



**Behavioral Health Education Center of Nebraska  
(BHECN)  
FY 2012 - FY 2013 Legislative Report**



**Behavioral Health Education Center of Nebraska (BHECN)  
FY 2012 - FY 2013 Legislative Report** (July 2011 through June 2013)

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*Medical Director*

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### **Brent Khan, Ed.D.**

*Associate Director*

- » Dr. Khan has deep operations expertise in healthcare programs. As BHECN's Associate Director, he provides leadership to staff, faculty, health care providers, administrators, and consumers to enhance the behavioral health workforce across Nebraska. He is certified in the HeartMath Resilient Education Program as a One-on-One HeartMath provider. Dr. Khan has also conducted numerous presentations on job stress and burnout.

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## EXECUTIVE SUMMARY

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### THE MISSION AND PURPOSE OF BHECN

BHECN was created by the Nebraska Legislature in April 2009 through the passage of LB 603, with the intent of developing a behavioral health education center that would be interprofessional in nature and reach across the state to address the shortage of trained behavioral health providers in rural and underserved areas. BHECN's mission is to enhance the behavioral health of the people of Nebraska by improving the numbers, accessibility, and competence of the Nebraska behavioral health workforce through the collaboration of academic institutions, providers, governmental agencies, and the community.

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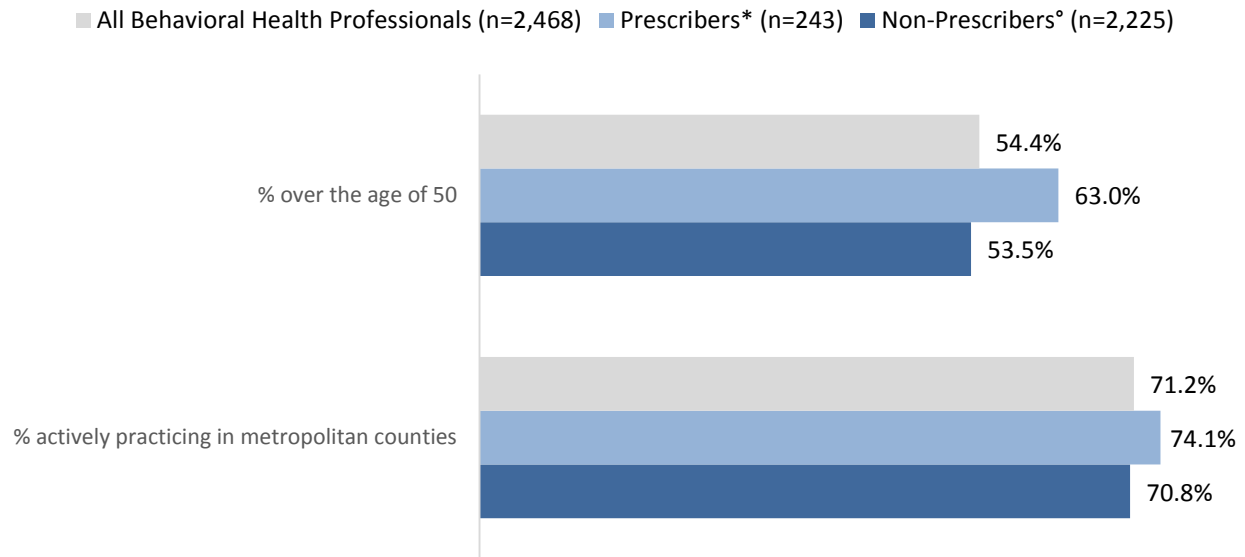
### THE NEED FOR BEHAVIORAL HEALTH PROFESSIONALS IN NEBRASKA

Based on an analysis of Nebraska's behavioral health workforce conducted by BHECN through a contract to the Nebraska Center for Rural Health Research (2013), it is evident that the state continues to face critical shortages in the supply of behavioral health providers due to the following issues: (1) a decline in the supply of prescribers of psychiatric medications, (2) a significant geographical and regional mal-distribution of the behavioral health workforce, (3) an aging behavioral workforce, and (4) an increasing need for mental health services among the population.

The Federal Health Resources and Services Administration and the Nebraska Office of Rural Health have both designated 88 of Nebraska's 93 counties as "Mental Health Professions Shortage Areas." The vast majority (78 out of 93) counties in Nebraska do not have a practicing psychiatrist within the county. In addition, 72 Nebraska counties are without a psychologist. The disquieting reality is that rural populations in Nebraska are underserved by behavioral health services.

There is also the concern that many behavioral health professionals in Nebraska will be aging out of their positions in the near future. Over half (54.4%) of all behavioral health professionals in Nebraska are over the age of 50, and over three-fifths (63.0%) of prescribers of psychiatric medications in the state are over the age of 50. A further concern is the stark reality that rural communities are underserved in terms of behavioral health services. A very strong majority (72%) of all behavioral health professionals in Nebraska practice in metropolitan counties (Figure 1), leaving only 28% of the behavioral health workforce to cover 70,000 square miles and nearly 900,000 people.

Figure 1. Percentage of Nebraska Behavioral Health Professionals Over 50 and the Percentage Actively Practicing in Metropolitan Counties (2012)



\*Prescribers include psychiatrists, nurse practitioner - psychiatric mental health, and physician assistant - psychiatric mental health.  
 °Non-prescribers include psychologists, mental health practitioners, and addiction counselors.  
 (Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

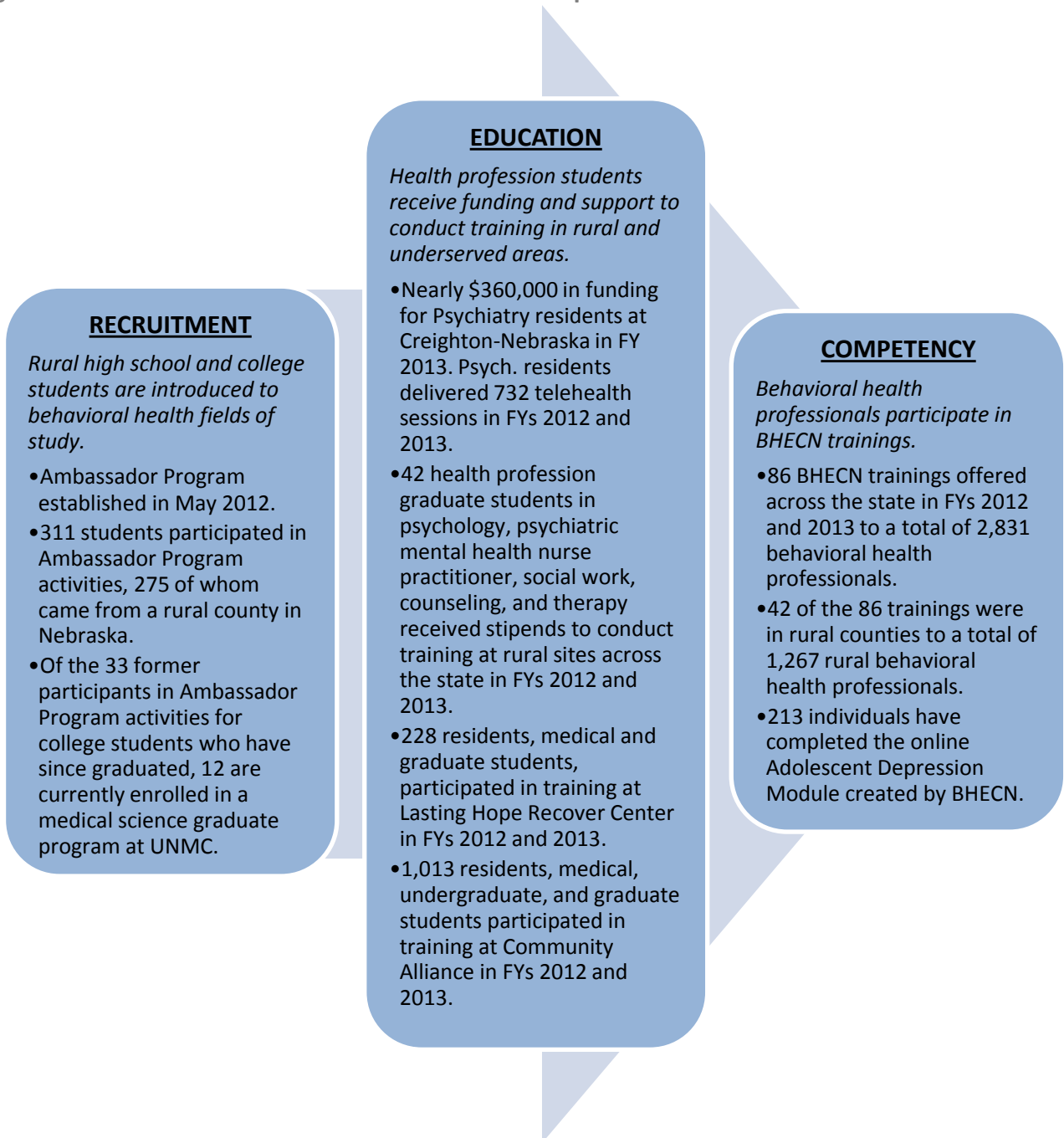
## BHECN'S IMPACT ON THE NEED FOR BEHAVIORAL HEALTH PROFESSIONALS IN NEBRASKA

BHECN made considerable contributions to the development of Nebraska's behavioral health workforce in FYs 2012 and 2013. BHECN has established a pipeline model, the “Ambassador Program,” whereby rural high school and college students are recruited into behavioral health fields of study.

Health profession students from psychology, social work, psychiatric nursing, and counseling receive BHECN stipend support for graduate training in rural and underserved areas through collaborations with University of Nebraska Kearney (UN-K), Chadron State, University of Nebraska Omaha (UN-O), Doane, University of Nebraska Medical Center (UNMC), and the Munroe Meyer Institute (MMI) AmeriCorps program. The joint psychiatry resident program, Creighton-Nebraska (Creighton/UNMC), receives funding to support psychiatry residents and offer training and practice in telehealth.

Additionally, currently practicing behavioral health professionals receive continued training to increase their competencies in evidence-based practice. Figure 2 outlines the major accomplishments in FYs 2012 and 2013 within each sector of the BHECN behavioral health professional pipeline.

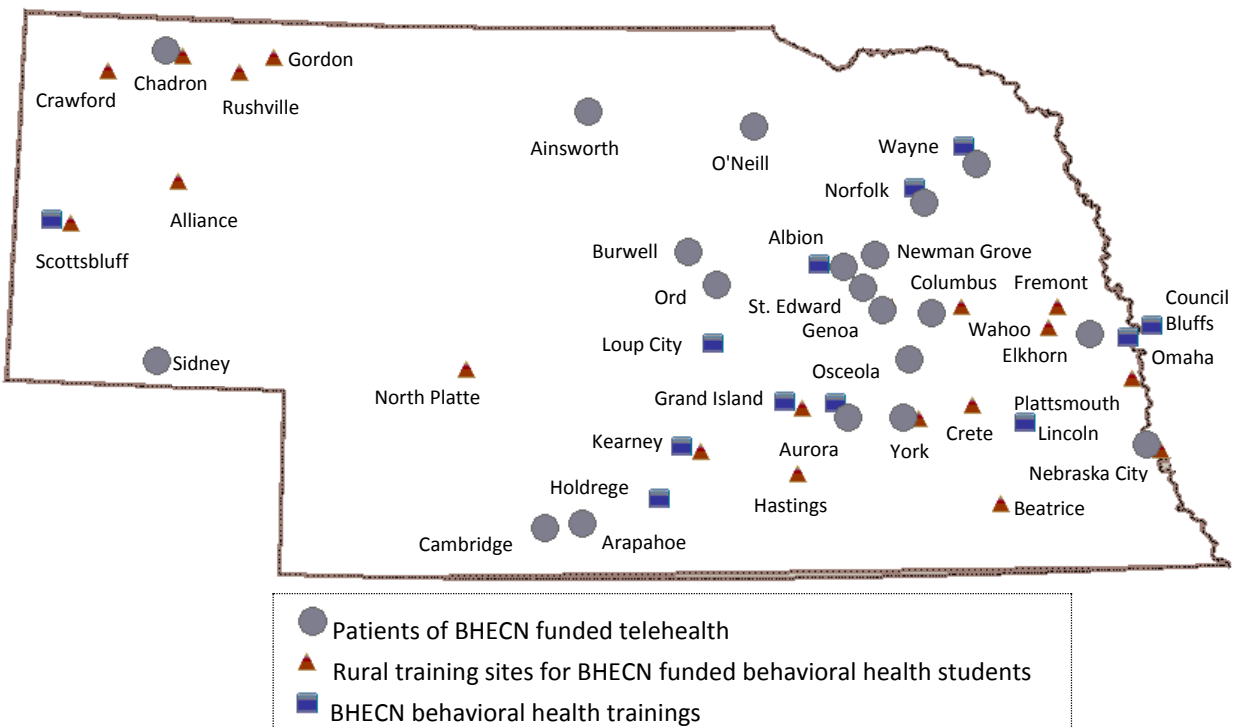
Figure 2. The BHECN Behavioral Health Professional Pipeline



BHECN trained over 4,600 students and providers in Nebraska in FYs 2012 and 2013. Nearly half (45%) of these trainees have come from rural areas.

BHECN's influence on behavioral health training has been across all of Nebraska. As illustrated in Figure 3 below, BHECN has reached numerous communities through its funding of telehealth, rural training sites for behavioral health students, and trainings for behavioral health professionals.

Figure 3. BHECN's Statewide Reach



## FUTURE STRATEGIC DIRECTIONS

Looking toward the coming years, BHECN envisions placing an emphasis in the following directions.

- » A major focus beginning in January 2014 will be the startup of BHECN-Kearney to serve as a rural hub for training activities.
- » BHECN will continue to expand recruitment and training opportunities for behavioral health profession students in rural areas, with a major area of emphasis on rural training opportunities for psychiatry residents.
- » BHECN will begin focusing on strategies to retain behavioral health professionals in the state.
- » BHECN has current data to begin the work of prioritizing the need for behavioral health professionals by type and location.
- » BHECN will continue collaborative recruitment, training, and placement efforts with other behavioral health training programs in the state's University and College Systems.

- » BHECN will continue to advise state legislators and community agencies on policy related to behavioral health.
- » BHECN will continue to “leverage” its funding base and educational activities through obtaining cooperative agreements with other funded behavioral health training programs and applying for federal, state, and foundation training grant support.
- » BHECN sees an opportunity to expand online learning to include telehealth curricula, child behavioral health curricula, and a behavioral health certificate program for rural primary care providers.
- » As BHECN looks forward, it sees the importance in the continual expansion of Nebraska's telehealth system.

# BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA (BHECN) FY 2012 - FY 2013 LEGISLATIVE REPORT (July 2011 through June 2013)

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## INTRODUCTION

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### BEHAVIORAL HEALTH IN NEBRASKA

It is estimated that 19%, or 260,000 individuals over the age of 18, in the state of Nebraska experience some type of diagnosable mental, behavioral, or emotional disorder. Furthermore, it is estimated that 5% (63,000) of all Nebraskans over the age of 18 have a serious mental illness and 4% (52,000) have had serious thoughts of suicide. It is also estimated that 6% (85,000) of adults over 18 are in need of, but are not receiving, treatment for alcohol use, and 2% (25,000) need, but are not receiving, treatment for illicit drug use (Substance Abuse and Mental Health Services Administration, 2011).

### THE MISSION AND PURPOSE OF BHECN

#### **BHECN's Mission Statement:**

*“To enhance the behavioral health of the people of Nebraska by improving the numbers, accessibility, and competence of the Nebraska behavioral health workforce through the collaboration of academic institutions, providers, governmental agencies, and the community.”*

BHECN was created by the Nebraska Legislature in April 2009 with the passing of LB 603, with the intent of developing a Behavioral Health Education Center that would be interprofessional in nature and reach across the state to address the shortage of trained behavioral health providers to rural and underserved areas.

As indicated in the mission statement, BHECN's purpose is to support the recruitment, retention and increased competency of the state's behavioral health workforce. To meet this purpose, BHECN collaborates with partners, listens to stakeholders, identifies resources, works to break down barriers, and includes consumers and their families in its work. BHECN's goal is to provide accessible education and training that meets the needs of employers, behavioral health professionals and consumers. In the process, it provides first-rate, interprofessional education services which satisfy the continuing education requirements for licensure and certification of behavioral health professionals. Stated simply, BHECN addresses the issues of recruitment, retention, and competency for Nebraska's behavioral health work force.

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## STRATEGIC INITIATIVES

BHECN's activities and initiatives are driven by the six legislative mandates outlined in LB 603 (see Appendix A). Figure 4 below briefly describes the legislative mandates and the initiatives taken by BHECN to meet each mandate.

**Figure 4. LB 603 Legislative Mandates with BHECN's Developments**

### **1. Provide funding for psychiatry residents.**

- In FY 2013, funding for psychiatry residents was provided by BHECN at a cost of more than \$360,000. Funding for psychiatry residents has increased each year since BHECN's creation.
- In addition, BHECN has provided training for numerous other students in behavioral health.

### **2. Train behavioral health professionals in telehealth techniques.**

- Psychiatry residents funded by BHECN receive practice and training in telehealth techniques.
- BHECN provides infrastructure and support to UNMC and Creighton telehealth.

### **3. Analyze the availability of Nebraska behavioral health professionals.**

- BHECN contracts with UNMC researchers to conduct a comprehensive analysis of Nebraska's behavioral health workforce every two years.

### **4. Establish the need for additional professionals by type and location.**

- Based on the results of the UNMC Workforce Analysis, BHECN is working to identify areas of the state with a shortage of behavioral health professionals.

### **5. Establish learning collaboratives and disseminate behavioral health trainings.**

- Working with collaborative partners, BHECN conducts roughly a dozen or more behavioral health trainings for professionals per quarter at sites across the state.

### **6. Develop interdisciplinary training sites.**

- Currently, the main BHECN office at UNMC facilitates behavioral health trainings in both urban and rural areas of Nebraska. Beginning in January 2014, BHECN-Kearney will serve as the hub for trainings in Central and Western Nebraska.

The primary strategic initiatives employed by BHECN are displayed below in Figure 5. These strategic initiatives are based directly upon the legislative mandates of LB 603.

**Figure 5. BHECN Strategic Initiatives**





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## REPORT STRUCTURE

The body of the BHECN FY 2012- FY 2013 Legislative Report is structured around five central themes. Each section of the report will seek to provide a concise yet comprehensive summary under the five main headings. Note: this report presents activities from FY 2012 (July 2011 through June 2012) and FY 2013 (July 2012 through June 2013).

1. The **need** for behavioral health professionals in Nebraska.
2. BHECN's **response to the need** for behavioral health professionals.
3. The **infrastructure** in place to facilitate BHECN's response to the need for behavioral health professionals.
4. BHECN's **impact on the need** for behavioral health professionals.
5. The **future strategic directions** of BHECN.



