency room is about one hour away."**

Every mobile clinic team highlighted accessibility when we asked them to describe the purpose of the program. The teams identified several ways they are providing more accessible care, such as providing care for people who:

- **Live in areas without needed providers or services**
- **Cannot find appointments due to high demand and low supply**
- **Are uninsured or underinsured**
- **Cannot afford their copays**
- **Cannot afford their medications**
- **Are intimidated by or distrustful of traditional healthcare settings**

Key Client Finding #2: Most clients felt their visit was better than a typical doctor's office visit because the care was more thorough and personal.

We asked clients if their needs were met during their visit(s), if they received the care they expected, and if they felt heard by their provider. Most clients stated their provider **spent more time with them** than they would have experienced at a typical doctor's office and that their provider was **friendlier** and **more thorough**. All clients said **their needs were met** given the inherent limitations to receiving care on a mobile unit; clients who needed care beyond the mobile unit understood their needs exceeded its capabilities. For example, one client thought they may have broken a bone, which required an x-ray to determine. Another client, who has a seizure disorder, stated the mobile health clinic has addressed their disorder "as much as could be done".

> **"The only thing they could do better is to come to my house."**

> **"I had no expectations, but I got way more than I had hoped for."**

> **"It's better than a doctor's visit—they know who I am."**

> **"[I] was really impressed. The NP relates to the patient."**

> **"I never feel rushed."**

Every participant said they either would refer a friend or family member or they already had. A few clients said they even hand out flyers for the clinic and place them around their apartment buildings. When asked how they know their work is successful, one team member mentioned responses to satisfaction surveys:

> **"There's the question asking about referring a friend and almost every single client says yes or that they already did."**

Some clients who initially came to the clinic only for mental health care because they already had a PCP chose to supplement or replace their primary care with the provider at the clinic. In addition to being more personable and thorough, clients reported the practitioners on the clinic will coordinate with their PCP to better manage their conditions and that the clinic **addresses their medication needs quicker**, preventing potentially harmful or dangerous lapses. As clients described, one NP noted that she follows clients' primary care needs, including medication management, even if they have a different PCP.

> **"[The NP] communicates with our PCP. Our PCP often doesn't pay a lot of attention to labs, but she reviews them in detail with us."**

> **"[The care I received] was beyond what I expected! I'm considering letting [the NP] take care of my medication too."**

The providers' thoroughness was also apparent when they spoke about the purpose of the program or their approach to care. One supervisor described the purpose of the program, in part, as providing "**whole person, integrated care**—trying to address the psychosocial needs" of the clients. Supervisors and staff also said what stands out about this program is that clients "**receive undivided attention** by the staff on the unit" and that "the nurse practitioner can spend more time with clients" depending on volume. In addition to primary care, nurse practitioners prescribe and manage psychiatric medications and include mental health discussions in their visits, and therapists encourage clients who are primarily visiting for therapy to meet with the NP if they have any health concerns.

> **"It's difficult to provide physical health care without addressing mental health care as well. Patients come in for one thing and then we find other concerns."**

One therapist joked that their NP was such a good listener that "once they go to [the NP] they may not want to go back to [him]". This NP described caring for clients' needs as like treating an open wound:

> **"Dealing with only surface level doesn't fix it all, it'll pop back up. You need to address all underlying issues as well."**

Clients also spoke highly of the therapists at the mobile clinic. One group of participants spoke so highly of the therapist that clients who were not seeing him said they would also like to go to him for therapy. A participant from a different group said of their therapist:

> **"[The therapist] is great about tailoring therapy homework to the person and their interests and abilities. She also shares examples of other evidence-based tactics to consider."**

Providers also shared examples of client success stories which demonstrate their willingness to go above and beyond:

> **A client's treatment required a weekly injection. When the mobile clinic was out of service due to a mechanical issue, the NP drove two hours—one to the client, one back—to provide the injection.**

> **A client with endocarditis and no insurance needed to see a cardiologist but couldn't pay out of pocket. They tried to get an appointment with the community clinic, but it was scheduled way out. The NP worked with the client to find alternative, affordable medications until her TennCare was active.**

> **A client visited for a different concern but also mentioned anxiety during her visit. The providers on the unit learned her anxiety stemmed from not having an EpiPen to treat her allergy in an emergency because she could not afford to buy one. The team worked with a pharmacy to get her an EpiPen. Later, the client told the team how happy she was that they went out of their way to get this for her when it wasn't even what she came in for.**

Key Client Finding #3: Small teams with thoughtfully chosen staff improve clients' trust in healthcare and their overall experience.

