

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 #?

- Behavioral Health Training Opportunities
- Funding for Licensed Behavioral Health Supervisors
- Telebehavioral Health Support in Rural Areas
- 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?

- Yes
- No
- Unsure

What is your organizational address?

Name _____

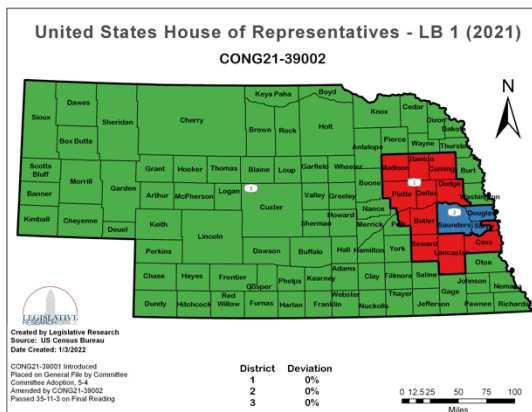
Address _____

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

- Congressional District 1
- Congressional District 2
- 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.

- Healthcare Facility (Inpatient) (e.g., hospital, hospice, long-term care facility, substance use disorder facility)
- Healthcare Facility (Outpatient) (e.g., community health center, primary or specialist medical practice, independent group or solo practice, FQHC)
- Educational Setting (e.g., college/university counseling/health center, school-based mental health center)
- Business/Private Sector (e.g., Business/Industry, Employee Assistance Program/Company, Professional/Trade Association)
- Substance Use Disorder (SUD) Treatment Center (e.g., Substance Use/Addiction Treatment Center, Methadone Clinic, Detox Facility, Recovery Support Services)
- 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)
- Managed Care Organization (Domestic or International)
- Community-based Mental Health Centers, CCBHC, or look-alike
- Academic Institution or Teaching Facility
- 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.

- Substance use services
- Mental health services
- Medication-assisted treatment (MAT) for substance use disorders
- Integrated health care services or collaborative care
- Primary care of physical health care services
- Social or community support services
- Telebehavioral health services
- 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".

- Yes
- No
- 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.

Native North American Language (e.g., Navajo, Yupik, Dakota, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other language (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:

Please note, the total for this table can be greater than 100%.

- 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.

Please note, the total for this table can be greater than 100%.

- 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)

Which, if any, of the following behavioral health professionals **offer, or will offer, supervision** through your organization? Please indicate the total number of behavioral health professionals for each professional currently offering or planning to offer supervision.

*Please note, if your organization did not offer a supervision as a **January 1, 2023** but will be offering a training program as a result of BHECN ARPA funding, you should indicate behavioral health provider types in the second column.*

	Currently provide or offer as of January 1, 2023	Not currently offering, 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			
Other (please specify)			

Which, if any, of the following behavioral health professionals **receive, or will receive, supervision** through your organization? Please indicate the total number of behavioral health professionals for each professional.

*Please note, if your organization did not offer a supervision as a **January 1, 2023** but will be offering a training program as a result of BHECN ARPA funding, you should indicate behavioral health provider types in the second column.*

	Currently provide or offer as of January 1, 2023	Not currently offering, but plan to offer with BHECN ARPA funding	We do not have this provider type
Psychiatry			
Physician Assistant			
Nursing			
Psychologist			
Mental Health Counselor			
Clinical Social Worker			
Drug and Alcohol Counselor			
Other (please specify)			

Which of the following methods of training or teaching are employed in your behavioral health training program? Please select all that apply.

- Short course, didactic training
- Clinical rotations (e.g., internship, field placement, or residency)
- Case studies
- Small or large group role play exercises
- Interdisciplinary or interprofessional training
- Seminars
- Workshops
- Research opportunities
- Direct clinical services, supervised
- Direct clinical services, unsupervised
- Group supervision
- Individual supervision
- Case consultations
- Other (please specify) _____

Does your organization collect information on the professionals who obtain licensure after completing your supervision plan?

- Yes
- No
- Unsure
- Does not apply

Over the **past five years**, what is the **average licensure rate** of participants who obtain licensure after completing your supervision program?

Does the program collect information on how many or what proportion of providers stay in Nebraska to practice after completing the supervision program?

- Yes
- No
- Unsure
- Does not apply

Approximately, what percentage of providers stay in Nebraska to practice upon licensure?

Please note, providing a best guess or estimation is acceptable.

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

- Yes
- No
- Unsure
- Does not apply

Approximately, what percentage of providers practice in rural and/or underserved areas of Nebraska to practice upon licensure?

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.
