

Navigating the NE Behavioral Health System

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Objectives:

Following this presentation, participants will be able to:

- Understand the screening, evaluation, and referral process
- How funding source plays a role
- Behavioral health services available across the state
- Resources available
- Plans of Safe Care

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Screening, Evaluation, and Referral




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Screening, Evaluation, and Referral

LIFE DOMAIN	DESCRIPTION	MY VISION FOR MY FUTURE	PRIORITY
	Daily Life & Employment: What do I think I will do or want to do during the day in my adult life? What kind of job or career would I like?	Are you currently working? If so, what are you doing? How do you feel about your job? If not- do you volunteer? have you worked in the past? What type of work? What would be your ideal job? Are you interested in getting a job now? Are you connected with Voc Rehab? What kind of...	
	Community Living: Where would I like to live in my adult life? Will I live alone or with someone else?	How satisfied are you with this living arrangement? What do you like best? What would make it better? Are you interested in living in another place? What setting would you prefer? What kind of help do you think you need to go back to living independently? Are you...	
	Social & Spirituality: How will I connect with spiritual and leisure activities, and have friendships and relationships in my adult life?	How do you get around town? What does the typical day look like? How important is faith/spirituality in your life? What type of activities do you participate in? How satisfied are you with your opportunities to participate in your spiritual practices?	
	Healthy Living: How will I live a healthy lifestyle and manage health care supports in my adult life?	What do you do to take care of your physical health? What do you do to care for your mental health? Can you tell me a bit more specifically about your mental health? How have things been going lately? Any concerns about your medications? Any side effects bothering you?	
	Safety & Security: How will I stay safe from financial, emotional, physical or sexual harm in my adult life?	Are you dealing with any legal issues right now? If so- are your legal issues bothering you? Does anyone help you with money management? How much control do you have in managing your money? Would you like to be more independent with managing finances?	
	Advocacy & Engagement: What kind of valued roles and responsibilities do I or will I have, and how can I have control of how my own life is lived?	Do you feel like you can stand up for yourself? If others make choices for you, how does that make you feel? What would you need to feel secure in making some more of your own choices? Would you like any of this to change? What help would you need? Do you have a case...	
	Supports for Family: How do I want my family to still be involved and engaged in my...	How does your family and/or community respond to your mental health needs? What kinds of services have you received in the past to help manage your symptoms? Who are the most important people in...	

- Screening:
 - A tool used to ask simple questions, to determine whether a person requires further assessment.
 - Paper or verbal

Evaluation

a comprehensive biopsychosocial, strengths-based assessment of an individual experiencing mental health and/or co-occurring symptoms.

- Reason for the referral
- Medical history
- Educational, vocational, and military history
- Legal history
- Mental health history and comprehensive Mental Status Exam (MSE)
- Substance use/ gambling history
- Family relationships, social relationships, and hobbies
- Gender, sexuality, spirituality
- Abuse/ trauma
- Collateral information
- Summary to include DSM diagnosis (current version)
- Individualized recommendations for active treatment interventions with rationale

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Referral/ Treatment Recommendations/ Interventions

- Based on the evaluation, the clinician will identify the needs of the individual and identify behavioral health recommendations to support the individual in their goals.
 - Any ongoing treatment and rehabilitative service needs
 - Accessing and using medication
 - Accessing physical health care
 - Employment
 - Transportation
 - Social connectedness- formal and informal support systems
 - Financial resources
- Involves provider, care/ service coordinator providing necessary documentation to referral sources to initiate the step-up or step-down into continued or new behavioral health services
- Important to identify best course of action, to include alternative recommendations if not available. If this is not included, the referring provider may need to amend and update recommendations.

Questions to consider when making referrals:

- What is the funding/ eligibility of the individual and the services rendered?
- Is the individual going to require a step-up or step-down in services?
- What services are available in Nebraska?
- What services are needed versus what is available?

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How Funding Source Plays a Role

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Funding

Private Insurance

- Coverage of each individual private insurer can dictate funding of services rendered.

