# ONE NEBRASKA! ONE PLAN!

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

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

## Contents

# Message from the Director, Division of Behavioral Health

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

Dear Colleagues, Stakeholders and Nebraskans:

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

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

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

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

Sincerely,

Sheri Dawson

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

*Helping People Live Better Lives*

## Acknowledgements

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

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

# ONE NEBRASKA! ONE PLAN!

## Introduction

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

# ONE NEBRASKA! ONE PLAN!

## Vision

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

## Mission

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

## Operational Structure

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

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

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

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

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

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

Office of Consumer Affairs (OCA): The Office of Consumer Affairs conducts activities to promote consumer involvement in the service system and recovery process. Consumers are defined as persons receiving mental health or substance use disorder services. Activities include:

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

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

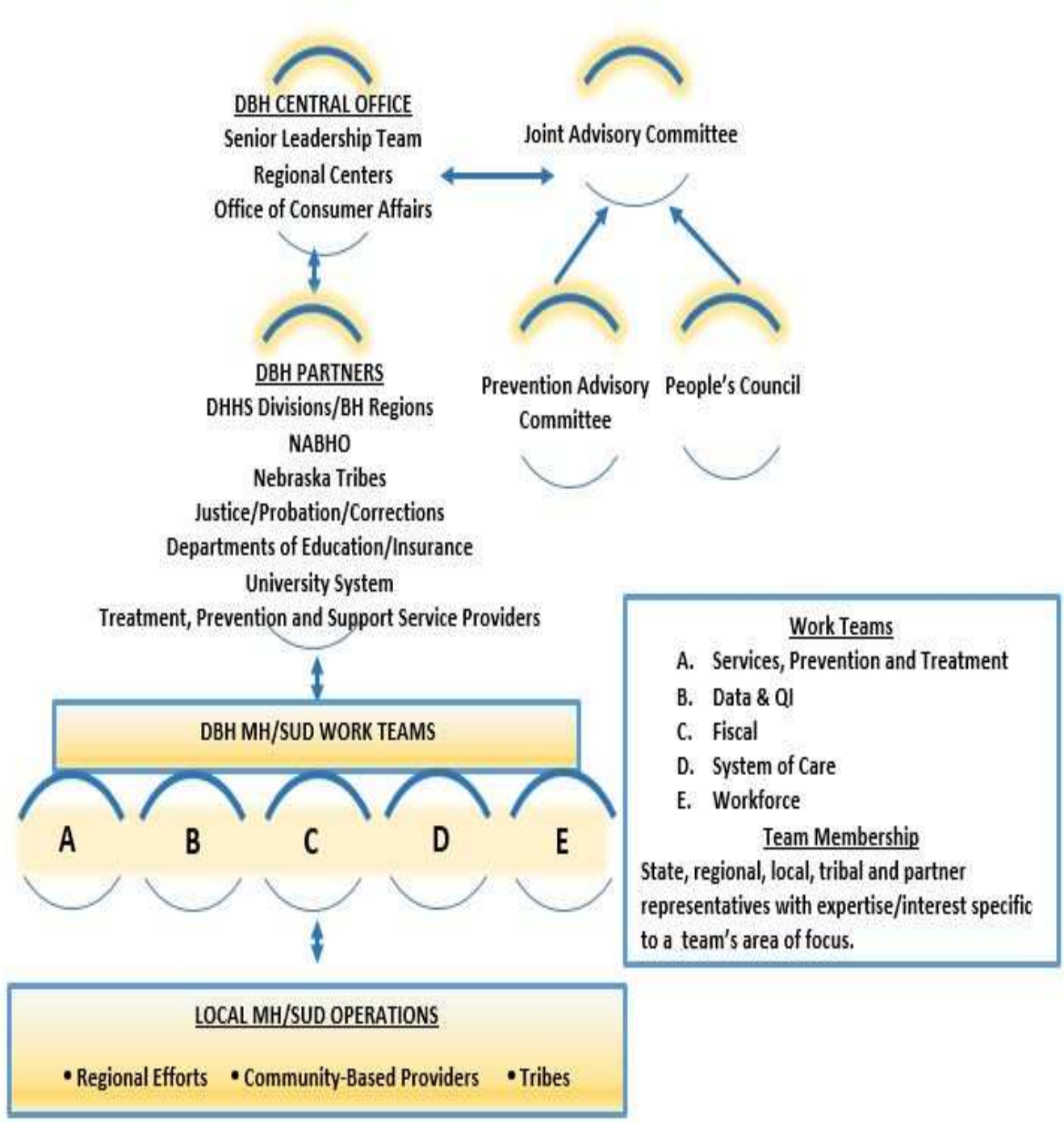
System Partners and Providers: Effective collaboration among public and private systems, as well as with individual consumers, families, agencies and communities is a critical component of systems of care. Services are administered by a variety of different system partners:

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

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

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

## ONE PLAN – OPERATIONAL COLLABORATIVE

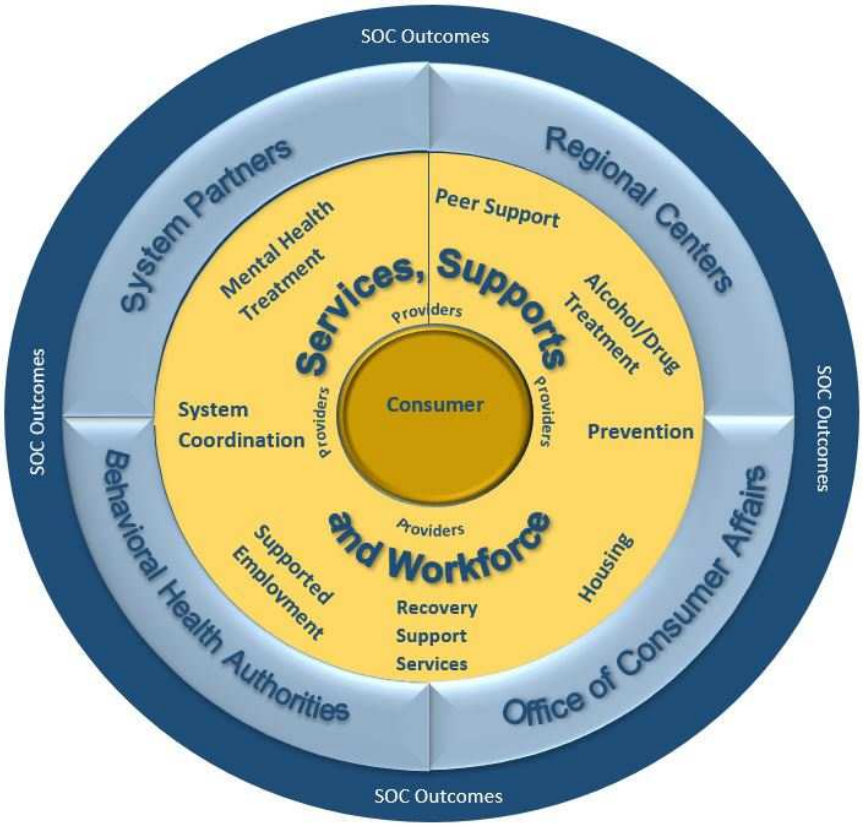


## Adult System of Care (ASOC):

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

## Prevention Works, Treatment is Effective, People Recover

## Nebraska Adult System of Care (ASOC)




## Adult System of Care (ASOC) Outcomes

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

**Effective:** Improved system integration and evidence-based practices.
**Efficient:** Improved quality of services including affordability/cost.
**Experience:** Improved access to care and consumer satisfaction.

