

Nebraska Division of Behavioral Health
State Advisory Committee on Mental Health Services (SACMHS)
State Advisory Committee on Substance Abuse Services (SACSAS)
Country Inn & Suites, 5353 N. 27 St., Lincoln, NE 68521- Omaha Room
April 4, 2019 - 9:00 a.m. - 2:00 p.m.
Meeting Minutes

I. Call to Order/Welcome

Committee Chairs

Ann Ebsen, chair of the State Advisory Committee on Substance Abuse Services, and Bradley Hoefs, chair of the State Advisory Committee on Mental Health Services, welcomed committee members and others to the meeting, pointed out expense reimbursements, the location of the copy of the Open Meeting law and reviewed lunch arrangements.

II. Roll Call was conducted and a quorum was determined to exist for both the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

State Advisory Committee on Mental Health Services

Members in Attendance: Margaret Damme, Suzanne Day (left at 12:30), Lindy Foley (left at 1:00), Bradley Hoefs (left at noon), Laurie Holman, Patti Jurjevich, Ryan Kaufman (left at noon), Phyllis McCaul, Kristen Larsen, Lisa Neeman, Ashley Pankonin, Rachel Pinkerton, Mary Thunker. A quorum of 12 was established at the time of roll call.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Jeffrey Courtier, Ann Ebsen, Ingrid Gansebom, Victor Gehrig, Janet Johnson, Diana Meadors, Michael Phillips, Daniel Rutt. A quorum of more than 7 was established at the time of roll call.

DHHS Staff in attendance: Sheri Dawson (left at 11:00), Sue Adams, Tamara Gavin, Jennifer Ihle, Brenda Moes (from 10:00), Kathy Wilson and Jamie Kramer from Children and Family Services (from 12:30 to 1:20)

III. Motion to Approve Minutes

Ann Ebsen, presented the November 15, 2018 minutes for review. Asking for and receiving no corrections or comments, Mental Health committee member Mary Thunker motioned to approve as written, and Margaret Damme seconded. The motion passed the Mental Health committee on a unanimous voice vote.

Ann asked the Substance Abuse committee for a motion to approve the minutes, which was given by Michael Williams and seconded by Victor Gehrig. The motion passed the Substance Abuse committee on a unanimous voice vote.

IV. Public Comment (9:20 a.m.)

There were no members of the general public present and so no public comment offered in the morning session. Instead, Bradley Hoefs, chair of the State Advisory Committee on Mental Health Services, reviewed attending a convening session between 19 pastors and SAMHSA in Washington DC on ways to bridge the gap between mental health and faith-based communities. A second meeting will be in May to help churches become more mental health literate. There is a possibility of developing a standardized training. The group stressed that it is important to normalize the view of mental health within the community.

V. Director's Update

Sheri Dawson

Sheri Dawson, Director, opened by asking Sue Adams to speak on Mental Health First Aid.

- The Legislature has allocated funds for MHFA. The Division has contracted with each region for training and partners with the Division of Public Health and local health agencies throughout the year. An evaluation component returns information to the Legislature on the numbers trained. Sheri pointed out that is an

outpouring of support for medical issues, but not for MH. QPR and MHFA help normalize mental health.

- New CEO: Danette Smith from Virginia Beach has been with DHHS over a month now. She worked in DD, Medicaid, and Child Welfare in other states. She has a wealth of experience in Behavioral Health and great ideas on System of Care. She will be invited to a future JAC meeting.
- April is Alcohol Awareness Month. DBH is working with Communications to get the message out about Nebraska's concerns regarding alcohol use. Sheri would like to know what activities are planned across the state.
- Transfer Technology Initiative (TTI) grant: Nebraska is one of 23 states receiving a grant from SAMHSA. They want focus on crisis response and bed capacity, specifically in Region 6. It will afford an opportunity to examine the capacity issue in regards to staffing. The collected data will help examine the problems and set up a registry of available capacity. It is expected to be implemented in about a year. The lessons learned in Region 6 can and will be applied to other regions.
- A question was posed about a new psychiatric facility in Sarpy County. Being a Region 6 area project, Patti Jurjevich responded that it is still preliminary. The center is envisioned to provide crisis stabilization services, to speed up response and referral. The TTI grant could help understand issues and increase efficiency. Sarpy County has purchased land near Bellevue Medical with the intent to build there. It will be strictly an adult facility. CHI is hoping to establish something on the Immanuel campus to serve youth.
- The Lincoln Regional Center is working to improve the wait time for competency restoration. Nebraska was selected by SAMHSA and GAINS Center to be part of a learning collaborative on competency restoration. Participants include members of Regions 5 and 6, Correctional Services, and Public Defenders, among other system stakeholders.
- Disaster BH impact: flooding has been devastating to many communities, and DBH activates the Disaster BH Emergency Response Team when the local response is overwhelmed. Tamara Gavin and Mikayla Johnson have been working with Public Policy Center. The BHERT went to help at the State Command Center. Corrections is helping. There is a variety of services: local support, hotlines and media for information, experts in psychological first aid, supplies from all over the state. Basic needs are the first focus.
- DBH Community Based Services BS & LRC working to increase flow of discharge into community.
- Legislation, budget and appropriations: DHHS testified on the governor's recommended budget. Funding for PASRR will be moved into Program 38 Community Based Services budget. A fund mix change was proposed for the Nebraska Family Helpline, which is solely paid for by DBH. However, 45% of the callers had Medicaid, 45% had insurance, and 10% needed resources. As Medicaid gets matching funds, DBH requested they contribute to the hotline funding. DBH has a cost model study on provider rates versus service costs; 2.8M was put forward in Governor's budget request. As to the cash spending authority for Program 038 – Housing Related Assistance generated by a property deed tax, we asked for more spending authority to increase our assistance by 50 more vouchers for the MH population. Currently, there are around 45 processed applicants waiting for a voucher, but there are many more who have not yet completed their applications. We asked for a one-time fund of \$800 thousand to grow the supply of safe, affordable housing. Partnering with Economic Assistance, the requested fund is \$1.1 million. All of these requests have to go through the legislature for approval, so FY20 and 21. LB570 with Amendment 470 is close to an Olmstead Plan on DHHS services, but many other departments need to be involved. Finally, DBH asked for \$658,835 for FY20 service gaps, and an ongoing \$1,615,706 fund. This was not in the Governor's recommendation but was part of the Legislative Fiscal Office's. As to the reduction to 038 and Medicaid expansion scheduled for October 20, 2020, current request includes a \$1.8 million offset to Medicaid in FY20 and an ongoing \$2.6 million reduction. There will be an increased population, but they will be served by Medicaid, not the regions. The regions did testify before the Appropriations Committee, saying that there was too much uncertainty, so did not want to see budgets reduced because it would mean cuts to services and loss of Medicaid funds.
- BH and Justice Conference October 28-30: This is an opportunity to bring together Behavioral Health and Probation partners.

VI. Break (10:15-10:35 a.m.)

VII. Training and Technical Assistance

Tamara Gavin

Tamara Gavin took suggestions for training and technical assistance. DBH often has funding for these activities, but want to know what would be appreciated to have over the next year or so.

- Risk and violence assessment: Michael received a flyer from UNMC on risk and violence assessment, but capacity had already been reached. Tamara pointed out that DBH has contracted with the UNL Public Policy Center on risk assessment training over the next few months and would consider future training activity.
- Post-disaster MH for adults and children. Brad called it “Disaster De-stress”.
- Sequential Mapping.
- Celebrate recovery.
- Mental Health training for primary care providers and psychiatrist.
- Misdiagnosis of bi-polar Type 2.
- IDD training: Tamara is looking to get 30-35 clinicians together for a 2-day training in May on co-occurring disorders. She hopes to develop a population of providers in this field.
- Training for “warm handoff” when someone is released from incarceration. This would be something like peer support. Fresh Hope has a 17week course to provide emotional and spiritual support.
- ASAM criteria in rural areas: Tamara has been in contact with the founder to do 1-2 training this year.
- Statewide opioid and methadone training. Consider longer treatment for methadone, perhaps including halfway houses.

Discussion

- Discussion revolved around consumer connection. Consumers need to feel physically safe before they can connect to providers and the community. Connection is a form of support. Brad suggested the book, “Resurrecting the Person” by John Swinton. An informal recommendation was made to examine the Team Challenges Programs around the country.
- Questions were raised as to whether the Coordinated Specialty Care/First Episode Psychosis Programs can be expanded. The programs typically require a large patient population as well as a specific provider network. There are two areas in Nebraska that have established FEP services: Omaha and Kearney. Programs providing services to rural areas are still in development.

VIII. Peer Support Certification

Brenda Moes

Brenda Moes, Office of Consumer Affairs Administrator, led a review of the Peer Support Certification and website. The Certified Peer Support Specialist (CPSS) Certification process has been developed by the DBH OCA and is structured to meet or exceed the standards prepared by the International Certification & Reciprocity Consortium (IC&RC). It is also aligned with the Substance Abuse Mental Health Services Administration (SAMHSA) core competencies for peer support. The purpose of Peer Support Certification standards for consumers is to promote consumer protection and public confidence by assuring that peer support services are being provided by trained and qualified individuals. For the provider, peer certification gives recognition to the unique experience, education and skills of the peer support provider, encouragement for continued professional growth and development, and a recognized and billable certificate. The website provides answers to such questions as “Where do I find a DBH OCA approved Peer Support Training?” or “I hold a CPSES certificate, now what?”. The site also provides a link to the Peer Support Curriculum and Certification Guidance Document and application. The certification process includes a felony conviction check, which will not bring up sex offenders who used a plea deal. A FAQ page is still being developed. Suggestions for it can be emailed to Brenda Moes (Brenda.moes@nebraska.gov). The website can be found at <http://dhhs.ne.gov/Pages/Peer-Support-Training-Certification.aspx>

IX. Committee Recommendations

None were offered by either committee.

X. Lunch – “Families First Initiative” Presentation

Jamie Kramer, Division of Children and Family

Services

Jamie Kramer, Service Delivery Administrator of the Division of Children and Family Services, presented on the Family First Prevention Services Act (FFPSA) enacted into federal law on February 9, 2018. The purpose of FFPSA is to provide support to children and families to prevent foster care placements. In 2016, Nebraska spent approximately \$19 million federal dollars on foster care services and approximately \$2.8 million federal dollars on prevention and permanency services. Now, Nebraska and other states can shift focus from foster care services for some children to prevention and permanency services for all children. Data shows that the majority of children enter foster care due to neglect. Approximately 46% of children who enter out-of-home care at age 0-5 have at least one parent who was also a state ward. Parental substance abuse is a factor in more than half of the out-of-home placement of children in Nebraska. An optional portion of the new act is the Title IV-E Prevention Program which allows federal funds to cover substance abuse prevention and treatment, mental health services and in-home parent skill-based program. Nebraska opted into the Title IV-E Program. Those eligible for the Program are candidates for foster care who can remain safely at home or in a kinship placement, a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution, and a child or youth in foster care who is pregnant or parenting. Approved placements that are not foster family homes are family-based residential substance abuse treatment facility, supervised independent living for youth over 18, a setting specializing in providing prenatal, post-partum, or parenting supports for youth, specialized placements for survivors of sex trafficking, and a Qualified Residential Treatment Program (QRTP). FFPSA offers a continuum of prevention: preventing child welfare involvement, preventing inappropriate diagnoses which can stigmatize the child, preventing foster care placement and preventing generational child welfare involvement. There is a concern that drug testing is not always carried out when a family comes into the system. Testing is carried out when felt needed, but CFS is trying not to over-test or over-interpret.

XI. Public Comment (1:05 p.m.)

No members of the public were present, so no comment was offered at the afternoon opportunity.

XII. Needs Assessment

Heather Wood

Heather Wood, Data and Quality Excellence Administrator, gave a presentation entitled “Outlook on Consumer Trends and Needs for Priority Consideration in FY2020-FY2021...and Beyond”. To move forward, DBH developed a Strategic Plan for 2017-2020 incorporating three aims: improve the health of populations (Effective), improve per capita cost/affordability (Efficient), and improve consumer experience of care (Experience). The Strategic Plan uses data to identify strengths, needs and service gaps. In FY18, 11,854 received SA services in Nebraska and 24,889 received MH services. The majority of those receiving MH services were not employed but living in a private residence. However, 30% of the data is Not Available, which makes interpreting difficult. As to SUD, the drug of choice in Nebraska is still alcohol. In 2018, 29.7% of Nebraskans 12 or older report binge drinking compared to the national average of 24.4%. Women are more likely to report binge drinking than men. And in 2018, they were more likely to report driving after binge drinking, although men were more likely to report impaired driving after consuming marijuana. Sadness, despair and even suicidal ideation among 19-25 year old Nebraskans has increase at the same rate as binge drinking. The Medication-Assisted Treatment (MAT) is an evidence-based practice for treating substance use disorders. Access to treatment in rural areas can be difficult and sustainability for clinics can be challenging. First Episode Psychosis (FEP) pilot programs are also limited. However, 87% of the work activities in the Strategic Plan are on track or completed already and the results are becoming evident. Nearly 140,000 Nebraskans participated in suicide prevention training in FY2018. And nearly 99% of MHFA participants felt confident that they could recognize the signs that someone may be dealing with a mental health crisis as a result of their training. DBH wants to hear from the Joint Advisory Committee members to identify current and future needs. A wide range of reports generated from CDS can be obtained through the Region’s super user.

XIII. Wrap Up: Announcements, Comments, Observations

- a. Agenda item for the next meeting: more info on use of medical marijuana

XIV. Adjournment and Next Meeting

The meeting was adjourned at 2:00 p.m. The next joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services will be August 29, 2019.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings. 4/18/19