

Nebraska Division of Behavioral Health  
**Joint Committee Meeting**  
**State Advisory Committee on Mental Health Services (SACMHS)**  
**State Advisory Committee on Substance Abuse Services (SACSAS)**

May 8, 2014 / 9:00 am – 4:00 pm  
Lincoln, NE – Country Inn & Suites

Meeting Minutes

**I. Call to Order and Roll Call**

*Heather Wood*

Heather Wood, Division of Behavioral Health Advisory Committee Facilitator, called the meeting to order and welcomed committee members and others present to the meeting. Roll call was conducted and a quorum was determined for the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

**State Advisory Committee on Mental Health Services Attending:** Adria Bace; Cynthia Brammeier; Sheri Dawson; Brad Hoefs; Lara Huskey; Linda Krutz; Jerry McCallum; Phyllis McCaul; Rachel Pinkerton; Joel Schneider; Mark Schultz; Diana Waggoner; Cameron White.

**State Advisory Committee on Mental Health Services Absent:** Karla Bennetts; Bev Ferguson; Kathleen Hanson; Jette Hogenmiller; Patti Jurjevich; Kasey Moyer; Ashley Pankonin; Jill Schreck; Mary Thunker.

**State Advisory Committee on Substance Abuse Services Attending:** Sheri Dawson; Ann Ebsen; Ingrid Gansebom; Jay Jackson; Delinda Mercer; Kimberley Mundil; Michael Phillips; Jorge Rodriguez-Sierra; Randy See.

**State Advisory Committee on Substance Abuse Services Absent:** Paige Hruza; Janet Johnson; Dusty Lord.

**II. Housekeeping and Summary of Agenda**

*Heather Wood*

(Attachment A)

Heather Wood provided housekeeping/logistics reminders and confirmed the order of the agenda.

**III. Approval of Minutes**

*Heather Wood*

Heather Wood asked for comments on, or approval of, the February 13, 2014 minutes of the Joint State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services. No comments/edits were offered each committee approved the respective minutes.

**Action:** The Mental Health Committee motioned for the minutes to be approved: Adria Bace-Yes; Cynthia Brammeier-Yes; Sheri Dawson-Yes; Brad Hoefs-Yes; Lara Huskey-Yes; Linda Krutz-Yes; Jerry McCallum-Yes; Phyllis McCaul-Yes; Rachel Pinkerton-Yes; Joel Schneider-Yes; Mark Schultz-Yes; Diana Waggoner-Yes; Cameron White-Yes. Motion was approved

The Substance Abuse Committee motioned for the minutes to be approved: Sheri Dawson-Yes; Ann Ebsen-Yes; Ingrid Gansebom-Yes; Jay Jackson-Yes; Delinda Mercer-Yes; Kimberley Mundil-Yes; Michael Phillips-Yes; Jorge Rodriguez-Sierra-Yes; Randy See-Yes. Motioned was approved.

Diana Waggoner, Chairperson of the State Advisory Committee on Mental Health Services, commented that over the last 10 years there are more programs available to serve the community with urgency for early intervention and prevention. A growing concern is the suicide rate of individuals 50 years and older, as well as returning veterans is higher.

Ann Ebsen, Chairperson of the State Advisory Committee on Substance Abuse Services, had no additional information to share at this time.

#### IV. Public Comment

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James Russell with the Returning Veterans Network, commented that there is a veteran that dies every 20 minutes from suicide. He noted the Guard Reserve Troops are more apt to commit suicide than the regular army. Our service members and veterans need access to services. Legalized marijuana in Colorado is going to cause a problem for the state of Nebraska. He recommends the state ask for grants to support the additional cost for the law enforcement and mental health services.

#### V. Legislative Updates

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*Sheri Dawson*

(Attachment B)

Sheri Dawson, Division of Behavioral Health Deputy Director, provided updates on several Legislative Bills and other topics of interest within the Division of Behavioral Health (DBH). Additional information and bill updates can be found at the following website link: <http://nebraskalegislature.gov/bills/>.

\***LB901** (originally this was **LB931**): establish Mental Health First Aid Training. Regions are responsible for conducting the training. The evaluation report is submitted to the Legislature.

- Joel Schneider will be attending the MH First Aid training being offered in Kearney and volunteered to present on his experience at the next Advisory Meeting.

\***LB905**: restored the \$10 million that was proposed to be cut.

\***LB907**: criminal history background checks.

- criminal history checks will be completed after an applicant is determined to possess the qualifications necessary to become a candidate for the position.

\***LB974**: provide duties for divisions of the Department of Health and Human Services related to budgeting and strategic planning.

- DBH will assess its current Strategic Plan and update as necessary, and will focus on priorities for the next biennium.

\***LB699**: The NE State Patrol (NSP) is required to report to the Legislature on indicators of success of data transmission to the National Instant Criminal Background Check System (NICS); DBH has reported information to NSP for several years; the NSP gets information for the NICS from several sources.

\***LB429**: contracts will be accessible on the Department of Administrative Services website.

\***LB260**: indefinitely postponed; provided for cleaning up required language for data reporting.

\*The Mental Health and the Substance Abuse block grants both increased; a new requirement includes 5% be set aside in the Mental Health block grant to fund Evidenced Based Practices for young adults and adults with early onset/early Serious Mental Illness.

\*\*Response to Committee questions/comments included:

\*The committee was appreciative and felt that it was very informative to receive the Legislative Bills pertaining to Mental Health and Substance Abuse.

Committee member inquired on the status of **LB1027** and **LB1035** Sheri Dawson completed the research

- **LB1027** was indefinitely postponed on April 17, 2014
- **LB1035** was indefinitely postponed on April 17, 2014. However, portions were amended into **LB699** by **AM2234** on April 23, 2014.

\***LR535** was passed to complete an interim study of the structure of DHHS.

\***LB464** was approved by the governor on April 15 with amended portions **AM2687** added on April 23 from **LB1093**. LB464 eliminated the Truancy Intervention Task Force, replacing it with a newly created Council of Student Attendance.

- Membership is defined on p.27, 79-527.01 as
  - (i) A member of a school board in any class of school district to be appointed by the State Board of Education;

- (ii) Two parents not related to each other who have children attending school in this state to be appointed by the State Board of Education;
- (iii) A superintendent or his or her designee of a school district to be appointed by the State Board of Education;
- (iv) A student attending a public school in this state to be appointed by the State Board of Education;
- (v) A representative of a community or advocacy organization to be appointed by the State Board of Education;
- (vi) A county attorney to be appointed by the State Board of Education;
- (vii) The probation administrator or his or her designee;
- (viii) The Commissioner of Education or his or her designee; and
- (ix) The chief executive officer of the Department of Health and Human Services or his or her designee.

## **VI. System of Care – Status of Care Update**

*Sheri Dawson*

(Attachment C)

Sheri Dawson, Division of Behavioral Health Deputy Director, stated 200 to 250 individuals participated in the large stakeholder meeting. Sheri invited anyone who would like to attend the System of Care Stakeholder Town Hall Meeting to register at <https://www.surveymonkey.com/s/soctownhall>. Feedback on the strategic plan is welcome until May 30, 2014. Go to [http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_systemofcare.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_systemofcare.aspx).

## **VII. Prevention Advisory Council**

*Heather Wood*

(Attachment D)

Heather Wood, Quality Improvement and Data Performance Administrator, shared an overview of the first Prevention Advisory Council meeting on behalf of Renee Faber.

Heather introduced David DeVries, Epidemiologist Surveillance Coordinator who has joined the DBH staff.

**\*\*Response to Committee questions/comments included:**

- Recommended the concerns of legalized marijuana that were mentioned previously would be discussed at a future Prevention Advisory Council.
- Committee member asked about websites that provide information on the harmful effects of marijuana use. The following suggestions for additional information were presented:
  - Google
  - SAMSHA website
  - National Institute of Drug Abuse
  - NIT – Documentary

Jorge Rodriguez-Sierra recommended, 'Whereas an increase of drugs originating from the State of Colorado has created a social and financial strain to our state; we recommend that DHHS (and other state units) give relief to the communities affected by this emergency'. Randy See seconded the recommendation.

**Action:** The Substance Abuse Committee voted: Sheri Dawson-Yes; Ann Ebsen-Yes; Ingrid Gansebom-Yes; Jay Jackson-Yes; Delinda Mercer-Yes; Kimberley Mundil-Yes; Michael Phillips-Yes; Jorge Rodriguez-Sierra-Yes; Randy See-Yes. Motion approved.

After further discussion the committee voted to rescind the recommendation so further discussion could be held at the next meeting. Jorge motioned to rescind the recommendation and was seconded by Randy See.

