

Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)

August 22, 2024 – WebEx Virtual Meeting

**Meeting agenda, materials and WebEx Meeting Link posted on the DBH website page
Public Participation and State Committees <http://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>**

**The Division will be Hosting the WebEx Virtual Meeting in the Nebraska State Office Building, Lower Level Goldenrod
Meeting Room**

Public Comment sign-in opportunity will be available at this location.

- I. **Open Meeting – 9:00 a.m.**
 - Mike Tefft, Chair, Substance Abuse Committee
 - Timothy Heller, Chair, Mental Health Committee
 - Open Meetings Law Inform Mike Tefft, Timothy Heller
 - Quorum for Committees - Attendance Roll Call Jeri Keller-Heuke
 - Housekeeping Inform John Trouba

- II. **Membership Business (9:10 – 9:15 a.m.)**
 - a. Welcome Chairpersons
 - b. Meeting Minutes from April 18, 2024 Roll Call Votes

- III. **SAMHSA Block Grant Application (9:15 – 10:15 a.m.)**
 - a. Combined Block Grant Mini-Application
 - a. Assessment and Plan Betty Jean Usher-Tate
 - b. Budget for Year Two of Plan Valerie Standeven
 - c. Discussion and Recommendations Linda Wittmuss, Betty Jean Usher-Tate
 - Presentation and JAC Recommendations for Block Grant Mini-Application**

- IV. **Trends in Substance Use (10:15 – 10:40 a.m.)** Harley Peters, Thakur Bais
 - Presentation – Trends in Substance Usage in Youth and Adults served by DBH**

- V. **Recovery Month (10:40 a.m. – 11:00 a.m.)** Jennifer Ihle
 - Inform and Input on Activities**

- VI. **Director’s Update (11:00 a.m. – 11:15 a.m.)** Tom Janousek

- VII. **Public Comment (11:15 – 11:30 a.m.)**
 - a. Each person will be called on from the Public Comment Sign-in Sheet. Each person may have five minutes (unless the Chair grants more time) to provide comments.
 - b. Public comments may be sent to the Division of Behavioral Health, Attention: John Trouba.

- VIII. **Meeting Wrap Up (11:30 a.m.)** Chairpersons
 - Next Meeting: November 14, 2024

- IX. **Adjourn** Chairpersons

Division of Behavioral Health:

Mini Application and Priority Area Review FY2024 - FY2025

August 22, 2024

NEBRASKA

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Purpose of Block Grant

The Substance Abuse and Mental Health Services Administration (SAMHSA) is a branch of the U.S. Department of Health and Human Services.

It is charged with improving the quality and availability of treatment and rehabilitative services in order to reduce illness, death, disability, and the cost to society resulting from substance abuse and mental illnesses.



- **Fund** priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
- **Fund** those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
- **Fund** primary prevention-universal, selective and indicated prevention activities and services for persons not identified as needing treatment.
- **Collect** performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan implementation of new services on a nationwide basis.

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DBH Needs Assessment and Future Planning

Where are we thus far?

What can go wrong?

What needs to be done now?

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Current Block Grant Priority Areas FY24/25

1. Prevention of binge drinking among youth and young adults
2. Increase the use of Evidence-Based Strategies employed by prevention coalitions to reduce alcohol and substance use
3. Increase support for consumers to secure and maintain permanent housing (Stable Living Arrangement – residential services)
4. Increase support for consumers to sustain and acquire employment (across all services)
5. Increased access to community-based services for priority populations
6. Increase utilization of treatment program for first-episode psychosis
7. Referral to services for persons with tuberculosis
8. 988 dashboard (FYI= implemented)

Community Based Services (preliminary FY24)

23,121

(FY23 = 23,909)

***18,847 = Mental Health (MH)**

(FY23 = 19,493)

***5,841 = Substance Use Disorder (SUD)**

(FY23 = 5,928)

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

Data Source: DBH Annual Report; CDS – as of 10/1/2023; 8/1/2024;
These statistics differ from official block grant totals because they are for Community Based Services *only* and do not include individuals served at the Regional Centers

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Priority #1: Alcohol use among youth & young adults

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Indicator #1: Prevalence of binge drinking reported by youth and young adults, ages 18-24

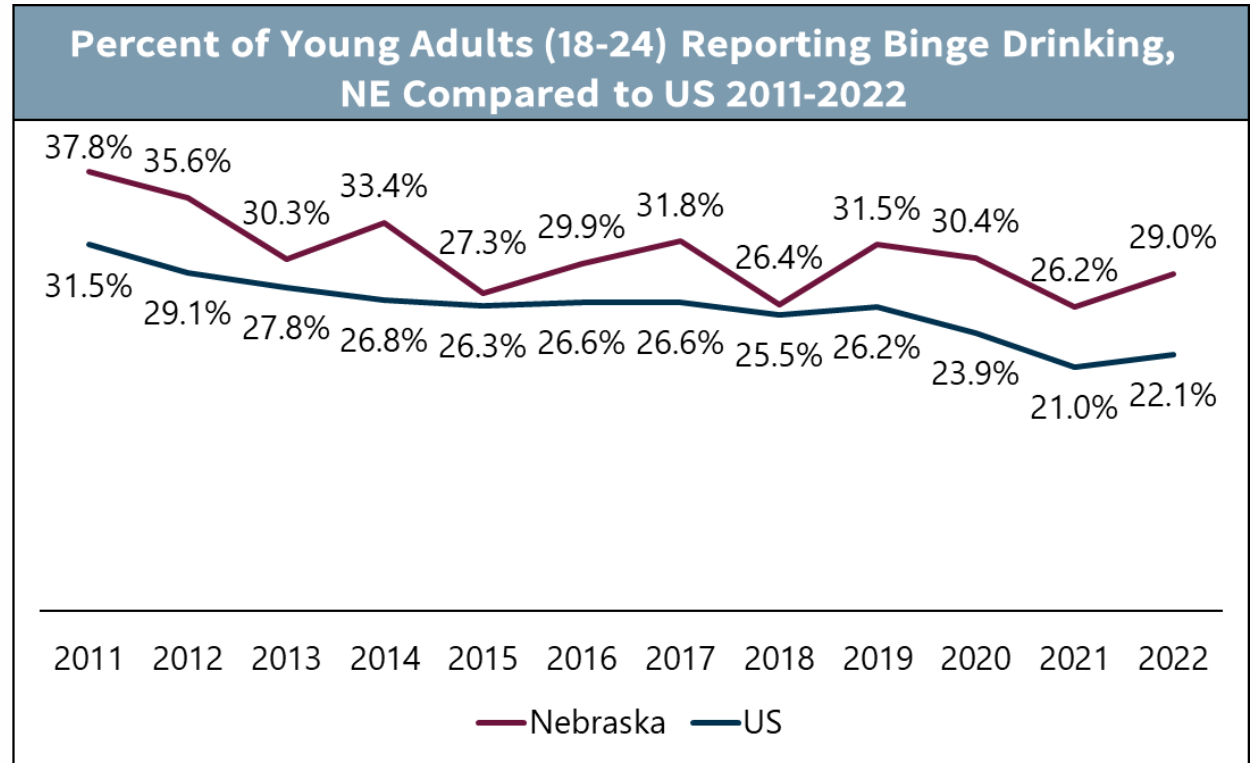
Data Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

Baseline	31.5%	BRFSS 2022 29.0%
Year 1 target	31.5%	
Year 2 target	30.0%	

Note: Goal is to maintain the baseline and this target was met with a positive change of 1.1%

The *National Survey of Drug Use and Health (NSDUH)* indicates youth alcohol use rates, and binge drinking in particular, are persistently higher in Nebraska compared to national rates.

Prevalence of Binge Drinking 2022			
Ages	NE	US	NE Rank
12+	25.2%	21.7%	45 th
12-17	5.4%	3.6%	50 th
18-25	36.0%	29.7%	43 rd
26+	26.0%	22.5%	46 th



Note: values indicate percent of young adults reporting consuming at least 5 drinks for males or 4 drinks for females in one occasion during the preceding 30 days. Source: Behavioral Risk Factor Surveillance Survey (BRFSS)

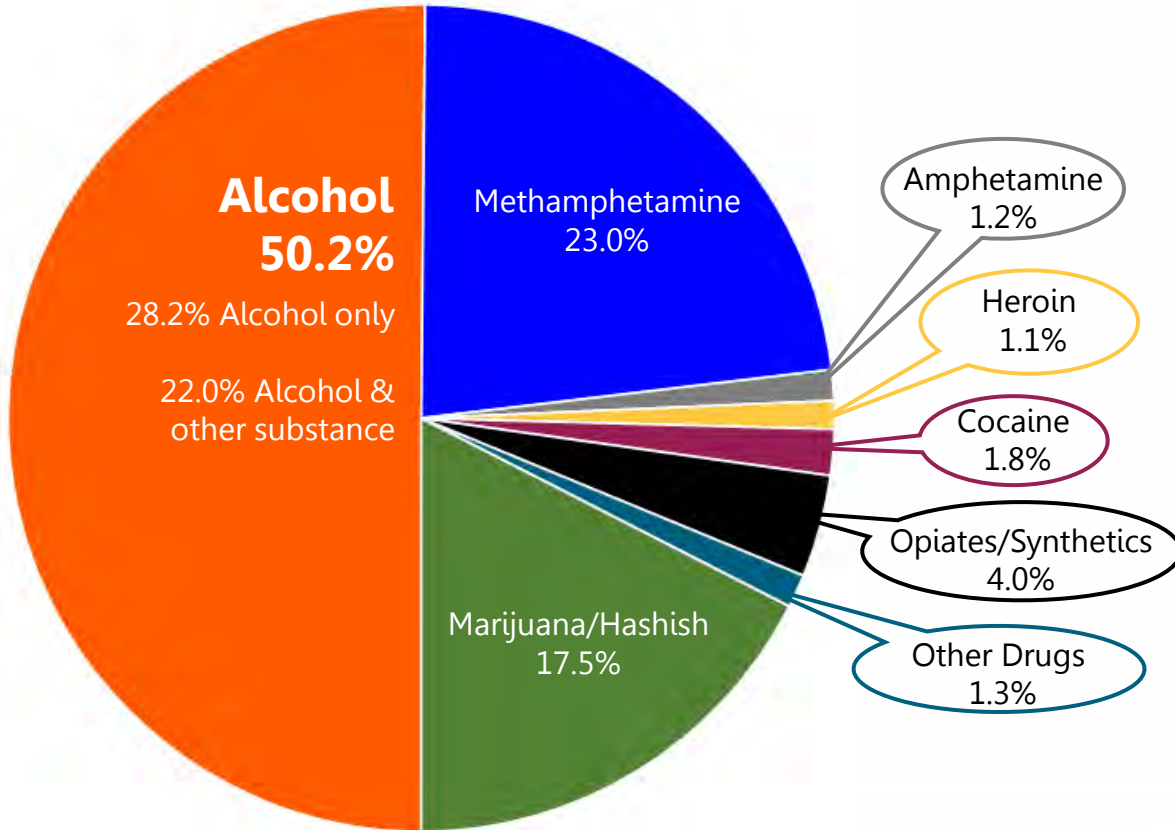
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Trends in Substances Reported: Alcohol and Opioids

38% of all encounters served reported one or more substances used

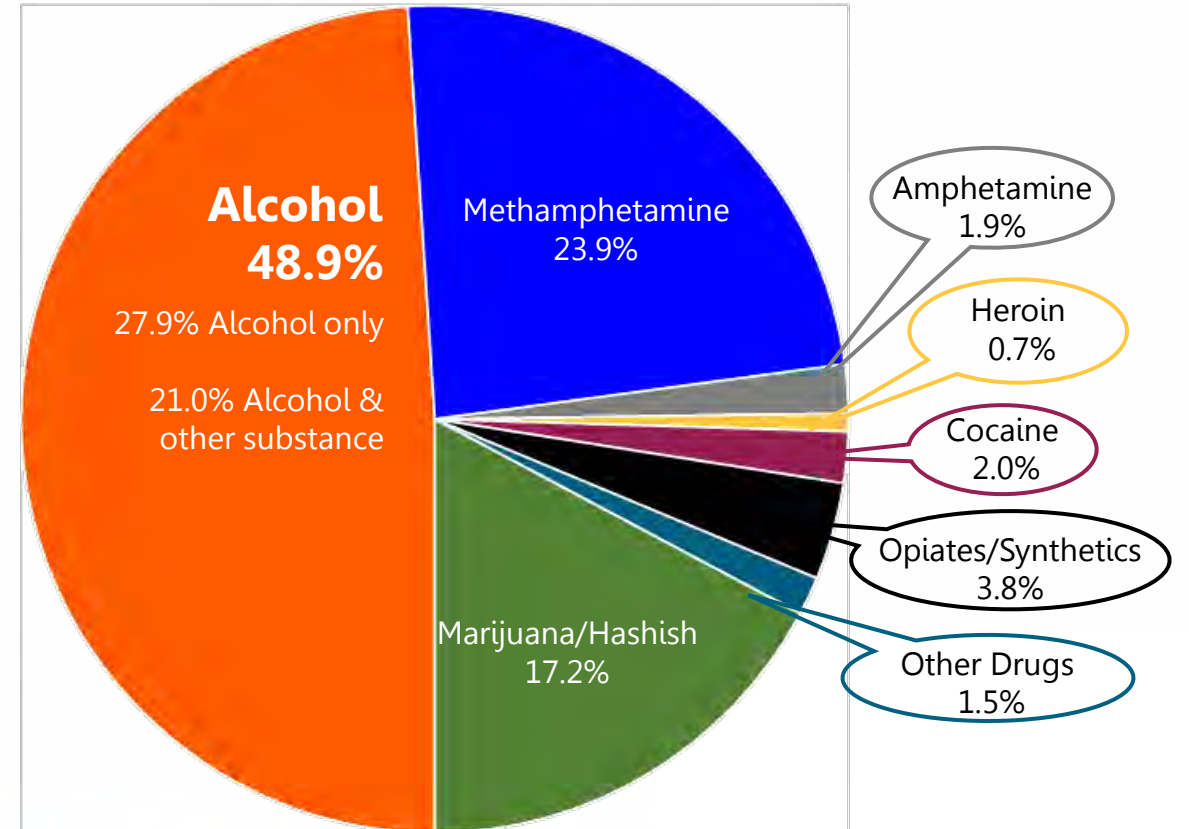
FY 2023: Top Substances Reported in CDS



Data Source: CDS – as of
10/1/2023; 8/1/2024

38% of all encounters served reported one or more substances used

Prelim FY 2024: Top Substances Reported in CDS



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Percentage of Nebraska YOUNG ADULTS reporting past year alcohol impaired driving

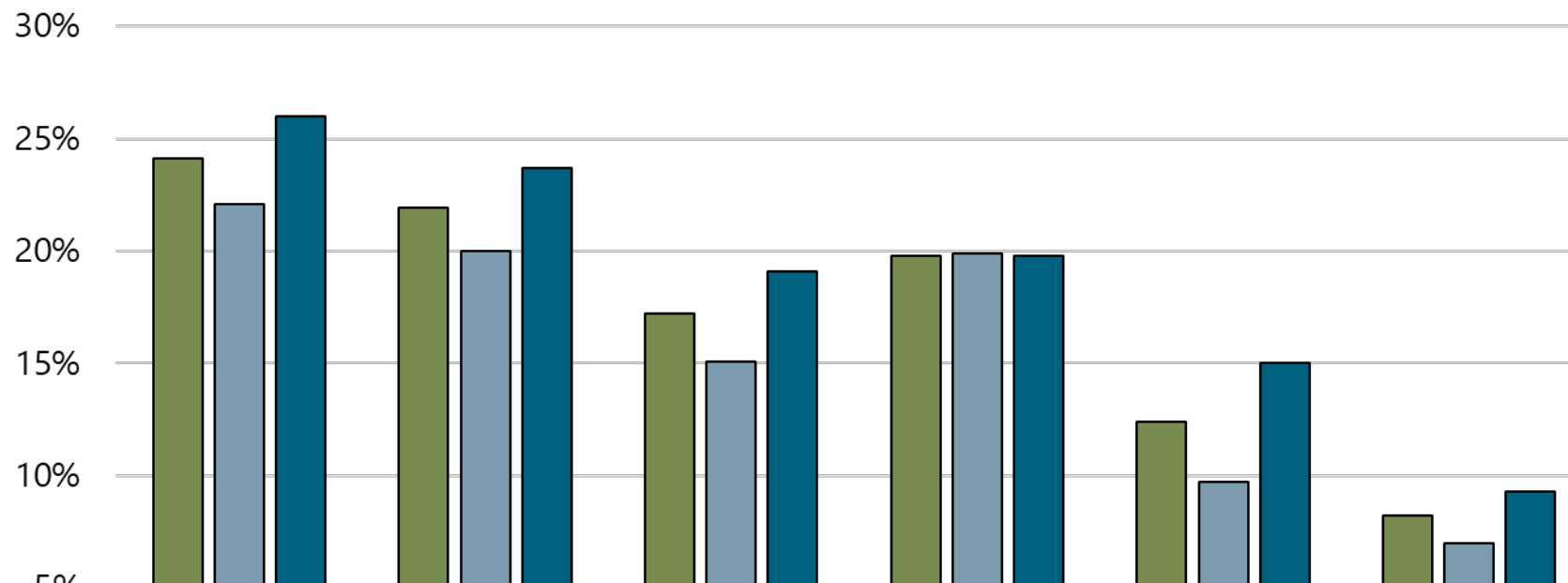


Nebraska Young Adult Alcohol Opinion Survey (NYAAOS)

2022 **Drink and Drive:**

8.2% of young adults in Nebraska reported driving under the influence of alcohol in the past year

11.5% reported having ridden in a vehicle driven by someone who was under the influence of alcohol in the past year.



	2012	2014	2016	2018	2020	2022
■ Nebraska	24.1%	21.9%	17.2%	19.8%	12.4%	8.2%
■ Female	22.1%	20.0%	15.1%	19.9%	9.7%	7.0%
■ Male	26.0%	23.7%	19.1%	19.8%	15.0%	9.3%

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Priority #2: Increase Use of Evidence-Based Strategies

Priority #2: Increase Use of Evidence-Based Strategies

Indicator #1: PP, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder, Underserved Racial and Ethnic Minorities)

Data Source: NPIRS

Baseline	33.6%	FY2024 subset 47.5%*
Year 1 target	36.1%	
Year 2 target	38.6%	

*Universal Prevention strategies address an entire population with programs, policies and practices aimed at preventing or delaying the misuse of alcohol, tobacco and other drugs. This FY24 data represent a subset of the EBPs (i.e. only universal indirect strategies).

