





Rural Behavioral Health Workforce Development

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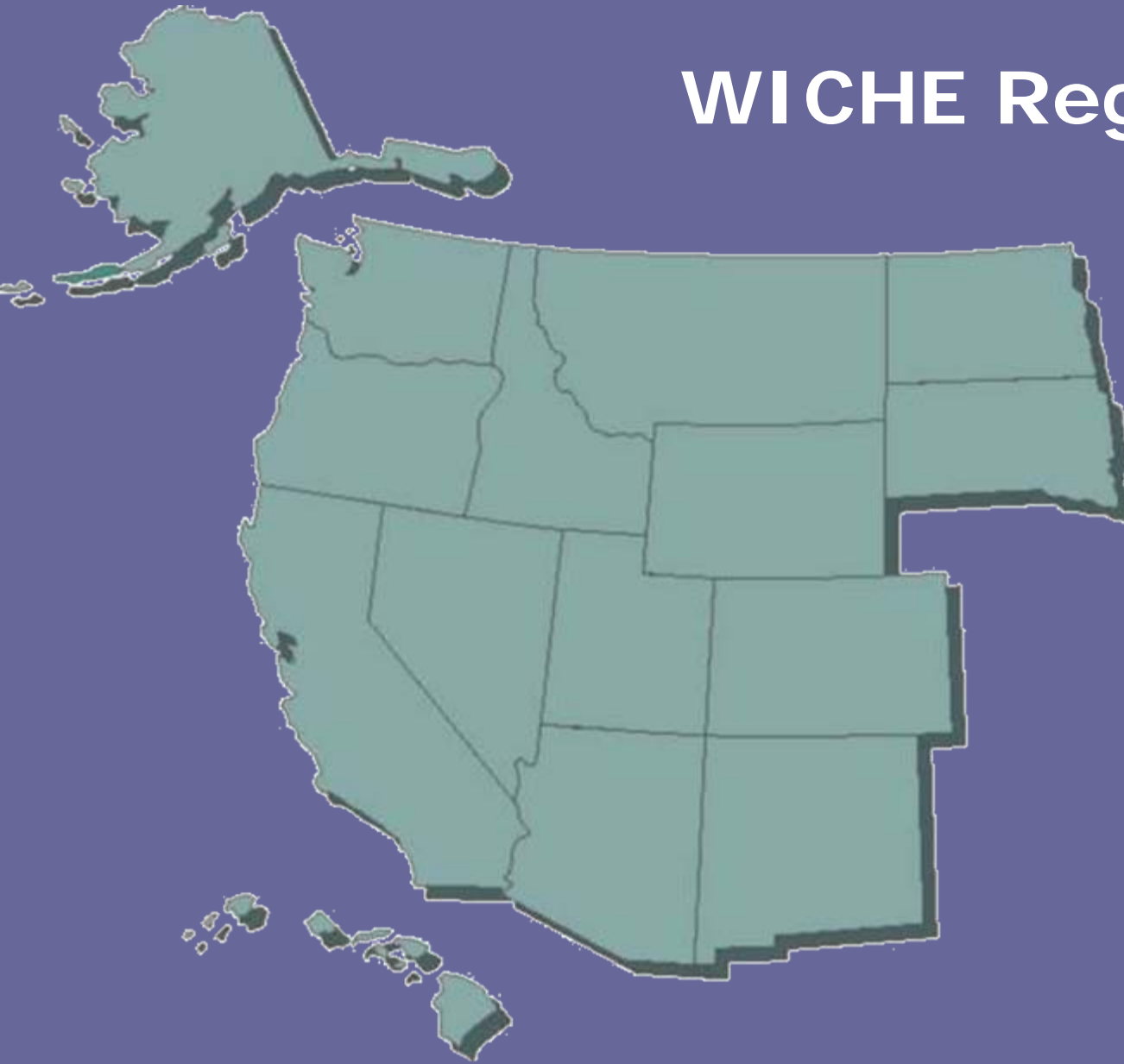
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WICHE Mental Health Program