**Action:** The Substance Abuse Committee motioned for the minutes to be approved: Sheri Dawson-Yes; Ann Ebsen-Yes; Ingrid Gansebom-Yes; Jay Jackson-Yes; Delinda Mercer-Yes; Kimberley Mundil-Yes; Michael Phillips-Yes; Jorge Rodriguez-Sierra-Yes; Randy See-Yes. Motion was approved.

#### **VIII. PATH Grant**

*Nancy Heller*

(Attachment E)

Nancy Heller, DBH Program Specialist, reviewed the Projects for Assistance Through Homelessness (PATH) Grant handout.

\*\* Committee comments included:

\* Rural areas struggle with adequate and affordable housing. The total number of vacancies doesn't tell the entire story because vacancies are not always in areas where housing is needed.

\*While representing a reduction in the number of homeless individuals, funding is frequently taken from other housing programs to fund public housing projects.

\*\* Response to Committee questions/comments included:

\*The Housing First model has proven to be a success.

\*Nebraska needs to consider funding homeless prevention activities.

\*Licenses are required for each individual entering data into the HMIS, which can use up funding.

\*It is possible to track most individuals over time to determine whether or not the individual remained housed or if he/she returned to homelessness, but it requires specific data reports.

\*Funding for this Grant is important because mainstream services aren't able to serve this population. The Outreach component is vital for reaching individuals who are homeless.

\*The funding assigned to the Regions has evolved over the years, and is dispersed according to the needs across the State.

\*Through HMIS, there is not currently a way to track an individual who leaves a PATH service and receives other services from another Provider.

\*There is no way to know for certain if an individual relocates to another location, or if they relapsed from services and back into homelessness.

\*Outreach workers keep records on individuals contacted, but it is not considered a success unless they are enrolled in services.

#### **IX. Working Lunch – Peer Support Survey**

*Carol Coussons de Reyes/Maya Chilese*

(Attachment F – J)

Maya Chilese, DBH Program Manager presented the data of the Peer Support Survey. The data represents provider information only. More data will be available later.

Carol Coussons de Reyes, Office of Consumer Affairs Administrator reviewed the barriers and challenges of Peer Support Services in Nebraska.

#### **X. Block Grant Update**

*Karen Harker*

(Attachment K)

Karen Harker, DBH Federal & Fiscal Performance Administrator, reviewed the Block Grant Update. Last September Karen provided the committees with FY2014 budget. Since then a new requirement that 5% of the Block Grant be used for youth and young adult Evidence Based Practices (EBP) for early onset/early Serious Mental Illness. The money received in FY2014 will be spent in FY2015.

\*\*Responses to questions/comments included:

\*More information on specific guidelines will be available after a webinar scheduled for May 12. There is a concern about ability to meet the requirement given the small amount of funding for the

\*The EBP identified for the target population of youth after initial onset of psychosis is Coordinated Specialty Care model, which is similar in many ways to Assertive Community Treatment for adults.

\*A plan for implementation is due May 29, 2014.

\*Capacity and sustainability is a concern for any service that may be expanded or established as a part of this set aside.

\*It may be possible to combine the set aside with other sources such as 4E Waiver.

\*The suggested EBP wraps services around a youth to assist them much as ACT wraps services around adults and allowed them to be successful in non-residential based treatment.

**XI. Mental Health By-Laws** *Sue Adams/Diana Waggoner*

(Attachment L and M)

The Mental Health Committee began at 1:15 p.m. reviewing and discussed potential changes in the by-laws. Separate committee meeting ended at 3:00 p.m., returned to joint committee.

**XII. Substance Abuse By-Laws** *Heather Woods/Ann Ebsen*

(Attachment L and N)

The Substance Abuse Committee began at 1:15 p.m. reviewing all by-laws and moved to approve by Jorge Rodriguez and seconded by Randy See.

Action: The Substance Abuse Committee voted and approved the changes proposed to the by-laws: Sheri Dawson-Yes; Ann Ebsen-Yes; Ingrid Gansebom-Yes; Jay Jackson-Yes; Delinda Mercer-Yes; Kimberley Mundil-Yes; Michael Phillips-Yes; Jorge Rodriguez-Sierra-Yes; Randy See-Yes.

Separate committee meeting ended at 3:00 p.m., returned to joint committee.

**XIII. Public Comment**

No public comment was offered.

**XIV. Committee Comments and Future Agenda Items** *all*

Future Agenda Items include:

- Impact of State resources resulting from legalization of marijuana in neighboring States
- Mental Health First Aid Training

Plus/Delta of today's meeting:

- Plus = Appreciate the great discussions on topics of concerns
- The process of requiring motions needs some work but today it allowed a well-rounded discussion.

**XV. Adjournment and next meeting**

- The meeting adjourned at 3:58 p.m.
- The next meeting is a Joint Meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services and is scheduled for Thursday, August 14, 2014. from 9:00 am to 4:00 pm. The format for the meeting is the Committees will meet jointly in the morning, and meet separately in the afternoon.

**Nebraska Division of Behavioral Health – Joint Meeting  
State Advisory Committee on Mental Health Services (§71-814)  
State Advisory Committee on Substance Abuse Services (§ 71-815)**

**May 8, 2014**

**Country Inn and Suites, 5353 No. 27<sup>th</sup> Street, Lincoln, NE 68521**

**I. Open Meeting – 9:00 a.m.**

**Welcome**

**Quorum for Committees – Open Meetings Law**

**Attendance – Determination of Quorum of Committees**

**Housekeeping**

**Comments on Meeting Minutes: February 13, 2014**

**For Mental Health Committee**

**For Substance Abuse Committee**

**Call to Order**

**Inform**

**Roll Call**

**Inform**

**Heather Wood**

**Heather Wood**

**Pat Roberts**

**Heather Wood**

**Gen Consent**

**Diana Waggoner, Chairperson**

**Ann Ebsen, Chairperson**

**II. Public Comment – 9:15 am**

a. Each person wishing to speak at the meeting needs to sign up on the Public Comment Sign-in Sheet.

b. Each person will be called on from the Public Comment Sign-In Sheet. Each person may have five (5) minutes (unless the Chair grants more time) to provide comments.

c. Public comments not provided verbally may be sent to the Division of Behavioral Health, Attention: Pat Roberts.

III. Legislative Update

Sheri Dawson

IV. System of Care Update – Status of Planning Grant

Sheri Dawson

**Break**

V. Prevention Advisory Council

Heather Wood

VI. PATH Grant

Nancy Heller

**Lunch-Peer Support Survey**

Carol Coussons de Reyes

VII. Block Grant Update

Karen Harker

***Break into MH and SA Committees***

VIII. SACMHS and SACSAS By-Laws

Chairs/Moderators

**Break**

IX. Public Comments – 3:15 p.m.

Chairpersons

X. Adjourn

Chairpersons

Legislative Report  
Nebraska Unicameral Actions of Note  
May 8, 2014

- LB 905 (Speaker Adams, deficit appropriations bill): Appropriate an additional \$10 million to Behavioral Health Aid.
- LB 999 (Ashford) DBH is required to prepare a program statement for the Hastings Correctional Behavioral Health Treatment Center (HRC) to plan for the long-term needs of mentally ill inmates.
- LB 901 (McGill) DBH is required to establish a mental health first aid training. (Originally this was LB 931-Bolz, it was amended into LB 901). Pass through to Regions. BHECN and DBH referenced with no purpose.
- LB 974 (Mello) DBH is required to develop a strategic plan. DBH has one – 2011-15.
- LB 699 (Larson) DBH and NSP are required biannually information relating to firearms. We do.
- LB907 (Ashford) Ban the box criminal history background checks.
- LB429 (Crawford)(2013) All contracts on DAS website.

**Other Issues Holding Legislative Potential**

- LB260 dies.
- \$5M reduction in services begins July 1 and will be mitigated.
- Federal block grants both increased; 5% set aside in MHBG.

**NEBRASKA SYSTEM OF CARE  
PLANNING PROJECT**  
*Planning for Transformation through Partnership*



**STAKEHOLDER TOWN HALL**

**Featuring Draft Strategic Plan Review**

**Wednesday May 14, 2014**

**Country Inn & Suites**

**Nebraska Ballroom (South Entrance)**

**5353 N. 27th Street, Lincoln, NE**

**Registration Required!**

**Go to this link to register:**

**<https://www.surveymonkey.com/s/soctownhall>**

**Two identical sessions offered! Plan to attend one!**

**9:00 AM – Noon CDT, or**

**1:00 PM – 4:00 PM CDT**

**Send questions to: [dhhs.soc@nebraska.gov](mailto:dhhs.soc@nebraska.gov)**

**Visit the System of Care web site at: <http://www.dhhs.ne.gov/soc>**

**Nebraska Department of Health and Human Services  
Divisions of Behavioral Health and Children & Family Services**



Prevention Advisory Council (PAC) kickoff and Partnership for Success (PFS) Orientation  
March 27, 2014 ~ Country Inn and Suites, Lincoln, NE

Nikki introduced the purpose of the PAC and objectives of the PFS

- Charter was shared
- 11 Prevention Advisory Council members in attendance.
- Next Steps
  - Invite 2 additional members to join PAC
  - Bring together leadership and partners for workgroups

**General Overview of the day:**

The PFS grant is based on the premise that changes at the community level will, over time, lead to measurable changes at the state level. By working together at the state, regional and local level to foster change, funded communities of high need can more effectively begin to overcome the challenges underlying their substance abuse prevention priorities and achieve the prioritized goal of preventing underage age drinking among 12-20 year olds.

