

2023 Nebraska Behavioral Health Policy Forum

Wednesday, November 15 | 12-1 pm (CT)



BHECN

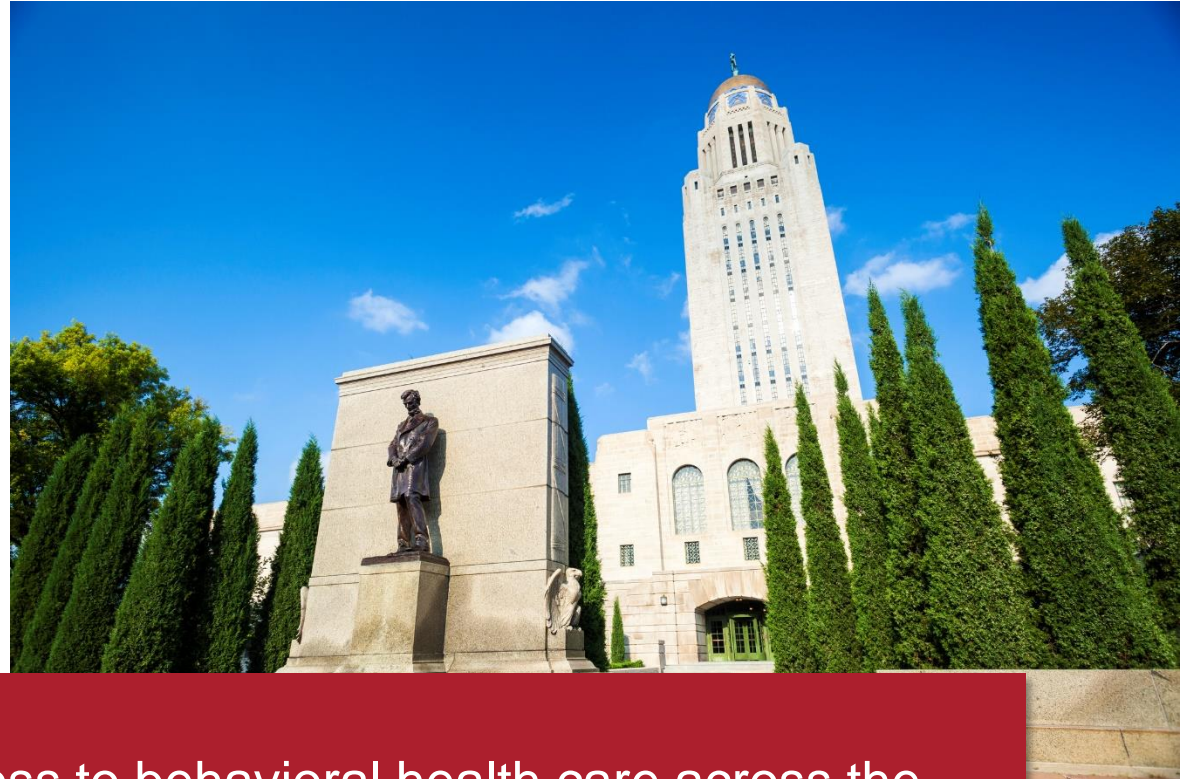
BEHAVIORAL HEALTH
EDUCATION CENTER
OF NEBRASKA



University of Nebraska
Medical Center™

Legislative response to workforce shortages

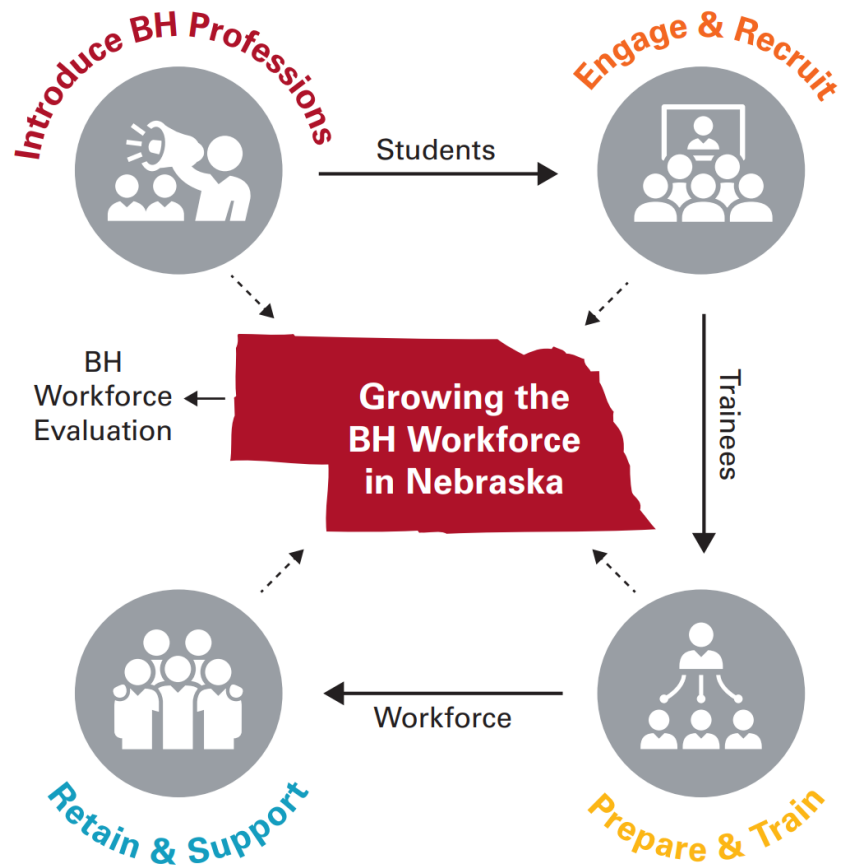
BHECN was created by the Legislature in 2009 (LB603) to address the shortage of trained behavioral health providers in rural and urban underserved areas



BHECN's Mission:

BHECN is dedicated to improving access to behavioral health care across the state of Nebraska by developing a skilled and passionate workforce.

What we do



- **Recruit** students into behavioral health careers
- Partner across the state to **train** behavioral health students
- Provide support and programming to **retain** our current workforce
- Conduct **research & evaluation** to better understand and solve our workforce issues

