

NEBRASKA

State SSA Director

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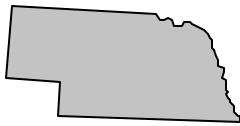
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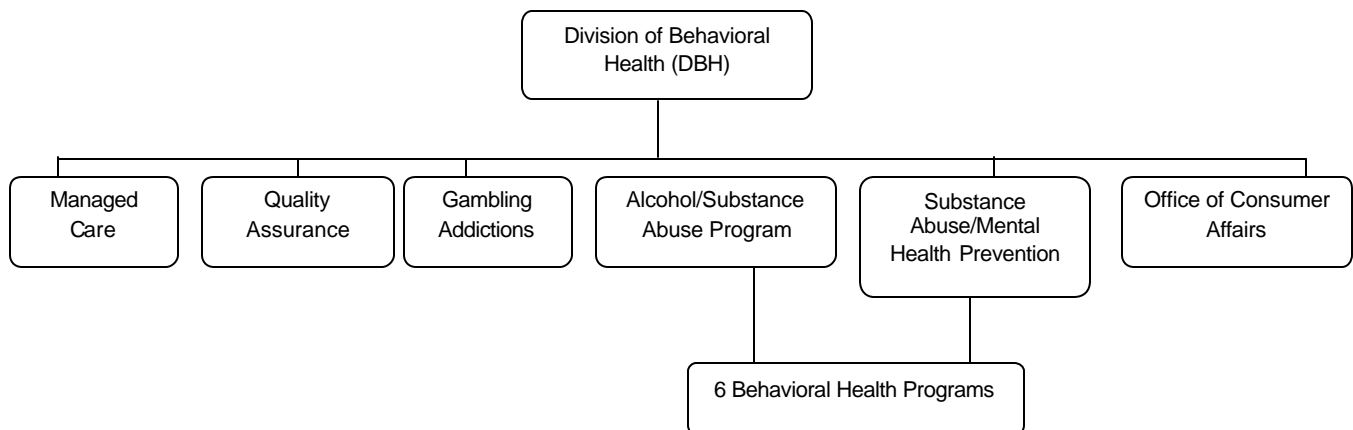
Structure and Function



The Division of Behavioral Health (DBH) is the Single State Agency (SSA) responsible for the statewide planning, organizing, coordinating, and delivery of behavioral health services including mental health, substance abuse, addiction services, problem gambling, and treatment and prevention activities.

Adult substance abuse services funded by DBH include prevention, emergency services, short-term residential treatment, intermediate residential treatment, halfway house treatment, therapeutic community, intensive outpatient treatment, partial care, outpatient methadone maintenance, community support, and women's and children's specialized treatment.

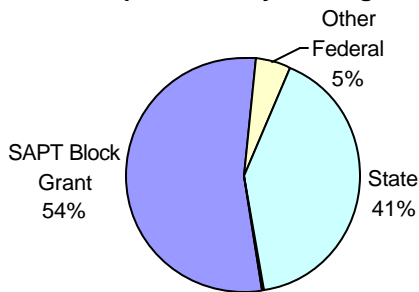
Single State Agency Structure



Single State Agency Funding Overview

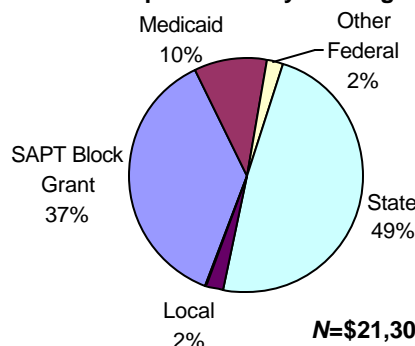
Total SSA funding in Nebraska increased substantially between FYs 2000 and 2003, from \$13.6 to \$21.3 million—largely driven by a near doubling in State funding and by the introduction of Medicaid funding in FY 2003. Block Grant dollars remained relatively stable but declined as a percentage of expenditures (from 54 to 37 percent), while the State funding share increased to nearly half of FY 2003 expenditures.

FY 2000 Expenditures by Funding Source

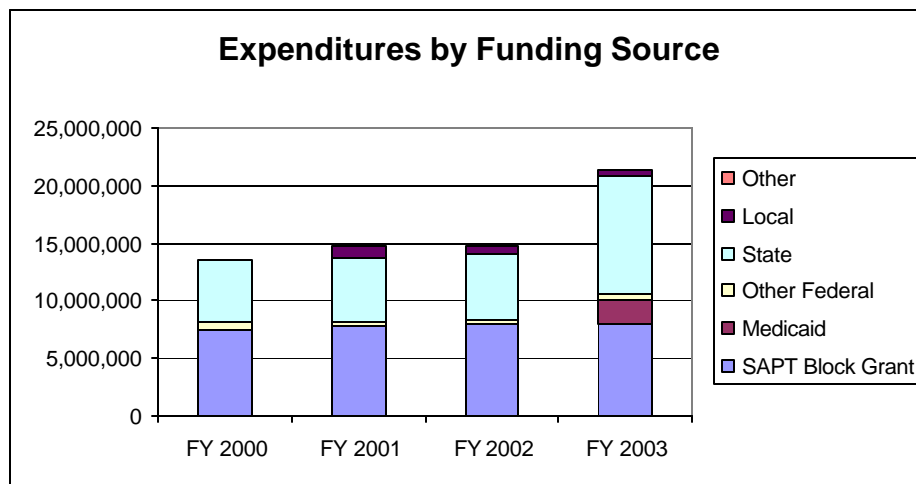


N=\$13,641,519

FY 2003 Expenditures by Funding Source



N=\$21,308,465



Single State Agency Expenditures From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	7,472,914	54	7,689,486	52	7,885,645	53	7,926,182	37
Medicaid	0	0	0	0	0	0	2,109,870	10
Other Federal	629,606	5	419,129	3	416,000	3	494,934	1
State	5,538,999	41	5,604,615	38	5,771,139	39	10,314,101	49
Local	0	0	1,115,265	8	739,846	5	463,378	2
Other	0	0	0	0	0	0	0	0
Total*	13,641,519	100	14,828,495	100	14,812,630	100	21,308,465	100

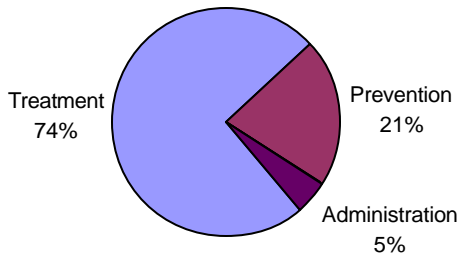
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

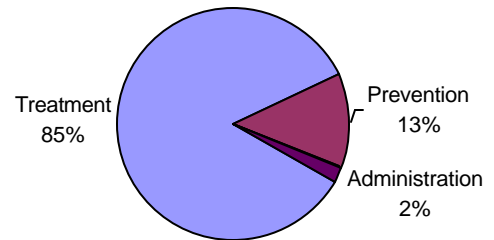
Treatment and rehabilitation activities increased as a proportion of SSA funds in Nebraska between FYs 2000 and 2003—from 74 percent to 85 percent. Conversely, prevention activities declined in proportion, although the dollar value of prevention activities remained relatively stable.

FY 2000 Expenditures by Activity

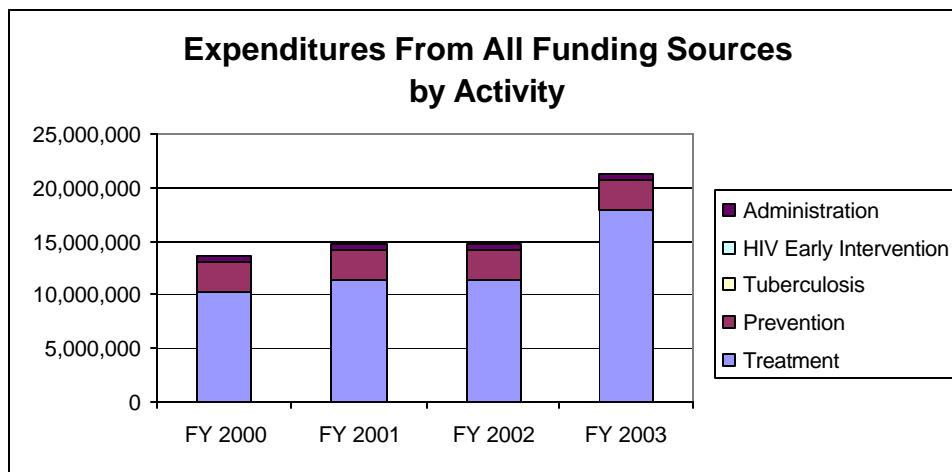


N=\$13,641,519

FY 2003 Expenditures by Activity



N=\$21,308,465



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	5,272,999	39	11,217,605	76	11,305,363	76	18,050,881	85
Alcohol Treatment	2,614,928	19	0	0				
Drug Treatment	2,241,282	16	0	0				
Prevention	2,872,665	21	2,951,416	20	2,862,985	19	2,755,895	13
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	639,645	5	659,474	4	644,282	4	501,689	2
Total*	13,641,519	100	14,828,495	100	14,812,630	100	21,308,465	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

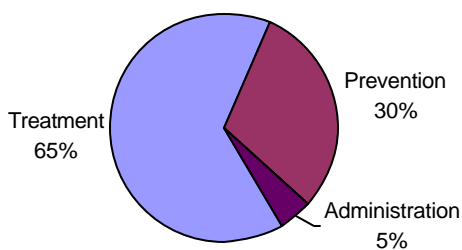
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

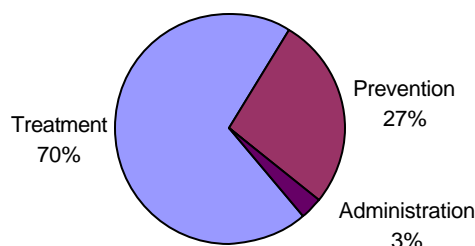
Block Grant expenditures in Nebraska increased slightly between FYs 2000 and 2003 (from \$7.4 million to \$7.9 million). Treatment and rehabilitation activities increased slightly as a percentage of Block Grant expenditures during those two periods (from 65 percent to 70 percent), while prevention activities declined in proportion (from 30 to 27 percent).

FY 2000 Block Grant Expenditures by Activity

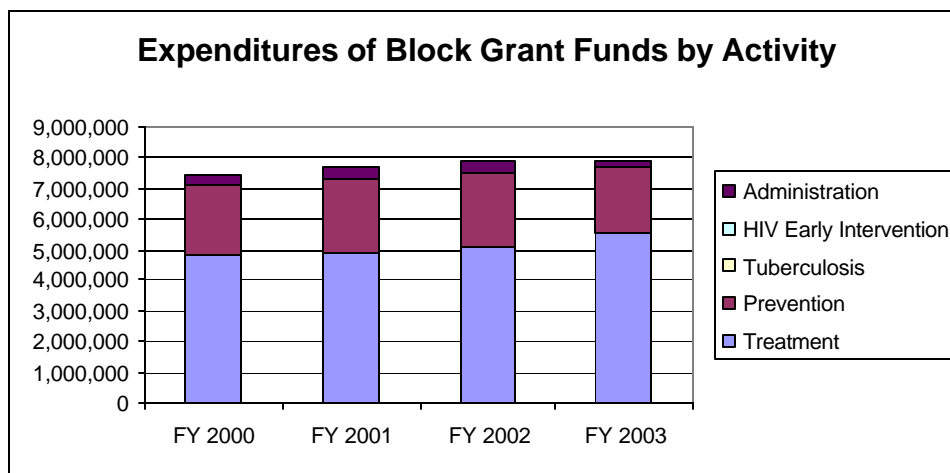


N=\$7,472,914

FY 2003 Block Grant Expenditures by Activity



N=\$7,926,182



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	4,921,920	64	5,108,271	65	5,545,248	70
Alcohol Treatment	2,614,928	35	0	0				
Drug Treatment	2,241,282	30	0	0				
Prevention	2,243,059	30	2,383,092	31	2,383,092	30	2,134,625	27
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	373,645	5	384,474	5	394,282	5	246,309	3
Total*	7,472,914	100	7,689,486	100	7,885,645	100	7,926,182	100

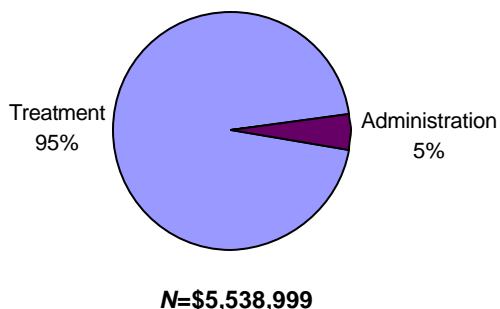
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

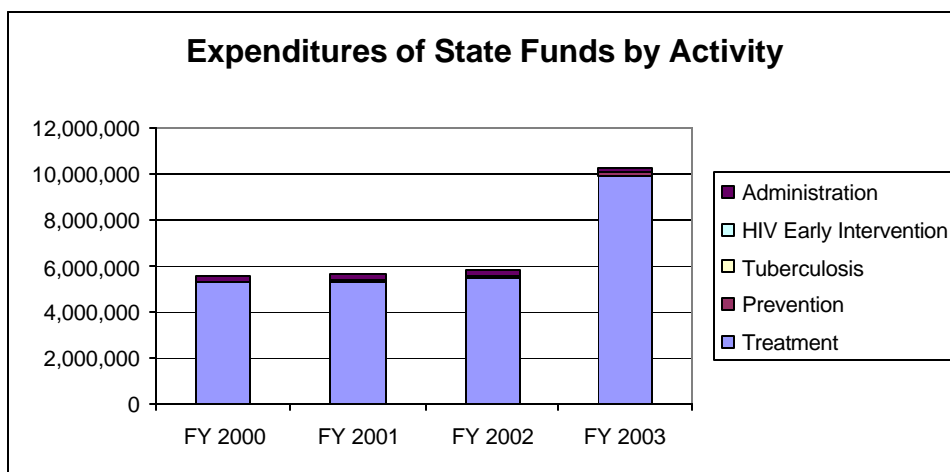
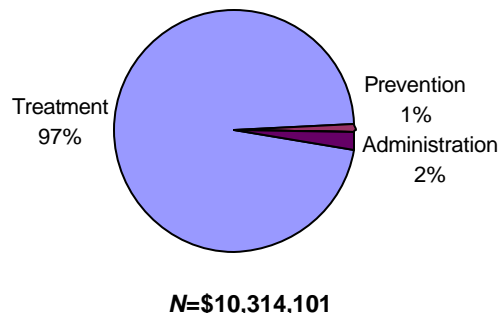
Expenditures of State Funds

State expenditures for substance abuse services nearly doubled between FYs 2000 and 2003, from \$5.5 to \$10.3 million. The majority of funds during this time period went toward treatment and rehabilitation services, ranging from 95 percent of the total in FY 2000 to 97 percent in FY 2003.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	5,272,999	95	5,307,294	95	5,457,246	95	9,969,310	97
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	22,321	0	63,893	1	89,411	1
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	266,000	5	275,000	5	250,000	4	255,380	2
Total*	5,538,999	100	5,604,615	100	5,771,139	100	10,314,101	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

Nebraska provides comprehensive substance abuse prevention services through the six behavioral health regions of Nebraska. The State contracts with each of the six behavioral health regions to provide prevention coordination and service delivery (either through direct service or through subcontracts with service providers) in order to ensure effective management of prevention resources and a comprehensive array of needed services.

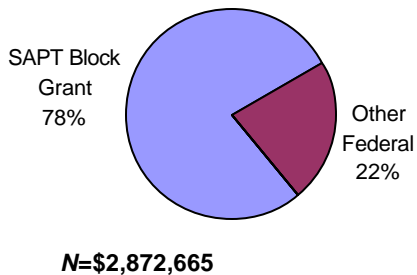
Through this system, programming is implemented in all 93 counties of the State throughout the course of the fiscal year. Nebraska funds prevention service delivery through regional contracts, direct grants, and subcontracts through the behavioral health regions. Prevention services are available to the general public and specific at-risk groups such as children of substance abusers.

Prevention Funding and Expenditures

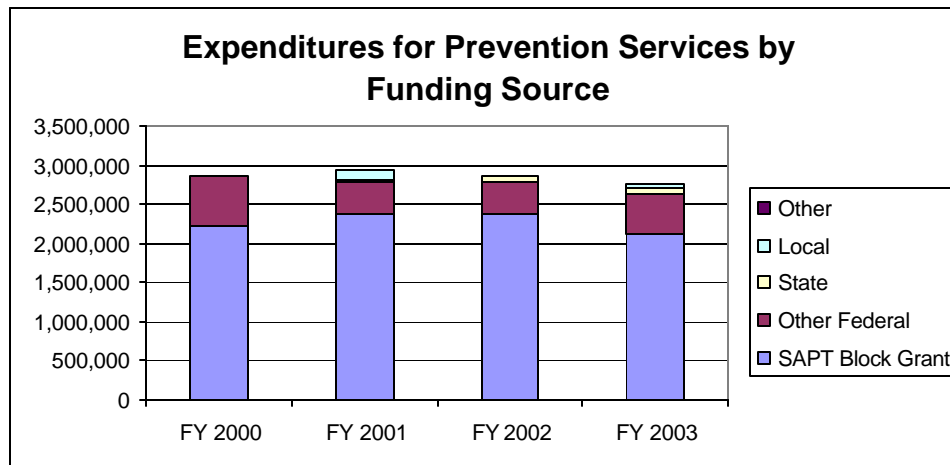
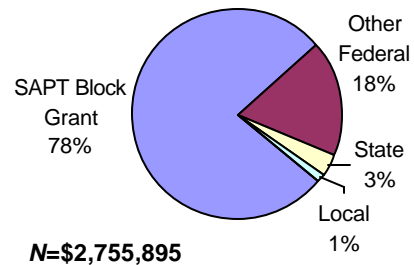
Prevention funding in Nebraska declined slightly between FYs 2000 and 2003 (from \$2.9 million to \$2.8 million). Block Grant funding remained fairly stable, both in dollar amount and in proportion of total funding for prevention activities. In FY 2003, Block Grant funds accounted for 78 percent of total expenditures and other Federal sources contributed 18 percent.

Per capita Block Grant prevention funds in Nebraska declined from \$1.31 in FY 2000 to \$1.23 in FY 2003.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,243,059	78	2,383,092	81	2,383,092	83	2,134,625	78
Other Federal	629,606	22	419,129	14	416,000	15	494,934	18
State	0	0	22,321	1	63,893	2	89,411	3
Local	0	0	126,874	4	0	0	36,925	1
Other	0	0	0	0	0	0	0	0
Total*	2,872,665	100	2,951,416	100	2,862,985	100	2,755,895	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

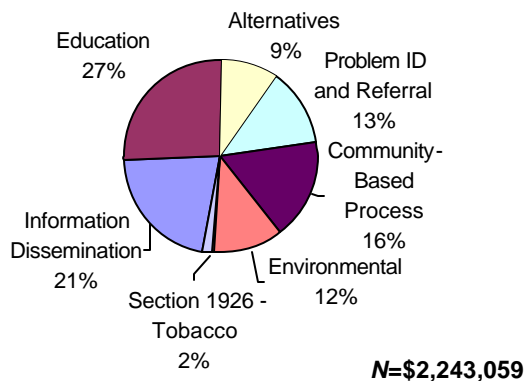
Examples of core prevention strategies supported by Block Grants include:

Core Strategy	Examples of Activities
Information Dissemination	The Nebraska Regional Alcohol and Drug Awareness Resources (RADAR) Clearinghouse provides technical assistance and support to the Associate RADAR Network centers located in Regional Prevention Centers and community-based prevention centers around the State.
Education	Education services are designed to be culturally and developmentally appropriate and to address an array of services (including family management classes with a strong substance abuse prevention component) as well as classroom and small group sessions for preschoolers, school-age youth, adults, and middle-aged and older adults.
Alternatives	Each Behavioral Health Region provides (or contracts) for youth/adult leadership services, supports training for adult sponsors and drug-free youth groups, provides for mentoring services, and provides for community activities that encourage youth to abstain from alcohol, tobacco, and other drugs, and encourage adults to model low-risk use of alcohol. Additionally, community drop-in centers are supported on Native American reservations and in North and South Omaha.
Community-Based Processes	Regional Prevention Centers assist local community coalitions with broad-based memberships (including public and behavioral health, education, law enforcement, and public safety) to identify priority local substance abuse prevention needs and select and implement locally and culturally appropriate substance abuse prevention strategies.
Environmental	Regional Prevention Centers, community coalitions, and local providers work with local law enforcement to reduce minor access to alcohol. Other enforcement efforts include increased enforcement of adult procurement of alcohol for minors.
Problem Identification and Referral	School Community Intervention Programs (SCIP) create knowledgeable, interdisciplinary school-based teams that can effectively identify students at risk of developing substance abuse problems and design and implement early interventions.

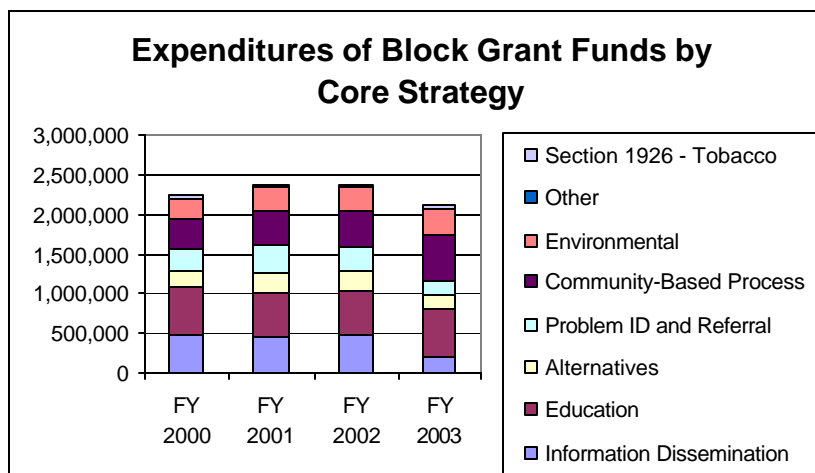
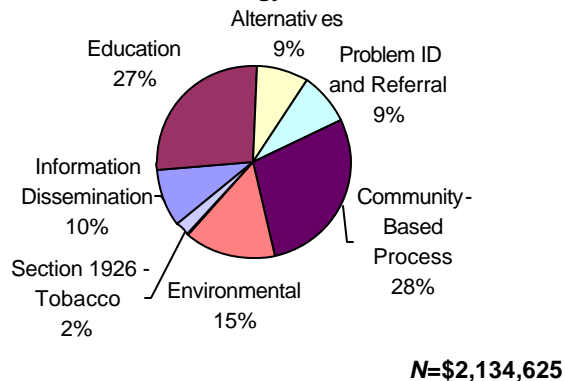
Expenditures of Block Grant Funding for Core Strategies

Block Grant funding for prevention core strategies in Nebraska remained relatively stable between FYs 2000 and 2003 (totaling \$2.2 and \$2.1 million, respectively). The largest share of the FY 2003 dollars went toward community-based process activities (28 percent) and education (27 percent), and a wide range of activities accounted for the balance. Priorities appeared to shift between the two periods, with a decline in information dissemination activities (from 21 to 10 percent of Block Grant prevention expenditures) and an increase in community-based process activities (from 16 to 28 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	477,789	21	450,884	19	464,863	20	202,865	10
Education	596,787	27	561,346	24	554,341	23	584,649	27
Alternatives	206,751	9	246,286	10	253,923	11	183,778	9
Problem ID and Referral	291,952	13	361,777	15	324,673	14	182,330	9
Community-Based Process	365,824	16	431,687	18	445,072	19	606,724	28
Environmental	268,686	12	293,774	12	302,882	13	324,164	15
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	35,270	2	37,338	2	37,338	2	50,115	2
Total*	2,243,059	100	2,383,092	100	2,383,092	100	2,134,625	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

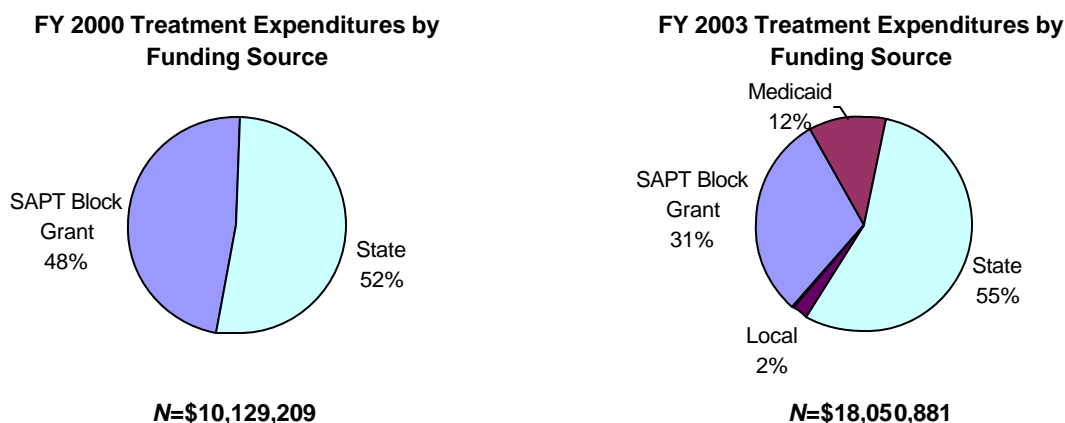
DBH is statutorily responsible for the overall statewide planning of substance abuse and mental health services and contracts with the six regions in Nebraska annually to fund authorized services to clients who meet the DBH sliding-scale fee schedule. Regions are required to “develop, maintain, and provide system coordination for a provider network, including providers who can provide all levels of care, cornerstone services, prevention services, and the special services for the region’s geographical area to meet the behavioral health needs of persons who meet the State’s clinical and financial criteria,” according to the *Guidelines for the Submission of the FY 2000 Regional Behavioral Health Plan of Expenditures*. In addition to substance abuse services, regions provide mental health and vocation rehabilitation services. Five of the regions contract with providers for substance abuse treatment service delivery, and one region manages its own treatment system.

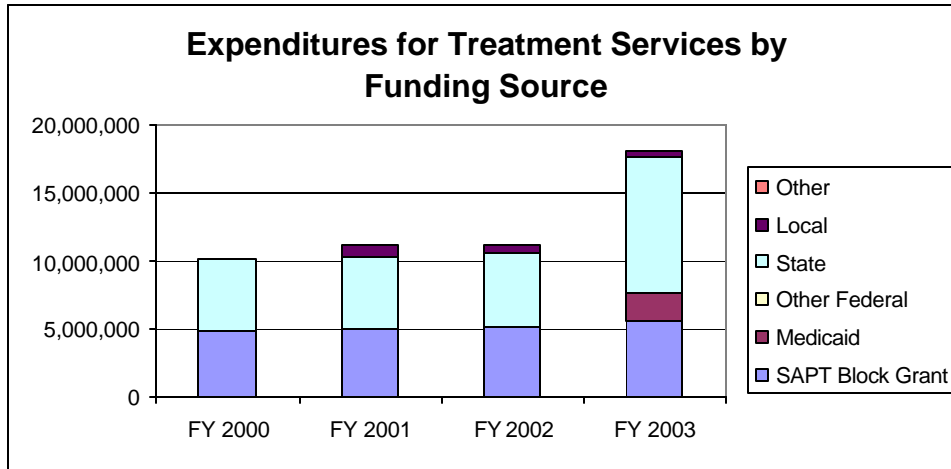
Each region has a Regional Governing Board (RGB) composed of a county commissioner from each county within the region. RGBs make the decisions regarding the regional administration and appoint members to the Regional Advisory committee (RAC). The RAC in turn makes recommendations to the RGB regarding all service needs, funding allocations, and subcontractors.

Treatment Funding and Expenditures

SSA funding for treatment in Nebraska increased sharply between FYs 2000 and 2003 (from \$10.1 to nearly \$18.1 million). This increase was driven largely by a considerable increase in funding from the State and by the introduction of Medicaid funding in FY 2003. Block Grant dollars also increased, but less dramatically, thus accounting for a declining share of treatment expenditures (from 48 to 31 percent).

Per capita, Block Grant treatment funds increased from \$2.83 to \$3.19 between the two comparison periods.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,856,210	48	4,921,920	44	5,108,271	45	5,545,248	31
Medicaid	0	0	0	0	0	0	2,109,870	12
Other Federal	0	0	0	0	0	0	0	0
State	5,272,999	52	5,307,294	47	5,457,246	48	9,969,310	55
Local	0	0	988,391	9	739,846	7	426,453	2
Other	0	0	0	0	0	0	0	0
Total*	10,129,209	100	11,217,605	100	11,305,363	100	18,050,881	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

Nebraska’s SAPT Block Grant application indicates that nearly 16,000 persons were admitted to treatment during FY 2002, of which over 11,000 were admitted for alcohol problems. Most of Nebraska’s clients were admitted for free-standing residential and outpatient (non-methadone) treatment services.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=15,840)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	6,482	355	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	910	1,105	0
Long-term residential	304	443	0
Ambulatory (Outpatient)			
Outpatient (methadone)	0	46	0
Outpatient (non-methadone)	2,831	1,985	0
Intensive outpatient	739	640	0
Detoxification (outpatient)	0	0	0
Total	11,266	4574	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 8,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 20 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied only slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	3,206	17.6
Alcohol in combination with other drugs	4,806	21.1
Total	8,012	19.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 135,000 persons aged 12 and older (9.5 percent of Nebraska's population) needed, but did not receive, treatment for alcohol use and 37,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in Nebraska.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.51	8.42	23.20	7.03
Needing but not receiving treatment for illicit drug use	2.64	5.36	6.25	1.55

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Funding from SAMHSA through the Nebraska State Incentive Cooperative Agreement (SICA) has facilitated the development of important prevention and treatment planning and needs assessment infrastructure. Approximately 32,000 students from 146 public and private school districts throughout 65 counties participated in the Nebraska Risk and Protective Factor Student Survey (NRPFSS) in the fall of 2003. In October, 2005, survey participation increased to approximately 42,000 students in 191 school districts in 72 counties. Data from this survey, which measures incidence and prevalence of substance abuse, antisocial behaviors, and problem gambling, as well as source and place of substance abuse, has been instrumental in providing communities and schools with local-level, actionable information for needs assessment and planning purposes. Currently, three-fourths of the State's population are covered by comprehensive community plans that use NRPFSS data to identify and address priority issues through carefully-selected locally and culturally-appropriate evidence-based strategies.

In FY 2004 extensive training on needs assessment, a workbook for communities, and opportunities for communities to participate in a risk and protective factor survey were offered throughout the State.

Nebraska also uses NSDUH results, social indicator data, service utilization data, and data collected by provider agencies in the Magellan Client Data System to look at prevalence, utilization and penetration rates to facilitate needs assessment and planning for treatment services.

Evaluation

Monitoring of activities is conducted in combination with the Regional Behavioral Health Authorities, which reviews program compliance with contracts and regulations based on the draft Audit Orientation Workbook. This workbook summarizes the Federal Block Grant Requirement, State regulations, and contract compliance issues. The Regional Behavioral Health Authority staff conduct program audits each year in each agency. Every agency that provides direct counseling services must be licensed by the DHHS Regulation and Licensure.

Through the Nebraska SICA initiative, the State has been engaged in a comprehensive systematic transformation guided by the Nebraska Partners in Prevention. This group has focused on developing State, regional, and local systems for assessing needs, planning, mobilizing decision-makers, implementing evidence-based programs, and evaluating the effectiveness of strategies.

Training and Assistance

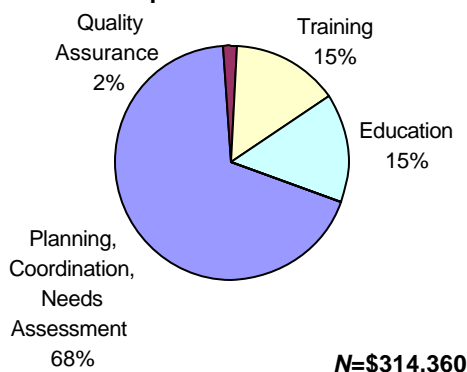
The DBH contracts with Lincoln Medical Education Foundation to provide core education course training throughout the State to prepare future counselors for meeting Nebraska's Certified Alcohol and Drug Abuse Counselor Certification Requirements.

The Nebraska Prevention System is undergoing extensive system change facilitated by the SICA grant. SICA funds have provided for State, regional, and local training in assessment; mobilization; strategic planning; selection and implementation of locally and culturally appropriate evidence-based policies, practices, and programs; evaluation; and sustainability in planning. A particular emphasis has been placed upon organizational development of multi-sector partnerships and environmental prevention strategies.

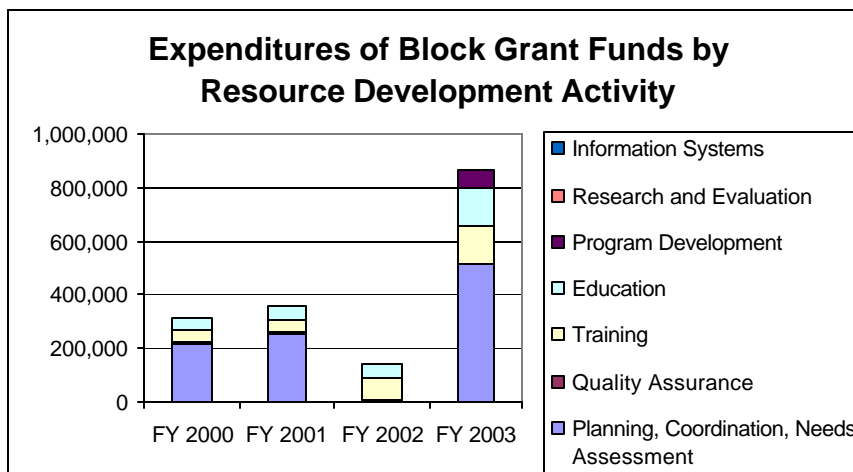
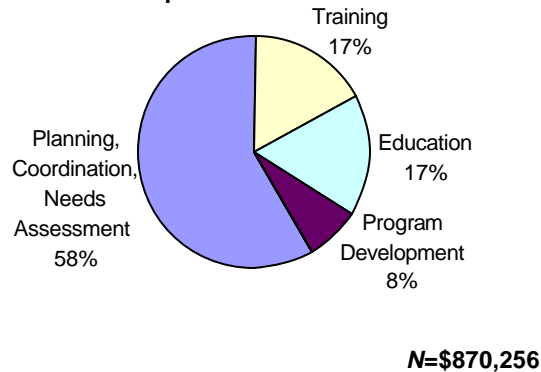
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in Nebraska increased considerably between FYs 2000 and 2003 (from \$314,000 to \$870,000). Planning, coordination, and needs assessment activities accounted for the largest share (58 percent) of the FY 2003 funding—although this percentage was lower than the FY 2000 share (68 percent). Training and education each accounted for 17 percent of expenditures in FY 2003, and program development activities accounted for 8 percent.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	214,870	68	250,000	70	0	0	513,187	58
Quality Assurance	6,800	2	6,800	2	6,800	5	0	0
Training	46,345	15	48,850	14	81,933	57	145,450	17
Education	46,345	15	49,000	14	54,622	38	143,619	17
Program Development	0	0	0	0	0	0	68,000	8
Research and Evaluation	0	0	0	0	0	0	0	0
Information Systems	0	0	0	0	0	0	0	0
Total*	314,360	100	354,650	100	143,355	100	870,256	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 * Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

Nebraska received three Center for Substance Abuse Prevention (CSAP) discretionary awards totaling nearly \$263,000 in FY 2004. All of these funds went toward drug-free communities.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	3	262,899
Total	3	262,899

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, Nebraska received four Center for Substance Abuse Treatment (CSAT) discretionary grants totaling nearly \$1.2 million. Most (\$1 million) is allocated for targeted capacity expansion.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
State Data Infrastructure	1	100,000
SAMHSA Conference Grants	1	50,000
Targeted Capacity Expansion	2	1,000,000
Total	4	1,150,000

SOURCE: www.samhsa.gov