Nebraska

In 2006, Nebraska's mental health care system received a D grade. Three years later, it again receives a D. There is progress, but not enough to raise the state's grade.

The Department of Health's Division of Behavioral Health (DBH) oversees mental health, substance abuse, and gambling services. It provides funding, oversight, and technical assistance to six local Behavioral Health Regions, which contract with local programs to provide services.

In 2004, the state set out to redesign its mental health care system from one centered on institutional care to community-based services with evidence-based practices (EBPs). The Behavioral Health Reform initiative is an ambitious and positive undertaking. Changes are underway and progress is evident, but substantial challenges and gaps in services remain.

Three Assertive Community Treatment (ACT) teams and a "clubhouse" certified by the International Center for Clubhouse Development exist in the state. Since 2006, supported housing has increased annually, and supported employment is available in much of the state. The state provides mental health services to National Guard members and their families.

Another positive effort is the statewide development of mobile crisis teams.

Consumer involvement and leadership is increasing. Each region employs a regional consumer specialist to implement consumer initiatives. Trained peer facilitators serve as staff members in a variety of treatment programs, including assistance to consumers in developing Wellness Recovery Action Plans (WRAP). Consumer and family teams monitor conditions at the two state hospitals—and the hospitals are reducing use of restraints and seclusion.

DBH is also collaborating with the Nebraska Coalition for Women's Treatment on a "Trauma Informed Nebraska" to oversee the development and implementation of statewide, consumer-driven, recovery-oriented, trauma-informed mental health services.

As a large, predominantly rural state, Nebraska has great variations in access to community mental health services. EBPs are becoming available in the most populated areas but are largely absent elsewhere. No evidence-based, integrated dual diagnosis treatment programs exist. The state has received federal grants to plan and implement a Crisis Intervention Team (CIT) program and in the future expects to make CIT more widely available, including in rural areas. However, it has only two jail diversion programs and no mental health courts.

Workforce development challenges exist. DBH recognizes the need for workforce planning and expects to develop a statewide workforce plan that will address shortages in the rural areas. However, DBH lacks a strategy to address cultural competence issues, although some regional efforts exist.

The Behavioral Health Reform initiative is starting to make progress toward creation of a community-focused, recovery-oriented, evidence-based system, but needs to address co-occurring disorders, workforce development, criminal justice issues, and cultural competence. Nebraska still has a long way to go. Nonetheless, the initiative is commendable. Continued leadership, political will, and investment will be essential to fulfill its promise.

Innovations

- Behavioral Health Reform oversight committee
- "Coercion Free Nebraska" restraint and seclusion reduction initiative
- Supported housing
- Promotion of consumers as peer specialists

Urgent Needs

- Integrated dual diagnosis treatment
- Cultural competence
- Jail diversion
- Workforce development

Consumer and Family Comments

- *"Nebraska is slow at making changes in the mental health system."*
- *"It takes a long time to start seeing a doctor or a therapist. The wait list is very long."*
- *"There is an extreme lack of available services in our rural area, which is the Panhandle of Nebraska. People must travel long distances for services up to 100 miles one way."*
- *"More cultural competency workshops and trainings need to be provided so workers can be more effective."*