I. Call to Order/Welcome/Roll Call

Sue Adams, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present and explained that she would be facilitating the meeting this morning. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review.

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

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

DHHS Staff in Attendance: Sue Adams, David DeVries, Renee Faber, Cynthia Harris, Mikayla Johnson, Lisa Rolik, Deb Sherard.

I. Director’s Update

Sheri Dawson

Due to a calendar conflict, Director Dawson presented her Director’s Update via video.

Director Dawson expressed regret about not being able to be at the Advisory Meeting in person. She stated that she and several DBH staff are attending an immersion training in Omaha on Project ECHO (Extension of Community Health Outcomes); a form of telehealth that connects experts such as those at UNMC, with providers or prescribers across Nebraska. Project ECHO started in New Mexico, related to Hepatitis C. DBH believes this will help address gaps in our rural and frontier areas. In Nebraska, we are looking to see what kind of capacity we can build across the state related to substance use, medication assisted treatment and other behavioral health topics.

Director Dawson had Division highlights to share, and wanted to thank everyone for their help in the Strategic Plan. With the Strategic Plan in place, DBH has a work plan that will help us to move our goals and objectives forward 2017 to 2020. When we look back in 2020, we’d like to improve our system and will be measuring progress as we go along.

The last day of the Legislature is next Tuesday, so there are budget discussions still in process. The modifications or reductions previously discussed are moving forward for the most part. There is one exception; the last iterations of recommendations did not have the reduction to our Behavioral Health Regions, so we are awaiting next steps.

Director Dawson shared that we had good news this last week with our Children’s System of Care - we had another press conference with the Governor to roll out Youth Crisis Response across the State. This has been positively received, with a recent Omaha World Herald editorial on the hope that Crisis Response brings to Nebraska and how we can get out in front of youth and family challenges, and connect them to needed resources.

The Regional Center is still working to reduce the waitlist process. We have started a Lean Six Sigma process, which is a process improvement opportunity that our staff have taken very seriously. When we looked at the court waitlist, there were over 75 small steps from admission, treatment and discharge. Our team has looked at the steps and reduced them to 33, and is in the process of piloting to see what will keep the system flowing best.
The new process began May 1, and we will keep you posted on the progress. At Norfolk Regional Center, there was a leadership change with the Facility Operating Officer and they are close to announcing who will be fulfilling this role.

Our biggest legislative successes are LB 417, which will allow the Division to move forward with Peer Support Standards and Regulations. Medicaid will be reimbursing for Peer Support in the future. We are also working with other states that are looking for Peer Support models that are integrated; how to have Peer Support serve both individuals with Mental Illness and Substance Use Disorders, working with adults, families and transition aged youth. In time, as we work through the licensure process, Peer Support individuals will be recognized as credentialed professionals.

Lastly, Director Dawson alerted the Committee that DBH is working on the Emergency System. It is important that we receive guidance on our Strategic Plan to serve folks when they are in crisis, which is when they need us most, and how do we that as smooth as possible, and how do we make individuals understand the services that we already have so that we don’t have challenges in terms of waitlists.

II. Motion to Approve Minutes

Chairpersons Diana Waggoner and Ann Ebsen

State Advisory Committee on Substance Abuse Services Chairperson Ebsen welcomed members, guests and staff to the meeting and presented the February 23, 2017 minutes for review. Asking for and receiving no corrections or comments, Chairperson Ebsen called for a motion to approve the meeting minutes as written. Moved by Johnson and seconded by Phillips, the motion passed on a unanimous voice vote. Chairperson Ebsen then presented the meeting agenda and asked for input. A motion was made by Jackson to approve the agenda as presented; seconded by Pankonin and approved unanimously.

State Advisory Committee on Mental Health Services Chairperson Waggoner called for corrections or comments and receiving none, asked for a motion to approve the February 23, 2017 meeting minutes. It was so moved and seconded and the minutes were approved as presented. Chairperson Waggoner called for approval of the agenda; it was so moved, seconded and the agenda was approved unanimously.

III. Public Comment

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

IV. Emergency System Mapping & Cross Systems Solution Team

Mikayla Johnson, Program Manager, came to the meeting to discuss the Emergency Mapping Process and the Cross Division Solution Team.

The Emergency Mapping Project has been a year-long project designed to identify pressure points in the Emergency Response System. The Division retained a consultant, Leslie Hays, to work with the Division and the six Behavioral Health Regions.

The Emergency Mapping project has identified the need to understand the time spent with an individual that his having a behavioral health crisis, specifically with law enforcement and hospital emergency rooms involvement. To collect data, a survey will be sent out to law enforcement and emergency rooms across the state, to help identify how much time elapses from the time of call to the officer returning to service, noting that in rural areas, that time is extended due to driving distances.

Other pressure points identified are bed access throughout the state and Lincoln Regional Center utilization. The Administrator of Quality and Data Excellence is working with Public Health on a system to identify open psychiatric beds across the state. The Lincoln Regional Center is going through an Operational Excellence process to shorten the time spent with individuals at LRC due to competency evaluations and/or competency restoration.

Questions arose about law enforcement training. It was stated that the regions do provide some training, for example, Region 6 provides Crisis Intervention Training (CIT), Region 5 provides BETA training and all other regions offer Mental Health First Aid.

The Committees stated they would like a better understanding of the CIT offered in Grand Island and voiced a desire to bring behavioral health and developmental disabilities in line together in terms of crisis training since there is often such a large cross over.
The Cross Division Solution Team was established in 2015 to address potential solutions for both last minute crises as well as complex, overlapping cases. The Team meets on Wednesdays and is instrumental in piecing together services that will address an individual’s needs.

V. 2017-2018 Block Grant Application

Sue Adams, Network Administrator, presented a series of priority activities and asked the Committees to identify which activities to move forward and include in the 2018-2019 Combined Block Grant Application. A full reporting of this group activity is included as Attachment 1.