Data Source: NPIRS; Evidence-Based Report

Funding Source: SAPT Block Grant & SAPT Mini-grant

Date Range : 07/01/2023 TO 06/30/2024



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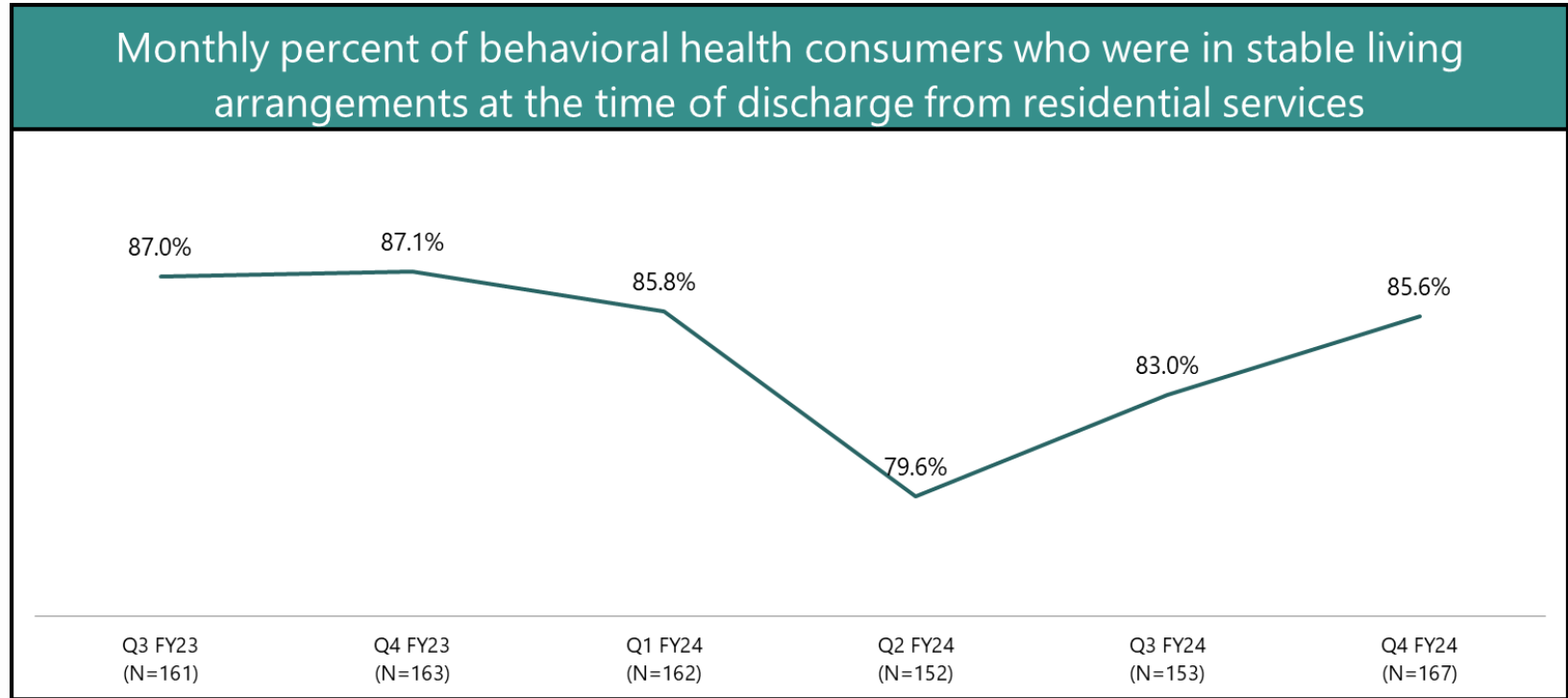
Priority #3: Consumers in Stable Living Arrangements

Priority #3: Consumers in Stable Living Arrangements

Indicator #1: Percentage of consumers in stable living arrangements at discharge from residential services

Data Source: CDS

Baseline	80%	FY24 84%
Year 1 target	80%	
Year 2 target	80%	



Data Source: DBH Centralized Data System (CDS); Encounters Current/Funding Region/Living Arrangements/Discharge/Respite Residential Services (except MH Respite)
 Numbers in parentheses represent statewide counts (not including persons whose housing status was "not available")
 Data current as of 7/21/2024

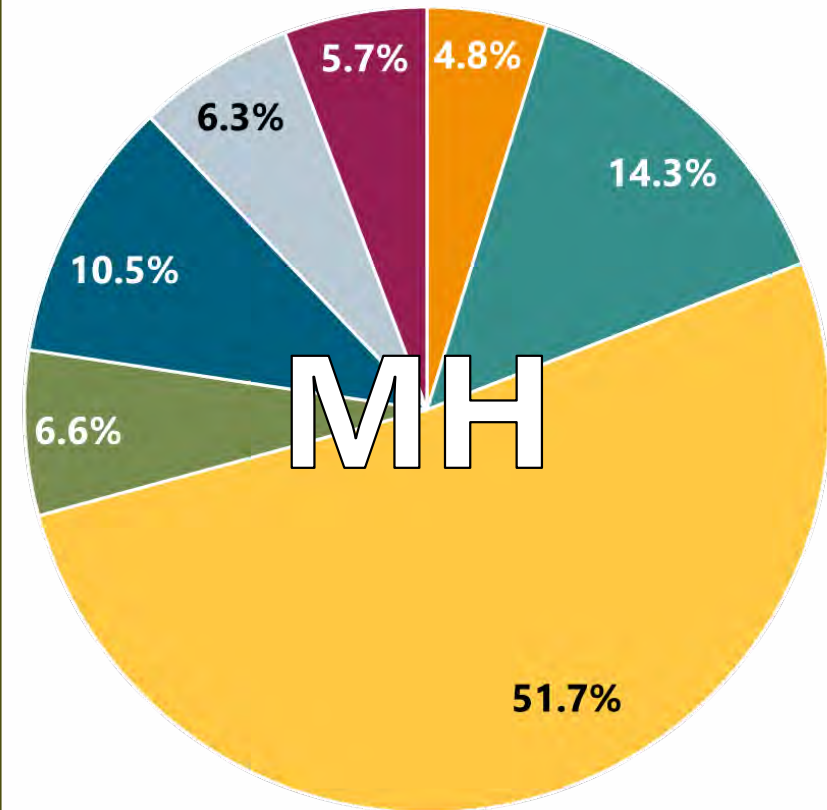


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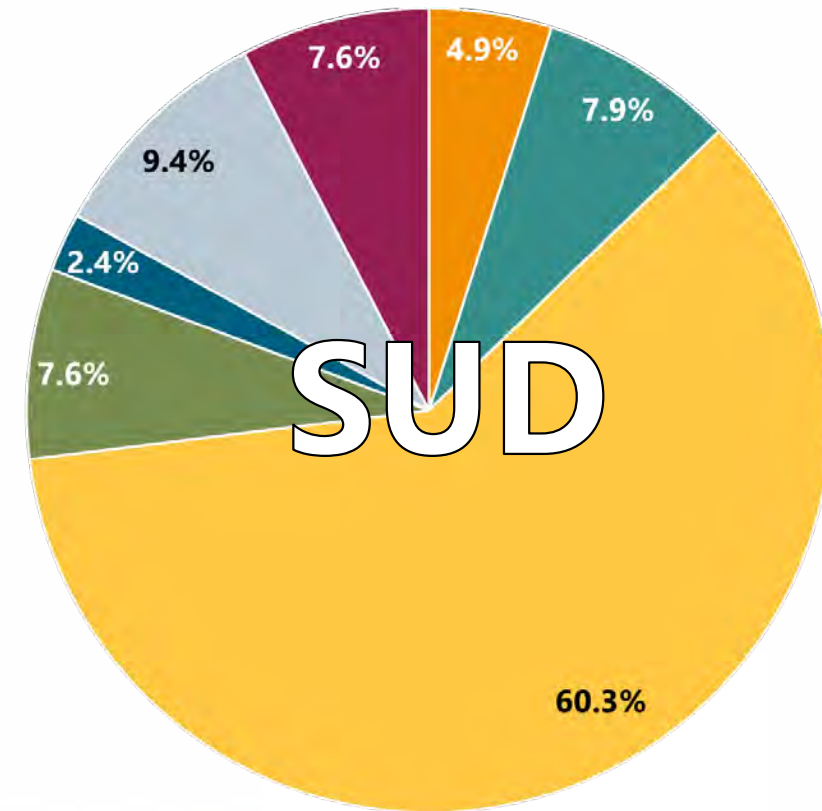
Post meeting note: In the last 4 fiscal years, Q2 (October-December) has had a lower percentage of persons discharged into stable living arrangements.

Last Known Living Arrangement: MH & SUD (prelim)



Living Arrangements	MH	SUD
Treatment Facility	3.2%	5.5%
Unknown	11.7%	3.1%
Private Residence	52.7%	60.5%
Correctional Facility or Other Institutional Setting	3.2%	10.5%
Child w/Parents/Relative; Foster Home; Youth Living Independently	12.7%	1.6%
Homeless or Shelter	11.4%	13.4%
Other	5.1%	5.3%

Data as of 8.1.2024 FY24 Data Source: Centralized Data System (CDS) DBH – Preliminary Anchor Dataset



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Priority #4: Employment Trends

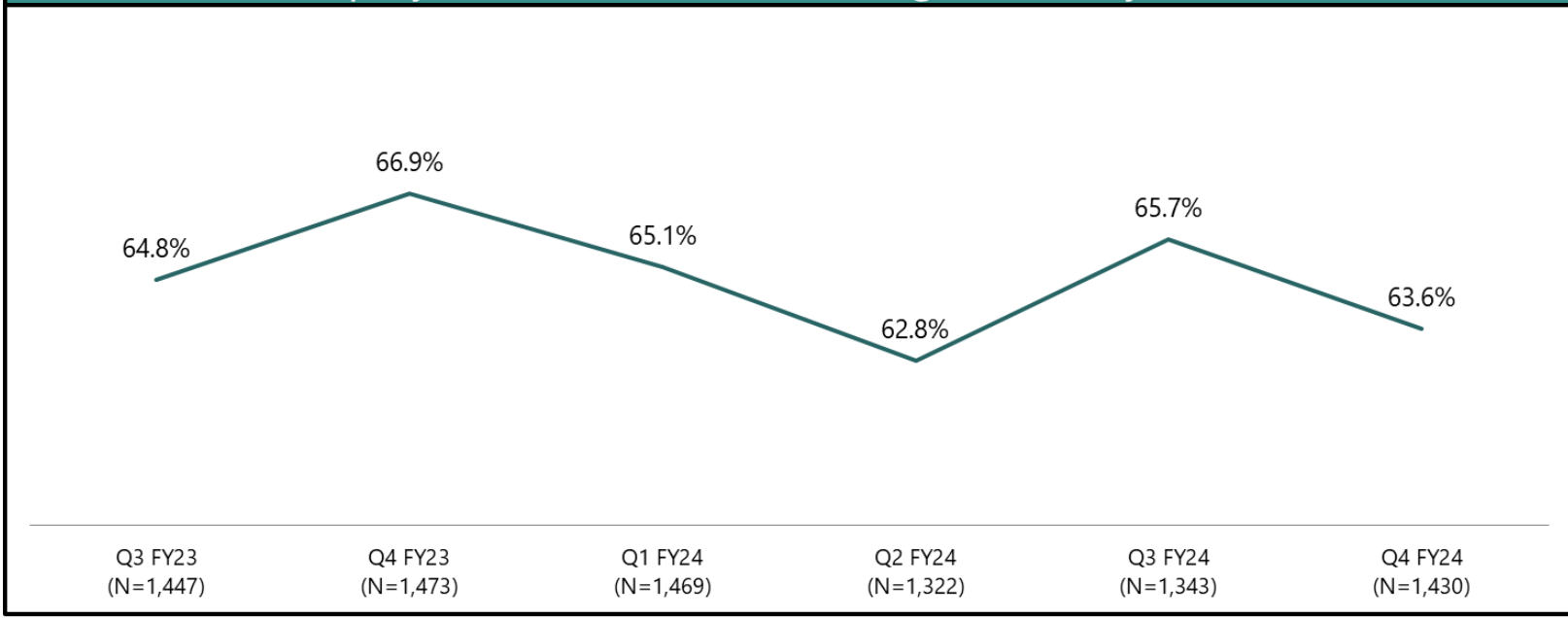
Priority #4: Consumers Employment

Indicator #1: Percentage of consumers in the labor market who are employed at discharge from any DBH funded service

Data Source: CDS

Baseline	55%	FY24 64%
Year 1 target	55%	
Year 2 target	58%	

Quarterly percent of behavioral health consumers who were in the labor market and employed at the time of discharge from any MH or SUD service



Data Source: DBH Centralized Data System (CDS); Encounters Current/Funding Region/Employment Status/Discharge/Any MH Or SUD Service
 Numbers in parentheses represent statewide counts of consumers discharged into the labor market
 Data current as of 7/21/2024

“EMPLOYED” = sum of employed & armed forces **full time** AND employed & armed forces **part time**

“LABOR MARKET” = **Employed** AND **Unemployed but Looking**

Post meeting note: In the last 4 fiscal years, Q2 (October-December) has had a lower percentage of persons discharged into the labor market.

Priority #5: Access for Priority Populations to SUD Services (prelim)

Priority #5: Priority Populations

Indicator #1: Percentage of persons reported as injecting drugs who are admitted to Short Term Residential services within 14 days of seeking treatment

Data Source: CDS

Baseline	80%	FY24 95%
Year 1 target	85%	
Year 2 target	85%	

P1. Pregnant and current intravenous drug using women;

P2. Pregnant substance abusing women;

P3. Current intravenous drug users;

P4. Women with dependent children, including those attempting to regain custody of their children

Priority SUD Group	Service/Description	2024 (DAO-8.1.2024)
IV Drug User	# of STR encounters	137
	Average wait time	5 days
	Admitted within 14 days	95.4%
	Admitted within 30 days	98.8%
	Priority sub population of all encounters waitlisted for STR and served for Substance Use	23.6%
NEBRASKA DHHS-DBH TOTAL	# of STR encounters	580
	total # unduplicated STR consumers	557
	Average wait time	5 days
	Admitted within 14 days	95.2%
	Admitted within 30 days	98.5%
	total # unduplicated consumers	23,402
<i>Waitlisted in FY24 computations include all encounters for which a value was entered (including zero) for waitlist days n CDS</i>		

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Priority #6: First Episode Psychosis (FEP **prelim**)

Priority #6: First Episode Psychosis

Indicator #1: Number of statewide admissions into FEP programs

Data Source: FEP Programs funded by DBH

FEP programs as *Coordinated Specialty Care* record admission, service utilization, outcome measures, and discharge data for all FEP participants. This information is available in CDS.

Baseline	20	FY2024 12
Year 1 target	20	
Year 2 target	20	



Recognizing challenges and addressing issues in the system: Nebraska **First Episode Psychosis** program

- Designated service in the CDS, **Coordinated Specialty Care**, rolled out in Fall of 2021 to improve data collection
- Changed model from *OnTrack New York* to *Raise NAVIGATE*
- Omaha team now under one agency – *Community Alliance*
- Training occurred for all team members in January 2022 and subsequent consultation is ongoing
- Goals are to
 - strengthen treatment skills
 - increase participants
 - promote fidelity to the evidence-based practice

Post meeting note: In year 1, there were 32 persons in service in FEP Coordinated Specialty Care treatment for youth and youth adults who have experienced a first episode of psychosis. Number of persons served exceeds the target for number of persons to be newly admitted.

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Priority #7: Tuberculosis

Priority #7: Tuberculosis (TB)

Indicator #1: Maintain the contract requirement with the Regional Behavioral Health Authorities (RBHA) for Tuberculosis screening provided to all persons entering a substance abuse treatment service

Data Source: DBH contracts with the RBHAs



Signed contracts between the Nebraska Department of Health and Human Services (DHHS)- Division of Behavioral Health (DBH) and the six Regional Behavioral Health Authorities (RBHA) include requirements regarding screening for Tuberculosis.

Additional services and/or referrals for services are made available to those individuals whose screening indicates "high risk" for TB.

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Priority #8: Crisis Response Dashboard

Priority #8: 988 volume metrics & Mobile Crisis Response Team activations

Indicator #1: Stand up a public-facing 988 dashboard (updated monthly)

Data Source: 988 data from Boys Town.

Goal of the priority area: Implement a working dashboard that summarizes and visualizes volume and metrics data for 988 and Mobile Crisis Response (MCR); to be updated monthly.

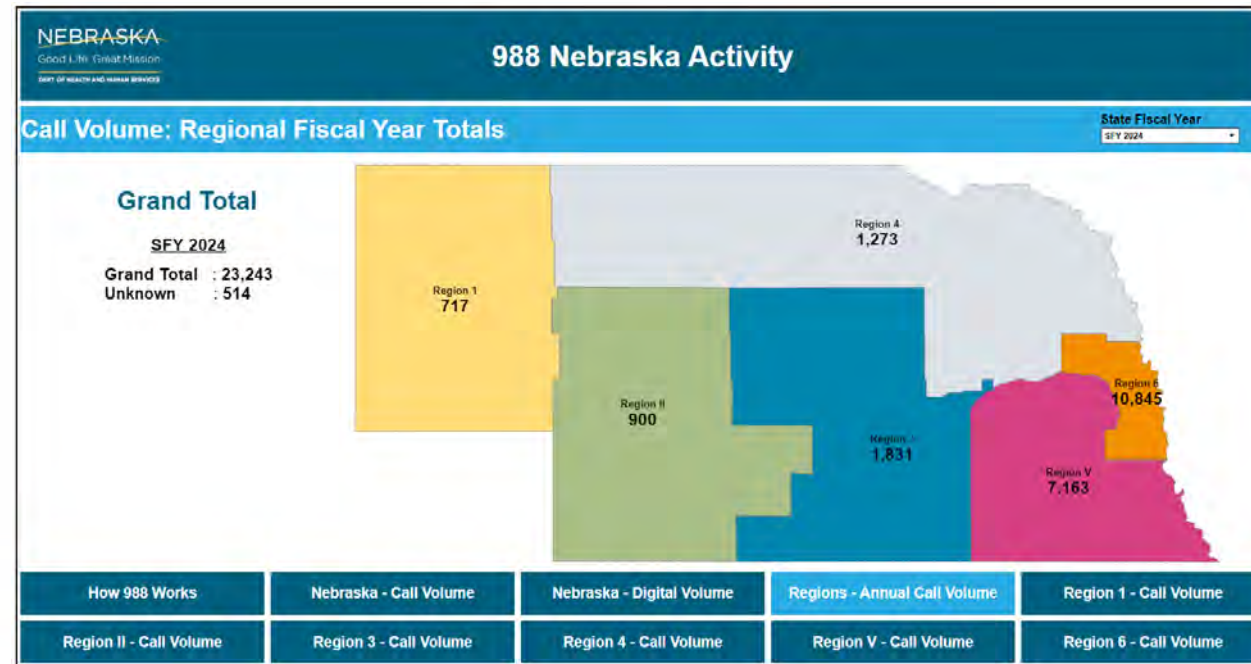
Objective: Provide 988 and Mobile Crisis Response (MCR) volume and metrics tracking for the public and relevant stakeholders.

Strategies to attain the objective: Maintain ongoing 988 data collection with Boys Town to develop a public-facing dashboard that will summarize and visualize Calls/Chats/Texts volume data for 988 and key metrics for MCR activations at statewide and regional levels.

Baseline Measurement: Project in development.

First-year target/outcome measurement: Report 988 Calls/Chats/Texts volume metrics on a working Dashboard.

Second-year target/outcome measurement: Report 988 Calls/Chats/Texts volume and Mobile Crisis Response activation metrics on a working Dashboard.



https://datanexus-dhhs.ne.gov/views/988ActivityDashboard_17132906644320/AbouttheData?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y

Recap: Critical Areas for Treatment and Recovery Success

- Stable Housing
- Employment
- Treated as worthy human being
 - *Trauma informed care*
 - *Respect & dignity*
 - *Cultural sensitivity & equity*
- Access to treatment and support systems in one's community
 - *At the level of care needed; timely*
 - *Minimal interaction with law enforcement*

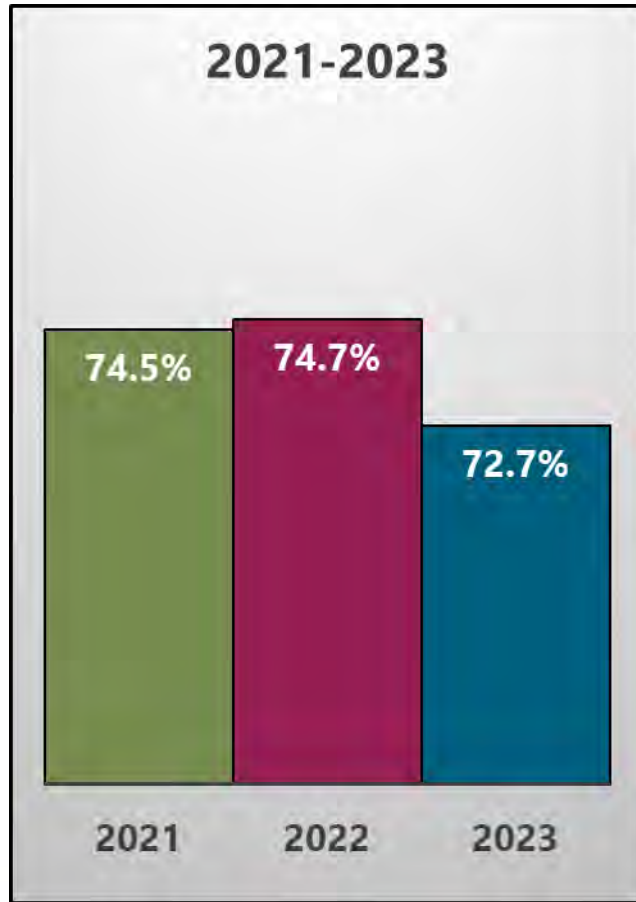


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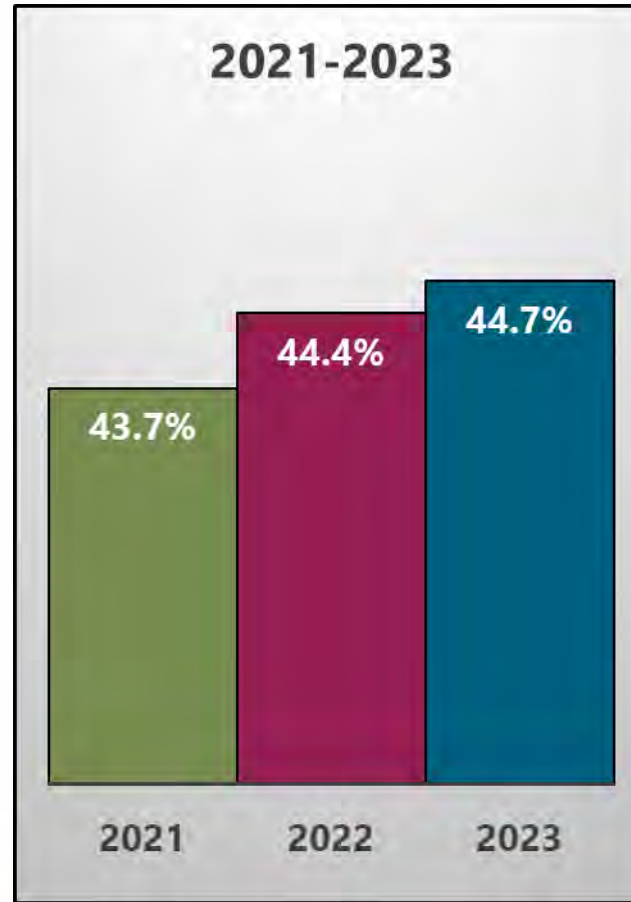
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Consumer Survey: *Percent of respondents with positive indications for ...*

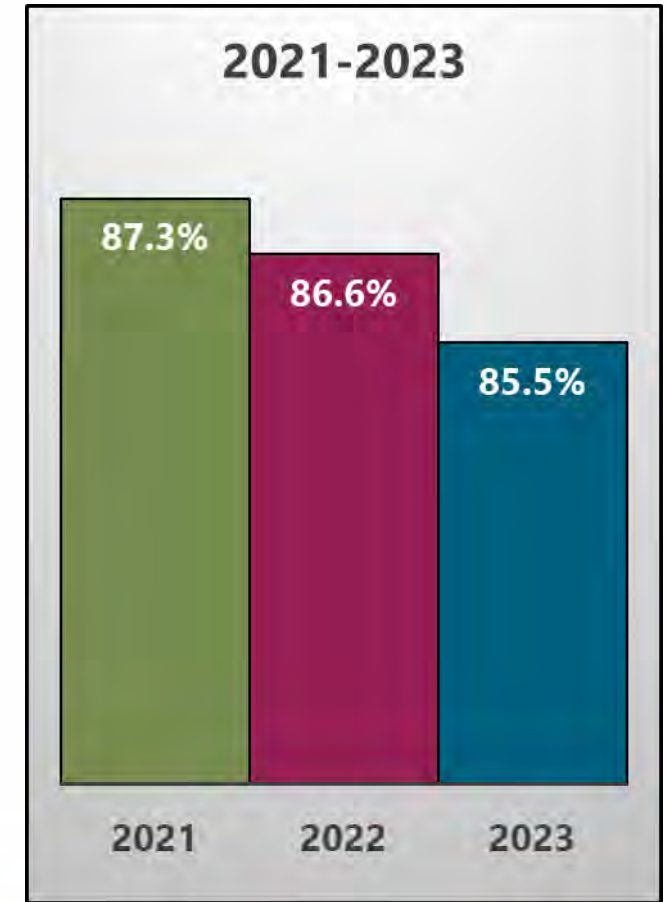
"I am better able to handle things when they go wrong."



"I am an active member of my community."



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



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Thank you!



Photo credit: <https://images.app.goo.gl/643Ba5Q1T4AeeMKd8>

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Division of Behavioral Health:

**Block Grant Application
Financial Projection
FY2024 - FY2025
2nd Year**

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FY25 Planned Expenditures

	Substance Abuse Block Grant	Mental Health Block Grant	Other Federal Funds	State Funds
Substance Abuse Prevention and Treatment				
a. Pregnant Women and Women with Dependent Children	\$ 799,680			\$ 152,205
b. Recovery Support Services	\$ 332,696		\$ -	\$ 498,603
c. All Other	\$ 5,224,984		\$ 4,883,511	\$ 22,616,478
Substance Abuse Primary Prevention (20%)	\$ 1,695,296		\$ 3,719,690	\$ 218,896
Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10%)		\$ 446,163		
24-Hour Care (non-State Hospital)		\$ 40,000		\$ 8,677,005
Ambulatory/Community Non-24 Hour Care		\$ 3,529,306	\$ 288,000	\$ 44,314,636
Crisis Services (5%)		\$ 223,082	\$ 161,803	\$ 15,624,765
Administration (excluding program/provider level)	\$ 423,824	\$ 223,082		
Total	\$ 8,476,480	\$ 4,461,633	\$ 9,053,004	\$ 92,102,588

Mental Health Disorder & Prevention:

\$73,527,842

Substance Use Disorder & Prevention:

\$40,565,863

(Not including ARPA & Covid Supplemental Block Grants)

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Mental Health Block Grant

Budget Period: October 1, 2023 – September 30, 2025

MHBG Award		4,461,633.00
5% admin (max)		223,081.65
20% Prevention (minimum)		
10% FEP (minimum)		446,163.30
5% crisis (minimum)		223,081.65
MH Services Youth & Adult		3,569,306.40

- Children with SED and their families
- Adults with SMI
- Older Adults with SMI
- Individuals with SMI or SED in the rural and homeless populations
- Individuals who have an Early Serious Mental Illness (ESMI)

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Substance Abuse Block Grant

SAPTBG Award		8,476,480.00
5% admin (max)		423,824.00
20% Prevention (minimum)		1,695,296.00
Treatment & Non-Primary Prevention		6,357,360.00

Budget Period:
October 1, 2023 –
September 30, 2025

- Primary Substance Use Disorder Prevention, Treatment and Recovery Services for Individuals, Families and Communities
- Primary Prevention
- Pregnant Women and Women with Dependent Children
- Persons Who Inject Drugs
- Tuberculosis Services
- Group Homes for Persons in Recovery from Substance Use Disorders
- Referrals to Treatment
- Professional Development.

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Valerie Standeven

DBH Budget Officer

Valerie.standeven@nebraska.gov

402-471-7053



@NEDHHS



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An illustration on the left side of the slide depicts a man sitting inside a large, clear pill bottle. To his right, a woman is sitting on a stack of books. In the foreground, there are several colorful pills (red, white, green, purple) scattered on the floor. The background is white with soft, glowing light effects.

TRENDS IN SUBSTANCE USE REPORTED BY THOSE SERVED IN DBH-FUNDED SERVICES (Youths and Adults)

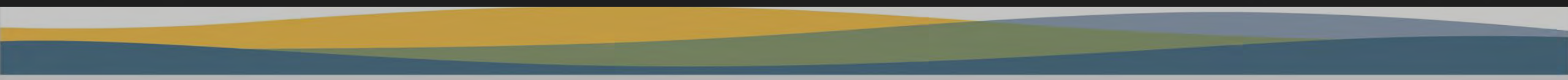
Presentation By:
Dr. Harley Peters (Phd) & Dr. Thakur Sai Manogna Bais (MPH, BDS)

Nebraska Department of Health & Human Services
Division of Behavioral Health (DBH)

(DATE: AUGUST 22ND, 2024).

Contents:

- **National Surveys reports**
- **Data Definitions**
- **Nebraska DBH report on Substance Usage 2012-2023**
 - ✓ *Youths (age <21) vs Adults (age 21+)*
 - ✓ *Primary and Secondary substance usage*
 - ✓ *Breakdowns by Year, Race, Age, Sex, and Trauma status*
 - ✓ *Trends in service utilization*



Study 1#: SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021

Key findings from the 2021 NSDUH include:

In 2021, approximately 61.2 million individuals aged 12 or older, accounting for 21.9% of the population, used illicit drugs within the past year. The most prevalent among these was marijuana, used by 52.5 million people. Nearly 39% of young adults aged 18 to 25 used illicit drugs, with marijuana being used by one-third of them during the same period. Additionally, 9.2 million people in this age group misused opioids within the year.

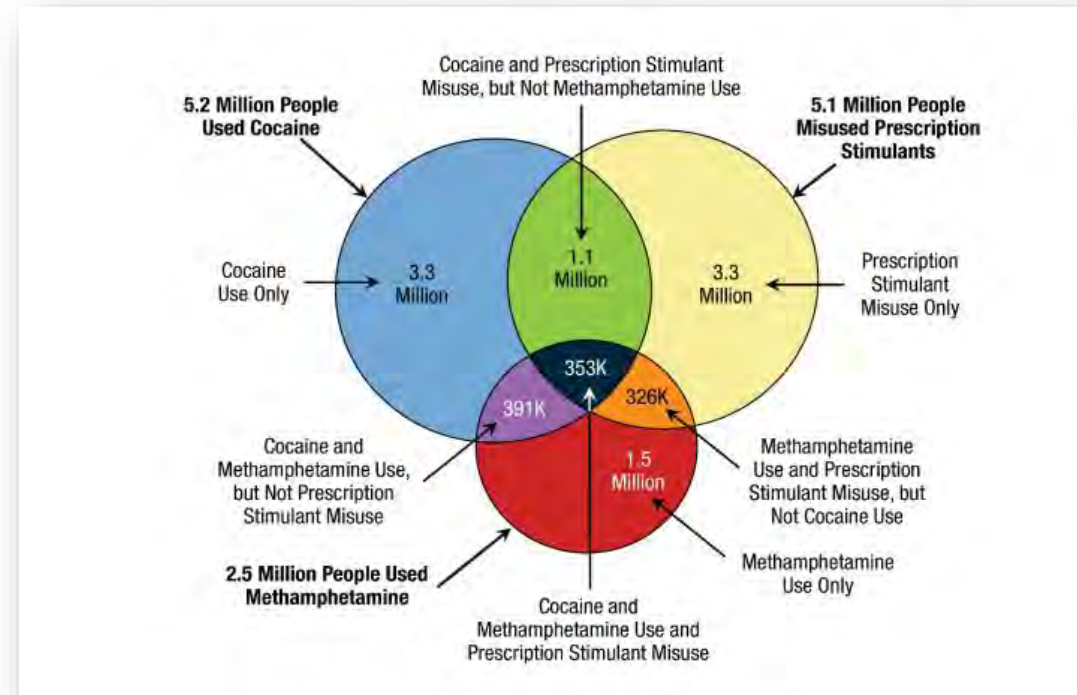
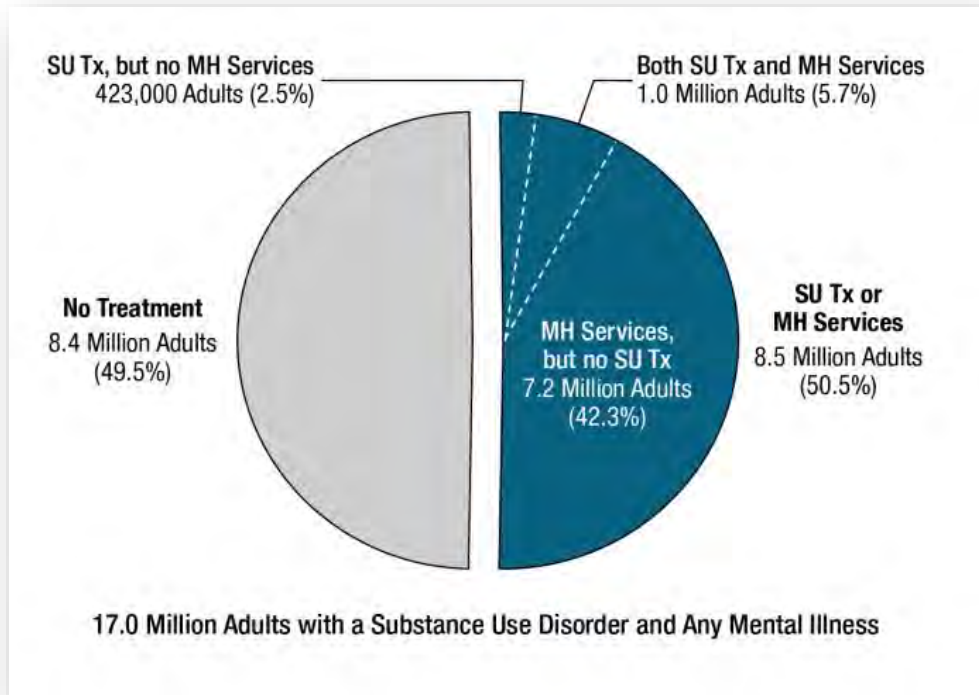
Regarding substance use disorders, an estimated 46.3 million people, or 16.5% of the population aged 12 or older, met DSM-5 criteria for such disorders within the past year. This included 29.5 million individuals classified with alcohol use disorder and 24 million with drug use disorder. The prevalence of substance use disorders was highest among young adults aged 18 to 25 compared to both younger and older adults.

Despite these figures, the vast majority—94%—of individuals with substance use disorders did not receive any treatment in 2021. Among those who did not seek treatment at specialized facilities, nearly all believed they did not require treatment.



Sourced from: SAMHSA Announces National Survey on Drug Use and Health (NSDUH) Results Detailing Mental Illness and Substance Use Levels in 2021. (revised 2023, JAN 4th).
<https://www.hhs.gov/about/news/2023/01/04/samhsa-announces-national-survey-drug-use-health-results-detailing-mental-illness-substance-use-levels-2021.html>

Study 2#: Substance abuse and mental health services administration. (2021)



Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.
MH = mental health; SU Tx = substance use treatment.

Receipt of Substance Use Treatment at a Specialty Facility and Mental Health Services in the Past Year: Among Adults Aged 18 or Older with Past Year Substance Use Disorder and Any Mental Illness; 2020

Past Year Central Nervous System (CNS) Stimulant Misuse: Among People Aged 12 or Older; 2020

Sourced from: Substance Abuse and Mental Health Services Administration. (2021). *Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health* [PDF slides]. Retrieved from <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/2020NSDUHFRSlides090821.pdf>

About the Nebraska DHHS Dataset

Data Source :

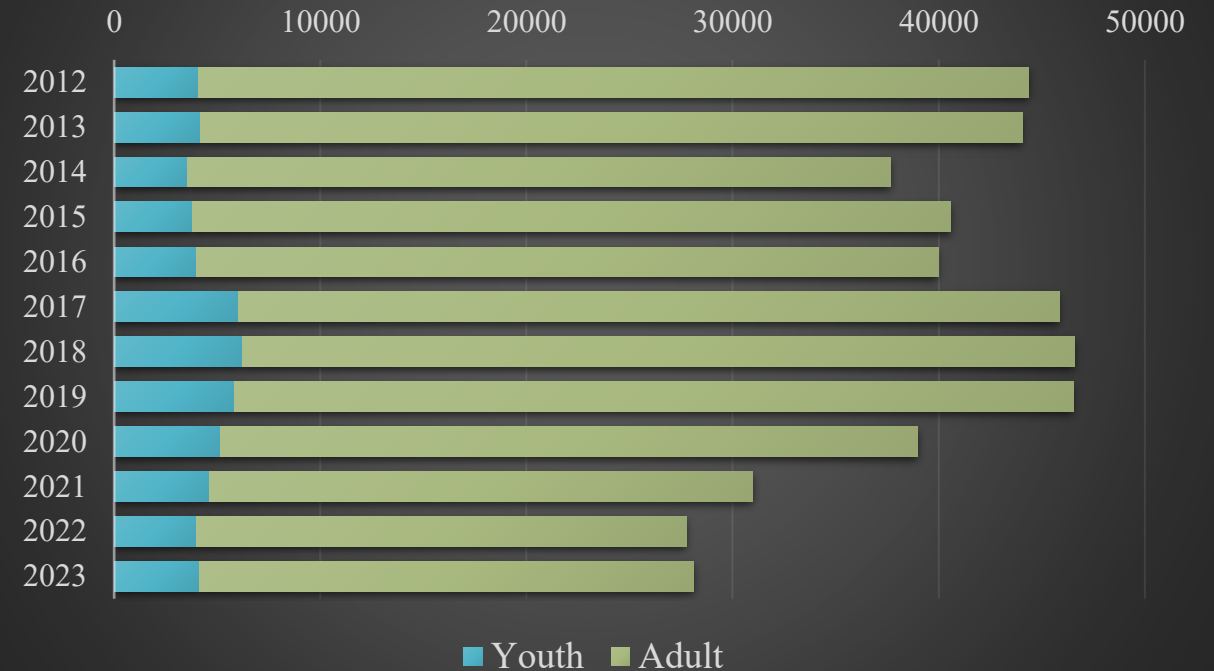
Department of Behavioral Health Centralized Data System
Admission between 1/1/2012 - 12/31/2023
Access Date : 6/17/2024

Definitions :

- *Department of Health and Human Services (DHHS)*
- *Division of Behavioral Health (DBH)*
- *Centralized Data System (CDS)*
- *Service Classifications – Mental Health (MH), Substance Use (SUD)*
- *Youths – Individuals under 21 years old*
- *Adults – Individuals 21 years or older*

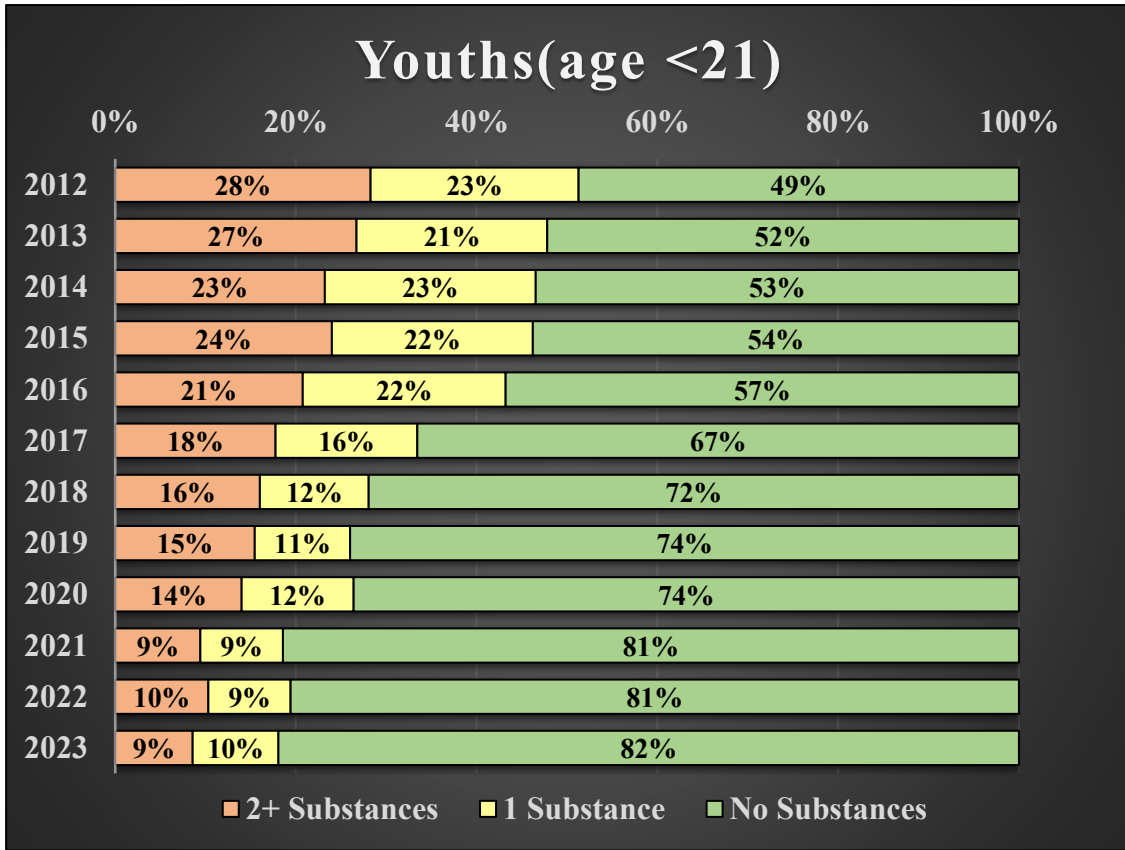
Note : The statistics and counts presented here only include instances where DBH was the payer. Services paid for via Medicaid, private insurance coverage, etc., are not included.

Individuals Served by DBH by Calendar Year

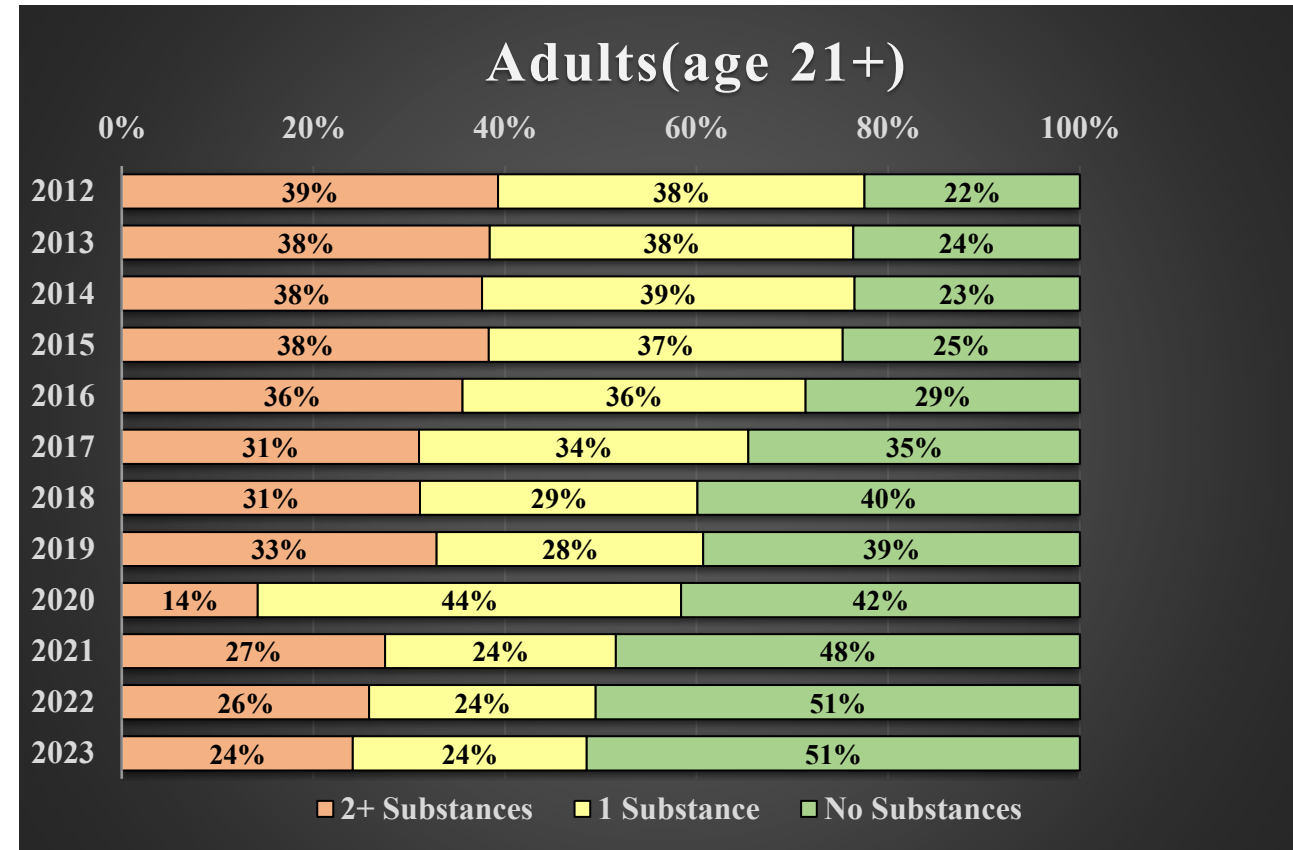


On average between 2012 - 2023, the Nebraska DBH served 4,636 Youths and 34,657 Adults per year (Overall N = 55,635(youths) and 415,882 Adults)