BHECN Locations

BHECN Omaha

UNMC

Established 2009

BHECN Central

NU – Kearney

Established 2015

BHECN Panhandle

Chadron State College

Established 2019

BHECN Northeast

Wayne State College

Established 2023

BHECN Southwest

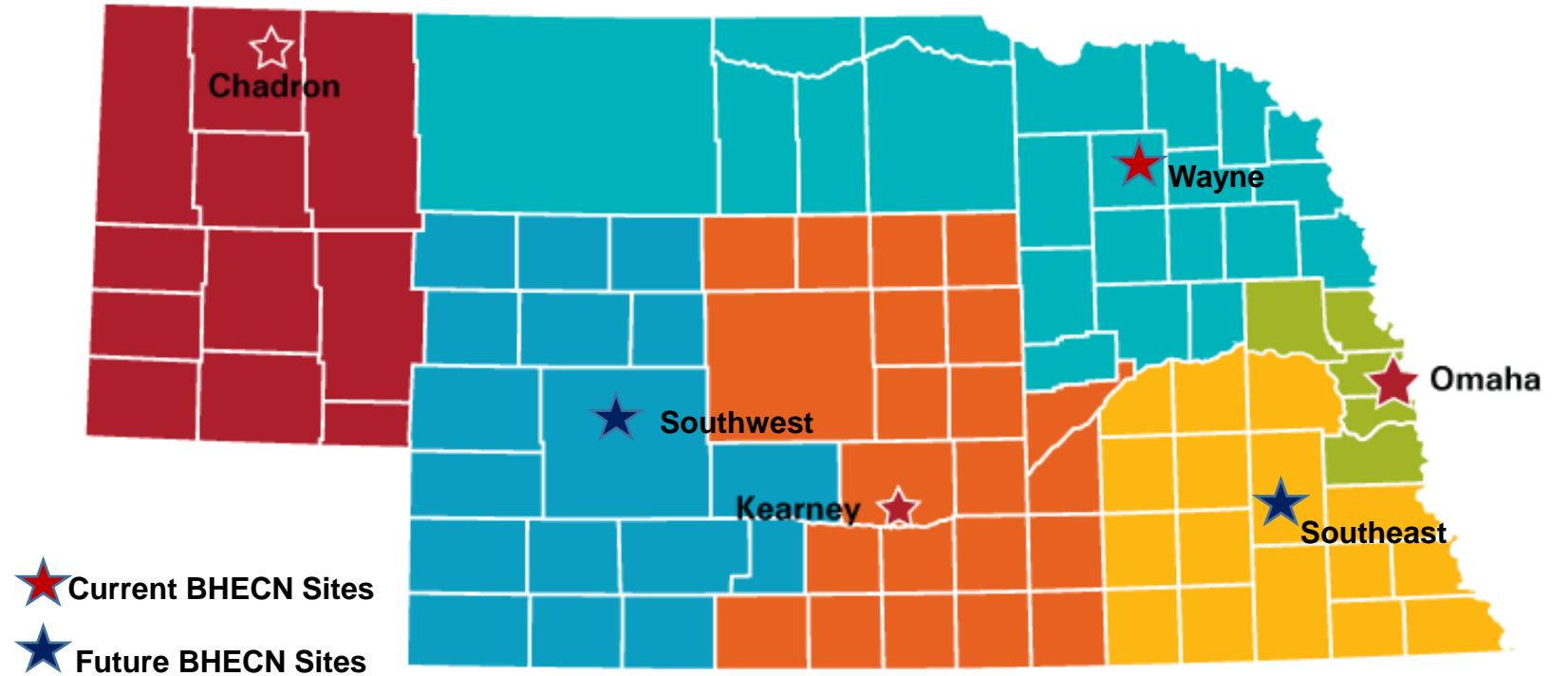
North Platte

Estimated: 2023/2024

BHECN Southeast

Location TBD

Estimated: 2024



BHECN 2023 Highlights

- Launch of BHECN Northeast
- Rural & Underserved Trainee Stipend Program
- Pilot of Behavioral Health Opportunities Program (BHOP)
- Project PEACE
- Mentoring Program



BHECN Workforce Research

Kendra L. Ratnapradipa, PhD

Associate Director of Research, BHECN
Assistant Professor, Department of
Epidemiology, College of Public Health



