

Department of Health and Human Services



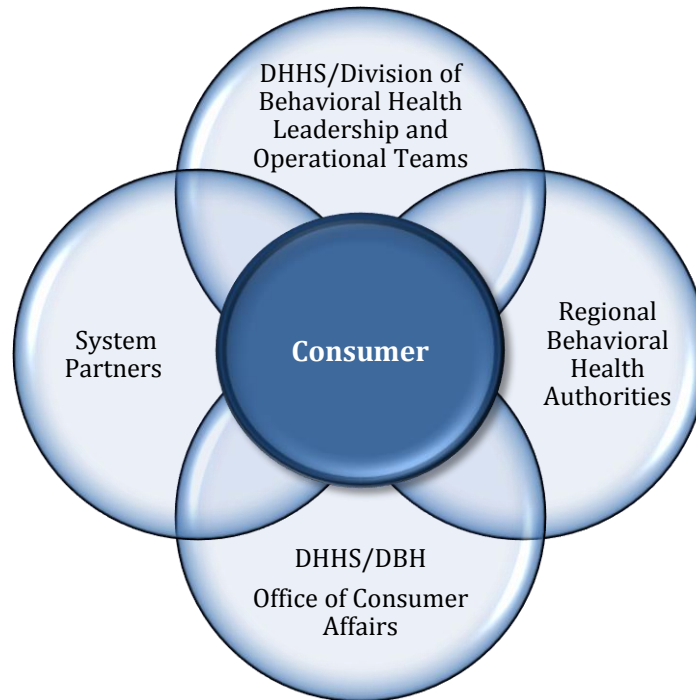
Division of Behavioral Health

Strategic Plan Progress Report September 2014

Introduction

The Division of Behavioral Health (DBH) provides leadership in the administration, integration and coordination of the public behavioral health system and takes primary responsibility for dissemination and implementation of the Division's Strategic Plan for 2011-2015. The implementation is carried out by DBH, the six (6) Regional Behavioral Health Authorities (RBHA), system partners as well as the Office of Consumer Affairs. The Strategic Plan can be viewed in its entirety at:

http://dhhs.ne.gov/behavioral_health/Documents/BHSP-Final-02-17-11.pdf



Goals

The strategic plan builds on work begun by the Nebraska Legislature and Behavioral Health Oversight Commissions I and II. Planning activities address the following four (4) **foundational goals** for the Division's strategic plan.

1. The public behavioral health workforce will be able to deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.
2. The Division of Behavioral Health will use financing mechanisms which support innovative service content, technology and delivery structures (e.g. telehealth; in-home acute services; peer support services).
3. The Division of Behavioral Health will reduce reliance on the Lincoln Regional Center for general psychiatric services.
4. The Division of Behavioral Health will explore an effective system to safely manage sex offenders in outpatient settings.

The following pages describe system improvement initiatives that support and enhance progress toward goals achievement as well as accomplishments aligned with each of the identified plan strategies.

Strategic Plan System Improvement Initiatives



System of Care (SOC): A grant-funded planning project developed a strategic plan, that when implemented, will build on partnerships, include full participation of youth and families and create a broad, integrated process across all of Nebraska's child-serving systems to achieve positive outcomes for children and youth with serious emotional health needs. See the SOC Strategic Plan at:

<http://www.dhhs.ne.gov/soc>



Co-occurring Disorders (COD) Phase II: Refers to co-occurring substance use and mental health disorders. In 2011 a COD workgroup completed a roadmap to guide the transformation of the current system of care and integrate COD services for Nebraska. The roadmap is integral to Nebraska's larger strategic planning for behavioral health. Phase II began in 2013 to increase the capacity of the behavioral health workforce and the behavioral health programs able to deliver prevention and treatment for persons with co-occurring disorders. View the full report including the roadmap at:

http://dhhs.ne.gov/behavioral_health/Documents/CoOccurringDisorderServiceDeliveryFinalReport2011.pdf



Results-Based Accountability (RBA): A disciplined way of thinking and taking action that communities can use to improve the lives of children, youth, families, adults and the community as a whole. The Division of Behavioral Health is developing performance measures with partners in FY15. The goal is to develop a set of performance measures for services to be used in service contracts.



