# Table of Contents

- About BHECN ........................................................................................................... 4
- About LR 592 ........................................................................................................... 4
- Primary Care Integration ......................................................................................... 5
- Child Behavioral Health Screening Pilot ............................................................... 7
- Mental Health in Communities ............................................................................... 9
- Workforce Development ......................................................................................... 12
- Additional Handouts ............................................................................................... 16
About BHECN

Created in 2009 by the Nebraska Legislature as part of the response to the Safe Haven crisis, the Behavioral Health Education Center of Nebraska (BHECN, pronounced like “beacon”) addresses the shortage of trained behavioral health care providers in rural and underserved areas.

We are improving the behavioral health of Nebraska’s residents by increasing the number of behavioral health professionals, improving accessibility, and building competence in the behavioral health workforce.

Housed at the University of Nebraska Medical Center, BHECN is a partnership of UNMC, Creighton University, and the University of Nebraska at Kearney.

About LR 592

BHECN is grateful to Senator Amanda McGill for her continued commitment to the overall health and wellness of all Nebraskans. We are honored to present information in response to Legislative Resolution 592, a study of the various methods of behavioral health workforce development. BHECN would also like to thank the Health and Human Services Committee of the Nebraska Legislature for studying the needs of Nebraska’s behavioral health workforce and for hearing testimony on this important topic.

In response to LR 592, BHECN compiled information on many initiatives. We are pleased that many of our partners have provided information that is incorporated into this document. You will note that there are many effective and innovative practices developing across the state.

Without a bigger, more educated behavioral health workforce we will not improve outcomes for people with behavioral health challenges. In the United States, the rates of death from common physical illnesses have dropped dramatically in the last 50 years, but we haven’t moved the mark on suicide.

Mortality from Medical Causes

Source: Tom Insel, Presentation at the National Council of Behavioral Health Annual Conference, May 5, 2014.
Primary Care Integration is defined as:
- Provision of behavioral health care within a primary health care setting
- Health care provided by physicians and behavioral health professionals as a team
- Preventive and first line interventions for common behavioral health problems in primary care practices

### Primary Care and Behavioral Health By the Numbers

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>84%</strong></td>
<td>Of the time, the 14 most common physical complaints made to primary care have no readily identifiable cause.¹</td>
</tr>
<tr>
<td><strong>80%</strong></td>
<td>Of people with a behavioral health disorder will visit primary care at least once in a calendar year.²</td>
</tr>
<tr>
<td><strong>50%</strong></td>
<td>Of all behavioral health disorders are treated in primary care.³</td>
</tr>
<tr>
<td><strong>48%</strong></td>
<td>Of the appointments for all psychotropic medicines are with a non-psychiatric primary care provider.⁴</td>
</tr>
<tr>
<td><strong>67%</strong></td>
<td>Of people with behavioral health problems do not get behavioral health treatment.⁵</td>
</tr>
<tr>
<td><strong>30-50%</strong></td>
<td>Of referrals from primary care to an outpatient behavioral health clinic don’t make the first appointment.⁶</td>
</tr>
</tbody>
</table>

Sources:
5. Kessler et al.
Primary Care Integration

**Nebraska Model of Primary Care Integration**

UNMC’s Munroe-Meyer Institute, with additional support from BHECN, places psychology trainees (pre- and post-doctoral interns) in pediatric primary care settings in 19 clinics across Nebraska. This model is also in use in Florida, Pennsylvania, and Michigan. The goal is to recruit, train, and retain these providers in primary care practices in Nebraska.

The program provides “learning through service” opportunities for trainees while providing behavioral health to underserved areas and populations.

Today, there are 19 integrated sites affiliated with Munroe-Meyer Institute in rural communities. Eight are owned, four are contracted, and seven are collaborating private practices. There are also integrated practices in urban clinics. 21 of the 24 pediatric practices in the Omaha metro area are integrated, 13 of which have MMI trained psychologists. Four of the seven pediatric practices in Lincoln are integrated.

**Psychology Internships (LB 901)**

Anitra Warrior providing live testimony.

Psychology doctoral internships were lacking in rural and underserved areas, causing psychology trainees to leave Nebraska, so the Legislature expanded funding for mental health training to include doctoral internships in psychology with Senator McGill’s LB 901 (2014).

This program creates 10 state-supported internships to train and retain psychologists in underserved and rural areas of Nebraska. In the first year, the program placed five interns in primary care doctor’s offices in Nebraska City, Hastings, Chadron, Columbus/Fremont, and La Vista. The program is on track to recruit six interns in the 2015-16 school year and 10 interns in the 2016-17 school year.
Child Behavioral Health Screening Pilot

*Katy Menousek, Ph.D. providing live testimony.*

In 2013, Senator Amanda McGill passed Legislative Bill 556 that directed the University of Nebraska Medical Center to create the Behavioral Health Screening and Referral Pilot Program. LB 556 provides an “integrated care” model in which there is:

a.) Behavioral health screening for children & adolescents
b.) Availability of further assessment and diagnosis in the primary care office
c.) Initial treatment options in the primary care office from an on-site psychologist
d.) Back-up specialty consultation, using telehealth, from UNMC child psychiatry, psychology, psychiatric nursing, and developmental pediatrics
e.) Referral to psychiatric care for most severe clients

Pilot sites for the Screening & Referral Program include:
- Columbus Children’s Healthcare Clinic, a pediatric practice serving a non-metro county
- Western Nebraska Behavioral Health, a child psychology practice partnering with family medicine practices in Chadron, Alliance, and Valentine serving frontier counties
- Dundee Children’s Physicians, a pediatric practice in Midtown Omaha serving an urban county

**LB 556 Process**

Parents of children who have received behavioral health screenings in pediatrician’s offices are responding positively to this process. Anecdotally, responses have included:

“I can’t believe you are calling me…this is totally awesome. My prayers have been answered.”