State of Nebraska's Behavioral Health Workforce, 2022 data

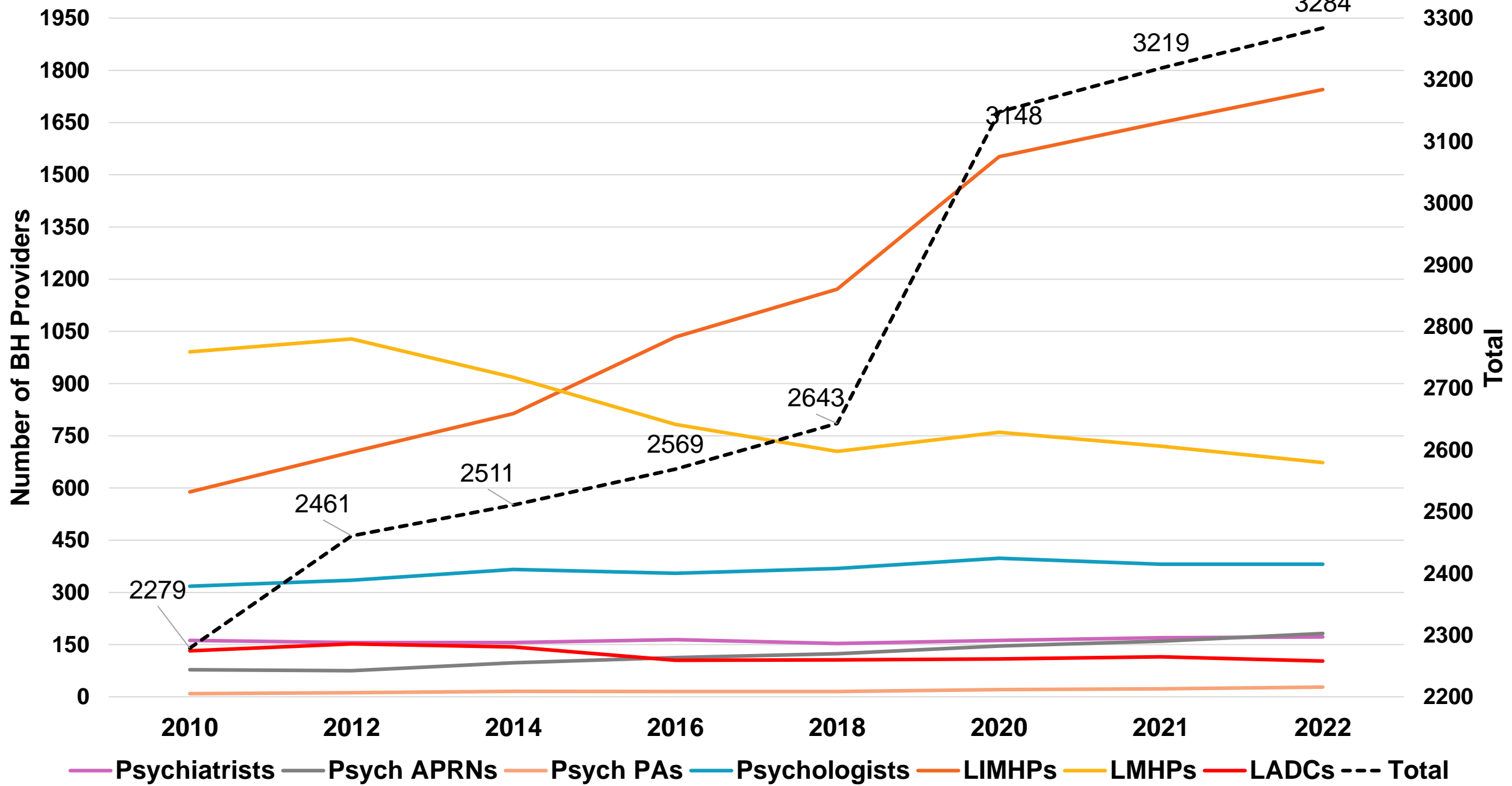
Nov 15, 2023

Kendra Ratnapradipa, PhD
BHECN Policy Forum



**University of Nebraska
Medical CenterSM**

Nebraska BH Providers Trends

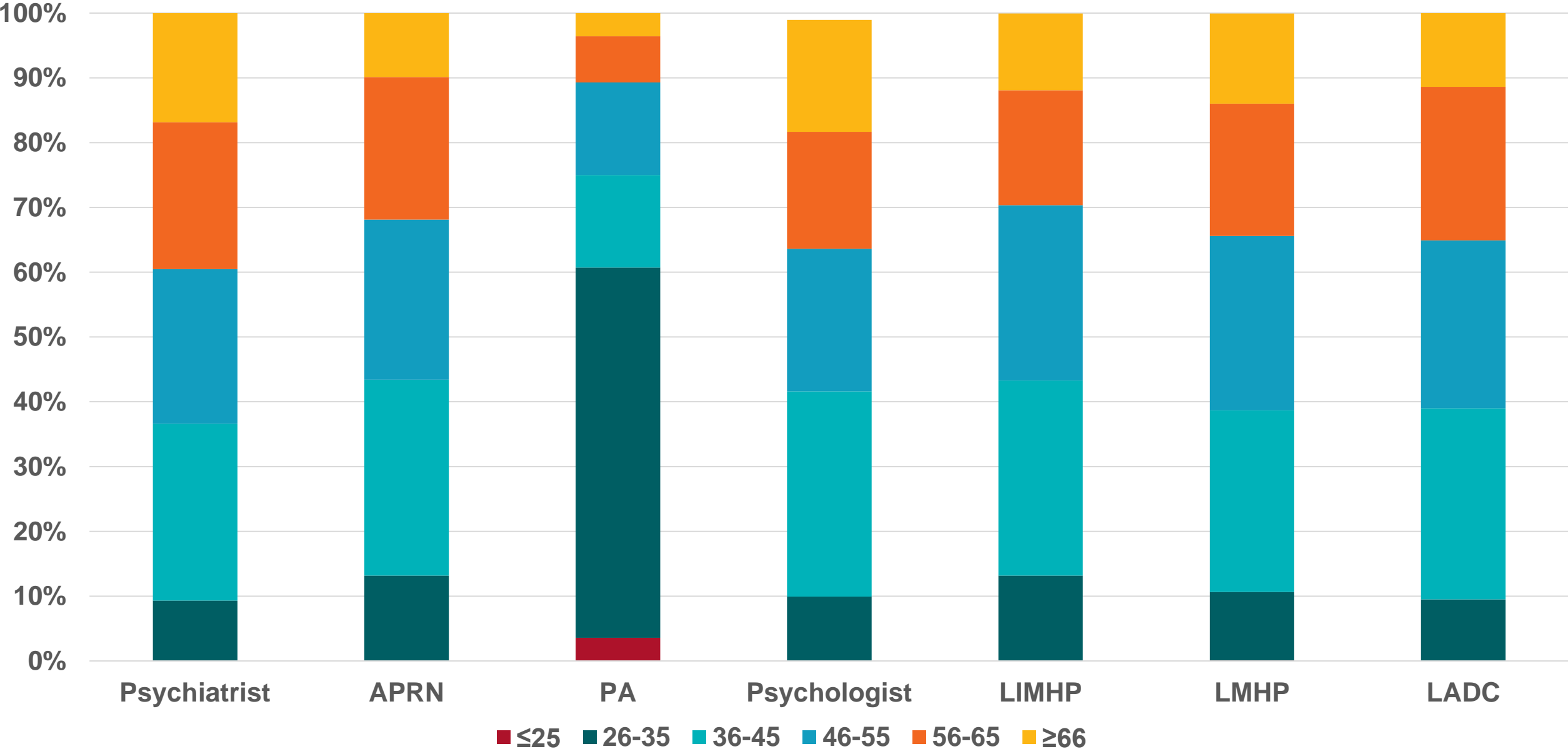




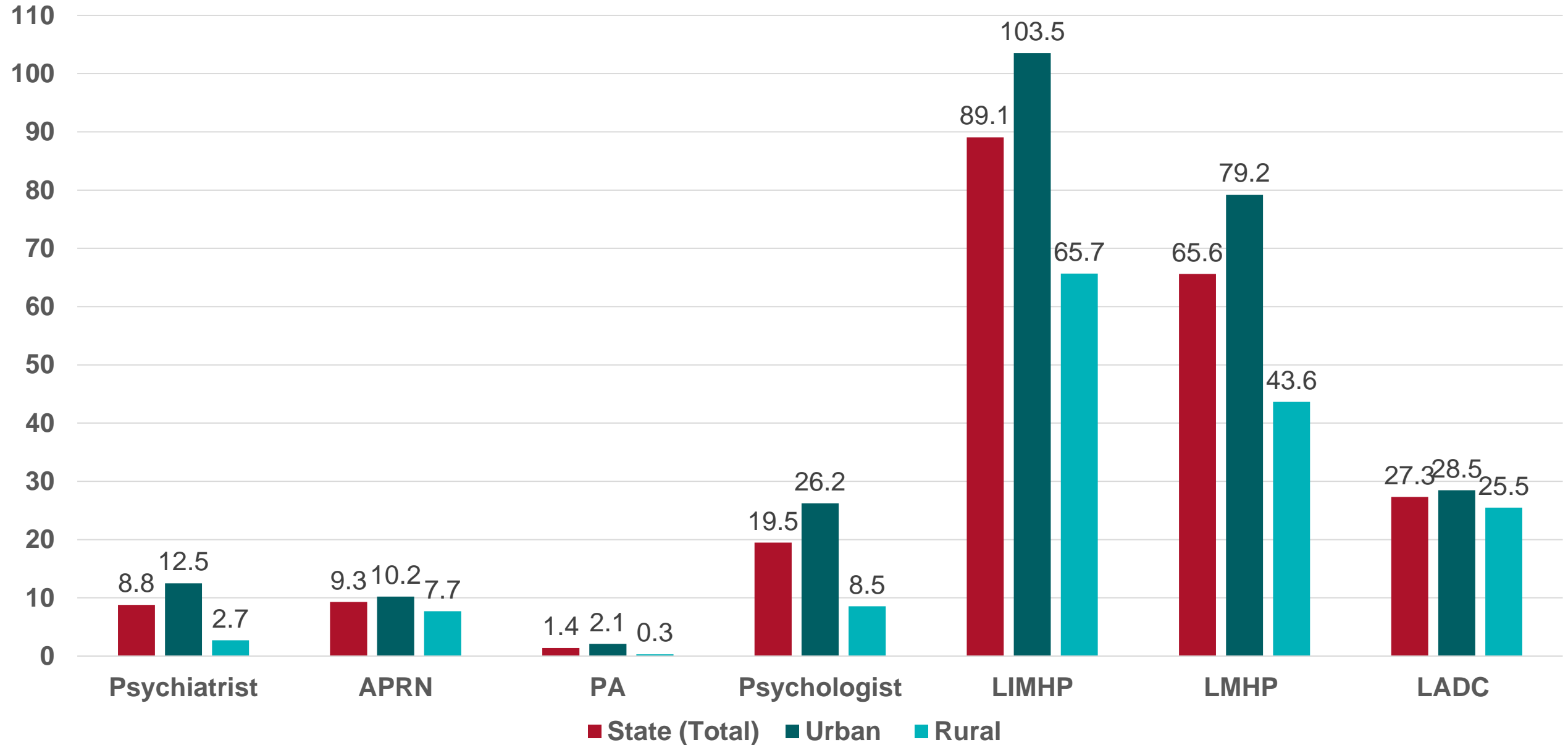
Change in Licensure over time

| Year | 2010 | 2012 | 2014 | 2016 | 2018 | 2020 | 2021 | 2022 | Difference 2022-2010 | % Difference 2022-2010 |
|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------------------|------------------------------|
| Psychiatrists | 162 | 156 | 156 | 164 | 153 | 162 | 170 | 172 | 10 | 6% |
| Psych APRNs | 78 | 75 | 98 | 113 | 124 | 146 | 160 | 182 | 104 | 133% |
| Psych PAs | 9 | 12 | 16 | 15 | 15 | 21 | 23 | 28 | 19 | 211% |
| Psychologists | 318 | 335 | 366 | 355 | 369 | 398 | 381 | 381 | 63 | 20% |
| LIMHPs | 589 | 703 | 814 | 1034 | 1171 | 1552 | 1650 | 1745 | 1156 | 196% |
| LMHPs | 991 | 1028 | 918 | 783 | 705 | 760 | 720 | 673 | -318 | -32% |
| LADCs | 132 | 152 | 143 | 105 | 106 | 109 | 115 | 103 | -29 | -22% |
| Total | 2279 | 2461 | 2511 | 2569 | 2643 | 3148 | 3219 | 3284 | 1005 | 44% |

Age Distribution of Behavioral Health Providers in Nebraska, 2022



Supply of Behavioral Health Providers per 100,000 in Rural/Urban Regions in Nebraska, 2022



Behavioral Health Providers Actively Practicing in Nebraska, 2022



| Region | 1 | 2 | 3 | 4 | 5 | 6 | Total |
|-------------------------|------------|------------|------------|------------|-------------|-------------|-------------|
| Psychiatric prescribers | 8 | 6 | 28 | 22 | 96 | 222 | 382 |
| Psychiatrist | 1 | 3 | 6 | 5 | 25 | 132 | 172 |
| APRN | 7 | 3 | 22 | 15 | 55 | 80 | 182 |
| PA | 0 | 0 | 0 | 2 | 16 | 10 | 28 |
| Non-prescribers | 103 | 145 | 420 | 286 | 1020 | 1978 | 3952 |
| Psychologist | 7 | 4 | 23 | 16 | 150 | 182 | 382 |
| LIMHP | 36 | 68 | 202 | 124 | 437 | 880 | 1747 |
| LMHP | 40 | 49 | 130 | 80 | 301 | 687 | 1287 |
| LADC | 20 | 24 | 65 | 66 | 132 | 229 | 536 |
| GRAND TOTAL | 111 | 151 | 448 | 308 | 1116 | 2200 | 4334 |



