

Nebraska Department of Health and Human Services
Division of Behavioral Health
Nebraska System of Care (NeSOC) Leadership Board
August 23, 2016 1:00 pm – 4:00 pm Nebraska State Office Building, Lincoln, NE
Meeting Minutes

I. Call to Order/Welcome/Roll Call

Courtney Phillips/Sheri Dawson

Courtney Phillips, CEO, Department of Health and Human Services called the meeting to order, thanking those present for their time in serving on the Board. Phillips acknowledged that much of the System of Care (SOC) work will be completed by other groups and committees being formed but recognized that it was important to have the key players at the Board level and encouraged frank conversations to determine what the key elements of focus should be moving forward. Sheri Dawson, Director, Division of Behavioral Health (DBH) welcomed committee members and others present to the meeting providing participants an opportunity to introduce themselves. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. The public comment sign-up sheet was identified and made available to the public in attendance.

Roll call was conducted and a quorum was determined to exist. Voting members in attendance: Beth Baxter, Donita Baxter, Karla Bennetts, Greg Donovan, Joseph Evans, Mary Jo Pankoke, Corey Steel, Mary Thunker and Julie Scott attending for Ellen Brokofsky. Non-voting members in attendance: Courtney Phillips, Sheri Dawson, Cynthia Harris, Tamara Gavin and Nathan Busch. Members absent: Desiree Acosta, Raevin Bigelow, Matthew Blomstedt and Ellen Brokofsky.

II. DHHS/DBH SOC Overview and Update

Sheri Dawson

Prior to beginning the overview of the SOC, Dawson asked Greg Donovan to provide a brief overview of the Society of Care grant awarded to the Santee Sioux Nation by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Donovan stated that the grant embraces the Winnebago and Omaha tribes, the Iowa tribe of Nebraska and Kansas as well as the Indian Center in Lincoln, NE which is serving as grant contractor with the Santee Sioux nation. The grant serves youth, ages birth through twenty-one (21), who self-identify as Native American. Programming is provided though tele health which makes the program unique to SAMHSA. Anything that increases the quality of life for the Native American population is within the scope of the grant's programming. Donovan stated that collaboration with Nebraska's System of Care is valuable as "rising tide raises all boats". The Society of Care has physical presence in the tribal communities mentioned as well as in Alliance, Omaha and Lincoln. Dawson asked Joseph Evans to also provide background of his involvement with Systems of Care. Evans stated that the System of Care was started by Dr. Bob Friedman at the University of South Florida when Evans was on faculty there. Lastly, Dawson asked Beth Baxter to provide an overview of her past involvement with Children's System of Care efforts in Nebraska. Baxter noted that in her role as Administrator of Region # Behavioral Health Services the Region received a federal System of Care grant in 1997. Prior to that, the Region had a blank slate in deciding what to do about a system for children. The Region was grant funded through 2003 and in 2001 the grant was expanded to include children with behavioral health needs who were in the child welfare system, building on the professional partner program that took an individualized approach and broadened it to another group of youth in the system. The Region brought in experts to address evidence-based practices including multi-systemic therapy. Baxter stated she was happy to see the System of Care being implemented at the state level.

Director Dawson provided an overview of the System of Care and reviewed the remaining agenda topics. Dawson's overview included the following points.

- The SOC initiative supports the Department's Mission "Helping People Live Better Lives" and

