



Mid-America (HHS Region 7)

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Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

SAMHSA

Substance Abuse and Mental Health
Services Administration

Building an Equitable Workforce in Pediatric Integrated Care

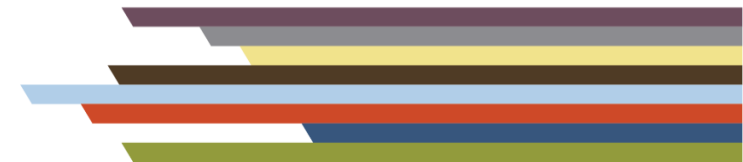
Kayzandra Bond, Ph.D.- Tidal Integrated Health

Arthur "Trey" Andrews III, Ph.D.- Assistant Professor,

University of Nebraska-Lincoln



MUNROE-MEYER
INSTITUTE



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED/
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

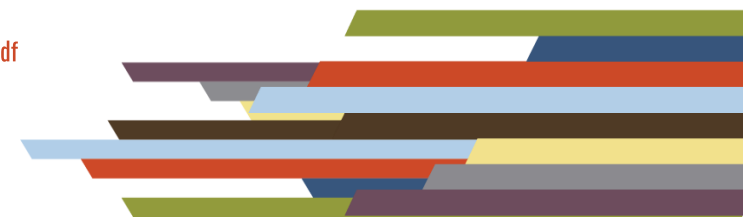
Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf



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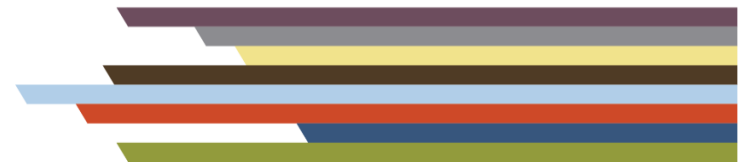
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What is the Mid-America MHTTC?



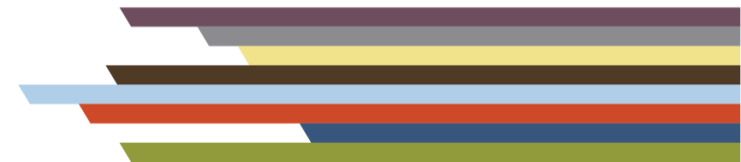
- Funded by the Substance Abuse and Mental Health Services Administration
- 5-year grant awarded to Dr. Joseph Evans at the University of Nebraska Medical Center
- Aligns mental health systems and professional competencies with evidence-based practices
- Primary target states: Missouri, Iowa, Nebraska, and Kansas - but available to any provider(s).
- Provides free/low cost training and technical assistance on topics leading to effective behavioral health practice

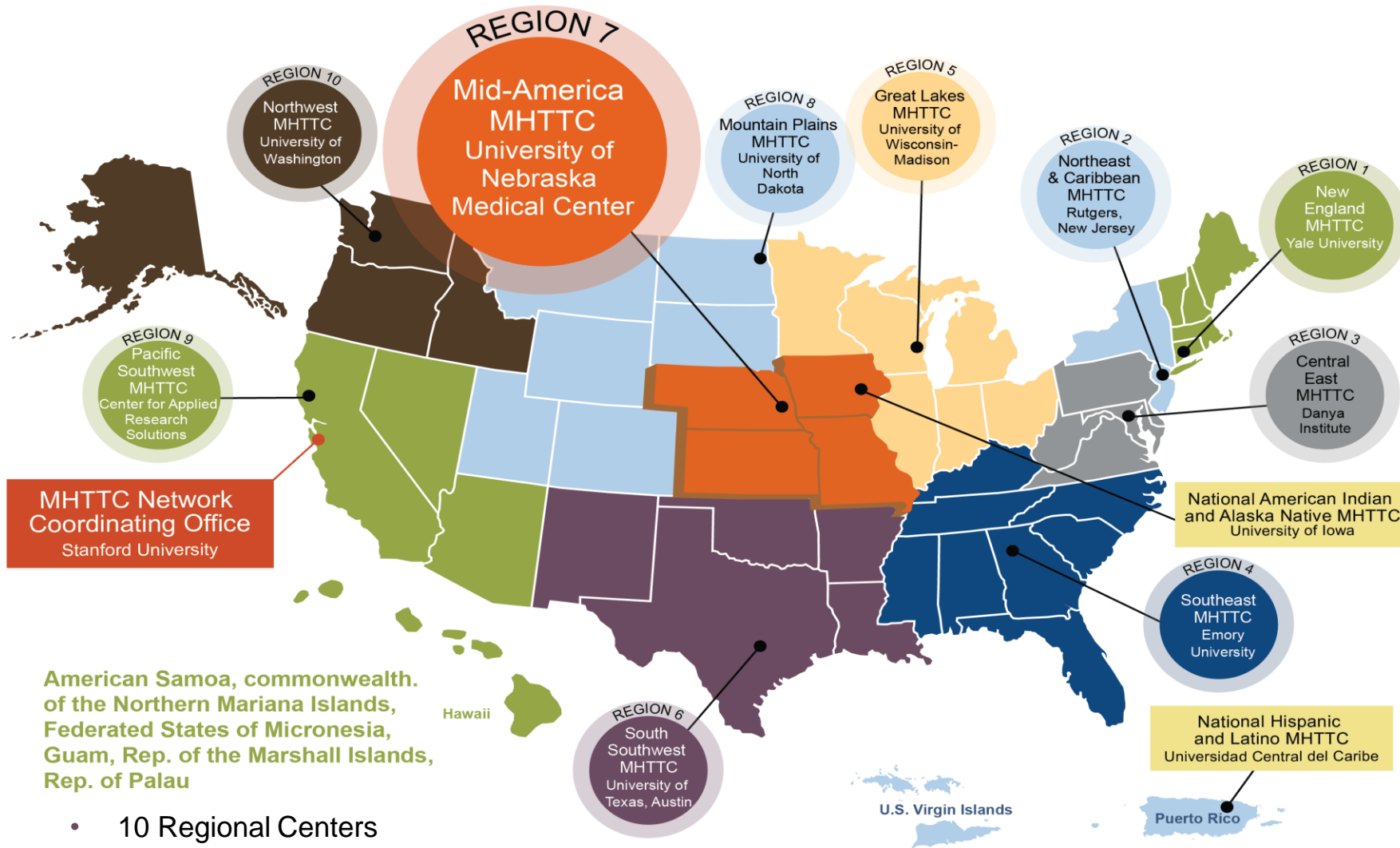


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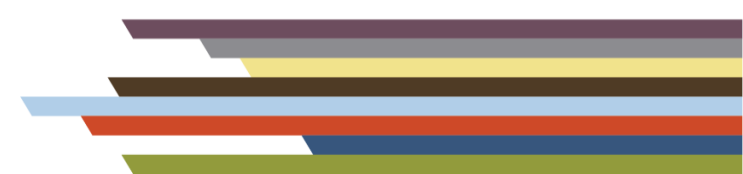
- 10 Regional Centers
- National Hispanic & Latino Center
- National American Indian and Alaska Native Center
- Network Coordinating Office



