

Minutes of:
State Advisory Committee on Substance Abuse Services
January 13, 2009

9:12AM – 3:00PM
Country Inn/Suites, 5353 North 27th Street, Lincoln, NE

-Final-

Present (9): Jerome Barry, Corey Brockway, Ann Ebsen, Jay Jackson, Vicki Maca, Dr. Delinda Mercer, Brenda Miner, Laura Richards, and Randy See

Absent (3): Dr. Subhash Bhatia, Linda Krutz, and Jane Morgan

DHHS Staff Present: Dr. Scot Adams, Bob Bussard, Maya Chilese, Dianne Harrop, and Christine Newell

Presenters: Peg Barner, Shawna Dwyer, Joshua Robinson, Julie Scott, Kate Speck, and Corey Steel

Guests Present: Julie Anderson, Ed Lankas, and Judie Moorehouse

I. Welcome/Introductions

Chairperson Ann Ebsen called the meeting to order at 9:12 a.m.

II. Attendance – Determination of Quorum

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

III. Approval of October 14, 2008 Minutes

Motion made by Laura Richards to approve minutes, seconded by Corey Brockway. Motion adopted by unanimous voice vote.

IV. Approval of Agenda

Motion made by Jerome Barry to approve the day's agenda, seconded by Dr. Delinda Mercer. Motion adopted by unanimous voice vote.

V. BH Division Response to Previous Meeting's Recommendations

Attachment A1 – SACSAS Recommendations to the Division of BH, 2005-2008

Attachment A2 – SACSAS Recommendations, October 14, 2008

Attachment A3 – Medicaid Quarterly Spend Down

One of the recommendations from the State Advisory Committee on Substance Abuse Services (SACSAS) was for the Division to “create a workable review of the recommendations and the actions the Division has taken in the last 5 years.” The Committee worked from this document, assessing whether the recommendations have been accomplished per the initial intention. If the recommendation was determined still relevant and incomplete, further action will need to be taken by the Division. The Division will update the ‘response’ section of the document based on the Committee’s determination. All items determined to be completed by the Committee will be signed off by the Chair, Ann Ebsen. To avoid this situation in the future, Committee recommendations will continually be added to this document with the Division keeping a current, running list of recommendations and responses.

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PUBLIC COMMENT

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

VI. Revision of By-Laws

Attachment B1 – Draft Amended By-Laws, January 2009

Bob Bussard detailed the proposed revisions to the By-Laws. Jerome Barry moved to approve edits as written for January 2009, Laura Richards seconded. Roll call vote, Committee approved By-Laws as amended with the required $\frac{3}{4}$ of Committee approval.

VII. Needs Assessment Report

Attachment C – Kate Speck, Nebraska Statewide Needs Assessment

Kate Speck, from the UNL Public Policy Center (PPC), presented on the Nebraska Statewide Needs Assessment. The Needs Assessment survey was made available to providers, consumers, and families of consumers across the state in both paper and electronic formats from May 2008-September 2008. Statewide focus groups were also used. There were 956 respondents to the 15 question survey, of which over 200 were consumers. Each question's 'comment' section was liberally used. The use of Geo-mapping enabled mapping of respondents by zip code. The goal of the survey was to get a sense of the strengths and gaps in Nebraska's substance abuse service system.

Two of the 'hot button' questions (#1 & #5) had to do with whether respondents thought there were enough substance use treatment services in their communities and whether the wait for substance abuse services was seen as not very long. For both issues, around 66% of respondents 'disagreed' that these statements were true. Dr. Adams suggested contextualizing the sample by finding out what is perceived to be a reasonable wait time. Ms. Speck indicated that the average wait for public treatment in Lancaster County is 80 days. Discussion arose as to what is a reasonable wait and differences in wait times depending on the type and provider of treatment (public vs. private). Dr. Adams suggested these would be good topics for SACSAS to work through. At the April meeting, the Committee will discuss the starting points for wait lists for various levels of care.

Upon completion, the final Needs Assessment Report will be made available on the State website. Ms. Ebsen suggested the final report be presented to the Legislature as education on the current State substance abuse data.

VIII. Division Reports

BHOC (Review):

In lieu of Dr. Adams early departure, the Division Administrator, Vicki Maca, gave an update on the new Behavioral Health Oversight Commission (BHOC). The BHOC has divided its members into 3 subcommittees that are focusing on 3 primary issues: the behavioral health work force shortage, communication, and how to move behavioral health forward. Recently the Division invited providers, regions, and consumers to a day long event at Mahoney State Park to discuss the strengths and weaknesses of the current behavioral health system. Information from the Mahoney meeting will be

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presented to the BHOC to aid them in developing a strategic vision. The Division, working with providers, will use the strategic vision to create a strategic plan.

Discussion occurred regarding the Division's involvement with the Department of Corrections and specifically, the 'Safe-Keepers' population (jailed individuals that have possible mental health issues).

Administrator's Report:

The Division now has a fiscal manager, Karen Harker. Ms. Harker will be a liaison to the larger DHHS finance department and will also help manage substance abuse funding and all other funding including grants and contracts.

The Division's Emergency Systems Position is still vacant.

Dan Powers is still the interim Administrator of the Office of Consumer Affairs (OCA). Dr. Adams put together a committee to review over 100 applications submitted for the position. It is expected that the position will be filled by April 1, 2009.

Grand Rounds:

Attachment D1 – Grand Rounds Presentation, Division of Behavioral Health

Attachment D2 – Grand Rounds Presentation, SAMHSA

On January 8, 2009, the Division participated in Grand Rounds with SAMHSA (Substance Abuse Mental Health Service Administration), the federal agent who funds the Substance Abuse Block Grant (SABG). Ms. Maca called it a very structured, very positive presentation and reviewed the Division's presentation to SAMHSA and SAMHSA's presentation to the Division.

Ms. Maca indicated the Division is going to initiate Performance Contracting in FY2010.

Corrective Action Plan:

Attachment E – CSAT Corrective Action Plan Progress Report

Attachment F – NE Regional Budget Plans, Appendix A., SABG Requirements

On October 30, 2008, the Division participated in Block Grant 101 training provided by SAMHSA as part of the State's Corrective Action Plan. The training included how to write policy on interim services, tracking set asides, and developing standards of care. The Division will provide Technical Assistance (TA) training with regions and regional providers. Ms. Maca will provide this TA to the Committee at the April meeting.

Discussion occurred about developing standards of care, archaic service definitions vs. ASAM criteria, the need for individualized length of care, and the possibilities of TeleHealth to assist with workforce training.

LUNCH

The Committee watched *Your Kids Are Drinking*, a documentary about how adult's attitudes towards youth drinking can exacerbate youth drinking.

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IX. Prevention System Report

Attachment G – “Highlighting Your Underage Drinking Prevention Efforts”

Dianne Harrop with the Division of Public Health reported on recent and upcoming prevention efforts.

As part of the First Lady, Sally Ganem’s primary platform of underage drinking prevention, she plans to show *Your Kids Are Drinking* across the State. Community presentations are being scheduled across the State.

SPF-SIG:

The NE PiP (Nebraska Partners in Prevention) priorities are: to reduce alcohol use in persons 17 and younger, to reduce binge drinking in 18-25 year olds, and to reduce DUI’s across all age groups.

Money from SPF-SIG (Strategic Prevention Framework-State Incentive Grant) is rolling out in two phases, money for community needs assessments and money for developing strategies to address communitites assessed priorities. Sixteen communities have planning grants and Public Health anticipates releasing implementation funds this summer on approved community plans.

Drug Free Schools and Communities:

With the Safe and Drug Free School annual grant, Nebraska received about \$300,000 which was distributed to 8 projects across Nebraska. The next phase of the grant comes with the release of the next RFA on February 8, 2009; the process will take until July 1, 2009.

Training Initiatives:

Training initiatives and TA are going out to each region on how to select evidence-based strategies.

X. Report of Criminal Justice

Attachment H – Julie Scott, Criminal Justice Report

Julie Scott, Justice Treatment Systems Specialist, reported on the Fee for Service Voucher Program and criminal justice continuing education unit (CEU) requirements.

Fee for Service money is appropriated by the legislature or from offender fees (adult probation or parolees), for substance abuse treatment services. The money is held and administered by the Community Corrections Council. Persons are eligible for vouchers after conviction or prior to sentencing (PSI) after a plea of ‘guilty’ has been rendered. Ms. Scott provided the monetary amounts of vouchers per service: evaluation, outpatient (OP), intensive outpatient (IOP), and short term residential (STR) and described how the voucher process sliding fee scale works. The program’s current budget is about \$4 million dollars.

As part of the process to “approve providers” to work with justice clients, Ms. Scott is responsible for approving criminogenic CEUs. She said there’s currently not a structured system for approving the

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hours. Ms. Scott said she was willing to work with the Division and attend the LMEP/Division meeting on January 30, 2009, in an effort to develop criteria for criminogenic CEUs.

Ms. Scott also suggested coinciding when CEU hours are due to when licenses are renewed to make it easier for providers to remember when their hours are due.

Corey Steel, Juvenile Justice Specialist, spoke of the movement forward on the Juvenile Probation Service Delivery System. An agreement with DHHS has made funds available for a pilot program to begin in Douglas County that allows kids to access treatment services without having to be made state wards and that increases service delivery for probation. The current fee for service voucher program will be used, as will DHHS services.

Mr. Steel said there's a lack of standardization in DUI classes across Nebraska and is willing to "come to the table" to discuss standards.

XI. LMEP – Counselor Training

Attachment I – LMEP, TAP Training Update

Attachment J – Letter from Region 1, Location of Substance Abuse Training Events

Shawna Dwyer and Joshua Robinson with LMEP provided an update on available training classes for the spring semester. Ms. Dwyer noted that a gender specific class is being offered March 20, 2009, a screening and referral class is being offered June 12, 2009, and criminal justice training is being offered at the end of January 2009.

Ms. Dwyer provided attendance rates and graphs for core and continuing education classes by region. Discussion occurred regarding the "lack" of substance abuse training classes offered in the western part of the State and the desire to implement video conferencing. It was learned that LMEP's contract currently prohibits use of video conferencing perhaps due to accountability issues. Ms. Maca agreed that it could be discussed at the upcoming LMEP contract meeting. Laura Richards said she would write a response letter to Region 1 to let them know their concerns are under consideration.

ASI CASI:

Attachment K – Kate Speck, ASI-CASI Report

Kate Speck gave an update on the ASI-CASI and called the pass rate 'wonderful'.

XII. Legislative Information

There were 280 proposed bills in the first 2 days. The Regions and NABHO (Nebraska Association of Behavioral Health Organizations) were cited as good places to turn for tracking of substance abuse relevant bills. Senator Tim Gaye has been elected to chair the Health and Human Services Committee.

PUBLIC COMMENT

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

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NEW BUSINESS

I. Today's Recommendations for Division of Behavioral Health

1. Recommend that LMEP should build into their curriculum, specific coursework on: criminogenics, gender & cultural competency, screening & referral, co-occurring disorders, and evidenced-based treatment.
2. Recommend that LMEP have the ability to use video conferencing for some, if not all training events.

ADENDA ITEMS AND DATES FOR NEXT THREE MEETINGS

Currently scheduled meetings: April 14, 2009, July 14, 2009, and October 13, 2009

ADJOURN

Motion to adjourn made by Corey Brockway, seconded by Laura Richards. Meeting adjourned at 3:00 p.m.

Addendum Post Meeting:

Attachment A4 – SACSAS Response to Recommendations, 2005-2008

Attachment B2 – Amended By-Laws, January 2009

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>). An mp3, audio recording of the meeting is available upon request.

State Advisory Committee on Substance Abuse Services

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SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
MEDICAID	
Recommend that ASAM criteria training be included in classes required to become a LADC. 2/9/05	
Recommend ASAM criteria include criminogenic risk factors. 2/9/05	
Request Medicaid updates on ASAM criteria be clearly communicated to all regions & providers. Request an update on utilization of SA Medicaid dollars including match funds. 11/11/05; 2/7/06	
Request clarification on definition of “dual capable” and “dual enhanced” as used in ASAM criteria. 1/11/05	
Request further definition of “dual capable” & “dual enhanced treatment” in Medicaid Criteria. 2/9/05	
Request Medicaid further define what constitutes “dual capable” & “dual enhanced”. 7/8/08	
Request Medicaid check provider payment forms for <i>all</i> mistakes before returning to provider. 2/9/05	
Clarify overlapping age criteria for kid’s SA Medicaid and adult Medicaid. 2/9/05	
Request a fact sheet on LB95 be created & distributed. Encourage developing more easily accessible ways of distributing medication through the program. 2/09/2005	
Recommend Division of BH & Medicaid create, sign, & distribute to all providers, regions, & communities, a fact sheet on the status & implementation of the SA waiver. 5/10/05; 8/9/05	
Recommend Division of BH & Medicaid meet with Tribal BH team before implementation of SA waiver. 5/10/05	
Recommend NBHS & Medicaid develop a timely, thorough, & integrated communication process to providers with regions & providers receiving updates on information created by the two Divisions. 2/7/06	
Request Division of BH & Finance/Support create & sign a joint affiliation agreement that puts in writing the relationship & decision making process. 5/10/05; 8/9/05	
Request that Division staff review the working draft & request Committee reviews too, if possible. 11/11/05; 2/7/06	
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. 5/9/06; 8/8/06	
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. 11/7/06	
Request status update on the State signing the MOU with Medicaid. 3/28/08	
Request quarterly spend-down by Medicaid by level of service. 7/8/08	
ASO	
Recommend development of a coordinated communication system between Regulation & Licensure (R&L), Finance, and providers of SA treatment services. 2/9/05	
Recommend NBHS & Medicaid develop a timely, thorough, & integrated communication process to providers with regions & providers receiving updates on information created by the two Divisions. 2/7/06	
Recommend the State relate to the tribes, government to government, on all SA & MH issues. 2/7/06	
Recommend the Division of BH & Department of Corrections get involved in a discussion before the “early release” of prisoners with SA problems. 8/8/06	
PREVENTION	
Recommend the Division Prevention System create 2 – 3 statewide environmental change goals that respond to the Risk and Protective Factor Survey results. 5/10/05; 8/9/05	
Request to see the completed surveys, the results, and the proposed statewide strategy. 11/11/05	
GENERAL	

SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
Request R&L write a letter to notify all LADCs, PLADCs, & SA programs where the statutes & regulations differ & informing all counselors of CEU requirements. 2/9/05	
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. 5/10/05	
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. 8/8/06	
Recommend changes in licensure for LADCs. 8/9/05	
Request to be kept informed of changes in counselor regulations & would like to see a draft copy when appropriate. 11/11/05; 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. 2/7/06	
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. 8/8/06	
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. 2/21/07	
Recommend the Division include a requirement in all training courses that each class include a section on gender & cultural competency. 5/16/07	
Recommend that SAMHSA criteria for cultural & gender competency be distributed to all SA programs & counselors. 5/16/07	
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	
Request TAP, the Division, & the SAC meet and create a statewide strategy to address SA training in screening & referral for primary & specialty physicians. 11/11/05	
Request to add education on screening for SA for all physicians and medical personnel through the state Medical & Hospital Associations. 5/16/07	
Request feedback from physicians groups regarding plans for SA screening & screening co-occurring disorders. 8/15/07	
Recommend the Division meet with TAP to discuss additional specialized training in dual diagnosis & treatment. 8/9/05; 11/11/05	
Recommend training on dual diagnosis evidence based treatment be provided for professionals in MH & SA. 2/7/06	
Recommend NBHS continue supporting a continuum of care using evidence based standards. 2/7/06	
Recommend programs adopt current research/evidence based programming. 2/7/06	

SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
Regarding LB1083 Neb. Rev. Statute 71-820, request an explanation of how the Division is viewing the statutory requirement to integrate funding. 5/9/06; 8/8/06	
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. 11/7/06	
Referring to LB296, request clarification of Committee's role, representation and participation in the processes involved in the strategic planning. 2/21/07; 5/16/07	
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. 8/15/07	
Request regular updates on meetings held with the Department of Corrections. 11/7/06	
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. 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. 5/16/07	
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". Request information on the extent of local jails being used as Detox centers, jail standards for "Detox" and compliance with those standards. 8/15/07	
Request information on Detox programs being used in other states. 8/15/07	
Request to see the finalized 2007 OCA survey. 5/16/07	
Request to be kept advised of the status of the BH Consumer Surveys & provide with a copy of the survey questions being used. 8/15/07	
Recommend the SAAC members whose terms expire in July 2005 be reappointed. 5/10/05; 8/9/05	
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. 8/8/06	
program. 2/9/05	
Request responses to SAAC recommendations are mailed out to all members prior to the meeting. 11/11/05	
Request copies of methamphetamine study when complete. 11/11/05	
Request the criteria & requirements of the Mental Health Block Grant. 8/15/07	
Request Ron Sorensen or his designee be present at all SAAC meetings to fill the vacancy left by the Deputy Administrator. 8/8/06	
The Committee plans to work on a strategic plan for addressing Substance Use Disorders. 3/28/08	
Request to have an annual summary of recommendations & responses from the Division. 3/28/08	
Request status of the orientation packets. 3/28/08	
Request recognition to Kathy Seacrest for her many years of service. 3/28/08	

SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
Request a Division 'Thank you' is sent to Kathy Seacrest. 7/8/08	

SAAC Recommendations from 10/14/08 meeting

1. Create a “workable” review of the recommendations and the actions the Division has taken in the last 5 years.
2. Ask that Medicaid more fully explain the requirements for dual-enhanced and dual-capable programs and ask for a more complete explanation of criteria used to approve programs for reimbursement.
3. Ask that the Division seek from the courts the criteria used to approve training venues for Criminal Justice CEU’s for the Standardized Model’s required training.
4. That the Division provide additional training to counselors on evidence based practices and other promising practices in substance abuse.
5. That the Division contact Terri Nutzman to determine if there is a standardized protocol/criteria for DWI, DUI, and MIP courses in the state.
6. Recommend that the TAP contract work to improve the professional relationship between mental health and substance abuse through additional interdisciplinary course offerings.
7. That the Division and Committee members work together to advise the citizens of Nebraska of the State Substance Abuse Advisory Committee and to make meetings publically available.
8. Ask that all regions receive Regulation & Licensure newsletters.
9. Request ongoing updates/reports on the Chapter 32 and Chapter 35 regulations.
10. That there be quarterly spend down by Medicaid by level of service.

Behavioral Health SubAcute Hospital INCURRED Claims											
State fiscal year to date through September 2008											
Subset	Subacute Hospital Claims										
								FY 2008	FY 2009		
Provider	Service			Date	Paid Date	Net Payment	Net Payment				
Region	Provider ID	Provider Name	Claim ID	MMDDYYYY	MMDDYYYY	Detail NE	Detail NE				
Region 3	47037975525	RICHARD YOUNG HOSP-IP	00312440510	07/17/2008	09/08/2008	\$0.00	\$0.00				
Region 3	47037975525	RICHARD YOUNG HOSP-IP	00312457478	07/21/2008	08/25/2008	\$0.00	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312255964	05/01/2008	07/21/2008	\$6,345.69	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312255967	06/02/2008	07/21/2008	\$8,298.21	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312255970	05/06/2008	07/21/2008	\$3,416.91	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312255971	06/11/2008	07/21/2008	\$2,928.78	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312255972	06/05/2008	07/21/2008	\$8,786.34	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312255973	05/06/2008	07/21/2008	\$4,393.17	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312255977	05/15/2008	08/04/2008	\$0.00	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312266925	06/04/2008	07/21/2008	\$3,416.91	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312418000	05/16/2008	08/04/2008	\$10,738.86	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312418001	05/20/2008	08/04/2008	\$7,810.08	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312503269	07/18/2008	08/18/2008	\$0.00	\$3,536.47				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312765369	04/16/2008	09/15/2008	\$1,952.52	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312798040	06/18/2008	09/15/2008	\$16,596.42	\$0.00				
Region 6	10025620200	LASTING HOPE RECOVERY CTR	00312853399	07/02/2008	09/22/2008	\$0.00	\$9,598.99				
						\$74,683.89	\$13,135.46			\$87,819.35	

Behavioral Health SubAcute Hospital Paid Claims			
State fiscal year to date through September 2008			
Subset	Subacute Hospital Claims		
Time Period	FY 2009		
Provider Reg	Provider ID	Provider Name	Net Payment Detail NE
Region 3	47037975525	RICHARD YOUNG HOSP-IP	\$0.00
Region 6	10025620200	LASTING HOPE RECOVERY CTR	\$87,819.35
			\$87,819.35

Behavioral Health Substance Abuse Paid Claims												
State fiscal year to date through September 2008												
Subset	Substance Abuse Procedure Codes											
Provider Sp	Psychiatry/Mental Health/Substance Abuse											
Time Period	FY 2009											
			H0012 Alcohol &/or Drug Services	H0015 Alcohol &/or Drug Services	H0018 Alcohol &/or Drug Services	H0018 Alcohol &/or Drug Services	H0019 Alcohol &/or Drug Services	H0019 Alcohol &/or Drug Services	H2016 Comp Comm Supp Svc Per Diem	H2034 A/D Halfway House, Per Diem		
			~	~	HF	HH	TT	~	HF	~		
Provider Re	Provider ID	Provider Name	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Total By Provider						
Region 1	10025218000	PANHANDLE MENTAL HLTH CTR-ASA	\$0.00	\$3,663.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,306.50	\$0.00	\$4,970.16
Region 1	10025218100	PANHANDLE MENTAL HLTH CTR-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Region 1	47051963312	PANHANDLE MENTAL HLTH CTR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Region 1	47051963328	PANHANDLE MENTAL HEALTH CTR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Region 1	47064068686	HUMAN SERVICES INC-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$217.75	\$0.00	\$217.75
Region 1	47073437686	NE PANHANDLE S/A CTR-ASA	\$0.00	\$0.00	\$4,650.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,650.52
Region 2	10025217400	REGION II HUMAN SERVICES-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,553.41	\$0.00	\$3,553.41
Region 2	10025217600	REGION II HUMAN SERVICES-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Region 2	10025217700	REGION II HUMAN SERVICES-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,325.43	\$0.00	\$1,325.43
Region 2	10025655600	LUTHERAN FAM SVCS- N PLATTE AS	\$0.00	\$263.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$263.60
Region 3	10025222100	GOODWILL IND OF GREATER NE-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,408.54	\$0.00	\$12,408.54
Region 3	10025307800	SOUTH CENTRAL BEHAV SVCS-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,331.74	\$0.00	\$1,331.74
Region 3	47037660188	ST FRANCIS ALC & DRUG TX CTR-A	\$0.00	\$999.18	\$37,256.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$38,255.25
Region 3	47064522988	SOUTH CENTRAL BEHAVIORAL SVCS-	\$0.00	\$2,337.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,337.90
Region 3	47075784786	THE BRIDGE -ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$42,986.75	\$0.00	\$0.00	\$0.00	\$0.00	\$42,986.75
Region 4	10025218300	WOMENS EMPOWERING LIFE LINE IN	\$0.00	\$0.00	\$0.00	\$25,431.62	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,431.62
Region 4	10025218600	HEARTLAND COUNSELING SERVICES-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$224.06	\$0.00	\$224.06
Region 4	10025224900	CATHOLIC CHARITIES-ASA	\$0.00	\$3,157.68	\$0.00	\$105,530.04	\$0.00	\$0.00	\$0.00	\$1,306.50	\$0.00	\$109,994.22
Region 4	47076052880	BEHAVIORAL HEALTH SPECIALISTS-	\$0.00	\$2,752.44	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,412.46	\$0.00	\$17,164.90
Region 4	47076376986	HEARTLAND COUNSELING SERVICES-	\$0.00	\$2,143.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,549.49	\$0.00	\$3,692.73
Region 5	10025213000	CENTERPOINTE INC-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,691.94	\$0.00	\$2,691.94
Region 5	10025213100	CENTERPOINTE INC-ASA	\$0.00	\$0.00	\$0.00	\$86,027.65	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$86,027.65
Region 5	10025217900	ST MONICAS-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$25,743.50	\$0.00	\$0.00	\$0.00	\$0.00	\$25,743.50
Region 5	10025218400	HOUSES OF HOPE-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,570.52	\$5,570.52
Region 5	10025221200	LUTH FAMILY SVCS-ASA-LINCOLN	\$0.00	\$6,421.89	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,421.89
Region 5	10025348800	ST MONICAS-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$1,938.75	\$0.00	\$0.00	\$0.00	\$0.00	\$1,938.75
Region 5	23703312086	TOUCHSTONE-ASA	\$0.00	\$0.00	\$28,809.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,809.27
Region 5	47049016986	ST MONICAS-ASA	\$0.00	\$0.00	\$88,002.03	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88,002.03
Region 5	47049016987	ST MONICAS-ASA	\$0.00	\$1,178.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,304.11	\$0.00	\$4,482.63
Region 5	47049016988	ST MONICAS-ASA	\$0.00	\$0.00	\$0.00	\$0.00	\$35,246.25	\$0.00	\$0.00	\$0.00	\$0.00	\$35,246.25
Region 5	47052851581	BLUE VALLEY BEH HLTH-ASA-BEATR	\$0.00	\$948.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$948.96
Region 5	47052851582	BLUE VALLEY BEH HLTH-ASA-YORK	\$0.00	\$2,268.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,268.90
Region 5	47065511086	CORNHUSKER PLACE OF LINCOLN-AS	\$14,835.36	\$0.00	\$6,811.74	\$0.00	\$0.00	\$8,675.97	\$0.00	\$0.00	\$0.00	\$30,323.07
Region 6	10025225100	CATHOLIC CHARITIES-ASA	\$0.00	\$1,735.32	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,735.32
Region 6	10025235100	LUTH FAM SVCS-ASA-OMAHA	\$0.00	\$3,664.36	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,664.36
Region 6	10025235200	LUTH FAM SVCS-ASA-OMAHA	\$0.00	\$3,249.49	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,249.49
Region 6	10025597400	HEARTLAND FAMILY SVC-FAMILY WO	\$0.00	\$0.00	\$0.00	\$0.00	\$19,011.25	\$0.00	\$0.00	\$0.00	\$0.00	\$19,011.25
Region 6	47037661286	CATHOLIC CHARITIES-ASA	\$8,899.02	\$0.00	\$28,644.24	\$42,562.62	\$0.00	\$0.00	\$1,959.75	\$0.00	\$0.00	\$82,065.63
Region 6	47067187786	NOVA THERAPEUTIC COMMUNITY INC	\$0.00	\$0.00	\$22,609.98	\$0.00	\$7,884.25	\$0.00	\$0.00	\$0.00	\$0.00	\$30,494.23
			\$23,734.38	\$34,785.14	\$216,783.85	\$259,551.93	\$132,810.75	\$8,675.97	\$45,591.68	\$5,570.52	\$0.00	\$727,504.22

