

Developing the Rural Behavioral Health Care Workforce for Children and Families

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Topical Discussion
1:15pm – 2:00 pm

20th Annual Research Conference
A System of Care for Children's Mental Health: Expanding the Research Base
Tampa Marriott Waterside, Tampa, Florida

Developing the Rural Behavioral Health Care Workforce for Children and Families

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Focus

- Issues of developing the rural behavioral health care workforce for children and families.
- Information about work underway to recruit, retain and maintain a high quality professional working environment for the behavioral health workforce.
- Work underway through leadership at SAMHSA has engaged its cross Departmental partners to develop and implement a national plan for rural behavioral health focusing on workforce development.
- Peer to Peer sharing/ discussion
- Examination of issues and promising workforce development strategies

WICHE Mental Health Program

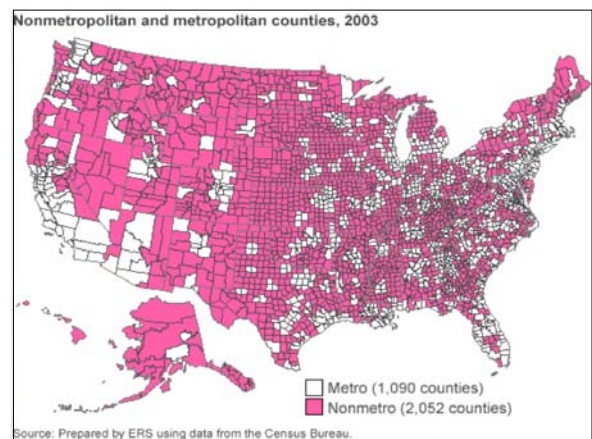

Mental Health Program established 1955

WICHE Mental Health Oversight Council is composed of each state MH Director and 2 WICHE Commissioners



The program collaborates with states to meet the challenges of changing environments through regional research and evaluation, policy analysis, program development, technical assistance, and information sharing.

America at night...



The cold hard facts



- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas
- More than 65% of rural Americans get their mental health care from their primary care provider
- The mental health crisis responder for most rural Americans is a law enforcement officer

What's different in the country?

- Not prevalence – rural/urban rates of mental disorders are pretty much the same.
- Accessibility (getting there and paying)
- Availability (someone there when you are)
- Acceptability (choice, quality, knowledge)



Safe Schools Healthy Students (SS/HS) www.sshs.samhsa.gov

- Federal grant program administered by U.S. Departments of Health and Human Services, Education, and Justice.
- SS/HS underlying principles ensure a comprehensive approach to violence prevention and healthy development
- Required to address six core SS/HS elements, and the partnership

Critical Issues SS/HS Rural Grantees – Focus Groups

- Workforce Capacity and Health Integration Issues
 - Limitations and lack of integration of services and providers
 - Recruitment and retention of staff
 - Drain of educated/trained workforce
- Changing Population and Cultural Diversity Issues
 - Lack capacity to address changing cultural and language diverse population
 - Lack capacity to address aging population, family structures, levels of poverty and educational attainment
- Access to Services Issues
 - Lack of transportation
 - Large geographic distances
- Funding Inequities and Needed for Sustainability

Strengths, & Opportunities Identified by Rural Grantees

Utilize All Forms of Capital

- Economic/Financial
 - funding, goods readily exchanged
- Human
 - training (education, prof devel.) & experience (acquired skills, on-the-job training, mentoring)
- Physical
 - buildings, infrastructure, transportation, equipment, electronic communications (internet, telehealth)
- Social (often the greatest rural strength)
 - bonding, bridging, linking, collaborating

Strengths & Opportunities Identified by Rural Grantees (cont.)