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Specialized Training Topics



Integrated behavioral health in primary care



School mental health ***



Serious mental illness



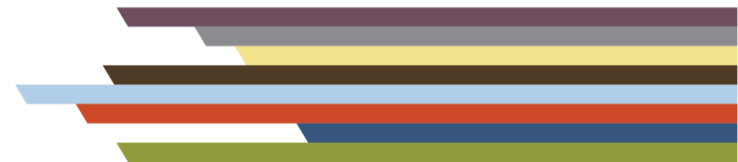
Behavioral health workforce development



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Integrated Behavioral Health in Primary Care



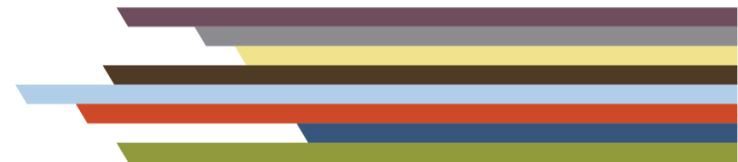
Our MHTTC staff have 20+ years of experience integrating behavioral health into primary care in 40+ rural, suburban, and urban sites



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MHTTC: Providing Training and TA in Integrated Care



QUALITY INDICATORS OF
INTEGRATED BEHAVIORAL
HEALTH IN PRIMARY CARE



EVIDENCE-BASED
BEHAVIORAL HEALTH
INTERVENTIONS FOR
CHILDREN AND ADULTS
APPLIED IN INTEGRATED
CARE SETTINGS



TECHNICAL ASSISTANCE ON
IMPLEMENTATION OF
INTEGRATED CARE



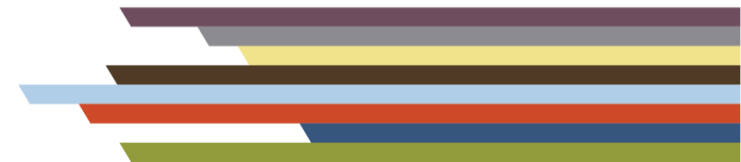
ONLINE AND IN-PERSON
COURSES FOCUSED ON
INTEGRATED CARE AND
SPECIAL TOPICS IN
PEDIATRIC AND ADULT
SERVICES (IN
DEVELOPMENT)



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Kay Bond, LP



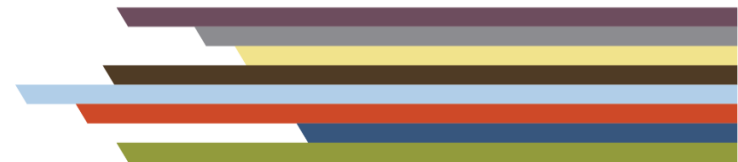
Kay Bond, LP, is the co-founder of Tidal Integrated Health, Inc., and co-director of Behavioral Pediatrics in Primary Care at NOVA Behavioral Healthcare Corporation in Goldsboro, NC. Dr. Bond is passionate about providing high-quality behavioral health services to young people and their families in rural, low-income, and underserved communities. She is also an experienced behavioral health supervisor. Most recently, Dr. Bond established two pediatric integrated behavioral health clinics designed to increase children's access to behavioral health treatment and reduce the stigma involved in participating in therapy. Dr. Bond's clinical and research interests include sleep, elimination disorders, and disruptive behavior and noncompliance. In addition, Dr. Bond is interested in integrating behavioral health into primary care practices and clinical supervision. She earned her Ph.D. in Pediatric School Psychology at East Carolina University in 2016, and she completed her internship and fellowship in Behavioral Pediatrics/Integrated Primary Care at the Munroe-Meyer Institute at the University of Nebraska Medical Center in 2018.



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Dr. Trey Andrews



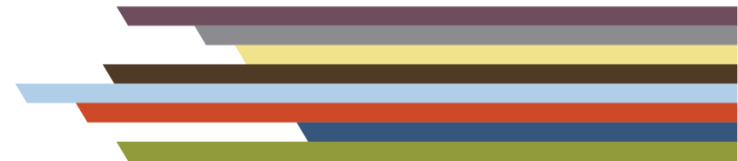
Dr. Trey Andrews is an assistant professor at the University of Nebraska-Lincoln in the Clinical Psychology Ph.D. program and is joint-appointed in Psychology and Ethnic Studies. He earned his Ph.D. in Clinical Psychology in 2014 from the University of Arkansas. As a graduate student, he helped solidify an integrated care practice that was in its second year and re-establish an additional site at an FQHC. He completed his internship (2014) and NIMH-funded postdoctoral fellowship (2016) at the Medical University of South Carolina with a focus on traumatic stress. While there, he laid the groundwork for integrated primary care practices in conjunction with family practice resident training and consulted with a local FQHC that was beginning its integrated care program. He now supervises students at an FQHC in Nebraska and has previously supervised students in another primary care clinic in Nebraska. Overall, the majority of the clinical services he provided and supervised have occurred in Spanish with Latinx populations. Beyond his practical experience, he has collaborated and led the publication of multiple research articles evaluating equity in primary care.



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Equitable Healthcare Workforce

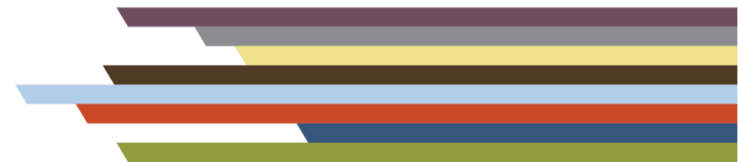
- The makeup of the workforce reflects equity
 - The demographic diversity of the community is reflected in the diversity of the health care providers.
 - Geographically distributed such that people have access to high quality care regardless of where they live.
- Healthcare workforce has necessary tools for enhancing mental health equity
 - Training
 - Clinical experience
 - Organizational authority
 - Organizational support



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Equitable Healthcare Workforce

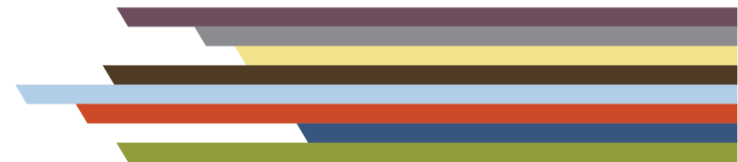
- Diversity in:
 - Race/ethnicity
 - Sex
 - Gender
 - Physical Ability
 - Religion/Faith
 - Sexual orientation
 - Socioeconomic background.
- Inclusion in ALL aspects the workplace/program
- Equality in opportunity to grow in profession while maintaining expression of diverse background.



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Why Build an Equitable Workforce?

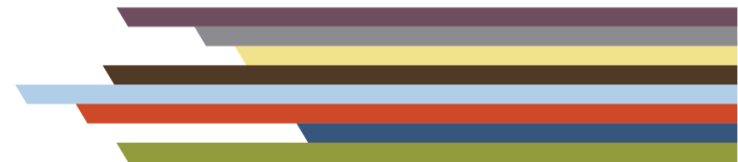
- Increasing racial and ethnic diversity of providers improves health outcomes of underrepresented minority (URM) patients.
 - URM providers are more likely to meet the needs of underserved populations
 - Diverse workforce also leads to greater patient satisfaction.



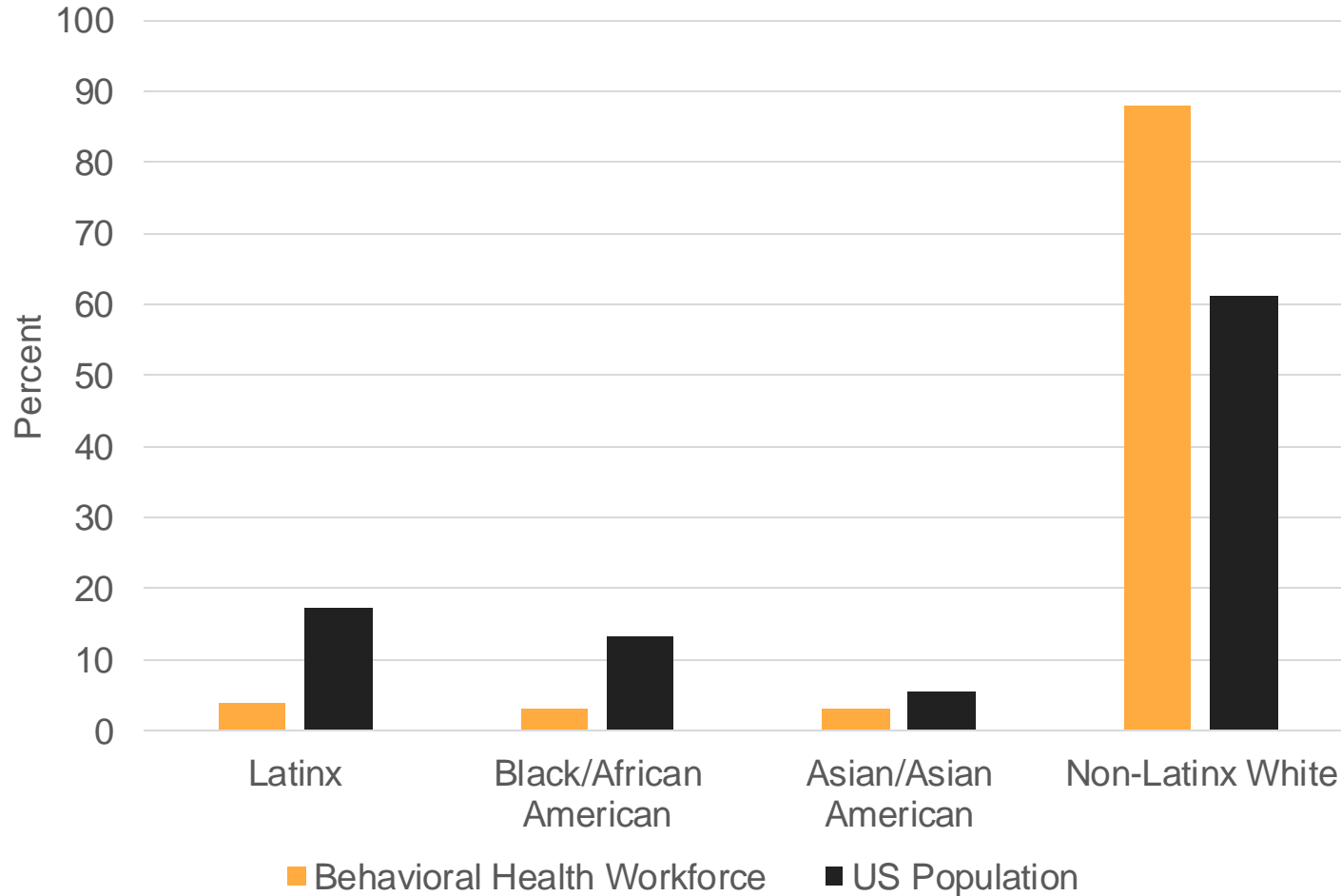
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Why Build an Equitable Workforce



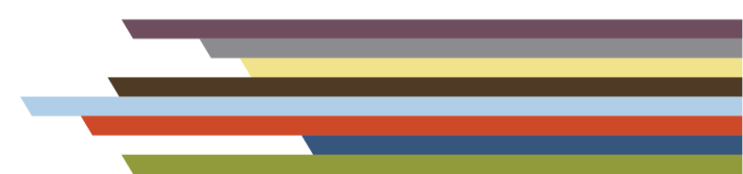
Currently there is a large discrepancy between the demographic make up of the population and the behavioral health work force



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Why Build an Equitable Workforce

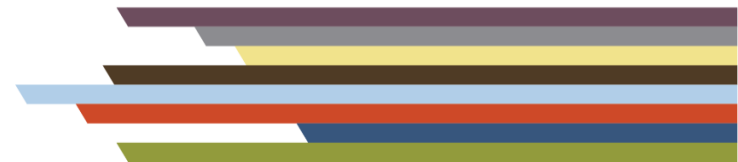
- Across fields, diversity in the workplace is linked to improved group performance and innovation.
- Workplaces benefit from increased variety of perspectives in problem solving processes, and developing novel products.



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Inequities Across the Workforce “Pipeline”

Existing educational inequalities pre-college graduation

Retaining students in graduate behavioral health programs.

Recruiting professionals into behavioral health service and training.

Recruiting students into graduate behavioral health programs.

