



Scaling Rural Therapy Intensives

*Outcomes, Workforce Development
and Sustainable Funding*

Presented by:



Justin Little, LMFT
Clinical Director
Forage Wellness Collective
Sisters, OR



Lacey Hawkins, MFT Associate
Founder
Family Forward Network
Tillamook, OR



100%

couples intensive participant recommend rate



+40%

couples improvement across 6 domains



8:24

Clinicians:Clients per Turning From Anxiety intensive



Multi-Payer

multi-payer pathway opportunities exist



Chat Waterfall: Your name, your city/town, and your organization



**Chat Waterfall: What interests
you in rural mental health
intensives and/or workforce
development?**

What We'll Cover Today



The Rural Mental Health Gap

Who we serve, where we work, and why intensives matter



The Intensive Model

Restoration Therapy, the Couples Intensive, and Turning From Anxiety



Outcomes Data

What we measured and what we found — across 6 relationship domains



Workforce Development

How intensives create rich training for pre-licensed clinicians



Sustainable Funding

CCO partnership, Medicaid pathways, and the grant landscape



Replication & Vision

What this could look like across rural Oregon

The Rural Mental Health Gap

About Forage Wellness Collective

- ✓ Private behavioral health practice, Sisters, OR
- ✓ Clinicians in Sisters, Tillamook & Joseph (rural) as well as Bend, Redmond and Portland area
- ✓ Most clinicians certified in Restoration Therapy (RT)- Level I, Level II and Consultants
- ✓ High Medicaid/OHP caseload across rural Central Oregon
- ✓ OHA-approved Outpatient Behavioral Health program (COA since 2022)
- ✓ Led by Justin Little, LMFT — Clinical Supervisor and RT Certified Consultant
- ✓ Emphasis on Clinical Training and Supervision in Restoration Model for Masters-Level Student Interns and Pre-Licensed Associates
- ✓ 6 current student interns and 18 pre-licensed associates (most of whom trained in Restoration Therapy in our practice as student interns)



Chat Waterfall: What does mental health access look like where you live?

Why Intensives? The Access Problem

10+ miles

from population centers — Oregon's rural definition. Sisters is 25 miles from Bend.

Limited

intensive MH options for Medicaid/OHP in rural areas

**Transport,
Cost, Child-
care**

among the top barriers to accessing weekly outpatient care

1 weekend

Intensives can deliver what 3 months of weekly therapy can, and more!

The Intensive Model: Restoration Therapy

Restoration Therapy Foundation

- ✓ Developed by Dr. Terry Hargrave & Sharon Hargrave, LMFT
- ✓ Integrates family systems, attachment, mindfulness & behavior change
- ✓ Centers the Pain & Peace Cycle — understanding patterns that drive behavior and helping clients practice personalized tools for 2nd order change
- ✓ Core skills: Stop–Turn–Slow, The 4 Steps, Mindful Moments, Journaling
- ✓ Structured fidelity model — replicable across settings and populations with experiential training opportunities
- ✓ Research-based and adaptable to both individual and group formats



Chat Waterfall: What modalities have you considered using for groups/intensives, if any?



Sisters Couples Intensive

- ✓ Weekend format — Friday evening to Sunday midday
- ✓ 6 relationship domains measured: Erotic Love, Companionate Love, Sacrificial Love, Openness, Reliability, Predictability
- ✓ Therapist-led group + breakout couple sessions
- ✓ Community partners: space, childcare, food donated
- ✓ N=6 couples (12 participants) — Nov. 2025



