

Nebraska Division of Behavioral Health
State Advisory Committee on Mental Health Services (SACMHS)
State Advisory Committee on Substance Abuse Services (SACSAS)
February 18, 2016/ 9:00 am – 4:00 pm Lincoln, NE – Country Inn & Suites
Meeting Minutes

I. Call to Order/Welcome/Roll Call

Sue Adams

Sue Adams, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present to the meeting. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. Three new members of the State Advisory Committee on Mental Health Services, Ryan Kaufman, Lisa Jones, and Kristin Larsen were introduced and welcomed.

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

State Advisory Committee on Mental Health Services Members in Attendance: Karla Bennetts; Nathan Busch, Brenda Carlisle; Bob Doty; Kathleen Hanson; Brad Hoefs; Lisa Jones; Patti Jurjevich; Ryan Kaufman; Linda Krutz; Phyllis McCaul; Rachel Pinkerton; Joel Schneider; Mary Thunker; Diana Waggoner; Stacey Werth-Sweeney. Members Absent: Bev Ferguson; Kasey Moyer; Mark Schultz.

State Advisory Committee on Substance Abuse Services Members in Attendance: Roger Donovanick; Ann Ebsen; Ingrid Gansebom; Jay Jackson; Janet Johnson; Dusty Lord; Kimberley Mundil; Michael Phillips; Randy See; Mary Wernke. Members Absent: Paige Hruza; Todd Stull.

DHHS Staff in Attendance: Susan Adams; Tamara Gavin; Linda Wittmus; Sherri Lovelace; Cynthia Harris, Debra Sherard, John Trouba; Heather Wood.

II. Motion to Approve Minutes

Chairperson Diana Waggoner & Vice-Chairperson Randy See

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner and State Advisory Committee on Substance Abuse Services (SACSAS) Vice Chairperson See welcomed members, guests and staff to the meeting and presented the minutes for review. Hearing no corrections or comments, SACSAS Vice Chairperson See called for a motion to approve the November 19, 2015 meeting minutes as written. Moved by Lord and seconded by Mundil, the motion passed on a unanimous voice vote. SACMHS Chairperson Waggoner presented the minutes for review and hearing no corrections called for a motion to approve the November 19, 2015 meeting minutes as written. Moved by Doty and seconded by Hoefs, the motion passed on a unanimous voice vote.

III. Public Comment

There was no comment offered at the morning Public Comment opportunity.

IV. Director's Update

Tamara Gavin

Tamara Gavin, Deputy Director of Community-Based Services, introduced herself and welcomed new and standing committee members. Gavin introduced Anthony Walters, newly appointed CEO of the Nebraska Regional State Hospitals. When asked about opportunity and obstacles, Walters said it is important as providers, to be responsive to changing community needs by identifying how we can mold services and be flexible to fit those needs. Internally, he cited priorities of keeping staff and patients safe, providing good clinical care, adding it is important to talk with individuals and treat them with dignity.

Gavin next introduced Linda Wittmus, Deputy Director for System Integration, who will be working with Medicaid and Public Health, along with Corrections and Probation, to improve process flow between Divisions and State Agencies.

Gavin explained that she is focused on the community-based services side, looking at an improved delivery system and working on the CDS, which is scheduled to launch on February 29, 2016.

Gavin announced that Todd Stull has been appointed as Chief Clinical Officer, sharing his role with Medicaid. With his wealth of experience, Gavin added that he will be a valuable addition to the DBH team.

Due to the resignation of Carol Coussons de Reyes, a job opening has been posted for a Consumer Affairs Program Administrator to head the DBH Office of Consumer Affairs. The job description is posted on the state

employment site. Everyone is encouraged to recommend and/or refer well qualified applicants.

Discussion then turned to the impending go-live of the new CDS and sun-setting of the Magellan contract for data collection. Heather Wood, DBH Quality Improvement and Data Performance Administrator, stressed that the new system will aid in bringing the data in-house and noted that it is user friendly and easy to operate and elements can be changed or added at any time. While the system will still need fine tuning, it is attracting national attention as a model and will be presented at upcoming national conferences.

Gavin also announced progress towards integration of physical health with behavioral health as Medicaid moves forward on contracts with three managed care organizations: United Health Care, Aetna, and Nebraska Total Care, Inc., noting that this will bring about many changes in the system that impact the public behavioral health system.