## THE NEED FOR BEHAVIORAL HEALTH PROFESSIONALS IN THE NEBRASKA

Part of BHECN's strategic vision includes collecting data from behavioral health consumers and professionals in order to assess the need for behavioral health services and professionals across Nebraska. Some of the major data collection efforts prompted by BHECN in FYs 2012 and 2013 include the following research projects:

- » **Workforce Assessment** - a continual monitoring of the numbers and characteristics of behavioral health professionals in Nebraska.
- » **Workforce Development Survey** - an assessment of the needs, barriers, and challenges facing behavioral health professionals in Nebraska, comparing urban and rural professionals.
- » **Recruitment and Retention Focus Groups** - a gathering of perspectives from rural behavioral health providers on challenges to recruiting and retaining a rural behavioral health workforce in Nebraska.
- » **Photovoice** - a community-based participatory advocacy/research approach that provides individuals with the opportunity to identify, reflect, and convey their lives and challenges through photographs and narratives.

Included in this section of the report are highlights of the major findings from the above four research projects.

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### NEBRASKA'S BEHAVIORAL HEALTH WORKFORCE

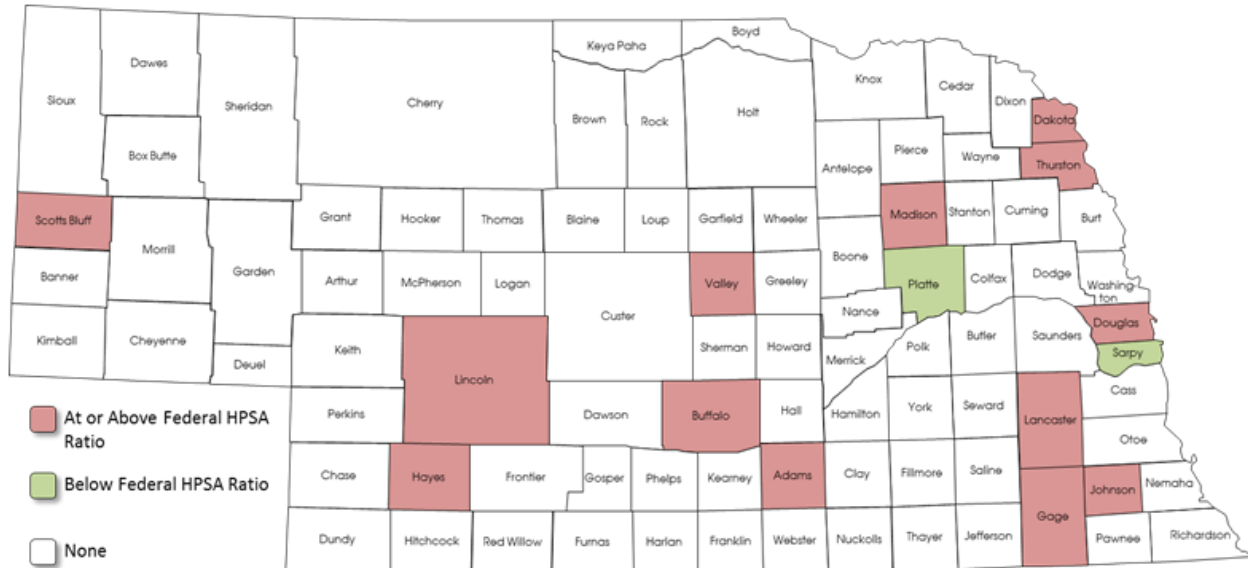
BHECN contracts with the UNMC College of Public Health's Nebraska Center for Rural Health Research to conduct a Behavioral Health Workforce Assessment every two years. The Workforce Assessment is an in depth and longitudinal analysis of the current supply of licensed and certified behavioral health professionals. The study is a rigorous and reliable collection of data using the Health Professions Tracking Service's (HPTS) annual survey database. The HPTS surveys health professionals annually using the Nebraska licensure database as the sampling frame. The Workforce Assessment is legislatively mandated to BHECN and is relied upon by many in the behavioral health field.

Based on the findings of the Workforce Analysis, the Nebraska Center for Rural Health Research concluded that "it is clear that Nebraska continues to face critical shortages in the supply of behavioral health providers given the following issues:

- » A decline in the supply of psychiatric prescribers,
- » A significant geographical and regional mal-distribution of the behavioral health workforce,
- » An aging workforce, and
- » An increase in the need for mental health services among Nebraska's population."

A ratio of 1:30,000 is the benchmark for the federal mental health professional shortage area (HPSA) for psychiatrists. Just 13 counties in Nebraska have a ratio that is above the Federal HPSA ratio, two counties are below the ratio (while still having at least one psychiatric prescriber), and the remaining 78 counties in Nebraska are without a psychiatrist. Numerous communities across the state remain far removed from the nearest location of a psychiatric prescriber (Figure 6).

Figure 6. Federal HPSA Levels of Psychiatrists in Nebraska (2012)



(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

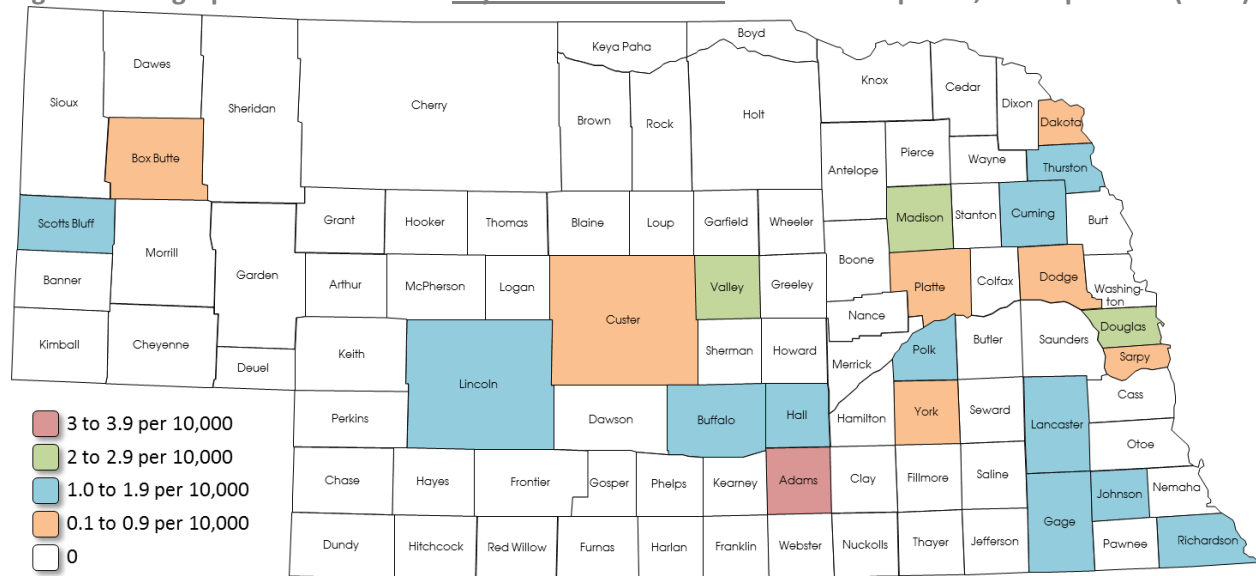
**The perspective of a rural doctor on the shortage of behavioral health services in rural communities:**

Dr. Leon Jons practices family medicine in Crete and has been a rural doctor for 23 years. Dr. Jons gave his perspective on the difficulty his patients have receiving behavioral health services.

*“Getting appointments with therapists is not so difficult, although many of our patients have to drive over an hour to get to their appointments, and it is not possible to get appointments at times that are opportune. It’s quite different for rural psychiatrists. There are none, so to see a psychiatrist is much more difficult. The practitioners in Lincoln are filled, and so most often appointments are with mid-levels. Drive times are 1-2 hours and access is much more difficult. For child psychiatry, most of my patients have to travel to Omaha, which ends up being a whole day visit. I find that many of my patients come to me and try to get me to take over the care of their psychiatric problems from their psychiatrist once they are stable due to problems with access. In more rural areas of the state I would suspect this is the norm. The fact that we are facing the same access and shortage problems in primary care will magnify this in the future.”*

Figures 7 through 9 display the distribution of psychiatric prescribers, psychologists, and licensed mental health practitioners per 10,000 population by county in Nebraska.

Figure 7. Geographic Distribution of Psychiatric Prescribers\* in Nebraska per 10,000 Population (2012)

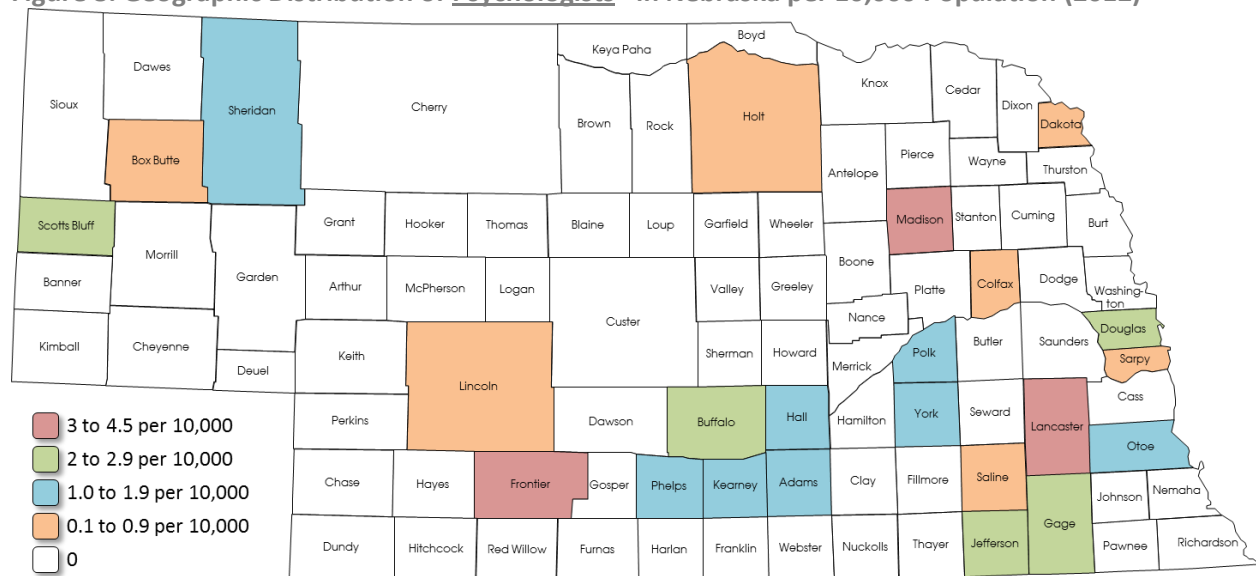


(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

\*Includes full-time and part-time psychiatrists, nurse practitioners, and physicians assistants practicing behavioral health.

*“Lack of local amenities, problems with reimbursement, and low pay again were named as reasons it is difficult to hire psychologists in rural areas. However, the primary reason identified as responsible was the lack of a rural regional psychology internship program.”*  
 - Finding from the Recruitment and Retention Focus Groups

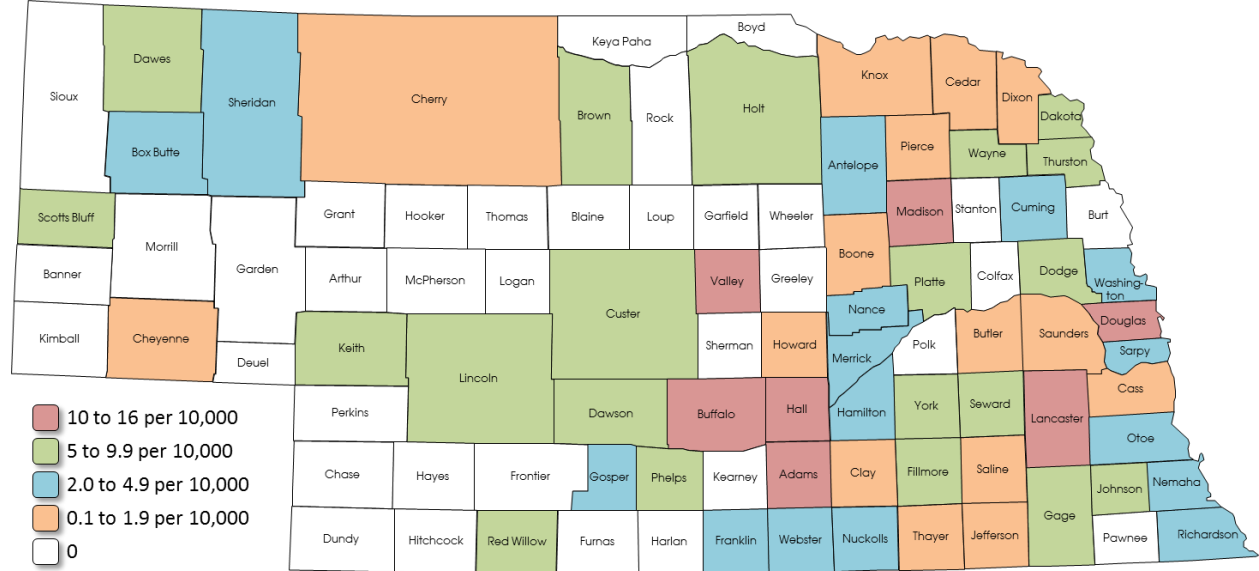
Figure 8. Geographic Distribution of Psychologists\* in Nebraska per 10,000 Population (2012)



(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

\*Includes full-time and part-time.

**Figure 9. Geographic Distribution of Licensed Mental Health Practitioners\* in Nebraska per 10,000 Population (2012)**



(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

\*Includes full-time and part-time LIMHPs and LMHPs.

**The perspective of a rural doctor on the shortage of behavioral health services in rural communities:**

Dr. Tami Dodds has been a medical doctor at Boone County Health Center in Albion for six years. She provided her perspective on the shortage of behavioral health services in rural areas and the strain this places on rural clinics and hospitals.

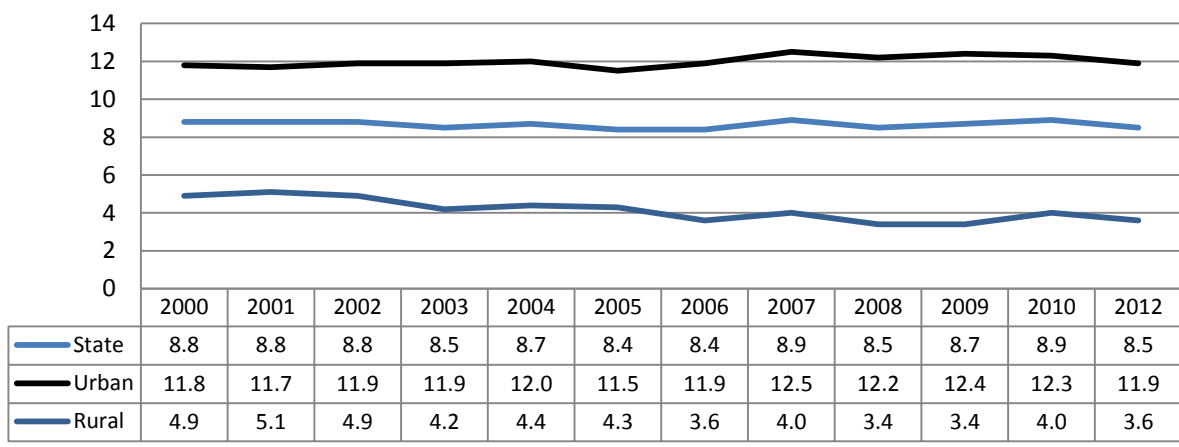
*"It is difficult to get patients to be seen in a timely fashion for behavioral health services. Often it can be weeks before an appointment is available. Too often the patient ends up in a crisis situation in the interim and there are additional office visits, ER visits, etc. that could have been avoided. Most of these visits require travel, and some patients do not have the means for this. Choices are limited for patients and often they have to see who is closest or available, not always who they can "connect" with to get the best possible outcome, whether that be a psychiatrist or therapist relationship... We see a lot of ER misuse and added strain to our already busy clinics."*

As indicated in Figure 10, the ratio of psychiatrists per population is over four times higher in urban areas as compared to rural areas in Nebraska. In addition, the ratio of prescribers per 100,000 has declined slightly in recent years. In 2005, the national ratio of psychiatrists per 100,000 population was 11.6 (Ellis et al., 2009), which is notably higher than the ratio for Nebraska, due to the low ratio of psychiatrists in rural areas.

*"Many rural providers and administrators in Nebraska report that the competition for practicing psychiatrists is high. Two administrators of rural behavioral health agencies in Nebraska reported having had psychiatrist positions open for periods up to eight years."*

- Finding from the Recruitment and Retention Focus Groups

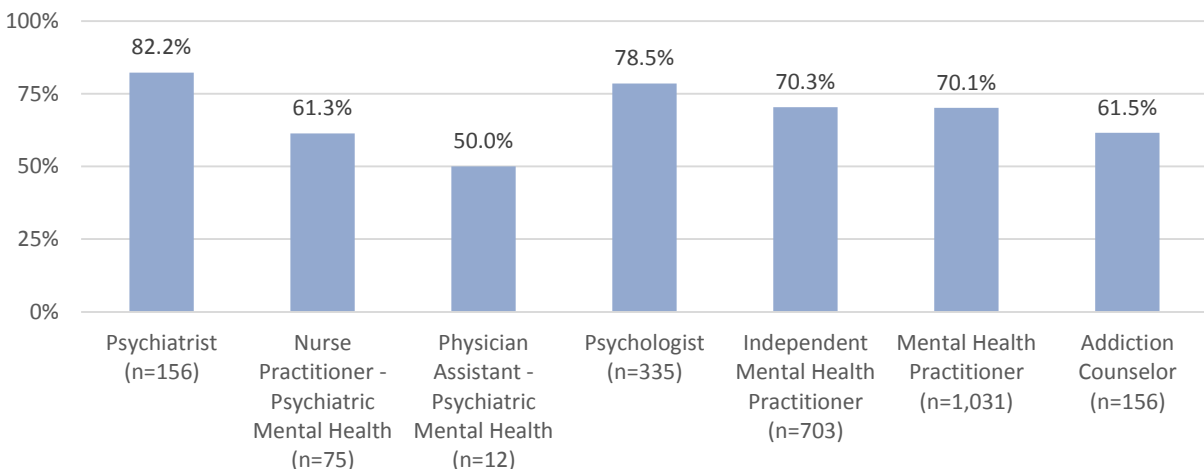
Figure 10. Ratio of Psychiatrists per 100,000 Population by Urbanicity in Nebraska (2000 to 2012)



(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

As illustrated below in Figure 11. A strong majority of behavioral health professionals practice in metropolitan counties in Nebraska. Psychiatrists stand out as the profession with the highest percentage of its workforce practicing in a metropolitan county.

