

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



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Pete Ricketts, Governor

December 22, 2017

Patrick O'Donnell
Clerk of the Legislature
State Capitol
Lincoln, NE 68509

Dear Mr. O'Donnell:

In the 2001 Legislative Session, LB 692 was passed into law. An annual \$50 million endowment for health care programs was created from the principal and investment income of the tobacco settlement fund and the Medicaid intergovernmental transfer (IGT) fund. Currently this endowment has increased to \$61.97 million annually for DHHS. The purpose of this endowment was to create an ongoing funding mechanism for health care in Nebraska.

LB 692 requires the Department of Health and Human Services to provide an annual report to the Legislature and the Governor detailing the use of funds appropriated under the Nebraska Health Care Funding Act and the outcomes achieved from such use.

The following report fulfills that statutory mandate. We appreciate the opportunity to share with the Governor and the Legislature the important work done as a result of LB 692.

Sincerely,

A handwritten signature in black ink, appearing to read "Courtney N. Phillips".

Courtney N. Phillips, MPA
Chief Executive Officer
Department of Health and Human Services

592016 LB 692 Report: Table on Appropriations, Uses and Outcomes

DHHS Divisions	Program	FY17 Appropriations	Use Sections are from LB 657 (2015)	Outcomes
	Program 033			
Division of Public Health	Administration	\$13,688	Sec 95 - \$13,688 regulatory support for emergency medical technicians-intermediate and emergency medical technicians-paramedic licensing.	Used for base costs for licensing individual providers of emergency medical services. Base costs include expenses such as salaries, postage, e-commerce, equipment, and communications. Under this program there are currently 1,483 licensed paramedics and 86 licensed Advanced Emergency Medical Technicians (AEMT) & Emergency Medical Technician I (EMT-I), or basic EMT's. There are also 5,759 licensed Emergency Medical Technician (EMT) and 412 licensed Emergency Medical Responders (EMR).
	Smoking Cessation	\$6,000	Sec 95 - \$6,000 cost related to implementation of smoking cessation.	Used to enhance Tobacco Free Nebraska toll free Tobacco Quit line. In 2015 there were 2,692 callers. This is not funding that is assigned to the Division of Public Health, the LB language is specific that it is earmarked for Medicaid expenses related to tobacco cessation
	Parkinson's Disease Registry	\$26,000	Sec. 95 - Parkinson's Disease Registry	DHHS Office of Health Statistics uses these funds to collect, validate, and update the Parkinson's Disease Registry to monitor the incidence and mortality of Parkinson's Disease in Nebraska. Approximately 16,000 cases have been documented since the inception of the Registry. These funds are also used to process and complete data requests as well as promote the use of the registry data and enforce compliance with reporting to the Registry.
Division of Children & Family Services	Nebraska Lifespan Respite Services Program	\$404,643	Sec 95 - Respite Care Program in service areas.	Continue to build upon the existing infrastructure and extend its reach in communities by further implementing statutory requirements, developing and expanding access to resources, and enhance partnerships to ensure local sustainability integrated in to the state's long-term services and supports system. The service area networks have 242 screened providers statewide. The program was able to leverage federal funds from the U.S. Department of Health and Human Services which assisted with the completion of the "Nebraska Lifespan Respite Network: Producing Positive Outcomes for Families 2015-2107 Evaluation Final Report". The evaluation showed respite services resulted in fewer health symptoms reported by family caregivers and less relationship strain with care recipient as just some of the outcome examples.
	Total Program 033	\$450,331		
	Program 179			
Division of Public Health	Administration	\$100,000	Sec 100 - \$100,000 each year for staffing and operating expenses.	Provide technical assistance to 18 local public health departments to provide the 10 essential services. <ol style="list-style-type: none"> 1. Monitor health status to identify and solve community health problems. 2. Diagnose and investigate health problems and health hazards in the community. 3. Inform, educate, and empower people about health issues. 4. Mobilize community partnerships and action to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts. 6. Enforce laws and regulations that protect health and ensure safety. 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable. 8. Assure competent public and personal health care workforce.