- Renee discussed expectations of the grant and made clarification on frequently asked questions.
  - The PFS requires the implementation evidence-based programs, practices, and policies (EBPP). **Evidence-based** refers to a set of prevention activities that evaluation research has shown to be effective and one that has been included in one or more of the three categories:
    - Included in Federal registries of evidence-based interventions;
    - Reported (with positive effects on the primary targeted outcome) in peer-reviewed journals; or
    - Documented effectiveness supported by other sources of information and the consensus judgment of informed experts.
  - Unallowable expenses, such as promotional items, and parameters for use of media were reviewed.
  - Reminder: Year 1 ends September 30, 2014.
- Evaluator Mindy Anderson-Knott gave a data presentation to give some context for the work we are embarking on
- Renee spoke about the use of media and the importance of prevention efforts
  - Lane Grindle of Husker Sports Marketing presented the State-level media campaign and gave options for coalition campaigns
  - The logo that will brand our campaign was voted upon and selected.
  - This logo will be featured during the Spring Game and on the drug free pledge cards
- Bob gave an Nebraska Prevention Information Reporting System (NPIRS) demonstration to help make data entry into our prevention data system more accurate and consistent
  - All PFS funded activities must be entered into NPIRS using the designated label of “PFS grant” in the required funding source question.
- Mindy then spoke about the state and local evaluation process.
  - She also discussed how she plans to begin local evaluation planning
- Nikki presented training and TA opportunities and took suggestions for further training
- We have 2 Substance Abuse Prevention Skills Trainings (SAPST) planned
  - April in Omaha
  - October in Kearney

- 44 total attendees representing:
  - 5 of 6 RBHA's
  - Juvenile Probation
  - Dept of Ed
  - Tobacco Free NE
  - DBH
  - UNL
  - UNMC
  - Members of the SEOW
  
- Coalitions represented were:
  - Box Butte County Family Focus Coalition
  - Monument Prevention Coalition
  - Project Extra Mile
  - Lancaster Prevention Coalition
  - East Central District Health Dept
  - Elkhorn Logan Valley Public Health Dept
  - UNMC – Health Disparities
  - Grand Island Substance Abuse Prevention Coalition
  - Omaha collegiate Consortium
  - Nebraska Urban Indian Health Coalition
  - LiveWise Coalition
  - ASAAP

## Joint SACMHS-SACSAS Committee – May 8, 2014

### Projects for Assistance in Transition from Homelessness (PATH)

- ❖ PATH was created as part of the Stewart B. McKinney Homeless Assistance Amendments Act of 1990.
- ❖ The PATH program is administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services.
- ❖ PATH is a formula grant to the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories. *Nebraska currently receives \$300,000 per year.*
- ❖ PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at imminent risk of becoming homeless. PATH services include street outreach, case management, and screening and referral for appropriate services, such as housing, primary healthcare, job training, education, and other services not supported by mainstream mental health programs. Street Outreach and Case Management are services required by PATH to be provided.
- ❖ Focus of Street Outreach = develop a relationship with an individual to assist him/her move toward readiness for change.
- ❖ Focus of Case Management = access to housing and maintenance services.
- ❖ PATH emphasizes three of SAMHSA's eight Strategic Initiatives: #3-Military Families, #4-Recovery Support, and #6-Health Information Technology.
- ❖ The PATH Program adheres to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Recovery Support Strategic Initiative that delineates four major dimensions that support a life in recovery: Health, Home, Purpose, and Community. The Nebraska PATH Program focuses on connecting individuals experiencing homelessness with the services necessary for recovery support, primarily finding a place to call home and addressing behavioral and medical healthcare needs.

### Organizations to Receive Funds for FY2014 (October 1, 2013 – September 30, 2014)

#### A. Cirrus House

1. Service Area: Western Nebraska – **Region 1**; Scottsbluff; Scotts Bluff County
  2. Primary service(s) provided: Case Management
  3. PATH Funds Received: \$11,333
  4. Required Matching Funds (non-federal/local): \$3,778
  5. Number of Individuals Contacted (FY2013): 36\*
  6. Number of Individuals Served/Enrolled (FY2013): 36\*
- \*All individuals contacted by Cirrus House are enrolled and receive services via PATH funds.

#### B. Goodwill Industries of Greater Nebraska, Inc.

1. Service Area: Central Nebraska – **Region 3**; Grand Island; Hall County
2. Primary service(s) provided: Street Outreach and Case Management
3. PATH Funds Received: \$11,333
4. Required Matching Funds (non-federal/local): \$3,778
5. Number of Individuals Contacted (FY2013): 21
6. Number of Individuals Served/Enrolled (FY2013): 12

#### C. CenterPointe, Inc.

1. Service Area: Southeast Nebraska – **Region 5**; Lincoln; Lancaster County
2. Primary service(s) provided: Street Outreach and Case Management
3. PATH Funds Received: \$65,000
4. Required Matching Funds (non-federal/local): \$21,666
5. Number of Individuals Contacted (FY2013): 34
6. Number of Individuals Served/Enrolled (FY2013): 16

#### **D. Community Alliance Rehabilitation Services**

1. Service Area: Eastern Nebraska – **Region 6**; Omaha; Douglas County
2. Primary service(s) provided: Street Outreach and Case Management
3. PATH Funds Received: \$200,334
4. Required Matching Funds (non-federal/local): \$66,778
5. Number of Individuals Contacted (FY2013): 180
6. Number of Individuals Served/Enrolled (FY2013): 101

#### **Data Reporting—Homeless Management Information System (HMIS):**

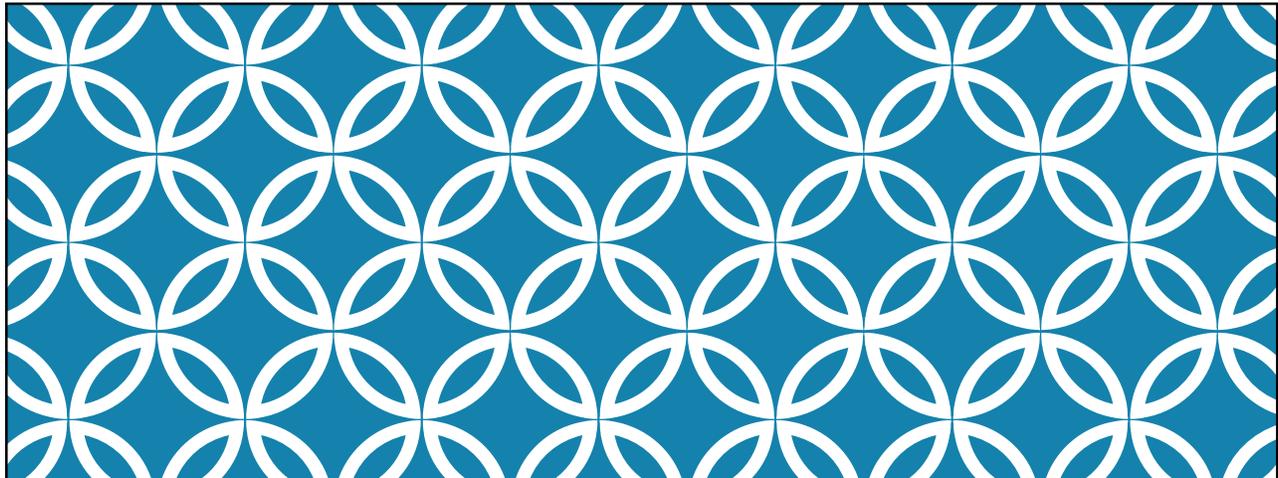
- ❖ Oversight of the HMIS in Nebraska is currently accomplished by the Nebraska Homeless Assistance Program (NHAP) within the DHHS-Division of Children and Family Services.
- ❖ PATH plans to fully implement a HMIS in all States in 2016. All Nebraska providers currently collect housing and homeless related data via ServicePoint.
- ❖ Challenges as we move forward:
  - ✓ *Costs associated with full implementation of a HMIS (i.e., administrative and licensing fees for ServicePoint.*
  - ✓ *HMIS provides only aggregated data and no client-level data.*
  - ✓ *An individual can refuse to give any or all of their personal information—which will skew data and actual numbers of individuals being served.*
  - ✓ *PATH data used to monitor and improve services*
- ❖ PATH Annual Data Reporting—once the HMIS is fully implemented, providers will enter data into the HMIS throughout the year and it will automatically populate the Annual Data Reporting requirements, which is intended to eliminate the need for duplicate data entry.

