

Department of Health & Human Services

DHHS

N E B R A S K A

Division of Behavioral Health

DIVISION OF  
BEHAVIORAL HEALTH -  
ANNUAL REPORT FOR  
FISCAL YEAR 2013

Community-Based Services

# Division of Behavioral Health

## Community-Based Services Network

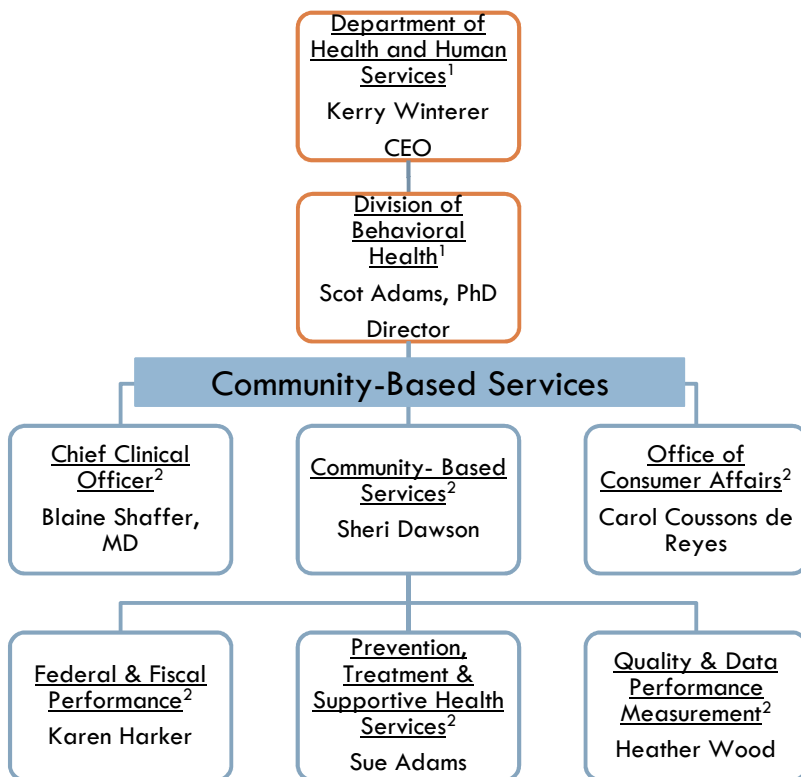
- The Division of Behavioral Health (DBH) is the chief behavioral health authority for the State of Nebraska and directs the administration and coordination of the public behavioral health system. Its role includes the integration and coordination of services and comprehensive statewide planning for 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. The goals below serve as a statement of intent for the Division of Behavioral Health by communicating major areas of emphasis for the plan years 2011-2015.
  - The Division of Behavioral Health's 2011-2015 Strategic Plan is found at [http://dhhs.ne.gov/behavioral\\_health/Documents/BHSP-Final-02-17-11.pdf](http://dhhs.ne.gov/behavioral_health/Documents/BHSP-Final-02-17-11.pdf)
  - The Strategic Plan Progress Report can be found at [http://dhhs.ne.gov/behavioral\\_health/Documents/DBH-Strategic-Plan-Update-August-2012.pdf](http://dhhs.ne.gov/behavioral_health/Documents/DBH-Strategic-Plan-Update-August-2012.pdf)
- Strategic Plan 2011-2015 Goals:
  - The public behavioral health workforce will be able to deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.
  - The Division of Behavioral Health will use financing mechanisms which support innovative service content, technology and delivery structures (e.g., telehealth; in-home acute services; peer support services).
  - The Division of Behavioral Health will reduce reliance on the Lincoln Regional Center for general psychiatric services.
  - An effective system to safely manage sex offenders in outpatient settings will be ready for implementation.
- Regional Service Network and Federal Block Grant Goals:
  - Prevention<sup>1</sup> : Reduce binge drinking among youth up to age 17.
  - Youth<sup>1</sup>: Families and youth receiving services will experience improved family functioning.
  - Co-occurring Disorders<sup>1</sup>: Increase the behavioral health workforce capacity to deliver effective treatment and recovery services for persons with co-occurring disorders (COD).
  - Trauma-informed Care<sup>1</sup>: Increase the behavioral health workforce capacity to provide trauma-informed care.
  - Peer Support<sup>2</sup>: Increase the capacity of the system to use peer support.
  - Housing<sup>3</sup>: Increase stability in housing for behavioral health consumers.
  - Emergency<sup>3</sup>: Consumers experiencing a behavioral health crisis will be served at the most appropriate and least restrictive level of care.

\*Neb. Rev. Stat. §71-806

1. Block Grant and Network Goal; 2. Block Grant Goal Only; 3. Network Goal Only

# About the Division of Behavioral Health Network of Care

- 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 Division 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.
- 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.



