

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

A Vision for Community Integration:

Nebraska's *Olmstead Plan*

December 2019

Table of Contents

A Letter from Chief Executive Officer Dannette Smith.....	3
Introduction	4
The Foundation for Nebraska’s Olmstead Plan: Core Values and Guiding Principles.....	6
Nebraska’s Initial Olmstead Planning Process.....	8
Progress Made and Ongoing Challenges to Achieving the Vision of <i>Olmstead</i>	11
Goals	18
Goal 1: Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences.	18
Goal 2: Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.	21
Goal 3: Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.	23
Goal 4: Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.	28
Goal 5: Nebraskans with disabilities will have access to affordable and accessible transportation statewide.	33
Goal 6: Individuals with disabilities will receive services and supports that reflect data-driven decision-making, improvement in the quality of services, and enhanced accountability across systems.....	35
Goal 7: Nebraskans with disabilities will receive services and supports from a high-quality workforce.	38
Closing Summary.....	40
Appendix A: Group and Individual Interviews	42
Appendix B: Olmstead Advisory Committee Members.....	45
Appendix C: Olmstead Advisory Committee Meeting Dates.....	47
Appendix D: Olmstead Planning Listening Sessions and Attendees.....	48
Appendix E: Themes from Public Comments on the Draft Olmstead Plan	51
Appendix F: Olmstead Steering Group Members and Meeting Dates.....	55
Appendix G: Nebraska’s Medicaid Waiver Programs.....	57
Appendix H: Nebraska’s Progress Towards Achieving the Vision of <i>Olmstead</i>	58
Appendix I: Timeline of Activities and Tasks for Evaluating Progress	70
Appendix J: Glossary of Terms	72
Appendix K: Abbreviations.....	82

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Pete Ricketts, Governor

December 13, 2019

Dear Senator Howard, Senator Walz, and members of the HHS Committee:

The Nebraska Department of Health and Human Services (DHHS) is pleased to submit Nebraska's proposed Olmstead Plan as required by LB 570 for your review and comment. This plan serves as a first step and the framework towards achieving the Nebraska Olmstead Vision, which states, "People with disabilities are living, learning, working, and enjoying life in the most integrated setting." I am excited to share this document with you and hope that you will gain a greater understanding of the Department's efforts.

This document reflects the time, commitment and ideas of many stakeholders who participated in the Olmstead planning process. The diligence of this team is captured in the initial plan for the state. Please know that this represents not an end to the planning process, but rather a beginning, as this proposal is intended to be dynamic and evolving. Further, the plan must be implemented with the full support of all branches of state government and our community stakeholders.

I look forward to continued dialogue and finalization of the plan with the Health and Human Services Committee, state agencies and stakeholders.

Should you have questions as you review this document, please feel free to contact me at (402) 471-9433 or dannette.smith@nebraska.gov.

Sincerely,

A handwritten signature in black ink that reads "Dannette R. Smith".

Dannette R. Smith, MSW
Chief Executive Officer
Department of Health and Human Services

Helping People Live Better Lives

Introduction

The Nebraska Department of Health and Human Services (DHHS) is committed to actions, opportunities, and efficiencies that promote our mission of “Helping People Live Better Lives.” Nebraska’s Olmstead Plan, which is the first formalized blueprint, represents a vision to provide individuals with disabilities opportunities to live, work, and be served in the most integrated settings if they choose to do so.

This Olmstead Plan builds on the progress to date by focusing on key areas to enhance the “voice and choice” of people with disabilities in where and how they access appropriate resources, services, and supports in the community. Nebraska’s achievements are indicative of the progress made in providing more access and options for integrated settings through the provision of resources, services, and supports to divert individuals with disabilities who are at risk of institutionalization.

During the development of the Olmstead Plan, Nebraska state agency leaders in partnership with stakeholders throughout the state dedicated their time, commitment, and ideas to the Olmstead planning process. The Plan has been developed with input from a variety of stakeholders, including individuals who access public disability services, and stakeholder collaboration will continue on an ongoing basis. Given the competing demands for Nebraska’s finite resources, this plan is grounded in reality; the goals and measures reflect the progress that can be reasonably achieved within the next three years.

Nebraska’s Olmstead Plan is a framework designed to provide a solid structure for a flexible plan to ensure that laws, regulations, and future planning are consistent with the principles of the *Olmstead* decision. The Plan is intended to be evolutionary in nature and will be refined as implementation proceeds. The needs and desires of people with disabilities continue to change, as do the resources and supports to assist them. That means the values, guiding principles, and goals are expected to remain constant over time, although strategies, programs, activities, policies, and indicators of progress may be updated to adapt to changes in law or regulation, new opportunities, and new challenges that develop. Data will be reviewed and evaluated, and that information will be reported to stakeholders on progress.

The History of *Olmstead*

The term “Olmstead Plan” derives from the Supreme Court’s 1999 ruling in *Olmstead v. L.C.*, which held that the Americans with Disabilities Act (ADA), as well as the regulations promulgated under that statute, prohibit the unjustified institutional segregation of individuals with disabilities.^{1, 2} Specifically, the court concluded that public entities must provide

¹ United States Department of Justice Civil Rights Division. Information and technical assistance on the Americans with Disabilities Act. Retrieved on 11/2/19 from https://www.ada.gov/ada_intro.htm.

² *Olmstead vs. L.C.*, 527 U.S. 581 (1999). <https://www.loc.gov/item/usrep527581/>

community-based services — as opposed to institutionally-based services — to persons with disabilities when:

- “The public entity’s treatment professionals determine that community-based placement is appropriate;
- The affected persons do not oppose such treatment; and
- The placement can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others with disabilities.”³

The court also signaled that public entities should develop “a comprehensive, effective working plan for placing qualified persons with...disabilities in less restrictive settings.” The plan must reflect an analysis of the extent to which the public entity is providing services in the most integrated setting and must contain concrete and reliable commitments to expand integrated opportunities.

To assist states in their compliance with *Olmstead*, the U.S. Department of Justice provided the following definitions:

“Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies and with persons of an individual’s choosing; afford individuals choice in their daily life activities; and, provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible. Evidence-based practices that provide scattered-site housing with supportive services are examples of integrated settings.”

“By contrast, segregated settings often have qualities of an institutional nature. Segregated settings include, but are not limited to: (1) congregate settings populated exclusively or primarily with individuals with disabilities; (2) congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals’ ability to engage freely in community activities and to manage their own activities of daily living; or (3) settings that provide for daytime activities primarily with other individuals with disabilities.”⁴

³ *Olmstead vs. L.C.*, 527 U.S. 581 (1999). <https://www.loc.gov/item/usrep527581/>

⁴ U.S. Department of Justice Civil Rights Division (2011). Statement of the Department of Justice on enforcement of the integration mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* https://www.ada.gov/olmstead/q&a_olmstead.htm

The Foundation for Nebraska’s Olmstead Plan: Core Values and Guiding Principles

Core values and guiding principles were established to ensure that Nebraska’s Olmstead Plan builds on Nebraska’s *Olmstead* vision of people with disabilities living, learning, working, and enjoying life in the most integrated setting. These core values and principles are shared across state agencies to help people live better lives through people-centered initiatives, measurable goals, and overall transparency.

Core Values

Nebraska’s Olmstead Plan reflects the following fundamental beliefs in supporting individuals with disabilities. Nebraska is committed to:

- Person- and family-centered approaches.
- Ensuring the safety of, and an improved quality of life for, people with disabilities.
- Services that are readily available, at locations accessible to individuals in need and their families.
- Supporting individuals to live a meaningful life in the community they choose.

Guiding Principles



Image 1: Members of the disability community on the steps of the Nebraska Capitol.

In addition to these Core Values, the following Guiding Principles serve as a foundation for Nebraska’s Olmstead Plan:

Self Determination and Choice

Individuals with disabilities and their families will be supported in controlling decisions about their lives, selecting from an array of services, supports, and providers.

Independence and Least Restrictive

Individuals will receive services that maximize

their full potential, in the least coercive manner and in the most natural settings possible to meet their needs.

Use of Respectful Language, Including “People First” Language

Individuals with disabilities and their families will be treated with dignity and as individuals who have their own unique strengths, wishes, and desires.

Evidence-Based Strategies

Individuals with disabilities and their families will have access to services and supports that adhere to evidence-based practices, in order to achieve the best outcomes.

Services Across the Life Span

Nebraskans with disabilities will have access to age-appropriate services and supports from birth to end of life.

Safety

Nebraskans with disabilities will be served in environments that are free from abuse and neglect, and that meet ADA compliance standards for health and well-being.

Diversity

Services will honor the geographical differences, race, ethnicity, religion, socio-economic, and gender identities of all individuals with disabilities.

Inclusion

All individuals with any type of disability will have the opportunity to live, learn, work and socialize with members of their community who do not have disabilities.

Integration

Services and supports will afford individuals with disabilities the opportunity to live as neighbors in, and to participate as active members of, their communities.

Accountability

The systems and services that support individuals with disabilities will be accountable to Nebraska's state administration, legislature, taxpaying citizens, and most importantly, to those they serve.

Nebraska's Initial Olmstead Planning Process

Nebraska is committed to developing an Olmstead Plan that addresses individuals with a variety of disabilities across the age span. Leadership and the Technical Assistance Collaborative, Inc. (TAC)⁵ consultants engaged in a multi-pronged approach for gathering information to develop the first iteration of the Plan and are excited to see how the process leads to ongoing development of the future Plan.

Conducting an Assessment of Nebraska's Services and Systems

TAC consultants gathered and reviewed multiple documents in order to gain a historical perspective on the services and systems that support people with disabilities in Nebraska. Documents included annual plans and reports, regulations, legislation, budget requests, and performance data. The consulting team also drew upon national data sources and research to assess progress made and challenges faced in supporting community integration for Nebraskans with disabilities.

Stakeholder Interviews

The assessment described above served as a foundation for information-gathering. However, TAC's experience with systems analysis has shown that talking with individuals involved with the systems — as administrators, providers, and service recipients — provides a deeper and more realistic understanding of how the systems perform on a day-to-day basis. Therefore, the consultants conducted more than 65 interviews, both with staff from state agencies and commissions, and with stakeholders such as service recipients, family members, providers, advocates, regional behavioral health authorities, managed care organizations, law enforcement personnel, educators, housing entities, and social service agencies. Most interviews were conducted in person, though some telephone interviews were necessary. The list of interviews TAC conducted can be found in [Appendix A](#).

Additional Opportunities for Stakeholder Input

Leadership recognized that transparency was important for building trust in development of the Plan, and in garnering support for the Plan. In addition to the interviews, the process included other opportunities for stakeholder input:

- An Olmstead Advisory Committee was established early in the planning process. Committee members represent a balance of populations with different disabilities, roles within the system, areas of expertise, and geography. The committee met nine times

⁵ The Technical Assistance Collaborative, Inc. 31 St James Avenue Suite 950 Boston, MA 02116 <http://www.tacinc.org/> was selected through a Request for Information process to assist Nebraska with development of this Olmstead Plan.

between August 2018 and November 2019 to provide input into the development of the Plan, suggesting edits to the draft and providing additional recommendations. The list of Olmstead Advisory Committee members can be found in [Appendix B](#). The dates of the Advisory Committee meetings can be found in [Appendix C](#).

- Six community-based public listening sessions were held in Grand Island, Lincoln, and Omaha in August and September of 2018 to provide stakeholders the opportunity to share their views on the strengths of the existing system that promote community integration; barriers to accessing housing, services, and supports; recommended improvements to systems of housing, services, and supports; and means to promote opportunities for community inclusion. In total, 73 stakeholders attended the listening sessions.⁶ The list of attendees for each session can be found in [Appendix D](#).
- An [Olmstead Plan web page](#) was created to gain input from constituents and stakeholders who were unable to attend meetings in person. Hosted on the DHHS website, the page provides Plan development updates, listening session announcements, and Advisory Committee meeting announcements. A dedicated email address is provided on the site for the public to submit questions and comments on posted materials. Comments and feedback on the draft of this initial plan were collected via the dedicated email and during Advisory Committee and Steering Group meetings. Comments were organized by themes and are described in [Appendix E](#).

Figure 1 (right) shows how the initial planning phase sets the stage for implementation, ongoing evaluation, and refinement of the Olmstead Plan.

- **System assessment and analysis:** Working with the state to understand system strengths, weaknesses, and opportunities to serve people with disabilities in integrated settings .
- **Olmstead Plan development:** Using the system analysis to develop, with the state and key stakeholders, actionable and measurable activities and goals, as well as a performance improvement process to measure plan performance.



Figure 1. Cycle of Olmstead Planning
TAC 2019

⁶ Some individuals attended more than one session and may be counted more than once.

- **Implementation:** Carrying out the specific activities identified in the plan designed to serve people in integrated settings.
- **Performance evaluation and outcomes:** Evaluating the state’s performance in carrying out plan activities and achieving stated goals.

Legislative Support for Developing Nebraska’s Olmstead Plan

Legislative support and leadership has been instrumental in the development of this initial plan. Several years after the *Olmstead* Supreme Court decision, the Nebraska legislature introduced LB1033. The bill became law on April 18, 2016, requiring DHHS to “develop a comprehensive, effective working plan for placing qualified persons with disabilities in the most integrated community-based service settings.”⁷ Additionally, the law charged DHHS with:

- Convening a team consisting of persons from each of the six divisions of the department to assess components of the strategic plan which may be in development.
- Consulting with other state agencies with programs serving persons with disabilities.
- Appointing and convening a stakeholder advisory committee to assist in the review and development of the strategic plan.

Passage of the law was not accompanied by funding to support the effort, and it wasn’t until August 2018 that the Planning Council on Developmental Disabilities, which is part of DHHS’s Division of Public Health, announced that it had provided funding to retain the necessary consultants to assist in developing Nebraska’s Olmstead Plan. TAC was selected to provide this assistance.

As TAC proceeded with DHHS in developing the Plan, it became clear that DHHS could not provide a comprehensive Olmstead Plan without additional partners. In response, Nebraska legislators voted to pass LB570, which expanded the scope of agencies to be part of the Olmstead Steering Group, extended the completion date of the Plan to December 15, 2019, and required DHHS to use an independent consultant to assist with its continued analysis and revision. The bill also included state funding to support the process. LB570 was signed into law by Governor Ricketts on May 17, 2019. A list of Steering Group members can be found in [Appendix F](#).

This legislative support for an Olmstead Plan underscores Nebraska’s commitment to ensuring that citizens with disabilities have opportunities to live as fully integrated members of their communities. In addition, implementing a comprehensive, effectively working Plan will keep the state accountable to complying with the letter and spirit of the *Olmstead* decision and the ADA.

⁷ Nebraska Legislature LB1033 (2016). https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=28751

Progress Made and Ongoing Challenges to Achieving the Vision of *Olmstead*

Supporting Individuals with Disabilities to Live as Integrated Members in their Community of Choice



Image 2: Aubrey Freeze (Miss Wheelchair Nebraska 2019) and Corice Lee (president of Project 2 and Sergeant at Arms for People First of Nebraska)

Though Nebraska is just now formalizing an Olmstead Plan, the state has made noteworthy efforts toward supporting community integration. Nebraska offers an array of community-based services and supports, and more Nebraskans will be eligible to receive those services as a result of Medicaid expansion. Hundreds of individuals with mental illness are living successfully in their own apartments as a result of the commitment of state resources to rental assistance and housing coordinators. More individuals with disabilities are living in the community today as DHHS has reduced overall the number of institutional beds and repurposed funding to expand community-based services. Individuals with disabilities of all ages are able to remain in their homes and communities as a result of state agencies' efforts to secure funding from federal sources, including grants and Medicaid waivers.

(Please see [Appendix G.](#)) Children and youth with disabilities have greater opportunities to receive their education in the most integrated setting that meets their needs as a result of

the Department of Education's work with local school districts. Adults with disabilities have access to supports that facilitate socialization, employment, and participation in meaningful activities. Finally, many individuals with disabilities and their families have greater access to services and supports with proven efficacy, provided by committed, well-trained staff. For more detailed information, see [Appendix H.](#)

Ongoing Challenges to Community Integration

In spite of Nebraska's efforts to facilitate community integration, the state faces numerous challenges in supporting individuals with disabilities to live successfully in their community of choice.

