

This is a rough transcript of the BHECN/ARPA writing workshop. Some transcription errors have been corrected, but not all. Please refer to the recorded video for clarification or more information:

<https://bit.ly/BHECN-ARPA>

00:00:11:19 - 00:00:34:00

Speaker 1 – Dr. Joe Evans

Hello. My name is Dr. Joe Evans, and I am a professor emeritus at the University of Nebraska Medical Center. With approximately 25 years of experience in grantsmanship, I would like to welcome you to today's presentation, which will be covering grant writing guidance for applications for ARPA funding, which is being run through the Behavioral Health Education Center of Nebraska.

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Speaker 1 – Dr. Joe Evans

As I am sure that you are aware, the Nebraska Legislature has taken a great interest in the area of behavioral health, particularly in expanding access to services for our rural and underserved areas, as well as to expand and increase the number of behavioral health providers in our state. The purpose of this presentation is threefold. Number one is to encourage applications for ARPA funding; the second is to demystify the grant application process for applicants who are new to grantsmanship.

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Speaker 1 – Dr. Joe Evans

And thirdly, to provide some suggestions and some guidance for successful proposal writing and budgeting. In May and June of this year, a series of two town hall meetings were conducted by Dr. Marley Doyle, the director of BHECN, and this information created an ARPA toolkit for those interested in making applications. If you were unable to attend or need refresher information on this copy of the website below, and go to that for a presentation review of the slides that were done on that day.

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Speaker 1 – Dr. Joe Evans

This presentation will provide you with a history of BHECN, the development of the American Rescue Plan Act funding for BHECN, and workforce development and behavior. The 2021 Nebraska legislative bill that was related to ARPA funding and funding categories. The process for application and overview of application requirements and a schedule of quarterly application dates since there will be multiple opportunities to apply for these funds as long as funding is available.

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Speaker 1 – Dr. Joe Evans

Following up on a series of committee meetings conducted by the Legislature, a total of four funding categories were decided for ARPA funding. These can last up to three years and cover the areas of number one behavioral health training opportunities. Number two telebehavioral health support for rural areas. Number three, behavioral health workforce projects for students and behavioral health professionals related to behavioral health issues caused or exacerbated by the COVID19 public health emergency.

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Speaker 1 – Dr. Joe Evans

And finally, funding for licensed professional support for supervision for provisionally licensed individuals who are waiting and trying to get their licensure the first category of ARPA funding is for behavioral health training programs. By definition, we have 19 behavioral health academic training programs across the state, and these include programs for psychiatry, psychiatric nurse practitioners psychologists, social workers, counselors, and marriage and family therapists.

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Speaker 1 – Dr. Joe Evans

At the same time, there are a number of other types of clinical training opportunities available, including internships, fellowships, postdoctoral fellowships and so on. These are also included when we talk about behavioral health training programs and availability of funding in those categories. Under our first category of ARPA funding is behavioral health training. Opportunities below listed are a series of potential projects that could be funded, including things like psychology, internships, HP, Practica, Advanced

Practice Provider Fellowships for individuals who are already licensed but want to retrain into different areas psychiatric nursing training, psychiatry fellowships, executive fellowships for individuals who will be managing programs, let's say fiscal year or financially behavioral health certification programs and other time limited training

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Speaker 1 – Dr. Joe Evans

opportunities these programs should not exceed more than \$500,000 a year and have a maximum of three years of funding. This list is not meant to be nor are any of the other examples we'll be talking about meant to be any type of inclusive or all inclusive. And there is plenty of room for if there are new ideas that you come up with to actually apply for funding in this category.

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Speaker 1 – Dr. Joe Evans

Our second category of ARPA funding is for Telebehavioral Health. Even though Nebraska has two major metropolitan areas around Omaha and Lincoln, the width of the state being 450 miles contains 521 incorporated cities, towns and villages the median population of those entities is 316, meaning that half of our cities, towns and villages have a population of less than 316 individuals.

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Speaker 1 – Dr. Joe Evans

How do we get services to those individuals and make behavioral health accessible one way of improving access to behavioral health for our rural citizens in the state has been the use of telebehavioral health. This is particularly increased and improved with the COVID 19 pandemic, which has kind of forced individuals to and providers to utilize this technology projects in this award category should focus on increasing behavioral health access and should not exceed budgets of \$1,000,000.

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Speaker 1 – Dr. Joe Evans

This this category contains like \$8 million which can be used for telebehavioral health equipment, technical assistance a statewide network selling behavioral health training and certification, behavioral health consultant, network of, let's say, professionals who specialize in areas such as medication management, other telebehavioral health supports and or programs again, using your capacity for coming up with new ideas is certainly something that is valued in this category.

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Speaker 1 – Dr. Joe Evans

Our third area of ARPA funding relates to behavioral health workforce issues related to cover 19. This epidemic has had a major impact on the population in 2019 versus 2021 according to the Mental Health America survey. The number of individuals who had difficulties with anxiety, depression and grief was up almost 400% over that two year span. Not only has had an impact on patients, but also on our providers who in many cases are overwhelmed with the problems of others as well as heavy schedules and many of them are leaving the field funding for programs or projects in this category.

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Speaker 1 – Dr. Joe Evans

Can not exceed \$200,000, and the focus should be upon providing educational programs and recruitment and retention projects related to behavioral health impacts of COVID19. Some of the areas of potential funding include education on behavioral health impacts of COVID19, education of the behavioral workforce, resiliency training, wellness initiatives, provider or caregiver burnout projects, recruitment and retention initiatives, and other behavioral health education programs related to COVID 19 both for the providers, but also for their patient populations.

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Speaker 1 – Dr. Joe Evans

Our fourth and final category for ARPA funding is for behavioral health supervision programs. Even though we have 19 programs in the state preparing individuals to become behavioral health providers, there is a figure of 40% of individuals who never, ever become fully licensed. Why is this but part of it is because of the lack of supervision capacity for individuals in rural areas, particularly so we have 30 of our

counties, for example, that have no behavioral health provider at all who could provide, for example, supervision for a student or for an intern or a practicum student.

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Speaker 1 – Dr. Joe Evans

So this this category basically provides some funding for supervisors to be able to provide the required number of hours needed for full licensure as an IEP or an independent LIHEAP or as a psychologist, for example, awards for funding in this category are generally going to support supervision costs for organizations or providers who are providing supervision for licensure for their their trainees.

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Speaker 1

But proposed budgets should not exceed \$100,000 and good projects could include, for example, stipends for doing supervision, support for license or application requirements or other supports related to licensure applying for grants on the surface can appear to be quite a daunting task. However, if we take a look at this checklist of grant topics and break our grant applications down into segments, there are essentially eight different areas that can be subdivided and make your task quite manageable.

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Speaker 1 – Dr. Joe Evans

These topics include the following eight. First of all, applicant information, which is the basic information about your organization, the leadership that's going to be put forward, and some basic information on on the overall amount of budget that you're requesting an abstract, which is just basically a one half a page to a full page of description of the overall project.

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Speaker 1 – Dr. Joe Evans

A needs assessment justifying the need for the project to be implemented by the agency plan and objectives, which is probably the most important one because it essentially tells you what you're going to be doing and how you're going to measure it and evaluation plan, which actually has the measures that you're going to report on in terms of success or progress, an organizational capacity social section, which essentially gives the amount of information justifying the fact that this organization is capable of carrying out the plan that has been put forward.

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Speaker 1 – Dr. Joe Evans

A budget with narrative. The narratives basically is very simple. It's just one or two sentences describing the need for a particular item, for example, a salary for a project director or a purchase of, say, recording equipment for monitoring or supervising. And then finally, letters of agreement or support. Now the letters of support are optional, but letters of agreement should be in the grant application and simply because if you are working with a for example, if you're going to contract with a agency to do your program evaluation, you should have a letter indicating their willingness to do that and their cooperation, their ability to cooperate with you in carrying out that task.

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Speaker 1 – Dr. Joe Evans

The applicant information data is relatively easy to produce and involves essentially a series of checklists or filling in the blanks about your organization and how it is managed and its overall budget the following two pages talk about application information. This is would be common for ARPA or basically any grant application that you were applying for. So if you fill this out, you can actually use this multiple times for other types of endeavors as well.

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Speaker 1 – Dr. Joe Evans

Things such as the title of the project, creating a title of what you're planning to do that sometimes can be catchy and helps the reviewers remember your particular approach or your particular proposal. Information about the organization, start date and end date of the grant application, which category you're going to you're applying for the trainee population that you're planning to serve plus additional information

on the ages of the population, whether your organization accepts Medicaid, Medicare, what percent of the population is is English speaking?

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Speaker 1 – Dr. Joe Evans

Is there any type of population diversity that you want to report on? Any current numbers of behavioral health providers within your organization about support staff? Is that something you don't have to hire, or is that something that's available? Can the secretaries for example, or assistants and the billers quickly learn how to do the behavioral health billing as well?

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Speaker 1 – Dr. Joe Evans

The number of trainees you have if you had any in the past or if you're brand new, if you mark, that is not applicable. How long has your organization existed? What are the guts of the professional credentials of some of your leadership and of some of the fiscal management for the organization and then project performance, like whether it's going to be a state wide, for example, telehealth application, or if it's limited to a series of counties such as in the Panhandle, the 16 counties that make up the Panhandle.

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Speaker 1 – Dr. Joe Evans

And then, as I mentioned before, a total budget request the next grant section I'd like to discuss relates to the introduction or abstract of the grant. This is a provides a synopsis of the overall grant application. And essentially it's it's best to wait until you've got the rest of the application put together and then you can go back and synopsise what's there.

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Speaker 1 – Dr. Joe Evans

Usually it's half a page to a written page and a summarizes the category you're going in for funding, which behavioral health need you're going to address. For example, is it going to be telehealth? Is it going to be expanding the number of providers and so forth? The objectives? Do you want to address the capability of your organization? Again, just a sentence or two, an evaluation process and the overall budget amounts again, this will vary depending on which funding category, which obviously goes from 1 million to 500,000 200,000 the next section in most grant applications is a need statement.

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Speaker 1 – Dr. Joe Evans

This is an opportunity to describe the overall target population in terms of clients or patients needing behavioral health care. For example. We know that roughly 20% of individuals, adults need some type of behavioral health service. The number of current providers you've got the behavioral health services currently available within your community or within your area any type of studies or surveys of behavioral health needs that have been done, say, in the past ten years, any type of percentage of patients receiving Medicaid or Medicare or no insurance for their health care.

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Speaker 1 – Dr. Joe Evans

And how many what percentage of those are being served by your particular clinic? Or Private Practice or Community Health Center or Community Mental Health Center, and then, if available, provide data on the population to be served, such as it's an ethnicity any potential needs you have for bilingual providers, the socioeconomic or poverty status of your clients to be served and any special needs populations such as the homeless, such as persons with autism, persons who are severely mentally ill, individuals with school, mental health problems, et cetera, in coming up with a statement of need, there are three areas that you can take a look at or can cover in this particular part of your grant application.

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Speaker 1 – Dr. Joe Evans

One is on the what's the National Need, which basically covers what the behavioral health needs are of the population as conducted studies conducted, for example, by SAMHSA or the Mental Health America study that was done. There is second area. It would be statewide needs and so, for example, we know in our state that 88 out of our 93 counties have shortage areas of behavioral health professionals.

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Speaker 1 – Dr. Joe Evans

And then the third area would be your local area. So if you work in a, let's say a a community health center that serves four counties, what is the overall type of need for behavioral health services within that four individual county area?

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Speaker 1 – Dr. Joe Evans

These next two slides present potential sources of data that you can use for creating your needs assessment I would say, I would say, and particularly pay attention to the first three, which are from the BHECN Behavioral Health Education Center of Nebraska dashboard by behavioral profession and by county. It has a legislative series of legislative reports that cover semiannual types of reports from 2000 to 2021.

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Speaker 1 – Dr. Joe Evans

And there's a telehealth report in there as well. In addition, the article by Natalie Gouge is particularly intriguing because it talks about how having a series of behavioral health providers within a pediatric practice allow the pediatricians to bill over \$1,000 a day more than when the behavioral health provider was not within the practice. The second page, we'll also talk about some national data that can be helpful for you on this page is a compendium of articles and sources related to more the national picture.

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Speaker 1 – Dr. Joe Evans

I would particularly suggest to take a look at the Sampson article on results from the 2020 National Survey on Drug and Drug Use and Health. And in addition to that there is another article there by that's related to the Bureau of Health Workforce which covers the designated health profession shortage areas statistics and that has a separate category specifically for mental health.

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Speaker 1 – Dr. Joe Evans

And then finally there's an article there by JD Burt talking about examining the utility of behavioral health integration in the well-child visits. That's particularly interesting because it was done here in Nebraska probably the most important section of the grant application relates to the plan and objectives of the project. General guidelines are based on what the agency that is actually advertising or asking for the proposals they send out what's called a notice of funding opportunity or NOFO, when it's sometimes also called a request for proposals or RFP.

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Speaker 1 – Dr. Joe Evans

And typically what happens is the agency suggests some types of plans or strategies or sometimes even objectives to be met. So in essence, the controlling agency that has the funding sets the stage for what types of grant applications they'll accept. And that's pretty much the four. We've talked about four areas we've talked about the purpose and outcomes basically is followed then by the plan, which is followed by objectives, which is then followed by the activities to meet those objectives.

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Speaker 1 – Dr. Joe Evans

So for example, we have a purpose or a goal of improving access to behavioral health services in rural underserved areas of Nebraska. OK, so that's our overall our overall target. We create a plan and the plan, for example, is to increase the work, the rural workforce of behavioral health providers and that basically then helps with access our objectives, then go to the creation of three to five measurable objectives that relate to the plan.

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Speaker 1 – Dr. Joe Evans

So for example, one objective might be to collaborate with mental health counseling, training programs to recruit interns for rural mental health practice. And so how do you do that? Well, then the activities would

be next, which these are the steps needed to meet the objectives and how they'll be measured. So for example, three steps might be three activities might be meet with the colleges and survey trainings interested in rural mental health to establish a rural internship sites throughout Nebraska by surveying Nebraska Medical Association and NAB Hope with the Nebraska Association of Behavioral Health Organizations.

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Speaker 1 – Dr. Joe Evans

And then lastly, provide stipend support to university training programs to support rural internships. So if you can follow the the train of thought there, it starts with a proposal of purpose. And then basically you come up with a plan, you come up with objectives and activities to meet those objectives this diagram kind of covers the plan and objectives as it would flow through your system.

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Speaker 1 – Dr. Joe Evans

First of all, planning a strategy to address one of the four ARPA funding categories comes up first, followed by the creation of three to five measurable program objectives related to this strategy or this plan. And then these objectives should include first of all, they should be brief, they should be clear. So they're not it's not it's easily understandable by all the participants.

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Speaker 1 – Dr. Joe Evans

It contains an action verb. So it's not just some type of report, but it actually says what you're going to do. The objective needs to be measurable. It needs to be related to the area that you're trying to address, the ARPA area and it needs to be within the capacity of the organization. So for example, you don't want to put forth an objective that is simply impossible for you to meet such as being able to provide services for any and all individuals within a particular catchment area that's just probably not within overall capacity of any organization, at least in our state at this point.

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Speaker 1 – Dr. Joe Evans

On these slides, I've taken the liberty of providing some examples of what a let's say a potentially good objective might look like. So for example, the first objective increase access to behavioral health in the four county catchment area by adding four behavioral health providers over the next three years. Activities to meet this would be number one to assess organizational capacity to recruit from universities and organizations such as Nebraska Counseling Association, the ACA, S.w or social workers drug and alcohol counselors, groups, psychiatric nurse practitioners, muftis and so forth assist in the placement of these individuals into agencies, private practices and primary care clinics.

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Speaker 1 – Dr. Joe Evans

So these you can see where there it's measurable because we talk about specifically four county area. We're talking about adding four providers again, that's easy to to take a look at in terms of where these individuals go after they've gone through their training programs and then we can also start with assessing capacity for supervision availability. That's that's a relatively simple one to assess recruit from universities is another one that can be measurable terms, the number of visits, a number of individuals expressing concerns or interest and then the number of placements actually occurring within that four county area.

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Speaker 1 – Dr. Joe Evans

So this is a good example of an objective that is again again, measurable, it's brief, and it addresses some very specific issues that need to be addressed in improving the workforce. And the second one might be to I'm just going to go over these briefly attract, recruit, train and place six behavioral providers in rural primary care clinics in East Central Nebraska counties over three years.

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Speaker 1 – Dr. Joe Evans

Activities might include a contract for training to get your individuals who are your hiring well trained and integrated behavioral health care, provide supervision for provisionally licensed providers and financially support start up costs. This is one of the biggest problems that primary care practices have, is that the first six months, there's very little income coming in from from clinical revenues because licensing is slow.

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Speaker 1 – Dr. Joe Evans

You have to order your equipment. Insurance paneling is particularly slow for four new practitioners. A third one might be to improve access to behavioral health by 25% by adding telebehavioral health care technology in rural family medicine practices in 16 Nebraska Frontier counties over three years. This again is is I think measurable basically you take a survey of what's going on currently to see what the baseline is and then see about purchasing potentially computer and HIPA compliant software for these clinics and then contracting with licensed providers to provide assessment and treatment services over telehealth.

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Speaker 1 – Dr. Joe Evans

So this these are some examples again these are not ones that you should necessarily use in your application but just examples of of how this process works for plans and objectives. This slide presents some what I would say are not so good examples of objectives and plan. I'm just going to cover one of these and you can take a look at the other ones later.

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Speaker 1 – Dr. Joe Evans

The first one objective would be to improve the lives of patients served with ARPA funding. Again, this is this is rather vague. How will you measure it? How will you define improvement? Is gathering this information even possible? Instead, maybe a restatement could say patients receiving behavioral health care will rate satisfaction with services at a satisfactory or very satisfactory level on average.

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Speaker 1 – Dr. Joe Evans

So that again address addresses the patients who received care. So we're not talking about a whole universe there, and we're asking them to rate their satisfaction with services at a high level. So this this is a good example of, again, taking a vague statement and trying to turn it into one that's measurable. The next section for you to concentrate on in your grant application is program evaluation.

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Speaker 1 – Dr. Joe Evans

Every grant application requires some type of evaluation of objectives and activities. And overall, there are primarily two forms of program evaluation. This one type is called formative and the other is called summative, also sometimes known as outcome evaluation. We talk about formative. What we're talking about is gathering data during the program so that any needed adjustments can be made.

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Speaker 1 – Dr. Joe Evans

So in other words, if you're out there and you're not getting the results you're looking for, the formative data gives you feedback and tells you, gee, we need to make this change from our original plan. Summative or outcome evaluation is assessment. Whether the project is actually meeting its overall goals, and it's probably the more important of the two simply because that's the one that people judge you on in terms of, you know, are we really making an impact or making a difference here?

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Speaker 1 – Dr. Joe Evans

Now, program evaluation activities can actually be conducted either internally. If you have the staff with capabilities that are or externally by hiring a group. So, for example, at the University of Nebraska Medical Center, the College of Public Health and the Monroe Meyer Institute, both have groups that actually do program evaluations on on a contractual type basis. On the other hand, I know several of our grants, we've had people who've been in program evaluation jobs.

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Speaker 1 – Dr. Joe Evans

So part of the staff that were basically supported to do that work with us inside the project overall, the the purpose and the goals are established by the funding agency. So for example, in this case, BHECN and ARPA will establish what the overall purpose and goals are going to be. And then a plan is created to by you as applicants to how best to and propose to meet the established goals.

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Speaker 1 – Dr. Joe Evans

Usually you'll have reporting done either on, you know, twice a year or some of semiannual type basis or annually for a continuation of your project. And generally I would say that the program evaluation costs are somewhere usually around maybe five to 10% of the budget. And usually majority of that's going to be for supporting somebody who's going to be your data collector.

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Speaker 1 – Dr. Joe Evans

The person who helps write your reports for your grants this slide presents some steps to be followed in creating a program evaluation design. Before we get to that, however, I'm must say that the following pages have many examples of measures that can be considered for program evaluation, but these are simply examples and the actual required objectives and suggested measures will be forthcoming on the BHECN ARPA application guidance and its application forms.

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Speaker 1 – Dr. Joe Evans

So in creating your program evaluation design, first of all, you're going to be mainly looking at the objectives that you've established. So restate each objective first second, indicate what data will be used to evaluate progress and meeting objectives and come up with some suggestions on that. But again, wait till the guidance actually comes out before you start looking at those particular objectives and data to be collected indicate how the data will be collected.

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Speaker 1 – Dr. Joe Evans

Will it be coming from direct observation of clinical work? Will it be coming from administrative records? Will it be coming from the electric on electronic health record? And then finally, who will collect the data and analyze the information? And what type of analysis are we talking about as we talk about a statistical analysis? Are we talking about a comparison of pre and post?

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Speaker 1 – Dr. Joe Evans

So that type of information would be valuable to include in this evaluation section and also whether the data is being collected internally or externally and where it's coming from.

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Speaker 1 – Dr. Joe Evans

And looking at measures of effectiveness of behavioral health training programs. This particular graphic demonstrates how our providers of health providers are actually distributed throughout Nebraska. You'll notice that there are 32 counties that have no mental health providers in them at all, versus the very heavy concentration in Douglas County and in Lancaster County, which have the probably close to 60% of the overall providers in the state.

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Speaker 1 – Dr. Joe Evans

So some of the measures that this provides you basically with some nice baseline measurement tool. So it gives you the amount or a number of people. And again, if you go back to the BHECN dashboard you can actually find the actual numbers of providers by behavioral health profession per county in the entire state. So this then can be baseline for comparing and let's see trainees in underserved areas, four number of trainees becoming licensed professionals in those counties, the number of program graduates maintaining and remaining in practice in those rural areas and the some other process variables, things like hours of training, clinical contacts with patients and so forth.

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Speaker 1 – Dr. Joe Evans

So these give you some some just some samples. Two things to think of when you're looking at your upper your program evaluation outcome measures as I mentioned before telling behavioral health has really come to the forefront due to the necessity of continuing to see patients throughout the couple of years that we've experienced of the COVID 19 pandemic. So when we talk about some some variables to think about things like what number of trainees were being educated in the BHECN telehealth training modules, which we've mentioned earlier in the presentation, there are a number of patients that are seen in telehealth, behavioral health care alone rather than having and there are some that basically have a hybrid

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Speaker 1 – Dr. Joe Evans

where they maybe take the intake but then follow ups or on the, the telehealth network, some other variables to consider or patient customer satisfaction with services being provided and counties and towns that are served through the telehealth network. So for example, out of the 521 cities towns and villages that are incorporated in Nebraska, we did an analysis one time and found that we were we had seen patients from over 300 out of that group which was very convincing and did well with evaluation of our project for getting continuation funding this slide discusses behavioral health needs related to COVID.

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Speaker 1 – Dr. Joe Evans

Over the past couple of years, study was done and by the CDC in South Texas and found that the percentage of individuals at schools seeking mental health help went up almost 60% between those two years of 20 to 2022. In addition to that there was an increase of of 24% for even younger children that age five to 11 and 31% for children aged adolescents aged 12 to 17.

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Speaker 1 – Dr. Joe Evans

So this again presents some baseline data against which you can measure the effectiveness of whatever programming that you're putting together related to patient care. But also it's this is primarily going to be focused on prevention of burnout and retention of individuals who are behavioral health providers. So this shows about some of the different this particular slide shows some of the different things that can be done or procedures should be done in terms of coping with COVID for our, our health care providers as well as for our patients so some of the variables to look at here potentially again, this is not what's necessary, not necessarily what is going to be demanded on the in the

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Speaker 1 – Dr. Joe Evans

grant application, but things like what are the results of stress surveys of health care providers, both behavioral as well as physical. So this type of information, again, pre and post would be helpful percentages of health care providers reporting stress leading to possible retirement or leaving a health care profession. The number and percentages of patients reporting feelings of depression related to COVID19.

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Speaker 1 – Dr. Joe Evans

And then finally, numbers of health care providers attending wellness trainings of themselves, as well as offering those types of services to their patient populations. Behavioral health supervision is certainly one of the areas that has to be improved in within our state in order to expand the number of individuals or the number of professionals who are becoming behavioral health providers.

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Speaker 1 – Dr. Joe Evans

This has been a major problem in the past, and we have some pretty good data now presented as a baseline against which any type of interventions can be expanded or compared on the left side of this particular graph, or some of the things that are usually covered in supervision, such as risk management, safety suitability, performance research, as well as management types of skills.

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Speaker 1 – Dr. Joe Evans

There's also a number of programs around the country from like NSW or from the American Psychological Association, which provide clinical supervision, training and advice and these types of programs can be utilized. Yes, as part of your your objectives to get additional and quality supervision. So some of the outcome variables that we would consider in this area, again, this is not final, but this is just some suggestions and something to consider.

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Speaker 1 – Dr. Joe Evans

The number of hours of supervision sessions, which could be like a formative type of evaluation piece of data, supervisory costs. What is what's the what's the return on your dollar for that? What are what about ratings of supervision provided by the trainees? Is it going in the right direction? Is it something that's been viewed as valuable or what are the number and percentages of trainees passing their national licensing examinations in order to stay into practice within the state or within the overall profession?

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Speaker 1 – Dr. Joe Evans

The sixth section of any type of grant has to do with organizational capacity, and this section of a grant proposal basically addresses the strengths and capacities of the organization to carry out the objectives and goals of the project. So this is your opportunity to brag and basically briefly describe how you organization is uniquely qualified to conduct this particular exercise or of this particular project.

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Speaker 1 – Dr. Joe Evans

So the some things that should be included in the organizational capacity components or section should be the organization's experience with managing grants or having grants in the past. If it's a new activity for you, make sure you just say this is this is something new. But we are getting some type of technical assistance from BHECN or from other areas that will help us put this together.

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Speaker 1 – Dr. Joe Evans

So a history of a second area would be history of training health care students or interns or practicum students or residents. If that's happened within the practice. So let's say in a medical practice that as a primary care practice, they may have a family medicine residents coming in regularly. They also have potentially some counseling students who come in and work with the residents while they're in practice, professional credentials of the project staff or of its contractors.

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Speaker 1 – Dr. Joe Evans

So if you, for example, have PhDs on your staff or people with 20 years of experience as a master's level social worker, make sure you break that up and make sure that's in your in your proposal if you don't have those people on staff, make sure that you include information on the contractors, because the contractors probably will be individuals you're hiring in order to have access to higher levels of Expertize supervisor about availability.

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Speaker 1 – Dr. Joe Evans

If it's something that you have internally or if it's something that is contracted out that's important to put put in your proposal consultation or technical assistance agreements with individuals or with programs that have recognized expertize credentials of administrators, meaning the the let's say, hospital administrative type staff or the clinic managers, whether they have like training in management as CIP, as a CPA or as a and have in their MBA, or if they do, they have an accounting experience collaboration between behavioral health agencies, really important, especially if you're going to be putting in a joint collaborative type of of application.

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Speaker 1 – Dr. Joe Evans

So, for example, if you are in a clinic in a small town and you want to collaborate with the local university or the university or college that is 20 miles away or 50 miles away, make sure that you emphasize that that that the primary recipient will be actually working closely with the secondary or the collaborating group. And then finally, accreditation or licensure documents for the organization.

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Speaker 1 – Dr. Joe Evans

So if you have a a clinic that is Medicaid approved, it's important to mention that in your in your application, if you have a program that has been approved for internships by the Nebraska Association of Clinical Social Workers, that type of information is again, very valuable grant or award budgets are something that sometimes appear to be quite daunting to new application or new individuals who are unfamiliar with grants from CHIP.

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Speaker 1 – Dr. Joe Evans

We're going to be spending quite a bit of time on this, but in essence, it's it really is something that's easy to do. If you have a household budget and you manage that or you manage your checkbook, you should be able to put something together on a budget sheet and for the most part, you'll find that most of the grant applications and forms have specific categories that they'll ask you for to fill out.

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Speaker 1 – Dr. Joe Evans

And it makes it very easy on you. Before we get into the details of grant budgets, there are some general guidelines that I'd like to mention to you. First of all, almost all grant applications will have a detailed series of tables that need to be completed with categories that you basically fill out for personnel for example, or for benefits and so forth.

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Speaker 1 – Dr. Joe Evans

Applications actually might be for multiple years, but budgets are generally submitted for one year at a time. And then when the reporting comes due for the next year, that's usually considered a continuation application. And you put your second year, for example, of funding into that particular budget. So for example, if there is an increase in salaries or they've you've already purchased the materials that need to be done and that could be a decrease in your budget.

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Speaker 1 – Dr. Joe Evans

So those that actually happens during your follow up years, thirdly, most federally funded programs have what are called non allowable expenses and those usually have to do with purchases of alcohol support of lobbying, can't be done with federal funds, purchase of entertainment fundraising activities can't be supported with federal funds. Promotional items like swag that you typically find at a lot of conferences cannot be purchased with federal funds but you can purchase those with with other other maybe adjacent funding and the cost of like giving an award like a trophy or a plaque also is something that's not allowable.

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Speaker 1 – Dr. Joe Evans

Now, meals are generally disallowed so that you can't, for example, bow head and have a luncheon that is paid for unless it has to be it's related to like a training or a conference function. And generally what can happen is that meals are built into a per diem rate, meaning a per day rate under the travel portion of a budget.

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Speaker 1 – Dr. Joe Evans

So if you're attending a conference or a multiday multi-day training which requires overnight stays, that's a key overnight stays, then the per diem is generally allowable and the per diem rates will vary according to each state's travel guidelines and also on the location of the event. So for example, a per diem in New York City might be quite a bit higher than if it was in a Kroger Cosette.

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Speaker 1 – Dr. Joe Evans

So those are things that there are some tables actually available through HHS which will tell you what some of the allowable types of expenses are. And the typical per diem rates finally requested budget amounts need to be justified. So when we talk about a budget narrative, we're really talking about is maybe one or two pages that describe each of the expenses that are going to be incurred from the budget.

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Speaker 1 – Dr. Joe Evans

So for example, if you have a program evaluator that is you need to justify the fact that you're putting 20% of that person's time into the grant application in order to collect the data and analyze it and store it and put it into a usable format. So again, it's easy thing to do. Don't get worried about that.

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Speaker 1 – Dr. Joe Evans

One or two sentences usually will be sufficient enough to meet the requirements for budget narrative. Project budgets usually have two major components to them. The first one, which is usually 80 to 85% of the total budget, relates to personnel expenses. So areas of salaries of benefits consultants or contracted staff and trainee stipends and benefits are the types of things that will go under that personnel category and we'll cover each one of those in detail.

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Speaker 1 – Dr. Joe Evans

And then the second area in this again is like 15 to 20% of the budget is actually operating expenses. In other words, what are the expenses we're going to be running into above and beyond personnel costs to run our projects. So things like travel, if you have someone who's who is traveling to a distant site to get their supervision, is that going to be paid for supplies and equipment?

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Speaker 1 – Dr. Joe Evans

Those there's discrimination there. Supplies are generally anything that's less than \$5,000. Equipment is anything that's above 5000 again with federal definition training and conferences. What are the costs for those? Some of the different activities within the conference, like for example, a special workshop, can that be paid for evaluation expenditures? And again, this is again dependent upon what the overall requirements to be put forth by ARPA and BHECN will be, but set aside some funding for those type of forms.

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Speaker 1 – Dr. Joe Evans

Or statistical analysis programs that you'll need to complete that that person will need, or that your evaluator will need to complete that task. And then other expenses such as if you were a private practitioner and you're going to be working in a medical clinic, there may be some rental costs there that need to be addressed potentially within the budget or potentially from revenues that could be generated this graphic shows a sample table that's typically required in most grant applications that five columns, the first one is the name with degree after their their name.

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Speaker 1 – Dr. Joe Evans

Second is the position title of the person within the grant, the percent of effort that's to be spent of that person's time on on the ground. So for example, if it's 3 hours a week or if it's 4 hours a week, it basically becomes 10% of the of the effort of that person's 40 hour work week. The base salary sometimes grants don't require that, but because of privacy.

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Speaker 1 – Dr. Joe Evans

And so but the requested amount for sure is in essence the base salary times the percent of effort. So for example there's a \$90,000 salary. 30% of that or \$27,000 is being requested to run basically the 30% of the person's time or 12 hours a week. The if there isn't a, if it's a private practice for example, and there

isn't a set salary, then it's you need to estimate the annual income and projected percent of time to be spent on the project with, with again some requested amounts the category of benefits can be tricky in terms of putting together a or your application.

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Speaker 1 – Dr. Joe Evans

Typically benefits within an organization include things such as health insurance, retirement contributions from the agency, federal taxes, Social Security unemployment insurance, life insurance contributions and so forth. So many organizations have a what's called a percent of salary when in other words, this is are the benefits package is like 30% of a salary, and that can be broken up into various types of subcategories.

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Speaker 1 – Dr. Joe Evans

So for example, at the University of Nebraska, the clinical staff or the staff faculty have one rate which is usually lower. And then the like secretarial group or administrative group has a percentage rate which is significantly higher because their salaries are lower. And the amount of, for example, health insurance is pretty consistent across both categories of both faculty as well as staff if there is within your organization a set amount, that makes it easy.

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Speaker 1 – Dr. Joe Evans

But if you have to kind of play that one by ear to see if your for example, if your director is making \$100,000 and benefits come out to be with health insurance and with retirement and so forth, come out to be in the neighborhood of 22% while your secretarial staff may be 35%. So it's easiest if there is one standard for the entire group, which usually is an average.

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Speaker 1 – Dr. Joe Evans

But the other option you have is to go back and actually try to figure out what the percentage of salary that a benefit package is for each of the primary people or people who are supported on your grant application. So by way of example, we have again name, position, title, the requested salary. This is the amount that for the grant what the benefits percentage is and what the amount would be of that.

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Speaker 1 – Dr. Joe Evans

So for example, in this case, there's a this agency has a 30% benefits ratio and everybody has the 30%. So if you take a look here, you'll see that 30% of \$27,000 is 80 \$100, the training directors is 30 that 30,000 for requesting salary and benefits or 30%. So it's \$9,000 and so forth. And you'll do this for each and every one of the people that you were employing on your grant application.

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Speaker 1 – Dr. Joe Evans

Now if in some cases there are, there are individuals whose FTE may be too low to work benefits, so for example their full time job may be only 40% of their full time job, their job may be only 40% so they wouldn't be eligible for benefits. So you can basically keep that in mind and doesn't have to be requested as part of the grant application funding of stipends and training.

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Speaker 1 – Dr. Joe Evans

Support is the largest area of ARPA funding available through BHECN for this competition. Trainee stipends and benefits are extremely important and the formula for this generally depends upon the degree the person has or what they're going for, the hours of practicum or internship that they have to have, whether it's a post-doc or a resident within the required hours to a complete that.

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Speaker 1 – Dr. Joe Evans

There will be a lot of variability in these figures that I'm going to show you here from this slide are from personal suggestions. So, for example, a psychiatry resident with his M.D. or D.O. is working for a

medical license and they usually have different levels of medical licensure that they may already have particular full licensure for to be a practicing psychiatrist and that during during that year is 20 hours of of required supervision and the living stipend is generally around 75,000 that has varied quite a bit.

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Speaker 1 – Dr. Joe Evans

So it isn't even varies within universities setting. So there has to be check that out and then benefits usually with that are usually full with the exception of not being able to earn or your retirement contribution. So like mental health nurse practitioners basically the they're working for a master's degree that's an advanced master's degree which leads to the APRN Licensure Advanced Practice hour in and the hours required for internship which would be supported, for example, on this, this funding are 550 hours.

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Speaker 1 – Dr. Joe Evans

The living stipend suggested by her so was \$10,000 and essentially allowable is purchase of health insurance with some of the funds from the from the grant itself. Similarly, psychology to interns is a 29 hour commitment and for supervision. It's lead to the degree of Ph.D. and person with their internship then is allowed to get their provisional license and the stipend level for that is all the living stipend is 28,352.

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Speaker 1 – Dr. Joe Evans

That's been that way for about the past five years with her son I imagine that'll be going up shortly. Health insurance is usually again allowable expense, social work, interns, mental health counselors and marriage and family therapy interns all are working towards getting their master's degree, which allows them to have a provisionally licensed mental health practitioner license at the end of their training or and usually that involves a 600 hours worth of internship or a practicum for each of those which generally suggests that \$10,000 to live for the living stipend, which usually can cover like one.

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Speaker 1 – Dr. Joe Evans

It depends on the program, but it could be one full semester or it could be covered over two separate semesters, \$5,000 each. So those are some of the the suggested levels. A psychology postdoctoral fellow basically has a PhD and they've, they've got their provisional license and they're working for the license psychology designation again, 2000 hours again. And their suggested level of living stipend is \$48,804 by her.

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Speaker 1 – Dr. Joe Evans

So again, we think that's going to be going up shortly and it entitles to full benefits without again the contribution for retirement. So this gives you some ideas of filling out how your overall budget is going to be looking and the living stipend column is the one that you really pay attention to as well as again the benefits is going to be quite different depending on, for example, the cost of health care, which can vary from agency to agency.

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Speaker 1 – Dr. Joe Evans

And the other part of that is how much the of the life insurance or health insurance premiums are going to be on a monthly basis. So those are things you have to build into your overall budget consideration. A final consideration under the personnel component of your budget is funding for consultants or contractors we use this budget category for hiring consultants to do, for example, program evaluation, fidelity assessments to assist with progress reports to provide management advice for someone who's, for example, been in the field for a while to provide on a clinical basis to provide supervision hours to trainees or provisional or licensed persons to assist with placement and retention activities or to conduct program

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Speaker 1 – Dr. Joe Evans

evaluation activities for the project so these are the things that that would be covered typically to hire a consultant for some of the budgeting methods. There are there are variable for consultants or contractors, and I'll just give you three of them that are possible, first of all, as an hourly rate. So for example, \$100 an hour for a maximum of 10 hours a week might be one way of budgeting it.

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Speaker 1 – Dr. Joe Evans

So let's say, for example, you you want to hire a person with a doctoral level level of expertise and has been in the area of a training and of supervising students for 20 years. So if he's that's the case, then that person might warrant, you know, 150 \$200 an hour. Daily consultation rate is another one way of looking at it.

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Speaker 1 – Dr. Joe Evans

So for example, it could be \$750 a day plus travel expenses if you're sending that person off to, for example, go to a distant clinic to do an observation of a third way is coming up with an FTE percentage. So for example, if it's 15%, you're going to put into that person to do clinical supervision. And there's an FTE of 15% of his hundred thousand dollars salary or 6 hours a week is what he's putting into it, which equals a budget overall category of \$15,000.

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Speaker 1 – Dr. Joe Evans

And again, justifying that, you just basically put in there that this person has the level of expertise we need to conduct the project, we'll be spending 6 hours a week. The total amount for his or her contribution will be \$15,000 with consultants. Also make sure that you get maybe a brief bio which describes their level of expertise, which then again justifies whatever level of of reimbursement you were providing for that person.

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Speaker 1 – Dr. Joe Evans

The second major category within grant budgets is our operating expenses. This, this particular category consists of things such as staff and trainee travel supplies, equipment, phone or internet costs. This is not usually in many grant application size, but because of the telehealth component of this possible funding. This is something that we've thrown into the mix as something that is should be budgeted if they go in that particular direction, education and conference costs.

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Speaker 1 – Dr. Joe Evans

And this this would be cost not to provide education, but actually to get education for your staff and then funding potentially for some program evaluation measures. And then there's another category which we'll discuss at the end one of the major things to consider in your operating budget is staff travel and trainee travel. So these are actually two separate categories one, for staff to actually go out and provide supervision and to negotiate contracts with agencies and to conduct data.

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Speaker 1 – Dr. Joe Evans

And these these types of expenses can be written off to the grant. And then there's also trainee travel, for example, if a individual is living, for example, at Wayne, Nebraska, and his or her her clinical site for practicum is 40 miles away, is that something that the agency or the grant should cover? And this is again, this again is something that that probably depends on what the staff standard practices are for your particular agency.

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Speaker 1 – Dr. Joe Evans

But you can budget some of this in, for example, mileage costs. This is just an example at \$0.25 a mile for trainee travel to a rural clinic where it's 30 miles away, so a 60 miles round trip and you expect 25 trips over a four month period in time for the person to get his or her level of clinical supervision required would budget out to about \$375.

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Speaker 1 – Dr. Joe Evans

So you estimate the approximate distance, the frequency of travel and the per the mileage reimbursement rate to get an overall cost. Now I put this in as \$0.25 per mile because that's what the university was paying for a while after they had been as high as 53%, \$0.53 per mile. But this is something that again will depend upon the standard practices of your agency, hotel and per diem costs or something else that needs need to be built in.

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Speaker 1 – Dr. Joe Evans

So if these costs are for travel that is distance and requires an overnight accommodation and meals, so include a daily per diem estimate which would cover breakfast, lunch and dinner or if it's only partial diem, let's say you travel and you don't get there till four in the afternoon, you may only have to budget in one meal a day and the same thing coming back home, you may end up having only to budget for breakfast because you're going to be back in the in the hometown by, say, three or four in the afternoon.

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Speaker 1 – Dr. Joe Evans

So these costs can be built in and they'll vary quite a bit depending on location. So if you have a let's say you travel to multiple sites and the cost of hotels, for example, ranges from 70 to \$150, take an average of those and build that into your budget. And again, the emphasis would be explaining that you'll also be getting hospital excuse me, you'll be getting hotel receipts to cover the cost which can be again quite highly variable.

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Speaker 1 – Dr. Joe Evans

There is often some confusion in terms of what the differences between supplies and equipment. Many times people think of things like computers or printers as, as a piece of equipment, but in actuality within the federal definition, anything less than \$5,000 is considered to be a supply. Anything above 5000 is considered to be equipment. So here's some examples of items that fit into the supplies.

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Speaker 1 – Dr. Joe Evans

Category would be laptop computers. We frequently purchased those on our grants to air our interns or our practicum students as they write reports, as they administer assessment tools, which can be actually put built into the the laptop itself, and for telehealth applications for seeing patients through the computer system as well as potentially getting feedback and supervision from a distant site using that that equipment, the purchase of software or Microsoft Office email programs, data collection programs, evaluation, the scoring programs are also things that that can be purchased with grant support, office supplies this is usually minor like, you know, maybe \$15 per person or \$20 a person.

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Speaker 1 – Dr. Joe Evans

And it covers things like paper and pens and staplers and so forth, training supplies, so if you have a training manual you're using with your staff that you're purchasing, if you have a projector that you use to do some maybe some group supervision, or patient handouts that the trainees can use when they go out to their various clinics or things that also can be purchased under this category and then printers and supplies for the printers.

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Speaker 1 – Dr. Joe Evans

So for example, if you have cartridges that you need to purchase or paper with you to use with your printer, usually it's expected that you'll have a smaller number of printers as opposed to laptops that can be shared. And then finally, equipment again, anything above \$5,000. This is very unusual that you would use this and many training grants.

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Speaker 1 – Dr. Joe Evans

However, with the fact that telehealth is an emphasis here and grants can go as high as \$1,000,000, the expectation here is that there will be probably some large purchases of, who knows, maybe even a tower to make sure that there's Internet access to some of our more rural sites. So equipment is something you can build in and in most of the grants that I put together, it's usually a zero.

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Speaker 1 – Dr. Joe Evans

But as I said before, the special category, because of our emphasis on telehealth, while Internet costs are usually not something that are picked up by many grant budgets in many grant budgets or phones, this is kind of a special category for projects increasing access to behavioral health through behavioral health services and budgets in this category might include such things as a contractual arrangement with an I.T. firm to develop the statewide or regional network subscriptions to Internet services with Wi-Fi for patients who have limited resources so they may be too poor to travel, or they cannot travel because of physical ailments, tablets or laptops that can be placed in primary care clinics so that maybe the

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Speaker 1 – Dr. Joe Evans

patient doesn't have the capacity or the bandwidth for getting Internet services at their home, but they can travel to their doctor's office and potentially be seen. They're using telehealth services, or if they can't travel you can potentially have tablets or laptops that could be loaned to needy patients in rural or frontier areas to access behavioral health care from home, because it's the potentially the satellite versus the cable network that you'll be tapping into or subscriptions to or satellite Internet services.

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Speaker 1 – Dr. Joe Evans

It's very in Nebraska, we have it's very unusual that we have cable going all the way out to some of these ranches with several thousand acres. So it's it's something that the satellite system, you know, may actually be the answer for many of the problems of the rural population. But again, this has to be paid for from somehow.

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Speaker 1 – Dr. Joe Evans

And this is one way of expensing that costs to conduct a program evaluation generally are going to be primarily with personnel but at the same time, there also are some other expenses which you need to budget in. So for example, potentially a dedicated computer that is only for data collection, storage and and data analysis, data collection, software stat programs, backup storage drives so that you won't ever, ever have the worry of losing some of your data.

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Speaker 1 – Dr. Joe Evans

These are things that can be built into a budget for under the category of program evaluation. But it also is no matter what the data is or which measures you use, you're going to need some materials and some forms. And this, again, is the place where you would put your emphasis on how the program evaluator is going to be supported from expenses that that typically are required when conducting an evaluation or an assessment of a program.

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Speaker 1 – Dr. Joe Evans

In those instances in which a project is new and doesn't have a training director or a training manual available, oftentimes getting the staff trained, it can be an expense that can be written into the grant. And for example, in this case, it could be a budget for education of of project trainees, staff for managers through a workshop or participation in behavioral health conferences.

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Speaker 1 – Dr. Joe Evans

So for example, there is a maybe a week long training in integrating behavioral health into primary care or a two day training and behavioral interventions for severely mentally ill patients in those situations that might involve some travel. It also might involve registration fees, fees, tuition travel to, to and from, let's say, an airport per diem hotel and purchase of educational materials.

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Speaker 1 – Dr. Joe Evans

So this can all be built into the to the budget to basically allow your staff to be educated so they can be more successful, you know, within the parameters of your proposal.

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Speaker 1 – Dr. Joe Evans

As in most budgets throughout life, there's always some type of expense that may be unique to a particular proposal. Some examples might be, for example, rental costs. If you are a private practitioner and you are working in integrating your program or integrating behavioral health into a primary care practice, the Stark Act requires that there be some payment for a more fair market value level to rent space within that practice.

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Speaker 1 – Dr. Joe Evans

So, for example, even though a practitioner, a behavioral health practitioner may only use maybe say, 80 square feet with the size of an exam room, the in the average cost for that particular town is \$20 per square foot that's maybe a \$600 a year that can be built into them to the budget to support that type of activity.

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Speaker 1 – Dr. Joe Evans

Contracts for Internet satellite services, playroom equipment, if it's a day treatment program, for example, for kids with autism and they need to have some way of of amusing the kids are giving them breaks so having some playroom equipment is important can be built into the budget remote cameras. So if in a facility the the trainee is in a small room there can be a camera that could be mounted and would allow them to have but allow the supervisor to have remote observation capabilities, purchase of equipment and software to promote wellness so for example, if there are wellness manuals that are going to be used in working with behavioral health trainees, or behavioral

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Speaker 1 – Dr. Joe Evans

health professionals that can be built into the budget purchase of equipment to do that type of activity, so, for example, it would be it might be a stretch, but you might want to consider like exercise bicycles or something that could be built in as part of your emphasis on wellness. And then finally rental of conference rooms. If you're planning to do, you're in a small town and you're planning to do some conferences or bring people in or work with the local providers within your area, you might need to rent a conference room for didactic group training.

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Speaker 1 – Dr. Joe Evans

And again, these two can cannot be built into into your budget the eighth and final section of a grant application has to do with letters of support or agreement. These are actually two different requirements, and letters of support tend to be optional. Letters of agreement tend to be those that should be included within the grant application. Letters of agreement are to be utilized if the proposed project involves collaboration or a partnership with other entities in the health care field or within education and so forth.

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Speaker 1 – Dr. Joe Evans

There should be a letter of agreement, for example, between the primary applicant, which is the one that would receive the the funding and then contract out to others who are collaborators, consultants or project participants. So some examples of a private behavioral health practice that collaborates with the university behavioral health training program for interns should be some type of of indication that we'll be getting students from this particular agency or this particular training program, collaborative application.

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Speaker 1 – Dr. Joe Evans

So for example, there's something called the Southeast Rural Physicians Association. If they're family medicine practitioners, get together and put together a proposal that could be submitted and it should have the signature of the individuals who are willing within that group to take on, for example, an intern or to take on students to work with towards their behavioral health degrees.

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Speaker 1 – Dr. Joe Evans

If there's an autism treatment program, that's it's contracting for training from an interdisciplinary autism center or and or practicum students or let's say special education students from a university training program. There should be some letter of agreement that this is this is kosher and basically that you're working together on this primary care medical practice that contracts for intern supervision because they don't really have a psychologist or they don't have a social worker or a marriage and family therapist.

01:17:31:16 - 01:18:12:18

Speaker 1 – Dr. Joe Evans

But they need that licensed person to provide supervision for their trainee so they can intern go ahead and contract that out. But if they contracted out, they should have some indication of the credentials, again, of the person who is being the contractor or the Nebraska Medical Association. If they contract with, let's say, the Creighton or UMC psychiatry departments to conduct a behavioral health consultation services for its rural members, that could again be something where the applicant would be the Nebraska Medical Association and the collaborators would be the university psychiatry departments.

01:18:13:28 - 01:18:43:28

Speaker 1 – Dr. Joe Evans

Finally, the primary care clinic that collaborates with the it's called the America Technical Technology and Transfer Center to get training for integrated behavioral health. Health providers who are new to the staff or who are new to working in a medical clinic. So these are some of the things that you can you should get letters of agreement for simply because it demonstrates to the reviewers that you have a partnership and that the partnership is active.

01:18:43:28 - 01:19:14:28

Speaker 1 – Dr. Joe Evans

And it's not something that you're just dreaming up but you've actually got commitments from from the partners to work together. Finally, letters of support are optional, and they can be used to demonstrate support for the project. Some examples would be a letter from the local public health department indicating the need for services in the catchment area. A letter from a local physician's practice, indicating the percentage of its patients that need behavioral health services and the lack of services within that area.

01:19:15:09 - 01:19:52:20

Speaker 1 – Dr. Joe Evans

And if it's multiple, if there are multiple docs, for example, in that clinic, getting as many of them to submit to sign off on the letter of support can really be helpful. A letter from the University Behavioral Health Training Program indicating its willingness to place interns at a particular behavioral health training site, a letter from this local school or the educational service unit serving that area, indicating the need for additional behavioral health for students within the the school district a letter from a local hospital supporting the need for mental health, inpatient care and space.

01:19:53:02 - 01:20:12:27

Speaker 1 – Dr. Joe Evans

You know, we've had a closing down of many beds across the state that now people have recognized that there is still a need. And there are a number of hospitals around the state that are trying to address that need. Finally, letters from like the local chapters of NAMI, the National Association for the Mentally Ill, indicating support for the project.

01:20:13:09 - 01:21:12:02

Speaker 1 – Dr. Joe Evans

These all are just ideas and if you have other areas, for example, maybe there's a something called the CHADD chapter. This is for children and adults with attention deficit disorder. That may provide some

type of a letter of support for you as well as other types of organizations of parents or of patients that have mental health problems that need additional support and access to the services. This slide concludes my remarks and guidance for those of you who decided to go in for an application in one of the four categories of BHECN funding using ARPA funds, we basically are looking forward to looking at and evaluating a number of proposals from you.

01:21:12:17 - 01:21:28:08

Speaker 1 – Dr. Joe Evans

Best wishes for success in your applications and I look forward to seeing you in the future. For additional information go to unmc.edu/bhecn for the latest guidance and good luck with your applications. Thank you very much.