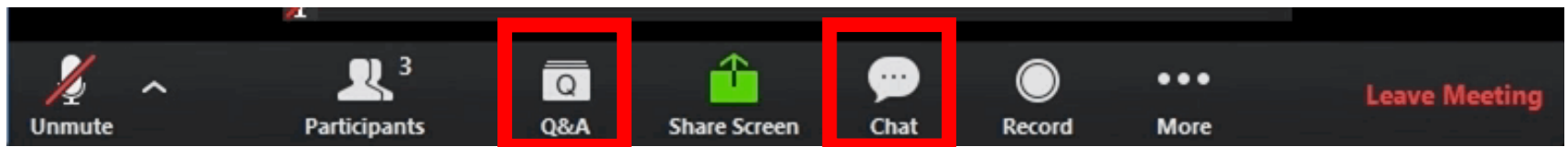# Advancing Rural Health Equity through Integrated Care ECHO

Session 5

Wednesday, April 20, 2022
11:30am-1:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

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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TheNationalCouncil.org

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).

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Welcome from the National Council for Mental Wellbeing!

3,300+ health care organizations serving over 10 million adults, children, and families living with mental illnesses and addictions.

- Advocacy
- Education
- Technical Assistance

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Introductions

Carolyn Rekerdres, MD
Medical Director, East Texas
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Christina Arredondo, MD
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Shauna Reitmeier, MSW, LGSW
CEO, Northwestern Mental
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National Council for Mental
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Introductions

Danica Love Brown, MSW, PhD
Choctaw Nation of Oklahoma
Northwest Portland Area Indian Health Board,
Behavioral Health Programs Director

Kait Hirchak, PhD
Eastern Shoshone
Assistant Research Professor, University of Washington

Thomasine Heitkamp, MSSW, LCSW,
Chester Fritz Distinguished Professor Emeritus and Behavioral Health Specialist, University of North Dakota
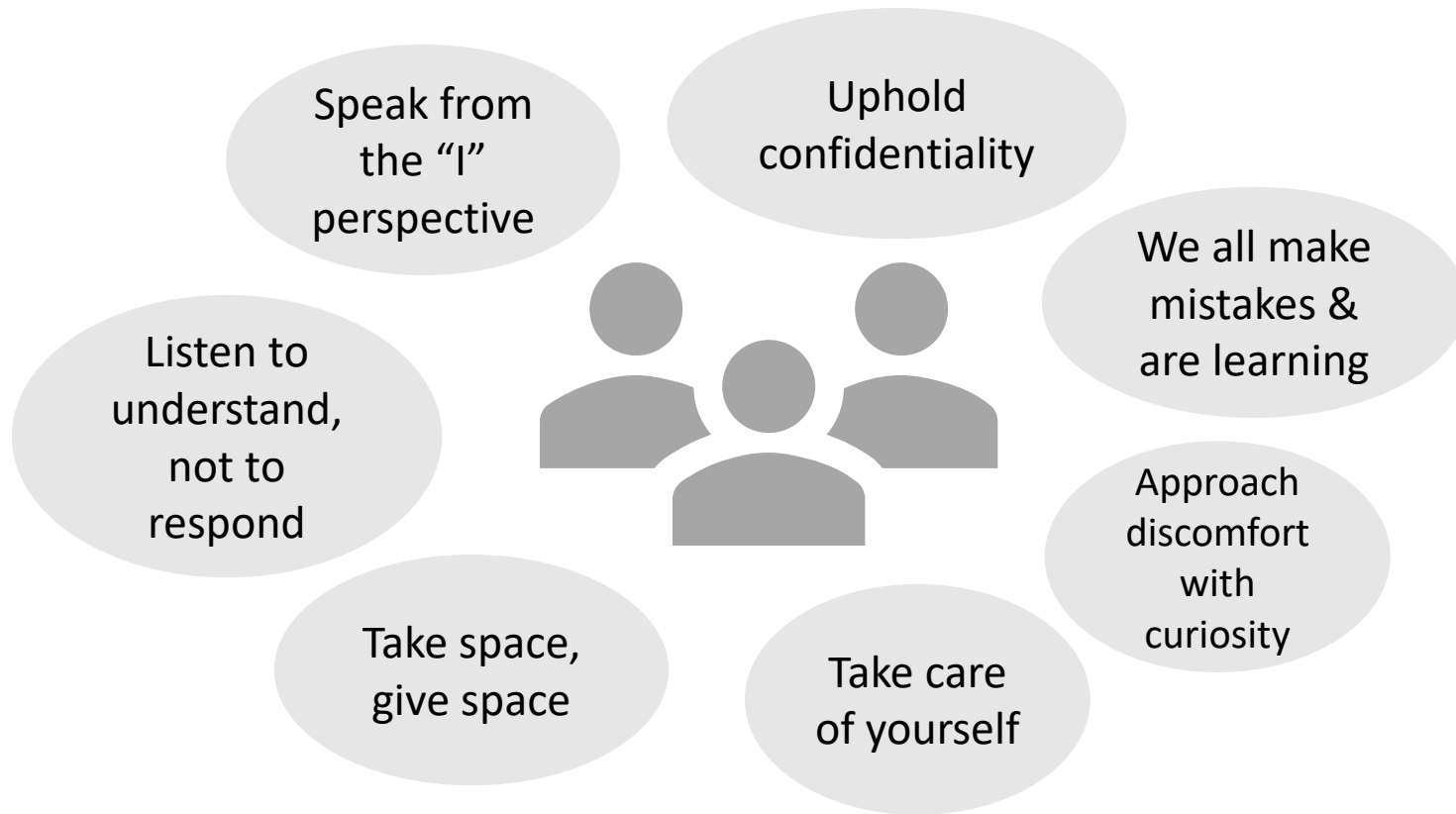
Dennis Mohatt, MA
Vice President for Behavioral Health, Western Interstate Commission for Higher Education

