

Department of Health and Human Services
Division of Behavioral Health

NEBRASKA
Good Life. Great Mission.



Annual Report

January – December 2016

Operational Accomplishments and Treatment Review of
Community-Based and Regional Center Services

Division of Behavioral Health

The Division of Behavioral Health (DBH) is the chief behavioral health authority for the State of Nebraska and directs the administration and coordination of the public behavioral health system. Its role includes the integration and coordination of services and comprehensive statewide planning for the provision of an appropriate array of community-based services.* To do this, the Division collaborates with partners and other stakeholders in the health care system.

DBH is dedicated to providing mental health and substance use disorder services and supports to help people live better lives. Strategic planning is a tool used to promote positive outcomes for consumers and provide direction to the work of DBH. The 2016 Bridge Strategic Plan mapped out DBH's work for the calendar year 2016. It bridged the end of the 2011-2015 plan and laid the groundwork for initiation of a new three-year plan to span from 2017 through 2020. This report provides an overview of DBH and highlights various work accomplishments having occurred in 2016.

The Division of Behavioral Health's Bridge Document is found at http://dhhs.ne.gov/behavioral_health/Documents/2016letterandBridger.pdf

The Bridge Document Progress Report is found at <http://dhhs.ne.gov/Reports/Behavioral%20Health%20Bridge%20Document%20Progress%20Report%202017.pdf>

2016 GOALS and PRIORITIES

Goal 1: The public behavioral health workforce will deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.

Goal 2: The DBH will support innovative, effective service delivery.

Goal 3: The DBH will lead development of a system of care that allows individuals to move from state hospitals to the most integrated community setting.

Priorities: Accessibility, effectiveness, quality, cost efficiency, accountable relationships, needs assessment and strategic planning

*Neb. Rev. Stat. §71-806

Organizational Leadership

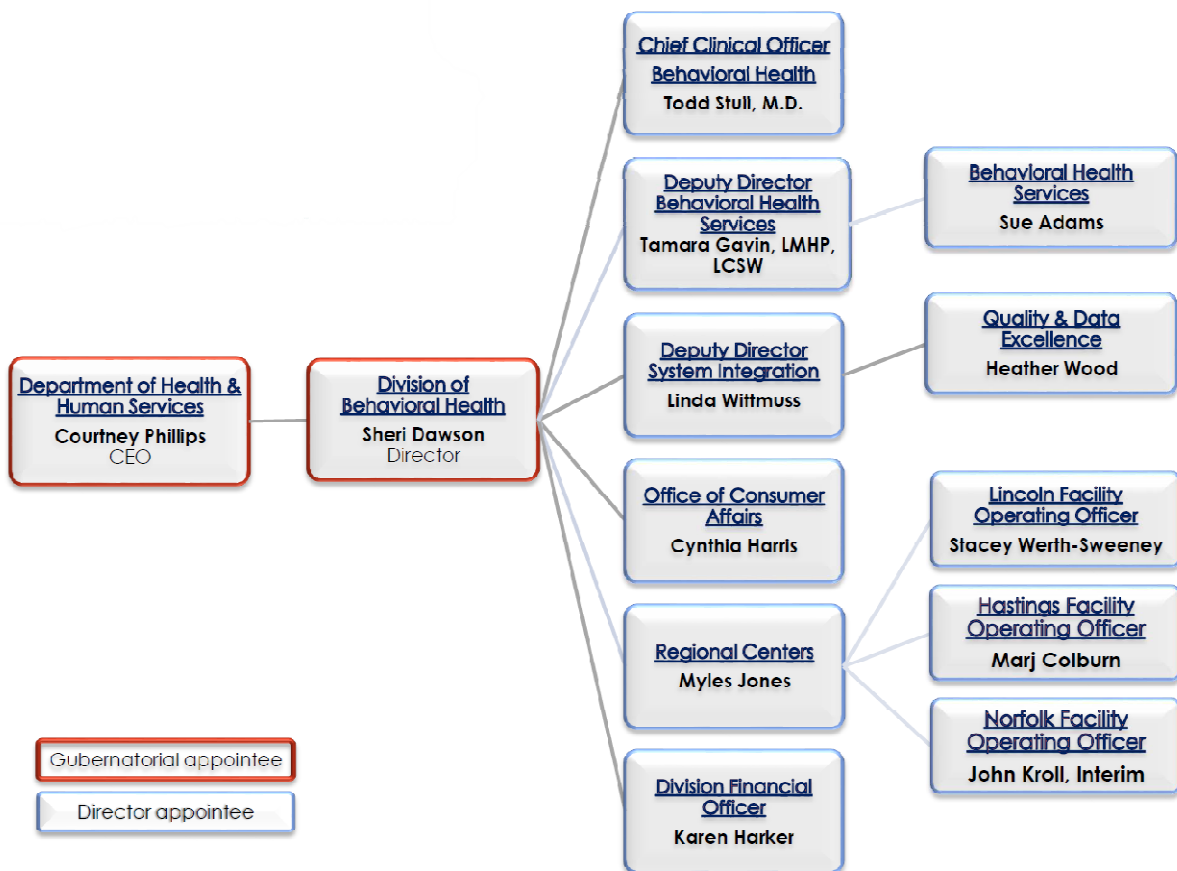


Courtney Phillips
CEO



Sheri Dawson
Director

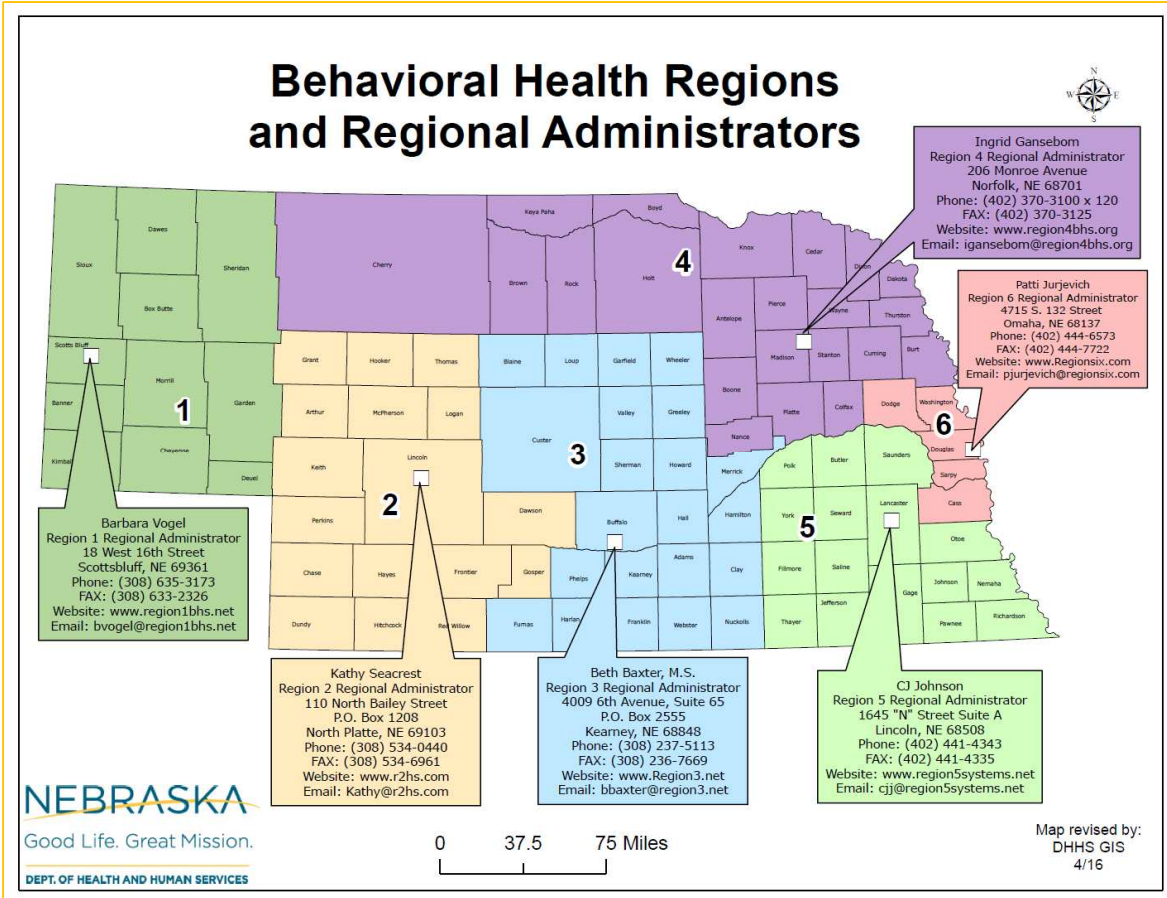
The Division of Behavioral Health includes a central office in Lincoln and three Regional Centers in Lincoln, Norfolk and Hastings. The central office includes Community-Based Services, the Office of Consumer Affairs, and the Office of the Chief Clinical Officer. The Office of Consumer Affairs focuses on consumer/peer support services, relationships, planning, research, and advocacy for all consumers. The Chief Clinical Officer provides clinical leadership to the Division and works with the Regional Centers and community partners to promote quality behavioral health policies, services and education.



