

**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)
November 14, 2019
Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521**

I. Open Meeting – 9:00 a.m.

Victor Gehrig, Vice Chair of the State Advisory Committee on Substance Abuse Services called the meeting to order.

II. Quorum for Committees – Open Meetings Law

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Substance Abuse Services (Substance Abuse Committee). At 0926 a quorum was present for the State Advisory Committee on Mental Health Services (Mental Health Committee).

Mary Thunker was nominated and appointed by a vote of acclamation as Chair pro tem for the Mental Health Committee.

Attendance

State Advisory Committee on Mental Health Services

Members in Attendance: Jennifer Alquicira, Margaret Damme, Lindy Foley, Jacob Hausman, Laurie Holman, Susan Jensen, CJ Johnson, Patti Jurjevich for Mary Ann Borgeson, Wendy Kaiser, Phyllis McCaul, Nancy Rippen, Ashley Sacriste, Danielle Smith, Mary Thunker. Absent: Suzanne Day, Laura Hart, Kristen Larsen, Ashley Pankonin, Jodi Richards, Amy Rhone, Angela Sattler, Carisa Schweitzer Masek, Martin Wells.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Ashley Berg, Heather Bird, Kenneth “Beau” Boryca, Jeffrey Courtier, Victor Gehrig, Faithe Kroll, Kelli Means, Daniel Rutt, Randy See. Absent: Jay Jackson, Diana Meadors.

DHHS Staff in Attendance

Sheri Dawson, Tamara Gavin, Karen Harker, Pamela Otto, John Trouba, Betty Jean Usher-Tate, Ashley Vanek, Kathy Wilson, Linda Wittmuss, Heather Wood.

III. Introduction of new members

All committee members provided an introduction and new members were welcomed to the committee. New members of the Mental Health Committee: Jennifer Alquicira, Angela Cartmill, Susan Jensen, CJ Johnson, Wendy Kaiser, Jodi Richards, Danielle Smith, Martin Wells. New members of the Substance Abuse Committee: Ashley Berg, Heather Bird, Kenneth “Beau” Boryca, Faithe Kroll, Kelli Means.

IV. Membership Business

Thunker informed the committee that a representative member of the Mental Health Committee shall serve on the state DHHS Olmstead Stakeholders Advisory Committee which is involved in creating the state Olmstead Plan. This committee meets in Lincoln with the next meeting in December. Beginning in 2020, they anticipate meeting quarterly throughout 2020-21. Thunker asked the Mental Health Committee members for a volunteer to fill this position. Laurie Holman volunteered and with a unanimous voice vote she was selected as representative.

Substance Abuse Committee Vice Chair Victor Gehrig presented the August 29, 2019 meeting minutes for review. Asking for and receiving no corrections or comments from Substance Abuse Committee members, Gehrig sought and received unanimous consent to approve the minutes as written with a voice vote. Mental Health Committee Chair pro tem Thunker noted one correction to the minutes to include member Jacob Hausman as absent from the meeting. Thunker sought and received unanimous consent to approve the minutes with the one correction with a voice vote.

Gehrig asked for nominations of officers for the Substance Abuse Committee. The new officers’ term will be January 1st through December 31, 2020. Victor Gehrig is nominated for Chairperson, Jeffrey Courtier is nominated for Vice Chairperson, Kenneth Boryca is nominated for Second Vice Chairperson. A motion was made to elect new officers as nominated. The motion was seconded. Roll call was conducted, the motion to elect the new officers passes with voice vote.

Thunker asked for nominations of officers for the Mental Health Committee. The new officers’ term will be January 1st through December 31, 2020. Danielle Smith was nominated as Chairperson, Jacob Hausman as Vice Chairperson, Wendy Kaiser as Secretary. A motion was made to elect new officers as nominated. The motion was seconded. Roll call was conducted, the motion to elect the new officers passes with voice vote.

V. Public Comment – 9:20 a.m.

There was no public comment offered at the 9:20 a.m. morning Public Comment opportunity.

VI. Director's Update

Sheri Dawson, Director of DBH, provided members with an introduction and background of the Joint Advisory Committee.

DHHS CEO Dannette Smith has been completing her assessment across the system and DHHS divisions to look at how to better integrate within DHHS to build infrastructure and ultimately serve individuals holistically. One of CEO Smith's pillars is to achieve integration within DHHS; data systems, human resources, education, etc.

The Behavioral Health & Justice 2019 Conference was held in October. This was a conference focused on behavioral health and justice with a focus on building a comprehensive community response. There were 475 participants, with approximately 200 more individuals waitlisted. Linda Wittmuss was the DBH Co-Chair and did a fantastic job in planning and implementing the conference.

The current DBH strategic plan ends in 2020. DBH is targeting December to become organized with a vendor so a plan can be mapped out. DBH is looking to engage a vendor for a new needs assessment, a person who can help DBH get a larger public behavioral health system standpoint. The new strategic plan will not just be focused on DBH, but Justice Behavioral Health, Medicaid, Children Family Services, Developmental Disabilities, Consumers, Families and other partners that DBH works with as a public system. Committee members are encouraged to share this information with their groups as the planning process, focus groups and surveys are rolled out this spring.

DBH's focus is trying to move the system to serve youth and adults that have complex needs. DBH would like to take the opportunity for more training and help the workforce gain competency to better serve complex individuals; focus on evidence based practices, and have a broader array of services to individuals both youth and adult.

Dawson is encouraging all organizations that require CPR, first aid, Epi pens, first aid kits, to ensure they consider training on mental health first aid and any kind of suicide prevention that also can save lives. If organizations have epi-pens, having Naloxone on hand is also a lifesaving medicine that can treat opioid overdose in an emergency situation. There is plenty of funding for Naloxone. This needs to be done within Mental Health and not just Substance Abuse treatment centers, schools, businesses, etc. Working together Nebraskans can save lives!

In October, SAMSHA- Substance Abuse and Mental Health Services Administration- required block grant and discretionary grant funded providers, Regions and coalitions to attest and certify that primary award and sub recipients will comply with the special condition of the award which prohibits the use of medical marijuana for treatment. The attestations were a condition of receiving the federal funding.

VII. Break

VIII. Review of SAMHSA Block Grant Implementation Report

Each of the Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant awards run on 24 month periods that overlap previous awards by 12 months. In turn, there is more than one block grant award that can be spent in any 12 month period. Each block grant award includes the requirement of an annual report.

Reporting for the Federal Fiscal Year 2020 Block Grant reports identifies approximately \$90 million was spent on MH services in the state and \$34 million spent on SUD services in the reporting time period of State Fiscal Year 2019. There was \$172,000 of the MH block grant that was not spent due to being set aside for first episode psychosis services. All SA block grant funds in Fiscal Year 2019 were spent.

At least twenty percent of the SA block grant funds must be spent on primary prevention activities; these activities represented 25% of the SA block grant expenditures in the reporting period.

Block Grant Priority Areas and Annual Performance Indicators were previously set in the 2018/2019 Combined Block Grant Plan and have been met for the following Priority Areas:

- i. Reduce prevalence of binge drinking by young adults;
- ii. Reduce the reliance on higher levels of care due to MH and/or SU disorders among youth and adults;
- iii. Consumers to secure and sustain permanent housing in the community;
- iv. Integrated primary and behavioral health care in community settings;
- v. Prescribers provide Medication-Assisted Treatment;
- vi. Regional Behavioral Health Authorities' compliance with contract requirements for Tuberculosis screening to be provided for all individuals entering a SA treatment service;
- vii. Improve functioning for youth and young adults with a first episode of psychosis;
- viii. Interim services provided to priority populations waiting to receive SUD treatment services.

The Priority Area "Prevention: Alcohol Use Among Youth" Second-year Target "Reduce underage drinking by high school students to less than 21.7% by June 30, 2019" was not achieved.

The CDC have not released the weighted state results for the 2019 YRBSS- Youth Risk Behavior Student Survey. Therefore, the most current weighted state results of the YRBSS is the CDC's 2017 release; 2017 YRBSS weighted state result of

prevalence of underage drinking by high school students in Nebraska was 24.4%. Activity to address the school participation rate decline in the YRBSS include more direct state representative conversations with schools regarding the benefits from participation and more timely access to data reporting with enhanced data infographics for school use.

Certain Priority Areas for the previous Combined Block Grant application have not been included in the FY2020-21 Combined Block Grant application, but will continue to be monitored as part of DBH's work.

Data collection has percentages of Unknown data. Providers are encouraged to capture and report complete and accurate data, limiting responses of Unknown. This includes but is not limited to age, gender, and race. Currently there are departmental restrictions limiting gender to only two options.

IX. Lunch – 12:00 p.m.

At 1:00 p.m. there was no longer a quorum present for the State Advisory Committee on Mental Health Services.

X. Committee Impact Discussion

Linda Wittmuss, DBH Deputy Director, summarized the priority areas and measures of the current DBH 2017-2020 Strategic Plan, including focus on integrated services and DBH delivering quality and effective services.

Committee Impact Discussion was paused to allow for the scheduled Public Comments at 1:05 p.m. and then resumed.

Progress that has been made in the current strategic plan includes:

- Young adult suicide rate has decreased;
- Binge drinking among youth and young adults has decreased;
- Increase in stable living at discharge;
- Increase in providers reporting practicing integrated health;
- Reduced out of home replacements;
- General satisfaction of services has improved;
- Increase diversity of population served in prevention and treatment.

Items in the current strategic plan that require additional improvement include:

- Veteran and Native American suicide rate;
- Employment at discharge from outpatient services;
- Youth considering suicide;
- Non-medical use of pain relievers among young adults;
- Underage drinking;
- Waitlist to Lincoln Regional Center for MH and court orders.

In preparation for the upcoming needs assessment work, committee members identified the following areas for consideration:

- Integrated care settings and opportunities for workforce training in such settings;
- Lack of and accessibility to behavioral health services;
- Additional activities related to prevention and early serious mental illness;
- Justice system interaction with the behavioral health system;
- Cultural sensitivity for all populations in behavioral health services;
- Outreach and services for people experiencing homelessness;
- Breaking the stigma of substance use disorder;
- Understanding that behavioral health is part of overall health;
- Veterans behavioral health and role of social connectedness;
- Strengthening of communication between state, regional, local and providers;
- System efficiencies and least restrictive services to meet people where they're at;
- Workforce development, retention, and growth;
- Recovery supports including education and employment support;
- Barriers to reentry.

XI. Public Comments – 1:05 p.m.

There was no public comment offered at the 1:05 p.m. afternoon Public Comment opportunity.

XII. Wrap Up

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

Future agenda items:

- a. Invitation to DHHS CEO Dannette Smith to a future meeting
- b. Sequential Intercept Mapping
- c. Overview of the DHHS business plan
- d. Future work on the needs assessment and connecting with stakeholder groups.

XIII. Adjourn – 2:09 p.m.