

**DEPARTMENT OF
HEALTH & HUMAN SERVICES
BUSINESS PLAN
STATE FISCAL YEAR 2022**



NEBRASKA

MANY GOOD DEEDS

Helping People Live Better Lives

PETE RICKETTS
Governor

DANNETTE R. SMITH
Chief Executive Officer

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MESSAGE FROM THE CEO

Reflecting on the past year and a half, Nebraskans have successfully confronted the COVID-19 pandemic with courage and determination in the face of an event that transformed our lives. Countless people from all walks of life demonstrated compassion, understanding, love, togetherness and resiliency. I am continually impressed with the ardent dedication of the Department of Health and Human Services team which was on daily display throughout the pandemic. Rosa Parks once said, "Memories of our lives, of our works and our deeds will continue in others." The epitome of this wonderful sentiment is seen throughout DHHS.

Our Department is responsible for the health and well-being of all Nebraskans through Helping People Live Better Lives. My privilege has been to meet and work with our community stakeholders, DHHS teammates throughout Nebraska, and our Executive Leadership Team. I am proud of what we've accomplished together.

When I initially came to DHHS two-and-a-half years ago, I assessed how we could further enhance our capabilities to assist those receiving services across the state. I learned we have great people working throughout Nebraska, whom are dedicated to our customers. At the same time, I knew we had an opportunity to improve access across the state, ensuring our most vulnerable citizens and all families receive top-quality service. At that time, I announced a four-pronged approach for DHHS which remains relevant for this next year. That approach entails the following:

- Creating an integrated service delivery system
- Establishing and enhancing collaborative relationships with the community, stakeholders, and policymakers
- Aligning DHHS teammates under our mission of Helping People Live Better Lives
- Enhancing the Department's internal infrastructure to provide more effective, efficient, customer-focused services to Nebraskans

We have made important progress, this past year, in fully implementing Child Welfare Adaptation of Healthy Families America (HFA) and the Heritage Health Adult Expansion program. Medicaid & Long-Term Care improved customer accessibility and communication via a text solution and we significantly increased enrollment. Moving forward, DHHS will capture and reflect upon the many areas of positive action currently in progress as well as areas that need a prudent change to better deliver services to our customers. We will implement transformational initiatives in our path forward as outlined in this business plan, by creating opportunity and how to better extend access to services. Additionally, a major portion of this plan addresses process improvement to gain efficiencies in our state in many areas ranging from Behavioral Health to Children & Family Services.

I am thrilled to share the fifth edition of the DHHS Business Plan, Many Good Deeds: Helping People Live Better Lives. The vast array of initiatives within this plan represent thousands of efforts to help DHHS achieve our vision and continue to transform services for the citizens of Nebraska. This business plan's title reflects the fact that many small deeds completed outweigh any great deeds merely intended. We are laser-focused on results!

I'm deeply appreciative of the tremendous effort by all DHHS teammates, our community stakeholders, and Executive Leadership Team. Our future looks bright and we will accomplish great things as a team for the citizens of Nebraska!



Dannette R. Smith, CEO, Nebraska Department of Health and Human Services

COVID-19 PANDEMIC REVIEW

COVID-19 PANDEMIC REVIEW

Extraordinary Deeds by Ordinary People

The Nebraska Department of Health and Human Services is about people! This brief COVID-19 pandemic review details stories about those who rose to the challenge and the lives impacted by the pandemic. All Nebraskans were affected by COVID-19 in some way, whether by contracting the virus, experiencing a family member/friend's battle with the disease or enduring the tragic loss of a loved one. Through one of the most difficult times in our state and country's history, our team stood ready to take on the challenge.

Many groups aligned with DHHS in the fight against COVID-19. Those groups included local health departments, federally qualified health centers, universities, the Nebraska National Guard, and countless non-traditional partners. This vast array of medical professionals rapidly established drive-thru and walk-up testing sites, mass vaccination clinics, and vaccine priorities for all Nebraskans ensuring the opportunity to make choices about their health. Our efforts in providing access to all citizens were so successful that Governor Ricketts announced the entire state would offer vaccines to the general population more than two months earlier than originally planned. I would like to express my appreciation to Governor Ricketts for his leadership and support.

Nebraska's medical centers, our vast business community, and the local Chambers of Commerce worked diligently to communicate factual information and make recommendations across the State. Constant and extensive communication from DHHS enhanced traditional lines of communication, focusing on both urban and rural communities, worked to reduce vaccine-hesitancy by enabling people to choose their right path for healthcare. DHHS organized and ran multiple daily and weekly information sharing meetings to synchronize our efforts, develop the best techniques, and keep stakeholders apprised of the latest issues.

DHHS will sustain this network of cooperation with the many partners listed above. While it is difficult to quantify the hardships stemming from the physical, psychological, spiritual, and economic costs of the COVID-19 pandemic, it is certain the extraordinary work from ordinary Nebraskans will always be the key to our success in fighting this pandemic. The many good deeds displayed by thousands of medical professionals have seen us through.

"Our efforts in providing access to all citizens were so successful that Governor Ricketts announced the entire State would offer vaccines to the general population more than two months earlier than originally planned."

VALUES

Constant Commitment to Excellence

High Personal Standard of Integrity

Positive and Constructive Attitude and Actions

Openness to New Learning

Dedication to the Success of Others



CORE COMPETENCIES

Responsibility and Accountability

Professional Composure

Effective Interpersonal Relationships

Productive Communication

Support of Teammates

Self Improvement

Motivating Others

Developing Others

DEPARTMENT REVIEW

Governor Pete Ricketts continues to keep state government on a positive trajectory through his leadership. The FY22 Business Plan operationalizes the Governor’s vision, mission, priorities, and values.

Governor Ricketts’ Vision, Mission, Priorities, and Values

Vision: Grow Nebraska

Mission: Create opportunity through more effective, more efficient, and customer focused state government

Priorities: Efficiency & Effectiveness, Customer Service, Growth, Public Safety, and Reduced Regulatory Burden

We Value: The Taxpayer, Our Team, Simplicity, Transparency, Accountability, Integrity, and Respect



The Nebraska Department of Health and Human Services seeks to fulfill the mission of Helping People Live Better Lives through the efforts of more than 4,600 teammates. DHHS consists of five Divisions, seven 24-hour facilities, and 10 agency-wide support areas.

DIVISIONS	24 HOUR FACILITIES	OPERATIONAL AREAS
Behavioral Health (BH)	Beatrice State Developmental Center	Communications
Children & Family Services (CFS)	Hastings Regional Center	Financial Services
Developmental Disabilities (DD)	Lincoln Regional Center	Human Resources
Medicaid & Long-Term Care (MLTC)	Norfolk Regional Center	Information Systems & Technology
Public Health (PH)	Whitehall	Internal Audit
	Youth Rehabilitation & Treatment Center - Geneva	Hearings & Legal Services
	Youth Rehabilitation & Treatment Center - Hastings	Legislative Services
	Youth Rehabilitation & Treatment Center - Kearney	Operational Excellence
	Youth Rehabilitation & Treatment Center - Lincoln	Operations & Materials
		Procurement & Contracting
		Records & Regulations

The state fiscal year 2022 Business Plan (July 1, 2021 - June 30, 2022) is the Department’s fifth business plan and outlines key initiatives guiding the work of the Department through the next fiscal year.

LEADERSHIP AND AGENCY OPERATIONS



CHIEF EXECUTIVE OFFICER
DANNETTE R. SMITH

Dannette R. Smith was appointed Chief Executive Officer (CEO) of the Department of Health and Human Services for the state of Nebraska in February of 2019. She brings more than 25 years of executive leadership experience in large, complex organizations to the State. She has spearheaded the development of the Department's business plan, which supports Governor Pete Ricketts' strategic vision. The plan outlines her four-pronged approach to leading the Department with the overarching strategy of 1) creating an integrated service delivery system; 2) establishing and enhancing collaborative relationships with community, stakeholders, and policymakers 3) aligning DHHS teammates under the mission of Helping People Live Better Lives; and 4) enhancing the Department's internal infrastructure to provide more effective, efficient, customer-focused services to Nebraskans.

Managing a budget of approximately \$3.5 billion, five (5) divisions and more than 4,600 staff, she currently oversees a number of large-scale initiatives including:

- Medicaid expansion in Nebraska also known as Heritage Health Adult
- Transformation and development of the Youth Rehabilitation and Treatment Center (YRTC) System
- DHHS Division of Public Health's COVID-19 pandemic response
- Advancement of iServe Nebraska, an integrated information technology structure and business process improvement initiative
- Creation of a comprehensive youth system, including therapeutic and behavioral health services, in collaboration with other state agencies and community partners
- Increased transparency of DHHS initiatives and programs to the public through greater engagement with Nebraska communities
- Championing new Governor supported initiatives, such as North Omaha Economic Development Council in partnership with the Nebraska Department of Economic Development

Smith attributes much of her success to community engagement and the belief that when you bring stakeholders to the table, whether opposed or supportive, there is great opportunity for creative solutions. In 2020 and 2021 Smith was an Inspire Awards finalist in the category of Excellence in Government Service. Prior to joining DHHS, Smith was the Director of the Virginia Beach Department of Human Services. She has also worked in a leadership capacity in Cook County, IL, Mecklenburg County, NC, Atlanta, GA, and Seattle, WA.

Smith serves on the Council of State Governments as Co-Chair of the Human Services Task Force Subcommittee, on the board of the American Public Human Services Association (APHSA), and has recently been selected for the Milbank Foundation Fellowship. She holds a Bachelor of Science in Psychology from Eastern Michigan University, and a Master of Social Work from the University of Illinois in Chicago. Under the auspices of the Child Welfare League of America, she completed the child welfare leadership program at Harvard's Kennedy School of Government. She also participated in the County Administration Program at the University of North Carolina at Chapel Hill.

EXECUTIVE LEADERSHIP TEAM



Division of Behavioral Health

SHERI DAWSON, DIRECTOR

The Division serves as the behavioral health authority for the state and directs the administration and coordination of the public behavioral health system to address prevention, treatment, and recovery of mental health and substance use disorders. The Division's mission is to provide leadership and resources for systems of care that promote resilience, hope, health, and well-being for Nebraskans. The Division provides funding to the Regional Centers in Lincoln, Norfolk, and Whitehall.



Division of Children & Family Services

STEPHANIE BEASLEY, DIRECTOR

Children & Family Services serves children and families at their most vulnerable time, provides the least disruptive services when needed, for only as long as needed to give children the opportunity to succeed as adults. The team helps the elderly and disabled live with dignity and respect, and helps families care for themselves through child and adult protective services, economic assistance services, and juvenile rehabilitation and treatment services.



Division of Developmental Disabilities

TONY GREEN, DIRECTOR

Developmental Disabilities provides funding and oversight to individuals receiving Medicaid Home and Community Based Services (HCBS) through waivers. Support extends to individuals with developmental disabilities, aged or disabled, and individuals with traumatic brain injury. These supports include a single point of entry for enrollment and eligibility, service coordination, individual assessment and planning, and supporting a large provider network for which waiver participants can access the essential supports they need to live a more independent and person-centered life in the community. The Division also provides support to the Beatrice State Developmental Center (BSDC).



Division of Medicaid & Long-Term Care

KEVIN BAGLEY, DIRECTOR

The Division of Medicaid & Long-Term Care includes Medicaid, the Children's Health Insurance Program, and the State Unit on Aging. Medicaid contracts with Managed Care Organizations to administer the majority of the health care services available to lower-income families, seniors, and individuals with disabilities eligible for Medicaid and CHIP. Home and community-based services are available to those who qualify for Medicaid waivers, such as the elderly, adults and children with disabilities, and infants and toddlers with special needs. The State Unit on Aging works with public and private service providers to help people live in their preferred settings and be active in their communities.



