

Nebraska

UNIFORM APPLICATION FY 2016 BEHAVIORAL HEALTH REPORT COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 05/21/2013 - Expires 05/31/2016
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Center for Mental Health Services
Division of State and Community Systems Development

I: State Information

State Information

State DUNS Number

Number 808819957

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name Nebraska Department of Health and Human Services

Organizational Unit Division of Behavioral Health

Mailing Address 301 Centennial Mall South, Third Floor PO Box 95026

City Lincoln

Zip Code 68509-5026

II. Contact Person for the Grantee of the Block Grant

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2014

To 6/30/2015

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2015 8:56:53 PM

Revision Date

V. Contact Person Responsible for Report Submission

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Footnotes:

II: Annual Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Prevention: Alcohol Use Among Youth
Priority Type: SAP
Population(s): Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, under age youth who drink alcohol)

Goal of the priority area:

Reduce binge drinking among youth up to age 17.

Strategies to attain the goal:

Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days will decrease to 15%.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Prevention: Alcohol Use Among Youth
Baseline Measurement: Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days was 16.4% in 2011.
First-year target/outcome measurement: percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days will report 15% in 2013.
Second-year target/outcome measurement: N/A because the survey is conducted every 2 years (see below).
New Second-year target/outcome measurement (*if needed*):

Data Source:

Centers for Disease Control and Prevention (CDC), Youth Risk Behavior Survey (YRBS), 2001–2011.

New Data Source (*if needed*):

Description of Data:

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.

New Description of Data (*if needed*):

Data issues/caveats that affect outcome measures:

This survey is conducted every 2 years, which means data will not be available in FY15. YRBS is designed to produce information to help assess the effect of broad national, state, territorial, tribal, and local policies and programs and is not designed to evaluate the effectiveness of specific interventions. Many behaviors (e.g., alcohol and other drug use) measured by YRBS are associated with educational and social outcomes, including absenteeism, poor academic achievement, and dropping out of school, therefore, the survey focuses almost exclusively on health-risk behaviors rather than on the determinants of these behaviors (e.g., knowledge, attitudes, beliefs, and skills).

New Data issues/caveats that affect outcome measures:

May encounter issues in tool selection, training of staff, data system development issues, reporting the data, and related implementation issues. The Length of Stay for PPP is less than a year, and Prevention PPP is 90 days or less.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

First year-target: By June 30, 2014, 25% of the families admitted to the Professional Partner Program in SFY2014 will receive an assessment of family functioning through the use of the selected tool.

Status: Item 4.6 of the Wraparound Fidelity Index (WFI) 4 has been selected to measure Family Functioning. Over 95% of caregivers of youth enrolled in the Professional Partner Program complete the WFI assessment. Caregivers rate their agreement to Item 4.6 which reads "Has the wraparound process helped your family develop or strengthen relationships that will support you when wraparound is finished?"

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Status: Item 4.6 of the Wraparound Fidelity Index (WFI) 4 has been selected to measure Family Functioning. Over 95% of caregivers of youth enrolled in the Professional Partner Program complete the WFI assessment. Caregivers rate their agreement to Item 4.6 which reads "Has the wraparound process helped your family to develop or strengthen relationships that will support you when wraparound is finished?"

Priority #: 3
Priority Area: Co-Occurring Disorders
Priority Type: SAT, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Providers demonstrate better ability to understand persons with Co-Occurring Disorders (COD) in order to improve the treatment and recovery services.

Strategies to attain the goal:

Use COMPASS-EZ to improve the treatment and recovery services.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Providers demonstrate better ability to understand persons with Co-Occurring Disorders (COD) in order to improve the treatment and recovery services.
Baseline Measurement:	Statewide score on selected sections of the COMPASS-EZ will increase according to the baseline.
First-year target/outcome measurement:	Statewide score on selected sections of the COMPASS-EZ will increase according to the baseline.
Second-year target/outcome measurement:	Statewide score on selected sections of the COMPASS-EZ will increase according to the baseline and first year target.
New Second-year target/outcome measurement (if needed):	
Data Source:	

COMPASS-EZ scores reported by providers to Regional Behavioral Health Authorities to the Division of Behavioral Health.

New Data Source (if needed):

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.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

The increase in the number of behavioral health programs/providers able to deliver effective services to people with Co-Occurring Disorders (COD) should lead to improved prevention and treatment in a Recovery-Oriented System of Care (ROSC).

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

First year-target: Statewide score on selected sections of the COMPASS-EZ will increase according to the baseline.

Status: Per contract with Regional Behavioral Health Authorities, providers will complete a reassessment using the COMPASS-EZ in FY15.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Second year-target: Statewide score on selected sections of the COMPASS-EZ will increase according to the baseline and first year target.

Status: Per contract with Regional Behavioral Health Authorities, providers completed a reassessment using the COMPASS-EZ in FY15 and made improvements in every area.

Priority #: 4
Priority Area: Trauma-Informed Care
Priority Type: SAP, SAT, MHP, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the BH workforce education to provide Trauma-Informed Care.

