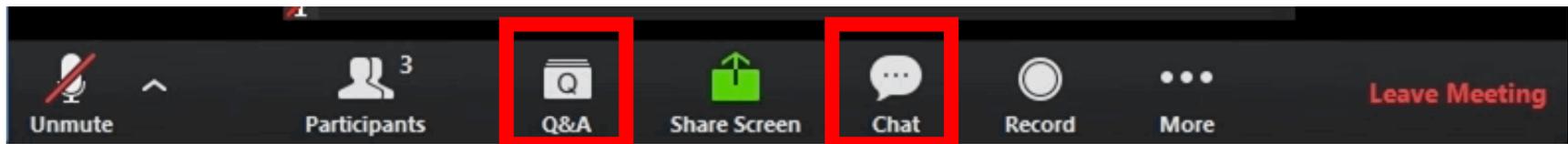


Strategies for Recruiting and Retaining a Strong Rural Health Workforce

Thursday, June 10th, 2021
1pm-2pm ET

How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**

Type in a **comment** in the **chat box**

Located at the bottom of your screen.
We'll answer as many questions as we can during today's session.

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Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

www.samhsa.gov

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

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Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)

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Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

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Introductions



Marisa Giggie, MD, MPA,
Associate Professor, Psychiatry
and Behavioral Medicine,
College of Community Health
Sciences, Psychiatry and
Behavioral Medicine,
University of Alabama

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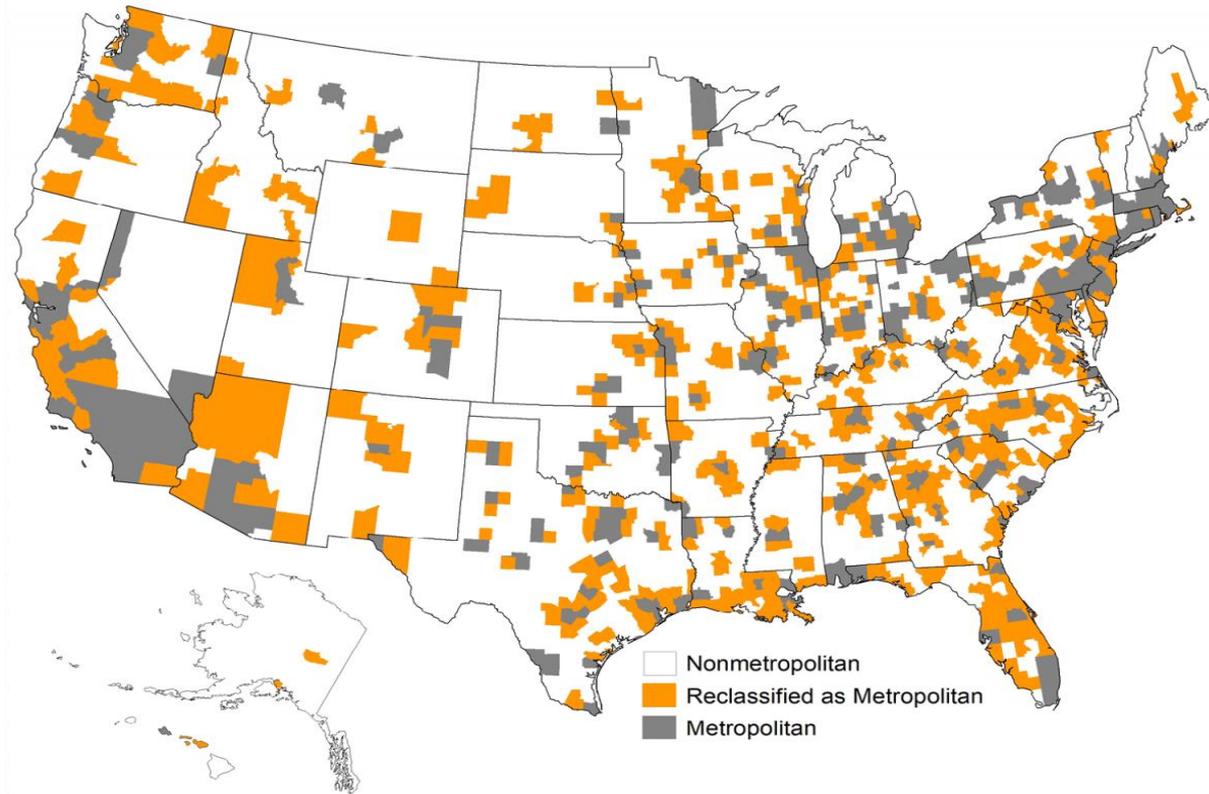
Objectives

After this webinar, participants will be able to:

- **Understand** the behavioral health workforce shortage in rural communities.
- **Recognize** strategies for increasing rural behavioral health workforce.
- **Understand** strategies for supporting wellness and training needs of rural health staff.
- **Be familiar with** rural behavioral health success stories.

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Counties by Metropolitan Status

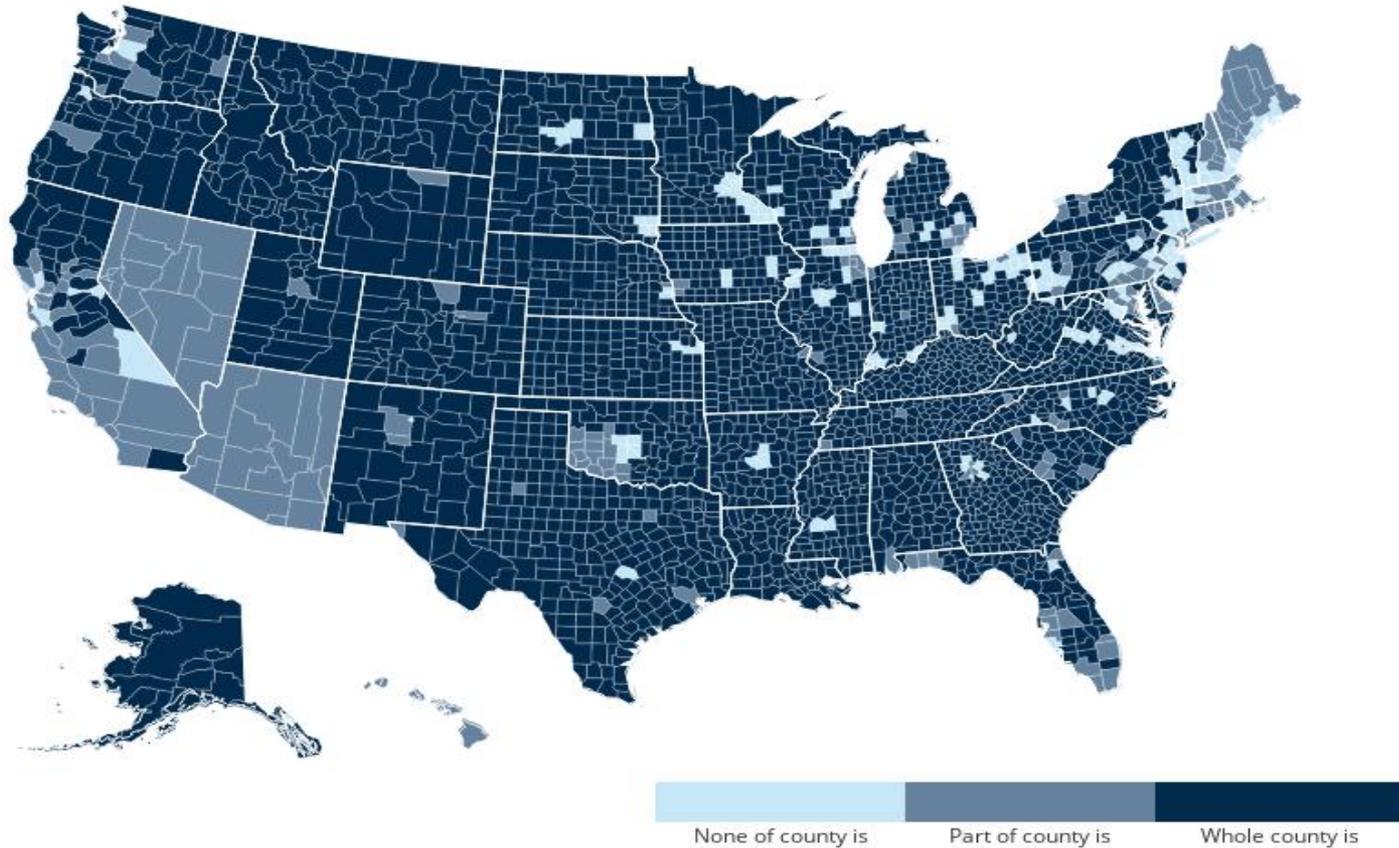


Source: M Johnson and DT Lichter, *Demography* 2020

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The Problem

Health Professional Shortage Areas: Mental Health, by County, 2021



[Source: Rural Health Info 2021](#)

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The Facts

65% of non-metropolitan counties do not have a psychiatrist & 47% do not have a psychologist (American Journal of Preventive Medicine, 2015)