WICHE Region



- **Alaska**
- **Arizona**
- **California**
- **Colorado**
- **Hawaii**
- **Idaho**
- **Montana**
- **Nevada**
- **New Mexico**
- **North Dakota**
- **Oregon**
- **South Dakota**
- **Utah**
- **Washington**
- **Wyoming**

Defining Behavioral Health Workforce

- Mental health & Substance abuse
- Wide range of
 - ✓ **Disciplines** (psychiatry, psychology, social work, nursing)
 - ✓ **Providers** (psychologists, counselors, psychiatric nurses)
 - ✓ **Professional levels** (paraprofessional to graduate level)
 - ✓ **Services** (treatment, prevention)

Behavioral Health Workforce Trends

- Changing Demographics
- Aging Population
- Technological Innovations
- Demand Driven System (Cost, Consumer Satisfaction, Quality)
- Increase in Medicaid as funding source

What We Know For Sure

- Rural Professionals Shortage Rates Unchanged for Past 5 Decades
- Rural BH Systems Average 30% Staff Vacancy
- Average Time to Recruit Psychiatrist to Rural Practice is 32 months; increases w/solo practice
- Providers w/Rural Training & Practica More Likely to be Retained in Rural Practice
- Children De-Select Careers by 4th Grade!!!
- Inadequate Supervision a Major Retention Factor...Employees Leave Supervisors not jobs



WORKFORCE DEVELOPMENT
AN ESSENTIAL ELEMENT
OF SUSTAINABLE REFORM

Findings from Annapolis Coalition Report

- **Workforce Crisis with Specialty Pops (e.g., children, geriatrics, substance abuse, persons of color)**
- **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**

Source: Annapolis Coalition National Strategic Plan for Behavioral Health Workforce Development

Other Contextual Influences

- Low wages and benefits
- Stigma around mental health
- High Turnover
- Toxic Work Environments



Behavioral health trends, issues,
and influences are magnified in
RURAL communities!

