

Nebraska Division of Behavioral Health

**Joint Committee Meeting**  
**State Advisory Committee on Mental Health Services (SACMHS)**  
**State Advisory Committee on Substance Abuse Services (SACSAS)**  
August 13, 2015/ 9:00 am – 3:40 pm Lincoln, NE – Country Inn & Suites

Meeting Minutes

**I. Call to Order/Welcome/Roll Call**

*John Trouba*

John Trouba, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present to the meeting. Trouba noted the Agenda was updated on August 11, 2015 with time changes to accommodate speakers and that Cameron White will be filling in for Calder Lynch. The Open Meetings Law was posted in the meeting room. Two new members to the State Advisory Committee on Mental Health Services, Bob Doty and Nathan Busch, and new DBH staff member, Debra Sherard, were introduced.

Roll call was conducted and a quorum was determined for the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

State Advisory Committee on Mental Health Services Members in Attendance: Nathan Busch; Sheri Dawson; Bob Doty; Patti Jurjevich; Linda Krutz; Phyllis McCaul; Ashley Pankonin; Rachel Pinkerton; Joel Schneider; Mark Schultz; Mary Thunker; Diana Waggoner; Cameron White. Members Absent: Adria Bace; Karla Bennetts; Bev Ferguson; Kathleen Hanson; Kasey Moyer.

State Advisory Committee on Substance Abuse Services Members in Attendance: Sheri Dawson; Ann Ebsen; Ingrid Ganseboom; Jay Jackson; Janet Johnson; Dusty Lord; Kimberley Mundil; Michael Phillips; Randy See; Mary Wernke. Members Absent: Paige Hruza; Todd Stull.

DHHS Staff in Attendance: Susan Adams; Sheri Dawson, Carol Coussons De Reyes; David DeVries; Karen Harker; Cynthia Harris, Sherri Lovelace, Courtney Phillips, Lisa Rolik, Debra Sherard, John Trouba; Kathy Wilson, Heather Wood.

**Motion to Approve Minutes**

*Chairpersons Diana Waggoner & Ann Ebsen*

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner and State Advisory Committee on Substance Abuse Services (SACSAS) Chairperson Ebsen welcomed members, guests and staff to the meeting and introduced the minutes as written. Hearing no corrections or comments, SACSAS Chairperson Ebsen called for a motion to approve the March 17, 2015 meeting minutes as written. Moved by Lord and seconded by Wernke, the motion passed unanimously. SACMHS Chairperson Waggoner called for a motion to approve the March 17, 2015 meeting minutes. Moved by Thunker, seconded by Pinkerton, the motion passed on a vote by acclamation.

**II. Department of Health & Human Services CEO Introduction**

*Courtney Phillips*

Director Dawson introduced DHHS Chief Executive Officer Courtney Phillips, noting the leadership and energy she brings to DHHS.

CEO Phillips reported she has been traveling across the state meeting with system stakeholders. She identified her top priority has been completing the DHHS leadership team and she was happy to announce her most recent appointment of Sheri Dawson as Director of the Division of Behavioral Health. She identified her leadership team and expectations for DHHS, emphasizing that problem solving begins with internal conversations to break down silos, working to implement goals, and constantly evaluating progress. She stated her commitment to work across systems to address behavioral health needs. She emphasized the active role of the entire community in working to make change happen.

Chairperson Ebsen encouraged CEO Phillips to utilize the Joint Committee in her efforts to improve behavioral health care in Nebraska.

### **III. Medicaid and Long Term Care Update**

*Cameron White for Calder Lynch*

Cameron White, Administrator for the Division of Medicaid & Long Term Care (DHHS MLTC), speaking on behalf of Director Calder Lynch, DHHS MLTC, identified recent collaborative efforts with the DBH, including increased attention to Systems of Care development, training on Trauma-Informed Care, and data sharing. DHHS MLTC is developing services in the autism spectrum for children covered by Medicaid. White also noted Director Lynch's support for efforts to better integrate behavioral health with physical health.

Director Dawson commented that she supports the new collaborative efforts and working together with Nebraska Medicaid and Magellan of Nebraska on such agreements and proposals.

Discussion followed with Chairperson Ebsen presenting an example of a gap in care for a 15-year old youth with behavioral health needs. Dawson noted all DHHS divisions can come together to problem solve on these types of tough cases. Members noted that this case illustrates a gap in step down care and that services are not always available for youth or transition age youth. Members noted the importance of bringing these issues forward to local, regional, and state partners in the behavioral health system. Members noted the imperative for least restrictive care with recognition of what strengths the families have and what pieces can put in place to help them succeed. Discussion led to the following motions:

**Motion:** Substance Abuse Committee (SACSAS) recommendation to the Division of Behavioral Health to present information to the Joint Committee that identifies gaps in the system of available services for youth and create solutions. Motion by Chairperson Ebsen, seconded by Mundil. Roll call vote called by Chairperson Ebsen. Voting Yes (9): Ebsen, Gansebom, Jackson, Johnson, Lord, Mundil, Phillips, See, and Wernke. Voting No (0): None. Abstained (1): Dawson. Absent: Hruza and Stull. Motion is adopted with nine (9) members voting yes.

**Motion:** Mental Health Committee (SACMHS) recommendation to the Division of Behavioral Health to present to the Joint Committee information that identifies gaps in the system of available services for youth and create solutions. Chairperson Waggoner entertained a motion by Hoefs, seconded by Thunker. Roll call vote. Voting Yes (13): Busch, Doty, Hoefs, Jurjevich, Krutz, McCaul, Pankonin, Pinkerton, Schneider, Schulz, Thunker, Waggoner, and White. Voting No (0): None. Abstained (1): Dawson. Absent: (4): Bace, Bennetts, Hanson, and Moyer. Motion is adopted with thirteen (13) members voting yes.

### **IV. Public Comment – There was no comment offered at the morning public comment opportunity.**

### **V. Director's Update**

*Sheri Dawson*

Sheri Dawson, Director of the Division of Behavioral Health, thanked committee members for their service. She reviewed recent activities, including the Legislative Judiciary Committee LR295 interim hearing at the Hastings Regional Center, the Legislative Performance Audit, and work with system partners and initiatives, including the children's System of Care proposal for implementation and First Episode Psychosis pilot program.

