Nebraska Department of Health and Human Services
Division of Behavioral Health

REPORT TO THE LEGISLATURE

Health and Human Services Act

September 2015

INTRODUCTION

This report responds to and addresses the requirements set forth in *Neb. Rev. Stat.* section 81-3133.01(2). The Division of Behavioral Health (DBH) finalized a planning process in 2011 resulting in a five-year Strategic Plan that serves to guide the Division in delivering services and programs to Nebraska citizens. The Division's most recent Strategic Plan and Progress Report dated September 2014 is posted on the Division's website at: http://dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx . DBH is using the Plan to organize activities and initiatives toward the vision created by the legislatively established Behavioral Health Oversight Commission II in 2009.

BEHAVIORAL HEALTH COMMUNITY-BASED AID – BUDGET PROGRAM 038:

DBH provides funding for individuals who do not have health insurance and who are not Medicaid eligible, yet meet clinical and financial eligibility for community-based behavioral health (mental health, substance use disorder) services provided through six Regional Behavioral Health Authorities who subcontract with a network of providers. Clinical eligibility includes utilization guidelines primarily authorized through Magellan and service definitions as outlined in Title 206 regulations. The Division ensures access to services for eligible consumers for both mental health and substance use disorders. In Fiscal Year 2014, the Division served 31,994 individuals. Of those individuals, 22,579 of them received mental health services and 13,518 received substance use disorder services.

Since 2004, the Division of Behavioral Health has developed more than 42 new community-based services to help people to recover from a behavioral health disorder. Services are delivered through 72 treatment providers throughout the six Behavioral Health Regions, within four tribes and by four direct contractors. Division initiatives include planning for and implementing a system of care, addressing service and support needs of individuals with co-occurring or complex needs and development and implementation of a Results-Based Accountability (RBA) approach that focuses on outcomes.

The following table reflects performance measures identified in the budget plan. Data sources for these performance measures are noted. Complete Nebraska Consumer Survey results can be accessed on the DBH website at: http://dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx . Those measures that coincide/correspond with the Results-Based Accountability (RBA) initiative are indicated. As DBH moves towards RBA, we are working with key stakeholders including the Behavioral Health Regions, consultants and other partners to develop benchmarks that better measure consumer outcomes. RBA is further described on page 4 of this report.

Performance Measure	Nebraska Data		Year/Data Source
Consumer satisfaction with **access to treatment**	81%		FY 2014 Adult Consumer Survey
% of positive response to general satisfaction with **services received**. (RBA)	79%		FY 2014 Adult Consumer Survey
Wait time into services for priority populations: ≤ 14 days and ≤ 30 days: (Federal Benchmark: 14-120 days)	≤ 14 days	≤ 30 days	
• Pregnant IV drug users • Pregnant women • IV drug users • Women with dependent children • Mental Health board commitments	80% 50% 62% 55% 75%	100 % 92% 84% 74% 91%	FY 2014 Regional wait list and capacity data
180-day readmission rate to regional centers-**non-forensic**. (National 180-day readmission rate = 20.3%)	8.91%		FY 2014 / Uniform Reporting System

STATE-OPERATED REGIONAL CENTERS – BUDGET PROGRAMS 361, 363, and 870

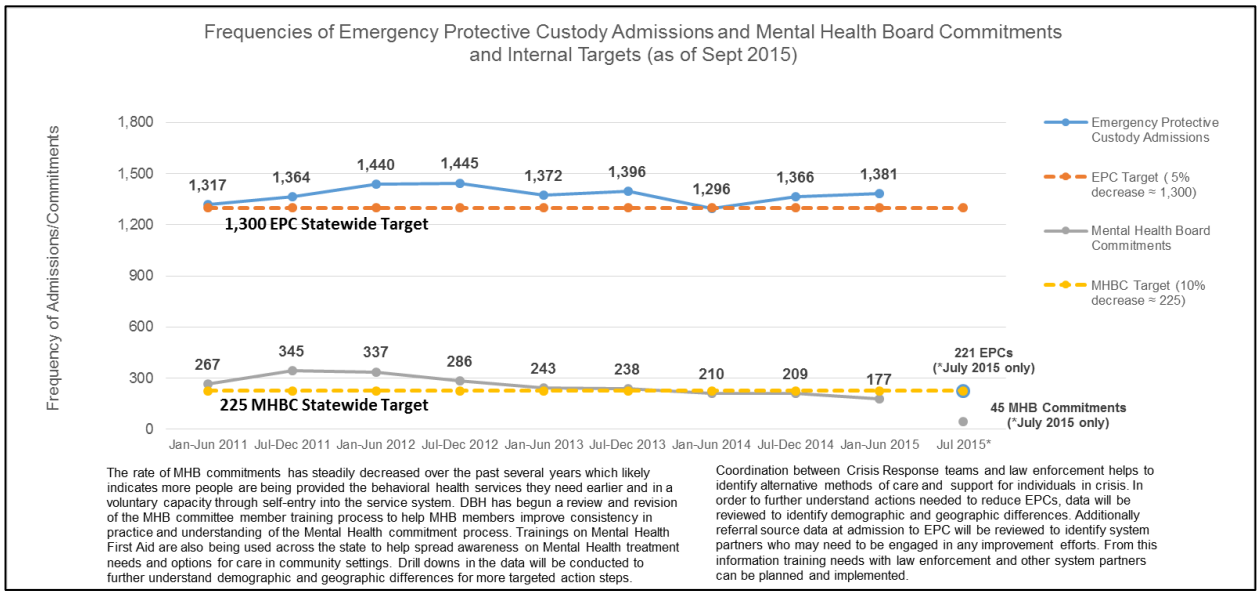
The State Regional Centers provide the most restrictive and secure level of care in the continuum of behavioral health services. Regional Centers serve people who need specialized psychiatric services.