Behavioral Health Medicaid Rehabilitation Option Paid Claims										
State fiscal year to date through September 2008										
Subset FFS Medicaid except Hastings Regional Center										
Provider Spe Rehab Providers (MRO) (DPI)										
Time Period FY 2009										
			H0040 Assert Comm Tx Pgm Per Diem	H2016 Comp Comm Supp Svc, Per Diem	H2017 Psysoc Rehab Svc, Per 15 Min	H2018 Psysoc Rehab Svc, Per Diem				
			~	HE	~	HK	TG	~	~	
Provider Reg	Provider ID	Provider Name	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Net Payment Detail NE	Total By Provider
Region 1	47051963380	PANHANDLE MH CTR-COMM SUPPORT	\$0.00	\$22,049.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,049.41
Region 1	47067536080	CIRRUS HOUSE INC-COMM SUPPORT	\$0.00	\$16,737.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,737.75
Region 1	47067536081	CIRRUS HOUSE INC-DAY REHAB	\$0.00	\$0.00	\$8,453.04	\$0.00	\$0.00	\$35,441.66	\$0.00	\$43,894.70
Region 1	47077863980	RAINBOW CENTER INC-COMM SUPP	\$0.00	\$23,577.24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,577.24
Region 2	47061053280	REGION II HUMAN SVCS-COMM SUPP	\$0.00	\$51,589.93	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,589.93
Region 2	47061053281	REGION II HUMAN SVCS (FRONTIER	\$0.00	\$0.00	\$4,396.31	\$0.00	\$0.00	\$57,130.04	\$0.00	\$61,526.35
Region 2	47061053283	REGION II HUMAN SVCS-HEARTLAND	\$0.00	\$0.00	\$1,291.48	\$0.00	\$0.00	\$9,139.01	\$0.00	\$10,430.49
Region 2	47061053284	REGION II HUMAN SVCS-COMM SUPP	\$0.00	\$22,706.90	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,706.90
Region 2	47061053285	REGION II HUMAN SVCS-COMM SUPP	\$0.00	\$1,077.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,077.28
Region 2	47061053286	REGION II HUMAN SVCS-COMM SUPP	\$0.00	\$7,798.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,798.73
Region 2	77003754226	HOTEL PAWNEE	\$0.00	\$14,597.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,597.01
Region 3	10025264300	SOUTH CENTRAL BEHAVIORAL SVCS-	\$0.00	\$0.00	\$4,521.12	\$0.00	\$0.00	\$10,923.97	\$0.00	\$15,445.09
Region 3	47052283680	CENTRAL NE GOODWILL IND INC-CO	\$0.00	\$68,994.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,994.96
Region 3	47052283681	CENTRAL NE GOODWILL-DAY REHAB	\$0.00	\$0.00	\$7,512.72	\$0.00	\$0.00	\$61,640.69	\$0.00	\$69,153.41
Region 3	47064522980	SOUTH CENTRAL BEHAV SVCS-COMM	\$0.00	\$55,999.15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$55,999.15
Region 3	47064522981	SOUTH CENTRAL BEHAVIORAL SVCS-	\$0.00	\$0.00	\$13,138.08	\$0.00	\$0.00	\$96,928.12	\$0.00	\$110,066.20
Region 3	47064522982	SOUTH CENT BEHAV SVCS-RES REHA	\$0.00	\$0.00	\$0.00	\$0.00	\$58,900.03	\$0.00	\$0.00	\$58,900.03
Region 4	10025012400	HEARTLAND COUNSELING SERVICES-	\$0.00	\$0.00	\$1,123.68	\$0.00	\$0.00	\$4,696.56	\$0.00	\$5,820.24
Region 4	10025277800	BEHAVIORAL HLTH SPEC-COMM SUPP	\$0.00	\$14,535.07	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,535.07
Region 4	10025315600	CATHOLIC CHARITIES-CSW	\$0.00	\$6,371.43	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,371.43
Region 4	10025624300	RAINBOW CENTER INC	\$0.00	\$0.00	\$0.00	\$0.00	\$47,037.37	\$0.00	\$0.00	\$47,037.37
Region 4	47069218580	LIBERTY CENTRE SVCS INC-COMM S	\$0.00	\$64,644.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$64,644.60
Region 4	47069218581	LIBERTY CENTRE SVCS INC-DAY RE	\$0.00	\$0.00	\$19,655.04	\$0.00	\$0.00	\$96,583.07	\$0.00	\$116,238.11
Region 4	47069218582	LIBERTY CENTRE SVCS INC PARK P	\$0.00	\$0.00	\$0.00	\$0.00	\$35,542.60	\$0.00	\$0.00	\$35,542.60
Region 4	47074699080	JOB SITE,THE-COMM SUPPORT	\$0.00	\$24,876.69	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,876.69
Region 4	47074699081	JOB SITE,THE-DAY REHAB	\$0.00	\$0.00	\$261.12	\$0.00	\$0.00	\$73,907.81	\$0.00	\$74,168.93
Region 4	47074699082	KIRKWOOD HOUSE-RES REHAB	\$0.00	\$0.00	\$0.00	\$0.00	\$100,943.00	\$0.00	\$0.00	\$100,943.00
Region 4	47076376980	HEARTLAND COUNSELING SVCS INC	\$0.00	\$20,279.51	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,279.51
Region 4	47076376981	HEARTLAND COUNSELING SVCS-SATE	\$0.00	\$22,691.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22,691.16
Region 4	47077863981	RAINBOW CENTER INC-DAY REHAB	\$0.00	\$0.00	\$744.72	\$0.00	\$0.00	\$105,399.11	\$0.00	\$106,143.83
Region 5	10025382100	ST MONICAS - COMM SUP	\$0.00	\$804.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$804.11
Region 5	10025513400	OUR HOMES	\$0.00	\$34,245.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$34,245.63
Region 5	47052851580	BLUE VALLEY BEH HLTH-COMM SUPP	\$0.00	\$8,122.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,122.23
Region 5	47052851584	BLUE VALLEY BH-AUBURN-COM SPT	\$0.00	\$1,615.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,615.41
Region 5	47052851585	BLUE VALLEY BEH HLTH-CRETE-REH	\$0.00	\$1,903.47	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,903.47
Region 5	47052851587	BLUE VALLEY BH-FAIRBURY-REHAB	\$0.00	\$3,238.35	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,238.35
Region 5	47052851588	BLUE VALLEY BH-FALLS CITY-REHA	\$0.00	\$3,791.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,791.88
Region 5	47052851589	BLUE VALLEY BH-GENEVA-REHAB	\$0.00	\$6,484.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,484.23
Region 5	47052851590	BLUE VALLEY BH-HEBRON-REHAB	\$0.00	\$2,707.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,707.41
Region 5	47052851591	BLUE VALLEY BH-NE CITY-REHAB	\$0.00	\$6,211.23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,211.23
Region 5	47052851593	BLUE VALLEY BH-SEWARD-REHAB	\$0.00	\$1,888.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,888.41
Region 5	47052851594	BLUE VALLEY BH-YORK-REHAB	\$0.00	\$2,426.88	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,426.88
Region 5	47052851596	BLUE VALLEY BH-WAHOO-REHAB	\$0.00	\$1,622.94	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,622.94
Region 5	47055070280	CENTERPOINTE INC-COMM SUPPORT	\$0.00	\$53,221.08	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$53,221.08
Region 5	47055070281	CENTERPOINTE INC-DAY REHAB	\$0.00	\$0.00	\$2,153.28	\$0.00	\$0.00	\$19,704.45	\$0.00	\$21,857.73
Region 5	47600648280	COMMUNITY MH CENTER-COMM SUPP	\$0.00	\$284,328.09	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$284,328.09
Region 5	47600648281	COMMUNITY MH CENTER-DAY REHAB	\$0.00	\$0.00	\$15,689.52	\$0.00	\$0.00	\$94,466.78	\$0.00	\$110,156.30
Region 5	47600648282	COMMUNITY MH CTR-RES REHAB	\$0.00	\$0.00	\$0.00	\$0.00	\$136,634.41	\$0.00	\$0.00	\$136,634.41
Region 6	10025104900	COMMUNITY ALLIANCE REHAB SVCS-	\$328,174.38	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$328,174.38
Region 6	10025213800	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$0.00	\$0.00	\$0.00	\$70,818.21	\$0.00	\$0.00	\$70,818.21
Region 6	10025260300	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$0.00	\$0.00	\$0.00	\$66,310.95	\$0.00	\$0.00	\$66,310.95
Region 6	10025278200	LUTHERAN FAMILY SVCS OF NE-COM	\$0.00	\$51,592.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$51,592.92
Region 6	10025315800	CATHOLIC CHARITIES-CSW-OMAHA	\$0.00	\$5,309.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,309.54
Region 6	10025415400	RECOVERY CENTER AT SARPY	\$0.00	\$0.00	\$0.00	\$37,896.45	\$0.00	\$0.00	\$0.00	\$37,896.45
Region 6	10025483500	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$0.00	\$38,063.02	\$0.00	\$0.00	\$83,983.29	\$0.00	\$122,046.31
Region 6	36216791080	SALVATION ARMY,THE-COMM SUPPOF	\$0.00	\$21,348.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,348.63
Region 6	47063036580	FRIENDSHIP PROGRAM-COMM SUPPO	\$0.00	\$66,711.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$66,711.98
Region 6	47063036581	FRIENDSHIP PROGRAM INC-DAY REH	\$0.00	\$0.00	\$2,118.00	\$0.00	\$0.00	\$205,718.61	\$0.00	\$207,836.61
Region 6	47075697011	COMMUNITY ALLIANCE REHAB SVC-R	\$0.00	\$0.00	\$0.00	\$0.00	\$207,217.65	\$0.00	\$0.00	\$207,217.65
Region 6	47075697012	COMMUNITY ALLIANCE REHAB SVC-R	\$0.00	\$0.00	\$0.00	\$0.00	\$260,439.72	\$0.00	\$0.00	\$260,439.72
Region 6	47075697015	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$130,291.08	\$0.00	\$0.00	\$130,291.08
Region 6	47075697016	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$36,724.92	\$0.00	\$0.00	\$36,724.92
Region 6	47075697017	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$38,362.95	\$0.00	\$0.00	\$38,362.95
Region 6	47075697018	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$49,501.68	\$0.00	\$0.00	\$49,501.68
Region 6	47075697019	COMMUNITY ALLIANCE REHAB SVCS-	\$0.00	\$0.00	\$0.00	\$0.00	\$36,174.24	\$0.00	\$0.00	\$36,174.24
Region 6	47075697031	COMMUNITY ALLIANCE REHAV SVCS-	\$0.00	\$0.00	\$36,054.00	\$0.00	\$0.00	\$59,912.36	\$0.00	\$95,966.36
Region 6	47075697080	COMMUNITY ALLIANCE REHAB SVCS	\$0.00	\$140,612.13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$140,612.13
			\$328,174.38	\$1,136,713.37	\$155,175.13	\$37,896.45	\$1,274,898.81	\$1,015,575.53	\$0.00	\$3,948,433.67

SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
MEDICAID	
Recommend that ASAM criteria training be included in classes required to become a LADC. 2/9/05	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Recommend ASAM criteria include criminogenic risk factors. 2/9/05	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Request Medicaid updates on ASAM criteria be clearly communicated to all regions & providers. Request an update on utilization of SA Medicaid dollars including match funds. 11/11/05; 2/7/06	Currently in progress & continually reviewed. Service definitions should be continually reviewed. Medicaid quarterly spend down provided later in 1/13/09 meeting.
Request clarification on definition of “dual capable” and “dual enhanced” as used in ASAM criteria. 1/11/05	Currently in progress-Sheri Dawson will bring Medicaid people with her to report at April meeting
Request further definition of “dual capable” & “dual enhanced treatment” in Medicaid Criteria. 2/9/05	Currently in progress-Sheri Dawson will bring Medicaid people with her to report at April meeting
Request Medicaid further define what constitutes “dual capable” & “dual enhanced”. 7/8/08	Currently in progress-Sheri Dawson will bring Medicaid people with her to report at April meeting
Request Medicaid check provider payment forms for <i>all</i> mistakes before returning to provider. 2/9/05	Currently in progress-new Medicaid operating system may help
Clarify overlapping age criteria for kid’s SA Medicaid and adult Medicaid. 2/9/05	Sheri Dawson will address at April meeting
Request a fact sheet on LB95 be created & distributed. Encourage developing more easily accessible ways of distributing medication through the program. 2/09/2005	Done-available on website with detailed instructions on how to get meds
Recommend Division of BH & Medicaid create, sign, & distribute to all providers, regions, & communities, a fact sheet on the status & implementation of the SA waiver. 5/10/05; 8/9/05	Done
Recommend Division of BH & Medicaid meet with Tribal BH team before implementation of SA waiver. 5/10/05	Done-established by Kathleen Samuelson, now Ann Vogel
Recommend NBHS & Medicaid develop a timely, thorough, & integrated communication process to providers with regions & providers receiving updates on information created by the two Divisions. 2/7/06	Sheri Dawson request MQIT or Magellan put on the agenda to expand their distribution list beyond regional providers
Request Division of BH & Finance/Support create & sign a joint affiliation agreement that puts in writing the relationship & decision making process. 5/10/05; 8/9/05	Currently in progress per Dr. Scot Adams
Request that Division staff review the working draft & request Committee reviews too, if possible. 11/11/05; 2/7/06	Currently in progress
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. 5/9/06; 8/8/06	Currently in progress
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. 11/7/06	Currently in progress
Request status update on the State signing the MOU with Medicaid. 3/28/08	Currently in progress
Request quarterly spend-down by Medicaid by level of service. 7/8/08	Done-provided at 1/13/09 meeting
ASO	
Recommend development of a coordinated communication system between Regulation & Licensure (R&L), Finance, and providers of SA treatment services. 2/9/05	Done via regular Regulation & Licensure (R & L) newsletter
Recommend NBHS & Medicaid develop a timely, thorough, & integrated communication process to providers with regions & providers receiving updates on information created by the two Divisions. 2/7/06	Division will work on expanding communications beyond regional providers to include all providers
Recommend the State relate to the tribes, government to government, on all SA & MH issues. 2/7/06	Done
Recommend the Division of BH & Department of Corrections get involved in a discussion before the “early release” of prisoners with SA problems. 8/8/06	Justice Behavioral Health Committee (JBHC) is handling
PREVENTION	
Recommend the Division Prevention System create 2 – 3 statewide environmental change goals that respond to the Risk and Protective Factor Survey results. 5/10/05; 8/9/05	Done-Goals: reduce underage drinking, reduce binge drinking for 18-25 year olds, and reduce DUI's
Request to see the completed surveys, the results, and the proposed statewide strategy. 11/11/05	Continue with 3 surveys, proposal to have all surveys performed on the same day

SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
GENERAL	
Request R&L write a letter to notify all LADCs, PLADCs, & SA programs where the statutes & regulations differ & informing all counselors of CEU requirements. 2/9/05	Done
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. 5/10/05	Done
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. 8/8/06	Done
Recommend changes in licensure for LADCs. 8/9/05	Done
Request to be kept informed of changes in counselor regulations & would like to see a draft copy when appropriate. 11/11/05; 2/7/06	Done
Request further definition of criteria & curriculum needed for approval of criminal justice CEU's to meet the criteria for criminal justice SA providers. 2/7/06	Presentation by Julie Scott at 1/13/09 meeting
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. 8/8/06	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
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. 2/21/07	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Recommend the Division include a requirement in all training courses that each class include a section on gender & cultural competency. 5/16/07	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Recommend that SAMHSA criteria for cultural & gender competency be distributed to all SA programs & counselors. 5/16/07	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
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	Division will discuss current situation and possibilities with Dr. Shaffer
Request TAP, the Division, & the SAC meet and create a statewide strategy to address SA training in screening & referral for primary & specialty physicians. 11/11/05	Division will discuss current situation and possibilities with Dr. Shaffer
Request to add education on screening for SA for all physicians and medical personnel through the state Medical & Hospital Associations. 5/16/07	Division will discuss current situation and possibilities with Dr. Shaffer
Request feedback from physicians groups regarding plans for SA screening & screening co-occurring disorders. 8/15/07	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Recommend the Division meet with TAP to discuss additional specialized training in dual diagnosis & treatment. 8/9/05; 11/11/05	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Recommend training on dual diagnosis evidence based treatment be provided for professionals in MH & SA. 2/7/06	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Recommend NBHS continue supporting a continuum of care using evidence based standards. 2/7/06	Vicki Maca will work with LMEP to see if it can be worked into current curriculum
Recommend programs adopt current research/evidence based programming. 2/7/06	Vicki Maca will work with LMEP to see if it can be worked into current curriculum

SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
Regarding LB1083 Neb. Rev. Statute 71-820, request an explanation of how the Division is viewing the statutory requirement to integrate funding. 5/9/06; 8/8/06	Division will figure out what was meant by 'integrate funding'
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. 11/7/06	Currently in progress/Ongoing
Referring to LB296, request clarification of Committee's role, representation and participation in the processes involved in the strategic planning. 2/21/07; 5/16/07	Currently in progress/Ongoing
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. 8/15/07	Currently in progress/Ongoing
Request regular updates on meetings held with the Department of Corrections. 11/7/06	Done
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. 5/16/07	Division will work on this
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. 5/16/07	Division will talk to Medicaid about what facilities and payment is available
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". Request information on the extent of local jails being used as Detox centers, jail standards for "Detox" and compliance with those standards. 8/15/07	Division will talk to Medicaid about what facilities and payment is available
Request information on Detox programs being used in other states. 8/15/07	Division will talk to Medicaid about what facilities and payment is available
Request to see the finalized 2007 OCA survey. 5/16/07	Done
Request to be kept advised of the status of the BH Consumer Surveys & provide with a copy of the survey questions being used. 8/15/07	Division will provide information about the survey and findings
Recommend the SAAC members whose terms expire in July 2005 be reappointed. 5/10/05; 8/9/05	Done
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. 8/8/06	Done
program. 2/9/05	Done
Request responses to SAAC recommendations are mailed out to all members prior to the meeting. 11/11/05	Done
Request copies of methamphetamine study when complete. 11/11/05	Done
Request the criteria & requirements of the Mental Health Block Grant. 8/15/07	Done
Request Ron Sorensen or his designee be present at all SAAC meetings to fill the vacancy left by the Deputy Administrator. 8/8/06	Done
The Committee plans to work on a strategic plan for addressing Substance Use Disorders. 3/28/08	Done
Request to have an annual summary of recommendations & responses from the Division. 3/28/08	Done
Request status of the orientation packets. 3/28/08	Done

SAAC Recommendations to the Division of Behavioral Health

2005-2008

Recommendations	RESPONSE
Request recognition to Kathy Seacrest for her many years of service. 3/28/08	Done
Request a Division 'Thank you' is sent to Kathy Seacrest. 7/8/08	Done

BY-LAWS
As Amended January 2009

Article I – Name of Organization

The name of the organization shall be the State Advisory Committee on Substance Abuse Services (SACSAS).

Article II – Purpose

As provided in Nebraska Revised Reissued Statutes Section 71-815, the committee shall be responsible to the State Division of Behavioral Health ~~Council~~ and shall (1) conduct regular meetings, (2) provide advice and assistance to the ~~Council and the~~ Division relating to the provision of substance abuse services in the State of Nebraska, (3) promote the interests of consumers and their families, (4) provide reports as requested by the ~~Council or the~~ Division, and (5) engage in such other activities as directed or authorized by the ~~Council~~ Division. (71-815-sec 2)

Article III – Membership

Section 1

Appointments: The committee shall consist of twelve members appointed by the Governor. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services. (71-815 sec 1)

Section 2

Length of Term: Four of the initial members appointed by the Governor shall serve for three years. Four of the initial members appointed by the Governor shall serve for two years, and four of the initial members for one year. As the terms of the initial members expire, their successors shall be appointed for terms of three years.

Article IV – Voting

Section 1

Quorum: Seven (7) voting members of the Committee present at any called meeting shall constitute a quorum. Once established, a quorum shall be deemed to continue throughout the meeting. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

Section 2

Conflicts of Interest: A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business associate, or business in which the member owns a substantial interest. A member shall disclose the conflict to the Committee and abstain from voting on issues on which there is a conflict. Meeting minutes shall record the name of a member(s), who abstains from voting.

Article V – Officers

Section 1

Selection: Officers of the Committee shall be a Chairperson, Vice-Chairperson and Secretary. Initial Officers shall be appointed by the Division of Behavioral Health Services at the first meeting and will be elected by the Committee annually thereafter. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 2: The duties of the Officers shall be:

Chairperson – Preside at all Committee and Executive meetings and perform any other duties designated by the Committee.

Vice-Chairperson – Shall act for the Chairperson in his/her absence.

Secretary – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairperson or Committee.

Section 3

Term: No officer shall serve more than three consecutive one-year terms.

Section 4

Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Secretary. A Chairperson may call the Executive Committee together with the agreement of the Division at his/her discretion.

Article VI – Meetings

Section 1

Frequency: Meetings of the Committee shall be held regularly.

Section 2

Conduct: Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. State. Sections 84-1408 through 84-1414. Business should be conducted according to Roberts Rules of Order.

Section 3

Notice: The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting. Notification of the time, date and location of the next meeting shall be sent within two weeks to all members absent from the preceding meeting. Within thirty days, but not less than seven days prior to the next meeting, the Division shall mail a written reminder and meeting agenda to each Committee member at his/her last known official address. Public Notice of Committee meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the internet.

Section 4

Duties of the Division: The Division of Behavioral Health ~~Services~~ shall provide an orientation to each new Committee member, produce meeting minutes, maintain records of the Committee, and provide secretarial support to the Committee.

Section 5

Expenses: Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. State. Sections 81-1174 through 81-1177.

Article VII – Committees

With the written agreement of the Division, the Chairperson may appoint or otherwise establish ad-hoc task forces comprised of Committee and non-committee members to accomplish a specific task which is relevant to the purpose of the Committee. ~~The Chairperson shall notify the Council of Ad-Hoc Committees.~~

Article VIII – Amendments

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Committee members will be required to amend the Bylaws. No Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been mailed to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new by-laws adopted by the Committee are subject to the approval of the ~~Administrator~~ of Director of the Division of Behavioral Health ~~Services~~ ~~Division~~ or the designated representative for the ~~Administrator~~ Director.

Committee Chairperson

Date

71-815 State Advisory Committee on Substance Abuse Services; created; members; duties.

(1) The State Advisory Committee on Substance Abuse Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services.

(2) The committee shall be responsible to the division and shall

- (a) conduct regular meetings,
- (b) provide advice and assistance to the division relating to the provision of substance abuse services in the State of Nebraska,
- (c) promote the interests of consumers and their families,
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Source Laws 2004, LB 1083, § 15; Laws 2005, LB 551, § 5; Laws 2006, LB 994, § 94.

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Source Laws 2004, LB 1083, § 15; Laws 2005, LB 551, § 5; Laws 2006, LB 994, § 94.

Nebraska Statewide Substance Abuse Needs Assessment

University of Nebraska Public Policy Center
in collaboration with the
Nebraska Department of Health and Human
Services, Division of Behavioral Health



GOAL

- To conduct a statewide needs assessment of the adult and adolescent substance abuse system in Nebraska using a comprehensive and collaborative approach to include:
 - Design and development of the project
 - Data gathering
 - Analysis
 - Recommendations to the stakeholders.

Response to the SAMHSA/CSAT Core Technical Assistance Plan

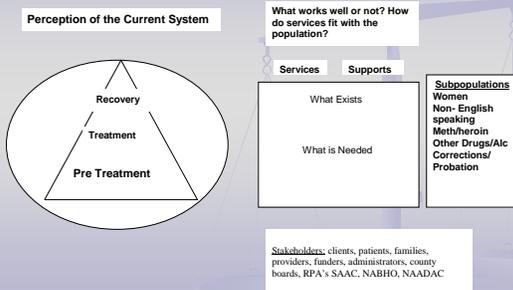
Acknowledgements

- **Bob Bussard, NE DHHS DBH**
 - Guidance and support
- **Mark DeKraai & Denise Bulling**
 - Design and data analysis, travelers
- **Jessica Cleveland and Laura Watkins**
 - Literature review research team
- **Janell Walther**
 - Travel coordination, editing and polishing
- **Consumers, practitioners, administrators, families and funders**

Organizing Framework

- Who provides what services to whom producing what outcomes and at what cost?
- What are the strengths in the service delivery system?
- What are the gaps in the service delivery system
- Participatory Research Process

Guiding Model



PROCESS

- Survey – On-line and paper
- Statewide Focus Groups
- Media Releases
- Provider Organizations
- Behavioral Health Regions
- Geo-mapping
- Data Analysis

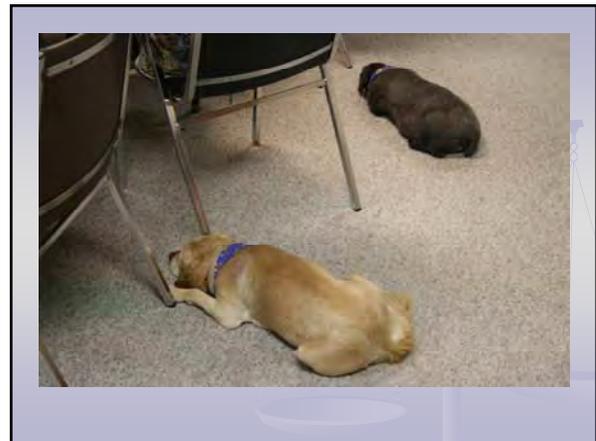


FOCUS GROUPS Qualitative Analysis

- Data collection from:
 - **Focus Groups**
 - Initiated in July following Focus Groups
 - **Comments from Survey**
 - Initiated in September at survey end
 - Integrated Treatment – Question 6 – Data analysis assistance from consumers, client advocates, providers – SA & MH
 - **Concern – low response from Consumers – addressed through additional Focus Groups and survey distribution – Office of Consumer Affairs**

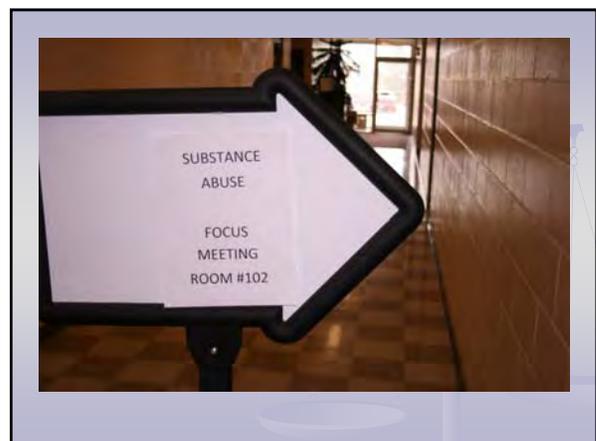
Focus Group Data

Date	Location	Time	NO.
May 19, 2008	Gordon	7:00 – 8:30 PM	17
May 20, 2008	Alliance	7:00 – 8:30 PM	5 + 2
May 21, 2008	Scottsbluff	2:00 – 1:30 PM	8
May 21, 2008	Scottsbluff	5:00 – 6:30 PM	3
May 22, 2008	North Platte	12:00 – 1:30	7
May 22, 2008	North Platte	5:00 – 6:30 PM	6
May 22, 2008	North Platte	12:00 – 1:30 PM	6
May 22, 2008	North Platte	5:00 – 6:30 PM	10
May 22, 2008	North Platte	2:00 – 3:30 PM	8
May 23, 2008	Kearney	9:30 -11:00AM	9
May 23, 2008	Kearney	1:30 – 3:00 PM	7
May 23, 2008	Kearney	6:30 – 8:30 PM	1
June 11, 2008	Norfolk	10:30 – 12:00	12
June 11, 2008	Norfolk	1:30 – 3:00	8
June 12, 2008	Omaha	9:00 – 10:30	18
June 12, 2008	Omaha	1:00 – 2:30	4
June 25, 2008	Lincoln	9:00 – 10:30	5
June 25, 2008	Lincoln	1:00 – 2:30 PM	4
June 25, 2008	Lincoln	4:00 – 5:30 PM	27
July 15, 2008	Lincoln (C. Place)	12:00 – 1:30 PM	24
NO	20		189



Focus Group Questions

- **Who** are the people that need substance abuse services in your community?
- **What** are the services that the people in your community need?
- What is it like to **access** services in your community?
- What are services that people in your community need in **addition** to substance abuse services?
- **What else** would you like to say about substance abuse services in your community?





SURVEY DATA

Quantitative Analysis

- May – September – Online Survey data collection
 - July -
- June – September – Paper Survey distribution
- Concern regarding consumer involvement
 - Addressed via additional survey distribution – Office of Consumer Affairs

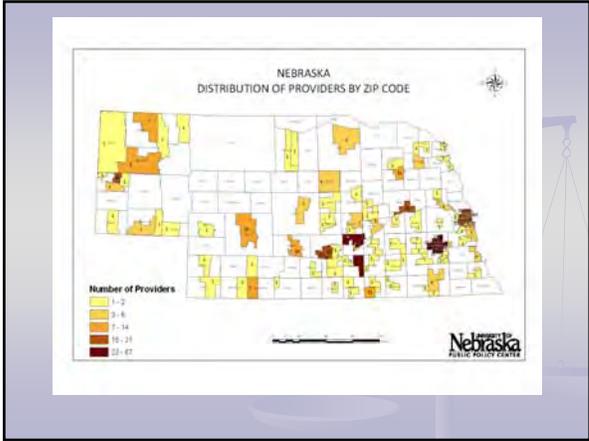
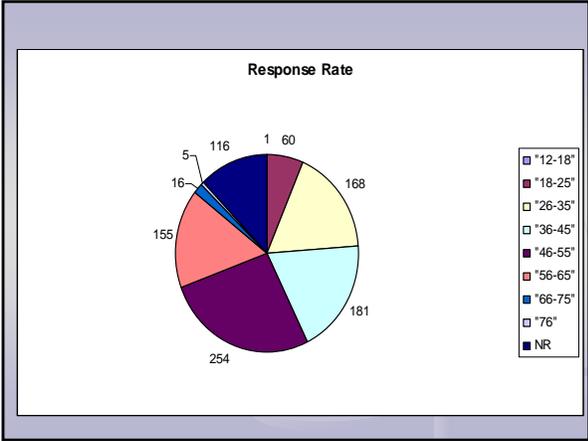
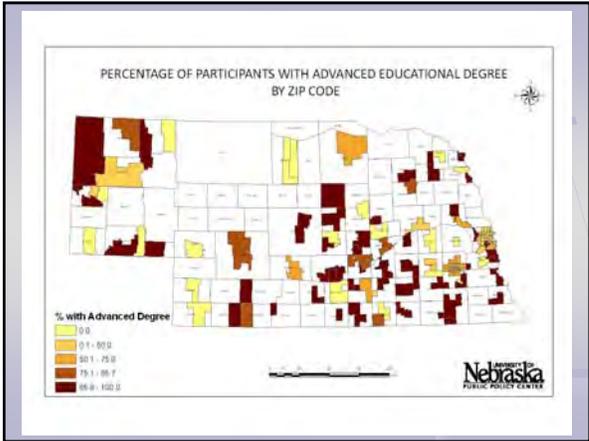
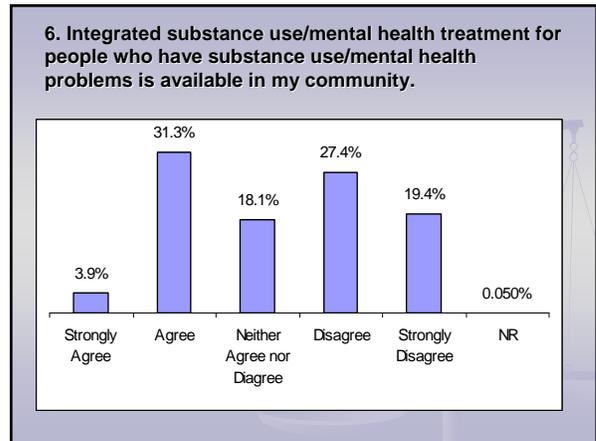
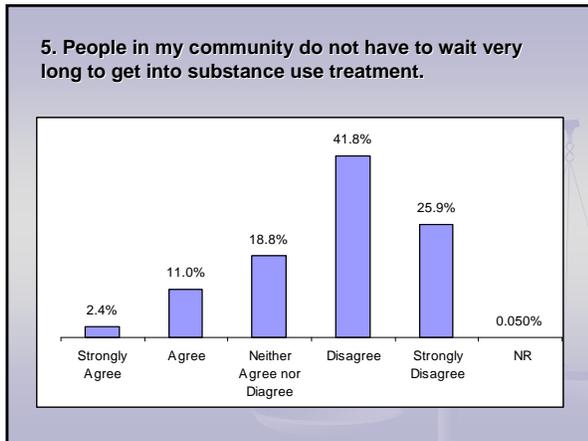
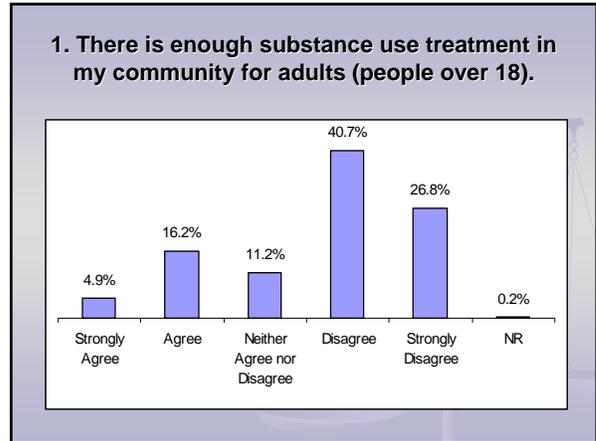
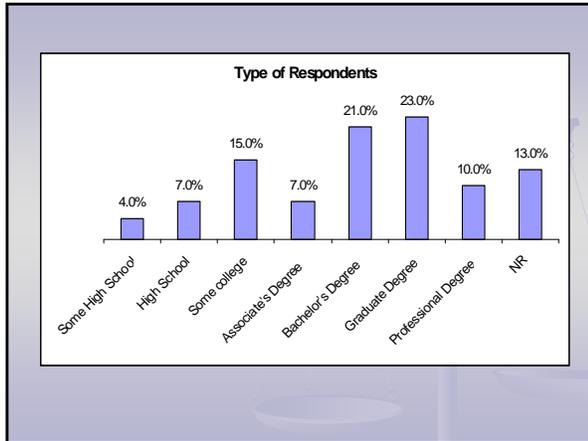


Table 1 Participant's level of education by frequency and percent

Level of Education	n	Percent
Associate Degree	64	7
Bachelor Degree	191	21
Graduate Degree	241	23
High School Degree	69	7
Professional Degree	91	10
Some College	129	15
Some High School	34	4
No Response	137	13
Total	956	100





- System Strengths?**
- Well trained, caring and dedicated service providers
 - Commitment of members of the 12 Step Recovery programs to the agencies and to their clients in recovery is significant in supporting the recovery process.
 - Strong collaboration among service providers
 - Specialty services for women and women with children
 - The efforts and initiation toward integrated services for individuals with co-occurring disorders
 - Communication with probation and corrections makes the treatment system more viable for the clients in this population.
 - Some strong prevention coalitions creating innovative media campaigns in several regional areas.

- System Gaps?**
- Not enough treatment services available to meet the needs
 - Waiting for services in a significant barrier in every community.
 - Low reimbursement rates and general lack of funding for available programming limits quality of services.
 - Individuals who are homeless have less of a chance to access the service system due to severely limited options.
 - Integrated services for mental health and substance use are lacking and need to be developed as does training for providers.
 - Services for families – significant others, parents and children of addicted individuals are lacking.
 - Access to psychiatric consultations is a barrier for clients who need consistent support with medications for both mental health and substance abuse.
 - Treatment services in rural Nebraska are lacking and difficult to access due to lack of availability, waiting lists, and transportation.

Recommendations

■ Training/Professional Development

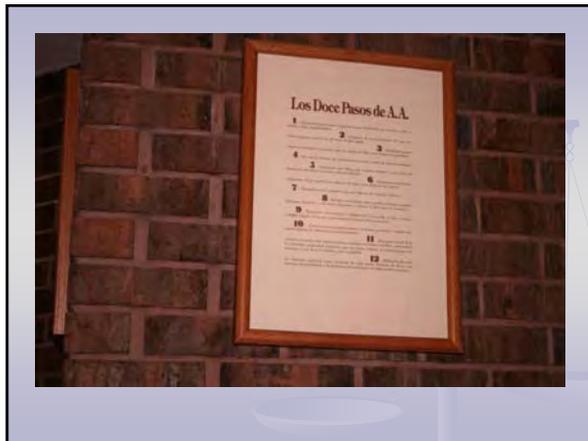
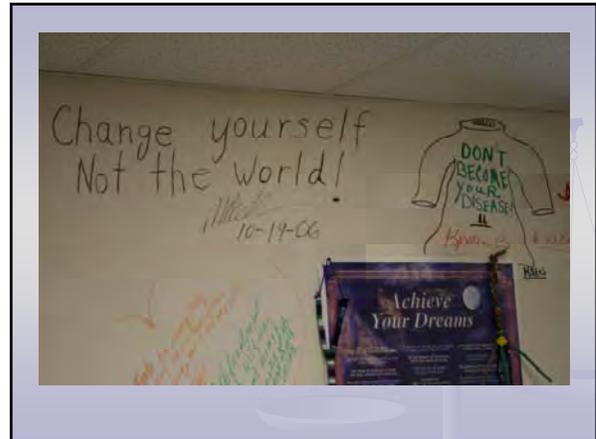
- Co-occurring disorders; general public; mental health screening

■ Services

- Pre treatment supports, and recovery management to support individuals in the stabilization and recovery process

Marketing

- System access, stigma, adolescents and prevention, communication among entities
 - Schools, judges, attorneys, parents



SAMHSA Grand Rounds

Nebraska Division of Behavioral Health

January 8, 2009

1:30 PM EST

12:30 PM CST



Today's Agenda

Interactive Video Conference

- Introduction and Orientation
 - Nebraska staff at table
 - Federal staff at table
- Nebraska Facts
- Recent Federal Visits and Actions
 - Prevention System Reviews - May 16-18, 2006
 - Treatment Core Technical Review – April 16-20, 2007
- Opioid Treatment Authority
- Working with Native Americans
- LB 1083 – Adult Behavioral Health Reform
- LB 542 – Children's Behavioral Health Reform
- Managed care
- Points of pride
- Reports from SAMHSA staff
- Discussion

Nebraska Facts

Total Population

Census Estimate

7/1/2007 – 1,774,571 (Total)

7/1/2007 - 1,525,406 (12 or older)

(<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>)

Land Area: 77,353.7 Sq Miles - 22.9 persons / sq mile (By Nebraska Databook)

11 of 93 Counties under 1,000 population

Number of Substance Dependent or Abusers – 153,000 (NSDUH – 2006; 12 +) 10.03%

Number of Persons Served (Each person counted once)

2008 = 19,685 State Data System will report Table 7A 2010 App. (12.8% rate)

2004 = 13,357 State Data System as reported Table 7A 2006 App. (8.7 % rate)

Division Expenditures and Federal Block Grant

2008 – State \$24,023,859 + SA Block – \$7,865,700 = \$31,889,559

2004* – State \$10,058,721 + SA Block – \$7,945,036 = \$18,003,757

* (Plus SICA and Drug Free Schools and Community) = \$20,461,757

State Summaries FY 2008/2009

Nebraska

[This is a summary, click here for Discretionary Funds in Detail.](#)

Formula Funding	Fiscal Year 2008/2009
Substance Abuse Prevention and Treatment Block Grant:	\$7,865,700
Community Mental Health Services Block Grant:	\$1,973,901
Projects for Assistance in Transition from Homelessness (PATH):	\$300,000
Protection and Advocacy Formula Grant:	\$413,000
Subtotal of Formula Funding:	\$10,552,601
Discretionary Funding	Fiscal Year 2008/2009
Mental Health:	\$1,965,067
Substance Abuse Prevention:	\$3,171,975
Substance Abuse Treatment:	\$948,515
Subtotal of Discretionary Funding:	\$6,085,557
Total Mental Health Funds:	\$4,651,968
Total Substance Abuse Funds:	\$11,986,190
Total Funds:	\$16,638,158

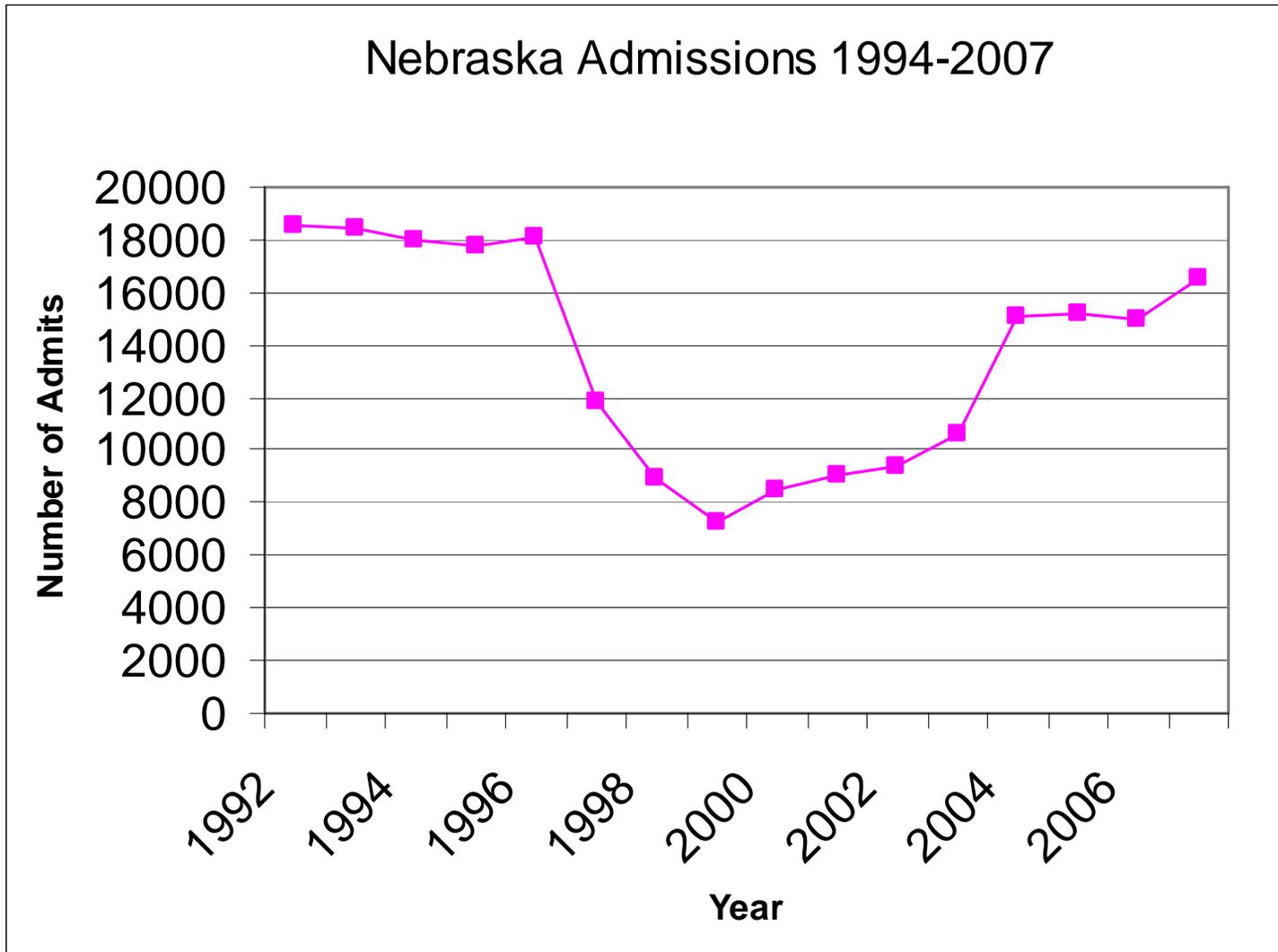
Estimates of Substance Abuse Needs

In Thousands of Persons

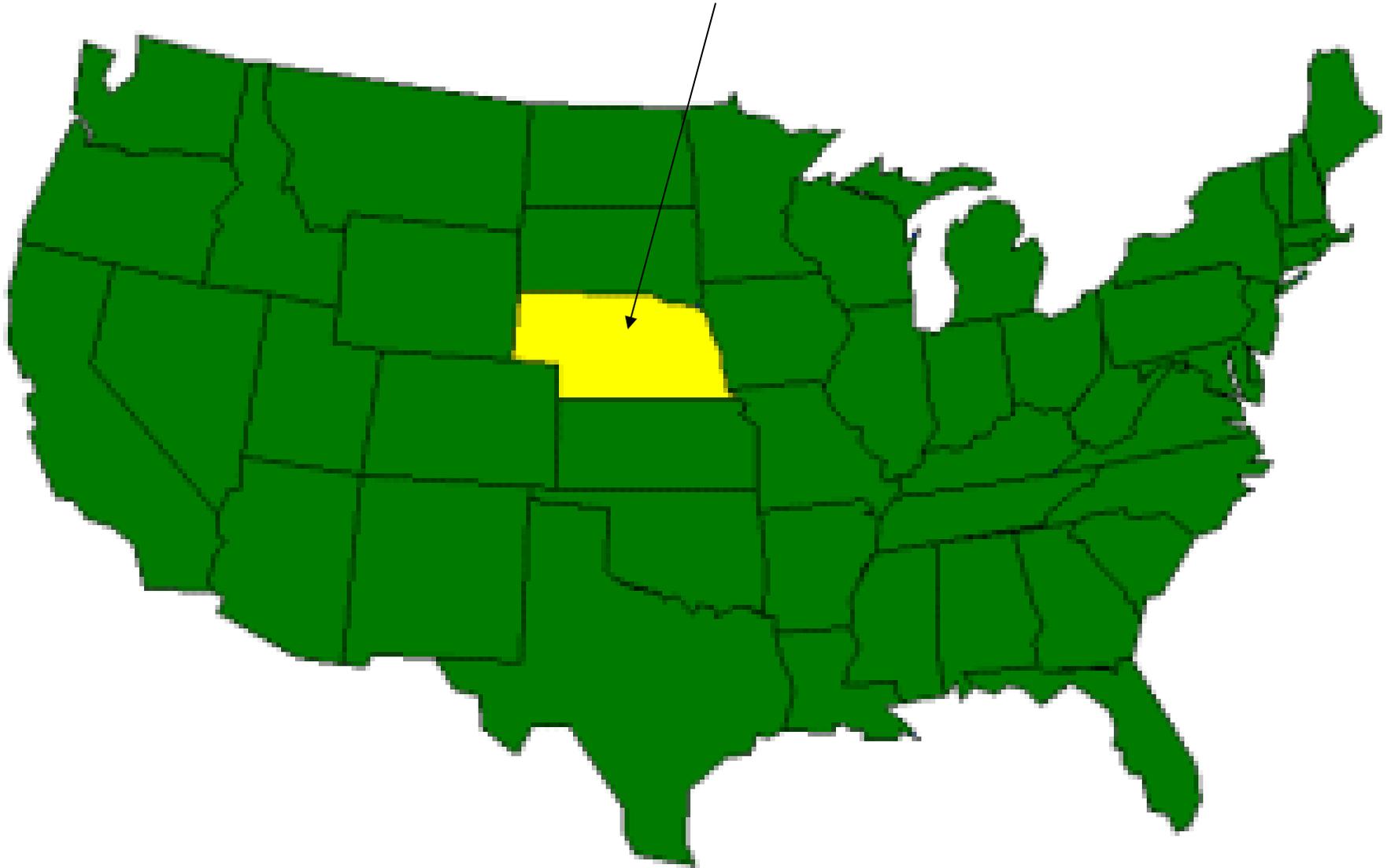
PAST YEAR DEPENDENCE, ABUSE, AND TREATMENT⁶	12 or Greater	"12-17	18-25	26 older
Illicit Drug Dependence ¹	26	3	11	11
Illicit Drug Dependence or Abuse ¹	34	6	14	14
Alcohol Dependence	53	3	19	31
Alcohol Dependence or Abuse	140	10	50	80
Alcohol or Illicit Drug Dependence or Abuse¹	153	13	55	85
Needing But Not Receiving Treatment for Illicit Drug Use ^{1,7}	32	5	13	13
Needing But Not Receiving Treatment for Alcohol Use ⁸	131	10	47	74
SERIOUS PSYCHOLOGICAL DISTRESS⁹	1669	--	37	129
HAVING AT LEAST ONE MAJOR DEPRESSIVE EPISODE¹⁰	10510	13	19	85

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2005 and 2006.

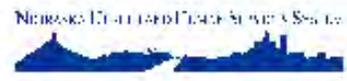
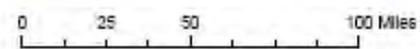
Number of Admissions from DASIS (Drug and Alcohol Services Information System)



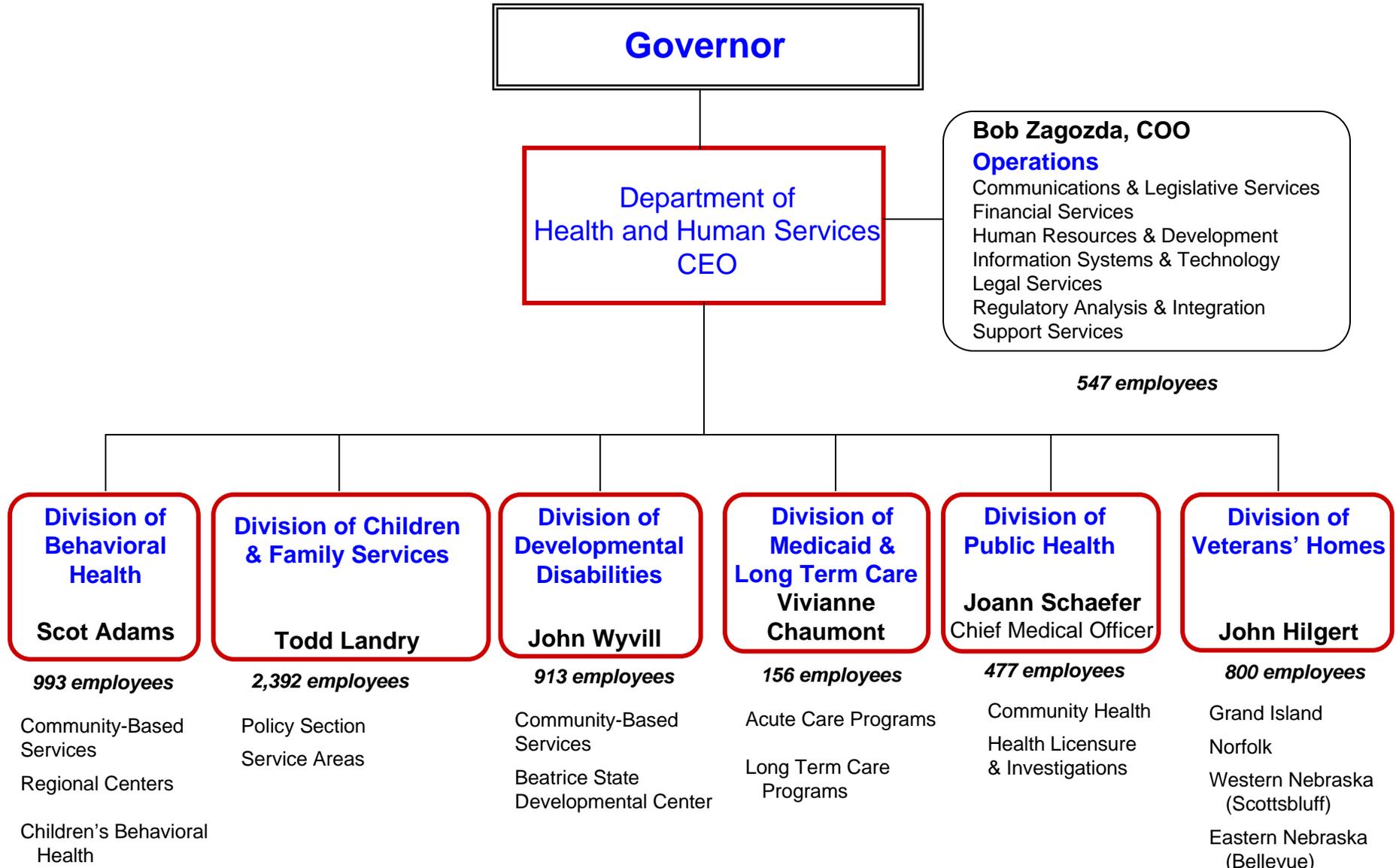
Nebraska – In the Middle of the United States

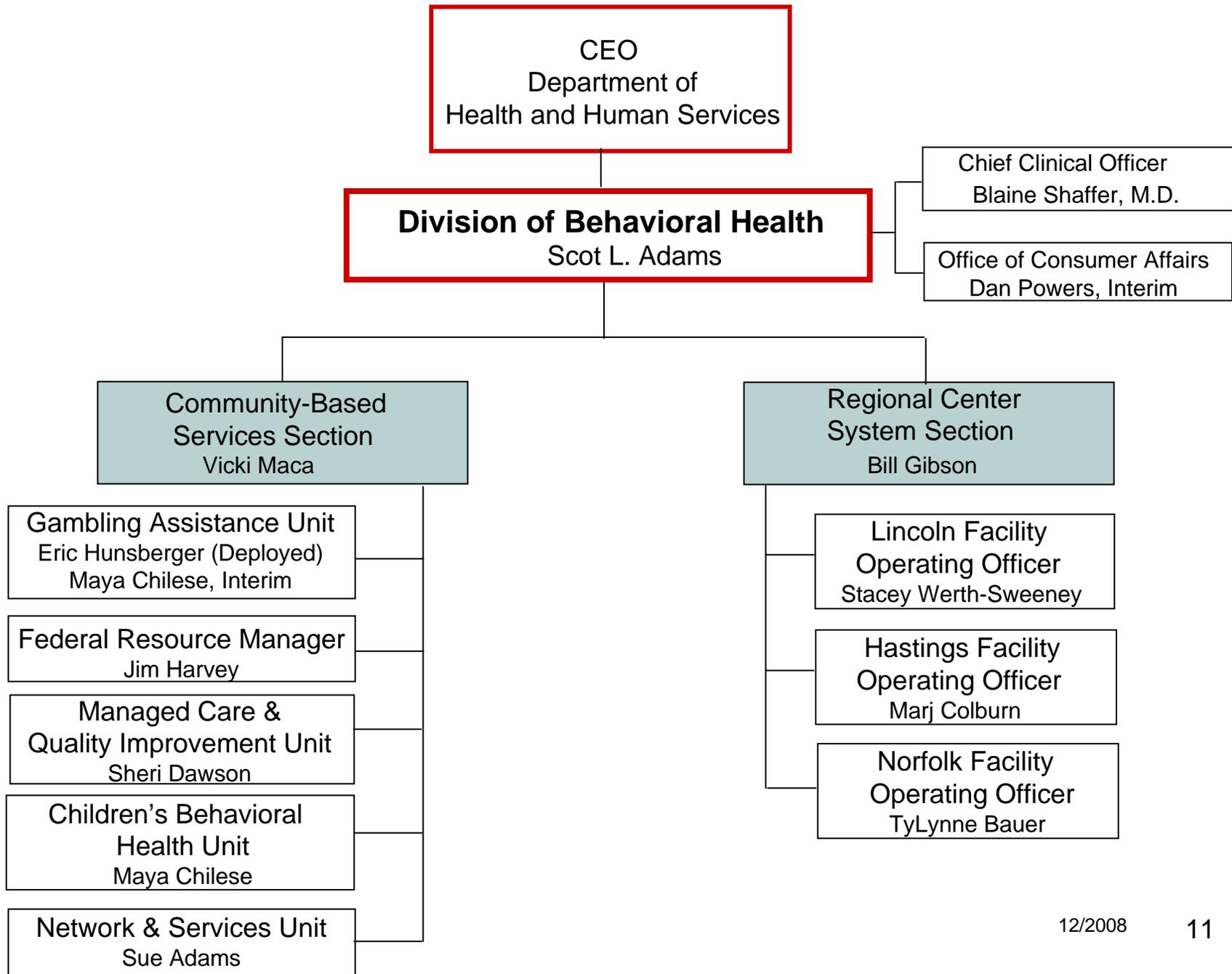


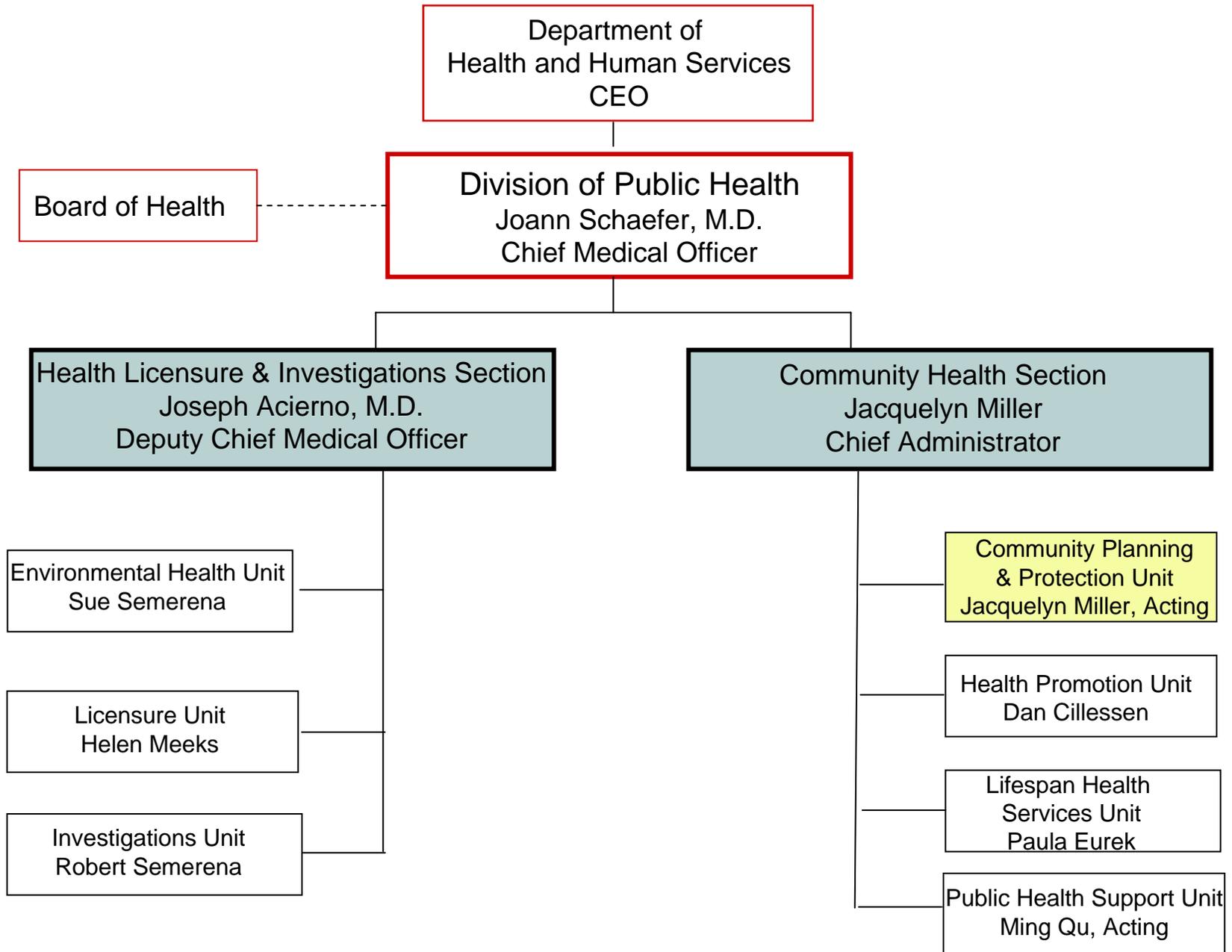
Behavioral Health Regions



Effective July 1, 2007







Community Health Section
Jacquelyn Miller

**Community Health Planning
& Protection Unit**
Sue Medinger

Community Health Development
Dave Palm

Developmental Disabilities Planning Council
Mary Gordon

EMS / Trauma System
Dean Cole

HAN and E-Health
David Lawton

Minority Health and Health Equity
Ra Drake

Public Health Emergency Response
Chris Newlon

Rural Health
Dennis Berens

- SDFS (Gov's Safe & Drug Free Schools)
- Substance Abuse Prevention
- Uninsured / Underinsured Strategies

- Critical Incident Stress Mgmt
- EMS for Children
- Education & training
- Trauma Manager

- Electronic Health Needs Coordination
- Health Alert

- Cong Dist 1,2,3
- Federal Partnership
- Minority Health Initiatives
- Native American Public Health Act

- Bioterrorism Preparedness
- Pan Flu
- Strategic National Stockpile

- Critical Access Hospitals
- Flex Program
- Incentive Programs
- Primary Care Office
- SHIP
- Shortage Area Designations

Division of Behavioral Health

Includes:

- Mental Health
- Alcoholism and Drug Abuse
- Gamblers Assistance Program

Major Division Activities

- Prevention
- State Opioid Treatment Authority
- Children's Behavioral Health
- Adult Behavioral Health
- Managed Care
- Strategic Planning
- Office of Consumer Affairs
- 3 State Psychiatric Hospitals

Partnership Between DHHS Divisions

Established 2007

- Division of Public Health –
 - Community Health Development (SICA/SPF – SDFSC)
- Division of Behavioral Health
- **2006 Prevention/SYNAR Review**
 - Prevention –
 - Needs Assessment – EPI Work Group (2007)
 - Reorganization – Division – Regions – Coalitions (2006-08)
 - Planning – 2010 Strategic Plan (2008)
 - Implementation – Data Driven – (2007-08) - (New Data System)
 - Monitor/Eval – Performance Based -
 - SYNAR
 - Review Tobacco Laws – (Not at this time)
 - Verification Study – 2007 – 85% Accuracy Rate List Frame

Prevention- Division of Public Health Community Health Development

- SPF-SIG (\$2,093,000 per year for 5 years)
 - Nebraska Partners In Prevention (NEPIP)
 - Policy Committee of Significant Players, including the Lt. Governor, Department Directors
 - EPI work group EPI Profile
 - Year 3
 - 16 out of 22 community coalitions funded in FY 08
 - Coalitions cover 51 counties
- Governor's portion of Safe and Drug Free Schools and Communities (SDFSC) – Public Health (\$336,307)
 - Nebraska Broadcasters Association
 - 10 community groups

Prevention - Division of Behavioral Health

- Federal Substance Abuse Block Grant Set Aside
(20% ~ \$1,573,140)
 - Regional Prevention Coordinators (6)
 - Training, (SPF - Model)
 - Technical Assistance
 - Funding 30 Community SA Prevention Coalitions (50% of \$)
 - Nebraska Prevention Information Reporting System
(www.NPIRS.ORG)
 - SYNAR – 12.2% rate
 - Working with Tobacco Free Nebraska
 - State Patrol Conducts Compliance Checks
 - City of Omaha - Local Police and Tobacco Coalition (7.8%)

Prevention – Combined Effort

- Surgeon General’s visit – April, 2008
- Nebraska Educational Television – October, 2008
 - “Your Kids are Drinking”
 - Outreach activities w/ Nebraska’s First Lady and NET
- One of 11 States for Underage Drinking Video
- Joint Coordinator/Community Coalition Efforts
- Nebraska Prevention Conference, October 2008
- Drug Free Communities - Office of Drug Control Strategy
 - 10 Drug Free Community Coalition Grantees
 - Bringing into the System

2007 Core Technical Review

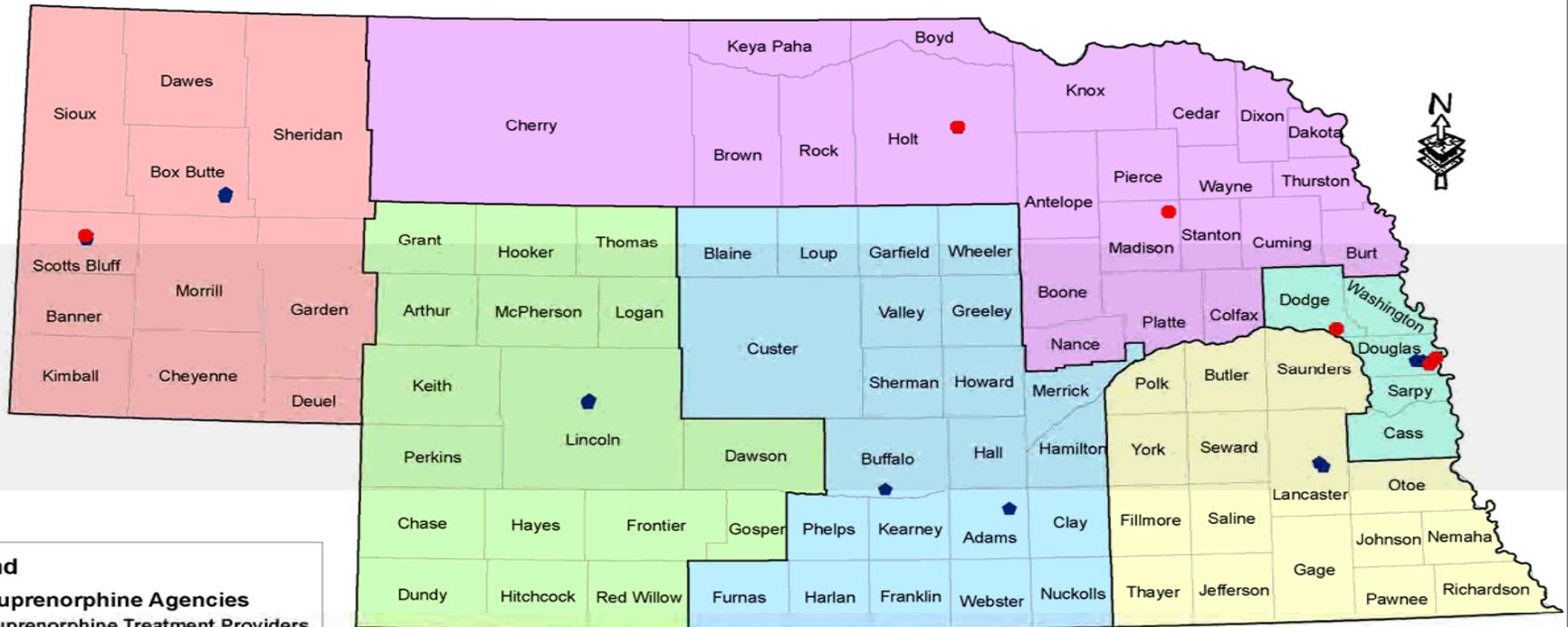
- **Needs Assessment**
 - 1,000 people in focus groups (UN-L Public Policy Center)
 - Epidemiological study in 2009 to complete Tables 8 + 9
- **Reorganization of Department**
 - New Divisions, new personnel
- **Tracking Set Asides – Maintenance of Effort**
 - New Business Units
 - Prevention - federal and state
 - Women's – federal and state
- **Direct TA**
 - Contract Conveyance – April 2008
 - Block Grant 101- October 2008
 - Standards of Care – Begin Jan 2009
 - RTI: Performance measures tied to NOMS – 2009

2007 Core Technical Review (cont)

- **Admission Preference** – Federal Priorities
 - Women and IV Drug Abusers
- **Interim Services** – Documentation
 - Waiting list revisions
- **Standards of Care** – Documentation
 - Rewrite of DBH and Medicaid Service Definitions
 - ASAM Criteria
- **NOMS reporting**
 - TEDS/SOMMS reporting –
 - Add 30 day Attendance Support Groups
 - Clean up data for “performance” report card

State Opioid Treatment Authority

Buprenorphine Treatment Providers



Legend

- Buprenorphine Agencies
 - ◆ Buprenorphine Treatment Providers
- Behavioral Health Regions
- | | |
|-------|------------------|
| One | Reg - Phy - Prog |
| Two | 1 - 4 - 1 |
| Three | 2 - 3 - 0 |
| Four | 2 - 3 - 0 |
| Five | 3 - 2 - 0 |
| Six | 4 - 1 - 2 |

0 50 100 Miles

Map created by:
DHHS GIS
6/2008

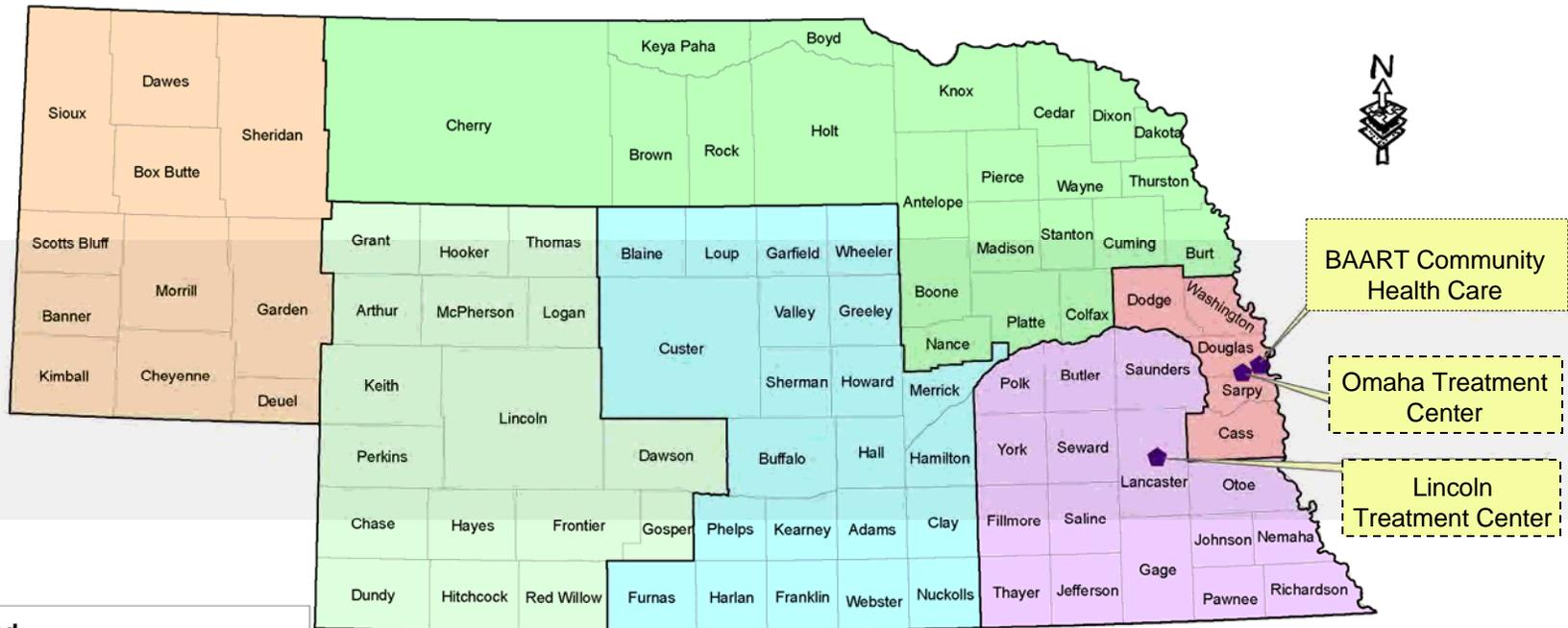
Source: Division of Behavioral Health



5 - 2 - 0

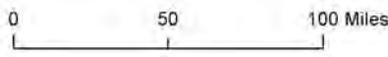
6 - 11 - 4

Opioid Treatment Programs in Nebraska with Behavioral Health Regions



Legend

- Opioid Treatment Locations
- Behavioral Health Regions
- One
- Two
- Three
- Four
- Five
- Six



Map Created by:
DHHS GIS
6/2008

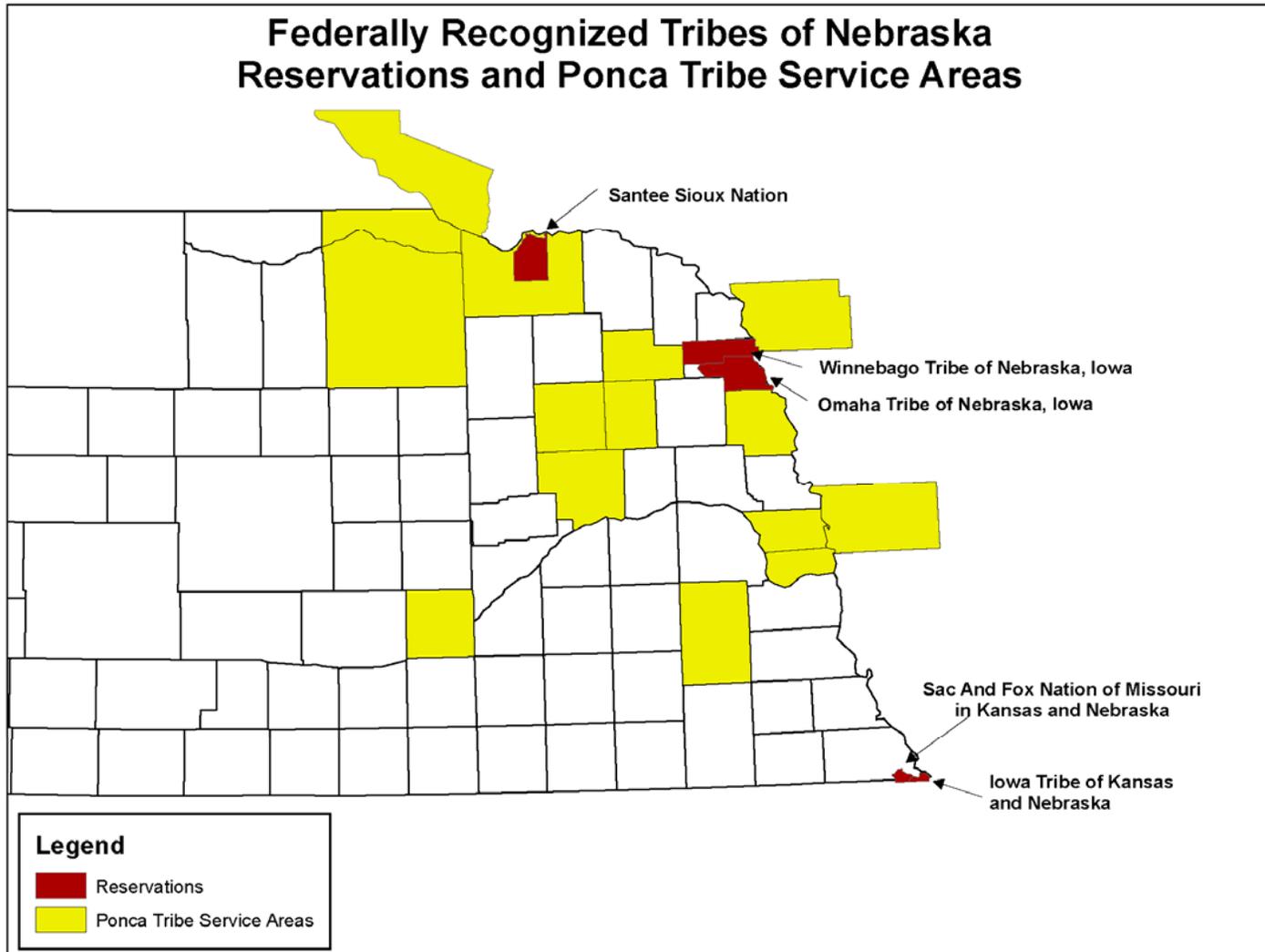
Source: Division of Behavioral Health



Working with Native Americans

- Four Recognized Tribes (\$1,352,896)
 - Ponca – Landless Tribe –
 - \$ 238,733 – MH - \$116,761; SA - \$121,972
 - Outpatient (Itinerant counseling - Omaha, Lincoln, Norfolk)
 - Winnebago – Thurston County
 - \$412,578 – MH - \$211,416; SA – \$201,162
 - Outpatient, Halfway House, Prevention
 - Omaha Nation – Thurston County
 - \$463,860 – MH – \$233,745; SA – \$230,115
 - Outpatient, Halfway House, Prevention, Sacred Child
 - Santee Sioux – Knox County
 - \$237,645 – MH – \$119,486; SA - \$118,159
 - Outpatient, Prevention
- North East Panhandle Substance Abuse Center (NEPSAC) (Gordon NE) \$493,272
 - Social Detoxification, Short Term Residential, Outpatient
 - South Dakota Reservation highly mobile population

Nebraska Tribal Lands

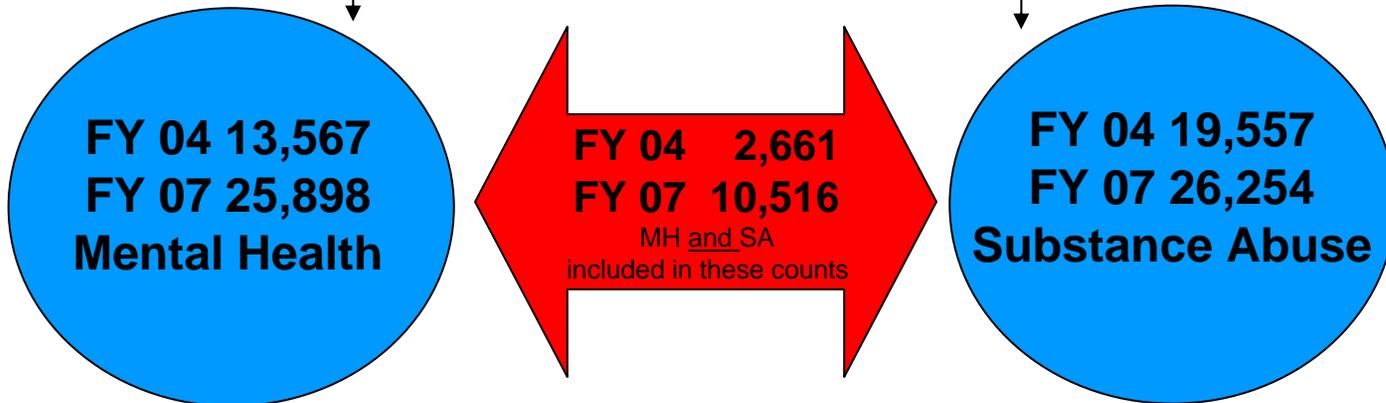


Adult Behavioral Health Reform

- LB 1083 - 2004
 - Closed 250 beds
 - \$30 million to community
 - Integration (insert pie chart and slide under pie chart.)
- Magellan ASO – 1995, rebid in 2008
 - Contract w/ 3 divisions (one bid, three contracts)
- Medicaid
 - 1998 – Medicaid Rehab Option
 - 2005 – SA Waiver, 10 services

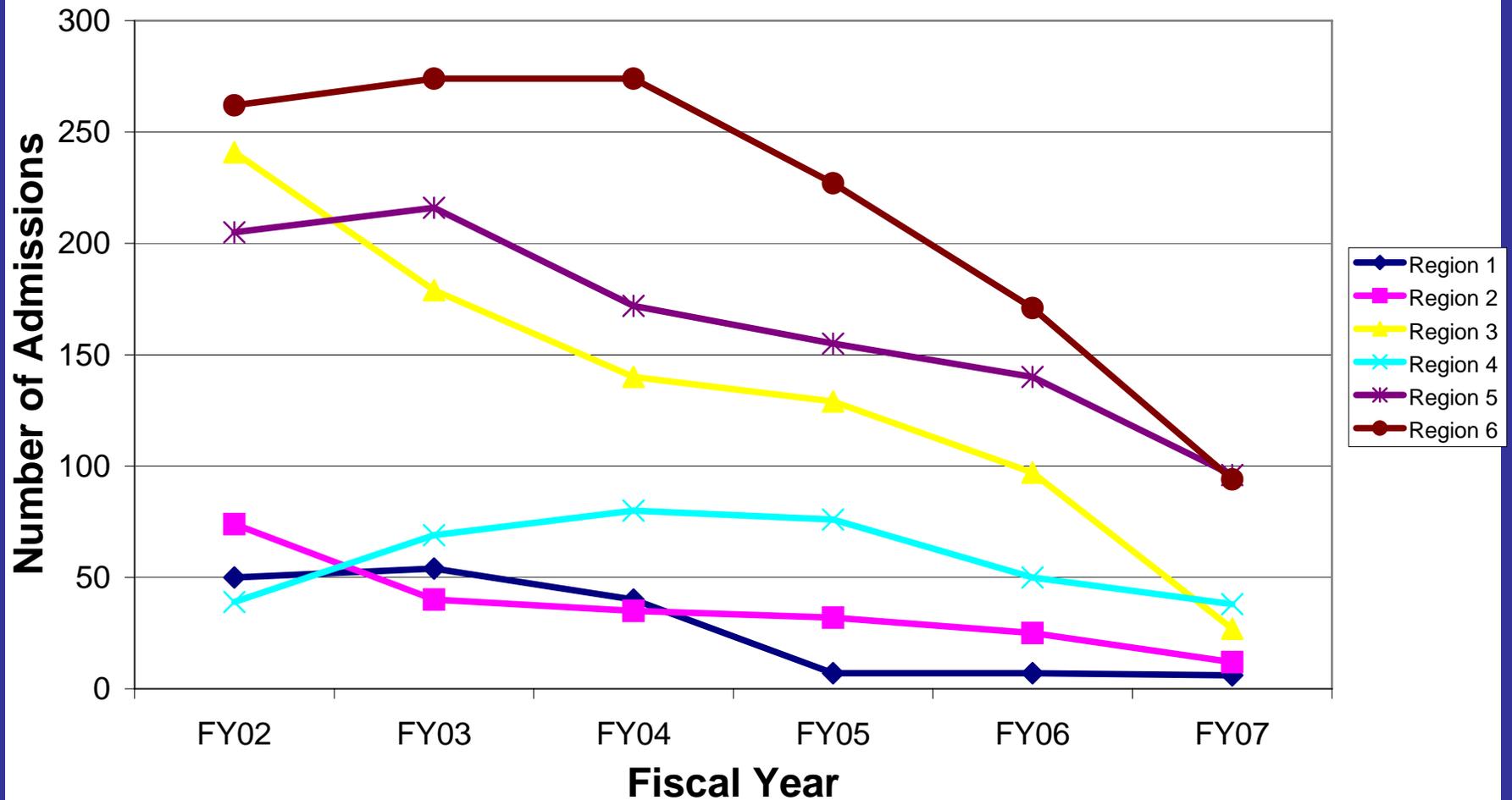
**FY04 and FY07
Comparison of
Persons Served**

FY 04 33,124 served
FY 07 42,915 served
Unduplicated Count



Mental Health Board Commitment Admissions to Behavioral Health Reform Units By Region

Excludes Adolescent, Forensic and Sex Offender Unit

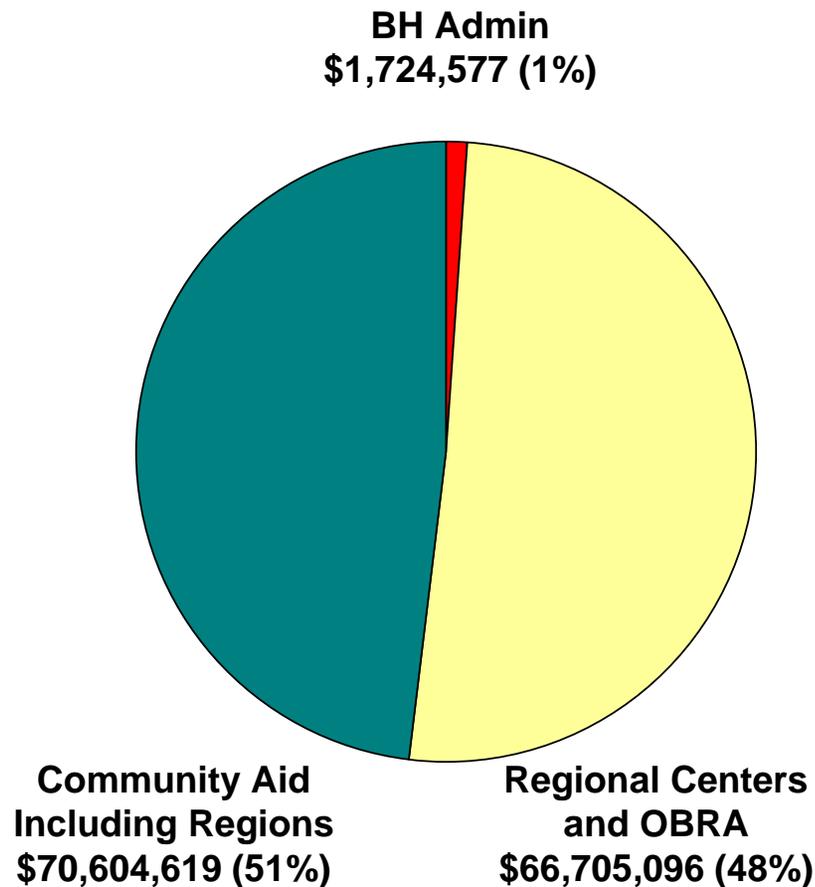


Comparison of Nebraska Appropriations FY 05 and FY 09

(20.7% increase)

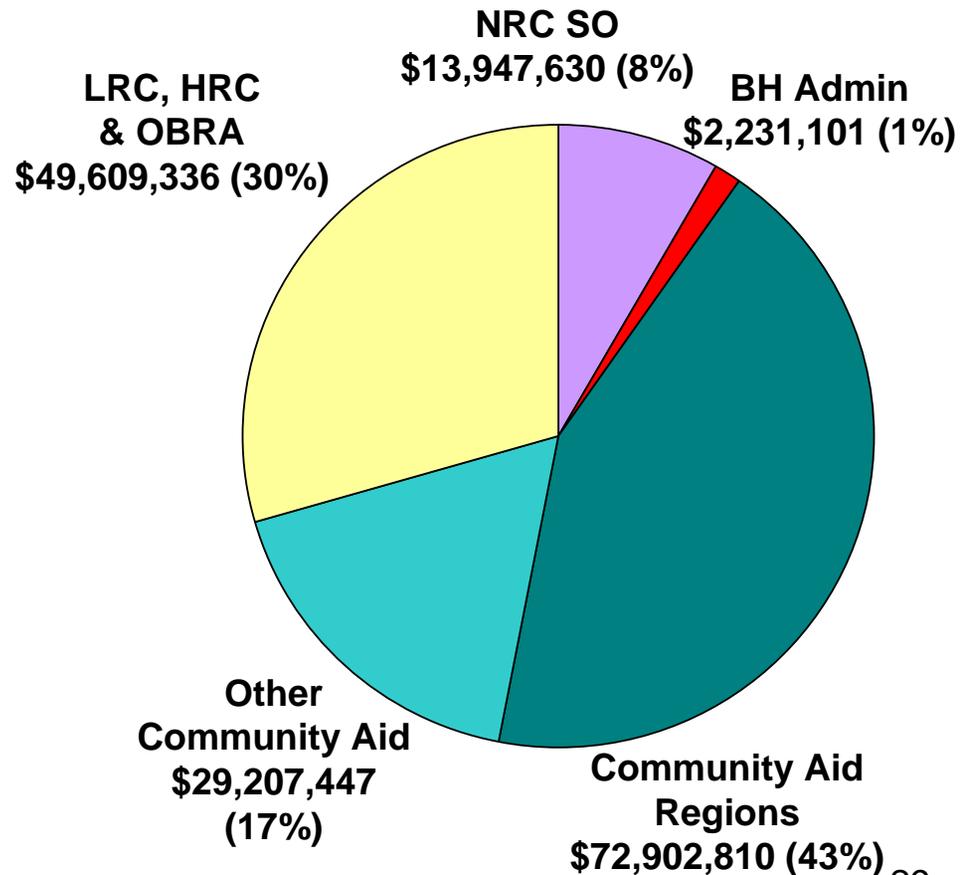
FY 05 BH Funds Appropriation

Total = \$139,034,292



FY 09 BH Funds Appropriation

Total = \$167,898,324



10 Required Substance Abuse Services

- Community Support
- Intensive Outpatient
- Partial Care
- Halfway House
- Intermediate Residential
- Therapeutic Community
- Short Term Residential
- Residential Treatment/Dual
- Ambulatory Detoxification with Extended On-Site Monitoring
- Clinically Managed Residential/Social Detoxification

5 Medicaid Rehab Option Services

- Community Support
- Day Rehabilitation
- Psychiatric Residential Rehabilitation
- Assertive Community Treatment
- Sub-Acute

Background – Children’s Behavioral Health

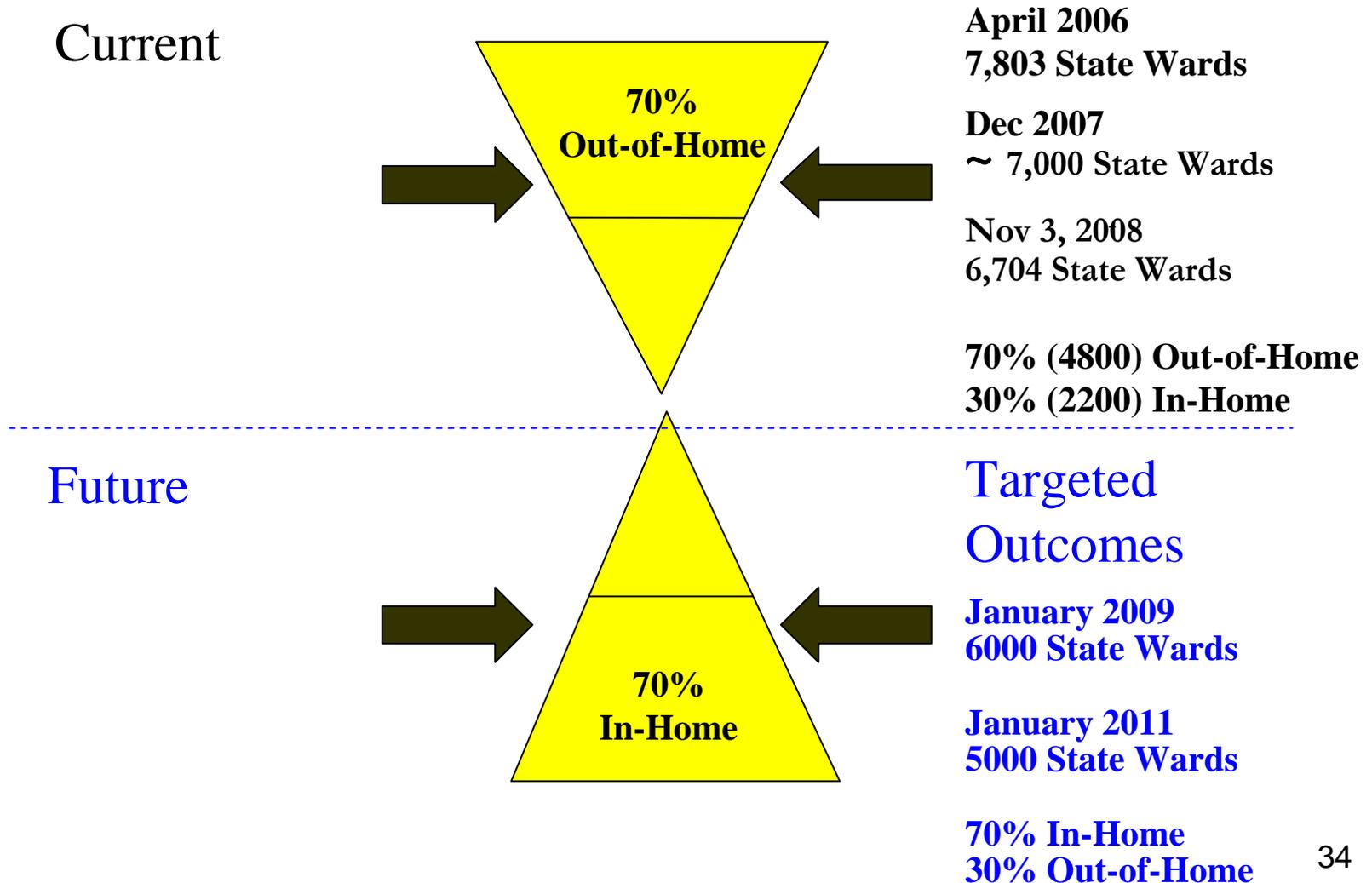
- SIG
- LB 542 (2007)
 - Created the Children’s Behavioral Health Task Force
 - Charged the Task Force with developing recommendations
 - 2008 - DHHS Children’s Behavioral Health Plan
- Safe Haven moment

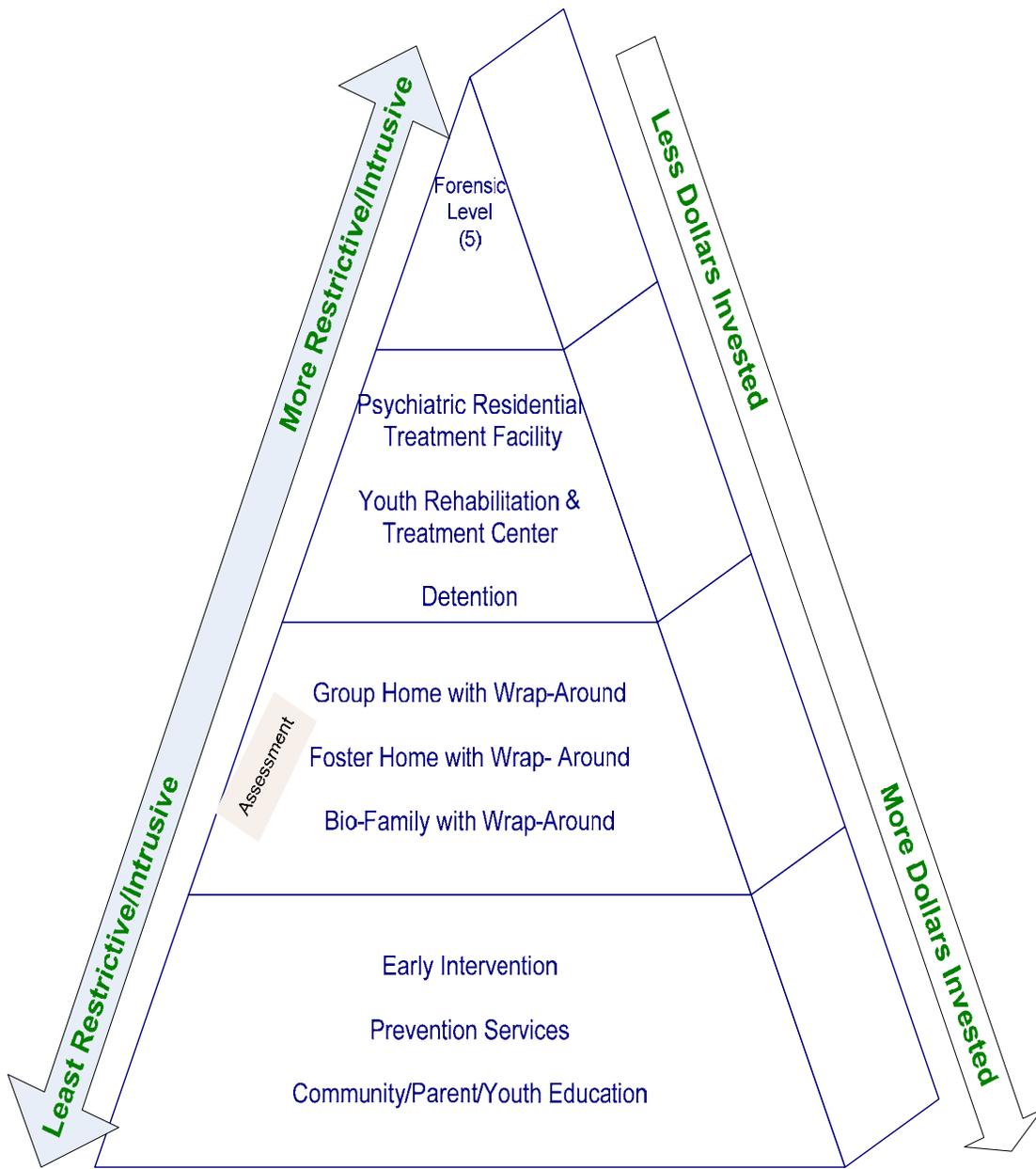
Key elements of DHHS' LB 542 Plan

- Balanced array of services.
- Accessible services.
- Strategic use of evidenced-based approaches.
- Explore new facilities and services to address most challenging adolescents.
- Develop common language and goals.

Children's Behavioral Health

Benefits of a Balanced Service Array





Managed Care

- 1995 – Data system began – Managed care technology (CMG)
- 1998 – Medicaid Rehab Option
- 2001 – Magellan Behavioral Health Services
- 2005 – 10 Substance Abuse Waivers

Managed Care

- 2008 – Administrative Services Organization
 - Magellan Behavioral Health
 - Children/Family Services
 - Medicaid Behavioral Health Carve Out
- Moving on – Future Considerations
 - At risk managed care – other states
 - Consultants to assist
 - What we need to know, and how do we get it?

Data Systems

- Quality Improvement -
- Magellan Quality Improvement Team – Regions/Providers QI
- Division Quality Improvement Team – Internal Staff QI
 - New data position
 - New fiscal position
 - New Field Representative
 - Prevention Data System
 - SOMMS/TEDS Reporting Subcontractor
 - 90% compliant, received bonus dollars
 - DASIS Agreement Subcontractor
 - NOMS – Standardization among states

Magellan Quality Improvement Team

- **Revision of reports**
 - Working with Magellan
 - Working with Community programs
- **NOMS**
 - Report cards being thought though
 - Regions/agencies/services
 - Federal Reporting Standards

Points of Pride

- LB 1083
- Consumer involvement
- Increase in number served
- Regional System functioning well
 - 8.5% readmission rate in FY 2008
 - No wait list
- 5.2% of Nebraskans were jailed in 2007.
- 5.4% of Regional Center patients were jailed.

Points of Pride

- Dual/ASAM
- Housing-related assistance was implemented statewide FY 06
 - All 6 Regions have housing coordinators
 - 717 consumers were served in FY 2008
- \$28M in private funding
- Strong relationship with Department of Correctional Services
- Returning Veterans Services – Veterans Admin
- Network of Care Website (All treatment resources)

Nebraska Grand Rounds

- Additional Reports of SAMHSA Staff

Discussion

- Integration
 - Mental health/substance abuse
 - Prevention/treatment
 - Primary care/
- Managed care
- Addictions side of SAMHSA and their view of 'consumer involvement.'
- Civil rights vs. gratitude
- Balance with Medicaid - which services are the best investment?

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www.dhhs.ne.gov

NEBRASKA GRAND ROUNDS

CENTER FOR SUBSTANCE ABUSE PREVENTION
SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION

Thursday, January 8, 2009

NEBRASKA



DIVISION OF STATE PROGRAMS CENTER FOR SUBSTANCE ABUSE PREVENTION

Thursday, January 8, 2009

Nebraska Department of Health & Human Services (DHHS), Division of Behavioral Health -- Single State Authority

- The SSA Director is Scot L. Adams, PhD, Director of the Division of Behavioral Health
- The NPN is Robert J. Bussard, Program Specialist
- There are 2 half-time prevention staffs under the Director of the Division of Behavioral Health

Prevention System

Single State Authority (SSA)

- The Division of Behavioral Health contracts with the Six Behavioral Health Regions to serve the substance abuse prevention needs of Nebraskans by requiring that each Health Region implements a strategic needs assessment, planning and program implementation data-driven process, using the 20 percent prevention set-aside of the State's Substance Abuse Prevention and Treatment Block Grant.
- FFY 2009 **Substance Abuse Prevention and Treatment Block Grant Award** – CSAP Six Strategies Implementation

Treatment	\$5,899,275
Prevention	<u>1,573,140</u>
Total	\$7,865,700

- The Division also facilitates Nebraska Partners in Prevention (NePIP), a gubernatorial advisory council established to oversee implementation of Nebraska's Strategic Prevention Framework State Incentive Grant (SPF SIG) and facilitate the development and coordination of an integrated state prevention system.
- The NePIP comprises four of the main State substance abuse prevention workgroups, including the Policy and Strategic Planning Workgroup (PSPWG).
- The PSPWG comprises State policy makers and key State agencies that manage State and federal funding streams for alcohol, tobacco and other drugs and that provide needs assessment, capacity development, planning, program implementation and monitoring guidance to State and local prevention staff charged with developing or improving Nebraska's prevention systems.
- The PSPWG also manages the State Epidemiological workgroup, and coordinates needs assessment and data infrastructure activities.
- Nebraska received a \$200,000 **State Epidemiological Outcome Work Group** funding from SAMHSA in 2006 to collect, analyze, and report substance abuse incidence, prevalence and National Outcome Measures.

Synar Program

The State's successful Synar Program uses multiple strategies and cross-agency collaboration and coordination to reduce youth access to tobacco. The tobacco retailer violation rate (RVR) for **FFY 2009 is 12.1 percent**. States are required to have a RVR no greater than 20 percent.

Nebraska Department of Health and Human Services — Substance Abuse Prevention Program

Office of Community Health Development Substance Abuse Prevention

The Nebraska Substance Abuse Prevention Program within the Division of Public Health, Office of Community Health Development, administers two grant programs.

1. The Safe and Drug Free Schools and Communities (SDFSC) Program is funded through the U. S. Department of Education and focuses on the prevention of substance abuse and violence.
2. **The Strategic Prevention Framework State Incentive Grant (SPF SIG) focuses on community-level substance abuse prevention outcomes and systems change.**

Strategic Prevention Framework State Incentive Grant

- Strategic Prevention Framework State Incentive (SPF SIG) -- Nebraska was awarded approximately \$9 million in 2007 spent over three years.
- Request for Applications for Strategic Prevention Framework State Incentive Grant (SPF SIG)

Dates: Issued: April 29, 2008

Applications were due on June 18, 2008

- 16 subrecipients were funded \$2 million collectively in 2008 to implement, develop or improve existing prevention systems using the SPF SIG 5 step logic model. (Approximately 100 to 150 thousand per subrecipient.)
- Nebraska's subrecipients will address the following SPF SIG priority indicators:
 1. Prevent alcohol use among persons 17 and younger
 2. Reduce binge drinking among 18-25 year olds
 3. Reduce alcohol impaired driving across all ages

- Underage Drinking (UAD)

--**Two of Nebraska's SPF SIG priority substance abuse indicators target underage drinkers.**

-- Nebraska and Wyoming reported the highest underage drinking rates nationwide (*SMHSA News May/June 2008*)

-- Nebraska was among the 50 States, Territories and the District of Columbia participating in more than 1,600 town hall meetings convened in the spring of 2008 to address underage drinking

Nebraska Department of Health and Human Services Substance Abuse Prevention Program

URL:

<http://www.hhs.state.ne.us/puh/oph/saprev.htm>

Documents available:

1. Request for Applications for Strategic Prevention Framework State Incentive Grant (**SPF SIG**)
2. The Nebraska Substance Abuse Prevention Strategic Plan
3. Substance Abuse and Associated Consequences in Nebraska, an Epidemiological Profile

Nebraska Program Description

The Division of Behavioral Health is the state authority for the planning, organizing, staffing, directing, coordinating and reporting of the statewide service systems of mental health, substance abuse, and compulsive gambling.

Nebraska's public substance abuse services are provided by many community based agencies/individuals. Many of these community-based providers are non-profit private entities although there are private for profit entities in the system. Increasingly there are private individuals providing services in communities. Each of the state psychiatric hospitals have alcohol/drug abuse counselors who work within the mental health programs to provide specialized substance abuse services for psychiatric patients.

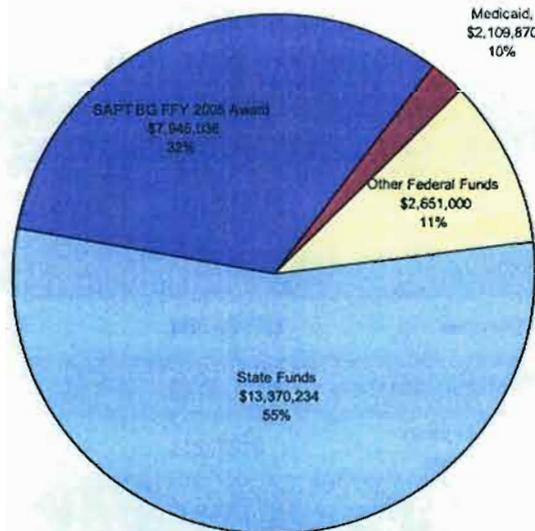
The role of the Division of Behavioral Health continues to be the funder of the public non-Medicaid substance abuse system. Federal Substance Abuse Prevention and Treatment Block Grant funds flow through the Division. These federal funds are added to the state appropriation for community substance abuse care. Once the division receives its appropriation of state and federal funds these funds are then distributed by contract to community service providers either directly or through the Regional Behavioral Health Authorities. Regional Boards must also contribute local tax dollars to match state funds.

This program description was derived from information available on the Internet - for additional information go to: <http://www.dhhs.ne.gov/sua/suaindex.htm>

Designated SSA Director
 Scot Adams, Ph.D.,
 Director
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SFY2006 Expenditures for Substance Abuse Prevention and Treatment by Nebraska Single State Agency (Source: Block Grant Application, FFY 2008)



Nebraska Performance Measures	Client Change
Change in Percent of Clients Reporting Employment or School from Admission to Discharge	5.1
Change in Percent of Clients with Stable Housing from Admission to Discharge	0.8
Change in Percent of Clients with No Arrests from Admission to Discharge	11.5
Change in Percent of Clients Reporting Abstinence from Alcohol from Admission to Discharge	2.8
Change in Percent of Clients Reporting Abstinence from Drugs from Admission to Discharge	9.7
Change in Percent of Clients Participating in Recovery Activities from Admission to Discharge	NA

"Client Change" refers to the absolute percentage point change from Admission to Discharge for each measure.

Nebraska State Indicators	State Measure	National Average
Percent Reporting Binge Alcohol Use in the Past Month	27.17	22.70
Percent Reporting Any Illicit Drug Use in the Past Month	6.47	8.02
Percent Reporting Perception of Great Risk from Binge Drinking	35.65	41.19
Percent Reporting Perception of Great Risk from Smoking Marijuana	39.20	39.04
Percent Reporting Alcohol or Drug Dependence or Abuse in Past Year	10.45	9.25
Percent Reporting Needing Alcohol Treatment, But Not Receiving It	8.97	7.35
Percent Reporting Needing Treatment for Illicit Drug Use, But Not Receiving It	2.26	2.67
Rate of Admissions for Alcohol Treatment (Per 100,000 Age 12 and Older)	674	253
Rate of Admissions for Drug Treatment (Per 100,000 Age 12 and Older)	294	409
Percent of Traffic Fatalities Attributed to Alcohol-Related Motor Vehicle Crashes	33.1	41.3
Rate of Deaths from Chronic Liver Disease and Cirrhosis (Per 100,000)	6.4	9.0

Sources: Binge alcohol use, illicit drug use, perception of risk, dependence and abuse, and treatment gap: National Survey on Drug Use and Health (NSDUH), 2004-2005 average. Treatment admission rates: Treatment Episode Data Set (TEDS) 1995-2005, 2005 admissions, adjusted. Traffic fatalities: Fatality Analysis Reporting System (FARS), National Highway Traffic Safety Administration (NHTSA), 2006 fatalities. Deaths from chronic liver disease and cirrhosis: National Center for Health Statistics (NCHS), Mortality by State, 2004 deaths, adjusted. NA = Data not available.

Expenditures by Nebraska Single State Agency for Substance Abuse Prevention and Treatment - SFY2006

	SAPT BG FFY 2005 Award	Medicaid	Other Federal Funds	State Funds	Local Funds	Other Funds
Substance Abuse Treatment and Rehabilitation	\$5,418,431	\$528,456	\$0	\$13,089,244	\$0	\$0
Primary Prevention	\$2,129,354	\$0	\$2,651,000	\$30,500	\$0	\$0
Tuberculosis Services	\$2,129,354	\$0	\$2,651,000	\$30,500	\$0	\$0
HIV Early Intervention Services	\$0	\$0	\$0	\$0	\$0	\$0
Administration: Excluding Program/Provider Level	\$397,251	\$0	\$0	\$250,490	\$0	\$0
TOTALS	\$7,945,036	\$528,456	\$2,651,000	\$13,370,234		

Source: State Block Grant Application, FFY 2008, Form 4. Excludes funding that does not flow through SSA.

SAMHSA Discretionary Grant Awards to Nebraska for Substance Abuse Prevention and Treatment - FFY 2008

Source of Financial Support	Amount
Substance Abuse Prevention	\$3,176,675
Substance Abuse Treatment	\$381,380

Source: SAMHSA Grant Awards - State Summaries, Formula and Discretionary Grant Allotments.

<http://www.samhsa.gov/statesummaries/index.aspx>

SAMHSA.gov
The Substance Abuse & Mental Health Services Administration

Grant Awards by State

State Summaries FY 2008/2009

Nebraska

[This is a summary, click here for Discretionary Funds in Detail.](#)

Formula Funding	Fiscal Year 2008/2009
Substance Abuse Prevention and Treatment Block Grant:	\$7,865,700
Community Mental Health Services Block Grant:	\$1,973,901
Projects for Assistance in Transition from Homelessness (PATH):	\$300,000
Protection and Advocacy Formula Grant:	\$413,000
Subtotal of Formula Funding:	\$10,552,601
Discretionary Funding	Fiscal Year 2008/2009
Mental Health:	\$1,965,067
Substance Abuse Prevention:	\$3,171,975
Substance Abuse Treatment:	\$948,515
Subtotal of Discretionary Funding:	\$6,085,557
 Total Mental Health Funds:	 \$4,651,968
Total Substance Abuse Funds:	\$11,986,190
 Total Funds:	 \$16,638,158

Last Update: 9/24/2008

SAMHSA.gov
The Substance Abuse & Mental Health Services Administration

Grant Awards by State

SAMHSA Grant Awards By State FY 2008 Discretionary Funds in Detail

Center for Mental Health Services (CMHS) NEBRASKA

Grantee: **NEBRASKA FEDERATION OF FAM/CHLDRN MH** Lincoln, NE
 Program: Statewide Family Networks SM057906
 Congressional District: NE-01
 FY 2008 Funding: \$70,000
 Project Period: 09/30/2007 - 09/29/2010

The Nebraska Federation of Families for children's Mental Health (NEFFCMH) seeks to stimulate and lead the enhancement of infrastructure and capacity to provide advocacy for families and youth in a new era of community-based services following Nebraska's statewide mental health reform. The program, Leading the Wake of Reform, targets 1000 families, as well as 500 youth through youth-driven programs. The program enhances the infrastructure, capacity and effect of the statewide network of family advocacy organizations by strengthening and dempowering the delivery of culturally competent advocacy services at the local level, positioning youth statewide to effectively self advocate, increasing family and youth representation at state and local levels of planning and decision making, and building new relationships with key stakeholders to build sustainability for the NEFFCMH.

Grantee: **NEBRASKA ST DEPT OF HEALTH & HUMAN SERVS** Lincoln, NE
 Program: State Data Infrastructure Grants SM058102
 Congressional District: NE-01
 FY 2008 Funding: \$156,000
 Project Period: 09/30/2007 - 09/29/2010

The four projects under the Mental Health Data Infrastructure Grants for Quality Improvement (State DIG) are:-Project #1. Continue to develop the Nebraska Behavioral Health System (NBHS) Information System- Project #2. Collect and Report the Consumer Survey data needed annually- Project # 3. Continue to improve the capacity to prepare reports which includes meeting the requirements for URS and NOMs as reported in the Federal Mental Health Block Grant-Project #4. Supported Housing Data Base.

Grantee: **INDIAN CENTER, INC.** Lincoln, NE
 Program: Circles of Care American Indian & Alaskan Native

Children SM058834

Congressional District: NE-01

FY 2008 Funding: \$305,875

Project Period: 09/30/2008 - 09/29/2011

Indian Center, Inc will provide the urban Indian communities of Lincoln and Omaha with tools and resources to plan and design a holistic, community-based system of care to support mental health and wellness for youth and their families. The project will create a definitive holistic system of care model that will increase the capacity and effectiveness of culturally-appropriate behavioral health systems serving the urban Indian communities of Lincoln and Omaha.

Grantee: **NEBRASKA ST DEPT OF HEALTH & HUMAN
SERVS**

Lincoln, NE

Program: Emergency Response

SM000249

Congressional District: NE-01

FY 2008 Funding: \$43,254

Project Period: 12/21/2007 - 04/20/2008

Grantee: **MENTAL HEALTH ASSOCIATION OF NEBRASKA**

Lincoln, NE

Program: Statewide Consumer Network

SM056331

Congressional District: NE-01

FY 2008 Funding: \$70,000

Project Period: 09/30/2004 - 09/29/2010

Mental Health Association of Nebraska proposes to enhance state capacity and infrastructure to be consumer directed and consumer driven. By providing recovery education, the organization plans to facilitate diverse population discussion/problems solving meeting across the state and develop a consensus based vision and recovery based operational system. The organization will utilize renowned recovery-experts, consumers, stakeholders and the ROSI survey tool to assist in the formulation of a recovery transformation plan.

Grantee: **NEBRASKA ST DEPT OF HEALTH & HUMAN
SERVS**

Lincoln, NE

Program: Child & Adolescent MH and SA SIGs

SM056545

Congressional District: NE-01

FY 2008 Funding: \$744,975

Project Period: 09/30/2004 - 09/29/2009

Through this initiative, Nebraska will build on major behavioral health system reform efforts to develop individualized service models for challenging populations (children ages birth to 5, transition-aged youth, and youth with co-occurring substance abuse and mental health disorders), establish culturally and linguistically appropriate practices, and form a coalition for an integrated, family-centered system for children and families.

The Nebraska Behavioral Health Services Act provides a framework to improve access to care, enhance consumer involvement in service planning and delivery, and to develop research-based services. Resources from this grant will help develop infrastructure built upon the efforts of current system of care communities and to replicate these models across the State. The coalition

partnering on this project will establish a formal management structure designed to bring about sustainable, positive changes in the existing behavioral health system. Partners include state and local government agencies representing the major child-serving systems, family and youth organizations, universities, service provider organizations, and cultural and community groups.

Grantee: **OMAHA NATION COMMUNITY RESPONSE TEAM** Walthill, NE
Program: Youth Suicide Prevention & Early Intervention - SM058399
Cooperative Agreement State-Sponsored
Congressional District: NE-01
FY 2008 Funding: \$500,000
Project Period: 09/30/2008 - 09/29/2011

The Omaha Nation Community Response Team proposes to build on prior suicide prevention efforts in order to develop and implement a tribal youth suicide prevention initiative, grounded in strong partnerships and collaborations, by assisting Native American youth ages 10-24. Project HOPE will include the American Indian Life Skills Development Curriculum evidence-based approach in providing a school-based curriculum for 200 youth in grades 6-12, incorporating prevention, early intervention, and outreach services, a media campaign to dramatize the existing suicide ideology in the community, and developing an emergency response infrastructure. Project HOPE will strengthen the tribal system of care and enhance the youth's cultural knowledge and life skills. The project will partner with local groups, organizations and universities to incorporate the AILSDC into the mainstream education and health systems while engaging tribal leaders and stakeholders. The project goal is to provide effective comprehensive suicide prevention and early intervention strategies for youth ages 10-24 on the Omaha Reservation in the Northeast Nebraska. The three supporting objectives include: 1) to implement the culturally relevant, evidence-based approach, American Indian Life Skills Development Curriculum, for youth in grades 6-12 in both K-12 schools on the Omaha Reservation; 2) to create effective partnerships in order to integrate new and existing youth suicide prevention and early intervention strategies to provide a comprehensive approach to suicide prevention; 3) to initiate a series of community forums and trainings in coordination with a community media campaign to promote the Omaha Nation Youth Suicide Prevention Initiative; and 4) to implement emergency response services to promote healing for affected families and the community when a suicide is completed.

Grantee: **UNIVERSITY OF NEBRASKA KEARNEY** Kearney, NE
Program: Campus Suicide SM057869
Congressional District: NE-03
FY 2008 Funding: \$74,963
Project Period: 09/30/2006 - 09/29/2009

The University of Nebraska Kearney (UNK), founded in 1905, is Nebraska's public, residential university that is distinguished by its commitment to be the state's premier institutions of undergraduate education. UNK is home to 6,382 undergraduate students from 37 states and 50 countries. The target population for this project is first and second year students along with the international student population living on campus. The goals of the UNK Comprehensive Suicide Prevention program are to: (1) increase the number of students seen for mental health issues by 10 percent through physically connecting UNK's Counseling and Health Care offices; (2) enhance UNK's current crisis response plan through training opportunities for the UNK community and those who are actively involved with executing the plan; (3) enhance students services by creating a networking infrastructure to link UNK with at least two providers from the broader community

who can treat mental and behavioral health problems; (4) recruit and train nineteen peer counselors; (5) to create a National Alliance on Mental Illness (NAMI) campus organization in order to diminish the stigma and barriers associated with help-seeking behaviors for mental and behavioral health issues. To meet these objectives, we propose to conduct gatekeeper training; develop and implement education seminars; provide wellness training to undergraduate peer counselors, disseminate information to parents, and create linkages to the National Suicide Prevention Lifeline

Center for Substance Abuse Prevention (CSAP)

Grantee: **BEATRICE PUBLIC SCHOOLS**

Beatrice, NE

Program: Drug Free Communities

SP013010

Congressional District: NE-01

FY 2008 Funding: \$99,809

Project Period: 09/30/2005 - 09/29/2010

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **LANCASTER COUNTY BOARD OF COMMISSIONERS**

Lincoln, NE

Program: Drug Free Communities

SP012199

Congressional District: NE-01

FY 2008 Funding: \$100,000

Project Period: 09/30/2005 - 09/29/2012

The grantee will: (1) Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse and; (2) Establish and strengthen community anti-drug coalitions.

Grantee: **PEOPLE UNITED FOR FAMILIES**

Nebraska City, NE

Program: Drug Free Communities

SP012049

Congressional District: NE-01

FY 2008 Funding: \$100,000

Project Period: 09/30/2005 - 09/29/2011

The grantee will: (1) Reduce substance abuse among youth and, over time, among adults by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse and; (2) Establish and strengthen community anti-drug coalitions.

Grantee: **NEMAHA COUNTY**
Program: Drug Free Communities

Auburn, NE
SP014255

Congressional District: NE-01

FY 2008 Funding: \$100,000

Project Period: 09/30/2007 - 09/29/2012

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **OMAHA NATION COMMUNITY RESPONSE TEAM**
Program: Drug Free Communities

Walthill, NE
SP013081

Congressional District: NE-01

FY 2008 Funding: \$79,166

Project Period: 09/30/2005 - 09/29/2010

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **NEBRASKA STATE OFFICE OF THE GOVERNOR**
Program: Strategic Prevention Framework State Incentive Grants

Lincoln, NE
SP013937

Congressional District: NE-01

FY 2008 Funding: \$2,093,000

Project Period: 09/30/2006 - 09/29/2011

The purpose of the Nebraska Strategic Prevention Framework initiative is to produce sustained outcomes in preventing the onset and reducing the progression of substance abuse and related mental health disorders and other problems among all Nebraskans, by developing sustainable, coordinated, and data-driven prevention systems at the State, sub-state, and local levels that will conduct effective assessment, mobilization, planning, implementation and evaluation processes.

Grantee: **COMMUNITY CONNECTIONS OF LINCOLN COUNTY**

North Platte, NE

Program: Drug Free Communities

SP013707

Congressional District: NE-03

FY 2008 Funding: \$100,000

Project Period: 09/30/2006 - 09/29/2011

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **BUFFALO COUNTY COMMUNITY HEALTH
PRTNRS**

Kearney, NE

Program: Drug Free Communities

SP012906

Congressional District: NE-03

FY 2008 Funding: \$100,000

Project Period: 09/30/2005 - 09/29/2010

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **HASTINGS AREA COUNCIL ON ALCOHOLISM**

Hastings, NE

Program: Drug Free Communities

SP014314

Congressional District: NE-03

FY 2008 Funding: \$100,000

Project Period: 09/30/2007 - 09/29/2012

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **GLW CHILDRENS COUNCIL, INC.**

Burwell, NE

Program: Drug Free Communities

SP014243

Congressional District: NE-03

FY 2008 Funding: \$100,000

Project Period: 09/30/2007 - 09/29/2012

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **PANHANDLE PARTNERSHIP HLTH & HUMAN SRVS**

Chadron, NE

Program: Drug Free Communities

SP013887

Congressional District: NE-03

FY 2008 Funding: \$100,000

Project Period: 09/30/2006 - 09/29/2011

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Grantee: **CENTRAL NEBRASKA COUNCIL/ALCOHOLISM/ADD**

Grand Island, NE

Program: Drug Free Communities

SP014231

Congressional District: NE-03

FY 2008 Funding: \$100,000

Project Period: 09/30/2007 - 09/29/2012

The grantee will: (1) reduce substance abuse among youth and over time, among adults by addressing factors in the community that increase the risk of substance abuse and promote factors to minimize the risk of substance abuse; (2) establish and strengthen citizen participation and collaboration among communities, nonprofit agencies, and federal, state, local, and tribal governments to support community efforts to deliver effective substance use prevention strategies for youth; (3) use the Strategic Prevention Framework of evidence based prevention strategies to

assess needs, build capacity, plan, implement and evaluate community prevention initiatives; and (4) assess and report on the effectiveness of community prevention initiatives to reduce age of onset of any drug use, frequency of use in the past 30 days, increased perception of risk or harm, and increased perception of disapproval of use by peers and adults.

Center for Substance Abuse Treatment (CSAT)

Grantee: **ST. MONICA'S HOME**

Lincoln, NE

Program: Pregnant/Post-Partum Women

TI019599

Congressional District: NE-01

FY 2008 Funding: \$500,000

Project Period: 09/30/2008 - 09/29/2011

St. Monica's Behavioral Health Services in Lincoln, Nebraska is seeking SAMHSA funding to implement Project Strong Families, a primary residential substance abuse (SA)/co-occurring (COD) treatment program for pregnant and parenting women, and their children, that will provide greater intensity of therapeutic and supportive services to children and families than any other program in Nebraska. St. Monica's is Nebraska's oldest provider of gender-specific treatment services for women. The program aims to offer a comprehensive integrated COD treatment program (SA/trauma treatment) to address COD mental health issues, such as trauma-related symptoms (PTSD), anxiety and depression, while providing a number of conjunctive child and family treatment services. The program will implement trauma-informed and culturally competent treatment services. The goals are decreasing use and abuse of alcohol and drugs; improving birth outcomes and healthy pregnancies; improving the physical and mental health of women and their children; improving family functioning, economic stability and quality of life of families; and decreasing involvement and exposure to violence within families. Additional services include family case management; individual, group and family therapy; art and play therapy for children; group and individual therapy for children; psycho-education for women, children and families; parenting skills training; child care; transportation; health care services for women and children, including prenatal care and support; peer support; and discharge and follow-up. Approximately 26 women and 28 children will be served each year of the project.

Grantee: **OMAHA NATION COMMUNITY RESPONSE TEAM**

Walthill, NE

Program: TCE - American Indians/Native Alaskans

TI020130

Congressional District: NE-01

FY 2008 Funding: \$250,000

Project Period: 09/30/2008 - 09/29/2011

The Omaha Nation Community Response Team (ONCRT) Sacred Child Program will provide intensive outpatient treatment to address the unmet needs of youth ages 12-18 regarding substance abuse and co-occurring disorders. The Sacred Child Program will utilize three evidence-based approaches, Motivational Enhancement Therapy, Walking in Beauty on the Red Road (WBRR), and Project SUCCESS to provide outpatient treatment, community outreach and recovery support services. The ONCRT will partner with the Omaha Tribal Court, Alcohol and Mental Health Programs, Omaha Nation Public Schools, and Walthill Public Schools to incorporate WBRR into the substance abuse care system while engaging tribal leaders and community stakeholders into a community change process.

Grantee: **HEARTLAND FAMILY SERVICE**

Omaha, NE

Program: Pregnant/Post-Partum Women

TI018334

Congressional District: NE-02

FY 2008 Funding: \$103,210

Project Period: 09/30/2006 - 09/29/2009

Heartland Family Service proposes developing a residential substance abuse treatment center for pregnant women and women who are parenting young children. The program will serve twenty women and their children through a joint effort with Nebraska Health and Human Services and the Separate Juvenile Courts of Douglas and Sarpy Counties. The program will promote stable sobriety, economic self-sufficiency, and protective mother-child relationships. The program will use a therapeutic community model to provide clinically managed medium intensity residential treatment for low-income women who are dependent on drugs and/or alcohol. In addition to the mother's chemical dependency treatment, the mothers and children will participate in therapeutic and educational interventions to develop parenting skills, strengthen the mother-child bond, and improve social and family functioning. Women will receive assistance in obtaining vocational training, employment, and other social services. Following the initial treatment and halfway house phases, families will move into transitional or independent housing while continuing in aftercare support for up to one year. Mothers and their children who are referred through local Juvenile Courts or Child Protective Services will be able to reside together during the treatment process, thus preserving and strengthening the attachment which is so critical to the safety, health, and lifelong well being of the children. Priority will be given to pregnant women and mothers of children who are birth to five years old. The program will have a daily capacity of seventeen women and thirty children in residential treatment and three women and six children in a halfway house. The program is designed to meet the needs of low income and minority women, and is built on principles of a nurturing, supportive, therapeutic treatment community. This holistic approach considers the participants' physical and mental health, spiritual and emotional well being.

Grantee: **HEARTLAND FAMILY SERVICE**

Omaha, NE

Program: CSAT 2008 EARMARKS

TI020443

Congressional District: NE-02

FY 2008 Funding: \$95,305

Project Period: 09/30/2008 - 09/29/2009

Heartland Family Services has developed an outpatient Methamphetamine Treatment Program for women and children, that will serve 32 residents that are referred by the Nebraska Health and Human Services, the Sarpy County Adult and Juvenile Court, probation or are self-referred participants. The program promotes stable sobriety and protective mother-child relationships. The program utilizes the ASI standardized model based assessments and the modified Matrix Model. The Matrix Model consists of a 16-week program and long term aftercare support that includes, group, family and individual therapy.

Last Update: 11/26/2008

State Profile -- Nebraska

National Survey of Substance Abuse Treatment Services (N-SSATS)

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey of facilities providing substance abuse treatment, and is conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The N-SSATS is designed to collect data on the location, characteristics, services offered, and number of clients in treatment at alcohol and drug abuse facilities (both public and private) throughout the 50 States, the District of Columbia, and other U.S. jurisdictions.

For more information on N-SSATS methodology visit this website: <http://www.oas.samhsa.gov/dasis.htm#Reports>

In Nebraska, 107 substance abuse treatment facilities responded to the 2006 N-SSATS, reporting that there were 4,893 clients in substance abuse treatment on March 31, 2006. The survey response rate in Nebraska was 98.3%.

Facility Ownership/Operation		Clients In Treatment on March 31, 2006					
		Facilities		All Clients		Clients Under Age 18	
	No.	%	No.	%	No.	%	
Private-non-profit	68	63.6	3,234	66.1	514	78.6	
Private for-profit	20	18.7	451	9.2	100	15.3	
Local government	7	6.5	552	11.3	36	5.5	
State government	2	1.9	285	5.8	0	0.0	
Federal government	6	5.6	308	6.3	1	0.2	
Dept. of Veterans Affairs	3	2.8	222	4.5	0	0.0	
Dept. of Defense	1	0.9	50	1.0	0	0.0	
Indian Health Service	2	1.9	36	0.7	1	0.2	
Other	0	0.0	0	0.0	0	0.0	
Tribal government	4	3.7	63	1.3	3	0.5	
Total	107	100.0	4,893	100.0	654	100.0	

Primary Focus of Facility		Clients in Treatment on March 31, 2006					
		Facilities		All Clients		Clients Under Age 18	
	No.	%	No.	%	No.	%	
Substance abuse treatment services	46	43.0	1,579	32.3	240	36.7	
Mental health services	5	4.7	134	2.7	58	8.9	
Mix of mental health & substance abuse treatment services	50	46.7	2,881	58.9	356	54.4	
General health care	5	4.7	224	4.6	0	0.0	
Other/unknown	1	0.9	75	1.5	0	0.0	
Total	107	100.0	4,893	100.0	654	100.0	

Substance Abuse Problem Treated	Facilities ^{1,2}		Clients In Treatment on March 31, 2006			
	No.	%	Clients		Clients per 100,000 Pop. Aged 18 and Over	
			No.	%		
Clients with both alcohol and drug abuse	104	99.0	2,740	56.0	180	
Clients with drug abuse only	80	76.2	1,018	20.8	69	
Clients with alcohol abuse only	89	84.8	1,134	23.2	76	
Total²	105		4,892	100.0	325	

¹ Facilities may be included in more than one category.

² Facilities excluded because they were not asked or did not respond to this question: 2

Types of Services Offered	Facilities	
	No.	%
Assessment and Pre-Treatment Services	94	87.9
Screening for substance abuse	92	86.0
Screening for mental health disorders	70	65.4
Comprehensive substance abuse assessment/diagnosis	88	82.2
Comprehensive mental health assessment/diagnosis	53	49.5
Outreach to persons in the community that may need treatment	45	42.1
Brief intervention for substance users who are not yet dependent	59	55.1
Interim services for clients when immediate admission is not possible	47	43.9
Substance Abuse Therapy and Counseling	103	96.3
Family counseling	84	78.5
Group therapy, not including relapse prevention	91	85.0
Individual therapy	103	96.3
Relapse prevention groups	73	68.2
Aftercare/continuing care	89	83.2
Pharmacotherapies	33	30.8
Antabuse	10	9.3
Naltrexone	5	4.7
Campral	8	7.5
Buprenorphine - Subutex	3	2.8
Buprenorphine - Suboxone	3	2.8
Methadone	3	2.8
Nicotine Replacement	7	6.5
Medications for psychiatric disorders	31	29.0
Testing	74	69.2
Breathalyzer/blood alcohol testing	48	44.9
Drug or alcohol urine screening	66	61.7
Hepatitis B	17	15.9
Hepatitis C	18	16.8
HIV testing	22	20.6
STD testing	16	15.0
TB screening	27	25.2
Transitional Services	92	86.0
Assistance obtaining social services	54	50.5
Discharge planning	91	85.0
Employment counseling or training	32	29.9
Assistance in locating housing	43	40.2
Other Services	104	97.2
Case management services	73	68.2
Social skills development	49	45.8
Mentoring/peer support	36	33.6
Child care for clients' children	1	0.9
Domestic violence	32	29.9
Early intervention for HIV	9	8.4
HIV or AIDS education, counseling, or support	29	27.1
Outcome follow-up after discharge	48	44.9
Health education other than HIV/AIDS	34	31.8
Substance abuse education	94	87.9
Transportation assistance to treatment	27	25.2
Mental health services	79	73.8
Acupuncture	2	1.9
Residential beds for clients' children	4	3.7
Self-help groups	43	40.2

Facility Capacity and Utilization Rate (%)			Programs for Special Groups		
	Residential	Hospital Inpatient	Facilities		
	No.	%	No.	%	
Number of facilities ¹	37	2	82	76.6	
Number of clients	761	6	44	41.1	
Designated beds	928	6	29	27.1	
Utilization rate	82	100.0	36	33.6	
Designated beds per facility (average)	25	3	24	22.4	
			9	8.4	
			21	19.6	
			13	12.1	
			1	0.9	
			5	4.7	
			1	0.9	
			10	9.3	

¹ Excludes facilities not reporting both client counts and number of beds, facilities whose client counts were reported by another facility, facilities that included client counts from other facilities, and facilities that did not respond to this question.

Services for the Hearing Impaired and in Languages Other than English		
	Facilities	
	No.	%
Hearing impaired/sign language	21	19.6
Any language other than English	30	28.0
Spanish	12	92.3
American Indian/Alaska Native languages	1	7.7
Other	2	15.4
Services Provided by:		
On-call interpreter	17	56.7
Staff counselor	5	16.7
Both staff counselor and on-call interpreter	8	26.7

Data are from facilities that reported to N-SSATS for the survey reference date March 31, 2006. All material appearing in this report is in the public domain and may be reproduced without

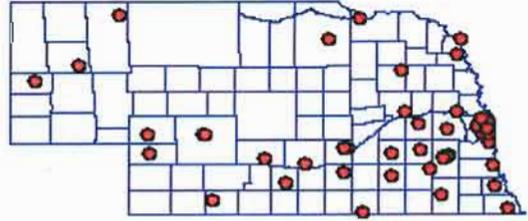
Access the latest N-SSATS reports at:
<http://www.oas.samhsa.gov/dasis.htm#Reports>

Access the latest N-SSATS public use files at:
<http://www.icpsr.umich.edu/cocoon/SAMHDA/SERIES/00058.xml>

Other substance abuse reports are available at:
<http://www.oas.samhsa.gov/>

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies
www.oas.samhsa.gov



Location of Treatment Facilities		
		

• Access N-SSATS profiles for individual States at:
<http://www.dasis.samhsa.gov/webt/NewMapv1.htm>

• For information on individual facilities, access SAMHSA's Treatment Facility Locator at:
<http://findtreatment.samhsa.gov/>

Substance Abuse Treatment Admissions by Primary Substance of Abuse, According to Sex, Age Group, Race, and Ethnicity

YEAR=2006

STATE: NEBRASKA	Total	PRIMARY SUBSTANCE											
		Alcohol only	Alcohol with secondary drug	Cocaine (smoked)	Cocaine (other route)	Marijuana	Other opiates	PCP	Hallucinogens	Amphetamines	Other stimulants	Tranquilizers	Sedatives
Total	No. 14,968	8,910	2,124	518	147	1,023	209	9	5	1,662	17	25	13
	% 100.0	59.5	14.2	3.5	1.0	6.8	1.4	0.1	0.0	11.1	0.1	0.2	0.1
SEX													
Male	% 71.7	80.9	70.3	55.0	55.8	64.5	61.7	66.7	80.0	44.2	64.7	68.0	53.8
Female	% 28.2	19.1	29.5	45.0	44.2	35.5	38.3	33.3	20.0	55.8	35.3	32.0	46.2
Unknown	% 0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
Total	% 100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
AGE AT ADMISSION													
0-11 years	% 0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0
12-17 years	% 1.1	0.7	1.5	0.2	0.0	5.4	0.0	0.0	0.0	0.4	0.0	0.0	0.0
18-20 years	% 7.9	7.2	9.2	2.3	4.1	16.0	7.2	0.0	20.0	7.6	11.8	4.0	7.7
21-25 years	% 19.0	16.4	20.5	7.1	16.3	30.6	23.0	22.2	40.0	26.5	11.8	28.0	7.7
26-30 years	% 12.4	9.2	14.7	10.2	21.1	15.0	13.9	0.0	0.0	22.7	5.9	20.0	38.5
31-35 years	% 10.7	9.1	11.9	16.2	9.5	10.9	14.8	22.2	20.0	14.3	29.4	8.0	7.7
36-40 years	% 10.9	9.8	12.6	16.6	12.2	9.3	8.6	33.3	0.0	13.2	29.4	4.0	0.0

41-45 years	%	14.8	16.4	13.9	24.3	25.2	6.6	12.0	11.1	20.0	9.4	0.0	16.0	7.7	
46-50 years	%	11.7	14.6	9.4	11.8	5.4	4.7	15.8	11.1	0.0	4.5	11.8	12.0	23.1	
51-55 years	%	6.1	8.0	5.0	8.1	6.1	0.9	1.9	0.0	0.0	1.0	0.0	0.0	7.7	
56-60 years	%	3.5	5.3	0.9	2.1	0.0	0.6	1.0	0.0	0.0	0.1	0.0	8.0	0.0	
61-65 years	%	1.5	2.3	0.3	0.4	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	
66 years and over	%	0.4	0.6	0.0	0.6	0.0	0.1	0.5	0.0	0.0	0.0	0.0	0.0	0.0	
Unknown	%	0.1	0.2	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.2	0.0	0.0	0.0	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
RACE															
White	%	73.7	71.7	76.0	36.5	72.8	78.0	87.1	66.7	80.0	89.2	100.0	72.0	100.0	
Black or African-American	%	9.3	7.8	8.9	57.5	23.1	10.3	6.7	33.3	0.0	0.3	0.0	20.0	0.0	
American Indian or Alaska Native	%	16.1	19.6	14.7	4.8	4.1	10.8	5.3	0.0	20.0	9.7	0.0	8.0	0.0	
Asian or Native Hawaiian or Other Pacific Islander	%	0.7	0.8	0.2	1.2	0.0	1.0	1.0	0.0	0.0	0.7	0.0	0.0	0.0	
Unknown	%	0.1	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
ETHNICITY															

Not Hispanic or Latino	%	91.7	91.0	92.5	96.3	98.0	94.0	94.7	100.0	100.0	90.9	100.0	96.0	100.0
Hispanic or Latino	%	8.3	9.0	7.5	3.7	2.0	6.0	5.3	0.0	0.0	9.1	0.0	4.0	0.0
Unknown	%	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[Click here to view descriptions of drug categories](#)

-- Quantity is zero

SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).

Based on administrative data reported by States to TEDS through October 6, 2008.

**Substance Abuse Treatment Admissions by Primary Substance of Abuse,
According to Sex, Age Group, Race, and Ethnicity**

YEAR=2007

STATE: NEBRASKA	Total	PRIMARY SUBSTANCE												
		Alcohol only	Alcohol with secondary drug	Cocaine (smoked)	Cocaine (other route)	Mari- juana	Heroin	Other opiates	PCP	Hallu- cino- gens	Amphet- amines	Other stim- ulants	Tran- qui- lizers	
Total	No.	16,528	9,947	2,441	576	196	1,138	16	228	3	10	1,591	6	22
	%	100.0	60.2	14.8	3.5	1.2	6.9	0.1	1.4	0.0	0.1	9.6	0.0	0.1
SEX														
Male	%	70.5	79.0	69.6	55.9	59.7	64.8	50.0	50.4	100.0	80.0	39.4	83.3	40.5
Female	%	29.4	21.0	30.4	44.1	40.3	35.1	50.0	49.1	0.0	20.0	60.5	16.7	59.1
Unknown	%	0.1	0.0	0.0	0.0	0.0	0.1	0.0	0.4	0.0	0.0	0.1	0.0	0.0
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
AGE AT ADMISSION														
0-11 years	%	0.1	0.0	0.0	0.0	0.5	0.2	0.0	0.9	0.0	0.0	0.0	0.0	0.0
12-17 years	%	1.1	0.9	1.4	0.0	1.0	5.0	0.0	1.3	0.0	10.0	0.2	0.0	0.0
18-20 years	%	7.4	7.0	7.4	1.6	4.6	16.4	6.3	5.3	0.0	0.0	6.5	0.0	0.0
21-25 years	%	18.0	15.7	19.9	8.7	17.3	29.5	0.0	21.1	33.3	20.0	22.2	16.7	18.2
26-30 years	%	13.2	10.0	16.9	8.9	23.0	17.8	0.0	15.4	33.3	0.0	23.9	0.0	27.2
31-35 years	%	11.4	10.0	13.5	12.7	11.7	10.2	18.8	19.3	0.0	20.0	16.5	33.3	9.1
36-40 years	%	11.5	11.0	11.9	19.3	9.2	7.6	0.0	11.4	33.3	20.0	14.3	0.0	9.1

41-45 years	%	14.0	15.2	13.6	22.4	12.2	7.3	12.5	7.9	0.0	10.0	10.7	33.3	0.0	
46-50 years	%	11.2	13.7	9.0	15.5	13.3	3.9	31.3	9.6	0.0	20.0	3.5	16.7	9.1	
51-55 years	%	7.9	10.6	4.7	9.0	4.6	1.5	18.8	5.3	0.0	0.0	1.8	0.0	18.2	
56-60 years	%	2.5	3.4	1.3	1.9	2.6	0.4	12.5	1.3	0.0	0.0	0.4	0.0	0.0	
61-65 years	%	1.2	1.8	0.3	0.2	0.0	0.2	0.0	0.4	0.0	0.0	0.1	0.0	0.0	
66 years and over	%	0.5	0.8	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.1	
Unknown	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.9	0.0	0.0	0.0	0.0	0.0	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
RACE															
White	%	74.0	71.4	79.0	43.4	67.3	78.2	81.3	87.3	33.3	90.0	89.0	100.0	90.5	
Black or African-American	%	10.1	9.2	8.2	51.9	21.9	12.7	12.5	4.8	66.7	10.0	1.3	0.0	9.1	
American Indian or Alaska Native	%	8.1	10.3	6.9	1.4	3.1	3.2	0.0	0.9	0.0	0.0	3.6	0.0	0.0	
Asian or Native Hawaiian or Other Pacific Islander	%	0.6	0.7	0.4	0.0	0.5	1.1	0.0	0.0	0.0	0.0	0.3	0.0	0.0	
Other	%	6.8	8.0	4.7	3.1	6.6	4.3	0.0	5.7	0.0	0.0	5.3	0.0	0.0	
Unknown	%	0.5	0.3	0.8	0.2	0.5	0.4	6.3	1.3	0.0	0.0	0.5	0.0	0.0	
Total	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

ETHNICITY																			
Hispanic or Latino	%																		
Not Hispanic or Latino	%																		
Unknown	%																		
Total	%																		
	7.3	7.8	6.5	3.0	5.6	5.8	0.0	3.9	0.0	0.0	8.2	0.0	0.0						
	92.2	91.9	93.0	96.2	94.4	93.5	100.0	95.6	100.0	100.0	90.9	100.0	100.0						
	0.5	0.3	0.5	0.9	0.0	0.7	0.0	0.4	0.0	0.0	0.9	0.0	0.0						
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0						

[Click here to view descriptions of drug categories](#)

-- Quantity is zero

SOURCE: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS).

Based on administrative data reported by States to TEDS through October 6, 2008.

[Skip Navigation](#)

Behavioral Health Veterans' Resources & News



Partnership for Veterans Care Connects Veterans and Families with Resources

Four agencies signed a partnership agreement today (11/24/08), that will assist Nebraska veterans in accessing a client-focused, integrated system to better meet all of their health care needs.

The Nebraska Partnership for Veterans Care is a collaborative effort by Nebraska's National Guard, Department of Health and Human Services, Department of Veterans Affairs and the VA Nebraska-Western Iowa Health Care System.

The Deputy Adjutant General of the Nebraska Military Department said the partnership is an important step to increasing awareness of the health benefits for veterans.

"As a veteran myself, I want our veterans and their families to know we're paying attention to their health and well-being," said Maj. Gen. Robert Bailey. "I'm proud that the Nebraska National Guard

- [DHHS Division of Veterans' Homes](#)
- [Coping With Deployments: Psychological First Aid for Military Families](#)

Outside Links

- [Post Traumatic Stress Disorder](#)
- [United States Department of Veterans' Affairs](#)
- [State of Nebraska Department of Veteran's Affairs](#)
- [County Veteran Service Officers \(CVSO\)](#)
- [Nebraska Veterans' Organization Information](#)



L-R: John Hilgert, Director DHHS Dept. of Veterans' Homes;

Major General Robert B. Bailey, Nebraska National

is a national leader in caring for our Soldiers and Airmen who are returning from duty. A vitally important part of that care is provided by the Partnership for Veterans Care agencies."

Guard;
Al Washko, VA Nebraska-Western Iowa Health Care System;
Scot Adams, Director DHHS Dept. of Behavioral Health

The director of the VA Nebraska-Western Iowa Health Care System said his goal is to increase veterans' awareness and access to VA health care and to enroll every veteran in Nebraska into the system.

"Veterans have served America with honor. The VA Nebraska-Western Iowa Health Care System is proud to now serve each of these veterans," said Al Washko, Director of the VA Nebraska-Western Iowa Health Care System. "Our promise is to ensure that every eligible veteran receives the 'best care anywhere' at their local VA health care facility."



Signing the Agreement

In addition to health care, veterans are eligible for many other VA benefits.

"I support this commitment between the federal and state agencies that serve our veterans," said John Hilgert, director of the Nebraska Department of Veterans Affairs. "We look forward to developing new partnerships and also supporting ongoing collaborations that have formed in support of quality care for all of Nebraska's veterans."

"In 2007, the Partnership held a conference to help community counseling and treatment providers learn how to prepare family and friends for their loved ones' return, and this year we held a wellness conference for returning veterans, families and providers," Scot Adams, Ph.D., director of the Division of Behavioral Health in the Department of Health and Human Services. "We're all now discussing ideas for next year's conference, which would educate employers

across our state about the needs of veterans as they return to the workplace.”

 [Charter - NE Partnership for Vets Care](#)

For More Information Contact:

[DHHS Division of Behavioral Health](#)

[Renee Faber](#), Program Specialist

301 Centennial Mall South - 3rd FL

P.O. Box 95026

Lincoln, NE 68509

**1-800-273-TALK (1-800-273-8255), a toll-free National Suicide
Prevention Lifeline**

**Documents in  PDF format require the use of Adobe Acrobat Reader
which can be downloaded for free from [Adobe Systems, Inc.](#)**

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1						
2	Nebraska Corrective Action Plan Progress Report					
3						
4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
5	A.	9	"The most recent formal needs assessment completed by DBH is 1997." This is a mistatement - Last data was 2001 with Needs assessment Grant.	1.a.(iii) Complete preparatory work for bid by 2/01/08. Develop contract by 2/15/08. Demonstrate substantial progress by 9/01/08. Complete process by 12/31/09.	1.a.(iv) Director of Behavioral Health Services/Division of Behavioral Health staff Regional staff Nebraska Public Policy Center staff	Contract with PPC signed May 08 - May and June Focus Group Sessions, Presentation to SACAAS 7-08 - Focus Groups held May and June 2008, On Line Survey open June 1 to Sept 15, 2008. Preliminary write up due Sept 08, with Final at SSAAC meeting October 08 - UPDATE-DEC-08 - Draft of report reviewed with PPC and State Dec 18 to go over presentation for SA Advisory Committe Jan 13, 09, and report outline
6				1.b. (iii) Include collaboration with Justice in the contract with NPPC - complete contract by 2/15/08.	1.b.(iv) Division of Behavioral Health staff Nebraska Public Policy Center staff Corrections staff Probation staff Parole staff	
7				2.a.(iii) Complete by 12/01/08.	2.a.(iv) Director of Behavioral Health Services (SSA)/Division of Behavioral Health staff	Advisory Committee 7/8/08 meeting heard of major topics of the preliminary data gathering. Preliminary report to Divison Sept 08, Presentation to SSAAC October 08. Small area statistical computations using available social indicator data anticipated Fall 08 and Winter 09 (SABG Form 8 and 9) UPDATE DEC 09 - Proposals received UNMC waiting for PPC proposal
8				3.a.(iii) Develop consistent process by July 1, 2008. Demonstrate full utilization with data by July 1, 2009.	3.a.(iv) Director of Behavioral Health Services/Division of Behavioral Health staff.	Meet with Public Health 5-08 discuss "statistical" process with UNMC - UPDATE Dec 08 - UNMC proposal received, waiting for PPC proposal
9				3.b.(iii) See above.	3.b.(iv) Division of Behavioral Health staff.	

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4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
10				3.c.(iii) See above.	3.c.(iv) Substance Abuse Advisory Committee/Division of Behavioral Health staff.	
11				3.d.(iii) See above.	3.d.(iv) Division of Behavioral Health staff.	
12				3.e.(iii) Ongoing	3.e.(IV) Division of Behavioral Health staff/Division of Public Health staff	Public Health Epidemiologist interested in cooperative use of Social Data to determine Prevention and Treatment needs using small area estimation techniques. Contact made with UNMC, UPDATE December 2008 - UNMC Proposal made, waiting for PPC proposal.
13				3.f.(iii) Complete process by 9/01/08.	3.f.(iv.) Division of Behavioral Health staff/Division of Public Health staff	
14				3.g.(iii) Grant application must be submitted by January 25, 2008.	3.g.(iv) Division of Behavioral health staff/Nebraska Public Policy Center	SBIRT application made - Notification expected August 2008 - Notice of not funding Sept 09
15	B.	12	"There is limited capacity to move toward a more-data-oriented system."	1.a. (iii) Plan is to have new contract signed by 5/01/08, with implementation of contract to begin 7/01/08.	1.a.(iv.) Quality Improvement/Data Manager	ASO contract signed June 2008 including minimum data set and reports. State warehouse will need to be revised to accommodate reporting.
16						Begin process of data report July 2008 upgrade drop down menus. Additional enhancements to be "staged" until integrated system with 3 divisions by 12/31/08. UPDATE DEC 08 - Data Clean up scheduled to be completed Jan 09, enhancements to data streat begin after data clean up, upgrade of Internet screens scheduled Jan 14, 2009

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4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
17				3.a.(iii) Plan and review schedule will be completed by 3/01/08.	3.a.(iv) Quality Improvement/Data Manager	ASO data will include NOMS data either direct or through staff data analysis process. Work with Magellan to create new reports and to hire within Division "data analyst". UPDATE DEC 08 - Data analyst position will go to second interview, ASO will begin collecting new data items Jan 14, 2009.
18				4.a.(iii) Ongoing	4.a.(iv) Quality Improvement/Data Manager	
19	C.	17	"There are repeated statements in multi-year reports that sub-recipient monitoring procedures should be improved. DBH states what they will do, but there is no indication of resolution."			1.a.(i) This has been accomplished. A meeting was held with involved Finance staff on 11/09/07 to review the current process for monitoring the Financial audits, identify potential barriers and resolve problems. A meeting was held with involved Division staff to review past corrective action plans and current processes related to audits on 12/03/07. A refinement of the process was devised, along with forms to document monitoring and development of a new storage area. This was reviewed by a wider Division staff group on 12/04/07. Please refer to Attachments D, E, F, G, and H.
20				2.a.(iii) Ongoing annually.	2.a.(iv) Division of Behavioral Health Field Reps	2.a.(i) This has been completed. See above; refer to Attachments D, E, F and G.
21				3.a.(iii) Ongoing annually.	3.a.(iv) Division of Behavioral Health Field Reps Audit Committee Chair DBH Audit Committee Liaison DBH Substance Abuse Liaison	

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4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
22				3.b.(iii) Initial steps will be completed 2/06/08. Final audit plan to be completed by next meeting 5/08.	3.b.(iv) Division of Behavioral Health Field Reps/staff Audit Committee Chair DBH Audit Committee Liaison	
23					3.c.(iv) Director of Behavioral Health Services	3.c.(i) A meeting was held with Finance to discuss and resolve reporting issues related to coding and MOE expenditures. Coding and reporting is now consistent, and no further errors have been noted.
24	D.	18	"No peer review performed in 2006."	1.a.(iii) Ongoing	1.a.(iv) DBH contract manager for peer review services/DBH staff/Regional staff	UPDATE DEC 08 - Peer support contract rewritten to include additional review of interim services, language that all treatment programs are required to participate if selected. Contract with NABHO signed fall 2008 and sights selected Early Dec 08. Revised reporting form submitted to NABHO.
25	E.	19	"Possible conflict of CPA firm. This is outside of the SAPTBG app narrative and I need written documentation from the SSA as to resolution."			Letter from IACPA in Attachment K
26	F.	22/23	"This whole section discusses shortfalls that can impact upon treatment (data analysis, level of care determination, quality care benchmarks, quality of service, treatment protocols, standards of care, cultural specificity."	1.a.(iii) Complete arrangements by 2/01/08.	1.a.(iv) Director of Behavioral Health/DBH staff	
27				2.a. (iii) Ongoing	2.a.(iv) Director of Behavioral Health Services/Division of Behavioral Health staff/Quality Improvement/Data Manager	Standards of care - Term undefined require additional TA from Federal Government. Have Missouri Division 30 Chapter 3 and Kansas Licensure standards Drug and Alcohol Programs of Nov 2007. Staff reviewing Nebraska entry and exit criteria with New ASO. UPDATE DEC 2008 - TA scheduled to begin with consultants Jan 2009.

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4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
28				2.b.(iii) Demonstrate significant progress by 9/01/08. Complete process by 2/1/09.	2.b.(iv) Quality Improvement/Data Manager	
29				2.c.(iii) See above.	2.c.(iv) Quality Improvement/Data Manager	
30				2.d.(iii) See above.	2.c.(iv) DBH Quality Improvement/Data Manager	Working with Magellan to refine entry and exit criteria for all services of the Managed Care and Purchase of Service contracts. UPDATE Dec 2008 - to be included as part of TA beginning in Jan 09 on Standards of Care.
31				2.e.(iii) Establish collaboration with subcommittee 2/14/08.		
32				3.b. (iii) Obtain data and provider/Regional feedback by 7/01/08.	3.b.(iv) Division of Behavioral Health staff/Regional staff	Jim Harvey assigned to attend data quality group of the Behavioral Health and Justice integration committee.
33				4.a.(iii) Ongoing	4.a.(iv) DBH Quality Improvement/Data Manager	Sheri Dawson - as QI coordinator is reaching out to other states to determine activities. UPDATE Dec 2008 - Sherri continues to meet with Division staff and Megellan Quality Improvement Team - Magellan team assessed and recommend schedule for data system clean up - Magellan agreed to timelines to be completed early Jan 2009 with elimination of old server data. New reporting on Social Connectedness to begin Jan 09.
34				4.b.(iii) Complete by 2/01/09.	4.b.(iv) DBH Quality Improvement/Data Manager	

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4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
35						
36				6.a.(iii) Ongoing	6.a.(iv) DBH Quality Improvement/Data Manager Regional staff State-wide Audit Committee	
37				6.b.(iii) Ongoing	6.b.(iv) DBH staff Regional staff	
38				6.c.(iii) Complete identification of partners and potential training/technical assistance plan by 6/01/08.	6.c.(iv) DBH staff/Regional staff/Office of Minority Health staff	
39	G.	32	"Issues here relate to the definition of interim services and how they are carried out."			
40						
41						
42				2.a.(iii) Ongoing annually.	2.a.(iv) DBH Field Reps Regional staff	
43				3.a.(iii) Complete assessment process by 3/01/08.	3.a.(iv) DBH staff Regional staff	
44				3.b.(iii) Ongoing	3.b.(iv) DBH staff	

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4	Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress	
45			4.a.(iii) Complete integration of new elements by 3/01/08.	4.a.(iv) DBH staff DBH Quality Improvement/Data Manager Regional staff	Program monitoring to add interim service documenttion as part of review process. UPDATE DEC 08 - August 08 discussed with Regional Behavioral health Authorities, Discussion again in Oct and Dec RPA meetings. Added wording to proposed contract documents Dec 08.	
46						
47						
48			5.c.(iii) Complete process by 9/01/08.	5.c.(iv) DBH staff DBH Quality Improvement/Data Manager State-wide Audit Committee		
49						
50				6.a.(iv) DBH Staff Quality Improvement/Data Manager Regional staff	Block Grant 101 projected to be held for State in October 2008. UPDATE Dec 08 - Block Grant 101 held Oct 30, 2008. Revisions to contract documents being reviewed by legal, revised policies/procedures being developed with Regional Authorities in meetings in Nov and Dec.	
51			6.b.(iii) Ongoing	6.b.(iv) DBH staff		
52			6.c.(iii) Ongoing	6.c.(iv)DBH staff		
53			6.d.(iii) Complete manualized information by 4/01/08.	6.d.(iv) DBH staff		

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4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
54				7.a.(iii) Complete process by 9/01/08.	7.a.(iv) DBH Staff Quality Improvement/Data Manager Regional staff	Wait list definitions continue to be difficult to nail down. Programs continue to be confused on purpose and procedure of defining a person to be place on wait list. UPDATE DEC 08 - Meetings held with Regional Authorities to discuss wait list parameters in Nov and Dec 08.
55	H.	35	"No uniformity related to the provision of specialized services to pregnant women and women with dependent children."			
56				2.a.(iii) Ongoing	2.a. DBH Staff	All Womens programs are qualified service providers.
57				2.b.(iii) Complete information-gathering by 3/01/08.	2.b.(iii) DBH Staff	
58				3.a.(iii) Ongoing annually.	3.a.(iv) DBH Field Reps	Contract language will be strenghtened as a result of the Desk top Conveyance review received June 2008. UPDATE DEC 08 - Proposed contract language to Legal in JAN 09 -
59				4.a.(iii) Demonstrate substantial effort by 9/01/08. Complete plan by 2/01/09.	4.a.(iv) DBH Quality Improvement/Data Manager	
60						

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4		Page Number	Area of Concern	Date To Be Completed By	Person Responsible	Progress
61				4.c. Develop plan by 4/01/08. Implement plan by 7/01/08.	4.c. DBH Staff DBH Contract Manager for Lincoln Medical Education Partnership (LMEP) LMEP TAP Program Manager	
62				4.d.(iii) Conference to be held between 11/08 and 5/09.	4.d.(iv) DBH Staff	
63				4.e.(iii) Ongoing	4.e.(iv) DBH staff DBH Quality Improvement Manager Justice/Behavioral Health Committee and subcommittee	
64				4.f.(iii) Complete review/revision of audit criteria by 5/01/08. Complete quality improvement plan by 2/01/09.	4.f.(iv) DBH Staff Audit Committee DBH Quality Improvement/Data Manager	
65				5.a.(iii) Complete assessment by 4/01/08.	5.a.(iv) DBH Staff Quality Improvement/Data Manager Regional Staff	Trauma Informed is a part of the new required data submission at admission, yearly review and discharge. Additional training in each region anticipated SFY 2009.
66				6.a.(iii) Identify areas of improvement needed by 4/01/08. Begin training efforts 7/01/08. Complete quality improvement plan by 02/01/09.	6.a.(iv) DBH Staff Quality Improvement/Data Manager Regional staff	
67				6.b.(iii) Ongoing	6.b.(iv) DBH staff Regional staff	
68				6.c.(iii) Add initial audit criteria by 5/01/08.	6.c.(iv) DBH Staff Audit Committee	
69				6.d.(iii) Conference to be held between 11/08 and 5/09.	6.d.(iv) DBH staff	

**Nebraska
Regional Budget Plans
APPENDIX A.
Substance Abuse Block Grant Requirements**

Corrective Action Plan

The Division of Behavioral Health is committed to meeting the requirements of the Substance Abuse Prevention and Treatment Block Grant (SAPTBG). Areas of deficiency noted in the 2007 Core Technical Review will be resolved, promoting improved services and efficiency.

Deficiency Noted:	Recommendations:	Progress
<p>Item 1</p> <p>"The most recent formal needs assessment completed by DBH is 1997." (2001)</p>	<p>The array of substance abuse services will be based on documented needs assessment and strategic planning.</p> <ul style="list-style-type: none"> • Participate in 2007 comprehensive, state-wide needs assessment. • Continue to assess Regional service needs on an annual basis. Document needs assessment, and demonstrate relationship to strategic planning. 	<ul style="list-style-type: none"> • Public Forums held in May - Sept 2008 by Public Policy Center (PPC). • Internet Survey Available May 31 - Sept 15, 2008 (PPC) • Preliminary Report to State Substance Abuse Advisory Committee October 2008 by PPC. • Formal Report to State Substance Abuse Advisory Committee January 2009 by PPC • Final report on Public Forums and Internet survey submitted to Division January 2009 by PPC. • January - July 2009 develop estimates of the number of persons needing Substance Abuse services by Region and by demographic variables

Deficiency Noted:	Recommendations:	Progress
		<p>using small area estimating procedures, and complete Block Grant Tables 8 and 9. Estimates to include measures of incidents and prevalence by major drug classifications. Process is to include method to update using social indicators and results of national and state health surveys.</p>
<p>Item 2</p>	<p>The Nebraska Behavioral Health System will collect and utilize data in the planning and monitoring of substance abuse services.</p> <ul style="list-style-type: none"> • Work with providers to make certain all data elements required by the ASO are complete. • Participate in ongoing review and analysis of data collected, and use this information to plan and develop network services. 	<ul style="list-style-type: none"> • Formed a work group with Magellan Behavioral Health (ASO) provider to review federal requirements for NOMS, establish working relationships between ASO provider, State Divisions, Regions and service providers. • Working with ASO provider, develop a report card for providers and regions.
<p>“There is limited capacity to move toward a more data-oriented system.”</p>	<p>Regional staff and providers will demonstrate knowledge of SAPTBG requirements concerning interim services. Waitlist management will occur, and interim services will be provided to priority populations. This</p>	
<p>Item 3</p>		

Deficiency Noted:	Recommendations:	Progress
<p>"Issue here relates to the definition of interim services, and how they are carried out."</p>	<p>will be documented and made easily accessible.</p> <ul style="list-style-type: none"> • Participate in technical assistance offered by CSAT regarding SAPTBG requirements related to interim services. • Take steps necessary to educate and providers on the definition of interim services. • Define waitlist management and the provision of interim services in contracts with providers. • Work with providers to problem-solve methods of providing and documenting interim services. • Modify Program Fidelity Reviews to include elements related to waitlist management and the provision of interim services. • Perform an audit of interim services provision by November 1, 2007. Thereafter, this audit will be incorporated into the Region's normal audit schedule. • Choose an aspect of interim services to monitor and track progress on BH-4. <p>Regions will encourage and assist providers offering services to pregnant women and women with dependent</p>	<ul style="list-style-type: none"> • Block Grant 101 was provided to the State Division of Behavioral Health Staff October 31, 2008. Division is working with Regional Program Administrators (Network Managers) to more fully understand federal requirements and operationalize policies and procedures. • Work with Regional program managers in November and December meetings to formulate state and regional expectations for programs to meet federal requirements • Incorporate federal requirements into the States and regions audit processes.
<p>Item 4</p>	<p>Regions will encourage and assist providers offering services to pregnant women and women with dependent</p>	<ul style="list-style-type: none"> •

Deficiency Noted:	Recommendations:	Progress
<p>[REDACTED]</p>	<p>children to:</p> <ul style="list-style-type: none"> • Become qualified as defined by federal regulation. • Demonstrate continuity of care in the consumer's written record. <p>FOR PROVIDERS UTILIZING WOMEN'S SUBSTANCE ABUSE SET-ASIDE FUNDS:</p> <ul style="list-style-type: none"> • Include in contract with providers specific language consistent with federal regulations describing services for pregnant women and women with dependent children. • Assess progress of each provider toward becoming qualified. • Assist providers with the development of services needed to become qualified. • Utilize audit processes to evaluate continuity of care practices and documentation. • Collaborate with Trauma-Informed Nebraska in assessing current provision of trauma-informed care by providers of Substance Abuse/Co-Occurring services. • Collaborate with Trauma-Informed Nebraska and a variety of stakeholders to provide training programs related to 	<ul style="list-style-type: none"> • Technical Assistance provided by Federal Government to review contract language on conveying federal requirements within the contracting language. • Utilizing Technical Assistance received in June 2008, meet with Department Attorneys and develop revised language for contracts. • Present proposed revised language to Regional representatives in November 2008. • Division staff participate in Block Grant 101 in October 2008. • Division Director and Division program staff meet in October 2008 to develop proposals for inclusion of federal requirements to Regional bodies. • Work through questions with regional bodies to develop policies and procedures in Oct, - Dec 2008.
<p>"No uniformity related to the provision of specialized services to pregnant women and women with dependent children."</p>		

Deficiency Noted:	Recommendations:	Progress
	<p>trauma-informed services and continuity of care issues in the treatment of pregnant women and women with dependent children.</p>	
<p>ITEM 5</p>	<p>Department of Health and Human Services will be able to track expenditures for substance abuse services including appropriate set asides for women's and prevention services.</p>	
<p>State is unable to track set asides for Prevention and Women's programs.</p>	<p>Work with Department Fiscal to encode expenditures for Substance Abuse Women's services at the State and Federal level</p> <p>Work with Department Fiscal to encode expenditures for Prevention Services</p> <p>Monitor expenditures with Regions to assure minimum requirements met.</p>	<ul style="list-style-type: none"> • Division has worked with Regional Fiscal Managers to revise forms for recording monthly expenditures for women's and prevention services • Division has worked with Department Fiscal to encode to Nebraska Information system expenditures reported by regions for women's and prevention services. • Division has hired a Federal Aid Administrator to track fiscal elements. • Division has worked with Department Fiscal to track expenditures for substance abuse services. .

2. Definitions and Expectations: Substance Abuse Prevention and Treatment Block Grant (SAPTBG) Interim Services

A. Definition of Interim Services

Code of Federal Regulations
45CFR96.121

Interim Services, or Interim Substance Abuse Services means services that are provided until an individual is admitted to a substance abuse treatment program. The purpose of the services is to reduce the adverse health effects of such abuse, promote the health of the individual, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about:

- Human Immunodeficiency Virus (HIV) and Tuberculosis (TB);
- The risks of needle sharing;
- The risks of transmission to sexual partners;
- The risks of transmission to infants;
- Steps that can be taken to ensure that HIV and TB transmission does not occur;
- The effects of alcohol and drug use on the fetus;
as well as referrals for:
- HIV and TB treatment; and
- Prenatal care

B. Notification of Reaching Capacity

Code of Federal Regulations
42USC300x-23

“A funding agreement for a grant under section 300x-21 of this title is that the State involved will, in the case of programs of treatment for intravenous (IV) drug abuse, require that any such program receiving amounts from the grant, upon reaching 90% of its capacity to admit individuals to the program, provide to the State a notification of such fact.”

Code of Federal Regulations

45CFR96.126

"In order to obtain Block Grant funds, the State must require programs that receive funding under the grant and that treat individuals for intravenous substance abuse to provide to the State, upon reaching 90% of its capacity to admit individuals to the program, a notification of that fact *within seven days*. *In carrying out this section, the State must develop a capacity management program which reasonably implements this section – that is, which enables any such program to readily report to the State when it reaches 90% of capacity – and which ensures the maintenance of a continually updated record of all such reports and which makes excess capacity information available to all programs.*"

"...the State shall establish a waiting list management program which provides systematic reporting of treatment demand. The State shall require that any program receiving funding from the grant, for the purposes of treating injecting drug abusers, *establish a waiting list that includes a unique patient identifier for each injecting drug abuser seeking treatment including those receiving interim services while awaiting admission to treatment.*"

C. Provision of Treatment

Code of Federal Regulations
45CFR96.126

"...the State involved will, with respect to notifications under paragraph (1), ensure that each individual who requests and is in need of treatment for intravenous drug abuse is admitted to a program of such treatment not later than:

- (1) 14 days after making the request for admission to such a program; or
- (2) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such a request and *if interim services are made available to the individual not later than 48 hours after such request.*"

For individuals who cannot be placed in treatment within 14 days, the State shall ensure that the program provides such individuals interim services ... *and ensure that the programs develop a mechanism for maintaining contact with the individuals awaiting admission.*

The States shall also ensure that the programs consult the capacity management system...so that the patients on waitlists are admitted at the earliest possible time to a program providing such treatment within reasonable geographic area.

The State shall require that any entity that receives funding for treatment services for IV drug abuse carry out activities to encourage individuals in need of such treatment to undergo such treatment. The States shall require such entities to use outreach models that are scientifically sound ... and require that outreach efforts include the following:

1. Selecting and training outreach workers;
2. Contracting, communication and following-up with high risk substance abusers, their associates and neighborhood residents;
3. Promoting awareness among injecting drug abusers about the relationship between injecting drug abuse and communicable diseases such as HIV;
4. Recommend steps that can be taken to ensure HIV transmission does not occur; and
5. Encourage entry into treatment.

“The State shall develop effective strategies for monitoring programs’ compliance with this section. States shall report ...on the specific strategies to be used to identify compliance problems and corrective actions to be taken to address those problems.”

D. Tuberculosis Services

Code of Federal Regulations
45CFR96.121

“Tuberculosis services” means:

1. Counseling the individual with respect to tuberculosis;
2. Testing to determine whether the individual has been infected with mycobacterium tuberculosis to determine the appropriate form of treatment for the individual; and
3. Providing for or referring the individual for appropriate medical evaluation and treatment.”

E. Specialized Services for Pregnant Women and Women with Dependent Children

Federal Register

45 CFR part 96 Substance Abuse Block Grants

Section 96.124

“At a minimum, it is required that States ensure that treatment programs receiving funding from the Block Grant Set Aside for pregnant women and women with dependent children for such services also provide or arrange for the following: (1) Primary medical care for women who are receiving substance abuse services, including prenatal care and while women are receiving such treatment, childcare; (2) primary pediatric care for their children including immunizations; (3) gender-specific substance abuse treatment and other therapeutic interventions for women that may address issues of relationships, sexual and physical abuse, and parenting; (4) therapeutic interventions for children in custody of women in treatment that may, among other things, address their developmental needs, and their issues of sexual and physical abuse and neglect; and (5) sufficient case management and transportation services to ensure that women and their children have access to the services provided by (1) through (4).

States are strongly encouraged to require all programs that provide services to women to also provide a comprehensive range of services to such women and their children, either directly or through linkages with other community-based organizations. These services include case management to assist in establishing eligibility for public assistance; employment and training programs; education and special education programs; drug-free housing; health care services; therapeutic day care for children; Head Start; and other early childhood programs.

In addition to providing the minimum services, the State is to require that all programs that provide substance abuse services to pregnant women and women with dependent children using Block Grant Set Aside funds must treat the family as a unit and therefore admit both women and their children into treatment, when appropriate. In addition, the amount set aside for such services must be expended on individuals who have no other financial means of obtaining such services.”

Highlighting Your Underage Drinking Prevention Efforts: A Guide to Producing an Effective Video

As part of SAMHSA's Health Communications Initiative for the Prevention of Underage Alcohol Use (HCIP) contract support team, Macro International Inc. looks forward to working closely with you and your associates on this exciting project.

We have developed this package to guide you through the video production process. We aim to be your partner in creating a video that highlights themes and programs you feel best represent the underage drinking (UAD) challenges and prevention efforts in your State or Territory. The package includes three sections that reflect the three stages of production: pre-production, shooting, and post-production.

Throughout the process, Macro's production team will serve as content consultants and provide technical expertise. While we are counting on you to "direct the show," so to speak, we will be there every step of the way to let you know what works and what does not work on video and how we can best portray the underage drinking prevention efforts around your State or Territory. To give you a framework for this project, it might be a good idea to review ways these videos have been used by States involved in our pilot study. Videos created by States that participated in the pilot study of this program have focused on:

- Educating and informing parents, youth, legislators, prevention specialists, and other stakeholders in the community about the issue of underage drinking
- Building enthusiasm for developing, implementing, and expanding underage alcohol use prevention activities
- Encouraging agencies to be more effective in their underage drinking prevention efforts through active collaboration
- Informing citizens and policymakers, updating current coalition members, recruiting new members, and increasing agency collaboration on underage drinking prevention efforts
- Empowering parents, youth, and organizations through opportunities to join these efforts
- Promoting underage drinking prevention resources available to community organizations
- Enlisting partner support for duplication and dissemination of the underage drinking prevention video and allied materials
- And reporting on measurable results of State and community underage drinking activities and initiatives.

The creative direction *your* video takes, however, is up to you. We aim to use our expertise in multimedia production and experience from working with other participants in the project to help you create a video that is tailored to the priorities, programs, and plans you and your team identify. Ideally, your video will establish your audience's priorities in preventing underage drinking, highlight effective prevention methods and programs, and perhaps even examine some of your agency's plans for the future.

We are excited about partnering with you on this project and look forward to fostering a healthy, productive relationship through open dialog and collaboration. Throughout the process, SAMHSA and Macro will be available to answer any questions you may have.

Presentation to the Nebraska State Substance Abuse Advisory Committee

Julie M. Scott, Justice Treatment
Systems Specialist
Corey Steel, Juvenile Justice Specialist

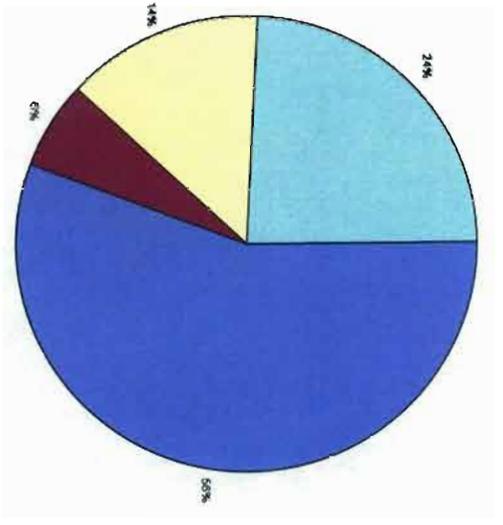
Fee for Service Voucher Program Target Populations

- **Felony Drug Offense Offender**
 - Eligible for services from 02/06-Current
- **Expanded Populations as of 01/01/07**
 - All Parolees
 - Class I Misdemeanor Drug Offense
 - DUI III or Above/Felony DUI

Fee for Service Voucher Program Target Populations

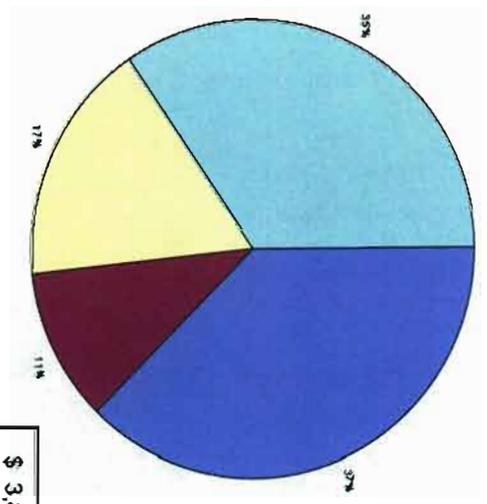
- **Expanded Felony Probation Offenders**
 - Must demonstrate an inability to remain alcohol/drug free by one or more positive alcohol/drug tests, failed attempt at treatment, an admission of use, via an administrative sanction or during the violation of probation process.
- **Douglas County Adult Drug Court**
 - Eligible for services from 12/07-Current
- **Central Nebraska Adult Drug Court**
 - Eligible for services from 11/08-Current

Level of Care for the Fee for Service Voucher Program
Fiscal Year 06-07



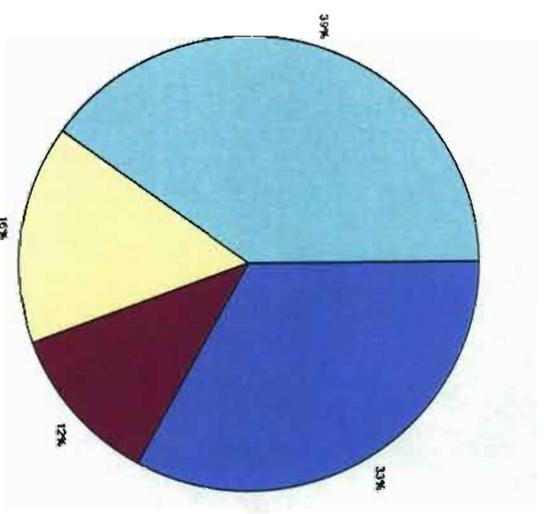
\$ 1,121,745.04

Level of Care for the Fee for Service Voucher Program
Fiscal Year 07-08



\$ 3,851,447.56

Level of Care for the Fee for Service Voucher Program
Fiscal Year 08-09 (partial)



\$ 2,273,373.60
(July - November)

Number of Registered Service Providers by County

Adams	29	Frontier	12	Nance	13
Antelope	13	Furnas	12	Nemaha	15
Arthur	12	Gage	18	Nuckolls	13
Banner	12	Garden	13	Otoe	17
Blaine	12	Garfield	12	Pawnee	13
Boone	12	Gosper	12	Perkins	12
Box Butte	17	Grant	12	Phelps	14
Boyd	12	Greeley	12	Pierce	13
Brown	13	Hall	34	Platte	20
Buffalo	37	Hamilton	13	Polk	12
Burt	13	Harlan	13	Red Willow	16
Butler	14	Hayes	12	Richardson	15
Cass	18	Hitchcock	12	Rock	13
Cedar	13	Holt	14	Saline	15
Chase	12	Hooker	12	Sary	52
Cherry	12	Howard	13	Saunders	15
Cheyenne	13	Jefferson	13	Scotts Bluff	24
Clay	12	Johnson	16	Seward	13
Colfax	14	Kearney	12	Sheridan	15
Cuming	13	Keith	14	Sherman	13
Custer	15	Keya Paha	12	Sioux	12
Dakota	21	Kimball	12	Stanton	13
Dawes	13	Knox	13	Thayer	12
Dawson	19	Lancaster	141	Thomas	12
Deuel	12	Lincoln	23	Thurston	15
Dixon	13	Logan	12	Valley	13
Dodge	31	Loup	12	Washington	16
Douglas	208	Madison	30	Wayne	17
Dundy	12	McPherson	12	Webster	12
Fillmore	12	Merrick	13	Wheeler	12
Franklin	12	Morrill	12	York	21

Registered Provider CEU Requirements

- Complete an approved basic education course regarding criminogenic factors contributing to an offender's law violating behavior (minimum of 6 hours) and participate in 12 continuing education hours every 2 years following

Juvenile Probation Service Delivery System

- Pilot Douglas County
- Contract with DIIIS
- Providing resource dollars to juveniles placed on probation
- Utilization of Current "Fee for Service Voucher Program"
- Treatment/Program Standards will be created

Pilot Goals

- Increase Dispositional options for judiciary
- Reduce number of dual supervision cases in Douglas County
- Reduce number of commitments to DIIIS/OJS for payment of services
- Increase number of juvenile community based service options.

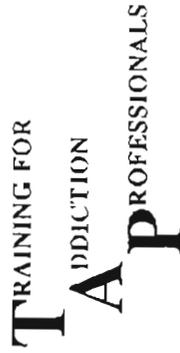
Services

- Outpatient Drug and Alcohol
- Intensive Outpatient Drug and Alcohol
- Short term Residential Drug and alcohol
- Outpatient Mental Health Counseling
- Multisystemic Therapy (MST)
- Functional Family therapy (FFT)
- Intensive Family Preservation (IFP)

Services Cont.

- Foster care
- Group Home
- Treatment Group Home
- Enhanced Treatment Group Home
- Other Community based treatment services

Lincoln Medical Education Partnership



Contract: HHSBH-08/09-TRNG/PRV-1

Contacts:

Adolescent & Family Health Division Director: Julie Anderson (402) 483-4581 ext. 244 janderson@lmep.com
 TAP Program Coordinator: Shawna Dwyer (402) 483-4581 ext. 328 sdwyer@lmep.com
 TAP Program Assistant Coordinator: Joshua Robinson (402) 483-4581 ext. 282 jrobinson@lmep.com

Core Education

Course Title	Hours	Date	Location	Instructor	# of Participants
Alcohol/Drug Assessment, Case Planning & Management	30	October 21-24, 2008	Lincoln, NE Region V	Larry Duncan, LADC, LMHP	26
Clinical Treatment Issues in Chemical Dependency	30	November 3-6, 2008	Lincoln, NE Region V	Larry Duncan, LADC, LMHP	23
Human Growth and Development	30	November 12-15, 2008	Lincoln, NE Region V	Rose Suggett, Ph.D.	14
Professional Ethics and Issues	15	December 4-5, 2008	Lincoln, NE Region V	Topher Hansen, JD Charles Thiessen, LADC, LMHP	14
Group Counseling	45	December 15-20, 2008	Lincoln, NE Region V	Kim Spargo, LADC	7

Continuing Education

Course Title	Hours	Date	Location	Instructor	# of Participants
Clinical Supervision in the 12 Core Functions	6	November 7, 2008	Lincoln, NE Region V	Jerome Barry, LADC, LMHP	10
Counselor Competency and Preparation for the LADC Examination	6	November 7, 2008	Lincoln, NE Region V	John Herdman, Ph.D., LADC	23
The Core Functions of the Substance Abuse Counselor	6	November 8, 2008	Lincoln, NE Region V	Jerome Barry, LADC, LMHP	14
Creating Sacred Space in an Addiction Treatment Setting	6	November 24, 2008	Lincoln, NE Region V	Virginia Thompson, R.N.	11

Criminal Justice Trainings

Course Title	Hours	Date	Location	Instructors	# of Participants
The Drug Culture and Rituals in Gang Society	6	October 31, 2008	Grand Island, NE Region III	Alfredo Ramirez, LADC, LMHP	35
Utilizing Evidence Based Practices in Addictions Treatment for Offenders	6	December 12, 2008	Lincoln, NE Region V	Christine Salvatore, LADC, LMFT	45

AS/CASI Trainings

Course Title	Hours	Date	Location	Instructors	# of Participants
CASI	20	September 25-26 and November 7, 2008	Scottsbluff, NE Region I	Cindy Betka, LADC Juanita Rodriguez, LADC	5
ASI	20	October 17-18 and November 22, 2008	Lincoln, NE Region V	Gail McCoy, LADC Pam Kaliff, LADC, PLMHP	24

January - June 2009 Core Education Trainings

Course Title	Hours	Date	Location	Instructors	Cost
Multicultural Counseling	30	January 20-23, 2009	Lincoln, NE Region V	Charles Thiessen, LADC, LMHP	\$235.00
Medical/Psychosocial Aspects	45	February 2-7, 2009	Lincoln, NE Region V	Robert Walton, LADC, LMHP	\$315.00
Alcohol/Drug Assessment	30	February 25-28, 2009	Lincoln, NE Region V	Brad Shay, LADC, LMHP	\$235.00
Clinical Treatment Issues	30	March 10-13, 2009	Lincoln, NE Region V	Larry Duncan, LADC, LMHP	\$245.00
Counseling Theories and Techniques	45	March 23-28, 2009	Lincoln, NE Region V	Katherine Zupancic, Ph.D.	\$325.00
Group Counseling	45	April 20-25, 2009	Grand Island, NE Region III	Kim Spargo, LADC	\$320.00
Medical/Psychosocial Aspects	45	May 4-9, 2009	Kearney, NE Region III	Robert Walton, LADC, LMHP	\$315.00
Professional Ethics and Issues	15	June 4-5, 2009	Lincoln, NE Region V	Topher Hansen, JD Charles Thiessen, LADC, LMHP	\$95.00
Human Growth and Development	30	June 17-20, 2009	Lincoln, NE Region V	Rose Suggett, Ph.D.	\$255.00

January - June 2009 Continuing Education Trainings

Course Title	Hours	Date	Location	Instructors	Cost
Foundation of Use, Abuse, and Dependence	6	February 13, 2009	Omaha, NE Region VI	Larry Duncan, LADC, LMHP Dan Whitehead, LMHP	\$65.00
Gender Matters: Making the Case for Gender-Specific Treatment	6	March 20, 2009	Lincoln, NE Region V	Kim Carpenter	\$65.00
Treatment Approaches to Co-Occurring Disorders	6	April 6, 2009	Norfolk, NE Region IV	Amy Dawn Parker, MA, PLMHP Nicole Trevena	\$65.00
Adult Children of Alcoholics in Substance Abuse Treatment	6	May 15, 2009	Lincoln, NE Region V	Rhonda Hill, LADC	\$65.00
*Counselor Competency and Preparation for the LADC Examination	6	May 29, 2009	Grand Island, NE Region III	John Herdman, Ph.D., LADC	\$65.00
Core Functions of the Substance Abuse Counselor	6	May 30, 2009	Grand Island, NE Region III	John Herdman, Ph.D., LADC	\$65.00
Screening and Referral of Mental Health Disorders	6	June 12, 2009	Kearney, NE Region III	Kate Speck, Ph.D., LADC	\$65.00

*Waiting for approval from state licensing

January - June 2009 Criminal Justice Trainings

Course Title	Hours	Date	Location	Instructors	Cost
Motivational Interviewing for Juvenile Offenders	6	March 6, 2009	Lincoln, NE Region V	Kate Speck, Ph.D., LADC	\$65.00

January - June 2009 ASI/CASI Trainings

Course Title	Hours	Date	Location	Instructors	Cost
ASI	20	January 16-17 and February 21, 2009	Lincoln, NE Region V	Brad Shay, LADC, LMHP Robert Walton, LADC, LMHP	\$60.00

*New Spring Schedule (January – June 2009) on TAP website!

*With the removal of the Oral Examinations, the TAP Program is in the process of surveying participants who attending our two preparation workshops (Counselor Competency & Core Functions) for the Written Examinations in 2008 to identify if and/or how changes need to be made to these workshops for 2009.

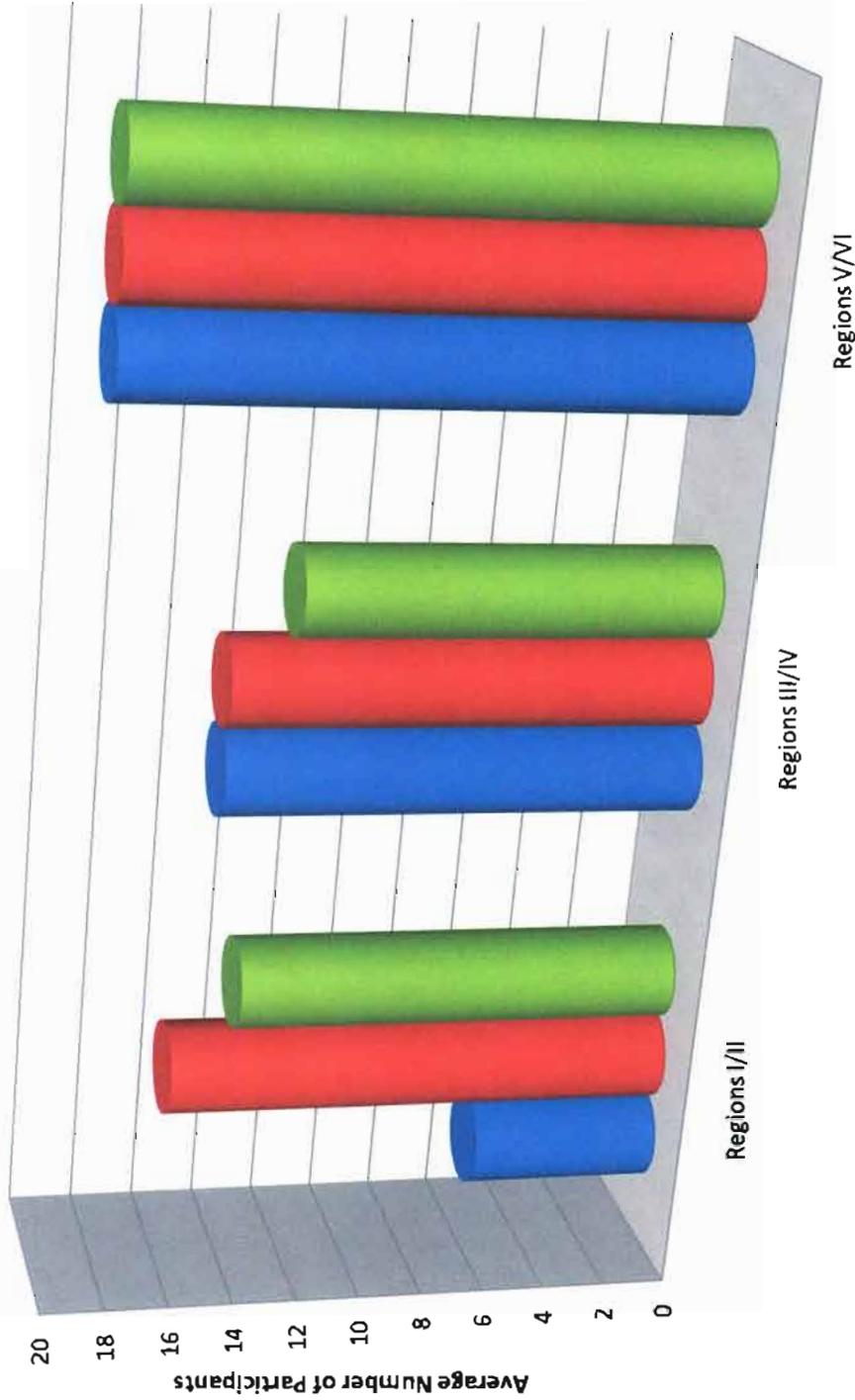
*DHHS is in the process re-negotiating the new two-year contract with TAP. ASI/CASI hours, content of continuing education workshops and location of workshops are some topics on the agenda.

*TAP is bringing Khalil Osiris back to Nebraska, January 26-28, 2009 in Omaha/Council Bluffs for a Training of Trainers workshop titled, “Psychology of Incarceration.” This will be a practical how-to guide on how to implement Khalil’s re-entry program from prisons to the community for the participating agencies that attend.

*In the DHHS contract with TAP, we are required to bring only three core classes to Regions I, II, or III annually. These classes are “Medical and Psychosocial Aspects of Alcohol, Drugs, and Addictions,” “Alcohol/Drug Assessment, Case Planning and Management,” and “Clinical Treatment Issues in Chemical Dependency.” For Continuing Education, we are required to bring one (1) six-hour workshop to Regions I or II, two (2) six-hour workshops to Regions III or IV, and six (6) six-hour workshops to Regions V or VI annually. The rest of the hours (78) are distributed based on participant need. We are required to bring one (1) Criminal Justice workshop to Regions I, II, or III annually. There are no location stipulations for the ASI/CASI.

*We have had interest from other agencies to contract with them to bring specific classes to their campus, which would be designed to train their own employees in areas that are particular to their agency.

Average Attendance of TAP Workshops - Core Education



	Regions I/II	Regions III/IV	Regions V/VI
2006	6	15	19
2007	16	15	19
2008	14	13	19

Attendance of TAP Workshops - Core Education 2006

	# of Classes	# of Participants	(min,max)	Average # of Participants/class
Region I	1	7	7,7	7
Region II	1	5	5,5	5
Region III	1	23	23,23	23
Region IV	1	6	6,6	6
Region V	16	301	8,33	19
Region VI	0	0	0,0	0
Regions I/II	2	12	5,7	6
Regions III/IV	2	29	6,23	15
Regions V/VI	16	301	8,33	19

Attendance of TAP Workshops - Core Education 2007

	# of Classes	# of Participants	(min,max)	Average # of Participants/class
Region I	1	12	12,12	12
Region II	1	20	20,20	20
Region III	2	24	4,20	12
Region IV	1	18	18,18	18
Region V	13	246	6,30	19
Region VI	1	19	19,19	19
Regions I/II	2	32	12,20	16
Regions III/IV	2	30	12,18	15
Regions V/VI	14	265	6,30	19

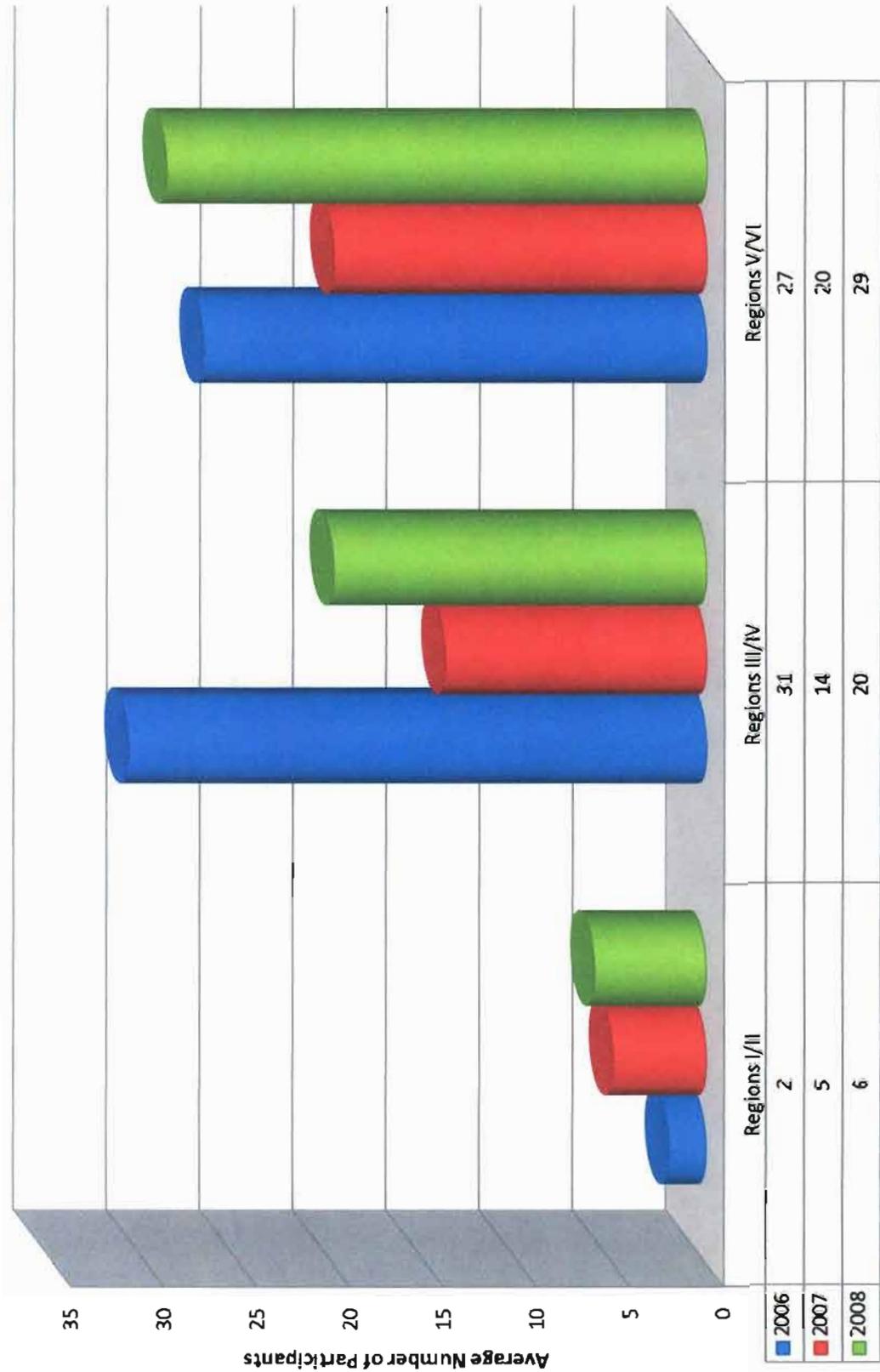
Attendance of TAP Workshops - Core Education 2008

	# of Classes	# of Participants	(min,max)	Average # of Participants/class
Region I	1	9	9,9	9
Region II	2	35	17,18	18
Region III	2	25	11,14	13
Region IV	0	0	0	0
Region V	14	265	7,35	19
Region VI	0	0	0	0
Regions I/II	3	44	9,18	14
Regions III/IV	2	25	11,14	13
Regions V/VI	14	265	7,35	19

Average Attendance of TAP Workshops -

Continuing Education

(incl. Criminal Justice but not Oral or Written Prep Courses)



Attendance of TAP Workshops - Continuing Education 2006					
	# of Classes	# of Participants	(min,max)	Average # of Participants/class	
Region I	1	2	2,2	2	
Region II	0	0	0	0	
Region III	3	94	24,39	31	
Region IV	0	0	0	0	
Region V	11	266	6,39	24	
Region VI	4	120	25,35	30	
Regions I/II	1	2	2,2	2	
Regions III/IV	3	94	24,39	31	
Regions V/VI	15	386	6,39	27	
Attendance of TAP Workshops - Continuing Education 2007					
	# of Classes	# of Participants	(min,max)	Average # of Participants/class	
Region I	0	0	0	0	
Region II	1	5	5,5	5	
Region III	0	0	0	0	
Region IV	3	43	10,22	14	
Region V	11	198	5,31	18	
Region VI	2	44	15,29	22	
Regions I/II	1	5	5,5	5	
Regions III/IV	3	43	10,22	14	
Regions V/VI	13	242	5,31	20	
Attendance of TAP Workshops - Continuing Education 2008					
	# of Classes	# of Participants	(min,max)	Average # of Participants/class	
Region I	1	6	6,6	6	
Region II	0	0	0	0	
Region III	2	55	20,35	28	
Region IV	1	12	12,12	12	
Region V	12	280	8,45	23	
Region VI	2	69	25,44	35	
Regions I/II	1	6	6,6	6	
Regions III/IV	3	67	12,35	20	
Regions V/VI	14	349	8,45	29	

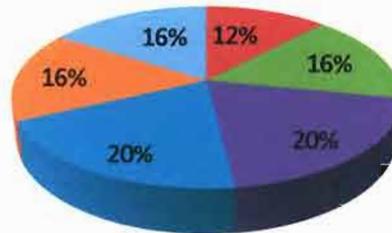
(includes Criminal Justice Workshops but not Oral or Written Prep Courses)

Number of Participants who attended workshops by Region – Core Education

*Based on a two-class random sample in 2008

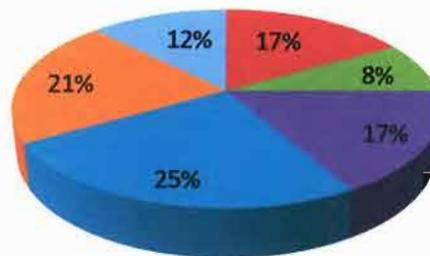
Workshops Held in Regions I and II

Region I Region II Region III Region IV Region V Region VI



Workshops Held in Regions III and IV

Region I Region II Region III Region IV Region V Region VI



Workshops Held in Regions V and VI

Region I Region II Region III Region IV Region V Region VI



Number of Participants by Region - Core Education 2008

*Based on a two-class random sample

REGIONS I and II	
Alcohol/Drug Assessment - July 21-24 - Sidney	
Region I	0
Region II	2
Region III	1
Region IV	1
Region V	3
Region VI	2
Alcohol/Drug Assessment - March 11-14 - North Platte	
Region I	3
Region II	2
Region III	4
Region IV	4
Region V	1
Region VI	2
REGIONS III and IV	
Multicultural Counseling - February 5-8 - Kearney	
Region I	2
Region II	2
Region III	2
Region IV	2
Region V	2
Region VI	1
Medical/Psychosocial Aspects - May 5-10 - Grand Island	
Region I	2
Region II	0
Region III	2
Region IV	4
Region V	3
Region VI	2
REGIONS V and VI	
Human Growth - June 11-14 - Lincoln	
Region I	2
Region II	0
Region III	0
Region IV	7
Region V	5
Region VI	1
Professional Ethics - December 4-5 - Lincoln	
Region I	2
Region II	1
Region III	0
Region IV	3
Region V	6
Region VI	2

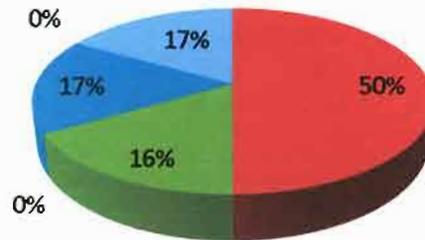
Number of Participants who attended workshops by Region – Continuing Education

*Based on a two-class random sample in 2008

Workshops Held in Regions I and II

*only one course available

Region I Region II Region III Region IV Region V Region VI



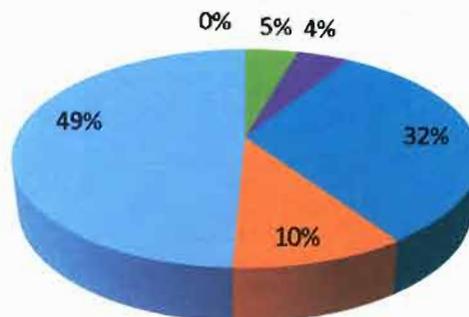
Workshops Held in Regions III and IV

Region I Region II Region III Region IV Region V Region VI



Workshops Held in Regions V and VI

Region I Region II Region III Region IV Region V Region VI



Number of Participants by Region - Continuing Education 2008

*Based on a two-class random sample

REGIONS I and II (only one course available)	
Families and Substance Abuse - August 18 - Scottsbluff	
Region I	3
Region II	1
Region III	0
Region IV	1
Region V	0
Region VI	1
REGIONS III and IV	
Anger Management and Crisis Intervention - June 2 - Norfolk	
Region I	0
Region II	0
Region III	0
Region IV	11
Region V	0
Region VI	1
Drug Culture - October 31 - Grand Island	
Region I	0
Region II	1
Region III	24
Region IV	3
Region V	7
Region VI	0
REGIONS V and VI	
Meeting Criminogenic Needs - July 28 - Omaha	
Region I	0
Region II	1
Region III	1
Region IV	15
Region V	1
Region VI	25
Dynamite Group Activities - August 11 - Lincoln	
Region I	0
Region II	2
Region III	2
Region IV	7
Region V	6
Region VI	9

Region I

Behavioral Health Administration

December 8, 2008

Substance Abuse Advisory Committee
c/o Ann Ebsen, Chairperson
103 Highland Street
Papillion, NE 68046

RE: Location of Substance Abuse Training Events

Dear Ms. Ebsen and Members of the Nebraska Substance Abuse Advisory Committee:

The Region I Behavioral Health Advisory Committee is writing to express its concern about the scarcity of substance abuse training events offered in the western end of Nebraska.

Recent input by a Region I provider alerted the committee to the situation. Of the nine TAP Core Education classes planned for Spring 2009, seven are offered in Lincoln, one will be offered in Kearney, and one in Grand Island. We realize the majority of Nebraska's population resides in the eastern end of the state and Regulation/Licensure can reach more clinicians by offering training in Kearney and east, but this geographic challenge, and the additional expense it generates, is a serious recruitment barrier faced by providers in western Nebraska.

We would like to see at least half the substance abuse core education classes offered as far west as North Platte, which is really located in the middle of the state. We would also encourage an exploration of the use of video conferencing whenever possible.

The Region I Advisory Committee would greatly appreciate any investigation and assistance the SAAC can offer in this regard.

Sincerely,



Dr. Guy Wylie, Chair
Region I Behavioral Health Advisory Committee
GW:lr

4110 Avenue
Scottsbluff, NE 68903
Phone: 308-635-3171
Fax: 308-635-7026

**Substance Abuse Advisory Committee
ASI- CASI Report
January 13, 2009**

Kate Speck, PhD, LADC

ASI Trainings

2007

- 02/26/07
- 04/02/07
- 06/15/07
- 09/21/07

2008

- 02/22/08
- 04/13/08
- 06/01/08
- 08/16/08
- 10/10/08
- 10/17/08
- 11/22/08

CASI Trainings

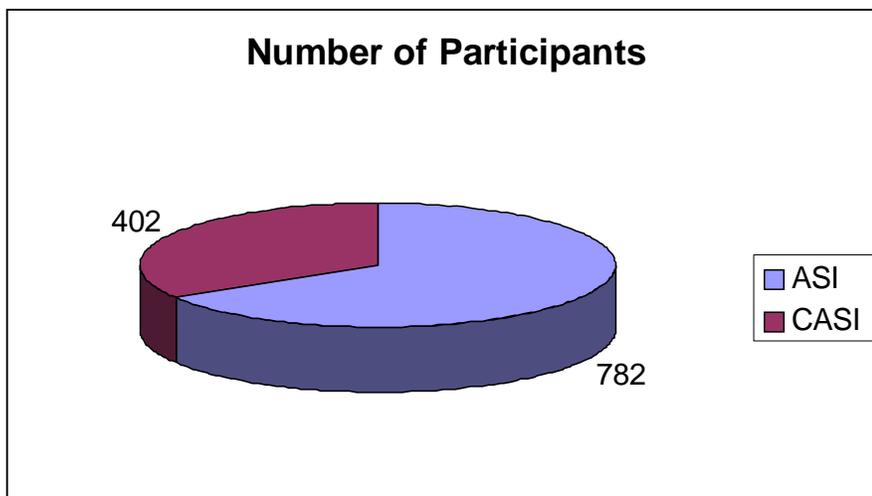
2007

- 03/09/07
- 05/27/07
- 06/22/07
- 11/07/07

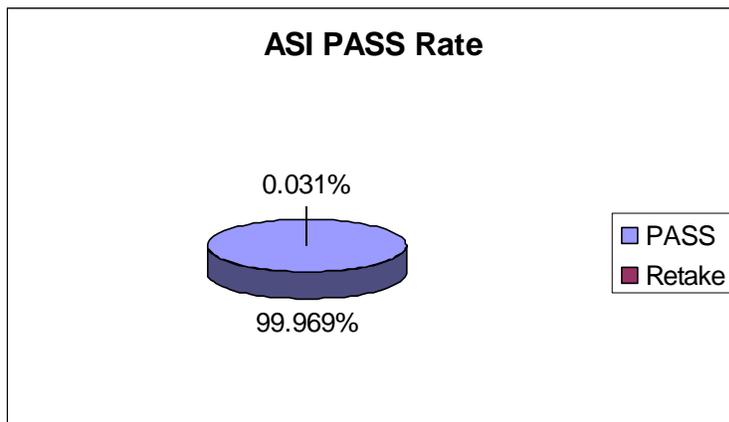
2008

- 06/07/08
- 11/7/08

Total Number of Participants Unduplicated:



2008 PASS RATE



ASI Pass Rate is 99% which is 3% higher than the 2007 rate.

CASI Pass rate is 100% which is the same as the 2007.

Participants needing to retake Day 3 do so by registering for Day 3 only at regularly scheduled trainings eliminating the need for a separate Retake training.

HOMWORK REQUIREMENTS

Homework consists of participants completing 5 evaluation instruments in the 5-6 weeks between the first 2 days of training and the 3rd day prior to testing for proficiency. They return to Day 3 training with 2 completed instruments and 1 completed evaluation in the Standardized Reporting Format.

Revisions/Return of Corrected Homework Requirements

- ASI – Approximately 37% of the submitted evaluations are returned to participants for revisions which is decreased by 15% from the 2007 rate. There are 2 individuals who have been required to retake Day 3 in 2008 and have chosen not to up to this point, and there are 5 individuals who have not yet completed their homework requirements thus far. There is a group of 24 participants whose scoring is yet to be completed.
- CASI - 36% of CASI submitted evaluations are returned to participants for necessary revisions which is higher by 16% than 2007, and 2 who have yet to submit their revisions.
 - Participants receive a letter which details the missing information in the report.
 - Requirement of a return date within 30 days has increased the number of participants who are making revisions and getting their reports back in a timely manner. They then receive their PASS letter.
- There have been 4 accommodations for individuals for ASI - 1 individual with visual impairment, and 3 with difficulty with the testing method.