

## Side-By-Side Comparison of Nebraska and Illinois Bills

Text in **Bold Blue** are notes from Nevada participants

Text in **Bold Italics** indicates language from Nebraska or Illinois that the Rural Regional Behavioral Health Policy Board wants to include in their BDR with some adjustments.

	NEBRASKA (2009) LB603 SEC. 12-14	ILLINOIS (2021) HB0158 SEC. 65
Legislation Section Title <b>(Table for now)</b>	Behavioral Health Workforce Act	Behavioral Health Workforce Education Center of Illinois (Center) Act
Intro/Findings (describes the need; workforce statistics; etc.) <b>TBD</b>	Section 13	Section 65-5:1-18
Administration/Structure	University of Nebraska Medical Center	<p><b><i>“...by a teaching, research, or both teaching and research public institution of higher education...”</i></b></p> <ul style="list-style-type: none"> <li>● <b><i>Board of Higher Ed with Division of Mental Health select administering higher ed institution for Center</i></b></li> <li>● <b><i>Administering institution serves as hub in a multisite model (rural and small urban areas)</i></b> <ul style="list-style-type: none"> <li>○ <b><i>Works with regional hubs to assess and serve the workforce need of specific, well-defined regions and specialize in specific research and training</i></b></li> </ul> </li> </ul>

		<p><i>areas, such as telehealth or mental health-criminal justice partnerships, for which the regional hub can serve as a statewide leader</i></p> <ul style="list-style-type: none"><li>● <i>Administering institution provides infrastructure to organize regional behavioral health education and outreach. As budgets allow, this shall include:</i><ul style="list-style-type: none"><li>○ <i>conference and training space</i></li><li>○ <i>research and faculty staff time</i></li><li>○ <i>telehealth</i></li><li>○ <i>distance learning equipment</i></li></ul></li><li>● <i>Center tasked with a convening and coordinating role for workforce research and planning, including monitoring progress toward Center goals</i></li><li>● <i>Center shall coordinate with key State agencies involved in behavioral health, workforce development, and higher education in order to <u>leverage disparate resources</u> from health care, workforce, and economic development programs in state government</i></li><li>● <i>Center shall organize a</i></li></ul>
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		<p><b><i>consortium of universities in partnerships with providers, school districts, law enforcement, consumers and their families, State agencies, and other stakeholders <u>to implement workforce development concepts and strategies</u> in every region of the State</i></b></p> <ul style="list-style-type: none"><li>● <b><i>Center is responsible for developing and implementing a strategic plan for the recruitment, education, and retention of a qualified, diverse, and evolving behavioral health workforce in the State</i></b><ul style="list-style-type: none"><li>○ <b><i>including convening and organizing vested stakeholders spanning government agencies, clinics, behavioral health facilities, prevention programs, hospitals, school, jails, prisons and juvenile justice, police and emergency medical services, consumers and their families, and other stakeholders</i></b></li></ul></li><li>● <b><i>Board of Higher Ed may adopt such rules as may be necessary to implement and administer the selection process</i></b></li></ul>
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Recruitment	Prioritize the need for additional professionals by type and location	<b><i>Build partnerships with school districts, public institutions of higher education, and workforce investment agencies to create pipelines to behavioral health careers from high schools and colleges</i></b>
<p>Training  <b>Maybe make it more general? That would give Center staff more latitude to determine what Nevada needs – focus on strategic planning. Generally, agree with bullet points in IL model. Do some wordsmithing of IL model to avoid language that would create a large fiscal note, but would essentially keep the door open to these things. Focus on formalizing partnerships and communication so it's not dependent on leadership. Ensure leveraging existing programs and resources. Give the Center opportunities for TA or hub for connecting to TA</b>  <b>Ensure strategic partnerships with potential funding resources, including Graduate Medical Education or others as applicable and</b></p>	<ul style="list-style-type: none"> <li>● Fund 2 psychiatry residencies each year; total of 8 in three years <ul style="list-style-type: none"> <li>○ center-funded resident shall do at least one year of rural training</li> </ul> </li> <li>● Develop 2 interdisciplinary behavioral health training sites each year until 6 have been developed. 4 of the 6 sites shall be in rural counties. Each site shall train a minimum of 3 behavioral health professionals</li> </ul>	<ul style="list-style-type: none"> <li>● Build pathways to behavioral health specialization among health professional students</li> <li>● Expand behavioral health residency and internship opportunities for graduates</li> <li>● Convene academic institutions providing behavioral health education to: <ul style="list-style-type: none"> <li>○ develop curricula to train future behavioral health professionals in evidence-based practices that meet the most urgent needs of Illinois' residents.</li> <li>○ build capacity to provide clinical training and supervision; and</li> <li>○ facilitate telehealth services to every region of the state</li> </ul> </li> <li>● <b><i>Provide technical assistance to support professional training programs that provide effective training in evidence-based behavioral health practices</i></b></li> <li>● Work to grow and advance peer and parent-peer workforce development:</li> </ul>