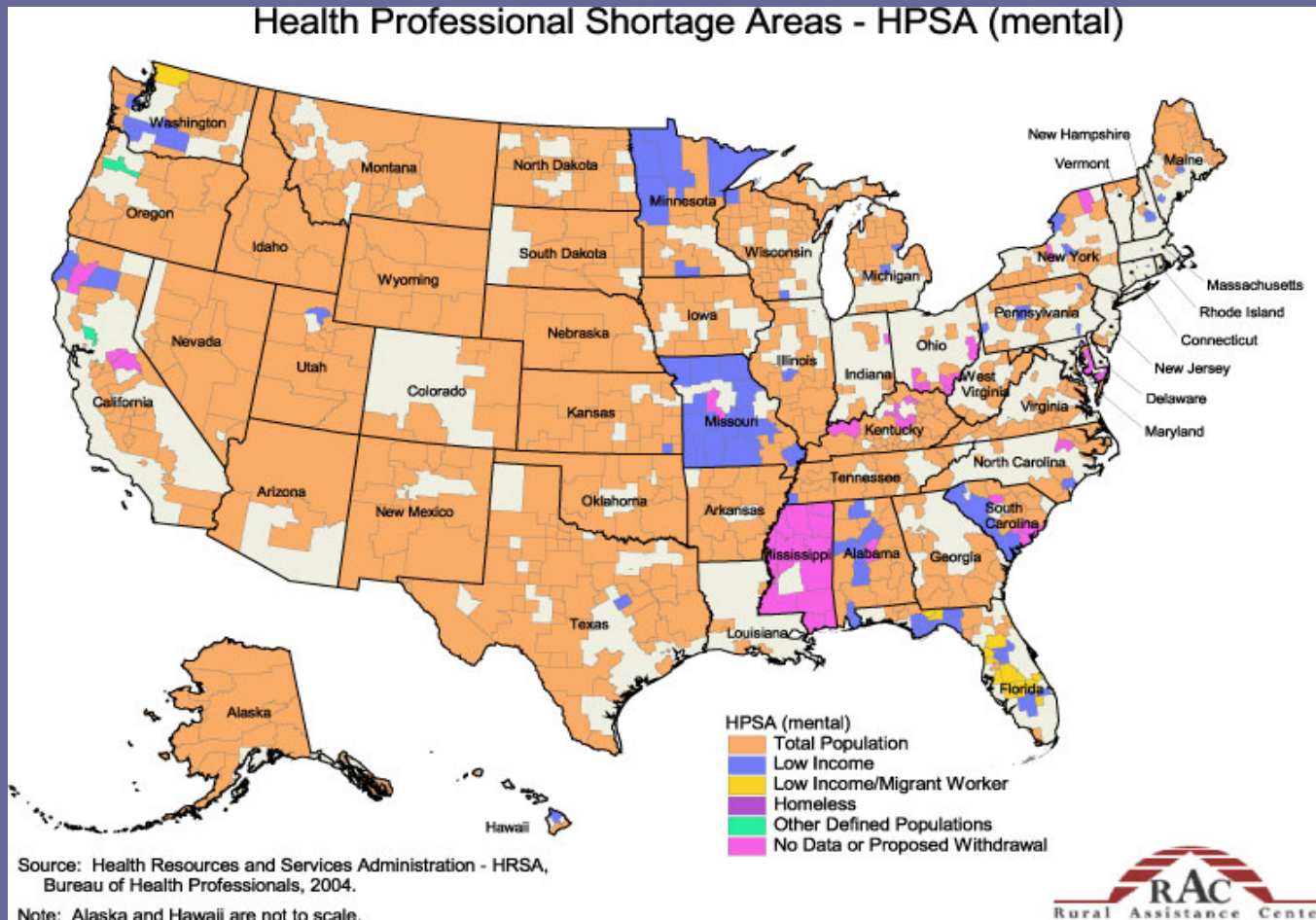


The Cold, Hard Facts

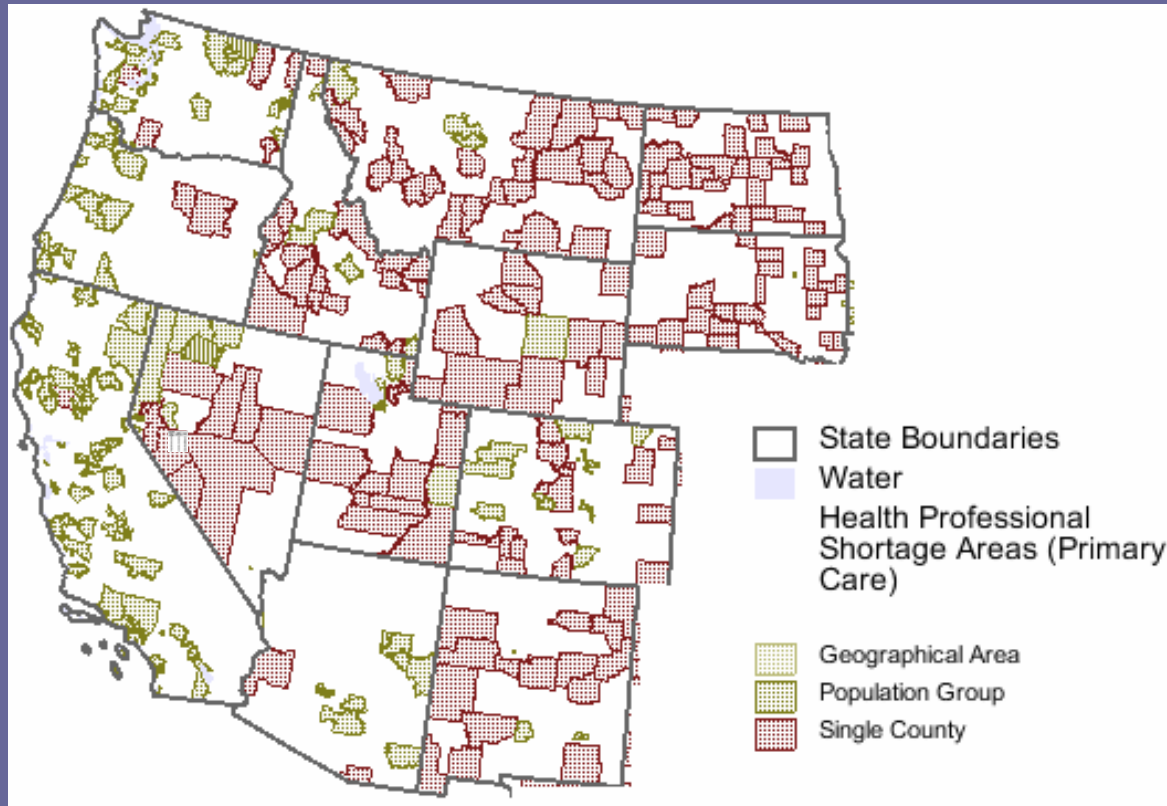


- > 60% of rural Americans live in mental health professional shortage areas
- > 90% of all psychologists and psychiatrists, and 80% of MSWs, work in metropolitan areas