- Provide integrated services and link with stakeholders
 - Sharing workforce development opportunities among agencies – maximizes resources and services, reduces turf battles
 - Reduces stigma
 - Increases engagement of families
 - Improves social marketing and outreach
 - Encourages change as positive and necessary
 - Increases access to services when provided at schools or other common location

Strategies/Approaches Used by Rural Projects to Meet Mental Health Needs

- Built relationship with a local member of band, as a cultural consultant, in birth to 6 mental health program - to provide culturally competent, accessible pediatric mental health prevention and intervention services in a rural Native American community
- Created referral and service coordination system between school and mental health providers – working together to approach state agency for EPSDT funding
- Provided training to increase capacity of mental health staff to develop cultural competence with increasing population of Hispanics/Latinos

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Strategies/Approaches to Meet Mental Health Needs (Cont.)

- Brought together three county coalitions to function as one coordinated community coalition, focused on common goals and outcomes- working together to successfully obtain a State Incentive Grant and continue to work on other community needs
- Developed a contract with the state mental health agency to provide mental health services for referred youth in the county (previously had no services providers in that area)
- Established strong networks and relationships among the community agencies and increasing connections with "power brokers" and "champions", which lead to city and county government funding for mental health services

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Strategies/Approaches to Meet Mental Health Needs (Cont.)

- Strengthened the relationship between the school learning support resource teams and mental health staff, and increased capacity of school staff and parents to recognize the impact of mental health services to the school goals of increased student achievement and reduced absences.
- Formed a collaborative relationship between school and mental health, and streamlined a cumbersome consent process. Also provided Functional Family Therapy (FFT) training, site certification and supervision training for several Mental health Center clinicians, which later resulted in this therapeutic evidence-based intervention being used in a 21 county catchment area.

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Strategies/Approaches to Meet Mental Health Needs (Cont.)

- Increased collaboration between schools and mental health agency through a family access network system, and trained staff in each agency about one another's roles and functions.
- Enhanced the council of collaborative (44 partners in several counties) to map gaps and needs, and then identify strategies to reach outcomes and in planning for sustainability.
- Partnered to establish a System of Care with the local Choctaw Nation and the state mental health agency - to establish a strong connection with school, community mental health, families, and other agencies.

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Outcomes of SS/HS Grantee Efforts

- **Public Health model**
 - Built infrastructure and local capacity for continuum of services, from prevention to early intervention and treatment
- **Transformation**
 - Built collaborative partnerships with common goals
 - Focused on state and local infrastructure: inter-agency funding, regulations, licensure; collaboration with local health, mental health, law enforcement, juvenile justice, and family organizations/agencies
- **Improve outcomes for children and their families**
 - Increased access
 - Reduced stigma
 - Provided culturally competent services
 - Improved strategic planning, use of logic models, evaluation of process and outcomes used for decision-making

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Issues and Challenges:

Rural and Frontier Communities

From a Special Forum on Rural Behavioral Health Held at the

2006 Georgetown University Training Institutes

Prepared by Joyce K. Seblan

- Stigma
- Workforce Shortages
- Public health approach: Systematic approaches
- Integrate behavioral health and primary health care
- Early Identification
- Family Driven
- Youth Guided
- Access to appropriate services
- Transportation
- Tribal Entities
- Custody relinquishment
- Family Support services

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Strategies Discussed

Rural and Frontier Communities
From Special Forum on Rural Behavioral Health Held at the
2006 Georgetown University Training Institutes
Prepared by Joyce K. Seblan

Participants described a range of strategies that are considered effective in rural and frontier communities

- **Health Information Technologies:**
 - Examples:
 - Wyoming
 - Massachusetts
- **Transportation:**
 - Creative solutions
 - Medicaid billable services
- **Family Support:**
 - Phone trees and other strategies offer low-cost mechanisms for family-to-family support in rural areas.
 - PEY (Parent Educating Parents)
 - Respite Ranches, Youth Guided:
 - 'Photo voice'
 - Talent Day
- **Consortiums for solutions:**
 - Schools:
 - Courts and judges: Law Enforcement.
 - Build upon existing assets.

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Feedback from Rural/Frontier Systems of Care Communities

Prepared by Karen Francis

Areas of Interest

1. Workforce Development
2. Services and Supports
3. Collaborations
4. Sustainability
5. Use of technology
6. Access

Source: Learning Communities by Topic Frontier/Rural Issues- SOC Winter Meeting, Atlanta 2007

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Feedback from Rural/Frontier Systems of Care Communities cont.

Prepared by Karen Francis

Workforce Development Issues

- Seeking flexibility/creativity to fund rural workforce
- Partnering/working with para-professionals
- Providing financial support for non-clinical services
- Tele-health and tele-medicine options
- Sustainability of rural workforce support services
- Providing financial support for non-clinical services
- Providing in-service training/certification programs
- Recruitment/retention of workforce
- Developing a diverse, cultural and linguistically competent workforce

1. Source: Learning Communities by Topic Frontier/Rural Issues- SOC Winter Meeting, Atlanta 2007

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Defining Behavioral Health Workforce

- Mental health, substance abuse, disabilities...
- Disciplines: psychiatry, psychology, social work, psychiatric nursing, counseling, marriage and family therapy, psychosocial rehabilitation, school psychology & pastoral counseling.
- Health promotion, prevention, & treatment services.
- Inclusive of professionals with graduate training, no degree, associate or bachelor's degrees.
- Persons in recovery & their family members.

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Annapolis Coalition

- 2001: diverse group gathered in Annapolis, MD
- Goal: build consensus on behavioral health workforce crisis & identify potential strategies to improve quality of education & training (Hoge & Morris, 2002).
- *The Annapolis Coalition on the Behavioral Health Workforce*
- National Strategic Plan
- <http://www.annapoliscoalition.org>

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Workforce Trends & Influences

- Shift from institutionally centered care model to ambulatory or community-based care model.
- Scientific advances in psychopharmacology & increase in Medicaid as a funding source for mental health services.
- Corollary in substance use disorders treatment - growing pressures to increase both training and certification or licensure.
- Many public systems continue to operate in fee-for-service environments, & there is a simultaneous universal increase in attention to accountability, performance measurement, & efficiency in care in both private and public service environments.

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Workforce Trends & Influences

- Redefinition of role of consumer in making healthcare decisions.
- Illness self-management, peer supports, & widespread access to information through the Internet are remodeling the relationships among practitioners, patients and their families.

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Workforce Trends & Influences

- New roles demand supports (e.g., training & education for consumers, for peer interventionists, & for family members who are often serving as primary care managers for their parents, spouses, and siblings).
- By 2010, "the need for addiction professionals and licensed treatment staff with graduate level degrees is expected to increase by 35 percent" (NASADAD, 2003).

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Workforce Trends & Influences

- Changing demographics of U.S.
- Need a workforce that is comparably multi-cultural and multi-lingual

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Workforce Trends & Influences

- Lower than standard wages & salaries.
- Salary issue also impacts retention of the most experienced & skilled workers.
- Field does not collect all data elements on all disciplines in a consistent fashion, making reporting across disciplines problematic.
- "well trained but unprepared" (Kress-Shull, 2000).

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Things to Consider...

- Workforce Crisis with Specialty Pops (e.g., children, geriatrics, substance abuse, rural)
- Dissatisfaction among Persons in Recovery and Families
- Employer Dissatisfaction with the Pre-Service Education of Professionals
- Delay: Science to Service
- Multiple Silos & Absence of Coordination
- Narrow Focus on Urban, White Adults
- Need better Data & Tools
- Propensity to do what is Affordable, Not What is Effective
- Pockets of Workforce Innovation: Difficult to Sustain or Disseminate

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Rural Workforce Development

- Strengthen linkages between:
 - Higher education programs
 - Public mental health systems
- Increase availability & access to training
- Build community capacity
- Invest in economic development



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