The Lack of Adequate Community-based Services and Supports

Individuals with disabilities are able to live full and satisfying lives in the community if there is a full array of readily accessible community-based services and supports, and if those providers

have the capacity to communicate effectively with people who have vision, hearing, or speech disabilities.⁸ Conversely, the absence of the appropriate service to meet an individual's needs and preferences can result in reliance on more intrusive, restrictive, and costly types of care. Nebraska agencies do fund an array of community-based services and supports for individuals with disabilities across the age span. However, stakeholders interviewed perceive that many Nebraskans with disabilities do not have ready access to the community-based services and supports they and their families want and need. In addition, some individuals and families don't know about the services that do exist, or don't know how to access them. Stakeholders also reported difficulty with navigating what they experience as complex human service systems.

Lack of Safe, Affordable, and Accessible Housing

When Individuals with disabilities lack safe, affordable, and accessible housing, they are more likely to remain in institutional settings longer than necessary, live in substandard environments, have high rates of recidivism to jails and prisons,⁹ and enter or return to homelessness.¹⁰

Yet individuals with disabilities experience significant challenges in obtaining affordable and accessible housing in Nebraska:

- Nebraska's housing market is unaffordable to individuals and families who are extremely low-income, including those earning minimum wage and those living on Supplemental Security Income (SSI).¹¹
- Nebraska's housing market is tight, with rents increasing statewide and an average vacancy rate of only 4.3 percent.¹²
- The state's SSI Supplement is only \$5 per month for people living independently, while it is \$438 per month for those in assisted living facilities (ALFs): This disparity contributes to ALFs becoming one of the primary residential options for individuals with serious mental illness (SMI).
- While some public housing agencies (PHAs) have short waitlists (or none at all), others have long waitlists. On 9/27/19, 364 individuals (350 with SMI and 14 with substance

⁸ U.S. Department of Justice Civil Rights Division, Disability Rights Section (2014). ADA requirements for effective communication. <https://www.ada.gov/effective-comm.htm>

⁹ <https://theappeal.org/the-criminalization-of-homelessness-an-explainer-aa074d25688d/>

¹⁰ The Evidence Behind Approaches that Drive an End to Homelessness, United States Interagency Council on Homelessness, December 2017.

¹¹ Schaak, G., Sloane, L., Arienti, F., & Zovistoski, A. (2017). *Priced out: The housing crisis for people with disabilities*. Boston, MA: The Technical Assistance Collaborative. www.tacinc.org/knowledge-resources/priced-out-v2/

¹² The 2019 Nebraska Profile, sponsored by the Nebraska Investment Finance Authority (NIFA), Final Report: March 19, 2019.

use disorders), were on the waitlist for the Division of Behavioral Health Fund 22671 rental assistance program, with an average wait time of 502 days.¹³

Individuals with disabilities want to choose where they live, but there is not enough affordable housing in many communities in Nebraska. Safe and affordable housing is often located in areas that are distant from services and transportation.

More Alternatives are Needed to Institutional and Segregated Settings

Many individuals with disabilities want to remain in their homes, but they or their families lack the resources or assistance they need to do so safely. More individuals could be supported in community-based settings of their choice if resources could be distributed across the continuum of long-term care, and if individuals and families could easily access information about services to support greater independence using Medicaid Home and Community Based Services (HCBS) waivers.

Children and youth are negatively impacted by out-of-home placements, through reduced contact with their families, homes, communities, pets, friends, possessions, routines, and school settings. These changes can be traumatic, having a detrimental effect on children's brain development and neurological function.¹⁴ Nebraska's children and youth and their families do not have adequate information about, or access to, the services and supports that would allow children to remain with their families or caretakers.

Nationally, individuals with SMI are over-represented in jails and prisons.¹⁵ Many people with mental illnesses in jails are arrested for relatively minor crimes such as loitering or causing a public disturbance, which tend to stem from their illness rather than from intent to do harm.¹⁶ Research shows that incarcerating people with mental illnesses often exacerbates their symptoms and can increase the likelihood of recidivism.¹⁷ Once incarcerated, people with mental illnesses tend to stay longer in jail and are at a higher risk of reincarceration than people without these illnesses. Jails spend an estimated two to three times more money on people with mental illnesses than they do on other inmates.¹⁸ Like many states across the country, communities in Nebraska are focusing efforts on diverting individuals with SMI from

¹³ These are all individuals on the waitlist, not necessarily screened and determined to be eligible for Housing Rental Assistance funding.

¹⁴ Center for improvement of Child and Family Services/Portland State University, School of Social Work (2009). Reducing the trauma of investigation, removal, & initial out-of-home placement in child abuse cases.

¹⁵ Steadman, H., Osher, F., Robbins, P., Case, B., & Samuels, S. (2009). Prevalence of serious mental illness among jail inmates. *Psychiatric Services, 60*(6).

¹⁶ Valdiserri E., Carroll, K., & Hartl, A. (1986). A study of offenses committed by psychotic inmates in a county jail. *Hospital and Community Psychiatry, 37*(2):163–166.

¹⁷ The Stepping Up Initiative. County elected officials guide to talking to the media and the public about people with mental illnesses in their jail. Retrieved on 11/2/19 from:

www.naco.org/sites/default/files/documents/Stepping-Up-Guide-to-Talking-to-the-Media.pdf

¹⁸ Ibid.

incarceration for low-level crimes, however, there are too few justice diversion initiatives statewide.

Individuals experiencing chronic homelessness often have complex and long-term health conditions, such as mental illness, substance use disorders (SUDs), physical disabilities, or other medical conditions.¹⁹ They are more likely to use costly services including emergency departments,²⁰ crisis intervention, and shelters,²¹ and are more likely to interface with law enforcement.²² Youth who become homeless spend their time seeking food and shelter rather than engaging in “normal” activities such as going to school, socializing with friends, building relationships with role models or other adults, and getting appropriate health care. They are also often victims of physical and sexual assault, are more likely to use drugs and alcohol, and are less likely to graduate from high school.²³ Though Nebraska has made strides toward reducing homelessness overall, recent statistics indicate that the number of individuals experiencing chronic homelessness is on the increase.²⁴

The Growing Demand for Successful School-Based Interventions

The Individuals with Disabilities Education Act (IDEA) requires schools to identify and evaluate students suspected of having disabilities, and to provide those who are identified as having disabilities with special education and related services (like speech therapy and counseling) to meet their unique needs. In a survey of school districts across Nebraska, the most prevalent issue identified was the lack of resources to address students with co-occurring mental health and behavioral needs and those with co-occurring mental health conditions and intellectual/developmental disabilities (I/DD). Supporting Nebraska’s youth to graduate is important; Individuals who complete secondary education are more likely to be employed, and to earn higher wages than individuals who do not graduate from high school.²⁵

¹⁹ National Alliance to End Homelessness. “Chronically homeless.” Retrieved on 11/2/19 from <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless/>.

²⁰ Sun, R., Karaca, Z., & Wong, H. (2017). Characteristics of homeless individuals using emergency department services in 2014: Statistical brief #229. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs. Rockville, MD: Agency for Healthcare Research and Quality

²¹ Wilkins, C., Burt, M., & Locke, G. (2014). A primer on using Medicaid for people experiencing chronic homelessness and tenants in permanent supportive housing. Washington, DC: U.S. Department of Health and Human Services, Office of The Assistant Secretary for Planning and Evaluation.

²² Oliva, A.M. (2014). SNAPS In focus: The case against laws that criminalize homelessness. <https://www.hudexchange.info/news/snaps-in-focus-the-case-against-laws-that-criminalize-homelessness/>

²³ The Impact of Youth Homelessness, retrieved on 11/2/19 from <https://youthhaven.ca/issues-impact/>

²⁴ National Alliance to End Homelessness (2018). Homelessness is a problem in Nebraska (fact sheet). <https://endhomelessness.org/wp-content/uploads/2019/08/NE-fact-sheet-2019.pdf>

²⁵ United States Department of Labor, Bureau of Labor Statistics (2014). Education still pays. Retrieved on 11/2/19 from <https://www.bls.gov/careeroutlook/2014/data-on-display/education-still-pays.htm>

Waiting Lists for Vocational Rehabilitation Services

Nebraska's rate of employment of individuals with disabilities is 48 percent according to a report issued by the Nebraska Association of People Supporting Employment.²⁶ While this rate of employment is well above the national average of 34 percent, it is significantly lower than the rate of employment for the general population. Nebraska Vocational Rehabilitation (VR) implemented Order of Selection in December 2017. Since that time VR has offered services to more than 1,500 individuals meeting Priority 1 eligibility; however, there is a VR waitlist. The Nebraska Commission for the Blind and Visually Impaired (NCBVI) implemented Order of Selection in March 2019. The Commission was able to eliminate the waitlist for services in October 2019, and expects to exit Order of Selection by March 2020.

Inadequate Transportation for Individuals with Disabilities

Nebraska is a predominantly rural and frontier state, spanning just over 77,220 square miles. The state is split between two time zones. Eighty-nine percent of the cities in Nebraska are home to fewer than 3,000 people. Hundreds of towns where people choose to live have a population of fewer than 1,000. Communities of this size have no public transportation. Individuals with disabilities who lack personal transportation are unable to access the broad array of services and supports concentrated in the Lincoln and Omaha areas.

Even individuals with disabilities who live in the cities have challenges accessing public transportation. The hours of operation and routes are limited and not all transit vehicles currently operating in Omaha are accessible. There is limited benefit from a robust array of services and supports if individuals aren't able to access them due to the lack of transportation.

Data Collection and Evaluation Limitations

An Olmstead Plan is intended to "...reflect an analysis of the extent to which the public entity is providing services in the most integrated setting."²⁷ Nebraska agencies lack access to the comprehensive and longitudinal data needed to support decisions about how resources allocated to serve individuals with disabilities are used, and about the impact of those services on peoples' lives. This limitation was highlighted as agencies set out to establish benchmarks and measurable outcomes for this Plan's implementation. Agencies are aware of the limitation and view this Plan as an opportunity to advance efforts to collect and use data in a more meaningful way.

²⁶ Association of People Supporting Employment (2016). Nebraska employment outcomes for people with disabilities. <https://apse.org/wp-content/uploads/2019/03/NE-CIE-Handout.pdf>

²⁷ U.S. Department of Justice Civil Rights Division (2011). Statement of the Department of Justice on enforcement of the integration mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* https://www.ada.gov/olmstead/q&a_olmstead.htm

Shortage of Well-Trained Staff

According to the Health Resources and Services Administration, in 2018, 81 of 93 counties in Nebraska were designated as shortage areas for psychiatrists and mental health practitioners.²⁸ Health care providers, especially specialists such as psychiatrists, practice mainly in urban settings, leaving rural Nebraska with little to no specialty capacity.

The quality of services that support individuals with disabilities is highly dependent on the quality and stability of the direct services workforce. Respite offers a crucial support that can assist families and caregivers in providing for their loved ones at home. A program evaluation conducted by the University of Nebraska Medical Center's Munroe-Meyer Institute (MMI) found that families who were caring for individuals with high medical and behavioral health needs experienced difficulty finding respite providers even when they had funding to pay for the service.²⁹

Nationally, workforce turnover within the child welfare profession is on average more than six times that in other professions.³⁰ In 2017, State of Nebraska Children and Family Services Specialists experienced a 32-percent rate of turnover.³¹ Turnover of child welfare case workers negatively impacts the permanency outcomes of children in the system.³²

The Office of Public Guardian (OPG) is designed to serve as the guardian or conservator for an individual when no other alternative is available. The 2018 OPG Report indicated that the OPG replaced five Associate Public Guardians (APGs) in 2016. In 2017 the OPG responded to six personnel changes. This year, the OPG has had eight personnel changes. However, due to the increased number of cases the OPG serves, those personnel changes, both in timing and in numbers, had a particularly detrimental impact on services. The loss of each APG resulted in 20 cases that had to be covered by other APGs, who already had full caseloads. From the last day of employment, through posting the position, interviews, and training new employees, it takes three months to replace an employee.³³ The ability to deliver protective services is compromised by insufficient staffing.

These are many of the challenges and barriers to care that Nebraska faces in serving individuals with disabilities and their families. In response, Nebraska has structured this Plan around the following over-arching Olmstead goals:

²⁸ Health Resources and Services Administration. Fact Sheet Map for Nebraska, FY 2018. Retrieved on 11/2/2019 from: <https://gisportal.hrsa.gov/factsheetmaps/>

²⁹ Bennett, E., Swanson, S., & Falk, K. (2019). Respite Service Learning Certificate program 2019 Family Caregiver Respite Coach Manual.

³⁰ Nebraska DHHS, Division of Child and Family Services. Nebraska Child and Family Services Review, Round 3 Program Improvement Plan. February 20, 2018.

³¹ Ibid.

³² Madden, E. & Aguiniga, D. (2017). Achieving permanency for children in care: Barriers and future directions. Austin, TX: Upbring. https://www.upbring.org/wp-content/uploads/2015/02/Achieving_Permanency_040417.pdf

³³ The State of Nebraska Judicial Branch, Office of the Public Guardian (2018). 2018 report. <https://supremecourt.nebraska.gov/sites/default/files/OPG-2018-Annual-Report.pdf>

1. Increasing access to community-based long-term services and supports.
2. Expanding access to affordable, accessible housing with supports.
3. Diverting avoidable admissions to, reducing lengths of stay in, and facilitating transitions from segregated settings.
4. Promoting community-integrated education and employment of people with disabilities.
5. Investing in accessible transportation for individuals with disabilities.
6. Using data to inform decisions and to promote quality improvement.
7. Investing in human resources.

The goals, strategies, and outcome measures that follow are intended to address these challenges incrementally, considering Nebraska's finite resources, with a sincere hope for better services and programs moving forward.

Goals

Nebraska’s vision is for all individuals with disabilities to live, learn, work, and enjoy life in the most integrated setting of their choosing. This Plan sets forth the following goals in order to achieve this vision. Measures and targets are identified to assess progress in implementing goals and strategies. Plan years are as follows:

- Year One: July 1, 2020 – June 30, 2021
- Year Two: July 1, 2021 – June 30, 2022
- Year Three: July 1, 2022 – June 30, 2023

Goal 1: Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences.

The Nebraska Plan includes the following strategies to achieve this goal:

- The Division of Developmental Disabilities (DDD) will fund additional Service Coordinators to serve individuals coming off the DD Waiver waitlist.
- DHHS will create a “No Wrong Door” system.
- DDD will seek to create a new Medicaid HCBS waiver community inclusion service.
- The Division of Behavioral Health will expand Oxford Houses for individuals with opioid use disorder (targeted to women with dependent children).
- Medicaid and Long Term Care (MLTC) will implement the 1115 SUD demonstration waiver expanding access to medication-assisted treatment (MAT).
- DHHS will explore the effectiveness of expansion or investment in additional community-based options for children/youth with mental health and I/DD.
- DBH will assess and quantify the need for statewide expansion of behavioral health services, such as Assertive Community Treatment (ACT) teams, peer support, and first responder training.
- DHHS will evaluate the use of telehealth and explore opportunities to expand it.
- The Commission for the Deaf and Hard of Hearing will spearhead an initiative to center resources around community and families with children who are deaf, hard of hearing, or deaf and blind (D/HH/DB).
- Nebraska VR is using its FY 2018-2021 traumatic brain injury grant from the Administration for Community Living to build a statewide, voice-driven association of individuals with brain injury and family members that will advocate for policy, program, and service changes that increase access to comprehensive and coordinated services in their communities.

Goal 1 Measurable Outcomes

Outcome 1A: Increase the percentage of state appropriations each fiscal year to fund Medicaid HCBS DD waivers and reduce the waitlist.

Baseline: In FY20, the appropriation for Medicaid HCBS DD waivers is \$150,880,903.

- In Year 1, DHHS will seek increased funding appropriated by the state to fund Medicaid HCBS waivers.
- In Year 2, funds appropriated by the state to fund Medicaid HCBS waivers will increase by one percent from baseline.
- In Year 3, funds appropriated by the state to fund Medicaid HCBS waivers will increase by an additional one percent from the Year 2 appropriation.

Outcome 1B: Increase access to MAT for adults with Opioid Use Disorders (OUD).

- In Year 1, DHHS will seek Centers for Medicare and Medicaid Services (CMS) approval of the 1115 SUD waiver.
- In Year 2, DHHS will establish a baseline number of providers who can offer MAT for adults with OUD.
- In Year 3, DHHS will increase the number of providers who can offer MAT for adults with OUD by five percent over the baseline.

Outcome 1C: Telehealth will increasingly support the provider-patient relationship for Nebraskans.

- In Year 1, identify the opportunities that are being used to provide telehealth services in Nebraska and assess barriers to expansion of telehealth services.