Many clients have **never been to a PCP or received mental healthcare**. Of those who have, some had negative experiences which left them **distrustful** of healthcare providers. For example, one participant shared that private information about her condition and services she received was disclosed to family members. Another participant was initially hesitant to speak with us because he was worried we were psychiatrists, who he had bad experiences with in the past and no longer trusts. Other clients were hesitant to engage with the mobile clinic because they were unsure the program would last (see next key point) or because they weren't sure what services were available.

Despite their initial uncertainty, participants spoke overwhelmingly about trusting their providers and how warm and friendly they are:

> **"I love having a support team that cares so much about me."**

> **"This is my first time getting mental health care. I was terrified because I've never opened up to anyone but [the therapist] was warm and came to my car to greet me and encourage me inside."**

> **"It's comfortable because you get to know all 4 staff. It's nice to know people who are in the bus. They can take time to really care about each patient."**

> **"We enjoy it because it's like family."**

> **"I trust everyone on the mobile unit."**

> **"We're always greeted when we first come in. They always remember our names."**

> **"They're more like regular people than just a doctor. Friendlier. More personal."**

> **"It's good to go there. They are good people."**

A participant who previously had negative experiences with mental healthcare providers shared:

> **"I haven't received mental health services in 19 years. I started therapy on the bus because [the therapist] connected with me when I brought my best friend to bus."**

The participant who had previous negative experience with psychiatrists noted he wouldn't want to go anywhere else:

> **"If the mobile clinic wasn't here, I wouldn't seek mental health care."**

Some staff noted clients could be hesitant or nervous at first, with one supervisor stating clients are initially "skeptical—how can you get physical services if you're not in a doctor's office?" Overwhelmingly, staff and supervisors shared that they receive positive feedback about their teams and that they can see how comfortable clients are.

> **"I love that clients enter a bit hesitant and then really open up after interacting with the staff."**

> **"Some clients come early so they can catch up with the staff."**

> **"A smaller team makes it more comforting and works well in the smaller, rural communities. They value that."**

> **"Clients say 'I would come back again because they care.'"**

> **"Clients become comfortable and just fling the door open! But the first visit they knock quietly before coming in."**

> **"I like how close we feel with the clients. Many say it's a 'different feel, everybody knows you.'"**

> **"It's like a family. Clients get to know all the staff."**

> **"[Clients' first impression is] staff are so welcoming and warm."**

Teams also recognized building trust with the communities and clients was an important part of their work. Providers worked extensively to create relationships with leaders and members of the community and continue outreach efforts.

Key Client Finding #4: Clients are concerned about the mobile clinics being discontinued.

Multiple clients stated they were initially hesitant to engage with the mobile clinic because their perception is that programs like this in their area **usually don't last**. These clients only visited the mobile clinic once they saw its consistent presence in their area. A supervisor shared:

> **"One client said he 'assumed it wouldn't last' but he was pleased it was still showing up."**

Some expressed concern about the future of the program based on their experience with other programs. One client even stated:

> **"I'm concerned about the state cutting funding and then services being discontinued."**

Another client acknowledged trust is difficult for him and that it would "take a while to get reestablished" if he needed to go elsewhere for services.

Providers were aware that community buy-in might be a challenge from the beginning and have worked hard to become trusted providers in the community. Many clients served by the mobile clinic have no alternative options for care—a reality that reflects the program's design, as locations were **intentionally selected based on high need and limited availability**.

Key Client Finding #5: Clients are flexible and tolerate the limitations of providing care in a mobile unit better than expected.

At program startup there were many concerns and questions about the logistics of providing care in a mobile setting. Providing mobile services has unique challenges and workflows must be adapted. However, clients consistently report a **positive experience** and have been more flexible and tolerant than providers initially expected.

Some clients visit the mobile clinic without appointments, but those who are scheduled are typically seen on time. If there's a wait, clients usually prefer to stay in their cars. Depending on the weather, providers may also offer outdoor seating or set up an awning for clients to wait.

> **"I have no problems with the mobile unit aspect."**

> **"Sometimes there is someone ahead of me but I just wait in my car. No big deal."**

> **"I sometimes wait on the bench inside the bus or just outside. The communication [about wait time] is great."**

Supervisors and staff said they had very few or no clients who complained about the process or chose not to come back because of their experience receiving care on the unit.

