Growing Nebraska’s Behavioral Health Workforce

National Governors Association
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Governor Pete Ricketts

**Vision:**
Grow Nebraska

**Mission:**
Create opportunity through more effective, more efficient, and customer focused state government

**Priorities:**
- Efficiency and Effectiveness
- Customer Service
- Growth
- Public Safety
- Reduced Regulatory Burden

**We Value:**
- The Taxpayer
- Our Team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect
Who is BHECN?

The Behavioral Health Education Center of Nebraska (BHECN), pronounced “beacon”, was established in 2009 by a legislative bill to address the shortage of behavioral health (BH) professionals in rural and underserved areas of the state. It is a unique partnership among the state legislature, academic institutions, and community partners to create a statewide workforce solution for the shortage of licensed behavioral health professionals.

Focusing on Innovative ways to increase the BH workforce in Nebraska:

• Introduce BH
• Engage and Recruit
• Prepare and Train
• Retain and Support
BH Workforce Pipeline Model

Ambassador Program

- In the next 15 years, Nebraska will lose half of its current mental health workforce. BHECN’s Ambassador Program creates a pipeline of 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.

- To date, more than 2,000 students have participated since the BHECN Ambassador program was started in April 2013.
Virtual Mentor Network

The BHECN Ambassador Program hosts annual conferences to encourage high school and college students to pursue careers in mental and behavioral health.

• The Virtual Mentorship Network is designed to keep conversations about these career choices going throughout the year between interested students and behavioral health professionals.

• Selected high school and undergraduate students will use distance technology and meet monthly to ask questions, discuss behavioral health topics, and connect with four professionals who are in the final stages of their psychiatry or psychology training programs.

• In addition to participating in six seminars broadcast live over the Internet, students will engage in fun projects and interact on a regular basis through a secure private blog.
Frontier Area Rural Mental Health (FARM) Camp and Mentorship Program

Banner County Nebraska – 1.0 people/square mile; 722 residents
“…We need to be accessing the incredible resources that are already here in our youth.”

Dr. Catherine Jones-Hazledine, Ph.D., founder of FARM CAMP
“We are trying to plant seeds so those from the community are serving the community.”

Dr. Anitra Warrior, Ph.D., FARM CAMP Winnebago
Farm Camp

- Generate interest from school staff – 16 students.
- Camp is one full week.
- Chadron State College Introductory course with 2 credits or 3 credits through Little Priest Tribal College Winnebago.
- History of psychology, cultural aspects, anatomy, basic clinical skills; exposure to variety of professionals; variety of group activities; small community projects; photo voice projects; self-care for helpers; assigned to a mentor.
- Mock interviews with actors
  - Individuals experiencing hallucinations, autism, crisis including thoughts of suicide, principles of QPR, etc.
- Individuals with lived experience share recovery journeys.
“This is one of the most successful ambassador programs to replicate in other parts of the state.”

Dr. Marley Doyle, M.D., BHECN Director

“Even one future therapist out of 16 participants is a huge return for communities.”

Dr. Jones-Hazledine, Ph.D.

ROI of $11,000 - Most recent follow-up FARM CAMP participant survey data
- 28% in high school and voice interest in behavioral health career
- 36% in college and of those 20% are enrolled in behavioral health program of study
- 32% working in behavioral health related arena
- 56% of survey respondents indicated ongoing interest in behavioral health career (23% psychology; 18% social work; 5% psychiatry; 5% substance use counselor)
Rural Crisis Response Solutions
Lessons learned from Rural Regions

• “Grow your own through Ambassador Programs such as FARM CAMP.”
• “Engage schools and communities with Youth MHFA and QPR. Develop Hope Squads.”

• “Form a Community Crisis Consortium for LMHP, LIMHP, LADC/LMHP, others.”
  ➢ Verify credentials and references.
  ➢ Organize and offer training (e.g. AMSR, CAMS, Safety Planning, Risk Assessment, etc.)
  ➢ Identify a single agency to manage the consortium and dispatch therapists.
  ➢ The single agency could be the Crisis Response provider or Co-Responder program provider.
  ➢ Work within the community on how to access the consortium therapist.
  ➢ Maximize technology to address geographic challenges.
  ➢ Sharing call through a consortium was a key opportunity.
Integrated Healthcare

About Integrated Behavioral Health:

Nebraska faces a shortage of mental health practitioners, particularly in rural areas of the state. One of the ways to reduce the barriers of access to behavioral health in these areas is establishing an on-site or consulting BH professional in primary care clinics, allowing behavioral health problems to be treated where they often first arise - the primary physician’s office. This model of care can also help save time and money for the practice and lead to better health outcomes.

Behavioral Health Need: Only 28% of BH professionals practice in rural counties, and there are only 20 practicing psychiatrists and 66 psychologists in rural locations. Of the 179 primary care practices in rural Nebraska, only approximately 12% have a BH provider embedded in their practices.

Solution: Increase the number of BH professionals in primary care practices.
UNMC Monroe Meyer Institute – Psychology/Primary Care

MMI Integrated Behavioral Health Locations

- Rural: 23 sites
- Urban: 19 sites
- Total: 42 sites

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Integrated Healthcare

- DHHS Division of Behavioral Health and Nebraska Medical Association (NMA) partnership.
- NMA leading by example with psychiatrist on board to lead the partnership effort.
- Needs assessment with primary care provider organizations.
- Nebraska’s Rural Health Advisory Commission strategic alignment with BH System strategic plan.
- Specialized training, competency development and professional consultation, mentoring, case consultation, on-demand consultation.
- Meet providers where they are at and systematically solve the barriers.

- Healthcare Association of Nebraska (HCAN) – FQHC’s Integrated Health.
- CFS Collaboration to serve youth/families with medical and BH needs.
- Engaged BH and Justice leadership to partner on expanding reach.
“The best way to predict the future is to create it.”
Peter Drucker

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