

**NEBRASKA**

Good Life. Great Mission.

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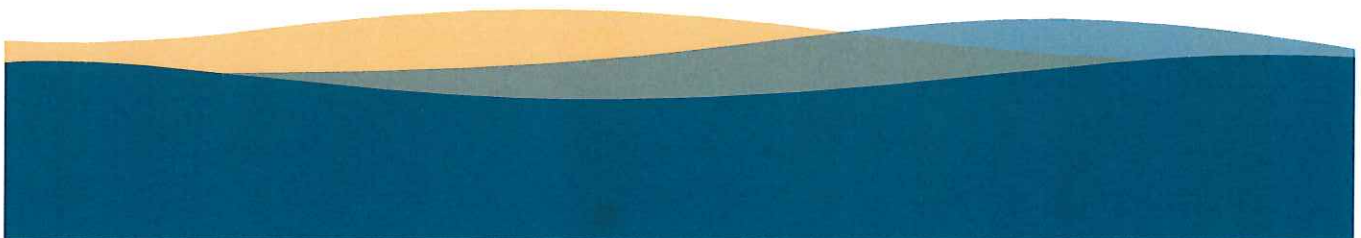
DEPT. OF HEALTH AND HUMAN SERVICES

## **Division of Behavioral Health**

**Strategic Plan, Key Goals and Benchmarks**

**9/15/2017**

§81-3133.01



NEBRASKA

2016 Bridge  
Strategic  
Plan

End of Year Report

DHHS – Division of Behavioral Health

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**THE Department of Health and Human Services (DHHS), DIVISION OF BEHAVIORAL HEALTH (DBH) is dedicated to providing mental health and substance use disorder services and supports to help people live better lives. Strategic planning is a tool used to promote positive outcomes for consumers and provide direction to the work of DBH. The 2016 Bridge Strategic Plan mapped out DBH's work for the calendar year 2016. It bridged the end of the 2011-2015 Plan and laid the groundwork for initiation of a new three-year Plan 2017-2020.**

## **BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH:**

### **PREVENTION WORKS, TREATMENT IS EFFECTIVE, PEOPLE RECOVER** \*SAMHSA

**VISION:** The Nebraska public behavioral health system promotes wellness, recovery, resilience and self-determination in a coordinated, accessible, consumer and family-driven system.

***Simply said:** Nebraska strives to be the gold standard in facilitating hope, recovery and resiliency as a model of excellence in behavioral health care.*

**MISSION:** The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

***Simply said:** DBH assists systems that help people recover.*

### **2016 GOALS and PRIORITIES**

**Goal 1:** The public behavioral health workforce will deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.

**Goal 2:** The DBH will support innovative, effective service delivery.

**Goal 3:** The DBH will lead development of a system of care that allows individuals to move from state hospitals to the most integrated community setting.

**Priorities:** *Accessibility, Effectiveness, Quality, Cost Efficiency, Accountable Relationships, Needs Assessment and Strategic Planning*

**Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS**

<b>ACCESSIBILITY STRATEGIES</b>	<b>DELIVERABLE(S) / OUTCOME(S)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
<i>Implement access measures for Behavioral Health (BH) system.</i>	Identified access measures for Supported Employment, Short Term Residential, Medication Management and Supported Housing.  FY18 Baselines & targets identified.	<b>ACHIEVED</b>	<i>Implement Centralized Data System (CDS) dashboard reporting &amp; Continuous Quality Improvement (CQI) processes in FY18.</i>
	Set Regional Center access standards for court and commitment waitlists. Dashboard baselines and targets for CY2017 identified.	<b>ON TRACK</b>	<i>Implement Operational Excellence in CY17.</i>
	Centralized Data System (CDS) capacity to collect data implemented May 2016. As of 12/16: # end users: 1200 # records: 235,713 # new encounters: 10,006	<b>ACHIEVED</b>	<i>Reports testing with full implementation CY17.</i>
	For 2016: # trainings with Regions and Providers: 14 # trainings with Regional Center: 8 # H4 (vendor) trainings: 20+ statewide	<b>ON TRACK</b>	<i>Testing &amp; Training Ongoing</i>
<i>Evaluate First Episode Psychosis pilots (FEP)</i>	MIRECC-GAF trainings & reliability checks – reliability scoring for 2 teams completed.	<b>ACHIEVED</b>	<i>FEP fidelity reviews scheduled for FY18</i>
	Completed On-Track consultation. Implemented 2 teams Fall 2015	<b>ACHIEVED</b>	
	Pilot data captured in Access database. “n” remains small so defer setting baseline. R3: 5 youth at end of 12/16. R6: 7 youth at end of 12/16.	<b>ON TRACK</b>	<i>Admission criteria under review – finalize 2017. Slow trend upward in census.</i>
<i>Develop activities to improve flow/decrease wait list at Lincoln Regional Center (LRC).</i>	Nursing vacancy rate decreased.  2016 Baseline 48%. 2016 Achieved 38%	<b>ON TRACK</b>	<i>Target CY17: 28% Ongoing</i>
	Nursing “actual” overtime expenditures decreased. <i>LRC nurse overtime: \$217,798 (FY16), \$192,150 (FY15)</i>	<b>NEEDS WORK</b>	<i>Ongoing. Trending downward for FY17.</i>
	Behavioral Health RN reclassification	<b>ACHIEVED</b>	
	RN recruitment activities yielded results. # new hires 2016: 10 FTE RN, 1 FTE LPN, 4 PT RN, 2 on-call RN	<b>ON TRACK</b>	<i>Ongoing</i>

**Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS**

<b>ACCESSIBILITY STRATEGIES</b>	<b>DELIVERABLE(S) / OUTCOME(S)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
<i>Develop activities to improve flow/decrease wait list at LRC cont.</i>	Collaboration established with Dept. of Corrections on nursing shortage strategies, (Ex: policies and processes for RN on-call pool shared)	<b>ACHIEVED</b>	<i>Continue as needed CY17.</i>
	Clinical & administrative meetings with Dept. of Corrections operational.	<b>ACHIEVED</b>	<i>Ongoing.</i>
	Nursing Summit (University of NE Medical Center) held September 2016. # participants: 95	<b>ACHIEVED</b>	<i>Statewide workgroups established.</i>
	Re-established & formalized nursing rotations. # of rotations completed: 2	<b>ACHIEVED</b>	<i>Ongoing.</i>
	2016 Nursing satisfaction survey deferred to LRC Staff survey (December 2016) n=140 (12% LPN/RN) (92% FTE) Key results: <i>Retention reasons: Co-workers, meaningful work, job benefits.</i> <i>Turnover reasons: Salaries/wage, overtime, hours/schedule.</i>  Other DBH survey completed: RC exit survey with consistent findings.  2016 DHHS Employee survey deferred. DBH submitted action plan based on 2015 results February 2016.	<b>ACHIEVED</b>	<i>Drive HR dashboard &amp; recruitment efforts CY17.</i>  <i>Ongoing.</i>
	Technical Assistance Collaborative – Environmental & Housing Plans.	<b>ACHIEVED</b>	<i>Incorporate into 2017-2020 Strategic Plan.</i>
	Discharge planning process improvement initiated.	<b>NEEDS WORK</b>	<i>Staff trained. Operational Excellence / CQI process improvement CY18.</i> <i>Ongoing.</i>
	QI data project initiated re: integration of discharge plan numbers with length of stay outliers. Baselines and targets to be set in CY18.	<b>ON TRACK</b>	<i>Medical Director CQI project.</i> <i>Set metrics CY17.</i> <i>Ongoing.</i>

**Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS**

<b>ACCESSIBILITY STRATEGIES</b>	<b>DELIVERABLE(S) / OUTCOME(S)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
<b>Implement Phase I of Children's System of Care (SOC)</b>	<p>Received implementation grant. Two staff hired (SOC administrator, grants manager).</p> <p>Leadership Board established.</p> <p>Five SOC work teams operational.</p> <p>Memorandums of Understanding for data sharing executed.</p> <p>Six regional SOC teams operational. New service startup work.</p>	<b>ACHIEVED</b>	<i>Phase II in CY17.</i>
	Initial data, completed baselines. Targets to be determined.	<b>ACHIEVED</b>	<i>Goal is January 2017 for DHHS dashboard/targets. Ongoing.</i>
	Final Financial blueprint by TriWest.	<b>ON TRACK</b>	<i>In revision. Estimate final approval January 2017.</i>
<b>Increase delivery of effective Supported Employment (SE) services.</b>	<p>Access measure &amp; metrics for SE identified.</p> <p>Eliminated Milestone 5 billing form. Incorporated into FY18 budget guidelines.</p>	<b>ACHIEVED</b>	<i>CDS Data collection slated April 2017. Dashboard CY17.</i>
<b>Initiate planning &amp; a plan for integrated housing.</b>	<p>DHHS housing policies reviewed. Environmental scan completed.</p> <p>7 Statewide housing focus groups conducted. (147 participants).</p> <p>6 Statewide Service provider focus groups conducted. (82 participants).</p> <p>2016 Technical Assistance Collaboration (TAC) Strategic Plan (3 year). Plan in sync with federal policy alignment.</p> <p>Key recommendations: <i>Coordinated housing leadership, Olmstead planning, community integration policies, align housing and service/support priority populations, maximize/leverage funds, data collection, and affordability.</i></p>	<b>ACHIEVED</b>	<p><i>TAC scan &amp; plan recommendations incorporated into DBH 2016 Needs Assessment &amp; 2017-2020 Strategic Plan.</i></p> <p><i>Convened Housing leadership partners. Ongoing.</i></p> <p><i>Dashboard CY17.</i></p>

