

2017 Annual Report



January – December 2017

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. 2017 brought the initiation of a new three year plan to span from 2017 through 2020. This report provides an overview of DBH and highlights the goals and plans for achievement over the next three years.

The Division of Behavioral Health's Strategic Plan Document is found at:
<http://dhhs.ne.gov/Reports/Behavioral%20Health%20Strategic%20Plan%202017-2020.pdf>

2017 GOALS and PRIORITY AREAS

Goal 1: Nebraska Division of Behavioral Health Services are integrated across public and private systems to support consumers and impact health.

Goal 2: Nebraska Division of Behavioral Health delivers quality and effective services that help people live better lives.

Goal 3: Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs.

Strategic Plan Domains: Youth System of Care; Operations Including Centralized Data; Services, including Systems Integration, Evidence-based Practices and Diversity in a Recovery Oriented System of Care; Prevention Including Disparity; Workforce

*Neb. Rev. Stat. §71-806

Organizational Leadership

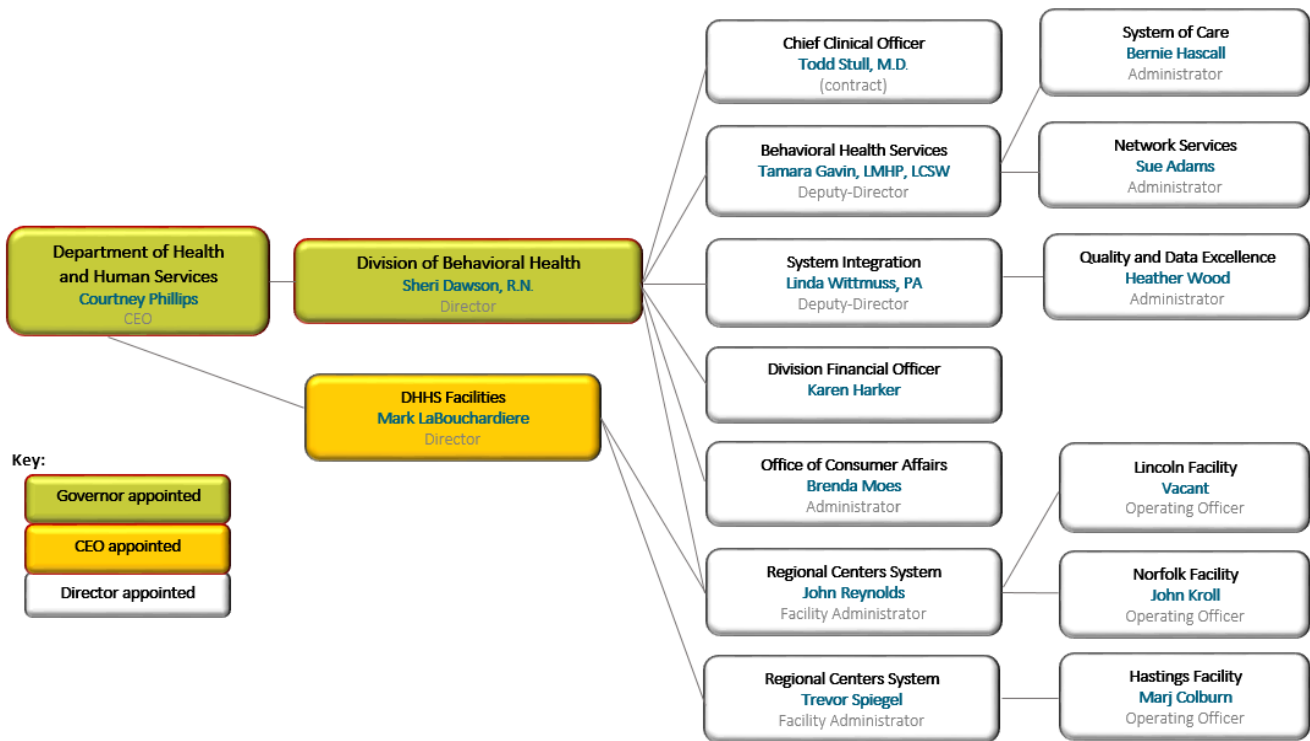


Courtney Phillips
CEO



Sheri Dawson
Director

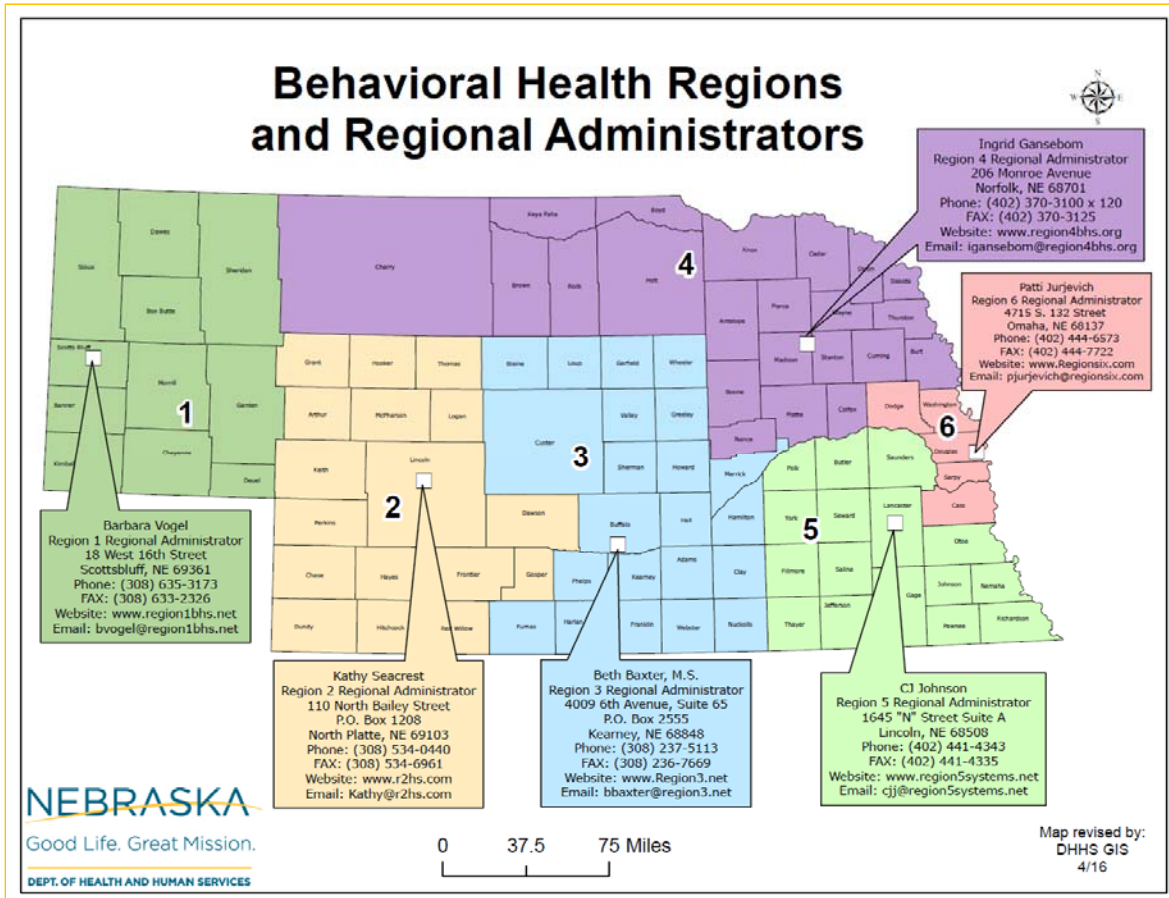
The Division of Behavioral Health includes a central office in Lincoln and three Regional Centers in Lincoln, Norfolk, and Hastings. The central office includes Community-Based Services, the Office of Consumer Affairs, and the Office of the Chief Clinical Officer. The Office of Consumer Affairs focuses 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.



Reflects staff as of August 2018 publishing.

Oversight and Network of Services

The Division of Behavioral Health (DBH) provides funding, oversight and technical assistance to the six Behavioral Health Regions. DBH contracts with the Regions, who contract with local programs to provide publicly funded inpatient, outpatient, and emergency services, as well as community mental health and substance use disorder services. DBH funding helps provide services for people who aren't Medicaid eligible, and lack insurance or are underinsured for behavioral health.



Vision:

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

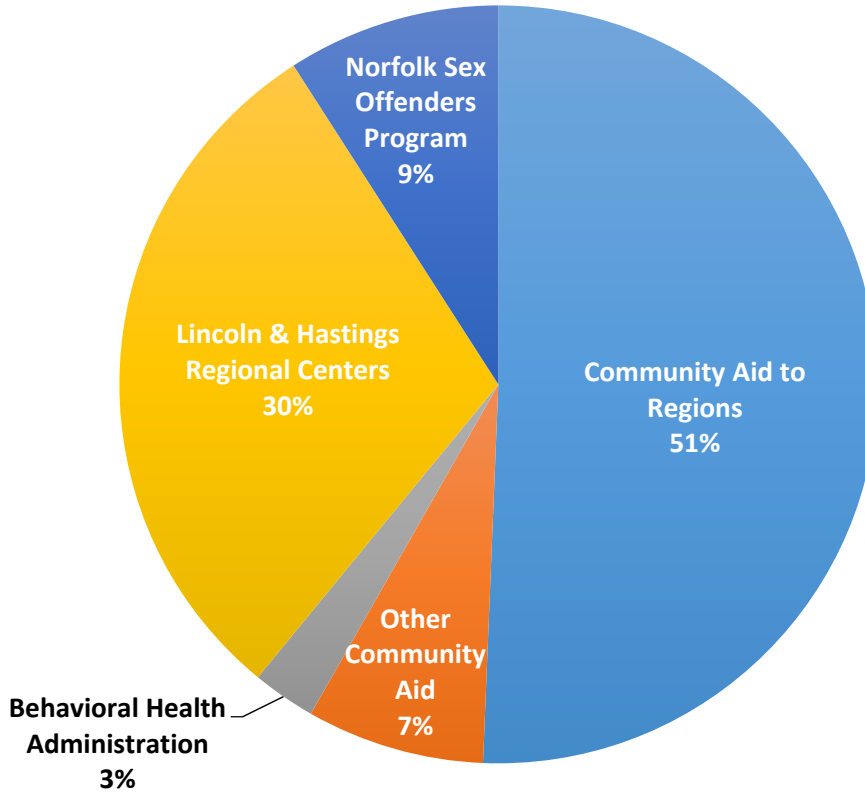
Mission:

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

Division of Behavioral Health Fiscal Year 2017 at a Glance

Distribution of Expenditures

The Community-Based Services section of the Division of Behavioral Health expended 61.0% of the Division's spending overall. Over \$100,000,000 of the overall budget helped to fund community aid in Nebraska.