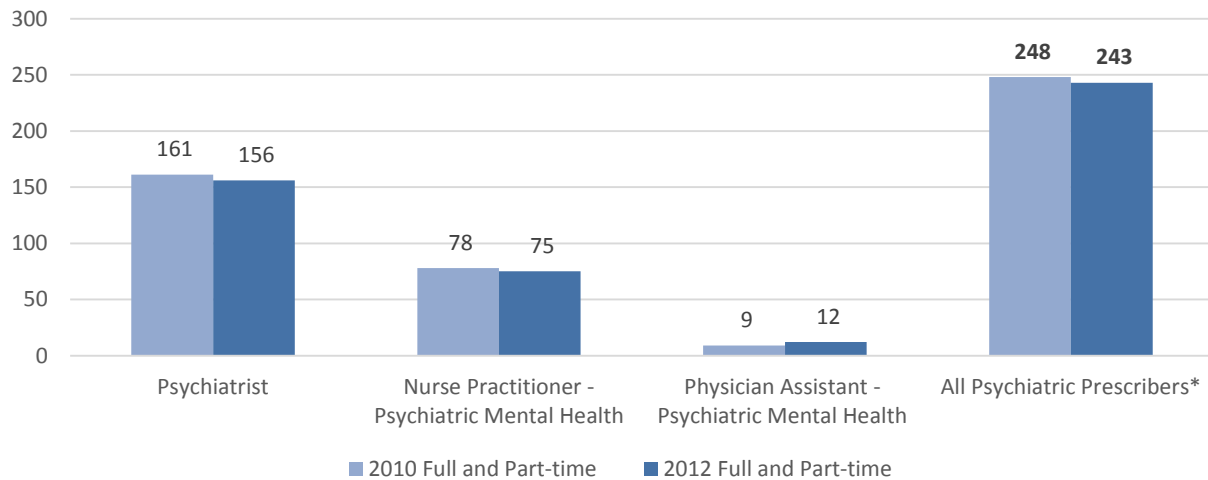
Figure 11. Percentage of Nebraska Behavioral Health Professionals Actively Practicing in Metropolitan Counties (2012)



(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

From 2010 to 2012 the number of psychiatric prescribers in Nebraska decreased by 5 from 248 to 243 (a 2.0% decrease). Nebraska lost five psychiatrists and three psychiatric nurse practitioners, but gained three psychiatric physician assistants (Figure 12).

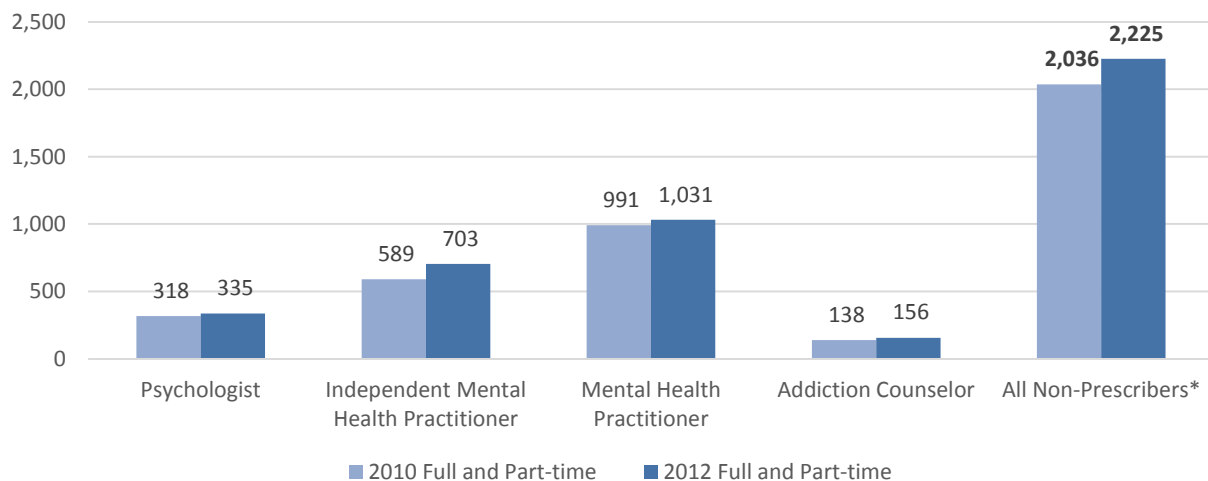
Figure 12. Number of Psychiatric Prescriber Behavioral Health Professionals (2010 to 2012)



\*Includes psychiatrists, nurse practitioner - psychiatric mental health, and physician assistant - psychiatric mental health  
 (Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

Each of the major categories for non-prescriber licensed behavioral health professionals increased from 2010 to 2012, with the total number of non-prescribers increasing from 2,036 to 2,225 (a 9.3% increase). The largest gains were among independent mental health practitioners and mental health practitioners (Figure 13).

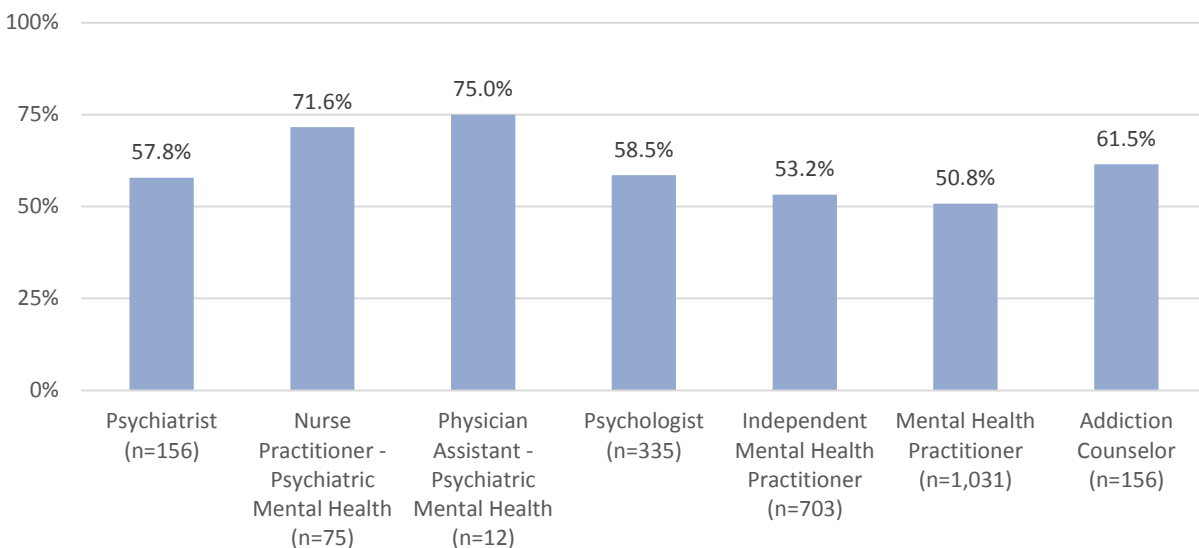
Figure 13. Number of Non-Prescriber Licensed Behavioral Health Professionals (2010 to 2012)



\*Includes psychologist, mental health practitioner, and addiction counselor.  
 (Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

Each of the seven major categories of behavioral health professionals (psychiatrist, nurse practitioner - psychiatric mental health, physician assistant - psychiatric mental health, psychologist, licensed independent mental health practitioner, mental health practitioner, and addiction counselor) are composed of a high percentage of professionals that will likely be aging out of their position in the relatively near future. Over half of the behavioral health professionals in each category are over the age of 50 in Nebraska. Psychiatric prescribers appear to be at the greatest risk of having a decreasing workforce in the relatively near future due to the fact that 57.8% of psychiatrists, 71.6% of nurse practitioners, and 75.0% of physician assistants are over the age of 50 (Figure 14).

Figure 14. Percentage of Nebraska Behavioral Health Professionals over the Age of 50 (2012)



(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

*“One out of four Nebraskans will suffer from some form of mental illness in their lifetime. Mental illness can affect anyone, regardless of how old you are, where you reside, or what you do for a living. Nebraska has a critical shortage of psychiatrists and other mental health providers. On top of this, the demographics of our current workforce are not in our favor, as many of our most experienced psychiatrists will be retiring in the next ten years. There is thus an immediate need to enhance the supply of well-trained and compassionate psychiatrists to meet the enormous needs of the state now and in the future.”*

- Steven Wengel, M.D., Chair, Department of Psychiatry, UNMC



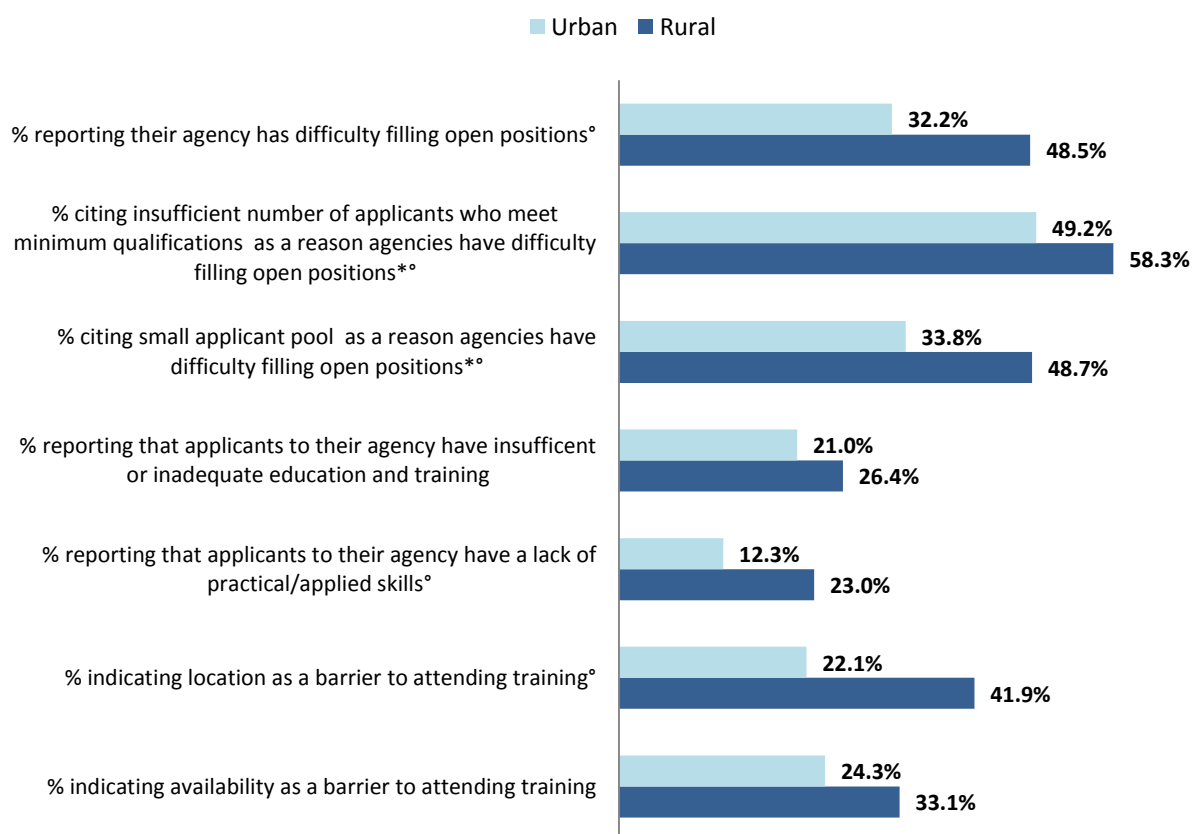
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## DISPARITIES BETWEEN URBAN AND RURAL BEHAVIORAL HEALTH PROFESSIONALS

In 2012 BHECN conducted the Workforce Development Survey of 606 behavioral health professionals in Nebraska to assess a broad array of issues surrounding the needs and barriers facing local behavioral health agencies. The key finding from this survey indicated numerous statistically significant differences between urban and rural behavioral health professionals. Additional Workforce Development Survey Data is located in Appendix B.

Compared to their urban counterparts, rural behavioral health professionals were more likely to report difficulties filling open behavioral health positions, that applicants have insufficient education and/or training, and that there are greater barriers to attending training (Figure 15).

Figure 15. Disparities Between Urban and Rural Behavioral Health Professionals in Nebraska (2012)



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°Statistically significant difference between urban and rural respondents ( $p < .05$ )

\*Among those who reported their agency has difficulty filling open positions.

(BHECN Workforce Development Survey Results, 2012)

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## RECRUITING AND RETAINING NEBRASKA'S RURAL BEHAVIORAL HEALTH WORKFORCE

Building and maintaining an adequate behavioral health workforce requires successful recruitment and retention of qualified workers. BHECN seeks to identify recruitment and retention factors specific to behavioral health providers in rural Nebraska as an important step in identifying strategies for increasing the rural behavioral workforce in the state. BHECN contracted with researchers at UNMC (Madison & Watanabe-Galloway) to conduct 12 focus groups throughout rural areas in Nebraska to ascertain themes regarding problems of hiring or retaining mental health practitioners. Following is a summary of the findings provided by the researchers.

### ***Recruitment/retention of all rural Nebraska behavioral health providers***

Several of the focus group participants expressed the notion that "either you kind of have a reason to live around here or you don't" - meaning that individuals originally from rural areas are more likely to value living in a rural area. As another focus group participant stated, "People who already live here and already value this part of the country and grew up here are less likely to leave. If they leave, there's a percentage of them who will come back." A theme that emerged from the focus groups was to find ways to help local rural-dwelling individuals think about having a career in behavioral health.

### ***Recruitment/retention of psychiatrists***

Many rural providers and administrators in Nebraska report that the competition for practicing psychiatrists is high, due to the short supply countrywide and competition with high salary offers in more desirable places, the draw of private practice, and local agencies that are also trying to hire them. Two administrators of rural behavioral health agencies in Nebraska reported having had psychiatrist positions open for periods up to eight years, even when using a recruitment agency, with few applicants brought in. One reported bringing in at least 12 applicants before finally hiring a psychiatrist.

As with the general population of behavioral health professionals, isolation in rural areas was cited as a significant deterrent for some psychiatrists. Specifically named was a lack of opportunities for children (e.g., cultural/social experiences, educational opportunities, etc.) and spouses (e.g., employment opportunities). Primary strategies recommended to address this included hiring the right person (particularly someone from the area), requiring that the person stay in the area for several years (through residency, contract, or loan repayment), and addressing factors affecting burnout from the high demand and level of responsibility that rural behavioral health practitioners face.



A general perception among the focus groups was that agencies struggle to be able to create positions for psychiatrists - or to offer salaries high enough to attract them - due to low

reimbursement rates provided by Medicaid, as many of their catchment areas serve a predominance of individuals receiving these benefits. Several groups reported that psychiatrists are expected to see large numbers of clients in order to cover overhead expenses, without having enough colleagues to share the burden of “seeing all comers,” handling call services, providing hospital rounds, etc.

The strongest recommendation for improving recruitment of psychiatrists to the rural areas of Nebraska was the development of one or more rural residency programs. A majority of subgroups made this recommendation, as well as all psychiatrist groups, and it came from all regions. Many emphasized the importance of familiarizing a potential candidate with the area, and the need to include the family, when possible, in order for them also to integrate into the community. One participant offered that, in other states, “wherever they make their students have a rural posting in psychiatrics... that’s how they retain their psychiatrists.” Respondents felt having a rural residency program would work because it would get residents to the local area and allow an opportunity for them to engage, as well to learn “hands-on” how to work with community workers.



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➤ **Spotlight on Rachel Faust, MD - "Future Rural Nebraska Psychiatrist"**

Rachel Faust is a recent MD graduate from UNMC who began her Creighton-Nebraska Psychiatry Residency Program in July 2013. Rachel has participated in Ambassador Program activities sponsored by BHECN. Her hometown is Petersburg, Nebraska. Prior to obtaining her MD, she graduated from Boone Central High School in Albion and Wayne State College. She chose psychiatry as a profession because she has always wanted to return to rural Nebraska to practice medicine and she recognized the need for rural psychiatrists during her studies in medical school. She hopes to complete a fellowship in child and adolescent psychiatry.



When asked why she felt that psychiatry was the right specialty for her, she replied: "I learned that I really enjoy just sitting down and talking to people. I like to know them better than what 15-minute office visits in primary care allow. Working in behavioral health really seems like a privilege to me because people really do let you in on all the details, good and bad, of their lives."

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### ***Recruitment/retention of psychologists***

Some regions mentioned needing more psychologists in their area, particularly for testing services. Others reported they have a psychologist in the area, but in private practice, not in hospital or community agencies. Lack of local amenities, problems with reimbursement, and low pay again were named as reasons it is difficult to hire psychologists. However, the primary reason identified as responsible was the lack of a rural regional psychology internship program. The most cited solution for increasing psychologist hiring and retention in the rural areas, proposed by all regions, was creation of a rural psychology internship site that would provide supervision to pre-doctoral interns, and ideally, also post-doctoral provisionally licensed psychologists.

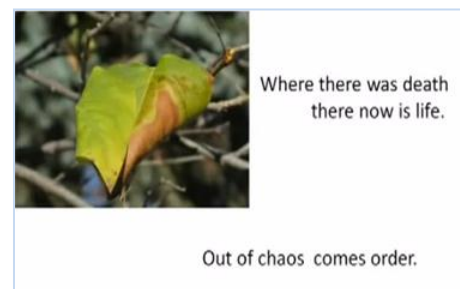
### ***Recruitment/retention of licensed mental health practitioners***

In all four regions, a preference was expressed for hiring individuals who are from the region, and “growing your own” LMHPs was the most strongly recommended solution to increasing mental health practitioner presence in rural Nebraska. Finding a pool of applicants for mental health practitioner jobs reportedly is less problematic than finding well-trained individuals or those who are dually certified as Licensed Drug and Alcohol Counselors (LDACs).

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## **NEBRASKA BEHAVIORAL HEALTH CONSUMERS SPEAK OUT ABOUT BEHAVIORAL HEALTH**

BHECN strives to communicate the need of a competent, compassionate behavioral health workforce to policy makers, human service providers and communities. It is imperative to find ways of communicating the behavioral health needs of Nebraska’s citizens in an effective way. In 2012, BHECN conducted the Nebraska Photovoice Project with the goal of offering an opportunity for behavioral health consumers to voice their perspectives and share their experiences of utilization of the behavioral health care system and express their thoughts and feelings about living with a mental illness. Photovoice is qualitative research that powerfully captures the internal lives of Nebraska behavioral health consumers.



*Sample work from the Photovoice project*

Adults who are self-identified consumers of behavioral health services were given the opportunity to record and reflect their personal and community strengths and concerns through the use of photographs and narratives. Preference for participants was given to young adults just transitioning from child services and persons who self-identified as peer support providers. Following is a brief sampling of some powerful quotes provided by participants in the Nebraska Photovoice Project.

- » Depression, mania, anxiety disorder, bipolar disorder, attachment disorder, attention-deficit/hyperactivity disorder, post-traumatic stress disorder and schizophrenia are just some of the participants’ self-reported diagnoses. With decades of unanswered questions, lack of information, despair, distress, and dealing with the after effects of their

illnesses, an accurate diagnosis brings relief, explanations, and treatment that can help. One participant describes his experience: "It made everything make sense. Why I felt the way I did, why I did the things I did...to relieve the anguish."

