

Access to Treatment Workgroup Recommendations to the Juvenile Services Committee

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**

Long-Term Systemic Reform

The workgroup has identified several systemic issues that will require coordinated responses which may include policy, statute or regulation changes that cannot be currently implemented. 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.

The Continuum

1. The current continuum creates a gap in services pushing youth deeper into the system.
2. There are no subacute options within the continuum and few day treatment options to fill the gap between outpatient therapy and PRTF or between PRTF and Acute.
3. This has created an overreliance on the PRTF's at times meet what is a placement rather than a treatment need.
4. The waitlist for PRTF is one result to the gap in the continuum.
5. The utilization of out-of-state treatment facilities is another result of the gap in continuum as youth with complex needs are often denied by in-state providers and left with no other option to receive necessary treatment interventions.

Skilled Provider Network

1. Make it attractive to pursue a career in Behavioral Health through incentives, paid internships, college partnerships and loan payback programs which can help attract professionals to rural and frontier counties and other underserved populations.
2. Recognize that different populations and interventions require different skills sets or training and incentivize highly skilled and trained professionals who can implement an integrated care approach.

Specialized populations or interventions may include:

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|--|-----------------------------|
| -Family therapy | -Home-based therapy |
| -Youth who sexually harm | -Developmental disabilities |
| -Co-occurring treatments | - Cross systems involvement |
| -LGBTQIA+ Individual, family and gender affirming residential services | |

3. Consider the creation of a Training and Certification program for Behavioral Health Services.

Individualization

1. The current system does not allow for individualization of interventions or creative funding strategies necessary to improve access to least restrictive treatment options.
2. There is a lack of options available to for youth with co-occurring needs (mental health, behavioral, medical and/or cognitive) resulting in treatment needs going unmet.

Co-occurring needs includes youth with a combination of needs related to mental health and:

- Behavioral challenges including aggression and treatment resistance
 - *Often described as safety concerns or negatively impacting the “milieu”
- Intellectual disabilities and executive functioning delays
 - *30-40% of all persons with developmental disabilities also have a co-occurring mental health disorder
 - *Up to 51% of persons with disabilities present with challenging behaviors such as self-harm, aggression or destructive behavior that is severe enough to impair daily life
- Medical conditions such as diabetes requiring nursing or medication management
- Gender affirming care including access to medical care, medications, group/room assignments

3. The lack of options for youth with complex needs pushes youth from the behavioral health system to the court system to address behavioral, developmental and mental health treatment needs.
4. Youth with complex needs lack of subacute options which leads to inappropriate or overutilization of inpatient hospitalizations without good outcomes.

Funding Structures and Rates

1. Rates do not always cover the full cost of the service delivery and are not adjusted for quality or specialization of the individual provider.
2. The rate methodology has not been reviewed and reset to adjust for current costs and workforce needs.
3. The current rates/funding structure does not allow for the creativity necessary to build the individualized supports needed for all youth.
4. The system is not set up to incentivize a multidisciplinary approach to provide high quality care for individuals with complex needs.
5. New services could be developed to fill the gaps in the continuum but there is no efficient way to fund the new services using the correct funding streams.
6. Nebraska has gone through cyclical pattern of building and dismantling infrastructure and funding structures previously investing in home and community-based services with flexible funding opportunities that are currently not supported.
7. The current structure has led to the current gap in the continuum and is reinforced by a funding structure that does not allow for the development of needed community-based interventions to meet identified treatment needs.

Examples of creative funding strategies:

- Braided funding opportunities to allow for building individualized services to meet complex and cross-systems treatment needs.
- Explore demonstration pilots or Medicaid waivers to allow for more individualized funding structures for complex cases
- Reimbursement for providers to encourage collaboration and participation in multidisciplinary team approaches (MDT)
- Elevated rate for specialized services targeting underserved populations or complex needs
- Value-based funding that reimburses providers based on the quality and complexity of the service

Early Intervention

1. Early intervention, education and awareness is key to fixing the underlying issues impacting access to treatment.
2. Stigma around mental health impacts willingness to engage in early intervention and community supports that may prevent the need for future PRTF admissions.
3. Efforts to address early intervention are disconnected with separate funding streams and planning groups that do not intersect with the deep end work being done to address the needs of system involved youth further compounding the problem.
4. Early interventions efforts are closely tied with the wellbeing of individuals and their ability to meet their basic needs.
5. Interventions access is closely tied to community norms around defining behavioral issues, educational needs and mental health needs.
6. Behavioral health funding is focused on adult interventions as there is some implied expectations that “other systems” will manage youth needs and limiting the explorations of collaboration between systems.

Short-Term Solution Focused Planning

The workgroup committed to developing actionable steps that are within our sphere of influence and will not require systemic changes to implement. 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.

Home and Community Supports

1. With proper supports, the committee believes that most youth can be safely and appropriately served in the home and community.
2. Supports must include integrated interventions for both the youth and their families.