Vouchers

- Probation vouchers to supplement costs of services



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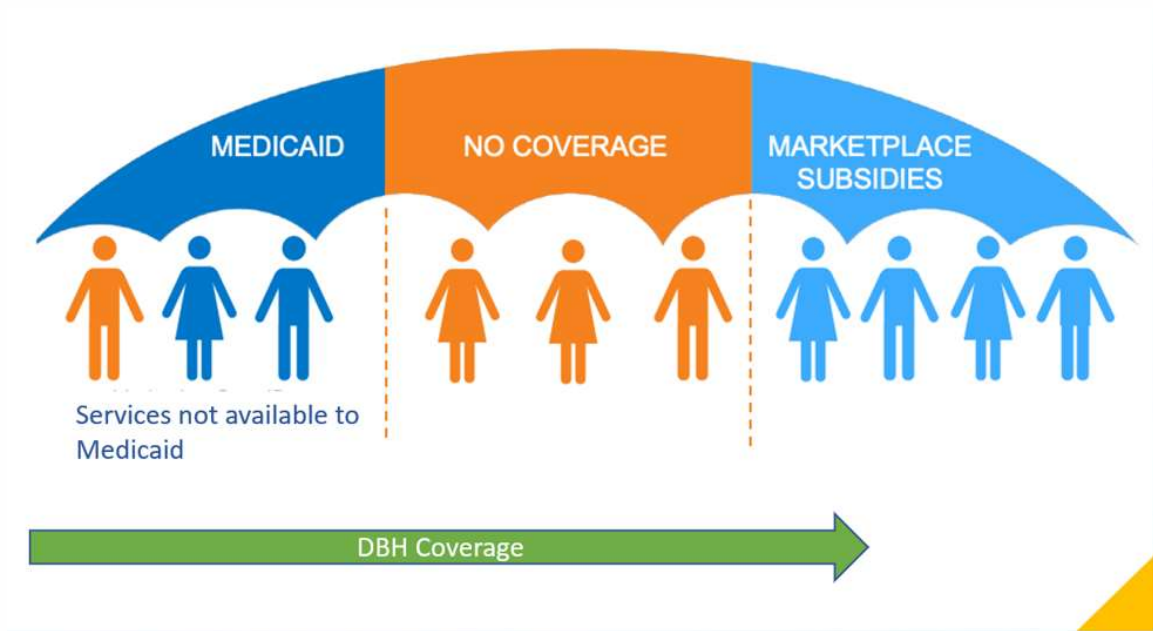
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Funding (cont.)

DBH vs. Medicaid

- Braided funding model between DBH and Medicaid
- Medicaid covers up to 134% of the Federal Poverty Level
- DBH covers individuals up to 400% above the poverty line.
- DBH- Payer of last resort



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Funding (cont.)

Vocational Rehabilitation

- Nebraska Vocational Rehabilitation is an employment program for people who experience a disability.
- Nebraska VR is a state-federal vocational rehabilitation program that operates in all 50 states.
 - Every \$1.00 appropriated for VR by the Unicameral earns \$3.69 Federal funding and yields \$4.69 in services to Nebraskans with disabilities.

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Behavioral Health Services Available Across the State

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Services Needed:

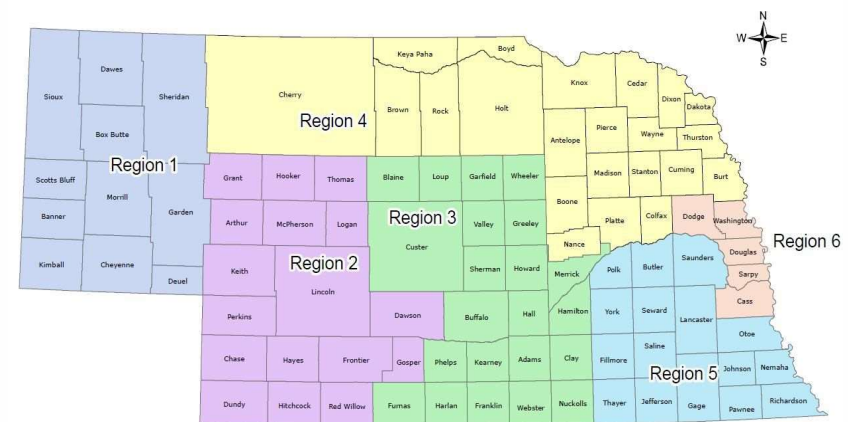
- Question to ask when identifying the referral recommendation is whether the individual needs a step-up or step-down in services, or a combination of both.