Dashboard

https://app1.unmc.edu/publichealth/bhecn/#/home

Behavioral Health Education Center of Nebraska



- Career Pathways ▾
- Education and Training ▾
- Research, Data & Policy ▾
- Rural Sites ▾
- BHECN Model



Nebraska Behavioral Health Workforce Dashboard i

Psychiatrists & Advanced Practice Providers

Psychologists & Therapists

Psychiatrists

Nurse Practitioners

Physician Assistants

Psychologists

LIMHPs

LMHPs

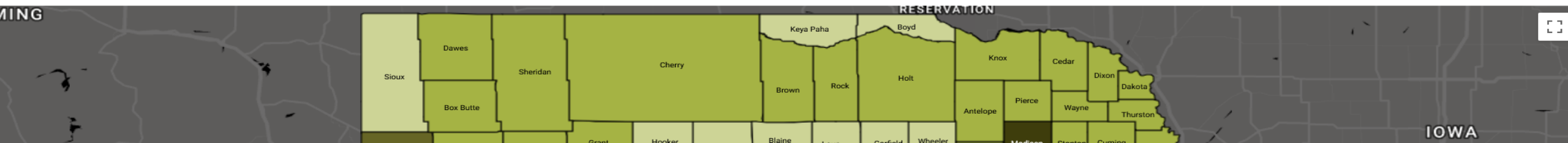
LADCs



See All Providers

All Providers ?

- Select Provider Type: All Providers ▾
- Select Behavioral Health Region: Nebraska Regions ▾
- Select County/Countries: Select Counties ▾
- [Reset Map](#)



BHECN ARPA Award Program

Jessie Buche, MPH, MA

Director of the ARPA Awards Program



American Rescue Plan Act Awards Program Update

BHECN Policy Forum

November 15, 2023

BHECN ARPA Awards Program

- BHECN ARPA administered funding via complete award process
- Accepted project proposal via online application
- Cycle 1 – 200 applications
- Cycle 2 – 150 applications
- Requested funds totaling more than \$75 million

Four Application Categories:

Behavioral Health Training Opportunities

Graduate and post-graduate school training opportunities.

Telebehavioral Health in Rural Areas

Telehealth infrastructure, technology, training, and marketing.

Workforce Projects Related to COVID-19

Recruitment, retention, and wellness initiatives for the behavioral health workforce.

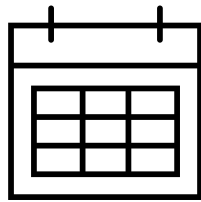
Funding for Supervision of Providers

Support of provisionally licensed providers.

What's New with the BHECN ARPA Program?

- ✓ Executed 100+ subcontracts between ARPA awardees and UNMC
- ✓ Wrote and submitted our first [State and Local Fiscal Recovery Funds report to the State of Nebraska](#)
- ✓ Hosted our first [virtual networking event](#) in quarterly series
- ✓ Scheduled our 1-1 mid-year meetings with awardees
- ✓ Collected and are analyzing our baseline evaluation data
- ✓ ARPA Awardees are implementing their projects!
- ✓ More than 12% of project funding has been expended

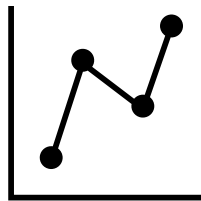
Goals of the BHECN ARPA Program: Measuring and Reporting Impact



Evaluation measures specific to the objectives of each project are collected annually



BHECN provides annual reports to the state of Nebraska



Evaluation measures will also be used to assess process and outcome data and measure effectiveness of programs

ARPA Award Funding Distribution

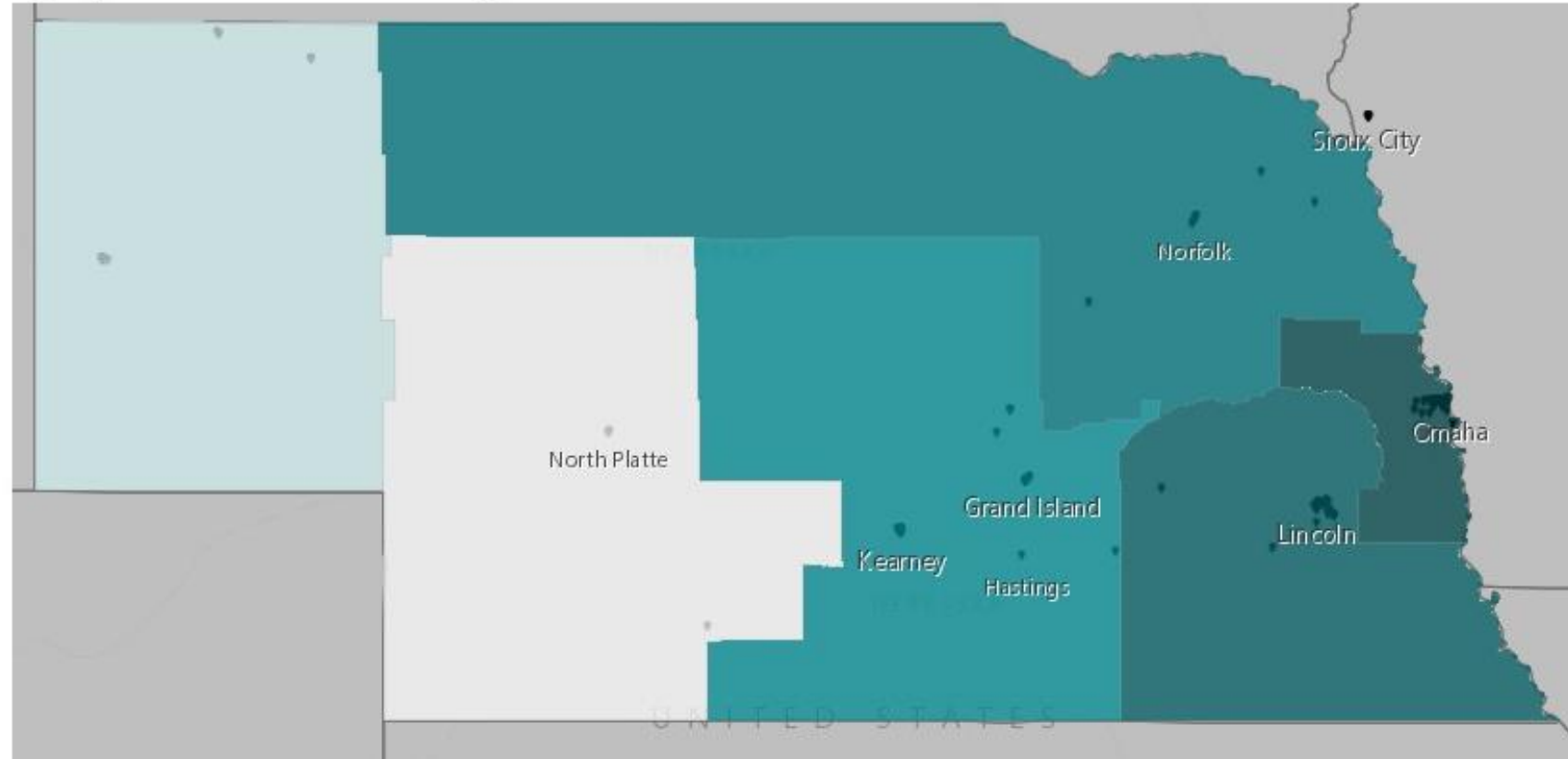
| Category | Applications Submitted in Cycles 1 and 2 | Applications Awarded in Cycles 1 and 2 | Amount of Funds Requested in Cycles 1 and 2 | Amount of Funds Awarded in Cycles 1 and 2 |
|---|--|--|---|---|
| Behavioral Health Training and Education Opportunities | 131 | 37 | \$32,454,000 | \$11,750,000 |
| Telebehavioral Health in Rural Areas | 59 | 19 | \$28,833,000 | \$6,975,000 |
| Behavioral Health Workforce COVID-19 Projects | 87 | 29 | \$7,109,000 | \$2,191,000 |
| Funding for Supervision of Provisionally Licensed Providers | 67 | 20 | \$5,880,000 | \$1,838,000 |
| Total | 344 | 105 | \$74,276,000 | \$22,754,000 |

