

# **DBH Annual Report State Fiscal Year 2024**



**Helping People Live Better Lives**

**July 2023 – June 2024**

# Organizational Leadership



Department of Health and Human Services

**Dr. Steve Corsi**

Chief Executive Officer



Division of Behavioral Health

**Tony Green**

Interim Director (2022-2024)



Division of Behavioral Health

**Thomas Janousek, PsyD**

Director (Oct. 2024 - Present)

Clinical Operations

**Jessica McDevitt, MA,  
LIMHP, LADC**  
Deputy Director

Administrative Operations

**Diana Meadors, MA,  
LIMHP, LADC,**  
Deputy Director

Facilities

**Mark LaBouchardiere**  
Director

Clinical Services

**TBD**  
Administrator II

Data & QI

**BettyJean Usher-Tate, PhD**  
Administrator II

DBH Adult Facilities

**Roger Donovick, MD**  
Executive Medical Officer

Housing Administrator

**Jacob Grell, BA**  
Administrator I

Network

**Erica Ziemann, BA**  
Administrator I

Lincoln Regional Center

**Mitchell Bruening, LICSW**  
Hospital Administrator

Office of Consumer Affairs

**Jessie Case, BFA**  
Administrator I

Youth & Emergency

**Michelle Nunemaker, BS**  
Administrator I

Norfolk Regional Center

**Don Whitmire, MPA**  
Hospital Administrator

Prevention

**Delainie Johnson, BA**  
Administrator I

Fiscal

**Valerie Standeven, BA**  
Fiscal Administrator

Youth Facilities

**Matt Wittry, MD**  
Youth Clinical Officer

Outpatient Competency

**Jennifer Cimpl-Bohn, PhD**  
Administrator

Grants

**John Trouba, BA**  
Federal Aid Administrator II

Whitehall

**Mitchell Popple, BS**  
Facility Operating Officer

Outpatient Competency

**Kristine Pothast, MA, LICSW**  
Administrator

Contracts

**Carrie DeFreece, BA**  
Program Manager II

Governor appointed

CEO appointed

## SFY24 Division of Behavioral Health Annual Report. Message from the Interim Director

Reflecting on the past year as interim Director for the Division of Behavioral Health, I have been continually impressed by the dedication and hard work of the Division of Behavioral Health team and our system partners. The compassion, dedication, and resiliency are reflected in the continued growth and improvements to the system.

The Division of Behavioral Health is responsible for administering, funding, and providing oversight for community-based prevention, treatment and recovery support system in Nebraska. The Division plans, organizes, coordinates and budgets for a statewide system of care for individuals and families that need public mental health and substance use disorder services. In SFY24, we saw 23,166 Nebraskans receive behavioral health community-based services.

The SFY24 report highlights accomplishments that are the result of collaboration with our system partners. Some of those accomplishments include:

- The integration of 988 and 911. The 988 suicide & crisis lifeline answered 20,897 calls in SFY24. Intertwining the response of 911 and 988 ensures that Nebraskans experiencing mental health crisis are connected to the appropriate resources and support via call, text, or chat.
- Outpatient Competency Restoration services, as a community alternative for justice involved consumers, continues to grow serving 29 during SFY24 compared to 22 during SFY23.
- The 2023 Best States for Mental health Report by Soliant found Nebraska has the lowest level of teenagers and young adults (ages 16-24) who are not working or in school in all 50 states, at 4.28%. Nebraska was in the top five states for having the lowest number of bad mental health days and the lowest unemployment rate.

I am deeply appreciative of the ongoing dedication and collaboration with our behavioral health regions, tribes, state & community partners, and stakeholders who are helping people live better lives. I want to thank you all for your service, support, wisdom, and partnership. I am looking ahead as DBH continues to grow and remains steadfast in its commitment to positively impact the health of Nebraskans.

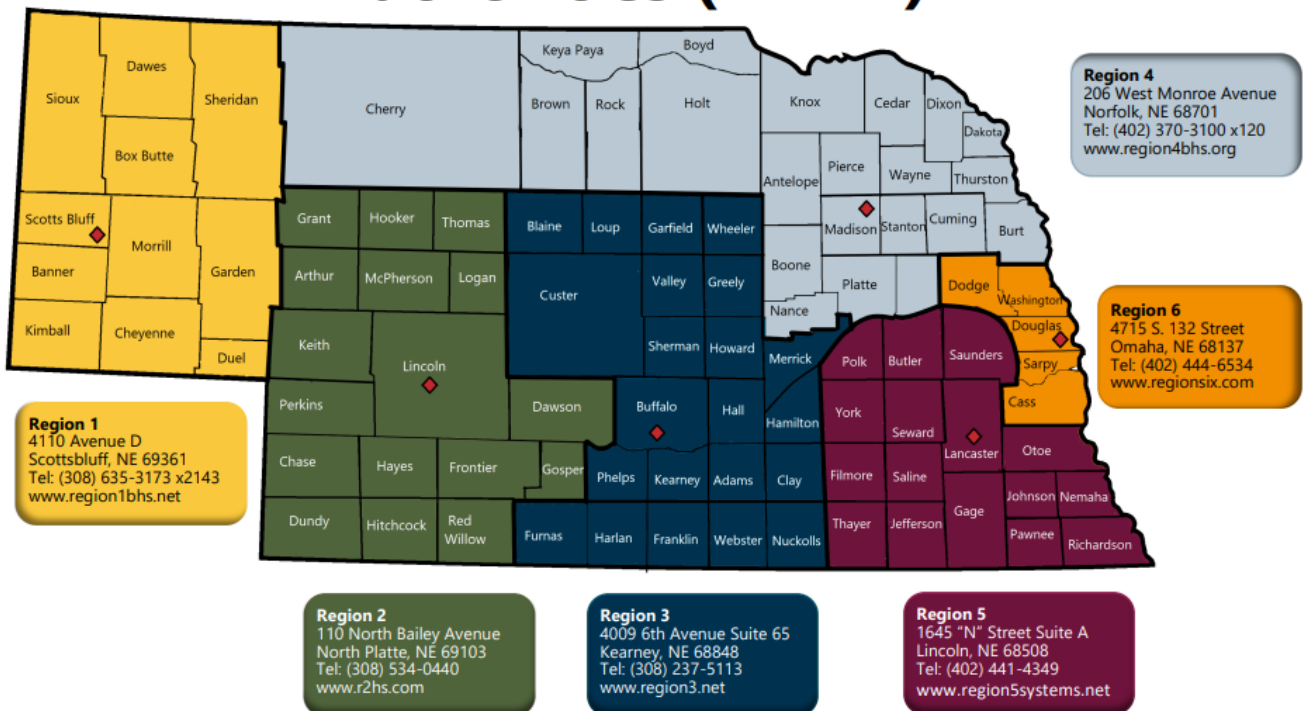
Best Regards,  
*Tony Green*

# 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.



## Regional Behavioral Health Authorities (RBHA)



\*Neb. Rev. Stat. §71-806

# DBH Funded Community-Based Services

## 23,166

Persons served in  
FY2024

### 18,877

Mental Health (MH)

### 5,857

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<sup>a</sup>

**45%**  
Female

**54%**  
Male

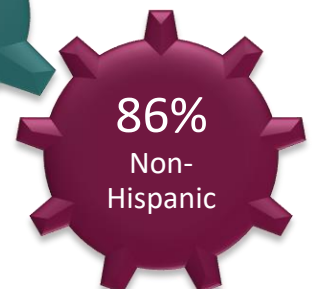
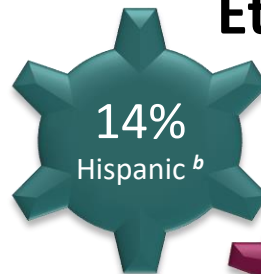
## Age Groups<sup>a</sup>

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

## Race<sup>a</sup>

American Indian/Alaska <sup>b</sup>	3.3%
Asian	0.9%
Black/African American <sup>b</sup>	10.8%
Native Hawaiian/Other	0.5%
Two or More Races	1.5%
White	83.1%

## Ethnicity<sup>a</sup>



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 FY24; data as of 10.1.24

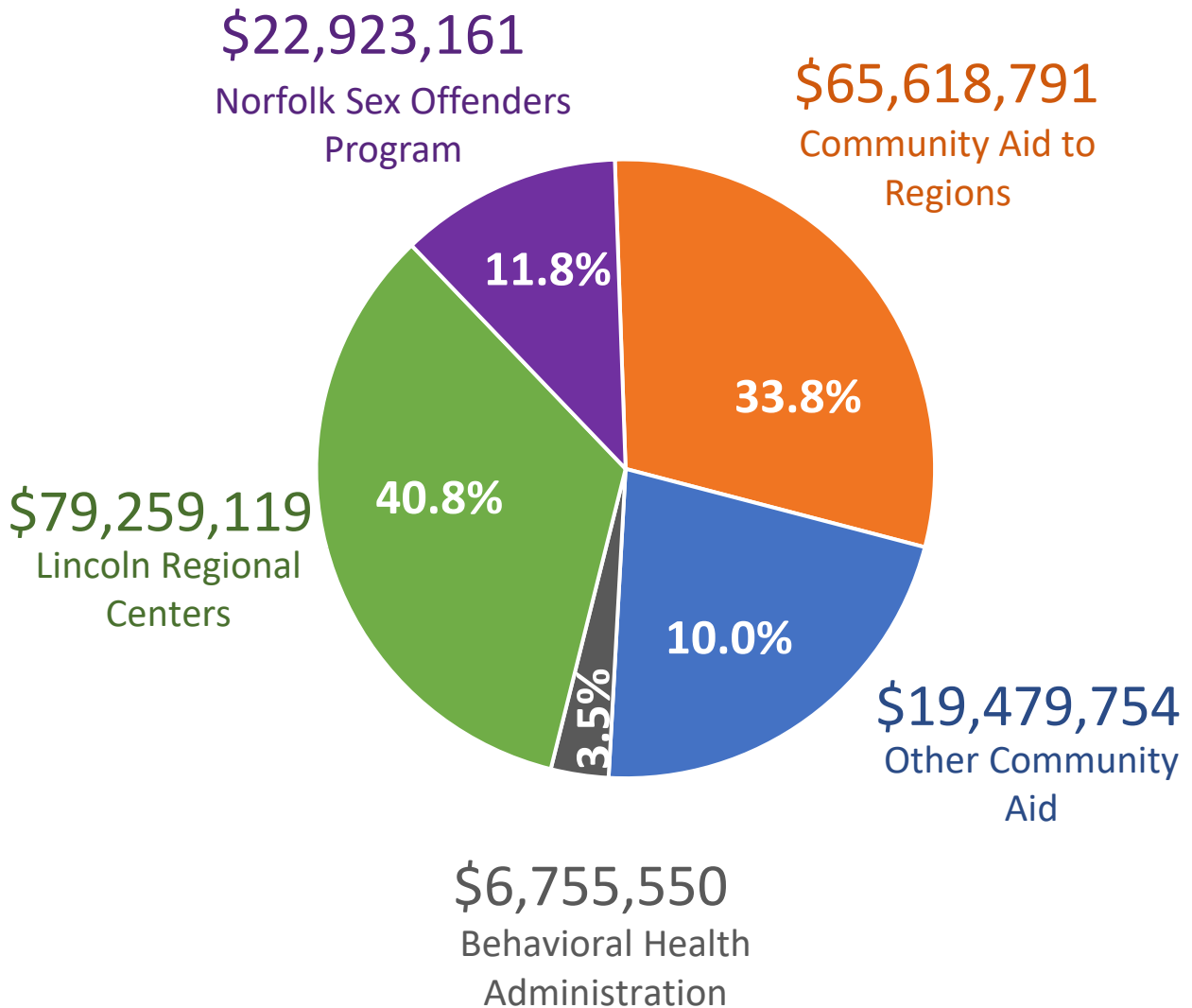
<sup>a</sup> Demographic percentages are based on indicated responses (i.e. unknowns excluded)

<sup>b</sup> Percentage increased in FY24 from what it was reported in FY23

# Expenditures

## \$194,036,374

Total Community-Based funding expended through the Division of Behavioral Health, FY2024.



# Investing in People and Recovery

## Stable Living Arrangements

**75%**

(Source: FY24 CDS, 10.1.24)

Discharged to stable living arrangements across all services.

**92%**

(Source: FY24 CDS, 10.1.24)

Discharged to stable living arrangements from supported housing services.

## Supported Housing Service

**1,010**

(Source: FY24 CDS, 10.1.24)

Unique persons served. (MH-895 & SUD-117)

**\$4,380,226**

Total DBH FY2024 funding utilized for supported housing services (Mental Health & Substance Use Disorder).

