Preparing the Behavioral Health Workforce for Integrated Care in Rural Communities

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Learning Objectives

• Understand the current state of the rural behavioral health workforce in integrated care

• Identify the lessons learned through a Behavioral Health Scholars training model that included a rural Master of Social Work (MSW) program

• Name three unique challenges and opportunities in behavioral health education and training in rural communities
State of the Health Care Workforce

• Shortages & Growing Demand
• Health Care Policies
• Demographic Changes

➢ In 2015, largest growth ever in health care employment (Caspi 2016)
State of the Behavioral Health Care Workforce

36% of the US population lives in in MH HPSAs (HRSA, 2015)

More than 10,000 mental health and substance abuse social workers and school counselors needed (HRSA, 2016)
Kansas Behavioral Health Workforce

Federal Designated Mental Health Professional Shortage Areas (MHPSAs) in Kansas, 2016

Western Kansas

400 miles from west to east

122 licensed MSWs

Eastern Kansas

2,777 licensed MSWs

"X" in Barton County indicates the geographical center of Kansas.

Workforce Development Challenges

• Difficulty finding trained clinicians
• Underestimate time/resources
• Lack understanding of the knowledge, skills and attitudes essential for new staff
• Significant gap between clinician’s competencies and integrated workforce needs

Hall et al., 2015
HRSA BHWET Grantee 2014-2017

BEHAVIORAL HEALTH SCHOLARS PROGRAM

- Adolescents and Transition-Age Youth (16-25)
- Interprofessional Practice
- Integrated Behavioral Health

- Scholarship for Advanced Year MSW Students
- Clinical Field Practicum in Integrated Behavioral Health
- Value-added Training Seminars
- Post-Graduation Work Commitment
- Participation in Evaluation & Follow-up
Behavioral Health Scholars Program Locations

Behavioral Health Scholars Program

400 miles from west to east

KU = KU MSW Campus
KUMC = KU Medical Center Campus
☆ = Location of field practicum agencies for western KS Scholars

United States Census Bureau

KU School of Social Welfare
The University of Kansas

Rock Chalk, JAYHAWK!
Behavioral Health Scholars Training in Rural/Underserved Areas

• Interdisciplinary Trainings at Integrated Practicum Sites via Zoom
• Screening, Brief Intervention, and Referral to Treatment (SBIRT) Certification with Agency Staff
• Intentional Use of Adjunct Instructors
• Field Instructors Training
Behavioral Health Scholars Program

- Seventy-five Graduates
  - Twenty two from rural western Kansas
- Increased knowledge and skills
  - Interprofessional Socialization and Valuing Scale
  - Mental Health Literacy Questionnaire
- Over twenty new integrated care practicum sites
Post-Graduation & Sustainability

• Created the Integrated Behavioral Health Survey

• Purpose: Learn more about preparing master’s level social work graduates for integrated behavioral health

• Designed for:
  – Providers currently working in Behavioral Health and/or Integrated Care
  – Individuals who hire master’s level social workers in these settings
How well do MSW programs prepare students to work in integrated behavioral health?

On scale of one to ten, one-half (fifty-one percent) selected a five or lower.
Integrated Behavioral Health Knowledge Needed

1. Understanding of **substance use** disorders, drugs, and alcohol
2. Integrated and outcome based **models of care**
3. Understanding of **private health information exchange**
4. Working knowledge of **psychotropic** and commonly prescribed **medications** and possible side effects/interactions
Three Most Important Skills Upon Entering the Workforce

1. Use a patient-centered engagement approach
2. Provide collaborative/team-based care
3. Provide brief crisis intervention
What does this information and our experience tell us about advancing behavioral health education and training in rural communities?
Barriers

- Integrated care requires a “different” skill set
- Full-time faculty live and work in urban settings
- Field Instructor availability/isolation
- Gaps in the workforce development pipeline
Opportunities

• Align integrated behavioral health competencies with education
• Integrate “real world” curriculum enhancements
• Develop interprofessional partnerships
• Utilize technology
• Identify faculty development / rewards
So close to fitting it all together!
References


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