> **"Most clients like the experience and don't want to return to regular kind of offices."**

> **"[Clients] do so much better than I thought they would. Most clients are really accommodating, even if they need to wait in their car—even in extreme weather."**

> **"Clients just deal with it. They just go with the flow."**

> **"In general, people are very nice to each other. Clients are always very respectful of each other's space and accommodating."**

Staff are also flexible and may utilize outdoor space or rooms in nearby brick-and-mortar buildings. One client described a situation where he was uncomfortable meeting inside so **his therapist met with him outside**. Another client expressed appreciation of this flexibility:

> **"I love the mobile aspect of it and that sometimes we have to be creative and go into different buildings or rooms."**

Staff and a few clients expressed **concerns about privacy** during intake, in exam rooms, and when collecting sensitive health information in open areas. Both clients and staff noted there are measures in place to try to address privacy concerns, including white noise machines, music, and speaking quietly. Though most clients did not express concerns about their privacy, some acknowledged there are situations where they feel their privacy could be compromised; for example, one mobile unit tends not to have clients wait in the area between the two exam rooms for the sake of space and privacy. A client stated if people did wait there, they would be uncomfortable.

> **"We haven't had clients complain about privacy, but we do speak with staff about it frequently."**

> **"[The lack of] space is my least favorite thing about the bus. I'm concerned about clients' confidentiality."**

> **"I was a bit uncomfortable during the intake because there were other people in the space and they could hear."**

The only other client-facing challenge reported by staff is that some clients arrive without appointments assuming there will be no wait and are disappointed. Staff mitigate this by scheduling return appointments and providing paperwork in advance to minimize wait times.

Key Client Finding #6: Clients' health was positively impacted by receiving care on the mobile unit.

We asked participants how receiving services on the mobile clinic affected their health. **All but one client**, who was unsure if his health had improved, **said their health had improved** in some way. This likely reflects the clinic's **integrated care approach** which enables treatment of **diverse client needs**.

Some clients utilize the clinic primarily for medication management and stated the clinic has helped by means of treating their chronic condition(s). One participant added that she understands her health conditions better than before. Others mentioned the educational aspect of primary care, saying their NP discussed dietary and lifestyle changes alongside prescribing medication. The clinics have **helped clients who could not afford their medications** by assisting with medication costs, finding more affordable medications, and helping them access prescription assistance programs. One participant noted she got a $15 diabetic setup kit which has "helped her track her blood sugar in so many ways."

> **"I was able to sign up for a prescription assistance program and now I can afford my medication."**

> **"Now I'm on medication which has helped my medical condition and related mental health issues. My health feels balanced. Before the bus, I lost access to all my medications which was detrimental to my life. I spent 6 months trying to find something."**

Other clients utilize the mobile clinic mainly for therapy or for a combination of therapy and medication management. A client from another group who was **considering suicide prior to starting therapy** stated:

> **"[Receiving care on the mobile clinic] drastically improved everything."**

This client also stated she **would most likely not be alive** without the care she received on the mobile clinic. Another client, who did not initially intend on doing therapy until the therapist connected with her, stated:

> **"Before the bus, everyone in the house walked on eggshells. Now the violence has calmed down and my relationships have improved."**

Because physical and mental health screenings are a key component of the program, providers can identify and treat conditions clients may not have known about or come to the clinic for. Some staff included screening clients and treating identified conditions in their description of the purpose of the program. Others mentioned that this is one of their favorite things about the program:

> **"I like that we can give prescriptions for hypertension—things that are life changing."**

We also asked staff how they know if their work is successful. Though there was a wide variety of responses, including reviewing outcome data and satisfaction surveys, many staff and supervisors said that clients share their stories of the impact they've made and that clients' improvement is evident when they return.

> **"…whenever you hear them say, 'thank you for meeting with me, I'm doing so much better.'"**

> **"…if patients leave in a better place than when they arrived. Because it's an intimate space, we can visually see the positive impacts on clients."**

> **"…when I see with my own eyes the clients and how staff are making a difference for them. I see it on the bus when I observe clients."**

> **"I know it's successful because I see the impact it's made. Patients share their stories, how happy they are."**

STAFF FINDINGS

Key Staff Finding #1: Staff take pride in the program because of its unique service delivery and their ability to offer much needed services to underserved communities.

When asked about their favorite part of the project and what stood out most, staff frequently mentioned their sense of **connection with clients** and pride in the care they provide. They also expressed appreciation for the freedom to **tailor care to each client's needs**—for example, one NP said they would not be able to spend as much time with clients if they worked at a traditional clinic. Similarly, both staff and supervisors stated that flexible funding enables them to provide a wider range of support to clients, such as helping cover medication and specialist costs, which might not be possible with other funding structures.

