Organizational Leadership

The Division of Behavioral Health central office operates out of the Nebraska State Office Building in Lincoln for Community-Based Services and the Office of Consumer Affairs.

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

Department of Health and Human Services

Dannette Smith
Chief Executive Officer

Division of Behavioral Health

Sheri Dawson
Director

Executive Medical Officer
Dr. Janine Fromm, M.D.

Chief Medical Officer
Adult Facilities
Dr. Roger Donovick, M.D.

DHHS Facilities
Larry Kahl
Chief Operating Officer

Youth Facilities
Mark LaBouchardiere

Behavioral Health Services
Tamara Gavin
Deputy Director

Division Finance
Karen Harker
Deputy Director

Office of Consumer Affairs
Brenda Moes
Administrator

System Integration
Linda Wittmuss
Deputy Director

Clinical Services
Lisa Neeman
Administrator

Network Services
Mikayla Johnson
Administrator

Prevention
Lindsey Hanlon
Manager

System of Care
Bernie Hascall
Administrator

Housing
Pamela Otto
Administrator

Quality & Data Excellence
Heather Wood
Administrator

Lincoln Facility
Peter Snyder
Operating Officer

Norfolk Facility
Don Whitmire
Interim Operating Officer

Whitehall Facility
Jesse Foster
Operating Officer

Governor appointed
CEO appointed
Director appointed
Looking To The Future

Message from Director Dawson

As the Division of Behavioral Health closed out FY20, COVID-19 significantly altered the lives of the people we serve and those providing service. The impact of COVID-19 has generated unprecedented challenges that have required resiliency, innovation and openness to change. Nebraskans once again faced uncertainty with resolve. Consumers and providers adapted to alternate service delivery such as telehealth and telephone. The consumer and provider experience promoted new ways to engage. Throughout these stressful times, services have remained open and continue to address the needs of those with mental illness and substance use disorders. As we sunset the DBH 2017-2020 Strategic Plan and move forward with a new Plan, I sincerely applaud the responsiveness of the people we serve, teammates and partners. Nebraskans should be proud of the progress achieved in FY20 despite considerable challenges.

FY20 Annual report accomplishments are the result of strong collaborations with partners who will continue to transform the behavioral health system of the future to ensure access for Nebraskans in need. There is a saying “focus on the now while looking to the future”. While the future seems uncertain, we will continue to grow and transition guided by a new 2021-2023 Strategic Plan.

Central to any strategic planning effort, is dedication and commitment to serving individuals and families experiencing behavioral health illnesses and challenges. Over the last several months, the Nebraska Department of Health and Human Services, Division of Behavioral Health (NDHHS-DBH) engaged OPEN MINDS to conduct a needs assessment, provide a gap analysis, and facilitate a strategic planning process. Consumer and system partners developed a strategic vision to guide the work of the Nebraska behavioral system.

Transformation pillars within the plan:

1. ENHANCE BEHAVIORAL HEALTH INFLUENCE
2. IMPLEMENT AN INTEGRATION STRATEGY
3. PROMOTE STAKEHOLDER INCLUSION
4. DRIVE INNOVATION AND IMPROVE OUTCOMES
5. DEMONSTRATE AND DRIVE VALUE

NDHHS-DBH, as the chief behavioral health strategist for the state, will serve as a catalyst for responsiveness to the needs of Nebraskans with mental illness and substance use disorders. Keeping the goals and aspirations of those we serve as the highest priority, Nebraska is uniquely situated to transform the behavioral health care experience through quality, innovation and service excellence. Our future, our work.

Sincerely,

Sheri Dawson, RN
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 provision of planning, funding, oversight, and technical assistance to a network of services delivered through the following:

- DHHS Regional Centers (Hastings, Lincoln, Norfolk)
- Four federally-recognized tribes (Omaha, Ponca, Santee Sioux, Winnebago)
- Six Regional Behavioral Health Authorities (Regions)
- Other nonprofit agencies and organizations providing community-based services (not featured below)

*Neb. Rev. Stat. §71-806
Consumer Demographics

31,704
(Source: FY20 CDS, 10.1.20)

Unique consumers who received community-based services funded by DBH in FY2020*

25,241
Mental Health (MH)

9,948
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.

Percentages for known consumer demographics reported for contracted community-based services
(Source: FY20 CDS, 10.1.20)

45.5%
Females

54.5%
Males

71.2%
25-64 years

Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska</td>
<td>3.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.8%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>9.9%</td>
</tr>
<tr>
<td>Native Hawaiian/Other</td>
<td>0.4%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>1.6%</td>
</tr>
<tr>
<td>White</td>
<td>84.1%</td>
</tr>
</tbody>
</table>

Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>11.7%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>88.3%</td>
</tr>
</tbody>
</table>

FY2020 DBH Annual Report
Expenditures at a Glance

$179,430,814
Total funding expended through the Division of Behavioral Health, FY2020.

