Department of Health & Human Services

DHHS

NEBRASKA

Division of Behavioral Health

ANNUAL REPORT FISCAL YEAR 2014

Community-Based and Regional Center Services

Division of Behavioral Health: A Year in Review

Letter from Acting Director Sheri Dawson

We are pleased to present our FY14 Annual Report for the DHHS Division of Behavioral Health. This report highlights the prevention and treatment activities that support our mission to promote and facilitate resilience and recovery for Nebraskans. In the last year, the Division of Behavioral Health along with its dedicated partners continued to move the strategic plan forward. There has been commitment to and focus on accessibility, quality, effectiveness, cost efficiency and accountability.

We are grateful to work collaboratively with so many partners. In behavioral health that means that individuals we serve have easier access to services, strategies and information that will improve health and the opportunity for recovery and a meaningful life.

Over the last year, the personal stories of recovery and resilience are numerous. I'm grateful for your participation, innovation and dedication to a healthier Nebraska.

Sincerely,

Sheri Dawson, R.N.
Acting Director, Division of Behavioral Health
Nebraska Department of Health and Human 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. 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
  - The Strategic Plan Progress Report can be found at 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.
- Regional Service Network and Federal Block Grant Goals:
  - Prevention[1] : Reduce binge drinking among youth up to age 17.
  - Youth[1]: Families and youth receiving services will experience improved family functioning.
  - Co-occurring Disorders[1]: Increase the behavioral health workforce capacity to deliver effective treatment and recovery services for persons with co-occurring disorders (COD).
  - Trauma-informed Care[1]: Increase the behavioral health workforce capacity to provide trauma-informed care.
  - Peer Support[2]: Increase the capacity of the system to use peer support.
  - Housing[3]: Increase stability in housing for behavioral health consumers.
  - Emergency[3]: Consumers experiencing a behavioral health crisis will be served at the most appropriate and least restrictive level of care.

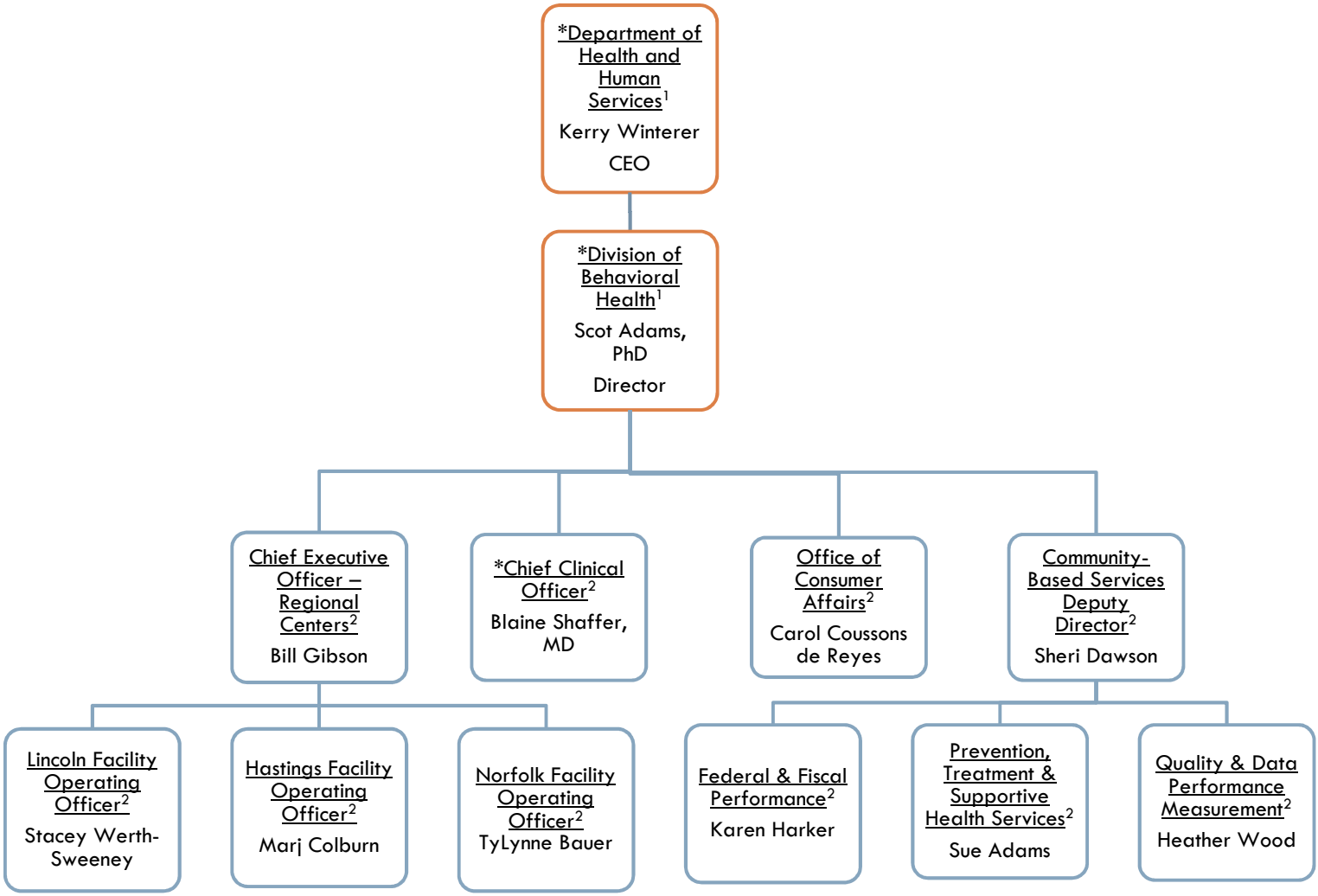
*Neb. Rev. Stat. §71-806

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

Division of Behavioral Health
Fiscal Year 2014 Leadership

*Please note: Staff transitions have occurred since end of 2014.

- 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.



1. Gubernatorial Appointee; 2. Director Appointee

*Note: Staff transitions have occurred since the end of FY14.

