Behavioral Health Landscape











Nebraska Hospital Association August 26, 2021



Sharing a Healthcare Vision

- > Every Nebraskan deserves an opportunity to reach their full potential.
- Nebraskans are healthier.
- > There is no health without behavioral health.
- Nebraska a National Leader in service and outcomes.



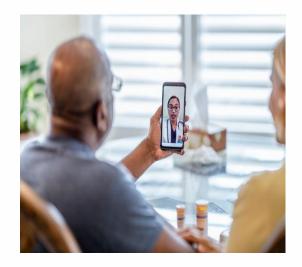


Invite and Design the Future

(Thinking differently about how and where we serve)











Good Life. Great Mission.

Division of Behavioral Health



Shall serve as the chief behavioral health authority for the State of Nebraska and shall direct the administration and coordination of the public behavioral health system.

Neb. Rev. Stat. 71-806



Role of the Division of Behavioral Health (DBH)

- Administer, fund, and oversee communitybased prevention, treatment and recovery system
- Facilitate and support expansion of community service capacity (knowledge, skill, practice)
- Facilitate and support changes in service models (tele-health, in-home, sequential intercept)





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Neb. Rev. Stat. 71-804 (9)

Public behavioral health system means the statewide array of behavioral health services for children and adults provided by the public sector or private sector and supported in whole or in part with funding received and administered by the department, including behavioral health services provided under the medical assistance program;





- The Division of Behavioral Health (DBH):
 - Community Based Services Section
- Regional Behavioral Health Authorities (RBHA), Regional Governing Boards
- Tribal Authorities
- Service Providers
- DHHS Behavioral Health
- Regional Centers

Service Eligibility:

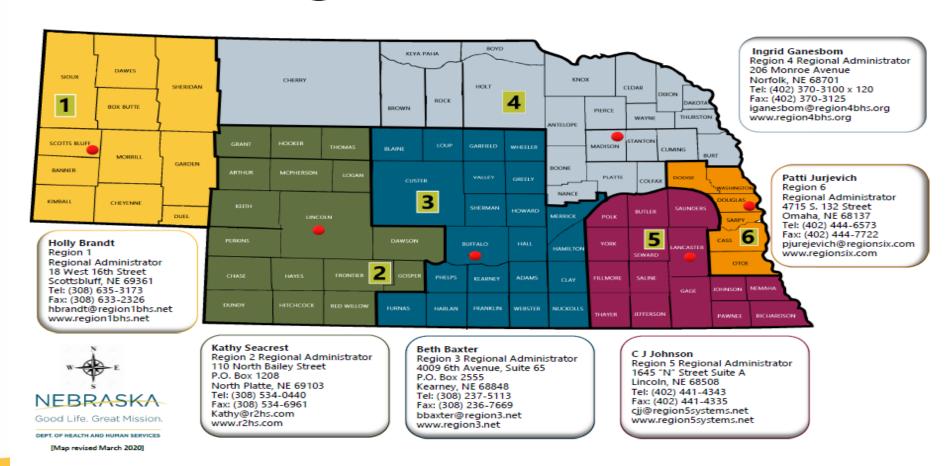
Financially Eligible
Clinically Eligible



Priority Populations:

 Federal Block Grant Priorities – MH: services for adults with SMI and youth with SED.
 SU: Pregnant injecting drug users, other pregnant substance users, other injecting drug users, women with dependent children, all others.

Behavioral Health Regions and Regional Administrators



Regional Centers

Larry Kahl, DHHS COO/24 Hour Facilities

Lincoln Regional Center (LRC)

- General psychiatric services
- Forensic psychiatric services
- Sex offender final phase services
- Stakeholder planning with DBH Central Office
- Contact Pete Snyder





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Regional Centers

Norfolk and Whitehall



Norfolk Regional Center (NRC)

- Sex offender (SO) services
- Phase I of SO Program
- Contact: Don Whitmore

Whitehall

- PRTF for adolescent male substance use treatment
- PRTF for juvenile males who sexually harm
- Contact: Mark LaBouchardiere



31,704
(Source: FY20 CDS, 10.1.20)

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

25,241

9,948

Mental Health (MH)

Substance Use Disorder (SUD)