$54,097,279
Funding expended for Lincoln Regional Center, Whitehall, and Hastings Regional Center.

$17,064,535
Funding expended for Norfolk Regional Center.

$84,452,412
Funding expended through community aid to Regional Behavioral Health Authorities (Regions).

$6,259,093
Funding expended to cover community-based services (CBS) administrative costs.

$17,557,495
Funding expended providing other community aid.
Investing in People and Recovery

**Supported Employment**

Supported employment assists consumers with behavioral health disorders in finding and maintaining eligible employment.

- **1,001**
  (Source: FY20 CDS, 10.1.20)
  Unique persons served.

- **$1,691,113**
  Total DBH FY2020 funding utilized in supported employment services (Mental Health & Substance Use Disorder).

---

**Stable Living Arrangements**

Stable living is operationalized as a reported living arrangement that is not “homeless” nor “homeless shelter.” Percentages do not include arrangements listed as “not available.”

- **83.0%**
  (Source: FY20 CDS, 10.1.20)
  Discharged to stable living arrangements across all services.

- **90.9%**
  (Source: FY20 CDS, 10.1.20)
  Discharged to stable living arrangements from supported housing services.

---

**Housing-Related Assistance**

Supported housing provides housing-related assistance to consumers in need of safe, affordable housing opportunities.

- **1,078**
  (Source: FY20 CDS, 10.1.20)
  Unique persons served.

- **$2,730,687**
  Total DBH funding utilized for housing-related assistance in FY2020.
Providing Support and Help

Nebraska Family Helpline

The Family Helpline makes it easy for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week. Trained operators screen calls to assess needs, including immediate safety needs, identify the potential level of a crisis, problem solve, and make recommendations or referrals to appropriate resources, including crisis response teams.

During FY2020, the Nebraska Family Helpline surpassed 48,110 documented, inbound calls. There have been over 32,293 unique families served since the start of operations in 2010. The Nebraska Family Helpline saw its largest ever monthly call volume in June 2020, surpassing the next busiest month by 14%.

**CALLS** into the Helpline. Families were provided support and referrals to local resources

**NEW FAMILIES** - In FY2020, more than half of the calls were from new/unique families.

**FAMILIES** accepted referrals to Family Navigator services from the Family Helpline in FY2020.

Any Problem. Any Time.  
1-888-866-8660

The Nebraska System of Care (NeSOC) grant provided funding to offer community-based services and support for youth who are at risk for or experiencing a serious emotional disturbance. More than $4,000,000 grant dollars have been invested in service development and delivery through the NeSOC efforts (YR 1,2,3,4 through June 2020).

Accomplishments since the implementation of the NeSOC grant in September 2016 include:

- **2,658** Number of service encounters (*episodes of care*) youth received through end of FY2020 under the NeSOC Grant.

- **1751** Mobile Crisis Response encounters for youth.

- **74.5%** Youth served through Mobile Crisis Response were successfully served in the community (youth remained in home or with a family friend).

- **13.9 yrs** Average age of youth served through the NeSOC Grant.
In FY2020, Behavioral Health workforce competencies development that occurred included targeted best practices training with foci selected from within a greater list of evidence based practices (EBPs) that are supported.

**Targeted EBPs**

- Dialectical Behavior Therapy
- Child-parent Psychotherapy
- Matrix Model
- Trauma Focused Cognitive Behavioral Therapy
- Transition To Independence Process Model

**Evidence Based Practices**

- 437 trained - DBH met and surpassed the goal of training 300 providers in EBPs to improve workforce competency in EBPs.

- Training Hours - EBP Trainings were accomplished for providers treating individuals with complex needs & co-occurring disorders.

- 146% of Goal - 2,622 Hours
Prevention

Strategic Prevention Framework Partnership for Success
(October 2018 - September 2023 Grant)

**Goal:** To prevent the onset or reduce the progression of underage alcohol use, binge drinking, and marijuana among the 9-20 year old population.

- **432,935** persons were indirectly reached through universal prevention strategies such as social media campaigns, radio and TV PSA's, or other information dissemination strategies.
- **23,555** persons were served through direct prevention strategies such as community-based programs, school-based education programs, and environmental strategies.
- **74.6%** of the 30 programs and strategies targeting underage and binge drinking were evidence-based programs and strategies.

