

State Advisory Committee on Mental Health Services
May 6, 2008 – 9:00 A.M. to 4:00 P.M.
Country Inn & Suites – 5353 No. 27th St. Lincoln, NE
MINUTES

Committee Members Present:

Adria Bace, Beth Baxter, Jimmy Burke, Roxie Cillessen, Cheryl Crouse, Bev Ferguson, Scot Ford, Dwain Fowler, Joleine Hall, Clint Hawkins, Morgan Hecht, Nancy Kratky, Kathy Lewis, Colleen Manthei, Jerry McCallum, Pat Talbott, Scot Adams

Committee Members Absent:

Chelsea Chesen, Pat Compton, Chris Hanus, Susan Krome, Frank Lloyd, Mary Wells
Announcement was made that Mary Wells has resigned from the Committee.

DHHS Staff Present:

Sue Adams, Alexandra Castillo, Jim Harvey, Joel McCleary, Vicki Maca,

Guests Present:

Alan Green, J. Rock Johnson, Lana Temple-Plotz

I. CALL TO ORDER

Bev Ferguson, Chairperson called the meeting to order at 9:00 a.m.

Roll call of members determined a quorum was met. **15 Members** of 22 appointed members were present at the beginning of the meeting. Each member introduced themselves and gave a brief statement about themselves.

II. APPROVAL of February 5, 2008 MINUTES

√ Motion was made by Clint Hawkins and seconded by Cody Manthei to approve the February 5, 2008 minutes as submitted. Voice vote was unanimous. Motion passed.

APPROVAL of November 6, 2007 MINUTES

√ Motion was made by Dwain Fowler and seconded by Nancy Kratky to approve the November 6, 2007 minutes as submitted. Voice vote was in favor of the motion, Jimmy Burke abstained from voting. Motion passed.

III. APPROVAL OF AGENDA

√ Motion was made by Jerry McCallum and seconded by Kathy Lewis to accept the May 6, 2008 agenda as submitted. Voice vote was unanimous and motion carried.

Jimmy Burke asked for some clarification on membership terms that are due to expire soon. Jim Harvey informed the committee that everyone continues to be a member until the individual and the Division are notified by the Governor's office.

II. BH DIVISION REPORTS

Division of Behavioral Health Discussion

Scot Adams reviewed the BH response to the Committee's recommendations dated May 1, 2008 and the recommendation from the November 6, 2007 meeting dated January 25, 2008. **Item #2**

In the recommendations of November 6, Scot briefly reviewed the Annual Consumer Survey. Scot mentioned some of the numbers are going down and are a concern, such as "low reporting positively outcomes about children has dropped, reporting high number of family members reporting cultural sensitivity".

Comments:

- Committee is interested in age break out of 12 and over, such as 0-11 & 12-18. Magellan can do a break out upon request.

- Comment was made that ICCU are not giving Vouchers. Now is the period of transition and providers will be developing changes and networks will be more responsive in the future. Always contact the Regions to get help in connecting parents with providers.
- Can the Consumer Survey be broken out by service type, for children's services, such as Out-Patient or In-Patient, to help determine if it's a professional partner program? No, but the survey does include a county and whether it is Mental Health or Substance Abuse.
- Concern is that in the Crisis Management System an individual person has to be suicidal to get admitted. Peer Support services are needed so when a person is having a crisis they can get help at an early stage. Each Region has the responsibility to develop Peer Support Services. Peer to Peer Support is for non-crisis situations and are being developed in all Regions. Region 3 has Peer Support Services through Goodwill Industries. Region 5 has submitted a definition to Behavioral Health for "Intensive Case Management" and it incorporates the use of peers. In general, across the state Peer Support looks different in every region.
- Are there numbers on how many years it takes a consumer to successfully get off SSI and SSDI? No, it is very hard to measure that item. There may be a method to capture that item within the support employment program.

Consumer Specialist Report

Vicki reviewed the draft of "Peer Support definition". The draft is a result of Network Management Team meetings which included consumers, family members and providers. Input/comments will be collected on-going so send comments to Joel McCleary. **Item #3**
Listed below are the Committee's input/comments on the draft definition of Peer Support.

Basic Definition: In the definition "to promote personal growth, socialization, recovery, self-advocacy, self-sufficiency"... does this relate to the peer support person or the consumer? It was clarified this is focused on the consumer that is receiving the service from the peer support.

Purpose: no comments

Consumer need: Add some language to allow a consumer coming out of a treatment plan to have a 30 day transition plan prior to going out into the community and not be left to their own devices.

Services: no comment

Programming: no comment

Length of Service: Clarification, unless a consumer is a Mental Health Board commitment, the consumer does have a choice and can walk away or refuse service. Magellan does have some limits of days.

Suggested a language change; "as long as the criteria and consumer needs exists or present meeting service utilization requirements".

Staffing: MHP needs to be spelled out to be clear.

Using the word "professional" may change the way a consumer looks and feels about the peer support person.

If a peer support does relapse there should be a plan in place to address that.

Peer to Client Ratio: A good ratio would be 1 peer support person to 10 clients. The last three points starting with "May operate" should be listed under Staffing.

Consumer Outcome Concerned with the wording “Demonstrate recovery with minimal support”. Would there be an outcome or level listed? Minimal may differ for each individual.

Rate: No comment

Administrative Services Only (ASO)

Sue Adams reported on the ASO contract. On February 1, 2008 the State of Nebraska Administrative Services issued a Request For Proposal (RFP) for a qualified contractor. The Department of Health and Human Services announced on April 16, 2008 that Magellan Behavioral Health has been selected as the Administrative Services Organization for FY09. The contract will start soon and go through June 30, 2010.

Federal Community Mental Health Services Block Grant Cuts

Jim reviewed the allocation and briefly reviewed the allocation cuts. **Item # 4**

Beverly Ferguson as Committee Chair will draft a required letter based on committee’s comments and mail to the official of the Mental Health Block Grant.

The Committee commented on what they want to be included in the letter;

- The cuts give the state of Nebraska a mixed message and pose challenges.
- Rural Equity is going to be affected in Nebraska. It’s proactive if we are to be improving services.
- When going from medical model to a recovery model, initially the changes take more funds and the cuts are not reasonable.
- Suggestion to send a copy of letter to Nebraska State Congressional House Representatives and to Senator Ted Kennedy.
- Is there a federal accountability to so many cuts, if Nebraska is doing a good job with the funds?
- Mental health needs more services, awareness and education.
- A reduction of education is part of stigma.

Review New Freedom Commission/Olmstead Projects

Nebraska received \$20,000 and the funds are designed to use with such things like implementing New Freedom Commission projects. Nebraska needs to report how the funds will be used. Summary of the five projects are listed in **Item #5**.

√ Motion was made by Jimmy Burke and seconded by Pat Talbott that the Division go forward with the five Olmstead Projects as submitted. Voice vote was unanimous. Motion passed.

√ A revision to the motion was made. Motion was made by Jimmy Burke and seconded by Pat Talbott to accept the revised motion to be “The Division to go forward with the five Olmstead Projects as submitted. The projects are a very creative and an innovative use of such pathetically small amount of funds”. Voice vote was unanimous. Motion passed.

Housing Related Assistance Policy Questions

Behavioral Health has contracted with the six Regions for the Housing Related Assistance Program since July 2005 (FY06) and is in the process of setting up contracts with the Regions for FY09 (July 2008). Housing policy modifications were reviewed and are listed in **Item #6**.

√ Motion was made by Pat Talbott and seconded by Cody Manthei to accept the proposed changes to the Housing policy as submitted. Voice vote was unanimous. Motion passed.

Criminal Justice Grant Update

Jim Harvey briefly explained the structure and purpose of “Strategic Planning Workshop on Transforming Services for Persons with Mental Illness in contact with the Criminal Justice System”. The report on the

Criminal Justice Mental Health Strategic Planning Workshop is located on the DHHS website for the committee to view. The web site is www.dhhs.ne.gov/beh/NE. Grant 1, Category I, Planning is in the, implementing stage and application for Grant 2 is being submitted. The second Grant follows the theme of Collaborative Partnerships which includes the five goals listed in **Item #7**.

Education System in HRC Development

The Nebraska Youth Academy located at the Hastings Regional Center provides educational services to children that are placed in Kearney West during the assessment process. If it is determined a substance abuse problem they are transferred to the Hastings program to address substance abuse issue. The state proposes this Program of educational services would transition to local from State responsibility. If this would transition to local this would impact the Hastings public school.

The Hastings public schools and the Division should be partnering in providing education to the students. It is important to plan carefully and partner with the schools and not sabotage the education services. Point of concern is that education birth to age 21 is very crucial.

The recommendation to the Division is for the Department of Health and Human Services to provide a written update to the State Advisory Committee on Mental Health Services as to how the local school district has been meaningfully involved in the planning of transition of the Hastings Regional Center, Nebraska Youth Academy to local community services.

Information on SCHIP Program

SCHIP, a Medicaid program, is a medical service/insurance program for children not adults. The Medicaid income guidelines are 150% of poverty so they are low. The Nebraska basic SCHIP program differs in that the income guidelines vary and depend on the size of the family and the level of income. Low income families can be eligible for SCHIP, if the family does have health insurance SCHIP would pay on top of that. It covers children's physical, mental and dental health. If a child has been in an out of home treatment or placed for treatment for 90 days or expected to be in treatment for 90 days, the only income that counts is the child's own income. The child can receive mental health treatment through SCHIP services. The SCHIP brochure can be accessed on the DHHS (web site.) www.dhhs.ne.gov

DHHS/VR/NDE Partnering Children's MH

The Department of Health and Human Services, Vocational Rehabilitation and Department of Education met to share information on what services are available for the transition of children to adult age. The three departments will continue to meet and will be reporting back to this committee.

Children's SIG Report

The SIG Steering Committee's next meeting is May 15, 2008. Beth Baxter will report to the committee at the August 12th Advisory Committee meeting.

Election of Officers

The three offices that are to be voted on are: Chairperson, Vice Chairperson and Secretary. The Current officers are: Chairperson is Bev Ferguson, Vice Chairperson is Nancy Kratky and Secretary is Jimmy Burke.

Nominations for Chairperson

Nomination for Beth Baxter for Chair was made by Jo Hall.
Nomination for Bev Ferguson for Chair was made by Nancy Kratky.

√ Motion made by Jerry McCallum and seconded by Scot Ford to close the nominations. Voice vote was unanimous. Motion passed.

Beth Baxter respectfully declined the nomination for Chairperson.

√ Motion was made by Beth Baxter and seconded by Nancy Kratky to cast all votes for Bev Ferguson. Motion passed and Bev Ferguson was elected as Chairperson.

Bev Ferguson accepted the position of Chairperson.

Nominations for Vice Chair Person

Nomination for Pat Talbott for Vice Chairperson was made by Kathy Lewis.

√ Motion made by Scot Ford and seconded by Cody Manthei to close the nominations. Voice vote was unanimous. Motion passed and Pat Talbott was elected as Vice Chairperson.

Pat Talbott accepted the position of Vice Chairperson.

Nominations for Secretary

Nomination for Jimmy Burke for Secretary was made by Cody Manthei.

√ Motion made by Jerry McCallum and seconded by Scot Ford to close the nominations. Voice vote was unanimous. Motion passed and Jimmy Burke was elected as Secretary.

Jimmy Burke accepted the position of Secretary.

III. Public Comment

Allen Green was not able to stay for Public Comment but had his comments written and they were handed to the Committee members. **Item # 8**

IV. Mental Health Advisory Committee Recommendations to BH Division

- Recommend to the Division that there be a breakdown on the statistics for the age groups of children on the Substance Abuse table. The age group of 0 to 18 is too large a span.
- Recommendation to the Division is for the Department of Health and Human Services to provide a written update to the State Advisory Committee on Mental Health Services as to how the local school district has been meaningfully involved on the planning of transition of the Hastings Regional Center, Nebraska Youth Academy to local community services.
- Recommend to the Division to clarify what the definition of "PEER" is and the criteria.
- Recommend to the Division to structure the Committee meeting in a manner to insure that there be enough time to discuss the Mental Health Block Grant thoroughly.
- The website address to access the progress of the Mental Health Block Grant is;
<https://bgas.samhsa.gov/cmhs2009/>

MHPC

Username: NE_CouncilMember

Password: Lincoln%496

General Public

Username: NE_citizen

Password: Lincoln#935559

V. Other Agenda Items

- A future presentation by the Nebraska Behavioral Health System on an overview of services, priorities, and fundings statewide to include county dollars, cash funds & Regional Center transferred funds.
- Division's Response to recommendations
- Region 2 BH Report
- SIG Report – Beth Baxter

VI. Plus/Delta

Good opportunities for everyone to interact and have an open discussion.
Lunch is good
DHHS is informative & listens to complaints

Table is not very wide
They want IceTea throughout the meeting.

VII. Adjournment & Next Meeting

√ Motion made by Scot Ford and seconded by Beth Baxter to adjourn the meeting. Voice vote was unanimous. Motion passed.

The next meeting date is Tuesday, August 12, 2008 at Country Inn and Suites.
Meeting adjourned at 2:15 pm.

Prepared by: Alexandra Castillo, Staff Assistant

Approved by _____
Quality Improvement Coordinator
Division of Behavioral Health Services

Date 7/28/08



Division of Behavioral Health

State of Nebraska

Dave Heineman, Governor

January 25, 2008

To: Beverly Ferguson, Chair
State Advisory Committee on Mental Health Services

From: Scot L. Adams, Ph.D., Director
Division of Behavioral Health

Re: Division of Behavioral Health Responses to State Advisory Committee on Mental Health Services Questions and Comments from November 6, 2007

Based on the minutes of the meeting from November 6, 2007, the following Committee questions and comments were identified. The Division of Behavioral Health responses will be reviewed at the State Advisory Committee on Mental Health Services on February 5, 2008.

The Committee Asked

- Federal Community Mental Health Services Block Grant covers only a part of the cost. Committee requests the Division develop a chart showing the other funding sources and the percentage of each?

Division of Behavioral Health Response

Based on the analysis below, the Federal Community Mental Health Block Grant represents 1.32% of the total funds within the DHHS Division of Behavioral Health.

Community Behavioral Health Revenues FY2008			
State General Funds	\$60,328,781		
Nebraska Health Care Cash Funds	\$10,599,660		
Gamblers Assistance	\$1,220,000		
Housing Related Assistance	\$2,620,000		
Federal Comm MH Services Block Grant	\$1,905,898	(1.3%)	
Federal Substance Abuse Block Grant	\$7,472,236	(4.9%)	
Medicaid Match (for MRO & SA Waiver)	\$9,200,000		
Total Community BH Funding			\$93,346,575 61.4%
Regional Center Funding			
Hastings Regional Center	\$11,000,000		
Lincoln Regional Center	\$32,000,000		
Total Regional Center Funding for BH			\$43,000,000 28.3%
Behavioral Health Administration	\$2,200,000	1.4%	
Norfolk Regional Center (Sex Offender Program)	\$13,500,000	8.9%	
Total Division of Behavioral Health			\$152,046,575 100%

- NOTE 1: For Division of Behavioral Health planning, the FY2008 allocation under the Federal Community Mental Health Services Block Grant is expected to be the same as Final 2007 (\$2,006,208). Of that, the Division is able to set aside five percent (5%) for state administration. The Division uses those funds for consumer initiatives (\$100,310). That leaves \$1,905,898 to be allocated to the six Regions.
- NOTE 2: There is local match required for some of the Division of Behavioral Health funds. In the FY2007 contracts, the local Behavioral Health match from the six Regions was \$8,111,897.
- NOTE 3: Div of Children & Family Services 2007 Behavioral Health costs were \$149,430,500.
- NOTE 4: Division of Medicaid & Long Term Care 2007 Behavioral Health costs were \$151,471,978.

The Committee Asked

There were two questions related to the 2007 Behavioral Health Consumer Survey.

- Family and cultural competency percentages are low – what’s the Division plans to correct this?
- Improve the youth response on the consumer survey scores.

Division of Behavioral Health Response

First, here are the three year trends on the questions regarding the Behavioral Health Consumer Survey, as reported on Table 11 of the Federal Uniform Reporting System.

Table 11: Summary Profile of Client Evaluation of Care / Nebraska Consumer Survey Results

Report Year (Year Survey was Conducted)	2005		2006		2007	
	Responses	percent	Responses	percent	Responses	percent
Child/Adolescent Consumer Survey Results:						
1. Percent Reporting Positively About <u>Access</u> .	233	75.5%	457	77.5%	253	77.9%
2. Percent Reporting Positively about <u>General Satisfaction</u> for Children.	233	71.2%	460	72.4%	253	66.0%
3. Percent Reporting Positively about <u>Outcomes</u> for Children.	226	61.1%	436	66.7%	251	52.6%
4. Percent of Family Members Reporting on <u>Participation In Treatment Planning</u> for their Children.	232	74.1%	448	68.8%	252	71.0%
5. Percent of Family Members Reporting High <u>Cultural Sensitivity</u> of Staff. (Optional)	223	90.6%	416	91.8%	252	77.4%

The Consumer Survey data are collected annually. To do this, the Division of Behavioral Health contracts with the Nebraska Department of Health and Human Services (DHHS) Division of Public Health for the purpose of collecting the annual Behavioral Health Consumer Survey data. In collecting these data, the Division of Behavioral Health (1) uses the official Federal consumer survey questionnaires, (2) uses a random sample of Behavioral Health consumers served in community settings (as collected under the Magellan Behavioral Health information system), (3) contracts with the Division of Public Health so that they can use the same methods as applied to collect the data under the Behavioral Risk Factor Surveillance System (BRFSS) and (4) the data analysis is completed by DHHS-Operations / Financial Services - Research & Performance

Consumer and Family Involvement is also important in the administrative areas. Here are examples:

- The Office of Consumer Affairs, as authorized under Neb. Rev. Stat. 71-805(3) has been officially established.
 - o On January 11, 2006, Joel McCleary was appointed as program administrator for the Behavioral Health Office of Consumer Affairs.
 - o The Division of Behavioral Health Services has employed two consumers for over 15 years. Initially, these consumers were part time employees. In 1998, they were converted to full-time employees. These two full-time Consumer Liaisons are Dan Powers and Phyllis McCaul.
 - o Overall, the Division of Behavioral Health – Office of Consumer Affairs works as a change agent and advocate within the Nebraska Department of Health and Human Services.
- The Division of Behavioral Health – Office of Consumer Affairs contracted with each of the six Regional Behavioral Health Authorities to hire Regional Consumer Specialists. By May 15, 2007, all six Regions had hired their Regional Consumer Specialists.
- State Advisory Committee on Mental Health Services has twelve consumers of behavioral health services or their family members out of the 23 authorized positions [Neb. Rev. Stat. § 71-814(1)(c)].
- Each regional behavioral health authority has established and utilizes a regional advisory committee consisting of consumers, providers, and other interested parties [Neb. Rev. Stat. § 71-808 (2)].
- On January 14, 2008, the Division of Behavioral Health held a meeting to discuss planning for the distribution and utilization of funds transferred from Regional Centers to the six Regions. There were six consumers and family members who participated in the meeting.

The Committee Asked

- Would like a current status report on medical disorders experienced by individuals with serious mental illness

Division of Behavioral Health Response

The Division of Behavioral Health is very aware of this issue. At this time, the Division of Behavioral Health has several projects underway to look at this issue including:

- the analysis of the Behavioral Risk Factor Surveillance System (BRFSS) data for Nebraska. At the February 5, 2008 meeting, Kurt Weiss from the Division of Public Health will be discussing the Patient Health Questionnaire & Behavioral Risk Factor Surveillance Systems. More work will be done on this analysis.
- The Regional Center Discharge Follow-Up Services Project with Shinobu Watanabe-Galloway, Ph.D. in the Epidemiology Department - College of Public Health in the University of Nebraska Medical Center (UNMC) is also looking at this issue.

The Committee Asked

- What is the status of Tele Medicine to address Mental Health service issues?

Division of Behavioral Health Services Response

This is a critical aspect of behavioral health workforce and service provision issues. The DHHS Office of Rural Health has been facilitating the processes needed to address the infrastructure issues involved.

May 1, 2008

To: Beverly Ferguson, Chair
State Advisory Committee on Mental Health Services

From: Scot L. Adams, Ph.D., Director, Division of Behavioral Health

Re: Division of Behavioral Health Responses to State Advisory Committee on Mental Health Services Questions and Comments from February 5, 2008



Based on the minutes of the meeting from February 5, 2008, the following Committee questions and comments were identified. The Division of Behavioral Health responses will be reviewed at the State Advisory Committee on Mental Health Services on May 6, 2008.

The Committee Asked

- Committee expressed concerns of patient at Lincoln Regional Center (LRC) escaping and would like to know what's the level of security.

Division of Behavioral Health Response

The level of security is "high". Regional Center staff have re-enforced the need for vigilance thru discipline and training. Security cameras have been purchased. Also the policies and procedures governing this are being reviewed and updated.

The Committee Asked

- Committee recommends the Division to increase Substance Abuse programs for youth and Adults. They consider this a gap in services.

Division of Behavioral Health Response

State Advisory Committee on Substance Abuse Services (Neb. Rev. Stat. § 71-815) regularly makes recommendations to the Division on these issues.

The Division fully recognizes the connection between mental illness and substance abuse. For example:

- The Nebraska Behavioral Health Services Act defines the term "Behavioral health disorder" as meaning mental illness or alcoholism, drug abuse, problem gambling, or other addictive disorder [Neb. Rev. Stat. § 71-804(1)].
- The State funds from the Nebraska Legislature are no longer allocated to mental health or substance abuse. The funds are for Behavioral Health. The six Regional Behavioral Health Authorities make the decision on use of funds between mental health, substance abuse, or dual disorder (combined mental health and substance abuse service) services.
- Under the Federal Community Mental Health Services Block Grant Uniform Reporting System for FY2007 (Submitted on November 29, 2007), Table 12: State

Mental Health Agency Profile reported the following under #3. Co-Occurring Mental Health and Substance Abuse:

- a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?
80% = Percentage of adults served by the State Mental Health Authority (SMHA) who also have a diagnosis of substance abuse problem
28% = Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem
- b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children/adolescents with SED have a dual diagnosis of mental illness and substance abuse.
77% = Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem
17% = Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem

The Committee Asked

– Committee asks the Division for a definition or the intention of Peer Support Services, what is happening with Peer Support and Crisis Intervention, what are the funding possibilities, and who will do the education/training of the Peer Support individuals? They recommend there be a state framework to provide consistency within the regions.

Division of Behavioral Health Response

Under Joel McCleary, Administrator, Office of Consumer Affairs, the Division of Behavioral Health has drafted a Peer Support definition (see attached). This specific draft is the result of a request from the Network Management Team (NMT). The NMT consists of staff from the Division and the six Regional Behavioral Health Authorities. As a result of that request, work group of consumers, family members, and providers met by phone and in person from July 2007 to Feb 2008 to research and develop a description of peer support in Nebraska. During March 2008, this work was rolled into a single document and was submitted for review by the NMT on March 26, 2008. This draft document will also be reviewed again at the NMT May 14th meeting.

Crisis Management is part of the Emergency Team's project. Peer Support is in its early stages of definition by the state (see attached). The two services have natural linkages, but we are early in describing how peers, newly trained and on the job, can be bridged into the crisis management field effectively and safely. Peers are being hired through private funding at Allegent under Steve Spelic, as well as Carole Boye and Aileen Brady at Community Alliance in Omaha (see attached feedback). They have developed a training module. Annually, the Division of Behavioral Health makes funding available for certain regions to pay Peer Specialists.

At the May 6, 2008 meeting, the Division of Behavioral Health will be seeking the State Advisory Committee on Mental Health Services' input on this document. This is not a funded service at this time.

Category/Service	Nebraska PEER SUPPORT Definition, DRAFT 4/29/2008
Setting	Community-based or other treatment settings.
Facility License	Not applicable
Basic Definition	<ul style="list-style-type: none"> ● To promote personal growth, self-esteem, and dignity by developing leadership skills, advocacy skills, and sharing information. Service provides structured scheduled activities that promote socialization, recovery, self-advocacy, self-sufficiency, development of supports, development and maintenance of community living skills. The purpose is to provide an opportunity to teach and support consumers in the acquisition and exercise of skills needed for management of symptoms and for utilization of resources within the community or other treatment settings.
Purpose	<ul style="list-style-type: none"> ● Serve as advocate and liaison to consumers of behavioral health services, including consumers of services which are designed to lead toward wellness and recovery from mental illness, substance abuse, or problem gambling. This includes but not limited to meeting with consumers of all ages, their families and support system, throughout a geographic area.
Consumer Need (MH/SA/GAP)	<ul style="list-style-type: none"> ● Benefits from support of peers in acquisition of skills for managing illness & utilizing resources AND ● Needs assistance to develop self-advocacy skills to achieve decreased dependency on BH system OR ● Needs peer supports in order to maintain daily living skills OR ● Needs assistance and support to prepare for a successful work experience, or involvement in community: i.e. volunteer opportunity, social roles of responsibility. ● Low to moderate need for professional structure/intervention
Services	<ul style="list-style-type: none"> ● Intake and information gathering to evaluate need ● Assist consumers in developing service plans and goals ● Individual meetings with Consumers ● Group education classes, WRAP facilitation (MH/SA/GAP) ● Assistance in accessing work and work-related tools (SS card, ID), housing, advocacy, ACT, self-help groups. Serve as a resource on local issues regarding recovery and share that information to help Consumers attain recovery. ● Structured activities for consumers to increase self-reliance and resources towards independent living ● Advise the regional and state staff about consumers and consumer issues to ensure policies are developed in the most effective relevant, data-driven and consumer-centered manner possible. ● Demonstrate leadership based on <ul style="list-style-type: none"> ■ Developing and facilitating a advisory groups ■ Facilitate, organize facilitation, and/or be a train-the-trainer for the Wellness and Recovery Action Plan (WRAP) training curriculum, promote recovery-based models and support groups

Category/Service	Nebraska PEER SUPPORT Definition, DRAFT 4/29/2008
Programming	●Service planning and activities are consumer directed, and
	●Ongoing information gathering for continuous improvement of service planning, and
	●Service planning meetings are reviewed monthly, and
	●Face to face contacts are based upon individual need and consumer choice.
	●Peer Support staff are available to assist consumers in crisis with back-up coverage by designated Behavioral Health professionals
Length of Service (LOS)	●Per consumer's choice, as long as meeting service utilization requirements.
Staffing	●Service is under the clinical supervision of a MHP, who preferably is a Certified Peer Specialist,
	●Peers may be Certified Peer Specialists or can demonstrate progress toward certification and skill development (courses/training/experience),
	●Preferably, 2 Certified Peer Specialists in free-standing or in combination of other services within an agency (so a back-up is available),
	●Must have a working understanding of recovery and model such behaviors.
	●Advise the regional and state staff about consumers and consumer issues to ensure policies can be developed in the most effective relevant, data-driven and consumer-centered manner possible, and
	●Maintain high standards of personal conduct. Teach and role model the value of every Individual's recovery experience. Conduct self in a manner that fosters own recovery.
Peer to Client Ratio	●Individualized to meet consumer needs including evening/weekend hours.
	●May operate within a Peer Support Center that is within a service provider OR
	●May operate within an existing service provider without a Peer Support Center OR
	●May operate within a larger service provider administratively but with complete autonomy.
Consumer Outcome	●Recovery. For persons with mental health and/or addiction challenges, recovery is a long-term journey of healing based on hope, optimism, and personal growth that involves the mind, body, and spirit and enables the individual to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.*
	●Demonstrate recovery with minimal support
	●Reduced admissions to other services or higher levels of service
	●Supports in place to promote consumer recovery
	●Utilizes supports outside the Behavioral Health System
Rate	BH: This is not a state funded service.
	NMMCP: This is not a state funded service.

*Definition of Recovery-State of Indiana Recovery Ad Hoc Committee

Reference Documents for Peer Support Service Definition

- AACP Guidelines for Recovery Oriented Services.pdf - <http://www.wpic.pitt.edu/aacp/finds/ROSGuidelines.pdf>
- Academic Support Group BEST PRACTICES.doc
- BH Service Definition of PS - Denise Bulling & The State Action.doc
- CMS Memo - Peer Support Services_1.doc
- Gayle Bluebird - Peer Working In In-Patient Settings.pdf - http://www.nasmhpd.org/general_files/publications/ntac_pubs/Bluebird%20Guidebook%20FINAL%202-08.pdf
- Georgia CPS Project - Certified Peer Specialist Code of Ethics.doc - <http://www.gacps.org/CodeOfEthics.html>
- Georgia Peer Support Job Description.doc - <http://www.gacps.org/JobDescription.html>
- Georgia Peer Supports Medicaid Guidelines2_03.doc - http://www.gacps.org/files/peer_supports_guidelines2_03.doc
- Indiana Recovery Ad Hoc Committee - Definition of Recovery.doc - <http://www.in.gov/fssa/files/minutes061306.pdf>
- NAPS Peer Specialist Compensation-Satisfaction Survey Report 2007.doc - <http://www.pmhca.org/docs/NAPS%20survey%20report45.pdf>
- NE HHS Service Definitions 2006.pdf - <http://www.dhhs.ne.gov/rfp/aso/BH-Medicaid-Svc-Def-2006.pdf>
- Peer Provider Group Services Ranking.doc
- South Carolina Peer Document.doc - http://www.state.sc.us/dmh/best_practices/peer_support.html
- South Carolina Peer Support Service Definition.doc - http://www.state.sc.us/dmh/client_affairs/services_provider_manual.pdf
- What is Peer Support - Copeland Center Definition.doc
- Copeland Center MH Recovery Newsletter July 2006 - <http://www.copelandcenter.com/newsletter/july2006.pdf>
- Peer Support - A Theoretical Perspective - <http://www.mentalhealthpeers.com/pdfs/peersupport.pdf>

Community Alliance Peer Support Definition Feedback

- Basic Definition: Increase emphasis that services are provided by persons who have experienced a mental illness (and/or co-occurring disorder)
- Purpose: Increase emphasis within the purpose - providing mutual support including the sharing of experiences - knowledge, skills and social learning. In much of the literature, it is the concept of mutuality that makes peer support in mental health unique. In fact, some writers encourage us to think about how the person can model peer support rather than be a provider of a "service."
- Services: These may be too "job description" focused, but this section seemed to be missing some concepts:
Bullet point 2 - add "assist in articulating personal goals and objectives for recovery."
Bullet point 3 - add "teaching and role modeling the value of each individual's recovery experience."
Bullet point 6 - add "teaching relevant skills for self - management of symptoms." *Trying to emphasize the non-medical approach - the answer does not come from a medication adjustment.*
Bullet point 8 - add "assisting in identifying program environments that are conducive to recovery."

April 29, 2008

To: John M. Morrow, Ph.D.
Chief, State Planning and Systems Development Branch
Division of State and Community Systems Development
Center for Mental Health Services

Re: Modification to the NE Application for the Community Mental Health Services Block Grant

Dear Dr. Morrow:

This is in response to the notice from the Center for Mental Health Services (CMHS) by letter from Joyce T. Berry (received April 2, 2008) and the e-mail from John Morrow, Chief, State Planning and Systems Development Branch at the Federal Center for Mental Health Services on April 7, 2008 regarding the Nebraska allocation under the Community Mental Health Services Block Grant. Based on these communications, Nebraska is required to report the modifications to the Community Mental Health Services Block Grant application due to the FY2008 cut of \$32,306 (-1.6%). This document represents how Nebraska is modifying its Community Mental Health Services Block Grant application, referred to as a plan by CMHS, in order to implement these cuts. The modification to the Nebraska application is based on the following:

- The notification for the Federal Fiscal Year (FFY) 2007 was received on May 4, 2007 with a revised award of \$2,006,208 which was a cut of \$44,002 (2.1%).
- In the final MH Block Grant for FFY2008 showed Nebraska's allocation is \$1,973,901, another cut of \$32,307 (1.6%).

Here is the overall approach Nebraska used to implement these cuts. There was \$17,992 cut last year from the FFY2007 by eliminating the Rural Equity Fund. That left a balance of \$26,010 to be cut from the Regional Behavioral Health Authorities. The decision was made to defer that cut one State Fiscal Year due to the following reason. As noted in the Community Mental Health Services Block Grant implementation report:

- The Federal Community Mental Health Services Block Grant funds must be obligated and expended within the two-year period.
- There is a lag time for the cash to flow from a Federal Notice of Grant Award, into a contract with Regional Behavioral Health Authorities and ending in a form of payment for services.
- The contracts between the Division of Behavioral Health and the six Regional Behavioral Health Authorities follow the State Fiscal Year (SFY) from July 1 to June 30 each year.
- In any given year, the contracts between the Division of Behavioral Health and the Regional Behavioral Health Authorities use Community Mental Health Services Block Grant funds from two grant years. The first 40 percent in the SFY uses funds from the previous FFY Block Grant award and the remaining 60 percent are from the more recent award.

As a result, Nebraska is implementing the second phase of the FFY2007 cut and the full FFY2008 cut in one reduction with the six Regions. With the remaining cuts from FFY2007 and now FFY2008, reductions in services do need to be made. Between the cuts in FFY2007 and FFY2008, a total of \$58,317 (3.0%) [remaining FFY2007 cut of \$26,010 plus the full cut of \$32,307 from FFY2008 equals \$58,317 total cut in SFY 2009] needs to be reduced from the State Fiscal Year (SFY) 2009 (from July 1, 2008 to June 30, 2009) contracts with the six Regional Behavioral Health Authorities.

The following table shows the actual allocation of Federal Community Mental Health Block Grant funds in SFY2008 and SFY2009. The table also shows the percent of total each Region received in those State Fiscal Years. That percent of total is then compared to the 2007 Nebraska population estimates by the U.S. Census Bureau.

Modification to the NE Application for the Community Mental Health Services Block Grant

Region	Allocation of the Federal MH Block Grant			Census Population Estimates For NE as of July 1, 2007	
	SFY 2008	SFY 2009	% of Total	Number	% of Total
1	\$186,251	\$180,619	9.66%	86,072	4.85%
2	\$187,795	\$182,116	9.74%	99,683	5.62%
3	\$268,202	\$260,092	13.91%	222,813	12.56%
4	\$272,545	\$264,303	14.13%	205,912	11.60%
5	\$438,759	\$425,491	22.75%	434,379	24.48%
6	\$574,971	\$557,584	29.81%	725,712	40.90%
Totals	\$1,928,523	\$1,870,206	100%	1,774,571	100.00%

Here is what this table shows. First, it shows the cut in funds from SFY2008 to SFY2009 of \$58,317 (3.0%). It also shows the percent of total allocation of the Federal Community Mental Health Services Block Grant to the six Regions compared to the Regions percent of State of Nebraska population. In Nebraska, of the 93 counties, there are six designated as "Metropolitan Statistical Areas" by the U.S. Census Bureau. These counties are

- Region 4 - Dakota county (includes South Sioux City) connected to Sioux City, Iowa.
- Region 5 - Lancaster county (includes City of Lincoln).
- Region 6 - Douglas (includes City of Omaha), Sarpy, Cass, Washington counties.

The overall pattern of allocation for the Federal Community Mental Health Services Block Grant favors the rural areas of Nebraska. This is consistent with the "President's New Freedom Commission on Mental Health" Goal 3 (Disparities in Mental Health Services Are Eliminated), Recommendation 3.2 (Improve access to quality care in rural and geographically remote areas). Thus, the use of the funds in this manner helps to improve access to quality care in rural and geographically remote areas.

The State Advisory Committee on Mental Health Services, Nebraska's Mental Health Planning Council, met on May 6, 2008. As a result, the Chair of the State Advisory Committee, Bev Ferguson, received an opportunity to review this modification. Here are her comments:

As Chair of the Mental Health Advisory Council, I received and reviewed the changes to the Mental Health Block Grant. The changes were in response to the notification of a cut in the funding of that Grant to Nebraska by CMHS.

I sincerely hope the trend to cut these funds to Nebraska will stop soon.

Please feel free to contact me (402-471-8553 / scot.adams@dhhs.ne.gov) or Jim Harvey (402-471-7824 / jim.harvey@dhhs.ne.gov) if you have any questions about the modification to the application.

Sincerely,

Scot L. Adams, Ph.D., Director
 Division of Behavioral Health
 Department of Health and Human Services

NEW FREEDOM INITIATIVE STATE COALITIONS TO PROMOTE COMMUNITY-BASED CARE

Item# 5

Funding from the Federal Center for Mental Health Services

Contractor: Judge David L. Bazelon Center for Mental Health Law
1101 15th Street, NW, Suite 1212
Washington, DC 20005
Robert Bernstein, Ph.D., Executive Director

Priorities for Funding under NFI/Olmstead Projects

- Goal 1: American understand that Mental Health is Essential to Overall Health:
 - 1.2 Address the unique need of mental health financing.
- Goal 2: Mental Health Care is Consumer and Family Driven
 - 2.2 Involve Consumers and Families fully in orienting the mental health system toward recovery
- Goal 2: Mental Health Care is Consumer and Family Driven
 - 2.3 Align relevant Federal programs to improve access and accountability for mental health services
- Goal 2: Mental Health Care is Consumer and Family Driven
 - 2.5 Protect and enhance the rights of people with mental illnesses
- Goal 3: Disparities in Mental Health Care are Eliminated:
 - 3.1 Improve access to quality care that is culturally competent
- Goal 4: Early Mental Health Screening, Assessment and Referral to Services Are Common Practice:
 - 4.2 Improve and expand school mental health programs
- Goal 5: Excellent Mental Health Care is Delivered and Research is Accelerated:
 - 5.3 Improve and expand the workforce providing evidence-based mental health services and support

Summary: Nebraska New Freedom Commission / Olmstead Projects (as of April 15, 2008)

Funding	NFC #	Title of Project
\$10,267	1.2 2.3	RentWise Training
\$4,000	2.3	Develop A Range of Community Support Services
\$4,000	3.1 2.2	WRAP for Veterans
\$2,000	2.3	Criminal Justice : Mental Health statewide meeting
\$7,000	2.2	Trauma-Informed Nebraska proposal for Consumer/Survivor/Recovering Individual Partnerships
\$27,267		Total

NE Olmstead Project:	RentWise Training
New Freedom Commission Number	1.2 – Supported Housing 2.3 – Make Housing with Supports Widely Available

BUDGET

Conferences & meetings	\$720 for nine trainers to attend RentWise train-the-trainer event in Lincoln on June 12, 2008 (@\$75 for one to register) plus training resources.
Consumer/Family Travel	\$547 (nine trainers travel expenses to attend the RentWise trainer event).
Supplies & Materials	Provided by Nebraska Housing Developers Association with grant funds from the NE Affordable Housing Trust Fund
Other (describe)	\$9,000 – paid to RentWise trainers, \$100 per consumer completing RentWise training; 15 consumers per trainer; six Regional Trainers.
TOTAL	\$10,267
Division Staff:	Jim Harvey and Joel McCleary

Specific Populations Addressed Under this project *

- Consumers receiving DHHS funded Behavioral Health services with an Individual Service Plan goal of independent living will receive renter education classes using the RentWise curriculum.
- Renter education classes will increase a renter’s ability to:
 - a) Develop and benefit from cooperative relationships with their landlord;
 - b) Locate adequate, safe and affordable housing;
 - c) Resolve problems with neighbors and landlords; and
 - d) Remain in the same place and maintain housing stability.

Measureable outcomes:

1. Train nine (9) consumers, including staff of the Division of Behavioral Health Office of Consumer Affairs, and one consumer designed by each of the six Regional Behavioral Health Authorities, to be trainers under RentWise.
2. The Office of Consumer Affairs will teach RentWise (a) at the annual Consumer Conference held in September of each year (this year on September 16, 17, 18, 2008), and (b) develop the capacity to use it at the Lincoln Regional Center
3. The six Regional Trainers will teach 10 consumers each. For each consumer who successfully completes the RentWise program, the Trainer will be paid \$100. Completing the program means all six RentWise modules have been completed, and evaluation forms have been sent to the Nebraska Housing Developers Association.

Pertinent outcomes that are not measurable:

1. NE Department of Correctional Services using RentWise training for people with Behavioral Health disorders who are eligible for release.
2. Use of RentWise training for consumers served under the Housing Related Assistance program.

Best Practices or Promising Practices pertinent to the Project:

- Use of RentWise Training as a tool to involve consumers in orienting the mental health system toward recovery, consistent with consumer choice for self-direction, and making Housing with Supports Widely Available. Note: Research shows that consumers are much more responsive to accepting treatment after they have housing in place.
- Developed by Marilyn Bruin, an extension housing specialist with the University of Minnesota
- Developed for Nebraska by Shirley Niemeyer at the UNL Extension, Jean Chicoine with the Nebraska Homeless Assistance Program, and the RentWise Steering Committee.

Barriers to achieving the project:

- Finding qualified RentWise trainers willing to do this work.
- Finding sustainable funds to pay the RentWise trainers after the Olmstead grant is expended.

NE Olmstead Project:	Develop A Range of Community Support Services
New Freedom Commission Number	2.3 In a transformed system, the key goals of a revised Federal agenda for mental health would include: - Clarifying and coordinating regulations and funding guidelines that are relevant to people with mental illnesses for housing, vocational rehabilitation, criminal and juvenile justice, social security, and education to improve access and accountability for effective services
Division of Behavioral Health Staff:	Sheri Dawson and Jim Harvey

Budget

conferences & meetings	Meetings held at NSOB or other locations at no cost to project.
Consumer/Family Travel	\$4,000 for consumers of Behavioral Health Services and family members of consumers to participate in these meetings.

For Conferences & Meetings and/or Consumer/Family Travel report

Name of event	
Date	Work Group meetings in August, September, October, November, and December 2008
Location	Lincoln, NE
Total Number of Participants *	
Number who were Consumer/Family	

Specific Populations Addressed Under this project – Consumers receiving DHHS funded Behavioral Health services with an Individual Service Plan goal of independent living.
Measureable outcomes: Develop a range of Community Support Services to be implemented in FY2010 including, but not limited to: <ol style="list-style-type: none"> 1. Forensic Intensive Case Management for jail diversion services 2. Care Monitoring developed, staffed using a Peer Support model 3. Community Support used as a tool to help consumers move out of Assisted Living or Mental Health Centers 4. Update Community Support work better with the Housing Related Assistance program
Charter for the Range of Community Support Services <ol style="list-style-type: none"> 1. signed by Scot Adams by August 1, 2008 2. Work Group meetings in August, September, October, November, and December. 3. Recommendations to Scot Adams by January 5, 2009 4. Review and approval by the Division of Medicaid & Long Term Care by February 28, 2009 5. Used in Regional Budget Plan Guidelines for FY2010 by March 2009 6. Implemented for FY2010 (starting July 1, 2009).
Pertinent outcomes that are not measurable:
Best Practices or "Promising Practices pertinent to the Project: Implementation of Supported Housing in Nebraska
Barriers to achieving the project: Staff time to complete the work.

NE New Freedom Commission / Olmstead Project:	<u>WRAP for Veterans</u> – Assist the Nebraska National Guard in their ongoing development of a Peer Support Program (pending commitment from the NE National Guard) <ul style="list-style-type: none"> – Renee Faber – Division Team Leader – Veterans Initiatives – Joel McCleary – Administrator, Division of Behavioral Health Office of Consumer Affairs
New Freedom Commission Number	Goal 3: Disparities in Mental Health Care are Eliminated: 3.1 Improve access to quality care that is culturally competent Goal 2: Mental Health Care is Consumer and Family Driven 2.2 Involve Consumers and Families fully in orienting the mental health system toward recovery

Budget

Supplies & Materials	\$1,500 for 200 books
Other (describe)	\$2,500 for WRAP on-line facilitation training (@\$200 per person) or other expenses needed to support NE National Guard Peer Support Program
Total	\$4,000
Division Staff:	Renee Faber and Joel McCleary

Specific Populations Addressed Under this project:

Nebraska National Guard, war veterans and their families

- Due to the unique organizational structure of the Nebraska National Guard, war veterans and their families can face challenges in accessing post-deployment services. Many of our service members who have served in the Global War on Terror (GWOT) [including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF)] have behavioral health issues as they assimilate into the home and work environment.
- There are over 4,100 Nebraska National Guard service members. More than 2,700 service members have been deployed to date. Of this number, numerous service members have deployed on more than one occasion. Also, there are approximately 1,300 spouses and 2,000 children who have been impacted by these deployments. Numerous service members returning from the Global War On Terrorism are having difficulty adjusting and reuniting with their spouses, children, other family members, friends, employers, and community.

Measurable outcomes: Examples of Possible Outcomes

- Provide “Wellness Recovery Action Plan: For Veterans and People in the Military” books to the Nebraska National Guard. (start with purchase of 200 copies at \$7.50 ... cost of book \$7 + shipping)
- Online WRAP Facilitation Training – each completed means one person certified. \$200 per person.

Pertinent outcomes that are not measurable:

The Nebraska National Guard has implemented a Peer Support program. This project is intended to assist, maintain, and sustain this Peer Support program. The overall goal is to help these NE National Guard Peers and their family by providing support during this transition from deployment to civilian life.

Best Practices or "Promising Practices pertinent to the Project:

Use of WRAP in support of returning OEF/OIF veterans and their families

Barriers to achieving the project:

1. Some veterans fear that seeking mental health treatment will jeopardize his/her military career.
2. Some veterans may not understand the benefit of WRAP.
3. There are no WRAP facilitators within the NE National Guard Peer Support program.

NE Olmstead Project:	Criminal Justice Mental Health statewide meeting
New Freedom Commission Number	2.3 Address Mental Health Problems in the Criminal Justice and Juvenile Justice Systems
conferences & meetings Consumer/Family Travel	\$2,000
Division Staff:	Jim Harvey

For Conferences & Meetings and/or Consumer/Family Travel report

Name of event	
Date	September – October, 2008
Location	Lincoln
Total Number of Participants *	
Number who were Consumer/Family	

Specific Populations Addressed Under this project

Work with consumers with Mental Health Problems in the Criminal Justice and Juvenile Justice Systems

Measureable outcomes:

Consumers / family members attend the statewide meeting on Criminal Justice / Mental Health (September – October, 2008). The meeting will report on the results from US Dept of Justice Strategic Planning grant.

Pertinent outcomes that are not measurable:

Using the Sequential Intercepts for Change Model (Criminal Justice / Mental Health), develop diversion options for each intercept in at least one location in Nebraska.

Best Practices or "Promising Practices pertinent to the Project:

Use of the Sequential Intercepts for Change Model (Criminal Justice / Mental Health)

Barriers to achieving the project:

Meeting not held

NE Olmstead Project:	Trauma-Informed Nebraska Project for Consumer/Survivor/Recovering Individual Partnerships
New Freedom Commission Number	2.2 Involve consumers and families fully in orienting the mental health system toward recovery. - Involve Consumers and Families in Planning, Evaluation, and Services
conferences & meetings Consumer/Family Travel	\$7,000
Division Staff:	Sheri Dawson and Joel McCleary

Trauma-Informed Care Reviews
 4 Reviews X 16 Hours per Review X 15 per hour = \$960
 Four trauma-informed reviews will be conducted. Work will include program site visit, assessment and assist in writing report of findings.

Meeting
 12 hours X \$15 per Hour X 8 consultants = \$1,440
 Consumer/Survivor consultants from each pilot site will attend two local planning meetings and two stakeholders meeting.

Peer Support Groups
 8 meetings per month X 10 months X \$25 per meeting = \$2,000
 Consumer/Survivor consultants will facilitate two peer support meeting per week

Activity Expenses = \$5,600
 Travel expenses = \$1,400
 Total proposal amount = \$7,000

Specific Populations Addressed Under this project
 eight (8) consumers (four per Region from two of the behavioral health regions selected to participate as pilot sites) trained and assigned to form partnerships under a project with Trauma-Informed Nebraska (TIN) for Consumer / Survivor / Recovering Individual

Measureable outcomes:
 Eight (8) individuals (four per Region from two regions) have been trained and are working on trauma issues.

Pertinent outcomes that are not measurable:
 Consumer/Survivor consultants will be instrumental in carrying out the following activities: performing trauma-informed care agency/program reviews, training on peer support models, facilitating self-help support groups, participating in organizational meetings and communicating with consumers through via internet forums and information sharing, and assisting with stakeholder meetings. To ensure that this partnership with Consumers/Survivor consultants actually results in improved responses and increased capacity for trauma-informed care, the project will initially focus these activities in two pilot sites.

Best Practices or Promising Practices pertinent to the Project:
 Developing a strategy to address trauma informed issues.

Barriers to achieving the project:
 Finding consumers interested, qualified, available to work on this project.



**For Review and Comment by the State Advisory Committee on
Mental Health Services on May 6, 2008**

Policy Questions on the **“State Housing Related Assistance Program”** as authorized under Neb. Rev. Stat. 71-812(3) for Adults with Serious Mental Illness (July 1, 2008 to June 30, 2009)

Question #1: Under CONSUMER ELIGIBILITY, clarify who needs to produce the documentation for the consumer to be a US citizen, or LPR who is a resident in Nebraska.

- 1) The consumer must be:
 - a) Citizen of the United States of America or
 - b) Documented as a Lawful Permanent Resident (LPR) of the United States of America (USA). LPR status is demonstrated, at minimum, with a United States Permanent Resident Card, known popularly as a Green Card, or other documentation approved by DHHS.
- 2) Consumers who receive Housing Related Assistance shall meet United States of America resident requirements consistent with DHHS policy.
 - a) **The Regional Housing Coordinator is to receive documentation from others.** The Regional Housing Coordinator is not to complete the work needed to officially document consumer’s USA residential status.
 - b) Housing Related Assistance program policy requires the consumer must receive Nebraska Department of Health and Human Services (DHHS) funded Behavioral Health Services. Therefore, the provider of the Behavioral Health services is responsible for this verification. The Regional Housing Coordinator receives the documentation from that provider. If the Regional Housing Coordinator feels the documentation is insufficient, then the problem is given back to the Behavioral Health service provider.

Question #2: Under CONSUMER ELIGIBILITY, change the Zero Income Consumers policy on documenting disability.

- 1) The consumer’s Individualized Service Plan (ISP) needs to contain the medical documentation of disability from a Nebraska Department of Health and Human Services (DHHS) funded **Behavioral Health Services provider**. The documentation shows, in the opinion of this provider, that the consumer’s serious mental illness is severe enough to prevent the individual from doing any Substantial Gainful Activity.
- 2) The consumer needs to apply for disability benefits from the Social Security Administration under Supplemental Security Income and/or Social Security Disability Insurance.
- 3) The Policy in FY2008 is “documentation from a physician or psychologist licensed in Nebraska.”

Question #3: Policy on Absence From Housing Unit

- 1) The Housing Related Assistance program continues to pay the rent for **up to 90 days after the reported consumer absence from the Housing Unit**.
- 2) After it is clearly determined that the consumer no longer is able to live independently, or after over 90 days absence from the Housing Unit, the consumer shall be discharged from the program.

Policy Questions under Housing Related Assistance Program for FY2009

Question #4: Policy on Transition Out of Program – When a consumer is successful in seeking employment, she/he may exceed in income guidelines for the program. This policy is designed to help successfully transition the consumer out of the program.

- 1) This policy applies when a person served by the program has a job with earnings that exceed the Extremely Low Income requirements as defined under HUD Guidelines.
- 2) Starts after consumer has been successfully employed with income over the Extremely Low Income level for one month (30 days).
- 3) After need for transition is identified, a Transition plan is developed to **allow from one (1) month up to a six (6) month** process, depending on the consumer’s situation.
- 4) Written notice (see attachment: Example – Written Notice for Transition out Of Program) is given to the consumer that the need to Transition out of the program.
- 5) Program may hold the Housing Related Assistance funds for this consumer for up to three (3) month(s) after successful transition out of the program.

Question #5: Raise the \$5,000 per consumer cap.

- A request has been made to raise the \$5,000 cap per consumer. This provides a mechanism all six Regions may use.
- Division Policy places a cap of up to \$5,000 per consumer annually of state funded Housing-Related Assistance. There is a mechanism to raise the \$5,000 cap on a case by case basis.
- This cap is based on the U.S. Department of Housing and Urban Development (HUD) Final FY 2008 Fair Market Rent (FMR) Documentation System.

Fair Market Rent (FMR) Area		Final FY 2008 FMR		12 months of FMR		70%- 12 months of FMR	
Region	Selected County within Region / Nebraska	Efficiency	One-Bedroom	Efficiency	One-Bedroom	Efficiency	One-Bedroom
1	Scotts Bluff County	\$437	\$438	\$5,244	\$5,256	\$3,670.80	\$3,679.20
2	Lincoln County	\$385	\$433	\$4,620	\$5,196	\$3,234.00	\$3,637.20
3	Adams County	\$367	\$428	\$4,404	\$5,136	\$3,082.80	\$3,595.20
4	Madison County	\$390	\$412	\$4,680	\$4,944	\$3,276.00	\$3,460.80
5	Lincoln, NE HUD Metro	\$450	\$505	\$5,400	\$6,060	\$3,780.00	\$4,242.00
6	Omaha-Council Bluffs, NE-IA HUD Metro	\$501	\$569	\$6,012	\$6,828	\$4,208.40	\$4,779.60

The revised policy would be as follows. The \$5,000 cap may be changed by **the Region making a formal** request via e-mail, approved by the Regional Administrator, to the Division of Behavioral Health. If accepted, the Division of Behavioral Health will provide written approval by e-mail.

- 1) The request shall be **based on the current HUD Fair Market Rent Documentation System**. For example, if a consumer qualifies for a one bed room apartment, then the HUD Fair Market Rent of \$569 would be used. This means 12 months of rent for the one bedroom unit in the geographic area equals \$6,828. The Housing Related Assistance part of this would be \$4,779.60 (70% of total). When the deposits, utility costs, and other related housing expenses are added in, a case can be made to raise the cap.
- 2) It is up to the Regional Behavioral Health Authority to document the need for raising the \$5,000 cap, and requested a new cap.
- 3) The Division’s decision (approved or disapproved) will be sent by e-mail back to the Region.

CRIMINAL JUSTICE GRANT UPDATE

Strategic Planning Workshop

Officially, "Strategic Planning Workshop on Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System", Lincoln, Nebraska; December 5 & 6, 2007.

- Fifty nine stakeholders from across the state attended the workshop including 7 consumer participants, six Regional Behavioral Health authority teams, law enforcement, mental health service providers, and state agencies (the Division of Behavioral Health, Division of Children and Family Services, Protection and Safety Administrators, Nebraska Homeless Assistance Program, Department of Correctional Services, Community Corrections Council, Office of Probation Administration, Crime Commission, and Division of Vocational Rehabilitation).
- The purpose of the workshop was to:
 - 1) understand the characteristics and service needs of the Persons with Mental Illness in Contact with the Criminal Justice System,
 - 2) use the Sequential Intercept Model as a framework to design and prioritize interventions,
 - 3) assess gaps and strengths in areas of services and programs, agency coordination and collaboration and policy and legislation, and
 - 4) prioritize gaps and develop a plan of action.

U.S. Department of Justice, Office of Justice Programs' Bureau of Justice Assistance (CDFA #16.745)

Grant #1

- CATEGORY I: PLANNING (Grant maximum: \$50,000. Project period: 12 months)
- Nebraska Justice-Mental Health System Collaboration Planning Project.
- That grant officially started 11/01/2007 and ends on 10/31/2008.
- Total Project Costs = \$62,500 (Federal = \$50,000 / State Match = \$12,500)
- Contract with the University of Nebraska Public Policy Center to implement the grant.

Grant #2

- CATEGORY II: PLANNING AND IMPLEMENTATION
- Grant maximum: \$250,000. Project period: 36 months.
- The deadline for applications is May 6, 2008 at 8:00 p.m. Eastern Time.
- The University of Nebraska Public Policy Center prepared the grant application.
- The second grant strategy follows a theme of **collaborative partnerships to address interagency coordination and communication in order to implement system improvements for persons with mental illness in the Criminal Justice System.**
- Five Goals
 - Goal 1: Provide statewide Crisis Intervention Team (CIT) training for Law Enforcement officers and make clear linkages with local crisis response teams.
 - Goal 2: Expand or improve access to crisis stabilization services with improved coordination with law enforcement officers.
 - Goal 3: Implement standardized mental health and substance abuse screening instruments in the jails that prompt referrals for services.
 - Goal 4: Increase resources to community mental health to provide diversion services through the use of Forensic Intensive Case Management.
 - Goal 5: Enhance affordable supportive housing for justice involved youth transitioning to adulthood.

Nebraska

Transforming Services for Persons
with Mental Illness in Contact with the Criminal Justice System

ACTION:

**Criminal Justice Mental Health Strategic Planning
Workshop Report (from December 5 and 6, 2007)
Lincoln, NE**

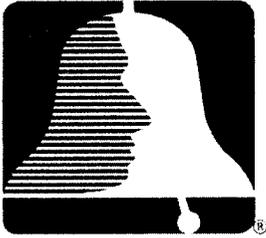
Report by
Policy Research Associates
January 28, 2008

Posted on the DHHS Web Site under

Nebraska Department of Health & Human Services
Division of Behavioral Health
Community-Based Services
Recent Reports

“Nebraska Criminal Justice MH Report & Attachments” - Jan. 2008 - April 2008

http://www.dhhs.ne.gov/beh/NE_CriminalJusticeMHReport&Attachmts-Jan28_2008.pdf



**Mental Health
Association
Of Nebraska**

Item #8

1645 "N" Street, Suite A, Lincoln, Nebraska • 402-441-4371 • www.mha-ne.org

May 6, 2008

State Advisory Committee on Mental Health Services

RE: Public Comment

Since the passage of LB 1083 and the beginning of the behavioral health reform, many accomplishments have been made – most notably in the areas of housing, employment and assertive community treatment. Many of the State's Regions and their provider networks have recognized the effectiveness and value of peer delivered services and have taken steps to implement consumer-directed programming.

However, after 4 years, the fact remains that leadership within the Department of Health and Human Services and the Division of Behavioral Health Services refuse to acknowledge and follow the letter and intent of the Behavioral Health Reform Act in regard to comprehensive state-wide planning and any meaningful involvement of consumers, their families, and other stakeholders in the planning, funding, development, implementation or evaluation processes. When HHS was redesigned and Scot Adams took over as the head of the Division of Behavioral Health, I like many others dared to hope that the old way of doing business was over and new leadership would help guide true reform, from the top down. Early in his term I met with Scot and offered our assistance in finding solutions that everyone could live with. Unfortunately, it wasn't to be. All planning still comes from within the Division with little or no participation from outside stakeholders. Final "draft" decisions were presented to consumers and service providers as done deals. The best we can look forward to is to be invited to "listening sessions" where we can offer our concerns and suggestions, but that is as far as it goes. The truth is the Division operates in a vacuum, only accountable to itself.

I remind you again of your legal responsibility as members of this Committee:

To 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.

At the last meeting of the Behavioral Health Oversight Commission I presented these same views. That none of us, individually, hold all the answers. State law dictates that stakeholders must be involved at every level. Common sense would indicate that we start acting like adults and work together in finding the solutions that make the best use of the resources we have available, services that are the most effective and cause no harm, and most importantly, HELPS PEOPLE HELP THEMSELVES.

One of the Presidential candidates coined the phrase that I now proudly steal because it accurately summarizes my feelings on all this:

The Audacity of Hope.

Hope for a future where consumers, providers and governmental officials become partners in formulating, implementing, delivering and evaluating systems of care that are designed to help people recover their lives to the greatest extent possible.

Alan M. Green, Executive Director
Mental Health Association of Nebraska