Developing the Rural Behavioral Health Care Workforce for Children and Families

March 5, 2007
Topical Discussion
1:15 pm – 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

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

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.

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, licensing; 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

Issues and Challenges: Rural and Frontier Communities

- 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
Strategies Discussed

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

- **Health Information Technologies:**
  - Examples:
    - Wyoming
    - Massachusetts

- **Transportation:**
  - Telehealth and tele-medicine

- **Family Support:**
  - Petition for better access to services
  - PET (Parent Educating Parents)

- **Consortiums for solutions:**
  - Schools
  -Courts and judges

Feedback from Rural/Frontier Systems of Care Communities

Areas of Interest

- Workforce Development
- Services and Supports
- Collaborations
- Sustainability
- Use of technology
- Access

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.

Annapolis Coalition

- 2001: diverse group gathered in Annapolis, MD
- National Strategic Plan

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.
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.

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).

Workforce Trends & Influences

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

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).

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

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
Increasing Rural MH Workforce

- More Training Opportunities
- Articulated Pathways
- Incentives ($, returning to the community)
- Student Exchange Programs (PSEP)

Opportunities to Address Rural

- Develop a formal mid-level strategy
- Enhance mental health care capacity of primary care
- Support rural focus training opportunities
- Technology holds great promise to provide rural professionals with access to professional training and peer support
- Insurance purchasing cooperatives for rural individuals and small businesses

Program Examples

- WICHE Social Work Collaborative
- Alaska Behavioral Health Workforce Initiative
- Arizona, Nevada

Selected Rural Behavioral Health Resources

- Addressing Suicide Prevention: Suicide in Rural Areas, Volume 1, Issue 2, July/August 2005
- National Rural Health Association: http://www.nrharural.org
- Carsey Institute: New Immigrants Settling in Rural America, University of New Hampshire November 27, 2006; http://www.carsey.org
- National Rural Health Association: http://www.nrharural.org
- National Association for Rural Mental Health: http://www.nah.org
- Directory of State Offices of Rural Health Policy: http://ruralhealth.hrsa.gov/funding/50sorh.htm
- American Indian and Alaska Native Health: http://www.promoteprevent.org
- Behavioral Health Resources: Behavioral Health Resources
- Program Examples: Program Examples
- Western Interstate Commission on Higher Education (WICHE): http://www.wiche.edu/mentalhealth

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