

Collaborative Rural Geriatric Behavioral Healthcare

For behavioral health and healthcare professionals practicing across Nebraska.

This 4-hour interdisciplinary webinar is designed to upskill both behavioral healthcare professionals (psychiatrist, psychologists, LIMHP, LMHP, etc.) and healthcare professionals (physicians, NPs, PAs, RNs) serving older adults in rural Nebraska. The session opens by establishing a shared collaborative care framework, then layers in evidence-based geriatric behavioral health content with practical, immediately implementable tools — bridging the silos between primary care and behavioral health to advance true collaborative care.

OBJECTIVES

1. Implement collaborative workflows between behavioral health and primary care in rural settings.
2. Identify late-life depression and assess suicide risk using age-appropriate screening tools.
3. Differentiate anxiety, OCD, and late-onset psychosis from underlying cognitive or medical causes.
4. Recognize and manage delirium using validated tools (CAM) and initiate reversible-cause workup.
5. Describe at least one way to improve medication safety through Beers Criteria application and stepwise deprescribing.

REGISTER ONLINE

go.unl.edu/reg-rural-bh

LOCATION

Zoom Webinar

COST

No fee to attend this training

This training is funded in whole by funds from state funds subgranted from the Nebraska Department of Health and Human Services, Division of Behavioral Health.



Tuesday, October 27, 2026
8:00 a.m.– 12:00 p.m. noon (Central)

CONTINUING EDUCATION

INSTRUCTIONAL LEVEL: Intermediate

This training has been approved for 3.5 continuing education credits for psychologists and Nebraska LIMHP/LMHPs.

Credits will be awarded to participants who attend the entire training.

*Continuing education for psychologists may be used by other licensed behavioral health professionals. Please check with your licensing board. Continuing education credit is granted on a one credit per one instructional hour basis.

The University of Nebraska Public Policy Center (NUPPC) is approved by the American Psychological Association to sponsor continuing education for psychologists. The NUPPC maintains responsibility for this program and its content.

SPONSORS

Sponsored by the Nebraska Department of Health and Human Services Division of Behavioral Health and the University of Nebraska Public Policy Center.



CME CREDITS

The Nebraska Medical Education Trust designates this webinar for a maximum of 3.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Nebraska Medical Education Trust and the University of Nebraska Public Policy Center. The Nebraska Medical Education Trust is accredited by the Nebraska Medical Association to provide continuing medical education for physicians.



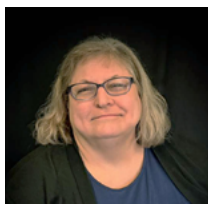
SPEAKERS

**RENEE RUHKAMP****EdD, MSN, RN, CNE**

Renee Ruhkamp is Clinical Quality and Program Specialist at Encounter Telehealth where she leads grant development, reporting, and clinical oversight for geriatric behavioral health and psychiatric care delivered into skilled nursing, assisted living, and long-term care communities, including rural health transformation work. She also serves as a Professor of Graduate Nursing at Clarkson College since 2005 and has been a registered nurse since 1997. Her focus is expanding behavioral health access for rural and underserved older adults through collaborative care.

**MARGARET LORIMOR****PhD, MD, MSN, APRN, FNP-C, CNE**

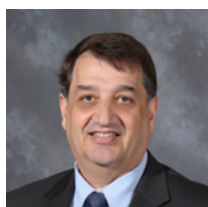
Margaret Lorimor is a family nurse practitioner with over 25 years' experience. Her career in healthcare began as a phlebotomist at Good Samaritan Hospital in Phoenix, Arizona. From there she became a licensed practical nurse (LPN) in 1991, a registered nurse (RN) in 1994, followed by a Bachelor of Science in Nursing in 1997. She later earned her Master of Science in Nursing in 1998 and completed her Family Nurse Practitioner (FNP) education in 2001. Her pursuit of higher education continued beyond advanced practice nursing. In 2011, she earned her Doctor of Medicine degree from Oceania University of Medicine in Samoa. In December 2013, she completed an MD/PhD in Rural Healthcare, graduating magna cum laude. In 2025, she completed a certification in integrative medicine. Her extensive educational background reflects her longstanding interest not just in advanced clinical practice, but also in healthcare education and improving access to care in rural communities.

**MARY DISHMAN****APRN, PMHNP-BC**

Mary Dishman is currently works with patients with mental health disorders in her private practice. Mary has been a nurse for over 40 years in the areas if ICU, PACU, and academics. Mary recently retired from academics and is currently focusing on part-time private practice in mental health.

**BRANDI WAGNER****PMHNP-BC**

Brandi Wagner has more than 20 years of nursing experience and over seven years in advanced psychiatric practice. Her experience includes inpatient child and adolescent psychiatry, adult serious mental illness, rural inpatient geriatric psychiatry, and psychiatric care in skilled nursing and assisted living settings. Her background also includes telepsychiatry and community-based care, with interests in psychopharmacology, trauma-informed care, and improving behavioral health access. She is the founder of Brandi Wagner PMHNP Continuous Behavioral Health Care, PLLC.

**JOEL STEPHENS****LICSW**

Joel Stephens is a licensed independent clinical social worker with more than three decades of experience in behavioral health, hospice, and long-term care. He provides telehealth therapy to residents of skilled nursing, assisted living, and long-term care communities through Encounter Health, and operates Mindful Counseling, PLLC. He is licensed in five states. His clinical work addresses depression, anxiety, grief, trauma, and end-of-life adjustment in older adults, drawing on CBT, MBCT, and solution-focused approaches.