¹Gubernatorial Appointee. ²Director Appointee. Reflects staff as of December 2016.

Oversight and Network of Services

The Division of Behavioral Health (DBH) provides funding, oversight and technical assistance to the six local Behavioral Health Regions. DBH contracts with the Regions who contract with local programs to provide publicly funded inpatient, outpatient, and emergency services and community mental health and substance use disorder services.



Vision:

The Nebraska public behavioral health system promotes wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family-driven system.

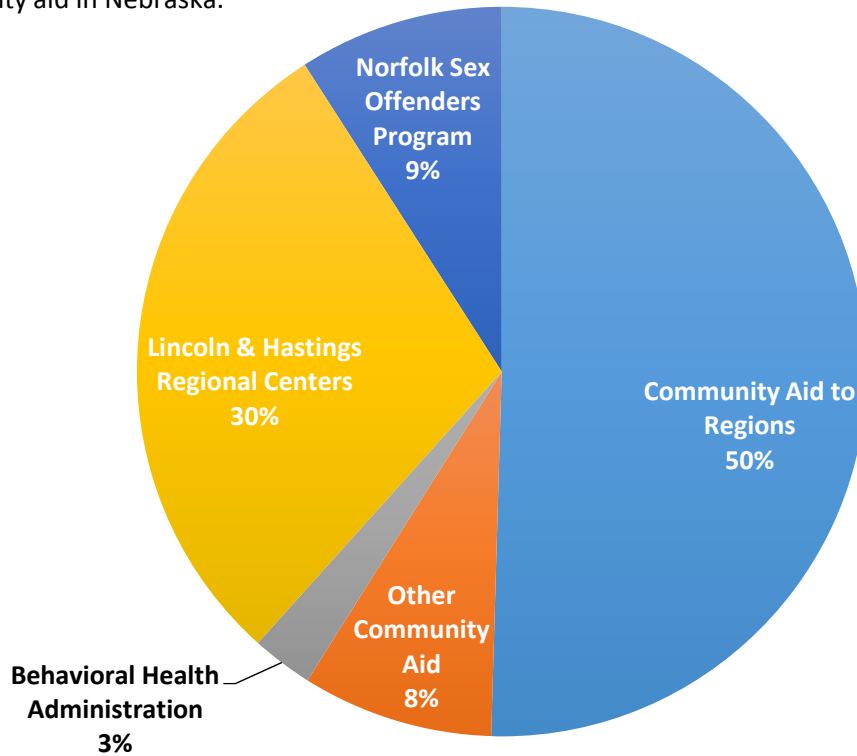
Mission:

The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

Fiscal Year 2016 at a Glance

Distribution of Expenditures

The Community-Based Services section of the Division of Behavioral Health (DBH) expended 61.1% of DBH's spending overall. Over \$98,000,000 of the overall budget helped to fund community aid in Nebraska.



Community Aid to Regions	\$80,514,178	50.0%
Other Community Aid	\$13,606,934	8.4%
Behavioral Health Administration	\$4,330,469	2.7%
Community-Based Services Subtotal	\$98,451,581	61.1%
Lincoln & Hastings Regional Centers	\$48,102,195	29.9%
Norfolk Regional Center - Sex Offenders	\$14,552,921	9.0%
Regional Centers Subtotal	\$62,655,116	38.9%
Grand Total	\$161,106,697	100.00%

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

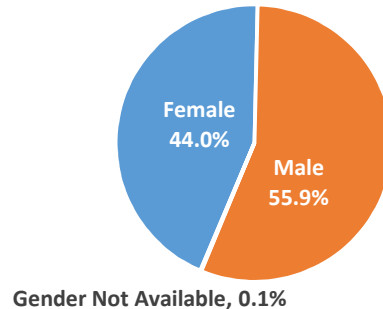
Fiscal Year 2016 Consumer Demographics

In Fiscal Year 2016 (FY16), DBH funded behavioral health services for 27,366 people.

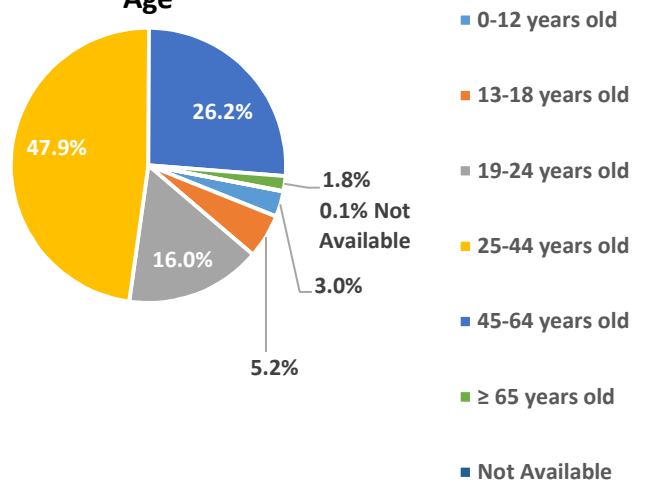
Of these individuals:

- **19,739** received services addressing mental health. As reported in the Uniform Reporting System (URS) FY16 report, this count includes all services designated as mental health services AND dual services. Dual services address both mental health concerns and substance use disorders.
- **12,248** received services addressing substance use disorders. As reported in the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) FY16 report, this count includes all services designated as substance use disorder services AND dual services. Dual services address both mental health concerns and substance use disorders.
- Because some individuals engaged in mental health services and substance use disorder services and because, per federal reporting, dual services count as both mental and substance use disorder services, the sum of the service types is greater than the total people served.

Gender

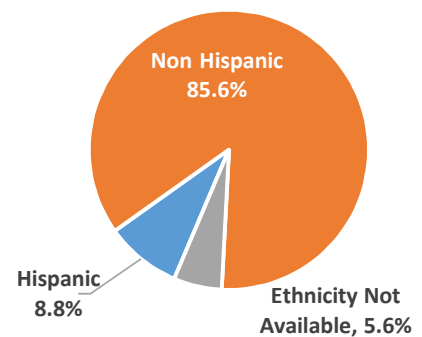


Age

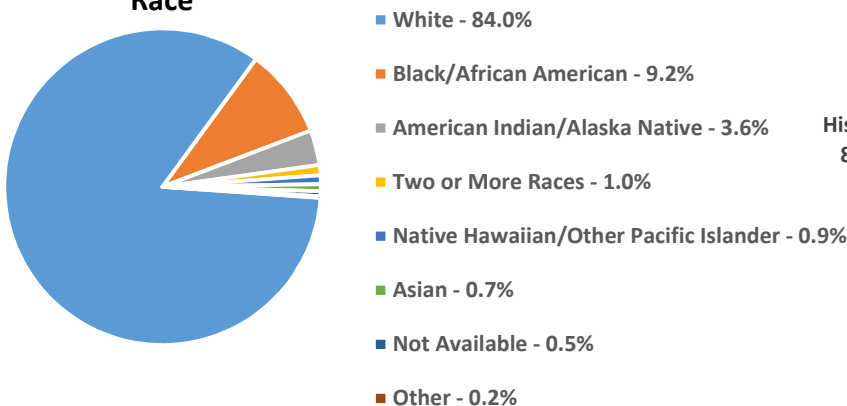


Charts on this page describe the demographic characteristics for gender, age, ethnicity, and race of individuals served.

