

NDHHS-DBH Strategic Plan & System Optimization Road Map



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NDHHS-DBH Strategic Plan & System Optimization Road Map

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I. Executive Summary

Executive Summary

Statement Of Purpose

As the chief behavioral health strategist for the state, the Nebraska Department of Health and Human Services, Division of Behavioral Health (NDHHS-DBH) and a variety of stakeholders, have developed a strategic plan to be a catalyst for responding to the needs of Nebraskans with mental illness and substance use disorders. Central to this strategic plan is dedication and commitment to serving impacted individuals and families. NDHHS-DBH engaged *OPEN MINDS* to conduct a Needs Assessment, provide a Gap Analysis and facilitate a Strategic Planning Process which aligned with the quadruple aims of 1) improving the patient experience of care, 2) improving the provider experience of care, 3) improving the health of populations, and 4) the per capita cost of health care. System partners developed a strategic vision to guide the work of the Nebraska behavioral system. There are five transformation pillars:

1. Enhance Behavioral Health Influence
2. Implement an Integration Strategy
3. Promote Stakeholder Inclusion
4. Drive Innovation and Improve Outcomes
5. Demonstrate and Drive Value

Keeping the goals and aspirations of those we serve as the highest priority, Nebraska is uniquely situated to transform the behavioral health care experience through quality, innovation and service excellence. Our future work together will strengthen our regional and national positions in becoming the leader or gold standard for healthcare quality and health improvement. Through enhanced and expanded partnerships with other agencies and stakeholders throughout the State, the prevention, treatment and recovery of individuals with mental illness and substance use is elevated in status and focused on improved behavioral health outcomes.

Executive Summary

Overall Findings

After collaborating with multiple stakeholder groups including consumers, family members, community members, partner agencies, tribal entities, NDHHS and DBH staff and other interested citizens to collect and analyze data, several system wide concerns and needs became evident:

1. Behavioral health stigma is seen as the single most difficult barrier to overcome for consumers.
2. Integrating physical health and behavioral health is a primary need for consumers and their families.
3. Lack of integrating and sharing data across systems is a barrier to providing integrated and “whole person” care.
4. There is a consistent need to expand the ability to use technology to both provide and receive services across Nebraska, especially in rural and frontier communities.
5. Developing alternate reimbursement models, such as Value-Based Reimbursement, is needed in the changing marketplace.
6. NDHHS and DBH must continue to address cultural diversity throughout the system.

To find the right outcomes for the citizens of Nebraska, multiple meetings and discussions with NDHHS and DBH leadership and team members were held from which this Strategic Plan was developed. The Strategic Plan includes:

1. 29 Strategic Objectives
2. 39 Specific Tactics
 - A. 23 DBH tactics
 - B. 16 NDHHS tactics
3. Over 60 Key Performance Indicators
4. Three-year goal planning window
5. Optimization Roadmap

While ambitious, we feel confident that NDHHS and DBH teams have both the commitment and determination to accomplish the strategies and tactics detailed in this report.



II. Overview Of Nebraska Department Of Health & Human Services Department Of Behavioral Health

Overview Of DHHS/DBH

Framework

State Agency responsible for uninsured citizens and delivery system model

- The Nebraska Division of Behavioral Health (DBH) is responsible for comprehensive statewide planning for all community-based behavioral health services (Mental Health and Substance Use Disorder treatment) and the continuum of care including oversight and coordination with regional Behavioral Health authorities and Tribal entities. Additionally, DBH oversees the administration and management of the Division, Lincoln Regional Center, Norfolk Regional Center, and all other facilities and programs operated by the Division.

Overview Of DHHS/DBH

National Comparison

Nationally, DBH has proven itself to be an innovator and a leader in social determinants of health, utilization of evidenced based practices, and grant implementation as demonstrated by:

- **Supported Employment – Exceeded National Average:** 36% of Nebraskans with a mental health diagnosis have employment which is nearly twice the national average. DBH continues to utilize Supported Employment to continue this trend.
- **Supported Housing – Exceeded National Standard:** DBH provided housing assistance to over 900 Nebraskans in 2019, meeting or exceeding the national standard in five out of six regions for consumers in private residence.
- **Medication Management – Exceeded National Average:** DBH was able to reach 46% of DBH consumers for medication management which is far in excess of the national average of 31%

Overview Of DHHS/DBH

DBH Leadership In Innovation

DBH demonstrates leadership in supporting innovation across the state by:

1. Promulgating new regulations for the certification, training, and testing of Certified Peer Support Specialists (CPSS)
2. Centralizing and integrating data systems
3. Meeting the needs of children and families through the Nebraska Behavioral Health System of Care (NeSOC) grant which provides funding to community-based services for youth who are at risk for or experiencing a serious emotional disturbance. In 2018 over 900 children and families received care under this grant
4. Providing funding for prevention, treatment, and recovery activities related to the opioid crisis through the State Targeted Response (STR) grant

Overview of DHHS/DBH

Current Strategic Plan Goal Accomplishment

The Nebraska Department of Behavioral Health exceeds their current strategic plan goals on several measures. Highlights include:

1. Medication Assisted Treatment (MAT) Prescribers:
 - Goal FY 2020: 32 prescribers
 - **Exceeded:** 93 prescribers (FY 2020)
2. Providers using EBPs:
 - Goal FY 2020: 50
 - **Exceeded:** 80 providers using EBPs (FY2020)
3. BH providers in integrated settings:
 - Goal FY 2019: 32%
 - **Exceeded:** 33% (FY 2019)
4. Diversity population receiving CLAS services:
 - Goal FY 2019: 18%
 - **Exceeded:** 18.5% (FY 2019)

Overview of DHHS/DBH

Current Strategic Plan Goal Accomplishment (cont)

DBH continues to meet their strategic plan goals in the areas of:

1. Stable housing, all services at discharge
2. Consumer Satisfaction
3. Short Term Residential Services Average Capacity
4. Medication Management Wait and Capacity
5. Employment Initiatives
6. Tobacco Sales Compliance
7. Underage Alcohol Use
8. Reduction of Binge Drinking
9. Non-Medical use of pain relievers
10. Promulgating new regulations for the certification, training, and testing of Certified Peer Support Specialists

Strategic Plan areas for improvement for DBH include:

- Decreasing Suicide rates for all target population
- Decreasing Short Term Residential Services Wait



III. Needs Assessment & Gap Analysis

Needs Assessment & Gap Analysis

The goal of the Needs Assessment was to hear directly from consumers and other stakeholders where and how the behavioral health system in Nebraska was meeting their needs, not meeting their needs and/or could use improvement. To ensure all stakeholders in the Nebraska behavioral health system were heard, the *OPEN MINDS* team used three methods to gather information:

- Visioning Sessions
- Key Stakeholder Interviews
- Electronic Surveys in both English and Spanish

The data and information from these three sources were synthesized to create the Gap Analysis.

1. Visioning Sessions

OPEN MINDS conducted visioning exercises with:

- A. NDHHS-DBH Leadership
- B. NDHHS-DBH System Partners
- C. Key Community Partners

The meetings were centered around the Five Pillars and identify goals, needs, gaps and strategies for systemic improvement. The information was also used as the groundwork for a statewide survey designed to assure input from voices of providers, consumers, families, community partners, and other system partners.

2. Key Stakeholder Interviews

OPEN MINDS conducted 10 interviews with key stakeholders in Nebraska. The groups represented leaders in Community Behavioral Health, Housing, Justice, Provider Development, Tribal Nations, Minority Needs, Rural Health, and Education.

These findings were combined with the visioning sessions findings to further inform the survey questions.

3. Electronic Survey

- The survey, in English and Spanish, was developed from information gathered during the visioning sessions and key stakeholder interviews.
- The survey was distributed statewide via NDHHS ListSers to behavioral health providers, systems partners, consumers, families, and Tribal Nations.*
- The survey was designed to prioritize the needs identified under each of the Five Pillars. The survey also offered each respondent the opportunity to provide feedback on needs, gaps, and strategies as related to the Five Pillars of Transformation.

*Approximately 750 individuals responded. Demographics include:

- A. 42% of respondents were behavioral health providers
- B. 26% of respondents were affiliated with state agencies or system partners
- C. 18% of respondents were consumers and families
- D. <1% of respondents represented Tribal Nations


Gap Analysis

*Prioritizing Needs,
Creating Strategies*

The *OPEN MINDS* team compared data from the Needs Assessment to current services to develop the Gap Analysis.



Through reviewing the Gap Analysis with NDHHS-DBH Leadership, and NDHHS-DBH System Partners, a list of the top 15 priorities were identified (three priorities for each pillar), as well as Strategic Objectives for each priority.



The *OPEN MINDS* team then worked with DBH staff to establish Key Performance Indicators (KPIs), timelines, and resources needed to make this plan feasible.

Prioritized Needs

Pillar 1: Enhance Behavioral Health Influence

1. Increase activities to reduce behavioral health stigma.
2. Improve integration of behavioral health care with community resources
3. Align system partners and agencies in developing a cross system behavioral health continuum of prevention, treatment and recovery. (physical health, mental health, substance use treatment, intellectual and developmental disabilities, public health, child welfare, and justice)

Pillar 2: Implement an Integration Strategy

1. Increase behavioral health services in primary care settings.
2. Increase integration of behavioral health and physical health crisis services best practices across the state.
3. Increase integration between substance use treatment providers and mental health treatment providers.

Pillar 3: Promote Stakeholder Inclusion

1. Improve engagement between NDHHS, DBH, and Justice Partners in planning Justice Behavioral Health goals, service gap and need analysis, access to services, sequential intercepts, and quality outcomes for justice/behavioral health consumers.
2. Improve consumer and family input for service evaluation and service needs.
3. Improve engagement between NDHHS-DBH and behavioral health system stake holders in planning processes.
4. Increase health equity through cross system engagement, planning and ensuring culturally and linguistically appropriate services (CLAS)

Pillar 4: Drive Innovation and Better Outcomes

1. Improve competencies of behavioral health providers through partnerships and training with academic institutions.
2. Expand use of technology for improved behavioral health outcomes.
3. Expand evidence-based practices through cross system engagement and planning.

Pillar 5: Demonstrate and Drive Value

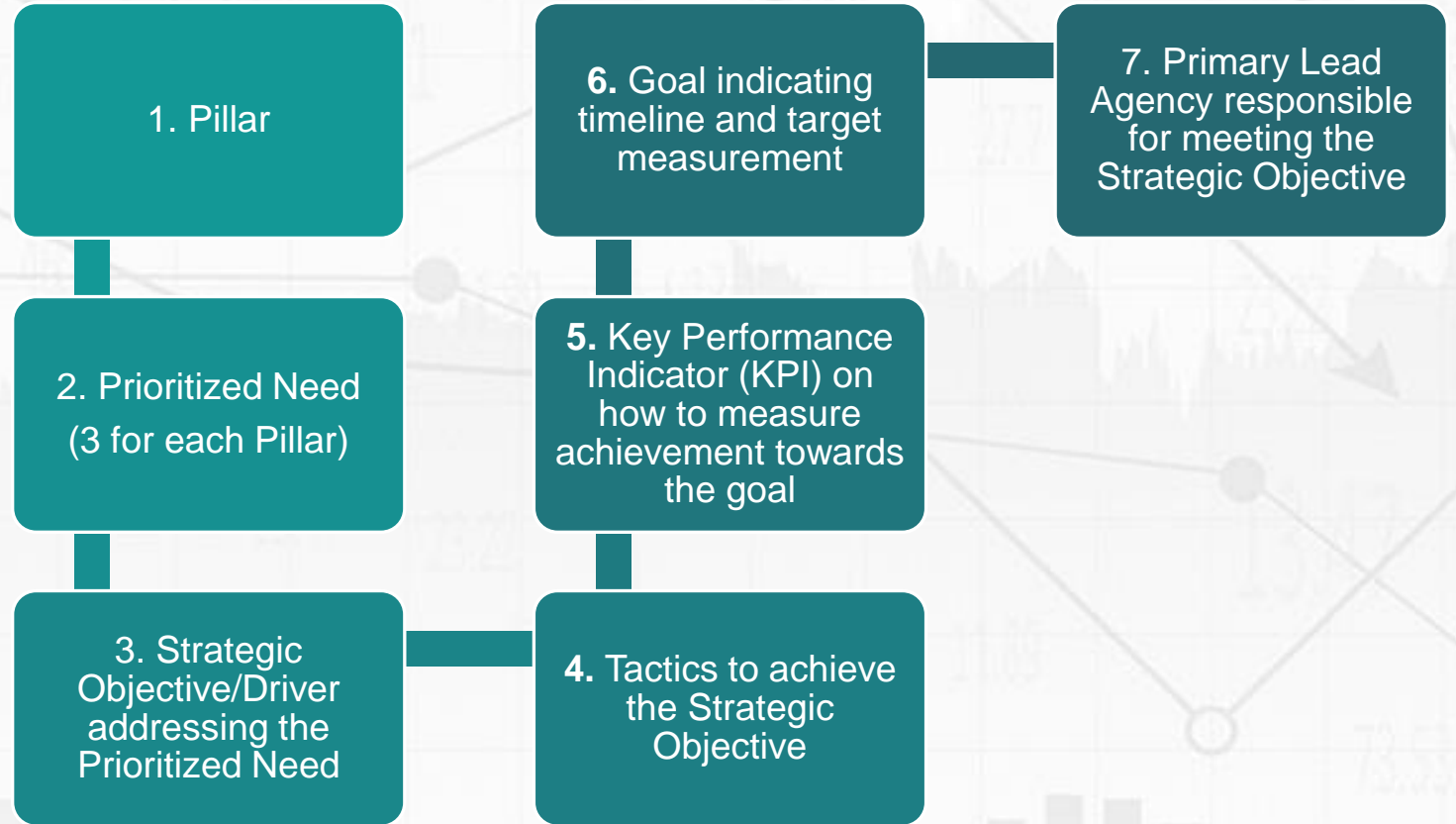
1. Improve interagency data sharing
2. Establish system wide behavioral health outcomes.
3. Compare Nebraska behavioral health outcomes data to national benchmarks.



IV. Strategic Plan & Optimization Roadmap: Strategic Objectives, Tactics, KPIs, & Goals

Strategic Objectives, Tactics, Key Performance Indicators & Goals

To address all factors in the Needs Assessment and Gap Analysis while working within the Five Pillars framework, the Strategic Plan is structured as follows:



Pillar 1: Enhance Behavioral Health Influence

Prioritized Need 1.1: Increase activities to reduce behavioral health stigma

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Increase utilization of Certified Peer Support Specialist (CPSS).	1A. Explore ways to incentivize CPSS certification, CPSS utilization/employment, peers in workforce and increasing peer trainers/vendors.	Increase: <ul style="list-style-type: none"> # units of CPSS provided service # served in peer support/peer services by type # CPSS certified by type # of CPSS becoming trainers # of peers employed 	<ul style="list-style-type: none"> CY 2021: 5% Increase over 2020 baseline. CY 2022: 10% increase over 2021. CY 2023: 10% increase over 2022. 	DBH
	1B. Increase public awareness of value of persons with lived experience via social media and other communication platforms..	<ul style="list-style-type: none"> Increase # of peers completing CPSS trainings. Increase # of trainings to employers regarding employing persons with lived experience 	<ul style="list-style-type: none"> CY 2021: 5% Increase over 2020 baseline. CY 2022: 10% increase over 2021. CY 2023: 10% increase over 2022. 	
2. Increase use of person-centered language in State publications/communications.	2A. Integrate person-centered language into state publications.	Create educational material/trainings for communication staff, so that all new publications utilize person-centered language (PCL).	<ul style="list-style-type: none"> CY 2021: Create training. CY 2022: All new publications are reviewed for PCL. 	DBH

Pillar 1: Enhance Behavioral Health Influence

Prioritized Need 1.1: Increase activities to reduce behavioral health stigma *(continued)*

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
3. Improve cultural awareness and competency across State agencies for NDHHS staff.	3A. Provide Cultural Linguistic Training program for NDHHS.	Create a NDHHS mandatory CLAS training.	<ul style="list-style-type: none"> ▪ CY 2021: Create training. ▪ CY 2022: Implement training. ▪ CY 2023: Update training as needed. 	DBH
4. Expand virtual trainings, with an emphasis on community education (like Mental Health First Aid and Assessing and Managing Suicide Risk).	4A. Inventory of number and types of trainings available for providers in smaller/rural communities; Promote or develop trainings as needed for smaller/rural communities.	Increase: <ul style="list-style-type: none"> ▪ # of trainings. ▪ # of participants by predetermined demographic categories to describe populations in attendance. 	<ul style="list-style-type: none"> ▪ CY 2021: 5% Increase over 2020 baseline. ▪ CY 2022: 10% increase over 2021. ▪ CY 2023: 10% increase over 2022. 	NDHHS

Pillar 1: Enhance Behavioral Health Influence

Prioritized Need 1.2: Improve integration of behavioral health care with community resources

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Expand the use of resource lines for behavioral health clients.	1A. Expand promotion of community resource lines (Family HelpLine and Nebraska 211) for behavioral health clients.	Increase: <ul style="list-style-type: none"> ▪ #of calls. ▪ #of referrals made and types services. 	<ul style="list-style-type: none"> ▪ CY 2021: 5% Increase over 2020 baseline. ▪ CY 2022: 10% increase over 2021. ▪ CY 2023: 10% increase over 2022. 	DBH
2 Centralize database of community resources.	2A. Develop an on-line resource site for all providers to identify, by region, community agencies for support services linked to SDoHs.	Launch on-line resource.	<ul style="list-style-type: none"> ▪ CY 2021: Internal planning. ▪ CY 2022: Build tool. ▪ CY 2023: Implement tool. 	NDHHS

Pillar 1: Enhance Behavioral Health Influence

Prioritized Need 1.3: Align system partners and agencies in developing a cross system behavioral health continuum of prevention, treatment and recovery, including physical health, mental health, substance use treatment, intellectual and developmental disabilities, public health, child welfare, and justice

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Align with the goal of creating and integrating a behavioral health continuum of prevention, treatment and recovery across other NDHHS partners and agencies, including physical health, mental health, substance use treatment, intellectual and developmental disabilities, public health, child welfare, and justice.	1A. Create NDHHS cross agency meetings to identify shared system goals and establish outcome measures.	Track: <ul style="list-style-type: none"> ▪ # of meetings. ▪ # of participants. ▪ # of agencies represented. 	<ul style="list-style-type: none"> ▪ CY 2021: Create meeting format/Implement. ▪ CY 2022: Include metrics to be utilized, systemic goals, and QIP process. ▪ CY 2023: Continue with QIP process. 	NDHHS

Pillar 2: Implement an Integration Strategy

Prioritized Need 2.1: Increase behavioral health services in primary care settings

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Increase use of behavioral health screening/evaluation tools, especially in primary care settings.	1A. Establish guidance and incentives for using behavioral health screening/evaluation tools, align to emergent needs (i.e. Suicide Prevention and/or alcohol usage).	Increase utilization of specified tool(s) per year after baseline established. Measure: <ul style="list-style-type: none"> # screenings. # referrals. 	<ul style="list-style-type: none"> CY 2021: Determine best screenings and utilization tracking system, implement and create baseline. CY 2022: Increase screening usage 20% over baseline. CY 2023: Increase utilization 20% over 2022. 	NDHHS
2. Educate primary care providers and physician extenders such as APRNs on techniques to engage patients in behavioral health.	2A. Develop a training program specific to targeted provider types to improve provider knowledge base in behavior health engagement techniques; Assign CEUs.	Monitor: <ul style="list-style-type: none"> #of trainings. # of attendees. # of attendees by provider types. 	<ul style="list-style-type: none"> CY 2021: Define target audience(s) and training. CY 2022: Deploy tool. CY 2023: Implement tool. 	NDHHS

Pillar 2: Implement an Integration Strategy

Prioritized Need 2.2: Increase integration of behavioral health and physical health crisis services best practices across the state.

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Develop more rapid responses in crisis situations for behavioral health consultations.	1A. Expand virtual access to specialty care (consultation and 24/7 availability) with emphasis on rural areas and hospital ERs.	Evaluate: <ul style="list-style-type: none"> # of people receiving services via telehealth. # of units of service. # of telehealth capable providers. 	<ul style="list-style-type: none"> CY 2021: Inventory of ERs and define best practices. CY 2022: Develop strategy. CY 2023: Implement strategy. 	NDHHS
		Increase seven day follow up for SUD/MH after ED visit (National Medicaid average is 12%).	<ul style="list-style-type: none"> CY 2021: Determine data needs. CY 2022: Establish measurement baseline. CY 2023: Increase rate to %15. 	NDHHS
2. Decrease ER utilization by identified population (i.e. SMI/SED).	2A. Engage state Medicaid and private payers to create a cost sharing strategy that incentivizes (alternative payment strategy/Value-Based Reimbursement) ED avoidance based on care management of the identified population.	Decrease of ER utilization by population: <ul style="list-style-type: none"> # of SMI/SED. # of Emergency protective custody (EPC). # of involuntary and/or voluntary. 	<ul style="list-style-type: none"> CY 2021: Determine population, targets, baseline and alternative payment strategy. CY 2022: Track results toward a 15% reduction goal. CY 2023: Reach %15. 	NDHHS

Pillar 2: Implement an Integration Strategy

Prioritized Need 2.3: Increase integration between substance use treatment providers and mental health treatment providers

Strategic Objective/Driver		KPI(s)	Goals	Primary Lead
1. Improving outcomes by integration between substance use treatment providers and mental health treatment providers.	1A. Determine best practices for screenings. Establish guidance and incentives for using behavioral health screening/evaluation tools.	Increase: <ul style="list-style-type: none"> ▪ # of screenings. ▪ # of referrals. 	<ul style="list-style-type: none"> ▪ CY 2021: Determine best screenings and utilization tracking system, implement and create baseline. ▪ CY 2022: Increase screenings and referrals 20% over baseline. ▪ CY 2023: Increase screenings and referrals 20% over 2022. 	DBH
2. Reduce policy barriers to SUD and MH integration.	2A. Review system policies re: dual credentials, coding, service definitions across behavioral health system.	Update policies and/or create clarification of policies that enhance integration: <ul style="list-style-type: none"> ▪ # of policies reviewed. ▪ # of policy updates. ▪ # of policy clarifications. 	<ul style="list-style-type: none"> ▪ CY 2021: Complete assessment. ▪ CY 2022: Policy dates and/or policy clarifications in place. ▪ CY 2023: Monitor for additional needs. 	DBH
	2B. Provide training on dual diagnosis EBP-Integrated Dual Diagnosis Treatment (IDDT).	Increase dual diagnosis EBP-Integrated Dual Diagnosis Treatment (IDDT) utilization.	<ul style="list-style-type: none"> ▪ CY 2021: 5% Increase over 2020 baseline. ▪ CY 2022: 10% increase over 2021. ▪ CY 2023: 10% increase over 2022. 	DBH

Pillar 3: Promote Stakeholder Inclusion

Prioritized Need 3.1: Improve engagement between NDHHS, DBH, and Justice Partners in planning Justice Behavioral Health goals, service gap and need analysis, access to services, sequential intercepts, and quality outcomes for justice/behavioral health consumers.

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Work with Justice Partners to create a comprehensive behavioral health system for justice/behavioral health consumers.	Create DBH/Justice workgroups to conduct a needs analysis, identify service gaps, develop appropriate behavioral health services and shared system goals and establish quality outcome measures.	Track: <ul style="list-style-type: none"># and frequency of meetings per workgroup created# of deliverables completed per workgroup	<ul style="list-style-type: none">CY 2021: Create meeting format/Implement.CY 2022: Include metrics to be utilized, systemic goals, and QIP process.CY 2023: Continue with QIP process.	NDHHS

Pillar 3: Promote Stakeholder Inclusion

Prioritized Need 3.2: Improve consumer and family input around services

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Expand communication platforms used to reach consumers and families.	1A. Explore and various communication platforms, including social media, as best practices to reach different consumer populations and increase inclusion in planning processes.	Increase # of likes or hits by demographic and media platform.	<ul style="list-style-type: none"> ▪ CY 2021: Conduct assessment and baseline social media utilization. ▪ CY 2022: 25% increase in hits over 2021. ▪ CY 2023: 25% increase over 2022. 	DBH
		Increase # of minorities and/or specific demographic populations in planning groups.	<ul style="list-style-type: none"> ▪ CY 2021: Conduct assessment and baseline of specified populations. ▪ CY 2022: 10% increase over 2021. ▪ CY 2023: 10% increase over 2022. 	DBH
2. Increase survey utilization for input on DBH initiatives and programming as an assessment for program effectiveness.	2A. Use social media to promote consumer survey participation.	Increase # of survey responses by demographic groups.	<ul style="list-style-type: none"> ▪ CY 2021: Baseline on 2020 data and implement with a 10% increase over 2020. ▪ CY 2022: 10% increase over 2021. ▪ CY 2023: 10% increase over 2022. 	DBH
	2B. Create minority specific surveys.	Increase # of languages surveys are offered.	<ul style="list-style-type: none"> ▪ CY 2021: Minimum English/Spanish ▪ CY 2022: Add new languages as needed. ▪ CY 2023: Add new languages as needed. 	DBH

Pillar 3: Promote Stakeholder Inclusion

Prioritized Need 3.3: Improve engagement between NDHHS-DBH and behavioral health community-based organizations in planning processes

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Intentionally identify community organizations and assure ongoing engagement.	1A. Conduct Gap/Barrier analysis of current community organizations engagement practices by groups and demographics.	Increase # of community organizations involved in planning processes.	<ul style="list-style-type: none"> ▪ CY 2021: Complete assessment and identify key community organizations. ▪ CY 2022: 10% increase over 2021. ▪ CY 2023: 10% increase over 2022. 	DBH
2. DBH will take leadership in creating actionable agendas that reflect system planning and provide follow-up and feed back to stakeholders.	2A. Create a process planning agenda for all meetings, and assure follow-up on actionable items.	Increase % of agendas items with timely follow up (30 days or less) after meetings.	<ul style="list-style-type: none"> ▪ CY 2021: Develop process planning agenda with a 90% follow-up rate. ▪ CY 2022: 90% follow-up rate. ▪ CY 2023: 90% follow-up rate. 	DBH

Prioritized Need 3.4: Increase use of culturally and linguistically appropriate services (CLAS)

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Identify areas of need for CLAS services.	1A. Complete a CLAS need assessment and baseline data for culturally and linguistically appropriate services.	Increase: <ul style="list-style-type: none"> # of services deemed CLAS. # of staff trained in CLAS trainings. 	<ul style="list-style-type: none"> CY 2021: Complete CLAS assessment and establish baseline (Consider external reviewer due to complexity). CY 2022: Implement planning and with a 10% increase of services and trained staff over baseline. CY 2023: 10% increase of services and trained staff over 2022. 	NDHHS
2. Increase bi-lingual/bi-cultural behavioral health staff.	2A. Explore promoting and/or expanding bi-lingual/bi-cultural staff retention programs currently utilized in Nebraska.	Increase # of students retained in state by demographic category and with language insight.	<ul style="list-style-type: none"> CY 2021: Evaluation of current programs and establish baselines. CY 2022: 5% increase of target demographic populations. CY 2023: 10% increase of target demographics over 2022. 	NDHHS
3. Align DBH goals with the Office of Equity and Disparity.	3A. Create cross-agency meetings.	Increase: <ul style="list-style-type: none"> # of meetings. # of shared goals. 	<ul style="list-style-type: none"> CY 2021: Establish meeting and create charter of shared goals. CY 2022: Establish and meet goal metrics. CY 2023: Establish and meet goal metrics. 	DBH

Pillar 4: Drive Innovation & Better Outcomes

Prioritized Need 4.1: Improve competencies of behavioral health providers through partnerships and training with academic institutions.

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Improve competencies of behavioral health providers.	1A. Determine best method to determine accepted EBP practices and how to track EBP utilization by frequency and type.	Increase: <ul style="list-style-type: none"> # of units of services. # of individuals served. 	<ul style="list-style-type: none"> CY 2021: Evaluate for best method of EBP data collection. Determine EBPs to be tracked. Create baseline. CY 2022: 10% increase of services and consumers served over 2021 baseline. CY 2023: 10% increase of services and consumers served over 2022. 	DBH
	1B. Work with academic institutions to assure training is aligned with emerging consumer needs.	Regular meetings with academic institutions to discuss training needs. Track: <ul style="list-style-type: none"> # of university programs working with. # of academic professionals involved in planning efforts and follow up. 	<ul style="list-style-type: none"> CY 2021-2023 Quarterly meetings with updates to planning and outcomes. 	DBH

Prioritized Need 4.1: Improve competencies of behavioral health providers *(continued)*

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Improve competencies of behavioral health providers.	1C. Assure trainings are being promoted to providers across the state and virtual/on-line access is available.	Increase: <ul style="list-style-type: none"> ▪ # of trainings with virtual setting. ▪ # of training participants by geographical area. ▪ # of trainings by provider type. 	<ul style="list-style-type: none"> ▪ CY 2021: Evaluation of availability of virtual trainings and types of trainings. Establish target participants/provider types. ▪ CY 2022: Implement tracking of target participants/provider types and baseline. ▪ CY 2023: 20% increase of target participants/provider types over 2022. 	DBH
	1D. Assess needs and develop training across the entire justice system (forensic/law enforcement/corrections) system for behavioral health needs and prevention strategies.	Increase: <ul style="list-style-type: none"> ▪ # of trainings by identified need. ▪ # of participants from corrections/justice, etc. 	<ul style="list-style-type: none"> ▪ CY 2021: Evaluate areas of need and establish baseline of current trainings (consider external reviewer due to complexity). ▪ CY 2022: 10% increase of trainings over 2021 baseline. ▪ CY 2023: 20% increase of training over 2022 	

Prioritized Need 4.2: Expand use of technology for improved behavioral health outcomes

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Expand competency and training in digital technology/ telehealth.	1A. Develop technology trainings for providers. Develop survey for patient engagement, satisfaction, and outcomes with telehealth.	Increase: <ul style="list-style-type: none"> # of trainings with digital tech/telehealth focus. # of participants. % of patients satisfied with outcomes. 	<ul style="list-style-type: none"> CY 2021: Evaluate areas of need and establish baseline of current training. CY 2022: 10% increase of trainings over 2021 baseline. Evaluate patient outcome satisfaction rate. CY 2023: 20% increase of training over 2022. 10% improvement patient outcome satisfaction rates. 	DBH
2. Increase technical capabilities: equipment/hardware, software, and access (internet/Wi-Fi).	2A. Survey state providers/ provider organizations to determine current capacity and needs.	Increase # of providers/ provider organizations with full telehealth capacity.	<ul style="list-style-type: none"> CY 2021: Survey state technology baseline capacity. CY 2022: Implement strategy. CY 2023: 20% increase in technology enabled providers. 	DBH
	2B. Explore incentives and payer sources to pay for tech solutions for providers and consumers (i.e. Medicaid managed care, grants, and other funding sources).	Coordinating with rural taskforce team, track: <ul style="list-style-type: none"> # of payer sources. # of dollars from other funding sources vs states. 	<ul style="list-style-type: none"> CY 2021: Evaluation of payer sources and coordination with rural taskforce. CY 2022: Create and implement a strategy and baseline. CY 2023: Track increase in technology enabled providers. 	NDHHS

Prioritized Need 4.3: Expand evidence-based practices through cross system engagement and planning

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Inventory of all evidence-based practices and need for additional EBPs.	1A. Create baseline of EBP data, determine best source of EBP data collection, and develop incentives for the use of evidenced-based practices (consider Value-Based Reimbursements (VBR)).	Assess: <ul style="list-style-type: none"> ▪ # of EBPs in use ▪ #/% of providers with EBPs in use. ▪ # of units / dollars paid for services with EBPs. ▪ # of units / dollars paid for non-EBP services. 	<ul style="list-style-type: none"> ▪ CY 2021: Create evaluation and develop a baseline of EBP to cost saving ratio. ▪ CY 2022: Create and implement a VBR strategy. ▪ CY 2023: Track improvement 	NDHHS
2. Work with system partners to assess need and expand use of EBPs across the NDHHS system	Create cross-system workgroup to conduct a needs assessment, determine appropriate EBPs and develop an implementation/expansion plan as needed	Track: <ul style="list-style-type: none"> ▪ # of meetings ▪ # of deliverables completed 	<ul style="list-style-type: none"> ▪ CY 2021: Create meeting format/Implement. ▪ CY 2021: Complete needs assessment and determine EBPs. ▪ CY 2022: Implement EBP expansion plan. 	NDHHS

Prioritized Need 5.1: Improve interagency data sharing

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Improve interagency data sharing.	1A. Determines best metrics to demonstrate programming processes and outcomes.	Determine: <ul style="list-style-type: none"> # of DBH metrics that matter. # of measures on regular schedule for review. # of metrics with cross-agency value. 	<ul style="list-style-type: none"> CY 2021: Inventory measures and determine best measures. CY 2022: Update and add measures as needed. CY 2023: Update and add measures as needed. 	DBH
	1B. Regularly scheduled interagency-meeting to review data and develop strategies for improvement.	Determine: <ul style="list-style-type: none"> # of agencies involved. # of measures on regular schedule for review. 	<ul style="list-style-type: none"> CY 2021: Create meeting format, data/KPIs, stakeholders. CY 2022: Implement a QIP process for KPIs. CY 2023: Evolve programming to meet emerging needs. 	NDHHS
	1C. Develop interagency MOU for data sharing.	Determine: <ul style="list-style-type: none"> # of current MOUs. # of MOUs needed. # records shared. 	<ul style="list-style-type: none"> CY 2021: Inventory current MOUs and needed MOUs. CY 2022: Complete all MOUs. CY 2023: Track data being shared. 	NDHHS
2. Develop more detailed and accessible dashboards that reflect the impact of programming.	2A. Develop interagency accessible dashboards. Evaluate efficacy of a dually utilized dashboard, inward and outward facing.	Inventory: <ul style="list-style-type: none"> # of dashboards in use. # of shared measures in use and to develop. # persons accessing dashboards. 	<ul style="list-style-type: none"> CY 2021: Inventory current dashboards and determine best data for future use. CY 2022: Determine best platform and implement development. CY 2023: Roll out dashboards (inward facing first then outward facing). 	NDHHS

Prioritized Need 5.2: Need for system wide behavioral health outcomes

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Establish system wide behavioral health outcomes.	1A. Develop Strategic Plan.	Establish KPIs.	<ul style="list-style-type: none">▪ CY 2021: Establish KPIs and Strategic Plan to reach goals.▪ CY 2022: Review Strategic Plan for completion and reevaluation as needed.▪ CY 2023: Review Strategic Plan for completion and reevaluation as needed.	DBH

Prioritized Need 5.3 Compare Nebraska behavioral health outcomes data to national benchmarks

Strategic Objective/Driver	Tactic	KPI(s)	Goals	Primary Lead
1. Compare Nebraska outcome goals to national benchmarks.	1A. Review Behavioral Health HEDIS measures that reflects program goals.	Determine HEDIS measure(s).	<ul style="list-style-type: none"> ▪ CY 2021: Choose one HEDIS measure and determine best methodology to gather metric data. Baseline the measure. ▪ CY 2022: Implement QIP strategy for the measure.. Determine system goals. ▪ CY 2023: Continue monitor and update to improve measurement outcomes. 	NDHHS

Strategic Plan & Optimization Roadmap

*Working Together To
Fulfill The Vision*

Optimizing the strategic plan will involve new ways of doing business such that DBH, NDHHS divisions, justice partners, public and private constituencies are working toward:

1. Enhancing and Expanding the behavioral health system continuum of services and supports
2. Enhancing Integration of Behavior Health into an array of healthcare settings, across NDHHS and justice providers

A summary of both enhancing the strategic system role for DBH and enhancing the integration of behavioral health across the system are in the following slides.