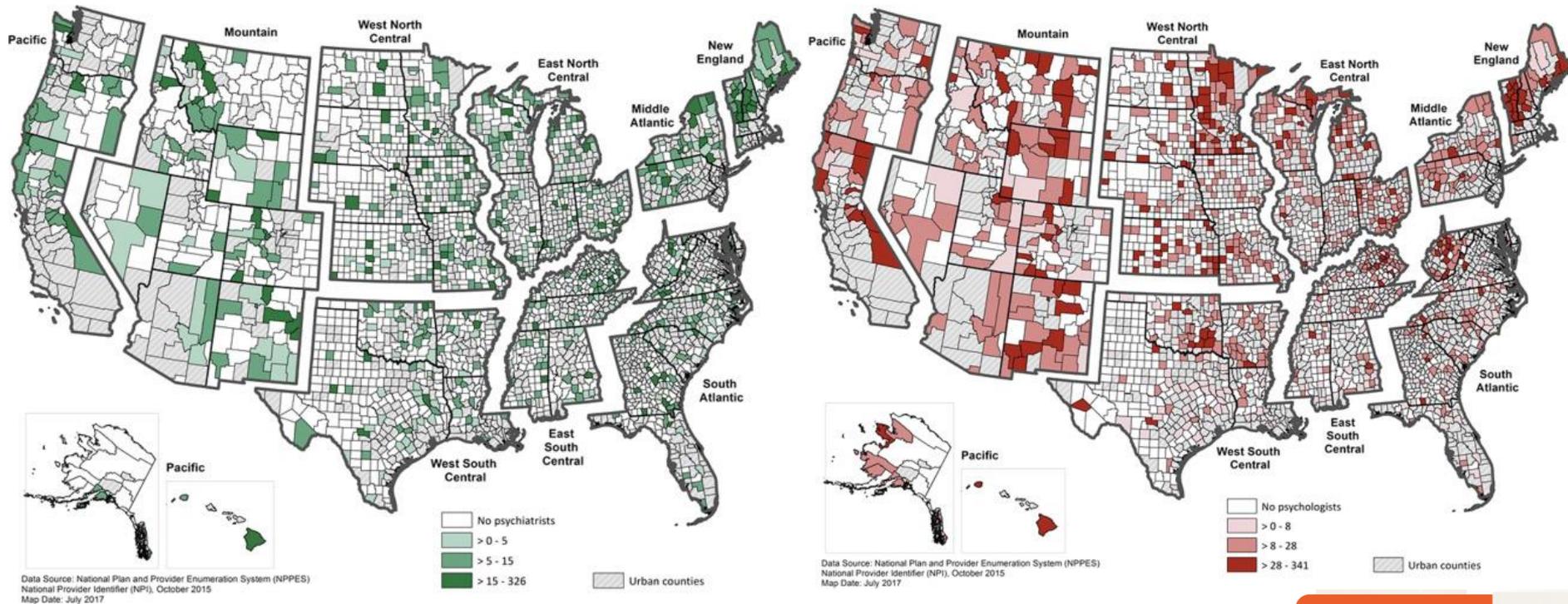
Rural Hospitals – closing at alarming rate & on life support

80 rural hospitals closed between 2010 & 2017 (Chartis Center for Rural Health)

Suicide, drug abuse, and addiction disproportionately affect rural America (Rural Policy Research Institute 2019)

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Psychiatrists & Psychologists in Rural U.S. Counties per 100,000 population (2015)



Source: *American Journal of Preventive Medicine*, 2015

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Strategies to Increase Workforce



Increase the number of MH Professionals



Collaborative Care with Primary Care



Improve Training for PCPs

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Strategies to Increase Rural Health Behavioral Health Professionals (BHP)



- Change the Narrative
- Highlight Strengths of being a rural BHP
- Autonomy, Innovation, Community Leadership, Building Community

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Change Narrative from What Rural *Lacks* to What Rural *Offers*

- Career Satisfaction – antidote to burnout
- Opportunities for innovation & community leadership
- Making more with less & having an impact because the need is great
- Quality of life, low cost, pastoral
- Medicaid Expansion States offer opportunities for growth
- Leadership void – an opportunity to fill the gap
- Collaborative with primary care
- Case Study: Horseshoe Farm

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Project Horseshoe Farm Greensboro, AL



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Horseshoe Farm: A Psychiatrist Thinking Outside the Box in Rural Alabama

- Founded in 2007
- Greensboro, AL = pop 2200
- Southern Black Belt (median individual annual income in 2019 = \$19,167)
- Started as Community Outreach Program (after-school program) with Gap Year program
- 2009 – opened Independent Living Program for Women with SMI
- 2012 – opened community center with nutritional, education, social, wellness, and medical support for people with SMI
- Funded by donations, community partners (limited government support)
- Current BH Delivery System falls short – built a program that fulfills needs of people with SMI with limited resources

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Mission = The Community

- Build on strengths of local communities
- Improve health and quality of life of vulnerable neighbors
- Preparing next generation of citizen leaders



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Collaboration with Rural Architecture at Auburn University