**Nebraska tobacco vendors are in compliance for 2020**

- USA target <20% violation (min 80% compliance)
- NE target <10% violation (min 90% compliance)

**Synar Tobacco Compliance Checks** The Division of Behavioral Health conducts this project in collaboration with the Nebraska State Patrol and Omaha Police Department. Given the COVID-19 restrictions, many of the underage tobacco compliance checks during CY2020 did not occur. Only 25% of checks were able to be completed while trying to maintain youth inspector and law enforcement safety in a pandemic. Of the completed checks, only 1.8% resulted in a retail violation.

**Mental Health First Aid**

- **98.9%** of the 1,777 trained would recommend Mental Health First Aid training to others.
- **97.5%** are now able to recognize the signs of a MH crisis.
- **96.8%** are now able to connect someone with community, peer, and personal supports.
Prevention

State Opioid Response (SOR) Grant
$4,030,457 per year
(9/30/2018-Present)

Accomplishments include...

3,022
Number of prescription lockboxes distributed with educational materials for collection of medications.

2,836
Naloxone nasal spray kits distributed. Naloxone can help to reverse the effects of an opioid overdose in an emergency.

914
Pounds of unused medicine collected in take-backs through end of FY2020.

12
Executive fellows have completed the Addiction Medicine Executive Fellowship.

2,527
Views of DBH’s Pain Management Guidance document videos.

40,519
radio spots
Aired with opioid awareness media campaign.
The COVID-19 Impact on Service Provisions Across DHHS Survey was a cross-agency initiative (BH, CFS, DD, MLTC, and PH).

The survey was developed to gain provider insights regarding the impact of COVID-19 on service utilization and programmatic response.

140 responses were completed by behavioral health providers.

80.7% of Behavioral Health providers indicated that they did not provide any services via telehealth/video prior to COVID-19.

92.8% of Behavioral Health providers indicated that they have provided services via telehealth/video or telephone during the pandemic.

65.8% of Behavioral Health providers indicated a preference to use telehealth/video post COVID-19.

99.3% of Behavioral Health providers indicated that they continued to deliver services during the COVID-19 pandemic.

38.8% of Behavioral Health providers noted decreased no-show rates by more than 50% of the pre-COVID-19 rates.

Providers indicated some increase in utilization of outpatient services via telehealth, community support, crisis response, and emergency services.

Federal emergency funds were awarded to serve people statewide experiencing behavioral health impact from COVID-19, including health care professionals.
Pandemic Response

$1,457,196

Nebraska COVID-19 Crisis Counseling ISP Grant
Crisis Counseling Grant Immediate Services Program (SAMSHA and FEMA) enabled pandemic-related crisis counseling to Nebraskans

93 of 93 counties had emergency declarations for COVID-19 in April 2020

| 612 | Rural Response Hotline and Nebraska Family Helpline contacts |
| 2,792 | Telephone contacts by crisis counselors or rural hotline |
| 1,154 | Community networking and coalition building events |
| 16,873 | Materials mailed to individuals in the community |
## DBH Accomplishments

### 95% of deliverables on goals in the 2017-2020 Strategic Plan

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>22</strong></td>
<td><strong>94</strong></td>
</tr>
<tr>
<td>Increase the number of active Medication Assisted Treatment prescribers.</td>
<td>confirmed active Medication Assisted Treatment prescribers.</td>
</tr>
<tr>
<td><strong>90.3%</strong></td>
<td><strong>94.7%</strong></td>
</tr>
<tr>
<td>Increase the access rate for Medication Management services within 21 days from inpatient discharge.</td>
<td>accessed appointments for Medication Management services within 21 days of discharge.</td>
</tr>
<tr>
<td><strong>81.9%</strong></td>
<td><strong>85.2%</strong></td>
</tr>
<tr>
<td>Increase the provider return rate for calls to consumers.</td>
<td>of consumers reported that staff returned their calls within 24 hours.</td>
</tr>
<tr>
<td><strong>80.5%</strong></td>
<td><strong>83.8%</strong></td>
</tr>
<tr>
<td>Increase the access to services needed.</td>
<td>of consumers reported they were able to get all the services they needed.</td>
</tr>
<tr>
<td><strong>70.5%</strong></td>
<td><strong>75.0%</strong></td>
</tr>
<tr>
<td>Improve family relationships.</td>
<td>of consumers reported they get along better with family as a result of services received.</td>
</tr>
</tbody>
</table>
## DBH Accomplishments

