

Nebraska

UNIFORM APPLICATION

FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID HKQDEXRXGKL1

I. State Agency to be the Grantee for the Block Grant

Agency Name Nebraska Department of Health and Human Services
Organizational Unit Division of Behavioral Health
Mailing Address 301 Centennial Mall South, Fourth Floor PO Box 95026
City Lincoln
Zip Code 68509-5026

II. Contact Person for the Grantee of the Block Grant

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Last Name Green
Agency Name NE DHHS Division of Behavioral Health
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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2022
To 6/30/2023

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date 12/1/2023 4:45:46 PM
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V. Contact Person Responsible for Report Submission

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Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Alcohol Use among Youth and Young Adults
Priority Type: SAP
Population(s): PP, Other

Goal of the priority area:

Reduce harmful alcohol use among youth and young adults.

Objective:

Reduce the prevalence of binge drinking by youth and young adults.

Strategies to attain the goal:

Work with prevention coalitions across the state to continue engaging in partnerships with local schools, colleges and community groups to facilitate trainings and educational activities which aim to enhance awareness of the risks associated with alcohol use, particularly those associated with binge drinking.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Prevalence of binge drinking reported by youth and young adults, ages 18 to 24
Baseline Measurement: 31.5%
First-year target/outcome measurement: 31.5%
Second-year target/outcome measurement: 30.0%
New Second-year target/outcome measurement(if needed):

Data Source:

Behavioral Risk Factor Surveillance Survey (BRFSS)

New Data Source(if needed):

Description of Data:

The Behavioral Risk Factor Surveillance System (BRFSS) is a survey which collects state data about residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS is a cross-sectional survey conducted by states with technical and methodological assistance provided by the Centers for Disease Control and Prevention (CDC). States use a standardized core questionnaire, optional modules, and state-added questions to ask a variety of important health-related topics of which DBH contributes recommendations on question content. It is administered every year and targeted at non-institutionalized adults 18 years of age and older. The Nebraska Department of Health and Human Services (DHHS) Division of Public Health (DPH) contracts with the University of Nebraska-Lincoln, Bureau of Sociological Research (BOSR) to manage BRFSS data collection.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Although this survey has historically been implemented every year, the Division of Behavioral Health does not directly coordinate and is

thereby dependent on availability of survey results through coordination with DPH and CDC.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

According to the 2021 Behavioral Risk Factor Surveillance Survey data the percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 26.2%, exceeding First-year Target of 31.5%.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

According to the 2021 Behavioral Risk Factor Surveillance Survey data the percentage of young adults who reported having more than five drinks for males and more than four drinks for females on one occasion was 26.2%, exceeding Second-year Target of 30.0%

Priority #: 2
Priority Area: Increase Use of Evidence-based Strategies
Priority Type: SAP
Population(s): PP, Other

Goal of the priority area:

Increasing the use of evidence-based strategies supported through Block Grant funding.

Objective:

Increase the use of evidence-based strategies employed by prevention coalitions to reduce alcohol and substance use.

Strategies to attain the goal:

Support increased use of evidence-based interventions in prevention practices. Use evidence-based public education and awareness strategies, campaigns, and engagement activities to increase awareness of binge drinking and reduce binge drinking rate. Offer technical assistance to enhance program staff understanding on identification and use of evidence-based strategies in addition to continued training on data collection and entry into the state prevention reporting system related to prevention activities.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of Block Grant funded evidence-based strategies.
Baseline Measurement: 33.6%
First-year target/outcome measurement: 36.1%
Second-year target/outcome measurement: 38.6%

New Second-year target/outcome measurement(if needed):

Data Source:

Nebraska Prevention Information Reporting System (NPIRS)

New Data Source(if needed):

Description of Data:

The NPIRS is an internet-based reporting system designed to collect and report prevention activity data in Nebraska. The system collects community, regional, and state level data from recipients of federal and state prevention funds administered by the Division of Behavioral Health. NPIRS provides the reporting capabilities for components of the Federal Block Grant. The reports provide number served by individual-based programs or population-based programs and strategies, numbers served by intervention type, and use of evidence-based programs and strategies.

New Description of Data:(if needed)**Data issues/caveats that affect outcome measures:**

System users receive numerous training opportunities and work continues to improve consistency and accuracy in reporting into the NPIRS.

New Data issues/caveats that affect outcome measures:**Report of Progress Toward Goal Attainment**

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How first year target was achieved (optional):**

Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a first-year outcome measure of 46.8% for evidence-based strategies employed.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:**How second year target was achieved:**

Support for increased use of evidence-based interventions in prevention practices employed by prevention coalitions achieved a Second-year outcome measure of 48.8%* for evidence-based strategies employed. *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 FY23 data represent a subset of the EBPs (i.e. only universal indirect strategies).