Nature Preserve for Community

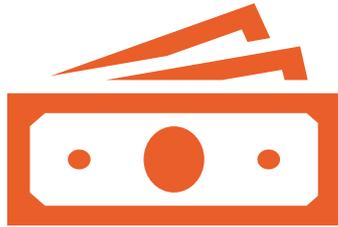


The \$20,000 House



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Traditional Strategies to Increase Rural Behavioral Health Professionals



**FINANCIAL
INCENTIVES**



**EDUCATION &
TRAINING**



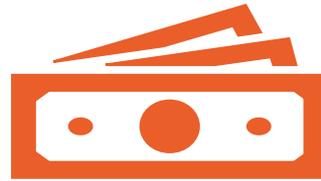
**PRACTICE-
ORIENTED**

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Financial Incentives



**Loan Repayment –
NHSC, state funds,
state/private entities**



**Tax Credit Programs –
reduce tax liability to
BHPs working in rural
areas (2 states)**



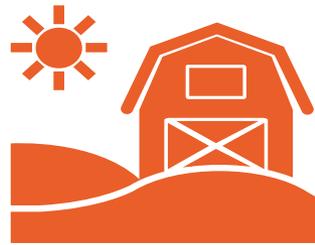
**Scholarships: 18 states
(for health professionals,
not necessarily BHPs)**

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Education and Training



**PIPELINE/PATHWAY
PROGRAMS/PRIMA
RY CARE & BH
TRACKS**



**RURAL RESIDENCY
TRACKS/RURAL
RESIDENCY**



**BEHAVIORAL
HEALTH
FELLOWSHIP FOR
PRIMARY CARE**



**IMPROVE BH
TRAINING FOR
ALL PRIMARY
CARE
SPECIALTIES**

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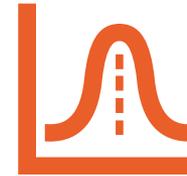
Practice-Oriented Strategies



**COLLABORATIVE
CARE MODEL**



TELEMEDICINE



**PROJECT
ECHO**



**LICENSURE,
CERTIFICATION,
& SCOPE OF
PRACTICE
CHANGES**

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Population Health Approach

- Focus on Primary Care
- Only Family Medicine requires psychiatry rotation in residency
- ACGME does NOT require BH training for Internal Medicine or Pediatrics
- Few PCPs feel prepared or trained to treat SUDs & common psychiatric disorders
- PCPs are more accessible in rural areas
- Psychiatry – urban/suburban specialty
- Most rural Americans get BH care from a PCP
- Physician confidence is LOW by rural PCPs in treating most common psychiatric disorders (Univ of Michigan, 2019)

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Behavioral Health Fellowship in Primary Care The University of Alabama

- Founded in 2009
- 1-year clinical training
- Most common psychiatric problems
- Telepsychiatry
- Rural sites
- Integrated with psychiatry
- Funded by BMS grant then AL Rural FM Health Board (state) – must commit to one year in rural AL
- Focuses on needs of PCP & Psychosomatic medicine
- 37 weeks of didactics
- Research Requirement
- Psychotherapy supervision
- Weekly individual supervision
- Results: 6 graduates in 11 years – 5 – rural AL or GA, 1 North Florida

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Bryan Whitfield Memorial Hospital Demopolis, AL



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Rural Sites For Behavioral Health Fellowship The University of Alabama

Demopolis, AL



Greensboro, AL



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Reflections, Comments

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Questions, Comments?



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References

- [M Johnson and DT Lichter, Demography 2020](#)
- [American Journal of Preventive Medicine, 2015](#)
- [Rural Health Info 2021](#)
- [Chartis Center for Rural Health](#)
- [Rural Policy Research Institute 2019](#)
- [Metropolitan Reclassification and the Urbanization of Rural America \(Johnson & Lichter, 2020\)](#)
- [Mental Health and Rural America: Challenges and Opportunities](#)
- [Project Horseshoe Farm](#)
- [University of Alabama Behavioral Health Fellowship](#)

Tools & Resources

- [Mental Health and Rural America: Challenges and Opportunities](#)
- [Mountain Plains Prevention Technology Transfer Network](#)
- [Mountain Plains Addiction Technology Transfer Network](#)
- [Mountain Plains Mental Health Technology Transfer Network](#)
- [National Association for Rural Mental Health](#)
- [National Rural Health Association](#)
- [National Association for Rural School Mental Health](#)

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Upcoming CoE Events:

CoE Office Hours: Sustaining the Momentum – Reflecting on Diversity, Equity, Inclusion and Engagement Efforts Since June 2020

[Register here for Office Hour](#) on June 22, 2021, 2-3pm ET

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Thank You

Questions?

Email integration@thenationalcouncil.org

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