
Mission Driven, High-Quality Services for Nebraskans

Helping People Live Better Lives

NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES

Good Life. Great Mission.

| **DHHS BUSINESS PLAN** | JULY 2018 - JUNE 2019 |



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Helping People Live Better Lives

MESSAGE FROM THE CEO



DR. COURTNEY N. PHILLIPS, CEO

“Helping People Live Better Lives.” This is the mission of the Nebraska Department of Health and Human Services. For the past three years, I have had the opportunity to work alongside a team who embodies this mission and lives out the Department’s values and core competencies daily. Our passion for this mission propels our efforts toward high-quality, effective, and efficient services for all Nebraskans.

We appreciate the support of Governor Ricketts and are committed to improving through operational excellence and delivering on his principles of strong accountability and intentional customer focus throughout all state government.

The journey toward these priorities led to our inaugural annual business plan that was released in June 2016. This plan resulted in the completion of 19 of 25 initiatives and over 93 percent of 213 deliverables completed for the year.

Our second business plan was released in July 2017. The plan outlined 20 initiatives (15 to be completed in FY18 and five with deliverables due in future fiscal years) that would stretch the Department and make great strides for Nebraskans. Team DHHS successfully completed 13 of the 15 initiatives and completed 97 percent of the deliverables scheduled to be accomplished in FY18. In total, 89 percent of the total deliverables were completed. Our efforts continue to complete the FY18 deliverables and successfully conclude all 20 initiatives.

I am excited to share our third annual business plan, “Mission Driven, High-Quality Services for Nebraskans” that will serve as the guide to our strategic priorities and initiatives through June 2019. This plan is a continuation of our work to analyze, develop, and implement scalable solutions that will have a positive impact for those we serve. As a team, we remain accountable to each other, to those we serve, policy makers, stakeholders, and the public.

Team DHHS works hard each year to meet the objectives laid out in our business plan. I am thankful for my team’s dedication, which is evident in the results we yield each year. Our team believes strongly in our mission and strives to nobly serve Nebraskans. By remaining laser-focused and continuing to raise the bar, we remain committed to excellence in helping Nebraskans live better lives.



Dr. Courtney Phillips, CEO

#TeamDHHS

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EXECUTIVE SUMMARY

The 2018-2019 Business Plan outlines key priorities that will guide the work of the Department through the next fiscal year. Initiatives in the agency's first two business plans have laid a positive foundation and the Department's third Business Plan builds on that great work.

The Business Plan highlights the efforts of Team DHHS and provides a tangible insight into how services are continuously being improved and how the Department is being a good steward of Nebraskans' tax dollars. This year's plan is a continuation of many successful past initiatives and the unveiling of new efforts. All of the initiatives show how the team at DHHS lives the mission of helping people live better lives.

Governor Pete Ricketts has set state government on a positive trajectory through a set of five priorities to guide the work of state agencies:

- A more effective and efficient state government
- A more customer-focused state government
- Grow Nebraska
- Improve public safety
- Reduce regulation and regulatory complexity

The Department's 2018-2019 Business Plan identifies 18 priority initiatives that strategically align with the Governor's priorities. The Governor's five priorities once again shape the framework in which the Department has categorized its initiatives. The five categories are:

- Integrating Services and Partnerships
- Promoting Independence through Community-Based Services
- Focusing on Prevention to Change Lives
- Leveraging Technology to Increase Effectiveness
- Increasing Operating Efficiencies and Improvements

INTEGRATING SERVICES AND PARTNERSHIPS

DHHS continues to fulfill the Governor's priority of creating a more effective and efficient state government. We continue to prioritize integrating services across our Department to create simplified processes and increased quality of care for clients. To become a more comprehensive and coordinated system, DHHS and our partners will work across divisions, disciplines, and programs to create greater value for taxpayers and deliver better outcomes to the people we serve.

There are three DHHS priorities in this category:

- Heritage Health, A Quality Approach to Managed Care
- Keeping Families Together
- Nebraska System of Care, Youth & Families

PROMOTING INDEPENDENCE THROUGH COMMUNITY-BASED SERVICES

Community-based services are a vital support system for clients to maintain their independence and thrive in their home/communities. The Department continually transforms and improves the service delivery system to enhance community capacity and minimize reliance on institutional services. The DHHS team is committed to serving our clients in safe and supportive environments and will continue to use stakeholder engagement to guide our work.

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There are two priorities in this category:

- Medicaid Long-Term Care Redesign
- Promoting Independence through Community-Based Services

FOCUSING ON PREVENTION TO CHANGE LIVES

DHHS invests in building healthy life tools for Nebraskans. These preventive tools can take on many forms, whether they provide support to families, prevent child abuse, or neglect, or prevent disease. By working with Nebraskans to achieve lifelong success, the Department improves lives and helps grow Nebraska.

There are six priorities in this category:

Addressing Opioid Abuse in Nebraska, Prevention & Care

- Prescription Drug Overdose Prevention & Prescription Drug Monitoring
- State Targeted Response Grant, Opioid Treatment
- Empower & Equip the Child Protection & Safety Team
- Improve Birth Outcomes in Nebraska
- Supporting Family Preservation & Safety
- Walk/Bike Communities

LEVERAGING TECHNOLOGY TO INCREASE EFFECTIVENESS

As the Department looks toward the future, technology will continue to be a valuable tool. DHHS must keep pace with the constantly changing landscape to streamline and automate processes, provide real-time data, and make our information and services more accessible, timely, and customer-focused.

There are two priorities in this category:

- DHHS Public Website Redesign
- Statewide eWIC Implementation

INCREASING OPERATING EFFICIENCIES AND IMPROVEMENTS

Operational excellence is a foundation of our administration. DHHS continually looks for more effective and efficient ways to improve processes and programs. Improvements in processes make the Department well positioned to serve Nebraskans.

There are five priorities in this category:

- Internal Audits, Increase Fiscal Proficiency
- Maintain & Improve ACCESSNebraska's Performance
- Maximizing Fund Mix Adjustment
- Quality Management in Developmental Disabilities for Those We Serve
- Youth & Community Safety

The Department of Health and Human Services will work diligently to achieve these 18 priority initiatives as outlined in the plan. Nebraskans can be confident the Department will continue its commitment to helping people live better lives.

Helping People Live Better Lives

A LOOK BACK AT 2017 – 2018 ACCOMPLISHMENTS

This section highlights a selection of the Department's successes from the 2017-2018 Business Plan. In addition, all 20 priority initiatives are listed with pie charts to illustrate the results.

The initiatives identified in the 2017 -2018 Business Plan show a year of empowering Nebraskans through our brand, "Good Life. Great Mission." and through living out the mission of helping people live better lives. As the 2017-2018 plan was developed, Governor Ricketts encouraged the team to be bold and to set challenging stretch goals in the Department's efforts to empower those served.

The 20 initiatives in our second business plan served as a road map to achieve Governor Ricketts' goal of improving state government. 15 of those initiatives were set to be completed during fiscal year (FY) 2018. The remaining five initiatives are scheduled for completion in future fiscal years. DHHS fully completed 13 of the 15 initiatives due in FY18 and made substantial progress on the remaining seven. In fact, DHHS completed 140 out of 145 deliverables - or 97 percent of the deliverables due by June 30, 2018. In total, 140 of 158 deliverables, or 89 percent, were completed for all 20 initiatives. Team DHHS will continue to work toward completing each initiative.

DHHS is helping people live better lives, the following are just a few examples.

Nebraska System of Care (NeSOC) for Children, Youth and Families

Through partnerships, DHHS delivered more integrated mental health services through the NeSOC for Children, Youth and Families initiative. NeSOC connects communities, providers, and citizens together to increase access to services in their homes/communities. More than 500 individuals have been treated since its inception in May 2017. In more than 69% of the cases, Crisis Response allowed youths to stay at home rather than being admitted to an inpatient psychiatric unit.

Mary Thunker provides care to her grandson, Jaxon, who has benefited from NeSOC. Mary and Jaxon were driving nearly 100 miles into South Dakota and back before NeSOC, but now has access to services in the community.



Mary said, "The System of Care is giving families a voice, families an opportunity to become involved with the treatment plans and, best of all, the ability to be a part of deciding what needed services are and what barriers are in the way for a successful journey to recovery!"

Prescription Drug Overdose Prevention (PDMP) and Prescription Drug Monitoring

Nebraskans are not immune to the nationwide opioid crisis. In 2016, 128 people died of a drug overdose, and at least 30 percent of those deaths were opioid-related. Nebraska's drug overdose death rate has increased over the last decade – 6.9 overdose deaths for every 100,000 people in 2016, up from 3.6 in 2004. The U.S. drug overdose death rate per 100,000 people was 16.3 in 2015, up from 9.3 in 2004.

DHHS is at the forefront in providing tools to support in the reduction of prescription drug additions and overdoses. On January 1, 2018, Nebraska became the first state in the nation to require reporting of all dispensed prescription drugs to the PDMP, a comprehensive tool, allowing medication providers to more easily review a patient's medication history. Also, DHHS is working with pharmacists, physicians, and EMS providers to create educational resources and training on Naloxone as well as an information campaign geared toward the public about access and use of the medication.

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According to a recent analysis of data from the Centers for Disease Control and Prevention, Nebraska has the distinction of having the least drug overdose deaths of any state in the nation, and initiatives like this will help us maintain the ranking.

Dr. Ken Zoucha stated, "Nebraska is definitely on the road to helping folks with substance use disorders. One death is too many. I have seen Nebraska health and mental health professional's desire to learn more about how to effectively treat folks with opioid use disorder."

Supplemental Nutritional Assistance Program (SNAP)/ Department of Labor (DOL) Employment Program

Nebraska's SNAP/DOL Employment Program, received national visibility and expanded to Hastings, Columbus, and Norfolk over the last fiscal year. This pilot reemployment program helped 36 percent of the families obtain a higher paying job. This program provides more stability, a higher income, and less reliance on government assistance to those who participate and successfully complete the program. The average salary increase through this reemployment initiative has been \$9,959 annually. All of the families we have helped, have either reduced or eliminated their need for food stamps.

When one client enrolled in the SNAP/DOL pilot, she was a single mom who had previously worked hourly jobs making about \$900 per month. Now, she has a job paying \$2,700 a month with benefits, potential for bonuses, and, even more importantly, regular hours so she can be home at night with her kids

Another client was on SNAP and on the verge of losing her part-time employment. After enrollment, she found a job as an administrative assistant that gave her a 33.33 percent increase in work hours, a 10 percent pay increase, and a set schedule that allowed her to spend more time with her family. Having a more stable paycheck will also allow her to pursue her dream of going to school to get her accounting certificate, and reduced her need for SNAP benefits.

ACCESSNebraska

The Department has continued to improve and maintain a high-standard of service in ACCESSNebraska. The program has been delivering for Nebraskans.

In 2014, clients were spending nearly 24 minutes on hold. With continued focus, wait times have been reduced to less than five minutes for over two years now. When the agency started working to improve ACCESSNebraska, it was taking 40 days to process a SNAP application. In April 2018, it was just seven days on average. Thanks to this work, Governor Ricketts, CEO Phillips, and the team recently celebrated the end of a court order which stemmed from a class-action lawsuit filed in 2014 before the current administration took office.

Nationally, Nebraska finished FY17 ranked 8th in the country for an Active Error Rate, i.e. an accuracy rate, of 95.94 percent. Nebraska was awarded a SNAP Performance Bonus of \$693,063 to be reinvested. The Eligibility Operations team is processing SNAP applications and re-certifications, other Economic Assistance applications, and determining Medicaid eligibility quickly for Nebraskans and the road to self-sufficiency.

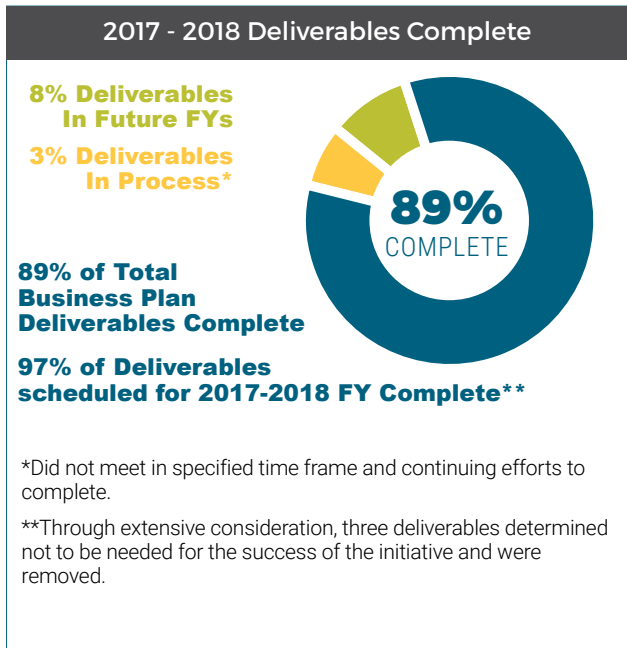
One SNAP customer wrote in to thank the Eligibility Operations team for their timely handling of her case, "Today, I received the Notice of Action regarding my SNAP eligibility," she wrote. "There is resolution. You and your entire staff displayed exemplary knowledge and professionalism. Your effort in procuring the proper and accurate information for me to receive the SNAP benefits is appreciated."

Developmental Disabilities

DHHS has worked tirelessly to deliver a higher level of service to Nebraskans with developmental disabilities. The agency has cut the length of the application to apply for services and placed it online. The wait time for eligibility decisions is down by about 80 percent from 69 days to an average of just 16. In 2017, we made more service offers to Nebraskans with developmental disabilities than in the previous five years combined.

The accomplishments shared are just a few examples of how DHHS is working daily to implement tangible and sustainable solutions that empower Nebraskans. The accomplishments in the 2017-2018 Business Plan are due to the efforts of our dedicated DHHS team who live our mission of helping people live better lives each day.

2017 - 2018 Business Plan Deliverables



Focusing on Prevention

Prescription Drug Overdose Prevention and Prescription Drug Monitoring

11 of 11 deliverables met

Identify and implement ways to expand access to and increase use of the PDMP by community pharmacies that report dispensed substances, and register any provider who can prescribe medications and all pharmacists. Develop and implement naloxone education resources and pain management guidance.



Prevent and Reduce the Number of Children in Out-of-Home Placements

9 of 10 deliverables met

Implement best-practice interventions and services designed to safely prevent and reduce the percent of children in out-of-home placements.



Expansion of Alternative Response

6 of 6 deliverables met
2 deliverables in future FY

Alternative Response will be implemented in additional counties. Families who receive Alternative Response will be less likely to have children removed from their home.



Integrating Services and Partnerships

Nebraska System of Care for Children, Youth and Families

12 of 12 deliverables met

Through the Nebraska System of Care for children, youth and their families, behavioral health services are integrated across public and private systems to support consumers and impact health. This phase is dedicated to reducing reliance on inpatient and residential services by increasing community-based services at a rate equal to or greater than the reduction in inpatient and residential services.