Committee members were presented with a copy of the DBH Bridger Plan that will serve as our roadmap for the next 10 months. Many activities are planned for 2016, including a comprehensive needs assessment, a new DBH Strategic Plan and a four-phased detailed work plan to implement a Children's System of Care as well as plans to address housing needs.

V. Legislative Update

Sue Adams

Sue Adams, Network Services Administrator, presented a handout listing the 2016 bills that were reviewed by DBH and touched briefly on the ones most impacting DBH. The degree of involvement by the Joint Committees was discussed and it was noted that this information should be disseminated earlier for the committees to act on behalf of DBH. In addition to receiving information sooner, it would be helpful if the Committees could receive impact statements so they know where the State stands on the various issues.

After questions regarding advocacy by committee members, discussion centered on committee input and activity surrounding legislation. It was recommended that this process be better defined with clear expectations of the committees' role along with timely notification of bills that directly impact DBH.

VI. November 2015 Committee Planning Activity

John Trouba

Referring to the Joint Advisory Committee Planning Activity conducted November 19, 2015 that sought to identify what is working and what areas need improvement as a Joint Advisory Committee, the planning activity was devised to develop a common understanding of roles and to identify strategies to improve the committee process. Clear expectations and priorities specifically identified included defining and developing a shared understanding of roles to help with the integration of substance abuse and mental health services in Nebraska.

With such a wide and diverse audience comprising the committee, of importance is presenting a voice from the community, which is highly valued. Members can engage in discussion about how to affect change and sharing information with the members' respective communities is both expected and valued.

Of significant importance is clear communication from DBH on what advice is sought as well as reporting back to the committee on what happens with their recommendations. More focus on priority issues is urged.

Other consensus included continuing the advisory meetings in its current format because members appreciate the behavioral health outlook gained by having the two committees meet together. Members also want to continue the organization and flexibility of the meeting, adding that they especially appreciated the small group activities. They also noted the importance of hearing from consumers, both adults and family members.

Areas of improvement included development of the meeting agenda based on goals and objectives as well as increased input from committee members. Actionable items should be identified in advance and more attention placed on committee responsibilities. Adams urged committee members to present specific recommendations and prioritize what should be implemented.

VII. Legislative Audit

Sue Adams

Sue Adams, Division of Behavioral Health (DBH) Advisory Committee Facilitator, reported that LB1083, the Behavioral Health Reform bill, moved behavioral health into the community and created new services but acknowledged there are still remaining gaps in services provided. The Legislative Performance audit identified what they saw as existing gaps:

- Fragmentation and lack of comprehensive system collaboration
- Insufficient access to care
- Integrated care with co-occurring disorders
- Supported employment

- Lack of housing
- Lack of services for consumers with co-occurring disorders

This report is available on the legislative website, which can be found at http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf. The Legislative Audit findings served as a precursor for the 2016-17 DBH Bridger document that includes these gaps and adds that a comprehensive needs assessment should be conducted.

Linda Wittmus, Deputy Director for System Integration, spoke to her focus on a needs assessment and strategic planning in the following areas:

- System of Care network – less fragmentation
- Access – a lot of legislation focuses on access to services
- Supported Employment
- Psychiatric emergency system, access to emergency services
- Housing – increasingly important
- Workforce development – With an aging workforce, we need new people entering the field
- FEP – relatively new service, addressed in Bridger Plan
- Integrated care for co-occurring disorders
- Service array – do we have services that flow?

Wittmus noted the deadline identified in the Bridger Document is June 30, 2016 for implementing a comprehensive needs assessment. After the results are collected and analyzed, DBH will develop a new 3-Year Strategic Plan and she wants to solicit input regarding the needs assessment. Today's focus is on access measures. Wittmus added that DBH has been writing work plan steps for each item listed in the Bridger Document and by the next Advisory Committee meeting, an actual work plan will be in place.

Wittmus presented the Draft Proposal for Nebraska prepared by UNMC, to provide technical support for the needs assessment. In terms of the scope, Wittmus solicited input regarding lifespan, prevention, and early intervention, adding that the California needs assessment has already been identified as a model for Nebraska, but will include topics such as primary care-behavioral health integration. DBH wants to know if this scope appears realistic or too large or even too small. It was similarly suggested that CLAS standards be addressed as modeled by both Medicaid and Developmental Disabilities.

