WICHE’s Rural Psychology Internship Initiative:

Preparing a Diversity-Focused Mental Health Workforce to Serve Rural Areas

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October 29th, 2015
Overview

• WICHE-MHP
• Impact of mental illness
• Shortages of mental health providers
• National “crisis” in psychology training
  – The “internship imbalance”
• How states have used innovation to address these issues through a workforce initiative
  – Alaska
  – Nevada
  -- Hawaii
  -- Colorado
The impact of mental illness

- Annual prevalence rate of MI in U.S. = 26%
- Lifetime prevalence = 46.4%
- Not everyone with a MI is aware and not everyone seeks help
- Median delay before treatment = 10 years
- According to the WHO, mental disorders rank as the most significant health problem in North America
- Major impact of mental illness is not premature death; rather disability (impact on functioning/disruption to lives)
Provider Shortages

Health Professional Shortage Areas - Mental Health

Data as of May 1 2015

Legend
Health Professional Shortage Areas - Mental Health
HPSA_TYP_DESC
- Hpsa Geographic
- Hpsa Population
- Hpsa Geographic High Needs
- Not Mental Health Care HPSA

Prepared by: HRSA, Office of Information Technology From the HRSA Data Warehouse, datawarehouse.hrsa.gov
Oregon

• Mostly geographic high needs areas
The Problem: A National “Crisis” for Psychology Workforce

- National shortages of mental health providers in areas with highest needs
- Obtaining a doctoral degree in psychology requires completion of a clinical internship
  - Final requirement of the degree
  - Year-long, full-time clinical and training experience in a practical setting
- Currently there is a significant imbalance between number of internship-ready professionals and number of slots available
The Psychology Internship Imbalance

- Internship positions filled through a coordinated National Matching Service
- In 2015, 436 (11%) of doctoral internship applicants registered for the National Match went unmatched
- Number of internship slots accredited by the APA even more limited
- In 2015, ~25% of applicants matched to unaccredited positions due to insufficient number of accredited slots
  - 99.5% of accredited positions were filled
  - 88% of unaccredited positions filled

- Trends
Need for Accreditation

• APA accreditation helps ensure high standards, protect the public interest, publicly recognize quality programs, and foster innovation in education/training

• Licensure for clinical psychologists in most states requires completion of an APA-accredited internship or equivalent
  – Without licensure, most psychologists cannot be reimbursed for services; cannot supervise students

• The Affordable Care Act and related efforts at HRSA and CMS may eventually require accreditation for provider reimbursement, agency funding, etc.

• Current movement toward “Universal Accreditation”
Accreditation is a challenge, especially in rural areas

• Resource Intensive
  • Financial
  • Time

• Self-Study – 200-300+ pages
• Especially difficult for small rural BH agencies
Impact in Rural/Underserved

- Impact of the internship crisis most acutely felt in rural/underserved areas
- Fewer agencies with resources to create and operate training programs
- Fewer licensed psychologists to provide supervision
- More significant mental health needs due to limited access to services, greater stigma
Impact in Rural/Underserved

• Oftentimes, doctoral students trained in rural states must leave the state to complete internship and do not return

• Majority of psychologists and professionals work within 100 miles of where they train

• In short, the limited workforce and higher service needs leads to fewer opportunities to grow workforce…and even greater need
The Alaska Example

- UAF-UAA created joint PhD program in Clinical-Community Psychology
  - 4-8 internship-eligible students each year
- At the time, there were no in-state internship positions available for these students
  - UAF-UAA students had to leave AK for accredited internships or piece together informal internships
- The state of Alaska decided to fund creation of internship program as part of larger workforce initiative
- Enter WICHE
WICHE Mental Health Program

• Western Interstate Commission for Higher Education

• Mental Health Program est. 1955

• Mission:
  1. To assist states in improving systems of care for mental health consumers and their families; and,
  2. To advance the preparation of a qualified mental health workforce in the West.
The AK-PIC Project

• WICHE was hired to develop an internship program in AK
  – To provide a place for UAA/UAF students to complete their training

• Expected workforce impact
  – Retain more AK students for practice in AK
  – Draw students from other states who will complete their training (and potentially remain) in Alaska
  – Ability to train providers to serve the unique needs of the state’s diverse population
The Players

• Alaska Psychiatric Institute
  – State Hospital in Anchorage

• Alaska Family Medicine Residency at Providence Hospital
  – Family Med residency in Anchorage