Curriculum

Month	Session Topic
November	Session 1: Structural Urbanism and its Impact on Rural Health Outcomes
December	Session 2: Identifying equitable approaches and providing culturally responsive services to those most in need in rural communities
February	Session 3: Improving capacity of primary care provider organizations to address mental health and substance use needs
March	Session 4: Innovative community partnerships to improve mental health and substance use service delivery and reach
April	Session 5: Innovative approaches to improving workforce capacity and wellbeing for rural health providers
May	Session 6: Sustainability considerations and opportunities (funding, local policy and advocacy, etc.)

Session Norms

Speak from the "I" perspective

Uphold confidentiality

We all make mistakes & are learning

Listen to understand, not to respond

Approach discomfort with curiosity

Take space, give space

Take care of yourself

We have been socialized to believe that it is not polite to talk about oppression, race and racism (and other –isms) – hearing about & talking about these things may bring up feelings of discomfort.

We ask ourselves and participants to be mindful of assumptions, and biases during this presentation.

We ask ourselves and participants to be aware of multiple identities, backgrounds and perspectives in our virtual space.

Who is in the Room?

Share in the chat your

Name, Title, Organization and State

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Innovative Approaches to Improving Workforce Capacity & Wellbeing for Rural Health Providers

Shauna Reitmeier, MSW, LGSW
CEO, Northwestern Mental Health Center,
National Council for Mental Wellbeing, National Board

Thomasine Heitkamp, MSSW
Professor, University of North Dakota

Overview

- Background regarding limitations – Rural behavioral health

- Multi-system engagement/response

- What has worked *(Shauna's experience)*

- Resources

- References

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A Call to Action

Addressing the Workforce: Front and Center in Policy and Funding Streams

A crisis: *The reality is that individuals with mental health and substance use needs are facing challenges accessing adequate, timely and affordable care in every state in the country—and this can lead to dire consequences such as worsening symptoms, the need for acute care services, subsequent engagement in the criminal justice system and, in some cases, suicide or overdose.*

Rural issue: *"Developing the rural mental health workforce should be a continued priority. Efforts to train and recruit mental health professionals in rural and remote areas should be combined with service adaptations and supports like remote consultation to fully leverage existing workforce capacity".*

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Impact of Residing Rural: Exacerbated by Covid-19 Pandemic

Rural residents with behavioral health needs enter care later in the course of their disease than do their urban peers.

- Resulting in more serious, persistent, and disabling symptoms and intensive treatment response.
- *4As* – President's New Freedom Commission underscored "4A's the lack of accessibility, availability, affordability, acceptability.
- *Not unique to rural* - only 10% of the population who have a substance use disorder (SUD), receive any type of specialty treatment.