- » In the words of a participant, "For people like me with depression and other people with different things...you want to die (in jail). I did not want to do anything. I did not want to live. I did not want to help myself."
- » One participant states, "I think it is important for policy makers to understand that the sooner a person can be diagnosed, the sooner he (or she) can get back into a productive life and many times going back to work, getting education, getting retrained and becoming a contributing member of society."
- » This need for education is critical states one participant, "People don't realize that recovery is something that is possible and there are steps you have to take to achieve it."
- » Participants are aware of the discrepancy between medical and mental health education, funding, and support. They live this disparity on a daily basis. In the words of one participant, "Mental illness is like any illness...like cancer, diabetes...It's not a moral issue."
- » The difference in perception between medical illness and mental illness, one participant stated, "People with mental illness aren't supported like people with cancer, heart disease. Nobody sends me a get-well card when I'm in the mental health hospital. They don't talk about it."



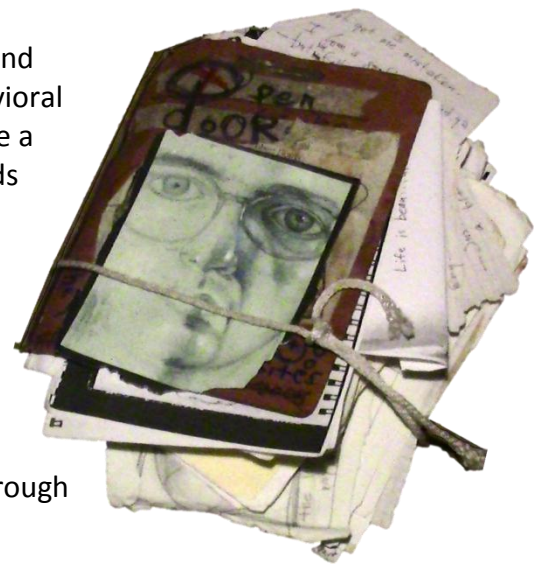
Sample work from the Photovoice project

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➤ **Spotlight on Bob Donlan - "Giving Voice to Behavioral Health through Art"**

Local artist and thespian, Bob Donlan, creates visual and performance artwork from the perspective of a behavioral health consumer. Donlan's words and artwork provide a powerful and riveting testimony of his journey towards recovery.

His experimental performance piece entitled "Open Door" offers viewers an intimate look into the complexities individuals face in mental health and substance use disorders. Open Door materials, including spoken words, art, and recorded footage of the live performance of his play are made possible through the support of BHECN.





## BHECN'S RESPONSE TO THE NEED FOR BEHAVIORAL HEALTH PROFESSIONALS

BHECN's efforts are directed toward responding to the need for behavioral health professionals in Nebraska. A broad array of strategies and activities have been developed to address the shortfalls in the workforce. The primary activities of BHECN are described in this section with relevant program metrics being provided.

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### BEHAVIORAL HEALTH TRAININGS

In FYs 2012 and 2013 BHECN offered a total of 86 trainings, which were available to all behavioral health professionals across the state. A variety of training topics were offered based on emerging developments and evidence-based research in the behavioral health field. In addition to offering opportunities for professional growth, numerous BHECN trainings allow behavioral health professionals to satisfy continuing education requirements for their professional licensure.

#### Quotes from participants of behavioral health trainings

BHECN gathers quotes from participants in its behavioral health trainings through feedback and training evaluation forms. Following is a sampling of some of the positive feedback that participants provided.

*"There are so many people who could benefit from learning and using this information."*  
- Participant at Mental Health First Aid Training

*"There was such a variety of subjects. I have much more of an understanding of the signs/symptoms of mental illness and the treatment assessment details. The [consumers'] recovery stories were very powerful."* - Participant at Trauma Informed Care Training

*"This training is SO important for ANYONE to hear and experience. LOVED the passion of everyone involved and was VERY inspiring."* - Participant at Trauma Informed Care Training

*"Absolutely the best trainings I've ever been to. The information I learned will be so useful. It has given me a better understanding and appreciation of mental illnesses, behavioral and developmental disabilities. I would strongly recommend this training to any/all others."*  
- Participant at Trauma Informed Care Training

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### ➤ **Spotlight on the DSM-5 Conference**

BHECN hosted a conference on June 28th, 2013 for professionals seeking guidance on the recent changes to the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-5). More than 260 professionals attended, "DSM-5 Update: Translating New Diagnostic Criteria into Practice". The DSM-5 Conference was the largest training that BHECN has conducted in terms of the number of attendees and was led by Donald Black, MD, Professor of Psychiatry at the University of Iowa, a national speaker on mental health diagnosis. Using evidence-based curricula, the conference filled an important need for behavioral health professionals who use the manual to diagnose patients, as many of the changes to the DSM-5 were significant departures from the DSM-4.

Following are some quotes from participants on the value of the conference.

- » *"The presentation was excellent. I recently purchased the DSM-5. Upon my initial review, I was quickly overwhelmed and didn't know where to start. This conference provided a snap shot of the DSM-5 changes, making the implementation in my practice more manageable."*
- » *"There has been much controversy and confusion surrounding the changes in the DSM-5 manual. The information given at this conference, for me, alleviated much of this. I have a much better understanding of the changes in the DSM-5 as well as the justifications behind them. This will be very helpful in determining how to utilize this new version."*

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### ➤ **Spotlight on Mental Health First Aid Training**

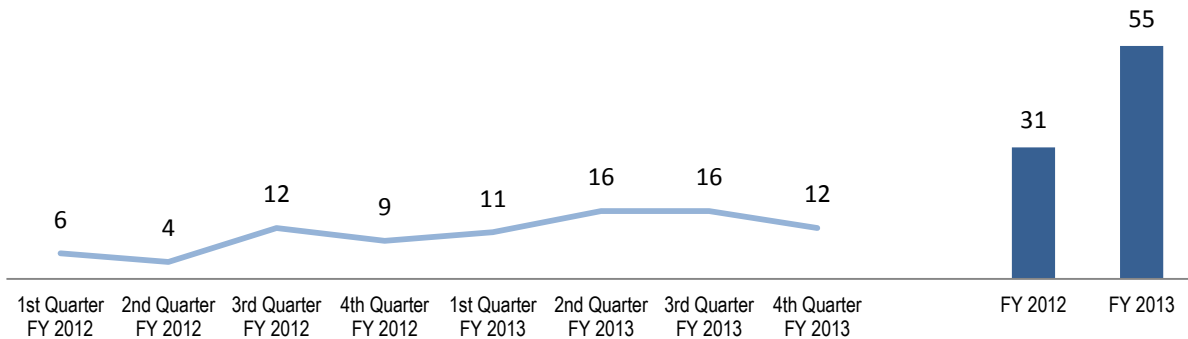
Mental Health First Aid is a groundbreaking national public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. This training offers an overview of mental illness and substance use disorders and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatments. The audience for the training is generally non-providers of behavioral health services, such as faith communities, school personnel and educators, state police, primary care professionals, corrections officers, nursing home staff, etc.



BHECN conducted 12-hour Mental Health First Aid Trainings at 6 sites in FYs 2012 and 2013, including Omaha, Lincoln, Kearney, and Wayne. There were a total of 124 participants at these trainings.

Since the 3rd quarter of FY 2012, BHECN has offered 9 to 16 trainings per quarter. Of the 86 total trainings offered by BHECN in the past two years, 55 were conducted in FY 2013 (Figure 16). Note: FY 2012 runs from July 2011 through June 2012 and FY 2013 runs from July 2012 through June 2013.

Figure 16. Number of Trainings Offered by BHECN (FY 2012 to FY 2013)

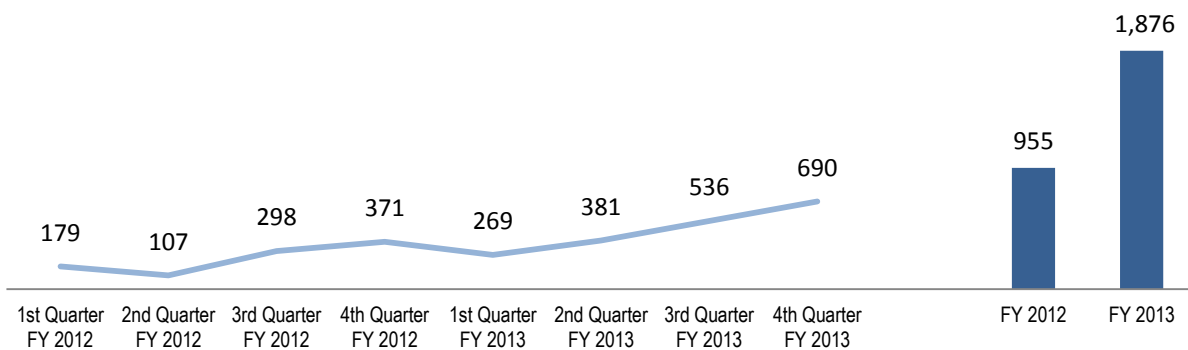


*"Compared to their urban counterparts, rural behavioral health professionals are more likely to report that applicants to their agency have insufficient or inadequate education and training, applicants to their agency lack practical/applied skills, location is a barrier to attending training, and availability is a barrier to attending training."*

- Finding from the Workforce Development Survey

There has been a total of 2,831 participants in BHECN trainings during FYs 2012 and 2013 (Figure 17).

Figure 17. Number of Participants at Trainings Offered by BHECN (FY 2012 to FY 2013)



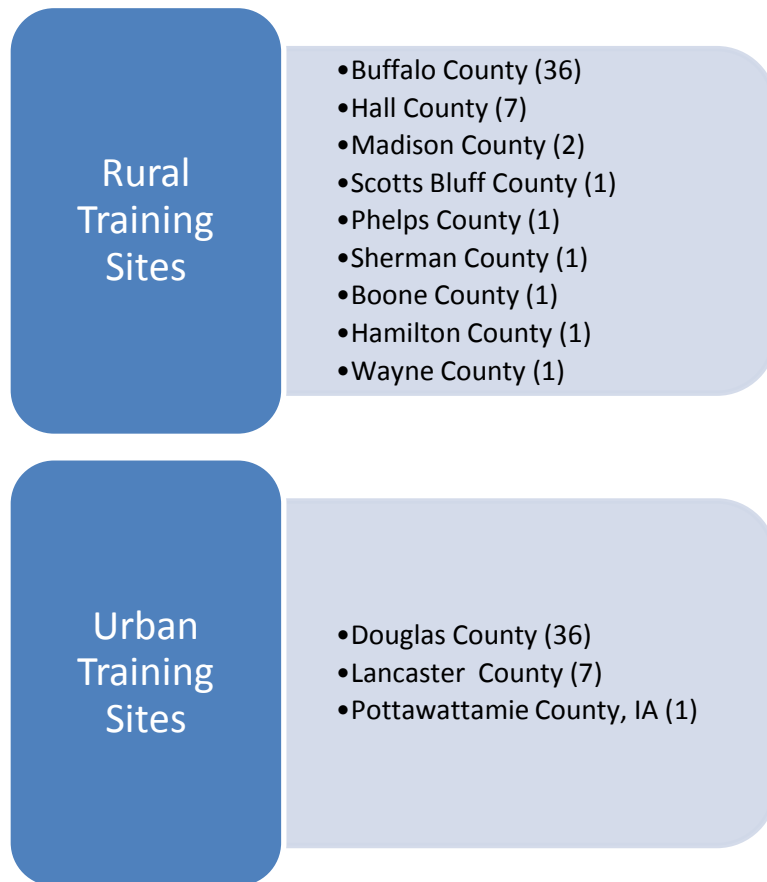


Of the 86 trainings offered by BHECN in FYs 2012 and 2013, 42 have been in rural counties, with the bulk of these rural trainings being conducted in Buffalo and Hall Counties (Figure 18).

*"Finding a pool of applicants for mental health practitioner jobs reportedly is less problematic than finding well-trained individuals."*

- Finding from the Recruitment and Retention Focus Groups

**Figure 18. Number of BHECN Behavioral Health Trainings by County (FY 2012 to FY 2013)**

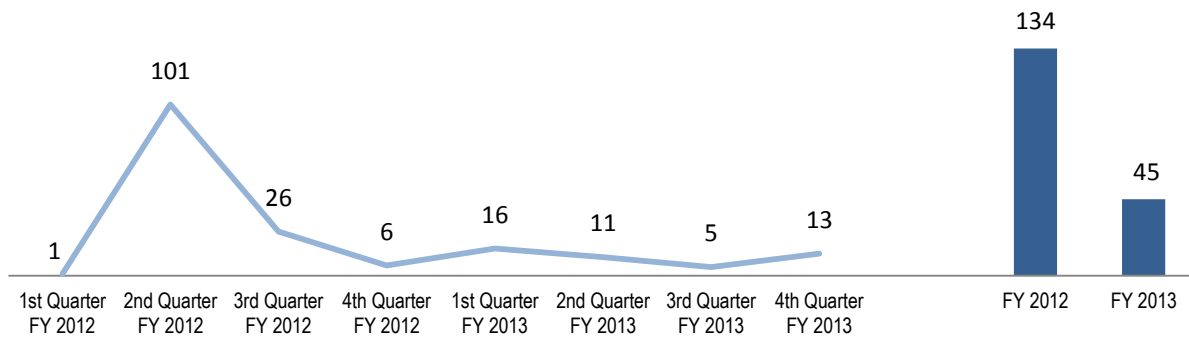


## DEPRESSION MODULES

In addition to the trainings offered across the state, BHECN also offers an online training module in adolescent depression, which offers continuing education units (CEUs) for physicians, nurses, and behavioral health professionals. The module provides a practical course on the diagnosis and treatment of adolescent depression for health care practitioners providing front line care to patients. Additional modules on adult and geriatric depression are currently under development and are set to be released later in 2013.

Since its release date in September 2011, 179 Nebraskans have completed the adolescent depression module for credit (Figure 19). In addition, 29 individuals from other U.S. states and 5 from other countries have also completed the module.

Figure 19. Number of Nebraskans Completing the Adolescent Depression Module (FY 2012 to FY 2013)



➤ **Spotlight on Kristi Barth and Sherry Krueger - "Providing support for adolescents suffering from depression and their families"**

Kristi Barth and Sherry Krueger founded Teens Finding Hope after struggling to find resources for their children who were suffering from depression. They wrote *Jared's Journal*, the story of a teenage boy who attempted suicide, seeks help, and eventually finds some strategies that work. They also created an interactive website, a place where teens and their families can go to receive encouragement and support. It is their hope that these resources will provide support and hope to those affected by teenage depression.



Kristi and Sherry have teamed with BHECN to provide presentations on adolescent depression based on their own life experiences to behavioral health professionals and students.

**COLLABORATIONS AND COOPERATION WITH ADDITIONAL BEHAVIORAL HEALTH TRAINING PROGRAMS**

To meet its State-wide mission of improving access and availability of behavioral health services to all Nebraskans, BHECN has established partnerships in both workforce development and training with other UNMC educational programs and community agencies. The following describe joint efforts between BHECN and other academic entities at UNMC, the Nebraska Higher Education System, and in community behavioral health programs. In particular, collaborations with the joint Creighton-Nebraska Psychiatry Residency, the internship program of the Psychology Department at the UNMC Munroe-Meyer Institute, the UNMC Psychiatric Nurse Practitioner program, Lasting Hope Recovery Center, and Community Alliance. By combining its resources with the above programs, BHECN has extended the impact of its efforts beyond the funding level provided by LB 603 from the Nebraska Legislature.

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## PSYCHIATRY RESIDENTS AT CREIGHTON UNIVERSITY AND THE UNIVERSITY OF NEBRASKA MEDICAL CENTER

One of the intentions of the LB 603 legislation is to address the shortage of psychiatrists in underserved Nebraska communities by increasing the number of psychiatry resident physicians who conduct training at rural and urban underserved sites during their 4-year curriculum. The legislation calls for the funding of 2 additional psychiatry residents each year starting in 2010 until 8 additional psychiatry residents are funded by 2013.

Psychiatry residents in Nebraska complete their training through the partnership of two academic medical centers: Creighton University and the University of Nebraska Medical Center. The Creighton-Nebraska psychiatry residents train with faculty from both institutions and thus experience a wider variety of clinical training opportunities.

In an effort to maximize the rural and underserved training experience in the residency program, BHECN has developed a model of distributing the BHECN funded training experience among all 36 psychiatry residents instead of concentrating the training among 8 residents. During the 2012-2013 academic year, BHECN funded the psychiatry residency program at \$360,000 to accomplish this goal.

BHECN has set a goal to integrate an increasing level of rural training into the psychiatry residency in the form of telehealth and live training opportunities at rural psychiatry training sites. Starting in the 2013 academic year, all 36 psychiatry residents will be required to integrate a rural experience into their training.

Telehealth allows psychiatry residents to conduct outpatient and nursing home visits to a wide variety of rural communities while minimizing travel time. Between FY 2012 and FY 2013, psychiatry residents logged a total of 430 telehealth hours to 20 rural Nebraskan communities from Chadron to Nebraska City.

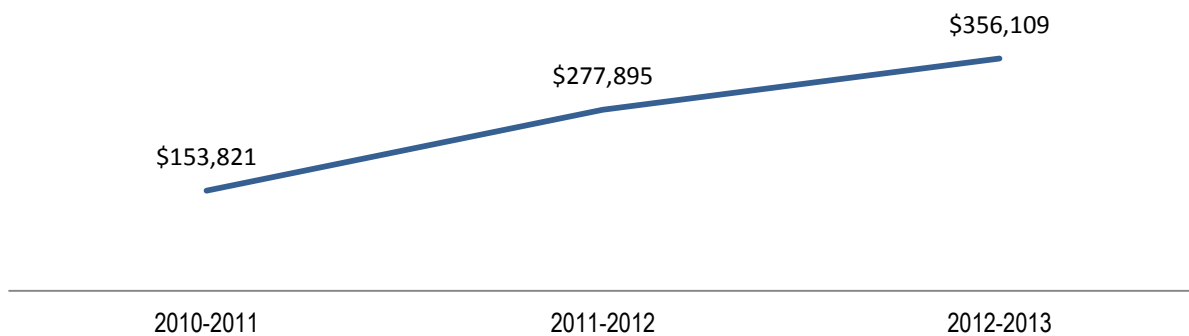
The development of live rural training sites has been challenging, as it requires an institutional dedication of resources and the availability of at least two practicing psychiatrists who are interested in resident supervision. Nevertheless, these sites are important as they expose residents to the experience of living in a rural community and exploring the healthcare system firsthand. Prior to BHECN's inception, only one rural psychiatry training site existed in Nebraska, which was located in Scottsbluff and was rarely utilized. In 2013, BHECN successfully trained two psychiatry residents at a new training site in Kearney at Richard Young Behavioral Health Center; a department of Good Samaritan Hospital. It also completed the administrative requirements to establish rural training sites at Great Plains Regional Medical Center in North Platte and Mary Lanning Hospital in Hastings. Psychiatry residents are currently scheduled to rotate at the new BHECN rural training sites in Kearney, North Platte, and Hastings and the sites will become a required inpatient psychiatry rotation in the 2014-2015 academic year.

