

STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES

Minutes

May 7, 2009

9:08 a.m. – 4:20 p.m.

Country Inn & Suites, 5353 North 27th, Lincoln, Nebraska

Committee Members Present: Bev Ferguson, Adria Bace, Beth Baxter, Pat Compton, Scot Ford, Chris Hanus, Kathy Lewis, Frank Lloyd, Clint Hawkins, Vicki Maca, Colleen Manthai, Jerry McCallum, Pat Talbott and Diana Waggoner

Committee Members Absent: Chelsea Chesen, Roxie Cillessen, Cheryl Crouse, Dwain Fowler and Morgan Hecht

DHHS Staff Present: Jim Harvey, Dr. Scot Adams, Sue Adams, Sheri Dawson, Robert Bussard and Christine Newell

Guests Present: Danielle Hill, Teresa Chasen, Charles Coley, J. Rock Johnson, Linda Jensen, and Cherisa Price Wells

Welcome and Introductions

Chairperson Bev Ferguson started the meeting with member introductions.

Attendance – Determination of Quorum

Roll call taken by Christine Newell. At least eleven members were present constituting quorum. Mr. Harvey announced that Jimmy Burke resigned from the Committee on May 6, 2009.

Approval of February 5, 2009 Minutes

Kathy Lewis indicated that the minutes reflected her as present *and* absent but that she was indeed present. Motion made by Pat Talbott to approve February 5th minutes with correction, seconded by Clint Hawkins. Motion adopted by unanimous voice vote.

Approval of Agenda

Motion made by Jerry McCallum to approve the day's agenda, seconded by Beth Baxter. Motion adopted by unanimous voice vote.

Public Comment

J. Rock Johnson said she thought the updated draft of the by-laws should acknowledge the federal public law that created the Committee and that the Committee should know of their duties and responsibilities based on the law. Ms. Johnson encouraged the Committee to table the by-laws until the next meeting so that members would have a chance to review the public law.

Ms. Johnson requested that all materials sent out to Committee members prior to the meeting be posted on the website for public access prior to the meeting.

Ms. Johnson inquired when another draft of the regulations can be expected. She said that peer support is in the law now but that it's not in the Division's current draft.

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Ms. Johnson suggested at the federal block grant review in August, the Committee say they want 25% of block grant funds to go to consumer funded services.

RentWise Coordination – Danielle Hill

Attachment A1 – Hill, RentWise Nebraska PowerPoint Presentation, May 6, 2009

Attachment A2 – Hill, Nebraska Housing Developers Association 2007-2008 Annual Report and business card

Danielle Hill from the Nebraska Housing Developer's Association presented on the RentWise program – a collaborative housing initiative that educates renters and home buyers on how to find, take care of, and budget for a home. Ms. Hill discussed funding, curriculum, incentives, training trainers, program objectives and strategies and the expansive network of invested parties.

Discussion occurred about the lack of data and a coordinated statewide body. Pat Compton suggested doing a pilot program to get some hard data on how the program has improved property standards, conditions, and landlord's success with tenants.

Jim Harvey proposed that some Olmstead money go to the Housing Developers Association in order to create a coordinated statewide body. Frank Lloyd moved to support the RentWise statewide coordination using Olmstead funds, seconded by Colleen Manthai. Motion approved by unanimous voice vote

Arbor Program Representative – Cherisa Price Wells

Attachment B – Price Wells, Employment First, May 7, 2009

Cherisa Price Wells, Program Manager with Arbor Education and Training, presented on Arbor's Employment First (EF) program which provides mandatory support and employment services for people receiving cash assistance from the State of Nebraska. Ms. Price Wells explained the orientation/assessment process, weekly requirements, support services, and service plan development.

Arbor must follow federal government guidelines which state 50% of people in the program need to be successful. Many states struggle to meet the 50% but Nebraska has been a leader in meeting and surpassing the requirement.

Legislative Update – Dr. Scot Adams

A number of bills introduced this year have had some impact on BH, legislative bill (LB) 183, 346, 356, 601, and 603 have all been corralled into LB603. Dr. Adams reviewed the LB's comprising LB603.

OCA Administrator Announcement – Dr. Scot Adams

Attachment C – Adams, Press Release for Carol Coussons de Reyes, April 1, 2009

Carol Coussons de Reyes was selected as the new Office of Consumer Affairs Administrator. She is a published author and artist. The Division will be welcoming Ms. Coussons de Reyes on June 1st in Lincoln with the Kim Foundation's support.

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HRC Youth Family Involvement – Dr. Scot Adams

In regards to a question raised at the last meeting about Hastings Regional Center (HRC) youth and family involvement, Dr. Adams described the HRC population and family involvement during treatment sessions (in person or by phone). There's a 90% rate of family participation. Families that do not participate are likely to live out of state or be incarcerated.

MH Funding for 2010 – Sue Adams

Sue Adams from the Division of Behavioral Health discussed regional budget plans for fiscal year (FY) 2010, Medicaid match funds, housing assistance, LB603, and the Panhandle Substance Abuse Center contract.

Region Budget Planning for FY2010 – Sue Adams

Ms. Adams discussed the allocation formula, the budget planning process, 2 year contracting, and continuation funding.

Service enhancement is being made available to the regions. It allows regions to cover providers billing Medicaid for a person to meet a level of care. Funding peers is one of the most relevant areas. This will allow the Division to capture where people are paying for peer support services and how much is going to peer support. The regions decide how much of the budget goes towards service enhancement.

Service Definitions – Sheri Dawson

Attachment D – Dawson, Service Definition Webpage, May 5, 2009

Service definitions provide a description of what the Division wants to purchase and what the services look like – how it's licensed, staffed, program expectations, etc. The Division and Medicaid service definitions are listed in the "yellowbook". The service definitions were posted on the DBH website with requests for feedback. The DBH, Medicaid and Magellan workgroup is reviewing feedback, changes to the service definitions will be re-posted for additional feedback.

Regulations – Sheri Dawson

The Title 206 BH Service Regulations and Medicaid's chapter 35 Rehabilitation Regulations are in the process of being updated. The Division added trauma informed, recovery language to the regulations. They were posted to the website. The updated regulations will be posted before the public hearing.

Ms. Dawson has also been travelling across the State presenting to providers and consumer/family groups on Continuous Quality Improvement (CQI) and getting feedback on priority areas and performance measures for statewide focus.

Region 5 BH Report & Harvest Project Program – C.J. Johnson

Attachment E – Johnson, Region 5 Systems Presentation, May 5, 2009

C.J. Johnson, Region Administrator with Region 5 systems, gave a presentation on lessons the Region 5 Behavioral Health Authority has learned since LB1083 passed in 2004 and what the Region's doing with the one time funding.

Mr. Johnson discussed:

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- using data to make decisions
- bringing shareholders together
- decreasing repeat admissions
- decreased EPCs (emergency protective custody) and the 24 hour 1-800 hotline for law enforcement
- CRTs (crisis response teams) and intensive case management
- investment in peer programs and ACT (assertive community treatment)
- Targeted Adult Service Coordination Program (TASCP)
- rental assistance
- Rose House and respite beds to prevent relapse
- service vouchers
- consumer family coalition
- collaboration with the People's Health Clinic in Lincoln.

The Leadership Academy is an opportunity for individuals in recovery to receive training, sit on a board of directors, and develop skills. Anyone in Region 5 is eligible for the training, scholarships are available.