Division of Public Health

DR. GARY ANTHON, CHIEF MEDICAL OFFICER AND DIRECTOR

The Division of Public Health brings together all the elements of public health within the Department of Health and Human Services. It is committed to ensuring Nebraskans receive safe, effective, quality care as well as live a healthy lifestyle throughout their entire lives. Public Health investigates disease outbreaks, collects and analyzes health data, and utilizes data to provide prevention services and health education programs. Public Health looks at and influences the social determinants of health that impact health outcomes, and clinical healthcare to improve the health of the whole person and whole population.



Office of the Chief Executive Officer

BONNIE ENGEL, EXECUTIVE ASSISTANT

As Executive Assistant to the CEO, responsibility for keeping the CEO organized, informed, and prepared for meetings; managing an active calendar of appointments; prioritizing emails and phone calls; and coordinating travel arrangements. She is a trusted advisor the CEO can depend upon to get the job done no matter what.



Office of the Chief Executive Officer

EMILY DODSON, CHIEF OF STAFF

The Chief of Staff serves as a thought partner and “left hand” for the CEO. She works behind the scenes to solve problems, mediate disputes, and resolve issues before they are brought to the CEO. She also collaborates with the executive leadership team to resolve difficult and Department-wide issues.



Office of the Chief Executive Officer

LARRY KAHL, CHIEF OPERATING OFFICER

The Chief Operating Officer is responsible for the oversight and operation of all Nebraska state residential facilities, to include three adult facilities (Beatrice State Developmental Center, Lincoln Regional Center and Norfolk Regional Center) and four youth facilities (Kearney Youth Residential Treatment Center, Hastings Youth Residential Treatment Center, Lincoln Youth Facility, and Whitehall Youth Programs). Mr. Kahl is also responsible for oversight of DHHS Finance, Human Resources, and Procurement operations. He serves at the right hand of the CEO and performs other duties as assigned.



Office of the Chief Executive Officer

RICHARD GRAY, EXECUTIVE STRATEGIC ADVISOR

The Executive Strategic Advisor serves the CEO and DHHS in the development and achievement of the Department's strategic, operational, and tactical goals through resource synchronization and the integration of agency programs and processes. He also serves as a trusted advisor to assist the CEO in fulfilling the Department's vision and mission. He works to ensure the Department's time, information, and decision-making are more effective.



Office of the Chief Executive Officer

BO BOTELHO, J.D., GENERAL COUNSEL

As General Counsel for the Agency oversees and provides support to multiple departments, including Legal Services, Space and Materiel Services, Contract Management, Compliance, Ethics and Privacy Office, as well as Administrative Hearings.



Office of the Chief Executive Officer

DR. JANINE BERGERAC FROMM, EXECUTIVE MEDICAL OFFICER

The Executive Medical Officer oversees the clinical care both youth and adults receive from DHHS, in Nebraska's communities and facilities, to ensure evidence based excellence and best practices. Oversight includes care for families involved with the Department of Child and Family Services of those receiving services through Developmental Disabilities, and facility based treatment at Lincoln Regional Center, Norfolk Regional Center, Beatrice State Developmental Center, Whitehall and the Youth Rehabilitation and Treatment Centers.



Financial Services

JOHN MEALS, ACTING CHIEF FINANCIAL OFFICER

Financial Services provides financial support for all Divisions and Operations within the Department of Health and Human Services. This includes managing the Department budget, accounting system, federal grant reporting, legislative fiscal analysis, and financial support for Department facilities.



Human Resources

ROSHELLE CAMPBELL, DIRECTOR

Human Resources partners with all other departments, both operationally and strategically, to align the Agency's human capital through work in the areas of talent acquisition and retention, learning and development, employee and labor relations, benefits, and compensation.



Communications

KHALILAH LeGRAND, Ed.D., DIRECTOR

Communications promotes the mission, priorities and brand image of the Department by communicating and coordinating accurate, helpful, timely, and clear information in a variety of ways through the states' public information, legislative coordination, and graphic design responsibilities.



Office of the Chief Executive Officer

ASHLEY NEWMYER, CHIEF DATA STRATEGIST

DHHS has a responsibility to Nebraskans to use and manage the information gathered by the agency in a way that protects privacy and meets regulatory responsibilities. The DHHS Chief Data Strategist directs DHHS in data analytics, visualization, governance, and quality. This area maintains an environment where data is used in an ethical and conscious way with decisions based on trends and statistics to better serve the citizens. This area works to integrate DHHS divisions while partnering with DHHS IS&T, to drive more efficient and effective services.



Information Systems and Technology

LORI SNYDER, CHIEF INFORMATION OFFICER

Information Systems and Technology provides technology and innovation thought leadership to DHHS departments and directly to Nebraskans using DHHS services. IS&T provides and maintains public websites and mobile applications, internal systems, and hardware and personal technology equipment used to provide services and DHHS operations. IS&T partners with all areas of DHHS to identify technology needs and implement or build solutions. IS&T sets technology direction for DHHS and continues to advance efficient and effective solutions to enable DHHS staff to help Nebraskans live better lives.



Legislative Services

ANDREA LOWE, DIRECTOR

Legislative Services provides support to the DHHS CEO and all divisions as the Department determines and communicates its policy priorities with the Nebraska Legislature. This includes serving as the interface between the Governor's Policy Research Office and DHHS leadership to ensure communication, coordination, and alignment across the Administration.



Public Health Operations

CHARITY MENEFEE, DIRECTOR

The Public Health Director of Operations strategically leads and manages the day-to-day operations of all public health programs. The Director contributes significantly to the development and achievement of the organization's strategic goals through the implementation of policies, the allocation of resources, and through ensuring long term sustainability of agency programs.



Emergency Preparedness & Response Unit

ANGIE LING, DIRECTOR

The emergency preparedness and response unit provides leadership, training, and resources to healthcare systems, local public health departments, and communities to ensure all Nebraskans have access to health care and emergency services during disasters and/or emergencies through coordination, planning, and community assistance to promote healthcare and infrastructure resilience and sustainability.

2019-2021 Business Plan Deliverables

2019-2021 Deliverables Complete



111 of 118 Deliverables Met (94%)
Deliverables In Process (6%)

Seven deliverables, not yet completed, are scheduled to be complete in FY22.

● Completed ● In Progress

Integrated Service Delivery System

Maintain and Improve ACCESSNebraska's Performance 4 of 9 Deliverables met (44%)



The 4 deliverables met are: 1) SNAP applications will meet or exceed the federal timeliness standard of 95% 2) Process Medicaid applications for children and families in 20 days or less 3) Medicaid Aged and Disabled waiver applications will be processed in 45 days or less 4) Medicaid applications will be processed according to federal timeliness standards 95% of the time.

The 5 unmet deliverables are: 1) The average call wait time at the Customer Service Centers will be five minutes or less 2) Process Economic Assistance program applications in an average of ten days or less 3) Provide same-day eligibility determinations for Economic Assistance 33% of the time 4) SNAP accuracy will meet or exceed the federal standard of 95% for active cases reviewed by Quality Control 5) Reduce agency-caused overpayments by 10% from 1,240 to 1,116. Due to the COVID-19 Pandemic call volume, and application volume was much higher than staffed for.

Access to High Quality Child Care 3 of 3 Deliverables met (100%)



Review of health and safety provider compliance goal met for July 2020-February 2021. Required Step Up to Quality providers received notification. Overall goal of improving by 10% in reviewing of child care transportation authorizations is met. Overall goal reviewing in-home childcare providers has been met.

Nebraska Olmstead Plan 11 of 11 Deliverables met (100%)



A typical Olmstead Plan describes the state's current system of providing community-based services and supports to people with disabilities; assesses the strengths and weaknesses of that system; and describes the state's plan and goals for expanding opportunities for providing community-based services and supports to people with disabilities in integrated settings. As defined by the United States Department of Justice, "Integrated settings are located in mainstream society; offer access to community activities and opportunities at times, frequencies and with persons of an individual's choosing; afford individuals choice in their daily life activities; and provide individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible. Evidence-based practices that provide scattered-site housing with supportive services are examples of integrated settings.

Identify the Institutional Level of Care Assessments Phase I: 7 of 7 Deliverables met (100%) Phase II: 7 of 7 Deliverables met (100%)



The Divisions of Developmental Disabilities and Medicaid & Long-Term Care identified the most appropriate and effective level of care assessments to ensure alignment with the DHHS mission. The team partnered with the Optumas Healthcare consulting team regarding the level of care assessment criteria, and tools for nursing facilities, and immediate care facilities for the aged and developmentally disabled.

Medicaid Long-Term Care Redesign

4 of 4 Deliverables met (100%)

Medicaid & Long-Term Care worked on foundational recommendations in the final long-term care redesign plan. We worked to better serve Nebraskans who require long-term care, and to ensure their tax dollars are used responsibly. The team worked with stakeholders on reforms to the payment methodology of nursing facilities to tie payment to the quality of care delivered.



Audit (PREA) and the American Correctional Association (ACA) Audit. Two counseling student interns started to assist in mental health, and a new therapist started her position. Facility staff are participating in Love Notes training which teaches adolescent and youth how to build healthy romantic relationships.

Closure of YRTC Geneva campus – Current staff are being assisted by HR to find jobs at other facilities or transition to the new YRTC-Hastings facility, and YRTC-Geneva is no longer operational.

Implement Heritage Health Adult Expansion

2019: 5 of 5 Deliverables met (100%)
2020: 7 of 7 Deliverables met (100%)

The Division of Medicaid & Long-Term Care successfully launched Heritage Health Adult Expansion in August 2020 and benefits began on October 1, 2020. Total enrollment in the HHA Expansion program at the end of May 2021 was 44,376 Nebraskans. In early June 2021, given the new federal uncertainty MLTC gave notice that the demonstration program would not proceed, all expansion beneficiaries would receive full state plan benefits as of October 1, 2021, and the Heritage Health plans would facilitate innovations to improve beneficiary wellness and life success.



YRTC Kearney campus development – Living units have been arranged to accommodate the Missouri Youth Services Institute (MYSI) unit style management, Kearney staff attending MYSI training which is the reform and transformation of the Juvenile Justice System that all are empowered (youth, families, staff, community) to create and provide humane systems and programs, Vocational opportunities being pursued for graduate students, to include virtual CNA classes, June 2021 – there are no female youth on the YRTC-Kearney campus.

Establish YRTC Hastings facility – The first group of female youth moved on April 12, 2021. Facility staff has been fully trained in MYSI, and facility staff fully trained in Voices, a female-specific programming model.

Child Welfare Adaptation of Healthy Families America

6 of 6 Deliverables met (100%)

The Department implemented the Child Welfare Adaptation of Healthy Families America model within pilot-local-implementing-agencies in Nebraska. In 2020, the Nebraska-Maternal, Infant, and Early Childhood Home Visiting Program, in collaboration with the Division of Children & Family Services, exceeded Year 2 expectations. In 2021, N-MIECHV is doing Community Planning in four priority counties. The plan is to bring on two new HFA programs in 2021-2022 and two more in 2023-2024. Our plan is to involve the early childhood and health communities in home visiting readiness assessments starting in Ogallala, North Platte, Lexington, and McCook. Since October 2019, N-MIECHV programs served 83 families as part of the child welfare adaptation of Healthy Families America.



Goal of reducing assaults on Staff at YRTC facilities is met.
Kearney – 2019 had 98 assaults, now down to 39 in 2020-2021 with goal of 83 or less
Lincoln – 2019 had 13 assaults, now at 19 in 2020-2021 with goal of 30 or less

Goal of reducing elopements at YRTC facilities is met.
Kearney – 2019 had 37 elopements, now down to 8 in 2020 with goal of 20 or less
Lincoln – 2019 had 0 elopements, remained at 0 in 2020 with goal of 2 or less

Goal of reducing recidivism at YRTC facilities is met.
Kearney – 2019 had 15% reoffenders, now down to 13% in 2020 with goal of 15% or less
Lincoln – 2019 had 0% reoffenders, up to 8% in 2020 with goal of 15% or less

Goal of reducing average length of stay at YRTC facilities (one of two is met).
Kearney – 2019 had 299 days, now down to 292 in 2020 with goal of 180 or less
Lincoln – 2019 had 107 days, up to 124 in 2020 with goal of 180 or less

Promoting Well-Being at DHHS 24-hour Facilities

7 of 8 Deliverables met (87%)

Lincoln facility development – Facility completed Prison Rape Elimination



Develop Collaborative Relationships

SNAP Next Step 2 of 3 Deliverables met (67%)

CFS's goal was to increase average annual income increase to \$21,179 or \$1,764.92 monthly per participant in Next Step.



The goal was to work with at least 185 new participants from July 2020 through June 2021, resulting in 187 new participants. The CFS team is re-designing outreach with community organizations to help encourage enrollment, work on tasks virtually, and work with partners in Omaha and the next RFA to expand to other areas.

CFS's goal was at least 100 successful participants with higher-paying jobs, benefits, and/or improved work hours; it is close to being accomplished. There were 94 successes achieved through June 2021.

CFS's goal of at least 85 participants referred to DOL for co-enrollment with WIOA is on its way to accomplishment. There were 63 co-enrollments through June 2021 and an additional 34 were referred over. CFS's team is working with DOL to build stronger relationships in order to serve our clients better. Routine meetings are held with each area to discuss co-enrollments.

Enhance Constituent Outreach *To improve constituent outreach and increase customer accessibility and communication by implementing a texting solution that involves Children & Family Services, Public Health Licensure Unit, and Medicaid & Long-Term Care programs.* 7 of 7 Deliverables met (100%)



Information Systems and Technology (IS&T) completed the following seven goals; the request for proposal process and award contract, work with vendors to review requirements and design, completed configuration, development, and interface integration, user acceptance testing, implemented initial texting functionality with CHARTS, N-FOCUS, and JOURNEY and improved the client experience, enrolled 50,000 households in a texting solution, and set goals for next fiscal year to reduce call volume to DHHS customer service centers, based on household enrollment.

Behavioral Health Workforce Competencies *Goal is to increase Nebraska's behavioral health workforce and competencies*



to serve individuals with complex and co-occurring behavioral health needs through specific and targeted best practices training. As a result of a well-trained workforce, individuals receiving services will report on annual adult and child consumer surveys as better able to handle things and cope when things go wrong.
14 of 14 Deliverables met (100%)

The overall targets for training were exceeded with a count of 1986 providers trained in targeted workforce competencies.

75.3% of adults and 77.5% of youth respondents to the 2020 Annual Consumer Survey reported improved ability to handle/cope when things go wrong as a result of services received. The percent of agreement exceeded targets.

Align Teammates under Our Mission

Mission-Driven Teammate Life Cycle 4 of 4 Deliverables met (100%)



Goal - Human Resources will fill vacant positions in a timely manner so DHHS can deliver the services taxpayers fund and create more effective, efficient, and customer-focused state government. Getting people into positions quickly leads to a shorter disruption to work flow and output. When positions are filled in a timely manner, Nebraskans are served in alignment with the Governor's mission, fulfilling the Department's mission of helping people live better lives.

Engaged teammates create a positive work environment, have higher job satisfaction, and are less likely to leave the Department. Furthermore, increased retention leads to a more knowledgeable and experienced workforce and decreases the overall costs of hiring, thus creating financial efficiencies. The department:

1. Developed a universal new employee onboarding program.
2. In collaboration with each Division, developed division and/or job specific onboarding materials and timelines.
3. Achieved an average hiring timeline of 30 days from job posting to hire.
4. Developed and implemented leadership, supervisory, and performance management training and established related standard practices with each division to increase employee retention.

The hiring processes were reviewed and modified. A Standard Operating Procedure was created to ensure

consistency throughout the recruitment process. Since the program was implemented in January of 2020, DHHS has maintained an average time to fill for open positions at 30 days or less.

Human Resources worked closely with the Divisions, to create a new onboarding tool, TeamUp. Initially the program was held weekly in a classroom setting. With the onset of the pandemic, Human Resources modified the program to allow for live, virtual training. The onboarding process not only introduces new employees to the DHHS culture, but also reinforces our diversity and customer service initiatives. The onboarding process also includes training specific to the department's needs so each new hire is able to fully understand job duties and the citizens of Nebraska.

Enhancing Internal Infrastructure

Fiscal Stewardship

Create Monthly forecasts for all Administrative and Aid Programs.

6 of 6 Deliverables met (100%)



Financial Services incorporated a monthly forecast for administrative and aid programs into standard, or as needed, budget reporting. This resulted in increased accountability for the budget throughout the year, and solicited discussion and action if actual expenditures do not correspond with the projection. The forecasts are completed on a regular basis for each Division – Medicaid & Long-Term Care, Children & Family Services, Developmental Disabilities, Public Health, Behavioral Health, and the DHHS Administrative budget.

Improve Timeliness, Consistency, and Amount of Federal Claiming
5 of 5 Deliverables met (100%)



Financial Services worked with Division leadership to identify current activities and approved statistics to update labor distribution accounting methods and to develop new statistical models for charging federal awards based on activities performed. These analytical meetings were held on a monthly basis, and are still being held. In addition, Financial Services completed timely reconciliations during each quarter of the State Fiscal Year.

Increase Fiscal Proficiency and Identify New Areas of Improvement

Zero audit disallowances related to federal reporting.

6 of 6 Deliverables met (100%)



DHHS is required to use federal funds and state funds in accordance with applicable federal and state laws and regulations. Failure to adhere to these requirements is a potential return of expended funds or loss of future funding. DHHS has not been issued a disallowance from federal partners related to financial reporting. Financial Services has been able to ensure the proper use of federal and state funds through the monthly and quarterly meetings held with applicable program staff and federal partners, and through the review and revision of Random Moment Time Study practices.

Proactively self-identify \$6 million in fiscal improvements based on a review of audit findings and questioned costs and financial and program risk in order to continue the Department's efforts to be good stewards of Nebraskans' tax dollars.
6 of 6 Deliverables met (100%)



Non-compliance with federal rules results in audit findings, requiring a corrective action plan for each finding and a potential return of spent funds. A lack of clear focus to ensure prompt and effective responses to audit findings results in an increased number of initial findings and repeat findings for DHHS. Internal Audit has completed Single Audit compliance testing where able and has ongoing testing for remaining areas. Internal Audit successfully completed the 2019 and 2020 audit plans. Many reviews are still ongoing, but Internal Audit was able to self-identify more than \$12 million dollars of potential fiscal improvements.

“Ensuring we have established benchmarks and measurable goals is a business imperative for DHHS and the many families we serve in Nebraska.”

Dannette R. Smith, CEO

2021-2022 INITIATIVES OVERVIEW

The Department's FY22 Business Plan identifies 17 priority initiatives that strategically align with the Governor's leadership. To achieve the Governor's aims, CEO Smith has developed a four-pronged approach:

1. Creating an integrated service delivery system
2. Establishing and enhancing collaborative relationships with the community, stakeholders, and policy makers
3. Aligning DHHS teammates under our mission of Helping People Live Better Lives
4. Enhancing the Department's internal infrastructure to provide more effective, efficient, customer-focused services to Nebraskans

The business plan initiatives constitute the strategies and tactics to operationalize the approaches.

INTEGRATED SERVICE DELIVERY

There are ten initiatives in this category:

- Maintain and improve ACCESSNebraska's performance
- Family First Prevention Services Act
- Relative kinship foster parent licensing
- Person-centered practices
- Aged and Disabled Services & Rate Modeling
- Home and Community-Based Services-Single Case Management System
- Nebraska 988 Project
- Heritage Health Adult Expansion Program Implementation 2021-2022
- Substance Use Disorder Waiver Services Growth
- Youth Residential Facilities Strategic Plan 2022-2024

DEVELOP COLLABORATIVE RELATIONSHIPS

There are three initiatives in this category:

- Licensing and Certification Environment
- Maternal Mortality Review Committee process improvement
- Behavioral Health 2022-2024 Strategic Plan

ALIGN TEAMMATES UNDER ONE MISSION

- Recruitment and retention of an engaged workforce

ENHANCING INTERNAL INFRASTRUCTURE

There are three initiatives in this category:

- Increase proficiency and identify new areas of improvement
- Centralize and standardize legal processes
- Fiscal stewardship and transparent accountability

INTEGRATED SERVICE DELIVERY

Division of Children & Family Services

Maintain and Improve ACCESSNebraska's Performance

CONTINUED INITIATIVE FROM FY19

Goal

ACCESSNebraska will improve client experience by quickly connecting them to vital assistance to consistently keep call wait times below five minutes, reduce agency-caused overpayments by 10% from 2,520 to 2,268, process all Economic Assistance program applications in an average of 10 days or less, and ensure economic assistance and Medicaid applications meet or exceed federal timeliness standards each month during fiscal year 2022.

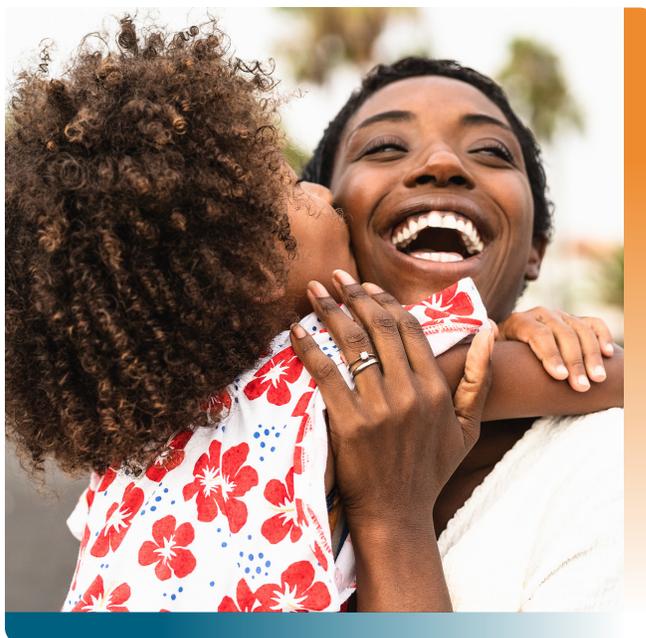
Background

In 2017, Children & Family Services and Medicaid & Long-Term Care combined the operational structure of eligibility programs into one team, Eligibility Operations (EO). This was done to achieve greater efficiency and accuracy while determining eligibility for Nebraskans needing public benefits through ACCESSNebraska. The EO team offers in-person services, including assistance with benefit applications, answering eligibility questions and provider billing at 40 office locations throughout Nebraska.

Over the last few years, a major part of improving performance has been working with frontline team members in the EO team to identify opportunities for improvement. The EO team provides eligibility services across DHHS, and includes teammates from the Economic Assistance, Medicaid, and Child Support programs. More than 18,000 Nebraskans are assisted monthly in the local offices and ACCESSNebraska is positively impacting lives and has seen significant improvements as a direct result of their efforts.

Strategy

EO will continue the successful strategies of ACCESSNebraska. EO administrators meet regularly to continue to move forward with a One Team approach to improving customer service. EO is improving communication and teamwork using Lean Six Sigma process improvement tools, to better coordinate activities and continue to work toward One Contact Resolution by using internal communication processes. The team will also continue utilization of workforce teams to assure service level goals are achieved in Economic Assistance and Medicaid.



Deliverables

Deliverable	Target Completion
The average call wait time at the Customer Service Centers will be 5 minutes or less; carryover from 2019-2021 deliverables.	Monthly
Process Economic Assistance program applications in an average of 10 days or less; carryover from 2019-2021 deliverables.	Monthly
Provide same-day eligibility determinations for Economic Assistance 50% of the time; carryover from 2019-2021 deliverables.	Monthly
SNAP applications will meet or exceed the federal timeliness standard of 90%.	Monthly
Medicaid applications will be processed according to federal timeliness standards 95% of the time.	Monthly
SNAP payment accuracy will meet or exceed the federal standard of 94% for active cases reviewed by Quality Control; carryover from 2019-2021 deliverables.	Monthly
Reduce agency-caused overpayments by 10% from 2,520 to 2,268; carryover from 2019-2021 deliverables.	June 2022



INTEGRATED SERVICE DELIVERY

Division of Children & Family Services

Family First Prevention Services Act (FFPSA)

CONTINUED INITIATIVE FROM 2019-2020

Goal

The Division of Children and Family Services will implement its approved FFPSA Plan across Nebraska to reduce entry of Nebraska children into foster care and to align with the goals of FFPSA.

Background

Nebraska received federal approval in February 2021 for its Five-Year Title IV-E Prevention Plan, with an effective date of October 1, 2019. In an effort to effectively implement the FFPSA Plan across Nebraska, CFS has partnered with Chapin Hall to cover three scopes of work: Gap Analysis; Readiness, Capacity Building and Implementation; and Evaluation. The Readiness Assessment is underway and focuses on capacity building and implementation of this Plan.

CFS and Chapin Hall are collaborating to build the capacity of CFS in the implementation of the approved FFPSA Plan and the redesign of the prevention approach. The gap analysis will provide findings to guide this implementation plan. Within this collaboration, there are many internal and external child welfare partners that provide recommendations and insight within work groups to further this implementation. FFPSA will keep children with their families when it is safe to do so and enhance community support with evidence-based practices to prevent families from interacting with the child welfare system. Community providers will have appropriate skills and tools to proactively provide families with services to prevent abuse and neglect in Nebraska communities.

Implementation of the FFPSA Five-Year Plan

As part of the implementation planning, the FFPSA Gap Analysis began in October 2020 and is scheduled to be completed by September 30, 2021. Chapin Hall and CFS are conducting a detailed analysis of the prevention services needed across the state, services that are currently available to meet the needs of Nebraskans, how referral decisions are made and where gaps exist ("gap analysis".)

CFS identified the following interests:

- Understanding service needs and gaps in Nebraska's rural areas.
- Understanding service needs and gaps in Nebraska's urban areas.
- Examining the sufficiency of Medicaid-eligible services and whether there are additional services needed that may fall outside Medicaid eligibility.
- Understanding how frontline and supervisory staff determine family needs and match the family with services.
- Evaluating if cultural competencies may affect placement services, outcomes, and continued focus on evaluations.
- Strategic planning in expanding the prevention services array and capacity.

FFPSA provides a platform for collective effort with community and provider partners to ensure evidence-based practices and other supports are available for stabilizing families. CFS is being provided with the expertise and guidance to ensure readiness for the initial implementation of FFPSA, building the capacity of CFS and its partners, and ensuring FFPSA is well leveraged throughout CFS, the community, and provider community. This work began October 1, 2020, and ends on September 30, 2022.

Strategy

Implementation of the FFPSA Five-Year Plan

In collaboration with Chapin Hall, CFS will:

- Develop and conduct a Nebraska-specific readiness assessment for FFPSA implementation as a key driver of child welfare transformation.
- Build capacity to implement FFPSA that is aligned with the mission, vision and strategic plan of CFS.
- Analyze and align policies to reinforce FFPSA and the prevention strategy.
- Work with the University of Nebraska to align training with the FFPSA implementation plan.
- Guide a CQI approach and the CQI team to support the implementation of FFPSA approved interventions consistent with federal requirements and integrated with the evaluation approach.

Implementation of the FFPSA 5 Year Plan



October 1, 2020 through September 30, 2022

Deliverables

Deliverable	Target Completion
Implementation of the FFPSA Five-Year Plan	
Decrease out-of-home care to 55% or less due to implementation and utilization of prevention services identified through the FFPSA implementation process.	September 2022
Coordinate with DHHS Procurement to identify 100% of providers for individual prevention services identified in the implementation analysis and approved by executive leadership.	September 2022

INTEGRATED SERVICE DELIVERY

Division of Children & Family Services

Relative/Kinship Foster Parent Licensing

NEW INITIATIVE

Goals

1. Child Protection Services will increase placement stability to the federal measure of 83%, a performance indicator, which Nebraska has historically not met. This is the last item on the Child and Family Service Review (CFSR) Program Improvement Plan (PIP) yet to be achieved.
2. The Division of Children & Family Services will increase the federal IV-E Penetration Rate by licensing 45% of all unlicensed relative/kinship homes by April 2022.

Background

With a shift toward encouraging the licensing of relative and kinship homes, this will ensure these homes are formally trained and supported, which should decrease the number of placements a child will have while in care. Research and best-practice support the claim that a child does better in familial and familiar environments after a removal episode. Multiple placements for children adds to their trauma and impacts their overall well-being. Placement instability directly impacts the length of time in care and timely permanency.

The Family First Prevention Services Act reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act. It places a new emphasis on family foster homes and allows child welfare systems to use federal funds to keep children with their parents, relatives or kin, all while curtailing the use of congregate or group care for children.

Relative and kinship homes will have the training and skill set they need to provide a safe and suitable home for children in foster care. This will increase placement stability, resulting in shorter stays in the foster care system and timely permanency; First Placement, Only Placement, and Last Placement. Relative and kinship homes will have greater satisfaction and support. Title IV-E penetration rate will be impacted, resulting in increased federal funding.

Relative/Kinship Homes

Placing children in a familiar setting after a removal episode is a best practice; as it ensures they maintain a connection with relatives, continue cultural norms, ability to maintain parental bonds, and research indicates that children thrive in familiar settings. Nebraska continues to place children in family-like settings at very high rates—96.6%. However, in order to ensure stability of relative/kinship placements there must be adequate training to ensure relative/kinship homes have the supports and resources needed to be successful.

IV-E Penetration

CFS seeks to keep families together when safe to do so. If a family cannot remain together, then the Division seeks to place children with relatives. Currently, child welfare services are funded through state general funds and federal IV-E funds. Improving the IV-E penetration rate, or improving the amount of federal dollars used instead of state tax dollars, allows for more state dollars to be utilized for child welfare or other identified purposes. These dollars can be realized through more relatives becoming licensed foster care providers.

Finally, increasing Nebraska’s IV-E penetration rate reflects a lean and efficient state government, as claiming IV-E requires the state to meet certain federal criteria for reimbursement.

Strategy

Relative/Kinship Homes

Child Protection Services focus areas include the following:

- Resource Development team has been realigned and restructured statewide to ensure consistency and enhanced service delivery to families.
- Participate in Black Belt project with Operational Excellence to meet the goals of increasing placement stability to 83% and ensuring IV-E penetration rate is increased by licensing 45% of all unlicensed relative/kinship homes by end of FY 2022.
- Revamp the content, flexibility and modality of training for Relative/Kinship licensed homes, as well as, improve the Health Information Form which is required.
- Create avenues for Relative/Kinship caregivers to provide feedback and ensure they have support and access to resources.

IV-E Penetration

- When a state ward placed in an unlicensed foster home is identified as IV-E eligible, the IM-FC worker should notify Resource Development so they can license the foster home, when possible.
- Every placement packet should have information on how to become licensed, how it is beneficial, and who to contact to be licensed.
- Resource Development should develop an ongoing review process to ensure background checks meet licensing standards.
- Reduce the negative audit findings relating to IV-E claims as a result of incorrect background checks by developing a standardized statewide Background Screening Unit to be housed at the Abuse Hotline.

Deliverables

Deliverable	Target Completion
Relative/Kinship Homes	
Evaluate 100% of recommendations made from the Operational Excellence Black Belt project and determine implementation plan.	Complete
Licensure of 45% of all unlicensed relative/kinship homes.	April 2022
Work with ESA contracted vendor to increase the licensure of all relative/kinship homes within their network by 35%.	June 2022
IV-E Penetration	
Develop and launch a 100% functional webpage for foster care with information on requirements for licensing, how to apply, training opportunities, support groups, resources, and permanency.	December 2021
Develop and launch a Statewide Background Screening Unit effective in screening 50% of all checks within five working days.	December 2021
Nebraska IV-E Penetration rate will be at or above 22%.	June 2022

INTEGRATED SERVICE DELIVERY

Division of Developmental Disabilities

Person-Centered Systems

NEW INITIATIVE

Goal

The Division of Developmental Disabilities (DD) will embark on an ambitious service system transformation to more closely align the current service planning process with the commitment to support the whole person and encourage self-determination through person-centered planning. The transformation is planned as two phases. Phase one is an Individual Service Plan redesign and the second phase is integration of a quality framework. The Division has selected Charting the Life Course, a nationally known framework created to support people of all ages and abilities in reaching their full, and self-determined potential. The two phases will be implemented concurrently. Person-centered practices ensures alignment with the DHHS mission by empowering individuals in decision-making, deepening communication and strengthening the relationships and resulting in services which are meaningful and effective. This initiative will enhance independence and integration for Nebraskans utilizing waiver services so they can access, participate and contribute to their communities.

Background

To assist people in living better lives, DD and the Nebraska Council on Developmental Disabilities worked together in 2020 to bring person-centered planning trainings through multi-session workshops to DD staff, Home and Community-Based Services (HCBS) coordinators, participants, families, and providers. To ensure that the system is person-centered, additional trainings based on best practices will need to be conducted around facilitation, developing comprehensive plans, competent implementation, monitoring and identifying best practices. The Centers for Medicare and Medicaid Services requires that person centered planning be provided to all participants in any waiver program as part of the enrollment process and annually thereafter. Person-centered planning, allows individuals, families and the community to celebrate the success and goals of the individual and emphasizes outcomes determined by the individual. Compliance must be achieved by March 2023 in accordance with the CMS Final Rule.

Strategy

DD has developed a project work plan with a review and analysis following implementation which, when completed, will result in people who receive HCBS waiver services living the life they have chosen for themselves, in their communities with a continuum of supportive relationships, and with opportunities to contribute and be recognized for those contributions. The dual objectives within this initiative are to ensure a comprehensive and collaborative process is robust and provides the continuity of Individual Support Plan (ISP) requirements and a logical cohesion with the Charting the LifeCourse model. The layered approach strategy will enhance saturation and provide a foundation for sustainability throughout the training and includes access to all stakeholders within all HCBS waivers administered by DD. The ISP redesign will be predicated on the approach to reduce redundancies, arbitrary or superfluous documentation and enhance the focus towards individual choice, integration and celebrating success.

Deliverables

Deliverable	Target Completion
CHARTING THE LIFECOURSE-Concurrent	
The Division will conduct 100% of four quarterly stakeholder meetings (September and December 2021; March and June 2022).	June 2022
The Division will facilitate a comprehensive training on the 8 principles of Charting the Life Course to 100% of DHHS-DD Service Coordination staff.	June 2022
The Division will develop an instructional guide and training for use by the Area Agencies on Aging, Early Development Network, and the League of Human Dignity in educating 100% of their staff on the 8 principles of Charting the Life course. The materials will be made available on the DHHS website.	December 2021
Through data collection and analysis, the Division will confirm that 50% of contracted targeted case managers employed by the Area Agencies on Aging, Early Development Network and League of Human Dignity have completed training on the 8 principles of Charting the Life Course.	March 2022
Through data collection and analysis, the Division will confirm that 100% of contracted targeted case managers employed by the Area Agencies on Aging, Early Development Network and League of Human Dignity have completed training on the 8 principles of Charting the Life Course.	June 2022
The Division will facilitate 6 regional training events on the 8 principles of Charting the Life Course geared towards providers, stakeholders and advocates, conducted in October and November 2021, January, February, March and April of 2022; goal to conduct 6 of 6 training events.	June 2022
INDIVIDUAL SERVICE PLAN OPTIMUM PERSON CENTERED DESIGNED-Concurrent	
The Division will hold a Kick-Off of the ISP Redesign Project in collaboration with state contracted Quality Improvement Organization (QIO), Liberty Healthcare; goal 100% complete.	November 2021
The Division and QIO partners will generate a membership list of an ISP Redesign Steering Committee; goal 100% complete.	November 2021
The Division will conduct the first of nine monthly ISP Redesign Steering Committee meetings, to review best practice models for ISP development and make a recommendation of an ISP format to the Division Director; goal to conduct 9 of 9 meetings.	November 2021
The Division Director will issue a decision on future format of ISP; goal 100% complete.	November 2021
The Division will hold 3 Stakeholder Sessions for consensus building, process development and feedback in October, December and March; goal to conduct 3 of 3 sessions.	March 2022
The Division will continue the Monthly Steering Committee meetings for 8 additional months (Nov. – June) to guide, oversee and manage the implementation of the ISP redesign process; goal to conduct 8 of 8 meetings.	June 30, 2022
The Division will implement the redesigned ISP; goal 100% complete.	June 30, 2022

INTEGRATED SERVICE DELIVERY

Division of Developmental Disabilities

Aged & Disabled Rate Modeling

NEW INITIATIVE



Goal

The Division of Developmental Disabilities will streamline funding mechanisms within the Aged and Disabled Waiver. Currently, services are reimbursed through a combination of negotiated rates and posted fee schedules. A new reimbursement system for Aged and Disabled Waiver will become consistent with other 1915(c) Home and Community-Based Services Waivers (HCBS).

Background

The Department of Health and Human Services – Division of Developmental Disabilities administers the Aged and Disabled waiver. Through the program, approximately 6,000 Nebraskans receive services including chore, respite, assistive technology, transportation, and assisted living. The program provides a

community based alternative for those who meet nursing facility level of care to avoid skilled nursing facility placement and remain in their communities combined with an opportunity to be self-directed in the choice of options available within the service array.

DD intends to evaluate the reimbursement rate methodology of this program extensively this year to ensure:

- Rates are based on cost and adequate to allow for a robust provider pool
- Services are authorized at levels consistent with participant need
- Similar reimbursement rates for similar services provided by different providers (rate standardization)

Strategy

The Division of Developmental Disabilities' strategy involves partnering with a consulting firm that has expertise in Medicaid rate setting for HCBS waivers. The Division intends to ensure this project is successful through two key indicators. Rates produced will a.) Have broad stakeholder buy-in, and b.) Be compliant with §1902(a)(30)(A) of the Social Security Act.

Deliverables

Deliverable	Target Completion
Aged and Disabled Rate Modeling	
The Division will secure a fully executed contract with a consulting firm that has expertise in Medicaid rate setting; goal 100% complete.	November 2021
The designated contractor will provide the Division with a draft rate methodology and corresponding fee schedule for consideration; goal 100% complete.	March 15, 2022
The Division will conduct two Stakeholder feedback sessions on the proposed rate methodology and corresponding fee schedule; goal 2 of 2 sessions complete.	May 2022
The Division will develop a strategic plan for implementation; goal 100% complete.	June 30, 2022



INTEGRATED SERVICE DELIVERY

Division of Developmental Disabilities

Home and Community-Based Services

Single Case Management System

NEW INITIATIVE

Goal

The Division of Developmental Disabilities currently uses two very distinct and separate case management systems to support four 1915(c) Home and Community-Based Services (HCBS) waiver programs. The Division aims to streamline all case management to one system. The data in the single electronic case management system will include Individual Service Plans (ISP), service authorization, and billing for services. This will result in efficiencies for service coordinators, families and administrative staff. Improvements are expected in:

- DHHS administrative time in tracking outcomes and producing reports
- Time and effort spent by providers documenting and billing for services across multiple programs and systems
- Enhance data informed decision making through increased accessibility and single source integrity

Background

Division of Developmental Disabilities administers four HCBS waivers. A legacy case management application, Connect, is used to support approximately 6,000 participants. A separate electronic, web based case management system, Therap, serves an additional 5,000 participants. In order to enhance the portability and interoperability of the case management system, the Division will complete a transfer to a single, streamlined electronic case management system by transitioning all case management to Therap while ensuring continuity and seamless service delivery. Eligibility functions will be part of Nebraska's iServe system in 2022.

In 2020, DD assumed operational oversight of all four of the HCBS waiver programs as part of an on-going effort to increase efficiency and effectiveness of government. Prior to this, the Division of Medicaid and Long-Term Care administered some of them. This structure resulted in the development of different information systems for comparable business functions. The Division intends to create unified processes across the HCBS waivers for the following core business functions in one case management system:

- Documentation of the individual support plan
- Service referrals
- General event/incident reporting
- Service authorizations
- Billing and claims processing

Strategy

DD intends to take an incremental approach toward moving core business functions into one case management framework. DD will collaborate with stakeholders and key business partners, including service providers and the Nebraska Area Agencies on Aging throughout the process.

Deliverables

Deliverable	Target Completion
Home and Community-Based Service Single Case Management System	
The Division will conduct a stakeholder conversation for the initiative; goal 100% complete.	November 2021
The Division will create policies and procedures that reflect a single electronic case management system; goal 100% complete.	December 31, 2021
The Division will have 100% of Individual Support Plans for all HCBS waivers, active, and in use within a single electronic case management system.	March 31, 2022
The Division will begin submitting 100% of all Incident Reporting for all HCBS waivers in a single electronic case management system.	May 15, 2022
The Division will complete 100% of service referrals in a single electronic case management system.	June 30, 2022
The Division will complete 100% of service authorization and electronic billing in a single electronic case management system.	June 30, 2022



INTEGRATED SERVICE DELIVERY

Division of Behavioral Health

Nebraska 988 Project

NEW INITIATIVE

Goal

The DHHS Division of Behavioral Health in collaboration with the DHHS Behavioral Health Collaborative and system partners will implement its approved 988 implementation plan by July 1, 2022.

Background

When you've got a medical emergency, you may call your doctor on-call, go to a clinic, urgent care, or an emergency room. You may call the police, fire department or ambulance/rescue emergency. When you have a mental health or substance use emergency, many do not know who to call. You may call your doctor for advice, call the police not knowing who else to call, go to an emergency room, or you may call the Nebraska Family Helpline. Before long, you will call 988, if you have a mental health or substance use emergency.



The work of mental health and suicide prevention advocates seeking a national, easy to remember 3-digit number for individuals in crisis resulted in the National Suicide Hotline Improvement Act. The August 2018 Act directed the U.S. Federal Communications Commission, in conjunction with other agencies, to study these issues. In July 2020, the Federal Communications Commission finalized the Rule and Order designating telecom providers to make 988 operational by July 2022.

The existing National Suicide Prevention Lifeline 1-800-273-TALK provides free and confidential emotional support and crisis counseling to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the U.S. The Lifeline is comprised of a national network of over 180 local crisis centers, uniting local resources with national best practices. The Boys Town National Hotline is the sole National Suicide Prevention Lifeline member center for Nebraska. The call volume for the Hotline increased by 86% from 2016-2019; a singular measure supporting the need to enhance Nebraska's statewide comprehensive response to individuals experiencing a behavioral health crisis.

A successful 988 state implementation plan for transitioning the Nebraska Suicide Prevention Lifeline (1-800-273-TALK) to a 988 crisis line in Nebraska will ensure a timely response for Nebraskans experiencing a mental health crisis and save lives. An effective 988 crisis line will provide someone to talk to, someone to respond, and somewhere to connect for services and supports.

Alongside the Nebraska Public Service Commission, the University of Nebraska Public Policy Center, NAMI-Nebraska, the Boys Town National Hotline, and numerous other system partners, DHHS will review coordination, infrastructure needs, projected volume growth, capacity, funding, and communications surrounding the launch of 988. DHHS will collaborate with state leadership, suicide prevention experts, people with lived experience and others to create a 988 implementation plan related to the Lifeline's operational, clinical, and performance standards that allow access to care.

Strategy

DHHS-DBH leads the 988 planning process using a systems approach. The framework for 988 implementation identify projected infrastructure needs, volume growth, crisis services continuum, and access to the Lifeline's new 988 number. Eight core planning and implementation considerations include:

- Identifying infrastructure and technology for 24/7 coverage for crisis (calls, chats, text)
- Developing financing recommendations
- Facilitating capacity building with system partners
- Developing operational, clinical, and performance standards
- Utilizing recommendations from the multi-stakeholder sessions
- Establishing linkages to local crisis services and protocols with 911
- Developing and implementing 988 call integration with follow-up processes
- Promoting public awareness and messaging campaigns

Deliverables

Deliverable	Target Completion
Develop a schedule and complete 100% of monthly key stakeholders' sessions on 988 planning.	November 2021
100% of 988 Implementation coalition meetings result in 988 planning grant deliverables for at least one of the 8 core areas.	November 2021
Plan and complete at least 2 meetings in each Region with Regional stakeholders that result in crisis continuum mapping for 988 and identification of opportunities to meet the needs of Nebraskans in the crisis service continuum; goal to conduct 2 of 2 meetings.	November 2021
Complete a draft of operational, clinical, and performance standards for answering 988; goal 3 of 3 standards.	November 2021
Complete a 988 draft implementation plan with recommendations in all required 8 core areas of the planning grant; goal 100% complete.	November 2021
Conduct one Stakeholder webinar and post on the DHHS DBH 988 web page that provides an overview of the draft implementation plan and gather stakeholder feedback to be utilized in the final plan; goal 100% complete.	December 2021
Provide the Final 988 implementation plan addressing all 8 core areas and recommendations to CEO Smith and the Governor; goal 100% complete.	December 2021

INTEGRATED SERVICE DELIVERY

Division of Medicaid & Long-Term Care

Heritage Health Adult Expansion Program Implementation

NEW INITIATIVE

Goal

Successfully migrate all Medicaid expansion adults to a single alternative benefit plan.

Background

On June 21, 2021, DHHS announced it would notify the federal government of its intent to withdraw its application for the Section 1115 Heritage Health Adult (HHA) demonstration program and migrate all Medicaid expansion adults to receive state plan benefits under a single alternative benefit plan beginning on October 1, 2021. Under the original demonstration waiver plan, most expansion adults received services covered under a Basic benefit plan, which included physical and mental health care and prescription drug coverage. Individuals covered under the Basic plan could earn dental, vision and over-the-counter medications by completing wellness, personal responsibility, and community participation requirements.

As of June 30, 2021, approximately 46,700 Nebraskans are eligible in the HHA expansion category. Of those individuals, an estimated 34,400 clients are covered under the Basic benefits plan. On October 1, 2021, individuals in the Basic benefits plan will have access to the full state plan services, including dental, vision, and over the counter medications. DHHS will work with the Heritage Health managed care plans to provide optional wellness participation opportunities for the expansion adults.

This work involves not only the Division of Medicaid & Long-Term Care, but also multiple other stakeholders and the federal government. Many of the tasks and their respective timelines are interdependent and reliant on approvals with the federal government. DHHS Information Systems & Technology will also play a major role in a successful migration.

Strategy

Nebraska Medicaid will achieve our implementation via 10 different work tracks:

1. Regulations and state plan amendments
2. Waivers
3. Contracts
4. Technology build
5. Staffing and organizational change management
6. Capitation (payment arrangements for health care service providers)
7. Medically Frail transition
8. Budget and financials
9. Data and reporting
10. Communications

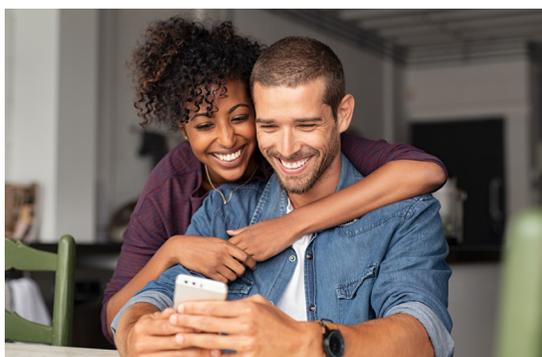


Medicaid & Long Term Care has four milestones:

1. Configure, test and deploy changes to the Medicaid Management Information System (MMIS)
2. Obtain required state and federal regulatory approvals
3. Complete all necessary tasks for operational readiness
4. Migration of all Medicaid Expansion adults to a single benefit tier on October 1, 2021

Deliverables

Deliverable	Target Completion
Execute MCE contract changes; goal 100% complete.	Complete
Complete MMIS application development; goal 100% complete.	Complete
Complete eligibility teammate training; goal 100% complete.	Complete
Submission of state plan amendments to CMS; goal 100% complete.	Complete
Promulgation of state regulations; goal 100% complete.	Complete
Complete internal system and application testing protocols; goal 100% of testing complete.	November 2021
Completion of operational readiness checks; goal 100% complete.	November 2021
Migration to single alternative benefit plan go-live; goal 100% complete.	November 2021
100% of Expansion Enrollees on single benefit plan.	November 2021



INTEGRATED SERVICE DELIVERY

Division of Medicaid & Long-Term Care

Substance Use Disorder (SUD) Waiver Services

Goal

Expand access to opioid disorder treatment by increasing number of SUD providers of new services in Nebraska.

Background

In 2019 across Nebraska, there were 172 fatal drug overdoses, at least 65 involved opioids and at least 52 involved methamphetamine. The preliminary 2020 numbers show an alarming increase to 232 fatal drug overdoses, at least 101 involved opioids and at least 72 involved methamphetamine. This shows a 55% increase in opioid-involved drug overdoses in one year. Plus, opioids have significantly overtaken methamphetamine in Nebraska's fatal drug overdoses. Nationally, there has been a rise in overdose deaths and emergency department visits due to opioids, indicating a need for substance use disorder treatment services.



Nationally, there has been a rise in overdose deaths and emergency department visits due to opioids, indicating a need for substance use disorder treatment services.

Medicaid implemented a major milestone under the 1115 Demonstration for Substance Use Disorders with the addition of coverage for opioid treatment program and medically monitored inpatient withdrawal management on June 1, 2021. Goals of the demonstration include:

- Increasing identification, initiation, and enrollment in treatment for substance use disorders
- Improving access to services to reduce preventable or medically inappropriate use of emergency department and inpatient hospital services
- Increasing adherence to and retention in treatment

These services will serve as a complement to the range of outpatient and inpatient services currently offered by Nebraska Medicaid for substance abuse. It will also allow for new care modalities, reaching Nebraskans through the level of care most suited to their treatment needs. This service continuum reflects MLTC's strategy of investing in community-based services that address the needs of the Medicaid population. These new services apply to all adults covered under Medicaid including the expansion population.

- OTP: An opioid treatment program offers community-based outpatient addiction treatment for individuals diagnosed with an opioid use disorder. OTPs administer medications approved by the Food and Drug Administration to treat opioid use disorders in a certified outpatient clinic.

- **MMIW:** Monitored inpatient withdrawal management is a non-hospital intervention for individuals with biomedical, emotional, behavioral and/or cognitive conditions that require highly structured services including direct evaluation, observation, and medically monitored addiction treatment. This service is suitable for individuals whose withdrawal signs and symptoms require 24-hour care, but who do not need the full resources of an acute care general hospital.

OTP and MMIW represent targeted additions to the substance use disorders service continuum that provide additional treatment options in both outpatient and residential settings. These service additions will improve both patient access and experience of care while helping control program costs - specifically avoidable emergency department visits.

Strategy

Nebraska Medicaid will achieve expanding access to care through:

1. State plan amendments
2. Contracts
3. Use of nationally recognized, evidence-based substance use disorder program provider qualifications
4. Increase number of Medicaid-enrolled providers at each level of care for OTP and MMIW
5. Regulations
6. Implementation and post-implementation metrics
7. Communications

This work involves not only the Division of Medicaid & Long-Term Care, but partnerships with the Division of Behavioral Health and stakeholders. Many of the tasks and their respective timelines are interdependent and reliant on negotiations with the federal government. DHHS Information Systems & Technology will also play a major role in a successful implementation.

Deliverables

Deliverable	Target Completion
Provider education and communication plan; goal 100% complete.	Complete
Key informant interviews – Wave 1; goal 100% complete.	December 2021
Mid-point assessment; goal 100% complete.	January 2022
Quarterly and annual monitoring; goal 4 of 4 complete.	June 2022
90% or more of American Society of Addiction Medicine (ASAM) Certified OTP and MMIW Providers in Nebraska Enrolled in Medicaid.	June 2022

INTEGRATED SERVICE DELIVERY

Divisions of Behavioral Health, Developmental Disabilities and Children & Family Services

Youth Residential Facilities 2022-2024 Strategic Plan

NEW INITIATIVE

Goal

Implementation of the Youth Services Five Year Strategic Plan – Year 1. The goal is to provide quality driven care using the three-legged stool approach incorporating Staffing, Programming and Facilities.

Background

The state of Nebraska’s residential facilities overlap three of the five divisions and represent 1,200 teammates serving a capacity of approximately 800 beds across three adult and four youth services sites. The Youth Services Five-Year Strategic Plan covers ten dimensions with approximately thirty targeted goals in the following areas:

1. Leverage the continuum of services offered by DHHS to provide comprehensive and individualized treatment plans for each youth admitted to DHHS facilities.
2. Determine the appropriate facility plan to provide a continuum of treatment services available to each youth admitted to the youth facilities.
3. Advocate for a more acuity-based staffing model based on the treatment and programming needs of the youth.
4. Advocate for legislative change that will allow DHHS to determine the proper program within their continuum of care to address the needs of the youth.
5. Involve the Nebraska Department of Education in the transformation of the YRTC facilities.
6. Interact with the Nebraska Judicial Branch in the transformation of the YRTC facilities.
7. Involve the families of the youth in their treatment.
8. Evaluate alternative accreditation/licensure options for YRTC facilities.
9. Continue the stakeholder group meetings to provide updates.
10. Evaluate the current co-curricular and co-treatment programming that is in conjunction with the education, treatment, and rehabilitation programming.



Strategy

The Five-Year Strategic Plan was created by a group of DHHS staff and community stakeholders and was facilitated by the University of Nebraska-Lincoln Center for Enterprise. One of the outcomes of the planning process is the ongoing use of the stakeholder group as an advisory board for future developments.

Deliverables

Deliverable	Target Completion
Conduct the initial quarterly Five-Year Strategic Plan review meeting; goal 100% complete.	Complete
Develop Key Performance Indicators per objective; goal 100% complete.	Complete
Develop metrics and finalize action steps; goal 100% complete.	Complete
Second Quarterly Five-Year Strategic plan review and report to HHS Committee; goal 100% complete.	November 2021
Presentation of program outcomes to the Executive Leadership Team; goal 100% complete.	November 2021
Develop and publish Year 1 end of year report; goal 100% complete.	December 2021
Reduce average length of stay at the Lincoln and Kearney YRTC facilities to 180 days or less; carryover from 2019-2021 deliverables.	December 2021

Value Proposition

DHHS is invested in providing quality programming for the youth in our care. With the application of the Missouri Youth Services Institute model, the division is looking for teachable moments to interact with youth and encourage thoughtful action throughout all of the time the youth are in our care. DHHS has implemented several other new programs for the youth including gender-specific programming. As we increase programming and incorporate the youth during their stay, we expect to see a decrease in their length of stay. A shorter length of stay with quality programming will mean a decrease in cost per youth while also allowing more youth to be served. An increase in the quality of care will decrease recidivism.

DEVELOP COLLABORATIVE RELATIONSHIPS

Division of Public Health

Licensing and Certification Environment (LANCE)

NEW INITIATIVE

Goal

Implement the Licensing and Certification Environment integrated into the iServe application portal for public access in managing credentials for health professions and occupations, children's services, health care facilities and services and community-based services.

Background

The Division of Public Health's Licensure Unit is developing a new licensing system, which will provide more online services and greater efficiency for customers and staff. The vendor, Visual Vault, was selected from eight companies. A Project Manager was secured through DHHS Information Systems & Technology and Visual Vault began implementation on November 3, 2020.

Strategy

Epic 1

- Functionality of the entire licensing process for a subset of the professions and occupations. This will include user registration in LANCE, initial licensure, renewal, reinstatement, payment of fees, application review checklist, license issuance, updating individual licensee information, mobile responsiveness, disciplinary action and appeals, license lookup – public facing search, and the pathways.
- Pathways will guide LANCE users through a series of questions to the right path in LANCE for the professions and occupations information they are seeking.
- License requirements for professions and occupations include massage therapy, body art, cosmetology, occupational therapy, physical therapy, esthetician, electrologist, nail technology, funeral directing, athletic training, audiology, environmental health specialist, and hearing instrument specialist.
- Integrations with PayPal, Systematic Alien Verification for Entitlements Program through the U.S. Department of Homeland Security, Federation of State Boards of Physical Therapy, National Practitioner Data Bank, Nebraska Data Exchange Network, and Nebraska State Patrol.

Epic 2

- Epic 2 will complete all remaining professions and occupations in the current License Information System and allow the retirement of this system.
- License requirements for the professions and occupations including nursing, dentistry, medicine, optometry, medical nutrition therapy, radiography, psychology, nursing support, veterinary medicine, mental health practice, alcohol and drug permits, residential child caring agencies, child-placing agencies, emergency medical care, pharmacy, childcare providers, assisted-living administrator, asbestos, lead, radon, respiratory care, chiropractic, podiatry, cancer drug repository program, and alcohol and drug counselors.
- Integrations with Amazon text messaging, Nurse System (the nurse licensure and discipline verification system through the National Council of State Boards of Nursing) and other entities that can provide automated communications.
- Functionality for text messaging, fee payment plans, complaint process, and special views for professional board members and investigators.

Epic 3

- Certification requirements for providers of community-based services for persons with developmental disabilities.
- Integrations with entities yet to be named.
- Functionality for DHHS Investigations Unit to receive and process complaints and track complaint investigations.

Epic 4

- Licensure requirements for health care facilities and services.
- Integrations with the Centers for Medicare and Medicaid Services and other entities yet to be named.
- Functionality of the entire licensing process, including user registration in LANCE, initial licensure, renewal, reinstatement, payment of fees, application review checklist, license issuance, updating individual licensee information, mobile responsiveness, disciplinary action and appeals, license lookup – public-facing search, and the pathways.

Major Milestones

Deliverable	Target Completion
Deliver 24/7/365 self-directed online services using web browser or mobile device to 232,119 individuals and businesses that hold active licenses and to other individuals who apply for a Nebraska license; goal 100% complete.	August 2022
95% reduction of administrative costs by decreasing the need to generate, store and mail paper correspondence, other than for certified mail that is required by statute. Reduce annual cost from \$115,000 to \$5,750.	August 2022
100% reduction of costs for special license paper, printing, and mailing license documents because LANCE will allow Licensees to print license documents through a secured portal. Reduce annual cost from \$5,000 to \$0.	August 2022
<ul style="list-style-type: none"> • Establish the baseline beginning October 15, 2021 by measuring phone calls related to initial licensure (both exam and reciprocity/endorsement), renewal and reinstatement through December 6, 2021 when the professions of Cosmetology, Electrology, Esthetics, Body Art, Massage Therapy, Physical Therapy, and Athletic Training go live in LANCE. • Phone calls will be measured from December 7, 2021, through April 4, 2022 when all professions and occupations have been fully implemented in LANCE. Goal is a reduction in phone calls from the baseline to the full implementation of LANCE. This deliverable will be updated May 1, 2022 when the baseline is established. 	August 2022
<ul style="list-style-type: none"> • Establish the baseline for payment processing time beginning October 15, 2021 by measuring the time between the date of payment for a license is sent by Licensure to Accounting and the date the receipt of payment is returned from Accounting to Licensure through December 6, 2021. This is when the professions of Cosmetology, Massage Therapy, Physical Therapy, and Athletic Training go live in LANCE. • Perform the same measurement from December 6, 2021, through April 4, 2022. Goal is a reduction in payment processing time from the baseline to full implementation of LANCE. This deliverable will be updated May 1, 2022 when the baseline is established. 	August 2022

Benefits of LANCE for Customers

- Applicants and licensees will be able to access LANCE using computers, tablets, and smart phones.
- LANCE will offer more online services to customers – currently, only online renewal is available.
- Applicants and licensees will be able to pay all fees online using a credit or debit card or ACH transaction through a shopping cart payment style.
- Applicants will be able to apply for an initial license online, and licensees will be able to renew and reinstate licenses online – a true self-service 24/7/365 model.
- Applicants will be able to submit documentation electronically through LANCE rather than sending by regular mail.
- It will provide application status updates through a dashboard, such as: application submitted date, documents needed to complete the application (i.e., from a 3rd party such as examination scores or transcripts) and where the application is during the process (i.e., board review, approved, issued).
- Licensees will be able to print the license from a secured website once issued.
- Public access to licensee information through the website will be improved.

DEVELOP COLLABORATIVE RELATIONSHIPS

Division of Public Health

Maternal Mortality Review Committee (MMRC) Process Improvement

NEW INITIATIVE

Goal

Improve Nebraska's Maternal Mortality Review Committee process through recruitment of new committee members, publication of an annual report, and review of committee recommendations.

Background

The Nebraska Maternal Mortality Review Committee, under the umbrella of the Child and Maternal Death Review Team was established by Nebraska Revised Statute 71-3404 – 71-3411. Nebraska state law declares there is a need for the number and causes of maternal death to be examined through comprehensive review. The MMRC reviews all deaths of pregnant and postpartum women in Nebraska to determine the six following measures:

1. If the death was pregnancy-related
2. The cause of death
3. If the death was preventable
4. The factors that contributed to the death
5. Recommendations and actions that address those contributing factors
6. The anticipated impact of those actions if implemented

The MMRC has been active since 2014, and operating in its current iteration since early 2019. The committee is currently comprised of representatives from DHHS and clinical partners from around the state. Committee members are volunteer experts appointed by the DHHS CEO and serve four-year terms.

Review of maternal mortality helps identify causes and prevention opportunities for mothers and their families. Further, systematic reviews of maternal mortality helps facilitate an understanding of the drivers of maternal mortality and complications of pregnancy. It also provides insights related to disparities, helps determine interventions that will have the most effect, and informs implementation of initiatives and recommendations to prevent future maternal deaths. Ultimately, by conducting robust maternal mortality reviews, Nebraska moms and their families will be healthier and happier, leading more productive lives.

Strategy

The Division of Public Health is recruiting additional members to join the MMRC. The recruitment process is in alignment with best practices released from the CDC and recommendations from external partners. Additionally, the work of the committee will result in a Maternal Morbidity and Mortality Report with five years of MMRC data and committee recommendations. Publication of the data will illustrate a baseline for the state of maternal health in Nebraska. Future efforts to improve maternal health can be tailored to meet the needs identified in the data as well as the recommendations set by the MMRC.

DHHS anticipates releasing an updated Maternal Morbidity and Mortality Report annually. After MMRC recommendations are identified and published in the Maternal Morbidity and Mortality Report, stakeholders will be identified through the MMRC, Women’s Health Advisory Council, DHHS staff, and external advocacy groups. The identified workgroup members will convene to determine how best to implement changes according to the MMRC recommendation.

Deliverables

Deliverable	Target Completion
Draft of Maternal Morbidity and Mortality Report to MMRC – 100%	Complete
Draft of Maternal Morbidity and Mortality Report to DHHS leadership and communications – 100%	Complete
Final draft of Maternal Morbidity and Mortality Report to leadership and key internal stakeholders – 100%	November 2021
Conduct recruitment activities to receive a minimum of 10 applications and have at least 3 new members in place and actively participating by Oct. 27, 2021 MMRC Meeting.	December 2021
Publish Maternal Morbidity and Mortality Report to legislature and MMRC webpage – 100% complete	January 2022
Present information from report to key stakeholder groups – 100%	January 2022
Survey at least 3 key stakeholder groups to evaluate and get a minimum of 15 feedback responses from 30 stakeholders (50%) for the next edition of the report.	January 2022
Evaluate 100% of all feedback on MMRC report.	March 2022
Convene group of at least 15 stakeholders to address one MMRC recommendation – 100%	June 2022

DEVELOP COLLABORATIVE RELATIONSHIPS

Division of Behavioral Health

Behavioral Health System 2022-2024 Strategic Plan

NEW INITIATIVE

Goal

The goals and aspirations of those we serve are the highest priority. System partners developed a strategic vision for Nebraska to become a leader or gold standard for behavioral healthcare quality and health improvement. They also identified the following goals:

- Behavioral health influences systems and impacts people’s health in positive ways.
- Behavioral health is integrated across public and private systems.
- Stakeholders are included and contribute to the planning and development of the behavioral health systems.
- The behavioral health system advances effective outcomes through innovation.
- The public behavioral health system will demonstrate and drive value.

Implementation of a Behavioral Health Strategic Plan – Year 1 – that results in tangible cross system changes to the public behavioral health system. 2020 needs assessment and gap analysis information show that Nebraskans want a robust integrated cross-system continuum of care, the stigma associated with substance use and mental illness to be eliminated, the voice of individuals and families to be included, and access to services that are evidence based and demonstrate outcomes. Cross-system collaboration is essential to achieving the goal, diminishing silos of care and aligning approaches for behavioral healthcare. The plan will serve as the means to communicate with citizens, partners and stakeholders DHHS’s direction, prioritization of efforts, allocation of resources and alignment with partners.

Background

As the chief behavioral health strategist for the state, the Nebraska Department of Health and Human Services' Division of Behavioral Health, the DHHS Behavioral Health Collaborative, and a variety of Nebraskans developed a strategic plan in spring 2021 to serve as the catalyst for responding to the needs of Nebraskans seeking prevention, treatment and recovery of mental illness and substance use. Focused on systems change, the plan’s work is guided by five transformational pillars targeting key systemic change:

1. Enhancing behavioral health influence,
2. Implementing an integration strategy,
3. Promoting stakeholder inclusion,
4. Driving innovation and improve outcomes, and
5. Demonstrating and driving value.

Visioning Sessions

Stakeholder Interviews

Surveys

Strategy

Three methods (visioning sessions, stakeholder interviews, surveys) were used to gather information which was synthesized to create needs, gaps and strategies for systemic improvements. The year one focus is prioritizing strategies, developing and implementing designated action steps with key performance metrics to demonstrate progress and tangible change.

Deliverables

Deliverable	Target Completion
Strategic Plan approval by DHHS CEO; goal 100% approval.	November 2021
Announce and complete 100% of logistics and comprehensive communication plan for the behavioral health strategic plan roll out.	November 2021
Complete 100% of the scheduled Strategic Plan Stakeholder Town Halls and Webinars.	December 2021
Based on stakeholder strategic plan sessions, complete 100% of the year 1 work plan.	December 2021
DHHS Behavioral Health Collaborative identifies a shared list of 100% of existing behavioral health system outcomes and prioritizes the top 5 to present to stakeholders.	December 2021
Work Plan for Year 1 approved and implementation begins; goal 100% complete.	December 2021
Measurement of strategic plan progress begins with at least 90% of key performance metrics and will be completed on a quarterly basis and reported to stakeholders.	April 2022
FY22 strategic plan Year 1 report completed. At least 90% of all identified deliverables in year 1 will be completed.	June 2022



ALIGN TEAMMATES UNDER ONE MISSION

Human Resources

Recruitment and Retention of an Engaged Workforce

NEW INITIATIVE

Goals

1. Develop recruitment and retention strategies for positions with highest turnover rates.
2. Build a culture focused on opportunity, teamwork, and respect.

Background

Competition for talented teammates is fierce and teammate turnover is expensive and can negatively impact the services DHHS provides. In order to provide consistent service in all operational areas of DHHS, we must maintain knowledgeable, talented staff who are capable of providing exceptional customer service throughout the state of Nebraska. By recruiting and retaining an engaged workforce, DHHS will be able to reduce the cost of hiring, improve the quality of services we provide, create financial efficiencies for the taxpayers of Nebraska, and lead to improved services overall.

With increasing turnover in our core direct care and clinical groups, we need to be proactive and identify the talent and skills needed to perform the job functions and retain teammates with those skills. Our inability to recruit and retain staff significantly impacts the quality of care we can provide for the most vulnerable Nebraskans.

Workplace opportunity is a continual challenge in multiple ways for employers. Within all the ethnic and cultural differences, there are many factors that make workplace opportunity a continual challenge for all businesses. DHHS must continue to create a culture of teamwork and respect that will keep the work environment positive and productive while also ensuring we understand the needs of all Nebraskans. By creating a sense of pride and involvement within the DHHS team, we will be able to build a stronger foundation for fulfilling the Department's mission of helping people live better lives.

With five generations in the workforce - Traditionalists, Baby Boomers, Generation X, Millennials, and Generation Z - we must continue evaluating our internal strategies to recruit and retain this diverse group. With the growing number of a younger workforce whose values and career priorities are different from those of the previous generations, we must further assess our processes to grow our workforce, include our teammates, and ensure opportunity for all Nebraskans.

Leadership and workforce development are critical in keeping our team effective and motivated. The impact is increased turnover at all levels. As an agency, we need to make sure leadership and workforce development is part of our culture by creating opportunities for them to use their strengths every day.

These goals are important to DHHS as they will have a positive impact on helping our teammates live better lives at work, which in turn will help us better serve the people of Nebraska.

We will retain teammates, which in turn will save money and time. We will also create more opportunity, teamwork, and a sense of belonging for DHHS employees and prospective future employees to provide a more effective, efficient, and customer-focused experience for all Nebraskans.

Strategy

Recruitment and Retention

The Human Resources team has identified several causes of high turnover and is working closely to develop specific action plans with division leadership to recruit and retain teammates in these areas. The goal is to reduce open positions by 3% by end of fiscal year for these roles. Plans will include active recruitment and sourcing of external candidates as well as a review of current practices related to recruitment and retention.

In order to improve retention, the Human Resources team has identified gaps in training and development for the DHHS leadership team. Working in collaboration with the Department of Administrative Services (DAS), the DHHS Human Resources team will develop innovative professional development programs to increase morale, retention and productivity. Leadership development programs will be implemented for all stages of leader life cycle. The programs will be reflective of the needs of a diverse workforce.

Opportunity

The Human Resources team will work with DHHS leadership to review current practices to ensure engagement, teamwork, and respect. This will include developing training for leadership and teammates on all three areas.

Deliverables

Deliverable	Target Completion
Implement 12-month DHHS leadership development certification program, aligned with State Personnel Training & Development, for current people leaders ready for the next step in leadership; goal 100% complete and published.	Complete
DHHS top five positions with highest turnover account for 53% of the Agency's total turnover. Work with Division leadership HR will develop action plans to reduce loss by 3%; goal 100% complete.	November 2021
Develop innovative professional development programs to increase morale, retention and productivity; goal 100% complete and published.	November 2021
Implement best practices by division/position related to recruitment and retention; goal 100% complete.	January 2022
Develop recruitment plan to identify talent needs, target markets, and recruitment sources to attract the best talent inclusive of underrepresented groups; goal 100% complete and published.	January 2022
Working with DAS, DHHS will review compensation strategy and submit recommendations to attract and retain talent; goal 100% complete.	January 2022
In collaboration with State Personnel Training & Development, DHHS will implement ongoing training program on teamwork and respect; goal 100% complete and implemented.	May 2022

ENHANCE INTERNAL INFRASTRUCTURE

DHHS INFORMATION SYSTEMS & TECHNOLOGY

Increase Proficiency and Identify New Areas of Improvement

FY22

Goals

1. Deliver critical projects on time and on budget, including iServe by April 30, 2022 and Gold's transition by October 31, 2021. The iServe Nebraska Program is an initiative focused on improving access to DHHS programs, benefits and services, and the experience of Nebraskans as they apply for benefits. Through this program, we want to ensure efficiency in how we serve Nebraskans, and improve the overall quality of the services provided.
2. Reduce DHHS operational and public perception risk by completing security, audit and compliance assessment and executing action plan for critical application areas with payments and HIPAA data.
3. Improve DHHS service by maintaining reliability and uptime of systems through the creation of a technical roadmap for critical applications and technologies and executing that roadmap according to priorities.
4. Improve DHHS effectiveness and enable strategic goals by creating Enterprise Project Management Office and deploying intake and governance processes to ensure resources are used on priority projects and those project deliver expected results to continue the department's efforts to be good stewards of Nebraskans' tax dollars.
5. Improve Help Desk and technology functions so that all Help Desk requests are handled in a timely manner, creating a service level agreement, and administering ongoing surveys to measure and provide customer service enabling DHHS staff to fulfill their missions with needed technology.



Background

DHHS Information Services and Technology (IS&T) provides technology for DHHS staff and Nebraskans across the state. In order for DHHS staff to operate efficiently, systems, equipment and services must be available to enable them to do their jobs. In addition, IS&T must maintain compliance, audit and security functions to protect Nebraskan's confidential information. IS&T provides thought leadership and innovation to get more value out of taxpayer dollars. Stewardship of the funds received requires strong budgeting and financial management to ensure proper use of federal and state funds in accordance with applicable federal and state laws and regulations. Failure to adhere to these requirements is a potential return of expended funds or loss of future funding.

IS&T provides support to the Department through strategic thought leadership in solutions to support the Department mission, including system development and operation, identification and implementation of vendor and custom solutions, liaising with partners and the public for communication and adoption of technologies and solutions. We also partner in the delivery of email and network services in conjunction with the Office of Chief Information Officer (OCIO), project management for critical initiatives, financial management of grant, federal and state funds for IT work and staff, security, compliance and audit services, risk prevention, and other miscellaneous technical services.

Strategy

IS&T will serve Nebraskans by focusing strategic investments in areas that help Nebraskans. One of the most visible strategic projects is iServe. This will be a new portal for Nebraskans to apply for some of the most common benefits, including Medicaid, SNAP, LIHEAP, and TANF benefits. This will speed the application process and increase ease of use, which in turn will enable staff to get eligible Nebraskans their benefits more quickly.



IS&T will develop assessments, roadmaps and industry standard practices to deliver the technology needs of the Department according to professional standards. Strategic goals of all divisions will be reviewed and used to drive the core direction of the IS&T work coupled with the internal technical priorities set by IS&T leadership. Systems will be supported using internal and external resources. Strong vendor management practices will be put in place. Service level agreements and goals for delivery of on-time, on-budget with zero significant defects will be expected and accountability established.

Staff will be evaluated for and leadership hired to enable consistent success delivery of services and projects and ensure continuity of operations. Critical functional gaps will be filled, including data, enterprise project management office, security, audit and compliance and technical delivery.

Deliverables

Deliverable	Target Completion
NEXUS Data Warehouse integrated with 18% of Public Health systems	November 2021
Vaccine Registration and Administration System (VRAS) - 100% of VFC active LPHDs set up for use of flu	November 2021
Medicaid Expansion – HHA - 100% of existing Medicaid benefit applicants in NFOCUS available for use of expansion rules	November 2021
Transition of 75% staff from Gold’s building to remote/NSOB based on facility plan	November 2021
Assist OCIO to transition 90% of DHHS staff phones from Centrex to VoIP	January 2022
Creation of technical roadmap drafts for 3/5 Divisions including Public Health and 2 others; goal 100% complete and published	January 2022
Complete security, compliance and audit assessment; for Top 10 critical DHHS applications; goal 100% complete	April 2022
Stand up ePMO with Intake and Governance with 75% of all new projects using new process	April 2022
Delivery of iServe Portal for 4 applications - Medicaid, SNAP, TANF and LIHEAP; goal 100% complete	May 2022
Licensure project – LANCE available to 200,000 licensees	August 2022

ENHANCE INTERNAL INFRASTRUCTURE

OPERATIONS – LEGAL SERVICES

Centralize and Standardize Legal Processes

Goals

1. Continue to identify overarching administrative functions that could be made more efficient by centralization or the development and implementation of standardized processes.
2. Build upon ongoing initiatives to streamline and improve functions that have already been identified, including records retention, public records requests, procurement, contract management, and regulations review.
3. Develop standardized templates for YRTC juvenile court hearings.

Background

Centralization and Standardization

The Department of Health and Human Services is a single state agency with multiple divisions that were previously separate state agencies. At the time of the merger of these agencies in 2007, many functions remained decentralized and procedures were not consistent between divisions. To foster consistency, eliminate waste, and assist the agency's efforts to be in compliance with applicable laws, several functions have been centralized in Operations, with Legal Services having a more integral role in administration. This includes functions such as: records retention, public records requests, procurement, contract management, regulations, and privacy and compliance.

New Juvenile Court Hearings

Legislation passed in 2021 mandated new juvenile court hearings pertaining to juveniles committed to the Office of Juvenile Services and placed at Youth Rehabilitation and Treatment Centers. The Department of Health and Human Services is now a party in these hearings.

Strategy

Records Retention

Temporary records storage will be necessary during renovation of the Nebraska State Office Building. Legal Services will continue to help control costs by encouraging Legal Services teammates to scan or shred duplicate documents and identify the documents that should be recalled after the renovation so that documents are not unnecessarily stored. The Department pays fees for every box of records sent for storage. Reducing the amount of records stored and the length of time they are stored saves taxpayer dollars.

Records Requests

Move the privacy and compliance function under common administration with public records requests. This will increase efficiency by integrating privacy and confidentiality review of documents within the procedures and protocols implemented for public records requests. This will reduce the amount of time to review and redact records and will foster consistent and appropriate protection of the privacy of the people the department serves.

Procurement

Improve cost avoidance via strategic sourcing, contract negotiation, competitive bidding, and NASPO-recognized best procurement practices.

Contract Monitoring

Mitigate risk of loss by developing and implementing contract management practices, policies, and training programs that will improve contract management consistently and measurably.

Improving cost avoidance practices and mitigating risk of loss saves money and promotes fair dealing with vendors while increasing accountability.

Juvenile Court

Proactively streamline the motion practice and hearings required by new legislation, by creating Juvenile Court pleading templates and operationalizing strategies for new YRTC hearings and change of placement. This will allow the department to proactively create a consistent approach to these newly required hearings and is in keeping with the department's goal of providing an appropriate level of care in the least restrictive setting.

Deliverables

Deliverable	Target Completion
Temporary records storage established and functioning – 100%	Complete
Move the privacy and compliance function under common administration with public records requests – 100%	November 2021
Implement a \$20 million cost avoidance improvement plan	December 2021
Develop and implement contract management practices to mitigate risk of loss – 100%	December 2021
Develop and implement a method to streamline the motion practice and hearings required by new legislation – 100%	December 2021

ENHANCE INTERNAL INFRASTRUCTURE

DHHS FINANCIAL SERVICES

Fiscal Stewardship and Transparent Accountability

Goals

1. Provide transparent accountability by creating a Finance dashboard.
2. Provide fiscal stewardship by bringing DHHS Cost Allocation in-house and instilling a continued analysis of finance procedures.

Background

The Nebraska Department of Health and Human Services has a responsibility to be a good steward of Nebraskans' tax dollars. Financial Services leads this responsibility ensuring that fiscally responsible policies and procedures are in place and practiced. Financial Services will work to bring Cost Allocation and Random Moment Time Study in house to provide a more cost effective and efficient service. A robust and accurate cost allocation plan leads to increased claiming of federal funds, which ensures Nebraskans' tax dollars are used in the most efficient manner possible. Financial Services is also responsible for ensuring transparent accountability for DHHS finances. The creation of a finance dashboard will make a series of financial metrics readily available. This will provide visibility and accountability for all Divisions and Operations within DHHS and will allow the Department to show the direct benefit Nebraskans' taxpayer dollars provide across the state.

Cost Allocation and Procedural Analysis

Financial Services leads the DHHS responsibility to operate with fiscal stewardship. Currently, DHHS outsources cost allocation and the corresponding random moment time study. DHHS manages a myriad of funding streams that are constantly changing. The Department believes bringing cost allocation and RMTS in-house will allow us to be more accurate in reporting, assign costs to the correct source, and reduce future audit exposure.

Other areas Finance can leverage to ensure fiscal stewardship include an analysis of social security benefits for State Wards and the ongoing completion of an accounting system interface project with IS&T. The interface project will automate a portion of the accounts payable process to reduce natural human error and processing time.

Deliverables

Deliverable	Target Completion
Update monthly tracking of federal Coronavirus-related opportunities and spending within 10 days of receipt.	Ongoing
Analyze 80% of State Ward accounts on a monthly basis to review for SSA or SSI benefits.	Monthly
Analyze 80% of State Ward accounts on a monthly basis to review for open and closed accounts.	Monthly
Complete the Onbase to E1 interface project for certain payments types to reduce accounting staff processing time by 25%.	March 2022
Assist vendor with completing scope of work, which will include detailed customization of software tailored to DHHS needs for Cost Allocation and Random Moment Time Study; goal 100% complete.	April 2022
Provide adequate testing of new Cost Allocation and RMTS systems, including running a quarter in tandem with current vendor to validate results; goal 100% testing complete and 4 of 4 quarterly validations.	November 2022
Reduce audit exposure by 30% with go live for in house RMTS and Cost Allocation system.	December 2022
Continue monthly meetings with finance officers and Division directors; goal 12 of 12 meetings completed.	Monthly
Timely reconciliations for major grants completed within 60 days of the end of each fiscal year quarter.	Quarterly

CONCLUSION

Many Good Deeds: Helping People Live Better Lives is more than just a title. The teammates of DHHS actively live the mission through their daily deeds of providing health and human services to the citizens of Nebraska. We, along with thousands of dedicated professionals, met the COVID-19 pandemic head-on with kindness, understanding, and great vigor to serve our State. Looking back at our decisions and actions, we're learning what we did well and what needs improvement.

Teammates at the Department continue to receive messages from their fellow citizens regarding the effective, efficient, and customer-focused services we deliver. Recently a client wrote a letter, sharing the following:

"I can't really thank you enough, Margo, for helping me get into Medicaid. Because of terminology, I had a difficult time, needing to call on you several times to explain something. Your patience with me was special! I thank God for you, Margo. Through you He has specially blessed me. I hope I can call on you when needed. May God 'specially bless you, Margo. Kindest regards."

Another Nebraskan sent an email to express appreciation for all the assistance given. The customer wrote, "Crystal was patient, pleasant, professional, responsive and, indeed, knowledgeable...I received outstanding customer service that merits profound consideration."

These are just two examples of the many expressions of gratitude received, acknowledging the good deeds performed by our teammates, every day.

Through the four-pronged approach of:

1. Creating an integrated service delivery system.
2. Establishing and enhance collaborative relationships with the community, stakeholders, and policymakers.
3. Aligning DHHS teammates under our mission of Helping People Live Better Lives.
4. Enhancing the Department's internal infrastructure to provide more effective, efficient, customer-focused services to Nebraskans.

This approach is truly helping people live better lives through the many good deeds of DHHS teammates across the state.

We would like to express our sincere appreciation and acknowledge their hard work in developing the DHHS Business Plan.

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