DHHS Divisions	Program	FY17 Appropriations	Use Sections are from LB 657 (2015)	Outcomes
				9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.
	Office of Health Disparities and Health Equity	\$220,000 (*\$110,000 for each office)	Sec 100 - for operation a satellite office of minority health in the 2 nd and 3 rd congressional districts.	Two staff in each of the Congressional Districts 2 and 3 satellite offices are supported with these funds. These positions direct the activities necessary to support programs; coordinate services and activities with other community, state, local and federal agencies, health professionals, and service agencies in efforts to reduce health disparities and promote improved health among diverse populations within Congressional District 2 and 3.
	Total Program 179	\$320,000		
Division of Children & Family Services	Juvenile Service Operations	\$1,000,000	Sec 101 - Mental Health services to juvenile offenders under section 43-407.	<u>YRTC - Kearney</u> <ul style="list-style-type: none"> ❖ \$907,842 used for salaries/benefits for Clinical Psychologist, 10 Licensed and Provisional Mental Health Practitioners and 6 Youth Counselor Supervisors. ❖ Mental Health/Sexual Trauma Program: <ul style="list-style-type: none"> • Averaged 182 individual therapy sessions per month. • Mental health practitioners responded to an average of 10 mental health referrals per month. • 22 youth from were admitted to Hastings Juvenile Chemical Dependency Program for long term chemical dependency treatment upon recommendation from YRTC-K. • Completed an average of 10 chemical dependency evaluations per month. • 304 psychiatric consults completed by the contracted medical doctor with 89 referrals to Richard Young Hospital. • 3 LMHP's were trained in the Adolescent Community Reinforcement Approach (A-CRA), a top evidenced based juvenile substance abuse treatment program. They are in the process of becoming certified A-CRA clinicians, with one also becoming a certified A-CRA supervisor. ❖ Youth Counselor I's made 3,611 contacts with parents and 3,353 contacts with Juvenile Service Officers, Family Permanency Specialists, and Probation Officers. ❖ Case Managers made 2,948 individual counseling sessions with youth. <ul style="list-style-type: none"> • 69 contacts with Guardians Ad Litem • 801 Family Team Meetings • 2,036 supervised recreation activities • 33 work projects <u>YRTC-Geneva:</u> <ul style="list-style-type: none"> ❖ \$ 89,147 used for salaries/benefits for two Licensed Mental Health Practitioners <i>Programs/Education:</i> <ul style="list-style-type: none"> • 2 Licensed Mental Health Practitioner (LMHP)- <i>Programs/Education:</i> <ul style="list-style-type: none"> • High risk mental health/behavior youth, special needs, trauma, Greenline review, - individual therapy 24 contacts in a month and 288 in a year; group contacts 72 individual group contacts in a month and 864 in a year; 60 individual Greenline review contacts in a month and 720 in a year (7/1/16 to 6/30/17). • Special needs outcomes working towards release. Highlight - more Individual specific programming, group, individual/family counseling, mental health focus/cognitive behavioral therapy in outcome strategies that includes learning, sharing with a goal of promoting change. Average of 10 MHAs in a year as

