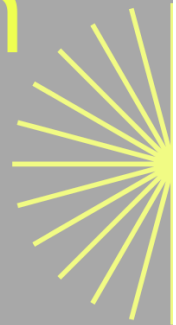


# Behavioral Health Data Report

June 2022



South Heartland District Health Department...  
Preserving and improving the health and residents of

**Adams, Clay, Nuckolls and  
Webster Counties**

Report prepared by



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## BEHAVIORAL HEALTH DATA – EXECUTIVE SUMMARY

Significant data noted in the report are highlighted in Table 1 below.

**Table 1: Data Summary**

Section	Data	Description
<b>1. Demographics</b>	• Population - 2020	• Population decreased in Clay, Nuckolls, and Webster Counties by over 5% but Adams increased slightly. However, the state population increased nearly 7%.
	• Over 65 population	• All four counties have a slightly older population than the state on average.
	• College education	• All four counties have a smaller population of adults with a bachelor's degree than the state average.
	• Income	• The median and per capita incomes were lower than the state average in all four counties.
<b>2. Mental Illness and Suicide</b>	• Frequent mental distress	• In 2020, 12.7% of adults said their mental health was not good on 14 of the last 30 days – more than the state average, as well as higher than the past decade.
	• Self-reported depression among adults	• In 2020, 18.2% of adults had been told they had depression - significantly higher than the state (16.8%).
<b>3. Behavioral Health Workforce</b>	• Mental health providers to population	• Of Adams, Clay, Nuckolls, and Webster Counties, only Adams has a ratio of mental health providers to population that is better than the state average.
	• Number of behavioral health providers	• Between 2018 and 2020, the number of psychiatric prescribers increased for every health region, except Region 3.
	• Geographic Survey	• In 2018, no psychiatric prescribers had their primary location in Clay, Nuckolls, or Webster Counties. Nuckolls and Webster Counties had prescribers that work from satellite locations, but Clay had none.
<b>4. Alcohol Consumption and Consequences</b>	• Alcohol use by college students	• Female college students were drinking at higher rates than their male counterparts on several measures.
	• Binge drinking among college students	• In 2022, racial and ethnic minority college students surveyed were nearly half as likely to have binge drunk in the last 30 days compared to 2016.
<b>5. Substance Use</b>	• Marijuana perceptions	• College students perceptions of wrongness and great risk declined from 2019 to 2022.
	• Opioid misuse	• SHDHD adults were half as likely as adults statewide to say they misused opioids in the past year.

# SOUTH HEARTLAND DISTRICT HEALTH DEPARTMENT (SHDHD)

## BEHAVIORAL HEALTH DATA REPORT

APRIL 2022

### REPORT PURPOSE

In 2018, SHDHD conducted the Community Health Assessment and set priorities based on that assessment. Behavioral Health was identified as one of the five priorities (see Appendix B and C). A Behavioral Health Network of collaborative partners was formed in 2019 by SHDHD as part of the strategies of the HRSA grant funded in 2019. The mission of the South Heartland Rural Behavioral Health Network is to develop a sustainable mental health services network for empowering, educating, referring, and increasing access to care for all members of our communities in Adams, Clay, Nuckolls, and Webster counties. Tables 2 and 3 show the demographic estimates for the area from 2020.

To assist in the mission of the Network, Partners for Insightful Evaluation (PIE – previously known as Schmeckle Research) was contracted to conduct consumer and provider surveys (results available in a separate report), and to provide a behavioral health data report for the four-county district. Sources for the data reported are located in Appendix D. Data that could not be updated since the last report is included in Appendix A.

### SECTION 1: DEMOGRAPHICS

Clay, Nuckolls, Webster Counties all experienced estimated population decreases from 2010 to 2018 (over 5% decrease) as compared to an almost 7% increase in the state. Persons 65 years and older make up 2.1% – 11.3% more of the population than the state. All four counties have more white residents and fewer foreign-born persons than the state as a whole. See Table 2 for demographics.

**Table 2: Demographics (estimates for 2020)**

	Nebraska	Adams County	Clay County	Nuckolls County	Webster County
<b>Population estimates</b>	1,923,826	31,541	6,193	4,204	3,497
<b>Population, percent change -</b>	6.9%	1.3%	-5.5%	-8.3%	-8.3%
<b>Persons under 5 years, percent</b>	6.8%	6.5%	6.7%	5.2%	5.3%
<b>Persons under 18 years, percent</b>	24.7%	23.9%	24.2%	20.3%	22.0%
<b>Persons 65 years over, percent</b>	15.7%	17.8%	20.4%	27.0%	22.8%
<b>Female persons, percent</b>	50.1%	50.1%	49.0%	50.6%	50.0%
<b>White alone, percent</b>	85.3%	91.8%	95.0%	96.9%	95.8%
<b>Foreign born persons, percent</b>	7.2%	6.2%	4.0%	2.0%	0.9%
<b>Language other than English spoken at home, percent of persons age 5 years+</b>	11.5%	8.6%	7.7%	3.7%	2.3%
<b>Veterans</b>	117,466	1,834	395	371	235

Table 3 shows additional demographic characteristics. All four counties have fewer persons with a bachelor’s degree or higher than the state average. All four counties also have higher number of individuals with a disability under the age of 65. The median and per capita incomes were lower than the state average.

**Table 3: Demographics (estimates for 2020)**

	Nebraska	Adams County	Clay County	Nuckolls County	Webster County
Persons in poverty, percent	11.1%	12.5%	10.5%	11.2%	10.8%
High school graduate or higher, percent of persons 25 years +	91.4%	90.0%	91.5%	91.9%	93.8%
Bachelor's degree or higher, percent of persons 25 years +	31.9%	24.3%	19.9%	20.9%	23.0%
With a disability, under age 65 years, percent	7.8%	8.7%	11.0%	11.6%	9.4%
Median household income (in 2019 dollars)	\$ 61,439	\$ 53,023	\$ 57,173	\$ 43,388	\$ 46,188
Per capita income in past 12 months (in 2019 dollars)	\$ 32,302	\$ 28,729	\$ 27,539	\$ 30,078	\$ 29,969

## SECTION 2: MENTAL ILLNESS AND SUICIDE

Data reported in this section for mental illness and suicide:

### Adults

- Bad mental health days
- Frequent mental distress
- Depression
- Veteran mental health

### Summary of key data points:

- In 2020, 12.7% of adults in the South Heartland District reported experiencing frequent mental distress, more than the state average.
- In 2020, the percentage of adults having been told they have depression was significantly higher in the South Heartland District (18.2%) compared to the state (16.8%).

## POOR MENTAL HEALTH OF ADULTS

The South Heartland District had a decline in the average number of days their mental health was not good in the past 30 days from 2011 to 2012, and stayed lower than the state through 2019 (Table 4). Both the state and the South Heartland District started a steady increase since 2015, ending with 4 poor mental days for those in the South Heartland District, compared to 3.8 on average across the state.

**Table 4. Average number of days mental health was not good in past 30 days (2020)**

Year	South Heartland		State	
	n	Average #	n	Average #
2011	858	3.4	25,036	3.1
2012	592	2.5	18,935	3
2013	615	2.7	16,889	3
2014	919	2.7	22,132	2.8
2015	690	2.5	17,369	2.9
2016	644	3.1	15,035	3.2

<b>2017</b>	621	3.3	15,179	3.4
<b>2018</b>	591	3.4	14490	3.6
<b>2019</b>	652	3.6	15699	3.7
<b>2020</b>	575	4	14624	3.8

Source: BRFSS (2020)

Frequent mental distress is characterized as having not good mental health 14 or more of the past 30 days. The percent of people experiencing frequent mental distress in the South Heartland District fluctuated since 2011 with a high of 12.7% (2020) and a low of 7.2% (2015) (Table 5). In 2020, 12.7% of adults in the South Heartland District reported experiencing frequent mental distress, more than the state average.

Year	South Heartland		State	
	n	%	n	%
<b>2011</b>	858	11.0%	25,036	9.2%
<b>2012</b>	592	7.2%	18,935	9.0%
<b>2013</b>	615	9.0%	16,889	8.9%
<b>2014</b>	919	8.1%	22,132	8.2%
<b>2015</b>	690	7.2%	17,369	8.9%
<b>2016</b>	644	9.2%	15,035	9.5%
<b>2017</b>	621	10.6%	15,179	10.5%
<b>2018</b>	591	9.7%	14,490	11.2%
<b>2019</b>	652	10.7%	15,699	11.3%
<b>2020</b>	575	12.7%	14,624	11.9%

Source: BRFSS (2020)

The percentage of people having ever been told they have depression has stayed relatively stable statewide since 2011 with a high of 19.4% (2014) and a low of 16.2% (2019) (table 6). The South Heartland District has seen a greater fluctuation with a low rate of 13.8% (2012) and a high of 22.3% (2017). In 2020, the percentage of people having been told they have depression was significantly higher in the South Heartland District (18.2%) compared to the state (16.8%).

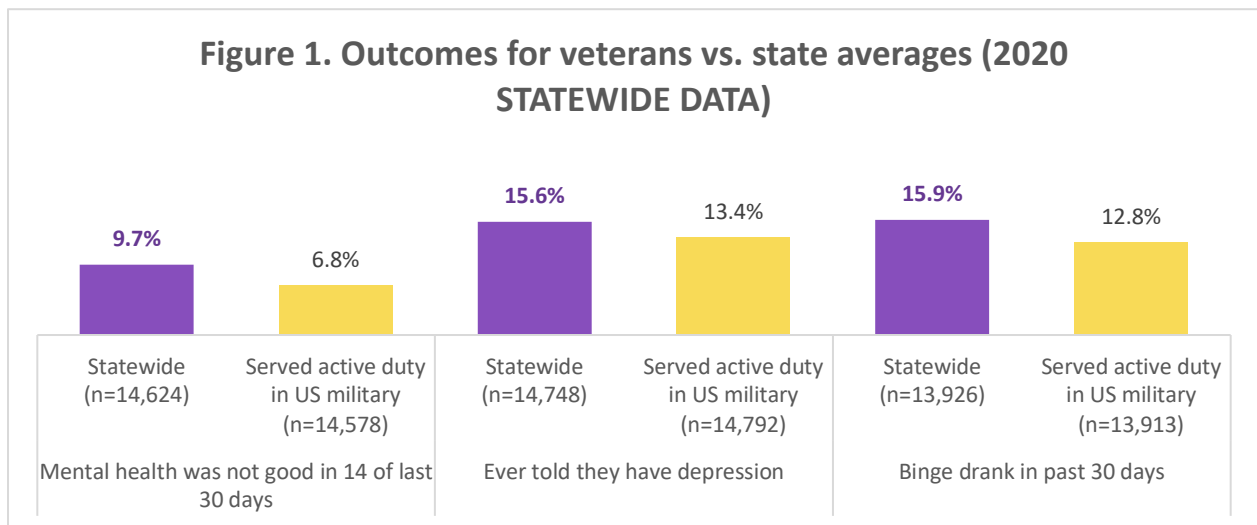
Year	South Heartland		State	
	n	%	n	%
<b>2011</b>	870	19.6%	25,333	16.8%
<b>2012</b>	605	13.8%	19,115	16.7%
<b>2013</b>	623	18.5%	17,065	18.2%
<b>2014</b>	937	20.7%	22,346	17.7%
<b>2015</b>	691	19.1%	17,485	17.5%
<b>2016</b>	651	20.5%	15,138	17.8%
<b>2017</b>	633	22.3%	15,299	19.4%
<b>2018</b>	598	18.3%	14,608	17.3%
<b>2019</b>	657	18.2%	15,813	16.2%
<b>2020</b>	579	18.2%	14,748	16.8%

Source: BRFSS (2020)

## VETERANS

There are an estimated 2,835 veterans in the South Heartland District, comprising approximately 6% of the population in the four-county area (see Table 2 above). The figures in this section come from statewide BRFSS data. Although the data presented here are statewide, it is highly possible that Figure 8 represents the veterans in the South Heartland District in at least some approximation.

Statewide, veterans reported lower frequencies of three behaviors compared to the statewide averages (Figure 1). For each outcome (poor mental health in the past month, being told they have depression, and binge drinking in the past month), statewide averages were at least 2.2% higher than for Nebraska veterans.



Source: BRFSS (2020)

## SECTION 3: BEHAVIORAL HEALTH SERVICES

Data reported in the behavioral health services section:

### Nebraska Behavioral Health Consumer Survey South Central Behavioral Health Services

- Rehab Services

#### Summary of key data points:

- Region 3 received the lowest scored by consumers, compared to other regions, on the question “I, not staff, decided my treatment goals”.
- Region 3 Youth Crisis Response increases every year, but Emergency Protective Custody cases have fallen.

## NEBRASKA BEHAVIORAL HEALTH CONSUMER SURVEY

Selected questions from the Adult Behavioral Health Consumer Survey are presented in Table 7. They provide an overview of consumer’s satisfaction with their services, improvement in the lives of



consumers after services, and the social connectedness of consumers. The adult consumer survey data is only publicly available at the region level. Compared to other regions, Region 3 received the lowest score from consumers on one question: “I, not staff, decided my treatment goals.” Region 3 did not score highest on any of the selected measures across the regions in Nebraska (Table 7).

Percent positive response: Strongly Agree or Agree	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Number of respondents	n = 141	n = 219	n = 416	n = 360	n = 438	n = 285
I like the services that I received there.	91.4%	93.2%	90.1%	91.4%	91.0%	88.2%
I would recommend to a friend or family member.	86.4%	94.0%	88.1%	88.5%	91.5%	85.8%
Services were available at times that were good for me.	82.6%	91.8%	87.1%	90.6%	87.2%	89.4%
I was able to get all the services I thought I needed.	81.4%	86.2%	83.7%	85.4%	84.8%	80.0%
I was able to see a psychiatrist when I wanted to.	72.5%	82.8%	77.7%	80.3%	78.9%	73.6%
Staff encouraged me to take responsibility for how I live my life.	87.5%	88.6%	89.6%	90.1%	88.3%	84.8%
I, not staff, decided my treatment goals.	78.4%	85.4%	76.8%	83.0%	82.9%	79.3%
Staff were sensitive to my cultural background (race, religion, language, etc.).	85.9%	86.6%	86.3%	88.4%	90.2%	86.9%
<i>As a result of the services received:</i>						
I deal more effectively with daily problems.	83.0%	82.0%	79.7%	82.5%	80.7%	70.6%
I am better able to control my life.	79.7%	85.2%	79.6%	83.4%	82.0%	71.8%
<i>Relationships with people other than your mental health provider(s):</i>						
I have friends in my neighborhood.	57.4%	53.7%	52.3%	64.4%	60.5%	47.5%
I am an active member of my community.	45.7%	41.0%	45.5%	52.3%	53.2%	39.4%
I am happy with the friendships I have.	75.0%	71.0%	76.5%	79.4%	75.4%	69.4%
I am satisfied with the community I am currently living in.	65.2%	65.7%	70.5%	76.1%	70.8%	67.1%

The highest percentage of positive responses for each question is in green text and the lowest percentage for each question is in orange text.

Source: Adult Behavioral Health Consumer Survey (2020)

## LOCAL BEHAVIORAL HEALTH SERVICES

### SOUTH CENTRAL BEHAVIORAL HEALTH SERVICES REHAB SERVICES

South Central Behavioral Services (SCBS) provides outpatient counseling, substance use evaluations, as well as services for the severe and persistent mentally ill. In 2020-2021, SCBS served 1,763 individuals across their many services. Outpatient services served 1,413 persons in FY21, including 641 new admissions as part of a same day access model. Their adult Intensive Outpatient Program served 42

individuals, with a 69% completion rate. Under Specialized Children’s Services, 130 children and 53 approved foster homes were served. Seven new foster families were trained and licensed, and there were 17 adoptions and 6 guardianships. Table 8 shows the Rehabilitation Services for SCBS in FY21.

<b>Table 8. South Central Behavioral Health Services Rehab Services</b>			
<b>Services for the Severe and Persistent Mentally Ill (SPMI)</b>			
Must have a diagnosis of Schizophrenia, Schizoaffective, Bipolar, or Major Depression			
Must have at least 2 functional deficits (housing, unable to work, complete ADL’s etc)			
<b>FY2021</b>			
<b>Day Rehabilitation (Opportunity House)</b>	<b>Assertive Community Treatment</b>	<b>Community Support (CS)</b>	<b>Psychiatric Residential Rehabilitation (Able House)</b>
A daily program for 5 hours M-F	Evidenced based program for SPMI with frequent psychiatric hospitalizations	Case management where the worker goes to client’s home	Residential program to teach skills to live independently, usually 6-12 months length of stay
95 served	81 served	130 served in CS Mental Health 40 served in CS Substance Use 74 served in Emergency CS	10 clients discharged

Source: South Central Behavioral Health Services

#### SERVICES REPORTED BY REGION 3

Region 3 served 4,103 persons in fiscal year 2021 across three service types. Table 9 shows the number served between FY18 and FY21. While Crisis Stabilization was up in FY21 from FY20, it was not the highest of the four years, unlike Youth Mobile Crisis Response. Emergency protective custody service was the same in FY21 as in FY20.

<b>Table 9: Number of individuals served in Region 3</b>				
	<b>FY18</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>
<b>Crisis Stabilization</b>	3024	3313	3150	3264
<b>Youth Mobile Crisis Response</b>	327	355	371	401
<b>Emergency Protective Custody</b>	500	517	438	438

Source: Region 3

## SECTION 4: BEHAVIORAL HEALTH WORKFORCE

Data reported in the behavioral health workforce section:

### County Health Rankings

- Mental Health Providers
- Primary Care Providers

### Geographic Distribution and Demographic Characteristics of Behavioral Health Providers in Nebraska 2010-2018

- Behavioral health providers actively practicing in Nebraska, by region and SHDHD
- Behavioral health providers actively practicing maps

**Summary of key data points:**

- Of Webster, Clay, Adams and Nuckolls Counties, only Adams has a ratio of mental health providers to population that is better than the state average.
- For primary care, Adams and Nuckolls Counties has a ratio of providers to population that is better than the state.
- The number of psychiatric prescribers in Region 3 decreased from 2018 to 2020, unlike every other region.
- In 2018 there was no psychiatric care available in Clay County, and in Nuckolls and Webster Counties only satellite offices offered services.

The 2021 County Health Rankings provide the number of mental health providers (Table 10) and primary care physicians (Table 11) by county, the rate, and the ratio of providers to population in the state and county. For mental health, the only county that has a ratio better than that of the state average is Adams county. For primary care, Clay and Webster Counties have a ratio of providers to population that is worse than the state.

