Nebraska Division of Behavioral Health
State Advisory Committee on Mental Health Services (SACMHS)
State Advisory Committee on Substance Abuse Services (SACSAS)
February 23, 2017/ 9:00 am – 4:00 pm Lincoln, NE – Country Inn & Suites
Meeting Minutes

I. Director’s Update

Due to the Director’s time constraints, Sheri Dawson opened the meeting with some general updates:

✓ Work on the System of Care grant is progressing steadily. Dawson expressed gratitude for all the help and noted that this is the first time DHHS divisions and other system partners have shared data on children’s services across the board.
✓ The Strategic Plan is taking shape and Director Dawson explained that the adult system of care will progress as well, with committee work and policy change.
✓ Myles Jones started as the new Facility Administrator for all three Regional Centers in mid-December. He has a strong background working with federal, state and local entities in diverse patient settings.
✓ Todd Stull has moved to a new position with UNL; however, he is still on contract with DBH, serving as our Chief Clinical Officer.
✓ The Lincoln Regional Center continues to have a waitlist but Dawson notes improvement. Evaluating the impact of court ordered treatment on the waitlist is being prioritized for a state-led process improvement project known as Operational Excellence, which uses the Lean Six Sigma approach.
✓ Dr. Ken Zoucha, Marj Colburn and Sheri Dawson were interviewed by Channel 5 in Hastings regarding capital improvement projects and Building 3, where the Adolescent Chemical Dependency treatment program is housed at the Norfolk Regional Center. Final determination regarding construction projects will be approved through the legislative process. The Norfolk Regional Center is also preparing for accreditation, aligning it more closely with LRC and HRC.
✓ Director Dawson announced a request to open a 5th unit at the Norfolk Regional Center to accommodate more patients. Ten patients have been transferred to NRC, with the intent to free up the wait list at LRC. They are also requesting funds for medication dispensing systems at both LRC and NRC. The budget for this will be approved through the legislative process.
✓ There has been good progress on addressing the nursing shortage at LRC, which is down from 48 percent to 31.3 percent. While the nursing shortage is starting to stabilize, it was noted that there are still turnover issues with mental health security staff. Efforts to reduce turnover and overtime continue to be a priority.
✓ DHHS Appropriations Hearings are scheduled March 13 and 14, 2017, with DBH, DD and Children & Family Services being heard on March 14th. Dawson anticipates some reductions in 2018 but noted much hard work went into identifying decreases that would least impact services. Specifically, Director Dawson noted two positions at both LRC and HRC will be eliminated through attrition. Additionally, DBH worked with stakeholders and prioritized non-essential training initiatives and unspent dollars to address the budget shortfall. For a more specific accounting of proposed reductions, the Governor’s and Appropriation Committees’ recommendations are available on the state website.
✓ Director Dawson thanks the committee for their service and ideas.

II. Call to Order/Welcome/Roll Call

Renee Faber, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present to the meeting and thanked everyone for their flexibility regarding the meeting agenda. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review.

Faber welcomed Victor Gehrig and Diana Meadors to the Substance Abuse Advisory Committee and Rebecca Tegeler to the Mental Health Advisory Committee and all members present introduced themselves.

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: Karla Bennetts; Bev Ferguson, Bradley Hoefs, Patti Jurjevich, Linda Krutz; Kristin Larsen, Phyllis McCaul; Lisa Neeman, Ashley Pankonin, Nancy Rippen, Rebecca Tegeler, Mary Thunker, Diana Waggoner. Members Absent: Brenda Carlisle, Suzanne Day, Ryan Kaufman, Vicki Maca, Rachel Pinkerton, Joel Schneider, Mark Schultz, Stacey Werth-Sweeney.

State Advisory Committee on Substance Abuse Services Members in Attendance: Roger Donovick; Ann Ebsen; Victor Gehrig, Janet Johnson, Dusty Lord, Diana Meadors, Michael Phillips; Randy See, Mary Wernke. Members Absent: Ingrid Gansebom, Jay Jackson, Kimberly Mundil.

DHHS Staff in Attendance: Sheri Dawson, Renee Faber, Tamara Gavin, Deb Sherard, Todd Stull, Linda Wittmuss, Heather Wood.

II. Motion to Approve Minutes
Chairpersons Diana Waggoner and Ann Ebsen

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner welcomed members, guests and staff to the meeting and presented the November 15, 2016 minutes for review. Asking for and receiving no corrections or comments, SACMHS Chairperson Waggoner called for a motion to approve the meeting minutes as written. Moved by Hoefs and seconded by Thunker, the motion passed on a unanimous voice vote. State Advisory Committee on Substance Abuse Services (SACSAS) Chairperson Ann Ebsen called for corrections or comments and receiving none, asked for a motion to approve the November 15, 2016 meeting minutes. Donovick moved to approve as presented; Phillips seconded and the minutes were approved unanimously.

After the minutes were approved, Chairperson Waggoner remembered Kathleen Hansen, a member of the State Advisory Committee on Mental Health Services who passed away in December.

It was also noted that we were unable to book Country Inn & Suites for the May 2017 meeting. Discussion followed on whether to hold the May meeting and it was decided affirmatively to do so in order to solicit committee input on the upcoming federal block grant application. Information will be sent out confirming the location of the May 2017 meeting.

Those members whose term expires in Summer 2017 requested that applications for reappointment be forwarded to them.

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

IV. Centralized Data System
Heather Wood

Heather Wood, Administrator of Quality and Data Excellence, a self-proclaimed data nerd, spoke about the new and innovative Centralized Data System, highlighting many benefits of collecting meaningful information about the people we serve. Wood added that this system is quite unique, including a built in, automated authorization feature. It is fully DHHS owned and operated.

The new database aids in improved discharge planning and also helps with system flow. Reporting features are still being developed and Wood asked the committees to think about what would be most useful to them. Wood explained that at some point, the Electronic Billing System (EBS) that is currently being developed, will interface with the CDS and as service units are entered into CDS, they will be electronically submitted to EBS for billing.

It was noted that increased functionality of report creation will aid in a results based accountability framework; in other words, we will be able to see if people are better off.

Karla Bennetts, who has been using the CDS, shared that it saves lots of manual data entry time and the ability to export data directly from the system is also very helpful.

V. Nebraska System of Care
Bernie Haskill

Bernie Haskill, System of Care Administrator, presented a PowerPoint on the Nebraska System of Care and explained that the SOC is not technically a ‘program’ but rather, a framework that is operationalized. He reported on a phased work plan with 64 action steps over a 3-year period and added that 19 outcome measures are established to assess improvements made for children and families. Energy behind these efforts are addressed by five Implementation work teams, combing local leadership and service delivery teams.
As an action item, Bernie encouraged anyone with interests in any of the five work teams to contact him or Cynthia Harris. Hascall also defined the NeSOC Leadership Board, their vision and noted the amount of diversity in the Board composition, with representation from the Courts, Probation, BHECN, Children’s Commission, Nebraska Department of Education, Tribes, Regional Health Authorities and both youth and family partners.

The Implementation Committee, with similar appointments, along with Advisory Councils and Standing Work Teams, contribute to the focus and work of the grant. Hascall announced the release of an RFP to contract for a Family Lead Person and added that they will also be filling a Training Lead contract position in the near future.

Hascall identified crisis response as a selected service focus area, along with professional consultation, care management and coordination. Discussion followed about crisis response, with Chairperson Ebsen reporting current difficulties with cross-system services in programs but adding that in the Omaha area, the crisis response team is amazing and has made a huge difference. Support echoed regarding the need for mobile crisis response services.

VI. Public Comment

Kirstin Halberg, Tracy Stueckrath

Kirstin Halberg, Nebraska Outreach Specialist and Tracy Stueckrath, Outreach Services Representative, spoke about Oxford House Program, which is a national network of recovery homes. Here in Nebraska, Oxford House currently has 35 houses operating in five counties. The model has a proven success record; noting that 91% of house members stayed sober while residing in an Oxford House. While DBH provides startup loans to new houses to aid with initial costs, houses work towards becoming self-supporting.

VIII. Legislative Update

Linda Wittmuss

Linda Wittmuss, Deputy Director for System Integration, provided a list of legislative bills introduced this session. Of note, there are a couple bills, including LB 242 that will help with student recruitment into the behavioral health profession and LB 303, which appropriates funds to UNL for behavioral health internships. LB 243 concerns reporting of assaults that occur in state institutions; DBH provided information to senators recommending that state psychiatric hospitals, as distinct from incarceration facilities, be stricken from the legislation.

LB 344 is significant in that it reduces the regulatory burden by combining mental health and substance use disorder facility licensure and removes reciprocity barriers to those seeking professional credentialing in Nebraska. Wittmuss reported that this is a positive move but notes that some refinement in the language of the bill is necessary. LB 417 grants DBH the authority to create peer workforce training and standards for licensure or certification. LB 493 appropriates funds to the Network of Care. Wittmuss reported that LB 534 has raised some concerns, noting DHHS supports housing and related services but is unsure if this bill is the best way to get there. LB 522 appropriates funds for a Children’s Connect Program.

VII. Strategic Plan Update

Linda Wittmuss

Linda Wittmuss, Deputy Director for System Integration, shared an updated working draft of the new Strategic Plan, noting that the objectives identify improvement goals to reach by the end of three years. She also spoke to DHHS’s overall emphasis on data driven decision making and actionable plans. Specifically for DBH, there are five domains listed under three primary goals. Objectives for each goal have corresponding metrics, which are detailed in the work plan.

Deputy Director Wittmuss urged everyone to take a close look at this draft and contact her with any notable gaps, suggested strategies or activities that could be added. She urged committee members who have an interest in a specific part of the plan development, to contact her directly.

XI. Committee General Comments, Observations, Announcements

- Phyllis McCaul announced that for those in Region 5, there are scholarships available to attend the 2017 Behavioral Health Conference.
- Karla Bennetts shared about the transitional peer support program being developed for parents when children are discharged from treatment.
- The 10th Annual Children’s Mental Health Day is May 20th. An awareness event will be held at the State
Lisa Neeman reported that Medicaid is heavily involved in launching Heritage Health, with integrated care as the primary goal. She shared that feedback has been good so far and continuing feedback is urged.

Kristin Larsen is excited about the System of Care and is quite pleased that silos between divisions seem to be coming down. “Working Better Together” is a driving force at the present time, with new ideas and new ways of doing things are implemented.

XII. Adjournment and Next Meeting

The meeting was adjourned at 3:44 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is scheduled on Thursday, May 18, 2017; however this meeting will be held at a different location. Details to follow.
Division of Behavioral Health Centralized Data System (CDS)

Presentation on February 23, 2017
Joint Advisory Committee Meeting
Overview of the CDS

- Automated Authorizations
- Discharge Planning
- Reports Review
First, the basics...
Important note as we begin:
No real consumer information is contained in this presentation... nor with any CDS trainings or presentations for that matter.
Tracked by Encounter

Search

Encounters

First Name

Middle Name

Admissions

Last Name

Suffix (Jr, Sr, etc)

Appeals

SSN

Date of Birth

Reviews

Encounter #

Discharges

Encounter Status

Service Provided

Region

Provider

Search

Export Results

## An Encounter Record Begins

<table>
<thead>
<tr>
<th>Encounter#</th>
<th>Name</th>
<th>SSN</th>
<th>DOB</th>
<th>Provider</th>
<th>Service</th>
<th>Status (Date)</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>203814</td>
<td>Consumer, Happy</td>
<td>0046</td>
<td>5/1/1991</td>
<td>St. Monica's - 120 Wedgewood Dr., Lincoln</td>
<td>Short Term Residential - SUD</td>
<td>Pre-admitted - New (8/16/2016)</td>
<td>8/16/2016 7:48 AM</td>
</tr>
</tbody>
</table>
Manage Encounter Summary Page

Manage Encounter (203814)

- Status
- Consumer
- Demographics
- Health Status
- Trauma History
- Diagnosis
- Substance Use
- Questionnaire
- Reviews
- Notes

Add to Waitlist | Submit for Authorization | Cancel Request | Save | Cancel

Current State: New
Name: Happy Consumer
SSN: xxx-xx-0046
Date of Birth: 5/1/1991
Service Provider: St. Monica's - 120 Wedgewood Dr., Lincoln
Funding Region: Region 5
Service to be Provided: Short Term Residential - SUD

Update History

<table>
<thead>
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<th>Update Date</th>
<th>State</th>
<th>Event</th>
<th>Updated By</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/16/2016 7:48 AM</td>
<td>New</td>
<td>Encounter Edited</td>
<td>BF200LNK\blussar</td>
<td>View Details</td>
</tr>
</tbody>
</table>

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Completing the Consumers’ Record

Registered
- Status
- Consumer
- Demographics
- Health Status
- Trauma History
- Diagnosis
- Substance Use
- Reviews
- Notes

Authorized
- Status
- Consumer
- Demographics
- Health Status
- Trauma History
- Diagnosis
- Substance Use
- Questionnaire
- Reviews
- Notes

Consumer Tab:

Name (First, Middle, Last) Happy
Name Suffix
Previous Last Name Consumer
Address 999 South West North Street
City / State / Zip Confused NE 69333
Birth Date 5/1/1991
County of Residence Cheyenne
County of Admission Lancaster
Is Relative or Significant Other of Primary Client
Phone Number
Referral Source Family or Friend
Preferred Language English
SSI/SSDI Eligibility Determined to be Ineligible - N/A
Medicaid/Medicare Eligibility Determined to be Ineligible - N/A
Health Insurance Type Other Insurance
Primary Income Source Employment
### Demographics Tab:

<table>
<thead>
<tr>
<th>Education Level</th>
<th>2nd Year of College or Associate Degree</th>
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<tr>
<td>Employment Status</td>
<td>Employed Part Time (&lt;35 Hrs)</td>
</tr>
<tr>
<td>Race (Select all that apply)</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>✓</td>
</tr>
<tr>
<td>Asian</td>
<td>✓</td>
</tr>
<tr>
<td>Black/African American</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Unknown</td>
</tr>
<tr>
<td>Is US Citizen</td>
<td>✓</td>
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<tr>
<td>Is Veteran</td>
<td></td>
</tr>
<tr>
<td>Social Supports</td>
<td>No Attendance in past month</td>
</tr>
<tr>
<td>Legal Status</td>
<td>Voluntary</td>
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<tr>
<td>Mental Health Board Date</td>
<td>/ / / / / /</td>
</tr>
<tr>
<td>Commitment Date</td>
<td>/ / / / / /</td>
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<tr>
<td>County of Commitment</td>
<td>Unknown</td>
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<tr>
<td>Num Arrests in Past 30 Days</td>
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<tr>
<td>Living Arrangements</td>
<td>Private Residence w/o Support</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married</td>
</tr>
<tr>
<td>Annual Taxable Household Income</td>
<td>22,000</td>
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<tr>
<td>Num Dependents</td>
<td>3</td>
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## Health Status Tab:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Last Seen</td>
<td>&gt; 12 months</td>
<td>DDS Last Seen</td>
<td>&gt; 12 months</td>
</tr>
<tr>
<td>Height</td>
<td>5 feet</td>
<td>Has Attempted Suicide 30 Days?</td>
<td>No</td>
</tr>
<tr>
<td>Weight (lbs)</td>
<td>123</td>
<td>Num Opioid Rx Per Day</td>
<td>0</td>
</tr>
<tr>
<td>Is Tobacco User</td>
<td>No</td>
<td>Num Non-Opioid Rx Per Day</td>
<td>0</td>
</tr>
<tr>
<td>Has Tried to Quit Past 12 Months?</td>
<td>No</td>
<td>Num Psychotropic Rx Per Day</td>
<td>0</td>
</tr>
<tr>
<td>Is Nicotine Dependent</td>
<td>No</td>
<td>Poor Health in Last 30 Days (Physical)</td>
<td>3 days</td>
</tr>
<tr>
<td>Is Aware of Quitline</td>
<td>No</td>
<td>Poor Health in Last 30 Days (Mental)</td>
<td>16 days</td>
</tr>
<tr>
<td>Quitline Contacted</td>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Please select all that apply:

- [x] There has been a sudden change in status of consumer’s substance use (either in terms of frequency, amount, substance of use, or pattern of use).
- [x] Consumer has reported recent adverse life experiences that, without treatment, will lead to marked decompensation in the near future.
- [x] Consumer has had recent legal involvement.
- [x] Consumer has reported an increase in mentally unhealthy days leading to a significant change in ability to function.
- [x] Consumer has reported thoughts about self-harm that pose danger to self (if self-harming thoughts are chronic/ongoing, do not report).
- [ ] Consumer has reported experiences new, intrusive and imminent suicidal thoughts and/or is seeking treatment due to a recent increase in mentally unhealthy days leading to a significant change in ability to function.

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Trauma History Tab:

Save (ADMIN ONLY)  Cancel

Trauma history is not needed at admission, but should be explored during counseling opportunities.

Any suspected trauma history? Unknown
Diagnosis Tab:

**Diagnosis Date**: 8/15/2016

**Does this diagnosis meet the state criteria for SED/SMI?**

**Diagnosis Codes (ICD-10)**

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>F13.151</td>
<td>F12.922</td>
<td>F15.151</td>
</tr>
</tbody>
</table>

- [x] First treatment for diagnosis
- [x] 12 months or longer duration

**As a result of the entire diagnosis, please check all that apply:**

- [x] Causing "Physical Functioning" deficit
- [x] Causing "Community Living Skills" deficit
- [x] Causing "Vocational/Education" deficit
- [ ] Causing "Personal Care Skills" deficit
- [x] Causing "Mood" deficit
- [x] Causing "Interpersonal Relationships" deficit
- [x] Causing "Psychological State" deficit
- [x] Causing "Daily Living" deficit
- [x] Causing "Social Skills" deficit
- [ ] Not Applicable

**Optional GAF Score (0 to 100)**: 44

**Diagnosis must relate to the Service**

- MH Diagnosis for MH Service
- SUD Diagnosis for SUD Service
- Both for a Dual Service

**Diagnosis is required!**

---

*Helping People Live Better Lives.*
Substance Use Tab:

<table>
<thead>
<tr>
<th></th>
<th>Primary Substance</th>
<th>Secondary Substance</th>
<th>Tertiary Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Used</td>
<td>Methamphetamine/Speed</td>
<td>Marijuana/hashish</td>
<td>Methaqualone</td>
</tr>
<tr>
<td>Age of First Use</td>
<td>18</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Frequency of Use (Admission)</td>
<td>Daily</td>
<td>1-2 Times In Past Week</td>
<td>1-2 Times In Past Week</td>
</tr>
<tr>
<td>Volume Of Use</td>
<td>3 lines</td>
<td>two joints at sitting</td>
<td>pop 3 x in 12 hr pd</td>
</tr>
<tr>
<td>Route of Use</td>
<td>Smoke</td>
<td>Smoke</td>
<td>Oral</td>
</tr>
</tbody>
</table>

Questionnaire Tab:
About the Automated Authorization Process in CDS

The authorization process in the Centralized Data System is: **Semi-AUTOMATED**

- CDS authorization logic determines approval or denial.
- Three attempts are allowed on questionnaire submission for authorization to achieve an authorization.
- Appeal procedure for special cases which includes a Standard Appeal and Information Dispute Resolution (IDR) hearing.
Building the Authorization Approval Logic in CDS

Substance Abuse Questionnaire
- ASAM National Practice Guidelines; Division Regulations; Division Utilization Criteria.

Mental Health Questionnaire
- Division Regulations; Division Utilization Criteria.
Lime Book and the Utilization Guidelines

Service Definitions
- Setting
- Facility Licensure
- Basic Definition
- Service Expectations
- Length of Service
- Staffing
- Staffing Ratio
- Hours of Operation
- Desired Individual Outcome
- Rate

Clinical Criteria
- Admission – Demonstrate severity of need – Why now?
- Continued Stay - Criteria for continued stay met – Why still needed?
Mental Health Disorders Questionnaire Domains

- Risk of Harm
- Historical Responsiveness to Treatment
- Functional Status
- Co-Morbidity
- Level of Support
- Engagement in Treatment
Substance Use Disorders Questionnaire Domains

Based on American Society of Addiction Medicine (ASAM) Criteria National Practice Guidelines Dimensions

- Acute Intoxication and/or Withdrawal Potential
- Biomedical Conditions and Complications
- Emotional/Behavioral/Cognitive Conditions and Complications
- Readiness to Change
- Relapse/Continued Use/Continued Problem potential
- Recovery Environment
### Initial Status Report

#### Dimension One
**Acute Intoxication and/or Withdrawal Potential**

<table>
<thead>
<tr>
<th>0 - No Risk</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Maximum Withdrawal Potential</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

#### Dimension Two
**Biomedical Conditions and Complications**

<table>
<thead>
<tr>
<th>0 - None or not a distraction from treatment</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Extreme problem indicated</th>
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#### Dimension Three
**Emotional, Behavioral, or Cognitive Conditions and Complications**

<table>
<thead>
<tr>
<th>0 - No problems indicated</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Extreme conflict indicated</th>
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#### Dimension Four
**Readiness to Change**

<table>
<thead>
<tr>
<th>0 - Ready for Recovery</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Extreme opposition to treatment indicated</th>
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</tbody>
</table>

#### Dimension Five
**Likelihood of Relapse, Continued Use or Continued Problem Potential**

<table>
<thead>
<tr>
<th>0 - No Likelihood of Relapse</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Extreme Likelihood of Relapse</th>
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</tbody>
</table>

#### Dimension Six
**Danger level and supportiveness of Recovery Environment**

<table>
<thead>
<tr>
<th>0 - No risk in current recovery</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Extreme risk in current recovery</th>
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</table>
### Dimension Five
**Likelihood of Relapse, Continued Use or Continued Problem Potential**

<table>
<thead>
<tr>
<th>0 - No Likelihood of Relapse</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Extreme Likelihood of Relapse</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Checkmark]</td>
<td></td>
<td></td>
<td></td>
<td>![Checkmark]</td>
<td></td>
<td></td>
<td>![Checkmark]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ![Checkmark]: Is at high risk for imminent relapse with dangerous consequences unless provided this 24-hour structure and support.
- □ Needs this support to transition into community.
- □ Has little awareness & needs intervention available only at Level III.3 to prevent cont’d use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction.
- □ Has no recognition of skills needed to prevent continued use with imminently dangerous consequences.
- ![Checkmark]: Doesn’t recognize triggers, unable to control use, in danger of relapse without close 24-hour monitoring and structured treatment.

### Dimension Six
**Danger level and supportiveness of Recovery Environment**

<table>
<thead>
<tr>
<th>0 - No risk in current recovery environment</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9 - Extreme risk in current recovery environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Checkmark]</td>
<td></td>
<td></td>
<td></td>
<td>![Checkmark]</td>
<td></td>
<td></td>
<td>![Checkmark]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- ![Checkmark]: Has a using, unsupportive dangerous, or victimizing social network.
- □ Lacks a social network, requiring Level III.1 support.
- ![Checkmark]: Environment is dangerous & client lacks skills to cope outside of highly structured 24 hour setting.
### Manage Encounter (203814)

<table>
<thead>
<tr>
<th>Status</th>
<th>Add to Waitlist</th>
<th>Submit for Authorization</th>
<th>Cancel Request</th>
<th>Save</th>
<th>Cancel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Progress Reports**  + Add Initial Status Report

<table>
<thead>
<tr>
<th>Created On</th>
<th>Form Name</th>
<th>Report Type</th>
<th>Created By</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/16/2016 8:26 AM</td>
<td>NE-DBH-SA</td>
<td>Initial Status Report</td>
<td>BF200LNK\bbussar</td>
<td>View</td>
</tr>
</tbody>
</table>

**Helping People Live Better Lives.**

**Questionnaire Ready to Submit**

**NEBRASKA**

*Good Life. Great Mission.*

**DEPT. OF HEALTH AND HUMAN SERVICES**
Automated Authorization Results

Authorization Results

Your encounter meets the criteria for automated authorization. Your encounter is authorized as described below.

Authorization # 49713
Authorization Period 8/16/2016 to 10/14/2016
Authorized Units 60 (Day)

Close
Once Approved, Must Admit

Approval is a must but individuals are not officially considered in service in the CDS until the provider admits the consumer following approval.
### Admit Consumer to Service

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Date</td>
<td></td>
</tr>
<tr>
<td>Admission Reason</td>
<td>Unknown</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Is Relative or Significant Other of Primary Client</td>
<td></td>
</tr>
<tr>
<td>Num Arrests in Past 30 Days</td>
<td></td>
</tr>
<tr>
<td>Any suspected trauma history?</td>
<td>Unknown</td>
</tr>
<tr>
<td>Legal Status</td>
<td>Voluntary</td>
</tr>
<tr>
<td>MHBB Status</td>
<td>Unknown Type</td>
</tr>
<tr>
<td>Commitment Date</td>
<td></td>
</tr>
<tr>
<td>Employment Status</td>
<td></td>
</tr>
<tr>
<td>Has Attempted Suicide 30 Days?</td>
<td></td>
</tr>
<tr>
<td>Primary Funding Source</td>
<td></td>
</tr>
</tbody>
</table>

**Please select all that apply:**
- [ ] The service requested is the least restrictive service available to meet the treatment and/or rehabilitation needs of this consumer.
- [ ] The service is expected to improve the consumer's functioning to the degree that the service will no longer be needed.
- [ ] Discharge planning will begin at admission and active efforts will be made to transition the member to a less restrictive level of care as soon as possible.

[Admit Consumer] [Cancel]
Reminder: CDS is used for NBHS Funded individuals
# Discharge Planning

**Progress Report**

Select the best option to describe the consumer's progress.

<table>
<thead>
<tr>
<th>The consumer is making progress.</th>
<th>The consumer is not yet making progress.</th>
<th>The consumer has presented with new problems during the course of treatment.</th>
<th>The consumer has experienced an intensification of his or her problem(s).</th>
<th>The individual has achieved the goals articulated in his or her individual treatment plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

The consumer’s progress has been ☐ Minimal ☐ Acceptable ☐ Substantial

☐ The consumer has achieved the goals articulated in his or her treatment plan.

☐ The consumer's treatment plan has been adjusted to focus on specific behaviors presented during treatment.

☐ Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

☐ The treatment plan addresses the consumer’s changing condition with realistic and specific goals and objectives stated.

☐ The consumer has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service is therefore indicated.

☐ The consumer has been resistant to work on the treatment plan and would benefit from another level of care or type of service.
Processing a Discharge

Discharge Consumer and Close the Encounter

Discharge Date
Last Contact Date
Discharge Type
Discharge Referral
Destination After Discharge
PCP Last Seen
DDS Last Seen
Legal Status
Social Supports
MHB Status
Commitment Date
Medication Prescribed at Discharge?
Is Medication Compliant?

By clicking "Process Discharge" you agree that you have made all updates necessary to each field in this encounter for this individual. The system keeps an admission record separate from any quarterly updates or discharge record enabling the ability to view progress made in this encounter. Your agreement verifies the information has been updated since admission, if applicable, and is accurate to the best of your knowledge.

Process Discharge  Cancel

Reports

Under Review for Data Accuracy

- PROV001 Quarterly Waitlist Report
- PROV002 PPP Annual Report
- PROV003 Monthly Utilization Report
- PROV004 Monthly Utilization by Parent Org

- ADMIN001 Summary of Population Movement
- ADMIN002 New Commitment Volume By Region Provider County
- ADMIN003 Length of Stay By Region Service
- ADMIN004 New EPC Admissions by Provider
- ADMIN005 Provider Demographics By Region Provider
- ADMIN006 New Admissions Summary
- ADMIN007 New Discharges Summary
- ADMIN010 Clinical Review Activity
- ADMIN010a Automated Approval Activity - Details
- ADMIN012 IPPC Days By Region Provider Service Type
Reports To Shape Our System

What would you consider some basic reports DBH should have included within the CDS for:

• DBH / DHHS / Legislature?
• Regions?
• Providers and Provider Groups?
• Consumers and Advocacy Groups?
• Other Stakeholders?
Questions? Thank you!

For additional information, contact:
Heather Wood
Heather.Wood@nebraska.gov

402-471-1423
Nebraska System of Care
Youth Guided, Family Driven

Transformation Through Partnerships
02/23/2017
What Is A System of Care?

Definition:
“A System of Care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network.”

Beth Stroul and Robert Friedman

Simply Said:
A System of Care is NOT a program, but rather a different way of doing business. It is a framework that is “operationalized.”

**System of Care**

**Interagency collaboration** brings together child and family-serving agencies from the public, private, and faith-based sectors. Examples include child welfare, mental health, juvenile justice, education, and health in partnership to provide needed services. For example, mental health and the local schools work together so that a child with behavioral issues is not immediately suspended from school.

**Individualized, strength-based practices** identify and build on the strengths of the family and child. Families are included in creating an individual plan to provide needed services. This ensures services are easy to access, effective, and match the culture and language of the family and child.

**Cultural competence** in the System of Care is built on the notion that in order to work effectively with a child and family, there must be an understanding of the family’s culture, race, values, and ethnic background.

**Community-based services** are an integral part of the System of Care so that children and families receive effective services in their own homes and neighborhoods.

**Full participation of families at all levels of the system** means that services provided are family-driven and youth guided. A commitment to this practice ensures that there is family and youth partnership at the community and state level for the purposes of program planning and direction.

**Shared responsibility for successful results** means that all stakeholders (agencies, community supports and families) have a responsibility to individual/family outcomes by ensuring effective programs in each community and implementing System of Care effectively statewide.
Directing All NeSOC Work

A Phased Work Plan Guides the System

- 64 action steps over a three-year period addressing:
  - SOC Infrastructure
  - Service Design and Delivery
  - Evaluation and CQI
  - Workforce Development

- Performance measures identified for each phase.

Governor’s Priority Measures:

- Decrease proportion of youth who report living in a setting that is not their home. (currently 17.7% for Nebraska.)
- Increase the number of children and youth who attend school regularly. (currently 95.2 % in Nebraska.)
- Decrease costs per youth receiving services. (currently $4,392.90 in Nebraska.)
- Decrease in average age of first system contact. (currently 9.38 years for Nebraska.)

Demonstrating Change:

- 19 outcome measures assessing improvements for children, youth and families.
NeSOC Operational Structure

Youth Advisory Council

NeSOC Implementation Committee

Family Advisory Council

Implementation Work Teams
A. Continuous Quality Improvement
B. Cross-System Development/Services & Supports
C. Financial Investment
D. Social Media and Communication/SOC Awareness
E. Training and T.A.

NeSOC Implementation Work Teams

Team A

Team B

Team C

Team D

Team E

LOCAL LEADERSHIP AND SERVICE DELIVERY TEAMS

NeSOC Leadership Board

- DHHS CEO
- Administrative Office of the Courts
- Administrative Office of Probation
- Behavioral Health Education Center of Nebraska (BHECN)
- Children’s Commission
- Family Organizations
- Nebraska Department of Education
- Nebraska Children and Families Foundation
- Regional Behavioral Health Authorities
- Tribal Society of Care
- Youth Partners (2)
- Family Partners (2)

NeSOC Leadership Board meets quarterly

NeSOC Implementation Committee

DHHS Divisions
DHHS Office of Health Disparities
Administrative Office of Probation
Regional Behavioral Health Authorities
MCOs – Heritage Health (3)
Family Organizations
Court Improvement Project
Nebraska Children and Families Foundation
UNL Public Policy Center
Nebraska Tribes
Nebraska Department of Education
Youth Partners (2)
Family Partners (2)

NeSOC Implementation Committee meets bi-monthly
Advisory Councils and Standing Work Teams

Youth Advisory  Family Advisory

Youth-Guided and Family-Driven

- Youth and family membership.
- Equal partners in decision making.
- Reviews activities and strategies.
- Provides input to NeSOC Leadership.

Teams Drive the Work of the SOC

- Cross-system representation.
- Operationalizes NeSOC work plan.
- Identifies barriers and strategies for overcoming.

CQI  Training  Finance  Services & Supports  Social Marketing

Finance Meets Monthly
SAMHSA Grant Supports the Effort

Award Highlights

Began September 30, 2016:
- Provides $3M annually for four years.

Match requirements:
- Ratio of 1:3 in award years 1-3,
- Ratio of 1:1 in award year 4.

Project objective:
- Improve outcomes for children and youth with serious emotional disturbances (SED) and their families.

NeSOC project focus. Children and youth who are:
- at risk of out-of-home placement,
- involved in multiple child-serving systems, and/or
- transition age.
Grant Fits Into the Bigger SOC Picture

**Nebraska System of Care Statewide**
- Long-term initiative: Changing the way we do business.
- Population: Birth to 21 years.
- Outcomes focused on all Nebraska youth.
- Broader services development.
- Key Task: Policy and operations development.

**NeSOC Grant**

**Grant: Selected Counties**
- Time-limited - 4 Years
- Targeted population (SED)
- Focused services
- Specific funding restrictions
Selected Service Focus Areas

Focusing on areas that need development or realignment.

- Crisis response
- Professional consultation
- Care management and coordination

<table>
<thead>
<tr>
<th>Region</th>
<th>Regional Youth and Family Service Enhancement</th>
<th>Counties Involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>Crisis response, outpatient services, youth and family peer support, care management and coordination, respite</td>
<td>3</td>
</tr>
<tr>
<td>R2</td>
<td>Crisis response, respite, professional consultation, care management and coordination</td>
<td>17</td>
</tr>
<tr>
<td>R3</td>
<td>Crisis response, professional consultation, youth and family peer support</td>
<td>22</td>
</tr>
<tr>
<td>R4</td>
<td>Crisis response, professional consultation</td>
<td>22</td>
</tr>
<tr>
<td>R5</td>
<td>Crisis response, family peer support, care management and coordination</td>
<td>16</td>
</tr>
<tr>
<td>R6</td>
<td>Crisis response, youth and family peer support, care management and coordination, outpatient, vocation/education support</td>
<td>5</td>
</tr>
</tbody>
</table>

The SOC Expansion and Sustainability Cooperative Agreements program is one of SAMHSA’s hybrid grant programs. SAMHSA intends that its hybrid grants result in the development of infrastructure and the delivery of services as soon as possible after award. Service delivery should begin no later than six months after the project award begins.
Nebraska On Track and Making Progress

Since August:

- Recruited and hired NeSOC staff.
- Established partnership with Nebraska Children and Families Foundation. Bi-weekly planning meetings ongoing.
- Convened Leadership Board and Implementation Committee. Regular meeting schedule operational. Recruited for Youth/Family Advisory Councils.
- Standing work teams convened and meeting monthly.
- Initiated SAMHSA grant sub-awards with regional behavioral health authorities and UNL Public Policy Center (Grant Evaluator).
- Finalized financial investment blueprint project.
- Executed MOUs with partnering agencies and DHHS divisions for the purpose of data sharing. Baseline numbers for Priority Outcome Measures identified.
Next Steps

- DBH released an RFP for the position of Family Contact Lead on 02/06/2017 with anticipation of contract execution by March 2017.
- DBH anticipates execution of a contract for a Training Lead by March of 2017.
- The Division of Behavioral Health with other system partners will implement a Crisis Response Service by 04/01/2017 and Professional Consultation by 07/01/2017.
- Launch the data collection and evaluation process by 04/01/2017.
Tamara Gavin
Deputy Director, DBH
Tamara.gavin@nerbaska.gov
402-471-7732

Bernie Hascall
System of Care Administrator, DBH
bernie.hascall@Nebraska.gov
402-471-7790

Nebraska System of Care for Children, Youth and Their Families
http://www.dhhs.ne.gov/soc
dhhs.soc@nebraska.gov

dhhs.ne.gov
<table>
<thead>
<tr>
<th>Bill</th>
<th>Introducer</th>
<th>Title</th>
<th>Hearing Cmt, Action</th>
<th>Hearing Date, Time, Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>LB0050</td>
<td>Schumacher</td>
<td>Provide reporting duties for regional behavioral health authorities.</td>
<td>HHS</td>
<td>8 Feb, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0073</td>
<td>Riepe</td>
<td>Prohibit the sale or transfer to or use by persons under twenty-one years of age of tobacco, vapor products, and alternative nicotine products.</td>
<td>General Affairs</td>
<td>13 Feb, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0100</td>
<td>Stinner</td>
<td>Change provisions relating to petitions for removal of a person’s firearm-related clothing.</td>
<td>Judiciary</td>
<td>2 Feb, 1:30, Rm 1113</td>
</tr>
<tr>
<td>LB0227</td>
<td>Wishart</td>
<td>Create the Brain Injury Council and Brain Injury Trust Fund.</td>
<td>HHS</td>
<td>3 Feb, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0242</td>
<td>Bolz</td>
<td>Appropriate funds for the recruitment of students who study to become behavioral health professionals.</td>
<td>Appropriations</td>
<td>27 Feb, 1:30, Rm 1524</td>
</tr>
<tr>
<td>LB0243</td>
<td>Bolz</td>
<td>Require reporting of certain information concerning assaults that occur in state institutions.</td>
<td>Appropriations</td>
<td>16 Feb, 1:30, Rm 1113</td>
</tr>
<tr>
<td>LB0244</td>
<td>Bolz</td>
<td>Change provisions relating to mental injury and mental illness for workers' compensation.</td>
<td>Business &amp; Labor</td>
<td>27 Feb, 1:30, Rm 2102</td>
</tr>
<tr>
<td>LB0245</td>
<td>Bolz</td>
<td>Provide for a corrections-related emergency and overtime.</td>
<td>Judiciary</td>
<td>16 Feb, 1:30, Rm 1113</td>
</tr>
<tr>
<td>LB0259</td>
<td>Hansen</td>
<td>Provide for competency determinations in cases pending before county courts.</td>
<td>Appropriations</td>
<td>23 Feb, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0259</td>
<td>McCollister</td>
<td>Create Children and Juveniles Data Pilot Project.</td>
<td>HHS</td>
<td>23 Feb, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0302</td>
<td>Crawford</td>
<td>State intent to appropriate funds for psychiatric and behavioral health medicine fellowships.</td>
<td>Appropriations</td>
<td>27 Feb, 1:30, Rm 1524</td>
</tr>
<tr>
<td>LB0303</td>
<td>Crawford</td>
<td>Appropriate funds to the University of Nebraska to fund behavioral health internships.</td>
<td>Appropriations</td>
<td>27 Feb, 1:30, Rm 1524</td>
</tr>
<tr>
<td>LB0344</td>
<td>Albrecht</td>
<td>Change credentialing and regulation of mental health substance abuse centers.</td>
<td>HHS</td>
<td>1 Mar, 9:15, Rm 1510</td>
</tr>
<tr>
<td>LB0370</td>
<td>Lowe</td>
<td>Eliminate requirement to obtain certificate or complete background check to receive or transfer a handgun.</td>
<td>Judiciary</td>
<td>withdrawn 1/18/17 prevailed 1/19/17</td>
</tr>
<tr>
<td>LB0399</td>
<td>Wayne</td>
<td>Change provisions relating to housing commissions.</td>
<td>Urban Affairs</td>
<td>31 Jan, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0417</td>
<td>Riepe</td>
<td>Change and eliminate provisions relating to public health and welfare.</td>
<td>HHS</td>
<td>1 Feb, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0438</td>
<td>Howard</td>
<td>Increase cigarette and tobacco taxes as prescribed and provide for the distribution of funds.</td>
<td>Revenue</td>
<td>14 Mar, 1:30, Rm 1524</td>
</tr>
<tr>
<td>LB0493</td>
<td>Krist</td>
<td>Appropriate funds to maintain the Network of Care.</td>
<td>Appropriations</td>
<td>23 Mar, 1:30, Rm 1113</td>
</tr>
<tr>
<td>LB0502</td>
<td>Brewer</td>
<td>Adopt the Permitless Concealed Carry Act.</td>
<td>Judiciary</td>
<td>17 Mar, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0534</td>
<td>Vargas</td>
<td>Provide for a housing coordinator within the Department of Health and Human Services.</td>
<td>HHS</td>
<td>9 Feb, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0552</td>
<td>Walz</td>
<td>Provide for the Children’s Connection program.</td>
<td>HHS</td>
<td>17 Mar, 1:30, Rm 1510</td>
</tr>
<tr>
<td>LB0623</td>
<td>Wishard</td>
<td>Change and eliminate provisions and penalties relating to assault on an officer, certain employees, or a health care professional.</td>
<td>Judiciary</td>
<td>3 Mar, 2:00, Rm 1113</td>
</tr>
</tbody>
</table>

Gov Cmt., Mil & VA Cmt.; Judiciary

Provide, change, and eliminate provisions governing boards, commissions, and similar entities.

Judiciary
1/24 referred to G, M & VA 1/24 Chambers MO18 Refer to Judiciary Committee filed 1/30 Chambers motion to overrule Speaker’s Agenda failed 1/30 Chambers motion to reconsider failed

23 Feb, 1:30, Rm 1507

as of 22 Feb 2017
Nebraska Oxford House™
Saving Money – Saving Lives
Low-Cost Solution to Long-Term Recovery

| Nebraska Oxford House Timeline | 1993-1998 | Good Neighbor Foundation Volunteer Staff |
|                               |          | 1 Oxford House in Omaha |
|                               | 1998-2004 | 2 FT Staff |
|                               |          | Opened 42 Houses |
|                               | 2005-2009 | 1 PT Staff |
|                               |          | Closed several Houses due to lack of local oversight |
|                               | 2010-2014 | 1 FT Staff - Opened 4 Houses |
|                               | 2015-2016 | 2 FT - Opened 6 Houses |
|                               | 2016-2017 | 2 FT, 1 PT - Opened 5 Houses |

| Where are our Alumni now? | * 3 Outreach Staff, Oxford House Inc. |
|                          | * Director of Santa Monica Halfway House, Omaha |
|                          | * Program Director, Reentry Program at Metropolitan Community College, Omaha |
|                          | * Mental Health Therapist, Heartland Family Services, Family Works Program, Omaha |
|                          | * Masters level Social Worker |
|                          | * Shelter Coordinator, Micah House Homeless Shelter, Council Bluffs |
|                          | * Program Coordinator, Family Works Program, Heartland Family Services |
|                          | * Director of Nursing, Parker Valley Hope, Parker, CO |
|                          | * Client Services Supervisor, Grace Mayer Insurance, Omaha |
|                          | * Underwriter, Mutual of Omaha |
|                          | * Chief Building Engineer, Stephen Center Homeless Shelter, Omaha |
|                          | * Project Manager, Goodwill, Omaha |
|                          | * Substance Use Disorder Counselor, NOVA Treatment Community, Omaha |
|                          | * Owner, Healthy Start Learning Center, Omaha, Family Works Treatment Center, and West Point |

| Nebraska Oxford Houses Giving Back | * The Omaha Chapters co-host the Annual Recovery Is a Beach Party at Lake Manawa, providing free admission, food, and games for anyone in the Recovery Community |
|                                   | * The Nebraska Oxford Houses host a Hospitality |
|                                   | * Room at the Annual Cornhusker Round Up, offering free BBQ, soft drinks, coffee, and ice cream to those attending the Round Up. |
|                                   | * Omaha Chapters donate money each year to provide Christmas presents for all children residing in the Omaha Oxford Houses |

| Recent Citations | * "Oxford Houses represent second-order change because they alter the usual roles of patient and staff, making persons in recovery more accountable for their own behavior, and for each other in the context of equality, support, and shared community.” (Kloos, Bret, et al. Community Psychology: Linking Individuals and Communities. Wadsworth Cenage. 2012) |
Nebraska Oxford House™
Saving Money – Saving Lives
Low-Cost Solution to Long-Term Recovery

* 6-10 residents per house  
* Separate Houses for men, women, men with children, or women with children.  
More information is available at:  
National Oxford House website: [www.oxfordhouse.org](http://www.oxfordhouse.org)  
Nebraska Oxford House vacancies: [www.oxfordvacancies.org](http://www.oxfordvacancies.org) |
|---|---|
| Authority | In 1988 Public Law 100-690 included a provision that required all states to establish a $100,000 revolving loan fund to provide start-up funds for sober living environments based on the Oxford House Model.  
In Nebraska, the Division of Behavioral Health is the state agency responsible for the administration and reconciliation of the revolving fund.  
Start-up house loans, for a maximum of $4,000.00 per house, are approved by Oxford House, Inc. and are paid back by the House to the Division of Behavioral Health's Revolving Fund over a two-year period. |
| Partners | Oxford House collaborates directly with:  
* Local treatment providers  
* Hospitals  
* Child welfare agencies  
* Drug Courts  
* State and Federal Probation and Parole offices  
* Correctional Centers |
| Locations/Capacity | Oxford House currently has 35 provider sites, with 261 beds, in 5 counties in Nebraska.  
* Buffalo - 9 beds  
* Dodge - 23 beds  
* Douglas - 201 beds  
* Hall - 16 beds  
* Lancaster - 14 beds  
* Lincoln - 6 beds  
* Behavioral Health Regions: 2, 3, 5, 6 |
| FY2016/17 Funding Sources |  
* DHHS - $40,000 Regular Contract  
* $100,000 One-time only  
* Anonymous Grant Donation, non-renewable – Apr. 2015 – Mar. 2017 |
| Cost for Houses |  
* All Oxford Houses are leased, and establish checking accounts for payment of bills.  
* All rent, utilities, and household maintenance are self-financed through residents’ fees.  
* Average individual share of expenses is $400/month |
| Residents take their lives back by: |  
* Taking responsibility for their sobriety.  
* Finding and maintaining a job, going to school, or volunteering  
* Managing their share of household chores and expenses.  
*  |
| 2016 Nebraska Success Rate |  
* 91% of house members stayed sober while residing in Oxford Houses |
Goal 1. Nebraska behavioral health services are integrated across public and private systems to support consumers and impact communities.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Objective</th>
<th>Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC</td>
<td>1.A. By 2020, increase the number of children and youth who attend school regularly following 12 months of SOC services and supports.</td>
<td>School Attendance</td>
</tr>
</tbody>
</table>
|        |           | - Target: Establish by 8/2017  
|        |           | - Baseline: 95.17%  
|        |           | - Data Source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation Data Records  
|        |           | - Collection Cycle: Quarterly |
| SOC    | 1.B. By 2020, increase the ratio of other means of financing to state funds spent on youth behavioral health services. | Ratio of Other Means of Financing to State Funds Spent on Youth BH Services |
|        |           | - Target:  
|        |           | - Baseline:  
|        |           | - Data Source:  
|        |           | - Collection Cycle: |
| SOC    | 1.C. By 2020, reduce utilization of residential and inpatient behavioral health care for youth in any youth service system. | Utilization of Residential & Inpatient BH Care for Youth |
|        |           | - Target:  
|        |           | - Baseline:  
|        |           | - Data Source:  
|        |           | - Collection Cycle: |
| OP     | 1.D. By 2020, decrease cost per youth and per adult receiving behavioral health services. | Cost per Youth |
|        |           | - Target: Establish by 1/2017  
|        |           | - Baseline: $4,400  
|        |           | - Data Source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation Data Records  
<p>|        |           | - Collection Cycle: Quarterly |</p>
<table>
<thead>
<tr>
<th>Prev</th>
<th>1.E. By 2020, reduce the suicide rate for identified populations.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Cost per Adult</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Target: Establish by 1/2018</td>
</tr>
<tr>
<td>• Baseline: Establish by 1/2018</td>
</tr>
<tr>
<td>• Data Source: Centralized Data System/Electronic Billing System</td>
</tr>
<tr>
<td>• Collection Cycle: Quarterly</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Veterans’ Suicide Rate</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Target: 32 per 100,000</td>
</tr>
<tr>
<td>• Baseline: 36 per 100,000</td>
</tr>
<tr>
<td>• Data Source: 2014 NE Vital Statistics</td>
</tr>
<tr>
<td>• Collection Cycle: Annually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Native Americans’ Suicide Rate</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Target: 9 per 100,000</td>
</tr>
<tr>
<td>• Baseline: 10 per 100,000</td>
</tr>
<tr>
<td>• Data Source: 2010-2014 NE Vital Statistics</td>
</tr>
<tr>
<td>• Collection Cycle: Annually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Youth Suicide Rate-Ages 10 to 18</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Target: 6 per 100,000</td>
</tr>
<tr>
<td>• Baseline: 7.5 per 100,000</td>
</tr>
<tr>
<td>• Data Source: 2014 NE Vital Statistics</td>
</tr>
<tr>
<td>• Collection Cycle: Annually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Young Adult Suicide Rate-Ages 19 to 25</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Target: 13.5 per 100,000</td>
</tr>
<tr>
<td>• Baseline: 15 per 100,000</td>
</tr>
<tr>
<td>• Data Source: 2014 NE Vital Statistics</td>
</tr>
<tr>
<td>• Collection Cycle: Annually</td>
</tr>
</tbody>
</table>
### Work

**1.F.** By 2020, increase the number of behavioral health providers who report practicing in a setting that is integrated with primary care.

- **Behavioral Health Providers in Integrated Settings**
  - **Target:** Establish by 6/2017
  - **Baseline:** 824
  - **Data Source:** Health Professional Tracking Survey
  - **Collection Cycle:**

### OP

**1.G.** By 2020, increase the number of programs and management systems with operational interface to the Centralized Data System.

- **Programs & Management Systems Interfacing with Centralized Data System**
  - **Target:** 25
  - **Baseline:** 12
  - **Data Source:**
  - **Collection Cycle:**

---

### Goal 2. Nebraska behavioral health system delivers quality and effective services that help people live better lives.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Objective</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SOC</strong></td>
<td>2.A. By 2020, decrease average age of youths’ first system contact.</td>
<td><strong>Age of First Contact</strong></td>
</tr>
</tbody>
</table>
|        |           | • Target: Establish by 8/2017  
|        |           | • Baseline: 9.38 Years Old  
|        |           | • Data Source: Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation Data Records  
|        |           | • Collection Cycle: Quarterly |
| **Prev** | 2.B. By 2020, reduce the prevalence of underage alcohol use among individuals 12 to 20 years of age. | **Underage Alcohol Use** |
|        |           | • Target: 22.5% Report Alcohol Use in the Past Month  
|        |           | • Baseline: 25.18% Report Alcohol Use in the Past Month |
| Prev | 2.C. By 2020, reduce the prevalence of binge drinking among youth and young adults. | • Data Source: 2012-2013 National Survey on Drug Use & Health Data  
• Collection Cycle: Annually |
|---|---|---|
| Prev | **Binge Drinking Ages 15-18**  
• Target: 12.6% Report Binge Drinking in the Past Month  
• Baseline: 14% Report Binge Drinking in the Past Month  
• Data Source: 2015 Youth Risk Behavior Surveillance (YRBS)  
• Collection Cycle: Biennial |
| Prev | **Binge Drinking Ages 19-25**  
• Target: Decrease by 10%  
• Baseline: 37.6% Report Binge Drinking in the Past Month  
• Data Source: 2016 National Youth Adult Alcohol Opinion Survey  
• Collection Cycle: In FY 2018 (as funding is available) |
| Prev | 2.D. By 2020, maintain or reduce the prevalence of non-medical use of pain relievers among individuals over 12 years of age. | • Data Source: 2012-2013 National Survey on Drug Use & Health Data  
• Collection Cycle: Annually |
| Prev | **Non-Medical Use of Pain Relievers Ages 12-17**  
• Target: Establish by 6/2017  
• Baseline: 4.68% Report Non-Medical Use of Pain Relievers in the Past Year  
• Data Source: 2012-2013 National Survey on Drug Use & Health Data  
• Collection Cycle: Annually |
| Prev | **Non-Medical Use of Pain Relievers Ages 18-25**  
• Target: Establish by 6/2017 |
<table>
<thead>
<tr>
<th>Prev</th>
<th>2.E. By 2020, reduce the prevalence of high school students who seriously considered attempting suicide in the past year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prev</td>
<td>2.F. By 2020, maintain the annual Nebraska Retailer Violations Rate at 10% or below.</td>
</tr>
<tr>
<td>Service</td>
<td>2.G. By 2020, increase the number of behavioral health treatment providers using evidence-based practices (EBP).</td>
</tr>
<tr>
<td>Service</td>
<td>2.H. By 2020, increase the number of consumers and their families who have stable housing from behavioral health services admission to discharge.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| EBPs in Use | • Target: Establish by 3/2017  
• Baseline: Establish by 3/2017  
• Data Source: Survey  
• Collection Cycle: Annually |
| Providers Reporting Fidelity Evaluations | • Target: Establish by 3/2017  
• Baseline: Establish by 3/2017  
• Data Source: Survey  
• Collection Cycle: Annually |
| 2.I. By 2020, increase the number of consumers who are employed or seeking employment from behavioral health services admission to discharge. |
| Stable Housing | • Target: 85%  
• Baseline: 83.3%  
• Data Source: 2016 Consumer Treatment Data-Centralized Data System  
• Collection Cycle: Quarterly |
| Employment | • Target: Establish by 3/2017  
• Baseline: 3,451  
• Data Source: 2016 Consumer Treatment Data-Centralized Data System  
• Collection Cycle: Quarterly |
| Supported Employment | • Target: 60%  
• Baseline: 60.4% |
### Goal 3. Nebraska citizens experience access to culturally responsive behavioral health services at the right time and place to meet their needs.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Objectives</th>
<th>Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>3.A. By 2020, increase the number of LMHPs and LADCs.</td>
<td><strong>LMHPs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Target:</td>
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<tr>
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<td>• Baseline:</td>
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<td>• Data Source:</td>
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<td>• Collection Cycle:</td>
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<td><strong>LADCs</strong></td>
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<td>• Target:</td>
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<td>• Baseline:</td>
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<td>• Data Source:</td>
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<td></td>
<td></td>
<td>• Collection Cycle:</td>
</tr>
<tr>
<td>Work</td>
<td>3.B. By 2020, decrease the vacancy rate of LRC RNs.</td>
<td><strong>Vacancy Rate of LRC RNs</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Target: 29%</td>
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<tr>
<td></td>
<td></td>
<td>• Baseline: 33.8%</td>
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<td>• Data Source:</td>
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<td>• Collection Cycle:</td>
</tr>
<tr>
<td>Work</td>
<td>3.C. By 2020, decrease the turnover rate of DBH unlicensed workforce.</td>
<td><strong>Turnover rate of DBH unlicensed workforce</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Target:</td>
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<td>• Baseline:</td>
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<td></td>
<td></td>
<td>• Data Source:</td>
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<td></td>
<td></td>
<td>• Collection Cycle:</td>
</tr>
<tr>
<td>Work</td>
<td>3.D. By 2020, increase the number of persons with lived experience working in the field.</td>
<td><strong>Persons with Lived Experience Working in the Field</strong></td>
</tr>
</tbody>
</table>
### SOC

#### 3.E.
By 2020, reduce the proportion of youth who report living in a setting that is not their home (i.e. foster care, jail, prison or hospital) from intake to 12 month follow-up.

**Out-of-Home Placements**

- **Target:** Established by 8/2017
- **Baseline:** 17.7%
- **Data Source:** Divisions of Behavioral Health, Medicaid & Long Term Care, Children & Family Services & Probation Data Records
- **Collection Cycle:** Quarterly

#### 3.F.
By 2020, increase the ratio of community based service expenditures compared to inpatient/residential services expenditures within the youth SOC.

**Ratio of Community Based Service Expenditures to Inpatient/Residential Services Expenditures for Youth**

- **Target**
- **Baseline**
- **Data Source**
- **Collection Cycle**

### OP

#### 3.G.
By 2020, increase the number of behavioral health programs utilizing peer workforce standards.

**Use of Peer Workforce Standards**

- **Target:** 12/2017
- **Baseline:** 12/2017
- **Data Source:** Survey
- **Collection Cycle:** Annually

### Service

#### 3.H.
By 2020, sustain or increase general satisfaction of consumers receiving behavioral health services.

**Consumer Satisfaction**

- **Target:** 87%
- **Baseline:** 87.3%
- **Data Source:** 2016 Consumer Survey
- **Collection Cycle:** Annually
<table>
<thead>
<tr>
<th>Service</th>
<th>3.I. By 2020, reduce wait time for behavioral health residential and medication management services.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Residential Services Wait Wait Time</td>
</tr>
</tbody>
</table>
|         | • Target: Establish by 6/2017  
|         | • Baseline: Establish by 6/2017  
|         | • Data Source: Centralized Data System  
|         | • Collection Cycle: Quarterly  |
|         | Medication Management Services Wait Wait Time                                                                       |
|         | • Target: Establish by 3/2017  
|         | • Baseline: Establish by 3/2017  
|         | • Data Source: Centralized Data System  
|         | • Collection Cycle: Quarterly  |
| Service | 3.J. By 2020, reduce the wait time for admission to Lincoln Regional Center (LRC). |
|         | LRC Wait Time-MHB Commit Wait Time                                                                                     |
|         | • Target: 8 Days  
|         | • Baseline: 10.6 Days  
|         | • Data Source: Avatar  
|         | • Collection Cycle: Monthly  |
|         | LRC Wait Time-Court Commit Wait Time                                                                                  |
|         | • Target: 14 Days  
|         | • Baseline: 49 Days  
|         | • Data Source: Avatar  
|         | • Collection Cycle: Monthly  |
| Service | 3.K. By 2020, decrease the average law enforcement holding time for consumers under Emergency Protective Custody. |
|         | Law Enforcement Holding Time                                                                                         |
|         | • Target: Establish by 1/2018  
|         | • Baseline: Establish by 1/2018  
|         | • Data Source: Law Enforcement Report via Emergency Coordinators  
<p>|         | • Collection Cycle: |</p>
<table>
<thead>
<tr>
<th>Service</th>
<th><strong>3.L.</strong> By 2020, behavioral health providers offering services via telehealth in frontier/rural areas.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Therapy via Telehealth</strong></td>
</tr>
<tr>
<td></td>
<td>• Target: Establish by 8/2017</td>
</tr>
<tr>
<td></td>
<td>• Baseline: Establish by 8/2017</td>
</tr>
<tr>
<td></td>
<td>• Data Source: Establish by 8/2017</td>
</tr>
<tr>
<td></td>
<td>• Collection Cycle: Establish by 8/2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>3.M.</strong> By 2020, increase the number of consumers of diverse populations receiving behavioral health services and supports in community settings.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Consumers of Diverse Populations Receiving Behavioral Health Services</strong></td>
</tr>
<tr>
<td></td>
<td>• Target: Establish by 8/2017</td>
</tr>
<tr>
<td></td>
<td>• Baseline: Establish by 8/2017</td>
</tr>
<tr>
<td></td>
<td>• Data Source: Centralized Data Source</td>
</tr>
<tr>
<td></td>
<td>• Collection Cycle: Annually</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th><strong>3.N.</strong> By 2020, increase the number of prescribers providing EBP Medication Assisted Treatment.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Prescribers of Medication Assisted Treatment</strong></td>
</tr>
<tr>
<td></td>
<td>• Target: Establish by 8/2017</td>
</tr>
<tr>
<td></td>
<td>• Baseline: Establish by 8/2017</td>
</tr>
<tr>
<td></td>
<td>• Data Source: SAMHSA Registry</td>
</tr>
<tr>
<td></td>
<td>• <strong>Collection Cycle: Establish by 8/2017</strong></td>
</tr>
</tbody>
</table>