45.5% Females

54.5%

Males

71.2%

25-64 years

Source: Division of Behavioral Health FY2020 Annual Report

DBH 2020 AT A GLANCE

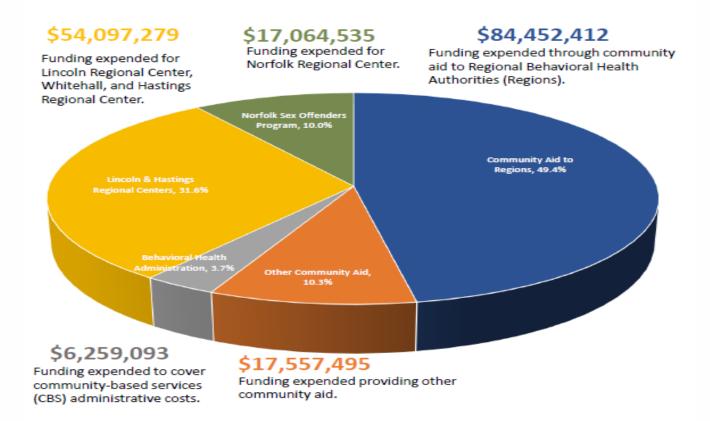
Race

American Indian/Alaska	3.2%
Asian	0.8%
Black/African American	9.9%
Native Hawaiian/Other	0.4%
Two or More Races	1.6%
White	84.1%



^{*} 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 set therefore, the sum of consumers across the service types is greater than the total set.

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



DBH 2020
Expenditures
at a
Glance

Helping People Live Better Lives.

How is DBH different from Medicaid BH?

DBH

- Serves Adults and Youth
- More Funding for ADULTS (MH, SA)
- Funding capped; no entitlement
- Recovery and rehab service model
- Has "in-house" information systems to collect clinical and fiscal/billing data
- Through direct contract and intermediaries

Medicaid

- Serves Adults and Youth
- Serves more CHILDREN than NBHS (limited services for children with SA needs)
- Entitlement, if eligible
- Medical "necessity" model
- Has "in-house" information system to collect claims data
- Heritage Health MCOs (integrated PH, BH, Rx)
- Direct to providers



Shared Services – DBH and Medicaid

Mental Health (Shared Medicaid Service)

Acute/Sub-Acute Psychiatric Inpatient

Assertive Community Treatment

Benefit Services

Community Support

Crisis Assessment/Evaluation (regular

and inpatient)

Crisis Stabilization/Treatment

Day Rehabilitation

Day Support

Dual Residential Treatment (MH/SUD)

Emergency Community Support

Emergency Psychiatric Observation

Family Navigator

First Episode Psychosis** (some

Components funded by Medicaid)

Hospital Diversion

Intensive Case Management

Medication Management

Mental Health Promotion

Mobile Crisis Response

Multi-Systemic Therapy (Youth)

Outpatient Therapy (I/F/G) Adult/Youth/Urgent

Outpatient Therapy Dual (I/F/G)

Professional Partners (WrapAround -

Youth)

Psychiatric Residential Rehab

Psych Respite

Psychological Testing

Recovery Support

Peer Support

Secure Residential

SOAR

Supported Education

Supported Employment

Supported Housing

Supportive Living

Warm Handoff

Youth Respite Care

24 hour Crisis Line

Substance Use Disorders (Shared Medicaid Service)

Assessment/Evaluation Only

Medically Managed Withdrawal Management

Community Support

Crisis Assessment

Crisis Stabilization/Treatment

Dual Residential Treatment (MH/SUD)

Halfway House

Intensive Case Management

Intensive Outpatient Therapy

Intensive Outpatient - Matrix

Intermediate Residential

Medication Assisted Treatment

Opioid Treatment Program

Outpatient Therapy (I/F/G) Adult/Youth/Urgent

Outpatient Therapy Dual (I/F/G)

Primary Prevention

Recovery Homes (Oxford)

Social Detoxification

Supported Employment

Supported Housing

Short-Term Residential

Therapeutic Community

Recovery Homes (Oxford)

Recovery Support

Peer Support

Helping People Live Better Lives.

Prevalence

Adults				
	National Prevalence	# of People in Nebraska based on National Prevalence		
NE population 1,934,408 2019 ACS 1 year estimate		Age 18 + 1,459,312		
Any Mental Illness (AMI)	20.60%	300,618		
Serious Mental Illness (SMI)	5.20%	75,884		
Substance Use Disorder (SUD)	7.70%	112,367		
Co-Occurring AMI and SUD	3.80%	55,454		
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Source: 20	19 National	Survey on D	Drug Use an	d Health

Youth				
	National Prevalence	# of People in Nebraska based on National Prevalence		
NE population 1,934,408 2019 ACS 1 year estimate		Age 12-17 157,118		
Substance Use Disorder (SUD)	4.50%	7,070		
Major Depressive Episode (MDE)	15.70%	24,668		
MDE with Severe Impairment (MDESI)	11.10%	17,440		
Co-Occurring MDE and SUD	1.70%	2,671		
Co-Occurring MDESI and SUD	1.40%	2,200		
Source: 2019 National Survey on Drug Use and Health				



National Prevalence Ratios
Adult AMI 1:5
Adult SMI 1:19
Adult SUD 1:13
Adult MDE 1:13
Adult MDESI 1:19
Adult Co-Occur SUD MH 1:26
Youth SUD 1:22
Youth MDE 1:6
Youth MDESI 1:9
Variable On Construction APPE CLID 4-50
Youth Co-Occur MDE SUD 1:59
Youth Co-Occur MDESI SED 1:71

Statewide Impacts of COVID-19 Estimated Number of Persons Impacted

	Total Census	Estimated Number of Persons Impacted		
Service Provider Name and Service Areas	Population in Service Area	Minimum (0.75% of population)	Maximum (2% of population)	
Region 1 Behavioral Health Authority (Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux Counties)	82,962	622	1,659	
Region II Human Services (Arthur, Chase, Dawson, Dundy, Frontier, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas Counties)	97,808	734	1,956	
Region 3 Behavioral Health Services (Adams, Blaine, Buffalo, Clay, Custer, Franklin, Furnas, Garfield, Greeley, Hall, Hamilton, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler Counties)	230,474	1,729	4,609	
Region 4 Behavioral Health System (Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Holt, Keya Paha, Knox, Madison, Nance, Pierce, Platte, Rock, Stanton, Thurston, and Wayne Counties)	204,458	1,533	4,089	
Region V Systems (Butler, Filmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York Counties)	476,641	3,575	9,533	
Region 6 Behavioral Healthcare (Cass, Dodge, Douglas, Sarpy, and Washington Counties)	842,065	6,315	16,841	
Totals:	1,934,408	14,508	38,688	

COVID-19 Impact

Waitlist Information (DBH only)

Waitlist Data	Number on Waitlist	Average Length of Wait
Therapeutic Community - SUD	2	3 Days
Short Term Residential - SUD	64	31.7 Days
Dual Disorder Residential - SUD	4	74.7 Days
Halfway House - SUD	0	0 Days
Community Support - SUD	0	0 Days
Community Support - MH	7	39.7 Days
Secure Residential - MH	8	25.6 Days
Professional Partner – MH	49	108.7 Days
Psychiatric Residential Rehabilitation - MH	0	0 Days
Source: CDS data pull 7-22-2021 Point In Time		

Issues impacting waitlist information:

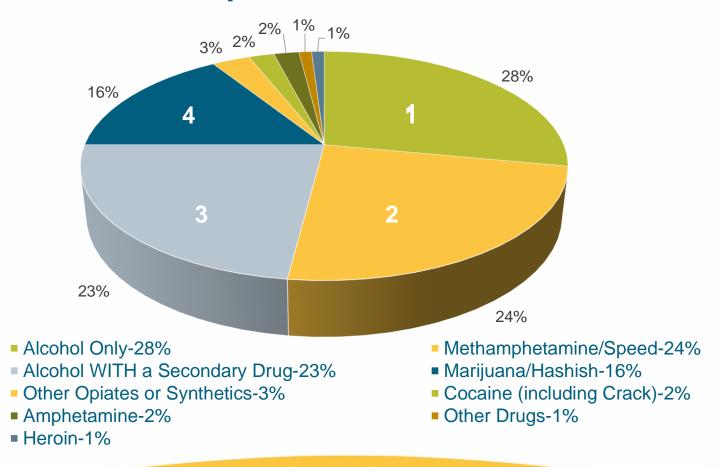
- Waitlist information is not collected for all services
- Inability to capture all populations on waitlists (providers serve all payer sources)
- Consistent/shared terminology and interoperability between systems (EHRs/EPMs)
- Cross-system waitlist and capacity management



Risk Behaviors

Indicator	Data Source/Year	Estimated Persons	Nebraska	Nation
Self-reported poor mental health (frequent mental distress) - over age 18	BRFSS 2019	164,902	11.3%	13.8%
Heavy drinking - over age 18	BRFSS 2019	90,477	6.2%	6.5%
Binge drinking - over age 18	BRFSS 2019	304,996	20.9%	16.8%
Youth binge drinking grades 9-12	YRBS 2019	12,884	8.2%	13.7%
Non-medical use of pain relievers - over age 18	NSDUH 2018/2019	49,617	3.4%	3.7%
Suicide ideation- over age 18	NSDUH 2018/2019	71,506	4.9%	4.6%
Suicide ideation- grades 9-12	YRBS 2019	27,810	17.7%	18.8%

Top Substance Use Reported at Admission FY 2020

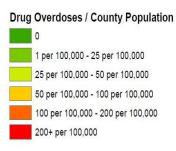


in Nebraska – FY 20 40% of all admissions reported one or more substances used.

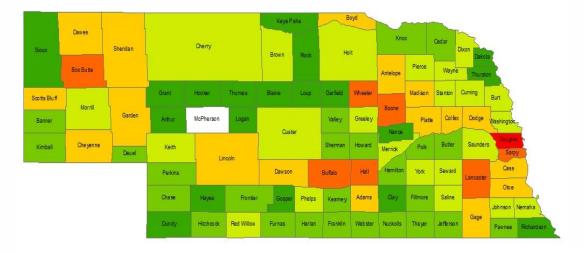
Data Source: DBH/CDS

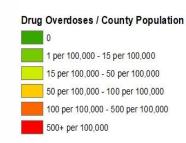
Drug Overdose





Rate of **unintentional** drug overdose in the emergency department by county, Centers for Disease Control and Prevention, Nebraska, 2019





Rate of **intentional** drug overdose in the emergency department by county, Centers for Disease Control and Prevention, Nebraska, 2019

Source: DBH Epi Profile 2020

Helpline Calls / Access FY 2021

- •10,854 total inbound calls in FY21, an 86% increase from FY20
- •Of those with insurance, 44% Medicaid, 35% private insurance, 7% no insurance
- •33% reported previous mental health diagnosis for child
- •35% reported stress over accessing services
- •11% callers self-reported mental health issues for self/caregiver
- Requested referral service types
 - Benefits 23%
 - Mental health 18%
 - Basic needs 16%
 - Parent education & support 11%
 - Legal and court services 9%
- Family Navigators: (preliminary)
 - FY21: offered to 442 families with 347 families accepting Family Navigator service an 79% acceptance rate
 - FY20: offered to 426 families with 348 families accepting Family Navigator service an 82% acceptance rate



challenges.

Source: Nebraska Family Helpline FY21 Summary Report

Prevention Works

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

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

432,935

persons were indirectly reached through universal prevention strategies such as social media campaigns, radio and TV PSA's, or other information dissemination strategies.

23,555

persons were served through direct prevention strategies such as community-based programs, school-based education programs, and environmental strategies.

74.6%

of the 30 programs and strategies targeting underage and binge drinking were evidence-based programs and strategies.

Source: Division of Behavioral Health FY2020 Annual Report

Helping People Live Better Lives.





Prevention Works

SOR

State Opioid Response (SOR) Grant

\$4,030,457 per year (9/30/2018-Present)



Source: Division of Behavioral Health FY2020 Annual Report

Accomplishments

3,022

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

914

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

2,527

Views of DBH's Pain Management Guidance document videos.

2,836

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

12

Executive fellows have completed the Addiction Medicine Executive Fellowship.

40,519 radio spots

Aired with opioid awareness media campaign.

Nebraska Behavioral Health Landscape Prevention Works

Suicide Prevention

- More than 67,649 K-12 educators and school personnel have received Kognito suicide prevention training and 22,072 have been trained in Suicide Safe Schools.
- 29,717 gatekeepers completed Question, Persuade & Refer [QPR] training in Nebraska.
- Nebraska has active Local Outreach to Suicide Survivors (LOSS) teams.
- Statewide Suicide Prevention Coalition.

Nebraska Needs You: Suicide Prevention Social Media Campaign

- Targets adolescents ages 12-18 in rural communities
- 30 second spots airing during Boys/Girls state basketball tournaments and Big Red Wrapup

Other Media Campaigns

- Talk, They Hear You: SAMHSA-sponsored campaign to reduce underage drinking airing through Nebraska Broadcaster's Association
- **Keep Your Kids (Substance) Free:** Developed with KidGlov (marketing firm) in Year 2 of PFS grant. Aimed at parents of youth.



9-8-8 National Lifeline

- July 2022, 9-8-8 launches as national threedigit dialing code for the National Suicide Prevention Lifeline. Nebraska received planning grant for building infrastructure.
- LB247 Task Force
- Lifeline Center capacity to manage 988 calls, chats, texts, follow up contact and best practices.
- Operational, clinical, and performance standards.
- Crisis response system planning.

- 988 Implementation Team and Stakeholder information.
- Linkage to 911, mobile crisis, and other alternatives.
- Public messaging.
- Implementation and funding recommendations.



Prevention Works

Opioid Prevention

- LB 1124 Opioid Prevention and Treatment Act (January 2020, Sen. Sara Howard)
 - Created the Nebraska Opioid Recovery Fund to provide for the use of dedicated recovery revenue for opioid-disorder-related treatment and prevention
 - DHHS DBH engaged with Attorney General Office Workgroup
- National Opioid Settlement
 - NE receiving up to \$110 million over several years.
 - Used to address problems caused by opioids
- Pharmacy Naloxone Program Under SOR Grant II:
 - Free Narcan in participating pharmacies
 - 190 kits have been distributed through pharmacies to community members

Treatment Is Effective



95% of consumers were offered medication management services within 21 days of discharge from inpatient care



2,836 Naloxone nasal spray kits distributed to reverse the effects of an opioid overdose



75% of youth successfully served in Mobile Crisis Response and were able to remain at home or with family/friend



94 confirmed active Medication Assisted Treatment prescribers



82% of consumers agreed that the services they received improved their quality of life. **88%** were satisfied with the services they received.



437 trained in workforce competencies that targeted evidenced-based practices.

People Recover



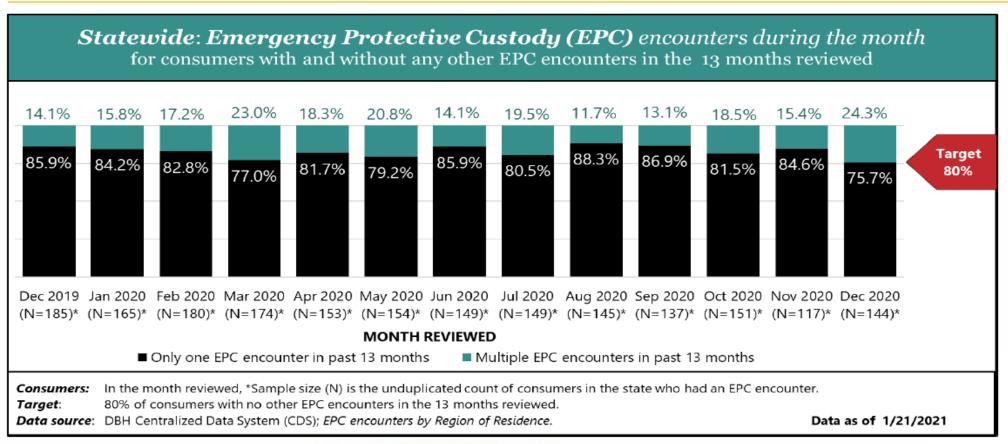
Supported Employment: 74% of consumers were employed at discharge from Supported Employment services



Stable Living Arrangements: Stable living is operationalized as a reported living arrangement that is not "homeless" nor "homeless shelter". 83% were discharged to stable living arrangements across all services.

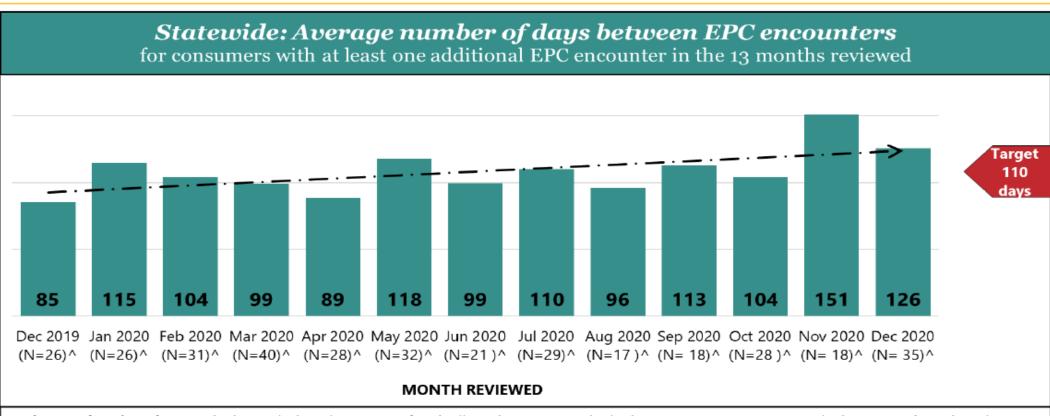
Source: DBH Annual Report 2020

Emergency Protective Custody (EPC)



In 10 of the 13 months reported, the state was at or above the 80% target.

Average Number of Days between EPCs



In 6 of the
13 months
reported, the
state was at
or above the
110 day
target.

In the month reviewed: ^Sample size (N) is the subset count of unduplicated consumers who had two or more EPC encounters in the 13 months reviewed.

*Average number of days = (Sum of days between EPC encounters / Number of intervals).

Data source: DBH Centralized Data System (CDS): EPC encounters by Region of Residence.

Data as of 1/21/2021

Providing Support and Help

Nebraska Family Helpline

- **48,110 Calls** into the Helpline since the start of operations in 2010– providing support and referrals to local services.
- 3,956 New Families have been served in FY20 by Helpline counselors.

Rural Response Hotline

- Voucher Program Rural MH Legal Aid Society
- SEG Healthcare Professional Assistance



- Leads the Division of Behavioral Health's support and recovery.
- 106 people with lived experience trained as Certified Peer Support Specialists (CPSS). 866
 Families have been served by state Family Organizations.

Network of Care

Provides a comprehensive web-based directory of behavioral health services by Region, enabling consumers to quickly locate local programs and resources.
 125,522 total web site visits in FY20.

Source: DBH Annual Report 2020

Future of Behavioral Health in Nebraska Nebraska Strategic Plan 2022-2024



Future of Behavioral Health in Nebraska

Guided By Strategic Planning

Pillars of Transformation

Pillar 1: Enhance Behavioral Health Influence

Pillar 2: Implement an Integration Strategy

Pillar 3: Promote Stakeholder Inclusion

Pillar 4: Drive Innovation and Improve Outcomes

Pillar 5: Demonstrate and Drive Value

DHHS Behavioral Health

Strategic Plan

2022-2024



Work in Progress - Behavioral Health in Nebraska Community-Based Services

Kepro: New Vendor for PASRR beginning January 1, 2021

- Preadmission Screening and Resident Review (PASRR)
- Providing PASRR Level I screening and Level II evaluations and determinations
- Online provider portal: Instant Level I results and timely Level II outcomes
- Outcomes viewed, printed and easily stored in individual nursing home files
- Comprehensive training to assist providers in registering and using the new portal

New Pilot Program: OpenBeds

- Partnership between DHHS/DBH, Region 6 and OpenBeds, an Appriss Health Company
- Provides timely access to inpatient mental healthcare in and around Omaha
- Identifies, unifies and tracks behavioral health resources to facilitate rapid access
- Timely access to vital services for individuals in crisis
- Helps providers in Cass, Dodge, Douglas, Sarpy and Washington Counties connect patients to a network of inpatient mental health providers

Work in Progress - Behavioral Health in Nebraska

OCR - Outpatient Competency Restoration

- Mental competency restoration for defendants found incompetent to stand trial.
- Implementation will take place in July 2021
- Aim to reduce court waitlists and provide an outpatient option
- Plan to serve approximately 20-25 individuals per year

Housing-Related Assistance

- Safe and affordable housing
- Support development and voucher assistance

Nebraska System of Care (NeSOC)

Children's Impact Collective



RESOURCES * RESOURCES * RESOURCES



Department of Health and Human Services

Division of Behavioral Health

Good Life, Great Mission.

FY2020 Annual Report

<u>Behavioral Health Annual Report - 2020</u>

Nebraska Network of Care

dhhs.ne.gov/behavioral_health/Pages/networkofcare

SAMHSA Helpline: 800.662.HELP (4357)

fcare NEBRASKA FAMILY

HELPLINE 1-888-866-8660

Adult & Child Abuse &

Neglect Hotline

(800) 652-1999

A 24/7/365 resource for families of youth experiencing behavioral health challenges.

Rural Response Hotline, (800) 464-0258

National Domestic Violence Hotline: 1-800-799-7233 or text LOVEIS to 22522

National Child Abuse Hotline: 1-800-4AChild (1-800-422-4453) or text 1-800-422-4453

Helping People Live Better Lives.

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