

NEBRASKA

2016 Bridge
Strategic
Plan

End of Year Report

DHHS – Division of Behavioral Health

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

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH:

PREVENTION WORKS, TREATMENT IS EFFECTIVE, PEOPLE RECOVER ^{*SAMHSA}

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

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

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

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

2016 GOALS *and* PRIORITIES

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

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

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

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

Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS

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

Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS

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

Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS

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

Nebraska DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS

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

NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS

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

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

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

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

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

NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS

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

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

NE DIVISION OF BEHAVIORAL HEALTH 2016 BRIDGE PLAN PROGRESS

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