

Title: F.A.R.M. C.A.M.P: Growing A Rural Behavioral Health Workforce

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Background: Nebraska is a highly rural state. Only 9/93 counties in the state are considered metropolitan, 49 classified as rural, and 35 deemed frontier counties (≤ 6 persons per square mile)¹. However, 71.2% of behavioral health (BH) providers in the state are clustered in metropolitan areas¹. As a result, 88/93 counties are identified as BH shortage areas. Research suggests that financial incentives are not sufficient for the recruitment and retention of rural BH providers, but one good predictor of rural practice choice is having grown up in a rural setting².

Aims: F.A.R.M C.A.M.P (Frontier Area Rural Mental health Camp and Mentorship Program) aims to improve recruitment and retention in two particularly rural and underserved areas of Nebraska by identifying local high school students interested in BH careers and providing education, support, and mentoring.

Methods: Since 2011, high school students interested in BH careers are invited to participate in a weeklong summer camp designed to introduce BH careers. The camp includes an college credit eligible introductory course in BH, presentations by current rural BH providers, and additional educational activities. Following camp, rural BH providers mentor these students through high school and into college.

Results: To date, four-cycles have participated in F.A.R.M C.A.M.P (N=39; 9 males, 30 females). 49% of participants were Native American, and 51% were Caucasian. Follow-up surveys indicated high rates of participant satisfaction, and increased knowledge about BH careers. 84% of respondents had ongoing interest in BH careers. 95% of respondents indicated ongoing communication with assigned mentor, and this contact was rated as helpful by participants.

Conclusions: Although F.A.R.M C.A.M.P has not been in existence long enough to determine long-term improvements in recruitment and retention of BH providers in rural communities, student response to this innovative program has been promising for developing future rural BH providers.

References:

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