

Nebraska Division of Behavioral Health  
**State Advisory Committee on Mental Health Services (SACMHS)**  
**State Advisory Committee on Substance Abuse Services (SACSAS)**  
Country Inn & Suites, 5353 N. 27 St., Lincoln, NE 68521- Omaha Room  
November 15, 2018 - 9:00 a.m. - 2:00 p.m.  
Meeting Minutes

**I. Call to Order/Welcome/Roll Call**

*Committee Chairs*

Ann Ebsen, Substance Abuse Committee chair and Bradley Hoefs, Mental Health Committee chair, welcomed committee members, guests, staff and others to the meeting. Brad reminded guests that the lunch buffet is intended for membership and DHHS staff, but guests are welcome to order food from the restaurant or lounge to be brought back up to the meeting room. Bradley Hoefs then requested committee members and staff identify themselves, their location, affiliation and to share a personal interest or trait about themselves with everyone.

**The Open Meetings Law** was posted in meeting room; all presented handouts were available for public review.

**Roll Call** was conducted and a quorum was determined to exist for both the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

**State Advisory Committee on Mental Health Services**

Members in Attendance: Susanna Batterman, Karla Bennetts, Suzanne Day, Margaret Damme, Lindy Foley, Bradley Hoefs, Laurie Holman, Patti Jurjevich, Ryan Kaufman, Kristin Larsen\*(non-voting), Phyllis McCaul, Lisa Neeman, Rachel Pinkerton, Amy Rhone, Mary Thunker, Diana Waggoner. Absent: Bev Ferguson, Pamela Otto, Ashley Pankonin, Stacy Scholten, Rebecca Tegeler.

**State Advisory Committee on Substance Abuse Services**

Members in Attendance: Ann Ebsen, Victor Gehrig, Ingrid Gansbom, Jay Jackson, Janet Johnson, Diana Meadors, Kimberly Mundil, Michael Phillips, Daniel Rutt, Randy See. Absent: Jeffrey Courtier, Dusty Lord.

**DHHS Staff in Attendance**

Susan Adams, Tamara Gavin, Brett Long, Iliana Martin, Brenda Moes, Linda Wittmuss, Heather Wood.

**Motion to Approve Minutes:**

State Advisory Committee on Mental Health Services chair Bradley Hoefs, presented the August 23, 2018 minutes for review. Asking for and receiving no corrections or comments, it was motioned by Mary Thunker and seconded by Laurie Holman to approve the minutes as written; the motion passed on a unanimous voice vote.

State Advisory Committee on Substance Abuse Services, Ann Ebsen, presented the August 23, 2018 minutes for review. Asking for and receiving no corrections or comments, it was motioned by Kimberly Mundil and seconded by Victor Gehrig to approve the minutes as written; the motion passed on a unanimous voice vote.

**II. Public Comment**

There was no comment offered at the morning Public Comment opportunity.

**III. Director's Update**

*Tamara Gavin*

*Tamara Gavin, Deputy Director*, stated that the search for the DHHS CEO is underway; although the timeline is unknown, there is a sense of urgency. In a news conference on Tuesday, November 13, 2018, the Project Aware Grant (in partnership with the Department of Education) and the Behavioral Health Resource Guide for Schools were announced. The State identified three local areas of focus for Project Aware which include Chadron, South Sioux City, and Hastings.

With the start of the Federal Fiscal Year, the SOC Grant wrapped up year two with a total of 1500 service encounters, 900 instances of youth mobile crisis response with 75% of youth able to remain in the community. There is work on sustainability ahead, working with funding sources and partners, and intervention and trainings for lower cognitive and complex co-occurring population to be set up in the coming months.

The STR Opioid Grant sunsets in April and the SOR Grant was received in October, which adds an additional four million dollars in funding. The recent scan of certified prescribers shows more actively prescribing with around 45 certified. Around 900 naloxone kits have been distributed and the Addition Fellowship through UNMC is underway.

The Division has a new Prevention Manager, Lindsey Anderson. As part of her duties, she will oversee the Prevention Advisory Committee (PAC), which is a sub-group of this committee. At the last meeting, the PAC would like set of targets that not only include schools, but will be branching out to target families and faith partnerships. The Risk and Protective Factors Survey (which shows what supports healthy living and what can make youth at risk) will be examined for shared factors and to identify what to look for to protect against unhealthy substance use behaviors and suicide prevention. This is a survey that we may want to send out again and whose information could be brought to the Committee.

