NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

December 15, 2021

Patrick O'Donnell, Clerk of the Legislature
State Capitol, Room 2018
P.O. Box 94604
Lincoln, NE 68509

Dear Mr. O'Donnell:

The Department of Health and Human Services submitted a Nebraska Olmstead strategic plan to the Legislature and Governor in December 2019. Pursuant to requirements set forth in Nebraska Statute §81-6122 the Department is to provide continuing analysis of the strategic plan and a report on the progress of the strategic plan and changes or revisions to the Legislature by December 15, 2021, and every three years thereafter. Attached is the report on progress with plan implementation June 2020 to December 2021 prepared by independent consultant, Technical Assistance Collaborative.

If you have any questions, please contact the Division of Developmental Disabilities at tony.green@nebraska.gov.

Sincerely,

Tony Green, Director
Division of Developmental Disabilities
Department of Health and Human Services

Nebraska Olmstead Plan Evaluation

Report on Progress with Plan Implementation — June 2020 to December 2021

Prepared by Sherry Lerch, Marie Herb, and Jennifer Ingle

Technical Assistance Collaborative
15 Court Square, 11th Floor
Boston, MA 02108

December 15, 2021

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Executive Summary

In December 2019, the Nebraska Department of Health and Human Services (DHHS) submitted the state's initial Olmstead Plan (the Plan) to the Legislature as directed by LB570.[1] Nebraska's Olmstead Plan is intended to be an evolving roadmap that ensures that the state's laws, regulations, and future planning are consistent with the principles of the 1999 Supreme Court *Olmstead* decision. LB570 required DHHS to engage an independent consultant to assist with the analysis of Plan implementation. The Technical Assistance Collaborative, Inc. (TAC) was selected to:

- Evaluate progress and determine compliance with benchmarks and timeframes in the Plan.
- Assess the need for recommended revisions to the Plan.
- Discuss progress and proposed Plan revisions with the Olmstead Steering Group and the Olmstead Advisory Committee.

TAC gathered information from various sources to assess the state's progress on Plan implementation:

- Quarterly progress updates from DHHS division and sister agency staff on measures and outcomes in each goal area of the Plan, including qualitative and quantitative data when available to support progress.
- Information on the status of goals and strategies gathered during meetings of the Olmstead Steering Group; the Olmstead Advisory Committee; and the Data, Housing, and Employment & Education workgroups.
- Themes from key informant interviews conducted in July and August, 2021 with stakeholders involved in implementation of the Plan
- Themes from focus groups with stakeholders conducted in September and October, 2021
- Virtual meetings with project management staff to further understand progress made as well as challenges that DHHS has encountered in operationalizing the identified activities and tasks

Evaluation of Progress and Compliance with Benchmarks and Timeframes in the Plan

DHHS has already made some administrative changes to facilitate implementation of the Plan, and is in the process of making others. The department strengthened the role of the Olmstead Advisory Committee through the election of co-chairs whose role is to engage stakeholders in meaningful discussion during Committee meetings. In addition, DHHS sought Advisory Committee support to transition the Plan to a "SMART" goal format, both to ascertain that each Plan strategy was implemented, and to determine the degree to which this implementation assisted in achieving the applicable Plan goal. The DHHS Project Manager has been meeting regularly with DHHS division and sister agency staff to prepare SMART goals for the next Plan iteration.

[1] Nebraska Legislature LB570 (May 2019) https://nebraskalegislature.gov/FloorDocs/106/PDF/Intro/LB570.pdf

TAC's Assessment of Progress and Limitations with Plan Implementation

DHHS divisions and sister agencies, including the departments of Corrections, Education, Labor, and Transportation, reported implementing strategies and achieving progress with each Plan goal. TAC analyzed the degree to which the reported progress achieved an outcome, if identified, for each respective goal. TAC also took into consideration stakeholders' feedback provided during the focus groups and Olmstead Advisory Committee meetings.

Progress on Goal 1: Increasing Access to Community-based Services and Supports

Progress included offering more than 1,000 comprehensive Developmental Disabilities (DD) waiver slots to individuals with intellectual/developmental disabilities (I/DD); expanding Oxford House beds and medication-assisted treatment for individuals with substance use disorders (SUDs); expanding mobile crisis teams and family and peer supports for individuals with mental health disorders; and requesting federal funds to support clinical service delivery via telehealth.

Progress on Goal 2: Access to Safe, Affordable, Accessible Housing

Progress was limited. However, the Division of Behavioral Health (DBH) increased the number of state-funded rental assistance recipients and appropriated $800,000 of state general funds for the development of 30 units of affordable housing to support individuals with behavioral health disabilities. The Nebraska Department of Education/Assistive Technology Program developed educational materials to help promote home modifications that allow individuals to remain in their homes and avoid institutional placements.

Progress on Goal 3: Serving Individuals in Appropriate Integrated Settings

Goal 3, Focus Area 1 — Diverting Admissions to and Facilitating Transitions from Institutional Care

DHHS developed crisis stabilization beds, reducing the long-term care census at the Beatrice State Developmental Center. The census at Youth Rehabilitation Training Centers was reduced. DBH developed person-centered plans and appropriated funding to transition 59 individuals with complex needs from the Lincoln Regional Center to the community. DDD conducted in-reach to residents at Mosaic's intermediate care facility (ICF) across the state, resulting in ten of twenty-four comprehensive DD waiver offers accepted to transition residents to community-based supported living.

Goal 3, Focus Area 2 — Diverting Admissions to Segregated Settings

The Nebraska Division of Children and Family Services (CFS) expanded two evidence-based programs to maintain children with their families and avoid out-of-home placements, and developed a new SUD program that will allow Native American women to receive culturally appropriate treatment while continuing to parent their children. Collaboration between DBH and the Nebraska Department of Education resulted in a grant awarded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to improve screening of school-aged youth for behavioral health disorders and to develop behavioral health response mechanisms to prevent students' expulsion from school.

Goal 3, Focus Area 3 — Reducing Homelessness and Involvement with the Justice System

DBH is in the process of contracting with community-based providers to deliver outpatient competency restoration services in FY22. DDD hired a complex case manager to assist in case planning and added a Home- and Community-Based Services (HCBS) Medicaid waiver service, Therapeutic Residential Habilitation, to assist individuals experiencing behavioral and developmental disabilities who are

involved in the criminal justice system. The state has implemented a HUD-supported Youth Homeless Demonstration Program, offering housing to 187 youth of whom 112 exited the project with a permanent community placement between September 1, 2019 and October 30, 2020.

Progress on Goal 4: Increased Access to Education and Choice in Competitive, Integrated Employment Opportunities

Goal 4, Focus Area 1 — Increasing Education in Integrated Settings

The Nebraska Department of Education (NDE) provided training and supports intended to increase childcare worker and teacher awareness of the outcomes of suspension and expulsion in programs for children birth to kindergarten, and to increase competencies to decrease student expulsions, suspension, and other exclusionary discipline practices, allowing more students with behavioral concerns and disabilities to receive their education in inclusive classrooms.

Goal 4, Focus Area 2 — Increasing Competitive/Integrated Employment

As of December 2020, the Nebraska Vocational Rehabilitation (VR) program eliminated the waitlist for VR services for the Priority 1 group and is now in the process of contacting individuals in the Priority 2 group; hourly median earnings for Nebraska VR clients increased from $11.00 in Program Year 2017 to $12.00 in Program Year 2020.

Progress on Goal 5: Increasing Access to Transportation

Collaborations have been formed between public transit authorities, tribal authorities, health care providers, and Area Agencies on Aging to expand public transportation in rural counties. The Nebraska Department of Transportation (NDOT) delivered 15 ADA accessible vans to rural transportation providers in fiscal year 2021 and procured technology solutions to enhance access to transportation for individuals with disabilities. The NDE-Assistive Technology Partnership performed 105 vehicle modifications and 14 vehicle modification repairs in the first year of Plan implementation.

Progress on Goal 6: Services and Supports Reflect Data-Driven Decision-Making, Quality Improvement, and Accountability

In November 2020, the Division of Medicaid and Long-Term Care (MLTC) launched an integrated data warehouse containing Medicaid data. This resource supports monitoring of complex members, working with managed care organizations to identify individualized services needed, and partnering across divisions to increase person-centered care planning. This data will provide baseline metrics to assess the effectiveness of community-based services for individuals with complex needs; the Chief Data Strategist is actively involved with the Olmstead Data Workgroup to lend expertise on data strategies within the Olmstead Plan. MLTC, DDD and CFS have engaged in quality improvement initiatives.

Progress on Goal 7: Services Will Be Provided by a High-Quality Workforce

CFS offered a stipend program to attract and retain social workers as staff; Nebraska VR obtained grant funding to help increase the skill set of the health care workforce and to help fill health care staff vacancies; and DBH continues to work with the Behavioral Health Education Center of Nebraska, delivering training to 1,550 providers for workforce competency enhancement and improvement.