> **"My favorite thing is engaging with people who are often overlooked or feel like they don't matter."**

> **"[The program is] very innovative. Providing services 5 days of week is unusual with mobile services."**

> **"Staff have a strong sense of pride in the project. One client said he was expecting 'gas station sushi, but it turns out you guys got it going pretty good here!'"**

> **"We all three have unconditional positive regard for all clients."**

> **"[My favorite thing is] being able to help in a nonjudgemental and compassionate way, making them feel comfortable to get care."**

> **"[One of my favorite things is] being able to provide last stop care to people that is nice and comfortable and they are treated well."**

Key Staff Finding #2: Building a strong team depends on clearly defining the role and choosing staff who fit the environment.

Supervisors across all groups identified staffing as a key consideration, noting the unique challenges of working on a mobile clinic, such as limited space, driving responsibilities, motion sickness, daily maintenance tasks, unpredictable weather, and minimal in-person

supervision. Supervisors suggested taking job candidates on the mobile unit as part of the interview process to ensure they have an accurate understanding of the space and job requirements. Additional suggestions to help future staff adapt to this work included:

> **"Be honest about the job description and the level of unpredictability. We won't always get back on time."**

> **"Make sure they understand that every day can be different. Don't expect the bus to be like providing care in a regular clinic."**

> **"My main suggestion is this: make sure candidates see their working conditions and make sure they can do their work in that environment. Do they get motion sick, can they deal with bus issues like sewer smell, etc.?"**

Other comments about staffing included:

> **"[What stands out about this project is that] you need to find staff who are passionate about this work. It's so different than going to a clinic for the day."**

> **"Staffing is top of list of challenges. They are in close quarters and have to get along. It takes unique personalities."**

Supervisors suggested staff who are open minded, flexible, not territorial with space, and can give each other grace, as "they will get on each other's nerves and need to cope with that and continue to do their job." One team member expressed appreciation for the effort their supervisors have put into making sure team members are a good fit.

Key Staff Finding #3: Agency support, buy-in, communication, and flexibility affect staff satisfaction and program efficiency.

Providers reported varying levels of agency support, buy-in, communication, and flexibility. Communication can be challenging due to the mobile units' physical separation from the main agency and the distinct nature of their work. Although all PRR staff perform roles distinct from their agency counterparts, their sense of integration with the broader agency varied. As these providers were new to delivering integrated care in a mobile setting, they had to navigate a range of unfamiliar processes, including vehicle maintenance, insurance, licensing, fueling, vehicle and equipment storage, and developing and hiring for new staff roles.

As one supervisor put it:

> **"The initial startup was challenging because nobody had done it before."**

The difficulty of managing these challenges varied depending on the level of agency support and flexibility. One supervisor who listed their agency as a helpful resource stated:

> **"There's never been a barrier to do what we needed. All departments in [the agency] have been motivated to make it successful."**

Those who have had more agency buy-in tended to list more internal resources when we asked what resources have been beneficial, including:

- **IT department**
- **Case managers**
- **Finance department**
- **Clinical supervisors**
- **Administrative staff**
- **Nurse managers**
- **Fleet services**
- **Crisis units**

Key Staff Finding #4: Vehicle issues create challenges for staff and can hinder their ability to provide care.

Staff and supervisors overwhelmingly listed mechanical issues and other concerns related to the vehicle, including safety issues like high wind or severe weather, as a challenge or their least favorite thing about the mobile clinic. While some of this is due to inconvenience and frustrations they cause (e.g., cabinets and drawers not staying closed), many noted that their main concern was that clients could not be seen if unit was out of service. As one supervisor stated while reflecting on the program model:

> **"[One challenge is] being in each county 1 day per week. It's especially challenging if the bus is down because it creates longer time between the next available visit."**

Though providers generally offer telehealth when the clinic is down, staff reported **many clients don't like telehealth** so they will miss appointments if the bus is out of service. One supervisor noted there are times when services are taken to clients if the mobile unit is down, such as the NP who drove two hours to provide a client's weekly injection. Obviously, this

does not work on a larger scale, so many clients will miss the opportunity for services when the unit is down.

> **"My least favorite thing about the program is balancing the severity of bus issues and determining if care can still be provided."**

Despite the challenges, the supervisor noted:

> **"Even with the [mechanical] issues, we consider ourselves very adaptable."**

Key Staff Finding #5: It is difficult to find support services clients need in rural communities which can make staff feel like they cannot fully meet their clients' needs.