“I’m glad you called. The summer got away from us, but yes, I would still like some help.”

“We were able to get some help through our [Primary Care Physician] about our concerns and things improved.”

For more information on the LB 556 pilots, see written testimony from Dr. Catherine Jones-Hazledine on pages 16-17.
Child Behavioral Health Screening Pilot

Between November 2013 and September 2014, 1,660 behavioral health screenings have been completed. Of those children screened, 17% of parents have indicated that they would like assistance with concerns raised in the screening.

**Screening Results (November 2013-September 2014)**

N=1,660

Diagnosis include:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD - Inattentive</td>
<td>9%</td>
</tr>
<tr>
<td>ADHD - Hyperactive</td>
<td>7%</td>
</tr>
<tr>
<td>ADHD - Combined Type</td>
<td>5%</td>
</tr>
<tr>
<td>Oppositional Defiant</td>
<td>9%</td>
</tr>
<tr>
<td>Conduct Disorder</td>
<td>3%</td>
</tr>
<tr>
<td>Anxiety/Depression</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total (any disorder)</strong></td>
<td><strong>22%</strong></td>
</tr>
</tbody>
</table>

Parents not requesting assistance 83%

Parents requesting assistance 17%
Mental Health in Communities

Stress level, income, biology, faith and other factors have a huge impact on our behavioral health and it is important that we examine all of these factors and their relationship to the behavioral health services available in our communities. We must continue to improve access to traditional behavioral health care and engage our community members, including families, religious leaders, school teachers, police officers, and local nongovernmental organizations, if we hope to meet the overwhelming needs of the population.

The National Institute of Mental Health has included a goal to strengthen the application of mental health interventions in diverse care settings as part of its strategic plan. For example, preventive interventions may be implemented in schools, in the workplace, or by communities at large. Also, the World Health Organization, in their Comprehensive Mental Health Action Plan 2013-2020, emphasizes the importance of greater collaboration with “informal” mental health care providers, including families, religious leaders, school teachers, police officers, and local non-governmental organizations.

BHECN recognizes that collaboration with those outside of the traditional health sector is necessary to improve the health of all Nebraskans and this understanding drives BHECN programming.

“[T]he community is not simply the site for the intervention but the vehicle for change.”

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Mental Health in Communities

**Behavioral Health Training for Nebraska Teachers**

Senator McGill’s LB 556 (2013) also directed BHECN to provide behavioral health training to teachers in three pilot areas in Nebraska. BHECN engaged stakeholders in the Nebraska Panhandle, the Columbus/Norfolk area and Omaha in order to create meaningful training plans that are tailored to the specific needs of each community. BHECN employs a five phase process in each community:

1. Identify lead organizations and local partners;
2. Facilitate inclusive decision making;
3. Assess capacity and current assets;
4. Develop site specific plans; and
5. Disseminate training and plan for evaluation and follow up consultation.

For example, Educational Service Unit (ESU) 13 serves as the lead partner in the Panhandle pilot site. The trainings made available through ESU 13 will be offered to educators across the state. Continuing education credits will be available to training participants.

Cate Jones-Hazledine, Ph.D. will present the first full-day training on October 30, 2014 in Scottsbluff. This training will be available in-person and via distance learning. The training will be on working with behavioral health challenges in the school setting.

Future trainings will likely be web-based and on-demand and train-the-trainer opportunities will also be emphasized to build local capacity and sustainability. Possible future training topics identified by local stakeholders include: 504 plans, psychopharmacology, de-escalation techniques, and working with students who have attention deficits.
**Buffalo County Community Partners**

Denise Zweiner providing live testimony

Buffalo County Community Partners is made up of a variety of individuals and organizations that work collaboratively to improve the quality of life for those in the community. This collaboration includes prevention activities, a focus on access to care and stable housing initiatives. Buffalo County Community Partners understands that social determinants, or the conditions in which people are born, grow, live, work and age, must be accounted for as we contemplate the most effective models of health care service delivery. BHECN is collaborating with Buffalo County Community Partners to learn more about the interaction of behavioral health and the social determinants of health.

For more information on the Buffalo County Community Partners, please see pages 18-21.

**Health Extension**

BHECN has created a partnership with the creators of the Health Extension model at the University of New Mexico and is currently doing research to determine if a Health Extension model can be employed in Nebraska.

Health extension programs build on the agricultural Cooperative Extension service model which was successful in transforming rural America through the modernization of agriculture.

As a part of the Health Extension model, agents are recruited from across the state to support and implement the model in their home community. These agents are health professionals and long term residents in their respective communities. The agents act to promote community-specific interventions designed to improve the health of residents. Some of the agents in the New Mexico Health Extension\(^4\) program have partnered with existing 4-H Healthy Living initiatives.

For more information on the Health Extension program, visit [http://healthextensiontoolkit.org](http://healthextensiontoolkit.org)
Workforce Development

Peer Support
Peer support programs provide an opportunity for consumers who have achieved significant recovery to assist others in their recovery. Peer specialists teach skills and offer supports to help people experiencing behavioral health challenges lead meaningful lives in the community. Peer specialists promote recovery, enhance hope and social networking through role modeling and activation, and supplement existing treatment with education, empowerment, and system navigation.

States Providing Medicaid Peer Provider Services

Nebraska is one of 12 states that do not provide Medicaid support for peer services.

Respond Empower Advocate Listen (R.E.A.L.) Program

Chad Magdanz providing live testimony.

The Mental Health Association (MHA) of Nebraska, located in Lincoln, created a referral program in 2011 in collaboration with the Lincoln Police Department (LPD) to respond to behavioral health related police calls. If an LPD officer comes into contact with someone who has a behavioral health concern, the officer can call a Peer Companion with the R.E.A.L. Program for assistance. The Peer Companions are individuals who have a behavioral health diagnosis and are in recovery. These peers have been trained in a specific style of engagement that is driven by empowerment,
validation, and personal responsibility. Peers can provide meaningful assistance and help their clients access behavioral health programs and services.