How Services are Grouped Across the State:

- Services across the state are divided into the following:
 - State-wide Services:
 1. DBH and Medicaid shared services
 - Example: out-patient therapy
 2. DBH only services:
 - Example: Intensive Community Services
 3. Medicaid only services:
 - Example: Community Treatment Aid
 - Region-Specific Services:
 1. Services dedicated to the needs of the specific region across the state of Nebraska
 - Example: Co-responder Program (Region 3)

Behavioral Health Regions



Behavioral Health Services

SERVICES	IP/OP /Res	SUD Option?	DBH	MLTC	ADULT	YOUTH
24HR Crisis Line/988	N/A	X	X		X	X
Assertive Community Treatment (ACT)	OP		X	X		
Client Assistance Programming	OP	X	X	X	X	X
Community Support	OP	X	X	X	X	
Crisis Psychotherapy	OP	X	X	X	X	X
Crisis Response	OP	X	X		X	X
Crisis Stabilization Unit	IP	X	X	X	X	
Day Rehabilitation	OP		X	X	X	
Day Support	OP		X		X	
Day Treatment	OP	X	X	X	X	
Dual Disorder Residential	Res	X	X	X	X	
Electroconvulsive Therapy	Op			X	X	
Emergency Community Support	OP	X	X		X	
Emergency Psychiatric Observation	IP	X	X	X	X	
Family Psychotherapy	OP	X	X	X	X	
Functional Family Therapy	OP			X		X
Group Psychotherapy	OP	X	X	X	X	
Halfway House	Res	X	X	X	X	

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Behavioral Health Services (cont.)

SERVICES	IP/OP /Res	SUD Option?	DBH	MLTC	ADULT	YOUTH
Individual Psychotherapy	OP	X	X	X	X	X
Inpatient Hospitalization - Acute	IP	X	X	X	X	X
Inpatient Hospitalization - Sub-Acute	IP	X	X	X	X	X
Inpatient Post Commitment Treatment Days	IP	X	X		X	
Intensive Outpatient Program	OP	X	X	X	X	X
Intermediate Residential	Res	X	X	X	X	
Medically Monitored Withdrawal Management	IP	X	X	X	X	
Medication Assisted Treatment	OP	X	X	X	X	
Medication Management	OP	X	X	X	X	X
Mental Health Assessment (Diagnostic Interview)	OP		X	X	X	X
Mental Health Respite	Res	X	X		X	X
Multi-Systemic Therapy	OP		X	X		X
Opioid Treatment Program	OP	X	X	X	X	
Parent-Child Interaction Therapy	Op			X		X
Peer Support	OP	X	X	X	X	X
Peer-Run Hospital Diversion	OP	X	X		X	

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Behavioral Health Services (cont.)

SERVICES	IP/OP /Res	SUD Option?	DBH	MLTC	ADULT	YOUTH
Psych. Res Rehabilitation	Res			X	X	
Psychiatric Residential Treatment Facility	Res		X	X		X
Psychological Testing	OP			X	X	X
Recovery Support	OP	X	X		X	
Secure Residential	IP		X	X	X	
Short-Term Residential	Res	X	X	X	X	
Social Detox	Res	X	X	X	X	
SUD Assessment	OP	X	X	X	X	X
Supported Education	OP	X	X		X	X
Supported Employment	OP	X	X		X	X
Supported Housing	Res	X	X		X	
Therapeutic Community	OP	X	X	X	X	
Therapeutic Consultation	OP		X		X	X
Therapeutic Family Care (TFC)	OP			X		X
Withdrawal Management	Res	X	X	X	X	

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Acuity of Needs: (Mild/ Out-Patient)

Routine Outpatient:

- Individual/ Family Out-Patient Psychotherapy
- Medication Management
- Peer Support
- Therapeutic Consultation
- Community/ Recovery Support
- Intensive Community Services (ICS)



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Acuity of Needs: (Moderate/ Intensive Rehabilitation)

- Assertive Community Treatment (ACT)
- Day Rehabilitation
- Day Support

- Supported Employment



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Acuity of Needs: (Severe/ Inpatient)

- Psychiatric Residential Rehabilitation
- Secure Residential
- Dual Disorder Residential
- Intermediate Residential
- Short-Term Residential
- Therapeutic Community



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Housing and Employment Services and Supports

Housing:

Housing Assistance/ Supported Housing Program is to address housing needs for people with behavioral health disorders, as a strategy to prevent homelessness as well as sustain stable housing.