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>86.1%</strong></td>
<td><strong>88.4%</strong></td>
</tr>
<tr>
<td>Increase percentage of consumers satisfaction with the services they received.</td>
<td>of consumers expressed satisfaction with the services they received.</td>
</tr>
<tr>
<td><strong>74.0%</strong></td>
<td><strong>77.0%</strong></td>
</tr>
<tr>
<td>Increase percentage of consumers who admitted to Supported Employment within 14 days of referral.</td>
<td>of consumers were admitted to Supported Employment within 14 days of referral.</td>
</tr>
<tr>
<td><strong>79.4%</strong></td>
<td><strong>81.8%</strong></td>
</tr>
<tr>
<td>Increase consumer satisfaction with the quality of service they receive.</td>
<td>of consumers agreed that the services they received had improved their quality of life.</td>
</tr>
<tr>
<td><strong>57.5%</strong></td>
<td><strong>74.2%</strong></td>
</tr>
<tr>
<td>Increase the number of persons employed at discharge from Supported Employment services.</td>
<td>of persons employed at discharge from Supported Employment services.</td>
</tr>
<tr>
<td><strong>37.4%</strong></td>
<td><strong>32.2%</strong></td>
</tr>
<tr>
<td>Decrease percentage of persons 19-25 years who report binge drinking in the past month.</td>
<td>of persons 19-25 years reported that they were binge drinking in the past month.</td>
</tr>
</tbody>
</table>
Peer Support Specialists (CPSS)

94% passing rate for those who were trained and have taken the peer recovery exam. [84]

State-Approved Peer Support Curriculum Vendors

6 Training sessions
103 Persons trained

Families served by Family Organizations

377 Family Navigator
489 Family Peer Support

Network of Care Website in FY2020

The Network of Care for Behavioral Health provides a comprehensive web-based directory of services that enables consumers to quickly locate local programs and resources for Nebraska families. This web-based platform is focused on services and information pertaining to behavioral health (mental health and substance use) to facilitate Nebraskans in making informed choices about their care.

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Visits</th>
<th>Total Pages Viewed</th>
<th>Average Time per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1</td>
<td>17,459</td>
<td>45,917</td>
<td>4:59</td>
</tr>
<tr>
<td>Region 2</td>
<td>17,138</td>
<td>47,215</td>
<td>5:09</td>
</tr>
<tr>
<td>Region 3</td>
<td>17,124</td>
<td>44,125</td>
<td>5:43</td>
</tr>
<tr>
<td>Region 4</td>
<td>12,899</td>
<td>38,299</td>
<td>6:13</td>
</tr>
<tr>
<td>Region 5</td>
<td>26,249</td>
<td>63,800</td>
<td>4:51</td>
</tr>
<tr>
<td>Region 6</td>
<td>34,653</td>
<td>75,801</td>
<td>4:40</td>
</tr>
<tr>
<td>Total</td>
<td>125,522</td>
<td>315,157</td>
<td>5:15</td>
</tr>
</tbody>
</table>
DBH Contact Information

**Director**

Division of Behavioral Health  
Sheri Dawson, BS, RN  
Phone: (402) 471-7856

**Administrative Assistant II**  
Sharon Kahm  
Phone: (402) 471-8553

**Deputy Directors**

Community-Based Services  
Tamara Gavin, LMHP, LCSW  
Phone: (402) 471-7732

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

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

**Administrators/ Manager**

Clinical Services  
Lisa Neeman, LIMHP  
Phone: (402) 471-7793

Housing  
Pamela Otto, MPA  
Phone: (402) 471-7820

Network Service  
Mikayla Johnson, BS  
Phone: (402) 471-7645

Office of Consumer Affairs  
Brenda Moes, BS, PLADC  
Phone: (402) 471-7721

Prevention  
Lindsey Hanlon, M.S., CPH  
Phone: (402) 471-7750

Quality & Data Excellence  
Heather Wood, MS  
Phone: (402) 471-1423

System of Care  
Bernie Hascall, MS  
Phone: (402) 471-7790

---

Central Office:  
Division of Behavioral Health  
Nebraska Department of Health & Human Services  
Lincoln, NE 68509-5026  
Phone: (402) 471-7860  
Fax: (402) 471-7859  
Website: [www.dhhs.ne.gov](http://www.dhhs.ne.gov)  
*Please visit our page for more information on the Division of Behavioral Health and the work we are doing.*
If you are in need of services to help address a mental health or a substance use issue or disorder, know that you are not alone and resources are available to you.

Please visit or call:

- **Nebraska Network of Care**
  [dhhs.ne.gov/behavioral_health/Pages/networkofcare](dhhs.ne.gov/behavioral_health/Pages/networkofcare)

- **Nebraska Family Helpline**: 888.866.8660

- **Rural Response Hotline**: 800.464.0258

- **National Suicide Prevention Lifeline**: 800.273.TALK (8255)

- **SAMHSA Helpline**: 800.662.HELP (4357)
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 a Regional Behavioral Health Office. (see page 4)

SAMHSA’s National Helpline – 1-800-662-HELP (4357)

SAMHSA’s National Helpline is a free, confidential, 24/7, 365-days-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and or substance use disorders.