When speaking to the target audience of the needs assessment, a number of additional groups and individuals were suggested, including provider agencies, advocacy groups, coalitions, and the Department of Education. In addition, Kids Count, the SHARP survey and hospitals were also suggested recipients of the assessment as well as identifying David Drozd in the Department of Health Disparities at UNO.

The types of data proposed to be collected included SAMSHA grant recipients, raw data from the CDC, the VA needs assessment and crime commission data in addition to what was listed on the draft proposal. In this area, it was cautioned not to lose sight of consumer/provider/community survey data.

Suggestions were also presented regarding the engagement of consumers, including using MAPP (Mobilizing for Action through Planning and Partnership), a community-driven strategic planning process survey by neighborhood, community forums, and phone interviews. It was noted that a couple populations, i.e., veterans and some consumers will likely only provide feedback when a survey is verbally administered by a trusted associate. It was also suggested that the surveys be given to providers who can administer them to their populations.

Wittmus explained that next steps include a phone call with the consultant, with a more in-depth review of existing data and setting of a timeline so as to complete the project by June 30.

VIII. Where We're At

Sue Adams

Adams opened the afternoon session by asking for feedback on the meeting thus far. It was noted that the Director's Update is valuable information but in terms of the legislative update, committee members noted that the information they received was good but it was too late and incomplete. It was suggested that the Division do a better job getting information out in front of meetings so that the committees may advise on bills up for debate. The timeframe from which the bill is presented to the time when DBH can respond is variable and can change from day to day, which complicates efforts for committee involvement.

The committee gave a resounding "thumbs up" for the discussion on access and presentation on gathering information on the upcoming needs assessment.

A suggestion was made to devote one annual session for the committee to prioritize goals and narrow the focus of activities for the following year, noting that a narrow focus can garner attention and committee members can respond more fully to what is presented to them. The committee wants to know, “How can we help you? We want to make sure our work is out front enough to impact and advise DBH on matters.”

Developing a list of committee members with their areas of expertise and interest would be helpful for all to see the wealth of experience and knowledge as well as the varied and diverse backgrounds of all committee members. It was noted that timing is extremely important; the committee wants to get ahead of issues so that their comments and suggestions can be fully utilized in the DBH planning process. One suggestion was a stand-alone meeting centered on special topics but a consistent voice, even via email, informing committee members of specific issues would be helpful.

IX. Small Group Activity

Tamara Gavin

The Joint Advisory Committee was asked to make recommendations on what access measures should be implemented for this calendar year, with the intention to roll out into the region contracts so it is a statewide standard. The committees divided into four groups, which were self-identified by expertise. They were tasked with defining 1-3 standards to present back to the group.

Inpatient Access:

Behavioral Health emergency services should be treated the same as physical emergencies in all hospital ER facilities, especially when law enforcement is involved. An example was provided of a person being driven by police past three hospital facilities to reach a psychiatric facility.

The group noted that consumers are often treated as offenders rather than patients or consumers. Are our outcomes driven by what the consumer needs or what the system needs and wants?

The value of trauma informed care was emphasized, adding that this is the model by which consumers who need immediate access to inpatient services should be treated. Law enforcement should be required to take consumers to the nearest ER. This is an important piece that should be addressed, whether that means changing policies, passing new laws or whatever it takes.

Residential

With such a broad category, the group identified specific measures that dealt with timely access to services. Admissions to secure residential facilities should occur within 24 hours; however, often the consumers are transferring from another residential facility where they have an approximate 14 day wait expectation.

Intermediate

This group made three recommendations regarding an intermediate level of care. Number one, there should be timely access to services, which included discussion about the number of people who are contacted after an initial referral and how many drop out at that point. The second point was to measure the time span from referral to admission.

The definition of ‘timely’ was addressed, noting that timely means different things to different people. Discussion followed about the measurement of time along the entire continuum. Wittmus added that much of this dataset is collected at a higher level and captured in the data system.

This group concluded by noting that it was important to capture the consumer voice on access to care. Measuring from a provider level, was it within seven days? Surveys were proposed to find out if that is quick enough, noting it would be valuable to collect consumer perception right away.