Outcome 1D: Increase participant use of person-centered HCBS waiver services.

Baseline: In 2019, 989 active waiver participants who participate in the habilitative workshops and/or adult day services are not currently participating in Habilitative Community Inclusion.

- In Year 1, DHHS will seek CMS waiver amendment approval and implement the new Medicaid HCBS waiver service for additional person-centered options and begin the transition from habilitative workshops.
- In Year 2 (the first year of implementation), reduce the number of individuals in habilitative workshops by 100 percent and transition those individuals to the new HCBS waiver service for person-centered options or other services array.

Outcome 1E: The Commission for the Deaf and Hard of Hearing will conduct presentations on the services available to support Nebraskans to live as integrated members of their communities.

Baseline: In 2018 the Commission for the Deaf and Hard of Hearing made 173 presentations.

- In Year 1, the Commission will revise how presentations are tracked and will collect the additional information to establish a baseline count of presentations to the target audiences.
- In Year 2, increase the number of presentations to the target audiences by five percent over the Year 1 baseline.

Outcome 1F: Increase the capacity of community-based services to effectively communicate with individuals who are D/HH/DB.

- In Year 1, the Commission for the Deaf and Hard of Hearing will develop a library/website/repository of technology and resources that providers can utilize to communicate with individuals who are D/HH/DB, and will establish a baseline of how many providers use technology and resources to effectively communicate with individuals who are D/HH/DB.
- In Year 2, the Commission will support increased outreach about technology and resources that providers can use to communicate effectively with individuals who are D/HH/DB and will increase the use of technology and resources by training of two percent over the Year 1 baseline.

Goal 2: Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.

The Nebraska Plan includes the following strategies to achieve this goal:

- The Division of Public Health (DPH) will explore collecting data related to housing needs as part of the Community Health Needs Assessment.
- DPH will determine how housing data can be incorporated into the state health assessment.
- DHHS, including DHHS agencies impacted by housing and in partnership with state housing agencies, will create the administrative structure and organizational buy-in to increase access to federal housing programs and to prioritize some affordable housing capacity for people with disabilities.
- DHHS will collaborate with state and local housing agencies to support individuals with disabilities in accessing federal housing programs and to include single and multiple bedroom housing for individuals with disabilities and their families.
- DHHS will collaborate with communities across the state to encourage development or increasing availability of barrier removal programs to make existing housing more accessible.
- DHHS, in partnership with state and local housing agencies, will encourage and facilitate access to new federal resources to create housing for people living with disabilities.
- DHHS will explore partnerships and the feasibility of applying for Section 811 Project-based Rental Assistance (PRA), per The U.S. Department of Housing and Urban Development's (HUD) October 2019 notice of funding availability.
- The Nebraska Department of Education - Assistive Technology Program (NDE-ATP) will continue to support home accessibility modifications, allowing Nebraskans participating in the Medicaid HCBS waivers to remain independent, living in their homes.



Image 3: Olmstead sticker

Goal 2 Measurable Outcomes

Outcome 2A: Increase the number of people with disabilities receiving state-funded rental assistance by 150.

Baseline: In FY 2018, DBH provided rental assistance to 802 individuals.

- In Year 1, the number will increase by 50 individuals.
- In Year 2, the number will increase by an additional 50 individuals.
- In Year 3, the number will increase by an additional 50 individuals.

Outcome 2B: Increase home modification assessments by one percent each year over the next three years through education provided by NDE-ATP to service coordination staff on home accessibility, assistive technology, and services offered by ATP with the intent of increasing referrals by one percent each year over the next three years.

Baseline: In 2018, 652 home modification assessments were completed for the Medicaid HCBS waivers.

- In Year 1, increase the number of assessments by one percent over the baseline for the Medicaid HCBS waivers.
- In Year 2, increase the number of assessments by one percent over Year 1 for the Medicaid HCBS waivers.

Goal 3: Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.

The Nebraska Plan includes the following strategies to divert admissions to, and facilitate transitions from, institutional care:

- MLTC will update its website to facilitate members' access to information about HCBS benefits, thereby better informing members of their option to live in the community.
- MLTC, DDD, and DBH will provide in-reach to people in nursing homes and other institutions or segregated settings.
- DDD will continue to engage in administrative simplification and intermediate care facility (ICF) consolidation at the Beatrice State Developmental Center (BSDC).



- DBH will work with the Regional Centers to develop agreed-upon admission and discharge criteria.
- DHHS will complete a comprehensive review of current institutional level of care criteria, assessment tools, and process.
- DBH will continue to develop person-centered plans for individuals with complex needs at the Lincoln Regional Center (LRC) and seek funding to support their transition to the community.
- Through the GAINS Center Learning Collaborative, DBH will garner best practices to reduce the number of persons referred to LRC for competency evaluations.

The Nebraska Plan includes the following strategies to divert admissions to segregated settings:

- The Division of Children and Family Services (CFS) will target resources for evidence-based practices that prevent out-of-home and congregate care setting placements for children with serious emotional disorders.
- CFS will continue expansion to Native American families of an evidence-based approach for women with SUD who have children.
- DBH will continue to offer the Provider Boot Camp and assess its impact.
- DBH will collaborate with NDE to develop and implement a plan for educating school personnel about mental health resources.

- DPH will complete an assessment of its ability, within existing regulatory authority, to prevent new admissions to any assisted living facility (ALF) that has documented deficiencies related to residents' care, health, and safety.
- DPH will determine the feasibility of and support for requiring licensed ALFs to record residents' primary and secondary diagnoses, and DHHS will seek to establish a process to aggregate information for each ALF to be available to the division annually.
- DHHS will seek approval to use the amount of the Nebraska SSI supplement allotted for individuals residing in ALFs to offset the cost of rent for individuals with disabilities who choose instead to live in independent settings.
- DDD will identify policies, statutes, and conditions that prevent people who receive DDD services and who have a high level of service needs from aging in place.

The Nebraska Plan includes the following strategies to reduce justice involvement and homelessness:

- DBH will work to identify and address barriers to admissions to acute care inpatient beds and other community-based services that can help to prevent interface with the justice system.
- DBH will garner best practices from its participation with the GAINS Center Learning Collaborative to reduce the amount of time individuals spend in jail waiting for competency restoration services.
- The Department of Corrections and DHHS will encourage counties to pursue involvement in Stepping Up and other justice diversion initiatives.
- DDD will conduct an analysis of individuals with I/DD who have high levels of law enforcement contact and criminal justice system involvement.
- The Youth Rehabilitation and Treatment Centers (YRTC) will evaluate and revise tools and practices to ensure that youth are appropriately assessed and receive treatment to meet their needs.
- Youth served at the YRTCs will have an established treatment plan and estimated discharge in order to keep teams focused on the youths' return home.

Goal 3 Measurable Outcomes

Reduce overreliance on institutional settings —

Outcome 3A: Increase awareness and education on HCBS benefits and options for members to live in the community.

- In Year 1, complete MLTC website redesign to facilitate members' access to information on HCBS benefits and establish website traffic baseline.
- In Year 2, increase website traffic by 10 percent from baseline.

Outcome 3B: Continue consolidation of state-owned ICFs.

Baseline: In 2019, state-owned ICFs held four licenses.

- In Year 1, state-owned ICFs' four licenses will become three.
- In Year 2, state owned ICFs' three licenses will become two.

Outcome 3C: DDD will continue to engage in administrative simplification and ICF consolidation at the BSDC, repurposing long-term care beds at BSDC to develop capacity for acute crisis and transition services.

Baseline: In FY20, BSDC is certified to operate a total of 169 beds, including long-term care and crisis capacity.

- In Year 1, DDD will increase its capacity to serve crisis acute individuals from 9 to 12, and its capacity to serve crisis transition individuals from 0 to 10.

Outcome 3D: Increase support for LRC discharges via "A Plan for One."

Baseline: As of June 30, 2019, two individuals with complex needs who had long-term stays at LRC were transitioned to the community via "A Plan for One."

- In Year 1, DBH will continue to work with LRC to identify additional patients who may benefit from "A Plan for One" support to facilitate transition to the community.

Outcome 3E: Reduce admissions to LRC for competency evaluation and restoration services.

Baseline: In 2018, LRC completed 220 outpatient competency evaluations. Once admitted, patients stayed at LRC for an average of 102 days (males) and 86 days (females) for competency restoration.

- In Year 1, operationalize the provisions for community-based competency evaluation and restoration services.
- In Year 2, reduce the number of LRC admissions for competency services by five percent.

Divert Admissions to Segregated Settings —

Outcome 3F: Continue to appropriately divert youth from admissions to out-of-home treatment settings and acute care inpatient units.

Baseline: From October 2016 through June 2019, 1,219 youth received mobile crisis response services, resulting in 74.8 percent remaining at home with family or with a trusted family friend.

- In Year 1, mobile crisis teams will continue to respond to youth in need of community-based assessment and divert admissions to out-of-home treatment when safe and appropriate.

Outcome 3G: Continue to appropriately divert adults from admissions to acute care inpatient units.

Baseline: In 2019, 2,453 adults received mobile crisis response services, resulting in 3,617 out of 4,128 (87.6 percent) dropped emergency protective custody orders.

- In Year 1, Mobile Crisis Teams will continue to respond to adults experiencing a mental health crisis and will divert admissions to acute care inpatient units when safe and appropriate.

Outcome 3H: Behavioral health consumers report "I am better able to deal with crisis" on the DBH annual consumer survey.

Baseline: 73.2 percent of consumers completing the annual consumer survey answered affirmatively.

- In Year 1, 75 percent of consumers completing the annual consumer survey will answer affirmatively.
- In Year 2, 75 percent of consumers completing the annual consumer survey will answer affirmatively.

Reduce Justice Involvement —

Outcome 3I: Reduce the time individuals with SMI spend waiting in jail for competency evaluation and restoration services.

Baseline: In 2018, 117 individuals with SMI waited in jail an average of 105 days (males) and 47 days (females) from the date of their court order to be admitted to LRC for pre-trial competency evaluation and restoration services.

- In Year 1, operationalize the provisions for community-based competency evaluation and restoration services.
- In Year 2, reduce wait times for competency restoration at LRC by five percent.

Outcome 3J: Reduce the time youth spend at the YRTC.

Baseline: In 2019, readmission rates were 19 percent at the Kearney YRTC and 33 percent at the Geneva YRTC.

- In Year 1, establish a family navigator function to link youth and families to community resources prior to discharge of youth.

Reduce Homelessness —

Outcome 3K: Reduce homelessness among young adults in Nebraska ages 18 to 24.

Baseline: In 2018, the point-in time count recorded 40 unaccompanied youth ages 24 or younger who were homeless; Homeless Management Information System (HMIS) data for calendar years 2016 and 2017 identified 500 youth.

- In Year 1, implement the coordinated community plan as outlined in the state’s Youth Homeless Demonstration Program application.
- In Year 2, 85 percent of participants will exit to permanent, independent housing; 80 percent of participants will not return to a homeless situation within 12 months.

Outcome 3L: Increase in the number of young adults who voluntarily choose to participate in extended foster care, a.k.a. Bridge to Independence. 85% of persons who age out of foster care and are eligible for b2i will enroll within 30 days of aging out of foster care (by state fiscal year).

- In Year 1, 85 percent of persons who age out of foster care and are eligible for b2i will enroll within 30 days of aging out of foster care.
- In Year 2, 85 percent of persons who age out of foster care and are eligible for b2i will enroll within 30 days of aging out of foster care.

Goal 4: Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.

The Nebraska Plan includes the following strategies to support integrated education:

- DHHS and Nebraska NDE, Offices of Special Education and Early Childhood Education, will establish regular meetings.
- The NDE, Offices of Special Education and Early Childhood Education will provide information and technical assistance to early childhood education and care programs across the state to increase provider understanding of the definition and implications of children’s outcomes of suspension and expulsion in programs for children birth to kindergarten.
- The NDE, Offices of Special Education and Early Childhood Education will expand the availability of training and coaching on the Pyramid Model for Social and Emotional Competence training, highlighting early childhood workforce competencies and evidence-based interventions/approaches that prevent expulsion, suspension, and other exclusionary discipline practices.
- The NDE, Offices of Special Education and Early Childhood Education will provide recommendations to early childhood programs on establishing policies that aim to prevent, severely reduce, and ultimately eliminate suspension and expulsion.
- NDE will continue issuing guidance on the use of special education funding for inclusive, least-restrictive settings for educational placements and employment.
- NDE will strengthen the role of Parent Training and Information³⁴ to better educate and support families in their legal rights to appropriate education for their children with disabilities.
- NDE will continue working with school districts statewide to promote the adoption of strategies for supporting students with disabilities.
- Nebraska Department of Labor (NDOL) will continue to seek additional school districts interested in implementing Jobs for America’s Graduates (JAG).



Image 4: Colby Salava, Nebraska JAG participant, was selected to compete in a math competition at the 2019 National Student Leadership Academy in Washington, DC.

³⁴ PTI Nebraska (Parent Training and Information) is a statewide resource for families of children with disabilities and special health care needs. PTI-Nebraska.org

- NCBVI will continue supporting youth who are blind or visually impaired to graduate and transition to adulthood.

The Nebraska Plan includes the following strategies to support competitive, integrated employment:

- Nebraska VR, NDE, and DHHS will coordinate the delivery of pre-employment transition services.
- Nebraska VR and the DHHS (DDD and DBH) will coordinate funding to sustain supported employment milestones when VR is implementing an Order of Selection and individuals are on VR’s waiting list for employment services.
- DOL and VR will align efforts to increase the number of businesses, in a variety of sectors, that are hiring and retaining employees with disabilities.
- DBH will issue a policy statement and provide educational materials to address attitudes about the ability of individuals with SMI to work.
- DBH will develop and implement tracking and monitoring of training, certification, and employment of peer specialists.
- In collaboration with MLTC, DDD will continue plans and report progress on closure of any waiver-funded workshops/enclaves and on movement to community-based alternative employment options.
- DDD will implement a mechanism for tracking employment for participants in Medicaid DD HCBS waivers.
- DHHS and state agency partners will assess current practices and identify opportunities to increase hiring people with disabilities in state employment.
- The Regional Centers will explore utilization of peer bridgers to support consumer transitions from institutional settings.
- DHHS, VR, and their partners will continue implementation of Project Search.
- VR will continue monitoring the median earnings of individuals with disabilities who work full-time after exit from the VR program.

Goal 4 Measurable Outcomes

Integrated Education —

Outcome 4A: The 4-year graduation rate for Nebraskan students with disabilities will increase to 86 percent by 2026.

Baseline: In school year 2014–2015, the 4-year graduation rate for Nebraskan students with disabilities was 70 percent.

- In Year 1, increase the 4-year graduation rate for Nebraskan students with disabilities by 2.61 percent over the baseline.

- In Year 2, increase the 4-year graduation rate for Nebraskan students with disabilities by 2.61 percent over Year 1.

Outcome 4B: The seven-year (extended) graduation rate for Nebraska students with disabilities will increase to 94 percent by 2026.

Baseline: In school year 2016–2017, the seven-year (extended) graduation rate for Nebraskan students with disabilities was 89 percent.

- In Year 1, increase the seven-year (extended) graduation rate for Nebraskan students with disabilities by one percent over the baseline.
- In Year 2, increase the seven-year (extended) graduation rate for Nebraskan students with disabilities by one percent over Year 1.

Outcome 4C: NDOL will increase school district participation in the JAG program by 6.

Baseline: In school year 2018–2019, 113 at-risk seniors (three school districts) participated in JAG with a one hundred percent graduation rate.

- In Year 1, NDOL will increase the number of school districts participating in JAG from three school districts to six.
- In Year 2, NDOL will increase the number of school districts participating in JAG from six school districts to nine.

Outcome 4D: NCBVI will continue supporting youth who are blind or visually impaired to graduate and transition to adulthood.

Baseline: In 2019, 12 youth between ages eight and thirteen attended Project Independence, a summer camp that assists youth in adopting alternative techniques to overcome fear, self-doubt, and low expectations for their future; 15 youth participated in National Federation for the Blind Mentoring³⁵, a program that connects blind and visually impaired adults in various occupations with BVI youth to help them navigate the transition years to adulthood; and 27 youth participated in Winnerfest and were empowered to reach for higher achievement in their future endeavors in the worlds of both work and college.

- In Year 1, continue supporting BVI youth through initiatives that promote their ability to graduate and transition successfully to adulthood.

³⁵ <https://www.nfb.org/programs-services/career-mentoring/mentor-application>

Competitive, Integrated Employment Opportunities —

Outcome 4E: Increase the number of students who participate in Project SEARCH.

Baseline: During outcome years September 2015-August 2018, Nebraska Project SEARCH sites report an aggregate 98.8% (289/293) completion rate for Project SEARCH interns. Of those completers, 187 (64.7%) are reported as employed following the Project SEARCH program.

- In Year 1, increase the percentage of interns employed following completion of the Project SEARCH program to 66%.
- In Year 2, increase the percentage of interns employed following completion of the Project SEARCH program to 68%.
- In Year 3, Increase the percentage of interns employed following completion of the Project SEARCH program to 69%.

Outcome 4F: Increase the number of youth who participate in the Developing Youth Talent Initiative (DYTI).

Baseline: Over the last four years, DYTI has introduced over 7,000 middle school students to careers in manufacturing and information technology.

- In Year 1, expand DYTI grants to raise career awareness among 4,600 additional students.
- In Year 2, continue to support grant opportunities to promote career awareness among additional middle school students.

Outcome 4G: NDE-VR will reduce the waitlist for vocational rehabilitation services.

- In Year 1, NDE-VR will eliminate the waiting list for VR services for priority group 1.

Outcome 4H: Increase the number of individuals who exit VR supported employment with competitive integrated employment.

Baseline: In Project Year 2018, 595 or 40 percent of people who received VR supported employment (SE) or customized employment exited with competitive integrated employment.

- In Year 1, VR will monitor the employment status of individuals with disabilities in the second and fourth quarters after their exit from the VR program.

Outcome 4I: Increase the number of individuals who receive NCBVI VR services who exit with competitive integrated employment.

Baseline: In FFY 2018, NCBVI provided employment services to 369 individuals who were blind or visually impaired and met Priority 1 criteria, with 58 individuals securing competitive employment.

Outcome 4J: Increase the median earnings of program participants who are in unsubsidized employment during the second quarter after exit from the VR program.

Baseline: In 2017, the median earnings of working-age people with disabilities who worked full-time/full-year in Nebraska was \$40,400.³⁶

³⁶ Yang-Tan Institute on Employment and Disability at the Cornell University ILR School (2019). 2017 Disability – status report: United States. http://www.disabilitystatistics.org/StatusReports/2017-PDF/2017-StatusReport_US.pdf

Goal 5: Nebraskans with disabilities will have access to affordable and accessible transportation statewide.

The Nebraska Plan includes the following strategies to achieve this goal:

- DHHS will establish regular meetings with the Nebraska Department of Transportation (NDOT) to open lines of communication and collaboration.
- DHHS and transportation partners will explore expanding coverage of additional methods of transportation for individuals with disabilities to access services.
- DHHS and transportation partners will explore strategies to address the shortage of transportation providers that accept Medicaid and/or participate with the Medicaid Managed Care health plans.
- The statewide Mobility Manager will assess interest/need for a Mobility Manager in each of the six regions.
- NDOT will conduct a feasibility study to implement inter-city bus service between Lincoln and Omaha as well as between Grand Island, Hastings, and Kearney.
- NDOT will procure technology solutions to enhance access to transportation for individuals with disabilities.
- NDOT will facilitate collaboration among communities that lack any public transportation with neighboring counties/communities that do have public transportation, to explore cross-county services.
- NDOT will explore opportunities for regionalized transportation within the six regions across the state.
- NDE-ATP will focus efforts towards educating Service Coordinators and VR staff on vehicle modifications and the process to obtain them.
- DHHS will, in collaboration with the Nebraska state legislature, complete a rate study on the cost of doing business for transportation for individuals with disabilities. The DHHS reimbursement schedule for transportation services is prescribed in Nebraska law and has not been reviewed in recent years.



Image 5: The Tri City Roadrunner connects Gering, Terrytown, and Scottsbluff in Western Nebraska.

Goal 5 Measurable Outcomes

Outcome 5A: Rural Passenger Boardings will increase.

Baseline: In FY 2018, NDOT supported 685,886 Rural Passenger Boardings.

- In Year 1, NDOT will support 699,672 Rural Passenger Boardings.
- In Year 2, NDOT will support 706,669 Rural Passenger Boardings.

Outcome 5B: Intercity Passenger Boardings will increase.

Baseline: In FY 2018, NDOT supported 23,343 Intercity Passenger Boardings.

- In Year 1, NDOT will support 23,812 Intercity Passenger Boardings.
- In Year 2, NDOT will support 24,050 Intercity Passenger Boardings.

Outcome 5C: The number of individuals with disabilities receiving NDE-ATP supported vehicle modifications will increase.

Baseline: In FFY 2019 (October 1, 2018 to September 26, 2019), NDE-ATP supported 83 completed vehicle modifications and 20 vehicle modification repairs.

- In Year 1, NDE-ATP completed vehicle modifications and repairs will increase by 3 percent from the baseline.
- In Year 2, NDE-ATP completed vehicle modifications and repairs will increase by 3 percent from Year 1.
- In Year 3, NDE-ATP completed vehicle modifications and repairs will increase by 3 percent from Year 2.

Goal 6: Individuals with disabilities will receive services and supports that reflect data-driven decision-making, improvement in the quality of services, and enhanced accountability across systems.

The Nebraska Plan includes the following Strategies to achieve this goal:

Data Reporting/Evaluation

- DHHS will establish data governance policies that define utilization of data for continuum of care management and cross-division care management.
- CFS and sister agencies will evaluate System of Care data to identify cross-system/complex cases and to identify service needs as well as gaps in care.
- MLTC will use Medicaid data to facilitate case reviews/care planning for DHHS complex cases.
- DBH will use data reported through the electronic billing system to generate reports and conduct more advanced analysis of services provided.
- DHHS will identify and address intra-agency data sharing capabilities and limitations in order to establish comprehensive baseline information for future Olmstead planning and tracking longitudinally for plan evaluation.
- DHHS will explore inter-agency data reporting and data sharing to enhance future Olmstead planning and evaluation.
- DHHS will explore a satisfaction survey as part of monitoring the implementation of this Olmstead Plan.
- DHHS will continue the work of the Chief Data Strategist, the position that was created to demonstrate DHHS's commitment to data reporting, evaluation, identification of data gaps, and assessment of future service needs.

Quality Improvement

- DDD and MLTC will, in collaboration with the Developmental Disabilities Council, ensure ongoing integration of person-centered planning principles in all Nebraska long-term care programs.
- DDD will achieve measurable improvements of the 13 categories in the 2017-2018 Adult In-Person survey of the National Core Indicators that will be reported by June 2019.
- MLTC and DDD will achieve all milestones identified in Nebraska's Medicaid Home and Community Based Services Statewide Transition Plan, assuring full compliance with the HCBS Settings Final Rule, by March 2022.

- DDD will contract with a Quality Improvement Organization-like entity to implement a more robust incident management system, including a death mortality review.
- CFS will leverage and align efforts under the Family First Prevention Services Act to target resources to further support the use of evidence-based practices.
- DHHS will implement performance-based contracting for nursing facilities.
- DDD will transition Extended Family Homes to Shared Living or Host Homes.

Goal 6 Measurable Outcomes

Data Reporting/Evaluation —

Outcome 6A: DHHS divisions will generate comprehensive and longitudinal data to identify and track individuals with disabilities across the age span receiving services, the services provided, and the settings in which services are provided, and will use these data to report changes in service delivery via the Olmstead Plan evaluation process.

Baseline: DHHS divisions are able to generate limited reports on individuals currently being served, and the services they are receiving.

- In Year 1, each DHHS division will identify its data system’s capacity and limitations for identifying individuals funded to receive community based services and projecting unmet needs. Divisions will generate reports on the numbers and demographics of individuals funded to receive services, the services provided, and the settings in which individuals are served.
- In Year 2, DHHS will establish a methodology for intra-agency data-sharing capabilities to identify individuals and families receiving services across divisions, providing for a comprehensive analysis of services provided, the cost of care, and gaps in care.
- In Year 3, DHHS divisions will report and analyze data across agencies within the Department, to evaluate the progress made as a result of this initial Olmstead Plan, and to identify refinements needed for ongoing planning efforts. This results of this analysis will be captured in the Olmstead Year 2 Evaluation Report.

Quality Improvement —

Outcome 6B: DDD will achieve improvement annually across the 108 questions in the Adult In-Person Survey of the National Core Indicators.

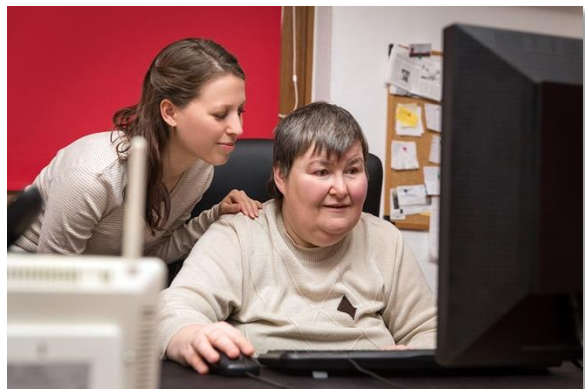
Baseline: DDD achieved 62-percent improvement across the 108 questions in the 2017–2018 Adult In-Person Survey of the National Core Indicators as reported in June 2019.

- In Year 1, DDD will achieve 10-percent improvement across the 108 questions in the 2018–2019 Adult In-Person Survey of the National Core Indicators that will be reported by June 2021.

- In Year 2, DDD will achieve 10-percent improvement across the 108 questions in the 2019–2020 Adult In-Person Survey of the National Core Indicators that will be reported by June 2022.
- In Year 3, DDD will achieve 10-percent improvement across the 108 questions in the 2020–2021 Adult In-Person Survey of the National Core Indicators that will be reported by June 2023.

Goal 7: Nebraskans with disabilities will receive services and supports from a high-quality workforce.

The Nebraska Plan includes the following Strategies to achieve this goal:



- CFS will continue the Bachelor of Social Work/Master of Social Work (BSW/MSW) Stipend Program.³⁷
- DHHS will collaborate with institutions of higher learning and other partners as appropriate to expand certification programs that promote career ladders for direct service providers, such as the Respite Service Learning Certification program.
- The Behavioral Health Education Center of

Nebraska and DBH will continue to collaborate and align strategic planning, to advance the implementation of evidence-based practices through workforce training and growing the behavioral health workforce.

- DHHS and state agency partners will explore opportunities to recruit and hire people with disabilities.
- VR will work to increase the diversity of traditional health care providers and health system leaders by expanding pipeline programs and other supports and incentives for students.

Goal 7 Measurable Outcomes

Outcome 7A: Increase the number of trained respite providers available to support families/caregivers by 135.

Baseline: As of 2018, four students had completed the Respite institute of higher learning program.

- In Year 1, a minimum of 45 additional students will have successfully completed the Respite institute of higher learning program.

³⁷ National Association of Social Workers (2013). NASW standards for social work practice in child welfare. Retrieved on 11/2/19 from: https://www.socialworkers.org/LinkClick.aspx?fileticket=zV1G_96nWol%3D&portalid=0.

- In Year 2: At least 45 additional students will have successfully completed the Respite institute of higher learning program.
- In Year 3: At least 45 additional students will have successfully completed the Respite institute of higher learning program.

Outcome 7B: Increase Nebraska's behavioral health workforce and, through specific and targeted best practices training, improve competencies to serve individuals with complex and co-occurring behavioral health needs.

Baseline: In FY 20, 100 community-based provider staff will have received DBH-sponsored training and increased their competencies to treat individuals with SUDs and adolescents/young adults who sexually harm, to conduct Behavioral Health Threat Assessments, and to provide evidence-based interventions for youth and families.

- In Year 1, 100 community-based provider staff over the baseline will receive DBH-sponsored training.
- In Year 2, an additional 100 community-based provider staff will receive DBH-sponsored training.
- In Year 3, an additional 100 community-based provider staff will receive DBH-sponsored training.

Closing Summary

Implementation and Monitoring

To be effective, an Olmstead Plan must demonstrate success in actually diverting individuals from admissions to segregated settings, and moving individuals to, integrated settings. In recognition of this standard, LB570 requires that progress on the Plan’s implementation be reported to the legislature every three years beginning on December 15, 2021. To fulfill this requirement, DHHS entered into a second contract with TAC, not only to complete a final Olmstead Plan, but to monitor implementation, assess progress towards achieving the goals and measures, and make recommendations for Plan modifications as needed. The work plan and timeline for this activity can be found in [Appendix I](#).

The timeline establishes a process to meet the requirements for monitoring the Plan, and confirms the continued role of an Advisory Committee. Following the release of the Plan, DHHS proposes to continue supporting an Advisory Committee, seeking committee members’ input and feedback regarding Nebraska’s progress in achieving its Olmstead Plan goals.

All Olmstead activities are subject to fiscal, statutory, regulatory, and policy decisions and directives from state and federal bodies. Significant changes in funding, statutes, regulations, or policy could impact the ability of the agencies to engage in the strategies within this Plan and achieve the state measures.

Some stakeholders may believe that this initial plan does not go far enough in ensuring that Nebraskans with disabilities have the opportunity for community inclusion. It is critical that all view this initial plan as a *starting point*. Nebraska intends for the Olmstead Plan to be a living plan rather than a static document. For this reason, leadership anticipates that goals, measures, and strategies will need to be continuously adjusted and refined to ensure that Nebraskans with disabilities are living, learning, working, and enjoying life in the most integrated setting of their choosing.



Image 6: Disability Pride pin designed by Brian R. Mueing, participant in the UNMC/MMI Project Search internship program.

Appendices

Appendix A: *Group and Individual Interviews*

Appendix B: *Olmstead Advisory Group Members*

Appendix C: *Olmstead Advisory Committee Meeting Dates*

Appendix D: *Olmstead Planning Listening Sessions and Attendees*

Appendix E: *Themes from Public Comments on the Draft Olmstead Plan*

Appendix F: *Olmstead Steering Group Members and Meeting Dates*

Appendix G: *Nebraska's Medicaid Waiver Programs*

Appendix H: *Nebraska's Progress Towards Achieving the Vision of Olmstead.*

Appendix I: *Timeline of Activities and Tasks for Evaluating Progress*

Appendix J: *Glossary of Terms*

Appendix K: *Abbreviations*

Appendix A: Group and Individual Interviews

Nebraska Olmstead Plan stakeholder engagement, August 2018 to September 2019

Group Interviews

Department of Health and Human Services

- Division of Behavioral Health Leadership
- Division of Behavioral Health Housing Coordinators
- Division of Child and Family Services
- Division of Developmental Disabilities
- DHHS Facilities
- Division of Medicaid and LTC
- Division of Public Health

Department of Education

- Division of Special Education
- Vocational Rehabilitation

Department of Labor

Department of Transportation

Nebraska Association of Service Providers

Representatives from Lancaster County's Justice System

Individual In-person or Phone Interviews

- Angie Howell — Vice President of Easter Seals Nebraska
- Amy Rhone — Department of Education, Special Education
- Bernie Haskall — DBH, Systems of Care
- Bill Baerentzen — University of Nebraska Medical Center (UNMC) Behavioral Health Education Center (BHCEN)
- Bruce Carden — Attorney, Department of Economic Development (DED)
- Carole Boye — Community Alliance (BH provider)
- Carlos Servan — Nebraska Commission for the Blind and Visually Impaired
- Carrie Hardage — Kearney Housing Authority

- Chief Todd Schmaderer — Omaha Police Department
- Cindy Kadavy — Nebraska Health Care Association/Assisted Living
- Cindy Frazier — United States Department of Agriculture/Rural Development
- Chris Lamberty — Lincoln Public Housing Authority
- Connie Cooper — AAA/Aging and Disability Resource Center (ADRC) of Nebraska
- Crystal Rhoades — Commissioner, Nebraska Public Service Commission (Received email feedback)
- Darrell Klein, J.D. — Deputy Director, Division of Public Health Licensure
- Deb Schorr — Association of Commissioners/District 3 Lancaster County
- Dianne DeLair — Senior Staff Attorney, Disability Rights Nebraska
- Dr. Thomas Magnuson — University of Nebraska Medical School (UNMS) – Telehealth researcher
- Dr. Mario Scalora — Director, Public Policy Center – University of Nebraska
- Dr. James Sorrell — DHHS, DDD - Medical Director
- Earl Redick — Housing and Urban Development (HUD)
- Eric Evans, CEO — Disability Rights Nebraska
- Falon McAlpin — Executive Director of Fred LeRoy Health & Wellness Center in Omaha and the Ponca Hills Health & Wellness Center in Norfolk
- Heather Briggs — Nebraska TotalCare (MCO)
- Janel Meis — Nebraska Occupational Therapy Association
- Joan Luebbers — Head Start State Collaboration Office Director - NDE
- Joi McClure — Nebraska Wellcare (MCO)
- Joni Thomas — Advocate/self-advocates and Nebraska Total Care Community Liaison
- John Wyvill — Nebraska Commission for the Deaf and Hard of Hearing
- Julia Hebenstreit — The Kim Foundation
- Julie Smith — Juvenile Services, Office of Probation
- Kari Ruse — Nebraska Department of Transportation (NDOT)
- Karen Heng — Deputy Director for Eligibility Operations, DHHS
- Karen Houseman — Money Follows the Person program
- Kathy Hoell — Nebraska Statewide Independent Living Council
- Kate Bolz — Nebraska Association of Service Providers/Legislative Representative
- Kasey Moyer — Nebraska Mental Health Association
- Khalil Jaber — Deputy Director, NDOT
- Leslie Coleman — NeighborWorks Home Solutions Council Bluffs, IA
- Lieutenant Scott Gray — Omaha Police Department
- Lindy Foley — Office of Vocational Rehabilitation
- Lori Harder — Department of Children and Families – Protection and Safety
- Mike Buethe — US Department of Agriculture (USDS) Rural Development
- Mike Renken — NeighborWorks of Lincoln

- Nicholas Brotzman — UNMC BHCEN
- Patricia Jurjevich — Regional Behavioral Health representative
- Peggy Reisher — Brain Injury Alliance of Nebraska
- Randy McCoy — Omaha Council Bluffs Continuum of Care (CoC)
- Robin Ambroz-Hollman — Nebraska Investment Finance Authority (NIFA)
- Roger Nadrchal — NeighborWorks of Northeast Nebraska
- SallyJo Blazek — Self/Advocate Pan Handle Region
- Sharon Dalrymple — Advocate/Family member of person with developmental disability
- Shauna Dahlgren — Work Incentive & Community Outreach Specialist at Easter Seals
- Sheryl Hiatt — DED
- Steve Milliken — NDE, Special Education
- Susan Browne — Parent, Lincoln area
- Tobias Orr — NDE, Assistive Technology Partnership
- Victor Gehrig — North East Pan Handle
- Wayne Stuberg — Monroe Myer Institute
- Zainab Rida, NDE — Team Nutrition & Healthy Schools Programs

Appendix B: Olmstead Advisory Committee Members

Nebraska Olmstead Plan stakeholder engagement, August 2018 to December 2019

Olmstead Advisory Committee Members

- Bill Reay — Omni Behavioral Health
- Carlos Serván — Nebraska Commission for the Blind and Visually Impaired (CBVI)
- Carrin Meadows — NAMI of Nebraska
- Cindy Kadavy — Assisted Living Representative
- Clarissa Hunt — Nebraska Veterans Homes
- Corina Harrison — DHHS, DDD
- Courtney Miller — DHHS, DDD
- Dennis Loose — Area Agencies of Aging (AAA)
- Diane DeLair — Disability Rights Nebraska
- Edison McDonald — ARC of Nebraska
- Eric Evans — Disability Rights Nebraska
- Erin Cooper — Nebraska Department of Labor (DOL)
- Heath Boddy — Assisted Living Representative
- Janel Meis — Nebraska Occupational Therapy Association
- Jennifer Acierno — Leading Age, Nebraska
- Jennifer James — Nebraska Statewide Independent Living Council
- John Wyvill — Commission for the Deaf and Hard of Hearing (CDHH)
- Joni Thomas — Advocate/self-advocates and Nebraska Total Care Community Liaison
- Joyce Werner — Developmental Disability Advisory Committee representatives
- Julie Kaminski — Assisted Living Representative
- Julie Smith — Juvenile Services, Office of Probation
- Kate Bolz — Nebraska Association of Service Providers/Legislative Representative
- Katherine Becker — DHHS, DDD
- Kathy Hoell — Nebraska Statewide Independent Living Council
- Kathy Sheele — Home and Community Based Services, DMLTC
- Ken Timmerman — Advocate/self-advocate
- Kerri Bennett — Nebraska Vocational Rehab/Traumatic Brain Injury Advocate
- Kristen Larson — Developmental Disability Planning Council representatives
- Linda Wittmuss — DHHS, DBH
- Lori Harder — DHHS, Department of Children and Families
- Lynn Walz — Senator, District #15
- Mark Smith, Monroe Myer Institute
- Mary Angus — ADAPT

- Mary O’Callighan — Advocate
- Nancy Bentley — Nebraska Housing Authority
- Nancy Sprott — Nebraska Office of Veteran Affairs
- Patricia Jurjevich — Regional Behavioral Health representative
- Payne Ackerman — Family members of persons with developmental disability
- Rachel Pinkerton — State Advisory Committee for Mental Health
- Roger Stortenbecker — Collaborative Industries (DD provider)
- Ron Nelson — University of Nebraska, Lincoln (UNL)
- Seanna Collins — Housing Authority representation
- Shauna Dahlgren — Work Incentive & Community Outreach Specialist at Easter Seals
- Sharon Dalrymple — Advocate/Family member of person with developmental disability
- Tamara Walz — Department of Corrections
- Tammy Westfall, DHHS DDD — Policy and Quality Management
- Tobias Orr — Assistive Technology Partnership (ATP)
- Tony Green — DHHS, DDD

Appendix C: Olmstead Advisory Committee Meeting Dates

August 16, 2018 – 9:00am to 1:00pm

September 27, 2018 – 10:00am to 11:00am

October 26, 2018 – 10:00am to 11:00am

December 7, 2018 – 10:00am to 12:00pm

January 31, 2019 – 10:00am to 12:00pm

March 14, 2019 – 1:30pm to 3:30pm

May 22, 2019 – 10:00am to 12:00pm

June 21, 2019 – 1:00pm to 3:00pm

November 5, 2019 – 1:00pm to 3:00pm

Appendix D: Olmstead Planning Listening Sessions and Attendees

Nebraska Olmstead Plan stakeholder engagement, August 2018 to September 2018

Listening Session Attendees

Six listening sessions were held by TAC between 8/17/18 and 9/27/18.

Consumers/Peers and Advocates Listening Session, Lincoln NE – 8/17/18

- Brenda Moes — Office of Consumer Affairs – DBH
- Denise Gehringer — Parent/Advocate/ARC of Omaha/Ollie Webb Center Inc.
- Dianne DeLair — Disability Rights Nebraska
- Edison McDonald — ARC of Nebraska
- Erin Phillips — Advocate
- Jason Velinsky — Advocate/Family Member
- Jonathan Koley — Region 6 BH Care
- Ken Timmerman — Self-Advocate/Person with a Disability
- Kristen Larson — DD Planning Council
- Peggy Riesher — Brain Injury Alliance of Nebraska
- Philip Gray — Advocate/Family member
- Phyllis McCaul — Office of Consumer Affairs (OCA) Consumer Specialist Region 5
- Scott Loder — OCA and People’s Council
- Tim Kolb — Kolb Foundation for Disability Education
- Tommy Newcombe — OCA Consumer Specialist Region 4 and People’s Council

Family Members/Advocates Listening Session, Lincoln NE – 8/17/18

- Edison McDonald — ARC of Nebraska
- Eve Bleyhl — Nebraska Family Support Network
- Sandy Thompson — Families Inspiring Families

Providers Listening Session, Lincoln NE — 8/17/18

- Jackie Rapier — NDE-ATP
- Jennifer Acerino — Leading Age, Nebraska
- Kristen Larson — DD Planning Council
- Kris Tevis — Omni Behavioral Health
- Roger Stotenbecker — Collaborative Industries, Inc. (DD service provider)

Multi-Stakeholders Listening Session, Grand Island NE — 4pm — 9/26/18

- Aaron Rothenberger — CDHH

- Adrienne Moody — CBVI
- Audrey DeFrank — ARC of Central Nebraska
- Cindy Sadler — Parent
- Edison McDonald — ARC of Nebraska
- George Carter — Parent
- Judy Vohland — ARC of Nebraska
- Julie Stahld — ARC of Nebraska
- Kelly Davis — Mosaic
- Lynn Warren — Parent
- Myron Sadler — Parent
- Sue Coles — Parent

Cross Group Listening Session, Grand Island NE – 7pm — 9/26/18

- Adrienne Moody — CBVI
- Edison McDonald — ARC of Nebraska
- George Carter — Parent
- Lynn Warren — Parent
- Kelly Davis — Mosaic
- Pamela Mann — Region II services provider/Guardian of person with a disability

Multi-Stakeholders Listening Session, Omaha, NE – 6pm – 9/27/18

- Angela Weis — Mosaic
- Ann Brown — Young Life Capernaum
- Amy Bonn — Monroe-Meyer Institute
- Antonio Gutierrez — Parent
- Dave Sobilo — Parent
- Debbie Salomon — Parent
- Edison McDonald — ARC of Nebraska
- Gary Todd — Parent
- Ilga Rauchut — Parent
- Jason Valinsky — Parent
- Jessica Gutierrez — Monroe-Meyer Institute
- Jim Brentling — Parent
- Jody Dennis — Parent
- Joe Valenti — Parent
- John Malone — Parent
- Joniem Herron — Parent
- Karen Kavanaugh — Hand of the Heartland
- Laurie Ackermann — Ollie Web Center
- Marge Dennis — Parent

- Mark Bulger — Omaha Association of the Blind
- Mary Angus — ADAPT
- Maureen Sobilo — Parent
- Michael Roth — Parent
- Nicolas Batteron — Mosaic
- Pauline Malone — Parent
- Peg Huss — Guardian
- Philip Gray — Parent
- Richard Levene — Parent
- Susan Rood — Parent
- Sioman Ramakri — Guardian
- Teverva Smith — Parent
- Tyler Anderson — Mosaic

Appendix E: Themes from Public Comments on the Draft Olmstead Plan

This appendix summarizes comments and feedback that were collected and considered following public distribution of this plan. Commenters suggestions and recommendations are captured below and are organized by sections of the plan.

Overarching Comments

- There is an absence of data to inform the development of measurable goals and benchmarks. There are not clear and concrete short term and long-term recommendations for remedying ADA violations.
- The plan does not fully identify priority populations and include all populations with disabilities currently facing or at risk for unnecessary segregation, specifically those with Traumatic Brain Injury, elders and those served by the Aging and Disability Waiver.
- The plan does not have a balance between the needs of persons with disabilities and elders to ensure the plan works for people across the lifespan.
- The plan lacks focus on key areas including integrated employment and supportive housing.
- The plan does not draw enough on expert reports and previous technical assistance intended to guide the plan's development.
- Those involved in the implementation of the plan should ensure that when there are presidential administration changes that the spirit of the Nebraska plan is not swayed depending upon who is in office and changes made at the federal level.

Comments on the Introduction

- Add additional language from the Olmstead decision stating that the ADA does not condone or require removing people from institutions when they are not able to benefit from community-based settings or if the person does not desire to move from an institutional setting to the community.

Comments on “Progress Made and Ongoing Challenges”

- The passage describing the lack of adequate community-based services and supports is important to have included in this plan but does not specifically address services gaps for persons who are deaf and hard of hearing, for example, deaf individuals are often misplaced in shelter program or group homes where there are not enough interpretation services available.

Comments on “Core Values”

- Strengthen the core values for those who are deaf and hard of hearing and users of ALS or manually coded English within the core values statement.

Comments on Goal 1

Waiver Services

- Review all sources and available reports on strategies to serve those on waitlists.
- Add strategies and measures around the Autism Waiver and to create a Family Support Waiver.
- Add strategies and measures to further fund the Autism Waiver.
- Add a definition of Priority Status for the DDD waiver to the outcomes and measures.
- Add numbers of people waiting to be served by the DD Waiver and add more specific metrics on how the waitlisted people will be served such as long-term strategies to fund the 2,300 individuals over time.
- Add a strategy of fund the Vocational Rehabilitation waitlist.
- Ensure that the implementation of this plan does not emphasize that persons with developmental disabilities must be accessing the community outside of programs for an unreasonable percentage of the time.

Diversion

- Emphasize access to community options for persons with disabilities throughout all goals such as the efforts of the ADRC, which is described in the progress section of the appendices.

Deaf and Hard of Hearing Related Services

- Add additional goals/outcomes to increase the communication services for the Deaf, Deaf-Blind and Hard of Hearing by hiring more staff to provide communication accommodations.
- Explore existing funding mechanisms to provide interpreters during doctors' appointments for those who are deaf and hard of hearing.
- Explore current regulations around the differences in service dogs versus therapy dogs, particularly for those who have support animals in the deaf and hard of hearing community.
- Review the state's current practices across DHHS and other divisions for accommodations in the use of lay person language in contracts and other legal documents for persons with disabilities, including those who are deaf and hard of hearing, who do not have guardianships, power of attorney or others to help interpret these documents to prevent fraud.

- Add stronger language to Year 2 outcomes by saying that NCDHH will not only develop but also utilize best practices training for serving those who are deaf and hard of hearing and add that DHH will mandate provider agencies to train their staff in accordance with best practice training.
- Consult audiologists and other researchers to include access to more updated hearing technologies and provide information and training on new technology.

Person-Centered Planning

- Add more specific goals and outcomes to around Person-Centered Planning by developing and training on person-centered planning protocols, measure to increase those reporting they exercise informed choice as measure in the National Core Indicators (NCI) survey.

Other

- Add outcomes that work to prevent abuse and neglect of those with disabilities by educating families and persons with disabilities and training providers, implementing a public awareness campaign and collecting data on incidents of abuse and neglect, and then measuring the effectiveness of these strategies.

Comments on Goal 2

Housing

- Add a strategy that works to increase the number of vouchers for persons with mental illness as they are often hospitalized first via court orders as there is not enough housing for this population.

Comments on Goal 3

Transition from Institutions

- Add a strategy that supports regular, ongoing communication with individuals in institutions, nursing facilities, assisted living facilities, which promotes quarterly dissemination of information to the residents regarding options, information and resources available to assist them if they choose to transfer out of the institution and pursue community living.
- Create strategies for jail diversion programs and diversion programs for persons with developmental disabilities.

Comments on Goal 4

Education and Employment

- Explore adding a strategy that relates to how IEPs will be tied to federal IDEA standards.

- Add a strategy and outcomes that track and reduce practices that seclude children to strengthen the strategy that is currently in the plan on training on evidence-based interventions/approaches that prevent expulsion, suspension, and other exclusionary discipline practices.

Comments on Goal 6

Data Driven Decision Making

- Be cautious with specific data driven decisions as people, such as those who are deaf and hard of hearing may fall through the cracks.
- Add strategies and measures that track the numbers of people hospitalized or incarcerated due to lack of community-based services.

Comments on Goal 7

Workforce

- Add strategies and measures that fund the Nebraska Association of Service Providers' service provider rate methodology.
- Add strategies that recommend pass-through funding be provided specifically to make service provider wages more competitive.
- Recommend strategies that provide incentives or innovation funding to DD providers that provide the best quality training and certification opportunities for staff.
- Add strategies to address the chore and personal assistance service (PAS) shortage as a key service to help people remain in the community.
- Add additional and more specific strategies that impact the turnover rate in the direct care workforce such as a focus on consumer-directed care strategies.
- Add strategies that promote job coaching and additional training as a vehicle to increase wages over time.
- Add strategies that focus on independent providers and ways to train them, particularly to meet needs in rural areas of the state.

Appendix F: Olmstead Steering Group Members and Meeting Dates

Olmstead Steering Group Members

- Danette Smith, Chief Executive Officer, Department of Health and Human Services
- Scott Frakes, Director, Department of Correctional Services – Delegate Candace Bottorf
- Dan Curran, Director, Department of Economic Development – Delegate Bruce Carden
- John Albin, Commissioner, Department of Labor
- Kyle Schneweis, Director, Department of Transportation – Delegate Khalil Jaber
- John Hilgert, Director, Department of Veteran’s Affairs
- Matthew Blomstedt, Commissioner, Department of Education
- Wayne Stuberg, University of Nebraska – Director of Clinical Services, Director of University Center for Developmental Disabilities
- Sherri Jones, University of Nebraska, Chair, Department of Special Education and Communication Disorders
- Marna Munn, Equal Opportunity Commission
- Sheri Dawson, Director, DHHS Division of Behavioral Health
- Courtney Miller, Director, DHHS Division of Developmental Disabilities
- Matthew Van Patton, Director, DHHS Division of Medicaid and Long-Term Care
- Gary J. Anthonie, DHHS Division of Public Health
- John Wyvill, Executive Director, Nebraska Commission for the Deaf and Hard of Hearing
- Carlos Serván, Executive Director, Nebraska Commission for the Blind and Visually Impaired
- Kathy Hoell, Nebraska Statewide Independent Living Council*
- Mark Smith, Monroe Myer Institute*
- Joni Thomas - Advocate/self-advocates and Nebraska Total Care Community Liaison*
- Kristen Larsen- Developmental Disability Planning Council representative
- Diane Delair - Disability Rights Nebraska*
- Mary Angus – ADAPT*

*Denotes members who were added to the Steering Group as of the October 18, 2019 meeting, as representatives from the Olmstead Advisory Committee.

Steering Group Meetings

- August 15th, 2018 – 2:00pm to 5:00pm
- December 6, 2018 – 11:00am to 12:00pm
- January 31, 2019 – 1:00pm to 3:00pm

- March 14, 2019 – 10:00am to 12:00pm
- May 22, 2019 – 9:00am to 11:00am
- June 21, 2019 – 1:00pm to 3:00pm
- August 29, 2019 – 1:00pm to 3:00pm
- October 18, 2019 – 1:00pm to 3:00pm
- October 30, 2019 – 9:00am to 10:30am
- November 13, 2019 – 10:00am to 12:00pm
- December 2, 2019 – 3:00pm to 5:00pm

Appendix G: Nebraska's Medicaid Waiver Programs

The Comprehensive Developmental Disabilities (DD) Services waiver, administered by DDD, offers a variety of services and supports for children and adults with developmental disabilities and their families to promote independence and integration into the community, to allow the child's family to support them in the family home, and to allow the adults to maximize their independence as they live, work, socialize, and participate to the fullest extent possible in their communities. DDD has drafted a waiver amendment, adding behavioral in-home and medical in-home supports to the Comprehensive waiver.

The Aged and Adults and Children with Disabilities (A&D) waiver, administered by the Division of Medicaid and Long Term Care (MLTC), provides a variety of services and supports for aged individuals and individuals of all ages with disabilities. There is available waiver capacity to support additional qualifying individuals with disabilities in the community.

The Traumatic Brain Injury (TBI) waiver, administered by MLTC, provides specialized assisted living for individuals aged 18-64 with a TBI.

The Developmental Disabilities (DD) Day Services Waiver for Adults, administered by DDD, offers a variety of services and supports to maximize independence as individuals live, work, socialize, and participate to the fullest extent possible in their communities.

Appendix H: Nebraska's Progress Towards Achieving the Vision of *Olmstead*

Nebraskans with disabilities have greater opportunity to experience community integration and inclusion as a result of the following efforts and achievements.

Progress with Increasing Individuals with Disabilities' Access to Community-based Services and Supports in the Community

Nebraska employs a multitude of strategies and resources to support individuals with disabilities to live, work and have meaningful daily activities within the community. The Department of Health and Human Services (DHHS) serves children and adults with disabilities across four Divisions. Collaboration on developing and accessing services occurs within the Department. DHHS Divisions also work and have relationships with many community partners to offer individuals choices while meeting their needs.

The Division of Behavioral Health (DBH) has established an array of community-based services and supports for children, youth, and adults. Examples of services that promote and maintain community integration include:

- Service delivery by persons with lived experience to facilitate recovery for consumers. Peer/Family Support services assist individuals/families in initiating and maintaining the process of recovery and resiliency to improve quality of life, and to increase resiliency, health, and wellness.
- Statewide Mobile Crisis Response teams for children, youth and adults; the addition of Mobile Teams has enhanced the ability for crisis intervention response, allowing more children to safely remain in their homes and emergency protective custody (EPC) holds to be appropriately dropped for adults.
- LB901 (2014) created the Nebraska Mental Health First Aid Training Program. The training is designed to build the skills needed to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

Nebraska implemented the System of Care initiative statewide, resulting in the implementation and expansion of evidence-based practices that decrease the use of residential treatment options for children and youth with serious emotional disturbance.

In November 2018, Nebraska voters passed the Medicaid expansion ballot initiative; at least 90,000 people are expected to become newly eligible for Medicaid coverage in Nebraska in

2020. A portion of these new enrollees will have the opportunity to receive care for previously unidentified and untreated medical and behavioral health conditions.

In 2017 and 2018 the DBH received federal grants to focus on the opioid crisis in the Nebraska. The grant money has been used to support opioid addiction prevention, treatment and recovery through different programs. In addition, the Division of Medicaid and Long Term Care (MLTC) submitted an application to CMS for an 1115 Substance Use Disorder (SUD) Waiver Demonstration. The Demonstration waiver aims to provide a fuller continuum of care options for persons with SUD including those with SUD and a co-occurring serious mental illness (SMI) by allowing for short-term inpatient stays to reduce Emergency Department (ED) and hospital stays and to improve access to care via community based residential services once persons are stabilized.

Nebraska has recognized the use of telehealth as a viable means of offering community-based services to its residents, especially in rural and frontier communities. LB 701(2018)³⁸ clarified that a physician can provide treatment or consultation recommendations, including issuing prescriptions through telehealth without the need for an initial face-to-face contact. LB29 (2019)³⁹ was recently passed, expanding the provider-patient relationship, without the requirement for an initial face-to-face visit, for 20 of the 36 professions credentialed under the Uniform Credentialing Act.⁴⁰

Advancing Family and Consumer Outreach, Education

A key to life in the community is awareness of the services and resources that are available to support individuals with disabilities and their families/caretakers. DHHS has made efforts to outreach to individuals and families and to provide education about the services available throughout Nebraska.

- DHHS has revised its website to facilitate navigation and access to information about community-based services and how to access them.
- The Division of Developmental Disabilities (DDD) has held numerous listening sessions statewide, revised its website and provided open lines of communication to create a culture of Transparency and to develop trust with stakeholders, particularly families.
- In 2018, DBH began using information gathered from the Nebraska Family Helpline to increase awareness of the help line and information on available services.
- Facilitating access to information was further enhanced in April 2018, when Governor Ricketts formalized Aging and Disabled Resource Centers (ADRC)s as an ongoing component of Nebraska’s long term care (LTC) continuum. Establishing ADRCs statewide

³⁸ https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=34470

³⁹ https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=37298

⁴⁰ Transcript Prepared by Clerk of the Legislature Transcribers Office Health and Human Services Committee
February 6, 2019 Rough Draft Page 4 of 79

is intended to provide streamlined access to information and resources for individuals with disabilities in need of services and their families.

Efforts to Increase Access to Existing Housing Resources and Expand Resources to Create Affordable, Accessible Housing for Individuals with Disabilities

DHHS has created the position of Housing Administrator who will work with all 5 divisions as well as the Department of Economic Development (DED) and many housing partners across the state. This position will shepherd many of the housing related services and supports strategies identified in this Plan.

DBH's Housing Related Assistance (HRA) program has provided housing assistance to eligible individuals with a serious mental illness (or co-occurring disorder) and who are receiving behavioral health services for the past fifteen years using state appropriated resources. HRA was created to address the housing needs for this population and includes the use of rental assistance, other housing-related assistance, and facilitation of community integration and transition to permanent housing. Regional Housing Coordinators engage eligible individuals and assist them to navigate the process to become a tenant in permanent supportive housing. The HRA funds prioritize support for people under mental health board commitment order, in need of housing, and who discharging from a Regional Center or community inpatient or crisis setting. In FY 18, \$2.9 million was appropriated to provide housing subsidies to 802 individuals. In FY 19, \$2.9 million appropriated.⁴¹ The HRA program operates statewide. DHHS has an allocation of \$800,000 from Fund 22671 to rehabilitate or acquire housing units. This allocation would provide a way to pilot the effectiveness of targeting additional capital resources into a development project to create long term affordable units. In the 2019 Legislative session DBH was allocated a \$300,000 increase in housing related assistance funds beginning in FY20, to allow an additional 50 individuals at a minimum to be served and up to as many as 100 additional individuals based on average spending per person.

In August 2018, Douglas County Housing Authority and Omaha Housing Authority received the U.S. Department of Housing and Urban Development's (HUD) Section 811 Mainstream Housing Choice Voucher Program awards of \$222,068 for 40 housing vouchers and \$77,908 for 15 housing vouchers, respectively. In September 2019, an additional 51 mainstream vouchers were awarded. The new vouchers are targeted to assist non-elderly persons with disabilities who are transitioning out of institutional or other separated settings; at serious risk of institutionalization; homeless; or at risk of becoming homeless. A third notice of funding availability is anticipated in late 2019/early 2020.

As a function of care and case management, each MCO has a focus on social determinants of health, which include housing needs.

⁴¹ URS table for 2018. Retrieved from <https://www.nri-inc.org/our-work/projects/uniform-reporting-system-and-mental-health-client-level-data/>

Nebraska has a pool of Housing Resources currently available that help address the affordable housing needs of the State's population:

- Nebraska has 107 public housing agencies (PHAs) including 21 that administer the Housing Choice Voucher (HCV) program, aka Section 8 vouchers, for a total of over 20,700 units of affordable housing.
- The Collaborative Resource Allocation for Nebraska (CRANE) program is a strategic allocation process between the Nebraska Investment Finance Authority (NIFA) and other collaborating resource providers to accomplish difficult projects. Encourages alignment of multiple resources including the Nebraska Housing Trust Fund.

Efforts to Reduce Avoidable Admissions to, and Facilitate Transitions from, Institutional and Segregated Settings

Progress with Reducing Utilization of Institutional Placements

Nebraska has made progress in reducing the utilization of institutional placements, including state psychiatric hospitals, intermediate care facilities for individuals with Intellectual/Developmental Disabilities (I/DD) and nursing facilities for individuals with disabilities. The state has both reduced the capacity of state-operated institutional beds, as well as transitioned individuals with disabilities from nursing facilities who chose to and could be appropriately served in the community.

- Between FY 2005-06 and 2008-09, DBH closed a total of 243 licensed beds at Hastings, Norfolk and Lincoln Regional Centers (LRC).
- Between 2004 and 2019, DDD reduced the LTC census of the Beatrice State Developmental Center (BSDC) from 375 to 92.
- In June 2017, DDD closed the 36-bed quasi institutional Bridges Program, transitioning the 6 residents to alternative community settings of their choice.
- Between 2008 and November 2018, the **Money Follows the Person** federal demonstration grant supported transitioning more than 660 individuals from nursing facilities to the community, including 82 individuals with Developmental Disabilities and 283 individuals, ages 18 – 64, with Physical Disabilities or a Traumatic Brain Injury (TBI).
- DBH has worked with the LRC to develop individualized plans of care for individuals with complex needs to transition safely to the community.
- DDD provides in-reach to 100% of residents of ICFs to help the residents understand their options to move and feel more confident moving into a community-based setting.

Not only have these actions resulted in more people with disabilities being afforded the opportunity to transition from institutional settings to the community, funding has been re-purposed to support community based services and supports.

- Following the reduction of state hospital beds, DBH transferred \$30.4 million to support community MH and SUD programs.
- DDD has reduced the cost per person at the Beatrice State Developmental Center (BSDC) through increased efficiencies and reinvested dollars into enhancing and expanding community based services.

Progress with Diverting Individuals with Disabilities from Admissions to Segregated Settings

Nebraska has taken actions to divert children, youth, adults and older adults with disabilities from admissions to and placements in segregated settings.

- CFS established the Lifespan Respite Subsidy Program, providing families a monthly stipend to purchase Respite Care to prevent the need for out-of-home placements of children with disabilities.
- Medicaid added Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) as covered benefits; both are EBPs to reduce admissions to Behavioral Health residential treatment facilities and Juvenile Justice out of home placements.
- DBH has implemented a Provider Boot Camp to improve provider competencies and the community's capacity to serve youth with MH/IDD.
- DDD re-purposed 8 beds at BSDC to provide Acute Crisis Stabilization, thereby reducing the need for long-term institutional placements for individuals with I/DD.
- Through a partnership between DHHS and the NDE – ATP, individuals with disabilities are able to remain in their homes due to the provision of home modifications.
- DDD and MLTC are working to design the most appropriate and effective institutional level of care (LOC) assessments to achieve DHHS' mission of helping people live better lives.
- CFS provides supports and accommodations to parents who have disabilities to ensure that children are not removed from their homes solely based on the parent's disability. These existing supports were codified by the Legislature through LB17 (2019)⁴².

Progress with Reducing the Involvement of Individuals with Disabilities in the Justice System

- Nebraska is one of 7 states participating in the GAINS Center Learning Collaborative for Competency Evaluations/Restoration Technical Assistance on Diversion Strategies. In 2019,

⁴² https://nebraskalegislature.gov/bills/view_bill.php?DocumentID=37380

LB686 was passed to allow for competency restoration to occur in places other than a state hospital, effective July 2021.

- Boone, Cass, Cuming, Douglas, Lancaster, Otoe, Platte, Sarpy and Washington Counties have signed on to the Stepping Up Initiative, passing resolutions to reduce the number of people with mental illnesses in their county jails, and committing to sharing lessons learned with other counties in Nebraska and across the country. In May 2019, Douglas County became the 12th county in the nation to be designated a Stepping Up Initiative innovator that other counties can benefit by learning from their efforts.⁴³
- Douglas County is partnering with the University of Nebraska Medical Center, Creighton University and Charles Drew Health Center in a 6-month pilot program intended to provide Youths in Douglas County detention with prompt access to psychiatric assessments and enhanced mental health care upon release from detention. The intention is to shorten the amount of time that youths spend in detention and to reduce the likelihood that they will be arrested and detained again.
- An informal survey of all counties indicated that since 2013, the number of counties offering juvenile pretrial diversion services has increased from 57 counties to 77 counties as of CY 2018.⁴⁴ The Winnebago Tribe also reports having a Traditional Wellness Court and a formal juvenile diversion program.
- Nebraska Problem-Solving Court models include: Adult Drug Court; Juvenile Drug Court; Veterans Treatment Court; DUI Court; Young Adult Court; and Reentry Court. These courts now exist in all of Nebraska's 12 judicial districts.

Progress with Reducing the Incidence of Individuals with Disabilities Experiencing Homelessness

Since 2012, NE has achieved a reduction of 23% in the number of individuals who are homeless (living in some sort of shelter) and a reduction of 83% in the number of unsheltered homeless.⁴⁵

- The Lincoln and Balance of State Continuums of Care have ended Veteran homelessness, achieving “functional zero” by ensuring that Veteran homelessness is rare, brief, and non-recurring.⁴⁶

Nebraska is implementing a coordinated community plan to address rural homelessness, funded through a \$3.28 million award from the HUD's Youth Homeless Demonstration

⁴³ https://www.omaha.com/livewellnebraska/health/douglas-sarpy-counties-praised-as-innovators-in-tackling-issue-of/article_4791d90f-4c44-521c-8f3e-dd4d21d5a9cb.html

⁴⁴ https://nebraskalegislature.gov/FloorDocs/106/PDF/Agencies/Crime_Commission/527_20190328-131815.pdf

⁴⁵ HUD Exchange Accessed March 5, 2019. <https://www.hudexchange.info/resource/5783/2018-ahar-part-1-pit-estimates-of-homelessness-in-the-us/>

⁴⁶ <https://www.usich.gov/tools-for-action/communities-that-have-ended-homelessness/>

Program, which will serve youths and young adults under 24 years old across the state outside the Lincoln and Omaha metropolitan areas.⁴⁷

Nebraska's Bridge to Independence program provides services and a monthly stipend of \$760 per month to youth aging out of the child welfare foster care system without permanency at age 21. Nationally, over 50% of young people who age out of the foster care system without permanency experience homelessness.

DPH disciplines, up to revocation, the license of any ALF that is found to pose a threat to the health or safety of residents with disabilities.

DPH is assessing its ability, within existing regulatory authority, to restrict new admissions to an ALF that has documented deficiencies related to resident's care, health, and safety.

Efforts to Increase Access to Integrated Education and Choice in Competitive, Integrated Employment Opportunities

Advancing Opportunities for Children and Youth with Disabilities to Access Appropriate, Integrated Education

In 2016, NDE - Office of Special Education was awarded a 5-year federal grant. The State Personnel Development Grant to support Positive Behavior Intervention Supports through a Multi-Tiered System of Support, which improves social, emotional and academic outcomes for all students, including students with disabilities.

In 2018, DBH issued *Behavioral Health Resources for Schools*, a compendium of selected behavioral health topics to assist educators and school staff working with students who possibly have or do have identified behavioral health needs.⁴⁸

In January 2019, the Department of Labor (DOL) began piloting the Jobs for America's Graduates (JAG) initiative in the Macy, Columbus and Fremont School districts. JAG is designed to aid junior and senior high school students who have faced challenging circumstances, including the presence of a disability, in graduating from high school, positioning them to pursue college or career employment.

Through a partnership between NDE – Special Education and NDE – Assistive Technology Partnership (ATP) the use of assistive technology is promoted to educators, professionals, and family members of children age birth to 21 who have a disability. This is done through trainings, technical assistance, assistive technology loans/demonstrations, and awareness activities. The intent of this program is to increase the number of children benefiting from the use of assistive technology, thereby increasing their ability to succeed in the educational and work setting.

⁴⁷ <https://ccfl.unl.edu/our-work/projects/homeless-coordinated-entry>

⁴⁸ <http://dhhs.ne.gov/Behavioral%20Health%20Documents/Resources%20for%20Schools.pdf>

NDE entered into a memorandum of understanding (MOU) with the Nebraska Commission for the Blind and Visually Impaired (Commission for the Blind) to define respective roles and to outline the services which may be provided by the Commission for the Blind in working with blind and visually impaired students in the school setting during the transition years.

NDE is embarking on implementation of Multi-Tiered System of Support⁴⁹, a framework that promotes an integrated system connecting general education and special education, along with all components of teaching and learning, into a high quality, standards-based instruction and intervention system that is matched to a student's academic, social-emotional and behavior needs.

There is a strong relationship between Special Education and Nebraska Vocational Rehabilitation (VR) which has helped to improve services and identify gaps between the educational and vocational systems.

Special Education is issuing guidance on the "shortened school day" to clarify the school district's responsibility in meeting students' educational needs.

The Commission for the Blind conducts or sponsors a number of activities annually intended to assist students who are blind or visually impaired to overcome fear, self-doubt and isolation in order to succeed in school and prepare for post-secondary education or employment.

NDE, Office of Special Education, oversees the Nebraska Autism Spectrum Disorder (ASD) Network⁵⁰. Five (5) ASD Regions were established across Nebraska to provide consultation and training in the assessment and verification of an ASD; identification of appropriate goals for a student's Individualized Education Program; and selection and implementation of appropriate classroom strategies and interventions.

Progress with Increasing Individuals with Disabilities' Access to Integrated Employment
Since 2004, DBH discontinued funding sheltered workshops.

DDD has reduced the number of vocational providers that pay sub-minimum wages and is committed to discontinue funding for sheltered workshops and work enclaves by March 2022 in compliance with the Final Settings Rule.

DBH, DDD and the Commission for the Blind have collaborated with Nebraska VR to implement supported employment services through a Milestone payment structure, whereby employment providers receive an incentive payment for assisting individuals to reach agreed upon goals toward achieving competitive employment.

⁴⁹ <https://www.education.ne.gov/nemtss/>

⁵⁰ <https://edn.ne.gov/cms/resources/nebraska-autism-spectrum-disorders-network>

In seven of the past eight years the Commission for the Blind has received significant re-allotment funding of VR services that the Commission for the Blind has been able to use to enhance the agency's infrastructure, work with the newest innovations in blindness rehabilitation, and restructure the placement of assets in preparation for implementation of the Workforce Innovation and Opportunity Act (WIOA.) Many of the consumers who achieve employment because of the Commission for the Blind's services no longer need social security benefits or public assistance.

In September 2016, a collaborative workforce partnership initiative began with Nebraska VR, Nebraska Department of Labor (DOL), and both Youth Rehabilitation and Treatment Centers (YRTCs). As a result of this initiative, youth at both YRTC's are involved in career exploration, work based learning, career readiness, personal responsibility related to finding employment, and other topics relating to youth re-entry back into the community.

In 2017, VR and DDD issued a Collaboration Announcement⁵¹ regarding coordinated employment services to comply with the WIOA and Medicaid HCBS Settings Final Rule. VR is working with DDD to identify students at the age of 14 with individualized education programs (IEPs) to begin exploring employment opportunities and to establish the expectation for competitive employment among students and their families. VR has programs training workers with disabilities for in-demand industries identified by the Nebraska DOL.

Governor Ricketts worked with the Legislature to create the Developing Youth Talent Initiative (DYTI) to introduce middle school students to potential careers in manufacturing and information technology.

Through the partnership between Nebraska VR and the ATP individuals with disabilities are able to obtain assistive technology to help them succeed at work. ATP provides assistance with learning about, obtaining, and training on the use of assistive technology.

Project SEARCH, a partnership between Nebraska VR, a business, area school systems, the Commission for the Blind, the ATP, and DDD, provides a one-year school-to-work program that includes a combination of classroom instruction, career exploration, and hands-on training through worksite rotations. Nebraska exceeds the national average for individuals with SMI and with DDD who are competitively employed, but continues efforts to increase employment opportunities.

Nebraska's ABLE Program authorizes individuals with disabilities to open tax-exempt savings accounts to save for disability, training, or education expenses without impacting eligibility for resource based benefits. Prior to this program, individuals with disabilities could not have more

⁵¹ <http://vr.nebraska.gov/resources/pdfs/CollaborationAnnouncement.pdf>

than \$2,000.00 of assets to qualify for resource-based supportive programming such as Medicaid. The ABLE program allows individuals to pursue employment and save for educational expenses without losing needed supports.

Progress Towards Enhancing Individuals with Disabilities' Access to Affordable and Accessible Transportation Statewide

In 2017 the (then) Nebraska Department of Roads (NDOR) Transit Section launched a public-private partnership initiative in support of a Statewide Vanpool Start-Up Project to provide an alternative transportation option for groups of individuals who agree to share a commuter trip each workday. The vanpool project must meet the needs of passengers with ADA mobility issues.

In 2018, (then) NDOR published The Nebraska Statewide Coordinated Public Transit and Human Services Transportation Plan (The Nebraska Plan). The goal of the Nebraska Plan is to provide a framework for state and local leader organizations and agencies involved in human service transportation and public transit service providers to better coordinate programs and actions in the delivery of services. The objective is to identify and implement strategies to address identified gaps in services to meet the diverse needs of transportation disadvantaged individuals.

The Nebraska Department of Transportation (NDOT) has provided organizations statewide with Section 5310 funds for capital purchase. This program provides annual funding to states for the purchase of vehicles and equipment to be used by non-profit organizations and government agencies. Of the 90 organizations participating in the program about 92 percent (just shy of 120 vehicles out of 188) are located in rural Nebraska counties.

Through a partnership between the DHHS and the NDE – ATP individuals with disabilities have access to transportation due to the provision of vehicle modifications. Funding is supplied by the A&D Waiver and the DD Waiver.

NDOT recently hired a statewide Mobility Manager.

Omaha is in the process of implementing Omaha Rapid Bus Transit (ORBT), which will expand hours of public transportation and increase accessibility by providing elevated platforms for boarding, and auditory and visual cues for riders.

Efforts to Implement Processes to Support the Reporting and Collection of Reliable and Valid Data, in Order to Facilitate Data Driven Decision-making, to Improve the Quality of Services, and to Enhance Accountability Across Systems

Progress with Data Collection and Evaluation

In May of 2016, DBH implemented the Centralized Data System, which is expected to reduce duplicate efforts, streamline workflow, and offer timely reports for making data-driven decisions and to continuously improve quality and continuity of care for consumers in services funded by DBH. The Electronic billing system will tie utilization to service cost.

DDD has embarked on a multi-year, phased approach to enhance quality throughout the system, submitting the first quality management strategy plan to the Governor and the Legislature in September 30, 2017; quarterly updates have been subsequently provided with annual progress reports beginning September 2018.

On January 1, 2018, Nebraska became the first state in the nation to require reporting of all dispensed prescription drugs to the Division of Public Health (DPH.)

For the first time, through the System of Care (SOC) for youth grant, data is collected and analyzed - individual-level service utilization data across multiple state agencies including Division of Children and Family Services (CFS), Division of Medicaid and Long Term Care, and the Administrative Office of Probation.

Progress Towards Quality Improvement

In September 2019, DHHS submitted its final HCBS State Transition Plan⁵² to CMS for approval. DDD has been working on the 2016-2017 Adult In-Person survey of the National Core Indicators (NCI) to establish a baseline by which to measure the outlined goals.

MLTC has announced its intention to modify its reimbursement structure for Nursing Facilities, from a focus on the provision of services to the quality of services provided.

MLTC implemented a Population Health Program to create a management and intelligence infrastructure for quantifying the value of managed care coordination activities within the patient populations identified and managed by the MCOs.

⁵² <http://dhhs.ne.gov/Pages/HCBS-Statewide-Transition-Plan.aspx>

Efforts to Attract and Maintain a High Quality Workforce to Better Serve and Support Individuals with Disabilities

In 2009, LB603 established the Behavioral Health Education Center of Nebraska (BHECN) and provided a direct funding appropriation to address the shortage of psychiatrists in Nebraska. Over time the Center has expanded focus to recruiting and retaining a broad base of BH professionals and direct care staff. Noteworthy efforts include:

- Training 3,207 members of the behavioral health workforce, including 2,126 rural members and 1,081 urban members, between July 2013 to June 2015.
- 22 Medical students who applied for psychiatric residencies in 2017.
- Establishing Field Placements for students to promote interest in community BH employment.
- Partnering with the Educational Service Units in the Panhandle and Northeast Nebraska to train school staff on student behavioral health needs.
- Receipt of a five year, \$3.7M Mental Health Technology Transfer Center grant from SAMHSA, a division of the US Department of Health and Human Services.
- Planning a Family Support Conference for March 2020, intended to educate and strengthen families in their care and support of family members with BH disorders.

In 2017, DHHS was selected as one of eight sites to receive a grant and partner with the Quality Improvement Center for Workforce Development (QIC-WD)⁵³ to strengthen and stabilize its CFS workforce.

DHHS has worked with the Munroe Myer Institute (MMI) to create a Respite Service Learning Certificate Program, allowing students to earn a Certificate of Achievement in Direct Care with Specialization in Home-Based Respite from the Nebraska Department of Health and Human Services, the Nebraska Lifespan Respite Network and MMI. Additionally, interested students may register to become a paid respite provider.

Starting in September 2018 the Administrative Office of the Court (AOC) began a pilot program allowing Appointed Public Guardians (APGs) to utilize flex time, earn compensation time, and qualify for overtime pay for work hours completed during nights and weekends addressing ward emergencies. Additionally, the Office of Public Guardians (OPG) has increased training for stress management and coping skills.

Since FY 2017, the DBH Office of Consumer Affairs surpassed 400 individuals who have been trained and received certificates as Peer Support & Wellness Specialists.

⁵³ <https://www.qic-wd.org/project-sites/nebraska>

Appendix I: Timeline of Activities and Tasks for Evaluating Progress

Activity	Tasks	Timeline
Task 2 — Evaluation of Year 1 Progress Towards Plan Implementation and Need for Plan Revisions or Modifications	<ul style="list-style-type: none"> • Meetings with Steering Group and Advisory Committee <ul style="list-style-type: none"> ○ Prepare agenda and materials for meetings ○ Provide updates and progress reports and obtain input/feedback from Steering Group and Committee members 	May 2020 – April 2021
	<ul style="list-style-type: none"> • Stakeholder Interviews <ul style="list-style-type: none"> ○ Identify key informants to interview individually or in group listening sessions ○ Schedule and conduct on-site interviews and group listening sessions 	September – October 2020
	<ul style="list-style-type: none"> • Analysis <ul style="list-style-type: none"> ○ Evaluate progress and determine compliance with benchmarks and timeframes ○ Assess need for recommended revisions to the strategic plan ○ Discuss progress and proposed Plan revisions with Steering Group and Advisory Committee 	November 2020
	<ul style="list-style-type: none"> • Report/Recommendations <ul style="list-style-type: none"> ○ Prepare draft report for Steering Group review and feedback ○ Issue final report to Steering Group 	December 1, 2020 December 31, 2020
Task 3 — Evaluation of Year 2 Progress Towards Plan Implementation and Need for Further Plan	<ul style="list-style-type: none"> • Meetings with Steering Group and Advisory Committee <ul style="list-style-type: none"> ○ Prepare agenda and materials for committee meetings ○ Provide updates and progress reports and obtain input/feedback from committee members 	May – December 2021

Activity	Tasks	Timeline
Revisions or Modifications	<ul style="list-style-type: none"> • Stakeholder Interviews <ul style="list-style-type: none"> ○ Identify key informants for new or follow-up interviews ○ Schedule and conduct follow-up individual interviews/group listening sessions 	August – September 2021
	<ul style="list-style-type: none"> • Analysis <ul style="list-style-type: none"> ○ Evaluate ongoing progress and determine compliance with benchmarks and timeframes ○ Assess need for further revisions to the strategic plan ○ Discuss progress and proposed Plan revisions with Steering Group and Advisory Committee 	October 2021
	<ul style="list-style-type: none"> • Report/Recommendations <ul style="list-style-type: none"> ○ Prepare draft report for the legislature for review and comment ○ Prepare final report for the legislature 	December 1, 2021 December 31, 2021

Appendix J: Glossary of Terms

Administration for Community Living is an agency within the U.S. Department of Health and Human Services, created to support the principle that... All people, regardless of age or disability, should be able to live independently and participate fully in their communities, and have the right to make choices and control the decisions in and about their lives. The ACL funds services and supports provided by networks of community-based organizations, and invests in research, education, and innovation.

Aged and Disabled Waiver is a program that covers home and community based services and supports for individuals of all ages who: Are eligible for Medicaid and have needs at nursing facility level of care, want to live at home rather than in a nursing facility and can be served safely at home. Service examples under the waiver are, Adult Day Health, Chore services, Respite, Assistive Technology and Home Modifications, Home delivered meals, Personal Emergency Response System (PERS) and Non-Medical Transportation.

Aging and Disability Resource Centers were established by the Nebraska Legislature under LB 320 in 2015 and made permanent with LB 793 in 2018 to and help elders and persons with disabilities to access services and support that help meet their long-term care needs. They partner with multiple community providers to obtain and access information and services for those seek assistance in finding services and supports.

The Americans with Disabilities Act is a federal law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private places that are open to the general public. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else.

Assertive Community Treatment is a team-based treatment model that provides multidisciplinary, flexible community-based treatment and support to people with serious mental illness, 24 hours a day/7 days a week. ACT team members assist individuals to maximize their independence and full potential in every aspect of their life, including managing their behavioral health, physical wellness, social support, employment and housing.

Assisted Living Facilities means a residential setting that provides assisted-living services for remuneration to four or more persons who reside in such residential setting and are not related to the owner of the residential setting and, except as provided in subdivision (b) of this subdivision, includes a home, an apartment, or a facility; and (b) Assisted-living facility does not include a home, an apartment, or a facility in which (i) casual care is provided at irregular intervals or (ii) a competent person residing in such home, apartment, or facility provides for or

contracts for his or her own personal or professional services if no more than fifty percent of the persons residing in such home, apartment, or facility receive such services.⁵⁴

Assistive Technology Partnership is a state agency in the Department of Education that provides individuals of all ages and disabilities a single point of entry to access assistive technology through exploration of potential funding sources, making equipment available for trial before purchasing, and the provision of an assessment/consultation performed by a qualified technology specialist at home, school, and work.

Behavioral Health Disorder refers to the presence of a mental illness or alcoholism, drug abuse, problem gambling, or other addictive disorder (71-804).

The Behavioral Health Education Center of Nebraska, located within the University of Nebraska Medical Center, is dedicated to improving access to behavioral health care across the state of Nebraska by developing a skilled workforce.

Behavioral Health Services include, but are not limited to, consumer-provided services, support services, inpatient and outpatient services, and residential and nonresidential services, provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of persons with such disorders (71-804).

The Beatrice State Developmental Center is a state-operated intermediate care facility for individuals with developmental disabilities that provides 24-hour residential, vocational and recreational services.

Bridge to Independence is a program which extends services and support to Nebraska's youth who are aging out of foster care, until they turn 21. This Act also provides extended adoption or guardianship subsidies for youth who were adopted or entered into a guardianship at age 16 or older.

Center for Medicare and Medicaid Services is the federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program, and health insurance portability standards.

Children and Family Services Specialist is employed by the Division of Child and Family Services to serve as a case manager for families and children referred to the Department and to help link families and children to services.

⁵⁴ [Laws 2000, LB 819, § 60](#); [Laws 2004, LB 1005, § 47](#), [Laws 2007, LB296, § 637](#), [Laws 2018, LB439, § 4](#).

Collaborative Resource Allocation for Nebraska is a program that encourages the development of affordable housing through long-term, coordinated job creation/enhancement, housing and community development strategies in Nebraska.

Community Health Needs Assessment refers to a state, tribal, local, or territorial health assessment that identifies the key health needs and issues of a community through systematic, comprehensive data collection and analysis.

Comprehensive Developmental Disabilities Waiver is a Medicaid program that offers a variety of community-based services for people of all ages with developmental disabilities who are eligible for Medicaid and meet eligibility criteria for an institutional level of care. The waiver works to maximize independence by supporting participants to live, work and socialize in their communities.

Co-occurring Substance-related and Mental Health Disorders refers to the presence of one or more substance-related disorders as well as one or more mental health disorders. At the individual level, COD exist when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from a single disorder. (Center for Substance Abuse Treatment)

Crisis Stabilization is intended to provide immediate, short-term, individualized, crisis-oriented treatment and recovery needed to stabilize acute symptoms of mental illness, alcohol and/or other drug abuse, and/or emotional distress. Individuals in need exhibit a psychiatric and/or substance abuse crisis with a moderate to high risk for harm to self/others and need short-term, protected, supervised, residential placement. The intent of the service is to treat and support the individual throughout the crisis; provide crisis assessment and interventions; medication management; linkages to needed behavioral health services; and assist in transition back to the individual's typical living situation

Department of Economic Development is the state agency that partners with the Nebraska Commission on Housing and Homelessness, the Nebraska Investment Finance Authority, Nebraska Department of Labor, Nebraska Department of Health and Human Services, US Department of Agriculture – Rural Development and the US Department of Housing and Urban Development on programs and initiatives related to affordable and accessible housing for Nebraskans with disabilities.

Department of Education (NDE) is a constitutional agency approved by Nebraska voters. The Department operates under the authority of an elected board of education. NDE is organized into teams that interact to operate the agency and carry out the duties assigned by state and federal statutes and the policy directions of the State Board of Education. NDE oversees a number of programs for children with autism, who are blind and visually impaired, who are deaf and have other disabilities through their Office of Special Education and Early Childhood and Education. Nebraska Vocational Rehabilitation as part of NDE also provides transition

programs for students with disabilities. The department carries out its duties on behalf of Nebraska students in public, private, and nonpublic school systems.”

Department of Health and Human Services is the umbrella state agency that houses the Divisions of Behavioral health, Children and Family Services, the Division of Developmental Disabilities, the Division of Medicaid and Long-Term Care and Division of Public Health.

Department of Justice is the federal authority designated to enforce the Olmstead ruling by addressing the unnecessary segregation of people with physical, mental health, or intellectual and developmental disabilities (I/DD) in various residential and non-residential settings nationwide.

Department of Labor is the Nebraska state agency designated to promote employment and training, assist with job finding, administer unemployment benefits and uphold fair labor standards for all Nebraskans. DOL collaborates with the Department of Vocational Rehabilitation to meet the employment needs of individuals with disabilities.

Division of Behavior Health, within the Department of Health and Human Services (DHHS), serves as the designated single state mental health and substance use authority for Nebraska that administers, provides funding and oversight for a community-based prevention, treatment and recovery support system. The Division is charged to plan, organize, coordinate and budget for a statewide system of care for individuals and families that need public mental health and substance use disorder services.

Division of Children and Family Services, within DHHS, the agency’s mission is to provide the least disruptive services when needed, for only as long as needed to give children the opportunity to succeed as adults, help the elderly and disabled live with dignity and respect and help families care for themselves. Services examples include child welfare and protection, youth rehabilitation, linking people to economic assistance such as to employment services and food stamps.

Division of Developmental Disabilities, within DHHS, provides funding and oversight for the Medicaid home and community-based developmental disabilities waiver services. This includes: determining eligibility for developmental disabilities services, providing service coordination for eligible individuals and monitoring and paying developmental disabilities providers. The Division also operate the Beatrice State Developmental Center, which provides direct services in an institutional setting.

Division of Medicaid and Long-Term Care, within DHHS, oversees the Nebraska Medicaid program, home and community services for the elderly and persons with disabilities, and the State Unit on Aging.

Division of Public Health, within DHHS, is responsible for preventive and community health programs and services, the regulation and licensure of health-related professions and occupations, as well as the regulation and licensure of health care facilities and services.

Evidence Based Practice are services or approaches to services that use a clear, consistent model that research shows is effective for an identified population.

Emergency Protective Custody is a non-voluntary level of care for individuals who have been found to be intoxicated with alcohol on public or quasi-public property and are in danger of harming themselves or someone else. Also, law enforcement officers who have probable cause to believe that a person is mentally ill, dangerous, or a dangerous sex offender that is likely to harm again before mental health proceedings occur may initiate EPC.

Fiscal Year is an accounting year of 12 months; Nebraska's fiscal year is from July 1st to June 30th of the following year.

Home and Community Based Services are person-centered care programs that address the needs of people with functional limitations who need assistance with everyday activities, allowing them to live in their home and community as opposed to an institutional setting.

Housing Choice Voucher program is the federal government's major program for assisting very low-income families, the elderly, and individuals with disabilities to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.

Housing Related Assistance is a Nebraska state-funded program designed for people who need behavioral health services and supports to live independently and successfully in the community. Each service participant has an Individual Service Plan with a goal of independent living and Nebraska Department of Health and Human Services funded behavioral health services. This includes the service participant's willingness to participate in appropriate behavioral health service(s).

US Department of Housing and Urban Development is the federal agency that administers housing voucher and other programs to help elders, individuals with disabilities, veterans and individuals who are homeless to afford housing.

Individualized Education Plan is a plan or program developed to insure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives specialized instruction and related services.

Integrated, Competitive Employment refers to **full or part- time work at minimum wage or higher**, with wages and benefits similar to workers without disabilities performing the same work, and in settings fully integrated with co-workers without disabilities.

Intellectual/Developmental Disability - An Intellectual disability is characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. Developmental Disabilities are a diverse group of conditions characterized by impairments in various developmental dimensions that appear during childhood and usually last throughout a person’s lifetime. Some of the most common developmental disabilities include Down Syndrome, Fetal Alcohol Syndrome, Cerebral Palsy, and Intellectual Disability.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are designed for those individuals diagnosed as having developmental lags which are considered amendable to treatment in a 24-hour supervised and structured environment where they will achieve maximum growth.

Jobs for America’s Graduates Program/Model - The original JAG Model was launched in 1979 in the State of Delaware as a “school-to-work transition program” designed to keep students in school through graduation and help them transition into the work place in quality jobs. Nebraska began piloting this model in 2019 in selected school districts.

Lincoln Regional Center The Lincoln Regional Center, a 250 bed, Joint Commission-accredited state psychiatric hospital, is operated by the Nebraska Department of Health and Human Services. It serves people who need very specialized psychiatric services and provides services to people who, because of mental illness, require a highly structured treatment setting.

Long Term Care refers to services that include medical and non-medical care provided to individuals who require assistance to perform basic activities of daily living such as dressing or bathing. Long-term supports and services can be provided at home, in the community, in assisted living or in nursing homes.

Managed Care Organization is a health plan or health company that authorizes, pays for and monitors the delivery of health care services to enrollees or “members”, using a specific provider network.

Master of Social Work is a professional graduate degree that enables the holder to practice social work independently after completing a specified number of hours of supervised practice — which varies by state — and obtaining certification.

Medication-Assisted Treatment is the use of medications, in combination with counseling and behavioral therapies, to provide a whole-patient approach to the treatment of substance use disorders. Research shows that when treating substance-use disorders, a combination of medication and behavioral therapies is most successful. Medication assisted treatment (MAT) is clinically driven with a focus on individualized patient care

Mental Health Board is the local entity designated to determine if a person with mental illness is dangerous to themselves or others and if so can be committed involuntary. Treatment can be inpatient or outpatient services, as set forth within the Nebraska Mental Health Commitment Act.

Monroe-Myer Institute is located within the University of Nebraska’s Medical Center in Omaha. The Institute’s mission is to be a leader in transforming the lives of individuals with intellectual and developmental disabilities, their families and communities through outreach, engagement, premier educational programs, innovative research and extraordinary patient care.

Multi-Systemic Therapy is an intensive family- and community-based treatment program designed to make positive changes in the various social systems (home, school, community, peer relations) that contribute to the serious antisocial behaviors of children and adolescents who are at risk for out-of-home placement. These out-of-home placements might include foster care, group homes , residential care, correctional facilities, or hospitalization .

Nebraska Commission for the Blind and Visually Impaired is the state vocational rehabilitation agency for individuals with visual disabilities. The Commission provides the training, counseling, and resources needed for a positive understanding of blindness and visual impairment. The agency supports individuals to gain employment and fulfillment in all aspects of life.

Nebraska Department of Transportation is the state agency responsible for the planning, development, design, construction, maintenance and administration of the state highway system. The goals of the Department are to preserve the billions of dollars Nebraskans have invested in their state highway system, making the highways safe and efficient, and accomplishing this in a timely and cost-effective manner.

Nebraska Investment Finance Authority is a quasi-government agency in Nebraska that provides a broad range of financial resources for homeownership, rental housing, agriculture, manufacturing, medical and public development efforts. NIFA also provides technical assistance for activities related to these areas.

Nursing Facility a facility where medical care, nursing care, rehabilitation, or related services and associated treatment are provided for a period of more than twenty-four consecutive hours to persons residing at such facility who are ill, injured, or disabled.⁵⁵

Opioid Use Disorder is a pattern of opioid use that causes significant impairment or distress. Symptoms of the disorder include a strong desire to use opioids, increased tolerance to opioids, decreased ability to function, trouble reducing use, and withdrawal syndrome with discontinuation.

⁵⁵ Nebraska, [Laws 2000, LB 819, § 24.](#)

Performance Based Contracting ties a range of financial and non-financial incentives and/or penalties to a contractor based on their accomplishment of measurable and achievable performance requirements.

Person Centered Planning provides individuals with the necessary information and support to direct their service planning process and to make informed choices and decisions regarding the services and supports they receive and from whom.

Project SEARCH is a partnership between Nebraska VR, a business, area school systems, the Commission for the Blind, the ATP, and DDD, provides a one-year school-to-work program that includes a combination of classroom instruction, career exploration, and hands-on training through worksite rotations.

Public Housing Agency is a local city or county agency in Nebraska that helps families with limited income, elders and individuals with disabilities in applying for federally funded housing programs.

Pyramid Training Model is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development. The Model builds upon a tiered public health approach to providing universal supports to all children to promote wellness, targeted services to those who need more support, and intensive services to those who need them.

Quality Improvement Center for Workforce Development is an entity dedicated to understanding how to improve child workforce outcomes. Improvements in workforce outcomes can lead to enhanced child and family outcomes for state and tribal child welfare systems. Nebraska participates in QIC-WE with the intent to keep families together and to prevent or reduce the number of children in out-of-home placements. The goal is to learn tools, strategies and best practices from the experts on the QIC-WD team and the other selected child welfare systems to increase Children and Family Services Specialists worker retention and satisfaction.

Recovery is a process of healing the mind, body, and spirit; inclusive of transformation of the individuals with behavioral health conditions (consumers), family and friends, communities, and care systems to equip the person with choices and the rights of all citizens. This transformation or change can influence individual goals, roles, skills, attitudes that result in moving from hopelessness to hopeful life, dysfunctional relationships to quality relationships, and from illness to wellness.

Regional Behavioral Health Authorities are six local units of governments that the state partners with to do planning and implementation for services for individuals with behavioral health needs. The regions purchase services from providers in their area.

Serious Mental Illness is a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Severe Emotional Disturbance is an Axis I diagnosable mental disorder in children and adolescents that is persistent and results in functional impairment in two or more life domains.

Statewide Transition Plan is a state's assessment of compliance with and response to meeting the Centers for Medicare and Medicaid Services (CMS) final rule for Medicaid Home and Community Based Services. The final rule requires states to ensure individuals receiving Home and Community-Based Services (HCBS) have the benefits of community living. Each state must review its policies, practices, and settings where HCBS are provided and have a plan for making any changes needed to comply with the final rule. Nebraska submitted their statewide transition plan to CMS in September 2019.

Substance Use Disorder involves problematic use of a drug, alcohol, or another substance, characterized by symptoms such as excessive use of the substance, difficulty limiting its use, craving, impaired social and interpersonal functioning, a need for increased amounts of the substance to achieve the same effects, and withdrawal symptoms upon discontinuance.

Supplemental Security Income is a Federal program that pays benefits to adults and children who meet the criteria for having a disability and who have limited income and resources. SSI benefits also are payable to people 65 and older without disabilities who meet the financial eligibility criteria.

Systems of Care is a framework which helps state agencies and private providers to work in partnership to design and deliver mental health services and supports. The System of Care connects and coordinates the work of state child-serving agencies, nonprofits and local governments, behavioral health care providers, and patient advocates; and it empowers individuals to fully participate in their care plan. It creates a preventative approach to treatment so that life's challenges can be addressed prior to the need for a higher level of care. It helps individuals function better at home, in school, in the community, and throughout life.

Technical Assistance Collaborative (TAC), Inc. are the consultants hired to help Nebraska to develop this plan. TAC has also been contracted to help evaluate the implementation of the Nebraska Olmstead plan for the first two years of implementation.

Telehealth, or telemedicine, is the exchange of medical information from one site to another via electronic communications in order to improve a patient's clinical health status. Two-way video, email, smartphones, wireless tools, and other forms of telecommunications technology can be used to deliver high-quality health care through telehealth.

Traumatic Brain Injury is a disruption in the normal function of an individual's brain that can be caused by a bump, blow, or jolt to the head, or penetrating head injury.

Vocational Rehabilitation is the Division within the NDE that assists people with physical, cognitive, intellectual or mental health conditions in preparing for, finding, and keeping jobs and helps businesses to recruit, train, and retain employees with disabilities.

Workforce Innovation and Opportunity Act is the primary federal workforce development legislation intended to increase coordination among federal workforce development and related programs. WIOA provides comprehensive change to a number of employment and education-related programs, including services for people with physical, intellectual, and developmental disabilities.

Youth Rehabilitation and Treatment Centers are intended to serve youth who have been committed by the courts to the care and custody of the Nebraska DHHS/Office of Juvenile Services. The mission of these centers is to assist youth in accessing the treatment and developing the skills necessary to return to their communities as productive and law-abiding citizens.

Appendix K: Abbreviations

A&D	Aging and disability
ACT	Assertive Community Treatment
ADRC	Aging and Disability Resource Center
ALF	Assisted living facility
APG	Associate Public Guardian
ATP	Assistive Technology Partnership
BH	Behavioral health
BHECN	Behavioral Health Education Center of Nebraska
BSDC	Beatrice State Developmental Center
CHNA	Community Health Needs Assessment
CY	Calendar year
DBH	Division of Behavior Health
DCFS	Division of Child and Family Services
DDD	Division of Developmental Disabilities
DED	Department of Economic Development
D/HH/DB	Deaf/Hard of Hearing/Deaf-Blind
DHHS	Department of Health and Human Services
DOL	Department of Labor
DPH	Division of Public Health
DYTI	Developing Youth Talent Initiative
EBP	Evidence-based practice
HCBS	Home and Community Based Services
HUD	U.S. Department of Housing and Urban Development
ICF/IDD	Intermediate care facility for individuals with a developmental disability
I/DD	Intellectual or developmental disability
IDEA	Individuals with Disabilities Education Act
JAG	Jobs for America’s Graduates
LRC	Lincoln Regional Center
MAT	Medication-assisted treatment
MCO	Managed care organization
MLTC	Medicaid and Long-Term Care
MMI	Munroe Myer Institute
NCBVI	Nebraska Commission for the Blind and Visually Impaired
NDE	Nebraska Department of Education
NDOT	Nebraska Department of Transportation
NIFA	Nebraska Investment Finance Authority
OPG	Office of the Public Guardian
PBC	Performance-based contracting
PCP	Person-centered planning
PHA	Public Housing Agency

PRA	Project-based Rental Assistance
SE	Supported employment
SED	Serious emotional disturbance
SFY	State Fiscal Year
SOC	Systems of care
SPMI	Serious and persistent mental illness
SSI	Supplemental Security Income
SUD	Substance use disorder
TAC	Technical Assistance Collaborative, Inc.
TBI	Traumatic brain injury
UNMC	University of Nebraska Medical Center
VR	Vocational rehabilitation