Director Dawson emphasized the quality improvement activities occurring in DBH, citing the examples of collaborative efforts with systems partners, including improvements in the process of serving individuals entering the behavioral health system from the court system.

Director Dawson announced an opportunity for the advisory committees to receive technical assistance from SAMHSA. Planning for this activity will include a survey of members to be distributed in September or October.

Director Dawson responded to questions about the status of training and certification of peer support specialists; the UNL Public Policy Center has developed recommendations to move forward. Dawson also noted that the state hospitals are working to implement a Peer Bridger Program at the hospitals. Dawson confirmed DBH will be coordinating a work group to look at the behavioral health needs of individuals in crisis who present at community hospital emergency rooms, as well as utilizing peer support in mental health triage.

Director Dawson thanked members for their well wishes on her appointment as Director of the Division of Behavioral Health. One of her first agenda items is to complete her leadership team, with the priority being the CEO of the Lincoln Regional Center. She encouraged everyone to approach each day as an opportunity and to be in the moment.

## **VI. Community Integration**

Cynthia Harris (See Attachment 1)

Cynthia Harris, Network Operations Cross Systems Specialist in the Division of Behavioral Health, introduced a presentation entitled Community Integration: Technical Assistance Collaborative. She explained the integration mandate of Title II Americans with Disabilities Act (ADA) and the Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) that provides legal requirements to reduce the impact of substance abuse and mental illness on American's communities and how being an active member of a community is an important part of recovery for person with behavioral health conditions.

Harris presented information on recent DBH community integration efforts, including work with the Technical Assistance Center, Inc. to consult about community integration planning, maximize services and funding strategies to support community integration; and maximize housing opportunities and partnerships.

Discussion included investment in supportive housing, the specific needs of veterans, homelessness and community reentry concerns involving the justice system, and housing continuum of care challenges.

## **VIII. FY2016 -2017 Block Grant Application & Priorities** Karen Harker & Heather Wood (See Attachment 2)

Karen Harker, Fiscal and Federal Performance Administrator, reviewed the SAMHSA Block Group application process and presented financial information on estimated expenditures. The expenditure tables identify how Nebraska plans to spend funds on services to meet state goals and meet requirements for the use set forth for those dollars.

Harker identified specific funded services, for example, prevention services, set-aside funded services, suicide prevention intervention and post-intervention activities, and maintenance of effort. Harker entertained questions and provided answers related to the First Episode Psychosis set-aside, stability of block grant funding, continuous quality improvement driven by data, funds available to assist persons experiencing homelessness, and continued work to support a recovery oriented system of care in Nebraska.

Harker encouraged Committee members to submit feedback and comments no later than August 21, 2015. Harker explained that two years ago, the Division of Behavioral Health's Block Grant application was considered the gold standard; it is her goal to repeat that with this application.

Heather Wood, Quality Improvement and Data Performance Administrator in the Division of Behavioral Health, introduced the topic of state priorities identified in the Block Grant for FY2016-17. Wood presented information developed through the needs assessment planning process, including strengths and needs, unmet service needs/critical gaps, and priority areas addressing targeted populations and other priority populations.

Wood then presented the proposed priority areas and goals, objectives, strategies and performance indicators for the FY2016-2017 Block Grant. Priority areas include Alcohol Use Among Youth and Young Adults, Co-Occurring Disorders Services, Trauma-Informed Services, First Episode Psychosis and Tuberculosis.

There was a call for questions, comments and recommendations:

- Members commented the goals and priorities look good and are in alignment. The focus on co-occurring disorders is appropriate and further thought should be given about ways to incorporate mental health with physical health. Wood noted it will be a natural extension and working with DHHS Division of Public Health will reinforce that aspect. Harker added that work on this is being done through region integration efforts.
- Members commented that there is a lot of data provided on binge drinking but it seems like most of our youth are smoking marijuana and taking Xanax. In response, Wood noted available data shows underage alcohol consumption continues to be the number one problem among youth in Nebraska. She noted in regards to marijuana use, the perception of risk is going down while usage is going up and we are watching the trends.
- Is the Division of Behavioral Health tracking the use of synthetics (marijuana)? Wood answered in the affirmative. It was noted that many are seeing a dramatic increase in the use of synthetics and when Wood reported that the use of synthetic marijuana is included with measuring marijuana use, it was suggested to identify it separately.
- Members noted that a lot of the data comes from the Omaha area where the population is larger but the differences between that data and data from sparsely populated areas are great; Western Nebraska is not only sparsely populated compared to eastern Nebraska but has a different culture with dramatically different social and environmental factors, including sharing a border with Colorado where personal use of marijuana is now legal.

- A question was asked if individuals who in a rage cause harm to others is an example of a mental health problem. Harker responded that there hasn't been much discussion nor is the data consistent enough to inform us about associated behavioral health issues. Extreme prudence should be exercised to not link behavioral health issues and acts of rage violence.
- A question was posed as to whether behavioral risk surveys include environmental factors. DeVries noted the youth surveys, such as the YRBS, ask a limited number of questions about environmental factors. In addition, DeVries reported the BRFSS survey group is working to add a marijuana section in the survey to provide more data in the future.

## **VII. Public Comment – Three visitors offered comments during the afternoon public comment period.**

**Linda Jensen** addressed the committees to express her support of the Peer Bridger Program but had concerns that all not peers working in the field are receive adequate ongoing training, especially volunteers. She noted that Peer Specialists work in stressful situations. She recommended the committees support a career path for Peers Specialists in the workforce.

**Janine Brooks** addressed the committees regarding the service gaps for people who have diagnoses in the autism spectrum and the changing availability of services over time. She asked the committees to support services for the autism community, including adults.

**Janice O'Neill** addressed the committees to express her concern that adults with ASD are often unable to access services because they are not covered. Many people with an ASD diagnosis still need assistance with transportation and other daily living activities even though they do not meet criteria for services.

## **IX. Committee General Comments and Observations**

*Diana Waggoner & Ann Ebsen*

Harker announced that the final Block Grant application will be posted. It is due September 1<sup>st</sup> so it will remain in draft form until that time. Written comments should be submitted to John Trouba at DBH no later than August 21, 2015. Committee members noted the Block Grant application contains a lot of information and asked if an executive summary could be provided.