Division of Behavioral Health Oversight and Network of Care

- 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.

Vision:

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

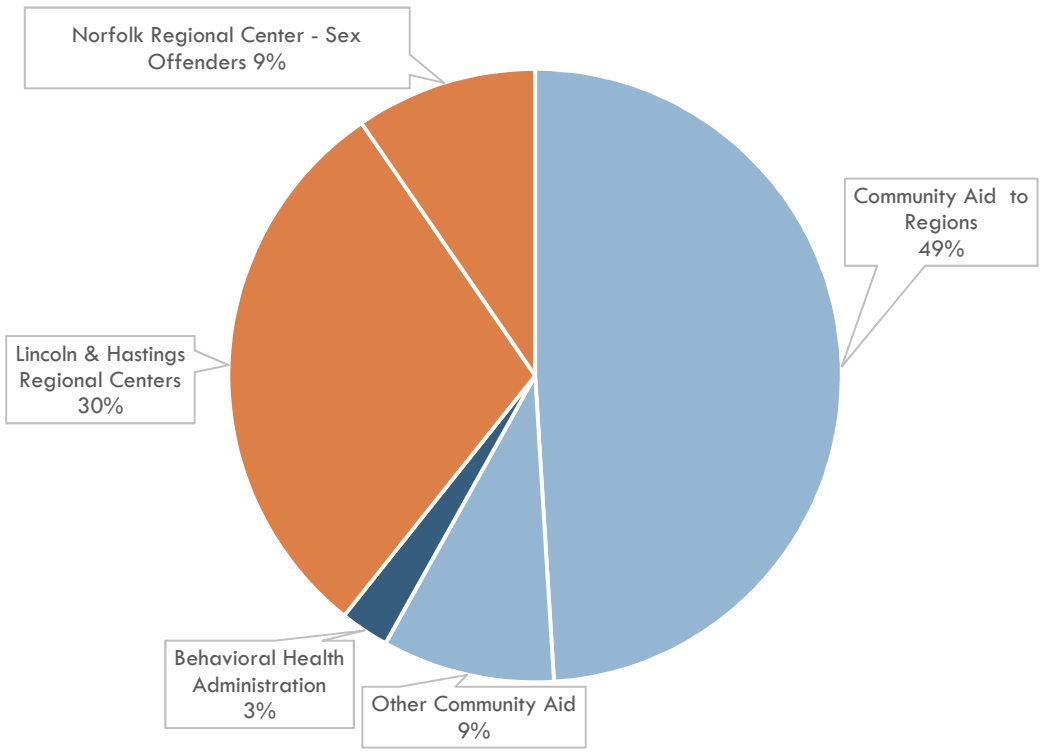
Mission:

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

Division of Behavioral Health Fiscal Year 2014 at a Glance

Distribution of Expenditures

The Community-Based Services section of the Division of Behavioral Health expended 60.7% of the Division's spending overall. Nearly $86,000,000 of the overall budget helped to fund community aid in Nebraska.

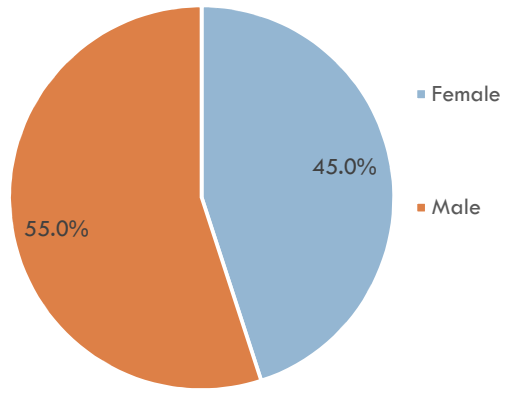


Community Aid to Regions	$72,451,533	49.02%
Other Community Aid	$13,436,214	9.09%
Behavioral Health Administration	$3,826,003	2.59%
Community-based Services Subtotal	**$89,713,750**	**60.70%**
Lincoln & Hastings Regional Centers	$43,934,488	29.72%
Norfolk Regional Center - Sex Offenders	$14,162,759	9.58%
Regional Centers Subtotal	**$58,097,247**	**39.30%**
Grand Total	**$147,810,997**	**100.00%**

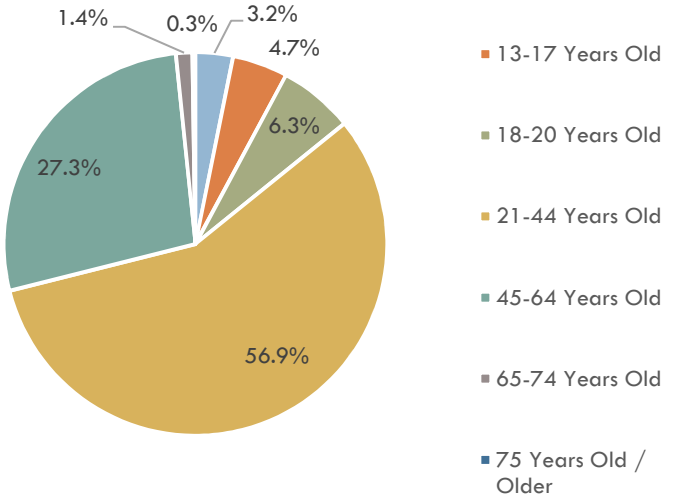
Distribution of Persons Served in Community-Based Services by Demographic Categories

In Fiscal Year 2014 (FY14), the Division of Behavioral Health funded community-based services for 31,994 individuals. Demographic breakouts of this count are below. Of those individuals: 21,794 people received mental health services, 13,259 people received substance use disorder services, and 475 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 count reported).

