

Nebraska Olmstead Plan Evaluation Report Executive Summary

The Nebraska Department of Health and Human Services (DHHS) conducted an evaluation of the state's Olmstead Plan in 2023-2024, as required by legislation. The evaluation, carried out by Partners for Insightful Evaluation (PIE), explored five key questions. A core intent was to assess progress on the plan's seven goal areas and gathered input to inform future iterations, with a focus on efforts in Fiscal Year (FY) 2023 (July 2022 – June 2023) and FY2024.

Key Findings

1 To what degree has progress been made among the seven goals of the Olmstead Plan?

Progress across the seven goals has varied. According to the Olmstead outcomes monitoring system monitored by DHHS, 66% of the 41 benchmarks set for FY2023 and 51% set for FY2024 were achieved. Goal 6 (Data-Driven Decision Making) completed 83% and 100% of the benchmarks in FY2023 and FY2024, respectively. In contrast, Goal 5 (Transportation) only completed one of the four benchmarks (25%) in FY2023 and none in FY2024. On average, 10% of partner survey respondents felt a great deal of progress had been made across the six goal area workgroups, while 23% reported no progress. The most progress was perceived in data, education, and community supports.

2 What improvements and impacts have resulted from the Olmstead Plan, including collaborations between state agencies?

Key improvements include increased advocacy for individuals with disabilities, enhanced collaboration among state agencies, and policy changes such as the elimination of the Developmental Disabilities (DD) Registry waitlist. The plan has fostered stronger partnerships between state entities and new collaborations with nonprofits, particularly in the housing sector. Implementation of the 9-8-8 crisis line and increased access to transportation in rural counties were also noted as significant impacts.

3 What activities and outcomes should be included in the next iteration of the Plan?

Nebraska's Olmstead Plan contains most of the key areas that partners and stakeholders felt it should; however, additional activities and outcomes were identified for consideration in the next iteration of the plan. These are based on feedback from partners and stakeholders as well as a review of other states' Olmstead Plans. The evaluation suggests adding new goal areas such as health/medical care and collaboration/service coordination and separating out education and employment (currently Goal 4) into distinct ones. Another suggestion was to reduce the number of outcomes. Stakeholders recommended including more outcome-focused measures alongside process measures, particularly for the community services and housing goals. Activities to increase public awareness of the Olmstead Plan and enhance inter-agency collaboration were also suggested.

4 What are the barriers/challenges and facilitators/successes for implementing the Plan?

Key facilitators included strong partnerships and collaborations among stakeholders, and active involvement of advocates. The diversity of partners involved in workgroups was seen as a strength. Major barriers include limited funding, lack of comprehensive data on needs and gaps, workforce shortages across various sectors, and limited public awareness of the plan.

Inconsistent workgroup leadership and the slow pace of change were also identified as challenges.

5 To what degree do the metrics in the Olmstead Plan support the goals and outcomes? How could they better align?

On average, over 80% of partner survey respondents felt the metrics were moderately or very well aligned, though it varied by goal. The evaluation found that alignment tended to be higher in areas where more data is available to understand the problem. Key partners noted that while outcomes generally aligned well, it is primarily because the plan includes outcomes that agencies are already addressing. To improve alignment, recommendations include defining key terms more clearly, developing more outcome-focused measures, and ensuring agencies can report on metrics before finalizing plan objectives. Setting longer-term benchmarks that align with the length of the evaluation cycle (rather than being annual benchmarks) and integrating outcomes that stretch beyond what agencies are already doing were also suggested to better support progress toward the plan's overall vision.

Recommendations

The recommendations offer a comprehensive approach to refining and enhancing support for individuals with disabilities. While the full list of detailed recommendations is provided in the report, the following summarizes key suggestions:

1. The plan's structure could be streamlined by combining Goal 3 (Appropriate Settings) with Goal 1 (Community Services), recognizing that an individual's ability to receive services in appropriate settings is closely tied to their access to such services.
2. Data-driven decision-making (currently Goal 6) could be integrated across all areas of the plan rather than remaining a stand-alone goal.
3. To address important aspects of support that may not be fully captured in the current plan, new goals such as health/medical care and collaboration/service coordination are proposed.
4. To allow for more meaningful progress and evaluation, the recommendations suggest extending the plan's duration to six years, with mid-point updates. This longer timeline would provide more opportunity for substantial change and impact.
5. To improve the plan's development process, workgroups could identify high-level priorities, followed by collaboration with agencies implementing the work to determine specific outcomes and benchmarks. This approach ensures that those responsible for carrying out the plan are directly involved in setting achievable goals.
6. Recognizing the challenges of statewide implementation, the recommendations propose prioritizing specific communities, populations, or areas that would benefit most from targeted interventions. This focused approach could lead to more significant impacts in areas of greatest need.
7. To create a more manageable and effective plan, reducing the overall number of outcomes is suggested. This consolidation, coupled with a shift towards a broader, big-picture approach rather than detailing specific action steps, aims to provide a clearer vision while allowing for flexibility in implementation.

Collectively, these recommendations aim to create a more focused, impactful, and adaptable Olmstead Plan that can better serve the needs of Nebraskans with disabilities over time. By streamlining goals, prioritizing areas of greatest need, and taking a more strategic approach, the plan has the potential to drive significant and lasting improvements in the lives of individuals with disabilities across the state.