# ONE NEBRASKA! ONE PLAN!

## Strategic Plan Development

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

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

## 1. Where Are We?

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

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

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

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

## Needs Assessment:  Selected Findings and Recommendations

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

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

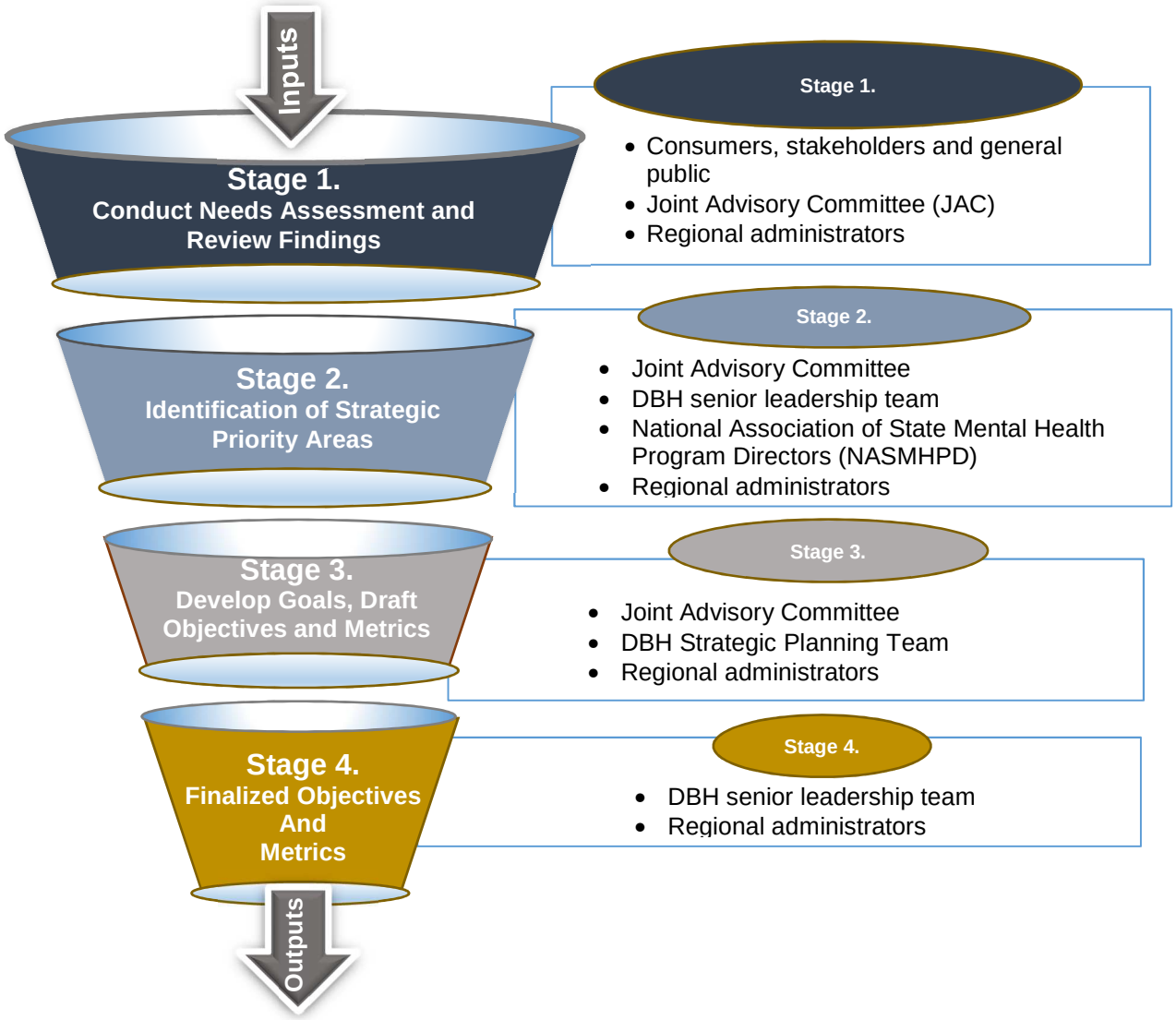
| Indicator | Nebraska | | | | U.S. |
|---|---|---|---|---|---|
| | 2012 | 2013 | 2014 | 2015 | 2015 |
| Access | 87.4% | 85.3% | 84.2% | 82.1% | 86% |
| General Satisfaction | 79.0% | 76.6% | 77.9% | 76.1% | 86% |
| Outcomes | 63.8% | 67.1% | 61.6% | 60.8% | 68% |
| Family Involvement | 86.3% | 89.3%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

## 2. What's Important?

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

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

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




**DBH Strategic Plan Goals, Domains, Objectives and Metrics**

## 3. What Must Be Achieved?

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

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

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

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

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

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

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


### Objectives:

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

## 4. How Are We Accountable?

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

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

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

## Effective GOAL 1.

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

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

## Efficient GOAL 2.

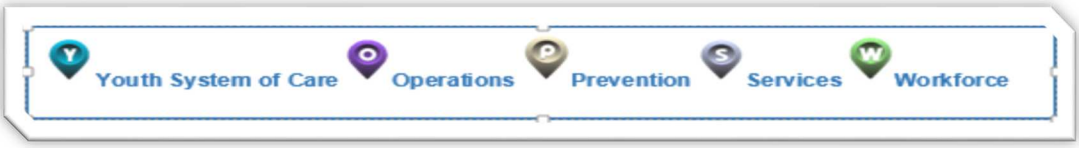
Nebraska Division of Behavioral Health delivers quality and effective services that help people live better lives.

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

## Experience GOAL 3.

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

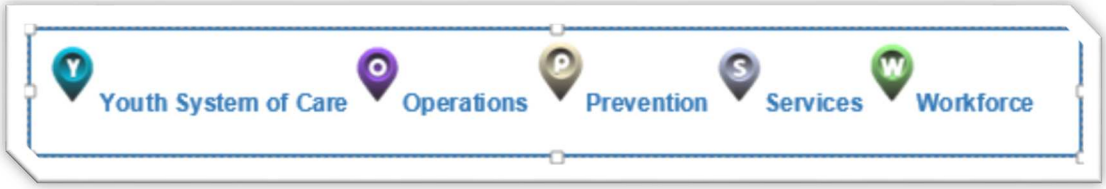
| | |
|---|---|
| W | Increase the number of LMHPs, LADCs, & RNs working in the behavioral health field. |
| W | Decrease the vacancy rate for RNs at Lincoln Regional Center. |
| W | Decrease the Regional Centers' turnover rate of unlicensed workforce |
| W | Increase the number of persons with lived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



# DIVISION OF BEHAVIORAL HEALTH

# STRATEGIC PLAN 2017-2020

# STRATEGIC PLAN 2017-2020
## Division of Behavioral Health




| **Goal 1. Nebraska behavioral health services are integrated across public and private systems to support consumers and impact health.** | | |
|---|---|---|
| **Domain** | Objective | Metric |
| SOC | **1.A.** By 2020, increase the number of children and youth who attend school regularly following 12 months of SOC services and supports. | School Attendance<br>• Target: Establish by 8/2017<br>• Baseline: 95.17%<br>• Data source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation data records<br>• Collection cycle: Annually |
| SOC | **1.B.** By 2020, increase the ratio of other means of financing to state funds spent on youth behavioral health services. | Ratio of Other Means of Financing to State Funds Spent on Youth BH Services<br>• Target: Establish by 8/2017<br>• Baseline: Establish by 8/2017<br>• Data source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation, Nebraska Children and Families Foundation<br>• Collection cycle: Annually |
| SOC | **1.C.** By 2020, reduce utilization of residential and inpatient behavioral health care for youth in any youth service system. | Utilization of Residential & Inpatient BH Care for Youth<br>• Target: Establish by 8/2017 |

| | | |
|---|---|---|
| | | • Baseline: 7.1% of Youth (FY15)<br>• Data source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation data records<br>• Collection cycle: Annually |
| SOC | **1.D.** By 2020, decrease cost per youth and per adult receiving behavioral health services. |  <u>Cost per Youth</u><br>• Target: Establish by 8/2017<br>• Baseline: $4,400<br>• Data source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation data records<br>• Collection cycle: Annually<br>  <u>Cost per Adult</u><br>• Target: Establish by 1/2018<br>• Baseline: Establish by 1/2018<br>• Data source: Centralized Data System/Electronic Billing System<br>• Collection cycle: Quarterly |
| | **1.E.** By 2020, reduce the suicide rate for identified populations. |  <u>Veterans' Suicide Rate</u><br>• Target: 32 per 100,000<br>• Baseline: 36 per 100,000<br>• Data source: 2014 NE Vital Statistics<br>• Collection cycle: Annually<br>  <u>Native Americans' Suicide Rate</u><br>• Target: 9 per 100,000 |

| | | |
|---|---|---|
| | | • Baseline: 10 per 100,000<br>• Data source: 2010-2014 NE Vital Statistics<br>• Collection cycle: Annually<br><br>  Youth Suicide Rate-Ages 10 to 18<br><br>• Target: 6 per 100,000<br>• Baseline: 7.5 per 100,000<br>• Data source: 2014 NE Vital Statistics<br>• Collection cycle: Annually<br><br>  Young Adult Suicide Rate-Ages 19 to 25<br><br>• Target: 13.5 per 100,000<br>• Baseline: 15 per 100,000<br>• Data source: 2014 NE Vital Statistics<br>• Collection cycle: Annually |
|  | **1.F.** By 2020, increase the number of behavioral health providers who report practicing in a setting that is integrated with primary care. |  Behavioral Health Providers in Integrated Settings<br><br>• Target: Establish by 7/2017<br>• Baseline: 30.2%<br>• Data source: Health Professional Tracking Survey<br>• Collection cycle: Annually |
|  | **1.G.** By 2020, increase the number of programs and management systems with operational interface to the Centralized Data System. |  Programs & Management Systems Interfacing with Centralized Data System<br><br>• Target: 25<br>• Baseline: 12<br>• Data source: Centralized Data System<br>• Collection cycle: Annually |

| Goal 2. Nebraska behavioral health system delivers quality and effective services that help people live better lives. | | |
|---|---|---|
| **Domain** | **Objective** | **Metrics** |
| **SOC** | **2.A**. By 2020, decrease average age of youths' first system contact. |  Age of First Contact<br>• Target: Establish by 8/2017<br>• Baseline: 9.38 years old<br>• Data source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation data records<br>• Collection cycle: Quarterly |
| | **2.B.** By 2020, reduce the prevalence of underage alcohol use among individuals 12 to 20 years of age. |  Underage Alcohol Use<br>• Target: 20% report alcohol use in the past month<br>• Baseline: 21.63% report alcohol use in the past month<br>• Data source: 2014-2015 National Survey on Drug Use & Health Data<br>• Collection cycle: Annually |
| | **2.C.** By 2020, reduce the prevalence of binge drinking among youth and young adults. |  Binge Drinking Ages 15-18<br>• Target: 12.6% report binge drinking in the past month<br>• Baseline: 14% report binge drinking in the past month<br>• Data source: 2015 Youth Risk Behavior Surveillance (YRBS)<br>• Collection cycle: Biennial<br><br>  Binge Drinking Ages 19-25<br>• Target: Decrease by 10%<br>• Baseline: 37.6% report binge drinking in the past month |

| | | |
|---|---|---|
| | | • Data source: 2016 National Youth Adult Alcohol Opinion Survey<br>• Collection cycle: In FY 2018 (as funding is available) |
|  | **2.D.** By 2020, maintain or reduce the prevalence of non-medical use of pain relievers among individuals over 12 years of age. |  Non-Medical Use of Pain Relievers Ages 12-17<br>• Target: Establish by 6/2017<br>• Baseline: 4.68% report non-medical use of pain relievers in the past year<br>• Data source: 2012-2013 National Survey on Drug Use & Health data<br>• Collection cycle: Annually<br>  Non-Medical Use of Pain Relievers Ages 18-25<br>• Target: Establish by 6/2017<br>• Baseline: 8.64% report non-medical use of pain relievers in the past year<br>• Data source: 2012-2013 National Survey on Drug Use & Health data<br>• Collection cycle: Annually<br>  Non-Medical Use of Pain Relievers Ages 26+<br>• Target: Establish by 6/2017<br>• Baseline: 2.89% report non-medical use of pain relievers in the past year<br>• Data source: 2012-2013 National Survey on Drug Use & Health data<br>• Collection cycle: Annually |