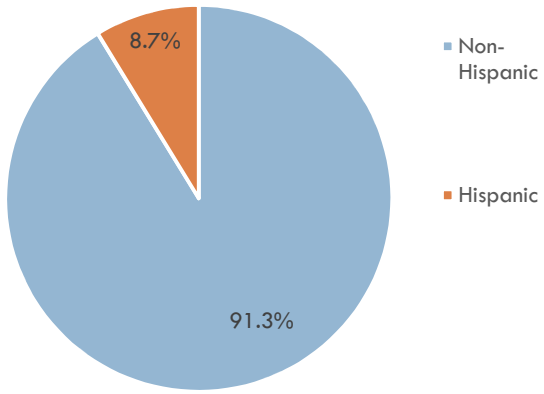
Persons Served by Gender



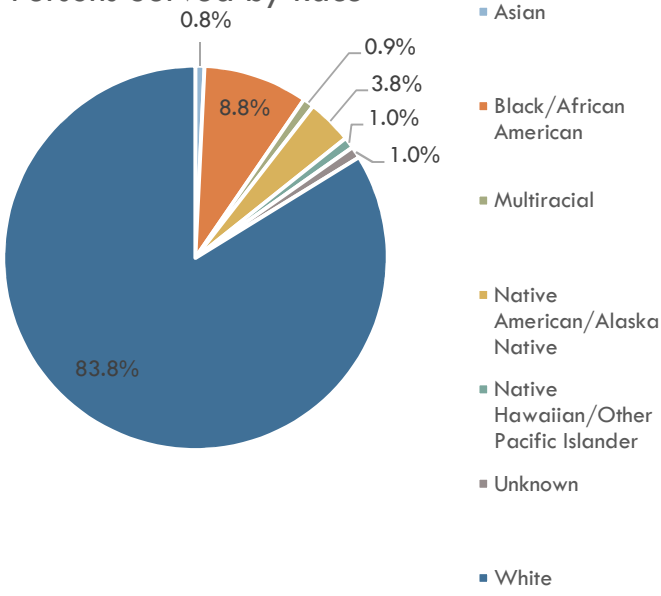
Persons Served by Age Group



Persons Served by Ethnicity



Persons Served by Race



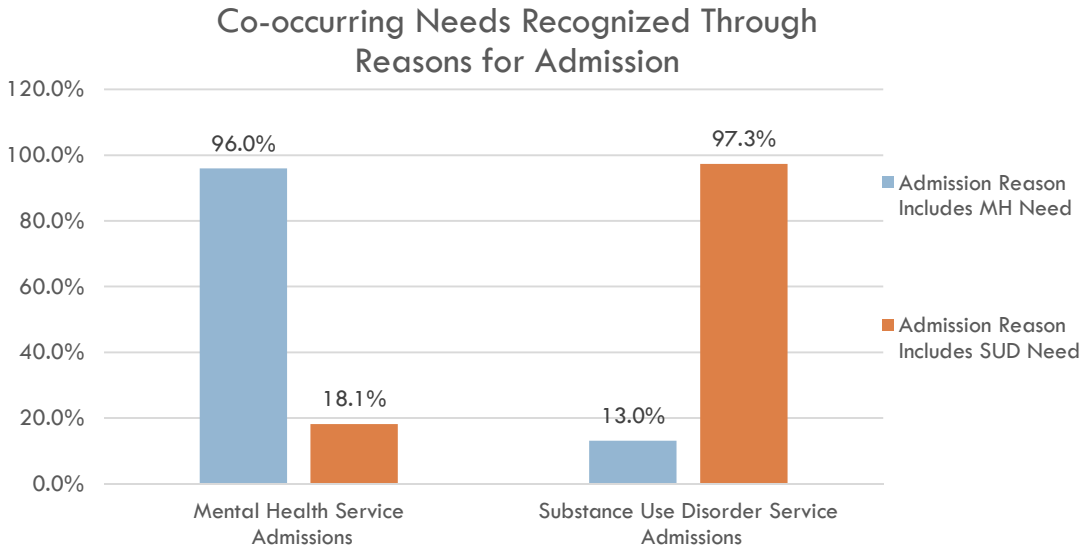
Source: FY14 Consumer Treatment Data (This report only includes treatment data as tracked through use of the Magellan Data System; exact data source used is the 08.14 Magellan Extract.)

Network Services: Co-occurring Disorders

Co-occurring Disorders

Co-occurring Disorders (COD) Phase II: Refers to co-occurring substance use and mental health disorders.

- In 2011, a COD workgroup completed a roadmap to guide the transformation of the system of care and integrate COD services for Nebraska. The roadmap is integral to Nebraska's larger strategic planning for behavioral health.
- Phase II began in FY13 to increase the capacity of the behavioral health workforce and the behavioral health programs able to deliver prevention and treatment for persons with co-occurring disorders. This work included providers completing a self-assessment using the COMPASS-EZ™ to provide a statewide baseline of recovery-oriented, co-occurring capability as the first step in a continuous quality improvement process.
- Work from the roadmap was further carried out in FY14 to better identify and address co-occurring needs of consumers. Statewide and regional competency training was continued with ZiaPartners, creators of the COMPASS-EZ™.
- Overall in FY14 there were 475 people who received specific treatment for co-occurring disorders through dual diagnosis services. There were 3,349 consumers who received a combination of mental health and substance use disorder services; however, this does not yet cover the actual co-occurring needs of consumers as further described by the reasons for admission across service types.
- Data in FY14 showed 18% of reasons for admission into a mental health service included an indication of a substance use disorder treatment need. Likewise, 13% of reasons for admission into a substance use disorder service included an indication of a mental health treatment need. Improvements in data collection continue to be explored in order to identify better ways to fully understand co-occurring needs.



Source: FY14 Magellan Annual Demographics Report

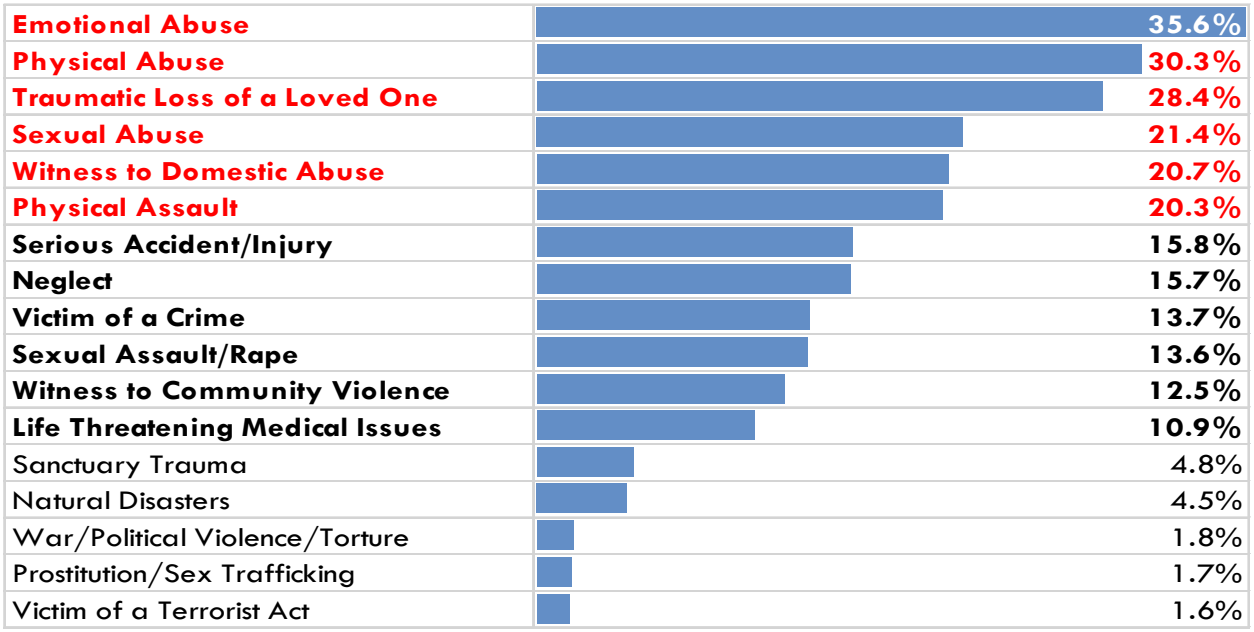
Network Services: Trauma-informed Care

Trauma-informed Care

Trauma Informed Nebraska (TIN): An initiative that promotes trauma-informed care statewide.

- TIN's mission is to oversee the development and implementation of a statewide, consumer-driven, recovery-oriented, trauma-informed system that ensures all behavioral health providers are informed about the effects of psychological trauma and are aware of the origin and effects of trauma on survivors. Improving access to a trauma-informed delivery system includes increasing the number of behavioral health providers who have utilized a Trauma-Informed Care (TIC) self-assessment so that policy and procedures incorporate trauma-informed and trauma-specific practices.
- The Trauma-Informed Self-Assessment scale, developed by Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D., is used by programs to self-assess their own practices and understanding of trauma-informed services. The scale assists in providing clear, consistent guidelines for agencies or programs interested in facilitating trauma-informed modifications in their service systems. It is a tool to use in the development, implementation, evaluation, and ongoing monitoring of trauma-informed programs. Below is the statewide baseline from the first round of program self-assessments completed in FY13.
- Throughout FY14, programs across the state have used the results of their self-assessments to improve their ability to deliver trauma-informed services.
- In FY10 the percent of those in behavioral health services who reported a history of trauma was 28%. By FY14, reporting of trauma increased to 54%. Females reported trauma more frequently (65%) compared to males (46%). Emotional and physical abuse were most commonly reported trauma types.

Breakdown of the Types of Reported Trauma in FY14:



Source: FY14 Magellan Trauma Summary Report

System of Care

System of Care is considered the best way to plan, develop and deliver comprehensive, flexible and effective services and supports to children, youth and their families. Nebraska's Children's Mental Health System of Care Planning Project, which began in late summer 2013, was a twelve-month planning grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop a strategic plan for a Children's Mental Health System of Care. When implemented, the strategic plan will build on partnerships, include full participation of youth and families, and create a broad, integrated process across all of Nebraska's child-serving systems to achieve positive outcomes for children and youth with serious emotional and behavioral health needs and their families. The planning process capitalized on infrastructure currently in place including the support and involvement of leaders across the state's many child-serving systems.

Highlights of Nebraska's System of Care planning process include:

- Families, youth and providers responded to a statewide survey for self-assessment of readiness for system of care. Over 1,100 people participated.
- Strategic plan development was accomplished through 10 Core Strategy Teams that met between October 2013 and March 2014. Over 262 youth, family and system partners participated on a team.
- Youth voice in plan development was gathered through a series of focus groups targeting youth who were experiencing or had experienced Nebraska's behavioral health system and other child-serving systems. A total of 143 youth participated in focus groups.
- The strategic plan development resulted in 9 goals broken down into a comprehensive set of important implementation strategies that reflect Nebraska's diversity and complexity. Addressing the strategies and activities requires state, regional, tribal and local level actions. View the strategic plan at: http://www.dhhs.ne.gov/soc

Positive outcomes associated with System of Care implementation nationwide include:

- Improvements in the lives of children and youth, such as decreased behavioral and emotional problems, suicide rates, substance use, and juvenile justice involvement. Systems of care also increase strengths, school attendance and grades, and stability of living situation.
- Improvements in the lives of families, such as reduced caregiver strain and improved family functioning. Families also receive increased education, support services, and peer support.
- Improvements in service delivery systems, such as an extensive array of home and community-based services and supports, individualization of services, increased family and youth involvement in services, and increased use of evidence-based practices.
- Improvements in the cost and quality of care, including decreased utilization of inpatient and residential services, and increased cross-system collaboration.

Youth and Family System

Professional Partner Program

- 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.
- Within the core services and supports for youth, the Professional Partner Program offers flexibility in its approach in working with Transition Aged Youth (ages 16-26). The barriers that these youth face are unique, and at times the coordinated, person-centered services for this age group can seem few. The Transition Age Youth Professional Partner Program successfully fills this void, and as these youth make the transition toward becoming fully self-sufficient adults, the program adjusts its focus rapidly and accordingly in support of individual successes.

