

# Meeting the Workforce Challenges of the Opioid Crisis in Rural America

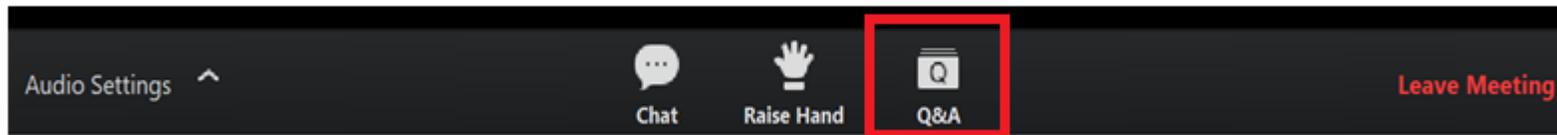
**Dennis F. Mohatt, Vice President for Behavioral Health**  
**Thomasine Heitkamp, Co-Director Mountain Plains ATTC –**  
**Region 8 February 12, 2019**



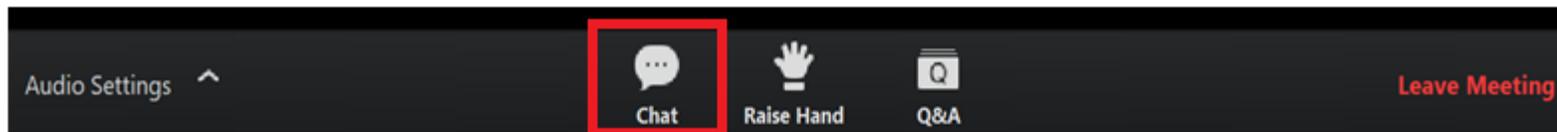
*Rural Montana*

# Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the webinar, please message us through the chat feature or email [RCORP-TA@jbsinternational.com](mailto:RCORP-TA@jbsinternational.com).



# The Western Interstate Commission for Higher Education (WICHE) – Behavioral Health Program

- Founded in 1955
- Serves 16 Western States and Pacific Territories
- Promotes innovation, cooperation, resource sharing, and sound public behavioral health policy
- Provides technical assistance
- Conducts research and evaluation
- Supports planning and quality improvement

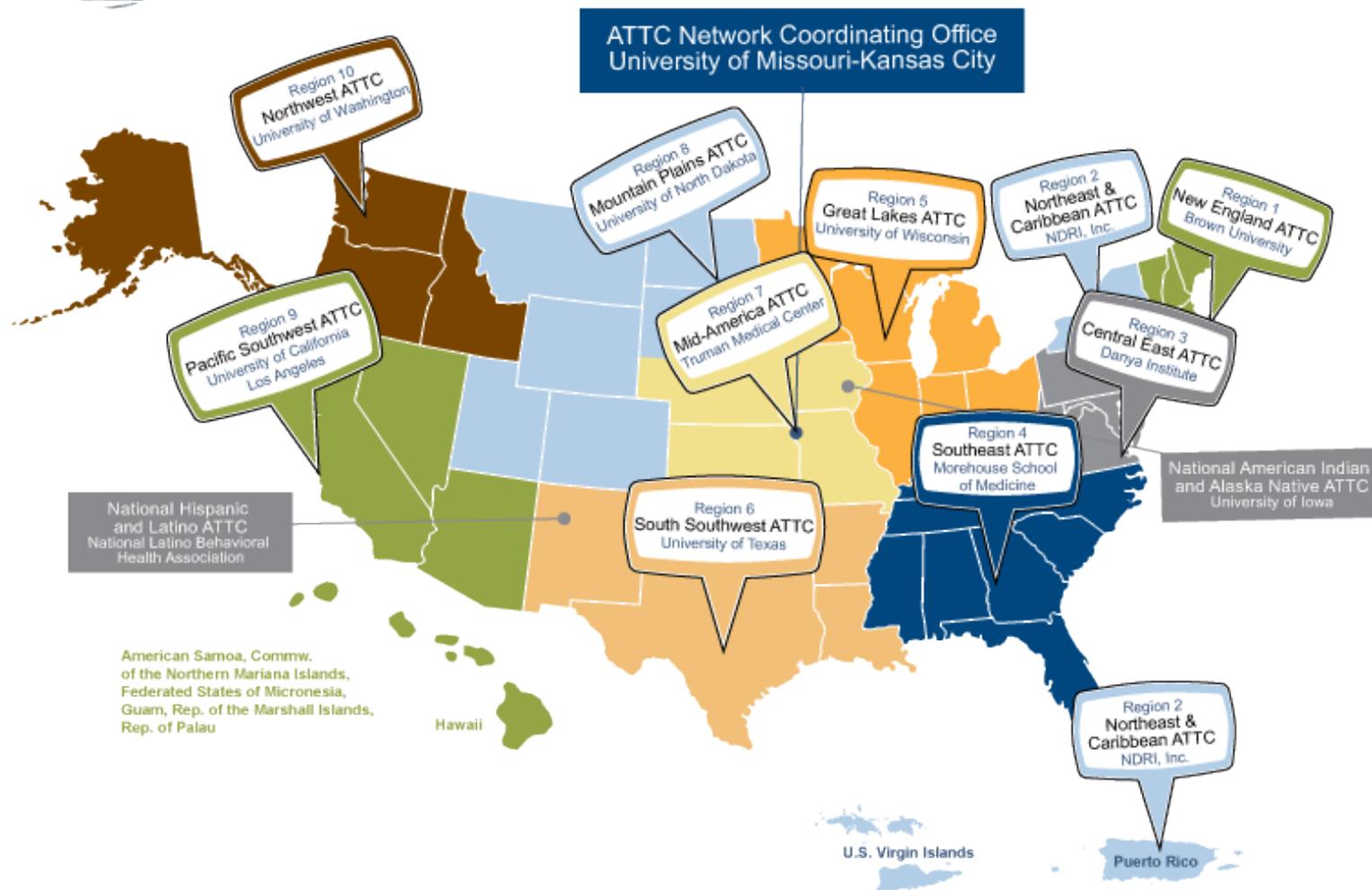
[www.wiche.edu/mentalhealth](http://www.wiche.edu/mentalhealth)



# Addiction Technology Transfer Center (ATTC) Network

- The ATTC Network is composed of international, multidisciplinary resources that support professionals working in the field of addictions treatment and recovery supports.
- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).
- The ATTC Network comprises 10 Domestic Regional Centers, 6 International HIV Centers, 2 National Focus Area Centers, and a Network Coordinating Office.
  - Region 8: Mountain Plains ATTC serving Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming – primarily rural and frontier





<https://attcnetwork.org>



# Addiction Treatment

- The Surgeon General's 2016 report, *Facing Addiction in America*, found that only 10.4% of Americans who met the diagnostic criteria for a substance use disorders received any addiction treatment in 2015. That compares to U.S. treatment rates as high as 80% for other chronic diseases, such as diabetes and hypertension.
- Workforce shortages contribute to this situation with specific concerns in rural America.
- Other concerns include increased drug potency, use of more dangerous substances, illegal drug use among younger populations, serious medical problems, co-occurring disorders, challenges in adopting best practices, and engaging in long-term recovery.



# Trends

- *Retirement:* Workforce in the addiction recovery field is older on average than in other healthcare areas.
- *Compassion fatigue:* Exhaustion is common, so workers move on.
- *Salary:* The average salary for social workers in the addiction field is \$38,600 compared with \$47,230 in the rest of the healthcare fields (Bureau of Labor Statistic).
- *Need for a myriad of professions:* Psychiatrists, psychologists, social workers, advanced practice nurses, marriage and family therapists, certified prevention specialists, addiction counselors, mental health counselors, psychiatric rehabilitation specialists, psychiatric aides, para-professionals, peer support specialists, recovery coaches.



**Rural America faces major shortages of qualified substance use disorders treatment professionals (NIAAA, March 4, 2018).**



**As many as half of all U.S. counties - all of them rural - have no addiction treatment services**

**#TreatmentGap**



# We Know What Works

- Treatment for opioid use disorder requires incorporating medication and behavioral health counseling.
- This includes a strong inter-professional workforce.
- Use of an integrated care model minimizes stigma.
- More funds are available for reimbursement.
- Better use of data:
  - [http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/01/Y3-FA1-P1-MDS\\_Full-Report.pdf](http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/01/Y3-FA1-P1-MDS_Full-Report.pdf)



# Health Issues in Rural America

- *Physician shortage:* Rural communities contain 20% of America's population, but 10% of physicians practice in these communities.
- *Increased poverty rates:* 14% of rural Americans live below the poverty level compared with 11% of urban Americans.
  - The average per capita income of rural Americans is \$7,000 less than urban Americans.
- *Aging population:* 18% of rural Americans are 65 or older compared with 15% of urban Americans.
- *Poor health:* Adults residing in rural areas are 7% more likely than urban adults to describe their health as fair or poor.



# Opioid Use Disorder in Rural America

- 74% of U.S. farmers have been directly impacted by the opioid crisis. Injuries are high, which increases use of pain medications.<sup>1</sup>
- People in rural counties are almost twice as likely as those in urban areas to overdose on prescription painkillers.
- Rural adolescents are more likely to abuse prescription painkillers than urban adolescents.<sup>2</sup>
- 60% of the overdose deaths in the United States were opioid related in both rural and urban areas.<sup>3</sup>
- Stigma surrounds substance use disorders. Language matters. Words have power.

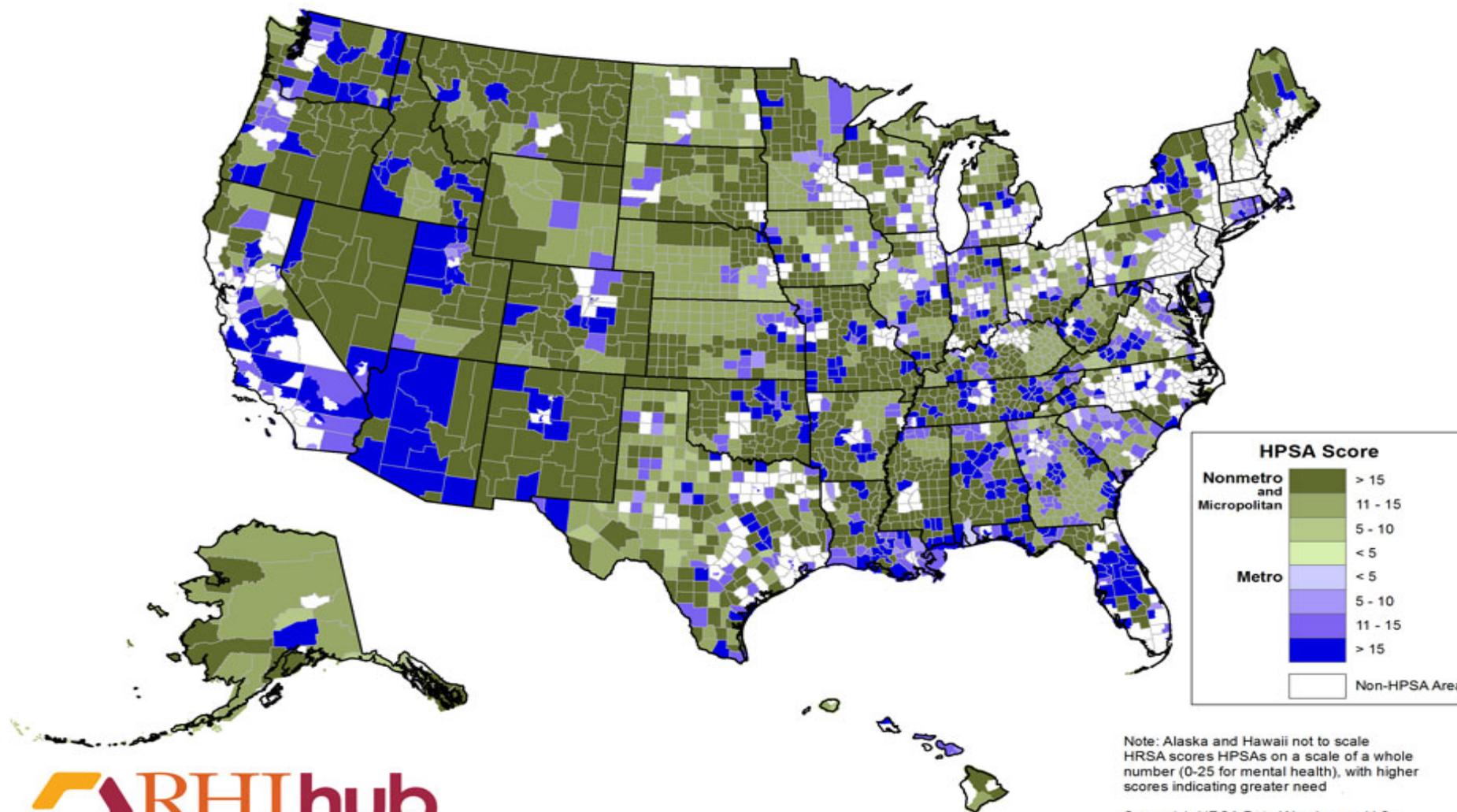
1- 2017 Survey by the National Farmers Union and the American Farm Bureau Federation

2- 2015 Study from the Carsey School of Public Policy

3- 2017 Annual Surveillance Report of Drug-Related Risks and Outcomes



# Health Professional Shortage Areas Mental Health



Note: Alaska and Hawaii not to scale  
HPSA scores HPSAs on a scale of a whole number (0-25 for mental health), with higher scores indicating greater need

Source(s): HRSA Data Warehouse, U.S. Department of Health and Human Services, November 2017



# The Cold Hard Facts



- **60%** of mental health professional shortage areas are in rural areas.
- **65% of rural counties** lack a psychiatrist entirely.
- **Shortages of all behavioral health professionals:** psychologists, psychiatric nurse practitioners, social workers, addiction counselors, mental health counselors
- **More than 65%** of rural Americans get their mental health care from their primary care provider.
- **13% of rural counties have no behavioral health providers.**



# What's Different in Rural Communities?

- Rural residents have higher rates of depression, substance use disorder, and suicide than do urban residents.



- ✓ **Accessibility** (getting there and paying)
- ✓ **Availability** (someone there when you are)
- ✓ **Acceptability** (choice, quality, knowledge)

Rural people enter care later, with more serious symptoms, and require more intensive treatment.



# Accessibility



- Rural Americans travel farther to provide and receive services.
- Americans are less likely to have insurance benefits for mental health care.
- Many of the most rural states have the fewest choices in the ACA Marketplace.
- Rural Americans are less likely to recognize the need for treatment and understand their care options.



# Availability



- Rural areas suffer from chronic shortages of behavioral health professionals.
- Specialty providers are highly unlikely to be available in rural areas.
- Comprehensive services often are not available.



# Acceptability



- Few programs train professionals to work competently in rural communities.
- Rural people often lack a choice of providers.
- Stigma exists.
- Urban models are assumed to work in rural areas.

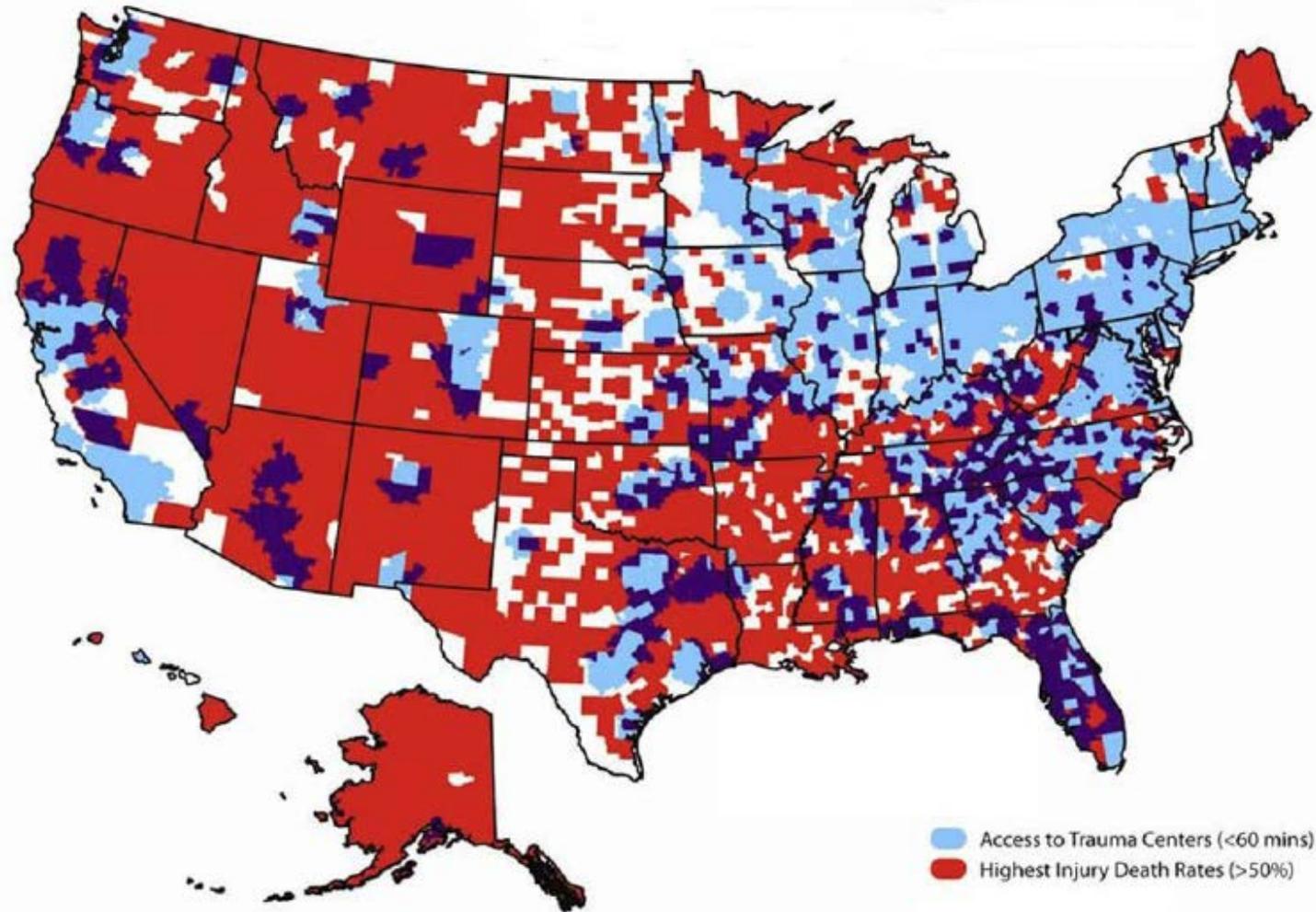


# Rural Myths

- x Rural populations are homogeneous.
- x Rural life is tranquil.
- x Rural people work together.
- x Rural lifestyle is healthier.
- x Communities are protected.



# Rural Living Can Be Dangerous

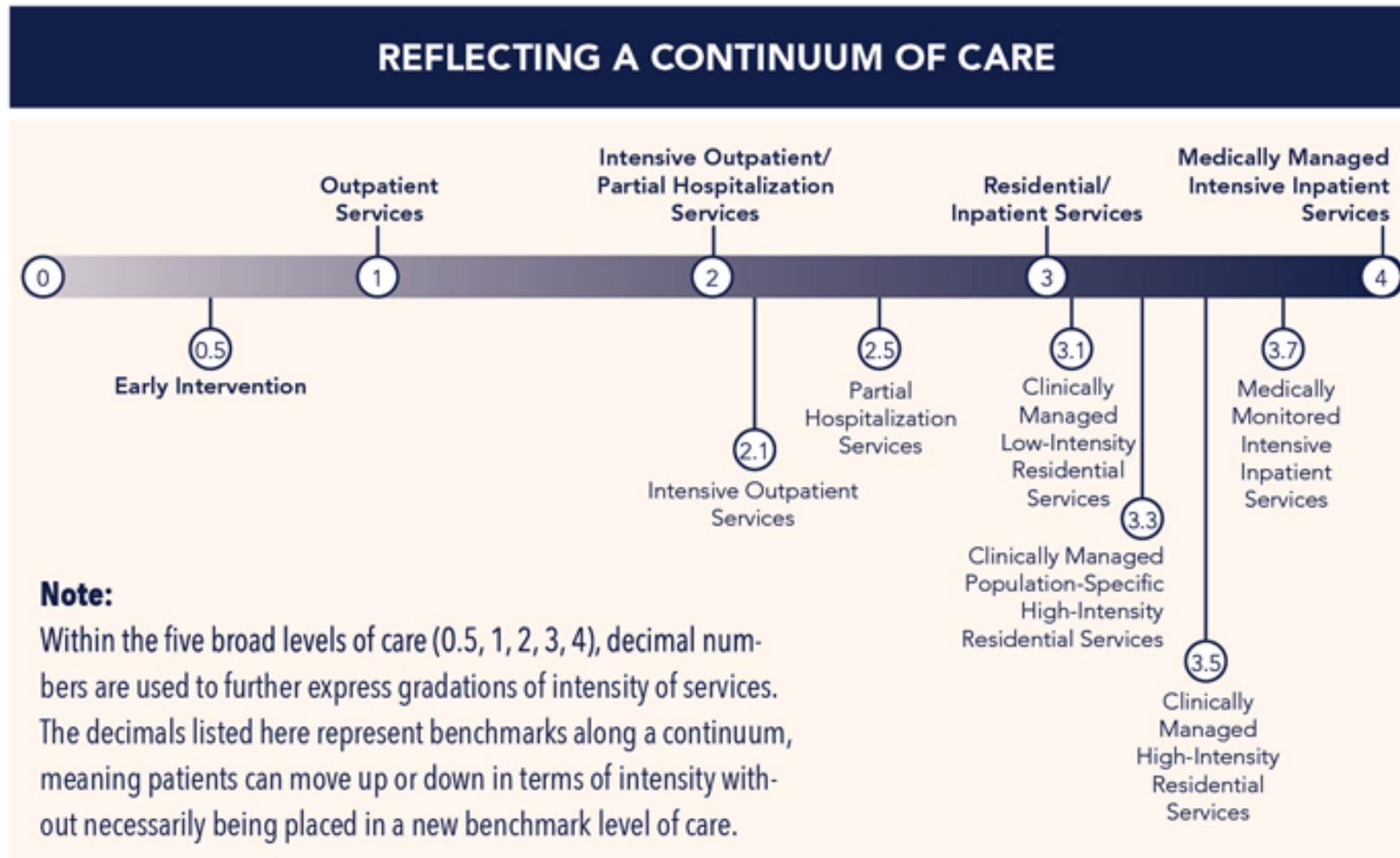


# Limitations in Rural America Due to Workforce and Resource Shortages

- Treatment for patients in rural areas for substance use disorder continuum criteria is limited or unavailable (American Society of Addiction Medicine [ASAM]).
- Waiting lists are long and disrupt care.
- Some rural facilities may provide intake, assessments, referrals, and basic treatment but limit access to care on the continuum.
  - Limitations in detoxification, long-term residential treatment, and day treatment are significant.
- Workforce in treatment facilities is nonexistent and supervision and diagnosis.
- 82% of rural residents live in counties that do not have detoxification services.



# ASAM Continuum: Pieces Missing



# Strategies to Move the Workforce Needle

- Long-term **partnership** with higher education to build a local workforce
- Expanding the skills of the **existing workforce**
  - Motivational interviewing
  - SBIRT (screening, brief intervention, and referral to treatment)
  - Project ECHO (Extension for Community Healthcare Outcomes)
- Exploring **alternative providers**
  - Development of para-professionals – Alaska Village Behavioral Health Aide Model, NM orienting/training Promotoras in behavioral health
  - Partnerships with existing private providers as extenders of capacities
  - Waivered providers to support medication-assisted treatment (MAT)
  - Telehealth



# Opportunities to Address Workforce

- Project ECHO provides a model for technical assistance to enhance health center capacity including MAT, pain management, motivational interviewing, and SBIRT.
- Clinical Consultation Center (CCC) offers confidential clinician-to-clinician support – substance use warmline.
- National Health Service Corps offers loan repayment leverage through local universities.
- Ensure physician, nurse practitioners, and physician assistants have MAT waiver training prior to degree completion.



# Response

- Create career paths
- Ensure managerial and supervisory supports
- Create portability of licensure
- Include additional certification
- Increase wages!
- Reward rural practice (travel opportunities, loan forgiveness, access to training)
- Increase career paths at no cost



# Partnership With Higher Education

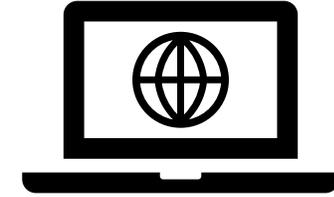
- Shifting from Place Bound to Place Committed
- Technology Enhanced Teaching & Learning
  - Accessible online courses
  - Creation of locally supervised practica
- Developing an Academic Ladder
  - Articulation from certificate to degree
    - PROGRESS WITHOUT REDUX
  - Alignment with the career ladder
    - MORE ED/SKILL = MORE \$\$\$ & STATUS



People leave rural places for opportunity.  
People stay in rural places for a life.



# Telehealth



“The opioid epidemic has increased demand for behavioral health services and exacerbated the behavioral health workforce shortage, which disproportionately burdens rural and underserved areas. Reasons for access limitations may include lack of specialty substance use disorder treatment providers and lack of primary care physicians with experience in behavioral health treatment. In addition, privacy and stigma concerns remain pervasive.

“Telehealth can connect geographically dispersed patients and providers and is a promising approach to expand[ing] access and enhance[ing] quality of MAT for opioid use disorder.”



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# Resource

HHS Office of the Assistant Secretary for Planning and Evaluation Office of Disability, Aging and Long-Term Care Policy. (June 2018). ASPE Issue Brief: *Substance Use Disorder Workforce*.

- This resource will be sent out with the PowerPoint presentation and webinar recording.



# Most Vital Rural Resource



## Charismatic Leadership

- One person often makes the difference
- Nurture each other
- Grow your own

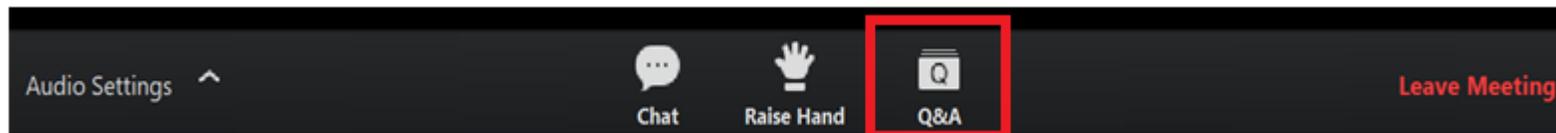


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# Thank you

The purpose of the Rural Communities Opioid Response Program (RCORP) is to support treatment for and prevention of substance use disorder, including opioid use disorder, in rural counties at the highest risk for substance use disorder.

[Thomasine.Heitkamp@und.edu](mailto:Thomasine.Heitkamp@und.edu)

[dmohatt@wiche.edu](mailto:dmohatt@wiche.edu)