Juvenile Services Committee

Nick Juliano and Deb VanDyke-Ries, Co-Chairs

The Juvenile Services Committee (JSC) of the Nebraska Children's Commission and the Nebraska Coalition for Juvenile Justice (NCJJ) present their joint report as a thoughtful contribution to the reform of juvenile justice in Nebraska and in compliance with Neb. Rev. Stat. 43-4203 and 43-2412(1) (b). To enhance collaboration, coordinate initiatives, and increase the impact and efficacy of juvenile justice reform in Nebraska, the JSC and NCJJ hold joint meetings and reporting.

During this reporting year, the JSC acknowledged that race and ethnic disparities (R/ED) was a larger conversation than what one workgroup can do. Within the JSC and the Commission, these topics need to be a part of every conversation surrounding juvenile justice. The R/ED workgroup will reconvene if there are specific issues to be addressed but have not met on a regular basis this year because of how intertwined conversations is with other issues.

The JSC is charged with reviewing the role and effectiveness of the YRTC and established a workgroup to address this in previous years. DHHS has created a 5-year plan the JSC supports and has not identified any immediate recommendations for the upcoming year. The JSC intends to keep the YRTC as an ongoing item of discussion and create a workgroup as needed.

Access to Treatment Workgroup

Julie Smith, Chair

The Access to Treatment Workgroup was formed in July 2022 bringing together experts from the community to explore the scope of the problem, identify underlying issues contributing to the problem; and develop actionable steps to improve timely access to clinically indicated treatment services.

The group has identified six overarching solutions to overcome the barriers impacting access to treatment services in Nebraska:

1. **Improve timely access to a robust continuum of treatment services**
2. **Address compensation and training to attract and retain a highly skilled network of providers**
3. **Incentivize collaboration on complex cases**
4. **Evaluate funding structures and rates**
5. **Increase access to individual and family supports necessary to serve youth at home and in the community safely**
6. **Evaluate the intersection of mental health and prevention services to improve future outcomes**

Although not the current focus, the workgroup identified several systemic issues that have a direct impact on access to services. Policy, statute or regulation assessment and change will be necessary priorities of any further cross-systems work related to access to services. These areas have a direct impact on access to treatment services and should be considered priorities of any further cross-systems work related to access to treatment. Will not fix everything but low hanging fruit. Will not address the needs of the highest needs youth with complexity… however is intended to offer alternatives to PRTF for youth with less acuity making more capacity for youth with the highest need.

During the last reporting year, the group has focused on two specific areas:

1. Utilization of Care Management

   Care Management is a valuable resource provided by the Managed Care Organizations (MCO's) designed to help their members access services. To maximize effectiveness and reduce the impact of silos on the access to services, there must be a clear understanding by all system partners such as DHHS-CFS, DHHS-DD, DHHS-DBH, Behavioral Health Regions, Probation, Medicaid and MCO's regarding their roles, resources, payment options and the interconnectedness between agencies. The workgroup recommends there be a collaborative effort to increase awareness, define roles and partner with MCOs to increase access to the services available through not only Medicaid but all funding streams.

   One factor identified impacting effective utilization of care management is lack of a clear understanding of roles and responsibilities for each person who identifies as a Case Manager across the various agencies. This has created system gaps that prevent the timely access to services and fuels conflict between system partners and further delays access to services. The workgroup is undertaking an effort to develop documents that:

   - Clearly outline the roles, responsibilities, and limitations of each system partner
   - Maps the interconnectedness between agencies
   - Outlines processes including authorization, payment, and processes specific to youth under Court supervision.
   - Identifies opportunities for innovation, collaboration, and blended funding streams

   Prior efforts have relied heavily on engagement and a "storytelling" model without companion written documents created by and agreed upon by all system partners resulting in further miscommunication and lost institutional knowledge with turnover and workforce changes.

2. Evaluating the Community Treatment Aide (CTA) definition

   After determining the service continuum creates gaps in services and an overreliance on PRTF's, the workgroup started to evaluate what services could bridge the gap between outpatient services and PRTF that still offer more intensive, skill-based supports designed to keep a youth in their community. CTA is a supportive service paid for by Medicaid as a skill-based supplement to individual and family therapy when included as a part of an individual's treatment plan. The workgroup reviewed the current service definition to ensure CTA would be accessible for the intended target population and provide the supports needed for youth currently requiring more intensive treatment than outpatient services alone. Several proposed revisions in Appendix ? have been suggested to further refine the service definition. Medicaid staff have been part of this discussion, and the workgroup would recommend that DHHS adopt the revisions provided.

   The workgroup has also identified that this service is underutilized due to the reimbursement rate from Medicaid, providers do not currently have a workforce to provide the service, and it is not a service often recommended outright. By building capacity to provide this service, youth will be served in their own communities reducing out-of-state treatment utilization. The workgroup recommends that efforts to incentivize the development of this service be explored and the rate be evaluated to ensure a highly skilled workforce is recruited and retained to

provide interventions to youth requiring additional supports to maintain outside of a hospital setting.

Future work for this group includes creating infographics, resources, roadmaps, and flowcharts that will allow for individualized interventions and least restrictive treatment options to be accessed more effectively. CTA can be used as a support only if the treatment team can effectively write a plan that will support the family and is connected to the treatment goal. Prevention is important to reduce system involvement, and this group acknowledges more comprehensive response to mental health that can respond to families in active crisis has the potential to make a large impact.

The workgroup is committed to developing actionable steps that are within the Commission's sphere of influence. There was unanimous agreement that steps could be taken to improve access to home and community treatment services for youth and families and are in the process of further exploring how to implement meaningful changes to impact access to treatment. The upcoming year's work will include more recommendations that can impact the initially identified barriers and the solutions to them.

Recommendations

1. The workgroup recommends there be a collaborative effort to increase awareness, define roles and partner with MCOs to increase access to the services available through not only Medicaid but all funding streams
2. DHHS consider and adopt this workgroup's revisions to the current Community Treatment Aide definition which will provide a service available in a youth's community while actively working on their treatment plan.