The Legislative Session begins on January 9. The Division will be checking the legislative calendar and will update the Committee on bills introduced at the next meeting. There was a request from the Committee for information on Medicaid Expansion. There is a Developmental Disabilities Council Task Force regarding training youth with diminished capacity entering the Judicial System.

Tamara was asked if there is a program between SOC and VR – she will request information from Bernie Hascall.

#### **IV. Break**

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#### **V. Dashboard**

*Brett Long*

*Brett Long*, gave a brief description of the Governor’s Dashboard – a series of tracked data points focused in areas aligned with the Governor’s priorities, as best applicable to DBH; each measure must be approved by DBH, DHHS, and Governor and must be in-line with Nebraska’s mission, vision, priorities and values. The Dashboard provides concrete direction for efforts during year, tangible feedback for effects of policy changes, and gives DBH and Providers opportunity to make practical and policy adjustments based on real results.

Brett presented information on Supported Employment (SE) and Supported Housing, two of the current goals on the Governor’s *Grow Nebraska* priority list. DBH oversees SE services, and the DBH goal is to increase clients discharged as employed from SE. The Divisions’ Centralized Data System (CDS) tracks the data of DHHS funded consumers from Regions and Vocational Rehabilitation providers and services. The graphs shared showed quarterly and monthly information for consumers employed at discharge. Two regions account for nearly 80% of 2018 discharges. 2018 was successful percent-wise, but multiple regions had zero discharges at least six out of nine months. This shows that the unpredictability in outcomes for Supported Employment services is a significant challenge. However, DBH met their target threshold of 75% discharges for an entire quarter. It was pointed out the Nebraska is in the process of consulting with Olmstead Plan and awaiting the final report regarding Supported Housing. Housing is a priority for success, but accessibility and availability is a problem for providers that is beyond their control for successful discharges.

Although two regions account for nearly 80% of 2018 discharges, the goal is to meet the 75% standard more consistently, increase discharges across regions and reduce time clients spend in certain Milestones. This may be accomplished by partnering with Economic Development and other entities. Brett presented committee members with a list of proposed goals for committee members to review and vote on, with the intent to have Committee members choose three to five of the fifteen measures in their areas of interest and to offer suggestions on what they would most like to see the Division of Behavioral Health emphasize for measurement and inclusion on the Governor’s Dashboard for Calendar Year 2019. This was accomplished via written vote with responses to be collected and collated by Brett.

Committee members were asked for other recommendations. There was a discussion regarding training on opioids. Providers, evaluators and others have a state requirement for CEUs, but may not be receiving the latest information on narcotics and prescription information. Pharmacists themselves are only required about three hours of education on opioids and may not be fully aware to screen for certain levels of medication. There is also a need for better assessment tools and forms. Committee members requested that the Division make a recommendation to Licensing as follows:

A motion was made by Ryan Kaufman to request the Division of Behavioral Health to request the Division of Public Health-Licensure to include mandatory CEUs on pharmacology. Seconded by Rachel Pinkerton for the State Advisory Committee on Mental Health Services vote: Motion passed on the vote of eight affirmatives, one negative and no abstentions.

A motion was made by Victor Gehrig to request the Division of Behavioral Health to request the Division of Public Health-Licensure to include mandatory CEUs on pharmacology. Seconded by Michael Phillips for the State Advisory Committee on Substance Abuse vote: Motion passed on the vote of fourteen affirmatives, zero negative and no abstentions.

In addition, a clarification was made that most practitioners are very ethical in their practice. Physicians are now being more circumspect at providing and directing people to proper services. Committee members requested clarification on Medicaid coverage on opioid services and expectations for the next meeting.

**VI. 2019 SAMHSA Block Grant Implementation Report & 2020 Synar Report** *Heather Wood/Karen Harker*  
*Heather Wood*, led the review of the Block Grant Mental Health and Substance Abuse Implementation Report priorities and updates.

For the first-year target/outcome measurement - the number of consumers and their families who have stable housing upon discharge from behavioral health services - the baseline was 83.3% with first-year target being 84.0%. The baseline for second year was 85%, so discharge targets for stable housing per survey of providers for year two exceeded year one goal. As part of the presentation, preliminary results of funding by the Division were also presented. It was noted that the Hastings Center, which serves youth, was not included in the data presented to the Committee and there was a request that data from Hastings be included in future. The Committee also requested that the Division do some follow-up on Federally Qualified Health Center (FQHC) services for the next meeting.

