

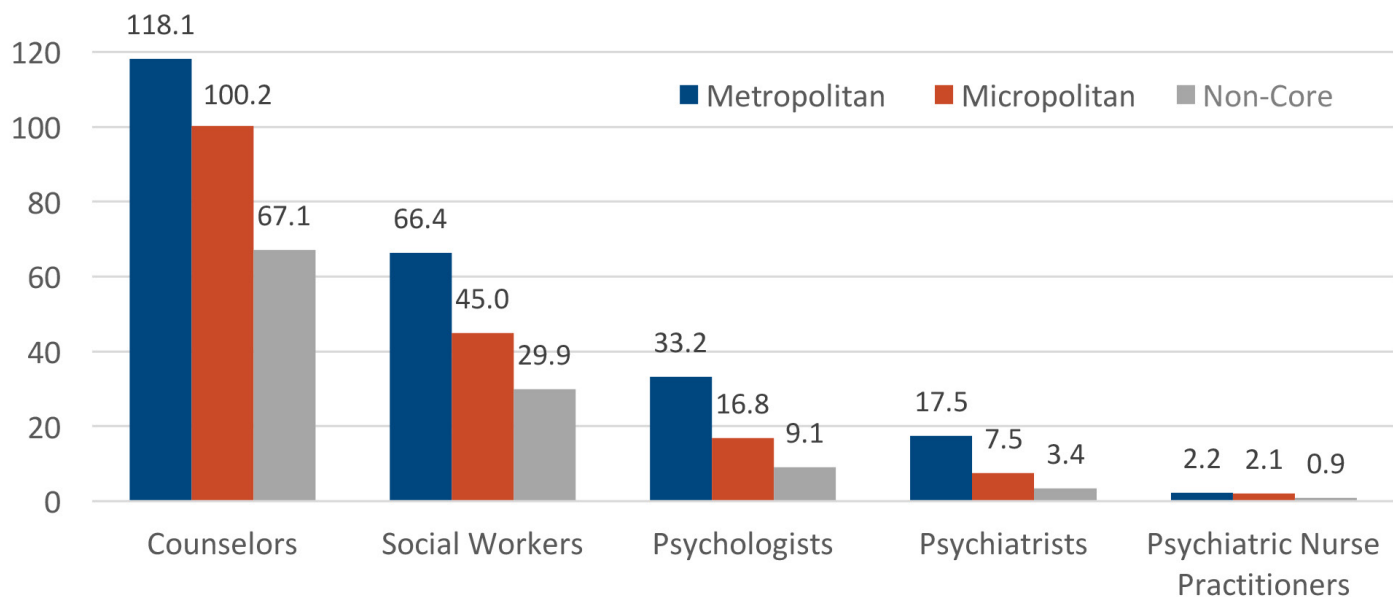


Addressing Rural Behavioral Health Workforce Shortages: Lessons Learned from a Rural Psychology Internship Initiative

Introduction

During the last 60 years, there has been little to no change in the percentage of rural people living in communities experiencing behavioral health provider shortages.¹⁻² For example, as of 2016 Non-core communities reported 9.1 psychologists per 100,000 population compared to 33.2 psychologists per 100,000 population in urban areas.³ See Figure 1.

Figure 1. Behavioral Health Providers per 100,000 Population in U.S. Counties by Urban Influence Category, 2016³



Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013, and the 2014 Claritas U.S. population data.

Professionals and advocates continue to discuss and research the challenges of rural access to well-trained, competent, and motivated behavioral health workers. Without local access, it is unlikely that people in rural and remote communities will have their behavioral health needs identified early and treated effectively. There are three factors strongly associated with a behavioral health professional entering rural practice. These include:

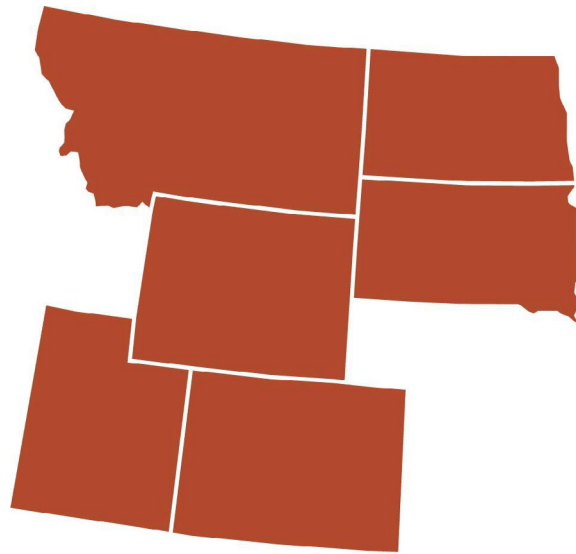
1. Having a rural connection (having lived rural or having family in a rural area).
2. Having a positive clinical and educational experience in a rural setting as part of undergraduate medical education.
3. Having targeted training for rural practice at the postgraduate level.⁴

This brief provides an overview and the lessons learned from a program implemented through the Western Interstate Commission for Higher Education’s Behavioral Health Program (WICHE BHP). This initiative focused on developing rural psychology internship opportunities in an effort to grow the rural workforce. These internships have proven effective for behavioral health workforce development and may apply to other health disciplines as well.

Western Interstate Commission for Higher Education

The mission of the WICHE BHP includes work “to continually improve the qualifications of the behavioral health workforce.”⁵ Additionally, WICHE is a partner with the University of North Dakota on the Mountain Plains Mental Health Technology Transfer Center (MHTTC).⁶ The mission of the Mountain Plains MHTTC aligns with that of the WICHE BHP. The purpose of the Mountain Plains MHTTC is to provide training and technical assistance to individuals serving persons living with mental illness in a six-state region.

Service Area of the Mountain
Plains Mental Health
Technology Transfer Center



The Mountain Plains MHTTC has an additional priority of serving rural and remote communities.⁷ Both the Mountain Plains MHTTC and the WICHE BHP are dedicated to growing behavioral health capacity and workforce in rural areas in an effort to improve rural health equity. The Mountain Plains MHTTC is highlighting the success of one longstanding program created specifically to address rural recruitment and retention of newly graduated behavioral health providers, specifically clinical psychologists.

Shortage of Rural Behavioral Health Internship Opportunities

There is a shortage of accredited clinical psychology doctoral internship opportunities in many heavily rural states, forcing students to complete their internships in urban centers and/or out of state. As a result, there is a decreased likelihood that the students will return to their home or rural communities.⁴ As an example, the University of South Dakota graduates from six to eight clinical psychologists annually. However, there are only four in-state, accredited internship slots, all of which are with the Veteran Affairs (VA) Healthcare System. These slots are competitive and open to applicants across the nation. The scarcity of applied educational settings in rural underserved areas, such as the example in South Dakota, is a missed opportunity to nurture a committed and local rural workforce.

Developing Accredited, Rural, Psychology Internships

In 2007, the WICHE BHP was contacted by the director at the Center for Alaska Native Health Research, University of Alaska Fairbanks. The University of Alaska Fairbanks and the University of Alaska Anchorage had recently created a joint clinical doctoral program. The program was interested in creating a local and accredited psychology internship in the state in an effort to retain providers.

The WICHE BHP and the two collaborating universities began to explore opportunities to develop an accredited psychology internship in Alaska. The intent was to provide interns a broad but culturally relevant training experience. During the following year, the WICHE BHP assisted in the development of the Alaska Psychology Internship Consortium (AK-PIC), which focused on training psychologists for Alaska.

AK-PIC members included:

- Alaska Psychiatric Institute
- Aleutian Pribilof Islands Association
- Providence Family Medicine Center/ Alaska Family Medicine Residency
- Norton Sound Health Corporation

AK-PIC accepted its first round of applicants in 2009 and received a seven-year accreditation from the American Psychological Association in 2012. Because of the geographical distances involved in training, the program's interns participated in weekly supervision and didactic seminars across all of the Alaska consortium sites via a secure videoconferencing platform.



Expanding the Program to Additional States

Following the success in Alaska, the WICHE BHP has supported the development of accredited internships in Colorado, Hawaii, Oregon, Nevada, and Texas. As of September 2019, rural internships are under development in Idaho, New Mexico, and Utah. With the exception of Oregon, these internships all place trainees in rural/remote/underserved areas and utilize the consortium model. In addition, all the internships utilize the consortium model, except Oregon.

The consortium model is preferred for rural areas where supervisors may work in smaller agencies with limited time to devote to accreditation activities. This model permits sharing the operational burden and costs among multiple agencies, sites, and supervising psychologists. This also enriches the professional practice and peer support of often more isolated internship faculty/supervisors. Gaining accreditation helps rural programs become competitive and attract quality trainees. This process can be made easier when a consortium has access to assistance with the accreditation process through an organization such as the WICHE BHP or through workforce development grants.

On average, more than 60% of the trainees completing their internships under this model remained in the state post internship. Building psychology internship opportunities across the rural West has proven effective for behavioral health workforce development. This effect may apply to other health disciplines as well.

Through this experience, the WICHE BHP has found that rural internships provide opportunities for all types of students and can promote rural practice among those who have lived rural, who are interested in a new rural experience, who have left their home state for graduate school, and those who remain in their local communities. Specifically:

- For students who are completing their degrees in their home states. This provides an opportunity to solidify their roots in the community and allows them to complete internships locally where they likely have strong ties to family and friends.
- For doctoral students who have left their home states for their graduate degree education. A local, home internship program serves as a “bridge,” providing them an opportunity to return to their communities, thereby increasing the chance that they will continue to live and work there.
- Rural internships may attract students from out of state who are interested in experiencing rural internships in new states and /or new communities and new practice environments.

Beyond the rural internship experience, rural communities may also benefit from student licensure requirements and loan repayment programs which can both be utilized to keep graduates practicing in a rural location. As an example, in order to obtain licensure for independent practice, post-grad psychologists must still obtain, in most states, an additional 2,000 hours of supervised practice. Rural agencies can then offer this supervision and practice as a post-doctoral position, encouraging new graduates to stay in the rural community an additional year post-internship, increasing the chances of them remaining long term. Loan repayment programs could retain that individual for an additional three years of practice.”

Application to Recruiting and Retaining Other Rural Health Professionals

Rural and underserved areas are typically in need of a variety of behavioral health disciplines in addition to clinical psychology. Social workers, school psychologists and school counselors, bachelor’s and master’s level behavioral healthcare providers, and other primary care providers, including family medicine and occupational therapists, are needed in rural and underserved areas as well. Most of these disciplines require a form of extended internship experience as a condition of graduate education completion and ultimate licensure. The consortia model has the potential to draw other health disciplines to rural areas.

The WICHE BHP has learned valuable lessons throughout the course of its rural psychology internship initiative that transfer to other health disciplines. These include:

1. Identifying new funding opportunities for rural internships and developing novel and unique collaborations and financial support to offset the costs of hosting students. As an example, one WICHE BHP-partnered internship benefitted from the state’s Medical Education Council. The council funded WICHE BHP’s assistance and provided a monthly stipend to offset high housing costs in a tourist community. The WICHE BHP has secured funding for internship development through a wide variety of sources, including foundations and trusts, state departments through vacancy savings and specific legislative requests, a state Board of Education, and a Medical Education Council.



Other potential funding partners may include:

- Local Chambers of Commerce
- Economic Development Offices
- Local State Office of Rural Health⁷
- Local State Office of Public Health
- Area Health Education Centers⁸

For more information on workforce development funding opportunities, visit the Rural Health Information Hub's Health Workforce Education and Training funding list at <https://www.ruralhealthinfo.org/funding/topics/health-workforce-education-and-training>.⁹

2. Knowing the Medicaid billing regulations in your area. Many states now allow students working under professional supervision in some health disciplines (clinical psychology included) to bill for their services. Reimbursement can offset costs associated with training students.
3. Looking for partnerships when one rural agency lacks the staffing or resources to independently operate an internship or practicum. Because of the high demand for clinical direct service on rural clinicians, they often lack the time needed to organize and recruit for training programs. Teaming up with other agencies spreads the burden of administrative work and allows all of the agencies to benefit from increased staff time, expertise, and network connections. It is also important to develop relationships with universities that can serve as important recruitment sources. There is opportunity for strong collaborative relationships between providers and universities.
4. Utilizing technology for training and remote supervision in rural communities when permissible.
5. When first developing the program, make use of the people most passionate about building the behavioral health workforce in your community. Regardless of their position, a passionate and motivated individual will likely accomplish more than a well-intentioned, but overly committed, administrator. The latter can be brought onto the project after the initial details have been developed. The WICHE BHP-partnered internships found local champions in:
 - Various levels of state government behavioral health offices.
 - Local state universities (professors, regents, and others).
 - Local agency administrators or psychologists.
 - State hospital administrators.
 - Practicing psychologists.

Conclusions

The WICHE BHP and the Mountain Plains MHTTC endorse a multipronged, broad approach to building the behavioral health workforce, especially in rural, frontier, and underserved areas. What may work in one community may not work in another, and creativity may be the key to success. Additionally, efforts need not be on a grand scale; if one small rural agency succeeds in recruiting a provider-to-be to receive clinical experience that is one more chance to recruit and retain a qualified provider. It is also imperative to share lessons learned as other states and rural communities look for opportunities and innovations to address behavioral health workforce shortages.

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