- is aligned with the Governor's priorities for the state.
- The SOC initiative addresses being more customer focused through partnerships and delivering services with rather than for families.
 - Reducing all the complexities of regulations will improve access to care.
 - The SOC initiative has the support of the DHHS CEO and Governor. It was clear in early discussions with them that because of the scope of the initiative it would be beneficial to the State to have a public/private partnership. The Nebraska Children and Families foundation agreed to partner with the Division on this initiative.
 - The SOC is performance driven and metrics and data needs to demonstrate whether or not we are making a difference.
 - A work plan was developed based on the SOC strategic plan.
 - The DHHS business plan identifies the priorities of the Department across all Divisions. The SOC is detailed on page 12 of the plan.
 - There are SOC deliverables noted in the business plan that will guide the work of the Leadership Board, with the first deliverable accomplished through convening the Leadership Board today. Coming up soon will be working on a cross-system map of services, eligibility, funding, practices and regulations in order to maximize the funding.
 - The memorandum of understanding (MOU) will be addressed under a later agenda item.
 - The concept of System of Care was described as doing business differently. It means pulling partners together in a coordinated way.
 - SOC values and principles ground us and help us in making decisions. Youth and families know most about what they need. Families are the best voice and bringing them into the decision making process supports involvement and partnership. There is a recognition that services should be community-based so that family members can be close to home. Other principles include; individualized, accessible, cost effectiveness and trusted partnerships.
 - The strategic planning process began 2013-2014 through a SAMHSA planning grant. Many people, including youth came together to help develop the plan. Over 1100 people responded to a survey/readiness assessment that revealed what was needed in the plan. The final strategic plan development was a team effort resulting in nine goals and 93 strategies. An important result of the planning process was an understanding and appreciation of the way we work with our partners.
 - An opportunity identified was an understanding that people with experience with services are those people we should be talking to about how to improve services.
 - In January 2015, Dawson pulled together people from the planning grant's Management Team to identify ways to move the SOC forward in a way that didn't involve funding and to prioritize actions steps from the 93 strategies. This group looked at the Survey/readiness assessment developed by the University of Nebraska-Lincoln, Public Policy Center during the planning grant process. The overall grade from the readiness assessment was a C- indicating that the State has room to improve. A draft of a three-year work plan was developed based on the strategies.
 - In support of the Governor and CEO's request to document performance, measurements and metrics were identified that will indicate if the SOC is making a difference and if the System is improving.
 - The Governor officially launched the System of Care initiative through a press conference. Dawson thanked all those in the room who participated in the press conference.
 - The Governor has identified four priority outcome measures for the SOC. They are; reducing out-of-home placements, increasing school attendance/performance, reducing the cost per youth receiving services and decreasing the average age of first system contact which addresses prevention and impacting children earlier.
 - Dawson expressed the hope that Board members would be committed long-term.
 - The Division submitted an application to SAMHSA for a SOC implementation grant. Dawson

stressed that the work of the Leadership Board is the “big umbrella” - the big children’s system of care, i.e. how are we in Nebraska going to do business differently to serve children and youth. The implementation grant which is up to \$3 million annually for four years, supports development of services within the larger SOC efforts. Beth Stroul with Georgetown’s System of Care contacted the Division and encouraged application which was ultimately submitted. Awards should be announced by early September. If Nebraska is not awarded the implementation grant, the Division is moving forward with the larger system initiative.

- Dawson offered appreciation for the public/private partnership with Nebraska Children and Families Foundation. The partnership assists the State’s SOC efforts with staffing and other supports in moving SOC forward.
- MOUs that are being executed will provide for the sharing of data across agencies. These MOUs are necessary to report on system performance as required by the Governor and CEO. The MOUs address data variables, differences on how and which type of data is collected and who can/cannot access to the data. The Division of Behavioral Health will not own the data analysis but will help guide and lead sharing of data. Data will go to the Implementation Committee and Leadership Board for interpretation and shared ownership of the process.
- Change in terminology between the initial planning grant the current SOC efforts was clarified. The planning group was originally called the Governance Board and is now called the Leadership Board or policy makers, the Project Management Team is now called the Implementation Committee and there are still the following work groups planned; Quality Improvement, Services and Supports, Fiscal/Financial investment, Social Media and Communications and Technical Assistance and Training.
- The idea is to get the work from the Leadership Board and Implementation Committee pushed down to the local level so that there are systems of care operating in communities, regions, tribes and all partner groups needed to move the SOC forward.

Dawson answered questions stating that the implementation grant, if awarded will begin in October. Beth Baxter asked for the status of the SOC staff member (Administrator 1). Tamara Gavin reported that the Division is still in the interviewing process of some good candidates but hope to have that finished up in the near future. Dawson stated it was a large pool of applicants that was narrowed through first interviews.

Joseph Evans stated that current census reveals there are 450-500 thousand children in the state and in looking at the behavioral data we have 20-25% of kids who have a diagnosable issue which computes to 90-100 thousand children, From the data collected do we know how many are currently getting services? Dawson stated that the number that came through during the planning grant was 37-39 thousand young people. Looking across all children the number is probably larger. Evans questioned if the focus of the SOC will be on the 90-100 thousand or on the 37-39 thousand. Dawson stated this issue was discussed during the planning process. The intent was to focus on the 37-39 thousand but what is believed will happen is that as the system is changed, it will impact a larger number of children. CEO Phillips stated that what has been experienced by other states’ SOC efforts is that they start with a smaller group and roll out some of the key services to a larger group as favorable results are experienced. This methodology was followed in Louisiana. The age range for the System of Care was clarified. Nebraska’s System of Care targets children and youth ages zero to 21.

III. New Business

Tamara Gavin

A. Committee Structure and Governing Documents

Tamara Gavin pointed out the Leadership Board roster included in the meeting packet. Gavin stated that the Division is still working with the Department of Education to identify a representative for the Leadership Board. As soon as that person is identified Board members will be notified. Gavin also stated

outreach will be provided to the youth partners on the Board to offer support for their ongoing involvement.

The final version of the Organizational Agreement document, included in the packet, was addressed. Gavin asked for any input or modifications to the document with the intent of formally adopting the document for future meetings. An opportunity to walk through the document was provided to the group. Gavin asked for any revisions, modifications or edits to the document. Greg Donovan questioned the use of the term “presiding officer” but that this position is not thoroughly defined or explained. Beth Baxter stated that a concept is missing, referencing the term to “consumer involvement”. Baxter asked for the insertion of language in terms of empowerment or engagement or language that supports helping youth to take active involvement. Under rationale, inserting consumer involvement, empowerment and engagement is a priority so that there is an “action” sense to it. Gavin clarified language on page three under “Substitutions for an absent Board member”. Gavin recommended changing the language in the second sentence to read “for a calendar year” since Board members do not have “appointment terms” as referenced. Gavin noted there is a mechanism for expense reimbursement for non-state employees attending today’s Board meeting. Affected members were directed to see Linda Henningsen following the meeting for instructions on the expense reimbursement process. Gavin asked CEO Phillips to entertain a motion to approve the Operational Agreement document with the suggested modifications as stated, noting that a sentence or two will be added to further explain the presiding officer role. Phillips asked for a summary of changes to be made. They are:

- First page under Nebraska System of Care Leadership Board objectives, “empowerment and engagement” will be added to item three and also under the rationale section.
- A sentence further defining presiding officer role and scope will be added.
- Page 3, under “Substitutions for Absent Board Members” change members appointment term to a calendar year.

Phillips called for a motion to approve the Operational Agreement document inclusive of the noted changes. A motion to approve the document with noted changes was made by Mary Jo Pankoke and seconded by Joseph Evans. The motion was carried by unanimous vote.

Gavin returned to a discussion on the organizational structure as covered by Sheri Dawson during her overview presentation. Feedback on the potential membership of the Implementation Committee was solicited. A list of potential members was displayed for viewing by Board members. It was noted members referenced on the list were identified during the planning grant. Gavin asked if the list was adequate or if there were other individuals, agencies or system partners missing from the list noting that she would be seeking a motion to approve the list as is or with any additional recommendations from Board members. The following proposed additions to the Implementation Committee were recommended:

- University system or training representative
- SUD/MH provider
- Court Improvement Project representative
- UNL Public Policy Representative
- Individual to represent disparate/minority groups in addition to the tribal liaison already on committee.

Gavin noted that the Implementation Committee will be working under the direction of the Leadership Board and will be instrumental in pulling together the work teams. Individuals, agencies and/or programs not represented on the Implementation Committee would be asked to serve on a work team. Gavin also noted that the Youth and Family Advisory Committee members have not been identified as input and advice from existing youth/family advocacy organizations already operational will be sought. To clarify the rationale for the Youth and Family Advisory Committee, Director Dawson stated that there was a strong recommendation coming from the planning grant process to give youth and family groups the opportunity to meet among themselves and then have individuals from those groups represented on the

Implementation Committee and/or work teams. Continuous Quality Improvement (CQI) was addressed with Gavin noting that CQI is provided in one of the work teams with future efforts directed towards looking at a more formal evaluation process coming out of that group.

Gavin asked for a motion to approve the Implementation Committee list with recommended additions. Beth Baxter moved to approve the list, seconded by Mary Thunker. The motion carried by unanimous vote. The Implementation Committee will meet bi-monthly.

B. Issuance of Memorandum of Understanding (MOU)

Tamara Gavin provided the Board with an update on the MOU process. MOUs have been developed for internal Divisions as well as external system stakeholders. What is sought in the MOUs is the ability to share and aggregate data in order to report on the outcomes referenced in Director Dawson's earlier presentation. Those outcomes are,

- Decrease the proportion of youth living in a setting other than home,
- Increase number of youth who attend school regularly,
- Decrease costs per youth receiving services, and
- Decrease average age of first system contact.

