

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

January 27, 2015 / 9:00 am – 2:30 pm
Lincoln, NE – Country Inn & Suites

Meeting Minutes

I. Call to Order/Welcome/Roll Call

John Trouba

John Trouba, Division of Behavioral Health Advisory Committee Facilitator, welcomed committee members and others present to the meeting. Committee Chairpersons asked for a roll call and a quorum was determined for both the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

State Advisory Committee on Mental Health Services Attending: Adria Bace; Karla Bennetts; Cindy Buesing; Sheri Dawson; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Lara Huskey; Patti Jurjevich; Linda Krutz; Phyllis McCaul; Kasey Moyer; Ashley Pankonin; Rachel Pinkerton; Joel Schneider; Mary Thunker; Diana Waggoner; Cameron White.

State Advisory Committee on Mental Health Services Absent: Mickey Alder; Jette Hogenmiller; Jill Schreck; Mark Schultz.

State Advisory Committee on Substance Abuse Services Attending: Sheri Dawson; Ann Ebsen; Jay Jackson; Janet Johnson; Dusty Lord; Michael Phillips; Randy See; Todd Stull; Mary Wernke.

State Advisory Committee on Substance Abuse Services Absent: Ingrid Gansebom; Paige Hruza; Kimberley Mundil.

DHHS Attending: Sue Adams; Carol Coussons De Reyes; Sheri Dawson; David DeVries; Cynthia Harris; Pat Roberts; Blaine Shaffer; Jennifer Staten; John Trouba; Heather Wood.

II. Public Comments

John Trouba

Alan Green, representing the Mental Health Association of Nebraska (MHA-NE), addressed the Joint Committee, announcing the award of a grant to MHA-NE through the Nebraska Department of Corrections. The grant will enable MHA-NE to open a new extended stay housing facility (similar to the Keya House) and expand their supported employment and law enforcement crisis referral program services. These beneficial services will target individuals on parole or mandatorily released and those on probation in the state correctional system.

III. Housekeeping and Summary of Agenda

John Trouba

(Attachment A & B)

- John Trouba advised the Open Meeting Act was posted on the wall where you signed in.
- John Trouba provided housekeeping/logistics reminders.
- John Trouba identified proposed adjustments to the order of the agenda.
- The Mental Health and Substance Abuse Services committee Chairpersons sought and received approval for the adjustment of the order to the Agenda by General Consent for the January 27, 2015 meeting.

IV. Motion of Approval of Minutes

John Trouba

Committee Chairpersons asked for comments on the November 13, 2014 minutes of the Joint State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services. Committee Chairpersons sought and received approval by General Consent of the Mental Health and Substance Abuse Services committee minutes from the November 13, 2014 as submitted.

V. Acting Directors Update

Sheri Dawson

Sheri Dawson, Acting Director of the Division of Behavioral Health, discussed the transitional moment at DHHS and state government. She thanked committee members for their service. During this time of transition at the Division we continue to focus on how we can better serve the behavioral health needs of the citizens of Nebraska. Looking forward, she invites member to engage in the discussions and work to honor the strategic plan. The Governor has encouraged state leaders to ask two questions every day. How can I serve the people of Nebraska better today? What can we do to make Nebraska a place people want to be?

Acting Director Dawson thanked Dr. Blaine Shaffer for his many years of dedicated service, noting his retirement as of February 2, 2015.

VI. Legislative Process Update

Sheri Dawson

(Attachment C and D)

Sheri Dawson, Acting Director of DBH presented general information about the 2015 legislative session process and the schedule of activities in the current session calendar from January 7, 2015 through June 5, 2015. The 104th Session of the Nebraska Unicameral Legislative activities can be monitored by accessing the online tools, including streaming of the committee hearings and legislative sessions. Official links to the Unicameral website are included in Attachment C.

Acting Director Dawson reported on legislative bills that have been reviewed as of January 26, 2015 by the Division of Behavioral Health; a hand-out identifies these bills. As was recommended by the committee at the November 2013 meeting, we will continue to provide you with legislative bill numbers that pertain to behavioral health issues.

VII. Suicide Prevention Activities Update

Dave Miers/Don Belau/Jennifer Fry

(Attachment E & F)

Activities of the Nebraska Youth Suicide Prevention Grant, the five year Garrett Lee Smith SAMHSA Grant awarded to the Department of Health and Human Services, includes collaborative efforts with the Nebraska State Suicide Prevention Coalition and Nebraska Department of Education, and will focus on youth suicide prevention screening, LOSS team development, and training.

David Miers, Don Belau, and Jennifer Fry presented on the suicide prevention efforts of Nebraska State Suicide Prevention Coalition (NSSPC). The purpose of the NSSPC is to develop local expertise across the state in suicide prevention and act to provide information that instills hope and moves towards the national goal of zero suicide. The NSSPC worked collaboratively with the Nebraska Department of Education and other partners in the development of training requirements for LB923. This bill was signed into law in 2014 and requires all appropriate K-12 school personnel to have at least one hour of evidence-based suicide prevention training annually. Contact information is available in Attachment F.

The Nebraska LOSS team advisory group supports the Lincoln/Lancaster Local Outreach to Suicide Survivors (LOSS) team and promotes the development of LOSS teams across the state. The LOSS team is an active postvention model that can be called out by law enforcement to meet with the family members and others to provide resources to help survivors cope during a traumatic event. Contact information is available in Attachment E.

If you or someone you know is suicidal, please call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

VIII. Mental Health/Substance Abuse State Priorities

David DeVries/Heather Wood

(Attachment G)

David DeVries and Heather Wood presented the Needs Assessment – Behavioral Health Service System, describing ongoing work activities with consumers and families of consumers, Results-based Accountability, Continuous Quality Improvement and conversations with our providers, the regions and organizations across the state.

Heather Wood facilitated a discussion to identify other potential State Priorities. Committees members' comments included:

- Expand cooperative activities with the school systems to support mental health education among students and their families, including early outreach and supportive care opportunities.
- Continue to expand interagency cooperation between the Division of Behavioral Health and Department of Education to support more school-based behavioral health education and referral activities.
- Implement the System of Care planning activities, particularly connecting and expanding behavioral health and education partnerships to better serve youth and young adults and their families.
- Providing more preventative activities in the mental health field, educating not only consumers but also their families and extended families.
- Build more connections (i.e., bridges) between services to 1) improve coordination of available services between providers and 2) use of navigators and Peers to facilitate consumer access to services across the various providers.
- Expand the number of doctors and beds to address the long wait to access services, particularly in the Omaha area.
- Continue to advocate for Medicaid coverage of Peer support services; recognition of the integral role of Peers throughout the system of care to facilitate information, education, navigation, and supportive services.
- Develop a better understanding about what is happening in the criminal justice system in order to identify and address behavioral health care needs for individuals who are entering the criminal justice system and for those who are re-entering the community upon their release. Identify what we know, what we need to know, how we can integrate this information and how we can collaborate to do these things. Work to identify those known things that can be addressed sooner than later, while we develop other cooperative data and service activities.
- Establish inter-agency agreements for information and data sharing in order to maximize the utility of the new DBH centralized data system's ability to build data interfaces with other agencies data collection systems.

- Promote the use of Peer mental health navigators to help people transition from the criminal justice system, hospitals, homelessness, etc., where the Peer will be a coach, a person who will walk with them to navigate through the community-based system to obtain services and care.
- Address barriers to services that impact availability and access to a doctor (especially for persons with medication needs who are transitioning between systems of care), the ability to timely re-start suspended Medicaid or initially enroll in Medicaid upon exiting the criminal justice system.
- Develop a process to reliably coordinate assistance to individuals with behavioral health needs who are leaving the criminal justice system to assist and facilitate this transition and access services.
- Increase overall capacity of available community services where services are needed and provide funding to increase the availability of services.
- Increase availability of and funding for sex offender treatment services.
- Eliminate barriers to inter-agency data sharing which can impede coordination of services and transition of access to care.
- Data showing decrease in abstinence upon discharge from treatment services is of concern. How can we now use this information to identify needed improvements?
- Improve our consumer survey methods which provide only a point in time measure of the perceptions of persons who have received services while ignoring the fact that recovery is a process that can fluctuate.
- Focus activity at points of intersection of primary health care and behavioral health care in order to address a gap in services where behavioral health care is not integrated into primary health care.
- Plan for providing behavioral health care to individuals who may be diverted from the criminal justice system, which will create a real funding and resource issue for someone, be it the Probation system or community-based services.
- Identify and plan for addressing the needs of individuals in the criminal justice system who have mental health issues and more complex, higher resource needs who will be requiring services and funding to assist them upon their re-entry into the community.

Heather Wood reported the public comment period for the SAMHSA Fiscal Year 2016-2017 Draft Block Grant Application guidelines is open until March 9, 2015. Link to the draft application guidelines: http://www.samhsa.gov/sites/default/files/bg_application_fy16-17_12112014_final_draft_clean_rev_r122914d.pdf

IX. Consumer Survey Results

David DeVries/Heather Wood

(Attachment H)

David DeVries and Heather Wood presented the 2014 Consumer Survey Results. The survey interviews both adult and youth who have received services funded through the Division of Behavioral Health. A summary of the survey included respondent demographics and discussion of responses from the Adult MHSIP Domains of Access, Quality & Appropriateness, Outcomes, Participation in Treatment Plans, General Functioning, and Social Connectedness.

The final report on the Consumer Survey will be posted to the Division website upon completion of review by the Data Team.

X. Nebraska's First Episode Psychosis Planning Update

Blaine Shaffer

(Attachment I)

Blaine Shaffer provided an overview of the First Episode Psychosis (FEP) Workgroup. Organized to support the 2014/15 Mental Health Block Grant 5% Set Aside funding dedicated to the treatment needs of individuals with early serious mental illness, the workgroup has identified prevalence data for a target population as well as location in the state where these youth and young adults are receiving treatment. The workgroup developing a plan to target set aside funds to build core Coordinated Specialty Care capabilities (CSC), but not necessarily a full CSC team, and regional collaborations to support FEP expertise. This early intervention, multidisciplinary team will work collaboratively with individuals diagnosed with first episode psychosis to achieve recovery goals.

XI. Office of Consumer Affairs

Carol Coussons De Reyes

(Attachment J & K)

Carol Coussons De Reyes presented information about the Network of Care website, which provides links to service directories and programs, informational and educational tools, and Personal Health Record and social networking tools. Since it was established in 2012 the number of people accessing this information has increased each year. Refer to Attachment J for more information. The Network of Care website URL is http://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx

Carol Coussons De Reyes distributed and reviewed a handout of the “Vision - Mission – Core Functionality” of the Office of Consumers Affairs. See Attachment K. Committee members were invited to provide written comments on the information piece. Contact information for Carol is located on the Office of Consumer Affairs Website http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_mhadvo.aspx

XII. Public Comments

John Trouba

James Russell addressed the Joint Committee and stated there are 22 veterans who complete suicide each day. Community-based service providers are less prepared to assist veterans than the Veterans Administration or Military Health Service. He encouraged committee members to support community-based providers in developing appropriate services to serve the needs of veterans.

XIII. Committee Comments and Future Agenda Items

John Trouba

Plus/Delta of today’s meeting:

- Plus = Value the information presented; Would like to have members participate in QPR Training; Informative presentation on suicide prevention activities; Appreciate the passion exemplified by state leadership; Sharing notification of the “*Success, Hopes, and Dreams 2015*” conference
- Delta = There was none

Recommendation for Future Agenda Items:

- Discuss opportunities to collaborate with the Nebraska Suicide Prevention Coalition
- Committee Members participate in QPR Training
- Information on mental health diversion programs and mental health courts
- Update on services addressing co-occurring needs
- Information on behavioral health services in the criminal justice and their intersection with the various service systems
- Update on the comments regarding the DBH Data Team’s Consumer Survey activities
- Update on comments provided on the “Vision - Mission - Core Functionality” Nebraska Office of Consumer Affairs handout.

XIV. Adjournment and next meeting

The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is Tuesday, March 17, 2014 from 9:00 a.m. to 4:00 p.m.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings.

01-27-15 Meeting Minutes

You Are Invited... To the 5th Annual

Success, Hopes, and Dreams, 2015 Nebraska Statewide Behavioral Health Conference

The conference brings together consumers, family members, providers, and local, state, and national leaders. The focus will be on state-of-the-art research, best practice information, and model programs about current issues related to mental health, substance use disorders and criminal justice.

Discussion will highlight emerging knowledge, best practices and innovative approaches to preventing and treating mental disorders, addictions, and co-occurring disorders across the lifespan, with respect to cultural diversity, and inclusive of special populations.

We invite proposals for conference presentations as we focus on prevention and recovery.

Workshop Opportunities

This conference will be beneficial for the behavioral health consumer, family members, veterans, peer support specialists, advocates, licensed mental health professionals, alcohol and drug counselors, prevention specialists, case managers, criminal justice and more.

Presentations are encouraged to fall into one or more of the following workshop areas of focus: mental health, substance use disorders, peer support, criminogenic, and trauma/trauma-informed care.

Workshop applications are available on the conference website:

www.nebraskastateconference.org

Sponsorship Opportunities

Your generous contribution helps fund the following conference activities: scholarships, keynote speakers, conference tote bags, VIP luncheon, award luncheon, and Serenity Room.

There are four high-level sponsorship levels, but sponsors at all price ranges are welcome.

- Platinum Sponsor (\$5,000)**
- Gold Sponsor (\$2,500)**
- Silver Sponsor (\$1,250)**
- Bronze Sponsor (\$750)**

ALL contributions are appreciated. A special “Friends of Success, Hopes and Dreams” page in the program will recognize our smaller donors.

Program Advertising is available

A full description of sponsorship and program advertising opportunities will be available at the conference website:

www.nebraskastateconference.org



Exhibitor Opportunities

We encourage you to share information about your organization with our attendees by exhibiting at the conference

Who exhibits at this conference?

- ✓ Healthcare and Insurance Providers
- ✓ Government Agencies
- ✓ Non-profits, including trade associations, healthcare and advocacy groups
- ✓ Pharmaceutical Companies

Exhibitor registration applications are available on the conference website:

www.nebraskastateconference.org

Scholarship Opportunities

Nebraska’s Statewide Behavioral Health Conference, “Success, Hopes, and Dreams 2015,” is pleased to offer a limited number of scholarships.

These scholarships are selected with primary consideration given to those who live with a mental illness, veterans, and those who have not attended a previous conference. Family members are also encouraged to apply.

Conference registrations and scholarship applications are available on the conference website:

www.nebraskastateconference.org

Working together towards prevention and recovery

Participant Comments From the 2014 Conference

"As always, I am taking away from this conference a wealth of information. I was very happy with the wide range of topics."

"First time attending... will definitely be attending again! Thanks for the great week!"

"I am very impressed with the quality of this conference & look forward to more."

"The conference gets better and better every year."

"Absolutely loved the program! Very well laid out."

"Really enjoyed the conference overall. I will definitely be taking the information back to my agency to further spread the word."

"Wonderful, amazing time of my life. I will never forget the people and topics."

"Loved it! Can't wait till next year."

"I hope to return next year, and be met with the same excellence."

Mental Health Association of Nebraska

1645 N Street

Lincoln, NE 68508

Attention: Pat Talbott

Conference Coordinator

Phone 402.441.4373

Fax 402.441.4377

ptalbott@mha-ne.org

www.nebraskastateconference.org

**Success, Hopes,
and Dreams 2015**

*Working together
towards prevention
and recovery*

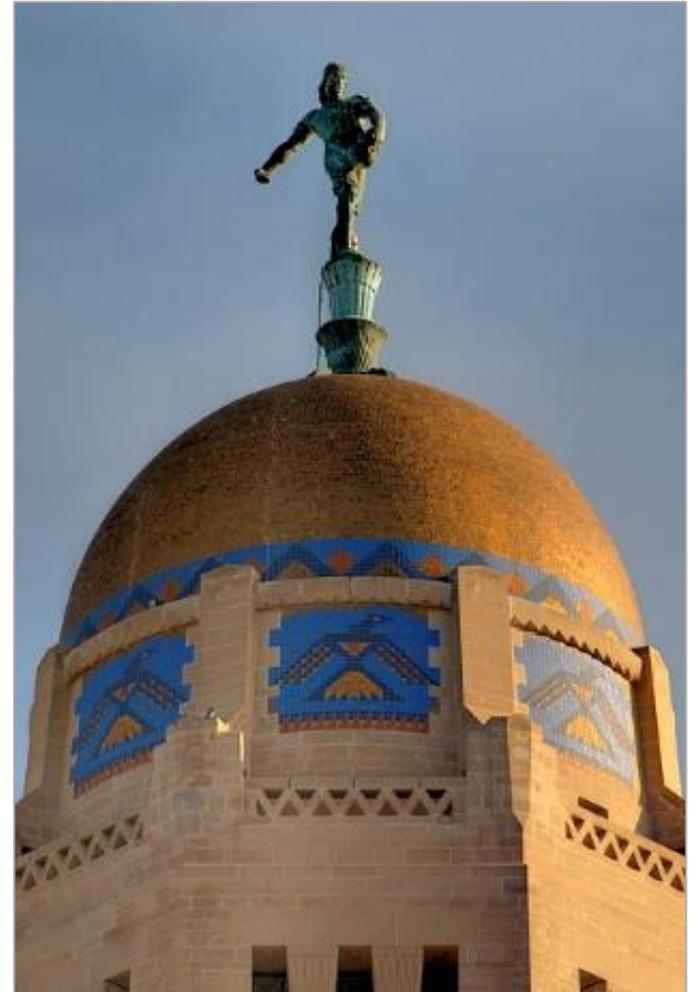


Nebraska's Behavioral Health Conference

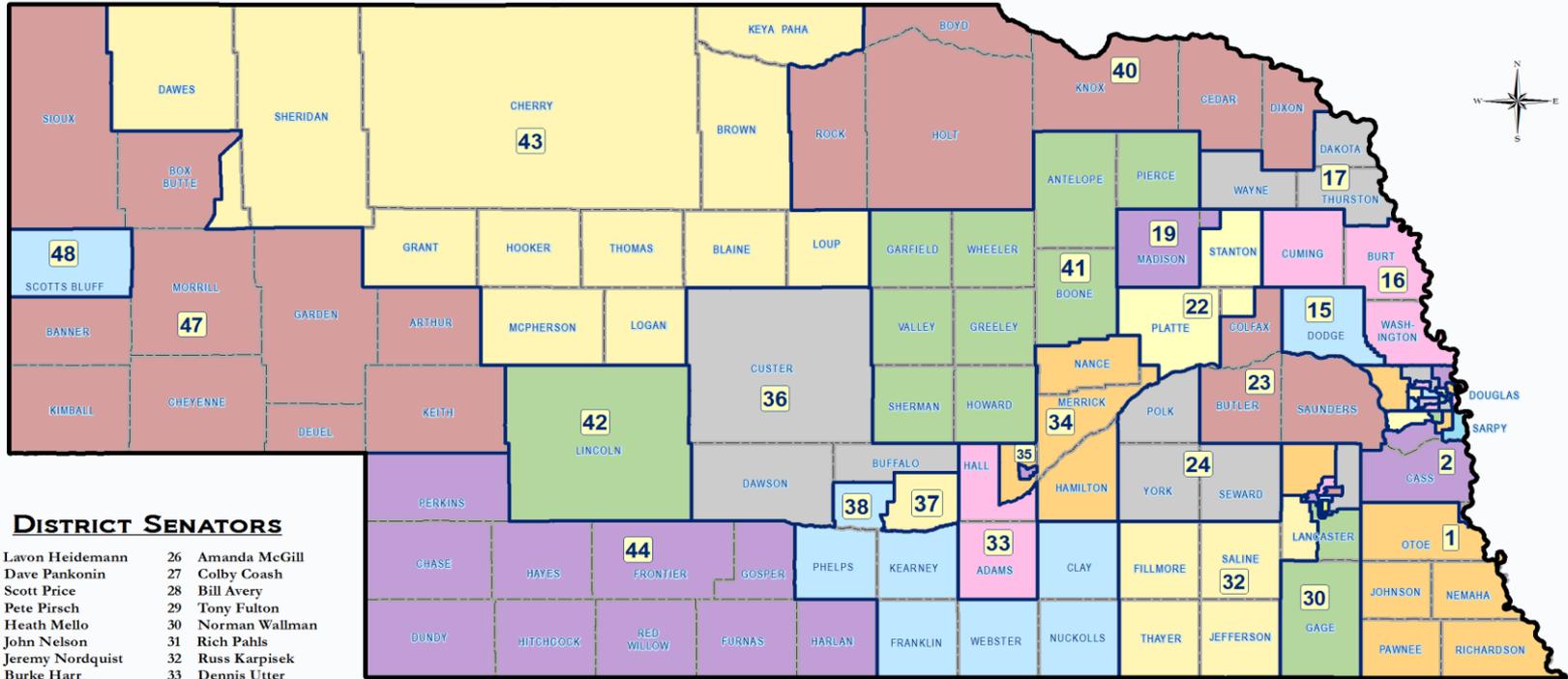
May 12-13, 2015
Cornhusker Marriott Hotel
333 S. 13th Street
Lincoln, Nebraska

104th Session
of
the
Nebraska
Unicameral

January 7 – June 5, 2015



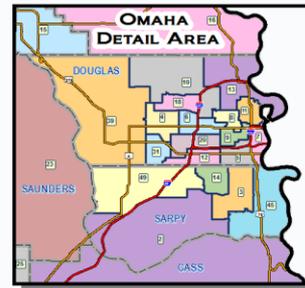
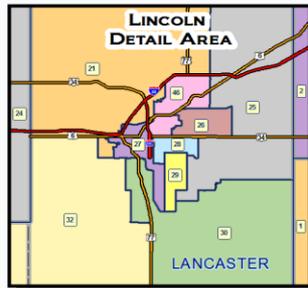
NEBRASKA LEGISLATIVE DISTRICTS



DISTRICT SENATORS

- | | |
|----------------------|---------------------|
| 1 Lavon Heidemann | 26 Amanda McGill |
| 2 Dave Pankonin | 27 Colby Coash |
| 3 Scott Price | 28 Bill Avery |
| 4 Pete Pirsch | 29 Tony Fulton |
| 5 Heath Mello | 30 Norman Wallman |
| 6 John Nelson | 31 Rich Pahls |
| 7 Jeremy Nordquist | 32 Russ Karpisek |
| 8 Burke Harr | 33 Dennis Utter |
| 9 Gwen Howard | 34 Annette Dubas |
| 10 Bob Krist | 35 Mike Gloor |
| 11 Brenda Council | 36 John Wightman |
| 12 Steve Lathrop | 37 Galen Hadley |
| 13 Tanya Cook | 38 Tom Carlson |
| 14 Jim Smith | 39 Beau McCoy |
| 15 Charlie Janssen | 40 Tyson Larson |
| 16 Lydia Brasch | 41 Kate Sullivan |
| 17 Dave Bloomfield | 42 Thomas Hansen |
| 18 Scott Lautenbaugh | 43 Deb Fischer |
| 19 Mike Flood | 44 Mark Christensen |
| 20 Brad Ashford | 45 Abbie Cornett |
| 21 Ken Haar | 46 Danielle Conrad |
| 22 Paul Schumacher | 47 Ken Schilz |
| 23 Chris Langemeier | 48 John Harms |
| 24 Greg Adams | 49 LeRoy Louden |
| 25 Kathy Campbell | |

Senators as of 5-26-2011



GIS

Geographic Information Systems
 Map Created by: Trisha Schlake and Jack Dohrman
 Source: U.S. Census Bureau
 Date Created: 5-26-2011

2015 Nebraska Unicameral Legislature

District List

Capitol Mailing Address:

District # State Capitol
PO Box 94604 Lincoln NE 68509-4604

District	Senator	Capitol Phone	Room	City
1	Watermeier, Dan	(402) 471-2733	2000	Syracuse
2	Kintner, Bill	(402) 471-2613	1000	Papillion
3	Garrett, Tommy L.	(402) 471-2627	1208	Bellevue
4	Hilkemann, Robert	(402) 471-2621	1115	Omaha
5	Mello, Heath	(402) 471-2710	1004	Omaha
6	Craighead, Joni	(402) 471-2714	1529	Omaha
7	Nordquist, Jeremy	(402) 471-2721	2004	Omaha
8	Harr, Burke J.	(402) 471-2722	2010	Omaha
9	Howard, Sara	(402) 471-2723	1012	Omaha
10	Krist, Bob	(402) 471-2718	2108	Omaha
11	Chambers, Ernie	(402) 471-2612	1114	Omaha
12	Riepe, Merv	(402) 471-2623	1528	Ralston
13	Cook, Tanya	(402) 471-2727	2011	Omaha
14	Smith, Jim	(402) 471-2730	1110	Papillion
15	Schnoor, David A.	(402) 471-2625	1118	Scribner

District	Senator	Capitol Phone	Room	City
16	Brasch , Lydia	(402) 471-2728	1016	Bancroft
17	Bloomfield , Dave	(402) 471-2716	1206	Hoskins
18	Lindstrom , Brett	(402) 471-2618	1202	Omaha
19	Scheer , Jim	(402) 471-2929	1401	Norfolk
20	McCollister , John S.	(402) 471-2622	1017	Omaha
21	Haar , Ken	(402) 471-2673	1015	Malcolm
22	Schumacher , Paul	(402) 471-2715	1124	Columbus
23	Johnson , Jerry	(402) 471-2719	1022	Wahoo
24	Kolterman , Mark A.	(402) 471-2756	1115	Seward
25	Campbell , Kathy	(402) 471-2731	1402	Lincoln
26	Hansen , Matt	(402) 471-2610	1404	Lincoln
27	Coash , Colby	(402) 471-2632	2028	Lincoln
28	Pansing Brooks , Patty	(402) 471-2633	1523	Lincoln
29	Bolz , Kate	(402) 471-2734	1120	Lincoln
30	Baker , Roy E.	(402) 471-2620	1522	Lincoln
31	Kolowski , Rick	(402) 471-2327	1018	Omaha
32	Ebke , Laura	(402) 471-2711	1101	Crete
33	Seiler , Les	(402) 471-2712	1103	Hastings
34	Friesen , Curt	(402) 471-2630	1403	Henderson

<u>District</u>	<u>Senator</u>	<u>Capitol Phone</u>	<u>Room</u>	<u>City</u>
35	Gloor, Mike	(402) 471-2617	1116	Grand Island
36	Williams, Matt	(402) 471-2642	2015	Gothenburg
37	Hadley, Galen	(402) 471-2726	2103	Kearney
38	Kuehn, John L.	(402) 471-2732	1117	Heartwell
39	McCoy, Beau	(402) 471-2885	2107	Omaha
40	Larson, Tyson	(402) 471-2801	1019	O'Neill
41	Sullivan, Kate	(402) 471-2631	1107	Cedar Rapids
42	Groene, Mike	(402) 471-2729	1101	North Platte
43	Davis, Al	(402) 471-2628	1021	Hyannis
44	Hughes, Dan	(402) 471-2805	1117	Venango
45	Crawford, Sue	(402) 471-2615	1212	Bellevue
46	Morfeld, Adam	(402) 471-2720	1008	Lincoln
47	Schilz, Ken	(402) 471-2616	1210	Ogallala
48	Stinner, John P.	(402) 471-2802	1406	Gering
49	Murante, John	(402) 471-2725	1423	Gretna



Sen. Galen Hadley, Speaker of the Legislature

Speaker Duties

The Speaker of the Legislature is elected by the membership every two years. Speaker responsibilities and privileges include:

- setting the session calendar and daily agenda;
- serving as the Legislature's presiding officer in the absence of the Lieutenant Governor;
- working with fellow legislators to overcome differences as legislation is considered;
- selecting up to 25 bills or resolutions as his or her priorities. Priority bills are generally considered ahead of other bills. Other senators may select one priority bill per session, while committees may select two; and
- designating up to five bills or resolutions each session as his or her major proposals with scheduling priority.

Major proposals must already be designated as a senator's priority bill and must be approved by two-thirds of the Executive Board.

Sen. Galen Hadley

- Room #2103
- P.O. Box 94604
- Lincoln, NE 68509
- Phone: (402) 471-2726
- Email: ghadley@leg.ne.gov

2015 Legislative Session*

Sun	Mon	Tues	Wed	Thur	Fri	Sat
January						
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8	
18	19	20	21	22	23	24
	HOLIDAY	DAY 9	DAY 10	DAY 11	DAY 12	
25	26	27	28	29	30	31
	DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
March						
1	2	3	4	5	6	7
	DAY 36	DAY 37	DAY 38	DAY 39	DAY 40	
8	9	10	11	12	13	14
	DAY 41	DAY 42	DAY 43	DAY 44	RECESS	
15	16	17	18	19	20	21
	DAY 45	DAY 46	DAY 47	DAY 48	DAY 49	
22	23	24	25	26	27	28
	DAY 50	DAY 51	DAY 52	DAY 53	RECESS	
29	30	31				
	DAY 54	DAY 55				

Sun	Mon	Tues	Wed	Thur	Fri	Sat
May						
					1	2
					DAY 73	
3	4	5	6	7	8	9
	DAY 74	DAY 75	DAY 76	DAY 77	RECESS	
10	11	12	13	14	15	16
	RECESS	DAY 78	DAY 79	DAY 80	DAY 81	
17	18	19	20	21	22	23
	DAY 82	DAY 83	DAY 84	DAY 85	RECESS	
24	25	26	27	28	29	30
	HOLIDAY	DAY 86	DAY 87	DAY 88	DAY 89	
31						

Federal & State Holidays

January 19 – Martin Luther King Jr. Day
 February 16 – Presidents' Day
 April 24 – Arbor Day
 May 25 – Memorial Day

Sun	Mon	Tues	Wed	Thur	Fri	Sat
February						
1	2	3	4	5	6	7
	DAY 18	DAY 19	DAY 20	DAY 21	DAY 22	
8	9	10	11	12	13	14
	DAY 23	DAY 24	DAY 25	DAY 26	RECESS	
15	16	17	18	19	20	21
	HOLIDAY	DAY 27	DAY 28	DAY 29	DAY 30	
22	23	24	25	26	27	28
	DAY 31	DAY 32	DAY 33	DAY 34	DAY 35	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
April						
			1	2	3	4
			DAY 56	DAY 57	RECESS	
5	6	7	8	9	10	11
	RECESS	DAY 58	DAY 59	DAY 60	DAY 61	
12	13	14	15	16	17	18
	DAY 62	DAY 63	DAY 64	DAY 65	RECESS	
19	20	21	22	23	24	25
	DAY 66	DAY 67	DAY 68	DAY 69	HOLIDAY	
26	27	28	29	30		
	RECESS	DAY 70	DAY 71	DAY 72		

Sun	Mon	Tues	Wed	Thur	Fri	Sat
June						
	1	2	3	4	5	6
	RECESS	RECESS	RECESS	RECESS	DAY 90	
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Legislative Recess Days

February 13
 March 13, 27
 April 3, 6, 17, 27
 May 8, 11, 22
 June 1, 2, 3, 4

*The Speaker reserves the right to revise the session calendar.

2015 Key Session Dates Announced by the Speaker

January 12, 13, and 14

- Convene at 10:00 a.m. and adjourn by noon or when introduced bills have been processed by the Clerk's office

January 15

- Convene at 9:00 a.m. and debate motion to adopt permanent rules
- Bill introduction
- Recess at noon and reconvene at 1:30 p.m. dependent upon progress of rules debate

January 16

- Convene at 9:00 a.m. and debate motion to adopt permanent rules
- Bill introduction
- Recess at noon and reconvene at 1:30 p.m. dependent upon progress of rules debate
- (Tentative) Last day to submit bill requests to Revisor of Statutes/Bill Drafting Office

January 20

- Convene at 11:00 a.m. and adjourn by noon or when introduced bills have been processed by the Clerk's office
- Public Hearings begin at 1:30 p.m.

January 21

- Convene at 10:00 a.m.
- Last day of bill introduction
- Adjourn by noon or when introduced bills have been processed by the Clerk's office

January 22

- Convene at 9:30 a.m.
- Governor's State of the State Address – 10:00 a.m.

January 23

- Convene at 10:00 a.m.
- Begin general file debate of legislation
- Adjourn by noon

January 26

- Convene at 10:00 a.m. (first day of the work week)
- Debate of legislation
- Adjourn by noon

January 27, 28, 29 and 30

- Convene at 9:00 a.m.
- Debate of legislation
- Adjourn by noon

January 29

- Chief Justice Heavican's State of the Judiciary Address-10:00 a.m.

February 23

- Speaker's office will begin accepting senator and committee priority designations and requests for speaker priority designations

March 11, Prior to Adjournment

- Deadline to submit a letter to the Speaker requesting designation of a bill as a 2015 speaker priority bill

March 12, Prior to Adjournment

- Deadline for designation of committee and senator priority bills

March 16

- Speaker priority bills announced prior to adjournment

March 20

- Tentative date to complete committee public hearings on introduced bills

Additionally, beginning January 26th, the first day of the work week will begin at 10:00 a.m., unless otherwise announced. The remaining days of the week will begin at 9:00 a.m.

If bad weather necessitates a time change, the change will be announced via the Legislature's website homepage (www.nebraskalegislature.gov)



- ▶ Home
- Chamber Viewer
- About the Legislature
- Bills and Laws
- Calendar
- Committees
- Contact
- FAQs
- Glossary of terms
- Legislative Divisions
- News
- Reports
- Senators
- Session Information
- Transcripts
- For Agencies
- For Citizens
- For Journalists
- For Lobbyists
- For Students and Teachers

The 104th Legislature, 1st Session, is scheduled to convene January 7, 2015, at 10:00 a.m.

Recent Legislative Information

- [LR424 Department of Correctional Services Special Investigative Committee Report \(12/15/2014\)](#)
- [2015 Senator List](#)
- [Tentative 2015 Session Calendar](#)
- [November 2014 - Financial Outlook report of the Tax Rate Review Committee \(12/11/2014\)](#)
- [Operative Dates for Legislative Bills Enacted During the 2014 Legislative Session](#)
- [Section Number Assignments by Legislative Bill for Bills Enacted During the 2014 Legislative Session](#)
- [2014 Subject and Section Indexes for Passed Legislation \(5/19/2014\)](#)
- [2014 Interim Study Resolutions book](#)
- [Interim Study Listing](#)
- [2014 Final Worksheet - Disposition of Bills](#)
- [2014 After Adjournment Journal](#)
- [2014 After Adjournment Summary Sheet](#)
- [Hearing schedules](#)
- [Introduced Legislation](#)
- [General Fund Financial Status](#)

News from the Unicameral Update

- [Session Review: Agriculture](#)
- [Session Review: Appropriations](#)
- [Session Review: Banking, Commerce and Insurance](#)
- [Session Review: Business and Labor](#)
- [Session Review: Education](#)
- [Session Review: Executive Board](#)
- [Session Review: General Affairs](#)
- [Session Review: Government, Military and Veterans Affairs](#)
- [Session Review: Health and Human Services](#)
- [Session Review: Judiciary](#)

Search Current Bills

[Search Past Legislation](#)

Search Laws

Keywords

[Browse Statutes by Chapter](#)

Live Video Streaming



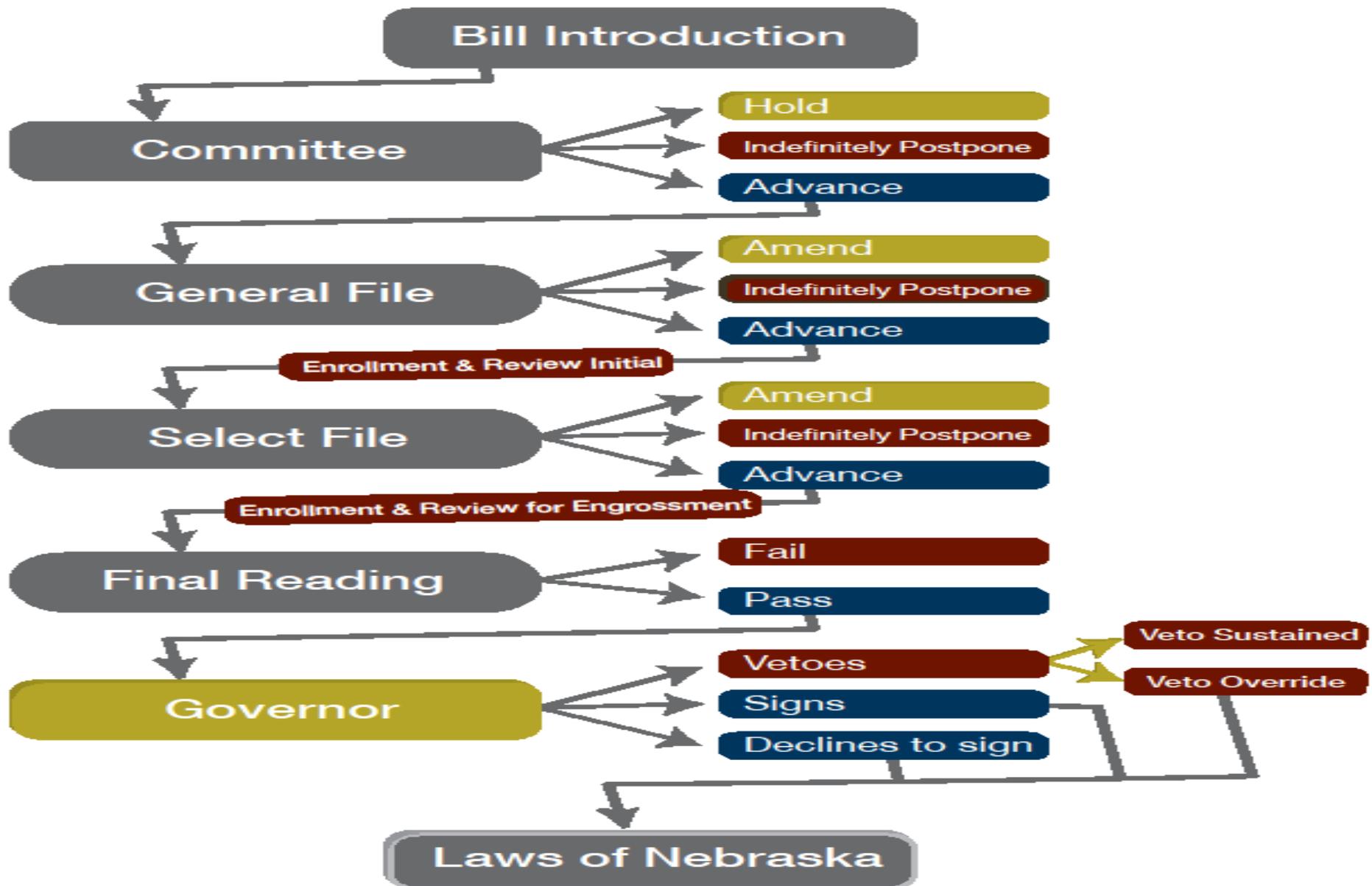
Streaming video provided by [Nebraska Educational Telecommunications](#).

Legislative Calendar

[Monday, January 5, 2015](#)

Month View						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

UNICAMERAL PROCESS



Division of Behavioral Health

Legislative Update

January 27, 2015



This is a note on bills introduced by the 104th Legislature that affect DBH. Comments or questions can be sent to Kelly Ostrander (Kelly.ostrander@nebraska.gov) or Kathy Wilson (Kathy.wilson@nebraska.gov)

[Speaker of the Unicameral](#)

Galen Hadley, Kearney

[HHS Committee](#)

Kathy Campbell, Lincoln (C)
Roy Baker, Lincoln
Tanya Cook, Omaha
Sue Crawford, Bellevue
Sara Howard, Omaha
Mark Kolterman, Seward
Merv Riepe, Ralston

[Judiciary Committee](#)

Les Seiler, Hastings (C)
Ernie Chambers, Omaha
Colby Coash, Lincoln
Laura Ebke, Crete
Bob Krist, Omaha
Adam Morfeld, Lincoln
Patty Pansing Brooks, Lincoln
Matt Williams, Gothenburg

[Appropriations Committee](#)

Heath Mello, Omaha (C)
Kate Bolz, Lincoln
Ken Haar, Malcolm
Robert Hilkemann, Omaha
Bill Kintner, Papillion
John Kuehn, Heartwell
Jeremy Nordquist, Omaha
John Stinner, Gering
Dan Watermeier, Syracuse

Bills reviewed by DBH for Impact Summary (as of today)

- LB8 Revisor bill to repeal the Children's Behavioral Health Oversight Committee of the Legislature that terminated December 31, 2012.
-- Introduced by Krist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB8.pdf>
- LB12 Suspend medical assistance provided to persons who become inmates of public institutions.
-- Introduced by Krist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB12.pdf>
- LB13 Change community-based Juvenile Services Aid Program provisions.
-- Introduced by Krist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB13.pdf>

- LB21 Provides requirements for rate increase for providers of behavioral health services as prescribed.
-- Introduced by Krist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB21.pdf>
- LB50 Change provisions relating to Medicaid covered services.
-- Introduced by Scheer.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB50.pdf>
- LB56 Provide procedures for donation of real property to the Northeast Community College Area.
-- Introduced by Scheer.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB56.pdf>
- LB57 Appropriate funds to the Department of Administrative Services to demolish certain buildings.
-- Introduced by Scheer.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB57.pdf>
- LB115 Prohibit certain actions related to Social Security Numbers.
-- Introduced by Scheer.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB115.pdf>
- LB125 Create a fund relating to health care homes for the medically underserved.
-- Introduced by Nordquist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB125.pdf>
- LB148 Provide for medical assistance program coverage for certain youth formerly in foster care.
-- Introduced by Crawford.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB148.pdf>
- LB189 Change provisions and penalties relating to marijuana and alphabetize definitions.
-- Introduced by Davis.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB189.pdf>
- LB240 Change provisions relating to a behavioral health pilot program.
-- Introduced by Hansen.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB240.pdf>
- LB257 Require insurers to provide descriptions relating to telehealth and telemonitoring.
-- Introduced by Nordquist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB257.pdf>
- LB265 Change provisions relating to juveniles and child welfare.
-- Introduced by Campbell.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB265.pdf>

- LB287 Change provisions relating to licensure of interpreters for the deaf and hard of hearing.
-- Introduced by Haar.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB287.pdf>
- LB320 Adopt the Aging and Disability Resource Center Act.
-- Introduced by Bolz.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB320.pdf>
- LB326 Change provisions relating to marijuana, amphetamine, and methamphetamine.
-- Introduced by Williams.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB326.pdf>
- LB330 Change and eliminate provisions relating to hours for alcoholic liquor sales.
-- Introduced by Larson.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB330.pdf>
- LB347 Expand jurisdiction of the Inspector General to the juvenile justice system.
-- Introduced by Krist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB347.pdf>
- LB381 State intent relating to appropriations for housing services.
-- Introduced by Cook.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB381.pdf>
- LB390 Provide for the use of medical marijuana as prescribed.
-- Introduced by Crawford.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB390.pdf>
- LB405 Create the Alzheimer's and Related Disorders Advisory Work Group and provide for a state plan.
-- Introduced by Davis.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB405.pdf>
- LB443 Redefine support services for purposes of the Special Education Act.
-- Introduced by Bolz.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB443.pdf>
- LB472 Adopt the Medicaid Redesogm Act.
-- Introduced by Campbell.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB472.pdf>
- LB499 Provide duties for the Department of Health and Human Services relating to behavioral and mental health services.
-- Introduced by Krist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB499.pdf>

- LB500 Require application for Medicaid state plan amendment for multisystemic therapy and functional therapy and functional family therapy.
-- Introduced by Howard.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB500.pdf>
- LB518 Provide for changes to the medical assistance program.
-- Introduced by Riepe.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB518.pdf>
- LB549 Adopt the Health Care Transformation Act.
-- Introduced by Campbell.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB549.pdf>
- LB591 Create the Achieve a Better Life Experience program and provide for adjustments to taxable income.
-- Introduced by Bolz.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB591.pdf>
- LB592 Change provisions relating to corrections and parole and mentally ill offenders.
-- Introduced by Bolz.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB592.pdf>
- LB605 Change classification of penalties, punishments, probation and parole provisions, and provisions relating to criminal records and restitution and provide for a special legislative committee.
-- Introduced by Mello.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB605.pdf>
- LB625 Adopt the Interstate Placement for Involuntarily Admitted Patients Agreement Act.
-- Introduced by Krist.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB625.pdf>
- LB654 Appropriate funds to the Department of Correctional Services.
-- Introduced by Seiler.
<http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB654.pdf>
-

Unicameral Update Link: <http://update.legislature.ne.gov/?p=15829>

NEBRASKA STATE SUICIDE PREVENTION COALITION

In 1999, the Nebraska State Suicide Prevention Coalition (NSSPC) formed a voluntary group made up of committed and passionate people representing public and private agencies, suicide survivors, and Nebraskans committed to suicide prevention. This group began implementing suicide prevention efforts in conjunction with the 1999 Surgeon General's call to action and the National Strategy for Suicide Prevention. The purpose of the NSSPC is to develop local expertise across the state in suicide prevention and act to provide information that instills hope and moves towards the national goal of zero suicide.



The Nebraska Youth Prevention Project was established as a focus area of the Nebraska State Suicide Prevention Coalition to provide resources for youth regarding suicide prevention, intervention, and postvention. There are tips on the website pertaining to signs of suicidal behaviors and information on preventative measures such as the benefits of restricting lethal means. The Nebraska State Suicide Prevention Coalition worked collaboratively with the Nebraska Department of Education and other partners in the development of training requirements for LB923. This bill was recently passed in Nebraska requiring all appropriate school personal to have at least one hour of evidence-based suicide prevention training annually. Please visit the coalition's website for more information regarding LB923.



The Nebraska LOSS team advisory group supports the Lincoln/ Lancaster Local Outreach to Suicide Survivors (LOSS) team and promotes the development of LOSS teams across the state. The Lincoln/Lancaster LOSS team is a support system for survivors after a death from suicide has occurred. The LOSS team is a group of volunteers that have experienced a loss from suicide along with trained mental health clinicians. The LOSS team is an active postvention model that can be called out by law enforcement to meet with the family members and others to provide much needed resources to help survivors cope during this traumatic event. On average, survivors wait 4.5 years to seek help for their loss and are 9 times more likely to be suicidal themselves. Survivors who have contact with a LOSS team seek help for their loss within 39 days. The LOSS team provides immediate support through active postvention, which is prevention, by helping to provide hope and support.

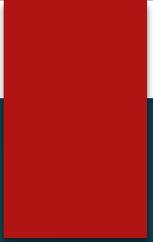
Contact Information: For more information please contact Jennifer Fry at nebraskalossteam@gmail.com or visit the following websites:

<http://www.suicideprevention.nebraska.edu>

<http://youthsuicideprevention.nebraska.edu>

<http://nelossteam.nebraska.edu>

If you or someone you know is suicidal, please call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).



NEBRASKA STATE
SUICIDE PREVENTION
COALITION

DR. DAVID MIERS, PHD, CO-CHAIR, BRYAN MEDICAL CENTER

DR. DON BELAU, PHD, CO-CHAIR, DOANE COLLEGE

JENNIFER FRY, SUICIDE PREVENTION OUTREACH COORDINATOR, INTERCHURCH MINISTRIES OF NEBRASKA

What is the Coalition?

- ▶ The Nebraska State Suicide Prevention Coalition (NSSPC) is a voluntary group made up of committed and passionate people representing public and private agencies, suicide survivors and Nebraskans interested in suicide prevention. NSSPC is recognized by the State Department of Health and Human Services as the primary group responsible for coordinating Nebraska's suicide prevention efforts. NSSPC relies on the generosity of private foundations, grants, and in-kind donations to continue the work of preventing suicide in Nebraska.



The Vision and Mission of the NSSPC

▶ Vision

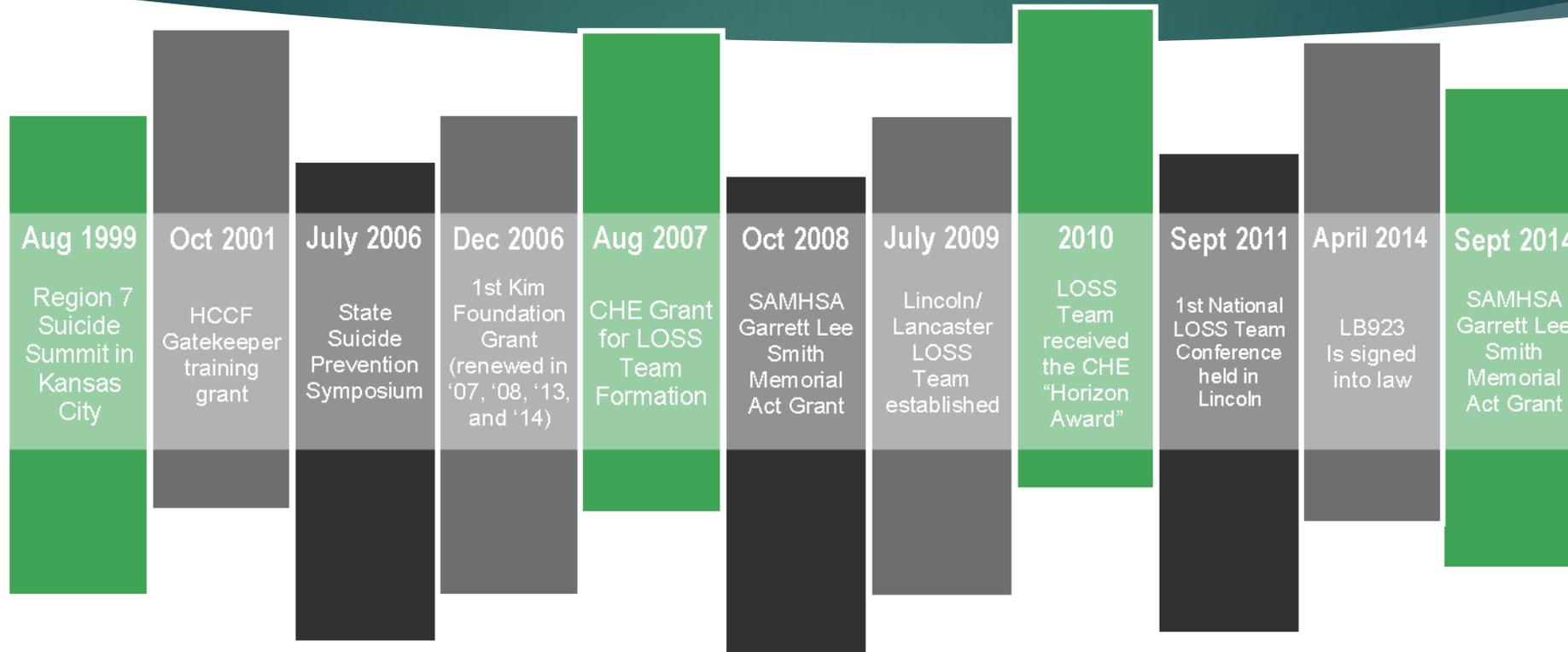
- ▶ The vision of the NSSPC is to significantly reduce the number of suicides, suicide attempts, and help alleviate the traumatic after-effects of a death by suicide.

▶ Mission Statement

- ▶ The mission of the NSSPC is to increase awareness, decrease stigma, and implement programs throughout Nebraska aimed at suicide prevention.



History of the Coalition



Nebraska State Suicide Prevention Goals

▶ 2011-2015 Nebraska State Suicide Prevention Goals

- ▶ The Vision of Nebraska State Suicide Prevention is that *The Nebraska public behavioral health system promotes wellness, recovery, resilience and self determination in a coordinated, accessible consumer and family-driven system.* Nebraska's State Suicide Prevention Goals are drawn from multiple sources including a statewide summit and a strategic planning process led by the Nebraska State Suicide Prevention Coalition (NSSPC). The NSSPC is an all-volunteer coalition with an open membership policy that works throughout the year to promote suicide prevention activities statewide via local coalitions and other grassroots initiatives. Three goals are identified for suicide prevention in Nebraska during 2011-2015:

▶ **Goal 1:** *Nebraskans will view suicide as a preventable public health problem.*

▶ **Goal 2:** *Empirically supported suicide prevention programs are implemented across Nebraska.*

▶ **Goal 3:** *Data is collected and reported across systems to evaluate effectiveness and cost efficiency of suicide prevention efforts in Nebraska.*

- ▶ These goals are reached by objectives, which are intended to guide and inform NSSPC activities; youth suicide prevention work associated with implementation of a federal youth suicide prevention grant award directed by the Division of Behavioral Health (www.youthsuicideprevention.nebraska.edu); and surveillance activities directed by the Division of Public Health.



NSSPC Priority Activities

- ▶ Support the Nebraska State Suicide Prevention Plan
- ▶ NSSPC prioritized activities related to the state goals for 2013-2015
 - ▶ Disseminate suicide prevention information and resources
 - ▶ Promote regional suicide prevention programs & events
 - ▶ Support law enforcement training academy, CIT training and BETA providing resources
 - ▶ Promote QPR to local coalitions as a gatekeeper training model
 - ▶ Encourage schools to adopt empirically supported suicide prevention practices
 - ▶ Enhance clinical competencies by promoting AMSR
 - ▶ Collect evaluation data from grantees funded via the NSSPC
- ▶ <http://www.suicideprevention.nebraska.edu/Documents/2014/SuicideCoalitionReport2013.pdf>



Collaboration

- ▶ Collaboration with other organizations helped to form and sustain the coalition.
- ▶ Capacity is increased by integrating resources.
- ▶ Promotes a heightened awareness of the impacts of suicide on the community and how everyone plays a role.



Policy and Outcomes

- ▶ LB 923 requires suicide prevention training for school personnel.
- ▶ Providing support to the Department of Education School Safety Director.
- ▶ Distribution of local seed grants to promote awareness, education, and additional resources.
- ▶ Support development and growth of local suicide prevention coalitions.



Local Outreach To Suicide Survivors (LOSS) Team Development

- ▶ Coalition piloted LOSS team in Lincoln/Lancaster County July 2009
- ▶ Seed grants have helped other communities develop LOSS teams
- ▶ Current SAMHSA grant goal to have a LOSS team in each region of Nebraska



Garrett Lee Smith SAMHSA Grant

- ▶ 5 Year grant with focus on youth
- ▶ Regional coordination
- ▶ LOSS team development across state
- ▶ QPR and AMSR training
- ▶ Kognito training (Meets LB 923 requirement for schools)



Garrett Lee Smith SAMHSA Grant

- ▶ Goal #1. Prevent youth suicides in Nebraska
 - ▶ Five Year Program Objective: 50% of licensed Nebraska clinicians are trained to assess, manage and treat youth at risk
 - ▶ Five Year Program Objective: Increase # of at risk youth identified & referred who receive services
 - ▶ Five Year Program Objective: Reduce the youth suicide rate by 50% in five years



Garrett Lee Smith SAMHSA Grant

- ▶ Goal #2. Standardized screening protocols are in place for youth at risk for suicide in child serving systems
 - ▶ Five Year Program Objective: 100% of K-12 public school personnel receive youth suicide prevention training
 - ▶ Five Year Program Objective: Screening protocols are implemented by regional network providers serving youth with behavioral disorders
 - ▶ Five Year Program Objective: Screening protocols are adopted by post-secondary settings (campuses, workforce development agencies, specialty services/schools)



Garrett Lee Smith SAMHSA Grant

- ▶ Goal #3. Nebraska communities implement culturally appropriate suicide prevention strategies
 - ▶ Five Year Program Objective: 75% of adults in Nebraska report general awareness of signs of suicide and the National Hotline
 - ▶ Five Year Program Objective: Culturally appropriate suicide prevention strategies are supported in each of the six behavioral health regions in Nebraska
 - ▶ Five Year Program Objective: LOSS postvention teams are available in each of the six behavioral health regions in Nebraska



Coalition Resources

- ▶ Websites: www.suicideprevention.Nebraska.edu
- ▶ www.youthsuicideprevention.Nebraska.edu
- ▶ www.nelossteam.Nebraska.edu





Joint Advisory Committee Meeting

January 27th, 2015



DBH helps systems that help people recover

FY16/FY17 State Priorities

- Needs Assessment – Behavioral Health Service System
- Feedback on Priorities and System Needs

Needs Assessment – Behavioral Health Service System Data Review

Overview

- The Division of Behavioral Health has reviewed data to identify the top needs for consumers with mental health and substance use disorders in the State of Nebraska.
- The following slides describe information on what is seen to be the most pressing needs identified through our data review.

Trauma History

- Among Division of Behavioral Health consumers, the percent who have reported a history of trauma has increased.
- In FY2010 the percent who reported trauma was 28% but by FY2014 it increased to 54%.
- In FY2014 there was also a difference in reporting of trauma by gender. Females reported trauma more frequently (63%) compared to males (43%).

Co-occurring Disorders Prevalence in the Clinical Setting

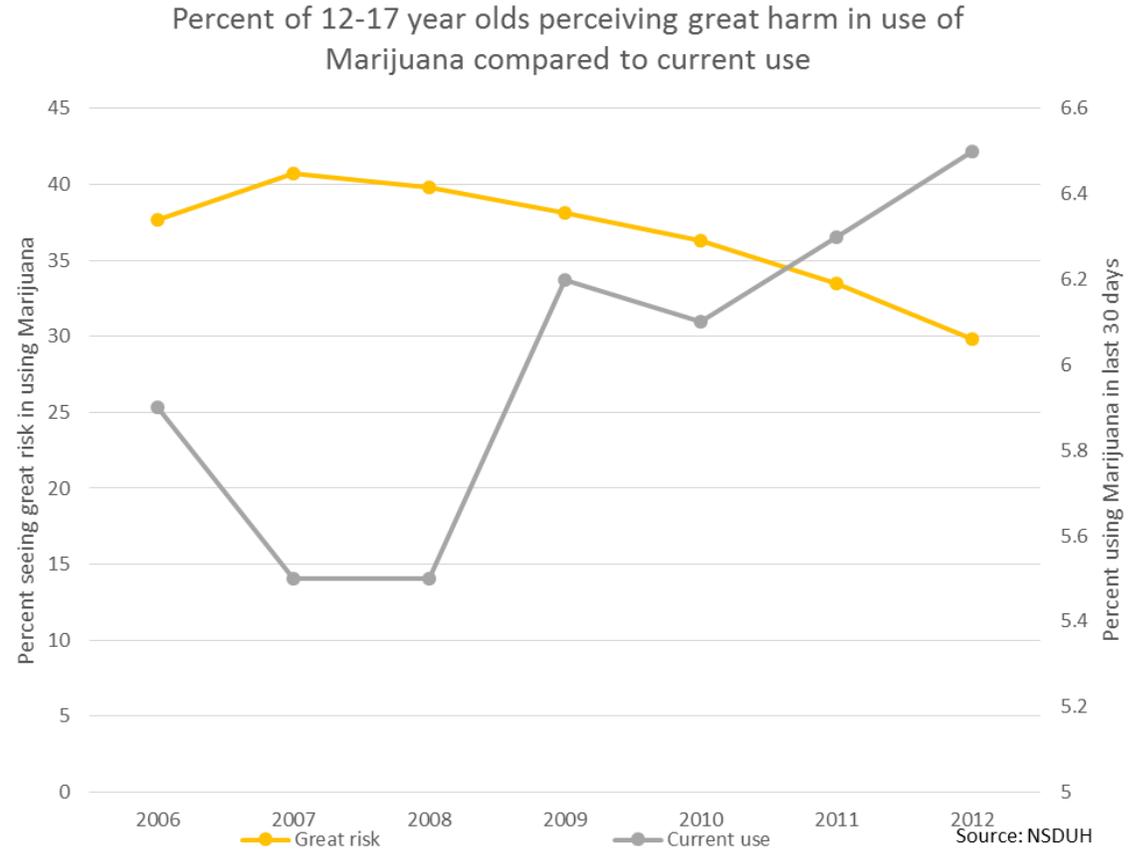
- Co-occurring Disorders (COD) prevalence is much higher in the clinical population, especially among consumers who have chronic/severe mental disorders.
- Sixty-two percent of all Nebraska adults admitted to a Regional Center have a serious mental illness and a substance related disorder while 10% of Nebraska adults receiving community-based behavioral health services report having a serious mental illness and a substance related disorder; however, we know this is much higher according to national statistics. Source:
http://dhhs.ne.gov/behavioral_health/Documents/CoOccurringDisorderServiceDeliveryFinalReport2011.pdf
- According to the National Survey on Drug Use and Health (NSDUH), among the 8.9 million adults with any mental illness and a substance use disorder, 44 percent received substance use treatment or mental health treatment in the past year, 13.5 percent received both mental health treatment and substance use treatment, and 37.6 percent did not receive any treatment.
- Adults with any mental illness who reported binge alcohol use (5 or more drinks) was 30% compared to 24% of adults with no mental illness who reported binge drinking.

Prevalence of Binge Drinking

- According to the United Health Foundation for American's Health Rankings for 2014, Nebraska has a very high prevalence of binge drinking.
- They found 20% of Nebraska adults report binge drinking placing it at the 44th rank among the 50 states (1st rank being lowest binge drinking rate and 50th being the highest rate).
- Additional data from the National Survey on Drug Use and Health (NSDUH) conducted both in 2011-2012 and again in 2012-2013 supports this finding such that for adults 18 and older, 26% reported binge alcohol use in the past month.
- The highest percent reporting binge alcohol use was for those 18 to 25 years of age. In 2011-2012, 41.9% in this age group reported binge alcohol use in the past month. The percent for this same age group increased to 42.4% in 2012-2013.

Perception and Use of Marijuana

- Over the past eight years individuals' viewpoints about marijuana, in particularly for youth, have changed.
- There has been a decrease in the perceived risk of marijuana from 2006 to 2012.
- At the same time we have seen an increase in the current use of marijuana by youth ages 12 to 17.



Substance Abuse Waiting List

- Depending on agency and Region capacity for treatment availability, individuals are at times required to be placed on a waitlist for admission. Other factors may also cause a wait.
- Some differences exist in waiting times for various groups of individuals on the waiting list.
- Priority for admission includes identification of individuals meeting priority population criteria.

Substance Abuse Waiting List by Priority Level

- P1. Pregnant and current intravenous drug using women
- P2. Pregnant substance abusing women
- P3. Current intravenous drug users
- P4. Women with dependent children, including those attempting to regain custody of their children
- P5. Mental health board commitments ready for discharge but awaiting services

Average Wait Days by Priority Type

Priority Population	Less or Equal 14 Days	Less or Equal 30 Days	Avg. Wait Days
Preg. IV Drug Users (n=10)	80%	100%	7.9
Pregnant Women (n=12)	50%	92%	15.3
IV Drugs Users (n=225)	62%	84%	17.9
Women with DC (n=197)	55%	74%	26.2
MHB Commitments (n=57)	75%	91%	13

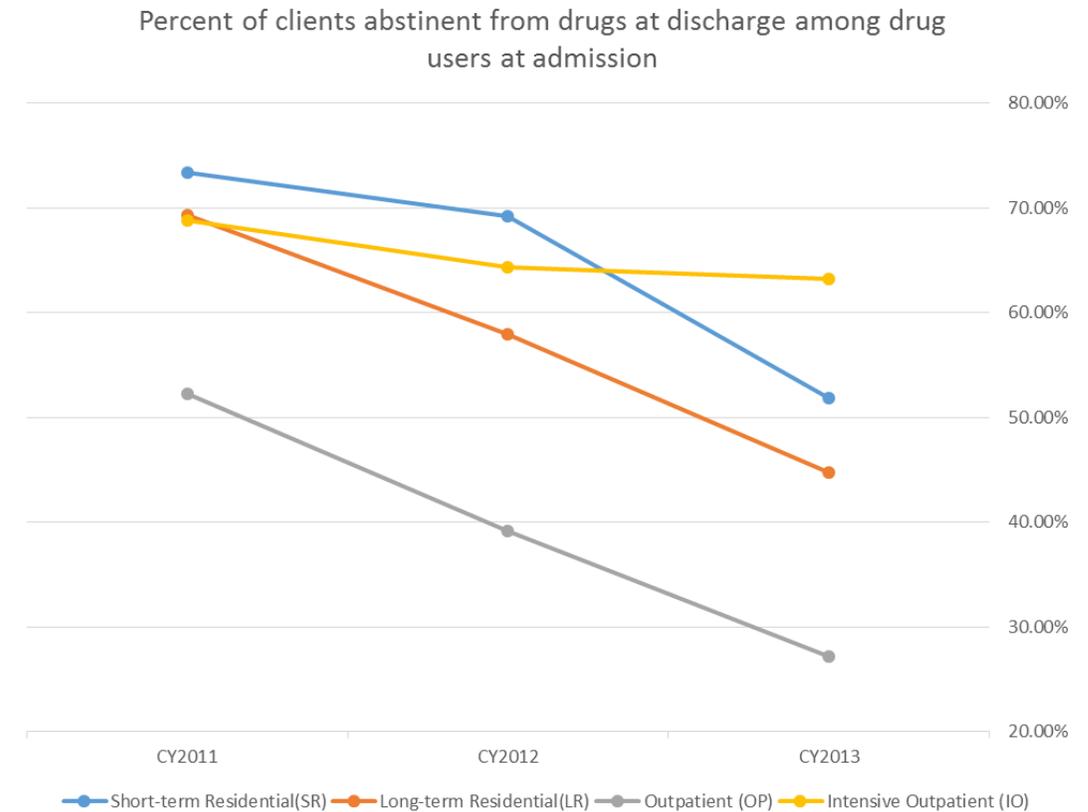
NOTE: In FY14, Pregnant IV Drug Users had the shortest average wait and were the most likely to have wait times under 14 days. 100% of Pregnant IV Drug Users had 30 or less wait days.

Increase in Injecting Drug Users Served

- There has been an increase in the number of injecting drug users.
- The number of consumers that are determined to be injecting drug users has increased from 1,347 in FY2010 to 1,626 in FY2014.

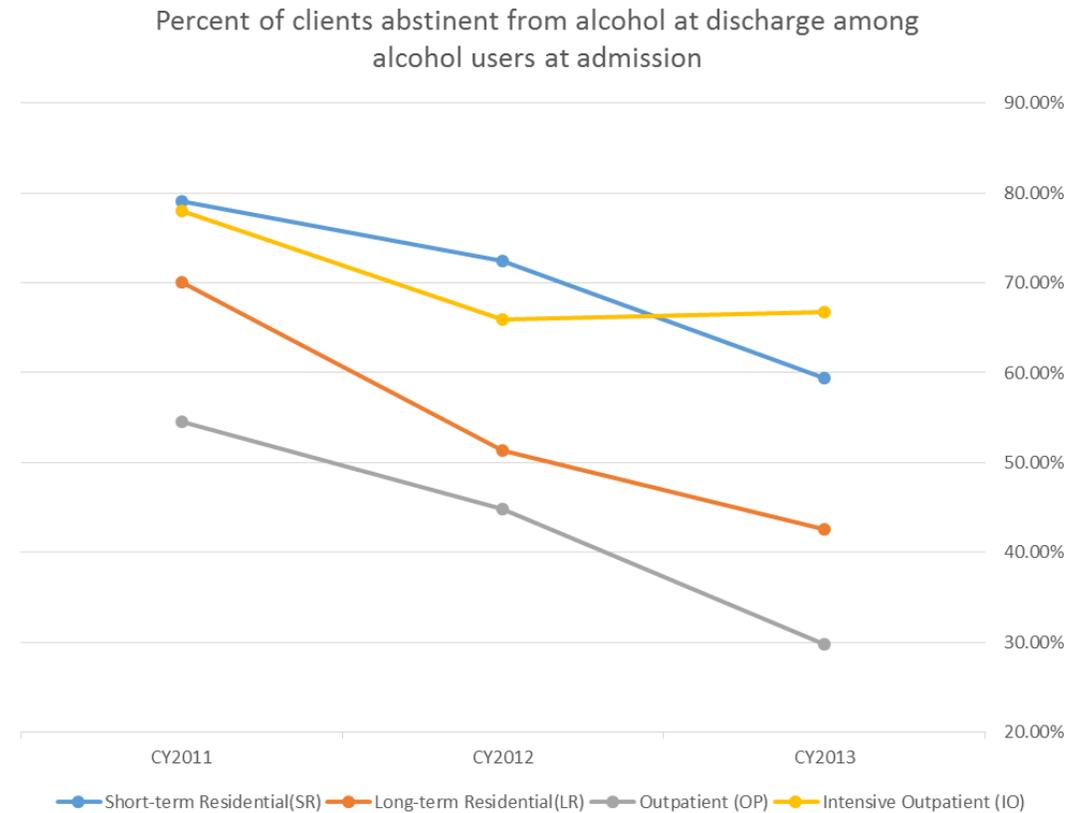
Abstinence from Drugs at Discharge Among Those Who are Drug Users at Admission

- Among substance abuse consumers, the percent of drug users abstinent at discharge among those who were drug users at admission has dropped during the last three years.
- Outpatient has seen the largest decrease with 52% abstinent at discharge in calendar year 2011 but only 27% abstinent in 2013.



Abstinence from Alcohol at Discharge Among Those Who Use Alcohol at Admission

- Among substance abuse consumers, the percent of alcohol users abstinent at discharge among those alcohol users at admission has dropped during the last three years.
- Outpatient has seen the largest decrease. In calendar year 2010, 55% of substance abuse consumers using alcohol at admission were then abstinent at discharge but that dropped to only 30% abstinent at discharge in 2013.

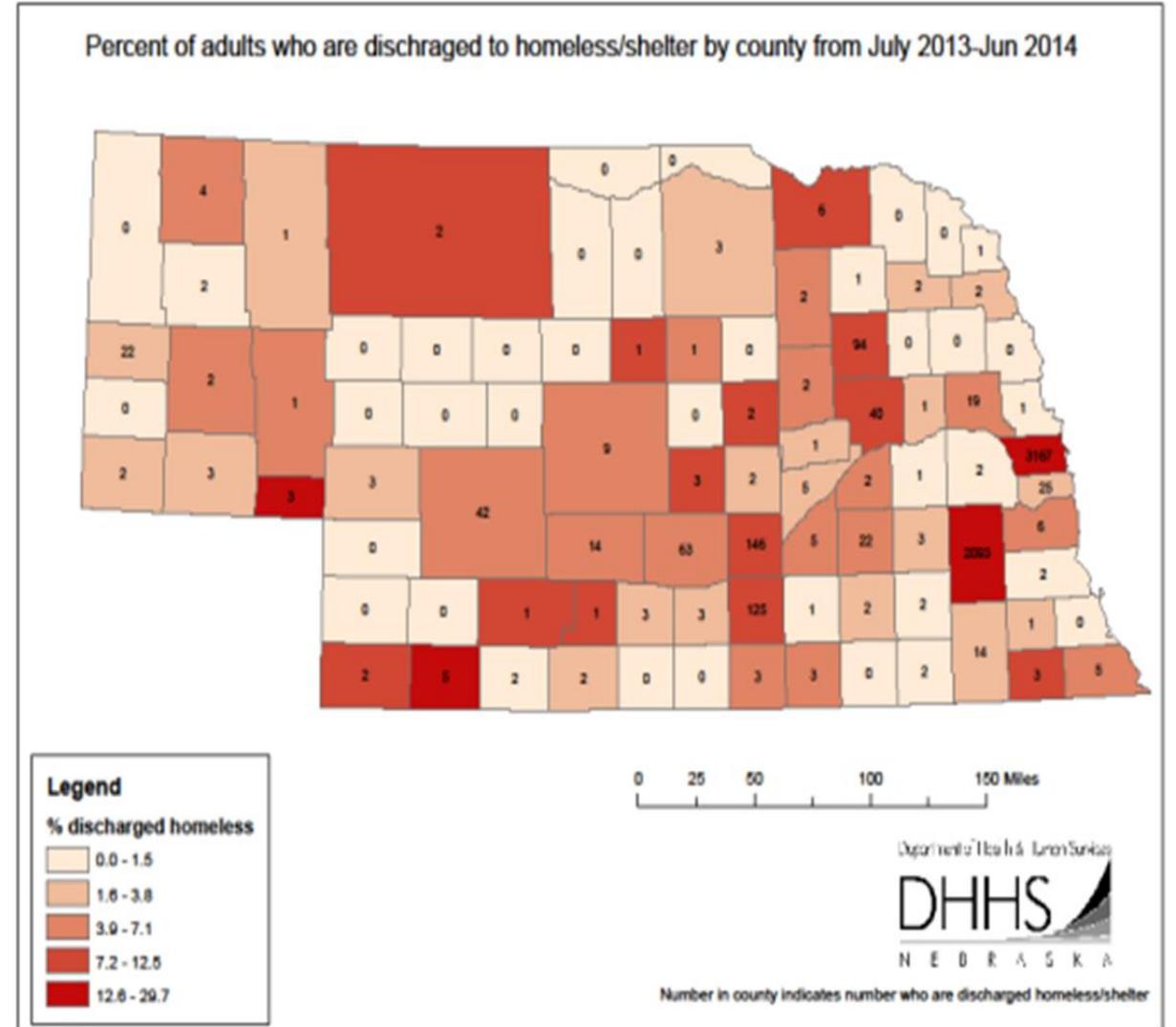


Discharge to Homelessness/ Shelter

- Among consumers discharged in FY2014, there was a large difference by gender and service type for who discharged to homeless or to a shelter rather than discharging to a stable living environment.
- Males were much more likely (22.3%) to be discharged to homeless/shelter status compared to females (9.8%).
- Consumers who were in substance abuse services were much more likely (26.5%) to be discharged to homeless/shelter status compared to mental health consumers (8.6%).

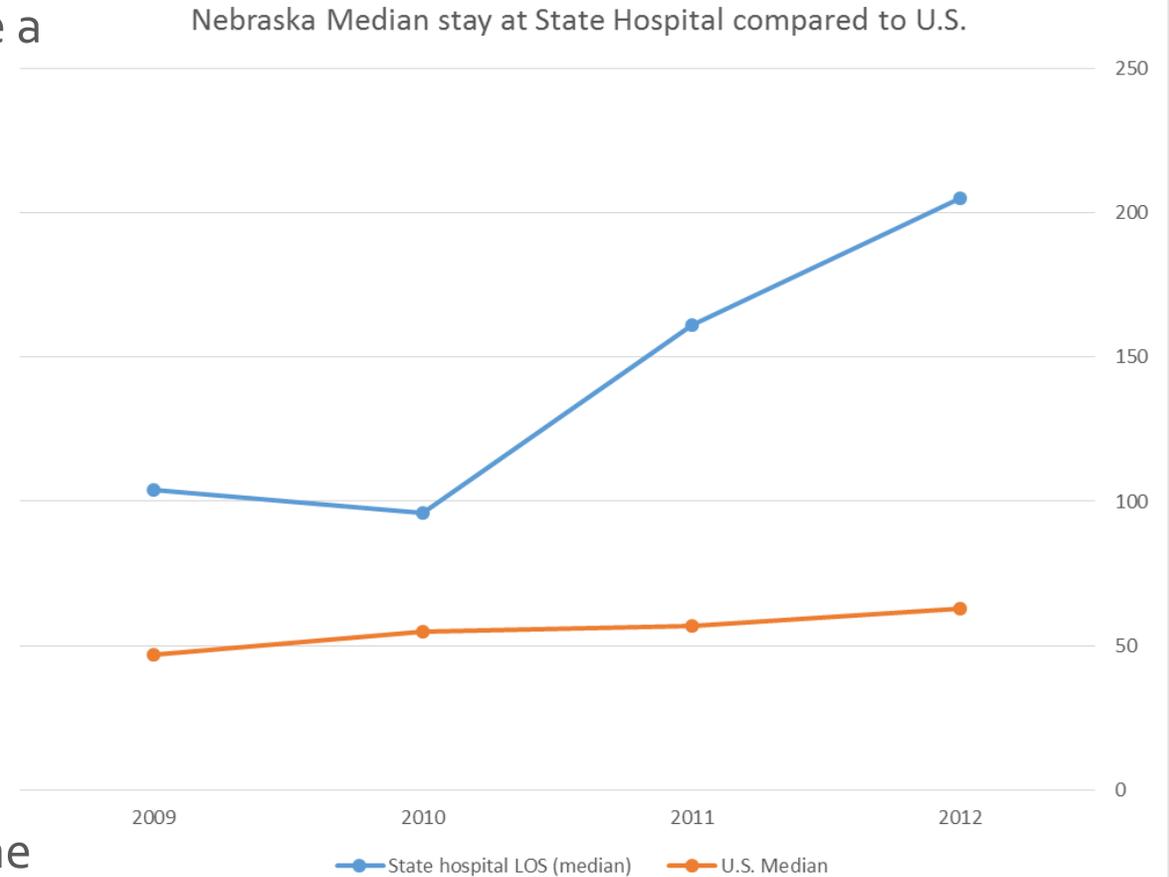
Discharge to Homelessness/ Shelter by County

- Among consumers discharged in FY2014, there was a large difference in geography as far as being discharged to homeless/shelter.
- Consumers were more likely to be discharged to homeless/shelter in urban areas compared to rural areas.



Length of Stay at Lincoln Regional Center

- Consumers in the state hospital (Lincoln Regional Center) have a considerably higher median stay length compared to the U.S. average.
- In 2012 the average stay was 205 days compared to 63 days nationally.
- There has been a reduction in recent years with 2014 reporting an average stay of 167 days; however, that is still considerably above the 2012 U.S. average.



State Priorities

Result

- A condition of well-being for children, adults, families, or communities.

What do we
want to
achieve?

- Nebraskans are physically and emotionally healthy.

How well are we doing?

- What does our behavioral health system need to look like in order to provide the highest quality of care for our consumers?
- What does that look like in prevention? Treatment agencies? System administration? System partnerships?

Is anyone better off?

- How will we know if our behavioral health system is helping consumers achieve positive results?
- What are the most important factors to consider for performance tracking and data measurement?

Joint Advisory Committee Meeting

January 27th, 2015



DBH helps systems that help people recover

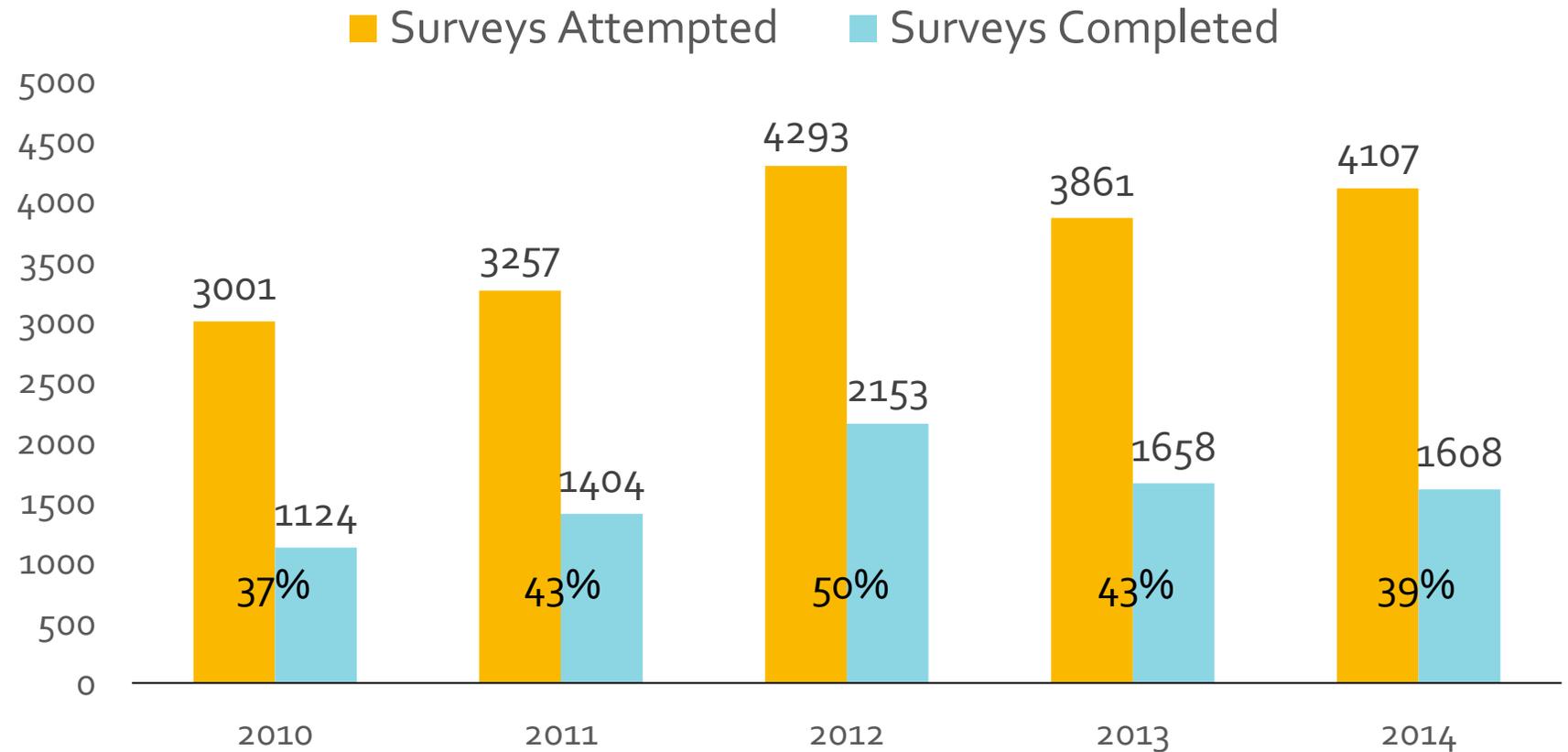
2014 NE Behavioral Health Consumer Survey

About the Survey

- Adult survey
 - 28-Item Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey
 - 11 questions on improved functioning and social connectedness
 - 9 Behavioral Risk Factor Surveillance System (BRFSS) questions
 - 6 questions added by DBH
- Youth survey
 - MHSIP Youth Services Survey (YSS)
 - MHSIP Youth Services Survey for Families (YSS-F)

2014 Adult Survey Results

Survey Attempts & Response Rate 2010-2014 - Adult Survey



2014 Adult Consumer Survey

Location:	n	Representation	Response Rate
Region 1	132	8%	44%
Region 2	175	11%	38%
Region 3	243	15%	41%
Region 4	336	21%	43%
Region 5	321	20%	38%
Region 6	399	25%	36%

- # of adult survey contacts made: 4,107
- # of adult surveys completed: **1,608**

2014 Respondent Demographics

Age	Consumer Survey	Census
18-24 years	7%	13%
25-44 years	39%	34%
45-64 years	50%	35%
65+ years	4%	18%

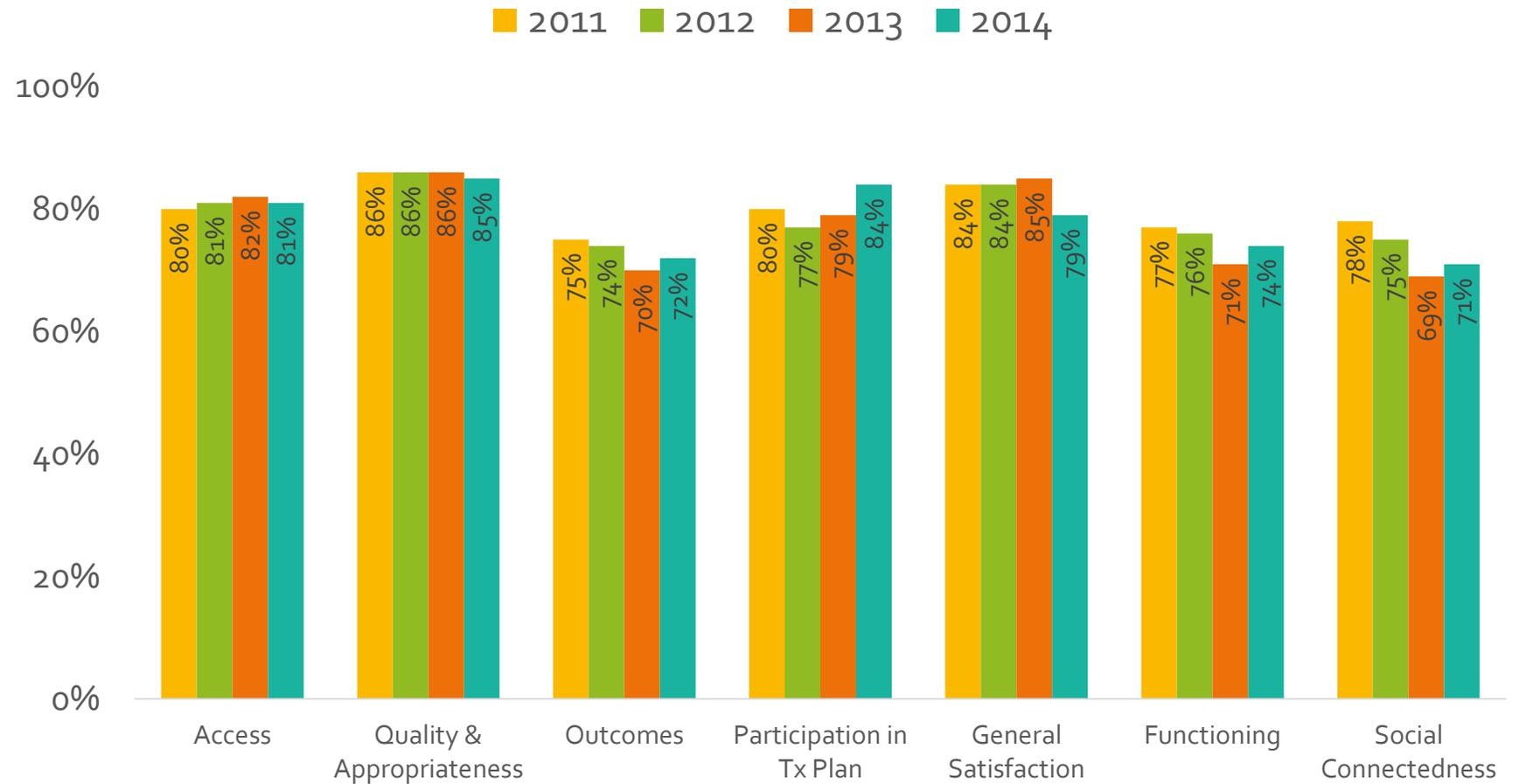
Gender	Consumer Survey	Census
Male	47%	49%
Female	53%	51%

2014 Respondent Demographics (Cont.)

Race	Consumer Survey	Census
White	85%	86%
Non-White	15%	14%

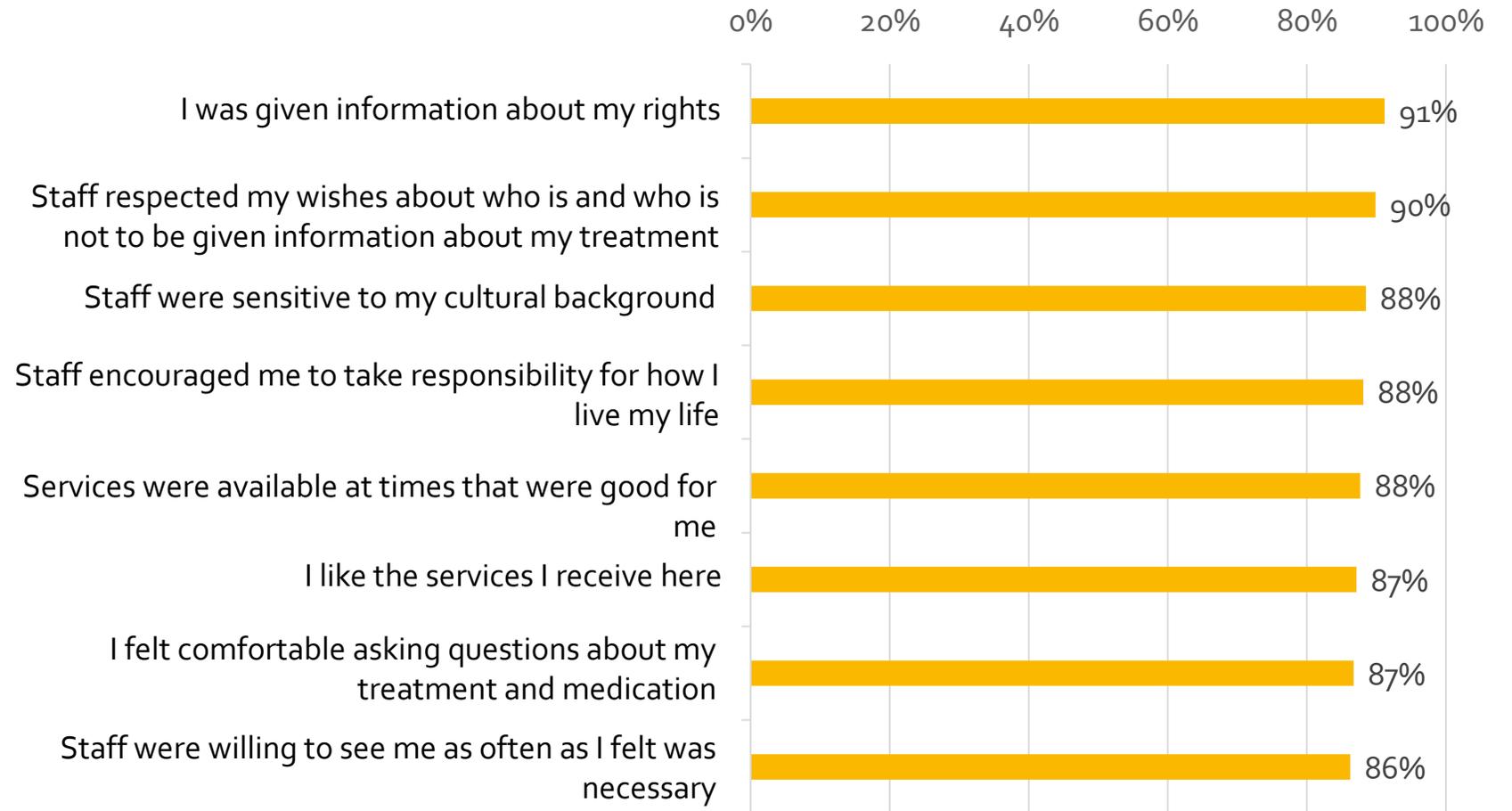
Ethnicity	Consumer Survey	Census
Hispanic	18%	9%
Non-Hispanic	82%	91%

Adult MHSIP Domains % of Positive Responses



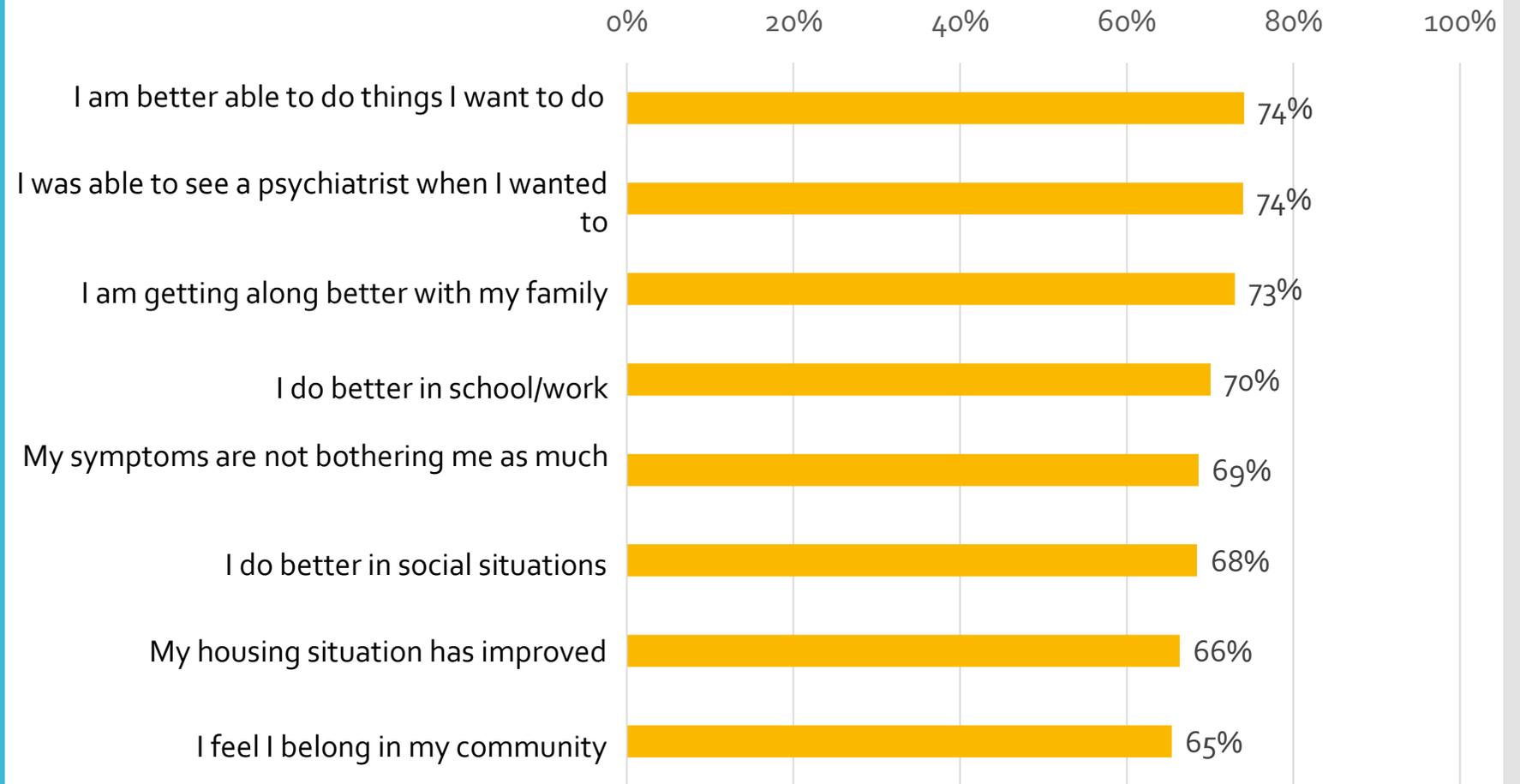
NOTE: The % of positive (Strongly Agree/Agree) responses remains fairly constant from 2011 to 2014 for most domains.

8 Questions With the Highest % of Positive Responses



NOTE: Most of the high % positive responses are from the Quality and Appropriateness domain.

8 Questions With the Lowest % of Positive Responses

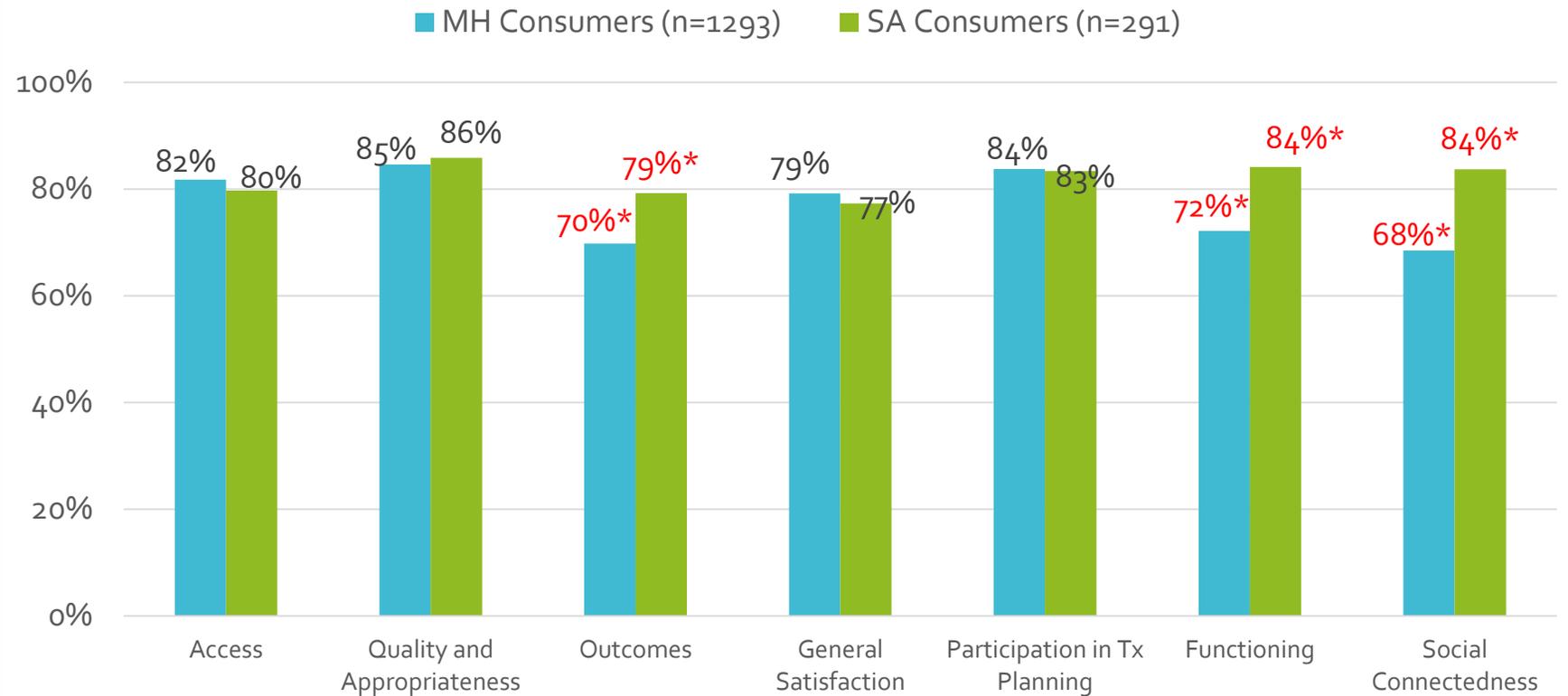


NOTE: Most of the questions with low % positive come from the Outcomes domain.

Bottom 5 Questions with the Lowest % of Positive Responses 2011-2014

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>4-year AVG</u>
My housing situation has improved.	69%	70%	66%	66%	68%
My symptoms are not bothering me as much.	73%	71%	67%	69%	70%
I do better in social situations.	74%	71%	68%	68%	70%
I do better in school and/or work.	74%	70%	69%	70%	71%
I feel I belong in my community.	77%	69%	64%	65%	69%

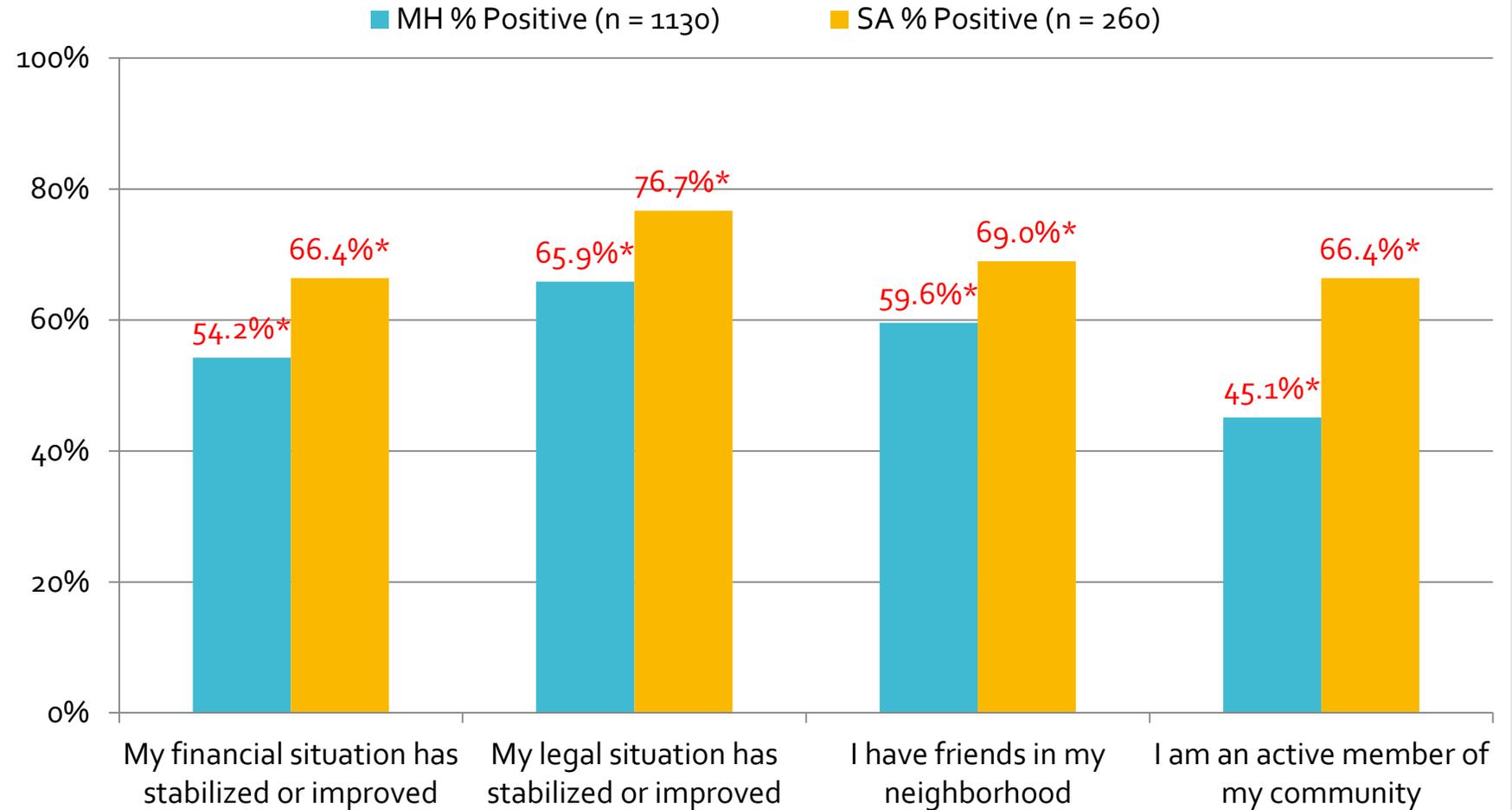
% Positive Responses by Type of Services Received



NOTE: Consumers who received SA services are significantly more positive than MH consumers regarding Outcomes, Functioning, and Social Connectedness.

**0.05 significant level.*

Significant Differences in Positive Responses by Type of Services Received



NOTE: Consumers who received SA services respond significantly more positive to the above questions than MH consumers.

$\alpha = *0.05$ significance level.

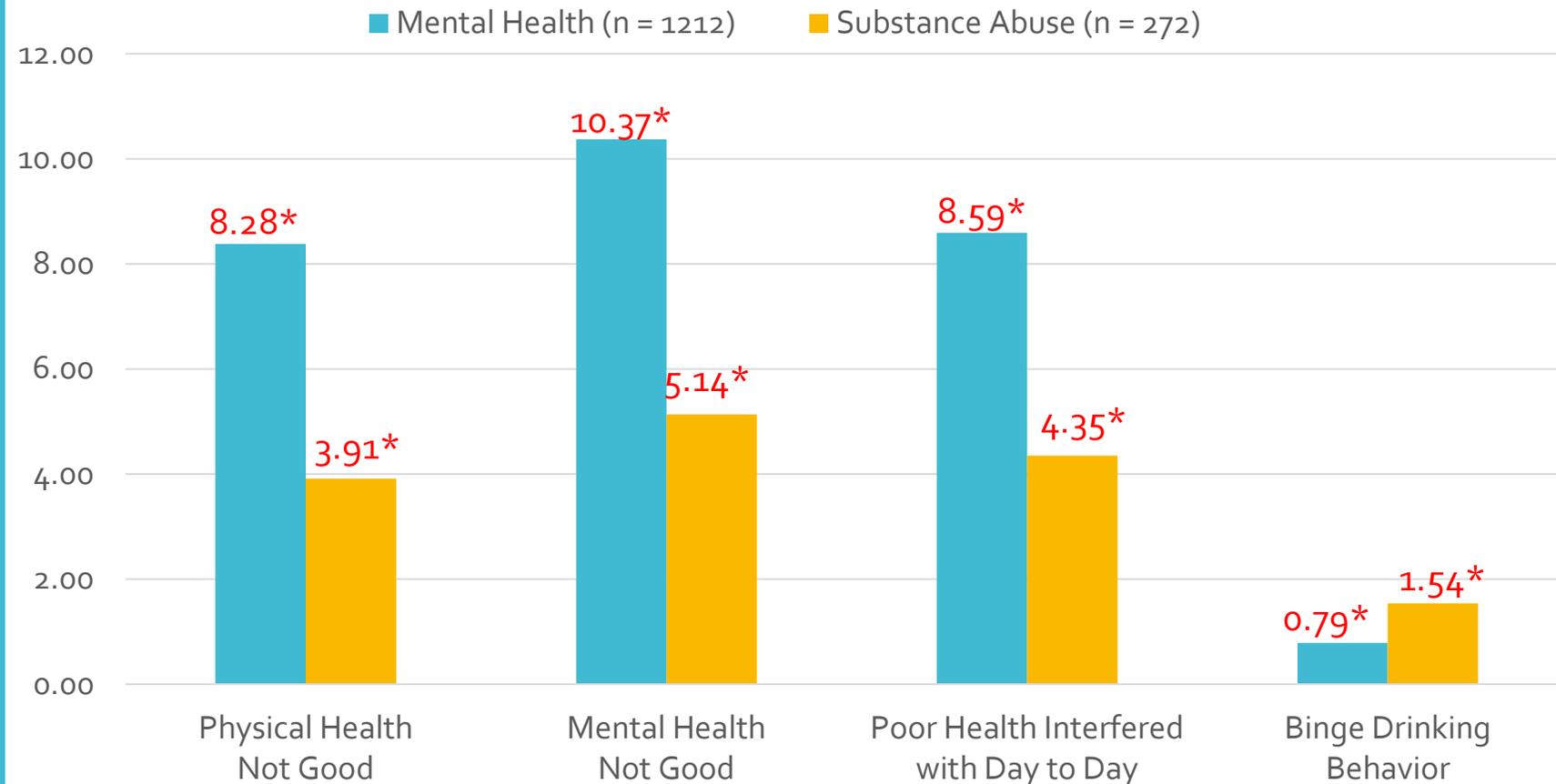
General Health Status of Adult Consumers



NOTE:

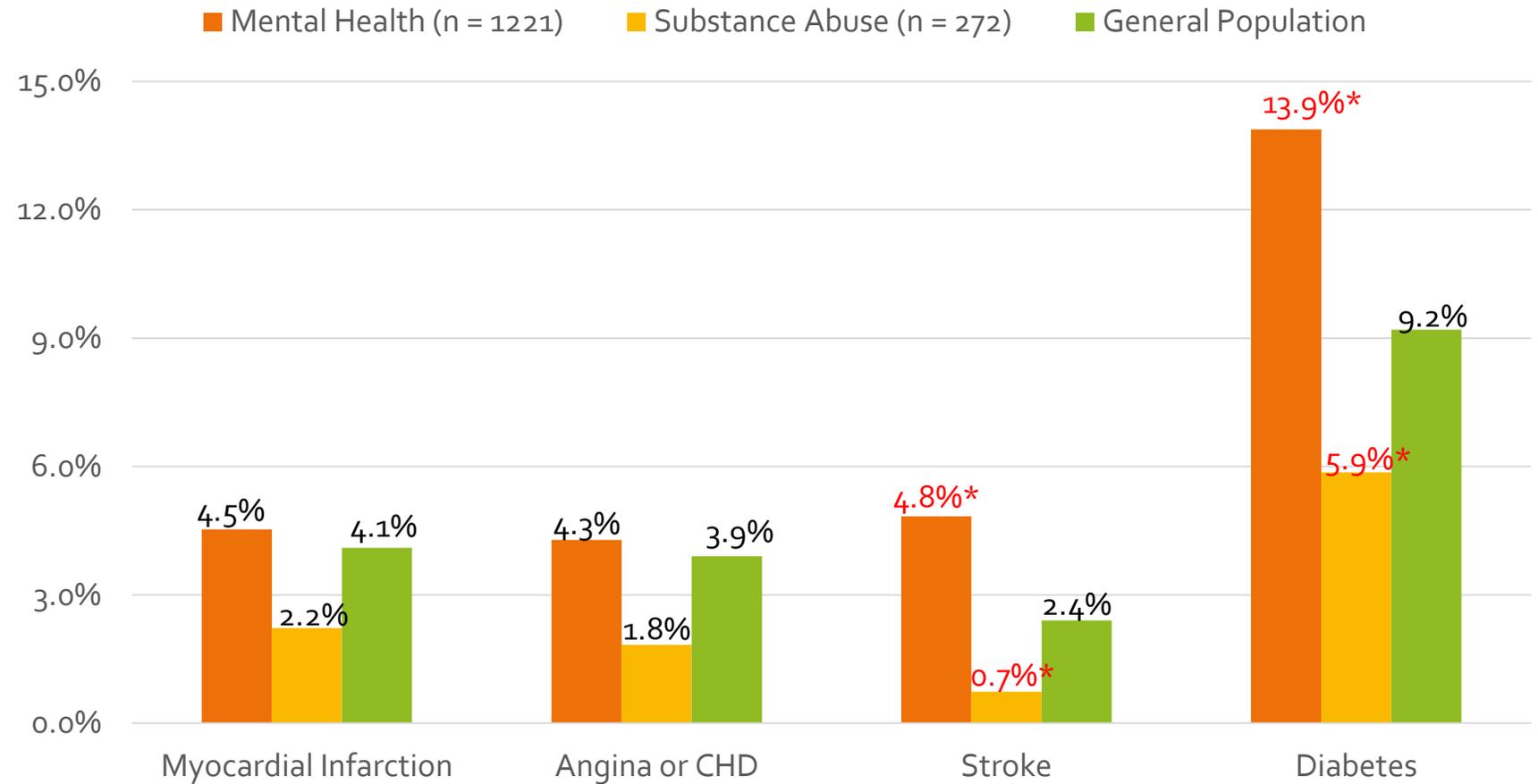
1. General population statistics are from the BRFSS, so significance testing applies only to MH and SA population.
2. Significantly more consumers (81%) who received SA services report good, very good, or excellent health than did MH consumers (65%)
3. * Significant at $\alpha = 0.05$ level

How Many Days During the Past 30 Days ...



* indicates $\alpha = 0.05$ significant level.

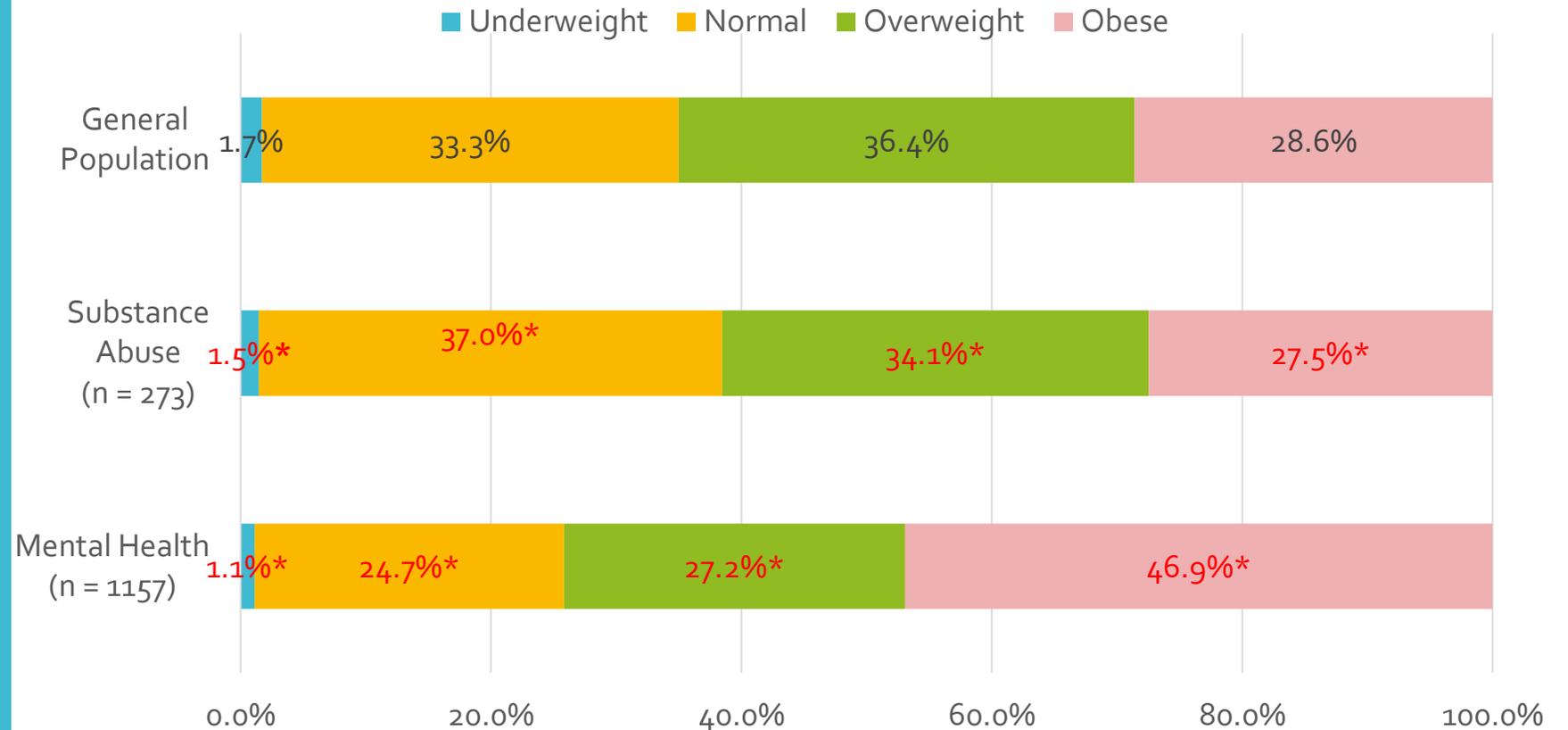
Chronic Physical Health Conditions of Adult Behavioral Health Consumers



NOTE:

1. General Population statistics are from BRFSS, so significance test only applies to MH and SA population.
2. Consumers who received MH services are significantly more likely to have Stroke and Diabetes than SA consumers.
3. $\alpha = *0.05$ significant level.

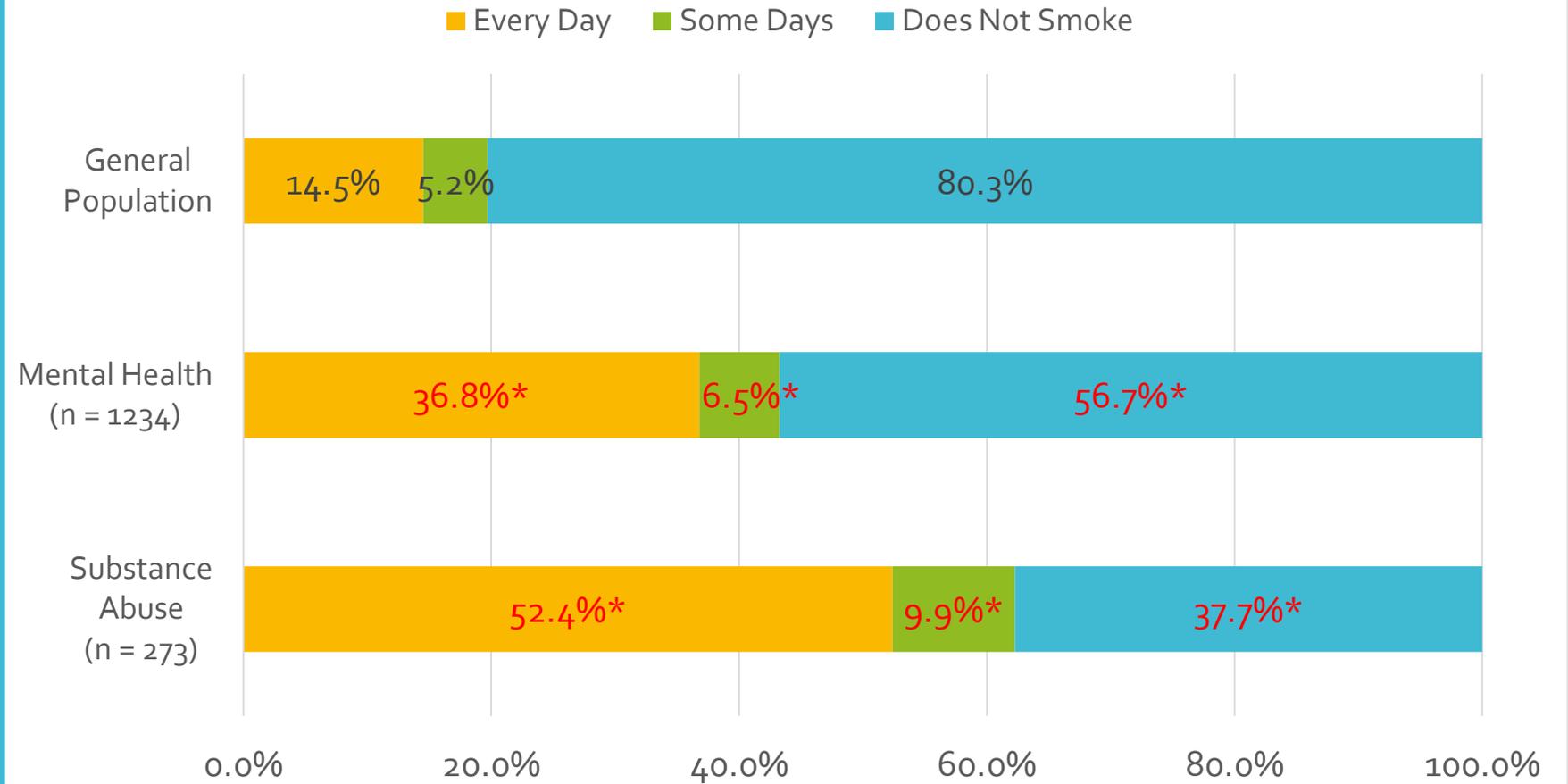
Body Mass Index Category of Adult Consumers



NOTE:

1. General population statistics are from the BRFSS, significance testing only applies to MH and SA population.
2. 47% of those who received MH services report they are obese, compared with 27% of SA consumers.
3. $\alpha = *0.05$ significance level.

Smoking Status of Adult Consumers

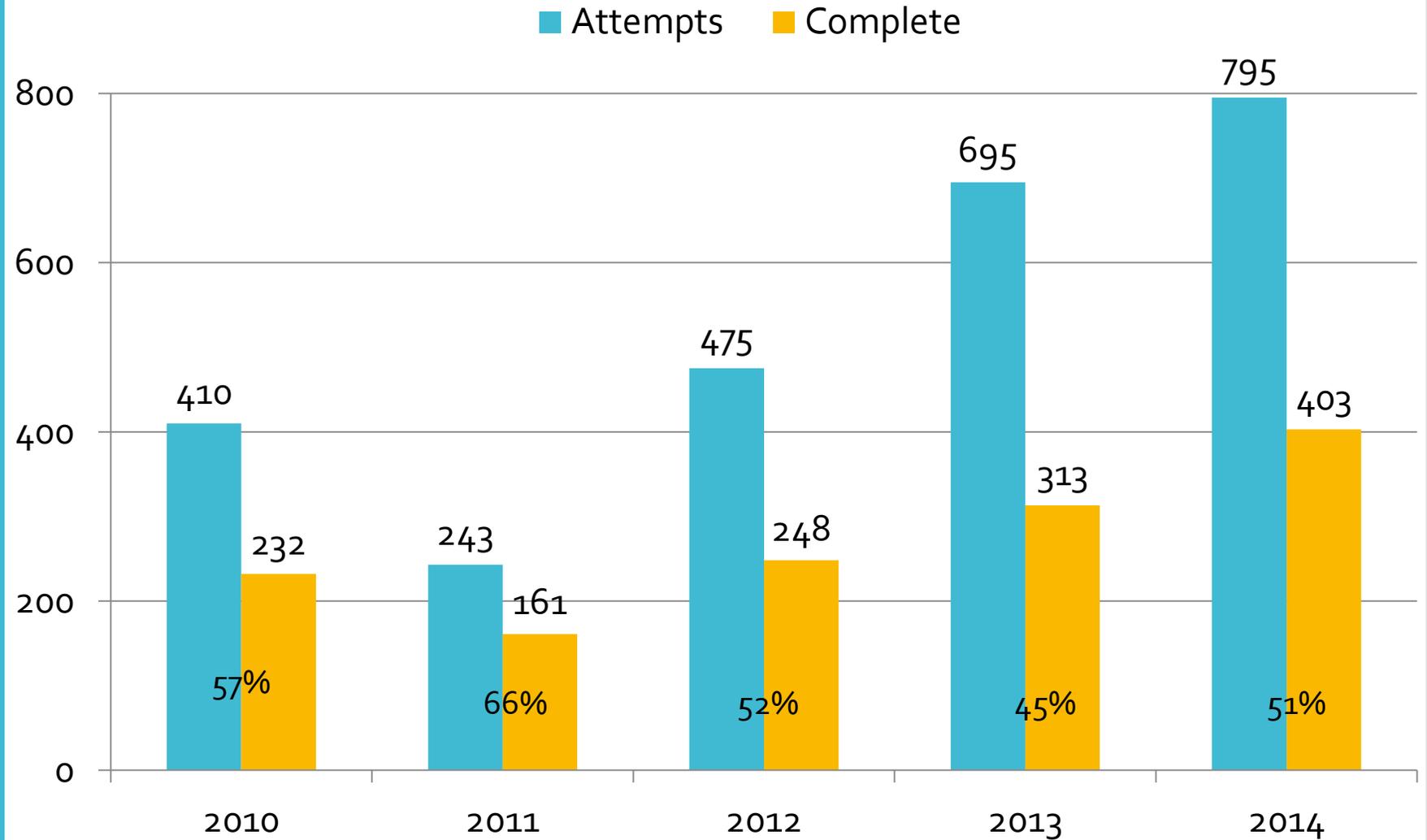


NOTE:

1. General Population statistics are from BRFSS, so significance test only applies to MH and SA population. .
2. 52% of consumers who received SA services smoke everyday compared to 37% of MH consumers.
3. $\alpha = *0.05$ significance level

2014 Youth Survey Results

Survey Attempts & Response Rate 2010 – 2014 Youth Survey



2014 Youth Consumer Survey

Location:	n	Representation	Response Rate
Region 1	23	6%	50%
Region 2	33	8%	55%
Region 3	98	24%	58%
Region 4	53	13%	47%
Region 5	93	23%	46%
Region 6	103	26%	53%

- # of youth survey contacts were made: 795
- # of youth surveys were completed: **403**

Respondent Demographics

Age	Consumer Survey	Census
0-5 years	4%	34%
6-9 years	19%	22%
10-14 years	52%	27%
15-17 years	25%	16%

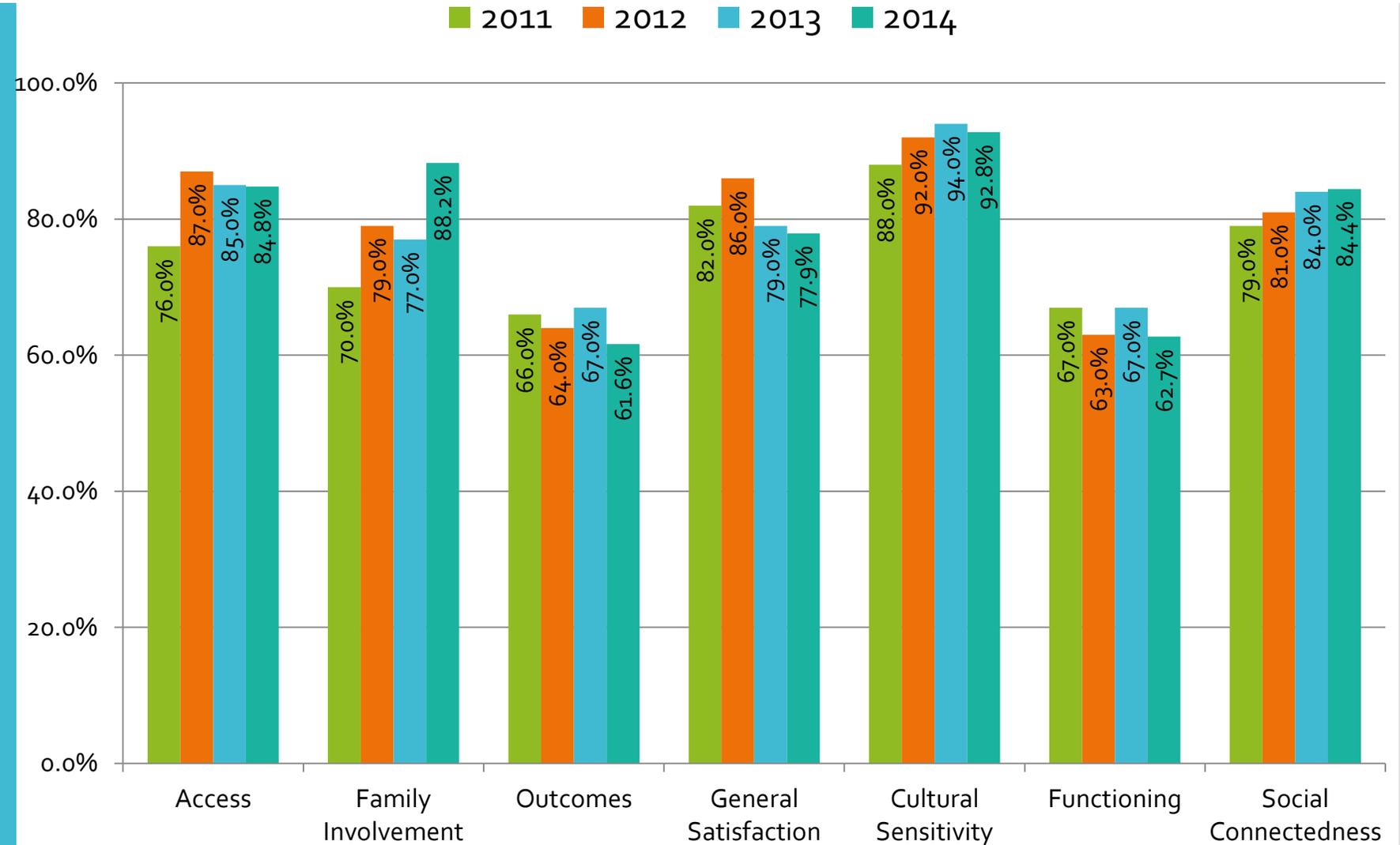
Gender	Consumer Survey	Census
Boy	63%	51%
Girl	37%	49%

Respondent Demographics (Cont.)

Race	Consumer Survey	Census
White	74%	86%
Non-White	26%	14%

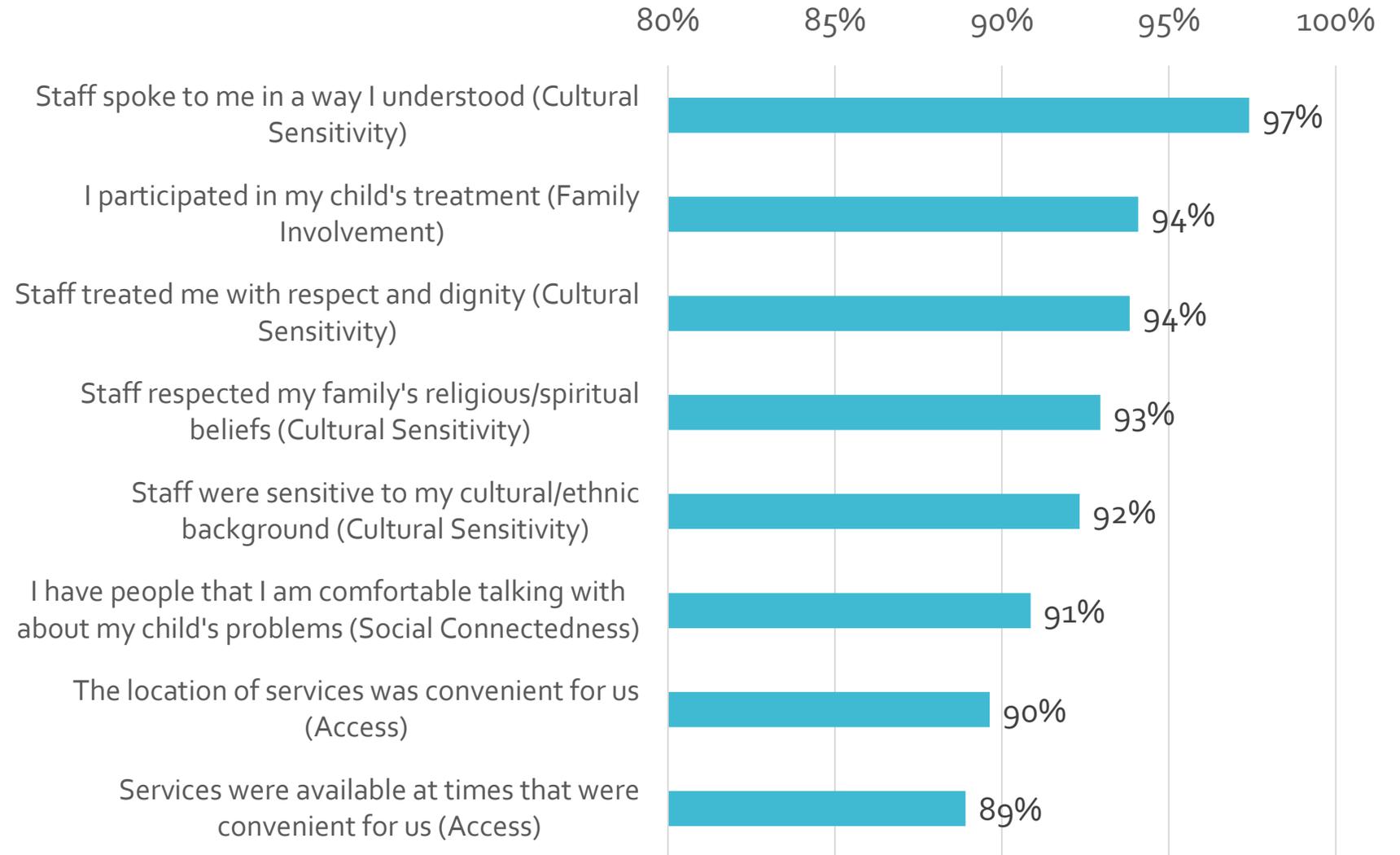
Ethnicity	Consumer Survey	Census
Hispanic	21%	15%
Non-Hispanic	79%	85%

Youth MHSIP Domains % of Positive Responses



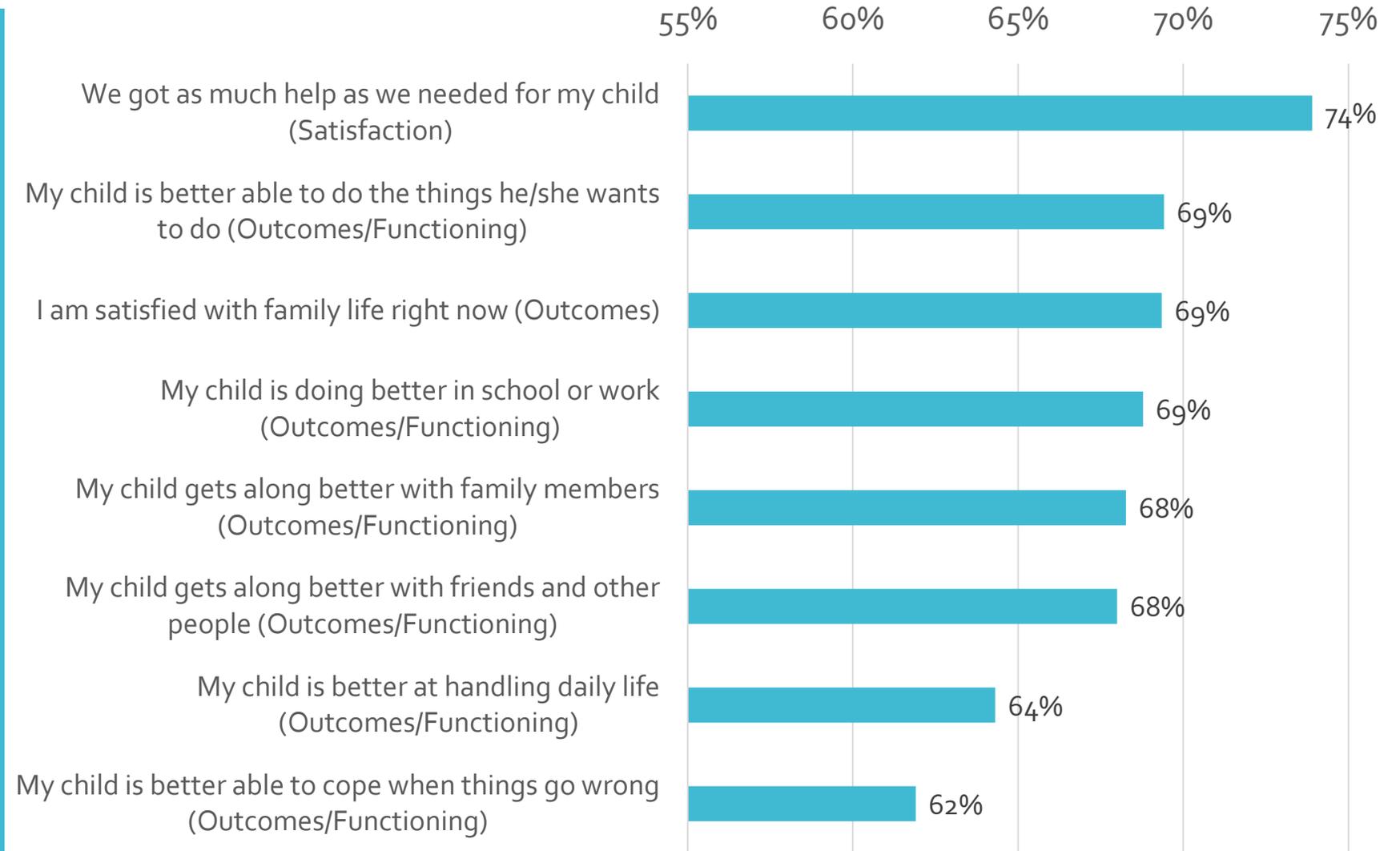
NOTE: The % of positive responses slightly increased from 2013 to 2014 for Family Involvement

8 Questions with the Highest % of Positive Responses



NOTE: Most of the high % positive responses come from Cultural Sensitivity domain.

8 Questions with the Lowest % of Positive Responses



NOTE: Most of the questions with low % positive responses come from Functioning and Outcomes domain.

First Episode Psychosis Workgroup

Mental Health Block Grant

- ▶ Congress allocated additional funds FY2014
 - MHBG received 5% increase over FY2013 (\$25M)
 - Funds set aside to support EBPs that address the needs of individuals with early serious mental illness

- ▶ Nebraska MHBG
 - Revised 2014–15 plan to implement (May 2014)
 - MHBG set aside \$107,615

MHBG 5% Set Aside

- ▶ Funding dedicated to treatment
- ▶ Target population is persons with early serious mental illness
- ▶ Evidence-based Program
 - SAMHSA and NIMH encourage use of the evidence-based program First Episode Psychosis: Coordinated Specialty Care (CSC)
 - NIMH funded RAISE initiative as a model

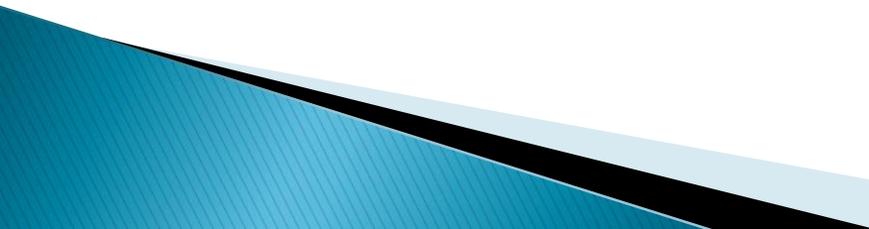
Nebraska MHBG 5% Set Aside

- ▶ New requirement of the MHBG
- ▶ Additional MHBG funds
 - Help meet this new requirement without losing funding for existing services
- ▶ Action
 - First year dedicated to planning and infrastructure development
 - Second year targeting program implementation

First Episode Psychosis Workgroup

- ▶ Workgroup of stakeholders
- ▶ Goals
 - Identify where youth and young adults diagnosed with FEP are being served in Nebraska
 - Identify how MHBG dollars may be used to support or enhance services to youth and young adults diagnosed with FEP

Data on Target Population

- ▶ Primary funders for services
 - DHHS Division of Medicaid and Long Term Care
 - DHHS Division of Children and Family Services
 - Nebraska Supreme Court Office of Probation
Juvenile Services Division
 - DHHS Division of Behavioral Health
 - Private Insurers and Families
 - ▶ Identification of existing services available and in use in Nebraska
- 

Coordinated Specialty Care Model

- ▶ No provider currently utilizing the CSC model in Nebraska
 - ▶ Potential for repurposing existing services and providers
 - ▶ Create an operational program(s)
- 

Coordinated Specialty Care Model

- ▶ Team based
- ▶ Collaborative
- ▶ Recovery oriented
- ▶ Person-centered
 - Shared decision-making
 - Unique needs
 - Preferences
 - Recovery goals

Coordinated Specialty Care Model

- ▶ Service Components Emphasis
 - Outreach
 - Cognitive and Behavioral Skills Training
 - Supported Employment
 - Supported Education
 - Case Management
 - Low-dosage Medications
 - Family Education and Support
- 

First Episode Psychosis

Potential Models of CSC

▶ NAVIGATE

- RAISE – NIMH funded research
 - Recovery After an Initial Schizophrenia Episode

▶ OnTrackNY

- CSC program of State of New York

First Episode Psychosis

- ▶ State of Tennessee FEP Program
 - A Conversation about Lessons Learned

For more information:

Contact: John Trouba

Title: Fiscal & Federal Performance Team

Office: (402) 471-7824

Email: john.trouba@nebraska.gov



Nebraska's Network of Care (NOC):

Division of Behavioral Health: Office of Consumer Affairs

What is the NOC?

- A comprehensive *Service Directory* of all federal, state, local and grass-roots programs.
- Quick reference to all local *emergency and crisis intervention* programs.
- A pre-vetted *Library* with written content (over 30,000 articles) and interactive assessment.
- Mary Ellen Copeland's *Wellness Recovery Action Plan*.
- A *legislative* information and education tool.
- All local, state and national *support groups* and programs.
- A comprehensive guide to private and public *insurance*.
- An *HL7-registered* Personal Health Record to store valuable medical info.
- *News* from around the country.
- Best-practice content-sharing from all sites throughout the U.S.
- A state-of-the-art *social networking* platform.
- Culturally appropriate, *human-translated* content on key conditions.

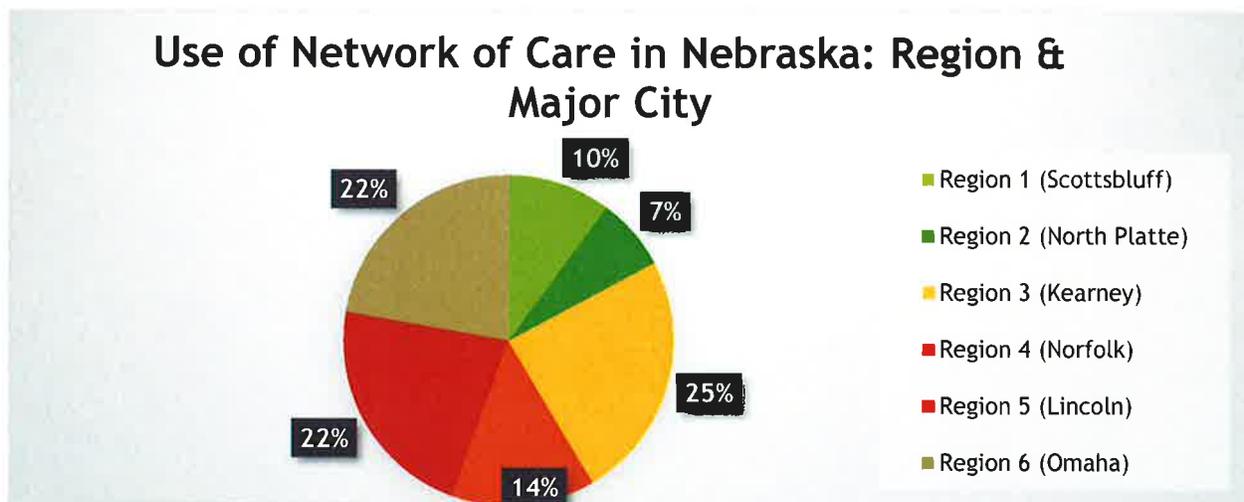
Who is using the NOC?

Sessions:

2012: 53,146

2013: 72,489

2014 (to Sept): 107,100 (See Table Below)



Personal Health Records (Storage on Site): 67 PHR's: R1=9%, R2=7%, R4=11%, R5=24%, R6=33%

DRAFT to REVIEW: PLEASE COMMENT!!

Nebraska Office of Consumer Affairs: Vision-Mission-Core Functionality
April 1, 2014

Send Comments to Carol: 402-471-7859 (fax)/ carol.coussonsdereyes@nebraska.gov

301 Centennial Mall South, 3rd Floor-DBH, Lincoln, NE 68509

Or for more info call 800-836-7660.

Insert your comments after each section, feel free to circle your top 5 priorities.

I. Vision:

Nebraskans Impacted by Behavioral Health Conditions Live a Life Full of Wellness & Success.

Comments: _____

II. Mission:

The Office of Consumer Affairs provides statewide leadership and resources that promote health, home, purpose, community, resiliency, and systems transformation for Nebraskans impacted by behavioral health conditions.

Comments: _____

III. OCA Core Functionality:

A. Promote Consumer and Family Involvement at All Levels of BH Systems

The OCA will:

- Promote recovery through awards and recognition of great work.
- Be aware of national, regional and state developments in the peer recovery movements.
- Continue to nurture inclusion at all levels with the input of the OCA People's Council.
- Refine 2 tools designed to measure inclusion: Consumer and Family Involvement Measure and Consumer and Family Involvement Measure
- Draft a White Paper on consumer and family involvement at all levels.
- Continue to support consumer and family involvement in the Statewide Quality Improvement Team.

- Continue to contract for and participate in planning of the Statewide Successes Hopes and Dreams Conference.
- Nurture consumer and family organizations which assist people to evolve systems of recovery.

Comments: _____

B. Encourage Systems Transformation

The OCA will:

- Produce Artists of the Arboretum events to promote recovery at LRC.
- Begin a Focus Committee to work on crafting Regulations around Peer Support.
- Design a “101” for persons interested in the topic of Peer Support.
- Promote statewide trauma initiatives and provide trauma resources.
- Ensure availability of Peer Support Training: The OCA will support Trauma-Informed Practice Training and Certification (CPWS).
- Promote advocacy and self-advocacy through training.
- Work to reduce Seclusion and Restraint in psychiatric hospitals.
- Encourage agencies to adopt CLAS standards.
- Manage other major projects of a time-limited nature.

Comments: _____

C. Educate Nebraskans Impacted by Behavioral Health Conditions to Increase Individual Resiliency and Community Wellness

The OCA will:

- Provide statewide co-supervision teleconferences for CPWS's.
- Partner with other organizations to provide wellness resources.
- Sponsor Wellness Recovery Action Plan (WRAP) training events statewide.
- Provide regular webinars to promote capacity of the peer support workforce.
- Provide input to media messages that promote recovery and resiliency.
- Conduct an annual memorial for people that have died at State Hospitals to promote community inclusion and dignity.
- Produce an annual report.
- Manage the Mental Health Board training and attestation program.

Comments: _____