Since its founding in September 2011, the referral program has:

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>total referrals received</td>
<td>704</td>
<td></td>
<td></td>
</tr>
<tr>
<td>officers referring</td>
<td>197</td>
<td>414</td>
<td>331</td>
</tr>
<tr>
<td>successful contacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>accepted peer services</td>
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</table>

Captain Joseph Wright commented, “The comment I’ve received most often from officers is that in the past they ‘kept going out on the guy time after time, but after referral we never see them again.’”

BHECN has observed the impressive outcomes of this program and worked to promote and support the program as it grows.

For more information on the Mental Health Association and the R.E.A.L. Program see pages 22-25.

**Youth Peer Support**

*Sara Mitchell providing live testimony.*

One of Nebraska’s most at-risk populations are those young adults that have a history of involvement with the foster care system. Many of these young people leave the foster care system and reach the age of majority without the skills we all need to be successful adults. Additionally, these young people often battle addictions and mental illness. Because of the multiple barriers faced, we must look for new and creative ways to help our young adults succeed. Project Everlast has partnered with BHECN to research a certification process for Youth Peer Support Specialists. This could offer opportunities for this at-risk population to find meaningful employment and to use their personal experiences — both as former foster youth and as individuals in recovery — for the benefit of others.

For more information on Youth Peer Support and Project Everlast, please see page 26-27.
Workforce Development

**Promotores/Community Health Workers**

Promotores de Salud are Community Health Workers (CHWs) who generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve. These social attributes and trusting relationships enable Promotores to serve as a liaison between health and social services and the community to facilitate access to services.

BHECN has completed research in collaboration with the Nebraska Latino American Commission regarding utilization of this model in Nebraska and plans to work with organizations across the state on implementation.

**BHECN Ambassador Program**

**Dana Raml providing live testimony**

BHECN’s Ambassador Program creates a pipeline of rural Nebraska students interested in behavioral health beginning as early as their high school years. It follows students from high school and college, through professional school, and on to careers in behavioral health professions.

For more on the Ambassador Program, see pages 28-29.

**Licensed Mental Health Practitioners in Nebraska**

**Terry Werner providing live testimony**

Licensed Mental Health Practitioners (LMHPs) are behavioral health professionals who provide treatment, assessment, psychotherapy, or counseling. Typically, they hold at least a masters degree in the field and have at least 3,000 hours of supervised experience.

In early 2014, BHECN gathered a group of Licensed Mental Health Practitioners (LMHPs) from across the state to identify common goals for Nebraska’s LMHPs. A robust group formed and has worked diligently over the last 10 months to create goals and action steps that will ultimately benefit this vital sector of the behavioral health workforce. All related professional organizations have participated in this process, including, the National Association of Social Workers-Nebraska Chapter, the Nebraska Marriage and Family Therapists Association and the Nebraska Counseling Association. Various academic institutions and Nebraska’s credentialing board are also represented.

Please see written testimony on pages 30-31.
Workforce Development

Project Network

Susan Feyen providing live testimony

The University of Nebraska at Omaha, Grace Abbott School of Social Work received a Project Network grant from the Health Resources and Services Administration (HRSA). Project Network is a $1.3 million, three year federal grant designed to address this shortage of Social Workers, especially in rural areas. A key outcome of this project is to create and disseminate a training-to-career model that will sustain a behavioral health workforce for Nebraska’s most vulnerable populations; individuals with mental illness and other co-occurring disorders. BHECN and stakeholders will collaborate with UNO faculty on implementation of this exciting project.

See page 32 for more information on this project.

Rural Residency Program

Many Nebraskans live nowhere near a psychiatrist and they travel great distances to access the care they need. BHECN works to address this workforce shortage by requiring rural training for psychiatry residents.

These residents complete a month-long rotation in Kearney, Hastings, or North Platte and learn about life as a psychiatrist in rural Nebraska.

Nathaniel Reich, M.D., recently completed his rotation in Kearney and had wonderful things to say about his experience there. See page 33 for Dr. Reich’s written testimony.

88 of 93 Nebraska counties are mental health professional shortage areas.

82% of Nebraska’s psychiatrists practice in metropolitan counties

61% of Nebraska’s psychiatric nurse practitioners practice in metropolitan counties

50% of Nebraska’s psychiatric physician assistants practice in metropolitan counties

69 counties did not have a psychiatric prescriber

Source: Nebraska Center for Rural Health Research, College of Public Health, UNMC. Nebraska’s Behavioral Health Workforce 2000-to 2012.
October 23, 2014

Dear Senator Campbell:

I am writing today in support of the LB556 project, particularly as it applies to our isolated area of rural Nebraska. I am a psychologist and owner of a series of behavioral health clinics in the far western area of the state. We were invited last year to become a site for data collection for LB556, and have been collecting data within 3 of our clinic communities for the past year. We collect data in our medical clinics, by having families complete surveys when they bring their children to their primary care provider. Once these are scored, we then contact families of children whose scores are elevated. We inform them of the elevations, and also offer them access to resources to address those concerns. Response to this project has been very positive.

Participating in this project has been very important for our communities, because it is not always the case that our very isolated area is included in research and programming at a statewide. It is my understanding from early analysis that there are some differences being found between our results and the results in the more urban sites in this project. Having that “voice” in such an important project is very important to our area. Additionally, this project has allowed us to access children at risk and identify needs that would likely not otherwise be identified. On multiple occasions, we have contacted families to inform them of elevated screening results to find that they had concerns themselves about that very thing but were uncertain of whether it was unusual for that age group or unaware of resources that could be accessed to address the issue.