Because the data sets are siloed or specific to agencies or programs, MOUs will be executed for the Divisions of Medicaid and Long Term Care and Developmental Disabilities as well as the Administrative Office of Probation. The purpose of the MOUs is to gain an understanding of eligibility, expenditures and utilization data of youth who are served either within an individual system or across systems so identification, at an individual level, of the youth experience can be made. A MOU has been provided to the Department of Education so that attendance rates in a variety of capacities can be collected. It has been determined that a MOU with the Division of Child and Family Services is not needed at this time but that data will be collected from that system. The question before the Board was whether there are other agencies, systems or partners that have large amounts of data not already provided by those partners previously referenced. Corey Steel referenced court data that might not be captured by Probation or the welfare system. Steel suggested expanding the MOU for the Administrative Office of Probation to include Administrative Office of Probation and the Courts for data covered under one MOU. Julie Scott reported that the Administrative Office of Probation is currently making an initial review of the MOU and then will be sharing with the court system. A reference was made to data needed that is also being collected by the family organizations. Joseph Evans suggested NABHO as another source of data. Beth Baxter suggested an organization that focuses on children's services, such as Children and Family Coalition of Nebraska CAFCON). Tamara Gavin will reach out to both NABHO and CAFCO although it is assumed neither organization is collecting individual data so accessing aggregate data could be done without a MOU.

The Board was reminded that baseline data is due to the Governor by the end of October. Because the Board is not scheduled to meet again until November, Gavin questioned whether a special Board session was needed to analyze the data that will be collected or whether this responsibility should be delegated to the Implementation Committee meeting the first week in October. Board members expressed a desire to review the data prior to it being provided to the Governor. Various options in lieu of an in-person Board meeting were suggested. Because the Board falls under the Open Meetings Act, an actual meeting would need to be convened. Corey Steel motioned there be a special session or ad hoc meeting of the Board to review and make final approval of the data. The motion was seconded by Karla Bennetts. The motion carried by unanimous vote. The special session or ad hoc meeting will be scheduled for early to mid-October.

A review of the Financial Blueprint project conducted by the TriWest consulting group was provided. Gavin noted that a report is being generated by TriWest that looks at spending and utilization patterns

across systems and the expectation is that TriWest will make recommendations such as how expenditures can be made more efficiently and what services are missing in the system. The report is in its final stages and once finalized, the report will be brought back to the Board for review and recommendations.

Director Dawson asked how data share would be conducted with tribes. Greg Donovan stated that this would be conducted through an arrangement with each tribe rather than through the Society of Care and that it would be wise to take the request through each tribal council.

IV. Election of Chairperson

Courtney Phillips

CEO Courtney Phillips opened the floor for nominations for chair and co-chair. Beth Baxter nominated Karla Bennetts for one of the co-chair positions and motioned she be approved. Mary Thunker seconded the motion and Karla Bennetts was approved by unanimous vote. Karla Bennetts nominated Beth Baxter for the second co-chair position and motion she be approved. Mary Thunker seconded the motion and Beth Baxter was approved by unanimous vote.

V. Public Comment

CEO Phillips opened the floor for public comment. There were no members of the general public in attendance wishing to make comments.

VI. Next Meeting

Courtney Phillips

The next regular meeting of the Leadership Board will be determined following the special session to be scheduled for October. Potential dates for the October meeting will be circulated via email. Phillips asked the group to provide any October dates that would be prohibitive.

The following agenda items were noted for the October meeting:

- Review of the TriWest report
- Presentation of data

Joseph Evans made a request to invite someone from Medicaid to a Board meeting to offer an update and overview of how the three providers under Heritage Health will be coordinating behavioral/physical health. It was suggested that this item be delayed until the November meeting and noted that Medicaid/Heritage Health will be conducting a statewide information tour beginning in October.

VII. Adjourn

There being no further business, Julie Scott motioned to adjourn. Corey Steel seconded the motion and the meeting was adjourned.

Concept! Plan! Ready! Go!



Nebraska System of Care (NeSOC)
for
Children, Youth and Their Families



Helping People Live Better Lives

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



Helping People Live Better Lives

Governor's Priorities

The System of Care exemplifies Nebraska's forward-thinking, results-oriented personality and character.

Implementing a System of Care concept in Nebraska responds to three of the five priorities set by the Governor for the state:

- A more efficient and effective state government.
- A more customer-focused state government.
- Reducing regulation and regulatory complexity.



Helping People Live Better Lives

CONCEPT! PLAN! READY! GO!

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."



Division of Family and Community Care

CONCEPT! PLAN! READY! GO!

The framework encompasses specific core principles and values identified by national experts on Systems of Care:

- > Youth-guided and family driven
- > Community-based
- > Culturally and linguistically responsive services and support

Core principles and values provide the framework's **foundation** upon which to build a system of care. Nebraska has strengthened its System of Care foundation by including additional values and principles:

- > Individualized
- > Accessible
- > Cost-effective
- > Trusted partnerships



Division of Family and Community Care

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STRATEGIC PLANNING for SOC:

2013-2014

Nebraska brought together youth, families, child-serving systems, providers and Nebraska leaders in equal partnership to develop a statewide comprehensive strategic plan for a system of care.

- > Strategic planning was a grant-funded, comprehensive and highly participatory process.
- > Over 1,100 people, including youth, families and providers, participated.
- > 10 Core Strategy teams developed SOC implementation strategies around identified strategic areas.
- > Nine (9) goals and ninety-three (93) implementation strategies reflecting Nebraska's diversity and complexity were developed.



Division of Family and Community Care

CONCEPT! PLAN! READY! GO!

Nebraska's System of Care initiative was launched on April 5, 2016 at a Governor's news conference generating interest statewide.




With the new System of Care, DHHS and its partners will deliver services in a more effective and customer-oriented manner.

Governor Pete Ricketts

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Helping People Live Better Lives

CONCEPT! PLAN! READY! GO!

Metrics for focus have been identified.

NeSOC DASHBOARD
Governor's Priority Outcomes

- Decrease the proportion of youth who report living in a setting that is not their home (i.e. foster care, jail, prison or hospital).
- Increase the number of children and youth who attend school regularly.
- Decrease costs per youth receiving services.
- Decrease in average age of first system contact.



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Helping People Live Better Lives

CONCEPT! PLAN! READY! GO!

We have support to move the plan forward!



"Coming together is a beginning; keeping together is progress; working together is success."
Henry Ford



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Helping People Live Better Lives

Sheri Dawson, RN
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**Nebraska Department of Health and Human Services
Division of Behavioral Health
Nebraska System of Care (NeSOC)
LEADERSHIP BOARD**

ORGANIZATIONAL AGREEMENT

NAME OF ORGANIZATION

The name of the organization shall be the Nebraska System of Care (NeSOC) Leadership Board.

PURPOSE

The Nebraska Department of Health and Human Services Division of Behavioral Health's System of Care Leadership Board is convened to provide state and regional leadership and guidance to the implementation of the Nebraska System of Care (NeSOC) strategic plan. The Board will: (a) conduct regular meetings, (b) provide recommendations and advice to the Division relating to the development, implementation, provision, and funding of NeSOC, such as policy and regulations, organized peer support, wellness, and recovery services, (c) promote the interests of children, youth and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research, (d) provide reports as requested by the Division, and (e) engage in such other activities as directed or authorized by the Division.

The Division means the Division of Behavioral Health within the Nebraska Department of Health and Human Services.

The NeSOC Leadership Board Objectives are:

1. To provide recommendations to the Department of Health and Human Services, Division of Behavioral Health on the implementation of the strategic plan inclusive of ways to best support children, youth and their families in the journey of healing, recovery, resiliency and personal transformation.
2. To provide recommendations to guide the Division relating to the development, implementation, provision and funding of NeSOC.
3. To promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation and research.

RATIONALE

Consumer involvement is a priority in all aspects of service planning and delivery (§ 71-803) and the Nebraska System of Care (NeSOC) provides an avenue for key stakeholders to support this priority. As the Nebraska Behavioral Health system continues to transform through NeSOC, it is necessary to implement formal and strategic system links with other key stakeholders in order to expand consumer involvement in service planning and delivery in Nebraska.

MEMBERSHIP

The NeSOC Leadership Board shall consist of 12 voting members appointed by the CEO of the Department of Health and Human Services and representing state, regional and community level partnerships. Board members shall represent executive personnel of the following entities:

- NE Children’s Commission, (1)
- Office of Probation Administration, (1)
- Nebraska courts, (1)
- Nebraska tribes, (1)
- Nebraska Department of Education (1)
- Private/non-profit organization, (1)
- Youth (2) and family (2) advocates,
- Family advocacy organization, (1) and
- Workforce training organization (1)

Non-voting membership may include but is not limited to: DHHS CEO, DHHS/Division of Behavioral Health (3), DHHS/Office of Consumer Affairs (1), Public/Private partnership (1).

POLICIES AND PROCEDURES

A. Function

The function of the NeSOC Leadership Board is to serve as an oversight entity and requires the following duties:

1. Review of information provided to the Leadership Board by DBH and its NeSOC partners and submission to DBH any recommendations and advice of the Leadership Board for modifications to be made to the information.
2. Serve as an advocate for children, youth and their families who have been impacted by behavioral health conditions, including mental illness, severe emotional disturbance, substance use disorders, and co-occurring disorders,
3. Provide reports as requested by DBH, and
4. Engage in such other activities as directed or authorized by DBH.

B. Appointments

The NeSOC Leadership Board shall consist of twelve (12) voting members and up to nine (9) non-voting members appointed by the Chief Executive Officer of the Department of Health and Human Services.

C. Attendance

A member who has two consecutive absences without prior notification shall be contacted by the Division of Behavioral Health regarding his/her intentions for future participation on the Leadership Board. If the person indicates he/she is not able to participate, the Division can request he/she formally resigns from the Board. Formal resignation shall be in writing and is to be submitted to the Director of the Division of Behavioral Health.

If a Leadership Board member has two consecutive absences without prior notification and attempts by the Division of Behavioral Health to contact the council member have been unsuccessful, the Division Director will consider the possibility of termination of the Board member's appointment. The Division of Behavioral Health staff will maintain attendance and submit to Chairperson upon request.

Substitutions for Absent Board Member: A Board member may designate a surrogate to attend a meeting in their place when a member is unable to be present. Member substitutions are allowed for one meeting only during the member's appointment term. Board members may not designate a surrogate to attend meetings on a regular or permanent basis.

Voting by Proxy: Voting by proxy on issues and decisions before the Board is not allowed. Surrogates designated to attend a single meeting in place of an appointed member unable to be present assumes the voting privileges of that member.

Expenses: Depending upon funding availability, a Leadership Board member, who is not a state employee, may be reimbursed for travel and food expenses associated with attendance at each quarterly Leadership Board meeting.

D. Quorum

A quorum shall consist of one member more than half (7) of the current voting members of the Leadership Board (N=12). Once established, a quorum shall be deemed to continue throughout the meeting. The continued presence of a quorum shall be established before taking any vote or stating the question on any motion. All Leadership Board business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established. In the event of a tie vote, the DHHS CEO, as Presiding Officer, shall cast the deciding vote.

E. Conflicts of Interest

A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business associate, or a business in which the member owns a substantial interest. As soon as the member is aware of a potential conflict of interest (or should reasonably be so aware), the member shall immediately notify the Division of Behavioral Health. A member shall disclose any potential conflict to the Leadership Board and abstain from voting on issues on which there is a conflict. Meeting minutes shall record the name of a member(s) who abstains from voting.

F. Officers and Duties of the Leadership Board

The CEO of the Department of Health and Human Services shall serve as the Presiding Officer. Meeting conduct shall be carried out through two elected Co-chairs. The duties of the Chairpersons shall be:

1. Lead and direct all Leadership Board meetings,
2. Assist in development of the meeting agenda,
3. Maintain order, explain and decide all questions of the order,
4. Perform any other duties designated by the Leadership Board, and
5. Review attendance report and contact members as needed.

G. Officer Election

The Leadership Board will select officers for one year terms at the summer meeting. The new officers' term is August 1 through July 31. In the event of a vacancy, the Leadership Board will elect a member to serve the unexpired term of office.

H. Meeting Frequency

Meetings of the Leadership Board shall be held one time per quarter.

I. Conduct

Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. Stat. §§ 84-1408 through 84-1414. Business shall be conducted according to Roberts Rules of Order.

J. Notice

The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting and documented in the minutes. Notification of the time, date and location of the next meeting shall be sent within two weeks to all members absent from the preceding meeting. Within thirty days, but not less than seven days prior to the next meeting, the Division of Behavioral Health (DBH) shall send a reminder and meeting agenda to each Leadership Board member at his/her last known official requested electronic or physical address. Public Notice of Council meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the state website and DBH/NeSOC public website.

K. DHHS Staffing

The Division of Behavioral Health shall provide an orientation to each new Leadership Board member, produce meeting minutes, maintain records to include attendance record of the Leadership Board, and provide support.