| | | |
|---|---|---|
| | **2.E.** By 2020, reduce the prevalence of high school students who seriously considered attempting suicide in the past year. | <u>Youth Considering Suicide</u><br>• Target: 13% seriously considered suicide in the past year<br>• Baseline: 14.6% seriously considered suicide in the past year<br>• Data source: 2015 YRBS<br>• Collection cycle: Biennial |
| | **2.F.** By 2020, maintain the annual Nebraska retailer violations rate at 10% or below. | <u>Compliance with Tobacco Sales Laws</u><br>• Target: Maintain under 10%<br>• Baseline: 9%<br>• Data source: 2016 Annual Synar<br>• Collection cycle: Annually |
| | **2.G.** By 2020, increase availability and utilization of evidence-based practices (EBP). | <u>Providers Using EBPs</u><br>• Target: Establish by 8/2017<br>• Baseline: Establish by 8/2017<br>• Data source: Survey<br>• Collection cycle: Annually<br><br><u>EBPs in Use</u><br>• Target: Establish by 3/2017<br>• Baseline: Establish by 3/2017<br>• Data source: Survey<br>• Collection cycle: Annually<br><br><u>Providers Reporting Fidelity Evaluations</u><br>• Target: Establish by 3/2017<br>• Baseline: Establish by 3/2017<br>• Data source: Survey<br>• Collection cycle: Annually |

| | | |
|---|---|---|
| | |  Consumers Receiving EBPs<br>• Target: TBD<br>• Baseline: TBD<br>• Data source: TBD<br>• Collection cycle: TBD<br><br>  Consumers with improved outcomes as a result of EBPs.<br>• Target: TBD<br>• Baseline: TBD<br>• Data source:<br>• Collection cycle: Annually |
| | **2.H.** By 2020, increase the number of consumers and their families who have stable housing from behavioral health services admission to discharge. |  Stable Housing<br>• Target: 85%<br>• Baseline: 83.3%<br>• Data source: 2016 Consumer Treatment Data-Centralized Data system<br>• Collection cycle: Quarterly |
| | **2.I.** By 2020, increase the number of consumers who are employed or seeking employment from behavioral health services admission to discharge. |  Employment<br>• Target: Establish by 3/2017<br>• Baseline: 3,451<br>• Data source: 2016 Consumer Treatment Data-Centralized Data system<br>• Collection cycle: Quarterly<br><br>  Supported Employment<br>• Target: 60%<br>• Baseline: 60.4%<br>• Data source: 2016 Consumer Treatment Data-Centralized Data system<br>• Collection cycle: Quarterly |

| Goal 3. Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs. | | |
|---|---|---|
| **Domain** | **Objectives** | **Metrics** |
| | **3.A.** By 2020, increase the number of LMHPs and LADCs. | <u>LMHPs</u><br>• Target: Establish 8/2017<br>• Baseline: 8/2017<br>• Data source: 2016 Health Professional Tracking Survey<br>• Collection cycle: Annually<br><u>LADCs</u><br>• Target: Establish 8/2017<br>• Baseline: 8/2017<br>• Data source: 2016 Health Professional Tracking Survey<br>• Collection cycle: Annually |
| | **3.B.** By 2020, decrease the vacancy rate of LRC RNs. | <u>Vacancy Rate of LRC RNs</u><br>• Target: 29%<br>• Baseline: 33.8%<br>• Data source: Human Resources Vacancy<br>• Collection cycle: Monthly |
| | **3.C.** By 2020, decrease the Regional Centers' turnover rate of unlicensed workforce. | <u>Regional Centers' Turnover Rate of Unlicensed Workforce</u><br>• Target: TBD<br>• Baseline: TBD<br>• Data source: DHHS/HR database<br>• Collection cycle: Quarterly |
| | **3.D.** By 2020, increase the number of persons with lived experience working in the field. | <u>Persons with Lived Experience Working in the Field</u> |