VI. Public Comment

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

VIII. Office of Consumer Affairs

Cynthia Harris, Deputy Director for System Integration, reported on recent activities of the Nebraska Office of Consumer Affairs, including an update on the work of the OCA People’s Council:

- FREDLA (Family-Run Executive Director Leadership Association) has been providing technical assistance to the family support organizations such as training, retention, recruitment, board management, contract compliance and more. This direct assistance will continue through September 30, 2017.
- A Proclamation signed by the Governor recognizes May as Mental Health Awareness Month. Also in the news, was a press release for Children’s Mental Health Awareness Month activities and a press release announcing the Annual Behavioral Health Conference.
- The Office of Consumer Affairs hosted five Certified Peer Support and Wellness Specialist testing events, bringing the state total of certified specialists to 367, compared to only 41 in all of 2016.
- The Peer Bridger Program is progressing on schedule and have developed a logic model to connect with DBH initiatives and objectives including long term outcomes.
- OCA sits on a DHHS committee formed to develop a strategic plan in conjunction with LB1033, a bill defining service settings pursuant to the Olmstead decision.
- OCA is partnering with Public Health to evaluate merging peer support training and leveraged lived experience. A feasibility study will help define future steps.
- The People’s Council did a SWAT Analysis and looked at strategic priorities and how they fit with DBH overall. Harris noted that the Council identified their involvement with the Joint Advisory Committee as an area they would like to be more involved in. Harris asked for input as to how that should look.
- The Annual Behavioral Health Conference was a huge success on all accounts, with media coverage and attendance topping 400.
- LB417 was signed by the Governor on April 27, 2017, which adds clarifying language for DBH to set standards in peer support services. The Medicaid and Long Term Care State Plan Amendment is expected to be approved no later than July 31, 2017 and once the approval is given, MLTC will pull in the Division of Behavioral Health to begin work on service definitions for family peer support services.
- The next People’s Council meeting is June 1, 2017 and invitations are extended to all.

XII. Adjournment and Next Meeting

The meeting was adjourned at 3:07 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, August 24, 2017.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings.
Advisory Committee - Block Grant Review & Recommendations
May 22, 2017 – 11:00 to 12:00 PM

- On May 18, the Joint MH and SA Advisory Committees participated in a group exercise to identify priority activities for DBH to identify in the two year 2018-2019 Combined Block Grant Application. DBH staff reviewed recent DBH planning processes (needs assessment, strategic plan), identified how this informs the SAMHSA MH and SAPT Block Grant priorities, and provided guidance on group planning activity process and materials.
- Advisory Committees members were presented nine priority activities associated with the statewide needs assessment and strategic planning activities:
  A. Use evidence-based public education and awareness strategies, campaigns, and engagement activities to increase awareness of binge drinking & reduce binge drinking rate.
  B. Increased access to community-based services to prevent or reduce hospitalization due to mental health disorders and/or substance use disorders for youth and adults.
  C. Expand capacity for tele-health to increase access to and use of behavioral health services.
  D. Increase use of prevention and treatment Evidence Based Practices (EBPs).
  E. Increase support for consumers to secure and maintain permanent housing.
  F. Reduction in the percentage of individuals who report using pain relievers for nonmedical use in the past year.
  G. Promote integrated primary and behavioral health care to increase access to and use of behavioral health services in community settings.
  H. Encourage employment of consumers.
  I. Increase the number of prescribers providing EBP Medication Assisted Treatment.

- The parameters of the group exercise included identification of priority populations who could be impacted by DBH behavioral health services within the two year planning timeframe:
  1. Which priority populations will this goal/objective impact?
  2. What potential degree of impact will DBH have on the outcome?
  3. Is it feasible that this will be completed by October 2019?
- Each priority activity could impact one or more priority population to be served. These priority populations to be considered were identified and described to the members:
  I. Persons with Severe and Persistent Mental Illness
  II. Youth with Severe Emotional Disturbance
  III. Women who are pregnant and injecting drugs
  IV. Women who are pregnant
  V. Person who are injecting drugs
- Joint Advisory Committee supported five planning priorities to be implemented by DBH that would have the greatest impact on identified priority populations within the planning timeframe:

B. Increased access to community-based services to prevent or reduce hospitalization due to mental health disorders and/or substance use disorders for youth and adults.
By 2020, reduce the utilization of residential and inpatient behavioral health care for youth and adults
Priority Population: All DBH Impact: High Impact

C. Expand capacity for tele-health to increase access to and use of behavioral health services.
By 2020, increase behavioral health providers offering services via tele-health in frontier/rural areas.
Priority Population: All DBH Impact: High Impact

E. Increase support for consumers to secure and maintain permanent housing.
By 2020, increase the number of consumers and their families who have stable housing from behavioral health services admission to discharge.
Priority Population: All DBH Impact: Low Impact

G. Promote integrated primary and behavioral health care to increase access to and use of behavioral health services in community settings.
By 2020, increase the number of behavioral health providers who report practicing in a setting that is integrated with primary care.
Priority Population: All DBH Impact: Disagree on Impact

I. Increase the number of prescribers providing EBP Medication Assisted Treatment.
By 2020, increase the numbers of prescribers providing EBP Medication Assisted Treatment.
Priority Population: All except ii - SED
DBH Impact: Medium-to-High Impact

- There was concern regarding item G and how to track (can use Health Professional Tracking System and Public Health Survey as baseline) and that there isn’t a goal that mentions Prevention. Per discussion, Interim Services, Tuberculosis and Prevention (Binge Drinking) are items that are a given as they are BG priorities and will be added to the list of goals.
Welcome to the NASMHPD/NRI First Episode Psychosis Listserv.

We are opening this listserv to facilitate states and local FEP programs sharing ideas, experiences, and lessons learned with each other and with your national associations. NASMHPD and NRI will also use this listserv to share information of interest to SMHAs and FEP programs. Please note, this is NOT a SAMHSA listserv and will not be a mechanism for the dissemination of official federal policy rules or for SAMHSA to address specific Block Grant issues.

**SAMHSA-Sponsored Webinar Opportunity Outcome Measurement in First Episode Programming: Insights from the Measures Used in the National Evaluation of the 10% Set Aside and Proposed for the NIMH EPINET**

**May 23, 2 p.m. to 3:30 p.m. E.T.**

Join us for the next in a continuing series of webinars organized by NASMHPD and NRI focusing on methodological issues in First Episode Psychosis Programs. In this webinar we will feature the design and outcome measures that will be used in the MHBG 10% Early Intervention Study, a SAMHSA and NIMH-funded national evaluation of first episode psychosis programs. The measures were selected to be both effective measures of service recipient progress, and useful clinical tools. In addition, Dr. Robert Heinssen of NIMH will present an update on the Early Psychosis Intervention Network (EPINET) project and its intention to develop a national learning community among first episode psychosis programs. A provisional set of measures, including some of the outcome measures used in the evaluation, have been developed for the EPINET that will hopefully provide some common data elements to be used in a national EPINET effort.