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				<p>Clinical Psychologist typically completes these when present at facility. Other numbers as stated above apply here as well.</p> <ul style="list-style-type: none"> Individual, group, family counseling, Numbers stated above apply here as well. (7/1/16-6/30/17). <p>Highlight – more individual specific programming, individual/family counseling, mental health focus/cognitive behavioral therapy in outcome strategies that includes learning, sharing with a goal of promoting change.</p>
	Total Program 250	\$1,000,000		
	Program 038			
Division of Behavioral Health	Mental Health and Substance Abuse	\$2,599,660	Sec 96 - Behavioral Health providers.	<p>Continued payment of rates to BH providers for treatment and recovery services. Maintained rate increase established in original LB 692. Rates vary by service types. The Department of Behavioral Health and the Regions contract with providers for service and support networks of which there are varying providers, service types and rates.</p>
		\$6,500,000	Sec 96 - to be distributed to Six Regions based on a formula.	Continued services to consumers in communities (non-state hospital based).
		\$1,500,000	Sec. 96 - Emergency protective custody.	Crisis Center/hospitals reimbursed for days of service related to Emergency Protected Custody.
		\$100,000	Sec. 96 for housing services for persons with substance abuse disorders (LB 956)	One time appropriation provided to contractor to establish recovery houses for persons with substance abuse disorders.
	Total Program 038	\$10,699,660		
	Program 347			
Division of Children & Family Services	Nebraska Lifespan Respite Services Program – Respite Subsidy	\$810,000	Sec. 103 - Aid in carrying out the NE Lifespan Respite Service payments to caregivers to purchase services.	<p>This program is focusing efforts to increase its utilization. The allocation from the legislation was not fully utilized as the number of participants in the program has decreased. The Lifespan Respite Subsidy program is currently serving 290 individuals with special needs (down from 334 individuals in fiscal year 2016 and 385 in 2015). Between July 1, 2016 and June 30, 2017, the Lifespan Respite Subsidy Program served 674 (down from 943 individuals in state fiscal year 2016 and 750 in 2015), including cases opened, closed or denied. 60% of the care recipients were under 19 years of age. Clients eligible for other programs providing respite services are referred to those appropriate programs.</p>
	Total Program 347	\$810,000		

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Division of Medicaid and Long-Term Care	Medical Assistance	\$4,765,896	Sec 104 - Continuation of the behavioral health provider rate increase and behavior health provider rate increase for managed care, inpatient and residential treatment.	Continued provision of behavioral health for clients and participation of providers in the program.
	Smoking Cessation	\$450,000	Sec 104 - State Plan Amendment covering tobacco use cessation in compliance to Title XIX of federal Social Security Act smoking cessation.	Clients receive medication and up to four counseling sessions to support up to two quit attempts per year.
	Total Program 348	\$5,215,896		
	Program 344			
Division of Medicaid and Long-Term Care	Child Health Insurance	\$6,835,700	Sec 102 - CHIP	Provides health care under the Children's Health Insurance Program.
	Total Program 344	\$6,835,700		
	Program 514			
	Health Aid	\$200,000	Sec 112 - Poison Control – UNMC	Sub award administered by UNMC.
	Total Program 514	\$200,000		
	Program 424			
Division of Developmental Disabilities	Developmental Disability Act	\$5,000,000	Sec 110 - State Aid/Services to Developmentally Disabled on waiting list.	Continued provision of developmental disability services to participants.
	Total Program 424	\$5,000,000		
	Program 502			
Division of Public Health	Local Public Health	\$5,605,000	Sec 111 - Aid to local public health departments.	Local public health provide the three core functions of public health which include assessment, policy development and assurance and the 10 essential services. 1. Monitor health status to identify and solve community health problems. 2. Diagnose and investigate health problems and health hazards in the community. 3. Inform, educate, and empower people about health issues. 4. Mobilize community partnerships and action to identify and solve health problems. 5. Develop policies and plans that support individual and community health efforts. 6. Enforce laws and regulations that protect health and ensure safety. 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