<p>available (Create general mental health education fund that has parity to physician education?)</p>		<ul style="list-style-type: none"> <li>○ assessing the credentialing and reimbursement processes and recommending reforms;</li> <li>○ evaluating available peer-parent training models, choosing a model that meets Illinois' needs, and working with partners to implement it universally in child-serving programs throughout the State; and</li> <li>○ including peer recovery specialists and parent-peer support professionals in interdisciplinary training programs</li> </ul>
<p>Retention/Existing Workforce Need to focus on leveraging what we already have in this area. There are retention issues that don't relate to training. Put something more general that would be a part of the center's strategic planning to identify strategies – there are more pressing issues than Continuing Ed. We want this to be doable as a pilot. Cut down detail.</p>	<ul style="list-style-type: none"> <li>● Train in telehealth to increase access to care</li> <li>● Establish learning collaborative partnerships with other higher ed institutions, hospitals, law enforcement, community-based agencies, and consumers and families to develop evidence-based, recovery-focused, interdisciplinary curriculum and training for behavioral health professionals delivering services in community-based agencies, hospitals, and law enforcement</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Evaluate and disseminate information about evidence-based practices emerging from research regarding promising modalities of treatment, care coordination models, and medications</b></li> <li>● <b>Provide technical assistance to support continuing education programs that provide effective training in evidence-based behavioral health practices</b></li> <li>● Train behavioral health professionals in telehealth techniques, including taking</li> </ul>

		<p>advantage of a telehealth network that exists, and other innovative means of care delivery in order to increase access to behavioral health services for all persons within the State</p>
<p>Data Analysis  <b>The center will coordinate with other entities that collect BH Workforce data (ensure longitudinal tracking from K-12 to employers – where is the talent pool going and how long do they stay), plus piece from IL highlighted</b></p>	<p>Analyze geographic and demographic availability of mental health professionals (psychiatrists, social workers, community rehabilitation workers, psychologists, substance abuse counselors, licensed mental health practitioners, behavioral analysts, peer support providers, primary care physicians, nurses, nurse practitioners, &amp; pharmacists)</p>	<ul style="list-style-type: none"> <li>● Collecting and analyzing behavioral health workforce in Illinois, with detailed information on specialties, credentials, additional qualifications (such as training or experience in particular models of care), location of practice, and demographic characteristics, including age, gender, race and ethnicity, and language spoken; participation in public and private insurance networks <ul style="list-style-type: none"> <li>○ including systemic tracking of the behavioral health workforce and datasets that support workforce planning for an accessible, high-quality behavioral health system.</li> <li>○ identify highest priority geographies, populations, and occupations for recruitment and training</li> </ul> </li> <li>● Monitor the incidence of behavioral health conditions to improve the estimates of unmet need</li> </ul>

		<ul style="list-style-type: none"> <li>● <b><i>Develop systems for tracking the utilization of evidence-based practices that most effectively meet behavioral health needs</i></b> <ul style="list-style-type: none"> <li>○ <b><i>compile up-to-date, evidence-based practices, monitoring utilization, and aligning training resources to improve the uptake of the most effective practices</i></b></li> </ul> </li> </ul>
<p>Reporting  <b>Annually to Interim HHS and Assembly HHS, and Senate HHS, + commerce and Labor, Commission on BH, all Regional BH Policy boards</b></p>	<p>Report on activities to the legislature by December 1st of every odd-numbered year.</p>	<p>Report on activities to the legislature by December 1st of every odd-numbered year.</p>
<p>Funding  <b>TBD as of 8.12.22 Executive Budget, other resources</b></p>	<p>LB 603 Fiscal Note:          “The University of Nebraska Medical Center will incur expenditures of \$1,385,160 GF in FY10 and \$1,563,993 GF in FY11 relating to the cost of the Behavioral Education Center and requirements of the Behavioral Health Workforce Act.”</p>	<ul style="list-style-type: none"> <li>● “...shall leverage workforce and behavioral health resources, including, but not limited to, State, federal, and foundation grant funding, federal Workforce Investment Act of 1998 programs, the National Health Service Corps and other nongraduate medical education physician workforce training programs, and existing behavioral health partnerships”             <ul style="list-style-type: none"> <li>○ leverage financial support from grants and social impact</li> </ul> </li> </ul>

		<p>loan funds</p> <ul style="list-style-type: none"><li>● FY22: \$6,000,000 from DHHS and Higher Ed</li><li>● FY23: \$10,000,000 in Illinois Board of Higher Education budget</li></ul>
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