

Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services (71-814) (MH Committee)
State Advisory Committee on Substance Abuse Services (71-815) (SA Committee)
November 3, 2011 – 9:00 a.m. to 4:00 p.m.
Country Inn & Suites – 5353 No. 27th Street, Lincoln, NE

MINUTES

Mental Health Committee Members Present (14):

Beth Baxter, Kathy Boroff, Pat Compton, Sharon Dalrymple, Beverly Ferguson, Scot Ford, Kathleen Hanson, Colleen Manthei, Ed Matney, Jerry McCallum, Kasey Moyer, Joyce Sasse, Joel Schneider, Diana Waggoner

Mental Health Committee Members Absent (8):

Adria Bace, Roxie Cillessen, Robert Donlan, Jette Hogenmiller, Melanie Lantis, Dave Lund, Mark Schultz, Cameron White

Substance Abuse Committee Members Present (8):

Corey Brockway, Ann Ebsen, Jay Jackson, Janet Johnson, Linda Krutz, Dr. Delinda Mercer, Randy See, Debra Shoemaker

Substance Abuse Committee Members Absent (2):

Brenda Miner, Jorge Rodriguez-Sierra

DHHS Staff Present:

Scot Adams, Sheri Dawson, Karen Harker, Heather Wood, Jim Harvey, Renee Faber, Maya Chilese, Nancy Heller, Dan Powers, Kathy Wilson

Guest Speaker:

Teri Perkins (University of Nebraska Public Policy Center), C.J. Johnson (Region 5 Program Administrator)

I. Call to Order

Jim Harvey

Meeting was called to order at 9:00 a.m. and roll call was conducted to confirm quorum.

Housekeeping and Summary of Agenda

Jim Harvey

Mr. Harvey mentioned lunch arrangements and the need to use the microphone.

Approval of Minutes

Jim Harvey

Motion was made to approve the August 18, 2011 Minutes with the addition of more information on the Peer Support. Motion carried.

II. Public Comment

Jim Harvey

Alan Green raised the point about emergency diversion and having peers in emergency rooms and police departments. Mr. Green was invited to speak at a future meeting. His contact information is; agreen@mha-ne.org and 402-441-4371.

III. Strategic Plan

Scot Adams

This is an implementation plan, a "plan for the plan". Health care reform is a dominate issue. Need definition of essential benefit package to fill in the gaps. The lawsuit of 26 states, including Nebraska, v. the US Government on mental health care should reach a verdict by May/June 2012. Mr. Adams will be interim director of CFS until replacement for Mr. Todd Reckling is hired, estimated to take up to 9 months. In the meantime, all current CFS services will continue, and Mr. Adams views this opportunity as a chance to learn more about CFS for future enhancements and cooperation between divisions. Discussion followed.

IV. Prevention Strategic Plan

Renee Faber

Five steps: 1. Assessment of needs, 2. Capacity building, 3. Planning, 4. Implementation, 5. Evaluation (continuous). The Division has met with consultants to devise survey. Young Adult Alcohol Opinion Survey is for 18 to 21 year olds. The questions in the survey are; where do they buy alcohol, what is their safety perspective, do they self medicate for mental health reasons?

V. Occurrence of Joint Meeting Discussion

Jim Harvey

The statues do authorize the two committees. Committees agreed it's good to periodically meet together. Joint meetings will be held twice a year. The schedule will be; May 3, 2012 to include the State Committee on Problem Gambling (71-

816) and November 8, 2012 to review SAMHSA Implementation Reports and start preparation for SAMHSA Block Grant due in April 2013. The Mental Health Advisory Committee will meet separately on February 2, 2012 and August 7, 2012. The Substance Abuse Advisory Committee will meet separately on March 8, 2012 and September 6, 2012.

VI. Election of Officers

Jim Harvey

MH: Chairperson: Beverly Ferguson was nominated and elected unanimously.
Vice-Chairperson: Kasey Moyer was nominated and elected unanimously.
Secretary: Diana Waggoner was nominated and elected unanimously.
SA: Chairperson: Ann Ebsen was nominated and elected unanimously.
Vice-Chairperson: Brenda Miner (in absence) was nominated elected unanimously.
2nd Vice-Chairperson: Randy See was nominated and elected unanimously.

VII. Continuous Quality Improvement Program

Sheri Dawson

Ms. Dawson introduced Ms. Heather Wood, the new Quality and Data performance Manager, who will give the CQI presentation at the next meeting.

The goals of the CQI plan for FY10/11 are (1) implement data education activities that will ensure the understanding of existing data and the utilization of information in system planning and QI improvement activities, (2) complete consumer/family survey and implement strategies and (3) keep stakeholders informed of recommendations and progress on the COD Quality Initiative. The Annual Plan involves performance measurement of quality of life and NOMs and the two Quality Initiatives of the Consumer and Family Annual Survey and the Co-Occurring Service Delivery. These will be achieved through the dissemination of information and data. One such means is the TDC (Tuesday Data Call), wherein Regions and QI teams present their data statewide through Live Meetings. Another is the regional budget plans which highlight each region's projects and unique needs/functions.

The Co-Occurring Service Delivery Workgroup has a roadmap to change the system. The Mental Health Advisory Committee volunteers for the Co-Occurring Service Delivery Workgroup are: Beverly Ferguson, Kathleen Hanson, Colleen Manthei, Kasey Moyer and Joyce Sasse. Volunteers from the Substance Abuse Committee are: Corey Brockway, Jay Johnson and Linda Krutz. The plan is to meet once a month for six months to work out how to make improvements for service providers.

VIII. Suicide Prevention

Maya Chilese and Teri Perkins

The Nebraska Suicide Prevention Project operates off the Garrett Lee Smith Grant fund.

As of February 2011, 24 QPR (Question, Persuade, Refer) trainers have gone through the 1.5 hour training and 1,208 QPR Gatekeepers were trained as of September 30, 2011. Kate Speck trains and coordinates training through the Nebraska Youth Suicide Prevention website. As of September 30, 2011, 143 clinicians have been trained in AMSR (Assessing and Managing Suicide Risk). As of September 30, 2011, 32 seed grants have been awarded for a total of \$145,911. Eighteen seed grantees have received from one to four grants. These grants, started by the Nebraska State Suicide Coalition, amount to about \$5,000 each, and are awarded to schools, churches, community outreach and veteran organizations. The summary of the SBQ-R /EIRF (Early Identification and Referral) data through September 30, 2011 revealed 232 youths at risk out of 702 screenings. The YRBS (Youth Risk Behavioral Survey), created by the CDC identifies and monitors trends in health risk behaviors among youth. It is administered to grades 9 through 12 in participating public high schools. The Nebraska YRBS is coordinated by NDE and NDHHS and administered in the fall of even calendar years, beginning in 2010.

IX. Working lunch presentation Region V Systems – C.J. Johnson, Administrator

X. Review of Implementation Reports – draft reports were reviewed:

Community Mental Health Services Block Grant (MHSBG)	Jim Harvey
Substance Abuse Prevention and Treatment Block Grant (SAPTBG)	
SAPTBG Treatment	Sheri Dawson
SAPTBG Prevention	Renee Faber
MHSBG & SAPTBG Financial Information	Karen Harker

XII. Public Comment

Alan Green; Funds should be awarded for services that show a positive outcome. This is critical for future development. Medicaid and Magellan only award for services, thereby, in a sense, funding employment rather than results. Funds at a regional level are tied to contracts, making results more easily monitored and reported back to the state for review of effectiveness. How can peers in the ER and police departments get funding if they show effectiveness?

XIII. Recommendations on Implementation Report

Committee members

Mr. Harvey requested any additional comments on the report by November 16, 2011. Beverly Ferguson, chairman of the MH committee, will prepare MH Committee comments letter. The final Implementation Report will be submitted to SAMHSA on December 1, 2011.

Comments from Mental Health Committee Members

- Will SAMHSA address the section on GAPS? GAP #7 – MI inmates in state correctional system. MH care in prisons needs to be addressed. Prisons are the new asylums.
- GAP #5 – Access to medication. Medication is a less expensive alternative to hospitalization. One year of injected medication is equal in cost to one admission to a hospital.
- Region 5 – This is flexible and headed in the right direction.
- Peer-run system staff cannot get insurance, which makes it difficult for them to keep their jobs and be effective in them.
- All Peers should be included, not just through family organizations not involved in OCA.
- There is supposed to be a quarterly supervision to keep up certification.
- Regarding Mr. Jackson's comment, the "hurry up and spend" attitude needs to change. There should be a reward for effective spending.

Comments from Substance Abuse Committee members

- Online training on what Peer-run services cannot do would be beneficial. Life coaching is considered Peer service. Certified Peer support and wellness specialist training would also be beneficial.
- Training is good for self-esteem and knowledge, but there is a change in attitude of those who have not had training. There is a need for ongoing supervision of Peers.
- Training can increase the level of understanding. The question is how to bring the Peer back into the community.
- It is a work in progress.
- A concern about having to spend funds so not to lose them in the future. Such a situation could cause inefficient spending.

XIV. Committee Recommendations and Comments

Committee members

Comments from Mental Health Committee Members

- Inspired by the passion expressed in the meeting.
- Continue the effort to get good things done.
- Thanks to everyone for the good work.
- We cannot enforce our way out of drug abuse, We must do everything we can to reduce demand.
- Excited about the work being done by Region 5. Peer to Peer learning needs emphasis.
- With the war ending, there will be more vets returning with needs such as PTSD. Watch the TV program, "Healing on the Home front" to see what is happening.
- Thank you for all your good work in general and for this meeting.
- Need consensus. Need to develop the Peer system.
- Encourage follow-up on South Sioux City activities. Great collaboration between BH and CFS. Progress is being made and more is on the horizon.
- First meeting. Peer support and MH involve unique skills. Understand that people want to be off Social Security and welfare, but it is difficult and risky. Peer support system can offer opportunities in this area.
- First meeting. Interesting to hear what everyone has to say.
- Have participated for 14 years. Member of Region 4 governing board. Moving forward. MH and SA joint meetings are beneficial. Need to find a way to stop cross-border drugs.

Comments from Substance Abuse Committee members

- Need to stop cross-border drugs. Give back funds. Fewer regulations to become a Peer.
- SA users need to feel that their situation is unique, which is counter-productive. Need to break this down and come together as a group in order to heal. Everyone needs to work under the umbrella of Recovery and Wellness.
- Need to distill the huge SAMHSA document.
- Excited about Region 5 activities. Some such activities could work in a small community too. For suicide prevention, it is necessary to address adolescent prescription misuse. It is frightening to know that adolescents can acquire drugs over the internet without the proper knowledge of side effects.

- First meeting. Large packet of material to read. Pleased to see that data will be cleaned up. Learned a lot. Looking forward to ways to bring BH into Primary Care.
- Always learn something. Honored to be included. Peer inclusion and Consumer specialists transformed way to do business and participate at all levels. It makes the system richer.
- Have been on the committee since inception. Learn something every time. There is a richer foundation now to move forward from. Need to look further into Peer support and prisons.

XV. Items for next agendas

Committee members

MH: Update report from Alan Green on emergency support, LPD and Keya House
Presentation by Cameron White on corrections and community-based services.
Jail diversion in Lancaster, Buffalo, Douglas and Adams counties.
Criminal justice and drug courts.
CFS (Children & Family Services)

SA: Peer services and cross cultures of both MH and SA.

XVI. Adjournment & Next Meeting

Committee members

Motion to adjourn made at 4:00 p.m.

Prepared by Kathy Wilson, Administrative Assistant

Approved by James S. Hawley
Federal Resource Manager
Division of Behavioral Health
Nebraska Department of Health & Human Services

Date 1/11/2012