Recommended Investment of American Rescue Plan Act Funds for
HEALTH

Introduction

The Nonprofit Association of the Midlands partnered with Nebraska Children and Families Foundation, OpenSky Policy Institute, Nebraska Association of Behavioral Health Organizations, and Coalition for a Strong Nebraska to understand how we might meaningfully impact our community with American Rescue Plan Act funds. More than 300 nonprofit representatives, community leaders, and elected officials attended at least one of three roundtable discussions to co-create recommendations based on their working knowledge and expertise in five areas: Early Childhood, Food, Health, Housing, and Workforce. The following recommendations address Health.

Recommendations

1. Increase access to health care services (including behavioral health) by supporting grants to expand Certified Community Behavioral Health Clinics; increasing access to children’s mental health care; expanding the number of long-term acute mental health care beds; creating a telehealth grant program; marketing available services to underserved Nebraskans; and developing Community Centers ($52 million).

2. Strengthen the healthcare workforce by increasing and expanding the Rural Loan Forgiveness Program; establishing health care career scholarships; launching a recruitment campaign; providing incentives and premium pay to retain health professionals; developing housing for health care staff training in rural areas; creating financial incentives for translators to train and work with health care providers; and expanding workforce data collection to include all health professions ($66.5 million).

Background and Strategies

Increase Access to Health Care Services
According to the Center for Disease Control (CDC), regular and reliable access to health services prevents disease and disability; detects and treats illnesses or other health conditions; increases quality of life; reduces the likelihood of premature death; and increases life expectancy. Increased access to health care services will assist in meeting ARPA recommendations to “…foster a strong, inclusive, and equitable recovery...with long-term benefits for health and economic outcomes.” 1 Access to behavioral health care is a critical component to an individual’s overall health and well-being. Pre-COVID, one in five individuals would experience a mental illness at some point in their lives; COVID has increased that statistic to one in four individuals. Over 40% of individuals in need of care cite the inability to pay as a top reason for not seeking care and access to timely treatment as a top reason for not receiving treatment. To improve access, capacity must be increased.

Support Grants to Expand Certified Community Behavioral Health Clinics ($250,000)
Nebraska currently has three Certified Community Behavioral Health Clinics (CCBHCs) that were awarded grants from the Substance Abuse and Mental Health Services Administration (SAMSHA). SAMHSA expects CCBHCs to provide comprehensive 24/7 access to community-based mental and substance use disorder services, treatment of co-occurring disorders, and physical healthcare in a single location. These federal grants are time and resource intensive. Technical assistance grants to support successful applications could result in at least 10 additional federally funded clinics located in key communities across the state.

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Increase access to children’s mental health care ($7 million)
Across the country mental health-related emergency room visits are up 24% for those 5-11 years old and 31% for those 12-17 years old. In Nebraska, suicide is the number one cause of death for those 10-14 years of age and second leading cause of death for those 15-24 years of age. Funding is needed for early intervention services and access to timely children’s mental health care. This includes expanding school-based behavioral health care to impact social determinants of health, conduct screenings and begin coordination of care; developing a community network with care coordinators in hospitals and clinics; and creating a mental health urgent care that embeds mental health access in all primary care pediatric offices across the state.

Expand the number of long-term acute mental health care beds ($40 million)
Since the Behavioral Health Reform effort (LB 1083, 2004), the total number of long-term psychiatric beds for adult individuals allocated to each Region has declined from 100 to 40-50, leaving hospitals short beds for patients requiring long-term care.\(^2\) Similar problems exist for children and youth. One hospital reported that it’s not uncommon to send children out of state when there are no beds available. These shortages have been worsened by COVID-19 due to safety protocols related to spacing. The shortage of beds has resulted in correctional facilities across the state housing individuals in need of long-term care, turning jails into de facto psychiatric facilities without the appropriate staff or treatment options. Moreover, the shortage of beds has also impacted wait times, often exacerbating symptoms for those with serious mental illness.\(^3\)

Create a telehealth grant program ($2 million)
Telehealth has become a widely used, popular tool for service delivery. However, many lack access to the technology needed to use telehealth services. Developing access points in facilities people know and trust, like grocery stores, churches, and libraries, provide safe and secure places to obtain physical or behavioral health care. These access points must include the necessary wifi connections and equipment for telehealth delivery, such as computers or pads, and secure platforms to comply with HIPAA. Computer literacy training would help residents connect to telehealth and other services in an increasingly technological world. Funds would enable a few hundred telehealth access points to be established. These community grants could be administered by the Nebraska Community Foundation.

Market available services to underserved Nebraskans ($1 million)
One of the primary objectives of the American Rescue Plan is to “address systemic public health and economic challenges that have contributed to the unequal impact of the pandemic.”\(^4\) A health literacy marketing campaign that targets underserved communities and focuses on coverage and culturally appropriate delivery would encourage people to access care without fear. Information and materials would be distributed through established, trusted relationships, such as churches, schools, and community centers, ultimately reducing costs and leading to better health outcomes.

Develop Community Centers that provide a full spectrum of services ($2 million)
According to Nebraska’s Department of Health and Human Services, there are moderate to significant disparities between white residents and those identifying as African American, American Indian and Hispanic in terms of perceived health status, health coverage, and ability to see a physician, among other

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\(^2\) In Douglas County, hospitals currently have 28 individuals waiting for a bed and appropriate care.

\(^3\) In Lancaster County, 19 individuals have totaled over 3,500 days waiting for transfer to critical long-term care.

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reasons.⁵ Developing one to three Community Centers in areas where diverse populations live and work will increase access to care among vulnerable populations, an explicit purpose of ARPA funds according to Treasury guidelines.⁶ Community Centers would be developed in a manner that respects specific cultures, helps individuals navigate the services provided by various local and state agencies, and create a space where people feel safe and comfortable.

**Strengthen the Healthcare Workforce ($66.5 million)**
A strong, resilient workforce is the lynch pin for improving access to care and a strong health care system. In Nebraska, provider availability is an ongoing and worsening issue. From 2017 to 2019, there has been “an alarming decrease in the number of counties with actively practicing physicians,” with 14 counties lacking a single primary care physician.⁷ Only 39 of Nebraska’s 93 counties had an active OB/GYN practice in 2019⁸ and only 12 of Nebraska’s 93 counties had at least one psychiatrist as of 2018.⁹ Recruitment and retention of healthcare workers is paramount across all sectors, from support and technology to mental health providers, doctors, and nurses, and community health workers.

**Increase and expand the Rural Loan Forgiveness Program ($10 million)**
Loan forgiveness and scholarships helps recruit individuals to rural and underserved areas of the state. Infusing additional dollars into the Rural Loan Forgiveness Program and expanding it to more health care professionals, especially nurses and other high demand health system positions such as community support workers, will help recruit and retain healthcare workers in rural shortage areas. Extending the program to include a lower tier of forgiveness for urban healthcare workers will also strengthen recruitment efforts. The program routinely has a waiting list, demonstrating existing demand by healthcare professionals. Temporarily suspending the 50% local match requirement would ensure funds are distributed in a timely fashion and recruit a larger workforce.

**Establish health care career scholarships ($3 million)**
The average cost of college in the U.S. has tripled in the last 20 years, with an annual growth rate of 6.8%.¹⁰ Healthcare career scholarships are needed¹¹ to overcome the financial barriers for low-income students, increase the number healthcare professionals, and improve workforce diversity. Scholarships would include entry-level tech support positions and priority would be given to low-income students. Research has demonstrated that students from low incomes and communities of color with tuition scholarships are more likely to complete their degrees.¹²

**Launch a marketing campaign to recruit a diverse workforce ($1 million)**
In Nebraska, research has shown a “wide divide between the race/ethnic demographic of the healthcare workforce and the projected demographic composition of the Nebraska population.” While a fifth of

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Nebraskans identify as racial or ethnic minorities and the Hispanic population is projected to triple over the next decades, more than 87% of physicians in Nebraska are white, non-Hispanic. Providing diversity among our healthcare workers improves access to care, enhances patient choice, and fosters better communication between patients and providers. In conjunction with a targeted scholarship program, recruiting a diverse healthcare workforce is essential to ensure all Nebraskans have access to culturally appropriate and quality healthcare.

**Provide incentives and premium pay to retain health professionals ($40 million)**

According to the U.S. Dept. of Treasury, “[d]uring the public health emergency, employers’ policies on COVID-19 related hazard pay have varied widely, with many essential workers not yet compensated for the heightened risks they have faced and continue to face.” Providing incentives and premium pay to health professionals will address this need and is explicitly allowed by the American Rescue Plan, i.e., up to $13 per hour and $25,000 per worker.

**Develop housing for health care staff training in rural areas ($10 million)**

The availability of safe and affordable housing in rural and frontier areas of Nebraska would greatly enhance recruitment and retention of newly graduated students pursuing training. An investment of $10 million by the state, with a match from both the relevant local government and local hospital for the remaining $5 million will support an estimated $300k/unit, ten units per site, and five sites across the state.

**Create financial incentives for translators to train and work with health care providers ($2 million)**

Many of our ethnic populations do not have the ability to receive services from professionals who understand their needs or communicate in a language they understand. Having access to translators who understand their language and cultural norms is critical to ensuring patients receive the care they need in a way they understand.

**Expand workforce data collection to include all health professions ($500,000 per year)**

The Center for Nursing collects workforce data for RNs, APRNs, and LPNs through a survey included with licensure renewal. This information is used in a predictor model with the Department of Labor’s nine economic regions to analyze geographic and demographic workforce differences across the state, trends at regional and statewide levels, and gaps in the workforce over time. An investment to expand the Center for Nursing database to include other licensed health profession data would enable future comprehensive planning and analysis of the broader healthcare workforce.

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