# Nebraska DHHS Division of Behavioral Health Prevention Advisory Council

November 13, 2019 – 9:00 a.m. to 12:00 p.m. Lancaster Extension Office, 444 Cherrycreek Road, Lincoln, NE 68528 Meeting Summary

<u>Meeting Participants</u>: Mindy Anderson-Kott, Jona Beck, Alex Brown, Lindsey Cork, Trisha Crandall, Stefanie Creech, Carol Doolittle, Heather Drahota, Amanda Drier, Teri Effle, Crystal Fuller, Tiffany Gressley, Jessica Haebe, Lindsey Hanlon, Zack Hicks, Megan Hopkins, Ann Koopman, Kayla Leintz, Kelly Madcharo, Taylor Moore, Sandy Morrissey, Michaela Jennings, Chris Junker, Carey Pomykata, Lanette Richards, Jamie Rodriguez, Sarah Schram, Shannon Sell, Jason Thompson, Liene Topko, Lindsey Witt-Swanson, Denise Zwiener, Debbie Richardson

## Welcome and Introductions

Lindsey Hanlon

Lindsey welcomed everyone and briefly went over the agenda.

<u>2018 NRPFSS Results</u> <u>Lindsey Hanlon</u>

- 2018 NRPFSS Overview
  - o 8<sup>th</sup> Administration
    - Survey implementation occurs every fall in even years
  - o 23,883 (30.5%) Participants
    - The NRPFSS targets Nebraska students, both public and private, in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grade
  - o Goal
    - To collect school district and community-level data to aid in prevention program planning. This is NOT meant to be representative of the entire state
  - o Reporting Content
    - Report is divided into 5 sections:
      - 1. Substance Use
      - 2. Transportation Safety
      - 3. Violence, Bullying & Mental Health
      - 4. Nutrition & Physical Activity
      - 5. Feelings & Experiences at Home, School, & in the Community
  - o 2020 Administration
    - Will begin survey questionnaire review this fall. Promotion of the surveys will be ongoing to try and increase school and student participation
- Lindsey presented the results of the 2018 NRPFSS results that included, substance abuse, substance abuse sources for obtaining, substance abuse perceptions, substance abuse messaging, and mental health.

## 2020 SHARP Recruitment Mekenzie Kerr

The Student Health and Risk Prevention Surveillance System was created in 2010 and is an umbrella uniting three surveys: Nebraska Risk and Protective Factor Student Survey (NRPFSS), Youth Risk Behavior Survey (YRBS), and Youth Tobacco Survey (YTS). SHARP is endorsed by Nebraska Department of Health and Human Services (NDHHS), Division of Behavioral Health (DBH), Tobacco Free Nebraska (TFN), and Nebraska Department of Education (NDE). The SHARP survey is administered in the fall of even calendar years, with the next administration being fall of 2020.

- Nebraska Risk and Protective Factor Student Survey (NRPFSS)
  - O Designed to assess adolescent substance abuse, delinquent behaviors, bullying, and the risk and protective measures that predict adolescent problem behaviors

- o Goal to provide schools & communities local-level data to help in planning prevention programs
- o Data provides reports at the district, county, and state levels
  - Stakeholders: Health Departments, Behavioral Health Regions, Coalitions
  - School-level reports per request
- o Census
  - Students in grades 8, 10, and 12
  - Public and non-public schools
- o Offered on paper and web
- Youth Risk Behavior Survey (YRBS)
  - Only survey in NE that provides state-level estimates for high school students across a variety of health behavior areas, including:
    - Unintentional injuries & violence
    - Mental health and suicide
    - Tobacco
    - Alcohol and other drug use
    - Sexual risk behaviors
    - Unhealthy dietary behaviors
    - Physical activity
  - o Data used to monitor and evaluate priority health-risk behaviors and prevention efforts among high school students in NE and the nation
  - o Data provides state-level report
  - o Random sample drawn by CDC
    - 82 public high schools
    - Grades 9-12
    - Random classroom selection within school
  - o Offered on paper selection within school
    - 2020 will offer paper and web
  - o Must reach a 60% overall response rate to get weighted data
- Youth Tobacco Survey (YTS)
  - Designed to help states improve the capacity to design, implement, and evaluate tobacco prevention and control programs for the purposes of preventing youth from using tobacco and helping current users quit
  - o Topics include:
    - Exposure to environmental smoke
    - Minors' access and enforcement
    - Knowledge and attitudes
    - Media and advertising
    - School curriculum
    - Tobacco use cessation prevalence of tobacco use (cigarettes, smokeless tobacco, ecigarettes, and cigars, etc.)
  - o Data provides state-level report
  - o Random sample drawn by CDC
    - 62 public high schools
    - Grades 9-12
    - Random classroom selection within school
  - o Offered on paper and web