- > 65% of rural Americans get their mental health care from their primary care provider
- Rural Americans enter care later in the course of their disorders, with more advanced symptoms, resulting in more intensive & expensive interventions

Mental Health Professional Shortage Areas



Health Professional Shortage Areas: Primary Care



State	Total Counties	Primary Care HPSA
CO	63	43
ID	44	32
ND	53	41
NM	33	39
NV	17	32
OR	36	48
UT	29	24
WA	39	56
WY	23	18

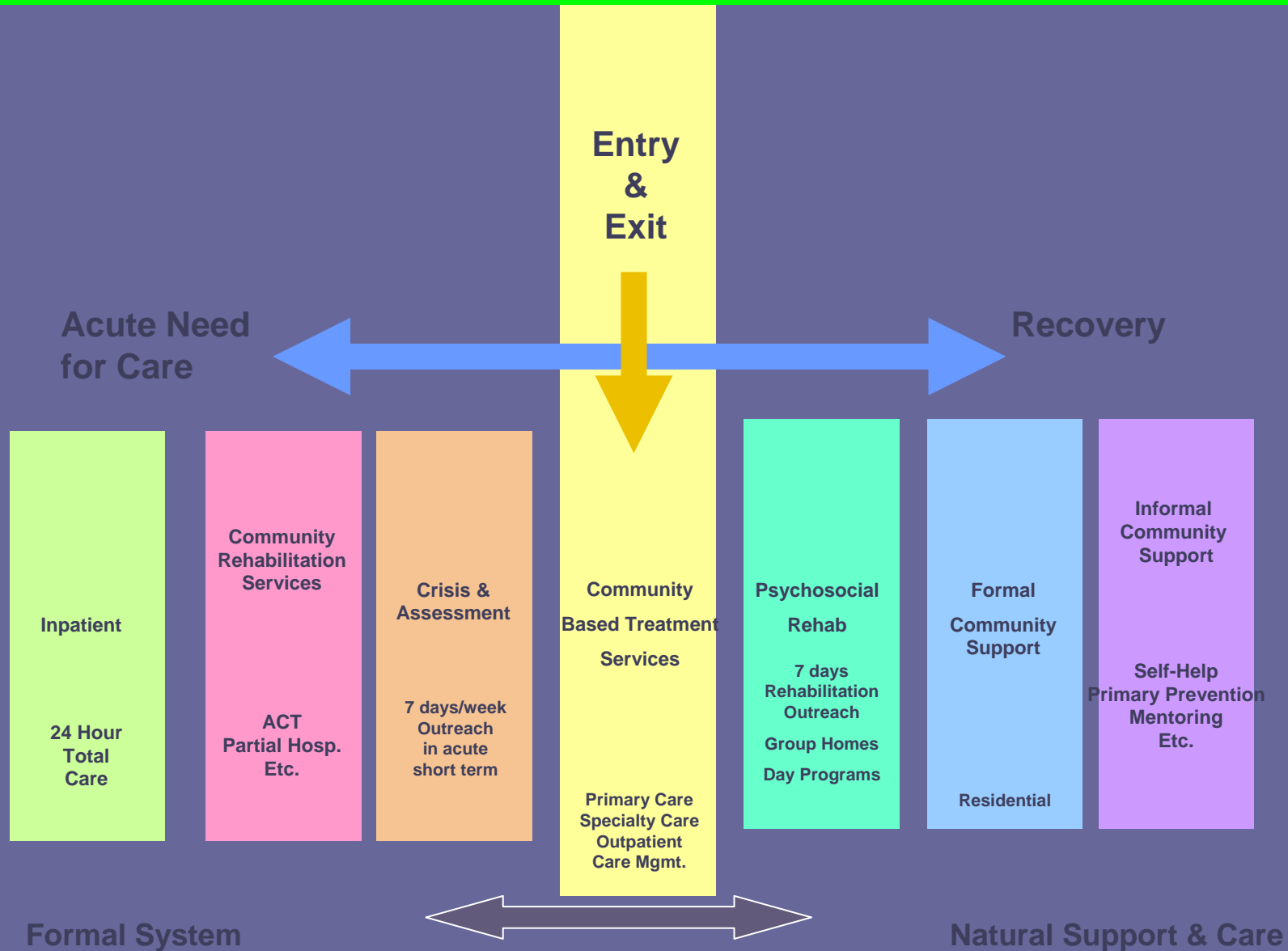
HPSA designation can be given for a population group, single county, or a geographical area. As a result, a single county can have all three.

