

December 30, 2015

Dear Behavioral Health System Partner,

Thank you for your commitment to providing the opportunity for recovery to individuals with behavioral health challenges. Many of you have heard me speak of our bridge plan. I appreciate the needs, ideas and recommendations that have been shared with our team over the last few months. We have incorporated many of your suggestions in the attached document- the Division's 2016 Bridge Strategic Plan. This document maps out our work for the calendar year. It bridges the end of the current plan (2011-2015), lays the groundwork for initiation of a new three-year plan for 2017-2020, and outlines a thorough list of activities that are aligned with a focused set of goals and initiatives.

Beginning with the launch of a comprehensive needs assessment, the Division will address important issues like cross-systems integration and access to quality and effective services for behavioral health consumers. The Plan is ambitious, but doable with many of the activities currently in progress or soon-to-be initiated.

We look forward to your continued involvement in our work as we move Behavioral Health forward together in 2016.

Thank you for your dedication to helping Nebraskan's live healthier lives.

Sincerely,



Sheri Dawson, R.N., B.S.  
Director  
Division of Behavioral Health  
Department of Health and Human Service

**NEBRASKA**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

# **2016 BRIDGE STRATEGIC PLAN**



**DIVISION OF BEHAVIORAL HEALTH**





# 2016 BRIDGE STRATEGIC PLAN

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# PREFACE

The Division of Behavioral Health is dedicated to providing mental health and substance use 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 the Division of Behavioral Health. This 2016 Bridge Strategic Plan maps out the Division's work for the calendar year. It bridges the end of the current plan (2011-2015) and lays the groundwork for initiation of a new three-year plan for 2017-2020.



# INTRODUCTION

## BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH: PREVENTION WORKS, TREATMENT IS EFFECTIVE, PEOPLE RECOVER

Nebraska's **Division of Behavioral Health (DBH)** promotes activities that improve the quality of behavioral health services and increases opportunities for recovery and wellness. It is one of six Divisions within the Nebraska Department of Health and Human Services. DBH administers, oversees and coordinates the State's public behavioral health system to address the prevention and treatment of mental health and substance use conditions. DBH strives to ensure services meet the complex needs of individuals with co-occurring disorders.

The Division's work is shaped by the 2011-2015 strategic plan and grounded in these principles:

- Comprehensive and individualized services delivered across the lifespan of the consumer,
- Consumer-focused and recovery-oriented,
- Culturally responsive,
- Strength-based,
- Outcomes and data-driven, and
- Committed to accountable relationships.



**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.



# GOALS AND OBJECTIVES

The Division of Behavioral Health embraces the opportunity to move behavioral health forward in 2016.

**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.

## PERFORMANCE INDICATORS:

Division initiatives for 2016 include planning for and implementing a system of care and addressing service and support needs of individuals with co-occurring or complex needs. Key strategies involve:

- Increasing **accessibility** to publically funded behavioral health services.
- Improving the **quality** of public behavioral health services for children and adults.
- Improving outcomes for children and adults through the use of **effective** services.
- Promoting **cost efficiency** through flexible and balanced funding for a person-centered, recovery oriented system of services.
- Supporting transparent and **accountable relationships** with and among system stakeholders.

Development and implementation of a Results-Based Accountability (RBA) approach that focuses on outcomes is one methodology that improves and informs the performance of programs, agencies and service systems division-wide. The following examples of program-level performance measures help to assess the division's performance through expectations of quality care:

- % Positive response to general satisfaction with services received.
- % Positive response to staff sensitive to trauma.
- % Programs with improvement in trauma informed scores.
- % Programs with improvement in co-occurring capable/enhanced scores.
- % Consumers discharged with treatment completed status.

## NEW 2016 !

Beginning 2016, the Division of Behavioral Health will have a Deputy Director dedicated to systems integration and strategic planning. This person will be responsible for:

- Coordinating and assimilating other systems and programs, both internal and external to DHHS that intersect and impact Nebraska's behavioral health care system.
- Coordinating the implementation of a statewide needs assessment.
- Facilitating the development of a three-year strategic plan for the Division of Behavioral Health.

The development and implementation of a strategic plan for 2017-2020 will take priority in 2016, beginning with a comprehensive statewide needs assessment essential to inform the process and ultimate strategic plan.

## TOP PRIORITY



Engage technical assistance to develop, implement and complete a data-informed needs assessment by June 30, 2016.

- Secure Technical Assistance consultant
- Develop and implement assessment tool statewide, including assessment of co-occurring and complex needs of populations.
- Collect and analyze assessment results.



Complete development of a three-year strategic plan for 2017-2020 by December 31, 2016.

- Secure consultant
- Engage stakeholders, system partners and consumers in the strategic planning process.
- Identify membership and convene strategic plan workgroup.
- Facilitate strategic plan development meetings.
- Complete draft and final plan.

# 2016 BRIDGE STRATEGIC WORK PLAN

Activities listed are aligned with strategic planning and address the November 2015 Legislative Performance Audit.

## ACCESSIBILITY

### STRATEGIC INITIATIVE:

INCREASE ACCESS TO APPROPRIATE AND EFFECTIVE INTEGRATED BEHAVIORAL HEALTH SERVICES, PARTICULARLY FOR INDIVIDUALS WITH COMPLEX NEEDS.



**Activity 1:** Implement access measures for Behavioral Health System services by December 31, 2016.

- Identify and develop measurable access standards and propose targets.
- Present to Joint Advisory Committee and solicit stakeholder feedback.
- Develop services matrix for all Regions' service array.
  - Identify essential services.
  - Compile final list of required access standards.
- Incorporate requirements for improvement into Region Budget Plan guidelines.



**Activity 2:** Initiate Phase I of Children's System of Care implementation plan to target January 2016 and running through June 2017.

- Organize staff, convene Governing Board, Leadership Team and Standing Work Teams.
- Cross-system map of services/supports, eligibility, funding sources, policies, practices and regulations completed.
- Establish mechanism for public/private partnerships in implementation of actions steps (contractual/MOUs).
- Mechanism for cross-system monitoring of SOC services and supports developed.

**Activity 3:** Evaluate First Episode Psychosis Coordinated Specialty Care (FEP CSC) pilot project in two sites (Kearney, Omaha) by December 31, 2016.

- Conduct training for team members with focus on process and programmatic outcomes, family education and support, supported employment and education services.
  - Training, webinars, team care calls and role calls with *On -Track NY*.
  - Training on application and consistency of user scoring of the Mental Illness Research, Education and Clinical Centers – Global Assessment Functioning Expanded tool (MIRECC-GAF).
- Continue participant enrollment.
- Collect available pilot data for inclusion in federal block grant report. Present pilot overview and update to Joint Advisory Committee.

**Activity 4:** As State Opioid Treatment Authority, collaborate with DHHS Division of Public Health in support of its four-year CDC grant award that provides for Nebraska’s Prescription Drug Overdose Prevention Program (PDMP).

- Participate in stakeholder review process of the PDMP.
  - Identify and develop plan to address barriers to enhancing and maximizing access to PDMP.
- Develop and implement training plan in collaboration with Addiction Treatment Technology Center (ATTC).



**Activity 5:** Improve flow and decrease wait list at Lincoln Regional Center by December 31, 2016.

- Identify and develop community-based hospital and emergency system options for Region V consumers needing inpatient care.
- Identify and develop intermediate service options/plan to reduce admissions to Lincoln Regional Center.
  - Identify treatment options for LRC consumers by Cross-Division Solutions Team.
  - Develop additional housing options.
  - Develop more opportunity for peer support.
  - Develop health information technology and telecommunications options.
  - Enhance community-based service options.
  - Enhance discharge planning process.
- Explore development of a mechanism for applying Region V population management methodology to other Regions.
- Continue DBH Integration and Clinical Improvement QI Project.
  - Review NRC/LRC Sex Offender Programs – admission and discharge flow between NRC/LRC.
  - Continue quarterly meetings with Administrative Office of the Courts.
  - Develop recommendations to DBH that will improve flow.

## QUALITY

### STRATEGIC INITIATIVE:

IMPROVE THE QUALITY OF PUBLIC BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND ADULTS.



**Activity 1:** Centralized Data System (CDS), including reporting system, operational by February 1, 2016.

- Onsite visits with Regions and ongoing CDS training conducted by June 2016.
- Train regional center staff to include RBA and CDS by March 1, 2016.
- Develop reporting and timeframe mechanics of Memorandum of Understanding (MOU) currently in place with DHHS Medicaid that will provide for comprehensive examination of behavioral health services by June 30, 2016.
- Initiate development of MOUs with other behavioral health system partners.

**Activity 2:** Develop a plan to assess substance use and mental health disorders for the state Epidemiological Profile on an on-going basis by December 31, 2016.

- Secure TA assistance in developing logic model for plan development with State Epidemiology Outcomes Workgroup (SEOW).
- Convene SEOW on a quarterly basis.
- Identify and select criteria/format for the next version of the Epidemiology Profile.
- Maximize epidemiology resource sharing through ongoing partnerships with DHHS Division of Public Health and other members of the SEOW.



**Activity 3:** Further cross-system collaboration to increase system-wide capacity for Trauma-Informed Care (TIC) by December 31, 2016.

- Secure consultant, develop assessment process/procedure.
- Conduct agency assessment within DBH using TIC tool.
- Review assessment results and consultant recommendations for implementation of TIC practices across all DHHS divisions and the larger publically-funded behavioral health system.
- Review results of TIC reassessment within RBHAs specific to strengths for continued growth as well as opportunities for improvement.

**Activity 4:** Identify and implement contractor to provide Preadmission Screening and Resident Review (PASRR) services across the state for individuals being admitted to a Medicaid-certified nursing facility by May 1, 2016.

- Receive and evaluate proposals submitted via state issued Request for Proposals (RFP).
- Select contractor based on proposal review scores.
- Monitor services delivered for contractual compliance.
  - Web-based system and timeline to show system will be fully operational by contract start date.
  - Plan of action and timeline for obtaining capacity to interface with the Nebraska Medicaid information system.
  - Quality review plan.
  - Timely completion of Level I and Level II identification screens within specified timeframes.

**Activity 5:** Annual Consumer Survey conducted February – October 2016.

# EFFECTIVENESS

## STRATEGIC INITIATIVE:

IMPLEMENTING PRACTICES THAT SHOW THE MOST EVIDENCE FOR ACHIEVING POSITIVE OUTCOMES IN BEHAVIORAL HEALTHCARE.

**Activity 1:** Review and refine policies, service definitions and contract language specific to system enhancement for co-occurring and complex needs, and incorporate updated language in program and administrative practices by June 30, 2016.

- In collaboration with Division of Public Health, explore a combined facility licensure category.

**Activity 2:** Conduct training on co-occurring and complex needs to regional centers and system partners, including the Department of Corrections by December 31, 2016.

- Secure trainers
- Develop training plan
- Conduct and evaluate training

**Activity 3:** Results-based Accountability (RBA) population indicators and performance measures reviewed and revisions identified - ongoing through June 30, 2016.

- Review with Network Management Team and Regional Administrators to determine any change in performance measures and related source for data collection.
- Provide webinar to Regions and providers to review identified changes.



**Activity 4:** Initiate a planning process that leads to the development of three-year strategic plan for community-integrated supported housing for behavioral health consumers by June 2016. Under the current contract, the Technical Assistance Collaborative (TAC) will:

- Review current DHHS policies and conduct housing focus groups.
- Conduct environmental scan and review of current housing planning efforts.
- Research available supported housing services and conduct housing workgroup.
- Develop a mechanism to incorporate Lincoln Regional Center Peer Bridger program into the 2017 strategic plan.

**Activity 5:** Finalize the development of the Peer Bridger Pilot Program specific to transitioning from Lincoln Regional Center to community-based services, including supported housing by March 31, 2016.

- Analyze results of survey completed in 2015 of key LRC employees, community providers and Certified Peer Support Workers (CPSW) and provide to pilot program work team.
- Finalize plan with work team for implementation of pilot program including staff responsibilities, tasks and timeline for execution.



**Activity 6:** Operationalize the administration of the Medication Assisted Treatment (MAT) program by December 31, 2016.

- In collaboration with the Addiction Treatment Technology Center, conduct training for stakeholders, system partners and workforce.
- Secure consultant.
  - Develop operational plan
  - Organize structural policies and procedures around MAT
- Evaluate regulations, contractual requirements and funding mechanisms impacting MAT and align with MAT implementation process.
- Develop MAT registry for providers.

**Activity 7:** Align Division Suicide Prevention Plan with the overarching statewide strategic plan for suicide prevention developed by a broad collaborative of prevention professionals by September 30, 2016.

- Identify and adopt measurable objectives for the DBH suicide prevention initiative.
- Initiate work plan to operationalize divisional suicide prevention initiatives.



**Activity 8:** Increase the delivery of effective Supported Employment services by December 31, 2016.

- Review information gathered from Supported Employment Symposium, sponsored by the National Technical Assistance Collaborative (TAC) in December 2015, and apply as appropriate to inform 2016 work related to Supported Employment.
- Convene workgroup to improve number of individuals served in Supported Employment or related services by March 31, 2016:
  - Identify mechanism for expanding Supported Employment opportunities for consumers across the state.
  - Develop policies that support effective service delivery.
- Identify dashboard for Supported Employment outcomes.

**Activity 9:** Review the policies and procedures of the Diversity Committees at the Hastings, Norfolk and Lincoln Regional Centers by December 31, 2016.

- Secure Cultural and Linguistic Services (CLS) consultant(s).
- Conduct review and provide recommendations to DHHS/DBH leadership.

**Activity 10:** Identify and implement strategies to strengthen the Peer Support Workforce by December 31, 2016.

- Conduct a peer support workforce survey.
- Analyze Office of Consumer Affairs Peer Support training evaluation data.
- Create a report from workforce survey and evaluation data.
- Create service descriptions for 2016 implementation.
- Explore next steps for enhancing the current certification mechanism.
- Conduct Peer Support trainings and certification exams.

# COST EFFICIENCY

## STRATEGIC INITIATIVE:

DEVELOP FLEXIBLE AND BALANCED FUNDING TO SUPPORT AN EFFICIENT AND ACCOUNTABLE PERSON-CENTERED, RECOVERY-ORIENTED SYSTEM OF SERVICES.

**Activity 1:** Incorporate developed measurable access standards in the Region Budget Plan Guidelines by December 31, 2016. Set and incorporate targets for performance.



**Activity 2:** Conduct a review/study of the costs associated with providing services in the Nebraska Behavioral Health System to ensure statewide capacity and access to behavioral health services.

- By February 1, 2016, evaluate results of study Phase I and II completed December 31, 2015.
  - Develop plan for implementation of rates resulting from the study.
- Initiate study Phase III as determined by evaluation results by July 31, 2016. Identify and initiate implementation schedule.
- Evaluate Regional Center costs by program and identify a set of recommendations by June 30, 2016.

**Activity 3:** Complete Phase II of the Children's System of Care Financial Blue Print of children and youth services and supports across systems by June 30, 2016.

- Analysis of cross-system data collected in Phase I delivered and reviewed.
- Draft findings and recommendations for leveraging funding to maximize resources provided.
- Final report completed.

**Activity 4:** Provide leadership with identified and developed recommendations for improving operational processes by December 31, 2016.

- Review processes that impact cross-system efficiencies.
  - Data and QI System
  - Contracts
  - Training and staff development to support DBH talent.
  - Identify operational excellence top priority projects.



# ACCOUNTABLE RELATIONSHIPS

## STRATEGIC INITIATIVE:

MAXIMIZE THE FULL POTENTIAL OF BEHAVIORAL HEALTH RESOURCES THROUGH PARTNERSHIPS AND TRANSPARENT, ACCOUNTABLE RELATIONSHIPS.



**Activity 1:** Develop and finalize plan for addressing nursing shortage at the Lincoln Regional Center by December 31, 2016.

- Continue identification and implementation of additional recruitment and retention strategies.
  - Provide recommendations to DHHS CEO and DHHS Human Resources.



**Activity 2:** Collaborate with system partners to address behavioral health workforce shortages. Ongoing through 2016.

- Partner with Behavioral Health Education Center (BHECN) and UNMC School of Nursing to develop and retain workforce opportunities in behavioral health care.
- Collaborate with BHECN on workforce analysis. Prioritize training and recruitment of behavioral health professional by type and region.
- Initiate formal prevention workforce development plan.
  - Secure consultant, execute contract.
  - Convene workforce development work group.
  - Review workforce needs assessment survey results to incorporate in plan, as appropriate.
  - Explore options to adopt certification process for Certified Prevention Specialists.
  - Identify regulation and procedural changes necessary to implement certification process.

**Activity 3:** Implement formal and strategic system links with other key stakeholders to expand consumer involvement in service planning and delivery in Nebraska by December 31, 2016.

- Strengthen the organization and infrastructure of the DBH OCA People's Council.
- Develop charter, bylaws and application procedures and identify participation expectations.
- Serve as a subcommittee of the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814).

**Activity 4:** Provide opportunity to build partnerships and collaborative relationships through facilitation of annual Behavioral Health Conference (Spring 2016) and other trainings.



**Activity 5:** Develop and implement a process to regularly recognize the talent and achievements of DBH staff dedicated to improving the health and lives of the people served by December 31, 2016.

- Develop and implement three strategies for creating a culture of ownership.
- Develop and implement three strategies to raise scores on at least two measures of the employee survey.