Although clients in general felt their needs were met and services exceeded their expectations, staff and supervisors noted many areas where they felt additional services or a higher level of care were needed—and unavailable. For individuals passionate about their work and committed to those they serve, it can be challenging to begin to address an issue without the capacity to resolve it fully.

Staff must be generalists to serve such a diverse range of client needs, but this means they may run into conditions that fall outside their scope. Additionally, some conditions or treatments require equipment that simply cannot fit on the mobile units. Because counties were chosen for their need and lack of available care, wraparound services and specialist care are often difficult to find. At times, funding for specialist care is available, but staff simply cannot find a local provider. Even when a service is available in these communities, wait times due to high demand can make the care functionally unavailable. Out-of-pocket costs or copays can be a barrier, and some providers may not accept TennCare.

> **"We struggle to find specialists and some clients can't pay the copays. Some patients go to the emergency room anyway because they can get specialist care there."**

Additionally, one supervisor made the point that health conditions become more severe due to a lack of available services in these areas and therefore eventually require a higher level of care:

> **"The care that clients need becomes compounded because they delay care due to lack of resources."**

Staff and supervisors noted the need for:

- **Dental care**
- **Housing/homeless services**
- **Residential substance use treatment**
- **Healthcare specialists**
- **Intensive outpatient treatment**
- **Imaging (e.g., CAT scan, X-Rays)**
- **Specific or higher-level therapy modalities**
- **Women's care**

STRENGTHS

Accessibility

The mobile health units have delivered care to thousands with few or no other options. Providers actively network with clinics and healthcare providers, ERs, faith communities, community leaders, health departments, and the correctional system to reach those in need. Staff and agency leaders regularly attend local health council meetings to promote the program. When the unit can't operate as scheduled, providers find alternative ways to ensure clients still receive care without delay.

Carefully Chosen Teams

Overall, providers have employed staff who are connected to the mission behind their work and show an awareness of and appreciation for the impact they make on clients' lives. They understand and interact effectively with their target population in rural communities. We heard stories from both clients and staff that illustrate their willingness to go far above and beyond to respond to clients' needs. Every client focus group spoke overwhelmingly about the warmth and friendliness of the teams and how they made them feel welcomed.

Holistic Care

The integrated care model, team composition, flexible funding, ability to spend more time with clients, and available screenings enable providers to address both the client's immediate needs and overall physical and emotional wellbeing.

Flexibility & Adaptability

Providers are creative and adaptable, regularly solving unfamiliar problems and viewing quality improvement as ongoing and feedback-driven. Clients respond well to the mobile clinic setting and show flexibility when adjustments are needed.

Resources

Providers have built strong partnerships to receive referrals, connect clients to services, and secure clinic parking locations. They also receive agency support ranging from administrative assistance to clinical consultation. The funding model often allows providers to directly assist with the cost of prescriptions, specialty care, or medical equipment. Due to limited space for equipment and staff, and a lack of available services in rural communities, these resources are essential to meet clients' needs.

CHALLENGES AND RECOMMENDATIONS

Lack of Available Supportive Services

Caring for clients in these rural communities highlights what services remain unavailable. Though teams are creative and resourceful, there are times when needed supportive care is difficult to find.

Recommendations:

- Build awareness of your services within the community to support collaboration
- Find important connections in the community at the beginning and maintain those throughout the project
- Create and continuously update community-specific resource lists with points of contact
- Connect with other mobile units to coordinate services

Sustainability

Several clients voiced concern that the program might not continue. If the mobile clinics are discontinued, it will not only deepen the belief that help in their communities is temporary and unreliable, but also make it significantly harder to rebuild trust if future services are introduced. For many of these clients, the mobile clinic is their only option for care—losing it could mean losing access to healthcare altogether.

Recommendations:

- Provide consistent services and maintain a reliable schedule in each community
- Advocate for continued and diverse funding sources
- Consider sustainability from program onset

Privacy

Providers are already taking steps to improve privacy, and some limitations are inherent to the size and layout of mobile clinics. However, there may be room for improvement through additional changes.

Recommendations:

- Consider utilizing multiple methods to maintain privacy
- Create procedures for addressing privacy and employ them consistently
- Schedule intakes for times when a private room is available
- Do not obtain sensitive health information around other clients
- Use brick-and-mortar spaces when available

Mechanical Issues & Downtime

Mechanical issues that cause downtime are inevitable given how frequently the mobile clinics are used and how far they travel each day. Once the unit is already created and deployed, efforts must focus on finding reliable maintenance and creating downtime procedures.

