

Olmstead Planning Guidance Document

PREPARED BY:

TECHNICAL ASSISTANCE COLLABORATIVE

1) Reliance on Institutional Placements

Highlighted Progress:

DHHS has taken important steps to reduce the unnecessary and inappropriate use of institutions for people with disabilities –

- Closed beds at Beatrice State Developmental Center (BSDC) and the Regional Centers.
- Re-purposed funding from bed closures to enhance and expand community-based services.
- Applied for and was awarded the federal Money Follows the Person demonstration grant, transitioning more than 660 individuals from nursing facilities to the community.
- Through the development of services such as Community Support, DBH has moved clients known to the BH system out of poor quality Assisted Living Facilities (ALFs).

Why it Matters:

- The Americans with Disabilities Act, as well as the regulations promulgated under that statute, prohibit the unnecessary institutionalization of individuals with disabilities.
- Many individuals with disabilities would prefer to live in integrated settings as opposed to institutions.
- The cost of institutional care is higher per person for most people with disabilities than community-based care.

Suggested Goal #1: Nebraska will continue to pursue opportunities that reduce reliance on institutional settings, appropriately transition individuals to community based care, based on their needs and preferences, and re-purpose available resources to expand community-based services and supports.

Potential strategies for consideration:

- DHHS should provide residents and their families with information about services and supports that would assist them in making informed choices by –
 - Updating the MLTC website for easier access to information
 - Continue providing in-reach to residents of institutional settings
 - Surveying residents about their concerns about transitioning to a more independent living arrangement
- DHHS should examine the use of resources to facilitate transitions to more independent living by -
 - Exploring the use of existing resources and the feasibility of re-purposing some resources
 - Exploring the use of waivers and the benefits covered to enhance opportunities for individuals to age in place as well as to transition from institutional settings.

2) Admissions to Segregated Settings, Including Jails/Prisons and Homelessness

Highlighted Progress:

Nebraska has focused efforts on reducing admissions to segregated settings, including jails/prisons and homelessness -

- By diverting admissions from segregated settings
 - Implemented the Systems of Care initiative statewide, to reduce the number of children and youth in out-of-home treatment and juvenile justice placements.
 - Added Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) as Medicaid covered benefits; both are EBPs that reduce Behavioral Health and Juvenile Justice out of home placements.
 - Developed crisis response teams for children and adults to de-escalate crises, to avoid unnecessary acute care admissions and to maintain individuals in their living situations.
 - Re-purposed 8 beds at BSDC to provide Acute Crisis Stabilization, thereby reducing the need for long-term institutional placements for individuals with I/DD.
- By reducing Justice Involvement
 - Boone, Cuming, Douglas, Lancaster, Otoe, Platte and Sarpy Counties have signed on to the Stepping Up Initiative, passing resolutions to reduce the number of people with mental illnesses in their county jails.
 - Douglas County is partnering with the University of Nebraska Medical Center, Creighton University and Charles Drew Health Center in a 6-month pilot program intended to provide Youths in Douglas County detention with prompt access to psychiatric assessments and enhanced mental health care upon release from detention. The intention is to shorten the amount of time that youths spend in detention and to reduce the likelihood that they will be arrested and detained again.
- By reducing homelessness - Since 2012, NE has achieved a reduction of 23% in the number of individuals who are homeless (living in some sort of shelter) and a reduction of 83% in the number of unsheltered homes.¹
 - The Continuums of Care have ended Veterans' functional homelessness in Lincoln and the Balance of State, ADD....achieving functional zero by ensuring that Veteran homeless is rare, brief, and non-recurring.²
 - Nebraska is implementing a coordinated community plan to address rural homelessness, funded through a \$3.28 million award from the HUD's Youth Homeless Demonstration program, that will serve youths and young adults under 24 years old across the state outside the Lincoln and Omaha metropolitan areas.³

¹ HUD Exchange Accessed March 5, 2019. <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

² <https://www.usich.gov/tools-for-action/communities-that-have-ended-homelessness/>

³ <https://www.usich.gov/tools-for-action/communities-that-have-ended-homelessness/>

Why it Matters:

- Trauma early in life can have serious consequences for normal childhood development, placing children at risk for learning difficulties, drug abuse, teen pregnancy, risk taking behavior, and psychiatric and health problems later in life. The potential for children to be further traumatized during the process of ... out-of-home placement is high.⁴
- Repeated admissions to acute care inpatient settings can lead to admissions to state psychiatric long-term care.
- The availability of I/DD respite care can help to avoid long-term institutional placement.
- Many individuals with disabilities would prefer to live in their own home or apartment as opposed to an assisted living facility if they could afford to do so.
- The Department of Justice has been involved in legal action in North Carolina and Kentucky as a result of their reliance on ALFs to house individuals with SMI.
- Many people with mental illnesses in jails are arrested for relatively minor crimes stemming more from their illness than from intent to do harm, incarceration often exacerbates their symptoms, they tend to stay longer in jail and are at a higher risk of re-incarceration and they are more costly to house.⁵
- Individuals who are chronically homeless have higher rates of untreated chronic medical conditions, untreated serious mental illness and substance use disorders and more frequent interface with the criminal justice system.⁶

Suggested Goal #2: Nebraska will continue to seek out strategies, services and supports that divert individuals with disabilities from admission to segregated settings, including Juvenile Justice settings, jails and prisons, as well as homelessness.

Potential strategies for consideration:

- DHHS should study effective community based strategies and provide community education and training on such strategies to individuals, friends and families, providers and advocates.
- DHHS should assess the alignment of existing policies, programs and resources to maximize their benefit and eliminate gaps in care that may result in institutional placements or homelessness.
- DHHS should initiate reporting of residents' diagnoses in licensed ALFs and explore the issuance of policy or regulation that limits the percent of residents with SMI who can live in an ALF.

⁴ Product of "Reducing the Trauma of Investigation, Removal and Initial Out-of-Home Placement Project" (2008-09) conducted by Portland State University, Center for Improvement of Child and Family Services, funded through the Children's Justice Act Task Force at the Oregon Department of Human Services.

⁵ County Elected Officials Guide to Talking to the Media and the Public About People with Mental Illnesses in their Jail, The Stepping Up Initiative. Retrieved February 8, 2019
www.naco.org/sites/default/files/documents/Stepping-Up-Guide-to-Talking-to-the-Media.pdf

⁶ United States Interagency Council on Homelessness. Retrieved on 3/25/2019 from
https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

- Explore opportunities to expand evidence-based and promising practices that reduce out-of-home placements for children, youth and adults with disabilities; justice involvement; and housing instability that can lead to homelessness/chronic homelessness.

3) Community Based Services

Highlighted Progress:

Nebraska has increased the availability of services and supports that assist individuals with disabilities to live successfully in the community.

- Sought and obtained federal approval of Home and Community Based Services waivers for individuals who are Aged and Disabled, who have Individual/Developmental Disabilities and individuals who have a Traumatic Brain Injury.
- In 2014, Nebraska Statute created the Nebraska Mental Health First Aid Training Program. The training gives you the skills you need to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis. After two fiscal years, 2,269 participants were trained; approximately 52% of persons trained were from Omaha, Lincoln and Grand Island, with the remaining 48% from rural communities throughout the state.
- Expanded Community Support Services for adults with an SMI.
- Submitted an application to CMS for an 1115 SUD Waiver Demonstration with aims to provide a fuller continuum of care options for persons with SUD including those with SUD and co-occurring SMI.
- In April 2018, the Governor formalized Aging and Disabled Resource Centers (ADRC)s as an ongoing component of Nebraska's LTC continuum, intended to provide streamlined access to information and resources for individuals in need of services and their families.
- DHHS and its Divisions are making information about programs and benefits more readily available for individuals with disabilities and their families.

Why It Matters:

- Individuals with disabilities and older adults often prefer to age in place rather than be admitted to a nursing facility, and would choose to do so if they had information and assistance to access the most appropriate public and private resources to meet their long-term care needs.
- Publicly-funded community-based behavioral health services for individuals who do not qualify for Medicaid are often at capacity. Only 20% of consumers in Nebraska indicated they can easily get SMI treatment in a timely manner.⁷
- A Statewide Transition Plan (STP) is required by all states with Medicaid HCBS Waivers in order to come into compliance with the HCBS Final Rule. Compliance with the final settings rule is critical to maintaining Nebraska's federal match from the Centers for Medicare and Medicaid Services.

⁷ Nebraska Behavioral Health Needs Assessment, prepared by the University of Nebraska Medical Center, College of Public Health; September 2016.

Suggested Goal #3: Nebraska will seek to increase access to community-based services in order to provide individuals with disabilities and older adults greater opportunity to age in place and to live successfully in their community of choice.

Potential strategies for consideration:

- Complete revisions to DHHS' website to facilitate navigation/access to information about community-based services and how to access them, potentially exploring how the website could become a single access system for all DHHS funded programs/providers.
- Explore expanded eligibility for and coverage of additional community-based services through waiver amendments.
- Explore resources to fund additional waiver slots.
- Work with the managed care organizations to expand the use of telehealth capacity to increase access to and use of healthcare, including behavioral healthcare, services.

4) Integrated Education/Employment

Highlighted Progress:

Nebraska agencies have partnered to enhance the opportunities for children and youth with disabilities to receive education in integrated classrooms and school settings, and for adults to participate in employment in integrated settings that pay competitive wages.

- DBH issued Behavioral Health Resources for Schools, a compendium of selected behavioral health topics to assist educators and school staff working with students who possibly have or do have identified behavioral health needs.
- In 2018, the Nebraska Department of Education was awarded a \$9 million grant from the U.S. Department of Health and Human Services - Substance Abuse and Mental Health Services Administration to support Nebraska's AWARE (Advancing Wellness and Resiliency Education)-SEA (State Education Agency) project. AWARE-SEA is designed to enhance collaboration between state and local systems to promote mental health awareness, response, and intervention through an array of school and community-based services for students.
- Through a partnership between Nebraska Dept. of Education – Special Education and Nebraska Dept. of Education – Assistive Technology Partnership (ATP), the use of assistive technology is promoted to educators, professionals, and family members of children age birth to 21 who have a disability. This is done through trainings, technical assistance, assistive technology loans/demonstrations, and awareness activities. The intent of this program is to increase the number of children benefiting from the use of assistive technology, thereby increasing their ability to succeed in the educational and work setting.
- There is a strong relationship between Special Education and the Office of Vocational Rehabilitation which has helped to improve services and identify gaps between the educational and vocational systems.
- The Nebraska Office of Vocational Rehabilitation Services (OVR), Nebraska Department of Labor, and both Youth Rehabilitation and Treatment Centers (YRTC's) have engaged in a collaborative workforce partnership, providing youth at both YRTC's opportunities for career exploration, work based learning, career readiness, personal responsibility related to finding employment, and other topics relating to youth re-entry back into the community.

- Through the partnership between Nebraska VR and the Assistive Technology Partnership (ATP) individuals with disabilities are able to obtain assistive technology to help them succeed at work. ATP provides assistance with learning about, obtaining, and training on the use of assistive technology.
- DHHS Divisions have eliminated or are committed to reducing sheltered employment, and are instead working with OVR to increase opportunities for supported employment/competitive employment.
- DBH has committed to training, certifying and employing Certified Peer Support Specialists throughout the continuum of BH services.

Why it Matters:

- SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose, and community. **Purpose** is defined as *'Having meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.'*
- The Individuals with Disabilities Education Act (IDEA) requires schools to identify and evaluate students suspected of having disabilities, and once identified as having a disability, to provide them with special education and related services (like speech therapy and counseling) to meet their unique needs.
- In a survey of school districts across Nebraska, the most prevalent issue identified was the lack of resources to address students with co-occurring mental health and behavioral needs and students with a mental health disorder and I/DD.
- Individuals who complete secondary education are more likely to be employed, and to earn higher wages than individuals who do not graduate from high school.
- Though Nebraska's rate of employment of individuals with SMI exceeds the national average, the rate for people with all disabilities is well below the rate of employment for individuals who do not have a disability.

Suggested Goal #4: Nebraska agencies will work to increase access to appropriate education for children with disabilities and to increase access to integrated employment opportunities for transition age youth and adults with disabilities.

Potential strategies for consideration:

Education

- Establish regularly scheduled meetings between DHHS and DOE to open the lines of communication and increase collaboration.
- Continue issuing guidance on the prohibited use of Special Education funding for educational placements in segregated settings and sheltered employment.
- Strengthen the role of Parent Training and Information to better educate and support families in their legal rights to appropriate education for their children with disabilities.

Employment

- Assess areas of training needed for providers to promote employment for persons with disabilities, conduct provider trainings and work with them to implement strategies to improve employment outcomes.

- Issue a policy statement and provide educational materials to address attitudes about the ability for individuals with disabilities to work, and to promote culture change.
- Inform Medicaid members about the Medicaid for Workers with Disabilities Program.
- Nebraska VR will collaborate with partners to increase the number of individuals with disabilities accessing competitive integrated employment.
- Nebraska VR should dedicate staff who provide directed outreach to businesses communicating the benefits of a diversified workforce and employing individuals with disabilities.
- Nebraska VR should complete routine Career Counseling and Information and Referral (CCIR) meetings for all individuals earning sub-minimum wage at sheltered workshops as a means of awareness and informed choice for opportunities in competitive integrated employment in the community.
- DHHS should assure that all applicable provider employment settings comply with the Final Rule by 2022.

5) Housing

Highlighted Progress:

Nebraska has established resources that support individuals with disabilities to obtain and live successfully in community-integrated settings.

- In 2005 DBH created the Housing Related Assistance (HRA) program, to provide housing assistance to eligible individuals with a serious mental illness (or co-occurring disorder) and who are receiving behavioral health services. HRA includes the use of rental assistance, other housing-related assistance, facilitation of community integration and transition to permanent housing. HRA funds prioritize support for person under mental health board commitment order, in need of housing, and who discharging from a Regional Center or community inpatient or crisis setting.
- DHHS leadership has approved moving forward with a Housing Administrator position that can be hosted in the Division of Behavioral Health but will work with all 5 divisions as well as the Department of Economic Development (DED) and many housing partners across the state.
- In August 2018, Douglas County Housing Authority and Omaha Housing Authority received HUD's Section 811 Mainstream Housing Choice Voucher Program awards of \$222,068 for 40 housing vouchers and \$77,908 for 15 housing vouchers, respectively. The new vouchers are targeted to assist non-elderly persons with disabilities who are transitioning out of institutional or other separated settings; at serious risk of institutionalization; homeless; or at risk of becoming homeless.
- Nebraska has 107 public housing agencies (PHAs) including 21 that administer the Housing Choice Voucher (HCV) program, aka Section 8 vouchers, for a total of over 20,700 units of affordable housing.
- The Collaborative Resource Allocation for Nebraska (CRANE) program is a strategic allocation process between NIFA and other collaborating resource providers to accomplish difficult projects. Encourages alignment of multiple resources including NHTF.
- Through a partnership between the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Department of Education – Assistive Technology Partnership (ATP) home modifications are available that allow individuals with disabilities to remain in their

homes. Funding is supplied by the Aged and Disabled Waiver and the Developmental Disability Waiver.

Why it Matters:

- The primary reason that individuals with disabilities remain in institutional settings longer than necessary, move into sub-standard ALFs, have high rates of recidivism to jails and prisons and become or return to homelessness is the lack of safe, affordable and accessible housing.
- According to the Omaha Metro Area Community Health Needs Assessment (CHNA) - 20.1% of respondents reported that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage.
- Current challenges to housing affordability in Nebraska include a very tight housing market (an average vacancy rate of only 5.3%,) long wait lists for DBH rental assistance and some Public Housing Authorities and the lack of housing capacity in rural parts of the state.
- Advocates report challenges in locating fully accessible units and there is no statewide inventory of accessible units.

Suggested Goal #5: Nebraska will seek to increase access to existing housing resources and expand resources to create affordable, accessible housing.

Potential strategies for consideration:

- Increase housing resources by encouraging more PHAs to apply for the FY 19 Mainstream Vouchers and by developing a cross-agency committee to begin planning for the Section 811 Notice of Funding Availability (NOFA).
- Explore the feasibility of creating a new rental assistance pool for other populations including people with physical disabilities, Developmental Disabilities, TBI.
- Explore the use of the state’s SSI supplement to help support individuals in independent living settings.
- Seek out HUD Rural Capacity Building technical assistance to expand development capabilities of organizations in rural parts of the State.
- Explore with healthcare systems their interest in investing in housing/support services in response to CHNA identified need for housing.
- Explore existing affordable housing, including HUD-funded/financed multifamily housing and USDA housing to identify developments with vacancies or high turnover. For HUD-assisted, explore adoption of homeless preference by owners.

6) Data Collection/Evaluation/Quality Improvement

Highlighted Progress:

Nebraska is proceeding with efforts to improve data collection, to conduct evaluation on how resources are used and to improve the quality of services.

- In May of 2016, DBH implemented the Centralized Data System, which is expected to reduce duplicate efforts, streamline workflow, and offer timely reports for making data-driven decisions and to continuously improve quality and continuity of care for consumers in services funded by DBH.

- DDD has embarked on a multi-year, phased approach to enhance quality throughout the system, submitting the first quality management strategy plan to the Governor and the legislature in September 30, 2017; quarterly updates have been subsequently provided with annual progress reports beginning September 2018.
- For the first time, through the System of Care for youth grant, data is collected and analyzed - individual-level service utilization data across multiple state agencies including Division of Children and Family Services, Division of Medicaid and Long Term Care, and the Administrative Office of Probation.
- In January 2018, Nebraska became the first state in the nation to require reporting of all dispensed prescription drugs to DPH.
- MLTC has announced its intention to modify its reimbursement structure for Nursing Facilities, from a focus on the provision of services to the quality of services provided.
- MLTC is exploring implementation of a Health Management Program to create a management and intelligence infrastructure for quantifying the value of managed care coordination activities within the patient populations identified and managed by the MCOs.

Why it Matters:

- Access to live data on service capacity combined with timely longitudinal data would provide a robust information system, one that would allow DHHS to better monitor systems performance, including assessing different types of services and levels of care, utilization of services both within and across Divisions, and tracking consumer outcomes in order to make sound policy decisions and meaningful progress on improving holistic care.
- Data collection, reporting and evaluation makes both state agencies and their provider networks more accountable.

Suggested Goal #6: Nebraska will seek to implement processes to support the reporting and collection of reliable and valid data, in order to facilitate data driven decision-making, to improve the quality of services and to enhance accountability across systems

Potential strategies for consideration:

- Explore options for data sharing across DHHS Divisions.
- Provide training on quality assurance and strategies to facilitate DHHS providers' abilities to enter complete and accurate data in a timely manner.
- Assess DHHS' needs annually and develop shared indicators to monitor progress in priority areas and for targeted population groups.
- Implement/expand the use of Performance Measures, with financial rewards and penalties, to improve DHHS funded provider accountability.
- Offer greater choice and service opportunities for individuals within the long-term continuum of care.
- Explore the creation of a data sharing strategy with other key Departments and partners, such as local law enforcement departments and the Courts to gain a longitudinal and comprehensive assessment of the use of state and local resources.

7) Human Resources

Highlighted Progress:

Nebraska has focused on initiatives to create and sustain a pool of qualified staff to meet the needs of providers who serve individuals with disabilities.

- LB603 established the Behavioral Health Education Center of Nebraska (BHECN) and provided a direct funding appropriation to address the shortage of psychiatrists in Nebraska. Over time the Center has expanded focus to recruiting and retaining a broad base of BH professionals and direct care staff.
- In 2017, DHHS was selected as one of eight sites to receive a grant and partner with the Quality Improvement Center for Workforce Development (QIC-WD) to strengthen and stabilize its CFS workforce.
- Tele-behavioral health services are being provided in every region of Nebraska.
- The Munroe Myer Institute created a Respite Service Learning Program, allowing students to earn a Certificate of Achievement in Direct Care with Specialization in Home-Based Respite from the Nebraska Department of Health and Human Services, the Nebraska Lifespan Respite Network and MMI. Additionally, interested students may register to become a paid respite provider.

Why it Matters:

- Seventy-nine counties in Nebraska have been state-designated as shortage areas for psychiatrists and mental health practitioners. Health care providers, especially specialists such as psychiatrists, practice mainly in urban settings, creating an even more significant shortfall in rural Nebraska.
- On average, workforce turnover within the child welfare profession is more than six times the national average when compared to turnover in other professions. In 2017, State of Nebraska Children and Family Services Specialists (CFSS) experienced a 32 percent rate of turnover.
- The quality of services that support individuals with disabilities is highly dependent on the quality and stability of the direct care workforce.

