BHECN Inaugural Behavioral Health Workforce Summit

Developing a Statewide Strategy Marley Doyle, MD



BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA



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Objectives

- Learn about national behavioral health workforce trends and statespecific interventions
- Connect state workforce leaders and identify priority workforce needs in Nebraska
- Develop a collaborative, statewide behavioral health workforce plan based on input and feedback

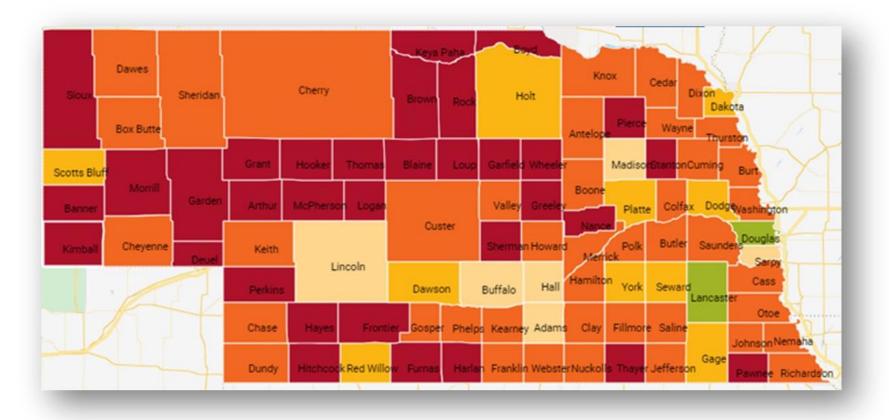




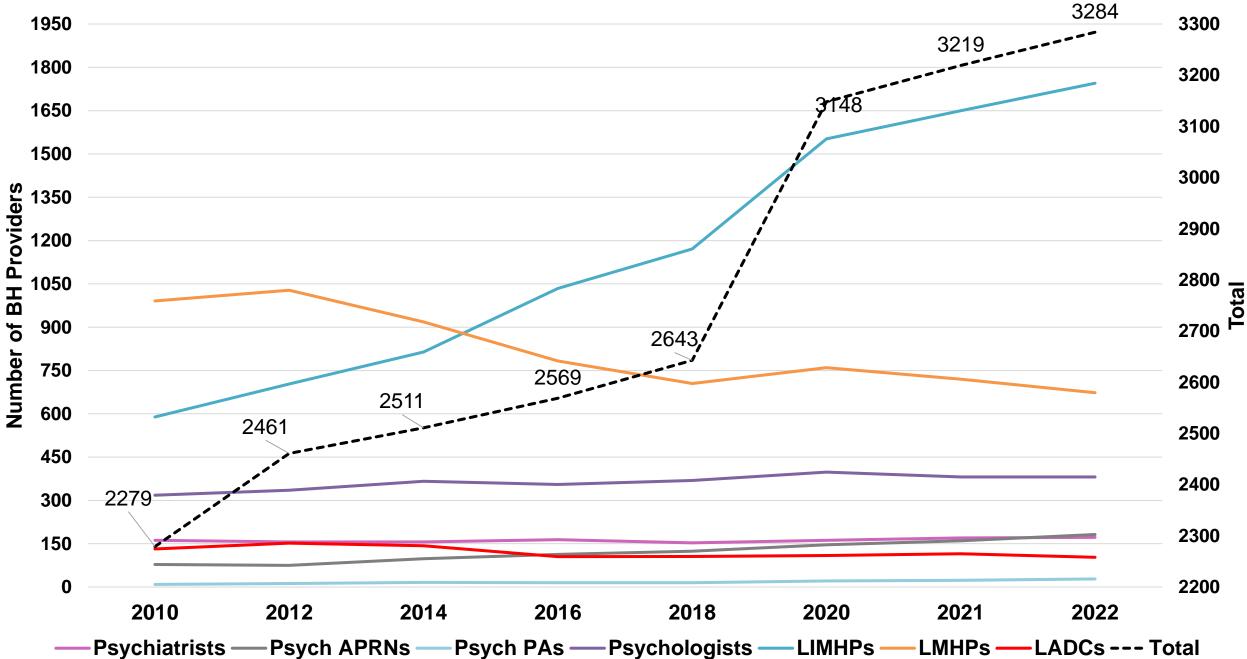
Workforce Composition and Distribution

 In 2023, more than half of Americans live in a Mental Health Professional Shortage Area.⁵

In Nebraska, 95% of counties are designated as Mental Health Profession Shortage Areas.