Sources: Garcia, 2019; CDC About Rural, 2017; Hogan, 2003; Center for Behavioral Health Statistics, 2016

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Behavioral Health Workforce Projections

HRSA Health Workforce Projections – No Wrong Door – Interprofessional Approach

Adults & Child Psychiatrists*	Nurse Practitioners	Physician Assistant
Psychologists	Social Workers	Substance Use Counselors
Mental Health Counselors	School Counselors	Marriage & Family Therapists

(*the need for psychiatrists is noted as the greatest in most studies)

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Workforce Shortage – The Reality

> 75% of all U.S. counties are mental health shortage areas, and half of all U.S. counties have no mental health professionals at all.

HRSA estimates that more than 7,700 professionals are needed to fill existing behavioral health workforce gaps.

~46% turnover for Indian Health Services physicians each year, creating difficulties in developing trusting relationships between patients and providers.

Council on Social Work Education (CSWE), 2019 data summary:

BSW graduates: 1.1% of the students enrolled in BSW, and .8% of the graduates, were AI/AN.

MSW enrollment of AI/AN students was .9% with .7% as MSW graduates

Factors that Impact Access

Supply and demand - too few people entering the profession	Low salaries	Lack of interest in residing in remote and rural areas	Professional protectionism
Population growth creating greater need	Impact of isolation due to Covid-19	Behavioral health care provider retirement	Aging workforce
Insurance coverage expansion	Examining barriers created in licensure/certification, particularly people of color	Extensive paperwork- Medicaid funded programs	Needless delays in securing necessary credentials

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Workforce Capacity
CCBHC Provider Perspective

Certified Community Behavioral Health Clinics (CCBHC): Integrated Model of Care
A model that has proven effective. This model was launched in 2017 in eight (8) states, as a alternative payment model in Medicaid to improve care delivery for people experiencing mental health and substance use challenges. Continued Substance Abuse and Mental Health Services Administration (SAMHSA) grants are issued to build the model. Currently there are over 430 CCBHCs across 42 states.

Alluma Inc.
- **CCBHC in Northwest MN**, geographic size as Vermont, 68,000 population, serve 4,300 unique individuals annually, 1st agency in MN to use telehealth.
- One Stop Shop (No 4 Walls): Comprehensive array of clinic and community-based care assessment, therapy, treatment planning, rehabilitation, peer recovery, targeted case management, 24/7 mental health crisis, medication assisted treatment and veteran specific care.

- **Not immune** to challenges…our strategies internally.
- National Council for Mental Wellbeing also provides TTA related to CCBHCs

alluma

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Workforce Capacity
Provider Perspective

Evaluate current employee functions

- Are they working at the "Top of their License or Position"?
- Care Coordination
- Use full array of available services in MN

Attracting; Broadening; Training

- Marketing & Messaging Agency Mission
- Inclusive Environment & Cultural Humility
- Grow our own workforce: career pathways
  - Peers, Rehab Worker, Practitioner, Professionals
- Evidence Based Practices & Interventions; Rural Culture; Generalists
- Tuition Reimbursement
- Benefits

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Expanding Workforce Capacity Strategies from a Provider Perspective

- **Relationships with Educational Institutions**
  - Internships = New hires
  - Expansion of Disciplines
- **Federal Strategies**
  - National Health Service Corp
- **Local/State Strategies**

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State-level Strategies
Expanding Workforce Capacity

State Strategies

- Loan repayment, scholarships, MCO's

- Pipeline/pathway programs

- Visa waiver programs

- Shared job postings

- Investments in telehealth, to extend access to services and provide professional guidance for providers

- Support integrated care environments and provide learning collaboratives to support rural providers Reimbursement Rates to keep up with inflation

- Medicaid State Plans

- State Associations for legislative advocacy
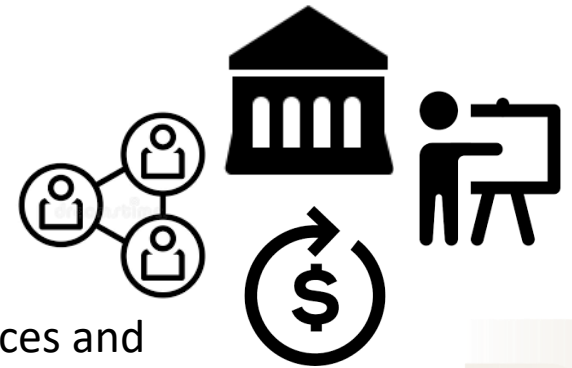
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Focus on Future

- **Limitations of research and evaluation capacity** examination of needs and the future .

