CASE STUDY

BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA

Coordinating Across Partners to Address the Workforce Shortage

INTRODUCTION

In Nebraska, a recruitment, training, and retention program has been working to grow the ranks of mental health and substance use treatment providers.

The state faces workforce shortages in the vast rural areas west of Lincoln and Omaha, with 88 of 93 counties qualifying as shortage areas. Twenty-nine counties have no mental health provider of any kind.

Mental health care provider scarcity is a problem nationwide. The Health Resources and Services Administration within the United States Department of Health and Human Services has designated more than 5,700 geographic areas as having provider shortages, covering more than 119 million Americans, or more than one-third of the population. Throughout these areas, mental health workforce capacity meets only about 27 percent of the estimated need. Sixty percent of rural Americans live in official mental health provider shortage areas, with just 1.6 percent of all psychiatrists practicing in those regions.

Since the establishment of the Behavioral Health Education Center of Nebraska (BHECN, pronounced "beacon") in 2009, the mental health and substance use treatment workforce in the state has increased by 38 percent.

Director of the center, Marley Doyle, M.D., appreciates that BHECN may be among many factors driving the increase, saying at the Alliance for Health Policy's Summit on Mental Health in America, "We can't take credit fully because we don't know that BHECN's work is the sole reason, but we certainly can't ignore it either." She noted that surrounding states saw decreases in their workforces over the same time.

BHECN is a unique partnership among the state legislature, academic institutions, and health-sector partners to develop a workforce sufficient to provide mental health care and substance use treatment to the nearly one in five Nebraskans with a mental illness. In addition, the Center's multifaceted strategy for workforce development offers lessons for other states, regions, and health systems, which all are grappling with mental health workforce shortages of some kind.

Key Components of The BHECN Approach Are:

- **Giving** students early exposure to the workforce
- **Providing** financial sponsorship for trainees and their supervisors
- **Customizing** supportive resources and professional development to suit participant needs
- **Collecting** and analyzing data to guide recruitment and training

RECRUITMENT STARTS EARLY IN THE ACADEMIC CAREER

For BHECN, workforce recruitment begins with high school and college students. The average age of mental health and substance use treatment providers in Nebraska is older than 50, with looming retirements likely to shrink the workforce if younger workers do not join the profession. BHECN's Ambassador Program engages high school and college students, especially in rural areas of the state, acquaints young people with the field, prepares them to choose a discipline of study in their post-secondary education, and supports them with mentorship opportunities.

Over twelve years, the Ambassador Program has held or participated in more than 5,000 career fairs, conferences, seminars, courses, and camps, many of them specifically in rural areas for rural youth, in 188 Nebraska towns.

Among students who participated in Ambassador Program workshops and conferences, and who were trackable through surveys and the National Student Clearinghouse in 2021:

- **126 from the high school** program had graduated from college, and 14 were enrolled in graduate-level behavioral health programs in Nebraska
- **60 students from the high school** program majored in behavioral health-related programs in college
- **Five students from the college** Ambassador Program graduated from medical school and entered a psychiatry residency program

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TRAINING PROGRAMS INCLUDE A RANGE OF OCCUPATIONS AND SETTINGS

BHECN sponsors residents and student trainees from 18 behavioral health graduate programs throughout Nebraska. The Center's funding combines with other sources to cover the cost of placing graduates and students in training programs at hospitals, clinics, and correctional facilities, with a focus on exposure to rural and underserved urban environments.

The Center supports graduate-level trainees in multiple occupations, including:

- Psychiatry
- Psychiatric nursing
- Psychology
- Counseling
- Social work
- Marriage and family therapy
- Drug and alcohol counseling
- Physician assistant

BHECN sponsorships help develop Nebraska's behavioral health workforce overall, and several partnerships explicitly include a rural component. For example, four to six psychiatry residents per year sponsored by BHECN are required to complete rural rotations in their second year. The Center also supports 37 psychology internships per year, with placements in at least seven rural Nebraska towns.

BHECN does not design or operate the training programs, but collaborates with colleges, universities, and with training sites to coordinate trainees' participation. In all, the center supported 212 trainees throughout 11 fields in fiscal year 2020–2021.

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Using that whole-workforce view, BHECN worked with three behavioral health centers in the state—one in a rural area—to establish a model of interprofessional training. In contrast to single-occupation programs, the interprofessional model incorporates seven to ten different types of trainees—from undergraduates to medical residents—in each community-based training site.

Each location operates independently, but BHECN sponsors site coordinators to guide and monitor trainees who come through the programs, and funds some of the staff time to compensate supervisors of the trainees. About 1,600 students trained at the interprofessional sites in fiscal year 2020-2021, nearly 200 of them at the location in rural Kearney, Nebraska.