Group discussion followed regarding the measurement of timeliness, from first contact to when an appointment is made. Timeframes of those targets need to reflect what services are needed. In some cases, 30 days can be too long. It was suggested that tapping into peer support during this wait time might be effective.

Other considerations also include geographic locations as well as workforce shortages, noting that some people do seek services outside the state when they can’t gain timely access to services in Nebraska.

In terms of meeting geographical and cultural needs, the group looked at screening time until appointment and noted that it is important to zero in on what is needed so consumers don’t have to inflate their needs in order to be seen in a timely fashion.

It was suggested that a structure for triage be developed into a system of care.

Again, it was emphasized that being able to understand access from a consumer perspective is very important and a number of different survey approaches were identified, including individual provider consumer surveys. A possible avenue to this end could be an annual consumer survey, something statewide that would identify gaps. The Committee wanted to ensure that interim services when capacity is maxed out should definitely be part of this discussion, looking at the numbers of consumers who get lost and don't receive the treatment they need. A suggestion was made to try and gather a measure of consumers who solicit but never receive services. Wood mentioned that we work with public health on the BRFSS and we have the opportunity to revise questions to address this.

X. Public Comment

There was no comment offered at the afternoon Public Comment opportunity.

XI. Peoples Council *Cynthia Harris, Lisa Casullo, Ryan Kaufman, Mary Thunker, Tommy Newcombe*

Cynthia Harris, Cross-Division Specialist, introduced members of the People's Council, which works towards defining and strengthening peer delivery services, peer leadership and the role of consumer affairs. There will be a Technical Assistance Collaborative on March 8 and 9, looking at how they can formalize the subcommittee and define the best platform for consumer involvement. The People's Council is chartered as a Subcommittee of the State Advisory Committee on Substance Abuse Services (§71-815) and the State Advisory Committee on Mental Health Services (§71-814) and as such, utilizes lived experience to identify and advocate for an integrated recovery oriented behavioral health system, which supports adults, children and their families. Most significantly, it gives consumers an opportunity to advocate, it gives them a voice. Members invite everyone to attend their next meeting on May 12, 2016 at the Lincoln Foundation building.

There are three open appointments on this People's Council; more information can be found at <http://dhhs.ne.gov/behavioralhealth/Pages/DBHOCAPeoplesCouncil.aspx>.

The Peoples Council addresses peer support services and works to educate providers about peer support, noting there will be a training in March in York, Nebraska for peer specialists. Wittmus acknowledged that we are seeking to expand the peer workforce, which is broad by definition, but still exploring a variety of ideas to have peers involved.

XII. Committee General Comments and Observations *All*

- Committee members commented that this was a very productive meeting and appreciated receiving the Bridger Document, noting they are available to help in any way needed.
- Mundil noted a lot of legislation dealing with juvenile probation and it might be useful to have someone speak to them regarding behavioral health issues.
- Wernke announced there is a new committee working on the situation in White Clay and suggested inviting them to the next meeting for an update.
- Nathan Busch updated legislation relating to Children and Family Services regarding juvenile records, legal jurisdiction, automatic legal counsel for all youth as well as policy setting for secluding youth in custody. This topic was suggested for further committee update and attention.
- Joel Schneider described a proposal for a Veteran's Court in Nebraska, utilizing peer specialists, which will help illustrate problems unique to vets and what mental health problems they face.

XIII. Adjournment and Next Meeting

The meeting was adjourned at 3:46 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is scheduled on Thursday, June 23, 2016.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings. 2-18-16 Meeting Minutes

Division of Behavioral Health

Legislative Update

January 6 - 21, 2016

Bills introduced by the 2nd Session of the 104th Legislature that affect DBH. Questions can be sent to Renee Faber Renee.faber@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
Sue Crawford, Bellevue
Nicole Fox, Omaha
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
Tanya Cook, Omaha
Ken Harr, Malcolm
Robert Hilkemann, Omaha
Bill Kintner, Papillion
John Kuehn, Heartwell
John Stinner, Gering
Dan Watermeier, Syracuse

Bills reviewed by DBH for Impact Summary (as of 1/21/16)

LB670 Requires a hearing prior to release of persons taken into custody for mental health issues.

-- Introduced by Krist.

<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB670.pdf>

LB674 Provides financial support to families of disabled individuals.

-- Introduced by Krist.

<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB674.pdf>

LB696 Provides for a Medicaid state plan waiver for treatment of opioid abuse.

-- Introduced by Morfeld.

<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB696.pdf>

LB774 Provides a sales and use tax exemption for purchases by nonprofit substance abuse treatment centers.

-- Introduced by Scheer.

<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB774.pdf>

- LB780 Changes provisions relating to Emergency Protective Custody.
-- Introduced by Schumacher.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB780.pdf>
- LB793 Changes provisions and penalties relating to certain assaults, escape and contraband.
-- Introduced by Watermeier.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB793.pdf>
- LB815 Changes provisions relating to petitions for removal of a person's firearms-related disabilities or disqualifications.
-- Introduced by Stinner.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB815.pdf>
- LB816 Changes provisions relating to release of patient and resident records, and eliminates certain reporting requirements.
-- Introduced by Scheer.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB816.pdf>
- LB845 Provides requirements relating to confinement of juveniles and provide a duty for the Inspector General of Nebraska Child Welfare.
-- Introduced by Pansing Brooks.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB845.pdf>
- LB911 Changes appropriations by transferring funds relating to systems of care for users of adult behavioral health services.
-- Introduced by Bolz.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB911.pdf>
- LB919 Changes legislative intent regarding problem solving court programs and appropriations for such programs.
-- Introduced by Williams.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB919.pdf>
- LB923 Appropriates funds for federally qualified health centers.
-- Introduced by Stinner.
-- reviewed but no response submitted.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB923.pdf>
- LB931 Provides for financial incentives for certain assisted-living facilities and change distribution of the Behavioral Health Services Fund.
-- Introduced by Bolz.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB931.pdf>
- LB951 Adopts the Affordable Housing Tax Credit Act.
-- Introduced by Harr.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB951.pdf>

- LB971 Changes provisions relating to restoration of seized firearms.
-- Introduced by Gloor.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB971.pdf>
- LB980 Changes penalty provisions for certain violations relating to or committed by persons experiencing or witnessing a drug overdose.
-- Introduced by Morfeld.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB980.pdf>
- LB985 Provides reporting duties for regional behavioral health authorities.
-- Introduced by Schumacher.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB985.pdf>
- LB998 Provides for emergency community crisis centers and change provisions relating to emergency protective custody.
-- Introduced by Schumacher.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB998.pdf>
- LB1013 Changes tax on cigarettes and other tobacco products and provide for distribution of proceeds.
-- Introduced by Gloor.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1013.pdf>
- LB1023 Requires development of treatment protocols for and a needs assessment of committed offenders and correctional facilities.
-- Introduced by Ebke, Bolz, Pansing Brooks.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1023.pdf>
- LB1032 Adopts the Transitional Health Insurance Program Act and provide duties for the Department of Health and Human Services.
-- Introduced by McCollister
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1032.pdf>
- LB1033 Creates an advisory committee relating to persons with disabilities within the Department of Health and Human Services.
-- Introduced by Campbell.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1033.pdf>
- LB1058 Changes provisions relating to enforcement of certain tobacco restriction provisions.
-- Introduced by Crawford.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1058.pdf>
- LB1094 Changes provisions relating to evidence, sentencing, certain criminal penalties, criminal mischief, assault, theft, forgery, and probation.
-- Introduced by the Judiciary Committee.
<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1094.pdf>

Resolutions reviewed by DBH for Impact Summary (as of 1/20/16)

LR413 Creates the Task Force on Behavioral and Mental Health (even though this is a resolution we are still asked to complete an impact summary).

-- Introduced by Watermeier.

<http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LR413.pdf>

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



Joint Advisory Committee Planning Activity Completed November 19, 2015

There Is No Health Without Behavioral Health.
Prevention Works. Treatment is Effective. People Recover.

Key Components to Advisory Committees:

- ❖ Clear expectations and priorities
 - ❖ Shared understanding of roles
 - ❖ Meetings are a safe environment to share ideas
 - ❖ Key role in presenting the voice from their communities
 - ❖ Sharing information with their communities and stakeholders
- ❖ Informed and valued members
 - ❖ Good communication and interaction
 - ❖ Among members, with constituency groups and with the Division
 - ❖ Focus on priority issues
 - ❖ Policies and recommendations fit with the realities
 - ❖ Follow up regarding what happens with recommendations



Committee members identified they want to continue ...

- ◆ Continue Joint Committee meetings
- ◆ The organization of the meetings
- ◆ The flexibility of the meetings
- ◆ Length and frequency of the meetings
- ◆ Continue to hear the consumer voice – both adults and family members

Committee members were asked what could be improved ...

- ◆ More breaks
- ◆ More focus for the meetings
- ◆ Focus on Committees responsibilities
- ◆ Actionable items identified in advance
- ◆ Input on building the agenda
- ◆ "Legislation" as a separate agenda item
- ◆ Follow-up on each agenda topic discussed



Recommendations from the Facilitator

- Member orientation
 - New member orientation
 - More advanced information for longer term members
 - More extensive information on issues
- Annual session to prioritize goals for the Advisory Committees
 - Review of statutory and other committee responsibilities
 - Priorities of the state in accordance with its strategic plan
 - Priorities of members
 - Key contextual/external factors likely to influence BH services
- Develop meeting agenda based on goals and priorities
- Develop an annual two page summary of key accomplishments



Network during lunch!

- ❖ Conversation over the lunch hour
 - ❖ What's new in your community?
- ❖ Discussion when we reassemble after lunch



Thank you!

Questions?
Comments?
Feedback?

There is No Health without Behavioral Health. Prevention Works. Treatment is Effective. People Recover.

DRAFT PROPOSAL FOR NEBRASKA

SCOPE

- Lifespan (include children/adolescents - adults - older adults (geriatric))
- **Public health- or population-based approach** to include prevention aspect where possible (i.e., in addition to the individuals who are already receiving care, we will try to address issues of prevention and early detection of behavioral disorders and substance abuse in the general population; this may also touch upon suicide prevention in the general population especially for adolescents)
- We will use California report as a template/example. In addition, we will include chapters on primary care-behavioral health integration and other topics that are urgent and important for Nebraska (To be determined in next 2 weeks)

TARGET AUDIENCE (WHO WILL READ /USE THE NEEDS ASSESSMENT REPORT?)

- Policy makers
- Behavioral health regional administrators
- Consumer advocate groups
- County/regional public health departments
- DHHS (Specific units/programs include but not limited to: Behavioral health, Medicaid, Children & Family Services, Public Health, Developmental Disabilities)
- Criminal justice
- Veterans'

In addition to the above, we may expect the following groups to read/use the report:

- Health care systems
- Insurance companies

TYPES OF DATA

- See attached draft - UNMC identified potential data sources we can use for NE report. California report data sources are expected to exist for most of Nebraska as well. These include administrative/claims data from BH division, Medicaid, national survey / statistical reports, Census, BRFSS data, consumer survey, etc.
- UNMC will also collect data by conducting focus groups and surveys - this will focus on consumer and family input but other stakeholders will be also included.

ENGAGEMENT OF CONSUMERS

- "Mobilizing for Action Through Planning & Partnership (MAPP) is a community-driven strategic planning process for improving community health"
- We will adapt MAPP model to engage consumers and other stakeholders for the needs assessment.
- See the Power Point slides (attached) for more information about MAPP
- More discussion needed to how we use the MAPP for the Nebraska BH assessment



Access Measures

Tamara Gavin, LCSW
Deputy Director, Behavioral Health Services
Division of Behavioral Health
Nebraska Department of Health and Human Services

Department of Health & Human Services

DHHS
NEBRASKA

DBH Strategic Plan Priority Goal for Access

Implement access measures for Behavioral Health System services by December 31, 2016.

- Identify and develop measureable access standards and propose targets
- Present to Joint Advisory Committee and solicit stakeholder feedback
- Develop service matrix for all Regions' service array
 - Identify essential services
 - Compile final list of required access standards
- Incorporate requirements for improvement into Region Budget Plan Guidelines



Access, defined:

All members will receive the service(s) they need at the right time.

Department of Health & Human Services

DHHS
NEBRASKA

Current Behavioral Health Access Measures

Division of Medicaid and Long Term Care Timely Access Standards:

- *Emergent* - Member must be seen within one hour of request, or two hours in rural areas, for life-threatening conditions by a provider for a face-to-face evaluation for triage and crisis evaluation. (Service does not need preauthorization).
- *Urgent* - Member must be seen by a provider in an office setting within 48 hours of the referral for service for a face-to-face evaluation of a non-emergent symptomatic condition (e.g., person has active mental health symptoms and will require intervention to maintain stabilization).
- *Routine* - Member should have a face-to-face evaluation in an office setting within 14 calendar days of the request, for a non-symptomatic condition (e.g., person is not a danger to self or others, is not at risk of de-stabilization and level of functioning is not currently impaired).

Current Behavioral Health Access Measures

Division of Medicaid and Long Term Care Geo-Access Measures

- Ensure Members have access to a choice of at least two network providers who provide Covered Services to the extent that qualified, willing network providers are available.
- 90% of Members have access to all medically necessary behavioral health Covered Services according to the following standards:
- Inpatient and Residential Services within 60 miles or 60 minutes' travel time from the Member's residence, whichever requires less travel time; for rural areas, travel time limits may be extended up to 120 miles / 120 minutes if it is determined by MLTC that no inpatient providers are available within the 60 mile / 60 minute travel time requirement.
- All other Covered Services shall be accessible within 20 miles or 30 minutes travel time from the Member's residence, based on a readily accessible mode of transportation.

Current Behavioral Health Access Measures

Division of Behavioral Health Priority Population Measures for Substance Use Disorder services

- Priority Populations include consumers who are:
 - Pregnant and Injecting
 - Pregnant and Substance using
 - Injecting
 - Women with Dependent Children
- Access Standards:
 - Substance Use Assessment appointment within 48 hours and completed within 7 working days
 - When treatment need is identified, treatment is immediately available either in or outside of home Region
 - When there is no capacity, member is offered interim services within 48 hours



Provider / Region Access Measures

DBH and each Region collected existing access measure information from provider networks and the Regional Centers

- 150 lines of access measures were submitted from providers across the State

Each Region was asked to review the measures submitted by their network providers and recommend 3-5 access measures they felt were critical to the behavioral health system.

Across all regions, there was one key measure identified: *Referral to First Service*

- Targets varied by provider and by level of care
- Measured by referral, intake and service date data collection
- Measured by consumer survey response



Access Measures: Meeting our Goal

Identify and develop measurable access standards and propose targets

- We are asking Joint Advisory Committee Members to make recommendations for access measures to be incorporate statewide for DBH services
- Small Workgroups will focus on measures specific to level of care groupings: Outpatient, Intermediate, Residential and Inpatient



Access Measures: Meeting our Goal

Identify and develop measurable access standards and propose targets

- Each group can recommend 1-3 unique access measures for their level of care grouping. Access measures and/or identified targets can be specific to the broad grouping or specific to a level of care
- Access Measures and data collection metrics need to be clearly defined for easy applicability across providers
- How do measures ensure members are able to get the services they need at the right time?

WorkGroup Leads:

Outpatient: Heather Wood

Intermediate: Linda Wittmuss

Residential: Tamara Gavin

Inpatient: Sue Adams

Outpatient

Outpatient therapy
Medication Management
Community Support
Peer Support
Professional Partner
Supported Housing
Supported Employment

Intermediate

Intensive Outpatient
Intensive Community Services/Case Management
Day Rehabilitation
Day Treatment
Partial Hospitalization
Assertive Community Treatment

Residential

Halfway House
Dual Disorder Residential
Short Term Residential
Therapeutic Community
Intermediate Residential
Psychiatric Residential Rehabilitation
Secure Residential

Inpatient

IP Acute Hospital
IP Subacute Hospital
Regional Center

The Nebraska Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs People's Council

State Advisory Committee on Mental Health Services (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)
February 18, 2016

PRESENTED BY: CYNTHIA HARRIS , MARY THUNKER, & PHYLLIS MCCAUL



Purpose

- ▶ The Nebraska Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs (OCA) People's Council is chartered to provide state and regional leadership while utilizing personal lived experience to advocate for systems transformation as well as identify and advocate for a Recovery Oriented System of Care. The council is chartered to serve as the: (a) planning council of the Nebraska Office of Consumer Affairs, and (b) as a subcommittee of the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814).

Mission and Vision

Mission

The Council will utilize personal lived experience to identify and advocate for an integrated recovery oriented behavioral health system which supports adults, children, and their families.

Vision

All Nebraskans impacted by behavioral health conditions will live a life that is of quality and will have access to effective services, supports, education, and resources to assist them in reaching their fullest potential.

The OCA People's Council will...

- ▶ Provide recommendations to guide the DBH and OCA, and related state agency partners on ways to best support adults, children, and their families in the journey of healing, recovery, resiliency, and personal transformation.
- ▶ Conduct regular meetings. Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. Stat. §§ 84-1408 through 84-1414.
- ▶ provide recommendations to guide the Division relating to the development, implementation, provision, and funding of behavioral health services, such as organized peer support, wellness, and recovery services,
- ▶ Promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research,
- ▶ Provide reports as requested by the Division, and engage in such other activities as directed or authorized by the Division.

Rationale

- ▶ Consumer involvement is a priority in all aspects of service planning and delivery (§ 71-803) and the Office of Consumer Affairs Council provides an avenue for key stakeholders with personal lived experience to support this priority. As the Nebraska Behavioral Health system continues to transform, it is necessary to implement formal and strategic system links with other key stakeholders in order to expand consumer involvement in service planning and delivery in Nebraska.

Membership

- ▶ The OCA council shall consist of fourteen (14) members appointed by the Director of the Division of Behavioral Health.
- ▶ Candidates shall seek appointment by formally applying to the DBH OCA Office.
- ▶ All members of the council shall have personal lived experience. The Council shall consist of members who 1) have demonstrated a positive interest and capacity to work for system enhancement and, 2) can provide behavioral health expertise and perspective, in addition to co-occurring perspective, as well as other diversity such as rural/urban, Tribal, racial/ethnic/linguistic, life span, and other diverse communities.
- ▶ For the purposes of this council, personal lived experience shall be defined by the individual and shall be considered as experience as a former or current recipient of behavioral health services, or a caregiver/family member of a person receiving services in which the experience has significantly impacted their lives.

Appointments

- ▶ The following appointments shall be filled with respect to the above requirements.
 - Six (6) Regional Representatives; preference is given to the Regional Consumer Specialist (RCS) from each region. If a RCS has not been appointed by the Regional Behavioral Health Authority (RBHA), then a member shall serve in an interim position until a RCS has been hired by the RBHA
 - Two (2) Caregiver/Family Representatives
 - Two (2) Transition Age Youth/Young Adult Representatives
 - One (1) Representative from a Managed Care Organization or Integrated Healthcare Organization
 - One (1) Representative of the Regional Center System
 - Two (2) Representatives at large (Adult, Youth, or Family/Caregiver- not represented in above membership).

Function as a Subcommittee of State Advisory Committees

“Serve as a subcommittee of the State Advisory Committee on Substance Abuse Services and the State Advisory Committee on Mental Health Services” requires the following duties:

- ▶ When requested, OCA Council members shall
 - ▶ Review State Advisory Committee meeting minutes and provide recommendations and feedback (b) attend Committee meetings as a member of the public (c) participate in the creation of reports, updates, and/or presentations that will be delivered.
- ▶ Council members with dual appointment shall
 - ▶ Attend both OCA Council and State Advisory Committee meetings (b) when requested, shall report to the Council and Advisory Committees on relevant information, participate in presentations, and/or other activities as designated.

Dual Appointment

- ▶ Dual appointment refers to an individual who has received two separate appointments (1) by the Division of Behavioral Health Director to the OCA People's Council and (2) by the Nebraska State Governor to a State Advisory Committee (mental health or substance use).
- ▶ Currently there are three (3) members of the OCA People's Council who have Dual appointment.

Join us for our next meeting

| | | |
|-------------------|----------------|---|
| May 12, 2016 | 9:30-am-3:00pm | Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE |
| August 02, 2016 | 9:30-am-3:00pm | Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE |
| November 01, 2016 | 9:30-am-3:00pm | Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE |

Be sure to Visit and Subscribe

http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeoplesCouncil.aspx

Comments?



For more information please contact
Cynthia Harris, M.S., CPSWS
Division of Behavioral Health
Office of Consumer Affairs
Cynthia.Harris@nebraska.gov
402-471-7766