## Opioid Response Network

**Debbie Richardson** 

SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the Opioid Response Network to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.

- Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorders.
- The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis.
- The ORN accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.
- To ask questions or submit a request for Technical Assistance:
  - o Visit www.OpioidResponseNetwork.org
  - o Email orn@aaap.org
  - o Call 401-270-5900

#### 2014-2019 GLS Suicide Prevention Results

Dr. Denise Bulling

An overview was given on the previous 2014-2019 GLS Suicide Prevention Grant

- Nebraska GLS Youth Suicide Prevention funding:
  - o 2009-2012 Statewide
  - o 2014-2019 Statewide
  - o 2018-2021 UNL Campus
  - o 2019-2024 Region 5/NDE
- 2014-2019 Goals
  - o Prevent Youth Suicides in Nebraska
  - o Standardize Screening Protocols in Child Serving System
  - o Implement Culturally Appropriate Strategies throughout Nebraska
- Trend Data & Behavioral Health Region Activities
- 2014-2019 Prevention Activities

0	Assessing and Managing Suicide Risk (AMSR)	633 clinicians
0	Collaborative Assessment & Management of Suicidality (CAMS)	215 clinicians
0	Question, Persuade, Respond (QPR)	29,889 individuals
0	Building a Suicide Safe School Community	24,090 educators
0	Kognito At-Risk Suicide Training	71,305 educators
0	Other Suicide Prevention Training (MEP, MHFA, etc.)	7,989 individuals
0	Professional Partners Program, SBQ-R	Over 3,000 screenings
0	LOSS Teams, access available statewide	9 Nebraska Areas
0	Suicide Prevention Lifeline-Boys Town	Over 2,200 calls
0	Partnerships & Collaborations	200+ Organizations

 Outreach and Promotion of Mental Health Awareness and Suicide Prevention

Speakers, Conferences, Events
 Presentations, booths, walks, health fairs, workshops, documentary showings

o Policies 25+ Policies Established

#### Overview of new GLS grant

Dr. Kate Speck

Over 2 million messages

- 2019-2024 Goals
  - o Decrease youth suicide rates by 80% in Region 5
  - o Policies and protocols implemented in all Nebraska public school districts for suicide prevention, post intervention and transition back to school

- o Zero suicide approach implemented in 20 Nebraska healthcare systems/behavioral health organizations
- o Evidence-based practices adopted by all Nebraska child-serving systems to follow-up with youth after a suicide attempt or hospitalization
  - Fidelity Assessment within the system to assure EBP are monitored
- o Evidence-based practices adopted by all Nebraska crisis/violence risk assessment clinicians