Preparing students for careers in integrated care settings or others that can enhance equity

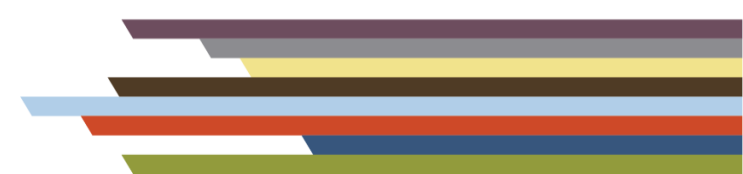
Retaining professionals in behavioral health service and training.



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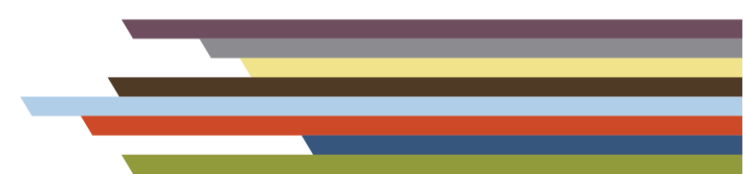
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Recruiting Students

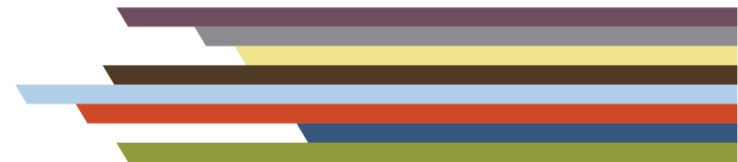
- Recruiting diverse providers starts with recruiting diverse students (Diversity Pipeline)
 - Awareness activities through all stages of education (starting in at least high school)
 - Mentorship and Hands-on experiences
 - Intentional efforts to promote diversity and inclusion as an objective of programs and workplaces.
 - Relationships among training programs, providers, and URM communities within the geographic area.



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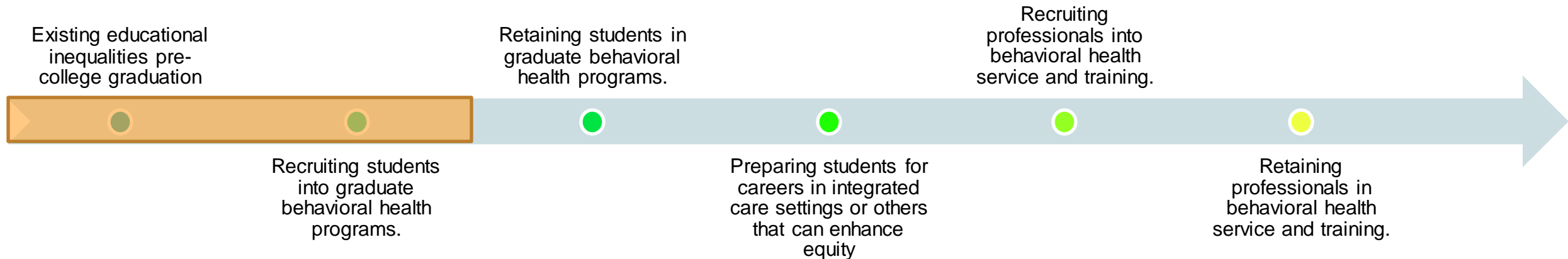
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Recruiting Students

- Importance of undergraduate mentorship
 - Types of clinical fields and degrees
 - Students often unaware of multiple paths to clinical career
 - Preparation for clinical degree
 - Importance of community partnerships: do local universities have internship programs? Are they willing to partner in creating some for course credit or for money?



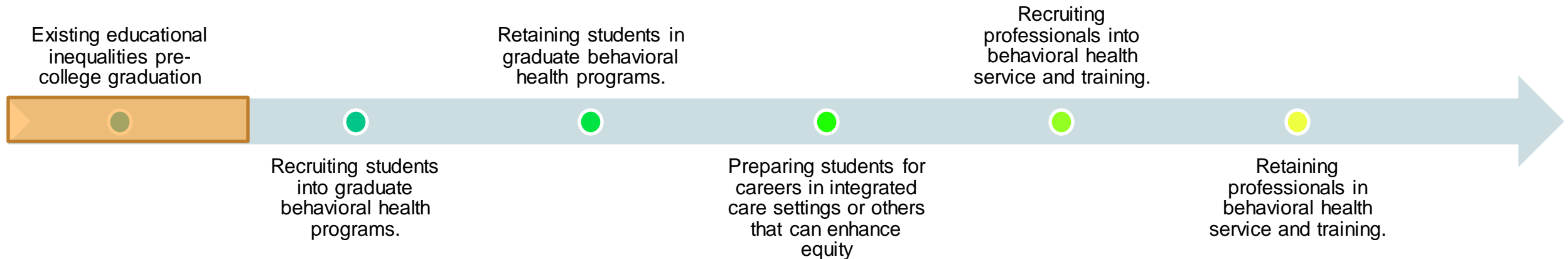
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Recruitment Programs

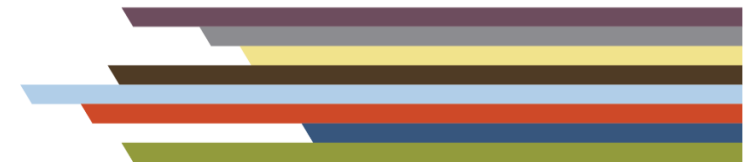
- F.A.R.M C.A.M.P (Frontier Area Rural Mental-Health Camp And Mentorship Program)
 - Founded by Catherine Jones-Hazledine, Ph.D. , a psychologist in western Nebraska, in 2013, to introduce secondary students to behavioral health careers, and connect them with local mentors.
 - Dr. Anitra Warrior, Ph.D. expanded the program to Winnebago, and is developing the pipeline for future Behavioral Health providers from the students in the American Indian community
 - Funded in part by Behavioral Health Education Center Of Nebraska (BHECN)
 - Partnered with Chandron State College and Little Priest Tribal College for college credit classes



