

**Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)
August 29, 2019
Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521**

I. Open Meeting – 9:00 a.m.

Quorum for Committees – Open Meetings Law

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Mental Health Services, absent for the State Advisory on Substance Abuse Services.

Lindy Foley was selected pro tem chair for State Advisory Committee on Mental Health Services.

Attendance

State Advisory Committee on Mental Health Services

Members in Attendance: Margaret Damme, Lindy Foley, Laurie Holman, Pamela Otto, Amy Rhone, Nancy Rippen, Ashley Sacriste, Carisa Schwitzer Masek, Kristen Larsen* (non-voting). Absent: Mary Ann Borgeson, Phyllis McCaul, Ashley Pankonin, Mary Thunker, Stacey Scholten (Karen Moran-Proxy).

State Advisory Committee on Substance Abuse Services

Members in Attendance: Victor Gehrig, Jay Jackson, Diana Meadors, Daniel Rutt, Randy See. Absent: Jeffrey Courtier.

DHHS Staff in Attendance

Susan Adams, Sheri Dawson, Tamara Gavin, Jennifer Ihle, Amber Johnson, John Trouba, Ashley Vanek, Kathy Wilson, Heather Wood.

Comments on Meeting Minutes: April 4, 2019

Motion to Approve Minutes

State Advisory Committee on Substance Abuse Services chair Victor Gehrig, presented the April 4th, 2019 meeting minutes for review. Asking for and receiving no corrections or comments, Gehrig sought unanimous content to approve the minutes as written with a voice vote. Hearing no opposition, the minutes were adopted.

II. Public Comment – 9:15 a.m.

There was no public comment offered at the morning Public Comment opportunity.

III. Director's Update

- Sheri Dawson, Director of the Division of Behavioral Health, reminded members that August 31st is Overdose Awareness Day; September as National Recovery Month. The annual Mental Health Walk will be held at Lincoln Regional Center in October.
- DHHS has put out a business plan for fiscal year 2020. DHHS CEO Dannette Smith and Governor Pete Ricketts held a press conference August 26, 2019 to discuss DHHS' business plan.
- Dr. Gary J. Anthone will be joining the DHHS as the next Chief Medical Officer and Director of Public Health beginning in September.
- The Division of Behavioral Health is working on getting to the next strategic plan with the current strategic plan going through the year 2020. The division will begin to think about needs and the vision of where they would like to go, so the new strategic plan can align with DHHS' mission.
- Services have been started for youth and families in the state with System of Care work. CEO Dannette Smith would like to elevate that we are not just looking at trying to develop a system for youth that have serious emotional disturbances, but so the System of Care approach is bringing all the partners together, doing business differently, looking at our funding and services differently, and looking at all the divisions, families and youth.
- A portion of opioid funding received from SAMHSA goes toward medication assisted treatment, training, recovery and coaching, now it will also go toward additional Oxford House outreach for individuals in recovery.
- The workforce shortage in Nebraska does not leave enough people to serve all those in need. Part of the opportunity taken with the federal funds was to develop the workforce capacity, competency to spread that knowledge, as well as opportunity for people to serve.
- UNMC is beginning an addiction fellowship that will host one ACGME fellow each year. These fellows will do reach out in terms of training and helping individuals not only in a clinical settings, but doing training so it assists providers in rural areas with substance use and medication assisted treatment.

- The Office of Consumer Affairs has done planning statewide to help make more availability of Wellness Recovery Action Plans (WRAP). There will be more training of trainers for the WRAP program so it can become as wide across Nebraska as possible. It is noted that Law enforcement is trained and familiar with WRAP.

IV. Nebraska's Behavioral Health Disaster Response – Denise Bulling, UNL Public Policy Center

- Disaster Recovery Nebraska had their first infusion of funding and has now received their second infusion of funding. This will help crisis counseling and processes happen.
- 40 Outreach workers have been hired and are actively providing crisis counseling in affected areas of Nebraska.
- 12,417 Materials were distributed.
- The Immediate Services Program went from April 2nd- August 17, 2019. It was awarded \$717,451. Most of this funding went to training of Outreach Workers.
- The Regular Services Program will go from August 18th-May 17, 2020. It has been awarded \$2,234,602.
- The six Phases of Disaster are as follows: Pre-disaster (warning, threat); Impact; Heroic; Honeymoon (community cohesion); Disillusionment; Reconstruction (a new beginning).
- FEMA pays an average of \$3,000 to families for flooding damages, with a maximum of \$34,000. Assisted families must buy flood insurance, a requirement, which stays with the property and extends to the next buyer of the property.

V. Break

VI. SAMHSA Combined Block Grant and Selected Priority Areas - 2020-2021 Application

Heather Wood and Sue Adams presented a summary of the Block Grant application, including needs, gaps, priority areas and planned expenditure.

The seven block grant Priority Areas are 1) SAP: Alcohol use Among Youth and Young Adults, 2) SAP: Increase Use of Evidence-based Strategies, 3) SAT, MHS: Consumers in Stable Living Arrangements, 4) SAT, MHS: Consumer Employment, 5) SAT: Access for Priority Populations to Substance Use Disorder Services, 6) MHS: First Episode Psychosis, and 7) SAT: Tuberculosis

Members' comments received on the block grant application and planned activities presentation are reported below.

- Support aggressive target outcomes for employment but concerned about possible effect of existing Vocational Rehabilitation Order of Selection process.
- First Episode of Psychosis (FEP) teams' collaboration with substance use professionals or use of dual licensed professionals is an important consideration for the teams, given substance use complicates treatment needs.
- Additional attention should be paid to binge drinking behavior, as surveyed by BRFSS, particularly information to assist with understanding the frequency of binge drinking and a spectrum of number of drinks consumed.
- Prevention activities should include additional attention on drinking itself, in addition to binge drinking. This should include more education on what constitutes binge drinking, and activities related to awareness among young adults.
- Prevention messaging should be designed with consideration of the whole person – at various age groups - wherever they are on the spectrum of use. And, both prevention and treatment messaging should be delivered to targeted audiences on diverse media platforms, for example, X-Box and other gaming portals.
- Incorporating additional advisory groups composed of youth and young adults would be useful when planning and developing prevention and treatment messaging activities.

Questions and Answers pertaining to the combined block grant application from Joint Committee:

◆ Priority Area – Binge drinking

Q. Why do we use a lower limit of age 18 in the BRFSS survey?

R. BRFSS is a national annual survey targeting the adult population aged 18 years or older. We use information on the subset of youth and young adults to target certain activities. DBH funds other survey programs, too, that include youth and children, for example SHARP [Student Health and Risk Prevention (**SHARP**) Surveillance System].

Q. Do the surveys include questions about drinking and driving?

R. Yes, BRFSS includes a couple of questions asking about occasions of drinking and driving.

◆ Priority Area – Increase access to community based service for priority populations

Q. How does DBH define IV Drug User?

R. DBH defines an IV Drug User as a person requesting treatment for active IV drug use.

◆ Priority Area – FEP program

Q. Are the FEP program services inclusive of residential services?

R. No. The FEP programs target individuals experiencing First Episode of Psychosis and include outpatient and recovery support services.

Q. If the intent of the FEP program is to focus on the target age population what services are provided to those not served?

R. The FEP program targets a small subset of the population needing treatment services. DBH regular services are available to serve those in need of treatment and recovery support services.

Q. What are the names of the two FEP programs?

R. The Region 3 program is called OnTrack Central Nebraska and the Region 6 program is called OnTrack of the Heartland.

◆ Priority Area – Tuberculosis

Q. What are others doing in response to the growing concern about demand for TB vaccine or a possible shortage?

R. One Medication-Assisted Treatment program provider shared her agency has been advised to order early to secure needed amount of TB vaccine.

R. DBH will look into this question and identify any bulletins to share with network providers.

VII. Lunch – 12:00 p.m.

The quorum was no longer present for the State Advisory Committee on Mental Health Services after 1:00pm.

VIII. Public Comments – 1:00 p.m.

There was no public comment offered at the afternoon Public Comment opportunity.

Kristen Larsen presented an advertising supplement “The Power of Inclusion” which supplies articles and resources from the Nebraska Council on Developmental Disabilities.

IX. Wrap Up

a. Future Meetings

The next JAC meeting will be held November 14th, 2019.

Dates for JAC meetings in 2020 are: April 23rd, August 20th, and November 5th

b. Future Agenda Items

1. MH Committee Officer Elections
2. SA Committee Officer Elections
3. Block Grant Implementation Report & Recommendations
4. Synar Annual Report

X. Adjourn – 2:00 p.m.