BHECN ARPA Awards Baseline Evaluation

As a recipient of the Behavioral Health Education Center of Nebraska (BHECN) American Rescue Plan Act (ARPA) Award and funding, you are required to complete this survey because you serve as the director, program contact, or equivalent role of a BHECN ARPA awarded project. This survey is to obtain baseline information for your organization, practice, or academic institution before implementing your awarded ARPA project.

 For this survey, **please respond to the questions as they applied to your organization prior to receiving funding for your project**. While you may have already received funding or submitted invoices, please use the reference date of **January 1, 2023** for the entirety of the survey, unless otherwise specified.

 You will need to complete a survey for each of your projects.

The first set of questions will determine your path through the survey. **Please complete separate surveys for each project** if your organization has more than one project for which you serve as the contact. In order to do so, **you will need to complete the first survey and follow the link at the end of the survey, or open a new survey using the original link.**

Please provide your project number:

_____

Which of the following categories best represents the awarded ARPA project #?
- o   Behavioral Health Training Opportunities
- o   Funding for Licensed Behavioral Health Supervisors
- o   Telebehavioral Health Support in Rural Areas
- o   COVID-19 Behavioral Health Workforce Projects for Students and Behavioral Health Professionals

Have you previously filled out a baseline evaluation survey for this project or a second project affiliated with your organization?
- o   Yes
- o   No
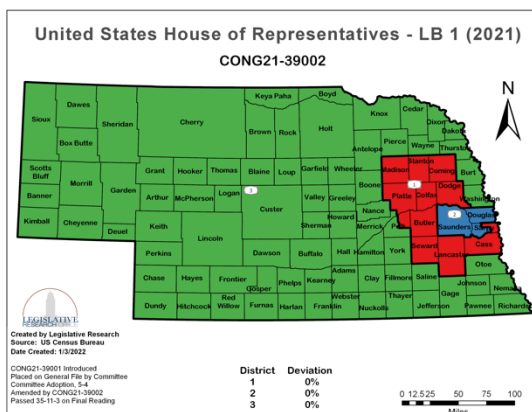- o   Unsure

What is your organizational address?
Name _____
Address _____
City _____
State _____
Postal code _____

Which congressional district is your organization located in?

In the image above the colors represent the following districts: Red: District 1   Blue: District 2   Green: District 3
- o   Congressional District 1
- o   Congressional District 2
- o   Congressional District 3

This next set of questions asks about your overall organization, practice, or setting which received BHECN ARPA funding.

Which of the following settings best describes your organization? Please select all that apply.
- o Healthcare Facility (Inpatient) (e.g., hospital, hospice, long-term care facility, substance use disorder facility)
- o Healthcare Facility (Outpatient) (e.g., community health center, primary or specialist medical practice, independent group or solo practice, FQHC)
- o Educational Setting (e.g., college/university counseling/health center, school-based mental health center)
- o Business/Private Sector (e.g., Business/Industry, Employee Assistance Program/Company, Professional/Trade Association)
- o Substance Use Disorder (SUD) Treatment Center (e.g., Substance Use/Addiction Treatment Center, Methadone Clinic, Detox Facility, Recovery Support Services)
- o Government Agency (e.g., Veterans Facility, Child Welfare Agency, Social Service Agency, Public Assistance Agency, Correctional/Criminal Justice Facility (adult or juvenile), Public Health Department, Drug Court)
- o Managed Care Organization (Domestic or International)
- o Community-based Mental Health Centers, CCBHC, or look-alike
- o Academic Institution or Teaching Facility
- o Other (please specify) _____

What behavioral health services does your organization provide? Please select all that apply.

==Please note, if your organization trains behavioral health providers and does not provide behavioral health services, please select the behavioral health services that trainees will provide during or upon completing your training program==.
- o Substance use services
- o Mental health services
- o Medication-assisted treatment (MAT) for substance use disorders
- o Integrated health care services or collaborative care
- o Primary care of physical health care services
- o Social or community support services
- o Telebehavioral health services
- o Does not apply

As of **January 1, 2023**, what credentials does your organization currently have (e.g., ACGME, APA, CoA, ACA, NCA, CARF)? Please list all credentials held by your organization as of **January 1, 2023**.

To measure the impact of the ARPA funding your organization received, we are collecting information on the type and number of providers your organization currently employs or with whom you have contracts.

It is possible you will report 0 employees in certain columns. For example, if you are starting a new program or your organization does not provide direct behavioral health services to clients, we would expect 0 employees as of **January 1, 2023**. Your answers to these questions will not impact your program funding or support. Please provide the most accurate numbers and/or estimates you can provide.

As of **January 1, 2023**, which of the following behavioral health professionals are employed at your organization? For each profession employed by your organization, please provide the total number of full-time and part-time employees.

Please note, for large organizations such as universities and hospitals, we are asking about current employees that will be or are currently affiliated with your funded BHECN ARPA project #.