Consumer Survey positive responses and satisfaction were higher in mental health than substance use, but that population's outcomes were also higher than in previous surveys. The dashboard item of reporting that consumers were better able to deal with crisis reached the targeted response of 75%. Youth services also showed an increase in responses in Family Navigator, Family Peer Support and SOC; the survey was sent to all caregivers.

Synar results reported by State Patrol checks for underage youth citations for tobacco violations showed that 299 inspections were completed with a retailer violations rate of 9.7% - the Federal requirement is under 20% or less.

*Karen Harker* reported on Block Grant fiscal information in a variety of ways; breakdowns provided information for Block Grant Mental Health, other Federal Funds and State Funds. Due to an error in the data set that is yet to be clarified, the Medicaid information was not available. The State is also awaiting Medicaid data regarding opioids. Karen supplied total expenditures for MHBG (adult and children services, first episode psychosis) and SAPTBG (adult services, pregnant women and children, primary prevention). It was noted that prevention has a variety of programs that vary and may be unique to a community and region (such as LMEP and SCIP), but there can be overlap with strategic prevention. The Committee requested a breakdown by program for future presentations.

Based on the report presentations for the MH & SA Block Grant Implementation Reports and the Synar Report, the Joint Mental Health and Substance Use Disorder Committees did not have any recommendations for submission to the Division. The Committees expressed their thanks to the presenters for the updates and for the concise manner in which the information was presented, and commended the Division for their continued work.

## **VII. Public Comment**

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There was no comment offered at the afternoon Public Comment opportunity. The Chairs took the opportunity and to request announcements: *Fresh Hope for Mental Health* is planning an event coming up on May 9-10,

2019 that will feature Daryl Strawberry as speaker. Mr. Strawberry will also host batting practice for youth. Fresh Hope also began a *Fresh Hope for Teens* group. *Mourning Hope*, the LOSS Team, and the American Federation for Suicide Prevention will gather to remember and honor those who have died by suicide at the Survivors of Suicide Loss Day from 9:00 to Noon on Saturday, November 17, 2018.

### **VIII. Increasing Consumer Employment**

*Susan Adams*

*Sue Adams* presented on Supported Employment (SE) with the purpose of giving a basic understanding of the connection between employment and health, work as a health intervention, understanding how the matrix model facilitated by Virginia Selleck at her September 19<sup>th</sup> SE Consultation helps in determining needs, how we can better use resources for consumers and input on how to help harness the resources of our systems to do better work. The national forces that have come together to focus our attention on employment are: the Workforce Investment Opportunities Act (WIOA), the Olmstead Act, SAMHSA's Recovery Model, and Public Health's Social Determinants of Health.

WIOA was designed to help job seekers with disabilities access employment, education and the tools and partnerships in employment for success in the job market. Olmstead ensures that persons with disabilities receive services in the most integrated setting appropriate to their needs, while SAMHSA's recovery model (Health, Home, Purpose, and Community) points to those social determinants of health and factors related to healthy outcomes related to a person's experience. The paradigm shift is that work is both recovery and intervention; a path to getting better for people with mental health conditions who want and can work. In addition, employed individuals may have reduced risk factors for smoking, weight, inactivity, lack of access to care, less social isolation, vulnerability or violence, and have access to medication, etc.

Many people with behavioral health concerns are not employed, but there are several systems to assist job seekers both with and without disabilities such as workforce system, VR, Behavioral Health providers, Rehabilitation Providers - the key is to partner and collaborate to find the best fit for success, and the Quadrant Model is a great starting point, with guidance and action for both staff and prospective job seeker readiness and action from treatment staff and supports needed. Barriers include how to pay for the employment services, how to help people willing to accept employment services, and how to convince treatment staff to support and deliver the service.

At the end of the presentation, Committee members were asked to choose three to five actions of the eighteen Supported Employment action items presented that they would most like to see the Division of Behavioral Health prioritize regarding employment, and to add any additional comments or suggestions. This was accomplished via written vote with responses to be collected and collated by Brett.

There was a request by Committee members to talk through changes to CFS drug testing policy. It was stated that provider entities are being told not to UA parents so families can be re-united. Probation wants to UA parents but CFS does not unless there is imminent danger for the child or youth. The Division will make inquiries and may ask a CPS Administrator to come and educate the Committee.

### **IX. Break**

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### **X. Wrap Up: Announcements, Comments, Observations**

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Agenda items for the next meeting will include Olmstead and Medicaid expansion updates, FCFQ's, and discussion on Peer Workforce.