Trends in Substance Usage Reported at Admission : 2012 - 2023



From 2012-2023, 33% of Youths served by DBH reported substance use, and of those, 53% reported using more than 1 substance
(N=55,635)

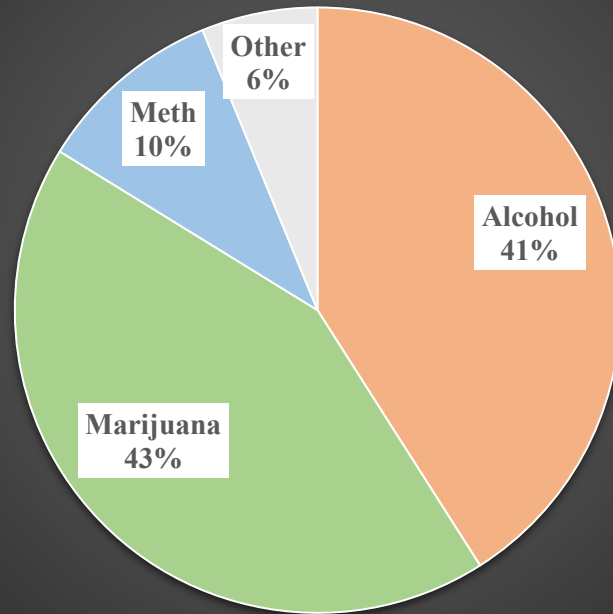


From 2012-2023, 66% of Adults served by DBH reported substance use, and of those, 49% reported using more than 1 substance
(N=415,882)

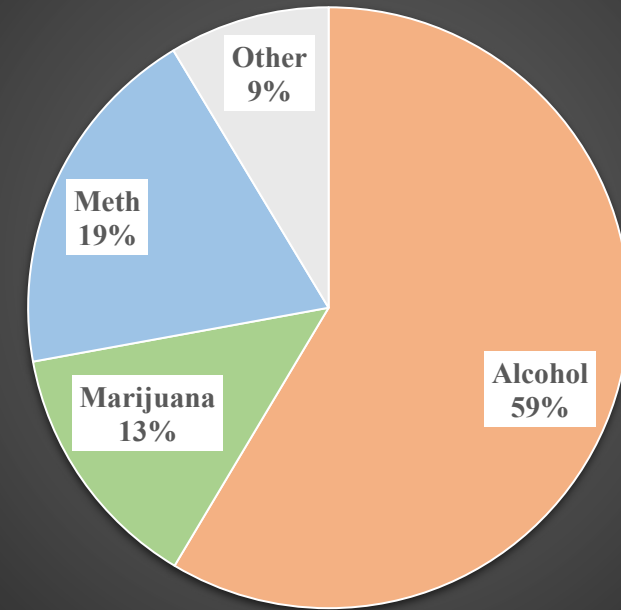
Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

Top 3 Primary Substances Reported at Admission

Youths(age <21)



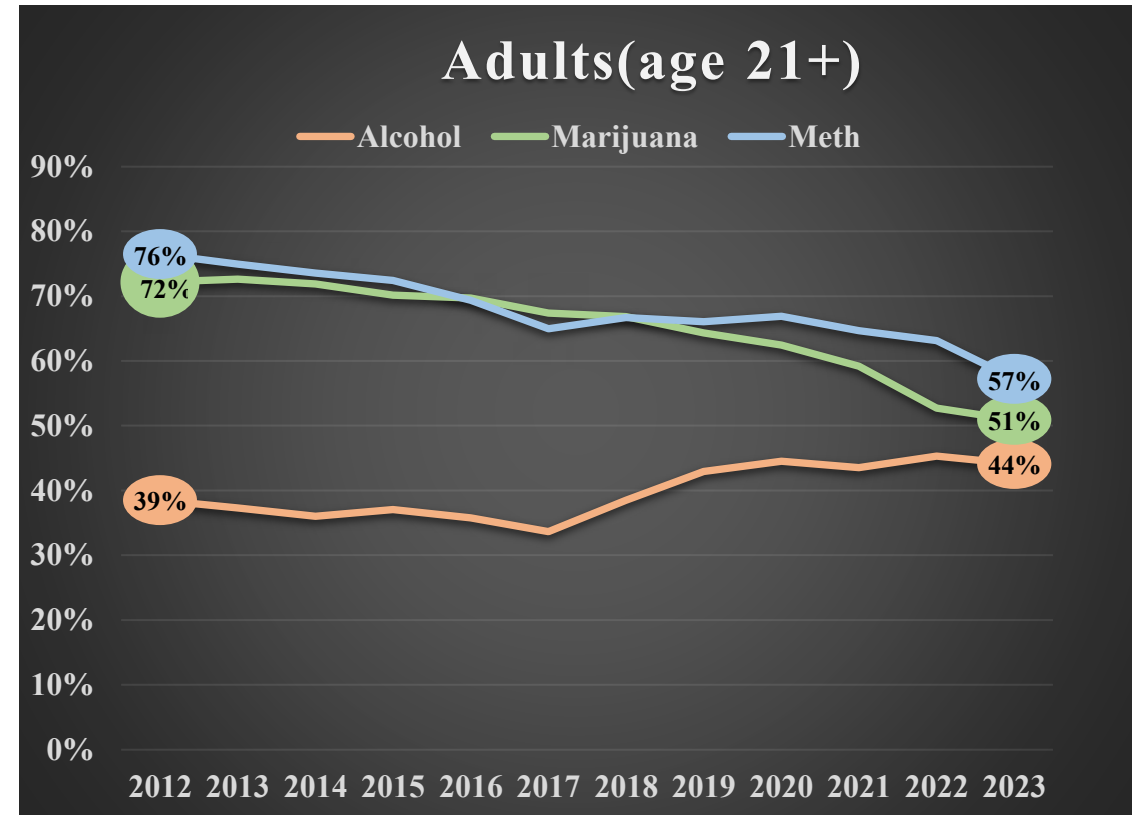
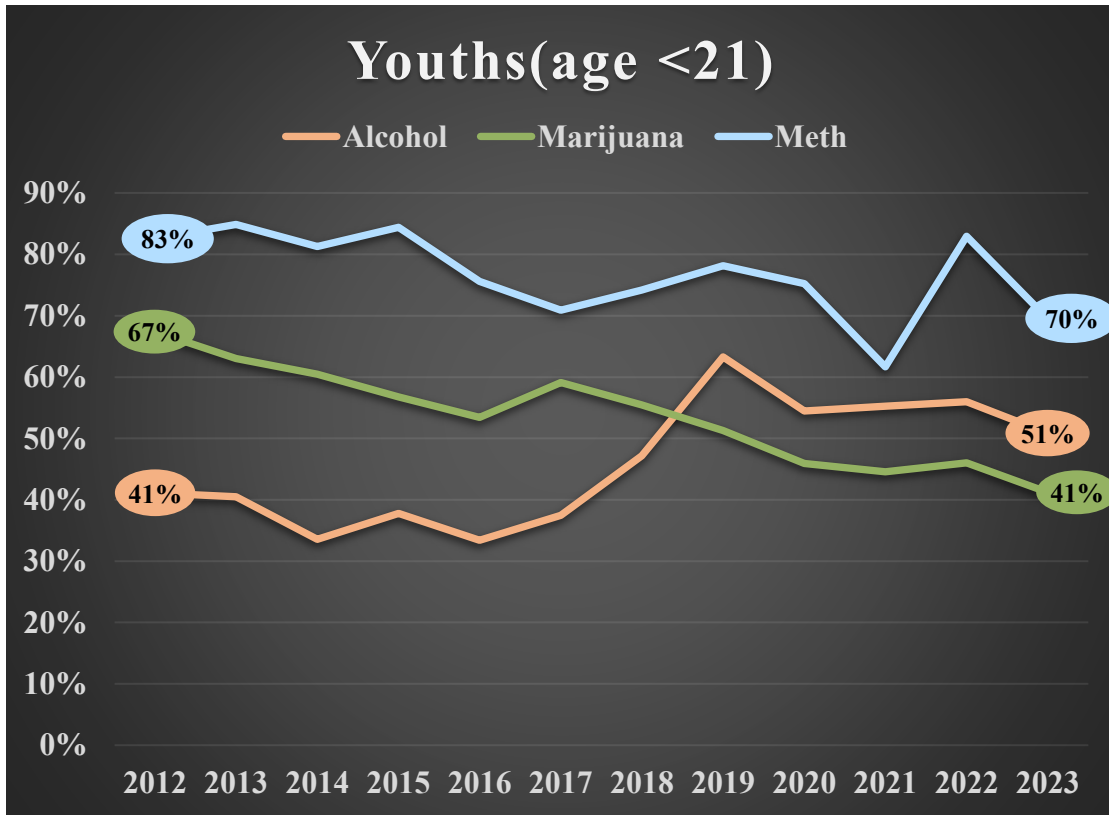
Adults(age 21+)



Alcohol, Marijuana, and Meth accounted for 94% of all primary substances reported among youths, and 91% among adults, from 2012-2023
(Youth N=18,265, Adult N=272,904)

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

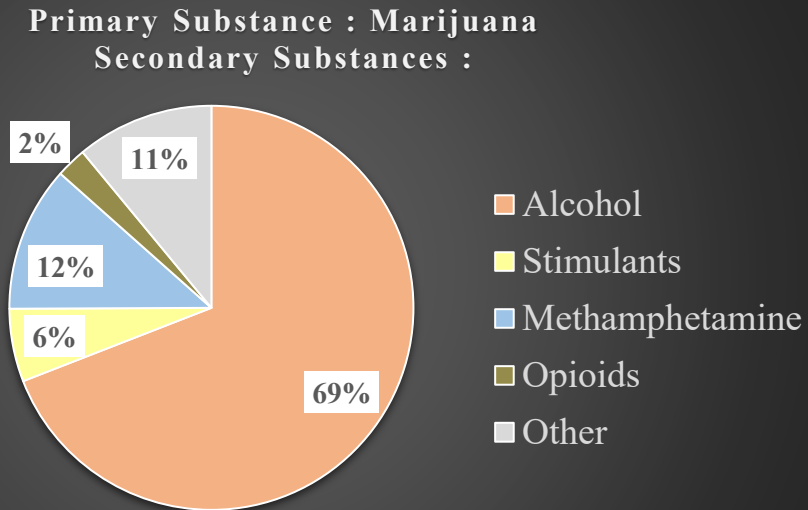
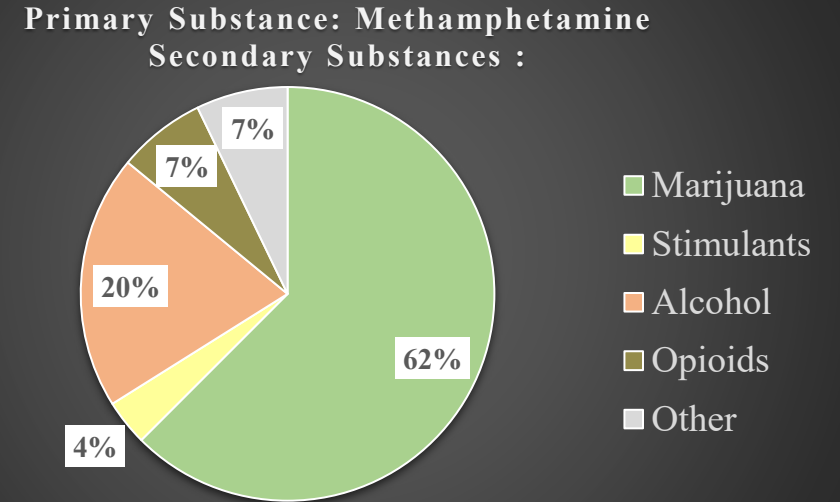
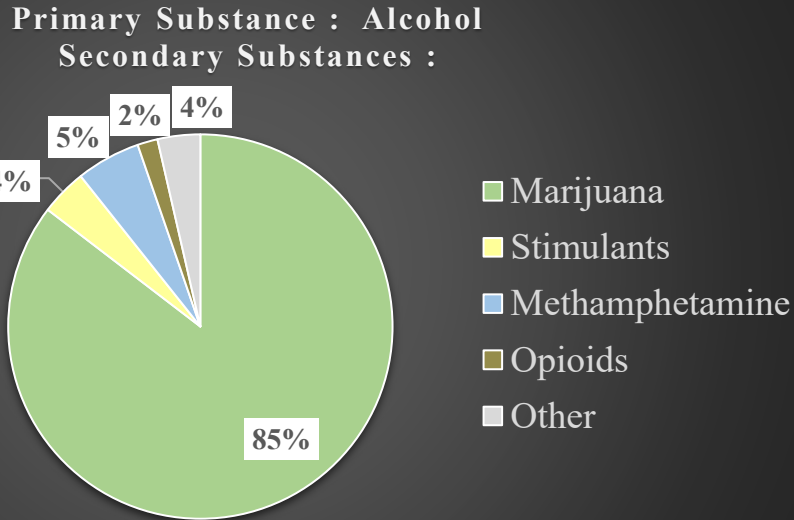
What % of Individuals Reporting Substance Use are Using Secondary Substances?



Overall, 53% of Youths and 49% of Adults who reported substance use at admission reported use of a secondary substance
(Youth N=18,265, Adult N=272,904)

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

Secondary Substance Breakdown : Youths (age <21)

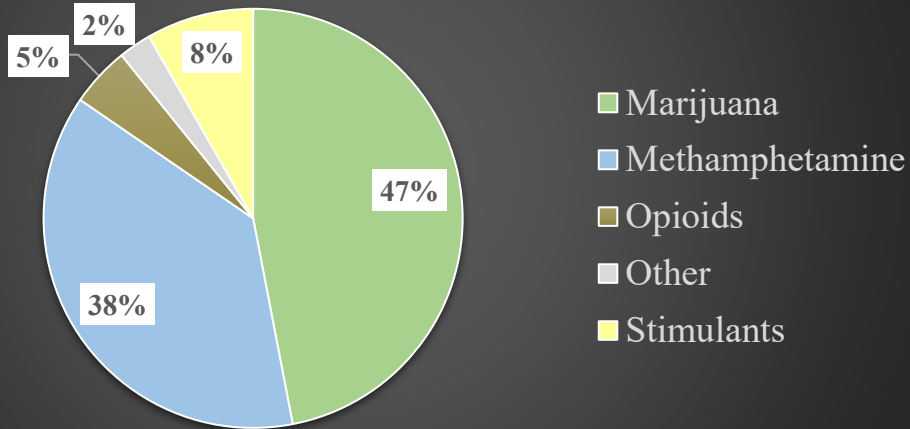


- Alcohol, Marijuana, and Meth remain the largest categories among secondary substances
- Marijuana accounts for 85% of all secondary substance use among individuals who reported Alcohol as the primary substance
- Secondary substance usage is more varied among Marijuana and Meth users, with Stimulants, Opioids, or Other drugs accounting for 18-19%

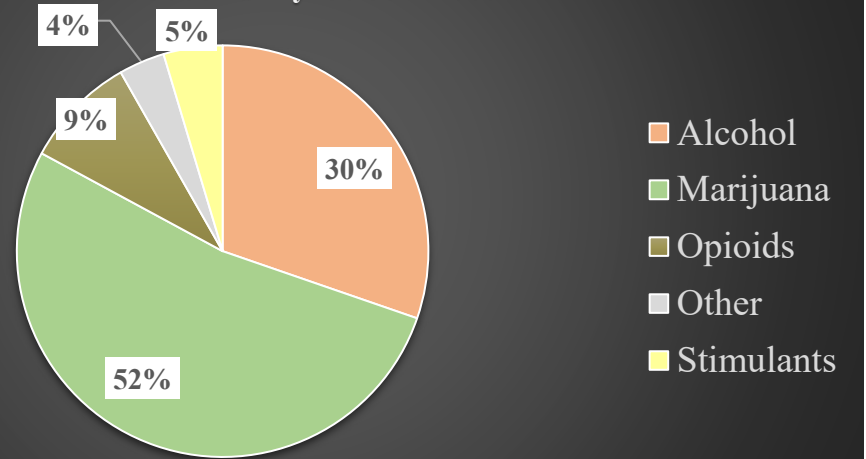
Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

Secondary Substance Breakdown : Adults (age 21+)

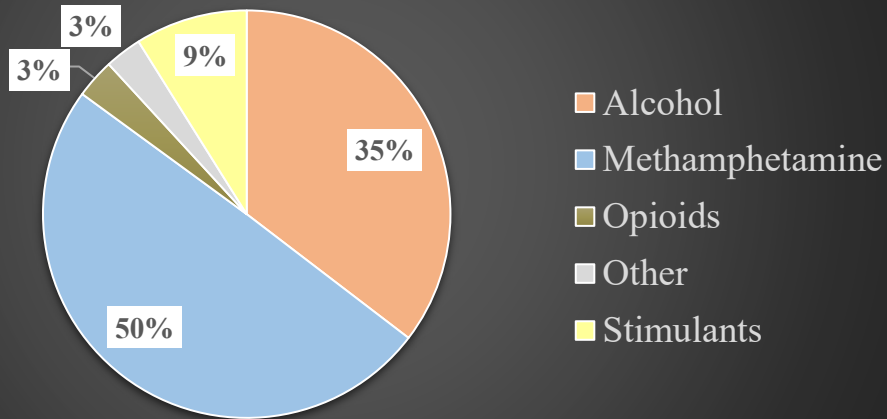
Primary Substance: Alcohol
Secondary Substances :



Primary Substance: Methamphetamine
Secondary Substances :



Primary Substance: Marijuana
Secondary Substances :

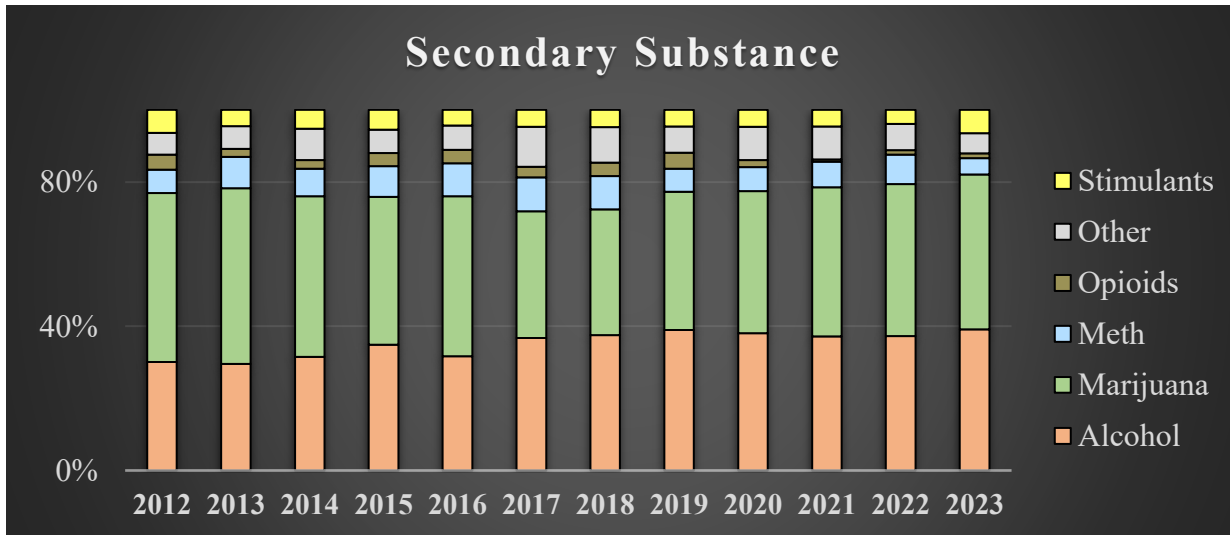
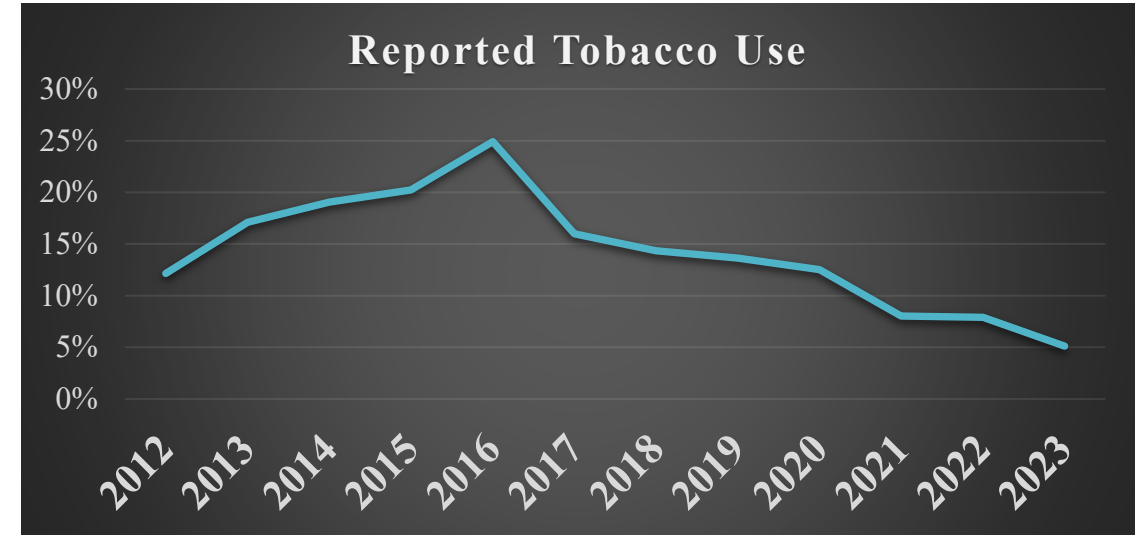
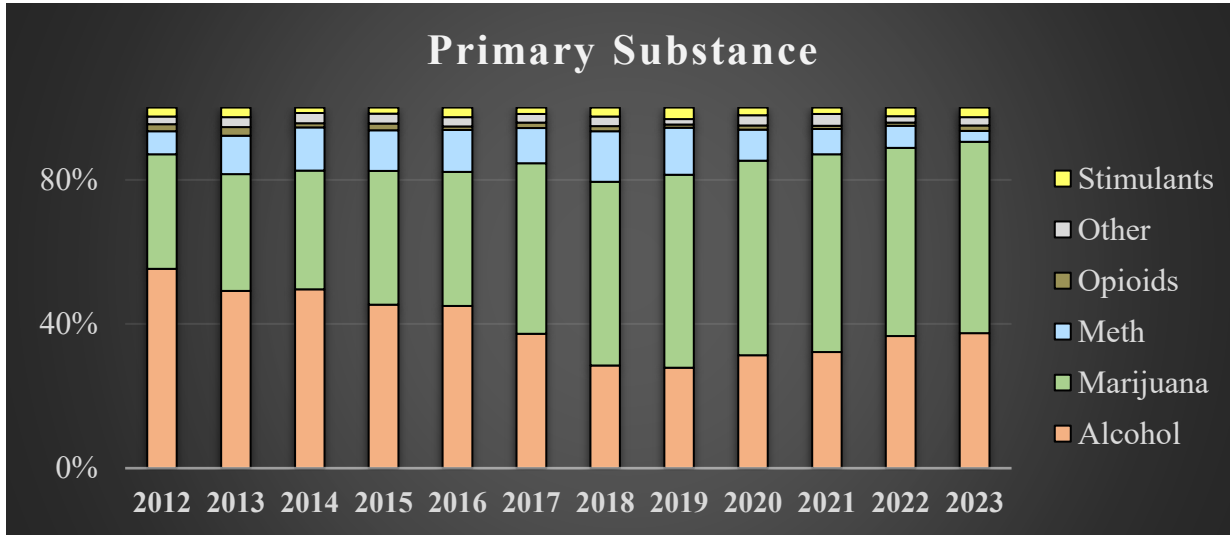


- Adults report use of Meth as a secondary far more frequently than Youths (38% vs 5% among Alcohol users, 50% vs 12% among Marijuana users)
- Adults also report higher rates of Opioid and Stimulant use as a secondary substance

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023.

Overall N (adult) = 415,882, N (youth) = 55,635

Trends in Reported Substance Usage : Youths (age <21)

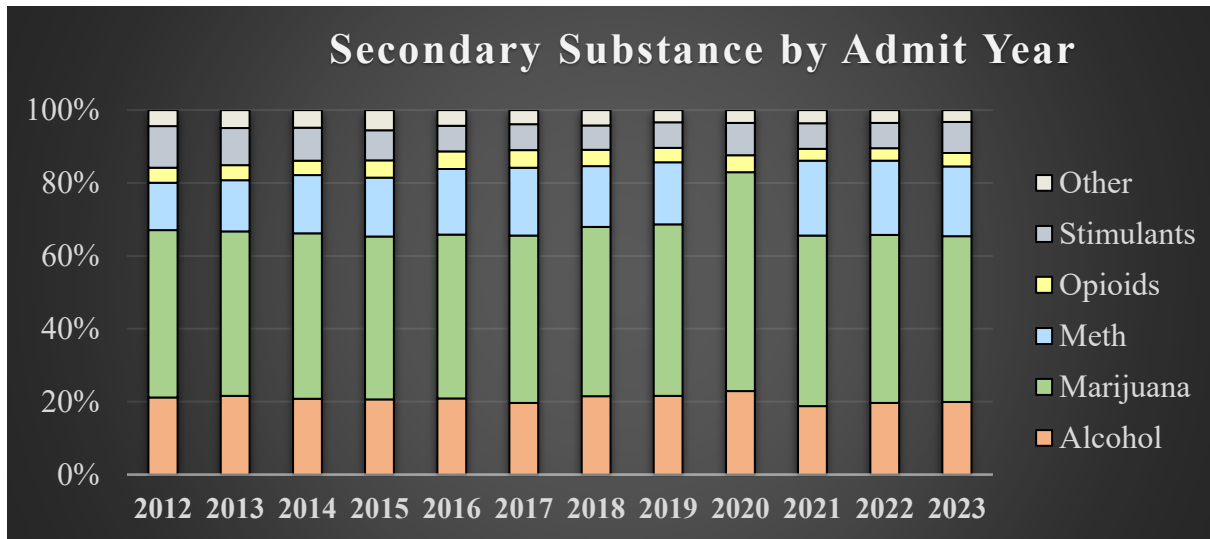
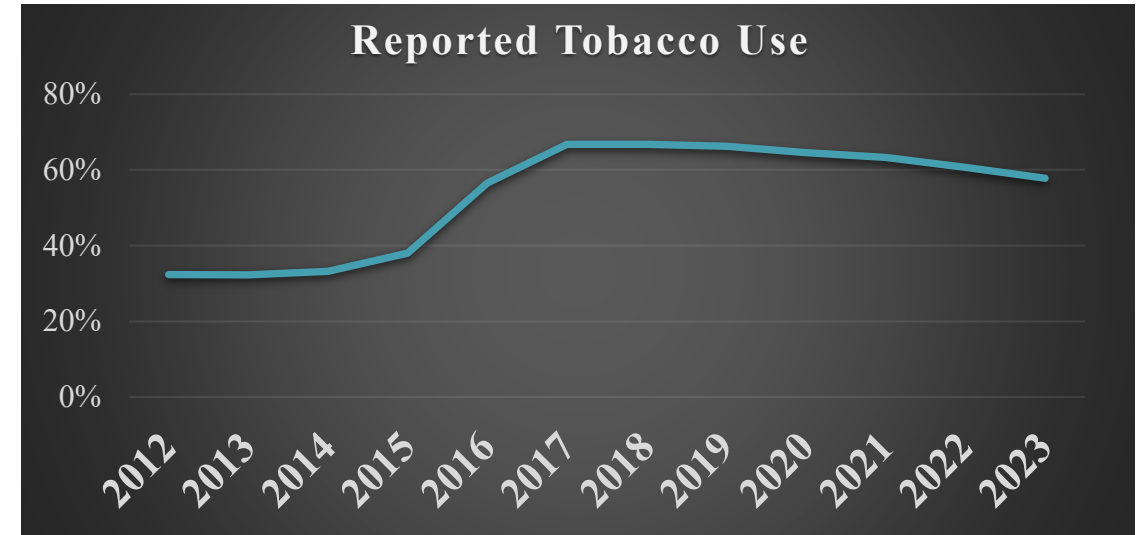
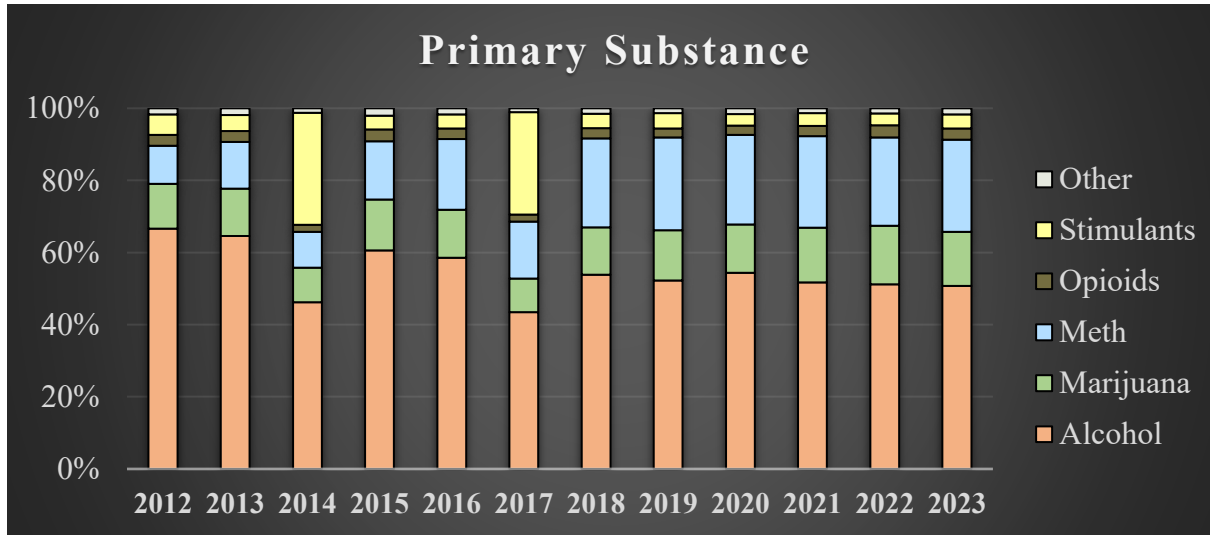


- The overall breakdown of substances used among youths has remained relatively constant since 2012
- The percentage of individuals responding 'Yes' to tobacco use at admission has declined significantly since 2016

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023.

Overall N (adult) = 415,882, N (youth) = 55,635

Trends in Reported Substance Usage : Adults (age 21+)

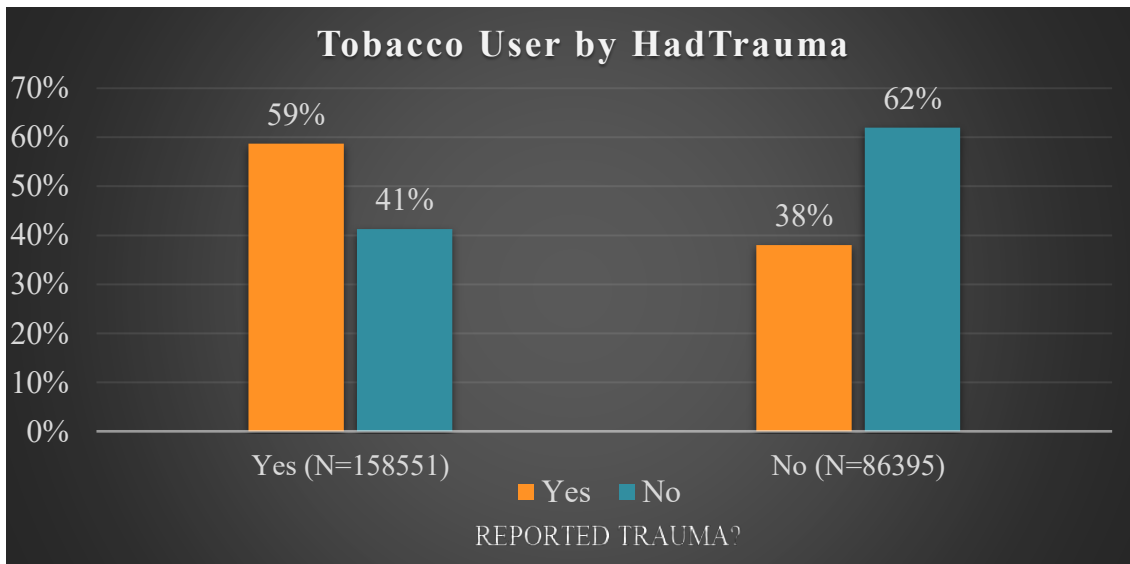
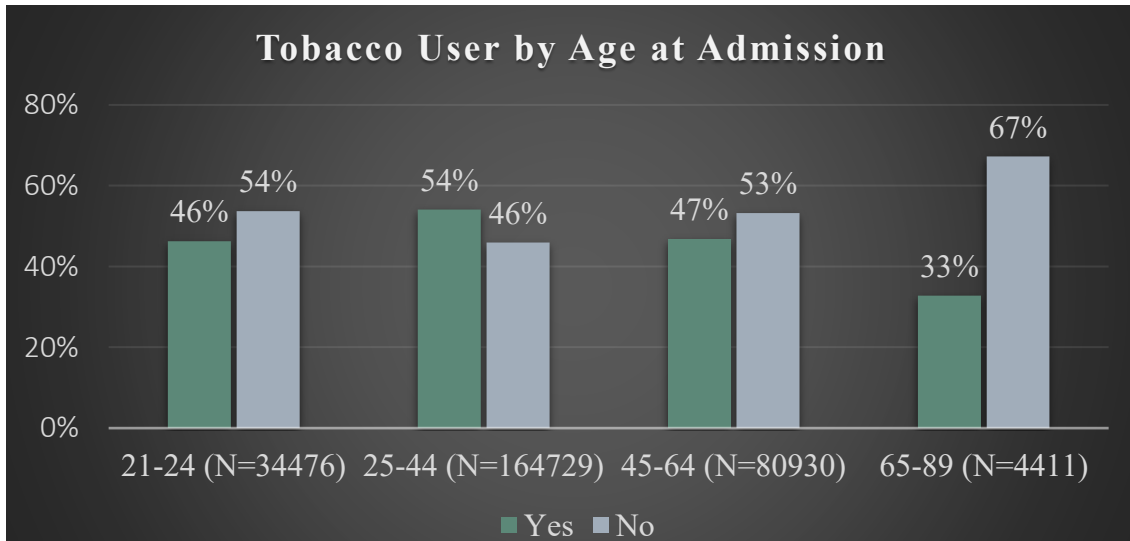


- Alcohol use was consistently highest among primary substance users, with a notable decrease from 52% in 2012 to 25% in 2023. Stimulant use peaked in 2017 compared to other years.
- Marijuana use showed consistent prominence among secondary substance users, declining from 18% to 11.2% over the years.
- Tobacco use increased by 67% by 2017, but then modest decrease was observed by 2023.
- Non-users of tobacco were most prevalent in 2015, with a significant decline in 2016 and 2017, remaining stable until 2022 with minor fluctuations.

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023

Overall N (adult) = 415,882, N (youth) = 55,635

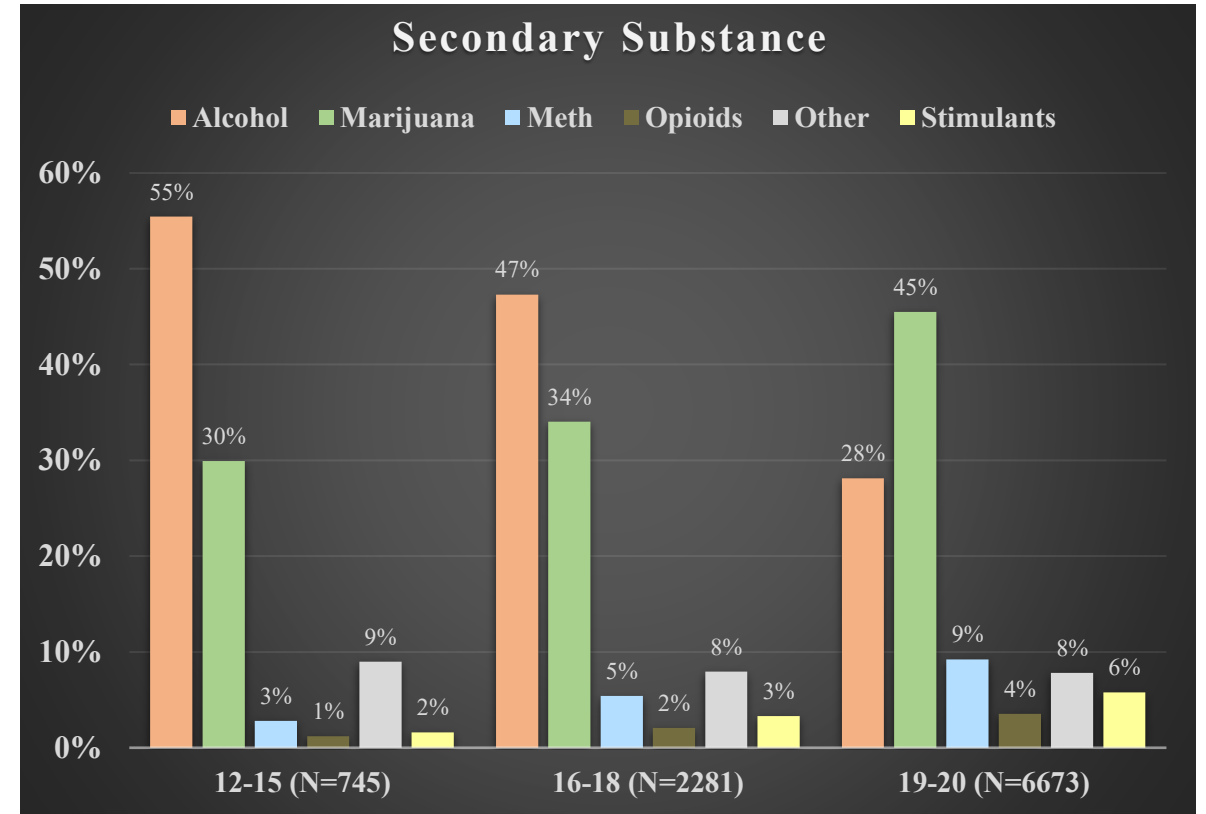
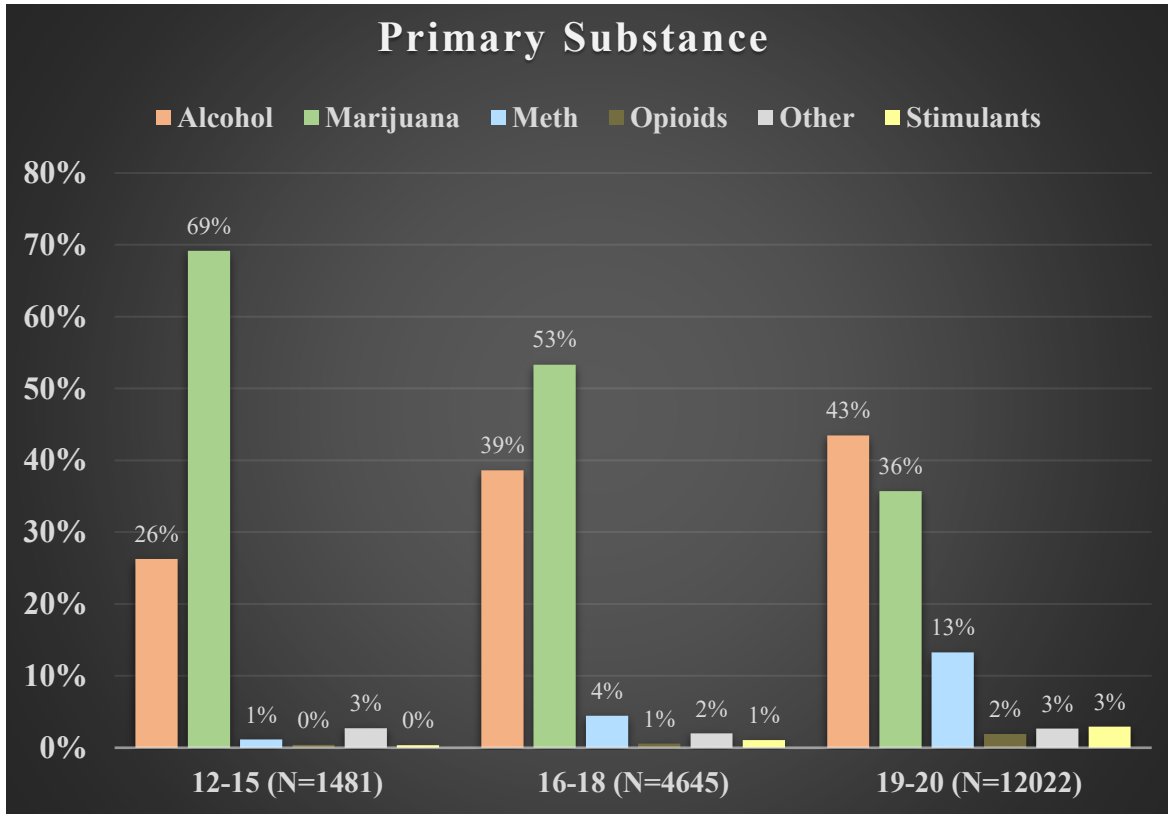
Tobacco association with Sex, Race , Trauma & Age at Admission: (Adults 21+)



- ❖ Tobacco users at admission were predominantly aged 25-44 (54%), whereas non-users were most prevalent in 65-85 (67%).
- ❖ By sex, 52% of males reported tobacco use compared to females.
- ❖ Tobacco use by race shows higher rates among individuals identifying as 'two or more races' compared to other racial groups. Asian individuals reported the lowest rates of tobacco use.
- ❖ Those who reported a history of trauma had significantly higher tobacco use rates (59%) compared to those without trauma history (N=244946).
 - **Trauma types:** (People off those who responded 'Yes')
- ❖ **Adult trauma:**
 - Female adults were predominantly affected by sexual abuse (85.3%), whereas male adults were more affected by political violence compared to other trauma types.
- ❖ **Child trauma:**
 - Female individuals were most affected by childhood trauma related to prostitution/sex trafficking (72.1%), while male individuals were more affected by political violence (64.3%).

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023 (n=415882). Tobacco by Had Trauma. Trauma Types: Adults & Childhood Trauma.