Turning From Anxiety Intensive

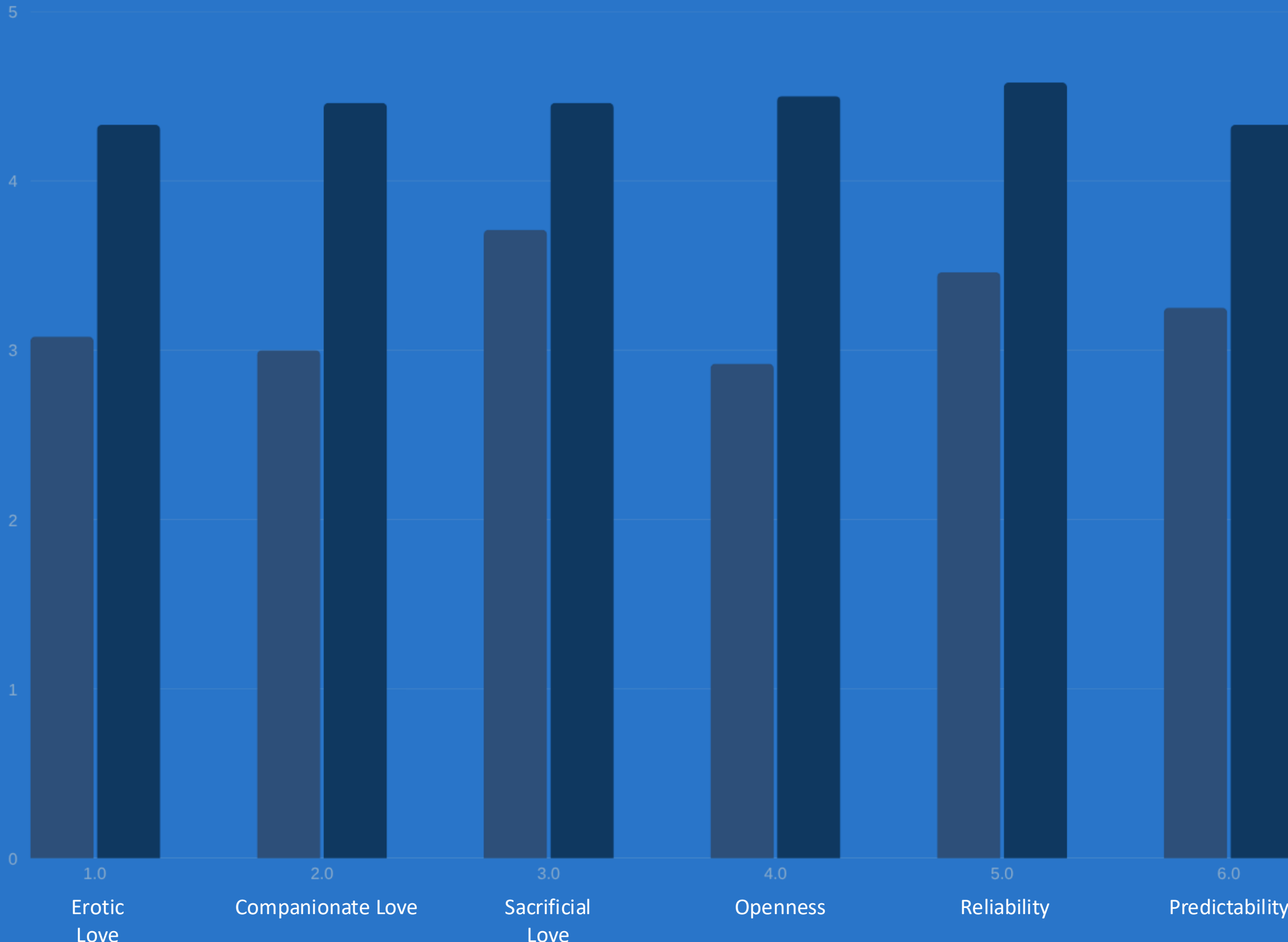
- ✓ Weekend format — Friday evening to Sunday midday
- ✓ Developed by Dr. Terry Hargrave, Sharon Hargrave and team of therapists and researchers
- ✓ Free to rural Oregonians 18+ who self-identify as dealing with anxiety symptoms
- ✓ Pre/post measures: GAD-7, WHO-5, OASIS, self-regulation scale
- ✓ ORH Rural Population Health Incubator funded — May 2026 pilot



Chat Waterfall: What areas of a marriage, committed relationship or partnership would you measure to see if therapy has been effective?

Nov. '25 Couples Intensive: Outcomes Across 6 Domains

● Before Intensive ● After Intensive



Key Findings

+54%

Openness
(largest gain)

+49%

Companionate
Love

+41%

Erotic Love

4.83/5

Feel more
hopeful

5.0/5

Would
recommend

N=12 participants (6 couples)

Sisters, OR — November 2025

Scale: Internally developed Relational Change Survey
Implemented 1x time at end of Couples Intensive

November '25 Couples Intensive- What Participants Said

4.67/5

Improved our relationship

4.83/5

Feel more hopeful

4.83/5

Feel more connected

5.00/5

Would recommend

100% of participants rated "Would Recommend" as 5/5

"This event honestly saved our marriage. I walked in thinking about filing for divorce and walked out canceling it altogether."

— Participant 1D

"This process — discovering the 4 steps, our pain, peace & truth — was something I have been looking for myself and my husband but just could never find."

— Participant 1F

"I could see our souls becoming one. This has saved my family which I love and cherish so much. I will be forever grateful."

— Participant 2F

"Taking care of meals and childcare freed us up to do the work that needed to be done."

— Participant 1A

May '26 Turning From Anxiety Intensive: What's Next

May 2026 Pilot — ORH Funded

- ✓ 3 day intensive retreat format (Fri evening – Sun midday)
- ✓ Based on the Turning From Anxiety model by Dr. Terry Hargrave + team
- ✓ Up to 24 participants — rural Oregonians 18+ w/ anxiety symptoms
- ✓ Free to participants — transportation, childcare support and meals provided
- ✓ 2:6 therapist-to-participant ratio; student interns and pre-licensed associates
- ✓ Setting: Forage Wellness Collective's new office space (creative use of space)
- ✓ Food: Not funded by grant, community partnerships are helping with this piece

Assessment Battery

GAD-7 (anxiety symptoms)

WHO-5 (wellbeing)

OASIS (anxiety severity)

Self-Regulation Scale (brief, custom)

Fidelity & Research Vision

Pilot

May 2026

Collect pre/post data — GAD-7, WHO-5, OASIS + self-reg scale

3-Month

Aug 2026

Follow-up surveys including skill usage tracking (Stop-Turn-Slow, 4 Steps, Mindful Moments, bracelets/tokens, journaling, breath work, relational support)

6-Month

Nov 2026

Longitudinal outcomes — sustained symptom reduction?

12-Month

May 2027

Full data set — basis for CCO reimbursement proposal to PacificSource

Scale

2027+

RHTP Catalyst Grant application — expand to Tillamook & Joseph



Chat Waterfall: What do your organizations do to build community partnerships and/or trust with the populations you serve?

Workforce Development: Training Inside the Model



Pre-Licensed Clinician Training

- ✓ Associates & Student Intern QMHPs serve as co-facilitators at 2:6 ratio
- ✓ Supervised hours count toward licensure
- ✓ Exposure to intensive group formats rarely available in rural training
- ✓ Mentored by certified Restoration Therapy Consultant (Justin Little)
- ✓ Rich alternative to traditional single-session supervision



Lacey Hawkins & the Nonprofit Model

- ✓ Pre-licensed MFT Associate in Oregon, trained in Restoration Therapy
- ✓ Founded nonprofit specifically to develop intensive programming
- ✓ Nonprofit-clinic partnership creates new funding pathways
- ✓ Model: clinic provides clinical infrastructure, nonprofit anchors and strengthens community mission
- ✓ Sustainability through community partnerships, building trust amongst rural populations through marketing and consistent resources



Rural Pipeline Impact

- ✓ Intensives reinforce RT model fidelity and create training opportunities that attract new clinicians to rural areas, or **keep them** in rural areas
- ✓ Specialized skills (RT training, professional development, intensive group facilitation) = retention incentive
- ✓ Aligns with RHTP Workforce Capacity & Resilience initiative goals
- ✓ Partners with CCOs, schools, community orgs to build trust and reinforce rural MH workforce
- ✓ Opportunity for peer support specialist roles in intensive follow-up structure



Chat Waterfall: What challenges do you see rural areas facing in terms of mental health workforce development and retention?

Goal of Sustainable Funding: The Multi-Payer Pathway

Phase 1: Grants & Pilots

ORH Incubator (\$10K) • Community in-kind • Nonprofit/clinic model

Phase 2: Outcome Data → CCO Conversation

PacificSource Community Solutions • Pilot data shows effectiveness • Informal support for Medicaid billing pathway

Phase 3: RHTP Catalyst Grant (or other grant opportunities)

\$200K–\$5M available for RHTP • HC2g + HC3e initiatives • Bridges gap while billing pathway is established

Phase 4: Medicaid Billing (and/or Private Insurance Billing)

New APM with PacificSource • Group codes for intensive format • Self-sustaining after RHTP period



Key Insight: RHTP funding (or similar) bridges the gap while the Medicaid billing pathway is being established — this is precisely what "Innovative Care" funding is designed to do.

Alignment with OHP & the 1115 Waiver



Behavioral Health Priority



OHP's 1115 Waiver explicitly prioritizes behavioral health transformation



Intensives deliver high-dose behavioral health in non-traditional settings



Aligned with OHA's goal of whole-person, integrated care



Reduces long-term service utilization through early, intensive intervention



Rural Health Equity



Intensives help remove transportation, scheduling & access barriers



Free/low-cost model centers Medicaid & uninsured populations



Childcare and transportation support = true access equity



Serving Sisters, with the goal of adding Tillamook & Joseph — rural/remote areas needing resources



Innovation in Care Delivery



Weekend intensives are not reimbursed under current billing structure



Creating a new billing pathway = payment innovation



CCO-clinic-nonprofit partnership = delivery system innovation



Fidelity model enables replication and scale across rural Oregon

Replication & Vision: Rural Oregon and Beyond



High Desert

Active — pilot May 2026



Oregon Coast

Clinician in place — expansion ready



Remote / Frontier

Clinician in place in Wallowa County — among Oregon's most remote

What Replication Requires

- ✓ Clinician trained in Restoration Therapy — TFA certification pathway exists
- ✓ Community partner for space, ideally with in-kind donation capacity
- ✓ Local CCO relationship — outreach to discuss Medicaid billing potential
- ✓ Nonprofit or clinic anchor organization with grant-writing capacity
- ✓ Pre-licensed clinicians seeking quality supervision and training in rural contexts — built-in pipeline w/ rise in remote Masters in Counseling programs



Every rural Oregonian experiencing anxiety, relational pain, or co-occurring conditions has access to a high-intensity, community-anchored therapeutic experience — close to home, free at the point of care, and sustained by a Medicaid and/or private insurance billing pathway built on evidence, that builds trust between mental health providers and the communities they serve.

Let's Build This Together



Interested in hosting a Turning From Anxiety Intensive in your rural community?



Are you a pre-licensed clinician seeking rural training and supervision hours?



CCO or health system leader open to discussing Medicaid billing for intensive models?



Funder, nonprofit, or community org looking to partner on rural MH innovation?

Justin Little, LMFT justin@foragewellnesscollective.com | **Lacey Hawkins, MFT Associate** lacey@foragewellnesscollective.com



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Forage Wellness Collective
Sisters, OR

Slides available upon request