On one memorable occasion, we contacted the family of a youth who showed elevated scores in depression. The father reported that he had already noted this change in his son, secondary to bullying issues at school. He noted that he had been worried about his son, but didn’t know how to be helpful as a parent. The father related that when he himself was younger, his response to bullies would be to “punch them in the nose”, but he realized that times are different now and his son is a different person than he was. As a result, he was at a loss of how to be helpful. We provided information about outpatient services, and helped the family schedule an appointment. As we ended the phone call, the father exclaimed, “This is frickin SWEET!”

308 West 3rd Street•PO Box 779, Rushville, NE 69360•Phone: 308-327-2026•Fax: 308-327-2126
Later, when the father and son came to their first appointment, we met with them at the hospital. The father told us that our earlier phone call to him was "kind of a God thing". He related that he had been worrying about his son and how to be helpful and then we called to provide the answer. Being able to provide this to families in our area is very important to us.

So, in summary, we are very pleased to be involved in the LB556 Program and feel strongly that it is an important and valuable project for our state.

Thank you for your time and consideration of my comments. If you have further questions, please feel free to contact me at: 308-327-7667.

Sincerely,

Catherine Jones-Hazledine, Ph.D.
Licensed Psychologist, Owner
Western Nebraska Behavioral Health Clinics
Additional Handouts

Building a **Healthier** Buffalo County through **Community** Partnerships

**Our Mission** is to assess, strengthen, and promote the health of Buffalo County.

**Our Vision** is that everyone from all corners of Buffalo County work together to improve the quality of life of those who live in and work in this community.

**2020 Vision: Five Strategic Directions**

1. **Active Living & Healthy Eating**
2. **High-Impact Prevention Services**
3. **Eliminate Health Disparities**
4. **Healthy Homes & Sustainable Communities**
5. **Injury-Free Living**

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www.bcchp.org  info@bcchp.org  facebook.com/bcchp  twitter.com/bcchp

P.O. Box 1466, Kearney, NE 68848  -  Phone: 308-865-2284  -  Fax: 308-865-2948
Additional Handouts

Reduce Youth and Adult Obesity
1. Build a comprehensive plan to achieve the greatest impact.
2. Worksite Wellness.
4. Safe Routes to School.
5. Examine Built Environment.

Increase Access to Care
1. Build a Community Clinic.
2. Develop roles for community health workers and measure impact on health.
3. Pilot Program to document cost savings to health care and community systems of care.
4. Examine ways to integrate behavioral health and primary care.
5. Developing pregnancy pathway to reduce infant mortality.

Reduce Youth Prescription Drug Abuse and Marijuana Use
1. Prescription Take-Back events.
2. Learn new evidence-based programs to achieve greatest impact.
3. Examine impact of community policies and community norms.

Reduce Youth-to-Youth Violence
1. Supporting student instruction in cooperation and responsible decision making.
2. Promoting youth-to-youth mentoring.
3. Promoting trauma-informed care training.
4. Empowering youth voices through PhotoVoice.

Alzheimer’s Disease and Dementia
1. Present a picture of the impact of the disease on workplaces and families.
2. Share “Know the 10 Signs.”
3. Provide resources and tools to healthcare providers to share with families.

Reduce Binge Drinking and Underage Drinking
1. “Take A Stand” media campaigns.
2. Provide resources to parents.
3. Responsible Beverage Server Training.
4. Build landlord policies addressing risk of Cruise Nite along West 25th Street.
5. Law Enforcement Compliance Checks.

Develop Affordable Housing and Sustainable Communities
1. Livable Wage.
2. Affordable Workforce Housing.

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Develop Affordable Housing and Sustainable Communities
1. Livable Wage.
2. Affordable Workforce Housing.

Youth Solutions – Buffalo County Youth Advisory Board:
1. Promoting tobacco-free parks.
2. “Take A Stand” campaign against controlled substance abuse.
3. Youth-to-youth mentoring and healthy relationship training.
4. Nebraska Youth Academy for Democracy.
6. Youth leadership training.
October 24, 2014

Health and Human Services Committee
c/o Senator Kathy Campbell, Chairman
District 25, Room #1402
P.O. Box 94604
Lincoln, NE 68509

Dear Health and Human Services Committee;

Today, each of us has the ability to empower a person in Nebraska to live a healthier life. That person may be yourself or a loved one. However, I am not here today to preach prevention to you; reduce your calorie intake, exercise, drink water, etc. However, I would like to inspire you to consider the answers too many of our health care problems today lie in the ability of people of Nebraska to have a voice.

The Buffalo County Community Partners in a non-profit organization with over 1000 volunteers and soon will celebrate our 20 year anniversary. Our organization follows four main strategies to build a healthier Buffalo County by 2020. Our goals are audacious and create a vortex of change. How does a small non-profit reduce teen drinking by 65% and teen tobacco use by 45% and note the first stall out of the obesity epidemic? I am going to tell you our secret and our four simple steps.

A) Assess community needs and assets to ELEVATE key health issues.
B) ENGAGE members in solving local health issues.
C) EMPOWER residents to take a stand on issues of importance.
D) EVALUATE our community’s outcomes.

Today, I want to focus on our small communities’ efforts to make an impact on health.

I will present THREE areas for your consideration as you move forward in determining the committee’s next steps.

1) Adverse Childhood Experiences tells a story.
2) Health Care Reform and its profound impact on our work.
3) Engaged and Empowered residents of Nebraska are the change agents.

Adverse Childhood Experiences (or ACES) researches the effects of childhood trauma in the health of adults. ACES is changing the landscape, the how, the why. Behavioral health is not the individual responsibility of social workers, health care providers, phycologists, pediatricians or juvenile courts. It has become a shared responsibility of a community; our schools, our government, our health care system, our businesses, our human service agencies, our faith community and most importantly the people we serve. This is everyone’s problem; we all share the problem and the power to solve the issues ahead of us.

The ACES study tracked over 17,000 Kaiser Permanente patients over many years. Notable change exists when an adult reports more than four ACES. To illustrate; attempted suicide is extremely rare among people with no ACES. In fact, among 100 people who have zero ACES, only one will have ever
Additional Handouts

attempted suicide. However, in a group of 100 people who have 3 ACEs, 10 will have attempted suicide. And when people have 7 ACEs, the risk doubles again: 20 out of 100 people will have attempted suicide.

Health Care Reform has a profound impact on our local community. Clinics, hospitals and physicians are working diligently to develop patient centered care. Our community has introduced a new care provider that is saving over $1 million dollars in health care expenses for one hospital in Kearney. The new care provider is not licensed and works for less than $12 per hour. This person is a community health worker. The community health worker is working side by side physicians, care management and behaviorists to assist patients in navigating a very complex health care system.

What did we learn in our three year pilot program reaching 250 diabetic clients?
- 93% of clients secured a formal relationship with a primary care physician
- 68% of clients since enrollment have not been back to Good Samaritan Hospital emergency room
- 40% of clients needed medication assistance and received $694,464 in free medications
- 56% of clients applied for social service programs with 25% of clients applications denied
- 45% clients applied for federal/state insurance and 26% were accepted, leaving 83 clients without a payment source for medical costs

The key for our community is the partnerships being developed between behavioral health and health care providers. We have developed a pathway for a community health worker to follow and center patient care. We are also tracking outcomes. Community health workers open up access to care and break down health and social barriers in our community. This new workforce is a major return on investment for health care reform and highlight of behavioral health integration.

The final point to leave with you today, is the power of change lies in our residents of Nebraska. Two weeks ago our organization was selected to be one of ten across the nation to meet with 200 health care innovators to discuss the future of health care. The leaders at Harvard, Kaiser Permanente and other leading innovators are preparing a campaign to reach 1 million people. Saving tax dollars and reforming health care lie in the opinions of those who are patients of our system. I encourage you to learn more from the people of Nebraska. Innovation will come from our residents and researchers who have the opportunity to learn from clients of behavioral health. Patient centered care is at the vortex of change. Let's learn together from our residents who receive state funded services.

Thank you for the opportunity to speak to you today. I am available to answer any additional questions you may have regarding the work of Buffalo County Community Partners.

Sincerely,

Denise Zwiener, Executive Director
Buffalo County Community Partners
Diversion Services

Nebraska's first and only nationally accredited . . .

Crisis Respite Services: Keya House, providing a safe place where people dealing with mental health issues can stay for up to 5 days/ Nights working with trained peers to develop wellness/recovery strategies.

- Strictly voluntary: guests can come and go as they please
- Self-directed: guests decide what activities/services they want
- Non-clinical, no medication management: Guests are treated as responsible adults with relationships with their medical service providers
- 70% of guests who had used crisis-level services before coming to Keya have not returned to those services

To date, the Keya House has seen . . .

<table>
<thead>
<tr>
<th>Total number of guests (duplicated)</th>
<th>1,150</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of guests (unduplicated)</td>
<td>402</td>
</tr>
<tr>
<td>Total guest days</td>
<td>4,088</td>
</tr>
</tbody>
</table>

Average cost comparison for services (4,088 days):

- Keya House ($273/day) $1,115,516
- Crisis Center ($753/day) $3,078,264*
- Hospital ($1,200/day) $4,905,600*

*Does not include the cost of additional emergency services (police, etc.)

Guest satisfaction

- Helped me avoid going to the ER or Crisis Center 92%
- Staff used language that in non-judgmental 98%
- Staff and guests are respected equally 99%
- The quality of time spent with staff was good 99%
- Staff were available if I wanted to talk 98%
- Overall, I felt comfortable in the Keya House 99%
**Law Enforcement Referral Program:** Peers providing follow-up visits to individuals identified as being in psychological distress by Lincoln Police Department and University of Nebraska-Lincoln police officers with the goal of lessening the possibility of further police involvement and resulting hospitalization. Peers meet with the person and provide support services and/or referral to appropriate community based services. After contact, the peers then contact the referring officer and report on progress made with the individual.

To date, the Referral Program has

- Total Referrals Received: 704
- Total Officers Referring: 197
- Total Successful Contacts: 414 (58%)
- Total Accepted Peer Services: 331 (80%)

LPD data tracked referred individuals total calls 3 months prior to and 3 months after the initial referral:

- Mental Health Investigations/EPC: ↓ 64%
- Total Police Contacts: ↓ 59.5%

**Captain Joseph Wright:** "The comment I've received most often from officers is that in the past they 'kept going out on the guy time after time but after referral we never see them again'."

**Bryan Medical Center Peer Support Program:** Peers providing support services in the hospital's psychiatric emergency department and on the adult psychiatric wards. Services include system navigation, crisis de-escalation, wellness education, support group facilitation and community reintegration.

From the nurses:

- Do you feel the interactions between peers and patients was beneficial: 93%
- Do you feel having peers working in the hospital has been a complement to your work: 92%
- Are you satisfied overall with the peer specialist program: 93%

"What we most often hear from our patients is that they very much appreciate the support they receive from the Peer Workers – someone who will sit with them and who has had the experience of being where the patient now is. One patient described the interaction as being thrown a life preserver in a stormy sea."

Linda Knudsen, Education Coordinator, Bryan Medical Center

Both the LPD Referral and Bryan Medical Center programs are made possible by funding from the Community Health Endowment of Lincoln

Revised 9/30/2014
The Mental Health Association of Nebraska (MHA-NE) is a consumer-run, voluntary, non-profit association.

MHA-NE brings together people with lived experience with mental illness, families, professionals, advocates, and concerned citizens to address all aspects of mental health and mental illness.

We are dedicated to ensuring that public mental health policy is just, fair, and promotes equality and opportunity.

MHA-NE supports freedom for individuals with mental illness. Freedom to take advantage of life’s opportunities. Freedom to decide where one lives, works, the important things people will do with their lives, the relationships they establish, how they choose to contribute to the community, and what services they will use.

Alan Green-Executive Director-agreen@mha-ne.org
Kasey Moyer-Associate Director-kmoyer@mha-ne.org
Chad Magdzan-R.E.A.L. Program cmagdzan@mha-ne.org
Destenie Commuso-Keya House dcommuso@mha-ne.org
Kara Magdzan–Hope Program kmagdzan@mha-ne.org

Mental Health Association of Nebraska
1645 "N" Street
Lincoln, NE 68508
Phone: 402-441-4371
Fax: 402-441-4377
www.mha-ne.org
Additional Handouts

The R.E.A.L. Program
- Working in collaboration with the Lincoln Police Department, University of Nebraska Police Department, Sheriff’s Department and other community agencies.
- Referrals arrive from officers and peers.
- The service is voluntary and free of charge.
- The peer can help the person referred determine what services are appropriate and available.
- Follow-up is made providing additional peer support.
- The peer communicates directly with the referring officer. This allows us to work as a team with the shared goal of recovery and wellness.

Higher Opportunities through Employment
- Consumers, family members, and advocates are well aware that people with a behavioral health diagnosis have many talents and abilities that are often overlooked. These include the ability and motivation to work.
- For many consumers the opportunity to have a regular job is an important part of their recovery process.
- Happily, new research tells us that people with behavioral health diagnosis can and do recover and can be a valuable addition to the workplace.
- Qualifications:
  1. Person has a behavioral health diagnosis
  2. Person has the desire to work
  3. Person is at least 19 years of age

The Keya House
- Nebraska's first crisis diversion house.
- Voluntary and free of charge.
- Utilizes the RECOVERY model.
- A variety of traditional and non-traditional resources available.
- Staffed by compassionate, empathetic, and experienced peers who are available 24 hours a day, seven days a week.
- 365 days a year.
- Integrated services.
- The Keya House also offers a warm line that is staffed 24 hours a day by well trained peers.

For more information
- The R.E.A.L. Program: (402) 441-4371
- Higher Opportunities through Employment: (402) 441-4372
- The Keya House: (402) 261-5959
Project Everlast seeks to help youth with foster care experience ages 14 to 24 establish connections to supports and lifelong relationships that help them envision a bright future, make progress toward their goals, and successfully transition to adulthood. Project Everlast brings together young people, public agencies, private funders, private providers, business partners, and concerned citizens to create a supportive community that is committed to improving outcomes for youth with foster care experience. Project Everlast concentrates its work in seven key areas: Permanence, Education, Employment, Housing, Physical and Mental Health, Personal and Community Engagement, and Economic Success.

One of the key need areas for Project Everlast youth is employment. Starting in April of 2014 Project Everlast launched an employment program to address this important need. Project Employment is a job readiness program in partnership with Goodwill Industries designed to equip youth that are current or former state wards with the skills they need to get and keep a job. The program includes Intake and Assessment, Employment Readiness Training, Ongoing Supports, Employment Partnerships, and Outcome Tracking. In the first five months of operation Project Employment has focused on preparing youth for the workforce and to be successful in their job placement. Placement of 27 out of 58 youth has been achieved and 20 youth continue to actively work with project employment staff to obtain employment. While the work values and ethics focused on in this program creates the backbone necessary for all youth to be successful in their job, this is only a first step and the development of specific career pathways is essential for our young adults to advance in their employment future. Additional credentials such as a peer support specialist is a way to launch a young adult from a job into a career path.

Project Everlast is working hard to advocate for the workforce. We are working to achieve innovative pathways for young adults to enter a career field in which they can thrive. Employment is often a barrier to the transition to adulthood. Further education in its current form is often not an option for our young adults, when this is coupled with limited experience, we must look for new and creative ways to help our young adults succeed. A peer support specialist is one of those pathways. This role has job potential for those that may not otherwise have the opportunity for a good career, increasing their earning potential, and decreasing their need for other financial assistance programs. Peer Support has been described as “…understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are ‘like’ them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to ‘be’ with each other without the constraints of traditional (expert/patient) relationships.” (Mead, 2001) Helping professionals know and understand that no meaningful work can be done without a basis of trust and understanding. Peer work in the behavior health arena is one place in which our young adults have a passion and a lived experience that would serve as an asset when employed in this field. Instead of looking at their experiences as a barrier this position as a youth peer support specialist would value this lived experience and allow the youth to use it to improve their life and the lives of others. The best employees in this field often have lived experience that drives their passion and their motivation to cultivate change and make a positive impact on those they are serving. At Project Everlast we have a pool of young adults with passion and a desire to help but they need proper training, support and guidance to succeed.
Currently throughout the state there is a focus on preventative health including mental health awareness and treatment. Adult Peer support work has become a desired model for adult services. This model has been used with VET services, Alcoholism, and Addiction with success. Expanding this peer model to youth or young adults has the potential to not only supply a valuable work opportunity for some young adults, but also have a significant treatment impact on other young adults currently dealing with a mental health crisis or need. Project Everlast has an interest in the opportunity this would provide for employment of some, and the beneficial services this would provide for the treatment of others.

The role of a Peer Support Specialist has the ability to offer benefits to a variety of organizations and job sectors including hospitals, schools, human service agencies, community centers, doctors’ offices, and even police departments. The Peer Support Specialist also has the ability to extend services to the rural areas of Nebraska where there currently is a desert in terms of mental health provider availability. Coupling a peer support specialist with a doctor’s office or a community clinic allows for a basic level of treatment or crisis intervention in an area that otherwise has no providers. By providing a foundation of education through this certification this specialist would be able to provide a service to this community. Citizens would also be able to utilize this service in a setting that would reduce stigma and therefore individuals might be more likely to seek help.

Project Everlast has taken a first step in hiring 6 former foster youth as services providers in our partner agencies. Project Everlast Omaha currently has on staff a former foster youth as a full time Youth Advisor. The perspective and insight this employee brings to our organization has been invaluable, both in her ability to relate to the youth and in her knowledge and guidance when it comes to programming. We cannot successfully achieve our mission and goals without the ability to engage youth and establish relationships with them, and this would be impossible without the lived experience that this employee brings to the equation. Quite simply, the fact that she has “walked in their shoes” makes all the difference to our ability to reach youth and young adults. While these youth advisors and youth consultant positions are invaluable they are only the first step. Developing a curriculum that would expand this role from a job into a career path is the next step for this successful approach to be able to grow and to further transition these young adults into working professionals.

In conclusion, Project Everlast supports the creation of a peer support specialist position as a potential career path for our young adults. We feel that this position would benefit many of our youth by the service provided and would have a strong impact for those in need when the traditional services have not been as successful. We also feel that this certification would create a valuable career path for our youth to pursue. This would allow them to utilize their life experiences as the foundation of their work as a helping professional. We are excited about this opportunity and we thank you for allowing us to share our perspective and express our desire to move forward with the creation of a peer support specialist curriculum, career path, and its resulting positive impact on youth.
Growing Nebraska’s mental health workforce

BHECN’s Ambassador Program creates a pipeline of rural Nebraska students interested in behavioral health beginning as early as their high school years. It follows students from high school & college, through professional school, and on to careers in behavioral health professions.

**BHECN High School and College Programs**

From September 2012 to August 2014, BHECN promoted behavioral health careers to over 880 students from 58 Nebraska counties. From classroom and career day presentations to conferences, almost 550 Nebraska students are interested in learning more about behavioral health careers.

**High School Ambassador Conference - Kearney**

28 high school students from 16 rural Nebraska communities attended the first annual high school conference in 2013. 41 students from 23 communities attended the second conference in 2014. Over 40 graduate students, trainees and professionals volunteered their time and mentored the younger students about mental health topics and behavioral health careers.

**College Ambassador Conference - Omaha, UNMC Campus**

Every year in May, BHECN hosts a weeklong conference where 20-25 Nebraska college students explore behavioral health careers and earn one hour of college credit. The students visit hospitals and agencies to learn how services are provided in community settings. Of the past participants who have since graduated, 13 have enrolled at UNMC (5 in medical school, 6 in pharmacy school, and 2 in nursing).
Mental Health First Aid Training - Kearney, UNK Campus
In July, 6 students from the high school conference and 10 students from the college conference met in Kearney for two days of Mental Health First Aid training. In addition to a career panel and visits to community agencies, the students heard stories of recovery from three people with lived experiences of mental illness and/or substance use disorder. The two-day event also provided opportunities for the college students to mentor the high school students.

BHECN Professional School / Residency / Post-Graduate Programs

Psychiatry Interest Group (PsIG)
BHECN sponsors behavioral health activities and lunches for students and trainees at UNMC & Creighton University Medical Center (CUMC).

Mentorship Dinner in February
The annual mentorship dinner is hosted by PsIG and BHECN. It started four years ago with Dr. Howard Liu hosting a small group of medical students in his home. Last February, over 100 students, trainees and professionals from psychiatry, psychology, and mental health nursing attended the dinner at Joslyn Castle.

Welcome B.B.Q. in July
BHECN partners with the departments of psychiatry at UNMC and CUMC to host an annual picnic in July to welcome the new psychiatry residents, psychology trainees from the Munroe-Meyer Institute, and graduate-level nursing students.

BHECN Ambassador in the future

- Develop an “Active Minds” student chapter at Wayne State College.
- Assist with the development of a virtual mentorship program to connect ambassador participants with behavioral health professionals on a regular basis.
- Partner with UNO’s Community Engagement Center and host a behavioral health career conference for urban high school students.
- Identify medical school alumni who are psychiatrists and invite them to return to Nebraska for an Ambassador reunion and recruitment event.
- Continue to recruit rural high school and college students into behavioral health careers through the BHECN Ambassador Program.
October 24, 2014

Chairperson Campbell and the Health and Human Services Committee,

My name is Terry Werner, Executive Director of National Association of Social Workers, Nebraska Chapter. Today I am also representing Nebraska Association for Marriage and Family Therapy and Nebraska Counseling Association. Some of their representatives are present today if you have questions for them.

I want to thank Senator McGill and the Committee for taking the time to consider this important topic. I also want to thank the Behavioral Health Education Center of Nebraska, BHECN for bringing all of the professions together to build consensus on how to best address the issue of rural mental health.

We are speaking today about the shortage of Master’s level Licensed Independent Mental Health Practitioners and Licensed Mental Health Practitioners in rural Nebraska, and how to recruit and address that need. We have identified barriers to recruiting and keeping licensed mental health practitioners in the high need areas.

One of two of the barriers that we identified is the high cost of training in rural areas. To overcome this need, along with BHECN, we are exploring the possibility of providing incentives in the form of stipends to students who are willing to do internships in the high need areas. It takes money to set up and maintain integrated care in rural areas. Integrated care is considered best practice and also a focus of study in LR 592. It is the collaboration of the primary care physician and the LMHP or LIMHP.

The second barrier is the high cost of education and the need for loan forgiveness. There currently are some opportunities through the Nebraska Rural Health Systems. However, all of their programs require that students be fully licensed to qualify. The two to three years that they are provisionally licensed is a hardship. Also, some of the programs require that the agency match dollar for dollar the loan forgiveness. We feel that this is an area that needs further consideration.

