



Five-Year Prevention Statewide Strategic Plan

State of Nebraska

Department of Health and Human Services

Division of Behavioral Health

FY13-FY17

Department of Health & Human Services



N E B R A S K A

Five-Year Substance Abuse Prevention Statewide Strategic Plan

STATE OF NEBRASKA

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90-day Priority Action Plan

- Publish performance indicators and targets for five-year change and create plan to assess annual performance
- Establish Division of Behavioral Health leadership position with the Substance abuse prevention advisory committee and ensure on-going utilization of the Strategic Prevention Framework
- Identify workforce needs and create plan that will increase competencies and breadth of skills for State and Regional prevention staff

INTRODUCTION

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH: PREVENTION WORKS, TREATMENT IS EFFECTIVE, PEOPLE RECOVER

Nebraska's **Division of Behavioral Health (DBH)** promotes activities that improve the quality of behavioral health practices and services and increase opportunities to maintain wellness for all. It is one of six Divisions within the Department of Health and Human Services. DBH administers, oversees, and coordinates the State's public behavioral health system to address the prevention and treatment of mental health, substance abuse and problem gambling disorders.

DBH provides funding and contract management to six Behavioral Health Authorities, or "Regions," and a variety of providers to ensure community-based mental health, substance abuse, and problem gambling prevention and treatment services are available. The Nebraska Behavioral Health Services Act, Neb. Rev. Stat. §§ 71-807 to 71-809 revised the regional administration of the Nebraska Behavioral Health System. Each Region is governed by a Regional Governing Board consisting of one county board member (locally-elected official) from each county in the Region. Each Region has a Prevention System Coordinator, known as a Regional Prevention Coordinator (RPC), who provides training and technical assistance to community partners regarding prevention needs and solutions.

DBH strives to ensure their services meet the complex needs of individuals with co-occurring disorders. DBH is actively engaged in a Strategic Plan for 2011-2015 with the goal of developing a behavioral health system that is trauma-informed, recovery-oriented and person-centered through the delivery of effective prevention and treatment.

Nebraska's Five Year Strategic Prevention Plan will support DBH's overarching strategic goals and will focus statewide prevention efforts on a prioritized set of behaviors – their selection was data driven, and results of activities can be measured over time to demonstrate the success of state initiatives. These priorities are aligned with those of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). The plan will guide prevention prioritization, decision-making, and policy development at the State, Region and community level. DBH will collaborate with Regional and community partners to enhance current capacity and plan for and develop newer systems and infrastructures where they are just emerging. This work will strengthen, expand and sustain systems and infrastructure at all levels.

Under the auspices of the *Nebraska Partners in Prevention (NePiP)*, the State's substance abuse prevention advisory council, DBH works with state agencies and organizations who have been coming together for almost a decade to build prevention capacity and develop prevention infrastructure throughout Nebraska. NePiP is actively chaired by the Lt. Governor, Rick Sheehy, and has broad participation from agencies and organizations across the state with a stake in prevention.

NePiP defines prevention as "the active process of creating conditions and personal attributes that promote the well-being of people," and has adopted a three-part philosophy: 1) local people solve local problems best; 2) people support what they help create, and 3) science matters (Lofquist, 1983). NePiP recognizes that substance abuse is a pervasive and complex social and public health issue that affects individuals of all ages; defies social, cultural, or economic categorization; and spans organizational boundaries. Accordingly, NePiP believes that no single agency, organization, or individual can effectively prevent or reduce substance abuse, but rather that effective prevention requires a targeted, coordinated,

and multi-disciplinary response. NePiP was originally convened to provide leadership for the Nebraska State Incentive Cooperative Agreement and the Nebraska Strategic Prevention Framework State Incentive Grant. It will continue to have a vital role in future statewide activities.

