



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Growing More Than Corn: Nebraska Behavioral Health Workforce Development

Unique Considerations for Rural Behavioral Health Workforce Development

Catherine Jones-Hazledine, PhD



DISCLOSURES

This presentation was prepared for the MHTTC Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the MHTTC Network Coordinating Office. This presentation will be recorded and posted on our website. At the time of this publication, Miriam Delphin-Rittmon served as Assistant Secretary for Mental Health and Substance Use and Administrator of SAMHSA. The opinions expressed herein are the views of the speakers and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

This work is supported by grants under Funding Opportunity Announcement (FOA) No. SM-18-015 from the DHHS, SAMHSA.

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

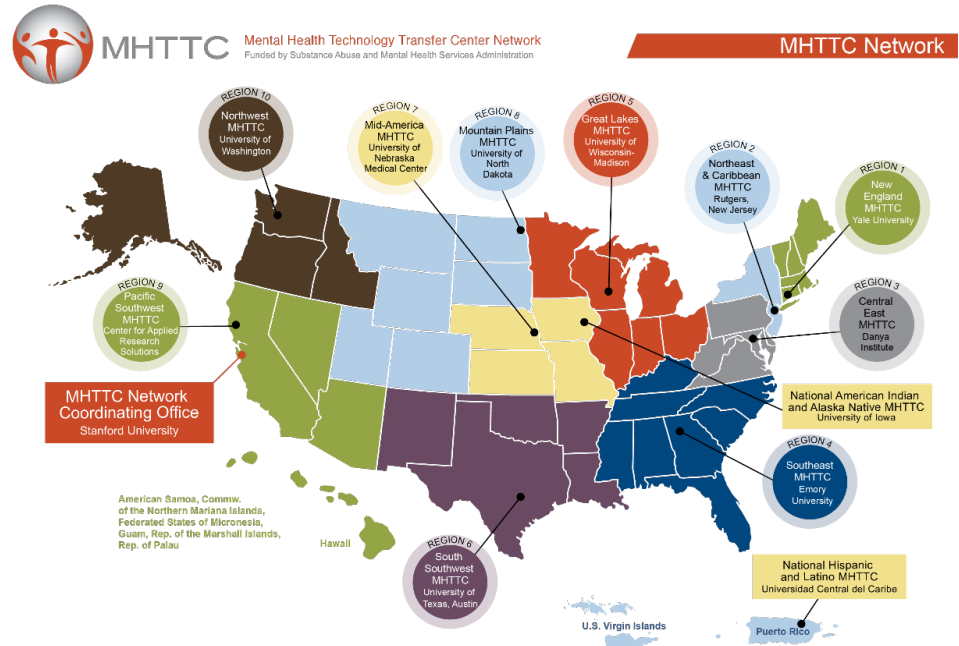
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Mid-America Mental Health Technology Transfer Center

Established to increase utilization of evidence-based mental health practices.

- Missouri, Iowa, Nebraska, and Kansas.
- Free training and technical assistance.
- SAMHSA grant awarded to the Behavioral Health Education Center of Nebraska at University of Nebraska Medical Center.
(5 years, \$3.7 million, grant number: H79SM081769)





Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Marley Doyle, M.D.

Director of BHECN

Marley.Doyle@unmc.edu

Twitter: @DrMarleyDoyle

Follow BHECN

Facebook: <https://www.facebook.com/BHECN>

Twitter: <https://twitter.com/BHECN1>

LinkedIn: <https://www.linkedin.com/company/29090187/admin/>

More information about BHECN can be found at www.unmc.edu/bhecn



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Growing More Than Corn: Unique Considerations for Rural Workforce Development

Catherine Jones-Hazledine, Ph.D.
Licensed Psychologist/Owner WNBH
Co-Director, BHECN Panhandle



Who Am I

- Licensed Psychologist
 - Western Nebraska Behavioral Health Clinics
- Working primarily in integrated care in the Panhandle and Sandhills areas of Nebraska
- 18 years in Rural Practice
- Native Nebraskan
- Adjunct faculty with Chadron State College and UNMC's Munroe-Meyer Institute
- Co-Director of BHECN Panhandle

BHECN Panhandle

- Behavioral Health Education Center of Nebraska (created 2009)
 - Workforce development
 - Recruitment and Retention
- BHECN Kearney
 - Originally worked to address the needs of central and western NE
- BHECN Panhandle formed in 2019
 - Recognition of different needs for different areas
 - Focuses on more isolated rural areas of the state

Objectives Today:

- Identify factors that complicate rural practice and workforce development.
- Contrast resources and needs in urban and rural areas.
- Discuss example programs that address rural issues in workforce development.



Rural and Urban Differences

In states with significant rural areas, there are significant differences between urban and rural areas that impact clinical practice AND workforce development

Urban locations have:

- More training institutions

- More internship and practicum locations

- More jobs for partners and family members

- More personal resources (medical care, shopping, housing, leisure activities and organizations)



Rural and Urban Differences

- Cultural differences
 - Attitudes toward new people
 - Attitudes toward behavioral/mental health
 - Lifestyle differences
 - Political and social differences



Rural vs Rural Differences

- Not all “rural” is the same
- Nature of rural impact is formed by
 - Size of communities
 - Geographical distance from metropolitan areas
 - Extent of agricultural economy



What these differences mean for recruitment:

- It can be more challenging to recruit providers in the first place
 - Turns out not everyone wants to live in the boonies
 - Rural conventions and attitudes can be strange to people from urban settings
 - Lack of amenities, activities
 - Graduate programs take a long time, and people often put down roots during the years they are in school
 - If there aren't jobs for partners, rural areas are less appealing
 - Multiple obstacles make the path even longer from high school to career.

What these differences mean for retention:

- Retention is complicated
 - Rural people can be slow to welcome “outsiders”
 - Isolation and lack of resources impact work satisfaction
 - Dual relationship issues can create stressors
 - Work-life balance is especially difficult in underserved areas
 - Traditional strategies (e.g. loan repayment) may draw providers, but they often don't stay long term

Challenges For Rural Youth

- Few jobs exist for young people
- Rural youth tend to leave their home communities
- Many return, but are underemployed
- Rural youth struggle with differences between rural/urban culture
 - Many don't succeed when they go away to school



Solution: Growing Our Own

- Focusing on recruitment of rural youth has advantages:
 - Rural youth understand the culture of the communities
 - Research tells us that rural residents often feel more comfortable with people of similar backgrounds
 - Rural individuals are more likely to want to be in these communities and are more likely to stay
 - Rural youth can establish a career that allows them to stay close to family



F.A.R.M C.A.M.P

- Frontier Area Rural Mental Health Camp and Mentorship Program
- Developed by WNBH and Funded by BHECN
- Started 10 years ago
- Annual summer camp for high school students interested in behavioral health careers



F.A.R.M C.A.M.P



- College credit offered
 - Introductory special topics
- Presentations by rural providers of various disciplines
- Hands-on practice in interviewing and case conceptualization
- Mentors assigned who follow students through the years
- Social media groups for alumni to stay connected
- Alumni invited back for future years, and often take on a leadership role

Lessons in Rural Workforce Development

- Start Early
- Provide access to information in various ways (written materials, speakers, webinars, in-person activities)
- Relationships are important so mentors are key
 - Mentorship helps bridge the high school to undergraduate and graduate school to workforce divides
- Target outreach at all possible levels: high school, undergraduate, graduate programs, and internship

Lessons in Rural Workforce Development

- Retention is better when ties to rural areas exist
- Regardless, keys include:
 - Preparing providers for rural practice realities
 - Practicum and internship placements in rural settings
 - Providing rural-specific trainings and information
 - Conferences specific to rural issues and easily accessible to rural providers
 - Connecting rural providers through formal and informal means
 - Conferences
 - Happy hour events

Lessons in Rural Workforce Development

- Even small numbers make a big difference.
 - One behavioral health provider can mean over 1,000 patient visits per year
 - Providers who found their way through mentorship are likely to mentor others





Questions?



Mid-America (HHS Region 7)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Connect With Us

JOIN OUR MAILING LIST:



FOLLOW US ON SOCIAL MEDIA:



/MidAmericaMHTTC



@MidAmericaMHTTC



/company/MidAmericaMHTTC

EMAIL: midamerica@mhttcnetwork.org

WEBSITE: mhttcnetwork.org/midamerica



UNMC

MUNROE-MEYER
INSTITUTE

BHECN

BEHAVIORAL HEALTH
EDUCATION CENTER
OF NEBRASKA

SAMHSA

Substance Abuse and Mental Health
Services Administration