Ethnicity

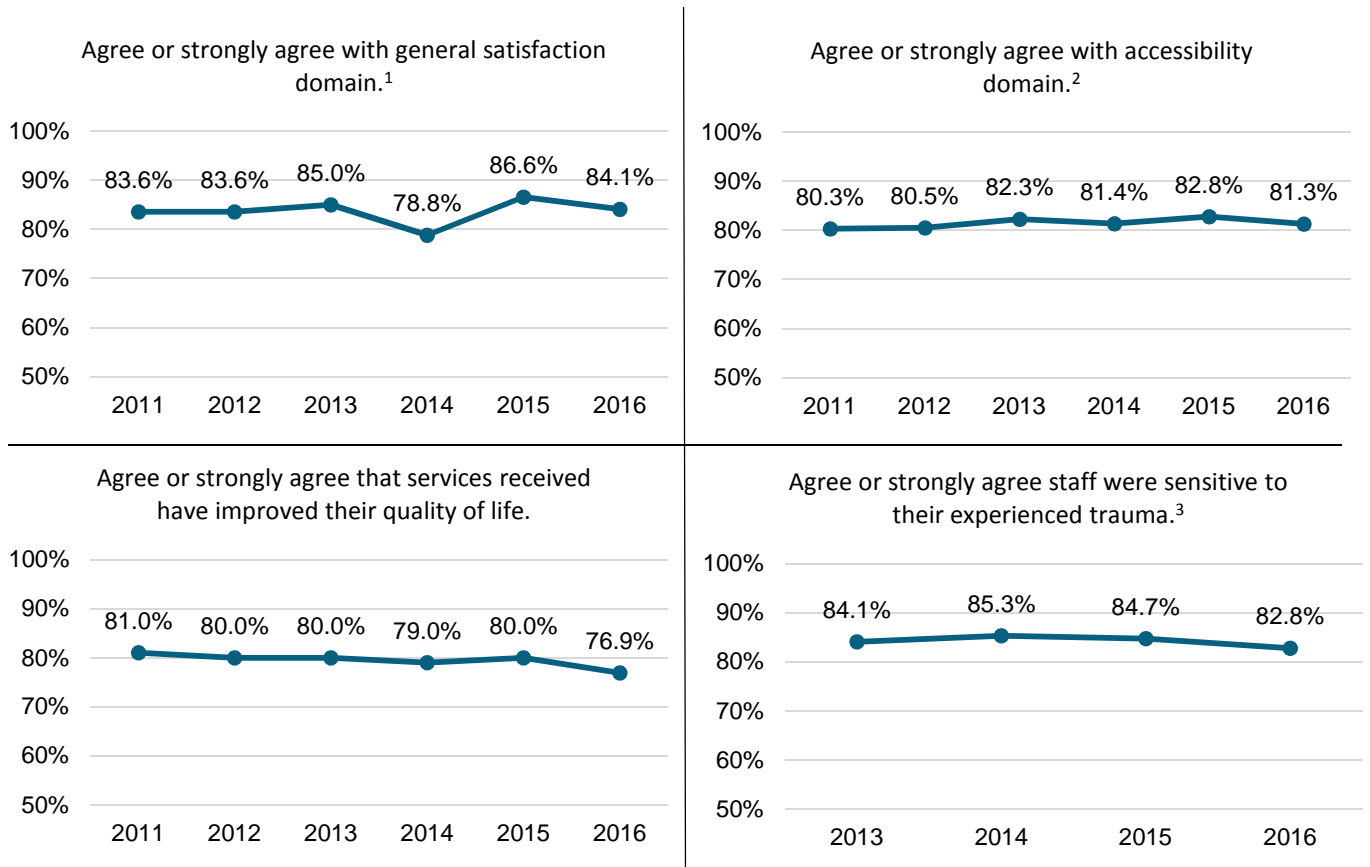


Race



Community-Based Services – Consumer Satisfaction

During the first, second and third quarters of each calendar year, the Division of Behavioral Health (DBH) conducts the annual behavioral health consumer survey. This survey solicits input from adult and youth consumers receiving mental health and/or substance use disorder services from the publicly funded, community-based behavioral health system in Nebraska. The following graphs describe consumer satisfaction data from the 2016 consumer survey project in comparison to available past consumer survey data results.



¹ Domain measured with the following questions: I like the services I received here; If I had other choices I would still get services from this agency; and I would recommend this agency to a friend or family member.

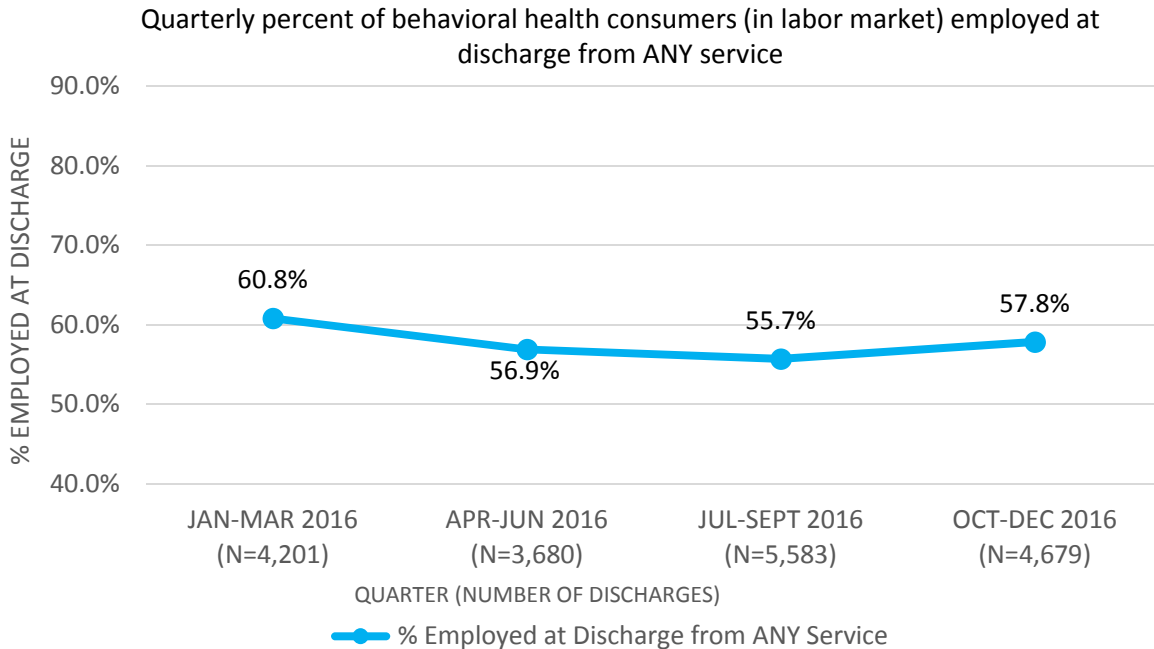
² Domain measured with the following questions: The location of services was convenient (parking, public transportation, distance, etc.); Staff were willing to see me as often as I felt it was necessary; Staff returned my call in 24 hours; Services were available at times that were good for me; I was able to get all the services I thought I needed; and I was able to see a psychiatrist when I wanted to.

³ In 2013, the following question was one of six added to the DBH consumer survey: The program was sensitive to any experienced or witnessed trauma in my life.

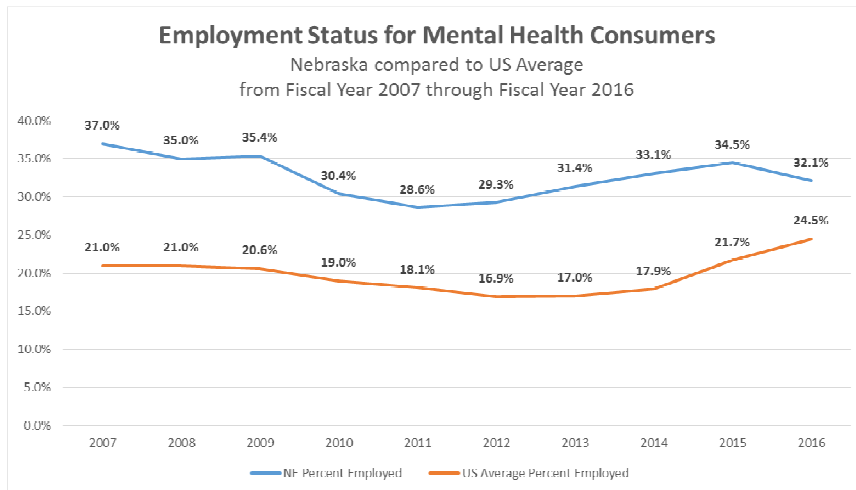
Recovery Measures - Employment

SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose, and community.