Among the three disciplines, we have a workforce of nearly 3000, the largest behavioral health workforce in Nebraska, and yet most of the state is considered a shortage area. Our goal is to create incentives for students to work in rural mental health.

The final barrier that we have identified is a Medicaid policy that does not currently allow for credentialing of provisionally licensed practitioners in the Omaha and Lincoln areas. This creates a burden on provisionally licensed practitioners to be employable by removing the possibility of group practice/supervision. Of course, as you know, this is where the University of Nebraska Medical Center is located and several of the schools that train mental health providers.
Students have told us that they want to stay near their home or school, but that it is too difficult to become established. The Medicaid policy limits the employability of PLMHPs in urban counties. Medicaid payments are often the largest insurance revenues.

We believe that by amending this policy to include the entire state would provide for more trained clinicians for all of Nebraska. Nebraska regularly has approximately 900 provisionally licensed mental health practitioners at any one time. In addition, there are the provisionally licensed psychologists and alcohol and drug counselors that are also affected.

By amending the Medicaid policy, we believe that it will help at the grassroots level of training, and will ensure that graduates from training institutes stay in Nebraska rather than leaving for other states which allow Medicaid reimbursement. Whereas the underserved rural areas need services, the urban areas need opportunities to train. To develop a behavioral health workforce, we need to cover all of our bases.

As providers, we have identified some of the barriers and are working to offer solutions. We see these as priorities to better serve rural areas. Our hope is to continue working with the legislature to make needed changes.

Thank you again for your work on this important issue!

Terry Werner, BSW
Executive Director
Senator Kathy Campbell
Nebraska State Capitol
Room #1402, P.O. Box 94604
Lincoln, NE 68509

October 24, 2014

Dear Senator Campbell,

My name is Susan Feyen-Reay. I’m a Licensed Clinical Social Worker with the UNO Grace Abbott School of Social Work. I have been a Social Worker for 20 years working primarily in the child welfare, behavioral health and developmental disabilities arena.

I am writing in reference to Legislative Resolution 592. I greatly appreciate your attention to the needs of the behavioral health workforce in Nebraska. LR 592 (4) provides an opportunity for stakeholders to provide feedback regarding workforce development opportunities within the behavioral health field.

In rural Nebraska, there is a significant workforce shortage of Social Workers trained to work with co-occurring disorders. In response, the University of Nebraska at Omaha, Grace Abbott School of Social Work applied for and has received a Project Network grant from the Health Resources and Services Administration (HRSA).

Project NETWORK (Nebraska’s Education Targeting Workforce Organization, Resources and Knowledge) is a $1.3 million, three year federal grant designed to address this shortage of Social Workers, especially in rural areas. A key outcome of this project is to create and disseminate a training-to-career model that will sustain a behavioral health workforce for Nebraska’s most vulnerable populations; individuals with mental illness and other co-occurring disorders. We are now working to recruit Social Work students that are interested in addressing this particular need.

Our project would require students to participate in a practicum with the specified population, complete training modules, and use web based communication (Facebook, twitter and others) to communicate about their learning experiences. The practicums will occur across the state with a focus in underserved areas. The students will receive a $10,000 stipend for the project. $5,000 will be issued at the end of the first semester of practicum and $5,000 at the completion of the practicum. OMNI Behavioral Health and the Coalition of Research to Practice are collaborators on the project and will be providing technical assistance and evaluation for the project. We also plan to coordinate our efforts with the Behavioral Health Education Center of Nebraska (BHECN) as we work together to address Nebraska’s behavioral health workforce shortage.

I’m very excited to participate in Project NETWORK and collaborate BHECN, the professional mental health organizations and key legislative and Health and Human Service stakeholders. Feel free to contact me if you have any questions.

Susan Feyen-Reay, LCSW
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October 24, 2014
To: Members of the Health and Human Services Committee
From: Nathaniel Reich, M.D.; Second year psychiatry resident, Creighton-Nebraska Psychiatry Residency Program
RE: Rural rotation for second year residents

I recently returned from a one-month rotation in Kearney, Nebraska at Richard H. Young Hospital. My short stay in Kearney was an excellent experience all around and helped me return to the core residency rotations refreshed and better prepared to care for patients and further my learning.

My rotation in Kearney was one of the best of the residency so far. I had the experience of running the unit (with close supervision of the attending physician at all times), which will help prepare me for my future career and was a great learning experience. I had the opportunity to participate in ECT, including setting up the equipment and essentially doing everything but push the button. I felt like I was an important member of the team while being supported as I learned more about the practice of psychiatry in a short rotation than I have at other rotations combined.

The Kearney rotation was a refreshing paradigm shift in my role as the resident. I was not only empowered to learn and take the lead in patient care, but also allowed to go home at the end of the day with the satisfaction that I had truly been working to care for the patients rather than only working to make the attending’s life easier. In this rotation, I felt supported by the faculty, as opposed to simply doing their work for them. This is so refreshing that words cannot explain. I worked harder on this rotation than others because I felt as though the focus was so clearly on patient care, as it should be. When an attending did ask that I do work for them, I felt like a helpful colleague, rather than just being there to lessen their workload.

The workload in Kearney was lower than the workloads I’ve experienced in other rotations and the variety and severity of illness of patients was a little lacking while I was there. While a busy unit with lots of variety would be nice, the change of pace was more than made up for by high quality of care being given and the broader discussions of the art of psychiatry – lessons I will certainly apply to sicker patients throughout my career. This rural rotation was far and away the best rotation of my residency to date.

Thank you to the Legislature for your continued support of the Creighton-Nebraska Residency Program and thank you to the Behavioral Health Education Center of Nebraska for making the rural rotation happen for my classmates and myself.