• Hope Counseling Center
  – Faith-based counseling center in Fairbanks

• Norton Sound Health Corporation
  – Tribal health organization in Nome
  – Functions as Fiscal Agent

• Southeast Alaska Regional Health Consortium (SEARHC)
  – Tribal Health consortium in Sitka
AK-PIC Training

- Focus on population and culture of Alaska
- Interns have primary placement at one site
  - Complete mini-rotations at other sites within consortium
- 3 major rotations (same across all sites)
  - Psychotherapy
  - Assessment
  - Addictions Treatment
- Required mini-rotations
  - Week-long minor rotation at the Alaska Psychiatric Institute
  - Week-long minor rotation in village-based counseling in Nome
  - Week-long Transcultural Medicine rotation in Anchorage
AK-PIC Success

• The Alaska Psychology Internship Consortium became operational in July 2010

• Achieved APPIC membership in the first year of operations
  – Participate in national internship match
  – Prepare for applying for APA-accreditation

• Achieved APA-accreditation in the second year of operations (7 years of accreditation)

• Became a model for rural internship development/accreditation nationally
What makes this impressive...?

• Accreditation by APA typically takes around 7 years
• New programs do not typically achieve maximum accreditation
• The accreditation process is challenging anywhere, but in rural areas...
  – Shortages of licensed providers for supervision requires a consortium model- harder to accredit
  – Shortages of staffing/funding/resources make administrative burden of accreditation process more challenging
  – Accreditation standards are based on an urban model of service provision and training
• First of its kind as a rural distance internship consortium
More AK-PIC Success

- Program has grown:
  - 5 positions 2010-2011
  - 7 positions 2011-2013
  - 8 since 2013-2015
  - Trying to add a site to bring up to 11 in 2016-2017
Workforce impact:

– 27 graduates through July 2014 (16 from local doc program; 11 drawn from out of state)
– 70% (19 of 27) of all interns remained in AK following graduation to join the workforce
– 15 of 16 interns from the local doctoral program remained in AK to join the workforce
  • 4 of 11 students from out of state remained
– Workforce effects seen in remote/rural areas due to statewide exposure

How is this funded?

• AK Mental Health Trust Authority
  • Funded WICHE’s TA services (approx 84K for year 1; decreased each year thereafter, currently 20K)
• University of Alaska
  • Partnered w/ Trust to partially pay for WICHE for yr 1 only
• AK DHSS
  • Funds $100K per year for internship operations
  • Beginning to fund a portion of WICHE TA services as Trust phases out
• Training sites
  • Pay intern salaries/benefits (24K per year plus benefits)
• HRSA Title VII money
  • Obtained by WICHE, expanded training slots by 3 for 3 years, funds stipends and benefits
WICHE-PIC: A new model for internship development

- WICHE-Psychology Internship Cooperative (WICHE-PIC)
- Technical assistance model of internship development
- Allows sites to focus on providing quality training while WICHE assumes administrative burden, leads development and accreditation processes
- Seeks to develop new programs and create an umbrella of support for back room operations
- Economy of scale achieved through supporting a number of programs at once
  - Costs reduced for each individual program
HI-PIC

- Hawaii Psychology Internship Consortium (HI-PIC)
- 3 state agencies collaborating to provide internship training
  - Department of Education (3 school districts)
  - Department of Health (2 Family Guidance Centers)
  - Department of Public Safety (1 Corrections entity)
- Diversity-focused training across 3 islands
  - Specific training around the unique culture and populations of Hawaii
- First intern cohort began in July 2013
- Achieved 7 years of APA-accreditation in July 2014
  - First year of operations
- Trains 7 interns per year
HI-PIC Funding

- 3 state agencies pool money to fund program and WICHE TA services
- Each agency pays:
  - $15K for WICHE TA annually
  - 24K plus benefits annually per intern hired
  - 2K annually per training site for operations and administrative costs
  - 1K annually per intern for travel
- Example: 1 training site with 1 intern
  - cost is roughly $53K per year to participate in internship
NV-PIC