Table 10. 2021 County Health Rankings		Mental health providers		
State	County	# Mental Health Providers	MHP Rate	MHP Ratio
Nebraska		5345	276	362:1
	Adams	120	383	261:1
	Clay	1	16	6203:1
	Nuckolls	3	72	1383:1
	Webster	2	57	1744:1

Source: County Health Rankings (2021)

Table 11. 2021 County Health Rankings		Primary Care Physicians		
State	County	# Primary Care Physicians	PCP Rate	PCP Ratio
Nebraska		1473	76	1310:1
	Adams	28	89	1125:1
	Clay	2	32	3107:1
	Nuckolls	5	119	839:1
	Webster	2	57	1767:1

Source: County Health Rankings (2021)

Table 12 shows, first in 2018 than in 2020, the number of behavioral health providers practicing by region. In that two-year time span both Region 3 and the state increased slightly from 2018 to 2020 in the number of providers available. Region 3 was the only region to have a decline in any category between the years – among psychiatric prescribers.

Table 12. Behavioral health providers actively practicing in Nebraska (2018 & 2020)*							
Provider Type	2018 - Nebraska Behavioral Health Region**						Total
	1	2	3	4	5	6	
<b>Psychiatric Prescribers</b>							
Psychiatrists	2	3	9	2	27	110	153
APRNs Practicing Psychiatry	5	3	18	10	41	47	124
PAs Practicing Psychiatry	0	0	0	2	8	5	15

<b>Total</b>	<b>7</b>	<b>6</b>	<b>27</b>	<b>14</b>	<b>76</b>	<b>162</b>	<b>292</b>
<b>Non-Prescribers</b>							
Psychologists	7	5	23	17	144	173	369
LIMHPs	24	58	153	74	328	534	1171
LMHPs	19	14	79	50	172	371	705
LADACs	8	2	10	13	42	31	106
<b>Total</b>	<b>58</b>	<b>79</b>	<b>265</b>	<b>154</b>	<b>686</b>	<b>1109</b>	<b>2351</b>
<b>Grand Total</b>	<b>65</b>	<b>85</b>	<b>292</b>	<b>168</b>	<b>762</b>	<b>1271</b>	<b>2643</b>
<b>Provider Type</b>	<b>2020 - Nebraska Behavioral Health Region**</b>						<b>Total</b>
	1	2	3	4	5	6	
<b>Psychiatric Prescribers</b>							
Psychiatrists	1	3	8	4	24	122	162
APRNs Practicing Psychiatry	8	4	15	13	47	59	146
PAs Practicing Psychiatry	0	0	1	2	11	7	21
<b>Total</b>	<b>9</b>	<b>7</b>	<b>24</b>	<b>19</b>	<b>82</b>	<b>188</b>	<b>329</b>
<b>Non-Prescribers</b>							
Psychologists	8	4	24	15	157	190	398
LIMHPs	28	64	200	107	387	766	1552
LMHPs	25	15	67	41	157	452	753
LADACs	8	6	9	13	36	37	109
<b>Total</b>	<b>69</b>	<b>89</b>	<b>300</b>	<b>176</b>	<b>737</b>	<b>1445</b>	<b>2816</b>
<b>Grand Total</b>	<b>78</b>	<b>96</b>	<b>324</b>	<b>195</b>	<b>819</b>	<b>1633</b>	<b>3145</b>
* Providers may hold more than one license type. Individuals are counted only once in the highest level category							
** If the provider practices in more than one location, the first Nebraska practice location county provided in the survey was used							

Source: BHECN (2021)

Table 13 shows the primary location of behavioral health professionals in the South Heartland District and Table 14 shows satellite locations. The data are from 2018. The lack of services in Clay, Nuckolls, and Webster Counties is evident. Notably, there are no behavioral health professionals at primary locations in Webster County. Combining primary and satellite locations, there are just two behavioral health professionals each for Clay, Nuckolls, and Webster Counties. Access to psychiatry services is also limited within these three counties, with only satellite locations (APRNs practicing psychiatry) for Nuckolls and Webster Counties. There are no primary or satellite psychiatry services for Clay County.

<b>Table 13. The Number of Behavioral Health Providers Actively Practicing in SHDHD Based on Primary Locations (2018)</b>								
<b>County</b>	<b>Psychiatrists</b>	<b>APRNs Practicing Psychiatry</b>	<b>PAs Practicing Psychiatry</b>	<b>Psychologists</b>	<b>LIMHPs</b>	<b>LMHPs</b>	<b>LADACs</b>	<b>Total</b>
Adams	6	5	0	5	21	13	4	54
Clay	0	0	0	0	2	0	0	2
Nuckolls	0	0	0	0	1	0	0	1
Webster	0	0	0	0	0	0	0	0
<b>Total</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>5</b>	<b>24</b>	<b>13</b>	<b>4</b>	<b>57</b>

Source: Geographic Distribution and Demographic Characteristics of Behavioral Health Providers in Nebraska 2010-2018

Source: BHECN (2018)

**Table 14. The number of behavioral health providers actively practicing in SHDHD based on satellite locations (2018)**

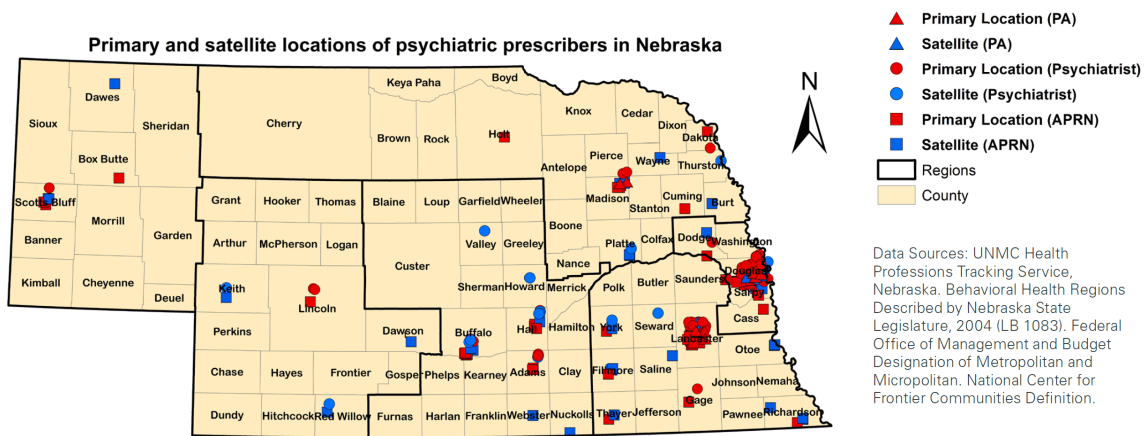
County	Psychiatrists	APRNs Practicing Psychiatry	PAs Practicing Psychiatry	Psychologists	LIMHPs	LMHPs	LADACs	Total
Adams	5	2	0	2	5	0	0	14
Clay	0	0	0	0	0	0	0	0
Nuckolls	0	1	0	0	0	0	0	1
Webster	0	2	0	0	0	0	0	2
<b>Total</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>17</b>

Source: Geographic Distribution and Demographic Characteristics of Behavioral Health Providers in Nebraska 2010-2018

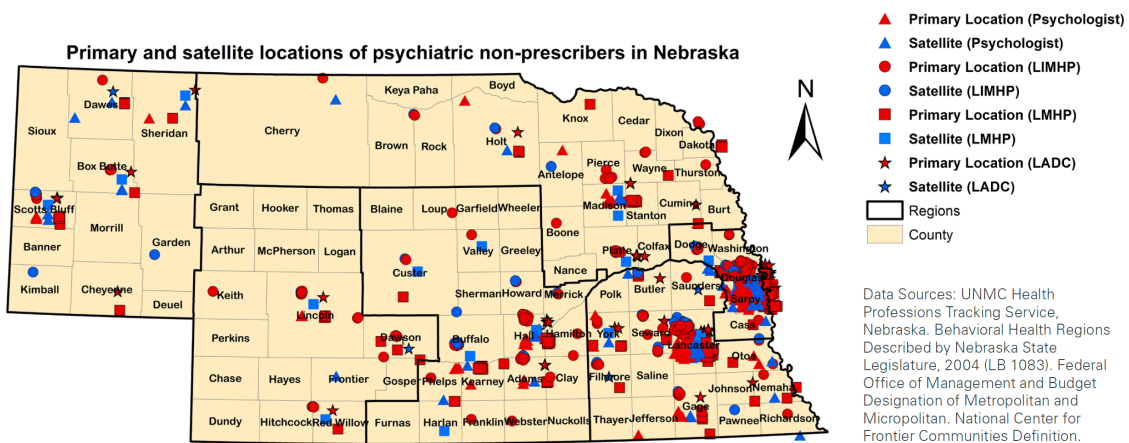
Source: BHECN (2018)

Figures 2 and 3 show the locations of prescribers across the state.

**Figure 2: Map of primary and satellite locations of psychiatric prescribers in Nebraska (2018)**



**Figure 3: Primary and satellite locations of non-prescribers in Nebraska (2018)**



## SECTION 5: ALCOHOL CONSUMPTION AND CONSEQUENCES

Data reported in the alcohol consumption and consequences section:

### College students

- Alcohol use: 30-day and binge
- Number of drinks
- Day of the week
- Where usually get alcohol
- Great risk in drinking
- Wrong or very wrong to drink

### Adults

- Alcohol use: 30-day, binge, and heavy

### Overall

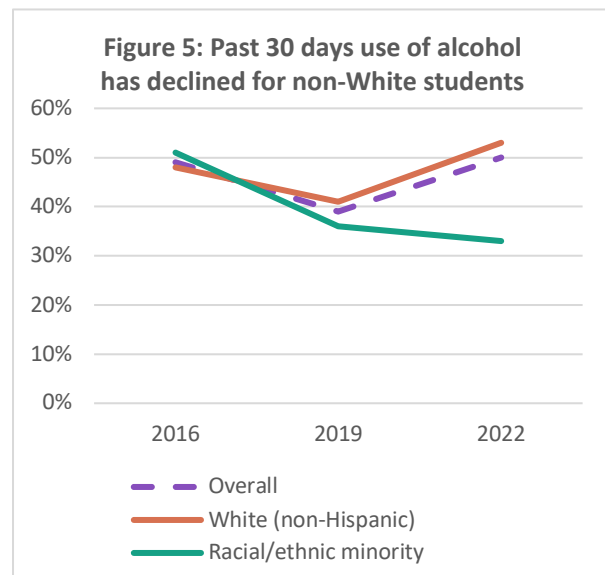
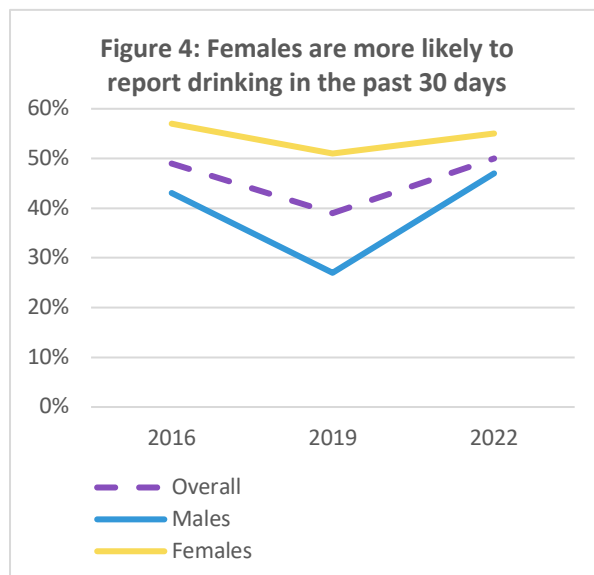
- Alcohol impaired driving deaths

### Summary of key data points:

- In 2022, racial and ethnic minority college students surveyed were nearly half as likely to have binge drank in the last 30 days compared to 2016.
- The percentage of driving deaths that were alcohol related in Adams (37%) and Clay (50%) Counties was higher than the state average (33%).

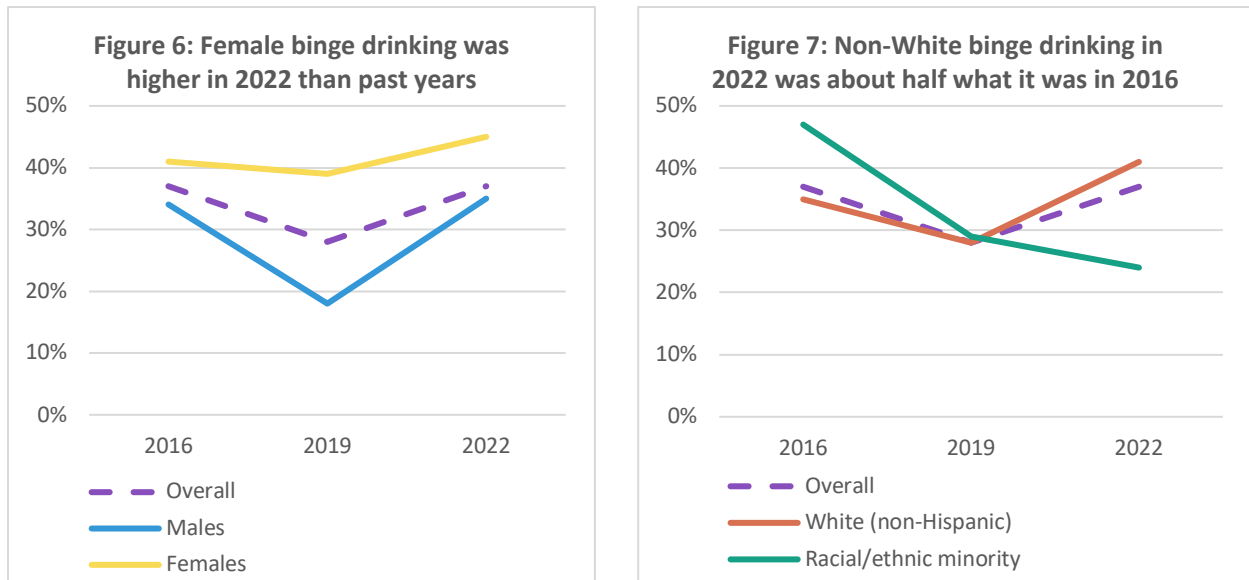
## ALCOHOL USE AMONG COLLEGE STUDENTS IN ADAMS COUNTY

In 2022, half (50%) of surveyed college students in Adams County reported using alcohol (at least one drink) in the past 30 days. This is an increase from 2019 (49%) and 2016 (39%). Past 30-day alcohol use was higher among female respondents at 55% than for males (47%) (Figure 4). Since 2016, past 30 day alcohol use has declined for non-White college students in Adams County, while White students use was higher in 2022 than in 2016 (Figure 5).



Source: ASAAP College Student Alcohol Survey (2022)

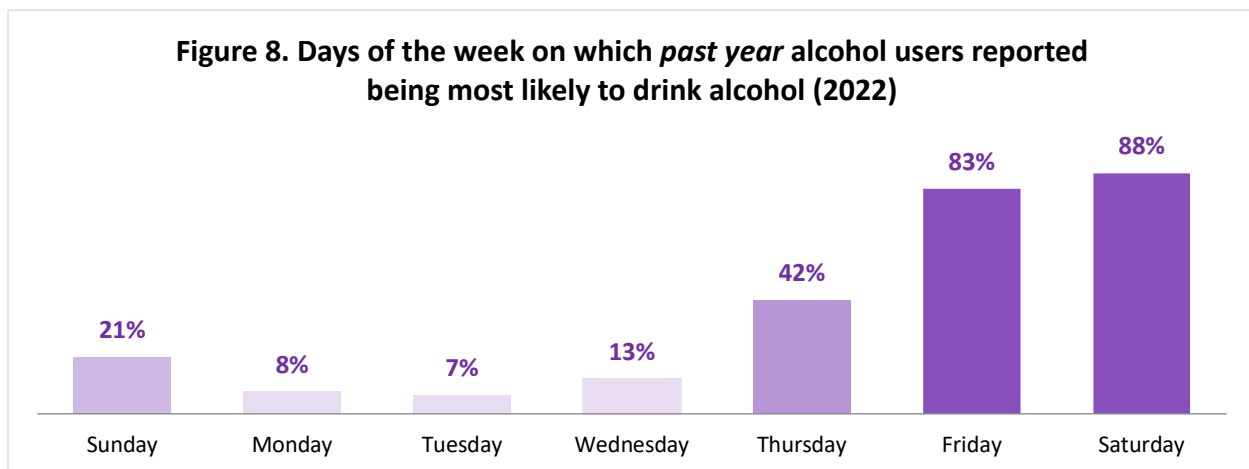
In 2016, binge drinking in the past 30 days (defined as four drinks for females, five for males, in a row – within a couple of hours) was reported by 37% of respondents. In 2019, the rate dropped to approximately one-in-four (28%), but rose to 37% again in 2022 (Figure 6). Females reported higher rates of binge drinking compared to males between 2016-2022. In 2016 racial/ethnic minorities reported higher rates of binge drinking compared to White (non-Hispanic) respondents, but in 2019 the rate was comparable, but continued declining in 2022 (Figure 7).



\*Binge drinking defined as four drinks for females, five for males, in a row (within a couple of hours).

Source: ASAAP College Student Alcohol Survey (2022)

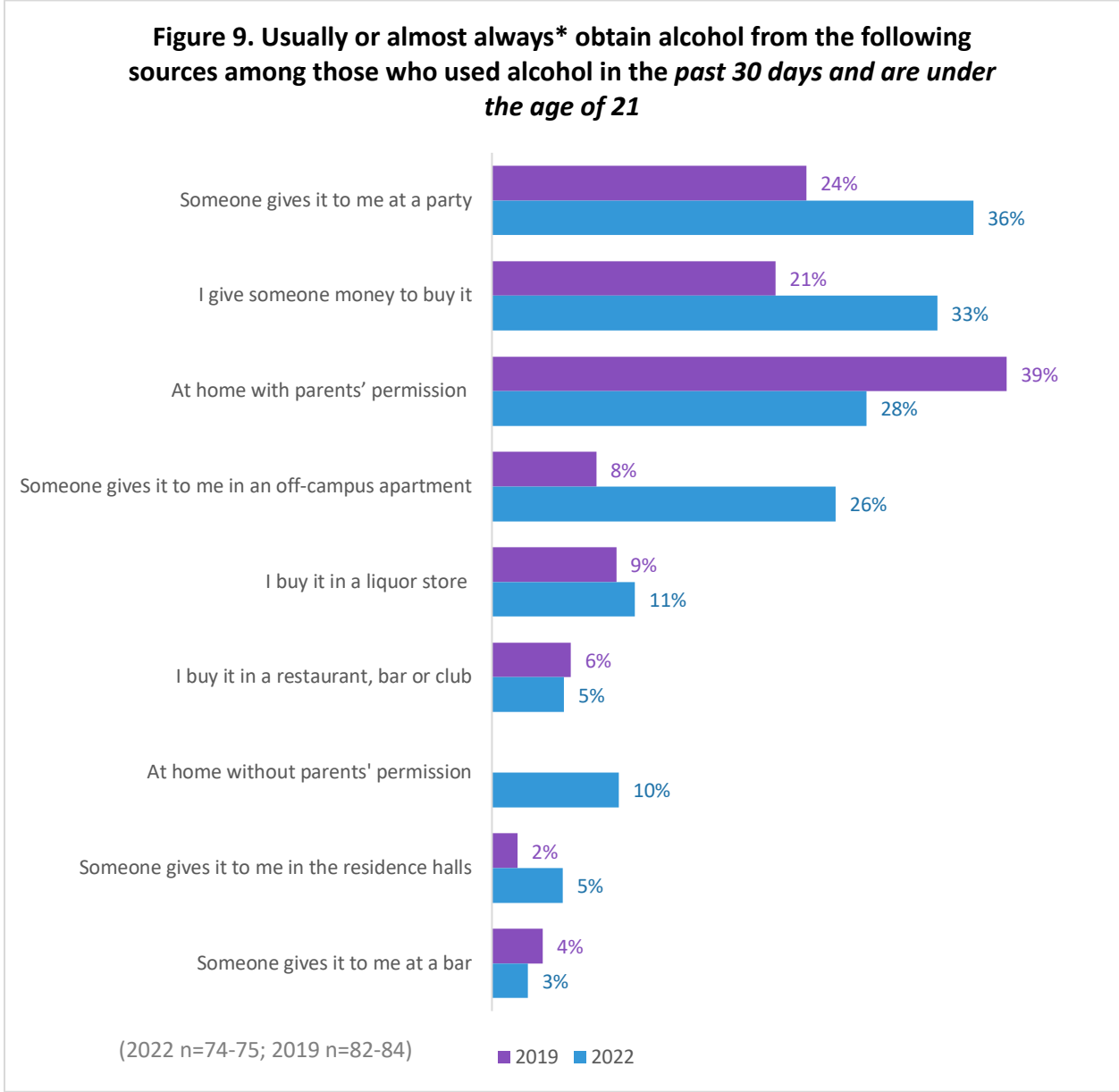
In 2022, those who used alcohol in the past year reported doing so most frequently on Friday and Saturday (Figure 8).



Source: ASAAP College Student Alcohol Survey (2022)

In 2022, more than a third of respondents under the age of 21 typically got alcohol from someone at a party, which is a change from 2019 when “at home with parents’ permission” was the most common

source (Figure 9). The biggest difference between 2019 and 2022 was an increase in getting alcohol at an off-campus apartment, which increased from 8% to about one in four.

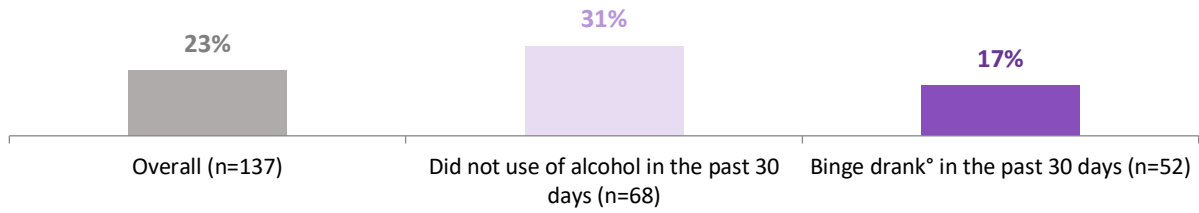


\*Response options: never, rarely, sometimes, usually, almost always  
 Source: ASAAP College Student Alcohol Survey (2022)

In 2022, three in ten college students surveyed perceived a great risk of harm from binge drinking. Perception of great risk was lowest among those who reported binge drinking in the past 30 days (Figure 10).



**Figure 10. Percentage perceiving a great risk of harm<sup>^</sup> physically and in other ways when they have five or more drinks of an alcoholic beverage once or twice a week by reported alcohol use.\*\*\***

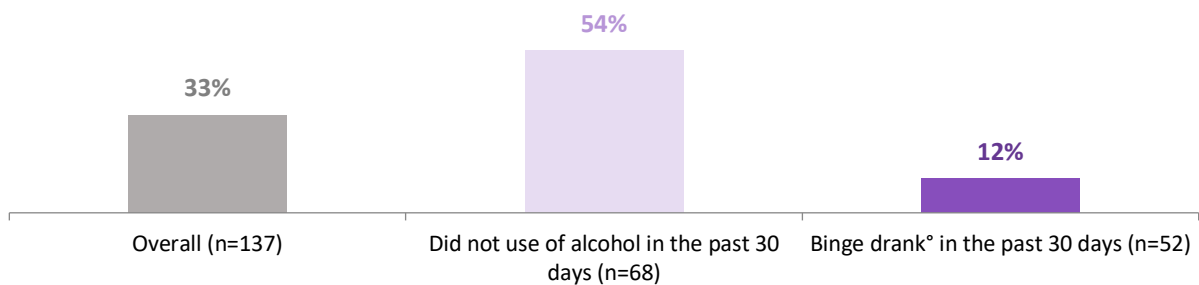


\*Response options: no risk, slight risk, moderate risk, great risk (those responding “don’t know or can’t say” are counted as missing)  
<sup>°</sup>Binge drinking defined as four drinks for females, five for males, in a row (within a couple of hours).

Source: ASAAP College Student Alcohol Survey (2022)

In 2022, a third of respondents felt it was wrong or very wrong for someone their age to drink alcoholic beverages regularly (once or twice a month), however more than half of respondents who did not use alcohol in the past 30 days viewed regular alcohol use as wrong or very wrong (Figure 11).

**Figure 11. Percentage reporting that it is wrong or very wrong<sup>^</sup> for someone their age to drink alcoholic beverages regularly (once or twice a month) by reported alcohol use.\***



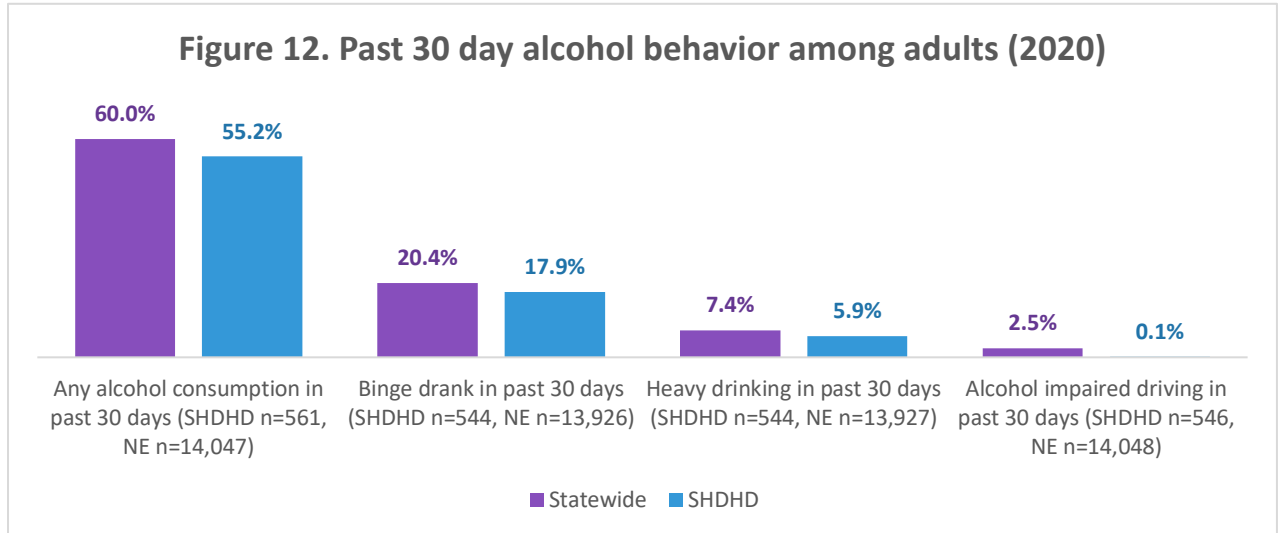
\*Response options: very wrong, wrong, a little wrong, not wrong at all

<sup>°</sup>Binge drinking defined as four drinks for females, five for males, in a row (within a couple of hours).

Source: ASAAP College Student Alcohol Survey (2022)

## ALCOHOL USE BY ADULTS

On average, adults in the South Heartland District were less likely to drink, binge drink, drink heavily, or drive with alcohol impairment than the state (Figure 12).



The percentage of driving deaths that were alcohol related in Adams (37%) and Clay (50%) Counties was higher than the state average (33%). Note: the number of deaths and number of alcohol impaired deaths is small (Table 15).

Table 15. 2021 County Health Rankings		Alcohol-impaired driving deaths		
State	County	# Alcohol-Impaired Driving Deaths	# Driving Deaths	% Alcohol-Impaired
Nebraska		383	1170	33
	Adams	7	19	37
	Clay	5	10	50
	Nuckolls	0	2	0
	Webster	1	4	25

Source: County Health Rankings (2021)

## SECTION 6: SUBSTANCE USE

Data contained in the substance use section:

### College students

- Marijuana perceptions

### Adults

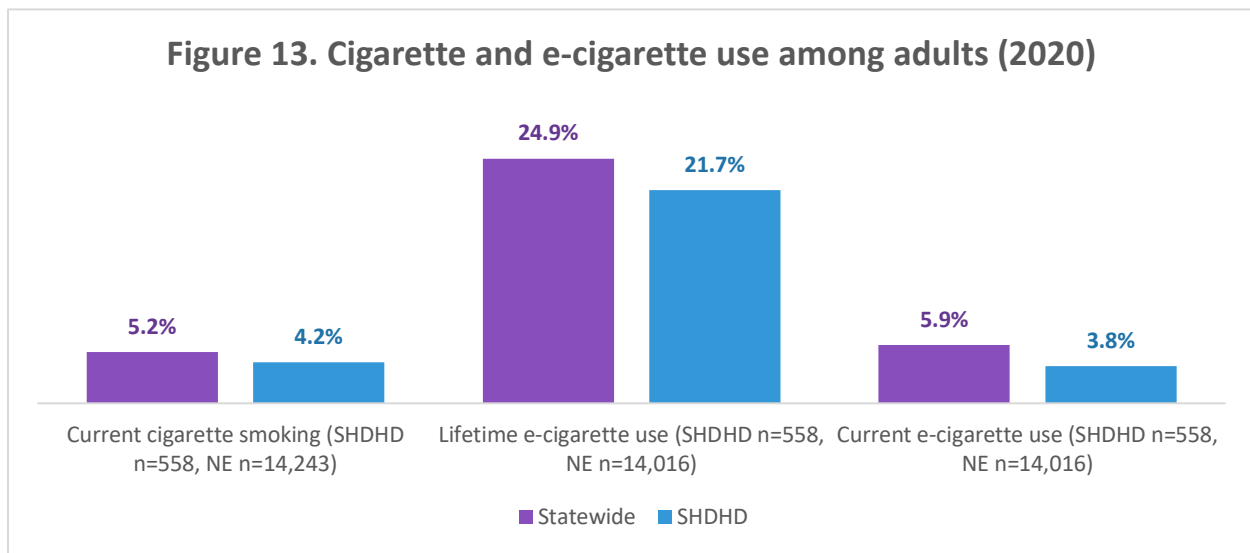
- Tobacco products used
- Marijuana use
- Opioid use

### Summary of key data points:

- 
- Fewer than one-in-five (18%) college students surveyed perceived a great risk of harm in marijuana use. The college alcohol survey found that marijuana use is perceived as less harmful than binge drinking among college students.
- In 2020 the use of cigarettes and e-cigarettes was lower for South Heartland District adults than for adults across the Nebraska.
- South Heartland District adults were half as likely than adults across Nebraska to misuse opioids.

## TOBACCO USE BY ADULTS

The rate of cigarette smoking and e-cigarette use among adults and lifetime e-cigarette use in the South Heartland District were slightly less than the state rate (Figure 13).

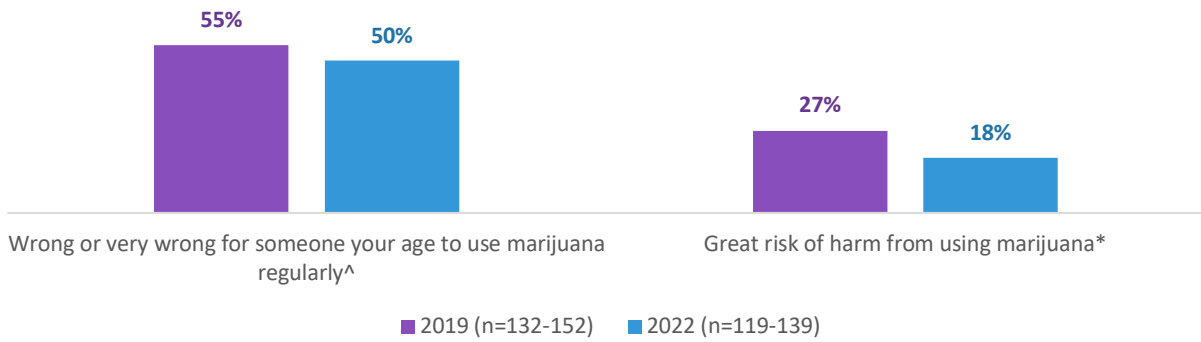


Source: BRFSS (2020)

## MARIJUANA PERCEPTIONS BY COLLEGE STUDENTS

Included in the 2022 ASAAP College Student Alcohol Survey were two questions about perceptions related to marijuana. Half of college students surveyed felt that it is wrong or very wrong for someone their age to use marijuana regularly (once or twice a month). Just over one-in-four (18%) perceived a great risk of harm in marijuana use (Figure 14). Note that this survey results indicate that marijuana use is perceived as less harmful than binge drinking among college students.

**Figure 14. Percentage reporting attitudes/perceptions toward marijuana use over time**



<sup>^</sup>Response options: very wrong, wrong, a little wrong, not wrong at all

<sup>\*</sup>Response options: no risk, slight risk, moderate risk, great risk (those responding “don’t know or can’t say” are counted as missing)

Source: ASAAP College Student Alcohol Survey (2022)

## MARIJUANA USE BY ADULTS

In 2020, fewer South Heartland District adults reported using marijuana in the past 30 days (4.3%) compared to the state (6.9%) (Figure 15).

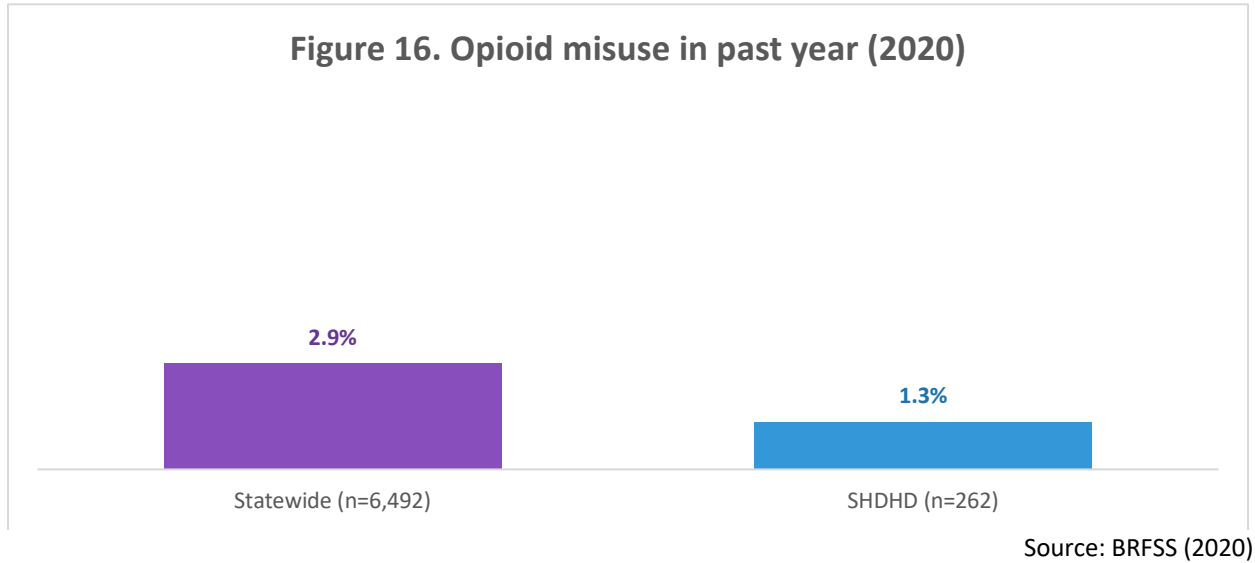
**Figure 15. Used marijuana in past 30 days (2020)**



Source: BRFSS (2020)

## PRESCRIPTION DRUG MISUSE BY ADULTS

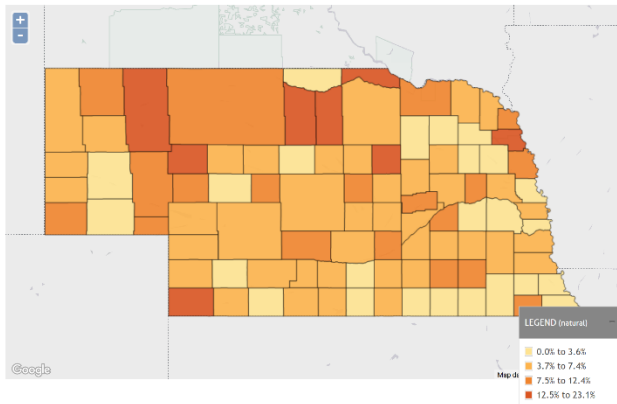
Adults in the South Heartland District were half as likely as adults statewide to report misusing opioids in past year (1.3% vs. 2.9%) (Figure 16).



## BACKGROUND DATA

This section contains a number of charts, maps, and graphs that provide background data of the counties of SHDHD. While the data presented here does not reflect the mental health or substance use landscape specifically, but it may have an impact on the risk and protective factors that affect the prevalence of mental health and substance use concerns.

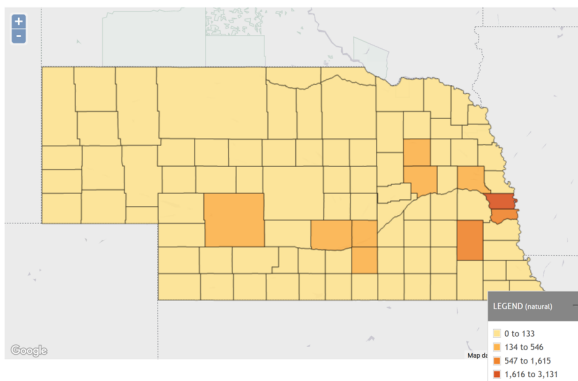
Note: All maps and corresponding tables in this section are from the **Kids Count data portal maintained by Voices for Children**. Maps all are from 2018 data.



**Table 17. Children Enrolled in Public Health Insurance**

	2012-2016	% of all children	2016-2020	% of all children
Nebraska	167,679	29.5%	141,792	28.3%
Adams	1,715	23.0%	2,880	34.8%
Clay	526	34.4%	459	29.9%
Nuckolls	316	35.9%	259	27.4%
Webster	278	33.7%	210	26%

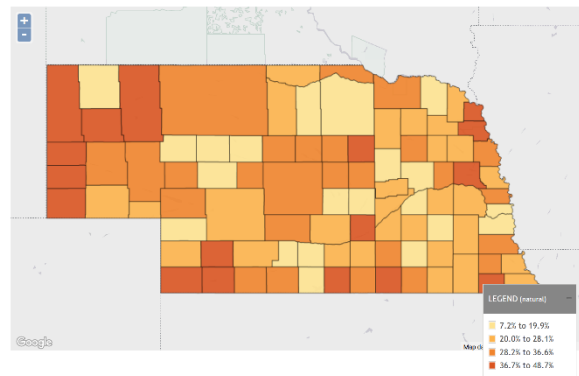
Source: U.S. Census Bureau, 2012 and 2016 American Community Survey 5-year estimates, Table B27003. \*Due to changes in data source, this data is not comparable to prior year's data.



**Table 16. Children without Health Insurance**

	2016	% of all children	2019	% of all children
Nebraska	24,814	5.3%	26,209	5.2%
Adams	476	6.4%	308	3.7%
Clay	123	8.1%	82	5.3%
Nuckolls	91	10.3%	133	14.1%
Webster	57	6.9%	4	0.5%

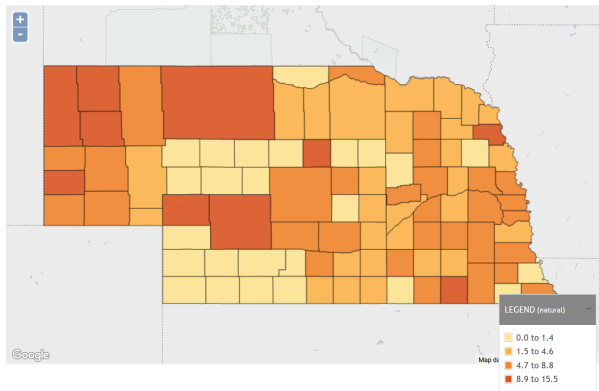
Source: U.S. Census Bureau, 2016 and 2020 American Community Survey 5-year estimates, Table S2701



**Table 18. Youth Arrest Rate**

	2016	Rate per 1,000 children	2019	Rate per 1,000 children
Nebraska	8,879	19.0	7,573	16.0
Adams	247	33.0	237	31.6
Clay	27	17.7	37	24.1
Nuckolls	12	13.6	9	10.1
Webster	15	18.2	4	5.0

Source: Nebraska Commission on Law Enforcement and Criminal Justice Juvenile Arrest Rates.; U.S. Census Bureau, 2016 and 2019 American Community Survey 5-year estimates, Table DP05



**Table 19. Child Maltreatment**

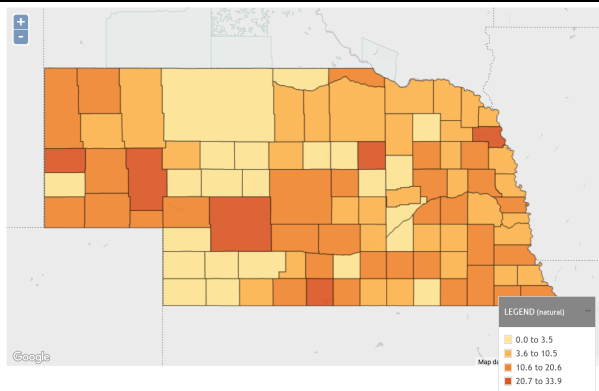
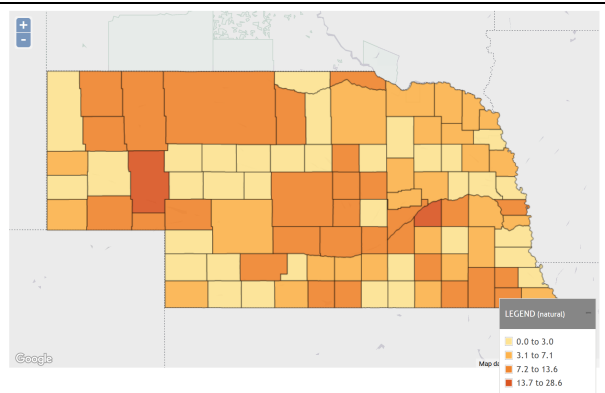
	2016	Rate per 1,000	2019	Rate per 1,000
Nebraska	3,725	7.7	3,267	6.5
Adams	19	2.5	23	2.8
Clay	5	3.2	10	6.4
Nuckolls	9	10.3	0	0
Webster	1	1.3	2	2.4

Source: Nebraska Department of Health and Human Services (DHHS).; U.S. Census Bureau, 2016 and 2019 American Community Survey 5-year estimates, Table DP05. \* Number of substantiated victims of child maltreatment

**Table 20. Child Welfare – Non-court**

	2016	Rate per 1,000 children	2019	Rate per 1,000 children
Nebraska	2,921	6.0	3,354	6.7
Adams	15	2.0	34	4.1
Clay	15	9.7	4	2.6
Nuckolls	4	4.6	1	1.0
Webster	1	1.3	2	2.4

Source: Nebraska Department of Health and Human Services (DHHS).; U.S. Census Bureau, 2016 and 2019 American Community Survey 5-year estimates, Table DP05



**Table 21. State wards**

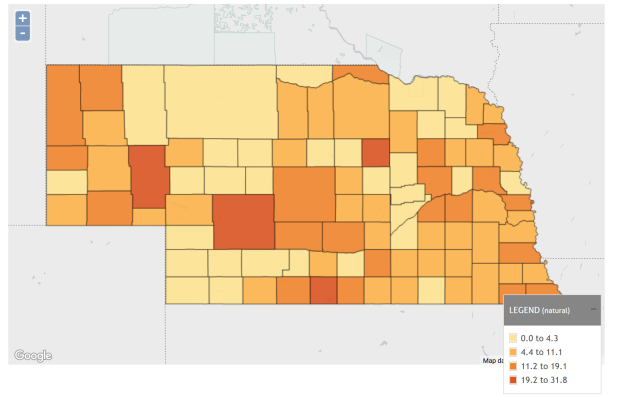
	2016	Rate per 1,000 children	2019	Rate per 1,000 children
Nebraska	7,214	14.8	6,172	12.4
Adams	157	20.5	137	16.6
Clay	14	9.1	18	11.5
Nuckolls	17	19.4	8	8.4
Webster	13	16.3	6	7.1

Source: Nebraska Department of Health and Human Services (DHHS).; U.S. Census Bureau, 2016 and 2019 American Community Survey 5-year estimates, Table DP05.

**Table 22. Out-of-home Care**

	2016	Rate per 1,000 children	2019	Rate per 1,000 children
Nebraska	6,088	12.6	5,358	10.7
Adams	127	16.5	110	13.3
Clay	10	6.5	17	10.9
Nuckolls	17	19.4	7	7.3
Webster	11	13.8	6	7.1

Source: Nebraska Department of Health and Human Services (DHHS); U.S. Census Bureau, 2016 and 2019 American Community Survey 5-year estimates, Table DP05

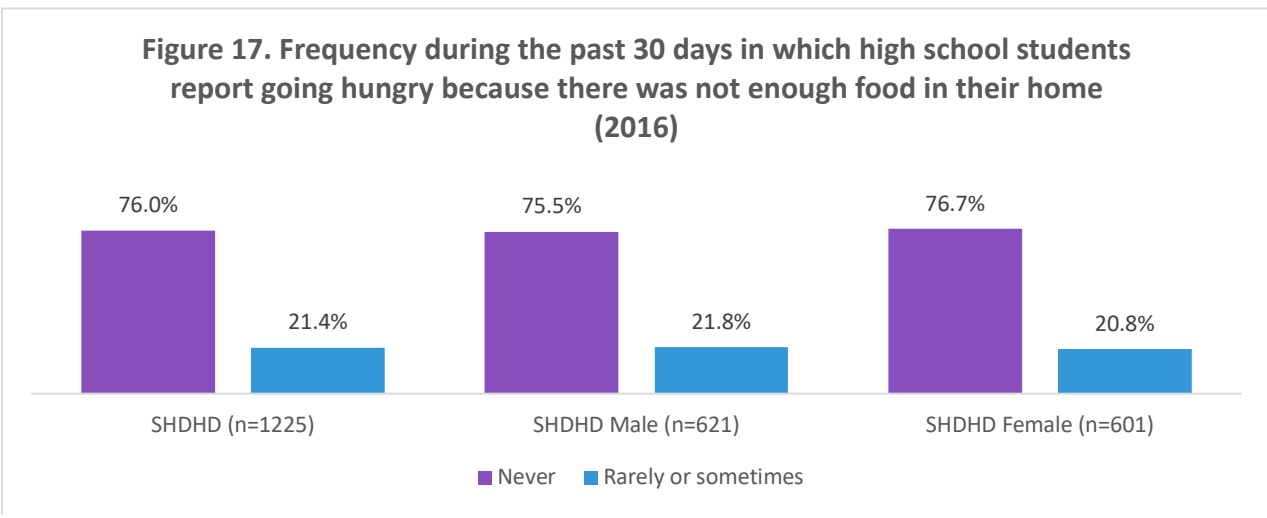


**Table 23. Food-insecure Children**

	2019	% of all children	% likely eligible for federal food assistance
Nebraska	71,560	15.1	65
Adams	1,310	17.4	72
Clay	260	17.0	80
Nuckolls	170	19.6	83
Webster	140	17.8	76

Source: Feeding America, Map the Meal Gap 2022, Child Food Insecurity in Nebraska by County in 2019

Figure 17 groups all of SHDHD together and shows that high school students reporting there is not enough food in their home 'most of the time' or 'always' is similar by gender.



Source: YRBS (2016)



**Table 24. No health care coverage, 18-64-year-olds**

Year	South Heartland		State	
	n	%	n	%
2011	530	19.1%	16,614	19.1%
2012	344	19.3%	12,310	18.0%
2013	387	18.0%	10,939	17.6%
2014	596	13.3%	14,323	15.3%
2015	430	14.6%	11,342	14.4%
2016	413	13.9%	9,749	14.7%
2017	399	15.1%	9,854	14.4%
2018	357	14.0%	9,077	14.3%
2019	389	16.6%	9,668	17.1%
2020	342	14.4%	9,221	15.1%

South Heartland District has seen a steady decrease in the number of 18-64-year-olds reporting they lack healthcare coverage from 19.1% in 2011 to 14.4% in 2020. This mirrors a statewide trend that also indicates a stable decline, including the uptick in 2019.

Source: BRFSS (2020)

Based on the 2021 County Health Rankings (Table 52) the percentage of people in fair and poor health in the South Heartland District is close to the state average. The number of poor physical health days per month is slightly higher than the state average across the counties listed. The rate of preventable hospitalizations is variable in the South Heartland District.

**Table 25. 2021 County Health Rankings**

		Poor or fair health	Poor physical health days	Preventable hospital stays
State	County	% Fair/Poor	Physically Unhealthy Days	Preventable Hosp. Rate
Nebraska		14	3.2	3475
	Adams	15	3.5	3911
	Clay	16	3.7	3125
	Nuckolls	15	3.5	2228
	Webster	15	3.4	3071

Source: County Health Rankings (2021)

## PAST DATA POINTS

This Appendix includes data that was included in the last report but that was not able to be updated.

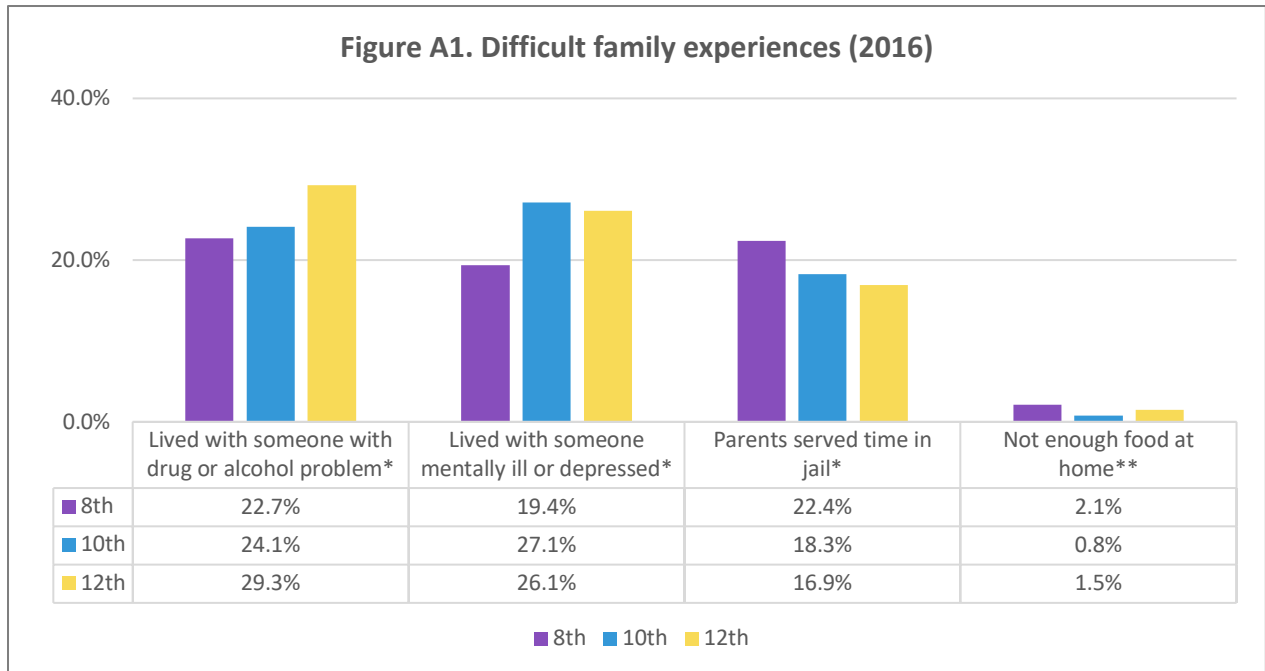
### ADVERSE CHILDHOOD EXPERIENCES AND PROTECTIVE FACTORS AMONG HIGH SCHOOL STUDENTS

Adverse Childhood Experiences (ACEs) have been shown to create greater risk for lasting negative impact on the physical and mental health of children who experience them. There are ten ACEs that have been studied extensively: physical, emotional, and sexual abuse; physical and emotional neglect; family member that is incarcerated, abusing substances, or has a mental illness; parents that are divorced; and living with a mother who is treated violently.

While there is no single source that provides comprehensive information about ACEs experienced by young people in the South Heartland District, some of these questions are asked on the NRPFS as reported in Figure 6. More information on ACEs, their risks, and what can be done to help, visit

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html>.

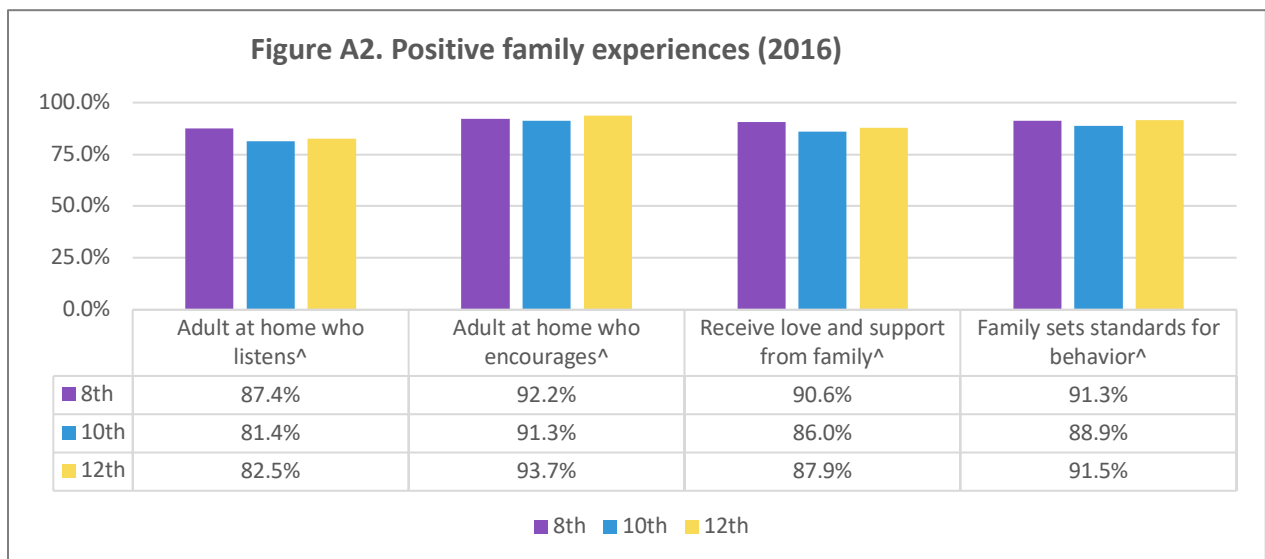
More than one-in-five eighth grade students in the South Heartland District report living with someone with a drug or alcohol problem (22.7%) and a similar number report that their parents had been incarcerated at some point (22.4%). Nearly one-in-three (29.3%) of twelfth graders reported living with someone with a drug or alcohol problem. More than one-in-four tenth and twelfth graders (27.1% and 26.1% respectively) reported living with someone who was mentally ill or depressed (Figure A1).



Note: \*Percentage who reported "yes" to the experience with family based on the following scale: yes, no, not sure  
 \*\*Percentage who reported during the past 30 days they went hungry because there was not enough food in their home most of the time or always based on the scale: never, rarely, sometimes, most of the time, always

Source: NRPFS (2016)

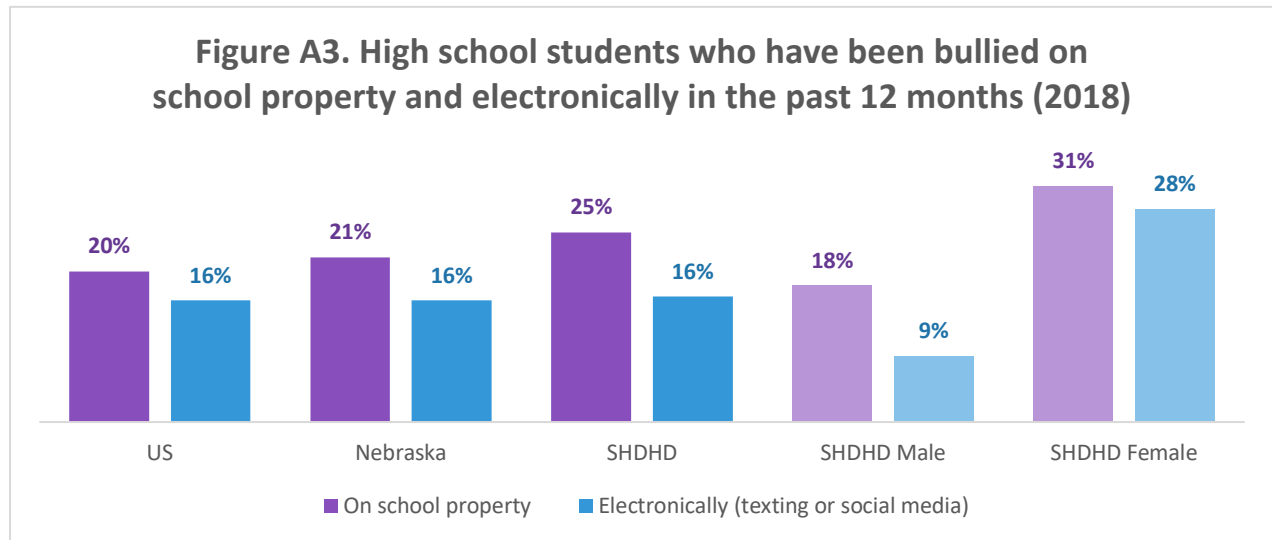
Positive family experiences also called protective or resilience factors can help protect against the risks caused by ACEs and other difficult family experiences some children face. In the South Heartland District more than 80% of students surveyed reported that an adult at home listens to them and encourages them, that they received love and support from their family, and that their family sets standards for their behavior (Figure A2).



^Percentage who reported they agree or strongly agree to the experience or feeling with family based on the scale: strongly disagree, disagree, agree, strongly agree

## BULLYING, DEPRESSION, AND SUICIDAL IDEATION AMONG HIGH SCHOOL STUDENTS

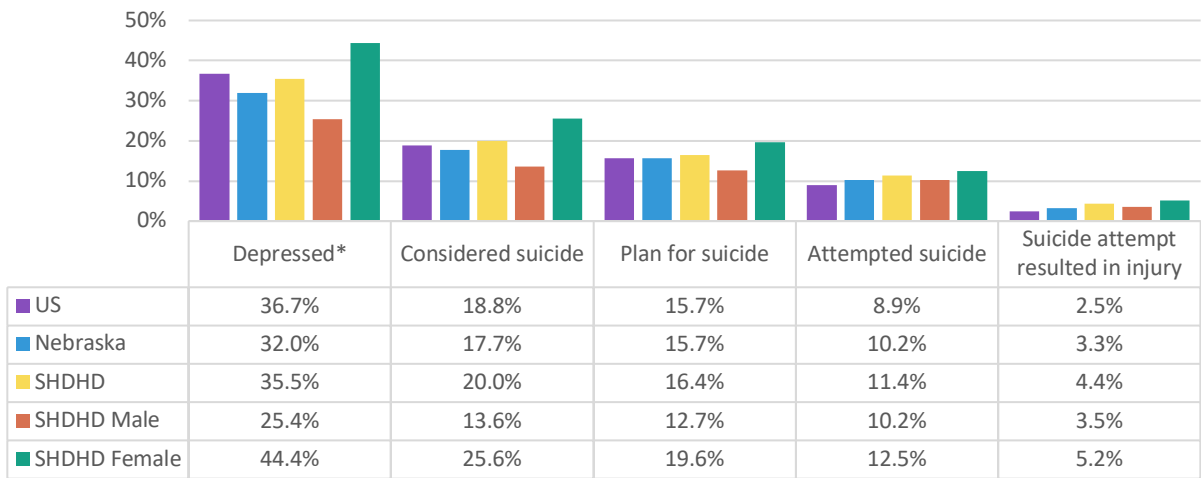
The rate of bullying experienced by high school students statewide and in the South Heartland District are similar for both bullying that occurs at school, and electronically being bullied. Females in the South Heartland District reporting being bullied both on school and electronically at much higher rates compared to males. Nearly one-in-three (31%) females in the South Heartland District reported being bullied electronically in 2018 (Figure A3).



Source: YRBS (2018)

Students in the South Heartland District report a slightly higher rate of depression (35.5%) compared to the state average (32.0%). Compared to the rest of the state, South Heartland District had a higher percentage of students reporting depression, consideration of suicide, planning for suicide, attempting suicide, and injuries as a result of a suicide attempt. A disparity exists by gender for all of these measures, with females exhibiting these thoughts and behaviors at a much higher rate compared to males (Figure A4).

**Figure A4. Depression\*, suicidal thoughts, and suicide attempts among high school students (2018)**

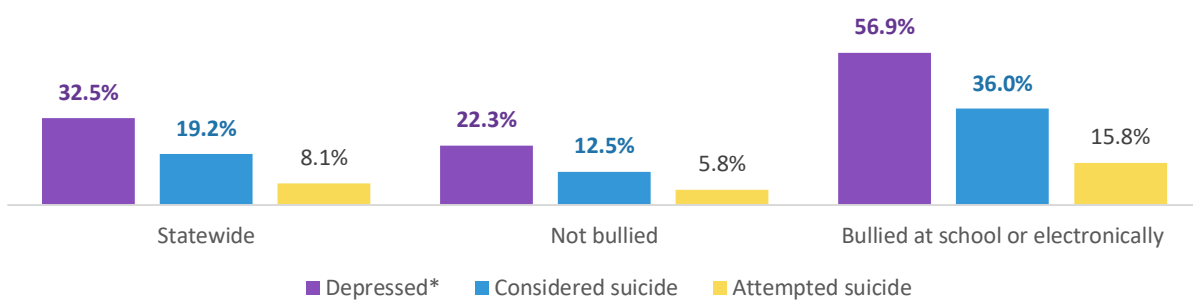


\*Percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months

Source: YRBS (2018)

Statewide, students who reported being bullied during the past 12 months were more than twice as likely than peers who were not bullied to report being depressed, had considered suicide, and attempted suicide (Figure A5).

**Figure A5. Mental health measures by bullying during the past 12 months (2016)**

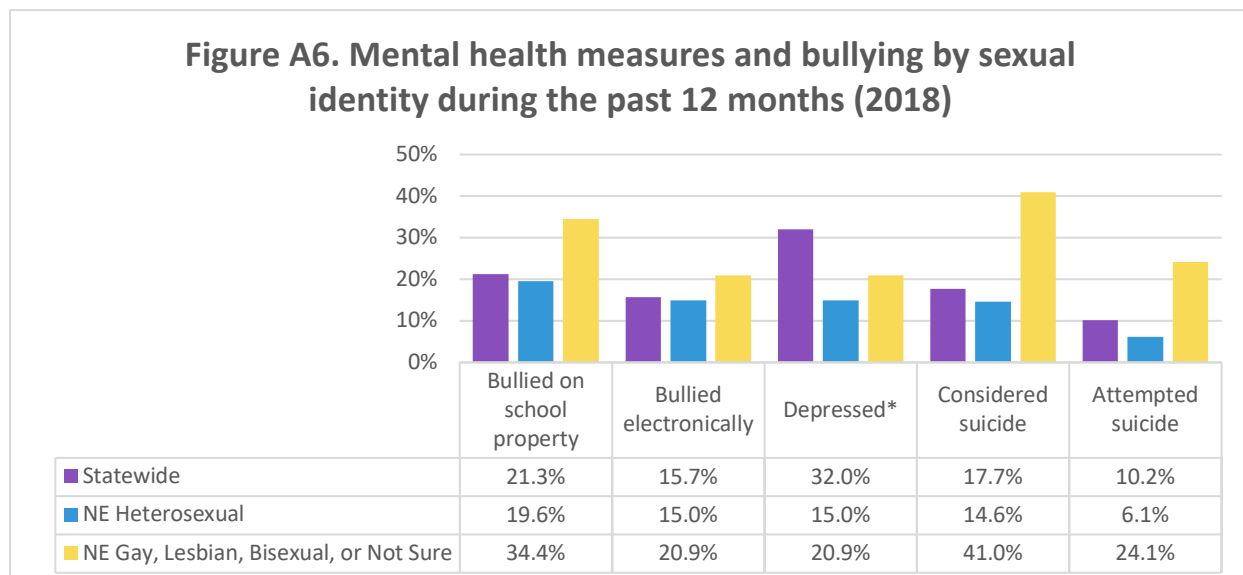


\*Percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months

Source: YRBS (2018)

Nebraska high school students that reported identifying as gay or lesbian, bisexual, or not sure were considerably more likely to report being bullied, depressed, considering suicide, and attempting suicide. Close to one-in-five students (19.6%) who identified as heterosexual reported being bullied at school during the past 12 months, compared to more than one-in-three students (34.4%) who identified as gay or lesbian, bisexual, or not sure. Students who identified as gay or lesbian, bisexual, or not sure were nearly twice as likely as students who identified as heterosexual to report being depressed during the

past 12 months, more than three times as likely to report considering suicide, and more than two times as likely to report attempting suicide (Figure A6).

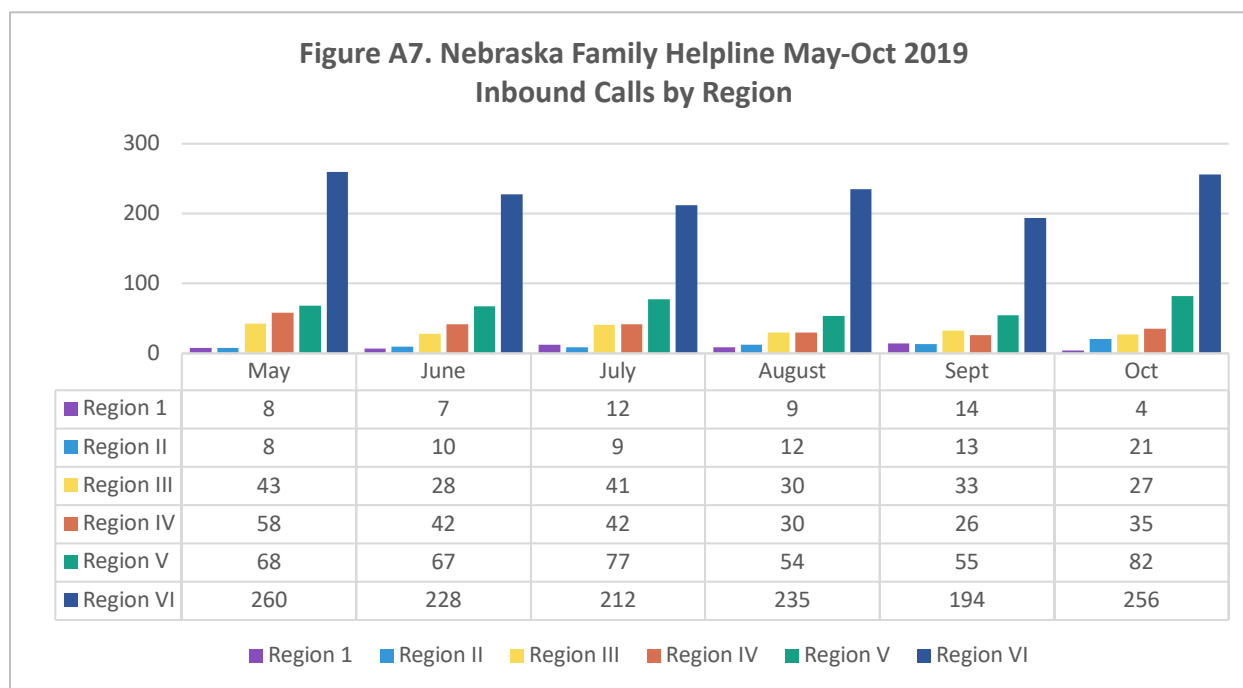


\*Percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months

Source: YRBS (2018)

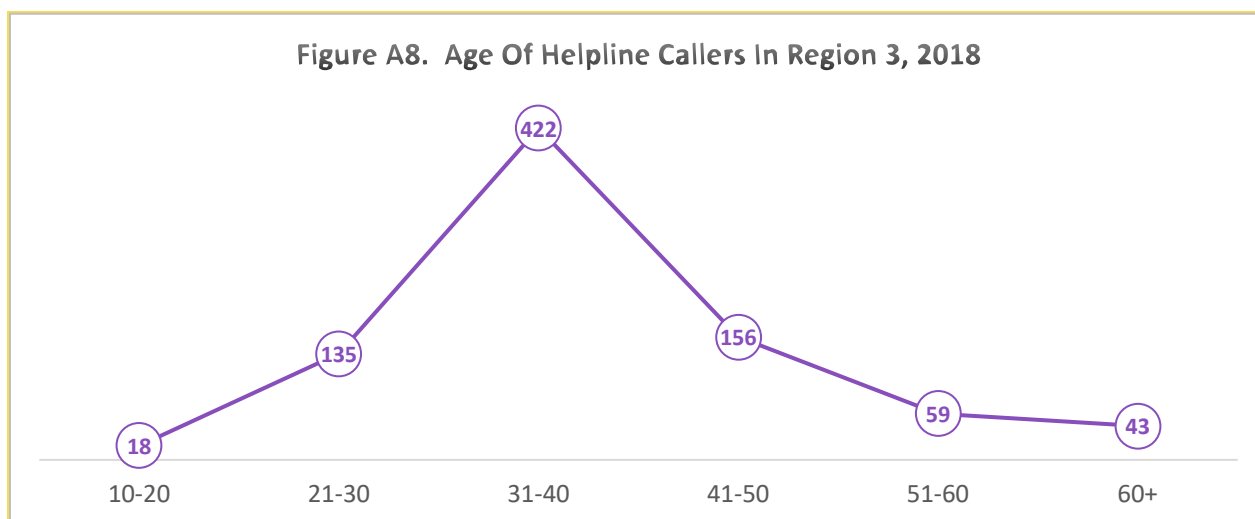
## NEBRASKA FAMILY HELPLINE CALL SUMMARY

Figure A7 shows the number of calls by Region to the Nebraska Family Helpline between May and October 2019. Region 3 had a similar number of calls to those made in Region 4 in most months, is much higher than Regions 1 and 2 and lower than Regions 5 and 6.



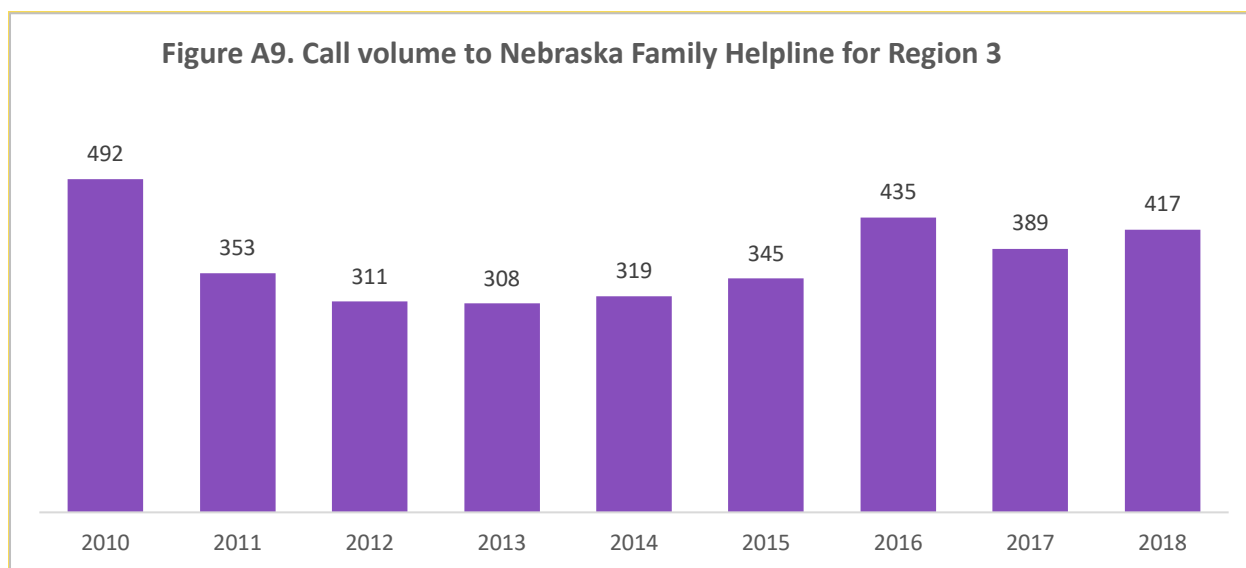
Source: Nebraska Family Helpline (2019)

The vast majority of callers to the Nebraska Family Helpline from Region 3 are between 31 and 40 years old (Figure A8).



Source: Nebraska Family Helpline (2019)

Since 2010, the Nebraska Family Helpline has experienced between 311 (2012) and 492 (2010) calls per year from the Region 3 area. In 2018, the helpline received 417 calls (Figure A9).



Source: Nebraska Family Helpline (2019)

Table A1 shows the top five reasons that families call the helpline. Table A2 indicates the top five referrals given to families that call the helpline. Note that families often call about more than one concerning behavior and might be given multiple referrals. Because of this, the same family might be counted in ‘not following rules’ and ‘out of control’ reasons for calling. However, if the same family called back about the same issues, they would not be counted again.

<b>Table A1. Region 3 Top 5 Child Issues</b>	<b>% of Unique Families</b>
<b>Not following rules of authority figures</b>	63%
<b>Out of Control</b>	60%
<b>Lying</b>	50%
<b>Family Relationship Problems</b>	45%
<b>Verbal Aggression</b>	44%

<b>Table A2. Region 3 Top 5 Referral Types</b>	<b>% of Unique Families</b>
<b>Mental Health</b>	47%
<b>Parent Education and Support</b>	47%
<b>Benefits</b>	25%
<b>Basic Needs</b>	23%
<b>Substance Abuse</b>	22%

Source: Nebraska Family Helpline (2019)

## MARY LANNING HEALTHCARE

Mary Lanning Healthcare is an acute care medical facility in Hastings, NE.

<b>Table A3. Inpatient statistics from Mary Lanning Healthcare</b>									
	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Average LOS Voluntary	6	6	5	5	6	6	7	6	6
Average LOS for EPC prior to commitment	6	5	6	6	5	5	4	4	5
AVERAGE-Occupancy Rate	69%	66%	62.9%	63.8%	61.3%	58.4	60.7%	59.1%	
AVERAGE-Daily Census	18	17	16.4	16.6	16	15.2	15.7	15.4	
Readmission %		12.30%	13.1%	11.4%	12.2%	12.1%	9.4%	8.0%	
ER Consults	142	99	132	150	147	191	163	283	304
# admitted to BSU from ER Consults	49	30	39	65	67	57	63	78	128
Voluntary admissions	574	589	570	612	615	555	605	616	578
EPC admissions	206	204	245	247	227	178	242	307	256
Subacute admissions	51	68	39	43	21	20	30	4	3
Day Psych								5	12
Total admissions	780	793	815	859	842	753	847	928	909

EPC- Emergency Protective Custody    LOS – Length of Stay

Source: Mary Lanning Healthcare



<b>Table A4. Behavioral Health Patient Overview from Mary Lanning Healthcare Jan-Sept 2019</b>									
	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT
Average Length of Stay - Voluntary	6	6	5	6	5	5	6	5	5
Ave. LOS for EPC before commitment	6	6	6	5	5	6	4	5	5
<b>% Return Rate Total</b>									
% Return Rate Total	10.2%	5.7%	6.4%	14.0%	5.7%	9.3%	9.2%	0.8%	14.8%
ER Consults	19	22	20	29	15	28	28	23	18
# admitted to BSU from ER Consults	9	7	8	10	6	6	8	10	10
<b>Voluntary admissions*</b>									
Voluntary admissions*	54	50	66	44	65	61	64	59	69
<b>EPC admissions*</b>									
EPC admissions*	23	22	19	25	28	27	28	27	25
<b>Total admissions*</b>									
Total admissions*	77	72	85	69	93	88	92	86	94

EPC- Emergency Protective Custody LOS – Length of Stay

Source: Mary Lanning Healthcare

<b>Table A5. Additional Data from Mary Lanning, Jan-Oct 2019</b>	
Bed days for BSU	855
Lanning Center visits	10,853
Crisis calls	1,150

Source: Mary Lanning Healthcare

#### QUALITY HEALTHCARE CLINIC, LLC

Quality Healthcare Clinic provides immediate and non-life-threatening services in Sutton, NE.

<b>Table A6. Quality Healthcare Clinic, LLC Data from Oct 1, 2018 through Oct 1, 2019</b>	
<b>Number referrals within clinic to Behavioral Health</b>	104 unique patients
<b>Outpatient Behavioral Health Visits</b>	1066 total appointments
<b>Completed</b>	922
<b>No shows</b>	144

Source: Quality Healthcare Clinic

#### HOSPITALIZATION DATA

The hospitals included in the South Heartland District are Mary Lanning Hospital (Hastings), Webster County Community Hospital (Red Cloud), and Brodstone Memorial Hospital (Superior). For each indicator provided by the Nebraska Hospital Association the number of hospitalizations in each year 2016, 2017, and 2018 as well as the first 6 months of 2019 are provided. The rate per 10,000 persons have also been provided (except for 2019 data). **It is important to note that hospitals in the South Heartland area serve populations residing outside of the four counties that comprise the district. Therefore, rates for the South Heartland area are inflated when compared to the state.**

Inpatient hospitalizations for drug use in 2017 showed a high rate (2.2 per 10,000 people) compared to the state (1.3 per 10,000 people). While numbers are preliminary, 2019 may be increasing, with eight hospitalizations in the first 6 months, which was more than double all of 2018 (Table A7). Despite the

inpatient hospitalizations for drug use being higher than the state, the outpatient non-emergency hospitalizations for drug use are far lower than the state average each year reported (Table A8).

<b>Table A7. Inpatient Hospitalizations for Drug Use</b>				
Year	South Heartland Health Department		Nebraska Overall	
	Number of hospitalizations	Rate per 10,000 population	Number of hospitalizations	Rate per 10,000 population
2016	6	1.3	247	1.3
2017	10	2.2	248	1.3
2018	3	0.7	219	1.1
2019 (First 6 months)	8		110	

Source: Nebraska Hospital Association (2019)

<b>Table A8. Outpatient-Emergency Department Hospitalizations for Drug Use</b>				
Year	South Heartland Health Department		Nebraska Overall	
	Number of hospitalizations	Rate per 10,000 population	Number of hospitalizations	Rate per 10,000 population
2016	51	11.2	1938	10.2
2017	49	10.7	1914	10.0
2018	45	9.9	2185	11.3
2019 (First 6 months)	35		1074	

Source: Nebraska Hospital Association (2019)

Similar to the trend with drug use data, the inpatient hospitalizations for mental health are far higher in South Heartland District than the state overall (in 2018, 160.6 vs 77.6 per 10,000 people respectively) (Table 22) while the outpatient-emergency department hospitalizations for mental health are much lower (in 2018, SHDHD 82.7 vs State 98.2 per 10,000 people) (Table A9).

<b>Table A9. Outpatient-Non-Emergency Department Hospitalizations for Drug Use</b>				
Year	South Heartland Health Department		Nebraska Overall	
	Number of hospitalizations	Rate per 10,000 population	Number of hospitalizations	Rate per 10,000 population
2016	24	5.3	2687	14.1
2017	15	3.3	3244	16.9
2018	26	5.7	3374	17.5
2019 (First 6 months)	10		1359	

Source: Nebraska Hospital Association (2019)

<b>Table A10. Inpatient Hospitalizations for Mental Health</b>				
Year	South Heartland Health Department		Nebraska Overall	
	Number of hospitalizations	Rate per 10,000 population	Number of hospitalizations	Rate per 10,000 population
2016	626	137.2	13,743	72.1
2017	752	164.3	14,969	78.1
2018	730	160.6	14,974	77.6
2019 (First 6 months)	456		7432	

Source: Nebraska Hospital Association (2019)

<b>Table A11. Outpatient-Emergency Department Hospitalizations for Mental Health</b>				
Year	South Heartland Health Department		Nebraska Overall	
	Number of hospitalizations	Rate per 10,000 population	Number of hospitalizations	Rate per 10,000 population
2016	316	69.3	17,830	93.6
2017	347	75.8	18,342	95.7
2018	376	82.7	18,954	98.2
2019 (First 6 months)	207		9279	

Source: Nebraska Hospital Association (2019)

<b>Table A12. Outpatient-Non-Emergency Department Hospitalizations for Mental Health</b>				
Year	South Heartland Health Department		Nebraska Overall	
	Number of hospitalizations	Rate per 10,000 population	Number of hospitalizations	Rate per 10,000 population
2016	1223	268.0	37,191	195.1
2017	1240	271.0	53,005	276.4
2018	1262	277.6	68,088	352.9
2019 (First 6 months)	799		35,425	

Source: Nebraska Hospital Association (2019)

Table 26 shows hospitalizations for self-harm in the past 3 years. Hospitalizations for self-harm were slightly higher in the South Heartland area as compared to the state.

<b>Table A13. Outpatient-Emergency Department Hospitalizations for Self-Harm (CTSE Measures)</b>				
Year	South Heartland Health Department		Nebraska Overall	
	Number of hospitalizations	Rate per 10,000 population	Number of hospitalizations	Rate per 10,000 population
2016	39	8.6	962	5.1
2017	33	7.2	1,158	6.0
2018	28	6.2	1,109	5.7
2019 (First 6 months)	7	485	7	

Source: Nebraska Hospital Association (2019)

HASTINGS POLICE DEPARTMENT DATA

Table A14 presents the number of drug and mental health related calls made to the Hastings Police Department from 2015 to 2019. There has been a general upward trend in the number of mental health related calls.

<b>Table A14. Drug and Mental Health Related Calls to Hastings Police Department</b>		
	Drug related calls	Mental health related calls
2015	330	1,011
2016	354	1,169
2017	350	1,225
2018	306	1,273
2019	392	1,244

In 2017, Region 6 Behavioral Healthcare, the Division of Behavioral Health, and UNL partnered to do a survey of physicians to better understand if they were using SBIRT or anything like it to serve patients with behavioral health needs in the primary care setting. All licensed physicians, physician assistants, and nurse practitioners were sent the survey. Results are only available at the Region level. (See Table A15.)

<b>Table A15. Comparison of SBIRT Survey Respondents to Frame and Actual Population (2017)</b>				
	Actual NE Population (2016 ACS estimates)		Physicians	
	#	%	In Frame %	Responded %
Region 1	86,189	4.5	2.9	2.6
Region 2	98,709	5.2	3.2	3.2
<b>Region 3</b>	<b>231,644</b>	<b>12.1</b>	<b>9.9</b>	<b>10.5</b>
Region 4	205,358	10.8	5.4	6.8
Region 5	468,071	24.5	20.6	21.2
Region 6	817,145	42.8	58.1	55.7
<b>Total</b>	<b>1,907,116</b>			

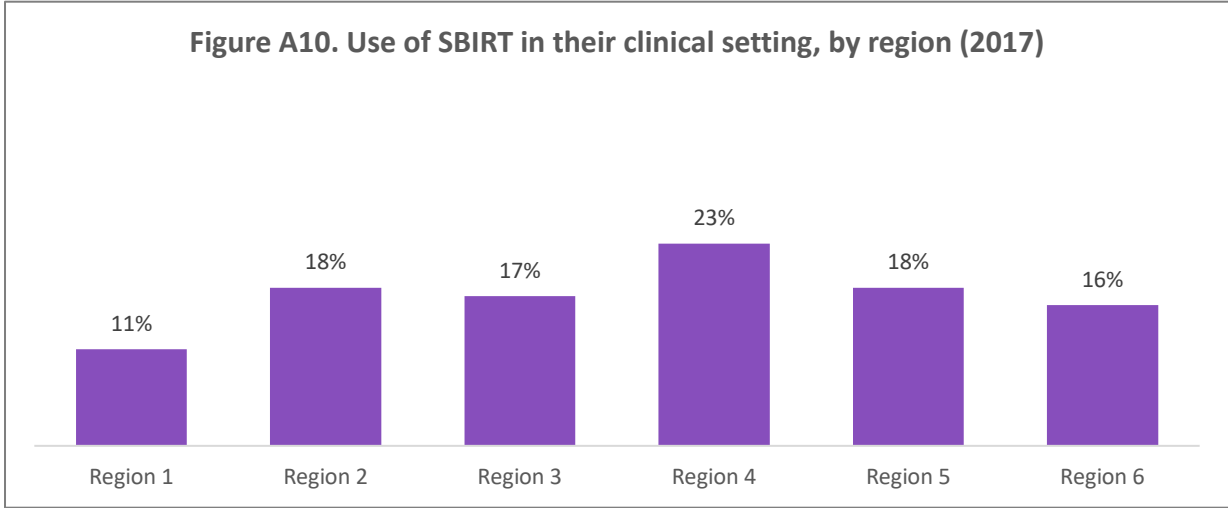
Source: SBIRT (2017)

Providers were asked to rate their confidence on a scale of 1 (not at all confident) to 5 (very confident). Region 3 providers rated their confidence similar to the state average. Providers were most confident in referring a patient with mental health concerns to a mental health provider. Providers were least confident in using the SBIRT model in their setting (Table A16).

<b>Table A16. Level of confidence in providing SBIRT services, SBIRT Survey (2017)</b>		
	State	Region 3
Providing a brief intervention on alcohol misuse or drug use during a patient visit	3.4	<b>3.5</b>
Providing a brief intervention on a mental health concern during a patient visit	3.4	<b>3.6</b>
Referring a patient with a mental health concern to a mental health treatment provider	4.1	<b>4.2</b>
Referring a patient with an alcohol, opioid, or other substance use concern to a substance use treatment provider	3.7	<b>3.8</b>
Using the screening, Brief Intervention, and Referral to Treatment (SBIRT) model in your clinical setting	2.5	<b>2.6</b>

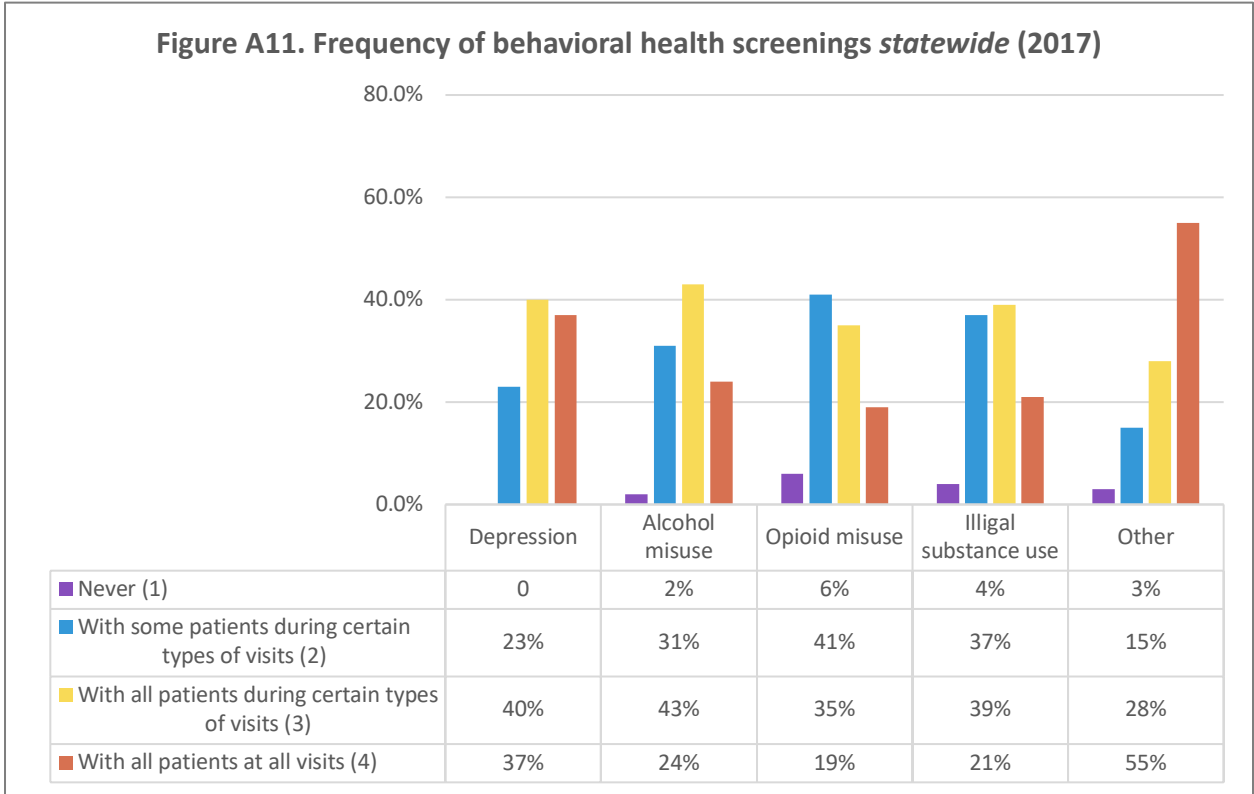
Source: SBIRT (2017)

Most providers are not using SBIRT statewide. In Region 3 only 17% of providers are utilizing the model (Figure A10).



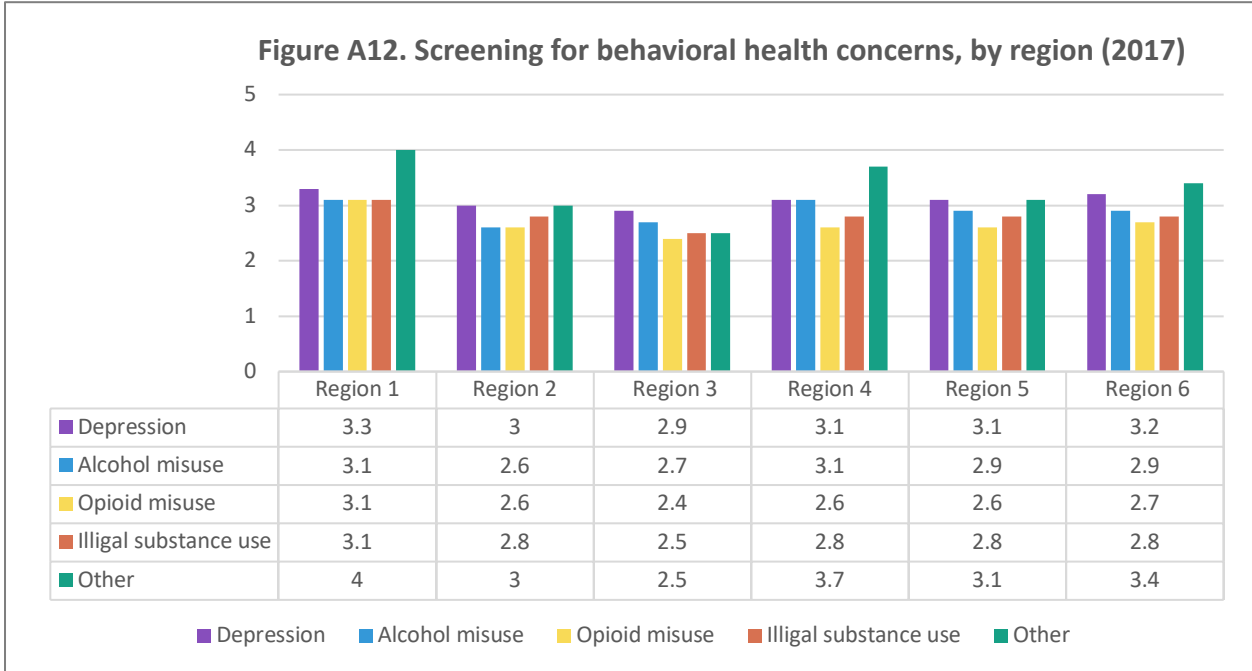
Source: SBIRT (2017)

Statewide, screenings for behavioral health concerns are happening with differing frequencies depending on the concern being screened for, but the vast majority are screening for at least one behavioral health concerns with a very small percent reporting “never” screening (Figure A11).



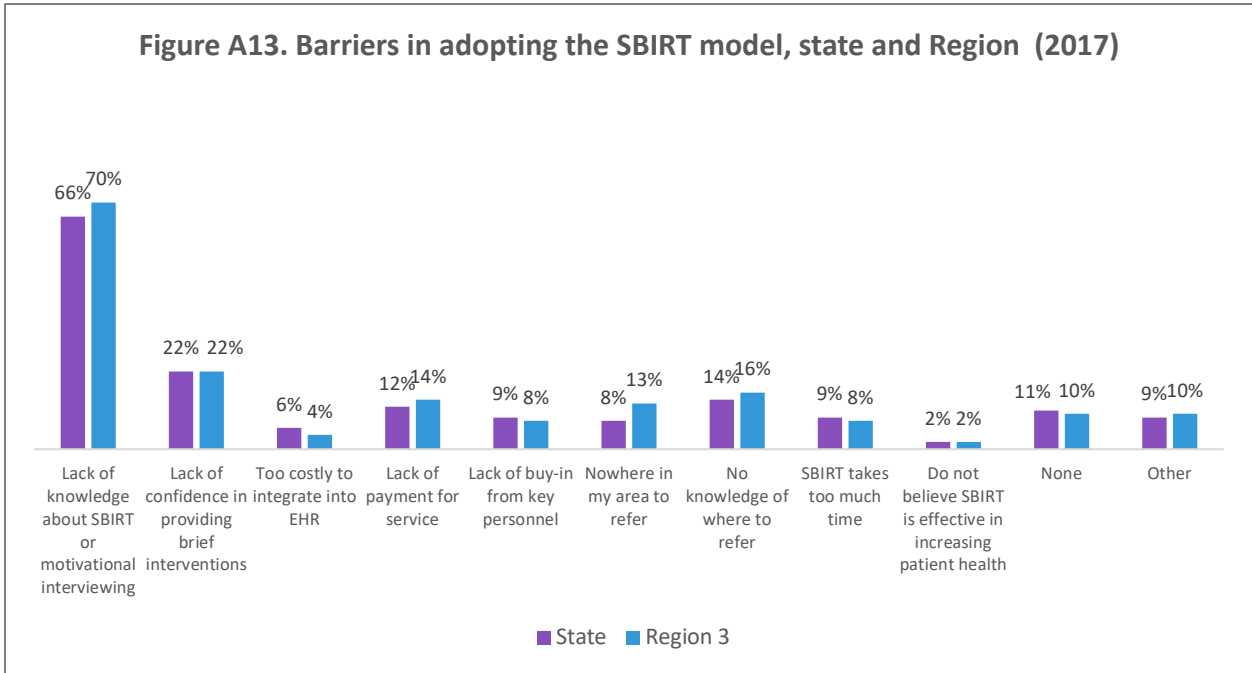
Source: SBIRT (2017)

Region 3 has the lowest average of screening among primary care physicians on all behavioral health concerns listed except alcohol misuse, for which they are second lowest (Figure A12).



Source: SBIRT (2017)

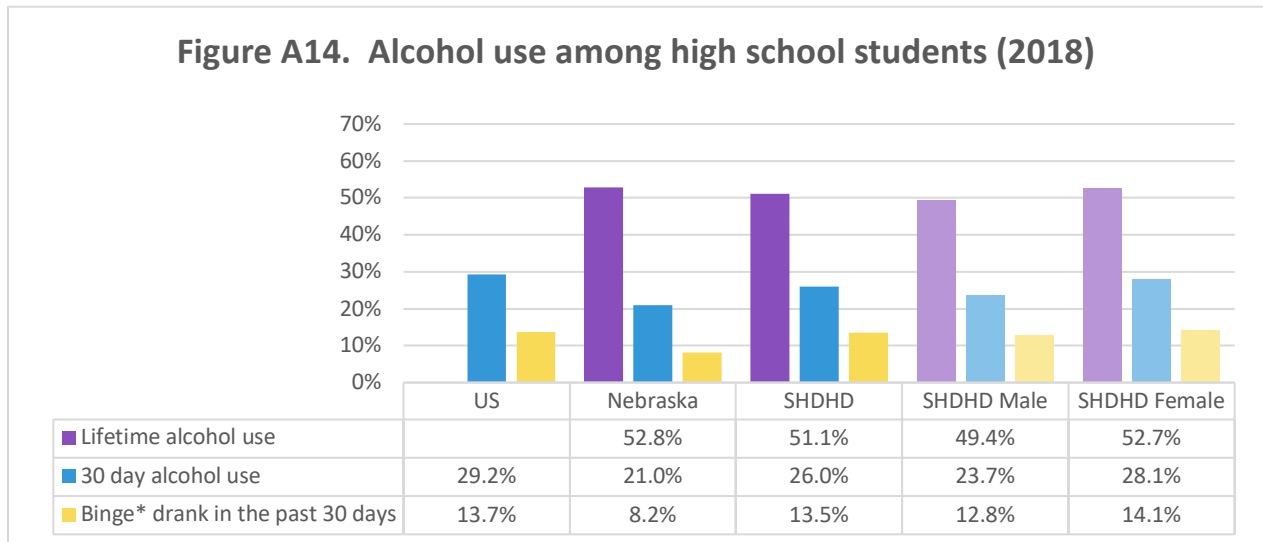
Both for the state and Region 3, the largest barrier to adoption of SBIRT is knowledge of the practice. This was also reflected in the open-ended comments of the survey where many providers requested additional training and information about SBIRT (Figure A13).



Source: SBIRT (2017)

## ALCOHOL USE BY HIGH SCHOOL STUDENTS

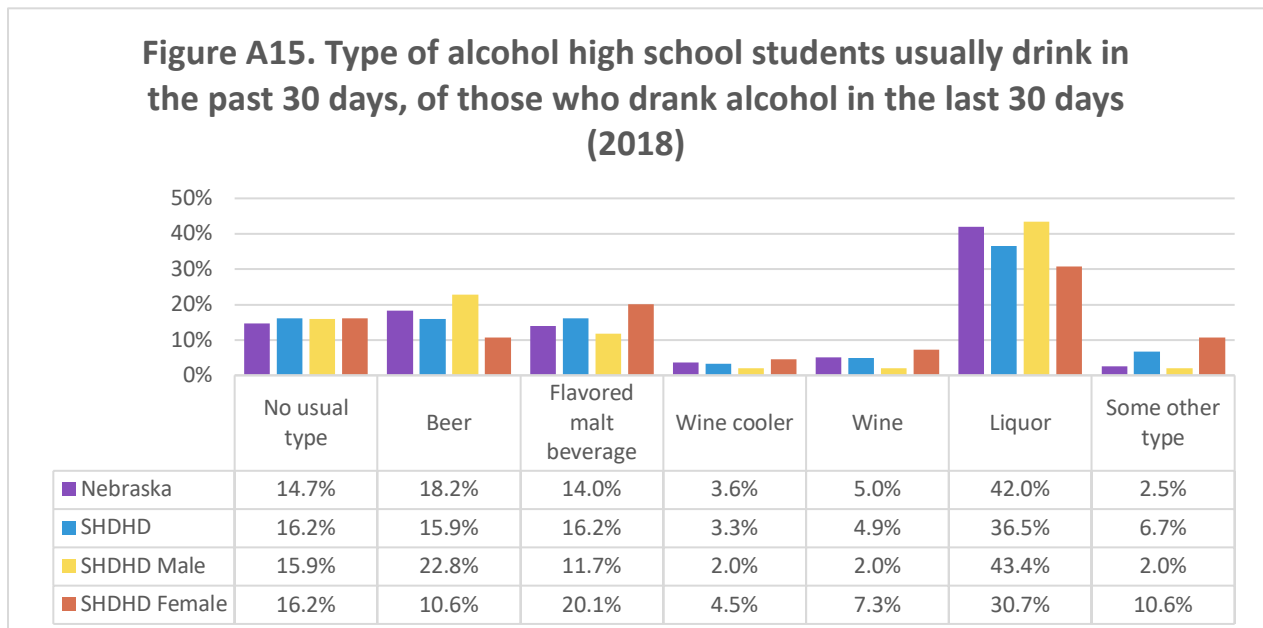
South Heartland District high school students report higher rates of alcohol use and binge drinking in the past 30 days compared to their peers statewide (Figure A14). In 2018, 13.5% of South Heartland high school students reported binge drinking (4 drinks in a row for females, 5 for males) in the past 30 days, compared to 8.2% statewide.



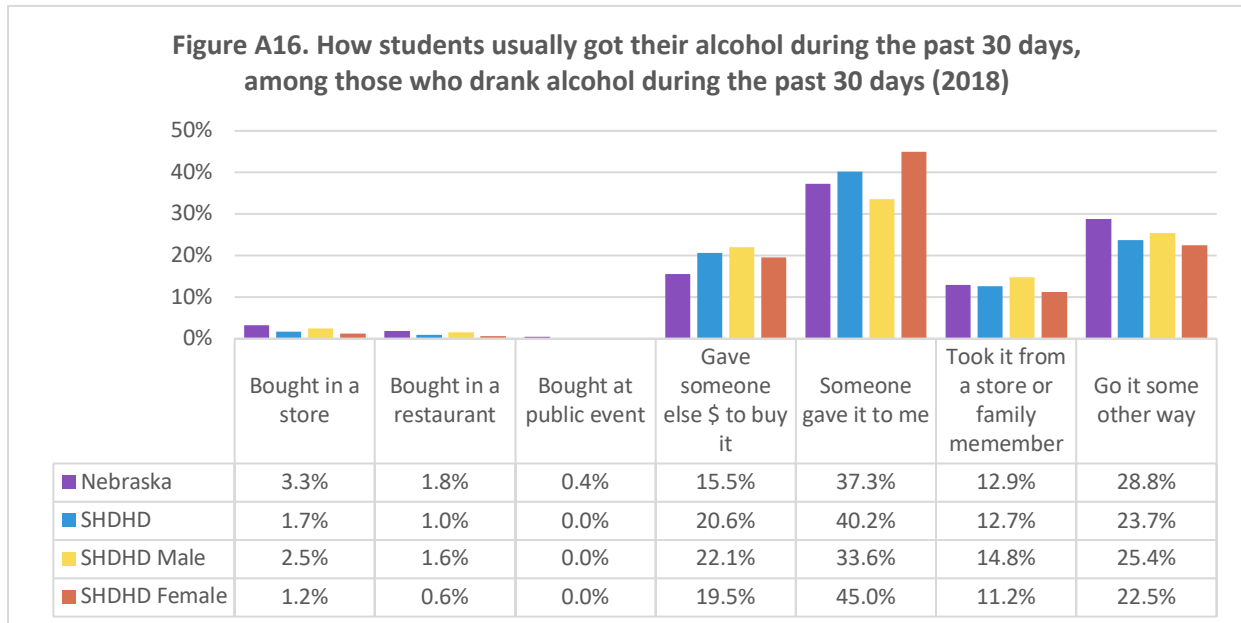
\*Binge drinking is 4 or more drinks of alcohol in a row (female) or 5 or more drinks of alcohol in a row (male)

Source: YRBS (2018)

The preferred type of alcohol for high school students to drink is liquor. The second most popular type for males in the South Heartland District is beer and for females is flavored malt beverages (Figure A15).



High school students in South Heartland District report they most frequently get alcohol from another person who gives it to them (40.2%) or by giving someone money to buy it for them (20.6%). A very small percentage of high school students report buying alcohol in a store, restaurant, or at an event in the South Heartland District (Figure A16).



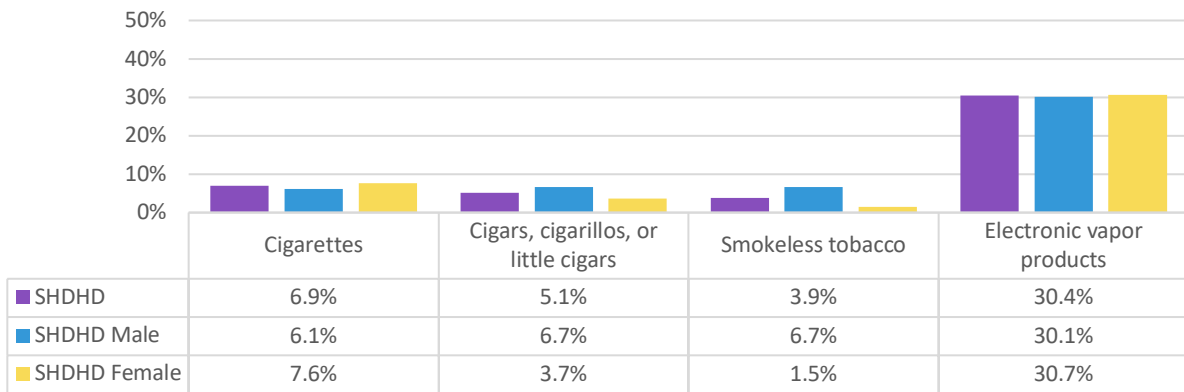
Source: YRBS (2018)

## TOBACCO USE BY HIGH SCHOOL STUDENTS

South Heartland District High school students report using electronic vapor products most frequently in the past 30 days compared to cigarettes, cigars, or smokeless tobacco. Males reported using cigars, smokeless tobacco, and electronic vapor products more frequently than females, but females reported using cigarettes slightly more (Figure A17).



**Figure A17. Tobacco products used during the past 30 days (2018)**

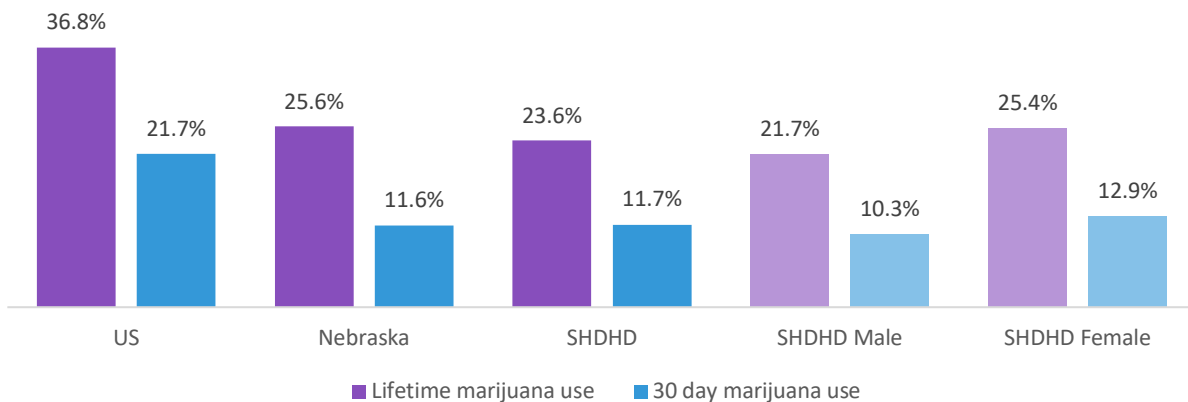


Source: YRBS (2018)

## MARIJUANA USE BY HIGH SCHOOL STUDENTS

High school students in the South Heartland District report using marijuana in the past 30 days at the same rate as the state average (11.7% vs 11.6% respectively), but were slightly less likely to report lifetime marijuana use (Figure A18). Female high school students in the South Heartland District were more likely to report using marijuana than male students.

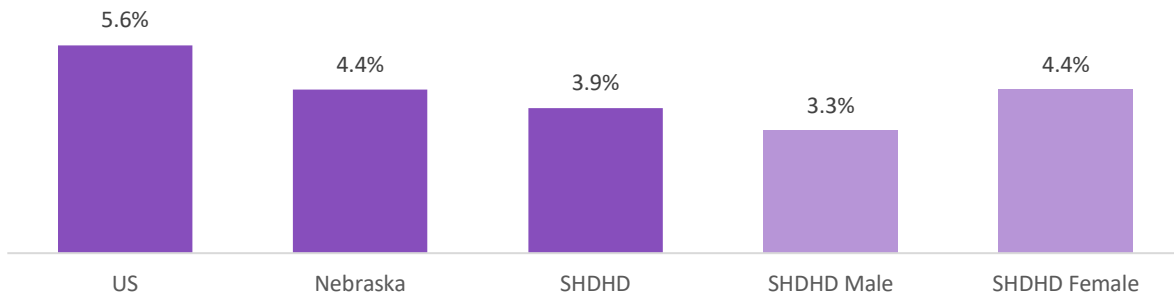
**Figure A18. Marijuana use by high school students (2018)**



Source: YRBS (2018)

Fewer South Heartland District high school students reported using marijuana before age 13 (3.9%) than the state (5.6%) (Figure A19). Female high school students were more likely to have tried marijuana than male students.

**Figure A19. Tried marijuana before the age of 13 (2018)**

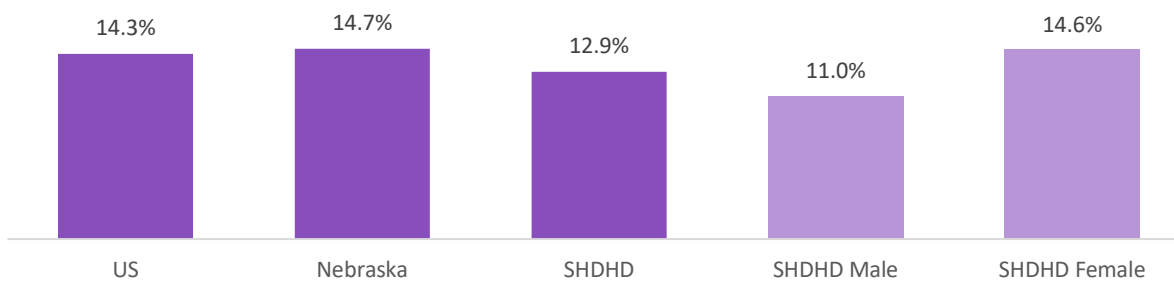


Source: YRBS (2018)

## PRESCRIPTION DRUG MISUSE BY HIGH SCHOOL STUDENTS

Fewer high school students in the South Heartland District reported misusing prescription medications in their lifetime and in the last 30 days compared to the state overall (Figure A20).

**Figure A20. Lifetime use of prescription pain medicine taken without a doctor's prescription or differently than how a doctor told you to use it? (2018)**

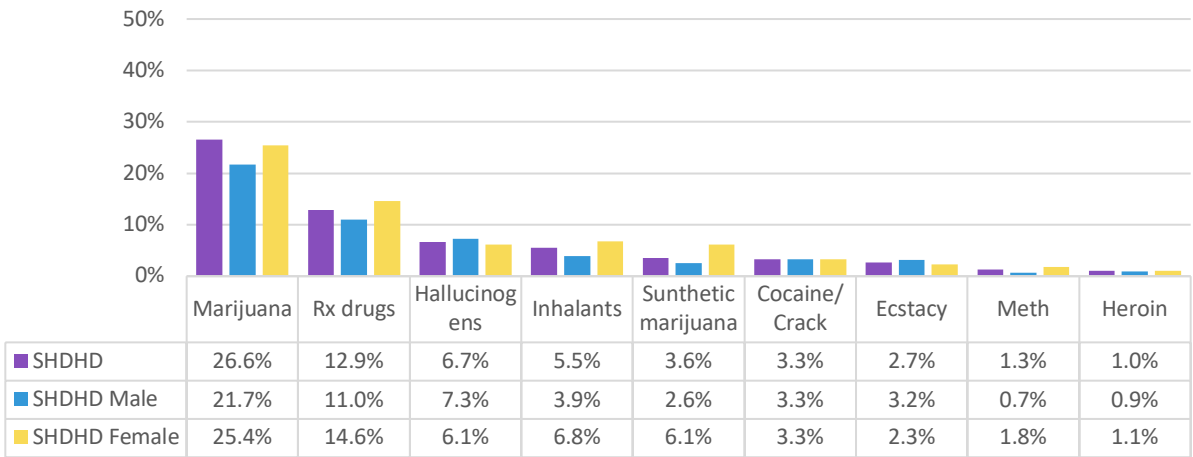


Source: YRBS (2018)

## ADDITIONAL SUBSTANCE USE MEASURES AND TRENDS

Of the substances asked about, marijuana was the most likely to have been tried by South Heartland District high school students (26.6%) (Figure A21). Prescription (Rx) drugs was the substance students were the second most likely to have tried (12.9%). Male students were more likely than females to have tried hallucinogens and ecstasy – overall, females were more likely to have tried most drugs listed.

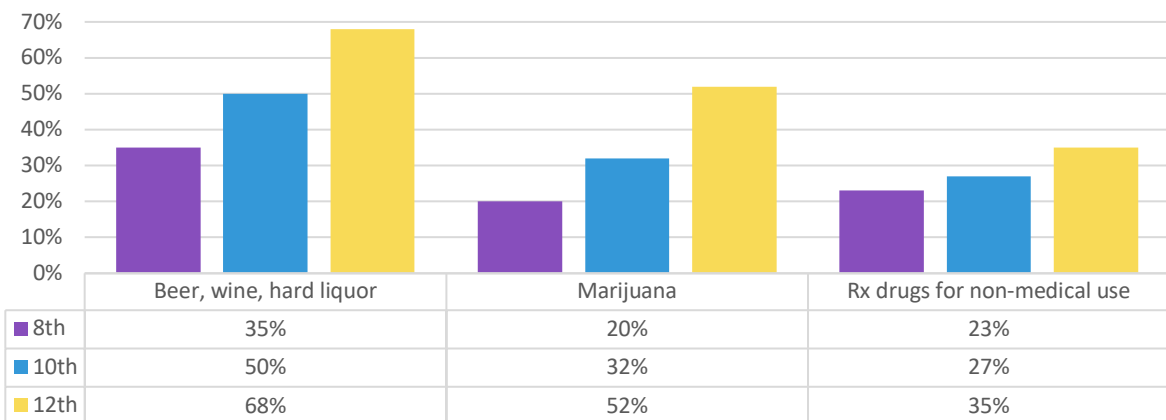
**Figure A21. Lifetime drug use among high schools students in the South Heartland District (2018)**



Source: YRBS (2018)

For all substances, twelfth graders reported they were easier to obtain than younger students (Figure A22). More than two-thirds of seniors thought alcohol was easy or very easy to obtain, and more than half said marijuana would be easy or very easy to obtain. The greatest differences between grades was for marijuana.

**Figure A22. Percentage reporting that the following substances are sort of easy or very easy to obtain\* (2018)**

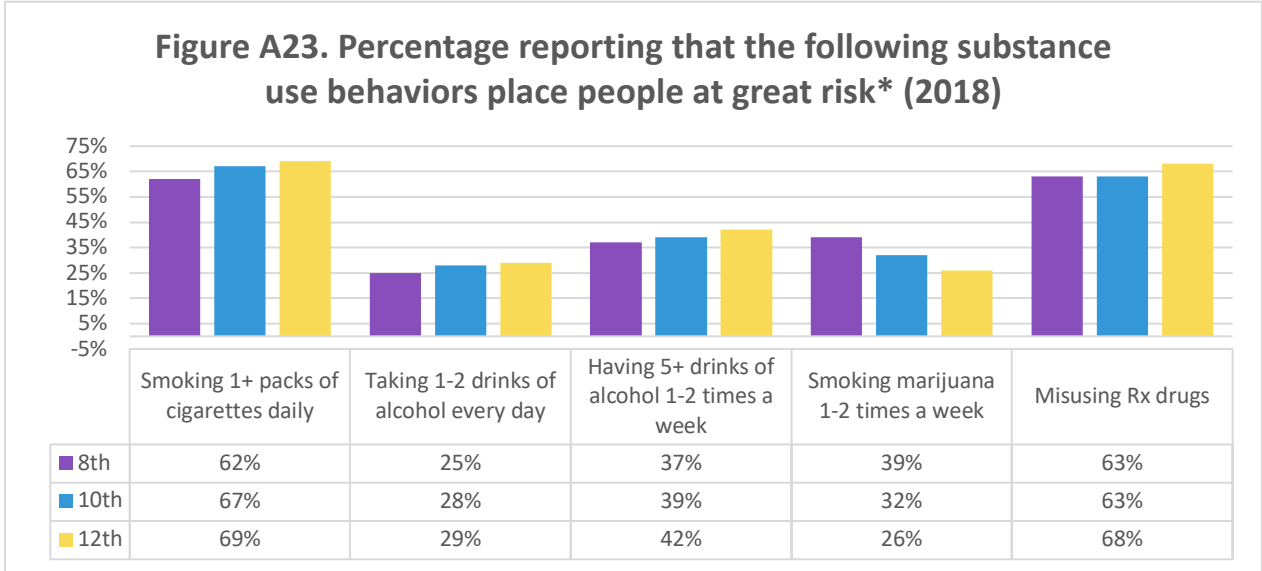


Note: \*Percentage who reported it is sort of or very easy to obtain each substance based on the following scale: very hard, sort of hard, sort of easy, very easy. Based on the question "if you wanted to, how easy would it be for you to get <substance>."

Source: NRPFS (2018)

Typically, student's belief that substance use behaviors pose a great risk tends to go down as they age without intervention. This pattern holds true with South Heartland District students' beliefs around marijuana. However, for other behaviors this was not the case; smoking cigarettes, drinking alcohol, and

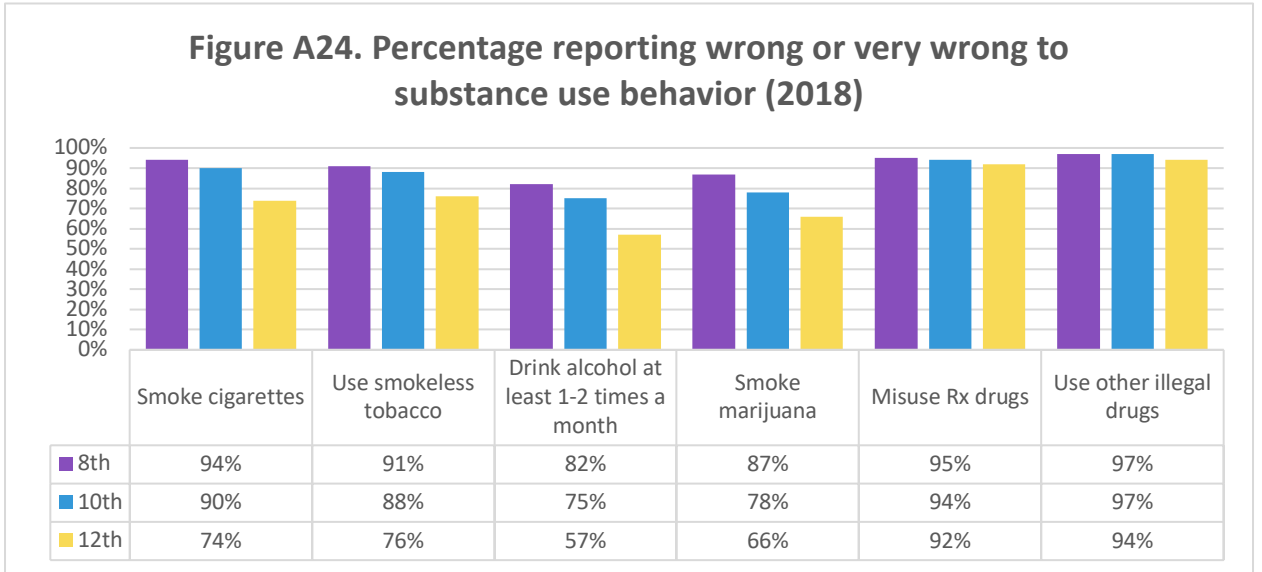
misusing prescription drugs are generally perceived as riskier among 12th graders as compared to 8th graders in the South Heartland area (Figure A23).



Note: Percentage who reported great risk associated with each substance behaviors based on the scale: no risk, slight risk, moderate risk, great risk. Based on the question "How much do you think people risk harming themselves (physically or in other ways) if they <substance use behavior>"

Source: NRPFS (2018)

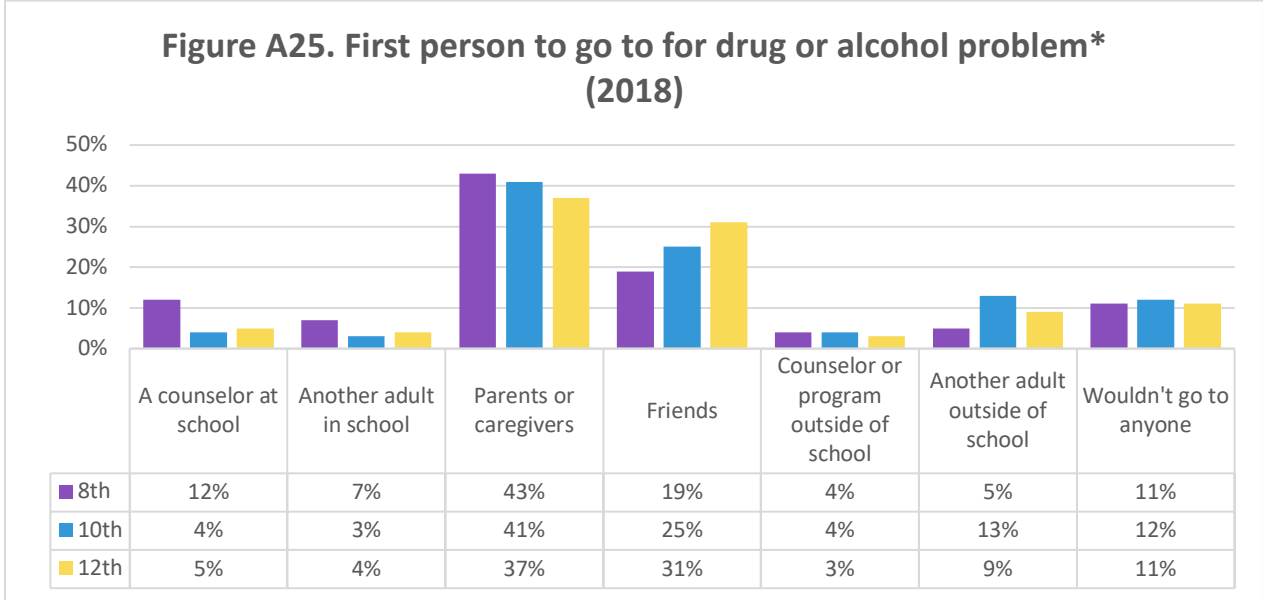
Many more South Heartland District eighth grade students believe that smoking cigarettes, using smokeless tobacco, drinking at least once or twice a month, and smoking marijuana is wrong or very wrong compared to twelfth graders. The difference between eighth and twelfth graders on misusing prescription drugs and using other illegal drugs is much smaller (Figure A24).



Note: Percentage who reported how wrong they think different substance behaviors are based on the scale: very wrong, wrong, a little bit wrong, not wrong at all

Source: NRPFS (2018)

Nearly half (45.8%) of South Heartland District eighth graders report they would talk to a parent or caregiver first if they had a problem with drugs or alcohol. The second most common answer was a counselor at school (16.7%). For twelfth graders, the most common answer was to talk with a parent or caregiver (36.8%), but the second most reported answer was to go to friends (26.8%). 15.9% of twelfth graders reported they wouldn't go to anyone if they had a problem with drugs or alcohol (Figure A25).



Note: Based on the question \*If you had a drug or alcohol problem and needed help, who is the first person you would go to for help?

Source: NRPFS (2018)

COMMUNITY HEALTH PRIORITIES 2019-2024



Community Health Priorities 2019-2024

Access to Health Care

**Goal 1: Access to Health Care**

Improve access to comprehensive, quality health care services by addressing identified gaps in services and barriers to accessing care.

**Goal 2: Mental Health**

Improve mental health through prevention and by ensuring access to appropriate, quality mental health services

**Goal 3: Substance Misuse**

Reduce substance misuse/risky use to protect the health, safety and quality of life for all.

**Goal 4: Obesity & Related Health Conditions**

Reduce obesity and related health conditions through prevention and chronic disease management

**Goal 5: Cancer**

Reduce the number of new cancer cases as well as illness, disability and death caused by cancer

## COMMUNITY HEALTH ASSESSMENT 2018

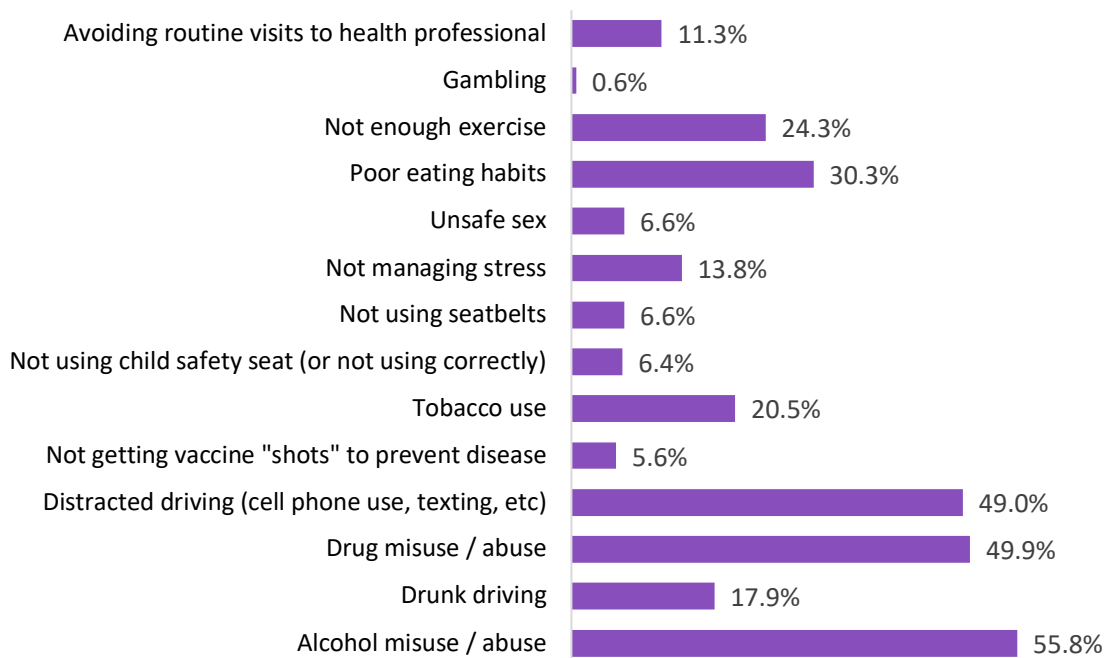
South Heartland District Health Department (SHDHD) serves Adams, Clay, Nuckolls, and Webster counties.

During SHDHD's Community Health Assessment process, completed in 2018, several priorities rose to the top as being most important to consider as community health priorities for 2019-2024. Through a number of processes including data collection and analysis, community feedback, and stakeholder meetings, five goals were agreed upon. Goal 2 is improving mental health and goal 3 is reducing substance misuse/risky use.

The Community Themes and Strengths Assessment completed in 2018 and summarized in SHDHD 2018 CHA Report 2018 (available here: <https://southheartlandhealth.org/public-health-data/community-health-needs-assessment.html>) provided detailed feedback from the community showing a great interest in addressing mental health and substance use concerns in the community. A few important points from the report are shown below.

### Figure C1: Community Themes and Strengths Assessment Survey

From the list, choose 3 risky behaviors that you think have the most impact of health and well-being in your community?



870 responses out of 925 completed surveys

Source: South Heartland District Health Department (2018)

When asked “name the one health problem you think your community should address first?” 32% of respondents indicated Mental Health including Depression and 16% responded Substance Abuse. These were the top two answers from respondents with Obesity (13%) and Cancer (10%) being the only other answers to garner 10% or more of respondent’s answers.

When asked “name the one risky behavior you think your community should address first?” 43% of respondents selected Substance Abuse including Alcohol, Drugs, and Tobacco Abuse. The only other response to elicit more than 10% of responses was Distract Driving (24%).

As a result of the strong interest in addressing mental health and substance use concerns, this needs assessment focuses on gathering community data specifically about or related to goals two and three, to better understand the nature of behavioral health in the South Heartland area and begin to consider actions for improvement.



## DATA SOURCES

A broad array of sources provide data for this report. Following is a summary of the most frequently cited sources (Table D1).

Please note:

- The number (n) is shown when it is available and easily included in the data as presented. In some cases, the n is not included when several pieces of data have been included in the same graph to illustrate comparisons. “N” values (number in the sample or population) can be found in the reports where the data originated which are linked below.

**Table D1. Data Sources**

Data Source	Description
<b>Behavioral Risk Factor Surveillance System (BRFSS)</b>	A comprehensive, annual health survey of adults ages 18 and over on risk factors such as alcohol use, tobacco use, obesity, physical activity, health screening, economic stresses, access to health care, mental health, physical health, cancer, diabetes, and many other areas impacting public health. Note: all BRFSS data are age-adjusted, except for indicators keying on specific age groups. The data are also weighted by other demographic variables according to an algorithm defined by the CDC.
<b>Behavioral Health Consumer Survey</b>	This survey solicited input from adult and youth consumers (via caregivers) receiving mental health and/or substance use disorder services from the publicly-funded, community-based behavioral health system in Nebraska. The adult survey assessed the quality and impact of the services provided by measuring consumer responses in seven domains: access, quality and appropriateness, outcomes, participation in treatment planning, general satisfaction, functioning and social connectedness.
<b>ASAAP College Student Alcohol Survey</b>	College students in Adams County participated in the College Student Alcohol Survey in 2016, 2019, and 2022. The College Student Alcohol Survey covers a broad range of topics related to alcohol including; personal alcohol use, sources for obtaining alcohol, alcohol-related perceptions, and community norms.
<b>County Health Rankings</b>	A wide array of data from multiple sources combined to give an overall picture of health in a county. Examples of data include premature deaths, access to locations for physical activity, ratio of population to health care professionals, violent crimes, and many other indicators. County Health Rankings provides health outcomes and health factors rankings for 80 counties in Nebraska.
<b>Geographic Distribution and Demographic Characteristics of Behavioral Health Providers in Nebraska 2010-2016</b>	A report that describes the current distribution and demographic characteristics of behavioral health providers actively practicing in Behavioral Health Region 3 in Nebraska.
<b>Kid’s Count in Nebraska</b>	Kids Count in Nebraska is a children’s data and policy project of Voices for Children in Nebraska. Key indicators measure the wellbeing of children in five areas: health, education, economic stability, child welfare, and juvenile justice.

<b>Nebraska Department of Health and Human Services (DHHS)</b>	A wide array of data around births, mortality, child abuse and neglect, health professionals, and other areas.
<b>Nebraska Family Helpline Call Center</b>	Data summarizing the calls made in Region 3 to the Nebraska Family Helpline
<b>Nebraska Hospital Association</b>	Data collected by the three hospitals in the South Heartland area based on ICD-10 codes related to mental health. The three hospitals are Mary Lanning Hospital, Webster County Hospital, Brodstone Memorial Hospital.
<b>Nebraska Risk and Protective Factor Student Survey (NRPFS)</b>	A survey of youth in grades 8, 10, and 12 on risk factors such alcohol, tobacco, and drug use, and bullying. Note: NRPFS data are not considered to be representative of the entire State of Nebraska due to issues with the sampling methodology. Therefore, the results can be used to assess a specific community but cannot be compared statewide.
<b>U.S. Census/ American Community Survey</b>	U.S. Census Bureau estimates on demographic elements such as population, age, race/ethnicity, household income, poverty, health insurance, single parent families, and educational attainment. Annual estimates are available through the American Community Survey.
<b>Youth Risk Behavior Survey</b>	The Youth Risk Behavior Survey (YRBS) has been administered to high school students in grades 9-12 in the South Heartland District, Nebraska during the fall semester of 2012, 2014, and 2016. This project has been primarily funded by the South Heartland District Health Department, while the State of Nebraska pays for administration in any state sampled classrooms.