Substance Usage by Age Group : Youths (age <21)

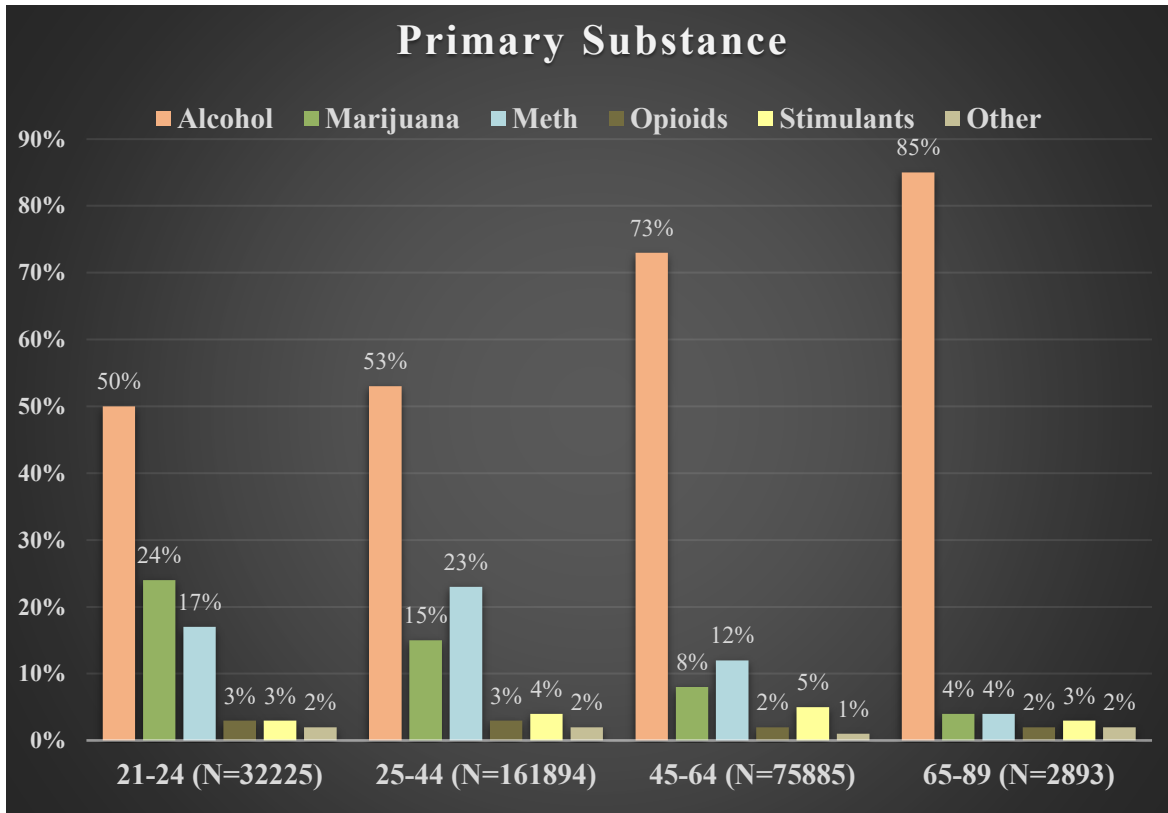


In primary Substance use, Marijuana has been reported the most dominantly used in youth of aged between 12-15 years old with 69%.

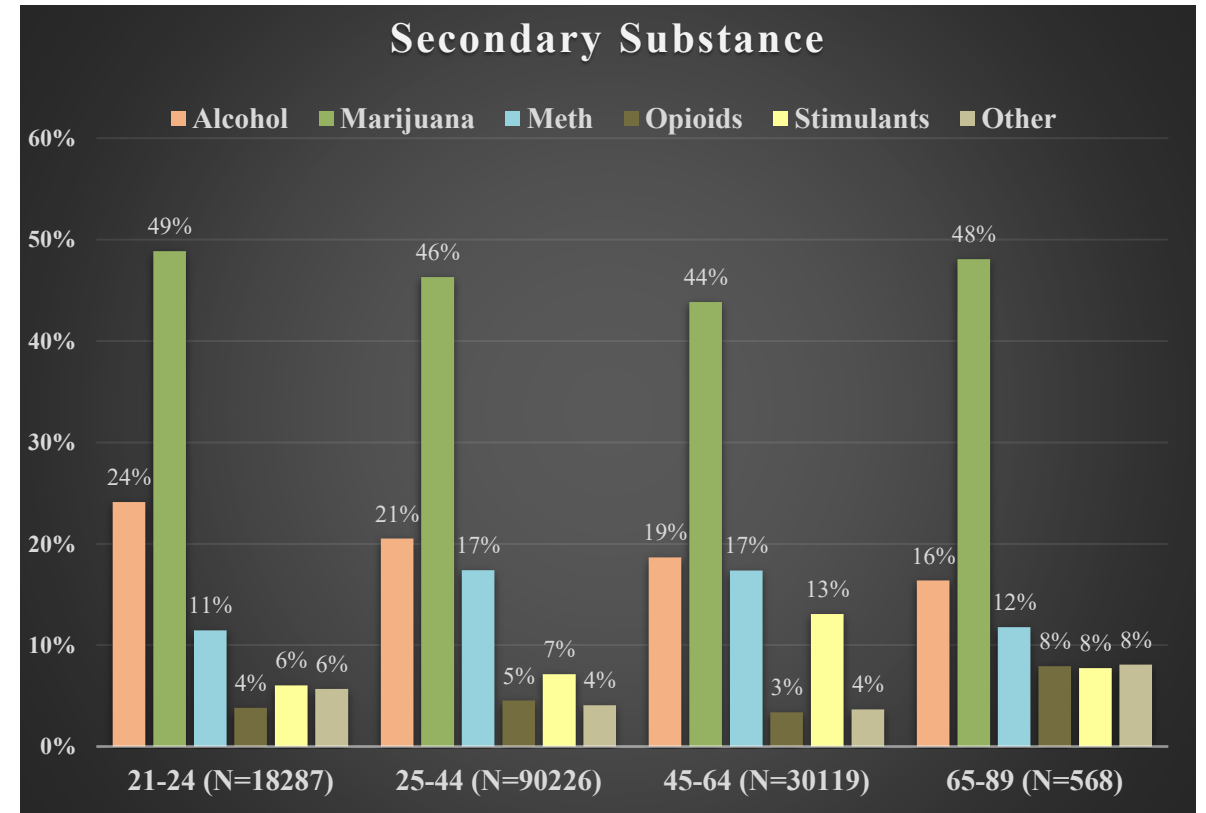
In secondary substance, Alcohol has been reported highly used among individuals of age between 12-15 with 55% and marijuana being the second highest with 45% of aged from 19-20 years old.

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635

Substance Usage by Age Group : Adults (age 21+)



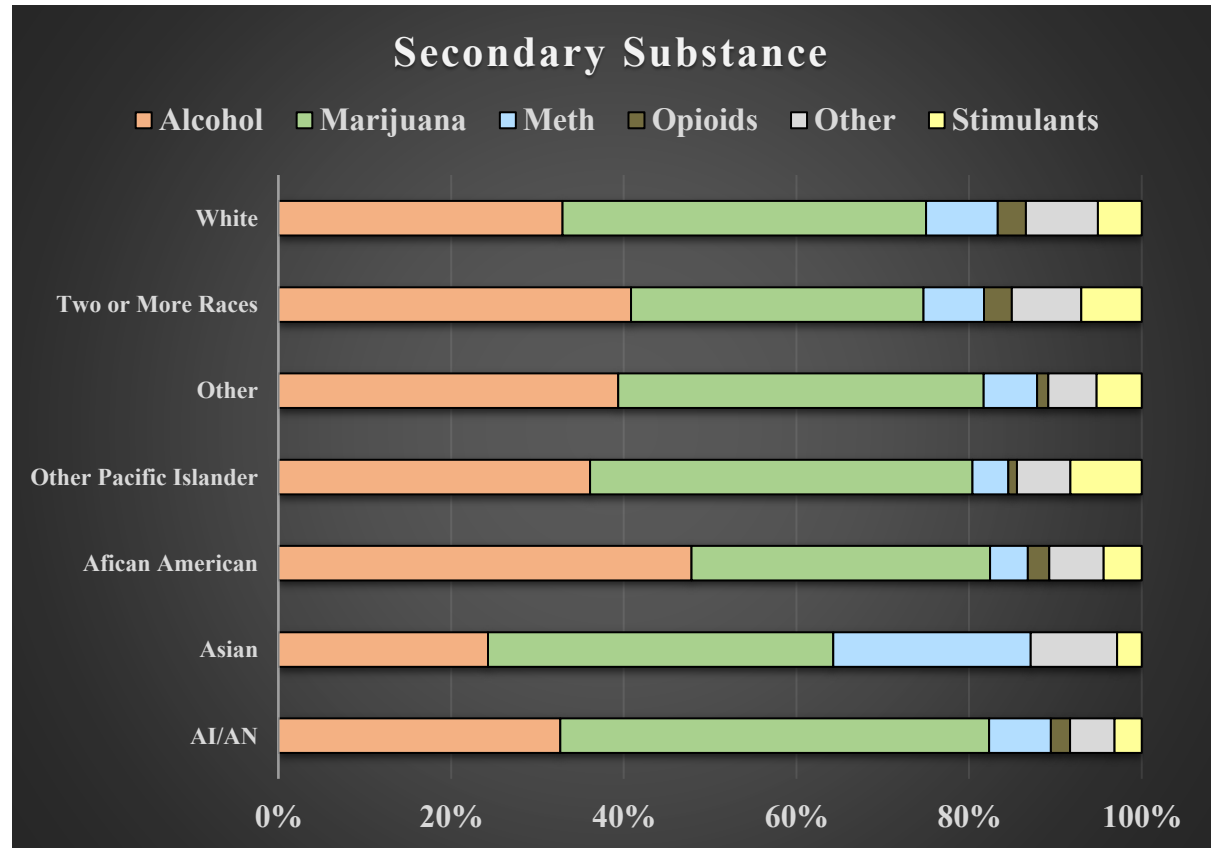
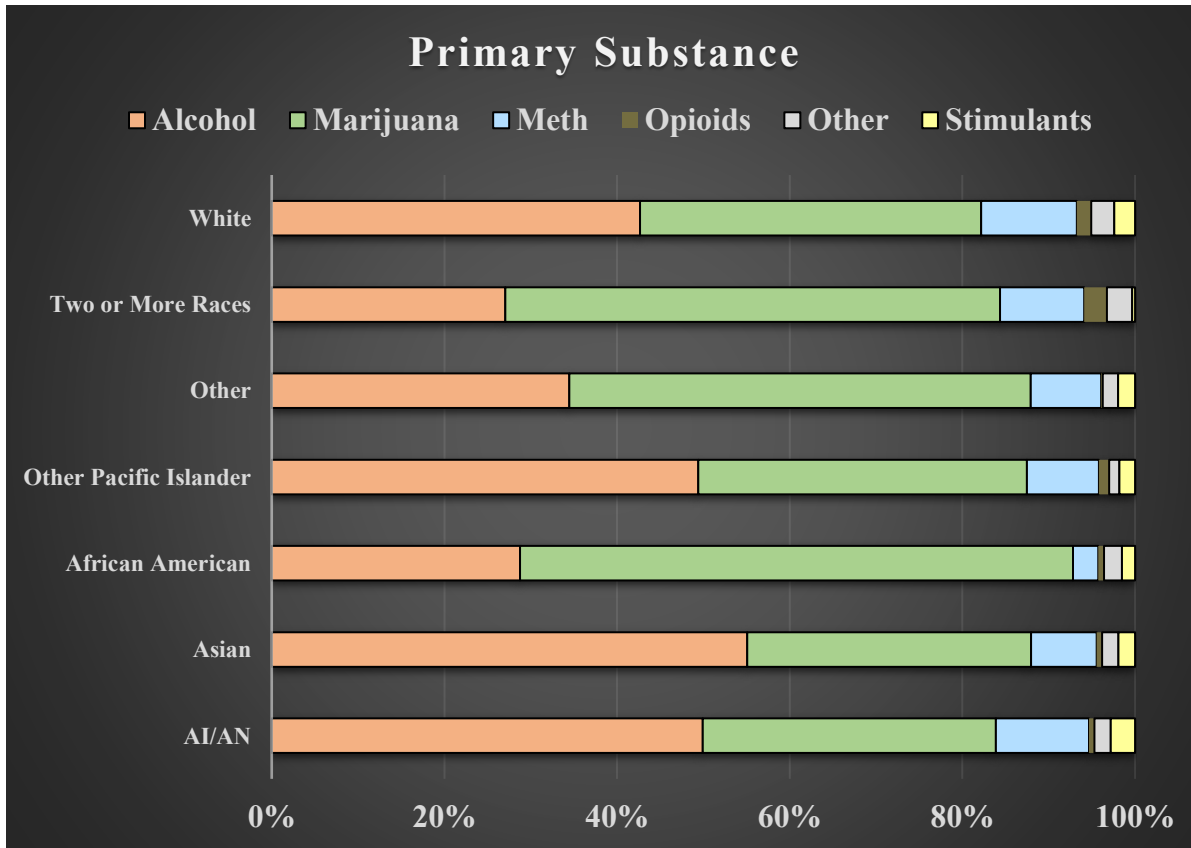
Alcohol use as a primary substance was most prevalent in the 64-89 age group (85%).



Marijuana use was most prevalent as a Secondary substances among individuals of between aged 21-24 (49%).

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635

Substance Usage by Race : Youths (age <21)

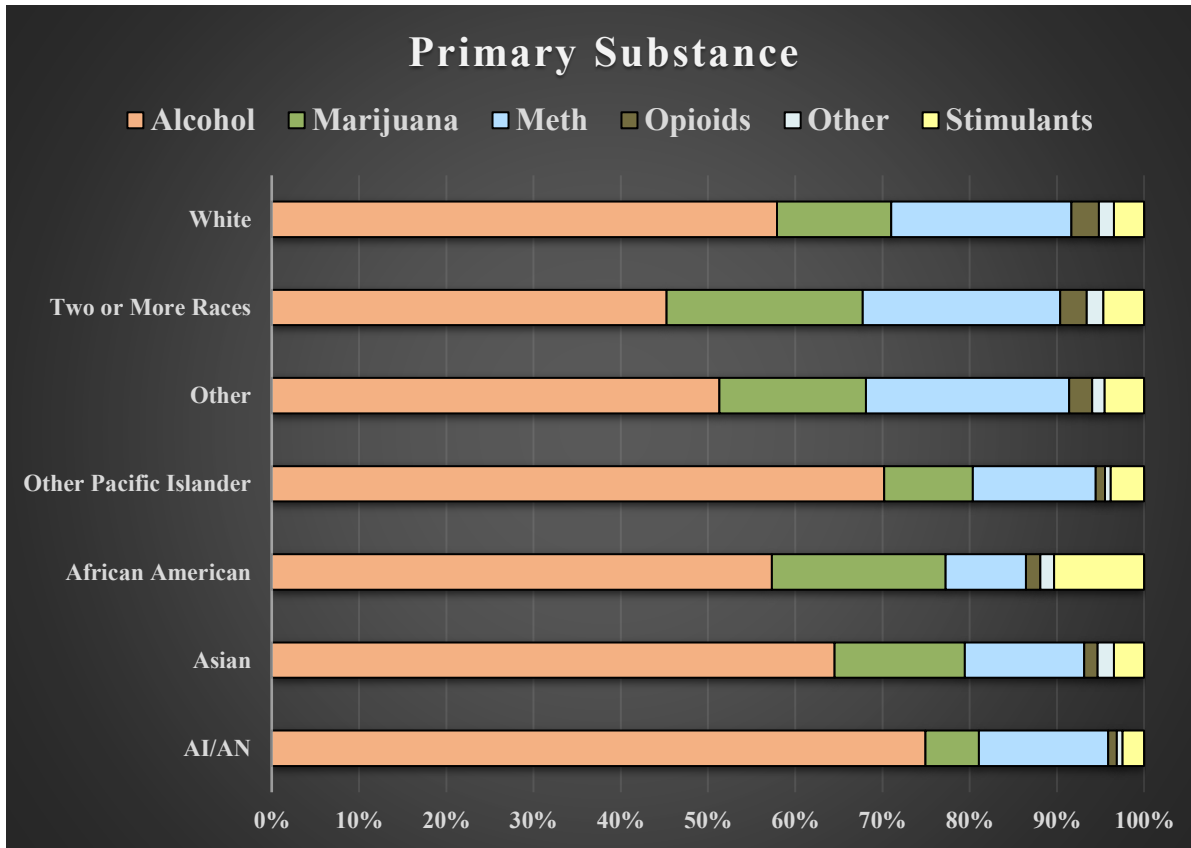


In primary substance, Marijuana is the most dominantly used substance by African American compared to any other race group with 64%.

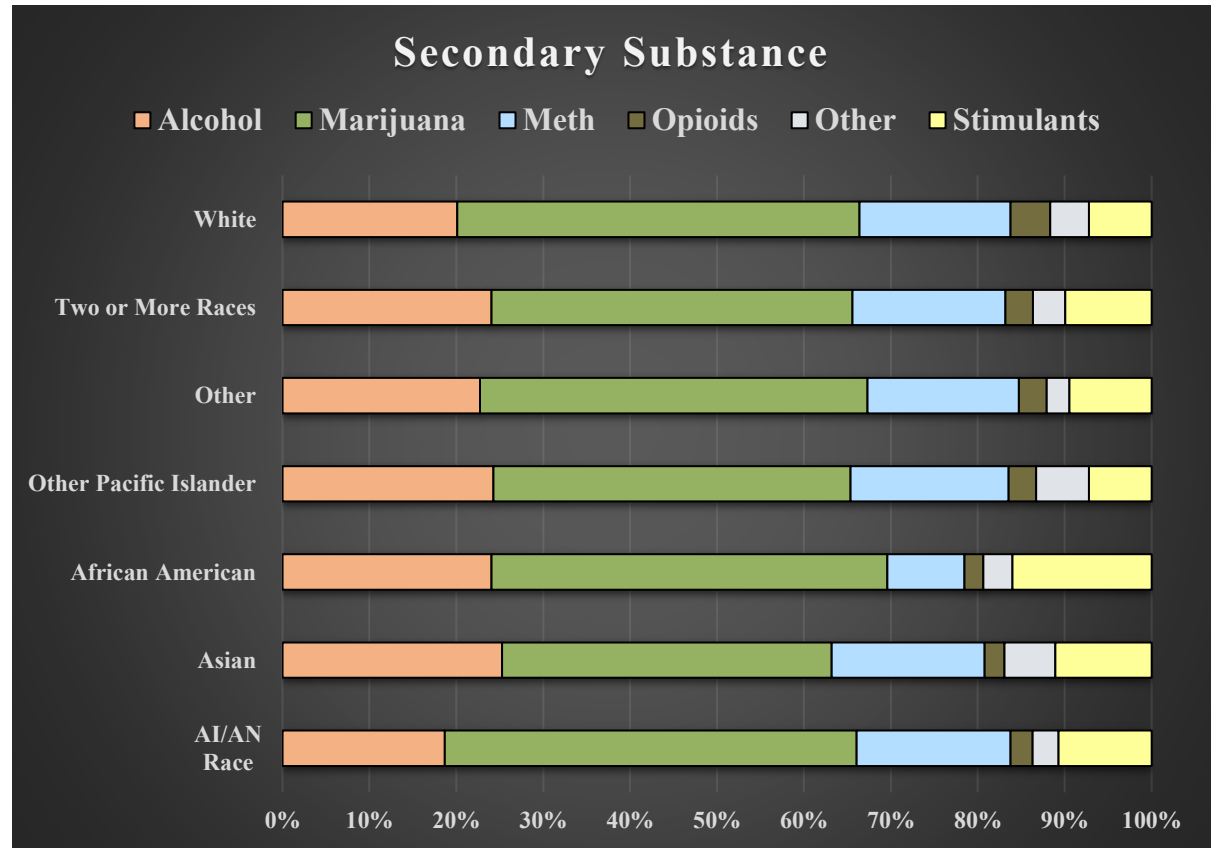
In secondary substance, Marijuana use is most prevalent in American Indians/Alaska Native compared to any other race group with 50%.