Recommendations:

- If designing a unit, consult with other mobile clinics for feedback on what works and what doesn't, and research key features and requirements
- Reach out to other mobile clinics if you are facing a problem to see if they have found a solution
- Plan for maintenance and either establish a relationship with a mechanic or purchase a maintenance plan
- Create downtime procedures

Staffing

Working on the mobile clinic poses unique challenges and requires staff with a specific blend of personality and skills. With limited space and only one or two people per role, a poor hire can significantly disrupt operations and team dynamics.

Recommendations:

- Include a tour of the unit as part of the interview process
- Discuss practical considerations such as willingness to drive, motion sickness, and comfort in confined spaces
- Assess compatibility with existing clinic staff
- Consider the composition of roles on the unit to ensure all needs are covered
- Determine if clinical staff will need supervision as it may be difficult to provide

Varied Levels of Agency Support

Each agency provides differing levels of support and involvement with the project based on their size, staffing levels, leadership structure, and other factors.

Recommendations:

- Connect leadership directly with mobile clinic staff to improve awareness of their work
- Ensure agency-wide flexibility to support the unique demands of mobile services
- Include mobile clinic staff in agency activities to help reduce isolation

FINAL THOUGHTS

Focus group participants provided valuable insights into the strengths and challenges of PRR. Clients were largely very satisfied with the care they received and the accessibility of mobile services, with most concerns centered around the possibility of services ending. Staff expressed pride in serving rural communities and building relationships with clients, but noted concerns about limited community resources, downtime due to mechanical issues, privacy, and varying levels of agency support. Using this feedback, we will collaborate with providers to develop an improvement plan focused on coordinating with other service providers, identifying privacy solutions, securing funding, creating backup plans for downtime, enhancing agency communication, and compiling staffing best practices.

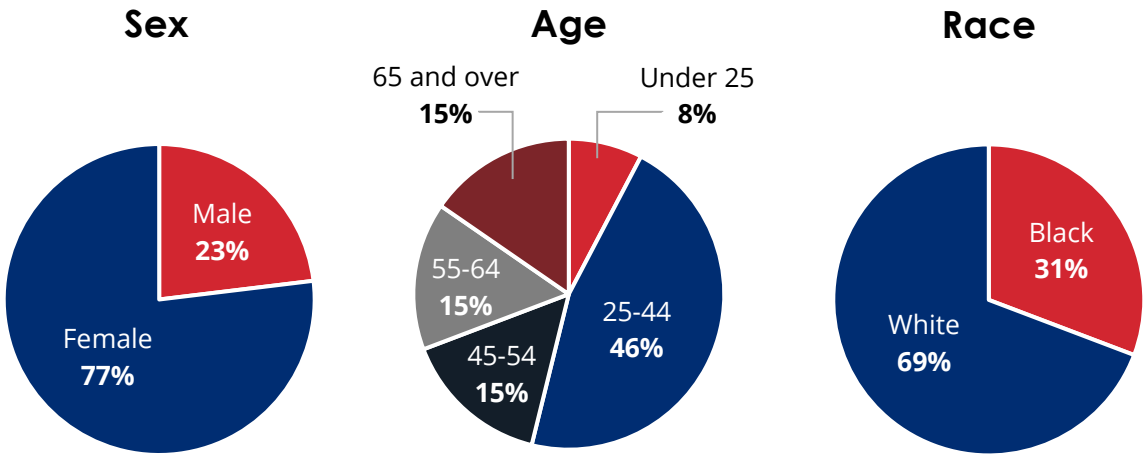
We are especially grateful to the clients who participated in focus groups. Your openness and insight help us understand what's working and where we can grow. We look forward to using your feedback to continue strengthening care in rural Tennessee.

To the amazing staff: thank you for sharing your experiences and for the compassion you bring to your work each day. Your dedication, creativity, and connection to your communities are what make this possible. We're grateful for all you do.

FOR MORE INFORMATION

Please visit our website if you would like to learn more about Project Rural Recovery including hours of operation and locations. If you have questions, please contact Darren Layman at Darren.Layman@tn.gov.

CLIENT DEMOGRAPHICS AND GROUP PROCEDURES



At the start of each group, we reviewed confidentiality and emphasized that participation was voluntary. Verbal consent was obtained to share quotes or stories anonymously. We allotted one hour for client sessions and one and a half hours for staff and supervisor sessions. Following the focus groups, clients received a gift card to thank them for their time and input.