

## Olmstead Planning Listening Sessions Themes

### Overview

The Nebraska Department of Health and Human Services (DHHS) has entered into a contract with the Technical Assistance Collaborative, Inc. (TAC) to provide technical assistance and consultation services for the development of the Nebraska Olmstead Plan. Olmstead Plans are named after the 1999 US Supreme Court decision, *Olmstead v. L. C.*, in which the U.S. Supreme Court ruled that states should work to reduce unnecessary segregation of persons with disabilities and ensure that they receive services in the most integrated setting appropriate to their needs.

To hear about the strengths and challenges of the current systems of care for consideration in the Olmstead plan, TAC held a series of listening sessions and invited a variety of stakeholders including persons with disabilities, family members, providers, advocates and others. Session dates were held as follows:

- August 17, 2018 – 3 Listening Sessions in Lincoln
- September 25, 2018 - 2 Listening Sessions in Grand Island
- September 26, 2018 – 1 Listening Session in Omaha
- October 23, 2018 – 1 Listening Session via phone for Pan Handle region<sup>1</sup>

This document is a summary of high level themes from these sessions. Within each theme there are descriptions of some strengths/progress and challenges related to each area. Since information gathering will continue while the states' Olmstead Plan is being drafted this summary does not include specific recommendations. These will be included in drafts of the plan going forward.

It is important to note that the session summaries reflect the comments and thoughts shared by session participants and do not necessarily reflect the State's position or perspective.

### Cross Disability and Cross Division Themes/Issues from Listening Sessions

#### DHHS Communication and Transparency

DHHS and its divisions have worked to increase communications and transparency with consumers and other stakeholders in recent years. Some examples of activities include the creation of list serves to disseminate information, public information sessions held across the state by division leaders and the reorganization of the DHHS website to better find information. Listening session attendees acknowledged this shift toward greater communication and recommended continuing to build trust/transparency and communication with consumers and families.

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<sup>1</sup> This call did not have any participants. TAC followed up with those invited to the listening session and conducted individual interviews with those in the Pan Handle area instead.

In addition to expressing the need for increased communication with consumers and families, many stakeholders shared their perception that siloes exist between DHHS divisions and that better communication between divisions could improve services for individuals with multiple needs or dual diagnoses. As an example, attendees recognized some progress toward breaking down siloes with the work done between the DDS and DOE for children with developmental disabilities.

### **Institutional Settings and Gaps in Community Based Services**

The numbers of beds at state run centers (Beatrice State Developmental Center, Lincoln Regional Center and others) have been reduced over time, with focus on building community services/infrastructure. Nebraska's four Medicaid waivers and the Money Follows the Person program have provided the opportunity for thousands of individuals with disabilities to move from or avoid admission to Intermediate Care Facilities for persons with Intellectual Disability (ICF/IDs) and nursing facilities.

However, listening session attendees noted that there is still significant funding supporting state-operated facilities that could be re-purposed to fill gaps in service alternatives to care that are fully integrated community options. Stakeholders also perceive that, given the lack of community-based alternatives, assisted living facilities (ALFs) have seen an increase in utilization since the reduction in institutional beds. In addition, waitlists for services (such as vocational rehabilitation) and for some of the home and community-based waivers result in significant delays for community-based services. In addition to wait times, others noted that while there are community-based providers for persons with developmental and psychiatric disabilities throughout the state, that overall there are not enough providers and programs state wide to meet the needs of those who wish to live in the community. Stakeholders identified the need to enhance or expand evidenced based models or practices (EBPs) in existing programs with services such as peer supports and other best practice models such as Assertive Community Treatment (ACT). Lastly, listening session attendees noted that there are limited choices for services and settings across the continuum of care and the need to enhance options should be emphasized in the Olmstead Plan.

### **Diversion from Segregated Settings, Including Jail/Prison and Homelessness**

Stakeholders recognized a number programs and initiatives that state agencies are implementing to divert individuals with disabilities from segregated settings. Stakeholders representing youth expressed optimism for the Children' System of Care initiative. Other stakeholders identified the Division of Behavioral Health's (DHHS-DBH) support of Mental Health First Aid Training as an EBP for reducing incarceration of individuals with serious mental illness (SMI). DBH has also started providing in-reach into jails to provide services as the person leaves prison rather than have them wait and come out with no services. The Governors' Council has prioritized the need to address homelessness for persons with substance use disorders and series mental illness (SUD/SMI).