2019-2024 Planned	Prevention Activities	
Workforce Development	Goal	
Zero Suicide Academy	<ul> <li>5 Child-serving systems</li> </ul>	
Youth Nominated Support Teams	2 Hospitals/healthcare systems	
<ul> <li>Assessing &amp; Managing Suicide Risk (AMSR)</li> </ul>	30 Behavioral Health organizations	
	• 100 Clinicians	
Trainings	Goal	
<ul> <li>QPR Trainings (Gatekeeper Training)</li> </ul>	<ul> <li>2,400 individuals trained/year</li> </ul>	
<ul> <li>Hope Squads (Peer to Peer Training)</li> </ul>		
Screenings, Referrals, Access	Goal	
<ul> <li>Prof Partners Program-Region 5</li> </ul>	<ul> <li>Prof Partners Program</li> </ul>	
<ul> <li>School Psychologists-Statewide</li> </ul>	o 200 Screenings/year	
	o 20 Referrals/year	
	o 12 Access/year	
	Screenings in Schools	
School Health Plans will include:	Goal	
<ul> <li>Suicide Prevention</li> </ul>	244 School Districts	
<ul> <li>Post-Suicide Interventions</li> </ul>	<ul> <li>Whole School, Whole Community, Whole Child</li> </ul>	
	model (ASCD, CDC)	
Safety Planning	Goal	
	<ul> <li>12 Behavioral Health Organizations</li> </ul>	
Means Restriction	Goal	
	<ul> <li>1,000 gunlock distributed/year</li> </ul>	
Outreach & Awareness	Goal	
	• 14,000 youth/year	
Partnership & Collaborations	Goal	
	<ul> <li>Boys Town Lifeline</li> </ul>	
	<ul> <li>University of Nebraska-Lincoln</li> </ul>	
	<ul> <li>Nebraska Military Department</li> </ul>	
	<ul> <li>Veteran's Health Administration</li> </ul>	
	<ul> <li>Other organizations serving under-represented</li> </ul>	
	populations	

- Nebraska Suicide Prevention Initiative
  - o Using Lessons Learned to Continue Making Progress
  - o A mix of centralized and decentralized strategies lead to system change
  - o Search for models that will enhance efforts
  - o Dissemination of success efforts statewide
  - Support of partnerships including local and state public health and behavioral health organizations
  - o Working with post-secondary institutions to reduce suicide
  - o Encouragement of assessing the impact of prevention efforts
  - o Distribution of materials developed from past media campaign efforts
  - o Supporting youth crisis teams to use EBP
  - o Supporting the Nebraska Suicide Prevention coalition
  - o Data

- Disseminate to and collaborate with partners and stakeholders
- Target efforts, Decision-making
- Set goals, track outcomes
- o Partnerships and collaborations
  - Nebraska Department of Education
  - Region 5
  - Statewide-Behavioral Health Regions
  - Behavioral Health Organizations, Hospitals, Healthcare Systems
  - Child-serving systems, Juvenile Justice
  - Post-Secondary institutions, Veterans Administration

## Drug Use Behaviors in Nebraska UNO Steps

Jodi Gabel

- Treatment Episode Data Set (TEDS)
  - o The Treatment Episode Data Set in a compilation of client information from substance use treatment admissions nationwide. This database provides administrative data on admission to, and discharge from, substance use facilities. This data provides an opportunity to understand admission and discharge trends including characteristics associated with admissions and successful discharges.
- Top three Primary Drug of Choice
  - o Methamphetamines
  - o Alcohol
  - o Marijuana
- Needs of Providers
  - o Training on Evidence-Based Practices
  - o Funding
- Needs of Clients
  - Medication-Assisted Treatment
  - Treatment Access
  - o Children
  - Financial Barriers
- Prevention efforts
  - o Medically based prevention
    - Prescriber education
    - Addiction screening at primary care facilities
    - Use of Prescription Drug Management Program (PDMP) before prescribing controlled substance
    - Addiction screening for those presenting for early refills
  - o Social Service
    - Increased access to mental health treatment
    - Mandatory counseling and services with buprenorphine or naltrexone administration
    - Increased access to 12-step programs
    - Increased access to and training on naloxone
    - Education about safe injection practices
  - Education
    - School-based substance misuse prevention programs-middle school students
    - School-based substance misuse prevention programs-elementary students
    - PSA and media campaigns for general public
    - Public education about MAT
    - School-based substance misuse prevention programs-high school students

- o MAT
  - Methadone treatment
  - Buprenorphine treatment
  - Naltrexone treatment
- Population most in need of prevention efforts
  - o Youth (ages 12-17)
  - o Adults (ages 26-64)
  - o Young adults (ages 18-25)
  - o Individuals with mental illness

# Next Steps and Adjournment

**Lindsey Anderson** 

The next PAC meeting will be held in Lincoln on Wednesday, February 19, 2020 at the Lancaster Extension Office.