Purpose: Having meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.



Data source: CDS - encounter data from employment status for persons discharged from ANY community-based service.



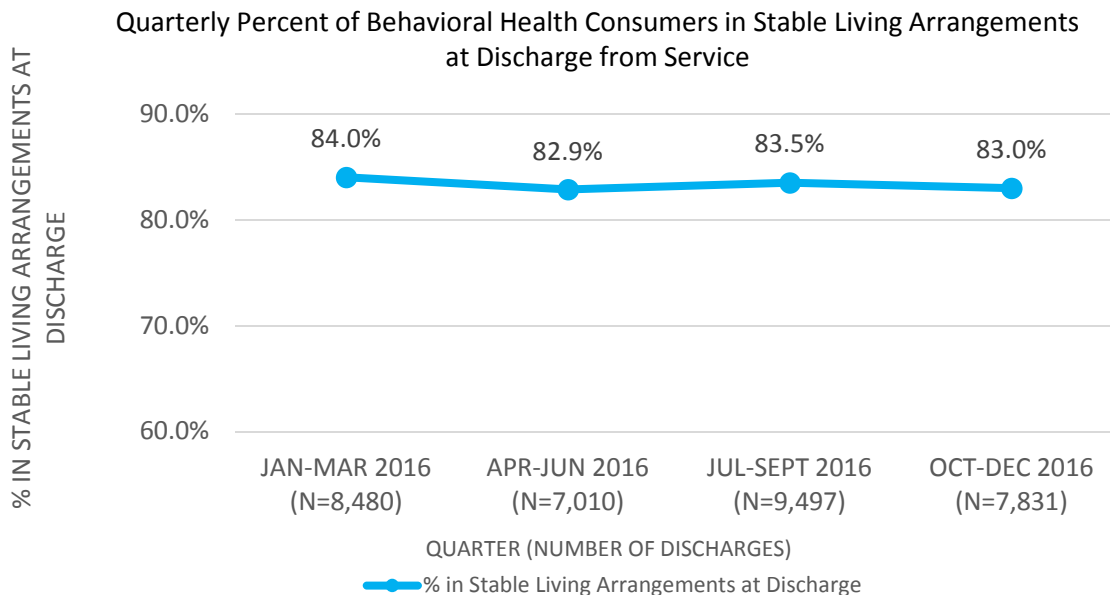
Nebraska has a long history of exceeding the national average for employment within our mental health consumer population as described by the percentage of mental health consumers in Nebraska who are employed (as calculated for URS reporting) compared to the US average for mental health consumers who are employed (as averaged across states' URS reporting).



Recovery Measures - Housing

SAMHSA has delineated four major dimensions that support a life in recovery: health, home, purpose, and community.

Home: *Having a stable and safe place to live.* The Housing-Related Assistance Program and Housing Coordination continue to address client needs with regard to establishing stable and safe housing.



Data source: CDS - encounter data from living arrangement for persons discharged from ANY community-based service.

Technical Assistance Collaborative

The Technical Assistance Collaborative (TAC) project showcased that housing is a cross-agency/system initiative. During 2016, the Division of Behavioral Health sought out to create a plan to improve integrated housing in Nebraska. Preparation for this work included a thorough review of DHHS housing policies and an environmental scan. Seven statewide housing focus groups (with 147 participants) and six statewide service provider focus groups (with 82 participants) were conducted. The resulting TAC three-year strategic plan findings and recommendations were incorporated into the Division of Behavioral Health 2016 Needs Assessment report for future strategic planning.

Nebraska Oxford House

An Oxford House is a live-in residence for people in recovery from substance use disorders. Oxford House currently has 35 provider sites, with 261 beds, in five Nebraska counties spread across Regions 2, 3, 5, and 6. While in an Oxford house, residents take their lives back by:

- taking responsibility for their sobriety.
- finding and maintaining a job, going to school, or volunteering.
- managing their share of household chores and expenses.

In 2016, 91% of house members stayed sober while residing in Oxford Houses.

Nebraska Oxford House™
Saving Money - Saving Lives
Low-Cost Solution to Long-Term Recovery



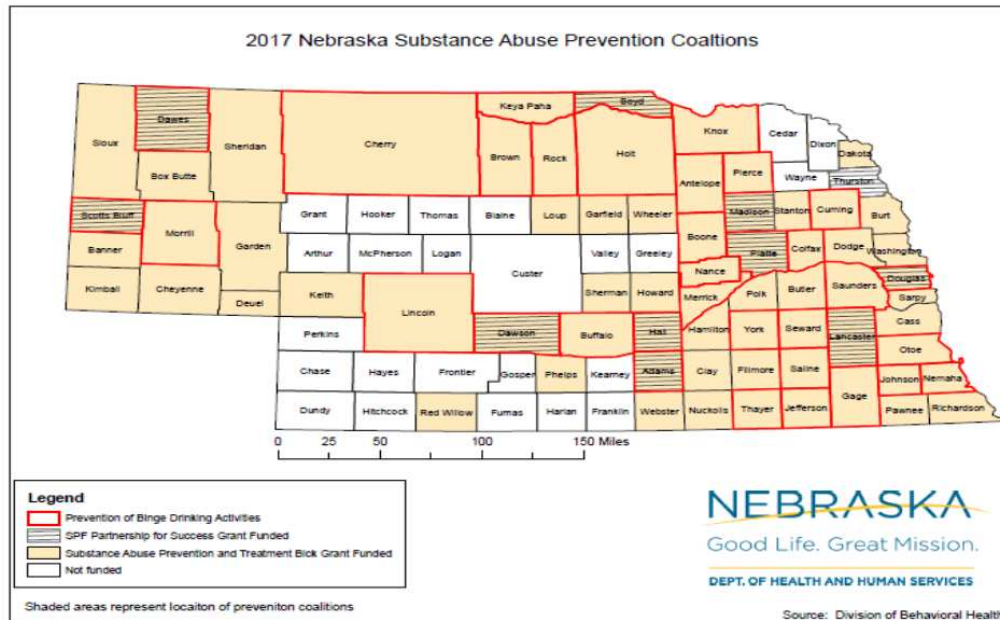
NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Prevention

Over the course of calendar year 2016, more than **600,000** Nebraska youth ages 12-17 were impacted by prevention activities including a combination of individual and population-based strategies.



There are 69 counties in Nebraska that receive funds for prevention of substance use among adolescents and adults. Of the 69 counties that are funded for substance use prevention, 36 fund activities that focus on reducing binge drinking.

Mental Health First Aid

In 2014, the Nebraska legislature, through statute 71-3005 LB 901 (2014), created the Nebraska Mental Health First Aid Training Program. Mental Health First Aid (MHFA) was present in Nebraska prior to the training program; however, the statute and allocation from the legislature formalized the program statewide and allowed for data collection processes to be instituted. DBH has completed two fiscal years of implementation of the MHFA Training Program. A summary of the results from the FY16 report are below.