- rental assistance, other housing-related assistance, facilitation of community integration, and a tenant-based rental assistance approach

Employment Services:

Supportive Employment Extended Services is provided after an individual has made the transition from Vocational Rehabilitation Supported Employment services and determined necessary to maintain and advance in individual employment absent the provision of supports.

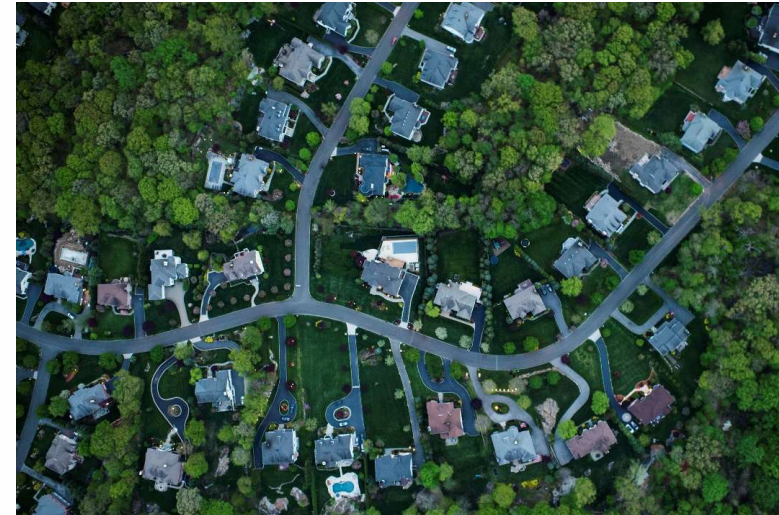


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Housing

- **Housing Assistance/ Supported Housing:**
 - The purpose of the Housing Assistance/ Supported Housing Program is to address housing needs for people with behavioral health disorders, as a strategy to prevent homelessness as well as sustain stable housing.
 - This includes: rental assistance, other housing- related assistance, facilitation of community integration, and a tenant-based rental assistance approach
 - DBH contracts with each Regional Behavioral Health Authority, who has an identified Regional Housing Coordinator.



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Housing

▶ Housing Assistance Eligibility:

- ▶ Is an adult with serious mental illness as defined by Nebraska Revised Statute 71-812(3) or an adult with a substance use disorder or co-occurring disorders as defined by The *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions.
- ▶ Is an adult receiving behavioral health service(s) funded by DHHS and is participating in the behavioral health service(s) or has been accepted for residency in an Oxford House.
- ▶ Meets residency requirements by being either:
 - ▶ United States Citizen; or
 - ▶ A Legal Permanent Resident or other documented immigration status allowed under DHHS policy.
 - ▶ Documentation of immigration status is the responsibility of the individual applying for housing related assistance.

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Housing

Steps:

1. Application is submitted to the RHC, for the appropriate region
 - a) An adult with a MH and SU diagnosis and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions.
 - ▶ Priority Admissions:
 - ▶ (1) Persons who are Mental Health Board committed and being treated in a Regional Center who are ready for discharge
 - ▶ (2) Persons who are Mental Health Board committed to inpatient care being treated in a community inpatient setting or crisis center and who are awaiting discharge
 - ▶ (3) Persons committed to outpatient care by a Mental Health Board
 - ▶ (4) All others.
2. An Individual Service Plan or Modified Housing Stability Plan is established, regarding housing needs.
3. If approved, the RHC will review/ authorize the Housing Quality Standards (HQS) inspections.
4. Tenant-Landlord Lease, releases, and payments to landlord/ utilities will be established.
5. Development/ maintenance of housing plan during program.

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Housing

- Within the state of Nebraska there are other housing options (Section 8, HUD, NIFA, etc.).
 - Regional Housing Coordinator



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Employment

Supported Employment- Vocational Rehabilitation (VR)

- ▶ Competitive integrated employment, including customized employment; or employment in an integrated work setting in which an individual with a most significant disability is working on a short-term basis toward competitive integrated employment; and employment that is individualized and customized, consistent with the individual's unique strengths, abilities, interests, and informed choice, of the individuals involved.

- ▶ **Supported Employment (SE) plan** is Nebraska VR's method of supporting a person:
 1. with a most significant disability;
 2. for whom competitive integrated employment (CIE) has not historically occurred, or for whom competitive integrated employment has been interrupted or intermittent as a result of a significant disability; and
 3. who, because of the nature and severity of their disability, need intensive supported employment services and extended services after transitioning from the support of Nebraska VR to maintain employment.



▶ WIOA Definition (34 CFR §§361.5(c)(53) and 363.1(b))

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Employment

Supported Employment

Steps:

1. Referral/ Application is submitted to Vocational Rehabilitation
 - a. Qualifying Impairments: Intellectual/ Developmental Disability, Behavioral Health, Acquired Brain Injury, or Autism
2. If eligible for VR Services, VR will provide an assessment of employment needs and goals and refer based on level of need and informed choice of the consumer.
3. Individualized Plan for Employment (IPE) is developed and a referral is made to a Supported Employment provider.
 - a. Plan for job development
 - b. Job search and placement
 - c. Job coaching and support
 - d. Job stability
4. After stabilization is determined, if ongoing need to support individual is identified,
 - ▶ they can be referred to Supported Employment- Extended Services.

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Employment

Alternative Employment Options

- ▶ Although not the primary focus, some services offer employment supports within their service.
 - ▶ Community/ Recovery Support
 - ▶ Peer Support
 - ▶ ACT
 - ▶ Crisis Services

- ▶ There are other non-behavioral health services offered in the community to support employment needs:
 - ▶ Job Corps
 - ▶ Job Centers
 - ▶ Staffing Agencies

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Referrals

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Making Referrals

What services are needed and what is available?

- ▶ Based on the identified needs and acuity of the needs of the individual, the provider will establish recommendations of services to support the individual.
- ▶ Challenges to get into services:
 - ▶ Waitlist
 - ▶ Criteria: medical necessity
 - ▶ Insurance coverage
- ▶ Consider: less intensive and/or additional services to support the individual

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Priority Population

Mental Health – Adults with serious mental illness and youth with severe emotional disturbances (conditions that substantially interferes with or limits major life activities (ADLs, self-care, employment, etc.) or in the instance of youth (school/work, behaviors towards others, self-harm, substance use, thinking, etc.)

1. Persons mental health board committed and being treated at a Regional Center who are ready for discharge.
2. Persons who are mental health board committed to inpatient psychiatric care and are being treated in a community hospital or crisis unit and awaiting discharge.
3. Persons committed to outpatient care by a mental health board.

Substance Use Federal Fund

1. Pregnant injecting drug users
2. Other pregnant substance users
3. Other injecting drug users
4. Women with dependent children who have custody/regaining custody

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Resources Available

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Service Definition Resources

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**Nebraska
Continuum of Care
Manual
for
Mental Health
and
Substance Use Disorders**

Supported by Title 206
of the Administrative Code
for
Behavioral Health Services

Department of Health & Human Services
Division of Behavioral Health

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July 2022

Continuum of Care Manual

- State-wide DBH services
 - Does not include region-specific services
- Comprised of 3 categories:
 - Prevention
 - Mental Health Services
 - Substance Use Services

<https://dhhs.ne.gov/Behavioral%20Health%20Documents/Continuum%20of%20Care%20Manual.pdf>

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Service Definition Resources

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- ▶ COC Manual:
 - ▶ 1. Prevention:
 - ▶ Universal, Selective, and Indicated Prevention activities
 - ▶ 988
 - ▶ *Don't need to be financially eligible*
 - ▶ 2. Service Definitions for Mental Health and Substance Use Services
 - ▶ Service definitions describe what the service is, criteria to be admitted and stay in services, and how the services are set-up to be provided.

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Service Definition Resources

SERVICE CATEGORY: REHABILITATION SERVICES

SERVICE DEFINITION

Service Name	COMMUNITY SUPPORT – MENTAL HEALTH
Funding Source	Behavioral Health
Setting	Community Based – Most frequently provided in the home; not facility or office based
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	Community Support is a rehabilitative and support service for individuals in the community with a primary mental health diagnosis consistent with a serious and persistent mental illness and who have complex and extensive treatment needs. Community Support Workers provide service coordination and restorative interventions for development of interpersonal, community, coping and independent living skills to maintain wellbeing, community living, and stabilize mental health symptoms.
Service Expectations	<ul style="list-style-type: none"> • A mental health assessment conducted at admission by a licensed, qualified clinician or completed within 12 months prior to the date of admission that includes a current diagnosis, level of care recommendation and a discharge plan. If the prior assessment is not relevant or does not contain the necessary information then a mental health assessment addendum would be necessary. The assessment will serve as the treatment plan until the treatment plan can be developed. The addendum should be completed within 30 days of admission. • Clinically appropriate programmatic assessments, as determined necessary, which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the individual, should be completed within 30 days of admission. • A treatment/rehabilitation/recovery plan developed with the individual, which includes individual strengths and needs, community, family and other supports, measurable goals and specific interventions, and includes a documented discharge and relapse prevention plan. This is completed within 30 days of admission, reviewed, approved and signed by the Clinical Supervisor. • Review the treatment/rehabilitation/recovery and discharge plan with the individual and treatment team, every 90 days, or more often as clinically indicated. Each review should be signed by the individual and members of the treatment team, and at a minimum the Clinical Supervisor or other licensed professional, and community support worker.

COC Manual:

Service Definition Example:

<https://dhhs.ne.gov/Behavioral%20Health%20Documents/Continuum%20of%20Care%20Manual.pdf>

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Service Definition Resources

Medicaid

- ▶ If a person is determined Medicaid eligible, they will be assigned an MCO:
 - ▶ NE Total Care
 - ▶ United Health Care Community Plan (UHCC)
 - ▶ Molina

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Service Definition Resources

Service Name	COMMUNITY SUPPORT MENTAL HEALTH
Setting	Community based – primarily provided in the home/community based settings however may occur in an office based setting.
Facility License	As required by DHHS Division of Public Health. ☐
Basic Definition	Community support services provide rehabilitative and support services for individuals with a primary mental health diagnosis. Such services include treatment for substance issues when that is an identified need. Community support workers provide direct rehabilitation and support services in the community with the intention of supporting the individual to maintain stable community living and preventing exacerbation of their mental illness and admission to higher levels of care. Service is not provided during the same service delivery hour of other rehabilitation services.
Service Expectations basic expectations for more detail see Title 471 chapter 20	<ul style="list-style-type: none"> • Complete an initial diagnostic interview (IDI) if one has not been completed within the 12 months prior to admission to community support to ensure the Medicaid eligible individual meets the criteria for having a severe and persistent mental illness. The IDI will identify the need for community support and outline the needed services and resources for the individual. The IDI shall serve as the treatment plan until the comprehensive plan of care is developed. • If the IDI was completed within 12 months prior to admission, a licensed professional should review and update as necessary via an addendum to ensure the information is reflective of the individual's current status and functioning. The review and update should be completed within 30 days of admission. • A strengths-based assessment, which may include skills inventories, interviews and/or use of other tools for the purpose of identifying treatment and rehabilitation goals and plans with the individual should be completed within 30 days of admission and may be completed by either non-licensed or licensed individuals on the individual's team. • The treatment plan will be individualized and will include the specific problems, behaviors, or skills to be addressed; clear and realistic goals and objectives; services, strategies, and methods of intervention to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; and the treating provider. The individual treatment, rehabilitation, and recovery plan shall be completed within 30 days following the admission of the individual and reviewed and updated every 90 days or as often as clinically necessary thereafter while receiving services. • Provide active rehabilitation and support interventions that will enable the individual to reside in their community. The interventions will focus on activities of daily living, budgeting, medication adherence and self-administration, relapse prevention, social skills, and other independent living skills the individual is unable to complete due to symptoms of their mental health diagnosis. • Provide service coordination and case management activities, including coordination or assistance in accessing medical, psychiatric, psychological, social, education, housing, transportation or other appropriate

Medicaid Service Definitions:

Service Definition Example:

<https://dhhs.ne.gov/Pages/Medicaid-Behavioral-Health-Definitions.aspx>

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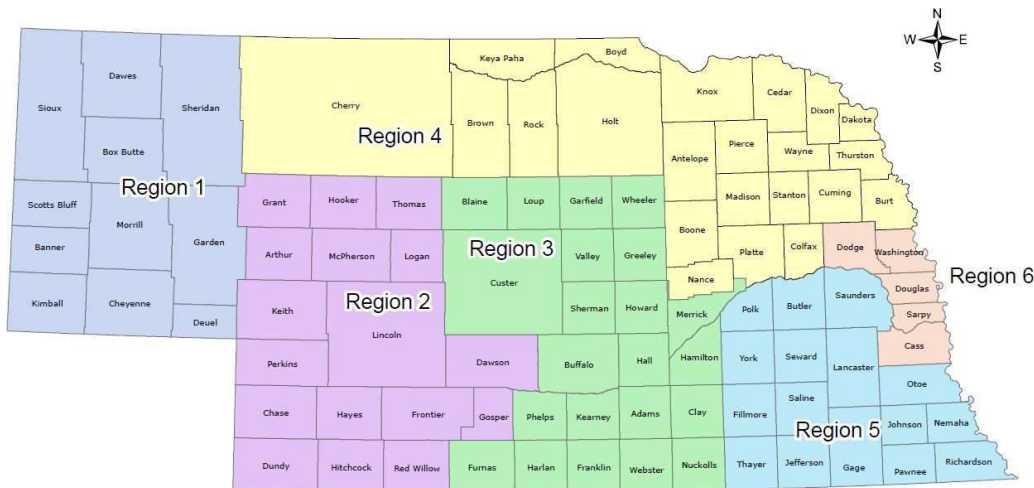
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Contact Resources

Behavioral Health Regions



Medicaid And Long-Term Care

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NE Network of Care for Behavioral Health:

<https://portal.networkofcare.org/NebraskaBehavioralHealth>

Region 1:

- (308)635-3173
- <https://www.region1bhs.net/>

Region II:

- (308)534-0440
- <https://r2hs.com/>

Region 3:

- (308)237-5113
- <https://region3.net/>

Region 4:

- (402)316-1777
- <https://region4bhs.org/>

Region V:

- (402)441-4358
- <https://region5systems.net/>

Region 6:

- (402)505-4604
- <https://www.regionsix.com/>

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Contact Resources

Medicaid

▶ **Medicaid MCO's:**

- ▶ Nebraska Medicaid:
- ▶ Contact information: <https://dhhs.ne.gov/Pages/Medicaid-Contact-Us.aspx>
- ▶ Website: <https://dhhs.ne.gov/Pages/medicaid-and-long-term-care.aspx>
 - ▶ Exploration of benefits, apply for benefits, or manage benefits:
 - ▶ <https://iserve.nebraska.gov/>
- ▶ **NE Total Care**
 - ▶ <https://www.nebraskatotalcare.com/>
- ▶ **United Health Care Community Plan (UHCC)**
 - ▶ https://www.uhc.com/communityplan?tfn=1-800-276-9071&WT.mc_id=8036518
- ▶ **Molina**
 - ▶ <https://www.molinahealthcare.com/members/ne/en-us/mem/Medicaid.aspx>



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Contact Resources

NE Vocational Rehabilitation

Nebraska VR Website:

<http://www.vr.nebraska.gov/>

Columbus:

- (402)562-8065

Fremont:

- (402)727-2900

Grand Island:

- (308)385-6200

Hastings:

- (402)462-0160

Kearney:

- (308)865-5343

Lincoln:

- (402)471-3231

Norfolk:

- (402)370-3200

North Platte:

- (308)535-8100

Omaha:

- (402)595-2100

Omaha West:

- (402)595-1212

Scottsbluff:

- (308)632-1321

South Sioux City:

- (402)494-2265

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Contact Resources



Bamboo Health

OpenBeds
A BAMBOO HEALTH SOLUTION

BEHAVIORAL HEALTH CAPACITY MANAGEMENT AND REFERRAL SOLUTION

Problem

- ORGANIZATIONS LACK KNOWLEDGE OF AVAILABLE RESOURCES AND USE AN INEFFICIENT REFERRAL PROCESS

Solution

- CLOSED LOOP REFERRAL NETWORK THAT LEADS TO OPTIMIZED CARE COORDINATION

OpenBeds is a cloud-based solution that replaces inefficient and less effective manual search, communication and reporting functions, facilitates rapid transfers/referrals and fosters collaboration and coordination among care teams and treatment providers. The OpenBeds solution accomplishes this by providing real-time treatment facility availability, two-way digital provider communication, data aggregation and analytics and clinical decision support.

Benefits

- Conveniently search for open beds and appointments at treatment facilities.
- Efficiently make digital referrals to inpatient and outpatient facilities which offer the right level of care.
- Reduce client wait time for appropriate behavioral health treatment.

Next Steps

Scan to visit the Nebraska Resource Page for more information and to start the onboarding process.



HITRUST CSF Certified

Bamboo Health operates entirely within the privacy and security requirements set forth with HIPAA, including the acceptance of all data in transit and at rest. OpenBeds is also HITRUST CSF Certified, meeting industry-defined standards when it comes to managing risk.

Have questions? Contact us at onboarding@bamboohealth.com

<https://bamboohealth.com/ne-openbeds-onboarding-resources/>

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Prenatal/ Postnatal Services

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Residential Prenatal/ Postnatal Options

Current providers serving prenatal/ postnatal substance use care:

- Bridge (Hastings)
- W.E.L.L (Norfolk)
- St. Monica's (Lincoln)
- Heartland Family Services

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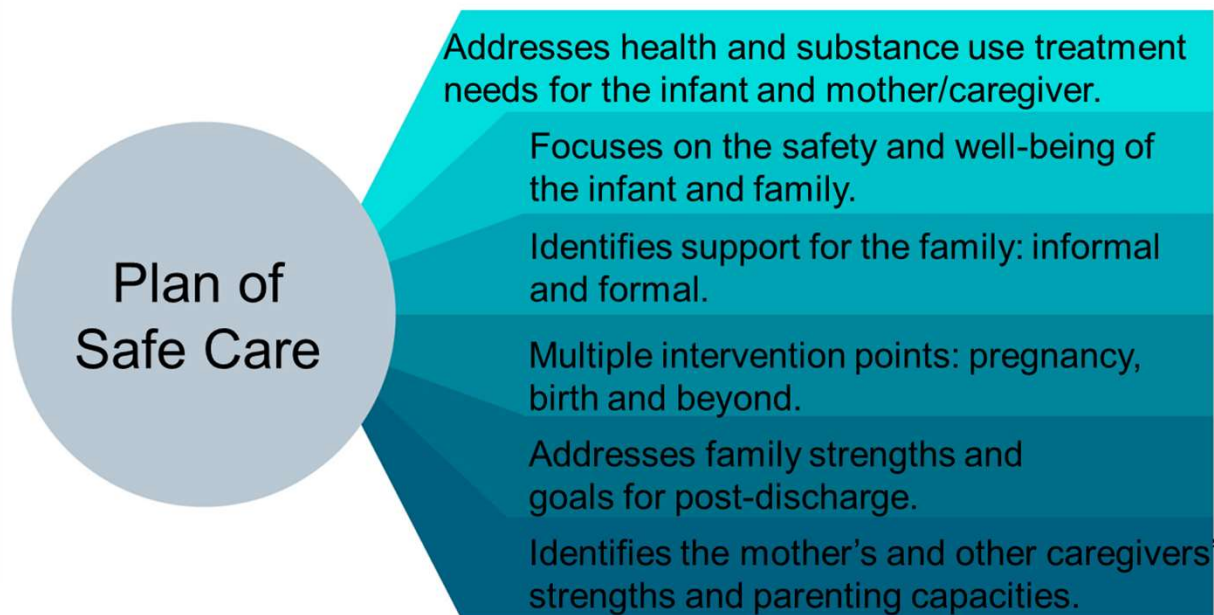
The Comprehensive Addiction and Recovery Act (2016)

The Comprehensive Addiction and Recovery Act of 2016 (CARA) is a provision of the Child Abuse and Prevention Treatment Act (CAPTA). CARA puts focus on infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. The law requires:

- Health care providers involved in the delivery or care of substance-exposed infants to notify DHHS.
- States to develop policies and procedures to address the needs of substance-exposed infants, infants with withdrawal symptoms resulting from prenatal drug exposure, or infants affected by Fetal Alcohol Spectrum Disorder.
- A Plan of Safe Care to be developed to address the health and treatment needs of substance-exposed infants and affected family or caregivers.
- The state to report data annually to the Children's Bureau.

Plan of Safe Care

A Plan of Safe Care should be developed for any and all infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.



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Prenatal Plans of Safe Care

- Can mitigate impact of exposure & minimize a crisis at the birth event.
- Supports stronger partnerships across providers through Care Coordination.
- Not required by federal CAPTA changes, but a supportive, preventative practice.
- Increases Empowerment!



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Upcoming Program!

Legislative Bill 857

Create the Nebraska Prenatal Plus Program



Purpose: reduce the incidence of low birth weight, pre-term birth, and adverse birth outcomes while also addressing other lifestyle, behavioral, and nonmedical aspects of an at-risk mother's life that may affect the health and well-being of the mother or the child

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Review

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Review of Learning Objectives

- Understand the screening, evaluation, and referral process
- How funding source plays a role
- Behavioral health services available across the state
- Resources
- Prenatal Plans of Safe Care

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Questions?

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Thank you!

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