## Vision:

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

## Mission:

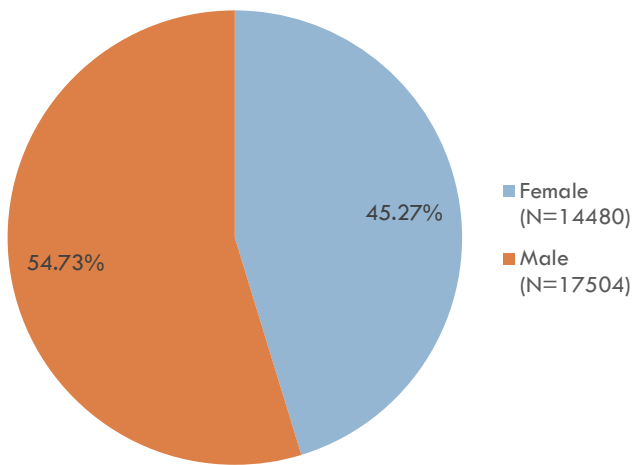
The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

1. Gubernatorial Appointee; 2. Director Appointee

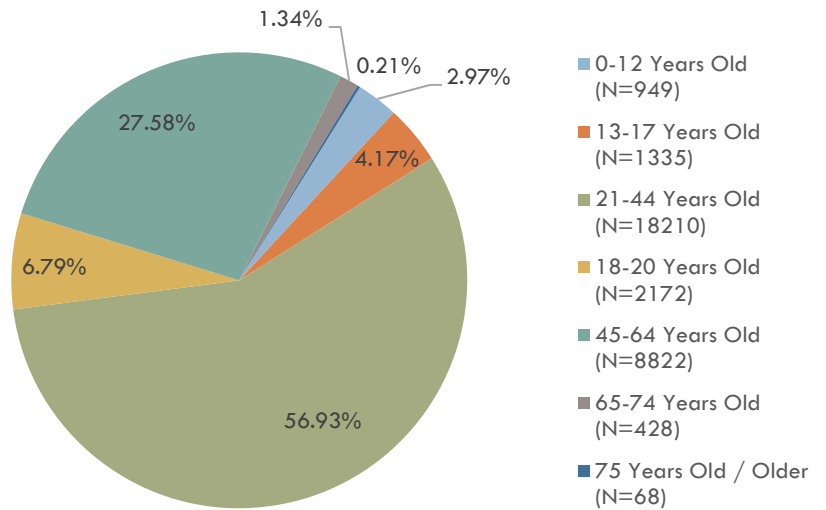
# Distribution of Persons Served by Demographic Categories

In Fiscal Year 2013 (FY13), the Division of Behavioral Health funded services for 31,984 individuals. Of those individuals: 21,114 people received mental health services, 13,902 people received substance use disorder services, and 502 people received dual disorder services (please note that individuals can receive services in multiple service types, therefore the sum of the service types is greater than the total reported above).

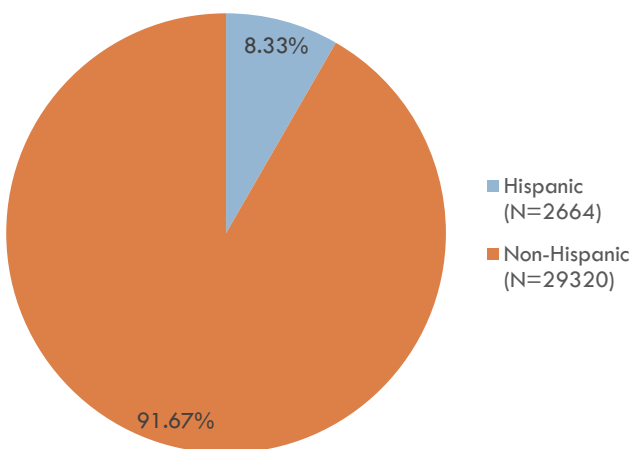
Persons Served by Gender



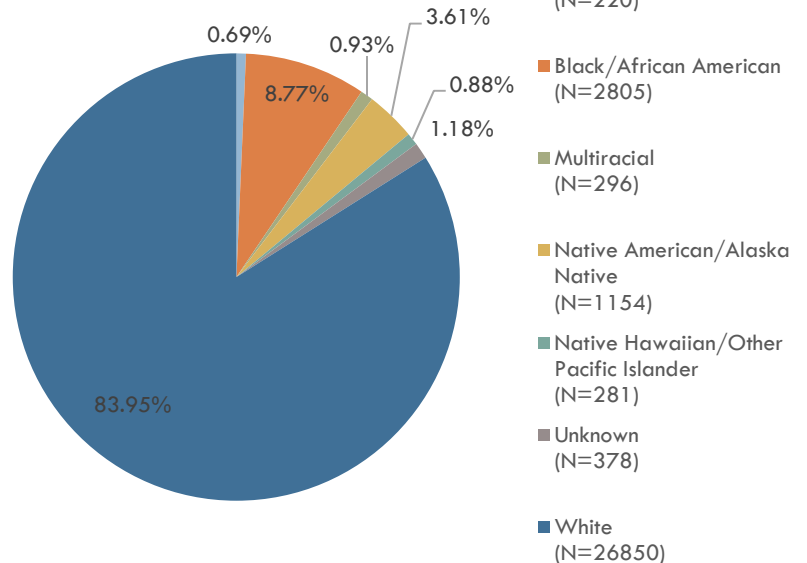
Persons Served by Age Group



Persons Served by Ethnicity



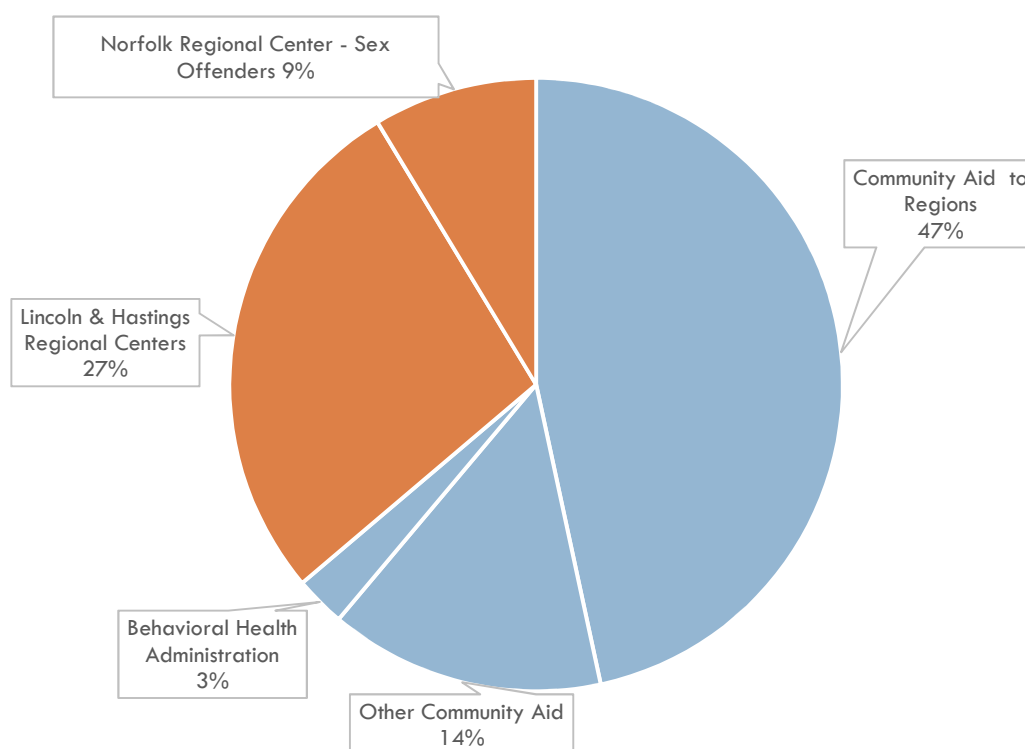
Persons Served by Race



# Division of Behavioral Health Fiscal Year 2013 at a Glance

## Distribution of Expenditures

The Community-Based Services section of the Division of Behavioral Health expended 63.80% of the Division's spending overall. Nearly \$100,000,000.00 of the overall budget helped to fund community aid in Nebraska.



Community Aid to Regions	\$75,548,145	46.60%
Other Community Aid	\$23,543,953	14.50%
Behavioral Health Administration	\$4,323,154	2.70%
<b>Community-based Services Subtotal</b>	<b>\$103,415,252</b>	<b>63.80%</b>
Lincoln & Hastings Regional Centers	\$44,633,765	27.50%
Norfolk Regional Center - Sex Offenders	\$14,019,277	8.70%
<b>Regional Centers Subtotal</b>	<b>\$58,653,042</b>	<b>36.20%</b>
<b>Grand Total</b>	<b>\$162,068,294</b>	<b>100.00%</b>

# Prevention System

When substance abuse is prevented and mental health is promoted, individuals, families, and communities reap the benefits in terms of quality of life and economic impact. Nebraska's Five Year Strategic Prevention Plan, which began in the fall of 2012, supports DBH's overarching strategic goals and focuses statewide prevention efforts on a prioritized set of at-risk behaviors. The selection of Prevention System goals is a data-driven process and the 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) and utilize the Strategic Prevention Framework. DBH strives to fund evidence-based prevention programs and those that are designed specifically to promote the reduction of risk factors and processes and the enhancement of protective factors.

Prevention Goals and Objectives (through June 30, 2017):

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

Combined Block Grant Statewide Prevention Goal:

- Priority Area: Alcohol Use Among Youth
- Goal: Reduce binge drinking among youth up to age 17.
- Indicator: Percentage of students in 9th-12th grade who report having five or more drinks on at least one occasion in the past 30 days will decrease to 15%.

Strategic Initiatives:

- **Assessment:** Ensure a sound prevention data surveillance system is in place that reliably measures population-level substance abuse and mental health issues in Nebraska.
- **Capacity:** Enhance leadership, infrastructure and workforce at the state and regional levels to support strong prevention coalitions and their volunteer members.
- **Planning:** Ensure data-driven and comprehensive planning at the state, region, and community level.
- **Implementation:** Nebraskans shall have access to effective prevention services that produce measurable outcomes and use resources efficiently.
- **Evaluation:** Evaluate all funded prevention initiatives, assess for their effectiveness and seek opportunities for improvement.
- **Reporting and Accountability:** Provide regular reports of progress and accomplishments, as well as lessons learned to partners and stakeholders.

# Prevention System

## Highlights from the past year include:

All 4 of Nebraska's 2012 nominations for innovative prevention work in the community were accepted to the U.S. Substance Abuse and Mental Health Services Administration's (SAMHSA) Service to Science Academy:

- ▣ *School Community Intervention & Prevention (SCIP) - Statewide*
- ▣ *The After School Program - Sherman County Prevention Coalition (Region 3)*
- ▣ *June Jam (Region 5)*
- ▣ *Latinas, Tabaco, y Cáncer (Region 6)*

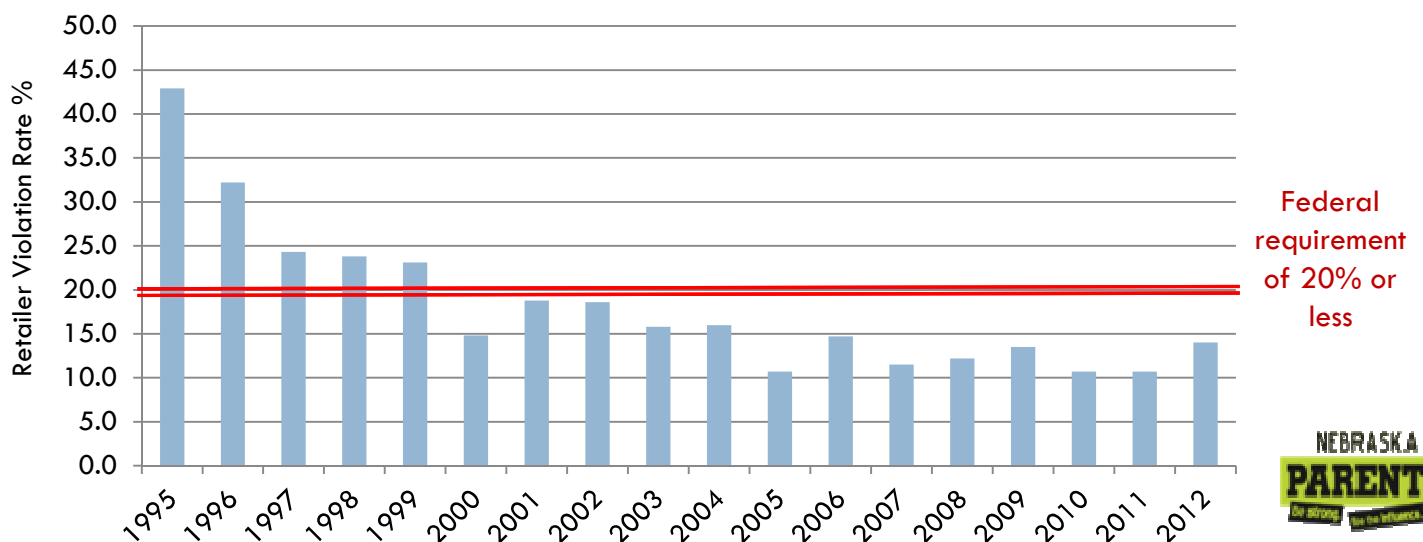
On November 1, 2013, DBH was awarded a one-year sub agreement under the State Epidemiological Outcome Workgroup (SEOW), a program administered by the Center for Substance Abuse Prevention, for the purpose of behavioral health data collection and reporting.

The 2012 "Be Strong - Be The Influence" campaign provides Nebraska parents with information about the harmful effects of alcohol, the legal repercussions of underage drinking and proven skills to prevent teen alcohol use.

## Synar:

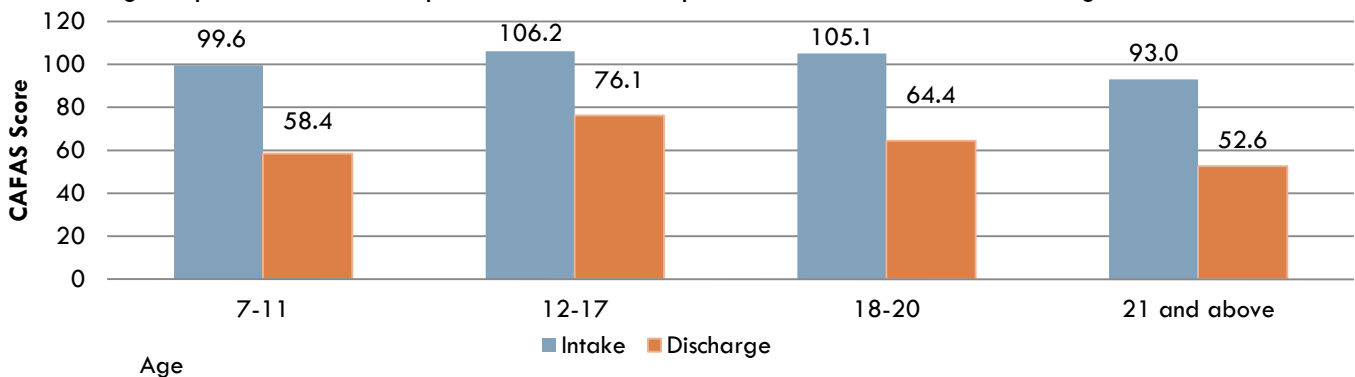
In July 1992, the U.S. Congress enacted the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (P.L. 102-321), which included the Synar Amendment. The Synar Amendment requires that states enact and enforce laws prohibiting the sale and distribution of tobacco products to individuals under the age of 18. One requirement of the Synar Amendment is that states conduct annual unannounced compliance inspections of tobacco retailers. The inspections include an attempted purchase of tobacco by an underaged participant.

The number of Synar tobacco retail compliance inspections completed for Calendar Year 2012 was 310, with a completion rate of 93.9%. The number of violations of youth access to tobacco laws was 43. The federal requirement is to achieve a Retailer Violation Rate of 20% or less. This year's Retailer Violation Rate was 14%.