Director Scot Adams serves as Nebraska's **Single State Agency (SSA)** representative for substance abuse and mental health. He provides leadership to DBH working both with the Regional Centers and community-based partners to promote quality behavioral health policies, services and education across the state. Director Adams' goal is to improve and enhance all elements of a comprehensive behavioral health system including a renewed emphasis on prevention as part of a healthy environment.

Renee Faber, DBH's Prevention System Coordinator and the state's representative to the **National Prevention Network (NPN)**, is dedicated to enhancing the capacity and collaboration of an effective and comprehensive system of sustained, monitored, and evaluated prevention services that promote overall wellness.

Vision

Develop a sustainable and effective prevention system that is committed to the reduction of substance abuse and its related consequences.

Mission

Promote safe and healthy environments that foster youth, family, and community development through the implementation of early intervention and substance abuse prevention best practices.

To be successful, Nebraska's prevention systems must involve partnerships of agencies, organizations, and individuals that are committed to decreasing substance abuse through a collaborative and coordinated process of: (1) comprehensive planning for and evaluation of outcomes; (2) promoting evidence-based strategies; (3) allocating resources; and (4) enhancing workforce skills and knowledge.

The Division of Behavioral Health will improve the lives of Nebraskans through the provision of strong, effective prevention programming, implemented throughout the six Regions of the state. One major task is to elevate prevention and its potential impacts on behavioral health in Nebraska to a more public and prominent position.



GOALS AND OBJECTIVES

The State of Nebraska will prevent and reduce a wide range of substance use behaviors, including:

- Underage drinking
- Binge drinking
- Prescription drug abuse
- Marijuana use
- Illegal sale of tobacco products to minors

GUIDING PRINCIPLES

In order to create population level change communities must be targeted with prevention initiatives that demonstrate measurable change in behaviors or in important risk factors that lead to behavior change.

- The Strategic Prevention Framework will be comprehensively utilized for all planning and decision making processes.
- All prevention activities will be culturally relevant.
- Nebraska will shape substance abuse prevention policy, quality improvement, and agency participation through cross-agency advisory groups.
- DBH will coordinate and support the work of the State's substance abuse prevention advisory council, and will actively recruit and educate partners who can contribute to this important work.
- Each Region will identify its highest risk subpopulations and will develop a plan to enhance or build community responses.
- Each community coalition will create a plan to maximize and sustain its outcomes, and will choose strategies that can be sustained for at least five years.

The Division of Behavioral Health will focus on individual elements of the State's prevention plan, including:

- Evidence-Based Practices
- Workforce Development
- Continuous Quality Improvement



PARTNERS

Nebraska will ensure strong and productive state-level partnerships with health, criminal justice, juvenile justice, child welfare, and education to focus on shared priorities and shared responsibility for action and for success. Key partners include but are not limited to:

Office of the Lieutenant Governor

DHHS Division of Public Health

DHHS Division of Children and Family Services

Regional Behavioral Health Authorities

Community Substance Abuse and Mental Health treatment providers

Nebraska Department of Education

Nebraska Office of Highway Safety

Nebraska Liquor Control Commission

Nebraska Army National Guard

Nebraska Commission on Law Enforcement and Criminal Justice

Nebraska Commission on Indian Affairs

Nebraska Collegiate Consortium

Nebraska Counterdrug Program

University of Nebraska - Bureau of Sociological Research

University of Nebraska - Behavioral Health Education Center of Nebraska

University of Nebraska Medical Center - Center of Health Policy

Center for the Application of Prevention Technology

Other State and local prevention organizations



PERFORMANCE INDICATORS

A reduction in substance use by Nebraskans will be accomplished through the implementation of the strategies and activities outlined in this plan. Like all strategies that the State, Regions and communities implement, key strategies involve:

