

**Chancellor Jeffrey P. Gold, MD:** I want to welcome you to a new season of Heart to Heart. My special guest is Dr. Marley Doyle. Dr. Doyle is a nationally recognized educator, behavioral health workforce advocate, and in addition to all of that, a practicing psychiatrist here at the University of Nebraska Medical Center. And today, we're going to talk about her role, her very special role, as the director of the Behavioral Health Education Center of Nebraska, or as we like to call it, BHECN.

Now, BHECN is a state-funded organization whose mission is to recruit and to retain a skilled and a passionate behavioral health workforce across the state of Nebraska, across all of the rural and urban communities of Nebraska. Dr. Doyle, thanks so much for being with us today. It's a great pleasure to have you on this podcast for this inaugural second season. We survived the first season. So, all good there.

Before we get into talking about BHECN and other things regarding the behavioral health workforce, our listeners always enjoy hearing about our guest's health care journey. And specifically, was there a magic day or a magic moment when you realized that you were going to pursue a career in behavioral health, and you wanted to make that your career? And then go on from that into positions of leadership?

**Marley Doyle, MD:** I didn't have a magic moment. I think it was a series of moments that occurred over time. I didn't come from a strong health care family, but my grandmother was a nurse, and I very much looked up to my grandmother. She was very beloved to me. And so, I knew I wanted to do something in the helping profession. So, I actually started college as a nursing major, and for various reasons, it wasn't the best fit for me. And I continuously was struck by the impact of behavioral health on physical health and how you couldn't really separate the two. So, I ended up switching my major and pursuing pre-med with the intention of going to medical school to be a psychiatrist, and in medical school, having that choice made beforehand, I really had the opportunity of noticing the impact of behavioral health throughout my medical school journey, which helped solidify my commitment to the importance that behavioral health plays in physical health and as part of health overall.

**Dr. Gold:** Well, we're certainly thrilled that you did, and your leadership here, and particularly the leadership of BHECN, has been critically important. So just to set the stage, talk to us, talk to me and our audience, about the good news/bad news story of the health care workforce, particularly in behavioral health. As I understand it, correct me if I'm wrong, of the 93 counties in the state of Nebraska, almost all of them, I think with the exception of two or three, are designated as behavioral health shortage areas, deserts, where behavioral health services of all types are inadequate, and therefore the

citizens that reside there, particularly in the large expanse of rural farming and ranching communities, are really desperately in need of that help. And so that's a

really formidable challenge, and yet BHECN is trying to address that. So, tell us a little bit about that.

**Dr. Doyle:** Yes, you are correct. So, 88 of our 93 counties are designated as mental health professional shortage areas, and BHECN was founded in 2009 to try to address the problem of the behavioral health shortages, particularly in rural areas. So, since that time, what we've done is looked at the number of behavioral health providers across the state. So, we do a survey every two years and try to figure out where people are practicing -- what type of practice they're doing, what type of licensure they hold, are they doing telehealth? -- we have a whole series of questions we ask them. And then what we do is we publish the snapshot. So, you can go on our website, and we have a dashboard, and you can look at each county and see exactly what type of behavioral health providers exist in that county. So, the good news side of it is that we're tracking it. Most states are not doing this. So, we have an idea of where our providers are and what type of practice they're doing. The other good news piece is that we have seen an increase in the behavioral health workforce since BHECN started tracking the data. So, we've seen an increase of 44%. That's phenomenal.

**Dr. Gold:** Wow. That is amazing.

**Dr. Doyle:** Yes. And this is in a time that most states are plateauing or decreasing. So we're doing something right. We can't prove that it's all because of BHECN, but we do know that our state is an outlier in the national trend. The bad news part of it is that we still see a great disparity between urban and rural settings. And so, most of the training programs in Nebraska are in the urban areas, and students tend to stay where they train. However, we have tried over the past decade to increase the number of training opportunities in rural areas with the intention that students, if they have the opportunity to train there, they will stay and practice.

**Dr. Gold:** And do you think that the planning that we're doing for the new facility in Kearney could potentially have an impact of finding young women and young men such as yourself who want a career to give back in behavioral health? That we could possibly bring them from the rural communities, educate and train them, give them their clinical experiences, and then hopefully set them loose in rural Nebraska?

**Dr. Doyle:** Absolutely. And with that partnership, which we are very excited about, we have launched a program that we're calling BHOP, which stands for the Behavioral Health Opportunities Program.

**Dr. Gold:** We have a lot of HOP programs.

**Dr. Doyle:** It's one of the HOP programs.

And so what this program is for those that aren't familiar is students that are interested in a behavioral health career can apply when they're in an undergrad, and they can get scholarships from BHECN to cover their tuition. And then if they meet a certain GPA, they have acceptance to the graduate clinical mental health program, and we will help pay for 25% of their tuition in that program.

