

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 _____

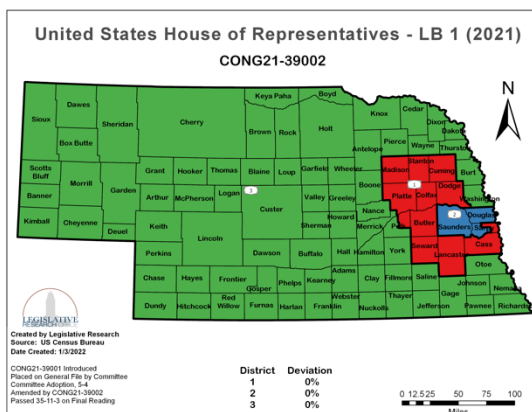
Address _____

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)

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

Does your organization currently offer telebehavioral health services?

- Yes
- No
- Unsure

Please identify what, if any, barriers have prevented your organization or providers from providing telebehavioral health services? Select all that apply.

- Concerns of negative impact on the therapeutic relationship/ability to connect virtually
- Difficult or unable to obtain access to necessary technology
- Connectivity issues or inadequate access to connectivity services
- Discomfort using technology/IT platform
- Inadequate or unsafe space available to receive care
- Other (please specify) _____

As of **January 1, 2023**, does your organization have an established telebehavioral health infrastructure within the community?

Please note, community is defined as the area in which your practice is located, your organization offers services, and/or where your clients receive services.

- Yes
- No
- Unsure
- Does not apply

Please describe the telebehavioral health infrastructure within the community and your organization.

As of **January 1, 2023**, does your organization provide outreach, promote, or market telebehavioral health services within the community?

Please note, community is defined as the area in which your practice is located, your organization offers services, and/or where your clients receive services.

- Yes
- No
- Unsure
- Does not apply

What type of outreach, promotion, or marketing does your organization implement to promote telebehavioral health services? Please select all that apply.

- Participate in community-based events such as health fairs or similar events
- Post flyers or infographics around the community
- Advertise telebehavioral health services through the news, radio, newspapers, or similar media
- Collaborate with local medical providers
- Write content answering questions and telling success stories for a blog or similar media
- Utilize a digital paid advertising campaign
- Implement social media campaigns
- Other (please specify) _____

What providers currently provide telebehavioral health services for clients? Please select all that apply.

- 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
- Non-Licensed Behavioral Health Provider
- Integrated Behavioral Health Primary Care Providers
- Integrated Behavioral Health K-12 School Providers
- Other (please specify) _____

What **percent** of your total behavioral health providers are offering telebehavioral health services?

Prior to the onset of the COVID-19 pandemic (March 13, 2020), what was the average percentage of behavioral health visits conducted via telebehavioral health?

From the onset of the COVID-19 pandemic (March 13, 2020) until today, what is the average percentage of behavioral health visits conducted via telebehavioral health?

What types of services do you provide via telebehavioral health services? Please select all that apply.

- Individual therapy
- Family therapy
- Couples therapy
- Group therapy
- Medication prescribing and management
- Medication-assisted treatment (MAT)
- Serious mental illness treatment
- Neuropsychology
- Psychological testing
- Other (please specify) _____

What type of program setting do you or providers at your organization provide telebehavioral health services? Please select all that apply.

- Outpatient program
- Intensive outpatient program
- Partial hospitalization program
- Inpatient/hospital program
- Residential program
- School and/or university
- Nursing home
- Emergency department or other physical health setting
- Other (please specify) _____

Has your organization received feedback from **clients** who receive telebehavioral health services?

- Yes
- No
- Unsure

Please identify what, if any, **benefits clients have reported** as a result of telebehavioral health services. Select all that apply.

- Convenience and flexibility
- Removal of transportation challenges
- Increased access to care
- Comfort using technology/IT platform
- Ability to receive effective care
- Reduced experience of social stigma
- Positive interaction with their provider
- Safe environment to receive care
- Avoidance of a clinical setting or city neighborhood linked to prior trauma
- Other (please specify) _____
- Clients have reported no benefits
- Clients report feedback, but I do not know the exact feedback reported

Please identify what, if any, **barriers clients have reported** as reasons for not accessing telebehavioral health services. Select all that apply.

- Concerns of negative impact on the therapeutic relationship/ability to connect virtually
- Difficult or unable to obtain access to necessary technology
- Connectivity issues or inadequate access to connectivity services
- Discomfort using technology/IT platform
- Inadequate or unsafe space available to receive care
- Other (please specify) _____
- Clients have reported no barriers
- Clients report feedback, but I do not know the exact feedback reported

Has your organization received feedback from **providers** who provide telebehavioral health services?

- Yes
- No
- Unsure

Please identify what, if any, **benefits providers have reported** as a result of telebehavioral health services. Select all that apply.

- Convenience and flexibility
- Removal of transportation challenges
- Increased access to care
- Comfort using technology/IT platform
- Ability to provide effective care
- Reduced experience of social stigma
- Positive interaction with their clients
- Safe environment to deliver care
- Avoidance of a clinical setting or city neighborhood linked to prior trauma
- Other (please specify) _____

- Providers have reported no benefits
- Providers report feedback, but I do not know the exact feedback reported

Please identify what, if any, **barriers providers have reported** as limitations to providing telebehavioral health services. Select all that apply.

- Concerns of negative impact on the therapeutic relationship/ability to connect virtually
- Difficult or unable to obtain access to necessary technology
- Connectivity issues or inadequate access to connectivity services
- Discomfort using technology/IT platform
- Inadequate or unsafe space available to deliver care
- Other (please specify) _____
- Providers have reported no barriers
- Providers report feedback, but I do not know the exact feedback reported

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