Regional Centers Update – Bill Gibson

Attachment F1 – Gibson, NRC Average Daily Census, Jan 05 to Mar 09

Attachment F2 – Gibson, LRC Average Daily Census, Jan 05 to Mar 09

Attachment F3 – Gibson, LRC and NRC Combined Average Daily Census, Jan 05 to Mar 09

Bill Gibson, CEO of the Regional Centers, drew a historical picture and an update on the population and purpose of the regional centers since LB1083.

Mr. Gibson discussed the transfer of funds from regional centers to communities, the SA program at HRC, and the sex offender population increase and move to NRC.

LRC Waiting List – Bill Gibson

Attachment F4 – Gibson, 2008-2009 LRC Waiting List

The intent of LB1083 was to move behavioral health services out of state hospitals and into communities. In the first week of January 2009, there was no one on the LRC waiting list.

Mr. Gibson discussed the forensics waiting list, the residential program at Whitehall campus, and the economy's effect on the RC budget.

“Network of Care” Demonstration – Sheri Dawson and Robert Bussard

Attachment G – Dawson, Network of Care webpage, May 6, 2009

Sheri Dawson and Robert Bussard gave a detailed tour of the Division's new electronic service directory, Network of Care (<http://www.dhhs.ne.gov/networkofcare/>), a web-based resource for consumers, families, and providers. Paul Cummings is travelling the state to give on site demonstrations of Network of Care and to share his personal experience with it; Dan Powers will be accompanying him.

Transformation Transfer Initiative (TTI) Update – Jim Harvey

Attachment H – Harvey, TTI Grant, Subcontract Agreement

The TTI Grant is part of the Director's priorities to create peer run, peer led support. Mr. Harvey addressed the scope of work as referenced on the back of the handout. The Public Policy Center

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(PPC) is preparing the RFP (request for proposal). The grant is an opportunity to figure out ways to pull peer support into the workforce.

Criminal Justice Update – Jim Harvey

Attachment I – Harvey, U.S. Dept. of Justice, Justice and Mental Health Collaboration Program Grant

The 2nd Justice and Mental Health Collaboration Grant is at the point of implementation. The goals of the grant were discussed at length: statewide consumer and law enforcement participation in CIT (crisis intervention training), development of a jail screening tool, jail diversion program, and supported housing.

Shinobu Watanabe Galloway, with UNMC, is in the process of creating a final report on the regional center discharge project. The entire DBH data set, the State prison data set, and the Crime Commission's jail admissions data from January 1, 2005 to December 31, 2008, are all going to be transferred to the UNMC College of BH Epidemiology Department for data analysis.

Suicide Prevention Grant – Jim Harvey

Attachment J – Harvey, SAMHSA State and Tribal Youth Suicide Prevention Grant, May 2009

The Suicide Prevention Grant is SAMHSA funded at \$500,000 a year for 3 years, with no match required; 85% of the grant must go to direct services. DBH is working with the PPC on the application; Maya Chilese is the DBH manager. Notice of award would be received by December.

MH Committee By-laws Review Updated Draft – Jim Harvey

The Committee reviewed the updated draft of the amended by-laws as discussed at the February 5, 2009 meeting. In reference to earlier public comment, Mr. Harvey indicated that the State statutes are referenced in Section 1.

The by-laws act as ground rules created by the Committee for Committee operation. Adria Bace moved to approve the by-laws as is, pending the addition of the public law, seconded by Frank Lloyd. Motion adopted by unanimous voice vote.

Public Comment

J. Rock Johnson emphasized the Committee's responsibility to be educated in making recommendations and in their duties. Ms. Johnson suggested the Committee recommend the State reallocate \$2 million dollars of block grant money.

Ms. Johnson said Dr. Adams was wrong regarding the closing of the Community Transfer Program (CTP) at LRC, and said there's nothing comparable in the community that enables people to integrate back into the community like the CTP did. She said it doesn't have to be "business as usual" and that the Committee should program the money and take responsibility as a planning council.

Discussion occurred regarding consumer involvement in block grant program development, actual block grant requirements, consumer involvement via enhanced services and trends towards growing consumer involvement throughout the State.

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Mental Health Committee Questions/Recommendations to DBHS

It was recommended that NBHS explore the opportunities around consumer driven and consumer operated services and how that would relate to the FY11 budget plans and contracts.

It was suggested that there be more time on the agenda for discussion/conversation. The August meeting is for block grant review; the Division will get a draft of the block grant out to Committee members 2 weeks in advance.

Agenda Items for Next Meeting

- Block Grant Application Review
- Carol Coussons de Reyes talk over lunch about consumer driven/consumer operated services and about her vision and assessment of Nebraska.

Plus/Delta

Very informative.

Adjourn

The meeting adjourned at 4:20 p.m.



RentWise Nebraska

"Helping communities create positive rental experiences through education."

Danielle Hill
Nebraska Housing Developers Association

RentWise Nebraska History

AA 2002 - University of Minnesota piloted first program.

N 2005 - Curriculum licensed to University of Nebraska at Lincoln Cooperative Extension. Training delivered in Kearney, Lincoln, Omaha

RentWise Nebraska Curriculum - 6 Modules

- Communication with Landlords and Neighbors**
 - Develop positive communication skills.
- Managing Your Money**
 - Learn how to manage money and plan for housing costs.
- Find a Place to Call Home**
 - Prepare individuals to conduct searches for rental units.
- Getting Through the Rental Process**
 - Understand a lease, and a tenant's rights and responsibilities.
- Take Care of Your Home**
 - Encourage residents to take pride in their home and set a positive example.
- When You Move Out**
 - Prepare participants to move out and move up!

RentWise Nebraska Accomplishments

- 2006 - RentWise Coalition meets informally to pursue funding opportunities and coordinate training
- 2006/2007 - RentWise received \$20,000 from Nebraska Department of Economic Development & \$5,000 from Nebraska Department of Health & Human Services Nebraska Homeless Assistance Program
- 2006/2007 - Curriculum written and printed for Nebraska Renters (English and Spanish versions)
- June 2006 & June 2006 - Two "Train the Trainer" Batches held
 - ✓ Over 200 people in Nebraska are certified to teach RentWise
- 2006 to Current - Numerous "Site Trainings" held e.g., Cozad, Lincoln,
- 2008 - Lincoln Network established
- 2009 - RentWise Coalition Undertakes Strategic Planning



RentWise Nebraska

- Mission
- Vision
- Values
- Objectives
- Strategies



RentWise Nebraska Mission

"Helping communities create positive rental experiences through education."



Making Connections

- Justice Behavioral Health Grant (*Jim Harvey of DHHS Behavioral Health*): Goal 5.3 is to "Assist in developing infrastructure for providing RentWise training to justice involved transitioning adolescents and young adults with mental health challenges"

Making Connections

- RentWise training also supports Goals 5.1 and 5.2 (which regard transitioning into housing for persons with mental health challenges released from Corrections AND for youth with mental health challenges in the Omaha Youth Independent Living Plan)

Making Connections

- Stimulus "Homelessness Prevention and Rapid Re-housing Program," or HPRP (*Charles Coley of NHAP*): State will soon receive almost \$5 million dollars for HPRP funding
- Many of the HPRP subgrantees will use RentWise training to benefit formerly homeless consumers

RentWise Nebraska Funding Possibilities

- Nebraska Investment Finance Authority
- State Agencies
- Property Owners and/or Managers
- Developers



Nebraska Housing Developers Association

Danielle Hill, Executive Director
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Established in 1996, the Nebraska Housing Developers Association works to champion affordable housing through a membership base of more than 60 organizations working to strengthen the state's economic vitality by making safe, decent, affordable housing available to all Nebraskans. The Association provides technical assistance and training, leads statewide education and advocacy efforts, and partners in collaborative housing initiatives.

2007-2008 Annual Report

MISSION -

To champion affordable housing

Regional Summits Spotlight Affordable Housing Needs

The Nebraska Housing Developers Association took its awareness and policy work messages on the road by embarking on a statewide tour in the spring and early summer of 2008. The Association partnered with local housing development organizations and economic development districts to host five regional summits and to support one regional conference to raise awareness of local affordable housing needs. Events were held in Burwell, Hastings, Tecumseh, Norfolk, Gering and Grant and attracted 210 participants. Common challenges that surfaced across the state included:

- Improvement or replacement of existing housing to meet growing workforce need
- Impact of rising energy costs on affordability
- Affordable quality rental housing (especially for young people and seniors)
- Homeownership assistance
- Barriers to the demolition of rundown structures

The Federal Reserve Bank of Kansas City – Omaha Branch provided the keynote speaker and hosted a luncheon at each summit. A total of nineteen communities were honored with Groundbreaker Awards from the Association at the regional events for demonstrating local investment in housing development.



NEBRASKA
Housing Developers
ASSOCIATION

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Focus Area

Awareness and Policy Work

Building broad-based support for effective policies

2007-08 KEY ACCOMPLISHMENTS

- Served as a catalyst for action to help support the National Housing Trust Fund and other state and national policy activities by providing timely information to housing supporters and decision-makers.
- Partnered in a national initiative building a network of advocates working together to affect policies that impact the quality of life in our communities.

EXCEL joined the Association to help support its work on policy issues relating to Nebraska's affordable housing needs. While the need for affordable housing continues to grow, the supply of funds needed to make this housing a reality continues to shrink. If demand continues to dwarf supply, more and more people will live in overcrowded and substandard housing. Without good, sound policy, we can not effectively meet Nebraska's affordable homeownership and rental housing needs."

– Brent Williams,
EXCEL Development Group

(from left) Red Cloud residents John and Ardis Yost join Alan Amack, President of the Red Cloud Community Foundation, after accepting the Association's 2008 Groundbreaker Award for their community.

An Association Success Story

Almost a decade ago, community leaders in northeast Nebraska recognized the need for a housing organization to bolster safe and affordable housing stock for their area. NEHI, Inc. was created and today, serves the housing needs of a six-county region by purchasing houses that need improvements, making the necessary repairs, and then reselling the properties to first-time homebuyers.

Prospective buyers learn about the responsibilities of homeownership through homebuyer education classes delivered by NEHI, Inc. and can access down-payment and closing cost assistance through NEHI, Inc.'s programs. Since 2000, NEHI, Inc. has sold 166 homes to first-time homebuyers, including 19 special needs households. More than \$4 million in federal and state housing grants have been invested in 25 different northeast Nebraska communities through NEHI, Inc.'s work.

At each phase in NEHI, Inc.'s development, the Association provided critical technical assistance and training. "The annual conferences have provided valuable information for staff and board members as well as networking opportunities to learn from other Association members and stakeholders in the housing arena," said Linda Kastning, Executive Director of NEHI. "Other assistance has ranged from training on office procedures that help with the administrative side of running an organization, to accessing expertise from the banking and financial sectors. The Association has provided assistance with grant applications, regulations, administration of funding, and outcome planning. We've grown into a more adept organization with assistance in strategic planning and resource development. Recently, we initiated our first annual solicitation campaign. All in all, we probably would not have become the agency we are today without the training and assistance offered by the Association," Kastning said.

"We've grown into a more adept organization..."

Focus Area

Technical Assistance and Training

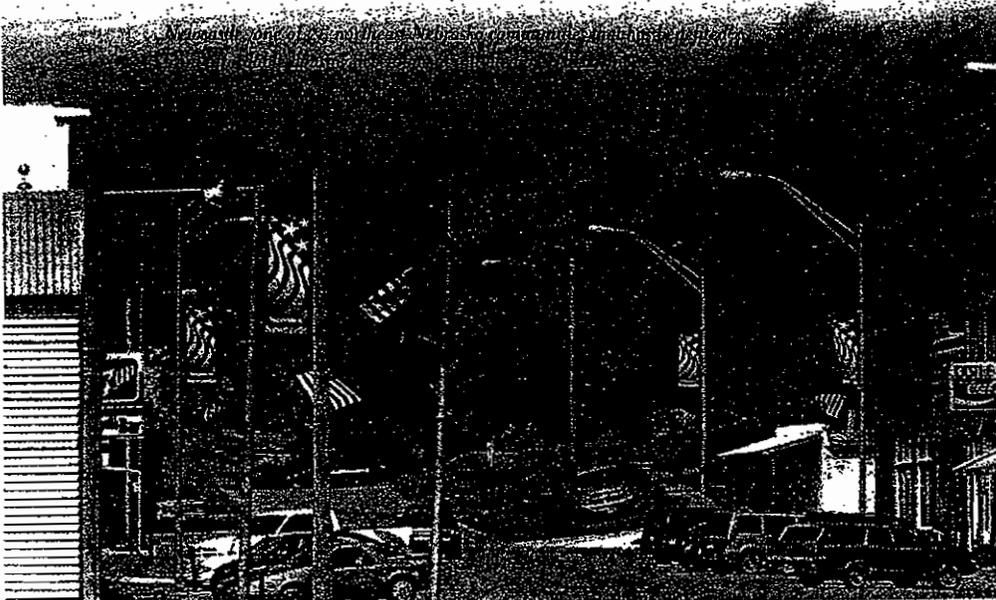
Increasing the impact of member organizations

2007-08 KEY ACCOMPLISHMENTS

- Promoted or sponsored training events, including NeighborWorks® America Training and lead-based paint workshops, offering scholarships and reduced rates to members.
- Hosted 161 participants at the statewide Build Nebraska Housing Conference providing training and opportunities to network and build relationships.
- Provided on-demand technical assistance and training for staff and boards of member organizations (strategic planning facilitation, resource development coaching services, on-line training tools, and one-on-one consulting services).
- Kept members current about funding and training opportunities.

"In late 2005, the Central Nebraska Housing Developers (CNHD) was formed to provide regional housing programs in Central Nebraska. As a new housing organization just starting out in 2006, the Association really took CNHD under its wing providing us with outstanding technical assistance to get our policies in place, conduct strategic planning sessions, and develop tools that would help us market our services to our citizens and communities. Help in securing training scholarships for CNHD staff refined our skills and identified practices to strengthen our organization's ability to serve Central Nebraskans. There is no doubt that CNHD, along with our 17-counties and 65+ communities have already realized great benefits as a result of the outstanding support from the Association."