- **Farming thorough and changing landscape** - 20% of the rural population makes their livelihood in farming – rural is diverse.

- Examination of the impact of **structural urbanism from first ECHO**
  - Lack of rural research
  - Women leadership opportunities

- **Collaboration** with Child Welfare System. Rural Child Welfare Practice

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Focus on Future
Diversity, Equity & Inclusion

Diversity Equity and Inclusion – (DEI) -People of color comprise 21% of the rural population (Pipa & Geismar, 2020).

- Communities are changing as they become more economically complex. Recent US Census data underscores the increase in diversity.

- Changing currently inequitable behavioral health care systems must involve gaining the trust of Black, Latinx, and Indigenous communities (Shim, 2021).

- Providers of addiction services in the United States are typically not members of the diverse societies which results in "a treatment gap" in cultural approaches to care (Hoage et al 2013)

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Focus on Future
Continued

- **Create a Workforce Needs Plan** – What are the Needs?
  - [Advocates for Human Potential toolkit guidance](#)
  - Long-term and short-term solutions

- **Public private partnerships** to fund additional loan repayment programs and scholarships – expand funding beyond National Health Service Corps (NHSC) programs including state-only funding, tax breaks. (HRSA-Loan Repayment)

- **Prepare/Expectations** that providers function in inter-professional teams – problems are too complex to solve by one profession (IPEC, 2016)

- **Collaboration with educational institutions** of workforce training needs, co-sponsor conferences, and fund pipeline programs (AHEC), collaborate with guilds. (AHEC, 2021)

- **Tiered certification** to move providers into the field earlier in their training, with supervision, or requirements for service following clinical supervision,

- **Creative pipeline programs** that included specialty training such as mental health first aid and/or peer support trainings,

Mental Wellbeing of Employees

- **Increased need to support mental health in the workplace**
  - 80% of the workers living with a mental health condition indicate shame and stigma prevent them from seeking treatment

- **Desire for safe space and connection between supervisors and supervisees**
  - Ask how people are doing and touch base frequently with direct reports "How are you doing, really?"

- **Examine recruitment and retainment trends**

- **Burn out:** 93% of health care workers were experiencing stress, 86% reported experiencing anxiety, 77% reported frustration, 76% reported exhaustion and burnout, and 75% said they were overwhelmed.

- **Psychological Safety**

Workforce Wellbeing

Employee Engagement

- Relationships, Connection, Listening
- Work Culture/Environment (Healthy, Toxic, Neutral)
- Supervisor Supervisee Relationship: Stay Interviews
- Sense of Purpose and Fulfillment
- Clear expectations and accountabilities
- Empowerment & Removing Barriers
- Workshops and Trainings to build personal resilience
- Team meetings/sense of community

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Workforce Wellbeing & Human Resources

Understand the perception of HR

- Promote the use of benefits and have HR as a carrot vs. stick
- PTO/Vacation/Sick
    - Inclusion of Mental Health days?
- Market Salary Evaluation
- Flexibility of workforce
- Employee Assistance – reciprocal arrangements

Questions, Comments?

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Case Discussion

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Case Presentation

JC Carrica, CEO, Southeast Health Group (Colorado)

Non-mountainous, rural & frontier Colorado has proven to be a difficult location to recruit and retain employees for the past 20 years. We are innovative for a CMHC. We added SUD in 2005, PC in 2013, Physical Therapy and Social Enterprises in 2017, a tele-health division in 2019, Detox/ATU/TRT in 2018, and various housing projects in 2021. We were a CMS Innovation Grant awardee, a Colorado SIM and Advancing Care Together recipient, and the third Colorado CCBHC demonstration site.

We certainly have the staff resources, but we get stuck in how to effectively promote our organizational differences/strengths and combat the growing number of therapists moving to tele-work based companies.