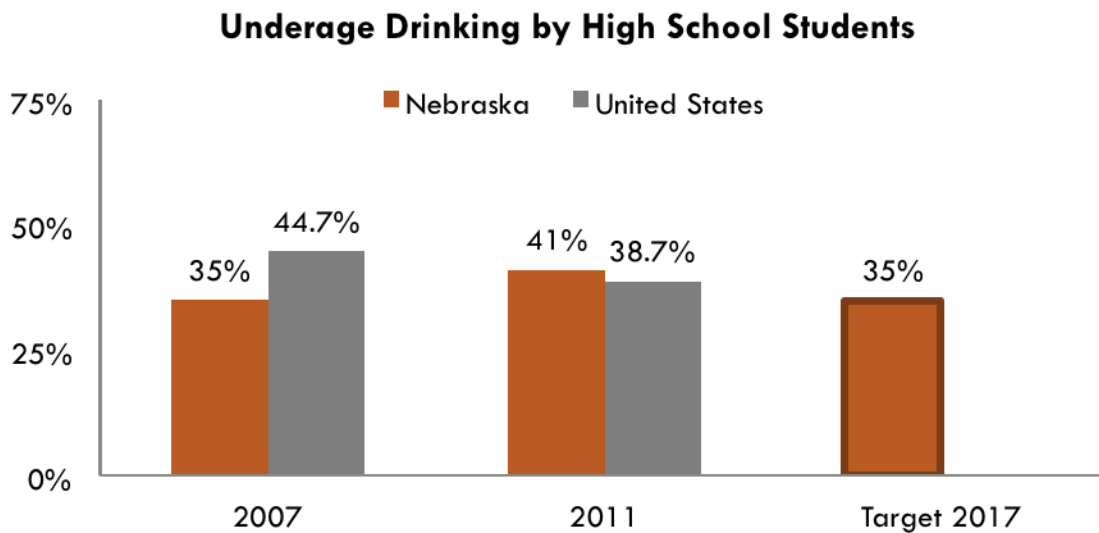
- Increasing the perception of risk
- Increasing positive norms and policies associated with drug and alcohol free life choices
- Increasing positive attachments to family, school, neighborhood and community
- Reducing parental and peer group attitudes favorable toward the problem behavior or use

Underage Drinking

The State of Nebraska will reduce the prevalence of **underage drinking** by high school students to less than 35% by June 30, 2017.

Baseline: The percentage of underage drinking by high school seniors in 2011 was 41%, up from 35% in 2007.

Source: NRPFS Table 2

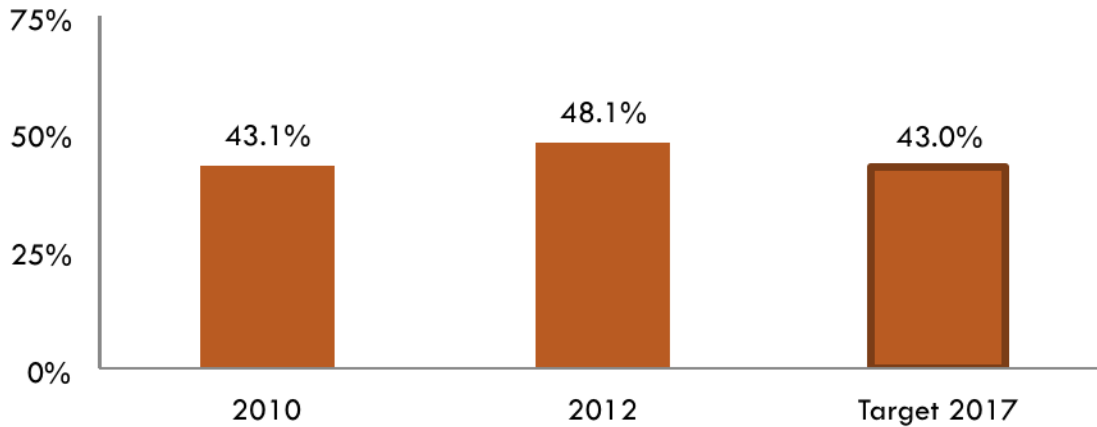


The State of Nebraska will reduce the prevalence of **underage drinking** by young adults aged 19-20 to less than 43% by June 30, 2017.

