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

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

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

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

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SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov
Poll #1: What best describes your role?

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

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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.
Counties by Metropolitan Status

Source: M Johnson and DT Lichter, Demography 2020
The Problem

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

Source: Rural Health Info 2021
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)
Psychiatrists & Psychologists in Rural U.S. Counties per 100,000 population (2015)

Source: American Journal of Preventive Medicine, 2015
Strategies to Increase Workforce

- Increase the number of MH Professionals
- Collaborative Care with Primary Care
- Improve Training for PCPs
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
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
Project Horseshoe Farm
Greensboro, AL
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
Mission = The Community

- Build on strengths of local communities
- Improve health and quality of life of vulnerable neighbors
- Preparing next generation of citizen leaders
Collaboration with Rural Architecture at Auburn University

Nature Preserve for Community

The $20,000 House
Traditional Strategies to Increase Rural Behavioral Health Professionals

FINANCIAL INCENTIVES

EDUCATION & TRAINING

PRACTICE-ORIENTED
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)
Education and Training

PIPELINE/PATHWAY PROGRAMS/PRIMARY CARE & BH TRACKS

RURAL RESIDENCY TRACKS/RURAL RESIDENCY

BEHAVIORAL HEALTH FELLOWSHIP FOR PRIMARY CARE

IMPROVE BH TRAINING FOR ALL PRIMARY CARE SPECIALTIES
Practice-Oriented Strategies

- COLLABORATIVE CARE MODEL
- TELEMEDICINE
- PROJECT ECHO
- LICENSURE, CERTIFICATION, & SCOPE OF PRACTICE CHANGES
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)
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
Bryan Whitfield Memorial Hospital
Demopolis, AL
Rural Sites For Behavioral Health Fellowship
The University of Alabama

Demopolis, AL
Greensboro, AL
Reflections, Comments
Questions, Comments?
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
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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