UNIVERSITY OF NORTH CAROLINA
BEHAVIORAL HEALTH WORKFORCE
RESEARCH CENTER

Abstract
August 2023

Preparing Behavioral Health Clinicians for Success and Retention in Rural Safety Net Practices

Donald Pathman, Lisa de Saxe Zerden, Mandi Gingris, Jessica Seel, Jackie Fannell, Brianna Lombardi

Introduction

Behavioral health training programs that provide hands-on experiences in rural underserved areas and targeted curricula are intended to prepare graduates for work in these communities and enable them to work there long-term. This study assessed how, among behavioral health clinicians working in rural safety net practices, the amount of exposure to care in rural underserved communities received during training relates to clinicians' confidence in skills important to their work settings, their successes in their jobs and communities, and their anticipated retention.

Methods

Subjects were Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors (LPCs) and Psychologists working in rural safety net practices—mental health facilities, community health centers, and other facilities—while receiving loan repayment support from the National Health Service Corps. Data were from annual surveys routinely administered to NHSC clinicians by the 21 states of the Provider Retention & Information System Management (PRISM) Collaborative from 2015 to early 2022. The amount of training exposure clinicians reported in care in rural underserved areas was correlated with indicators of their skills confidence, practice and community successes, and anticipated retention using chi-square, linear regression and logistic regression analyses.

Findings

The survey completion rate was 63.6% and included responses from 778 behavioral health clinicians in rural settings: 380 LPCs, 339 LCSWs, and 59 Psychologists. A total of 486 (62.5%) of these rural respondents reported they had formal training experiences with medically underserved populations during their professional training, for a median of approximately 47 weeks. Among those with training experiences with medically underserved populations, most (58.8%) quantified the amount of exposure within rural areas specifically as extensive. Analyses adjusting for potential confounders found that respondents with more rural exposure reported feeling better prepared for what it takes to live happily in their communities (p=.046), a greater sense of belonging to the community when at work (p=.004), and positive

associations with other indicators of community integration. In adjusted analyses, respondents with more rural-focused training also more often anticipated they would remain in their rural safety net practices for at least another five years ($p<.001$). In contrast, the amount of rural underserved care training was not associated with respondents' confidence levels in the six professional skill areas queried or with various successes in practice, including feeling a strong personal connection with patients and overall work satisfaction.

Conclusions and Policy Implications

Formal training in care for underserved populations, and specifically within rural underserved areas, was a large part of the education of this study's behavioral health clinicians who worked in rural HPSA safety net practices. Those with more training in rural underserved care reported greater integration and fit in their communities and anticipated remaining in their practices longer. Yet in the same group, increased training in rural underserved care was not associated with greater confidence in various skills important in their practice settings or successes in their work, including satisfaction with their work and jobs. These findings generally support the workforce outcomes of current behavioral health training programs and experiences as a whole that provide preparation for work in rural underserved settings.