Baseline: The percentage of young adults reporting underage drinking (30 day past use) was 43.1% in 2010 and 48.1% in 2012.

Source: NYAAOS

Underage Drinking by Young Adults Age 19-20



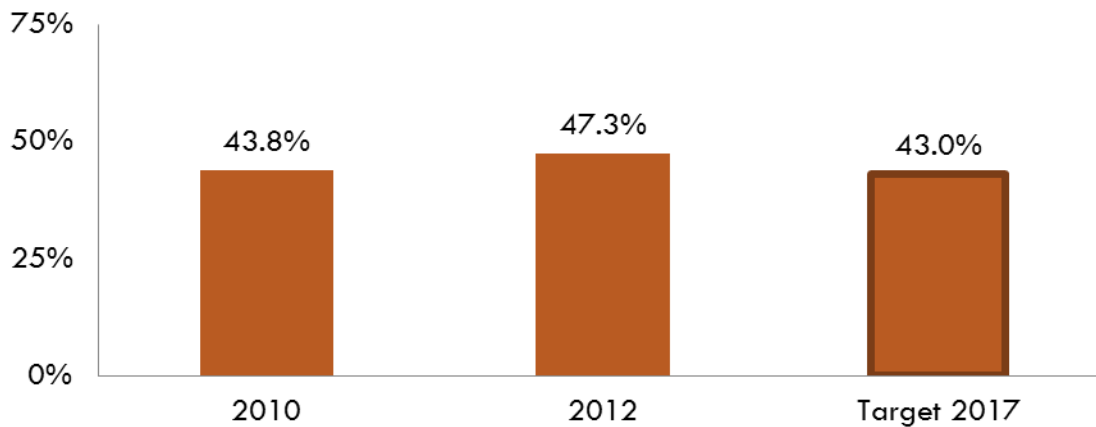
Binge Drinking

The State of Nebraska will reduce the prevalence of **binge drinking** by young adults aged 19 to 25 to less than 43% by June 30, 2017.

Baseline: The percentage of young adults age 19 to 25 reporting binge drinking in 2010 was 43.8% and 47.3% in 2012.

Source: NYAAOS

Binge Drinking by Young Adults Age 19-25

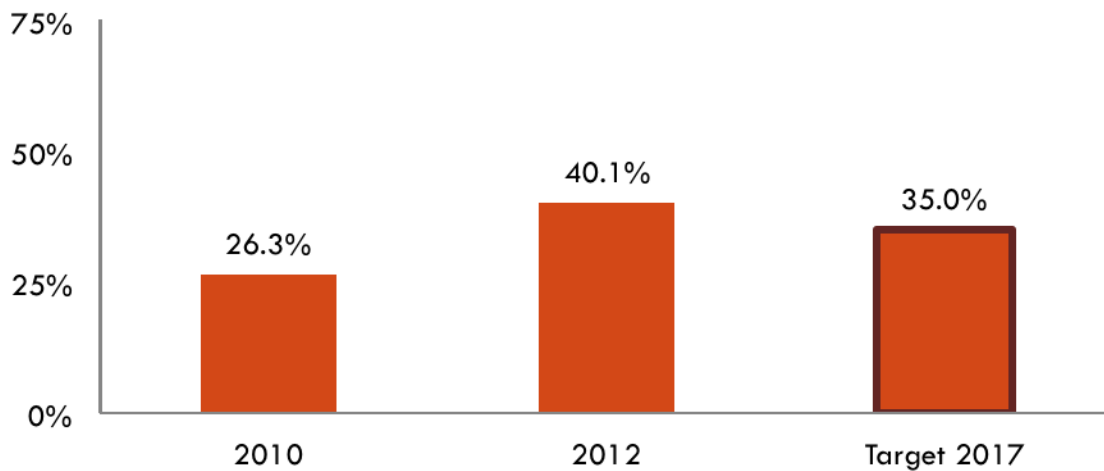


The State of Nebraska will reduce the prevalence of **binge drinking** by males aged 19 and 20 to less than 35% by June 30, 2017

Baseline: The percentage of males aged 19 and 20 reporting binge drinking in 2010 was 26.3% and 40.1% in 2012.

Source: NYAAOS

Binge Drinking by Males Age 19-20



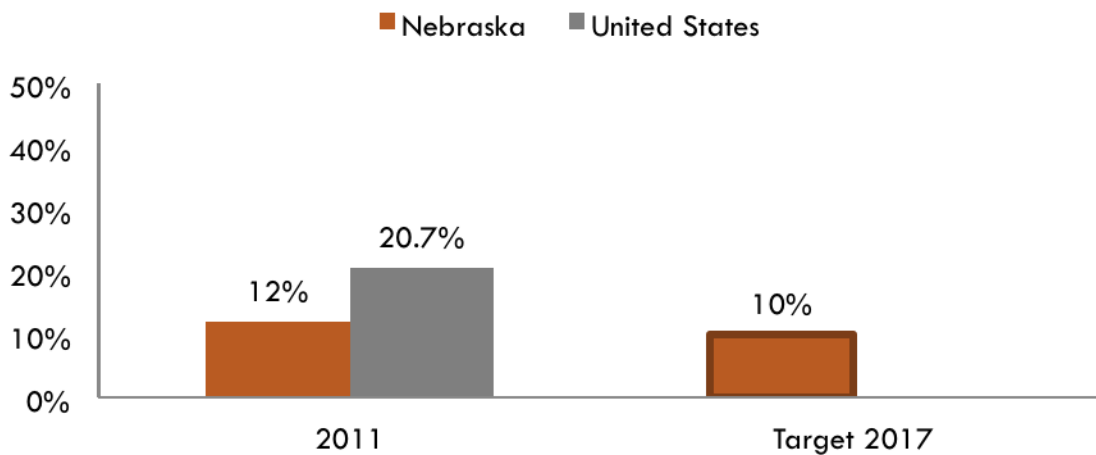
Prescription Drug Use

The State of Nebraska will reduce the rate of **prescription drug abuse** by high school students to 10% or less by June 30, 2017.

Baseline: The percent of high school students reporting prescription drug abuse in 2011 was 12%.

Source: YRBS Figure 24 Lifetime Prescription Drug Use

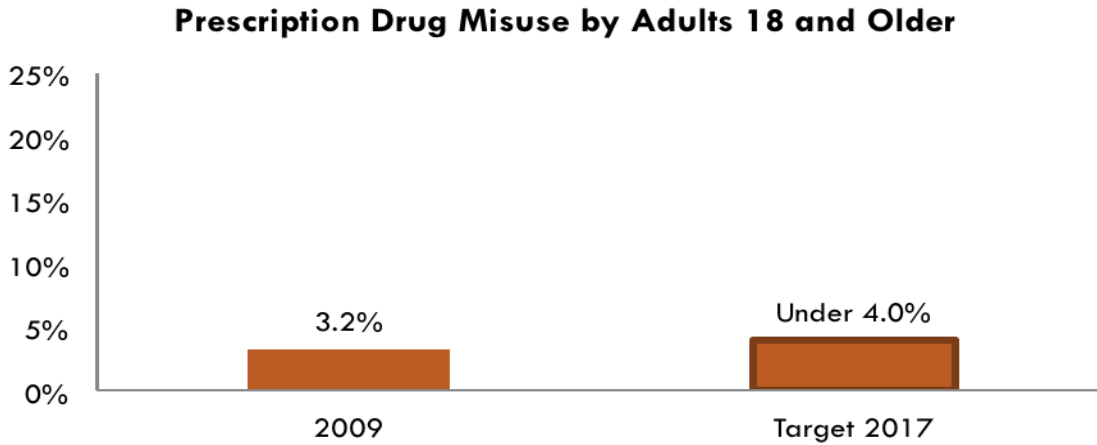
Prescription Drug Misuse by High School Students



The State of Nebraska will maintain a rate of **Prescription drug abuse** by adults 18 and older at a rate of 4% or less by June 30, 2017.

Baseline: The percent of adults reporting prescription drug abuse in 2009 was 3.2%.

Source: NSDUH

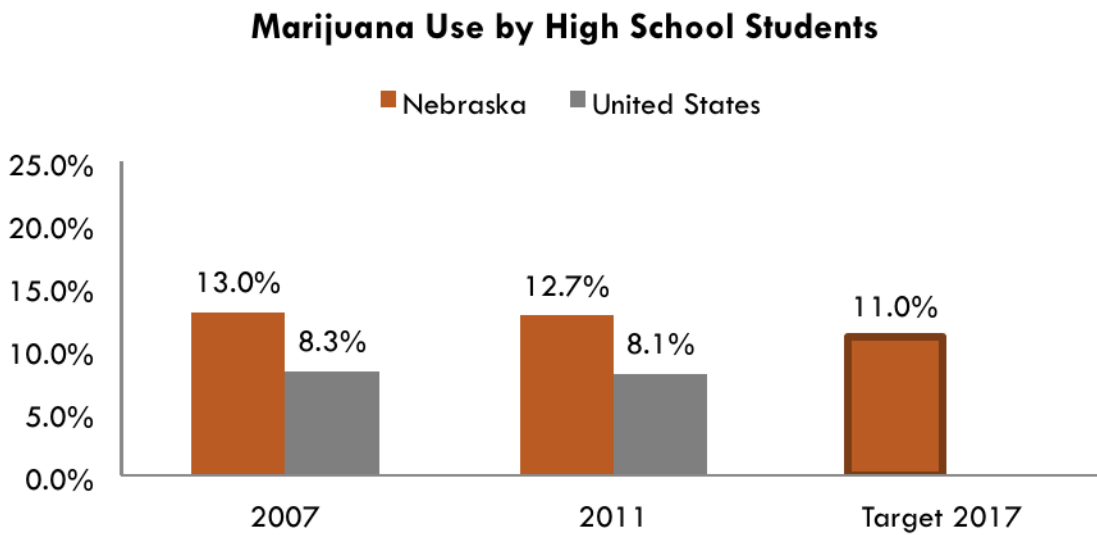


Marijuana Use

The State of Nebraska will reduce the prevalence of **marijuana use** by high school students to 11% by June 30, 2017.

Baseline: The percent of high school students reporting marijuana use was 13% in 2007 and in 2011 was 12.7%.

