

Nebraska Olmstead Plan - Work Plan and Tracking Template – Draft as of 12-15-20 as of 1pm

Goal #1 - Nebraskans with disabilities will have access to individualized community-based services and supports that meet their needs and preferences				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
1.1 DHHS will seek increased funding appropriated by the state to fund Medicaid HCBS waivers	DDD	DHHS will increase the percentage of state appropriations each fiscal year to fund Medicaid HCBS DD Waivers and reduce the waitlist	Year 1: DHHS will seek increased funding appropriated by the state to fund Medicaid HCBS waivers.	DHHS is in the process of offering 100 spots onto our waiver programs. Expected timeline is September 2020 100 new offers have been made with 70 accepted as of 11/18/20. New offers will be made until goal of 100 total is met.
			Year 2: Funds appropriated by the state to fund Medicaid HCBS waivers will increase by one percent from baseline in Year 1	
			Year 3: Funds appropriated by the state to fund Medicaid HCBS waivers will increase by an additional one percent from Year 2 appropriation.	
1.2. DDD will fund additional Service Coordinators to serve individuals coming off the DD Waiver waitlist	DDD			DDD began the hiring process for 11 additional Service Coordinators starting in June 2020.
1.3. DHHS will create a “No Wrong Door” System	DHHS		IServeNebraska functional	Two Core Functions of an NWD System have been initiated, Person Centered Planning and Streamlined Eligibility. Person Centered Planning training has begun for all participants, providers and staff involved with the HCBS Waivers.

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				<p>Assessment of the LOC tools used for all ages involved with the HCBS Waivers has begun to move to the InterRai tool for more streamlined eligibility.</p> <p>iServeNebraska set to accomplish this goal by 4/2022</p>
1.4 DDD will seek to create a new Medicaid HCBS waiver community inclusion service	DDD, MLTC	Increase participant use of person-centered HCBS waiver services.	<p><u>Year 1:</u> DHHS will seek CMS waiver amendment approval and implement the new Medicaid HCBS waiver service for additional person-centered options and begin the transition from habilitative workshops.</p>	Waiver amendment is being drafted to include a new service “Adult Day Habilitation” that will replace habilitative workshops
			<p><u>Year 2:</u> Reduce the number of individuals in habilitative workshops by 100 percent and transition those individuals to the new HCBS waiver service for person-centered options or other services array.</p>	

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1.5 The Division of Behavioral Health will expand Oxford Houses for individuals with opioid use disorder (targeted to women with dependent children).	DBH		<p><i>Oxford Houses in NE 8/20 FY20: 50 (31 men, 10 women, 9 women with children) FY20: Total beds in NE 8/20: 389 beds (241 men only, 68 women only, 80 women with children beds)</i></p>	<p><i>State Opioid Response (SOR) federal grant funds 3 Outreach workers (began 2019).</i></p> <p><i>As of 10/9/2020, 2 additional Oxford Houses have opened in Western Nebraska targeting women with dependent children with OUD but do not exclude others.</i></p>
1.6 Implement the 1115 SUD demonstration waiver expanding access to medication-assisted treatment (MAT).	DHHS		<p><u>Year 1:</u> DHHS will seek Centers for Medicare and Medicaid Services (CMS) approval of the 1115 SUD waiver.</p> <p><u>Year 2:</u> DHHS will establish a baseline number of providers who can offer MAT for adults with OUD.</p> <p><u>Year 3:</u> DHHS will increase the number of providers who can offer MAT for adults with OUD by 5% over baseline.</p>	<p>CMS approved Nebraska’s 1115 demonstration wavier for substance use disorders on July 1, 2019. As part of the implementation of the demonstration program, the state submitted state plan amendments (SPAs) to add Opioid Treatment Program (also referred to as methadone treatment) and Medically-Monitored Inpatient Withdrawal Management as Medicaid covered services. These SPAs are in final approval with CMS.</p>

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1.7 DHHS will explore the effectiveness of expansion or investment in additional community-based options for children/youth with mental health and I/DD.	DHHS		<u>Year 1 DBH</u> : increase cohort/count of providers trained on best practices for SED/low cognition. Achieved: 155 trained. (DBH)	DBH –focused on workforce competencies in 2020 Business Plan. Partnered with University of Nebraska and provided training to increase the cohort of providers trained on best practices in serving individuals with serious emotional disturbance and low cognition. September 2020 report 155 trained.
1.8 DBH will assess and quantify the need for statewide expansion of behavioral health services, such as Assertive Community Treatment (ACT) teams, peer support, and first responder training.	DBH	<p>DBH 2020 Outcomes:</p> <ul style="list-style-type: none"> ● Expanded 16 beds of Secure Residential services operational 11/2020. ● Expanded 1 organization providing family navigator & peer support to Region 1 & 2. ● Expanded - 2 Certified Community BH Clinics in NE 2020 ● 103 persons trained in PS FY19/20 ● Expanded Crisis Response Teams: 2017 	<ul style="list-style-type: none"> ● Increase active MAT prescribers <ul style="list-style-type: none"> ○ Baseline FY18: 22 ○ FY19: 54 ○ FY20: 93 ● DHHS/DBH Strategic Plan (2021-2023) ● # peers trained in PS <ul style="list-style-type: none"> ○ FY19-20: 103 ○ FY21: ○ FY22: 	<p><u>Current Assessments:</u></p> <ul style="list-style-type: none"> ● Telehealth and EBP surveys in August and September 2020. ● 2020 Needs Assessment & Strategic Planning. Visioning, interviews, surveys and national trend analysis completed 10/1 2020. Focus areas for BH: influence, inclusion, integration, innovation, improvement and demonstrate/drive value. ● Updating service needs tables Nov-Dec 2020. ● 2020 Annual Consumer Survey by 12/31/20.

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		to 9/2020: 1700 encounters of mobile crisis response (new service) for youth with 74.5% able to remain home/w friend.		<ul style="list-style-type: none"> • Project ECHO increase from 147 to 387 participants in 2020 / data for ongoing training needs. • OD module for peer & other workforce began October 2020 (45 trained). • Initiated new peer support training & certification processes FY19-20.
1.9 DHHS will evaluate the use of telehealth and explore opportunities to expand it.	DHHS	Telehealth will increasingly support the provider/patient relationship for Nebraskans.	<u>Year 1:</u> Identify the opportunities that are being used to provide telehealth services in Nebraska and assess barriers to expansion of telehealth services.	<ul style="list-style-type: none"> • MLTC evaluated services that can be provided by telehealth and during the COVID emergency published educational information for providers on the broad coverage of telehealth services. • Telehealth and alternative service delivery surveys July 2020 for DBH, DD, MLTC, CFS.
1.10 The Commission for the Deaf and Hard of Hearing will spearhead an initiative to center resources around community and families with children who are deaf, hard	Commission for DHH	The Commission for the Deaf and Hard of Hearing will conduct presentations on the services available to support Nebraskans to live as integrated	<u>Year 1:</u> The Commission will revise how presentations are tracked and will collect the additional information to establish a baseline count of presentations to the target audiences	<ul style="list-style-type: none"> • DHH has been conducting Olmstead presentations, though participation has been reduced as a result of the pandemic.