"The future of behavioral health is interdisciplinary. At these sites, the students get to know disciplines beyond their own," said Dr. Doyle. "They're among our proudest accomplishments."

MENTORSHIP, SUPPORT, AND PROFESSIONAL DEVELOPMENT ARE CUSTOMIZED TO NEEDS

BHECN programs take a personal approach to recruiting, training, and retaining behavioral health workers.

Center director Dr. Doyle says, "The less direct workforce development is the relationship building and meeting the needs of students and trainees coming to us. We have a student advisory board, and they tell us what would be helpful. One example is that at career fairs, they didn't want pamphlets, so we made a digital app with a career pathways quiz, mentors to swipe through, descriptions of the different disciplines and specialties. We try to stay flexible and innovative."

For trainees and practicing behavioral health professionals, BHECN operates supportive continuing education, networking opportunities, and mentorship programs to help retain the workforce. In addition to presentations on evidence-based practices, professional development has included a "heal the healer"-themed event to encourage personal health and well-being, manage compassion fatigue, and understand secondary traumatic stress—essential topics for a field that regularly deals with burnout. BHECN even partnered with a yoga studio to produce a virtual free yoga and meditation series.

COLLECTING AND ANALYZING DATA INFORMS WORKFORCE DEVELOPMENT

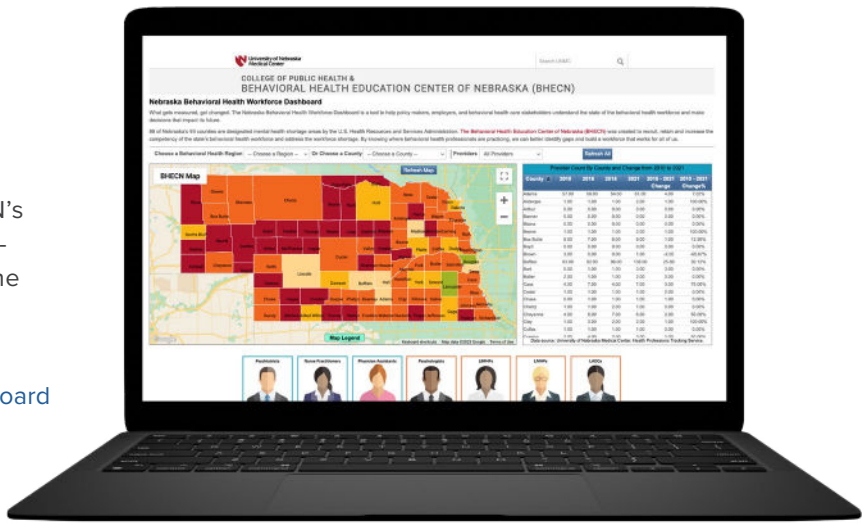
Dr. Doyle puts good data at the heart of BHECN's workforce planning, saying, "You have to understand the problem and make a plan based on the data you have."

BHECN relies on rich data analysis that is not replicated in many states. A sophisticated dashboard shows counts of physicians, psychologists, advanced practice nurses, physician assistants, licensed independent mental health practitioners, and licensed alcohol and drug practitioners in every county in the state.

Knowing which occupations are growing or declining in which areas of the state allows BHECN to target its outreach, recruiting, and training resources. Data also helps identify additional needs for growing the workforce.

For example, BHECN's analysis showed that among psychologists, mental health counselors, and addiction counselors, between 42 percent and 56 percent of provisional-license holders did not convert to a full license by the end of the provisional period (2 years for psychologists and 5 years for mental health counselors and addiction counselors). Full licenses allow practicing independently. Some of the drop off could be explained by practitioners leaving the state and pursuing full licensure elsewhere, but Dr. Doyle theorizes that provider compensation is a significant concern.

"The hours of supervised practice necessary for full licensure are often uncompensated. It's very hard to have an expectation of doing unpaid work, especially in an era of student debt," she observed. "We pay attention to trends and try to intervene, but there is only so much we can do because of how the system is."



Nebraska Behavioral Health Workforce Dashboard

> Across all workforce-development tactics and stakeholders, Dr. Doyle recommends **CLARITY, UNITY, AND ACTION**.

CONCLUSION: LESSONS FOR OTHER STATES AND STAKEHOLDERS

Across all workforce-development tactics and stakeholders, Dr. Doyle recommends clarity, unity, and action.

"The first place to start is to identify an organization or a person to actually be in charge of doing the work and then set up the relationships," she said at the Summit. "If everybody is trying to solve the issue in a different way, it's very confusing."

"We have a lot of partnerships, and the key is knowing what everybody else is doing. We all have to know our own lane and not duplicate efforts," she added in an interview.

"People can't expect it to happen on its own, or just talk and write and think about the problem," she concluded. "Workforce development has to be intentional."

Resources

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