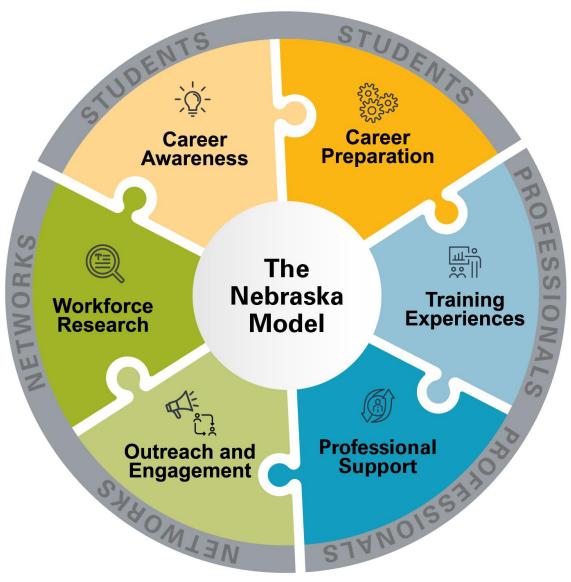
Nebraska BH Providers Trends



Change in Licensure over time

Year	2010	2012	2014	2016	2018	2020	2021	2022	Difference 2022-2010	% Difference 2022- 2010
Psychiatrists	162	156	156	164	153	162	170	172	10	6%
Psych APRNs	78	75	98	113	124	146	160	182	104	133%
Psych PAs	9	12	16	15	15	21	23	28	19	211%
Psychologist s	318	335	366	355	369	398	381	381	63	20%
LIMHPs	589	703	814	1034	1171	1552	1650	1745	1156	196%
LMHPs	991	1028	918	783	705	760	720	673	-318	-32%
LADCs	132	152	143	105	106	109	115	103	-29	-22%
Total	2279	2461	2511	2569	2643	3148	3219	3284	1005	44%

The Nebraska Model



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The Nebraska Model Career Awareness

- 15–20 students at FARM Camp (Panhandle)
- uBEATS Behavioral Health Careers Module
- UNMC High School Alliance

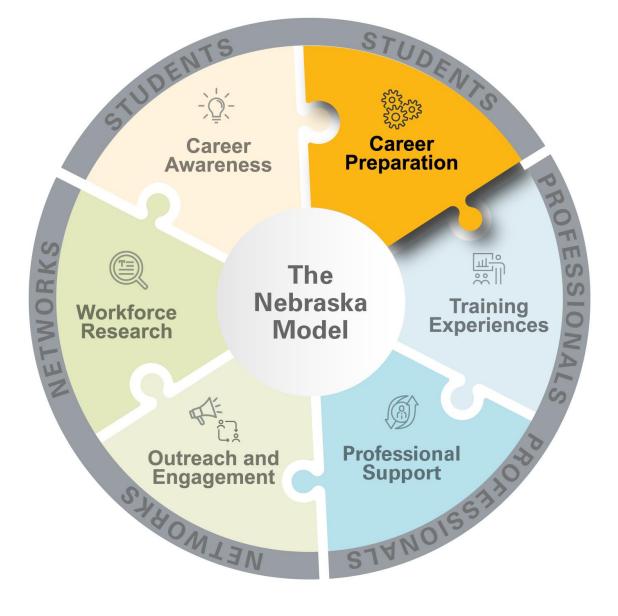




University of Nebraska Medical Center

The Nebraska Model Career Preparation

- •10 BHECN Scholars (Undergraduates)
- 50 Mentor/Mentee pairs







The Nebraska Model Training Experiences

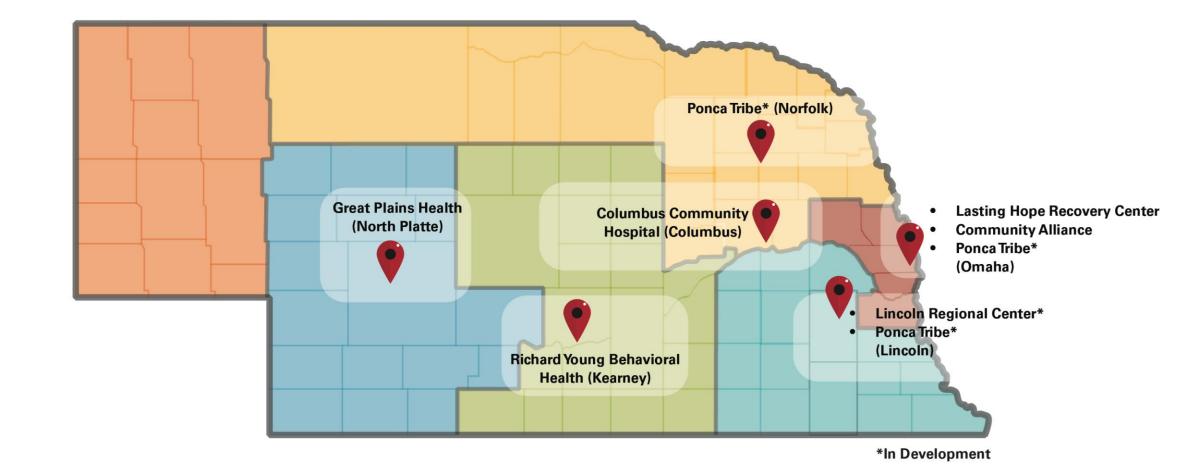
- 9 Psychiatry Residents
- 15 Psych NP Supervisors
- 8 Psychology Trainees
- 35 Master's-Level Trainees







BHECN Training Partners



The Nebraska Model Professional Support

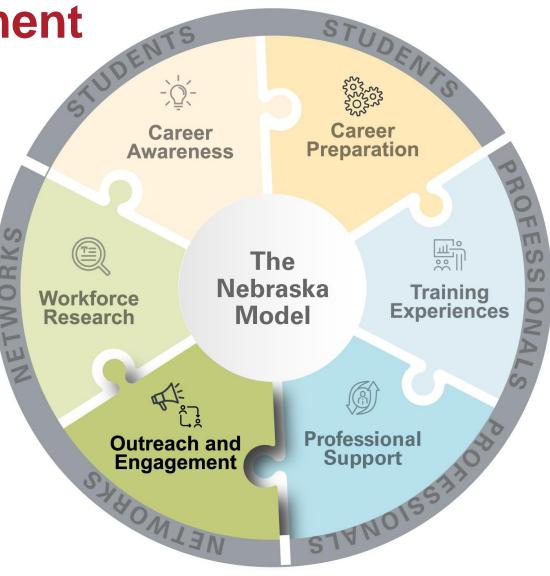
- 30 professionals supported via Lifelong Learning Fund
- 40 Supervisors for Master's-Level Trainees via the Graduate Trainee Stipend Program
- CE Training Opportunities



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The Nebraska Model Outreach & Engagement

- Annual Policy Forum
- Nebraska Behavioral Health Education Partnership
- Medicaid Audit Convenings
- Behavioral Health Center
 Workforce Alliance



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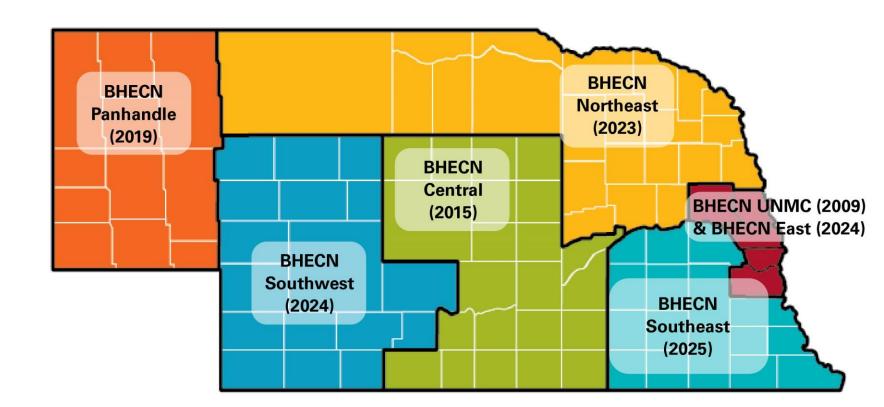
BHECN Sites

- Panhandle
- Southwest
- Central
- Northeast
- Southeast
- East

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BHECN Partnerships

Statewide

- Nebraska Behavioral Health Education Partnership (NEBHEP)
- Department of Health & Human Services (NE DHHS)
- Nebraska Association of Behavioral Health Organizations (NABHO)
- National Alliance on Mental Illness Nebraska (NAMI)
- Nebraska Behavioral Health Workforce Partnership
- National
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Health Resources and Services Administration (HRSA)
 - Behavioral Health Workforce Alliance (BHWCA)
 - National Association for Rural Mental Health (NARMH)
 - Behavioral Health Workforce Research Center (BHWRC)
 - CDC Foundation





The Nebraska Model Workforce Research

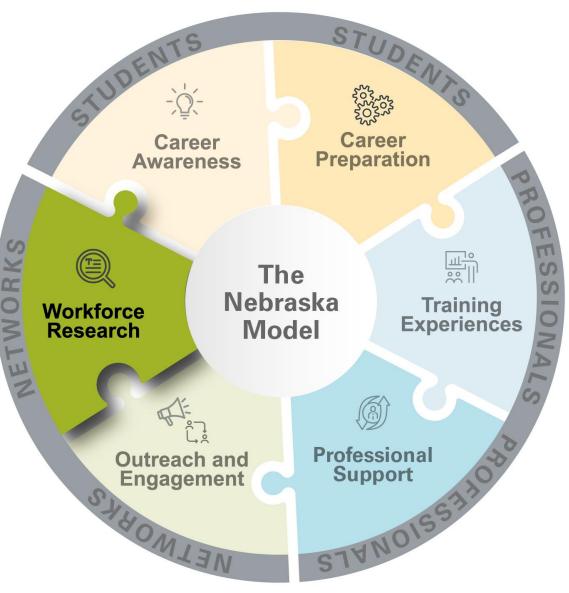
- Workforce Dashboard tracks 7
 licensed provider types
- Annual updates using licensure and Health Professions Tracking Service (HPTS) data

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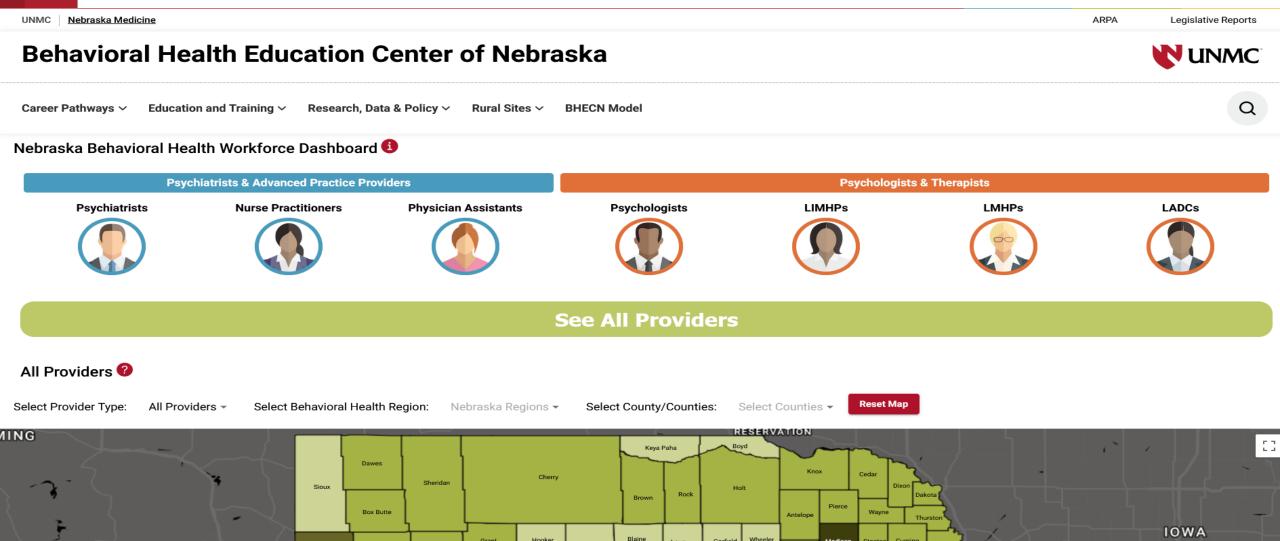
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New investments in program evaluation

BHECN

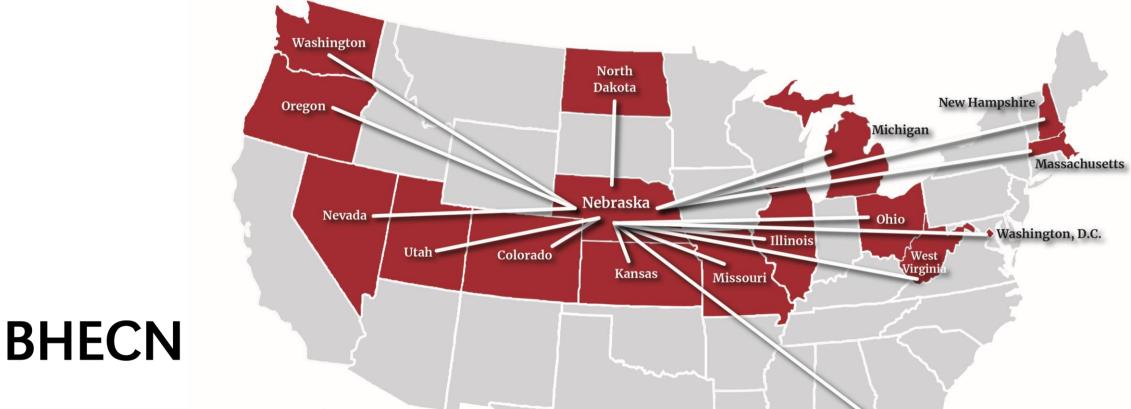


Dashboard https://app1.unmc.edu/publichealth/bhecn/#/home



Why It Matters

- The Nebraska Model is a replicable framework.
- A comprehensive strategy utilizes resources most effectively.
- Funding and interventions have a proven impact on workforce growth and distribution.



Next Steps

- White paper detailing discussion points
- SAVE THE DATE: APRIL 24, 2026
 - Annual convening in which this group comes together to discuss priority areas
- Ad hoc meetings/committees to discuss time-sensitive topics affecting workforce





3 Questions to Consider

1. What are the most significant challenges or gaps you are currently experiencing within this area of focus that impacts the behavioral health workforce?

2. Considering this area of focus, what collaborative strategies or innovative solutions can we implement to enhance the behavioral health workforce in Nebraska?

3. How can we improve communication, information sharing, and support among stakeholders in this area of focus to create a stronger, more connected behavioral health workforce?



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Laura Galbreath Director, Behavioral Health and Workforce



Rebekah Falkner Senior Policy Associate



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Mind the Gap: How States Are Tackling Behavioral Health Workforce Shortages

Laura Galbreath, MPP Director, Behavioral Health and Workforce

Rebekah Falkner, LMSW Senior Policy Associate





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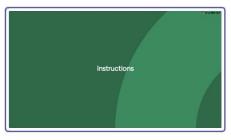


Or use QR code

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Nebraska behavioral he...

Choose a slide to present









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What piece of the workforce puzzle do you work in?



Menti Nebraska behavioral he... [7] C Choose a slide to present Instructions What piece of the workforce puzzle do you work in? Why do you do this work? What gets you out of bed to show up for p for systems, for change?" •••

Mentimeter

Workforce Policy Landscape and State Strategies





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Behavioral Health Work Is Changing

Where Care Happens

- CCBHCs
- Mobile Crisis / Crisis Stabilization
- Telehealth
- Primary & Specialty Care
- In community (schools, nursing facilities)

How Work is Done

- Team-based care
- Interdisciplinary collaboration
- Working at top of license
- Integrated care across systems

Who's Doing the Work

- Peer support & lived experience providers
- Licensed MH/SUD Clinicians
- Crisis counselors and techs
- New credentialed roles (e.g., CHWs, associatelevel staff)



A System in Motion: Policy Shifts Shaping the BH Workforce

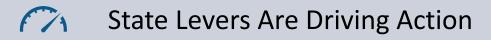


Unprecedented Focus on the Behavioral Health Workforce



Constrained Resources & Systemic Stressors

Shared Responsibility Across Sectors





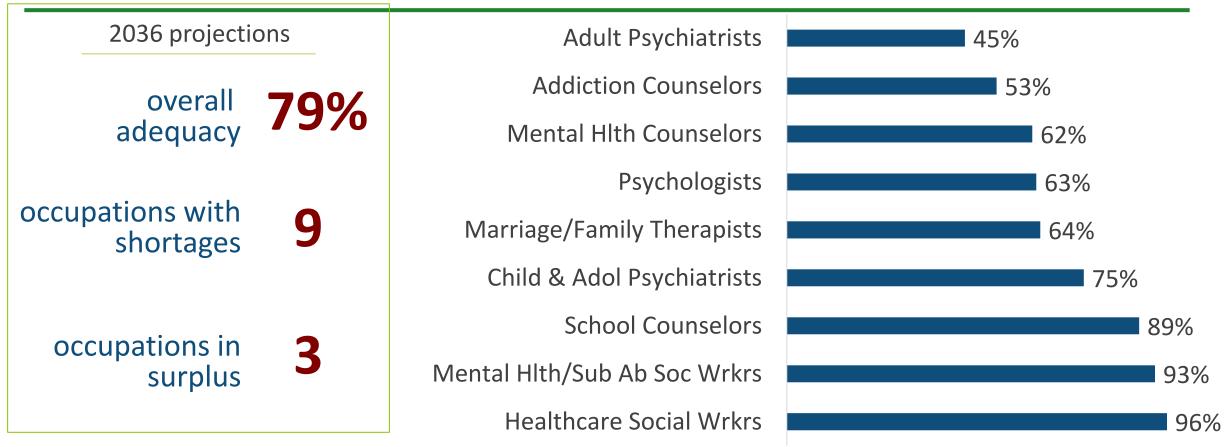
- State Planning, Workgroups, and Committees: Coordinating efforts across agencies and stakeholders to develop targeted workforce solutions.
 - **Investments Targeting Identified Shortages**: Allocating resources based on specific workforce gaps to enhance service delivery.
- Licensure Data Collection and Analysis: Gathering and analyzing licensure data to inform workforce planning and policy decisions.
- **Investing in Education and Training**: Supporting educational initiatives and training programs to build a skilled workforce.
- Pathway Programs for Rural and Underserved Populations: Creating targeted pathways to attract and retain workers in high-need areas.
- Leveraging Telehealth and Workforce Extenders: Expanding access to care through telehealth and utilizing support roles to extend workforce capacity.
- **Supporting Community-Based Workforce**: Strengthening community-based roles and fostering local recruitment and retention.
- Facilitating Practice at the Top of the License: Promoting full utilization of practitioners' skills to enhance service delivery and reduce workforce strain.





Tracking What Matters: Behavioral Health Workforce Data for Systems Change

Behavioral Health Workforce Projected Adequacy (2036)



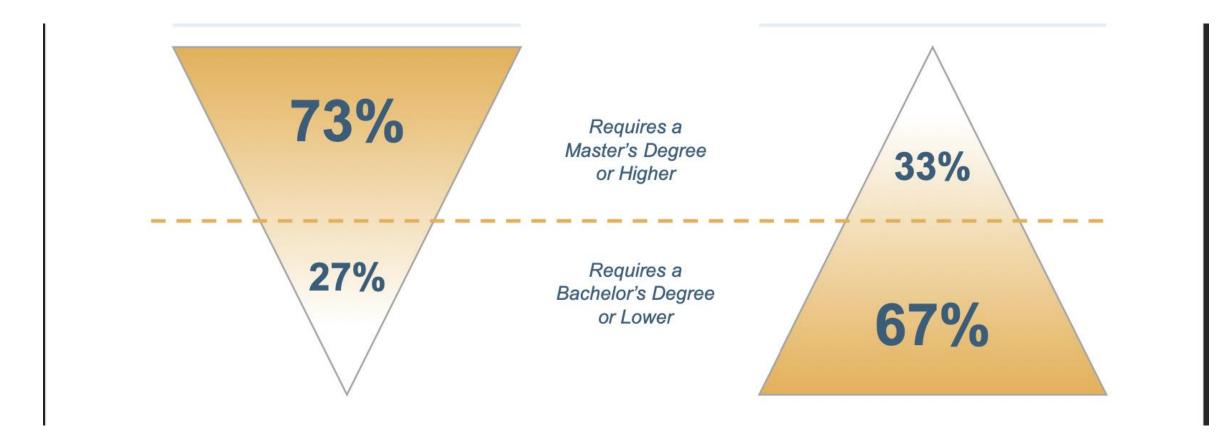
https://data.hrsa.gov/topics/health-workforce/workforce-projections

*Adequacy estimates do not include all occupations within the field due to data limitations

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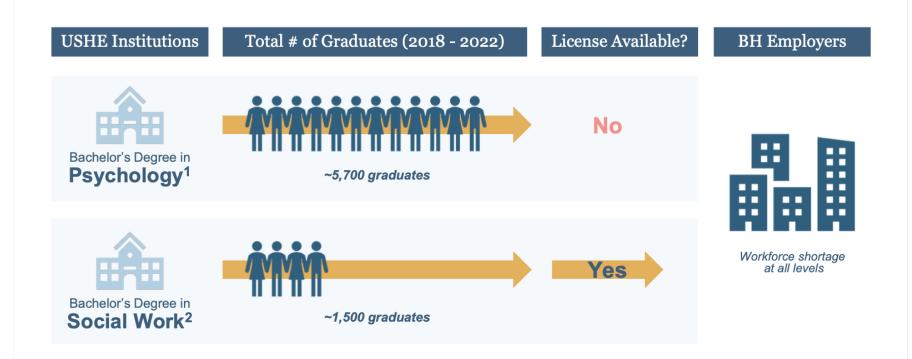
Utah: Behavioral Health Lacks Extenders



Utah: Inconsistent Education and Career Pathways

PRELIMINARY

Education & Career Paths Are Misaligned





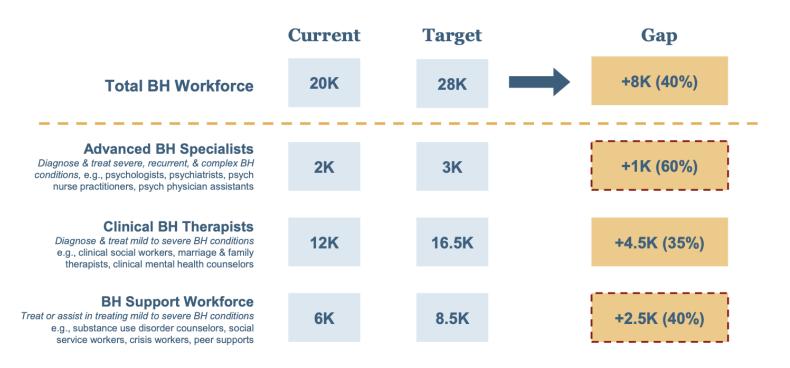
Source: USHE IPEDS Completions Survey; Graduates from 5 year span of 2017-2018 to 2021-2022 academic years. 1. Psychology undergraduates can work under an Assistant Behavior Analyst, Music Therapist, Therapeutic Recreation Specialist, Certified Advanced Substance Use Disorder Counselor, or Social Service Worker license, but only with additional coursework (like any other undergraduate). In other words, a psychology undergraduate major provides students with no advantage in terms of licensure for any BH license in Utah. 2. Bachelors in Social Work corresponds to the Social Service Worker license.

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Utah: Demanding Need for Behavioral Workforce Expansion

Utah Needs More Specialists & More Extenders



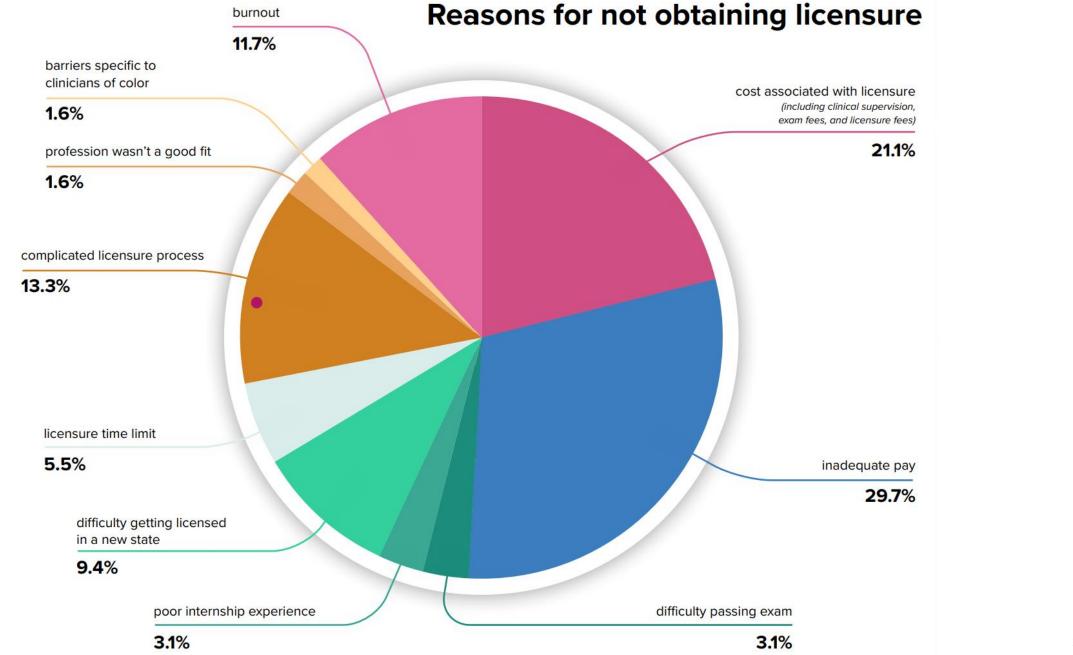
Values rounded to nearest 5% or to nearest 500. Target uses IAPT guideline of 10% advanced, 60% clinical, & 30% support. Workforce figures based on DOPL MLO report "Active License Count," accessed 2/28/2023; data on DHHS licensees provided to OPLR by DHHS administrators in July, 2022; data on advanced BH specialists from University of Michigan, Behavioral Health Workforce Research Center, 2018 – Mapping Supply of the U.S. Psychiatric Workforce; Unmet need figures based on 2020-2021 National Survey of Children's Health; 2018-2019 National Survey on Drug Use and Health.

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Unlocking Workforce Capacity Through Supervision Policy



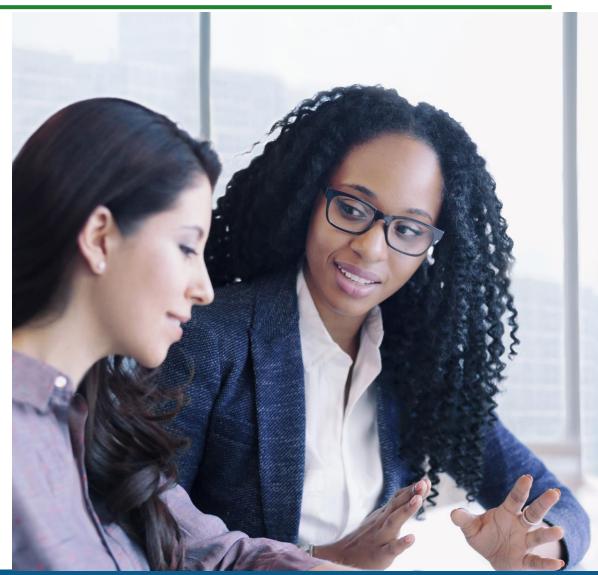
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https://motivohealth.com/wp-content/uploads/2025/04/Motivo_Whitepaper_57-percent-that-never-attain-licensure_FINAL.pdf

State Strategies in Supervision

- Paying for supervision
- Allowing associates level practitioners to bill while under supervision
- Removing barriers to become a supervisor







Enabling Career Pathways Through Stackable Credentials

Education and Workforce

- States are pursuing novel ways to build workforce education efforts, including "stackable microcredentials."
- Microcredentials are a win-win. Providers can find credentialling for workforce issues like front desk staff, and students have the flexibility to earn credentials as they have capacity.
- In many cases, stackable microcredentials offer a pathway to roles with greater scope and responsibility.
- States are partnering with community colleges to build microcredential programs.



Colorado

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Available Behavioral Pathways by CCCS College

	Qualified Behavioral Health Assistant	+
	Behavioral Health Assistant II	+
	Behavioral Health Plus	+
	Addiction Recovery Assistant	+
	Patient Navigator	+
	Associate of Applied Science Degree	+
	Bachelor of Applied Science Degree	+
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Colorado

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Qualified Behavioral Health Assistant

Development of entry-level behavioral health knowledge and competencies needed to become an effective entry-level behavioral healthcare practitioner and eligible to be included in a Medicaid care team. Upon completion of this coursework, they will be a Qualified Behavioral Health Assistant as outlined by the State of Colorado Behavioral Health Administration.

Upon completion, students will be a QBHA as outlined by the Behavioral Health Administration (BHA) and eligible to serve as part of a Medicaid-reimbursed care team. Skills and competencies include:

- Understanding of Behavioral Health & Healthcare Systems
- Trauma-Informed Care and Cultural Competency
- Crisis Intervention and Wellness
- Therapeutic Communication Skills
- Case Management and Documentation
- Empathy and Healthy Boundaries

Alaska Behavioral Health Career Matrix

Job Title	Experience	Training
Behavioral Health Tech (no degree)	1 year (2000 hours)	100 practicum hours + 127 training hours
Behavioral Health Tech (degree)	NA	100 practicum hours + 12 training hours in specific content areas
Behavioral Health Counselor I (no degree)	2 years (4000 hours)	100 practicum hours + 159 training hours
Behavioral Health Counselor I (degree)	NA	100 practicum hours + 36 training hours in specific content areas
Behavioral Health Counselor II (no degree)	4 years (8000 hours)	100 practicum hours + 127 training hours
Behavioral Health Counselor II (degree)	NA	100 practicum hours + 40 training hours in specific content areas
Advanced Behavioral Health Counselor (no degree)	6 years (12,000 hours)	100 practicum hours + 127 training hours
Advanced Behavioral Health Counselor (degree)	NA	100 practicum hours + 70 training hours in specific content areas



Interstate Compacts: A Tool for a Stretched Workforce

Compacts are one tool — **not a substitute** — **for strategic investment and coordination.**

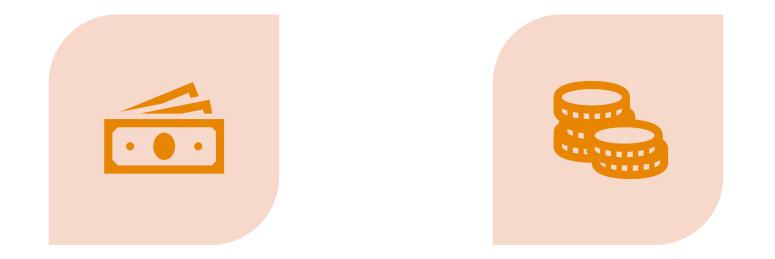
- **Psychology (PSYPACT)** implemented in 40+ states
- Counseling Compact seeing steady adoption
- Nursing and APRN Compacts especially relevant for psychiatric nurse practitioners
- Social Work Compact officially enacted in seven states in April 2024
- School Psychologist –Colorado became the first state to enact the compact in April 2024





Advancing Workforce Capacity Through Existing State Tools

Targeted Financial Incentives



LOAN REPAYMENT PROGRAMS

SCHOLARSHIPS AND GRANTS



Medicaid-Funded Workforce Strategies



- **TEACH Program:** Offsets training costs at FQHCs, CMHCs, CCBHCs, and rural clinics
- FRAME Loan Repayment Program: Repays loans for primary care, mental health, and nursing providers



- Career Pathways Training: support for two career pipelines - new carriers and career advancement.
- Student Loan Repayment



Leveraging technology to extend capacity, reduce burden, & enhance care

AI & Automation: Enhancing Clinician Workflows and Streamlining Systems

- Al tools to reduce administrative burden by supporting clinical documentation
- Virtual training simulations improve clinician skills, especially in rural or under-resourced areas
- Automation accelerates licensure processing and Medicaid operations

Policy Discussions:

- Ensuring AI supports, not replaces, clinical decisions
- Protecting data privacy and HIPAA compliance
- Legal and regulatory frameworks



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Digital Therapeutics: Changing How Behavioral Health Care is Delivered

- Software-driven tools for anxiety, depression, substance use recovery, and insomnia
- 2,000+ mental health apps available; only a small subset FDA-approved and clinically validated
- Extend care; not a replacement especially effective in stepped-care models.
- Policy Discussions:
 - What is the clinical evidence?
 - Are these tools accessible to people without smartphones or broadband?
 - How are they reimbursed and integrated into care models?



Expanding Access Through Telehealth and Teleconsultation

Telehealth continues to play a critical role in addressing workforce shortages, particularly in rural and underserved areas.

Teleconsultation models like **Project ECHO** extend the reach of specialists by building local provider capacity







Tailored Approaches the SUD Workforce

State Strategies to Strengthen the SUD Workforce

Using Opioid Settlement Funds to Support the SUD Workforce

- Indiana's <u>settlement plan</u> allocated \$25M to matching local initiatives, funding projects like hiring peer recovery and treatment coordinators, expanding recovery housing and transportation, and providing evidence-based curricula in correctional facilities.
- **New Jersey's** <u>2023 Annual Opioid Abatement Report</u> committed \$17.5M of settlement funds in 2023 to expanding operations at peer recovery centers.
- The <u>Massachusetts Opioid Recovery and Remediation Fund Advisory Council</u>' committed \$15M to strengthening workforce effort with a significant investment in the Substance Use Treatment Provider Loan Repayment Initiative.

Building the Peer and Recovery Support Workforce: Indiana is <u>covering training and certification</u> <u>costs</u> to ensure greater access to recovery-oriented care statewide.

Expanding Mid-Level Provider Roles to Increase OUD Treatment Access: States like Arizona, New York, and Massachusetts have enacted legislation that broadens the prescriptive authority of Nurse Practitioners (NPs) and Physician Assistants (Pas), specifically aiming to increase access to medications for OUD.





Statewide Behavioral Health Workforce Reports and Plans: Driving Toward Clear and Consistent Goals

Texas

 Recommend the Texas Education Agency (TEA) take action to collaborate with local educational agencies (LEAs) to include behavioral health careers in career readiness programs, career days and career promotion activities to all grade levels.

Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward





Texas

- Increase entry-level employment opportunities for high school and undergraduate students in behavioral health facilities.
- Create opportunities to expand access to integrated health care through provision of behavioral health services via telehealth and telemedicine.
- Re-examine Medicaid rates for behavioral health services and update (if possible based on available funding) to better reflect the cost of delivering services.

Strong Families, Supportive Communities: Moving Our Behavioral Health Workforce Forward





Utah

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Improve the quality of clinicians' postgraduate supervised experience, while also addressing supervision capacity constraints by 1) requiring supervisors to complete targeted training in effective supervision techniques, 2) requiring that a portion of supervisors' continuing education hours directly relate to supervision, and 3) implementing one or more measures to increase supervision capacity.



Washington

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Washington Student Achievement Council should work with its planning committee, participating sites, potential applicants, and awarded providers to ensure clear understanding that behavioral health loan repayment participants' hours worked in community settings, such as crisis response services, homeless shelters, supportive housing, street outreach, and families' homes, may count towards the required service obligation hours.



Discussion

 Thinking about what you heard today, what resonated most with your current efforts—or surprised you in terms of where Nebraska stands or could go next on behavioral health workforce?





Thank you!



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Thank you for joining us today!

Please take a moment to share additional feedback or ideas.



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