Chairperson Waggoner announced that the time of adjournment was near and one activity at the end of a meeting that they always do is pass the microphone around for comments about good things people got out of the meeting as well as ways to improve future meetings.

1. Members congratulated Director Dawson on her appointment.
2. Members recommended using small break out groups to facilitate discussions and develop suggestions.
3. The Committee really enjoyed having CEO Courtney Phillips address the group, noting a new level of enthusiasm and cooperation.
4. Members expressed appreciation for the dedication and commitment of members and the DBH.
5. Members expressed a concern that meetings cover a lot of ground, perhaps with too much data and too many reports and too little dialogue, but the meetings are informative.
6. Members expressed a concern that the committees were not being asked to help improve the behavioral health system and if anyone has any suggestions, the Division seems very open to hearing from all members.

## **X. Adjournment and Next Meeting**

Since there was no longer a quorum present for either committee, the meeting was declared adjourned at 3:40 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is scheduled on November 19, 2015. At the upcoming meeting, the committees will be set a 2016 meeting schedule and elect officers for 2016.

*Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings. 8-13-2015 Meeting Minutes*



# Community Integration: Technical Assistance Collaborative

Nebraska Division of Behavioral Health – Joint Meeting  
State Advisory Committee on Mental Health Services (§ 71-814)  
State Advisory Committee on Substance Abuse Services (§ 71-815)  
August 13, 2015

08/27/2015

*DBH helps systems that help people recover*



## Agenda

- Community Integration
- Integration VS Segregation
- A Bridge to Community Integration
- TAC & DBH Community Integration Initiatives
- Questions & Discussion

## Community Integration

- The integration mandate of Title II Americans with Disabilities Act (ADA) and Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999), provide legal requirements consistent with SAMHSA's mission to reduce the impact of substance abuse and mental illness on America's communities.
- Being an active member of a community is an important part of recovery for persons with behavioral health conditions.
- ADA and enforcement regulations require that states provide services in the most integrated arrangement appropriate and prohibit needless institutionalization and segregation in work, living, and other settings.

Technical Assistance Collaborative, Inc.  
May 2015

## ADA & Olmstead

- Move people from institutional to community settings
- Ensure that individuals live in the least restrictive environment that will accommodate their needs and allow them to have good quality of life
- Prevent individuals from being re-admitted to institutional settings due to lack of community supports.

Technical Assistance Collaborative, Inc.  
May 2015

## Definitions

- Institutions – are not just state hospitals but include all congregate living settings such as nursing homes, adult care homes, residential programs, and, at times apartment complexes
- Integration – must include living in natural community settings like we all do; include choice of type/location; and support choices to have a roommate, or not.

Technical Assistance Collaborative, Inc.  
May 2015

## Integrated Settings

- ❖ Located in mainstream society?
- ❖ Offers access to community activities and opportunities at times, frequencies and with persons of an individual's choosing?
- ❖ Affords individuals choice in their daily life activities?
- ❖ Provides individuals with disabilities the opportunity to interact with non-disabled persons to the fullest extent possible?

U.S. Dept. of Justice. Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.

Technical Assistance Collaborative, Inc.  
May 2015

## Segregated Settings

- Congregate settings populated exclusively or primarily with individuals with disabilities?
- Congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individual's ability to engage freely in community activities and to manage their own activities of daily living?
- Settings that provide for daytime activities primarily with other individuals with disabilities?

U.S. Dept. of Justice. Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and Olmstead v. L.C.

Technical Assistance Collaborative, Inc.  
May 2015

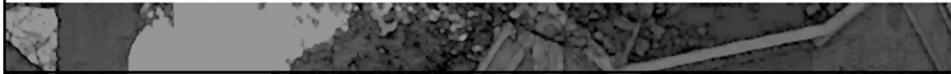
## A Bridge to Community Integration

- Goals
  - Recovery
  - Community Integration
  - Quality of Life
  - Trauma Informed Care
- Values
  - Self-determination and empowerment
  - Dignity and worth of every individual
  - Optimism that everyone has the capacity to recover, learn and grow
  - Wellness
  - Cultural Diversity
  - Promotion of valued social roles and normalized environments

Technical Assistance Collaborative, Inc.  
May 2015

## Recovery Oriented Systems

Nebraskans living with psychiatric disabilities require opportunities and resources that strengthen their recovery, resiliency, wellness, and community participation to assist them on the path to living healthy and successful lives.



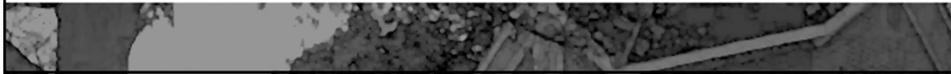
## Health

- *Health*: overcoming and/or managing one's psychiatric disability: This includes living a physically and emotionally healthy lifestyle.



## Home

- *Home*: a stable and safe environment that encourages recovery, resiliency, wellness, and community participation.



## Purpose

- *Purpose*: The involvement in meaningful daily activities that allow individuals to take care of themselves and their families, independence, income, live a self-directed life based on personal choices, and opportunities to participate in society



## Community

- *Community*: Healthy relationships and social systems within the community that provide support, friendship, love, and hope.

## TAC- DBH Community Integration

Between 2012-2015 DBH has secured the Technical Assistance Center, Inc. to provide consultation in community integration efforts.

TAC conducted the following

- Limited environmental scan
- System Enhancement Initiative
- Focus groups and meetings with State leadership
- Trainings presented to the workforce

## TAC's Recommendations

1. Lead an *Olmstead* planning process that leads to the development of a working '*Olmstead* Plan.'
2. DBH should maximize services and funding strategies to support community integration.
3. DBH should maximize housing opportunities and partnerships to support community integration.

[http://dhhs.ne.gov/behavioral\\_health/Documents/NebraskaCommunityIntegrationFinal414.pdf](http://dhhs.ne.gov/behavioral_health/Documents/NebraskaCommunityIntegrationFinal414.pdf)

## SEI Recommendations

1. Develop additional housing options.
2. Develop more opportunity for peer support.
3. Develop health information technology and telecommunication options.
4. Enhance community-based service options.
5. Enhance discharge planning.

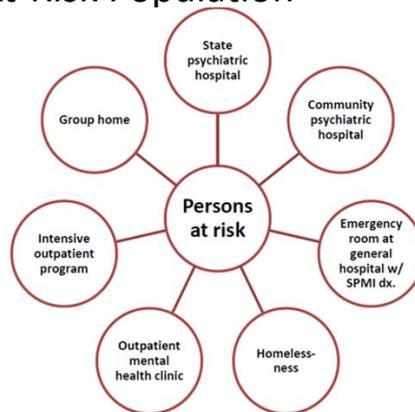
## Future DBH Community Integration Efforts

### Development of a three year Strategic Supportive Housing Plan

- What are the goals of the plan ?
- How to include implementation plan/action plan?
- Plan to build on existing initiatives
- SWOT assessment
- Quality assurance and accountability
- Consumers included at all levels of the planning process
- Increase Peer Services – Peer Bridger
- Who are the key stakeholders and agencies across systems?
- How to address when providers refuse to serve ?
- Identify at-risk populations
- Identify existing initiatives

## Future DBH Community Integration Efforts

### - Identify At-Risk Population



## Future DBH Community Integration Efforts

- Identify housing inventories and pathways
  - Continuum of residential and housing services
    - What are the existing types/areas of housing?
    - Identify duplication
    - Identify gaps
- Identify housing opportunities and partnerships to support community integration.
  - Identify strategies to determine unmet supportive housing needs within the state

## Future DBH Community Integration Efforts Other Questions

- What are ways to get buy in from various systems and partners?
- What should the ongoing training look like, who will do it?
- How will we as a system know when we have been successful?
- What training/resources are helpful in addressing the challenge of providers refusing to serve individuals?



**Comments?**

**THANK YOU FOR YOUR COMMITMENT TO HELPING  
PEOPLE LIVE BETTER LIVES!!!**

**Cynthia Harris, M.S., CPSWS**  
Network Operations  
Cross Systems Specialist  
[Cynthia.Harris@nebraska.gov](mailto:Cynthia.Harris@nebraska.gov)  
402-471-7766

**John Trouba**  
Fiscal and Federal Performance Team  
Federal Aid Administrator II  
[john.trouba@nebraska.gov](mailto:john.trouba@nebraska.gov)  
402-471-7824



08/27/2015 *DBH helps systems that help people recover*



# Block Grant Priorities FY2016-FY2017

August 13, 2015



*DBH helps systems that help people recover*

## BG Requires...



### Needs Assessment for MHBG & SABG:

- Strengths and needs
- Unmet service needs/critical gaps
- Identify priority areas addressing targeted populations and other priority populations
- Establish goals, objectives, strategies and performance indicators



## Overview of Individuals Served in Community Based Settings

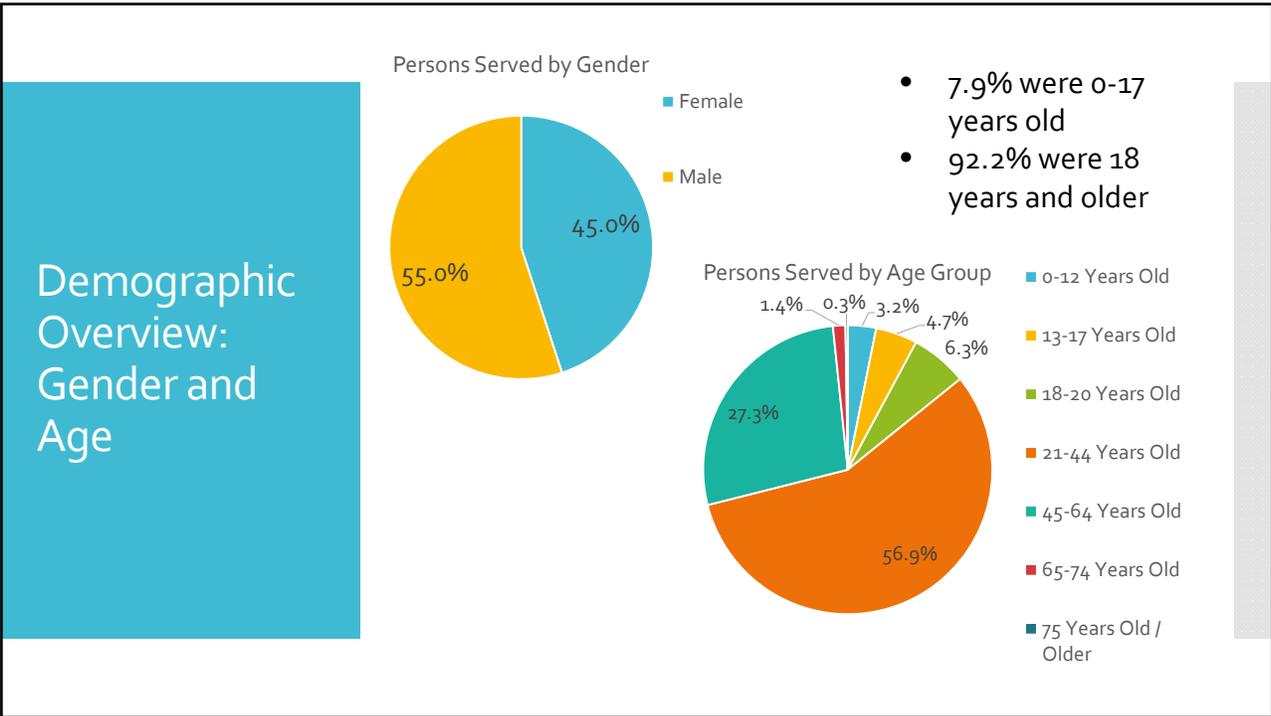
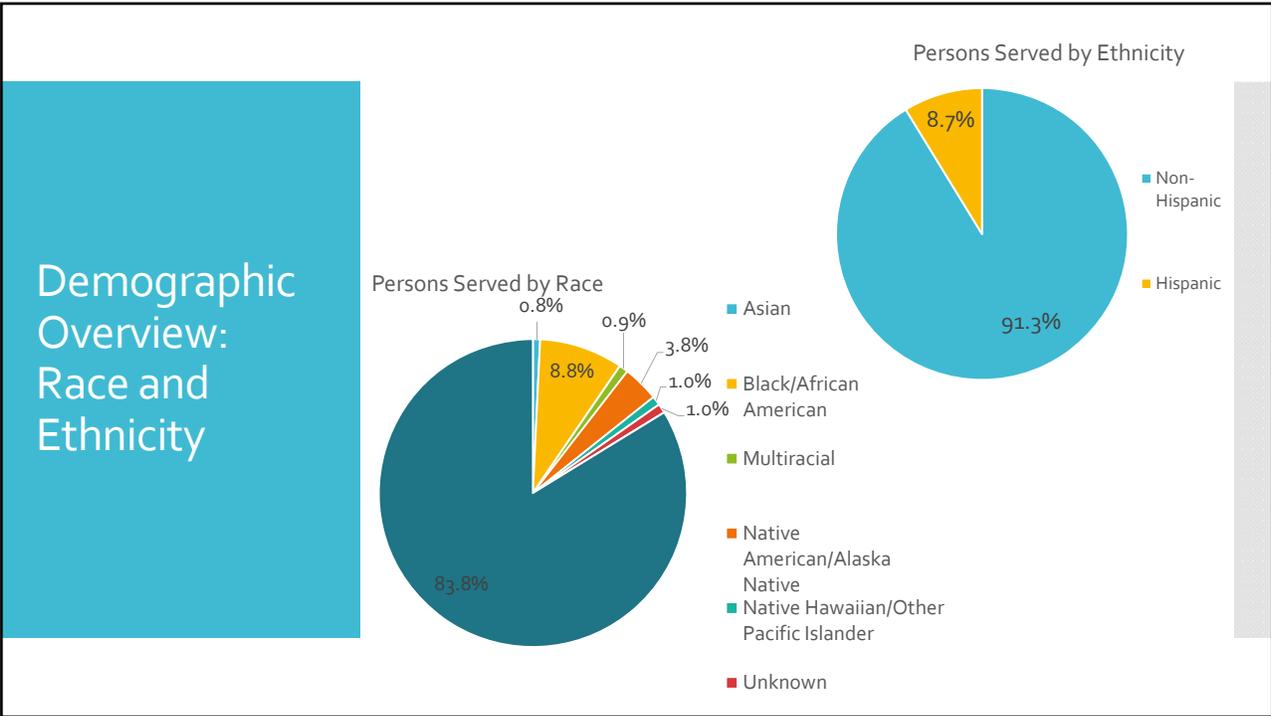
In Fiscal Year 2014 (FY14), the Division of Behavioral Health funded community-based services for **31,994** individuals.

- **21,794** people received mental health services
- **13,259** people received substance use disorder services
- **475** people received dual disorder services

## Overview Continued

When considering service breakdown in FY2014 by just mental health and substance use:

- **13,518** received treatment for substance use disorders
- **22,579** received treatment for mental health disorders



Mental Health Targeted Populations – Serious Emotional Disturbance (SED)

URS Table 2A. Profile of Persons Served, All Programs Age 0-17

age 0-17 years	2,210	9.8%
Total	22,579	100.0%

URS Table 14A. Profile of Persons with SED served Age 0-17

age 0-17 years	1,674	10.8%
Total	15,451	100.0%

Mental Health Targeted Populations – Serious Mental Illness (SMI)

URS Table 2A. Profile of Persons Served, All Programs Age 18+

Total age 18+	20,366	90.2%
Total	22,579	100%

Of this population reported on Table 2A, 43% are between the ages of 25-44 (9,764) and 32% are between the ages of 45-64 (7,198).

Table 14A. Profile of Persons with SMI served Age 18+

Total age 18+	13,777	89.2%
Total	15,451	100%

Of this population reported on Table 14A, 84% of the persons served are age 21-64 years (12,925).

Substance Use  
 Disorder (SUD)  
 Priority  
 Populations

- P1. Pregnant and current intravenous drug using women;
- P2. Pregnant substance abusing women;
- P3. Current intravenous drug users;
- P4. Women with dependent children, including those attempting to regain custody of their children;

Data Trends  
 for SUD  
 Priority  
 Populations

Population: Pregnant Injecting (IV) Drug Users

FY2013	41	0.1%	31,974
FY2014	39	0.1%	31,994

Population: Pregnant Substance Abusers

FY2013	253	0.8%	31,974
FY2014	189	0.6%	31,994

Population: Injecting Drug Users

FY2013	1,715	5.4%	31,974
FY2014	1,735	5.4%	31,994

## Priority Needs and Wait Data

- There were 590 priority consumers waiting for services in FY2014.
- The majority of identified priority consumers waiting for substance abuse services were Women with Dependent Children (39%, n=229).
- Most people identified as priority consumers waiting for substance abuse services were waiting for admission into Short-Term Residential services (63%, n=347).

## Prevalence Estimates for 18 Years and Older

Regional Behavioral Health Authority	2013 Population Estimates	Estimate of those 18 and older (75.15%)	Estimated% of Pop. 18+ with SMI (NSDUH's 4.2% SMI est.)	Estimated % of Pop. 18+ with AMI (NSDUH's 18% AMI est.)	Estimated MH Treatment for 18+ with AMI (NSDUH's 47.5% AMI Tx est.)	Estimated% of Pop. 18+ with Dependence or Abuse of Illicit Drugs or Alcohol (NSDUH's 9.7% SUD est.)
1 (Panhandle/Western)	87,104	65,458	2,749	11,782	5,597	6,349
2 (South Western)	100,642	75,631	3,177	13,614	6,466	7,336
3 (South Central)	229,646	172,576	7,248	31,064	14,755	16,740
4 (Northeast & North Central)	206,304	155,035	6,511	27,906	13,255	15,038
5 (Southeast)	456,138	342,782	14,397	61,701	29,308	33,250
6 (Eastern)	788,682	592,685	24,893	106,683	50,675	57,490
<b>Nebraska Totals</b>	<b>1,868,516</b>	<b>1,404,168</b>	<b>58,975</b>	<b>252,750</b>	<b>120,056</b>	<b>136,204</b>

## Proposed Priority Areas and Block Grant Goals for FY2016-FY2017

### Alcohol Use Among Youth and Young Adults

**According to the United Health Foundation for American's Health Rankings 2014 Nebraska has a very high prevalence of binge drinking.**

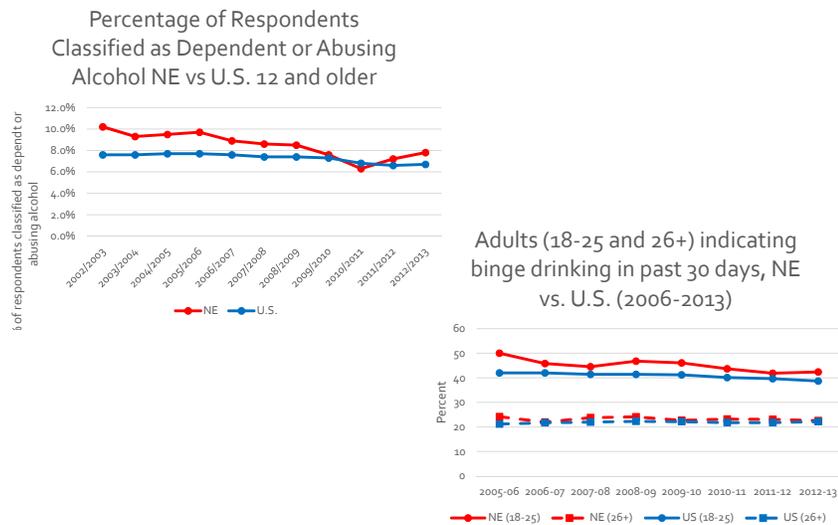
- 20% of Nebraska adults report binge drinking placing it at the 44th rank among the 50 states.

**Underage alcohol consumption continues to be a problem among youth in Nebraska.**

- The National Survey of Drug Use and Health (NSDUH) indicates youth alcohol use rates, and binge drinking in particular, are higher in Nebraska compared to national rates.
- According to 2012-2013 survey results, 16.2% of people aged 12-20 in Nebraska reported having binge drank in the past month compared to the national average of 14.7%.

## Alcohol Use Among Youth and Young Adults Continued

Additional trends further show the need to prioritize prevention efforts targeting underage and binge drinking amongst Nebraska youth and young adults.



## Prevention: Alcohol Use Among Youth and Young Adults

Priority Type:  
SAP

Population(s):  
Other

- **Goal of the priority area:** Reduce underage and harmful alcohol use among youth and young adults.
- **Objective:** Reduce the prevalence of underage drinking by high school students and the prevalence of binge drinking by young adults ages 19 to 25.
- **Indicator #1:** Reduce the prevalence of underage drinking by high school students.
- **Indicator #2:** Reduce the prevalence of binge drinking by young adults aged 19 to 25.

**Indicator #1:**  
Reduce the prevalence of underage drinking by high school students.

- **Data Source:**
  - 1) Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2001–2015
- **Description of Data:**
  - 1) The Youth Risk Behavior Surveillance System is a national school-based survey conducted by the CDC and state, territorial, tribal, and local education and health agencies and tribal governments. This survey monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, inadequate physical activity and the prevalence of obesity and asthma among youth and young adults.
- **Baseline Measurement:**
  - 1) Percentage of students in 9th-12th grade who reported drinking in the past month was 26.6% in 2011.

**Indicator #2:**  
Reduce the prevalence of binge drinking by young adults aged 19 to 25.

- **Data Source:**
  - 2) Nebraska Youth Adult Alcohol Opinion Survey (NYAAOS)
- **Description of Data:**
  - 2) Nebraska Youth Adult Alcohol Opinion Survey is a state-wide survey conducted by the Nebraska Division of Behavioral Health and administered by the University of Nebraska-Lincoln Bureau of Sociological Research. The primary purpose of the survey is to (1) enhance understanding of alcohol use, impaired driving, and attitudes and perceptions related to alcohol among 19 to 25 year old young adults in Nebraska and (2) to provide data to community coalitions in Nebraska working to reduce binge drinking among young adults.
- **Baseline Measurement:**
  - 2) Percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 47.1 % in 2012.

**Prevention:  
 Alcohol Use  
 Among Youth  
 and Young  
 Adults**

**Priority Type:  
 SAP**

**Population(s):  
 Other**

- **Strategies to attain the objective:** Work with prevention coalitions across state to continue engaging in partnerships with local schools, colleges and community groups to facilitate trainings and educational activities; enhance awareness of the risks associated with alcohol use. Support increased use of evidence-based interventions in prevention practices.
- **First-year target/outcome measurement:** N/A
- **Second-year target/outcome measurement:**
  - 1) Reduce underage drinking by high school students to less than 25% by June 30, 2017.
  - 2) Reduce the prevalence of binge drinking by young adults to less than 43% by June 30, 2017.

**Co-Occurring  
 Disorders  
 Services  
 (COD)**

The number of individuals served in both a mental health and substance abuse or dual service has risen to nearly 11%.

# of person served

	Dual ONLY		COMBO		Co-Occurring		%
	Youth	Adult	Youth	Adult	#	#	
FY2012	1	72	27	3360	34,938	3460	9.9%
FY2013	3	88	30	3303	31,974	3424	10.7%
FY2014	1	61	38	3311	31,994	3411	10.7%

Source: Magellan July 2012, October 2013, and August 2014 data extracts

It is quite likely these estimates underestimate actual co-occurring treatment needs.

## Co-Occurring Disorders Services (COD)

- Approximately 50% of individuals with severe mental disorders are affected by substance abuse while 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness (NAMI, 2012).
- FY2014 mental health data shows that Nebraska has a higher rate of adults served who have co-occurring disorders than national comparison rates (29% Nebraska vs. 22% U.S.).

	NE		U.S.	
	FY2013	FY2014	FY2013	FY2014
Adults with Co-Occurring MH/SA Disorders	28.9%	29.3%	21.2%	21.6%
Children with Co-Occurring MH/SA Disorders	5.5%	5.3%	5.1%	4.4%

Source: CMHS Uniform Reporting System Multiyear Output Tables, April 2015

## Co-Occurring Disorders Services (COD)

Priority Type:  
SAT, MHS

Population(s):  
SMI, SED,  
PWWDC, IVDUs,  
HIV EIS, TB

- **Goal of the priority area:** Providers better understand how to meet the complexity of needs for persons with Co-Occurring Disorders (COD) in order to improve the treatment and recovery services.
- **Objective:** Statewide scores on selected sections of the COMPASS-EZ will increase.
- **Indicator:** Providers demonstrate better ability to understand persons with Co-Occurring Disorders (COD) in order to improve the treatment and recovery services as reflected in COMPASS-EZ scores.

**Co-Occurring  
Disorders  
Services (COD)**

**Priority Type:**  
SAT, MHS

**Population(s):**  
SMI, SED,  
PWWDC, IVDUs,  
HIV EIS, TB

- **Data Source:** COMPASS-EZ scores reported by providers through Regional Behavioral Health Authorities to the Division of Behavioral Health.
- **Description of Data:** COMPASS-EZ assessment and action planning process from developers Kenneth Minkoff, MD and Christie Cline, MD. The COMPASS-EZ is designed as a survey of a “program”. In a large agency each distinct program uses the COMPASS-EZ to perform its own self-survey.
- **Baseline Measurement:** Statewide scores on COMPASS-EZ as collected in 2013.

**Co-Occurring  
Disorders  
Services (COD)**

**Priority Type:**  
SAT, MHS

**Population(s):**  
SMI, SED,  
PWWDC, IVDUs,  
HIV EIS, TB

- **Strategies to attain the objective:** Use COMPASS-EZ and Co-Occurring trainings to improve treatment and recovery services.
- **First-year target/outcome measurement:** Statewide scores on selected sections of the COMPASS-EZ will increase according to the baseline.
- **Second-year target/outcome measurement:** Statewide scores on selected sections of the COMPASS-EZ will increase according to the baseline and first year target.

## Trauma Informed Services

- Nationally it is estimated that 55% to 99% of women in substance use treatment and from 85% to 95% of women in the public mental health system report a history of trauma. (National Council for Community Behavioral Healthcare, 2012).
- In FY2014, 54% of individuals receiving services reported a history of trauma compared to 42% in FY2012 and 28% in FY2010.
- Females reported a Trauma History (at least 1 Trauma selected) 64.8% of the time while males reported a Trauma History 45.9% of the time.

## Trauma Informed Services

Emotional abuse was the most commonly reported type of experienced trauma in FY2014.

Emotional Abuse	35.6%
Physical Abuse	30.3%
Traumatic Loss of a Loved One	28.4%
Sexual Abuse	21.4%
Witness to Domestic Abuse	20.7%
Physical Assault	20.3%
Serious Accident/Injury	15.8%
Neglect	15.7%
Victim of a Crime	13.7%
Sexual Assault/Rape	13.6%
Witness to Community Violence	12.5%
Life Threatening Medical Issues	10.9%
Sanctuary Trauma	4.8%
Natural Disasters	4.5%
War/Political Violence/Torture	1.8%
Prostitution/Sex Trafficking	1.7%
Victim of a Terrorist Act	1.6%

## Trauma Informed Services

**Priority Type:**  
SAT, MHS

**Population(s):**  
SMI, SED,  
PWWDC, IVDU<sub>s</sub>,  
HIV EIS, TB

- **Goal of the priority area:** Increase the percentage of programs which are trauma informed.
- **Objective:** Statewide scores on selected sections of the FalLOT and Harris Trauma Informed Care (TIC) tool will increase.
- **Indicator:** Providers demonstrate better ability to understand persons with experienced trauma in order to improve treatment and recovery services.

## Trauma Informed Services

**Priority Type:**  
SAT, MHS

**Population(s):**  
SMI, SED,  
PWWDC, IVDU<sub>s</sub>,  
HIV EIS, TB

- **Data Source:** Trauma Informed Care (TIC) tool completed by providers then reported through Regional Behavioral Health Authorities to the Division of Behavioral Health.
- **Description of Data:** The Trauma-Informed Self-Assessment scale is used by programs to assess their own current practices and/or to track their progress in relation to a specific understanding of trauma informed services.
- **Baseline Measurement:** Statewide scores on TIC tool as collected in 2013.

## Trauma Informed Services

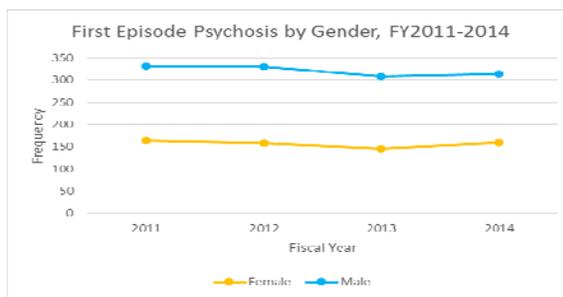
Priority Type:  
SAT, MHS

Population(s):  
SMI, SED,  
PWWDC, IVDU's,  
HIV EIS, TB

- **Strategies to attain the objective:** Providers will use data from TIC assessments to determine areas for improvement and needed training to help ensure the service system is sensitive to experienced trauma.
- **First-year target/outcome measurement:** Statewide scores on selected sections of the TIC tool will increase according to the baseline.
- **Second-year target/outcome measurement:** Statewide scores on selected sections of the TIC tool will increase according to the baseline and first year target.

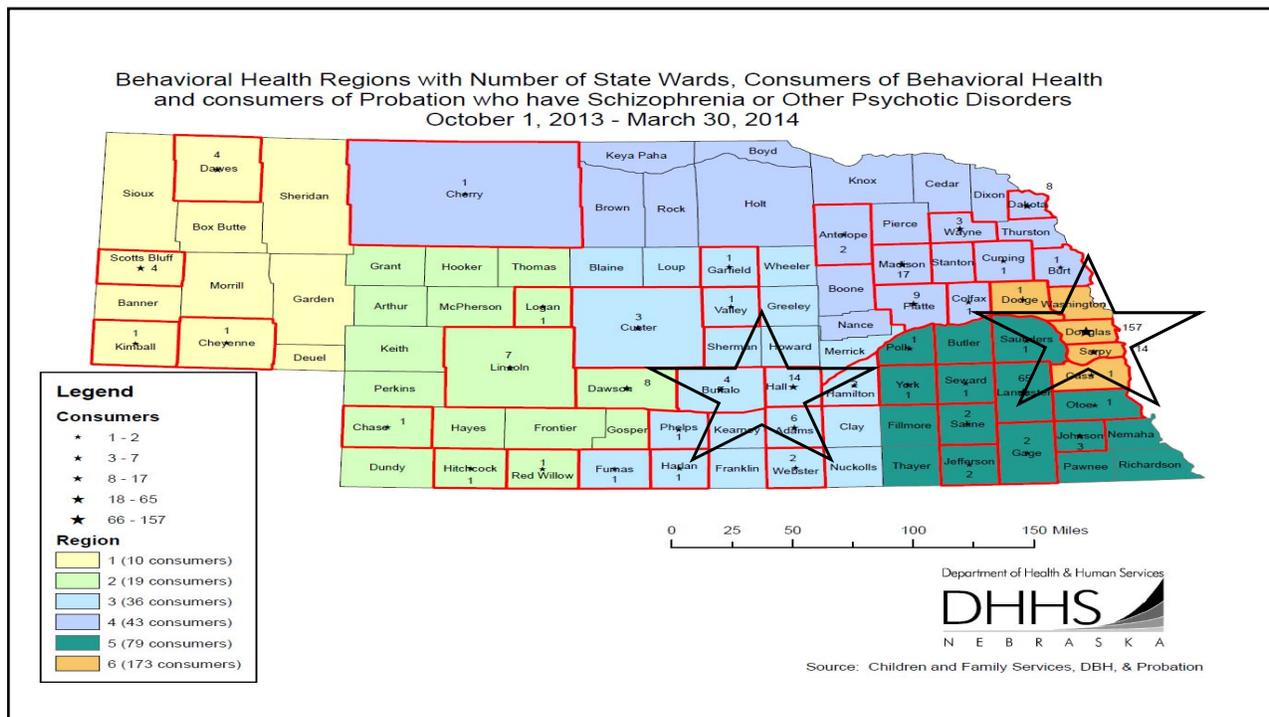
## First Episode Psychosis (FEP)

Review of recent treatment data shows a fairly consistent group of both males and females between the ages of 12 up to 26 who have a psychotic diagnosis.



First Episode Psychosis by Gender, FY2011-2014

Gender	Fiscal Year			
	2011	2012	2013	2014
Female	164	158	146	159
Male	332	331	308	314
Total	496	489	454	473



**First Episode Psychosis (FEP)**

**Priority Type: MHS**

**Population(s): SMI, SED**

- **Goal of the priority area:** Improve the system such that more people are being provided the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system.
- **Objective:** Improve functioning for youth and young adults who have experienced a first episode of psychosis.
- **Indicator:** Providers will help improve functioning for youth and young adults with a first episode of psychosis.

## First Episode Psychosis (FEP)

Priority Type:  
MHS

Population(s):  
SMI, SED

- **Data Source:** Mental Illness Research, Education, and Clinical Center version of the Global Assessment of Functioning Scale (MIRECC-GAF).
- **Description of Data:** The MIRECC GAF measures occupational functioning, social functioning, and symptom severity on three subscales. Scores for each of the three subscales will be recorded and collected to evaluate change in functioning during FEP treatment.
- **Baseline Measurement:** Will establish baseline through pilot program use of MIRECC-GAF assessment tool.

## First Episode Psychosis (FEP)

Priority Type:  
MHS

Population(s):  
SMI, SED

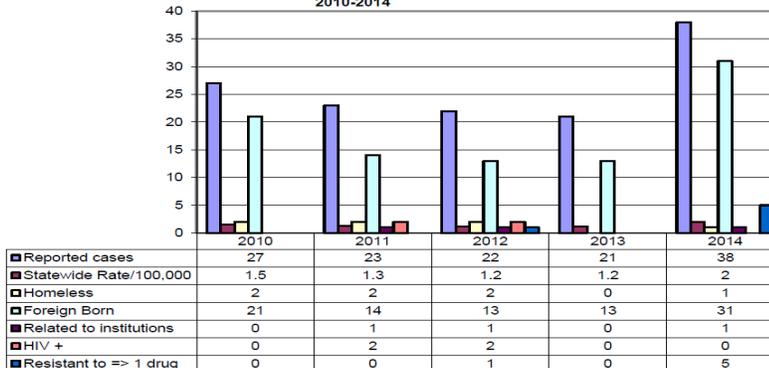
- **Strategies to attain the objective:** Continue to develop recovery-oriented services and increase use of evidence-based practices which help individuals stabilize and maintain stabilization in community settings. Support Mental Health trainings to improve early intervention and support, particularly for youth having a first episode of psychosis (FEP). Establish pilot programs using the OnTrack NY system for FEP.
- **First-year target/outcome measurement:** To be determined after baseline established.
- **Second-year target/outcome measurement:** To be determined after baseline established.

## Requirements Regarding Tuberculosis

In 2014, Nebraska had 38 cases of TB, for a rate of 2 cases per 100,000 people. This represents the highest number of TB cases over the last ten years in Nebraska.

- The large majority of TB cases occurred with individuals who were foreign born as indicated in the chart below.
- There were 12 counties in Nebraska that reported at least one case of TB for 2014.

Tuberculosis Cases in Nebraska With High Risk Factors 2010-2014



## Tuberculosis

Priority Type:  
SAT

Population(s):  
TB

- **Goal of the priority area:** Meet federal requirements regarding screening for Tuberculosis.
- **Objective:** As required through the contracts with the Regional Behavioral Health Authorities, tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates "high risk" for TB.
- **Indicator:** Signed contracts between the Nebraska Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities.

## Tuberculosis

Priority Type:  
SAT

Population(s):  
TB

- **Data Source:** The Nebraska Department of Health and Human Services - Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities.
- **Description of Data:** Signed contracts between the Nebraska Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities.
- **Baseline Measurement:** Maintain the contract requirement with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering a substance abuse treatment service.

## Tuberculosis

Priority Type:  
SAT

Population(s):  
TB

- **Strategies to attain the objective:** Regional Behavioral Health Authorities will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.
- **First-year target/outcome measurement:** Maintain the contract requirement with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering a substance abuse treatment service.
- **Second-year target/outcome measurement:** Maintain the contract requirement with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering a substance abuse treatment service.



Thank  
you!

Heather Wood  
Office Phone: (402) 471-1423  
Email: [heather.wood@nebraska.gov](mailto:heather.wood@nebraska.gov)

Questions?  
Comments?  
Recommendations???

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