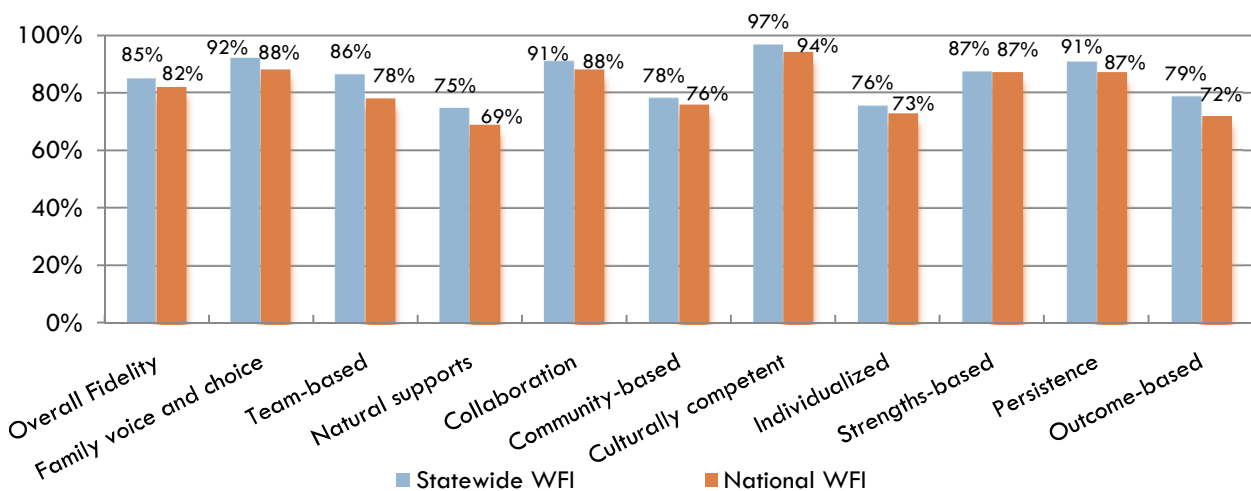


# Youth System

- Since 1995, the Professional Partner Program (PPP) in Nebraska has been serving youth diagnosed with an emotional and/or behavioral disturbance. The program coordinates services and supports for youth with behavioral problems and their families through a high fidelity wraparound approach.
- The PPP served 1,252 youth and young adults in FY13, ages 2 through 25 years. Among those enrolled, 61% were males and 39% were females.
- The Child and Adolescent Functional Assessment Scale (CAFAS) is used to assess the degree of impairment in youth or young adults with emotional, behavioral, and/or substance use disorders using scores across 8 domains ranging from 0 (no problems in any domains) to 240 (major problems in all domains). The performance goal for the PPP is to achieve a decrease in overall CAFAS score (degree of impairment) by at least 20 points. In FY13, participants in the PPP across every age range exceeded this goal and on average experienced a 34.2 point decrease in impairment from intake to discharge.



- The Wraparound Fidelity Index (WFI) is a multi-method approach to assessing the quality of individualized care planning and management for children and youth with complex needs and their families. WFI instruments include interviews with multiple stakeholders, a team observation measure, a document review form, and an instrument to assess the level of system support for wraparound. Nebraska achieved better fidelity in all domains compared to the national benchmark. The overall combined fidelity for Nebraska was 85% compared to the U.S. average of 82%. Fidelity scores are collected using the WFI version 4.





# Emergency System

- Emergency services are available 24 hours per day on an unscheduled basis to address acute psychiatric or substance abuse emergencies. Persons who are mentally ill and dangerous and/or substance abusing and dangerous toward self or others are the highest priority for these services. Dependent upon consumer needs, all emergency services provided by network providers focus on outcomes which lead to a referral to the least restrictive, least intensive level of care, or a rapid return to community living with appropriate supports, as necessary.

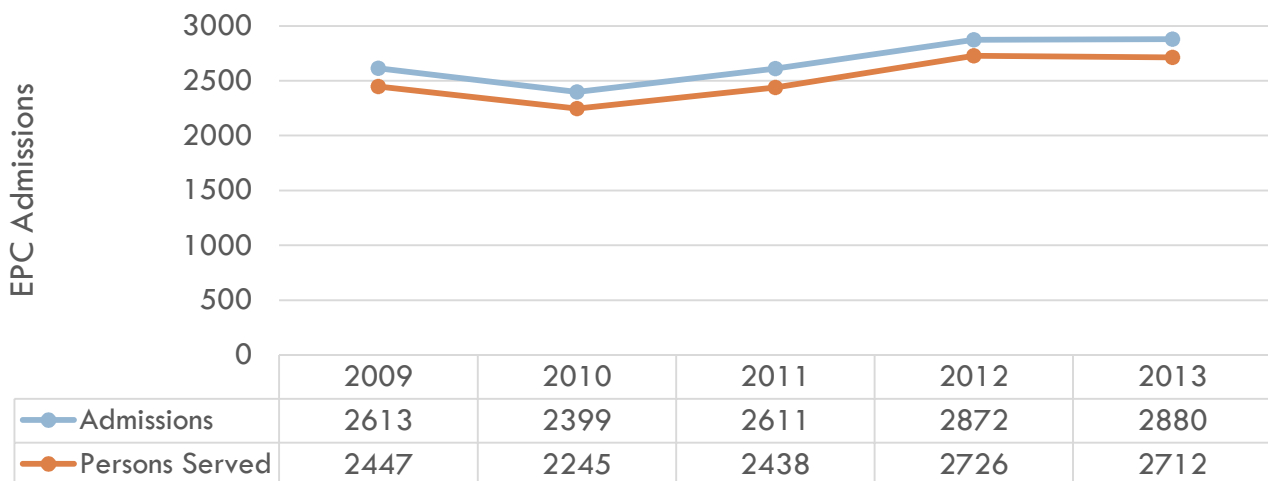
## FY13 Initiatives

- The Length of Stay and Continuity of Care Quality Initiative is to ensure that individuals receiving inpatient services at the Lincoln Regional Center (LRC) move through the system at the right time, thereby reducing the reliance on LRC for general psychiatric services.
- The outcome for the Behavioral Health System Enhancement Initiative (SEI) is to develop a set of discharge planning recommendations designed to bridge the gap between the LRC treatment setting and appropriate, safe community-based services designed to meet each consumer’s unique potential and needs.

## Emergency Protective Custody

- Emergency Protective Custody (EPC) data is gathered by the Regional Emergency Systems Coordinators. It is reported quarterly to the Division of Behavioral Health. All information was collected from law enforcement reports, county attorney reports, provider reports, and through the Magellan Behavioral Health database.
- The total number of EPC admissions was relatively stable from FY12 to FY13. Below is a longitudinal review of EPC Admissions and unduplicated Persons Served from FY09 through FY13. With increases seen since 2010, EPC Admissions continue to be an area of focus, as reflected in Strategic Plan and Network goals.

Emergency Protective Custody Placements FY09 - FY13

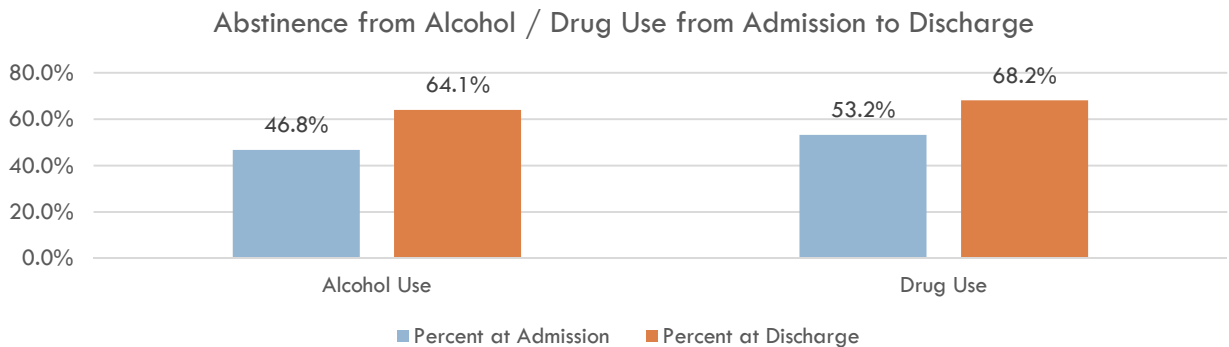


# Measurements of Recovery

The U.S. Substance Abuse and Mental Health Services Administration has delineated four major dimensions that support a life in recovery. Those dimensions include Home, Health, Purpose, & Community.

## Health

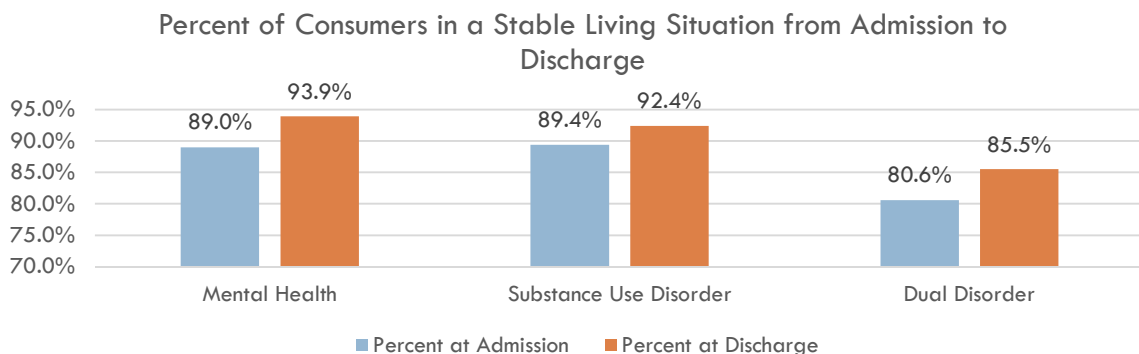
- **Health:** Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has a substance use disorder and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.
- In FY13, DBH services have demonstrated improvement in both reducing alcohol use (by 17%) and drug use (15%) from the time of admission to the time of discharge.



Source: FY13 National Outcome Measures Report.

## Home

- **Home:** Having a stable and safe place to live.
- In FY13, DBH services have demonstrated improvement in the percent of clients in a stable living situation from the time of admission to the time of discharge.

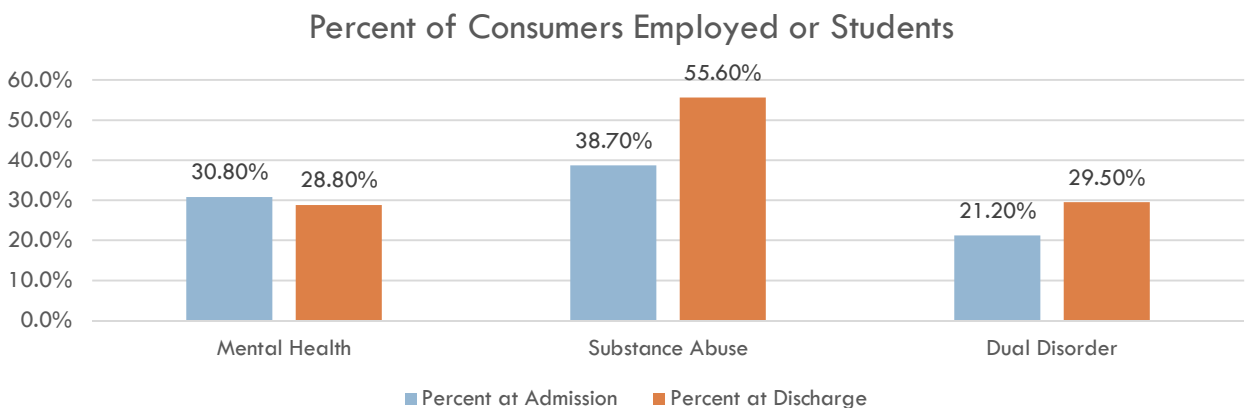


Source: FY13 National Outcome Measures Report.

# Measurements of Recovery

## Purpose

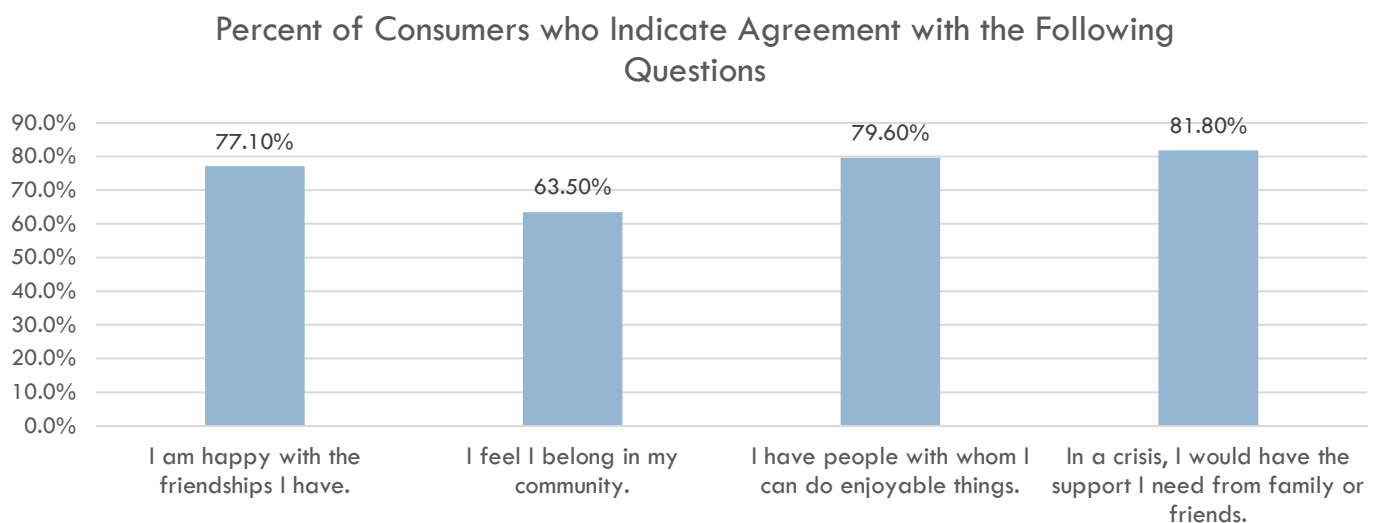
- **Purpose:** Having meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
- In FY13, DBH services have demonstrated improvement in employment and school attendance for consumers of Substance Abuse and Dual Disorder services from the time of admission to the time of discharge.



Source: FY13 National Outcome Measures Report.

## Community

- **Community:** Having relationships and social networks that provide support, friendship, love, and hope.



Source: FY13 Consumer Survey Report.

# Office of Consumer Affairs

- The Office of Consumer Affairs (OCA) helps people who have experienced mental illness and/or substance use disorders to pursue a journey of recovery which will allow him or her to live a meaningful life in a community of his or her choice, while striving to achieve his or her full potential.

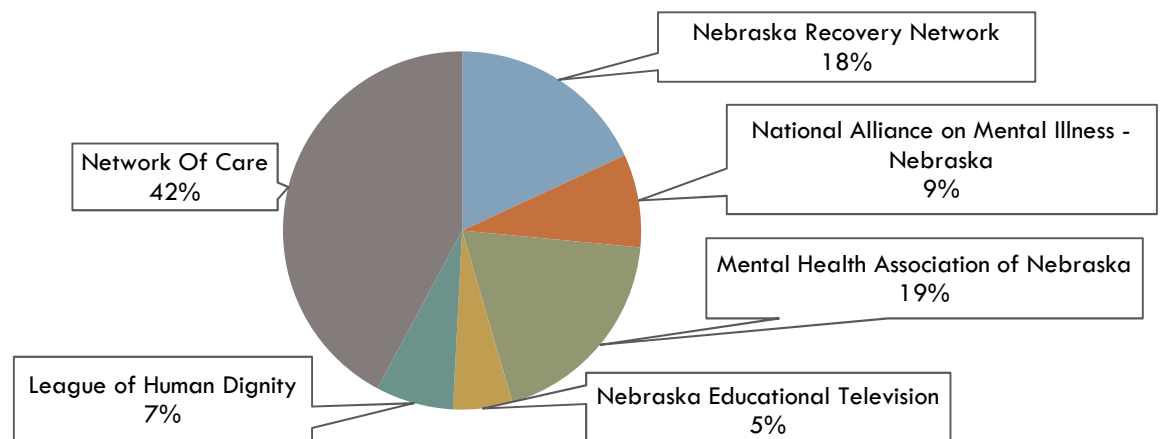
## Vision Statement:

- People who have experienced symptoms of mental illness or substance use problems can recover.
- Towards that goal, OCA staff are committed to fairness, respect and safety regarding all people.
- We work towards reducing stigma, modeling recovery, and educating consumers, family members, service providers, state workers and the public about the value and potential of people and their strides toward recovery.

## Peer Support

- The desired outcome for the Peer Support Services program is to provide on-going support to mental health consumers by mental health consumers.
- The Certified Peer Support and Wellness Specialist Training grew out of a Transformation Transfer Initiative from SAMHSA or TTI Grant in 2009. The Nebraska Legislature made this training a priority for the State Advisory Committee on Mental Health Services under Neb. Rev. Stat. §71-814(2)(c).
- One of the 2012 SAMHSA Block Grant priorities was to increase the peer support workforce. As of the end of FY13, there were **159** certified Peer Support and Wellness Specialists in Nebraska.
- A second 2012 SAMHSA Block Grant priority was to increase recovery supports in Nebraska. The FY12 baseline number of behavioral health services with a peer recovery support component was 64. In FY13, this increased to 77.

## Office of Consumer Affairs – Funding Supports:



# Contact Information

Department of Health & Human Services



N E B R A S K A

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If you are in need of services, please visit the Network  
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or call the Nebraska Family Helpline: 888-866-8660

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# Appendix

## Definitions of Terms

- **Emergency Services** - The Network includes the capacity throughout the region to refer and/or serve persons who need combined medical and psychiatric and/or substance abuse care in acute situations. These emergency services will provide medical services to persons who may need treatment such as medical detoxification or medical treatment for a drug overdose prior to entry into the mental health and substance abuse system.
- **Inpatient Services** - Inpatient services are delivered in a hospital setting with close medical supervision, and shall provide stabilization of acute symptomology, active therapeutic management, use of psychotropic medication when appropriate, and the availability of medical consultation 24-hours per day. Dependent upon consumer needs, services provided within an acute inpatient program should focus on outcomes which lead to referral to less intensive levels of care or a rapid return to community living with appropriate supports, as necessary.
- **Residential Services** - Residential services are facility-based services that require less intensive and less restrictive treatment or rehabilitation than inpatient care. The service provides 24-hour staff supervision with varying levels of scheduled mental health, substance abuse, and/or dual mental illness/substance abuse services dependent upon consumer need. Programmatic and/or therapeutic activity focus on rehabilitative interventions that will allow the consumer to overcome or maximally compensate for the deficits produced by the mental illness and/or chemical dependency. The service has the capacity to provide medical consultation 24 hours per day. Dependent upon consumer needs, services provided within a residential program should focus on outcomes which lead to a referral to less intensive levels of care or a rapid return to more normalized community living with appropriate supports, as necessary.
- **Non-residential Services** - Non-residential services are services that fit the unique and varying needs of consumers for most of their mental illness and/or substance abuse treatment and rehabilitation experience. These services provide a comprehensive array of support services to reduce episodes of decompensation, relapse, crisis, emergency room utilization, and shorten lengths of stay at more restrictive residential and inpatient service levels and to promote the recovery of the individual. Multiple service options shall be available and flexible enough to offer services that can meet a multitude of varying consumers treatment needs. Non-residential services should be based solely upon their success in delivering the desired outcome for the consumer. A menu of services should be seen as continually improving. Dependent upon consumer needs, services provided within a residential program should focus on outcomes which lead to a rapid return to more normalized independent community living with appropriate supports, if needed.
- **Dual Disorders** - The term dual disorder (or diagnosis) refers to co-occurring substance-related and mental health disorders. Clients are said to have dual disorders if they have one or more substance-related disorders as well as one or more mental disorders. Dual disorder is sometimes also referred to as Co-occurring Disorder.

# Appendix

## Service Types

### 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  
Outpatient Therapy  
Post Commitment Treatment  
Psych Residential Rehab  
Psych Respite  
Psychological Testing  
Recovery Support  
Secure Residential  
Sub Acute Inpatient  
Supported Employment  
Supported 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 Assess / 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  
Outpatient Therapy  
Youth - Outpatient Therapy