Community Supports Summary Report

This report summarizes the key results for the community supports priority (Goals 1 and 3) of Nebraska's Olmstead Plan. Findings are based on data collected and compiled as part of the full evaluation. Those are summarized in Appendix A of the evaluation report.

Goals

1. Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences.

3. Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.

50% of other states' Olmstead Plans that were reviewed included community-based supports.

17% of other states' Olmstead Plans that were reviewed included utilizing the least restrictive setting.

Vision for the Goals

Focus group and interview participants who discussed community supports would like to see:

> *"They [consumers] would report that their life is better, not just, 'I like my services' but 'I feel my life condition has improved.'"*

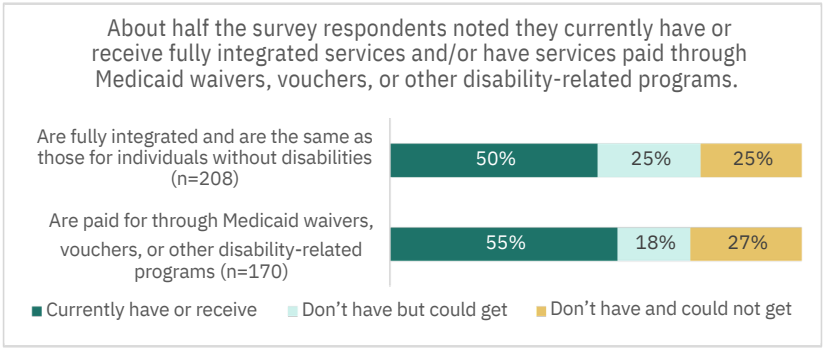
- Consumers having access to training about services and awareness of what services are available.
- Consumers having access to the supports that they need regardless of their circumstances.
- Communities having access to service options that are an alternative to law enforcement involvement or recidivism.
- Changes to the built environment that currently limit accessibility for people with disabilities, such as lack of electric door openers.

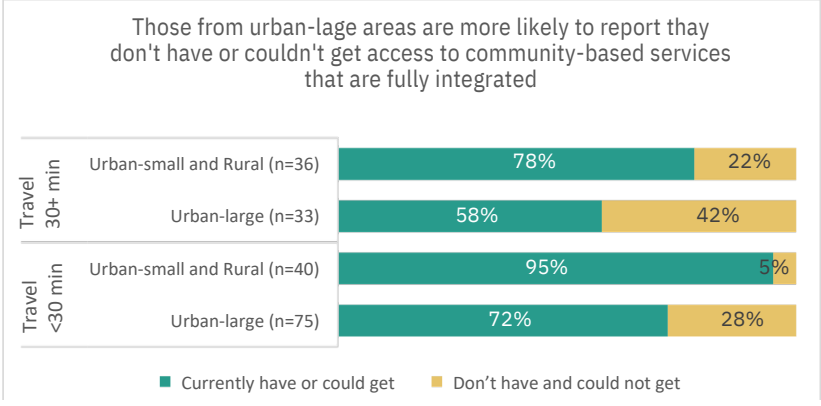
Public Experiences

From the survey of individuals with disabilities and their caregivers:

- Through the survey for individuals with disabilities, about half reported they were able to access community-based services that 1) are fully integrated and 2) could be paid for through Medicaid waivers, vouchers, or other disability-related programs. However, there were also one-fourth of respondents who felt they didn't have it and would not be able to get it.

- Significantly more (42%) living in urban-large counties who reported traveling more than 30 minutes to access disability related services noted they did not have and could not access community-based services that were fully integrated compared to those living in urban-small and rural areas (22%).





Progress Toward & Perception of Outcomes

5/7 Goal 1 benchmarks for FY23 (July 2022 – June 2023) were met.