Challenges and Limitations

TAC also identified challenges and limitations for assessing progress within each goal. Prioritized issues include:

- TAC's assessment, reinforced by consistent stakeholder feedback, is that there has been little progress made in increasing access to safe, affordable, accessible housing for individuals with disabilities. In fact, some existing affordable housing units for individuals with disabilities were lost due to flooding in Sarpy County. Based on TAC's experience, the lack of adequate housing options contributes to individuals with disabilities experiencing extended stays in institutions and congregate care settings, when they could live successfully in community-integrated settings.
- Many of the plan strategies focused on processes and procedures that were not connected to a measurable outcome. An Olmstead Plan is intended to serve as a systems change document that focuses on reducing reliance on institutions and other settings that separate individuals with disabilities from full inclusion in their communities, and on expanding access to integrated settings, services and supports. DHHS and its sister agency staff reported completion of most strategies identified in the Olmstead Plan. TAC is unable to determine, however, whether completion of those strategies impacted the ability of individuals with disabilities to live and enjoy life as integrated members of the community.
- A consistent limitation involved the lack of outcome-oriented, data-informed measures. During the focus groups, stakeholders consistently shared their impressions that implementation of the Plan to date has had limited impact for individuals with disabilities and has not significantly affected their ability to receive services in the most appropriate settings that meet their needs and honor their choices. Without such data, TAC is unable to assess the impact of plan strategies on achieving progress within goal areas.

Including more rigorous strategies with measurable outcomes and targets for progress is necessary to change future conversations about Plan implementation from a subjective assessment to a data-driven evaluation.

Future Plan Recommendations

The Olmstead Plan itself is not an outcome. Rather, the Plan is part of a continuous cycle. DHHS has the opportunity to build on lessons learned from this initial Plan effort, TAC's assessment, and stakeholder feedback to create the next iteration of the Plan. TAC offers the following over-arching recommendations.

1. All state agencies should move beyond process measures and identify strategies aligned with data-informed outcome measures.
2. DHHS should seek overt support from the Governor's office. An order or proclamation in support of *Olmstead* can go a long way in gaining meaningful participation from all agencies needed to enhance the state's Olmstead Plan.
3. DHHS should continually educate and work collaboratively with the state legislature. Meetings with legislative champions and with the Human Services Committee could provide opportunities to garner support for, and to work together on, *Olmstead*-related issues such as direct care workforce pay, waiver waiting lists, and housing instability as a social determinant of health.

Other Steering Group members could be engaged to meet regularly with the Housing Committee, the Transportation Committee, the Labor Committee, and the Education Committee.

4. DHHS should highlight the commitment the agency has made to *Olmstead* in downsizing institutional beds and terminating funding for services in segregated settings, repurposing those resources to support community-integrated opportunities.
5. *Olmstead* should be the lens through DHHS and all agencies view their efforts to serve and support Nebraskans with disabilities.

Nebraska state agencies, led by DHHS and guided by the Olmstead Steering Group, have made progress with numerous strategies identified in the Plan. These processes and procedures may have been necessary to open doors and create opportunities to move forward with more outcome-oriented efforts. The next Plan iteration must build on these opportunities.

Introduction

The Nebraska Olmstead Plan

In December 2019, the Nebraska Department of Health and Human Services (DHHS) submitted Nebraska's initial Olmstead Plan (the Plan) to the Legislature as directed by LB570.[2] Nebraska's Olmstead Plan is intended to provide a structure that ensures that the state's laws, regulations, and future planning are consistent with the principles of the 1999 Supreme Court *Olmstead* decision. The Plan is intended to be an evolving document, refined as implementation proceeds in order to reflect changes in the needs and desires of Nebraskans with disabilities, as well as shifts in the resources and supports available to assist individuals to live as integrated members of their communities. The Plan's vision, core values, guiding principles, and goals were expected to remain constant over time, whereas strategies, programs, activities, policies, and indicators of progress were expected be updated to reflect changes in law or regulation, new opportunities, and new challenges.

Nebraska structured the Plan around the following over-arching *Olmstead* goals:

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 within the Plan were intended to incrementally address existing system challenges to community integration, considering Nebraska's finite resources, with a sincere hope for better services and programs moving forward.[3]

Evaluation of Plan Implementation

LB570 required DHHS to engage an independent consultant to assist with the analysis of Plan implementation. The Technical Assistance Collaborative, Inc. (TAC) had been under contract with DHHS since 2018 to assist the state in development of its Olmstead Plan, and was selected to perform an evaluation of Plan implementation. DHHS extended its contract with TAC to:

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[2] Legislative Bill 570: A Bill for an Act Related to Persons with Disabilities (2019, January 22) [PDF]. Nebraska Legislature. https://bit.ly/3HBbLqN

[3] Nebraska Department of Health & Human Services (2019). A vision for community integration: Nebraska's Olmstead plan [PDF], p.17. https://bit.ly/3HEq79R

- Evaluate progress and determine compliance with benchmarks and timeframes in the Plan.
- Assess the need for recommended revisions to the Plan.
- Discuss progress and proposed Plan revisions with the Steering Group and the Olmstead Advisory Committee.

Challenges for Plan Implementation

DHHS experienced turnover in several key staff positions, losing individuals who had led and organized Olmstead planning efforts prior to releasing the Plan in January 2020. The appointment of Ms. Dannette Smith as Chief Executive Officer of DHHS and Mr. Tony Green as Director of the Division of Developmental Disabilities (DDD) has provided strong commitment and stable leadership for Plan implementation. The current project manager for Plan implementation activities is highly committed to and engaged in the work.

The impact of the COVID-19 pandemic on Plan implementation is and has been significant. The timing of the release of the Olmstead Plan, shortly before the pandemic began, created inherent challenges for implementation. Government operations and health care services delivery pivoted to responding to the virus. State staff redirected their attention to addressing the emerging crises related to the pandemic and were often unable to focus on strategies to achieve Plan goals or progress on measures and outcomes. Though response to the pandemic was essential, guidance issued in June 2020 by the federal Centers for Medicare and Medicaid Services (CMS) advised states of their ongoing responsibility "for compliance with the integration mandate of Title II of the [Americans with Disabilities Act] and the 1999 *Olmstead v. L.C.* decision to avoid subjecting persons with disabilities to unjustified institutionalization or segregation."[4]

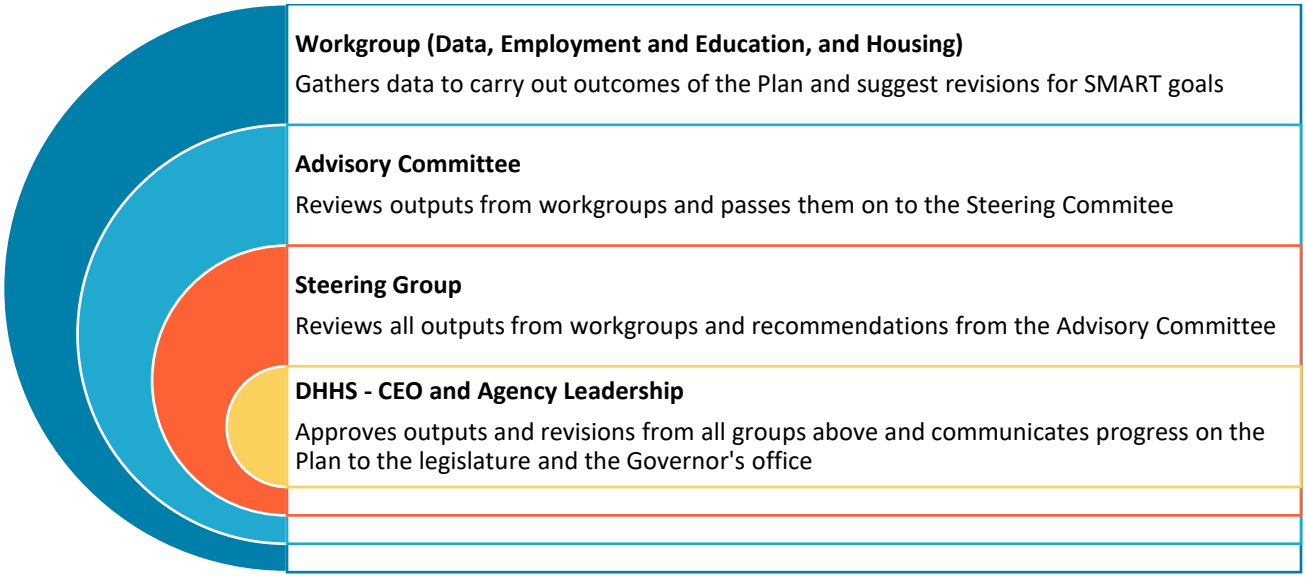
In recognition of the fact that DHHS could not implement a comprehensive, cross-disability Plan alone, LB570 appointed an expanded group of state agencies to an Olmstead Steering Group that would assist with Plan development and implementation, as well as a broad-based stakeholder Advisory Committee. In September 2020, DHHS staff reconvened the Olmstead Steering Group and the Advisory Committee. Steering Group meetings are intended for agency leads to report on the status of Plan strategies, objectives, and outcomes and to continue their engagement and participation in the Olmstead Plan implementation process. While the agencies designated in LB570 have participated in these meetings, attendance and the level of contribution to the Plan has varied. TAC's assessment is that some members of the Steering Group view the Olmstead Plan as DHHS' responsibility and do not recognize the importance of their own roles in successful implementation of the Plan.