Strategic Prevention Framework - Partners for Success: A five-year grant awarded by SAMHSA that focuses on preventing underage drinking by 12-20 year olds in Nebraska. Eleven (11) counties across the state were chosen to receive funding based on high alcohol use rates among the target population, high rates of binge drinking and high acceptability of minors drinking within the community. Activities center on population-based social norm change, intervention and enforcement and education/skill building for individuals and families. See the full Five-Year Statewide Strategic Plan for Prevention at:

http://dhhs.ne.gov/behavioral_health



Trauma Informed Nebraska (TIN): An initiative that promotes trauma-informed care statewide. TIN's mission is to oversee the development and implementation of a statewide, consumer-driven, recovery-oriented, trauma-informed system that ensures all behavioral health providers are informed about the effects of psychological trauma and are aware of the origin and effects of trauma on survivors. Improving access to a trauma-informed delivery system includes increasing the number of behavioral health providers who have utilized a Trauma-Informed Care (TIC) self-assessment so that policy and procedures incorporate trauma-informed and trauma-specific practices.



STRATEGY

INSIST ON ACCESSIBILITY

Access to publicly funded behavioral health services is influenced in Nebraska by geography, workforce limits, culture and language barriers, organizational, technology and information barriers and cost.

Accomplishments

- Conducted annual consumer surveys and system of care surveys on perception related to access of behavioral health services.
- Incorporated use of tele health across the state in all regions. Region 1 and 4 have specific initiatives for outpatient services.
- A number of providers initiated open access (walk-in) for a variety of outpatient services.
- Statewide and regional training and implementation of trauma informed care and co-occurring services.
- Behavioral Health Advisory Committee made recommendations for access standards related to geography, linguistics, culture, transportation and availability of behavioral and primary health care services.
- In consultation with the technical assistance collaborative, completed Olmstead readiness report addressing individuals' access to integrated community settings.
- Convened regular emergency behavioral health services meetings to discuss accessibility and emergency system issues.
- Completed Mental Health First Aid Training Infrastructure development per LB 931.
- Increased use of regional, community-based supports for consumers released from detention centers or inpatient/residential facilities.
- Conducted primary care integration activity to assess regional relationships with Federally Qualified Health Centers (FQHC).
- Established regular meetings with Division of Public Health to discuss access issues.
- Developed and implemented multiple behavioral health awareness campaigns and activities.
- Developed and measured wait list and capacity data with greater reporting on mental health services, tracking referrals and number of days from initial screening to admission.
- Regional peer recovery facilitators met with clients.
- Convened regular emergency behavioral health services meetings to discuss accessibility and emergency system issues.
- Completed Mental Health First Aid Training Infrastructure development per LB 931.



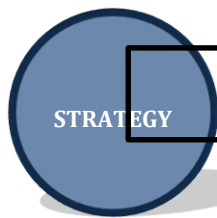
STRATEGY

DEMAND QUALITY

Quality behavioral healthcare requires workforce skills and recovery competencies that ensure services delivered are effective.

Accomplishments

- High Fidelity Wraparound Professional Partner Program exceeded national fidelity benchmarks.
- Initiated Phase I of Results-Based Accountability. (See page 2 of this report for description.)
- Utilized a standardized assessment tool (Compass-EZ) to measure co-occurring service capacity statewide. Baseline and regional comparisons established and shared.
- Trauma -informed care service capacity assessment completed statewide. Baseline and regional comparisons established and shared.
- Completed statewide/region competency development on serving individuals with complex needs through on-site training in six regions.
- Developed a work plan for peer credentialing and peer support which will lead to formalized regulation. Certified 248 peer support and wellness specialists. Two skill building and leadership training sessions conducted.
- Region 3 partnered with Behavioral Health Education Center of Nebraska (BHECN) on workforce skill building and training.
- Conducted Statewide Quality Improvement annual plan activities such as reviewing annual measures and leading weekly data calls.
- Trauma specific and evidenced based practices continue to develop across all regions. Regions 2 and 3 have specific initiatives.
- Continued development of positions for and role of Peer Specialists across the state.

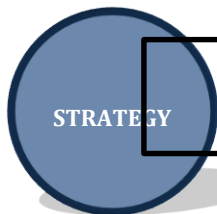


REQUIRE EFFECTIVENESS

Effectiveness in behavioral health care includes implementation of practices that show the most evidence for achieving positive outcomes. Effectiveness requires sound data infrastructure collection and monitoring practices.

