State Advisory Committee on Mental Health Services
February 4, 2010- 9:00 a.m. to 4:00 p.m.
Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521
DRAFT AGENDA

OPEN MEETING - 9:00 AM		
Welcome and Introductions	Bev Ferguson	Call to order
Attendance-Determination of Quorum	Alexandra Castillo	Roll Call
Approval of November 5, 2009 Minutes	Bev Ferguson	General Consent
Approval of February 4, 2010 Agenda	Bev Ferguson	General Consent
Housekeeping	Jim Harvey	Inform

PUBLIC COMMENT (9:15 am to 9:30 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 5 minutes (unless the Chair grants more time) to provide comments.
c. Morning session is limited to 3 individuals
d. Public comments not provided verbally may be mailed to the Division of Behavioral Health Services, Attention: Alexandra Castillo.

Introduction New Committee Member	Joel Schneider
MHA-Consumer Voice Presentation	Melissa Doncheske
RentWise	Danielle Hill
Response to Committee Recommendations of November 5, 2009	Vicki Maca
Strategic Planning	Scot Adams/Denise Bulling
Statewide Quality Improvement Team	Sheri Dawson
Input For May 6, 2010 Co-Occurring Agenda	Jim Harvey

WORKING LUNCH PRESENTATION	
Region 4 Presentation	Ingrid Ganseborn
LB 603-The Nebraska Behavioral Health Education Center	Susan Boust
Implementation of LB 603	Maya Chilese
Federal Suicide Prevention Grant	Maya Chilese
Office of Consumer Affairs Report	Carol Coussons De Reyes
Division of Children & Family-Contract with Lead Agencies	Chris Hanus
MHA Supported Employment	Kasey Moyer
Hospital Diversion House	Kasey Moyer
Justice Behavioral Health Initiatives	Jim Harvey
PATH Report	Nancy Heller
Medicaid Match Report	Vicki Maca
State MH Data Infrastructure Grants for Quality Improvement Application	Jim Harvey

PUBLIC COMMENT	
Mental Health Committee Questions/Recommendations to DBHS	ALL
Agenda Items for Next Meeting	ALL
Plus/Delta	ALL
ADJOURN - 4:00 p.m.	ALL

This agenda is kept continually current, and is readily available for public inspection at the Division of Behavioral Health during normal business hours. The Division of Behavioral Health is located on the 3rd floor of the Nebraska State Office Building, 301 Centennial Mall South, Lincoln, Nebraska, 68509

Updated: 1/21/2010

State Advisory Committee on Mental Health Services
February 4, 2010 – 9:00 A.M. to 4:00 P.M.
Country Inn & Suites – 5353 No. 27th St. Lincoln, NE
DRAFT - MINUTES

Committee Members Present (15):
Adria Bace, Chelsea Chesen, Roxie Cillessen, Pat Compton, Sharon Dalrymple, Bev Ferguson, Dwain Fowler, Chris Hanus, Clint Hawkins, Kathy Lewis, Colleen Manthei, Kasey Moyer, Mark Schultz, Joel Schneider, Diana Waggoner

Committee Members Absent (7):
Beth Baxter, Cheryl Crouse, Scot Ford, Vicki Maca, Jerry McCallum, Dave Lund, Pat Talbot,

DHHS Staff Present:
Scot Adams, Alexandra Castillo, Carol Coussons de Reyes, Maya Chilese, Jim Harvey, Nancy Heller, Dan Powers

Interested Individuals Present:
Charles Coley, Melissa Doncheske, Alan Green, James Russell, Kate Speck, Denise Bulling, Danielle Hill

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. Each member briefly introduced themselves. It was announced that Ms. Leslie Byers has resigned from the Committee.

II. APPROVAL of November 5, 2009 MINUTES
Action: Motion was made by Pat Compton and seconded by Sharon Dalrymple to approve the November 5, 2009 minutes as submitted. Voice vote was unanimous and motion carried.

III. APPROVAL of AGENDA
Action: Motion was made by Chris Hanus and seconded by Mark Schultz to accept the February 4, 2010 agenda as submitted. Voice vote was unanimous and motion carried.

IV. PUBLIC COMMENT
Alan Green, Mental Health Association, stated he is pleased to see Strategic Planning as an agenda item. He noted that the inclusion of consumers is very important at every level of the planning process.

V. BH DIVISION REPORTS
New Committee Member - Joel Schneider
Mr. Schneider reported he is a Vietnam Veteran and has lived with PTSD for forty years. He works as a Peer Specialist for the VA Hospital in Omaha and is active with a veteran outreach program called "Returning Veterans Resource Network" which is community-based and operated by veterans and their families. In its 2.5 years of existence, the outreach program has helped guide over 300 veterans.

MHA-Consumer Voice Presentation – Melissa Doncheske
Ms. Doncheske distributed extra copies of "Nebraska's Consumer Voice: Leading a Change in Mental Health Services" to the committee. This document was originally handed out at the August 13, 2009 meeting. A recovery self-assessment survey was conducted to start the project described in the Consumer Voice document. A goal of the project was consumer involvement at all levels. The next steps of the project are to meet with consumers across the state, conduct focus groups, and present the information to policy makers.

Committee comments included:

- Have agencies embraced/accepted the rules of the processes? MHA reported 300 individuals expressed appreciation of the outcome of the project, and will be working to incorporate the recommended rules into their program.

- Melissa did a great job in presenting the paper. Appreciate that a lot of work went into the project, and it will make a big difference.
- DBH will be using Nebraska's Consumer Voice process as an input to the strategic planning effort.

RentWise – Danielle Hill ***Attachment 1***
Ms. Hill presented the progress report of the RentWise Contract with DBH. As the business plan is completed and it goes to funding agencies, it is beneficial to have letters of support indicating the value of Rentwise. Ms. Hill asked the committee for their support.

Action: Motion was made by Mark Schultz and seconded by Colleen Manthei to have DBH draft a letter of support for the Committee's Chair to review and sign indicating the value of the RentWise curriculum and training. A voice vote was unanimous and the motion carried. ***Attachment 2***

Response to Committee Recommendations of November 5, 2009 – Jim Harvey ***Attachment 3***
Mr. Harvey reviewed the three recommendation responses in the handout. The Committee was asked for comments. None were offered.

Strategic Planning – Scot Adams, Jim Harvey, Denise Bulling ***Attachment 4***
Mr. Harvey reviewed the SAMHSA top ten Strategic Initiatives.

Committee comments on the SAMHSA document included:
- Peer provided services are not included
- Peer support needs to be the lead and should be included
- How is it going to be measured, to be valid outcome?
- The system needs to fit the needs of the consumer
- Doesn't show individualized care, it's helpful to the consumer
- Number 9—Data and Outcomes—needs to include a quality of life measurement
- The top 10 initiatives should be prioritized
- Access to transportation is not included; transportation is not accessible in all towns
- Is there any research of the individualized services provided and measured?
- The initiatives are mission statements/philosophy, not action plans.

Mr. Harvey explained the need for selection of two Mental Health Advisory Committee members for the Strategic Planning workgroup, and asked for volunteers. The Strategic Planning workgroup will meet February 24 at 10:00 am at the Public Policy Center (PPC), or via video conference.

Dr. Adams reviewed the Draft of the Behavioral Health Strategic Planning Process. He requested a core group from this committee volunteer to review and react to the draft document. The process goal is to frame the critical issues that must be addressed in the Strategic Plan which will provide the overall priorities for Nebraska's DBH system development for the next 3-5 years.

Ms. Bulling explained the obligation associated with participating in the BH Strategic Planning workgroup and reviewed the details of her handout.

Committee comments included:
- Transportation was suggested as a high priority to be addressed across the state because it is a major component of access to services.
- Suggestions for the selection of members for the Strategic Planning workgroup are to have a volunteer be a consumer and/or a family member of adult services, and a volunteer from a rural and/or urban area.

Action: Motion was made by Pat Compton and seconded by Dr. Chelsea Chesen to accept Kasey Moyer and Sharon Dalrymple as the committee representatives on the Strategic Planning workgroup. Voice vote was unanimous and motion carried.

Input for May 6, 2010 Co-Occurring Agenda – Jim Harvey ***Attachment 5***

Mr. Harvey reminded the committee a Co-Occurring Disorders joint meeting is scheduled for May 6, 2010. The purpose of the joint meeting is to bring the Behavioral Health Advisory Committees together to discuss issues and give suggestions to DBH related to this topic. Mr. Harvey presented the draft agenda and explained that it continues to be developed.

Committee comments included:

- Will there be separate break-out groups to discuss adults with co-occurring disorders and youth with co-occurring disorders? Jim will consider forming two separate topic tracks.
- Suggested to add a Juvenile Probation/services representative and suggested Sara Hoyle from Lancaster County Probation.
- Could Medicaid system provide data showing the number of people who receive both SA and MH services?
- Is there another Dual Diagnosis service provider other than Catholic Charities that could participate? – Yes, CenterPointe
- The meeting notices will be published via public notice in the Lincoln Journal Star. Diana Waggoner volunteered to post the meeting notice on the Kim Foundation website.

Region 4 Presentation – Ingrid Gansebom ***Attachment 6***

Ms. Gansebom, Region 4 Program Administrator, presented a handout describing the services provided in Region 4.

Statewide Quality Improvement Team – Jim Harvey ***Attachment 7***

Jim Harvey explained Sheri Dawson is the lead facilitator of the Statewide Quality Improvement Team. Mr. Harvey distributed handouts explaining the Consumer and Family Surveys workgroup, which will be Co-Chaired by Dan Powers and Carol Coussons de Reyes, and the Co-Occurring Disorders workgroup, which is chaired by Dr. Blaine Shaffer. Bev Ferguson is the Mental Health Advisory Committee representative for the Consumer and Family Surveys workgroup. A request was made for one volunteer from this committee for the Co-Occurring Disorders workgroup.

Committee comments included:

- Clarification was requested. Are outcomes to be consolidated? Yes, there will be some consolidation of outcomes.
- Suggestion is to have consumers involved that are not paid/employed by the Regions.
- Suggestion is to have more family members, add providers and add persons with cultural background.
- Suggestion is to add a person with a youth developmental disability.

Dr. Chesen volunteered to be on the Co-Occurring Disorders workgroup if the committee would be in agreement, and pointed out she has a special interest in Co-Occurring Disorders.

Action: Motion was made by Adria Bace and seconded by Dwain Fowler to accept Dr. Chelsea Chesen as the committee's representative on the Co-Occurring Disorders workgroup. Voice vote was unanimous and motion carried.