After its release of the Plan, DHHS received feedback that the goals within the Plan were on target but also that its strategies, outcomes, and measures needed to be more specific, measurable, actionable, timely, and data-driven. With the support of the Advisory Committee, DHHS embarked on a process to put the existing Plan into a SMART (Specific, Measurable, Achievable, Relevant and Time-bound) goal format, discussed in greater detail later in this report.

[4] U.S. Centers for Medicare & Medicaid Services (2020). COVID-19 frequently asked questions (FAQs) for state Medicaid and Children's Health Insurance Program (CHIP) agencies, June 30, 2020 [PDF]. https://bit.ly/3pZLNFv

Revising the Plan to align with SMART goals required a greater commitment of time and collaboration than anticipated by members of the Steering Group and Advisory Committee. DHHS established three workgroups and added participants, including subject matter experts, in an effort to focus on targeted goal areas. The Employment and Education workgroup and the Housing workgroup were formed to promote cross-system collaboration, while the Data workgroup was formed to promote DHHS cross-division collaboration. All three groups have been meeting regularly since April 2021 with administrative support provided by the department. At the request of Advisory Committee members, a fourth workgroup focused on Transportation began meeting in November 2021. Figure 1 depicts the functions and flow of information from groups involved in Olmstead Plan implementation. During the focus groups, many stakeholders noted that process outcomes, such as the meetings and collaboration amongst participants, were contributing to the implementation of the Plan.

Figure 1: Olmstead Plan Group Structure and Flow of Work



Methods and Data Collection for Evaluation

TAC gathered Information from several sources to assess the state's progress on Plan implementation:

- Quarterly progress updates from DHHS division and sister agency staff on measures and outcomes in each goal area of the Plan, including qualitative and quantitative data when available to support progress
- Information on the status of goals and strategies gathered during meetings of the Olmstead Steering Group; the Olmstead Advisory Committee; and the Data, Housing, and Employment and Education workgroups. (See Appendix A for a list of meeting dates by group and Appendix B for a list of members of the Steering Group, Advisory Committee, and workgroups.)

- Themes from key informant Interviews conducted in July and August, 2021 with key stakeholders involved in the implementation of the Plan (See list of agencies interviewed in Appendix C)
- Themes from focus groups with stakeholders conducted in September and October, 2021 (See Appendix D for a list of stakeholder groups and dates of focus groups)
- Virtual meetings with the Project Management staff to further understand progress made as well as challenges that DHHS has encountered in operationalizing the identified activities and tasks

This report represents TAC's assessment of administrative changes made to facilitate implementation of the Plan, progress achieved toward meeting Plan goals, and recommendations to strengthen the Plan as an effective roadmap for community inclusion for Nebraskans with disabilities.

Evaluation of Progress and Compliance with Benchmarks and Timeframes in the Plan

Administrative and Procedural Enhancements

DHHS has made some structural changes that have the potential to positively affect implementation of the Plan.

Elected Co-Chairs for the Olmstead Advisory Committee

DHHS staff and TAC consultants assumed responsibility for the initial Olmstead Advisory Committee meetings, developing the meeting agendas and facilitating the discussions. Meetings consisted mainly of presentations to Committee members with little engagement or dialogue. In May 2021, however, DHHS facilitated the election of Committee co-chairs, who assumed responsibility for helping to develop agendas facilitating meetings. DHHS also agreed to procedural adjustments, recommended by Committee members, which have reduced time spent on administrative functions such as using technology to capture attendance, and allowed more time for discussion of issues relevant to implementation of the Plan.

Transition to a "SMART" Goal Format

Nebraska's initial Olmstead Plan is heavily focused on creating the administrative structure and processes necessary to move forward with promoting community inclusion. TAC's analysis of the Plan's outcomes and measures determined that more than 50 percent (50 of 97) of Plan strategies were process-oriented, meaning that the strategies resulted in processes or procedures rather than outcomes or measurable results. Many of these strategies lacked the data needed to construct an outcome measure.

In developing the initial Olmstead Plan, DHHS and sister agency staff were unable to propose outcome measures due to a lack of data, specifically the inability to provide "baseline" data that indicated the status of services or expenditures prior to the development of the Plan, and valid and reliable "outcome" data that would reflect the status of services or expenditures as a result of Plan implementation. Absent such data, staff were more comfortable identifying process measures for the initial Plan. Of the 97 strategies in Nebraska's Olmstead Plan:

- 27 strategies, some process-oriented, include either qualitative or quantitative "data" to support progress status.
- 50 additional strategies are process-oriented and lack quantitative data to assess progress toward achieving goals.
- 7 to 8 strategies are proposed to be retired from the Plan.

DHHS staff has determined that using a "SMART" goal format will be more effective in measuring progress towards achieving the goals identified in the Plan. SMART goals are:

- **S**pecific (simple, sensible, significant)
- **M**easurable (meaningful, motivating)
- **A**chievable (agreed, attainable)
- **R**elevant (reasonable, realistic and resourced, results-based)
- **T**ime bound (time-based, time limited, time/cost limited, timely, time-sensitive)

Using the SMART goal format, DHHS intends not only to ascertain that each strategy is implemented, but also to determine the degree to which implementing the strategy increases community-based services and supports for individuals with disabilities. TAC concurs that moving to the SMART goal format will support a data-driven, measurable approach to the Olmstead Plan.

Progress Achieved toward Plan Goals

DHHS divisions and sister agencies have reported implementing strategies and achieving progress with many measures in the Plan. TAC analyzed the degree to which these reported accomplishments indicate progress toward achievement of each respective goal. TAC also considered the reported progress in light of stakeholder feedback received during focus groups. In this section, TAC presents indicators of Nebraska's progress in meeting the Plan's stated goals, challenges to assessing progress, and recommendations for the next Plan iteration.

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

Evaluation of Goal 1 Progress

- The Division of Developmental Disabilities (DDD) reported offering more than 1,000 Comprehensive Developmental Disability Waiver opportunities to individuals with intellectual/developmental disabilities (I/DD) during fiscal years 2019, 2020, and 2021. The additional offers represent an effort to rebalance the state's use of its resources, an important tenet of *Olmstead* planning.
- DDD hired additional service coordinators to meet the needs of individuals coming on to the waiver; and as of 3/15/2021, provided training on Person-centered planning to 679 Service Coordinators, supervisors and DHHS staff and 627 families, waiver participants, and providers.
- The Division of Behavioral Health (DBH) opened two additional Oxford houses in 2020 and six more in 2021, increasing recovery support beds for individuals with substance use disorders (SUDs); implemented medication-assisted treatment (MAT) as a Medicaid-covered service to treat opioid addiction; partnered with the University of Nebraska to train additional providers on best practices for serving children with psychiatric diagnoses, social and emotional disorders (SEDs), and low cognition; and expanded family and peer supports, crisis response teams, and training related to these initiatives.
- DHHS expanded the use of telehealth to make services available during the pandemic, a strategy that stakeholders identified as "opening doors" for people who have had limited access to services. DHHS requested the Centers for Medicare and Medicaid Services (CMS) to allow the use of enhanced Federal Medical Assistance Percentage (FMAP) funding to award grants to

providers to purchase technology that will support provision of direct clinical services through telehealth and telemonitoring.[5] The Division of Medicaid and Long-Term Care (MLTC) is evaluating existing telehealth regulations to identify opportunities to expand access.

Challenges for Goal 1

While progress was made on additional measures/activities, including provider training and implementing a "no wrong door" approach to accessing services, TAC is unable to determine the impact these activities have had on access to community-based services. In addition, TAC heard consistent reports from stakeholders during the focus groups, and also in Olmstead Advisory Committee meetings, that little progress has been made in expanding access to community-based services for individuals with disabilities across the lifespan. In the following examples, progress achieved has not resolved the perception of need:

- Medicaid is the primary funder of services for Nebraskans with disabilities. DHHS estimates that 94,000 individuals are eligible for coverage as a result of Medicaid expansion, yet according to the department, only 55,000 newly eligible persons have enrolled to date.[6]
- Although DDD has made more than 1,000 waiver offers over the past three fiscal years, as of October, 1, 2021 there were 2,848 individuals on the Registry/Wait List.
- DDD has determined that day services meet the requirements as set forth in the Home and Community Based Supports (HCBS) Settings Final Rule and that developing a new habilitative day service is not necessary. While the DDD has terminated contracts for sheltered employment and congregate day services, stakeholders continue to report examples of day services that consist of trips to the mall or to the park and that lack focus on individualized skill-building.
- In 2020, DBH conducted a gaps analysis to determine the need to expand various community-based services and supports; in September 2021, CEO Smith approved the Division's Strategic Plan to address those needs beginning in 2022.[7] DBH is engaged with sister divisions, other state agencies, Regional BH Authorities, BH providers and others in developing a work plan to implement the Strategic Plan, and has held statewide public forums and webinars to solicit priorities to be addressed in the work plan.
- DBH provided data on the number of providers receiving training in serving children with SED and low cognition, but without data on services to children at baseline and post-training, it is difficult to assess the impact of the training on improving access to services that provide more effective treatment for children with complex needs, thereby reducing the need for psychiatric residential treatment facility placements.

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[5] Nebraska Home and Community Based Services Spending Plan, submitted to the Centers for Medicare and Medicaid by the Department of Health and Human Services, July 12, 2021

[6] Per 10/13/21 interview with CEO Dannette Smith.

[7] Nebraska Department of Health & Human Services (n.d.). *DHHS behavioral health strategic plan, 2022-2024: Influence, integration, inclusion, innovation, value* [PDF]. https://bit.ly/3oMJ5Cn

Recommendations for Goal 1

The Plan should include additional strategies to increase community-based services. These strategies must have measurable outcomes, baseline data, and targets for achievement in order to assess the impact of the strategies on Plan implementation. DHHS divisions and external agencies must identify data sources, however limited they may be, to inform this work until more extensive data is available.

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

Evaluation of Goal 2 Progress

- DBH increased the number of people with serious mental illness (SMI) and SUDs who receive state-funded rental assistance.
- DBH appropriated $800,000 in state general funds for the development of 30 units of affordable housing for individuals with behavioral health disorders.
- The Nebraska Department of Education-Assistive Technology Program (NDE-ATP) developed a quarterly newsletter for the Aged and Disabled waiver and the Developmental Disabilities (DD) waiver services coordinators, which spotlights technology/modification types and provides education on ATP processes and services to help promote home modifications that allow individuals to remain in their homes and avoid institutional placements.

Challenges for Goal 2

TAC's assessment, reinforced by consistent stakeholder feedback, is that there has been little progress made in increasing access to safe, affordable, accessible housing for individuals with disabilities. In fact, some existing affordable housing units for individuals with disabilities were lost due to flooding in Sarpy County in March 2019. The amount of funding that the DBH has been able to allocate for rental assistance and housing development is well below the amount needed to house the SMI and SUD populations alone. These resources are not available to others with disabilities.

Addressing the lack of affordable and accessible housing for Nebraskans with disabilities is beyond the scope and ability of DHHS. The establishment of the multi-agency Housing Workgroup was a first step toward creating state agency buy-in to increase access to federal housing programs and to prioritize some affordable housing capacity for people with disabilities; however, the two primary state agencies with access to federal and other affordable housing resources (the Department of Economic Development and the Nebraska Investment and Finance Agency) have not taken a leadership role in prioritizing state and federal resources to house people with disabilities.

The Division of Public Health (DPH) reported on its efforts to engage with local health departments to include housing data collection in their Community Health Needs Assessments, and on exploring how to include housing data in the state's health assessment. Members of the Olmstead Housing Workgroup have attempted to collect data on the projected need for housing by county in order to establish more specific baselines for strategies in the Plan. TAC is not aware that either strategy has contributed to the availability of housing needs data for individuals with disabilities.

Recommendations for Goal 2

Increasing the supply of affordable, accessible housing units for individuals with disabilities must become a priority for Nebraska. Based on TAC's experience, the lack of adequate housing options contributes to

individuals with disabilities experiencing extended stays in institutions and congregate care settings, when they could live successfully in community-integrated settings. Increasing housing stock as well as access to existing housing units requires new and strengthened partnerships at the state and local levels.

At this time, baseline data on Nebraskans with disabilities in need of affordable housing may be limited, but strategies to increase access to affordable, accessible housing must be identified in the Plan, accompanied by measurable outcomes and targets for achievement.

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

There are three major focus areas within Goal 3:

Goal 3, Focus Area 1: Diverting admissions and facilitating transitions from institutional care

Goal 3, Focus Area 2: Strategies that focus on the diversion of admission to segregated settings

Goal 3, Focus Area 3: Strategies that reduce homelessness and involvement in the justice system

Evaluation of Goal 3 Progress

Progress on Goal 3, Focus Area 1

- DDD exceeded its original Plan outcome measure by reducing the intermediate care facility (ICF) licenses at the Beatrice State Developmental Center (BSDC) from four to two. As a result, nine long-term care (LTC) beds were repurposed for acute crisis and transition services to reduce the need for LTC beds. DDD has been successful in diverting Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) admissions to BSDC, reporting only one LTC admission since 2019. The census at BSDC's LTC unit had declined to 83 as of October 21, 2021.
- DDD conducted in-reach to residents at Mosaic's ICFs across the state. Twenty-four offers of Comprehensive DD Waiver services were made; ten residents accepted and are in the process of moving to community-based supported living. Additionally, now that Nebraska agencies are operating within a "post-pandemic" environment, DDD reported its intent to begin providing in-reach to individuals served in both nursing facilities and ICF/IIDs. Phasing in of in-reach efforts was to begin by August 1, 2021.
- Youth Residential Treatment Centers (YRTCs) have reduced their census and length of stay. In April 2016, these facilities' census averaged approximately 140 youth. Currently the census averages around 40 youth.
    - Legislation was passed (LB8818) to allow for restoration of competency for individuals with SMI by offering services in the community in lieu of the Lincoln Regional Center (LRC). DBH, along with the SAMHSA's GAINS Center Learning Collaborative[9] and the University of Nebraska, Lincoln, worked to operationalize the legislation, changing internal processes and

[8] Legislative Bill 881: Change Provisions Relating to Criminal and Civil Procedure (2020, January 9) [PDF]. Nebraska Legislature. https://bit.ly/3cxCuGr

[9] SAMHSA's GAINS Center

policies regarding competency services and allowing individuals on the waitlist for restoration services at LRC to receive services in the community. A Request for Information soliciting community-based providers to deliver outpatient competency restoration services was released in June 2021; contracts are forthcoming, with services to begin in fiscal year 2022.

- DBH has worked on developing person-centered plans, and has appropriated funding to continue transitioning individuals at the LRC with complex needs to the community. In fiscal years 2019, 2020, and 2021, DBH discharged a total of 59 individuals with complex needs from the LRC.
- DHHS is conducting a system needs and gaps analysis to identify other services that could assist in diverting admissions and/or supporting patients transitioning out of LRC.

Challenges for Goal 3, Focus Area 1

- DHHS opened another facility at the YRTC-Lincoln campus, focused on serving youth with high behavioral health needs. The facility has a 20-bed capacity, 10 beds for males and 10 beds for females, however, daily census has been at less than 10 total since opening. TAC acknowledges that the Department is obligated to admit youth when they are court-ordered to a facility, but investing resources into expanding institutional care undermines *Olmstead* compliance.
- The wait time for admissions to the LRC has been exacerbated by COVID safety protocols, building construction, and workforce challenges; there have also been workforce challenges within community-based settings during the report period, further contributing to the wait time.
- DHHS divisions have reported providing "in-reach and outreach" over the past twelve months to individuals residing in assisted living facilities (ALFs), skilled nursing facilities, and congregate living settings. Outreach activity focused primarily on pandemic-related information. TAC defines in-reach as activity intended to identify individuals who may be interested in transitioning to a less restrictive setting that meets their needs, and providing them with information about opportunities to do so. While informing individuals about personal protective equipment and the availability of vaccinations was important, in-reach should have focused on educating people about alternatives to living in congregate settings.

Recommendations for Goal 3, Focus Area 1

- The Olmstead Plan should identify strategies to prevent institutional placements for youth, including working with the courts and system partners and developing community-based services and supports. The resources supporting the new YRTC unit would better serve youth by being invested into community services instead.
- DHHS should continue initiatives and workgroups charged with reducing admission to the LRC, improving patient flow from admission through discharge, and enhancing discharge treatment planning for individuals with repeat admissions.
- DHHS divisions should implement in-reach activity as a Plan strategy and establish an outcome(s) and target measure(s) to assess progress.

Progress on Goal 3, Focus Area 2

- The Children and Family Services (CFS) division expanded two evidence-based programs, Healthy Families America and Family Centered Treatment, which work to maintain children with their families and prevent unnecessary out-of-home placements. CFS partnered with Chapin Hall to

conduct a gaps/needs analysis of evidence-based programs in Nebraska, to be completed by September 30, 2021.

- CFS has developed a new SUD program that will allow Native American women to receive treatment while continuing to parent their children and to receive culturally appropriate supports.
- DBH offered provider "boot camp" trainings to increase staff competencies in an effort to divert adults from acute care inpatient units and other segregated settings. Mobile crisis response teams are now operating in each of the six behavioral health regions. DBH also collaborated with NDE staff and were awarded a SAMHSA funded grant targeted to improve screening of school-aged youth for behavioral health disorders and developing behavioral health response mechanisms in schools, as well as developing stronger system relationships between identified schools and the local behavioral health system.
- DDD analyzed policies, statutes, and waiver provisions to ensure that service definitions allow for teaching and supporting maintenance of skills, allowing people who receive DDD services and who have a high level of service needs to age in place.