Although BHECN has concentrated its efforts in the development of rural sites, it continues to fund training experiences in urban underserved communities. The Lasting Hope Recovery Center (in Douglas County) is an inpatient psychiatric facility with psychiatry residents,

pharmacy students, social work students, and medical students who learn to deliver care in a team that is trauma-informed and recovery oriented. Community Alliance is Nebraska's largest community-based mental health agency where psychiatry residents learn to work in teams with diverse input from health care professionals and behavioral health consumers. Both facilities emphasize the importance of interdisciplinary teamwork and the integration of perspectives from behavioral health consumers and families.

Figure 20 below outlines the expenditures made by BHECN on psychiatry residents at Creighton and UNMC from the 2010-2011 academic year to present.

Figure 20. BHECN Expenditures on Psychiatry Residents at Creighton and UNMC



Currently, several psychiatry residents are educated in telehealth. Beginning in 2013-2014, all BHECN funded psychiatry residents will be required to engage in rural service activities, including educational and clinical experiences at rural sites. In addition, by 2014-2015 BHECN has set the goal to convert its allocated funding for psychiatry resident positions to 50% rural and 50% underserved.

**A psychiatry resident's experience with rural rotation:**

Dr. Marin Broucek is a third-year psychiatry resident who recently went to Kearney for a month-long rural rotation at Richard Young Hospital. She described what she learned from practicing in a rural setting.

*"Having the opportunity to spend a month in Kearney, NE at Richard Young Hospital was an incredible experience. Mental health in a rural setting has challenges unlike anything that is seen in an urban environment. The patient's symptom severity is often much higher than is seen in a city, often due to scarcity of services. Also, arranging outpatient services and continued care presents its own obstacle. This experience provides an intensive and incredibly valuable learning environment which is much different from what is seen at a large academic center."*

The annual average cost per psychiatry resident is nearly \$77,000 per year (Figure 21).

**Figure 21. Psychiatry Resident Cost (FY 2013)**

- » *Average annual resident salary: \$53,715*
- » *Average annual resident benefits: \$21,165*
- » *Annual resident professional development: \$2,030*
- » ***Total annual average cost per resident: \$76,910***

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**BEHAVIORAL HEALTH TRAINEES AT THE UNIVERSITY OF NEBRASKA MEDICAL CENTER  
MUNROE-MEYER INSTITUTE**

The Munroe-Meyer Institute (MMI) offers doctoral internships in Psychology and training opportunities for graduate students from other behavioral health fields. With funding for student stipends and training activities provided by a series of federally-funded training grants from the Health Resources and Services Administration (HRSA) and from the Corporation on National and Community Service (AmeriCorps), BHECN has collaborated with these efforts by supplying supplemental matching funding for graduate trainees from Psychology, Social Work, Counseling and Applied Behavior Analysis.



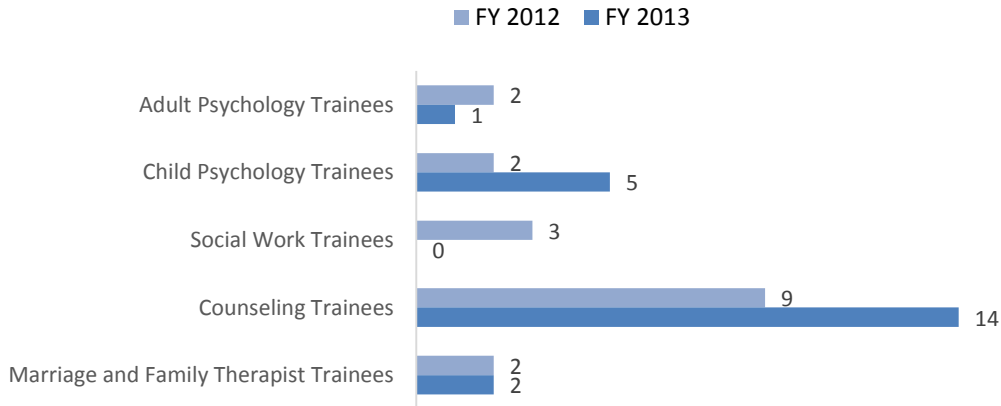
MMI has created training opportunities for behavioral health students who are “integrated” into primary care practices throughout the State (see map on page 32). During 2012-13, trainees participated in over 5,000 patient sessions, the majority of which would not have been possible without grant and BHECN support. Students in the program have come from a variety of Nebraska institutions, including: the University of Nebraska-Lincoln, University of Nebraska-Omaha, UNMC, Bellevue University, University of Nebraska-Kearney, Doane College, and Chadron State College.

In FY 2012 BHECN provided support for 18 individual students in the program, and 22 in FY 2013 at a cost to BHECN of \$116,000 which accounted for over 9,000 hours of graduate supervision and training. Using a “learning through service” model of education, trainees are taught to work with rural and urban primary care physicians with consultation from UNMC Psychiatry and Developmental Medicine.

Figure 22 presents a breakdown of MMI Trainees by field of study. Graduate students in adult psychology, child psychology, social work, counseling, and marriage and family therapy comprise the student body of behavioral health trainees at MMI.



Figure 22. BHECN Funded Behavioral Health Trainees at MMI (FY 2012 and FY 2013)

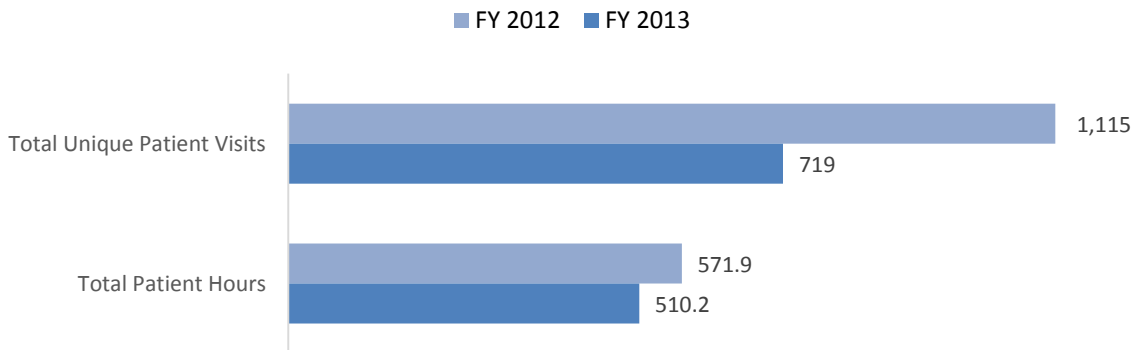


### PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER STUDENTS

BHECN provided funding and support for two psychiatric mental health nurse practitioner (PMHNP) students in both FY 2012 and FY 2013. The two PMHNP students, as shown in Figure 23 below, logged numerous visits and patient hours during their training each year.



Figure 23. Activities of Psychiatric Mental Health Nurse Practitioners Funded by BHECN (FY 2012 and FY 2013)



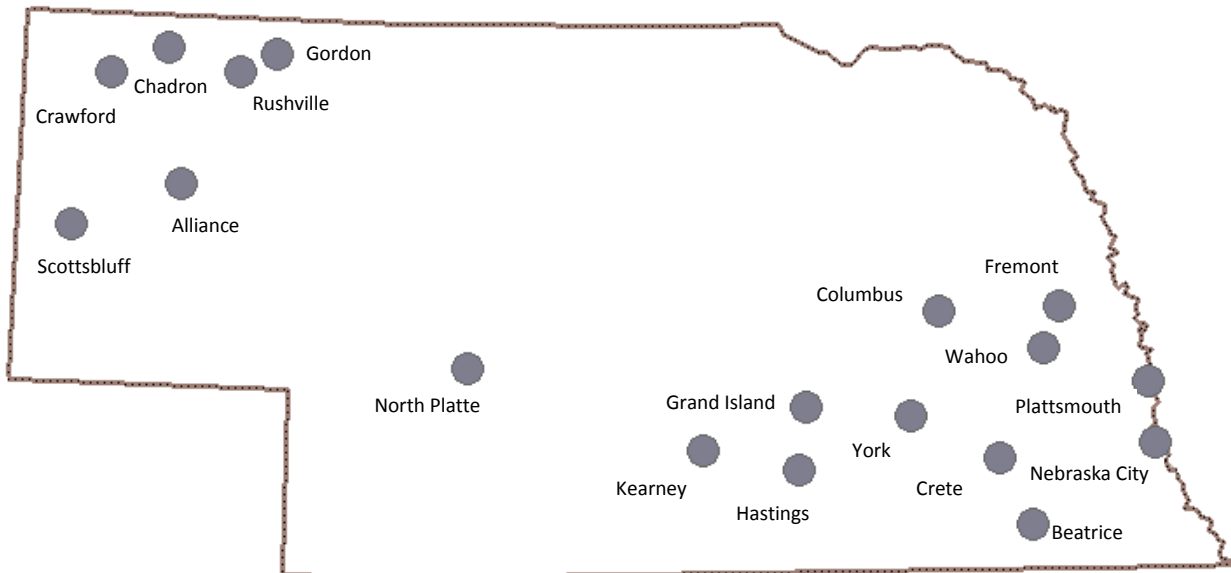
## RURAL PLACEMENT OF BEHAVIORAL HEALTH TRAINEES

The behavioral health student trainees noted in the previous sections and supported by BHECN funding conduct their training at various rural sites across the state. BHECN has established rural training sites across the state in order to expose students to the possibility of continuing their career in a rural setting.



Behavioral health student trainees in the fields of psychiatry, psychology, social work, counseling, and nurse practitioner have conducted training at the following rural sites across Nebraska in FYs 2012 and 2013: Kearney, Columbus, Hastings, Grand Island, Beatrice, Crete, Wahoo, Fremont, Nebraska City, Plattsmouth, Alliance, Chadron, Rushville, Gordon, Crawford, York, Scottsbluff and North Platte (Figure 24).

Figure 24. Rural Training Sites of BHECN Funded Behavioral Health Student Trainees





## TRAINING CENTER AT LASTING HOPE RECOVERY CENTER

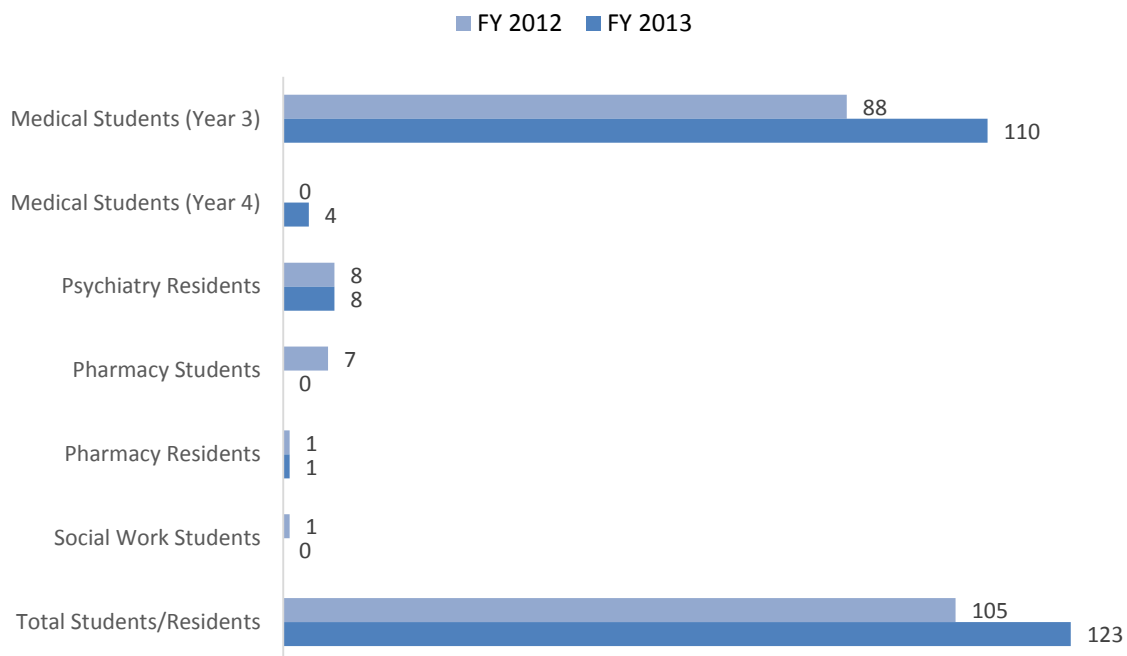
BHECN has collaborated with Lasting Hope Recovery Center (LHRC) to provide psychiatry residents, pharmacy students/residents, medical students, and social work students with a training center. LHRC, located in Omaha, is an inpatient psychiatric facility practicing an interdisciplinary, trauma-informed approach to individuals receiving mental health and substance abuse care. One of the goals of the LHRC training site is to encourage an educational environment with interdisciplinary collaboration.

The institutional affiliation of students/residents included Creighton, UNMC, UNL, UNO, and Creighton/UNMC Psychiatric Residency Program.

A total of 105 students and residents in FY 2012 and 123 in FY 2013 participated in training at LHRC. The majority of these trainees were medical students in their third year (Figure 25).



Figure 25. Residents and Students Training at the Lasting Hope Recovery Center (FY 2012 and FY 2013)





## TRAINING CENTER AT COMMUNITY ALLIANCE

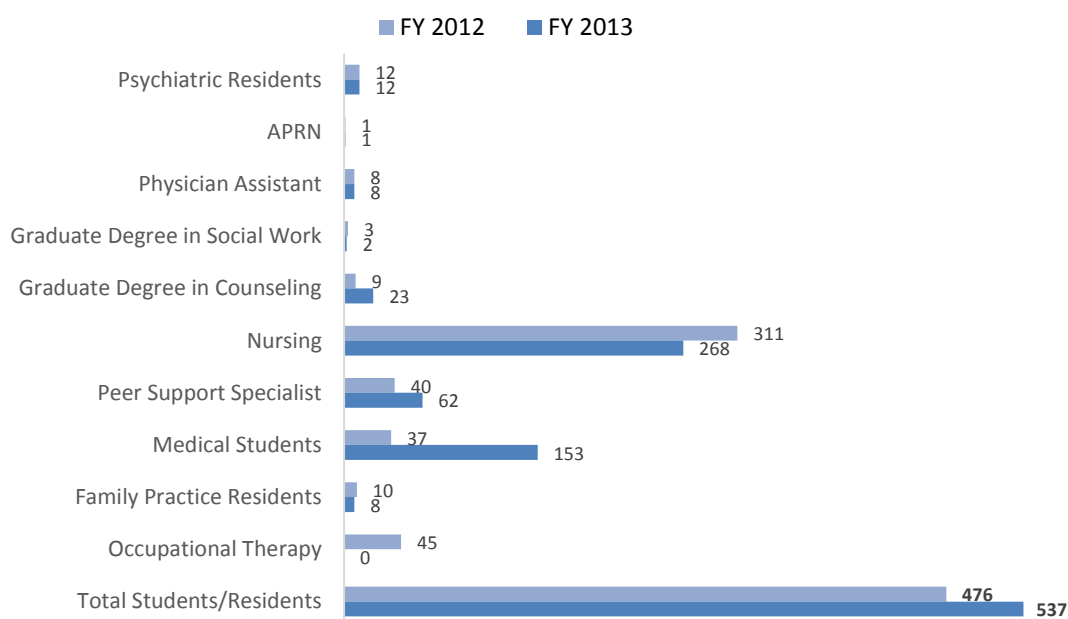
Community Alliance, located in Omaha, is a large community-based mental health agency in the state of Nebraska. Community Alliance and BHECN have collaborated to provide field placement for students and residents from a broad range of disciplines. The mission for the field placement training is threefold: (1) to provide the context for students to apply the knowledge and skills gained through didactic courses, (2) to teach, demonstrate and observe students practice the unique competencies related to community-based mental health, and (3) to provide an environment for established professionals to align their evidence-based practices for successful social inclusion of persons with severe and persistent mental illness. This involves a strong commitment to inter-disciplinary practice and learning, and a solid commitment to evidence-based practice.



The institutional affiliation of students/residents included UNMC, Clarkson College, Methodist University, Creighton University, College of Saint Mary, Bellevue University, Creighton-Nebraska Psychiatric Residency Program, UNO, Grace University, and the California Peer Support Training Program.

A total of 476 students and residents in FY 2012 and 537 in FY 2013 participated in training at Community Alliance. The majority of these trainees were nursing and medical students in their third year (Figure 26). As at Lasting Hope Recovery Center, Community Alliance offers opportunities for those studying in the medical field to participate in interdisciplinary collaboration.

Figure 26. Residents and Students Training at Community Alliance (FY 2012 and FY 2013)



## TELEHEALTH

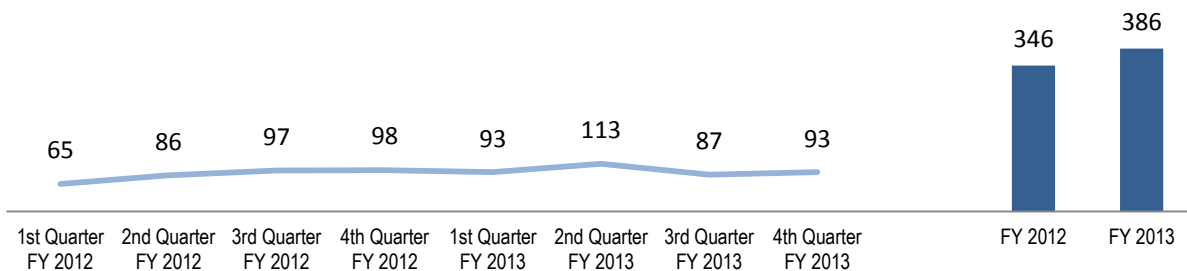
The use of telehealth to deliver behavioral health services involves patient contact with a behavioral health provider through a secure telecommunications line in which a video component enables face-to-face contact between the individual and the behavioral health provider. BHECN promotes the use of telehealth in Nebraska in order to overcome the barrier of behavioral health professional shortages in rural areas. Due in part to BHECN's promotion of telehealth, all psychiatry residents at Creighton and UNMC are trained in telehealth.



With BHECN providing financial support for telehealth technology and hours to conduct telehealth, Creighton and UNMC telehealth centers have logged considerable numbers of sessions and hours in the past two fiscal years. Figure 27 below provides data on the number of sessions of telehealth conducted at the two centers with BHECN funding alone. A total of 732 sessions totaling 430 hours to patients were conducted between the centers in FYs 2012 and 2013.

