

SFY23 Annual Report



July 2022 – June 2023

Organizational Leadership



Department of Health and Human Services

Dr. Steve Corsi

Chief Executive Officer



Division of Behavioral Health

Tony Green

Interim Director

Clinical
Thomas Janousek, PsyD
Deputy Director

Division Finance
Karen Harker, BS
Deputy Director

System Integration
Linda Wittmuss, PA
Deputy Director

Clinical Services
**Jessica McDevitt, MA,
LIMHP, LADC**
Administrator

Fiscal
Valerie Standeven, BA
Budget Officer III

Data & QI
BettyJean Usher-Tate, PhD
Administrator

Office of Consumer Affairs
Brenda Moes, PLADC
Administrator

Prevention
Delainie Johnson, BA
Administrator

DBH Youth Facilities
Matt Wittry, MD
Youth Clinical Officer

DBH Adult Facilities
Roger Donovan, MD
Executive Medical Officer

System of Care
Michelle Nunemaker, BS
Administrator

Juvenile Services
Mark LaBouchardiere
Administrator

Jess Russell-Berring, MA
Regional Hospital Administrator


Whitehall
Mitchell Popple
Facility Operating Officer

Lincoln Regional Center
Mitchell Bruening, LICSW
Hospital Administrator

Governor appointed

CEO appointed

Norfolk Regional Center
Don Whitmire
Hospital Administrator



Welcome to the SFY2023 Division of Behavioral Health Annual Report.

The Nebraska Public Behavioral Health System continues to deliver important prevention, treatment and recovery services to individuals and families with mental illness and substance use challenges. Many Nebraskans have accessed services and had their lives improved as a result of their connection to services. I am grateful to everyone who helps in this mission throughout the year – thank you.

Driven by ongoing needs assessment and guided by a Strategic Plan, Division leadership sustained focus and funding in several distinct systems of care areas; alcohol and drug addiction; serious mental illness; the effects of trauma; workforce shortages; access to coordinated care; services for justice involved individuals; evidenced based/data-informed service; and the continued impact of stigma on people living with mental illness and/or addiction. Despite the challenges before us, the public behavioral health system perseveres. I invite you to review some of our efforts from this past year.

Notably, the 988 system successfully went live in July of 2022 and wrapped up SFY2023 with over 18,300 calls. Crisis services including Mobile Crisis Response teams were implemented. Future work will focus on the integration of 988 and 911.

Other areas of success included improvement in trauma screening, assessment, and service planning; 88% of individuals being discharged to stable living arrangements from housing services; preliminary data shows reduced underage alcohol use and non-medical use of pain relievers. Continued investment in effective strategies to reduce suicide risks and overdoses due to opioids resulted in increased medication assisted treatment and more pharmacies and first responders participating in naloxone programming. Outpatient Competency Restoration services, as a community alternative for justice involved consumers, is growing. Funds were also used to support workforce recruitment and retention efforts.

Ensuring that Nebraskans in need have access to a full continuum of care – one that includes quality, cost-effective, evidenced-based prevention, treatment, and recovery services – remains our top priority. Strong, collaborative systems work is not easy and the work before us is not without challenges. I remain grateful for the teamwork with partners who share our vision and remain dedicated to this vital work. Together we can reduce the prevalence of behavioral health conditions and decrease adverse outcomes.

Best Regards,

Tony Green

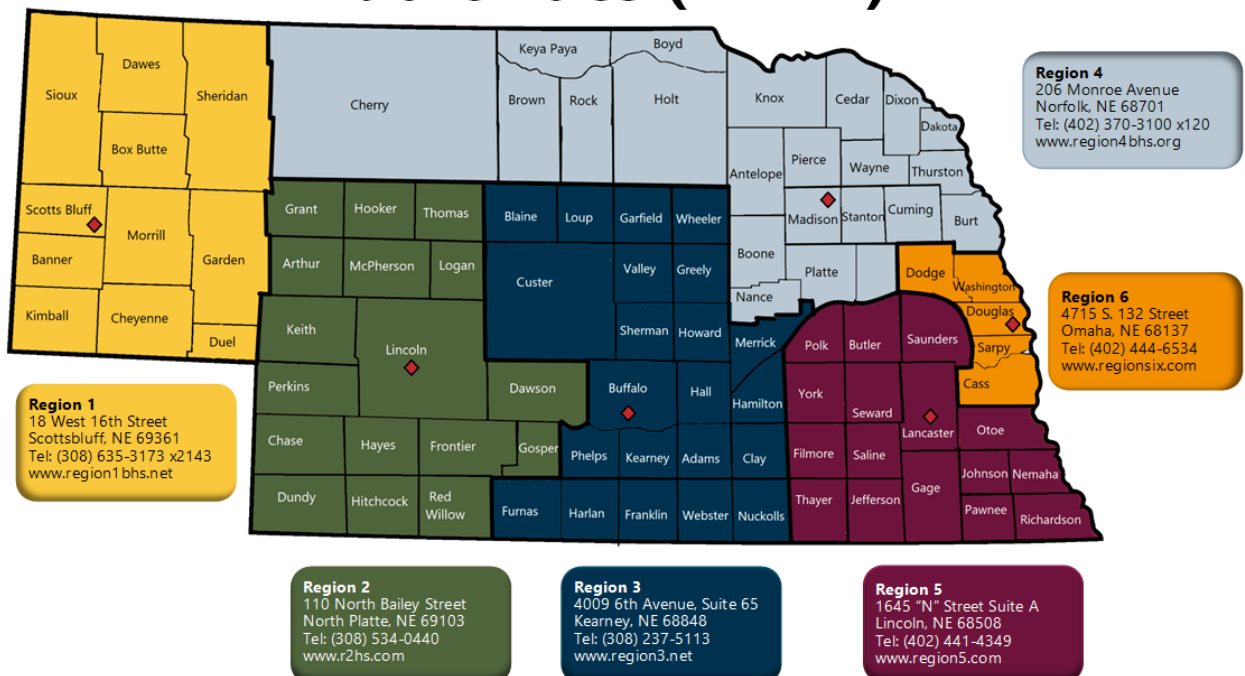
Division of Behavioral Health

The Division of Behavioral Health (DBH) is the chief behavioral health authority for the State of Nebraska, and it is responsible for the administration and coordination of the Public Behavioral Health System. This includes, but not limited to, the provision of planning, funding, oversight, and technical assistance to a network of *Community-Based Services* delivered through Federally-Recognized Tribes, Nonprofit Agencies and Organizations, and Regional Behavioral Health Authorities. The central office for DBH operates out of the Nebraska State Office Building in Lincoln. *Neb. Rev. Stat. §71-806

Federally-Recognized Tribes of Nebraska (Omaha, Ponca, Santee Sioux, Winnebago)



Regional Behavioral Health Authorities (RBHA)



DBH Funded Community-Based Services

23,909

Persons served in
FY2023

19,493

Mental Health (MH)

5,928

Substance Use Disorder (SUD)

** Some individuals engage in both MH and SUD services. As per federal reporting, consumers who receive dual services are counted in both mental and substance use disorder services, therefore, the sum of consumers across the service types is greater than the total served.*

Gender ^a

45%
Females

54%
Males

Age Groups

Youth 3-18 years	12%
Adult 19-24 years	12%
Adult 25-64 years	72%
Senior 65-74 years	3%
other	1%

Race ^a

American Indian/Alaska ^b	3.1%
Asian ^b	0.9%
Black/African American	10.5%
Native Hawaiian/Other	0.4%
Two or More Races ^b	1.7%
White	83.5%

Ethnicity ^a

13%

Hispanic^b

87%

Non-
Hispanic

Note: These statistics are for DBH-Funded Community Based Services only. Services received at Regional Centers or paid by Medicaid are not included in calculations for number of persons served.

Data Source: Centralized Data System FY23; data as of 10.1.23

^aDemographic percentages are based on indicated responses (i.e. unknowns excluded)

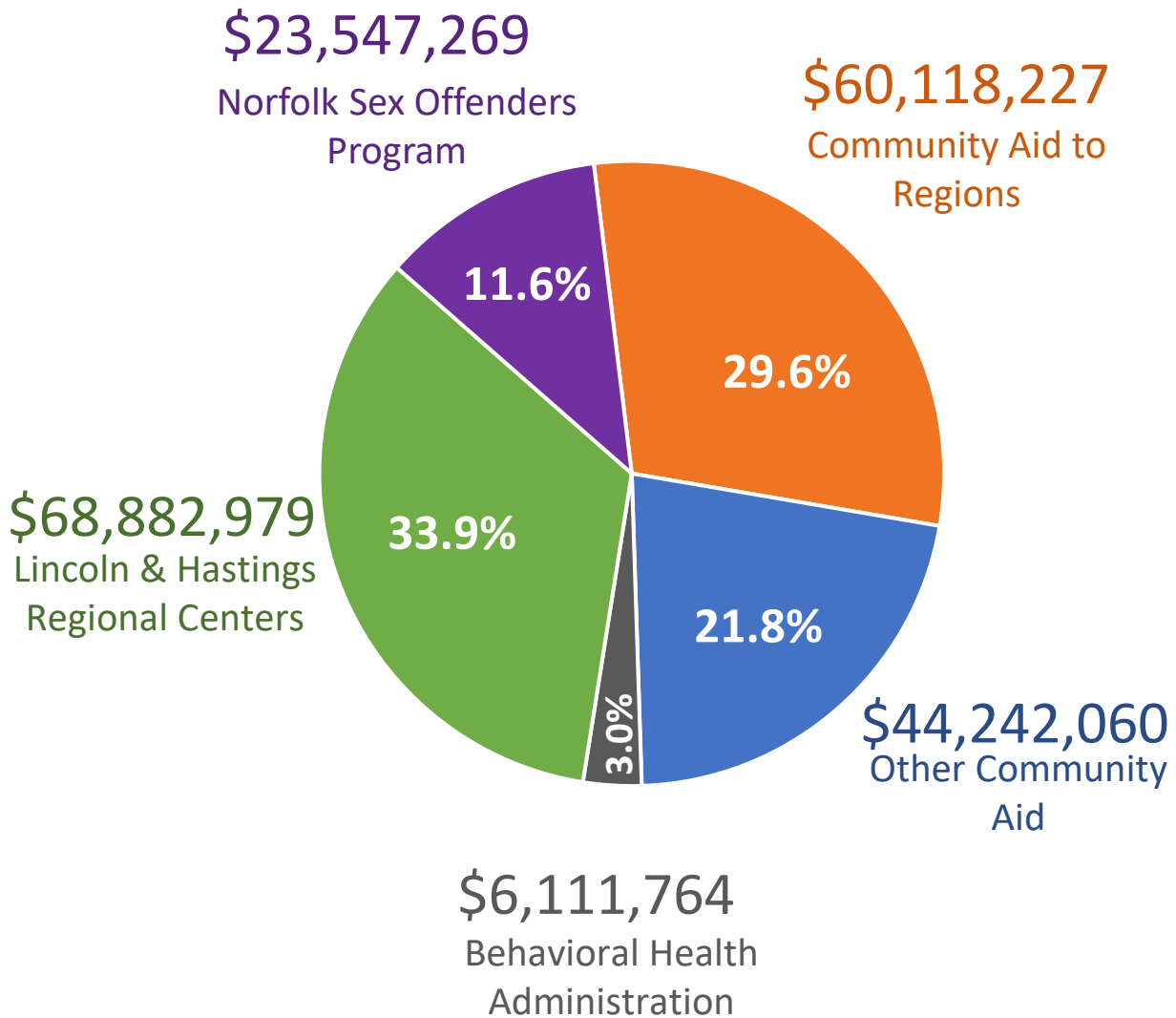
^bPercentage increased in FY23 from what it was reported in FY22



Expenditures

\$202,902,299

Total Community-Based funding expended through the Division of Behavioral Health, FY2023.



Investing in People and Recovery

Stable Living Arrangements

73%

(Source: FY23 CDS, 10.1.23)

Discharged to stable living arrangements across all services.

88%

(Source: FY23 CDS, 10.1.23)

Discharged to stable living arrangements from supported housing services.

Supported Housing Service

965

(Source: FY23 CDS, 10.1.2023)

Unique persons served.

\$4,009,065

Total DBH FY2023 funding utilized for supported housing services (Mental Health & Substance Use Disorder).

160

(Source: FY23 CDS, 10.1.23)

Average length of stay in days.

Supported Employment Service

876

(Source: FY23 CDS, 10.1.23)

Unique persons served.

\$1,439,163

Total DBH FY2023 funding utilized in supported employment services (Mental Health & Substance Use Disorder).

163

(Source: FY23 CDS, 10.1.23)

Average length of stay in days.

988 Nebraska

CONNECT



Call or text 988 or chat on 988lifeline.org

GET HELP



Be connected to a trained crisis counselor

FIND HOPE

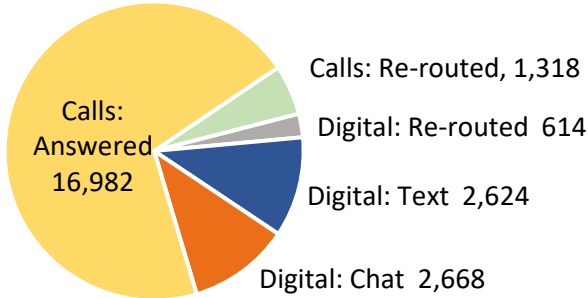


Find the help and hope you need

CY21 (Pre-988): a total of 8,777 calls was received at the **NE Suicide Prevention Lifeline**.

July 16, 2022, **988** was launched nationwide. **988** involves a national scope and network of Call Centers to address Behavioral Health Crises.

FY23: 988 Activity in Nebraska



- **FY23: 988 Nebraska Activity:** 18,300 phone calls and 5,292 digital contacts (texts & chats).
- The State partners with Father Flanagan's Home for Boys (Boystown) to serve as Nebraska's 988 Call Center.
- 96% calls were de-escalated and managed by the 988 Nebraska Crisis Counselors
- 3% calls resulted in the need to activate law enforcement or emergency medical services due to the caller's level of safety.
- 1% calls resulted in the caller agreeing to mobile crisis services

93% calls routed to NE answered by Boystown
Goal: 90%

88% digital routed to NE addressed by Boystown
Goal: 80%

How 988 Works

988 is not like 911. All 988 calls are routed through Vibrant Emotional Health. A caller will hear a recording that provides them with options to connect to specialized subnetwork (i.e. Veterans, Spanish, LGBTQ, etc.) or to remain on the line. A call is routed to a call center based on the caller's area code. If a call is not answered within a few seconds due to call volume, wait-time, or counselor availability, the call is transferred to the *National Back-Up Center*.

988 Mobile Crisis Response (MCR) is a voluntary service and is only activated when the caller consents to the service. If a caller refuses MCR and the crisis counselor is concerned about the caller's safety, then Emergency Services may be activated instead.

988 MCR Offers 391		988 MCR Declines 236		988 MCR Activations 155		
988 MCR Activations: Response Modality		Community	Phone	Telehealth	Facility	
		75	73	6	1	
Location	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
	7	2	9	8	41	88
Age	Adult	Youth				
	140	15				

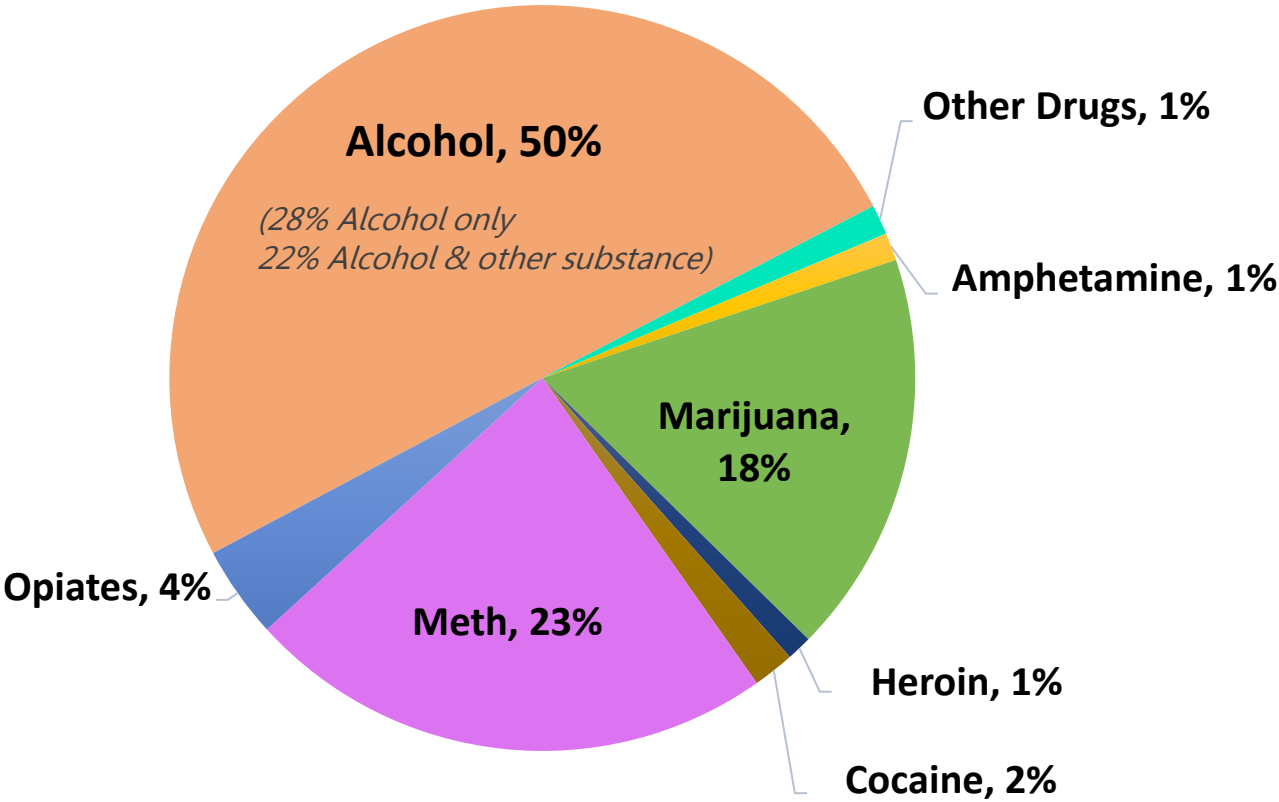




Primary Substances Self-Reported at Admission

38% of encounters served in DBH-funded services were for individuals who self-reported use of one or more known substances at admission.

- #1**
Alcohol
- #2**
Meth
- #3**
Marijuana





Prevention

Mental Health First Aid

- Training program.
- Learn how to recognize and offer initial support until appropriate professional help is received or until the crisis resolves.

For more information,
please contact the
Behavioral Health Office
in your area.