Suggested Goal #7: Nebraska will explore further efforts to attract and maintain a high-quality workforce to serve and support individuals with disabilities

Potential strategies for consideration:

- Explore options for conducting surveys of cross-disability direct care staff, to identify issues that contribute to staff turnover and potential solutions to increase longevity.
- Assess the need for and the feasibility of strategies for providers to increase direct care workforce salaries.
- CFS should use its participation with the QIC-WD to implement interventions designed to address turnover, recruitment and retention of child welfare workers within DHHS.
- OVR should work to increase the diversity of traditional health care providers and health system leaders by expanding pipeline programs and other supports and incentives for students and by seeking to address transportation challenges.

8) Transportation

Highlighted Progress:

In December 2015, the Nebraska Department of Roads (NDOR), along with a broad range of partnering agencies, initiated the Mobility Management Project, focused on improving mobility in rural areas addressing the needs of the elderly, disabled and low-income population which forms the majority of Nebraska's rural population.

The Kearney-Ryde Transit program was established in 2017 as a result of advocacy efforts with U. of Nebraska at Kearney and community-based aging organizations.

In 2017 the Nebraska Department of Roads (NDOR) Transit Section launched a public-private partnership initiative in support of a Statewide Vanpool Start-Up Project to provide an alternative transportation option for groups of individuals who agree to share a commuter trip each workday. The vanpool project must meet the needs of passengers with ADA mobility issues.

In 2018, NDOR published The Nebraska Statewide Coordinated Public Transit and Human Services Transportation Plan (The Nebraska Plan). The goal of the Nebraska Plan is to provide a framework for state and local leader organizations and agencies involved in human service transportation and public transit service providers to better coordinate programs and actions in the delivery of services. The objective is to 'identify and implement strategies to address identified gaps in services to meet the diverse needs of transportation disadvantaged individuals.'

Through a partnership between the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Department of Education – Assistive Technology Partnership (ATP), individuals with disabilities have access to transportation due to the provision of vehicle modifications. Funding is supplied by the Aged and Disabled Waiver and the Developmental Disability Waiver.

Omaha is in the process of implementing the Omaha Rapid Bus Transit (ORBT) system, which will expand hours of public transportation and increase accessibility by providing elevated platforms for boarding, and auditory and visual cues for riders.

MLTC will transition Non-Emergency Medical Transportation Services to the Heritage Health Benefit Package beginning July 2019.

Why it Matters:

- Nebraska is a predominantly rural and frontier state, spanning just over 77,220 square miles.
- Eighty-nine percent of the cities in Nebraska have fewer than 3,000 people. Hundreds of towns have a population of fewer than 1,000. Communities of this size have no public transportation.
- The broadest array of services and supports for individuals with disabilities are concentrated in the Lincoln and Omaha areas.

- Public transportation is limited even in the cities. Hours of operation and routes are limited and not all transit vehicles currently operating in Omaha are accessible.
- There is little benefit from a robust array of services and supports if individuals aren't able to access them due to the lack of transportation.

Goal #8: Nebraska will explore opportunities to enhance the availability of affordable and accessible transportation statewide for individuals with disabilities

Potential strategies for consideration:

- DHHS should seek to establish regular meetings with the Department of Transportation to open lines of communication and collaboration.
- DHHS will transition Non-Emergency Medical Transportation Services to the Heritage Health Benefit Package.
- MLTC should support the MCOs in implementing quality control measures for the existing transportation contractor and tie those measures to payment, (e.g. no show/late show results in a penalty).
- NDOR should assess the benefit of hiring a statewide mobility manager and continue to explore the feasibility of supporting mobility managers in each of the 6 regions.
- NDOR should facilitate collaboration among communities that lack any public transportation with neighboring counties/communities that do have public transportation, to explore cross-county services.
- NDOR should explore state funding options for expanding the University of Nebraska shuttle service between Lincoln and Omaha to the general public and for adding off-session trips and a park & ride stop in Lincoln.
- NDOR should explore working with the University of Nebraska's team of programmers to develop a ride reservation mobile device application which can improve scheduling transportation for individuals with disabilities.