	Full-time employee(s)	Part-time employee(s)	Fellow	Resident	Post-Graduate Intern	Graduate Intern or Practicum Student	We do not have this provider type
Physician							
Psychiatrist							
Psychiatric Nurse Practitioner							
Nurse Practitioner							
Registered Nurse							
Physician Assistant							
Other Medical Provider							
Psychologist							

Psychiatric Rehabilitation Practitioner							
Licensed Mental Health Counselor							
Licensed Marriage and Family Therapist							
Licensed Clinical Social Worker							
Licensed Drug and Alcohol Counselor							
Provisionally Licensed Behavioral Health Provider							
Behavioral Health Support Staff (i.e., patient navigator, office associate, case worker/manager, etc.)							

Non-licensed Behavioral Health Provider					
Other (please specify)					

This next set of questions applies to the clients your organization provides direct behavioral health services to.

Does your organization provide direct behavioral health services to clients?

 ==*Please note for programs which do not provide direct services but support behavioral health providers/trainees/students **and** your organization tracks information regarding the clients served by the supported behavioral health provider/trainee/student, please select "yes"*.==
- o Yes
- o No
- o Unsure

How many total clients did your organization (including trainees) provide direct behavioral health services to during **January 1, 2022 through December 31, 2022**?

_____

The next set of questions are specific to the clients your organization served from **January 1, 2022 through December 31, 2022**. You will be presented with tables of potential individuals and groups for whom providers at your organization may serve.

Please indicate what percentage of the total client population your organization served from **January 1, 2022 until December 31, 2022** for the following age demographics:
_____ Children (under 13 years old)
_____ Adolescents (13-17 years old)
_____ Adults (18-64 years old)
_____ Seniors or older adults (65 years and older)
_____ We do not have access to this demographic breakdown

Please indicate what percentage of the total client population your organization served from **January 1, 2022 until December 31, 2022** for the following linguistic demography:
_____ English speaking individuals
_____ Non-English speaking individuals

_____ We do not have access to this demographic breakdown

Which languages does your organization offer services in? For each language, please select the modality in which your organization offers these services.

	Bilingual **Provider or Clinician**	Bilingual **Support Staff**	**In-person** interpreter or translator	**Phone-based or remote** interpreter or translator	Client's own family member or support person	Other method
Spanish	○	○	○	○	○	○
French (including Cajun)	○	○	○	○	○	○
Arabic	○	○	○	○	○	○
Vietnamese	○	○	○	○	○	○
Chinese	○	○	○	○	○	○
Japanese	○	○	○	○	○	○
Korean	○	○	○	○	○	○
Other Asian Language	○	○	○	○	○	○
German	○	○	○	○	○	○
Haitian	○	○	○	○	○	○
Italian	○	○	○	○	○	○
Portuguese	○	○	○	○	○	○
Russian	○	○	○	○	○	○
Polish	○	○	○	○	○	○
Other Slavic Language	○	○	○	○	○	○

| Native North American Language (e.g., Navajo, Yupik, Dakota, etc.) | ○ | ○ | ○ | ○ | ○ | ○ |
| Other language (please specify) | ○ | ○ | ○ | ○ | ○ | ○ |

Please specify other translation or interpretation methods.

_____

Please indicate what percentage of the total client population your organization served from **January 1, 2022 until December 31, 2022** for the following race and ethnicity demographics:

_____ American Indian or Alaska Native

_____ Asian
_____ Black or African American
_____ Hispanic, Latino, or Spanish Origin of any race
_____ Native Hawaiian or Other Pacific Islander
_____ White
_____ Two or more races
_____ Race and Ethnicity unknown
_____ We do not have access to this demographic breakdown

Please indicate what percentage of the total client population your organization served from **January 1, 2022 until December 31, 2022** for the following insurance and payment categories:

Please note, the total for this table can be greater than 100%.
_____ Public insurance
_____ Private fee-for-service or individual's insurance plan
_____ State, county, or city funds
_____ Client's own funds (out-of-pocket dollars from client or family, or self-pay)
_____ Sliding fee-scale
_____ Other (please specify)

Please indicate what percentage of the total client population your organization served from **January 1, 2022 until December 31, 2022** for the following commonly underserved population

groups:

_____ LGBTQIA+ communities
_____ Justice-involved individuals
_____ Individuals experiencing homelessness
_____ Individuals with intellectual or developmental disabilities
_____ Individuals with low socioeconomic status
_____ Individuals with substance use
_____ Individuals with serious mental illness (SMI)
_____ Individuals with co-existing disorders
_____ Members of military families
_____ Migrants, asylum seekers, refugees, and/or immigrants
_____ Pregnant or postpartum individuals
_____ Veterans
_____ Other (please specify)

Please indicate what percentage of the total client population your organization served from **January 1, 2022 until December 31, 2022** for the following geodemographics:

If you are unsure if an area is defined as a HPSA, MHPSA, or MUA, you can click here to search by address or county. To identify rural areas, you can access the HRSA Federal Office of Rural Health Policy Data Files here.

 HPSA/MHPSA: Geographic area, population group, or health care facilities that has been designated by HRSA as having a shortage of health professionals.
 MUA: Geographic areas and populations with a lack of access to primary care services.
 Rural: As defined by HRSA, a rural area includes all non-metro counties, all metro census tracts with RUCA codes 4-10, large area metro census tracts of at least 400 square miles in area with population density of 345 or less per square mile with RUCA codes 2-3, and all outlying metro counties not classified at an urbanized area.

_____ Located in a HRSA defined HPSA (Health Professional Shortage Area)
_____ Located in a HRSA designated MHPSA (Mental Health Professional Shortage Area)
_____ Located in a MUA (Medically Underserved Area)
_____ Located in a rural and/or other underserved area of Nebraska
_____ We do not have access to this demographic breakdown

As of **January 1, 2023**, what counties are served by your organization? Please select all that apply.
(List of all 93 counties in Nebraska as response option)

This section will ask questions specific to your project category. Please answer the following questions as they apply to project number.

As of **January 1, 2023**, what type of behavioral health training programs does your organization offer? Please select all that apply.

- o Master's degree program
- o Medical degree program
- o Doctoral degree program
- o Physician Assistant program
- o Residency (including medical, pharmacy, etc.)
- o Fellowship experience
- o Post-Graduate internship
- o Graduate internship or practicum experience
- o Certificate (including Licensed Drug and Alcohol Counselor, post-graduate, post-baccalaureate, etc.)
- o Standalone training course or class (including workshops, seminars, lecture series, continuing education, etc.) for **trainees or students**
- o Standalone training course or class (including workshops, seminars, lecture series, continuing education, etc.) for **existing employees**
- o Other (please specify) _____
- o Our organization did not provide a behavioral health training program as of **January 1, 2023**

Which, if any, behavioral health provider types participate in the training programs. Please indicate the total number of trainees for each behavioral health professional type.

	Provide or offer as of **January 1, 2023**	Not offering as of **January 1, 2023**, but plan to offer with BHECN ARPA funding	We do not have this provider type
Physician			
Psychiatrist			
Psychiatric Nurse Practitioner			
Nurse Practitioner			
Registered Nurse			
Physician Assistant			
Other Medical Provider			
Psychologist			

Psychiatric Rehabilitation Practitioner			
Licensed Mental Health Counselor			
Licensed Marriage and Family Therapist			
Licensed Clinical Social Worker			
Licensed Drug and Alcohol Counselor			
Provisionally Licensed Behavioral Health Provider			
Post-Graduate Behavioral Health Intern			
Graduate-Level Behavioral Health Intern or Practicum Student			

Behavioral Health Support Staff (i.e., patient navigator, office associate, case worker/manager, etc.)			
Non-licensed behavioral health provider			
Integrated Behavioral Health Primary Care Clinical Staff			
Integrated Behavioral Health K-12 School Staff			
Other (please specify)			

Which of the following training formats does your training and education program offer? Please select all that apply.
- o   In-person learning or services
- o   Remote, distance learning or services
- o   Hybrid learning or services (e.g., combination of in-person and virtual)
- o   Other (please specify) _____
- o   Our organization did not provide a behavioral health training program as of **January 1, 2023**

In what type of settings do your trainees practice or receive training and education in? Please select all that apply.
- o   Outpatient program
- o   Intensive outpatient program
- o   Partial hospitalization program

- o   Inpatient/hospital program
- o   Residential program
- o   School and/or university
- o   Nursing home
- o   Emergency department or other physical health setting
- o   Other (please specify) _____
- o   Our organization did not provide a behavioral health training program as of **January 1, 2023**

The next set of questions ask about individuals who complete your program. Each program is unique and likely defines completion in their own way. For the following questions, program completion is defined as individuals who meet the pre-determined and agreed upon time or commitment requirements for your program. Completion does not necessarily mean an individual obtains a degree, license, or certificate.

Does your organization collect information on the professionals who complete your training program?
- o   Yes
- o   No
- o   Unsure
- o   Does not apply

Over the **past five years**, what is the **average completion percentage** among professionals who participate in the program?

 Please note, program completion is defined as individuals who meet the pre-determined and agreed upon time or commitment requirements for your program. Completion does not necessarily mean an individual obtains a degree, license, or certificate.

_____

Does your organization collect information on how many or what proportion of providers stay in Nebraska to practice after completing the training or education program?
- o   Yes
- o   No
- o   Unsure
- o   Does not apply

Approximately, what percentage of providers stay in Nebraska to practice upon completion of the program? Please note, providing a best guess or estimation is acceptable.

Does the program collect information on how many/what proportion of providers practice in rural or underserved areas of Nebraska after completing the training or education program?

- o Yes
- o No
- o Unsure
- o Does not apply

Approximately, what percentage of providers practice in rural or underserved areas of Nebraska upon completion of the program? Please note, providing a best guess or estimation is acceptable.

_____

If you would like an emailed copy of your responses, please provide your email below.

_____