Presenters include

- Dr. Shoma Ghose, Senior Study Director, Westat
- Dr. Preethy George, Senior Study Director, Westat
- Dr. Nichole Rohrer, Clinical Supervisor. TRAILS First Episode Program, Alexandria, VA
- Dr. Robert Heinssen, Chief, Division of Services and Intervention Research, NIMH

**REGISTER**

Here: [https://jbsinternational.webex.com/mw3200/mywebex/default.do?nomenu=true&siteurl=jbsinternational&service=6&rm=0.1259899431967172&main_url=https%3A%2F%2Fjbsinternational.webex.com%3Ficid%3D3200%2FEventcenter%2FEvent%2FEventAction.do%3FtheAction%3Ddetail%26%26EMK%3D4832534b00000000416dbac2b922526818f403011d89549b35ca80db333d3c7ab0f10c0b1d8df65%26sit eurl%3Djbsinternational%26confViewID%3D1343705506%26encryptTicket%3DSDJTSwAAAAQsnD0 0mYXRtp02x-19aLSXzxFBDv5onrhjbKwYNICw2%26](https://jbsinternational.webex.com/mw3200/mywebex/default.do?nomenu=true&siteurl=jbsinternational&service=6&rm=0.1259899431967172&main_url=https%3A%2F%2Fjbsinternational.webex.com%3Ficid%3D3200%2FEventcenter%2FEvent%2FEventAction.do%3FtheAction%3Ddetail%26%26EMK%3D4832534b00000000416dbac2b922526818f403011d89549b35ca80db333d3c7ab0f10c0b1d8df65%26siteurl%3Djbsinternational%26confViewID%3D1343705506%26encryptTicket%3DSDJTSwAAAAQsnD00mYXRtp02x-19aLSXzxFBDv5onrhjbKwYNICw2%26)

If you are looking for training and technical assistance materials about FEP services, there is a wealth of TA materials about FEP programs that are available through the NASMHPD website at: [http://www.nasmhpd.org/content/information-policymakers](http://www.nasmhpd.org/content/information-policymakers). The NASMHPD site includes information guidance manuals, online training courses, issue briefs, and fact sheets about FEP services. We would appreciate hearing from states and FEP providers any experiences using these resources and what other resources would be most helpful.
Ted Lutterman
Senior Director, Government & Commercial Research
NRI - National Association of State Mental Health Program Directors Research Institute
3141 Fairview Park Dr., Suite 650
Falls Church, Virginia 22042
(703) 738-8164
E-mail: ted.lutterman@nri-inc.org
<table>
<thead>
<tr>
<th>Bill #</th>
<th>Introducer</th>
<th>Title</th>
<th>Status</th>
<th>May 16, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>LB005</td>
<td>Schumacher</td>
<td>Provide reporting duties for regional behavioral health authorities.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
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<tr>
<td>LB016</td>
<td>Kease</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>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB018</td>
<td>Newell</td>
<td>Change provisions relating to petitions for removal of a person’s firearm-related General File</td>
<td></td>
<td></td>
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<tr>
<td>LB017</td>
<td>Wishart</td>
<td>Create the Brain Injury Council and Brain Injury Trust Fund.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB021</td>
<td>Bolz</td>
<td>Appropriate funds for the recruitment of students who study to become behavioral health professionals.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB024</td>
<td>Bolz</td>
<td>Require reporting of certain information concerning assaults that occur in state institutions. General File</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LB038</td>
<td>Bolz</td>
<td>Change provisions relating to mental injury and mental illness for workers’ compensation. General File</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LB040</td>
<td>Bolz</td>
<td>Provide a for corrections-related emergency and overtime.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB029</td>
<td>Hansen</td>
<td>Provide for competency determinations in cases pending before county courts. 252 &amp; 253A Failed. Governor signed 5/12/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LB046</td>
<td>Kease</td>
<td>Change criminal history record information checks under CHIEF Licensing Act.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB047</td>
<td>McClellan</td>
<td>Create Children and Juveniles Data Print Project.</td>
<td>General File</td>
<td></td>
</tr>
<tr>
<td>LB037</td>
<td>Crawford</td>
<td>State system for appropriate notes for population and behavioral health medicine fellowships.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB011</td>
<td>Crawford</td>
<td>Appropriate funds to the University of Nebraska to fund behavioral health internships.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB016</td>
<td>Schew</td>
<td>Budget bill. Approved by Governor with line-item veto 5/12/17</td>
<td></td>
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<tr>
<td>LB025</td>
<td>Schew</td>
<td>Budget bill. Approved by Governor with line-item veto 5/12/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LB011</td>
<td>Kease</td>
<td>Eliminate an independent review of denial of aid to the disabled. Appropriations 333A. Includes LB0495 - 00 graduates &amp; tied to continuity of day services. AM1997 and AM1922 adopted. Advanced to Enrollment &amp; Review (LB333 and 333A)</td>
<td></td>
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</tr>
<tr>
<td>LB024</td>
<td>Kease</td>
<td>Change DHSS provisions relating to families. Eliminate family finding pilot project &amp; provisions relating to appropriations.</td>
<td>Indefinitely postponed</td>
<td></td>
</tr>
<tr>
<td>LB041</td>
<td>Firdman</td>
<td>Adopt the Nurse Licensure Compact &amp; provide temporary nursing licenses for military spouses. Amended into LB0088</td>
<td>Passed - signed by Governor</td>
<td></td>
</tr>
<tr>
<td>LB044</td>
<td>Abbritt</td>
<td>Change credentialing and regulation of mental health substance abuse centers.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB017</td>
<td>Iowea</td>
<td>Eliminate requirement to obtain certificate or complete background check to receive or transfer a handgun.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
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<tr>
<td>LB020</td>
<td>Kease</td>
<td>Change provisions relating to housing commissions. General File</td>
<td></td>
<td></td>
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<tr>
<td>LB021</td>
<td>Kease</td>
<td>Change and eliminate provisions relating to public health and welfare.</td>
<td>Passed - signed by Governor</td>
<td></td>
</tr>
<tr>
<td>LB030</td>
<td>Howard</td>
<td>Increase cigarette and tobacco taxes as prescribed and provide for the distribution of funds.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB029</td>
<td>Kease</td>
<td>Change provisions relating to developmental disabilities. Amended into LB0333 General File</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LB021</td>
<td>Crist</td>
<td>Appropriate funds to maintain the Network of Care.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB009</td>
<td>Brown</td>
<td>Adopt the Permittee Concealed Carry Act.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB018</td>
<td>Corpas</td>
<td>Provide for a housing coordinator within the Department of Health and Human services.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB006</td>
<td>Holtz</td>
<td>Provide for the Child's Connection program.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB019</td>
<td>Wishart</td>
<td>Change rate provisions relating to the KP/IO Reimbursement Protection Fund.</td>
<td>Passed - signed by Governor</td>
<td></td>
</tr>
<tr>
<td>LB020</td>
<td>Wishart</td>
<td>Change and eliminate provisions and penalties relating to assault on an officer, certain employees, or a health care professional.</td>
<td>Referral - did not make it out of committee</td>
<td></td>
</tr>
<tr>
<td>LB033</td>
<td>Gov Off,</td>
<td>Provide, change, and eliminate provisions governing boards, commissions, and similar entities. Select File</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LB034</td>
<td>NE &amp; VA Off,</td>
<td>Select File</td>
<td></td>
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**Additional Bills:***

<table>
<thead>
<tr>
<th>Bill #</th>
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<th>Title</th>
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<th>May 16, 2017</th>
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</thead>
<tbody>
<tr>
<td>LB11</td>
<td>Kease</td>
<td>Interim study to assess NE medical assistance program &amp; options for health care reform</td>
<td>Referral</td>
<td></td>
</tr>
<tr>
<td>LB13</td>
<td>Bolz</td>
<td>Interim study to examine the long-term fiscal sustainability of the NE Health Care Cash Fund to pay for health care &amp; related services</td>
<td>Referral to Appropriations Committee</td>
<td></td>
</tr>
<tr>
<td>LB12</td>
<td>McClellan</td>
<td>Examine public assistance programs including SNAP (eligibility thresholds,rewards for work)</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
<tr>
<td>LB13</td>
<td>Bolz</td>
<td>Interim study to examine issues surrounding Family Finding pilot project</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
<tr>
<td>LB14</td>
<td>Kease</td>
<td>Interim study to examine importance of Title IV-E Funds &amp; Federal adoption assistance programs</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
<tr>
<td>LB19</td>
<td>Bolz</td>
<td>Interim study on managed care implementation and impact on budget</td>
<td>Referral to Appropriations Committee</td>
<td></td>
</tr>
<tr>
<td>LB15</td>
<td>Moulton</td>
<td>Interim study to examine NE education in Nebraska schools</td>
<td>Referral to Education Committee</td>
<td></td>
</tr>
<tr>
<td>LB12</td>
<td>Wishart</td>
<td>Interim study to review recruitment &amp; retention efforts underway or could be undertaken by Dept. of Corrections</td>
<td>Referral to Judiciary Committee</td>
<td></td>
</tr>
<tr>
<td>LB13</td>
<td>Wessel</td>
<td>Interim study to examine provision of broadband telecommunication services within the state</td>
<td>Referral to Transportation &amp; Telecommunication Committee</td>
<td></td>
</tr>
<tr>
<td>LB16</td>
<td>Friesen</td>
<td>Interim study to examine existing telehealth &amp; telemedicine systems &amp; capabilities in NE &amp; opportunities to expand use</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
<tr>
<td>LB18</td>
<td>Kease</td>
<td>Interim study to examine POMAP and how providers access prescription drug data</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
<tr>
<td>LB17</td>
<td>Bolz</td>
<td>Interim study to examine ways in which Nebraska could increase access to health insurance, including Medicaid</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
<tr>
<td>LB15</td>
<td>Kease</td>
<td>Interim study to examine impact of incarceration on children in NE</td>
<td>Referral to Judiciary Committee</td>
<td></td>
</tr>
<tr>
<td>LB20</td>
<td>Kumar</td>
<td>Interim study to examine police, practices and laws governing safeguarding and sealing of juvenile records</td>
<td>Referral to Judiciary Committee</td>
<td></td>
</tr>
<tr>
<td>LB22</td>
<td>Hilt-Cone</td>
<td>Interim study to examine reports submitted by OBI &amp; Regions to see if they properly address administration &amp; coordination of BH system</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
<tr>
<td>LB23</td>
<td>Crowe</td>
<td>Interim study to examine feasibility of acquiring funding for behavioral addictions internship programs at the doctoral level in rural NE</td>
<td>Referral to Appropriations Committee</td>
<td></td>
</tr>
<tr>
<td>LB24</td>
<td>Mattson</td>
<td>Interim study to examine distribution and use of funds from Title X program</td>
<td>Referral to HHS Committee</td>
<td></td>
</tr>
</tbody>
</table>
Governor’s Priorities

- A more efficient and effective state government
- A more customer-focused state government
- Grow Nebraska
- Improve public safety
- Reduce regulation and regulatory complexity
Overview

1. OCA updates
   1. General project updates
   2. OCA People’s Council
   3. Highlights from Behavioral Health Conference
   4. MLTC SPA
   5. Case Rate Family Peer Support and Family Navigator
   6. LB 417
OCA Updates

The FREDLA contract began on September 15th- providing Technical Assistance (TA) to support family organizations in strengthening their current infrastructure, addressing issues such as training, retention, recruitment, board management, contract compliance, etc.

They have worked through the first three phases, which included an assessment and onsite TA visit with the family organization. FREDLA will be providing support through September 30, 2017 for each org in the form of one hour of consultation per month.
OCA Updates

- Media related items: Proclamation for Mental Health Awareness Month, Press release for Children’s Mental Health Awareness Month activities, press release for the BH Conference.

- Recovery Month planning will start in June.

- OCA presented at UNMC on February 13th to the High School Alliance Program. The presentation was on Recovery, Social Inclusion, and Trauma Informed Care.

- OCA has hosted CPSWS test dates on Nov 8, Jan 5, Feb 23, March 6, & March 22.

- As of Feb 21, we have 367 individuals who are certified. Notably, only 41 individuals were certified in 2016.
OCA Updates - Peer Bridger Program

• The Peer Bridger program is making progress and reaching goals. Jennifer Ihle started August 8th and she is on target with completion of action items for the month of May.

• She is also facilitating the Women’s Council. Attendance is up from 20% of the building to 56% of the Women’s Building.

• More meetings were held between Aug.-Dec 2016 than in the previous two years, according to Disability Rights of Nebraska. They are currently helping one resident to identify opportunities in the development of the peer bridger program. The partnership is going well and they are both learning from one another.
OCA Updates- LB 1033 Statewide Plan

• The Department of Health and Human Services shall develop a comprehensive strategic plan for placing qualified persons with disabilities in the most integrated community based service settings pursuant to the Olmstead decision.

• DHHS submitted a report on LB1033 to the legislature. Here is the link:

  [Link]

  http://www.nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Health_and_Human_Services_Department_of/622_20161215-095912.pdf

• The Report states that the Department is recommending a consultant be hired to facilitate stakeholder engagement and build upon recommendations from the MLTC Redesign Initiative and develop a strategic plan. The Report also lists initiatives from each division. It mentions work with TAC in the report and provides a link to it.