Source: YRBS



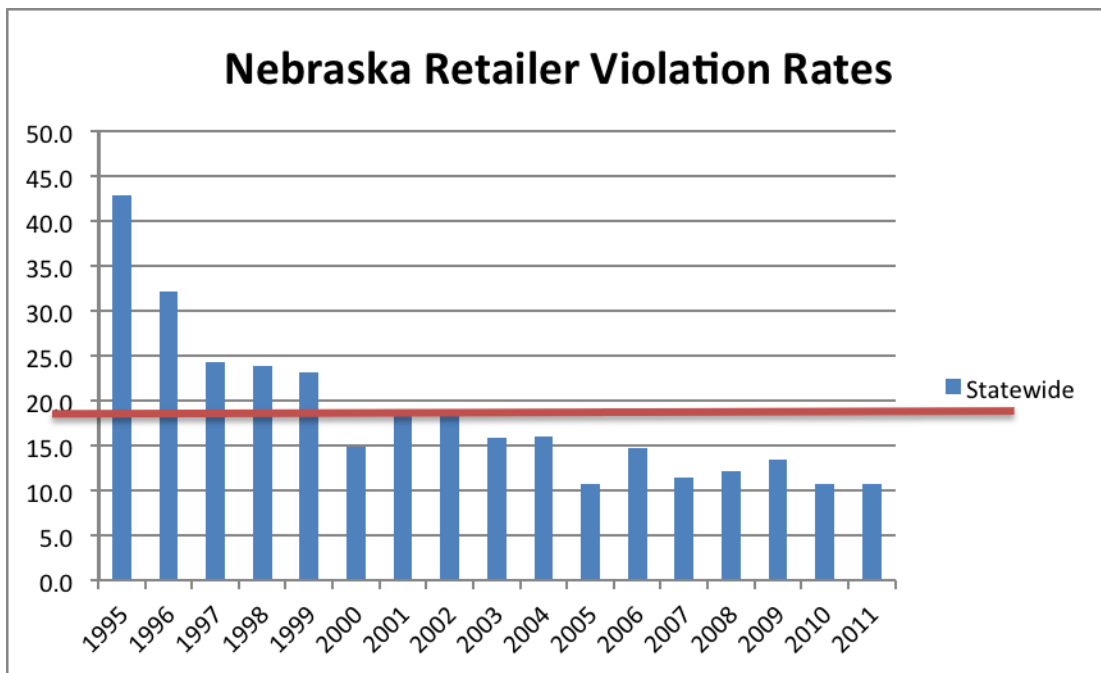
Tobacco Sales to Minors

The State of Nebraska will demonstrate a consistent rate of **retailer compliance with tobacco sales laws for minors** (Synar requirements) by maintaining or reducing its compliance rate at 10% or less every year through 2017.

Baseline: The rate of illegal sales to minors of tobacco products in Nebraska was 10.6% in 2011.

Source: Nebraska Annual Synar Report 2011

Shown below as the minimum standard, the Retailer Violation Rate must be below 20% to meet the requirements of the State's SAPTBG.



ASSESSMENT

STRATEGIC INITIATIVE:

ENSURE A SOUND PREVENTION DATA SURVEILLANCE SYSTEM IS IN PLACE THAT RELIABLY MEASURES POPULATION-LEVEL SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES IN NEBRASKA.

Surveillance of substance abuse and mental health indicators must continue, and expand where data is insufficient, to monitor for high-risk behaviors and risk factors, and for new and emerging trends.

Existing surveillance processes include:

- Student Health And Risk Prevention (SHARP), which combines 3 high school surveillance instruments
 - Youth Risk and Behavior Survey (YRBS)
 - Youth Tobacco Survey (YTS)
 - Nebraska Risk and Protective Factor Student Survey (NRPFS)
- Nebraska Young Adult Alcohol Opinion Survey (NYAAOS)
- Behavior Risk Factor Surveillance System (BRFSS)

Activity 1:

By June 30 2013, DBH will create a plan that prioritizes and sustains these surveys and ensures sufficient sample sizes in each Region of the State to obtain reliable Region level data by July 1, 2015.

Activity 2:

DBH will work with partner agencies to sustain and coordinate the Nebraska Statewide Epidemiology and Outcomes Workgroup (SEOW).

- DBH will work with the SEOW to gather, aggregate, and publish in a consistent format substance abuse and mental health data that can be used for planning, demonstrating accountability, and measuring outcomes.
- DBH will ensure the publication of an annual report on substance abuse and other behavioral health trends and related risk and protective factors at state and region levels.

Activity 3:

DBH will evaluate trends and survey data annually, and will monitor local and statewide data to identify new and important evolving substance abuse and mental health issues.

CAPACITY

STRATEGIC INITIATIVE:

ENHANCE LEADERSHIP, INFRASTRUCTURE AND WORKFORCE AT THE STATE AND REGIONAL LEVELS TO SUPPORT STRONG PREVENTION COALITIONS AND THEIR VOLUNTEER MEMBERS.

Activity 1:

Ensure sound structure, active membership, and on-going leadership role of the State's substance abuse prevention advisory council.

Activity 2:

Promote leadership through technical assistance and training to establish statewide priorities for Regions and communities.

- Define and contract for Regional leadership competencies.
- Develop a plan by September 2013 to create and sustain a professionalized workforce within each Region.
- Develop minimum standards for coalition and other prevention organizations.
- Build Regional approaches to link existing intervention and treatment services to existing problem identification and referral mechanisms.

Activity 3:

Support State and Regional Continuous Quality Improvement (CQI) prevention teams to improve fidelity, practices, and measurable outcomes.



PLANNING

STRATEGIC INITIATIVE:

ENSURE DATA-DRIVEN AND COMPREHENSIVE PLANNING AT THE STATE, REGION, AND COMMUNITY LEVEL.

Activity 1:

Standardize outcome-based Regional action plans that are reviewed and reported upon semi-annually.

- Collaborate and create joint action plans with the Division of Public Health, and the Division of Children and Families that integrate funding, workforce, strategies and outcome measurement for initiatives that focus on substance abuse prevention and risk factor reduction/protective factor enhancement.

Activity 2:

Ensure the State's substance abuse prevention advisory council maintains a lead role in state planning efforts.

- Create a strategic collaboration with educational and research institutions to support state level prevention initiatives.
- Create a plan to identify and divert youth who are at risk of addiction or substance-related delinquency into programs that can successfully intervene, thereby reducing their risk of further involvement with addiction or law enforcement.

Activity 3:

Require strategies that are designed to create environments and conditions that support the overall wellness of individuals and their ability to withstand challenges.

- Promote healthy lifestyles by working collaboratively across disciplines and communicating strong prevention messages.
- Demonstrate prevention's role in mental health promotion throughout the continuum of care.

IMPLEMENTATION

STRATEGIC INITIATIVE:

NEBRASKANS SHALL HAVE ACCESS TO EFFECTIVE PREVENTION SERVICES THAT PRODUCE MEASURABLE OUTCOMES AND USE RESOURCES EFFICIENTLY.

Activity 1:

Develop prevention policies for Evidence-Based Practices, Continuous Quality Improvement (CQI), Workforce Development, and other prioritized issues by January 2014.

Activity 2:

Utilize CQI processes, across the state, to examine issues and factors that influence programming choices, and make recommendations for change. One CQI cycle will be completed in each Region by July 1, 2014.

Activity 3:

Monitor state and Regional level performance measures at least annually, utilizing this information for CQI and other processes.

Activity 5:

Ensure all funded initiatives identify and link the specified problem with an appropriate prevention strategy to achieve the desired outcome by July 1, 2014.

- Promote use of promising, best and Evidence-Based practices as determined by the National Registry of Evidence-based Programs and Practices (NREPP).

EVALUATION

STRATEGIC INITIATIVE:

EVALUATE ALL FUNDED PREVENTION INITIATIVES; ASSESS FOR THEIR EFFECTIVENESS AND SEEK OPPORTUNITIES FOR IMPROVEMENT.

Activity 1:

Strengthen the formal partnerships to efficiently evaluate programs and practices funded by the Division of Behavioral Health.

- Ensure fidelity of programs and practices annually.

Activity 2:

Build a strong, statewide approach to evaluation of program results.

- Utilize evaluation results to improve practice.
- Publish evaluation results annually.

Activity 3:

Prioritize and fund prevention programs and practices that produce desired individual and community outcomes.

REPORTING AND ACCOUNTABILITY

STRATEGIC INITIATIVE:

PROVIDE REGULAR REPORTS OF PROGRESS AND ACCOMPLISHMENTS, AS WELL AS LESSONS LEARNED, TO STAKEHOLDERS.

Activity 1:

Publish an annual report of funded prevention initiatives, descriptions of Regional and community infrastructures and measured outcomes.

Activity 2:

Provide at least one public forum in each Region annually for input and dialogue about the impact, reach, opportunities and promise of prevention for Nebraska.

- Combine awareness and educational information about the importance and effectiveness of prevention and its place in communities and strategically disseminate on a regular basis.