**Dr. Gold:** That is amazing. So that is really putting resources right in the front line where they very much need to be.

**Dr. Doyle:** Correct.

**Dr. Gold:** And speaking about resources, many in our audience may recall that under the leadership of Sen. John Stinner when he was a member of the Unicameral legislature, and indeed when John was chair of the appropriations committee, he worked very hard to get some dollars for BHECN to push out to enhance health care professional education and training across the state. And I know you've been leading that effort. Maybe you could tell us a little bit about, how has that gone? Have we pushed out all of those dollars or nearly all of them? And how much of that is rural? How much of that is urban? And are we starting to see any results from that?

**Dr. Doyle:** Yes, so we are very grateful to Sen. John Stinner for initiating this. And in 2022, we were lucky enough to receive \$25.5 million in ARPA funding.

**Dr. Gold:** \$25 million. Wow. That's a lot of money.

**Dr. Doyle:** Yes. And so, what we did is, we designed a program that pushed out the funds to the actual behavioral health providers and organizations that were in need. So, we had an open application process. Anyone could apply, they could tell us about their program. We had a very rigorous review committee process, and then we awarded 105 behavioral health providers and organizations across the state, half of which were in rural communities. And so, since that time, we have been working with each of those organizations to make sure that they can succeed in implementing their program. So, we have provided technical assistance to the smaller rural programs that don't have quite the infrastructure as the larger academic institutions, because we want to set them up so they're on the same playing field for success. So as of now, all the funding has been allocated after only two rounds of applications.

**Dr. Gold:** That's amazing, because that's a lot of money and that's a lot of applications.

**Dr. Doyle:** Yes. We actually had over \$75 million in requests, which we were shocked by.

**Dr. Gold:** Just sort of says what the unmet need is in the state.

**Dr. Doyle:** Exactly. And so, we have been working with all the programs, and we have been getting all the funding out the door. And so, we're working on it right now, spending down the funds so people can get their trainees in place. And right now, we're also at the same time gathering evaluation data. So, at the end of the program, at the end of 2025, we will be able to know exactly what kind of impact this funding had.

**Dr. Gold:** And maybe that'll be an opportunity to suggest if there are additional resources available that we try to turn what was one-time money into continuing ongoing appropriation support. So, thank you so much for doing that. Last thing I wanted to ask you, and I think our audience might also be interested in, is that UNMC and Nebraska Medicine have really been leaders in telehealth delivery in the area of behavioral health. And as I learned more about it, it's not just the clinical side, but it's into correction facilities, it's into schools, churches and other areas. And how effective has that been, and do you think that that's going to be a viable solution to deal with some of the rural distribution challenges that we have?

**Dr. Doyle:** Yes. In short, yes. Telehealth is a wonderful tool that we have that increases the ability for Nebraskans to access behavioral health care. And so, we feel very strongly that all Nebraskans should have at least access to telebehavioral health. And so, with the ARPA funds, we had a category for telebehavioral health in which programs, smaller hospitals, could apply to create infrastructure to be able to meet the needs of their community. And so, this covered things like EMR upgrades, any kind of equipment, computers, broadband to be able to ensure that they can reach their communities. That being said, we know that telebehavioral health is not the only tool, because it is not necessarily the gold standard for severe mental illness. And there's also patient preference. Some patients don't prefer to do the telebehavioral health model. So we know it's part of the tools, but we have to be careful that it's not the only one that's available.

**Dr. Gold:** Although I understand we've done some patient surveys of those that prefer it, and indeed they rate it as high or higher from a patient satisfaction perspective as they do the one-on-one, in-person visits. So, as you say, it's just another tool in the tool chest, but when we're dealing with a state that's 500 miles across, and huge

expanses without a single behavioral health professional, it's at least a way of trying to make that happen.

**Dr. Doyle:** Absolutely. Yes.

**Dr. Gold:** Well, I want to thank you for of course being with us today. And I most importantly, want to thank you for your leadership in BHECN for all that you have done. We wish you well on this continued journey with BHECN. I think the opportunity to continue to study the reversing trends and the national prominence of the state of Nebraska in trying to reverse the trend of declining behavioral health workforce is critically important. And it should give everybody here at UNMC and Nebraska Medicine a strong sense of pride as to the fact that, we're not just talking about this huge problem, but we're trying to do something about it. And you are leading it.

**Dr. Doyle:** Well, thank you. Yeah, we appreciate the support from UNMC, and we're happy to do this work. So, thanks for having us on.