Our short-term goal is to uncover unique and innovative efforts at Southeast Health Group that would highlight us from other like-sized organizations to increase applicant traffic.

Main Question(s) from the presenter:

How do we leverage our innovative efforts like CCBHC readiness/attestation and best practices and supports, like Project ECHO, to lure more applicants?

Open Discussion in Breakout Groups

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Discussion Conclusion

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What's next?

Complete [Session 5 Survey](#)

Last Session (Session 6) Wed, May 18th, 11:30am-1pm ET
  Topic: Sustainability considerations and opportunities (funding, local policy and advocacy, etc.)

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- [Alluma Cares](#)

- Advocates for Human Potential: Real World System Change - *Building Blocks for Behavioral Health Recruitment and Retention Overview* http://toolkit.ahpnet.com/

- Area Health Education Centers. https://www.nationalahec.org/

- Annapolis Coalition on the Behavioral Health Workforce. *Twenty Strategies for Building a Strong Workforce* https://annapoliscoalition.org/twenty-strategies-for-success/

- Health Management Associates and the National Council on Mental Well Being, *Behavioral Health Workforce is a National Crisis: Immediate Policy Actions for States – Policy Briefs* https://www.thenationalcouncil.org/wp-content/uploads/2022/01/Behavioral-Health-Workforce-is-a-National-Crisis.pdf

- National Congress of American Indian - *Workforce Development Toolkit* https://www.ncai.org/ptg/workforce-development/toolkit

- Rural Health Information RHI-HUB https://www.ruralhealthinfo.org/ (toolkits/definitions/resource).

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Resources & References (2 of 4)

- Brum, B. & King, J (2020) The Behavioral Health Workforce in Rural America: Developing a National Recruitment Strategy. Center for Health and Research Transformation, University of Michigan. https://www.behavioralhealthworkforce.org/wp-content/uploads/2020/02/Recruitment-and-Retention-of-BH-Providers-Full-Report-2.2020.pdf

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- Garcia MC, Rossen LM, Bastian B, et al. (2019) Potentially Excess Deaths from the Five Leading Causes of Death in Metropolitan and Nonmetropolitan Counties — United States, 2010–2017. MMWR Surveillance Summary 68(No. SS-10):1–11. DOI: http://dx.doi.org/10.15585/mmwr.ss6810a1

- Hoage, M. A., Stuart, G. W., Flagherty, M. T., Paris, M., Goplerud, E. (2013) Mental health, and addiction workforce development: Federal leadership is needed to address the growing crisis, *Health Affairs*. 32:11. 2005-20012

- Hogan, M. F. (2003). New Freedom Commission Report: The President's New Freedom Commission: Recommendations to transform mental health care in America. Psychiatric Services, 54, 1467–1474. doi:10.1176/appi.ps.54.11.1467

- Mindshare Partners, Mental Health At Work, (2019) https://www.mindsharepartners.org/mentalhealthatworkreport

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Resources & References (4 of 4)

- HRSA Behavioral Health Workforce Projections, https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health

- HRSA Loan Repayment, https://bhw.hrsa.gov/funding/apply-loan-repayment

- IPEC - Interprofessional Education Competencies: Connecting Professional for Better Care (2016) https://ipec.memberclicks.net/assets/2016-Update.pdf

- SAMHSA Workforce https://www.samhsa.gov/workforce

- Shim, R. S., Tierney, M., Rosenzweig, M. H., & Goldman, H. H. (2021). Improving Behavioral Health Services in the Time of COVID-19 and Racial Inequities. *NAM perspectives*, *2021*, 10.31478/202110c. https://doi.org/10.31478/202110c

- The National Rural Health Policy Brief of 2015 https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/The-Future-of-Rural-Behavioral-Health_Feb-2015.pdf

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Upcoming CoE Events:

CoE-IHS Office Hour: Racial Equity and Social Justice in Integrated Care Settings

[Register for office hour](#) on April 26, 3-4pm ET

Comprehensive Health Integration Part 1: Introducing a New Framework

[Register for webinar](#) on April 17, 12-1pm ET

Interested in an individual consultation with the CoE experts on integrated care?

[Contact us through this form here!](#)

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Thank You

Questions?

Email paulaz@thenationalcouncil.org

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