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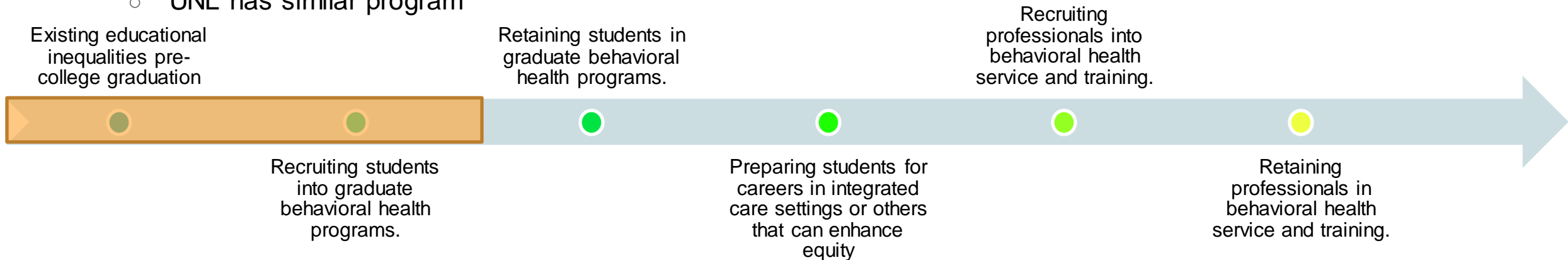
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Recruitment Programs

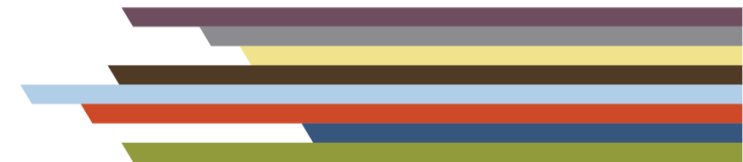
- University of North Carolina, Chapel Hill and similar programs
 - Host potential graduate applicants for weekend (may or may not be current undergraduates)
 - Do not need to be applying to UNC
 - Didactic lectures on application process and “tips”
 - Applied workshops with one-on-one guidance developing application components, CV and personal statement
 - Q&A with faculty and graduate students
 - Attendees lodge with current graduate students
 - Year-long mentorship available for further review of materials and follow up with application materials
 - UNL has similar program



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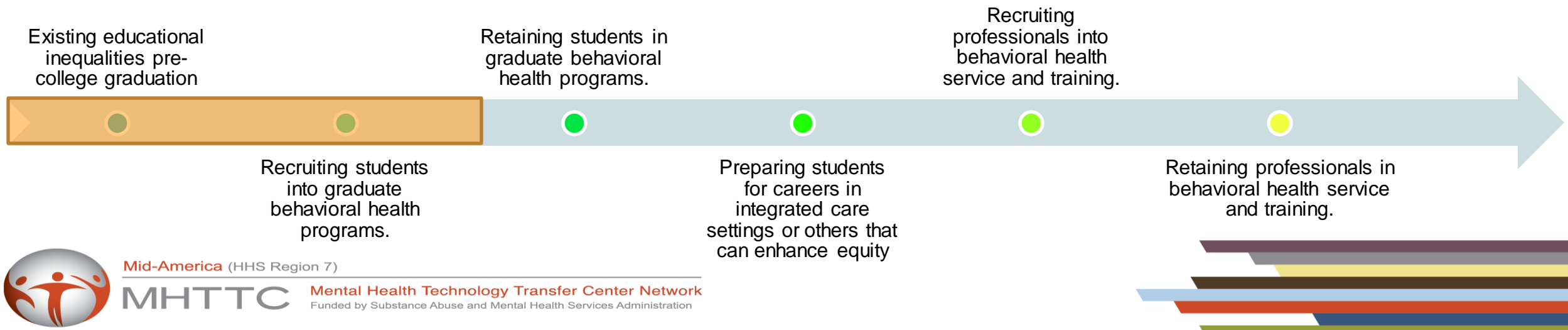
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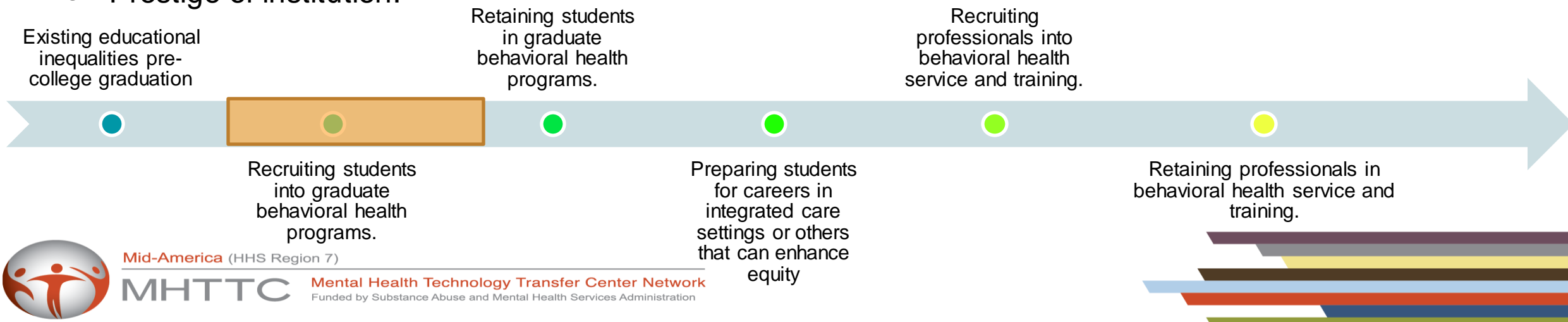
Recruitment Programs

- Graduate Psychology Diversity Pipeline at East Carolina University
 - Annual Event hosted to make students from underrepresented racial and ethnic minority groups aware of there graduate programs and how best to become competitive for admission.
 - Undergraduates and perspective students sit in on graduate psychology class, participate in lectures, small group q and a's, talk individually with faculty and students about requirements for admission, program overview, research and clinical experiences, and student life.
 - Faculty and students from Psychology department also participate recruiting events at local events Historically Black Colleges and Universities (HBCUs)



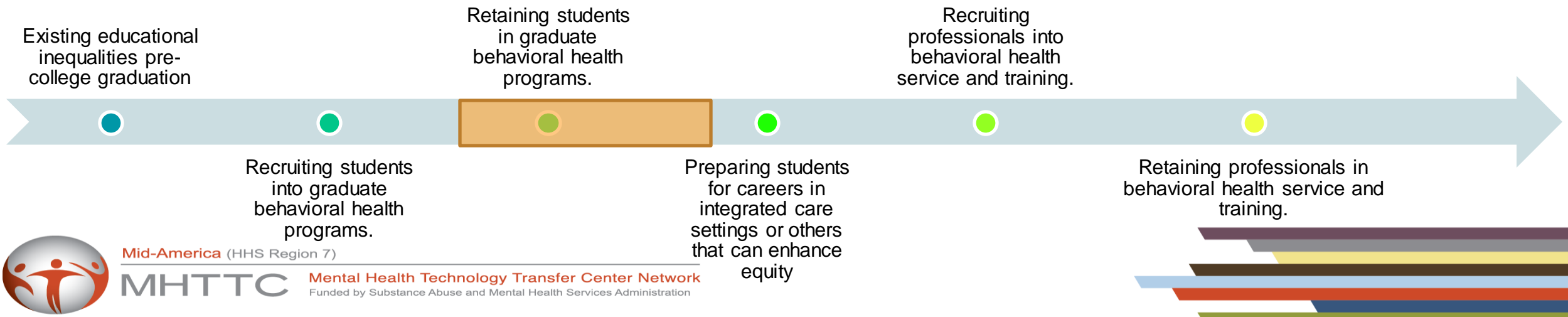
Proctor and Romano (2016) structure review of school psychology recruitment strategies

- Actively Recruit Minorities, specifically from Minority Serving Institutions
- Provide Financial Support
- Increase awareness of careers in field
- URM Faculty Members
- Geographic location of program (proximity to applicant support system, or diverse communities.
- Minority student presence
- Support (e.g., opportunities for mentorship)
- Program flexibility (e.g., length, scheduling, reducing weight of admissions standardized tests, etc.)
- Prestige of institution.



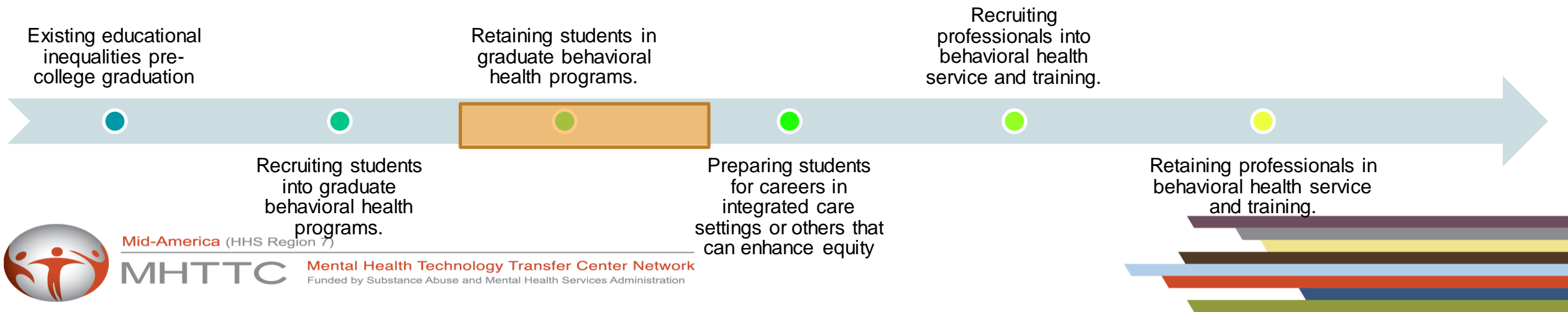
Retention of Students

- Behavioral Health Professions require completion of academic and clinical requirement to become licensed.
- URM students have higher attrition rates than other students.
- Student from all backgrounds benefit from training experience promoting cultural competence, cultural humility, and cultural respect. These experiences including classes, practice, and research.
 - These experiences increase the quality and likelihood of all practitioners to serve URM professionally.



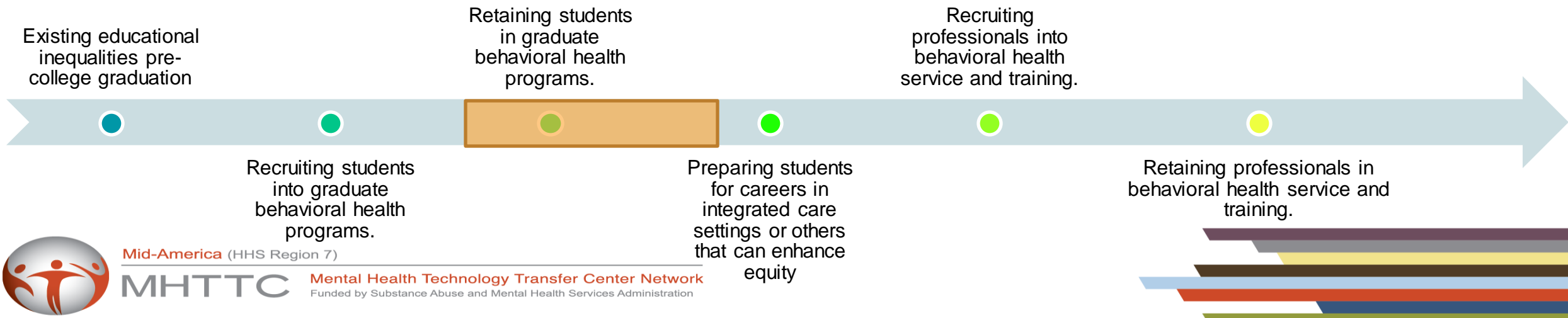
Proctor and Romano (2019) structure review of school psychology student retention strategies

- Cultivating a community atmosphere
- Connecting students to diverse professional networks
- Multi cultural program foci
- Mentorship opportunities
- Connection to Minority Community
- Financial Support
- Increase awareness
- Attendance at diversity focused conferences



Ju et al., 2020 interviews of counselor educators on retention strategies

- Proactive strategies integrating support for
 - Cultural Identity – on going conversations throughout student’s program to identify and correct missing aspects in the program.
 - Personalized support – supportive faculty student relationships, buddy systems
 - Faculty involvement – proactive outreach to URM students, intentional mentoring, networking and modeling professional interactions.
- Financial Support – number one predictor of program completion



Funding These Opportunities-Selected Examples

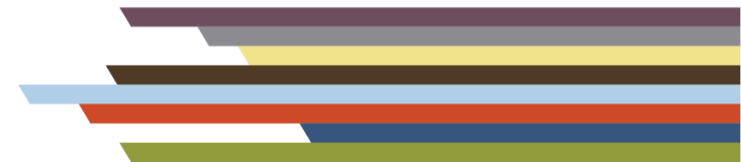
- Congress funds the Departments of Labor, Health And Human Services, and Education, and Related Agencies to Address disparities and foster greater diversity in health care, education and the workforce through HRSA Workforce Pipeline and Diversity Programs
 - \$4 million for Faculty Loan Repayment
 - \$17 million for Minority Fellowship Program (MFP) – competitive fellowship to recruit minority behavioral health providers, and train providers to treat racial/ethnic minority populations.
 - \$ 23 million for Centers for Excellence to address American Indian and Alaska Natives in the Health care work force
 - \$45 million for Area Health Education Centers – linking universities to community health service delivery systems for training.
 - \$65 million for Scholarships for Disadvantaged Students – including rural backgrounds
 - \$784 million for Strengthening HBCUs and Minority serving Institutions – highest producers of minority professionals



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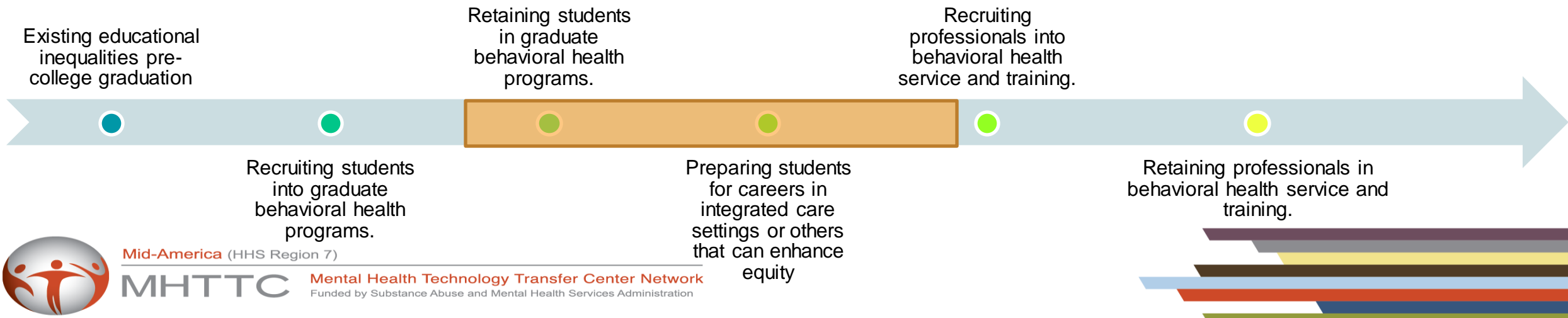
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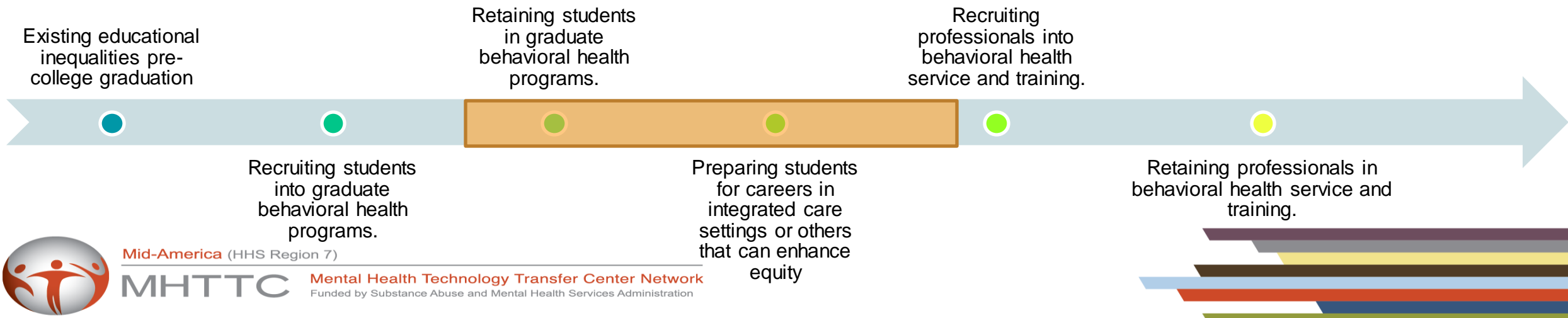
Preparing the Workforce

- Ensuring professionals have skills to enhance equity requires more than recruiting, retaining, and graduating students from underrepresented backgrounds
- At times referred to as “decolonization”
- Moves beyond training content and models that support status quo of inequalities
- Example of language



Diversifying the Training Experiences

- At least two components to health equity training: interpersonal level and systems level
- Two formats: didactic and “hands on”
- Community partnerships essential to the latter, but need to be complementary
- Integrated primary care training at graduate level is increasing, but still lacking



Developing Community Training Programs

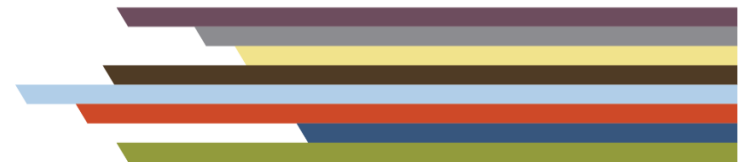
- For existing integrated primary care practices looking to start a training placement
 - Clarify goals of training placement. How does training at your site enhance equity?
 - Outline minimum acceptable training of student prior to placement, but be flexible
 - Identify local training programs and determine “fit”
 - Student training should be central
 - When in doubt, reach out



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Developing Community Training Partnerships

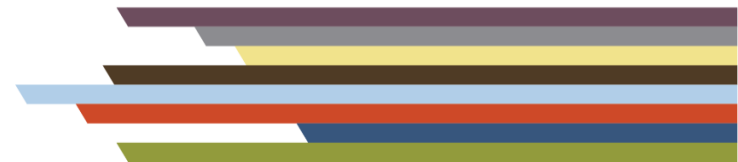
- Considerations as you're preparing a training partnership in integrated primary care
 - Pay-many students do this on a volunteer basis, but this yields unequal training experiences (vulnerable students doing harder work for less pay)
 - Grants may be available, but often require demonstration of feasibility and commitment (GPE, BHECN, BHWET, MFP)
 - Clinical structure and abilities-What can the trainee do independently?
 - Supervision structure
 - After all of the above, consider what is the student learning to enhance equity that would be hard to learn elsewhere?



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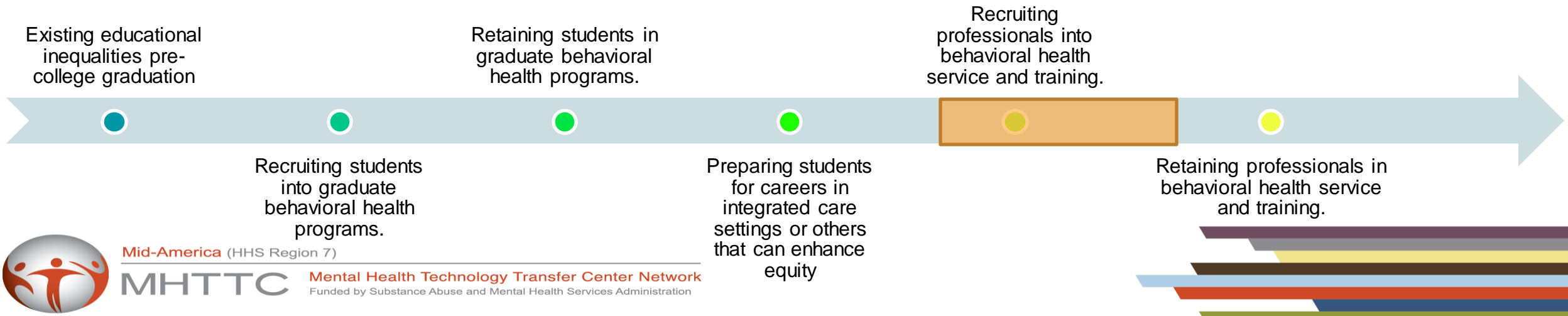
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Recruiting Professionals

- Even with training, how do we improve transition into workforce?
- Lokko, Chen, Parekh, and Stern (2016) Psychiatric Workforce Diversity Recommendations.
 - Organization advertising commitment to diversity, inclusion, and equality.
 - Providing the opportunity to serve underserved communities.
 - Connection with Professional organizations
 - Financial support for URM providers or serving underserved populations
 - Increased financial incentives for current employees to refer professionals from URM to apply to positions



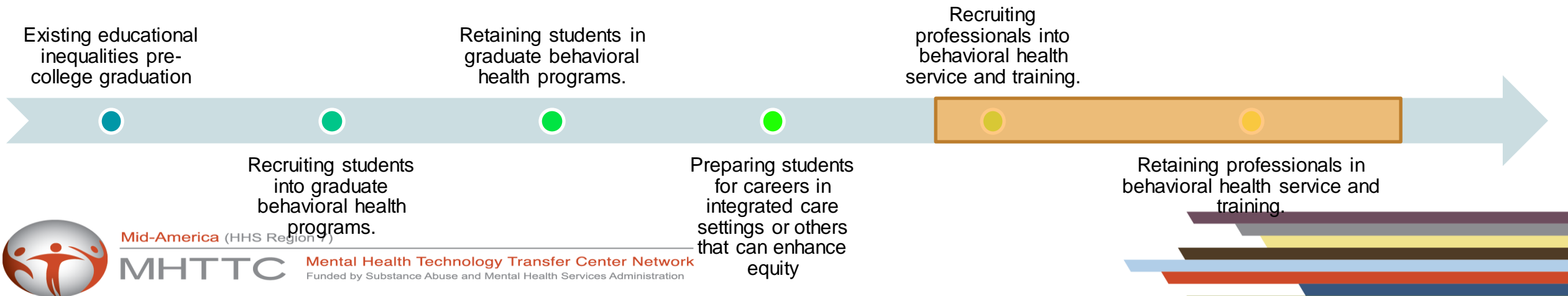
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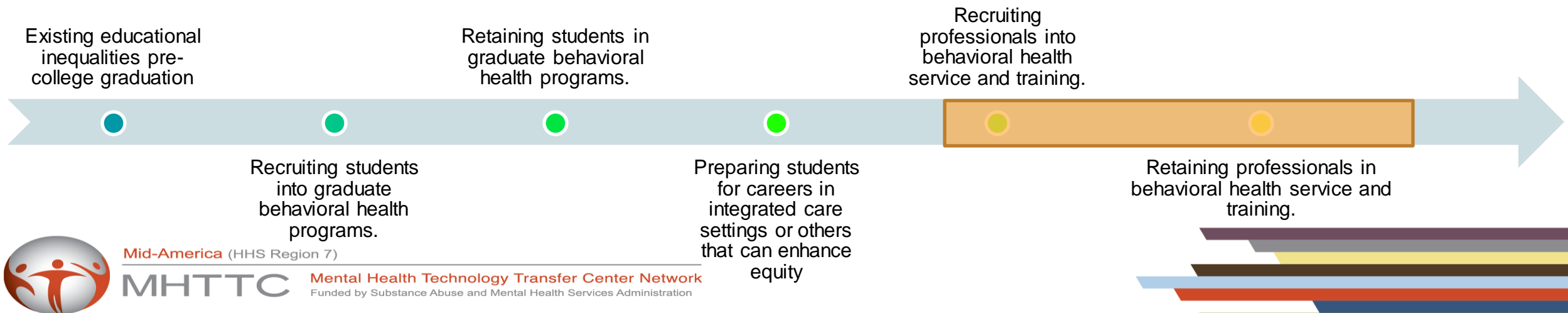
Retaining Professionals

- Professional organizations, academic medical centers, and community health centers establishing diversity and inclusion as core components of the organization's missions.
- Increase exposure to diverse populations for providers of all backgrounds
- Fostering an attitude of cultural respect
- Participation in federally funded training and funding programs (e.g., Minority Fellowship Program (MFP), Diversity Leadership Program)
- Community health centers partnering with academic medical centers and post graduate training programs to allow for hands-on training in working with the diversity of local communities, and innovations born of being under resourced.



Retaining Professionals: Buche, Beck, & Singer (2017) minority provider survey

- Top factors endorsed as influencing retention of minority providers .
 - Population Served by Organization
 - Flexible work schedule
 - Organizational mission
 - Job security
 - Work Location
 - Opportunities for professional growth.



Distilling Recommendations across Settings

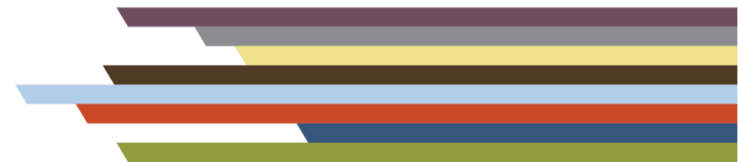
- Explicitly recruit those from underrepresented backgrounds to create “positive feedback loop”
- Be prepared to support professionals/trainees from underrepresented groups
 - Financially, emotionally, with training and work experiences that serve underserved populations
 - With space for diverse cultural expression
- Create flexible academic/community/service partnerships



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Coming Home to Primary Care Pediatric Integrated Health Series

Last Friday of each month, 12-1pm Central Time

- February 26, 2021: Addressing Linguistic Diversity in Pediatric Integrated Care
- March 26, 2021: Equity Considerations in Rural Communities and Reservations
- Recordings will be made available

<https://mhttcnetwork.org/centers/mid-america-mhttc/coming-home-primary-care-pediatric-integrated-behavioral-health>



Mid-America (HHS Region 7)

MHTTC

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