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				8. Assure competent public and personal health care workforce. 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services. 10. Research for new insights and innovative solutions to health problems.
		\$1,349,000	Sec 111 - to be equally distributed among federally qualified health centers in the second congressional district for the purpose of implementing a minority health initiative.	Funding is equally distributed to One World Community Health Center and Charles Drew Health Center in Omaha, Nebraska. A few One World outcomes to note are that they had 1,509 expectant mothers who received prenatal care, 1,131 minority patients had their hypertension in control, and 157 individuals who were found to be at risk for diabetes were referred to a medical home. A few Charles Drew Health Center outcomes to note are that 397 adult patients with a diagnosis of Type I or Type II diabetes achieved a Hemoglobin A1C less than 9%, 208 women accessed prenatal care, and 731 cardiovascular patients have sustained controlled hypertension.
		\$1,526,000	Sec 111 - for minority health services to be distributed to counties having a minority population equal to or exceeding 5% of the total population in the 1 st and 3 rd congressional districts.	There were 18 Minority Health Initiative (MHI) grants and one contract awarded in FY 2017 focusing on the priority areas of obesity, cardiovascular, infant mortality, diabetes, cancer, asthma, chronic lung disease and unintentional injury.
		\$750,000	Sec 111 - to be distributed proportionally to federally qualified health centers based on the previous fiscal year's number of uninsured clients as reported on the Uniform Data System Report.	Funds are distributed to 7 community health centers to help them serve the uninsured population. The Community Health Centers in Nebraska serve a significant number of uninsured (over 40,000 last year) and the uninsured make up nearly 50% (48.5%) of the total population they serve. They address the needs of people who are at greater risk for chronic health conditions and focus on culturally appropriate interventions and prevention.
	Total Program 502	\$9,030,000		
	Program 623			
	623 Biomedical Research	\$15,000,000	Sec 118 - Biomedical Research	A contract and sub award for biomedical research were awarded to the Board of Regents on behalf of the University of Nebraska Medical Center and the University of Nebraska Lincoln in the amount of \$10,247,664; and to the Creighton University, Father Flanagan's Boys Home, Boys Town National research Hospital, and the Creighton University – Boys Town Healthcare Foundation in the amount of \$3,752,336.
	Total Program 623	\$15,000,000		
	Program 030			
Division of Public Health	Tobacco Prevention	\$2,570,000	Sec 93 - Tobacco Prevention and Control	Funding is used for tobacco prevention, reducing exposure to secondhand smoke, addressing tobacco-related health disparities and helping people quit tobacco. Program areas include the Nebraska Tobacco Quit line, an educational media component. Also program surveillance and evaluation, youth prevention efforts, and sub grants to nine counties for tobacco prevention and control work.
	Total Program 030	\$2,570,000		
	Program 354			
Division of Children & Family	Child Welfare Aid	\$2,734,444	Sec 106 - Child welfare	This is for rate increases that occurred when LB 692 was passed in 2001. This is just the continuation of funds. In 2012, LB 949 moved the funds from program 347 to

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				Program 354. This money is used to continue to allow providers to have the rate increase they received in 2001.
	Total Program 354	\$2,734,444		
	Program 621			
Division of Public Health	Stem Cell Research	\$435,000	Sec 116 - Stem Cell Research	Four research grants were awarded. One to the University of Nebraska at Lincoln, one to Creighton, and two to the University of Nebraska Medical Center. The average amount of the grants was \$108,700.
	Total Program 621	\$435,000		
Other Agencies	Legislative Council	\$15,000	Sec 10 - Legislative Council (LB657); revised LB746A (2016)	Administered by Legislative Council.
	Attorney General	\$395,807	Sec 38 - Attorney General. Enforcement of tobacco settlement agreement.	Administered by Attorney General.
	Department of Revenue	\$316,482 \$250,000	Sec 68 - Department of Revenue. Audit and enforce provisions of the tobacco Master Settlement Agreement. Sec 74 - Department of Revenue Gambler Assistance	Administered by the Department of Revenue.
	Board of Regents of the University of Nebraska: UNMC	\$250,000 \$50,000	LB390A (2015) - University of Nebraska Medical Center for the Medical Cannabidiol Pilot Study LB661 Sec. 32 Transfer to UNMC College of Public Health for workforce training	Administered by UNMC.
	Foster Care Review Office	\$190,000	LB746A Sec. 2 Foster Care Review Office	
Total DHHS		\$60,501,031		
Total Other Agencies		\$1,467,289		
Undistributed		(\$1,618,320)	Note: negative value indicates obligation in excess of statutory transfer	
Grand Total		\$61,968,320	FY17 Statutory Transfer (71-7611) was \$60,350,000	