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

Substance Usage by Race : Adults (age 21+)



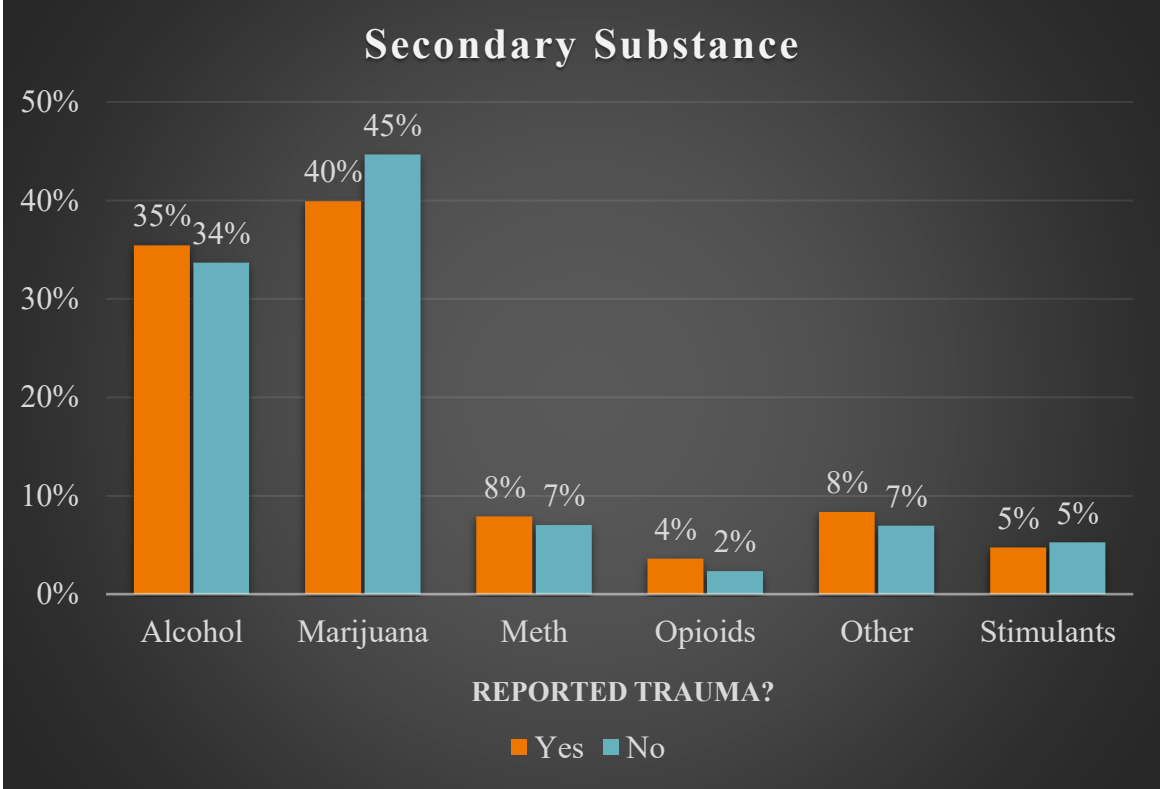
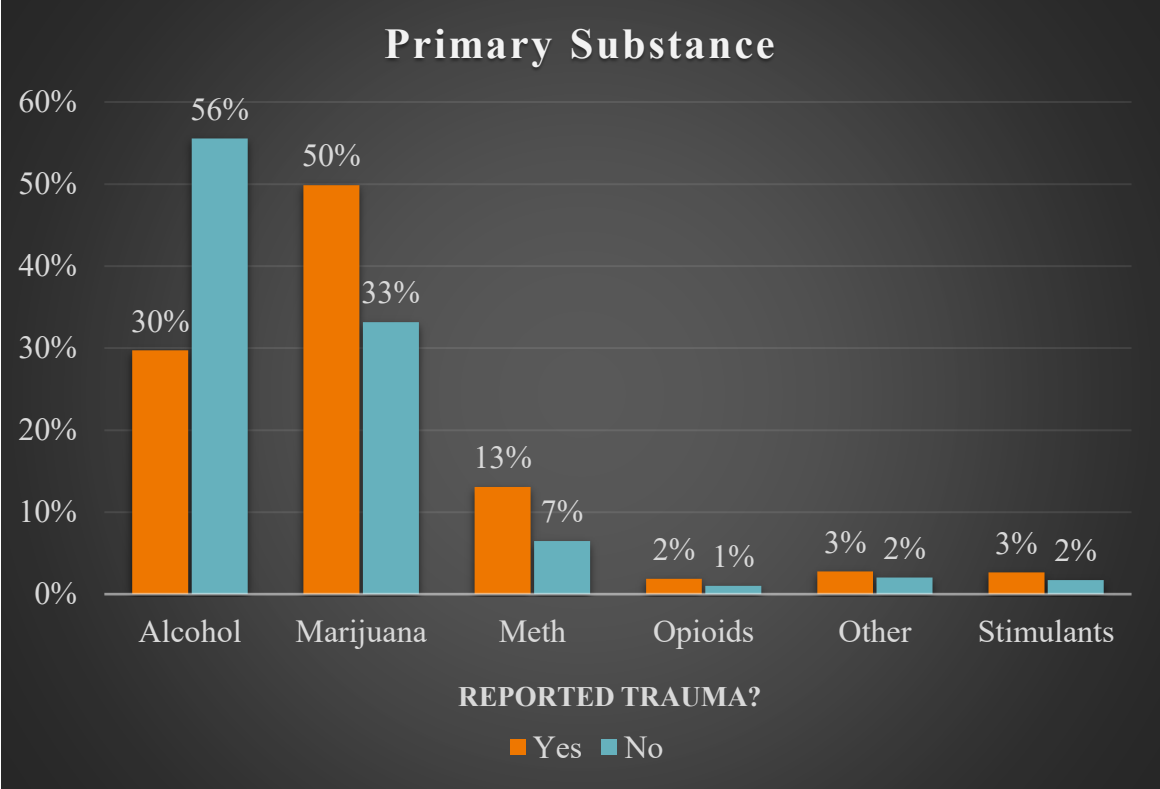
In primary substances, Alcohol is most frequently used among American Indians/Alaska Native with 75% individuals compared to any other race.



In secondary substances, Marijuana use is the highest among American Indians/Alaska Native with 47% compared to any other race.

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635

Substance Usage by Trauma : Youths (age <21)



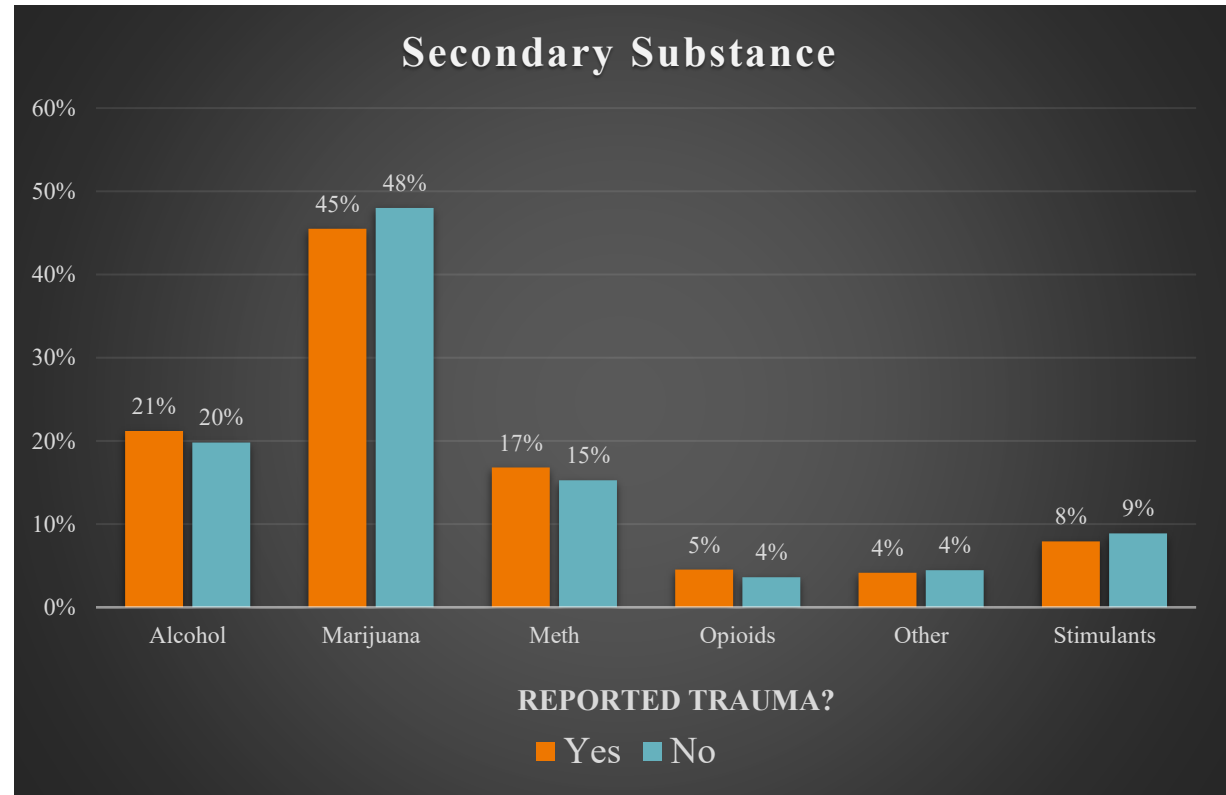
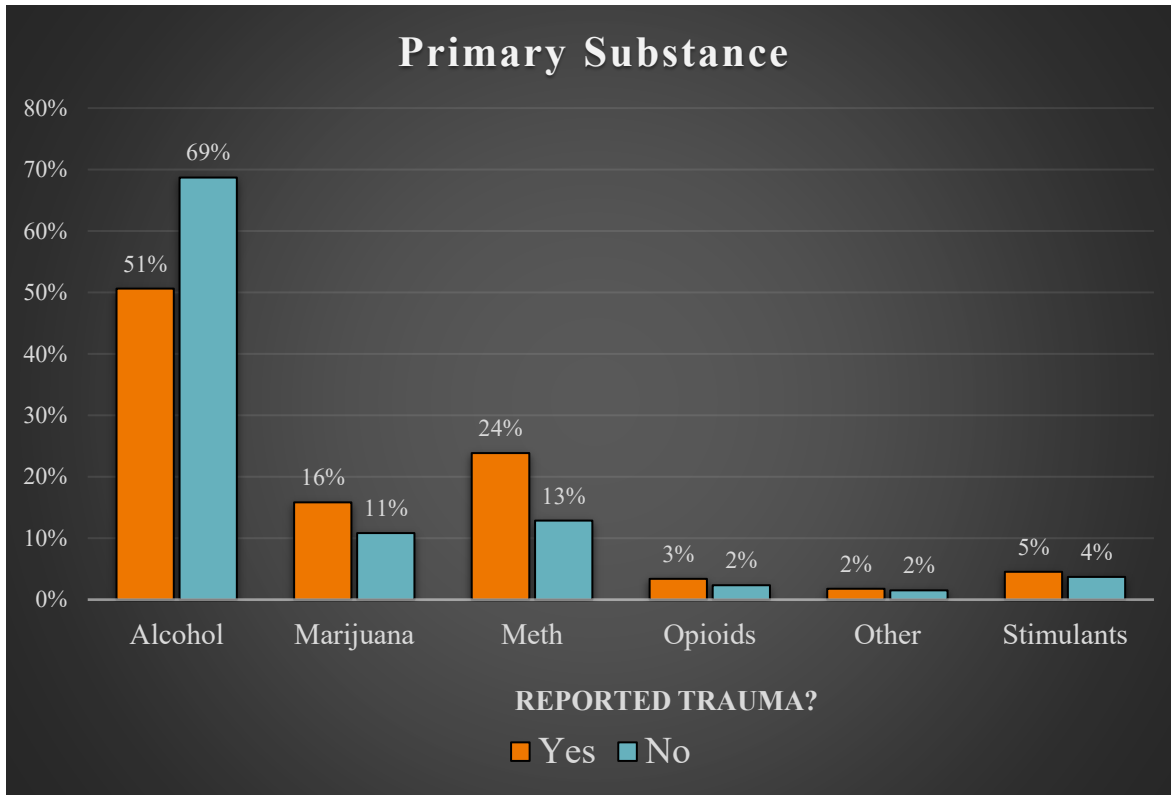
N=15,901 Youths reporting trauma status and primary substance use

Individuals reporting trauma were less likely to report primary substance use than those without trauma (41% vs 46%)
However, those reporting trauma reported use of secondary substances at a higher rate than those without trauma (27% vs 19%)

N=8,651 Youths reporting trauma status and secondary substance use

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635

Substance Usage by Trauma : Adults (age 21+)



N=237,213 Adults reporting trauma status and primary substance use

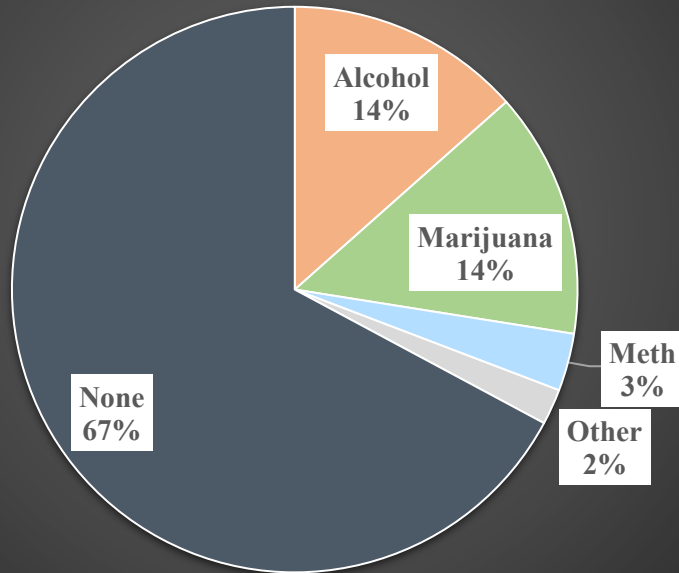
**Individuals reporting trauma were less likely to report primary substance use than those without trauma (74% vs 76%)
 Whereas, those reporting trauma reported use of secondary substances at a higher rate than those without trauma (45% vs 30%)**

N=126,402 Adults reporting trauma status and secondary substance use

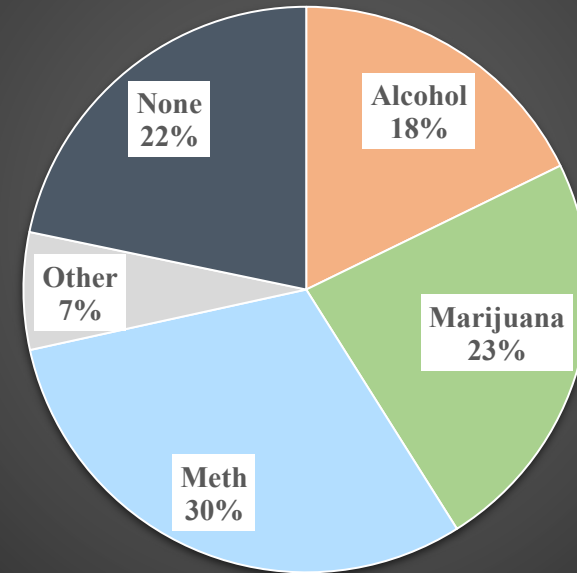
Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635

Primary Substance Usage in Priority Populations : Youths (age <21)

Overall Population
(Primary Substances)



Priority Population
(Primary Substances)



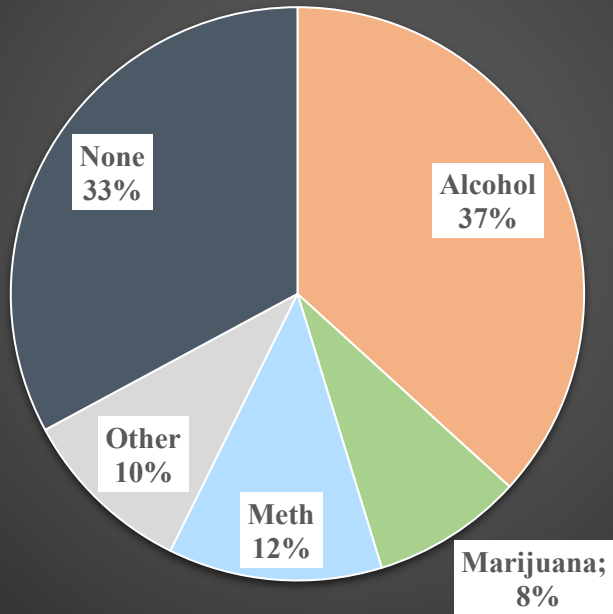
‘Priority Population’ individuals include women with dependent children, pregnant drug users, IV drug users, and those committed via Mental Health Board.

Substance use rates are higher in priority populations ($N=911$) than overall ($N=55635$) as by definition some priority categories are drug users. Priority population individuals use secondary substances at a comparable rate to overall (51% vs 53%), with a similar breakdown of substances used.

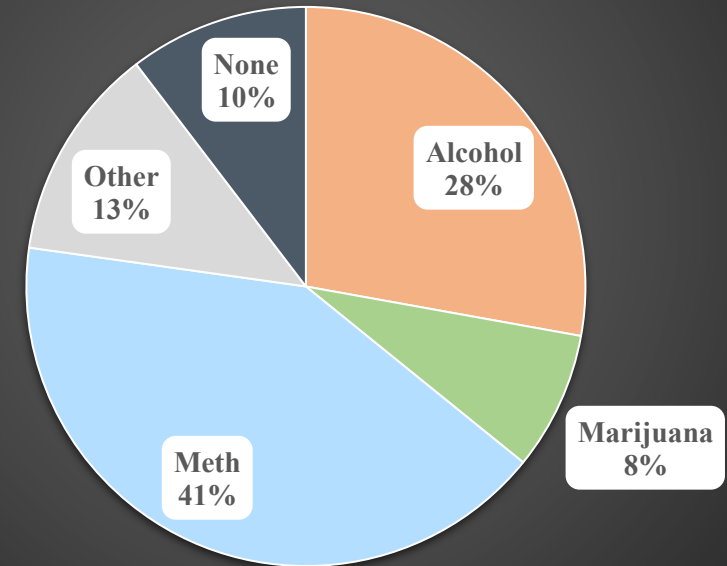
Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

Primary Substance Usage in Priority Populations : Adults (age 21+)

Overall Population
(Primary Substances)



Priority Population
(Primary Substances)

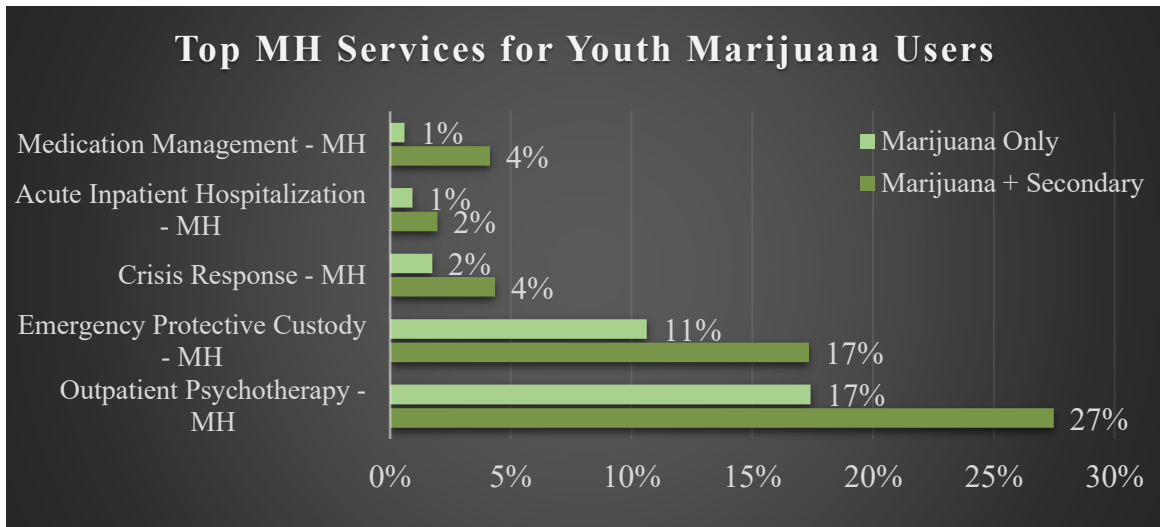
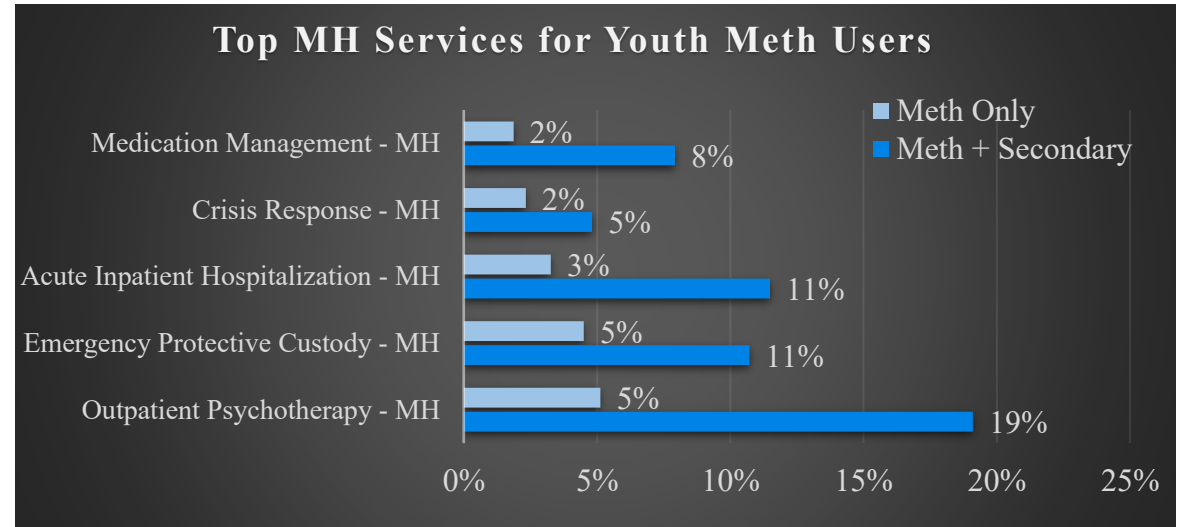
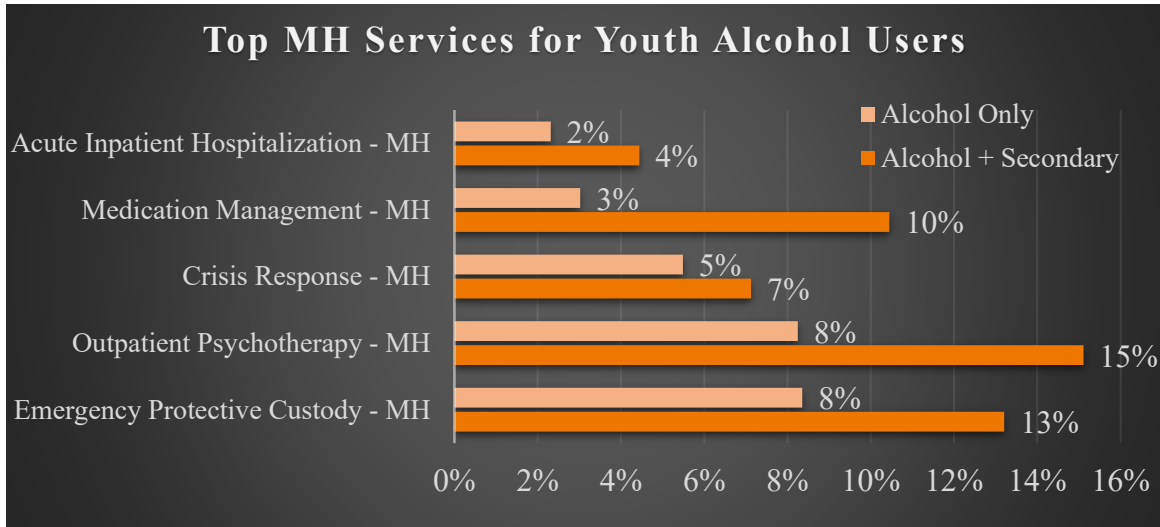


'Priority Population' individuals include women with dependent children, pregnant drug users, IV drug users, and those committed or discharged via Mental Health Board.