1. Enhance & Expand The DBH Scope Of Work

Areas Of Optimization

To achieve maximum optimization of the Strategic Plan, the scope of BH should be enhanced and expanded in the following areas:

1. Training and Education Logistics - .5 FTE (DHHS Staff Development)
2. Grants Application & Management – 1 FTE
3. Planning, Policy and Legislation – 1 FTE
4. Cross Division Clinical Consultation/Managed Care including Complex Case Management – 1 FTE
 - A. Re-establish the Chief Clinical Officer that has cross system knowledge – Contract or 1 FTE
5. Community Engagement and Communication Manager – 1 FTE
6. Consumer Engagement – 1 FTE
7. Tribal Manager, CLAS Equity & Disparity – 1 FTE
8. Cross System Cost Benefit Analysis, cost models, value-based contracting – 1 FTE (shared across divisions)
9. Population Health Management – 1 FTE
10. Workforce Planning/ Health Integration/Provider Relations – 1 FTE
11. Cross System BH Liaison (Justice, Veterans) – 1 FTE

DBH HR need: 11.5 FTEs plus .5 DHHS Staff Development (Subject to DHHS Classification)

2. Enhance Integration Of Behavioral Health Into NDHHS

Areas Of Optimization

To further optimize the Strategic Plan, behavioral health should be fully integrated into all Divisions of NDHHS and the justice system through building organizational cross system infrastructure as follows:

1. Cross System Training and Workforce development
2. Cross System Policy and Regulation review / development
3. Cross System Service development that maximizes and braids or blends funding
4. Cross System Grants management to drive innovation
5. Cross System Data Analysis and Reporting functionality
 - A. System capacity and waiting lists, outcomes, etc.
 - B. Enterprise level inward and outward facing dashboard platform
6. Cross System IS&T integration: robust data analytics tools and knowledgeable staff
7. Establishment of cross system protocols for consumer engagement and involvement in planning (outside of formal Release of Information)
8. Cross system development of public/private partnerships for communication and campaigns
9. Cross system public/private partnerships with academia for research and development of best practices and centers of excellence

NDHHS HR need: Organizational changes and/or work assignments will ultimately determine the number of FTEs. Coordination estimate is up to 5 FTEs (subject to DHHS and System Partner classifications)

Support for optimization to carry out the Plan are contained throughout the Strategic Plan.

2. Enhance Integration Of Behavioral Health Into NDHHS

Areas Of Optimization (continued)

To further optimize the Strategic Plan, behavioral health should be fully integrated into all divisions of NDHHS as follows:

1. Cross Division Training and Operational Knowledge
2. Cross Division Policy review / development
3. Cross Division Service review and system development
4. Cross Division Grants management and expertise
5. Cross Division Data Analysis and Reporting functionality
6. Cross Division IS&T integration
7. Determination of program vs. legal role (policy development, regulation re-write, MOU development, etc.)
8. Establishment of protocols for consumer planning across divisions (outside of formal Release of Information)

NDHHS HR need: 5.25 FTEs

Details for optimization are contained throughout the Strategic Plan



Appendix A: Key Stakeholder Interviews Summary

Interview #1 - Community Partner

1. Needs/Gaps
 - A. No reimbursement for 'warm hand off model'
 - B. No payable codes for prevention education
 - C. Lack of Psychiatric services.
 - D. Cultural Competency.
 - E. Lack of care coordination with ER visits related to BH need.
 - F. Enhanced school intervention with trained therapists.
 - G. Improved relationship with FQHC to better align services.
 - H. Better public health data such as HEDIS measures and community tenure.
 - I. Closer alignment with BH community groups and coalitions including state representation. Need to have goals.
2. Barriers
 - A. Diverse population
 - B. Language barrier - large Hispanic population growing Asian Population
 - C. Nonresponsive Regional Authority
3. Strengths
 - A. Primary Care Integration - Ames Model -Long wait list

Interview #2 – Community Partner

1. Needs/Gaps
 - A. Case Management for Housing Support.
 - B. Peer support services for housing.
 - C. Not enough intensive case management (ICM).
 - D. Medication Adherence
 - E. Availability of 24/7 services to assist in housing success.
 - F. 1115 Waiver for braided funding for housing.
 - G. Community based housing organizations and DBH are too siloed.
 - H. Lack of communication between HUD, SAMSHA and DBH.
 - I. Rural regions do not have enough BH services to support housing.
 - J. Coordinate housing between DOC and DBH.
2. Barriers
 - A. Access to ICM and other intensive case services.
 - B. Landlords hesitant to take on SMI individuals.
3. Strengths
 - A. Incentivized case management for housing tenure
 - B. Intensive Case Management (ICM)-"Johnny on the spot"- assuage landlords-MH association and U of N partnered on SAMSHA housing grant for housing and employment
 - C. ACT teams are also effective
 - D. Long lasting injectables very effective

Interview #3 – Law Enforcement Partner

1. Needs/Gaps
 - A. Transportation for western region.
 - B. High substance abuse rate and disconnect with services.
 - C. Need for more certified BH providers with forensic training.
2. Barriers
 - A. None Identified
3. Strengths
 - A. Use of telehealth interventions, Lutheran Services.
 - B. Did have behavioral health services embedded in the police station.
 - C. Diversion for first time offenders.
 - D. Emergency Protective Custody allows for a period of time to detox from substance abuse w/o arrest.

Interview #4 – Justice Partner

1. Needs/Gaps
 - A. Lack of available services for competency evaluations and restorations. Can take 3-4 months for services.
 - B. Lack of SUD treatment for juveniles.
 - C. Lack of treatment for sex offenders.
 - D. Lack of progress on improving utilization of the Lincoln Regional Center.
 - E. Lack of service in rural regions.
 - F. Overutilization of out of expensive out state services for restoration.
2. Barriers
 - A. Lack of trained staff for BH needs.
3. Strengths
 - A. Data on recidivism rates is plentiful.
 - B. Data for access is solid.
 - C. Increased utilization of EBPs.

Interview #5 – Justice Partner

1. Needs/Gaps
 - A. Need for better support competency and restoration - Up to 12 weeks to gain access to LRC.
 - B. Transition for individuals from not guilty by reason of insanity from treatment to the community.
 - C. Lack of Quality Assurance processes for individuals diverted from Problem Solving Court to treatment. Need more accountability. No outcome measures. Minimal data.
 - D. Need for leadership in best practices in forensic BH interventions, providers are not staying current.
 - E. Lack of Inpatient BH services in Western Nebraska.
 - F. Lack of Psychiatry in Western Nebraska.
 - G. Poor oversight in Halfway House system especially Oxford House level of care.
 - H. GREATEST NEED: DBH should review marijuana policy before legalization especially with lessons learned from Colorado and Oregon. Need for closer regulation and enhanced education on the public and legislative side.
 - I. Need for Medication Assisted Treatment for opioid treatment.
2. Barriers
 - A. None Identified
3. Strengths
 - A. Court is very motivated toward diversion practices.

Interview #6 – Community Partner

1. Needs/Gaps
 - A. Need for more culturally appropriate treatment in African American community
 - B. Lack of focus on prevention
 - C. Lack of education to address BH Stigma-Would like DBH to lead with better marketing effort
 - D. Feels a lack of focus, organization, and listening from DBH
 - E. Lack of funding for administrative processes especially in juvenile services
 - F. Lack of BH support for those with psychotropic medication needs.
 - G. More BH/PH connections
2. Barriers
 - A. Lack of BH providers in PCP
 - B. High copay and deductibles
3. Strengths
 - A. KidSquad programming to increase preschool retention.

Interview #7 – Education Partner

1. Needs/Gaps
 - A. Need to continue to develop psychiatric services, psychiatrists. 50% of psychiatrists are over 50
 - B. More engagement in rural areas and pan handle
 - C. Increase BH rotation in medical training
 - D. Downward trend in licensed SUD counselors
 - E. Continue to develop telehealth, need for more internet access and hardware to deliver services
 - F. Beginning to develop Spanish brochures for BH services
 - G. Need for improve cultural competency
 - H. Need for increased BH literacy
2. Barriers
 - A. None Identified
3. Strengths
 - A. Works well with DBH
 - B. 17% growth in BH work force over two years especially Psychiatric Nurse Practitioners
 - C. Provides free CEUs for BH providers-
 - D. Some workforce data available
 - E. Regularly engaged with 17 academic institutions
 - F. Developing rural fellowships

Interview #8 – Tribal Partner

1. Needs/Gaps
 - A. Lack of trust or confidence in NDHHS-DHS. One tribal leader said, "The state is beyond doing anything positive. I see no hope for improvement in any area."
 - B. Were excluded from CARES Act by NDHHS, eventually Winnebagos were able to secure funding
 - C. Poor healthcare support, COVID has hit tribes hard, especially for those associated with meatpacking
 - D. Poor representation of Native Americans in government and healthcare
 - E. No presence on reservation of permanent BH providers
 - F. Need for onsite visits from state
 - G. Need for cultural competency mandate from DBH
2. Barriers
 - A. Distant location means little interaction with state and difficulty finding health care
3. Strengths
 - A. NDHHS task for to deal with rash of suicides on reservations was effective.

Interview #9 – Health Partner

1. Needs/Gaps
 - A. Need to raise profile and status of BH.
 - B. Stigma of BH especially clear in rural region
 - C. Inability to sustain BH in Primary care setting
 - D. Lack of enforcement of Parity Law
 - E. Need for BH in ER critical and not addressed
 - F. Lack of funding for BH in general and particularly in Medicaid
 - G. Prison crowding by those that need BH treatment
 - H. Lack of utilization of HIE and restrictive nature of state laws
 - I. Need to address the digital divide
 - J. Address improving BH education for non psychiatric physicians
 - K. Need for Geriatric BH services
 - L. Growing need for pediatric BH care
 - M. Need for improved care in Indian Health Services
2. Barriers
 - A. Privacy in rural regions is very low
3. Strengths
 - A. Working to integrate BH into Primary Care
 - B. Psychiatric Nurse Practitioners
 - C. Telehealth development has been a boon

Interview #10 – Spanish Community Partner

1. Needs/Gaps
 - A. Education that is culturally competent for the Hispanic population on the benefits of BH
 - B. NDHHS has been non-responsive in meeting with Latino based community/advocacy groups
 - C. Increase Hispanics going into Human Service field via colleges/university
2. Barriers
 - A. Language and culture of the Hispanic population
3. Strengths
 - A. Hispanic population heavily uses Facebook
 - B. Use faith-based organizations to reach population
 - C. Latino Commission and other community/Advocacy organizations are open to working with NDHHS
 - D. Has Spanish educational material

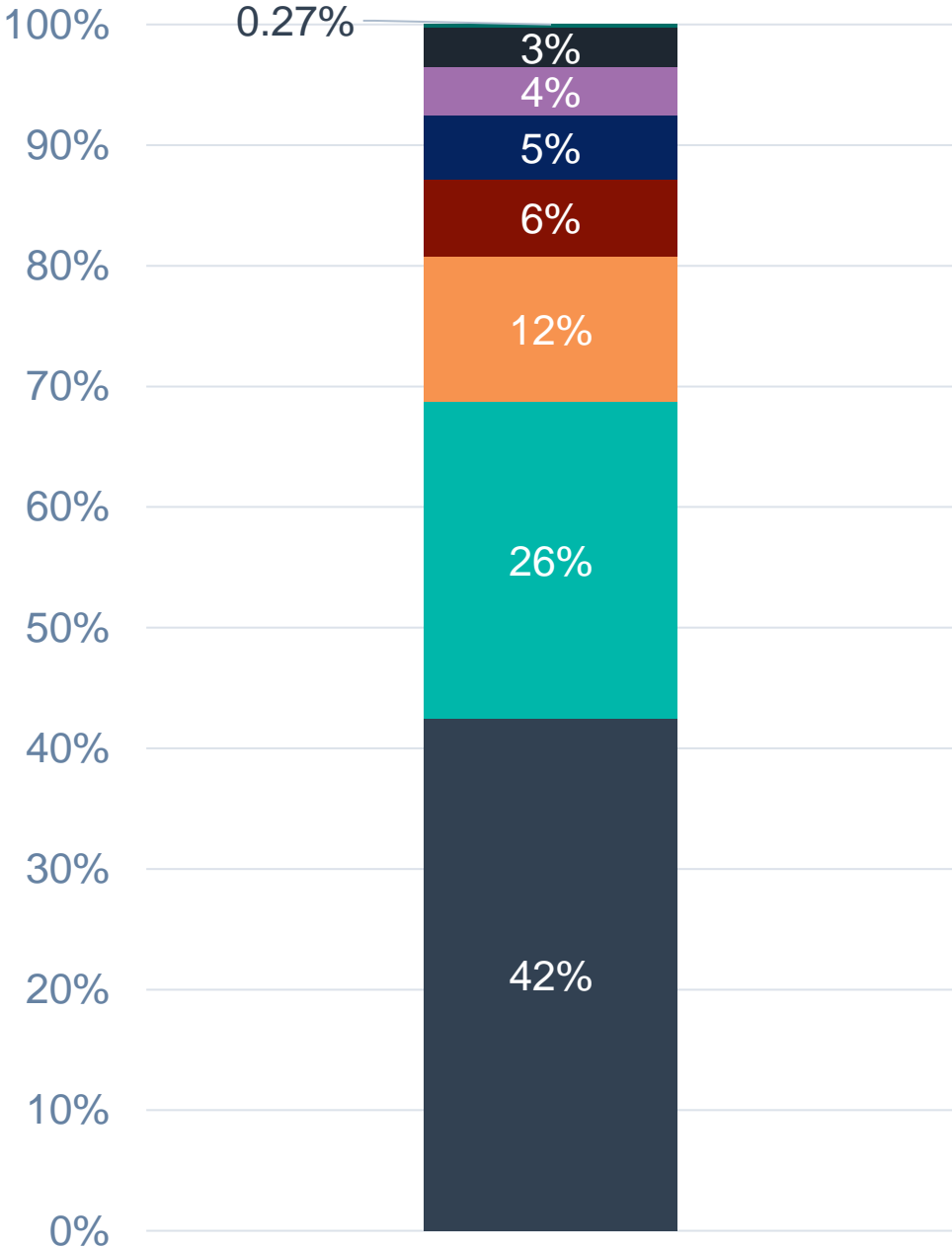


Appendix B: Survey Results

Q1: What is your primary affiliation with the behavioral health system in Nebraska?

Answered: 733
Skipped: 5

- Tribal Nations
- Regional Behavioral Health Administration/Governing Board
- Justice System Partner
- City or County Partner
- Consumer of behavioral health services
- Family member of someone with behavioral health needs
- State Agency, Community Health Partner, or Other Partner (Please specify)
- Provider of behavioral health services (mental health and/or substance use)



Q1: What is your primary affiliation with the behavioral health system in Nebraska?

Answered: 733

Skipped: 5

Answer Choice	Responses (Percent & Number)	
Provider of behavioral health services (mental health and/or substance use)	42.43%	311
State Agency, Community Health Partner, or Other Partner (Please specify)	26.33%	193
Family member of someone with behavioral health needs	12.01%	88
Consumer of behavioral health services	6.41%	47
City or County Partner	5.32%	39
Justice System Partner	3.96%	29
Regional Behavioral Health Administration/Governing Board	3.27%	24
Tribal Nations	0.27%	2
Total	100%	733

Q2/Q3: Please identify the primary county/zip code that you represent

Answered: 703

Skipped: 35

Note: Zip code data used to identify respondent county

Lancaster	22.8%	160
Douglas	21.7%	152
Madison	6.4%	45
Buffalo	4.4%	31
Hall	3.8%	27
Sarpy	3.0%	21
Lincoln	2.8%	20
Scotts Bluff	2.6%	18
Dakota	2.4%	17
Adams	1.9%	13
Gage	1.6%	11
Platte	1.3%	9
Dodge	0.9%	6
Otoe	0.9%	6
Thurston	0.9%	6
Dawson	0.7%	5
Holt	0.7%	5
Nuckolls	0.7%	5
Saunders	0.7%	5
York	0.7%	5
Box Butte	0.6%	4
Keith	0.6%	4
Knox	0.6%	4
Richardson	0.6%	4
Seward	0.6%	4
Cass	0.4%	3
Fillmore	0.4%	3
Johnson	0.4%	3
Nemaha	0.4%	3
Red Willow	0.4%	3
Saline	0.4%	3
Thayer	0.4%	3
Brown	0.3%	2

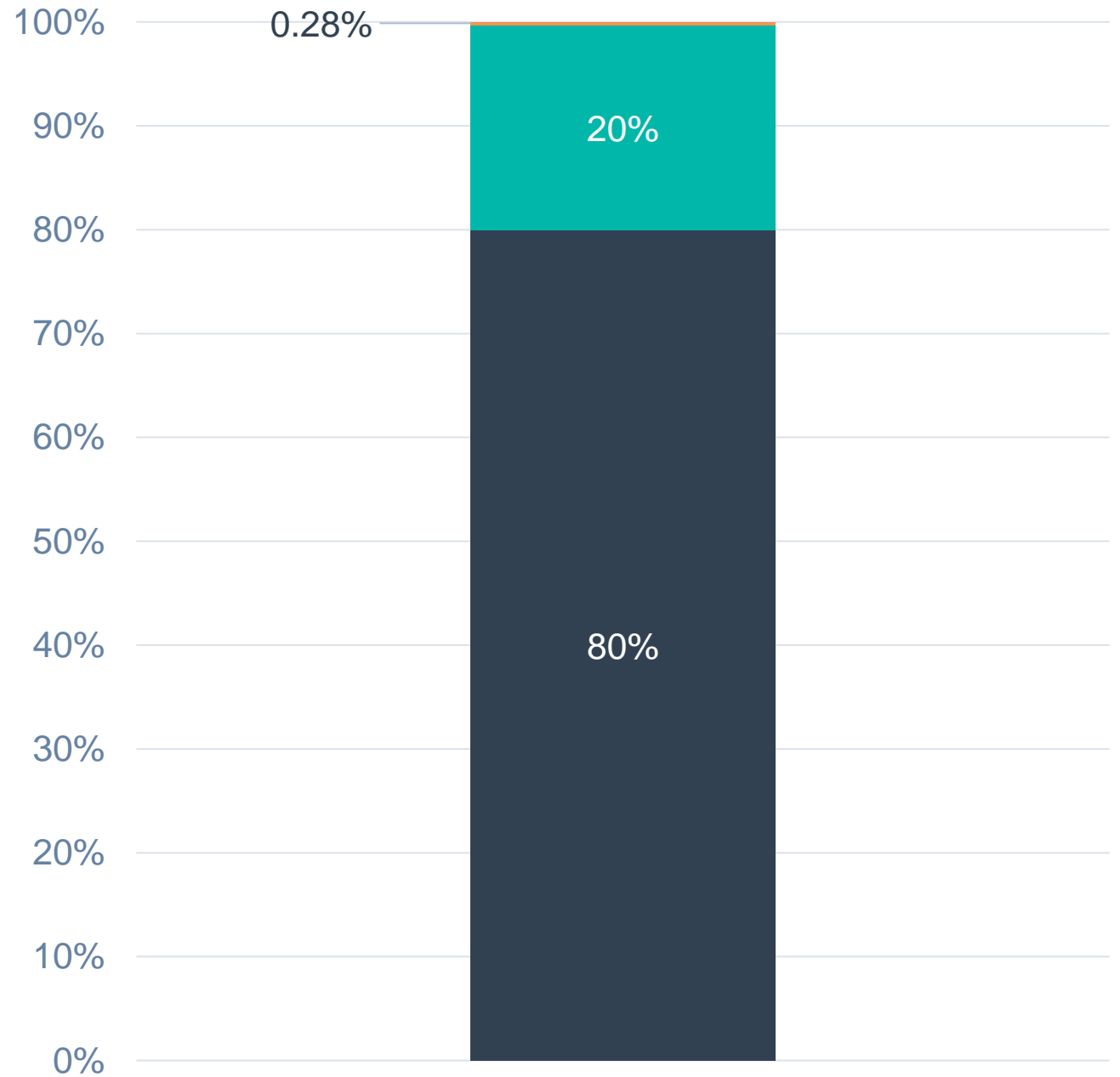
Butler	0.3%	2
Cherry	0.3%	2
Cuming	0.3%	2
Dawes	0.3%	2
Jefferson	0.3%	2
Pawnee	0.3%	2
Phelps	0.3%	2
Sherman	0.3%	2
Antelope	0.1%	1
Banner	0.1%	1
Cheyenne	0.1%	1
Colfax	0.1%	1
	0.1%	1
Custer		
	0.1%	1
Dixon		
Franklin	0.1%	1
Furnas	0.1%	1
Garden	0.1%	1
	0.1%	1
Grant		
Hamilton	0.1%	1
Nance	0.1%	1
Perkins	0.1%	1
Pierce	0.1%	1
Polk	0.1%	1
Sheridan	0.1%	1
#N/A	8.5%	60

Q4: Gender

Answered: 717

Skipped: 21

- Other
- Male
- Female



Q4: Gender

Answered: 717

Skipped: 21

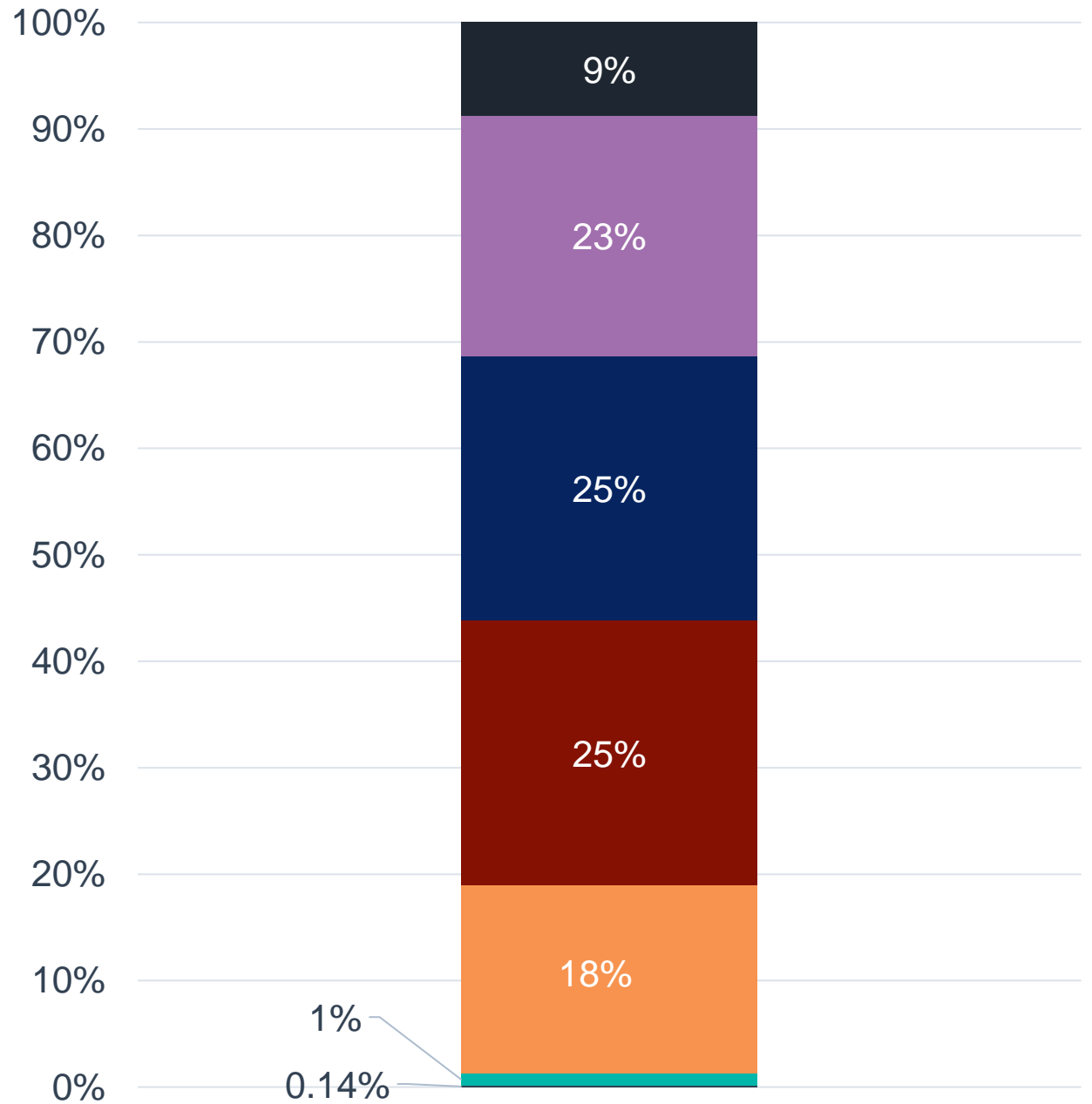
Answer Choice	Responses (Percent & Number)	
Female	79.92%	573
Male	19.80%	142
Other	0.28%	2
Total	100%	717

Q5: Age

Answered: 718

Skipped: 20

- 66 or older
- 56 - 65
- 46 - 55
- 36 - 45
- 26 - 35
- 19 - 25
- Under 18



Q5: Age

Answered: 718

Skipped: 20

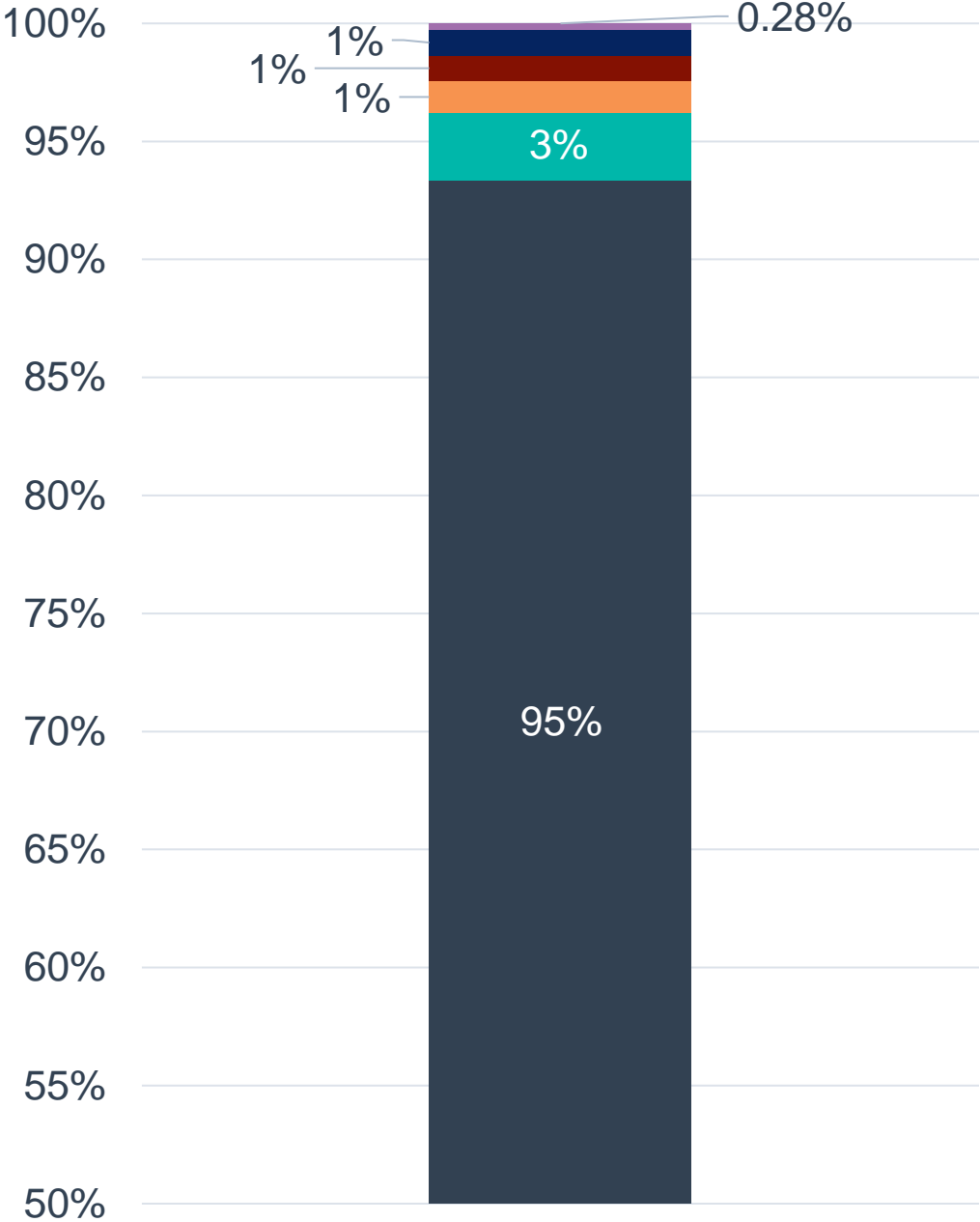
Answer Choice	Responses (Percent & Number)	
36 - 45	25%	179
46 - 55	25%	178
56 - 65	23%	162
26 - 35	18%	127
66 or older	9%	63
19 - 25	1%	8
Under 18	0.14%	1
Total	100%	718

Q6: What is your race? (Mark all that apply)

Answered: 723

Skipped: 15

- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Asian or Asian American
- Other (please specify)
- Black or African American
- White or Caucasian



Q6: What is your race? (Mark all that apply)

Answered: 723

Skipped: 15

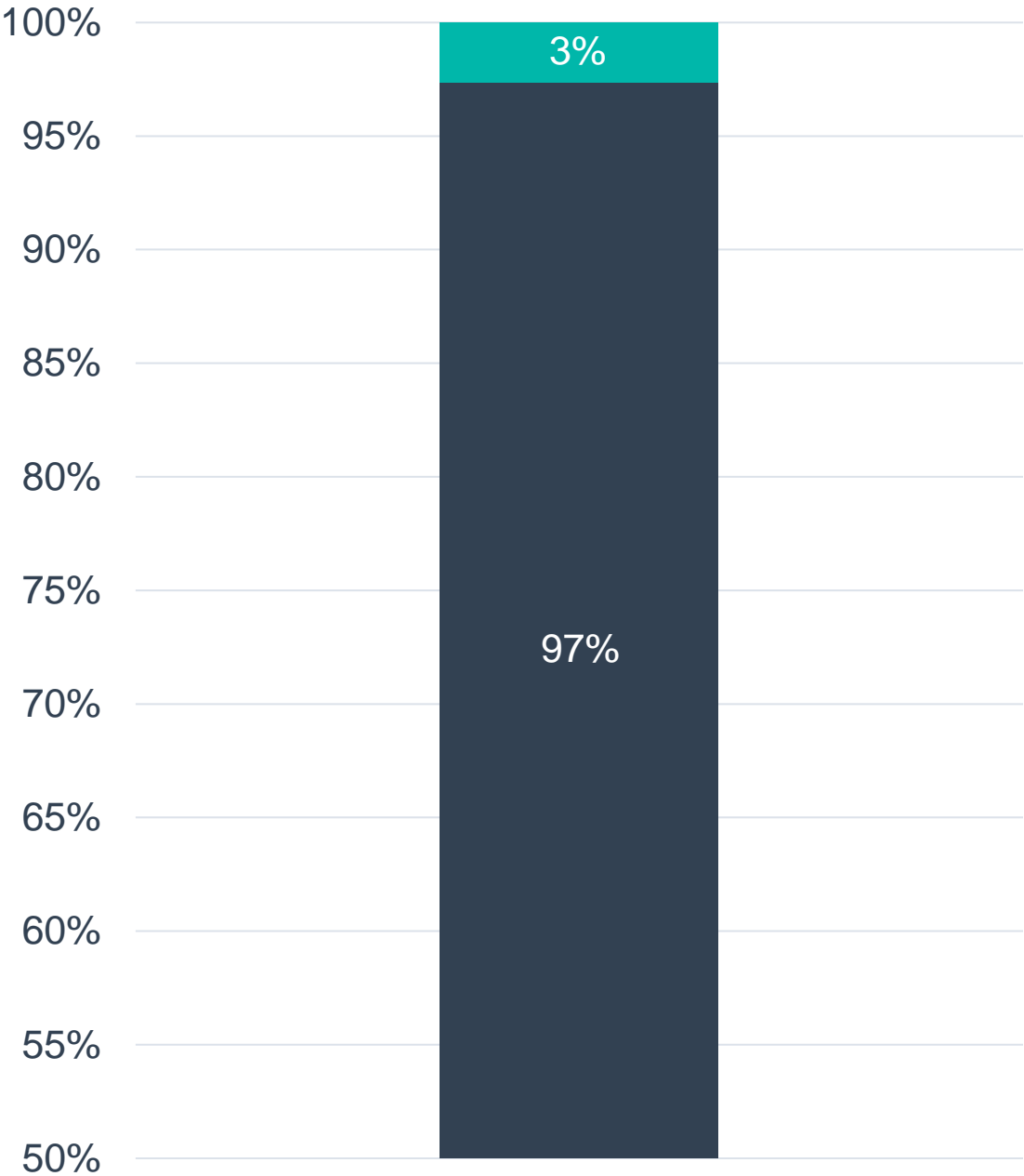
Answer Choice	Responses (Percent & Number)	
White or Caucasian	95.44%	690
Black or African American	2.90%	21
Other (please specify)	1.38%	10
Asian or Asian American	1.11%	8
American Indian or Alaska Native	1.11%	8
Native Hawaiian or other Pacific Islander	0.28%	2
Total	100%	723

Q7: Are you of Hispanic or Latino origin?

Answered: 719

Skipped: 19

- Yes, I am of Hispanic or Latino origin
- No, I am not of Hispanic or Latino origin



Q7: Are you of Hispanic or Latino origin?

Answered: 719

Skipped: 19

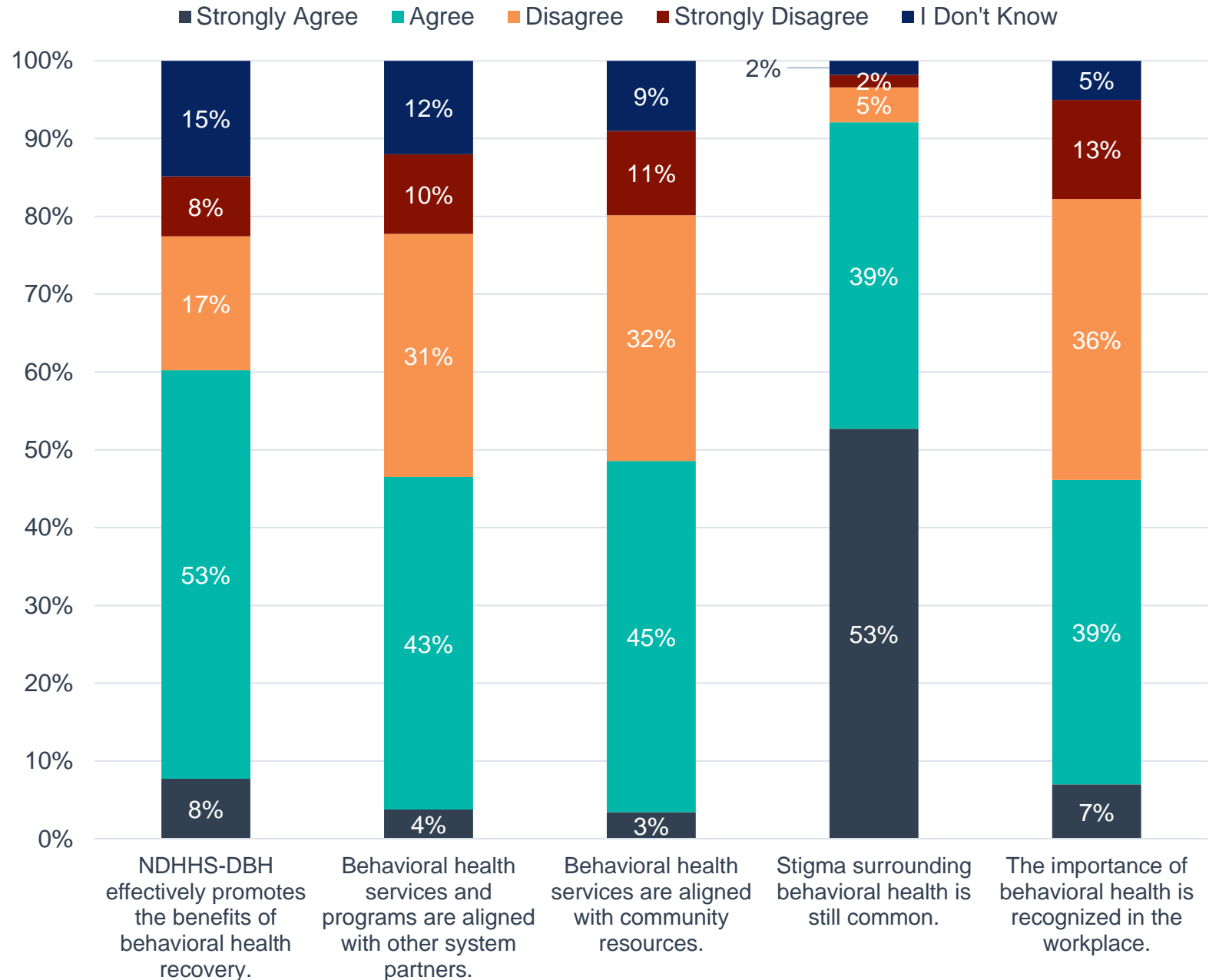
Answer Choice	Responses (Percent & Number)	
No, I am not of Hispanic or Latino origin	97.36%	700
Yes, I am of Hispanic or Latino origin	2.64%	19
Total	100%	719

Enhance Statewide Behavioral Health Influence

Q12: Please identify how much you agree or disagree with the following statements:

Answered: 558

Skipped: 180



Enhance Statewide Behavioral Health Influence

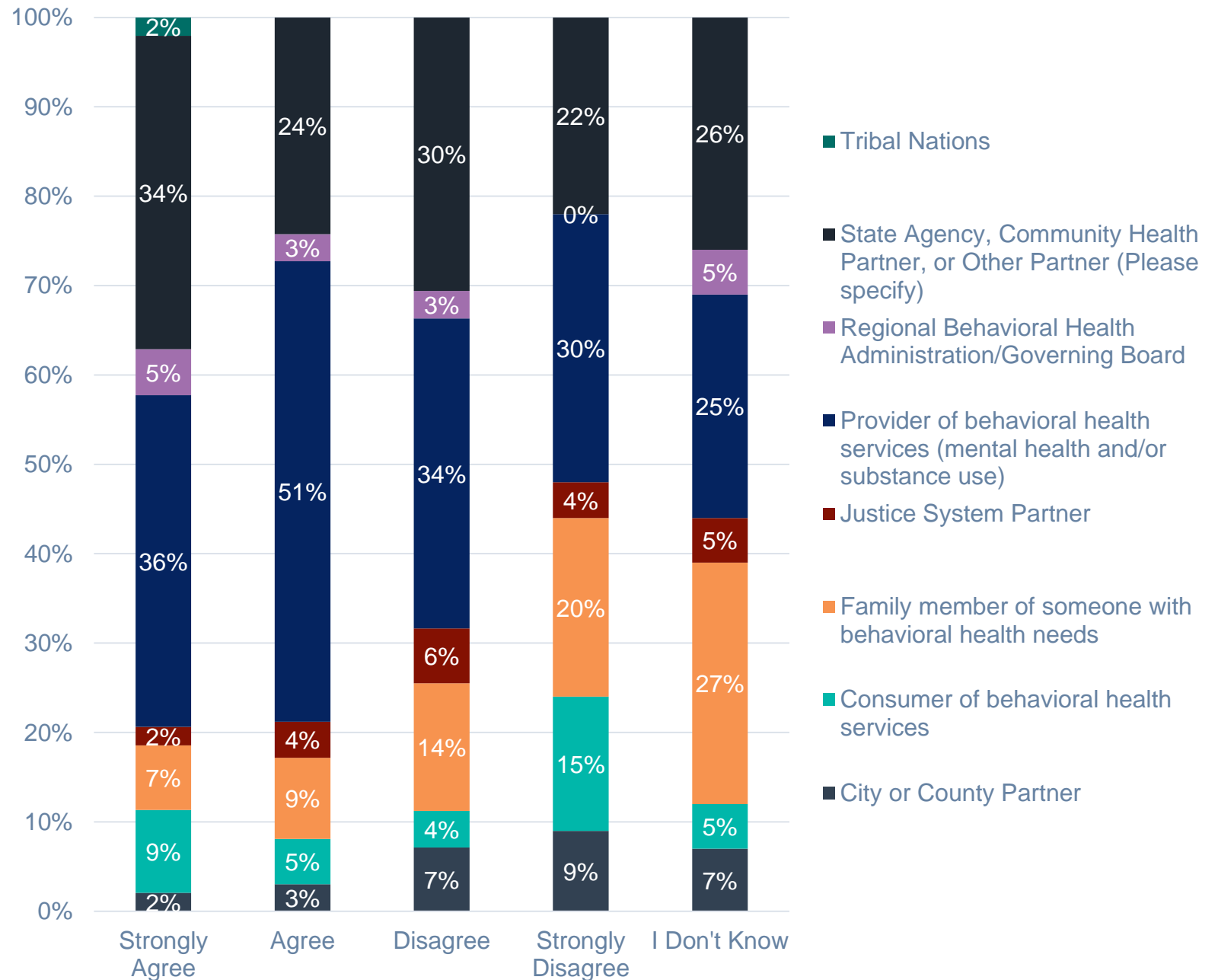
Q12: Please identify how much you agree or disagree with the following statements:

Answered: 558
Skipped: 180

Answer Choice	Strongly Agree		Agree		Disagree		Strongly Disagree		I Don't Know	
NDHHS-DBH effectively promotes the benefits of behavioral health recovery.	7.71%	43	52.51%	293	17.20%	96	7.71%	43	14.87%	83
Behavioral health services and programs are aligned with other system partners.	3.77%	21	42.73%	238	31.24%	174	10.23%	57	12.03%	67
Behavioral health services are aligned with community resources.	3.43%	19	45.13%	250	31.59%	175	10.83%	60	9.03%	50
Stigma surrounding behavioral health is still common.	52.70%	293	39.39%	219	4.50%	25	1.62%	9	1.80%	10
The importance of behavioral health is recognized in the workplace.	7.00%	39	39.14%	218	36.09%	201	12.75%	71	5.03%	28

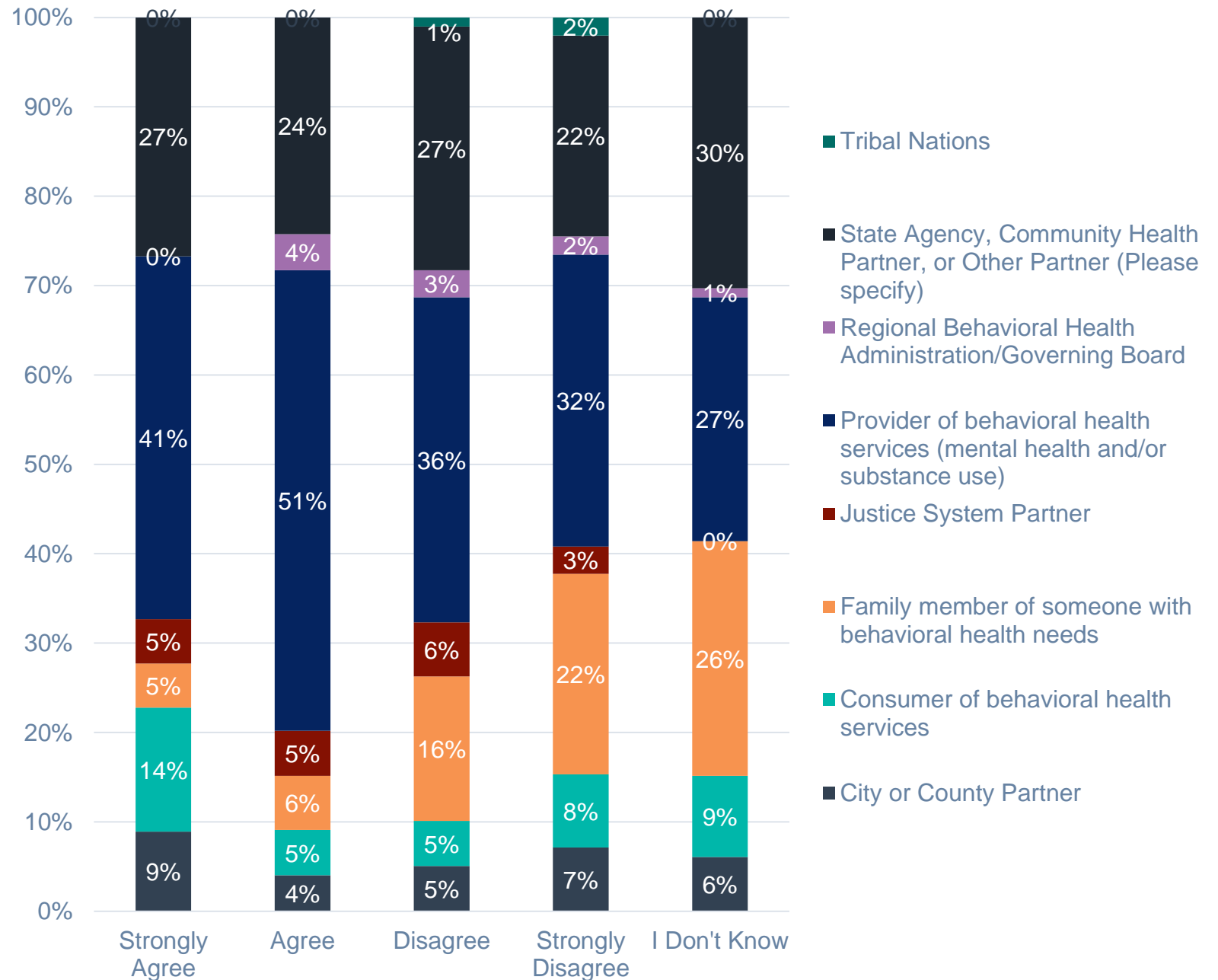
Enhance Statewide Behavioral Health Influence

Q12 Statement
Results By Group:
NDHHS-DBH
effectively promotes
the benefits of
behavioral health
recovery.



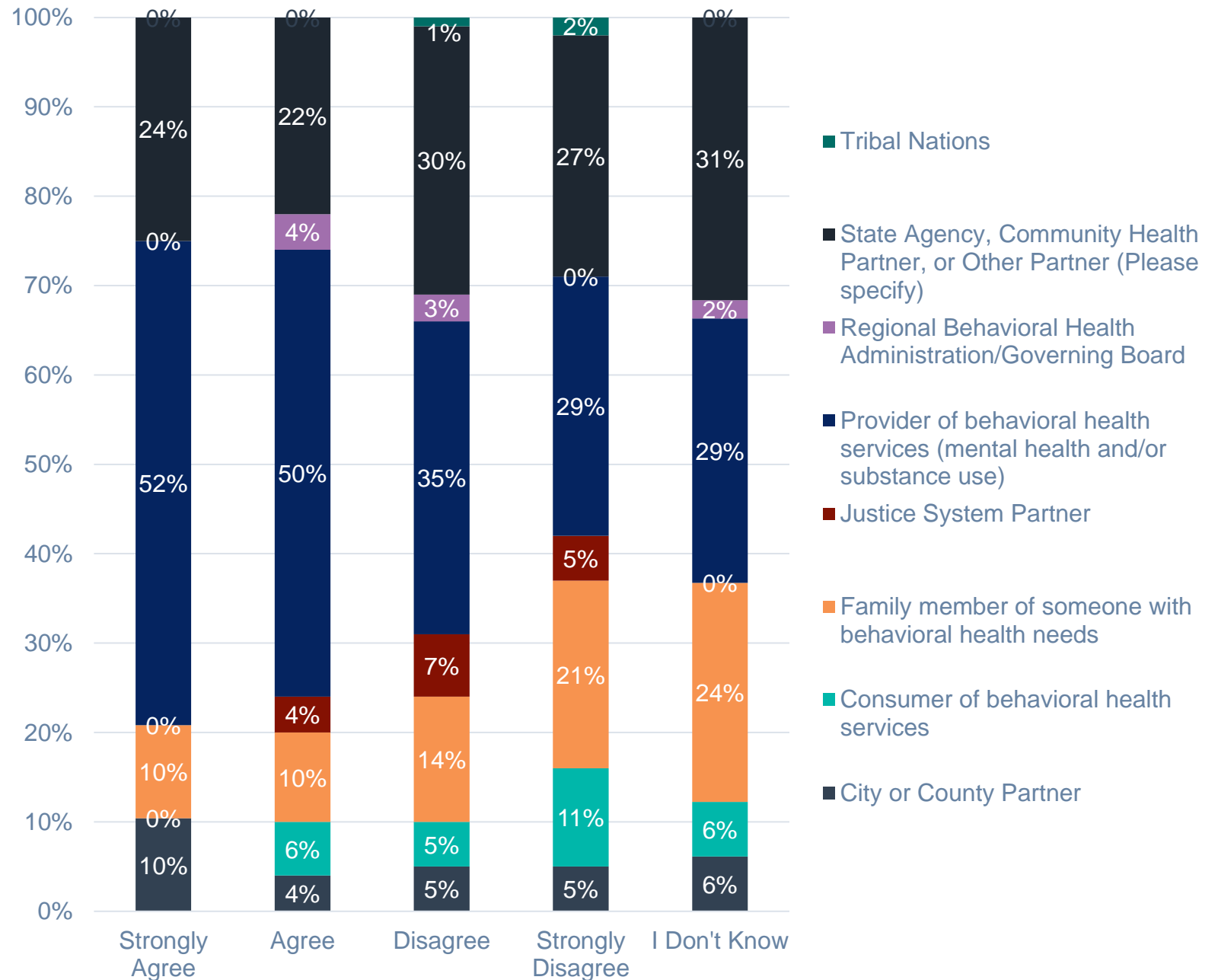
Enhance Statewide Behavioral Health Influence

Q12 Statement Results By Group: Behavioral health services and programs are aligned with other system partners.



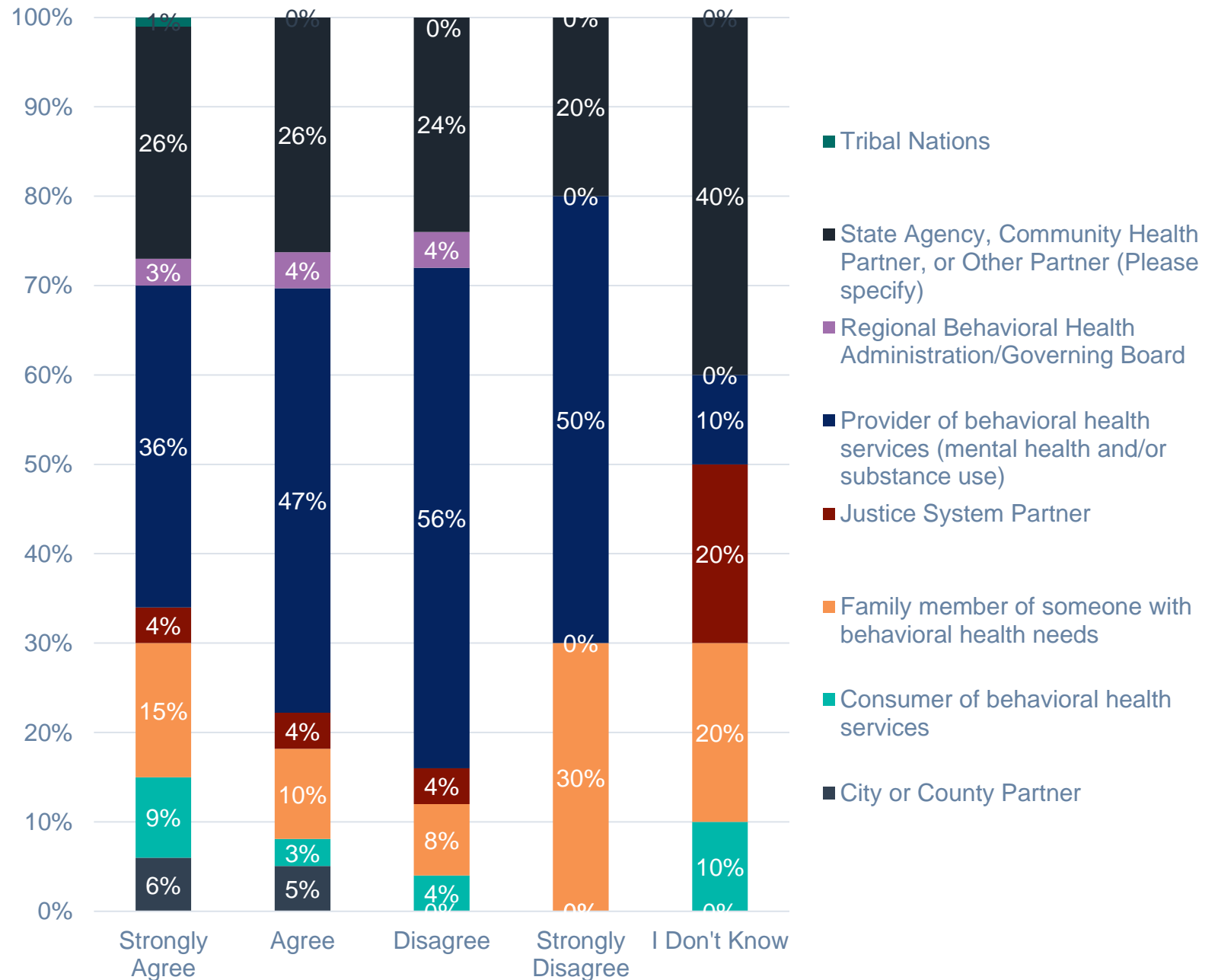
Enhance Statewide Behavioral Health Influence

Q12 Statement
Results By Group:
Behavioral health services and programs are aligned with community resources.



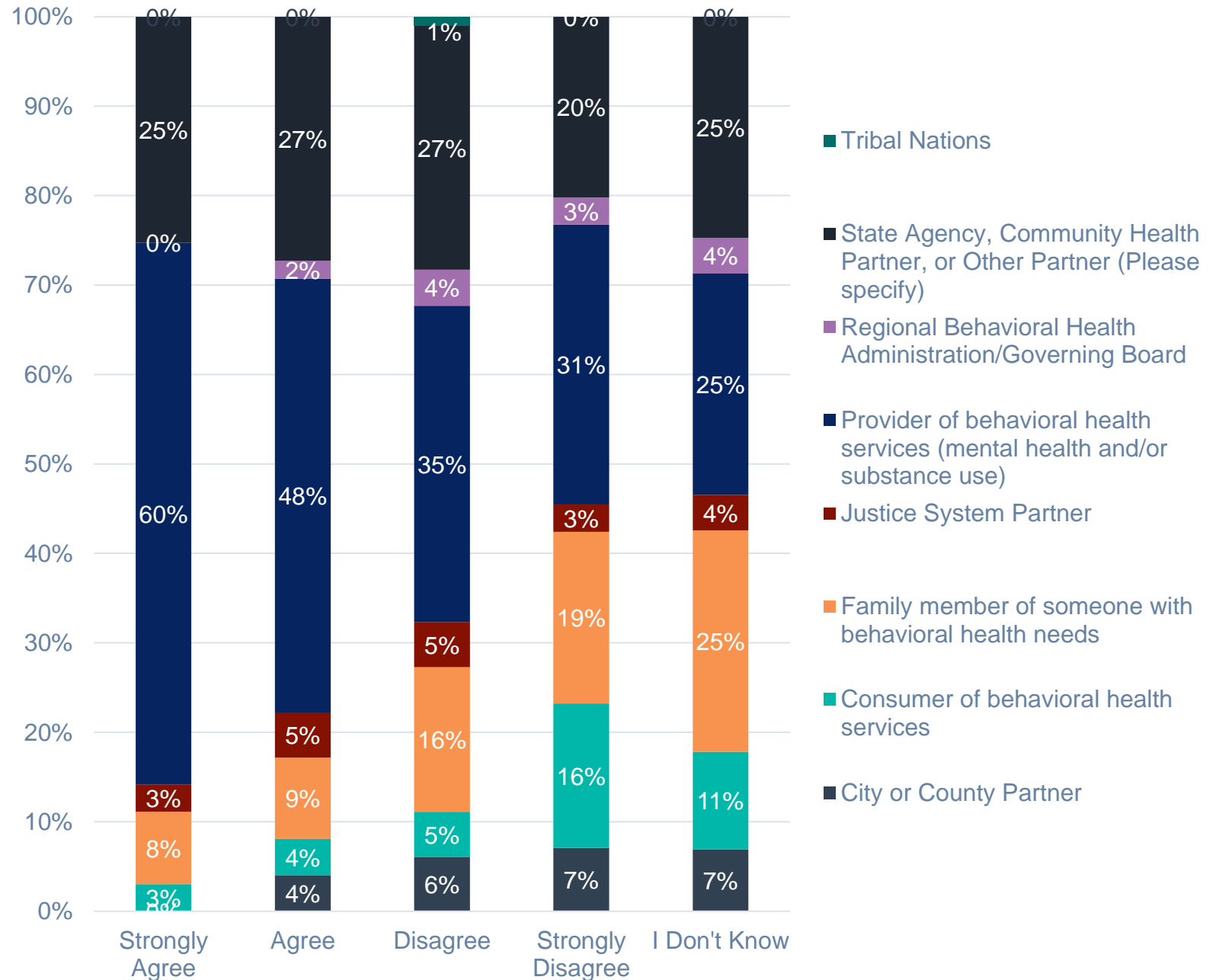
Enhance Statewide Behavioral Health Influence

Q12 Statement Results By Group: Stigma surrounding behavioral health is still common.



Enhance Statewide Behavioral Health Influence

Q12 Statement Results By Group:
The importance of behavioral health is recognized in the workplace.

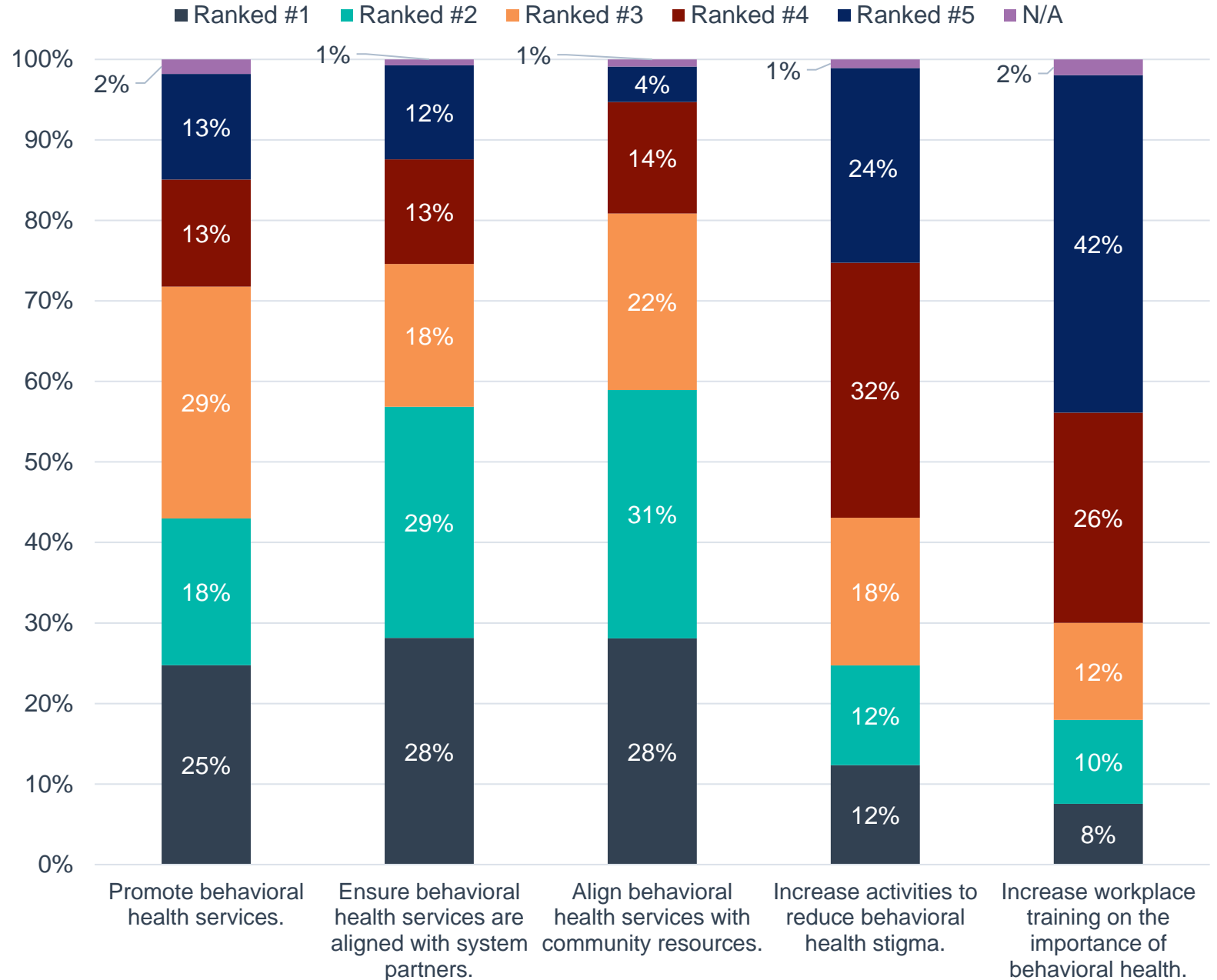


Enhance Statewide Behavioral Health Influence

Q13: Greatest Need Rankings

Answered: 557
Skipped: 181

Ranking Instruction:
Please rank...by putting “1” for the item you think is the greatest need, a “2” for the item you think is the second greatest need, and so on. Each ranking number may only be used once. Mark “N/A” for items that are not considered a need.



Enhance Statewide Behavioral Health Influence

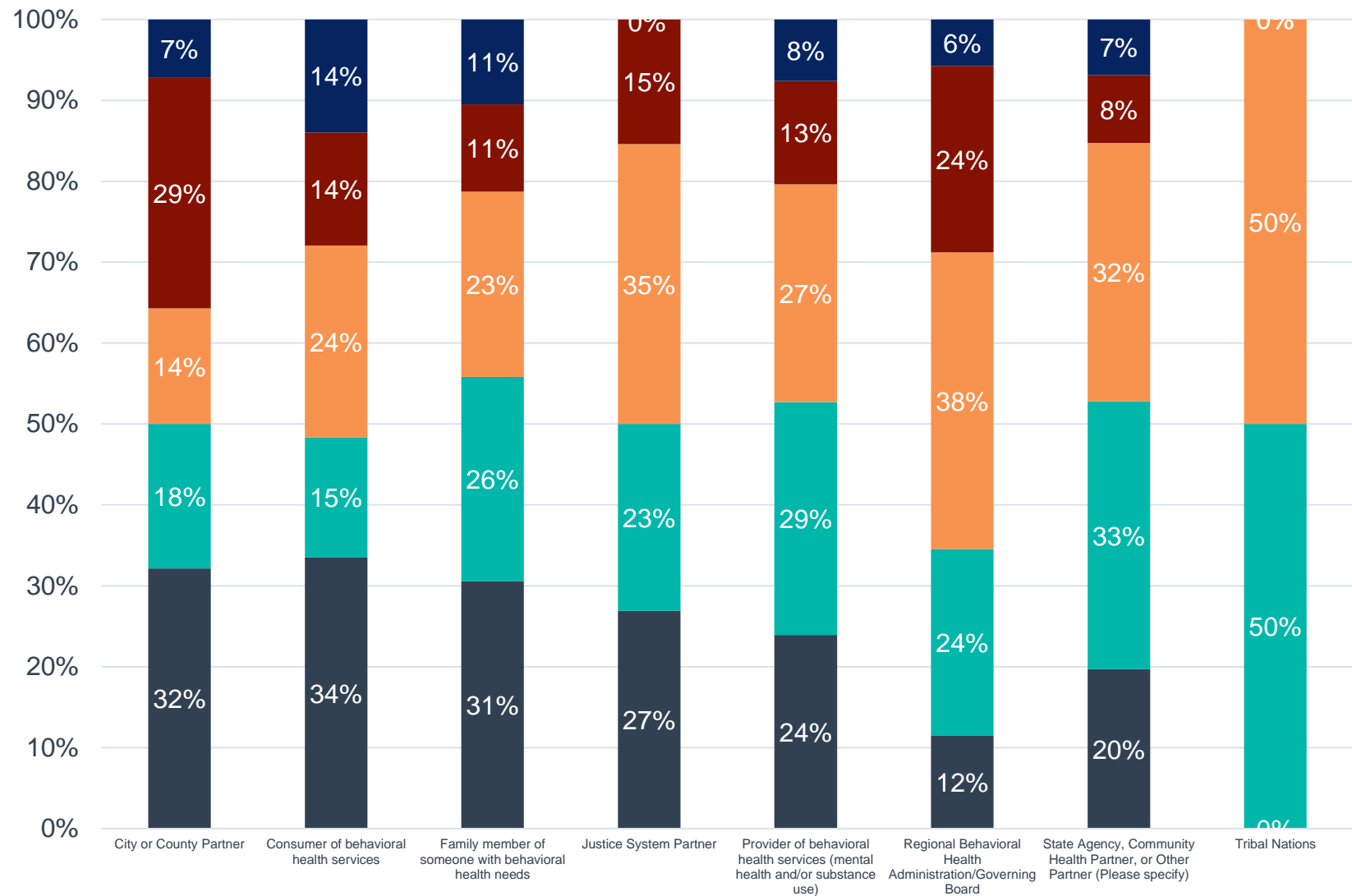
Q13: Greatest Needs Rankings

Answered: 557
Skipped: 181

Answer Choice	1	2	3	4	5	N/A						
Promote behavioral health services.	24.77%	136	18.21%	100	28.78%	158	13.30%	73	13.11%	72	1.82%	10
Ensure behavioral health services are aligned with system partners.	28.15%	154	28.70%	157	17.73%	97	12.98%	71	11.70%	64	0.73%	4
Align behavioral health services with community resources.	28.10%	154	30.84%	169	21.90%	120	13.87%	76	4.38%	24	0.91%	5
Increase activities to reduce behavioral health stigma.	12.36%	68	12.36%	68	18.36%	101	31.64%	174	24.18%	133	1.09%	6
Increase workplace training on the importance of behavioral health.	7.55%	42	10.43%	58	12.05%	67	26.08%	145	41.91%	233	1.98%	11

Enhance Statewide Behavioral Health Influence

Q13 Greatest Needs Ranking By Group



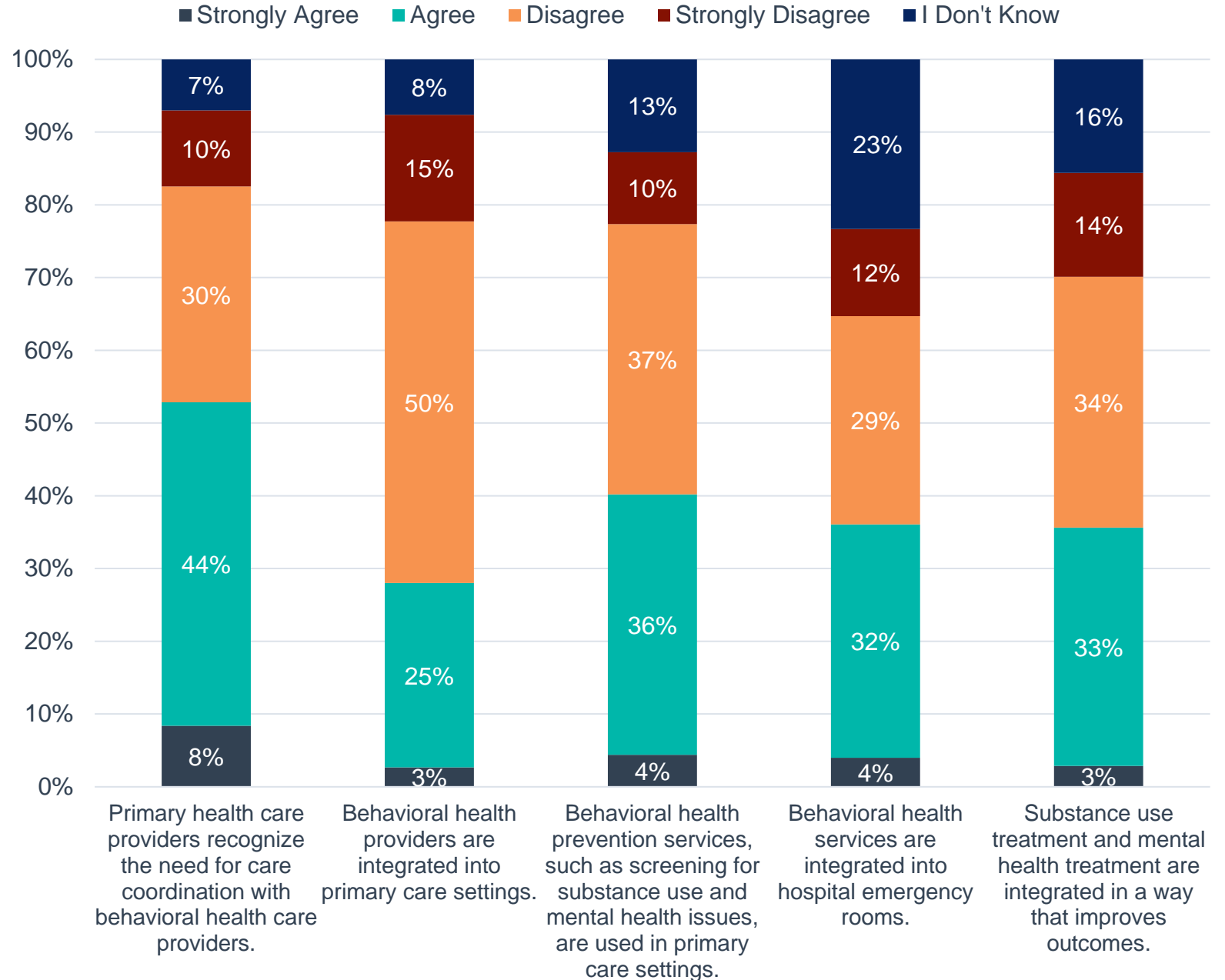
- Increase workplace training on the importance of behavioral health.
- Increase activities to reduce behavioral health stigma.
- Align behavioral health services with community resources.
- Ensure behavioral health services are aligned with system partners.
- Promote behavioral health services.

Implement An Integration Strategy

Q15: Please identify how much you agree or disagree with the following statements:

Answered: 527

Skipped: 211



Implement An Integration Strategy

Q15: Please identify how much you agree or disagree with the following statements:

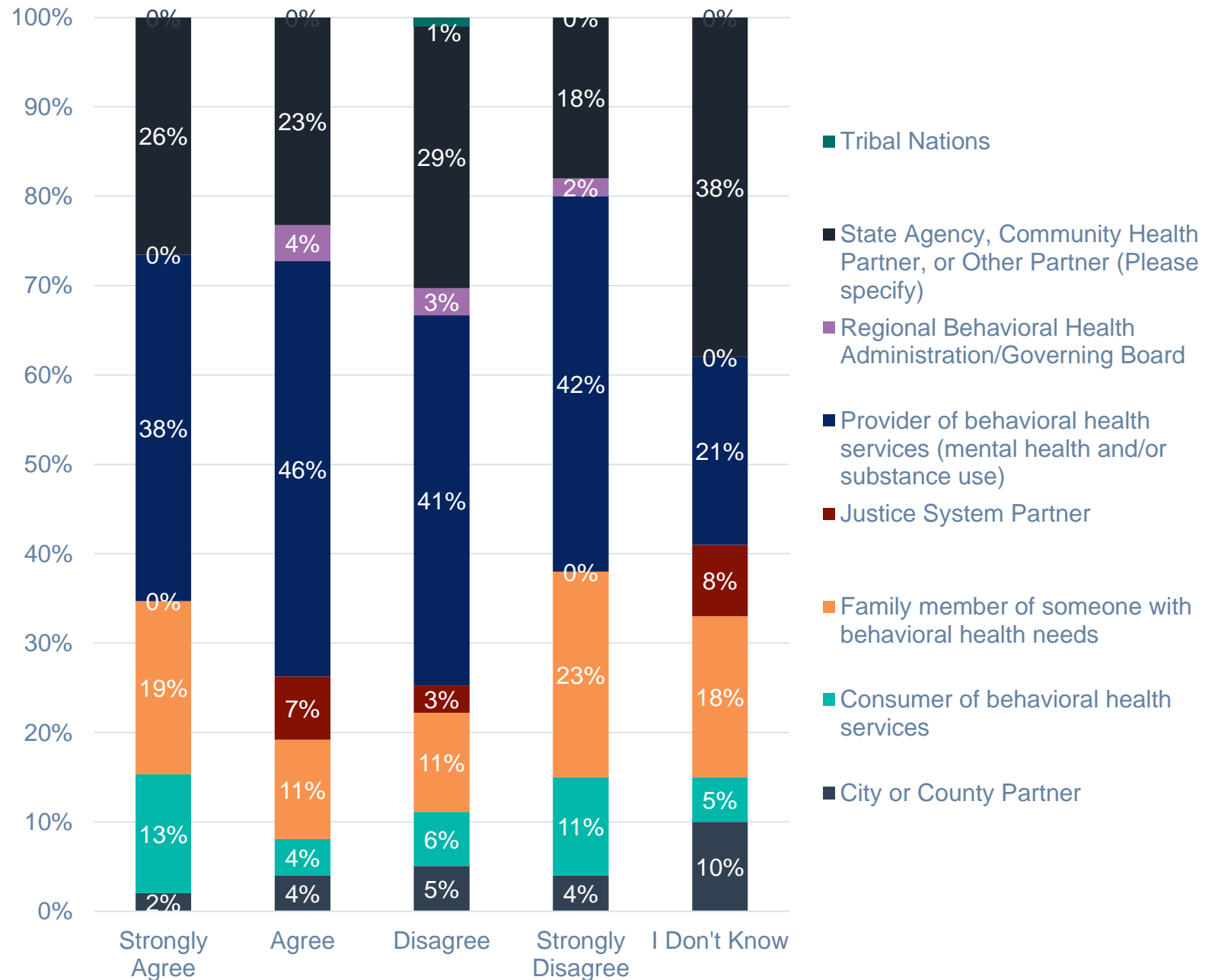
Answered: 527

Skipped: 211

Answer Choice	Strongly Agree		Agree		Disagree		Strongly Disagree		I Don't Know	
Primary health care providers recognize the need for care coordination with behavioral health care providers.	8.37%	44	44.49%	234	29.66%	156	10.46%	55	7.03%	37
Behavioral health providers are integrated into primary care settings.	2.67%	14	25.33%	133	49.71%	261	14.67%	77	7.62%	40
Behavioral health prevention services, such as screening for substance use and mental health issues, are used in primary care settings.	4.38%	23	35.81%	188	37.14%	195	9.90%	52	12.76%	67
Behavioral health services are integrated into hospital emergency rooms.	3.98%	21	32.07%	169	28.65%	151	11.95%	63	23.34%	123
Substance use treatment and mental health treatment are integrated in a way that improves outcomes.	2.86%	15	32.76%	172	34.48%	181	14.29%	75	15.62%	82

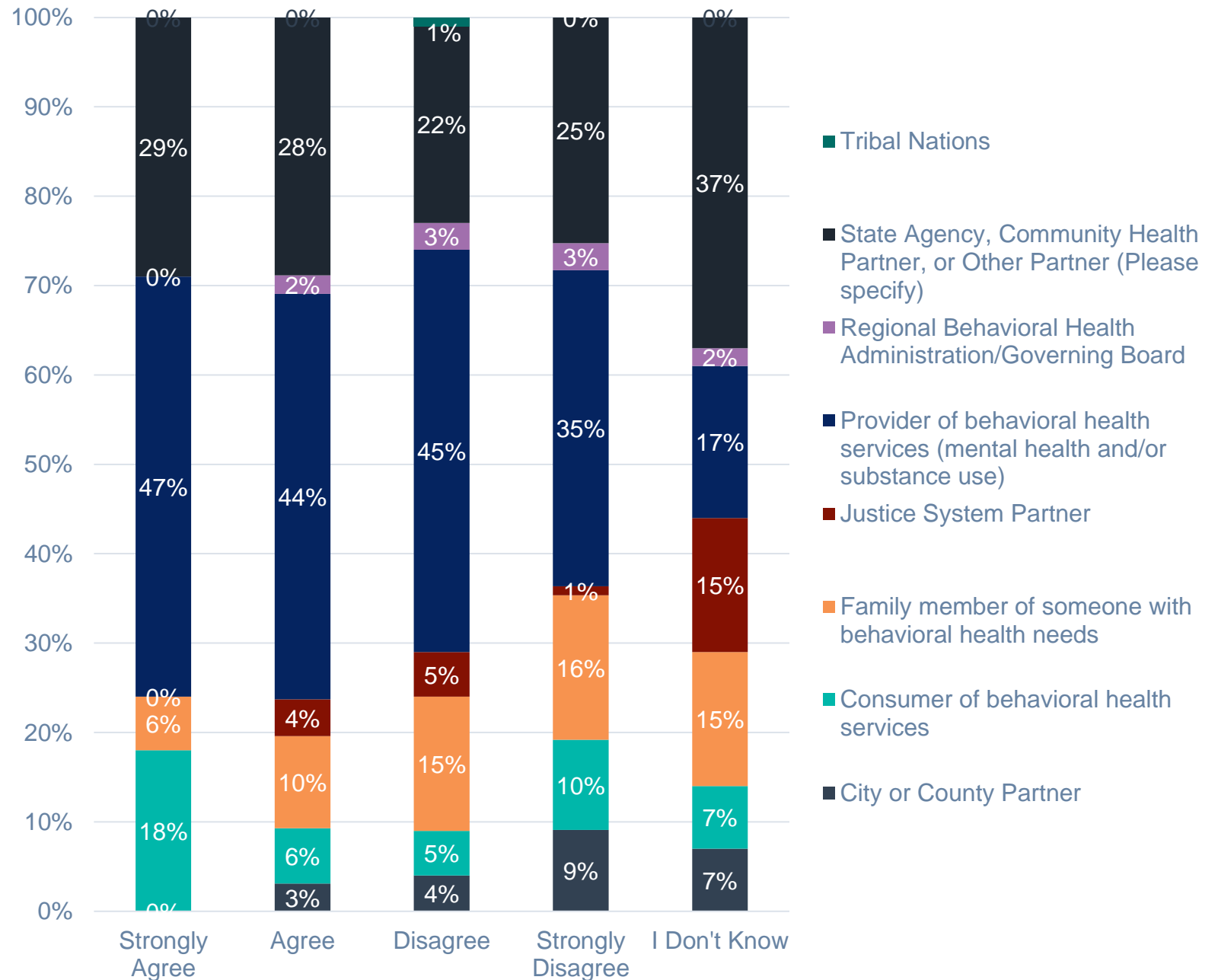
Implement An Integration Strategy

Q15 Statement
 Results By Group:
 Primary health care providers recognize the need for care coordination with behavioral health care providers



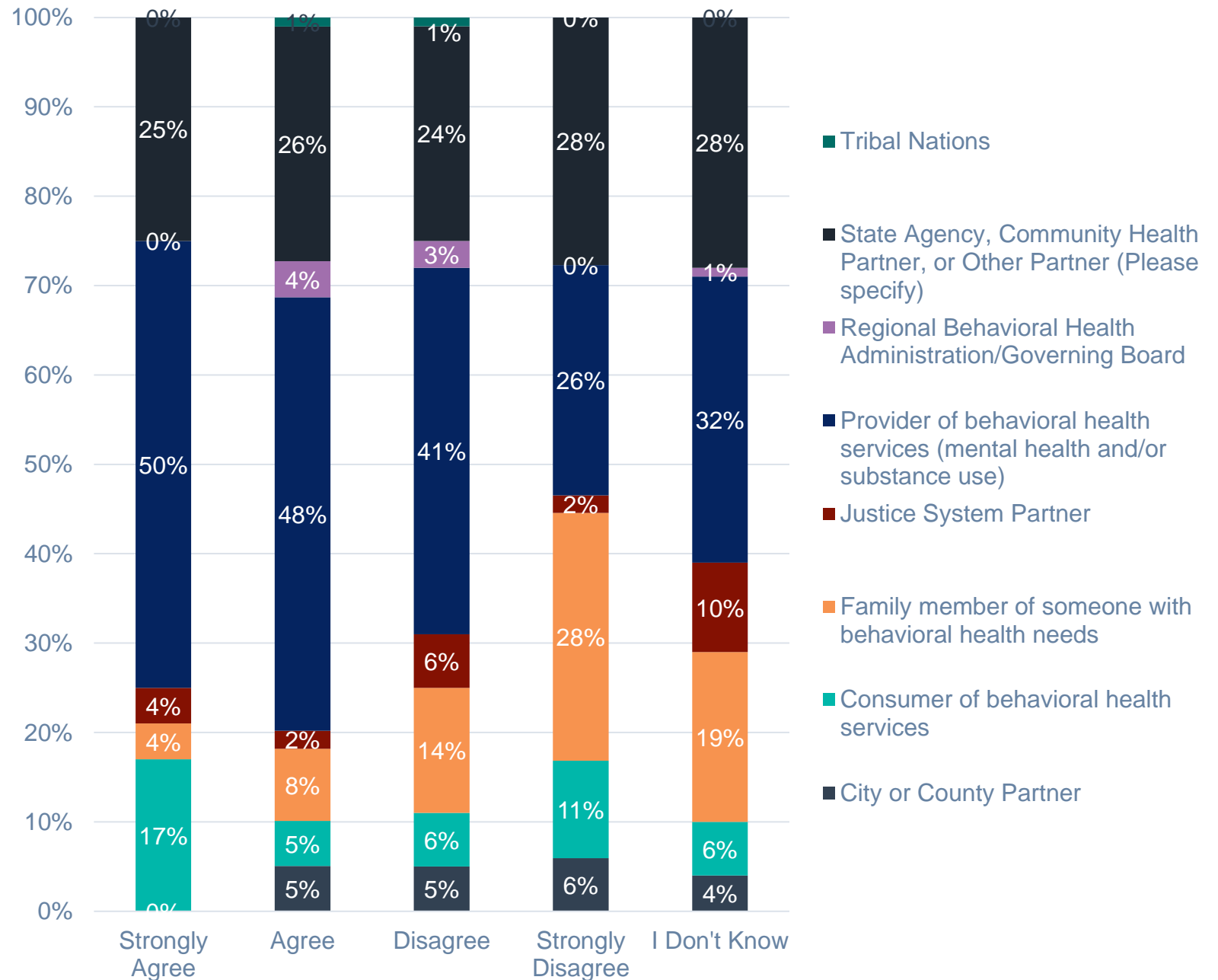
Implement An Integration Strategy

Q15 Statement
 Behavioral health providers are integrated into primary care settings.



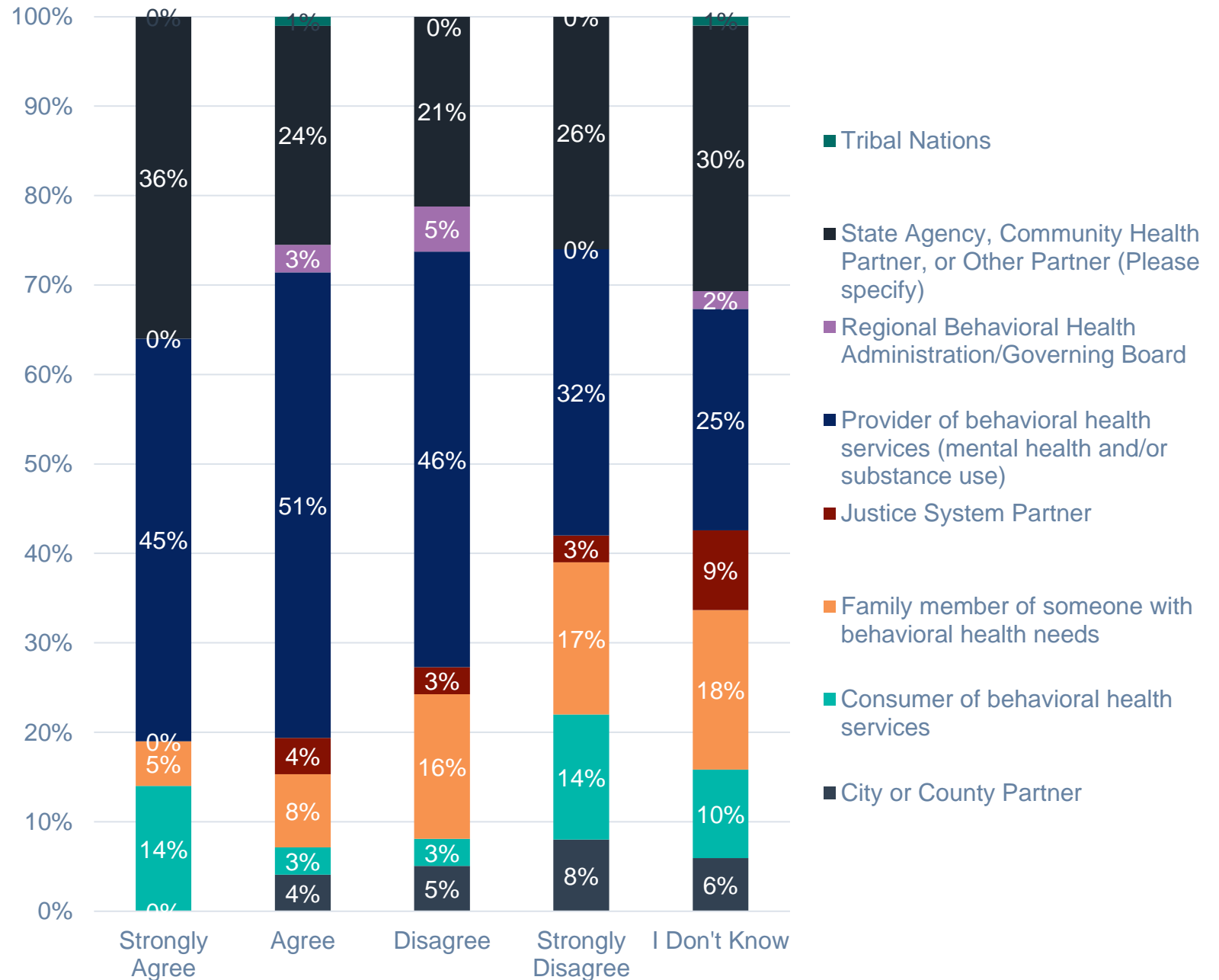
Implement An Integration Strategy

Q15 Statement Results By Group:
Behavioral health prevention services, such as screening for substance use and mental health issues, are used in primary care settings.



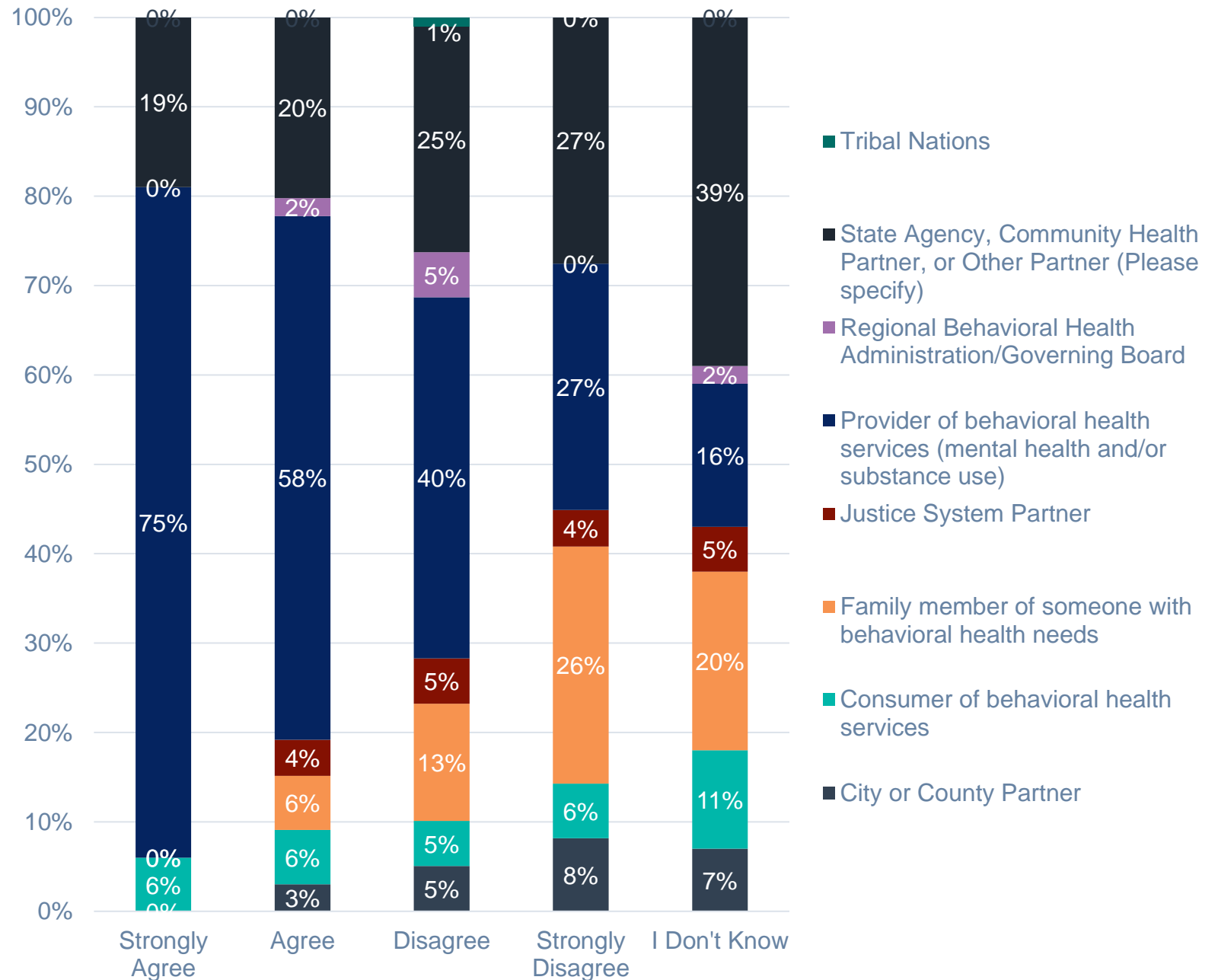
Implement An Integration Strategy

Q15 Statement
 Behavioral health services are integrated into hospital emergency rooms.



Implement An Integration Strategy

Q15 Statement Results By Group: Substance use treatment and mental health treatment are integrated in a way that improves outcomes.



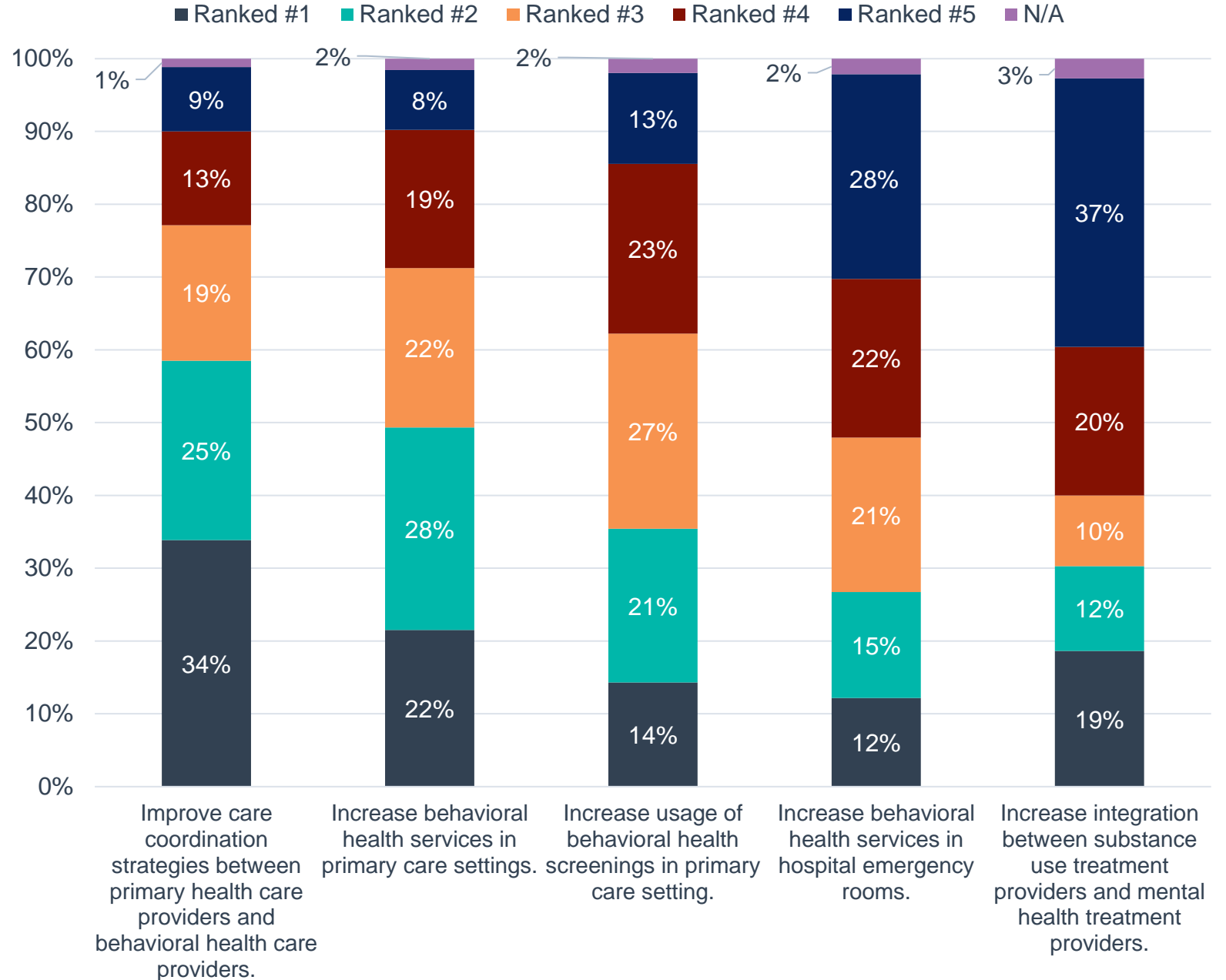
Implement An Integration Strategy

Q16: Greatest Need Rankings

Answered: 520
Skipped: 218

Ranking Instruction:

Please rank...by putting "1" for the item you think is the greatest need, a "2" for the item you think is the second greatest need, and so on. Each ranking number may only be used once. Mark "N/A" for items that are not considered a need.



Implement An Integration Strategy

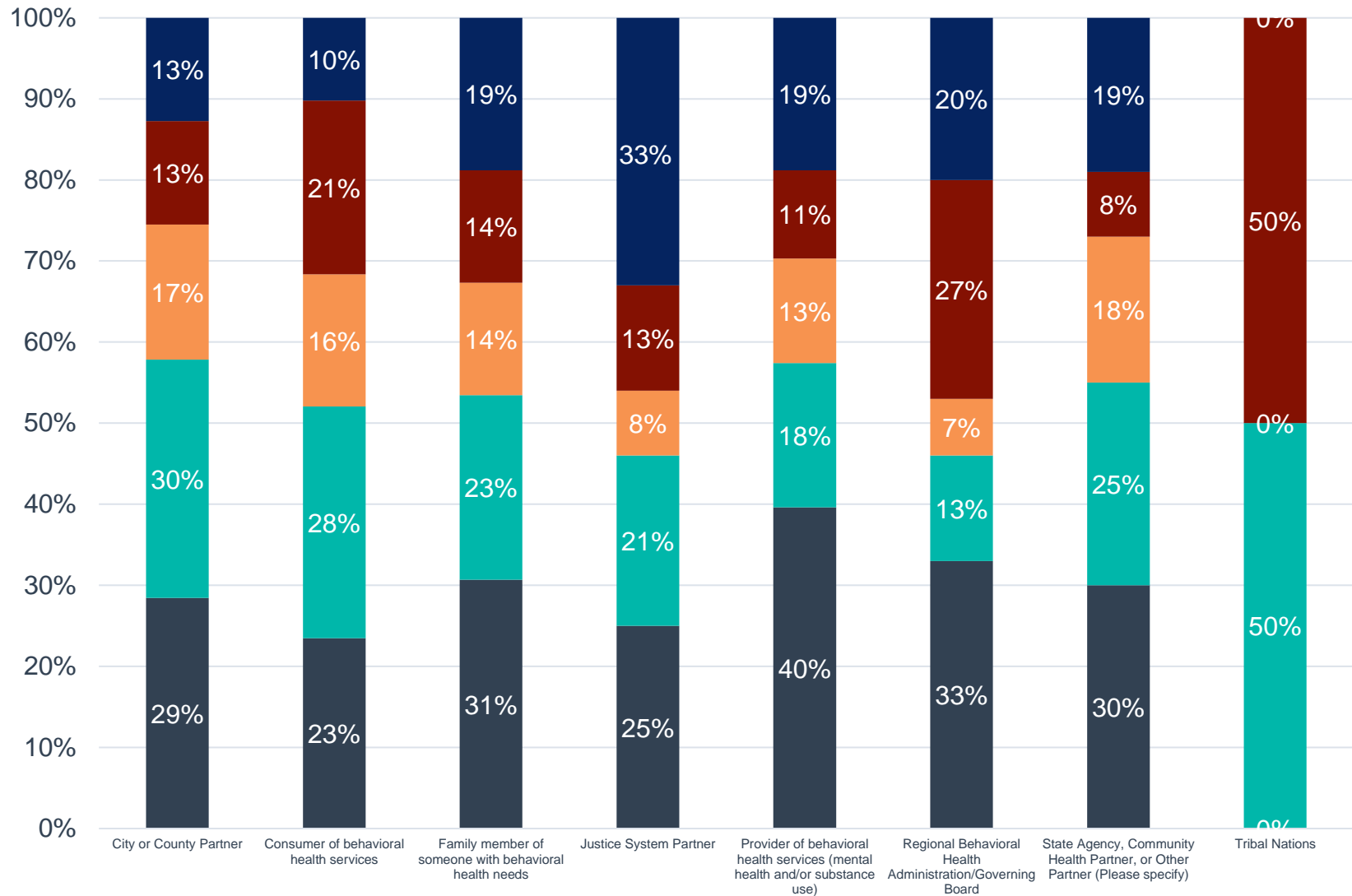
Q16: Greatest Needs Rankings

Answered: 520
Skipped: 218

Answer Choice	1	2	3	4	5	N/A						
Improve care coordination strategies between primary health care providers and behavioral health care providers.	33.86%	173	24.66%	126	18.59%	95	12.92%	66	8.81%	45	1.17%	6
Increase behavioral health services in primary care settings.	21.53%	110	27.79%	142	21.92%	112	18.98%	97	8.22%	42	1.57%	8
Increase usage of behavioral health screenings in primary care setting.	14.29%	73	21.14%	108	26.81%	137	23.29%	119	12.52%	64	1.96%	10
Increase behavioral health services in hospital emergency rooms.	12.18%	62	14.54%	74	21.22%	108	21.81%	111	28.09%	143	2.16%	11
Increase integration between substance use treatment providers and mental health treatment providers.	18.64%	96	11.65%	60	9.71%	50	20.39%	105	36.89%	190	2.72%	14

Enhance Statewide Behavioral Health Influence

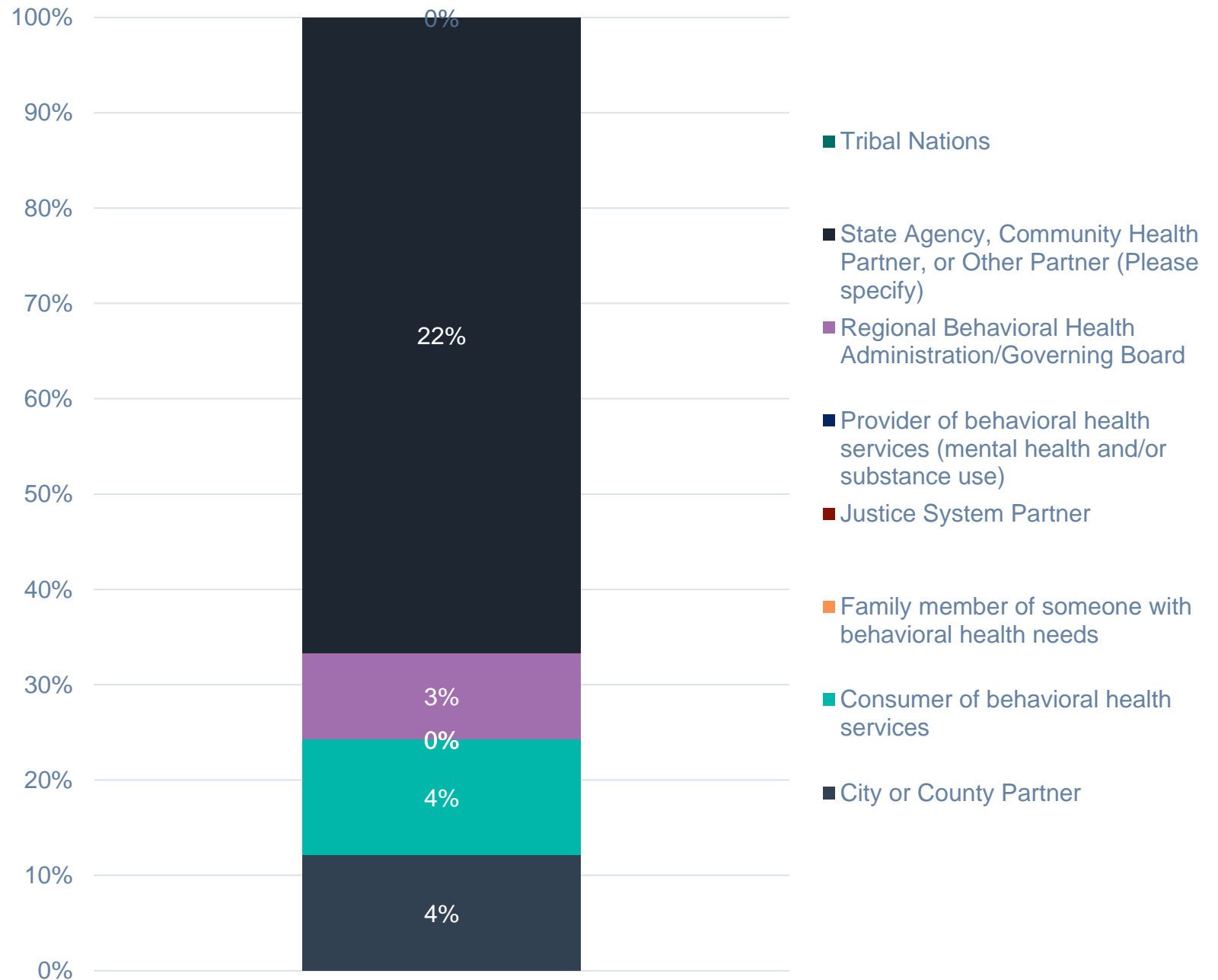
Q16 Greatest Needs Ranking By Group



- Increase integration between substance use treatment providers and mental health treatment providers.
- Increase behavioral health services in hospital emergency rooms.
- Increase usage of behavioral health screenings in primary care setting.
- Increase behavioral health services in primary care settings.
- Improve care coordination strategies between primary health care providers and behavioral health care providers.

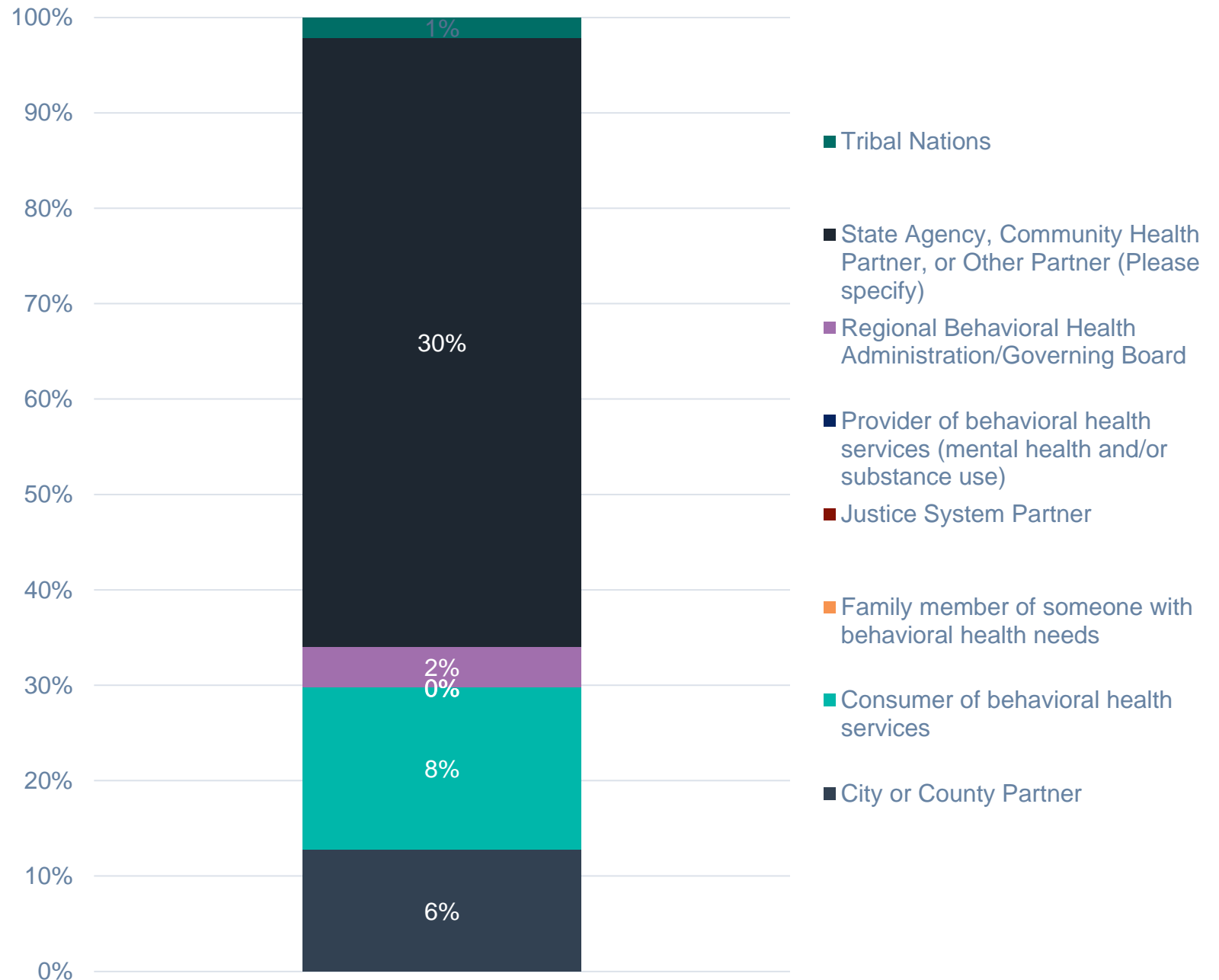
Implement An Integration Strategy

Q16 Greatest Needs #1 Rank By Group: Improve care coordination strategies between primary health care providers and behavioral health care providers.



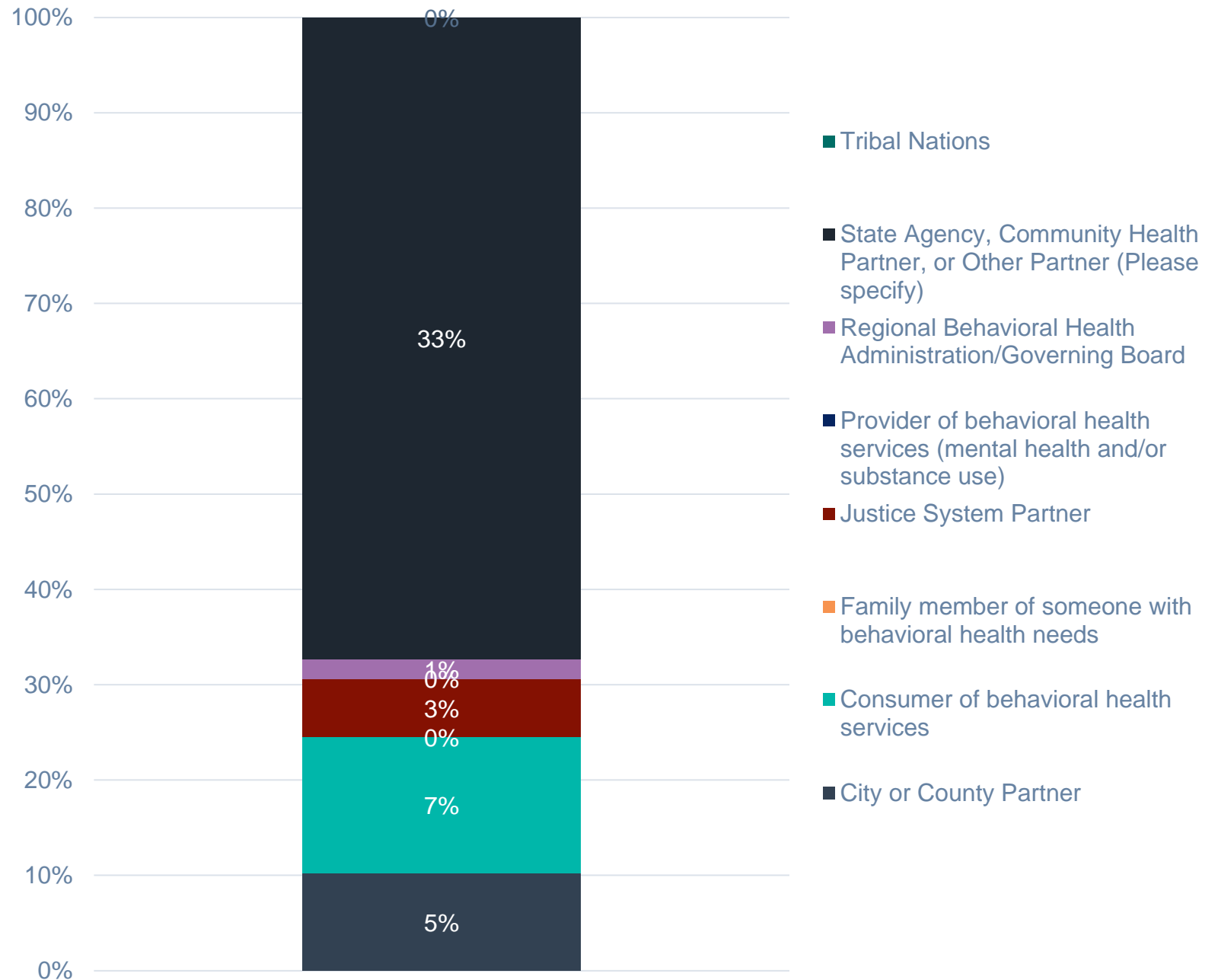
Implement An Integration Strategy

Q16 Greatest Needs #1 Rank By Group: Increase behavioral health services in primary care settings.



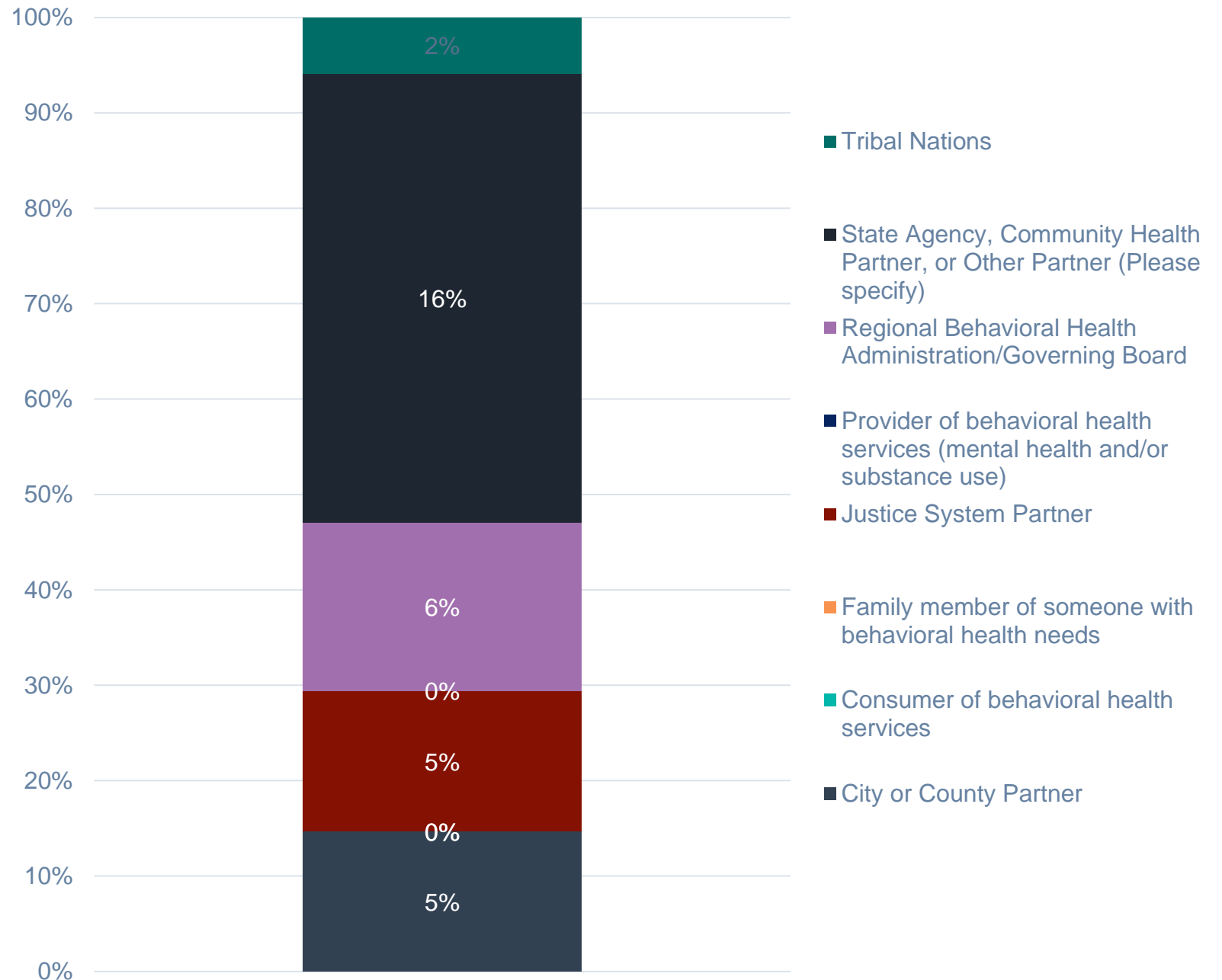
Implement An Integration Strategy

Q16 Greatest Needs
#1 Rank By Group:
Increase usage of behavioral health screenings in primary care setting.



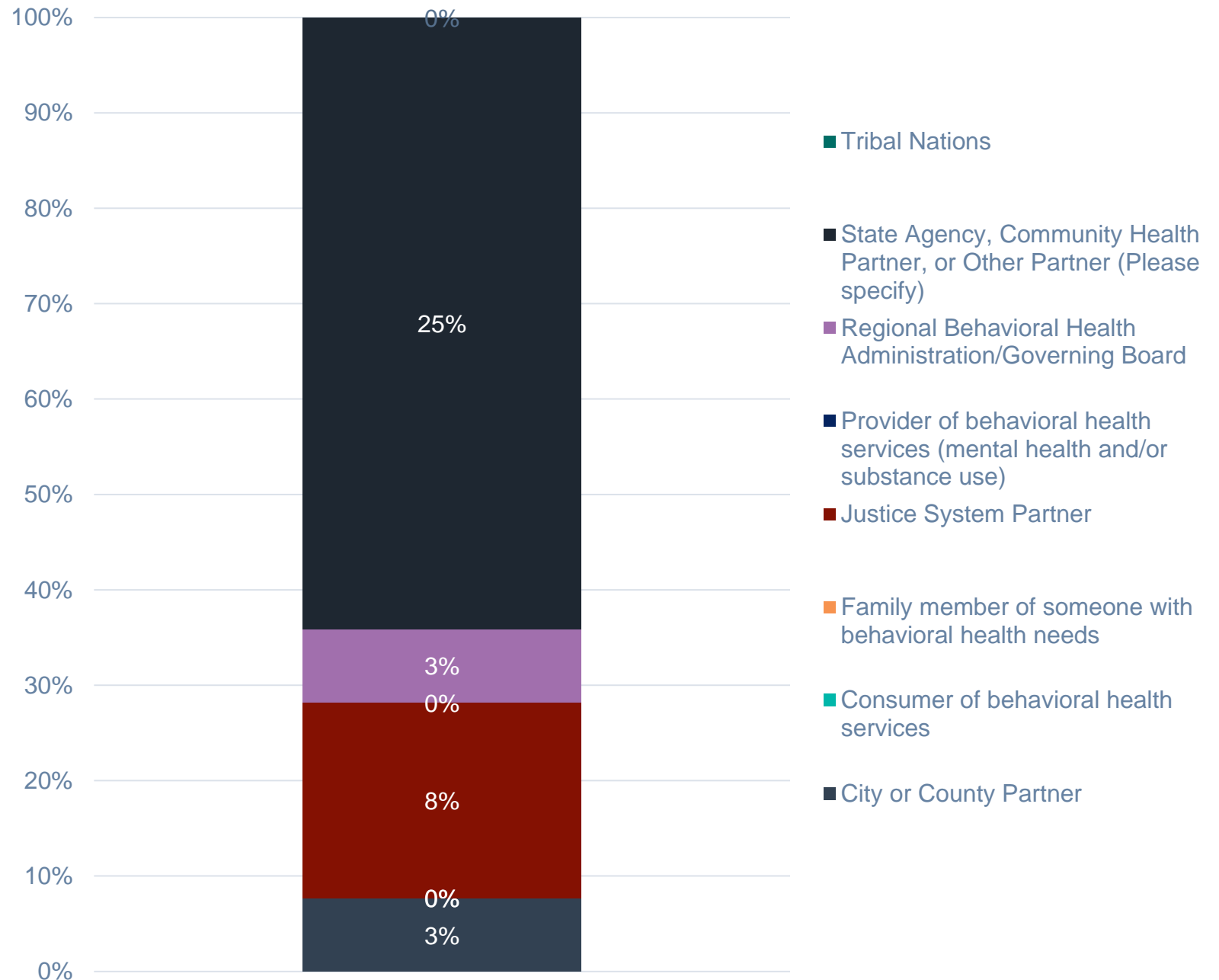
Implement An Integration Strategy

Q16 Greatest Needs #1 Rank By Group: Increase behavioral health services in hospital emergency rooms.



Implement An Integration Strategy

Q16 Greatest Needs #1 Rank By Group: Increase integration between substance use treatment providers and mental health treatment providers.

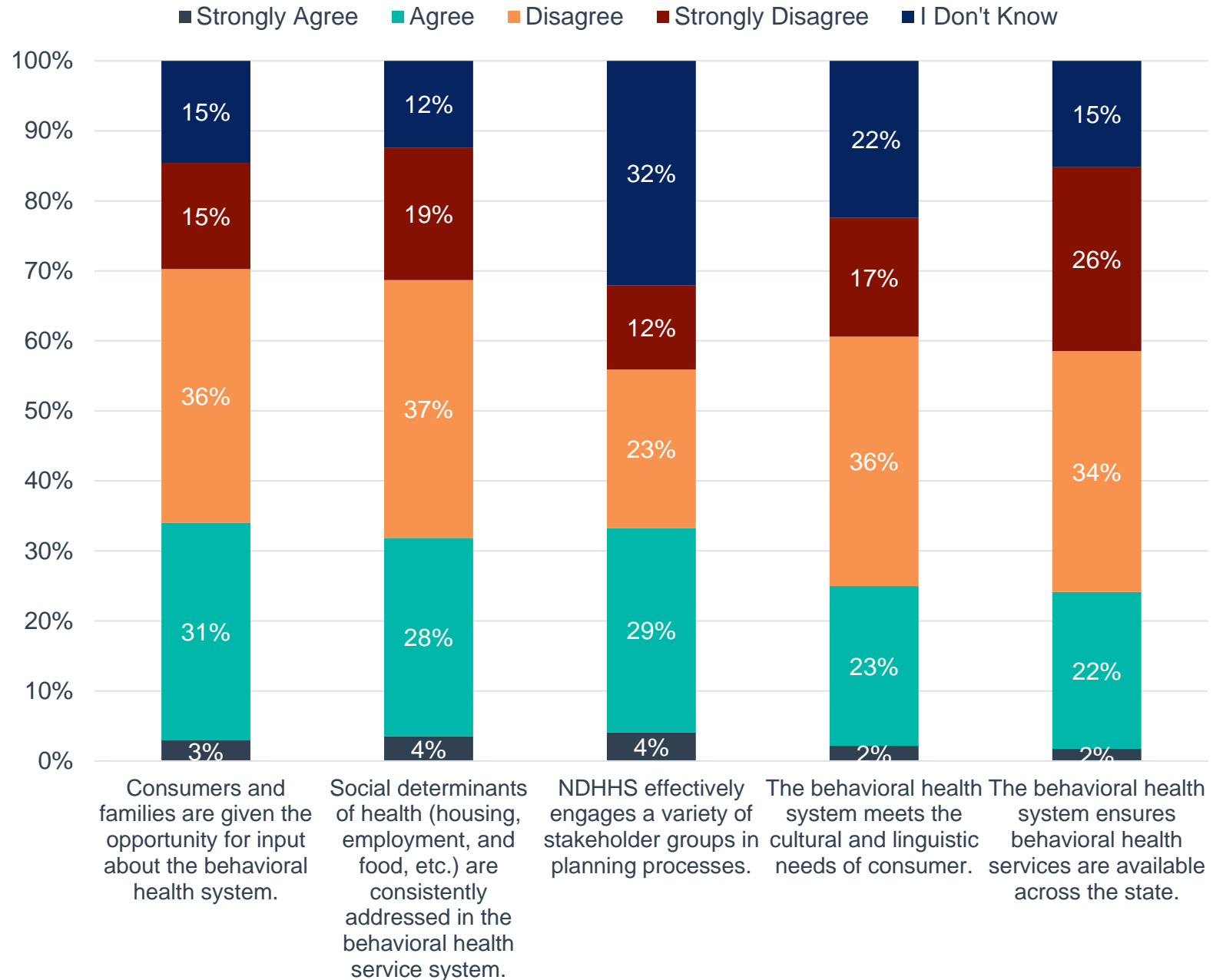


Promote Inclusion

Q18: Please identify how much you agree or disagree with the following statements:

Answered: 508

Skipped: 230



Promote Inclusion

Q18: Please identify how much you agree or disagree with the following statements:

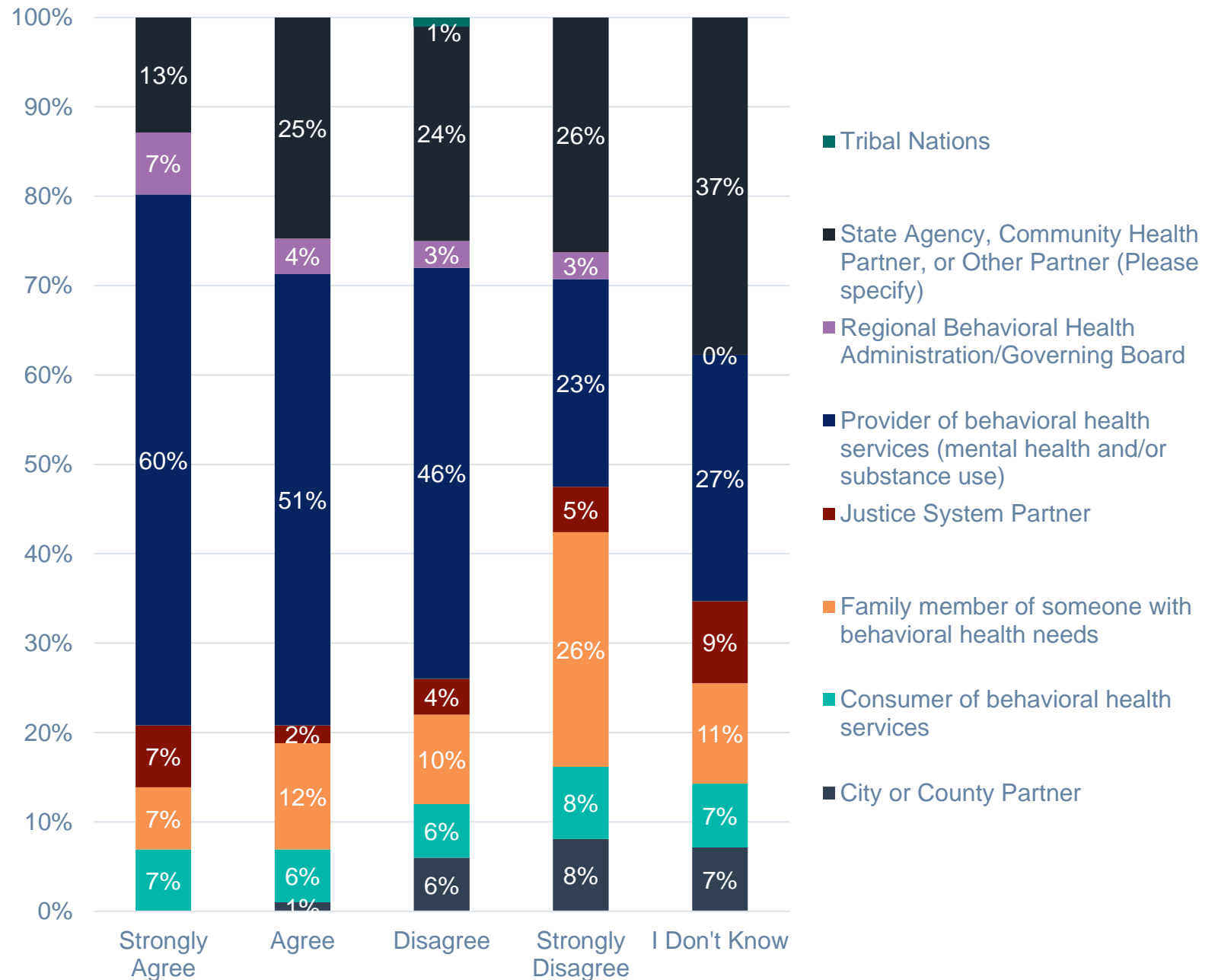
Answered: 508

Skipped: 230

Answer Choice	Strongly Agree		Agree		Disagree		Strongly Disagree		I Don't Know	
Consumers and families are given the opportunity for input about the behavioral health system.	2.95%	15	31.10%	158	36.22%	184	15.16%	77	14.57%	74
Social determinants of health (housing, employment, and food, etc.) are consistently addressed in the behavioral health service system.	3.54%	18	28.35%	144	36.81%	187	18.90%	96	12.40%	63
NDHHS effectively engages a variety of stakeholder groups in planning processes.	4.13%	21	29.13%	148	22.64%	115	12.01%	61	32.09%	163
The behavioral health system meets the cultural and linguistic needs of consumer.	2.17%	11	22.83%	116	35.63%	181	16.93%	86	22.44%	114
The behavioral health system ensures behavioral health services are available across the state.	1.77%	9	22.40%	114	34.38%	175	26.33%	134	15.13%	77

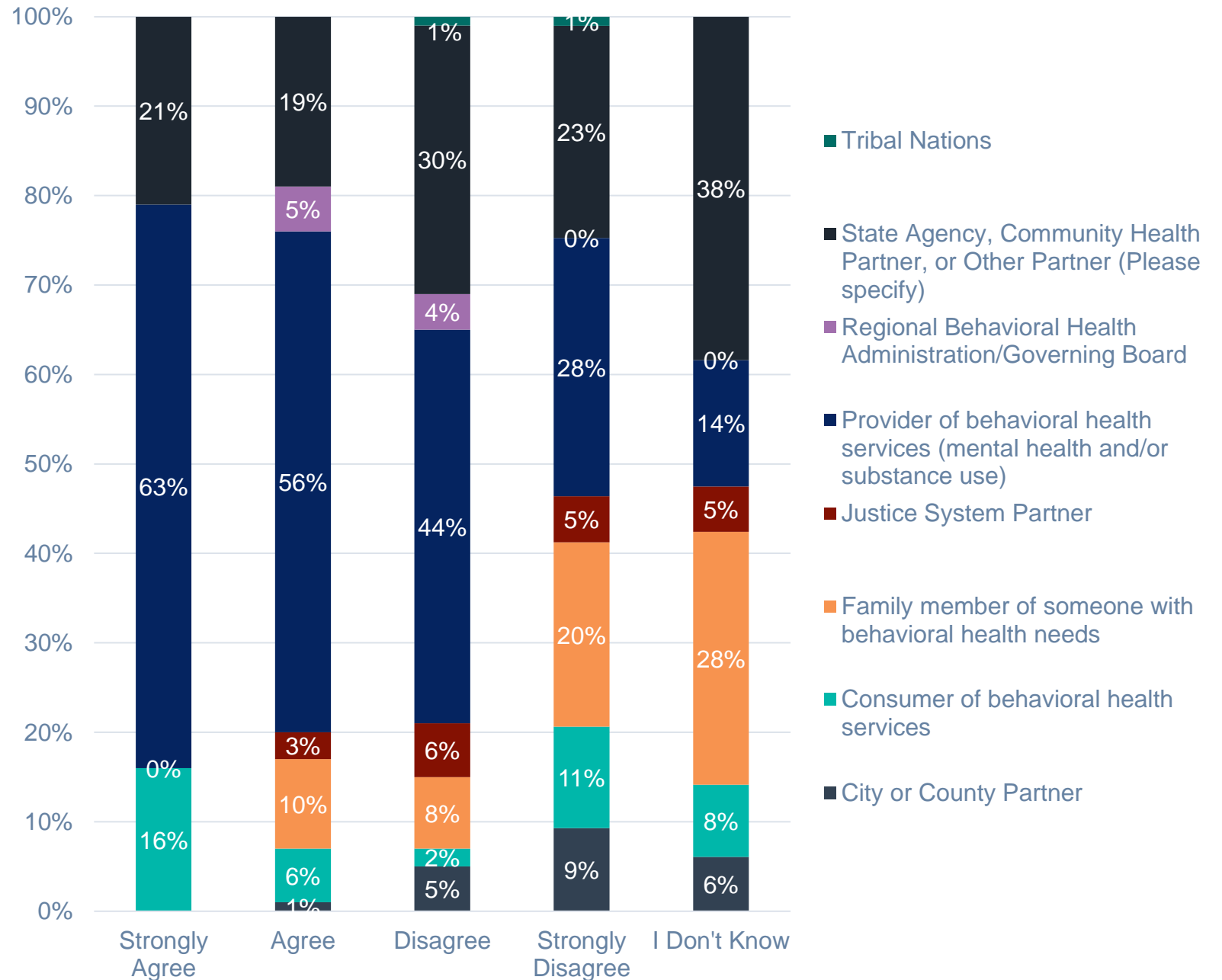
Promote Inclusion

Q18 Statement
Results By Group:
Consumers and families are given the opportunity for input about the behavioral health system.

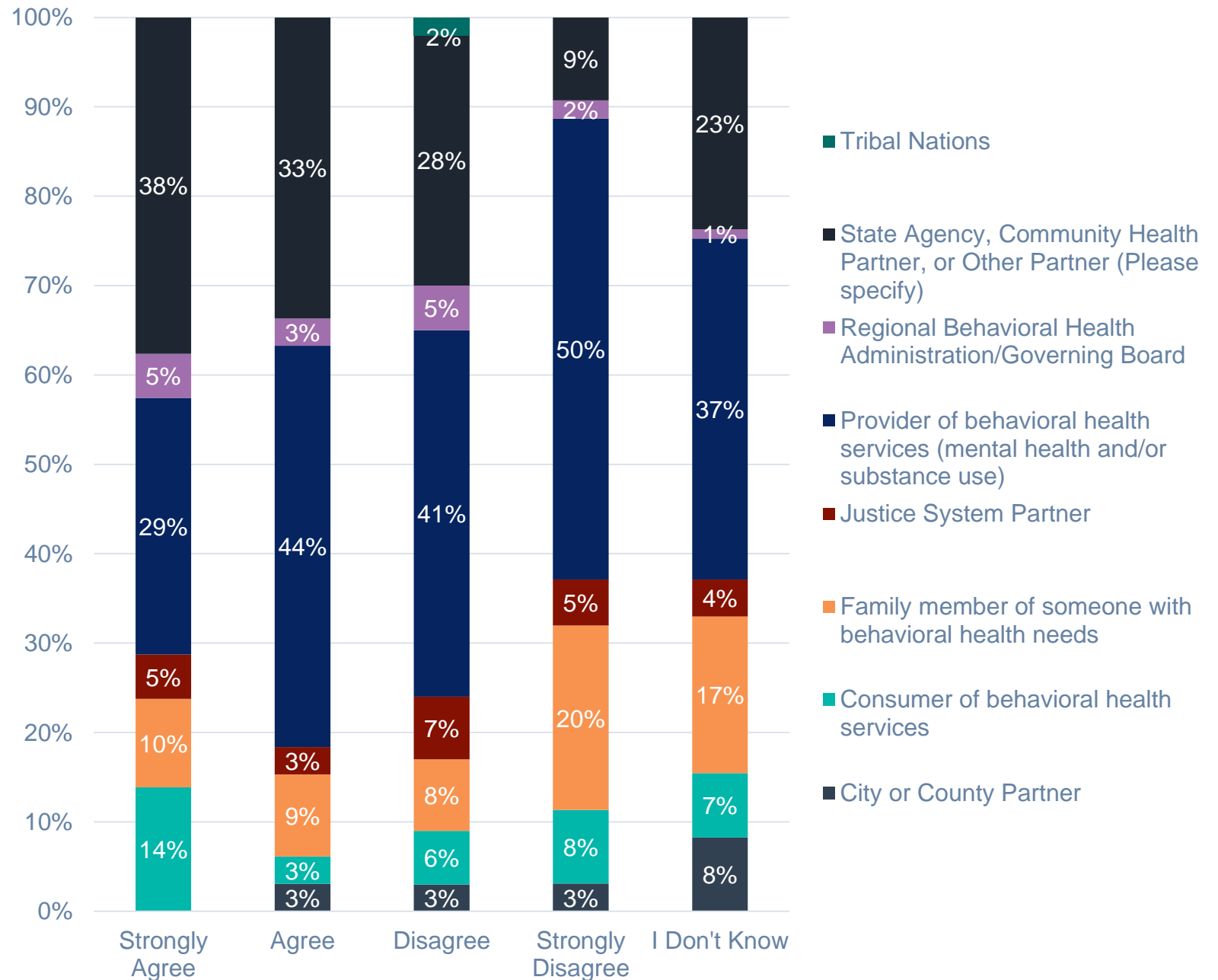


Promote Inclusion

Q18 Statement Results By Group: Social determinants of health (housing, employment, and food, etc.) are consistently addressed in the behavioral health service system.

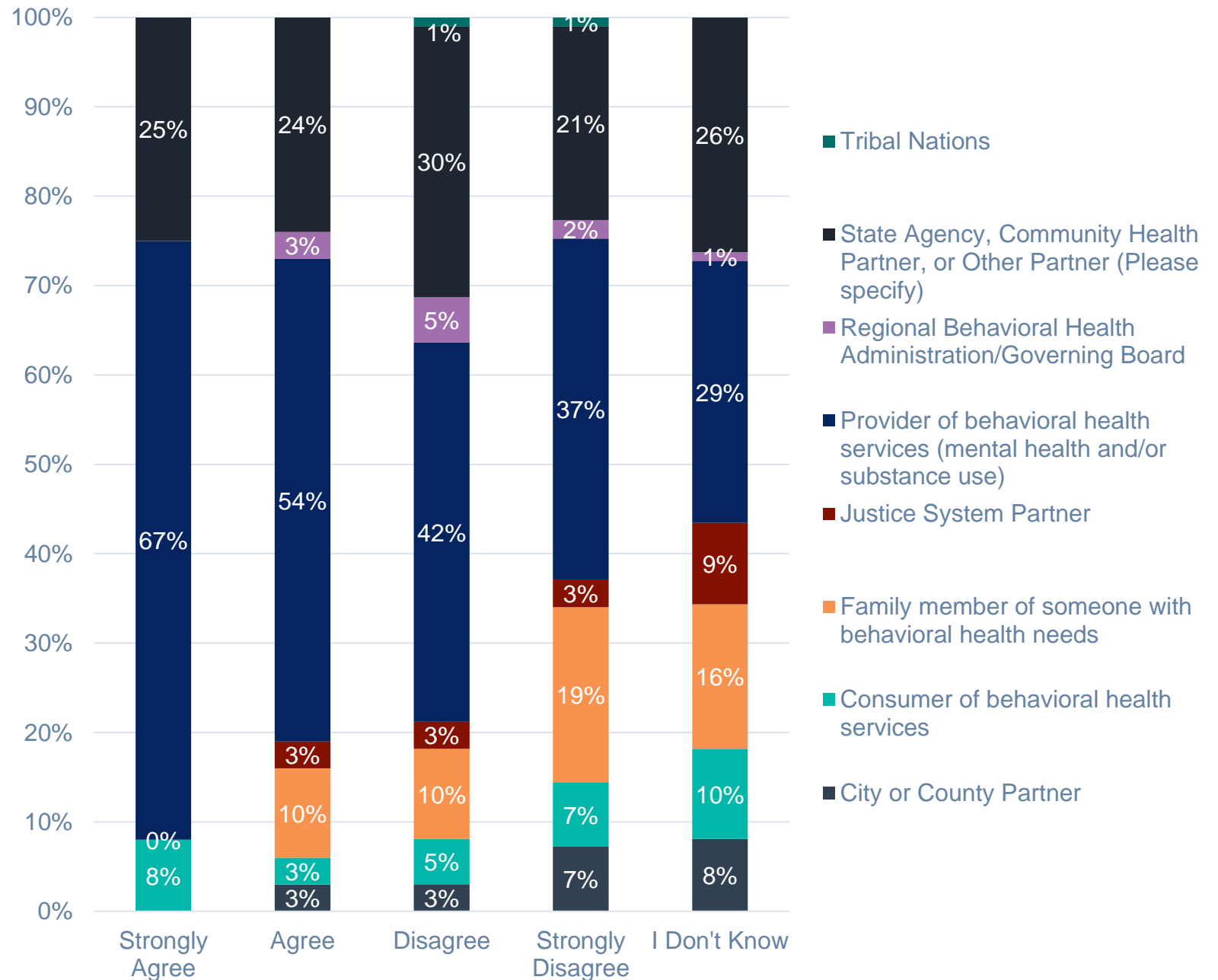


Promote Inclusion
 Q18 Statement
 Results By Group:
 NDHHS effectively
 engages a variety of
 stakeholder groups in
 planning processes.



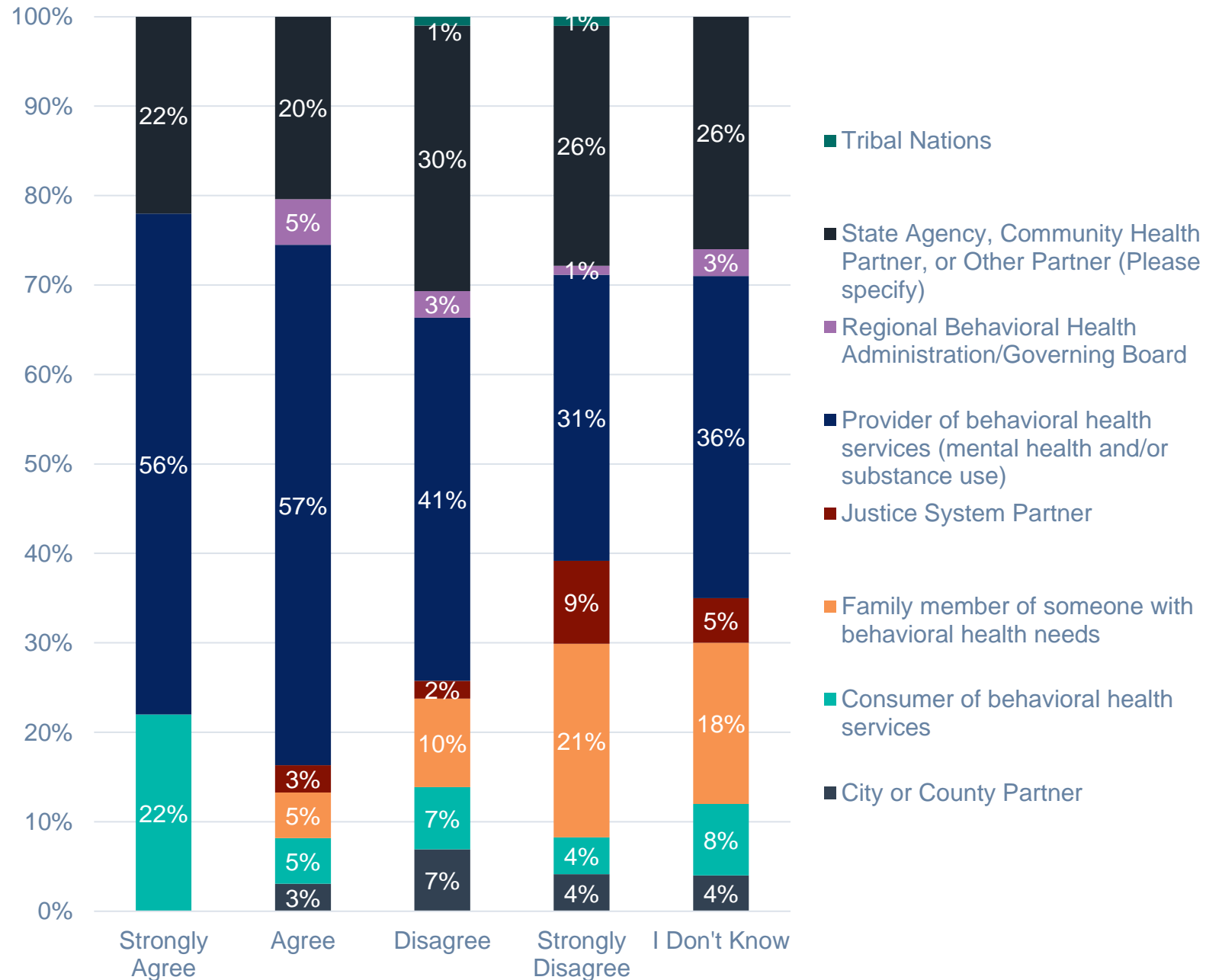
Promote Inclusion

Q18 Statement
 Results By Group:
 The behavioral health
 system meets the
 cultural and linguistic
 needs of consumer.



Promote Inclusion

Q18 Statement
 Results By Group:
 The behavioral health system ensures behavioral health services are available across the state.



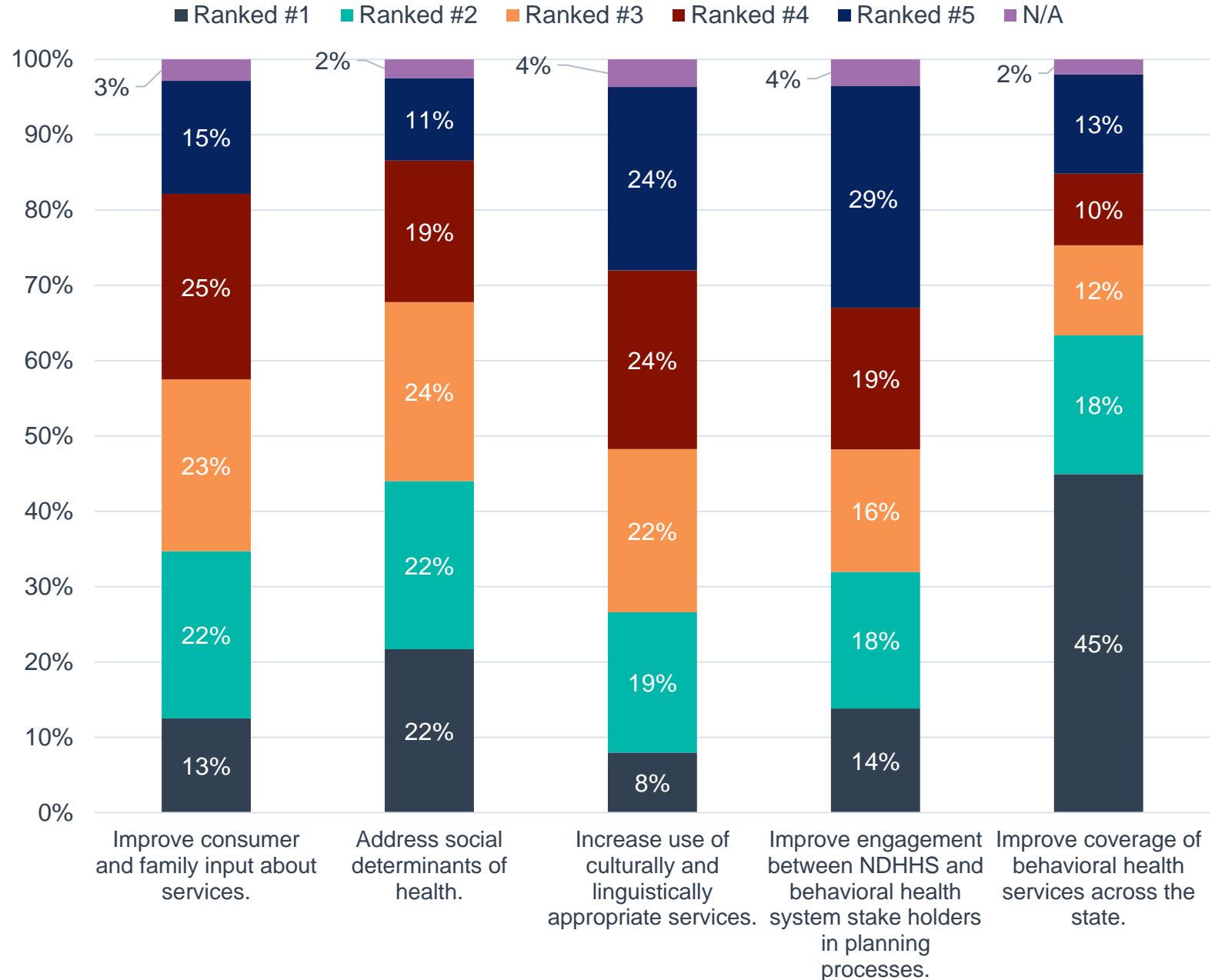
Promote Inclusion

Q19: Greatest Need Rankings

Answered: 520
Skipped: 218

Ranking Instruction:

Please rank...by putting "1" for the item you think is the greatest need, a "2" for the item you think is the second greatest need, and so on. Each ranking number may only be used once. Mark "N/A" for items that are not considered a need.



Promote Inclusion

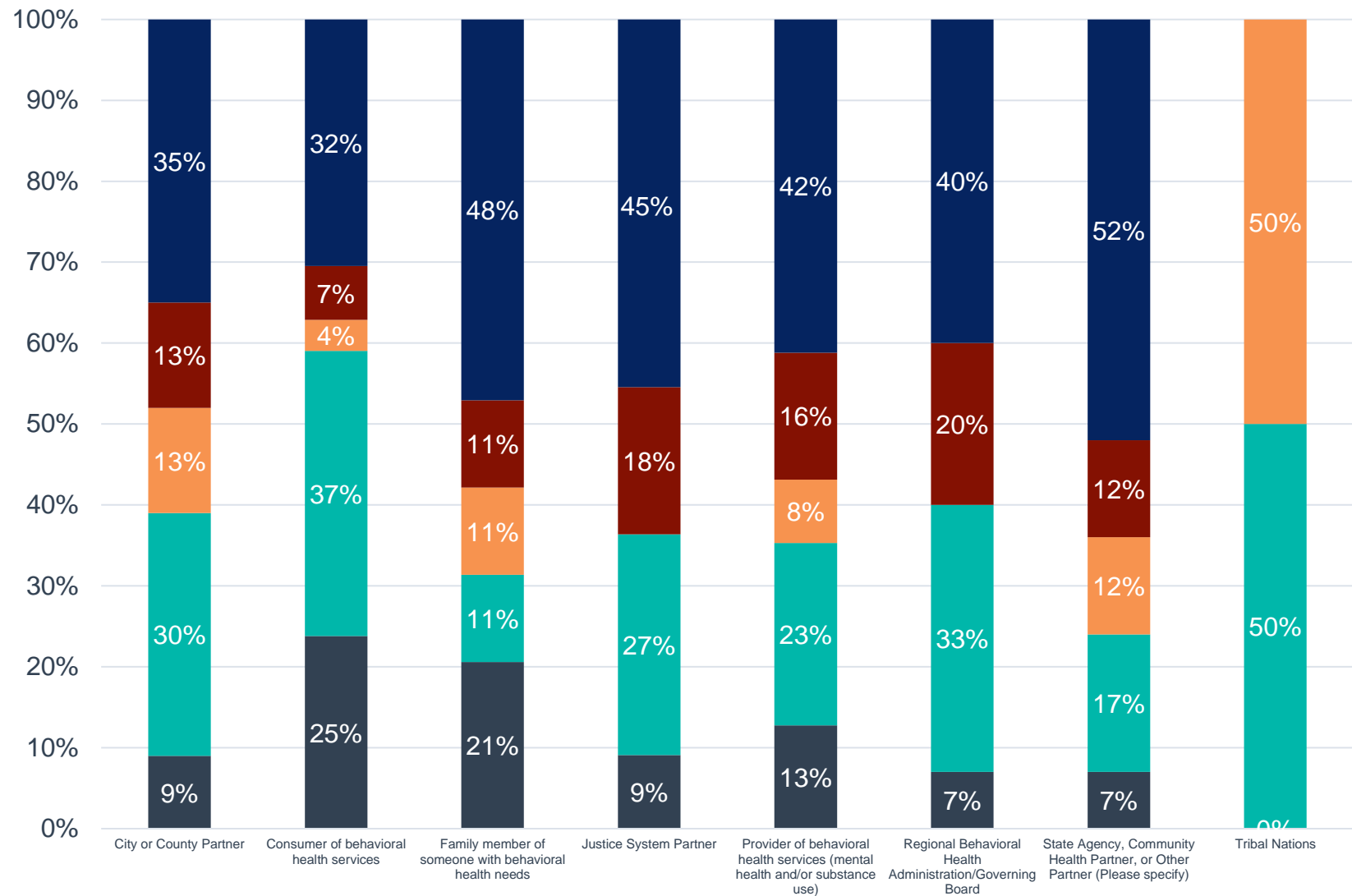
Q19: Greatest Needs Rankings

Answered: 520
Skipped: 218

Answer Choice	1	2	3	4	5	N/A						
Improve consumer and family input about services.	12.53%	61	22.18%	108	22.79%	111	24.64%	120	14.99%	73	2.87%	14
Address social determinants of health.	21.69%	105	22.31%	108	23.76%	115	18.80%	91	10.95%	53	2.48%	12
Increase use of culturally and linguistically appropriate services.	7.98%	39	18.61%	91	21.68%	106	23.72%	116	24.34%	119	3.68%	18
Improve engagement between NDHHS and behavioral health system stake holders in planning processes.	13.81%	67	18.14%	88	16.29%	79	18.76%	91	29.48%	143	3.51%	17
Improve coverage of behavioral health services across the state.	44.94%	222	18.42%	91	11.94%	59	9.51%	47	13.16%	65	2.02%	10

Promote Inclusion

Q19 Greatest Needs Ranking By Group



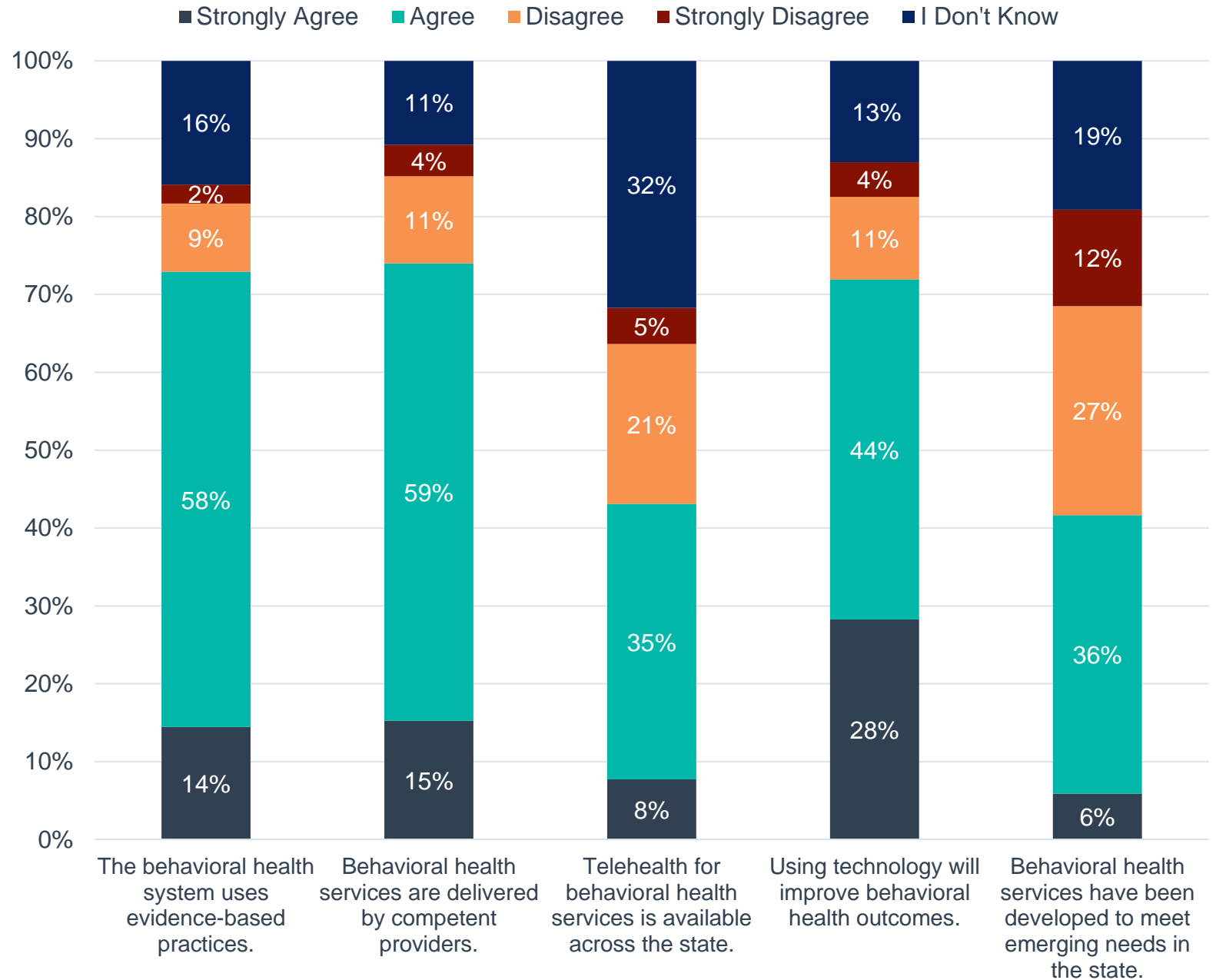
- Improve coverage of behavioral health services across the state.
- Improve engagement between NDHHS and behavioral health system stake holders in planning processes.
- Increase use of culturally and linguistically appropriate services.
- Address social determinants of health.
- Improve consumer and family input about services.

Drive Innovation & Improve Outcomes

Q21: Please identify how much you agree or disagree with the following statements:

Answered: 492

Skipped: 246



Drive Innovation & Improve Outcomes

Q21: Please identify how much you agree or disagree with the following statements:

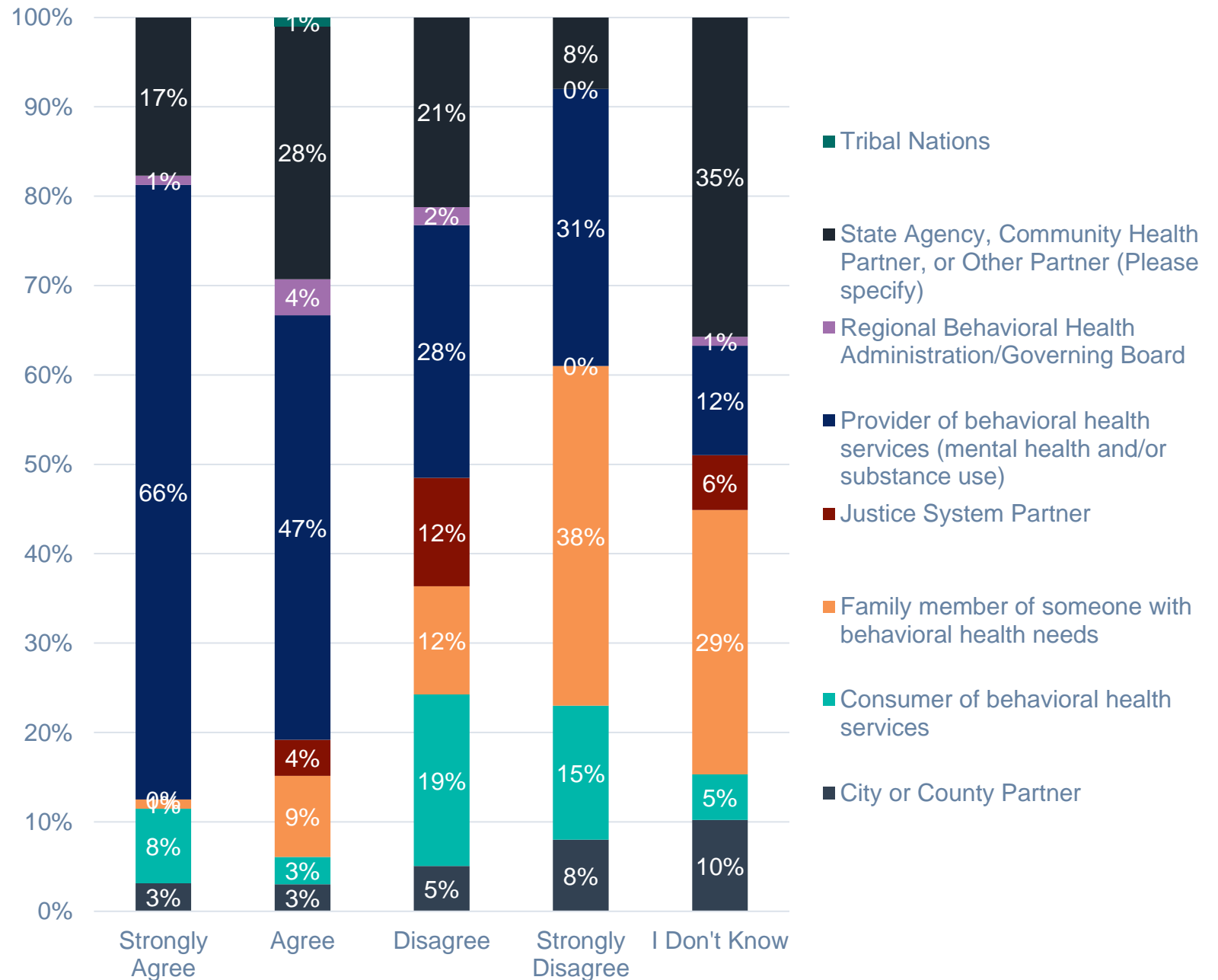
Answered: 492

Skipped: 246

Answer Choice	Strongly Agree		Agree		Disagree		Strongly Disagree		I Don't Know	
The behavioral health system uses evidence-based practices.	14.46%	71	58.45%	287	8.76%	43	2.44%	12	15.89%	78
Behavioral health services are delivered by competent providers.	15.24%	75	58.74%	289	11.18%	55	4.07%	20	10.77%	53
Telehealth for behavioral health services is available across the state.	7.72%	38	35.37%	174	20.53%	101	4.67%	23	31.71%	156
Using technology will improve behavioral health outcomes.	28.25%	139	43.70%	215	10.57%	52	4.47%	22	13.01%	64
Behavioral health services have been developed to meet emerging needs in the state.	5.89%	29	35.77%	176	26.83%	132	12.40%	61	19.11%	94

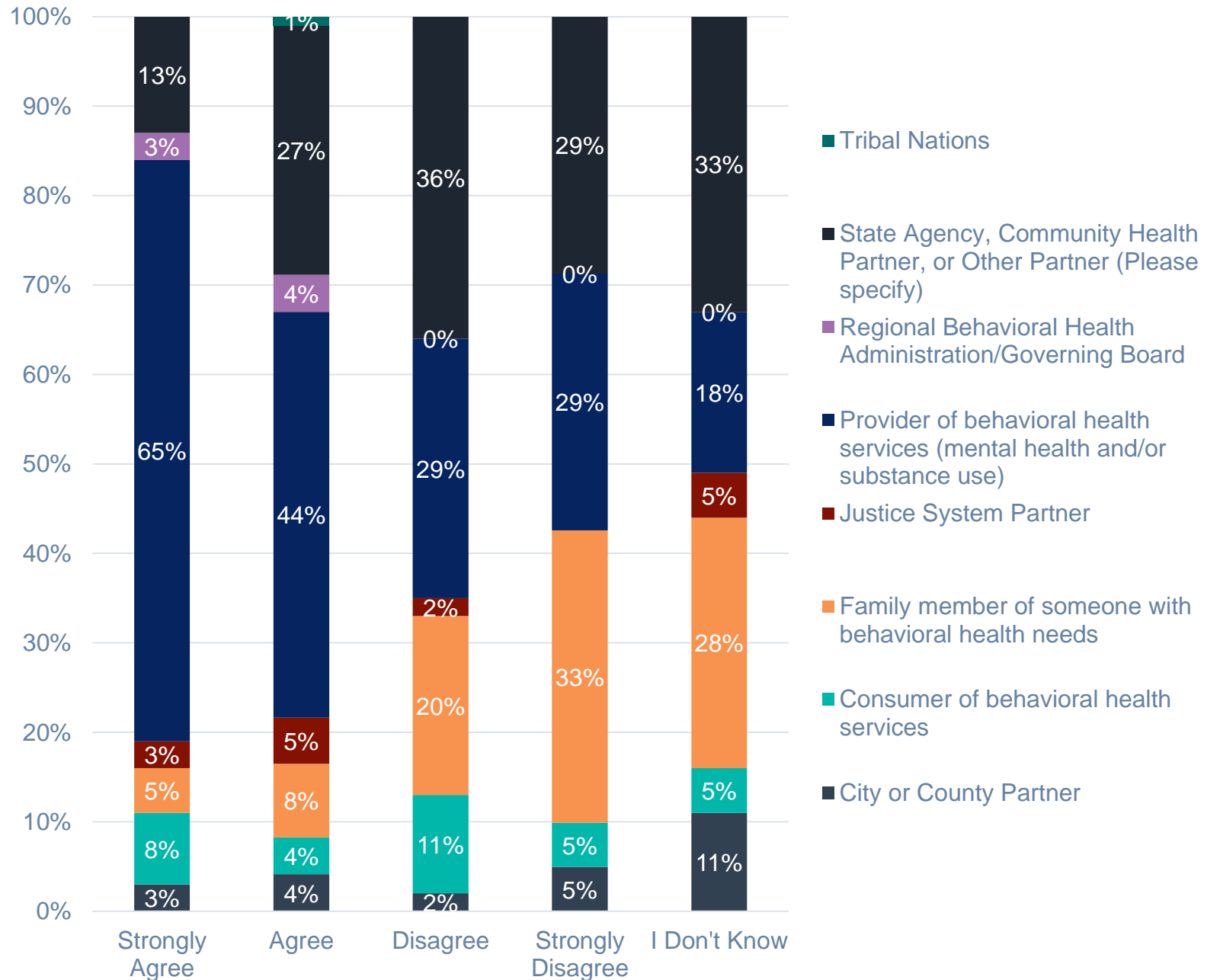
Drive Innovation & Improve Outcomes

Q21 Statement
Results By Group:
The behavioral health system uses evidence-based practices.



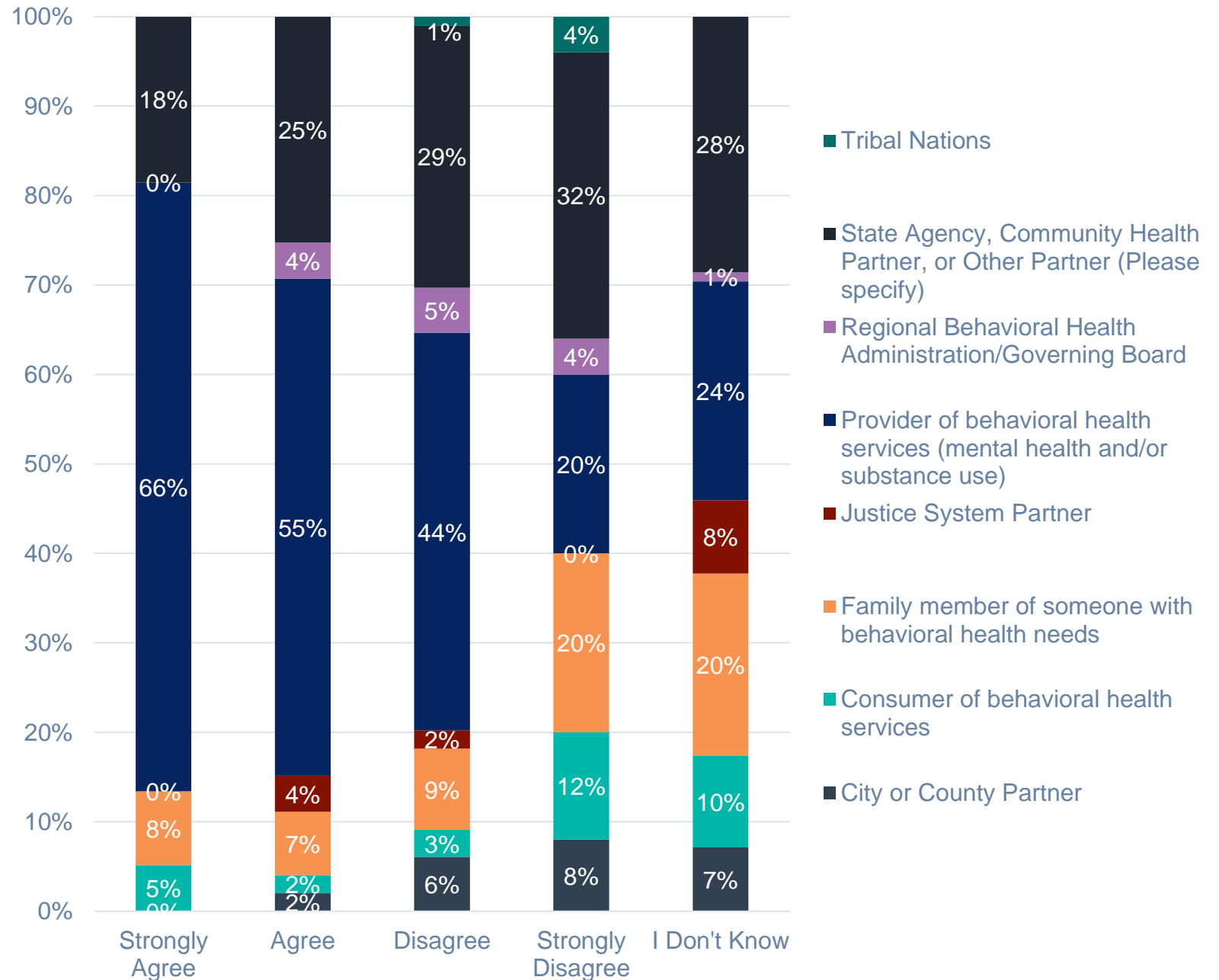
Drive Innovation & Improve Outcomes

Q21 Statement
 Behavioral health services are delivered by competent providers.



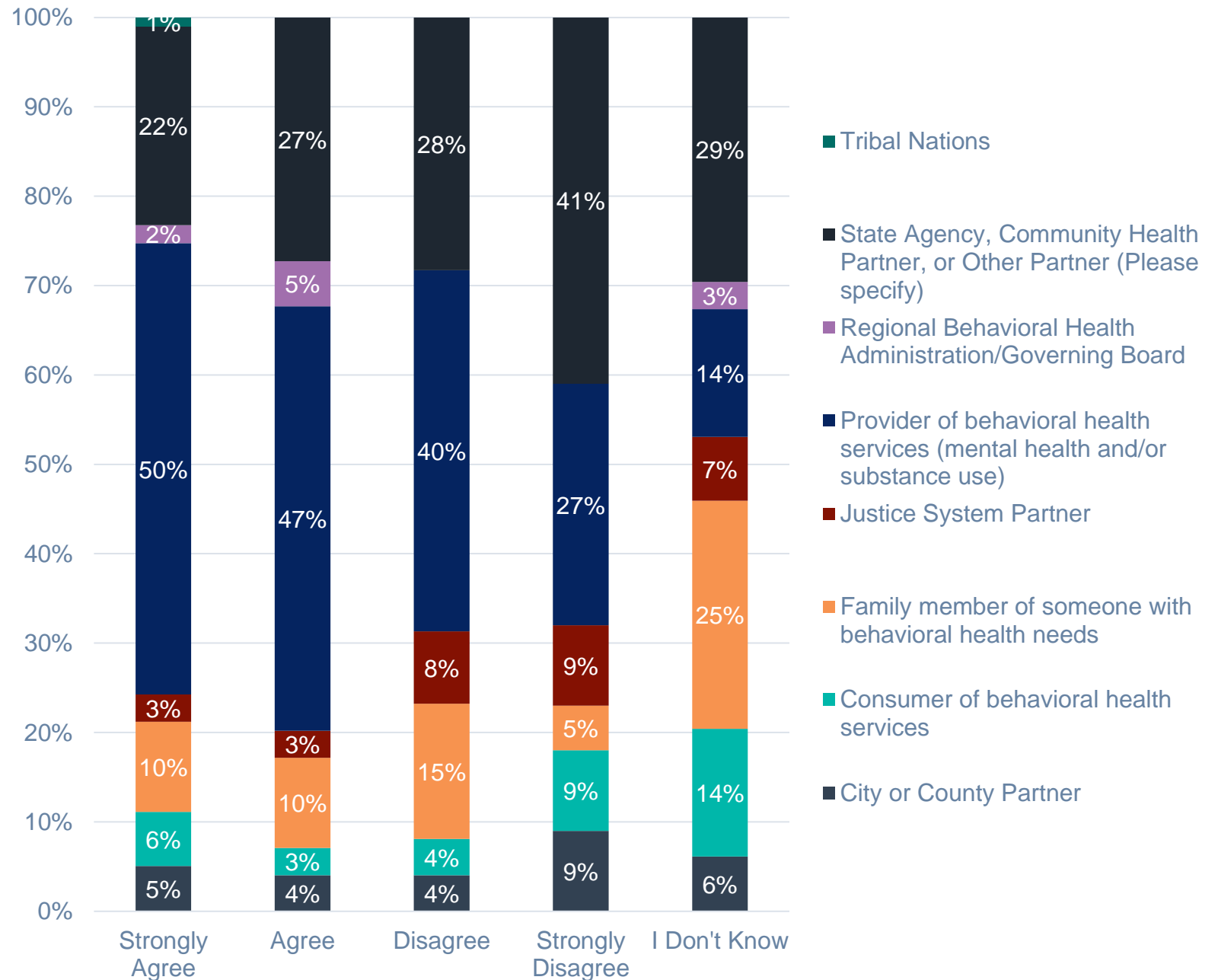
Drive Innovation & Improve Outcomes

Q21 Statement
Results By Group:
Telehealth for
behavioral health
services is available
across the state.



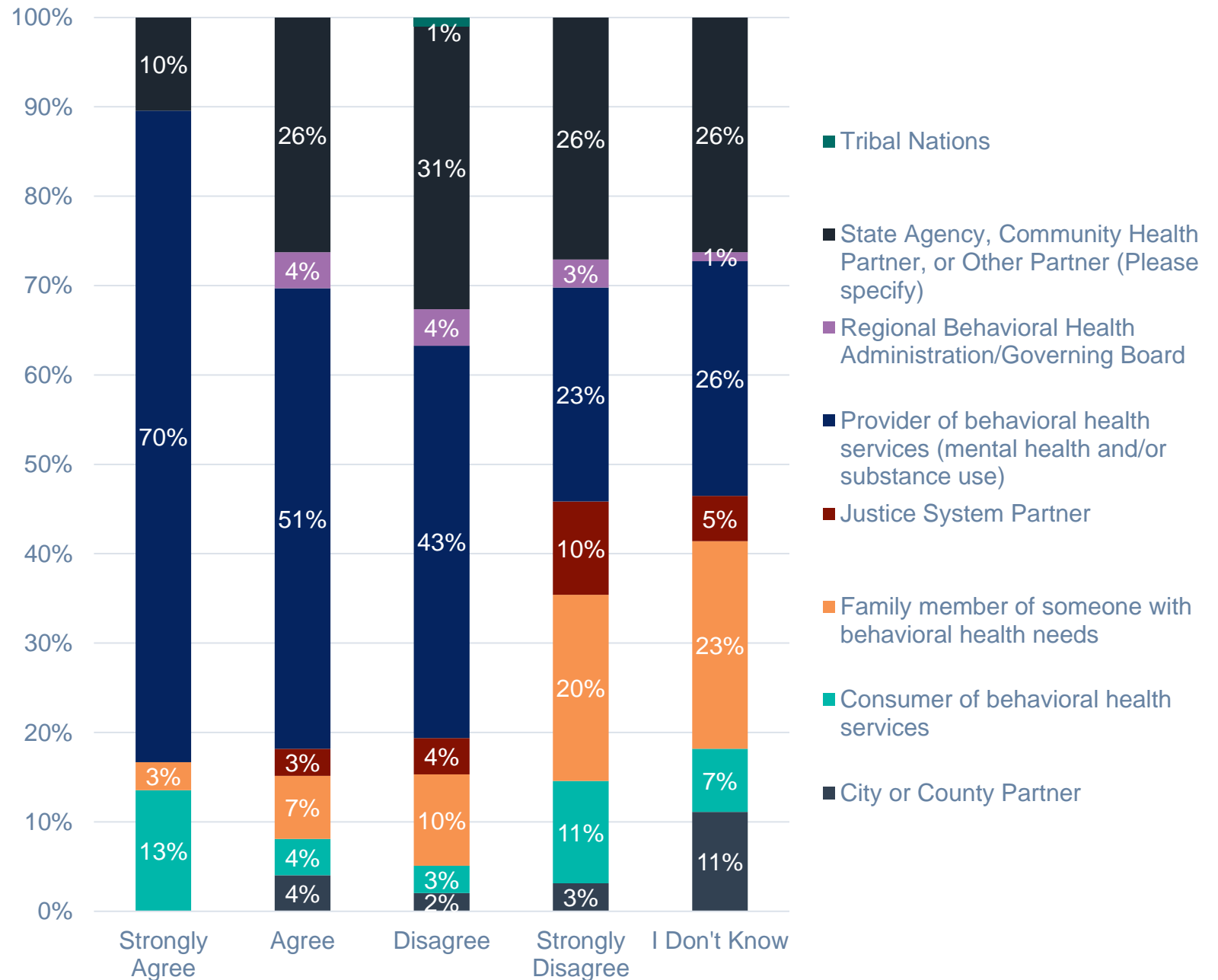
Drive Innovation & Improve Outcomes

Q21 Statement
Results By Group:
Using technology will
improve behavioral
health outcomes.



Drive Innovation & Improve Outcomes

Q21 Statement
 Behavioral health services have been developed to meet emerging needs in the state.

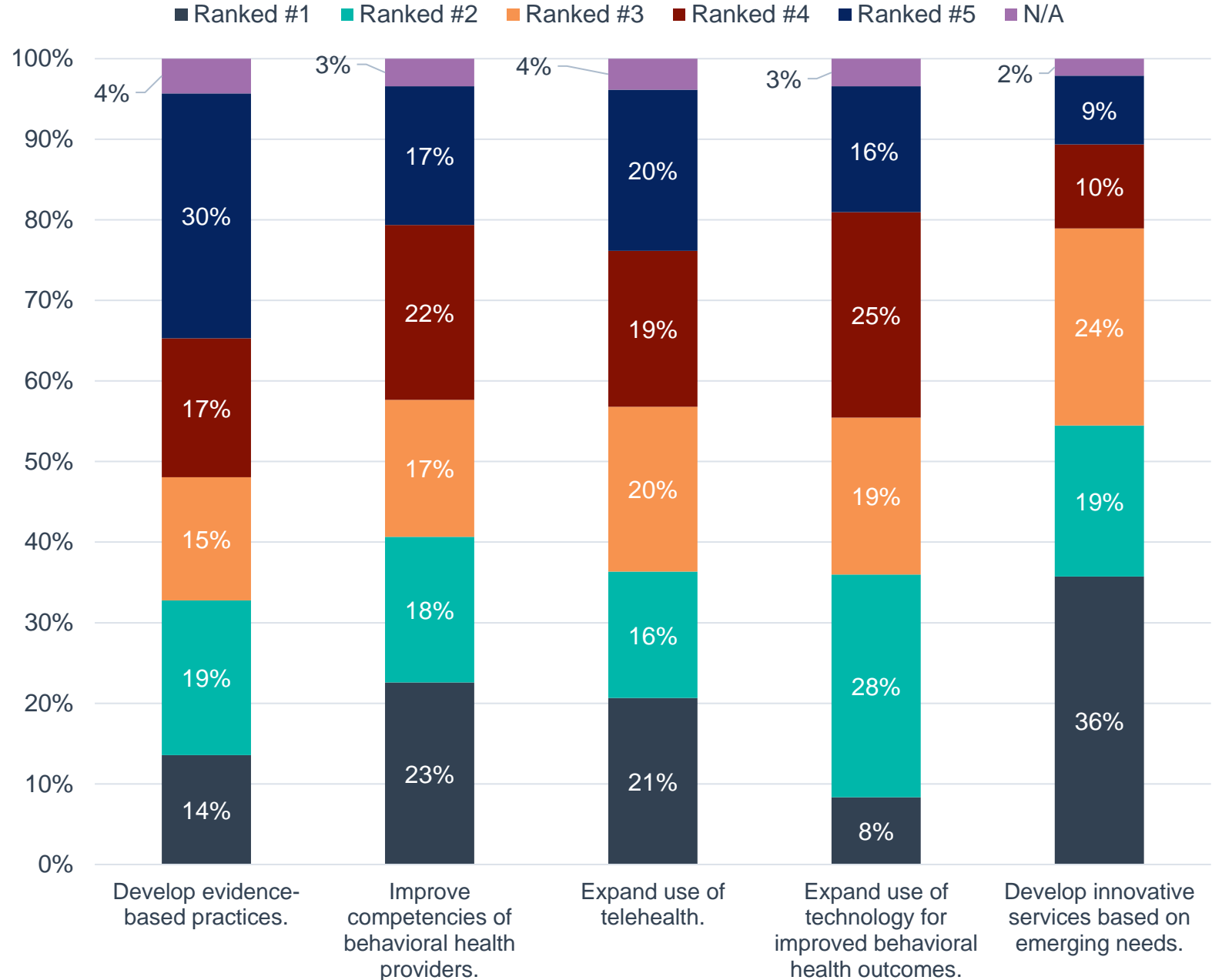


Drive Innovation & Improve Outcomes

Q22: Greatest Need Rankings

Answered: 478
Skipped: 260

*Ranking Instruction:
Please rank...by putting "1" for the item you think is the greatest need, a "2" for the item you think is the second greatest need, and so on. Each ranking number may only be used once. Mark "N/A" for items that are not considered a need.*



Drive Innovation & Improve Outcomes

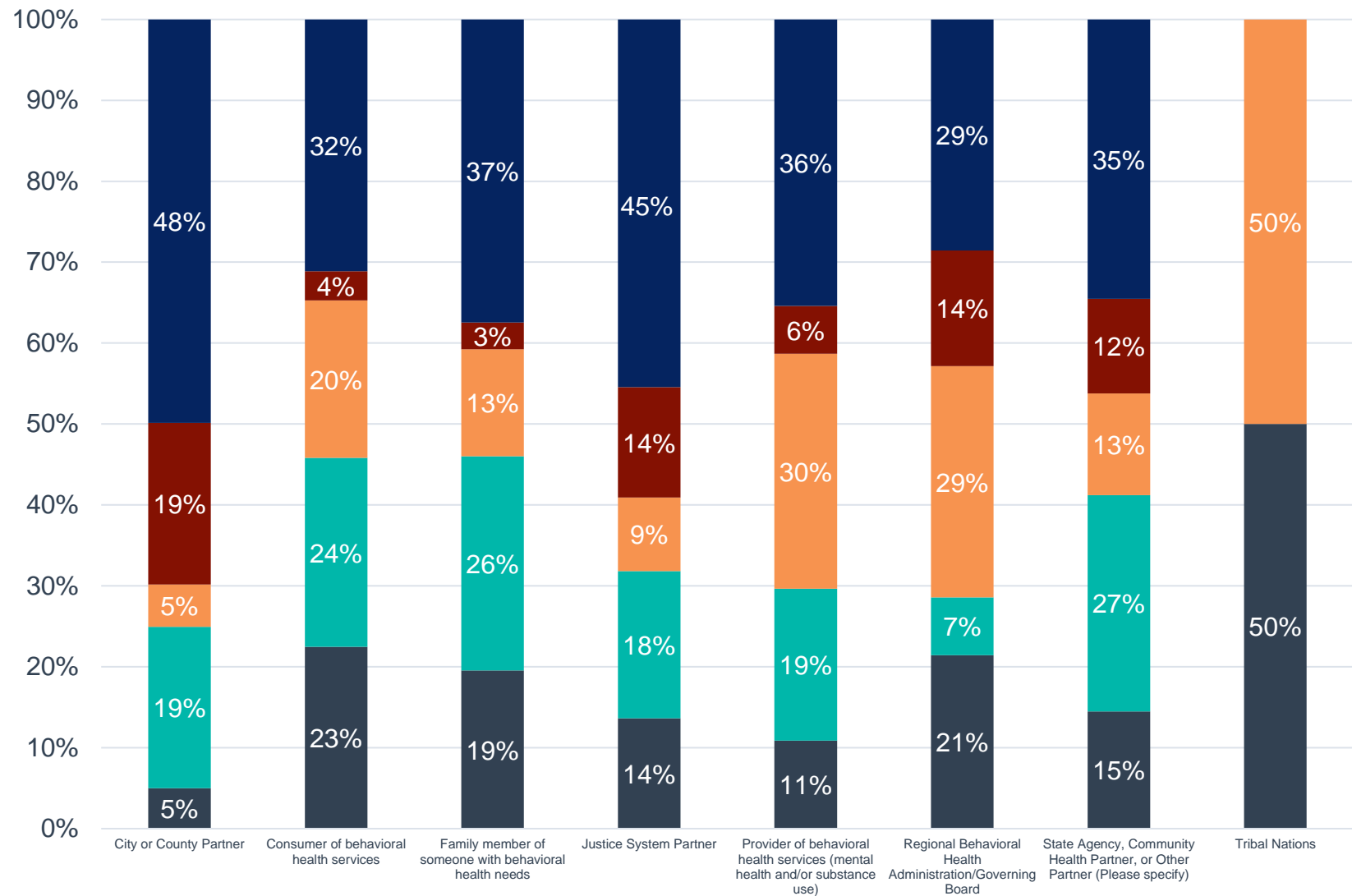
Q22: Greatest Needs Rankings

Answered: 478
Skipped: 260

Answer Choice	1	2	3	4	5	N/A						
Develop evidence-based practices.	13.58%	63	19.18%	89	15.30%	71	17.24%	80	30.39%	141	4.31%	20
Improve competencies of behavioral health providers.	22.58%	105	18.06%	84	16.99%	79	21.72%	101	17.20%	80	3.44%	16
Expand use of telehealth.	20.65%	96	15.70%	73	20.43%	95	19.35%	90	20.00%	93	3.87%	18
Expand use of technology for improved behavioral health outcomes.	8.35%	39	27.62%	129	19.49%	91	25.48%	119	15.63%	73	3.43%	16
Develop innovative services based on emerging needs.	35.74%	168	18.72%	88	24.47%	115	10.43%	49	8.51%	40	2.13%	10

Drive Innovation & Improve Outcomes

Q22 Greatest Needs Ranking By Group



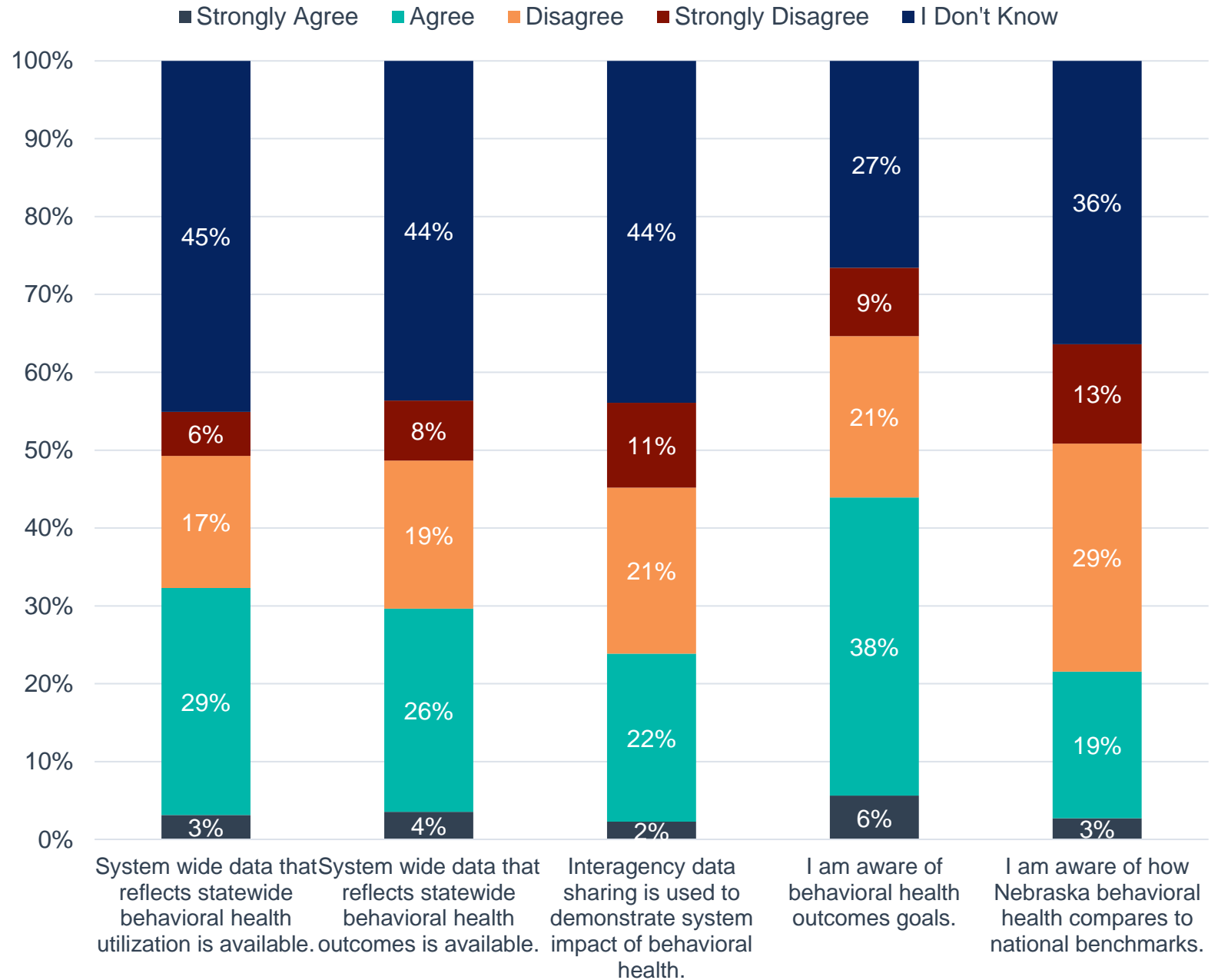
- Develop evidence-based practices.
- Improve competencies of behavioral health providers.
- Expand use of telehealth.
- Expand use of technology for improved behavioral health outcomes.
- Develop innovative services based on emerging needs.

Demonstrate & Drive Value

Q24: Please identify how much you agree or disagree with the following statements:

Answered: 479

Skipped: 259



Demonstrate & Drive Value

Q24: Please identify how much you agree or disagree with the following statements:

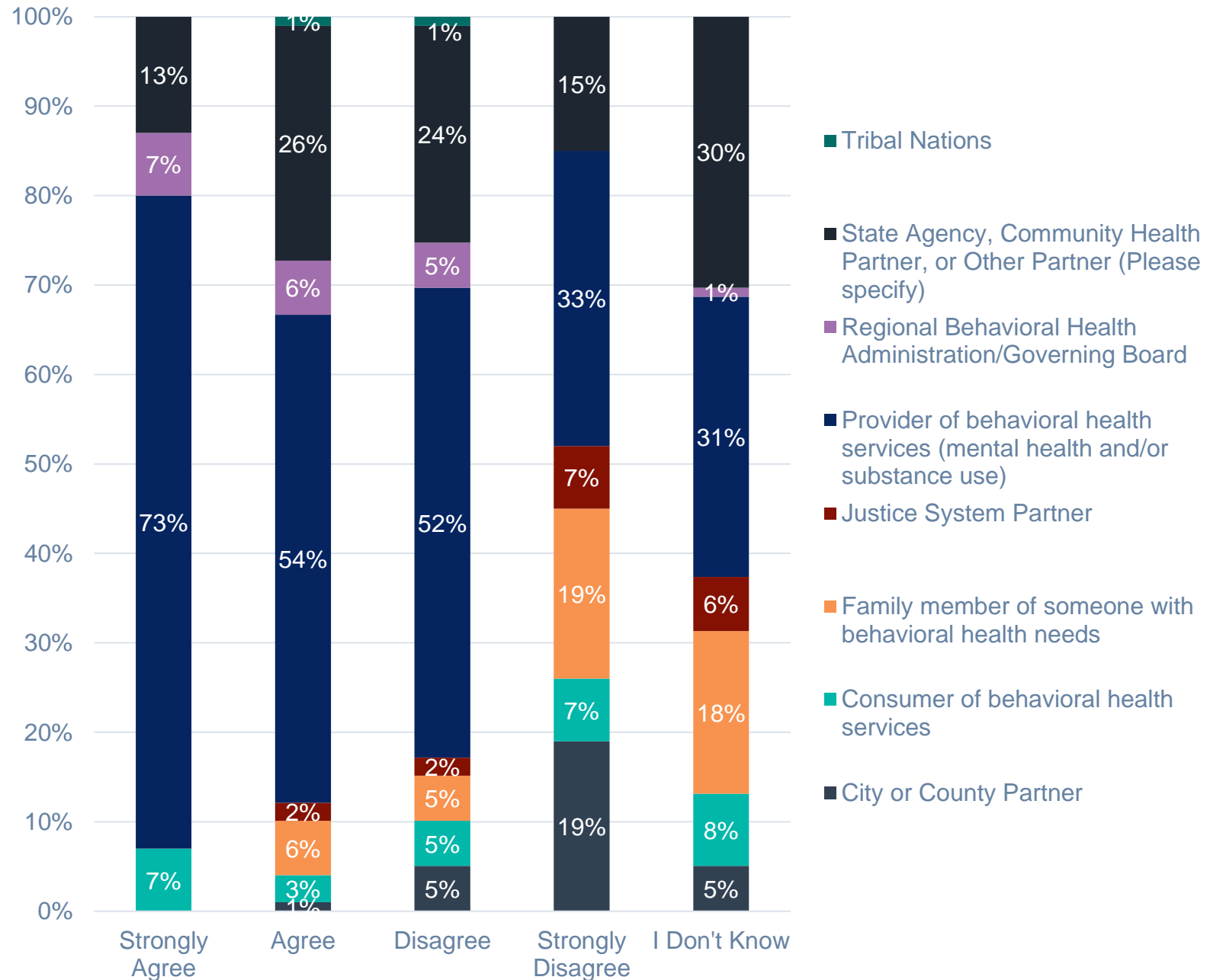
Answered: 479

Skipped: 259

Answer Choice	Strongly Agree		Agree		Disagree		Strongly Disagree		I Don't Know	
System wide data that reflects statewide behavioral health utilization is available.	3.14%	15	29.14%	139	16.98%	81	5.66%	27	45.07%	215
System wide data that reflects statewide behavioral health outcomes is available.	3.55%	17	26.10%	125	19.00%	91	7.72%	37	43.63%	209
Interagency data sharing is used to demonstrate system impact of behavioral health.	2.30%	11	21.55%	103	21.34%	102	10.88%	52	43.93%	210
I am aware of behavioral health outcomes goals.	5.65%	27	38.28%	183	20.71%	99	8.79%	42	26.57%	127
I am aware of how Nebraska behavioral health compares to national benchmarks.	2.72%	13	18.83%	90	29.29%	140	12.76%	61	36.40%	174

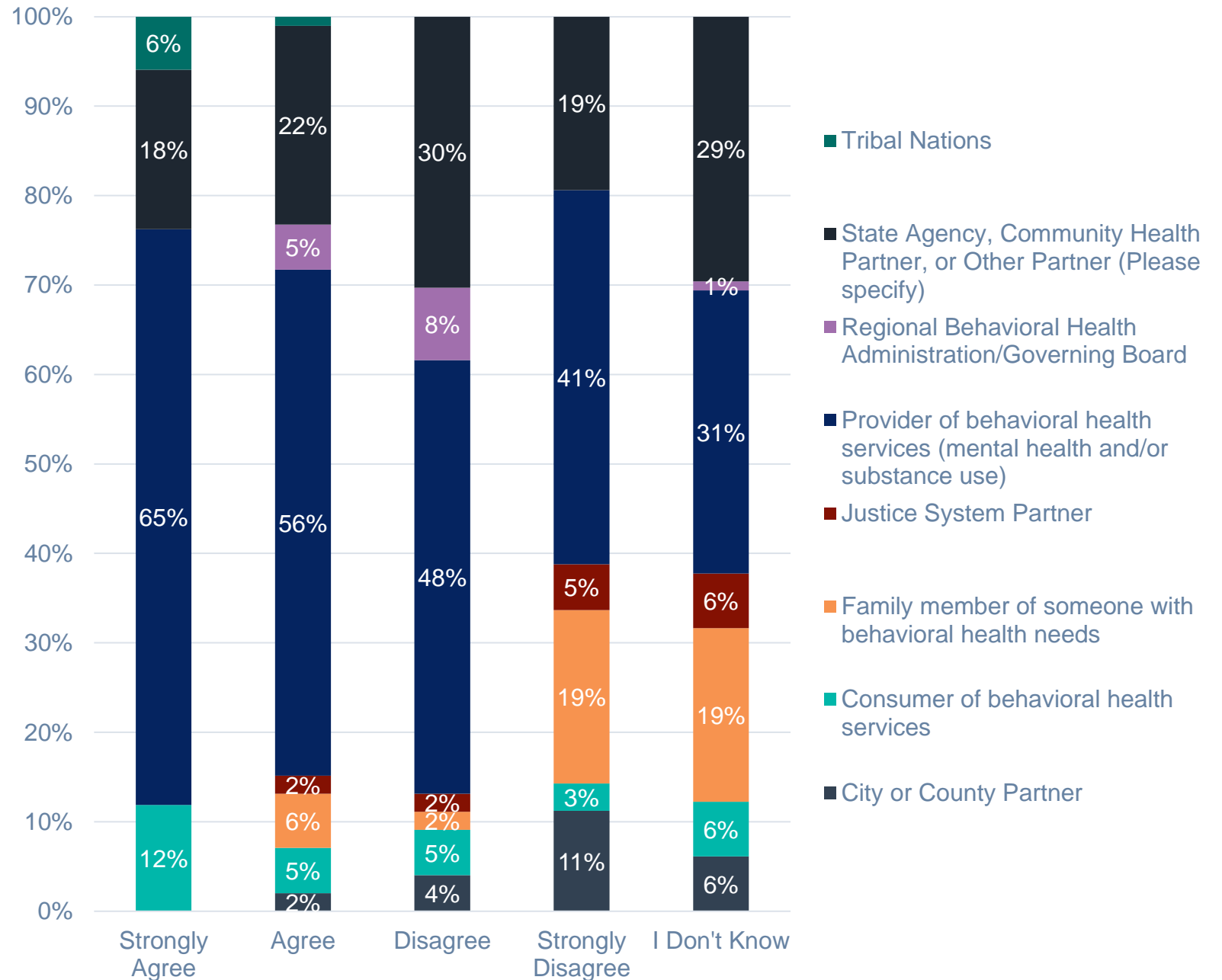
Demonstrate & Drive Value

Q24 Statement Results By Group: System wide data that reflects statewide behavioral health utilization is available.



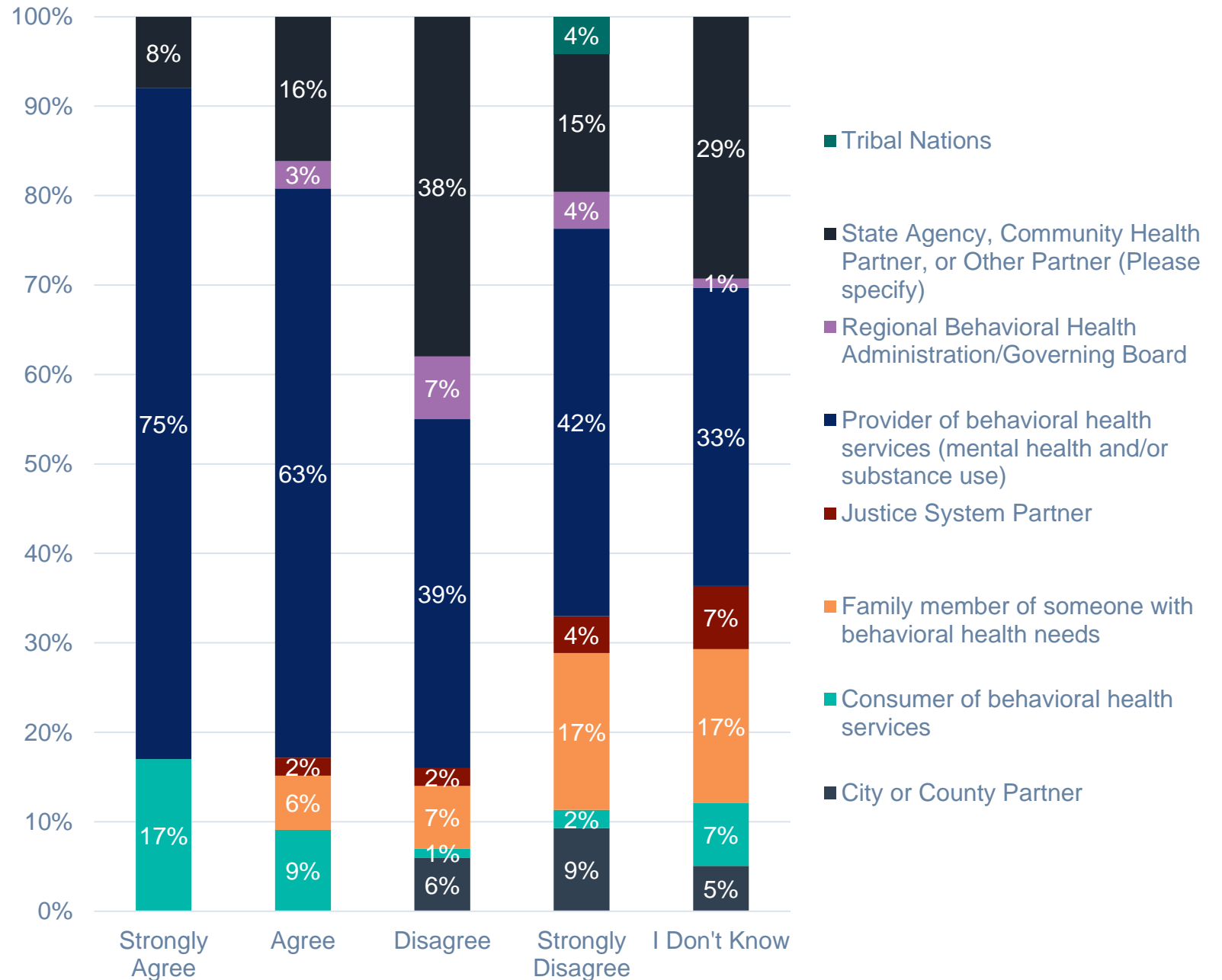
Demonstrate & Drive Value

Q24 Statement Results By Group: System wide data that reflects statewide behavioral health outcomes is available.



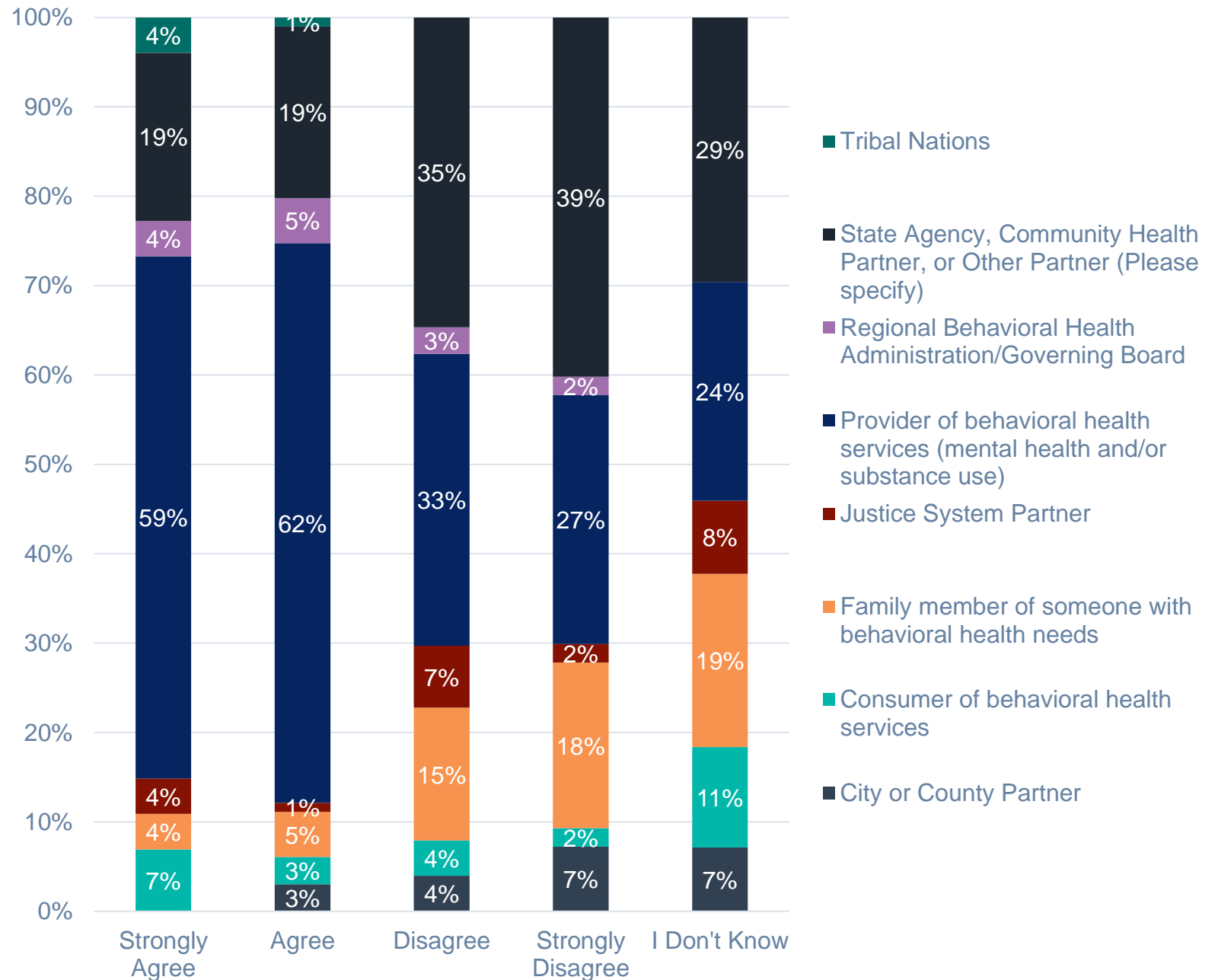
Demonstrate & Drive Value

Q24 Statement Results By Group: Interagency data sharing is used to demonstrate system impact of behavioral health.



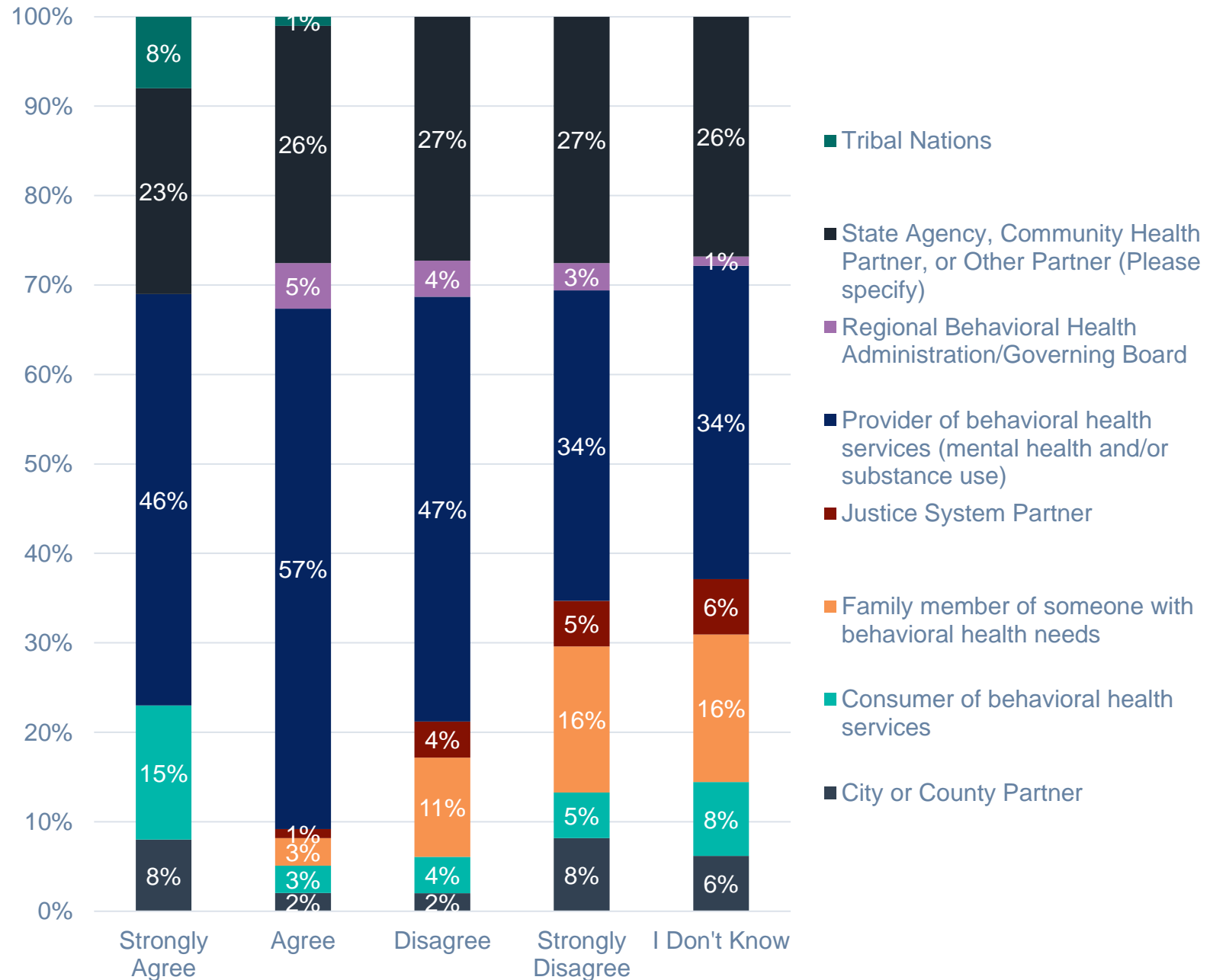
Demonstrate & Drive Value

Q24 Statement Results By Group: I am aware of behavioral health outcomes goals.



Demonstrate & Drive Value

Q24 Statement Results By Group: I am aware of how Nebraska behavioral health compares to national benchmarks.

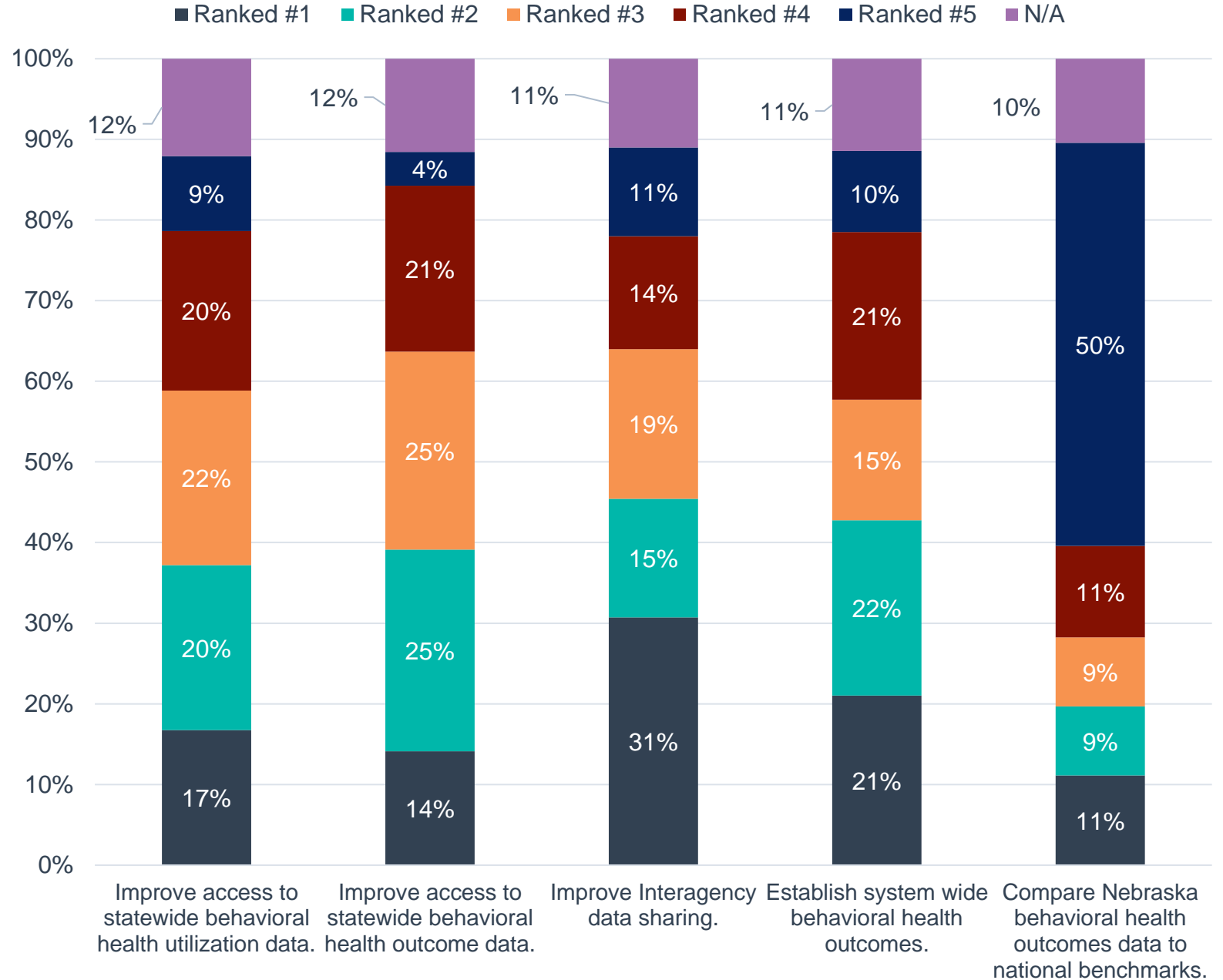


Demonstrate & Drive Value

Q25: Greatest Need Rankings

Answered: 444
Skipped: 294

Ranking Instruction:
Please rank...by putting "1" for the item you think is the greatest need, a "2" for the item you think is the second greatest need, and so on. Each ranking number may only be used once. Mark "N/A" for items that are not considered a need.



Demonstrate & Drive Value

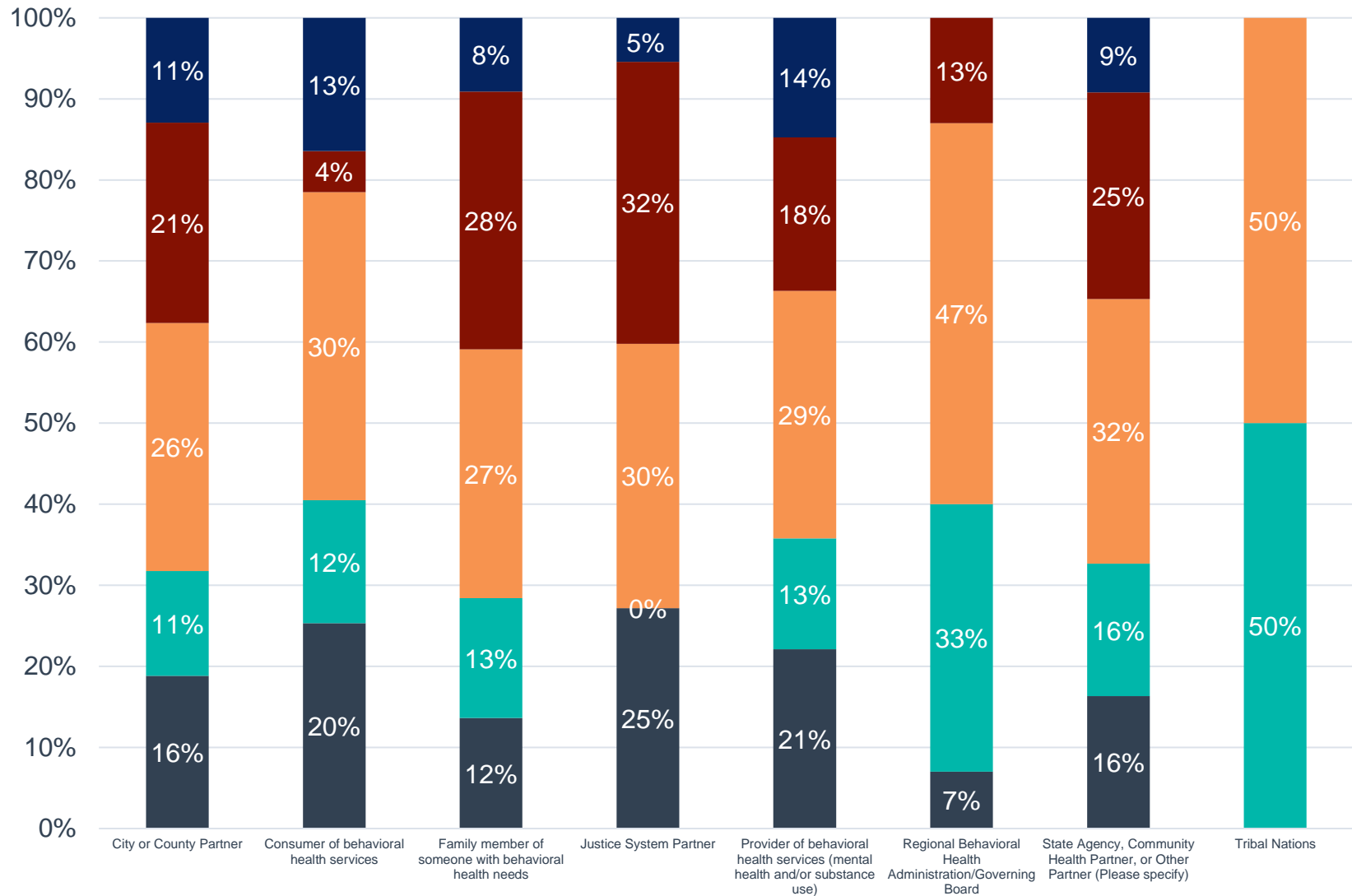
Q25: Greatest Needs Rankings

Answered: 444
Skipped: 294

Answer Choice	1	2	3	4	5	N/A						
Improve access to statewide behavioral health utilization data.	16.74%	72	20.47%	88	21.63%	93	19.77%	85	9.30%	40	12.09%	52
Improve access to statewide behavioral health outcome data.	14.12%	61	25.00%	108	24.54%	106	20.60%	89	4.17%	18	11.57%	50
Improve Interagency data sharing.	30.73%	134	14.68%	64	18.58%	81	13.99%	61	11.01%	48	11.01%	48
Establish system wide behavioral health outcomes.	21.03%	90	21.73%	93	14.95%	64	20.79%	89	10.05%	43	11.45%	49
Compare Nebraska behavioral health outcomes data to national benchmarks.	11.11%	48	8.56%	37	8.56%	37	11.34%	49	50.00%	216	10.42%	45

Demonstrate & Drive Value

Q25 Greatest Needs Ranking By Group



- Compare Nebraska behavioral health outcomes data to national benchmarks.
- Establish system wide behavioral health outcomes.
- Improve Interagency data sharing.
- Improve access to statewide behavioral health outcome data.
- Improve access to statewide behavioral health utilization data.



Appendix C: Visioning Session Summary

Pillar 1: Enhance BH Health Influence

1. Drive the system of care by exerting greater authority in facilitating Nebraska being the Gold Standard in the nation for behavioral health (e.g., greater influence over managed care contracts).
2. Set the expectations and targets for system-wide performance with the capacity to intervene to assure consumer outcomes are a focus.
3. Change statutes that weaken BH Division or DHHS authority to achieve our mission of helping people live better lives.
4. Develop structures that increase BH Division's impact on the system (e.g., regional authority).

Pillar 2: Implement An Integration Strategy

1. Make Behavioral Health the cornerstone and a driving influence in every part of the system (IDD, CFS, Public Health, Law Enforcement, Dept of Education)
2. Align all health system components (hospitals, independent clinicians, non-profits, regional authority, DHHS, etc.) on mission, vision and values and to be working together with a singular focus of improving consumer health and wellness.
3. Demonstrate the impact of behavioral health on the total health and wellness of Nebraskans in order to encourage a wholistic approach in all parts of the healthcare system to help consumers live better lives

Pillar 3: Promote Stakeholder Inclusion

1. Develop channels for individuals who have not previously had a voice in improving the system of care and behavioral health to have greater influence in both the identification of gaps in care and the solutions to address those gaps.
2. Ensure that previously under-represented constituents (e.g., Tribes, farmers, persons of color, and individuals with a primary language other than English) become part of the solution to improve the system of care.
3. Develop a welcoming and inclusive environment for all previously under-represented constituents by individuals who have historically had the most influence in designing and enhancing the system of care.
4. Include specific interventions to address those previously under-represented constituents in the state's strategic plan to enhance the system of care with a focus on improved outcomes for those constituents.

Pillar 4: Drive Innovations & Better Outcomes

1. Continually look for new ways to deliver and promote better outcomes in the transformation of the Nebraskan system of care (e.g., telehealth, message-based therapy, mobile services).
2. Regularly set specific targets for improvement that reflect helping Nebraskans to a healthier future.
3. Boldly seek guidance and best practices from outside Nebraska, outside of healthcare and outside of the traditional comfort zone to invent new approaches and improve health outcomes.

Pillar 5: Demonstrate & Drive Value

1. Measure and monitor services and service delivery to assure we are driving value to our constituents; a clear return on investment will guide our priorities.
2. Identify targeted achievements (consumer outcomes) that include clear interventions and buy-in from our partners (hospitals, clinicians, regional authority, etc.) to support the change/improvements being sought.
3. Develop measures and targets that address the most critical gaps in care



Appendix D: Key Performance Measure Inventory

Most Commonly Used Performance Measures Of Specialty Provider Organizations, 2016-2018

Follow-up after hospitalization for mental illness

Emergency room utilization

Readmission rates

Patient or consumer satisfaction

PCP Engagement

Access to care measures

Diabetes screening for people with Schizophrenia using an antipsychotic

Antidepressant medication management

Community Tenure

Depression monitoring via PHQ-9

Patient Reported Outcomes

Involvement of family/significant other

Initiation/engagement of alcohol and other drugs

Diabetes care – blood sugar controlled

Adherence to antipsychotic medication for people with schizophrenia

Use of depression screening and follow-up

Risk adjusted ALOS

Key Metrics For Probation

SAMPLE

Access & Engagement	Percentage
Consumers with a presenting BH diagnosis who had a visit with a provider within 10 calendar days of release	
Consumers engaged in education/vocational programs within 30 days of release from criminal justice system	
Consumers diagnosed with opioid addiction who receive Medical Assisted Treatment (MAT) within 10 days of diagnosis	
Consumers who receive MAT with smoking and tobacco use	
Consumers diagnosed with HIV who receive MAT within 10 days of diagnosis	
Quality & Accountability	Percentage
Consumers with stable housing	
Consumers free of domestic violence in any given year	
Consumers who completed job/vocational training programs in any given year	
Consumers who stayed out of prison as a result of program efforts	
Consumers reporting that their services and supports are helping them lead better lives	
Consumers reporting NPS in 9-10 range	
Integration	Percentage
Consumers participating in community activities, i.e. church, social, volunteer in any given year	
Consumers with a PCP and had (1) PCP visit annually	
Consumers with diabetic and cardiovascular screenings annually	
Consumers with BMI assessments annually	

Key Metrics For Medicaid

SAMPLE

Access & Engagement	Percentage
Network adequacy for consumers with access to BH prescribers within 10 calendar days	
Consumers with access to cultural/linguistically appropriate providers	
Consumers diagnosed with opioid addiction who receive MAT within 10 days	
Quality & Accountability	Percentage
ROI dollars established to provide stable housing for consumers	
Screenings for SUD and MH	
Screenings for diabetes for people with schizophrenia and bipolar and using psychotropic meds	
Follow-up after ED visit for MH and SUD	
Consumers with adherence to anti-psychotic medications for individuals with schizophrenia	
Integration	Percentage
Amount of dollars allocated to address social determinants of health	
Amount of dollars allocated to understand geographical characteristics and behaviors of communities related to social, economic, and environmental factors to improve health outcomes	
# of community partnerships established to support social networks and supports for consumers in geographic areas	

Key Metrics For MCOs

SAMPLE

Access & Engagement	Percentage
Network adequacy for consumers with access to BH prescribers within 10 calendar days	
Consumers with access to cultural/linguistically appropriate providers	
Network adequacy of providers to provide MAT to consumers diagnosed with opioid addiction within 10 days of diagnosis	
Quality & Accountability	Percentage
ROI dollars established to provide stable housing for consumers	
Screenings for SUD and MH	
Screening for diabetes for people with schizophrenia and Bipolar who are using psychotropic meds	
Follow-up after ED visits for MH or SUD	
Consumers adherent to anti-psychotropic meds for individuals with schizophrenia	
Older adults with in-person contact or phone at least weekly	
Integration	Percentage
Amount of dollars allocated to address social determinants of health	
Amount of dollars allocated to understand geographic characteristics and behaviors of communities related to social, economic, and environmental factors to improve health outcome	
# of community partnerships established to support social networks and supports for consumers in geographic areas	

Key Metrics For I/DD

SAMPLE

Access & Engagement	Percentage
Consumers with access to BH prescribers within 10 calendar days	
Consumers with access to cultural/linguistically appropriately providers	
Quality & Accountability	Percentage
Consumers who had choice about where and with whom they live	
Consumers in stable housing in any given year	
Consumers who had jobs that they had a choice in getting	
Consumers taking apart in community activities with people who are not DD	
Consumers free of sexual abuse	
Consumers screened for obesity	
Consumers with transportation	
Consumers earning a livable wage	
Consumers reporting satisfaction with social supports and services	
Integration	Percentage
Consumers with PCP and had (1) PCP visit annually	
Consumers with food security	
Consumers involved in community activities	

Key Metrics For CFS

SAMPLE

Access & Engagement	Percentage
Consumers with access to BH prescribers within 10 days	
Consumers with access to cultural/linguistically appropriate providers	
Adult consumers diagnosed with opioid addiction who receive MAT within 10 days of diagnosis	
Quality & Accountability	Percentage
Children/adults receiving prevention screenings annually	
Children with ADHD diagnosis who receive follow-up care at least every 90 days	
Adults who have been free of domestic violence in any given year	
Children who have been free of child neglect within any given year	
Consumers with stable housing	
Consumers with transportation	
Consumers with food security	
Adult consumers with jobs within given year	
Children completed high school/GED	
Consumers reporting satisfaction with balance of work and leisure	
Consumers receiving ambulatory follow-up within 7 days of hospitalization	
Consumers receiving follow-up after ED visit	
Adult consumers with a livable wage	
Integration	Percentage
Consumers participating in community activities	
Consumers with PCP and have (1) PCP visit annually	
Consumers reporting satisfaction with social supports and services to meet their daily needs	
Consumers reporting satisfaction with safety of their neighborhoods	

Key Metrics For DBH/Regions

SAMPLE

Access & Engagement	Percentage
Improve access and utilization of behavioral health prescribers	
Improve access and utilization of Medication Assisted Treatment	
Quality & Accountability	Percentage
Increase the percentage of consumers in stable housing	
Increase the percentage of consumers in integrated employment	
Increase community tenure	
Improve consumer-reported outcome results	
Improve NPS (I would recommend this agency to a friend or family member)	
Improve 7-day HEDIS measure	
Integration/Social Determinants of Health	Percentage
Improve PCP /Pediatrician coordination (enrolled members have 1 PCP/Ped.1 visit annually)	
Improve screening for diabetes and adherence to treatment plan	
Improve screening for obesity and access to nutritional options	



Appendix E: National Trends Impacting Behavioral Health

National Trends Impacting Behavioral Health

1

- Expansion of Telehealth and other Technologies

2

- Continued Shift To Alternative Payment Arrangements (APM)*
- *APMs include pay-for-performance and value-based contracting

3

- Increased Funding & Utilization Of Integrated Care Models

4

- Growing Demand For Mental Health & Addiction Treatment Services

5

- Behavioral Health Trends in Medicaid

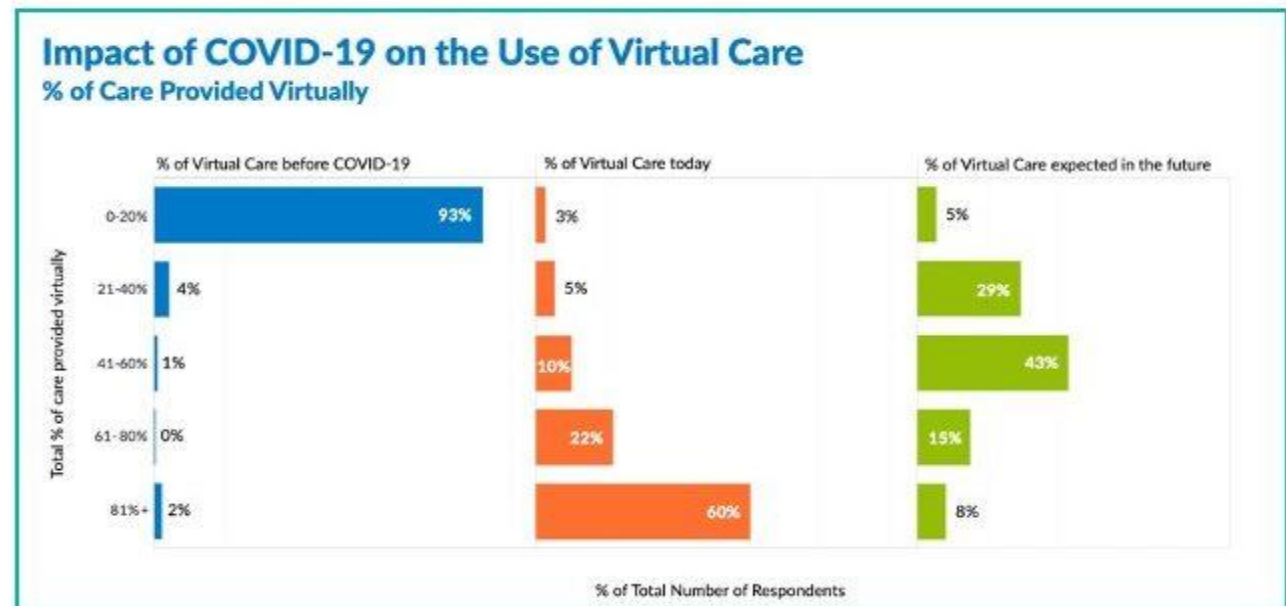
6

- Impacts of COVID on Care Planning and service provision

Trend #1: Expansion Of Telehealth & Other Technologies

Increased Use Of Technology Impacting Service Delivery

1. Pre-pandemic, telehealth utilization in behavioral health care was relatively low, only 2% of organizations were providing 80% or more of their care virtually
2. Policy changes during the COVID-19 pandemic have reduced barriers to telehealth. Now, 60% of behavioral health organizations are providing 80% or more virtual care.
3. Behavioral health care executives expect the higher utilization of virtual services to continue, with a majority believing 40 % to 60% of their overall services will be provide in virtual platforms.



Trend #2: Continued Shift To Value-Base Contracting

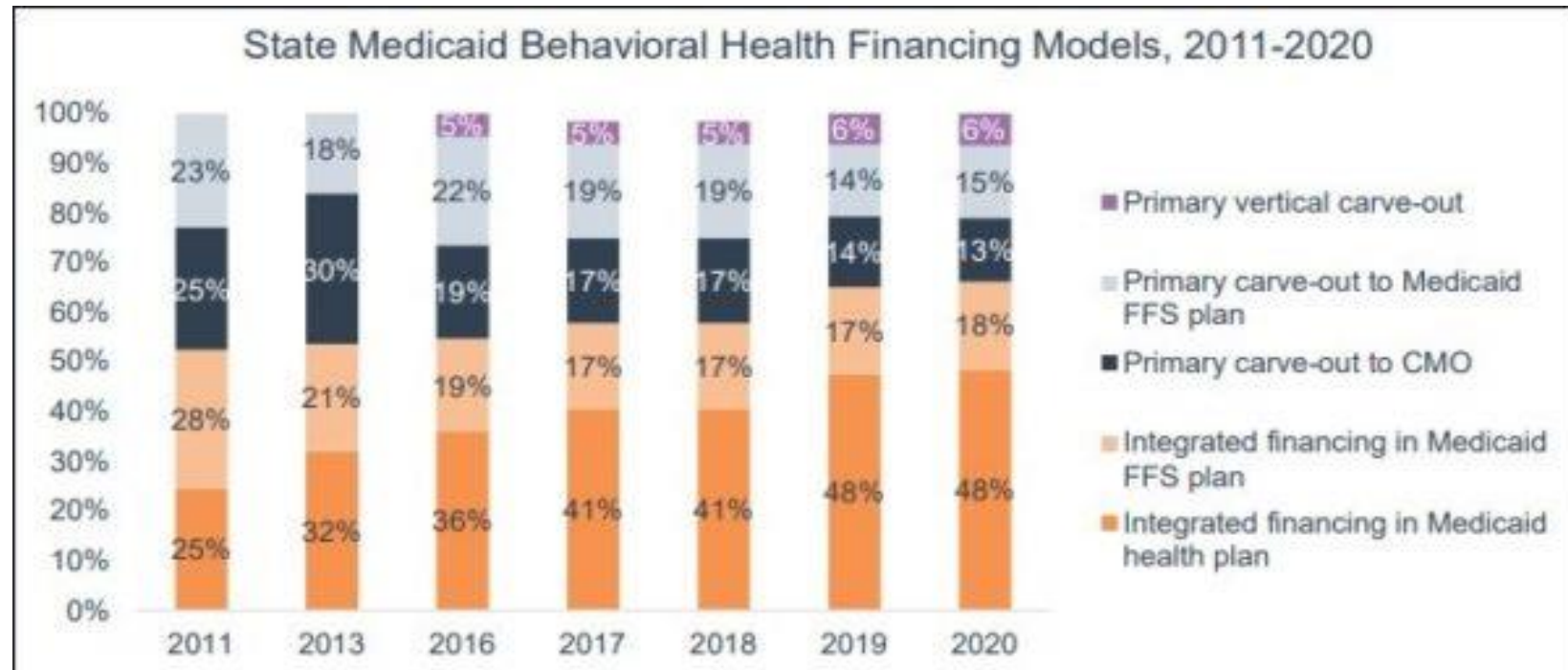
*APMs are on the rise
in Medicaid Managed
Care*

1. The 2019 State-By-State Update found that 28 of the 40 states with Medicaid managed care require health plans to implement alternative payment arrangements (APMs) with provider organizations
A. This is up from 22 states out of 39 states in 2017.
2. With the growth of APM utilization the need for data analytics and technologies to effectively manage clinical information, monitor patient outcomes, track quality metrics, and assess financial impacts has grown as well.

Trend #3: Increased Funding & Utilization Of Integrated Care

Funding Drives Integration

1. Approximately 34.9 million (48%) of the 72.8 million Medicaid beneficiaries are enrolled in Medicaid health plans with integrated behavioral health financing.



Trend #3: Increased Funding & Utilization Of Integrated Care

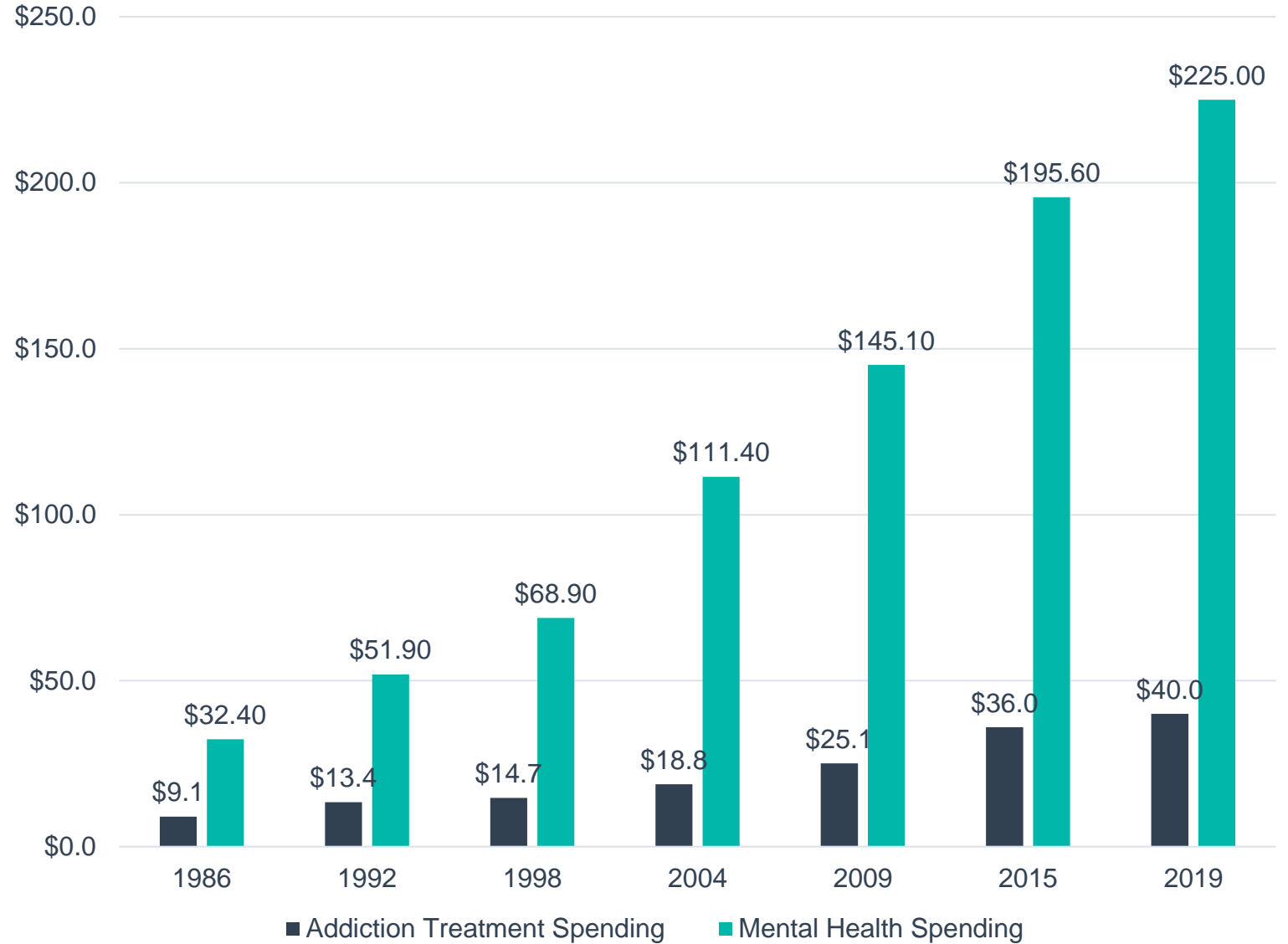
*Federal and State
Funding Trending
Toward Integration*

1. Certified Community Behavioral Health Clinics (CCBHC) have expanded from 66 in 2015 to 166 in 2020. Congress has acted five times to extend the demonstration project and has allocated \$450 million to date for CCBHC expansion grants.
2. Recently, Ohio submitted a request for proposal to expand mental health and early intervention services to children (see [Ohio Expanding Child Mental Health Capacity With Whole Child Matters RFP](#) and [Ohio Seeks Early Childhood Mental Health and Early Intervention Capacity Expansion Services](#)).
3. 47 states have adopted policies and programs to advance the use of integrated care medical homes – Initiatives involving 90 commercial insurance plans, multiple employers, 42 state Medicaid programs, numerous federal agencies, the Department of Defense, hundreds of safety net clinics, and thousands of small and large clinical practices nationwide.

Trend #4: Growing Demand For Behavioral Health & Addiction Treatment Services

Mental Health & Addiction Treatment Spending On The Rise

Spending In Billions, Selected Years 1986-2019



Trend #4: Growing Demand For Behavioral Health & Addiction Treatment Services

Expanding Payment For Addiction Treatment

Addiction treatment industry was \$31 billion in 2014 and is projected to be \$42 billion 2020.

1. Parity Act 2008
2. Affordable Care Act 2010
3. Opioid Crisis Response Act
4. Opioid State Targeted Response Grants
5. Centers Of Excellence For Care Coordination
6. Addiction Treatment Demonstration Waiver
7. Integrated Care Of Kids Model (CMS Innovation Center)

Trend #5 Medicaid Based Trends

National Trends In Medicaid

Supporting reciprocity between states for Medicaid provider enrollment and professional licenses.

Enhancing access to psychiatric medication with expanded Nurse Practitioner prescribing privileges.

Extending programming through specialized training and certification efforts for peer and other certified staff

Leveraging pharmacies and retail drop-in clinics for screening, assessment and referrals needs.

Trend #6 Impacts of COVID on Care Planning

New Challenges In The COVID-19 Era

Rise in Mental Illness

- Increases in levels of trauma, depression, and anxiety are occurring as a result of the pandemic. In April 2020 Johns Hopkins COVID-19 Civic Life and Public Health Survey¹ demonstrated a 10% increase in adults reporting serious psychological distress over 2019 reports. These results showed an exacerbation for adults with household income of less than \$35,000 per year, 19% of whom reported serious psychological distress.

Suicide and Unemployment

- Unemployment is highly correlated with deaths by suicide, which has led experts to speculate that suicides will increase in 2020/2021. One model, based upon previous suicide and unemployment data, projects 3,235 to 8,164 additional deaths by suicide in the United States in 2020/2021²

Opioid Use

- Due to increased opioid usage during COVID, mortality rates are expected to climb due opioid-related deaths. The American Medical Association (AMA) recently released a statement of concern about reports of increased levels of addiction and opioid-related mortality.

Provider Concerns

- Many behavioral health providers have experienced significant decreases in utilization and revenue streams due to COVID-19, which greatly impacts their financial viability due to the increased unemployment from COVID-19.

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