Priority #: 3
Priority Area: Consumers in Stable Living Arrangements
Priority Type: SAT, MHS
Population(s): SMI, SED, ESMI, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Consumers have permanent and stable housing.

Objective:

Increasing support for consumers to secure and maintain permanent housing.

Strategies to attain the goal:

Increase system and community-level planning efforts to focus on targeted resources for priority populations. Work with providers and community partners to understand local housing needs and help support response efforts.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 60%

First-year target/outcome measurement: 65%

Second-year target/outcome measurement: 65%

New Second-year target/outcome measurement(if needed):

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source(if needed):

Description of Data:

Consumer treatment data from CDS. CDS collects consumer level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Information is provided by consumer who may not wish to disclose they are or are at risk of experiencing homelessness. Residential services include: Dual Disorder Residential - MH + SUD, Halfway House - SUD, Intermediate Residential - SUD, Psychiatric Residential Rehabilitation - MH, Secure Residential - MH, Short Term Residential - SUD, Therapeutic Community - SUD, Mental Health Respite - MH + SUD.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Increased system and community-level activities supporting efforts to focus targeted resources for priority populations achieved a statewide first year outcome measure of 70% of the number of consumers in stable living arrangements at discharge from residential services.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

Second-year outcome measure was 87% which exceeds the Second-year target of 65% of the number of consumers in stable living arrangements at discharge from residential services. Upon consideration of service definitions, MH-Respite did not fit the description of a Residential Service and was removed from the array of services included in the analysis.

Priority #: 4

Priority Area: Consumer Employment

Priority Type: SAT, MHS

Population(s): SMI, SED, ESMI, PWWDC, PWID, EIS/HIV, TB, Other

Goal of the priority area:

Consumers in the labor market have competitive employment.

Objective:

Increasing support for consumers to sustain and acquire competitive employment.

Strategies to attain the goal:

Work with providers and community partners to understand local employment opportunities and help support efforts to connect consumers with employers.

**Edit Strategies to attain the objective here:
(if needed)**

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 55%

First-year target/outcome measurement: 55%

Second-year target/outcome measurement: 58%

New Second-year target/outcome measurement(if needed):

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source(if needed):

Description of Data:

Consumer treatment data from CDS. CDS collects consumer-level information to report to the Treatment Episode Date Set (TEDS) of MH and SU Disorders consumers receiving Division funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Information is provided by consumers who may not wish to disclose employment status and thus would be excluded from calculation. The labor market consists of those who are employed [employment status is 'Active/Armed Forces (< 35 Hrs)'; 'Active/Armed Forces (35+ Hrs)'; 'Employed Full Time (35+ Hrs)'; or 'Employed Part Time (< 35 Hrs)'] and those who are unemployed but have been actively looking for employment in the past 30 days.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Increased support for consumers to sustain and acquire competitive employment achieved a statewide first-year outcome measure of 64% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

Increased support for consumers to sustain and acquire competitive employment achieved a statewide Second-year outcome measure of 66% of the percentage of consumers in the labor market who are employed at discharged from any DBH funded service.

Priority #: 5

Priority Area: Access for Priority Populations to Substance Use Disorder Services

Priority Type: SAT

Population(s): PWID, EIS/HIV, TB, Other

Goal of the priority area:

Priority populations are admitting into substance use disorder services in a timely manner.

Objective:

Improve wait times into Short Term Residential services for persons who inject drugs.

Strategies to attain the goal:

As required through the contracts with the Regional Behavioral Health Authorities (RBHAs), priority populations are expected to receive priority status according to priority type when waiting to enter a substance abuse treatment service. Educational trainings with RBHAs and providers to ensure priority status is understood and Federal requirements are followed. Monitoring and assessment of Short Term Residential capacity to determine if additional service locations are necessary to meet the needs of all priority populations seeking treatment.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 80%

First-year target/outcome measurement: 85%

Second-year target/outcome measurement: 85%

New Second-year target/outcome measurement(if needed):

Data Source:

Nebraska DHHS Division of Behavioral Health Centralized Data System (CDS).

New Data Source(if needed):

Description of Data:

Consumer wait and admission data from CDS. CDS collects consumer level information for all consumers placed on a waiting list for MH and SU Disorders receiving DBH funded services, either directly or through regional contracts. CDS warehouses all the data entered so that it can be analyzed at any time.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

The CDS access reporting function is monitored for completeness and accuracy on a regular basis.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Educational trainings with RBHAs and providers to ensure priority populations receive priority status according to priority type when waiting to enter a substance abuse treatment service improved wait times into Short Term Residential services for persons who inject drugs and achieved a statewide first year outcome measure of 87% of persons reported as injecting drugs who admitted into Short Term Residential services within 14 days of seeking treatment.

Second Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

The Second-year outcome target of 85% was not achieved. 78.3% of persons reported as injecting drugs were admitted into Short Term Residential services within 14 days of seeking treatment. DBH initiated further review and determined that one provider accounted for 32% of the priority persons served impacting the overall percent. DBH has initiated follow up with network administrator and the provider to correct and/or address SUPTRS BG requirements.

How second year target was achieved:

Priority #: 6
Priority Area: First Episode Psychosis (FEP)
Priority Type: MHS
Population(s): SMI, SED, ESMI

Goal of the priority area:

Improve the system such that more people are being provided the behavioral health services they need earlier and in a voluntary capacity through self-entry into the service system.

Objective:

Improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a first episode of psychosis.

Strategies to attain the goal:

Continue to develop recovery-oriented services and increase use of evidence-based practices which help individuals stabilize and maintain stabilization in community settings. Support Mental Health trainings to improve early intervention and support, particularly for youth having a first episode of psychosis (FEP). Emphasis will be placed on enhancing recruitment strategies and increasing community awareness on FEP services available.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Number of statewide admissions into FEP programs
Baseline Measurement:	16 admissions
First-year target/outcome measurement:	18 admissions
Second-year target/outcome measurement:	20 admissions
New Second-year target/outcome measurement(if needed):	

Data Source:

FEP programs funded by DBH.

New Data Source(if needed):

Description of Data:

FEP programs record admission, service utilization, outcome measures, and discharge data for all FEP participants. This information is available to DBH as requested.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

DBH is currently dependent on receipt of admission data directly from the FEP programs.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Strategies to improve access to FEP Coordinated Specialty Care (CSC) treatment for youth and young adults who have experienced a first episode of psychosis achieved a first year outcome measure of 30 admissions, exceeding the first year target of 18 admissions.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

Second-year outcome measure were 38 in service in FEP Coordinated Specialty Care treatment for youth and youth adults who have experienced a first episode of psychosis which exceeds the Second-year target of 20.

Priority #: 7

Priority Area: Tuberculosis

Priority Type: SAT

Population(s): TB, Other

Goal of the priority area:

Tuberculosis screening is provided to all persons entering substance abuse treatment service and meets federal requirements regarding screening for Tuberculosis.

Objective:

As required through the contracts with the Regional Behavioral Health Authorities, Tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates "high risk" for TB. The Tuberculosis Program in the Nebraska Division of Public Health provides the overall coordination for the State of Nebraska.

Strategies to attain the goal:

Regional Behavioral Health Authorities will comply with contract requirements for Tuberculosis screening to be provided to all persons entering a substance abuse treatment service.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Tuberculosis (TB)

Baseline Measurement: Maintain the contract requirement with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

First-year target/outcome measurement: The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

Second-year target/outcome measurement: The contract requirement will be maintained with the Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance abuse treatment service.

New Second-year target/outcome measurement(if needed):

Data Source:

The Nebraska Department of Health and Human Services - Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities.

New Data Source(if needed):

Description of Data:

Signed contracts between the Nebraska Department of Health and Human Services - Division of Behavioral Health and the six Regional Behavioral Health Authorities.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

This contract requirement is connected to the Federal requirements under the Substance Abuse Prevention and Treatment Block Grant.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service.

Second Year Target: Achieved Not Achieved (if not achieved,explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved:

The Nebraska Department of Health and Human Services - Division of Behavioral Health contract requirement was maintained with the Regional Behavioral Health Authorities for tuberculosis screening provided to all persons entering substance abuse treatment service.

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 3 - Set-aside for Children's Mental Health Services

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2022	C Estimated/Actual SFY 2023	Please specify if expenditure amount reported in Column C is actual or estimated
\$620,801	\$6,995,428	\$8,330,044	<input checked="" type="radio"/> <input type="radio"/> Actual Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

C. State Agency Expenditure Report

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

A Period	B Expenditures	C <u>B1 (2021) + B2 (2022)</u> 2
SFY 2021 (1)	\$81,495,962	
SFY 2022 (2)	\$85,696,832	\$83,596,397
SFY 2023 (3)	\$114,941,835	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2021	Yes	<input checked="" type="checkbox"/>	No
SFY 2022	Yes	<input checked="" type="checkbox"/>	No
SFY 2023	Yes	<input checked="" type="checkbox"/>	No

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

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Footnotes:

1. Table 6 includes the state portion of Medicaid on Mental Health Services calculated into MOE for the expenditure reporting period.