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of hearing, or deaf and blind (D/HH/DB).		members of their communities	<u>Year 2:</u> Increase the number of presentations to the target audiences by five percent over the Year 1 baseline.	<ul style="list-style-type: none"> DHH has been working to produce a video for behavioral health stakeholders and hopes to have finalized in January for distribution
		Increase the capacity of community-based services to effectively communicate with individuals who are D/HH/DB	<u>Year 1:</u> The Commission for the Deaf and Hard of Hearing will develop a library/website/repository of technology and resources that providers can utilize to communicate with individuals who are D/HH/DB, and will establish a baseline of how many providers use technology and resources to effectively communicate with individuals who are D/HH/DB.	Completed 8/20/20 and posted to the DHHS website

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			<p><u>Year 2:</u> The Commission will support increased outreach about technology and resources that providers can use to communicate effectively with individuals who are D/HH/DB and will increase the use of technology and resources by training of two percent over the Year 1 baseline.</p>	
<p>1.11. Nebraska VR is using its FY 2018-2021 traumatic brain injury grant from the Administration for Community Living to build a statewide, voice-driven association of individuals with brain injury and family members that will advocate for policy, program, and service changes that increase access to comprehensive and coordinated services in their communities</p>	<p>NVR</p>	<p>A voice-driven association and corresponding network of people with TBI and their family members will exist in rural, underserved areas of the state. The network members will be connected to each other through the addition of local chapters who receive leadership and support from a centralized board of directors.</p>	<p>Year 2: Network chapter members will be able to evaluate chapter "health" and function using a list of characteristics that constitute a strong chapter, as developed by the first network chapter.</p> <p>Years 2 and 3: The number of individuals with TBI and family members from rural areas joining the association and corresponding network chapters will increase by 20% of Year 1 baseline numbers in Years 2 and 3. <u>FY19: 48</u></p>	<p>With technical assistance, the association has incorporated as the Nebraska Injured Brain Network (NIBN), elected a board of directors, wrote and adopted bylaws and a mission statement, established 3 chapters, opened a bank account with a line of credit, created a logo and is finalizing a website. Nebraska VR is collaborating with them to deliver the 2nd Annual Living With An Injury Brain Summit in November 2020. NIBN successfully competed for and won a contract with VR to complete assessment and planning for a Peer to Peer Support pilot. The</p>

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				network chapter health evaluation has been drafted for use.

Goal # 2 - Nebraskans with disabilities will have access to safe, affordable, accessible housing in the communities in which they choose to live.				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
2.1 DBH will target increased access to housing for persons with SMI/SUD. <i>NOTE: HRA funds specific to persons with SPMI. Other SGF for SUD.</i>	DBH	Increase the number of people with SMI/SUD disabilities receiving state-funded rental assistance by 150	<u>Year 1 DBH/HRA:</u> The number will increase by 50 individuals.	<ul style="list-style-type: none"> • Housing Administrator position created and filled for DHHS/DBH 10/19. • HRA: In FY19, DBH increase in SGF for housing related assistance vouchers for SMI/SUD population. Additional \$300,000 appropriated for FY20. • Development: \$800,000 SGF appropriated in SFY20; contracts let for development. <ul style="list-style-type: none"> ○ Est. 30 housing units in Year 2-3
			<u>Year 2 DBH/HRA:</u> The number will increase by an additional 50 individuals.	
			<u>Year 3 DBH/HRA:</u> The number will increase by an additional 50 individuals.	
			<u>Year 2 - 3 DBH/DED/NIFA:</u> Housing development completed. Units available:	

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2.2 DPH will explore collecting data related to housing needs as part of the Community Health Needs Assessment	DPH DHHS/Local Housing Agencies			DPH is engaging with local health departments as they prepare to begin their community health assessments to discuss the inclusion of data related to housing needs in their assessments.
2.3 DPH will explore collecting data related to housing needs as part of the Community Health Needs Assessment	DPH			DPH is engaging with local health departments as they prepare to begin their community health assessments to discuss the inclusion of data related to housing needs in their assessments.
2.4 DPH will determine how housing data can be incorporated into the state health assessment.	DPH			DPH will begin its next State Health Assessment in the second half of 2021. Discussions are ongoing about collecting housing-related data, including what data is available. DPH is also looking at examples from other states to model Nebraska's State Health Assessment after.
2.5 DHHS, including DHHS agencies impacted by housing and in partnership with state housing agencies, will create the administrative structure and organizational buy-in to increase access to	DHHS		<u>Year 1:</u> DHHS & related agencies administrative structure (addressing membership, charter, commitment, workplan etc.) formed.	<ul style="list-style-type: none"> • Housing Administrator position created and filled for DHHS/DBH 10/19. • Cross Division/Agency Housing workgroup created with reps from DHHS, OCA, DED, NIFA, PHAs, NDE-ATP and Veteran's

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federal housing programs and to prioritize some affordable housing capacity for people with disabilities.				<p>Housing. Goals & strategies developed to address Olmstead Goal # 2. Identifying leads.</p> <ul style="list-style-type: none"> • Areas under review/of interest: Engaging supportive service coordinators, managers and coaches; housing navigation services; housing website/resource/inventories; partners needs assessment are but a few of initial brainstorming activities to be prioritized in a workplan.
2.6 DHHS will collaborate with state and local housing agencies to support individuals with disabilities in accessing federal housing programs and to include single and multiple bedroom housing for individuals with disabilities and their families.	DHHS/Housing Agencies			<ul style="list-style-type: none"> • Cross Division/Agency Housing workgroup created with reps from DHHS, OCA, DED, NIFA, PHAs, NDE-ATP and Veteran’s Housing. Goals & strategies under development to address Olmstead Goal # 2. Identifying leads. • TBD is a review of NIFA applications and how to encourage development of

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				housing for individuals with disabilities and families.
2.7 DHHS will collaborate across the state to encourage barrier removal program to make existing housing more accessible	DHHS			<ul style="list-style-type: none"> • Cross Division/Agency Housing workgroup created with reps from DHHS, OCA, DED, NIFA, PHAs, NDE-ATP and Veteran’s Housing. Goals & strategies under development to address Olmstead Goal # 2. Identifying leads. • Also see 2.10
2.8 DHHS, in partnership with state and local housing agencies, will encourage and facilitate access to new federal resources to create housing for people living with disabilities	DHHS/Housing Agencies		<u>Year 2 - 3 DBH/DED/NIFA:</u> Housing development completed – estimated new units.	<ul style="list-style-type: none"> • DBH: \$800,000 SGF appropriated in SFY20; contracts let for development. <ul style="list-style-type: none"> ○ Est. 30 housing units in Year 2-3 • DBH has requested additional housing development funds for next biennium. • 10/13/20 Information sent to NAHRO members re: training on the Mainstream Voucher program to assist PHAs in applying for federal funds.