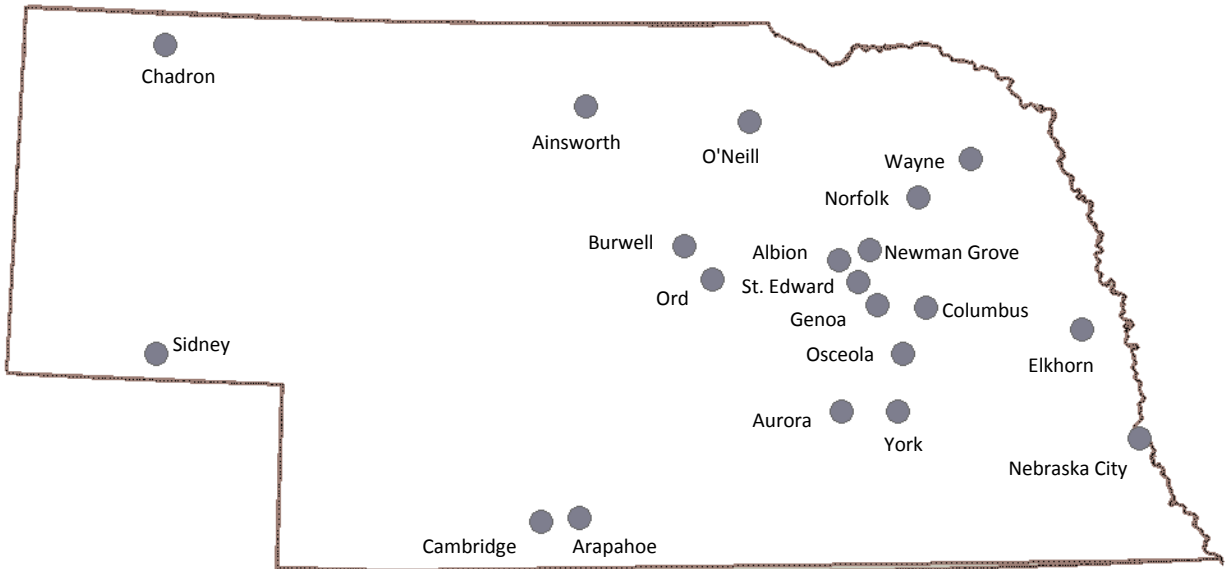
Creighton and UNMC Telehealth are both conducted from Omaha with rural patients across the state. These telehealth centers have conducted numerous other telehealth sessions. The figures below present only those conducted with BHECN funding.

Figure 27. Total Number of Telehealth Sessions Conducted through Creighton and UNMC Telehealth with BHECN Funding FY 2012 and FY 2013



The telehealth sessions at Creighton and UNMC Telehealth that were funded by BHECN were conducted with patients from 20 rural communities across the state of Nebraska (Figure 28).

**Figure 28. Location of Patients Receiving Services through Creighton and UNMC Telehealth with BHECN Funding**



*" The vast majority of counties in Nebraska (71 out of 93) are designated as having both a high need for mental health services and a low supply of mental health providers."*  
- Finding from the Workforce Assessment

## THE AMBASSADOR PROGRAM

BHECN's Ambassador Program was established in April 2012 to recruit and mentor rural students from high school, college, and professional school into practice as behavioral health professionals in order to develop a behavioral health workforce in rural Nebraska. BHECN organizes career days and workshops for students who have interest in exploring careers in behavioral health. The workshops for college students are a week-long program offering one hour of credit at their institution.

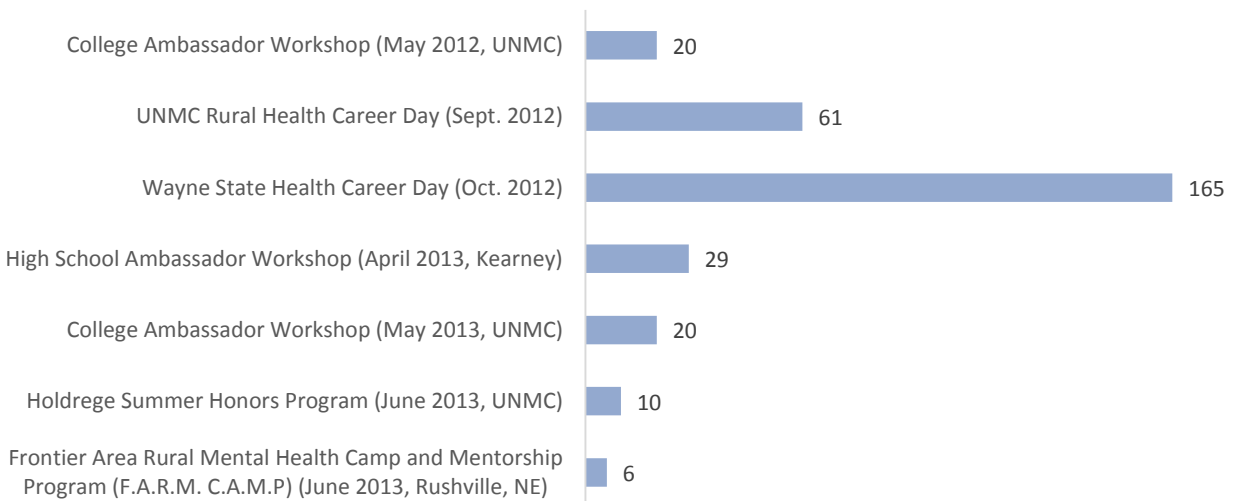


Figure 29 below outlines the participation at the major Ambassador Program activities from FYs 2012 and 2013. The participating students came from high schools and colleges across the state. Of the 311 student participants, 275 came from a rural county in Nebraska. Of the 33 former participants in Ambassador Program activities for college students who have since graduated, 13 are currently enrolled in a medical science graduate program at UNMC.

*"People who already live here and already value this part of the country and grew up here are less likely to leave. If they leave, there's a percentage of them who will come back."*

- Participant from the Recruitment and Retention Focus Groups on the importance of recruiting individuals from rural communities to fill behavioral health positions in rural areas

Figure 29. Number of Student Participants at Ambassador Program Activities (FY 2012 and FY 2013)



### Quotes from Ambassador Program participants

High school and college age youth who have participated in Ambassador Program activities have provided the following quotes on post-activity evaluation forms.

*"Being at this conference & listening to the people who work in this profession make me so excited & certain about my future behavioral health career!"* - High school student from Norfolk

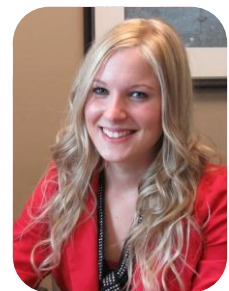
*"Talking with and learning from members at all points of the behavioral health team really helped me get a sense for what I'd be doing as a mental health professional. Then having the opportunity to take what we heard about in the lectures and see it first hand in the community observations really enriched the experience."* - Sophomore student at UNL

*"The course aided to solidify what I plan to do in the future with my career and provided me with many connections and a wealth of information."* - Sophomore student at Creighton

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### ➤ Spotlight on Abby Stewart - "Aspiring Psychiatrist"

Abby Stewart graduated from Norfolk High School in 2013. She always knew that she wanted to work in the medical field. Abby became acquainted with the BHECN Ambassador Program in October 2012 when she attended a career day at Wayne State College sponsored by UNL's Northeast Research Extension Center.



Abby had the opportunity to job shadow Dr. Liu. He was her first contact with a child psychiatrist, because, as she put it, "There aren't any child psychiatrists in Norfolk." Shadowing with Dr. Liu made me more excited to get to the other side of medical school, and he really helped me solidify that this is the profession for me."

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### COMMUNITY-BASED PARTICIPATORY RESEARCH

Community-Based Participatory Research (CBPR) is research that is conducted as an equal partnership between traditionally trained "experts" and members of a community. CBPR starts with the needs, interests, and common goals of community members and, through the collaboration with formally trained research partners, positive outcomes are produced for the community.



In FYs 2012 and 2013 CBPR was conducted through BHECN organization and funding with the rural Nebraska communities of Loup City, Ogallala, Albion, St. Paul, and Ord. Each community

selected a topic and with the help of behavioral health research partners (such as behavioral health professionals and students) developed community knowledge and action toward a specific goal in the behavioral health area. Across the five communities, a total of 58 meetings were held for the purpose of conducting CBPR.

Each community designed its own focus. For example, in St. Paul, one of the most active CBPR groups, community members received a wide array of presentations around various behavioral health issues such as addiction, depression, marriage, domestic violence, and grief among other topics. The community used this knowledge to create support groups for individuals struggling with issues such as grief and boundaries. Albion focused on promoting marital well-being, and Ogallala focused on legislative engagement.

### **CBPR Participants on the Difficulty of Accessing Behavioral Health Services in Rural Areas**

CBPR Participants, many of whom were behavioral health consumers, keyed on a variety of barriers facing consumers of behavioral health services in rural areas. Below is a sampling of representative quotes from participants in the research projects.

*"It is tough...A follow up visit with a psychiatrist might take six months."*

*"You come in for a two hour session. You go in and visit with them [mental health provider] and you don't see them again for two months because they are booked up....As far as I am concerned it has already been a long time to get in and then you have to wait that long to get back in. You have wasted the first two sessions."*

*"You get someone an appointment and if they have no way to get there, it is not going to do them a bit of good."*

*"My counselor lives quite a ways away so she has to drive. And so, that's a problem."*



## THE INFRASTRUCTURE IN PLACE TO FACILITATE BHECN'S RESPONSE TO THE NEED FOR BEHAVIORAL HEALTH PROFESSIONALS

A sustainable infrastructure is crucial for BHECN to carry out its legislative mandate of developing Nebraska's behavioral health workforce. Many of BHECN's expected outcomes, such as improving rural access to behavioral health services, will require 5 to 10 years to demonstrate significant improvement.



Infrastructure includes not only the funding provided by the Nebraska Legislature, but also the faculty, staff, partnerships, and collaborative opportunities throughout Nebraska.

### BUDGET

BHECN is appropriated \$1.6 million per year by the Nebraska State Legislature. In FY 2012, learning collaboratives (which includes behavioral health trainings) made up the largest expenditure in the budget, but in FY 2013 behavioral health trainees made up the largest budget expenditure.

Expenditures on behavioral health trainees (i.e., residents and students) saw a considerable increase from FY 2012 to FY 2013 as BHECN continues to invest more heavily in psychiatry residents. Expenditures on research and reports also increased from FY 2012 to FY 2013 as BHECN contracted for numerous research projects in order to gain valuable knowledge about the current state of behavioral health in Nebraska from the perspective of consumers and professionals. Capital expenditures on telehealth decreased from FY 2012 to FY 2013 due to startup costs for equipment and software purchased in FY 2012.

Figures 30 through 32 contain a concise summary of BHECN's budget and expenditures. Note that BHECN's strategies were realigned from FY 2012 to FY 2013 resulting in the differences in categories from Figure 31 to Figure 32.

**Figure 30. BHECN Budget**

	FY 2010	FY 2011	FY 2012	FY2013
State Appropriation	\$1,385,160	\$1,563,994	\$1,563,993	\$1,621,606
Salary Increase Continuation			\$39,622	
Special Session Budget Reduction	(\$420,160)			
Prior Year Carry Over		\$426,585	\$561,711	\$364,043
Expenditures	(\$538,415)	(\$1,393,710)	(\$1,775,345)	(\$1,853,668)
Year-End Balance Available for Carry Over	\$426,585	\$596,869	\$389,981	\$131,981

Figure 31. BHECN Strategy Expenditures in FY 2012

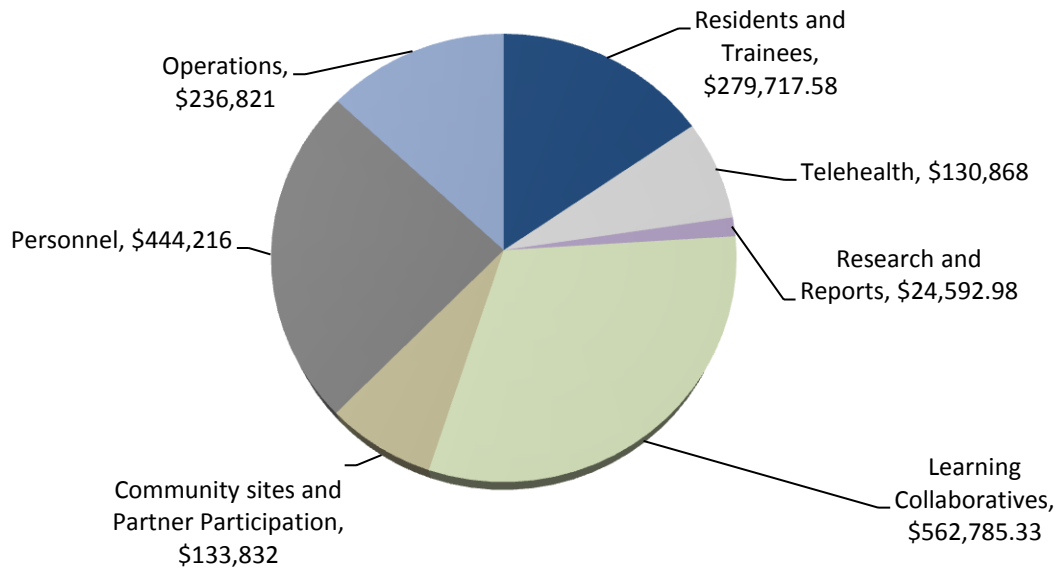
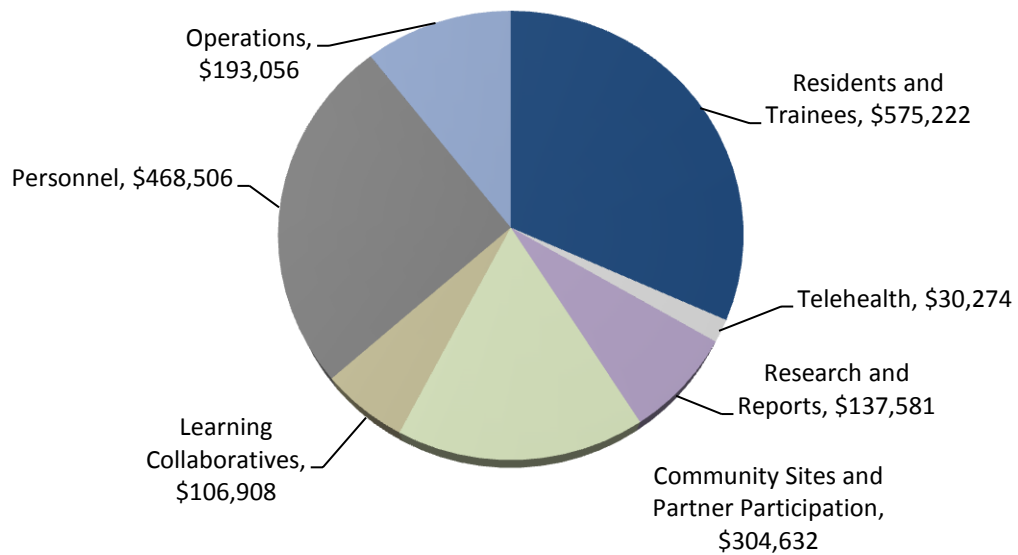


Figure 32. BHECN Strategy Expenditures in FY 2013\*





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## Professional Interdisciplinary Education (PIE) Programs

PIE programs are small programs to conduct specific work in behavioral health. PIE programs forge lasting partnerships with BHECN to do important work in the behavioral health field. In FY 2013 BHECN funded numerous PIE programs totaling \$149,784 (average of \$8,811 per program). Several PIE programs received funding from other sources; a total of \$35,900 was leveraged in matched funding by the applicants. The following are PIE programs that were implemented in FYs 2012 and 2013.



- » **Robert Donlan - Open Door.** Artwork and education to spread positive awareness and break down negative stigmas associated with mental illness.
- » **Interchurch Ministries of Nebraska.** Assessing and Managing Suicide Risk (AMSR) for clinicians.
- » **National Alliance on Mental Illness (NAMI).** Partnership for mental health with faith community partners.
- » **Public Policy Center.** Training in rural Nebraska on motivational interviewing and clinical supervision.
- » **Region 6 - Workforce Development.** Identify behavioral health needs and strategies to meet those needs.
- » **UNK - Building Bridges.** Working to attract future graduate students in behavioral health from rural Nebraska.
- » **Western Nebraska Behavioral Health Clinic.** Presentations at high schools introducing students to careers in mental health and recruitment of students to participate in Frontier Area Rural Mental-health Camp And Mentorship Program (F.A.R.M. C.A.M.P.).
- » **Peer Support Conference.** Continuing education to Certified Peer Support and Wellness Specialists.
- » **Region 6 - Compassion Fatigue Training.** Introductory session on compassion fatigue entitled "Walking the Walk".
- » **Frank J. Menolascino.** Menolascino Memorial Lecture: Diagnostic Debates in the Autism Spectrum Disorder.
- » **Peer Provided Resiliency Psycho-education.** Sponsor two to three presentations to rural audiences on the Peer Provided Resiliency Psycho-education model and data.

- » **Nebraska Department of Correctional Services.** Promote opportunities for students in clerkships and careers in psychiatry and increase understanding and interest in psychiatry in corrections.
- » **Nebraska Probation Officers.** Training and education in mental health for probation officers.
- » **Inter-Professional Service Learning Academy - Finding a Voice, Bridge to Care.** Increase cultural awareness and understanding among health profession students by providing refugee communities with behavioral health education and resources.
- » **Pediatric Behavioral & Emotional Care.** Assess the practices and attitudes of Nebraska Pediatricians towards the evaluation and management of behavioral health care in a primary setting and provide information that will facilitate the design of effective approaches to the integration of behavioral health care in the primary setting.
- » **Student Association for Rural Health (SARH).** Educate students on rural health issues and promote interest in healthcare careers throughout rural Nebraska.
- » **UNMC School of Allied Health.** Mental Health First Aid educators for Omaha's African American and Hispanic Communities.

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➤ **Spotlight on Catherine Jones-Hazledine, PhD - "Rural Nebraska's Bright Beacon for Behavioral Health"**

Psychologist Catherine Jones-Hazledine has been a champion and advocate for mental health services in rural Nebraska. Dr. Cate is an assistant professor at UNMC's Munroe-Meyer Institute and formed the Western Nebraska Behavioral Health Clinic. Her network of clinics, which are integrated with primary care medical settings, provide internship and practicum sites for Chadron State students. She is also an adjunct faculty member in Chadron State's College Counseling, Psychology, and Social Work Program.

Dr. Cate introduces high school students to behavioral health careers through her summer week long camp. F.A.R.M. C.A.M.P. (Frontier Area Rural Mental Health Camp And Mentorship Program) funded by BHECN, is intended not only to attract more behavioral health care providers, but expressly to keep practitioners in service to rural Nebraska residents by recruiting future professionals from rural students.



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## BHECN AS A RESOURCE FOR STATE AGENCIES AND POLICY MAKERS

In the past two years, BHECN has served as a resource of behavioral health knowledge for the Nebraska Department of Health and Human Services and the Nebraska State Legislature. BHECN has forged working relationships with the state to provide key insight on a wide array of policy and institutional issues. A notable example was the insight on telehealth that BHECN provided to the legislature for its deliberations over LB 556: The Children's Mental Health Act.



BHECN provided education, insight, and knowledge about telehealth to the Nebraska State Legislature as it enacted the Children's Mental Health Act in the 2013 legislative session. BHECN provided no direct lobbying, but served as a resource for legislators wishing to understand more about telehealth and how it may be used to provide behavioral health services to children in rural areas. BHECN has been a strong advocate for the expansion of the telehealth system, recognizing that the vast majority of rural counties in Nebraska will continue to be underserved by behavioral health professionals. Telehealth is currently the best and perhaps only remedy for this problem.

The Children's Mental Health Act was enacted in order to centralize telehealth medical and behavioral health services for children in public schools. Providing these services will allow parents and their child to see, hear, and interact with a physician or behavioral health professional. In addition, these services reduce the time a child spends out of the classroom, addresses the shared community goal of keeping children healthy and in school, and provides access to medical and behavioral health professionals to rural or underserved areas that may not otherwise have access to such medical professionals.

Previously, state agencies and legislators would contact professors in the Social Work or Psychology departments at State Universities when key information was needed about behavioral health systems. Now BHECN serves as a lead resource and expert providing knowledge and experience on behavioral health workforce issues in Nebraska.

*"The gaps in children's mental health services can seem overwhelming, but the folks at BHECN advised me on the obstacles and opportunities so I could draft meaningful legislation. "*  
- Senator Amanda McGill, District 26

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## LEARNING COLLABORATIVES

A learning collaborative, as defined by the Institute for Healthcare Improvement (IHI), is a short-term (6 to 15 month) learning system that brings together a large number of teams to seek improvement in a focused topic area. BHECN fosters relationships and collaborative partnerships across disciplines to break down silos and promote cooperation and collaboration towards the common goal of improving Nebraska's behavioral health system. Examples of learning collaboratives (as defined by IHI) that received their impetus from BHECN include the following.



» **LB 556 Children's Mental Health Act**

BHECN provided insight into the integration of mental health services, the medical home model, and behavioral health consultation into pediatric practices. It also advised state senators on revising regulations for the delivery of telehealth services and consultation statewide.

» **Curriculum Committee**

The curriculum committee is an interdisciplinary council of behavioral health professionals and academics from institutions across the state with the common goal of creating interprofessional behavioral health curricula for the state.

» **Pediatric Behavioral Health**

The Pediatric Behavioral Health Training Collaborative brings together the UNMC pediatric residency program, child and adolescent psychiatry fellowship program, and the Munroe Meyer Institute Developmental and Behavioral Pediatrics and Psychology program to integrate behavioral health training across disciplines.

» **Lasting Hope Recovery Center (LHRC) Steering Committee**

The purpose of the LHRC Steering Committee is to create a replicable model of hospital-based behavioral health training to support interprofessional clinical training for the state, including curriculum development and outcomes research. BHECN established the LHRC Steering Committee to establish collaborative partnerships to create, link, and disseminate education and training materials for the development of the behavioral health workforce addressing the recovery-focused needs of consumers.

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## COLLABORATIVE PARTNERSHIPS

Collaborative partnerships involve the leveraging of funding through two or more partners. As with PIE programs (described above), these collaborative partnerships form lasting relationships between BHECN and other institutions, and do important work to improve the behavioral health services for Nebraskans through the education of behavioral health professionals. BHECN has subsidized the following programs.



» **MMI AmeriCorps**

Funded by Serve Nebraska and the Corporation for National and Community Service, the MMI AmeriCorps program provided “learning through service” experiences for 22 graduate students, interns, and trainees from the behavioral health fields of Psychology, Social Work, Applied Behavior Analysis, and Counseling. AmeriCorps members provide between 300 and 1700 hours of behavioral health service to children, adolescents, and families. During the past year, members served children in the Autism Center program at MMI, in primary care integrated behavioral programs in 17 rural towns across Nebraska as well as through behavioral health clinics conducted by MMI faculty in the Omaha area. BHECN has partnered with MMI Psychology in supporting trainee stipends and in encouraging placements into rural towns. Behavioral health students from 7 Nebraska Colleges offering graduate programs were educated in the past year with over 9,000 hours of supervision and training in the provision of diagnosis and treatment of children and families.

» **Graduate Psychology Education Grant**

Recognizing the need for additional psychologists to meet the need for behavioral health services in Nebraska, the MMI Psychology faculty members have obtained Federal HRSA funding to educate doctoral Psychology interns in their final year of training. Over the past year MMI has provided stipends for training and supervision for six doctoral candidates from the University of Nebraska-Lincoln, Illinois State, Lehigh, Idaho State, and Oregon. With this funding, Psychology students from other states are being recruited to work and remain in Nebraska and to join the faculty and staff of MMI here at UNMC or in rural locations. The “integrated pediatric behavioral health program” at MMI has received national recognition and is being replicated in Michigan, Pennsylvania, and Florida. This grant-funded program is in its 10<sup>th</sup> year at MMI/UNMC.

» **Mental and Behavioral Health Education and Training Program**

Twenty-five graduate programs in Psychology and Social Work were awarded federal funding from this new HRSA educational program in 2012. MMI internship program was selected as one of 11 Psychology programs to receive three years of funding for internship training for Psychologists. During the first year of grant support, MMI

educated four interns from the University of Nebraska, Louisiana State University, LaSalle University, and North Dakota University. These interns received 1,000 hours of training and were placed in Fremont, Hastings, Beatrice, and Kearney during their first six months of training and participated in more than 1,400 patient visits between January and July, 2013. Collaborative Pediatric practices in these four rural Nebraska cities were recruited to provide education for trainees in integrated behavioral health care.

» **Primary Integrated Psychiatric Nursing (PIP)**

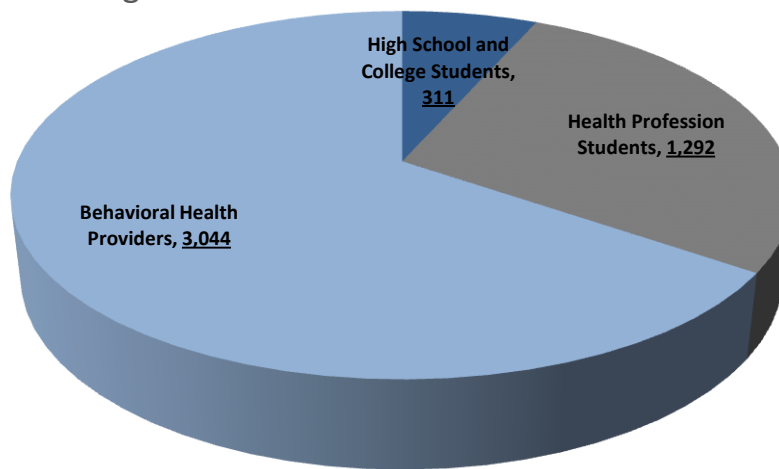
PIP is an UNMC program that seeks to address the imbalance of psychiatric prescribers in Nebraska through the education of psychiatric nurse practitioners. PIP uses distance learning technology to connect students to the faculty in the graduate psychiatric nurse practitioner program at the UNMC College of Nursing. Through the distance learning component of the program, a full-time shift nurse from a hospital in rural Nebraska can be trained and certified as a psychiatric nurse practitioner without ever leaving his or her family and community.

## BHECN'S IMPACT ON THE NEED FOR BEHAVIORAL HEALTH PROFESSIONALS

BHECN has made considerable progress towards developing students for Nebraska's behavioral health workforce, supporting them through education and training, and transitioning into practice in Nebraska. While it is too early at this point to quantitatively ascertain BHECN's overall impact on Nebraska's behavioral health workforce, BHECN continues to recruit, educate, and train current and future Nebraska behavioral health professionals.

Figure 33 below illustrates the total number of students and behavioral health professionals that participated in BHECN trainings in FYs 2012 and 2013. In total 4,647 individuals were trained (note that there is likely some duplication of individuals that cannot be accounted). BHECN maintains a rural focus for recruitment, education, and training.

Figure 33. Providers and Students Trained through BHECN Activities in FYs 2012 and 2013



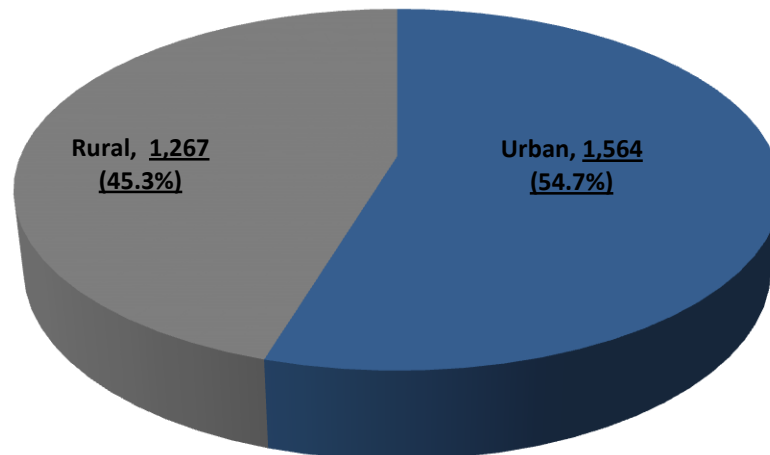
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\***Behavioral health providers** include the total number of behavioral health professionals participating in BHECN trainings and completing the Depression Module online. **High school and college students** include all students involved in Ambassador Program activities. **Health profession students** include psychiatry residents, behavioral health trainees at MMI, PMHNP student trainees, trainees at Lasting Hope Recovery Center, and trainees at Community Alliance.



BHECN has made a substantial, statewide impact on the competency of Nebraska's workforce. As shown in Figure 34 below, there has been a considerable effort to provide behavioral health trainings to rural behavioral health providers in Nebraska. A total of 1,267 rural behavioral health providers in Nebraska have participated in BHECN trainings.

Figure 34. Behavioral Health Providers Participating in BHECN Trainings by Urbanicity in FYs 2012 and 2013



Note: does not include the 34 out-of-state individuals who completed the online Depression Module.

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## MAJOR ACCOMPLISHMENTS

Much work has been done to improve and expand Nebraska's behavioral health workforce and services over the past two years. Following are some of BHECN's most important accomplishments in FYs 2012 and 2013.

» **Establishment of the Ambassador Program**

Rural students in high school and college who have a budding interest in the behavioral health field have the opportunity to participate in BHECN's Ambassador Program through workshops, career days, and camps. Since its first workshop in May 2012, 311 students have participated in Ambassador Program activities, 275 of whom hailed from a rural county in Nebraska.



» **Creation Rural Residency Training Sites**

A new rural psychiatry residency training site was established at Richard Young and Good Samaritan Hospitals in Kearney. In June 2013, two psychiatry residents piloted the new training site in Kearney, which will supplement the existing rural psychiatry training site in Scottsbluff, Nebraska. In addition, there will be additional rural psychiatry training sites



added at North Platte’s Great Plains Regional Medical Center and potentially Mary Lanning Hospital in Hastings, NE.

» **BHECN Curriculum Committee**

BHECN has created an interdisciplinary committee consisting of multiple professions in behavioral health and primary care. The Curriculum Committee is working on collaborative training opportunities and innovative curricula. It also represents the academic training programs around the state including psychiatry, psychology, psychiatric nursing, social work, counseling, and the physician assistant program. It includes representation across higher education institutions including UNMC, UNL, UNK, UNO, Creighton, and Chadron State.

» **Development of Training Sites**

In FYs 2012 and 2013 BHECN developed and implemented three major training sites for students and behavioral health professionals at Community Alliance, Lasting Hope Recovery Center, and Region 3. The former two sites are located in Omaha and provide behavioral health services integrated with medical care to the underserved community. BHECN established training centers at Community Alliance and Lasting Hope Recovery Center, which received participation from psychiatry residents, family practice residents, pharmacy residents, pharmacy students, medical students, nursing students, physician assistant students, counseling students, social work students, and occupational therapy students. The interdisciplinary nature of these training sites, which combine behavioral and medical health care, engages students in the integrated model, which is seen as the ideal setting for health care. At the two sites combined there was a total of 1,241 students who participated in training activities in FYs 2012 and 2013.



Region 3 Behavioral Health Services in Kearney served as the main facilitator of trainings for behavioral health professionals in rural Nebraska. In FYs 2012 and 2013, a total of 42 trainings were offered throughout rural Nebraska, with participation from 1,267 behavioral health professionals. This training site will be transformed into BHECN Kearney.

BHECN developed numerous training sites for behavioral health students and professionals in FYs 2012 and 2013. See Figure 18 on page 25 for training sites for behavioral health professionals, and Figure 24 on page 31 for rural training sites for behavioral health students.

## » Development of an Online Learning Platform

In FYs 2012 and 2013, BHECN developed online trainings in depression for behavioral health professionals and primary care providers. The depression module includes three separate online trainings offering CEUs to physicians, nursing, and behavioral health professionals in adolescent, adult, and geriatric depression. Currently only the adolescent training module is completed, but the adult and geriatric depression modules are set to become available later in 2013. Since its release date in September 2011, 145 Nebraskans have completed the adolescent depression module. In addition, 29 individuals from other U.S. states and 5 from other countries have also completed the module.



BHECN's online learning platform has the potential to evolve into additional online products including those for LB 556: The Children's Mental Health Act and for a behavioral health certificate program for rural primary care providers.

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## CHALLENGES

### » Scarcity of financial and personnel resources

A major challenge to improving the numbers and capacity of Nebraska's behavioral health field of professionals is the limited allocation of resources to conduct activities toward this goal. Agencies that would be potential employers of behavioral health professionals often lack sufficient funding mechanisms to hire.

*"A general perception among the focus groups was that agencies struggle to be able to create positions for psychiatrists - or to offer salaries high enough to attract them - due to low reimbursement rates provided by Medicaid, as many of their catchment areas serve a predominance of individuals receiving these benefits."*

*- Finding from the Recruitment and Retention Focus Groups*

In 2010, the state of Nebraska ranked 35th in the nation in terms of state mental health agency spending. Expenditures per capita were \$81 in Nebraska, compared to \$121 nationwide (National Association of State Mental Health Program Directors Research Institute, 2010).

In addition, BHECN is closely monitoring the potential for national cuts in Graduate Medical Education (GME) funding. Psychiatry residents are primarily funded through federal GME dollars via Medicare payments to hospitals (Association of American Medical Colleges, 2013). If national cuts are made in GME funding, this would decrease the number of psychiatry residents that the Creighton-Nebraska program could train to meet Nebraska's needs for psychiatric prescribers (American Medical Association, 2013).

» **Psychiatry rural site development challenges**

The rural psychiatry training sites have taken longer than anticipated to develop. Although the mandate of LB 603 originally stated that BHECN funded residents should participate in one year of rural training, the challenge is in finding sufficient high quality supervisors in rural communities. At least two to four practicing psychiatrists are needed to provide consistent supervision, which is a challenge given the frequent turnover of rural psychiatrists in practice. Therefore, this training program has had to evolve at a more graduated pace than originally anticipated at BHECN's inception. In addition, BHECN has distributed the training opportunities among all of the psychiatry residents rather than concentrating on a few dedicated residents, to maximize the opportunities for greater retention in rural Nebraska.

» **Retaining behavioral health professionals in Nebraska**

Although BHECN has done considerable work to recruit and train quality behavioral health professionals, given the current competitive environment for behavioral health professionals, if an adjacent state offers higher salaries and better job opportunities for the spouse, behavioral health professionals will migrate out of Nebraska. Recent Nebraska psychiatric residents and psychiatric nurse practitioners have been accepting jobs in contiguous states for this very reason.

» **Redistributing the behavioral health workforce to cover rural Nebraska**

Even when behavioral health students choose to practice in Nebraska when they complete their degree, it has been difficult to convince them to relocate to a rural area. This is due to the challenges outlined in the Recruitment and Retention Focus Group Report, which included the perceived lack of educational, social, and cultural opportunities for children and a lack of employment opportunities for spouses in rural areas. This is the rationale for creating the Ambassador program to develop rural students into future rural behavioral health professionals. In addition, the Employer Connection Forum connects psychiatry residents with hospitals, clinics, and agencies in rural Nebraska.

*"The Workforce Analysis Report points to a mal-distribution of psychiatrists and psychiatric mental health nurse practitioners in metropolitan areas. In addition the majority of psychiatrists and psychiatric mental health nurse practitioners are older than 50 years of age. These metrics point to a continued concern related to the ability to provide mental health services to rural Nebraskans."*

*-Liane Connelly, PhD, RN, NEA-BC, Assistant Dean and Associate Professor, Northern Division, UNMC College of Nursing*

» **Silos between professions**

Currently, Nebraska's behavioral health field is fragmented into institutions and agencies with minimal cooperative effort. BHECN is attempting to create a more integrated and cooperative atmosphere through the creation of various learning collaboratives and

collaborative partnerships, which bring individuals together from various backgrounds to work on the common goal of improving Nebraska's behavioral health services.

» **Recruitment of students to the behavioral health field**

To improve the numbers of Nebraska's behavioral health professionals, it is imperative to recruit local, and preferably rural, Nebraska students into the behavioral health fields of study. BHECN created the Ambassador Program for precisely this purpose.



» **Lack of interdisciplinary training**

There is a relatively new movement within the medical field to integrate behavioral and medical health by seamlessly providing services as they are needed within the same facility. Currently, Nebraska lacks such an interdisciplinary and integrated model of medical and behavioral health. However, BHECN is beginning to promote interdisciplinary training through its training centers at Lasting Hope Recovery Center and Community Alliance. The lack of interdisciplinary training is also an issue within the different behavioral health professions that BHECN is working to address through its engagement with behavioral health students.

» **Lack of data and infrastructure for the unlicensed behavioral health workforce**

The majority of the behavioral health workforce in the state of Nebraska includes the unlicensed professions such as behavioral health technicians, case managers, peer support specialists, peer recovery support specialists, paraprofessionals, etc. There is no current state database on the recruitment, retention, and competency of this workforce.

## THE FUTURE STRATEGIC DIRECTION OF BHECN

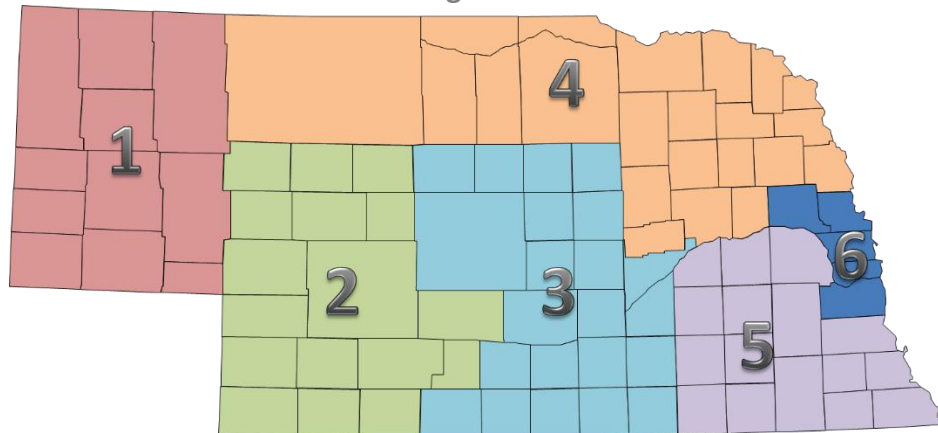
While staying true to the work mandated by LB 603, BHECN continually refines its strategic direction in order to focus on closing the gaps in Nebraska's behavioral health services and improving its own ability to enhance Nebraska's behavioral health workforce. Following are several areas towards which BHECN will focus its efforts in the near future.



### » **Establish a rural hub for behavioral health training and workforce development in Central and Western Nebraska**

The development of BHECN Kearney was a major success in FY 2013. BHECN Kearney will serve as a rural hub for training activities beginning in January 2014. Although BHECN has had success in working with its rural partners to provide training opportunities, it is anticipated that BHECN Kearney will further expand BHECN's reach to rural behavioral health professionals. BHECN Kearney will operate out of its newly established location at the University of Nebraska-Kearney. BHECN Kearney will be responsible for trainings in Regions 1, 2, 3, and 4, which comprise the entirety of Nebraska apart from the Southeastern corner of Regions 5 and 6 (see map below).

Figure 35. Nebraska's Behavioral Health Regions



### » **Expand recruitment and training opportunities for behavioral health profession students in rural areas**

While BHECN has provided numerous training opportunities for behavioral health profession students in the fields of psychology, psychiatric nurse practitioner, social work, and counseling, it will continue to seek more training opportunities for students in rural areas, knowing that extended trainings and residencies in rural areas are likely to lead to careers in those same areas. Another component to the recruitment of students into rural behavioral health practice is the Ambassador Program, which seeks to recruit students from

rural areas into behavioral health positions. It is anticipated that students from rural areas are more likely to return to a rural area when they have completed their studies in behavioral health. The Ambassador Program will continue to be a focus for BHECN in the coming years.

A major area for development in terms of rural training opportunities is with psychiatry residents. Beginning in 2013-2014, BHECN funded psychiatry residents will be required to engage in rural service activities, including educational and clinical experiences at rural sites. BHECN has set the two-year goal of allocating its funding for psychiatry resident positions to 50% rural and 50% underserved.

» **Develop additional strategies to retain behavioral health professionals**

Most of BHECN's work thus far has been in the realm of recruitment of behavioral health professionals. Now that numerous initiatives are in operation towards this end, BHECN can begin the more difficult task of focusing on strategies to retain behavioral health professionals in the state.

As a direct response to the need for employers to hire additional psychiatric prescribers, BHECN has piloted an Employer Connection Forum which allows Nebraska behavioral health provider organizations to meet psychiatric residents and present employment opportunities. The vast majority of employers participating in this program have been from rural Nebraska. From January 2013 through June 2013, nine Employer Connection Forums have been held. These forums are typically attended by the majority of psychiatry residents in Nebraska. It may be possible to expand this program to include additional professions in the future.

» **Continue collaborative recruitment, training, and placement efforts with other behavioral health training programs in the State's University and College systems**

In order to more appropriately address the training needs of the behavioral health workforce in Nebraska within its limited budget parameters, BHECN staff have, over the past years, collaborated with other funded training programs at UNMC. Collaborations with the Psychiatric Nurse training program in the College of Nursing produced: a) educational opportunities for Psychiatric Nurse Practitioners in a variety of rural Nebraska communities, b) provision of a training curriculum and opportunities for professionals in services provided through Community Alliance, and c) development of "on-line educational programs" leading to Psychiatric Nursing certification for Nursing professionals in remote areas of the state. Funded through the Bureau of Health Professions, Dr. Michael Rice and staff participated with BHECN in development of such training.

Similarly, BHECN has expanded its educational offerings through collaborative efforts with the Psychology Department of UNMC's Munroe-Meyer Institute. With funding support from federal grants from the Health Resources and Services Administration (HRSA) and AmeriCorps, MMI and BHECN have been able to provide shared support for interns and graduate trainees from the disciplines of Psychology, Counseling, Applied Behavior Analysis,

and Social Work. Grants to Dr. Joseph Evans from the HRSA Graduate Psychology Education program, the Mental and Behavioral Health Education and Training fund, and BHECN have provided support for psychology interns to be placed in rural areas including Kearney, Grand Island, Hastings, Beatrice, Fremont, and Crete as well as Omaha. With combined AmeriCorps and BHECN funding, Counseling and Social Work trainees have been supported for training experiences in Chadron, Gordon, Alliance, North Platte, Rushville, and Crawford. Overall, over 28,000 hours of supervision and behavioral health training were provided last year through collaborative agreements with other UNMC entities. It is projected that such joint activities will continue and possibly be expanded through behavioral health training grant applications.

» **Prioritize the need for behavioral health professionals by type and location**

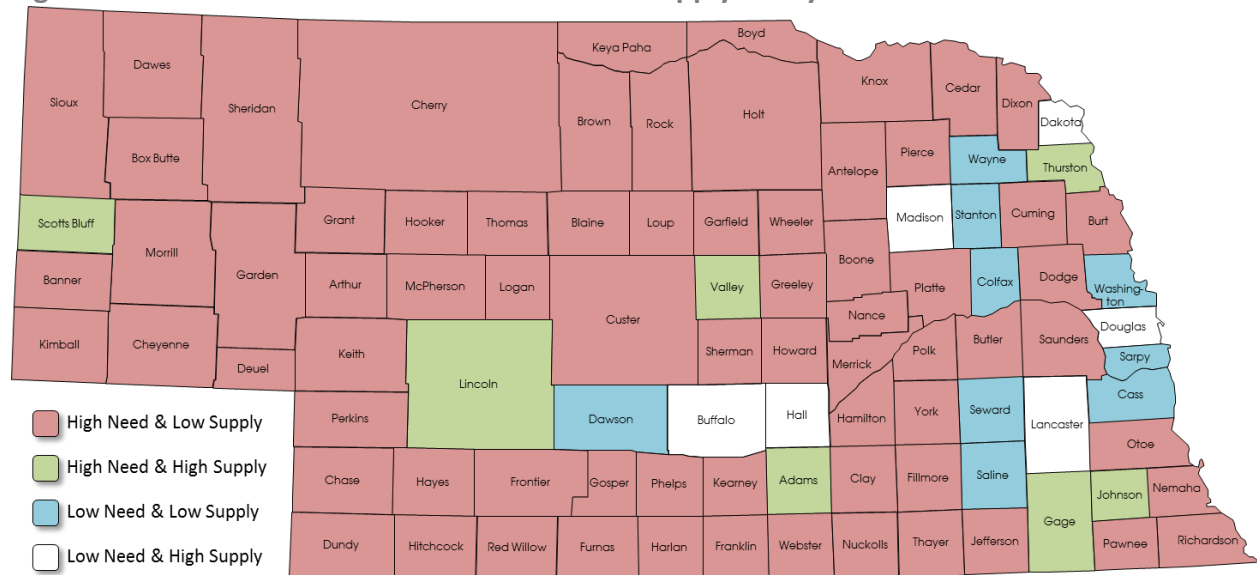
BHECN sponsored the Nebraska Center for Rural Health Research to conduct an analysis on the behavioral health workforce: Nebraska's Behavioral Health Workforce – 2000 to 2012. Based on the findings of this report, BHECN is funding a second study to prioritize the need for behavioral health professionals by type and location.

The report indicated that 71 out of 93 Nebraska counties have both a high need for mental health services and a low supply of mental health providers (Figure 36). The following definitions were used by the UNMC Nebraska Center for Rural Health Research to determine need for mental health services and supply of mental health providers.

- **Need:** a county was considered to have high need for mental health services if one of the following criteria was met: (i) 20 percent or more of the population (or of all households) in the area have incomes below the poverty level, (ii) the youth ratio, defined as the ratio of the number of children under 18 to the number of adults of ages 18 to 64, exceeds 0.6, or (iii) the elderly ratio, defined as the ratio of the number of persons aged 65 and over to the number of adults ages 18 to 64, exceeds 0.25.
- **Supply:** For counties identified as having "high" need for mental health services, 1:15,000 was used as the psychiatrist-to-population benchmark ratio. For counties identified as not having high need for mental health services, 1:20,000 was used as the psychiatrist-to-population benchmark ratio.



**Figure 36. Need for Mental Health Services and Supply of Psychiatrists in Nebraska**



(Source: Nebraska Center for Rural Health Research, College of Public Health, University of Nebraska Medical Center, 2013)

- » **Continue to leverage funding base and educational activities through obtaining cooperative agreements with other funded behavioral health training programs and applying for federal, state, and foundation training grant support.**

The majority of behavioral health providers in Nebraska are Counselors, Social Workers, Marriage and Family Therapists, and Psychologists who comprise over 85% of the behavioral health workforce. Academic preparation for these professionals in Nebraska is conducted through doctoral training programs (Ph.D.) in Clinical, Counseling, and School Psychology at UN-L; Social Work (M.S.W.) at UN-O; Marriage and Family Therapy (M.F.T.) at UN-L; and Counseling (M.A.) at UN-O, UN-K, UN-L, Wayne State, Chadron State, Creighton, Bellevue, and Doane.

BHECN has established a "Curriculum Committee" comprised of representatives from each of these disciplines and campuses of the State University System that provide input into BHECN training and course development. In return, BHECN provides stipend support for various graduate trainees from these disciplines, particularly in rural areas. BHECN plans to continue to develop these relationships and training opportunities for graduate students as well as practicing professionals in the field, leading to a certificate in integrated behavioral health care.

- » **Continue to advise state legislators and community agencies on policy related to behavioral health**

In response to requests for improving behavioral health for Children, Nebraska State Senators consulted BHECN faculty on a variety of children's mental health issues. The result was the passage of LB 556: The Children's Mental Health Bill. BHECN, through the Pediatric Behavioral Health learning collaborative, will continue to provide advice and recommendations pertaining to the implementation of LB 556.



Additionally, BHECN will continue to establish itself as a resource for state and community agencies on policies related to behavioral health. BHECN has become a crucial piece of the state's behavioral health infrastructure through its ability create partnerships and provide valuable consultation from its teams of experts who make up the learning collaboratives.

» **Expand and refine the online platform for evidence-based training**

BHECN will continue to refine its online platform to offer distance learning in the realm of telehealth, child behavioral health screening, child behavioral health treatment, and the assessment and management of a wide array of mental health and substance use disorders.

» **Continue to promote and expand telehealth network and telehealth training**

Through BHECN's input, Nebraska legislators recognized the necessity of telehealth for children with the passing of LB 556. Of the 27 psychiatrists serving in rural Nebraska, only 9 see children (Nebraska Center for Rural Health Research, 2013), thus leading to immense underserved areas. Many rural children and adults will never get access to the behavioral health services they need except through telehealth. Recognizing this, BHECN will continue to promote and expand the telehealth network and telehealth training through education and support for infrastructure.

## APPENDIX A: LEGISLATIVE MANDATES

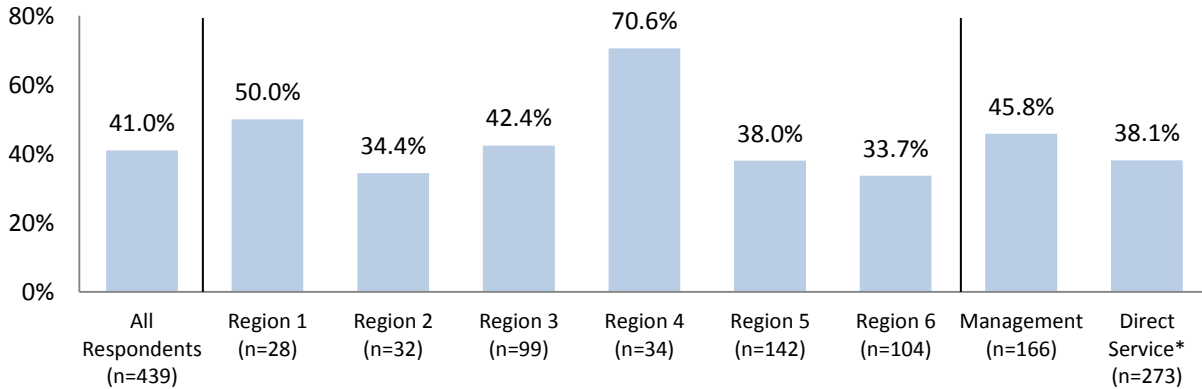
In formulating strategic initiatives BHECN follows the six primary legislative mandates outlined and Sec. 14 (1) of LB 603.

1. Provide funds for two additional medical residents in a Nebraska-based psychiatry program each year starting in 2010, until a total of eight additional psychiatry residents are added in 2013. Beginning in 2011 and every year thereafter, the center shall provide psychiatric residency training experiences that serve rural Nebraska and other underserved areas. As part of their residency training experiences, each of the center-funded residents shall participate in the rural training for a minimum of one year. Beginning in 2012, a minimum of two of the eight center-funded residents shall be active in the rural training each year.
2. Focus on the training of behavioral health professionals in telehealth techniques, including taking advantage of a telehealth network that exists, and other innovative means of care delivery in order to increase access to behavioral health services for all Nebraskans.
3. Analyze the geographic and demographic availability of Nebraska behavioral health professionals including psychiatrists, psychiatric nurse practitioners, social workers, community rehabilitation workers, psychologists, substance abuse counselors, licensed mental health practitioners, behavior analysis, peer support providers, primary care physicians, nurses, nurse practitioners, and pharmacists.
4. Prioritize the need for additional professionals by type and location.
5. Establish learning collaborative partnerships with other higher education institutions in the state, hospitals, law enforcement, community-based agencies, and consumers and their families in order to develop evidence-based, recovery-focused, interdisciplinary curriculum and training for behavioral health professionals delivering behavioral health services in community-based agencies, hospitals, and law enforcement. Development and dissemination of such curriculum and training shall address the identified priority needs for behavioral health professionals.
6. Beginning in 2011, develop two interdisciplinary behavioral health training sites each year until a total of six sites have been developed. Four of the six sites shall be in counties with a population of fewer than 50,000 inhabitants for a minimum of three behavioral health professionals.

## APPENDIX B: ADDITIONAL WORKFORCE DEVELOPMENT SURVEY DATA

Over 40% of respondents reported that their agency has difficulty filling open positions. Rural regions reported greater difficulty filling open positions, most notably Regions 1, 3, and 4. Respondents who identified their role as management also reported that their agency has difficulty filling open positions at a higher rate compared to direct service staff (Figure 37).

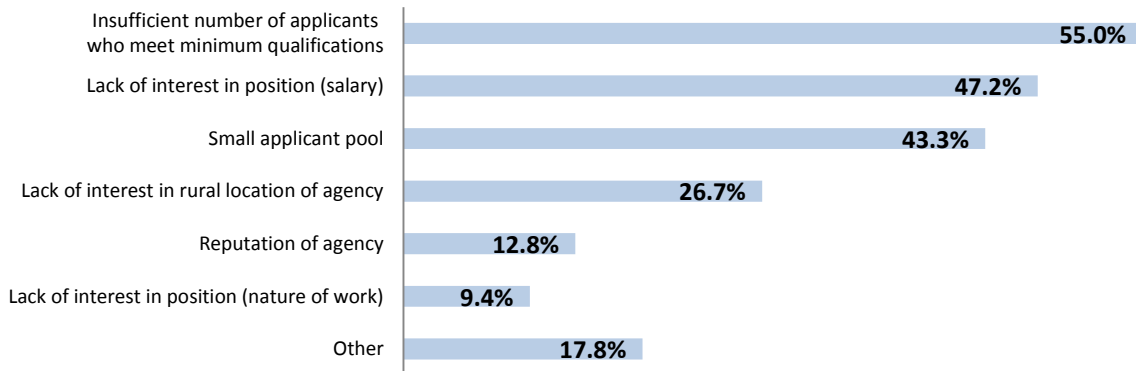
Figure 37. Agency Has Difficulty Filling Open Positions by Nebraska Behavioral Health Region (2012)



\*Includes respondents who identified their primary role as direct service, education, nursing, and other. (BHECN Workforce Development Survey Results, 2012)

Among those who reported that their agency has difficulty filling open positions, the number one reason was insufficient number of applicants who meet minimum qualifications, followed by lack of interest in position (salary), and small applicant pool (Figure 38).

Figure 38. Reasons Nebraska Behavioral Health Agencies Have Difficulty Filling Open Positions (n=180)\*

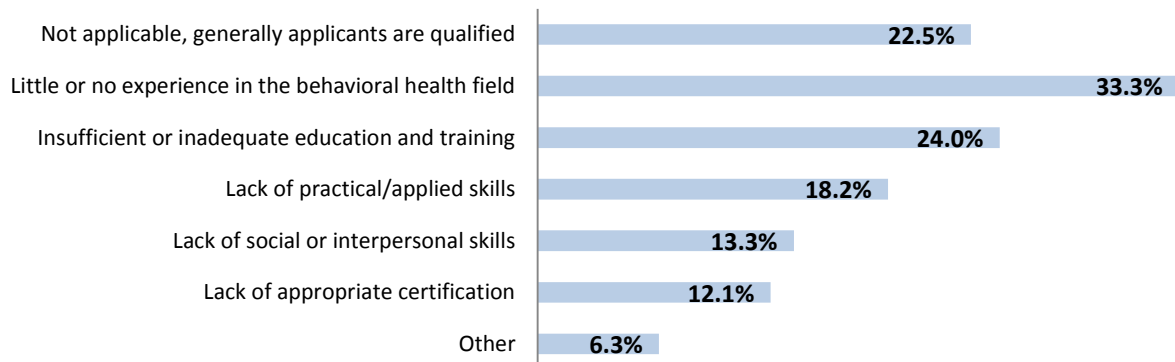


\*Among those who reported their agency has difficulty filling open positions.

**Most frequent other responses:** agency does not offer benefits (2.8%), lack of experience working in specific settings or with specific populations (2.2%), lack of dually-credentialed applicants (1.7%), high turnover (1.7%). (BHECN Workforce Development Survey Results, 2012)

Less than 25% of respondents reported that applicants are generally qualified. The remainders were able to identify at least one skill that was lacking in applicants, with the top two being little or no experience in the behavioral health field, and insufficient or inadequate education and training. Thus, indicating a strong need for the type of training provided throughout the state by BHECN (Figure 39).

Figure 39. Skills Lacking in Applicants to Behavioral Health Positions in Nebraska (n=480) (2012)



**Most frequent other responses:** lack of experience (1.0%), lack of specialized skills (0.8%), lack of management skills (0.7%), clinical writing (0.4%), cultural competency (0.4%), not fully licensed (0.4%).  
(BHECN Workforce Development Survey Results, 2012)

In an open-ended survey item, respondents were asked why they think staff leave behavioral health positions. Burnout, financial reasons, and career advancement were the most commonly identified reasons cited why behavioral health staff leave their positions. The top responses for why staff leave their positions are listed below (Figure 40).

Figure 40. Why staff leave behavioral health positions in Nebraska (n=434) (2012)

- *Burnout/stress/fatigue* - **34.0%**
- *Financial reasons/better pay* - **26.7%**
- *Career advancement* - **16.4%**
- *Management issues/work environment* - **10.3%**
- *Paperwork/reimbursement/Medicaid policies* - **8.1%**
- *Better hours somewhere else* - **6.2%**
- *Heavy workloads* - **5.8%**

(BHECN Workforce Development Survey Results, 2012)

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