POLICY BRIEF

The Behavioral Health Workforce in Rural America:

Developing a National Recruitment Strategy

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Background

Recruitment and retention strategies such as clinical training experiences and financial incentives can encourage behavioral health providers to practice in rural areas of the U.S. Educating and engaging students who are from rural areas can also increase the chances that they will remain and practice in those geographic regions.[1–3] Policymakers and program directors diligently and creatively employ these as well as a broad swath of other approaches to encourage behavioral health workers to practice in underserved rural areas. The purpose of this study was to interview state-level experts in rural health and behavioral health to characterize the approaches they use to recruit and retain behavioral health workers to rural areas of their states.

Key Findings

- State experts lack data about which behavioral health providers are in greatest need, and about which programs are most effective in terms of recruitment and retention of behavioral health workers.
- Most experts believe that raising behavioral health workers' salaries and improving Medicaid reimbursement for behavioral health services will positively impact workforce sufficiency. Experts also suggested that greater investment in pipeline programs and loan repayment programs, as well as increasing state's residency slots, may have substantial impact on reducing the gaps in rural recruitment and retention of behavioral health workers.
- Innovative approaches to recruitment and retention include: increasing the use of public private partnerships to fund tailored loan repayment, scholarships, conferences, and pipeline/pathway programs; investigation of changing certification requirements to encourage earlier entry into practice; and improvements to rural work/life balance to reduce burnout.

Methods

The study was designed to use phone interviews to learn of successful recruitment and retention strategies. Interview subjects were identified from purposeful samples of experts from state offices of rural health, offices of health workforce/health professions, and state mental health agencies. The researchers developed and utilized semi-structured interview protocols to conduct 75 interviews in 47 states. The interviews were digitally recorded and professionally transcribed verbatim. All transcripts were coded and data were organized using QSR NVivo12 Pro software. The University of Michigan Institutional Review Board for Health Sciences Behavioral Sciences deemed this study exempt from ongoing review.

Results

The authors completed 75 1-hour interviews with experts from 47 states who readily shared their experiences with recruitment and retention efforts for behavioral health workers in rural areas of their states. State experts included 45 interviewees from rural health offices and 30 interviewees from behavioral health offices, and nearly all had been in their positions for >2 years. Interviewees had nuanced and varied understandings of the factors that exacerbate shortages, and shared information about current state efforts to recruit and retain the behavioral health workforce in rural areas.

Main themes included:

1. **Providing financial incentives**. Experts cited loan repayment as an important tool for recruiting providers to practice in rural areas, such as through: loan repayment programs through the National Health Service Corps, as well as those funded solely by state general funds or combinations of states and private entities; tax credit programs to qualifying providers working in rural areas; and scholarship programs to recruit providers to rural areas.
2. **Educational training programs.** Experts shared an understanding that residents tend to practice in the state in which they completed their residency and acknowledged the importance of states having both residency programs for psychiatry and training programs for other behavioral health workers. Pipeline programs introduce middle school, high school, or community college students to opportunities in health professions. Many interviewees described pipeline programs in their states, yet few tracked actual recruitment. Most states have pipeline programs through Area Health Education Centers.
3. **Practice-oriented tactics**. Experts cited telehealth as an extender of access to behavioral health services and a way for rural providers to access specialists at Centers of Excellence. Many experts expressed a desire to see their state expand the use of telehealth services despite current reimbursement, licensure, and infrastructure limitations. Experts also named increasing reciprocity in state licensure requirements, reducing initial licensure requirements, and utilizing an integrated care approach as strategies for increasing the supply of rural providers.
4. **Innovative approaches.** Some experts offered out-of-the-box examples of state efforts to recruit and retain providers, including state programs coordinating with foundations or community employers to fund additional programs, an extended pipeline, expanded preceptor roles to maintain connections with students, tiered certification opportunities, and job marketing efforts.

Conclusions & Policy Implications

Study findings revealed that, though many organizations engage in efforts to recruit and retain a behavioral health workforce in rural areas of the country, gaps still exist. Although some recruitment and retention tactics have an evidence base, many others could greatly benefit from evaluation. Most state experts do not have data that indicates which behavioral health providers are in the highest need in their state or region. Knowing the gap in provider adequacy by provider type could help tailor efforts to increase and maintain the behavioral health workforce. Finally, policymakers could increase the portion of health training scholarships that are awarded to people specifically studying to become behavioral health providers—both early in the pipeline process and as future service requirements—encouraging individuals from rural areas to enter the behavioral health workforce.

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Government. For more information, please visit HRSA.gov.

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