\$88,468 invested in FY23 in Mental Health First Aid (MHFA) Trainings

1,926 persons trained received MHFA training in FY23

Post training participants feedback, indicated:

97%

are now able to recognize the signs of a mental health crisis.

96%

are now able to connect someone with community, peer, or personal supports.

(Statute 71-3005 Nebraska Mental Health First Aid Training Program
LB 901 (2014) NRS: 71-3005 Status Report for Fiscal Year 2023)

Prevention



Annual Synar Study on Tobacco Sales Compliance

The Division of Behavioral Health conducts the Annual Synar Study in collaboration with the Nebraska State Patrol. Of the **191** completed checks in FY23, **15.7%** resulted in a violation.

Significant changes in the study's methodology were implemented in 2023. Most notably was the increased age for cooperating individuals who attempt to purchase tobacco product from vendors identified in the project sample. Prior to FY23, the prescribed age of cooperating individuals was 15 to 17 years old youths. In FY23, the criteria were revised to include only young adults aged 19 and 20. This modification was implemented to properly evaluate the tobacco compliance landscape following the Nebraska law (Neb. Rev. Stat. §§ 28-1418 et seq) that changed the minimum legal sales age from 19 to 21 beginning October 1, 2020. As such, results in 2023 are not comparable to previous trend data.

Note: Research indicates that clerks are more likely to sell tobacco products to persons who appear older.

Prevention

Partnership For Success (PFS)

Nebraska's implementation of the 2018-2023 PFS grant focused on preventing alcohol use and marijuana use among youths (9 to 20 years) by funding community-based prevention services and building the capacity of community coalitions.

Grant initiatives also focused on increasing the use of evidence-based practices. The grant required recipients to use the holistic *Strategic Prevention Framework* to assess the prevention landscape, build coalition capacity, use data to inform planning efforts, implement evidence-based and culturally appropriate programming, and evaluate processes and outcomes.



4 Health Surveys

- Nebraska Risk & Protective Factors Student Survey
- Youth Risk Behavior Survey
- Youth Tobacco Survey
- Nebraska Community Alcohol Opinion Survey

20,455

Individuals with increased risk factors for substance use received targeted prevention programming.

1,722 Students

were served through school-based underage alcohol use prevention programs.

90%

Alcohol Vendors

450 Of 500 alcohol vendors passed compliance checks by not selling alcohol to underage individuals during random inspections.

16 Community Coalitions

across the state implemented evidence-based and culturally appropriate programs towards prevention of underage drinking and marijuana use.

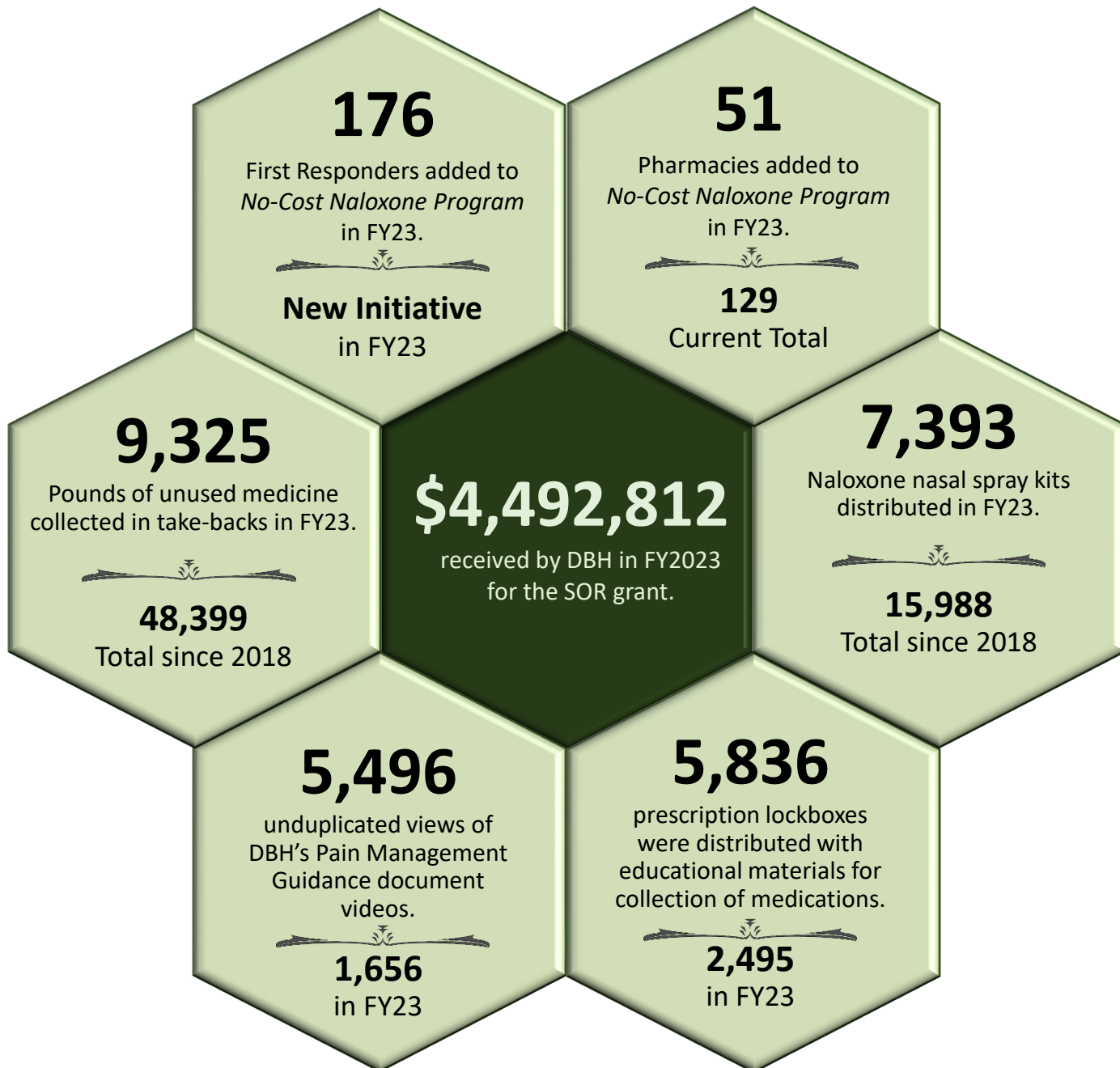
1,435,312

Persons reached indirectly through universal prevention strategies such as social media campaigns, radio and TV PSAs, or other information dissemination strategies.

Prevention

State Opioid Response (SOR)

- Continuing grant started on 9/30/2018
- The **SOR** grant also supports the *No-Cost Naloxone Program*. Naloxone can help to reverse the effects of an opioid overdose in an emergency.



Outpatient Competency Restoration (OCR)

Nebraska Revised Statute 29-1823 sets forth that DHHS may propose to the court for consideration an alternative treatment plan to restore an individual to competency. Prior to statute change, the only option available for competency restoration was in a State Hospital or State-operated facility (Lincoln Regional Center).

Number of
Providers

FY22: 7
FY23: 9

Number of
Persons served
Referred

FY22: 15
FY23: 22

Number of
Persons
Restored

FY22: 1
FY23: 15

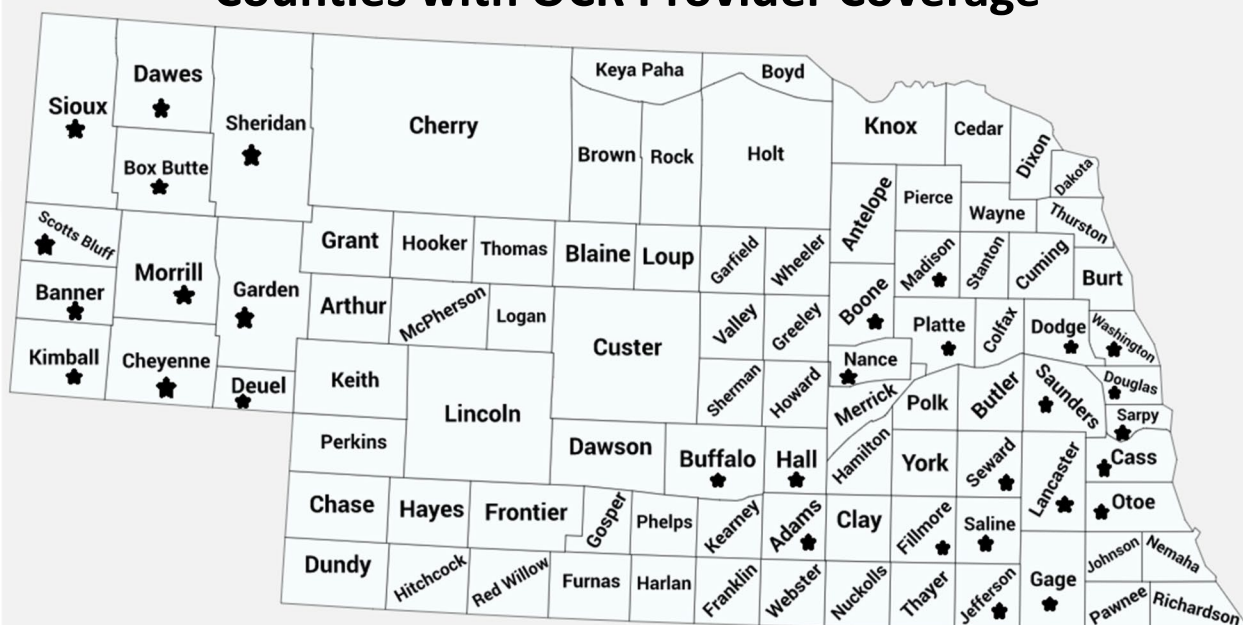
Services Participants Receive while in Outpatient Competency Restoration

Medication
Management

Care
Coordination

Competency-
Related
Counseling

Counties with OCR Provider Coverage





Complex Co-Occurring Programs: 2023 Compass EZ™

As one of the Division of Behavioral Health's (DBH) continuous quality improvement activity in partnership with the Regional Behavioral Health Authorities (RBHA), contracted mental health and substance use providers have been asked to complete the *Compass-EZ™ 2.0* every other year since 2013. *Compass-EZ™ 2.0* is a self-administered scale used to assist organizations, systems, and agencies in designing, implementing, and tracking the progress of recovery-oriented complexity-capable programs with services that address complex co-occurring substance use and mental health issues.

2023 Highlights:

The number of providers participating (submitting *Compass-EZ™ 2.0* responses) increased by 18% in 2023 when compared to 2021, from 79 to 93.

Likert style items on the *Compass-EZ™ 2.0* are rated 1-5 (negative to positive).

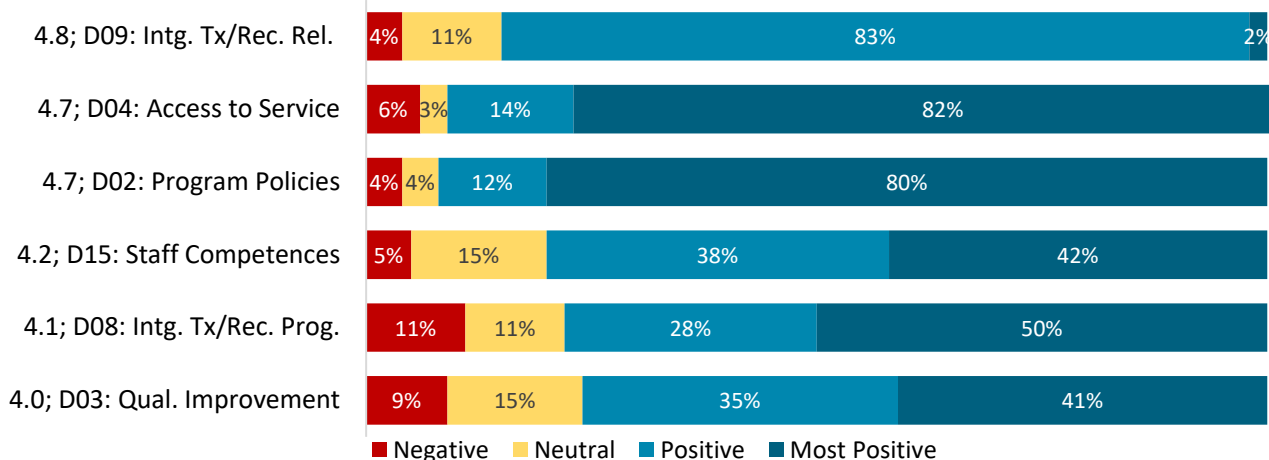
Overall statewide from 2021 to 2023, there were negligible differences for nine domains (maintained) and minimal changes of 1% to 2% for the other domains.

Compass-EZ™ 2.0 Domains

Domain 01:	Program Philosophy
Domain 02:	Program Policies
Domain 03:	Quality Improvement and Data
Domain 04:	Access
Domain 05:	Screening and Identification
Domain 06:	Recovery-Oriented Integrated Assessment
Domain 07:	Integrated Person-centered Planning
Domain 08:	Integrated Treatment/Recovery Programming
Domain 09:	Integrated Treatment/Recovery Relationships
Domain 10:	Integrated Treatment/Recovery Program Policies
Domain 11:	Psychopharmacology
Domain 12:	Integrated Discharge/Transition Planning
Domain 13:	Program Collaboration and Partnership
Domain 14:	General Staff Competencies and Training
Domain 15:	Specific Staff Competencies

Compass EZ Domains: 2023 Statewide Provider Scale Perspectives

Scale Score; Domain#: Description



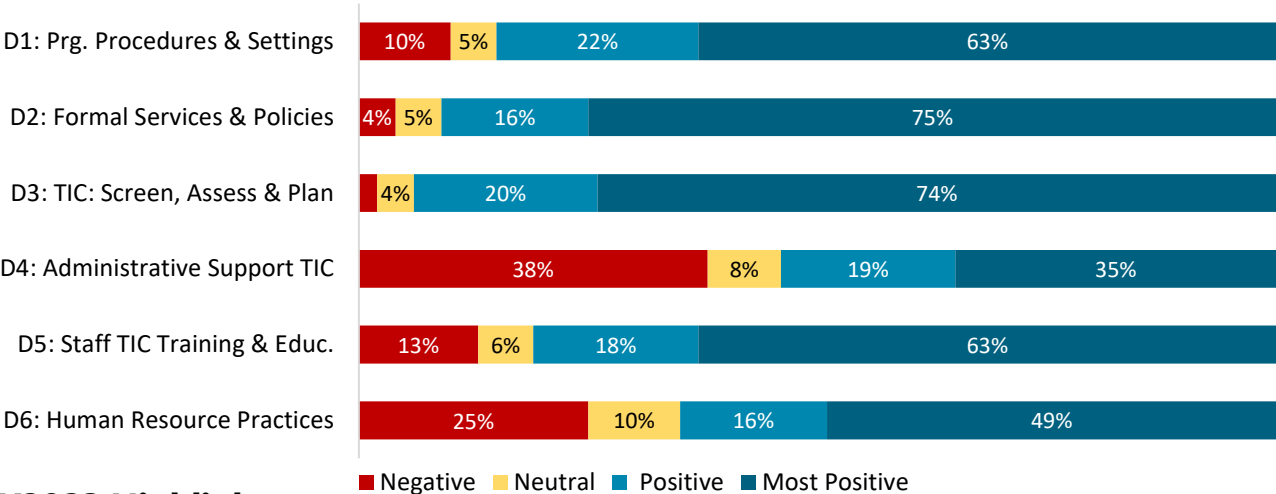


2023 Trauma Informed Care (TIC)

As a continuous quality improvement activity, the Division of Behavioral Health (DBH) engages mental health and substance use providers that are contracted through Regional Behavioral Health Authorities (RBHA) to complete the 2023 Trauma Informed Care (TIC) Self-Assessment Tool every two years. TIC is a self-administered scale to assist organizations, systems, and agencies with meaningful data regarding trauma informed care and tracking their progress. In FY23, 88 providers submitted the TIC scale to their respective RBHAs.

- The six self-assessment domains include:
- D1. Program Procedures and Settings
 - D2. Formal Service Policies
 - D3. Trauma Screening, Assessment, and Service Planning
 - D4. Administrative Support for Program-Wide Trauma Informed Services
 - D5. Staff Trauma Training and Education
 - D6. Human Resources Practices

TIC Domains: 2023 Statewide Provider Scale Perspectives



FY2023 Highlights

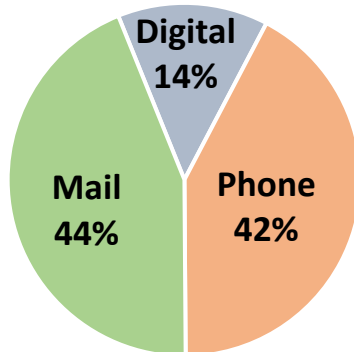
- The Trauma Screening, Assessment and Service Planning domain, which is a key area of focus, is an area of strength with sustained highest average reported score 2013-2023.
- The domain with the lowest average reported score across the years continue to be Administrative Support for Program-Wide Trauma Informed Services. This domain self-assesses to what extent the agency leadership support the integration of knowledge about trauma and recovery into all program practices.
- Most improvement from 2013-2023 was the Human Resources Practices domain. The domains with greatest opportunities for change were Administrative Support for Program-Wide Trauma Informed Services and Human Resources Practices.

2023 Annual Consumer Survey

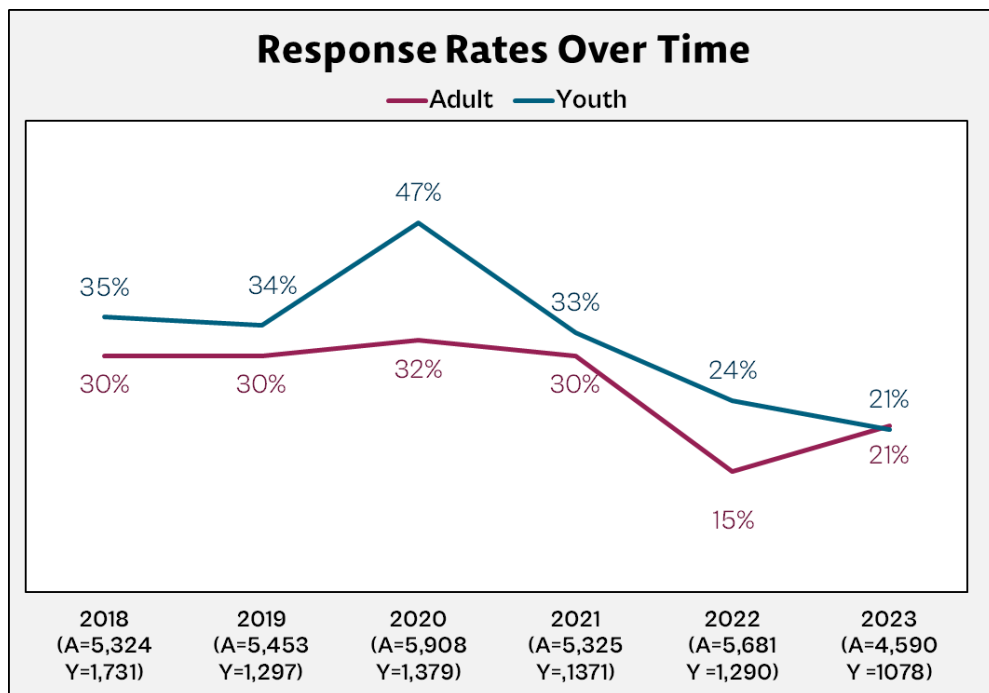
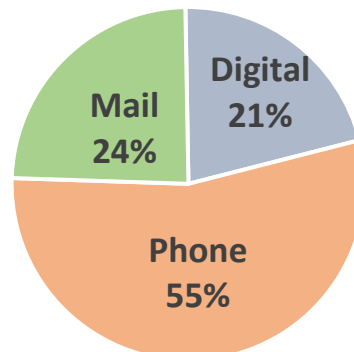
The DBH Annual Consumer Surveys (adult and youth) provide useful and actionable information to monitor and improve services based on consumer reported experiences. These surveys include SAMHSA's Mental Health Statistics Improvement Program (Adult-MHSIP) and Youth Services Survey for Families (YSS-F) are tools for system improvement.

Multiple modes were available for consumers to access the 2023 Consumer Survey including: traditional paper, phone, and digital options (email link, QR code). Consistent with trends observed across the survey industry, response rates have exhibited a downward trend, though there was an increase in the response rate for the adult portion of the survey for 2023.

**2023 Adult
Completed Responses (N=968)**



**2023 Youth Caregiver
Completed Responses (N=223)**



"I was homeless for over 20 years. Thanks to my providers I found avenues I never knew were there. I've been off the streets for over a year and it's a complete miracle." 2023 Adult Consumer

2023 Annual Consumer Survey

Overall Satisfaction:

88% Adults

86% Youth (*completed by caregivers*)

2017 Baseline

2023 Result

79%

Increase consumer satisfaction with the quality of service they receive.



81%

of adult consumers agreed that the services they received improved their quality of life.

82%

Increase the provider return rate for calls to consumers.



81%

of adult consumers reported that staff returned their calls within 24 hours.

81%

Increase the access to services needed.



82%

of adult consumers reported they were able to get all the services they needed.

71%

Improve family relationships.



68%

of adult consumers reported they get along better with family as a result of services received.

Consumer Perspective on Crisis Response

77% of adult respondents reported that it was important to have a *Crisis Response Team* meet them in their home or community versus going to a type of Behavioral Health Crisis or Urgent Care setting.

Highlighted Items:

"Staff were sensitive to my cultural background." (language, race, religion, etc.)

86%

"I am better able to handle things when they go wrong."

73%

"I am an active member of my community."

44%



DBH Accomplishments

Baseline (2017)

22

Increase the number of active Medication Assisted Treatment Prescribers.

90%

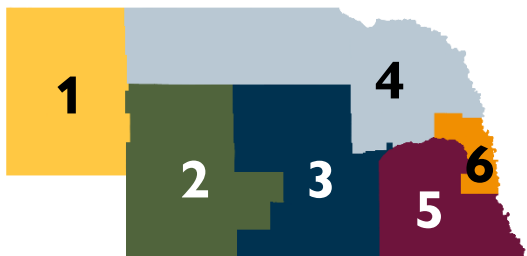
Increase the access rate for Medication Management Services within 21 days from inpatient discharge.

58%

Increase the number of persons employed at discharge from Supported Employment Services.

37%

Decrease percentage of persons 19-25 years who report binge drinking in the past month.



Achieved (2023)

123

(Source: SAMHSA's website)

Certified providers for Medication Assisted Treatment Prescribers.

92%

(Source: CDS Access Reports)

of consumers had appointments for Medication Management Services within 21 days of discharge.

68%

(Source: FY23 CDS, 10.1.23)

of persons were employed at discharge from Supported Employment Services.

26%

(Source: CY22 Youth Adult Alcohol Opinion Survey)

of persons 19-25 years reported that they were binge drinking in the past month.

*** New measure**

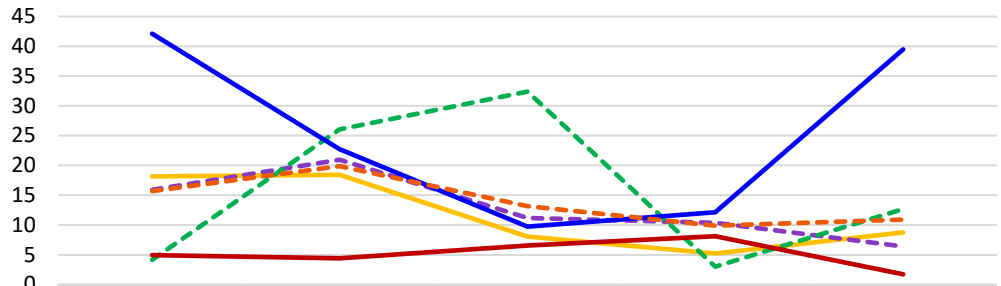
83%

((Source: CY23 NE Community Alcohol Opinion Survey)

of parents of youths 9-20 years reported talking with their child about underage alcohol use.

DBH-Funded Community-Based Residential Services

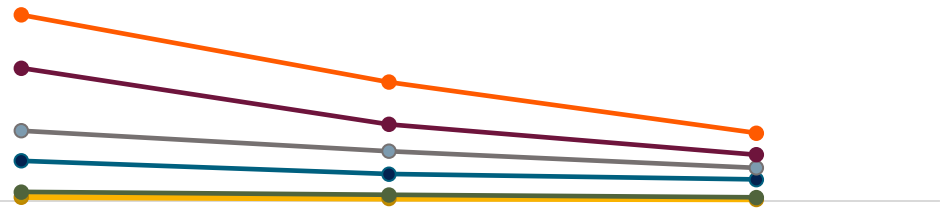
Average Days Waiting for DBH-Funded Admissions to the Community-Based Residential Services



	2019	2020	2021	2022	2023
Dual Disorder Res*	18	18	8	5	9
Halfway House - SUD	16	21	11	10	6
Intermediate Res - SUD	4	26	32	3	13
Psych Res Rehab - MH	5	4	7	8	2
Secure Res - MH	42	23	10	12	39
Short Term Res - SUD	16	20	13	10	11

Data Source: Centralized Data System (CDS). Average days calculated from waitlist confirmation and admission dates on encounter level data for new admissions in respective years. *Data as of 3.4.2024*

Persons Served in DBH-Funded Community-Based Residential Services



	FY19 (NE=1,992)	FY21 (NE=1,274)	FY23 (NE=728)
Region 6	569	453	232
Region 5	669	287	140
Region 4	322	244	125
Region 3	334	222	191
Region 2	54	40	21
Region 1	44	28	19

Data Source: Centralized Data System (CDS). Fiscal Year aggregated counts in residential services (duplicated). Persons served statistics include newly and previously admitted who received services in the given year.

Office of Consumer Affairs

The Office of Consumer Affairs focuses on consumer and peer support services, relationships, planning, research, and advocacy for all consumers.



Certified Peer Support Specialists (CPSS)

Description: A CPSS is a person who is trained to use their personal lived experience and recovery with mental health and/or substance use disorders to mentor others who want to achieve recovery.

Certification cycle: All CPSS certifications expire on September 1 of years that end in odd numbers (e.g. 9/1/2023). To recertify a CPSS certification, peers are required to complete 20 CEUs, 6 of which must be Ethics related.

Certification status: CPSS certifications are currently listed in the Public Health License Lookup. “Active” or “Valid” status on the lookup references peers who are currently legally certified to work as a CPSS in Nebraska.

258

Active / Valid
CPSS Certifications
in FY23

67

Peers were newly
certified in FY2023

4

State Sponsored
Training & Assessment
for CPSS Annually

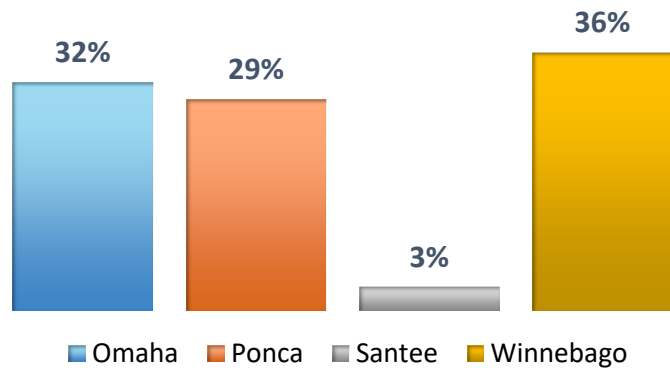
88%

passing rate for those who
were trained and took the
peer recovery exam

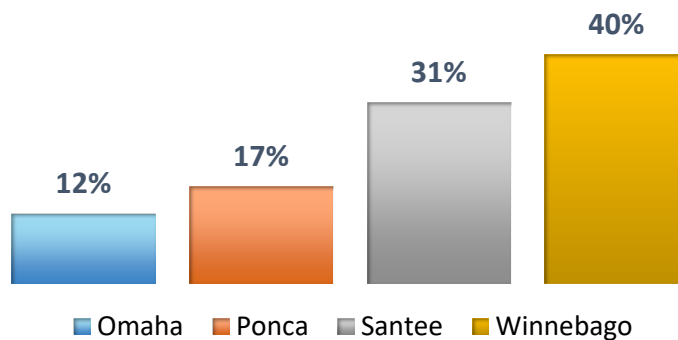
Percent of Behavioral Health Services Supported by DBH Among Federally Recognized Tribes



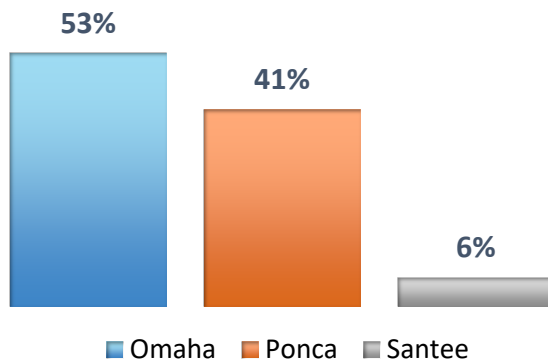
MH Services



SUD Services



DUAL Services



Data Source: FY23 data provided to DBH for services provided among Federally Recognized Tribes in Nebraska.

Note: Data do not include services funded by Medicaid or Indian Health Services (HIS).

DBH Contact Information

Interim Director

Division of Behavioral Health

Tony Green, BS
Phone: (402) 471-6038

Deputy Directors

Clinical

Thomas Janousek, PsyD
Phone: (402) 471-7792

Finance

Karen Harker, BS
Phone: (402) 471-7708

Systems Integration

Linda Wittmuss, BS, PA
Phone: (402) 471-7714

Administrators

Clinical

Jessica McDevitt, MA, LIMHP, LADC
Phone: (402) 471-0869

Data & QI

BettyJean Usher-Tate, PhD
Phone: (402) 471-1423

Fiscal

Valerie Standeven, BA
Phone: (402) 471-7853

Office of Consumer Affairs

Brenda Moes, BS, PLADC
Phone: (402) 471-7721

Prevention

Delainie Johnson, BA
Phone: (402) 471- 7750

System of Care

Michelle Nunemaker, BS
Phone: (402) 471-7790

Division of Behavioral Health

P.O. Box 95026
300 Centennial Mall South
Lincoln, NE 68509-5026
Phone: **(402) 471-7860**
Fax: (402) 471-7859
Website: www.dhhs.ne.gov

Nebraska's Division of Behavioral Health

If you or someone you know is in need services to address a *mental health* or *substance use* issue, *you are not alone!*

Nebraska's resources available to you:

- call 9 8 8
- call the *Hotline* or *Helpline*
- use the *Network of Care* webpage to check out service providers online
- or reach out to your local Behavioral Health Authority



DBH

Annual Report FY 2023

	988	Suicide Prevention & Mental Health Crisis Lifeline Free, confidential and available 24/7/365
	911	Medical & Public Safety Emergencies Free and available 24/7/365



888.866.8660



800.464.0258

NEBRASKA

[https://portal.networkofcare.org/
NebraskaBehavioralHealth](https://portal.networkofcare.org/NebraskaBehavioralHealth)