Community Aid to Regions	\$83,091,709	50.7%
Other Community Aid	\$12,476,486	7.6%
Behavioral Health Administration	\$4,439,154	2.7%
Community-based Services Subtotal	\$100,007,349	61.0%
Lincoln & Hastings Regional Centers	\$49,172,678	30.0%
Norfolk Regional Center - Sex Offenders	\$14,851,400	9.1%
Regional Centers Subtotal	\$64,024,078	39.0%
Grand Total	\$164,031,427	100.00%

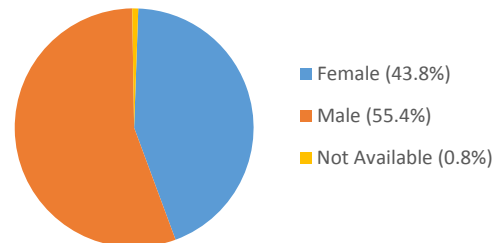
2017 Consumer Demographics

In Fiscal Year 2017 (FY17), DBH funded behavioral health services for 30,715 people in community-based services. Among these individuals:

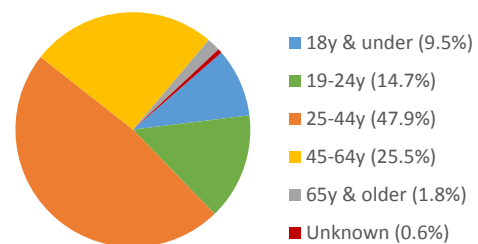
- **21,927** received services addressing mental health. As reported in the Uniform Reporting System (URS) FY17 report, this count includes all services designated as mental health services AND dual services. Dual services address both mental health concerns and substance use disorders. This count also includes persons served in community-based services and in regional center services.
- **12,748** received services addressing substance use disorders. As reported in the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) FY17 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. This count also includes persons served in community-based services and in regional center services.
- Since some consumers engaged in both mental health and substance use services, and because federal reporting guidelines count dual services as mental health and substance use services, the total of individuals in service types is greater than the total served.

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

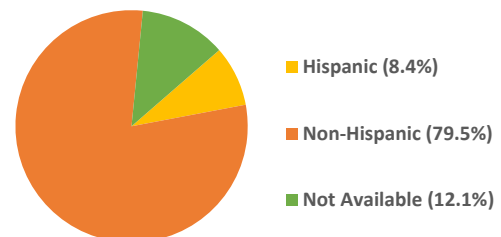
Gender



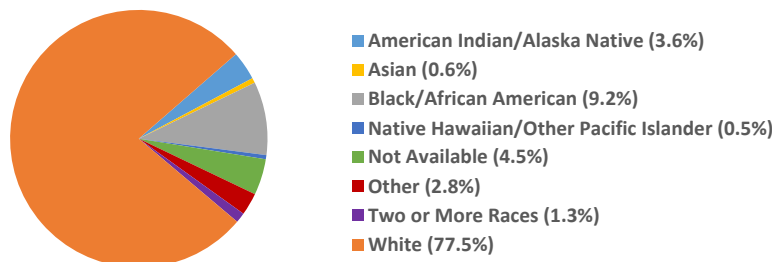
Age



Ethnicity

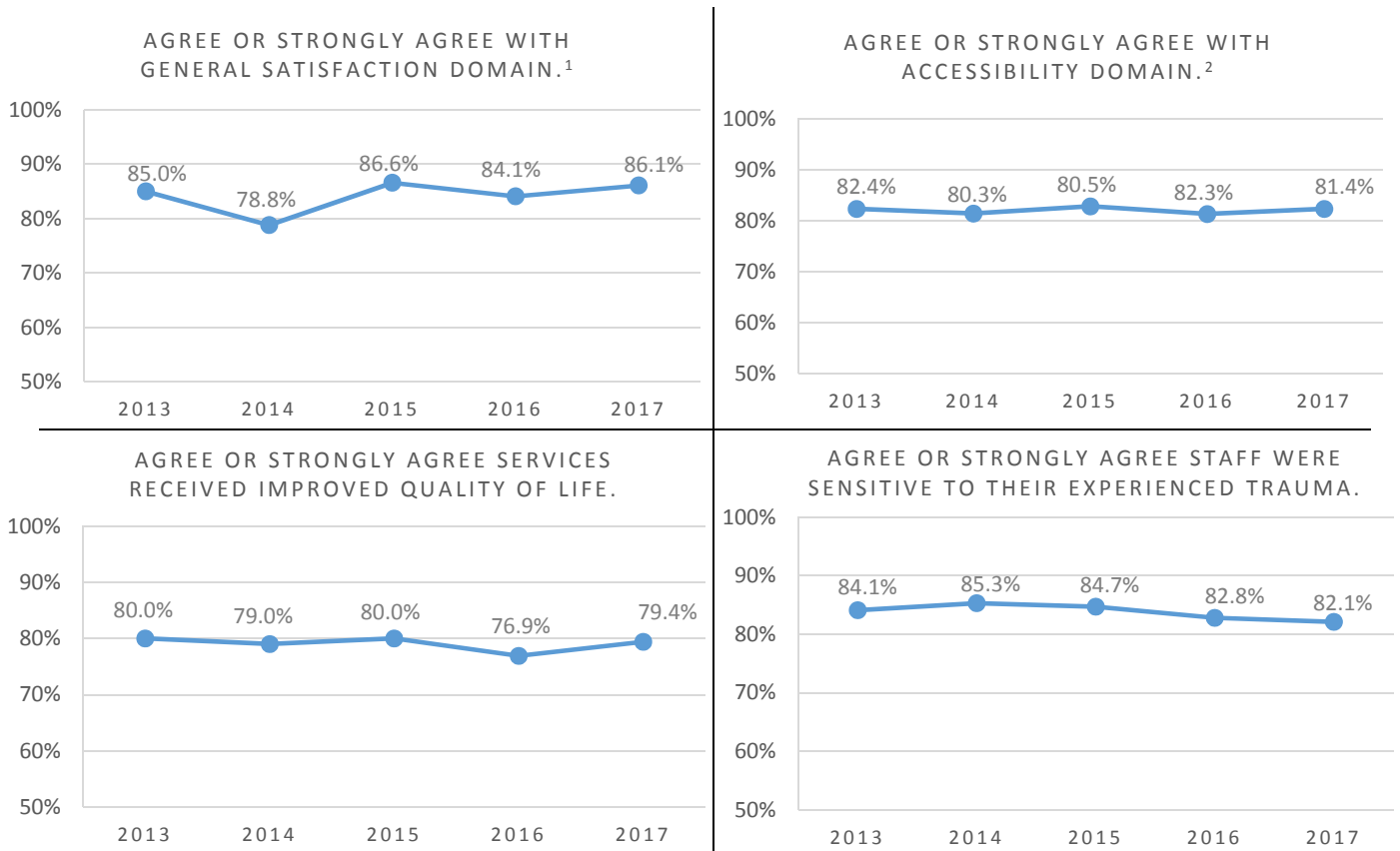


Race



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 2017 consumer survey project in comparison to available past consumer survey data results.



¹ 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.

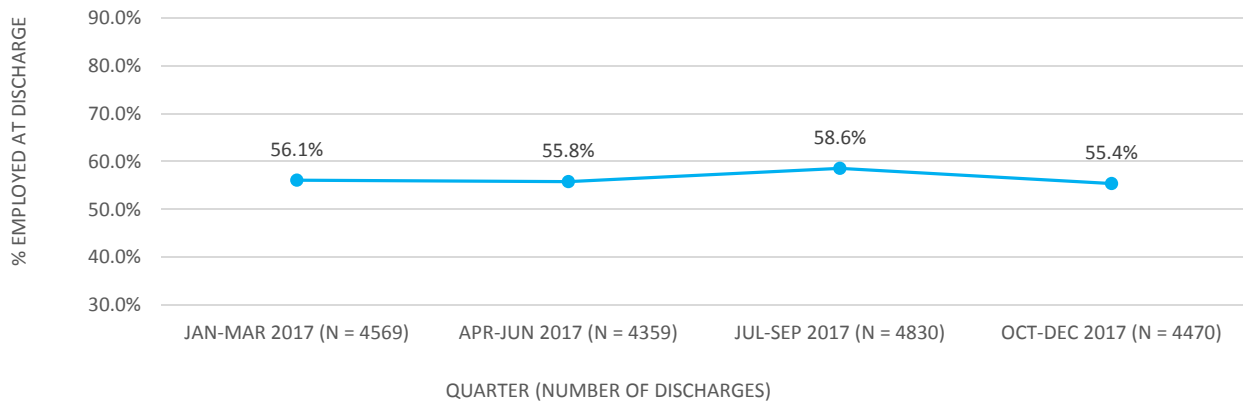
² Measured with the following questions: The location of services was convenient (parking, public transportation, distance, etc.), Staff were willing to see me as often as I felt it was necessary, Staff returned my call in 24 hours, Services were available at times that were good for me, I was able to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

Recovery Measures

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.*

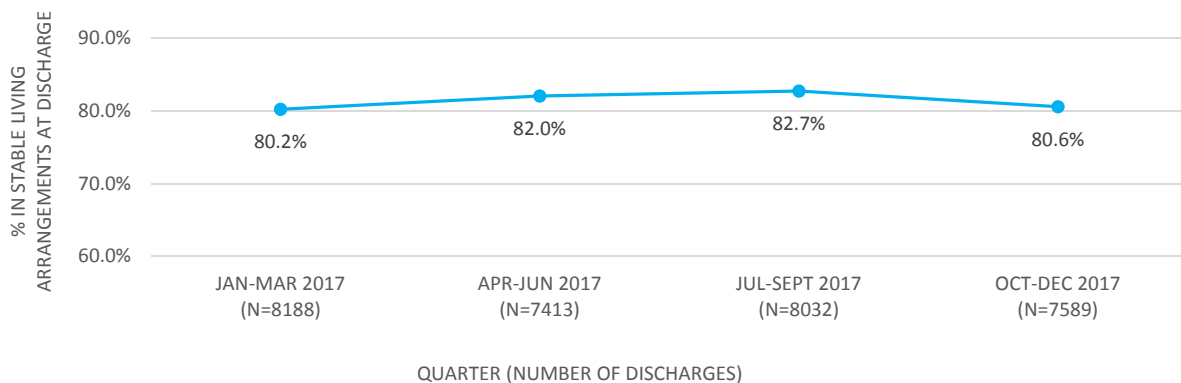
Quarterly Percent of Behavioral Health Consumers (in Labor Market) Employed at Discharge from Any Service



Data source: CDS - encounter data from employment status for persons discharged from services.

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.

Quarterly Percent of Behavioral Health Consumers in Stable Living Arrangements at Discharge from ANY Service



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

Prevention

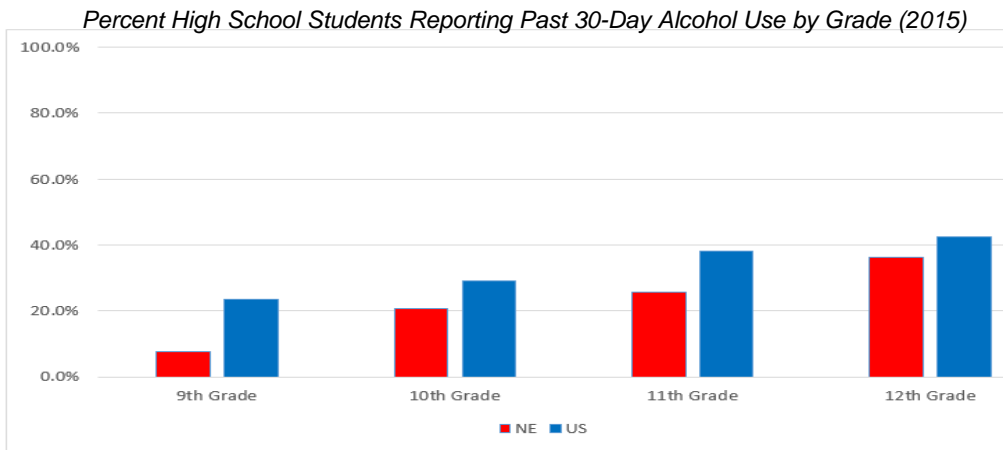


DBH's Prevention System utilizes a five-step planning process known as the Strategic Prevention Framework for preventing substance use and misuse. This data-driven decision making process helps to identify and ensure delivery of effective prevention practices in the community.

ASSESSMENT

In 2017, DBH led the development of, and published, an **Epidemiological Profile** of Substance Use, Mental Illness, and Associated Consequences in Nebraska. Some highlights from the report include:

- When looking at youth substance use (excluding alcohol) Nebraska youth have significantly lower use of marijuana and prescription drug abuse than youth across the nation do.
- Nebraska youth also show lower rates of alcohol use than the national average.



As this table shows, 22.7% of Nebraska youth reported drinking alcohol in the past 30 days during 2015, which was significantly less than the National rate of 32.8%.

CAPACITY

Nebraska Statute 71-3005 (2014), created the **Nebraska Mental Health First Aid** Training Program. DBH has completed two fiscal years of implementation of the MHFA Training Program.



Total participants trained in 2017 = 2,269

- Approximately 52% of participants were from metro areas (Omaha, Lincoln, or Grand Island), the remaining were from rural communities
- Of persons trained, approximately 16.2% identified as being part of a minority racial or ethnic group.
- More than 97% of MHFA attendees reported they were confident in reaching out to someone who may be dealing with a mental health problem or crisis.
- Of MHFA attendees, more than 95% would recommend the training to others.

PLANNING

DBH began the groundwork to rebuild and transition the **Nebraska Prevention Information Reporting System** (NPIRS) in-house to better capture program data and include additional evaluation components. This internet-based application collects community, regional, and state level data from recipients of federal and state prevention funds administered by DBH. NPIRS was recognized by SAMHSA as a system other states should consider.



Prevention



IMPLEMENTATION

During year 4 of the **Strategic Prevention Framework – Partnerships for Success (Prevention of Underage Drinking) Grant**, a variety of individual- and population-based strategies (of which many are evidenced-based) were implemented by 13 coalitions across the 11 target counties. The chart below captures the estimated reach to youth and young adults ages 12-20 through strategy implementation during this grant year.

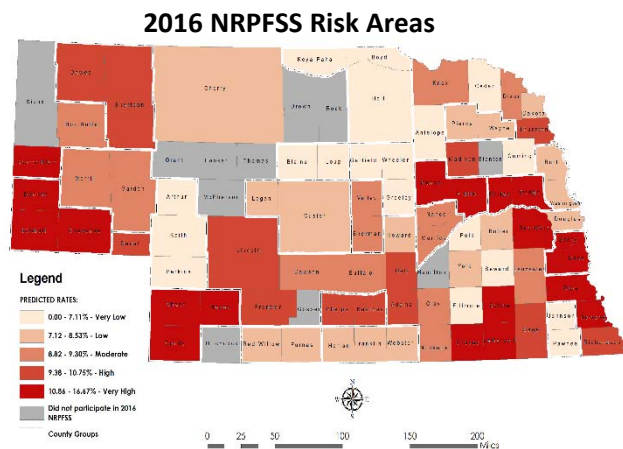
Prevention Strategies	Number of Coalitions Implementing	Reach
Alcohol Compliance Checks*	3	243,360
Alcohol Literacy Challenge	1	52
All-Stars*	2	186
Challenging College Alcohol Abuse (CCAA)*	1	9247
Community Family Nights	1	103
Creating Lasting Family Connections (CLFC)*	1	96
Girls on the Run	1	30
Human Performance Project/Life of an Athlete	3	283
Lead and Seed*	1	161,313
Media Campaign	6	302,021
MyStudentBody.com*	1	536
Party Patrols*	1	129,475
Power of Parents	1	8,401
Screening Brief Intervention Referral Treatment (SBIRT)*	2	738
Shoulder Taps*	1	9,832
Social Norms Campaign*	1	124,449
Strengthening Families (10-14 & 12-16)*	1	22
talkaboutalcohol.org	1	3,230
TRACE*	1	8
Training for Intervention Procedures (TIPS)*	4	9,882
Training for Intervention Procedures (TIPS) for University*	3	9,832
Duplicated Count of Youth Reached		1,013,096

Source: Community-Level Instrument Revised (CLI-R)

*Evidenced-Based Strategy

EVALUATION

DBH's Youth Suicide Prevention Grant includes a robust local evaluation that informs the goals of this project. Results of the 2016 Nebraska Risk and Protective Factor School Survey (NRPFFS) included, for the first time, questions about suicide ideation and attempts, which were used to map suicide risk areas in the state by county and county cluster areas. The UNL Public Policy Center evaluation team was also able to map the location of individuals who have received suicide prevention gatekeeper and/or clinician training, and map these locations in relation to high risk areas. This information has helped the Project Management Team and the six Behavioral Health Authorities target training in areas of greatest need.



First Episode Psychosis (FEP)

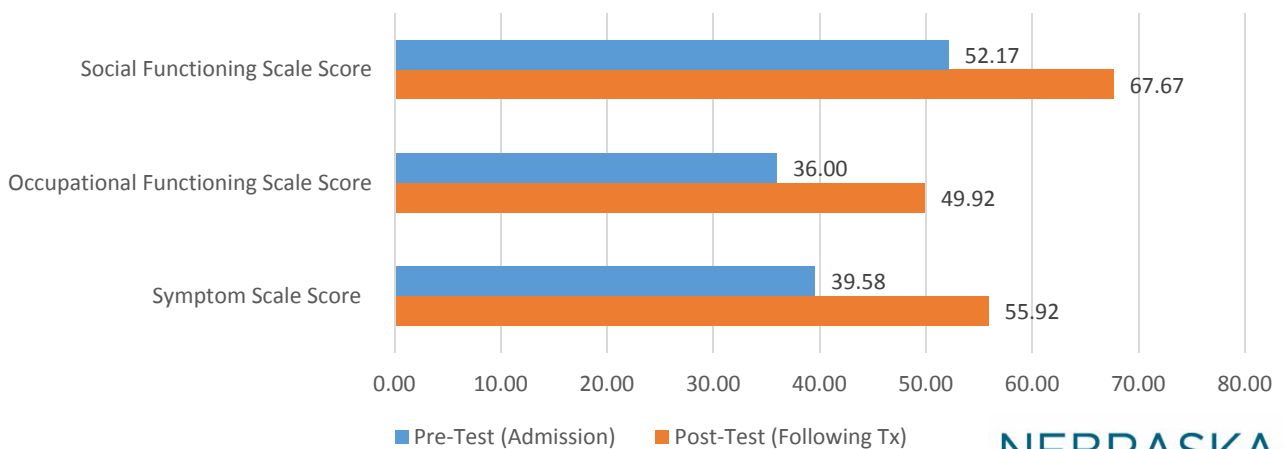
The Nebraska First Episode Psychosis Coordinated Specialty Care (FEP CSC) Pilot Program is utilizing the Coordinated Specialty Care model, an evidence-based practice. The FEP CSC Pilot Program will provide enhanced services for first episode psychosis in youth and young adults ages 15 to 25 in the behavioral health system by strengthening interactions between providers and optimizing treatment and alliances. The goals of the FEP CSC Pilot Program are to develop and implement an individualized, person-centered plan that will help the consumer manage symptoms, identify any comorbid conditions that need treatment, provide for ongoing risk assessment, provide education so clients and families can develop coping skills to manage the illness, and focus on consumer goals and recovery.

Statewide Counts Participants in FY16-FY17

Year	New Admissions	Enrolled in Programs	Discharged
FY2016	7	7	0
FY2017	11	18	4

Participants Admitted in FY16-FY17 Pre and Post Treatment MIRECC GAF Assessments (N=12)

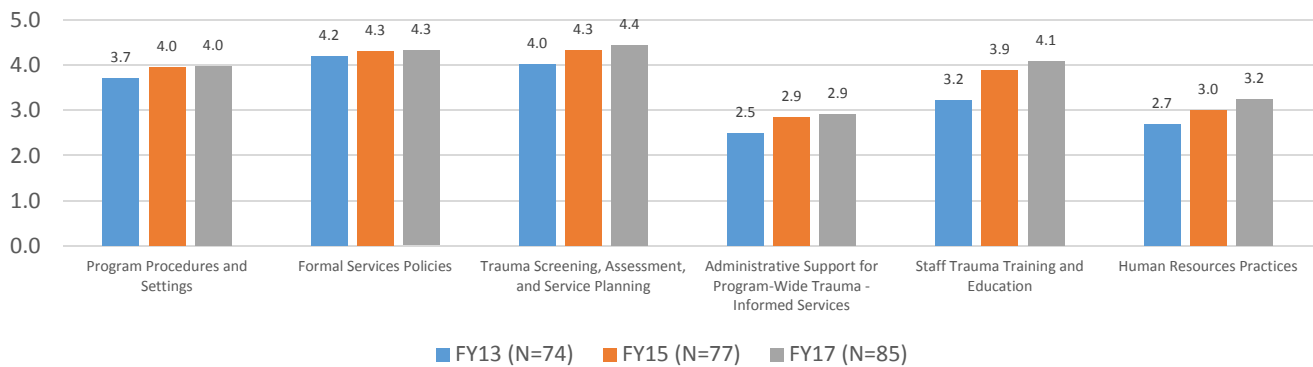
MIRECC GAF Expanded Pre and Post Treatment Outcome Scores



Trauma Informed Care (TIC) Co-Occurring Disorders Services (COD)

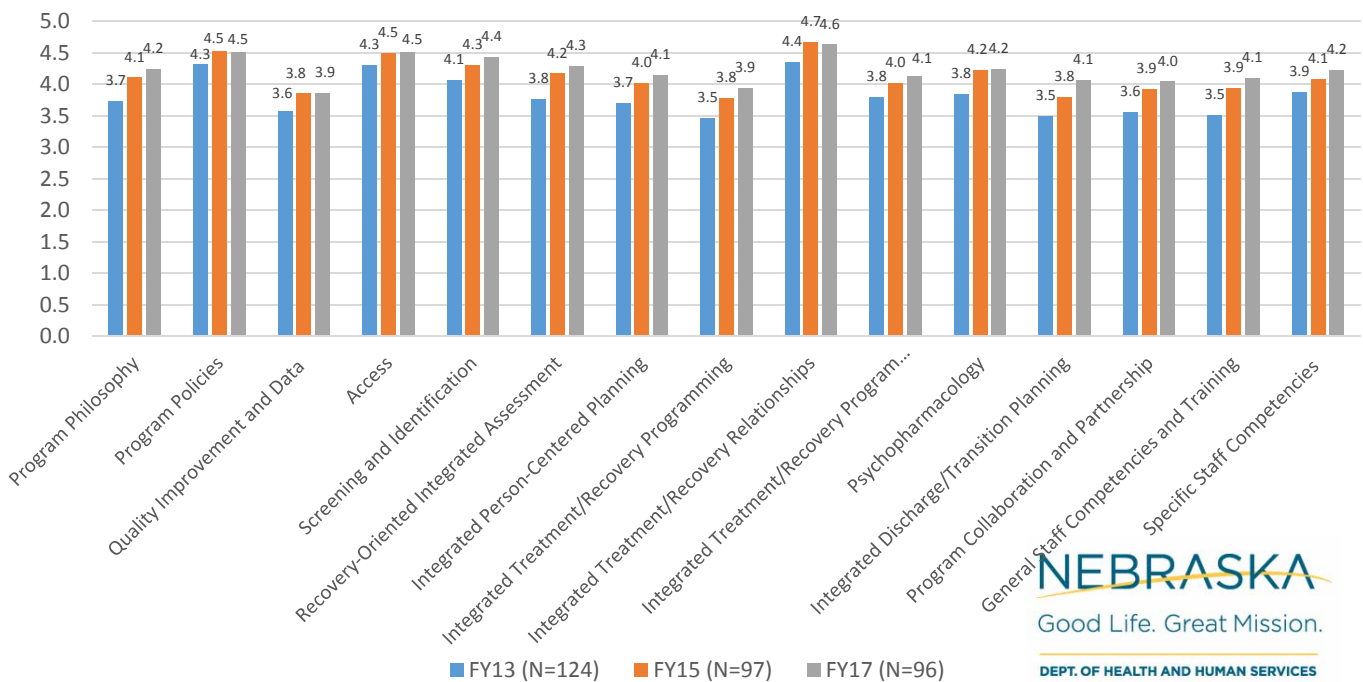
In 2017, Nebraska achieved its goal of increasing the percentage of trauma-informed programs. This is illustrated in the increase in Statewide scores on selected sections of the Falloot and Harris Trauma Informed Care (TIC) tool. Scores on the tool are out of 5, with an aggregate of 30 being a perfect score. The increase demonstrates providers' improved ability to understand persons that have experienced trauma, which in turn helped improve treatment and recovery service outcomes. Statewide scores collected in 2017 resulted in a domain average total score of 23.0 and the overall average item score was 3.8. The 3 measures on the right half of the graph will be continued points of emphasis.

Trauma Informed Care (TIC) Assessment State (Unduplicated) Comparisons for FY13, FY15, and FY17



Nebraska also reached its goal of growing providers' understanding of the complex needs of persons with co-occurring disorders in order to improve treatment and recovery service outcomes. This accomplishment is illustrated below, which shows Statewide scores on selected sections of the COMPASS-EZ out of 5, a perfect score being 75. Statewide scores collected in 2017 resulted in a domain average total score of 63.1 and the overall average item score was 4.2.

Compass-EZ State Comparisons for FY13, FY15, and FY17



Nebraska System of Care (NeSOC)

The purpose of the Nebraska System of Care (NeSOC) is to improve behavioral health outcomes for children and youth (birth to 21), as well as transition-age (16 to 21) youth, with serious emotional disturbances (SED) who are at risk of out-of-home placement and/or involved in multiple systems. We have built upon the strong system, family, and youth partnerships created during and after our strategic planning process. NeSOC was implemented statewide in the identified catchment areas, and will be extended geographically as system needs determine and return on investment permits. Calendar year 2017 was the first full year of the NeSOC efforts. The focus of year 1 of the grant was centered on establishing work teams and outlining team objectives, in addition to implementing statewide Mobile Crisis Response Services for youth.

Youth Mobile Crisis Response (YMCR) is a free resource for families and youth of any age who are experiencing a behavioral health crisis anywhere in Nebraska. YMCR therapists are available 24/7 through the **Nebraska Family Helpline at 1-888-866-8660** and help is provided in the community, home, or through video consultation **within one hour** of receiving a call.



Total Served
445

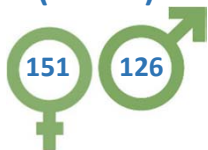
Overarching Goals of the NeSOC

- 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.

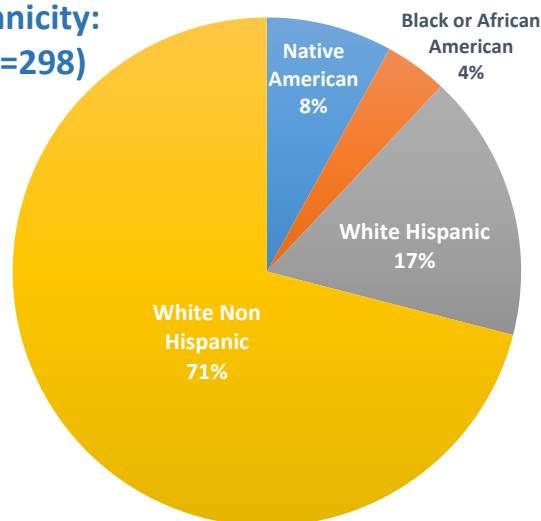
In 2017 Nebraska System of Care:

- For the first time, collected and analyzed individual-level service utilization data across multiple state agencies including Division of Children and Family Services, Division of Medicaid and Long Term Care, and the Administrative office of Probation.
- In calendar year 2017, 326 youth were served through Mobile Crisis Response Services.
- Finalized Financial Blue Print identifying what funds are being spent by whom, for what, and on behalf of which children, to assist in creating a sustainable financial infrastructure.
- Entered contract with the Nebraska Children and Families Foundation (NCF) to assist the Division with meeting the priority outcomes of the NeSOC.

Gender: (n=277)



Ethnicity: (n=298)



Average Age of Youth Served: (n=257)



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Professional Partner Program (PPP)

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

CAFAS total scores range from 0 (minimal/no impairment) to 240 (severe impairment) based on 8 subscales: School Role, Home Role, Community Role, Behavior Towards Others, Moods, Self-Harmful Behavior, Substance Use, and Thinking. For youth with a CAFAS score of 100 or more, hospitalization, residential treatment, or other intensive care may be more appropriate, whereas youth with a score up to 90 may be treated in their own environment and receive accommodation in their community and school.

Results from 2017 indicate the positive impact the program has made on the emotional and behavioral problems of the youth served in PPP.

2017 CAFAS DATA :

# of Encounters Discharged in 2017	Year Range	Average Score at Admission	Average Score at Discharge	Average Drop in Score*
518	4-26	112.5	78.4	34.1

*Lower scores indicate positive improvement in behaviors and functionality.



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. The OCA seeks to set standards and to provide consistency of services and workforce expectations aligned with national best practices.

OCA by the Numbers - 2017	
Persons Certified as Peer Support & Wellness Specialists	400 Persons
NE Annual Behavioral Health Conference	380 Participants

Peer Support Workforce

In FY2017, the OCA surpassed 400 individuals who have been trained and received certificates as Peer Support & Wellness Specialist. The Peer Support Workforce survey (2016) data was used to assist in drafting service descriptions. This input contributed to the state plan amendment submitted to the Center for Mental Health Services to approve family and peer support services as Medicaid covered services in Nebraska.

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) for FY2017 are listed by family organization in the table below.

Family Organization	Family Navigator New Admissions	Family Peer Support New Admission	Total
Families Care (Region 3)	34	113	147
Parent to Parent (Region 4)	15	3	18
Families Inspiring Families (Region 5)	86	106	192
NE Family Support Network (Region 6)	208	20	228
Total	343	242	585

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 2017, there were **4,716** total calls. Overall, **3,166** new, unique families contacted the Helpline.

- During FY2017, the Helpline surpassed **30,000** documented, inbound calls. Calls were received from 88 of the state's 93 counties.
- The highest share of calls came from Region VI with **61%**, Region V with **18%**, and Region III with **9%**.
- **42%** of callers reported being single parents.
- **46%** of callers were simply seeking information.
- **5,211** service referrals were provided.
- **553** families were offered Family Navigator services, with **355** families accepting – **64%** acceptance rate.
- In April 2017, the Helpline also became a point of contact to engage crisis response teams who provide help in the community, home, or through video consultation **within one hour** of receiving a call.



Any Problem. Any Time.

1-888-866-8660



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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 and/or call **Nebraska Family Helpline: 888.866.8660**
National Suicide Prevention Lifeline: 800.273.TALK (8255)

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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

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