Keeping Families Together

7 of 8 deliverables met
1 deliverables in future FY

Stabilize and strengthen families to prevent inter-generational poverty and achieve self-sufficiency through the Family Focused Case Management Pilot and the SNAP/Department of Labor Employment Pilot. Families increase self-sufficiency resulting in employment or an increase in income, achieving personal satisfaction by reaching a career goal, securing housing, better school attendance and passing grades, and family spending more time together.



Future of the Beatrice State Developmental Center (BSDC)

10 of 10 deliverables met
2 deliverables determined not needed

Establish the BSDC as a resource able to serve multiple groups of Nebraska citizens with intellectual and developmental disabilities. Crisis intervention and respite services will benefit the individuals served and their providers and families while collaborating with community providers to build community capacity.



Promoting Independence through Community-Based Services

Medicaid Long-Term Care Services and Supports (LTSS) Redesign

2 of 3 deliverables met
3 deliverables in future FY

Addresses high-priority systemic issues in the current LTSS programs, establishes a "no wrong" door policy for initiating access to services, implements a uniform assessment tool, transitions to a managed long-term services and supports (MLTSS) delivery system. This system will promote the delivery of Home and Community-Based Services (HCBS), improve the quality accountability of the services provided, and deploy DHHS resources more efficiently.



Timely Access to Developmental Disability Services

7 of 7 deliverables met

Decrease the amount of time that elapses between when an individual who is eligible for DD services accepts a funding offer and when the individual actually starts receiving services.



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Leveraging Technology to Increase Effectiveness

Nebraska Caregiver Responsibility Tool 8 of 8 deliverables met

Develop and implement a web-based application for case-workers to use in real time, while meeting with the foster parents, allowing case workers to spend more time with the children and families they serve. With information entered into the system immediately, payments to foster parents will be made more promptly.



Child and Adult Abuse/Neglect Central Registry 8 of 8 deliverables met

Develop a web-based portal to reduce the time it takes to complete a Central Registry background check. The improvements will make it easier for organizations and citizens to do business with DHHS by providing results more quickly, and expedite the employment of individuals which helps grow Nebraska.



Behavioral Health Centralized Data and Electronic Billing Systems 6 of 6 deliverables met

Integrate treatment and fiscal data through the adoption of the Centralized Data System (CDS) and Electronic Billing System (EBS).



Electronic Benefit Transfer Cards for the WIC Program 5 of 5 deliverables met

Launch the eWIC pilot program and train agency staff and retailers on functionality. Once implemented, eWIC will also provide additional data for program management about foods purchased, which can be used by WIC staff to individualize nutrition education provided to families.



MMIS Replacement Project – Data Management Analytics (DMA) and Claims Broker Services (CBS) 2 of 2 deliverables met

2 deliverables in future FY

1 deliverables determined not needed

Implement the new DMA system to effectively process data from the managed care organizations for monitoring and oversight purposes and produce reports required by federal law. Establish an enterprise data warehouse and decision support system and enhance Medicaid's ability to conduct surveillance utilization reviews and detect fraud, waste, and abuse.



Medicaid Eligibility & Enrollment System (EES) Phase II and Phase III Planning 1 of 1 deliverables met

5 deliverables in future FY

Implement NTRAC, a new Medicaid eligibility and enrollment system, to ensure compliance with changes in federal regulations required by the Patient Protection and Affordable Care Act (ACA).



Increasing Operating Efficiencies and Improvements

Maintain and Improve ACCESSNebraska's Performance 6 of 6 deliverables met

ACCESSNebraska will increase Economic Assistance programs' same-day eligibility determinations to help Nebraska families receive a decision and benefits promptly.



Patient Admission and Discharge Flow at the Lincoln Regional Center 4 of 6 deliverables met

Experience access to responsive behavioral health services at the right time and place to meet Nebraskans' needs by reducing the average number of days waiting for admission to LRC for court-ordered individuals and mental health board-committed individuals.



Developmental Disabilities Quality Management 8 of 8 deliverables met

Enhance our current quality management system to be more comprehensive, and deliver safe, high-quality integrated services and supports to achieve positive outcomes for individuals with developmental disabilities.



Continued Process Improvements – Children's Services Licensing and Community-Based Developmental Disability Agency Provider Certification 14 of 14 deliverables met

Children's services licensing will develop a draft set of regulations for all child care/preschool license types, and decrease turnaround time for issuing provisional licenses to center-based programs after receiving a complete application. Community-based DD agency provider certification will decrease time required for issuing initial certification to a new agency provider.



Reduce Single State Audit Findings 6 of 6 deliverables met

Reduce the overall number of findings, with emphasis on repeat findings, and reduce the amount of questioned costs.



Streamlining Operational Improvements 8 of 8 deliverables met

Supports the Department's continuous efforts to strategically align the state's resources with the services we provide. Multiple document imaging technologies and interactive voice response technologies will be consolidated to one each. New hire turnover will be reduced by five percent and the average length of time from job posting to job offer reduced to 30 days.





INTRODUCTION

DHHS, as it is structured today, was the result of legislation passed in 2007. The legislation organized the core areas of the Department's responsibilities into divisions. Not only did the reorganization provide clarity to the public, the state made a commitment to greater accountability, accessibility, and transparency. On July 1, 2018, DHHS will begin its 11th year in the current structure, and Team DHHS continues to be committed to the mission of helping people live better lives. Team members carry out the mission each day through the Department's values and core competencies. The team continues its commitment to provide effective, efficient, and customer-focused services.

A desire to fulfill the Department mission drives the release of the 2018-2019 Business Plan. The plan will guide the Department's efforts to live out the mission through June 2019. The plan outlines 18 priority initiatives that will create a more effective, efficient, and customer-focused Department. The plan defines initiatives, as well as deliverables, and charts progress as we continue our mission of helping people live better lives. While the business plan does not represent the Department's full body of work, it presents many of the top priorities.

DHHS OVERVIEW

ORGANIZATIONAL REVIEW

DHHS is Nebraska's largest state agency, and it is responsible for nearly one-third of state government, in terms of teammates and budget. The Department provides many important, and at times life-sustaining, services for Nebraskans.

DHHS is comprised of five divisions, seven facilities, and eight operational areas. The five division directors are appointed by the Governor, and confirmed by the legislature, and report to the Chief Executive Officer.

The divisions are: Behavioral Health (BH), Children and Family Services (CFS), Developmental Disabilities (DD), Medicaid and Long-Term Care (MLTC), and Public Health (PH).

The agency facilities are: Hastings Regional Center, Lincoln Regional Center, Norfolk Regional Center, Beatrice State Developmental Center, Whitehall Treatment Center, and the Youth Rehabilitation and Treatment Centers in Geneva and Kearney.

Operational areas include: Communications and Legislative Services, Financial Services, Human Resources, Operational

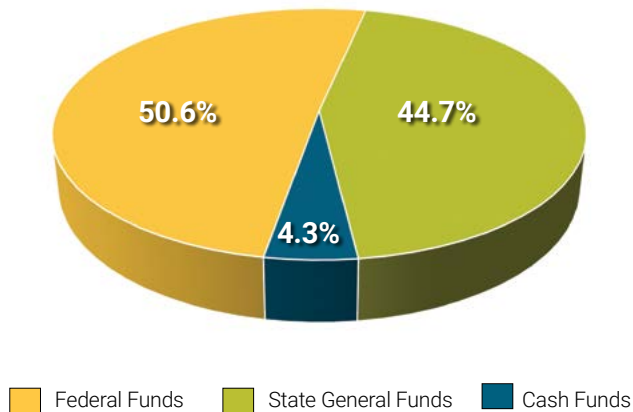
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Excellence, Information Systems and Technology, Internal Audit, Legal Services, and Support Services.

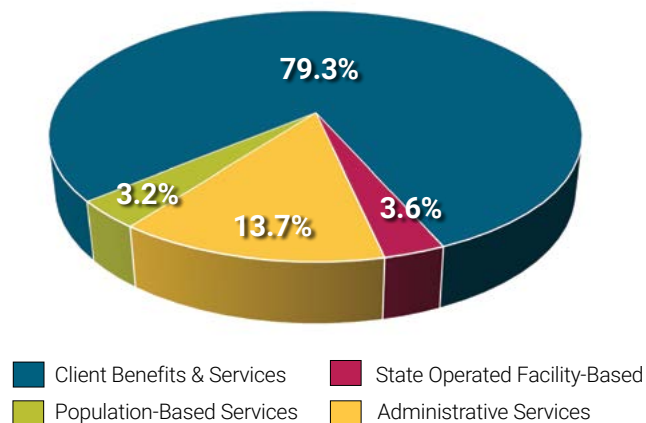
At the end of June 2018, the Department reported 4,651 full-time equivalent teammates. This includes staff in all offices and the seven, 24-hour facilities located across the state.

APPROPRIATIONS AND EXPENDITURES

Appropriations to support programs and services for Fiscal Year 2018 totaled \$3,580,658,297. The funds came from three sources: federal funds (50.58 percent), state general funds (44.7 percent), and cash funds (4.72 percent).



In State Fiscal Year 2018, more than three-fourths, (79.3 percent), of DHHS appropriations were for client benefits and services to Nebraskans. 3.61 percent was for state-operated facility-based services. 3.15 percent was to provide population-based services, including public health prevention and promotion activities. 13.68 percent went for administrative services, including the functions of determining eligibility for Department programs, the protection and safety of children, and service coordination.



Management of the agency budget is guided by the principles of transparency and accountability. As a public agency, DHHS takes seriously the responsibility to use citizens' tax dollars wisely and to uphold the highest standards of fiscal integrity.

LEADERSHIP AND AGENCY OPERATIONS

Dr. Courtney Phillips, Chief Executive Officer, holds a Ph.D. in public policy and an Executive Green Belt in Lean Six Sigma. Dr. Phillips was appointed by Governor Ricketts and confirmed by the legislature in the spring of 2015. She has direct oversight of the Department's divisions, facilities, and operational areas. Dr. Phillips sets and aligns the overall department strategy, outlines and drives fulfillment of the Department's goals and objectives, and oversees the work of the entire agency.



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.

BH provides funding and contract management to six behavioral health regions and a variety of providers to ensure community-based mental health and substance abuse prevention and treatment services are available. The funding and services provided are directed to those who are not Medicaid eligible and do not have private insurance that covers behavioral health services.

An Office of Consumer Affairs focuses on recovery initiatives, planning, peer support, and advocacy for behavioral health consumers.

Among other programs and functions, BH guides the Nebraska System of Care, provides the Behavioral Health Network of Care, and funds the Nebraska Family Helpline.

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Division of Children and Family Services

MATT WALLEN, DIRECTOR

Children and Family Services provides child and adult protective services, economic assistance services, and juvenile rehabilitation and treatment

services.

Child protective services include prevention activities, investigations of child abuse and neglect, in-home services to keep children safely in their family home, domestic violence services, foster care and adoption services for children who cannot safely live at home, and transitional services designed to assist and promote self-sufficiency for youth preparing for adulthood. Services are organized into five service areas geographically aligned with judicial districts. Adult protective services investigate reports of vulnerable adults who have been abused, neglected or exploited, intervene when maltreatment is confirmed, and connect individuals with the supports and services needed.

Economic assistance programs are a safety net for more than 270,000 Nebraskans and include programs such as: Supplemental Nutrition Assistance Program; Employment First education and job training; Aid to Dependent Children; Assistance to the Aged, Blind and Disabled; refugee resettlement; energy assistance; child care subsidy; as well as child support enforcement.

In January 2018, during the State of the State address, Governor Ricketts announced the creation of a Child Welfare Task Force. The task force is identified as the “Child Welfare Tiger Team” and has been focused on process improvement and other targeted initiatives to improve child safety, permanency, and well-being. The team has been working on these initiatives through the end of State Fiscal Year 2018 and will continue into State Fiscal Year 2019.



Division of Developmental Disabilities

COURTNEY MILLER, DIRECTOR

Developmental Disabilities administers publicly-funded developmental disability services to approximately

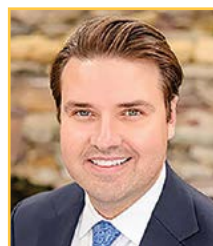
5,000 individuals within a community-based setting. As of

June 2018, 106 people live in four DHHS intermediate care facilities for persons with developmental disabilities (ICF/DD) in Beatrice.

DD strives to support the choices of individuals with disabilities and their families by promoting and providing flexible, quality, member-driven services and supports within communities. We value our community connections with an emphasis on looking at a person’s strengths and abilities to contribute to their community.

The Division administers two Medicaid home and community-based services (HCBS) waivers for persons with developmental disabilities, as well as case management services. Services are provided based on each person’s identified needs, state and/or federal guidelines and, when applicable, the availability of funds. While some services are delivered directly by DHHS, most services are delivered through a large network of individual and agency providers. The Division collaborates with other agencies, providers, families and self-advocates, increasing opportunities for individuals with developmental disabilities to access the most integrated, least restrictive services and supports.

A clinical team is available to provide dental, nutritional, medical and psychiatric consultations, and support to eligible individuals in the community at large. Additional specialized staff provide training across the state in functional behavioral assessment, physical and nutritional management, and other topics relevant to supporting people with developmental disabilities.



Division of Medicaid and Long-Term Care

DR. MATTHEW VAN PATTON, DIRECTOR

Medicaid and 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.

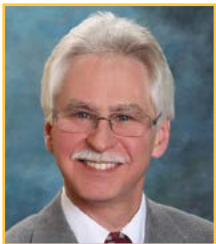
Medicaid funds for healthcare services to eligible elderly, persons with disabilities, low-income pregnant women, and

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children and their parents, covering more than one in every 10 Nebraskans. It administers non-institutional home and community-based waivers for the aged, adults and children with disabilities, and infants and toddlers with special needs. MLTC is also responsible for Medicaid eligibility determination, policy, provider enrollment, rate setting and reimbursement activities, claims processing, and program integrity activities.

Medicaid in Nebraska is delivered through managed care in the Heritage Health program. Nebraska Medicaid contracts with three managed care organizations (MCOs): Nebraska Total Care, United Healthcare Community Plan, and WellCare of Nebraska. These three plans provide physical, pharmacy, and behavioral health services to the majority of Nebraska's Medicaid members. Nebraska Medicaid is contracted with MCNA to administer the dental benefit.

The State Unit on Aging collaborates with public and private service providers to ensure a comprehensive and coordinated community-based services system that assists people to live in a setting they choose and continue to be contributing members of their community. The Unit partners with Nebraska's aging network that includes eight Area Agencies on Aging.



Division of Public Health

**DR. TOM WILLIAMS,
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.

The Division has two sections. One is Health Licensure and Health Data and the other is Community and Environmental Health. Health Licensure and Health Data is responsible for: epidemiology and informatics; licensure, regulation and investigations of health-related professions, occupations, facilities and services; public health preparedness and

emergency response; and vital records, including birth, death and marriage certificates. Community and Environmental Health is responsible for community and rural health planning, environmental health, health promotion and lifespan health services.