LB 603 The Nebraska Behavioral Health Education Center – Dr. Susan Boust ***Attachment 8***

Dr. Boust reviewed her power point presentation handout. The focus of this project is to increase the mental health professional workforce, and to include more recovery-oriented training. Dr. Boust explained that retention of professionals is being addressed by developing community partnerships and building relationships across the state.

Committee comments included:

- There is a need for more Child Psychiatrists in Nebraska.

- A concern was expressed that for many years there has not been a vision to act on current infrastructures. There has been enough talk, lets see some action. There are experts willing to work on change, and their resources have not been tapped.
- A suggestion was made to include more family involvement, as well as how to involve more currently existing organizations.

Federal Suicide Prevention Grant – Maya Chilese ***Attachment 9***
Ms. Chilese is the manager for the Youth Suicide Prevention Grant Project and the Nebraska Family Helpline and Family Navigator Services. Ms. Chilese briefly reviewed handouts that provided information for both projects.

Implementation of LB 603 – Maya Chilese ***Attachment 10***
The Help Line and Family Navigator Services started January 1, 2010. Boys Town is the contractor for the Nebraska Helpline.

Office of Consumer Affairs Report – Dan Powers
Mr. Powers reported Peer Support training is scheduled to start February 6, 2010. In April, a "Train the Trainer" event will be held where those consumers trained in February will train other consumers on Peer Support. Mr. Powers reported Town Hall meetings, which are forums that allow for consumer input for the Behavioral Health System, have been scheduled. The schedule is posted on the OCA webpage. Mr. Powers reported the next consumer conference is being planned for 2011.

Committee comments included:
- Will there be continuing education to keep individuals trained? OCA will work towards that.
- At this point there is nothing in place to certify individuals trained in Peer Support.
- Colleen Manthei is participating in the training and will report back to the committee.

Division of Children & Family – Contract with Lead Agencies – Chris Hanus ***Attachment 11***
Ms. Hanus presented an update on LB 603 post adoption/post guardianship services and provided the committee with a summary handout. The information presented is in response to the Committee's request from last meeting.

Committee comments included:
- Do the kids who need 12-month aftercare have any connections with Regions or Professional Partner Program? Yes, there should be some discharge planning during, and prior to, a child/family leaving state involvement.
- The 12-month aftercare is very important.
- What is the process if families have a conflict with a provider, and how is that handled? Each of the service areas has a contract liaison, which is the place to start with questions and concerns. All complaints are required to be submitted to CFS. *Contract liaison list,* ***Attachment 12***
- Some school systems have parenting programs.

MHA Supported Employment – Kasey Moyer
Kasey Moyer, from the Mental Health Association, reported on the HOPE program—"Higher Opportunity Power of Employment", which started March 2007. HOPE is a consumer directed employment network that provides consumers with information to make choices that are best for them.

Committee comments included:
- Employment is the best therapy, it gives a person self worth, helps their self esteem and helps them to be self responsible.

Hospital Diversion House – Kasey Moyer
Ms. Moyer reported on another MHA program, Keya House, which opened on December 11, 2009. The Keya House brochure was handed out at the November 5, 2009 MH Advisory Committee meeting.

Justice Behavioral Health Initiatives - Jim Harvey ***Attachment 13***
Mr. Harvey briefly reviewed the Nebraska's Justice Mental Health Initiative handout. The intent of the project is to reduce the probability of behavioral health clients becoming incarcerated and to break the cycle of offender recidivism.

PATH Report – Nancy Heller ***Attachment 14***
Ms. Heller presented a handout on the Projects for Assistance in Transition from Homelessness (PATH) Grant.

Medicaid Match Report – Jim Harvey ***Attachment 15***
Mr. Harvey reviewed the Medicaid Match expenditures report.

MH Data Infrastructure Grants for Quality Improvement Application – Jim Harvey ***Attachment 16***
Mr. Harvey presented the Data Infrastructure Grant for QI handout, which is a client data collection grant connected to the MH Block Grant.

VI. Public Comment
None given

VII. Mental Health Committee Recommendations/Questions to DBH
- There were no formal recommendations to DBH.
- The MH Block Grant Application will be reviewed at the August 12, 2010 meeting.

VIII. Next Meeting Agenda Items
- Routine committee items will be completed.

IX. Plus/Delta
Some members refused to use microphone
Good carrot cake

X. Adjournment & Next Meeting
Meeting adjourned at 4:20 pm.

The next meeting date is **Thursday, May 6, 2010** at Country Inn and Suites.

The future meeting dates for 2010 are all on Thursdays:
May 6, 2010; August 12, 2010; November 4, 2010

Prepared by: Alexandra Castillo, Staff Assistant

Approved by _____ Date _____
Federal Resource Manager
Division of Behavioral Health

4-15-10 AC

Attachment 1

RentWise Nebraska Coalition

Lead Agency: Nebraska Housing Developers Association

Progress Report

September 1, 2009 – January 31, 2010

Business Plan

- Business plan outline developed. Documents developed and ready to incorporate into Business Plan include items from strategic planning e.g., mission, values, objectives, strategies; financial figures from RentWise budget, and implementation schedule.

Activities - Submitted a request to NIFA for them to consider making the Nebraska Housing Developers Association (Association) an eligible recipient of a developer contribution making application for LIHTCs.

Result - Request denied by NIFA's Program Committee citing the following:

- The contribution is a relatively new feature to LIHTC applications and they didn't want to make any changes at this time;
- Another statewide non-profit made the same request and if the Association were made eligible, the other statewide non-profit would be eligible as well;
- The intent of the contribution is to make the funds available in the same locality/region as the project.

Activities – Met with Steve Peregrine, NIFA staff to explore opportunities for NIFA to invest in the work of the Association including RentWise. Result – Pending.

Attend Meetings

- State Continuum of Care Committee –January 14, 2010
- Ad Hoc Committee on Ending Chronic Homelessness – as scheduled
- Mental Health Advisory Group – February 4, 2010

RentWise Trainers

- Assistive Technology Partnership recruited a volunteer to make contact with trainers on an outdated list in an effort to develop a current list of qualified trainers.
- Association staff provided the outdated list to two organizations in Omaha for them to review and respond with revisions and to contact people to explore interest in developing an Omaha Network: Metro Area Continuum of Care for the Homeless & Eastern Nebraska Community Action Partnership.

RentWise Train the Trainer Events

- Lincoln event held on October 27th & 28th, 2009 – 45 people attended and received Certificates of Completion.
- Ogallala event held on December 7th & 8th, 2009 – 5 people attended and received Certificates of Completion (attendance was low due to inclement weather, will hold another event in North Platte in spring, 2010).
- Wisner event at the request of and paid for by Goldenrod Hills Community Action held on November 23, 2009 – 37 people attended and received Certificates of Completion.

Evaluation & Performance Standards

During meeting with NIFA staff asked what data they want to consider investment in RentWise. Will be a question posed to each potential funding source as well as working with RentWise Coalition.

RentWise Materials

Purchased

- 55 Workbooks printed in Spanish @ $5.35 each (tax included) = $294.26
- 50 Facilitator Manuals @ $3.58 each (tax included) = $178.75
- 50 Shoebox on the River DVDs (English) @ $3.75 each (tax included) = $187.50
- 50 Shoebox on the River DVDs (Spanish) @ $3.75 each (tax included) = $187.50
- 1,000 Renter Manuals @ $5 each (tax included) = $5,000

TOTAL - $5,848.01

Disseminated

- Lincoln Network – 125 Renter Manuals (120 English/5 Spanish) @ $5/ea. = $600
- HOPWA – 16 Renter Manuals @ $5/ea. = $80
- Department of Corrections – 42 Renter Manuals (40 English/2 Spanish) @ $5/ea. = $210
  2 RentWise The Game @ $12/ea. = $24
- Goldenrod Hills – 100 Renter Manuals @ $5/ea. = $500
- Community Action Partnership of Western Nebraska – 60 Renter Manuals @ $5/ea. = $300
- Lincoln Train the Trainer – 45 Renter Manuals @ $5/ea. = $225;
  45 Facilitator Manuals @ $8/ea. = $360; 45 Shoebox DVDs @ $5/ea. = $225
- Ogallala Train the Trainer – 6 Renter Manuals @ $5/ea. = $30;
  6 Facilitator Manuals @ $8/ea. = $48; 6 Resource CDs @ $2/ea. = $12;
  6 Shoebox DVDs @ $5/ea. = $30

DHHS Medicaid and Long-term Care – 400 Renter Manuals $5/ea. = $2,000

TOTAL - $4,084

Network Development

- City of Omaha – Heartland Family Service is planning to hire staff that will coordinate the development of an Omaha RentWise Network.

RentWise Implementation Schedule - Grant Period September 1, 2009 until August 31, 2010

Purpose: The purpose of this contract is to develop a sustainable statewide coordination mechanism to support RentWise.

Activity		Responsible Person	Due Date	Completed Date
Establish a system to be approved by the Department and the Statewide RentWise Coalition to train new RentWise Trainers for sustainable statewide implementation of RentWise.		Amber	5/1/2010	
	During the contract period, organize and hold two RentWise Train-the-Trainer events.			
	The payment covers training expenses including trainer time, materials, staff time only as appropriate to the funded project, and room.			
	Document the completed training			
	Develop methods to determine if the participant successfully completed training and is qualified to be a RentWise Trainer			
	Add the newly qualified trainers to the list of qualified trainers			
Develop evaluation and performance measurement standards for RentWise statewide.		Danielle	7/1/2010	
	Work with the Statewide Coalition regarding the evaluation process currently in use for RentWise			
	Develop a method to monitor the work of the qualified RentWise Trainers			
	Determine methods to improve and update the evaluation method consistent with a sustainable statewide RentWise program			
	Implement statewide use of the revised evaluation method			
Work with the established Statewide RentWise Coalition		NHDA	Ongoing	Ongoing

RentWise Implementation Schedule - Grant Period September 1, 2009 until August 31, 2010

Purpose: The purpose of this contract is to develop a sustainable statewide coordination mechanism to support RentWise.

Activity		Responsible Person	Due Date	Completed Date
Develop a business plan for a sustainable statewide corrdination mechanism to support RentWise.		Danielle	3/1/2010	
Present the business plan to likely funding sources that can sustain the proposal for a statewide coordination mechanism to support RentWise.		Danielle	Ongoing	Ongoing
Attend meetings of the State Continuum of Care Committee and the Ad Hoc Committee on Ending Chronic Homelessness to provide updates regarding RentWise.		Danielle	Next Meeting 1/14/2010 Future Meetings Dates TBD	Ongoing
Provide a list of qualified RentWise trainers.		Amber	4/1/2010	
	Set up the capacity to track who the qualified trainers are.			
	Work via the Statewide RentWise Coalition, the seven Continuum of Care Regions, the six Behavioral Health Regional Housing Coordinators, and others			
	Each name listed as a qualified RentWise Trainer is validated with relevant documentation from the Statewide RentWise Coalition, the seven Continuum of Care Regions, and the six Behavioral Health Regional Housing Coordinators			
	The list is provided to the Department on an electronic format approved by the Department with supporting documentation.			
Ensure the provision of curriculum and materials to statewide RentWise networks. Purchase approved RentWise materials from the University of Nebraska Extension or as approved by the Department.		Amber	Ongoing	Ongoing
	Purchase approved RentWise materials.			

Attachment 2

Nebraska Mental Health Advisory Committee

Danielle Hill, Executive Director
Nebraska Housing Developers
Association 3883 Normal Blvd, Suite 206
Lincoln, NE 68506

Dear Ms Hill:

This is to follow-up from your presentation at the State Advisory Committee on Mental Health Services meeting on February 4, 201 0. On behalf of the Committee, it is our pleasure to provide this letter of support on the value of the RentWise training as well as the role the Nebraska Housing Developers Association is filling on developing a sustainable statewide coordination mechanism for a tenant education delivery system.

The State Advisory Committee on Mental Health Services works to do a variety of things including providing advice and assistance to the Division of Behavioral Health relating to the provision of mental health services and promoting the interests of consumers and their families. The Committee advised the Division to support RentWise because it is a service that adds value to the housing issues faced by consumers and their families. The RentWise curriculum teaches independent living skills consumers with serious mental illness need such as communicating with your landlord and neighbors, managing your money, finding a place to call home, getting through the rental process, taking care of a home and when you move out. What has been missing is the statewide coordination mechanism for this tenant education program.

We believe RentWise is a valuable tool to educate people in an effort to help them stabilize their housing. When people have housing conditions that are safe, affordable and stable, they are better able to focus on meeting their other basic needs. If successful, that leads to an improved quality of life, stability in the neighborhood as well as a contributing member in the community.

The Committee previously recommended the Department of Health & Human Services Division of Behavioral Health support the use of Olmstead funds to expand the delivery of RentWise training and more fully develop a statewide tenant education delivery system. We continue to support your efforts in developing a sustainable RentWise program.

Sincerely,

Bev Ferguson

Bev Ferguson, Chair
NE State Advisory Committee on Mental Health Services

Nebraska Department of Health and Human Services
Division of Behavioral Health
State of Nebraska
Dave Heineman, Governor

February 4, 2010

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 5, 2009

Based on the minutes of the meeting from November 5, 2009, the following Committee questions and comments were identified. The Division of Behavioral Health responses were reviewed at the State Advisory Committee on Mental Health Services on February 4, 2010.

1) The Committee Asked
To be included in the Strategic Planning process for both Adult Behavioral Health and Children's Behavioral Health. They are interested in being involved in planning, as well as monitoring the progress of the plan.

Division of Behavioral Health Response
Scot Adams, Director of the Division of Behavioral Health, and Denise Bulling, University of Nebraska Public Policy Center, will discuss the DBH Strategic Plan at the February 4, 2010 meeting, at which time he will assure the Committee of substantial input.

2) The Committee Asked
Follow-up on the role of consumers in disaster response.

Division of Behavioral Health Response
Denise Bulling from the University of Nebraska-Public Policy Center was consulted in response to this issue. Following is the response provided by Dr. Bulling:

Research indicates that a number of things make people more vulnerable to experiencing serious psychological consequences after disaster. One of these vulnerabilities is a history of psychiatric problems. Alan Green and others (consumers and disaster workers) have asked that consumers of mental health services not be singled out as group within the state all-hazards disaster behavioral health plan when discussing this particular vulnerability. Instead, they recommend that all potential volunteers for disaster behavioral health work in all phases of the work (preparedness,

response and recovery) be made aware of and screened for vulnerabilities prior to being engaged as workers.

In addition, it was recommended that the process for updating the plan include participation of people who have been the recipients of disaster behavioral health services in the past.

Following a discussion with Regional Program Administrators about the assumptions upon which the plan is built, the Public Policy Center will contact disaster behavioral health coordinators in Regions 3, 5 and 6 (Regions with recent Disaster Behavioral Health service deployment), the Nebraska Mental Health Association, NAMI and Nebraska Federation of Families to determine how best to identify and involve previous consumers of disaster behavioral health services in the plan review process.

3) The Committee Asked
What is the plan to increase the number of medical professional staff/residents in accordance with LB603?

Division of Behavioral Health Response
Susan Boust, M.D., Associate Professor with the University of Nebraska-Medical Center Department of Psychiatry, and Co-Chair of the committee to lead this task, accepted an invitation to present an update on the implementation of LB603 at the February 4, 2010 meeting.

4) The Committee Asked
Where does the LB542 Implementation Plan fit into the Strategic Plan? And does LB542 relate to LB603, child relinquishment issues, and related topics?

Division of Behavioral Health Response
The Department's Children's Behavioral Health Implementation Plan, first called for in LB542, remains a vibrant implementation plan affecting the Divisions of Behavioral Health, Children and Family Services, and Medicaid and Long-Term Care. With the discussion and passage of LB603, the Legislature has not convened the 542 Children's Behavioral Health Task Force. Another group, composed solely of Senators and created by LB603, has met three times. Finally, Chris Hanus, Child Welfare Administrator in the Division of Children and Family Services, will discuss this information and the issue of child relinquishment with the Advisory Committee at the February 4, 2010 meeting.

2010 Nebraska Division of Behavioral Health Strategic Planning Process DRAFT

A strategic plan provides a dynamic framework to guide activities and priorities for the **Nebraska Division of Behavioral Health as a leader, a partner and a participant in a statewide behavioral health system** that values and empowers individuals/families and delivers accessible, effective and efficient behavioral health services.

The strategic planning process should build on the previous good work done to improve the system. The process should include stakeholders in the planning process design to ensure inclusiveness and maximize opportunities for stakeholder input.

The University of Nebraska Public Policy Center will assist the Division of Behavioral Health in this effort.

Behavioral Health Oversight Commissions I & II

- Identified system gaps and areas for improvement
- Set the vision for behavioral health system strategic plan

Background Work

- Preparation for strategic planning began in 2009 with work done by the Division of Behavioral Health to review the internal mission/values
- The Division contracted with the University of Nebraska Public Policy Center to assist with the planning process – this began with a review and initial synthesis of previous planning efforts related to children and adult behavioral health systems in Nebraska
- Additional background work will continue in 2010
  Jan – March 2010: Consensus Panel Meetings for the adult system will take place (funded by the Behavioral Health Foundation)
  Feb 2010: National experts (Consumer and Administrative) engaged by the Behavioral Health Foundation will be engaged to bring a national perspective to the planning process
  Feb – Mar 2010: State Advisory Groups (MH /SA /Gambling) and the State Network Management Team will be introduced to the strategic planning process.
    - Groups will be asked to identify additional documents for review/inclusion in synthesis and to prioritize the issues most important to them for inclusion in the planning process
    - Groups will also be asked to participate in identifying preferred methods for obtaining public and consumer participation in the planning process

Stakeholder/Public Involvement

The strategy for involving stakeholders and the public in strategic planning will be finalized after consulting with national experts and State Advisory Groups. Initial plan elements commonly included in strategic plans will be outlined based on the vision created by the Behavioral Health Oversight Commission.

- **April 2010:** Draft elements of strategic plan and process for public involvement presented to Advisory Groups for feedback

- **May-July 2010:** The involvement strategy for public input will be implemented. It is anticipated that the strategy will involve multiple avenues for involvement that maximize and value consumer and family participation including web based; in-person; teleconference or video conference
- **August 2010:** National experts will be engaged to assist with interpreting and incorporating stakeholder/public involvement in the strategic plan.

Incorporation of Stakeholder/Public involvement

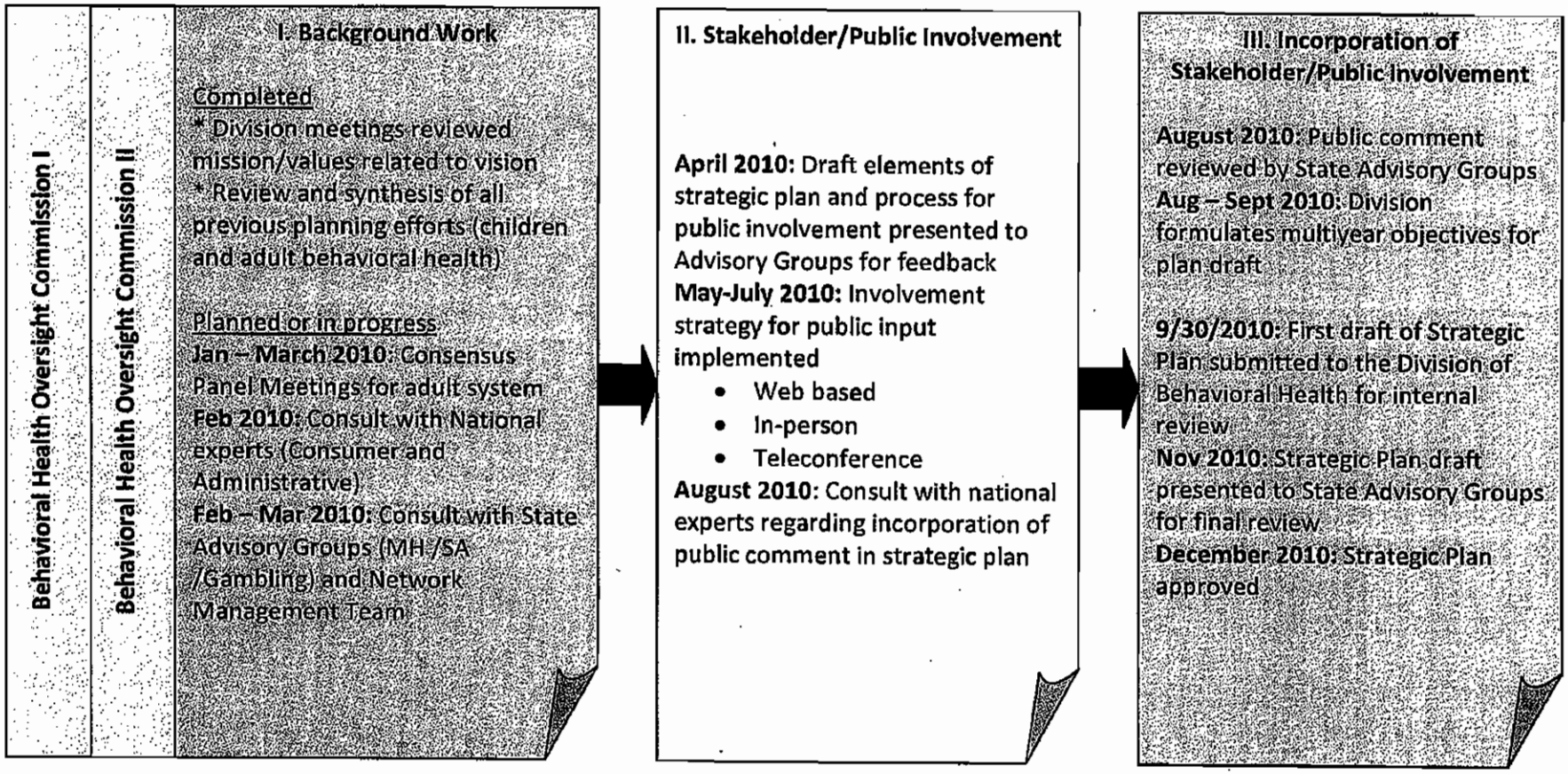
August 2010: The synthesized Stakeholder/Public involvement results will be presented to State Advisory Groups and the Network Management Team for review and comment.
Aug – Sept 2010: The Division of Behavioral Health will formulate multiyear objectives for inclusion in the strategic plan draft
9/30/2010: The first draft of a Strategic Plan will be submitted to the Division of Behavioral Health for internal review and editing
Nov 2010: The Strategic Plan draft will be presented to State Advisory Groups for final review
December 2010: Strategic Plan will be approved / adopted by the Department of Health and Human Services.

Specific Tasks required for implementing the proposed process

Task	Month	Responsible Person
Schedule Sherri Mead & Tom Kirk for February consultation	Jan	?? Scot??
Set agenda for consultation	Jan	Scot/Denise
Get on agenda for Advisory Groups & NMT	Feb/Mar	Division
Present process and get feedback from Advisory Gps/NMT	Feb/Mar	Division/PPC
Complete synthesis of documents/plans including consensus group product; Draft plan elements & involvement process	April	PPC
Present & get feedback on Synthesis , draft plan elements & involvement process from Advisory Groups/ NMT	April	Division/PPC
Implement strategy (Tentative schedule) • In-person meetings across the state in late May • Web based input accepted May-June • Teleconference/video conference opportunity July	May-July	PPC (Division as able)
Send public input in some form to Sherri and Tom for review	August	PPC
Set consultation time (teleconference??) with Sherri and Tom to talk about synthesizing and reporting back the input	August	Division/PPC
Get on Advisory Group/NMT agenda to present synthesis of input from public/stakeholders	Aug/Sep	Division
Hold an internal Division meeting late August or early September to identify measurable objectives (3-4 year) for each goal in the strategic plan draft	Aug/Sep	Division (PPC can facilitate)
Write and submit draft plan	9/30/2010	PPC

DRAFT4 – 1/4/2010

2010 Nebraska Division of Behavioral Health Strategic Planning Process Map



DRAFT

Attachment 5

May 6, 2010 Joint Meeting of the
State Advisory Committee on Mental Health Services (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)
State Committee on Problem Gambling (§ 71-816)

Under the Nebraska Behavioral Health Services Act [§ 71-804(1)] Behavioral Health Disorder means mental illness or alcoholism, drug abuse, problem gambling, or other addictive disorder.

DRAFT AGENDA (as of February 1, 2010)

MORNING - 8:30 – Start-up in joint session including confirm attendance, conduct Individual Committee Business such as approve meeting minutes, review Division response to questions, and other specific essential business.

9:00 Start of Co-Occurring Mental Illness / Substance Abuse / Problem Gambling Session.

Kerry Winterer (assume about 5 minutes)
Scot Adams (assume about 5 minutes)
Dennis McNeilly, UNMC (Gambling)
Shinobu Watanabe-Galloway – UNMC
Cameron White – Corrections

- Generally, each speaker limited to 10 minutes of remarks.
- Consumer Benefits …
- Designated timer will provide a prompt on when to stop.
- Questions / comments on speakers start at about 11:45 for 15 minutes, limited to Committee members.

Break 10:30 to 10:40

Julie Scot – Probation
Tara Muir - Omaha, Co-Occurring Task Force
Mike Phillips – Catholic Charities (Dual Provider)
Jerome Barry – ASAM – PPC (Dual Diagnosis Capable & Enhanced)
Blaine Shaffer – DBH Chief Clinical Officer

This is 180 minutes of time including 10 minute break / 90 minutes of content plus Committee member comments.

LUNCH - 12:00 to 1:00 Public Comment, Sign-up required
[Lunch provided to Committee members and Guest Speakers]

1:00 BREAK OUT GROUPS. Committee members and general public (as part of Public Comment) rotate between stations. Everyone changes station after 20 minutes. Each group has a designated facilitator and one recorder. The facilitator and recorder prepare a written summary of comments received and E-Mails to Jim Harvey. Facilitator reports out.
Topics
1. Service Delivery – Sue Adams, Sheri Dawson, Eric Hunsberger
2. Strategic Planning – Denise Bulling
3. Workforce Development for Co-Occurring – Nancy Heller
4. Role of Peers – Carol Coussons de Reyes

Report Out from each station.

3:00 to 3:10 Break

3:10 PM Recommendations from the Committee members to the Division of Behavioral Health

4:00 pm End of day

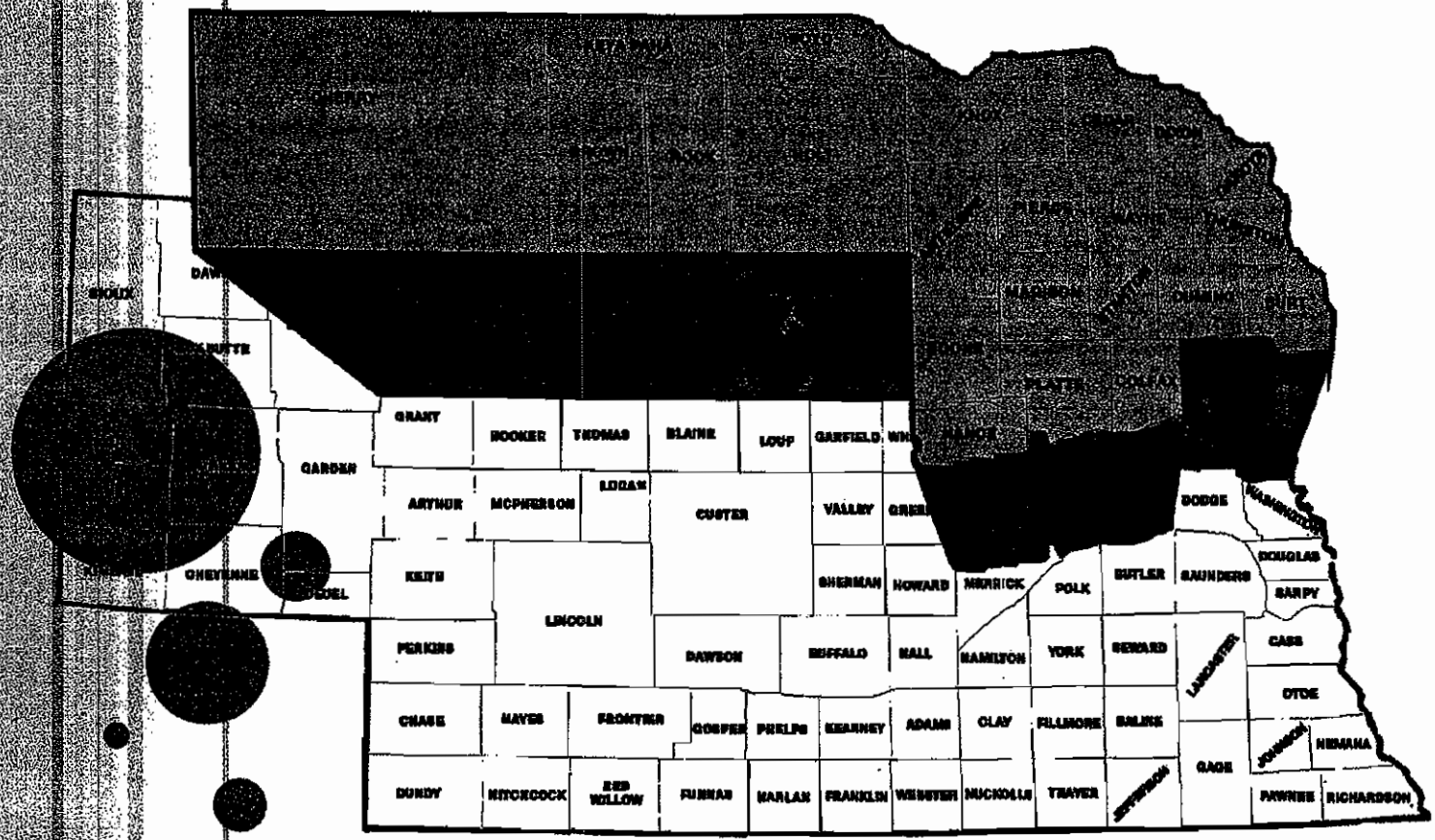
1-3-10

Attachment 6

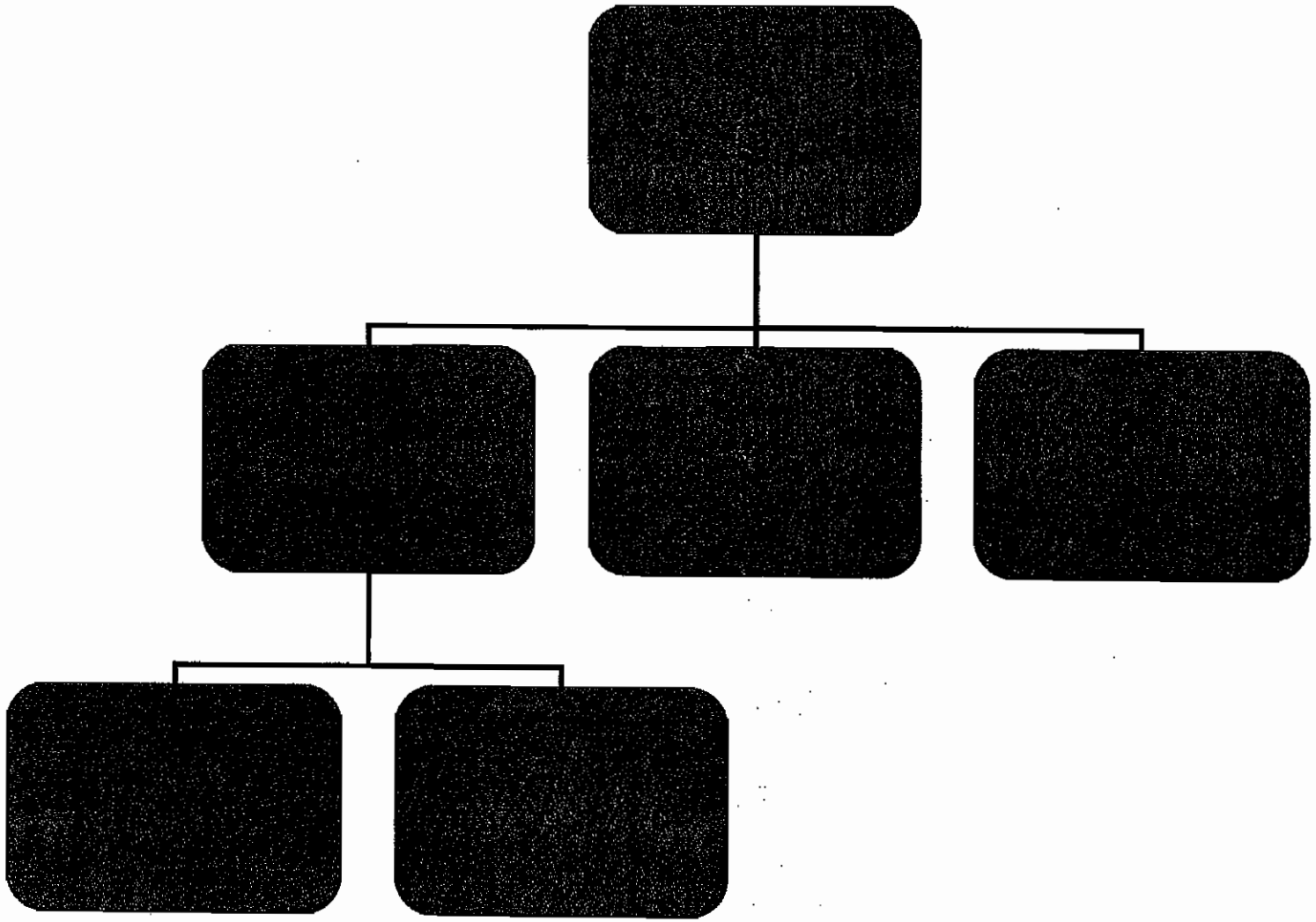
Region 4 Behavioral Health System

Behavioral Health Services

Region 4 Behavioral Health System



Crisis Response Teams



Region 4 Services

- Intensive Community Services in Norfolk and Columbus
- Recovery Support in Norfolk and Columbus
- Intermediate Residential in Norfolk
- Day Rehabilitation in Norfolk, Wayne, O'Neill, Columbus and South Sioux City
- Psychiatric Residential Rehabilitation in Norfolk, Columbus, and Wayne
- Dual Diagnosis Treatment in Norfolk and Columbus
- Short Term Residential and Social Detox in Columbus, Norfolk, and Gordon
- Medication Management in Norfolk, O'Neill, Columbus and South Sioux City
- Outpatient Counseling in Norfolk, Columbus, South Sioux City, and O'Neill
- Community Support MH/SA in Norfolk, Columbus, Wayne, O'Neill, and South Sioux City
- Halfway House in Norfolk male and female
- Inpatient Acute and Subacute in Norfolk, Kearney and North Platte
- Emergency Protective Custody services in Norfolk, North Platte, Kearney, and Omaha
- Secure Residential in Omaha
- Intensive Outpatient Substance Norfolk, Columbus, South Sioux City
- Emergency Community Support in Norfolk
- Professional Partner Program throughout the Region
- Housing Assistance throughout the Region
- Crisis Respite is available in Columbus, Norfolk, and Wayne
- WRAP is available to individuals at all levels of care throughout the Region

Name of Quality Initiative Workgroup: ***Consumer and Family Surveys***

Purpose:
It is imperative that we ask for and receive feedback from consumers and families regarding their perception of care. Information received should be utilized to improve services and outcomes.

Currently there are a variety of surveys and processes to gather consumer and family perceptions of care. We have received concerns/complaints from consumers related to surveys. Concerns include but are not limited to:

1. Confidentiality issues regarding phone and mail surveys
2. Selection of consumers/families for surveys
3. Asking the same consumer the same or similar questions because the survey efforts are duplicated and uncoordinated
4. The survey results haven't been shared and consumers and families are not involved in the results discussion

Service providers want to know what they can do to make a difference in the lives of the individuals they serve. There are a variety of required survey processes. DBH must ensure the collection of National Outcome Measurement System (NOMS) data including the perception of care. Federal funding sources such as the MH Block Grant require that data is collected in certain formats regarding the perception of care. Providers have accrediting standards related to consumer surveys. How many times and in how many ways is a consumer/family surveyed and what happens with the information?

Through a collaborative effort, this quality initiative will recommend the most efficient and effective process for gathering the perception of care and satisfaction data that is respectful of consumer and family time and confidentiality.

Goals/Desired Outcome:
The Quality Initiative will result in a DBH Consumer and Family Survey process recommendation that ensures that data collection for perception of care and satisfaction is efficient, confidential, respectful, designed through consumer and family involvement; where results are analyzed, reviewed and shared with consumers, families, service providers and others and opportunities for improvement are identified and utilized.

Work Plan and Timelines:
The DBH will complete the following by February 28, 2010:

1. A list of existing consumer and family surveys utilized in DBH funded providers with a comparison of accreditation source requirements.
2. A list of existing consumer and family surveys utilized in DHHS or other key stakeholder organizations that may include individuals served by DBH.

The Workgroup will produce the following products by September 1, 2010:

3. Strengths of the current survey process to build upon/retain.
4. Barriers to the current survey process.

5. Explanation of the DBH current consumer and family survey and Block Grant reporting requirements (Jim Harvey).
6. Recommendations for consumer and family surveys including:
    a. Provider, Region, DBH process (Who is collecting)
    b. Agreement on information domains in the survey (What is collected)such as:
        - Satisfaction
        - Accessibility
        - Perception of Quality (effective, appropriate, etc.)
        - Perception of outcomes as a result of receiving services
        - Perception of participation/involvement in treatment
        - Recovery
        - Quality of Life
        - Domains from other sources (MHBG, Accreditation, etc.)
    c. Sample selection (Who is surveyed)
    d. Type of survey (How they are surveyed: electronic, mail, phone)
    e. Tools/Instruments/Surveys (What and how collected)
    f. Frequency (When)
    g. Performance improvement process/communication of survey results, identification of changes for improvement

Sponsor of Workgroup:
DBH - SQIT

Membership of Workgroup:

Chair: OCA – Carol Coussons de Reyes and Dan Powers

Facilitator: DBH is in the process of recruiting a neutral facilitator to run the meetings and work with DBH support staff to monitor timelines, develop agendas and ensure work product completion. Meetings would be held monthly beginning in March, 2010 and held via webinar or video-conferencing technology or phone conference if appropriate.

Team Members:
Region 1:
Region 2: Corey Brockway (SAAC Rep and Consumer) and Nancy Rippen
Region 3: Ann Tvrdik and Tammy Fiala
Region 4: Amy Stachura and either Bev Ferguson (MHAC Rep)
Region 5: David Furst, and either Chris McCollister, Lisa Rehwaldt-Alexander
Region 6: Jean Hartwell and Jonah Deppe
GAP – Steve Kroll
Magellan -
CFS -
OCA - will be recruiting 2 additional consumer participants to ensure a broad base of representation.
DBH – Jim Harvey, Sarah Cox

Name of Quality Initiative Workgroup: ***Co-Occurring Disorders Workgroup***

Purpose:
In any given year, 5.6 million adults in the nation have co-occurring mental illness and substance use disorder (NSDUH 2006).

In 2000, the Center of Substance Abuse Treatment (CSAT) issued a report entitled *Changing the Conversation,* which presented the principle of "No Wrong Door." This principle should guide policy, system and infrastructure development and quality improvement initiatives.

We have a responsibility to meet consumer needs wherever they present in the DBH funded service system to promote recovery in those we serve.

Through a collaborative effort, this quality initiative is intended to improve services to adults with co-occurring mental health and substance abuse disorders and their families.

Goals/Desired Outcome:
The Co-Occurring Disorders Quality Initiative will promote recovery of individuals and families by creating a statewide road map to a statewide, integrated co-occurring service delivery system.

Work Plan and Timelines:
The Workgroup will produce the following products by June 1, 2011:

1. Current strengths of the service delivery system for serving individuals with co-occurring disorders
2. Current barriers to the service delivery system for serving individuals with co-occurring disorders
3. Recommended definitions related to co-occurring disorder treatment
4. Recommended process and tools for identifying dual-capable and dual enhanced status of providers
5. Recommended work plan for improving infrastructure that supports recovery for individuals with co-occurring disorders including:
    a. Models to be considered
    b. Priority populations and service responsibilities
    c. Identification, welcoming and accessibility
    d. Standards of Care
    e. Workforce development, clinical competencies
    f. Clinical Infrastructure for continued improvement and case coordination
    g. Statewide training plan
    h. Funding/Financial reimbursement/processes
    i. Establishing/Monitoring performance improvements

Sponsor of Workgroup:
DBH - SQIT

Membership of Workgroup:

Chair: Blaine Shaffer, MD

Facilitator: DBH is in the process of recruiting a neutral facilitator to run the meetings and work with DBH support staff to monitor timelines, develop agendas and ensure work product completion.

Meetings will be held monthly in person when possible with the availability of webinar/videoconferencing and phone conferencing. Additional small group meetings may be needed. Subject matter experts may be invited to various meetings.

Team Members:
Invited by DBH to ensure broad representation of participants.

Attachment 8

Nebraska Behavioral Health Education Center

State Advisory Committee on Mental Health Services

Thursday, February 4, 2010

Susan Boust, M.D.

Mission

To create an innovative, recovery-focused education and training center for the purpose of developing a competent, interdisciplinary behavioral health workforce to serve the people of Nebraska.

Creation of NeBHEC

- LB 603 passed 2009 creates the Nebraska Behavioral Health Education Center
- This is the completion of behavioral health system reform passed in 2004

Core Values

- We are about moving forward and investing in the future
- We are about offering support to solve problems and improve clinical care
- We think the most important outcome is for the consumer of service
- We believe that good data helps make good decisions
- We value inter-professional and teamwork

Interdisciplinary faculty and trainees

- Inclusive of all Behavioral Health professions
  - Psychiatry
  - Psychology and Neuropsychology
  - Mental Health Practitioners and Social Work
  - Substance Abuse Counselors
  - Community Rehabilitation Workers
  - Primary Care
  - Nursing
  - Physician Assistants
  - Pharmacy
  - Peer Support Providers

What will the center do?

- Increase the number of psychiatrists trained in the state
- Develop new coursework to support current providers
- Develop six behavioral health training hubs in each region of the state
- Utilize Nebraska's existing tele-health network to provide service to rural areas

Psychiatry training

- Increase in the number of psychiatrists graduating from the Creighton-Nebraska Residency by two per year
- Involve the residents in interdisciplinary training
- Increase the training for community-based and rural care
- Provide supervised telehealth care to rural communities

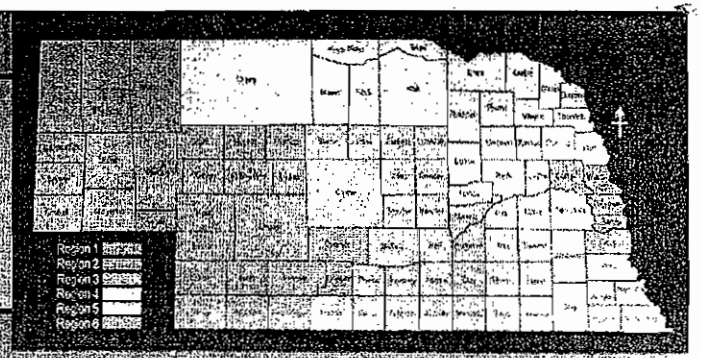
Lasting Hope Recovery Center

- LHRC as a model for interprofessional training
  - Requires interprofessional planning
- Initial students will be psychiatry, social work, psychology, pharmacy, nursing
- First students July 2010

Curriculum development

- Review of national evidence-based and best practices
- Development of curriculum materials
- Dissemination of developed materials
  - Current professional education
  - Newly developed certificate program
  - Continuing education
- Program evaluation (including provider tracking) and dissemination of results

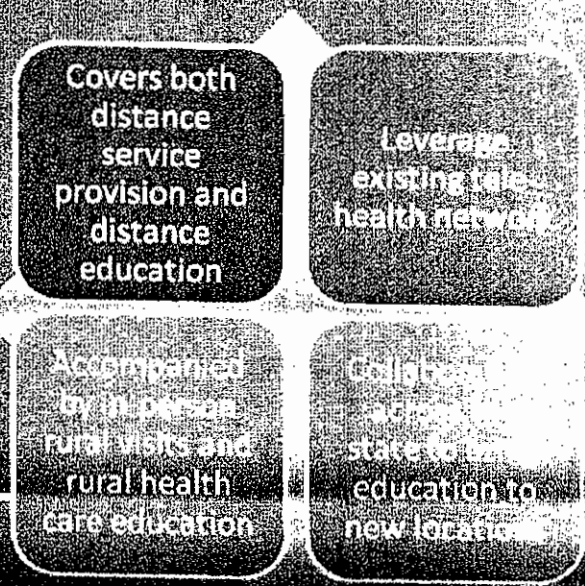
Site development



- One outreach education site will be developed in each of the six regions of the state
- The Center will develop collaboration between academic institutions and local agencies and hospitals
- Sites will be developed with local agreements to:
  1. Develop the preceptor agreements,
  2. Make necessary modifications to curriculum to allow for external rotation sites, and
  3. Provide supervision for local preceptors

Telehealth

- Inventory existing telehealth services provided by the Departmental Faculty and residents
- Identify barriers to telehealth service delivery
  - external barriers
  - technical issues and logistics
  - Internal barriers



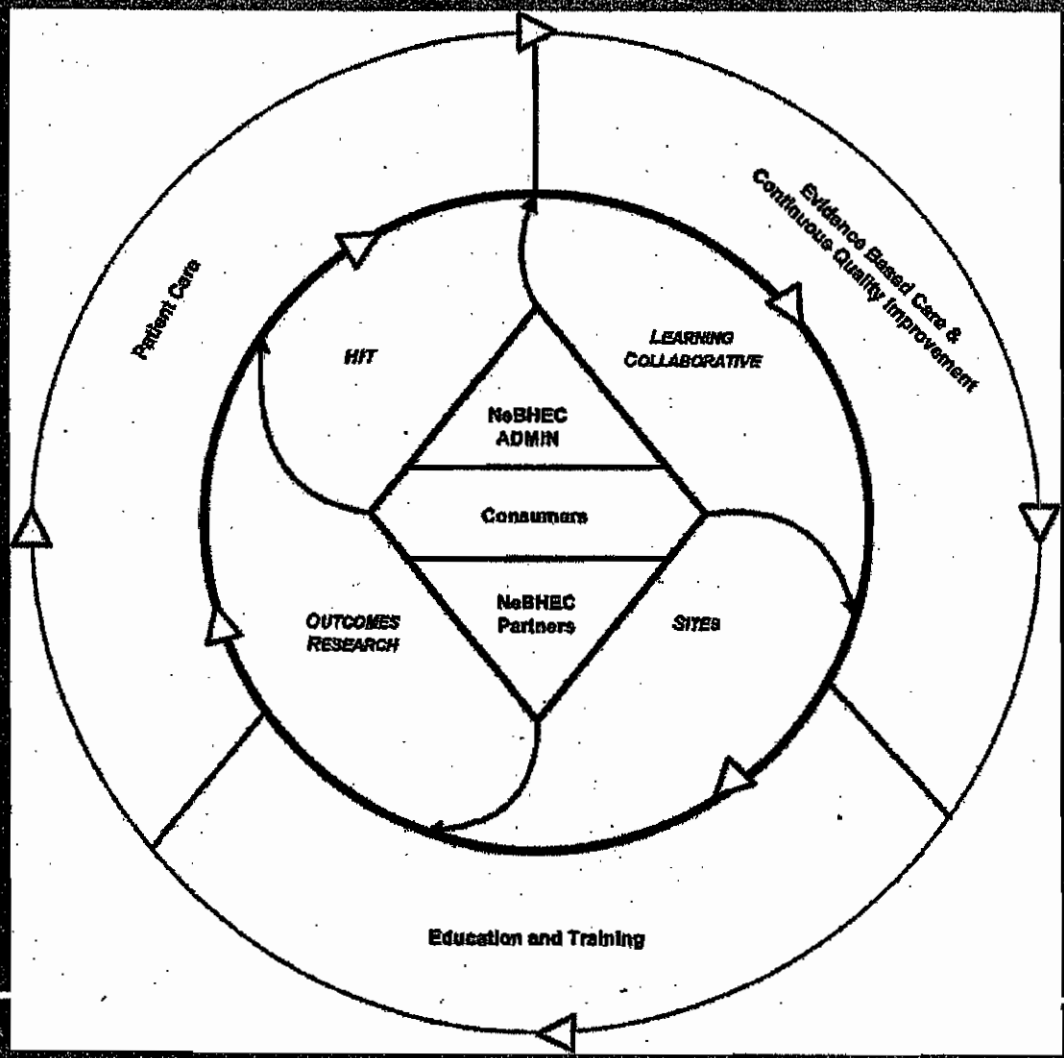
Outcomes

- Improved rural recruitment/retention of a behavioral health workforce
- Provide more psychiatry residents
- Improved statewide access to high quality care
- Improve quality of behavioral health training

Next Steps

- Engage partners and stakeholders
- Identify current barriers, resources, training activities, and patient needs
- Organize and support learning collaborative activities that improve the quality of behavioral health care education and training in the state
- Involve the health information technology support system
- Develop 6 sites in a hub-spoke model to support distance training, service delivery, and workforce recruitment and retention
- Create a structure for oversight that assures fiscal accountability, encourages interprofessional decision-making, supports success with gaining external grant funding, and provides information on the outcomes gained from the Center
- The initial phase of the development of the Center will be gathering partners and identifying current barriers and resources. Specific projects, deliverables, timelines and accountability will be outlined in a separate planning document.

NeBHEC Model



Youth Suicide Prevention Grant Project

DHHS-Division of Behavioral Health

Grant Logistics:
One year, with three year maximum
$500,000 each year
Cohort 5 SAMHSA grant

Project Partners:
University of Nebraska –Public Policy Center
Interchurch Ministries
Nebraska State Suicide Prevention Coalition

Key Project Early Initiatives:

- Kick off with State Suicide Prevention Summit
- Hire Outreach Coordinator
- Develop evaluative mechanisms to meet federal requirements
- Develop Project Management and Evaluation Teams
- Utilize State Suicide Prevention Coalition as Advisory Body
- Create protocol and application for seed grants
- Launch gatekeeper and clinician trainings
- Begin planning for updating State Suicide Prevention Plan

Project Updates:

- Partnered to host the State Suicide Prevention Summit at over 20 Nebraska locations and over 200 attendees,
    - Speakers: Dr. Tom Osborne, Dr. Scot L. Adams (DBH), Dr. Joann Schaefer (DPH), Elana Premack- Sandler (SPRC: Suicide Prevention Resource Center), Colette Wheeler and David Tuttle (VA), Marilyn Mecham (Interchurch Ministries), Peg Prusa-Ogea (DPH), Don Belau (Coalition and YRTC-Geneva), Dave Miers (Coalition and Bryan LGH)
- Request for Applicants for Survivors to participate in the Project Management Team or the Project Evaluation Team – due 2/3/10
- Request for Application released for mini grant opportunities - $1,000-$5,000 each to implement practices to prevention suicide among youth up to age 24.
- Working with RBHA's to implement screening and follow up thru Professional Partners Programs in each Region
- Hosted first QPR training event for community
- Trained 12 trainers for QPR – identifying training regime for year
- Developing Training of Trainer events for clinician suicide screening protocol

- Reviewing applications for Outreach Coordinator, stationed with Interchurch Ministries – responsible for coordinating local activities with mini grants, implementing grant activities and outreach for young military veterans and families as well as faith communities
- Develop means restriction activities
- Developing website for grant project: www.youthsuicideprevention@nebraska.edu
- Received technical assistance via 2 site visits from Macro (Grant Cross Site Evaluator) and SPRC (Grant TA)
- Grant second year re-application and first year report due March

For more information contact:

Maya Chilese, Project Director
Division of Behavioral Health
402-471-7792
maya.chilese@nebraska.gov

Or

Denise Bulling, Project Manager
UNL-PPC
402-472-1509
dbulling@nebraska.edu

Division of Behavioral Health

Nebraska Family Helpline and Family Navigator Services

Project Contractor: (contract established December 10, 2009)
Boys Town – project oversight and Helpline operations
Subcontractors for Family Navigator Services: NAMI Nebraska, Nebraska Family Support Network and Healthy Families Project

Helpline #: 1-888-866-8660

To date:

- 123 Helpline calls
  - 75 standard calls
  - 1 high risk call
  - 40 information/referral calls
  - 6 families called back to helpline to check in, report progress, give feedback

- 11 families referred to Family Navigator Services

Contractor completing rounds of staff training, developing an Advisory Committee and working with the Evaluator to develop protocol for consumer surveying.

Evaluation Services for the Helpline, Family Navigator and Post Adoption/Post Guardianship Services

Project Contractor: (contract established December 18, 2009)
Hornby Zeller Associates, Inc. - Maine

Initiated site visit to meet with state and vendors to begin development of evaluation process; working collaboratively with both Service Providers. Developing an Evaluative Advisory Committee. Developing a Dashboard reporting system. Will provide quarterly reporting.

Nebraska Family Helpline
Family Navigator Service

One phone call can now connect Nebraska families to the help they need when dealing with their children's behavioral health problems.

The Nebraska Family Helpline at (888) 866-8660 makes it easier for families to obtain assistance by providing a single contact point 24 hours a day, seven days a week. Trained Helpline operators screen calls to assess immediate safety needs, identify the potential level of a behavioral health crisis, make recommendations or referrals to appropriate resources, and help callers connect to emergency resources or providers. The Helpline is supervised by licensed behavioral health professionals.

Family Helpline operators also can connect eligible families to the Family Navigator Service. This service helps families move through Nebraska's child- and family- care system more efficiently to get the assistance they need. Available within 24 to 72 hours after a Helpline referral, Family Navigator helps families identify existing community-based services and provides support from people who have had personal experience in the system.

The Nebraska Department of Health and Human Services is contracting with Boys Town to provide both programs. This arrangement was a logical choice due to Boys Town's experience in operating its own National Hotline, which has handled more than 8 million calls from children, parents and others since its inception in 1989. The structure, physical location, technology systems (telephone, caller database and referral database), policies and procedures, and staff expertise served as a foundation for development of the Helpline.

Boys Town is working in partnership with the Healthy Families Project, NAMI Nebraska and the Nebraska Family Support Network. This partnership identifies and enrolls available services in the state into the Helpline database. Members of these three groups serve as "Family Navigators," helping families move through behavioral health systems and identifying other appropriate resources available in their communities.

This unique combination of family-serving agencies with experience in the behavioral health care system at the national, state and local levels will support and strengthen the system of care and services for youth and their families in Nebraska.

The state of Nebraska developed the Nebraska Family Helpline and Family Navigator Service as a result of Nebraska's Legislative Bill 603. Passed in 2009, LB 603 focuses on improving access to behavioral health and other services for children and teens. The need for such services came to light after parents and guardians dropped off more than 30 children under Nebraska's safe haven law before an age limit was added in late 2008. Most of those left off were teens or preteens with mental, emotional and behavioral problems. Many of the parents said they did not know where to turn for help. The Helpline is designed to give such families easier access to necessary services.

Frequently Asked Questions

What services does the Nebraska Family Helpline offer?

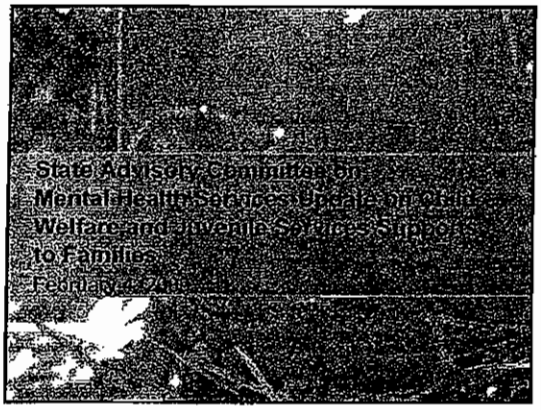
- Reduce the crisis situation
- Identify immediate safety concerns
- Screen for immediate safety needs and appropriate strategies
- Assist in connecting with emergency resources
- Provide recommendations and referrals to appropriate services
- Make referrals to Family Navigator or Post Adoption/Guardianship Services

What is the Family Navigator Service?

Family Navigator is a time-limited service that involves approximately eight hours of contact over a 45- to 60-day between family members who are seeking assistance and Family Navigator workers. These workers help youth and families "navigate" the current community-based behavioral health system so they understand their options. This service is designed to help youth and families make informed decisions, provide information and support, and promote productive relationships between youth, family members and selected professionals. Family Navigator services are provided by Healthy Families Project, NAMI Nebraska and Nebraska Support Network.

Who is eligible for Helpline and Family Navigator services?

Eligible families include those whose members are Nebraska residents and who have a child (or children) under the age of 19 who is experiencing problems with behavioral, emotional or substance abuse issues.



Topics

- LB 603 Post Adoption/Post Guardianship Services
- Child Welfare and Juvenile Services Reform

LB 603
Post Adoption/Post Guardianship Services

- Contract awarded to Lutheran Family Services
- Program is called "Right Turn"
- Service began 1-1-10
- Evaluation contract awarded to Hornby Zeller and Associates

LB 603
Post Adoption/Post Guardianship Services

Family is eligible for services if:

- **They have a child 18 or younger**
- **The child was in DHHS custody just prior to the finalization of the adoption or guardianship; and**
- **They have a valid subsidy agreement with DHHS**

LB 603
Post Adoption/Post Guardianship Services

- **24/7 assistance line (888) 667-2399**
- **Individual success plans**
- **Connection to respite care, mentoring, counseling, classes, support groups and more**

Framework for Child Welfare and Juvenile Services Reform

- **Builds on the concept of the current Safety and In-Home Services contract to include the provision of all non-treatment services**
- **Requires contractors to assume the day-to-day functions of service planning, acquisition, coordination and delivery. This includes coordination with treatment services**

Current Status of Reform Efforts

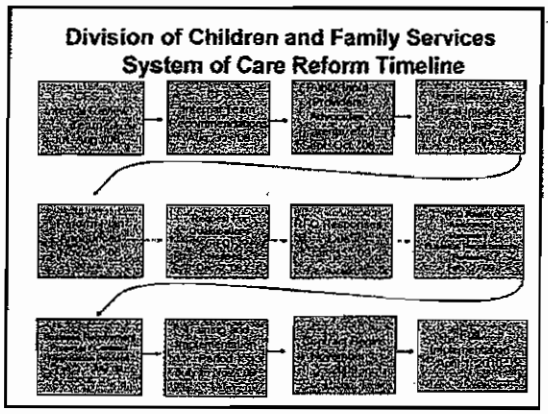
- Contracts entered into with :
  - Nebraska Families Collaborative
    (Boystown, OMNI Behavioral Health, Child Saving Institute, Heartland Family Service, the Nebraska Family Support Network)
  - KVC Behavioral HealthCare
  - Visinet, Inc.
  - CEDARS Youth Services
  - Boys and Girls Home of Nebraska

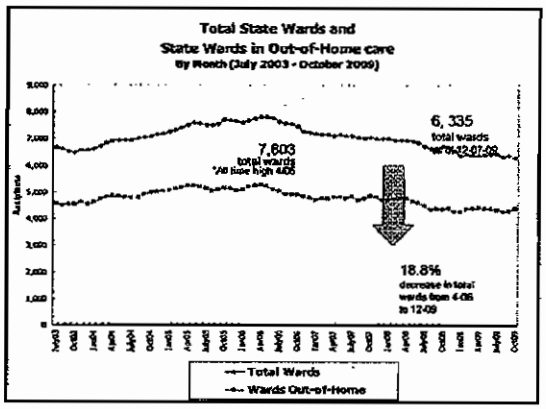
CFS Roles

- CFS case manager "primary role" of child/community safety determination
- Key case decisions
- Critical analysis of provider information
- All recommendations to court
- Responsibility for timely delivery of court reports

Contractor Roles

- Provide all non-treatment services
- Coordinates services
- Convenes and facilitates family team meetings
- Recommends and provides placements
- Coordinates mental health and substance abuse treatment services
- Provide 12 month aftercare to children/youth and families no longer involved with CFS





Contact Information

Chris Hanus,
Child Welfare Administrator
Division of Children and Family Services
Phone: (402) 471-9308
Email: chris.hanus@nebraska.gov

Liaisons for CFS SERVICE AREAS:

ESA - Doug Kreifels Doug.Kreifels@nebraska.gov, 402-595-2871

SESA - Sara Jelinek Sara.Jelinek@nebraska.gov, 402-471-7864

CSA - Kathleen Stolz Kathleen.Stolz@nebraska.gov, 308-385-6173

NSA - Karen Knapp Karen.Knapp@nebraska.gov, 402-370-3308

WSA - Kathy Dickman Kathy.Dickman@nebraska.gov, 308-535-8239

CONTRACTORS:

Boys and Girls - Jeff Hackett, hackettj@bghome.net, 712-293-4727

Cedars - Katie McLeese Stephenson, kmstephenson@cedars-kids.org, 402-437-8804,

KVC - Sandra Gasca-Gonzalez,sgasca@kvc.org, 402-498-4701

Nebraska Families Collaborative - Judy Dierkhising, Judith.dierkhising@nebraskafc.org, 402-498-1207

VisiNet - John Hoffman, 402-898-8881, ext. 1003, John.hoffman@visinetinc.com

3/2010

Attachment 13

MEMORANDUM
January 27, 2010

TO: State Mental Health Program Directors/Commissioners

FROM: Robert W. Glover, Ph.D., Executive Director

RE: SAMHSA's 10 Strategic Initiatives

Last week I participated in a meeting convened by SAMHSA Administrator Pamela S. Hyde, J.D. of key mental health and substance use organizations to begin a dialogue on strategic initiatives for SAMHSA with senior Agency staff. Attached is a short description of these crosscutting initiatives with the Agency lead identified for each of the ten items. Administrator Hyde emphasized the importance of concentrating on several key areas and setting clear goals. She sees opportunities in terms of four "p"s: People, Partnerships, Performance and Parity, adding that the parity law and regulations are only the beginning to fully integrate mental health and substance use into overall health.
She said that prevention is listed first since it will be a major focus of the agency. **Your comments on these initiatives are welcome and will feed into a larger strategic planning process now underway at SAMHSA.**

If you have comments, please provide them to me via e-mail by COB Monday, Feb. 22, 2010. Thank you.

SAMHSA's 10 Strategic Initiatives

DRAFT FOR DISCUSSION

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Over the years SAMHSA has demonstrated that - prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health. To continue to improve the delivery and financing of prevention, treatment and recovery support services SAMHSA has identified 10 Strategic Initiatives to focus the Agency's work on people and emerging opportunities. The 10 Initiatives are described below with the Agency lead identified.

1 **Prevention of Substance Abuse and Mental Illness**
(Fran Harding, Director, CSAP)
Create prevention prepared communities and to focus on prevention of mental illness and substance abuse, focusing first on children and youth, and eventually serving individuals, families, peers, schools, businesses and communities across the lifespan.

2 **Violence and Trauma**
(Kana Enomoto, Principal Senior Advisor to the Administrator)
Reduce the behavioral health impacts of violence and trauma and integrate trauma-informed services in prevention and treatment programs in States and communities, and throughout the health service delivery system to address root causes of pervasive, harmful, and costly public health problems. Divert youth and adults with substance use, mental disorders from criminal and juvenile justice systems into trauma-informed treatment and recovery.

3 **Military Families – Active, Guard and Veteran**
(Kathryn Power, Director, CMHS)
Support of our service men and women and their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are successful.

4 **Housing and Homelessness**
(Kathryn Power, Director, CMHS)
Provide housing and reduce the barriers that homeless persons with mental and substance use disorders and their families experience when accessing programs that sustain recovery.

5 **Jobs and Economy**
(Larke Huang, Senior Advisor to the Administrator)
Use funding streams to boost employment opportunities in communities for people in need of jobs including people with mental and substance use disorders.

6 **Health Insurance Reform Implementation**
(Ric Broderick, Deputy Administrator)
Achieve equality with all other health conditions for the prevention and treatment of mental and substance use disorders.

7 **Health Information Technology for Behavioral Health Providers**
(Westley Clark, Director, CSAT)
Ensure the behavioral health provider network, including prevention specialists and consumer providers, fully participate with the general health care delivery system in the adoption of health information technology.

DRAFT for DISCUSSION

8 **Behavioral Health Workforce – In Primary and Specialty Care Settings**
(Westley Clark, Director, CSAT)
Provide a coordinated approach to address workforce development issues affecting the behavioral health service delivery community.

9 **Data and Outcomes – Getting Results**
(Pete Delaney, Director, OAS)
Realize an integrated data strategy that informs policy and measures program impact leading to improved outcomes for people in need of services.

10 **Public Awareness and Support**
(Mark Weber, Director, Office of Communications)
Change how mental health and substance abuse services are perceived so that people seek help for these conditions with the same urgency as any other health condition.

PATH—Projects for Assistance in Transition from Homelessness

General Overview of the Federal PATH Program

The PATH program – Projects for Assistance in Transition from Homelessness – is administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), one of eight Public Health Service agencies within the U.S. Department of Health and Human Services. The PATH program was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990.

PATH is a formula grant to the 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. Across the nation, there are over 480 local organizations that provide PATH services.

PATH services are for people with serious mental illness, including those with co-occurring substance use disorders, who are experiencing homelessness or at risk of becoming homeless. PATH funds are used to provide outreach services and engage people who are disconnected from mainstream resources.

PATH services include:

- community-based outreach to persons experiencing homelessness
- mental health and substance abuse services (screening, diagnostic, and referrals)
- case management, including assisting consumers with connecting to mainstream benefits and services
- limited housing services, such as assisting consumers with navigating the housing application process
- other support services, such as assisting customers in accessing primary health care services, job training, education services, and housing

In addition, PATH providers work with service delivery systems to improve access to benefits, especially through SSI/SSDI Outreach, Advocacy, and Recovery (SOAR); support consumer-run programs; improve access to employment; and partner with medical providers, including Health Care for the Homeless and Community Health Centers to integrate mental health and medical services.

PATH providers and state contacts are involved in local and regional planning efforts to end homelessness. They collaborate with homeless service providers in the local Continuums of Care and the homeless assistance planning networks of the U. S. Department of Housing and Urban Development (HUD), as well as partner with permanent supported housing programs.

Federal Funding/Match Requirements

PATH funds are worth more than their face value because they are matched with state and local resources. For every $3 in federal funds, state or local agencies must put forward at least $1 in cash or in-kind services.

Source: PATH (http://pathprogram.samhsa.gov/Super/Path/About)
January, 2010

State of Nebraska PATH Program Summary

Providers

In Nebraska, the Department of Health and Human Services-Division of Behavioral Health contracts with four of the six Behavioral Health Regions, who sub-contract with the following providers to offer PATH services in their respective Regions:

Region 1 (Scottsbluff):	Cirrus House
Region 3 (Kearney):	Goodwill Industries of Greater Nebraska
Region 5 (Lincoln):	CenterPointe
	Community Mental Health Center of Lancaster County
Region 6 (Omaha):	Community Alliance Rehabilitation Services

Available Services

Following are examples of the types of services offered by the providers:

- Outreach services
- Screening and diagnostic treatment services
- Habilitation and Rehabilitation services
- Community mental health services referrals
- Alcohol or drug treatment services referrals
- Staff training, including the training of individuals who work in shelters, MH clinics, SA programs
- Case management services
- Supportive and supervisory services in residential settings
- Referrals for primary health services, job training, educational services, and relevant housing services
- Housing services (minor renovation, expansion, and repair of housing; planning of housing; matching eligible homeless individuals with appropriate housing situations; technical assistance in applying for housing assistance; coordination of housing services)

Persons Served (FY2009)

Cirrus House:	26
Goodwill:	123
CenterPointe:	24
CMHC:	118
Community Alliance:	516

Funding/Match

In Nebraska, the current contracts (FY2010) include $288,000 in federal funds and the matching requirement of $96,002 in matching funds/in-kind services. Some Regions/providers have secured matching funds above the required amount for a total of $161,075 in matching funds. Following is a break down of the Federal PATH grant funds, the required matching funds, and the actual matching funds for FY2010 for each Region.

	PATH Grant	Required Match	Actual Match
Region 1:	$11,333	$3,778	$3,778
Region 3:	$11,333	$3,778	$15,294
Region 5:	$65,000	$21,668	$75,225
CenterPointe			($31,203)
CMHC			($44,022)
Region 6:	$200,334	$66,778	$66,778

Source: PATH (http://pathprogram.samhsa.gov/Path/Reports); DHHS-Division of Behavioral Health
January, 2010

Attachment 15

Division of Behavioral Health
Medicaid Match Expenditures

	Total FY Amount Budgeted	YTD Expenditures thru December 31, 2009	% Expended	Balance Available
MRO Services	$6,750,000.00	$3,710,537.31	54.97%	$3,039,462.69
SRO Waiver Services	1,457,583.00	677,418.21	46.48%	780,164.79
Total	**$8,207,583.00**	**$4,387,955.52**	**53.46%**	**$3,819,627.48**

Source: Nebraska Information System Fiscal Year 2010 Summary of Expenditures, Behavioral Health Aid Program 038, as of December 31, 2009. Prepared by Lori Dawes, Provided 1/11/10.

	Total Paid	40.05% blended BH Match Portion	Diff NIS - Medicaid
MRO Services:			
Assertive Community Treatment - APRN	782,535.64	311,842.44	
Assertive Community Treatment	600,239.86	240,013.10	
Community Support - MH	2,377,063.92	950,446.96	
Day Rehabilitation -Half Day	392,637.02	157,154.53	
Psychiatric Residential Rehabilitation	2,520,417.71	1,007,948.17	
Day Rehabilitation - Full Day	2,111,688.96	844,623.52	
Subacute Inpatient	507,723.51	202,946.27	
Total	**$9,292,306.62**	**$3,714,974.98**	($4,437.67)
SRO Waiver Services:			
Detox	40,398.90	16,138.71	
Intensive Outpatient	85,671.51	34,396.73	
Short Term Residential	310,321.08	123,646.57	
Dual Residential	672,778.43	269,148.37	
Intermediate Residential	478,495.00	191,532.54	
Halfway House			
Community Support - SA	110,917.46	44,353.44	
Total	**$1,698,582.38**	**$679,216.35**	(1,798.14)

Source: Behavioral Health Substance Abuse Paid Claims, State Fiscal Year to date through December 2009, Prepared by Heidi Burklund DHHS, from Advantage Suite Decision Support System, Print Date 1/13/10

Prepared by: Karen Harker
Updated: 1/13/10

Department of Health and Human Services
Substance Abuse and Mental Health Services Administration

State Mental Health Data Infrastructure Grants for Quality Improvement

(Short Title: State DIGs)

Request for Applications (RFA) No. SM-10-009

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

Key Dates:

Application Deadline	**Applications are due by March 4, 2010.**
Intergovernmental Review (E.O. 12372)	**Applicants must comply with E.O. 12372 if their State(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.**
Public Health System Impact Statement (PHSIS)/Single State Agency Coordination	**Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.**

AWARD INFORMATION

Funding Mechanism: Grant

Due Date for Applications: March 4, 2010

Estimated Award Amount: $132,941 per year

Length of Project Period: 3 years (09-30-2010 through 09-29-2013)

KEY REQUIREMENTS

#1. Develop state capacity to report client level data for five Mental Health Block Grant National Outcome Measures (NOMS) over the next three years (deadline September 29, 2013): 1) Employment/School Attendance, 2) Stability in Housing, 3) Criminal Justice Involvement, 4) Readmission to State Hospital (Table 20A), and 5) Access/Capacity: Number of Persons Served with Demographic Characteristics (Table 2A).

#2. Focus on selected NOMS for client level reporting. States will engage in T1 and T2 (to include Admission and Discharge) client level data collection and reporting.

#3. SAMHSA strongly encourages all applicants to consider the unique needs of returning veterans and their families in developing their proposed project. Add Data Fields, including Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF).