

From the “Omaha Area Adult Behavioral Health System Assessment”

The Behavioral Health Support Foundation (BHSF) engaged TriWest Group to assess the adult mental health system in the Omaha/Region 6 area. TriWest has participated in similar assessments in a number of US cities. TriWest conducted the assessment during 2014 by:

1. **Interviewing** about 30 leaders of providers, state agencies, and local policy makers involved with the behavioral health system of Omaha/Region 6; and
2. **Analyzing data** submitted by providers and regional authorities related to service capacity and utilization of behavioral care.

Below are the gaps identified followed by a brief summary of system enhancements recommended by TriWest.

Gap 1: Fragmentation and a lack of comprehensive system collaboration

Fragmentation and isolation between services is a pervasive issue in Region 6, as well as most other behavioral health systems around the country. Therefore, developing a high-functioning, data-driven, collaborative structure is key. This is an “over-arching” gap to the other eight gaps and requires continued cooperation and collaboration from all work groups, guided by the Governance Committee.

Gap 2: Insufficient access to care

Not-for-profits are “maxed out” and inundated with referrals. The system was weakened by recent cuts, and wait lists and wait times are far too long for individuals to see a prescriber, therapist or other mental health provider. Various access models will be examined, such as moving away from appointments and adopting an “open access” model, which ensures timely access to care for those in need. Focus will be given to a referral hub to make sure open slots are utilized as quickly as possible.

Gap 3: Insufficient availability of integrated care for co-occurring disorder services and services to people with complex needs

Region 6 lacks both widespread capability to treat co-occurring mental illness and substance use disorders or co-occurring behavioral health and physical health conditions. Focus will be given to academic and not-for-profit partnerships to ensure sufficient training of behavioral health workers for co-occurring capability. Existing model programs in Region 6, such as the primary and behavioral health care grant implementation by One World (a federally qualified health center) and Community Alliance (an outpatient behavioral health provider), will be examined for lessons learned and for possible dissemination and adoption.

Gap 4: Insufficient availability of intensive community-based services

Intensive support often is necessary for those being discharged from inpatient units or who are trying to avoid admission to inpatient care. Assertive Community Treatment (ACT) teams, which provide intensive, interdisciplinary, coordinated support for community living, have proven to be effective for some of the most difficult to serve people. A Gap 4 work group will examine the possibility of adding two ACT teams to the one Act team currently operating in the Region 6 adult behavioral health service system.

Gap 5: Insufficient availability of Supported Employment

Nationally, people with serious mental illnesses have a 90% unemployment rate, but research shows that 50% of them want to work and can work when they receive the proper support. The focus in addressing Gap 5 will be on

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working with Nebraska’s vocational rehabilitation authorities and Region 6 providers to increase the availability of Supported Employment services. The possibility of embedding more vocational specialists within Assertive Community Treatment teams and other clinical programs to help coordinate and find job opportunities will also be examined.

Gap 6: Lack of a comprehensive psychiatric emergency system (PES)

Lasting Hope Recovery Center in Omaha has an Assessment Center for patients with behavioral health issues but cannot always provide adequate care for people who have co-occurring medical problems, such as complications from diabetes or other chronic conditions, or acute medical emergencies. The adult behavioral health service continuum will be examined to determine whether Lasting Hope should become more medically capable, whether another site (such as Immanuel Medical Center or Nebraska Medical Center) should provide the backbone for a more comprehensive psychiatric emergency system, or whether a coordinated group of inpatient and emergency services providers could meet the needs of these patients.

Gap 7: Insufficient resources and supports to help people find an appropriate place to live

There is a need for more Permanent-Supportive Housing (PSH) in Region 6, which also lacks long-term, semi-permanent residential alternatives for those who have complex mental health, substance use, and physical health challenges, and who need a level of care between Telecare (an intensive residential services provider) and intensive outpatient services. The focus in addressing Gap 7 will be to identify various alternatives, including adding small, intensively staffed, semi-permanent group homes for those with complex needs who cannot live in the community otherwise. However, PSH must be available for people who do not need to live in an intensively staffed group home and for people who are making a transition from semi-permanent residences to more independent living.

Gap 8: Unavailability of First Episode Psychosis Care

An estimated 180 adults in Region 6 experience a first psychotic episode each year, but there is no First Episode Psychosis Care program in the region. First Episode Psychosis Care is an emerging evidence-based program that includes illness management, medication education, collaborative decision-making, supported education and employment, family psycho-education, and substance use disorder treatment. Best practice indicates that this can change the illness trajectory course for many people and reduce the need for more intensive or restrictive care. The Gap 8 work group will consider who could provide First Episode Psychosis Care as a pilot project and track the success of the program to estimate clinical outcomes and long-term savings.

Gap 9: Workforce shortages

Region 6 has a shortage of psychiatrists; psychiatric nurses; nurse practitioners; other mental health professionals and bachelors-level staff who work in various community support, rehabilitation, and residential programs; and peer support workers (people who have achieved significant recovery from mental illnesses and who coach their peers in recovery). A focus will be on the potential benefits of adding residency slots for training psychiatrists and for developing recruitment packages for psychiatric professionals. After recruitment, attention will be given to retention of the behavioral health workforce and the mix of incentives and supports that could promote retention (private sector funding has been available for recruitment efforts in the form of student loan pay offs, for example). Other possible solutions include developing partnerships with universities on focused programs in psychiatry for nursing students as a way of exposing and recruiting nurses to behavioral health care, and also advocating for legislative changes to the nurse practitioner requirements in order to increase incentives for people to choose advanced nursing practice in psychiatry.

For a complete copy of the assessment go to www.otoc.org or email us at otocfornebraska@gmail.com