| | | |
|---|---|---|
| | | • Target: Establish by 7/2017<br>• Baseline: Establish by 7/2017<br>• Data source: Establish by 7/2017<br>• Collection cycle: Establish by 7/2017 |
| SOC | **3.E.** By 2020, reduce the proportion of youth who report living in a setting that is not their home (i.e. foster care, jail, prison or hospital) from intake to 12 month follow-up. |  Out-of-Home Placements<br>• Target: Established by 8/2017<br>• Baseline: 17.7%<br>• Data source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation data records<br>• Collection cycle: Quarterly |
| SOC | **3.F.** By 2020, increase the ratio of community-based service expenditures compared to inpatient/residential services expenditures within the youth SOC. |  Ratio of Community Based Service Expenditures to Inpatient/Residential Services Expenditures for Youth<br>• Target: Establish by 8/2017<br>• Baseline: 2 to 1 community-based to inpatient/residential services<br>• Data source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation data records<br>• Collection cycle: Annually |
| | **3.G.** By 2020, increase the number of behavioral health programs utilizing peer workforce standards. |  Use of Peer Workforce Standards<br>• Target: 12/2017<br>• Baseline: 12/2017<br>• Data source: Survey<br>• Collection cycle: Annually |
| | **3.H.** By 2020, sustain or increase general satisfaction of consumers receiving behavioral health services. |  Consumer Satisfaction<br>• Target: 87%<br>• Baseline: 87.3% |

| | | |
|---|---|---|
| | | • Data source: 2016 Consumer Survey<br>• Collection cycle: Annually |
| | **3.I.** By 2020, reduce wait time for behavioral health residential and medication management services. |  Residential Services Wait<br>• Target: Establish by 6/2017<br>• Baseline: Establish by 6/2017<br>• Data source: Centralized Data System<br>• Collection cycle: Quarterly<br>  Medication Management Services Wait<br>• Target: Establish by 3/2017<br>• Baseline: Establish by 3/2017<br>• Data source: Centralized Data System<br>• Collection cycle: Quarterly |
| | **3.J.** By 2020, reduce the wait time for admission to Lincoln Regional Center (LRC). |  LRC Wait Time-MHB Commit<br>• Target: 8 Days<br>• Baseline: 10.6 Days<br>• Data source: Avatar<br>• Collection cycle: Monthly<br>  LRC Wait Time-Court Commit<br>• Target: 14 Days<br>• Baseline: 49 Days<br>• Data source: Avatar<br>• Collection cycle: Monthly |
| | **3.K.** By 2020, decrease the average law enforcement holding time for consumers under Emergency Protective Custody. |  Law Enforcement Holding Time<br>• Target: Establish by 1/2018<br>• Baseline: Establish by 1/2018<br>• Data source: Law enforcement report via Emergency Coordinators |

| | | |
|---|---|---|
| | | • Collection cycle: Establish by 1/2018 |
| | **3.L.** By 2020, increase behavioral health providers offering services via telehealth in frontier/rural areas. | Therapy via Telehealth<br>• Target: Establish by 8/2017<br>• Baseline: Establish by 8/2017<br>• Data source: Establish by 8/2017<br>• Collection cycle: Establish by 8/2017<br><br>Medication Management via Telehealth<br>• Target: Establish by 8/2017<br>• Baseline: Establish by 8/2017<br>• Data source: Establish by 8/2017<br>• Collection cycle: Establish by 8/2017 |
| | **3.M.** By 2020, reduce disparities in access to behavioral health care. | Diverse Populations Receiving Behavioral Health Services<br>• Target: Establish by 8/2017<br>• Baseline: Establish by 8/2017<br>• Data source: Centralized Data source<br>• Collection cycle: Annually |
| | **3.N.** By 2020, increase the number of prescribers providing EBP Medication Assisted Treatment. | Prescribers of Medication Assisted Treatment<br>• Target: Establish by 8/2017<br>• Baseline: Establish by 8/2017<br>• Data source: SAMHSA Registry<br>• Collection cycle: Annually |