Nebraska Behavioral Health Helpline

- In effect since January 2010, the Nebraska Behavioral Health Helpline offers a single point access to children's behavioral health services. Parents, guardians, and primary caretakers of youth who experience behavioral health challenges comprise the primary target population, with resources focused upon addressing urgent behavioral health situations, identifying immediate safety concerns and providing recommendations and/or referrals for services.
- During FY14, the statewide Helpline received 4,083 calls, with 2,689 unique families served, resulting in 4,365 referrals for a range of services. The Helpline developed The Future Babies campaign, a series of video and radio ads, as part of an education effort to alert parents of potential behavioral health issues that babies and younger children might encounter as they grow, to encourage parents to recognize problematic behaviors, and to call the Helpline while the child is young. This campaign has won a "Best in Show" award from Omaha Chapter - American Marketing Association, a 2014 Telly Award in support of the creativity and demonstration of overall effectiveness of the campaign, and an excellence award from the National Public Health Information Coalition.

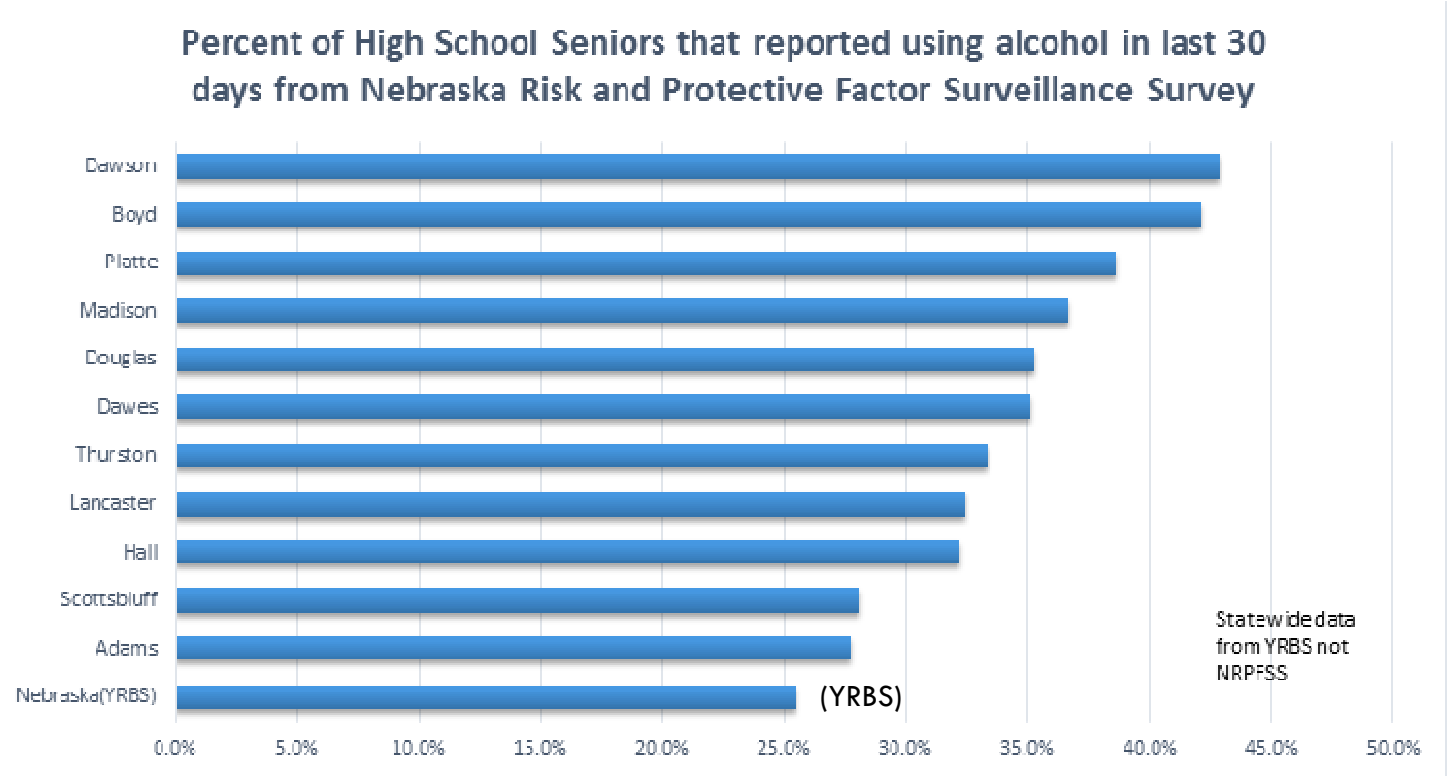
Family Navigation and Family Peer Support

- Family Navigator and Family Peer Support is designed for families to receive continuous care through the same agency if they are eligible and choose to stay engaged with longer-term Family Peer Support Services following a referral by the Nebraska Behavioral Health Helpline.
- The Family Navigator Program's fundamental intent is to assist the family in navigating the current community-based behavioral health system, help the youth and family understand their options and make informed decisions, provide information and support, and promote a productive partnership between the youth, family and their choice of professional services, when possible or applicable, while Family Peer Support Services are designed to provide longer-term assistance with a wider array of supportive services.
- In FY14, 392 families were connected to Family Navigator Services while 440 families received Family Peer Support Services. 92% of parents reported feeling that their family was better able to navigate the behavioral health system after completing services. 78% of families felt more hopeful about their future.

Prevention System

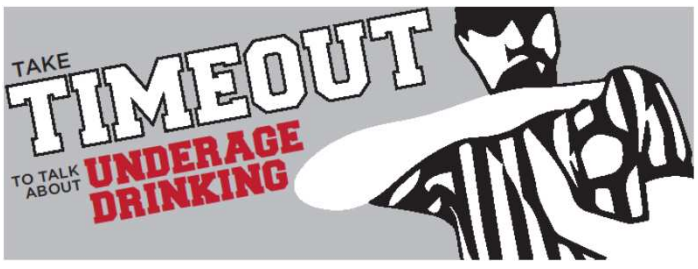
The federal landscape has set a broader direction for state prevention initiatives - one that will require more formal and strategic system partners in order to expand community prevention services. In March of 2014, the **Prevention Advisory Council**, represented by 13 diverse members, was initiated in order to provide state and regional system leadership in substance abuse and mental health prevention to Nebraska's Behavioral Health System and serving as a public forum for key stakeholders.

The **Strategic Prevention Framework - Partnership for Success** is designed to reduce underage drinking among persons aged 12-20, which includes a focus on the reduction of binge drinking within this population. Targeted sub-populations are Nebraska counties found to have fewer protective factors and higher risk among the surveyed population.



The 3rd **Nebraska Young Adult Alcohol Opinion Survey** was published and featured on a peer sharing call with the Center for Application of Prevention Technologies. This report captures a reliable sample of alcohol-related behaviors and attitudes and perceptions.

Kicked off in the Spring of 2014, the newest statewide **media prevention campaign** encourages parents to talk to their children about the dangers of alcohol and provides resources about how to start the talk early.



Emergency System

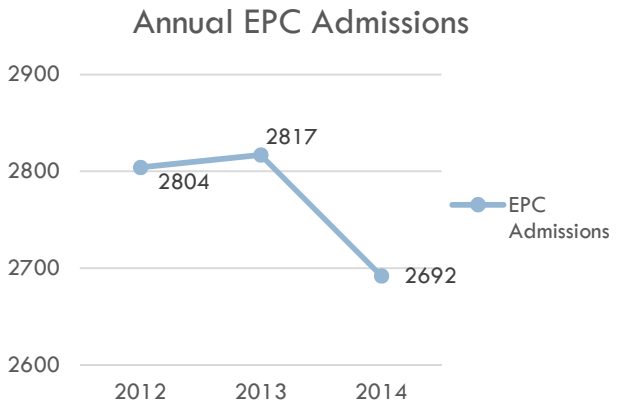
Emergency services are available 24 hours per day on an unscheduled basis to address acute psychiatric or substance abuse emergencies. Persons who are mentally ill and dangerous and/or substance abusing and dangerous toward self or others are the highest priority for these services. Dependent upon consumer needs, all emergency services provide 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.

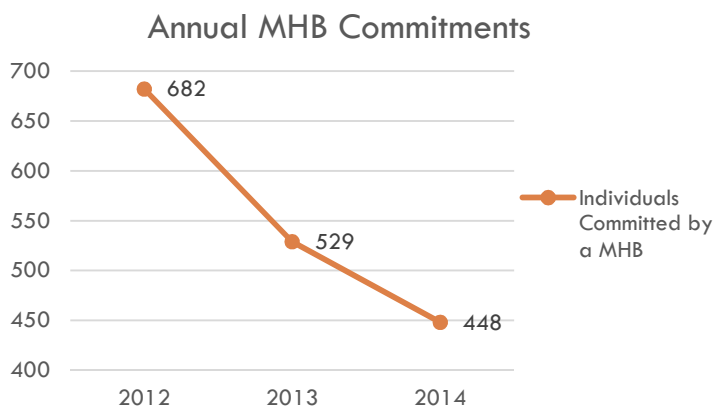
FY14 Initiative

- The Behavioral Health System Enhancement Initiative (SEI) was to develop a set of discharge planning recommendations designed to bridge the LRC treatment setting and appropriate community-based services designed to meet each consumer's unique potential and needs. The Workgroup completed a number of activities including participation in the individual's LRC team meetings, individual meetings with LRC staff, completion of need-based and strength-based tools, face-to-face interviews with individuals, and contacts with family members and community-based providers.
- SEI Workgroup was charged with evaluating and recommending discharge plans for 40 individuals residing at LRC for more than one year. Of the 40 individuals, 14 (35%) were determined not ready for discharge. Of the 25 individuals who were discharge ready, 14 (48%) were discharged.

Emergency Protective Custody and Mental Health Board Commitments

- Coordination between Crisis Response teams and law enforcement helps to identify alternative methods of care and support for individuals in crisis. In FY14 there were 125 fewer Emergency Protective Custody (EPC) admissions into the Nebraska Behavioral Health System (NBHS) compared to FY13.
- The number of individuals committed by a Mental Health Board (MHB) decreased by 34% from FY12 to FY14. This indicates more people are being provided the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system.





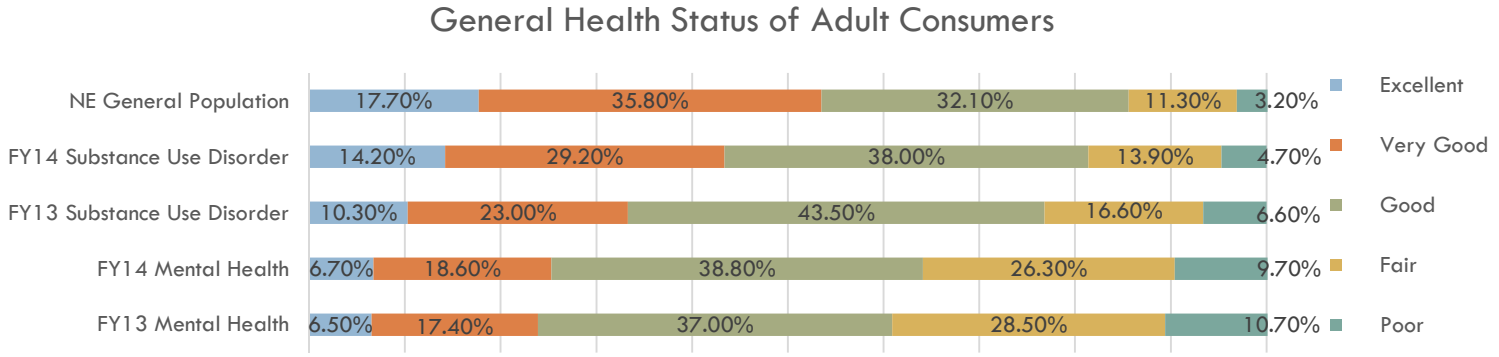
Source: FY14 DHHS Indicators Report

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 Health, Home, Purpose, and Community.

Health

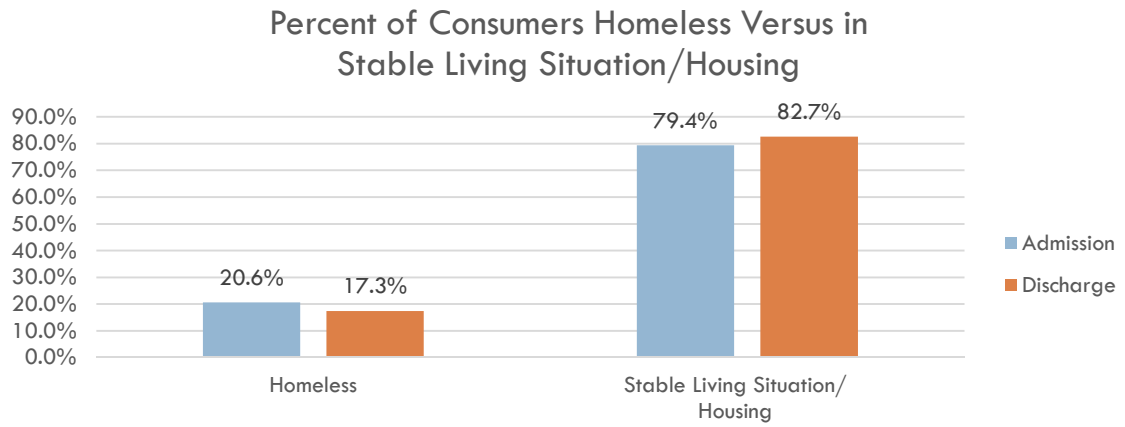
- **Health:** Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has a substance use disorder and, for everyone in recovery, making informed, healthy choices that support physical and emotional well-being.



Source: FY13 and FY14 Consumer Survey Reports; General Population statistics are from 2012 BRFSS

Home

- **Home:** Having a stable and safe place to live.
- In FY14, DBH services continued to help support improvement in establishing stable housing with nearly $2.5 million dollars in funding for Housing Related Assistance and housing coordination. Data from FY14 demonstrated a decrease in the percent of clients who reported being homeless at discharge compared to the percent at admission. Data then also showed an increase in the percent who had a stable living situation from the time of admission compared to the percent at discharge.

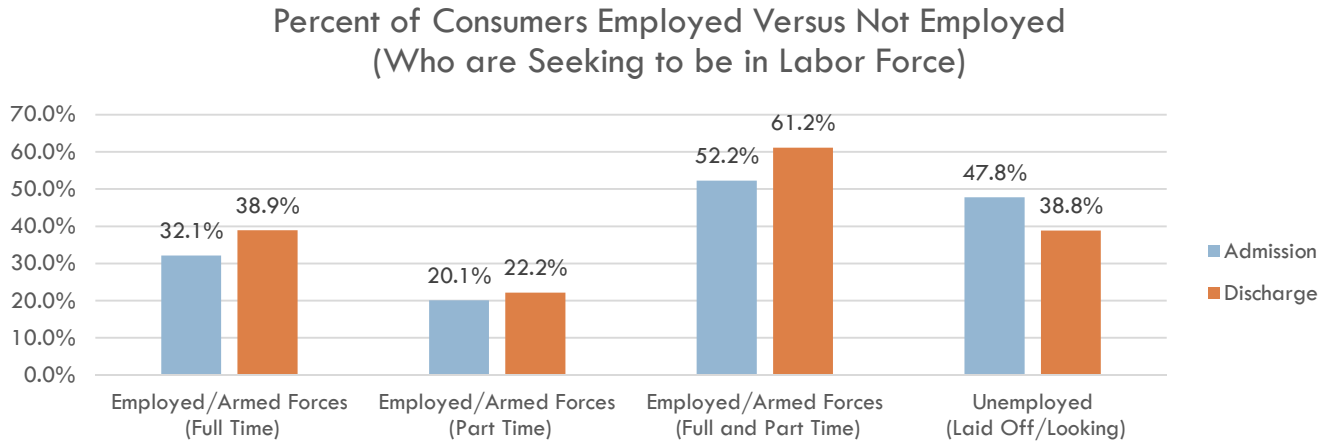


Source: FY14 Consumer Data for Those with Admission and Discharge Housing Data (08.14 Magellan Extract)

Measurements of Recovery

Purpose

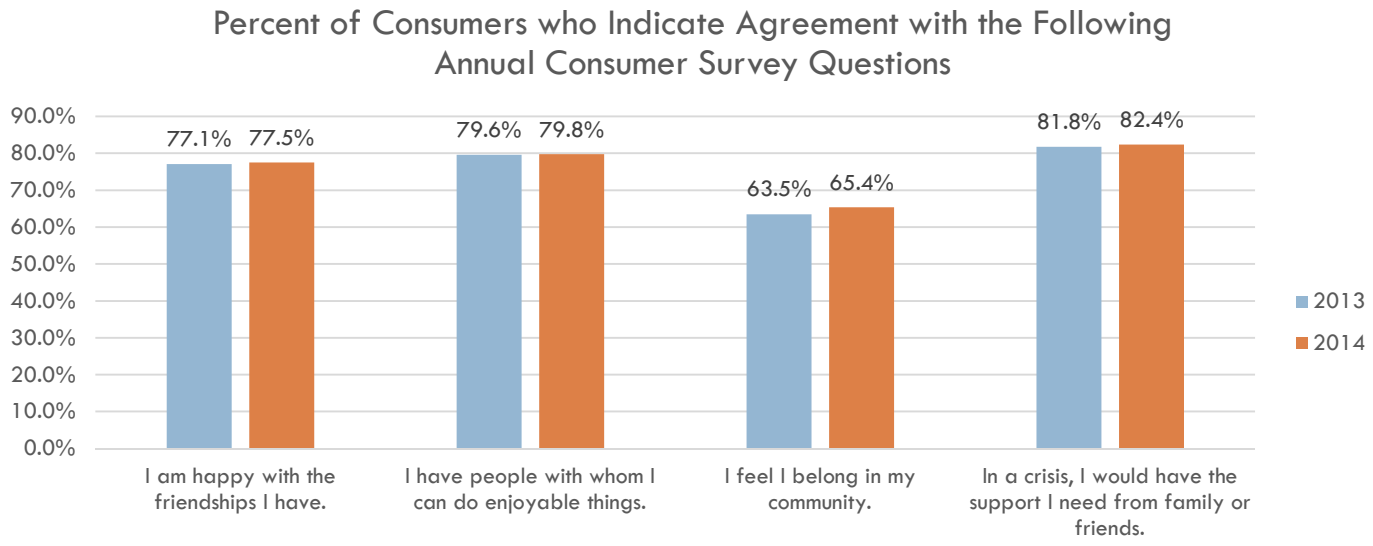
- **Purpose:** Having meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.
- In FY14, there was an increase in employed consumers between admission to discharge, particularly in full time employment of 35 or more hours a week. Data below reflects only those consumers who desire to be in the labor workforce and does not include other consumers who have chosen additional means of purposeful work such as through school, volunteerism, or at home.



Source: FY14 Consumer Data for Those with Admission and Discharge Employment Data (08.14 Magellan Extract)

Community

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



Source: FY13 and FY14 Consumer Survey Reports

Office of Consumer Affairs

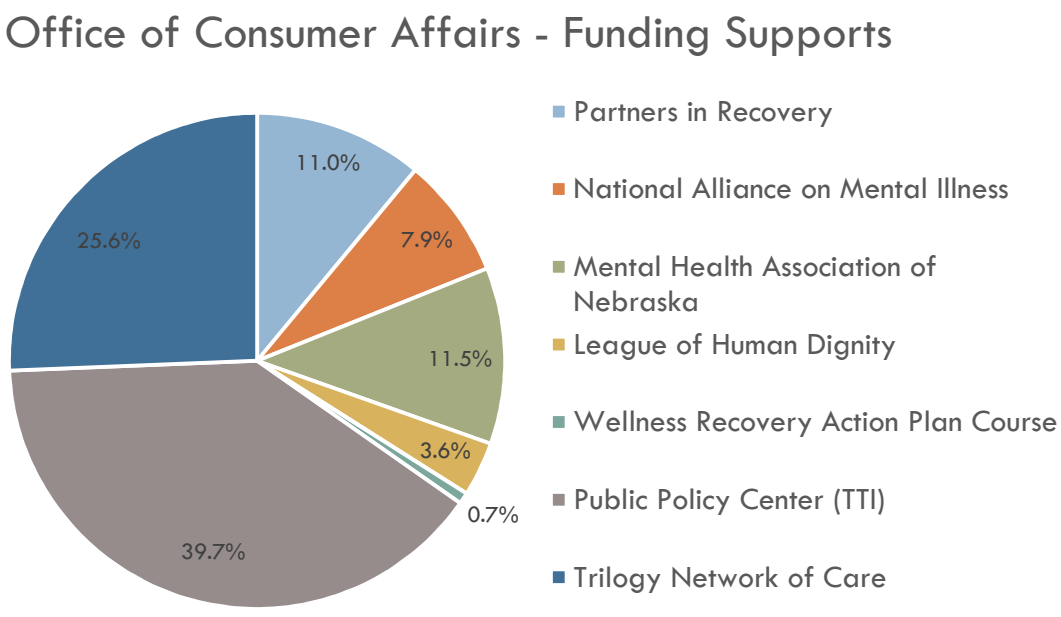
The Office of Consumer Affairs (OCA) helps people who have experienced mental illness and/or substance use disorders to pursue a journey of recovery which will allow him or her to live a meaningful life in a community of his or her choice, while striving to achieve his or her full potential. OCA staff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

- Peer Support Services provide on-going support to behavioral health consumers by behavioral health consumers.
- The Certified Peer Support and Wellness Specialist Training grew out of a Transformation Transfer Initiative from SAMHSA or TTI Grant in 2009.
- As of the end of FY14, there were 232 certified Peer Support and Wellness Specialists in Nebraska.

FY14 Events

- In FY14, the OCA helped to support the Nebraska Trauma across the Lifespan Conference in Lincoln, NE. The event hosted nationally recognized speakers in addition to nearly1,000 attendees.
- The OCA also held numerous meetings and trainings throughout FY14 to further promote consumer wellness and workforce efforts. These events included People's Council meetings, Peer Support Facilitator Circle meetings, Peer Support and Facilitator trainings, Peer Support Credentialing Steering Committee meetings, Vicarious Trauma training, development of a trauma website, a smoke-free living webinar and created the Peer Support Implementation Plan.
- In FY14, there were nearly 100,000 visits to the Nebraska Network of Care website.



Contact Information

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Chief Executive Officer – Regional Centers
Bill Gibson
Phone: (402) 479-5388

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Hastings Facility
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Hastings, NE 68902

Norfolk Facility
Operating Officer – TyLynne Bauer
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Norfolk, NE 68702-1209

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Nebraska Department of Health and Human Services
Lincoln, NE 68509-5026
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If you are in need of services, please visit the Network of Care website: www.networkofcare.org or call the Nebraska Family Helpline: 888-866-8660 or the Behavioral Health Consumer Line: 800-836-7660

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Susan Adams, M.A.
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Karen Harker, B.A.
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Quality Improvement and Data Performance Administrator
Heather Wood, M.S.
Phone: (402) 471-1423

Appendix

Definitions of Terms

- **Emergency Services** – Each behavioral health 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