As noted above, given the gaps in community-based options, listening session attendees noted that when individuals with physical, developmental and/or SMI do not obtain the necessary supports to remain safely in the community, they often cycle in and out of more restrictive settings, such as hospitals, nursing facilities, jails or prisons and/or become homeless. Listening session attendees noted that looking at current best practice programs that work to divert individuals with disabilities from these settings and continuing with initiatives by the state to examine patterns of regression and recidivism will be key to meeting the needs of these populations in the community.

## **Housing**

Some stakeholders recognized the contributions of the Regional Housing Coordinators and the Rental Assistance program. Stakeholders identified successful supported housing initiatives, such as landlord engagement efforts in Region VI, and expressed strong interest in creating more community-based living opportunities.

Finding affordable and accessible 1-bedroom housing is a challenge across the state. Engaging landlords to participate in rental assistance programs and Section 8 vouchers is a challenge. Pre-tenancy and tenancy supports are not widespread. Other challenges for housing include inconsistencies in case management to help provide tenancy sustaining supports/crisis management for residents who may then be at risk of losing their housing. As a result, stakeholders perceive that individuals with disabilities often have little choice but to live in ALFs as referred to above.

## **Integrated Education/Employment**

Several families of youth with autism praised their school districts' approaches to inclusion. Other stakeholders recognized that the state has moved toward competitive employment models, with a focus on the evidence-based practice of Individual Placement and Support – Supported Employment (IPS-SE). The Division of Developmental Disabilities (DHHS-DD) is transitioning existing employment approaches to come into compliance with the Home and community Based Services (HCBS) Final Rule.

While progress has been made, some sheltered workshops remain. Some stakeholders expressed strong opposition to DHHS-DDS' plan to discontinue support for the workshops/enclaves. Other listening session attendees support the move but noted that they feel the state should take a slow and steady pace to closing workshops and transitioning to other employment models. As noted above, there are long waitlists for vocational rehabilitation services and after young-adults reach age 21 there is a gap in employment and supported education programming. Also, for individuals who don't want to seek employment, DDS must assure that providers offer meaningful day services that allow individuals to participate in their community.

## **Transportation**

Attendees of sessions stated that the lack of public transportation is a significant impediment to community inclusion for individuals with disabilities. While stakeholders identified that public transportation is available in urban areas, services are limited to certain areas within cities and have limited hours of operation. Stakeholders consistently stated that public transportation is not available in rural areas of the state. In addition, not all public transportation that does exist is accessible for persons with physical and other disabilities. Medical transportation providers are limited to certain geographic areas and therefore must coordinate travel with other providers when they reach their jurisdiction limits. Attendees noted that there are not enough non-medical transportation providers across the state as well.

## **Person-Centered Planning Philosophy and Training**

Stakeholders at various listening sessions noted that some providers have embraced and practice person-centered planning and skills training, however other providers have not fully implemented this approach. Attendees suggested that workforce training to enhance the practices and philosophies of persons centered planning would result in better skill building and person-driven planning that instills autonomy, which would result in better outcomes for consumers living in the community

## **Workforce and Reimbursement Rates/Funding**

Stakeholders in every listening session identified examples of direct care staff who work hard to deliver quality services to individuals with disabilities. Stakeholders also recognized the promise of Peer Support Specialists in helping to address workforce shortages. Some stakeholders suggested that allowing family members to be paid caregivers could also help to address workforce shortages.

In all listening sessions providers and families alike noted that turnover of the direct care workforce is a key barrier to providing quality care in the community. Many attributed high rates of turnover to low wages, noting that direct care staff can be paid more at retail or food industry jobs than working with persons with disabilities. Stakeholders attributed the difficulty in retaining workforce in Nebraska to low provider reimbursement rates and funding cuts to DHHS.

## **Data Collection, Reporting and Evaluation**

Some attendees noted that DHHS has made progress in its business plan goals to work on data sharing and systems improvements to produce better reporting which can then be used to drive better programming and outcomes for consumers.

Provider and other attendees noted that reporting systems used at the provider and DHHS level are not integrated with one another, which in turn makes it difficult to match data cross systems/agencies, to accurately report services provided to consumers. Stakeholders expressed frustration that the lack of information systems that produce good data prevent providers, DHHS and others to evaluate effective services and to measure progress over time.