

Testimony for Appropriations Committee on LR178

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Members of the Appropriations Committee, my name is Annette Dubas (SPELL) and I am the Executive Director for the Nebraska Association of Behavioral Health Organizations. I am here today as a part of the NAM Roundtable Group to speak to you about priorities in the healthcare arena, in particular behavioral health.

There was a very unified and strong agreement within our Health Care group that access to care, especially behavioral health care is a top priority. We identified the following ideas to take steps in that direction. I will speak to improving access and Dexter Schrodtt will speak to workforce:

- **Support Grants for Expansion of Certified Community Behavioral Health Clinics (\$250,000)**
Nebraska currently has three Certified Community Behavioral Health Clinics (CCBHCs) and all were awarded grants from the Substance Abuse and Mental Health Services Administration (SAMSHA). These federal grants are time and resource intensive. Technical assistance grants would allow clinics to leverage federal dollars and submit successful applications by hiring consultants to do needs assessment and evaluate results.

There are currently 3 CCBHCs in Nebraska (CenterPointe, Lutheran Family, and Community Alliance) that earned grants from SAMHSA for these demonstration projects. CCBHCs will provide comprehensive 24/7 access to community based mental health and substance use disorder services, treatment for co-occurring disorders, and physical health care in a single location. Having access to these technical assistance grants could allow for at least 10 additional federally funded clinics located in key communities across our state.

- **Expand School-Based behavioral Health Care; Expand Integrated Pediatric Care Statewide; Create urgent care centers for children's mental health (\$7 million)** The need to expand access to children's mental health care is becoming ever more evident as we see, in Nebraska, suicide as the number one cause of death for those 10-14 years of age and second leading cause of death in 15-24 year olds.

Create urgent care centers for children's mental health that include a social work coordinator in schools to impact social determinants of health, conduct screening and early detection to begin coordination of care; develop a community network Behavioral health reform passed in 2004 created approximately 100 long term acute beds to be allocated to each of the 6 Regions. Over the last 17 years – due to court ordered commitments and other factors – the number of beds at LRC available for individuals on a Board of Mental Health Commitment has declined to approximately 40-50, leaving some hospitals struggling with too few beds for the patients requiring long-term care. COVID has created added stress on the system due to the safety protocols related to spacing, which is reducing the number of beds that can be used.

It is difficult to identify a specific number of beds needed as the issue is very complex. Long Term Post Acute Treatment is a part of a full continuum of care. This may be a place to focus some additional

resources but it will demand that we look at access to services across the entire behavioral health system.

- **Create a telehealth grant program (\$2 million)** Telehealth has become a widely used and popular tool for service delivery. It reduces travel and allows people to remain in the comfort of their homes. However, there are still many who lack access to the technology needed to access telehealth services.

Developing access points in facilities people know and trust, like grocery stores, churches and libraries, provides a safe and secure place to obtain physical or behavioral health care. These access points would include the necessary wifi connections and equipment needed for telehealth delivery, such as computers or pads. These locations would need to have secure telehealth platforms to comply with HIPAA. If the locations are not set up with computers equipped with cameras and audio capabilities, the client would need tablets. Clients who wish to remain in their homes would need assistance with accessing connectivity that is affordable and reliable.

Computer literacy training would help residents connect to telehealth and other services in an increasingly technological world. Funds would enable a few hundred telehealth access points to be established and could be a way to develop public/private partnerships. These types of grants could be administered by the Nebraska Community Foundation.

- **Launch a marketing campaign for underserved Nebraskans to better understand available services (\$1 million)** One of the primary objectives of the American Rescue Plan is to “address systemic public health and economic challenges that have contributed to the inequal impact of the pandemic”. Nebraskans can’t utilize services they aren’t aware of, and are more likely to use more costly emergency services if they don’t have access to primary care medicine. Therefore, a health literacy marketing campaign targeted to underserved communities focusing on coverage and culturally appropriate delivery would help people access care without fear. Utilizing partnerships, these materials could be distributed through relationships they already trust, such as churches, schools and community centers. Such an effort will reduce costs and lead to better health outcomes.
- **Develop Community Centers providing a full spectrum of culturally appropriate services such as health care, housing, and food assistance (\$2 million)** According to Nebraska’s Department of Health and Human Services, there are moderate to significant disparities between white residents and those identifying as African American, American Indian and Hispanic in terms of perceived health status, health coverage, ability to see a physician because of the cost, inadequate prenatal care, prevalence of diabetes and homicides. For example, both African Americans and Native Americans in Nebraska are more than twice as likely than white Nebraskans to perceive their health as fair or poor.

Developing Community Centers in areas where diverse populations live and work will increase access to care among vulnerable populations, an explicit purpose of ARPA funds according to Treasury guidelines. Community Centers would be developed in a manner that respects specific cultures, helps individuals navigate the services provided by various local and state agencies and create a space where people feel safe and comfortable. We estimate these funds could pay for one to three community centers, and could be combined with local and private funds to maximize these investments.

All of these items are presented in more detail in our summary sheets in your binder along with other supporting documents.