• DBH - TAC recommendations are being rolled into the 2017 -2020 Strategic Plan
OCA Updates- Regional Consumer Coordination

Regional consumer coordination expectations were updated in the FY 18 Region contracts

**Consumer System Coordination:** The Regional Consumer Specialist will serve as an integrated member of regional leadership. They will participate in the development of Regional and/or DBH planning for recovery-oriented, community-based services, i.e., expansion of peer services, development of the Peer Bridger program, and identifying associated standards/regulations, etc. They will promote and facilitate educational opportunities and other activities that enhance recovery, resiliency, and whole health wellness for consumers and their families.
OCA Updates- Regional Consumer Coordination

- Participate in DBH meetings/conference calls and related statewide activities.
- Engage in activities that promote quality improvement and provide technical assistance when needed and as appropriate, specifically as it relates to implementation of recovery oriented systems of care and trauma informed care.
- Utilize personal lived experience to advocate for voice and choice, integration of consumers as a priority, reduction of behavioral health stigma, facilitation of meaningful involvement of consumers and their families, and in the development of program policies and procedures.
- Provide co-reflection opportunities for the peer support workforce within the region and participate in and support peer support workforce development initiatives in partnership with the Office of Consumer Affairs.
OCA Updates - Regional Consumer Coordination

- Implement formal and strategic system links with other key stakeholders by building intentional partnerships to expand consumer and family involvement in service planning and delivery.
- Manage and maintain a Behavioral Health Consumer Advisory Committee. This shall include but not be limited to maintaining a charter, bylaws, application procedures, and participation expectations.
- Build and maintain partnerships with the family peer support organization within the designated region.
- Participate in annual programmatic reviews of network providers who provide peer support services in order to review for the inclusion of recovery and trauma informed care principles in service delivery.
The Division of Public Health and the Division of Behavioral Health have entered into a partnership to begin to explore the next steps to incorporate elements of the existing peer support training into the CHW training. This would offer additional training for CHWs who have lived experience and who would be able to offer additional support while in the role of a CHW to those they serve. On January 1, 2017 MLTC implemented Heritage Health Heritage Health is a new health care delivery system that combines Nebraska’s physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated system for Nebraska’s Medicaid and CHIP clients.

Additional training for CHWs is in alignment with the integrated shift in Nebraska. CHWs who have additional peer support training will be able to lend their unique insights to the process of personal transformation through improving their health and wellness, living a self-directed life, and striving to reach their full potential.
This frontline behavioral and public health worker will be a trusted member of and/or have an unusually complete understanding of the population/community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. This worker will also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, inspiring hope, community/health education, building informal and formal supports, social support, and advocacy.

The Division of Public Health recently applied for a grant through the CDC grant that would allow for funds to explore next steps for implementing a combined CHW and peer support training. DBH and DPH will conduct a feasibility training to compare the curriculum and then construct a report with final recommendations. The feasibility study will be completed by December 31, 2017.
### STRENGTHS

**Strengths: Characteristics of the OCA PC that give us an advantage to accomplish our goals**
- System champions
- Family/youth involvement
- Seats are filled
- Caring, compassionate, dedicated, and knowledgeable group promoting a unified cause
- Council has gained respect
- Action oriented and has accomplished goals
- Many years of experience and a high level of expertise
- Strong geographic representation
- Flexibility and can tolerate change
- Stronger leadership in OCA
- Well defined structure
- Environments allow for open discussion
- Strong and meaningful participation

### WEAKNESSES

**Weaknesses: Characteristics of the OCA PC that create obstacles to accomplish our goals**
- Working against a track record of not getting things done
- Inconsistency in attendance by some. Representation is hard if people do not show
- Quarterly meetings are a challenge - would like more
- Time shortages - one meeting is not long enough
- More flexibility with people’s schedules to meet more often
- Need more networking opportunities
- Limited budgets
- Lack of power
- Meeting environment can improve
- Cross system collaboration with Heritage Health
- Feedback loop

### OPPORTUNITIES

**Opportunities: Elements that the OCA PC could use to our advantage**
- Media/Awareness
- State advisory council – bigger presence
- Ability to ask tough questions
- Collaboration between meetings - peer support workgroups
- Tool to measure how feedback is considered
- Data driven decision making
- New data opportunities to help guide planning
- More public involvement
- Recovery champions
- Educating the system with consistent messaging
- Incoming vendors and their relationship with the council
- Improving the outside perception of the group
- Increase exposure of the People’s Council
- Policy work
- Role model and set standards for meaningful consumer involvement

### THREATS

**Threats: Elements in the environment that could cause trouble for the OCA PC**
- Weather
- Budget cuts
- Technology and open meetings act
- Consistent messaging
- Stigma
- Legislation
- Political agendas
OCA Updates- OCA People’s Council

Identified Priority Areas for 2017

- Media/awareness
- State Advisory Council – bigger presence
  - Bigger physical presence, get on the agenda
- Collaboration between meetings- workgroups
- Tool to measure how feedback is considered
  - Go back through each meeting minutes and make notes of what happened with feedback.
  - Each region will also let group know how they are bringing feedback to their community.
- More public involvement at meetings – i.e., inviting recovery champions.
- Educate the system with consistent messaging about recovery and consumer involvement.
- Lead as a role model and set standards for meaningful consumer involvement
  - Tool to measure
  - Standards for involvement
  - Consumer/Family Advisory Mapping – what is going on across the state?
- Cross system collaboration with Heritage Health
- Increase exposure of the People’s Council
- Improving the outside perception of the group

OCA Updates- OCA People’s Council

Identify and implement strategies to strengthen the Peer Support Workforce

- Conduct a peer support workforce survey in winter of 2017 and winter of 2019.
- Create a report from workforce survey.
- Finalize service descriptions for 206 implementation.
- Finalize next steps for enhancing certification mechanism.
- Conduct peer support trainings and certification exams.
- Finalize and submit regulations for the peer support training and certification program.
- Create a forum where everyone can stay connected.
OCA Updates- OCA People’s Council

Questions for the group

• The Council would like to have a bigger presence. What are some ways the Council can increase their exposure?

• How do you see the OCA People’s Council fitting into the work of the Joint Mental Health & Substance Abuse Advisory Council?
OCA Updates- 2017 Behavioral Health Conference

- If you missed the conference you can still access materials!
  - https://www.naadac.org/2017-NEBHC-materials
- Over 400 people in attendance
- Good press for DHHS – ABC Eyewitness News covered the conference
Next Steps

In February, CMS (Center for Medicare and Medicaid Services) stopped the clock on the SPA (State Plan Amendment) due to time constraints and unresolved questions. The clock starts again when MLTC (Medicaid and Long Term Care) submits final responses to CMS questions. MLTC has worked collaboratively with CMS through this process. The week of May 1st, MLTC received one last additional question from CMS to which they crafted a response and made a change (this didn’t impact the peer support material but was just a general statement regarding MRO services in general).

MLTC sent a response to CMS the week of May 12th. The clock has now started again and MLTC expects SPA approval no later than 7/31/2017, with a retroactive approval date back to July 1, 2017.

Once the approval is given, MLTC will pull in DBH to begin to work on the MLTC service definitions.
OCA Updates - MLTC SPA

Rates released [http://dhhs.ne.gov/medicaid/Pages/MedicaidPublicNotices.aspx](http://dhhs.ne.gov/medicaid/Pages/MedicaidPublicNotices.aspx)

FFY17: $585,836 (FF $314,958 GF $270,879)
FFY18: $2,343,345 (FF $1,275,983 GF $1,067,362)

Peer Support

Rates:

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<thead>
<tr>
<th>Title</th>
<th>CPT Code</th>
<th>Modifier</th>
<th>Unit Value</th>
<th>Rate</th>
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<tbody>
<tr>
<td>Peer Support Services for Mental Health</td>
<td>H0038</td>
<td>HE</td>
<td>15 minute increments</td>
<td>$11.50</td>
</tr>
<tr>
<td>Peer Support Services for Substance Use</td>
<td>H0038</td>
<td>HF</td>
<td>15 minute increments</td>
<td>$11.50</td>
</tr>
<tr>
<td>Group Peer Support Services for Mental Health</td>
<td>H0038</td>
<td>HE/HQ</td>
<td>15 minute increments</td>
<td>$7.91</td>
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<tr>
<td>Group Peer Support Services for Substance Use</td>
<td>H0038</td>
<td>HF/HQ</td>
<td>15 minute increments</td>
<td>$7.91</td>
</tr>
</tbody>
</table>

Comments pertaining to the aforementioned may be submitted to the Department of Health and Human Services Legal Services, 301 Centennial Mall South, P.O. Box 95026, Lincoln, Nebraska 68509-5026. Fax 402-742-2382 or e-mail to DHHS.Regulations@nebraska.gov. Copies of this change are also available for viewing at each local office of the Department of Health and Human Services.

Posted: March 30, 2017
Below are the proposed monthly rates to begin July 1, 2017 for Family Navigator and Family Peer Support services. The Division of Behavioral Health would contract for both services while Division of Children & Family Services purchases just the Family Peer Support service.

<table>
<thead>
<tr>
<th></th>
<th>Navigator</th>
<th>Family Peer Support</th>
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<tbody>
<tr>
<td>Urban</td>
<td>$382.82</td>
<td>$263.19</td>
</tr>
<tr>
<td>Rural</td>
<td>$409.99</td>
<td>$281.86</td>
</tr>
<tr>
<td>Frontier</td>
<td>$459.16</td>
<td>$315.68</td>
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</table>
LB 417- signed by Governor on 04.27.2017

This bill adds clarifying language to authorize the Division of Behavioral Health to set standards for peer services. Nebraska’s current statute charges the Division with ensuring quality services, including peer support. This bill amends state law to specifically authorize peer support standards for training, credentialing and competencies of a peer recovery workforce. Further, the Division of Medicaid and Long-Term Care has submitted a State Plan Amendment to include peer support to Nebraska’s Medicaid members. Growing a quality and competent peer recovery workforce will strengthen outcomes for individuals served.

*Most bills passed and approved by the governor become law three calendar months after the Legislature adjourns.*
LB 417- Next Steps

1. Developing draft policy language - The OCA People’s Council developed a structure to assist in having conversations on moving the work forward.

   What would be the ideal infrastructure to write policy to?
This serves as a conversational tool only to help encourage dialogue around what a possible infrastructure may look like. This is not final and shall not be distributed or relayed as such. This is an opportunity for involvement.

Step 7 – Recertification every 2 years

Step 6 – Credential Management

Step 5 – Credential Award

Step 4 – Completion of Field Hours

Step 3 – Application Process and Taking of Exam

Step 2 – 102: 20 hours specialized training – Adult BH

Step 2 – 102: 20 hours specialized training – TAY

Step 2 – 102: 20 hours specialized training – Family

Step 2 – 102: 20 hours specialized training – Recovery

Step 1 – 101: Standardized Integrated Base of Competency Training for all Peer Support Specialists

DRAFT – CONVERSATIONAL TOOL
Governor

IN WITNESS WHEREOF, I have hereunto set my hand and cause the

obsequies.

in Nebraska, and I do hereby urge all citizens to take note of the

A Proclamation

STATE OF NEBRASKA

MENTAL HEALTH AWARENESS MONTH

PROCLAIM the month of May 2017 as

Mental Health Awareness Month.

I, Pete Ricketts, Governor of the State of Nebraska, do hereby

people love other lives.

support special needs, children and health care providers play in helping

We reaffirm our unyielding commitment to all those who are seeking

people from seeking help and

strengthen our resolve to offer our support and to sponsor the key role families, our

We must strive to remove the stigma around mental health and

and emotional distress and to support those in need and

If it is our shared responsibility to recognize the signs of applaud

people access to the help they need; and

have access to the help they need; and

We must bring mental health and substance use disorders out of the

nor most of these people treatment can be effective and recovery is

Approximately one in five American adults will experience a

Now, Therefore:

WHEREAS,
TUESDAY, APRIL 11

11:00 am – 4:00 pm  Atrium 123  
Registration Open

Noon – 5:00 pm  Atrium 123  
Exhibits

2:00 pm – 2:30 pm  Grand Ballroom  
CEs: 0.5  
Welcome

2:30 pm – 4:00pm  Grand Ballroom  
CEs: 1  
I’m OK But YOU Need Professional Help: Creating Recovery – One Laugh At A Time!  
David Granirer
In this hilarious show, award-winning counselor and stand up comic David Granirer who has depression will do comedy about his mental health journey and tell you about Stand Up For Mental Health, his award-winning program teaching comedy to people with mental health issues. You’ll get to see how he creates recovery — one laugh at a time!

4:00-5:00pm  Grand Ballroom  
CEs: 1  
Wrap-Up

WEDNESDAY, APRIL 12

7:15 am – 6:00 pm  Atrium 123  
Registration Open

7:15 am – 9:00 pm  Garrat  
Comfort room opens

7:30 am – 4:30 pm  Atrium 123  
Exhibits

8:00 am – 9:45 am  Grand Ballroom  
CEs: 1.75  
How “Not Fitting In” Works For Me  
Letty Elenes
Letty Elenes has always been about connections and building community. Starting out with a strong family support system, turning to a street family when she simply needed to survive and then building on the relationships she developed with people who showed her the way to a more fulfilling life. Letty always knew she was stronger with a community than by herself. Armed with personal experience, education, and an unquenchable need to continue building and strengthening her community she found a new home in peer work and, in particular, with youth who were facing the same obstacles she had faced. Her community includes her family, a network of friends and the many people she has touched through education, mentoring, and by simply modeling the possibilities one can achieve by always connecting — and always seeking the connections we all have with one another.

10:15 am – 11:45 am  BREAKOUT SESSIONS

Breakout Session  Yankee Hill 2,3  
CEs: 1.5  
Working with Others: Recognizing and Coping with Stigma Associated with Mental Health and Addictions  
Soshia Bohn, LADC and Tommy Newcombe, CPSWS
The Working with Others: Recognizing and Coping with Stigma Associated with Mental Health and Addictions presentation includes a multidimensional approach detailing stigmatization associated with addiction and mental health using evidenced-based research. Through both a clinical and consumer viewpoint, the use of lecture and interactive group modalities, participants will understand how stigma affects us biologically, psychologically, socially, and socioculturally. Developing and incorporating a strength-based approach will begin our pathway to recognizing and using our strengths to lead a positive fulfilling life.

Breakout Session  Lancaster 123  
CE: 1.5  
Mental Health Awareness with Youth Who are Refugees  
Linda Jensen, PhD, RN and Alana Schriver, MPH
Understanding where refugees come from, both geographically and culturally, is critical to providing effective mental health support. Barriers may exist beyond language. THRIVE Leadership Club, a part of the Omaha Public School's Migrant Education program is active in five OPS high schools with the largest immigrant and refugee populations. Northwest High School's THRIVE club chose to learn more about mental health issues and to create a advocacy video to bring more awareness and understanding to other high schools in the Metro area and to their own ethnic communities. The presentation will include a discussion of pre and post resettlement stressors and cultural determinants that influence identification, treatment, and follow-up care.

Breakout Session  Lancaster 456  
CEs: 1.5  
Best Practices in Addressing Underage Drinking  
Megan Hopkins and Linda Major
The Nebraska Collegiate Consortium to Reduce High-Risk Drinking (NCC) includes 27 institutions of higher education in Nebraska working to reduce high-risk drinking by implementing a combination of individual, environmental, campus, and community strategies. NCC members develop strategic plans, brief intervention programs designed to reduce high-risk drinking, liaison with law enforcement, parents and community members to promote safe behaviors, connect to national and state organizations, provide skill building opportunities, maintain an effective educational website and list serve, support and encourage partnerships with local alcohol prevention coalitions, provide technical assistance on the analysis of existing databases and the development of new surveys.
Cognitive Biases and the Recovery Journey
Arthur Doler

Make no mistake, the recovery journey is hard. It requires introspection, effort, and dedication. But your brain might be making it more difficult than it has to be! The culprit is simple: cognitive biases. These biases are ways your brain tends to think or feel about things that can act like traps and cause you to make decisions that might make your recovery progress harder or even derail it entirely. In this talk, you’ll learn about these hazards your brain sets for you along the recovery road, and learn some techniques to help to remove them.

Noon – 1:00 pm  
Grand Ballroom  
Lunch

1:00 pm – 2:30 pm  
BREAKOUT SESSIONS

Society of Care: Service & System Change
Greg Donovan, MPA and Lucinda Mesteth

Most socio-economic and health indicators paint a bleak situation for Native Americans. Learn how the inter-tribal Society of Care is expanding service delivery and refining systems to increase the quality of life for young Native Americans and their caregivers throughout Nebraska. Discover how evidence based practices, traditional healing approaches, and modern technology are being used as productive methodologies.

Breakout Session  
Lancaster 123  
CEs: 1.5

Creating a Culture of Health and Mental Well-Being
Kathy Karsting, RN, MPH

In this presentation, participants will assess evidence and data showing the ways in which mental well-being in communities and populations is influenced by the social and environmental conditions in which we live.

Breakout Session  
Lancaster 456  
CEs: 1.5

Brief Motivational Interviewing for Health Promotion
Mogens Bill Baerentzen, MS, BSN, CRC, LMHP

This training will explore the use of brief motivational interviewing techniques to promote physical health for persons with mental illness. Participants will learn how to apply a stage of stage framework and how to use 4 specific techniques to promote physical health. The training is highly interactive and require participant participation. The training is intended for consumers, peers, and staff.

2:30 pm – 2:45 pm  
Atrium  
Afternoon Break

2:45 pm – 4:15 pm  
BREAKOUT SESSIONS

From Dream World to Death's Door and Back: The Opioid Journey
Christine Chasek, NCC, MAC

The opioid epidemic that has taken hold across the country has now reached the borders of Nebraska. How did we get here? How do we identify an opioid problem? How can we help? While there are no easy answers, this presentation will begin the journey to understanding and healing by examining the Opioid problem from a historical and treatment perspective. The history of opioid use, pain management, the creation of pill mills, and the rise of the illegal use of opioids will be discussed followed by an examination of best practices to use when assessing and treating opioid use disorder. The American Society of Addiction Medicines guidelines for assessing and treating Opioid Use disorders will be reviewed and resources for treatment in Nebraska will be discussed.

Breakout Session  
Lancaster 456  
CEs: 1.5

Tapping for Stress Relief
Roni Wilder, CPSWS and Michaelle Vega-Hernandez, CPSWS

In this session you will be provided with the tools to reduce or relieve the stressors that can hold us back from enjoying life and reaching our full potential. Tapping is simple and painless. It can be learned by anyone. And you can apply it to yourself, whenever you want, wherever you are. It does not require an appointment or prescription and can be used with specific emotional intent towards your own unique life challenges and experiences. Most importantly, it gives you the power to heal yourself, putting control over your destiny back into your own hands.
Breakout Session Arbor 12  
**Dual Stigma: Serious Mental Illness and Criminal Justice System Involvement**  
Michael Dicken and Lisa Casullo, PsyD, CPSW  
This workshop will review the history of forensic peer support and how it is currently being implemented in Nebraska by MASSIVE Inc. This organization will review their philosophy, principles and programming for justice involved individuals who have lived experience with a behavioral health challenge. This workshop will review best practice in working with the identified population as outlined by SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation.  
4:30 pm – 6:00 pm  
Grand Ballroom  
CEs: 1.5

**Systems of Care**  
Bernie Hascall, MS and Karla Bennetts  
Systems of Care have transformed children’s mental health services and improved the lives of children and their families. The approach has gained wide acceptance due to the recognition that children with serious and complex mental health needs are frequently involved with multiple child-serving agencies. Positive outcomes for children and youth have been achieved through the increased use of family driven home and community-based services and supports. States are coordinating the planning and delivery of services within a system of care infrastructure that addresses the unique strengths and needs of each child and family. Nebraska has formalized efforts to support and expand the previous system of care initiatives. This presentation will provide participants information regarding Nebraska’s public/private partnership approach to System of Care expansion and sustainability.  

**THURSDAY, APRIL 13**  
7:15 am – 4:00 pm  
Atrium 123  
Registration Open  
7:15 am – 4:00 pm  
Comfort room opens  
7:30 am – 3:00 pm  
Atrium 123  
Exhibits

8:00 am – 9:45 am  
Grand Ballroom  
**Promoting Community Inclusion and Participation**  
Mark Salzer, PhD  
This plenary session will discuss community inclusion as a rights issue comprising of two societal commitments. First, to ensure that all individuals have an equal opportunity to fully participate in the community; and second, to establish communities that actively seek out and welcome the participation of everyone. Evidence will be provided on community participation as a wellness necessity for individuals in recovery, as well as data indicating that people are not currently living in the community like everyone else. Finally, essential fundamentals for promoting community inclusion and participation will be offered, including the need to see people in recovery as people and not patients, strategies for utilizing natural resources and mainstream resources, and identifying and eliminating environmental barriers to participation.  
10:15 am – 11:45 am  
BREAKOUT SESSIONS

**Breakout Session Lancaster 123**  
Jennifer Auman  
**Home Visiting! Oh Sure! That’s Where You, uh... Visit Homes, Right?**  
Evidence-based home visiting is a prevention program designed as support for pregnant or parenting families of children birth to age 5 who may struggle with significant life stressors such as poverty, exposure to violence or substance abuse, teen parenting, or military families with one or both parents in service. This presentation will describe the program, the benefits and value not only to the families served, but the community as a whole.  
Breakout Session Lancaster 456  
CEs: 1.5  
**SBIRT: Sparking Integration in Nebraska**  
Nikki Roseberry-Keiser, Chris Wagner, MA, and Christie D. Abdul, LCSW, LMHP  
Screening and Brief Intervention and Referral to Treatment (SBIRT) is an important tool for health care professionals to understand and utilize with their patients. This presentation will help health care professionals to understand the need to implement SBIRT within their setting, become knowledgeable of evidence showing significance of untreated behavioral health conditions on physical health, recognize the skills and training needed to implement appropriately, and recognize the value of the pilot SBIRT project being conducted in Omaha.
Breakout Session  Arbor 12  
CEs: 1.5

**Overcoming Stigma to Thrive**  
Lilchandra Sookram, PhD and Victoria Osler

Have you ever heard something like “You’ll never amount to anything — You’re mentally ill,” from a professional, friend, or family member? In this presentation, we will show that self-stigma prevents self-empowerment, and is a major obstacle for recovery and thriving. We will cover core beliefs, values, expectations, and overall attitudes that undermine feelings of self-empowerment and the will to thrive beyond being a “professional patient.” We will examine how positive ideas and feelings can affect our health, work, recreation, and relationships — the things that make us reach our full potential! In this interactive session, we strive to offer hope and a sense of clarity on next steps individuals with severe mental health challenges, and their families, can take to live life to the fullest.

Noon – 1:00 pm  Grand Ballroom

**Lunch**

1:00 pm – 2:30 pm  **BREAKOUT SESSIONS**

Breakout Session  Yankee Hill 2,3  
CEs: 1.5

**Ethics and You: The Challenges and Situations We Find Ourselves In**  
Cynthia Moreno Tuohy, NCAC II, CDC III, SAP

Consumers and Addiction professionals alike find themselves in situations that present challenges as to what is ethical, what is situational ethics, and how do we deal with such issue as social situations together, dual relationships transference and counter transference. And what about those sticky situation such as touch, selling and buying items and conflicts. This training will explore these types of situations, the new NAADAC Code of Ethics and the Principles that as a Consumer you will want to know what to expect and as a clinician, you will know what the new Code instructs. This is an interactive session.

Breakout Session  Lancaster 456  
CEs: 1.5

**Consumer Community Building in Region 6**  
Roger Zemanek, CPSWS

This presentation will introduce participants to the Region 6 Consumer Community Development Project. This consumer-driven project is designed to support the growth of an independent consumer community in the Region 6 service area. Drawing from personal experiences shared by a panel of project participants, we will demonstrate the value of this work. We will outline the processes and activities that have made the project a success, as well as existing challenges and outcomes. Participants will also learn ways in which they can grow community in their areas, such as defining a vision of community, leadership development, and outreach through social media.

3:00 pm – 4:30 pm  Grand Ballroom

**Opioid Panel**  
Renee Faber, Jonathan Koley, Cynthia Moreno Tuohy, NCAC II, CDC III, SAP, Ashley Newmyer, Josh Shasserre, Patricia (Pat) Stilen, and Dr. Todd Stull

According to the U.S. Department of Health & Human Services, our nation is in the midst of an unprecedented opioid epidemic. In 2014, more people died from drug overdoses than in any other year with majority of those overdose deaths involving an opioid. Nebraska’s experience with this problem has not reached the magnitude of other states. Therefore, this panel will focus on proactive approaches at a national level as well as here in Nebraska. You will hear firsthand from those who are building partnerships to create unified approaches to prevention, treatment, and recovery for those experiencing opioid abuse in our state.
**Office of Consumer Affairs People’s Council**  
215 Centennial Mall S  
5th Floor Conference Room  
Lincoln, Nebraska  
June 01, 2017  
9:30 AM – 4:00 PM (Central Time)

Public comments are welcome throughout the meeting.

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:30 AM - 09:50 AM</td>
<td>Chairman Casullo &amp; Cynthia Harris: Welcome, Open Meetings Law, public comment, new member introduction, attendance, quorum, housekeeping, &amp; review of past meeting minutes.</td>
</tr>
<tr>
<td>09:50 AM - 10:20 AM</td>
<td>Director Sheri Dawson: Director’s Update</td>
</tr>
<tr>
<td>10:20 AM - 10:50 AM</td>
<td>Executive Committee: Executive Committee Update</td>
</tr>
<tr>
<td>10:50 AM - 11:05 AM</td>
<td>Break</td>
</tr>
<tr>
<td>11:05 AM – 11:30 AM</td>
<td>Group: Council member updates of current initiatives</td>
</tr>
<tr>
<td>11:30 AM – 12:00 PM</td>
<td>Harris: OCA updates</td>
</tr>
<tr>
<td>12:00 PM - 01:20 PM</td>
<td>Lunch</td>
</tr>
<tr>
<td>01:20 PM – 01:40 AM</td>
<td>Harris and Jennifer Ihle: Peer Bridger program update</td>
</tr>
<tr>
<td>01:40 PM - 03:00 PM</td>
<td>Harris: Nebraska Peer Support project updates and next steps (LB 417)</td>
</tr>
<tr>
<td>03:00 PM - 03:15 PM</td>
<td>Break</td>
</tr>
<tr>
<td>03:15 PM - 03:35 PM</td>
<td>Harris: Review of DBH 2017-2020 Strategic Plan</td>
</tr>
<tr>
<td>03:35 PM - 03:50 PM</td>
<td>Chairman Casullo: Open Discussion</td>
</tr>
<tr>
<td>03:50 PM - 04:00 PM</td>
<td>Chairman Casullo: Next meeting information and adjournment</td>
</tr>
</tbody>
</table>

If you have any questions or would like more information, please feel free to contact:

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