The **Hastings Regional Center (HRC)** provides residential substance use disorder treatment services for youth primarily from the Youth Rehabilitation and Treatment Center (YRTC) in Kearney and Nebraska Juvenile Probation System. The **Lincoln Regional Center (LRC)** provides acute mental health services for adults with serious mental illness as well as forensic mental health services for persons committed by the courts. The **Norfolk Regional Center (NRC)** provides mental health board-directed treatment services for the population served by the Sex Offender Treatment program who have been released from Corrections and committed to the Department. LRC and NRC operate a phased sex offender treatment program. Phase one is completed at NRC. Phase two and three are completed at LRC. The following table reflects FY15 operational status of each State Regional Center.

Performance Measure	Hastings Regional Center (Program 361)	Lincoln Regional Center (Program 363)	Norfolk Regional Center (Program 870)
Days of Patient Care	4,975	81,857	30,754
Cost per bed day	1,495.19	464.12	467.27
FTEs[1]	91	485	187
Average daily census	18	224	84
FTEs per occupied bed	5.06	2.17	2.23
180-day readmission rates to regional centers: **non forensic**.[2]	8.91%		
180-day readmission rates to regional centers:**forensic**.[2,3]	14.38%		

1. Count of FTE reflects filled positions as of September 15, 2015 and does not include vacant positions.
2. Data reflects the FY2014 180 Readmission rate. The FY2015 rate will not be available until February 2016.
3. Forensic units include those with individuals who are found Not Responsible by Reason of Insanity; defendants who are detained and evaluated as to their mental competence to stand trial; and persons who have been convicted of a sexual offence and committed to a state hospital.

The graph below describes combined regional center and community hospital admission and commitment rates for emergency protective custody (EPC) and Mental Health Board commitments (MHBC). These rates reflect movement towards internal targets set to assess whether EPC and MHBC are decreasing as intended.



The rate of MHB commitments has steadily decreased over the past several years which likely indicates more people are being provided the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system. DBH has begun a review and revision of the MHB committee member training process to help MHB members improve consistency in practice and understanding of the Mental Health commitment process. Trainings on Mental Health First Aid are also being used across the state to help spread awareness on Mental Health treatment needs and options for care in community settings. Drill downs in the data will be conducted to further understand demographic and geographic differences for more targeted action steps.

Coordination between Crisis Response teams and law enforcement helps to identify alternative methods of care and support for individuals in crisis. In order to further understand actions needed to reduce EPCs, data will be reviewed to identify demographic and geographic differences. Additionally referral source data at admission to EPC will be reviewed to identify system partners who may need to be engaged in any improvement efforts. From this information training needs with law enforcement and other system partners can be planned and implemented.

Period	Jan-Jun 2011	Jul-Dec 2011	Jan-Jun 2012	Jul-Dec 2012	Jan-Jun 2013	Jul-Dec 2013	Jan-Jun 2014	Jul-Dec 2014	Jan-Jun 2015	Jul 2015*
Mental Health Board Commitments	267	345	337	286	243	238	210	209	177	45
MHBC Target (10% decrease ≈ 225)	225	225	225	225	225	225	225	225	225	225
Emergency Protective Custody Admissio	1,317	1,364	1,440	1,445	1,372	1,396	1,296	1,366	1,381	221
EPC Target (5% decrease ≈ 1,300)	1300	1300	1300	1300	1300	1300	1300	1300	1300	1300

COMMUNITY-BASED REHABILITATION SERVICES: BUDGET PROGRAM 379

The Division of Behavioral Health provides for the statewide Preadmission Screening and Resident Review (PASRR) program. The Federal Omnibus Reconciliation Act of 1987 and OBRA 1990 require that all individuals being admitted to a Medicaid-certified nursing facility, regardless of their payer source be screened for mental illness, mental retardation, and related conditions (MI/MR/RC) prior to admission. The PASRR program is meant to meet the federal requirement that all nursing facility residents are screened for MI/MR/RC. If found to have MI/MR/RC an individual must then undergo additional evaluation to determine if his/her needs can be met safely in a Medicaid-certified nursing facility. The following table describes the performance measures for Nebraska's screening and evaluation times.

Performance Measure	Nebraska Data
Time to complete Level 1 screening (MI/MR/RC). (National required timeline = an average of twenty minutes.)	Benchmark: Completion within 6 business hours. Current rate: Average completion 11 minutes. (2014-2015 data)
Time to complete Level II evaluations. (National required timeline = an average of seven working days.	Benchmark: Completion within 7 working days. Current Rate: 97% completed less than 7 days. (2014-2015 data)

RESULTS-BASED ACCOUNTABILITY

The Division of Behavioral Health is working with the six Behavioral Health Authorities (Regions) on performance accountability through the Results-Based Accountability (RBA) initiative. The objective of RBA is to measure how much we do, how well we are doing it and whether or not anyone is better off. In FY 2015 DBH sought training and technical assistance to build the capacity for RBA. By the end of FY16 the Regions will be well-versed in RBA and DBH will have performance measures as identified jointly with the Regions for use in performance based contracting in FY17. The following table reflects the performance measures identified to measure DBH state *priorities* for FY16 at the Region/Program level.

Results-Based Accountability : DBH Priorities - Performance Measures
% positive response to general satisfaction with services received
% positive response of staff sensitive to trauma
% programs w/ improvement in Trauma Informed Care (TIC) scores
% programs with improvement in co-occurring capable/enhanced scores
% consumers discharged with treatment completed status
#/% positive response to improved quality of life (QOL)
#/% positive response to improvement in symptoms
Average # days/% of consumers who binge drank in last 30 days
#/% decrease in substance use