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2.9 DHHS will explore partnerships and the feasibility of applying for Section 811 PRA per HUDs October 2019 notice of funding availability (NOFA)	DHHS		<u>Year 1-2 DHHS:</u> Partnerships identified; Feasibility determination.	<ul style="list-style-type: none"> • Cross Division/Agency Olmstead Housing Workgroup formed • Continuum of Care, DHHS, NIFA, DED, Commission of Housing & Homelessness & City of Lincoln creating “Home Together” Plan – to prevent and end homelessness. • Per Housing Workgroup, NIFA exploring with new director application for Section 811 public rental assistance funding.
2.10 NDE-ATP will continue to support home accessibility modifications, allowing Nebraskans participating in the Medicaid HCBS waivers to remain independent, living in their homes.	NDE-ATP	Increase home modification assessments by one percent each year over the next three years through education provided by NDE-ATP to service coordination staff on home accessibility, assistive technology, and services offered by ATP with the intent of increasing referrals by	<u>Year 1:</u> Increase the number of assessments by one percent over the baseline for the Medicaid HCBS waivers.	<p>NDE-ATP has developed a newsletter for A and D, and DD Waiver Services Coordinators that goes out quarterly. This newsletter spotlights technology/modification types and reviews ATP processes and services.</p> <p>NDE-ATP is collaborating with the A and D Waiver staff to update the Services Coordinator technical assistance document.</p>
			<u>Year 2:</u> Increase the number of assessments by one percent over Year 1 for the Medicaid HCBS waivers.	

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		one percent each year over the next three years.		NDE-ATP has worked with the DD Waiver staff to streamline the referral process by having a single point of contact within the DD Wavier staff.

Goal #3 - Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.				
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3.1 Nebraska Plan includes the following strategies to divert admissions to, and facilitate transitions from, institutional care:				
3.1.a MLTC will update its website to facilitate members’ access to information about HCBS benefits, thereby better informing members of their option to live in the community.	MLTC	<ul style="list-style-type: none"> • Increase awareness and education on HCBS benefits and options for members to live in the community 	Year 1: Complete MLTC website redesign to facilitate members’ access to information on HCBS benefits and establish website traffic baseline.	
			Year 2: Increase website traffic by 10 percent from baseline	
3.1.b MLTC, DDD, and DBH will provide in-reach to people in nursing homes and other institutions or segregated settings.	MLTC, DDD, DBH			<ul style="list-style-type: none"> • Effective October 1, 2018, our (MLTC) (Money Follows the Person) MFP grant has halted accepting new referrals due to the expiration of the federal grant. We recommend inquires

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				<p>to the ADRC's, AAA's and the HCBS waivers as DHHS explores ways to develop alternative services via Medicaid waivers to assist future transition service.</p> <ul style="list-style-type: none"> • Deferred due to COVID precautions
<p>3.1.c. DDD will continue to engage in administrative simplification and intermediate care facility (ICF) consolidation at the Beatrice State Developmental Center (BSDC) - N/A</p>	<p>DDD</p>	<p>Continue consolidation of state-owned ICFs.</p>	<p><u>Year 1:</u> State-owned ICFs' four licenses will become three.</p>	<p>Year 1 Measure Completed as of June 2020.</p> <ul style="list-style-type: none"> • Residents moves are occurring that consider individual's needs based on their acuity level. Moves are being made for individuals with like needs and abilities to live closer to one another as of June 2020.
			<p><u>Year 2:</u> State owned ICFs' three licenses will become two.</p>	
		<p>DDD will repurpose long-term care beds at BSDC to develop capacity for acute crisis and transition services.</p>	<p><u>Year 1:</u> DDD will increase its capacity to serve crisis acute individuals from 9 to 12, and its capacity to serve crisis</p>	

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			transition individuals from 0 to 10.	
3.1.d DBH will work with Regional Centers & stakeholders to define LRC continuum of care & patient population & include subsequent development of agreed-upon admission and discharge criteria	DBH/Regional Centers		<u>Year 1-2:</u> LRC Strategic Plan; strategies and outcomes.	<ul style="list-style-type: none"> • LRC Strategic Planning work initiated including Admissions/Discharge criteria work • New LRC administrator began 9/2020. • LRC staff trained on Centralized Data System and authorization criteria. • Fall 2020 changes to Regional Center operations (adult & youth) initiated. • New DHHS Operations Director onboarded in October 2020.
3.1.e DHHS will work complete a comprehensive review of current institutional level of care criteria, assessment tool, and processes.	DHHS			In process - DDD working with Optumas to crosswalk to NF LOC criteria for both adults/aging to the InterRAI Home Care tool and the children to the InterRAI Peds-Home Care tool. Discussions with InterRAI have begun to execute a

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				licensing agreement so that Nebraska can use the InterRAI tool for assessment. Project initiation document being drafted, as of June 2020.
3.1.f DBH will continue to develop person-centered plans for individuals with complex needs at the LRC and seek funding to support their transition to the community.	DBH	<p>Clinically appropriate admissions and discharges to RCs.</p> <p>Increase support for LRC discharges via “A Plan for One”.</p>	<p># individuals requiring discharge plans to address complex needs</p> <p>FY19: 23 FY20: 22 FY21: 14</p> <p>Plans for One FY19: Plans for One FY20: Plans for One FY21:</p>	<ul style="list-style-type: none"> LRC initiated internal DBH internal work on defining population, services and admission / discharge. Work impacts complex cases for which unique discharge plans (Plans for One) may be appropriate. Funds earmarked budgeted for this purpose in FY20 and 21. RFP for Secure Res awarded a Lincoln site.
3.1.g. Through the GAINS Center Learning Collaborative, DBH will garner best practices to reduce the number of persons referred to LTC for competency evaluations.	DBH	Reduce admissions to LRC for competency evaluation and restoration services	<p><u>Year 1-2:</u> Operationalize the provisions for community-based competency evaluation and restoration services.</p> <p><u>Year 3:</u> Reduce the number of LRC admissions for competency services by five percent.</p>	<ul style="list-style-type: none"> OCR legislation (LB881) passed in 2019 with operative date of 7/1/2021. Gains Learning Collaborative completed 9/2020. Contract with UNL-PPC for consultation and implementation of OCR executed 10/20.

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				<ul style="list-style-type: none"> Operational Excellence project work in 2019-2020 addressed waitlists/internal processes.
3.2 The Nebraska Plan includes the following strategies to divert admissions to segregated settings:				
3.2.a Division of Children and Family Services (CFS) will target resources for evidence-based practices that prevent out-of-home and congregate care setting placements for children with serious emotional disorders	CFS	Continue to appropriately divert youth from admissions to out-of-home treatment settings and acute care inpatient units	Year 1: Mobile crisis teams will continue to respond to youth in need of community-based assessment and divert admissions to out-of-home treatment when safe and appropriate.	Evidence Based Programs to prevent out of home placements: With the implementation of the Family First Prevention and Services Act (FFPSA) in October 2019, CFS expanded two evidence-based programs 1) Healthy Families America and 2) Family Centered Treatment. These two programs work with families involved in an open CFS case, with the goal of maintaining placement in the family home. CFS has proposed seven additional EBPs in Nebraska’s 5-year FFPSA Plan, to help further reduce the entry of youth into foster placement. Those programs are Motivational Interviewing; Homebuilders; Parents as Teachers; Trauma Focused CBT; PCIT; Functional Family Therapy; and, MST.
3.2.b CFS will continue expansion to Native American families of an	CFS			CFS has a pending sub-award with St. Monica’s Women are Sacred substance use treatment program.

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evidence-based approach for women with SUD who have children				The focus is on Native American Women with SUD seeking treatment and still able to parent their children while received cultural appropriate supports.
<p>3.2.c DBH will continue to offer the Provider Boot Camp and assess its impact.</p> <p>3.2.d DBH will collaborate with NDE to develop and implement a plan for educating school personnel about mental health resources.</p>	DBH	Continue to appropriately divert adults from admissions to acute care inpatient units	<p><u>Year 1:</u> Mobile Crisis Teams will continue to respond to adults experiencing a mental health crisis and will divert admissions to acute care inpatient units when safe and appropriate.</p>	<ul style="list-style-type: none"> • Boot camps completed summer 2020. • School Guidance and Referral document completed in 2019. • School personnel primary recipients of Mental Health First Aid training ongoing. • PES service developed in Region 6 • Bed Registry pilot project TTI in Region 6
3.2.e DPH will complete an assessment of its ability, within existing regulatory authority, to prevent new admissions to any assisted living facility (ALF) that has documented deficiencies related to residents' care, health, and safety	DPH			In process, but assessment is delayed due to COVID-19.
3.2.f. DPH will determine the feasibility of and support for	DPH/DHHS			In process, but delayed due to COVID-19.

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requiring licensed ALFs to record residents' primary and secondary diagnoses, and DHHS will seek to establish a process to aggregate information for each ALF to be available to the division annually				
3.2.g DHHS will seek approval to use the amount of the Nebraska SSI supplement allotted for individuals residing in ALFs to offset the cost of rent for individuals with disabilities who choose instead to live in independent settings.	DHHS			
3.2.h DDD will identify policies, statutes, and conditions that prevent people who receive DDD services and who have a high level of service needs from aging in place.	DDD			
	DBH	Behavioral health consumers report "I am better able to deal with crisis" on the DBH annual consumer survey.	<u>Year 1:</u> 75 percent of consumers completing the annual consumer satisfaction survey will answer affirmatively.	2020 Annual DBH Consumer Survey data has been submitted and is under analysis. Target for this report is December 2020. Target for FY20 is 73%.

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			Baseline FY 18: 71.4% FY19: 72.1% FY20: <u>Year 2:</u> Maintain 75 percent of consumers completing the annual consumer satisfaction survey will answer affirmatively.	
3.3 The Nebraska Plan includes the following strategies to reduce justice involvement and homelessness				
3.3.a DBH will work to identify and address barriers to admissions to acute care inpatient beds and other community-based services that can help to prevent interface with the justice system.	DBH/DHHS and DOC			
3.3.b. DBH garner best practices from its participation with the GAINS Center Learning Collaborative to reduce the amount of time individuals spend in jail waiting for competency restoration services	DBH	Reduce the time individuals with SMI spend waiting in jail for competency evaluation and restoration services.	<u>Year 2:</u> Operationalize the provisions for community-based competency evaluation and restoration services. <u>Year 2-3:</u> Reduce wait times for competency restoration at LRC by 5 percent.	<ul style="list-style-type: none"> • Contract with UNL-PPC for consultation and implementation of OCR executed 10/20. • Operational Excellence project work in 2019-2020 addressed efficiencies related to waitlists. • Gains Collaborative final report out September 2020. 7

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Goal #3 - Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
				virtual sessions earlier summer 2020: restoration in different settings, SIMS model and emphasis on intercept 0-1 with stakeholder group going forward as other initiative to OCR.
3.3.c. The Department of Corrections (DOC) and DHHS will encourage counties to pursue involvement in Stepping Up and other justice diversion initiatives.	DOC/DHHS			
3.3.d. DDD will conduct an analysis of individuals with I/DD who have high levels of law enforcement contact and criminal justice system involvement	DDD			
3.3.e. YRTCs will evaluate and revise tools and practices to ensure that youth are appropriately assessed and receive treatment to meet their needs.	YRTCs	Reduce the time youth spend at the YRTCs.	<u>Year 1:</u> Establish a family navigator function to link youth and families to community resources prior to discharge of youth.	
3.3.f. YRTCs will have an established treatment plan	YRTCs			

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Goal #3 - Nebraskans with disabilities will receive services in the settings most appropriate to meet their needs and preferences.				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
and estimated discharge in order to keep teams focused on the youths' return home.				
Great outcome and Measures...need a strategy	Who?	Reduce homelessness among young adults in Nebraska ages 18 to 24.	<u>Year 1:</u> Implement the coordinated community plan as outlined in the state's Youth Homeless Demonstration Program application.	
			<u>Year 2:</u> 85 percent of participants will exit to permanent, independent housing; 80 percent of participants will not return to a homeless situation within 12 months.	
		Increase in the number of young adults who voluntarily choose to participate in extended foster care, a.k.a. Bridge to Independence. 85% of persons who age out of foster care and are eligible for b2i will enroll within 30 days of aging out of foster care (by state fiscal year).	<u>Year 1:</u> 85 percent of persons who age out of foster care and are eligible for b2i will enroll within 30 days of aging out of foster care. <u>Year 2:</u> 85 percent of persons who age out of foster care and are eligible for b2i will enroll within 30 days of aging out of foster care.	

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Goal #4 - Nebraskans with disabilities will have increased access to education and choice in competitive, integrated employment opportunities.				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
4.1 The Nebraska Plan includes the following strategies to support integrated education				
4.1.a DHHS and NDE, Offices of Special Education and Early Childhood Education, will establish regular meetings.	DHHS/NDE			MLTC Early Development Network team meets regularly with NDE regarding children up to age 3. MLTC School Based services meets with NDE regarding funding for service coordination.
4.1.b NDE, Offices of Special Education and Early Childhood Education will provide information and technical assistance to early childhood education and care programs across the state to increase provider understanding of the definition and implications of children’s outcomes of suspension and expulsion in programs for children birth to kindergarten.	NDE	Increase number of districts who receive training of the Preschool to Prison (impact of suspension and expulsion in programs for children birth to kindergarten)	Office of Special Education - Early Childhood Liaison and Office of Early Childhood will work to provide regional and ESU level training on the preschool to prison pipeline.	
4.1.c NDE, Offices of Special Education and Early Childhood Education will	NDE	Increase number of districts who receive training and support	Yr 1 (2020-21): Pilot implementation of Regional Pyramid Facilitator in Region	

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<p>expand the availability of training and coaching on the Pyramid Model for Social and Emotional Competence training, highlighting early childhood workforce competencies and evidence-based interventions/approaches that prevent expulsion, suspension, and other exclusionary discipline practices</p>		<p>around The Pyramid Project through the implementation of Regional Pyramid Facilitators through the NeMTSS Regional Support Model.</p>	<p>1 and Region 2. Pyramid Module Development in Regions 1 and 2 Yr 2 (2021-22): Expansion of Regional Pyramid Facilitator in Region 3, Region 4, and Region 5.</p>	
<p>4.1.d NDE, Offices of Special Education and Early Childhood Education will provide recommendations to early childhood programs on establishing policies that aim to prevent, severely reduce, and ultimately eliminate suspension and expulsion.</p>	<p>NDE</p>	<p>Districts in Nebraska will understand how policy and procedure will influence the practice that leads to suspension and expulsion.</p>	<p>Increase the percent of children ages 3-5 with IEPs who receive their special education services the majority of the special education and related services in regular early childhood program from 81.18% to 81.98% by 2022.</p> <p>Decrease the percent of children with IEPs ages 3-5 attending a separate special education class, separate school, or residential facility from 3.425 to 2.62% by 2022.</p>	

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<p>4.1.e NDE will continue issuing guidance on the use of special education funding for inclusive, least-restrictive settings for educational placements and employment.</p>	<p>NDE</p>	<p>The 4-year graduation rate for Nebraskan students with disabilities will increase to 86 percent by 2026.</p>	<p><u>Year 1:</u> Increase the 4-year graduation rate for Nebraskan students with disabilities by 2.61 percent over the baseline.</p>	
<p>4.1.f. NDE will strengthen the role of Parent Training and Information to better educate and support families in their legal rights to appropriate education for their children with disabilities</p>		<p>The seven-year (extended) graduation rate for Nebraska students with disabilities will increase to 94 percent by 2026.</p> <p>NDE will develop, in coordination with The Parent Training and Information (PTI) Nebraska a Parent Rights/Procedural Safeguards that is easily readable and understandable as well as establish trainings around the document.</p>	<p><u>Year 2:</u> increase the 4-year graduation rate for Nebraskan students with disabilities by 2.61 percent over Year 1.</p>	<p><u>Year 1:</u> Increase the seven-year (extended) graduation rate for Nebraskan students with disabilities by one percent over the baseline</p>

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<p>4.1.g. NDE will continue working with school districts statewide to promote the adoption of strategies for supporting students with disabilities</p>			<p><u>Year 2:</u> Increase the seven-year (extended) graduation rate for Nebraskan students with disabilities by one percent over Year 1.</p>	
<p>4.1.h. NDOL will continue to seek additional school districts interested in implementing Jobs for America’s Graduates (JAG)</p>	<p>NDOL/NDE/School Districts</p>	<p>NDOL will increase school district participation in the JAG program by 6.</p>	<p><u>Year 1:</u> NDOL will increase the number of school districts participating in JAG from three school districts to six.</p> <p><u>Year 2:</u> NDOL will increase the number of school districts participating in JAG from six school districts to nine.</p>	
<p>4.1.i. NCBVI will continue supporting youth who are blind or visually impaired to graduate and transition to adulthood</p>	<p>NCBVI</p>	<p>NCBVI will work to increase the number of student aged blind youth being served by our agency and attending school.</p>	<p><u>Year 1:</u> Identify students within ages 5-24 being served by NCBVI and the number of students who receive a credential for high school diploma or postsecondary education.</p> <p>In FFY 2020 we served 232 clients, aged 5-24 and had 33 clients graduate with a secondary or postsecondary credential. We anticipate in FFY 2021 to have 237 clients in those age ranges being served and 38 credentials obtained.</p>	

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4.2 The Nebraska Plan includes the following strategies to increase Competitive, Integrated Employment Opportunities				
4.2.a DHHS, VR, and their partners will continue implementation of Project SEARCH.	DHHS, VR	Increase the percentage of interns employed in competitive integrated employment following completion of Project SEARCH.	<p><u>Year 1:</u> Increase the percentage of interns employed following completion of the Project SEARCH program to 66%.</p>	Employment outcomes are reported to National Project SEARCH by each site. Sites have 9 months to report outcomes; therefore, the Year 1 (2019-20) data will be available in Spring 2021.
			<p><u>Year 2:</u> Increase the percentage of interns employed following completion of the Project SEARCH program to 68%.</p>	
			<p><u>Year 3:</u> Increase the percentage of interns employed following completion of the Project SEARCH program to 69%.</p>	
4.2.b Expand Developing Youth Talent Initiative grants.	???	Increase the number of youth who participate in the Developing Youth Talent Initiative (DYTI).	<p><u>Year 1:</u> Raise career awareness among 4,600 additional students.</p>	
			<p><u>Year 2:</u> Continue to support grant opportunities to promote career awareness among additional middle school students</p>	

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<p>4.2.c Nebraska VR, NDE, and DHHS will coordinate the delivery of pre-employment transition services.</p>	<p>NDE, VR, DHHS</p>			<p>On average, 56.07% of clients served by Nebraska VR are age 21 or younger when applying for VR services. This is an approximate 21% increase from the previous year.</p> <p>Nebraska VR has pre-employment transition services coordinators assigned to every school in the state. In PY2019, Nebraska VR reported the following number of services provided to students with disabilities: Job exploration: 10,407 Work Based Learning: 1119 Postsecondary Counseling: 4678 Work Readiness: 7830 Self-Advocacy Instruction: 7166</p> <p>Nebraska VR completes a Transition Planning Agreement form with all schools at the beginning of the school year to ensure intentional and coordinated planning to deliver services to students with disabilities.</p>
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<p>4.2.d VR and the DHHS (DDD and DBH) will coordinate funding to sustain supported employment milestones when VR is implementing an Order of Selection and individuals are on VR’s waiting list for employment services</p>	<p>VR, DHHS</p>	<p>NDE-VR will reduce the waitlist for vocational rehabilitation services</p>	<p><u>Year 1:</u> NDE-VR will eliminate the waiting list for VR services for priority group 1.</p>	<p>In process - VR and DD have agreed to a strategy to allow waiver participants to access Prevocational and Supported Employment services while on the VR waiting list (Order of Selection). Next steps are to coordinate/blend funding and integrate DBH into coordination efforts as of June 2020.</p> <p>Effective December 2020, Nebraska VR will eliminate the wait list for Priority Group 1. Nebraska VR has removed over 3000 people from the wait list since implementing the Order of Selection in December 2017.</p>
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<p>4.2.e DOL and VR will align efforts to increase the number of businesses, in a variety of sectors, that are hiring and retaining employees with disabilities.</p>	<p>DOL, VR</p>	<p>Increase the number of individuals who exit VR supported employment with competitive integrated employment.</p>	<p><u>Year 1:</u> VR will monitor the employment status of individuals with disabilities in the second and fourth quarters after their exit from the VR program.</p>	<p>In Year 1 of this Plan, Nebraska VR hired two additional Business Account Managers (BAMs) to assist with the outreach to employers. Nebraska VR now has a total of 4 BAMs. Nebraska VR currently hosts five (5) Project SEARCH Business Advisory Councils (BACs) in Nebraska. The measurable goal is 100% employment of Project SEARCH intern participants. Among the five Nebraska BACs there are more than 40 businesses involved. All Nebraska VR field offices conduct meetings with other workforce partners in order to expand the number of businesses and sectors hiring people with disabilities (e.g., Employ meetings).</p> <p>In Program Year 2019, total supported employment cases closed by Nebraska VR: 103; Total successful: 47; Percentage: 45.63% people who received VR supported employment (SE) or customized employment exited with competitive integrated employment.</p>
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	NCBVI	Increase the number of individuals who receive NCBVI VR services who exit with competitive integrated employment.	<p><u>Baseline:</u> In FFY 2018, NCBVI provided employment services to 369 individuals who were blind or visually impaired and met Priority 1 criteria, with 58 individuals securing competitive employment</p> <p>Identify clients who closed successfully within the Federal Fiscal Year.</p> <p>In FFY 2020, we had 28 clients exit with competitive integrated employment. In FFY 2021, we anticipate 29 clients exiting the program with competitive integrated employment.</p>	
<p>4.2.f DBH will issue a policy statement and provide educational materials to address attitudes about the ability of individuals with SMI to work</p>	DBH			
<p>4.2.g DBH will develop and implement tracking and monitoring of training, certification, and employment of peer specialists</p>	DBH		<p><u>Year 1 DBH:</u> # persons trained in PS: 103</p> <p><u>Year 2 DBH:</u> # persons trained in PS:</p> <p><u>Year 3 DBH:</u> # persons trained in PS:</p>	<p>103 persons trained in PS FY19 FY20 annual data report pending</p>

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<p>4.2.h In collaboration with MLTC, DDD will continue plans and report progress on closure of any waiver-funded workshops/enclaves and on movement to community-based alternative employment options</p>	<p>DDD/MLTC</p>			
<p>4.2.i DDD will implement a mechanism for tracking employment for participants in Medicaid DD HCBS waivers</p>	<p>DDD</p>			<p>In process, Therap module has been implemented and data entry is nearing completion, as of June 2020</p>
<p>4.2.j DHHS and state agency partners will assess current practices and identify opportunities to increase hiring people with disabilities in state employment.</p>	<p>DHHS</p>			
<p>4.2.k The Regional Centers will explore utilization of peer bridgers to support consumer transitions from institutional settings</p>	<p>DHHS</p>			<ul style="list-style-type: none"> • DBH – Access to PS in the community is operational and expanded; PS is Medicaid covered benefit. • Roles of peers in transitions between services reviewed during current Strategic planning and LRC/NRC internal planning

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<p>4.2.I VR will continue monitoring the median earnings of individuals with disabilities who work full-time after exit from the VR program</p>	<p>VR</p>	<p>Increase the median earnings of program participants who are in unsubsidized employment during the second and fourth quarter after exit from the VR program</p>	<p>The median earnings of program participants who are in unsubsidized employment during the second quarter and fourth quarter after exit from the program, as established through direct UI wage record match, Federal or military employment records, or supplemental wage information.</p>	<p><u>Baseline:</u> In 2017, the median earnings of working-age people with disabilities who worked full-time/full-year in Nebraska was \$40,400.</p> <p>Nebraska VR data: py18 Quarter 2: \$3988.25 py18 Quarter 4: \$4154.03 py19 Quarter 2: \$3903.74 py19 Quarter 4: \$4641.51</p>
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Goal # 5 - Nebraskans with disabilities will have access to affordable and accessible transportation statewide.				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
<p>5.1 Through the statewide mobility management project will continue to implement marketing strategies to increase awareness about the availability in public transportation.</p>	<p>NDOT</p>	<p>Rural Passenger Boardings will increase</p>	<p><u>Year 1:</u> NDOT will support 699,672 Rural Passenger Boardings.</p> <p><u>Year 2:</u> NDOT will support 706,669 Rural Passenger Boardings</p>	<p>COVID 19 negatively impacted rural ridership in FY20 with a 15% decrease compared to FY19. NDOT conducted 2 surveys of rural agencies and analyzed the results in a report and executive summary available at nebraskatransit.com. Based on the surveys, nearly 75% of rural transit agencies that responded either reduced or suspended services from February-May 2020. Most resumed normal service in August but ridership is still below pre-COVID numbers. The use of</p>

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				telehealth has likely impacted ridership for people with disabilities. NDOT received \$27.1 million through the CARES Act specifically to support rural public transit agencies and intercity bus providers through the pandemic. The federal funding provides 100% reimbursement of eligible expenses to prevent agencies from closing permanently.
5.2 Support intercity bus marketing campaigns with federal funds.	NDOT	Intercity Passenger Boardings will increase.	Year 1: NDOT will support 23,812 Intercity Passenger Boardings.	COVID 19 has also impacted intercity bus service in Nebraska. In FY19 NDOT used federal funds to support 4 intercity bus providers with ridership of 18,626 boardings. In FY20 NDOT supported 6 providers with ridership of 12,326. One intercity bus company, Black Hills Stage Lines, reported a 30% decrease in ridership in FY20. NDOT set aside nearly \$3 million in CARES Act funding to support intercity bus service through the pandemic.
			Year 2: NDOT will support 24,050 Intercity Passenger Boardings.	
5.3 Will establish regular meetings with the	DHHS/NDOT			Regular meetings have not been established but NDOT Transit does

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<p>Nebraska Department of Transportation (NDOT) to open lines of communication and collaboration</p>				<p>have contact information for Medicaid transportation questions/issues and this has been very helpful.</p>
<p>5.4 DHHS and transportation partners will explore expanding coverage of additional methods of transportation for individuals with disabilities to access services.</p>	<p>DHHS</p>			<p>NDOT continues to use federal and state funds to procure ADA accessible vehicles for agencies. NDOT also supports expansion of service to areas currently not served or underserved. For example, in early 2021 a new transit agency will provide service to Custer County which is currently underserved, and they will also provide transit service in Logan County which previously had no transportation options. NDOT supports expansion through reimbursement of operating and capital expenses using federal and state funds.</p>
<p>5.5. DHHS and transportation partners will explore strategies to address the shortage of transportation providers that accept Medicaid and/or participate with the Medicaid Managed Care health plans.</p>	<p>DHHS</p>			<p>In March 2020, the NDHHS Medicaid Transportation Manager invited representatives from 3 transportation brokers to participate in a round table discussion with rural transit providers. The event was very well attended and gave transit managers the opportunity to ask questions and discuss barriers to participation in the Medicaid transportation program. All</p>

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				<p>attendees agreed that this conversation should occur annually and will be facilitated by NDOT, NDHHS and the Nebraska Association of Transportation Providers.</p>
<p>5.6 The statewide Mobility Manager will assess interest/need for a Mobility Manager in each of the six regions.</p>	<p>NDOT</p>			<p>Currently, Nebraska has one statewide mobility manager. He facilitates coordination by connecting transit providers, helps secure local match, communicates with elected officials, etc. Expanding the mobility manger program to each transit region is still under consideration. In the northeast region, the transit provider in Norfolk is exploring the possibility of hiring a mobility manager to help expand services, secure funding for expansion, manage a proposed transit facility construction project, etc.</p>
<p>5.7 NDOT will procure technology solutions to enhance access to transportation for individuals with disabilities.</p>	<p>NDOT</p>			<p>NDOT and our consultant partners have pre-approved 8 transit technology software companies that rural agencies can contract with for technology solutions. To date, 11 rural transit agencies have contracted directly with one of these companies.</p>

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				<p>The technology enhances access by providing for pre-paid fare cards, vehicle trackers so passengers know when their bus will arrive, and online trip reservations.</p> <p>Within the next 12-18 months NDOT expects to purchase “one-click” software that would allow users to plan their trips in Nebraska online. The software will assemble information on a variety of available transportation modes: public transit, private, rail, rideshare, carpool, volunteer, paratransit, walking and biking.</p> <p>With input from Nebraska’s visually impaired community, NDOT recently upgraded their website at nebraskatransit.com to make it more user friendly and accessible.</p>
<p>5.8 NDOT will facilitate collaboration among communities that lack any public transportation with neighboring counties/communities that do have public transportation, to explore cross-county services.</p>	<p>NDOT</p>			<p>NDOT supports service expansion across the state. As previously noted in 5.2, a new provider in Custer and Logan Counties will start services early 2021. In 2020, Kimball County Public Transit expanded to service to Banner, Cheyenne and Keith Counties which previously had no service. They also started out of state</p>

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				transportation to Denver, Fort Collins, Loveland and Cheyenne WY.
5.9 NDOT will explore opportunities for regionalized transportation within the six regions across the state	NDOT			NDOT and the Mobility Management Team have prioritized coordination and service expansion in the Northeast Region of the state. A coordination plan is under development with Norfolk Public Transit and the Ponca Tribe which provides public transportation through their Ponca Express program. This project would expand regional services, launch flex route service in Norfolk and add on demand service in the area (e.g. Uber and Lyft). The Ponca Tribe, City of Norfolk and Norfolk Public Transit are also in talks to build a joint transit facility in Norfolk on land to be donated by the community college. NDOT will support the capital project with federal funds.
5.10 NDE-ATP will focus efforts towards educating Service Coordinators and VR staff on vehicle modifications and the process to obtain them.	NDE-ATP	The number of individuals with disabilities receiving NDE-ATP supported vehicle modifications will increase	<u>Year 1:</u> NDE-ATP completed vehicle modifications and repairs will increase by 3 percent from the baseline	NDE-ATP is sending out quarterly newsletters to Waiver Services Coordinators and Nebraska’s VR staff spotlighting various types of AT including vehicle modifications
			<u>Year 2:</u> NDE-ATP completed vehicle modifications and repairs will increase by 3 percent from Year 1	

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			<u>Year 3</u> : NDE-ATP completed vehicle modifications and repairs will increase by 3 percent from Year 2.	
5.11 DHHS will, in collaboration with the Nebraska state legislature, complete a rate study on the cost of doing business for transportation for individuals with disabilities. The DHHS reimbursement schedule for transportation services is prescribed in Nebraska law and has not been reviewed in recent years.	DHHS/Legislature			

Goal # 6 - Individuals with disabilities will receive services and supports that reflect data-driven decision-making, improvement in the quality of services, and enhanced accountability across systems.

Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
6.1 Data Collection/Program Evaluation				
6.1.a DHHS will establish data governance policies that define utilization of data for continuum of care management and cross-division care management.	DHHS			MLTC will fully implement on 11/2/2020 an integrated data warehouse for Medicaid data that will provide the opportunity to

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				partner with sister divisions and define baseline policies.
<p>6.1.b CFS and sister agencies will evaluate System of Care data to identify cross-system/complex cases and to identify service needs as well as gaps in care.</p>	<p>CFS/DHHS Divisions</p>			<p>1) In January and February 2020, five full day trainings were conducted across Nebraska on low cognitive disorders and mental illness. Each training earned participants 5.5 CEUs (mental health, social work, and criminogenic). Bill Reay, Ph.D. presented at each training opportunity. A sixth training opportunity was offered in June 2020 and occurred virtually due to COVID-19 precautions which prevented in person training. This training reached 136 individuals reaching system partners from Developmental Disabilities, Children and Family Services, Division of Behavioral Health, Administrative Office of Probation, and community providers from across Nebraska.</p> <p>2) The Grace Abbott School of Social Work and Nebraska System of Care (NeSOC) collaborated on a specialized clinical endorsement training for mental health providers throughout the state of</p>

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				<p>Nebraska. This training provided a clinical endorsement in treating youth with co-occurring low cognitive disorders and mental illness. One hundred and eight master’s level clinicians applied to attend. Twenty-five master’s level clinicians were selected. There was representation from each behavioral health regions. Participants completed 7 hours of live virtual trainings with content experts along with virtual learning assessments throughout 14 weeks of training. Participants received continuous individualized feedback and received access to resources to share with other professionals. There was a 100% completion rate for all 25 participants. Specialized provider training focused on:</p> <ul style="list-style-type: none">• The use of data and assessments when working with this youth population.• Adapting evidence-based practices and treatment planning with this youth population.
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				<ul style="list-style-type: none"> • Using valid and reliable measurement tools to determine clinical progress when working with youth population. • The role of psychiatry and multi-disciplinary teams. <p>Participants had the opportunity to engage in weekly follow- up consultations from June through September 2020. These consultations focused on implementing interventions with this population, adapting evidence-based practices, and assessment and data collection. Participants who completed this training and the follow-up consultations qualified for a specialized provider endorsement with this population.</p>
<p>6.1.c MLTC will use Medicaid data to facilitate case reviews/care planning for DHHS complex cases</p>	<p>MLTC/DHHS Divisions</p>			<p>MLTC implemented on 11/2/2020 an integrated data warehouse for Medicaid data that will provide the opportunity to monitor complex patient cases and work with MCOs to identify opportunities to provide patient specific supportive services and partner with DBH and DPH on patient-centered care planning.</p>

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<p>6.1.d DBH will use data reported through the electronic billing system to generate reports and conduct more advanced analysis of services provided.</p>	<p>DBH</p>			<p>EBS functionality: utilization, cost per consumer, cost per service, cost per unit, provider and regional data, trended utilization, etc. operational.</p>
<p>6.1.e DHHS will identify and address intra-agency data sharing capabilities and limitations in order to establish comprehensive baseline information for future Olmstead planning and tracking longitudinally for plan evaluation.</p>	<p>DHHS</p>	<p>DHHS divisions will generate comprehensive and longitudinal data to identify and track individuals with disabilities across the age span receiving services, the services provided, and the settings in which services are provided, and will use these data to report changes in service delivery via the Olmstead Plan evaluation process.</p>	<p><u>Year 1:</u> Each DHHS division will identify its data system’s capacity and limitations for identifying individuals funded to receive community-based services and projecting unmet needs. Divisions will generate reports on the numbers and demographics of individuals funded to receive services, the services provided, and the settings in which individuals are served.</p> <p><u>Year 2:</u> DHHS will establish a methodology for intra-agency data-sharing capabilities to identify individuals and families receiving services across divisions, providing for a comprehensive analysis of services provided, the cost of care, and gaps in care.</p> <p><u>Year 3:</u> DHHS divisions will report and analyze data across agencies within the</p>	<p>MLTC implemented on 11/2/2020 an integrated data warehouse for Medicaid data that will provide the opportunity to develop baseline metrics for individuals receiving community-based services.</p>

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			Department, to evaluate the progress made as a result of this initial Olmstead Plan, and to identify refinements needed for ongoing planning efforts. The results of this analysis will be captured in the Olmstead Year 2 Evaluation Report.	
6.1.f DHHS will explore inter-agency data reporting and data sharing to enhance future Olmstead planning and evaluation.				
6.1.g DHHS will explore a satisfaction survey as part of monitoring the implementation of this Olmstead Plan.				
6.1.h DHHS will continue the work of the Chief Data Strategist, the position that was created to demonstrate DHHS’s commitment to data reporting, evaluation, identification of data gaps, and assessment of future service needs.				
6.2 Quality Improvement				
6.2.a. DDD and MLTC will, in collaboration with the	DDD, MLTC/DD Council			In progress, Sub-award with vendor to have Dr. Friedman

