Nebraska CMS School Health Affinity Group
Report of Brief Environmental Scan and Mapping Project:
A Snapshot of Tele-behavioral Health Utilization in Nebraska
November, 2018

EXECUTIVE SUMMARY

The CMS School Health Affinity Group was formed in Sept. 2017 as a result of a call for participation from the national Centers for Medicare and Medicaid Services (CMS). The purpose of the affinity group was to grow partnerships between state Medicaid programs, public health, and schools in order to improve access and delivery of preventive health services to children and adolescents. Nebraska was one of eight states selected for participation in the national group. The Nebraska team is comprised of staff from DHHS Divisions of Medicaid and Long Term Care, Behavioral Health, and Public Health, as well as the Nebraska Department of Education. From Public Health, partners represent the Title V Maternal and Child Health Block Grant, School Health, Home Visiting, and Rural Health.

One focus area of the Nebraska action plan was to increase the utilization of tele-behavioral health services in schools, thereby accomplishing the dual goals of increasing access to needed services for children and youth; and minimizing time out of class. As the team began to explore new technologies supporting secure tele-behavioral health encounters, it became clear there were interesting examples of innovation happening in real time. The current brief report describes a snapshot of utilization information captured through a convenience sample of likely candidates, plus one month's (June 2017) data from Nebraska Medicaid. Maps showing results by Behavioral Health region are used to reinforce alignment of intentions to improve access to care between the Nebraska CMS School Health Affinity Team and Nebraska's Behavioral Health System of Care.

Significant findings include:

- Tele-behavioral health is clearly a viable approach to delivering services in Nebraska, with indications at baseline that all of Nebraska's behavioral health regions are served by tele-behavioral health to some extent.
- There is variability in how behavioral health providers approach service delivery via tele-behavioral health.
- Interest in tele-behavioral health extends beyond primary care and mental health to include child welfare and juvenile justice partners.

The report concludes with recommendations to continue developing approaches to measure growth and trends in the area of tele-behavioral health to serve consumers in Nebraska. Areas for further research include: the consumer (parental) experience and satisfaction with this mode of service delivery; and whether tele-behavioral health within mini-networks is an effective means of improving access to care.

INTRODUCTION

Nebraska faces a significant shortage of health professionals, with federally-designated Health Profession Shortage Areas (HPSA) in 88 out of 93 Nebraska counties. Thirty-two Nebraska counties have no mental/behavioral health providers of any type (psychiatrist, psychologist, nurse practitioner, or licensed mental health practitioner). This situation is even more severe for children and adolescents living in rural areas (*Center for Rural Health Research 2011*).
In the face of increasing behavioral health needs in families, there is a lack of dedicated and available mental/behavioral health professionals (*Evans, Polaha, Valleley, Jones-Hazledine, & Foster, 2006*). Improving access to preventive and early intervention mental health services for children is a current priority of Nebraska's Maternal Child Health Title V Block Grant, as is increasing levels of early and frequent social and emotional screening of children to improve early identification of treatment needs. The Behavioral Health System of Care is actively engaged in improving access to behavioral health for children and adolescents. The significance of psychosocial health to successful learning is well-established.

It is often suggested that, in the current age, some of the issues previously interpreted as due to limited resources (such as pediatric behavioral health providers) might be overcome by using technology. In addition, the quality and immediacy of face-to-face virtual contact is proving to be as or more acceptable to consumers as traditional physical encounters and counseling appointments. While tele-behavioral health offers a tantalizing possibility for improving access in rural and other underserved areas to needed services, related access topics – internet and cellular support – also play a role in meeting population needs through technological means in rural states like Nebraska.

During the spring and summer of 2018, the Nebraska CMS School Health Affinity team undertook an effort to identify providers of behavioral health services in Nebraska who use technology to support distance encounters with clients, particularly school aged children and youth. The result presented here does not represent an exhaustive search, but instead in initial exploration of an emerging and changing landscape.

METHODS

The Nebraska CMS Affinity Group approached the topic of tele-behavioral health in schools as a collaborative, exploratory experience. Initially, two known providers were identified by group members: a group of mental health professionals working from a federally-qualified health center (FQHC); and a behavioral health provider group affiliated with Nebraska Children's Hospital. The FQHC group hosted a visit for the Nebraska team in a metro-area high school to demonstrate provision of screening and therapeutic services using tele-behavioral health to students in multiple school locations in the greater Omaha area. The Children's group of behavioral health specialists demonstrated their use of tele-behavioral health in partnership with a large health system serving children and families throughout Nebraska and Iowa.

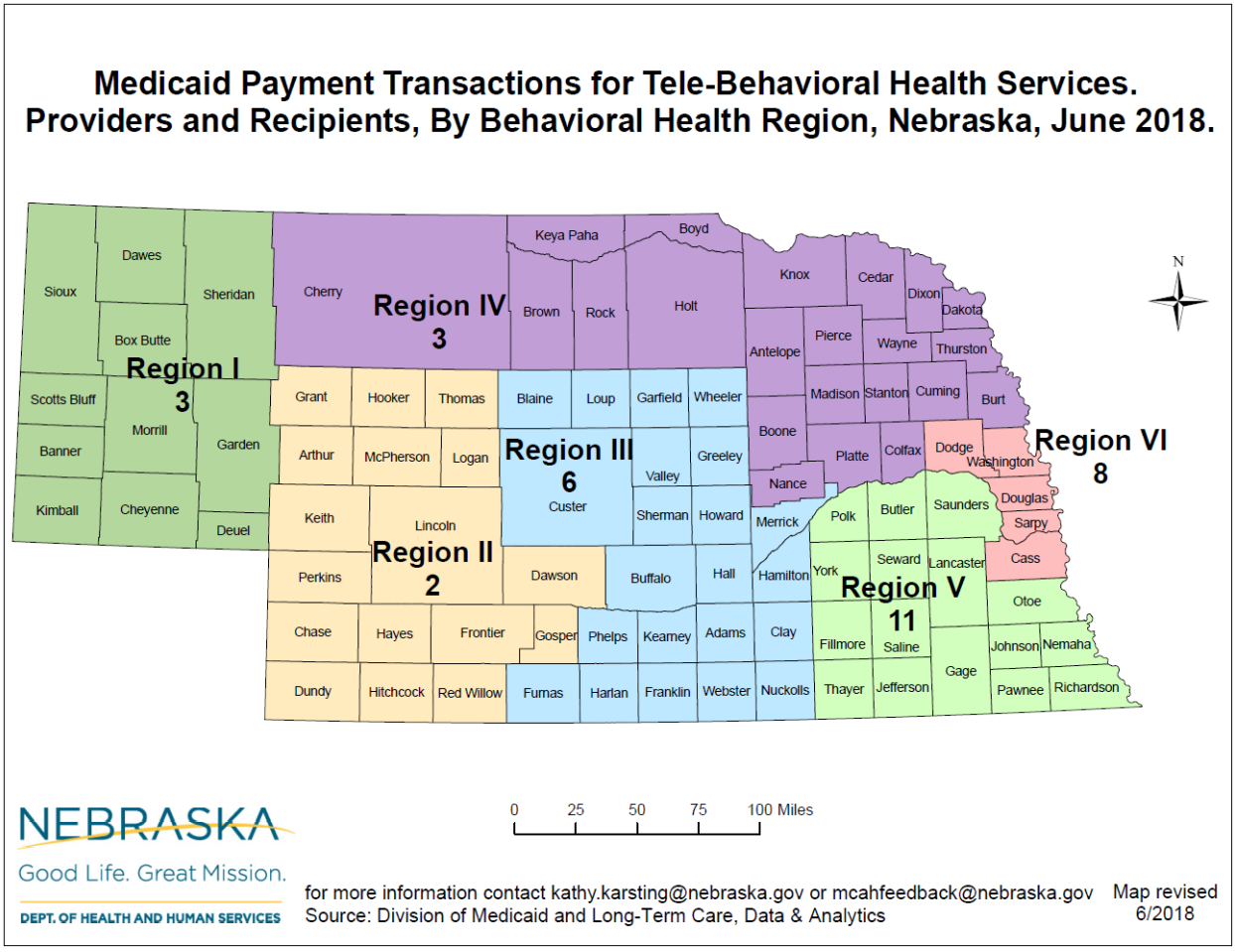
From this promising start the interdisciplinary team brainstormed a list of other hospital system providers and community mental health providers to survey regarding delivery of tele-behavioral health services. The MCAH program manager conducted email communications with community behavioral health programs and health system leads known to the cross-system team members. Meanwhile, team members working in Medicaid identified a quick methodology to pull one month's reimbursement requests for tele-behavioral health services in Nebraska by location, which in turn identified more providers to locate on the map. Over the three month period of data collection, the scope of inquiry enlarged to include multiple systems, including community mental health services, more health systems networks, services for Native American youth, and organizations supporting Nebraska's child welfare system and youth in foster care.

Also intriguing (but inconclusive and lacking further detail) during this period was information from the state's Health Professions Tracking Service, based at the University of Nebraska Medical Center. Of 573 responses in 2017, 111 responded "yes" to telemedicine with Behavioral Health/Psychiatry Specialty, provided or received.

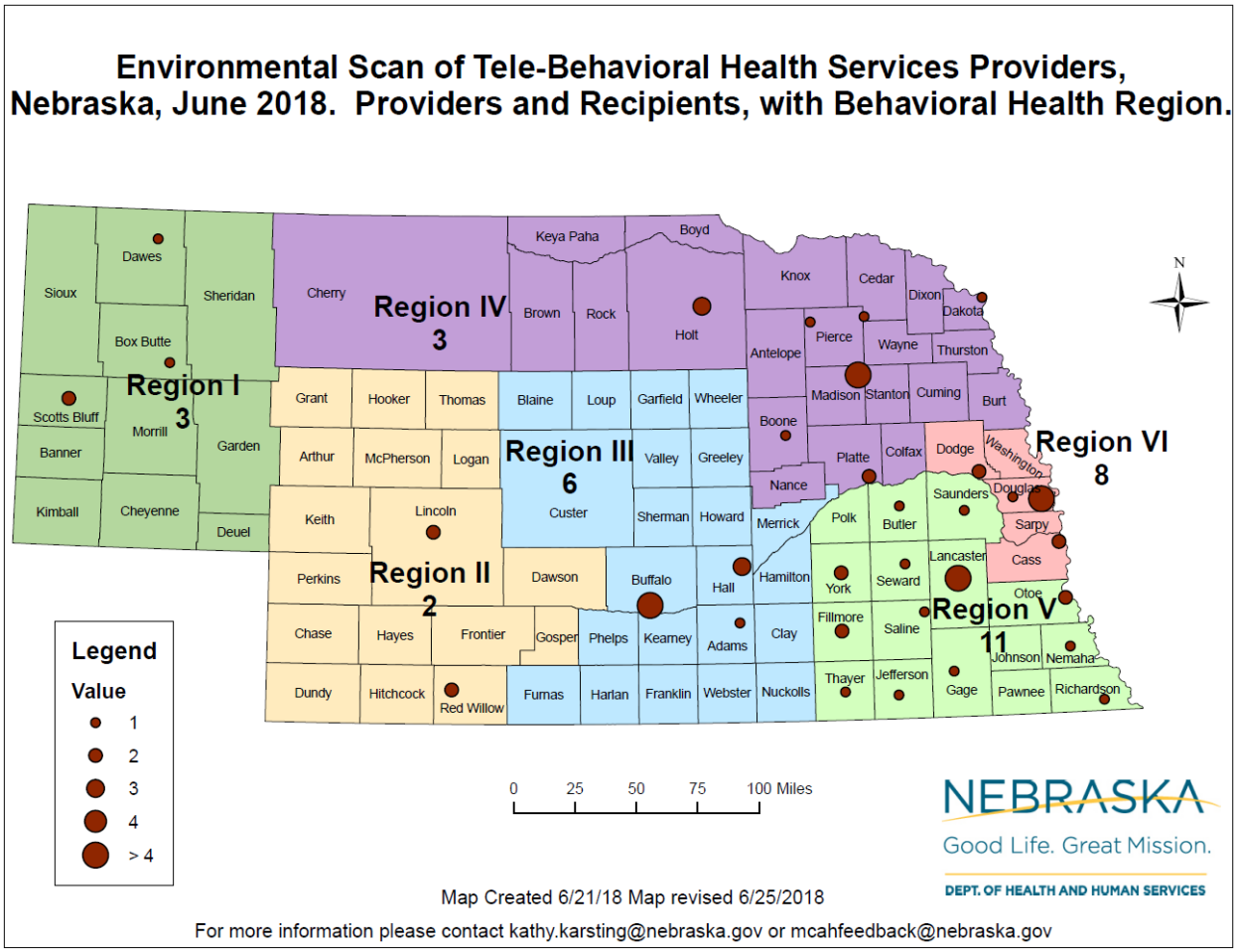
RESULTS

In all, over a two-month period, 32 locations statewide were identified where tele-behavioral health services are provided or received, with 40 providers identified.

The first map shows the number of reported Medicaid payment transactions for tele-behavioral health during a single month in 2018. There was reported activity in each of six regions.



The second map shows, superimposed upon the first map, a more specific location of tele-behavioral health activity in each region. The map also is intended to show a glimpse of relative activity of tele-behavioral health, as some locations may have only been identified once by a single provider, while others were identified multiple times by several providers. The more active sites generally coincide with population centers.



DISCUSSION

The experience of gathering information for this initial attempt at utilization mapping indicated that tele-behavioral health in Nebraska:

- Involves multiple partners and entities;
- Is delivered in various settings and environments, including schools, primary care, and community organizations;
- Is active in all of Nebraska's Behavioral Health regions; and
- Stimulated considerable interest among numerous systems partners in agreement that telehealth technologies and practices are impacting Nebraska's landscape of underserved regions and population groups without access to services that are increasingly in demand statewide.

A clear limitation is that the data collection was cursory and not an exhaustive search of possible providers or locations where tele-behavioral health might be in use. However, the process of inquiry and data collection was useful in revealing that *multiple systems and providers* are participating in the growth of tele-behavioral health in Nebraska. In particular, recognition of tele-behavioral health as a shared interest that spans boundaries and systems – including health

systems, juvenile justice advocates and providers, child welfare systems partners, community behavioral health providers statewide – seems a useful revelation to take into future research.

Recommendations of the Nebraska CMS Affinity Group, based on these preliminary findings, include:

1. Continue to approach behavioral health of children statewide as a cross-systems priority.
2. Identify and implement a more thorough survey approach in order to:
    a. Identify tele-behavioral health providers from multiple delivery systems
    b. Differentiate between receiving locations and providing locations
    c. Identify the technology tools and platforms in use by networks and users
    d. Understand the best practices in place for each provider, including HIPAA compliance protections, safety, and technological reliability statewide
    e. Determine the nature of reimbursement/payment/eligibility for each provider.
3. Continue to streamline a methodology to monitor Medicaid reimbursement for tele-behavioral health services as a way to monitor utilization trends.
4. Continue to align the rise of tele-behavioral health services statewide with the Nebraska Behavioral Health System of Care.
5. Explore the availability of consumer satisfaction measures with use of tele-behavioral health from current providers.
6. Attempt by whatever means to most accurately portray the impact of tele-behavioral health on access to care, as well as outcomes, of children and youth.

There is every expectation that increased need and improvements in technology, combined with increasing acceptance, will drive continued growth of tele-behavioral health service delivery in Nebraska. Behavioral health needs in the population, particularly among children and youth and of imminent life-course significance and impact, are of concern to partners in across systems of education, public health, Medicaid, behavioral health, child welfare, and juvenile justice. The use of maps to convey information on a subject spanning so many fields of practice and professional culture is one of the innovations of the Nebraska CMS School Health Affinity Group in support of ongoing, collaborative and boundary-spanning, leadership to address the population health priority of improved mental and behavioral health for children and youth, including children with special health care needs.

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