5/6 Goal 3 benchmarks for FY23 (July 2022 – June 2023) were met

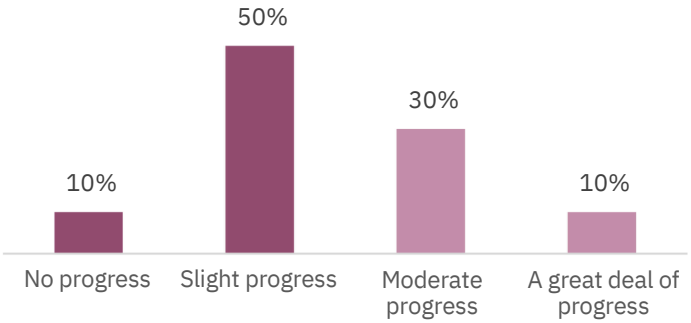
Symbol	Description
✓	Benchmark met
➡	Benchmark in progress
▲	Progress is delayed or pending
■	Benchmark not met
No Report	Data was not available

Benchmarks for Goal 1		FY23 Status	FY24 Status
1	Increase utilization of crisis intervention through the implementation of the 9-8-8 plan and the National Suicide Prevention Lifeline.	✓	✓
2	Increase usage of the "No Wrong Door"/2-1-1 system.	✓	✓
3	The Commission for the Deaf and Hard of Hearing (NCDHH) will increase educational outreach on the services available to support integrated community living.	■	*No Report*
4	The Division of Developmental Disabilities will make sufficient offers to individuals on the HCBS DD Waiver Registry to not exceed the baseline with a goal to decrease the number of individuals on the registry.	✓	✓
5	Increase access to medication-assisted treatment (MAT) for adults with Opioid Use Disorders (OUD).	✓	✓
6	Increase usage of telehealth to support patient-provider relationships and minimize barriers to service for Nebraskans with disabilities.	✓	■
7	Decrease in the average amount of days between when an Aged and Disabled Waiver referral is entered into the database and when the service request is assessed by the Assistive Technology Partnership (ATP) Program.	■	➡

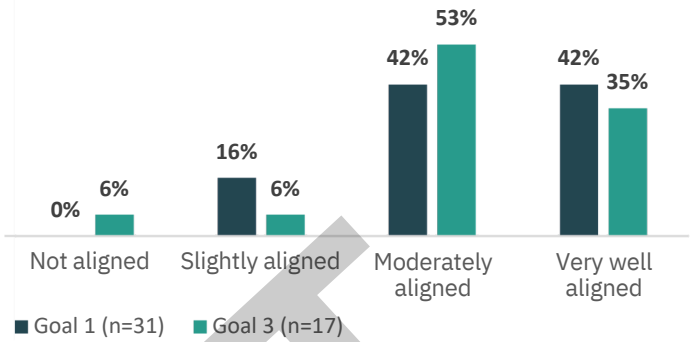
Benchmarks for Goal 3		FY23 Status	FY24 Status
1	Increase awareness and education on Home and Community-Based Services (HCBS) benefits and options for members to live in the community.	✓	✓
2	Support both provider and services recipient education regarding community-based services for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID) facilities.	✓	▲
3	Increase the number of referrals for outpatient competency restoration (OCR) at Lincoln Regional Center.	✓	✓
4	Increase support and help individuals and families through the Nebraska Families Helpline.	■	■
5	Assist Native American women with substance use disorder (SUD) to seek treatment while parenting their children.	✓	✓
6	Reduce the time individuals with severe mental illness (SMI) spend waiting in jail for competency evaluation and restoration services.	✓	✓

"You have to have those activities, but … there should be an outcome for the consumers or for deaf and hard of hearing individuals or for providers. If I do these outreach activities, what am I expecting to change? Setting outcome measures is hard work. There's nothing wrong with the measures that they have, but it's a process measure to me not necessarily the impact or outcome measure."

More than half (60%) of workgroup members who responded to the survey felt there was no or slight progress made toward the community-based services goal (n=20)



About four-fifths of key partners felt the outcomes were moderately or very well aligned with the community-based services goals



Facilitators & Barriers

Factors that aid the workgroup and partners with making progress on the data goal as well as the challenges to progress were identified through focus groups, surveys, and interviews.

Facilitators to Progress

- √ Engaging with communities, listening to feedback, and being committed to all individuals being in the least restrictive setting.
- √ Commitment to holding partner meetings and town halls, conducting surveys, doing media campaigns, and finding community connections.
- √ Ensuring state agencies better understand what is needed in communities, and building a network to ensure communities can spread information when there are updates: *"I think that's why it's so important to create that communication bridge, to get the information out to as many people as we can."*
- √ Focusing on getting people who are in services to the least restrictive setting possible and titrating services down as appropriate to support consumers as they recover: *"I think there's a commitment at all levels for individuals to be in the most independent or integrated setting."*

Barriers to Progress

- Community supports and services often intersect with many other systems, making it difficult to coordinate.
- Coordination could be enhanced between DHHS divisions. It would be ideal if there was an opportunity for people to maximize resources that can be used in conjunction with one another to serve the same populations.
- Inability to use some of the funding available because workforce and services are lacking.
- Lack of services, making it so that even if a person is ready and has funding for a service, it may not be available. This may be related to low provider pay rates as well as lack of workforce.
- Lack of structure for individuals to know how to access services: *"... they can't just call and figure out what they need to do or get access to someone. They don't know how and that creates issues for people getting access to some of our services as well. I think we've done a lot of work to try and reduce that as much as possible and put everything that we can in place, but I think it's still an issue."*

Noted Successes

Partners reported specific wins that occurred within these Olmstead Plan goal areas.

- Stakeholders reported that working with communities created an avenue for those communities to identify their needs and become more informed about statewide services that were available, allowing them to problem-solve when they struggled to get access.
- The implementation of 9-8-8 was also mentioned as a success. At the time of the interview, one stakeholder reported that the crisis line had received more than 18,000 calls and was getting about 60 calls a month.

> *"We really partnered with all of the communities to identify what the needs were. We talked with those specific clients that were out there to try and figure out how to best utilize the funding to assist them and make sure that they were making it through all the craziness that was the pandemic." They also focused on person-centered planning to ensure that consumers were "living the life you want to live, not just [the life] the system provides."*

Recommendations

1. Consider **identifying specific communities, populations, or areas that would benefit the most from engagement and intervention**. Although the Olmstead Plan is intended to be statewide and should lead to an impact for all Nebraskans, partners noted that success for this goal has been found when partners can work in-depth with a community or area. By identifying specific geographic areas, it may give the Community Supports workgroup an opportunity to narrow their focus and efforts to have a greater impact.

2. Modify and/or add outcomes to the plan so that **outcome-focused measures are included and prioritized so the focus can shift away from being primarily on process measures**. Although process measures are helpful for monitoring and understanding progress, one partner noted that it does not help them see if the activities are helping them achieve the goal of ensuring individuals with disabilities can access individualized community-based services and supports that meet their needs and preferences. Although outcome-focused measures may not be able to be achieved within a three-year plan, being intentional about having more long-term outcomes may help move the workgroup in a more coordinated direction.

3. Consider adding an **outcome related to building structures or systems for people to access services more effectively**, similar to outcomes that have been prioritized in other states' Olmstead Plans. As noted, services may be available, but often individuals with disabilities need a streamlined way to determine how to access those opportunities. This could include approaches such as advocating for liaisons that could help people with disabilities navigate services and/or having state entities create or enhance a structured coordinated entry or "no wrong door" approach.

4. Given much of the work for Goal 3 is carried out by the Community Supports workgroup, it may be helpful to **align or combine efforts currently under Goal 3 with Goal 1**. Part of an individual's ability to receive services in the settings most appropriate to meet their needs and preferences may depend on their access to such services.