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<p>Developmental Disabilities Council, ensure ongoing integration of person-centered planning principles in all Nebraska long-term care programs.</p>				<p>provide training is with DHHS Procurement with an anticipated start date of May 1, 2020</p> <p>DHHS and the Developmental Disabilities Council is working collaboratively with Mark Friedman of the National Center on Advancing Person-Centered Practice (NCAPPS) to train 500+ service coordinators, supervisors, central office staff, families, guardians, participants and other stakeholders. A kickoff Facebook live took place on September 9th, 2020, and virtual instruction will begin in mid-September 2020.</p> <p>Kick off with Tony Green and Kristen Larson from DD council occurred on September 9th, 2020. First round of training with service coordination supervisors and central office staff completed in November 2020. Second round of training has started for service coordinators including staff from all four HCBS Waiver programs. Third round of training is scheduled for Spring of 2021 for participants, guardians, families, stakeholders and providers.</p>
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				<p>Training is virtual and is ADA compliant. Monthly webinars are held for all stakeholders, and all information is current and made available for the public on the DHHS website. DDD is in the early stages of working with a consultant to provide technical assistance regarding policies and procedures across all four HCBS waivers.</p>
<p>6.2.b DDD will achieve measurable improvements of the 13 categories in the 2017-2018 Adult In-Person survey of the National Core Indicators that will be reported by June 2019</p>	<p>DDD</p>	<p>DDD will achieve improvement annually across the 108 questions in the Adult In- Person Survey of the National Core Indicators.</p>	<p><u>Year 1:</u> DDD will achieve 10-percent improvement across the 108 questions in the 2018–2019 Adult In-Person Survey of the National Core Indicators that will be reported by June 2021.</p> <p><u>Year 2:</u> DDD will achieve 10-percent improvement across the 108 questions in the 2019–2020 Adult In-Person Survey of the National Core Indicators that will be reported by June 2022</p>	

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			<u>Year 3:</u> DDD will achieve 10-percent improvement across the 108 questions in the 2020–2021 Adult In-Person Survey of the National Core Indicators that will be reported by June 2023	
6.2.c. MLTC and DDD will achieve all milestones identified in Nebraska’s Medicaid Home and Community Based Services Statewide Transition Plan, assuring full compliance with the HCBS Settings Final Rule, by March 2022	MLTC, DDD			In progress, Final steps of the Statewide Transition Plan are nearing completion with an anticipated submission date to CMS for end of Q1 SFY2021 if plan must go back for public comment. Transition plan still needs approval by CMS as of June 2020
6.2.d. DDD will contract with a Quality Improvement Organization-like entity to implement a more robust incident management system, including a death mortality review	DDD			In process, RFP with DAS procurement with anticipated release date early to mid-May. Project initiation document being drafted as of June 2020
6.2.e CFS will leverage and align efforts under the Family First Prevention Services Act to target resources to further support the use of evidence-based practices.	CFS			CFS has partnered with Chapin Hall to identify resources and use of evidence-based practices, in Nebraska, in an effort to align with FFPSA. This will be a 5 year project that entails three scopes of work: A Gaps/Needs Analysis; A

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				Readiness and Implementation Assessment; and, a formal and rigorous evaluation of EBPs used in Nebraska that have not been deemed as “well supported” as defined by the Federal Clearinghouse.
6.2.f DHHS will implement performance-based contracting for nursing facilities	DHHS			
6.2.g DDD will transition Extended Family Homes to Shared Living or Host Homes	DDD			Completed – DDD has transitioned Extended Family Homes to Shared Living or Host Homes

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Goal # 7 - Nebraskans with disabilities will receive services and supports from a high-quality workforce				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
7.1 CFS will continue the Bachelor of Social Work/Master of Social Work (BSW/MSW) Stipend Program	CFS	<ul style="list-style-type: none"> • Increase retention • Increase the number of DHHS workers with BSWs and MSWs • Prioritize the enrollment of students who reflect the diversity of Nebraska’s child welfare population • Students feel supported by DHHS 	In order to evaluate both the implementation process and specific outcomes for the program, DCFS collects data through on-line surveys and administrative data.	<p>The first cohort of MSW students graduated in August 2019 (2) and December 2019 (5). Of the seven students, five remain employed at DHHS in a Title IV-E applicable position. The second cohort of MSW students began in fall 2020 and include six DHHS teammates.</p> <p>Sixteen students have participated in the BSW program since the fall of 2018. The BSW stipend program was extended statewide to all accredited social work programs for the fall 2019 semester.</p>
7.2 DHHS will collaborate with institutions of higher learning and other partners as appropriate to expand certification programs that promote career ladders for direct service providers, such as the Respite Service-Learning Certification program	DHHS/Institutes of Higher Learning		<p><u>Year 1:</u> A minimum of 45 additional students will have successfully completed the Respite institute of higher learning program.</p> <p><u>Year 2:</u> At least 45 additional students will have successfully completed the Respite institute of higher learning program.</p>	

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Goal # 7 - Nebraskans with disabilities will receive services and supports from a high-quality workforce				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
			<u>Year 3</u> : At least 45 additional students will have successfully completed the Respite institute of higher learning program.	
7.3 Behavioral Health Education Center of Nebraska and DBH will continue to collaborate and align strategic planning, to advance the implementation of evidence-based practices through workforce training and growing the behavioral health workforce	DBH/BHECN	Increase Nebraska’s behavioral health workforce and, through specific and targeted best practices training, improve competencies to serve individuals with complex and co-occurring behavioral health needs.	<u>Year 1</u> : 100 community-based provider staff over the baseline will receive DBH-sponsored training.	<ul style="list-style-type: none"> • 2020 EBP survey completed 8/20. • Needs assessment for new Strategic Plan implemented in summer 2020. • DBH Director on BHECN Advisory Council. • BHENC has new community outreach worker and reinstated regular meetings beginning 10/2020. • 2020 Business Plan for DBH metrics on over 750 trained by/through DBH activities in 2020.
			<u>Year 2</u> : An additional 100 community-based provider staff will receive DBH-sponsored training.	
			<u>Year 3</u> : an additional 100 community-based provider staff will receive DBH-sponsored training.	
7.4 DHHS and state agency partners will explore opportunities to recruit and hire people with disabilities.	DHHS			

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Goal # 7 - Nebraskans with disabilities will receive services and supports from a high-quality workforce				
Strategies	Lead Agency/ Others Needed	Outcomes	Measures	Status/Notes
7.5 VR will work to increase the diversity of traditional health care providers and health system leaders by expanding pipeline programs and other supports and incentives for students.	VR	<p>The final report for the Career Pathways Advancement Project (CPAP) will be available in April 2021.</p> <p>The CNA certificate program Nebraska VR developed with health care partners was paused due to COVID-19 but Nebraska VR will be convening the partners this winter to prepare to resume early Spring 2021.</p>		<p>Nebraska VR is in the 5th and final year of implementing the Career Pathways Advancement Project (CPAP). Health care is one of the sectors identified. CPAP has created a pipeline for Healthcare to upskill/backfill the workforce. Additionally, Nebraska VR has created a CNA certificate program in the metro area. Certificate Programs offer hands-on training programs for students and adults with disabilities. This opportunity results from a partnership with local Nebraska VR service offices, three to five core business partners in the area, a community college, and local schools. Students take classes, tour business, and either work part-time or participate in an internship with our employer partners.</p>