*— Judy Petersen, Housing Coordinator,
Central Nebraska Housing Developers*



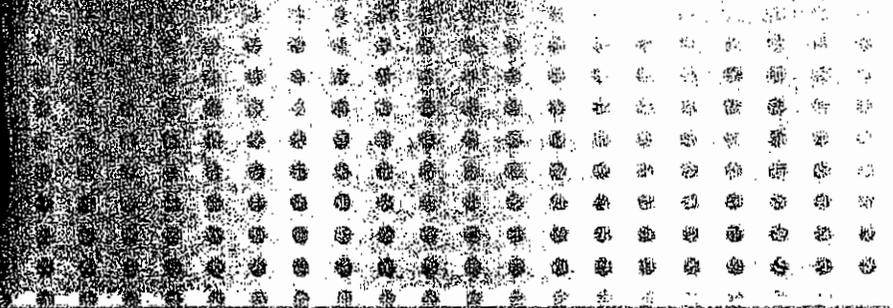
Attachment B

We're
Passionate
about Putting People
to Work.



Employment First

May 7, 2009



A member of the ReoCare family of services | www.arborct.com

Your Vision. Our Innovation.

- **Implemented contracts in Nebraska since 1985**
- **Over 130 employees statewide**
- **35 office locations statewide**

- Each participant goes through an Orientation which outlines the EF Program which includes rules, responsibilities, and support services
- Each participant completes a Strength-Based Assessment
- Based on information from the Assessment, the Case Manager works with the participant to develop an individualized service plan that includes work activities to lead towards Self-Sufficiency
- A Self-Sufficiency Contract is signed by the participant and Case Manager

- Merriam-Webster defines core as:
 - *A central and often foundational part*
- All mandatory participants will have core activities incorporated into their service plan
- Single parents participate in 20 hours of core activities per week
- Two-parent households participate in 30 hours of core activities per week
- Those that are required to participate 30 hours per week (single parent with a child over six) or 35 hours per week (two-parent household) after the core activity hours are met, participation in non-core activities are allowed

- Based upon actual verified hours utilizing Job Contact sheet and Job Search/Job Readiness log
- Job Search provides job seekers with skills in seeking employment, interviewing, workplace expectations, resume writing as well as actual job searching
- Job Readiness assists with participants becoming "job ready" and includes life skills training, short-term substance abuse treatment and mental health treatment, and rehabilitation activities
- Limited to four consecutive weeks and has a maximum number of countable hours per year

- **Participants have ten holidays per year (as designated by the State of NE) in which they receive “credit” for their scheduled work activity**
- **Participants have up to 16 hours a month (160 per year) of excused absences in which they receive “credit” for their scheduled work activity. There are specific procedures the participant and Case Manager follow in order to grant an excused absence**

- ◆ **Eastern Area**
 - ▶ **Tori Conley**
 - ▶ **402-763-6770**
- ◆ **Western Area**
 - ▶ **Marge Daniel**
 - ▶ **308-345-4266**
- ◆ **Central Area**
 - ▶ **Shawna Alloway**
 - ▶ **402-462-5918**

FOR IMMEDIATE RELEASE

Attachment C

April 1, 2009

CONTACT

Jeanne Atkinson, Communications and Legislative Services, (402) 471-8287

Carol Coussons de Reyes is Director of the Behavioral Health Office of Consumer Affairs

Lincoln – Scot Adams, director of the Division of Behavioral Health in the Department of Health and Human Services, announced today that he is appointing Carol Coussons de Reyes, CPS, MS, as administrator for the Office of Consumer Affairs, effective May 18.

"Carol's personal experience, professional education and unique leadership history make her particularly suited to this position," said Adams. "She will be a valuable addition, and her lived experience with mental illness, wellness, and recovery will add great value to her role. I look forward to benefiting from her experiences and background with advocacy for consumers."

Coussons de Reyes has served as director of the Consumer Relations and Recovery Section in the Georgia Department of Human Services since 2006. Her background includes serving as a Certified Peer Specialist, research coordinator for the Georgia Department of Veterans Affairs Medical Center, research specialist at Emory University, counselor for South Carolina Vocational Rehabilitation, and psychology technician for the Medical College of Georgia.

"When I think of the Midwest, I see wide-open spaces and freedom. This is what initially attracted me to life in Nebraska," Coussons de Reyes said. "Part of my journey of recovery has been to dream big dreams. Such dreaming is how I became the Director of Consumer Affairs in Georgia and amassed great knowledge of peer support and consumer-driven mental health and addictive disease services."

Coussons de Reyes received a Masters of Psychology at Augusta State University, Augusta, Georgia and a Bachelor's degree in Psychology from Georgia State University

Coussons de Reyes said, "Our family is absolutely thrilled to be moving to Nebraska, where I see that the Office of Consumer Affairs can lead the state in assisting individuals to understand the journey of recovery that their loved ones walk. I know the importance of including individuals who receive mental health, addictive disease, and gambling services in real decisions that shape services, as well as providing peer services, that assist every individual in attaining the life of their choosing - the life of their dreams. Recovery is a meaningful life in the community, where I am the best mother to my son, daughter, aunt, friend, neighbor, co-worker, artist, and writer that I can be."

The Office of Consumer Affairs was created by the Legislature in 2004. The program administrator of the Office must be a consumer or former consumer of behavioral health services and have specialized knowledge, experience or expertise relating to consumer-directed behavioral health services, delivery systems and advocacy on behalf of consumers and their families.

[Skip Navigation](#)

Adult Behavioral Health Service Definitions Service Definition Project Update and Feedback Process

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 [Feedback Form](#)

The Nebraska Health and Human Service System Behavioral Health and Medicaid Adult Service Definitions (aka "Yellowbook") is in the process of being revised. Draft definitions for all services are being developed and will be posted on this site when they are completed. Draft Service Definitions ready for public review are posted below. Each Service Definition is dated according to when it was posted on this web page and shows its status.

Please click on the service definitions listed below to review the drafts. Feedback will be accepted on the Feedback Form which is posted above. Please use **one** Feedback Form **per** Service Definition. You will have to save this form to your own system and save/rename a copy for **each** definition you are providing feedback for in order to avoid confusion. Please return all Feedback Forms to: mary.andregg@nebraska.gov.

Only April Postings Feedback Will Be Accepted! Deadline is April 30th!!

Crisis Services

-  [23-59 Emergency Observation](#) - Posted February 27, 2009 - Feedback Closed
-  [Crisis Stabilization](#) - Posted February 25, 2009 - Feedback Closed
-  [Emergency Protective Custody Crisis Stabilization](#) - Available Soon
-  [Crisis Assessment](#) - Posted February 24, 2009 - Feedback Closed
-  [24-Hour Crisis Line](#) - Posted February 24, 2009 - Feedback Closed
-  [Mental Health Respite](#) - Posted February 24, 2009 - Feedback Closed
-  [Emergency Community Support](#) - Posted February 24, 2009 - Feedback Closed
-  [Crisis Response](#) - Posted February 24, 2009 - Feedback Closed
-  [Urgent Medication Management](#) - Posted February 27, 2009 - Feedback Closed
-  [Urgent Outpatient Psychotherapy](#) - Posted April 20, 2009
-  [Crisis Outpatient](#) - Available Soon

Hospital Services

-  [Acute Hospitalization](#) - Posted February 27, 2009 - Feedback Closed
-  [Subacute Hospitalization](#) - Posted February 27, 2009 - Feedback Closed
-  [Adult Partial Hospitalization-Hospital Based Day Treatment](#) - Posted February 27, 2009 - Feedback Closed

Outpatient Services

Lessons Learned in Southeast Nebraska

C.J. Johnson
L.M.H.P., L.C.S.W., L.M.F.T.

Any working system generates data, but until employees, consumers, and other stakeholders within that system can gain knowledge for action from that data, the learning aspects of that system are dysfunctional.

General Function of ER System of Care

- ✓ To organize, coordinate, and evaluate the regional behavioral health emergency services system.
- ✓ To bring together key stakeholders to address ongoing gaps and increase system outcomes.
- ✓ Monthly Emergency Level of Care Meetings which includes a variety of stakeholders.

Region V's Emergency System

Stakeholders	Services/Activities	Outputs*	Outcomes	Impact
Consumers	Coordination-Regional Emergency Program	5,475 Crisis Center Bed Days	Consumers will return to or exceed pre-crisis functioning.	Reduce EPC's
Providers	Crisis Assessment	13,870 Acute Care Bed Days		Reduce Mental Health Board Commitments (MHB)
Region V Systems	Evaluation			
	Short-Term Respite	1,095 EPCs		Reduce Post-Commitment Days
HHSS	Social Detox	231 Inpatient Commitments		
Mental Health Boards	CPC (involuntary)			Reduce Average Length of Stay at Crisis Center
	EPC (involuntary)	1,460 Short Term Respite Bed Days		
Law Enforcement	Post Commitment Treatment Days	208 Short Term Respite Admissions		Reduce Recidivisms in ER System
Hospitals	TASC Program			
LRC	Acute/Sub-Acute	* Represents current capacity not actual usage		

● | Current Challenges

- ✓ Increase in Urban EPC's (Projected - 26 % from 06-07) (8.3 % from yearly average)
- ✓ Includes increase in Mental Health Warrants (628% from 01-02 and 70% from 05-06)
- ✓ Impact of other populations such as those with Developmental Disabilities, TBI, and Chronic Medical Needs.

● | Good News (FY 07 – 08 Projections)

- ✓ 51% Decrease in Rural EPCs from 03-04 and 27% decrease from 05-06.
- ✓ 29% Decrease in Crisis Center Bed Days
- ✓ Increase in 4 Open Crisis Center Beds/Day
- ✓ Decrease in Repeat Admissions
- ✓ 72% Decrease in Inpatient Post-Commitment Days
- ✓ 50% Decrease in Inpatient Commitments

- Behavioral Health Reform Services

Targeted
Adult
Service
Coordination
Program

- The TASC Program

- ✓ Crisis Response Teams
- ✓ Case Management
 - Emergency Community Support
 - Blended Intensive Case Management
 - Bilingual/Bicultural Coordinator

Enacting CRT

1. An officer calls the law enforcement crisis line.
2. The crisis line connects the officer to the therapist on-call for immediate access.
3. The therapist consults with the officer regarding the identified individual.
4. The therapist goes to the scene.
5. Upon consulting with the officer and the individual, a crisis plan and recommendations are developed.
6. An Emergency Community Support Worker follows up with the individual.

Case Management

- Emergency Community Support
- Intensive Case Management
- Bilingual/Bicultural Coordinator

Short-Term Respite

Goal:

Provide Region V Systems a system of care as a means to stabilize individuals in crisis so they may return to the referring agency.

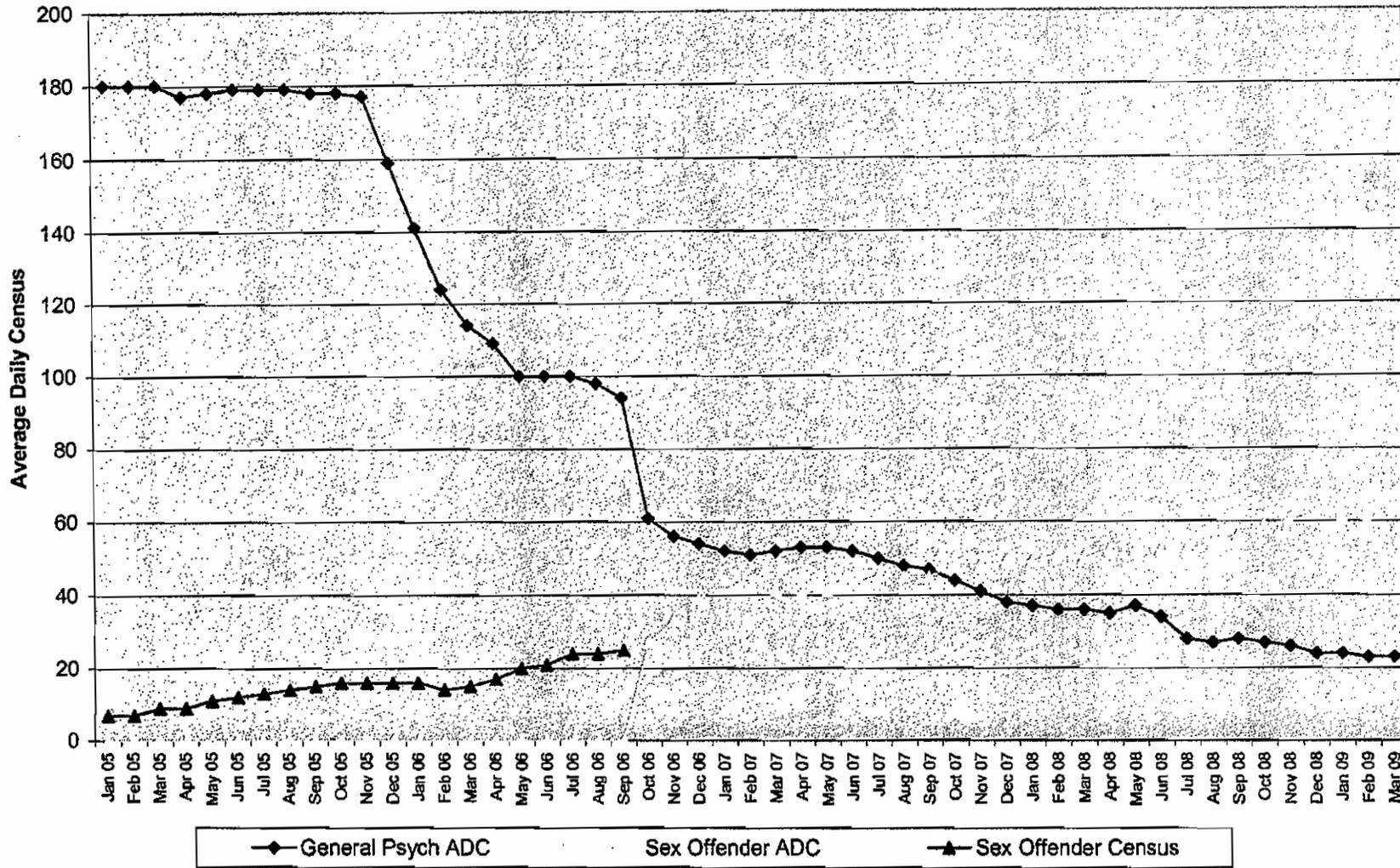
Assist the Crisis Center with post-committals pending placement.

Provide an avenue for individuals in crisis who are on the approved list by Region V Systems, to self-refer, avoiding a higher level of care.

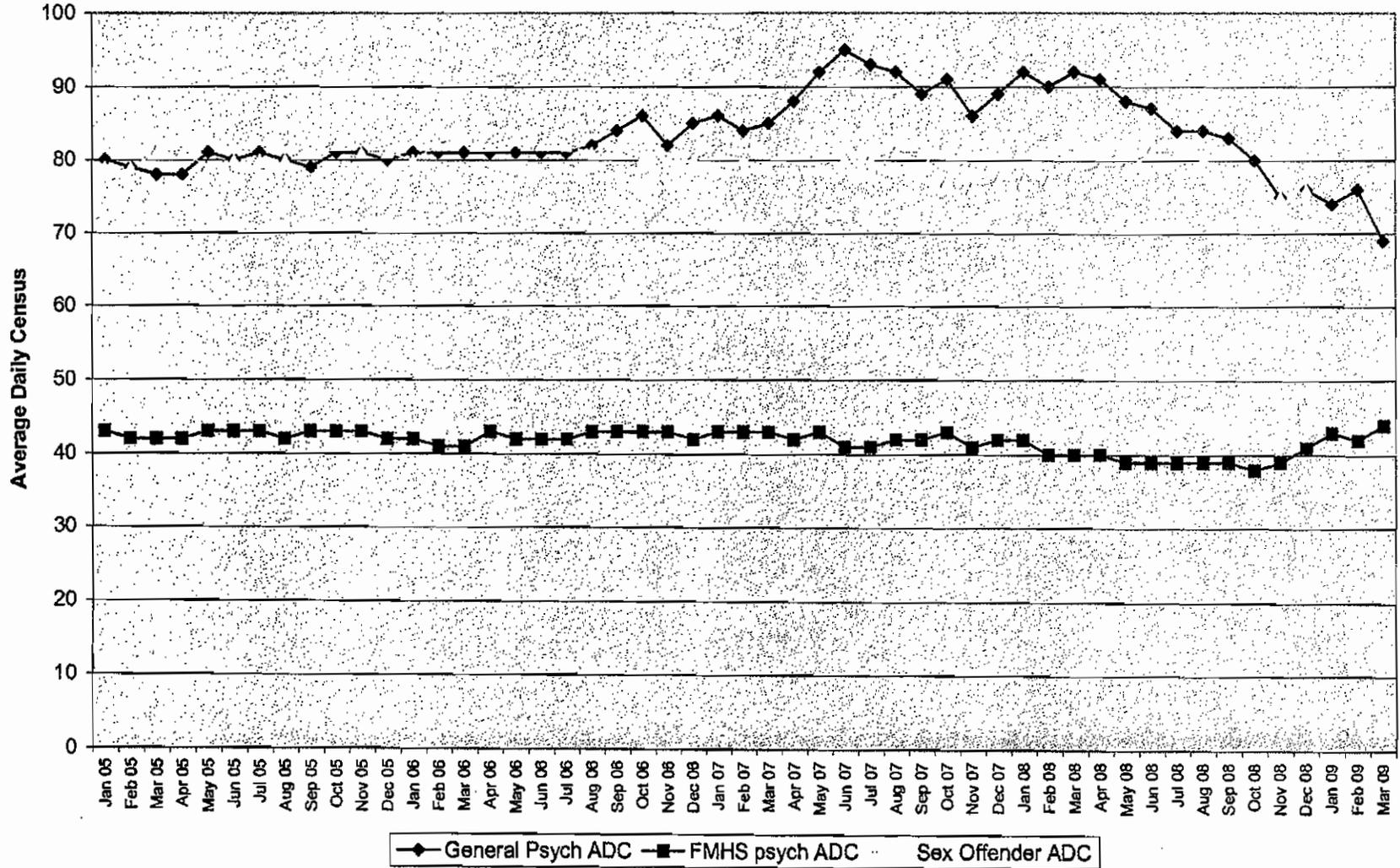
Priority Areas for One-Time Funding

1. Reducing Census at Regional Centers
2. Providing Crisis Care
3. Developing Services for Special Populations
4. Expansion of Private Provider Panels
5. Enhancing Consumer Involvement
6. Other

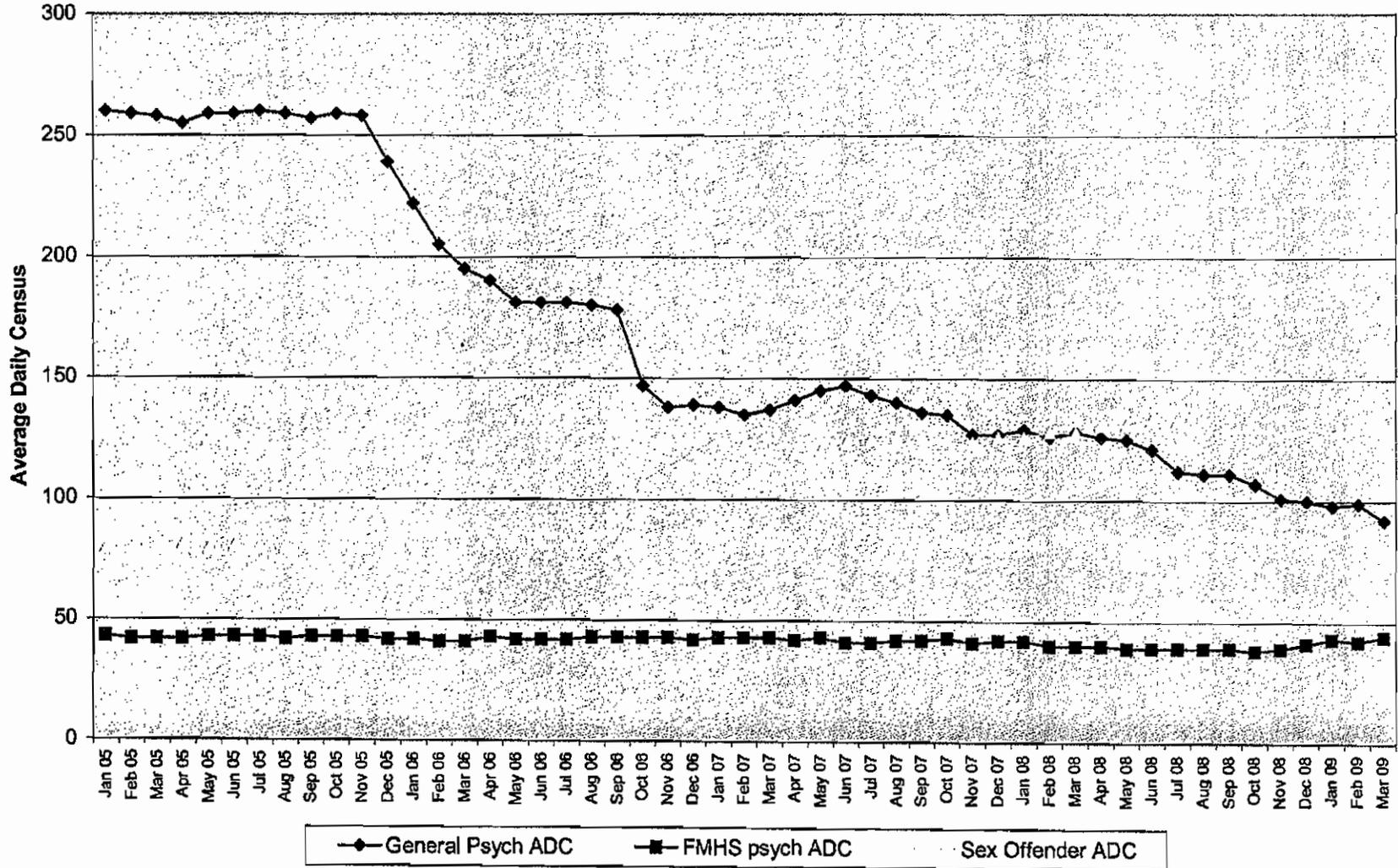
NRC Average Daily Census from Jan 05 to Mar 09



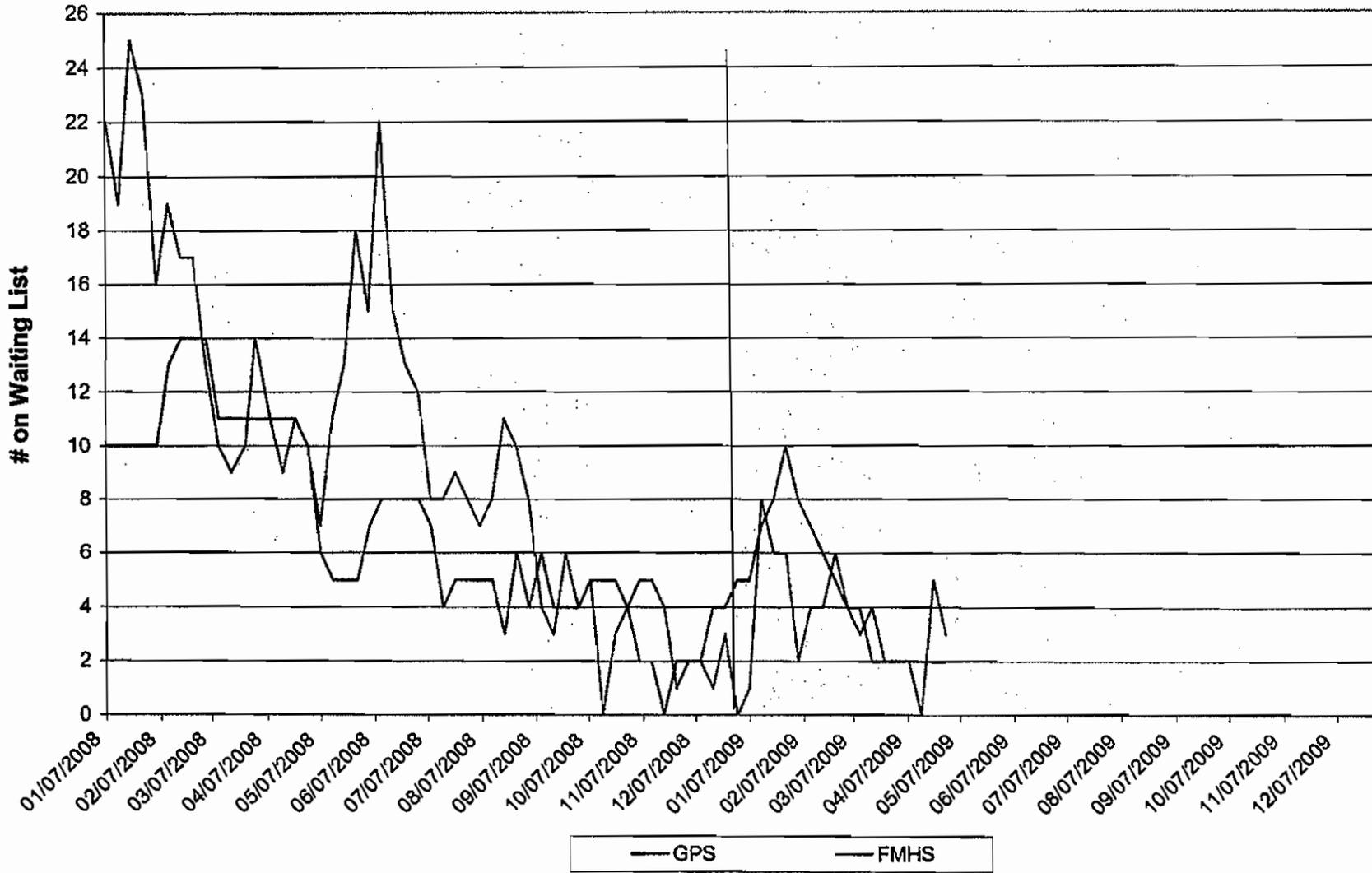
LRC Average Daily Census from Jan 05 to Mar 09



LRC and NRC Combined Average Daily Census from Jan 05 to Mar 09



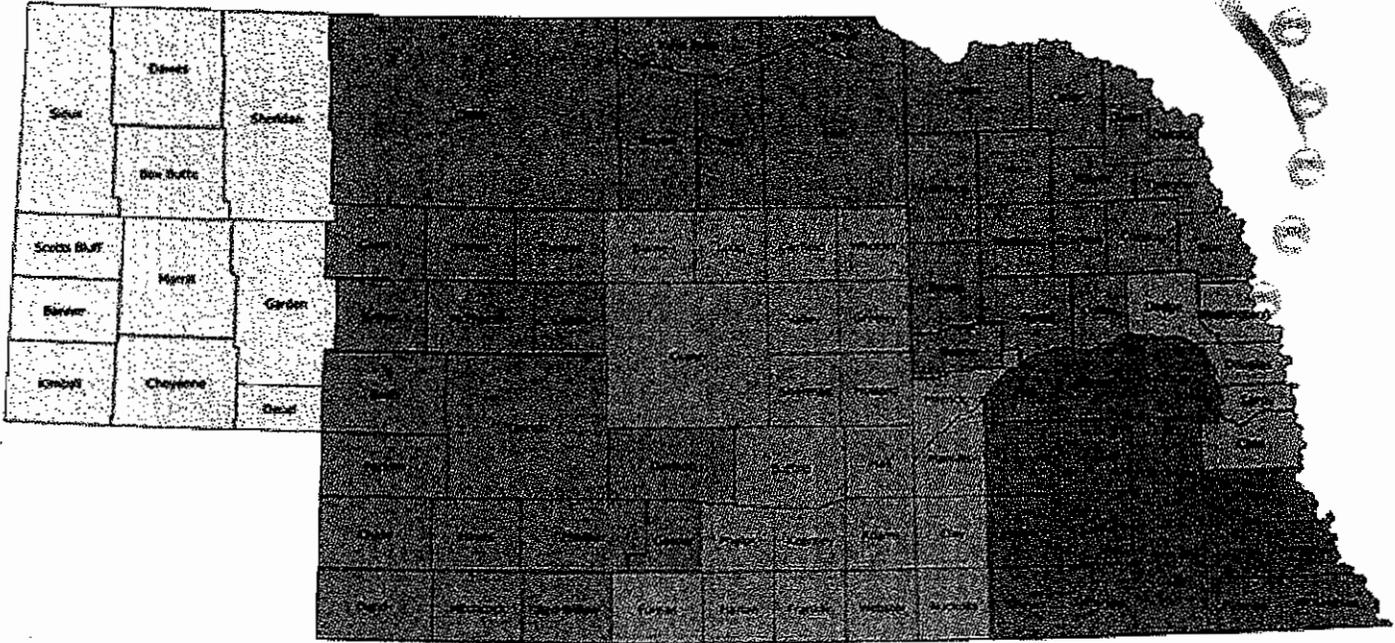
2008-2009 LRC Waiting List



Skip Navigation

Network of Care *for Behavioral Health*

This Web site is a resource for individuals, families and agencies concerned with behavioral health. It provides information about behavioral health services, laws, and related news, as well as communication tools and other features. Begin by selecting your county on the map below or view a [text listing](#) of counties.



 Brochures for each Regional Web site

[Region 1](#) [Region 2](#) [Region 3](#) [Region 4](#) [Region 5](#) [Region 6](#)

[Text Listing of Counties](#)



TTI Grant

Attachment H

Subcontract Agreement
Subcontract Number: SC-1026-NEBRASKA-00

This Subcontract Agreement is entered into effective January 10, 2009, between the National Association of State Mental Health Program Directors, hereinafter referred to as "NASMHPD" a corporation organized and existing under the laws of the District of Columbia, and The State of Nebraska, Department of Health and Human Services hereinafter referred to as "Subcontractor", collectively referred to as "the Parties."

WHEREAS, NASMHPD has entered into HHSS283200700020I, Task Order HHSS28300001T entitled "Transformation Transfer Initiative," hereinafter called "the Contract," with the US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, hereinafter referred to as "Owner," pursuant to which NASMHPD is obligated to furnish the Government certain services and technical data; and

WHEREAS, the Parties desire to enter into a subcontract, hereinafter called "the Subcontract," under said Subcontract to establish the terms by which Subcontractor will furnish certain professional services to NASMHPD;

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein contained and for other good and valuable consideration, the receipt of and sufficiency of which is hereby acknowledged, the Parties hereto hereby agree to the following:

1. Type of Contract

This is a Fixed Price type subcontract agreement. Total funds currently available for payment and allotted to this subcontract are \$221,000.00.

2. Period of Performance

The period of performance of this subcontract shall be from December 1, 2008 through September 15, 2009 unless the period is extended by modification of the subcontract, or the awarding of an optional year or years, if any.

3. Statement of Work

Subcontractor shall provide the management, resources, materials, and services necessary to perform certain tasks within the limits of the Statement of Work, hereinafter called the "Work" included in Attachment 1 "Statement of Work".

The Subcontractor shall provide monthly deliverables to NASMHPD's Project Director by the first working day of the month following the reporting period. The final report is due on the last day of the Period of Performance. The NASMHPD Project Director shall review and approve all reports and may provide suggestions to be incorporated into a revised final product. Acceptance of the final product shall not be unreasonably delayed by NASMHPD. If NASMHPD does not accept the Work, it must give notification to Subcontractor in writing, stating the reason(s) for rejection of the Work and providing suggestions for revision. Subcontractor shall have thirty (30) days in which to revise the product.

Attachment I

**SUMMARY – NE Division of Behavioral Health Application for
U.S. Department of Justice – Bureau of Justice Assistance (BJA) Grant
Justice and Mental Health Collaboration Program (CDFA #16.745)**

CATEGORY II: PLANNING AND IMPLEMENTATION

- Award with Project Period: (from: Sep 01, 2008 / to Aug 31, 2011)
- Grant maximum: \$250,000 (\$100,000 year one; \$100,000 year two; \$50,000 year three)
- NE Theme: collaborative partnerships to address interagency coordination & communication in order to implement system improvements for persons with MI in the Criminal Justice System.
- Target Population: Young adults 18 to 24 years of age.

Goal 1: Provide statewide Crisis Intervention Team (CIT) training for Law Enforcement officers and make clear linkages with local crisis response teams.

- Objectives:
- 1.1 Build on CIT training curriculum and adapt for rural areas and various professions (parole, probation, jail personnel, etc.)
 - 1.2 Pilot comprehensive CIT train the trainers training. Trainers will train 20 law enforcement officers in one community
 - 1.3 Study impact of pilot project
 - 1.4 Implement statewide CIT training for law enforcement
 - 1.5 Adapt CIT training curriculum for probation and parole
 - 1.6 Pilot CIT train the trainers training for probation and parole and expand statewide

Goal 2: Expand or improve access to crisis stabilization services with improved coordination with law enforcement officers.

- Objectives:
- 2.1 Refine model for crisis intervention for transition aged youth through consultation with national expert.
 - 2.2 Pilot model for crisis intervention coordination in one community based on local plan for 100 – 200 individuals
 - 2.3 Study impact of crisis intervention pilot
 - 2.4 Implement crisis intervention model statewide
 - 2.5 Implement strategies for sustaining crisis programs

Goal 3: Implement standardized mental health and substance abuse screening instruments in the jails that prompt referrals for services.

- Objectives:
- 3.1 Refine plan for standardized screening and assessment process
 - 3.2 Incorporate processes into Nebraska jail standards
 - 3.3 Develop and provide training and technical assistance for jail personnel
 - 3.4 Evaluate impact of change in standards

Goal 4: Increase resources to community mental health to provide diversion services through the use of Forensic Intensive Case Management.

- Objectives:
- 4.1 Adopt lessons learned from Nebraska's two urban jail diversion programs to develop a rural model
 - 4.2 Pilot rural jail diversion program for transition aged youth in one area of the state in coordination with crisis response teams
 - 4.3 Examine service definitions for community support/case management and examine financing approaches for sustainability
 - 4.4 Study impact of jail diversion pilot
 - 4.5 Implement coordinated jail diversion programs in other areas
 - 4.6 Implement strategies for sustaining jail diversion programs through 2009 – 2010 contracts

Goal 5: Enhance affordable supportive housing for justice involved youth transitioning to adulthood.

- Objectives:
- 5.1 Collaborate with Nebraska's Action Plan For Increasing Access to Mainstream Services for Persons Experiencing Chronic Homelessness to identify individuals in Department of Correctional Facilities with mental illness ready for release
 - 5.2 Develop protocols for developing housing plan and linking individuals with supported housing and supported employment including assessing for Medicaid eligibility
 - 5.3 Pilot protocols in Omaha area for 250 transitioning young adults
 - 5.4 Provide Rent-Wise Education for 150 consumers in Omaha area



Division of Behavioral Health
May 2009

SAMHSA State and Tribal Youth Suicide Prevention Grant

The purpose of this program is to build on the foundation of prior suicide prevention efforts in order to **support States and tribes in developing and implementing Statewide or tribal youth suicide prevention and early intervention strategies, grounded in public/private collaboration.** Such efforts **must** involve public/private collaboration among youth-serving institutions and agencies and should include schools, educational institutions, juvenile justice systems, foster care systems, substance abuse and mental health programs, and other child and youth supporting organizations.

Estimated Award Amount: Up to \$500,000 per year (no match required)
Length of Project Period: Up to 3 years

Previously funded states are allowed to re-apply for this funding and will be competing with states with no prior funding or infrastructure in place.

Programs must use their grant funds for the following purposes:

- Develop and implement **State-sponsored Statewide** or tribal youth suicide early intervention and prevention strategies
- **Support public and private nonprofit organizations** actively involved in the development and continuation of State-sponsored Statewide or tribal youth suicide early intervention and prevention strategies.
- Provide **support to institutions of higher education to coordinate or implement State-sponsored** youth suicide early intervention and prevention strategies
- **Collect and analyze data** on State-sponsored Statewide or tribal youth suicide early intervention and prevention services
- **Assist eligible entities**, through State-sponsored Statewide or tribal youth suicide early intervention and prevention strategies, to achieve targets for youth suicide reductions under Title V of the Social Security Act. (MCH Block Grant)
- **85% must go to direct services**

Applied for by Division and award announcement anticipated by September.

For More Information:

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402-471-7792