

ONE  
NEBRASKA  
ONE PLAN

2017-2020  
Strategic  
Plan DRAFT

End of Plan Report

DHHS – Division of Behavioral Health

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**THE Department of Health and Human Services (DHHS) DIVISION OF BEHAVIORAL HEALTH (DBH) 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 DBH.**

## **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.

**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.*

## **2017-2020 GOALS**

**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 lead better lives.

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

**The Triple Aim of health care framework provided the basis for the Plan's goals and objectives:** *Experience of care, Effectiveness of care, Efficiency of care*

**Strategic Domains (discrete areas of focused activities):** **Youth System of Care (NeSOC), Operations, Services (Integration/Evidence-based Practice, Recovery System), Prevention/Disparity, Workforce**

\*Substance Abuse and Mental Health Services Administration

## Nebraska DIVISION OF BEHAVIORAL HEALTH PLAN PROGRESS SUMMARY

**Goal 1:** Nebraska Division of Behavioral Health Services are integrated across public and private system to support consumers and impact health. *(6 objectives)*

Objectives	DELIVERABLE(s)	STATUS
<b><i>Increase the ratio of other means of financing to state funds spent on youth behavioral health services.</i></b>	<ol style="list-style-type: none"> <li>1. Baseline costs.</li> <li>2. TriWest report.</li> <li>3. Fiscal document defining cost/consumer metrics and indicators.</li> <li>4. Cost per person services matrix.</li> <li>5. System of Care sustainability plan; including draft policy and administrative options for flexible funding NeSOC.</li> <li>6. Funding mechanism for NeSOC youth/family peer support.</li> <li>7. Revised DBH capacity/service development guidelines.</li> <li>8. MOU - Medicaid Eligibility file feed to DBH data system.</li> <li>9. NeSOC payment protocol and hierarchy .</li> <li>10. Crosswalk/uniform rates across NeSOC partners – rate sheet.</li> <li>11. Cost analysis report in electronic billing system.</li> </ol>	<b>ACHIEVED</b>
	<ol style="list-style-type: none"> <li>12. High utilizer workgroup recommendations.</li> <li>13. Training and TA for value-based contracting.</li> </ol>	<b>ON TRACK / CARRY OVER</b>
<i>11 of 13 completed</i>		
<b><i>Reduce utilization of residential and inpatient behavioral health care for youth in any youth service system.</i></b>	<ol style="list-style-type: none"> <li>1. Baselines and data source; NeSOC PPTs and evaluation reports.</li> <li>2. Alternative services – training reports; expansion of Multi-systemic Therapy/Child-Parent Psychotherapy, Parent/Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy; Evidenced-Based Practice mapping; Psychiatric Residential Treatment Facility options review (Parents and Children Together, Assertive Community Treatment, Family Centered Treatment, trainings).</li> <li>3. NeSOC executive summaries.</li> </ol>	<b>ACHIEVED</b>
	<ol style="list-style-type: none"> <li>4. Community-based recommendations for court-ordered treatment.</li> </ol>	<b>NEEDS WORK</b>
<i>3 of 4 completed</i>		
<b><i>Decrease costs per youth and per adult receiving behavioral health services.</i></b>	<ol style="list-style-type: none"> <li>1. NeSOC services and funding streams matrix (crosswalk).</li> <li>2. Duplicative funding / NeSOC evaluation reports.</li> <li>3. Options for braided funding – matrix crosswalk and feasibility plan.</li> <li>4. Assessed Medicaid State Plan and waiver authorities for evidence and promising practices – NeSOC evaluation reports.</li> </ol>	<b>ACHIEVED</b>
	<i>4 OF 4 completed</i>	
<b><i>Reduce the suicide rate for specialized</i></b>	<ol style="list-style-type: none"> <li>1. Baselines and targets.</li> <li>2. Budget Plans / resources to support Question, Persuade, Refer (OPR) trainings, including Regional Centers.</li> </ol>	<b>ACHIEVED</b>

<p><b>populations (Veterans, Native America) and youth/young adults (ages 10-19 and 19-25)</b></p>	<ol style="list-style-type: none"> <li>3. Resources to support Mental Health First Aid including Veterans Train the Trainer; Employee Development Center within DHHS.</li> <li>4. Sustain evidence-based practices; Evaluation Report and Prevention for Success Notice of Award received.</li> <li>5. Coordination of training with Dept. of Education for statewide initiatives; Evaluation Report.</li> <li>6. Safe Messaging practices promotion material; Evaluation Report.</li> </ol>	
<p><i>6 of 6 completed</i></p>		
<p><b>Increase the number of behavioral health providers who report practicing in a setting that is integrated with primary care.</b></p>	<ol style="list-style-type: none"> <li>1. Target, baselines identified; block grant implementation report; provider survey; Behavioral Health Education Center of Nebraska (BHECN) workforce report.</li> <li>2. Expanded curriculums on prevention, early intervention, addiction, opioid abuse and Medication Assisted Treatment; trainings report with BHECN.</li> </ol>	<p><b>ACHIEVED</b></p>
	<ol style="list-style-type: none"> <li>3. Initial whole health measures; key performance indicators. (Integration).</li> </ol>	<p><b>ON TRACK / CARRY OVER</b></p>
	<ol style="list-style-type: none"> <li>4. MOU with BHECN.</li> </ol>	<p><b>NEEDS WORK</b></p>
<p><i>2 of 4 completed</i></p>		
<p><b>Increase the number of programs and management systems with operational interface to the Centralized Data System (CDS).</b></p>	<ol style="list-style-type: none"> <li>1. Electronic interfaces between provider practice management systems and the CDS implemented. <i>(Baseline 2016: 3 at Go Live. 2020: 17)</i></li> <li>2. Electronic Consent to Share functionality explored; not pursuing.</li> <li>3. CDS/Regional Center-Avatar file crosswalk.</li> <li>4. Data sharing agreements and processes with Medicaid.</li> <li>5. Established interface between Medicaid eligibility file and CDS.</li> <li>6. Options explored for data interfaces for youth systems coordination of care and report; <i>not pursuing</i>.</li> <li>7. Introduction/exploration of interfaces with Probation and Dept. of Corrections.</li> <li>8. CDS Access reports <i>implemented (Supported Employment, Supported Housing, Short Term Residential, and Medication Management)</i>.</li> <li>9. Regional Center training provided on use of CDS for pre-authorization reviews.</li> <li>10. Regional data reports; Governor’s dashboard reports; Utilization reports functional re: trends and patterns.</li> <li>11. CDS user manual and reports inventory updated.</li> <li>12. Operationalized CDS capacity reporting for community-based services (average capacity report, weekly capacity tracking report; CDS manual updated).</li> <li>13. Full adoption of Electronic Billing System; EBS Manual.</li> </ol>	<p><b>ACHIEVED</b></p>

	14. Operationalize CDS Waitlist tracking. 15. Establish Regional Center admissions / Discharge criteria within CDS.	ON TRACK / CARRY OVER
<i>13 of 15 completed</i>		
<b>Nebraska DIVISION OF BEHAVIORAL HEALTH PLAN PROGRESS SUMMARY</b>		
<b>Goal 2: Nebraska Division of Behavioral Health delivers quality and effective services that help people live better lives. (7 objectives)</b>		
<b>Objectives</b>	<b>DELIVERABLE(s)</b>	<b>STATUS</b>
<b><i>Reduce the prevalence of underage alcohol use among individuals 12 to 20 years of age.</i></b>	1. Established targets and baselines; metrics. 2. Responsible Beverage Served training; Prevention for Success Evaluation Report.	ACHIEVED
	3. Deploy use of evidenced-based practices/PRS grant focus on underage drinking.	ON TRACK / CARRY OVER
<i>2 of 3 completed</i>		
<b><i>Maintain or reduce the prevalence of non-medical use of pain relievers among individuals over 12 years of age.</i></b>	1. Established targets and baselines; metrics. 2. Pain Management prescriber guidelines (collaboration with Public Health). 3. Dose of Reality ad campaign.	ACHIEVED
<i>3 of 3 completed</i>		
<b><i>Reduce the prevalence of high school youth considering suicide.</i></b>	1. Established targets and baselines; metrics. 2. Coordinated Gatekeeper training; best practice models; Suicide Prevention Evaluation Report; new grant notice of award. 3. Means restriction to stakeholders; evaluation report. 4. Public Health -State Health Improvement Plan (collaboration).	ACHIEVED
<i>4 of 4 completed</i>		
<b><i>Maintain the Annual Compliance Rate of Tobacco Retailer Violation at 10% or below.</i></b>	1. Standardized merchant education provided. 2. Violation data trends/metrics.	ACHIEVED
<i>2 of 2 completed</i>		
<b><i>Increase the availability and utilization of Evidenced-based Practices (EBP)</i></b>	1. Established targets and baselines for select EBPs; EBP Inventory Report. 2. Metrics to demonstrate improvements in Co-occurring Complex Disorders care; Compass EZ Regional reports. 3. Opioid (State Targeted Response and State Opioid Response) Notice of Awards; Project ECHO (Extension for Community	ACHIEVED

	<p>Healthcare Outcomes), Medication Assisted Treatment, Peer Opioid training modules. <i>Grants ongoing.</i></p> <ol style="list-style-type: none"> <li>4. Valid fidelity tool kits and reviewer trainings for Supported Employment and Housing.</li> <li>5. Fidelity Reviews on Supported Employment and Housing; fidelity reports.</li> <li>6. Survey on Evidenced Based Practices (EBPs); EBP inventory to Legislature.</li> </ol>	
	<ol style="list-style-type: none"> <li>7. Train annually on selected EBPs; FY20 Business Plan, EBP training plan.</li> <li>8. Payment enhancement models for full EBP implementation. TA contract for value-based contracting and training completed and ongoing.</li> <li>9. Analyze first episode psychosis; block grant priority outcomes; Triwest contract.</li> <li>10. Billing codes/modifiers to track and pay utilization of EBP, etc.</li> </ol>	ON TRACK / CARRY OVER
	<ol style="list-style-type: none"> <li>11. Develop quality assurance team for identified EBPs.</li> </ol>	NEEDS WORK
<i>6 of 11 completed</i>		
<b><i>Increase the number of consumers and families who have stable housing from behavioral health services admission to discharge.</i></b>	<ol style="list-style-type: none"> <li>1. Established targets and baselines; metrics; FY18-20 performance dashboards for stable living.</li> <li>2. Housing coordination functionality within DHHS/DBH – housing administrator on-boarded FY20.</li> <li>3. Housing cross agency work team chartered; align cross system housing and supports; Technical Assistance Collaborative (TAC) Plan updates; Olmstead Plan.</li> <li>4. Quarterly counts of consumers receiving support housing/housing related assistance; housing waitlist baselines and annual updates.</li> <li>5. FY8-20 performance dashboards for stable living; overlapping service report.</li> <li>6. Organization charts; DHHS Housing Administrator position approved.</li> <li>7. FY20 housing development funds; Implementation Plan FY20; increased Housing Related Assistance funding.</li> </ol>	ACHIEVED
	<ol style="list-style-type: none"> <li>8. Best practice standards regarding housing tenancy and rights; updated housing manual.</li> <li>9. Regional housing plans, policies and procedures.</li> <li>10. Analysis of expenditures and length of stay for Supported Housing; CDS Length of Stay report; HRA annual funding report.</li> </ol>	ON TRACK / CARRY OVER
<i>7 of 10 completed</i>		

<p><b><i>Increase the number of consumers who are employed or seeking employment from behavioral health services admission to discharge.</i></b></p>	<ol style="list-style-type: none"> <li>1. Established targets and baselines; metrics; FY18-20 performance dashboards; Governor’s dashboard.</li> <li>2. Target population defined; Governor’s dashboard.</li> <li>3. Behavioral health workforce trainings on employment; National Consultant/Selleck trainings; motivational interviewing across services.</li> <li>4. Survey and Results: behavioral health providers to evaluate attitudes and practices regarding employment for persons with behavioral health disorders.</li> <li>5. Employment and Supported Employment Fidelity reports to programs; summary Ppt.</li> <li>6. Mental health/substance use variance in employment outcomes; Tuesday data call employment reports.</li> <li>7. Supported Employment outcomes; Governor’s dashboard.</li> <li>8. Service strategies to impact Supported Employment admissions , length of stay; Regional Data Outcomes; Virginia Selleck training PowerPoints.</li> </ol>	<p><b>ACHIEVED</b></p>
	<ol style="list-style-type: none"> <li>9. Implementation of key Supported Employment practice standards and protocols with/without Vocational Rehabilitation involvement.</li> </ol>	<p><b>ON TRACK / CARRY OVER</b></p>

*8 of 9 completed*

**Nebraska DIVISION OF BEHAVIORAL HEALTH PLAN PROGRESS SUMMARY**

**Goal 3: Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs. (14 objectives)**

<b>Objectives</b>	<b>DELIVERABLE(s)</b>	<b>STATUS</b>
<p><b><i>Increase the number of Licensed Mental health Practitioners, Licensed Alcohol and Drug Counselors, and Registered Nurses working in the behavioral health field.</i></b></p>	<ol style="list-style-type: none"> <li>1. Trained providers/improved competencies to served individuals with complex needs; BH Justice 2019 conference; Feedback surveys; FY20 Business Plan.</li> </ol>	<p><b>ACHIEVED</b></p>
	<ol style="list-style-type: none"> <li>2. Implement workforce initiatives with BHECN; BHECN Workforce report.</li> </ol>	<p><b>NEEDS WORK</b></p>
<p><i>1 of 2 completed</i></p>		
<p><b><i>Decrease the vacancy rate for Registered Nurses at Lincoln Regional Center.</i></b></p>	<ol style="list-style-type: none"> <li>1. Retention strategies implemented; Governor’s dashboard.</li> <li>2. Explored certification of unlicensed workforce; BHECN curriculum; peer support curriculum; HR training reviews.</li> </ol>	<p><b>ACHIEVED</b></p>
<p><i>2 of 2 completed</i></p>		
<p><b><i>Decrease the DBH/Regional Center turnover rate of unlicensed workforce.</i></b></p>	<ol style="list-style-type: none"> <li>1. BHECN core competencies for direct service workers; HR training reviews.</li> </ol>	<p><b>ACHIEVED</b></p>

<i>1 of 1 completed</i>		
<b><i>Increase the number of persons with lived experience working in the field.</i></b>	<ol style="list-style-type: none"> <li>1. Annual Report; revised BHECN survey.</li> <li>2. Competency Based Peer Support curriculum; standards and training; revised regulations submitted.</li> <li>3. Feasibility study with Public Health on integration/alignment of peer support and community health worker; Public Health report.</li> <li>4. Partnered with Dept. of Labor; identification of barrier for persons in recovery; Consultant Selleck trainings and PowerPoints.</li> </ol>	<b>ACHIEVED</b>
	<ol style="list-style-type: none"> <li>5. Collection and analysis of data on persons with lived experience working in the field.</li> </ol>	<b>ON TRACK / CARRY OVER</b>
<i>4 of 5 completed</i>		
<b><i>Revised: Reduce out of home placements.</i></b>	<ol style="list-style-type: none"> <li>1. Targets and baselines established; metrics.</li> <li>2. Referral mechanism implemented; EDN Referral website; Nebraska Partnership for Mental healthcare Access in Pediatrics (NEPMAP) Screening and Referral Guide.</li> <li>3. Youth Mobile Crisis Response service implemented statewide; NeSOC evaluation reports.</li> <li>4. Formalized recommendations adding peer and family support to list of covered services.</li> </ol>	<b>ACHIEVED</b>
	<ol style="list-style-type: none"> <li>5. Revisions to crisis continuum regulations; licenses required; service definition project.</li> </ol>	<b>ON TRACK / CARRY OVER</b>
<i>4 of 5 completed</i>		
<b><i>Increase the ratio of community based service expenditures to Inpatient / Residential Services expenditures for youth.</i></b>	<ol style="list-style-type: none"> <li>1. Targets and baselines established; metrics through NeSOC committee; NeSOC report and PowerPoints.</li> </ol>	<b>ACHIEVED</b>
<i>1 of 1 completed</i>		
<b><i>Increase peer and recovery support system capacity.</i></b>	<ol style="list-style-type: none"> <li>1. Medicaid State Plan; peer support as covered benefit 2017.</li> <li>2. State Targeted Response Medication Assisted Recovery Services (MARS) training for peers provided.</li> <li>3. Statutory authority (LB417, 2017) to develop peer standards.</li> <li>4. Peer support definition; Guidance document; Peer training/curriculum/certification standards.</li> <li>5. Revised 206 regulations promulgated and with Attorney General.</li> <li>6. Determination on certification/licensure options for peer workforce.</li> <li>7. State Opioid Use Disorder curriculum and training for peers initiated 2020.</li> </ol>	<b>ACHIEVED</b>
<i>7 of 7 completed</i>		



<p><i>Sustain or increase general satisfaction of consumers receiving behavioral health services.</i></p> <p><b>REVISED: Increase the number of consumers who report better able to handle crisis.</b></p>	<ol style="list-style-type: none"> <li>1. Random sampling of agency annual surveys; consumer survey questionnaire; methodology summary; consumer report; Tuesday data call Ppt.</li> <li>2. Revised survey based on needs assessment questions and readability; integration with Regional Center surveys.</li> <li>3. Add email data field to enhance consumer web mode; CDS manual.</li> <li>4. Responses on improved quality of life, general satisfaction and ability to handle crisis in consumer survey reports.</li> <li>5. Identify areas of underperformance reports – consumer survey report and analyses; regional data outcomes; Governor’s dashboard.</li> </ol>	<p><b>ACHIEVED</b></p>
	<ol style="list-style-type: none"> <li>6. Use data for opportunities for service improvement; regional data outcomes reports; utilization report; Governor’s dashboard; consumer survey report.</li> </ol>	<p><b>ON TRACK / CARRY OVER</b></p>
<p><i>5 of 6 completed</i></p>		
<p><b>Reduce wait time for behavioral health residential and medication management services.</b></p>	<ol style="list-style-type: none"> <li>1. Targets and baselines established; metrics; access report; block grant needs assessment applications.</li> <li>2. Bed registry (bed tracking) pilot implemented in Region 6.</li> <li>3. “Wait” defined; baseline wait times established for priority populations for residential services.</li> <li>4. Survey of behavioral health providers regarding “perception of accessibility”; Survey report.</li> </ol>	<p><b>ACHIEVED</b></p>
<p><i>4 of 4 completed</i></p>		
<p><b>Reduce the wait time for admission to Lincoln Regional Center (LRC).</b></p>	<ol style="list-style-type: none"> <li>1. Baseline and target length of wait time for individuals under mental health board commitment; Governor’s dashboard.</li> <li>2. Contact processes with Medicaid Managed Care organizations prior to wait listing; bed allocation plan.</li> </ol>	<p><b>ACHIEVED</b></p>
	<ol style="list-style-type: none"> <li>3. Recheck and resumption of wait time data collection and analysis for LRC commitments (resumed November 2019)</li> <li>4. Consumer transitions via Peer Bridger support explored/deferred; Bridger Plan.</li> </ol>	<p><b>ON TRACK / CARRY OVER</b></p>
<p><i>2 of 4 completed</i></p>		
<p><b>Decrease the average law enforcement holding time for consumers under Emergency Protective Custody.</b></p>	<ol style="list-style-type: none"> <li>1. ER Mapping Project and report.</li> <li>2. ER mapping strategies and measurements identified; survey development and distribution; ER Mapping final report and Ppt.</li> <li>3. Crisis response teams and crisis stabilization units evaluated based on defined measures of # served/diverted using services; NeSOC evaluation report.</li> <li>4. Factors and need for medical clearance impact on holding times incorporated into survey; ER Mapping final report.</li> <li>5. National research and recommendations on strategies to reduce holding times reviewed for applicability; ER Mapping final report.</li> </ol>	<p><b>ACHIEVED</b></p>

	6. Number of complaints by law enforcement data collection and report operations; FY18 baseline; emergency coordinator report in CDS.	
<i>6 of 6 completed</i>		
<b><i>Increase Therapy and Medication Management via Telehealth in Frontier and Rural areas.</i></b>	<ol style="list-style-type: none"> <li>1. Target and baselines established; access report; provider survey on accessibility; BHECN pending revisions to workforce survey.</li> <li>2. Parity team established; parity guidance document (Dept. of Insurance).</li> <li>3. DHHS in partnership with BHECN/UNMC College of Public Health Telemedicine Survey.</li> <li>4. Trainings and guidance documents on telehealth platforms; deployment; strategies; Telehealth/COVID-19 surveys for DHHS and DBH.</li> <li>5. Parity analysis of mental health and addictions; Parity Guidance Document adopted nationally.</li> </ol>	<b>ACHIEVED</b>
	6. Targeted recruitment strategies; BHECN legislative report.	<b>ON TRACK / CARRY OVER</b>
<i>5 of 6 completed</i>		
<b><i>Reduce disparities in access to behavioral health care.</i></b>	<ol style="list-style-type: none"> <li>1. 2018-2019 BHECN report to legislature – recruitment efforts of culturally and linguistically diverse workforce.</li> <li>2. Utilization of services by diverse populations; annual report.</li> <li>7. Public Health Disparity Conference presentations (SAMHSA) and Strategic Planning; Communities of Practice document.</li> <li>8. Youth NeSOC diversity strategies implemented; NeSOC Evaluation reports, Cultural and Linguistic competence (CLC) recommendations 9/2020.</li> </ol>	<b>ACHIEVED</b>
	<ol style="list-style-type: none"> <li>5. Partner with BHECN on targeted recruitment.</li> <li>6. Strategies under new PFS Prevention grant for diversity implemented; PFS evaluation reports.</li> </ol>	<b>ON TRACK / CARRY OVER</b>
<i>4 OF 6 completed</i>		
<b><i>Increase the number of prescribers providing Evidence-based Medication Assisted Treatment.</i></b>	<ol style="list-style-type: none"> <li>1. Baselines and targets established; metrics; annual report; block grant implementation report; State Targeted Response and State Opioid Response evaluation reports.</li> <li>2. Pain management guidelines; addiction training for prescribers (Statewide Targeted Response (STR)).</li> <li>3. Opioid Use Disorder module for recovery workforce; MARS training; grant evaluation reports.</li> <li>4. Opioid Use Disorder curriculum for peer workforce; grant evaluation reports; Estes training implemented October 2020.</li> <li>5. Partnership with Addiction Technology Transfer Center (ATTC) &amp; BHECN for Project ECHO training; Medication Assisted Treatment Summit; ECHO sessions.</li> </ol>	<b>ACHIEVED</b>
<i>5 of 5 completed</i>		

## STATUS OF OBJECTIVES / ACTIVITIES DELIVERABLES PER GOAL 2017-2020 STRATEGIC PLAN

<b>GOAL 1</b>	<b>46 Strategies / Deliverables for 6 Objectives</b>	<b>91% ON TRACK or COMPLETED</b>
<b>GOAL 2</b>	<b>43 Strategies / Deliverables for 7 Objectives</b>	<b>95% ON TRACK or COMPLETED</b>
<b>GOAL 3</b>	<b>60 Strategies / Deliverables for 14 Objectives</b>	<b>98% ON TRACK or COMPLETED</b>
<b>TOTAL</b>	<b>149 Strategies / Deliverables for 27 Objectives</b>	<b>95% ON TRACK or COMPLETED</b>

**2017-2020 STRATEGIC PLAN TARGETS AND BASELINES DASHBOARD**

<b>METRIC</b>	<b>TARGET</b>	<b>ACTUAL</b>	<b>Source / Frequency</b>
Percentage of youth in out-of-home settings/placement	17% (FY18)	22.4% (FY16) 23.2% (FY17) 20.4% (FY18) 17.9% (FY19)	CFS, DBH, MLTC, and AOC -Annually
Ratio of Outpatient (OP) expenditures to Inpatient/Residential (IPR) expenditures among youth served	2.21 : 1 (FY17) 2.23 : 1 (FY18)	1.84:1 (FY16) 1.61:1 (FY17) 2.33:1 (FY18) 2.35:1 (FY19)	CFS, DBH, MLTC, and AOC -Annually
Utilization of Inpatient/Residential services among youth served	6.9% (FY17) 6.3% (FY18)	6.3% (FY16) 6.7% (FY17) 4.5% (FY18) 3.3% (FY19)	CFS, DBH, MLTC, and AOC -Annually
Ratio of Other Funds to State Funds spent for youth behavioral health services	1.00 : 2 (FY17) 1.24 : 2 (FY18)	1.24:2 (FY16) 1.23:2 (FY17) 1.51:2 (FY18) 1.72:2 (FY19)	CFS, DBH, MLTC, and AOC -Annually
Veteran's Suicide Rate	32/100,000 (CY15) 25/100,000 (CY16) 25/100,000 (CY17) 25/100,000 (CY18)	36.0/100,000 (CY14) 18.4/100,000 (CY15) 24.8/100,000 (CY16) 31.5/100,000 (CY17) 33.0/100,000 (CY18) 40.7/100,000 (CY19)	Vital Statistics – Annually
Native American Suicide Rate	9/100,000 (CY17) 9/100,000 (CY18)	10.0/100,000 (CY2010-14) 8.7/100,000 (CY2011-15) 10.7/100,000 (CY2012-16) 11.0/100,000 (CY2013-2017) 12.2/100,000 (CY2014-2018) 9.14/100,000 (CY19)	Vital Statistics – Annually
Young Adult Suicide Rate age 19-25 (20-24 data CY19)	13.5/100,000 (CY17) 13.5/100,000 (CY18)	15.0/100,000 (CY14) 23.0/100,000 (CY15) 19.6/100,000 (CY16) 18.7/100,000 (CY17) 16.7/100,000 (CY18) 20.66/100,000 (CY19)	Vital Statistics – Annually
Youth Considering Suicide (seriously consider past year)	13% (FY19)	14.6% (FY14) 16.1% (FY16) 17.7% (FY18)	YRBS – Biennially
Tobacco Sales Compliance	<10% annually	9.9% (CY16) 10.2% (CY17) 9.7% (CY18) 9.6% (CY19)	SYNAR - Annually
Binge drinking (past month as reported by 19-25)	27.6% (CY16) 27.6% (CY18) 27.6% (CY20)	44.9% (CY13) 37.4% (CY16) 33.4% (CY18) 32.2% (CY20)	Youth Adult Alcohol Opinion Survey – as funding available, typically biennial

METRIC	TARGET	ACTUAL	Source / Frequency
Underage Alcohol Use (past month as reported by 12-20)	20% (CY2016/17) 20% (CY2017/18) 20% (CY2018/19) 20% (CY2019/20)	24.02% (CY2012/13) 22.42% (CY2013/14) 21.63% (CY2014/15) 20.86% (CY2015/16) 20.72% (CY2016/17) 21.26% (CY2017/18)	NSDUHD – Annually
Non-Medical use of pain relievers (past year as reported by 12-17)	3% (CY18) 3% (CY19) 3% (CY20)	4.62% (CY2012/13) 4.26% (CY2013/14) N/A (CY2014/15) 3.92% (CY2015/16) 2.98% (CY2016/17) 3.26% (CY2017/18)	NSDUHD – Annually
Non-Medical use of pain relievers (past year as reported by 18-25)	8% (CY18) 8% (CY19) 8% (CY20)	7.88% (CY2012/13) 7.98% (CY2013/14) N/A (CY2014/15) 8.30% (CY2015/16) 7.18% (CY2016/17) 6.86% (CY2017/18)	NSDUHD-Annually
Non-Medical use of pain relievers (past year as reported by 26+ years of age)	3.5% (CY18) 3.5% (CY19) 3.5% (CY20)	2.74% (CY2012/13) 2.78% (CY2013/14) N/A (CY2014/15) 3.61% (CY2015/16) 3.25% (CY2016/17) 3.17% (CY2017/18)	NSDUHD-Annually
Prescribers of MAT	25 (FY18) 28 (FY19) 32 (FY20)	22 (FY17) 25 (FY18) 54 (FY19) 94 (FY20)	SAMHSA registry (with DBH call out) - Annually
BH providers in integrated setting	31% (FY18) 32% (FY19)	30.2% (FY16) 31.9% (FY18) 32.7% (FY19)	HPTS – Annually
Providers reporting use of EBPs	40 (FY18) 50 (FY20)	32 (FY16) 46 (FY18) 80 (FY20)	Survey - Biennially
EBPs in Use (Recovery Services, MH/SUD TX) for Adults and Youth <i>*Rev. survey FY18</i>	100 (FY18) 100 (FY20)	102 (FY16) 60 (FY18) * 59 (FY20)	Survey - Biennially
Fidelity Evaluations for Supported Employment and Supported Housing	SE (FY18) SH (FY18)	SE (Completed May 2018) SH (Completed May 2018)	Fidelity Review: Results and Report Completion
Consumers w/improved outcomes from EBPs: SE Admit in 14 days SH Voucher Issued in 14 days	SE Admit – 95% SH Voucher Issued – 95%	74.0% (FY17)/74.5%(FY18)/78.2% (FY19)/77.0% (FY20) 82.6% (FY17)/82.5%(FY18)/83.2% (FY19)/79.1% (FY20)	CDS – Annual ACCESS reports
Stable Housing (All Services at Discharge)	82% (CY16) 85% (CY17) 85% (CY18) 85% (CY19)	83.4% (CY16) 81.4% (CY17) 82.2% (CY18) 81.7% (CY19)	CDS Treatment Data – Monthly review

METRIC	TARGET	ACTUAL	Source / Frequency
Employment (Only Outpatient/Rehab Services at Discharge)	57% (CY16) 60% (CY17) 61% (CY18) 65% (CY19)	53.3% (CY16) 51.4% (CY17) 51.0% (CY18) 55.4% (CY19)	CDS Treatment Data – Monthly review
Employment (Only Supported Employment at Discharge)	57% (CY16) 60% (CY17) 75% (CY18) 75% (CY19)	58.6% (CY16) 57.5% (CY17) 66.2% (CY18) 74.2% (CY19)	CDS Treatment Data – Monthly review
Population Diversity receiving BH CB services (% of Non-White Race Reported)	16% (FY17) 17% (FY18) 18% (FY19)	15.5% (FY16) 18.0% (FY17) 17.7% (FY18) 18.5% (FY19) 13.9% (FY20)	CDS Treatment Data
Consumer Satisfaction – (General)	87% (CY17) 87% (CY18) 87% (CY19) 87% (CY20)	84.1% (CY16) 86.1% (CY17) 85.9% (CY18) 85.8% (CY19) 88.4% (CY20)	Consumer Survey – Annual Report
Short Term Residential Services Average Capacity Used: Agency/Purchased	90% (FY18) 90% (FY19)	89.4% (A)/103.9% (P) (FY18) 87.1% (A)/97.0% (P) (FY19) 83.3% (A)/94.4% (P) (FY20)	CDS – Average Capacity Annual Report
Short Term Residential Services Wait (% all consumers admitted within 30 days)	95% (FY18) 95% (FY19)	81.2% (put on wait FY17) 90.4% (put on wait FY18) 88.2% (put on wait FY19) 80.9% (put on wait FY20)	CDS – Annual ACCESS report
Medication Mgmt (MH) Average Capacity Used: Agency/Purchased	65% (FY18) 65% (FY19)	68.6% (A)/68.8% (P) (FY18) 64.2% (A)/63.2% (P) (FY19) 65.3% (A)/70.3% (P) (FY20)	CDS – Average Capacity Annual Report
Medication Mgmt Wait (% offered appt within 21 days from IP Discharge)	95% (FY18) 95% (FY19)	90.3% (IP d/c in FY17) 94.8% (IP d/c in FY18) 95.0% (IP d/c in FY19) 94.7% (IP d/c in FY20)	CDS – Annual ACCESS report