Accomplishments

- 206 regulations passed and promulgated.
- Service definitions are adopted as Division of Behavioral Health standards of care.
- The Lincoln Regional Center (LRC) developed a person-centered care culture by implementing a foundation of staff expectations through WECARE behaviors (Worth, Empowerment, Communication, Accountability, Relationships and Education).
- Provided ongoing workforce development opportunities to increase competencies including supported employment and cultural competence statewide conferences.
- Awarded and completed *System of Care Strategic Planning* grant for children's behavioral health.
- Awarded *Partners for Success* prevention grant for substance abuse prevention activities in targeted counties across the state.
- Regional funding and support for peer support programs and initiatives.
- Emergency and system partner reviews of consumer referrals to Lincoln Regional Center (LRC).
- State and regional funding and training for evidence-based practices.
- Participated in System Enhancement Initiative workgroup for Lincoln Regional Center. Developed recommendations for discharge and community-based services system enhancements.
- Initiated "First Episode Psychosis" work group to identify opportunities to serve young adults earlier and more effectively.
- Developing framework for Recovery-Oriented System of Care (ROSC) in correlation with System of Care and Prevention strategic plans.



PROMOTE COST-EFFICIENCY

Future resource availability is uncertain and changing. Balancing available funding, partnerships and other network resources with flexibility and efficiency will promote cost-efficient practices to behavioral health care.

Accomplishments

- Finalizing procurement of centralized data system.
- Initiated cost/rate methodology work plan and readied for phased implementation.
- Developing new electronic claims system.
- Telehealth services for medication management and treatment are operational in most regions.
- Engaged consultant for High Fidelity Wraparound (Professional Partner Program) rates.
- Conducted supported employment milestone payment pilot statewide in partnership with vocational rehabilitation (VR). Milestone payment will begin October 1, 2015.
- Regional budget plan developed to support service capacity for individuals who have co-occurring or trauma
- Updated data system provider manual to improve data integrity and reinforce accuracy on the turnaround document (claims/billing).
- Improved Nebraska Prevention Information Reporting System (NPIRS) and trained field. NPIRS was recognized by federal project officer as model for other states.
- Electronic health records operational in some regions. Ongoing development and support for Health Information Exchange (HIE), Electronic Medical Records (EMR) and Electronic Practice Management (EPM).
- Regions utilized funding for informal supports including mini grants to network agencies to move forward their trauma-informed care/co-occurring disorders action plans.

CREATE ACCOUNTABLE RELATIONSHIPS

Accountability in relationships is essential to development of recovery-oriented systems of care. The Division of Behavioral Health is committed to creating a culture of accountability and collaboration in all of its relationships.

Accomplishments

- Established Community-based Services Annual Report. See report on Division web site at: http://dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx.
- Conducted Partnership Survey within the six Regional Behavioral Health Authorities to solicit input on the performance of the Division of Behavioral Health.
- Regions conduct a wide variety of stakeholder meetings. Regions provide surveys on their performance.
- Led the System of Care Planning initiative.
- Developed statewide Prevention Advisory Council.
- In collaboration with Nebraska State Patrol and District Clerks, implemented electronic "Commitment Record Application" system in compliance with LB 699 to supply the National Instant Criminal Background Check (NICS) system with Mental Health Board commitment data for state.
- Collaborated with Division of Public Health on various initiatives and activities including serving on the Prevention Partnership Council and State Health Improvement Plan workgroup.
- Collaborated with statewide provider network for treatment via telehealth system.
- Collaborated with justice behavioral health partners including participating in the Justice System Behavioral Health Committee meetings.
- Region-facilitated training sessions for providers related to system initiatives.
- Behavioral Health Threat Assessment, Crisis Intervention Training (Region 6) and Beta Training, (Region V) provided to law enforcement and community partners.
- Regional prevention coordinators facilitated prevention coalition meetings.
- Continued partnership and work with Probation and Parole at state and regional level.
- Partnered with Probation to develop service definitions and program planning development.
- Participated in monthly partnership meetings with Magellan Behavioral Health.
- Participated in Division of Children and Family Services Service Area and Behavioral Health Regions' partnership meetings.
- Participated in quarterly meetings with Department of Insurance and Federally Qualified Health Centers.
- Division of Behavioral Health staff served on national organizations including National Association of State Mental Health Program Directors (NASMHPD), National Association of State Alcohol and Drug Abuse Directors (NASADAD), National Association of State Mental Health Program Directors-Research Institute (NRI) and Substance Abuse and Mental Health Services Administration (SAMHSA).

For questions or additional information, please contact:

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BY THE NUMBERS

ACCESSIBILITY

- The 2013 Behavioral Health Consumer Survey reveals that 88.9% of consumers felt services were available at times that were good for them. 81% indicated they were able to get all the services they thought they needed.¹
- There are about 62,000 adults in Nebraska with a serious mental illness.²
- Drug and alcohol abuse affects over 134,000 adults in Nebraska.³
- In Fiscal Year 2013 over 20,000 individuals received mental health services and close to 14,000 received substance abuse disorder services⁴
- In Fiscal Year 2013 the Division of Behavioral Health funded services for 31,984 individuals.⁴ Mental Health services were provided to 1,549 youth experiencing serious emotional disorders.⁵
- Males comprised 55% of all consumers seeking services. The largest age group served was individuals aged 21-44.⁴
- In 2013 the Professional Partner Program in Nebraska served 1,252 youth and young adults ages 2 through 25 diagnosed with an emotional and/or behavioral disturbance.⁶
- In Fiscal Year 2013 there were 589 priority consumers waiting for substance abuse services statewide. The average wait time fell below the federal established benchmark.⁷
- The Lincoln Regional Center had 189 total admissions in calendar year 2013 compared to 172 for 2012. Median length of stay was 147 days in 2013 compared to 181 days for 2012.⁸

QUALITY

- 86.2% of clients responded positively when surveyed about the quality and appropriateness of services received during 2013.¹
- The Professional Partner Program in all behavioral health regions collectively scored 85% for using the 11 measures of the Fidelity to Wraparound index, outscoring the national average of 82%.

EFFECTIVENESS

- 80% of clients report improved quality of life as a result of services received.¹
- 79.5% of clients report dealing more effectively with daily problems.¹
- There are 248 certified peer support and wellness specialists in Nebraska. Behavioral health services in Nebraska with a peer recovery support component increased from a baseline of 64 in 2012 to 77 at the end of 2013.⁹
- A total of 28 environmental activities related to the reduction of underage and excessive drinking by adults were performed and funded by the Division in 2011. That number increased to 87 by 2013.⁹
- Lifetime use of alcohol reported by high school students in Nebraska dropped from 82.9% in 1991 to 52.1% in 2013.¹⁰
- In 2012, Nebraska's 30-day state hospital readmission rate for non-forensic clients was 2.0% compared to 8.9% nationally. The rate for 180 days was 5.1% compared to 19.6% nationally.¹¹

COST-EFFICIENCY

- For Fiscal Year 2013 the Division of Behavioral Health had an overall expenditure totaling \$162,068,294. Of that, \$103,415,252 was expended by the Community-Based Services section.⁴
- During Fiscal Year 2014 (July 1, 2013 – June 30, 2014) the Division of Behavioral Health expended \$58,324,984 on mental health and \$31,387,006 on substance abuse programs and services. Regional Centers' expenditures totaled \$58,097,247 for the same period.¹²

ACCOUNTABLE RELATIONSHIPS

- A total of 1,105 stakeholders participated in a statewide readiness assessment survey for the System of Care Planning Project. 262 family, youth and system partners participated in the development of a strategic plan for the System of Care. View the Strategic Plan at: <http://www.dhhs.ne.gov/soc>
- In the 2013 consumer survey most adult consumers (85%) reported general satisfaction with the services they received.
- As reported in the Community-Based Services Annual Report for 2013, 81.8% of consumers reported that in a crisis they would have the support they needed from family or friends.
- There was a 48% response rate to the DBH Partnership Survey Pilot. The DBH Central Office rated highest in the areas of "Consumer Focus" (4.9 out of 6) and "Quality Driven" (4.8 out of 6).

DATA SOURCES and REFERENCES

1. Division of Behavioral Health 2013 Consumer Survey
2. SAMHSA Federal Registry, 2012
3. 2011 National Survey on Drug Use and Health
4. Division of Behavioral Health Annual Report for Community Based Services, 2013
5. Division of Behavioral Health Data Extract System
6. Professional Partner Program (PPP) Annual Report, 2013.
7. Substance Abuse/Mental Health Capacity and Wait List Annual Report, 2013
8. Lincoln Regional Center Yearly Statistics Report 2012/2013
9. SAMHSA 2012/2013 Block Grant Priorities
10. Youth Risk and Behavior Survey, Nebraska 2013
11. Nebraska 2012 Mental Health National Outcome Measures (NOMS), Center for Mental Health Services (CMHS) Uniform Reporting System, SAMHSA
12. Division of Behavioral Health, Fiscal and Budget Section