**174**

(Source: FY24 CDS, 10.1.24)

Average length of stay in days. (MH-176 & SUD-158)

## Supported Employment Service

**516**

(Source: FY24 CDS, 10.1.24)

Unique persons served. (MH-493 & SUD-23)

**\$4,46,148**

Total DBH FY2024 funding utilized in supported employment services (Mental Health & Substance Use Disorder).

**206**

(Source: FY23 CDS, 10.1.23)

Average length of stay in days. (MH-707 & SUD-186)

# 988 Nebraska

## 988

### SUICIDE & CRISIS LIFELINE

**93% answer rate** for call volumes to Boystown;  
**Contract Goal: 90%**

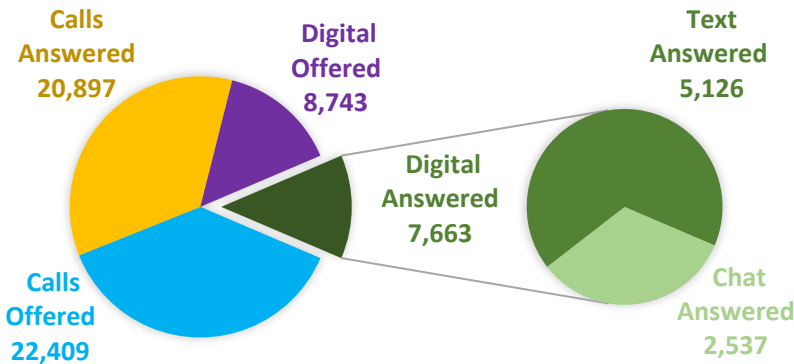
**88% answer rate** for digital volumes to Boystown;  
**Contract Goal: 80%**

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

## FY24: 988 ACTIVITY NEBRASKA



## 988 Mobile Crisis Response (MCR)

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.

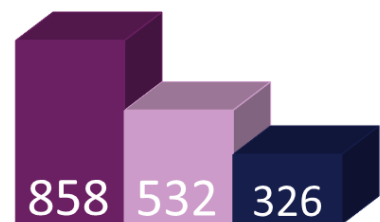


Regional MCR Activations		MCR Modality Activations	
Region	Activations	Modality	Activations
Region 1	13	Community	121
Region II	*	Phone	201
Region 3	26	Telehealth	3
Region 4	*	Facility	1
Region 5	76		
Region 6	172		

\* Counts of 10 or less protected.

## FY24: MCR ACTIVITY NEBRASKA

■ MCR Offered ■ MCR Declined ■ MCR Accepted

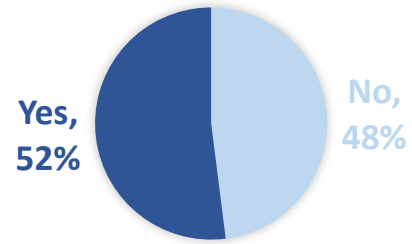


# Mobile Crisis Response (MCR) Outcomes

## Someone to Contact:

- **12%** of MCR activations in the Centralized Data System (CDS) are based on referrals from 988.
- The number of referrals from 988 that resulted in an MCR activation increased from **47** in FY23 to **271** in FY24.

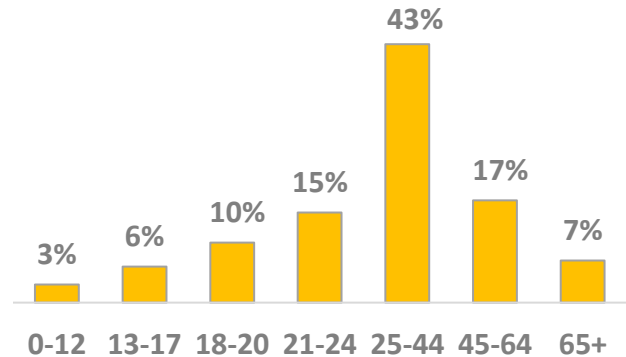
## 988 Referrals: Resolved at initial contact



## Someone to Respond:

- In FY24, the MCR teams resolved the crisis at initial contact:
  - ✓ **52%** for individuals referred by 988
  - ✓ **44%** for individuals referred by another source
- From FY23 to FY24, the rate of *follow-ups within 72-hours* **increased by 7%** for 988 referred individuals and **9%** for others.
- In FY24, individuals who were referred by 988 for MCR, the age group most served were **25-44 years (43%)**.

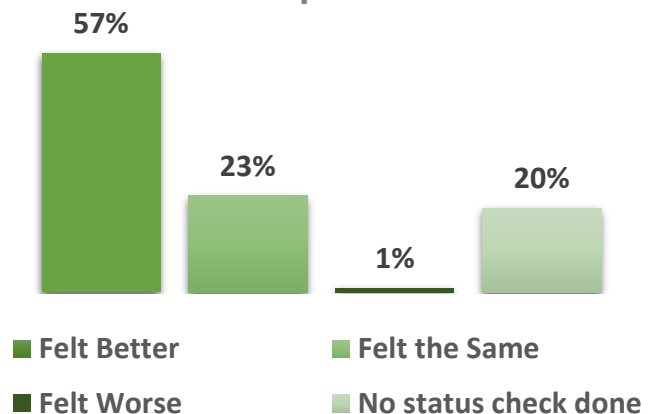
## 988 Referrals: Age Group



## A Safe Place for Help:

- **74%** of 988 referrals to MCR resulted in the individual remaining in their residence or community.
- **57%** of 988 referrals to MCR reported feeling better at status check.
- **63%** of 988 MCR activations were to the individual's home/residence.

## 988 Referrals: Status Check Response



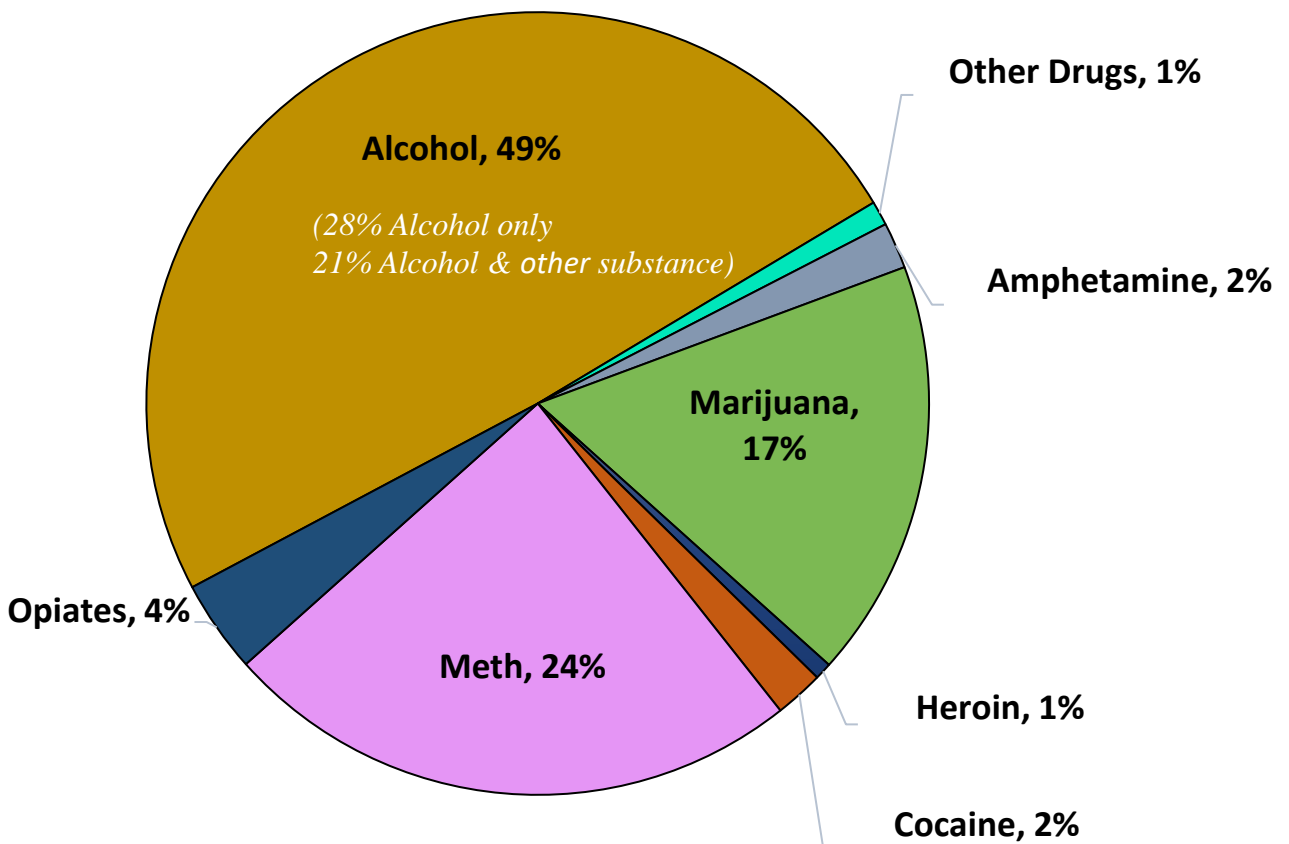
# Primary Substances Self-Reported at Admission

**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.

*The Division of Behavioral Health of the Department of Health and Human Services promoting a mental health first aid program, using contracts through the behavioral health regions, to help the public identify and understand the signs of crisis related to mental health or substance use disorder and to provide the public with skills to help a person who is developing or experiencing these problems and to de-escalate crisis situations if needed.*

### Prevention System Coordinator Contacts

#### Region 1: Kym Fries

Ph: 308-633-7991  
 kfries@region1bhs.net  
 4110 Avenue D  
 Scottsbluff, NE 69361

#### Region 2: Shannon Sell

Ph: 308 534 6029\*208  
 Shannon@r2hs.com  
 110 North Bailey Avenue  
 North Platte, NE 69103

#### Region 3: Shyanny Adams

sadams@region3.net  
 4009 6th Avenue Suite 65  
 Kearney, NE 68848

#### Region 4: Derek Sonnenfelt

Ph: 402-316-1779  
 206 West Monroe Avenue,  
 Norfolk, NE, 68701

#### Region 5: Sandy Morrissey

Ph: 402-441-4368  
 smorrissey@region5systems.net  
 1645 "N" Street Suite A  
 Lincoln, NE 68508

#### Region 6: Crystal Fuller

Ph: 402-546-1192  
 cfuller@regionsix.com  
 4715 S. 132 Street  
 Omaha, NE 68137



**\$89,999** invested in FY24 in Mental Health First Aid (MHFA) Trainings



**1,570** persons trained received MHFA training in FY24

## Post Training Participants, Feedback:



*(Statute 71-3005 Nebraska Mental Health First Aid Training Program LB 901 (2014) NRS: 71-3005 Status Report for Fiscal Year 2024)*

# 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 **241** completed checks in FY24, **14.7%** resulted in a violation.
- ❑ Declined by **1%** from **15.7%** in **2023** to **14.7%** in **2024**.

*CDC 2021 data shows that current electronic vapor product use is the least used in Utah, Colorado, Michigan, Iowa, Nebraska, Wisconsin, and Maryland. Nebraska stands 5<sup>th</sup> place for least use of E-cigarettes.*

# Prevention

## Partnership For Success (PFS)

In 2023, Nebraska was awarded the 5-year 2023 Strategic Prevention Framework – Partnership For Success Grant (PFS). The focuses of the grant include prevention of high-risk drinking among young and older adults, vaping among youth and young adults, and suicide across the lifespan.

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.



### 5 Grant Reports

- Disparity Impact Statement
- Statewide Community Health Assessment
- Statewide Community Health Improvement Plan
- Strategic Plan
- Evaluation Plan

### 46,796

messages about binge drinking prevention aired across Nebraska.

### 22

#### Environmental Scans

conducted to assess tobacco outlet product placement

### 91% Alcohol Vendors

1,058 of 1,162 alcohol vendors passed compliance checks by not selling alcohol to underage individuals during random inspections in FFY24.

### 18

#### Community Coalitions

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

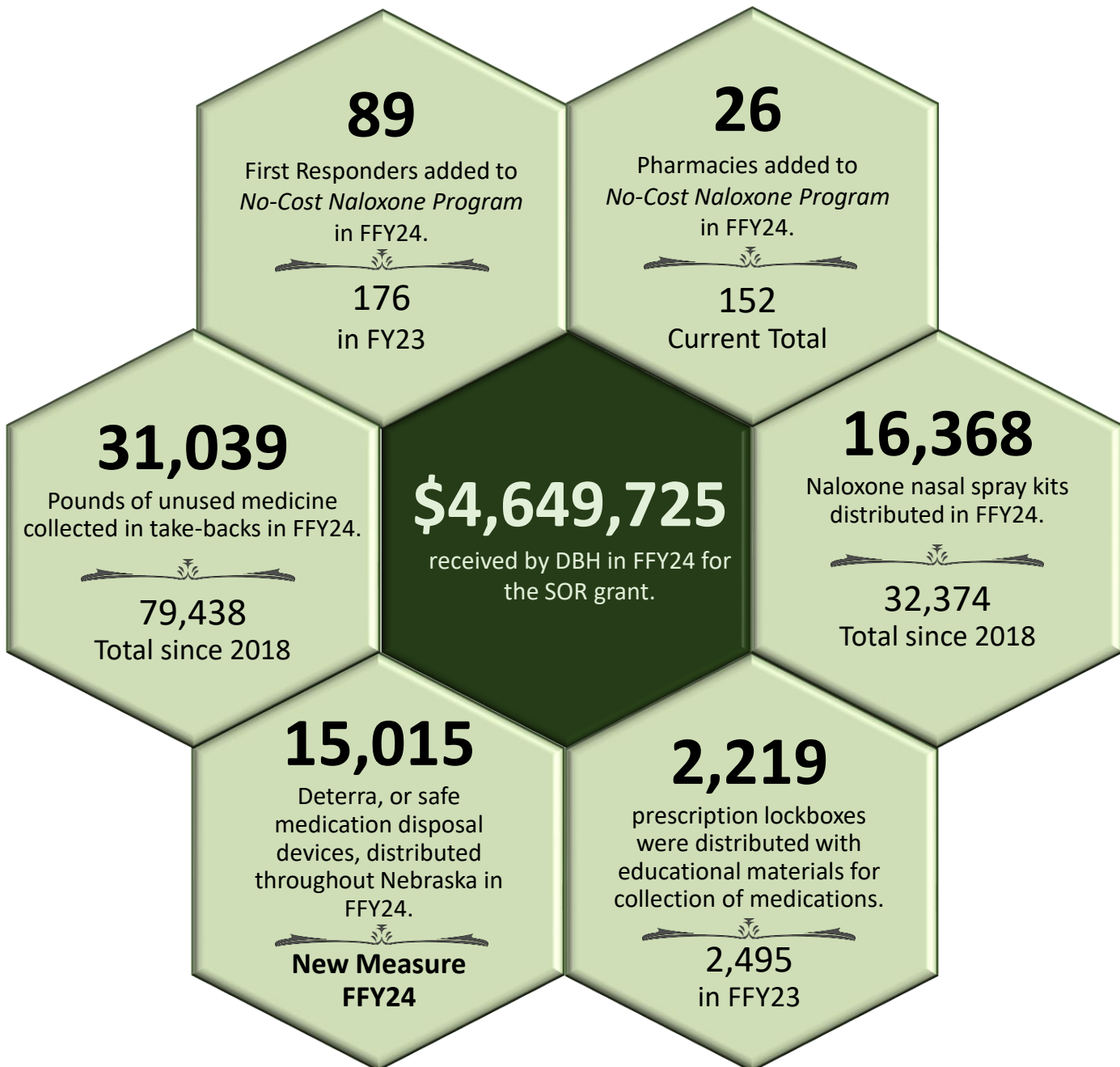
### \$1,250,000

received annually through the Substance Abuse Mental Health Services Agency to implement community-based prevention initiatives.

# Prevention

## State Opioid Response (SOR)

- Third iteration of the grant, from 2022-2024
- 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**  
**FY24: 9**  
FY23: 9  
FY22: 7

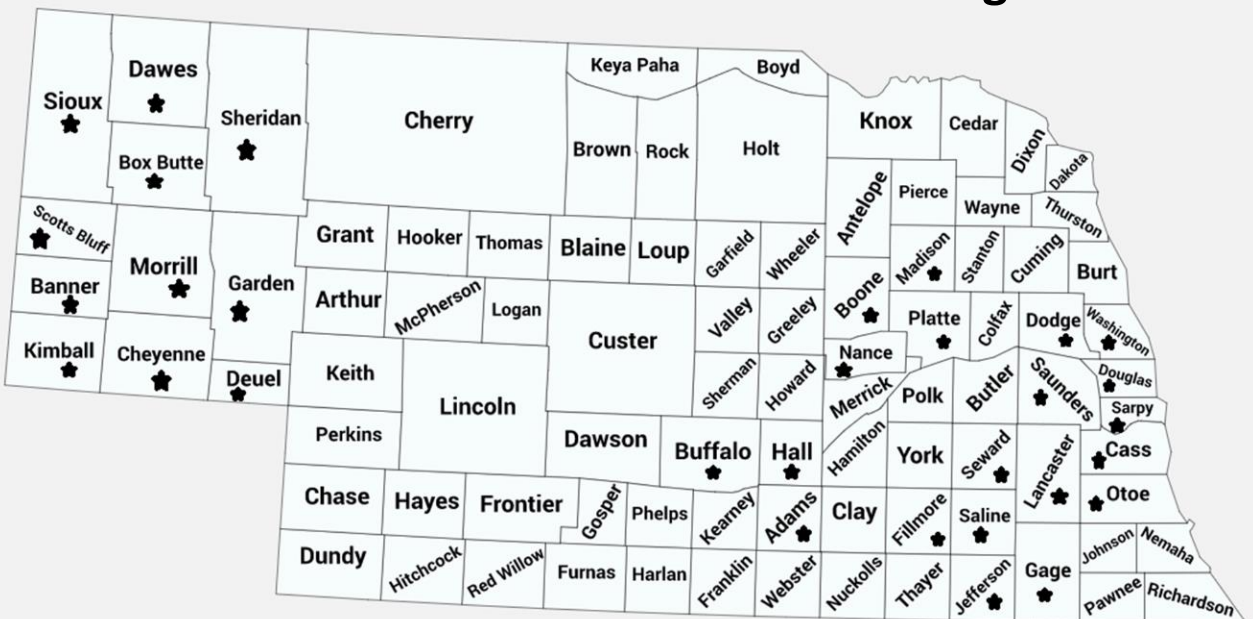
Number of Persons  
served who are  
**Referred**  
**FY24: 29**  
FY23: 22  
FY22: 15

Number of Persons  
**Restored**  
**FY24: 17**  
FY23: 14  
FY22: 1

## Services that participants receive while in Outpatient Competency Restoration

Medication Management	Care Coordination	Competency-Related Counseling
-----------------------	-------------------	-------------------------------

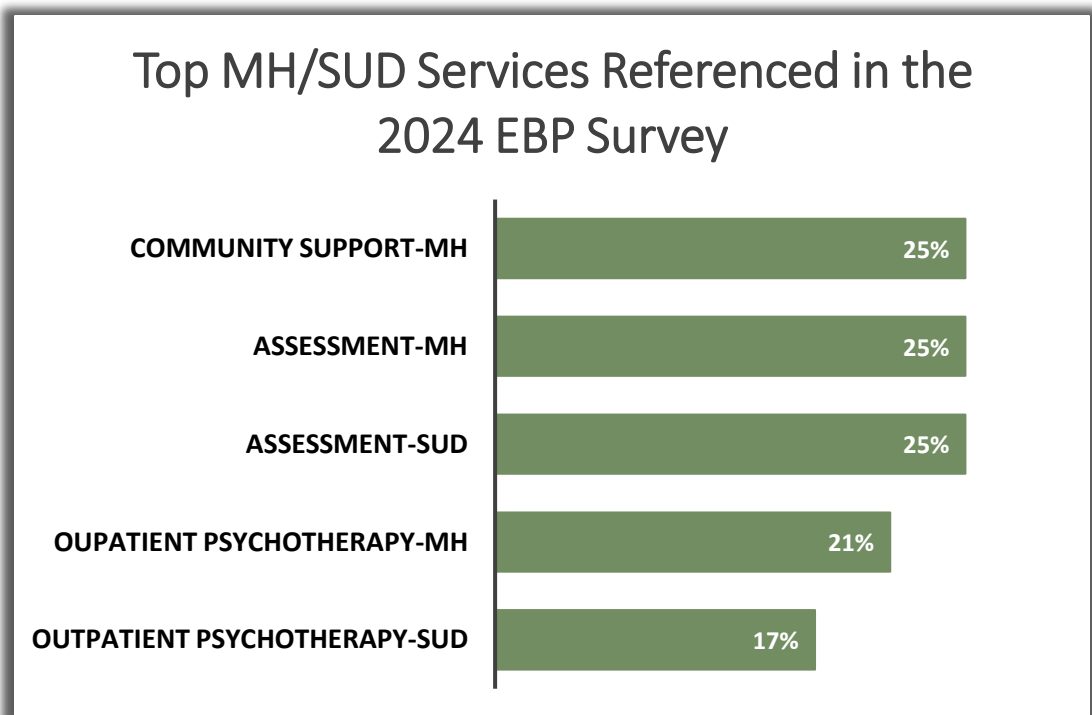
## Counties with OCR Provider Coverage



# 2024 Evidence-Based Practices (EBP) Survey

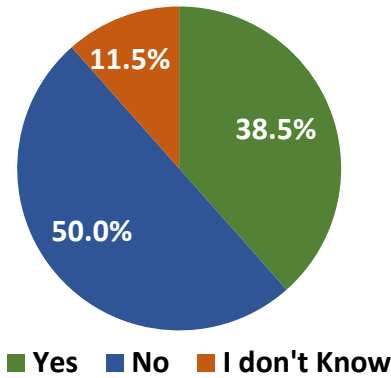
The Evidence-Based Practices (EBP) Survey is a biennial survey which is completed by providers who contract with Regional Behavioral Health Authorities (RBHA) across the state. This survey is sponsored, distributed, and analyzed by the Division of Behavioral Health in collaboration with the six RBHAs.

- The survey is conducted using a web-based platform
- In 2024, there were 59 respondents from 87 providers (67.8%) who were sent the survey. The next survey will be in 2026.
- Results from the EBP survey informs Legislative and Federal compliance assessments and reports.
- Aggregated survey responses illuminate strengths and gaps in services provided by Behavioral Health Providers throughout Nebraska. Such results can be used to determine or guide future training opportunities for RBHAs and Behavioral Health providers.

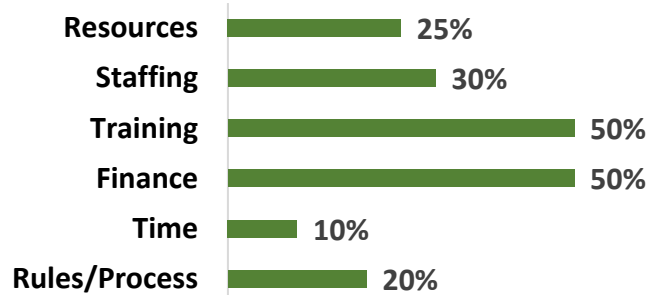


# 2024 Evidence-Based Practices (EBP) Survey of BH Community-Based Providers

Has Your Program Incurred Any Unexpected Barriers?



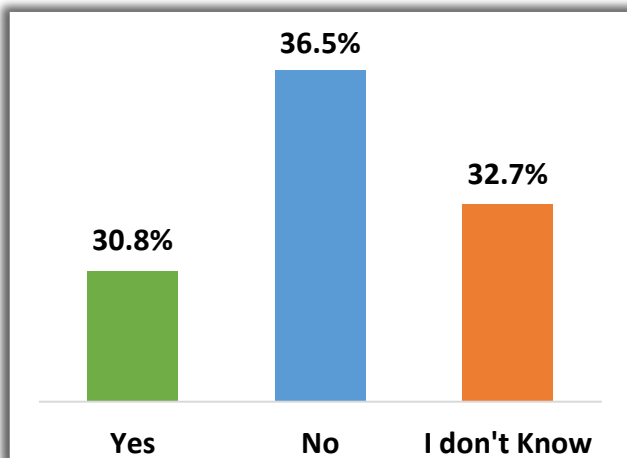
Indicated barriers associated with the provision of EBPs



38.5% of EBP Survey respondents, indicated unexpected barriers in the provision of EBPs. The barriers most indicated were training and finance.

**When asked, *Is Fidelity to Model Assessment or Review Being Used?***

The majority of respondents indicated either “No” (36.5%) or that they did not know (32.7%).



**Of the 38.5% who indicated unexpected barriers:**

40% of respondents indicated that a Fidelity to Model Assessment or Review was being used.

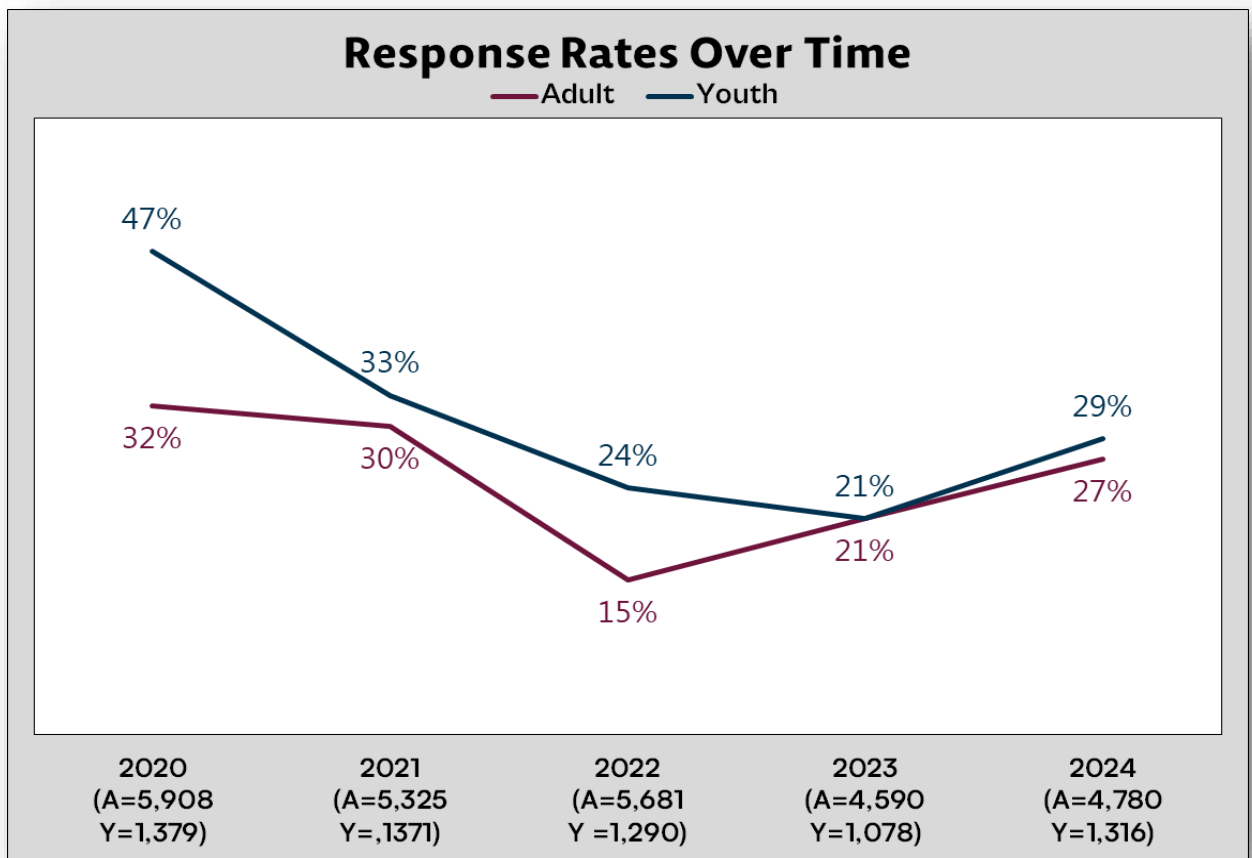
35% did not indicate using Fidelity to Model Assessment or Review.

25% responded that they did not know if a Fidelity to Model Assessment or Review was being used.

# Annual Consumer Survey

The DBH Annual Consumer Surveys (adult and youth) include SAMHSA’s Mental Health Statistics Improvement Program (Adult-MHSIP), and Youth Services Survey for Families (YSS-F) are tools for system improvement. These surveys are a source for useful and actionable information to monitor and improve services based on consumer reported experiences. Multiple modes are available for consumers to access the Annual Consumer Survey including traditional paper, phone, and digital options (email link, QR code).

*At the time of this report, the 2024 Annual Consumer Survey was not yet finalized. However, preliminary data indicates that the 2024 survey showed some improvements in the response rates in comparison to the 2023 survey (8% youth; 6% adult).*



*"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*

# DBH Accomplishments

## Baseline

## Achieved (2024)

**22**  
(SFY2017)

Increase the number of active Medication Assisted Treatment Prescribers.

**125**

Certified providers for Medication Assisted Treatment Prescribers.

*(Source: SAMHSA's website)*

**90%**  
(SFY2017)

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

**94%**

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

*(Source: CDS Access Reports)*

**58%**  
(SFY2017)

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

**67%**

of persons were employed at discharge from Supported Employment Services.

*(Source: FY23 CDS, 10.1.24)*

**17%**  
*(Source: Youth Risk Behavior Survey 2017/18 school year)*

Decrease percentage of high school students who report vaping in the past month.

**\* New measure**

**7%**

of high school students who reported that they were vaping in the past month.

*(Source: Youth Risk Behavior Survey 2023/24 school year)*

**16%**  
*(Source: Youth Risk Behavior Survey 2017/18 school year)*

Decrease percentage of high school students who make a plan to attempt suicide in the past year

**\* New measure**

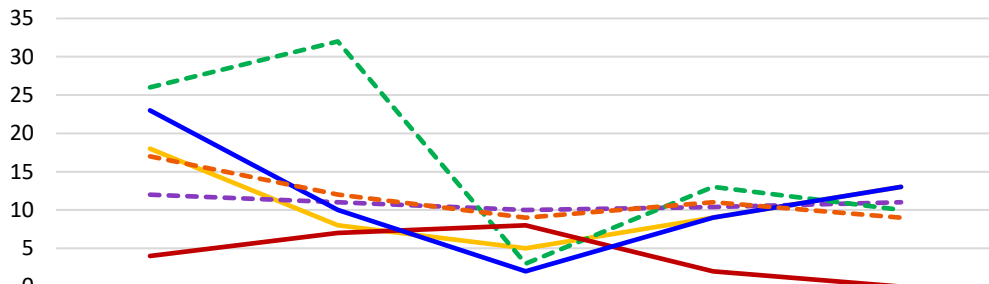
**10%**

of high school students who reported that they made a plan about how they would attempt suicide in the past year.

*Source: Youth Risk Behavior Survey 2023/24 school year*

# DBH-Funded Community-Based Residential Services

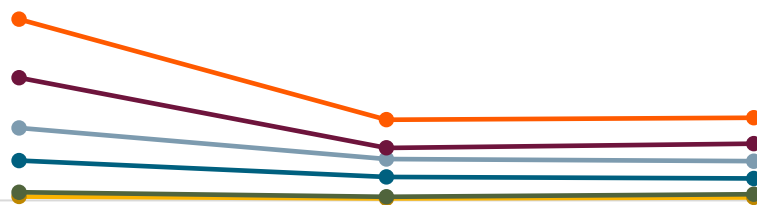
## Average Days Waiting for DBH-Funded Admissions to the Community-Based Residential Services



	FY20	FY21	FY22	FY23	FY24
Dual Disorder Res*	18	8	5	9	13
Halfway House - SUD	12	11	10	10	11
Intermediate Res - SUD	26	32	3	13	10
Psych Res Rehab - MH	4	7	8	2	0
Secure Res - MH	23	10	2	9	13
Short Term Res - SUD	17	12	9	11	9

**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 10.18.2024*

## Persons Served in DBH-Funded Community-Based Residential Services



	FY20 (NE=1,563)	FY22 (NE=712)	FY24 (NE=700)
Region 6	500	241	221
Region 5	429	96	150
Region 4	279	153	148
Region 3	271	169	136
Region 2	37	14	26
Region 1	33	17	26

**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. *Data as of 10.18.2024*

# 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)

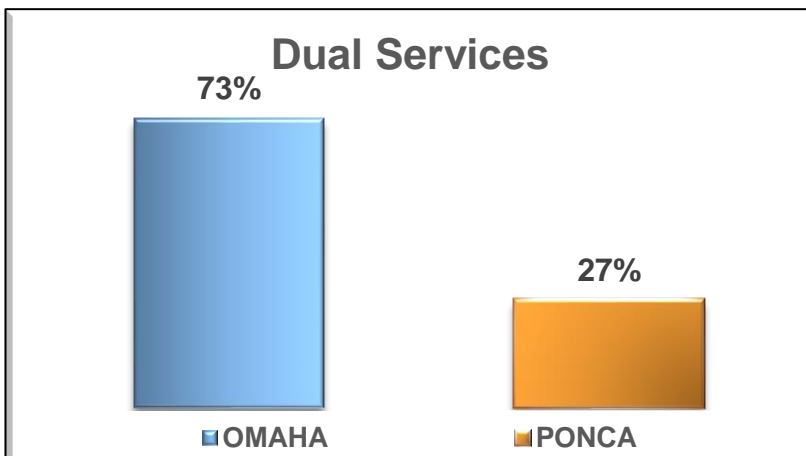
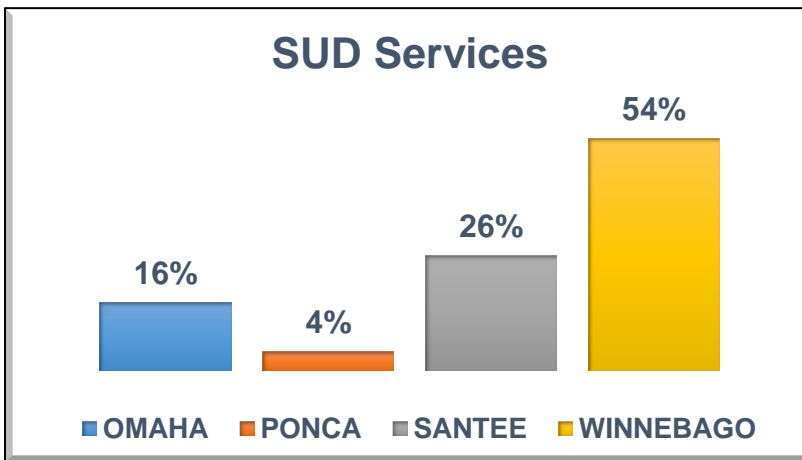
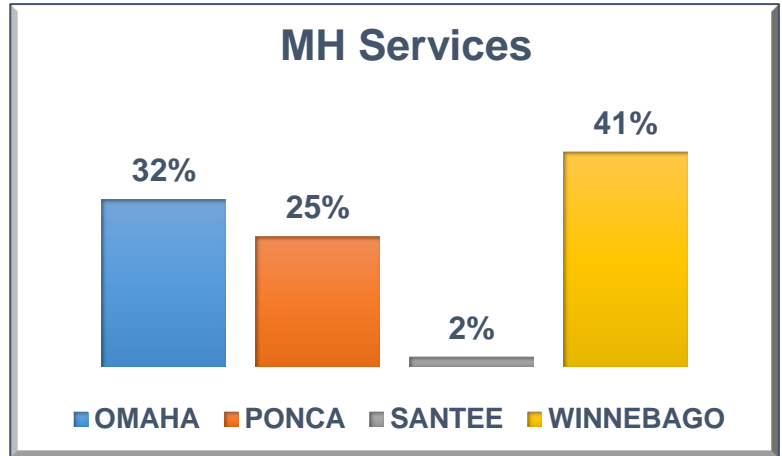
**Description:** A CPSS is a person who is trained to use their personal lived experience and recovery with mental health and/or substance use disorders to mentor others who want to achieve recovery.

**Certification cycle:** All CPSS certifications expire on September 1 of years that end in odd numbers (e.g., 9/1/2025). 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.

<b>334</b> Active / Valid CPSS Certifications in FY24	<b>4</b> State Sponsored Training & Assessment for CPSS Annually
<b>98</b> Peers were newly certified in FY2024	<b>86%</b> 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



**Data Source:** FY24 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 (IHS).

# DBH Contact Information

## Director

### Division of Behavioral Health

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

## Administrators

### Data & QI

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### Federal Grants

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Phone: (402) 471-7824

### Fiscal

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Phone: (402) 471-7853

### Housing

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Phone: (402) 471-7721

### Office of Consumer Affairs

Jessie Case, BFA  
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### Outpatient Competency

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Kristine Pothast, MA, LICSW  
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### Prevention

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### Youth & Emergency

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Phone: (402) 471-7790

## Deputy Directors

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Phone: (402) 471-0869

### Administrative Operations

Diana Meadors, MA, LIMHP, LADC  
Phone: (402) 613 7597

## 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](http://www.dhhs.ne.gov)

# NE DHHS Division of Behavioral Health

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

Resources are available to you:

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



## Annual Report: FY 2024

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



**888.866.8660**



**800.464.0258**



<https://portal.networkofcare.org/NebraskaBehavioralHealth>