

DHHS

Division of Behavioral Health

Landscape Of Behavioral Health In Nebraska

May 16, 2018

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Helping People Live Better Lives.

Behavioral Health - Needs

Consumer Priorities (From Survey/Focus Groups Respondents)

- Housing
- Primary Care /Integrated BH
- Transportation
- Coordinated System Of Care
- Trained Workforce
- Case Management
- Crisis Interventions
- Medications (cost of, SUD)
- Inpatient/Residential

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Behavioral Health - Needs

Supported Housing Priorities:

- DHHS housing coordination with housing partners
- More independent supportive housing options needed.
- More independent living options to allow for choice.
- Increase/add rental subsidy funds to make available housing affordable.
- Need partnerships for capital resources to build or rehabilitate rental housing.
- Rural areas of the state are not well served due to geographic challenges and lack of experienced housing developers.
- Increase cross system staff housing practice knowledge to assist and link consumers to resources to maintain stable housing.

Technical Assistance Collaborative (TAC) Nebraska Supportive Housing Plan, 2016

Population Category	Estimate
Total SSI	27,719
SSI 18-64	19,190
SSI < 65	23,295
SSI < 65 with MI	8,200
SSI 18-64 with MI	6,755
PIT Homeless with MI	<u>442</u>
Total	7,197

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Good and Modern Behavioral Health-Criteria for Priorities

Following a re-review of the 2016 needs assessment data, 2017-2018 source documents and available data, and brief resurvey of staff, advisory and regional stakeholders, priorities were confirmed and/or were new recommendations. Criteria used for the DBH prioritizations in this document include:

- Consistency and alignment with needs assessment, advisory groups and strategic plan
- Mandates
- Urgency
- Greater reach / advance workforce capacity (competency, knowledge, skills, etc.)
- Evolve the system in areas of effectiveness, efficiency, experience / outcomes of care
- Expand the continuum of care where needed - “Cannot build enough beds”
- Leverage federal funds
- Contribute to a sustainable operational infrastructure for the future
- Balanced in SUD, MH, Prevention and Treatment

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High Priority Service level (Adult):

1. Housing (*new development, increased permanent supported housing vouchers*) (Gap: Access to safe/affordable Housing)
2. Rates & methodology (*for identified services / cost model project recommendation*) (Gap: Shared/usable data)
3. Expand evidenced based practices/fidelity/outcomes measurement (*MAT, SE, SH, ACT, EMDR, co-occurring complex capacity, trauma-specific, MH/SUD/DD capability*) (Gap: Access to EBP, Appropriate Services)
4. Prevention – SBIRT & suicide screening within primary care settings (Gap: Prevention and Early Intervention)
5. Specialized Care – Nursing Home, Providers who serve complex patients, secure residential (Gap: Access)
6. Additional ACT team (Gap: Access to EBP)
7. Medication Assisted Treatment (*prescribers, medications, ECHO project sustained*) (Gap: Access to EBP)
8. Expand tele-health services (*rural access, infrastructure, phone applications*) (Gap: Access)
9. Workforce development (*ASAM fellowship, rural incentives to practice, peer/recovery coach*) (Gap: Workforce Shortages)
10. Transportation (Gap: Access)

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High Priority Service level (Youth – SOC):

1. Intensive home-based/mid-intensity youth services (MST, FFT, Intensive outpatient) (Gap: Access to Appropriate Services)
2. Develop provider competency and service access for youth with co-occurring behavioral health and intellectual/developmental disabilities
3. Crisis stabilization services for youth
4. Walk in center for youth / families (access to assessment, crisis therapy, respite, community support)
5. Develop provider competency and service array for youth with sexually harmful behavior
6. Expand tele-health services (*rural access, infrastructure, phone apps*) (Gap: Access)
7. Prevention – SBIRT & suicide screening within primary care settings (Gap: Prevention and Early Intervention)
8. Transportation (Gap: Access, Other Supports)
9. Specialized child care (Gap: Other Supports)
10. Behavioral health home / model (Gap: Healthcare Home)

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High Priority System / Cross-system level: (Gap: Shared and Usable Data 1-5)

1. Robust cross system information system to allow information exchange for valid data and comparison data (*waitlist, capacity, and utilization management*)
2. Formal agreements and data sharing protocols
3. Outcomes measurement and BH “cross system” metric
4. Housing (supports, services, access, coordination, policies, Olmstead) (Gap: Housing)
5. Coordination / seamlessness for youth in transition between systems / aging out (Gap: shared outcomes/performance metrics)
6. Align DHHS functions for maximum performance (*technology infrastructure to “connect” the dots between programs and services and coordination between services*)
7. Comprehensive cross system needs assessment
8. Audit/measurement of “integration” of primary care and behavioral health care (Gap: metrics for integrated care)
9. Education of stakeholders and consumers on accessing services (Gap: empowered consumers/self direction)
10. Targeted high-risk population prevention (Gap: Prevention/common messages)