Facilities

**MARK LABOUCHARDIERE,
DIRECTOR**

LaBouchardiere was placed in the role of DHHS Facilities Director in

December 2017. This was done in an effort to provide continuity of services, streamline processes, create consistent policies and operating procedures, and maximize resources across the DHHS 24-hour facilities. The Facilities Director oversees the day-to-day operations of the Department's 24-hour facilities: Hastings Regional Center, Lincoln Regional Center, Norfolk Regional Center, Beatrice State Developmental Center, Whitehall Treatment Center, and the Youth Rehabilitation and Treatment Centers in Geneva and Kearney.



Operations

**BO BOTELHO,
CHIEF OPERATING OFFICER**

Operations has eight sections that provide specialized expertise and support to all divisions. The daily work of these areas impacts the success of every team member in carrying out the DHHS mission of helping people live better lives.



**MIKE MICHALSKI,
CHIEF FINANCIAL OFFICER**

**Communications and Legislative
Services (CLS)** manages public, internal and stakeholder

communications including media relations, outreach and publicity/promotion efforts, the DHHS website, social media, newsletters, video productions and graphic design. CLS also leads the legislative activities for the Department.

Financial Services provides support through budget development and monitoring, state and federal report preparation, program evaluation, accounting transactions, and revenue collections and monitoring. Financial Services also offers grant and contract support, claims processing, research, financial and program analysis, cost allocation, and leads internal audits

Human Resources provides support to Department teammates and managers across the state, including staffing requests for position reclassification and salary grade adjustments; analysis of staffing plans; workers' compensation and benefits; teammate and labor relations; teammate recognition, recruitment, selection, placement, retention and succession planning; and the Employee Assistance Program. In addition, HR is responsible for training coordination, staff development, and team facilitation.

Operational Excellence is an internal consulting team that identifies, develops, implements, and evaluates business practices throughout DHHS for effectiveness and efficiency with a concentration on improved services, reduced costs and streamlined processes. Work may also impact other state agencies and external stakeholders. Operational Excellence provides additional assistance to DHHS program staff to implement corrective action plans.

Internal Audit evaluates, identifies, and assists areas in need of improvements with their current processes and procedures, and provides guidance and information to DHHS staff regarding procedures, operational controls, regulations, internal controls, and best practices. Internal Audit also maintains audit records.

Information Systems and Technology (IS&T) provides planning and project management, implementation and ongoing support of information systems, network and hardware support including procurement and installation, and local area network management and maintenance. IS&T also offers an internal help desk support for both system-specific and Department-wide questions and concerns.

Legal Services provides legal advice to DHHS divisions; represents DHHS in administrative hearings and court cases; interprets state and federal laws and regulations; provides records management; drafts and reviews legislation, rules and regulations, contracts and other documents.

Support Services provides technical assistance and support in purchasing; equipment inventory; surplus property; vehicle management; risk management; land-based telecommunications; language line; Spanish translation; security and emergency planning; building access control, centralized scanning, property insurance administration, distribution of mail; and forms and supply management, contractual services and sub-awards.

Nebraska Department of Health and Human Services

Division of Behavioral Health
Division of Children and Family Services
Division of Developmental Disabilities
Division of Medicaid and Long Term Care

Division of Public Health
Facilities
Operations

Helping People Live Better Lives

2018 - 2019 INITIATIVES

INTEGRATING SERVICES AND PARTNERSHIPS

Heritage Health, A Quality Approach to Managed Care

CONTINUED INITIATIVE FROM FIRST BUSINESS PLAN, 2016-2017

Background

The last year and a half have seen a great deal of change for the Nebraska Medicaid program. Medicaid in Nebraska is delivered through managed care in the Heritage Health program. Nebraska Medicaid contracts with three managed care organizations (MCOs): Nebraska Total Care, United Healthcare Community Plan, and WellCare of Nebraska. These three plans provide behavioral and physical health services, as well as pharmacy services to the majority of Nebraska's Medicaid members. A Medicaid managed care system, more so than a fee-for-service system, is designed and organized to manage quality, utilization, and cost of healthcare services.



The ongoing strategic vision of the Division of Medicaid and Long-Term Care (MLTC) will be driven by managed care's strengths. The ability to manage quality, utilization, and cost today is key to balancing the interests of all stakeholders in the Nebraska Medicaid program, from beneficiaries and providers to the taxpayers who financially support the program. The ability of each plan to coordinate care to members ensures that the state's Medicaid members can receive the appropriate care at the right time.

With the plans now in ongoing operations, MLTC's focus is increasingly on the quality of the services delivered to the Medicaid members and the tools the MCOs have to improve members' health outcomes. While tracking quality measures has always been part of Heritage Health, MLTC's focus has intensified on quality with the development of a dedicated health management program.

MLTC also will be undertaking initiatives to improve care coordination to members by including non-emergency medical transportation in the Heritage Health service package.

Goal

The three goals of the initiative are:

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.

Strategy

IMPROVE QUALITY MEASURES

MLTC will be taking an enhanced look at improving the quality of care delivered to the state's Medicaid members by undertaking initiatives to improve the application of data collected and making strategic decisions to improve care coordination to members. The fulfillment of MLTC's strategic vision will be enhanced by informatics systems, both current and in development, which have the ability to collect and utilize the large volumes of data created by Heritage Health and other Medicaid programs on a daily basis. This data can be used to guide and manage the cost, utilization, and quality of services available through the Medicaid program.

Currently, MLTC is tracking measures to ensure important services are being utilized by its members with the goal to improve health outcome:

- The percentages of adolescents who have received a Tetanus, Diphtheria, and Pertussis (Tdap) immunization prior to their 18th birthday. 52.7 percent of 16-17 year olds had received the Tdap immunization;
- The number of members, with an identified need, receiving medication assisted treatment (MAT). 92 per month received MAT in 2017; and
- The number of Nebraska Medicaid-enrolled children, with an identified need, receiving Multi-Systemic Therapy (MST). An average of 56 per month received MST in 2017

Helping People Live Better Lives

Additionally, the plans are collaborating with our MCO partners on several performance improvement projects to improve the health outcomes of Nebraska's Medicaid members. Nebraska Medicaid currently has three performance improvement projects in place.

- Monitoring follow-up visits after emergency department (ED) visits for mental illness or alcohol or drug dependency;
- Monitoring Tdap immunization rates in pregnant women; and
- Monitoring 17-hydroxyprogesterone (17P) injection rates in pregnant women.

MLTC is currently developing or has in place overall target goals for these three projects to be achieved by January 2020. A goal for ED follow-up is currently being developed, as 2017 was the first full year that HEDIS data was available for this measurement. With Tdap immunizations, MLTC is aiming for 85 percent and 75 percent for indicators 1 and 2, respectively (Indicator 1 refers to mothers who received the service at any point in their pregnancies. Indicator 2 refers to mothers who received the service between weeks 27 and 36). Finally, MLTC is aiming for a 35 percent 17P injection rate, which could help reduce the number of preterm births.

DEPLOY HEALTH MANAGEMENT PROGRAM

MLTC will be increasing these activities through the creation of its Health Management Program. The objective of the Health Management Program is to create a management and intelligence infrastructure for quantifying the value of managed care coordination activities within the patient populations identified and managed by the MCOs.

By fulfilling this objective, MLTC is better able to deliver on its Triple Aim for Heritage Health members. The Triple Aim seeks to improve the patient's care experience, improve the patient's health, and reduce the per capita cost of health care.

This new infrastructure will fulfill several important functions, specifically, enhanced:

1. Clinical, statistical, economic and ethical evaluation capabilities;
2. Mechanisms for improved collaboration and coordination to better fulfill the Triple Aim, foster

market innovations, and drive performance improvement; and

3. Publication of information to share our knowledge and accomplishments with the marketplace.

Within this program, and through active stakeholder engagement, MLTC and the MCOs will ensure that chosen healthcare services have benefits that outweigh their opportunity cost, or the most beneficial activities are chosen within the resources available.



INTEGRATE NEMT SERVICE

Another initiative to improve the quality of care delivered to Medicaid members is the integration of NEMT (non-emergency medical transportation) services into the Heritage Health program. Currently, NEMT is delivered in fee-for-service arrangements. This separation does not allow the state to fully utilize the potential of managed care. To ensure Medicaid members are receiving integrated services, managed care offers a comprehensive benefits package that allows the health plan to service the whole person and build providers networks that address all the needs of its members. Improving health outcomes, managing chronic conditions, and avoiding potentially preventable hospital admissions or emergency department visits are fundamental goals of Heritage Health. Allowing the health plan to facilitate and coordinate

the transportation necessary to access services allows a streamlined approach to care coordination. Including this benefit in the Heritage Health service package incentivizes the plans to make sure members get to appointments on time, better managing chronic conditions and avoiding emergency department visits.

To improve the care coordination received by Medicaid members, MLTC will be working closely with NEMT providers and other stakeholders to move these services into Heritage Health by July 2019. Stakeholder engagement will begin in the summer of 2018. The contract amendment of NEMT will be finalized with the plans by the spring of 2019. The services will be integrated by July 2019.

Deliverables

IMPROVE QUALITY MEASURES

Deliverable	Target Completion
Increase the percentage of adolescents age 11-15 years receiving Tdap immunization before age 18 to 55 percent.	December 2018
Increase the percentage of adolescents age 16-17 years receiving Tdap immunization before age 18 to 60 percent.	December 2018
Increase the number of Medicaid recipients receiving medication assisted treatments (MAT) for substance abuse disorders to 75 per month.	Ongoing
Increase the number of Medicaid recipients receiving multi-systemic therapy (MST) to 60 patients per month.	Ongoing

HEALTH MANAGEMENT PROGRAM

Deliverable	Target Completion
Engage Nebraska contracted MCOs to participate in regular health management team meetings to evaluate and address utilization of population health topics	Monthly
Define infrastructure for collaborative oversight of utilization and care Management relative to preventive care and disease management	June 2019
Define infrastructure for assessing economic evaluation for the purpose of identification, measurement, and valuation of cost and effectiveness of care	June 2019
Work with Deloitte Consulting to develop health-related reports and mine the data relative to the analytics component of the DMA system	June 2019
Employ systems of care strategies to engage other state and local agencies to collaboratively address the social and physical environmental determinants of health affecting clinical outcomes.	January 2020 (Ongoing)

NEMT INTEGRATION

Deliverable	Target Completion
Begin work with actuary on contract amendments, develop capitative rates for plans, and receive CMS approval in order to implement	November 2018
Engage stakeholders	July 2018
Begin engagement with NEMT providers for a July 1, 2019 carve-in.	July 2018
Finalize contract amendment to current Heritage Health plans for NEMT providers.	May 2019
Add NEMT Services to the Heritage Health Benefit Package	July 2019

Keeping Families Together

CONTINUED INITIATIVE FROM 2017-2018

Background

Increasing income to achieve self-sufficiency promotes the well-being of children and families. In addition, having community supports available to assist stabilizing a family in a time of crisis builds social connections and establishes a foundation to strengthen family functioning and resiliency. CFS is engaging Nebraskans in these areas.

CFS initiated three pilot programs: Supplemental Nutrition Assistance Program/Department of Labor Employment Program (SNAP/DOL), Family Focused Case Management (FFCM), and Family Action Support Teams (FAST), to stabilize and strengthen families to prevent intergenerational poverty and achieve self-sufficiency. The SNAP/DOL program is primarily focused on identifying people that are working, but still reliant on public benefits. Team members guide participants through the pilot to improve their wages, work hours, and benefits and reduce or eliminate their need for public benefits. The FFCM and FAST programs will identify families in need of formal or informal supports and connect them with resources in their local community to stabilize the immediate crisis and support them to avoid a formal system response.

SNAP/DOL

- Through a partnership with the Nebraska Department of Labor (DOL), SNAP participants who are employed are invited to pursue a career path to provide higher-paying employment including benefits and better hours that will help them support their families and improve their family life. This program assists participants in obtaining skills and education necessary for the career path chosen. The goal of the pilot program is to assist participants in achieving economic self-sufficiency and decrease or eliminate the need for SNAP benefits. The SNAP/DOL Pilot has allowed families to achieve better working hours, increased income, and reduced dependence on government programs.

- The SNAP/DOL pilot originally kicked-off in Grand Island in 2016. During State Fiscal Year 2018, the pilot was expanded to Hastings, Columbus, and Norfolk. To date, 36 percent of the families obtained a higher paying job; on average, each family we were able to help saw an annual income increase of \$9,959. Through collaboration with DOL, DHHS case managers are able to provide assessment and coaching to assist clients in overcoming barriers keeping them from becoming self-sufficient. This is done through job skill building, job training, job placement searches, resume reviews, interview preparation, vouchers to buy clothing for interviews, and similar services. While pursuing higher career aspirations, the outcomes have resulted in improved family functioning often by eliminating multiple part-time jobs with non-traditional work hours to a stable job during the day so families can be together in the evenings to participate in family activities together.



FFCM

At times, issues arise that could lead to the involvement of the child welfare system. Issues can be, but are not limited to: children experiencing difficulties in school, parenting and child supervision, unstable housing environments, and employment/financial issues. FFCM works with the entire family to develop a short-term plan to stabilize the family when these issues occur.

As a part of FFCM, family coaches engage with families and connect them to economic assistance programs or to community resources. The family coaches also bridge the gap between protection and safety workers and the family needing assistance to assure the family is stable.

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Beginning in October 2016, the FFCM Phase I pilot assisted families with an employment assessment and a self-sufficiency planning process before referring them to the Employment First contractors to establish a career path. During FFCM Phase I, the pilot assisted 129 clients and 35 percent achieved self-sufficiency via employment. The program was limited to families receiving Aid to Dependent Children benefits. The pilot was evaluated in January 2018 and it was determined Phase II will shift the focus to work directly with families who are at risk of involvement with the child welfare system.

FAST

FAST is a primary prevention program and is a short-term program designed to assist Nebraskans at risk for abuse and neglect to solve problems and address negative barriers impacting daily living. FAST referrals are intended to assist families by addressing issues that put the family at risk of child abuse or neglect. This program works to solve the issue within 14 days.

FAST is a partnership with Bring Up Nebraska and other local community resources. The program has assisted families in obtaining stable housing, dependable transportation, and child care. The FAST program was first introduced in 2017 in Dodge County and is currently working in Dodge, Sarpy, and Madison counties.

Goal

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, to provide for their children and family. The goal of this customer-focused initiative is to stabilize and strengthen Nebraska 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/DOL:** work with a minimum of 150 Nebraskans in the pilot and help 50 percent find higher paying jobs, benefits, and/or improved work hours.
- **FFCM:** work with 120 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 and to increase utilization of pilot program.

Strategy

The overarching strategy is to scale-up the pilot programs to allow more Nebraskans the opportunity to participate in or be served through the pilot programs:

- **SNAP/DOL:** continue partnership with DOL and expand to Scottsbluff, North Platte, Sidney, and Lexington.
- **FFCM:** the Phase II pilot will expand the program in North Platte and Fremont and have family coaches at each location. When a family is identified, they will be provided with direct coaching, resources, and referrals to assist in meeting the emerging needs that, if not addressed, could lead to child welfare system involvement. Additionally, this pilot will allow for referrals and a soft hand off to the SNAP/DOL pilot program.
- **FAST:** continue partnership with Bring Up Nebraska and engage with schools and churches to drive awareness and generate direct referrals in the current and expanded counties, i.e. Scotts Bluff, Lincoln, Buffalo, Hall, Gage, and Otoe counties.

Deliverables

Deliverable	Target Completion
Expand SNAP/DOL Pilot to Scottsbluff	August 2018
Expand SNAP/DOL Pilot to North Platte	February 2019
Expand SNAP/DOL Pilot to Sidney	March 2019
Evaluation of Family Focused Phase 2 Pilot	April 2019
Expand SNAP/DOL Pilot to Lexington	June 2019
Expand FAST program to Scotts Bluff, Lincoln, Buffalo, Hall, Gage, Otoe counties during the next year	June 2019
Family Focused Phase II Case Managers will work with at least 10 families a month	June 2019

Nebraska System of Care, Youth & Families

CONTINUED INITIATIVE FROM 2017-2018

Background

Nebraska System of Care (NeSOC) is a different way of doing business for the development and implementation of services. A system of care approach removes silos and brings system partners (funders, providers, and policy-makers), family partners, and youth partners together to collaborate.

The NeSOC improves access to a full array of coordinated community-based services while building on the strengths of individuals in providing prevention, treatment and support services.

Youth develop better in their own homes with their own families. Crisis response teams, operational through providers across six Regional Behavioral Health Authorities, provide immediate mental health crisis intervention and counseling to those in need at the local level. Effective crisis response stabilizes persons experiencing mental health crisis, reduces the incidence of a future crisis and can prevent unnecessary and costly out-of-home placements or inpatient and residential care by linking the youth and their family to other community-based mental health services or other supports. Out-of-home placements include: shelter homes, foster care, and group homes.

Through a memorandum of understanding, youth specific data was gathered and analyzed from BH, MLTC, CFS and the Administrative Office of Probation (AOP) to establish a baseline for this measure for FY15. The initial base line indicated 17.7 percent of youth served across the system had at least one day of out-of-home care. Data has since been reviewed and analyzed indicating an out-of-home placement rate of 22.4 percent and 23.2 percent for FY16 and FY17, respectively. Said another way, in FY17, 76.8 percent of youth were served in their home/community. BH seeks to increase home/community services for Nebraska youth.

Goal

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

Strategy

The strategies focus on increasing access to services, developing providers and other system partners', such as the schools, competencies, and increasing the effectiveness of home and community- based services through incorporation of youth and family voice.



- **Build upon the Youth Mobile Crisis Response (YMCR).** YMCR was implemented in the final quarter of FY17. Current data reflects that of the youth served through YMCR, (504 youth served), 69 percent were able to safely remain in their homes, three percent were placed informally with family or a friend, and only 5 percent were formally placed out-of-home through CFS or AOP. The remaining 21 percent were referred or admitted to an inpatient psychiatric unit (2 percent had unknown disposition). To date, YMCR has been funded primarily through System of Care grant dollars in order to ensure this service continues to be supported once the grant ends, alternative funding mechanisms are being identified and implemented. Although YMCR has been successful in supporting youth and families in their home, some children may need a short term, more intensive service to address their needs. NeSOC partners have identified the need to explore the viability of developing additional crisis stabilization units to further enhance the system's ability to respond to a variety of behavioral crises.

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- **Increase access to home-based services.** During the second quarter of FY18, Region 6 implemented the Parents and Children Together (PACT) program, which is a mid-intensity home-based family therapy approach. The program was targeted as an intervention to avoid the need for CFS or AOP involvement, however it is open to youth and families involved with either or both entities. In the second and third quarters of FY18, 84.21 percent of families served through the PACT program have remained out of formal system involvement at discharge and 94.74 percent youth served remained safely in the family home at the time of discharge.



Assessing community needs and working towards sustainable funding to support the development or expansion of other evidenced based practices, such as: Multisystemic Therapy, Functional Family Therapy, Family Centered Treatment, and specialized child care, will continue. Mapping the specific evidenced based practices that are available in communities across Nebraska, along with identifying telehealth utilization and capacity to serve youth in the most rural areas of the state, is critical to ensuring adequate access to services for youth and families. Additionally, developing robust access mechanisms, such as through the Family Helpline, will help connect youth and families to services they need and support them in their communities. Finally, youth leadership training is targeted to assist youth in developing the necessary skills to advocate for their needs.

- **Implementation of other mid-intensity community based activities.** Region 1 has begun taking referrals for an Intensive Outpatient Program in collaboration with Education Service Unit (ESU) 13. The lack of access to mid-intensity services has been cited as a contributing factor in more rural parts of the state for out-of-home placement simply to gain access to needed services which were not available prior to the NeSOC efforts. Dialogue continues regarding service needs and gaps across Nebraska. In addition to intensive in-home supports, other service needs identified include Crisis Stabilization, specialized child care, as well as services designed to better meet the needs of individuals who experience a serious emotional disturbance as well as co-existing developmental or intellectual disabilities. Special attention needs to be paid to ensuring that the service system is meeting the needs of all youth and families across the state. Racial and ethnic disparities exist within the behavioral health service systems; targeted work to ensure providers are culturally and linguistically competent and the service system meets the needs of Nebraska's diverse population will be a focus in the coming year.
- **Work to build capacity to meet youth and family needs on a community level.** Through the NeSOC public-private partnership, Nebraska Children and Families has secured and distributed \$1 million in new money to the community collaboratives to assist with meeting, not only behavioral health needs, but to connect families with other financial and community-based supports through the Community Response Programs such as: transportation, medication, weighted blankets, specialty toys, counseling, and interpretation services.
- **Developing and providing resources to the school systems regarding how to identify/screen for behavioral health concerns and make referral to appropriate services.** Information related to appropriate and valid screening tools utilized by schools across the county, information and training on school-based behavioral health interventions, and protocols to ensure strong connectivity between school and community behavioral health experts will help support youth in their schools and provide much needed support to schools across Nebraska.

Deliverables

Deliverable	Target Completion
Develop and distribute mental health resource information to school administrators, nurses, counselors and social workers	August 2018
In partnership with Educational Service Units, Nebraska Department of Education, and other partners, develop an access protocol for school staff to refer to behavioral health providers	October 2018
Develop and implement a plan for educating school personnel on the protocol; each local system of care will provide a written plan regarding educating schools in the region	October 2018
Develop systemic mapping of Evidence Based Practices for youth and families in Nebraska	September 2018
Increase cultural and linguistic competency proficiency through development and implementation of a System of Care cultural and linguistic competency evaluation with written plan	October 2018
Develop Youth Advocacy Training Academy curriculum	October 2018
DHHS Divisions will review and make necessary changes to policies and procedures to come into full compliance with System of Care payment protocols, which were approved by the Nebraska System of Care Leadership Board in May 2018	October 2018
Identification of strategies using the Nebraska Family Helpline to increase awareness of the Nebraska Family Helpline as well as additional options to connect with services (possibly companion website, text/chat options)	November 2018
Provide Cross Systems training for a minimum of 50 participants regarding treatment of youth who experience both a behavioral health disorder and intellectual or developmental delays.	December 2018

Implement sustainable billing protocols for services associated with Youth Mobile Crisis Response to commercial insurance and Medicaid	December 2018
Develop draft service definition and cost projection related to implementation of Crisis Stabilization for youth	December 2018
Develop systemic mapping for access to telehealth providers	January 2019
Research and identify specialized child care models that exist in other states to support young children with behavioral health needs	January 2019
Expand access to home based services through implementation or expansion of Evidence Based Practices such as Family Centered Treatment, Multisystemic Therapy, and other intermediate community based services	April 2019
Provide a minimum of five Youth Advocacy Academy Trainings	May 2019

PROMOTING INDEPENDENCE THROUGH COMMUNITY-BASED SERVICES

Medicaid Long-Term Care (LTC) Redesign

CONTINUED INITIATIVE FROM 2017-2018

Background

While physical health, behavioral health, and pharmacy services have successfully transitioned to administration by managed care organizations as part of Heritage Health, long-term care services (nursing home care and services that help Medicaid members stay in the community when they may otherwise need facility level of care) are still delivered in fee-for-service arrangements by the Medicaid division. An aging population, the increasing cost of medical care, and state budget concerns are challenging LTC programs across the nation and in Nebraska.



In January 2016, the Department released a concept paper for LTC redesign. In August 2017, the Department released a final report with recommendations for the redesign of LTC services in Nebraska. The redesign plan had several foundational recommendations, including the creation of a “no wrong door” (NWD) system to assist consumers in the entry and navigation of the LTC system, the implementation of an electronic visit verification system (EVV), and the development of a standardized assessment to ensure that each customer receives the right type and amount of services. The Department will continue the implementation of these recommendations over the next year. Additionally, MLTC has identified a market need to revise the reimbursement of skilled nursing facilities. MLTC will begin working with skilled nursing facility providers to change the

way nursing facilities are reimbursed to focus on the actual quality of services delivered.

Goal

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.

Strategy

The final LTC redesign plan contained several foundational recommendations to improve Nebraska’s LTC system. The Department has focused its resources on three of the recommendations: the creation of an EVV, the development of a NWD, and the implementation of a standardized assessment tool.

The LTC redesign plan recommended that the Department implement an EVV system alongside a fiscal agent to assist the state’s independent providers. However, the Department made the decision to focus its efforts on the implementation of the EVV due to the federal 21st Century Cures Act requiring states to implement EVV for Medicaid in-home providers by 2019 and to continue work with LTC stakeholders to ensure a successful implementation of both systems. An EVV will verify that a provider is physically present during the delivery of in-home services and that quality services are being delivered to in-home members. The team working on the EVV project is currently drafting a Request for Proposal (RFP) to implement an EVV vendor that will have an open system that provides the EVV function for providers who do not already have a system in place and is also an aggregator for providers who may already have an EVV in place. Specific technical components of the EVV function and the aggregator functions will be defined when the vendor is procured. The Department will release the request for proposal (RFP) in the fall of 2018 with the contract awarded in April 2019. The Department anticipates operations to begin in November 2019.

Another recommendation of the LTC redesign plan was the creation of a NWD. A NWD assists consumers in entry and navigation of the LTC system and helps states use

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resources more effectively and efficiently on behalf of consumers and caregivers. Following the submission of the LTC redesign plan, the Department determined that it was necessary to conduct a gap analysis to identify changes necessary to implement a fully-functioning NWD into an effective NWD network. MLTC contracted with the National Association of States United for Aging and Disability to conduct the gap analysis. This will be completed in July 2018, at which time the Department will begin work with its stakeholders on a work plan for implementation.

The Department will also continue work on a standardized assessment for LTC members. The LTC Redesign plan recommended implementing a standardized assessment to replace subjectivity with objectivity and inconsistency with consistency. The process of assessing needs of consumers is an essential step in reaching the goal of ensuring that the appropriate consumers are enrolled in the LTC programs and that each eligible consumer receives the right type and amount of services. Too few services, too many services, or the wrong combination of supports and services contributes to an inefficient LTC system of care, gaps in care, adverse outcomes, and strain on the state's finite resources. The implementation of a standardized assessment will require a new LTC case management solution. The implementation of this case management solution will be part of the next phase of the eligibility and enrollment system project (EES Phase III). The request for proposal (RFP) is being drafted and expected to be released in fall 2018 with a contract awarded in late spring 2019.

Over the next year, MLTC also will be taking a focused look at the quality of services provided to all Medicaid members. As emphasized by stakeholders during the development of the LTC redesign plan, the Department needs to measure the quality of the current LTC system so it can ensure any proposed changes improve outcomes. This includes dedicated work looking at quality data from the state's long-term care facilities, including the information collected by the Centers for Medicare and Medicaid Services in developing its star ratings for nursing facilities, and seeing how quality metrics can be tied to payment methodologies to replace the antiquated cost-based reimbursement used today for these facilities. This work will lead to developing strategies and payment methodologies that will incentivize

providers to deliver high-quality care. These strategies can include tying compensation to results.

MLTC will complete a market evaluation in August 2018 followed by engagement with the stakeholders impacted to validate the results in September. In December 2018, MLTC will release a concept paper outlining proposed changes to nursing facility reimbursement and a timeline for these changes. MLTC will use this concept paper to seek stakeholder input in the proposed methodology changes, and from there develop recommendations for legislative and regulatory reforms.

Deliverables

Deliverable	Target Completion
NWD Gaps Analysis Released	July 2018
Complete market evaluation of the current skilled nursing facility system	August 2018
Begin engagement with stakeholders to validate the market evaluation of the current skilled nursing facility system	September 2018
NWD Work Plan Development Begins	September 2018
Release EVV RFP	November 2018
Release RFP for LTC case management solution	November 2018
Release concept paper on reforming skilled nursing facility reimbursement	December 2018
Begin economic modeling of changing payment methodology to tying compensation with results	December 2018
Stakeholder outreach will begin seeking feedback on the concept paper on skilled nursing facility reimbursement	January 2019
Award Contract for EVV	April 2019
Award Contract for LTC case management solution	May 2019
Begin design and development of LTC case management solution	May 2019
Begin EVV Operations	November 2019

Promoting Independence through Community-Based Services

CONTINUED INITIATIVE FROM 2017-2018

Background

An important federal rule took effect on March 17, 2014. There are three parts to the new Rule, 42 CFR 441.301:

1. The person-centered planning process, which increases the person's input in how services are planned and what is included in the plan of care;
2. Conflict-free case management; and
3. Home- and community-based services settings which increase protections related to where people receive Home and Community-Based Services (HCBS).

The Final Rule became effective on March 17, 2014. Any new settings after that date had to be immediately compliant. Any settings established before that date initially had until March 17, 2018 to come into compliance; however, on May 7, 2017, CMS issued an extension of the transition period to March 17, 2022. A Statewide Transition Plan (STP) is required by all states with Medicaid HCBS Waivers in order to come into compliance with the Final Rule. Compliance with the final settings rule is critical to maintaining Nebraska's federal funding from CMS. Nebraska received initial approval of its STP on March 31, 2017, and final approval of the plan from our federal partners is expected in 2018.

Requirements include opportunities to seek employment and work in competitive integrated settings, engage in community life and control personal resources, as well as ensuring the individual receives services in the community to the same degree of access as individuals not receiving Medicaid HCBS services. Each site assessment completed is driven by personal choice and participant access to quality services.

Goal

Complete 100 percent of on-site assessments of provider workshops by December 31, 2018 to determine areas that impact compliance with the STP 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.

Strategy

DD will identify provider workshops that do not meet HCBS final rule requirements for setting standards and will partner with providers to remediate and educate those workshops. Progress will be measured by the number of workshop assessments, remediation plans of providers and on-site follow-up according to the STP.

Deliverables

Deliverable	Target Completion
Submission of final State Transition Plan to CMS for approval	August 2018
Complete 50 percent of on-site assessments of provider workshops to determine compliance with the STP	September 2018
Complete 100 percent of on-site assessments of provider workshops to determine compliance with the STP	December 2018
All result letters delivered to workshop providers	February 2019
DD will offer technical assistance to any provider with the development of remediation plans	March 2019
All remediation plans from workshop providers received by Division for approval	April 2019
Quarterly review process and report template developed and shared with providers	April 2019
First quarterly provider remediation progress reports received by Division	June 2019
Quarterly provider remediation progress reports received by Division	Ongoing

Addressing Opioid Abuse in Nebraska, Prevention & Care

Background

The nation is facing a crisis due to the opioid epidemic. Governor Ricketts recently said, "We know the consequences of prescription drug misuse and abuse can be devastating, and Nebraska is not immune. The opioid epidemic is taking hold across the country, but we have an opportunity to be proactive, focus on prevention and treatment and raise awareness now to help stop opioid abuse from reaching crisis levels here."



Nationally, drug overdose deaths have increased from 9.3 to 16.3 per 100,000. Nebraska continues to have significantly fewer drug overdose deaths compared to the national trend, but increasing numbers in our state have made this a priority issue. Fast facts about prescription drug use, abuse and deaths in Nebraska:

- In 2015, 149 Nebraskans died of a drug overdose and at least 36 percent of those were due to opioid pain relievers. In 2016, 128 Nebraska overdosed and at least 30 percent of those were due to opioids.
- Nebraska's overdose death rate has increased – 6.9 overdose deaths for every 100,000 people in 2016 up from 3.6 in 2004.
- Data shows a slight increase in opioid-related deaths in Nebraska over the last decade from 2.4 per 100,000 in 2005 to 3.0 per 100,000 in 2015.

Despite experiencing significantly fewer overdose deaths compared to the national trend, Nebraska intends to be a leader in the prevention of opioid abuse and unintentional drug overdose through the following initiatives: 1) Prescription Drug Overdose Prevention and Prescription Drug Monitoring and 2) State Targeted Response Grant, Opioid Treatment.

PRESCRIPTION DRUG OVERDOSE PREVENTION AND PRESCRIPTION DRUG MONITORING

CONTINUED INITIATIVE FROM 2017-2018

The Division of Public Health identified opioid abuse and preventing unintentional drug overdose as a priority area to maintain Nebraska's status as a leader in the nation in the prevention of drug overdose deaths. In 2017, the Division of Public Health met its goal to register 90 percent of community pharmacies to upload their dispensed records to the Prescription Drug Monitoring Program (PDMP). In fact, we surpassed our goal and achieved 100 percent six months early. In early 2018, the division exceeded its goal to register physicians, physician assistants, and nurse practitioners (healthcare providers), and continues to increase PDMP healthcare provider registrations.

The Division of Public Health will continue the initiative from last year of utilizing the PDMP to assist in the prevention of opioid abuse, dangerous drug interactions and unintentional drug overdose and follow the Centers for Disease Control (CDC) and Prevention's strategies derived from the best available evidence for states to address the opioid drug overdose epidemic:

- Increase healthcare provider use of the Nebraska Prescription Drug Monitoring Program (PDMP). The PDMP is a prescription safety tool and provides free access for enrolled healthcare providers and pharmacists to identify opioid abuse, prevent dangerous drug interactions and protect patients at risk.
- Educate healthcare professionals on safe pain management without excessive opioid prescription.
- Educate the public about Naloxone, a life-saving opioid overdose reversal drug, the emergency medication that reverses an opioid overdose and saves lives.

STATE TARGETED RESPONSE (STR) GRANT, OPIOID TREATMENT

NEW INITIATIVE

The Division of Behavioral Health (BH) received a two year, \$2 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in May 2017 for opioid response. The grant is part of the 21st Century Cures Act. States were awarded funds based on rates of overdose deaths and unmet need for opioid addiction prevention and treatment.

The Nebraska STR grant is focused on promoting awareness of the opioid problem and access to expanded prevention, treatment and recovery services. A well-trained behavioral health workforce is essential for the delivery of effective treatment services and in order to proactively address the opioid problem in Nebraska. Continued partnership with the Nebraska Opioid Coalition, DHHS divisions, organizations, providers, and persons in recovery will maximize funding such that Nebraskans have access to evidence-based programs and practices proven to help people that have opioid use disorders and ultimately save lives.

Goal PRESCRIPTION DRUG OVERDOSE PREVENTION AND PRESCRIPTION DRUG MONITORING

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.

STATE TARGETED RESPONSE GRANT, OPIOID TREATMENT

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.

Strategy PRESCRIPTION DRUG OVERDOSE PREVENTION AND PRESCRIPTION DRUG MONITORING

The strategy focuses on direct engagement and education of healthcare providers. These strategies include the following:

- **Increase healthcare provider use of the PDMP.** By being the only state in the country to provide complete medication history to healthcare providers, Nebraska will continue to be at the bottom of the list of states for drug overdose deaths. Nebraska will continue to provide the PDMP, a life-saving tool, free to medical providers and pharmacies.

The diagram consists of three rounded rectangular boxes stacked vertically, each representing a step in the PDMP registration process. Step 1 is orange, Step 2 is blue, and Step 3 is red. Each step includes a numbered 'Step:' label, a title, and specific instructions or links.

Step: 1 Complete the **PDMP Training** located at: ***Training is mandatory to gain access to PDMP**
Prescribers: <http://dhhs.ne.gov/publichealth/PDMP/Pages/PhysicianEducation.aspx>
Dispensers: <http://dhhs.ne.gov/publichealth/PDMP/Pages/DispenserEducation.aspx>

Step: 2 Complete the **PDMP User Access Request Form** located at: **www.dhhs.ne.gov/pdmp**
Designees must be designated by prescriber or dispenser.

Step: 3 Complete the **PDMP Registration**
Once you successfully complete the user access request form and training requirement instructions on setting up your username and password for the PDMP will be emailed directly to you.
***Check email spam/junk: noreply_provisioning@optum.com**

- **Collaborate with the Nebraska Health Information Initiative (NeHII) on the PDMP.** NeHII developed a statewide medical record tool for healthcare providers. By collaborating with NeHII to add information from the PDMP, a healthcare provider in Nebraska can see a more complete patient's medication history and medical record than any other state in the country to make the best treatment decisions.
- **Healthcare Provider Safety Alerts.** The PDMP will provide a pop-up alert tool to notify healthcare providers of patients who may be receiving a large amount of opioid medications and/or a potentially dangerous combination of drugs.

Helping People Live Better Lives

- **Educate the public and healthcare professionals about Naloxone.** Nebraska will make this opioid overdose reversing drug available to family and friends of addicted individuals to save their loved one's life in an emergency overdose situation. Nebraska will work with the Nebraska Medical Association and the Nebraska Pharmacist Association to educate healthcare providers on naloxone availability. It will provide education to healthcare providers on how to identify patients who need naloxone, how to administer the drug, and how to talk with the patient about naloxone. Nebraska will train first responders on the use of Naloxone to save lives. Nebraska will begin a public awareness campaign on opioid dangers and risk to urge Nebraskans to be "OpiReady." Prescription opioids can be addictive and dangerous. It only takes a little to lose a lot.
- **Update healthcare providers on safe pain management.** Healthcare providers will be updated on safe pain management and can complete free on-demand web-based education for continuing education credits.

STATE TARGETED RESPONSE GRANT, OPIOID TREATMENT

To achieve the goal, BH will intentionally concentrate on equipping Nebraska health professionals with advanced training to increase the local capacity to address opioid use disorders among community-based providers. These strategies will enhance our community's ability to meet the treatment needs of Nebraskans who are experiencing an opioid use disorder. These strategies include the following:

- **Establish an Addiction Medicine Fellowship.** Partner with the University of Nebraska Medical Center to develop an addiction medicine fellowship embedded in physical health departments to ensure Nebraska providers are equipped to treat substance use disorders and physical health needs of patients. This specialty training program will provide fellows with specialty experience in the prevention, clinical evaluation, treatment and long-term monitoring of substance-related disorders. The fellow will engage

Nebraska providers and assist in embedding evidenced practices in physical health arena. This is a new fellowship.

- **Increase the availability of prescribers certified to prescribe Buprenorphine by 40.** BH will provide targeted training efforts to Nebraska prescribers so Buprenorphine, a specialty medication used in the treatment of opioid use disorder, will be more readily available for use. Medication Assisted Treatment (MAT) focuses on medications to address a variety of substance use disorders including opioid use disorder. Currently, there are 25 waiver-trained prescribers reporting active practice of Buprenorphine MAT.
- **Increase the number of practitioners trained on MAT by 100.** Implement clinically appropriate, evidence-based practices for opioid use disorders treatment by providing training on the use of MAT. Baseline of 193 people received training in 2017 via a MAT Summit.
- **Increase access to Naloxone by distributing 500 additional kits.** Increase access to and distribution of Naloxone to aid in overdose reversals, preventing overdose deaths. BH worked to identify distribution processes for key recipients and is poised to begin distribution in year two of the grant.
- **Project Echo.** Provider training will be facilitated through a telementoring and case consultation process called Project Echo. To date, seven Project Echo sessions have been completed.
- **Partner with Nebraska Opioid Coalition.** To ensure Nebraskans are educated and aware of the impact of substance use and more specifically opioid use, BH, in partnership with the NE Opioid Coalition, will develop and implement a communications campaign as a key prevention strategy.
- **Educate peer workforce.** Individuals in recovery bring their unique lived experience to those individuals just beginning their recovery journeys. BH will educate peer workforce about evidenced based practices, stages of change, and motivational interviewing for treatment and recovery.

Deliverables

PRESCRIPTION DRUG OVERDOSE PREVENTION AND PRESCRIPTION DRUG MONITORING

Deliverable	Target Completion
Implement Naloxone education for prescribers and pharmacists	December 2018
Disseminate Naloxone consumer awareness campaign	December 2018
Increase the number of new registered healthcare providers to 40 percent of those licensed.	June 2019
Educate healthcare providers on Nebraska pain management guidance education	June 2019
Increase the number of naloxone doses dispensed by 20 percent	June 2019
Continue training healthcare providers on access and use of PDMP system in high burden areas and statewide	Ongoing
Continue to convene Drug Safety Advisory Group	Ongoing

STATE TARGETED RESPONSE GRANT, OPIOID TREATMENT

Deliverable	Target Completion
Academic review process and application requirements completed for Addiction Medicine Fellowship for Nebraska	December 2018
Increase access to Naloxone to aid in overdose reversals by distributing 250 Naloxone kits	December 2018
Develop and implement communications campaign with the Nebraska Opioid Coalition on the impact of substance use, specifically opioid use	January 2019
Develop and implement recovery curriculum for peer workforce	January 2019
Implement clinically appropriate evidenced-based practices for opioid use disorders treatment by training 100 practitioners on the use of Medication Assisted Treatment	March 2019
Train selected providers, prescribers, and physicians in 15 additional Project Echo Model consultations	April 2019
Increase the number of waiver trained Buprenorphine prescribers to 40, to increase the availability of Medication Assisted Treatment	April 2019
Increase access to Naloxone to aid in overdose reversals by distributing an additional 250 Naloxone kits	April 2019

Equip & Empower the Child Protection & Safety Team

NEW INITIATIVE

Background

For the past decade, the child welfare profession has struggled, nationwide, to maintain a trained and skilled workforce dedicated to providing services and support to assist families in need of critical and immediate care and services. On average, workforce turnover within the child welfare profession is more than six times the national average when compared to turnover in other professions. In 2017, State of Nebraska Children and Family Services Specialists (CFSS) experienced a 32 percent rate of turnover. That percentage is reflective of employees leaving the agency and those seeking other positions within the agency. High turnover is a prominent and major factor as it relates to the ability to provide critical care and services to families and children both immediate and long-term. The inability to provide timely specialized services and support to families and children in need can result in negative impacts and adverse outcomes.

CFSS turnover contributes to:

- Families being assigned multiple case managers;
- Extended time in care for families;
- Additional stress for case managers, due to increased caseloads;
- The creation of a backlog in conducting initial assessments; and
- The inability to provide immediate support during urgent response scenarios.

Some factors contributing to high CFSS turnover include:

- Stress from the pressures of continuous response/exposure to situations of heightened emotion/trauma (secondary trauma);
- Completion of large amounts of documentation and paperwork;

- Burn-out due to the heightened and continuous demands related to the job of protecting children and families, both technically and emotionally;
- Not being treated as professionals or subject matter case experts;
- Disengagement from teammates and families; and
- Lack of career growth progression within the classification.



When a CFSS professional vacates a position the process to replace and retain another CFSS professional can take eight months or even longer. The eight month period encompasses recruitment, training, and developing proficiency to maintain and carry a full caseload. Addressing the issue of turnover and the factors relating to turnover in the child welfare profession, proactively, will serve to stabilize the CFSS workforce, thus improving the outcomes, both long-term and short-term, of the vulnerable families and children we serve.

CFSS teammates are the most valuable resource CFS can offer a family in the time of need. Stabilizing this team across the state will require administratively working to insure a positive workplace culture exists in each service area. Creating flexibility within the career to grow, following reasonable caseload standards and meeting personal needs will also provide a CFSS the opportunity to engage and strengthen families. Ultimately, it will promote career satisfaction and longevity.

Helping People Live Better Lives

Goal

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.

Strategy

CFS, in partnership with DHHS Human Resources, will achieve the goal to stabilize the child welfare protection and safety team through the enactment and development of strategies centered on the Quality Improvement Center for Workforce Development (QIC-WD) research project, as well as recruitment, retention, and training improvements. These four strategies will improve work- place culture, create professional growth opportunities, address secondary traumatic stress symptoms and lead to higher job satisfaction that will improve outcomes for Nebraska's families.

In 2017, DHHS was selected as one of eight sites to receive a grant and partner with QIC-WD to strengthen and stabilize its workforce. Over the next four years, DHHS will work with the QIC-WD to assess, develop, and study potential solutions to its specific workforce issues. Initial work with the QIC-WD core team comprised of researchers, CFSS, supervisors, and administrators has been informative throughout the assessment phase while closely examining culture, trauma, and other factors contributing to CFSS turnover. The team is currently exploring change theory and will select an intervention designed to address turnover with the child welfare profession and more specifically within DHHS.

Recruiting the right person to fill a CFSS position is critical to increasing longevity and reducing turnover. The Department will work with Nebraska colleges and universities to explore the incorporation of child welfare specific training into the bachelor's in social work (BSW) and master's in social work (MSW) curriculum. This will provide graduates with the knowledge, skills and abilities to be proficient child welfare caseworkers with the opportunity to test out of certain training modules, requiring the completion of only minimal new worker training modules when necessary. The Department will also utilize a stipend program to assist colleges and university students in fulfilling their practicum requirements, to complete that portion of their education while receiving a stipend and completing several new worker training requirements, including shadowing and developing critical thinking skills. This will be in conjunction with a formalized internship program coordinated through the colleges and universities offering BSW and MSW degrees. An internship is an ideal way to provide a potential future CFSS a realistic career preview while providing CFS the opportunity to develop a pipeline of future specialists.

Retention is the critical component to stabilizing the protection and safety team. Several initiatives have begun or are in the planning phases to improve retention:

- **Caseload size.** Caseload size is often cited as a major contributing factor in specialists leaving their positions. CFS is in the process of a complete review of the Child Welfare League of America (CWLA) caseload guidelines with which Nebraska is required to comply. CFS will evaluate if the CWLA guidelines are the best approach to follow or if CFS will develop a new methodology and standard to propose for consideration.
- **Lack of career path.** This is another major contributing factor why CFSS leave their position. CFS and HR are working to develop and propose a clear career path for the CFSS position. This will include a career ladder or increased levels within the classification as a specialist gains experience, skills, abilities, proficiency, leadership, and is reflective of a CFSS' resiliency in difficult and challenging situations. The department plans to propose the new CFSS career path during State Fiscal Year 2019.

- Flexible scheduling.** In an attempt to make the CFSS position more family friendly, CFS is offering the ability to utilize flex schedules, including four, 10-hour days, weekends and evening hours. In addition, CFS will be developing part-time positions to allow CFSS to work schedules that best meet the position needs and also support their family life.

CFS will continue to utilize the Process Improvement team by supporting one full-time Process Improvement Coordinator to be dedicated to CFS to administratively streamline processes for CFSS teammates to ensure they are able to meet the needs of their families with minimal compliance and documentation requirements as possible.

Training will be a vital component, during State Fiscal Year 2019, as CFS implements a new practice model and looks to better equip supervisors with the necessary skills to be team leaders and coaches. Many are currently doing a great job now with little or no formal supervisory training.

This training will help support supervisors to be better coaches for their teams as it relates to empowering specialists with critical thinking skills, family engagement, and safety planning. Training will be centered on advanced Structured Decision Making (SDM) for supervisors and the implementation of Safety Organized Practice (SOP).

Deliverables

Deliverable	Target Completion
Begin discussions with Nebraska colleges and universities to incorporate child welfare modules within the curriculum	July 2018
Expand the current social worker stipend program	July 2018
Choose a QIC-WD intervention and pilot location	August 2018
Formalize the internship program for potential CFSS	August 2018
Develop a CFSS career path, including advanced levels within the classification	September 2018
Deploy workplace flexibility alternatives (part-time positions and flexible schedules) statewide	December 2018
Begin advanced training for supervisors	April 2019
Enact the developed CFSS career path	June 2019



Helping People Live Better Lives

Improve Birth Outcomes in Nebraska

NEW INITIATIVE

Background

Helping people live better lives means ensuring that all Nebraska moms have the care they need for a healthy birth, which in turn starts baby on the path for a healthy future. Improving birth outcomes will lead to a better system of care for Nebraska families, including enhanced data sharing and analysis, ongoing quality improvement, and lasting community partnerships.

Healthy babies start with healthy mothers. The health of a woman is comprised of more than her prenatal and delivery experience. Birth outcomes are not just the end product of nine months of pregnancy, but of the entire life course of the mother before she is pregnant. DHHS is setting in motion a comprehensive and concerted effort to improve birth outcomes across the state.

By many measures, Nebraska needs to address poor birth outcomes. The state ranks 25th (tie) nationally in preterm birth rate and 38th (tie) nationally in low birth weight rate (National Center for Health Statistics, 2016).

Compounding the issue is the high rate of disparities among Nebraska's minority populations. Though African Americans make up only five percent of the Nebraska population, they have a significantly disproportionate share of health burden and poor outcomes. According to the Kids Count data center, the infant mortality rate (expressed as per 1,000 live births) among African Americans was 13.8, compared to that among the White population at 5.5. Additionally, the March of Dimes 2017 report card lists the preterm birth rate for African Americans at 12.7 percent compared to 8.9 percent for the White population.

Almost 90 percent of the African American population in Nebraska is located in the state's most populous counties (Douglas, Sarpy, and Lancaster), which explains why there is such a difference in those areas' rankings compared to the overall state. In 2015, Kids Count ranked Nebraska 20th

in the nation based on its infant mortality rate, and the city of Omaha at 32nd. The 2017 March of Dimes report card issued the state a grade of C for preterm birth, and Douglas County had a grade of D for an 11.2 percent rate.

Improving birth outcomes involves many factors related to pre and postnatal care, such as preventing preterm births, ending non-medically indicated deliveries prior to 39 weeks of gestation, reducing infant mortality, screening for and treating post-partum depression, and giving parents the tools they need to raise healthy, happy children. By utilizing the Title V Maternal Child Health Block Grant, DHHS is well-positioned to bring together community partners and internal stakeholders to take action on strategies designed to improve birth outcomes across the state. As with many complex problems, progress can be slow. Therefore, this is expected to be a multi-year effort.



Recognizing that in Nebraska, approximately 40 percent of births are funded by Medicaid, DHHS will create future strategies reflect a partnership between PH and MLTC. One key tool is a recently executed MOU that allows for a data linkage using the Medicaid claims data and the Public Health Vital Statistics data. This linkage will inform the care of Medicaid clients, enhance MCOs Performance Improvement Plans, and inform the needs assessment and action plans required by the Title V MCH Block Grant.

Helping People Live Better Lives

Goals

The four goals of this initiative, which will support positive birth outcomes for Nebraskans, are:

1. Improve Birth Outcomes in Nebraska, particularly within Douglas County.
2. Collaborate with partners to address multiple factors contributing to preterm births.
3. Reduce Nebraska infant mortality rate.
4. Address causes contributing to health disparities to provide health equity to communities.

Strategy

REDUCING PRETERM BIRTHS

Preterm birth is the leading cause of neonatal death, and increases the chance of disabilities and developmental delays among infants who survive. Most preterm infants have a low birth weight, which places the infant at greater risk of developing chronic conditions as an adult, such as diabetes and heart disease. For these reasons, DHHS has a goal of partnering with Medicaid MCOs, birthing hospitals, and providers to reduce preterm birth and non-medically indicated deliveries prior to 39 weeks of gestation.

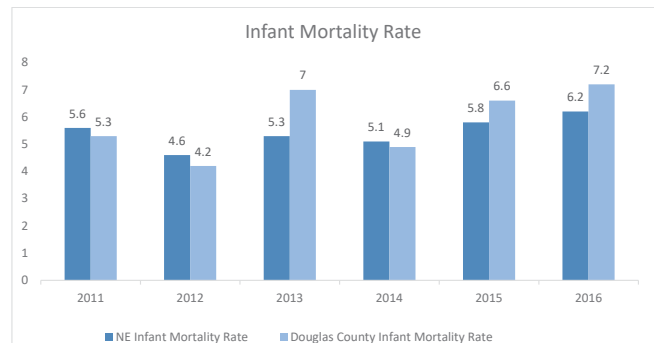
Using the data linkage, MLTC staff will analyze claims and birth data to assess and improve appropriate utilization of 17-hydroxyprogesterone (17P) which may contribute to a reduction in preterm births. Data analysis will look at the number of women at risk for preterm birth and the number of women who received appropriate treatment. Additional analysis could compare the Medicaid population to the overall Nebraska population to determine if disparities exist.

REDUCING INFANT MORTALITY

The infant mortality rate (IMR) measures deaths of infants less than one year old per 1,000 live births. In addition to being a key marker of maternal and child health, the IMR has been called the most sensitive indicator of overall societal health. It reflects the status of maternal health, the accessibility and quality of primary health care, and the availability of supportive services in the community.

Current efforts in Nebraska focus in part on the Douglas County area where the IMR is the highest. A Fetal Infant Mortality Review (FIMR) program has been in Douglas County since 2006 as an agent of the NE Child

and Maternal Death Review Team (CMDRT) to gather, investigate, and interpret information on infant deaths. In addition, Omaha is home to a Healthy Start program, whose goal is to lower the number of infant deaths – with particular attention to the number of deaths that occur among African American families.



The leading cause of infant deaths in Nebraska in 2016 was birth defects, which were responsible for 31 deaths, followed by Sudden Infant Death Syndrome (SIDS), which was responsible for 23 deaths. Factors that contribute to infant death are also tracked; one factor is low birth weight. 107 (64.8 percent) of infant deaths in Nebraska were categorized as low birth weight, with 85 of these children falling into the very low birth weight (<1500 grams) category. Neonates (infants less than 28 days old) accounted for 62.7 percent of Nebraska's 2016 infant deaths, with a count of 104, while post-neonates (infants between 28 days and one year of age) accounted for the remaining 62.

To support and enhance the efforts of community partners, DHHS will harness the opportunity provided by the data linkage MOU. PH staff will analyze claims and birth data to determine the leading cause of infant mortality within the Medicaid population as well as within Douglas County. Further understanding the issue in these key populations will lead to development of future strategies to reduce infant mortality rates.

INCREASING BREASTFEEDING RATES

Breastfeeding has many health benefits, for both mother and baby, and can also help to prevent infant death. According to the CDC 2016 Breastfeeding Report Card, 80.8 percent of Nebraska babies ever breastfed, 50 percent were breastfeeding at six months of age, and 30.1 percent continued breastfeeding at 12 months of age.

Many factors contribute to a mother's success with breastfeeding. The mPINC (maternal practices in infant nutrition and care) score measures infant feeding care practices, policies, and staffing expectations within hospitals that provide maternity services. Nebraska's score has been steadily rising: from 60 in 2009 to 71 in 2015. The DHHS Title V program is working to increase statewide breastfeeding rates by collaborating with the Nebraska Perinatal Quality Improvement Collaborative (NPQIC) to increase Nebraska's mPINC score; piloting a project to embed WIC Breastfeeding Peer Counselors into hospital settings; and participating in a Tribal Health Community of Practice to collectively discuss breastfeeding initiation and sustainability.

In addition, DHHS is administering the L.E.A.R.N project (Lactation Education Across Rural Nebraska), with a particular emphasis on recruiting minority women. Launched in 2015, this project assists organizations who serve new moms (hospitals, clinics, health departments, etc.) and trains staff to become Certified Lactation Counselors. In 2018, participants must agree to implement a project in their community after becoming certified and report back to DHHS. The project should focus on assisting their organization in adhering to national breastfeeding guidelines.

NEBRASKA SAFE BABIES CAMPAIGN

Sudden Infant Death Syndrome (SIDS) still remains a prominent cause of death in the first year of a baby's life between one month and 12 months of age. In 2016, 23 babies were listed as Sudden Infant Deaths. Almost all of these were preventable.

A survey of all birthing hospitals in Nebraska, revealed that hospitals are not providing consistent safe sleep messaging in their employee and patient education.

The survey found:

- 78 percent of hospitals have an Infant Safe Sleep policy and procedure;
- 63 percent required education or training for hospital personnel in contact with newborns; and
- Patient education materials and educational processes varies between hospitals.

The survey provided a starting point to understand what each hospital provided on the aspects of policy, staff education, and patient education. Currently 89 percent of the birthing hospitals have completed or are working on infant safe sleep, i.e. 34 Hospital Champions (two are in Council Bluffs, Iowa) and 14 pledged hospitals for the NE Safe Babies: Safe Sleep Campaign. Eight birthing hospitals and one birthing center are currently in the process on becoming a Safe Sleep Champion.



DHHS has been spearheading the Nebraska Safe Babies Campaign with partners to provide evidence-based education to parents of newborns, as well as to birthing hospital staff on both safe sleep practices and abusive head trauma (AHT). Educating new parents and caregivers within the hospital setting will provide a consistent, evidence-based safe sleep message to parents of more than 26,500 newborns across Nebraska. This campaign consists of five steps:

1. Hospitals take a pledge.
2. Hospitals develop or update a safe sleep and/or AHT policy.
3. Provide education to hospital personnel, and provide consistent patient/client education.
4. Provide patient/client education.
5. Complete internal audits.

A tool box is available on the DHHS Maternal Infant website to assist pledged hospitals in working through the steps. Once the pledge and hospital personnel education are completed and implemented, the hospital will become a Champion Hospital.

Deliverables

Deliverable	Target Completion
Convene partners to develop statewide birth improvement plan	December 2018

REDUCING PRETERM BIRTHS

Deliverable	Target Completion
Conduct first data linkage	September 2018
PH and MLTC compare processes and results	November 2018
Analyze data: identify those mothers who were at risk for preterm birth	January 2019
Analyze data: identify those mothers who received appropriate treatment to prevent preterm birth	January 2019
Analyze data: compare the Medicaid population to the overall NE population to determine if disparities exist	May 2019

REDUCING INFANT MORTALITY

Deliverable	Target Completion
Conduct first data linkage	September 2018
PH and MLTC compare processes and results	November 2018
Analyze data: identify the leading cause of Infant Mortality in the Medicaid population	January 2019
Analyze data: identify the leading cause of Infant Mortality in Douglas County	January 2019

INCREASING BREASTFEEDING RATES

Deliverable	Target Completion
Conduct search for Certified Lactation Counselor course within or close to Nebraska.	July 2018
Recruit participants for Certified Lactation Counselor course	August 2018
Finalize agreements	September 2018
Communicate with participants	September 2018
At least five minority women will take exam to become certified lactation counselors	October 2018
Receive pre and post surveys from participants that describe current organizational practices	Ongoing

NEBRASKA SAFE BABIES CAMPAIGN

Deliverable	Target Completion
Continue to recruit and assist hospitals in achieving Safe Sleep Champion status	Ongoing
Post AHT materials (video, brochures, sample policy, etc.) on website	July 2018
Launch AHT portion of NE Safe Babies Campaign by sending joint letter from DHHS and partners	July 2018
Recruit and assist hospitals in achieving AHT Champion status	Ongoing
At least six hospitals will become Safe Sleep and/or AHT Champions in the NE Safe Babies Campaign	June 2019

Supporting Family Preservation & Safety

CONTINUED INITIATIVE FROM 2017-2018

Background

Historically, Nebraska has served a majority of children in state care through out-of-home placements. Research shows that removing a child from their family home can be traumatizing and have lifelong consequences on their emotional and physical well-being. Protecting children from these long-term effects must be considered when deciding if a child can be safely served in their family home, or if the only way to assure the child's safety is removal from the family home. While necessary at times to assure a child's safety, an out-of-home placement is not trauma informed and fails to address the issue of family functioning, which can be multigenerational. In Nebraska, recent data indicates that almost half of child abuse and neglect cases for children 0-5 years old involve a parent who was involved in the foster care system. To address the cycle of system involvement, DHHS will focus on strengthening parent's resiliency to meet the needs of their children and focus on child safety in their own family home by serving more families in their family home when it is safe for the child to do so.

Goal

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 (currently 40%) 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 Families 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.

Strategy

The goal will be achieved with three primary strategies of improving family engagement, guided decision making for



services in accordance with the safety threat and family need, and implementing several provisions of the FFPSA.

Family engagement was identified in the Children and Family Services Review (CFSR) Round 3 findings, conducted by the Administration for Children and Families, Children's Bureau as an area needing improvement for CFS. To improve the practice around family engagement, CFS plans to implement a practice model called Safety Organized Practice (SOP). SOP works in concert with Structured Decision Making (SDM), which CFS currently utilizes as a tool to assess for safety and risk. A cornerstone of SOP is a collaborative approach that emphasizes teamwork, a partnership with families, and involving a safety network of family, friends and relatives to support the children and parents. SOP uses strategies and techniques that align with the belief that a child and his/her family are the central focus, and that partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children.

As was previously mentioned, CFS utilizes the SDM tool to assess the safety and risk of a child reported to the abuse and neglect hotline. Although the SDM assessment assesses a child's safety, it was not shared with the child's caregivers. By February 2019, the assessment will be discussed with the caregiver, and the caregiver will have the opportunity to have direct input into their assessment.

Guided decision making for services in accordance with safety threats and family need will assist case managers in determining the appropriate level of service necessary. The tool will crosswalk the safety threat, the safety plan intervention, and strategies and/or services for change to the desired outcome. As a component of this strategy, CFS will be working with the provider community to integrate the use of best, well-supported, and evidence-based practices to achieve the desired outcome.

Helping People Live Better Lives

FFPSA creates the opportunity for states to utilize federal funding to invest in prevention and family services for eligible children at risk of being removed from their families. The law creates a category of children who are “candidates” for foster care, meaning they are at imminent risk of entering care but can safely remain at home or in a kinship placement if provided services to prevent entry into foster care. This includes prevention services for mental health, substance abuse, and in-home skill based programs. The timing for this opportunity coincides with the conclusion of Nebraska’s IV-E waiver, which currently utilizes an alternative response intervention. As part of the federal requirement to utilize federal funds for prevention and family services, the state must update its IV-E plan and create a five-year prevention plan.

Deliverables

Deliverable	Target Completion
Develop a guided decision making tool for services in accordance with safety threats and family need	July 2018
Begin working with the provider community on developing a service array that includes best, well-supported, and evidence-based practices consistent with FFPSA requirements	July 2018
Draft five-year prevention plan to submit to Administration for Children and Families (ACF)	October 2018
Develop a communications and implementation plan to inform families, providers, the legal community (including judges), and CFS teammates about SOP	December 2018
Begin SOP training for CFS Specialist and Supervisors	February 2019
CFS Specialist will begin sharing the SDM assessment findings with families and incorporate family input into the tool	February 2019
CFS will work with our provider panel to develop an implementation and evaluation plan for best, well-supported, and evidence based practices consistent with FFPSA requirements, to meet families’ needs	June 2019

Walk/Bike Communities

NEW INITIATIVE

Background

Walking is the simplest form of physical activity. An active lifestyle helps to prevent and reduce overweight rates (36 percent of Nebraska adults) and obesity (32 percent of Nebraska adults). It can also impact chronic diseases, such as cancer which was the leading cause of death in 2016, and cardiovascular disease (heart disease, stroke, and hypertension) which accounted for one in four deaths in Nebraska adults. Approximately 50 percent of Nebraska adults are not meeting the Physical Activity Guidelines for Americans (active for a minimum of 150 minutes per week).

In response to these health concerns, the Division of Public Health Chronic Disease Prevention and Control Program (CDPCP) has developed a community-based engagement process to design and implement local walking community strategies to help get Nebraskans moving and more active by having safe access to active friendly routes (sidewalks, trails, etc.) that lead us to everyday destinations (homes, child care facilities, worksites, parks or recreation centers).



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Engagement in the Nebraska Walk/Bike Communities Initiative is defined by several key steps:

- Community engagement opportunity and discussion on readiness;
- Education and training to implement key steps for walking, biking and active transportation approaches, apply, receive and implement mini-grant funding opportunities (i.e. CDC cancer funding and Chronic Disease Prevention and Control Program CDC funding);
- Design team planning and engagement for an accelerator summit for action planning;
- Convening and implementing a community engagement summit to plan for walking, biking and active transportation initiatives;
- Comprehensive planning in local communities for inclusion of best practices for walking, biking and active transportation; and
- Implementation of Safe Routes to School Initiatives to target key neighborhoods and schools.

Funding for the Nebraska Walkable Communities Initiative is provided by CDC through two grants (1305 and 1422) to support the statewide steering committee and training efforts (1305) and the community engagement process (1422). Baseline target communities include: Omaha, Fairbury, Hebron, Grand Island, Superior, Hastings, Kearney, Lexington, Sidney, Scottsbluff, Gering, Terrytown, Kimball, and Beatrice.

Goal

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.

Strategy

CDPCP will facilitate collaboration with the Nebraska Department of Economic Development, the Nebraska Tourism Commission, the Nebraska Department of Transportation, and the Nebraska Game and Parks Commission to develop tools and resources to support local community implementation for walking, biking and transit opportunities.

The CDPCP will also foster community engagement to develop local design teams, implement a community summit, develop a consensus action plan, implement the developed plan and evaluate the results. The CDPCP will also provide training, technical assistance and resources for communities to implement their community-based action plan.

Deliverables

Deliverable	Target Completion
Engage a minimum of three new communities to implement the Nebraska Walk/Bike Community process	August 2018
Receive commitments from a minimum of three new communities to implement the Nebraska Walk/Bike Community process	November 2018
Develop community design teams in new communities	February 2019
A minimum of three community summits are implemented and community action plans are developed to implement walk and bike initiatives	June 2019
Convene a minimum of four meetings with State Agencies (DHHS, DED, NDOT, NGPC, Tourism) to develop tools and resources supporting local implementation for walking and biking initiatives	June 2019

LEVERAGING TECHNOLOGY TO INCREASE EFFECTIVENESS

DHHS Public Website Redesign

NEW INITIATIVE

Background

The Department’s original website was launched in 1997, followed by a redesign, in 2000. The current website was launched in 2007. At the time, the website was updated approximately 20 times per day. In 2008, the Department implemented GovDelivery to allow citizens to receive updates from programs, services, etc. they were interested in following. In 2011 the team executed a mass content update and transferred the content to the SharePoint Platform, which is in use today.



The Department is undergoing a major redesign of the site and an update of the content. Today, there are approximately 35 daily updates to content throughout the site. From January 1, 2018 through the end of May, 2018, there were: 635,361 users, 1,492,430 sessions, and 3,753,403 page views. DHHS is moving to a mobile friendly site, as mobile usage continues to increase. The site is being designed from a mobile-first perspective and to operate well on all modern browsers.

Citizens will be able to access a site:

- That is fully “responsive”, i.e. the site will display correctly on all devices.
- That looks and feels modern, with modern features.
- With improved navigation, is less cluttered, is user-task centered, and has concisely delivered content.

- That is in plain language, i.e. at an 8th grade reading level.
- With branding that is consistent with other state government agencies.
- Streamlined Site Staffing and Management – Fewer Web Content Providers with more knowledge will improve the efficiency of the update process, accuracy of the content, and consistency in the overall look and feel of the site.

Goal

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

Strategy

Two DHHS operational areas, Communications & Legislative Services (CLS) and Information Systems & Technology (IST), will lead the initiative and engage all other divisions, facilities, and operational areas. IST will lead the technical development of the website and CLS will train team members as content managers and update content. The team will finalize a mobile-friendly site to better serve Nebraskans. Content will also be reviewed for accuracy and clarity, scrubbed of incorrect and out-of-date information, and important, but not widely accessed, information will be archived for access.

Deliverables

Deliverable	Target Completion
Division content managers assigned	July 2018
Current content update complete	July 2018
Phase I content review, scrub, archive	August 2018
Primary and secondary content managers trained	August 2018
Phase I content upload	September 2018
Page revisions complete	October 2018
Phase II content review, scrub, archive	November 2018
Phase II content upload	December 2018
Final review	January 2019
Website launch	February 2019

Helping People Live Better Lives

Statewide eWIC Implementation

CONTINUED FROM 2018-19 BUSINESS PLAN

Background

Since the implementation of the Supplemental Nutrition Assistance Program's (SNAP) electronic benefit transfer (EBT) card, families and retailers have been asking for the Women, Infants, and Children (WIC) Program to provide benefits through an electronic card, similar to the SNAP EBT card.



In 2010, Congress amended provisions of the Child Nutrition Act of 1966, including a new requirement for all WIC state agencies to implement EBT by October 1, 2020. WIC Electronic Benefit Transfer known as eWIC is an electronic benefits system that gives access to WIC food benefits through an electronic card instead of paper checks.

The eWIC card works similar to a debit card, except that the cardholder's account contains specific foods instead of a dollar amount. The card can be used at WIC authorized grocery stores in Nebraska. At the beginning of every month, specific food benefits are automatically deposited into the family's eWIC account. Every time a purchase of a WIC-approved food item is made, that item is subtracted from the family's monthly balance.

Using eWIC makes the purchase of WIC foods easier for families utilizing the service. Each family member's benefits can be available through a single eWIC card, versus

receiving separate checks for each family member. eWIC offers families flexibility. When families shop, benefits that aren't used are available for the next trip to the grocery store that month, versus families having to use all their benefits at once with a check.

Using the eWIC card at the retail store is simpler for cashiers. All of the families' benefits are accessed through the card instead of making a separate purchase with each of the family members' multiple paper checks. The process of identifying correct foods and quantities at the register is automated through the scanner. WIC foods can be combined with other purchases because the scanner identifies and groups the WIC items together. WIC purchases made at the retail stores are automatically submitted for payment, which is typically made within two days.

The eWIC pilot was initiated from June 4 through July 31 at one local WIC agency providing services at four local WIC clinic sites. Thirteen local pilot retailers were certified to accept eWIC cards. Approximately 700 families will receive an eWIC card during the pilot phase to purchase their food benefits. Upon completion of the pilot, eWIC will be phased in statewide between August and November 2018.

Satisfaction among WIC families with using the eWIC card and purchasing WIC foods at the store will be measured through a WIC customer survey as a means to improve the program. The survey will be conducted at the pilot agency and statewide after the eWIC cards become available. Survey results will compare satisfaction with the use of the eWIC card to paper checks.

Goal

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 will be completed by December 2018. WIC customer satisfaction surveys will be completed at the pilot agency and statewide after all households in each phase are using eWIC cards. WIC customers will have greater satisfaction with using the eWIC card compared to using paper checks. Accepting the eWIC card at the register will be simpler for retailers than accepting paper checks and will shorten the payment time to the retailer.

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Strategy

Using the lessons learned from the pilot phase, statewide implementation will be completed in six phases across the state by November 2018. Between July and October 2018, DHHS WIC staff will certify approximately 340 retailers statewide to accept eWIC cards. From August to November 2018 the Journey eWIC contractor will provide a day of eWIC training and DHHS WIC staff will provide a day of clinic operations training for 150 local WIC staff prior to their agency's eWIC implementation. DHHS WIC staff will continue to provide in-person support at each local agency after the agency's first week of rollout. Approximately 19,600 WIC families will receive eWIC cards, and training on how to use eWIC cards at the store from the local agency WIC staff. A WIC customer satisfaction survey will be administered to WIC families in the pilot agency to assess satisfaction with eWIC by December 2018. The survey will be repeated with families statewide by June 2019.

Deliverables

Deliverable	Target Completion
Completion of pilot phase	July 2018
FNS approval received to move to statewide implementation phase	August 2018
Issue eWIC cards to 13,800 families during implementation phases 1-3	October 2018
Issue eWIC cards to 5,800 families during implementation phases 4-6	December 2018
Report WIC customer survey results from pilot agency	December 2018
Report WIC customer survey results statewide	June 2019



Helping People Live Better Lives

INCREASING OPERATING EFFICIENCIES AND IMPROVEMENTS

Internal Audits, Increase Fiscal Proficiency

CONTINUED INITIATIVE FROM 2017-2018

Background

DHHS is required to have a Single Audit based on the level of federal funds it expends. This is conducted annually by the Nebraska Auditor of Public Accounts and 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 and requires a corrective action plan for each finding. The lack of a clear focus to ensure prompt and effective responses to audit findings resulted in an increased number of initial findings and repeat findings for DHHS.

Improving audit operating efficiencies was included in the previous business plan and remains an initiative moving forward. The Internal Audit Section is refocusing on completing independent internal audits as the primary role. Independent internal audits allow DHHS to self-identify issues and make corrections in a timely manner. The Internal Audit Section is responsible for creating an annual Audit Plan composed of individual internal audits. The section will continue testing for compliance with corrective action plans on internal audits and Single Audit findings.

Compliance testing has resulted in a downward trend in the number of repeat findings from 41 findings in 2016 to 32 repeat findings in 2017, and a decrease in the amount of questioned costs from over \$27 million in Fiscal Year 2012 to just under \$4.4 million in Fiscal Year 2017. While positive change has occurred, more must be accomplished, and efforts are directed toward continued operating efficiencies and improvements.

Goal

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

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. Actions will include:

- Reviewing potential audit issues before they become findings;
- Developing and completing an Annual Internal Audit Plan based on financial risk and self-identified areas;
- Conducting exit conferences for each individual audit to inform the appropriate program staff of findings and improvements;
- Internal Audit staff tracking each internal audit finding, reporting on implementation status, and testing each corrective action plan to ensure that the corrective action plan is complete;
- Compliance testing of Single Audit findings to ensure implementation of corrective action plans and effectiveness of mitigating the risk of repeat audit findings; and
- Communicating with program staff, Division Directors, and DHHS Management to determine potential risks to be included on the Annual Internal Audit Plan.

Deliverables

Deliverable	Target Completion
Quarterly meetings with division directors and deputy directors to discuss, review, etc. issues, findings, etc.	Quarterly, Ongoing
Internal Audit Exit Conferences throughout 2018 as internal audits are completed	December 2018
Completion of 2018 Annual Internal Audit Plan	December 2018
Implementation of 2019 Annual Internal Audit Plan	January 2019
Compliance testing of all 2018 Internal Audits	May 2019
Self-Identify \$5 million in Fiscal Improvements	June 2019
Single Audit compliance testing	June 2019

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Maintain and Improve ACCESSNebraska's Performance

CONTINUED INITIATIVE FROM 2017-2018

Background

In 2017, CFS and MLTC 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. More than 18,000 Nebraskans are assisted monthly in the local offices.



The EO team is processing SNAP applications and recertification within the federal timelines at least, and often more than, 96 percent of the time for the last 28 months. In May 2018, the team processed 99 percent of the applications and recertification on time. In May 2018, the team was able to process 35 percent of all applications for Economic Assistance on the same day the application was received. The average days to process was 7.02 days in May, which is under the goal of 10 days. Medicaid Eligibility is also processing applications more quickly. In May, the median timeframe for processing Medicaid Applications was 16 days.

The success of this team was recently recognized on June 5, 2018, when Governor Ricketts issued a proclamation declaring the day ACCESSNebraska Team Appreciation Day. Nationally, Nebraska finished FY17 ranked 8th in the country for Active Error Rate, i.e. an accuracy rate of 95.94 percent. Nebraska was awarded a SNAP Performance Bonus of \$693,063 to be reinvested.

Economic Assistance benefits include federal assistance programs such as: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Low-Income Home Energy Assistance Program (LIHEAP), Assistance to the Aged, Blind, or Disabled (AABD), Child Care, and Social Services Block Grant. In Nebraska, TANF includes Aid to Dependent Child (ADC), and Employment First.

MLTC administers Nebraska Medicaid and Medicaid services, coordinates services for the Aged and Disabled Children Waiver, and provides service delivery for the Personal Assistance Services (PAS) program.

DHHS teammates also work together at partner locations, e.g. Sienna Francis House, Open Door Mission, and Matt Talbot Kitchen, to offer these services. Matt Talbot Kitchen recently selected DHHS as one of the recipients of its annual Compassion in Action award, due to its community outreach efforts with ACCESSNebraska.

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. ACCESSNebraska is positively impacting lives and has seen significant improvements as a direct result of their efforts.

Goal

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

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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 they required..

Strategy

Utilizing available technology, continuously improving communication and teamwork, and continuing to use process improvement tools, such as daily huddles and Quality, Delivery, Inventory, Production (QDIP) boards, will ensure ACCESSNebraska performance continuously exceeds its goals.

- **Client communications.** Most clients interacting with ACCESSNebraska have a cell phone. EO is working toward using text messaging as a means to improve client communication. An RFP is with the Department of Administration Services (DAS) for final approval. Anticipate implementation in the fall of 2018.
- **Workforce team.** This team was implemented April 30, 2018 and is responsible for assuring service level goals are achieved. Examples of this include; scheduling off phone time and providing consistency in data related to processing time, work task time, meetings and time off. The team initially started working with the MLTC team, and will eventually include Economic Assistance. There is Workforce Management scheduling software that has been purchased and anticipated to be received and utilized in the fall of 2018. This scheduling software will help maximize capacity with existing staffing levels.

- **Improve customer service.** EO Administrators are meeting regularly to continue to move forward with a One Team approach to improving customer service. This includes moving client services to a specialized population needs-based team approach. This One Team approach will allow DHHS to serve customers more efficiently while ensuring all needs of the family are being met. The team will also continue process improvement efforts to further enhance flows in ACCESSNebraska mail and document imaging centers that have resulted in reducing the cycle time to process and image documents from days to hours. A client survey will be created to capture feedback on areas of needed improvement within ACCESSNebraska. The team will develop a communications strategy around overall wellness for the customer; this includes: wellness/dental checkups for children, farmers market opportunities, nutrition education, and career advancement and education opportunities. Finally, the team will enhance working relationships with Community Response teams to provide wrap-around services for families.
- **Internal communication.** Continue utilizing daily team huddles to improve communication, better coordinate activities, make adjustments to workforce allocations, and conduct rapid problem-solving.

Deliverables

Deliverable	Target Completion
Implement Workforce Management Software	August 2018
ACCESSNebraska will have call wait times of five minutes or less	Each Month
Process all EA applications in 10 days or less	Each Month
Process Medicaid applications for children and families in 20 days or less	Each Month
Process all aged and disabled applications in 45 days or less	Each Month
EA processing of same day applications 35 percent of applications	Each Month
Medicaid 90 percent of all applications processed timely	Each Month

Maximizing Fund Mix Adjustment

NEW INITIATIVE

Background

DHHS is required to develop a Public Assistance Cost Allocation Plan (PACAP) that identifies the administrative activities being provided by the various organizational units within the Department, which organizational unit(s) benefit from those services, and that statistics will be used to assign those costs to the beneficiaries of those services.

The DHHS PACAP is an approximately 350-page narrative that directs the Nebraska Cost Allocation Plan (NCAP) and allows DHHS to charge to federal grants the true cost of running a program, which includes both direct costs and overhead costs, e.g. human resources and accounting costs.

In 2010, it was determined the PACAP had become outdated and DHHS made an agreement with the federal government to submit a PACAP for 2012 (was submitted on October 4, 2013) and 2013 (was submitted on April 28, 2014). The submitted PACAP only addressed specific issues, with the intent of submitting SFY14 as a complete re-write of the PACAP as a first step in catching up to the current state of DHHS operations. From January, 2015 to June 30, 2016, DHHS submitted four full-year plan amendments and caught up on six years of work. DHHS now submits quarterly amendments allowing the Department to incorporate business practice changes more frequently.

The Fund Mix Adjustment (FMA) process is a Cost Allocation Reconciliation of earned dollars (those dollars that, through the DHHS PACAP, are identified as beneficial to a particular grant or grants) to federal dollars spent on the same grant or grants.

The purpose of the FMA process is to allow DHHS to recoup state general fund dollars by charging overhead activities to grants that benefit from the overhead activity. Currently, DHHS reconciles to 12 major grants.

Goal

Improve 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.

Strategy

DHHS will continue to improve its ability to direct charge costs to grants by assessing current activity, updating labor distribution accounting methods, and developing methods to direct charge based on statistical activities attributed to grants. This will reduce the overall amounts to be reconciled, improving state general fund cash flow. DHHS will continue to review additional grants and assess if they are feasible to incorporate into the FMA process.

Deliverables

Deliverable	Target Completion
Add Money Follows the Person grant to the reconciliation process	March 2019
Add Area Agency on Aging grant to the reconciliation process	March 2019
Timely reconciliations made within 75 days of the end of each fiscal year quarter	June 2019
Increase direct charging to the grants by one percent every fiscal year quarter, thereby reducing the size of reconciliations: one percent reduction to reconciliation from prior quarter	June 2019
Add Survey and Certification grant to the reconciliation process	June 2019

Quality Management in Developmental Disabilities for Those We Serve

CONTINUED INITIATIVE FROM 2017-2018

Background

The Division of Developmental Disabilities provides services to adults and children with intellectual and developmental disabilities. Part of the provision of a service delivery system is to ensure quality. DD has embarked on a multi-year, phased approach to enhance quality throughout the system. DD submitted the first quality management strategy plan to the Governor and the legislature September 30, 2017 and quarterly updates have been subsequently provided with annual progress reports beginning September 2018.

DD continues its commitment to having a plan that is a multi-faceted strategy that incorporates qualitative and quantitative data. This system takes a person-centered approach that ensures the best possible and safest life for each Nebraskan with intellectual and developmental disabilities.

The system ensures accountability for the providers of services and will incorporate adequate certification requirements and review metrics reflective of national best practices, for both independent and agency providers. In addition, the system will hold the Division of Developmental Disabilities accountable. Producing reports through a customized quality improvement data system will allow the greatest amount of transparency possible by having accurate data utilized to analyze quality. DD has been working on the 2016-2017 Adult In-Person survey of the National Core Indicators to establish a baseline by which to measure the outlined goals.

The system will ensure local trends are reported and also ensure Nebraska is meeting requirements as outlined by the Centers for Medicare and Medicaid Services. The system will focus on ensuring best practices are in line with statewide needs and pertinent indicators and will incorporate results from the National Core Indicators (NCI).

The Division is building on the quality management system to assure that individuals served by DD have access to safe, personalized services delivered by qualified providers and driven by individual choice. The Division strives to deliver safe, high-quality integrated services and supports.

Goal

Develop quality management structures 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 a 15 percent improvement of the 13 categories in the 2017-2018 Adult In-Person survey of the National Core Indicators that will be reported by June 2019 and a 31 percent improvement of the 13 categories in the 2018-2019 Adult In-Person survey of the National Core Indicators that will be reported by June 2020.

Strategy

DD will continue to engage with various stakeholders and advisory committees throughout Nebraska to continually enhance the quality management system. The Division is committed to ensuring individuals receiving services, families, providers, advocates, and the general public have the opportunity to advise and influence quality services for individuals with intellectual and developmental disabilities. DD will also take the first year of NCI results to strengthen the quality management strategies.

Deliverables

Deliverable	Target Completion
Presentations to stakeholders on Nebraska's NCI first year participation results at various stakeholder meetings	July 2018
Kick-off Phase II of Rate Reform project with Objective Assessment Process redesign and establish stakeholder advisory group	July 2018
Develop and communicate with stakeholders subcontracting requirements for shared living arrangements	August 2018
Establish workgroup with internal and external stakeholders to identify strategies to better serve participants with high behavioral needs	August 2018

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Develop web-based training on self-direction for families, providers, Division team members and other stakeholders	September 2018
Annual progress report delivered to the legislature	September 2018
Develop a plan that brings state and providers into 100 percent compliance with subcontracting shared living arrangements	September 2018
Establish a workgroup for provider qualifications and requirements	November 2018
Completion of ICAP Project Work Plan	December 2018
Vendor award for quality improvement data system	January 2019
Ensure state and providers are in full compliance with subcontracting shared living arrangements	February 2019
Develop baseline sample of 24 reviews of Individual Support Plans completed by Services Coordination	March 2019
Develop an Individual Support Plan service review process for Services Coordination	April 2019
Complete Self-Direction training for Division team members	May 2019
Conduct statewide Self-Direction web-based training for stakeholders and make available on website	May 2019
Quality management stakeholder group meetings	Ongoing
Quality management initiatives and discussion	Ongoing

Youth & Community Safety



NEW INITIATIVE

At each of the DHHS facilities, the Department strives to create safe environments for staff, individuals in our care, and surrounding communities. The Youth Rehabilitation and Treatment Centers in Geneva and Kearney (YRTC-G and YRTC-K) are open campuses. At times, it is difficult to ensure youth at YRTC-K do not abscond into the community. In 2017, and thus far in 2018, 21 youth have absconded from the YRTC-K campus. Despite efforts to provide a perimeter patrol and other security measures that have been put into place, escapes continue to happen due to the open campus layout of the YRTC. This causes safety and security issues, not only for the youth who are attempting to escape, but also to the Kearney community.

At the Lincoln Regional Center, there are fences attached to each of the buildings where adult patients reside. Currently at the Norfolk Regional Center, there is a fence being constructed around its perimeter that will allow increased outdoor activity for our patients. This has many therapeutic benefits. At present, there is no mechanism to control what staff and visitors bring onto the campus. This has caused issues with contraband getting into the youth's hands. A perimeter fence would help to ensure a safe environment for our youth and staff.

Goal

The goal of 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 both 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 YTC-K and returning to their communities as productive, contributing citizens who will help Nebraska grow.

Strategy

The YRTC-K will collaborate with an architectural firm to complete plans for a perimeter fence. Construction bids will then be received and plans will be put into place to build the fence.

Deliverables

Deliverable	Target Completion
Submit capital construction request for YRTC-Kearney fence to Capital Facilities Planning Committee	September 2018
Final plan from Planning Committee submitted to Governor and Legislature	November 2018
Begin developing specifications and building RFP	January 2019
Send to State Purchasing Bureau (SPB) to process RFP.	February 2019
Receive questions from potential bidders	March 2019
DHHS and SPB review and posting of questions and responses	April 2019
Opening of bids after Q&A is posted	May 2019
SPB review proposal responses and send to DHHS	May 2019
DHHS evaluation of proposal responses	June 2019
Bid evaluation and selection	June 2019
Begin construction	September 2019
Complete construction	May 2020

DHHS MISSION

“Helping People Live Better Lives”

DHHS Values:

- **CONSTANT COMMITMENT TO EXCELLENCE:**

Takes timely action in regard to tasks or information; works to eliminate mistakes; looks for, and embraces, opportunities for organizational improvements; actively seeks to provide prompt, efficient, and courteous service; shows initiative.

- **HIGH PERSONAL STANDARD OF INTEGRITY:**

Avoids any impropriety, bias, or conflict of interest; follows through on commitments; is truthful; shows good judgment in decisions made.

- **POSITIVE AND CONSTRUCTIVE ATTITUDE AND ACTIONS:**

Maintains constructive communication with others; supports co-workers, customers, and clients; expresses appreciation for the efforts and work of others; is constructive and helpful.

- **OPENNESS TO NEW LEARNING:**

Open to new ideas and trying new ways of doing things; open to the idea that a given view or opinion is often made better by the input of others; open to the challenge of unfamiliar tasks and problems.

- **DEDICATION TO THE SUCCESS OF OTHERS:**

Aids in the growth and success of colleagues; treats all people with respect and dignity; views the success of the whole as a personal success; gives the assumption of good intent to others.

continued

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DHHS Core Competencies:

- **DEMONSTRATES RESPONSIBILITY & ACCOUNTABILITY:**

Cares for and maintains equipment/facilities; conserves supplies and funds; takes responsibility and is reliable for completing assigned tasks; acknowledges and corrects mistakes; adheres to the expectations of their supervisor.

- **DEMONSTRATES PROFESSIONAL COMPOSURE:**

Demonstrates calm, dignity and self-control under pressure; defuses situations with empathy and respect.

- **DEMONSTRATES EFFECTIVE INTERPERSONAL RELATIONSHIPS:**

Works to gain the trust of others; demonstrates courtesy, and civility; is open and transparent with tact; is sensitive and attentive while doing active listening; promptly and effectively deals with conflict; shares opinions while respecting the differing opinions of others.

- **DEMONSTRATES PRODUCTIVE COMMUNICATION:**

Demonstrates good oral, written, and listening skills; contributes to effective meetings; clearly and accurately shares information.

- **DEMONSTRATES SUPPORT OF THEIR TEAM:**

Shows respect for team leadership; promotes a friendly climate, good morale, and cooperative team relationships; values all team members.

- **DEMONSTRATES SELF-IMPROVEMENT:**

Participates in training and development opportunities; welcomes new learning and the challenge of unfamiliar tasks; seeks to do the job better.

- ***DEMONSTRATES MOTIVATING OTHERS:**

Inspires, motivates, and guides others toward accomplishing their work; gives recognition for contributions.

- ***DEMONSTRATES DEVELOPING OTHERS:**

Clearly defines expectations; invests time and effort to improve performance; knows all direct reports, and recognizes unique skills and temperament of each; uses an array of development tools; links individual performance to organizational goals.

***for supervisors**



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NEBRASKA

DEPT. OF HEALTH AND HUMAN SERVICES

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