### **XI. Adjournment and Next Meeting**

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The meeting was adjourned at 2:00 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services will be determined upon full membership completion of the 2019 meeting poll. Results will be completed and sent by e-mail on November 29, 2018.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings.

11/30/2018 Meeting Minutes Compiled by IM

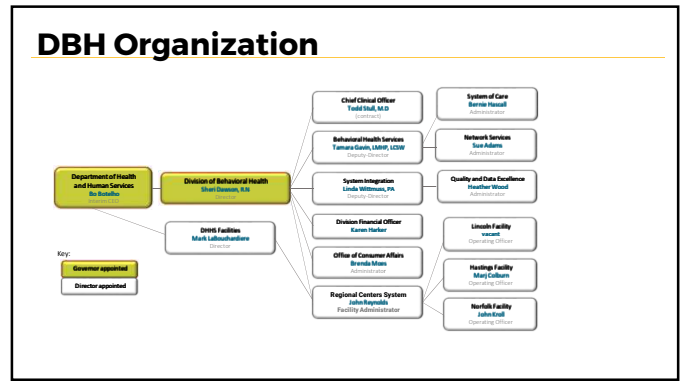
# Combined Block Grant Review FY2018-FY2019



November 15, 2018

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## Governor Pete Ricketts

**Vision:**  
Grow Nebraska

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

**Priorities:**

- Efficiency and effectiveness
- Customer service
- Growth
- Public safety
- Reduced regulatory burden

**We Value:**

- The taxpayer
- Our team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect

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## Block Grant Requires...

Nebraska, as part of its Behavioral Health Services Act, assigns the duty of a Planning Council (AKA Joint Advisory Committee) to the:

- State Advisory Committee on Mental Health Services**  
Neb. Rev. Stat. §71-8014
- State Advisory Committee on Substance Abuse Services**  
Neb. Rev. Stat. §71-8014

- ✓ Every Committee member is Governor appointed for a specific term or APOG
- ✓ Each Committee is required to include consumers
- ✓ Each Committee has their own By-Laws
- ✓ These are public meetings, thus Open Meetings Act applies

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## FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

### Block Grant Requires...

**REQUIREMENTS FOR THE STATE MENTAL HEALTH PLANNING COUNCIL MEMBERSHIP**

- Section 1914: The State will establish and maintain a State mental health planning council in accordance with the conditions described in this section.
- The **duties** of the council are:
- to **review plans** provided to the council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the council for modifications to the plans;
- (2) to serve as an **advocate** for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
- (3) to **monitor, review, & evaluate**, not less than once each year, the allocation and adequacy of mental health services within the State.

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## Priority Area Updates Based on Final (Fiscal Year) Data

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### Reduce reliance on higher levels of care due to MH and SU Disorders among youth and adults

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, PWID, HIV EIS, TB

- Strategies to attain the objective:** Increase collaboration among Crisis Response providers, the RBHAs and DBH to ensure individuals receive the most appropriate levels of care.
- First-year target/outcome measurement:** Utilization of residential and inpatient behavioral healthcare will decrease according to the baseline. Youth baseline is 4.4% and first-year target is 3.9%. Adult baseline is 32.3% and first-year target is 31.8%.
  - FY2018: Youth IP/Res = 1.9% ★
  - FY2018: Adult IP/Res = 29.4% ★
- Second-year target/outcome measurement:** Utilization of residential and inpatient behavioral healthcare will decrease. For youth the second-year target is 3.7% and for adults the second-year target is 31.3%.

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### Consumers secure and sustain permanent housing in the community

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, ESMI, PWID, HIV EIS, TB

- Strategies to attain the objective:** Increase system and community-level planning efforts to focus on targeted resource for priority populations.
- First-year target/outcome measurement:** Statewide measure of the number of consumers and their families who have stable housing upon discharge from behavioral health services. Baseline is 83.3% and first-year target is 84.0%.
  - FY2018 Stable Living = 81.1%  
25,129 out of 30,994 discharges
- Second-year target/outcome measurement:** Statewide measure of the number of consumers and their families who have stable housing upon discharge from behavioral health services. Second-year target is 85.0%.

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### Integrate primary and behavioral health care in community settings

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, ESMI, PWID, HIV EIS, TB

- Strategies to attain the objective:** Collaborate with system partners to identify and promote opportunities for integrating primary and behavioral health care in community settings.
- First-year target/outcome measurement:** Statewide measure of the number of behavioral health providers who report practicing in a setting that is integrated with primary care. Baseline is 30.2% and first-year target is 31.0%.
  - Results of 2018 Survey – 31.9% ★
- Second-year target/outcome measurement:** Statewide measure of the number of behavioral health providers who report practicing in a setting that is integrated with primary care. Second-year target is 32.0%.

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## Preliminary Results of Substance Use Disorder & Mental Health Treatment Utilization for Individuals Funded by DBH in FY18

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## Unduplicated Count of DBH Funded Individuals in FY18

### Number Served in Community Based Services = 32,579

(as compared with 30,715 in FY17)

Adults with an Inpatient or Residential Stay = 8,412 of the 28,613 (29.4%)  
Youth with an Inpatient or Residential Stay = 67 of the 3,528 (1.9%)

**Additional Known Counts for FY18 Include:**

- Medicaid Counts for MRO Services = 2,844
- Medicaid Counts for ASA Services = 761
- Number Served in Regional Center Services = 1,437

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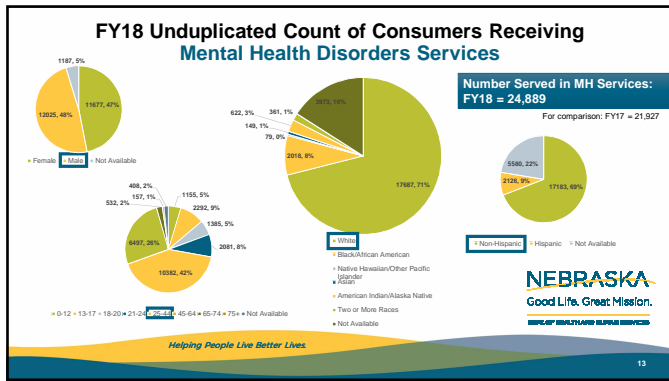
## FY18 Unduplicated Count of Consumers Receiving Substance Use Disorder Services

Number Served in SUD Services: FY18 = 11,854  
For comparison: FY17 = 12,748

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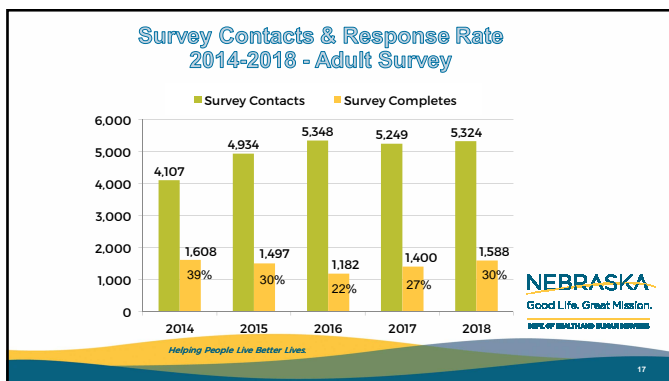
## Preliminary Results of 2018 DBH Community Based Services Consumer Survey Results

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- ### 2018 Annual DBH Consumer Survey
- Adult survey
    - Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey
    - Improved functioning and social connectedness questions
    - Behavioral Risk Factor Surveillance System (BRFSS) questions
    - DBH developed questions
  - Youth survey
    - MHSIP Youth Services Survey (YSS)
    - MHSIP Youth Services Survey for Families (YSS-F)
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## 2018 Adult Survey Results

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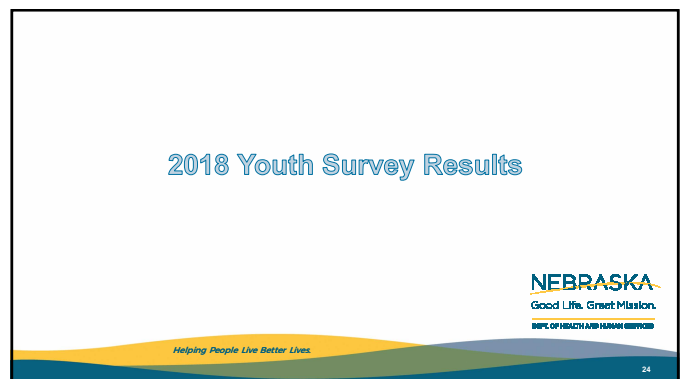
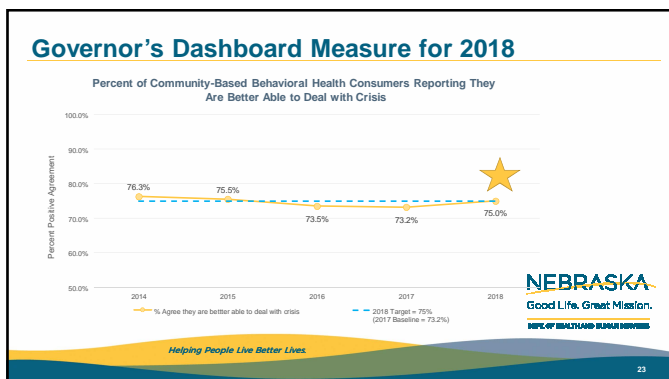
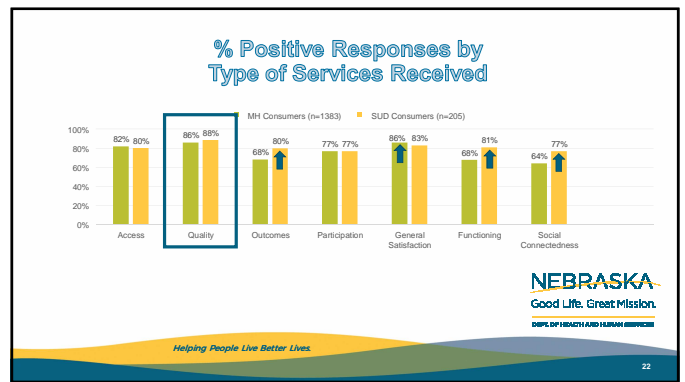
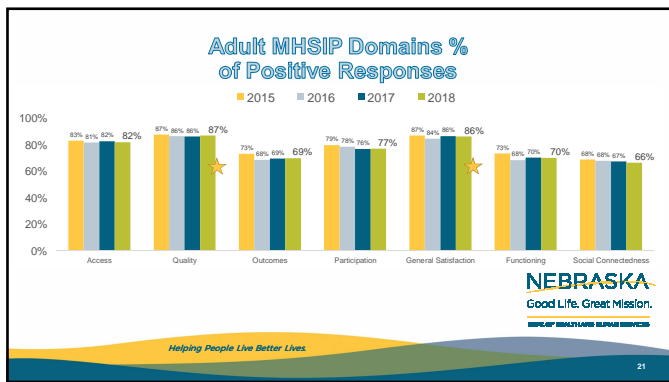
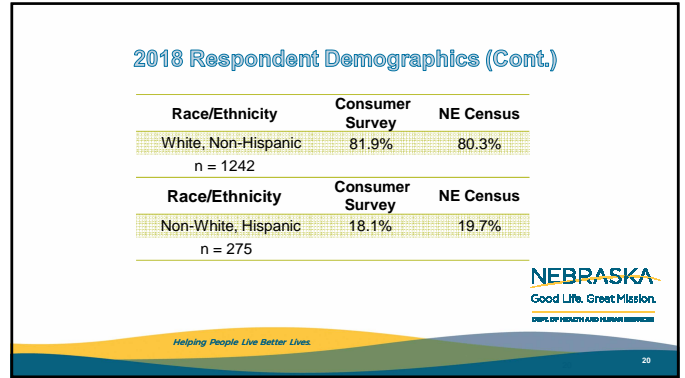
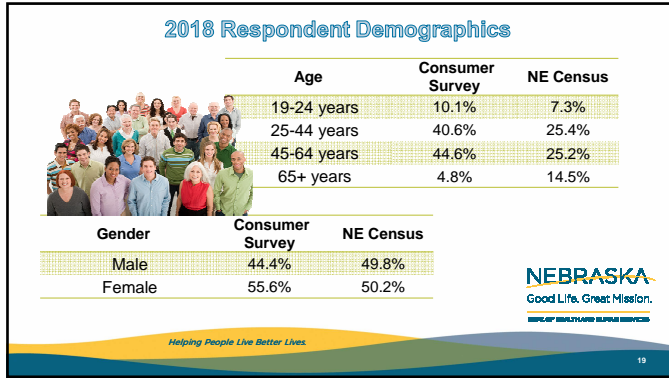


### 2018 Adult Consumer Survey

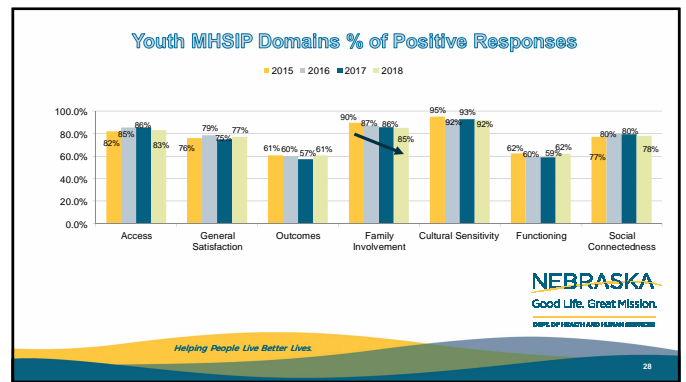
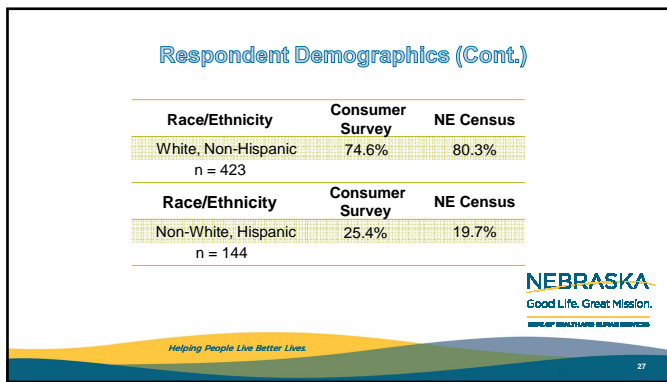
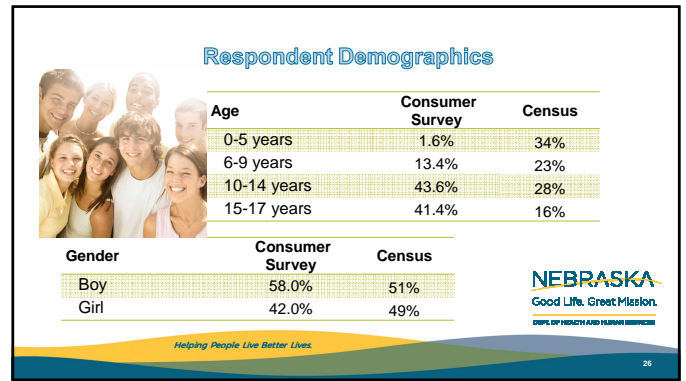
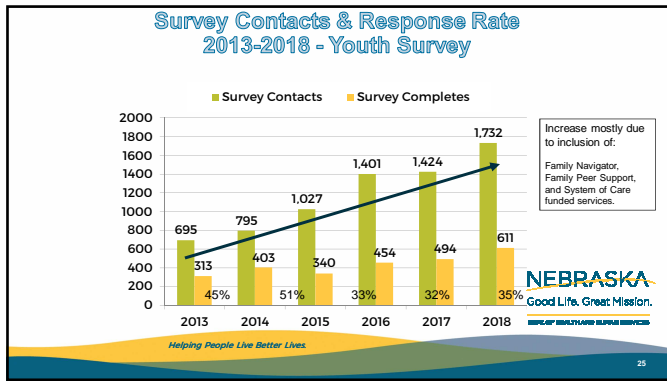
- # of adult survey contacts made: 5,324
- # of adult surveys completed: **1,588**

Location:	n	Representation in Completes	Response Rate
Region 1	88	5.5%	30%
Region 2	171	10.8%	28%
Region 3	268	16.9%	31%
Region 4	349	22.0%	31%
Region 5	272	17.1%	30%
Region 6	440	27.7%	29%

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## Annual Synar Report FFY18

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### 2018 Synar Sample Results

Description	Count
Original Sample size	346
In operation but closed at time of visit	16
Unsafe to access	3
<b>Total (Eligible Non-completes)</b>	<b>19</b>
Out of Business	9
Does not sell tobacco products	16
Inaccessible by youth	1
Private club or residence	2
<b>Total (Ineligibles)</b>	<b>28</b>
<b>Total eligible and outlet inspections completed</b>	<b>299</b>

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### 2018 Synar Results by Troop Area

Patrol Area	Population Center	Inspections completed	Citations	2018 RVR %	2017 RVR %
A - O	City of Omaha	49	2	4.1% ↓	8.9%
A - Non	Non Omaha	23	0	★ 0.0%	0.0%
B	Northern	47	5	10.6%	9.3%
C	Grand Island	47	9	19.2%	13.3%
D	North Platte	35	2	5.7% ↓	11.1%
E	Panhandle	22	0	★ 0.0% ↓	14.3%
H	Southeast	76	11	14.5%	11.8%
	<b>Statewide</b>	<b>299</b> (295 in 2017)	<b>29</b> (30 in 2017)	<b>9.7%</b> ↓	<b>10.2%</b>

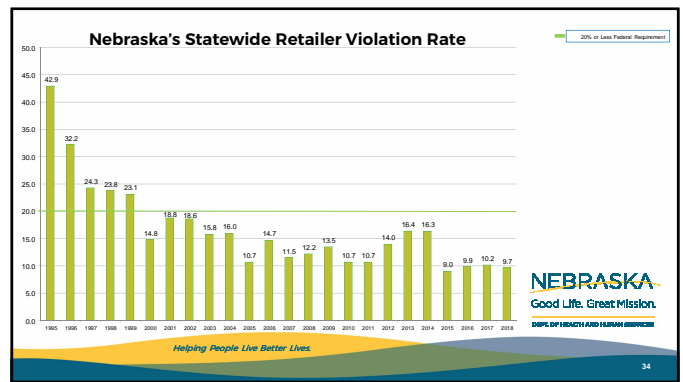
### Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Female	15	4	58	4
	16	4	45	4
	17	3	49	7
	<b>Subtotal</b>	<b>11</b>	<b>152</b>	<b>15</b>
Male	15	4	56	7
	16	4	44	1
	17	3	47	6
	<b>Subtotal</b>	<b>11</b>	<b>147</b>	<b>14</b>
<b>Grand Total</b>		<b>22</b>	<b>299</b>	<b>29</b>

### 2018 Synar Results

Inspections completed	Completion Rate (out of the 318 eligible)	Violations of youth access to tobacco laws	This year's Retailer Violation Rate
<b>299</b>	<b>94.0%</b>	<b>29</b>	<b>9.7%</b>

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Thank you!




Questions?  
Comments??

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# FY2018 BLOCK GRANT APPLICATION

Updated Financial Information  
November 2018




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**MH Expenditures SFY2018**

Activity	MHBG	Medicaid (Federal, State, Local)	Other Federal Funds	State Funds
24 hour care (hospital & residential)	\$99,390	-	-	\$13,384,953
Ambulatory/comm non-24 hour care	1,736,067	-	\$2,519,497	44,520,510
EBP Set Aside 10%	75,498	-	-	2,219
Admin (excluding program/provider level)	73,638	-	-	-
Subtotal (Tx)	\$1,910,955	-	\$2,519,497	\$57,907,682
<b>TOTAL (with Admin)</b>	<b>\$1,984,593</b>	<b>-</b>	<b>\$2,519,497</b>	<b>\$57,907,682</b>
		<b>TBD</b>		




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**SA Expenditures SFY2018**

Activity	SAPTBG	Medicaid (Federal, State, Local)	Other Federal Funds	State Funds
SA Prevention & TX	4,785,501	-	-	22,939,437
Preg Women and WDC	599,708	-	-	1,582,006
All other	-	-	68,685	-
Primary Prevention	1,589,709	-	1,056,479	327,278
Admin (excluding program/provider level)	361,177	-	-	-
Subtotal (Prev, Tx, Etc)	6,974,918	-	-	-
<b>TOTAL (with Admin)</b>	<b>7,336,095</b>	<b>-</b>	<b>1,125,164</b>	<b>24,848,721</b>
		<b>TBD</b>		




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**FFY16 Awards (Expenditures 10/1/2015 - 9/30/17)**

MHBG FFY15 Award	SAPTBG FFY15 Award	MHBG FFY16 Award	SAPTBG FFY16 Award
Adult Services	\$1,270,133	Adult Services	\$5,063,559
Children Services	706,378	Pregnant Women & Children	419,815
First Episode Psychosis (Minimum of 10%)	109,561	Primary Prevention (as to be 20%)	1,775,805
Administration	116,265	Administration	381,398
Total Expended	\$2,202,337	Total Expended	\$7,640,577
Total Award	\$2,325,306	Total Award	\$7,641,241




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**Karen Harker**

DBH Division Finance Officer  
Division of Behavioral Health

[Karen.Harker@nebraska.gov](mailto:Karen.Harker@nebraska.gov)  
402-471-7708



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