Substance use rates are higher in priority populations ($N=911$) than overall ($N=55635$) as by definition some priority categories are drug users. Priority population individuals use secondary substances at a comparable rate to overall (51% vs 53%), with a similar breakdown of substances used.

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

Top 5 MH Service Utilization Rates : Youths (age <21)



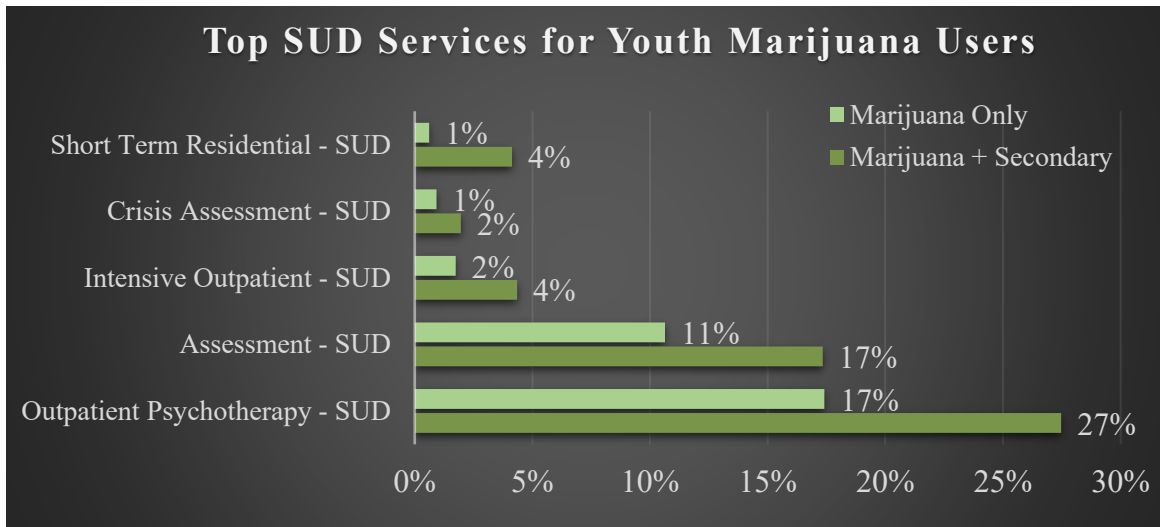
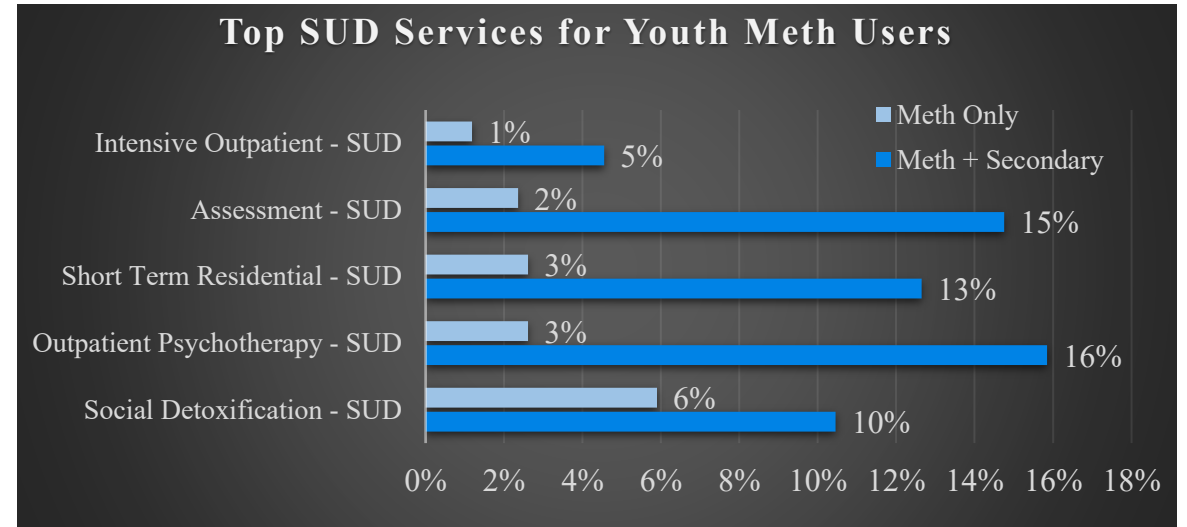
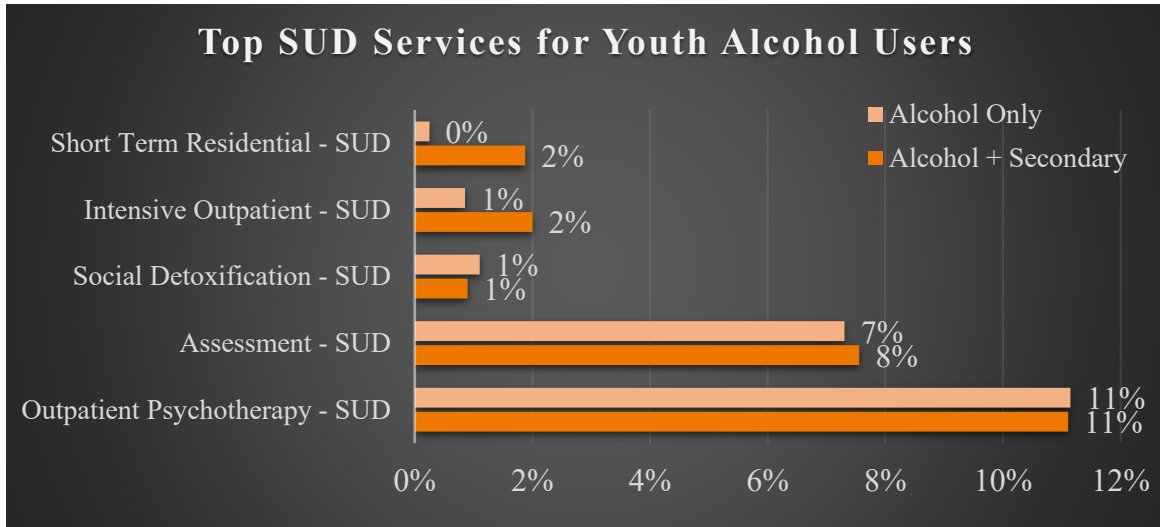
Among MH encounters where Alcohol was the primary substance (N=2,680), individuals using secondary substances accessed services nearly **twice as frequently** as individuals using only Alcohol. (1,749 secondary uses vs 931 non-users)

Among MH encounters where Marijuana was the primary substance (N=5,017), individuals using secondary substances accessed services at about the same rate as those using only Marijuana. (2,467 secondary users vs 2,550 non-users)

Among MH encounters where Meth was the primary substance (N=644), individuals using secondary substances accessed services nearly **three times as frequently** as individuals using only Meth. (471 secondary uses vs 173 non-users)

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
Overall N (adult) = 415,882, N (youth) = 55,635

Top 5 SUD Service Utilization Rates : Youths (age <21)



Among SUD encounters where Alcohol was the primary substance (N=4,789), individuals not using secondary substances accessed services nearly **twice as frequently** as those using only Alcohol. (1,429 secondary uses vs 3,360 non-users)

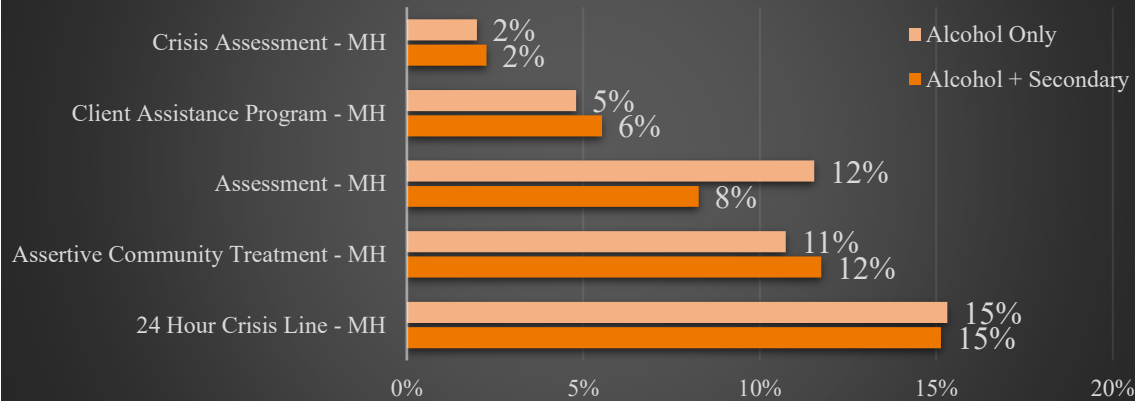
Among SUD encounters where Marijuana was the primary substance (N=2,802), individuals using secondary substances accessed services nearly **twice as frequently** as those using only Marijuana. (1,812 secondary users vs 990 non-users)

Among SUD encounters where Meth was the primary substance (N=1,186), individuals using secondary substances accessed services nearly **four times as frequently** as individuals using only Meth. (957 secondary uses vs 229 non-users)

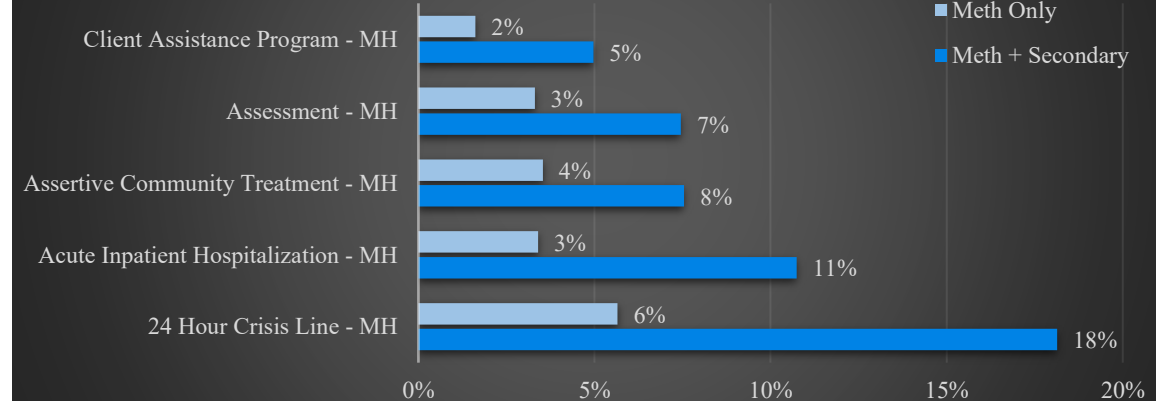
Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635

Top 5 MH Service Utilization Rates : Adults (age 21+)

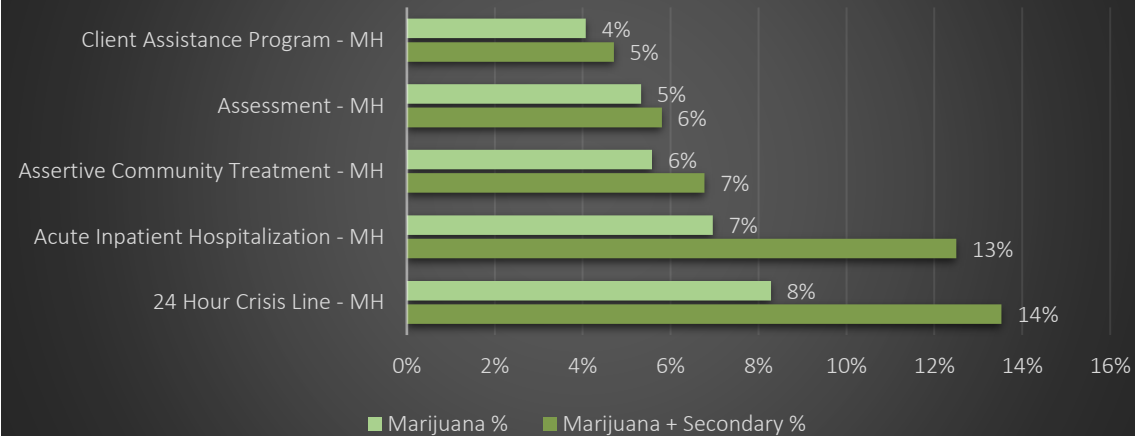
Top MH Services for Adult Alcohol Users



Top MH Services for Adult Meth Users



Top MH Services for Marijuana Users



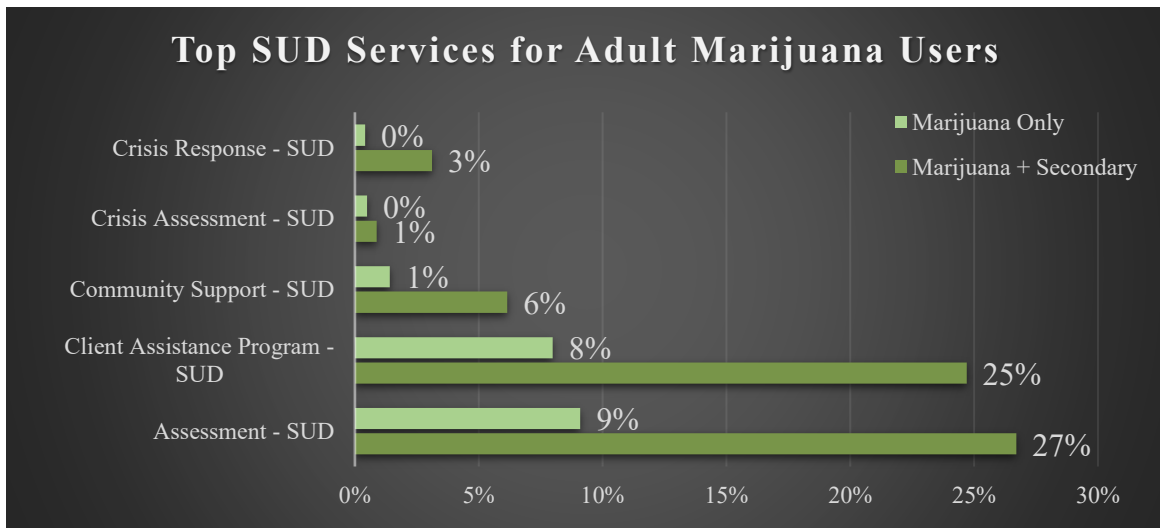
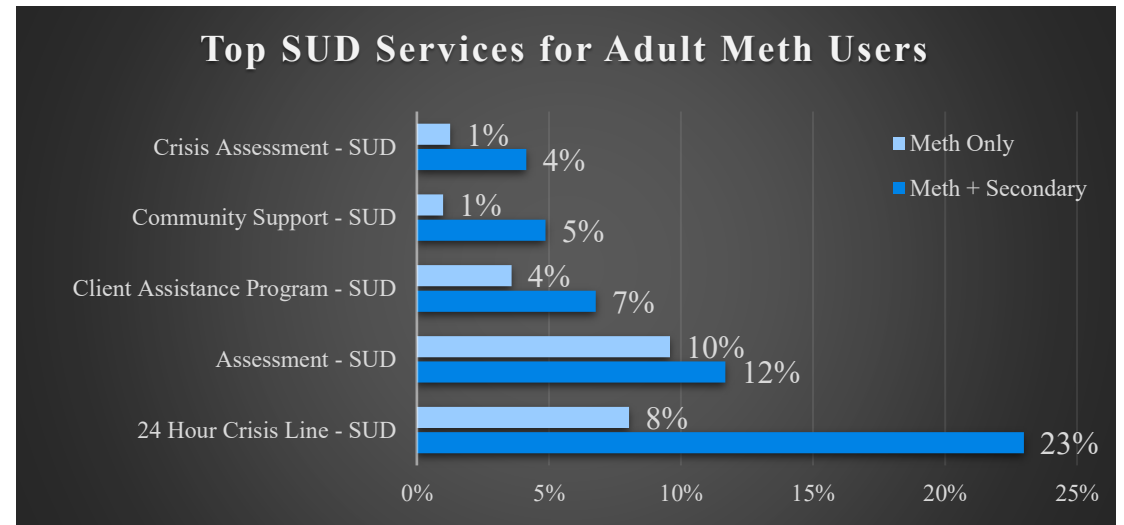
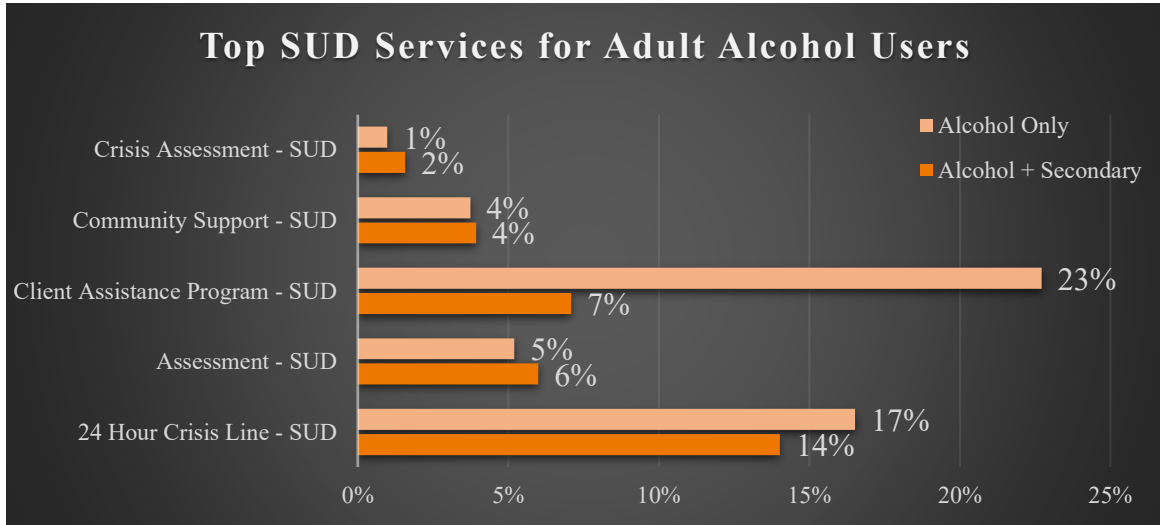
Among MH encounters where Alcohol was the primary substance (N=53,995), individuals using secondary substances accessed services at about the same rate as individuals using only Alcohol. (26,657 secondary uses vs 27,338 non-users.)

Among MH encounters where Marijuana was the primary substance (N=22,280), individuals using secondary substances accessed services significantly more frequently than those using only Marijuana. (13,195 secondary uses vs 9,121 non-users.)

Among MH encounters where Methamphetamine was the primary substance (N=31,488), individuals using secondary substances accessed services **more than twice as frequently** as individuals using only Methamphetamine. (21,423 secondary uses vs 10,065 non-users.)

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635

Top 5 SUD Service Utilization Rates : Adults (21+)



Among SUD encounters where Alcohol was the primary substance (N=49,791), individuals using secondary substances accessed services less frequently compared to those using only Alcohol. (20,510 secondary uses vs 29,281 non-users.)

Among SUD encounters where Marijuana was the primary substance (N=14,714), individuals using secondary substances accessed services more **than three times as frequently** those using only Marijuana. (11,520 secondary uses vs 3,194 non-users.)

Among SUD encounters where Meth was the primary substance (N=20,994), individuals using secondary substances accessed services more than **twice as frequently** than those using only Meth. (14,290 secondary uses vs 6,704 non-users.)

Note: Data extract: 6/17/2024; Data Sourced from: Centralized Data System (CDS), Admission between 1/1/2012 - 12/31/2023
 Overall N (adult) = 415,882, N (youth) = 55,635



THANK YOU



THANK YOU!

Nebraska Department of Health & Human Services
Division of Behavioral Health

Contact: Harley.peters@nebraska.gov ; thakur.bais@nebraska.gov

Nebraska Recovery Month Event

September 29, 2024

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Press Kit

- Event flyers
- Social media graphics
- Save-the-date cards
- Email

NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Helping People Live Better Lives.

Flyer

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

2024 Nebraska Recovery Month Event

Individuals, organizations, and advocates across Nebraska are invited to join the DHHS Office of Consumer Affairs on

September 29 | **NE State Capitol, North Steps**
2pm - 4 pm | **1445 K St. Lincoln, NE 68508**

Join us to:

- celebrate the journey of recovery
- hear from **Tony Hoffman**, Co-Founder of pH Wellness, former Pro BMX Competitor, Olympic Coach, and Addiction Recovery Advocate with lived experience
- award presentation for community leaders, individuals and organizations dedicated to supporting hope and healing
- learn about community resources

For more information, contact **(402) 471-7854** or dhhs.dbhoca@nebraska.gov

 Please wear purple to the event to show your support and help raise awareness!

 Hope
Healing
Recovery

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

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 Hope
Healing
Recovery

 Please wear purple to the event!



Nominate an individual or organization involved with recovery for an award!

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Save-the-Date

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Hope
Healing
Recovery

2024 Nebraska
Recovery Month Event

September 29 | NE State Capitol, North Steps
2pm - 4 pm | 1445 K St. Lincoln, NE 68508

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