Challenges for Goal 3, Focus Area 2

While DBH has provided training to service providers and NDE staff, it is unclear how the agency will assess the impact of these trainings on service delivery or classroom participation and, in turn, on reducing admissions to acute inpatient units and the removal of students from classrooms.

There has been little to no progress involving strategies that could impact reliance on ALFs:

- DPH determined that it does not have the ability to report diagnostic information on individuals residing in ALFs as the settings are not "medical" in nature and residents are not required to share their diagnoses. As DPH is the licensing agency for ALFs, TAC recommends that the agency propose a change in the regulations that would require ALFs to obtain, document in the record, and report residents' diagnoses annually to the Division.
- The Plan included a DPH strategy to assess the agency's ability to divert admissions away from poorly performing ALFs. DPH has since confirmed that the division has always had the authority to deny admissions to facilities with health and safety violations. Data was not provided on the number of admissions diverted.
- DHHS reported no progress on seeking approval to use the amount of the Nebraska Supplemental Security Income (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.

Recommendations for Goal 3, Focus Area 2

DHHS should retire "completed" strategies with only process measures and develop alternative strategies aligned with outcome measures to assess diversions from admissions to segregated settings. Retained strategies should also align with measurable outcomes, baseline data, and targets with measurable timelines for achievement.

Progress on Goal 3, Focus Area 3

- DBH has contracted with the University of Nebraska-Lincoln Public Policy Center for consultation on implementation of outpatient competency restoration (OCR). DBH leveraged GAINS Center

resources via its Operational Excellence Project to look at processes that affect individuals with SMI who are waiting in jail to receive competency evaluation and restoration services. As a result, DBH conducted seven virtual sessions over the summer of 2020 focused on the use of Sequential Intercept Mapping, an evidence-based practice, to provide services closer to the time of arrest to reduce wait times for restoration. An RFI soliciting community-based providers to deliver outpatient competency restoration services in fiscal year 2022 was released in June 2021; contracts for services are in process.

- The DDD clinical team hired a complex case manager to assist in case planning for participants with I/DD who have high levels of criminal justice system involvement. Data collection from General Events Reports will be completed, identifying the number and categories of police contacts and criminal justice system involvement. A remediation plan will be developed based on the results of the data collection and analysis. DDD also added an HCBS waiver service, Therapeutic Residential Habilitation, to assist individuals experiencing behavioral and developmental disabilities who are involved in the criminal justice system.
- The Youth Homeless Demonstration Program is operating in collaboration with University of Lincoln-Center on Children, Families and the Law, Nebraska Children and Families Foundation, the Balance of State Continuum of Care, and the Youth Action Board. Through the project period, the program has added 11 permanent supportive housing beds for youth with identified disabilities. Between September 1, 2019 and October 30, 2020, 187 youth were offered housing in the project and 112 exited the project with a permanent community placement.
- Though this was not originally included as a strategy in the Olmstead Plan, Nebraska will receive more than $25 million in American Rescue Plan Act funds to bolster the HOME program.[10] The funds will assist individuals or households who are homeless or at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability.

Challenges for Goal 3, Focus Area 3

- Concerns remain that youth with low cognition are ending up under the jurisdiction of juvenile court, unable to access services to meet their needs until they become involved with the juvenile justice system.

Recommendations for Goal 3, Focus Area 3

- Child-serving agencies must develop a pathway for youth with low cognitive abilities to receive services and supports prior to involvement with the juvenile justice system.
- DBH should identify a measurable outcome, baseline data, and targets with measurable timelines for achievement related to the implementation of OCR.

[10] The HOME Investment Partnerships Program (HOME) provides formula grants to states and localities that communities use — often in partnership with local nonprofit groups — to fund a wide range of activities including building, buying, and rehabilitating affordable housing for rent or homeownership and providing direct rental assistance to low-income people. HOME is the largest federal block grant to state and local governments designed exclusively to create affordable housing for low-income households.

- DDD should identify Plan strategies to reduce justice involvement that are aligned with one or more outcome measures, baseline data, and targets based on the GER data analysis and remediation plan.

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

There are two major focus areas within Goal 4:

Goal 4, Focus Area 1: Integrated education strategies

Goal 4, Focus Area 2: Increasing competitive/integrated employment opportunities

Evaluation of Goal 4 Progress

- NDE educated providers about the "preschool to prison pipeline" at the Paraeducator Conference in November 2020, to increase their understanding of the outcomes of suspension and expulsion in programs for children birth to kindergarten.
- NDE provided trainings on the Pyramid Model for Social and Emotional Competence in Regions 1 and 2 school districts, began piloting support in Region 3, and in 2021-22 the fourth and fifth regions will be added. Pyramid Model training and supports are intended to improve childcare worker and teacher competencies in order to decrease student expulsions, suspensions, and other exclusionary discipline practices, allowing more students with behavioral concerns and disabilities to receive their education in inclusive classrooms.
- The Nebraska Commission for the Blind and Visually Impaired (NCBVI) has worked to increase the number of students being served. In spite of the pandemic, NCBVI anticipates in federal fiscal year 2021 a slight increase in the number of students served (ages 5 to 24) and in the number of students who will graduate with a secondary or postsecondary credential.
- Nebraska Department of Labor (NDOL), met and exceeded its measure for the number of school districts participating in the Jobs for American Graduates program, from 3 to 8, with a total of 366 students participating. Rates for graduation, post-secondary participation and employment exceed those for non-participating districts.

Challenges for Goal 4, Focus Area 1

NDE added measures to increase the use of individualized education programs (IEPs) in integrated early childhood education programs and to decrease student placements in segregated classes and residential facilities, however, TAC is unable to assess the impact of these activities without additional data.

NDE attributed the inability to meet post-graduation employment and secondary education targets to the pandemic's impact on the job market. Though the number of persons competitively employed did not meet the target, NDE did report an increase in graduates who reported having a job at some point during the year since leaving high school.

Recommendations for Goal 4, Focus Area 1

DHHS should continue efforts with NDE to identify data sources to assess the impact of strategies to promote integrated education for children with disabilities. Plan strategies should be aligned with at least one measurable outcome, baseline data, and targets with measurable timelines for promoting integrated educational opportunities for children with disabilities.

Progress on Goal 4, Focus Area 2

- Nebraska VR has collaborated with DHHS, NDE, and NDOL to increase the percentage of interns employed under Project SEARCH, to provide pre-employment transition services to students with disabilities, and — effective December 2020 — to eliminate the waitlist for VR services for the Priority 1 group. VR is in the process of contacting individuals in the Priority 2 group.
- Nebraska VR is in the process of hiring a business account manager who will be located in the Scottsbluff office serving the western region of the state.
- DBH and VR are revising and coordinating milestones for implementation in calendar year 2021.
- Nebraska VR and NDOL are working together on activities to help increase the number of people in competitive employment. For example, Nebraska VR reports that it has hired two additional business account managers to reach out to employers in an effort to increase the number of people who exit VR services with competitive employment.
- Hourly median earnings for Nebraska VR clients increased from $11.00 in Program Year 2017 to $12.00 in Program Year 2020.
- NCBVI also reported data on the agency's strategy to increase competitive employment for individuals with visual impairments exiting VR services. However, the pandemic may be hampering this effort. In fiscal year 2018, 58 people secured employment; in fiscal year 2020, there were 28; and in fiscal year 2021 the agency anticipates there will be 29 exiting VR services with competitive integrated employment.
- DBH worked with a national expert to produce an educational tool on the abilities of individuals with SMI to succeed in competitive employment. DBH developed and implemented a training and education plan to improve attitudes, values, and the use of peers in the workforce. Training was completed in April 2021 with 600 participants.
- Per the National Core Indicators (NCI) 2019-2020 survey cycle, 40 percent of Nebraskan respondents with I/DD have jobs, and 90 percent of these report liking their jobs.[11] [12]
- DHHS Talent Acquisition staff have provided education to human resources and hiring managers regarding hiring individuals with disabilities. They have also outreached to sister agencies regarding many open positions within the department, expressing a strong interest in working to match people with potential jobs.

Challenges for Goal 4, Focus Area 2

- Workforce shortages associated with the pandemic have hampered the ability to secure job opportunities and to support individuals with disabilities in competitive, integrated employment.

[11] National Core Indicators — National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute. In person survey (IPS) state report 2018-19, Nebraska report [PDF]. https://bit.ly/3kYwc7b

[12] National Core Indicators — Aging & Disabilities (NCI-AD). National Core Indicators Aging and disabilities adult consumer survey: 2019-2020 Nebraska results [PDF]. https://bit.ly/3oOXiyP

Recommendations for Goal 4, Focus Area 2

- Nationally, states are struggling to recover from the impact of the pandemic on the workforce, particularly for hourly jobs. The Plan should include a strategy to promote individuals with disabilities and lived experience as candidates for competitive integrated employment.
- Add measures and outcomes that align with Plan strategies in order to assess progress related to delivery of employment services and successful transitions to competitive employment.
- Though it is a process measure, DBH should proceed with its strategy to issue a policy statement on the abilities of individuals with SMI to engage in competitive integrated employment.

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

Evaluation of Goal 5 Progress

- In 2020, Kimball County Public Transit expanded service to Banner, Cheyenne, and Keith counties which previously had no service. Callaway Hospital Public Transportation began public transportation service in Custer County as of July 1, 2021 and intends to expand service to Logan County in 2022. The provider currently serving Hitchcock and Hayes counties intends to expand service to underserved Dundy County in 2022.
- A coordination plan is under development with Norfolk Public Transit and the Ponca Tribe which provides public transportation through its Ponca Express program. This project would expand regional services, launch flex route service in Norfolk, and add on-demand service in the area (e.g. Uber and Lyft). The Ponca Tribe, City of Norfolk, and Norfolk Public Transit are also in discussions about building a joint transit facility in Norfolk on land to be donated by the community college. NDOT will support the capital project with federal funds.
- The State Unit on Aging is scheduling meetings with the Northeast Nebraska Area Agency on Aging and the Aging Office of Western Nebraska as identified by NDOT for discussion on transportation gaps and needs in rural Nebraska.
- In fiscal year 2021, DHHS facilitated two meetings to discuss gaps in service in the Panhandle Region and the lack of participation in the Non-Emergency Medical Transportation program. An informal group of stakeholders has assembled to discuss service gaps and solutions. The group includes transportation providers, human service agencies, and NDOT's statewide mobility manager. A new vendor has taken over the operation of service in Sheridan County and intends to expand service and provide a more regionalized approach to services in the Panhandle Region.
- NDOT delivered 13 ADA-accessible vehicles to rural transportation providers in fiscal year 2021.
- With input from Nebraska's visually impaired community, NDOT upgraded the agency's website to make it more user-friendly and accessible.
- NDOT procured technology solutions to enhance access to transportation for individuals with disabilities; 15 agencies are either using the technology or in training with the software vendor.
- The NDE-Assistive Technology Partnership performed 105 vehicle modifications and 14 vehicle modification repairs in the first year of Plan implementation.

Challenges for Goal 5

NDOT reported a number of challenges due to COVID-19. The virus reduced ridership across the state. CARES Act funding was allocated to support rural public transit and intercity bus providers through the pandemic and prevent them from closing their businesses. Services in many areas resumed in August 2020 and have returned to pre-pandemic service provision in all but three regions of the state. Intercity ridership, supported with CARES Act funds, exceeded the Plan's Year 1 measure. However, ridership was not focused on individuals with disabilities.

NDOT has demonstrated efforts to increase access to transportation in rural areas of the state. However, stakeholders statewide continue to report that the lack of transportation is a significant barrier to accessing services. The impact of the pandemic may be partially to blame, as the lack of drivers is reportedly creating gaps in services in areas where transportation providers do exist.

Recommendations for Goal 5

- DHHS should continue working with NDOT to develop measurable outcomes that align with Plan strategies in order to assess progress related to increasing access to transportation. The outcomes should identify baseline data, targets for improvement, and a timeline. Utilize the Transportation Workgroup, which will begin meeting in November 2021, to discuss measurable outcomes moving forward.
- The Plan should retain the DHHS strategy to offer and expand service delivery using telehealth for service delivery to reduce transportation as a barrier for individuals with disabilities.

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.

There are two major focus areas within Goal 6:

Goal 6, Focus Area 1: Data collection and program evaluation

Goal 6, Focus Area 2: Quality improvement activities related to data-driven decision-making to improve services

Evaluation of Goal 6 Progress

Progress on Goal 6, Focus Area 1

- In November 2020, MLTC launched an integrated data warehouse containing Medicaid data that allows for monitoring of complex members, working with managed care organizations to identify individualized services needed, and partnering across divisions to increase person-centered care planning. The database will also provide baseline metrics to assess the effectiveness of community-based services for individuals with complex needs.
- The Chief Data Strategist is actively involved with the Olmstead Data Workgroup to lend expertise on data strategies within the Olmstead Plan.
- CFS is evaluating children's System of Care data to identify complex cases across divisions/systems and to produce a series of provider trainings to increase staff competencies and better meet the needs of children and youth with low cognition/DD and mental health disorders.

Challenges for Goal 6, Focus Area 1

Data collection, reporting, and evaluation are critical strategies for Nebraska's Olmstead Plan. DHHS and stakeholders agreed that Nebraska should have a data-driven Olmstead Plan, but reportedly lacked the data needed for assessment and planning. The Data Workgroup is engaged in developing a memorandum of understanding (MOU) that will permit divisions to share individual identified data, providing a comprehensive picture of all services and supports funded by the Department. Until recently, division staff were focused on gaining access to the cross-division data and were reluctant to use existing data sources specific to their respective populations and funding streams. All DHHS divisions have since been instructed to access their existing data capabilities regardless of their limitations to develop baseline data and measures.

MLTC reports using the Medicaid data to facilitate case reviews/care planning with managed care organizations. MLTC and DBH reported division-specific data accomplishments, but TAC is unable to determine the impact of these activities without additional information.

Gathering stakeholder satisfaction is a nationally recognized methodology for assessing Olmstead Planning efforts. TAC is not aware of DHHS having conducted a satisfaction survey. Feedback shared by stakeholders during recent focus groups indicated a low degree of satisfaction with implementation of the Plan to date. However, there may have been a participation bias for stakeholders who attended focus groups, with those attending being disproportionately less satisfied with the current system. Developing and widely distributing a satisfaction assessment tool will provide a more robust and representative sample.

Recommendations for Goal 6, Focus Area 1

DHHS must continue to explore intra- and inter-agency data reporting and data-sharing capabilities to support *Olmstead* planning and to evaluate implementation of the Plan. In the meantime, DHHS divisions and sister agencies should proceed with using existing data to establish baselines and target measures.

The Department should proceed with implementing use of the stakeholder satisfaction survey and develop a measurable outcome for satisfaction.

Progress on Goal 6, Focus Area 2

- DDD completed its transition of Extended Family Homes to be classified as Shared Living or Host Homes for individuals with developmental disabilities to expand community-based living opportunities.[13]
- DDD, MLTC, and the DD Council have supported efforts to infuse person-centered planning principles into service delivery for individuals with I/DD, providing training and consultation to more than 1,300 system partners.
- DDD executed a contract with a Quality Improvement-like organization to implement a more effective incident management reporting system that will provide data for analysis to inform

[13] Community Support Network, Inc. (n.d.). Shared living provider services – Nebraska. Retrieved November 21, 2021 from https://www.thecsnetwork.com/slp

service quality improvements. DDD has proposed to retire this process strategy and replace it with an outcome-oriented strategy.

- CFS has aligned and continues to leverage efforts under the Family First Prevention Services Act to support further infusion and evaluation of evidence-based practices in its service system. The five-year project entails a gaps/needs analysis; a readiness and implementation assessment; and a formal and rigorous evaluation of evidence-based practices used in Nebraska that have not been deemed "well supported" as defined by the Federal Clearinghouse.
- MLTC implemented the new nursing facility rate methodology effective July 1, 2020. The new approach introduces quality into the payment paradigm for nursing facility per diems, and narrowed by 15 percent the rate disparity between facilities providing similar levels of service to Medicaid beneficiaries. MLTC views implementation as a first step in a continuous improvement process whereby the division will look for opportunities to make adjustments to the methodology over time to improve quality and incentivize quality through payment mechanisms.

Challenges for Goal 6, Focus Area 2

- Outcomes and measures were identified for only one of the two quality improvement strategies identified in the Plan.
- DDD was unable to proceed with its strategy to make measurable improvements on 13 National Core Indicators due to NCI's suspension of reporting due to COVID-19. DDD has identified an alternative strategy to instead focus on the three questions/areas scored the lowest, and implement strategies to increase scores by 10 percent or to the national standard.

Recommendations for Goal 6, Focus Area 2

- The agencies and divisions must add outcomes and measures to the Plan in order to assess progress with using data for quality improvement.
- DDD should include a revised strategy to improve NCI scores in the next iteration of the Plan.

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

Evaluation of Progress on Goal 7

- CFS conducted an online evaluation of its Bachelor of Social Work (BSW) and Master of Social Work (MSW) stipend program, established to increase the number of DHHS workers with BSWs and MSWs, and to improve retention. Though participant numbers are small, the majority of program participants have remained employed with CFS.
- The Behavioral Health Education Center of Nebraska and DBH have continued to collaborate to align strategic planning and to increase the implementation of evidence-based practices through workforce training and by growing the behavioral health workforce for those serving individuals with complex and co-occurring behavioral health needs. In total, 1,550 providers received training for workforce competency enhancement/improvement.
- Nebraska VR completed its five-year Career Pathways Advancement Project to help increase the skill set of the health care workforce and to help fill health care staff vacancies. The project has supported over 30 participants with upskilling in the field of health care. Nebraska VR responded to a Notice Inviting Applications for the Disability Innovation Fund - Career Advancement Initiative Model Demonstration Project to continue the work, and is awaiting notice of selection.

Challenges for Goal 7

- Until recently, workforce strategies relying on partnerships and collaborations were disrupted due to the pandemic. DHHS and state agency partners reported that the impact of the pandemic delayed their ability to recruit and hire people with disabilities in state employment. Agencies are now experiencing vacancies and are re-engaging in recruitment and hiring strategies.
- DHHS reported that a contract with the Monroe-Meyer Institute for award of a Service-Learning Respite Certificate ended in June 2020 as a result of low participation. Students earned a Certificate of Achievement in Direct Care with Specialization in Home-Based Respite. CFS recommended retiring the strategy as there is no contract in place to continue the work; however, the Education and Employment Workgroup recommends revising the strategy instead.

Recommendations for Goal 7

In light of direct care workforce shortages, the Plan should include strategies to recruit, hire, and retain staff at all levels within the system.

Recommendations to Strengthen Nebraska's Olmstead Plan

An Olmstead Plan is intended to serve as a systems change document that focuses both on reducing reliance on institutions and other settings that separate individuals with disabilities from full inclusion in their communities, and on expanding access to integrated settings, services, and supports. DHHS and its sister agency staff reported completion of most measures identified in the Olmstead Plan. TAC is unable to determine, however, the extent to which completion of those measures improved the ability of individuals with disabilities to live and enjoy life as integrated members of the community.

TAC did receive consistent feedback across stakeholder groups that implementation of the Plan has had limited impact on individuals with disabilities or on their ability to receive services in appropriate settings that meet their needs and honor their choices. Including more rigorous strategies with measurable outcomes and targets for progress should help to change future conversations about Plan implementation from a subjective assessment to a data-driven evaluation.

The Olmstead Plan is not a final outcome. Rather, the Plan is part of a continuous cycle. Few if any states "hit a home run" with their first Olmstead Plan. DHHS has the opportunity to build on lessons learned from this initial Plan effort, TAC's assessment, and stakeholder feedback to create the next iteration of the Plan. TAC offers the following over-arching recommendations:

1. All state agencies should move beyond process measures and identify strategies aligned with data-informed outcome measures.
2. DHHS should seek overt support from the Governor's office. An order or proclamation in support of Olmstead can go a long way in gaining meaningful participation from all agencies needed to enhance the state's Olmstead Plan.
3. DHHS should continually educate and work collaboratively with the state legislature. Meetings with legislative champions and with the Human Services Committee could provide opportunities

to garner support for, and to work together on, Olmstead-related issues such as direct care workforce pay, waiver waiting lists, and housing instability as a social determinant of health. Other Steering Group members could be engaged to meet regularly with the Housing Committee, the Transportation Committee, the Labor Committee, and the Education Committee.

4. DHHS should highlight the commitment the agency has made to Olmstead through downsizing institutional beds and terminating funding for services in segregated settings, repurposing those resources to support community integrated opportunities.
5. Olmstead should be the lens through which DHHS and all agencies view their efforts to serve and support Nebraskans with disabilities.

Nebraska state agencies, led by DHHS and guided by the Olmstead Steering Group, have made progress with numerous strategies identified in the Plan. These processes and procedures may have been necessary to open doors and create opportunities to move forward with more outcome-oriented efforts. The next Plan iteration must build on these opportunities.

Appendix A: Olmstead Committee and Workgroup Dates

Olmstead Plan Committees

Olmstead Advisory Committee Meetings

- December 14, 2020, 11:00am to 12:00pm CT
- March 19, 2021, 1:00pm to 2:30pm CT
- May 18, 2021, 10:00am to 11:30am CT
- June 24, 2021, 11:00am to 12:30pm CT
- August 26, 2021, 11:00am to 12:30pm CT
- September 23, 2021, 11:00am to 12:30pm CT
- October 28, 2021, 11:00am to 12:30pm CT
- November 18, 2021, 1:00pm to 2:30pm CT

Olmstead Steering Group Meetings

- September 10, 2020, 1:00 to 2:30pm CT
- October 29, 2020, 2:30pm to 4:00pm CT
- November 30, 2020, 2:00pm to 3:30pm CT
- February 24, 2021, 11:00am to 12:00pm CT
- May 14, 2021, 11:00am to 12:00pm CT
- July 13, 2021, 2:00pm to 3:30pm CT
- September 21, 2021, 2:00pm to 3:30pm CT
- November 16, 2021, 2:00pm to 3:30pm CT

Olmstead Plan Workgroups

Data Workgroup Meetings

- March 11, 2021, 11:00am – 12:00pm CT
- April 7, 2021, 11:00am – 12:00pm CT
- May 13, 2021, 10:00am – 11:00am CT
- June 10, 2021, 10:00am – 11:00am CT
- July 8, 2021, 10:00am – 11:00am CT
- August 12, 2021, 10:00am – 11:00am CT
- September 9, 2021, 10:00am – 11:00am CT
- October 14, 2021, 10:00am – 11:00am CT
- November 11, 2021 - 10:00am – 11:00am CT
- December 9, 2021 - 10:00am – 11:00am CT

Education and Employment Workgroup Meetings

- March 2, 2021, 9:00am to 10:00am CT
- April 6, 2021, 9:00am to 10:00am CT
- May 4, 2021, 9:00am to 10:00am CT
- June 1, 2021, 9:00am to 10:00am CT
- July 6, 2021, 9:00am to 10:00am CT
- August 3, 2021, 9:00am to 10:00am CT
- September 7, 2021, 9:00am to 10:00am CT
- October 5, 2021, 9:00am to 10:00am CT
- November 2, 2021, 9:00am to 10:00am CT
- December 7, 2021, 9:00am to 10:00am CT

Housing Workgroup Meetings

- March 31, 2021, 3:00pm to 4:30pm
- April 21, 2021, 3:00pm to 4:30pm
- May 19, 2021, 3:00pm to 4:30pm
- June 16, 2021, 3:00pm to 4:30pm
- July 21, 2021, 3:00pm to 4:30pm
- August 18, 2021, 3:00pm to 4:30pm
- September 15, 2021, 3:00pm to 4:30pm
- October 20, 2021, 3:00pm to 4:30pm
- November 17, 2021, 3:00pm to 4:30pm
- December 15, 2021, 3:00pm to 4:30pm

Appendix B: Olmstead Plan Committee and Workgroup Members

Olmstead Advisory Committee Members

Last Name	First Name	Organization
Acierno	Jenifer	Leading Age
Ackerman	Payne	Family member
Angus	Mary	Organization that Advocates for persons with Developmental Disabilities
Arnsperger	Thomas	Senator Walz's Legislative Aide
Bennett	Keri	TBI Advocacy Organization (Org. Advocates for persons with brain injuries)
Doggett	Anita	NE Housing Authority first/second class
Vargas	Tony	Nebraska Association of Service Providers
Bulger	Mark	Self-Advocacy Org Person w/ Disability
Bottorf	Candace	NE Department of Correctional Services
Clark	Penny	Long-Term Care Ombudsman
Anderson	Deb	Department of Labor
Dalrymple	Sharon	Family member AD program recipient
DeLair	Dianne	Disability Rights Nebraska (Protection & Safety System)
Eddins	Gloria	DAS-ADA Coordinator
Foley	Lindy	Vocational Rehabilitation
Hakenkamp	Martha	Housing Authority primary or metro class
Robinson	Roger	DHHS - Child and Family Services
Hoell	Kathy	NE Statewide Independent Living Council
Green	Toy	DHHS - Developmental Disabilities
Huss	Peg	Advisory Committee of Developmental Disabilities

Last Name	First Name	Organization
Jones	Randall	Area Agencies on Aging
Jones	Sherri	University of Nebraska - Department of Special Education and Communication Disorders
Jurjevich	Patricia	Behavioral Health Regions
Kadavy	Cindy	Nebraska Health Care Association
Larsen	Kristen	Nebraska Council on Developmental Disabilities
Vincent	Caryn	DHHS - Public Health
Tuxhorn	Lindsay	NE Occupational Therapy Assoc.
Orr	Tobias	Assistive Technology Partnership
VACANT		State Advisory Committee Mental Health
Reay	Bill	OMNI Behavioral Health (Mental Health Practitioner)
Ruse	Kari	Department of Transportation
Rhoades	Crystal	Public Service Commission
Scheele	Kathy	DHHS - Medicaid and Long Term Care
Scott	Julie	Probation
Servan	Carlos	Commission for Blind and Visually Impaired
Smith	Mark	University of Nebraska - University Center for Developmental Disabilities
Sprott	Nancy	Department of Veterans Affairs
Stortenbecker	Roger	Developmental Disability Service Provider
Thomas	Joni	Self-Advocacy Org Person w/ Disability
Witmuss	Linda	DHHS - Behavioral Health
Wyvill	John C	Commission for Deaf and Hard of Hearing
Hatch	Allison	Department of Economic Development
Foley	Lindy	Department of Education
Munn	Marna	Equal Opportunity Commission
Holman	Laurie	Crime Commission

Olmstead Steering Group Members

Steering Group: Agency Leadership

Name	Delegate(s)	Agency
Dannette Smith	None	Department of Health and Human Services - CEO
Scott Frakes	Candance Berens	Department of Correctional Services - Director
Dan Curran	Bruce Carden	Department of Economic Development - Director
John Albin	Deb Andersen	Department of Labor - Commissioner
Kyle Schneweis	Kari Ruse	Department of Transportation - Director - State Engineer
Matthew Blomstedt	Steve Miliken, Lindy Foley, Amy Rhone and Zainab Rida	Department of Education - Commissioner
John Hilgert	Nancy Sprott	Department of Veterans Affairs - Director
Wayne Stuberg	None	University of Nebraska - Director Clinical Services, Director of University Center for Developmental Disabilities
Sherri Jones	None	University of Nebraska - Chair, Department of Special Education and Communication Disorders
Marna Munn	None	Equal Opportunity Commission - Executive Director
Sheri Dawson	Linda Wittmus	DHHS - Behavioral Health - Director
Stephanie Beasley	Roger E. Robinson	DHHS - Child and Family Services - Director
Tony Green	None	DHHS - Developmental Disabilities - Director
Kevin Bagley	Nate Watson	DHHS - Medicaid and Long-Term Care - Director
Dr. Gary Anthone	Caryn Vincent	DHHS - Public Health - Director
Carlos Serván	None	Nebraska Commission for the Blind and Visually Impaired-Executive Director
John Wyvill	None	Nebraska Commission for the Deaf and Hard of Hearing-Executive Director

Steering Group: Advocate Members

Name	Delegate	Advocates
Mary Angus	N/A	ADAPT NE
Dianne DeLair	N/A	Disability Rights Nebraska
Kathy Hoell	N/A	NE Statewide Independent Living Council
Kristen Larsen	N/A	Nebraska DD Council
Mark Smith	N/A	UNMC-Monroe Meyer Institute
Joni Thomas	N/A	Self-Advocate

Housing Workgroup Members

Housing Workgroup: Agency Leadership

Name	Agency
Linda Wittmus	Division of Behavioral Health
Roger Robinson	Division of Children and Family Services
Caryn Vincent	Division of Public Health-Licensure
Caitie Schrotberger	Division of Public Health-Data
Carisa Schwietzer-Masek	Division of Medicaid and Long-Term Care
Katie Weidner	Division of Developmental Disabilities-Quality
Melissa Clark	Division of Developmental Disabilities-Data Team
Mark Shriver	UNMC Monroe-Meyer Institute
Ashley Newmyer	DHHS Chief Data Strategist
Caitie Schrotberger	Division of Public Health
Cornia Harrison	DHHS-Facilities

Housing Workgroup: Advocate Members

Name	Affiliation
Anne Ireland	Self-Advocate
Peggy Reischer	Advocacy Organization Representative (Brain Injury)
Chris Stewart	Advocacy Organization Representative (Brain Injury)
Heidi Sommer	Advocacy Organization Representative (PTI)
Kris Tevis	Provider Representative/Stakeholder
Matt Kaslon	Self-Advocate
Kate Swinarski	Community Member
Emil Lorence	Self-Advocate

Employment and Education Workgroup Members

Employment & Education Workgroup: Agency Leadership

Name	Agency
Lindy Foley	Department of Education - Vocational Rehabilitation
Amy Rhone	Department of Education - Special Education
Zain Rida	Department of Education-Equity Officer
John Wyvill	Nebraska Commission for the Deaf and Hard of Hearing-Executive Director
Carlos Serván	Nebraska Commission for the Blind and Visually Impaired-Executive Director
Deb Andersen	Department of Labor
Mark McDonald	Department of Veterans Affairs

Name	Agency
Sherri Jones	University of Nebraska - Chair, Department of Special Education and Communication Disorders
Marna Munn	Equal Opportunity Commission - Executive Director-TBD
Troy Brennan	DHHS-Human Resources
Angie Gonzales-Dorn	DHHS - Developmental Disabilities
Gloria Eddins	DAS-ADA Compliance Officer
Saige Vohs	UNMC-Monroe Meyer Institute, UCEDD Employment Services Liaison
Brenda Moes	DHHS-Division of Behavioral Health-Office On Consumer Affairs

Employment & Education Workgroup: Advocate Members

Name	Advocates
Kim Davis	Self-Advocate
Shauna Klein	Self-Advocate
Anne Ireland	Self-Advocate
Chris Stewart	Advocacy Organization Representative (Brain Injury)
Mary Phillips	Self-Advocate
Amy Bonn	Stakeholder
Lisa Steiner	Community Member
Matt Kaslon	Self-Advocate
Rhonda Alcorn	Community Member
Emil Lorence	Self-Advocate
Tammy Alt	Self-Advocate
Teshawna Sawyer	Self-Advocate

Housing Workgroup Members

Housing Workgroup: Agency Leadership

Name	Agency
Linda Wittmus	Division of Behavioral Health
John Trouba	Division of Behavioral Health-Housing Coordinator
Brenda Moes	Division of Behavioral Health-Office of Consumer Affairs
Deanna Brakhage	Division of Children and Family Services
Angie Ludemann, Wellness Administrator	Division of Children and Family Services
Andrea Curtis, Program Specialist	Division of Children and Family Services-Homeless Assistance Program
Stacey Boss, Program Specialist	Division of Developmental Disabilities
Sue Spitser, Policy Administrator	Division of Developmental Disabilities
Tobias Orr	Nebraska of Department of Education-ATP
Mary Shada	Division of Medicaid and Long-Term Care
Bethany Nelson	Division of Medicaid and Long-Term Care
Travis Beck	Division of Medicaid and Long-Term Care
Sarah Hughes	UnitedHealthcare Community-Housing Navigator
Kristi Goldenstein	Nebraska Total Care
Jennifer Weesner	Health Blue Nebraska-Manager of Community Relations
Sheryl Hiat	Department of Economic Development
John Turner	Nebraska Investment Finance Authority (NIFA)
Robin Ambroz	Nebraska Investment Finance Authority (NIFA)
Caryn Vincent	Division of Public Health

Name	Agency
Anita Doggett	NE Housing Authority first/second class (Scottsbluff)
Judy Holston	Omaha Housing Authority
Thomas Judds	Lincoln Housing Authority
Trine McBride	Wayne Housing Authority
Trine McBride	Nebraska Chapter of National Association of Housing and Redevelopment Officials (NAHRO)
Kerry Miller-Loos	Department of Veteran's Affairs

Housing Workgroup: Advocate Members

Name	Advocates
Joni Thomas	Self-Advocate
Kathy Kay	League of Human Dignity
Mary Angus	Self-Advocate
Jen Hazuka	BH Region 6 Representative
Kim Davis	Self-Advocate; Commission for the Deaf and Hard of Hearing
Wyatt Spaulding	Self-Advocate
Anne Ireland	Self-Advocate
Erin Phillips	Self-Advocate
Chris Stewart	Advocacy Organization Representative (Brain Injury)
Christine Gaspari	Self-Advocate
Heidi Sommer	Advocacy Organization Representative (PTI)
Christine (Christi) Crosby	Self-Advocate

Appendix C: Key Informants Interviewed

Name	Agency
Tony Green	Division of Developmental Disabilities
Kevin Bagley and/or Nate Watson	Medicaid Long Term Care
Sheri Dawson and Linda Wittmuss	Division of Behavioral Health
Lindy Foley	Department of Education/Vocational Rehabilitation
Roger Robinson and Stephanie Beasley	Children and Family Services
Mark LaBouchardiere	Youth Facilities
Carlos Servan	Nebraska Commission for the Blind and Visually Impaired
Julie Smith and Julie Scott	Probation
Tobias Orr	Assistive Technology Partnership/Vocational Rehabilitation
Gloria Eddins	Department of Administrative Services – ADA Coordinator
Kari Ruse	Department of Transportation
William Bonney	Veterans Affairs
Deb Anderson	Department of Labor
Corina Harrison and Peter Snyder	Facilities Division
Caryn Vincent	Department of Public Health
Ashley Newmyer	DHHS Data Strategist
John Wyvill	Nebraska Commission for the Deaf and Hard of Hearing
Dannette Smith – CEO	Department of Health and Human Services
Senator Lynne Walz	Legislature
Amy Rhone	Department of Education

Appendix D: Stakeholder Focus Groups

Stakeholder Group	Date	Time
Consumers/Persons with Lived Experience	Monday, October 4, 2021	12:00pm to 2:00pm CT/ 11:00am to 1:00pm MT
Family Members of Consumers/Persons with Lived Experience	Tuesday, October 5, 2021	5:00pm to 7:00pm CT/ 4:00pm to 6:00pm MT
Advocates	Wednesday, October 6, 2021	1:00pm to 3pm CT/ 12:00pm to 2:00pm MT
Managed Care Organizations (MCOs)	Tuesday, October 12, 2021	11:30 to 1:30 CT/ 10:30 to 12:30 MT
Regional Behavioral Health Authorities	Friday, October 15, 2021	12:00 to 2:00pm CT/ 11:00am to 1:00 MT
Providers	Thursday, October 21, 2021	12:00pm to 1:00pm CT/ 11:00am to 1:00pm MT