Strategies to attain the goal:

Statewide score on selected sections of the Fallot and Harris Trauma Informed Care (TIC) tool will increase according to the baseline to be developed after June 30, 2013 self-assessment deadline for providers.

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase the BH workforce education to provide Trauma-Informed Care.
Baseline Measurement:	TIC tool scores will increase according to the baseline to be developed after June 30, 2013 self-assessment deadline for providers.
First-year target/outcome measurement:	Statewide score on selected sections of the TIC tool will increase according to the baseline developed after June 30, 2013 self-assessment deadline for providers.
Second-year target/outcome measurement:	Statewide score on selected sections of the TIC tool (to be developed after June 30, 2013 self-assessment deadline for providers) will increase according to the baseline and first year target achieved.

New Second-year target/outcome measurement (if needed):

Data Source:

Trauma Informed Care (TIC) tool completed by providers then reported to Regional Behavioral Health Authorities to the Division of Behavioral Health.

New Data Source (if needed):

Description of Data:

Statewide score on selected sections of the Fallot and Harris Trauma Informed Care (TIC) tool

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Under the SAMHSA Block Grant 2012-2013 the goal of the Trauma Informed Care was to develop a service system that understands the effects of trauma and avoids re-traumatizing those who seek services (trauma-informed). The first round of effort is to be completed by June 30, 2013. After that work is completed, the new baseline can be established. The intent is to continue the work in order to further improve the trauma informed features of the Nebraska Behavioral Health System.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

First year-target: Statewide score on selected sections of the TIC tool will increase according to the baseline developed after June 30, 2013 self-assessment deadline for providers.

Status: Per contract with Regional Behavioral Health Authorities, providers will complete a reassessment using the Harris Trauma Informed Care (TIC) tool in FY15.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Status: Per contract with Regional Behavioral Health Authorities, providers completed a reassessment using the TIC tool in FY15 and made improvements in every area.

Priority #: 5
Priority Area: Peer Support
Priority Type: SAP, SAT, MHP, MHS
Population(s): SMI, SED, PWWDC, IVDUs, HIV EIS, TB

Goal of the priority area:

Increase the capacity of the system to use Peer Support

Strategies to attain the goal:

Use of Peer Support to provide Recovery Supports in Nebraska (Year One: develop Plan. Year Two: Implement 25% of Plan)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Peer Support
Baseline Measurement: Increase the capacity of the system to use Peer Support

First-year target/outcome measurement: By June 30, 2014, there is one plan approved by the Director of the Division of Behavioral Health on the Use of Peer Support to provide Recovery Supports in Nebraska.

Second-year target/outcome measurement: By June 30, 2015, the Division of Behavioral Health will implement 25% of Plan.

New Second-year target/outcome measurement (if needed):

Data Source:

Office of Consumer Affairs, Division of Behavioral Health

New Data Source (if needed):

Description of Data:

One plan approved by the Director of the Division of Behavioral Health on the Use of Peer Support to provide Recovery Supports in Nebraska.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

- Peer Support has been implemented in one form or another across the State over the last few years. As of March 31, 2013 there are 124 Certified Peer Support and Wellness Specialists in Nebraska.
- The Office of Consumer Affairs People Council on February 5, 2013 clearly indicated the full implementation of peer support in Nebraska was needed. A more focused, organized and systematic approach for using peer support was recommended.
- On March 14, 2013 at a joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services, there was support for the idea of this plan.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

First year-target: By June 30, 2014, there is one plan approved by the Director-Nebraska DHHS Division of Behavioral Health on the Use of Peer Support to provide Recovery Supports in Nebraska.

Status: A Peer Support Plan has been approved by the Director-Nebraska DHHS Division of Behavioral Health. Implementation planning is underway.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Status: A Peer Support Plan was previously approved by the Director-Nebraska DHHS Division of Behavioral Health on the Use of Peer Support to provide Recovery Supports in Nebraska. Implementation for well over 80% of the plan has occurred. Action items still underway or under review include: reassessment of workforce using peer support employment survey (previously conducted in 2012) and cost analysis for peer support services.

Priority #: 6

Priority Area: Tuberculosis (TB)

Priority Type: SAT

Population(s): TB

Goal of the priority area:

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. The Tuberculosis Program in the NE Division of Public Health provides the overall coordination for the State of Nebraska.

Regional Behavioral Health Authorities will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Tuberculosis (TB)

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.

First-year target/outcome measurement: The contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering a substance abuse treatment service.

Second-year target/outcome measurement: The contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering a substance abuse treatment service.

New Second-year target/outcome measurement (if needed):

Data Source:

NE Department of Health and Human Services - Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities.

New Data Source (if needed):

Description of Data:

Signed contracts between the NE Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:

This contract requirement is connected to the Federal requirements under the Substance Abuse Prevention and Treatment Block Grant.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

First year-target: The contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering a substance abuse treatment service.

Status: Per contract with Regional Behavioral Health Authorities, providers will conduct the TB screenings in FY15.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Status: Per contract with Regional Behavioral Health Authorities, providers conducted TB screenings for FY15.

Footnotes:

III: Expenditure Reports

MHBG Table 3 - MHBG Expenditures By Service.

Expenditure Period Start Date: 7/1/2014 Expenditure Period End Date: 6/30/2015

Service	Unduplicated Individuals	Units	Expenditures
Healthcare Home/Physical Health			\$0
Specialized Outpatient Medical Services			\$0
Acute Primary Care			\$0
General Health Screens, Tests and Immunizations			\$0
Comprehensive Care Management			\$0
Care coordination and Health Promotion			\$0
Comprehensive Transitional Care			\$0
Individual and Family Support			\$0
Referral to Community Services Dissemination			\$0
Prevention (Including Promotion)			\$0
Screening, Brief Intervention and Referral to Treatment			\$0
Brief Motivational Interviews			\$0
Screening and Brief Intervention for Tobacco Cessation			\$0
Parent Training			\$0
Facilitated Referrals			\$0
Relapse Prevention/Wellness Recovery Support			\$0
Warm Line			\$0
Substance Abuse (Primary Prevention)			\$0
Classroom and/or small group sessions (Education)			\$0
Media campaigns (Information Dissemination)			\$0
Systematic Planning/Coalition and Community Team Building(Community Based Process)			\$0
Parenting and family management (Education)			\$0

Education programs for youth groups (Education)			\$0
Community Service Activities (Alternatives)			\$0
Student Assistance Programs (Problem Identification and Referral)			\$0
Employee Assistance programs (Problem Identification and Referral)			\$0
Community Team Building (Community Based Process)			\$0
Promoting the establishment or review of alcohol, tobacco, and drug use policies (Environmental)			\$0
Engagement Services			\$462,720
Assessment			\$0
Specialized Evaluations (Psychological and Neurological)			\$0
Service Planning (including crisis planning)			\$0
Consumer/Family Education		595.00	\$462,720
Outreach			\$0
Outpatient Services			\$335,166
Evidenced-based Therapies			\$0
Group Therapy			\$335,166
Family Therapy			\$0
Multi-family Therapy			\$0
Consultation to Caregivers			\$0
Medication Services			\$5,789
Medication Management		1661.00	\$5,789
Pharmacotherapy (including MAT)			\$0
Laboratory services			\$0
Community Support (Rehabilitative)			\$365,853
Parent/Caregiver Support			\$0
Skill Building (social, daily living, cognitive)		2881.00	\$120,565
Case Management		3288.00	\$187,963

Behavior Management			\$0
Supported Employment			\$57,325
Permanent Supported Housing			\$0
Recovery Housing			\$0
Therapeutic Mentoring			\$0
Traditional Healing Services			\$0
Recovery Supports			\$397,253
Peer Support			\$394,114
Recovery Support Coaching			\$3,139
Recovery Support Center Services			\$0
Supports for Self-directed Care			\$0
Other Supports (Habilitative)			\$0
Personal Care			\$0
Homemaker			\$0
Respite			\$0
Supported Education			\$0
Transportation			\$0
Assisted Living Services			\$0
Recreational Services			\$0
Trained Behavioral Health Interpreters			\$0
Interactive Communication Technology Devices			\$0
Intensive Support Services			\$2,998
Substance Abuse Intensive Outpatient (IOP)			\$0
Partial Hospital			\$0
Assertive Community Treatment			\$0
Intensive Home-based Services			\$0
Multi-systemic Therapy			\$2,998

Intensive Case Management			\$0
Out-of-Home Residential Services			\$5,443
Children's Mental Health Residential Services			\$0
Crisis Residential/Stabilization			\$0
Clinically Managed 24 Hour Care (SA)			\$0
Clinically Managed Medium Intensity Care (SA)			\$0
Adult Mental Health Residential		381.00	\$5,443
Youth Substance Abuse Residential Services			\$0
Therapeutic Foster Care			\$0
Acute Intensive Services			\$130,582
Mobile Crisis			\$130,582
Peer-based Crisis Services			\$0
Urgent Care			\$0
23-hour Observation Bed			\$0
Medically Monitored Intensive Inpatient (SA)			\$0
24/7 Crisis Hotline Services			\$0
Other (please list)			\$4,000
Statewide Training			\$4,000
Total			\$1,709,804

Footnotes:

III: Expenditure Reports

MHBG Table 4 - Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2014	Estimated/Actual SFY 2015
\$4,120,066	\$7,722,310	\$7,437,712

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

Footnotes:

III: Expenditure Reports

MHBG Table 7 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2013) + B2(2014)</u> 2 (C)
SFY 2013 (1)	\$64,316,059	
SFY 2014 (2)	\$53,745,967	\$59,031,013
SFY 2015 (3)	\$63,353,912	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2013	Yes	<u>X</u>	No	_____
SFY 2014	Yes	<u>X</u>	No	_____
SFY 2015	Yes	<u>X</u>	No	_____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

Footnotes: