

Minutes of:
State Advisory Committee on Substance Abuse Services
July 14, 2009

9:05AM – 3:00PM
Country Inn/Suites, 5353 North 27th Street, Lincoln, NE
-FINAL-

Present (11): Jerome Barry, Corey Brockway, Ann Ebsen, Jay Jackson, Linda Krutz, Vicki Maca, Dr. Delinda Mercer, Brenda Miner, Laura Richards, Randy See, and Rand Wiese

Absent (1): Dr. Subhash Bhatia

DHHS Staff Present: Christine Newell, Jim Harvey, Maya Chilese, Carol Coussons de Reyes, Sheri Dawson, and Dr. Scot Adams

Guests Present: Judie Moorehouse, Joshua Robinson, Otto Schulz, and Linda Wittmuss

Welcome/Introductions

Chairperson Ann Ebsen called the meeting to order at 9:05 a.m. Newly appointed member, Rand Wiese with the Nebraska Recovery Network introduced himself to the Committee and members briefly introduced themselves.

Attendance – Determination of Quorum

Roll call taken by Christine Newell. At least seven members were present constituting quorum.

Approval of April 14, 2009 Minutes

Motion made by Laura Richards to approve minutes, seconded by Jerome Barry. Motion adopted by unanimous voice vote.

Approval of Agenda

Motion made by Jerome Barry to approve the day's agenda, seconded by Corey Brockway. Motion adopted by unanimous voice vote.

Future Meeting Dates

Attachment A – Harvey, Future SACSAS Meeting Dates

The Division proposed the October 2009 meeting be moved to September 17, 2009 in order to have Committee members formally review the draft Substance Abuse Prevention and Treatment Block Grant (SAPTBG) application before it's submitted on October 1st.

Brenda Miner moved to meet on September 17th to review the SAPTBG draft application, seconded by Dr. Delinda Mercer. Motion adopted by unanimous voice vote.

A draft of the SAPTBG application will be physically mailed and emailed out to Committee members (including Jerome Barry) around September 3rd with the expectation that it will be reviewed prior to the September 17th meeting. Jim Harvey said he prefers electronic feedback.

The Division proposed meeting dates for 2010. The 2010 schedule will be reexamined by the Division of Behavioral Health (DBH), taking into consideration the Committee's voiced preference for Tuesdays. Laura Richards inquired about the possibility of video conferencing for convenience and money saving. DBH will look into the possibility of video conferencing and will propose a new schedule at the September 17th meeting.

Minutes of:
State Advisory Committee on Substance Abuse Services
July 14, 2009

Recognition of Service

Chair, Ann Ebsen recognized the resignation of longtime Committee member, Jerome Barry and presented him with a Certificate of Service. Mr. Barry said a few words.

Another longtime member, Jane Morgan, was mailed a Certificate of Service.

PUBLIC COMMENT

Chairperson Ann Ebsen asked for public comment. No public comment.

Eliminate the Waste – Eliminate the Wait – Otto Schulz

Attachment B1 – Schulz, Eliminate the Waste: Eliminate the Wait, Summary Description, 7/14/09

Attachment B2 – Schulz, Fact Sheet #3 – Breakdown of the Costs of Waiting for Treatment

Otto Schulz discussed the dynamics of the *Eliminate the Waste: Eliminate the Wait* project. “The overall project objective is to bring an end to the waste created by waiting for substance abuse treatment in Nebraska” by creating data that justifies more funding in substance abuse so there are more services available.

Discussion occurred about the Lancaster County pilot study and its setting precedence.

Rand Wiese moved that the Committee write a letter of support for the studies federal grant application, seconded by Brenda Miner. Roll call vote (11-yea’s), motion adopted.

SA Online Services – Jerome Barry

Jerome Barry explained the situation presented to the Licensing Board regarding the use and acceptance of substance abuse (SA) online services as approved hours for PLADCs (Provisionally Licensed Alcohol and Drug Counselors) to earn credit. The Board reaffirmed their initial decision; credit will be given to for providing SA online services but for no more than 10% of their required hours. The Licensing Board plans to meet with other boards to discuss the issue and decide the future of online services.

Discussion occurred about what is meant by ‘online’ and what might be acceptable in the future to aid the disabled, rural populations, etc.; webcams were suggested.

Criminal Justice and SA Standards of Practice from the JBHC – Linda Wittmuss

Attachment C – Wittmuss, Provisional Criminal Justice Substance Use Disorders Standards of Practice, March 11, 2009

Linda Wittmuss, current Co-Chair of the Justice Behavioral Health Sub-Committee, discussed the *Provisional Criminal Justice Substance Use Disorders Standards of Practice*. She explained her view of the *Standards of Practice* as “overarching principles.” Jim Harvey, DHHS representative on the JBHC, was asked by JBHC to request an endorsement of the principles from the DBH.

Copious discussion ensued.

Brenda Miner moved and Corey Brockway seconded, “The SACSAS embraces these principles with interest but we have concerns over their use, implementation and potential to create unnecessary regulation. We ask to be kept involved in the active dialogue on this evolving topic prior to full endorsement.” Roll call vote found 10 ‘yea’s’ from: Jerome Barry, Corey Brockway, Ann Ebsen, Jay Jackson, Vicki Maca, Dr. Mercer, Brenda Miner, Laura Richards, Randy See, Rand Wiese and 1 abstention from Linda Krutz. Motion adopted by roll call vote.

Minutes of:
State Advisory Committee on Substance Abuse Services
July 14, 2009

Mr. Barry suggested keeping a standing agenda item for the *Provisional Criminal Justice Substance Use Disorders Standards of Practice*.

Recovery Rally – Rand Wiese

Attachment D – Wiese, Recovery Rally 2009 Flyer

Rand Wiese, Event Specialist with the Nebraska Recovery Network, highlighted the events (musical entertainment, speakers, treats, clowns, etc.) at this year's annual Nebraska Recovery Rally that will take place on the State Capitol's north steps, September 13th. The purpose of the Rally is to build awareness that people can get better.

Division Reports

CEO Update – Vicki Maca

Attachment E – Maca, Press Release, Appointment of Kerry Winterer as DHHS CEO, June 29, 2009

Kerry Winterer has been appointed as the new CEO of DHHS. He started Monday, July 13th.

Review Updated Division Responses to Committee Recommendations – Vicki Maca

Attachment F – Maca, SACSAS Recommendations to the DBH, July 14, 2009

Ms. Maca called the SACSAS Recommendations to the DBH a huge assistance in making sure the Division is being responsive to the Committee. Ms. Maca reviewed some of the status changes/responses on the updated document.

In regard to the status of #40 under the General heading, it will be highlighted in yellow and changed to say "Bring draft Strategic Plan to the Committee for their input."

In regards to #45 under the General heading, it will be stricken and the status changed to "Task redefined (7/14/09) ongoing agenda item". The motion made earlier in the meeting regarding #45 will be inserted as #46 and the status will read "Ongoing agenda item."

Spending on SA Services – Vicki Maca

Attachment G – Maca, Regional Contracts for BH & Network Management Services, July 08-June 09

Ms. Maca reviewed SA service funding across the State. The Committee asked to see the report quarterly. Ms. Maca said she would get the Committee a report that shows the Medicaid match.

Service Definition Update – Sheri Dawson

Medicaid, Magellan and DBH, with Sheri Dawson as the DBH liaison, have been meeting regularly for many months, reviewing the "yellowbook" service definitions, posting changes to the definitions and accepting feedback, reposting changes based on discussion of the feedback and requesting more feedback. The service definitions haven't been updated for 3-4 years but from now on, they will be reviewed annually each June.

Ms. Dawson and Ms. Maca spoke of how both sides (Medicaid and DBH) have learned in this service definition review process, of the great discussions, and that both divisions have had to be flexible.

The "yellowbook" service definitions are at: <http://www.dhhs.ne.gov/beh/BH-Medicaid-Svc-Def-2006.pdf> and the working service definitions are at: <http://www.dhhs.ne.gov/beh/bhsvcdef.htm>.

Minutes of:
State Advisory Committee on Substance Abuse Services
July 14, 2009

Office of Consumer Affairs – Carol Coussons de Reyes

The new Office of Consumer Affairs Administrator, Carol Coussons de Reyes, introduced herself and spoke of the position she held in Georgia, the ‘Georgia model’ of peer support, and her personal lived experience and how it all contributes to what she wants to bring to Nebraska. She said she’s excited about the growing peer support and consumer movements in Nebraska. The TTI grant is officially in an implementation phase and will help with peer support funding. There will be town hall meetings associated with the TTI. Carol spoke of the importance of understanding the consumer perspective, incorporating consumers in the workforce, civil rights questions of equality, and the development of addiction and mental health training for peers.

Continuous Quality Improvement (CQI) – Sheri Dawson

The first CQI meeting is scheduled for August 7, 2009. Regional representatives, providers, regional consumer specialists, and consumers and families are on the team. This is the first structured committee where at least half, if not more, of committee members are people with lived experience.

Statewide Performance Measures – Sheri Dawson

Last year, the Director challenged the State to develop at least 1 performance measure that could be used in contracting in FY10. With the help of the Statewide Quality Improvement Team (SQIT) and through meetings held in each region with providers, consumers, and family members, there is a whole list of suggested performance measures. The structure for monitoring and tracking the performance measures will be rolled out with the QI. Performance measures will not be included in this year’s FY10 contracts.

SOMMS Data & Quarterly Report from Federal Contractor – Sheri Dawson

Attachment H – Dawson, SOMMS, Q1, 2009

Ms. Dawson reviewed the State Outcomes Measurement and Management Systems (SOMMS) report. She focused on the admission and discharge data sets and the difficulty with providers inputting incomplete data.

The report is generated quarterly and will be available to SQIT and the advisory committees.

Prevention Report – Maya Chilese

Maya Chilese, Children’s Behavioral Health Manager and Prevention Manager with the DBH, briefed the Committee on prevention activities.

The Federal SPF-SIG, (Strategic Prevention Framework – State Implementation Grant) is moving into the implementation phase. There’s a push for coalitions and communities to walk themselves through the Needs Assessment process however, not all prevention folks have to report to the Division and that complicates the Needs Assessment process.

This year will be spent looking at prevention activities in the regions. Afterward, the Division expects to have a better idea where the prevention money’s going and as prevention projects are defined, how to be the smartest with funding.

One goal is to make sure prevention is added as the base of the continuum of care. The highest level of treatment need is at the top and the broadest base should be prevention/intervention.

Ms. Maca stated the Division is working on developing a pictorial overview of DBH funding that shows how much goes to prevention in each region, how much to coalitions, and different activities of different coalitions.

Minutes of:
State Advisory Committee on Substance Abuse Services
July 14, 2009

Division Report on June 2009 SAPTBG Visit – Vicki Maca

On June 16th and 17th, Captain Carol Coley performed a check-up visit with the Division to confirm the Corrective Action Plan's (CAP) required changes, with it's focus on fiscal, data management and interim services/wait list management, were in place. Captain Coley spent the first day in Lincoln with the DBH and the second day in Omaha visiting 2 providers: Catholic Charities and St. Monica's, and the Region 6 Behavioral Health Administration Office. Captain Coley wanted to see consistency in the flow of information from the DBH to the regions down to the providers. Ms. Maca said the visit went "extremely well."

Most of Captain Coley's comments were positive but there were a couple areas where the State needs improvement: cultural competency and the stigmatization of the methadone maintenance/buprenorphine population. A plan of action needs to be developed in partnership with the regions to educate the Nebraska BH workforce. The Division will continue to update Captain Coley and to demonstrate maintenance of those things that were in the CAP.

Discussion occurred about methadone maintenance/buprenorphine recovery, peer support, harm reduction thinking, and how to combat the stigma about recovery that still involves prescribed drugs.

An official technical review will be scheduled next year.

Substance Abuse Core Education Contract – Jim Harvey

The Division received 1 bid for the counselor educational services contract. The bidder and DAS (Nebraska Department of Administrative Services) are still in dialogue but are close to reaching an agreement. The Division will report to the Committee at the next meeting.

SAPTBG Form 8 – Needs Assessment – Jim Harvey

Attachment I – Harvey, Form 8 and Form 9 Draft Needs Assessment and Instructions for Completion

The CAP pointed out the Division's failure to successfully complete Form 8 and Form 9 of the SAPTBG. Mr. Harvey reviewed the Forms with the Committee and collected valuable feedback.

Criminal Justice/Behavioral Health – Jim Harvey

Attachment J – Harvey, Nebraska's Justice Mental Health Initiative Update, July 13, 2009

The final product from the first Category I: Planning grant which was contracted to the UN-PPC (University of Nebraska – Public Policy Center) was the development of a Strategic Plan. The final report is available on the website (http://www.dhhs.ne.gov/beh/NEJusticeMHStrategicPlan-UN_PPCFinalReport-Oct31_2008.pdf).

The current Category II: Planning and Implementation grant is for \$250,000 from September 1, 2008 to August 31, 2011. Mr. Harvey reviewed the progress of the second grant's 5 goals.

Through Mental Health Block Grant funds, the UNMC College of Public Health and Epidemiology are analyzing January 1, 2005 – December 31, 2008 data sets transferred from: the Division of Behavioral Health, the Nebraska Crime Commission (jail admission data), and the Department of Correctional Services. The intent of the study is to look at where people went after they were discharged from the regional centers following BH Reform to see how many folks ended up in jails and/or state corrections. Nothing will be released to the public unless all 3 State agencies that transferred data agree.

Minutes of:
State Advisory Committee on Substance Abuse Services
July 14, 2009

PUBLIC COMMENT

Chairperson Ann Ebsen asked for public comment. No public comment.

Ms. Maca asked for Committee input on an ongoing issue regarding provider reimbursement when Children and Family Services (CFS) is willing to pay the client's sliding fee scale rate, when the patient cannot afford to. Which is priority – access to treatment or the therapeutic value of having the parent pay out of pocket?

The Committee discussed the issue and agreed that access is most important and that there should be a higher fee than the sliding client fee if the client isn't paying.

NEW BUSINESS

Agenda Item for Next Meeting: SAPTBG Review Draft Application

The September 17th meeting will be a review of the SAPTBG draft application. SQIT performance measure results will be shown to the Committee. DBH will propose a new 2010 meeting schedule.

Recommendation to the Division

Mr. Barry suggested inviting the new CEO, Kerry Winterer to a future meeting.

Meeting Evaluation and Suggestions

Jay Jackson noted the importance of the Committee discussions. Ms. Krutz commented on the positive impact of having a more formal meeting.

ADJOURN

Meeting adjourned at 3:00 p.m.

Minutes prepared by Christine Newell with the Division of Behavioral Health, Department of Health and Human Services. Minutes are intended to provide only a general summary of Committee proceedings. Agendas, minutes, and selected attachments handed out at the meeting are available on the DHHS website (<http://www.dhhs.ne.gov/hew/sua/SACSA.htm>).

State Advisory Committee on Substance Abuse Services
Index of Attachments
July 14, 2009

- Attachment A - Future SACSAS Meeting Dates**
- Attachment B1 - Eliminate the Waste: Eliminate the Wait, Summary Description**
- Attachment B2 - Fact Sheet #3-Breakdown of the Costs of Waiting for Treatment**
- Attachment C - Provisional Criminal Justice Substance Use Disorder Standards of Practice**
- Attachment D - Recovery Rally 2009 Flyer**
- Attachment E - Press Release, Appointment of Kerry Winterer as DHHS CEO**
- Attachment F - SACSAS Recommendations to the DBH**
- Attachment G - Regional contracts for BH & Network Management Services**
- Attachment H - SOMMS QI**
- Attachment I - Needs Assessment Form 8 and Form 9**
- Attachment J - Nebraska's Justice Mental Health Initiative Update**

State Advisory Committee on Substance Abuse Services (SACSAS)
July 14, 2009
Future Meeting Dates

2009

September 17, 2009 – SAPTBG Draft Review

2010

(1st Thursday)

February 4, 2010

May 6, 2010 (MH & SA Joint Mtg)

September 2, 2010

December 2, 2010

Attachment B1

ELIMINATE THE WASTE: ELIMINATE THE WAIT

Summary Description

7/14/09

THE PROBLEM: Waiting to get into substance abuse treatment creates problems for the clients who wait. Their problems, in turn, create substantial, unnecessary costs for everyone in police, corrections, medical, mental health, child welfare and housing services. There is also substantial lost productivity.

THE PARTNERS: The partners include the directors of treatment agencies with waiting lists, CenterPointe, Cornhusker Place, Houses of Hope, Lutheran Family Services, St. Monica's, Blue Valley, Touchstone, NEPSAC, plus Region V and Nebraska Public Policy Center. The project is a part of the ***Lancaster County Substance Abuse Action Coalition*** that includes 300 citizens.

THE PLAN: The overall project **objective** is to bring an end to the waste created by waiting for substance abuse treatment in Nebraska. Bringing an end to waiting will require policy changes.

Phase I (1/03 – 6/06) A grant from Robert Wood Johnson Foundation supported the development of the treatment team in the Lancaster County Substance Abuse Action Coalition. One of its goals is to end waiting for substance abuse treatment.

Phase II (7/06 – 2/07) established the project's partnerships, defined its mission and acquired initial funding from the Lincoln Community Foundation and private donors.

Phase III (3/07 – 4/08) gathered basic local data about the economic damage waiting creates.

Phase IV (5/08 – 12/09) is utilizing the data from Phase III to assemble the team, the funding and the strategic plan so that we can accomplish the overall objective. University of Nebraska Public Policy Center (Dr. Kate Speck and Dr. Mark DeKraai) is leading Phase IV. Partners include National Institute on Drug Abuse, Dr. Brian Yates, American University, an expert in cueing theory; Professor of Economics, Dr. David Rosenbaum of UN-L; and Dr. Fred Newman, Florida International University as methodologist. It is funded by Lincoln Community Foundation and Region V.

Phase V (1/10 – 12/12) will use the funding and the team assembled in Phase IV to execute the plan. This Phase's objective is to gather such substantial and rigorous data that policy makers will find persuasive. It will do the coalition building that elicits the community support that policy makers will find persuasive. It will also result in a uniquely designed calculator that enables other jurisdictions to analyze the economic damage of waiting for treatment.

Phase VI (1/13 – 6/13) will utilize the comprehensive data and community support to persuade policy makers to eliminate the wait.

THE PAYOFF: When all phases of this project are complete and the policy changes are implemented, we will see tangible savings in wasted expenses to various public services. These savings will be the result of a major reduction in or an end to waiting for treatment.

Attachment B2

Eliminate the Waste: Eliminate the Wait

Fact Sheet # 3

Detailed Breakdown of the Costs of Waiting for Treatment

A newly completed study of people on waiting lists for substance abuse treatment in Lancaster County revealed that each person waiting for treatment generated direct costs of \$5,235 during their wait for treatment.

The survey was done by the *Eliminate the Waste: Eliminate the Wait* Committee of the Lancaster County Substance Abuse Action Coalition. Local treatment agencies including CenterPointe, Cornhusker Place, Houses of Hope, Lutheran Family Services, St. Monica's and Touchstone all participated in the study under the direction of Dr. Joyce Schmeeckle of Schmeeckle Research. Funding for the project was provided through a grant from Lincoln Community Foundation.

Surveying nearly 300 people who have been on waiting lists for treatment, researchers asked questions about stays in jails, hospitals, homeless shelters and detoxification centers. These figures were combined with costs from emergency room and Crisis Center visits as well as arrests and foster care costs.

Using costs obtained from service providers, it is estimated that each person generated an average of \$5,235 in direct costs while waiting. A summary of the direct cost follows:

Service	Est. Cost of Service	Unit of Service	# of Individuals	Est. # of Service Units	Est. Economic Cost	Per Person Cost
Hospital	\$ 563	Per Day	60	324	\$ 182,412	\$ 623
Emergency Dept.	\$ 903	Per Visit	72	178	\$ 160,734	\$ 549
Crisis Center	\$ 515	Per Day	77	347	\$ 178,705	\$ 610
Detoxification	\$ 193	Per Day	76	169	\$ 32,617	\$ 111
Foster Care	\$ 1,786	Per Month	97	194	\$ 346,484	\$ 1,183
Homeless Shelter	\$ 45	Per Night	66	4816	\$ 216,720	\$ 740
Jail	\$ 70	Per Day	67	5482	\$ 383,740	\$ 1,310
Arrests	\$ 250	Per Arrest	54	130	\$ 32,500	\$ 111
Totals			293		\$ 1,533,912	\$ 5,235

Since some people used more than one service, the numbers in Column D add up to 516 but the total number of people in the study was 293. All the figures are conservative, for example hospital costs are per diem charges only and exclude all other charges. Foster Care Costs are for 60 days while the average wait is 80 days. There is no estimate for lost productivity even though half the participants were unemployed while waiting.

In a recent 12 month period 967 adults were admitted to agencies with waiting lists. While some did not wait, more people dropped off a waiting list and continued to run up expenses. **The estimated cost in direct public services for 967 people during 12 months equals \$5,062,433.**

For more information, contact Otto Schultz, Eliminate the Waste: Eliminate the Wait starfish@inebraska.com 402-421-3462.

Attachment C

PROVISIONAL CRIMINAL JUSTICE SUBSTANCE USE DISORDERS STANDARDS OF PRACTICE

Justice Behavioral Health Committee

A sub-committee of the Community Corrections Council

March 11, 2009

Provisional Criminal Justice Substance Use Disorders Standards of Practice

“Evidence-based practices refer to services or treatments that are expected to produce a particular outcome based on the best evidence available. Evidence-based practices stem from scientific knowledge, clinical research and/or expert consensus rather than clinician intuition or impressions. Rather than provide a laundry list of evidence-based models (ie: Motivational Interviewing, Matrix Model), this document highlights evidence-based principles, the overarching principles that have been proven to contribute to positive treatment outcomes.”

1. Treatment best practices are first and foremost based on a comprehensive assessment incorporating identified needs in substance abuse, mental health and criminogenic needs utilizing a standardized model format.*
2. The therapeutic alliance and corresponding relationship of trust and rapport is paramount to successful treatment.
3. Concerted effort is made to involve and engage the client’s significant others / family members in the assessment, treatment, and discharge planning processes when indicated.
4. Treatment planning incorporates strategies that will address criminogenic needs.
5. The treatment process incorporates the development of self-awareness and readiness to change strategies.
6. Treatment advocates the use of self-help and/or 12 step programs in the recovery process.
7. Group therapy is a primary modality of treatment intervention.
8. Treatment incorporates cognitive behavioral approaches.

**Provisional Criminal Justice Substance Use Disorders
Standards of Practice**

9. Treatment incorporates early discharge planning to focus on the long-term recovery maintenance (ie: housing, vocational, peer support, social skills, education, community based self-help supports, etc.).
10. Treatment incorporates individualized relapse and recidivism education and concepts.
11. Successful recovery is achieved with effective communication between criminal and juvenile justice and substance abuse providers.

*If screening is performed by a Licensed Alcohol and Drug Abuse Counselor (LADC) and indicates a possible mental health disorder, a referral to an appropriate mental health professional is required.

**Provisional Criminal Justice Substance Use Disorders
Standards of Practice**

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**Provisional Criminal Justice Substance Use Disorders
Standards of Practice**

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**Provisional Criminal Justice Substance Use Disorders
Standards of Practice**

GLOSSARY

1. Cognitive behavioral approaches: is an action -orientated form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behavior and “negative” emotions. (Maladaptive behavior is behavior that is counter-productive or interferes with everyday living). The treatment focuses on changing an individual’s thoughts (cognitive patterns) in order to change his or her behavior and emotional state.
2. Comprehensive Assessment: a procedure of gathering information using appropriate interview techniques. Which includes a relevant history from client including, but not limited to, alcohol and other drug abuse, evaluation of the medical and psychiatric status, Methods and procedures used in obtaining corroborative information from significant others regarding client’s alcohol and other drug abuse and psycho-social history. Identification of appropriate assessment tools used during assessment. Diagnosis of the client’s substance abuse. Description of any coexisting conditions and recommended referral if needed. Identification of individual’s strengths, weaknesses, problems, and needs.
3. Criminogenic: According to Merriam-Webster’s dictionary of law, it is producing or leading to crime.
4. Mental Health Professional: is a person who offers services for the purpose of improving individuals Mental Health or to treat Mental Illness.
5. Readiness to Change: readiness to change is a concept that encompasses the process of making a behavioral change. The elements are embodied in the Transtheoretical Model.

**Provisional Criminal Justice Substance Use Disorders
Standards of Practice**

6. Recidivism Education: understanding the psychological and social patterns one practices prior to an offense.
7. Self-help and/ or 12 Step Programs: differ from therapy groups in those self-help groups are not led by professional therapists.
8. Significant Others: any person who plays a significant role in the life of the client.
9. Standardized Model: consists of three components—simple screening, risk assessment reporting format, and evaluation. The screening and risk assessment components are primarily the responsibility of the justice system. The evaluation component is the responsibility of substance abuse treatment providers.
10. Successful recovery: is defined as one utilizing the knowledge or skills learned in treatment to adequately address basic needs, health care, substance use, mental health and/or legal issues by seeking healthy support systems as recognized upon discharge.
11. Therapeutic Relationship: refers to the relationship between a helping and a consumer. Therapeutic alliance is the means by which the professional hopes to engage with, and effect change in, a patient, and is a mutual construction of the patient and therapist that includes shared goals, accepted recognition of the tasks each person is to perform in the relationship, and professional bond. There is evidence suggesting that the therapeutic impact of the alliance is similar across diverse forms of treatment.

Missing?

Is

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at this

Take a look

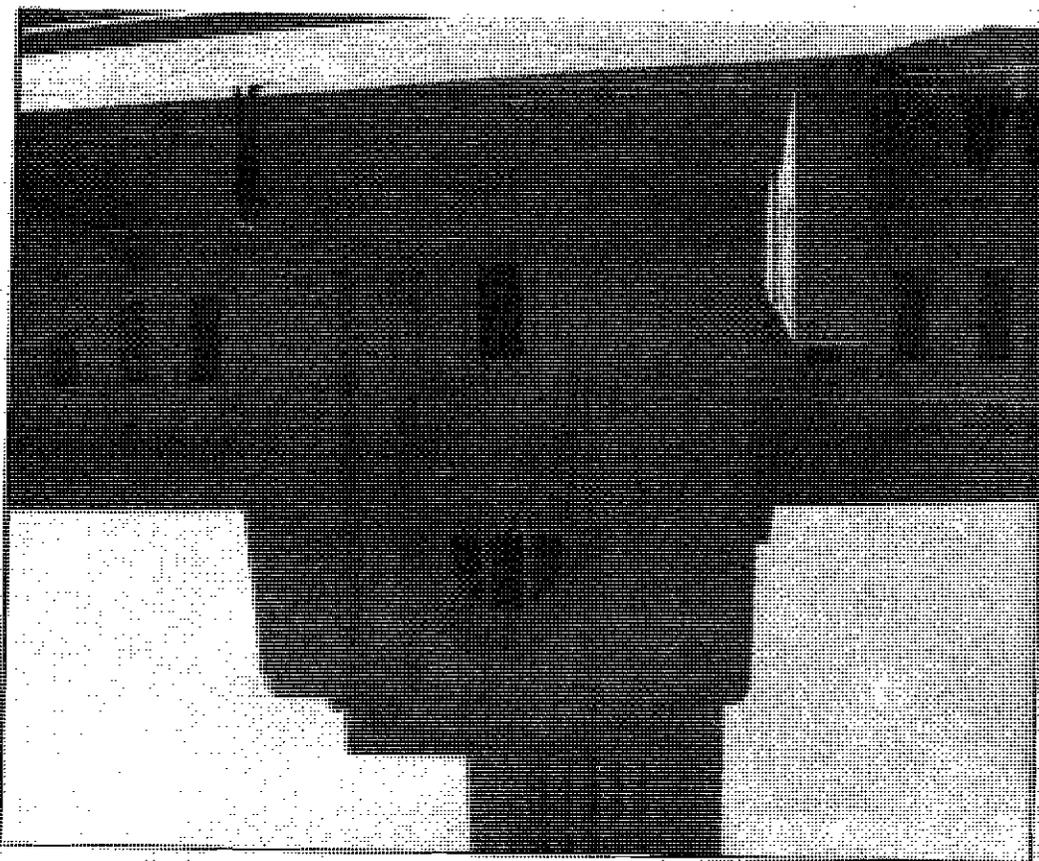


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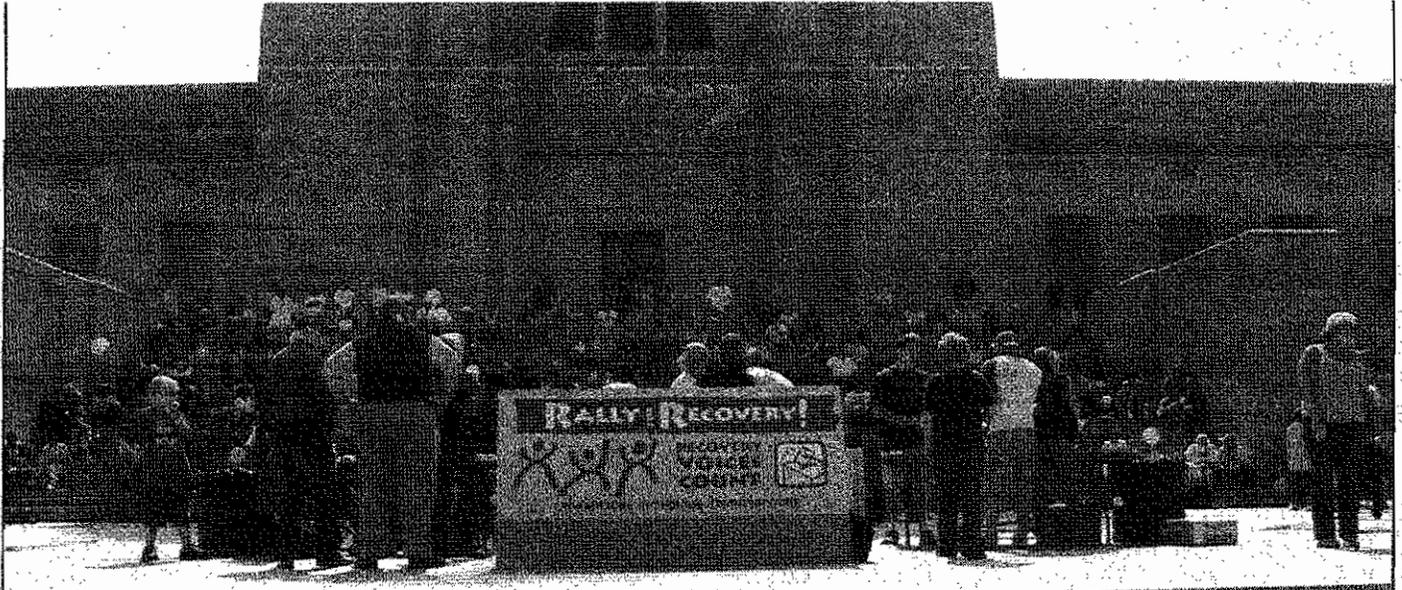


NEBRASKA
IS
RECOVERY COUNTRY

PLEASE JOIN US ON SEPTEMBER 13TH!

The community is invited! All are welcome! Bring Families and Friends!

Nebraska Recovery Network 2501 South, Lincoln NE 68502 (402) 434-3964



2008 RECOVERY RALLY

YOU & YOUR RECOVERY!

September is National Addiction Recovery Month!

Throughout the United States, people in Recovery will be gathering to celebrate Recovery from addiction to Alcohol and other drugs and to raise awareness, reduce stigma and show others that continued Recovery is possible, happening today and everyday.

JOIN US ON

September 13th, 2009

from 1:00 until 3:00 pm

at the Nebraska State Capitol (North steps)

as the Nebraska Recovery Network hosts the

7TH ANNUAL

RECOVERY RALLY & SERENITY MOMENT

MUSIC* TREATS* SPEAKERS* FUN* FELLOWSHIP*

For information: Rand Wiese, NRN (402) 476-7029 or randwiese@hotmail.com

(The Nebraska Recovery Network is partially funded by a grant from Nebraska DHHS, Division of Behavioral Health)

Attachment E

FOR IMMEDIATE RELEASE
June 29, 2009, 2:00 p.m. CT

CONTACT
Jen Rae Hein, Gov's Office
Ashley Craddock, Gov's Office

Gov. Heineman Names Kerry Winterer of Omaha CEO of Health & Human Services



(Lincoln, Neb.) Gov. Dave Heineman today named Kerry Winterer, as the Chief Executive Officer of the Department of Health and Human Services (DHHS). Winterer will begin July 13.

Winterer, 59, began his work with healthcare in 1988 co-founding The Benefit Group, Inc., which administers health care and other plans for small employers. As vice president and general counsel, Winterer was responsible for operational areas of the company such as administration and financial oversight of the company, as well as helping clients with governmental compliance concerns related to and including Health Insurance Portability and Accountability Act (HIPAA), Employee Retirement Income Security Act (ERISA), Consolidated Omnibus Budget Reconciliation Act (COBRA), and other government requirements.

"I am pleased to appoint Kerry CEO of Health and Human Services," Gov. Heineman said. "Kerry has the business knowledge that will be an asset in leading a successful department. He is an effective communicator, he understands the value of public-private partnerships, and he will be a good leader for the Department of Health and Human Services."

Winterer said, "To head a department as large and diverse and important as Health and Human Services is certainly a daunting task. But, at the same time, the fact that it is large and provides important and many times life sustaining services to citizens of the state is invigorating. The department's mission provides all the more motivation to find ways to effectively provide those services and make a difference in the lives of so many people."

Winterer currently serves on the State Board of Education. He was appointed to the board in 2007 and elected in 2008.

Winterer has served on a number of community organizations including the Heartland Family Service with which he has had involvement for 20 years. He has served as the President of the Heartland Family Service Board twice. Winterer has also served the United Way of the Midlands, Boy Scouts of America and the Greater Omaha Convention and Visitors Bureau Board. Winterer was named Nebraska's 1999 Champion of Small Business by the Nebraska Business Development Council.

Winterer is a 1975 graduate of the Columbia University School of Law in New York, and earned his bachelor's degree in psychology from the University of Nebraska-Lincoln in 1972. He graduated from Gering High School and was born in Scottsbluff.

As CEO, Winterer will direct Nebraska's largest state agency with a budget of \$2.9 billion and more than 5,500 full-time employees in over 70 offices and facilities across the state. DHHS consists of six divisions: Behavioral Health, Children and Family Services, Developmental Disabilities, Medicaid and Long-Term Care, Public Health, and Veterans' Homes.

His salary will be \$155,000.

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Date of Request	Recommendations	Status
A. MEDICAID		
2/9/05	Recommend that ASAM criteria training be included in classes required to become a LADC.	Completed-incorporated in RFP (4/09)
2/9/05	Recommend ASAM criteria include criminogenic risk factors.	Completed-incorporated in RFP (4/09)
11/11/05	Request Medicaid updates on ASAM criteria be clearly communicated to all regions & providers.	ASAM criteria has been integrated into service definitions. Exploring how NBHS will monitor
2/7/06	Request an update on utilization of SA Medicaid dollars including match funds.	Will share at 7/14/09 meeting
1/11/05	Request clarification on definition of "dual capable" and "dual enhanced" as used in ASAM criteria.	Roxie Cillessen presented to SACSAS April 2009
2/9/05	Request further definition of "dual capable" & "dual enhanced treatment" in Medicaid Criteria.	Roxie Cillessen presented to SACSAS April 2009
7/8/08	Request Medicaid further define what constitutes "dual capable" & "dual enhanced".	Roxie Cillessen presented to SACSAS April 2009
2/9/05	Request Medicaid check provider payment forms for all mistakes before returning to provider.	Currently in progress-new Medicaid operating system may help
2/9/05	Clarify overlapping age criteria for kid's SA Medicaid and adult Medicaid.	Need question clarified
2/9/05	Request a fact sheet on LB95 be created & distributed. Encourage developing more easily accessible ways of distributing medication through the program.	Completed-available on website with detailed instructions on how to get meds (2008)
5/10/05;	Recommend Division of BH & Medicaid create, sign, & distribute to all providers, regions, & communities, a fact sheet on the status & implementation of the SA waiver.	Completed
8/9/05		
5/10/05	Recommend Division of BH & Medicaid meet with Tribal BH team before implementation of SA waiver.	Completed-established by Kathleen Samuelson, now Ann Vogel
2/7/06	Recommend NBHS & Medicaid develop a timely, thorough, & integrated communication process to providers with regions & providers receiving updates on information created by the two Divisions.	Sheri Dawson request MQIT or Magellan put on the agenda to expand their distribution list beyond regional providers (4/09)
5/10/05;	Request Division of BH & Finance/Support create & sign a joint affiliation agreement that puts in writing the relationship & decision making process.	Completed-MOU between DBH and Medicaid (3/09)
8/9/05		
11/11/05;	Request that Division staff review the working draft & request Committee reviews too, if possible.	Completed-MOU between DBH and Medicaid (3/09)
2/7/06		
5/9/06;	Request to review the completed affiliation agreement between the Division of BH & Finance/Support, as soon as possible and would like a status update on the progress of getting it signed.	Completed-MOU between DBH and Medicaid (3/09)
8/8/06		
11/7/06	Request a status update on the signing of the completed affiliation agreement between the Division of BH & Finance/Support, if not yet signed what are the Medicaid issues causing the delay.	Completed-MOU between DBH and Medicaid (3/09)
3/28/08	Request status update on the State signing the MOU with Medicaid.	Completed-MOU between DBH and Medicaid (3/09)
7/8/08	Request quarterly spend down by Medicaid by level of service.	Completed-provided at 1/13/09 meeting
4/14/09	Recommend that Medicaid and the Division investigate and report back on the possibility of creating a tier system for ASAM advocates with substance abuse only dual capable and dual enhanced and that the tier system would include reimbursement.	Meeting scheduled with DBH & Medicaid - August 2009.
B. ASO		
2/9/05	Recommend development of a coordinated communication system between Regulation & Licensure (R&L), Finance, and providers of SA treatment services.	Completed - Regulation & Licensure (R & L) newsletter
2/7/06	Recommend NBHS & Medicaid develop a timely, thorough, & integrated communication process to providers with regions & providers receiving updates on information created by the two Divisions.	Division will work on expanding communications beyond regional providers to include all providers
2/7/06	Recommend the State relate to the tribes, government to government, on all SA & MH issues.	Completed
8/8/06	Recommend the Division of BH & Department of Corrections get involved in a discussion before the "early release" of prisoners with SA problems.	Jim Harvey is on Justice Behavioral Health Committee (JBHC) - Fall 2008

Date of Request	Recommendations	Status
C. PREVENTION		
5/10/05; 8/9/05	Recommend the Division Prevention System create 2-3 statewide environmental change goals that respond to the Risk and Protective Factor Survey results.	Completed-Goals: reduce underage drinking, reduce binge drinking for 18-25 year olds, and reduce DUI's (10/09)
11/11/05	Request to see the completed surveys, the results, and the proposed statewide strategy.	Continue with 3 surveys, proposal to have all surveys performed on the same day
D. GENERAL		
2/9/05	Request R&L write a letter to notify all LADCs, PLADCs, & SA programs where the statutes & regulations differ & informing all counselors of CEU requirements.	Completed
5/10/05	Request R&L send a representative to all SAAC meetings to report on the SA counselor workforce: Licensing Board Report, data specifying the # of LADCs, PLADCs, Dually credentialed persons who are PhD or LMHP (by region), and a report on applications, exams and oral exams.	Completed
8/9/05	Request a comprehensive report from R&L & any changes in counselor regulations be provided by Kris Chiles or a representative from R&L at each SAAC meeting.	Completed
8/9/05	Recommend changes in licensure for LADCs.	Completed
11/11/05; 2/7/06	Request to be kept informed of changes in counselor regulations & would like to see a draft copy when appropriate.	Completed
2/7/06	Request further definition of criteria & curriculum needed for approval of criminal justice CEU's to meet the criteria for criminal justice SA providers.	Completed-presentation by Julie Scott at 1/13/09 meeting
8/8/06	Recommend the Division encourage the exploration of CEU classes for gender specific treatment for current practitioners & look at gender specific training in the core classes for LADC licensure.	Completed-incorporated in RFP (4/09)
11/7/06; 2/21/07	Recommend the Division support & encourage the development of continuing education programs that address issues of gender & cultural competency (11/7/06) and provide the Committee with information of such programs.	Completed-incorporated in RFP (4/09)
5/16/07	Recommend the Division include a requirement in all training courses that each class include a section on gender & cultural competency.	Completed-incorporated in RFP (4/09)
5/16/07	Recommend that SAMHSA criteria for cultural & gender competency be distributed to all SA programs & counselors.	Will complete by 8/09 - DBH to distribute information. (Nancy Heller)
5/10/05; 8/9/05; 2/7/06; 5/9/06	Recommend the SA training contract include training in screening & referral for primary & specialty physicians. 5/10/05; 8/9/05; 2/7/06 Recommend that LMEP coordinate with Region 5 (which has developed a curriculum for this purpose) for information on how to access their membership and make information available online. 5/9/06	Invite Dr. Shaffer (DBH) to SACSAS for update & conversation (2/4/10)
11/11/05	Request TAP, the Division, & the SAC meet and create a statewide strategy to address SA training in screening & referral for primary & specialty physicians.	Invite Dr. Shaffer (DBH) to SACSAS for update & conversation (2/4/10)
5/16/07	Request to add education on screening for SA for all physicians and medical personnel through the state Medical & Hospital Associations.	Invite Dr. Shaffer (DBH) to SACSAS for update & conversation (2/4/10)
8/15/07	Request feedback from physicians groups regarding plans for SA screening & screening co-occurring disorders.	Invite Dr. Shaffer (DBH) to SACSAS for update & conversation (2/4/10)
8/9/05; 11/11/05	Recommend the Division meet with LMEP to discuss additional specialized training in dual diagnosis & treatment.	Completed-incorporated in RFP (4/09)

Date of Request	Recommendations	Status
2/7/06	Recommend training on dual diagnosis evidence based treatment be provided for professionals in MH & SA.	Completed-incorporated in RFP (4/09)
2/7/06	Recommend NBHS continue supporting a continuum of care using evidence based standards.	Completed-incorporated in RFP (4/09)
2/7/06	Recommend programs adopt current research/evidence based programming.	Completed-incorporated in RFP (4/09)
1/13/09	Recommend that LMEP should build into their curriculum, specific coursework on: criminogenic, gender & cultural competency, screening & referral, co-occurring disorders, and evidence based treatment.	Completed-incorporated in RFP (4/09)
1/13/09	Recommend that LMEP have the ability to use video conferencing for some, if not all training events.	Completed-incorporated in RFP (4/09)
5/9/06; 8/8/06	Regarding LB1083 Neb. Rev. Statute 71-820, request an explanation of how the Division is viewing the statutory requirement to integrate funding.	Recommend discussion at 2/4/10 meeting. (Vicki Maca)
11/7/06	Regarding LB1083, request to be informed of any changes to HHS, the role of the State Advisory Committee in the development of the State Plan & the expected timeframe for implementation.	
2/21/07; 5/16/07	Referring to LB296, request clarification of Committee's role, representation and participation in the processes involved in the strategic planning.	
8/15/07	Request to be notified as soon as Division's strategic planning begins so SAAC can develop a plan to encompass SA concerns regarding treatment, services, & prevention to be included in the overall strategic plan.	BHOC developed recommended Strategic Vision (6/09) for DBH (posted online). SACSAS should make recommendations when DBH shares draft of strategic plan (Fall 09).
11/7/06	Request regular updates on meetings held with the Department of Corrections.	Completed
5/16/07	Recommend the Division create a workgroup to work with Corrections to help create ways to increase communications with SA providers and to help facilitate & create discharge planning.	DBH now meeting with the Dept. of Corrections on regular basis (Fall 08). JBHC is another mechanism to address this.
5/16/07	Request the Division provide the current criteria, definitions, and payment (Medicaid & NBHS) information on Detox services, current facilities offering Detox services, and the SAMHSA criteria & information on where CPC is being used within the state.	
8/15/07	Recommend the Division work with the Department of Correctional Services to gather information on the number of persons transferred from local jails to D & E without criminal charges and acting in the role of "safe-keepers".	Division working with Corrections on various issues connected to SafeKeepers. A Standardized Jail Screening Tool is being developed. Also, DBH working with Corrections, Crime Commission, and UNMC to look at the data issues.
8/15/07	Request information on the extent of local jails being used as Detox centers, jail standards for "Detox" and compliance with those standards.	Jim Harvey to request from Dept. of Corrections (8/09).
8/15/07	Request information on Detox programs being used in other states.	Need further information.
5/16/07	Request to see the finalized 2007 OCA survey.	Completed
8/15/07	Request to be kept advised of the status of the BH Consumer Surveys & provide with a copy of the survey questions being used.	Completed - emailed SACSAS members the Final Consumer Survey Report from 2008 and the survey instruments for 2009. (7/8/09)
5/10/05; 8/9/05	Recommend the SAAC members whose terms expire in July 2005 be reappointed.	Completed
5/9/06; 8/8/06	Recommend the SAAC members whose terms expire in July 2006 be reappointed. (5/9/06) Request the Governor appoint Committee members from the entire state so that each region is represented.	Completed

Date of Request	Recommendations	Status
		Completed
2/9/05	Recommend the Division talk with Intertribal Council about the possibility of creating a new residential treatment program.	Completed
11/11/05	Request responses to SAAC recommendations are mailed out to all members prior to the meeting.	Completed
11/11/05	Request copies of methamphetamine study when complete.	Completed
8/15/07	Request the criteria & requirements of the Mental Health Block Grant.	Completed
8/8/06	Request Ron Sorenson or his designee be present at all SAAC meetings to fill the vacancy left by the Deputy Administrator.	Completed - Vicki Maca is on SAAC (1/08)
3/28/08	The Committee plans to work on a strategic plan for addressing Substance Use Disorders.	Was this completed?
3/28/08	Request to have an annual summary of recommendations & responses from the Division.	Completed
3/28/08	Request status of the orientation packets.	Completed
3/28/08	Request recognition to Kathy Seacrest for her many years of service.	Completed (7/08)
7/8/08	Request a Division 'Thank you' is sent to Kathy Seacrest.	Completed (7/08)
4/14/09	Recommend the Division research and report back on how the IBC's Provisional Standards of Practice will impact policy, contracts, and MOU's so that we can coordinate our understanding of Standards of Practice for substance abuse treatment to the criminal justice population.	Jim Harvey

Key
blue - not yet completed
yellow highlight - recommendation from previous meeting

Attachment G

Regional Contracts for Behavioral Health & Network Management Services July 2008 - June 2009

	State Ledgers			
	SFY Budgeted amts	July 08-June09		adj balance
Region 1	\$ 4,769,415.00	\$ 4,203,840.95	88.1%	\$ 565,574.05
Region 2	5,105,564.00	4,953,078.95	97.0%	152,485.05
Region 3	12,290,493.00	10,779,773.04	87.7%	1,510,719.96
Region 4	9,686,378.00	7,032,901.54	72.6%	2,653,476.46
Region 5	16,980,919.00	15,108,316.86	89.0%	1,872,602.14
Region 6	24,070,041.00	21,799,327.00	90.6%	2,270,714.00
Totals	\$ 72,902,810.00	\$ 63,877,238.34	87.6%	\$ 9,025,571.66

	State & Federal Contract Amount	State Ledgers July 08-June09		adj balance
Region 1:				
Mental Health	\$ 2,909,202.00	\$ 2,444,789.21	84.0%	\$ 464,412.79
Substance Abuse	1,374,453.00	1,294,496.68	94.2%	79,956.32
Regional Coordination	485,760.00	464,555.06	95.6%	21,204.94
	\$ 4,769,415.00	\$ 4,203,840.95	88.1%	\$ 565,574.05
Region 2:				
Mental Health	\$ 3,012,310.00	\$ 2,951,139.29	98.0%	\$ 61,170.71
Substance Abuse	1,889,384.00	1,797,477.25	95.1%	91,906.75
Regional Coordination	203,870.00	204,462.41	100.3%	(592.41)
	\$ 5,105,564.00	\$ 4,953,078.95	97.0%	\$ 152,485.05
Region 3:				
Mental Health	\$ 8,256,514.00	\$ 6,792,985.18	82.3%	\$ 1,463,528.82
Substance Abuse	3,595,412.00	3,611,981.94	100.5%	(16,569.94)
Regional Coordination	438,567.00	374,805.92	85.5%	63,761.08
	\$ 12,290,493.00	\$ 10,779,773.04	87.7%	\$ 1,510,719.96
Region 4:				
Mental Health	\$ 5,822,803.00	\$ 3,796,214.29	65.2%	\$ 2,026,588.71
Substance Abuse	3,473,932.00	2,976,706.45	85.7%	497,225.55
Regional Coordination	389,643.00	259,980.80	66.7%	129,662.20
	\$ 9,686,378.00	\$ 7,032,901.54	72.6%	\$ 2,653,476.46
Region 5:				
Mental Health	\$ 8,773,961.00	\$ 7,768,123.27	88.5%	\$ 1,005,837.73
Substance Abuse	7,628,518.00	6,826,043.87	89.5%	802,474.13
Regional Coordination	578,440.00	514,149.72	88.9%	64,290.28
	\$ 16,980,919.00	\$ 15,108,316.86	89.0%	\$ 1,872,602.14
Region 6:				
Mental Health	\$ 15,723,214.00	\$ 13,390,248.00	85.2%	\$ 2,332,966.00
Substance Abuse	7,835,723.00	7,951,447.00	101.5%	(115,724.00)
Regional Coordination	511,104.00	457,632.00	89.5%	53,472.00
	\$ 24,070,041.00	\$ 21,799,327.00	90.6%	\$ 2,270,714.00

Prepared by: K. Harker

Updated: 07/14/2009

**State Outcomes Measurement and Management System (SOMMS)
Subcontract**

**Quarter 1, 2009
Initial Data Quality Assessment Report**

Nebraska - Quarter 1, 2009

(Includes all data received through June 12, 2009)

**State Outcomes Measurement and Management System (SOMMS) Subcontract
Quarterly Data Quality Assessment Report**

Nebraska - Quarter 1, 2009

Table 1. Timeliness and completeness of data: Number of admission / discharge records received by calendar quarter according to date of admission / discharge, and 2009 records relative to projected volume. TEDS 2009.

Admissions									
Admission Date (1)	2009 admissions to date (2)	Records submitted within 60 days		Admission record receipt date				Completeness	
		# (3)	% (4)	# records Jan - May 2009 (5)	# records Jun - Aug 2009 (6)	# records Sep - Nov 2009 (7)	# records Dec 09 - Feb 10 (8)	Projected volume (2008 admissions) (9)	% of 2009 admissions vs. 2008 admissions (10)
Quarter 1 Jan 1 - Mar 31, 2009	4,141	4,141		4,141	0			4,121	100
Quarter 2 Apr 1 - Jun 30, 2009								4,129	
Quarter 3 Jul 1 - Sep 30, 2009								4,127	
Quarter 4 Oct 1 - Dec 31, 2009								3,888	
2009 Cumulative Total	4,141	4,141		4,141	0			16,265	25
Discharges									
Discharge Date	2009 discharges to date	Records submitted within 60 days		Discharge record receipt date				Completeness	
		#	%	# records Jan - May 2009	# records Jun - Aug 2009	# records Sep - Nov 2009	# records Dec 09 - Feb 10	Projected volume (2009 admissions)	% of 2009 discharges vs. 2009 admissions
Quarter 1 Jan 1 - Mar 31, 2009	3,652	3,652		3,652	0			4,141	88
Quarter 2 Apr 1 - Jun 30, 2009									
Quarter 3 Jul 1 - Sep 30, 2009									
Quarter 4 Oct 1 - Dec 31, 2009									
2009 Cumulative Total	3,652	3,652		3,652	0			4,141	88

Notes:

- **Admissions:** Includes initial admissions occurring in the quarter, regardless of whether a discharge record has been received. Transfers and Co-dependents are excluded.
- **Discharges:** Includes discharges occurring in the quarter, regardless of when the corresponding admission occurred or whether the admission record has been received. Co-dependents are excluded.
- **Column 4 percent:** This percent will be calculated when reported data are sufficiently complete to measure timeliness.
- **Highlighted Cells:** Cells in the quarter being assessed.
- **Bold numbers:** Bold number indicates percent fails to meet criterion specification.
- **SOMMS Subcontract Criterion 1:** Greater than or equal to 80% of records received within 60 days of the end of the quarter. This percent will be calculated when the total number of records in column 2 is sufficiently complete to measure timeliness.
- **SOMMS Subcontract Criterion 5:** Admission volume greater than or equal to 90% of projected volume.
- **SOMMS Subcontract Criterion 6, 8:** Discharge volume greater than or equal to 90% of admissions volume for same quarter.

Source: Treatment Episode Data Set (TEDS), State SOMMS subcontract reporting under DASIS.

Symbol: -- indicates not applicable because division is by zero.

Prepared by: Synectics for Management Decisions, Inc. under contract to SAMHSA/OAS, DASIS contract No. 283-02-9026.

Report processing date: June-09

**State Outcomes Measurement and Management System (SOMMS) Subcontract
Quarterly Data Quality Assessment Report**

Nebraska - Quarter 1, 2009

Table 2. Discharge record match rate: Total discharge records and number and percent of discharge records that match an admission record, by discharge date. TEDS 2009.

Discharge date (1)	Total discharge records (2)	Discharge records matching an admission	
		# (3)	% (4)
Quarter 1 Jan 1 - Mar 31, 2009	3,652	3,595	98
Quarter 2 Apr 1 - Jun 30, 2009			
Quarter 3 July 1 - Sep 30, 2009			
Quarter 4 Oct 1 - Dec 31, 2009			
2009 Cumulative Total	3,652	3,595	98

Notes:

- **Total discharge records:** Count includes all discharge records with a discharge date during the specified quarter, among records submitted to TEDS within 60 days after the end of the quarter being assessed in this report.

Counts for earlier quarters may be updated with records submitted after the assessment dates for those quarters.

- **Match:** To be considered a match, the key fields on a discharge record must match the key fields on an admission or transfer admission record.

- **Highlighted cells:** Cells in the quarter being assessed.

- **Bold numbers:** Bold number indicates that percent of discharges matching an admission is less than 90 percent.

- **SOMMS subcontract Criteria 2 and 8:** At least 90% of discharge records match an admission record.

Source: Treatment Episode Data Set (TEDS), State SOMMS subcontract reporting under DASIS.

Symbol: -- indicates no data submitted, or not applicable because division is by zero.

Prepared by: Synectics for Management Decisions, Inc. under contract to SAMHSA/OAS, DASIS contract No. 283-02-9026.

Report processing date: June-09

**State Outcomes Measurement and Management System (SOMMS) Subcontract
Quarterly Data Quality Assessment Report**

Nebraska - Quarter 1, 2009

Table 3. Admission records (excluding detox): Number and percent of admission records with unknown values, by TEDS data item, according to calendar quarter of admission. TEDS 2009.

REQUIRED NATIONAL OUTCOME MEASURES (NOMS)	Quarter 1 Jan 1 - Mar 31, 2009		Quarter 2 Apr 1 - Jun 30, 2009		Quarter 3 Jul 1 - Sep 30, 2009		Quarter 4 Oct 1 - Dec 31, 2009		2009 Cumulative Total	
	1,852	100%							1,852	100%
Admissions (excluding detox)	Unknown		Unknown		Unknown		Unknown		Unknown	
(1)	# (2)	% (3)	# (4)	% (5)	# (6)	% (7)	# (8)	% (9)	# (10)	% (11)
<i>TEDS Admissions Minimum Data Set</i>										
TYPE OF SERVICE	0	0							0	0
NO. PRIOR TREATMENT EPISODES	0	0							0	0
PRIMARY SOURCE OF REFERRAL	17	1							17	1
DATE OF BIRTH	0	0							0	0
SEX	0	0							0	0
RACE	997	54							997	54
ETHNICITY	41	2							41	2
EDUCATION	59	3							59	3
EMPLOYMENT STATUS	7	0							7	0
PRIMARY SUBSTANCE	33	2							33	2
SECONDARY SUBSTANCE	19	1							19	1
TERTIARY SUBSTANCE	33	2							33	2
ROUTE ADMINISTRATION (PRIMARY)	52	3							52	3
ROUTE ADMINISTRATION (SECONDARY)	30	2							30	2
ROUTE ADMINISTRATION (TERTIARY)	52	3							52	3
FREQUENCY OF USE (PRIMARY)	136	7							136	7
FREQUENCY OF USE (SECONDARY)	86	5							86	5
FREQUENCY OF USE (TERTIARY)	61	3							61	3
AGE AT FIRST USE (PRIMARY)	34	2							34	2
AGE AT FIRST USE (SECONDARY)	19	1							19	1
AGE AT FIRST USE (TERTIARY)	33	2							33	2
PLANNED USE OF METHADONE	0	0							0	0
<i>TEDS Admissions Supplemental Data Set</i>										
LIVING ARRANGEMENTS	247	13							247	13
DETAILED NOT-IN-LABOR-FORCE	7	0							7	0
ARRESTS IN PRIOR 30 DAYS	1	0							1	0

Notes:

- **Unknown:** Includes records with TEDS codes 97 (unknown) + 99 (invalid) + 98 (not collected).
- **Admissions:** Includes all non-detox admissions in the quarter, regardless of whether a discharge has taken place. Excludes transfers and co-dependents.
- **Highlighted cells:** Cells in the quarter being assessed.
- **Bold numbers:** Bold number indicates data exceed acceptable percent unknown.
- **SOMMS subcontract Criterion 4:** Less than or equal to 5% unknown for original TEDS variables, or less than or equal 10% unknown for new NOMS.

Source: Treatment Episode Data Set (TEDS), State SOMMS subcontract reporting under DASIS.

Symbol: – No data received for quarter or percent calculation not applicable.

Prepared by: Synectics for Management Decisions, Inc. under contract to SAMHSA/OAS, DASIS contract No. 283-02-9026.

Report Processing Date: June-09

**State Outcomes Measurement and Management System (SOMMS) Subcontract
Quarterly Data Quality Assessment Report**

Nebraska - Quarter 1, 2009

Table 4(a). Discharge records (excluding detox) with reason for discharge "completed treatment" or "transferred": Number and percent of those discharge records with unknown values, by TEDS data item, according to calendar quarter of discharge. TEDS 2009.

REQUIRED NATIONAL OUTCOME MEASURES (NOMS)	Quarter 1 Jan 1 - Mar 31, 2009		Quarter 2 Apr 1 - Jun 30, 2009		Quarter 3 Jul 1 - Sep 30, 2009		Quarter 4 Oct 1 - Dec 31, 2009		2009 Cumulative Total	
	#	%	#	%	#	%	#	%	#	%
Discharges (completions/transfers) (excluding detox)	744	100%							744	100%
(1)	Unknown		Unknown		Unknown		Unknown		Unknown	
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
TEDS Discharge Minimum Data Set										
TYPE OF SERVICE AT DISCHARGE	0	0							0	0
DATE OF LAST CONTACT	0	0							0	0
DATE OF DISCHARGE	0	0							0	0
REASON FOR DISCHARGE	0	0							0	0
New Discharge NOMS										
PRIMARY SUBSTANCE	24	3							24	3
SECONDARY SUBSTANCE	21	3							21	3
TERTIARY SUBSTANCE	0	0							0	0
FREQUENCY OF USE (PRIMARY)	59	8							59	8
FREQUENCY OF USE (SECONDARY)	41	6							41	6
FREQUENCY OF USE (TERTIARY)	0	0							0	0
LIVING ARRANGEMENTS	57	8							57	8
EMPLOYMENT STATUS	4	1							4	1
DETAILED NOT IN LABOR FORCE	0	0							0	0
ARRESTS IN PRIOR 30 DAYS	1	0							1	0

Notes:

- **Unknown:** Includes records with TEDS codes 97 (unknown) + 99 (invalid) + 98 (not collected)
- **Discharge counts:** Includes non-detox discharges occurring in the quarter, regardless of when the admission occurred or whether the admission record has been received.
- **Completed treatment:** Includes discharge records with TEDS reason for discharge code 01 (completed treatment) and 04 and 14 (transferred.)
- **Highlighted cells:** Cells in the quarter being assessed.
- **Bold numbers:** Bold number indicates data exceed acceptable percent unknown.
- **SOMMS subcontract Criterion 4:** Less than or equal to 5% unknown or less than or equal 10% unknown for new NOMS.

Source: Treatment Episode Data Set (TEDS), State SOMMS subcontract reporting under DASIS.

Symbol: -- No data received for quarter or percent calculation not applicable.

Prepared by: Synectics for Management Decisions, Inc. under contract to SAMHSA/OAS, DASIS contract No. 283-02-9026.

Report processing date: June-09

**State Outcomes Measurement and Management System (SOMMS) Subcontract
Quarterly Data Quality Assessment Report**

Nebraska - Quarter 1, 2009

Table 4(b). Discharge records (excluding detox) with non-completion reasons for discharge (other than "completed treatment" or "transferred"): Number and percent of records with unknown values, by TEDS data item, according to calendar quarter of discharge. TEDS 2009.

REQUIRED NATIONAL OUTCOME MEASURES (NOMS)	Quarter 1 Jan 1 - Mar 31, 2009		Quarter 2 Apr 1 - Jun 30, 2009		Quarter 3 Jul 1 - Sep 30, 2009		Quarter 4 Oct 1 - Dec 31, 2009		2009 Cumulative Total	
	#	%	#	%	#	%	#	%	#	%
Discharges (non-completions) (excluding detox)	603	100%							603	100%
(1)	Unknown		Unknown		Unknown		Unknown		Unknown	
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
TEDS Discharge Minimum Data Set										
TYPE OF SERVICE AT DISCHARGE	0	0							0	0
DATE OF LAST CONTACT	14	2							14	2
DATE OF DISCHARGE	0	0							0	0
REASON FOR DISCHARGE	98	16							98	16
New Discharge NOMS										
PRIMARY SUBSTANCE	26	4							26	4
SECONDARY SUBSTANCE	4	1							4	1
TERTIARY SUBSTANCE	0	0							0	0
FREQUENCY OF USE (PRIMARY)	59	10							59	10
FREQUENCY OF USE (SECONDARY)	17	3							17	3
FREQUENCY OF USE (TERTIARY)	0	0							0	0
LIVING ARRANGEMENTS	101	17							101	17
EMPLOYMENT STATUS	7	1							7	1
DETAILED NOT IN LABOR FORCE	6	1							6	1
ARRESTS IN PRIOR 30 DAYS	0	0							0	0

Notes:

- **Unknown:** Includes records with TEDS codes 97 (unknown) + 99 (invalid) + 98 (not collected)
- **Discharge counts:** Includes non-detox discharges occurring in the quarter, regardless of when the admission occurred or whether the admission record has been received.
- **Treatment not completed:** Includes discharge records with TEDS reason for discharge codes other than 01 (completed treatment) and 04 and 14 (transferred.)
- **Highlighted cells:** Cells in the quarter being assessed.
- **Bold numbers:** Bold number indicates data exceed acceptable percent unknown.
- **SOMMS subcontract Criterion 4:** Less than or equal to 5% unknown or less than or equal 10% unknown for new NOMS.

Source: Treatment Episode Data Set (TEDS), State SOMMS subcontract reporting under DASIS.

Symbol: – No data received for quarter or percent calculation not applicable.

Prepared by: Synectics for Management Decisions, Inc. under contract to SAMHSA/OAS, DASIS contract No. 283-02-9026.

Report processing date: June-09

State Outcomes Measurement and Management System (SOMMS) Subcontract Quarterly Data Quality Assessment Report

Table Definitions

This document describes the SOMMS quarterly data quality assessment tables, which will be provided to you each quarter that your State participates in the SOMMS State subcontracts with Synectics. The tables provide an assessment of your National Outcomes Measures (NOMS) data under the SOMMS subcontract criteria, for data received by Synectics within 60 days after the end of the most recent quarter. Your comments and questions regarding the tables will be welcomed and should be addressed to JimD@SMDI.com.

Table 1 – This table is intended to assess data timeliness and completeness. The specific SOMMS subcontract criteria addressed by this table are listed in the table footnotes. Please see other footnotes in the table for more information.

The top half of the table is for admission data and the bottom for discharge data. Transfers and co-dependents are excluded from admissions data counts.

- Column 1 - Calendar quarter in which the admission / discharge occurred.
- Column 2 - Total admissions/discharges received by Synectics to date and accepted into the TEDS database. [Calculated as the sum of columns 5 through 8.]
- Column 3 - The number of records received within 60 days of the end of the calendar quarter in which the admission or discharge occurred and accepted into the TEDS database. [This count is column 5 for the first quarter, columns 5+6 for the second quarter, columns 6+7 for the third quarter, and columns 7+8 for the fourth quarter.]
- Column 4 - The percent of records received within 60 days of the end of the calendar quarter in which the admission or discharge occurred and accepted into the TEDS database. [This percent is calculated as column 3/column 2, and will be presented when the column 2 total count is sufficiently complete to measure timeliness.]
- Column 5 - Number of records received from January through May 2006 and accepted into the TEDS database.
- Column 6 - Number of records received from June through August 2006 and accepted into the TEDS database
- Column 7-8 - Same as column 5-6 for dates indicated.
- Column 9 -
 - Top section - Number of 2005 admissions, which is used as the projected/expected number of 2006 admissions.
 - Bottom section - Number of 2006 admissions, which is used as the projected/expected number of 2006 discharges.
- Column 10 - Estimated percent complete reporting. [Percent calculated as column 2 / column 9.]

Table 2 – This table is intended to assess the rate at which discharge records received by Synectics can be matched to their corresponding admission records in the TEDS database. The specific SOMMS subcontract criteria addressed by this table are listed in the table footnotes. Please see other footnotes in the table for more information. Match rates lower than 90 percent are shown in bold type.

- Column 1 - Calendar quarter in which the discharge occurred.
- Column 2 - Total discharge records received and accepted into the TEDS database.
- Column 3 - Count of discharge records that matched an admission record during TEDS processing.
- Column 4 - Percent of discharge records that matched an admission record during TEDS processing. [Calculated as column 3 / column 2.]

Table 3 – This table is intended to assess the “percent unknown” for each required admission data item. Admissions to detoxification are excluded from this table. Data items not yet scheduled to be collected by a State are shown with grey highlighting for each quarter not yet collected. The specific SOMMS subcontract criteria addressed by this table are listed in the table footnotes. Please see other footnotes in the table for more information. Unknown values exceeding 5% for the existing Admission Minimum Data Set variables (20% for new NOMS) are shown in bold type.

- Column 1 - Specified data item.
- Column 2 - Number of admission records (excluding admissions to detoxification) with admission date during January-March 2006 that have “unknown” codes. This includes records with code 97 (unknown), 98 (not collected) and 99 (invalid code).
- Column 3 - Percent of admission records with “unknown” codes. [Calculated as column 2 / total admissions at top of column 2]
- Columns 4-5, 6-7, 8-9 - Same as columns 2 and 3 for subsequent quarters.
- Columns 10 - Cumulative totals for 2006 [sum of columns 2, 4, 6 and 8]
- Column 11 - Percent of cumulative admission records with “unknown” codes. [Calculated as column 10 / total admissions at top of column 10.]

Table 4(a) – This table is intended to assess the “percent unknown” for each required discharge data item among discharges with *Reason for discharge* of “completed treatment” or “transferred.” Discharges from detoxification are excluded from this table. Data not collected by a State are shown with grey highlighting for each quarter not collected. The specific SOMMS subcontract criteria addressed by this table are listed in the table footnotes. Please see other footnotes in the table for more information. Unknown values exceeding 5% for any of the 4 existing Discharge Minimum Data Set items at the top of the table, or exceeding 20% for any of the 10 new NOMS discharge items at the bottom of the table, are shown in bold type.

- Column 1 - Specified data item.
- Column 2 - Number of discharge records (excluding discharges from detoxification) with reason for discharge of “completed treatment” or “transferred” and discharge date during January-March 2006 that have “unknown” codes. This includes records with code 97 (unknown), 98 (not collected) and 99 (invalid code).
- Column 3 - Percent of discharge records with “unknown” codes. [Calculated as column 2 / total discharges at top of column 2.]

- Columns 4-5, 6-7, 8-9 - Same as columns 2 and 3 for subsequent quarters.
- Column 10 - Cumulative totals for 2006 [sum of columns 2, 4, 6 and 8].
- Column 11 - Percent of cumulative discharge records with “unknown” codes. [Calculated as column 10 / total discharges at top of column 10.]

Table 4 (b) – This table is intended to assess the “percent unknown” for each required discharge data item for discharges with *Reason for discharge that was not “completed treatment” or “transferred.”* Discharges from detoxification are excluded from this table. Since this table presents data for clients who left treatment before completion (drop-outs, etc.), the unknown rates for the discharge data items in this table are likely to be higher than the rates in Table 4(a) for clients who completed treatment. Therefore, the information in this table will not be used to determine SOMMS subcontract payment. It is presented for informational purposes only.

Data not collected by a State are shown with grey highlighting for each quarter not collected. The specific SOMMS subcontract criteria addressed by this table are listed in the table footnotes. Please see other footnotes in the table for more information. Unknown values exceeding 5% for any of the 4 existing Discharge Minimum Data Set items at the top of the table, or exceeding 20% for any of the 10 new NOMS discharge items at the bottom of the table, are shown in bold type.

- Column 1 - Specified data item.
- Column 2 - Number of discharge records (excluding discharges from detoxification) with reason for discharge that was **not** “completed treatment” or “transferred”, and discharge date during January-March 2006 that have “unknown” codes. This includes records with code 97 (unknown), 98 (not collected) and 99 (invalid code).
- Column 3 - Percent of discharge records with “unknown” codes. [Calculated as column 2 / total discharges at top of column 2.]
- Columns 4-5, 6-7, 8-9 - Same as columns 2 and 3 for subsequent quarters.
- Column 10 - Cumulative totals for 2006 [sum of columns 2, 4, 6 and 8].
- Column 11 - Percent of cumulative discharge records with “unknown” codes. [Calculated as column 10 / total discharges at top of column 10.]

Tables 3, 4(a) and 4(b) - Included in the “unknown” values for these tables are TEDS codes ‘97’ (unknown), ‘98’ (not collected) and ‘99’ (invalid). The invalid code is assigned during TEDS processing to any invalid data in the State’s submitted data, and the invalid code is noted in the error report sent to the State. See the TEDS State Instructions Manuals (Admission and Discharge) for complete information on valid data item codes.

FINAL
UNIFORM APPLICATION
FY 2010
SUBSTANCE ABUSE PREVENTION AND TREATMENT
BLOCK GRANT

42 U.S.C. 300x-21 through 300x-66

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Center for Substance Abuse Prevention

Approval Expires: 09-30-2010

OMB No. 0930-0080

2. Needs assessment summary

These items involve completion of the Treatment Needs Assessment Summary Matrix (Form 8), the Treatment Needs by Age, Sex and Race/Ethnicity (Form 9), and a narrative explaining how the State arrived at the numbers entered on these forms, the biases of the data, and how the State intends to improve the reliability and validity of its data. This information is required by statute and regulation (See 42 U.S.C. 300x-29 and 45 C.F.R. 96.133).

How to complete the Treatment Needs Assessment Summary Matrix (Form 8)

Before you begin entering numbers, look at columns 6 and 7. It is the intent of Congress to target funding to areas severely impacted by substance use and trade. There are various ways to measure both the prevalence of substance-related criminal activity and the incidence of communicable diseases. With input from the States, CSAT has designated two indices for column 6 (Prevalence of substance-related criminal activity). These indices are:

- number of DWI (driving while intoxicated) arrests
- number of drug-related arrests

Before you begin to enter data, fill in the box over column 6 indicating the time period covered by the entries you will make in that column. The time period on which you report in this column is the last calendar year for which you have the data. In addition, you may use a third index of your choice for this column. If you choose to do so, write your index in the blank space in column 6C. If you choose not to enter a third index, cross out column 6C.

With input from the States, CSAT has designated three indices for column 7 (Incidence of communicable diseases). These indices are:

- number of cases of Hepatitis B per 100,000 population
- number of cases of AIDS per 100,000 population
- number of cases of Tuberculosis per 100,000 population

Following are instructions for completing each column:

Approval Expires 09-30-2010

Column 1: Sub-State planning area -- Enter the name of each sub-State planning area.

Column 2: Total population -- Enter the total population of the sub-State planning area.

Column 3: Total population in need -- Enter on the left side (A) the area's total population in need of substance abuse treatment services, including those already receiving treatment. Enter on the right side (B) those who would seek treatment but are not currently being served.

Column 4: Number of IVDUs in need -- Enter on the left side (A) the area's total number of IVDUs in need of treatment services, including those in treatment. Enter on the right side (B) those who would seek treatment but are not currently being served.

Column 5: Number of women in need -- Enter on the left side (A) the area's total number of women in need of treatment services, including those in treatment. Enter on the right side (B) those who would seek it but are not currently being served.

Column 6: Prevalence of substance-related criminal activity -- Using the indices provided and the one you may have selected and written in, enter the appropriate numbers.

Column 7: Incidence of communicable diseases -- Using the indices provided, enter the appropriate numbers. Do not enter data as fractions. For example, if there are 40.2 cases per 100,000 population, write "40.2" rather than "40.2/100,000."

3. Treatment Needs By Age, Sex, And Race/Ethnicity (Form 9)

The intent of Form 9 is to capture in column A the Total number of persons in need of treatment and then have this disaggregated among age, gender and race-ethnicity. The total of columns B through H should equal the total reported in column A (this total should also equal the sum of columns I and J).

These data aggregations by race and ethnicity are the categories required by the October 30, 1997 revision of *OMB Statistical Policy Directive No. 15: Race and Ethnic Standards for Federal Statistics and Administrative Reporting* (<http://www.whitehouse.gov/omb/fedreg/ombdir15.html>)

date prepared: 13-Jul
NE Division of Behavioral Health

**State Estimates of Substance Use and Mental Health from the
2006-2007 National Surveys on Drug Use and Health**

DRAFT
July 13, 2009

Form 8
Treatment Needs Assessment Summary Matrix
State: NE

Nebraska data
<http://www.oas.samhsa.gov/2k7/State/Nebraska.htm>

Region	1. Substate planning area	2. Total population	3. Total population in need		4. Number of IVDUs in need		5. Number of women in need		6. Prevalence of substance-related criminal activity			7. Incidence of communicable diseases			
			Census data (estimated 2008)	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Needing treatment services	B. That would seek treatment	A. Number of DWI arrests	B. Number of drug-related arrests	C. Other (specify): Liquor Laws*	A. Hepatitis B/100,000	B. AIDS/100,000	C. Tuberculosis/100,000
1	Panhandle	85,813	7,723	494	88	5	2,511	181	671	507	623	0.0		0.0	
2	Southwest	99,148	8,923	571	99	6	2,847	182	775	586	719	0.0		0.0	
3	South Central	223,379	20,104	1,287	223	14	6,443	412	1,746	1,320	1,621	0.4		0.0	
4	North East	204,799	18,432	1,160	206	13	5,851	374	1,601	1,210	1,486	1.5		0.02	
5	South East	436,512	39,286	2,514	437	28	12,451	797	3,413	2,579	3,167	0.7		0.0	
6	Omaha Metro	733,781	66,040	4,227	734	47	21,148	1,353	5,737	4,336	5,324	0.7		0.03	
	State Total	1,783,432	160,509	10,273	1,783	114	51,252	3,280							
			9.0% of population	6.4% of those in need	0.1% of population based on Herion	6.4% of those in need	5.7% of women	6.4% of those in need	13,943	10,538	12,941	0.7	3.49	1.9	

DRAFT
 July 13, 2009

Form 9 Treatment Needs by Age, Sex, and Race/Ethnicity
 Date prepared July 13, 2009
 Time Period For FY2010 SAPTBG Application

Sex and Race/Ethnicity

AGE	A. TOTAL	B. WHITE		C. BLACK OR AFRICAN AMERICAN		D. NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER		E. ASIAN		F. AMERICAN INDIAN / ALASKA NATIVE		G. MORE THAN ONE RACE REPORTED		H. UNKNOWN	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
1. 17 & Under	38,267	22,706	10,851	1,519	712	25	12	438	206	546	256	814	382	0	0
2. 18-24	28,040	17,269	8,101	972	458	19	9	270	127	266	125	289	136	0	0
3. 25-34	37,702	23,349	10,953	1,204	565	29	13	470	221	348	163	263	123	0	0
4. 35-44	37,374	24,038	11,276	806	378	13	6	228	107	217	102	138	65	0	0
5. 45 and over	19,952	13,113	6,151	280	131	3	2	68	32	69	32	48	23	0	0
6. Total	161,335	100,475	47,133	4,780	2,242	89	42	1,475	692	1,447	679	1,552	728	0	0

Total from Form 8 180,509
 Total by Race from Form 9 161,335
 Total by Origin from Form 9 158,505

NOTE: Form 9 was completed using (1) Nebraska census data estimated for 2008 and (2) data from SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006 and 2007 [Table G.29 – Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2006 and 2007]

NOTE: The estimates for each age category in this table are based on the age categories in the SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006 and 2007 [Table G.29 – Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2006 and 2007] and are as follows: Age Category 1 in this table includes ages 12 through 17 years, Age Category 2 in this table includes ages 18 through 25 years; Age Categories 3, 4, and 5 in this table includes ages 26 years and older.

NOTE: The National Survey on Drug Use and Health, 2006 and 2007 estimates are only provided by race, age, and gender independent of one another. Form 9 requires a more detailed breakout of this data. Some basic calculations were used to provide this level of detail. To calculate the estimate of need for each age group within each race, the national estimate by race and the national estimate by age was averaged and applied to the state population per 2008 U.S. Census estimates within each category. To calculate the estimate of need for each age group within each Hispanic origin category, the national estimate by Hispanic origin and the national estimate by age was averaged and applied to the state population per 2008 U.S. Census estimates within each category. To further break these race, origin, and age estimates down by gender, the percent of the total population in need from form 8 that is female (31.93091%) was applied to the population in need within each age and race group and within each age and origin group in Form 9. To determine the number of males in need in Form 9, the number of females in need were subtracted from the total number in need within each

SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health

<http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/AppG.htm#TabG-29>

Form 9
Date prepared
Time Period

Treatment Needs by Age, Sex, and Race/Ethnicity
July 13, 2009
For FY2010 SAPTBG Application

DRAFT
July 13, 2009

AGE	I. NOT HISPANIC OR		J. HISPANIC OR	
	M	F	M	F
1. 17 & Under	3,183	1,493	22,217	10,422
2. 18-21	1,381	648	17,512	8,215
3. 22-34	2,398	1,125	22,841	10,714
4. 35-54	952	446	24,061	11,287
5. 55 and over	241	113	13,108	6,149
6. Total	8,154	3,825	99,739	46,787

Table G.29 – Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older, by Demographic Characteristics: Percentages, 2006 and 2007

Demographic Characteristic	TYPE OF PAST YEAR DEPENDENCE OR ABUSE					
	Illicit Drugs ¹		Alcohol		Illicit Drugs or Alcohol ¹	
	2006	2007	2006	2007	2006	2007
TOTAL	2.9	2.8	7.6	7.5	9.2	9.2
AGE						
12-17	4.6	4.3	5.4	5.4	8	7.7
18-25	7.9	7.9	17.6	16.8	21.3	20.7
26 or Older	1.7	1.7	6.2	6.2	7.2	7.2
GENDER						
Male	3.7	3.8	10.3	10.6	12.3	12.5
Female	2	1.8	5.1 ^a	4.6	6.3 ^a	5.7
HISPANIC ORIGIN AND RACE						
Not Hispanic or Latino	2.8	2.8	7.5	7.6	9.1	9.1
White	2.6	2.7	7.8	8	9.2	9.3
Black or African American	4	3.7	6.7	6.3	9	8.5
American Indian or Alaska Native	6.4	4	15.1	10.9	19	15.2
Native Hawaiian or Other Pacific Islander	2.1	3.6	10.8	7.3	12	9.4
Asian	1.4	1.1	3.2	4.3	4.3	4.7
Two or More Races	4.3	5.1	9	8.6	12	10.9
Hispanic or Latino	3.4 ^a	2.5	8.5 ^a	7	10.0 ^a	8.2

*Low precision; no estimate reported.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic*

^a Difference between estimate and 2007 estimate is statistically significant at the 0.05 level.

^b Difference between estimate and 2007 estimate is statistically significant at the 0.01 level.

¹ Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens,

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2006 and 2007.

Nebraska's Justice Mental Health Initiative

Progress Update as of July 13, 2009

SUMMARY – NE Division of Behavioral Health
U.S. Department of Justice – Bureau of Justice Assistance (BJA) Grant
Justice and Mental Health Collaboration Program (CDFA #16.745)

CATEGORY II: PLANNING AND IMPLEMENTATION

- Award with Project Period: (from: Sep 01, 2008 / to Aug 31, 2011)
- Grant maximum: \$250,000 (\$100,000 year one; \$100,000 year two; \$50,000 year three)
- NE Theme: collaborative partnerships to address interagency coordination & communication in order to implement system improvements for persons with MI in the Criminal Justice System.
- Target Population: Young adults 18 to 24 years of age.

Final Product from First Grant:

Nebraska Justice Behavioral Health Initiative / Strategic Plan (October 31, 2008)

Complete report on Division of Behavioral Health web site at:

Division of Behavioral Health: Community-based Services

Recent Reports

http://www.dhhs.ne.gov/beh/NEJusticeMHStrategicPlan-UN_PPCFinalReport-Oct31_2008.pdf

The Justice and Mental Health Collaboration Program will increase public safety by facilitating collaboration among the criminal justice, juvenile justice, and mental health and substance abuse treatment systems to increase access to services for offenders with mental illness.

Goal 1: Provide consistent statewide training for Nebraska Law Enforcement Officers to improve responses to people with mental illnesses

- 1.1 Expose Regional Behavioral Health Authority representatives to the Omaha CIT model
- 1.2 Build a modularized law enforcement training guide for use in rural areas that is based on Bureau of Justice Assistance recommendations for improving responses to people with mental illnesses that is appropriate for delivery in rural/frontier areas.
- 1.3 Pilot and evaluate modularized training guide
- 1.4 Sustain statewide training for law enforcement

Progress: Regions are currently attending Omaha CIT training and reviewing curriculum to adapt to their regions. Risk assessment training materials completed as resource for regions.

Goal 2: Expand or improve access to crisis response services in Nebraska

- 2.1 Refine crisis response service functions most useful at intercept one (law enforcement encounters)
- 2.2 Pilot implementation of crisis response service standards in interested Regions
- 2.5 Implement strategies for sustaining crisis response programs

Progress: Regional crisis teams working on data collection protocols

Goal 3: Implement standardized mental health and substance abuse screening protocols in the jails that prompt referrals for services

- 3.1 Refine plan for standardized screening and assessment process
- 3.2 Incorporate processes into Nebraska jail standards
- 3.3 Develop and provide training and technical assistance for jail personnel
- 3.4 Evaluate impact of change in standards

Progress: Work team developed recommendations for jail screening protocols which will be submitted to Jail Standards Board

Goal 4: Increase resources to community mental health to provide diversion services through the use of Forensic Intensive Case Management

- 4.1 Gauge and solicit interest for the planning and implementation of a rural Nebraska post-booking jail diversion program.
- 4.2 Complete necessary technical assistance and subsequent implementation of pilot rural jail diversion program for transition aged youth in one area of the state in coordination with crisis response teams
- 4.3 Examine service definitions for community support/case management and examine financing approaches for sustainability
- 4.4 Study impact of jail diversion pilot

Progress: Invitation issued to regions to submit interest in pilot project. Region 3 selected based on review. Technical assistance provided to start up rural diversion program in Buffalo County.

Goal 5: Enhance affordable supportive housing for justice involved youth transitioning to adulthood and young adults

- 5.1 Develop housing transition process for persons with mental health challenges being released from Department of Correctional Services including identification, needs assessment, pre-release planning, Rent Wise training, and linkage to community services
- 5.2 Enhance process for ensuring youth with mental health challenges in the Omaha Youth Independent Living Plan have stable housing and supported employment
- 5.3 Assist in developing infrastructure for providing Rent Wise training to justice involved transitioning adolescents and young adults with mental health challenges

Progress: Corrections housing team meeting to identify offenders with serious mental illness and develop protocols for transition. Independent Living Plan Team meeting to develop protocols for identifying SED youth and transitioning to housing, employment and mental health treatment.