#### **Moving Forward – SAMHSA’s Focus for PATH services**

- ❖ PATH providers involved in homelessness Prevention activities.
- ❖ PATH providers using Evidenced-Based Practices in PATH services.
- ❖ PATH programs collaboration with related resources in the community (are individuals being connected to the services they need, i.e., mental health, co-occurring, housing, healthcare, etc.?)
- ❖ SSI/SSDI Outreach, Access, and Recovery (SOAR) for people who are homeless—connecting PATH and SOAR.

#### **Important considerations for PATH**

- ❖ Housing is necessary for Recovery
- ❖ Access to Housing allows access to Healthcare



## PEER SUPPORT SERVICES SURVEY

Division of Behavioral Health  
April 2014

### PEER SUPPORT SURVEY

- As many are aware, the field of 'peer support' is growing nationwide and right here in Nebraska. Peer Support Services are generally described as services and supports provided by individuals with lived experience of behavioral health challenges to other adults and families with children experiencing behavioral health challenges.
- *"Peer support represents one of the strongest and most likely sources of long term recovery for most people and is also underdeveloped in Nebraska."*

– Dr. Scot Adams, DHHS Division of Behavioral Health Director

## PEER SUPPORT SURVEY

- ❖ Purpose: To learn more about what Peer Support Services may exist in Nebraska, what opportunities and barriers may exist to providing them and perspectives about the ongoing development and growth of peer support.
- ❖ Method: Survey Monkey online survey tool
- ❖ Distribution: Sent via email invitation and posted to DHHS website
- ❖ Target Audience: Consumers/Stakeholders, Behavioral Health Providers and Peer Support Providers
- ❖ Total Participation:
  - ❖ Consumer/Stakeholder Survey – 25
  - ❖ Behavioral Health Provider/Peer Support Provider - 137

## DISCLAIMERS

- ❖ This is a preliminary preview of the survey data, with a more detailed analysis yet to be completed.
- ❖ This presentation includes ONLY Provider response data, not Consumer/Stakeholder response data.
- ❖ Numbers (and Percentages) represent the number of survey respondents, not the number of agencies.
- ❖ Limited understanding of peer support services may have resulted in variance in responses.
- ❖ Most respondents indicated also providing peer support services, which may suggest bias in interest and support.

## TOTAL PROVIDER SURVEY RESPONSE RATE = 137

Region	Peer Agency	BH Agency
1	1	5
2	3	1
3	6	13
4	6	9
5	25	13
6	19	36
<b>Sub-Total:</b>	60	77
<b>Total:</b>	<b>137</b>	

## PROVIDER (BH AND PEER) DEMOGRAPHICS

Population Served	Peer Agency*	BH Agency*
Mental Health	51	63
Substance Abuse	38	50
Co-Occurring Disorders	48	64
Adults (19+)	49	68
Children (0-18)	22	21
Adolescents (19-24)	24	28
Families with Children	38	29

\* Total number of survey respondents for each response choice

## QUESTIONS ABOUT BARRIERS OR INCENTIVES FOR THE CAPACITY TO PROVIDE PEER SUPPORT SERVICES

- Question: Please indicate what barriers or challenges might agencies encounter related to providing peer support services. Please choose all that apply:
- Question: Please indicate what resources or incentives might you suggest as potentially beneficial to increase the capacity of agencies to provide peer support services. Please choose all that apply:

*Response options (check all that apply) were broadly defined categories of peer support services.*

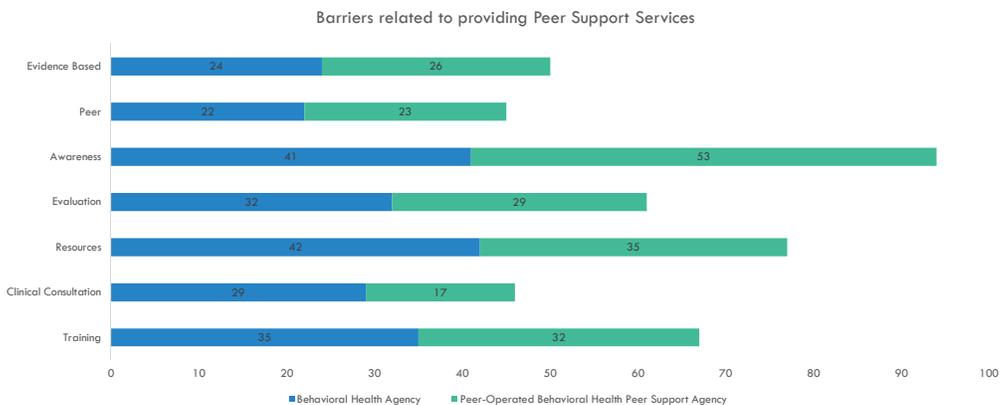
## BARRIERS OR CHALLENGES TO PROVIDING PEER SUPPORT SERVICES

Category	Barrier/Challenge Definition
Evidence-Based	Lack of capacity to implement evidence based peer support programs
Peer	Limited availability of certified and/or sufficiently trained peer support specialists
Awareness	Lack of awareness among behavioral health providers to integrate peer support services in the behavioral health system
Evaluation	Non-availability of resources to ensure program evaluation and quality improvement activities for peer support services
Resources	Non-availability of resources to hire qualified peer support specialists
Clinical Consultation	Cost of providing clinical consultation for peer support specialists
Training	Limited availability of training and ongoing education for peer support specialists

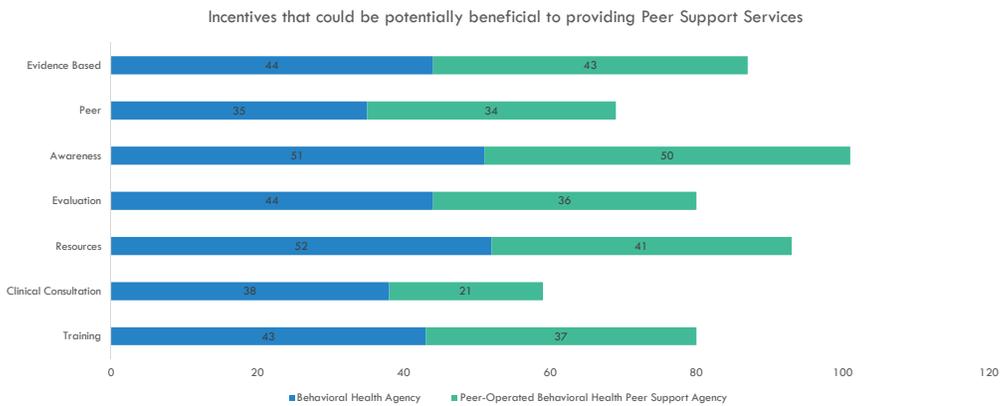
## RESOURCES OR INCENTIVES TO PROVIDING PEER SUPPORT SERVICES

Category	Resources/Incentives Definition
Evidence-Based	Providing resources to implement evidence based peer support programs
Peer	Increasing the availability of certified and/or sufficiently trained peer support specialists
Awareness	Providing education to behavioral health providers to integrate peer support services in the behavioral health system
Evaluation	Providing resources to ensure program evaluation and quality improvement activities for peer support services
Resources	Providing resources for employment of qualified peer support specialists
Clinical Consultation	Providing resources for clinical consultation for peer support specialists
Training	Increase access to training and ongoing education for peer support specialists

## WHAT BARRIERS/CHALLENGES MIGHT AGENCIES ENCOUNTER IN PROVIDING PEER SUPPORT SERVICES?



## WHAT RESOURCES OR INCENTIVES MIGHT BENEFIT THE CAPACITY TO PROVIDE PEER SUPPORT SERVICES?



## QUESTIONS ABOUT PEER SUPPORT SPECIALIST TRAINING AND CREDENTIALING

**Do you believe that Peer Support Specialists should have some type of training prior to providing peer support services?**

	Response #	Percent
Yes	120	97.6%
No	1	.8%
Don't Know	2	1.6%
<b>Total:</b>	<b>123</b>	<b>100%</b>

**Do you believe that Peer Support Specialists should earn a certificate through a training entity prior to providing peer support services?**

	Response #	Percent
Yes	90	73.2%
No	22	17.9%
Don't Know	11	8.9%
<b>Total:</b>	<b>123</b>	<b>100%</b>

## QUESTIONS ABOUT PEER SUPPORT SPECIALIST TRAINING AND CREDENTIALING

Do you believe that Peer Support Specialists should be credentialed professionals, recognized and regulated by the State?

	Response #	Percent
Yes	60	48.8%
No	39	31.7%
Don't Know	24	19.5%
<b>Total:</b>	<b>123</b>	<b>100</b>

If a formal, regulated credential existed in Nebraska, would you employ a credentialed Peer Support Specialist?

	Response #	Percent
Yes	81	65.9
No	7	5.7
Don't Know	35	28.5
<b>Total:</b>	<b>123</b>	<b>100</b>

## ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

Does your agency provide peer support services through a subcontract with an external agency to provide the services directly?

	Response #	Percent
Yes	31	25.8%
No	89	74.2%
<b>Total:</b>	<b>120</b>	<b>100%</b>

Does your agency provide peer support services through paid, employed staff?

	Response #	Percent
Yes	107	89.2%
No	13	10.8%
<b>Total:</b>	<b>120</b>	<b>100%</b>

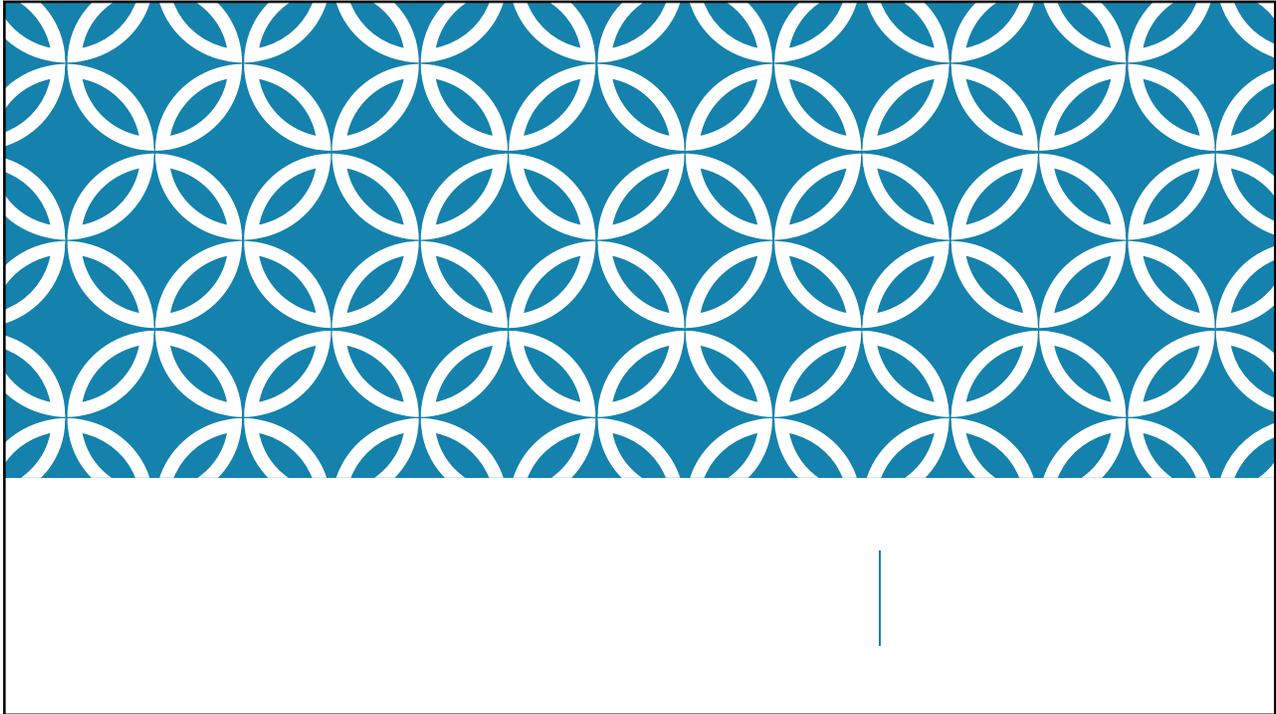
## 108 RESPONDENTS SAID THEIR AGENCY PROVIDES PEER SUPPORT SERVICES

Category	Definition
<b>Advocacy:</b>	A peer empowering a peer/family to learn self and system advocacy.
<b>Mentoring:</b>	A peer to peer/family in a supportive relationship to improve self-help skills.
<b>Support Groups:</b>	A group of peers/families in a supportive meeting environment.
<b>Crisis Intervention:</b>	A peer providing timely support to a peer/family to help stabilize, reduce risk of system involvement and promote resiliency such as loss teams, family navigators, warmlines, crisis response teams, etc...
<b>Recovery Support:</b>	A peer supporting a peer/family to promote resiliency, relapse prevention support plus long term safety and well being; such as Clubhouse, WRAP, respite, transition planning, etc...
<b>Supportive Services:</b>	A peer supporting a peer/family to connect to community resources that support recovery and whole health; such as accessing benefits, housing, job training, etc...
<b>Health/Behavioral Health Education:</b>	A peer empowering a peer/family with education that supports healthy living; such as parenting courses, smoke-free living, etc...
<b>Other Supports:</b>	Aid that benefits peers such as transportation or case management but also provided by a peer.

## TYPES OF PEER SUPPORT SERVICES PROVIDED

Peer Support Service Category	BH Agency*	Peer Agency*	Category Total*:
Advocacy	53	51	<b>104</b>
Mentoring	49	47	<b>96</b>
Support Groups	40	47	<b>87</b>
Crisis Intervention	41	39	<b>80</b>
Recovery Support	51	45	<b>96</b>
Health/Behavioral Health Education	35	37	<b>72</b>
Other Supports	36	26	<b>62</b>

\* Total number of survey respondents for each response choice



## ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

**Does your agency provide continuing education opportunities for Peer Support Specialist staff?**

	Response #	Percent
Yes	92	76.7%
No	28	23.3%
<b>Total:</b>	<b>120</b>	<b>100%</b>

**Does your agency provide clinical consultation for Peer Support Specialists to utilize, related to providing peer support services?**

	Response #	Percent
Yes	67	55.8%
No	53	44.2%
<b>Total:</b>	<b>120</b>	<b>100%</b>

## ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

### Are Peer Support Specialists on staff paid via an hourly rate?

	Response #	Percent
Yes	91	85%
No	16	15%
<b>Total:</b>	<b>120</b>	<b>100%</b>

### Are Peer Support Specialists on staff paid an annual salary?

	Response #	Percent
Yes	37	34.6%
No	70	65.4%
<b>Total:</b>	<b>120</b>	<b>100%</b>

## ADMINISTRATIVE INFORMATION ABOUT PROVIDING PEER SUPPORT SERVICES

### Does your agency provide Peer Support Specialists on staff with the same level of employment fringe benefits as other staff?

	Response #	Percent
Yes	96	80%
No	24	20%
<b>Total:</b>	<b>120</b>	<b>100%</b>

### Does your agency utilize volunteers to provide peer support services?

	Response #	Percent
Yes	40	33.3%
No	80	66.7%
<b>Total:</b>	<b>120</b>	<b>100%</b>

## A FEW KEY HIGHLIGHTS

- Top 3 identified barriers to providing peer support services:
  1. Lack of awareness among behavioral health providers to integrate peer support services in the behavioral health system
  2. Non-availability of resources to hire qualified Peer Support Specialists
  3. Limited availability of training and ongoing education for Peer Support Specialists
- Top 3 identified incentives to providing peer support services:
  1. Providing education to behavioral health providers to integrate peer support services in the behavioral health system
  2. Providing resources for employment of Peer Support Specialists
  3. Providing resources to implement evidence based peer support programs

## A FEW KEY HIGHLIGHTS

- ❖ Overwhelming agreement that Peer Support Specialists should have some training prior to providing peer support services, and strong support for an earned certification.
- ❖ Mixed response on credentialing but strong support for hiring credentialed Peer Support Specialists.
- ❖ Most respondents indicated providing initial and ongoing training to Peer Support Specialists to equip staff to perform peer support services.

# QUESTIONS?

Department of Health & Human Services



Email: [DHHS.DBHPeerCert@Nebraska.gov](mailto:DHHS.DBHPeerCert@Nebraska.gov)

## **PEER SUPPORT SERVICES in Nebraska**

### **Percentages of People (at Agencies) that Responded to Questions on Barriers and Resources to Benefit Capacity**

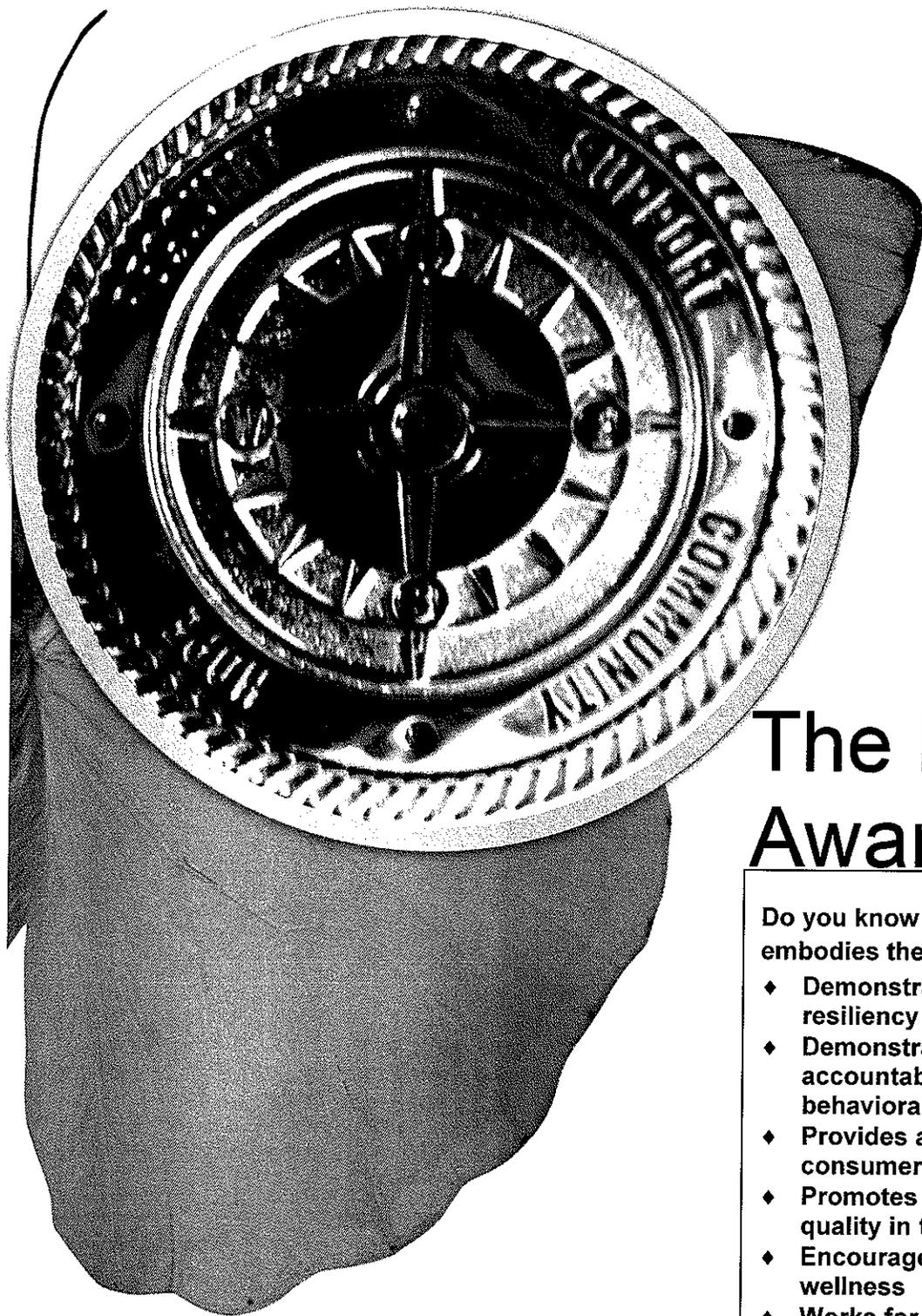
#### **Barriers and Challenges for People at Agencies in Providing Peer Support Services**

- #1- Lack of Awareness of to Integrate Peer Support Services (69%)
- #2- Non-Availability of Resources to Hire Peer Support Specialists (PSS) (56%)
- #3- Limited Availability of Training and Ongoing Education for PSS (49%)
- #4- Non-Availability of Resources to Ensure Program Evaluation/Quality Improvement Activities for PSS (45%)
- #5- Lack of Capacity to Implement Evidence Based Peer Support Programs (36%)
- #6- Cost of Providing Clinical Consultation for Peer Support Specialists (34%)
- #7- Limited Availability of Certified/Sufficiently Trained Peer Support Specialists (33%)

#### **Incentives or Resource to Benefit Capacity to Provide Peer Support Services**

- #1- Awareness- Education on how to Integrate Peer Support Services (74%)
- #2- Resources- To Ensure Employment of PSS (68%)
- #3- Capacity for EBPs- Providing Resources to Implement Evidence Based Peer Support Programs (64%)
- #4- Evaluation- Resources to Ensure Program Evaluation/Quality Improvement Activities for PSS (58%)
  - Training- Increased Access to Training/Ongoing Education for PSS (58%)
- #6- Peer- Increased Availability of Certified/Sufficiently Trained PSS (50%)
- #7- Clinical Consultation – Providing Resources for Clinical Consultation for PSS (43%)

**Office of Consumer Affairs: DBH (MAY 2014)**



## The Director's Award Coin

Do you know someone or a team that embodies the following:

- ◆ Demonstrates wellness, recovery and resiliency
- ◆ Demonstrates dignity, respect, and accountability with individuals utilizing behavioral health services
- ◆ Provides a high level of quality consumer service and teamwork
- ◆ Promotes accessibility, efficiency and quality in the behavioral health system
- ◆ Encourages consumer and family wellness
- ◆ Works for the betterment of all rather than personal gain.

This Award is available through Director Scot Adams. Call or e-mail him to see about qualifying your nomination!

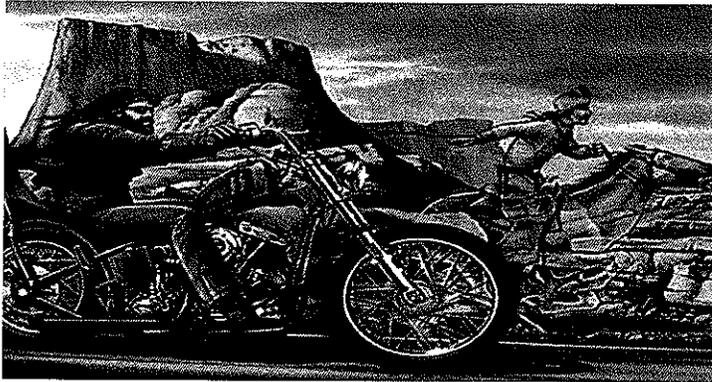
**Scot L. Adams, Ph.D**

**Director of Behavioral Health**

**Department of Health and Human Services, Nebraska**

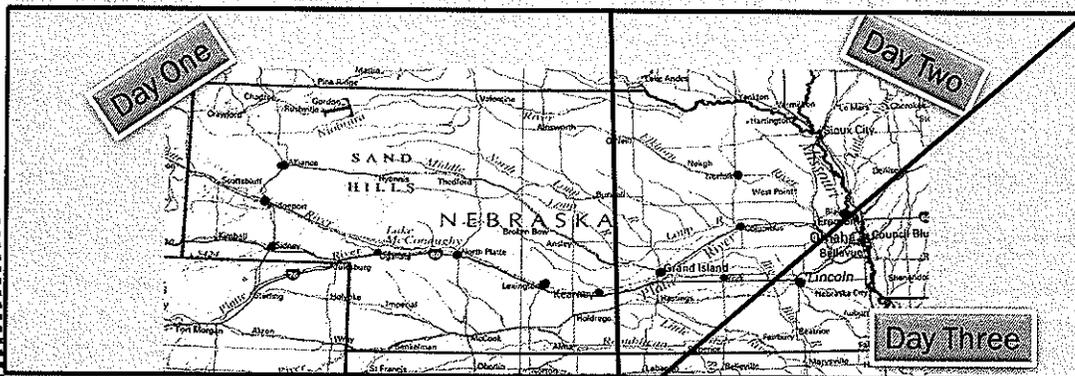
**402-471-7853 or [scot.adams@nebraska.gov](mailto:scot.adams@nebraska.gov)**

## RIDE ACROSS NEBRASKA-MAY 29TH- 31ST



Nebraskans will be mounting their motorcycles to help bring awareness to children's mental health issues. This statewide awareness and advocacy event places a spotlight on the challenges faced by families with young people whom have behavioral health challenges. The 2014 focus is: *Expanding Perceptions*

The journey begins with the Kick-Off Sparks Festival in Scottsbluff, Nebraska on May 28th, 2014. Motorcyclists will depart from Gering, NE on May 29th, and travel across Nebraska collecting letters that address Nebraska's need to invest in children's mental wellness. The parade will end at the steps of the State Capital in Lincoln on Saturday, May 31st, where the Pony Express Riders will deliver the letters to the hands of the young people to share with Governor Heineman and other Nebraska law makers.



Want to be a "Pony Express" Rider?  
Please do, your involvement would be so appreciated!  
Contact Sarah @ 308-991-8683 or email at:

[info@nefamilies4kids.org](mailto:info@nefamilies4kids.org)

Visit us on Facebook at: [www.facebook.com/neffcmh](http://www.facebook.com/neffcmh)

2014 Pony Express Ride

# SMOKE-FREE LIVING TOUR

## BE A MOTIVATIONAL CATALYST

JOIN US ON THE FOLLOWING DATES TO BECOME A MOTIVATIONAL CATALYST OF SMOKE-FREE LIVING!

This is open to any and all who want to encourage smoke-free living for people they live or work with! If you are a former smoker, schedule a time to film your story!

- June 11- Lincoln, 1:00pm-3:00pm
- June 12- Omaha, 1:00pm-3:00pm
- June 17- Grand Island, 1:00pm-3:00pm
- June 23- Norfolk, 1:00pm-3:00pm
- June 30- North Platte, 1:00pm-3:00pm
- July 1- Scottsbluff, 9:30am-11:30am

Registration Information to be Released Soon!

By

Shirley Deethardt  
Tobacco Free Nebraska  
Division of Public Health  
Carol Coussons de Reyes  
Nebraska's Office of Consumer Affairs  
Division of Behavioral Health

Department of Health & Human Services

**DHHS**  
NEBRASKA

# FY2014 & FY2015 Block Grant Application

## Updated Financial Information

### Estimated Expenditures SFY2015

Activity	FFY14 SAPTBG	FFY14 MHBG	Medicaid (Federal, State, Local)	Other Federal funds	State funds
SA Prevention & TX					
Preg Women and WDC	\$ 535,401			-	\$ 1,618,261
All other	4,933,756			-	23,618,315
Primary Prevention	1,738,643	-		1,507,564	355,311
Turberculosis Services	0			-	-
HIV Early Intevention	0			-	-
State Hospital		-		-	-
Other 24 hour care		277,126		-	13,757,205
Ambulatory/comm non-24 hour care		1,659,941		-	-
EBP Set Aside ( <b>NEW</b> )		107,615		288,000	44,610,233
Admin (excluding program/provider level)	379,358	107,615	-	-	-
Subtotal (Prev, Tx, etc)	\$ 7,207,800	\$ 2,044,682	\$ -	\$ 1,795,564	\$ 83,959,325
subtotal (Admin)	379,358	107,615	-	-	-
<b>Total</b>	<b>\$ 7,587,158</b>	<b>\$ 2,152,297</b>	<b>\$ -</b>	<b>\$ 1,795,564</b>	<b>\$ 83,959,325</b>
	<b>FFY2013 \$ 7,417,381</b>	<b>\$ 1,964,416</b>			

## Projected SAPTBG Prevention Expenses by Strategy SFY2015

Information Dissemination	Universal	\$	67,070
	Selective	\$	2,534
	Indicated	\$	62
	Unspecified		
<b>Subtotal</b>		<b>\$</b>	<b>69,666</b>
Education	Universal	\$	110,844
	Selective	\$	93,189
	Indicated	\$	11,984
	Unspecified		
<b>Subtotal</b>		<b>\$</b>	<b>216,017</b>
Alternatives	Universal	\$	20,800
	Selective	\$	9,708
	Indicated	\$	
	Unspecified		
<b>Subtotal</b>		<b>\$</b>	<b>30,508</b>
Problem Identification	Universal	\$	34,764
	Selective	\$	13,952
	Indicated	\$	71,452
	Unspecified		
<b>Subtotal</b>		<b>\$</b>	<b>120,168</b>

## Projected SAPTBG Prevention Expenses by Strategy SFY2015

Community Based	Universal	\$	657,127
	Selective	\$	73,281
	Indicated	\$	23,377
	Unspecified		
<b>Subtotal</b>		<b>\$</b>	<b>753,785</b>
Environmental	Universal	\$	352,468
	Selective	\$	98,631
	Indicated	\$	21,378
	Unspecified		
<b>Subtotal</b>		<b>\$</b>	<b>472,477</b>
Other	Universal		
	Selective Indicated		
<b>Subtotal</b>		<b>\$</b>	<b>-</b>
Section 1926 - Tobacco	Universal	\$	76,025
	Selective Indicated		
<b>Subtotal</b>		<b>\$</b>	<b>76,025</b>
<b>Total</b>		<b>\$</b>	<b>1,738,646</b>

## SAPTBG Planned Resource Expenditures SFY2015

	Prevention SA	Treatment SA
Planning Coordination, and needs assessment	\$ 27,673	
Quality assurance	\$ 27,673	\$ 27,693
Training (post-employment)		\$ 87,855
Education (pre-employment)		\$ 58,571
Program Development	\$ 55,345	\$ 27,673
Research & Evaluation		
Information Systems	\$ 30,800	\$
<b>Total \$</b>	<b>141,491</b>	<b>\$ 201,792</b>

## MHBG Planned Resources Expenditures SFY2015

	MHBG
MH Tech Assistance	
MH Planning Council Assistance	
MH Administration	\$ 98,221
MH Data Collection/Reporting	
MH Activities Other than Above	\$ 79,000
<b>Total Non Direct</b>	<b>\$ 177,221</b>
Comments on Data:	

## MHBG New Set Aside

- ▶ 5% of total award (\$107,615)
- ▶ Dedicated to treatment for those “with early serious mental illness,” preferably psychotic disorder but not limited to this
- ▶ Target Population: adolescents and early adulthood

## MHBG New Set Aside

- ▶ Not for primary prevention or preventive intervention
- ▶ Must use evidence-based program (EBP)
  - While Congressional language is broad enough to allow use of 5 percent set aside for any EBP, SAMHSA approval is required for any EBP selected
- ▶ Block Grant application must be updated to detail the assessed need and EBP selected by May 29

## MHBG New Set Aside

- ▶ Recognition that states may need to dedicate first year to planning, training and/or infrastructure development for implementation in second year
- ▶ Next Steps:
  - Assess needs in Nebraska
  - Determine appropriate EBP to address identified need
  - Develop plan for implementation

## Recommendations on MHBG New Set Aside?

- ▶ On targeted illness – early psychotic behavior or other serious mental illness (e.g. major depressive disorder)?
- ▶ Specific EBP?
- ▶ Factors for DBH to keep in mind while developing plan?

## Considerations for Advisory Committees reviewing By-Laws

1. By-Law language about quorum, voting and records should accurately reflect adherence to the Open Meetings Act.
  - a. For example: “*Once established, a quorum shall be deemed to continue throughout the meeting*” does not match.
  - b. For example: May want to consider language about workgroups and Executive Committee meetings that would reflect compliance.
2. By-Laws for each Committee should consider similar technical procedures to ensure no conflict of operations during Joint Meetings.
  - a. For example: Things like quorum, voting, records, conflict of interest practices, etc. should be reviewed.
3. By-Laws should reflect expectations for the Committee, but would not include instruction to other entities.
  - a. For example: Expectations of the Division of Behavioral Health should not be included unless in general reference to processes of the Committee.
4. By-Laws should provide guidance for operations but not create burdens that impede purpose or don't reflect actual practice.
  - a. For example: Any requirements about attendance should be reviewed.
  - b. For example: Officer selection and terms should be specified.
  - c. For example: Phrases like “*...a written notice shall be provided...*” or “*...shall mail a reminder...*” should be clarified since use of electronic communication is commonplace.

BY-LAWS FOR THE  
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES  
May 3, 2011

**Article I – Name of Organization**

The name of the organization shall be the State Advisory Committee on Mental Health Services.

**Article II – Purpose**

**Section 1**

As provided by Nebraska Revised Statutes section 71-814 the purpose of the Committee is to (a) serve as the state's mental health planning council as required by Public Law 102-321, (b) conduct regular meetings, (c) provide advice and assistance to the division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services, (d) 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, (e) provide reports as requested by the division, and (f) 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.

**Section 2**

“Serve as the state's mental health planning council as required by Public Law 102-321 means meeting the requirements for the State Mental Health Planning Council under the Federal Community Mental Health Services Block Grant. Under Section 1914, the State will establish and maintain a State mental health planning council in accordance with the conditions described in this section. (b) The duties of the Council are:

- (1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans [this refers to the Block Grant Application and Implementation Report];
- (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
- (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

**Section 3**

**MISSION STATEMENT**

The Mission of Nebraska State Advisory Committee on Mental Health Services is to identify and advocate for an effective and efficient system of accessible, quality mental health services which enable each individual, on their journey of healing and transformation, to achieve their highest potential.

**VISION STATEMENT**

The Vision of Nebraska State Advisory Committee on Mental Health Services is to advise and assist the Division as it provides information for all Nebraskans, including consumers, families and the public to understand mental health problems, and to provide the knowledge necessary to access and utilize appropriate services in a timely, effective manner.

BY-LAWS FOR THE  
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES  
May 3, 2011

**Article III – Membership**

**Section 1**

**Appointments:** The committee shall consist of twenty-three members appointed by the Governor.

**Length of Term:** The length of term is as appointed by the Governor.

**Section 3**

**Attendance:** A member who has two consecutive unexcused absences shall be contacted by the Division regarding his/her intentions for future participation in the Committee. If the person indicates he/she is not able to participate, the Division shall request he/she formally resign from the Committee. Formal resignation shall be in writing and is to be submitted to the Director of the Division of Behavioral Health. The Division staff will maintain attendance sheet and submit to Chairperson periodically or per request.

**Article IV - Voting**

**Section 1**

**Quorum:** A quorum shall consist of one member more than half of the current members of the Committee. Once established, a quorum shall be deemed to continue throughout the meeting. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

**Section 2**

**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 complete the Potential Conflict of Interest Statement Form C-2. The Form shall be submitted to the Nebraska Accountability and Disclosure Commission. The member shall follow all directions as prescribed and advised by the Nebraska Accountability and Disclosure Commission. If a dispute arises as to whether a conflict exists, the chairperson shall direct that the member's vote be disregarded on a given issue until such time as the member is in possession of a written opinion from the Nebraska Accountability and Disclosure Commission. Meeting minutes shall record the name of a member(s), who abstains from voting.

**Article V – Officers**

**Section 1**

**Selection:** Officers of the Committee shall be a Chairperson, Vice-Chairperson and Secretary.

**Section 2**

**Duties:** The duties of the Officers shall be:

**Chairperson** – Preside at all Committee and Executive meetings and:

- (1) Attend annual technical assistance meeting on MH Block Grant

BY-LAWS FOR THE  
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES  
May 3, 2011

- (2) Represent Nebraska at the MH Block Grant application review
- (3) Write a letter representing the committee's point of view after reviewing the MH block grant application, to be attached and is due September 1.
- (4) Write a letter after reviewing Mental Health block grant implementation report due December 1
- (5) Perform any other duties designated by the Committee.
- (6) Review attendance report and contact members as needed.

**Vice-Chairperson** - Shall act for the Chairperson in his/her absence. Shall perform other duties as designated by the Chairpersons or Committee

**Secretary** – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairpersons or Committee and is designated to review meeting minutes prior to distribution to committee members.

### **Section 3**

At the fall meeting the committee will select officers for one year. The new officers' term are January 1 through December 31. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

### **Section 4**

**Executive Committee**: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Secretary. A Chairperson may call the Executive Committee together with the approval of the Division, at his/her discretion.

## **Article VI – Meetings**

### **Section 1**

**Frequency**: Meetings of the Committee shall be held regularly.

### **Section 2**

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

### **Section 3**

**Notice**: The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting. 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 shall mail a written reminder and meeting agenda to each Committee member at his/her last known official address.

### **Section 4**

**Duties of the Division**: The Division shall provide an orientation to each new Committee member, produce meeting minutes, maintain records to include attendance record of the Committee, and provide support to the Committee.

BY-LAWS FOR THE  
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES  
February 3, 2011

**Section 5**

**Expenses:** Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. Stat. sections 81-1174 to 81-1177.

**Article VII - Committees**

With the written approval of the Division, the Chairperson may appoint or otherwise establish ad-hoc task forces comprised of Committee and non-Committee members to accomplish a specific task which is relevant to the purpose of the Committee. Ad-hoc Committee is defined as including Committee and non-committee members.

**Article VIII – Amendments**

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Committee members will be required to amend the Bylaws. No Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been delivered to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new by-laws adopted by the Committee are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.

*Bert Ferguson*

\_\_\_\_\_  
Committee Chairperson

5/03/11

\_\_\_\_\_  
Date

BY-LAWS FOR THE  
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES  
May 3, 2011

**71-814. State Advisory Committee on Mental Health Services; created; members; duties.**

(1) The State Advisory Committee on Mental Health Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of mental health services in the State of Nebraska. The committee shall consist of twenty-three members appointed by the Governor as follows: (a) One regional governing board member, (b) one regional administrator, (c) twelve consumers of behavioral health services or their family members, (d) two providers of behavioral health services, (e) two representatives from the State Department of Education, including one representative from the Division of Vocational Rehabilitation of the State Department of Education, (f) three representatives from the Department of Health and Human Services representing mental health, social services, and Medicaid, (g) one representative from the Nebraska Commission on Law Enforcement and Criminal Justice, and (h) one representative from the Housing Office of the Community and Rural Development Division of the Department of Economic Development.

(2) The committee shall be responsible to the division and shall (a) serve as the state's mental health planning council as required by Public Law 102-321, (b) conduct regular meetings, (c) provide advice and assistance to the Division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services, (d) 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, (e) provide reports as requested by the Division, and (f) engage in such other activities as directed or authorized by the Division.

Source:

Laws 2004, LB 1083, § 14;  
Laws 2006, LB 994, § 93;  
Laws 2007, LB296, § 460.

**BY-LAWS**  
**As Amended April 4, 2011**

**Article I – Name of Organization**

The name of the organization shall be the State Advisory Committee on Substance Abuse Services (SACSAS).

**Article II – Purpose**

As provided in Nebraska Revised Reissued Statutes Section 71-815, the committee shall be responsible to the Division of Behavioral Health and shall (1) conduct regular meetings, (2) provide advice and assistance to the Division relating to the provision of substance abuse services in the State of Nebraska, (3) promote the interests of consumers and their families, (4) provide reports as requested by the Division, and (5) engage in such other activities as directed or authorized by the Division. (71-815-sec 2)

**Article III – Membership**

**Section 1**

**Appointments:** The committee shall consist of twelve members appointed by the Governor. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services. (71-815 sec 1)

**Section 2**

**Length of Term:** Four of the initial members appointed by the Governor shall serve for three years. Four of the initial members appointed by the Governor shall serve for two years, and four of the initial members for one year. As the terms of the initial members expire, their successors shall be appointed for terms of three years.

**Article IV – Voting**

**Section 1**

**Quorum:** Seven (7) voting members of the Committee present at any called meeting shall constitute a quorum. Once established, a quorum shall be deemed to continue throughout the meeting. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

**Section 2**

**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 business in which the member owns a substantial interest. A member shall disclose the conflict to the Committee 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.

## **Article V – Officers**

### **Section 1**

**Selection:** Officers of the Committee shall be a Chairperson, Vice-Chairperson and Second Vice Chairperson. Initial Officers shall be appointed by the Division of Behavioral Health at the first meeting and will be elected by the Committee annually thereafter. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

**Section 2:** The duties of the Officers shall be:

**Chairperson** – Preside at all Committee and Executive meetings and perform any other duties designated by the Committee.

**Vice-Chairperson** – Shall act for the Chairperson in his/her absence.

**Second Vice Chairperson** – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairperson or Committee.

### **Section 3**

**Term:** At any time that a member cannot complete the term of office a new election shall be held to fill the vacancy.

### **Section 4**

**Executive Committee:** The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Second Vice Chairperson. A Chairperson may call the Executive Committee together with the agreement of the Division at his/her discretion.

## **Article VI – Meetings**

### **Section 1**

**Frequency:** Meetings of the Committee shall be held regularly.

### **Section 2**

**Conduct:** Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. State. Sections 84-1408 through 84-1414. Business should be conducted according to Roberts Rules of Order.

### **Section 3**

**Notice:** The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting. 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 shall mail a written reminder and meeting agenda to each Committee member at his/her last known official address. Public Notice of Committee meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the internet.

#### Section 4

**Duties of the Division:** The Division of Behavioral Health shall provide an orientation to each new Committee member, produce meeting minutes, maintain records of the Committee, and provide secretarial support to the Committee.

#### Section 5

**Expenses:** Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. State. Sections 81-1174 through 81-1177.

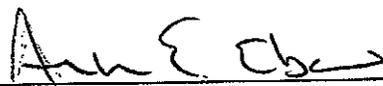
### Article VII -- Committees

With the written agreement of the Division, the Chairperson may appoint or otherwise establish ad-hoc task forces comprised of Committee and non-committee members to accomplish a specific task which is relevant to the purpose of the Committee.

### Article VIII -- Amendments

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Committee members will be required to amend the Bylaws. No Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been mailed to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new by-laws adopted by the Committee are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.

  
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Committee Chairperson

5/3/2011  
Date

**71-815 State Advisory Committee on Substance Abuse Services; created; members; duties.**

(1) The State Advisory Committee on Substance Abuse Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services.

(2) The committee shall be responsible to the division and shall

- (a) conduct regular meetings,
- (b) provide advice and assistance to the division relating to the provision of substance abuse services in the State of Nebraska,
- (c) promote the interests of consumers and their families,
- (d) provide reports as requested by the division, and
- (e) engage in such other activities as directed or authorized by the division.

**Source**     Laws 2004, LB 1083, § 15; Laws 2005, LB 551, § 5; Laws 2006, LB 994, § 94.