Total participants trained: **1,243**

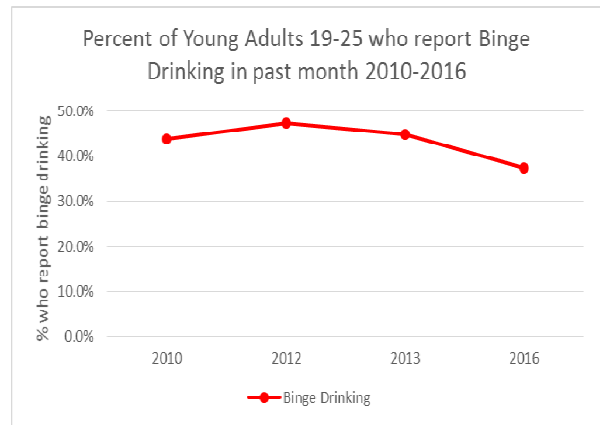
- Training attendees came from a variety of agencies including academic settings (31%), law enforcement (21%), and local health departments (4%).
- Approximately 51% of participants were from metro areas (Omaha, Lincoln, or Grand Island); the remaining were from rural communities.
- Of persons trained, approximately 16% identified as being part of a minority racial or ethnic group, and 74% were female.
- As a result of the training, approximately **98%** of MHFA attendees reported feeling more confident that they could:
 - recognize signs of a mental health problem or crisis;
 - reach out to someone who may be dealing with a mental health problem or crisis;
 - assist a person to seek professional help; and
 - assist in connecting with community, peer, and personal supports.
- Of MHFA attendees, **more than 95%** would recommend the training to others.



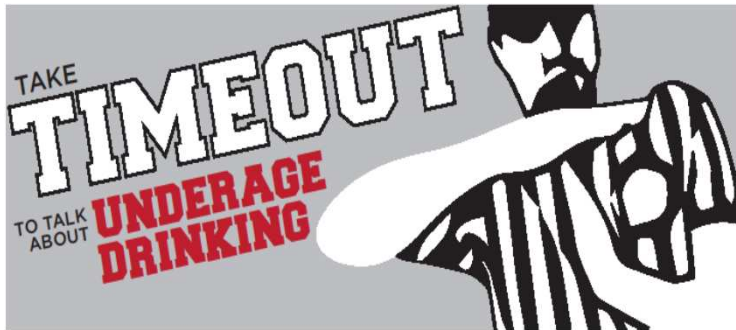
Prevention Works

Binge Drinking Prevention

DBH, in partnership with UNL – BOSR, has fielded the Nebraska Young Adult Alcohol Opinion Survey four times since 2010. The survey attempts to measure alcohol use and opinions among young adults ages 19 to 25 statewide. When the survey was first administered, nearly half (44%) of young adults reported that they had binge-drunk alcohol in the past month (binge drinking is defined as having five or more drinks for men or four or more drinks for women in a span of approximately two hours). In this last administration, significantly fewer (37%) young adults reported binge drinking in the past month.



In addition, the perceived risk of binge drinking from young adults was shown to be increasing. In 2010, 32% of young adults perceived “great risk” in binge drinking while in 2016 that had increased to **41%**. This is important as it means youth are better understanding the dangers of binge drinking.



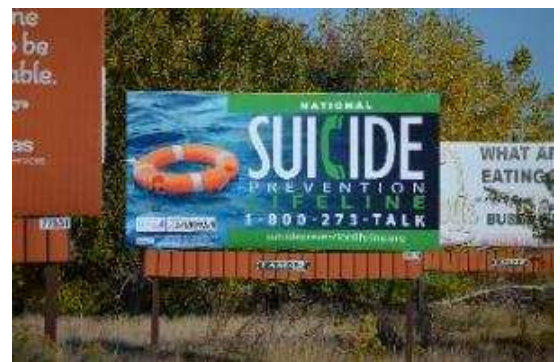
The Nebraska Community Alcohol Opinion Survey found that **81%** of adults reported hearing, reading, or watching an advertisement about the prevention of alcohol abuse within the past 12 months. In addition, **75%** of parents of children ages 12 to 20 years old have talked to their children about the dangers of alcohol in the past 12 months.

Suicide Prevention

Evidence based, best practice model training on suicide awareness and prevention was available across the State, at no cost to attendees.

- **28,588** school personnel completed Kognito
- **5,165** school personnel completed Making Educators
- **2,812** gatekeepers completed Question, Persuade & Refer [QPR]

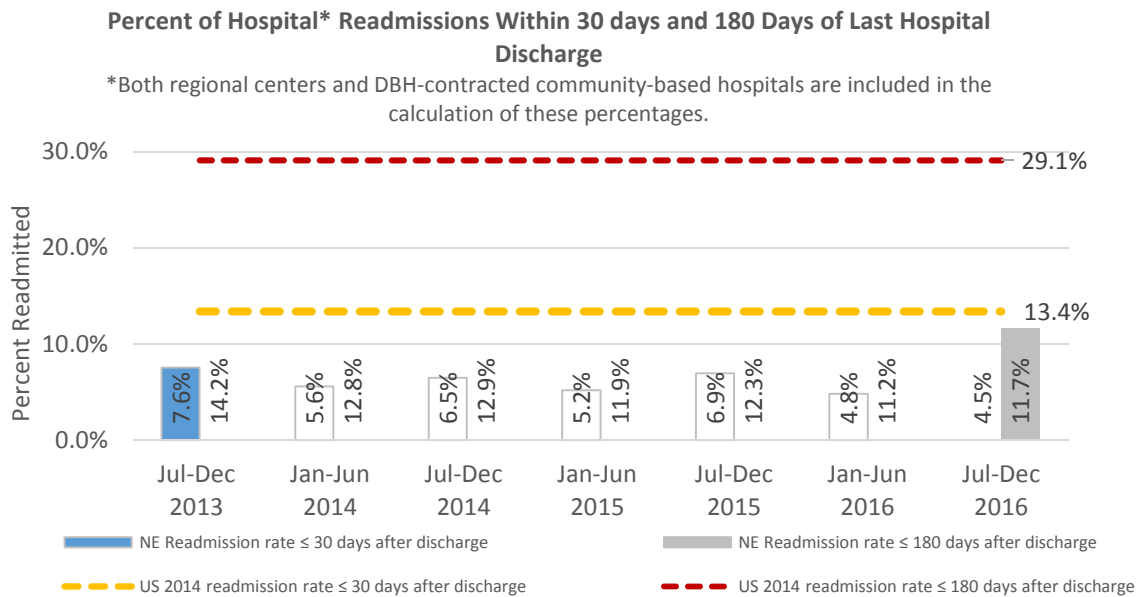
75% of adults in Nebraska report general awareness of signs of suicide and the National Lifeline is a goal in the Youth Suicide Prevention Grant. This billboard in Region 1 is one example of how this goal was reached in 2016. Other universal outreach included a display at the Nebraska State Fair, local health fairs, Facebook posts, local media, and presentations.



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

Emergency System

Readmission rates for inpatient behavioral health services in Nebraska (including both regional centers and community-based hospitals) have a long history of falling far below US rates for readmission within 30 days and within 180 days following a discharge from an inpatient setting. It should be noted that most states included in the US rates include Medicaid data; however, Nebraska rates are DBH data only.



Data Sources: Data prior to May 2016 was reported based on Magellan data extracts containing contracted treatment provider and regional center counts. In May 2016, DBH transitioned to the Centralized Data System (CDS) for contracted provider and regional center reporting. US rates are reported by SAMHSA Uniform Reporting System.

- Access to peer services helps to reduce the risk of hospital readmission among individuals who have had previous admissions to high-level, inpatient care.
- Holding providers accountable to access standards for services helps individuals receive treatment earlier and results in less need for readmission to high-level, inpatient care.
- Regions have conducted high utilizer studies to better understand the needs of individuals following inpatient care.

In May 2016, the Division of Behavioral Health (DBH) started the Emergency Mapping Project with the six Regional Behavioral Health Regions to “map” the business processes operating within the Nebraska Behavioral Health Emergency Services System (ESS) and identify opportunities for service improvement. A team of DBH and Region staff involved in ESS will document processes and identify problems, root causes and opportunities for improvement using a “Lean” process mapping approach. The scope of this project includes Nebraska’s public behavioral ESS serving individuals (adults and youth) in crisis, particularly those who at risk to themselves or others.

While Nebraska has historically outperformed in readmission rates, the Emergency Mapping Project seeks to further improve Nebraska’s Emergency System.



Process Improvement in 2016

Centralized Data System (CDS)

In May 2016, the Division of Behavioral Health (DBH) officially launched the Centralized Data System (CDS) across the DBH-funded network of community-based providers of behavioral health care. Planning and preparation for the system began in October 2014 with contracted technical partners H4 Technology and Orion Health Care Technology. The DHHS owned and operated CDS is securely stored through the State of Nebraska and collects data from a variety of sources. During 2016, over 1,200 user IDs were issued, including users from every region and every regionally funded provider organization.

This system allows for increased analysis and reporting on behavioral health service use and capacity information. It provides increased automation of authorization for services funded by the DBH and Behavioral Health Regions. The CDS helps to reduce duplicate efforts, streamline workflow, and offers dynamic and timely reports for data-driven decisions to continuously improve the quality and continuity of care for consumers.

Centralized Data System (CDS) capacity to collect data implemented May 2016. As of 12/16: # end users: 1200 # records: 235,713 # new encounters: 10,006	ACHIEVED	Reports testing with full implementation CY17.
For 2016: # trainings with Regions and Providers: 14 # trainings with Regional Center: 8 # H4 (vendor) trainings: 20+ statewide	ON TRACK	Testing & Training Ongoing

Pre-Admission Screening and Resident Review

Pre-Admission Screening and Resident Review (PASRR) is a federally mandated program that screens individuals requiring long-term care prior to admission for serious mental illness (SMI) (e.g., schizophrenia, bipolar disorder, major depression, intellectual or developmental disabilities [IDD]). PASRR requires a full assessment to be made so community alternatives can be identified and person-centered services can be recommended to meet the individual's PASRR-related needs.

The program consists of two levels of screening:

- Level I- Individuals considering nursing home placement; **32,000 completed**
- Level II- Individuals whose Level I screen detected a known or suspected PASRR condition indicating a nursing facility is the appropriate placement for specialized services to support that individual; **1,500 completed**

Although the average wait time to complete the Level II evaluation is seven days, in 2016 the Nebraska PASRR program team worked closely with Ascend to cut the wait time to **less than three days**. The decreased wait time helps ensure Nebraskans will promptly receive the most appropriate care needed and offers support for the best quality of life possible.

Nebraska System of Care

In April 2016, Governor Pete Ricketts announced the Department of Health and Human Services (DHHS) would develop a Behavioral Health System of Care (SOC) in response to the needs of children and youth who have a serious emotional disorder. Thus came the creation of Nebraska System of Care (NeSOC), a framework for designing mental health services and supports for children and youth who have a serious emotional disturbance, and their families, through collaboration of public and private agencies, families and youth. This new way of doing business brings committed partnerships together under one umbrella. A System of Care connects and coordinates the work of State child-serving agencies, nonprofit and local governments, behavioral health care providers, families and patient advocates.

Overarching Goals of the NeSOC:

- Nebraska children and youth are healthy, safe and thriving.
- Nebraska's System of Care provides parents and caregivers the resources they need for their families.
- Nebraska's System of Care is the gold standard in delivery of mental health services for children and youth.



In 2016, NeSOC:

- Awarded a System of Care Expansion and Sustainability Grant from the Substance Abuse and Mental Health Administration providing up to \$3 million dollars per year for up to 4 years to support the provision of mental health and related recovery support services to children and youth with SED and early signs/symptoms of serious mental illness (SMI).
- Transformed children’s mental health services and improved the lives of children, youth and their families.
- Achieved positive outcomes for children and youth through the increased use of home and community-based services and supports.

Follow this link to read commentary about baseline data:

http://dhhs.ne.gov/behavioral_health/SOC/WorkGroups/Minutes%20-%20November%2010,%202016.pdf

Professional Partner Program (PPP)

Since 1995, the Professional Partner Program (PPP) in Nebraska has been serving youth diagnosed with emotional and/or behavioral disturbance. The program coordinates services and supports for youth and their families through a high-fidelity wraparound approach. The PPP employs the Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS) as two evaluation instruments for comparison of the levels of emotional, behavioral, and psychiatric functionality of the youth, as well as the problems related to substance abuse in older youth.

CAFAS total scores range from zero (minimal/no impairment) to 240 (severe impairment) as totaled over 8 subscales: School Role, Home Role, Community Role, Behavior Towards Others, Moods, Self-Harmful Behavior, Substance Use and Thinking. Results from 2016 indicate the positive impact the program has made on the emotional and behavioral problems of the youth served in PPP.

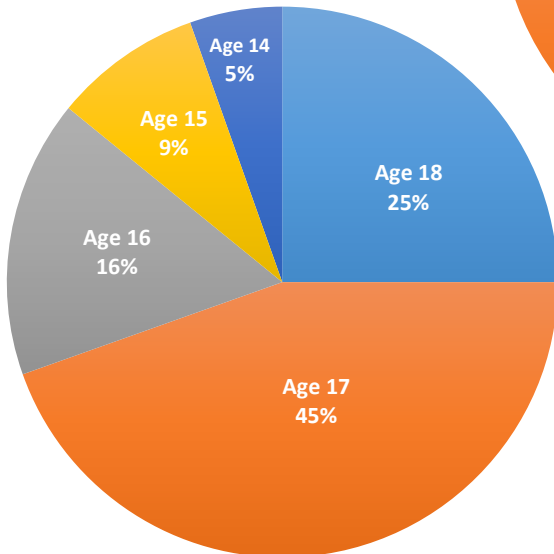
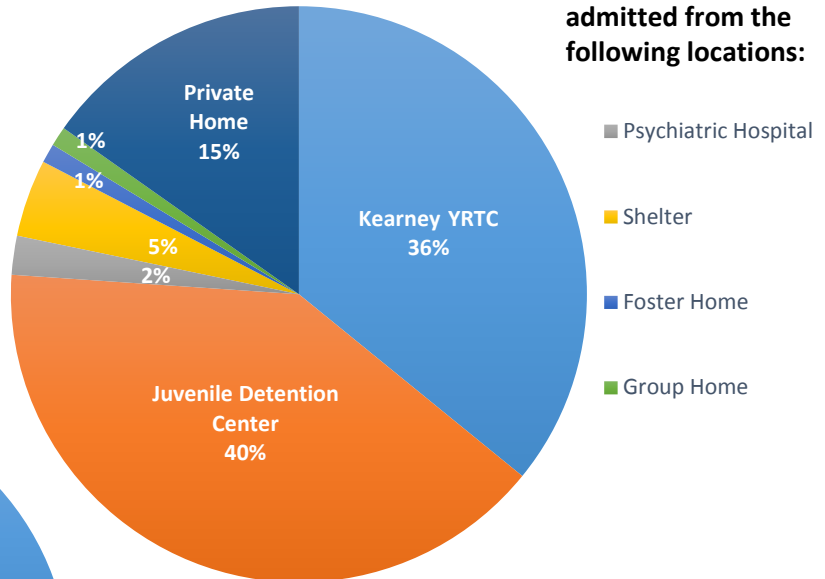
Fiscal Year	# of Youth Discharged from PPP	Age Range	Average CAFAS Score at Admission	Average CAFAS Score at Discharge	Average Decrease in Impairment as Scored by the CAFAS
2016	426	3-25	108.6	67.8	40.8

Hastings Regional Center

The Hastings Regional Center is a Joint Commission-accredited facility. The Hastings Juvenile Chemical Dependency Program (HJCDP) provides residential substance abuse treatment for adolescent males age 13 to 18 using evidence-based practices including motivational interviewing, various cognitive behavioral therapy approaches, contingency management, medication-assisted treatment and Brief Strategic Family Therapy.



Boot Camp event set-up and held on campus, July 5, 2016.



Average age at admission was 17 years old.

Average Length of Stay: 102 days

Average Daily Census: 19

Completion rate of HJCDP Program: 73%



South Highway 281 Liter Pick-Up, June 24, 2016

Prior Treatment/Placement Information				
Quarter	Total Admissions	Prior Treatment	Prior Placements	Legal Interventions
1 st	25	88	80	53
2 nd	21	79	77	40
3 rd	21	90	71	28
4 th	24	83	109	62

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

Hastings Regional Center

The Nebraska Youth Academy (NYA) Results:

- Rule 18 School located at HRC, completed its tenth year of service
- Two youth participated in General Educational Development (GED) classwork
 - One youth successfully passed all four tests and earned his GED
 - One youth successfully completed one test prior to his discharge
- Youth participating in the Credit Recovery Program completed **1,995 credits** (an average of 29 credits per student)
- Nine youth achieved educational credits to graduate from high school.



Boat races at Lake Hastings on July 5, 2016



Tom Osborne spoke with youth about his experience working with the Huskers and helping football players in their time of need. He emphasized the importance of persevering through the hard times and never giving up on your dreams.

Youth Discharge Placement

Private Home	48
Group Home	3
Foster Home	2
Transitional Living Facility	2
AWOA	15
Juvenile Detention Center	10
Unauthorized Leave	1
Discharged Against Medical Advice	1

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

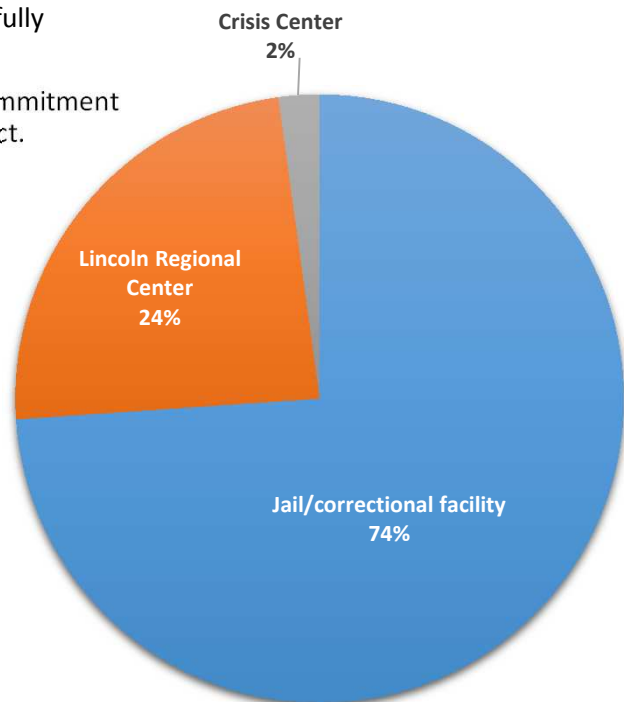
Norfolk Regional Center

The Norfolk Regional Center (NRC) is a 150-bed state psychiatric hospital operated by the Nebraska Department of Health and Human Services. NRC's evidence-based Sex Offender Treatment Program, provides treatment for individuals that have been adjudicated under the Nebraska Convicted Sex Offender Act or have been committed to inpatient treatment by a county Mental Health Board for treatment of a paraphilia.

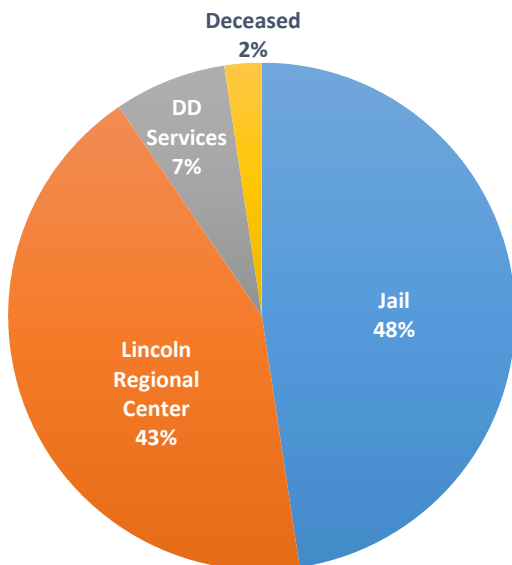
The Nebraska Sex Offender Treatment Program focuses on reduction of dangerousness and risk of re-offense for patients involved in treatment.

46 admissions from the following locations:

- The average length of stay for patients who successfully completed the program was 851 days.
- There were 15 admitted under the Sex Offender Commitment Act and 12 under the Mental Health Commitment Act.



45 discharged to:



- There were 16 discharged under the Sex Offender Commitment Act and two discharged under Mental Health Commitment Act.
- Of the three that were discharged to Developmentally Disabled services, two were court ordered and one was under the Mental Health Commitment Act.

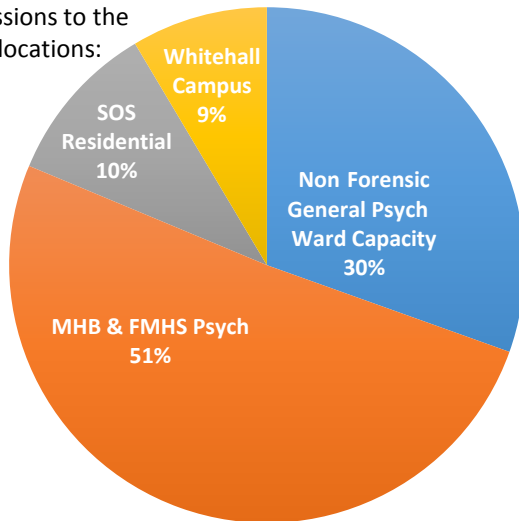
During 2016, there were zero episodes of elopement.

Patients who successfully complete the Norfolk program are transferred to the Lincoln Regional Center for the final steps in treatment and transition.

Lincoln Regional Center

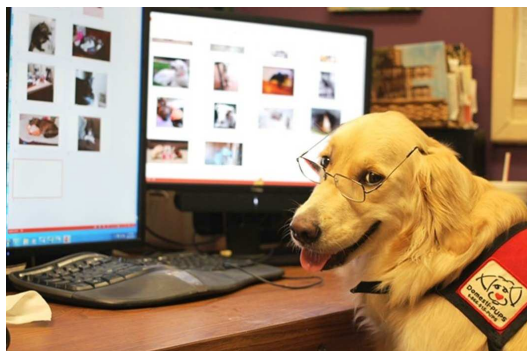
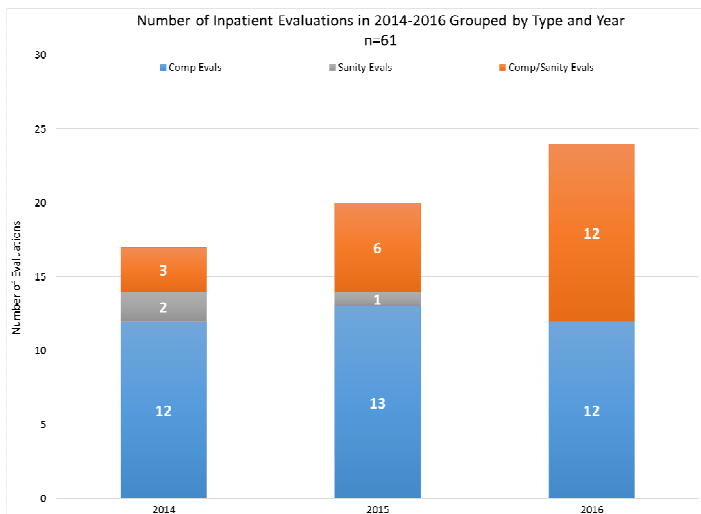
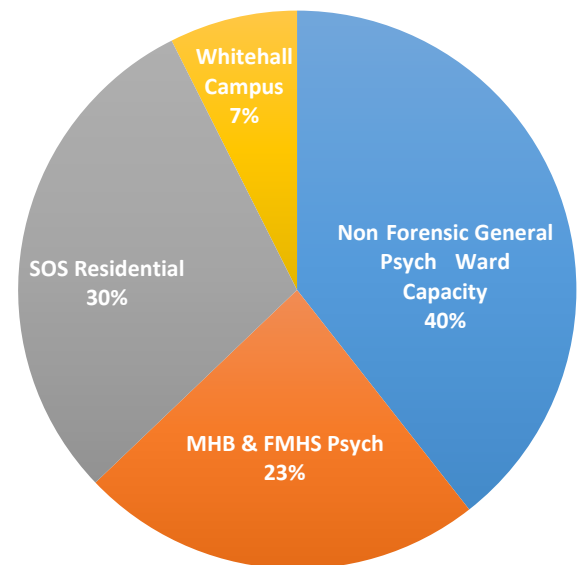
Lincoln Regional Center (LRC) is a 250-bed, Joint Commission-accredited state psychiatric hospital operated by the Department of Health and Human Services. LRC provides general psychiatric services, forensic psychiatric services and a sex offenders program.

187 admissions to the following locations:



Whitehall is a program addressing the treatment needs of male adolescents who have sexually harmed others. Affiliated with the LRC, this program assesses, treats, and successfully re-engages youth with their families and communities.