<b>Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS</b>			
<b>EFFECTIVENESS STRATEGIES</b>	<b>DELIVERABLE(s) / OUTCOME(s)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
	Department of Vocational Rehabilitation (VR) now captures milestone data.  2016 (10/15-9/16) VR Behavioral Health (BH) Outcomes: 196  Active VR/BH cases 1/5/17 (in milestones): 436	<b>ON TRACK</b>	<i>DHHS Year-end data report and analysis in Spring 2017.</i>
	# served in SE FY16: 830	<b>NEEDS WORK</b>	<i>2016 year end analysis of impact, and length of stay by milestone slated Spring 2017.</i>
	Supported Employment Fidelity tools analysis completed.	<b>ON TRACK</b>	<i>6 Program audits slated Spring 2017.</i>
	Metrics to demonstrate increase in employment across service delivery system.	<b>ACHIEVED</b>	<i>Baseline metrics set for CY2017 Dashboard. Updates for SE data set for CDS Spring 2017.</i>
<b>Finalize Peer Bridger pilot programming specific to transition from LRC</b>	Peer Bridger Pilot Program Implementation Plan approved by administration. Hired 1 FTE (Office of Facilitation & Recovery LRC)	<b>ACHIEVED</b>	<i>Approved by DBH/RC administration. Implementation Plan has 4 phases.</i>
	Finalize plan with work team for implementation of pilot including staff responsibilities, tasks, metrics and timeline for execution.	<b>NEEDS WORK</b>	<i>Ongoing.</i>
<b>Review policies and procedures of Diversity Committees at Regional Centers (RC).</b>	Site visits completed by consultant:  LRC (4/5/16), HRC (4/22/16), NRC 5/4/16).	<b>ACHIEVED</b>	
	Summary report with recommendations to DBH & Office of Health Disparities received 5/31/16.	<b>ACHIEVED</b>	<i>Link to Health Equity and DBH strategic planning.  Recommendations to be addressed CY17.</i>

**NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS**

EFFECTIVENESS STRATEGIES	DELIVERABLE(s) / OUTCOME(s)	STATUS	LAST COMMENT
<b>Operationalize Medication Assisted Treatment (MAT) programming.</b>	Implemented interdivision work team and plan on MAT with Public Health.  Active participation in PDMP workgroups.  October Opioid Summit ( <i>Governor, Attorney General, University of NE Medical Center sponsored</i> ) # participants: 300	<b>ON TRACK</b>	<i>Continue in 2017-2020 Strategic Plan.</i>  <i>Opioid Coalition meeting quarterly CY17 – ongoing.</i>
	<i>Barriers to access and use of Prescription Drug Monitoring Program identified, including access to MAT.</i>  PDMP implemented January 1, 2016.	<b>ACHIEVED</b>	<i>Information to drive MAT training FY18.</i>
	Pain Management Guidelines	<b>ACHIEVED</b>	<i>Draft under review by Public Health, DBH, and Medical Association.</i>
<b>Align Suicide Prevention Plan with statewide strategic plan developed by prevention workforce.</b>	Strategic direction identified and NE Prevention Plan amended.  Trainings & # trained: Kognito: 28,588 ( 1 hr.on-line school staff course) Making Educators Partners: 5,165 (2 hr. on-line school staff course) Question, Persuade and Refer (QPR): 2,812 (1.5 hr. 'gatekeepers' training) CAMS: 26 (4 hr. online clinical training) AMSR: 100 (6.5 hr. clinical training)  SAMHSA Service Member/Veterans/Family Summit (SMVF) held September 2016.	<b>ACHIEVED</b>	<i>Planning results incorporated into Prevention Strategic and DBH 2017-2020 Strategic Plan.</i>
	Prevention objectives for 2017-2020 plan developed. Zero Suicide model analysis – model more applicable to local efforts. Developed & distributed user friendly work plan template.	<b>ACHIEVED</b>	
	Mental Health First Aid Training # individuals trained statewide: 1243	<b>ON TRACK</b>	<i>Ongoing.</i>
<b>Results Based Accountability Population indicators and performance measures reviewed/revise</b>	FY18 Baselines and targets determined.	<b>ON TRACK</b>	<i>RBA measures carried forward into budget plans.</i>



**NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS**

EFFECTIVENESS STRATEGIES	DELIVERABLE(S) / OUTCOME(S)	STATUS	LAST COMMENT
	<p>FY16 measures tracked and completed.</p> <p># of Measures: 14 (5 population indicators and 9 performance indicators)</p> <p>Results of note: Information included in CQI templates to assist Regions with FY18 planning.</p> <p>23 measures FY17-18: 4 population indicators, 8 performance measures and 11 access measures determined.</p>	ACHIEVED	<p>Included now in CQI templates for FY18 Regional Budget Plans.</p> <p>Access measure reporting slated for FY18 collection.</p> <p>Ongoing.</p>
	FY18 Baselines and targets determined.	ON TRACK	
<b>Regional Centers and system partners trained on co-occurring and complex needs.</b>	Consultant -Training proposal for regional centers and corrections received.	ON TRACK	<p>Additional Consultant Training deferred.</p> <p>Revisit curriculum &amp; competency training CY17.</p>
<b>Identify and implement strategies to strengthen peer support workforce.</b>	<p>Peer Support Workforce survey and report completed.</p> <p>n= 91 respondents to workforce survey Key findings: 63% employed in peer positions. 87% completed DBH provided training. 64% felt strongly respected. 56% providing direct service. Services: advocacy, recovery support, mentor, support, education, crisis intervention.</p> <p>Office of Consumer Affairs peer support training evaluation data analyzed and report generated.</p>	ACHIEVED	<p>Incorporate recommendations into 2017-2020 Strategic Plan.</p> <p>Ongoing.</p>
	Service descriptions: peer support, family peer support, family navigator and transition age peer support drafted.	ON TRACK	Initial drafts. Ongoing.
	Medicaid State Plan Amendment submitted.	ON TRACK	Estimate implementation July 1, 2017.
	<p>Explored next steps for enhancing certification.</p> <p>Legislation drafted for DBH regarding peer program and workforce standards.</p>	ON TRACK	<p>TBD: curriculum revisions, credential functions &amp; locus of responsibilities.</p> <p>Draft legislation submitted.</p> <p>Ongoing.</p>

**NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS**

EFFECTIVENESS STRATEGIES	DELIVERABLE(S) / OUTCOME(S)	STATUS	LAST COMMENT
	# of peer support trainings: 5  Ave. participant / training: 20  # individuals receiving peer training certificate: 60	<b>ACHIEVED</b>	<i>Ongoing.</i>
	Established baseline and increase in # persons (by 35) trained in FY16.  Total trained to date: 367	<b>ON TRACK</b>	<i>Use numbers for baselines CY17.</i>
<i>Review/revise policies, service definitions and contract language specific to co-occurring complex care in program and administrative practices</i>	Review and recommendations from Dr. Minkoff (ZIA Partners) received on all documents.  Revised Regional Budget Plan guidelines.	<b>ACHIEVED</b>	<i>Recommendations on all documents under review and deployment in FY18 documents.</i>
	Revised contract language for direct care contracts.	<b>ON TRACK</b>	<i>Update with FY18 contracts. Ongoing.</i>
	Review/revise service definitions and descriptions as to language.  Definitions remain in regulation at present.	<b>ON TRACK</b>	<i>Continued work on regulations and service development revisions and guidance documents</i>
	Recommendations on facility licensure regulations for mental health and substance use provided to and incorporated by Public Health.	<b>ACHIEVED</b>	
	Select Regional Center policies reviewed (LRC 5/16, HRC 6/16, NRC 6/16)  LRC Revised Policies: <i>Active Treatment Policy</i> <i>Treatment Planning Process</i>  HRC Revised Policies: <i>Treatment Philosophy</i> <i>CTP Policy</i> <i>Staff Screening and Competency</i> <i>HRC Evaluation and Management Unit</i> <i>Medical Care / Transfer to Acute Care</i> NRC reviewed "program philosophy" policy.	<b>ON TRACK</b>	<i>Ongoing.</i>

<b>NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS</b>			
<b>QUALITY STRATEGIES</b>	<b>DELIVERABLE(S) / OUTCOME(S)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
<b>Operationalize Centralized Data System (CDS)</b>	% provider/agencies log-in to system pre-Go Live: 90%.  % provider/agencies log-in month end-Go Live: 100%  # end users December 2016: 1200	<b>ACHIEVED</b>	<i>Go-Live May 2016.</i>  <i>With updates, ongoing training will occur.</i>
	Interfaces required for Go-Live: 3 ( <i>RHIN, Region II and Blue Valley (multiple locations)</i> )  # interfaces at Go Live: 3	<b>ACHIEVED</b>	<i>Ongoing.</i>
	Draft CDS manual completed.	<b>ACHIEVED</b>	<i>Ongoing.</i>
	Service verifications by provider and location: 100% month end-go live	<b>ACHIEVED</b>	
	Providers/agencies participate in training pre/post month end-Go Live: 100%	<b>ACHIEVED</b>	
	Analysis of behavioral health utilization counts (by service) CDS compared to Magellan extract.	<b>ON TRACK</b>	<i>Ongoing.</i>
	FY16 Annual report data provided to Regions.  # served (unduplicated): 27,366	<b>ACHIEVED</b>	
	2017 DBH Annual Report.	<b>ON TRACK</b>	<i>April 2017.</i> <i>Switch to CY.</i>
<b>Conduct annual consumer survey.</b>	2016 Survey Report in draft December 2016. ( <i>survey distributed July 2016</i> ).	<b>ON TRACK</b>	<i>Final report slated January 2017.</i>
	<b>Targets &amp; Results:</b> 22 % response rate Target of 85% trauma sensitive staff: 82.8% Target of 85% Quality of Life: 76.9%	<b>NEEDS WORK</b>	Process and timeline delays to be addressed in 2017 to increase response rate.
	Target of 85.0% general satisfaction: 84.1%.	<b>NEEDS WORK</b>	<i>Dashboard CY17.</i>
<b>Identify contractor &amp; implement / improve PASRR (pre-admission screening and resident review)</b>	Contractor identified.  # of Level I screens: 32,000 # of Level II evaluations: 1500  Target: Level II evaluations completed within 3 business days – achieved.	<b>ACHIEVED</b>	<i>Contractor identified and implemented.</i>  <i>Sustain metric.</i>

<b>NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS</b>			
<b>COST EFFICIENCY STRATEGIES</b>	<b>DELIVERABLE(s) / OUTCOME(s)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
<b>Complete Phase II of Children's System of Care Financial Blueprint.</b>	Presentation on Blueprint to SOC Governance Body.	<b>ON TRACK</b>	<i>Initial review done. Final review by Governance slated January 2017.</i>
<b>Incorporate access standards into regional budget plan guidelines and set targets for performance.</b>	Access measures for Supported Employment, Short Term Residential, Medication Management and Supported Housing identified. Baselines & targets identified for FY18.	<b>ACHIEVED</b>	<i>Move to dashboard reporting &amp; CQI FY18.</i>
<b>Conduct study of costs associated with providing services to ensure statewide capacity and access.</b>	Phase I, II rate study analysis received.  Halfway House and Medication Management rates increased April 2016. <i>Additional funding FY16: \$675,024 FY17 projected: \$2,500,553</i> Cost Model project reports provided to Legislature February and July 2016.	<b>ACHIEVED</b>	<i>Ongoing.</i>
	Phase III services identified – Inpatient acute and subacute.	<b>ON TRACK</b>	<i>Results of Phase II slated January 2017.</i>
	Complete Cost Model Project – final report upon completion.	<b>ON TRACK</b>	<i>Estimate July 2017.</i>
<b>Provide recommendations for operational process improvement to leadership.</b>	Process improvement completed for Contract process.  100% Community-Based contracts in system and executed prior to July 1, 2016. (n=30)	<b>ACHIEVED</b>	
	Standardized process for request / approval of professional development.	<b>NEEDS WORK</b>	
	Operational Excellence concepts applied to top projects.	<b>ON TRACK</b>	<i>Plan: Regional Center court and mental health board waitlists in CY17.</i>

<b>NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS</b>			
<b>ACCOUNTABLE RELATIONSHIPS STRATEGIES</b>	<b>DELIVERABLE(s) / OUTCOME(s)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
<i>Develop and finalize a plan to address nursing shortage at Lincoln Regional Center.</i>	<i>See Page 2 – activities to improve flow/decrease wait list at Lincoln Regional Center.</i>		
	Office of Consumer Affairs adopted as a subcommittee to the DBH Joint Advisory Committee.	<b>ACHIEVED</b>	
<i>Implement formal and strategic system links with key stakeholders to expand consumer involvement in service planning and delivery.</i>	Patient Advisory Council (PAC) implemented at Lincoln Regional Center August 2016.  Charter approved by Governing Body November 2016.	<b>ACHIEVED</b>	
	PAC meeting minutes (facilitation of meetings at the Lincoln Regional Center)	<b>ON TRACK</b>	<i>Ongoing.</i>
	Office of Consumer Affairs adopted as a subcommittee to the DBH Joint Advisory Committee.	<b>ACHIEVED</b>	
<i>Develop and implement a process to regularly recognize talent and achievements of DBH staff.</i>	Created “ONE DBH” culture of ownership and functionality – monthly One DBH Leadership Team meeting and shared agenda.	<b>ON TRACK</b>	<i>Integrated QI / QA meetings to being January 2017.</i>
	DHHS HR Survey includes questions on employee preferences regarding recognition of talent and achievements. Two measures identified for improvement by DBH and recommendations provided following review of 2015 survey results.	<b>NEEDS WORK</b>	<i>2016 Survey deferred.  Working through Senior Leadership.</i>
<i>Collaborate with partners to address behavioral health workforce shortages.</i>	Prevention workforce assessment completed.  Contracted with Behavioral Health Education Center of NE (BHECN) to develop Prevention Workforce Development Plan.	<b>ON TRACK</b>	<i>Ongoing.</i>

	<p>Participation with BHECN and products directed to impact workforce:</p> <p>Draft BHECN Behavioral Health Workforce Competencies provided to DBH.</p>	<b>ACHIEVED</b>	<p><i>Aid for Regional Center trainings and curriculum 2017.</i></p> <p><i>Under review DBH/RC.</i></p> <p><i>Ongoing.</i></p>
	BHECN workforce plan. (SAMHSA national webinar presentation).	<b>ACHIEVED</b>	<i>Ongoing.</i>
	BHECN peer services plan.	<b>ACHIEVED</b>	<i>Implement 2017</i>
	<p>Workforce shortage analysis - Data and recommendations included in 2016 Needs Assessment.</p> <p><i>Key Findings: workforce shortage, access to real time data/interfaces, tele health, parity, standardization, unlicensed workforce and competencies, integrated care.</i></p>	<b>ACHIEVED</b>	<i>Strategies incorporated into 2017-2020 Strategic Plan.</i>
<b>Implement cross agency meetings with LRC and Corrections.</b>	<p>Monthly clinical staffing and training meetings.</p> <p>Monthly DBH- Corrections administrative meetings.</p>	<b>ACHIEVED</b>	<i>Ongoing.</i>
<b>Provide opportunities for partnerships and relationships through facilitation of annual Behavioral Health Conference.</b>	<p>Spring conference 2016. (New vendor (NAADAC).</p> <p># participants: 500</p>	<b>ACHIEVED</b>	

<b>NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS</b>			
<b>NEEDS ASSESSMENT AND STRATEGIC PLANNING 2017 2020 STRATEGIES</b>	<b>DELIVERABLE(s) / OUTCOME(s)</b>	<b>STATUS</b>	<b>LAST COMMENT</b>
<b><i>Final Needs Assessment for dissemination.</i></b> Contracted with University of NE Medical Center – College of Public Health. 2016 Comprehensive Needs Assessment Report completed. <a href="http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf">http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf</a>		<b>ACHIEVED</b>	Disseminated September 2016.  Drive Strategic Planning.
<b><i>Final 2017-2020 Strategic Plan and work plan.</i></b>	2017-2020 Draft Plan completed.	<b>ON TARGET</b>	Work Plan slated Spring 2017.
<b><i>Complete Logic Model for SEOW.</i></b> <i>(State Epidemiological (EPI) Outcomes Workgroup)</i>	Logic Model completed.	<b>ACHIEVED</b>	
<b><i>Executive SEOW recommendations of updated measures for revised EPI profile.</i></b>	Final data collection profile as approved by Administration. <i>Supports Strategic Prevention Framework.</i>	<b>ACHIEVED</b>	

# **ONE NEBRASKA! ONE PLAN!**

## **Division of Behavioral Health Strategic Plan 2017-2020**



# Division of Behavioral Health Strategic Plan 2017-2020

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## Message from the Director, Division of Behavioral Health

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

Dear Colleagues, Stakeholders and Nebraskans:

I am pleased to present you with the 2017-2020 Strategic Plan for the Nebraska Department of Health and Human Services, Division of Behavioral Health. I am privileged to serve as the director of the Division of Behavioral Health with a team of talented people who are dedicated to improving the lives of Nebraskans with mental illness and substance use disorders. There is no health without Behavioral Health!

This three-year plan is a result of a Comprehensive Needs Assessment completed in 2016 and reflects the voice and recommendations of Nebraska consumers, family members, treatment and prevention system providers, stakeholders and academic partners. The document is a dynamic, living document depicting the direction the Division is taking to meet the changing demands of healthcare in Nebraska.

There are three-year goals providing strategic direction for our collective work. The emphasis on metrics provides a measurable framework to gauge progress towards the goals and the triple aims of healthcare, namely improved health care, improved experience of care and improved affordability of care. A detailed companion work plan will further delineate strategies and activities that clarify the work and provide opportunities for innovation and collaboration.

Thank you to everyone who participated in the Needs Assessment project and in the development of the strategic plan. We look forward to working with you to ensure there is no health without behavioral health.

Sincerely,

A handwritten signature in black ink that reads "Sheri Dawson".

Sheri Dawson, Director  
Division of Behavioral Health  
Department of Health and Human Services

Helping People Live Better Lives

## Acknowledgements

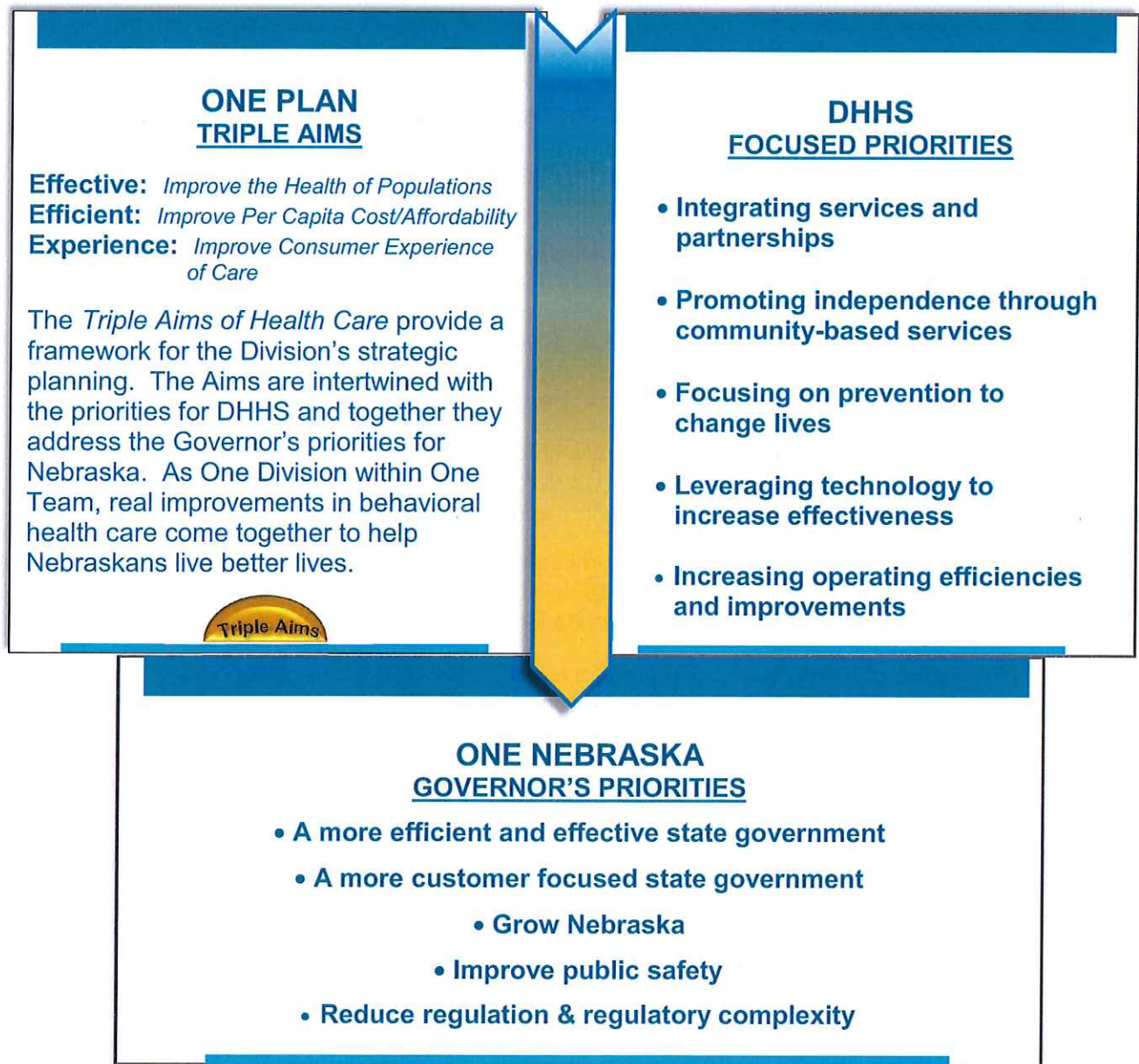
The Division of Behavioral Health thanks the following contributors for their assistance and guidance in compiling this document. Gratitude is extended to the many consumers, families, stakeholders and interested persons from the general public who contributed as participants in various segments of the foundational needs assessment process.

- Consumers, families
- Public stakeholders
- DHHS partners
- Division of Behavioral Health:
  - Joint Advisory Committee (JAC)
  - Prevention Advisory Committee
  - Providers
  - Regional administrators, regional behavioral health authorities
  - Senior leadership team
- Leslie Ann Hay, Hay Consulting
- Mary O'Hare, O'Hare Professional Consultation
- Mike Phillips, Douglas County Health Department and JAC member
- National Association of State Mental Health Program Directors (NASMHPD)
  - Brian Hepburn, MD, Executive Director
  - David Shern, PhD, Senior Public Health Advisor
- Shinobu Watanabe-Galloway, PhD, UNMC College of Public Health

# ONE NEBRASKA! ONE PLAN!

## Introduction

The Division of Behavioral Health (DBH) is designated by federal and state law as the state's single authority for mental health and substance use disorders. The Division's responsibility is to coordinate public behavioral health care under Nebraska's Department of Health and Human Services (DHHS). The Division carries out its responsibilities through leadership and partnership.



## ONE NEBRASKA! ONE PLAN!

### Vision

The Nebraska public behavioral health system promotes wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family-driven system.

### Mission

The Division of Behavioral Health provides leadership and resources for **systems of care** that promote and facilitate resilience and recovery for Nebraskans.

### Operational Structure

The Division of Behavioral Health (DBH) provides leadership in the administration, integration and coordination of the public behavioral health **system** and takes primary responsibility for the development, dissemination and implementation of the Division's Strategic Plan for 2017-2020. Plan implementation is carried out by DBH which includes the Regional Centers, Office of Consumer Affairs (OCA), the six (6) regional behavioral health authorities (RBHA) and system partners. Following is an expanded description of each component of the operational structure.

**DBH Central** is comprised of five operational components, the state's Regional Centers and the Office of Consumer Affairs:

1. **Community-Based Services (CBS):** Consists of services and the workforce essential for delivery of statewide, community-based mental health and substance use disorder prevention, treatment, recovery and support services.
2. **Data and Quality Improvement (QI):** Undertakes systematic and continuous actions that lead to measurable (via data) improvement in divisional operations, health care services and the health status of the consumer.
3. **Fiscal:** Provides oversight and administration of the Division's funds from multiple sources including state general funds and block grant funds. It also manages the billing system for services and the development and execution of contracts.
4. **System of Care (SOC):** Provides a coordinated framework within which behavioral health care is delivered to adults (ASOC) and youth (YSOC).
5. **Prevention:** Promotes safe and healthy environments that foster youth, family, and community development through the implementation of early intervention and prevention best practices.

**Regional Centers** are the state's public psychiatric hospitals located in Norfolk, Lincoln, and Hastings.

- Norfolk Regional Center (NRC) provides intensive sex offender treatment services.
- Lincoln Regional Center (LRC) provides three types of services:
  - psychiatric services for people with severe and persistent mental illness;

- forensic services to provide evaluation, assessment, and treatment for persons as ordered by the Nebraska legal system; and
  - adult and youth sex offender transition services.
- Hastings Regional Center (HRC) provides residential substance use disorder treatment for young men.

Office of Consumer Affairs (OCA): The Office of Consumer Affairs conducts activities to promote consumer involvement in the service system and recovery process.

Consumers are defined as persons receiving mental health or substance use disorder services. Activities include:

- Facilitation of community forums for consumers to give feedback on the quality of service and to identify gaps in these services.
- Administering for peer support and wellness specialists.
- Facilitation of OCA's People's Council designed to advise the DBH around consumer involvement.

Joint Advisory Committee: (State Advisory Committees on Mental Health and Substance Use Disorder Services) This is a 36-member committee appointed by the Governor to advise, assist, support and advocate for mental health and substance use disorder services. Committee members bring unique skills and knowledge to the table to advise the work of the Division.

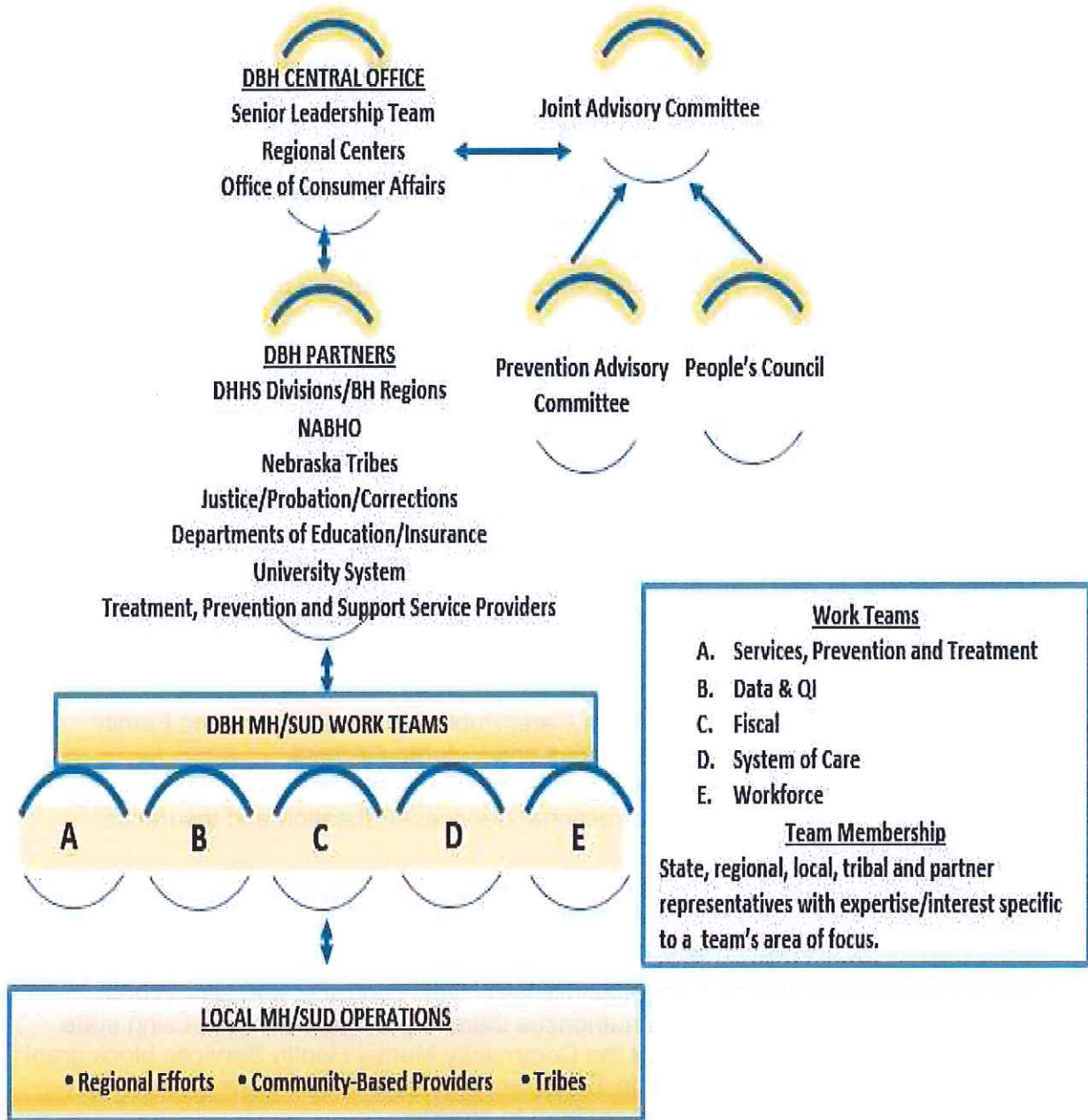
System Partners and Providers: Effective collaboration among public and private systems, as well as with individual consumers, families, agencies and communities is a critical component of systems of care. Services are administered by a variety of different system partners:

- Administrative Office of Probation
- DHHS: Medicaid and Long-Term Care, Public Health, Children and Family Services, Developmental Disabilities and Veterans' Affairs
- Nebraska Association of Behavioral Health Organizations (NABHO)
- Nebraska Departments of Correctional Services, Education and Insurance
- Nebraska Tribes
- Nebraska University System
- Regional Behavioral Health Authorities\*
- Treatment, prevention and support service providers

\*Regional Behavioral Health Authorities (RBHA): DBH contracts with six regional behavioral health authorities which authorizes them to purchase services using state general funds, funds received under the Community Mental Health Services block grant and the Substance Abuse Prevention Treatment block grant, and other discretionary federal grants. Each RBHA is under contract to provide:

- Network management,
- Consumer, prevention and emergency system coordination,
- Youth service coordination, and
- Housing coordination.

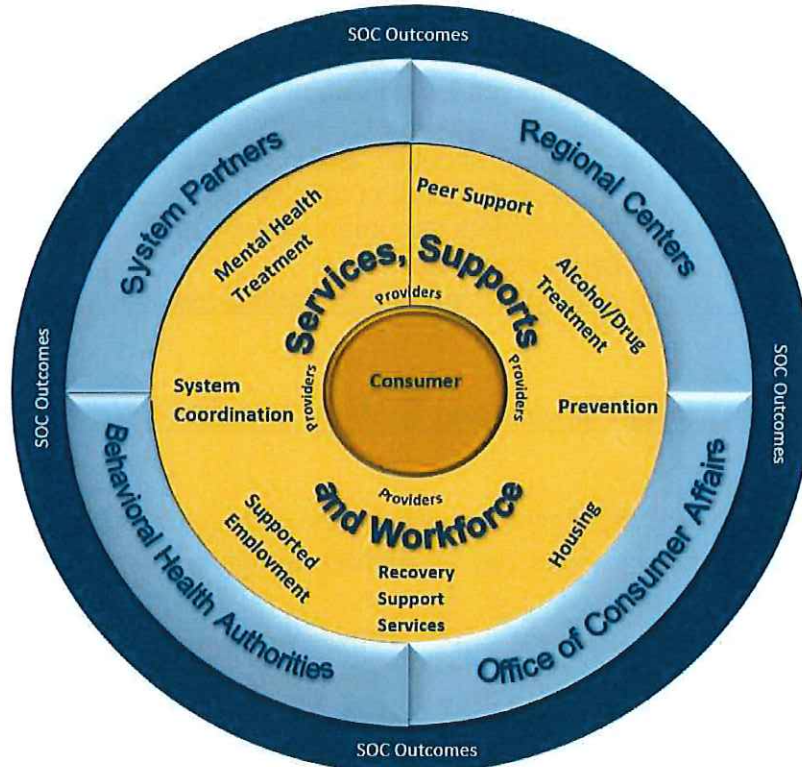
## ONE PLAN – OPERATIONAL COLLABORATIVE



## Adult System of Care (ASOC):

A system of care is a different way of doing business. An adult, recovery-oriented system of care assists consumers in achieving their optimal level of self-sufficiency and independence by providing mental health and substance use prevention, treatment and support services at the right time and in the right place. A system of care is recovery-focused, person-centered, strength-based, culturally responsive, individualized, integrated, outcomes-driven, research-based and adequately and flexibly financed. Nebraska's Adult System of Care (ASOC) incorporates this conceptual framework and the associated system of care guiding principles and core values into a spectrum of effective, community-based services and supports that is organized within a coordinated system of care network.

## Prevention Works, Treatment is Effective, People Recover Nebraska Adult System of Care (ASOC)



## Adult System of Care (ASOC) Outcomes

Nebraska's system outcomes for behavioral health are aligned with the Triple Aims of Health Care. For Nebraska, the **Triple Aims** are described:

**Effective:** Improved system integration and evidence-based practices.

**Efficient:** Improved quality of services including affordability/cost.

**Experience:** Improved access to care and consumer satisfaction.



# ONE NEBRASKA! ONE PLAN!

## Strategic Plan Development

The Division of Behavioral Health's strategic plan initiative was a twelve-month endeavor, beginning with a comprehensive needs assessment and ending with an inclusive strategic plan that involved a thorough, highly participatory statewide methodology featuring input from consumers, leadership, providers and advisory groups. The development process encompassed four guiding questions:

- 1) *Where are we?* (Conduct a needs assessment),
- 2) *What's important?* (Identify priorities),
- 3) *What must be achieved?* (Develop plan goals, objectives) and
- 4) *How are we accountable?* (Setting metrics).

### **1. Where Are We?**

A needs assessment was completed in September 2016 by the University of Nebraska Medical Center, College of Public Health. The methodology employed included literature review to identify relevant research articles and technical reports; additional information such as expenditures and service utilization provided by Nebraska Department of Health and Human Services; and focus groups and surveys among consumers, stakeholders, and the general public. Selections from the 2016 Needs Assessment, offered below, provide a snapshot of the status of mental health and substance use in Nebraska. The complete document *Nebraska Behavioral Health Needs Assessment 2016* can be accessed at:

[http://dhhs.ne.gov/behavioral\\_health/Documents/BHNeedsAssessment.pdf](http://dhhs.ne.gov/behavioral_health/Documents/BHNeedsAssessment.pdf)



### Snapshot: Mental Illness and Substance Use in Nebraska

- *1 in 5 Nebraskans experienced mental illness within the past year.*
- *Women, people with lower incomes, and less formal education report poorer mental health status.*
- *1 in 3 Native Americans have anxiety or depression and rank high in suicide rates and years lost to suicide.*
- *About half of Nebraska adults report at least one adverse childhood experience.*
- *25% of high school students report feeling depressed in the past year.*
- *Nebraska ranks 47<sup>th</sup> in the nation for binge drinking among adults.*
- *43% of young adults aged 18-25 report binge drinking in the last month.*
- *Of those adults in Nebraska with any mental illness, only 47% received treatment.*
- *Of those persons 12 years and older in Nebraska with illicit drug dependence or abuse, only 11% received treatment.*

The results of the needs assessment provided a portrait of “where are we?” and coalesced around three emerging themes; system integration, quality of services, and access to care.



## Needs Assessment: Selected Findings and Recommendations

- In 2014, 79 counties were state-designated as shortage areas for psychiatrists and mental health practitioners.
- Only 12 of 93 Nebraska counties had a psychiatrist.
- Wait times for treatment varies depending on the type of service needed.
- Only 20% of consumers indicated they can easily get SMI treatment in a timely manner.
- One in three Native Americans in Nebraska have anxiety or depression; among minority populations the percentage of persons reporting serious psychological distress was highest among Hispanics.
- At the region level, halfway house, intermediate residential and short-term residential services for substance use disorders have been near or slightly above 100% capacity in the past 3 fiscal years.
- Integrated care and telehealth have been promoted as potential access to care solutions.
- The majority of consumer respondents indicated that peer-to-peer recovery support was available to them.
- RBHA team meetings lead to building networks that are used to find appropriate services.
- Consumers expressed a strong desire to take a more active part in decision making in the behavioral health system.
- Wait list and capacity functionality should be fully activated in the data system.
- Expansion of prevention activities can decrease the overall burden of behavioral health problems.
- Primary care settings present an opportunity to provide integrated care and education.

### DBH Youth/Family Consumer Satisfaction Survey Results 2012-2015

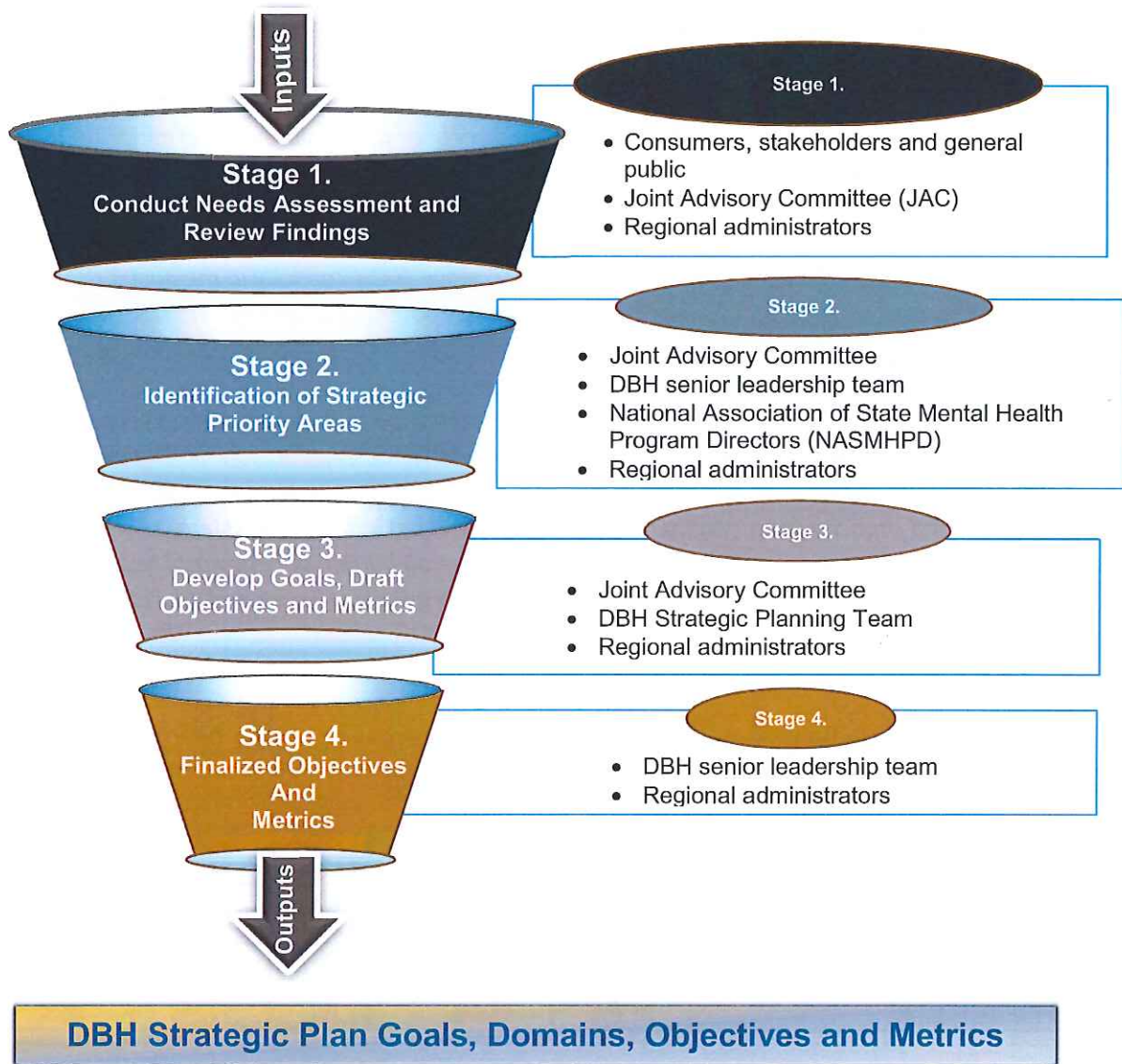
Indicator	Nebraska				U.S.
	2012	2013	2014	2015	2015
Access	87.4%	85.3%	84.2%	82.1%	86%
General Satisfaction	79.0%	76.6%	77.9%	76.1%	86%
Outcomes	63.8%	67.1%	61.6%	60.8%	68%
Family Involvement	86.3%	89.3%	88.2%	89.8%	88%
Cultural Sensitivity	91.9%	94.0%	92.8%	95.1%	94%
Functioning	63.4%	66.7%	62.7%	62.4%	70%
Social Connectedness	81.0%	83.6%	84.3%	77.3%	86%

## 2. What's Important?

Identifying critical priorities or "what's important?" for the Division's 2017-2020 strategic plan was a four-month process involving input and recommendations from partners.

### Process for Identifying Key Priorities, Goals and Objectives

A multi-stage methodology was employed to determine strategic plan direction and content.



### 3. What Must Be Achieved?

2017-2020 Strategic Goals and Objectives: DBH has organized its work around a focused set of visionary goals, domains and achievable objectives that speak to priorities.

#### Goals-Pursuit of the Triple Aim of Health Care

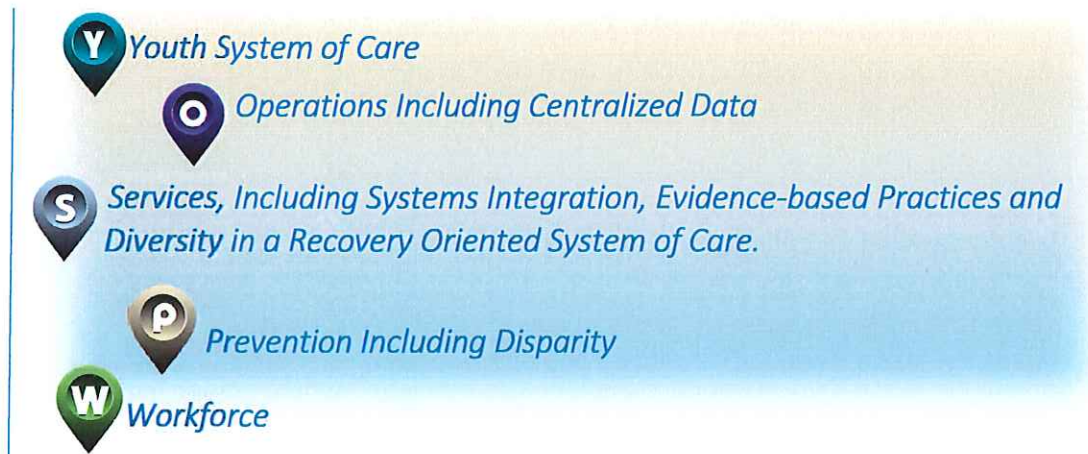
The Triple Aim of Health Care framework provided the basis for the DBH strategic plan and the ultimate development of the plan's strategic goals. The goals for 2017-2020 are:

**Goal 1:** Nebraska Division of Behavioral Health Services are integrated across public and private systems to support consumers and impact health.

**Goal 2:** Nebraska Division of Behavioral Health delivers quality and effective services that help people live better lives.

**Goal 3:** Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs.

#### ***DBH Strategic Plan Domains 2017-2020***





#### **Objectives:**

Strategic plan objectives provide the “how” mechanism for achieving the identified goals. They are “SMART” in that they are specific, measurable, attainable, realistic and time-framed. Each objective has been examined, analyzed and ultimately incorporated to ensure it adequately addresses the plan goals and domains and, where appropriate, furthers the philosophy and core values of a system of care (ASOC/YSOC). DBH has identified 30 objectives for 2017-2020.

#### 4. How Are We Accountable?

The Division holds itself accountable for strategic plan results through Results-Based Accountability (RBA) methodology. RBA is a different way of thinking. It is the framework we use to define, measure, track and describe change within the system.

Nebraska is committed to a data-driven strategic plan and metrics offer the vehicle for holding the Division accountable for results over time. Metrics are correlated with the applicable plan objective to denote intended outcomes. Baseline numbers provide a starting point for movement toward the intended target. Desired movement is either:

1.  denoting an increase, or
2.  denoting a decrease is needed to reach the target.



## ONE NEBRASKA! ONE PLAN! 2017-2020

Nebraska Division of Behavioral Health Services are integrated across public and private systems to support consumers and impact health.

	Increase the number of children and youth who attend school regularly following 12 months of SOC services and supports.
	Increase the ratio of other means of financing to state funds spent on youth behavioral health services.
	Reduce utilization of residential and inpatient behavioral health care for youth in any youth service system.
	Decrease cost per youth and per adult receiving behavioral health services.
	Reduce the suicide rate for identified populations.
	Increase the number of behavioral health providers who report practicing in a setting that is integrated with primary care.
	Increase the number of programs and management systems with operational interface to the Centralized Data System.



Nebraska Division of Behavioral Health delivers quality and effective services that help people live better lives.

	Decrease average age of first system contact.
	Reduce the prevalence of underage alcohol use among individuals 12 to 20 years of age.
	Reduce the prevalence of binge drinking among youth (12 to 17 years of age) and young adults (18 to 25 years of age).
	Maintain or reduce the prevalence of non-medical use of pain relievers among individuals over 12 years of age.
	Reduce the prevalence of high school students who seriously considered attempting suicide in the past year.
	Maintain the annual compliance rate of tobacco retailer violations at 10% or below.
	Increase the availability and utilization of evidence-based practices (EBP).
	Increase the number of consumers and their families who have stable housing from behavioral health services admission to discharge.
	Increase the number of consumers who are employed or seeking employment from behavioral health services admission to discharge.



Experience

GOAL 3.

Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs.

	Increase the number of LMHPs, LADCs, & RNs working in the behavioral health field.
	Decrease the vacancy rate for RNs at Lincoln Regional Center.
	Decrease the Regional Centers' turnover rate of unlicensed workforce
	Increase the number of persons with lived experience working in the field.
 soc	Reduce the proportion of youth who report living in a setting that is not their home (i.e. foster care, jail, prison or hospital) from intake to 12-month follow-up.
 soc	Increase the ratio of community based service expenditures compared to inpatient/residential services expenditures within the BH System of Care.
	Increase the number of behavioral health programs utilizing peer workforce standards.
	Sustain or increase general satisfaction of consumers receiving behavioral health services.
	Reduce wait time for behavioral health residential and medication management services.
	Reduce the wait time for admission to Lincoln Regional Center (LRC).
	Decrease the average law enforcement holding time for consumers under Emergency Protective Custody.
	Increase the number of behavioral health providers offering services via telehealth in frontier/rural areas.
	Reduce disparities in access to behavioral health care. .
	Increase the number of prescribers providing EBP Medication Assisted Treatment.



# **DIVISION OF BEHAVIORAL HEALTH**

## **STRATEGIC PLAN 2017-2020**
















# STRATEGIC PLAN 2017-2020







## Division of Behavioral Health










### Goal 1. Nebraska behavioral health services are integrated across public and private systems to support consumers and impact health.


Domain	Objective	Metric
 <b>SOC</b>	<b>1.A.</b> By 2020, increase the number of children and youth who attend school regularly following 12 months of SOC services and supports.	 <u>School Attendance</u> <ul style="list-style-type: none"> <li>Target: Establish by 8/2017</li> <li>Baseline: 95.17%</li> <li>Data source: Divisions of Behavioral Health, Medicaid &amp; Long Term Care, Children &amp; Family Services &amp; Probation data records</li> <li>Collection cycle: Annually</li> </ul>
 <b>SOC</b>	<b>1.B.</b> By 2020, increase the ratio of other means of financing to state funds spent on youth behavioral health services.	 <u>Ratio of Other Means of Financing to State Funds Spent on Youth BH Services</u> <ul style="list-style-type: none"> <li>Target: Establish by 8/2017</li> <li>Baseline: Establish by 8/2017</li> <li>Data source: Divisions of Behavioral Health, Medicaid &amp; Long Term Care, Children &amp; Family Services &amp; Probation, Nebraska Children and Families Foundation</li> <li>Collection cycle: Annually</li> </ul>
 <b>SOC</b>	<b>1.C.</b> By 2020, reduce utilization of residential and inpatient behavioral health care for youth in any youth service system.	 <u>Utilization of Residential &amp; Inpatient BH Care for Youth</u> <ul style="list-style-type: none"> <li>Target: Establish by 8/2017</li> </ul>





		<ul style="list-style-type: none"> <li>• Baseline: 7.1% of Youth (FY15)</li> <li>• Data source: Divisions of Behavioral Health, Medicaid &amp; Long Term Care, Children &amp; Family Services &amp; Probation data records</li> <li>• Collection cycle: Annually</li> </ul>
 SOC  	<p><b>1.D.</b> By 2020, decrease cost per youth and per adult receiving behavioral health services.</p>	<p> <u>Cost per Youth</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 8/2017</li> <li>• Baseline: \$4,400</li> <li>• Data source: Divisions of Behavioral Health, Medicaid &amp; Long Term Care, Children &amp; Family Services &amp; Probation data records</li> <li>• Collection cycle: Annually</li> </ul> <p> <u>Cost per Adult</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 1/2018</li> <li>• Baseline: Establish by 1/2018</li> <li>• Data source: Centralized Data System/Electronic Billing System</li> <li>• Collection cycle: Quarterly</li> </ul>
	<p><b>1.E.</b> By 2020, reduce the suicide rate for identified populations.</p>	<p> <u>Veterans' Suicide Rate</u></p> <ul style="list-style-type: none"> <li>• Target: 32 per 100,000</li> <li>• Baseline: 36 per 100,000</li> <li>• Data source: 2014 NE Vital Statistics</li> <li>• Collection cycle: Annually</li> </ul> <p> <u>Native Americans' Suicide Rate</u></p> <ul style="list-style-type: none"> <li>• Target: 9 per 100,000</li> </ul>








		<ul style="list-style-type: none"> <li>• Baseline: 10 per 100,000</li> <li>• Data source: 2010-2014 NE Vital Statistics</li> <li>• Collection cycle: Annually</li> </ul>  <u>Youth Suicide Rate-Ages 10 to 18</u> <ul style="list-style-type: none"> <li>• Target: 6 per 100,000</li> <li>• Baseline: 7.5 per 100,000</li> <li>• Data source: 2014 NE Vital Statistics</li> <li>• Collection cycle: Annually</li> </ul>  <u>Young Adult Suicide Rate-Ages 19 to 25</u> <ul style="list-style-type: none"> <li>• Target: 13.5 per 100,000</li> <li>• Baseline: 15 per 100,000</li> <li>• Data source: 2014 NE Vital Statistics</li> <li>• Collection cycle: Annually</li> </ul>
	<p><b>1.F.</b> By 2020, increase the number of behavioral health providers who report practicing in a setting that is integrated with primary care.</p>	 <u>Behavioral Health Providers in Integrated Settings</u> <ul style="list-style-type: none"> <li>• Target: Establish by 7/2017</li> <li>• Baseline: 30.2%</li> <li>• Data source: Health Professional Tracking Survey</li> <li>• Collection cycle: Annually</li> </ul>
	<p><b>1.G.</b> By 2020, increase the number of programs and management systems with operational interface to the Centralized Data System.</p>	 <u>Programs &amp; Management Systems Interfacing with Centralized Data System</u> <ul style="list-style-type: none"> <li>• Target: 25</li> <li>• Baseline: 12</li> <li>• Data source: Centralized Data System</li> <li>• Collection cycle: Annually</li> </ul>

**Goal 2. Nebraska behavioral health system delivers quality and effective services that help people live better lives.**






Domain	Objective	Metrics
 SOC	<b>2.A.</b> By 2020, decrease average age of youths' first system contact.	 <u>Age of First Contact</u> <ul style="list-style-type: none"> <li>• Target: Establish by 8/2017</li> <li>• Baseline: 9.38 years old</li> <li>• Data source: Divisions of Behavioral Health, Medicaid &amp; Long Term Care, Children &amp; Family Services &amp; Probation data records</li> <li>• Collection cycle: Quarterly</li> </ul>
	<b>2.B.</b> By 2020, reduce the prevalence of underage alcohol use among individuals 12 to 20 years of age.	 <u>Underage Alcohol Use</u> <ul style="list-style-type: none"> <li>• Target: 20% report alcohol use in the past month</li> <li>• Baseline: 21.63% report alcohol use in the past month</li> <li>• Data source: 2014-2015 National Survey on Drug Use &amp; Health Data</li> <li>• Collection cycle: Annually</li> </ul>
	<b>2.C.</b> By 2020, reduce the prevalence of binge drinking among youth and young adults.	 <u>Binge Drinking Ages 15-18</u> <ul style="list-style-type: none"> <li>• Target: 12.6% report binge drinking in the past month</li> <li>• Baseline: 14% report binge drinking in the past month</li> <li>• Data source: 2015 Youth Risk Behavior Surveillance (YRBS)</li> <li>• Collection cycle: Biennial</li> </ul>  <u>Binge Drinking Ages 19-25</u> <ul style="list-style-type: none"> <li>• Target: Decrease by 10%</li> <li>• Baseline: 37.6% report binge drinking in the past month</li> </ul>

		<ul style="list-style-type: none"> <li>• Data source: 2016 National Youth Adult Alcohol Opinion Survey</li> <li>• Collection cycle: In FY 2018 (as funding is available)</li> </ul>
	<p><b>2.D.</b> By 2020, maintain or reduce the prevalence of non-medical use of pain relievers among individuals over 12 years of age.</p>	<div data-bbox="889 373 966 451"></div> <p><u>Non-Medical Use of Pain Relievers Ages 12-17</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 6/2017</li> <li>• Baseline: 4.68% report non-medical use of pain relievers in the past year</li> <li>• Data source: 2012-2013 National Survey on Drug Use &amp; Health data</li> <li>• Collection cycle: Annually</li> </ul> <div data-bbox="889 793 966 871"></div> <p><u>Non-Medical Use of Pain Relievers Ages 18-25</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 6/2017</li> <li>• Baseline: 8.64% report non-medical use of pain relievers in the past year</li> <li>• Data source: 2012-2013 National Survey on Drug Use &amp; Health data</li> <li>• Collection cycle: Annually</li> </ul> <div data-bbox="889 1213 966 1291"></div> <p><u>Non-Medical Use of Pain Relievers Ages 26+</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 6/2017</li> <li>• Baseline: 2.89% report non-medical use of pain relievers in the past year</li> <li>• Data source: 2012-2013 National Survey on Drug Use &amp; Health data</li> <li>• Collection cycle: Annually</li> </ul>









	<p><b>2.E.</b> By 2020, reduce the prevalence of high school students who seriously considered attempting suicide in the past year.</p>	 <p><u>Youth Considering Suicide</u></p> <ul style="list-style-type: none"> <li>• Target: 13% seriously considered suicide in the past year</li> <li>• Baseline: 14.6% seriously considered suicide in the past year</li> <li>• Data source: 2015 YRBS</li> <li>• Collection cycle: Biennial</li> </ul>
	<p><b>2.F.</b> By 2020, maintain the annual Nebraska retailer violations rate at 10% or below.</p>	 <p><u>Compliance with Tobacco Sales Laws</u></p> <ul style="list-style-type: none"> <li>• Target: Maintain under 10%</li> <li>• Baseline: 9%</li> <li>• Data source: 2016 Annual Synar</li> <li>• Collection cycle: Annually</li> </ul>
	<p><b>2.G.</b> By 2020, increase availability and utilization of evidence-based practices (EBP).</p>	 <p><u>Providers Using EBPs</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 8/2017</li> <li>• Baseline: Establish by 8/2017</li> <li>• Data source: Survey</li> <li>• Collection cycle: Annually</li> </ul>  <p><u>EBPs in Use</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 3/2017</li> <li>• Baseline: Establish by 3/2017</li> <li>• Data source: Survey</li> <li>• Collection cycle: Annually</li> </ul>  <p><u>Providers Reporting Fidelity Evaluations</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 3/2017</li> <li>• Baseline: Establish by 3/2017</li> <li>• Data source: Survey</li> <li>• Collection cycle: Annually</li> </ul>









		 <p><u>Consumers Receiving EBPs</u></p> <ul style="list-style-type: none"> <li>• Target: TBD</li> <li>• Baseline: TBD</li> <li>• Data source: TBD</li> <li>• Collection cycle: TBD</li> </ul>  <p><u>Consumers with improved outcomes as a result of EBPs.</u></p> <ul style="list-style-type: none"> <li>• Target: TBD</li> <li>• Baseline: TBD</li> <li>• Data source:</li> <li>• Collection cycle: Annually</li> </ul>
	<p><b>2.H.</b> By 2020, increase the number of consumers and their families who have stable housing from behavioral health services admission to discharge.</p>	 <p><u>Stable Housing</u></p> <ul style="list-style-type: none"> <li>• Target: 85%</li> <li>• Baseline: 83.3%</li> <li>• Data source: 2016 Consumer Treatment Data-Centralized Data system</li> <li>• Collection cycle: Quarterly</li> </ul>
	<p><b>2.I.</b> By 2020, increase the number of consumers who are employed or seeking employment from behavioral health services admission to discharge.</p>	 <p><u>Employment</u></p> <ul style="list-style-type: none"> <li>• Target: Establish by 3/2017</li> <li>• Baseline: 3,451</li> <li>• Data source: 2016 Consumer Treatment Data-Centralized Data system</li> <li>• Collection cycle: Quarterly</li> </ul>  <p><u>Supported Employment</u></p> <ul style="list-style-type: none"> <li>• Target: 60%</li> <li>• Baseline: 60.4%</li> <li>• Data source: 2016 Consumer Treatment Data-Centralized Data system</li> <li>• Collection cycle: Quarterly</li> </ul>








**Goal 3. Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs.**

Domain	Objectives	Metrics
	3.A. By 2020, increase the number of LMHPs and LADCs.	 <p><u>LMHPs</u></p> <ul style="list-style-type: none"> <li>• Target: Establish 8/2017</li> <li>• Baseline: 8/2017</li> <li>• Data source: 2016 Health Professional Tracking Survey</li> <li>• Collection cycle: Annually</li> </ul>  <p><u>LADCs</u></p> <ul style="list-style-type: none"> <li>• Target: Establish 8/2017</li> <li>• Baseline: 8/2017</li> <li>• Data source: 2016 Health Professional Tracking Survey</li> <li>• Collection cycle: Annually</li> </ul>
	3.B. By 2020, decrease the vacancy rate of LRC RNs.	 <p><u>Vacancy Rate of LRC RNs</u></p> <ul style="list-style-type: none"> <li>• Target: 29%</li> <li>• Baseline: 33.8%</li> <li>• Data source: Human Resources Vacancy</li> <li>• Collection cycle: Monthly</li> </ul>
	3.C. By 2020, decrease the Regional Centers' turnover rate of unlicensed workforce.	 <p><u>Regional Centers' Turnover Rate of Unlicensed Workforce</u></p> <ul style="list-style-type: none"> <li>• Target: TBD</li> <li>• Baseline: TBD</li> <li>• Data source: DHHS/HR database</li> <li>• Collection cycle: Quarterly</li> </ul>
	3.D. By 2020, increase the number of persons with lived experience working in the field.	 <p><u>Persons with Lived Experience Working in the Field</u></p>



		<ul style="list-style-type: none"> <li>• Target: Establish by 7/2017</li> <li>• Baseline: Establish by 7/2017</li> <li>• Data source: Establish by 7/2017</li> <li>• Collection cycle: Establish by 7/2017</li> </ul>
 <b>SOC</b>	<b>3.E.</b> By 2020, reduce the proportion of youth who report living in a setting that is not their home (i.e. foster care, jail, prison or hospital) from intake to 12 month follow-up.	 <u>Out-of-Home Placements</u> <ul style="list-style-type: none"> <li>• Target: Established by 8/2017</li> <li>• Baseline: 17.7%</li> <li>• Data source: Divisions of Behavioral Health, Medicaid &amp; Long Term Care, Children &amp; Family Services &amp; Probation data records</li> <li>• Collection cycle: Quarterly</li> </ul>
 <b>SOC</b>	<b>3.F.</b> By 2020, increase the ratio of community-based service expenditures compared to inpatient/residential services expenditures within the youth SOC.	 <u>Ratio of Community Based Service Expenditures to Inpatient/Residential Services Expenditures for Youth</u> <ul style="list-style-type: none"> <li>• Target: Establish by 8/2017</li> <li>• Baseline: 2 to 1 community-based to inpatient/residential services</li> <li>• Data source: Divisions of Behavioral Health, Medicaid &amp; Long Term Care, Children &amp; Family Services &amp; Probation data records</li> <li>• Collection cycle: Annually</li> </ul>
	<b>3.G.</b> By 2020, increase the number of behavioral health programs utilizing peer workforce standards.	 <u>Use of Peer Workforce Standards</u> <ul style="list-style-type: none"> <li>• Target: 12/2017</li> <li>• Baseline: 12/2017</li> <li>• Data source: Survey</li> <li>• Collection cycle: Annually</li> </ul>
	<b>3.H.</b> By 2020, sustain or increase general satisfaction of consumers receiving behavioral health services.	 <u>Consumer Satisfaction</u> <ul style="list-style-type: none"> <li>• Target: 87%</li> <li>• Baseline: 87.3%</li> </ul>

		<ul style="list-style-type: none"> <li>• Data source: 2016 Consumer Survey</li> <li>• Collection cycle: Annually</li> </ul>
	<b>3.I.</b> By 2020, reduce wait time for behavioral health residential and medication management services.	 <u>Residential Services Wait</u> <ul style="list-style-type: none"> <li>• Target: Establish by 6/2017</li> <li>• Baseline: Establish by 6/2017</li> <li>• Data source: Centralized Data System</li> <li>• Collection cycle: Quarterly</li> </ul>  <u>Medication Management Services Wait</u> <ul style="list-style-type: none"> <li>• Target: Establish by 3/2017</li> <li>• Baseline: Establish by 3/2017</li> <li>• Data source: Centralized Data System</li> <li>• Collection cycle: Quarterly</li> </ul>
	<b>3.J.</b> By 2020, reduce the wait time for admission to Lincoln Regional Center (LRC).	 <u>LRC Wait Time-MHB Commit</u> <ul style="list-style-type: none"> <li>• Target: 8 Days</li> <li>• Baseline: 10.6 Days</li> <li>• Data source: Avatar</li> <li>• Collection cycle: Monthly</li> </ul>  <u>LRC Wait Time-Court Commit</u> <ul style="list-style-type: none"> <li>• Target: 14 Days</li> <li>• Baseline: 49 Days</li> <li>• Data source: Avatar</li> <li>• Collection cycle: Monthly</li> </ul>
	<b>3.K.</b> By 2020, decrease the average law enforcement holding time for consumers under Emergency Protective Custody.	 <u>Law Enforcement Holding Time</u> <ul style="list-style-type: none"> <li>• Target: Establish by 1/2018</li> <li>• Baseline: Establish by 1/2018</li> <li>• Data source: Law enforcement report via Emergency Coordinators</li> </ul>

		<ul style="list-style-type: none"> <li>Collection cycle: Establish by 1/2018</li> </ul>
	<b>3.L.</b> By 2020, increase behavioral health providers offering services via telehealth in frontier/rural areas.	 <u>Therapy via Telehealth</u> <ul style="list-style-type: none"> <li>Target: Establish by 8/2017</li> <li>Baseline: Establish by 8/2017</li> <li>Data source: Establish by 8/2017</li> <li>Collection cycle: Establish by 8/2017</li> </ul>  <u>Medication Management via Telehealth</u> <ul style="list-style-type: none"> <li>Target: Establish by 8/2017</li> <li>Baseline: Establish by 8/2017</li> <li>Data source: Establish by 8/2017</li> <li>Collection cycle: Establish by 8/2017</li> </ul>
	<b>3.M.</b> By 2020, reduce disparities in access to behavioral health care.	 <u>Diverse Populations Receiving Behavioral Health Services</u> <ul style="list-style-type: none"> <li>Target: Establish by 8/2017</li> <li>Baseline: Establish by 8/2017</li> <li>Data source: Centralized Data source</li> <li>Collection cycle: Annually</li> </ul>
	<b>3.N.</b> By 2020, increase the number of prescribers providing EBP Medication Assisted Treatment.	 <u>Prescribers of Medication Assisted Treatment</u> <ul style="list-style-type: none"> <li>Target: Establish by 8/2017</li> <li>Baseline: Establish by 8/2017</li> <li>Data source: SAMHSA Registry</li> <li>Collection cycle: Annually</li> </ul>