Challenges to Recruit and Retain Rural Placements



- Urban-trained individuals are reticent to move to a rural places
- Lower than standard wages and salaries
- Life in the “Fish Bowl”
- Lack of rural specific training opportunities
- Limited access to supervision & mentorship opportunities, & peer support

Rural Community System of Care





Strategies for Responding to the Challenges

We will discuss 3 categories of STRATEGIES

- Create New Rural Educational Delivery Methods and Models
- Grow Your Own
- Partnering, Natural Community Supports, & Leadership



Create New Rural Educational Delivery Methods and Models

- Develop health career pathways & ladders
- Use technology to improve access to training & career support
- Create applied educational & training programs
- Address strategies to reduce student debt load through rural service



Grow Your Own



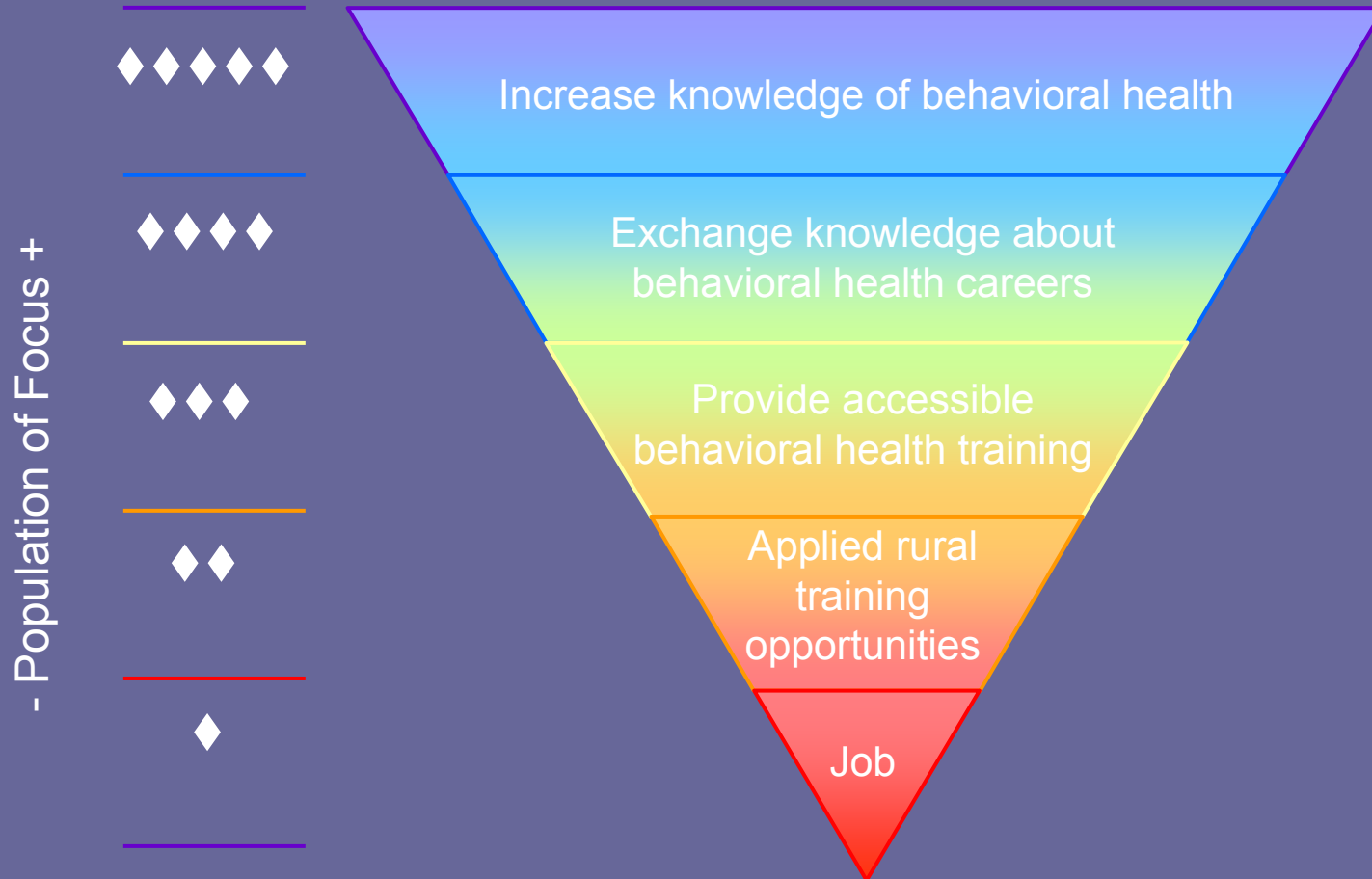
- Increase mental health literacy
- Increase career information & recruitment efforts in middle schools, high schools
- Marketing behavioral and other health job opportunities to broader market
- Recruit people living in rural areas
- Develop a career ladder; articulated pathways
- Incentives (\$, returning to the community)

Partnering, Natural Community Supports, & Leadership

- Facilitate partnerships between higher education, public mental health system, and local community
- Use natural helpers and peer supports
- Create leadership opportunities



Rural Behavioral Health Workforce Grow Your Own Strategy Logic Model





WICHE Rural MH Workforce Projects

Rural Workforce Innovations

Alaska – Multi-Year engagement to support statewide strategic planning. Currently supporting coordination of action plan activities. New contract to support formulation.

California – Just starting a planning process to create a sustainable distance learning effort



Rural Workforce Innovations

Hawaii - Initial stages of study and planning effort.

Nevada – Completed initial study and planning meeting. Moving to action planning and implementation of new strategies.

New Mexico – Initial stages of study and planning effort.

North Dakota – Just completed workforce study and planning meeting.

www.wiche.edu/mentalhealth

- Dennis Mohatt
- Scott Adams
- Mimi McFaul
- Deb Kupfer
- Jenny Shaw
- Chuck McGee
- Candice Tate
- Plus a cast of other wonderful folks we drag into the work with us....