Distribution of ARPA Funding by Nebraska Behavioral Health Region

BHECN ARPA All Projects Funding Summary by Behavioral Health Region

Summary of Funding Within BH Region_All Projects

Sum Funded Amount

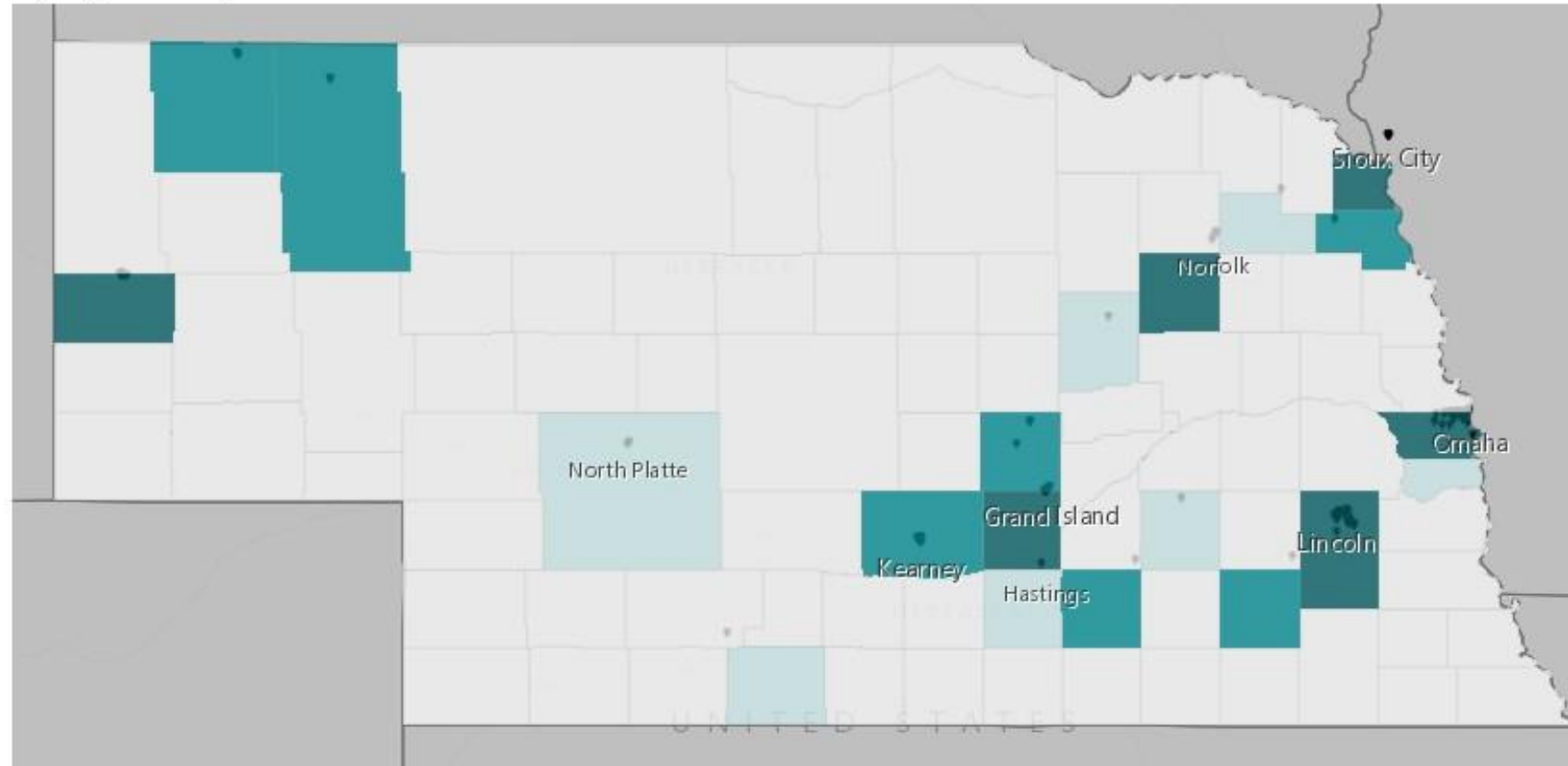
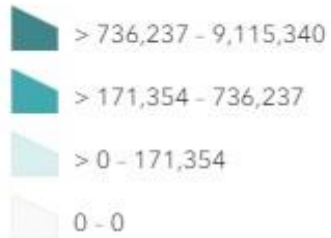


Distribution of ARPA Funding by Nebraska County

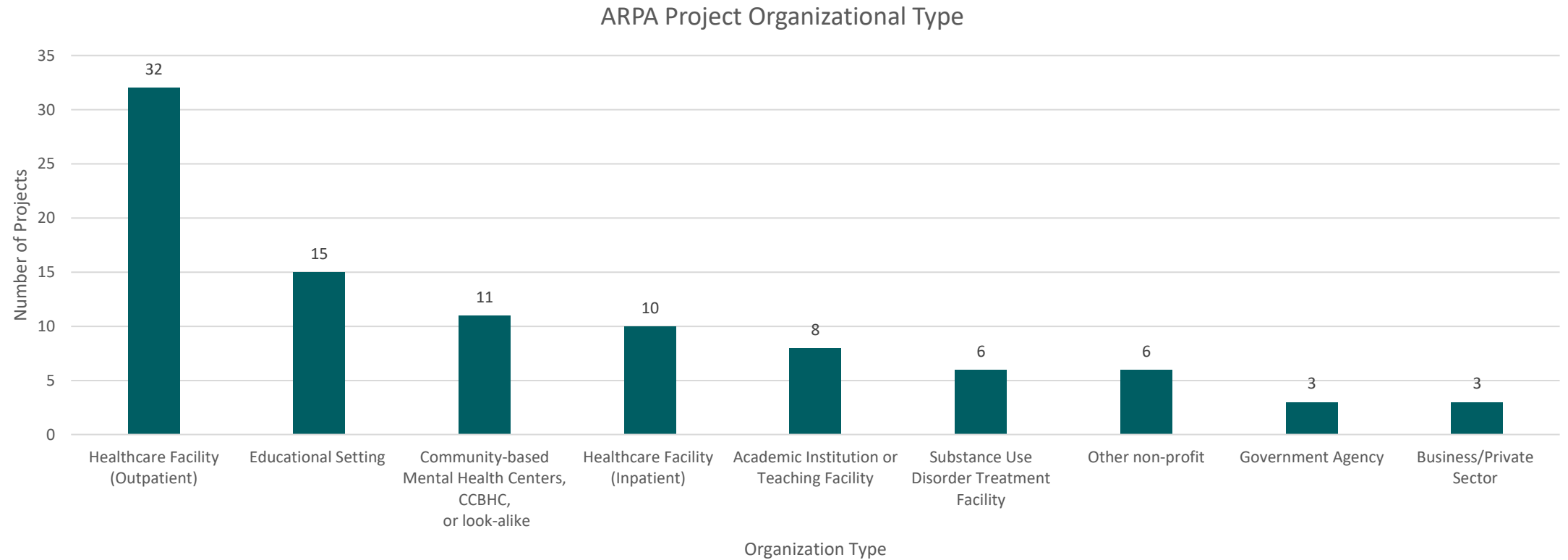
BHECN ARPA All Projects Funding Summary by County

Summary of Funding Within County_All Projects

Sum Funded Amount

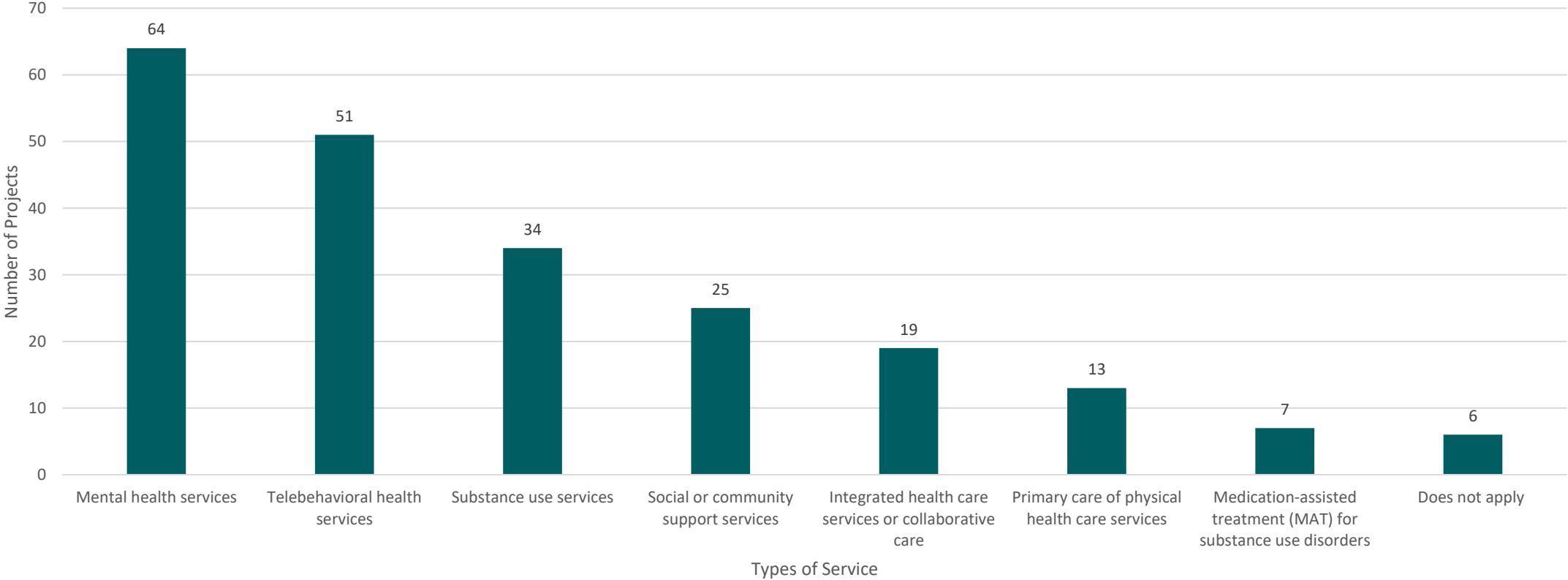


Organizational Overview



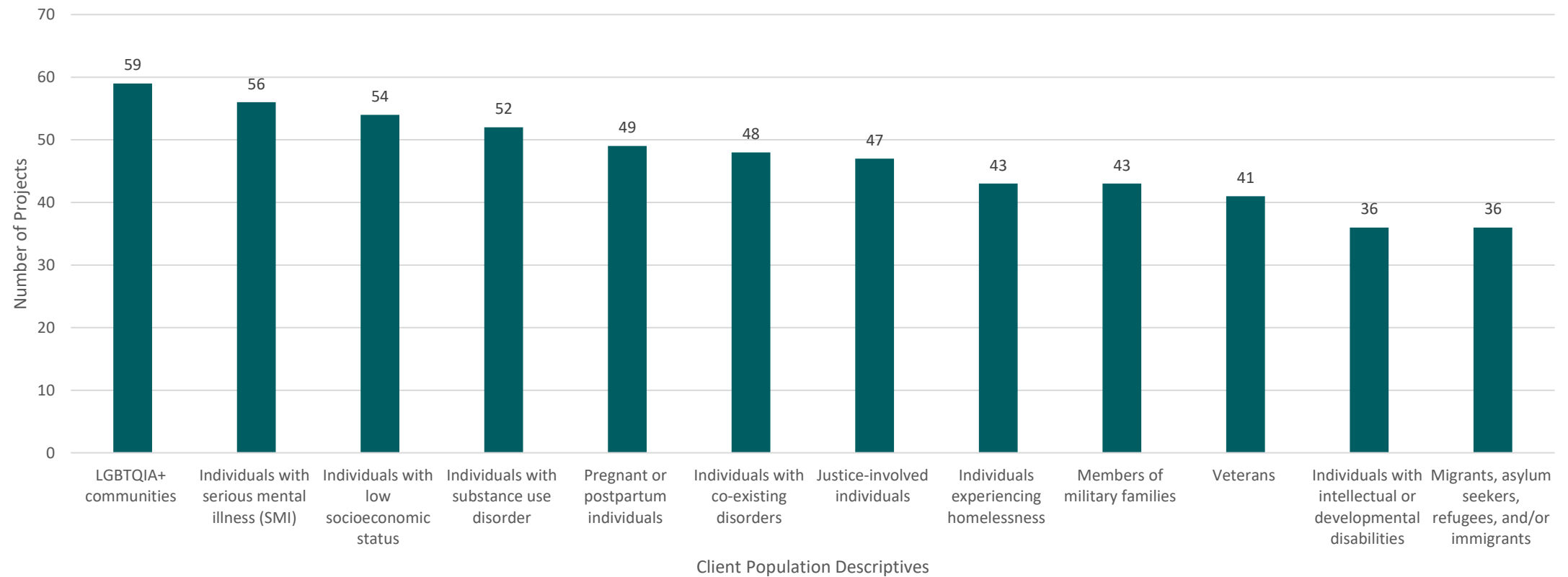
Types of Services Provided

Services Provided by ARPA Projects

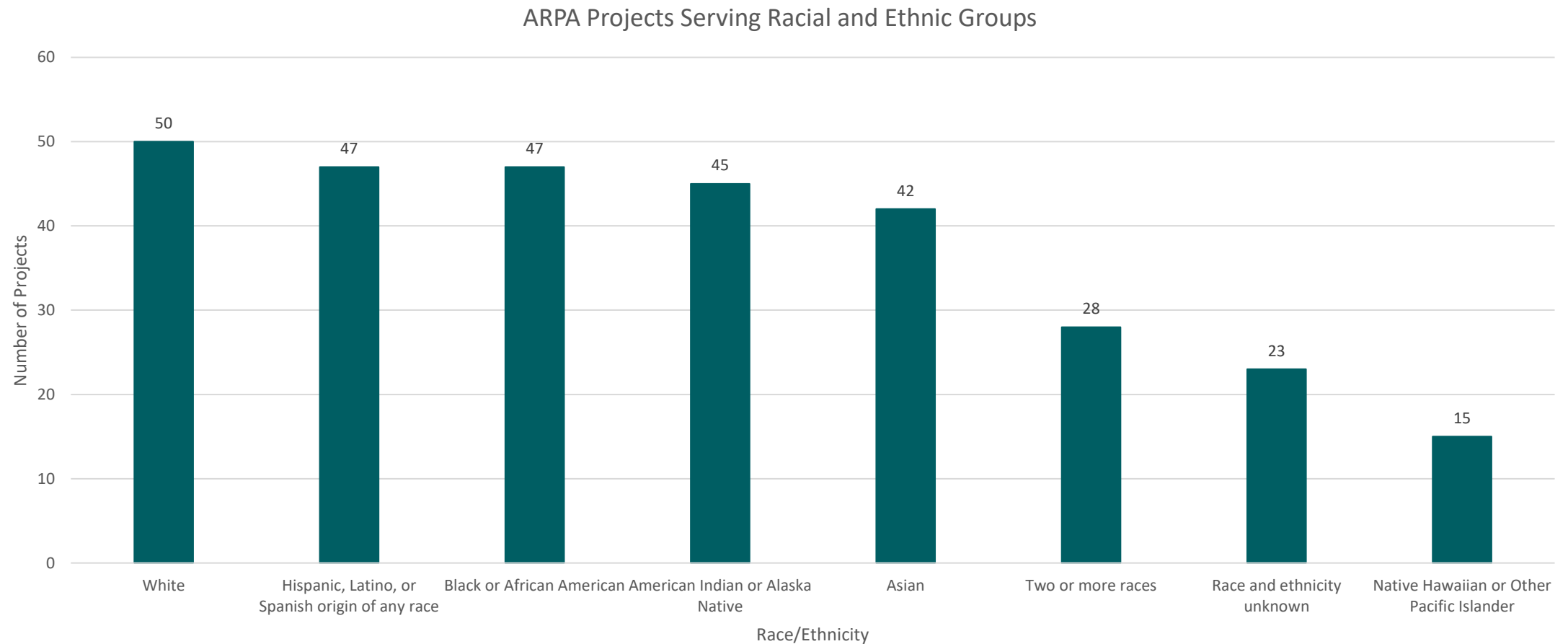


Client Populations Served

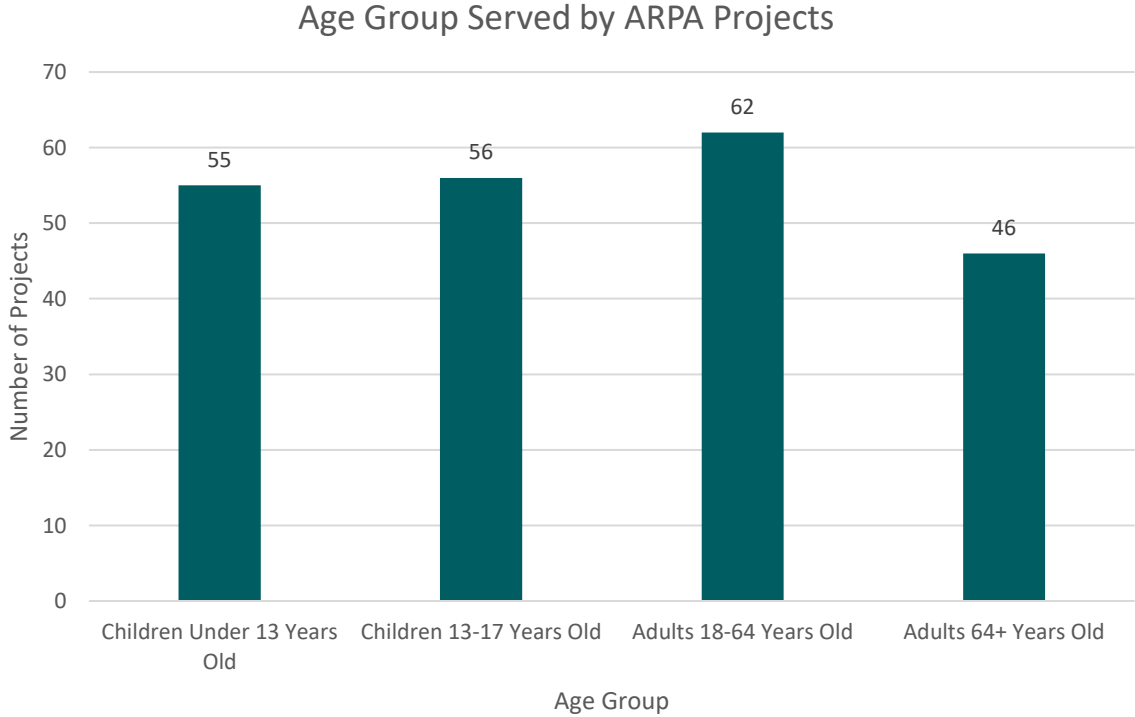
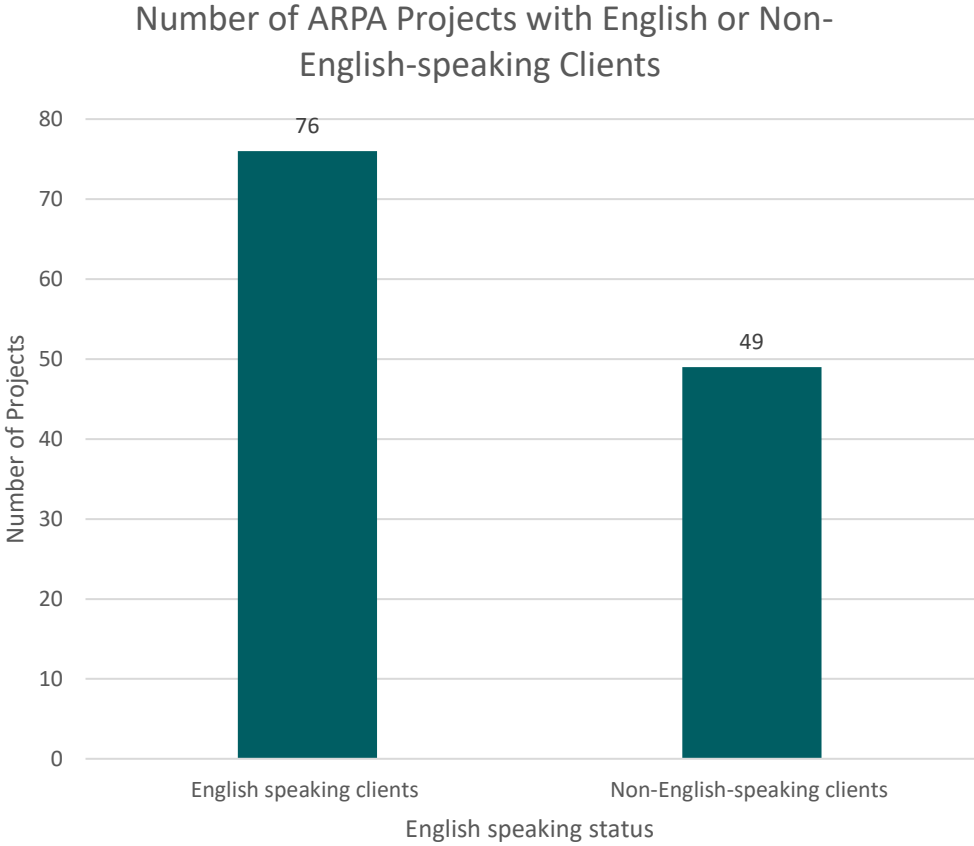
Client Populations Served by ARPA Projects



Client Demographic Breakdowns



More Client Breakdowns



What's Next?

1

Report and present on baseline evaluation findings

2

Schedule and attend individual meetings with awardees

3

Complete and collect mid-year reports

4

Continue to host networking opportunities

5

Connect awardees through newsletter and other platforms

6

Conduct site visits

7

Collect and analyze Year 1 evaluation data

BHECN ARPA Awardee

Jon Barnes, MAC, LIMHP, CPC

Human Services Faculty, Northeast
Community College



PLADC Student Support Project

Northeast Community College - 362

PLADC Student Support Project

- General Design – 12 month completion goal
- Stipends awarded to selected students for living expenses to offset tuition/fees (7 courses), course materials, computer (if needed)
- Stipend awarded to incentivize practicum completion (not formally a part of the DACL certificate at NECC)
- 3 year plan – 10 students year 1, 15 students year 2, 20 students year 3

Drug and Alcohol Counseling Certificate at NECC

- Program officially began in FA 2020
- 34 Graduates as of Summer 2023 term - 11 Licenses to date (prior to current grant)
- The only for-credit, fully online, state approved coursework in Nebraska
- Prior BHECN grant funding (expired 8/31/22) enrollment was 4x the following year with no funding
- Applications for FA 23: **37** (14 awarded); SP 24: **32** (5 awarded)
 - Minimal to no marketing
 - Original funding identified a target of 45 students in 3 years – we worked to adjust this number to 60 in 3 years due to application numbers.

Community, Region, Statewide Benefits

- Norfolk – 6 agencies, hospital system, private practice providers
- NECC serves 20 county region – +1 agency (with a significant regional reach), hospital systems, private practice providers, school based counseling
 - The entirety of our region is identified as a shortage area for providers
- Provides opportunity for community college regions without a comparable training option; significantly rural communities; nontraditional, working adults; upskilling current behavioral health facilities staff; financially disadvantaged

Statewide Need

- 88-89 counties in Nebraska identify as a Behavioral Health shortage area either by state or federal definitions. Even the numbers in the 4-5 remaining counties are struggling to keep up with current need.
- Some areas of the state prove difficult to find a supervisor who has time and interest in taking on students seeking licensure who plan to remain in the area.

Growing Opportunities

- 20 county area agencies discussing student partnerships to fund education in exchange for years of service
- Agencies statewide collaborating with program to accept students for 300-hour practicum requirement for licensure

BHECN ARPA Awardee

Julie Eck, LDAC

Owner, Evals by Eck LLC



EVALS BY ECK, LLC

**Substance Use Evaluations
In the Nebraska Panhandle**



Research from other states in 2015 led to my decision to enter a ‘niche’ service type.

- Systemic approach to change ‘the norm.’
- ONLY evaluations in order to help address the waiting lists, and also to provide to clients in ‘outreach’ locations.
- Engage the client early in order to minimize their frustration.
- Not competing with providers, but assisting entry of client into treatment services.



Payment sources were maximized:

- Private insurance.
- Employment H.R. contracts.
- Medicaid.
- State contracts.
- Probation vouchers.
- Region 1 BHA sliding fee scale (limited).

This still wasn't enough to meet the client's needs in the situations they were in.

Jump forward to 2023:

The American Rescue Plan Act funding to BHECN (with UNMC) awarded

Evals By Eck LLC received a grant for Telebehavioral Health Support in Rural Areas.

Funding now available for clients needing this evaluation service when funding had not previously been available!

4 Components to this grant:





Component 1: Direct Client Service

Engage adults into substance abuse treatment services.

Increase access for evaluations for Criminal Justice-involved persons who are either incarcerated, or on community sentences.

Focused at NINE Panhandle jails, District Twelve Probation, and Federal cases.





Component 2: Direct Client Services



Primary objective of engaging adults into substance abuse treatment services.

Rural hospitals are challenged with having easy access to the evaluation so the hospitalized patient can be admitted to a substance treatment program.

Access to this first clinical step engages patients in treatment, which if not offered worsens the patient's health outcomes.

As of my most recent calls, none of the EIGHT hospitals in the Panhandle have a clinician 'on staff' to do this.



Component 3

Direct Client Service



Engaging adults with one or more access barriers. These barriers include transportation, waiting lists, affordability, no insurance, eligibility exclusions, social stigma. Many 'fall through the cracks'.

Examples include citizenship status, inability to prove Nebraska residency, inability to provide financial documentation, inability to show a current photo ID. Experiencing 'closed doors' is challenging for clients.

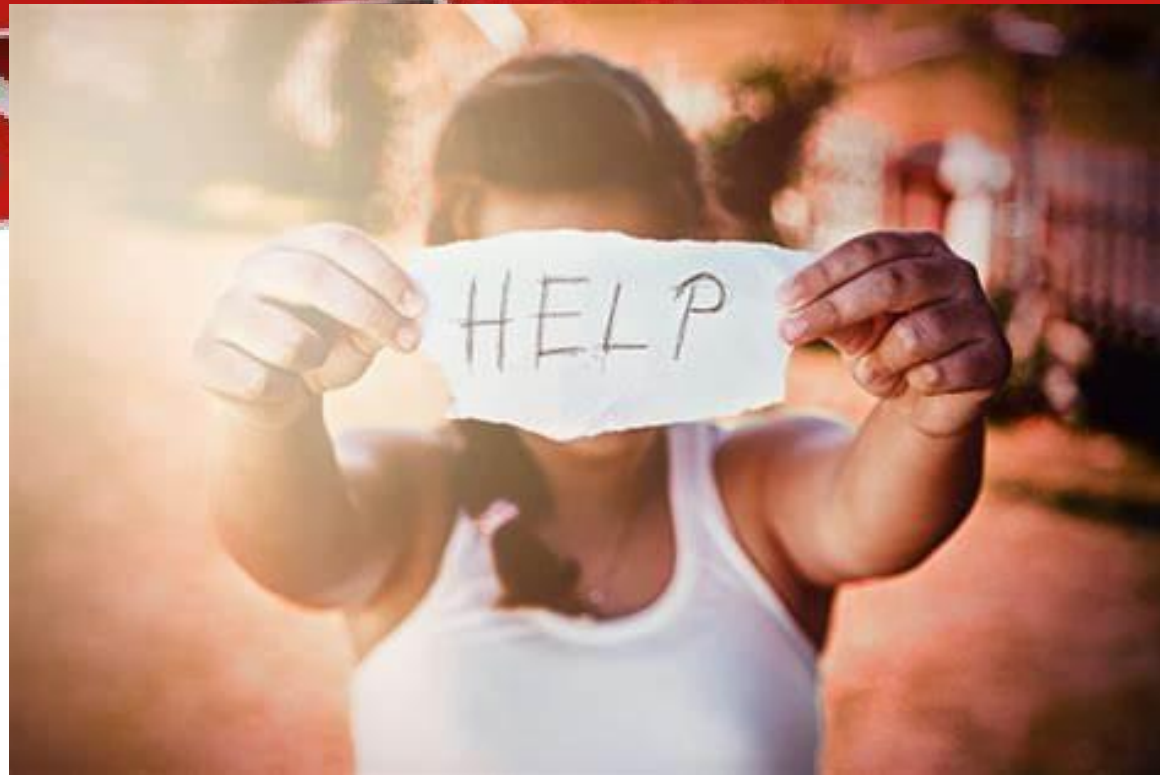




WHAT'S STOPPING YOU?

**COMMON BARRIERS
TO COUNSELING**

**SYSTEMIC
ACCESS
BARRIERS**



Component 4

The Situation Table

‘MACRO’ SOCIAL INTERVENTION USING TELEHEALTH PLATFORM

Primary objective of supporting PPHD’s project

(The Situation Table) which intervenes with persons with complex problems. These problems frequently involve substance abuse.

This uses a community health approach to engage coordinated integrated responses among multiple stakeholders in the Panhandle.

The committed group of community stakeholders mobilize resources for persons experiencing barriers to services, treatment, and other barriers.





Project Progress

As of Mid-April when the Grant was ready to be implemented the services to clients for Evaluations has positively impacted: **59 people.**

And the Grant has allowed involvement with the Situation Table for interventions and has impacted: **21 people.**



Biggest barriers to project implementation

Uncertainty of 'start date' because of the wait time involved. I didn't want to promise clients anything I couldn't fulfill.

First time to apply for a Grant because of a private business. The process was confusing at times.

Getting the word out to potential clients and referral sources.

Coordinating for the technological resources for clients to use in the Panhandle (Telebehavioral Health)

Lessons learned, surprises and accomplishments so far

The clients who are in 'controlled environments', such as a jail or a hospital, are very willing to receive the evaluation using a Telehealth platform, especially if they don't have to worry about paying a bill. Jail staff and hospital social workers have helped a lot.

If someone in the community lacks the technology, it has typically been possible to 'find' a solution. Probation officers have been very helpful. One librarian helped one client by moving a computer into a private room.

I'd worried about connection reliability (phone, internet, electricity), but have been pleasantly surprised with the stability this year.

As a LADC, I'd also worried that the State of Nebraska would reverse the tele-health opportunity which the COVID pandemic had opened. So far, most of the tele-health permission has continued.



Next steps

Spread the word.

Encourage other providers to provide services to clients with access barriers.

Encourage other providers to engage in The Situation Table.

Attempt to obtain additional funding for this project.

Contact Information

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Nebraska Registered Service Provider

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