- Nevada Psychology Internship Consortium (NV-PIC)
- 4 agency sites within one state Division (Nevada Division of Public and Behavioral Health [DPBH])
  - Lake’s Crossing Center for Forensic Services
  - Northern Nevada Adult Mental Health Services
  - Rural Counseling and Supportive Services
  - Southern Nevada Adult Mental Health Services
- Diversity and public-health focused training across the state
- First intern cohort began in August 2015
- Trains 4 psychologists per year
- Plan to seek accreditation beginning in December 2015
NV-PIC Funding

- State agency (DPBH) funds WICHE TA services and faculty travel
  - Mental Health block grant
- Separate agency with public funding (Nevada WICHE) funds intern positions
  - $24K plus benefits annually per intern hired
  - $1,250 annually per intern for travel
- Proposals:
  - Increase the number of interns per site
  - Move funding from temporary positions funded by Nevada WICHE into permanent positions within DPBH
    - Pending legislative approval (2017)
- Adding an additional intern slot for the 2016-2017 training year
Colorado Psychology Internship Consortium (CO-PIC)

Two rural agencies and one Denver-metro agency partnered to share training resources

- Bright Future Foundation
- Samaritan Counseling Center
- Metro Community Provider Network

Diversity-focused training curriculum, with an emphasis on underserved populations in Colorado

- Increase collaboration between rural and metro agencies
  - Integrated primary care

First intern cohort began in August 2015 (3 interns)

Plan to seek accreditation beginning in December 2015
CO-PIC Funding

• CO-PIC was developed with support of a Federal Rural Health Network Development Planning Grant - $85,000
  – Supported WICHE’s administrative support and technical assistance and training committee FTE in development of internship

• Each agency pays:
  – 24K plus benefits annually per intern hired
  – ~1K annually per intern for travel

• WICHE’s continued TA supported by APA grant

• Currently seeking additional grant-funding opportunities for continued support
More WICHE-Supported Internships

- Program Development, Accreditation, and Technical Assistance support
  - Oregon State Hospital Psychology Internship Program
  - Alaska Pacific University
    - Doctoral counseling program

- Accreditation and Technical Assistance support
  - Partnership with Hogg Foundation for Mental Health
    - El Paso Psychology Internship Consortium
    - Harris County Juvenile Probation Department
    - Lonestar Psychology Internship Consortium
  - Bexar County Juvenile Probation Department
National Partnerships

• APPIC partnership – Phase I:
  – Conduct study of barriers to accreditation

• APPIC partnership Phase II:
  – Led 36 existing programs through the accreditation process via system for disseminating mentoring and technical assistance
    • Focus on accreditation and sustainability

• Partnered with APA to create and broadcast webinars focused on program development and accreditation
• Questions?

• Oregon Internship Stats
Internships in Oregon

• 13 Internship Sites
  – 5 Sites in Portland: 18 intern slots
  – 2 Sites in Newberg: 8 intern slots
  – 1 Site in Gresham: 5 intern slots
  – 2 Sites in Corvallis: 8 intern slots
  – 1 Site in Eugene: 4 intern slots
  – 1 site in White City: 3 intern slots
  – 1 site in Salem: 3 intern slots
• Total of 49 Intern Slots for 2016-2017 Training Year
  – 6 Accredited Sites ~ 27 Positions
  – 7 Unaccredited Sites ~ 22 Positions

  – BUT…
BUT...
State Lines

• Consortia can also cross state lines
  – Particularly helpful in sparsely populated areas near borders
  – Increase partnerships, collaboration, and cost-sharing

• Accreditation: need to justify need to be a consortium
  – Supervisors licensure
Billing

• Oregon Psychology Board:
  – “It Depends” on insurance provider
• Cannot bill Medicaid…

• Alternative: Interns can see sliding scale or uninsured → free up time for faculty
  – In some ways this also looks better for accreditation process
Consortia Benefits

• Difficult to recruit to rural areas
  • Often rural behavioral health providers work in private setting
    • Recruit for public behavioral health positions
    • 99.5% of accredited internship slots match annually

• Training in *rural* behavioral health
  – Diversity focused training
    • Assists with overall treatment *and* retention
      – Decreases clientele attrition AND workforce turnover
Take Home

• Cost-Effective Workforce Development Initiative
• Trained specifically in rural setting
• “Guaranteed” applicants
  – 99.5% of accredited internships slots secure positions annually
Thank you!

For more information about this or future internship development projects or the WICHE-PIC initiative:

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Questions?
Quick Plug

• Suicide Prevention Toolkit for Rural Primary Care

• Free PDF Download