175 discharges from the following locations:



Meet Envy, Lincoln Regional Center’s therapy dog. Her employee picture hangs alongside those of both the therapists and techs. She’s got her own employee identification badge for Lincoln Regional Center so she can interact with people there who have mental illness and are in need of very specialized psychiatric services in a highly structured treatment setting.

For more information on Envy read Lincoln Journal Star’s Article: [“Envy is favorite Regional Center staff member”](#)

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

Office of Consumer Affairs

Nebraska’s Office of Consumer Affairs (OCA) strives to identify, equip, train, certify, and further educate peers with the skills required to provide relationship-building and trauma-informed peer support for people utilizing behavioral health services. By using an integrated approach to serving Nebraskans, the OCA sets standards to provide consistency of services and workforce expectations aligned with national best practices.

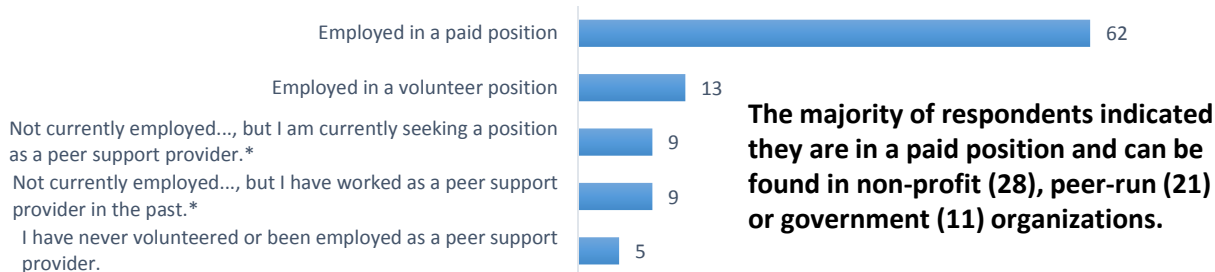
OCA by the Numbers - 2016

OCA-Supported Peer Support & Wellness Trainings	4 Trainings
Persons Trained	80+ Persons Trained
Peer Support & Wellness Specialist Exam for Certification	13 Exam Dates Held
Persons Certified as Peer Support & Wellness Specialists	47 Persons
OCA People’s Council Meetings	4 Council Meetings Held
Annual NE Behavioral Health Conference Attendance	500 Participants
Artist of the Arboretum Events at Lincoln Regional Center	11 Artist Events

Peer Support Workforce

In 2016, OCA developed a work plan to continue to move the work of peer support forward. OCA identified foundational items which would help deliver a successful implementation regulated peer support in Nebraska. The Peer Support Workforce survey has strengthened peer support by using the peer support training data to assist in drafting service descriptions, legislative proposals and exploring next steps for enhancing training/certification process in order to expand the workforce.

2016 Peer Support Workforce Survey (N=98)



Family Peer Support and Family Navigator Services

Data on the number of families served for Family Navigator services (FN) and Family Peer Support services (FPS) between May and December of 2016 are listed by family organization in the table below.

Family Organization	Family Navigator New Admissions	Family Peer Support New Admission	Total
Speakout (Regions 1 & 2)	7	30	37
Families Care (Region 3)	18	91	109
Parent to Parent (Region 4)	17	22	39
Families Inspiring Families (Region 5)	47	8	55
NE Family Support Network (Region 6)	114	7	121
Total	203	158	361



Nebraska Family Helpline

The Nebraska Family Helpline is a 24 hour / 7 days a week / 365 days a year resource for families of youth experiencing behavioral health challenges. In fiscal year 2016, there was a total of **5,328 calls** – a **28% increase** in documented calls over the number of calls received the previous fiscal year.

Types of Inbound Calls	Total	%
Information	2,374	45%
Inbound Follow-Up	1,474	28%
Standard Inbound Call	1,439	27%
High-Risk	34	1%
Negative Consumer	4	0%
Positive Consumer	3	0%
Total	5,328	100%

The most significant factor in Helpline growth was the use of Internet search and targeted online advertising, which began at the start of fiscal year 2016. Approximately two-thirds of the 1,264 call increase came from the Internet advertising campaign. Additionally, the Internet campaign helped to boost the number of new families contacting the Helpline and inbound information calls, as families sought to learn more about services available to them and how their family could be assisted.

- Calls came in from **3,569** new, unique families – a **34%** increase from the previous fiscal year.
- Helpline counselors made **4,167** outbound calls in FY2016.
- Calls were made to **1,264** unique, new families who consented to receive outbound, follow-up calls.



Any Problem. Any Time.

1-888-866-8660

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Contact Information

If you are in need of services, please visit [Nebraska Network of Care at dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx](https://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx)
and/or call Nebraska Family Helpline: **888.866.8660**
National Suicide Prevention Lifeline: **800.273.TALK (8255)**

Division of Behavioral Health Director

Sheri Dawson, RN
Phone: (402) 471-7856

Division Deputy Director Community-Based Services

Tamara Gavin, LMHP, LCSW
Phone: (402) 471-7732

Division Deputy Director Systems Services

Linda Wittmuss, PA
Phone: (402) 471-7714

Chief Clinical Officer

Todd Stull, MD
Phone: (402) 471-7795

Fiscal & Federal Performance Administrator

Karen Harker, BS
Phone: (402) 471-7796

Network Service Administrator

Susan Adams, MA
Phone: (402) 471-7820

Quality Improvement & Data Performance Administrator

Heather Wood, MS
Phone: (402) 471-1423

Office of Consumer Affairs Interim Administrator

Cynthia Harris, MS, CPSWS
Phone: (402) 471-7766

Division of Behavioral Health

Nebraska Department of Health & Human Services
Lincoln, NE 68509-5026
Phone: (402) 471-7818
Fax: (402) 471-7859
Website: www.dhhs.ne.gov

Norfolk Regional Center Operating Officer

John Kroll, RN
1700 N. Victory Road, P. O. Box 1209
Norfolk, NE 68702-1209
Phone: (402) 470-3328

Hastings Regional Center Operating Officer

Marj Colburn, BSN, MEd, CPHQ
4200 W 2nd Street, P. O. Box 579
Hastings, NE 68902
Phone: (402) 462-1971

Lincoln Regional Center Operating Officer

Stacey Werth-Sweeny, MA
West Prospector Place and Folsom
P. O. Box 94949
Lincoln, NE 68509-4949
Phone: (402) 471-4444

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Appendix

Community-Based Services List

Mental Health Services

Acute Psychiatric Inpatient
Assertive Community Treatment
Assessment/Evaluation Only
Community Support
Crisis Assessment/Evaluation
Crisis Inpatient - Youth
Crisis Stabilization/Treatment
Day Rehabilitation
Day Support
Day Treatment
Emergency Community Support
Emergency Protective Custody
Intensive Community Support/
Intensive Case Management
Intermediate Residential
Medication Management
Mobile Crisis Response
Outpatient Therapy
Post-Commitment Treatment
Psych Residential Rehab
Psych Respite
Psychological Testing
Recovery Support
Secure Residential
Sub-Acute Inpatient Care
Supported Employment
Supported Housing
Supportive Living
Urgency Assessment/Evaluation
Youth - Assessment/Evaluation Only
Youth - Day Treatment
Youth - Intensive Outpatient Therapy
Youth - Medication Management
Youth - Multi-Systemic Therapy
Youth - Outpatient Therapy
Youth - Professional Partners
Youth - Respite Care

Substance Use Disorder Services

Assessment/Evaluation Only
Civil Protective Custody
Community Support
Crisis Assessment
Detox
Group Therapy
Halfway House
Intensive Community Support/
Intensive Case Management
Intensive Outpatient Therapy
Intermediate Residential
Opioid Replacement Therapy
Outpatient Therapy
Partial Care
Post Commitment Treatment
Short-Term Residential
Therapeutic Community
Urgent Assessment/Evaluation
Youth - Therapeutic Community
Youth - Assessment/Evaluation
Youth - Community Support
Youth - Halfway House
Youth - Intensive Outpatient Therapy
Youth - Outpatient Therapy

Dual Disorder Services

Dual Residential Treatment
Dual Outpatient Therapy
Youth - Outpatient Therapy

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES