

Department of Health and Human Services

Business Plan

State Fiscal Year 2020



Helping Hands: Helping People Live Better Lives

Pete Ricketts
Governor

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Dannette R. Smith
Chief Executive Officer

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MESSAGE FROM THE CEO



DANNETTE R. SMITH, CEO

As I reflect on my first few months with the Nebraska Department of Health and Human Services, I have been impressed by the commitment and dedication displayed by the DHHS team. Our Department is responsible for the health and well-being of all Nebraskans. I have observed the enthusiasm and passion this team has for delivering exceptional human services.

As I have been talking with our Executive Leadership Team, community stakeholders, and visiting our DHHS teammates throughout Nebraska, it is clear there is a wealth of talent among our team.

I am proud of the great work being done by each of our teammates and I am thankful for their leadership and efforts.

Through the first few months I have been here, my team and I have been assessing how we can further enhance our capabilities to assist those who receive our services across the state. Through this learning I have developed a four-prong approach for my time at DHHS:

- Create an integrated service delivery system
- Establish and enhance collaborative relationships with the community, stakeholders, and policymakers
- Align DHHS teammates under our mission of “Helping People Live Better Lives”
- Enhance the Department’s internal infrastructure to provide more effective, efficient, customer-focused services to Nebraskans

As we move forward, utilizing innovation and collaboration with superior execution, I want to continue our current positive momentum to further the mission set by Governor Ricketts for effective, efficient, and customer-focused state government by building upon the strong foundation established by the previous CEO, Dr. Courtney Phillips. Under Dr. Phillips’ leadership the Department launched three consecutive business plans; the first being in state fiscal year 2016-17. I appreciate the work Dr. Phillips started and look forward to building on that foundation to provide the best health and human services possible.

I am excited to share the fourth edition of the DHHS Business Plan, *Helping Hands: Helping People Live Better Lives*. The initiatives you’ll find outlined in this plan represent efforts that will help DHHS achieve our vision and help the Department truly transform services for the citizens of Nebraska. The title of this business plan reflects the fact that the fulfillment of our mission demands the unified effort of the entire DHHS team – a mission I know we are up for! We have been strategic in defining our initiatives to ensure they lead to sustainable progress and improvements for Nebraskans that will last well into the future.

I’m excited about our future and what we will achieve together as a team for the citizens of Nebraska!

A handwritten signature in black ink that reads "Dannette R. Smith". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Dannette R. Smith, CEO



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

Helping People Live Better Lives

CORE COMPETENCIES

Demonstrates Responsibility and Accountability

Demonstrates Professional Composure

Demonstrates Effective Interpersonal Relationships

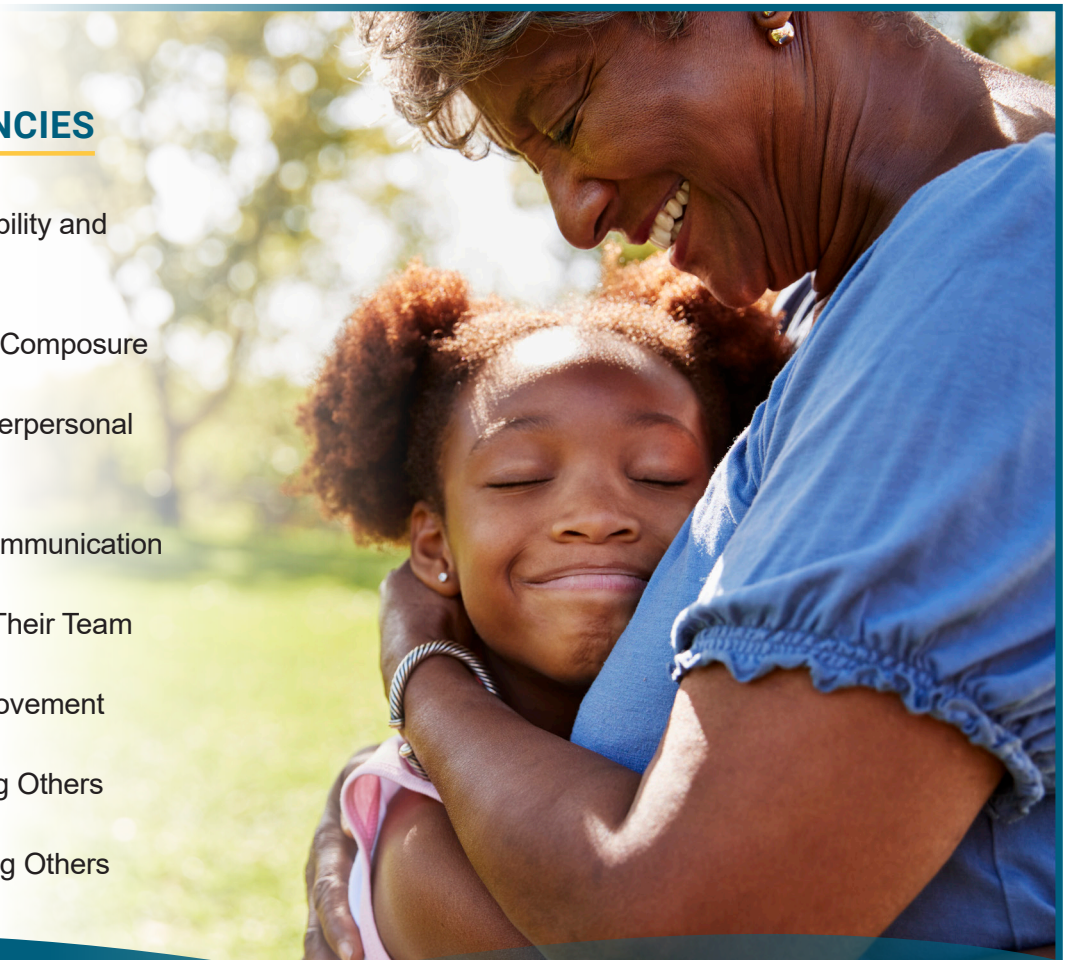
Demonstrates Productive Communication

Demonstrates Support of Their Team

Demonstrates Self-Improvement

Demonstrates Motivating Others

Demonstrates Developing Others



EXECUTIVE SUMMARY

Governor Pete Ricketts has set state government on a positive trajectory through his leadership. The FY20 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 (DHHS or Department) seeks to fulfill the mission of “Helping People Live Better Lives” through the efforts of more than 4,500 teammates. DHHS consists of five Divisions, seven 24-hour facilities, and 10 operational 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 - Kearney	Operational Excellence
		Operations & Materials
		Procurement & Contracting
		Records & Regulations

Last state fiscal year, 80% of DHHS appropriations were for client benefits and services to Nebraskans, 4% were for state-operated facility-based services, and 3% were to provide population-based services.

The state fiscal year 2020 Business Plan (July 1, 2019 - June 30, 2020) is the Department’s fourth business plan and outlines key initiatives (but certainly not all of the initiatives/efforts) that will guide the work of the Department through the next fiscal year.

EXECUTIVE SUMMARY CONTINUED

The Department's FY20 Business Plan identifies 15 priority initiatives that strategically align with the Governor's leadership. To achieve the Governor's aims, CEO Smith has developed a four-prong approach:

1. Create an integrated service delivery system
2. Establish and enhance collaborative relationships
3. Align DHHS teammates under our mission of Helping People Live Better Lives
4. Enhance 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 nine initiatives in this category:

- Maintain and Improve ACCESSNebraska's Performance
- Family First Prevention Services Act
- Access to High-Quality Child Care
- Nebraska Olmstead Plan
- Identify the Institutional Level of Care Assessments
- Medicaid Long-Term Care Redesign
- Heritage Health Adult Expansion Program Implementation
- Child Welfare Adaptation of Healthy Families America
- Promoting Wellbeing at DHHS Facilities

DEVELOP COLLABORATIVE RELATIONSHIPS

There are three initiatives in this category:

- SNAP Next Step
- Enhance Constituent Outreach
- Behavioral Health Workforce Competencies

ALIGN TEAMMATES UNDER ONE MISSION

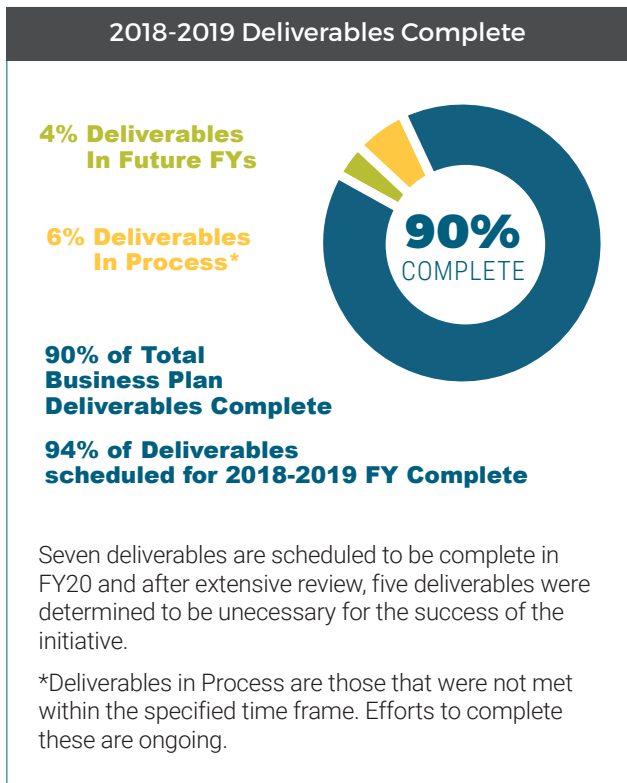
- There is one initiative in this category — Mission-Driven Teammate Life Cycle

ENHANCING INTERNAL INFRASTRUCTURE

There are two initiatives in this category:

- Fiscal Stewardship
- Increase Fiscal Proficiency and Identify New Areas of Improvement

2018 - 2019 Business Plan Deliverables

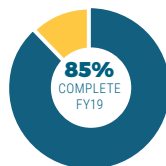


● Completed ● In Progress ● Future FY

Integrating Services and Partnerships

Heritage Health, A Quality Approach to Managed Care
Continued Initiative From First Business Plan, 2016-2017
11 of 13 deliverables met
1 deliverable in future FY

1. To provide the best quality of care to Nebraskans, while being careful stewards of their tax dollars, and improve performance in identified quality measures.
2. To ensure that members will receive high-quality care and services, MLTC will deploy a Health Management Program.
3. MLTC will integrate non-emergency transportation services into Heritage Health to better serve members and improve the quality of their care.



Status: Two deliverables not met are in regards to Tdap immunization levels. These deliverables were stretch goals. Nebraska Medicaid and the managed care organizations will continue outreach and education efforts to members and providers.

Keeping Families Together Continued Initiative From 2017-2018 7 of 7 deliverables met

It is widely understood that poverty is a major contributing factor to families becoming involved in the child welfare system and requiring public benefits, in the form of food stamps or assistance programs. The goal of this initiative is to stabilize and strengthen families to, once stabilized, prevent intergenerational poverty, prevent intergenerational child welfare system involvement, and achieve self-sufficiency. More specifically, CFS has set the following goals for the pilot programs:

- SNAP Next Step: work with a minimum of 150 Nebraskans in the pilot and help 50 percent find higher paying jobs, benefits, and/or improved work hours.
- Family Focused Case Management: work with 183 families and stabilize 50 percent of the families to avoid a formal intake into the child welfare system, thereby keeping more families together.
- FAST: expand program to Scotts Bluff, Lincoln, Buffalo, Hall, Gage, and Otoe counties to make program benefits more accessible to Nebraskans.



Nebraska System of Care, Youth & Families Continued Initiative From 2017-2018 15 of 15 deliverables met

Increase the percentage of youth who are supported in their home and community through improving youth and families' access to effective behavioral health services.



Promoting Independence Through Community-Based Services

Medicaid Long-Term Care (MLTC) Redesign Continued Initiative From 2017-2018 6 of 6 deliverables met

3 deliverables in future FY
4 deliverables determined not needed

To better serve Nebraskans who require long-term care, and to ensure their tax dollars are used responsibly, MLTC will work on foundational recommendations in the final long-term care redesign plan and work with stakeholders on reforms to the payment methodology of nursing facilities to tie payment to the quality of care delivered.



Promoting Independence Through Community-Based Services

Continued Initiative From 2017-2018 7 of 7 deliverables met 2 deliverables in future FY

Complete 100 percent of on-site assessments of provider workshops by December 31, 2018 to determine areas that impact compliance with the Statewide Transition Plan and identify any areas of non-compliance through remediation and education with providers, in order to increase the quality of Medicaid HCBS received by Nebraskans with intellectual and developmental disabilities.

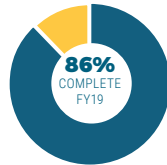


Focusing On Prevention to Change Lives

Addressing Opioid Abuse In Nebraska, Prevention & Care; Prescription Drug Overdose Prevention & Prescription Drug Monitoring Continued Initiative From 2017-2018 6 of 7 deliverables met

The Prescription Drug Monitoring Program (PDMP) will register 40 percent of healthcare providers by March 2019 to assist in preventing opioid abuse, dangerous drug interactions, and unintentional drug overdose by Nebraskans. Additionally, the dispensing of naloxone will increase by 20 percent through collaboration between the Division of Public Health and the Division of Behavioral Health to make the drug available to family and friends of those at risk of an unintentional drug overdose.

Status: The unmet deliverable is the PDMP registering 40 percent of healthcare providers. This deliverable was delayed due to updates to our registered provider list to ensure a more accurate view of those who have access to the PDMP system. The team will continue to work to increase the percentage of licensed healthcare providers with access to the PDMP.



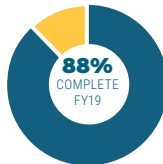
Addressing Opioid Abuse in Nebraska, Prevention & Care; State Targeted Response (STR) Grant, Opioid Treatment New Initiative 8 of 8 deliverables met

Increase Nebraskans' access to clinically appropriate evidence-based practices for prevention, treatment, and recovery of opioid use disorder and reduce overdose related deaths for citizens through increasing access to naloxone and providing additional education and training opportunities for service providers.



Equip & Empower the Child Protection & Safety Team New Initiative 7 of 8 deliverables met

Foster the continued safety and protection of Nebraska's children by creating a workplace environment that is supportive, trauma informed, embraces ongoing career development, and recognizes the complex work of CFSS professionals in the engagement and strengthening of families. Strive to create professional environments where CFSS professionals are treated as respected social services practitioners and thereby are incentivized to provide quality customer service to Nebraskans. Secure the continued effectiveness and efficiency of CFSS professionals by recognizing, acknowledging, and attaining a level of understanding as it relates to workload limitations and the difficulties associated with working to support children and families in crisis. Implement proactive measures aimed at reducing the CFSS turnover rate to 15 percent and maintain a vacancy rate of 10 percent or



less annually to ensure CFSS professionals maintain a manageable caseload and are able to give each case the highest level of care and attention.

Status: The unmet deliverable is the enactment of the CFSS Career Path. The deliverable was delayed due to leadership turnover on the HR team. The team still plans to enact the Career Path in the future.

Improve Birth Outcomes in Nebraska New Initiative 21 of 21 deliverables met

Through the first year of this effort, 7 new Certified Lactation Counselors were trained and 26 hospitals became Abusive Head Trauma/Shaken Baby Syndrome Prevention Champions. Additionally 46 Nebraska hospitals became Safe Sleep Champion Hospitals, with another 8 pledge to complete the champion process. DHHS is also working with outside partners to complete a Statewide Birth Improvement Plan. These efforts all contribute to the goal of improving birth outcomes for all Nebraskans.



Supporting Family Preservation & Safety Continued Initiative From 2017-2018 7 of 7 deliverables met

To improve the overall well-being and development of Nebraskans and prevent the trauma that results when parents and children are separated by strengthening families and preventing out-of-home removals, when it is safe to do so. This will be accomplished by serving at least 45 percent of all families involved with a protection and safety case with quality services in their family home. CFS will focus on serving these children and families in their home through enhanced family engagement and teamwork and guided decision-making for safety services, and by utilizing the prevention plan developed under the Family First Prevention Services Act (FFPSA). Use of plans developed under the FFPSA, which allows for reimbursement for prevention services provided to children and families, will facilitate the stewardship of federal dollars.

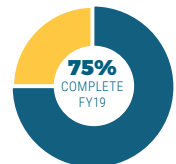


Walk/Bike Communities New Initiative 3 of 4 deliverables met

1 deliverable determined not needed

Increase the number of communities from 14 to 17 that engage and implement walking, biking and active transportation activities through the Nebraska Walk/Bike Communities Initiative in order to promote healthy lifestyles and well-being.

Status: The unmet deliverable is regarding community summits. Two of the three communities are continuing their efforts to hold their summits.



Leveraging Technology to Increase Effectiveness

DHHS Public Website Redesign New Initiative 10 of 10 deliverables met

Launch the redesigned, mobile-friendly DHHS website to improve Nebraskans' experience in navigating for information and services.



Statewide eWIC Implementation Continued Initiative From 2017-2018 6 of 6 deliverables met

The eWIC pilot will be successfully completed in July 2018 and approval will be received from the United States Department of Agriculture Food and Nutrition Service (FNS) to implement eWIC statewide. Statewide implementation of eWIC was completed by December 2018. WIC customer satisfaction surveys were completed at the pilot agency and statewide. The majority of eWIC users find the card easy to use, think the WIC shopper app is helpful, and clients are less embarrassed to use the card at the store compared to using paper checks. Accepting the eWIC card at the register is simpler for retailers than accepting paper checks and shortened the payment time to the retailer by three days.



Increasing Operating Efficiencies and Improvements

Internal Audits, Increase Fiscal Proficiency Continued Initiative From 2017-2018 6 of 7 deliverables met

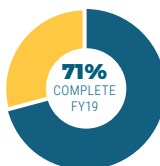
Proactively self-identify \$5 million in fiscal improvements based on a review of audit findings and questioned costs, financial, and program risk. To continue the Department's efforts to be good stewards of Nebraskans' tax dollars.



Status: The one deliverable not met was linked to the 2018 internal audit. Internal Audit delayed the completion of the 2018 audit to focus on areas of potentially higher risk.

Maintain and Improve ACCESSNebraska's Performance Continued Initiative From 2017-2018 5 of 7 deliverables met

Improve client outcomes by providing a positive client experience and quickly connecting them to the services and programs they need to achieve desired outcomes. These outcomes include increasing the self-sufficiency, independence, and wellness of Nebraska's most vulnerable citizens. In order to accomplish these outcomes, ACCESSNebraska must develop client relationships by offering accurate and timely eligibility decisions to applicants, quality in-person assistance and community outreach, and making sure call wait times continue to remain below five minutes each month. Lower call wait times allow ACCESSNebraska to serve more



customers in an efficient, one-call resolution approach, enabling clients and potential clients to save valuable mobile minutes, and giving customers access to benefits when they are required.

Status: The two unmet deliverables are: 1) EA processing of same day applications 35 percent of applications and 2) Process all EA applications in 10 days or less. The ACCESSNebraska team came very close to meeting both throughout the year and will continue their efforts to do so.

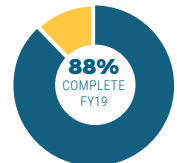
Maximizing Fund Mix Adjustment New Initiative 5 of 5 deliverables met

In order to be great stewards of Nebraskans' tax dollars we improved the timeliness, consistency, and amount of fund mix adjustments to improve federal claiming, reduce the state general fund burden, and stabilize budgets and forecasts, in order to be great stewards of Nebraskans' tax dollars and deliver quality services.



Quality Management in Developmental Disabilities for Those We Serve Continued Initiative From 2017-2018 15 of 17 deliverables met

DHHS developed a quality management structure to review and improve the health and wellness, self-direction support for Nebraskans with intellectual and developmental disabilities compliance to DHHS, state and federal regulations and provider performance, as evidenced by 62 percent in the 2017-2018 Adult In-Person survey of the National Core Indicators. The Division of Developmental Disabilities' focus on overall customer service to individuals and their families, efforts to promote technical assistance to providers and an increased focus on keeping stakeholders informed are some of the factors that contributed to the notable improvement.



Status: The two unmet deliverables are the vendor award and subcontracting compliance for shared living arrangements. The RFP for the vendor award is still in process and the Division is waiting for CMS approval on the subcontracting.

Youth & Community Safety New Initiative 11 of 11 deliverables met 1 deliverable in future FY

The goal of Youth Rehabilitation and Treatment Center - Kearney (YRTC-K) is to promote and improve safety and security by keeping our youth, team members, and the surrounding communities safe from any threat of harm. The construction of a fence around the campus will help the YRTC-K team achieve this public safety goal in many different ways. A perimeter fence will help prevent youth from escaping into the Kearney community and stop any unauthorized parties from entering our campus. The added safety contributes to the ultimate goal of youth leaving YRTC-K and returning to their communities as productive, contributing citizens who will help Nebraska grow.



LEADERSHIP AND AGENCY OPERATIONS

CHIEF EXECUTIVE OFFICER

DANNETTE R. SMITH

Dannette R. Smith, MSW, is the Chief Executive Officer of the Nebraska Department of Health and Human Services. Smith joined DHHS in February 2019 and was confirmed by the Nebraska Legislature in April 2019.

Smith is a strong community advocate for vulnerable populations that are in need of support and services. She brings over 25 years of strategic and organizational expertise and seeks to be a catalyst for creating innovative technology solutions in human service organizations. Throughout her professional life, she has directed organizational transformations, led human capital management programs, directed procurement and fiscal management departments, and more.

Smith has led large and complex state, regional, and municipal government organizations that delivered and coordinated human services in urban, suburban, and small rural areas. Most recently, Smith served as the Director of Human Services in Virginia Beach, VA and Seattle, WA and has held leadership positions in human service departments around the United States.

Smith sets and aligns the overall Department strategy, drives fulfillment of the Department's goals and objectives, and oversees the work of the entire agency.

EXECUTIVE LEADERSHIP TEAM



MICHAEL MICHALSKI
CHIEF FINANCIAL
OFFICER



BO BOTELHO, J.D.
CHIEF OPERATING
OFFICER AND
GENERAL COUNSEL



BRYSON BARTELS
LEGISLATIVE
COORDINATOR



DON SPAULDING
ACTING IS&T
ADMINISTRATOR
AND DHHS CHIEF
INFORMATION
OFFICER



LEAH BUCCO-WHITE
INTERIM
COMMUNICATIONS
DIRECTOR



CARYN VINCENT
EXECUTIVE ADVISOR



BONNIE ENGEL
EXECUTIVE
ASSISTANT

EXECUTIVE LEADERSHIP TEAM



Division of Behavioral Health

SHERI DAWSON, DIRECTOR

Behavioral Health is 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.



Division of Children & Family Services

MATT WALLEN, DIRECTOR

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



Division of Developmental Disabilities

COURTNEY MILLER, DIRECTOR

Developmental Disabilities administers publicly funded developmental disability services to approximately 5,000 individuals within a community-based setting. As of July 2019, another 104 people live in four DHHS intermediate care facilities for persons with developmental disabilities (ICF/DD) in Beatrice.



Division of Medicaid & Long-Term Care

DR. MATTHEW VAN PATTON, DIRECTOR

Medicaid & Long-Term Care includes Medicaid and the Children's Health Insurance Program, Home and Community Services for Aging and Persons with Disabilities, and the State Unit on Aging. The Division will add the Heritage Health Adult Program in October 2020.



Division of Public Health

BO BOTELHO, JD, INTERIM DIRECTOR

Public Health brings together all the elements of public health within the Department of Health and Human Services. It's committed to ensuring Nebraskans receive safe, effective, quality care as well as helping them live a healthy lifestyle throughout their entire lives.



Facilities

MARK LABOUCHARDIERE, DIRECTOR

DHHS facilities serve adults and youth who need crisis stabilization, and/or short, medium, and long-term services in the areas of behavioral health, developmental disabilities, and juvenile services. The adult facilities are: the Beatrice State Developmental Center, the Lincoln Regional Center, and the Norfolk Regional Center. The youth facilities are: the Hastings Regional Center, Whitehall Treatment Center, and the Youth Rehabilitation and Treatment Centers in Geneva and Kearney.

INTEGRATED SERVICE DELIVERY SYSTEM

Maintain and Improve ACCESSNebraska's Performance

DIVISION OF CHILDREN & FAMILY SERVICES

CONTINUED INITIATIVE FROM FY19

Goal

ACCESSNebraska will improve client experience by quickly connecting them to vital assistance by keeping call wait times below five minutes, reducing agency-caused overpayments by 10% from 1,240 to 1,116, processing all Economic Assistance program applications in an average of 10 days or less and ensuring economic assistance and Medicaid applications meet or exceed federal timeliness standards each month during fiscal year 2020.

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.

ACCESSNebraska has maintained a 5 minute or less call wait time since October 2016 for Economic Assistance and since January 2017 for Medicaid, ongoing streaks of 33 and 30 months, respectively. In FFY 2017, Nebraska was in the top 8 in the nation for accuracy and 2nd in the nation for case and procedural error rate. We have had 42 consecutive months of SNAP Processing Timeliness at 96% or better. In recognition of these significant improvements, Nebraska received \$2.3 million bonus dollars from FFY 2016 and FFY 2017 to be spent to continue to improve the ACCESSNebraska system.

Strategy

EO will continue the successful strategies of ACCESSNebraska. EO administrators will meet regularly to continue to move forward with a One Team approach to improving customer service. EO will continue to improve communication and teamwork using Lean Six Sigma process improvement tools, to better coordinate activities and continue to work toward One Contact Resolution by utilizing 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	Monthly
Process Economic Assistance program applications in an average of 10 days or less	Monthly
Provide same-day eligibility determinations for Economic Assistance 33% of the time	Monthly
SNAP applications will meet or exceed the federal timeliness standard of 95%	Monthly
Process Medicaid applications for children and families in 20 days or less	Monthly
Medicaid Aged and Disabled waiver applications will be processed in 45 days or less	Monthly
Medicaid applications will be processed according to federal timeliness standards 95% of the time	Monthly
SNAP accuracy will meet or exceed the federal standard of 95% for active cases reviewed by Quality Control	Monthly
Reduce agency-caused overpayments by 10% from 1,240 to 1,116	June 2020



Family First Prevention Services Act

DIVISION OF CHILDREN & FAMILY SERVICES

NEW INITIATIVE

Goals

1. Child Protection Services will increase family engagement by 10% through an increase in parental contacts and relative notification for the purpose of creating a robust safety and service planning system.
2. The Division of Children & Family Services (CFS) will increase the Federal IV-E Penetration Rate by 25% at the conclusion of FFY 2020 for the purpose of maximizing federal matching dollars while reducing the use of state general fund dollars for child maltreatment.

Background

From July 2013 to July 2019 Nebraska saw a 20% reduction of youth in foster care from 3,821 to 3,042. In addition, Nebraska has experienced a decrease in court cases and increase in non-court cases. 47% of all cases were non-court in the final quarter of 2016 compared to 62% in the second quarter of 2019. Utilizing non-court services results in families staying together and receiving services in their home (non-court) rather than experiencing the trauma of family separation (court cases).

The Family First Prevention Services Act (FFPSA) reforms the federal child welfare financing streams, Title IV-E and Title IV-B of the Social Security Act. It allows states, territories, and tribes to provide services to families who are at risk of entering the child welfare system by utilizing federal funds for prevention services. It places a new emphasis on family foster homes and allows child welfare systems to utilize federal funds to keep children with their parents, relatives or kin, all while curtailing the use of congregate or group care for children. Nebraska is one of only 13 states in the U.S. working toward full implementation of FFPSA by October 1, 2019.

Family Engagement

A significant part of FFPSA is engaging with families in safety and service planning. Families who are identified as having a child “at-risk” of entering the child welfare system are prime candidates for CFS teammates’ use of Safety Organized Practice modules.

Engaging families through prevention encourages trust within families involved in the child welfare system. The implementation will result in fewer families experiencing the trauma of a child removed from the home, more resilient family systems, and greater capacity across the child welfare system.

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. Primarily this increases the quality support they are able to offer a child experiencing the trauma of being removed from their family. This also increases the service array in local communities

for prevention service. 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

The Family Engagement

Child Protection Services will:

- Hire and train a DHHS advocate (i.e., a person who has a lived experience with the child welfare system) to ensure a family’s needs and desires are represented during their time of involvement with the child welfare system. Implementation of the “Family Voice, Family Choice” model for family plans will be statewide. Implement incentives for providers to complete health and safety training
- Implement case mapping for every potential removal to identify and implement a safety network
- Supervisors and program accuracy specialists will provide consistent case reviews to ensure family engagement on day one
- Work with families to identify safety plan network participants, allowing more children to remain safely in their family home
- Increase the involvement of fathers, to help provide informal supports to their children

IV-E Penetration

Internal changes will be made within CFS that will allow the state to better access federal funds. Monthly tracking of IV-E penetration rate will be instituted and the team will work with the more than 600 identified relative/kinship homes to complete the foster parent online training module. This would remove the only identified reason these foster homes were not viewed as IV-E eligible homes. Teammates will be assigned to monitor the transition of homes from IV-E ineligible to eligible. Finally, the team will issue timely awards for FFPSA-related services around mental health, substance abuse, and in-home parenting.

Deliverables

Deliverable	Target Completion
Family Engagement	
10% increase in parental contacts from 3,652 to 4,017 per month	June 2020
25% increase in relative notification tracking for placement and placement changes from an average of 3 notifications per child removed to an average of 4 per child removed	June 2020
Decrease in out-of-home care due to safety plan network developments from 57.2% to 55%	June 2020
IV-E Penetration	
Implementation of online training modules for foster home licensing	September 2019
Implementation of Family First Prevention Services Act (FFPSA)	October 2019
Issue a Request for Proposal for a home study contract	December 2019
Increase the number of licensed foster homes, specifically those that are in a relative or kinship placement, by 50% from 1,324 to 2,013	June 2020
Nebraska IV-E Penetration rate will be at or above 26% for three months consecutively	June 2020

INTEGRATED SERVICE DELIVERY SYSTEM

Access to High-Quality Child Care

DIVISION OF CHILDREN & FAMILY SERVICES

NEW INITIATIVE

Goal

The Division of Children & Family Services will improve access to high-quality child care services by the end of SFY20 for the purpose of providing better outcomes for children and offering an exceptional customer service experience for families.

Background

Access to quality child care is fundamental for family success. The federal government provides funding for child care subsidies, support for child care licenses, and activities that improve child care quality through the Child Care and Development Fund (CCDF). Nebraska utilizes these funds for an array of activities supporting quality child care. Activities include child care subsidy, health and safety monitoring of licensed and non-licensed child care providers, professional development and trainings, and other quality initiatives for low income children. Implementing this initiative ensures state practice aligns with CCDF Re-authorization requirements. This will benefit low-income families in Nebraska, child care providers, DHHS teammates, and employers. Improving access to high-quality child care services, especially for children of low-income families, can lead to better outcomes for children and help low-income families achieve personal responsibility while alleviating their reliance on government assistance.

Strategy

A multi-prong approach will be taken to achieve this initiative:

- Child Care Portal Redesign
- Implement incentives for providers to complete health and safety training
- Create pre-service orientation training, applicable for all child care providers, ensuring required federal topics are included
- Complete market-rate survey and rate increases for child care providers to ensure child care providers are offered a competitive rate for providing high-quality child care services
- Successful implementation of Nebraska Preschool Development Grant
- Partner with child care providers to work on employee retention



- Work with Economic Development, Department of Labor and Chambers of Commerce to partner with employers to create child care programs that address child care needs outside of normal Monday through Friday, 8:00 – 5:00, work schedules
- Review billings for accuracy and family fee collection

Deliverables

Deliverable	Target Completion
75% of providers trained in CPR	January 2020
Child Care Portal Redesign – complete development	February 2020
Child Care Portal Redesign – complete testing	April 2020
10% of providers participating in Step Up to Quality	April 2020
Develop five employer/provider partnerships to provide day care to employees that work schedules outside of the Monday – Friday, 8:00 – 5:00. This could be employer on-site child care or off-site	June 2020
State staff conduct quality reviews with 80% of subsidy providers	June 2020
Review 25% of billings for family fee collection issues	June 2020
Child Care Portal Redesign - complete pilot testing and implement system	August 2020



INTEGRATED SERVICE DELIVERY SYSTEM

Nebraska Olmstead Plan

DIVISION OF DEVELOPMENTAL DISABILITIES

NEW INITIATIVE

Goal

Working with other state agencies and statewide stakeholders, develop an Olmstead Plan for Nebraska, outlining plans for placing qualified persons with disabilities in less restrictive settings.

Background

On June 22, 1999, the United States Supreme Court held in *Olmstead v. L.C.* that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the Americans with Disabilities Act. The Court found that states have a legal obligation to administer programs and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities. The Olmstead decision, and subsequent guidance from the Department of Justice, recognized that a state may satisfy this obligation by developing a comprehensive, effective working plan for placing qualified persons with disabilities in less restrictive settings.

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."

Pursuant to Nebraska Law, DHHS will:

- Develop Nebraska's Olmstead Strategic Plan
- Convene a stakeholder advisory committee to assist in the review and development of the strategic plan
- Arrange for consultation with an independent consultant to assist with the development, continued analysis and revision(s) of the strategic plan and determine whether the benchmarks, deadlines, and time frames are in substantial compliance with the strategic plan
- Provide the completed strategic plan to the Legislature by December 15, 2019
- Provide continual analysis of the strategic plan and a report on the progress of the strategic plan and changes or revisions to the Legislature by December 15, 2021, and every three years thereafter

Strategy

In July 2018, DHHS entered into a contract with Technical Assistance Collaborative (TAC) consulting services for the development of the Nebraska Olmstead Plan. TAC will lead DHHS, along with other state agencies and stakeholders from across the state, through a process culminating with the development of Nebraska's Olmstead Plan.

Deliverables

Deliverable	Target Completion
Meetings with Steering Committee and Advisory Committee	Monthly through April 2020
Refine and prioritize goals, strategies, and measures with DHHS Divisions and Partner Agencies	August 2019
Meet with Partner Agencies/Departments to establish Plan goals, strategies and measures	August 2019
Outline of draft strategies to DHHS and Partner Agencies	September 2019
First draft of Plan to DHHS and Partner Agencies to review	October 2019
DHHS and Partner Agencies provide comments to TAC	October 2019
Revised draft report to stakeholder advisory committee for review and feedback	November 2019
Second draft to DHHS/Partner Agencies for review and comment	November 2019
DHHS and Partner Agencies provide final comments and edits to TAC	December 2019
Final Plan to DHHS	December 2019
Final Plan due to Legislature	December 2019



INTEGRATED SERVICE DELIVERY SYSTEM

Identify the Institutional Level of Care Assessments

DIVISIONS OF DEVELOPMENTAL DISABILITIES & MEDICAID & LONG-TERM CARE

NEW INITIATIVE

Goal

The Divisions of Developmental Disabilities and Medicaid & Long-Term Care will identify the most appropriate and effective level of care assessments to ensure alignment with the DHHS mission by partnering with the Optumas Healthcare consulting team to review and make any recommendations regarding the level of care assessment criteria and tools for nursing facilities in immediate care facilities for developmentally disabled in two separate phases by May 2020.



Background

To help people live better lives, the Divisions of Developmental Disabilities (DD) and Medicaid & Long-Term Care (MLTC), along with the Optumas Healthcare consulting team, are working to identify the most appropriate and effective institutional level of care assessments for individuals who appropriately meet institutional level of care for participation in the Medicaid Home and Community-Based Services Waiver programs. The outcome of the project is to ensure Nebraska's institutional level of care criteria and tools conform with federal and state laws and national best practices to indicate the severity of the need to identify and verify the intensity of care is provided at the appropriate level of service.

Strategy

DD and MLTC have developed a project work plan with a review and analysis following implementation which, when completed, may result in a redesigned institutional level of care assessment criteria and tools. Identifying the institutional level of care assessment is a one-year project to be completed in two phases: Phase I for the nursing facility level of care and Phase II for intermediate care facility for the developmentally disabled level of care. Optumas is reviewing all federal and state law requirements and national best practices. In addition to focus groups and a statewide stakeholder webinar for each



phase, a Technical Advisory Group will also be convened to include a group of professionals representing clinicians, policy advisors, service providers and the University of Nebraska to provide transparency for DHHS to receive their input throughout the project.

Deliverables

Deliverable	Target Completion
Phase I - Nursing Facility Level of Care (LOC)	
Recommendations for Nebraska Nursing Facility LOC Assessment Tools for Children and Adults	August 2019
Statewide Informational Webinar for All Stakeholders – Recorded webinar and presentation PowerPoint will be made available on the DHHS website	September 2019
Nursing Facility LOC Tool(s) Validation	September 2019
Technical Advisory Group Meetings	October 2019
Children Focus Group Meetings – Listening sessions for impacted parents and advocates	October 2019
Adult Focus Group Meetings – Listening sessions for impacted individuals in services, families, and advocates	October 2019
Final Nursing Facility LOC Assessment Tool(s) for Children and Adults and Proposed regulatory changes	October 2019
Phase II - Intermediate Care Facility Level of Care	
Recommendations for Changes/Updates to NE Intermediate Care Facility LOC Assessment Tools for Children and Adults	February 2020
Technical Advisory Group Meetings	April 2020
Children Focus Group Meetings – Listening sessions for impacted parents and advocates	April 2020
Adult Focus Group Meetings – Listening sessions for impacted individuals in services, families, and advocates	April 2020
Statewide Informational Webinar for All Stakeholders – Recorded webinar and presentation PowerPoint will be made available on the DHHS website	April 2020
Intermediate Care Facility LOC Tool(s) Validation	April 2020
Final Intermediate Care Facility LOC Assessment Tool(s) for Children and Adults and Proposed Regulatory Changes	May 2020

Medicaid Long-Term Care Redesign

DIVISION OF MEDICAID & LONG-TERM CARE

CONTINUED INITIATIVE FROM FY19

Goal

Modernize the payment methodology for skilled nursing facilities in Nebraska, leading to better value for stakeholders.

Background

The Division of Medicaid & Long-Term Care (MLTC) pays for services for Medicaid clients at skilled nursing facilities (typically known as nursing homes or facilities). The current Medicaid payment methodology promulgated in regulations is cost-based and does not take into account the quality of care provided to Medicaid recipients. Quality is a key component to modern value-based care payment models and consumer healthcare trends. The current methodology creates payment inequity, whereby payment to one provider can be more than double the payment to another provider, even when the clients have the same level of care needs. Under today's methodology, if a provider improves operational efficiency and reduces costs or increases patient days and keeps costs low, the next year they are often penalized with a lower payment. Today's payment methodology does not factor quality into the payment, which is a key component to modern value-based care payment models and consumer healthcare trends.

MLTC, with input from providers and other stakeholders, will update the payment methodology to modernize nursing home payments to reward efficient, quality services for Medicaid clients receiving care at facilities. The new methodology will create equitable base payments and introduce pay for performance through quality measures, thereby increasing the value of the buy for clients, Medicaid and taxpayers.

Modernization of the payment methodology will lead to better value for stakeholders. Better health outcomes are aligned with the quality of care, which should come first for Medicaid beneficiaries, as should a more stable provider network.

Strategy

To update the payment methodology, MLTC will remove the current, cost-based payment methodology from state regulation, and implement a new methodology to create payment equity and incentivize quality and efficiency.

MLTC will work with stakeholders throughout the process. MLTC will also provide resources to providers to increase quality. For example, MLTC has already worked with its federal partner, Centers for Medicare and Medicaid Services, to receive approval for an advanced planning document to allow for facilities to receive access to the Nebraska Health Information Initiative at no cost for three years. This will allow facilities to gain access to key transition-of-care documents that help ensure patient safety.

Deliverables

Deliverable	Target Completion
Remove current payment methodology from regulations	December 2019
Finalize new rate methodology	December 2019
Submit State Plan Amendment to CMS	April 2020
Implement new payment methodology	July 2020

INTEGRATED SERVICE DELIVERY SYSTEM

Heritage Health Adult Expansion Program Implementation

DIVISION OF MEDICAID & LONG-TERM CARE

NEW INITIATIVE

Goal

Successfully implement Medicaid expansion for able-bodied adults, 19-64 years of age.

Background

Medicaid expansion was passed via ballot initiative by a majority of Nebraska voters in 2018. Governor Ricketts and Nebraska Medicaid are focused on implementing the will of the people and working to expand Medicaid that empowers wellness and life success.

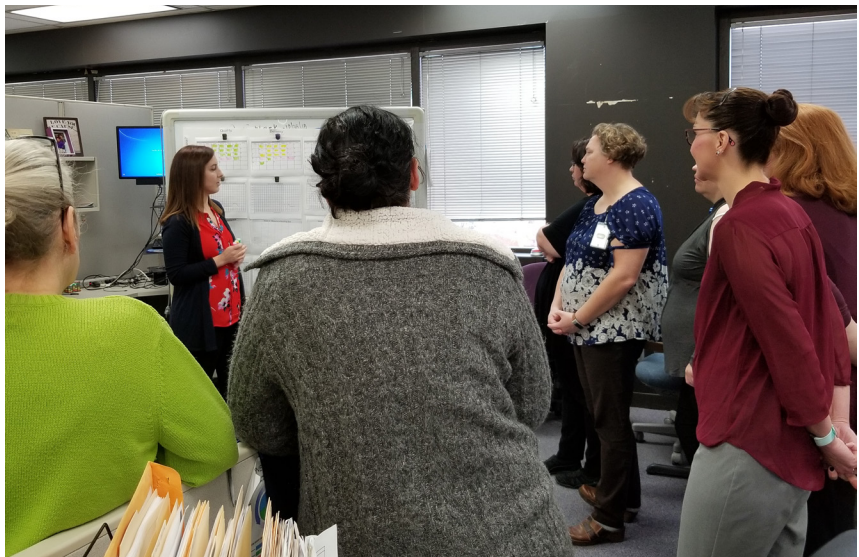
Approximately 94,000 Nebraskans will be eligible for Medicaid as a result of expansion. This population will consist of able-bodied adults, ages 19-64, most of whom have not traditionally been served by Medicaid.

On April 1, 2019, Nebraska Medicaid announced the Heritage Health Adult Expansion Program and submitted state plan amendments to the federal government which fulfilled the initiative's deadline. Our plan is designed to empower wellness and life success by improving patients' and providers' experiences of care, improving the health of the expansion population.

Strategy

Nebraska Medicaid will achieve Medicaid expansion via 10 different work tracks in order to serve eligible Nebraskans:

1. State plan amendments
2. Waivers
3. Contracts
4. Technology build
5. Staffing and organizational change management
6. Capitation
7. Regulations
8. Legislative appropriations and budget
9. Implementation and post-implementation metrics
10. Communications



This work involves not only the Division of Medicaid & Long-Term Care, but also stakeholders and the federal government. 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 expansion.

IS&T has five milestones:

- Configure N-FOCUS to include managed care organization (MCO) information for the new expansion population
- Finish requirements gathering and complete decomposition for the three key technology systems:
 - N-FOCUS
 - ACCESSNebraska
 - Medicaid Management Information System (MMIS)
- Enhance bulk renewal automation in N-FOCUS
- Complete all necessary tasks for operational readiness
- Go live with enhanced system

Deliverables

Deliverable	Target Completion
Include MCO information for beneficiaries within N-FOCUS	August 2019
Finish requirements gathering and complete decomposition for the three key technology systems: N-FOCUS, ACCESSNebraska, MMIS	October 2019
Finish systems design for N-FOCUS, ACCESSNebraska, MMIS	November 2019
Enhance bulk renewal automation in N-FOCUS	December 2019
Submit the 1115 waiver to CMS	December 2019
Finish application development activities for N-FOCUS, ACCESSNebraska, MMIS	March 2020
Complete eligibility teammate hiring	April 2020
Finish internal system and application testing protocols	June 2020
MCOs complete their system testing protocols	July 2020
Submit 1915(c) waivers and contracts to CMS	July 2020
Begin taking applications for the Heritage Health Adult Expansion Program	August 2020
Completion of initial operational readiness checks	September 2020
System go-live	October 2020

INTEGRATED SERVICE DELIVERY SYSTEM

Child Welfare Adaptation of Healthy Families America

DIVISION OF PUBLIC HEALTH

NEW INITIATIVE

Goal

Implement the Child Welfare Adaptation of Healthy Families America (HFA) model within pilot-local-implementing-agencies in Nebraska.

Background

Evidence-based home visiting has been proven effective through decades of research and data to reduce risk of child maltreatment and improve health and self-sufficiency of vulnerable families who participate. Families build personal relationships and receive education and referral services, leading to decreased infant mortality rates, increased positive parenting skills, and decreased child abuse and neglect.

One such evidence-based home visiting program in use in Nebraska is the Healthy Families America (HFA) model. The HFA model, since its inception, has been focused on the prevention of child abuse and neglect through a voluntary, strengths-based approach. The program best serves families who are high-risk and overburdened, including those who have been involved in the child welfare system. HFA was designed to engage families as early as possible, during pregnancy or at the birth of a baby. For child welfare agencies, a challenge arises when families with older infants and toddlers are identified and HFA services are unavailable due to the age of a child. To address this existing gap in service, HFA created the Child Welfare Adaptation. Families who are referred to HFA from child welfare are now able to enroll in the program until the child reaches 24 months of age.



With the implementation of the Family First Prevention Services Act (FFPSA) in October 2019, identifying prevention services for families involved in the child welfare system is critical. HFA is one of the first programs selected for review by the Title IV-E Prevention Services Clearinghouse. If the Clearinghouse rates HFA as a “promising,” “supported” or “well-supported” practice, CFS can claim federal IV-E dollars for families referred to HFA from child welfare beginning October 1, 2019.

Strategy

The Division of Children & Family Services (CFS) will include HFA in its FFPSA 5-year prevention plan and anticipate the Clearinghouse will rate it as well supported. In collaboration, CFS and PH have identified one urban HFA site and one rural HFA site to pilot the HFA Child Welfare Adaption beginning July 1, 2019, with full implementation by October 1, 2019. The sites were selected based on strong relationships between the local CFS office and HFA site, as well as existing capacity and number of potential referrals.

Deliverables

Deliverable	Target Completion
Local DHHS Children & Family Services staff will meet monthly with local Healthy Families America program staff to review outcomes, lessons learned and barriers	Monthly
Execute signed sub-award or contract to provide HFA services with vendor(s)	October 2019
Obtain approval of implementation plan from National HFA office	October 2019
Execute a signed MOA between local CFS office and HFA pilot vendor(s)	October 2019
Enroll at least 10 families in the HFA Child Welfare Adaption	June 2020
Assess 100% of enrolled families on the following benchmarks: child injury and emergency department visits; school readiness and achievement; and economic self-sufficiency	June 2020



INTEGRATED SERVICE DELIVERY SYSTEM

Promoting Wellbeing at DHHS Facilities

DHHS FACILITIES

NEW INITIATIVE

Goal

Increase teammate safety at 24-hour facilities by reducing assaults by 20%.

Background

Increase Teammate Safety

The Department operates seven 24-hour facilities that serve youth or adults. Teammates need to feel safe and secure in order to deliver the necessary care to patients and youth. Individuals served in the facilities have a variety of physical, mental, and behavioral illness and challenges and at times they act out, injuring the teammates who care for them. It is the Department's top priority to support the wellbeing of teammates, patients, and youth.

Strategy

Increase Teammate Safety

Positive and constructive engagement with youth and patients is paramount in supporting their wellbeing. Facility teammates will be trained in Motivational Interviewing and Trauma-Informed Care. Motivational Interviewing is a client-centered communication approach for eliciting behavior change in individuals and is widely used in medical and mental health treatment. Trauma-Informed Care is a treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Teammates will also be trained in "Handle with Care" to aid in communication and de-escalation of patients and youth.

Effective treatment and services, recognizing and rewarding positive behavior, increasing meaningful activities, building relationships, engaging support systems, and increasing accountability are all important components in building safer facilities.

Deliverables

Deliverable	Target Completion
All teammates complete Handle with Care training	December 2019
All teammates complete Trauma-Informed Care training	February 2020
All teammates complete Motivational Interviewing training	April 2020
Increase the safety of facility teammates by reducing assaults by 20%	June 2020

Youth Rehabilitation and Treatment Centers (YRTCs)

Goals

1. Reduce readmission rates at the Youth Rehabilitation and Treatment Centers (YRTCs) from 19% at Kearney and 33% at Geneva to less than 15%.
2. Reduce elopements from the YRTCs by 50% from 19 elopements to 9 or less at YRTC-Kearney and from 13 elopements to 6 or less at YRTC-Geneva.
3. Reduce average length of stay at the YRTCs to approximately 6 months.

Readmission

The Youth Rehabilitation and Treatment Centers at Geneva (for girls) and Kearney (for boys) help youth live better lives through effective services, giving them the chance to become productive citizens. The Department's goal is that each youth who completes the program will not return to the facility. A reduction in recidivism would indicate that youth are receiving proper treatment and have established a support system that is ready to assist them as they return home.

Elopements

Both YRTCs continue to have escapes from the facility, despite efforts to reduce opportunities for elopement. Youth who have absconded from the facility are at risk of harm due to reckless behavior while they are on the run. A perimeter fence is under construction at the YRTC-Kearney, with an estimated completion of October 2019. The perimeter fence will also reduce the risk of unauthorized individuals being on the campus that may intend to do harm to the facility or the youth housed at the facility.

Length of Stay

Youth entering the Youth Rehabilitation and Treatment Centers have unique risk and need factors that contribute to their unsuccessful completion of community-based services and necessitate a need to be committed to the YRTCs. When youth are housed at the YRTCs for longer than necessary, they begin to lose hope and begin to relate to themselves within the institutional setting, leading to increased negative behavior for fear of failure upon their return home.

Strategy

Readmission

Appropriate evidence-based programming will be implemented for the youth served at the YRTCs. The programming will also be implemented during preparation for re-entry with partners at Probation to ensure proper supports and services are in place as the youth are reintegrated in their communities.

Elolements

A perimeter fence is being erected at the YRTC-Kearney facility. Perimeter patrols are in place to monitor youth travels to deter any escape attempts. Youth who will be going on a furlough or off-campus visit with family will have a safety plan in place to address risk factors that may contribute to the youth attempting to abscond.

Length of Stay

The YRTCs will ensure that youth, YRTC staff, outside stakeholders and providers, and parents are focusing on the youth's discharge from day one of their arrival. The YRTCs will utilize assessment tools to predict the youth's estimated length of stay. The youth's treatment team meetings will focus on readiness to enter the community. All youth will have an established treatment plan and estimated discharge date in order to keep teams focused on the youth's return home. By focusing on discharge planning and individualizing treatment plans to meet a youth's unique needs, the YRTCs aim to establish a length of stay of approximately 6 to 9 months for all youth in their care.

Deliverables

Deliverable	Target Completion
YRTC will put in place safety plans for youth during furloughs and off-campus visits	August 2019
Full implementation of Moral Reconciliation Therapy and Aggression Replacement Training at the YRTCs	October 2019
YRTC-Kearney will erect a perimeter fence	October 2019
Levels behavioral management system fully implemented in both YRTCs	December 2019
YRTCs will utilize assessment tools to estimate length of stay	January 2020
Reduce readmission rates at the YRTCs from 19% at Kearney and 33% at Geneva to less than 15%	June 2020
Reduce escapes from the YRTCs by 50% from 19 elopements to 9 or less at Kearney and from 13 elopements to 6 or less at Geneva	June 2020
YRTC will reduce the average length of stay overall to approximately 6 months	July 2020

DEVELOP COLLABORATIVE RELATIONSHIPS

SNAP Next Step

DIVISION OF CHILDREN & FAMILY SERVICES

CONTINUED INITIATIVE FROM FY19

Goal

Work with a minimum of 80 new Nebraskans and help 40 of them successfully complete the program, resulting in higher paying jobs, benefits, and/or improved work hours.

Background

SNAP Next Step is a joint program of DHHS and the Nebraska Department of Labor (DOL) that has helped more than 160 state residents find new and better employment. The program helps Nebraskans enrolled in SNAP find more suitable jobs through job search and resume assistance, interview training, vouchers to buy clothing for interviews, and paying for child care and similar services. The program was launched in 2016 in Grand Island and has since expanded to Hastings, Columbus, Norfolk, Scottsbluff, North Platte, Sidney, and Lexington.

Strategy

CFS will continue to build upon the success of the interagency partnership SNAP Next Step to enhance worker engagement and completions at existing sites in Nebraska. SNAP participants who are employed are invited to pursue career laddering services that will help lead to better employment, including higher pay, additional benefits, and improved hours that help support and strengthen their families. The program assists participants in obtaining skills and education necessary for the career path they have chosen. The goal of this program is to help participants achieve economic mobility and self-sufficiency while decreasing or eliminating the need of government assistance through SNAP benefits. The next phase of this initiative will focus on increasing the number of participants, while helping to ensure participants complete the program. DHHS and DOL will further develop the SNAP Next Step program in collaboration by helping to enrich participation and program completion in the offices where these programs were, or had been launched in 2019.

Deliverables

Deliverable	Target Completion
SNAP Next step will engage with at least 80 new participants	June 2020
At least 40 participants will be successful with higher paying jobs, benefits, and/or improved work hours	June 2020

DEVELOP COLLABORATIVE RELATIONSHIPS

Enhance Constituent Outreach

DHHS INFORMATION SYSTEMS & TECHNOLOGY

NEW INITIATIVE

Goal

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.

Background

At one level or another, DHHS serves each and every Nebraskan. Some Nebraskans utilize DHHS programs and services which necessitate regular interaction with the Department. Currently, the Department corresponds with citizens through phone calls or mail. Texting will increase customer accessibility and communication, providing a level of engagement that doesn't exist today. The ability to send reminders for appointments, follow-up messages, timely information, and account notices will improve the constituent experience by providing reminders for renewals, verifications required, and interviews, ultimately simplifying their interaction with the Department.

Strategy

This new service will initially be integrated with three of our major systems: N-FOCUS, CHARTS, and JOURNEY. Fulfilling this initiative will take a concerted and focused effort from both the Information Systems & Technology teams and the selected vendor. The team will utilize sound project management practices, quick resolutions for issues and decisions, and strong sponsorship from executive/senior level leaders. The goal will be measured based upon four key milestones for implementing the texting functionality.

Deliverables

Deliverable	Target Completion
Complete the Request for Proposal Process and Award Contract	September 2019
Work with Vendor to Review Requirements and Design	October 2019
Complete Configuration, Development, and Interface Integration	December 2019
Complete User Acceptance Testing	January 2020
Implement initial Texting Functionality with CHARTS, N-FOCUS, and JOURNEY, improving the client experience by providing a more efficient means of communication	February 2020
Enroll 50,000 households in texting solution	June 2020
Based on household enrollment, set goal for next fiscal year to reduce call volume to DHHS customer service centers	June 2020

DEVELOP COLLABORATIVE RELATIONSHIPS

Behavioral Health Workforce Competencies

DIVISION OF BEHAVIORAL HEALTH

NEW INITIATIVE

Goal

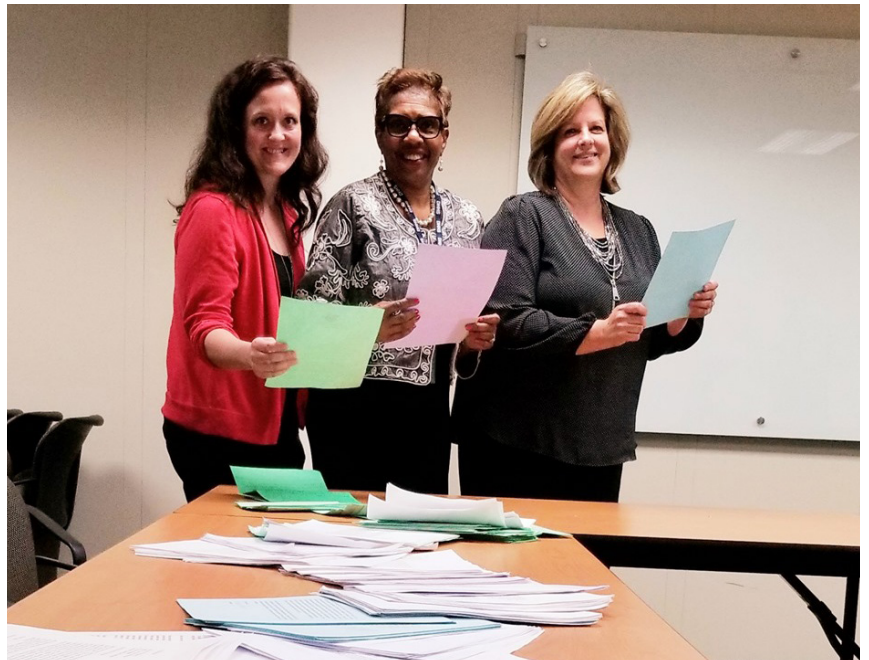
Increase Nebraska's behavioral health workforce and competencies to serve individuals with complex and co-occurring behavioral health needs through specific and targeted best practices training in FY20. As a result of having a well-trained workforce, behavioral health consumers will report on the adult and child annual consumer surveys being better able to handle things and cope when things go wrong.

Background

Nebraska citizens who experience complex health conditions should be able to receive services in the least restrictive setting. Providers will be supported in developing competency in evidence-based and best practices to enhance service delivery. Across Nebraska, assessments have identified areas of training and competency needs. Training efforts targeted at clinicians currently in the workforce are needed to increase competencies while efforts are made to grow the behavioral health workforce.

Strategy

The Nebraska Behavioral Health System utilizes a systems approach as the framework for service delivery partners to assess, design, target, and deliver on the training, service plan, and action steps to achieve the goal of a competent workforce to address the needs of individuals with complex and co-occurring behavioral health needs. Identifying special competency needs, establishing training needs and priorities, increasing the number of competency-based trainings, improving competencies and workforce confidence, and increasing best practice utilization will improve utilization of needed services, and most importantly behavioral health outcomes for people served including, but not limited to, engagement and retention in treatment, employment, stable living and community tenure, sustained recovery and satisfaction with services.



Deliverables

Deliverable	Target Completion
Develop a survey or evaluation tool for training sessions at the Behavioral Health / Justice Conference to identify competency needs for providers serving individuals with behavioral health needs and the justice system	October 2019
Develop competency survey tool to be used following trainings to measure improvement in competency as a result of training	October 2019
Develop an implementation plan for International Certification & Reciprocity Consortium Prevention Specialist certification in Nebraska	December 2019
Train Supported Employment Specialists workforce in all Regions in motivational interviewing and best practices in employer recruitment	March 2020
Provide Matrix Model Intensive Outpatient training to improve competency in delivery of the evidenced based practice for individuals with methamphetamine use disorder and other substance use disorders	May 2020
Increase the clinical competency of 10 providers in order to serve adults who sexually harm others	May 2020
Add 12 providers with clinical endorsement to serve juveniles who sexually harm and their families through training and consultation in Rsafe	May 2020
Partner with the University of Nebraska to provide training to enhance rehabilitation and recovery oriented treatment for individuals with severe and persistent mental illness.	June 2020
Increase the current cohort of providers trained on best practices in serving individuals with co-morbid serious emotional disturbance and low cognition by 30%	June 2020
Expand workforce capacity in evidenced based interventions for youth and families by increasing the number of clinicians providing Child/Parent Psychotherapy (7), Dialectical Behavior Therapy (8), Trauma-Focused Cognitive Behavioral Therapy (15), and Transition to Independence Process (5)	June 2020
A minimum of 10 prescribers will be added to the service system having completed the Accreditation for graduate Medical Education or Executive Addiction Fellowship through partnership with University of Nebraska	June 2020
Train additional 50 clinicians on Behavioral Health Threat Assessment	June 2020
Increase number of consumers who report on the adult consumer survey being better able to handle things when they go wrong from 71.3% to 73%	June 2020
Increase number of consumers who report on the child consumer survey their child is better able to cope when things go wrong from 59.2% to 62%	June 2020

ALIGN TEAMMATES UNDER ONE MISSION

Mission-Driven Teammate Life Cycle

DHHS HUMAN RESOURCES

NEW INITIATIVE

Goals

1. Reduce the timeline to hire new employees, from job posting to hire, to 30 days or less.
2. Increase retention from 82% to 85% by enhancing the organizational culture.

Background

Hiring

In order to deliver the services that taxpayers fund, the Department must fill vacant positions in a timely manner. Doing so supports Governor Ricketts' mission of creating opportunity through more effective, efficient, and customer-focused state government. Internal to the Department, 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.

Retention

Each Nebraskan has their own version of the Good Life. Fulfilling and engaging work is foundational to a good life. 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 work force and decreases the overall costs of hiring, thus creating financial efficiencies. All of this leads to effective, efficient, and customer-focused services for Nebraskans.

Strategy

Hiring

DHHS Human Resources and teammates throughout the Department will expand internal and external recruitment and outreach efforts. All stages of the hiring process will be reviewed to identify process improvements. Adjustments to recruitment and hiring processes will be data informed through consistent monitoring and reporting using various sources and methods.



Retention

DHHS has many positive aspects of the culture, primarily the desire to fulfill the mission of helping people live better lives. To further develop teammate engagement, the Human Resources team will focus on bolstering Learning & Development (training) opportunities in executive leadership, culture, emotional intelligence, supervising, coaching, and communication.

The Human Resources team will also partner with Division leadership to examine and revise the onboarding process. The team will develop a new employee onboarding program with universal orientation and also develop division/job specific materials and onboarding timelines. In collaboration with each division, the team will identify appropriate and necessary onboarding processes and will consistently monitor the teammate experience with input from Division teammates on the work production outcomes.

Deliverables

Deliverable	Target Completion
Develop a universal new employee onboarding program	June 2020
In collaboration with each Division, develop division and/or job specific onboarding materials and timelines	June 2020
Achieve an average hiring timeline of 30 days from job posting to hire	June 2020
Develop and implement leadership, supervisory, and performance management training and establish related standard practices with each division to increase employee retention	June 2020



ENHANCING INTERNAL INFRASTRUCTURE

Fiscal Stewardship

DHHS FINANCIAL SERVICES

NEW INITIATIVE

Goals

1. Create monthly forecasts for all Administrative and Aid Programs.
2. Improve timeliness, consistency and amount of federal claiming.

Background

It is the responsibility of each teammate at the Department to be good stewards of Nebraskans' tax dollars. In practice this means, amongst other things, ensuring that fiscally responsible policies and procedures are in place. This leads to appropriated funds going further to assist in carrying out the DHHS mission of helping people live better lives. Two ways DHHS can further enhance fiscal stewardship is through monthly forecasting and improving the claiming of federal dollars.

Monthly Forecasting

Incorporation of the monthly forecast into standard, or as-needed, budget reporting can have positive implications on the Department budget by increasing the accountability of those overseeing and impacting Divisional budgets. Monthly forecasting results in increased accountability for the budget throughout the year, and solicits discussion and action when actual expenditures do not line up with the forecast.

Federal Claiming

Currently, DHHS administers programs that are fully or in-part funded through federal tax dollars. One of the ways programs can be funded is through DHHS claiming federal dollars to reimburse tax dollars that are being spent. The Department believes that more can be done to maximize the collection of federal dollars allocated for programs.



Strategy

Monthly Forecasting

Finance and key decision-makers from each Division meet to review budget reports and discuss future plans or activities that will impact their budget. Monthly forecasts will be incorporated into the budget reports and will be reviewed during these monthly meetings.

Federal Claiming

Finance and Division leaders will pinpoint overhead activities that are currently not earning federal claiming and identify what approved statistics the Department can use to claim against federal grants. The team will also assess current activities to update labor distribution accounting methods and to develop new statistical methods for charging grants based on the activities being performed. On a monthly basis, Finance and key decision-makers from each Division will meet to review budget reports and review federal claiming, ensuring stable budgets and timely reconciliations. Quarterly reconciliations will have deadlines and will be measured and documented.

Deliverables

Deliverable	Target Completion
Monthly budget meetings with division directors and deputy directors to discuss, review, and adjust forecasts	Monthly
Timely reconciliations made within 60 days of the end of each fiscal year quarter	Quarterly
Quarterly review of cost allocation to identify direct charge or labor distribution opportunities	Quarterly
Increase direct charging to federal grants each quarter by \$500,000 compared to prior year quarters, thereby reducing the size of reconciliations	Quarterly
Program monthly forecasts developed and implemented	August 2019
Business unit process improvement review and generate a report of suggested changes	October 2019
Review of Random Moment Time Study practices and generate a report of suggested changes	October 2019
100% of suggested changes be implemented to the business unit practices (if needed)	December 2019
100% of suggested changes be updated to Random Moment Time Study practices (if needed)	December 2019
Maximize federal funding and improve federal claiming to 59% on administrative budgets.	June 2020

ENHANCING INTERNAL INFRASTRUCTURE

Increase Fiscal Proficiency and Identify New Areas of Improvement

DHHS FINANCIAL SERVICES & DHHS INTERNAL AUDIT

CONTINUED INITIATIVE FROM FY19

Goals

1. Zero audit disallowances related to federal reporting.
2. 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.

Background

DHHS is required to utilize 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.

Financial Services provides support to the Department through budget development and monitoring, state and federal report preparation, and more. Independent internal audits, conducted by the DHHS Internal Audit Section, allow DHHS to self-identify issues and make corrections in a timely manner, decreasing the financial impact of non-compliance.

DHHS is required to have an annual Single Audit based on the level of federal funds it expends. This is conducted by the Nebraska Auditor of Public Accounts and reported to Federal partners. The Single Audit focuses on two areas: compliance with federal requirements and a financial audit of the Nebraska Comprehensive Annual Financial Report.

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 a clear focus to ensure prompt and effective responses to audit findings results in an increased number of initial findings and repeat findings for DHHS.

Zero audit disallowances related to federal reporting protects our funding, both state and federal. This allows us to utilize those funds for their intended purpose and carry out our mission of serving the people of Nebraska.



Strategy

The Internal Audit Section will proactively review necessary materials and engage with team members from across the agency in order to self-identify issues and address findings. Financial Services will adhere to implemented procedures regarding federal reporting, thoroughly reviewing all federal reports, continuing to assess current procedures for needed updates and thoroughly reviewing issues presented by auditors to ensure a correct and complete response. Both Financial Services and Internal Audit will continue their commitment to improving relationships with auditors, both state and federal, constantly communicating with state and federal partners and using data to make improvements.

Deliverables

Deliverable	Target Completion
Monthly meetings between finance and program management will include an Audit Resolution touch point to work through open audit concerns and corrective action follow-up	Monthly
Quarterly meetings with Division directors and deputy directors to discuss and review issues, findings, etc.	Quarterly
Review of Random Moment Time Study practices and generate a report of suggested changes	October 2019
Internal Audit Exit Conferences throughout 2019 as internal audits are completed	December 2019
Completion of 2019 Annual Internal Audit Plan	December 2019
Implementation of 2020 Annual Internal Audit Plan	January 2020
100% of suggested changes be updated to Random Moment Time Study practices (if needed)	January 2020
Proactive communication and corrective action planning with federal partners once Single Audit has finalized	April 2020
Compliance testing of all 2019 Internal Audits	May 2020
Self-Identify \$6 million in Fiscal Improvements	June 2020
Single Audit compliance testing	June 2020
\$0 disallowable funding from federal partners due to financial reporting findings/errors	June 2020

DHHS BUSINESS PLAN

Conclusion

Helping Hands: Helping People Live Better Lives is more than just a title. The teammates of DHHS actively live the mission through their daily actions of providing health and human services.

Teammates at the Department frequently receive messages from their fellow citizens regarding the effective, efficient, and customer-focused services they deliver. Recently a client wrote in and said:

“I just wanted to say thank you for your employee’s great help on my family’s file today... I just wanted you guys and her [DHHS teammates and DHHS case worker] to know that she is very helpful and has very good customer service skills. I didn’t have a lot of my information prepared before my phone call and she had been very respectful and was able to get to my case by asking questions. I know that this type of stuff might seem insignificant but I’ve been through so many phone calls that had gone the opposite way that just waste everyone’s time, she made sure within a short amount of time that I got what I needed and I appreciate that beyond belief!”

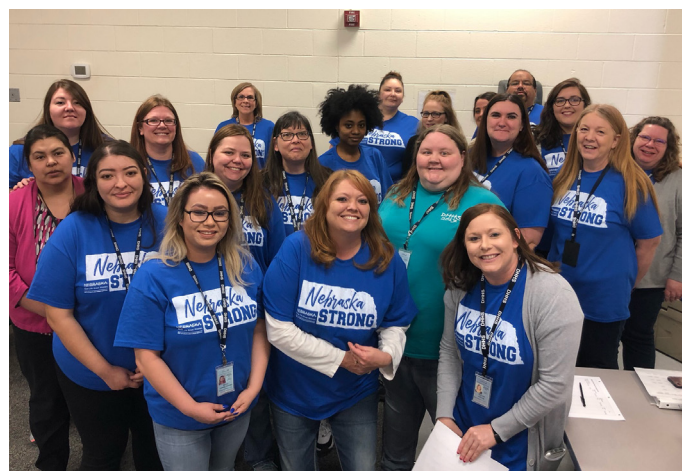
Another Nebraskan called to express how grateful he was for all the assistance he had received from the Department. He stated that at one point he was rail thin and once he started receiving SNAP, he was able to actually gain weight and become healthy. He wanted his gratitude passed on to everyone at the Department and to the Governor.

These are just two examples of the many received.

Through the four-pronged approach of:

1. Integrated service delivery
2. Developing collaborative relationships
3. Aligning teammates under one mission
4. Enhancing internal infrastructure

the Department truly is helping people live better lives through the work of DHHS teammates across the state.



NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES