Nebraska Division of Behavioral Health

Joint Committee Meeting

State Advisory Committee on Mental Health Services (SACMHS)

State Advisory Committee on Substance Abuse Services (SACSAS)

March 17, 2015/ 9:00 am – 4:00 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, called the meeting to order and welcomed committee members and others present to the meeting. Roll call was conducted and a quorum was determined 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 Attending: Adria Bace; Cindy Buesing; Bev Ferguson; Lara Huskey; Patti Jurjevich; Linda Krutz; Phyllis McCaul; Ashley Pankonin; Joel Schneider; Jill Schreck; Mark Schultz; Mary Thunker; Diana Waggoner.

State Advisory Committee on Mental Health Services Absent: Mickey Alder; Karla Bennetts; Sheri Dawson; Kathleen Hanson; Brad Hoefs; Jette Hogenmiller; Kasey Moyer; Rachel Pinkerton; Cameron White.

State Advisory Committee on Substance Abuse Services Attending: Ann Ebsen; Ingrid Gansebom; Jay Jackson; Janet Johnson; Dusty Lord; Kimberley; Michael Phillips; Randy See; Mary Wernke.

State Advisory Committee on Substance Abuse Services Absent: Sheri Dawson; Paige Hruza; Todd Stull.

DHHS Attending: Susan Adams; Marla Augustine; Carol Coussons De Reyes; David DeVries; Dr. Roger Donovick; Renee Faber; Karen Harker; Pat Roberts; Nikki Roseberry; John Trouba; Heather Wood.

II. Public Comments — John Trouba

(Attachment A, B and C)

- Dusty Lord provided information on the "Success, Hopes, and Dreams 2015," Nebraska Behavioral Health Conference on May 12-13, 2015 at The Cornhusker Marriott in Lincoln, 333 South 13th Street, Lincoln, NE 68508. See attachment C for contact information or visit http://www.nebraskastateconference.org/
- Alan Green, Mental Health Association of Nebraska announced the dramatic reading *Theater of War* will be presented on May 11, 2015 at 7:00 p.m. at The Cornhusker Marriott in Lincoln, 333 South 13th Street, Lincoln, NE 68508. This is a pre-conference free event affiliated with the "Success, Hopes, and Dreams 2015" conference. Visit www.outsidethewirellc.com and www.facebook.com/TheaterofWar or www.mha-ne.org

III. Housekeeping and Summary of Agenda — *John Trouba*

- John Trouba, Federal Aid Administrator provided housekeeping/logistics reminders and confirmed the order of the agenda.

IV. Motion of Approval of Minutes — *John Trouba*

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner and State Advisory Committee on Substance Abuse Services (SACSAS) acting Chairperson Jackson opened the floor for comments. Lord recommended the minutes be amended to reflect discussion to include a survey of all peers as part of the Office of Consumer Affair's review of its "Vision - Mission - Core Functionality"

presented in Item XI. Office of Consumer Affairs. SACMHS Chair Waggoner called for a motion to accept the January 27, 2015 minutes as amended. Moved by Ferguson, seconded by McCaul. Motion passed unanimously on a vote by acclamation. SACSAS acting-Chair Jackson called for a motion to accept the January 27, 2015 minutes as amended. Moved by Phillips, seconded by Johnson. Motion passed unanimously on a vote by acclamation.

V. Acting Directors Update / Legislative Report *Sheri Dawson*

(Attachment D)
Karen Harker, Fiscal and Federal Performance Administrator, read a message from Sheri Dawson, Acting Director of the Division of Behavioral Health, who was unavailable due to meetings related to legislature and appropriations this morning. In her message, Dawson provided an update on behavioral health related information, including the Co-Occurring Initiative, Peer Support regulation and draft service definition project, Children's System of Care Project, Strategic Plan, consumer survey, DBH centralized data system, the Governor's priorities and starting date for Courtney Phillips the new CEO for DHHS. In her closing, Dawson thanked the members for their dedication and encouraged them to participate in the "Success, Hopes and Dreams 2015" conference May 12-13 at the Cornhusker Marriott in Lincoln, Nebraska. See Attachment D: Division of Behavioral Health Legislative Update.

Harker entertained comments on Dawson's report (listed below) and invited committee members to contact Dawson or herself with any questions.

- Huskey advised that priority bills have been identified by legislators.
- Jackson expressed an interest in LB13 - Change community-based Juvenile Services Aid Program provisions given his role as President of the substance abuse prevention Back to Basics Coalition.

VI. Prevention Advisory Council Update *Patti Jurjevich/Nikki Roseberry*

(Attachment E, F and G)
Nikki Roseberry, Division of Behavioral Health (Division) Prevention Program Specialist, presented an update on data collection activities used in the design, support and evaluation of prevention strategies. (Attachments E and F provide examples of survey questions and responses.)

Roseberry provided information on perceived risk and use of marijuana and noted recent increased perception of harm of synthetic marijuana among 12th Graders. And, provided an update on a new alcohol-related product, powdered alcohol. The commercial product Palcohol has been approved for sale in the US, as of March 11, 2015. Each state is now responsible for regulating it locally. LB330 would add "powdered form" to the definition of alcohol, thereby regulating it under the Nebraska Liquor Control Act. (See Attachment E.)

Roseberry reported on the technical assistance request made by the Division from SAMHSA to conduct a formal statewide workforce assessment and create a statewide workforce development plan. In addition, the Division will be hosting a three part series of trainings on prevention policy.

Comments:

- Identified concerns reported by other states include the use of powdered alcohol in a nebulizer, e.g. E-cigarette, which would affect everyone in the room, and the ability to conceal it, when the powdered alcohol is mixed with water it is clear.
- Powdered alcohol is a new product so there are no studies assessing abuse and risks, such as incident of alcohol poisoning.
- The handout provides websites for Information about how Palcohol is made and distributed.
- The Attorney General of Nebraska has filed a court challenge to marijuana legalization in Colorado.

- Prevention planning and training information (such as this presentation) is shared quarterly with the Prevention Advisory Council to help inform and increase capacity of regional and local prevention systems stakeholders and coalitions.

VII. Office of Consumer Affairs: Mission,Vision, and Core Functions Update *Carol Coussons De Reyes*

(Attachment H and I)
Carol Coussons de Reyes, Office of Consumer Affairs Administrator, provided an update on stakeholder responses collected during review of the "Vision – Mission – Core Functions." See Attachment H. A draft of the Office of Consumer Affairs (OCA) Mission and Vision statements was also reviewed.

Comments:

- Peer support training has been supported by OCA/DBH. Additional information and an updated manual is available on the website www.intentionalpeersupport.org
- In the next five years, the OCA would like to see a more balanced voice, especially adult and children and parents of families represented. And, additional resources for priority activities.
- Future workforce development activities include additional work with the Behavioral Health Education Center of Nebraska, University of Nebraska Medical Center after July 2015.
- Peer support services delivered by credentialed peer specialists offer advantages to communities of consumers. Licensing and certification are two distinct processes.
- It was noted that credentialing can impose upon the Peer-to-Peer relationship.

VIII. The Role of the LRC Medical Director *Dr. Roger Donovick*

Dr. Roger Donovick, Medical Director for Lincoln Regional Center, provided information about his role as the Medical Director at the Lincoln Regional Center (LRC). Dr. Donovick gave an overview of the LRC and continued with a question and answer session. A summary of the discussion follows.

- Dr. Donovick is a Board Certified Psychiatrist. He has been with LRC as Medical Director for nine months. He is responsible for all aspects of treatment programs and policy.
- The LRC is a state hospital that provides only inpatient services. We are a hospital. The Diagnostic and Evaluation Center is part of the Nebraska Department of Corrections.
- Each regional center has their own Medical Director.
- LRC provides psychiatric services and sex offender services on an inpatient basis. There are no outpatient programs.
- LRC provides services to people who need very specialized psychiatric services and a highly structured treatment setting. All LRC patients have been either committed by a mental health board or ordered to be committed by the Nebraska legal system.
- Mental health board committed and forensic patients are provided services in different units on the LRC campus, following admission processes.
- The Norfolk Regional Center is the first stage of inpatient treatment and LRC is the second stage. LRC has a transition program to assist patients to return to the community.
- LRC has 85 beds in its sexual offender program. The Norfolk Region Center has 120 beds in its sexual offender program.
- LRC operates Whitehall Campus to address the treatment needs of male adolescents who have offended sexually. Whitehall Campus has residential and treatment group home levels of care. Individuals discharged from Whitehall Campus are able to live independently successfully with a supportive environment.
- It can be a challenge for someone to transition from LRC to a community-based living arrangement. A step down process to the most integrated setting can help this transition

from a fully locked down facility to a less structured community setting. There is a budget resource component, too.

- There are two consumer specialists working at LRC; Dr. Donovick is not aware of any plan in place at this time to hire additional consumer specialists.
- LRC and Region 6 Behavioral Health Authority are working on a pilot project for a transitional program that involves housing and supportive services. Project assistance is being provided by the Technical Assistance Collaborative.

Discussion followed on the resources and services that are available to assist individuals to transition to the least restrictive environment. The Division of Behavioral Health is working with the Technical Assistance Collaborative to develop a framework for considering how to prioritize this planning process and incorporate community integration strategies into its system planning and implementation activities.

Motion: Substance Abuse Committee (SACSAS) recommendation to the Division of Behavioral Health to present to the Joint Committee information developed by the Technical Assistance Collaborative consultant regarding the continuum of housing and supportive services in Nebraska.
Motion by Kimberley Mundil, seconded by Randy See. Roll call vote called by Chairperson Ebsen. Voting Yes (9): Ann Ebsen, Ingrid Gansebom, Jay Jackson, Janet Johnson, Dusty Lord, Kimberley Mundil, Michael Phillips, Randy See, and Mary Warnke. Voting No (0): None. Absent (3): Sheri Dawson, Paige Hruza, and Todd Stull. Motion is adopted with nine (9) members voting yes.

Motion: Mental Health Committee (SACMHS) recommendation to the Division of Behavioral Health to present to the Joint Committee information developed by the Technical Assistance Collaborative consultant regarding the continuum of housing and supportive services in Nebraska.
Motion by Bev Ferguson, seconded by Mary Thunker. Roll call vote called by Chairperson Waggoner. Voting Yes (13): Adria Bace, Cindy Buesing, Bev Ferguson, Lara Huskey, Patti Jurjevich, Linda Krutz, Phyllis McCaul, Ashley Pankonin, Joel Schneider, Jill Schreck, Mark Schultz, Mary Thunker, and Diana Waggoner. Voting No (0): None. Absent (6): Mickey Alder, Sheri Dawson, Jette Hogenmiller, Kasey Moyer, Rachel Pinkerton, and Cameron White. Motion is adopted with thirteen (13) members voting yes.

IX. LOSS Team Members: Panel Presentation *Dave Miers, Terri Marti, Jennifer Fry, Kimberly Mundil*

(Attachment J & K)

Dr. Dave Miers, Counseling and Program Development Manager for Mental Health Services at Bryan Medical Center in Lincoln, NE, and Co-chair of the Nebraska State Suicide Prevention Coalition, introduced the panel members and framed the discussion with the experience of a LOSS team mobilizing to support families after a death from suicide.

Teri Marti, Jennifer Fry and Kimberly Mundil, each a member of a Lancaster County Local Outreach to Suicide Survivors (LOSS) Team, shared their personal testimony of how a death from suicide impacted their life and how LOSS is providing hope and healing.

For additional information, contact Jennifer Fry at nebraskalossteam@gmail.com and visit the following websites: http://www.suicideprevention.nebraska.edu, http://youthsuicideprevention.nebraska.edu, http://nelossteam.nebraska.edu

Comments:

- LOSS Teams visit families as a postvention activity to share information and provide support as requested. Follow-up visits are at the families' request.
- There is not a specific religious component incorporated in the LOSS Team program.
- The LOSS Team concept is sensitive to cultural and ethnic diversity.

- On average, suicide survivors wait 4.5 years to seek help for their loss and are 9 times more likely to be suicidal themselves.
- Suicide survivors who have contact with a LOSS Team seek help for their loss within 39 days.
- The Lincoln LOSS Team was a leader in organizing the National LOSS Team Conference and held the first national conference in Lincoln in 2011.
- Nebraska is setting the standard with the organization of a Veteran LOSS Team.
- There is a screening process for someone to be a member of the LOSS team. If interested please contact Dave Miers at Dave.Miers@bryanhealth.org or Don Belau, PhD at Donald.Belau@doane.edu..
- The LOSS Development Group meets on a monthly basis and is currently working on creating an Advisory Group.

X. Collaborative Arrangements with Partner Organizations *Karen Harker/Susan Adams*

Susan Adams, Network Services Administrator for the Division of Behavioral Health, facilitated a discussion about collaborative arrangements between the Joint Committee and other entities with shared missions. Collaboration can be broadly defined to include inter-organizational activities variously defined as "cooperation," "coordination," "partnership," or "networking." Establishing an official collaborative arrangement can formalize ties among entities, such as the sub-committee arrangement between the SACSAS and the Prevention Advisory Council. Formalizing a relationship among entities can also anchor two organizations together; providing heightened attention to and investing in shared goals. For example, at the last Joint Committee meeting the idea to create a collaborative arrangement with the Nebraska State Suicide Prevention Coalition was identified as a means to increase awareness of common issues important to both organizations, keeping common issues on our radar.

Identifying a process to establish collaborative arrangements up front rather than entertaining individual opportunities as they might come up, enables us to look at the larger picture of such arrangements before establishing a precedent. There can be value to the Joint Committee in formalizing an arrangement for mutual benefit in working together.

Comments and Discussion:

- Groups with which there are shared goals could include the Nebraska State Suicide Prevention Coalition, for example, which can share information on suicide prevention.
- There are advantages and disadvantages to each collaborative arrangement. For example, a sub-committee arrangement could face challenges with the public meeting requirements.
- The Joint Committee should consider if there are resources that would assist us to do your work better. For example, transition housing is a concern to organizations across systems who might have different perspectives.
- Are there those topics that are so critical, for example mental health promotion and suicide prevention, we want to ensure there is a more formalized mechanism for the sharing of information.
- There is interest in receiving regular updates on topics such as suicide prevention and postvention.
- The Joint Behavioral Health Committee is an example of interagency collaboration in the state where representatives of each system meets to share information.
- Representatives on these committees are very knowledgeable within their fields, how can we as a group share information and take that to our communities to facilitate feedback and advice? How can we be more effective in promoting mental health and substance abuse services in the state?
- There was interest expressed in reviewing current behavioral health-related issues in the news and identifying the potential impact on mental health and substance abuse services.
- There was interest expressed in reviewing each committee's mission and vision statements as set forth in their respective enabling legislation.

- There was interest expressed in identifying and sharing new, innovative services delivered in the community, such as drop-in centers.
- Committee suggestions and recommendations are noted in the minutes and reported to the public via publication on the state website and state and federal authorities. With the transition in state leadership, perhaps this process of recording and reporting should be reviewed.

XI. Mental Health/Substance Abuse State Priorities *Karen Harker/Heather Wood*

(Attachment L)

Karen Harker, Fiscal and Federal Performance Administrator for the Division of Behavioral Health, introduced the Mental Health/Substance Abuse State Priorities topic, noting the needs assessment activities inform not only the broader work of the Division of Behavioral Health but also the state priorities to identify in the 2016/2017 SAMHSA Block Grant application due September 1, 2015. A draft of proposed state priorities will be presented for your review and comments.

Heather Wood, Quality Improvement and Data Performance Administrator for the Division of Behavioral Health, presented a draft of proposed state priorities for the 2016/2017 Block Grant. The priorities identified as draft state priority areas in the handout are a subset of the work being done in the state. These reflect the work of the needs assessment, Consumer Survey, Results-based Accountability, Continuous Quality Improvement and other efforts guiding activities across the systems. Wood invited feedback on the information developed through these processes and input on data collection and measurement during the two year block grant cycle.

Members of the Joint Committee reviewed each draft state priority area. Members provided the following comments, many of which elicited detailed discussion.

- Tuberculosis screening to be provided to all persons entering a substance abuse treatment service is a required state priority area. The goal, performance indicator and target are identified.
- Surrounding states have created Peer Support credentialing systems to fund services.
- The basis of Peer to Peer relationships are different for Peer Support certification versus credentialing and both systems should be honored.
- Nebraska's Office of Consumer Affairs is working to develop Peer Support credentialing via the 206 Regulation process.
- Develop an indicator of Peer Support services and workforce using records and surveys.
- Utilize crisis interventions reported in the emergency systems.
- Review the usage of more intensive outpatient services and identify outcomes.
- Capture more than admission and discharge data; track episodic treatment of care.
- Track movement through treatment service from inpatient to outpatient continuum
- Reporting systems are set up differently across the state which will affects measurement
- Consumer financial resources affect service access; Insurance can drive service type delivery.
- Track usage of warm lines and Safe Harbor and Keya House.
- Can we capture the length of stay in a facility, e.g., via EPC, and follow-up service journey?
- Can we improve reporting by reducing the reporting burden on providers and improve the reporting systems themselves?
- Providers embracing trauma-informed and co-occurring services encounter barriers in the energy within the larger systems and infrastructures (e.g., Medicaid, Magellan).
- Use of Evidence-based Practices (EBP) should be encouraged but individual EPBs should not be designated for priority funding, for example Supported Employment.
- Individual situations and treatment needs should dictate selection of EBPs.
- Use of an EPBs in a frontier or rural setting may require adapting it and funding mechanisms should recognize the programmatic need for such adaptations.
- Continue working the RBA process to develop measures that track substance use goals for both mental health and substance abuse service consumers using a continuum not just abstinence.

XII. Public Comments — John Trouba

- Jonah Deppe, Advocacy Director at National Alliance on Mental Illness - Nebraska encouraged members to support their local behavioral health providers, such as the Behavioral Health Provider Legislative Day on March 20, 2015. Deppe cited a recent national study of spending for mental health services developed by the National Alliance of Mental Illness that reports Nebraska continues to reduce its funding for mental health services.

XIII. Committee Comments and Future Agenda Items — John Trouba

Plus/Delta of today's meeting:

- Plus/Delta
  - Our purpose has seemed like it has changed. It is more of a presentation and discussion than providing advice. View the suicide prevention as important and should receive feedback.
  - See the mission creeping during the transition to a new director. This is an important committee but we are tied somewhat because of the charter through the executive branch. Encourage members to reinvigorate their interest and involvement.
  - Think the group is valuable, but do miss meeting in the smaller groups.
  - Appreciative of the presentation and comments.
  - Appreciative of the presentation and comments.
  - Thank you everyone who comes and invests their time and talent. We on the committee are mindful of the employees' work and what they have done.
  - Some people had to leave for legislative testimony, it isn't due to lack of interest in the committee.
  - We are not advising our legislature, so how can we represent our state in a meaningful way?
  - Some of us are relatively new and find it has been valuable. These are great discussions.
  - Omaha has a pilot program to train veterans in peer support. What can this committee do to provide collaboration and networking of resources?

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 Thursday, August 13, 2015 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.

3-17-2015 Meeting Minutes

Mental Health
Association of Nebraska

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Lincoln, NE 68508

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FOR IMMEDIATE RELEASE

THEATER OF WAR IS PRESENTED AT THE ANNUAL NEBRASKA MENTAL HEALTH CONFERENCE

Lincoln, NE (May 11th) – Outside the Wire, a social impact company, will present a performance of *Theater of War* at The Cornhusker Marriott in Lincoln on May 11th at 7:00pm, hosted by the Mental Health Association of Nebraska.

Theater of War presents readings of Sophocles' *Ajax* and *Philoctetes* to military and civilian communities across the United States, Europe and Japan. These ancient plays timelessly and universally depict the visible and invisible wounds of war. By presenting these plays to military and civilian audiences, the hope is to de-stigmatize psychological injury, increase awareness of post-deployment psychological health issues, disseminate information regarding available resources, and foster compassion and understanding.

The presentation is approximately 2 hours long. The readings from the plays are followed by discussion with panelists from the local civilian and military communities, and a facilitated town-hall style audience discussion.

This performance will feature Glenn Davis, Juliana Francis Kelly
Facilitated by Ben Saypol
Translated & Directed by Bryan Doerries
Produced by Phyllis Kaufman

About Outside the Wire
Outside the Wire is a social impact company that uses theater and a variety of other media to address pressing public health and social issues, such as combat-related psychological injury, end of life care, prison reform, political violence and torture, and the de-stigmatization of the treatment of substance abuse and addiction.

To date, there have been over 275 performances of *Theater of War* for military and civilian communities throughout the United States, Europe and Japan. Over 50,000 service members, veterans, and their families have attended and participated in *Theater of War* performances and discussions.

Visit Outside the Wire's website: www.outsidethewirellc.com to find more information about the project, watch a short video of a performance, and find out about recent and upcoming performances. You can also find *Theater of War* on Facebook: www.facebook.com/TheaterofWar

For more information and tickets (they're free!), please visit www.mha-ne.org

This project is presented with the generous support of the Kim Foundation, the Behavioral Health Education Center of Nebraska (BHECN) and the Mental Health Association of Nebraska

Press Contacts: Lio Sigerson, Project Coordinator, Theater of War
lsigerson@theater-of-war.com / (718) 624-0351

Alan Green, MHA-NE Executive Director
agreen@mha-ne.org / (402) 442-4382

Theater of WAR

Presented by Outside the Wir

A Dramatic Reading of Scenes from Sophocles' **AJAX**

A new version by Bryan Doerries

GLENN DAVIS

Bengal Tiger at the Bahgdad Zoo
Wig Out!
24

JULIANA FRANCIS KELLY

Ajax
A Strretcar Named Desire
Running Away from the One With the Knife

Theater of War is an innovative public health project that presents dramatic readings of Sophocles' *Ajax*, an ancient Greek war play, as a catalyst for facilitated town hall discussions about the challenges faced by Service Members, Veterans, and their families today. These lively, interactive events are aimed at generating compassion and understanding between diverse audiences.

→ **DATE:** **Monday, May 11, 2015**

→ **TIME:** **7:00pm - 8:30pm**

→ **LOCATION:** **Cornhusker Marriott**
333 South 13th Street
Lincoln, NE 68508

ADMISSION IS FREE. SEATING IS LIMITED.

Questions? Please visit: www.mha-ne.org for tickets and information.

FACILITATED BY BEN SAYPOL
TRANSLATED & DIRECTED BY BRYAN DOERRIES
PRODUCED BY PHYLLIS KAUFMAN

To become a part of **Theater of War**, host a performance in your community, support our efforts, continue the discussion online, or for additional information, please contact Bryan Doerries, Artistic Director, or Phyllis Kaufman, Producing Director at info@outsidethewirellc.com.

Visit www.outsidethewirellc.com and www.facebook.com/TheaterofWar

OUTSIDE THE WIRE

carf

Community Services Fund of Nebraska

Success, Hopes, and Dreams 2015

Working together towards prevention and recovery

Save The Date!

Success, Hopes, and Dreams 2015
Nebraska's Behavioral Health Conference
May 12-13, 2015

Who should attend:

- **Behavioral Health Consumers** Individuals who experience mental illness, substance use, and/or co-occurring disorders, including veterans and minority populations. Family members are also encouraged to participate.
- **Licensed Mental Health Professionals**
- **Alcohol and Drug Counselors/Registered Service Providers**
- **Peer Support Specialists**
- **Prevention Specialists**
- **Case Managers**
- **All Behavioral Health Professionals**

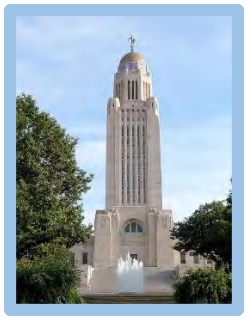
→ New for 2015 ←

- **Justice System** CEUs may be approved for Counselors, Therapists, Criminal Justice Addiction Professionals, and others interested in the Criminal Justice field.

For additional information, contact:

Mental Health Association of Nebraska
Pat Talbott, Conference Coordinator or Dusty Lord, Conference Coordinator
402.441.4373 or 402.805.5502
ptalbott@mha-ne.org
dlord@mha-ne.org

http://www.nebraskastateconference.org/



Division of Behavioral Health

Legislative Update
March 2, 2015

This is a note on bills introduced by the 104th Legislature that affect DBH. Comments or questions can be sent to 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

LB598 Change and provide requirements regarding treatment and segregation of mentally ill inmates.
-- Introduced by Schumacher
http://nebraskalegislature.gov/FloorDocs/104/PDF/Intro/LB598.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

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

Prevention Advisory Council Updates

Nikki Roseberry
Division of Behavioral Health

New Data

SHARP

Student Health And Risk Prevention

SHARP is the coordinated administration of the:

- ❑ Youth Risk Behavior Survey (YRBS)
- ❑ Youth Tobacco Survey (YTS)
- ❑ Nebraska Risk and Protective Factor Student Survey (NRPFSS)

SHARP 2014/2015 Implementation

- Preliminary response rates for this year

Survey	Youth Risk Behavior Survey	Youth Tobacco Survey	Nebraska Risk and Protective Factor Surveillance Survey
Response Rate	*63%	65%	55%
*Need 60% to have weighted data. This is the 3rd implementation in a row to achieve weighted data.			

NASIS/NCAOS

- Nebraska Annual Social Indicator Survey (NASIS)
  - Statewide Sample (Omnibus survey)
  - Response rate 29% (N=1,018)

- Nebraska Community Alcohol Opinion Survey (NCAOS)
  - Oversample of PFS Counties
    - Response rates ranged from 30%-41%
    - (N=200+ in all but one county)
  - Subsection of NASIS with PFS items only
  - Spanish and English

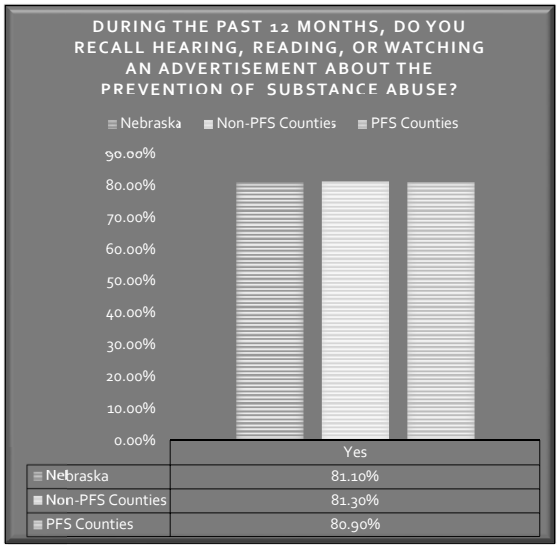
NASIS/NCAOS

PARENTS ONLY
About 25% of sample were parents of 12-20 year olds

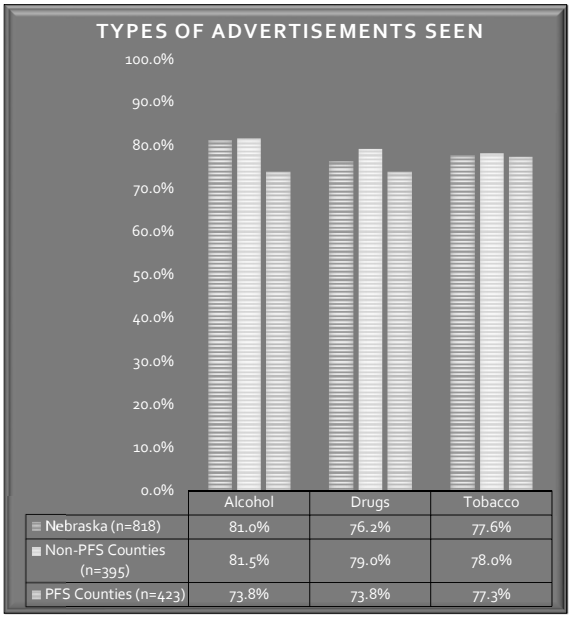
During the past 12 months, have you talked with your child about the dangers of alcohol?

	Yes
Nebraska (n=300)	75.3%
Non-PFS Counties (n=151)	76.8%
PFS Counties (n=149)	73.8%

NASIS/NCAOS

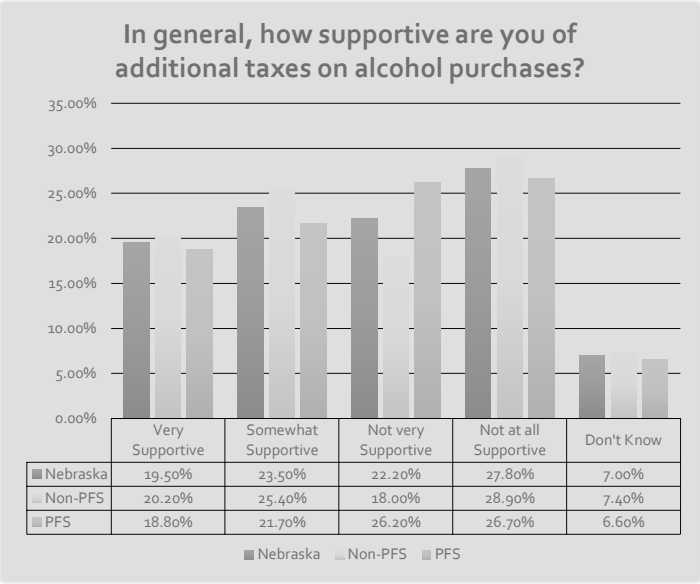


	Yes
Nebraska	81.10%
Non-PFS Counties	81.30%
PFS Counties	80.90%



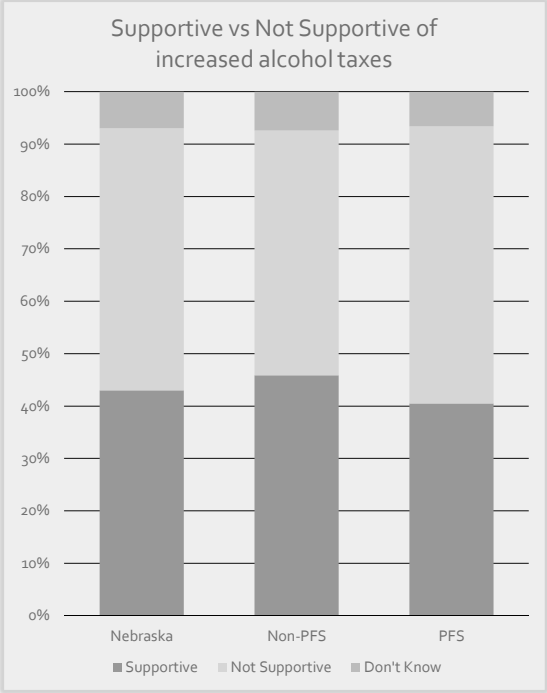
	Alcohol	Drugs	Tobacco
Nebraska (n=818)	81.0%	76.2%	77.6%
Non-PFS Counties (n=395)	81.5%	79.0%	78.0%
PFS Counties (n=423)	73.8%	73.8%	77.3%

NASIS/NCAOS

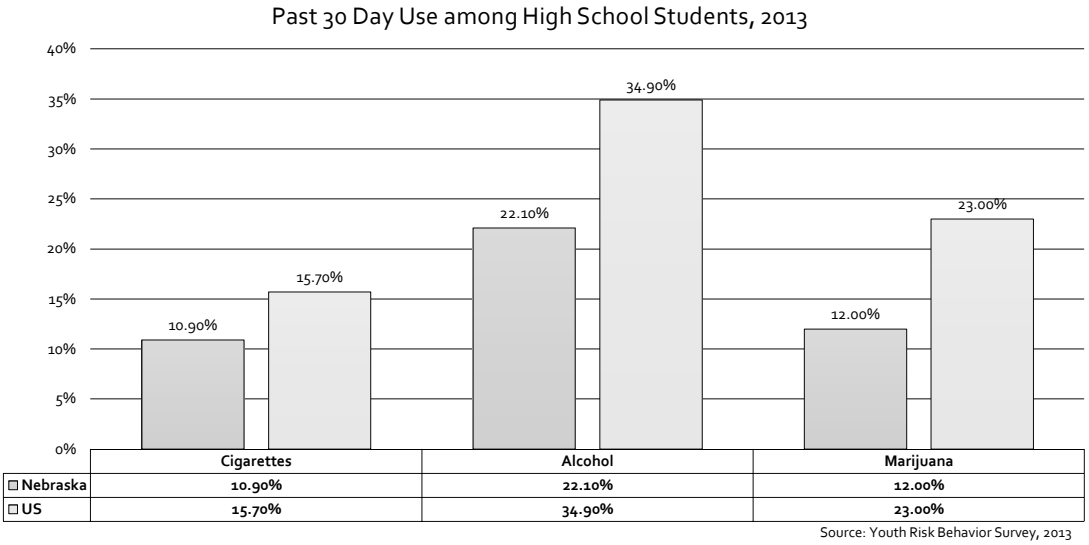


	Very Supportive	Somewhat Supportive	Not very Supportive	Not at all Supportive	Don't Know
Nebraska	19.50%	23.50%	22.20%	27.80%	7.00%
Non-PFS	20.20%	25.40%	18.00%	28.90%	7.40%
PFS	18.80%	21.70%	26.20%	26.70%	6.60%

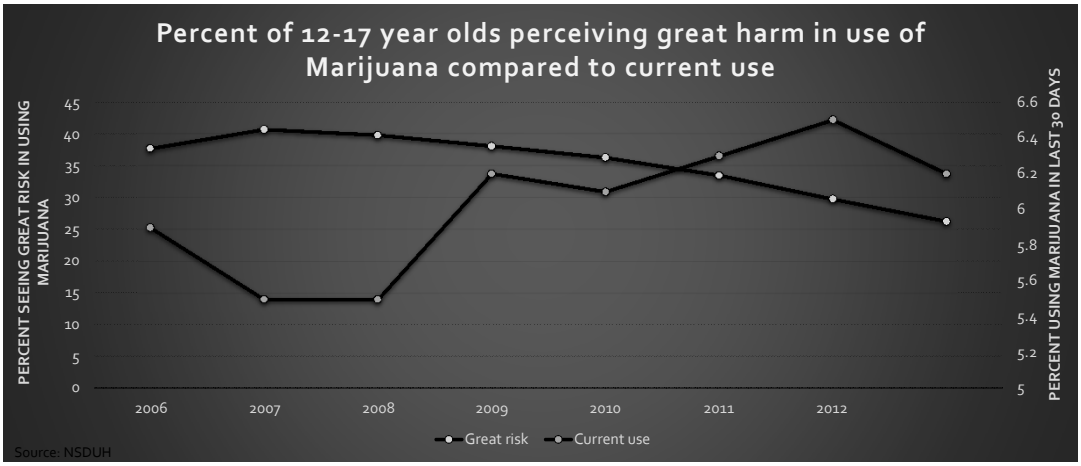
Nebraska Non-PFS PFS



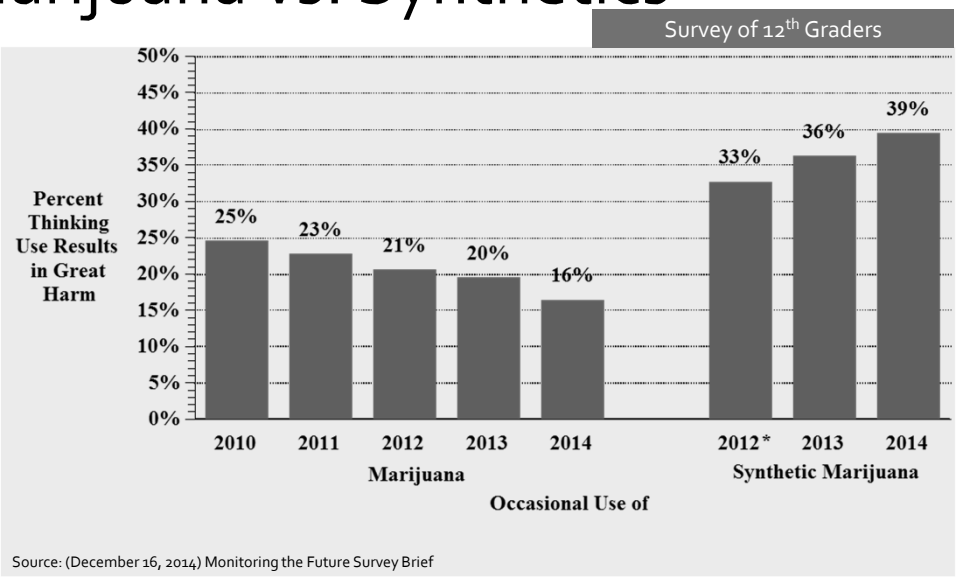
Marijuana Handouts



Perceived Risk and Marijuana Use



Marijuana vs. Synthetics



Powdered Alcohol

Palcohol

Powdered Alcohol

- Palcohol has been approved for sale in the US, as of March 11, 2015
- Each state is now responsible for regulating it locally – LATimes.com
- Alaska, Colordao, Delaware, Louisiana, South Carolina and Vermont have already banned the product. – 9news.com
- LB330 would add "powdered form" to the definition of alcohol, thereby regulating it under the Nebraska Liquor Control Act

http://www.latimes.com/food/dailydish/la-dd-palcohol-powdered-alcohol-legal-20150312-story.html
http://www.9news.com/story/news/local/politics/2015/01/26/powdered-alcohol/22349557/

Request for Technical Assistance

TA Request

Based on the recommendations from past site visits and guidance from this council, we requested technical assistance from SAMHSA to:

- **Conduct a formal statewide workforce assessment that is *based on the identified prevention professional core competencies***
  - Finalize core competencies for the prevention workforce to include minimum qualifications and demonstrated competencies
  - Perform a comprehensive assessment specifically for Regional Prevention Coordinators' (RPCs) performance
  - Utilize this assessment to inform the training and technical assistance services needed from RPCs to help sub recipients effectively use the Strategic Prevention Framework to select and implement the evidence-based strategies

TA Request

- **Create a statewide workforce development plan that ensures:**
  - Training and technical assistance services are targeting the most pressing workforce needs
  - Specific and measurable desired workforce outcomes and associated strategies are identified for all levels of the Nebraska prevention workforce for recruitment, training, and retention
  - Strategies for providing and coordinating Training and technical assistance when delivered or sponsored by different agencies and departments

TA Request

Workforce Workgroup

- Help make decisions during the assessment process
- Help guide the planning process
- Advise on priorities over time

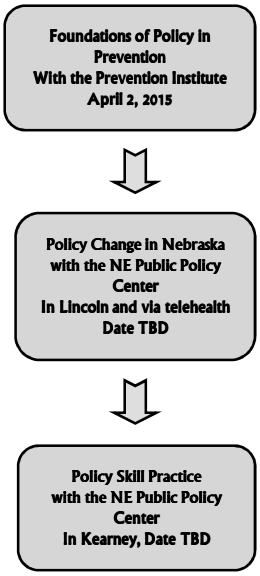
- Bring in a facilitator
  - Partner with workgroup lead
  - Provide a hub of information for workforce assessment

- Will be looking for volunteers – more to come

Training

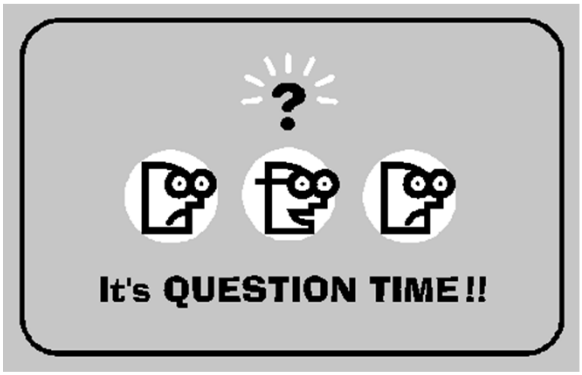
Policy Training

- DBH hosting a 3 part series of trainings on policy
  - Foundations of Policy in Prevention
    - Prevention Institute
  - 2 trainings with Nebraska Public Policy Center
    - Specific to Nebraska issues and skill practice



Other Opportunities

- ❑ April 1, 2015 - School Community Intervention & Prevention (SCIP) **"Living the High Life…a Downhill Ride"** conference in Lincoln
- ❑ April 29, 2015 - ***Prevention Advisory Council*** 9am – Noon, Lancaster County Extension Building, Lincoln
- ❑ Late April, date TBD - ***Executive SEOW –*** Lincoln
- ❑ Early June, date TBD - ***Full group SEOW -*** Lincoln
- ❑ Mid-July 2015, dates TBD - ***Substance Abuse Prevention and Skills Training*** – Norfolk
- ❑ Monday, September 21, 2015 - 7:45am - 4:30pm and Tuesday, September 22, 2015 - 7:45am - 12:00pm - ***Healthy Youth Nebraska: Addressing Risks, Resiliency, and Barriers*** conference, Midtown Holiday Inn in Grand Island
- ❑ November 17-19 2015 - ***National Prevention Network Conference,*** Seattle, WA



Questions?

Comments?

Concerns?

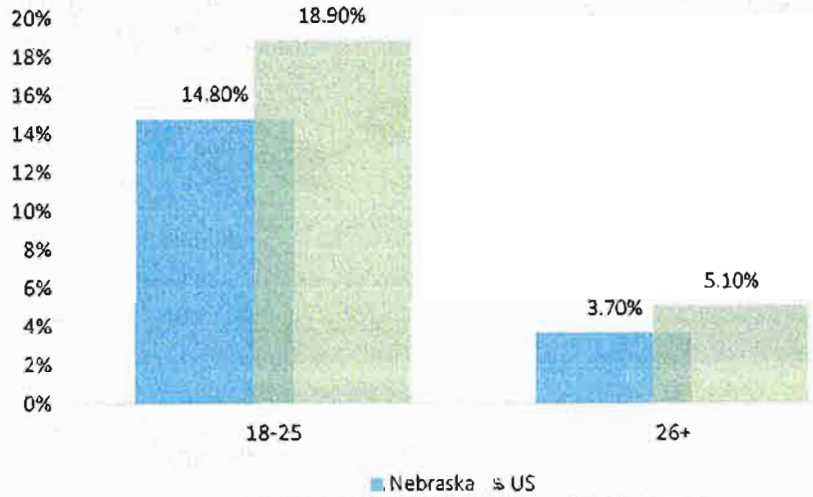
MARIJUANA IN NEBRASKA

MARIJUANA USE BY ADULTS

During the combined years of 2011 and 2012, 5.5% of persons 12 and older in Nebraska had used marijuana during the past month

Broken down by age group, NSDUH shows almost 1 in 5 (18.9%) 18-25 year olds had used marijuana during the past 30 days

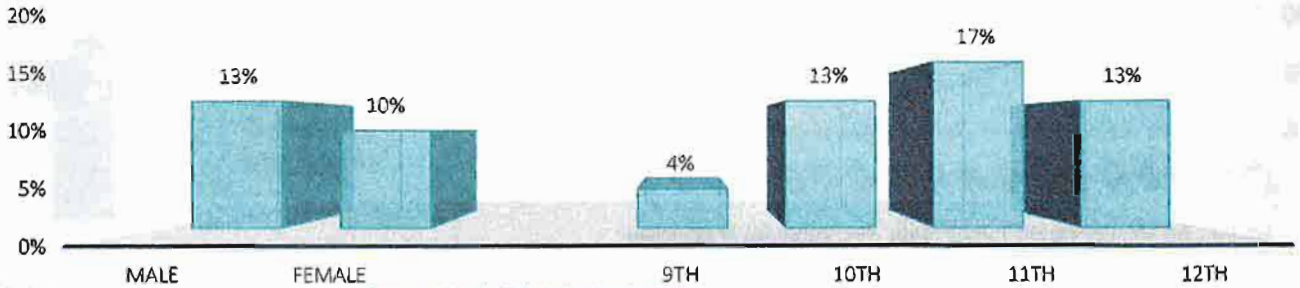
Marijuana Use in Past Month among Persons 18 and Older, Nebraska and U.S; by Age, 2011-2012 Combined



Source: National Survey on Drug Use and Health (NSDUH)

MARIJUANA USE BY YOUTH

Past Month Marijuana Use among Nebraska High School Students, by gender and grade, 2013



Source: Youth Risk Behavior Survey

PAST 30 DAY USE AMONG HIGH SCHOOL STUDENTS, 2013

	Cigarettes	Alcohol	Marijuana
Nebraska	10.90%	22.10%	12.00%
US	15.70%	34.90%	23.00%

Source: Youth Risk Behavior Survey

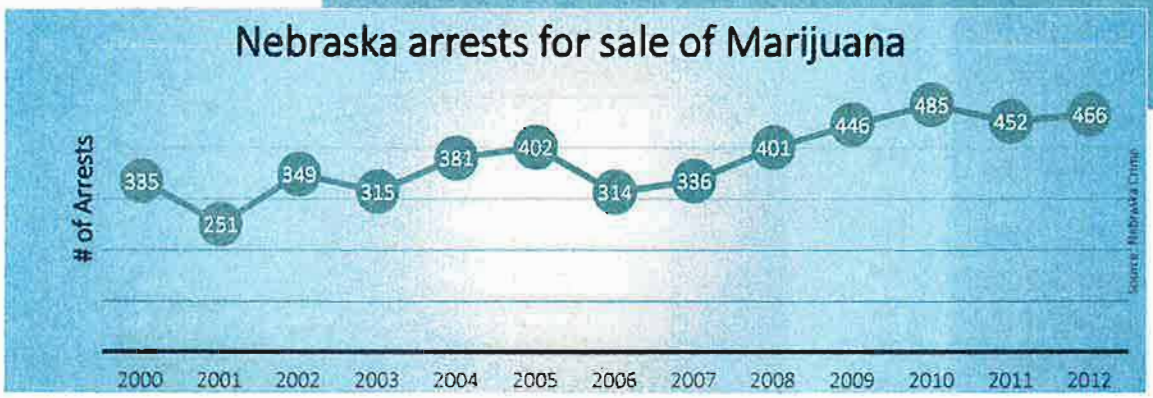
In 2013, approximately 1 in every 9 Nebraska high school students (11.7%) reported marijuana use during the 30 days preceding the survey.

Youth Risk Behavior Survey (YRBS)

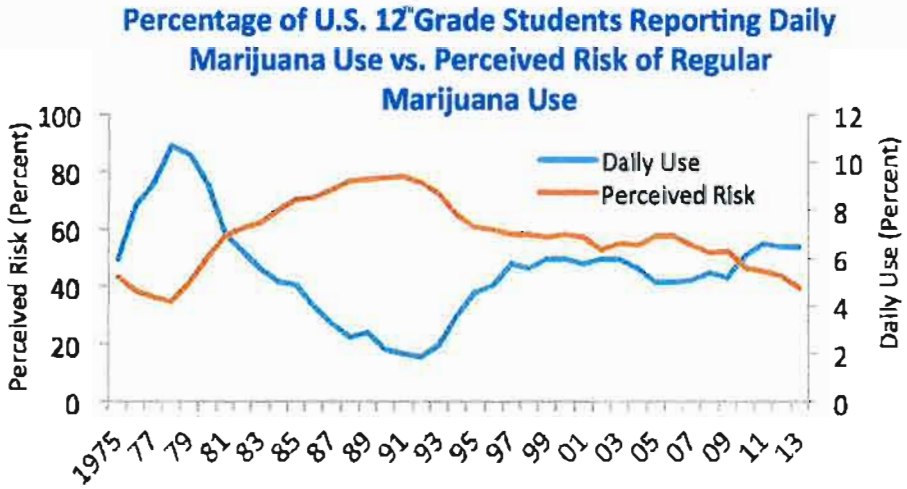
MARIJUANA RELATED CRIME

OF ILLICIT DRUGS, MARIJUANA WAS THE MOST COMMON IN DRUG-RELATED CRIMES, ACCOUNTING FOR ¾ OF ALL DRUG POSSESSION ARRESTS IN 2013

US Drug Enforcement Administration (DEA)



PERCEIVED RISK AND MARIJUANA USE



Source: The Monitoring the Future study, the University of Michigan

For more information please contact:

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Division of Behavioral Health
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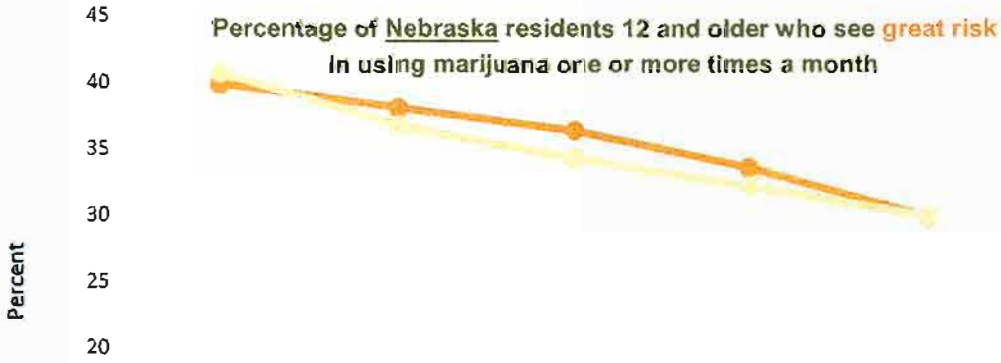


Source: National Survey on Drug Use and Health (NSDUH)

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
12-17	39.83	38.07	36.34	33.52	29.8
18+	40.68	36.76	34.27	32.1	29.86

Nebraska Prevention

Department of Health & Human Services
DHHS
NEBRASKA
Division of Behavioral Health

NASADAD National Association of State Alcohol and Drug Abuse Directors, Inc.

December 2014

NASADAD • 1025 Connecticut Ave NW, Ste. 605 • Washington, DC 20036 • T: (202) 293-0090 • F: (202) 293-1250 • Website: www.nasadad.org

MARIJUANA

Overview

Marijuana comes from the "Cannabis sativa" or hemp plant. Its main active ingredient, delta-9-tetrahydrocannabinol or THC, binds to cannabinoid receptors in the brain, causing a user's "high." The THC content of marijuana has steadily increased over the past 30 years, thereby also increasing its potency.[1] According to the 2013 National Survey on Drug Use and Health (NSDUH), **marijuana is the most used illicit drug** with 19.8 million (7.5%) Americans (12 or older) reporting past month use. The percentage of Americans using marijuana (during the past month) has been consistently increasing over the past six years from 5.8% in 2007 to 7.5% in 2013. In addition to the increasing rates of past month use, the rate of Americans (12 or older) who use marijuana on a daily or almost daily basis has also steadily increased. In 2013, 8.1 million people used marijuana on 20 or more days in the past month and 5.7 million used marijuana on 300 or more days during the past year. As drug use increases, drug dependence and admissions to substance use disorder treatment also increase. **In 2013, 4.2 million Americans were dependent on or abused marijuana (more than pain relievers, cocaine, and heroin combined)** and roughly 316,000 people received treatment for marijuana use – the second most common substance individuals receive treatment for behind alcohol.[3,2]

Marijuana Use: A Closer Look

Treatment Admissions: In 2012, 17% of individuals admitted to treatment in the U.S. reported marijuana as their primary substance of abuse. **The average age of individuals admitted for marijuana was 25.** Of treatment admissions for individuals aged 12-14 and 15-17, marijuana was the primary substance in 76% of admissions. More than half (56%) of individuals admitted to marijuana treatment first used marijuana by age 14. 52% of people admitted to treatment for marijuana were referred by a criminal justice agency (incl. Driving Under the Influence/DUI).[2]

NSDUH 2013 Data:

Past Month Use of Illicit Drugs, U.S. Population

12 and Older

Illicit Drugs	Use % (estimate)
Marijuana	7.5% (19,800,000)
Psychotherapeutics*	2.5% (6,500,000)
Cocaine	0.6% (1,500,000)
Hallucinogens	0.5% (1,300,000)
Inhalants	0.2% (500,000)
Heroin	0.1% (300,000)

*"Psychotherapeutics" are prescription medications such as opioid pain relievers, tranquilizers, stimulants, and sedatives.

Past Month Use, Marijuana Users

By Age

Age	Use % (estimate)
12-17	9% (1,762,000)
18-25	33% (6,636,000)
26-34	24% (4,721,000)
35 and older	34% (6,691,000)

By Gender, 12 and Older

Gender	Use % (estimate)
Female	38% (7,510,000)
Male	62% (12,300,000)

By Race/Ethnicity, 12 and Older

Primary Race/Ethnicity	Use % (estimate)
White	66% (13,168,000)
Black	14% (2,727,000)
Hispanic	13% (2,663,000)
Am. Indian/AK Native	0.7% (151,000)
Asian	1.5% (300,000)

Trends in Treatment Admission for Marijuana

A large scale review of the scientific literature reveals that the number of individuals seeking treatment for marijuana use has increased during the past 20 years in the United States, Europe, and Australia. This increase has generally occurred roughly 10 years after an increase in marijuana use among young adults. This increase cannot be explained by increased court diversion – in fact, a similar increase has occurred in the Netherlands where marijuana has been decriminalized for more than 40 years.[5] Many hypotheses exist for this increase, though the literature remains inconclusive.

Is Marijuana Addictive?

According to results from the 2013 NSDUH, **young people who initiate marijuana use are more likely to become dependent on illicit drugs** – 11.5% of adults aged 18 or older who first used marijuana at 14 or younger were classified as having an illicit drug dependence versus 2.6% of adults who first used marijuana at 18 or older.[3] NIDA researchers estimate that **9% of people who use marijuana will become dependent** on it. For individuals who initiate use during adolescence, an estimated 17% will become dependent. The risk is even higher among people who use marijuana daily, with 25-50% becoming dependent.[1] In addition to heavy, recurrent use and the social problems that are associated with cannabis use disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM V), marijuana dependence is also associated with withdrawal symptoms that include irritability, difficulty sleeping, craving, and aggression.[6]

Marijuana Use in Adolescence (ages 12-17):

Prevalence

Marijuana is the **most commonly used illicit drug by adolescents aged 12-17.** This trend has been consistent over the last decade, with rates varying between a high of 8.2% of adolescents using during the past month in 2002 to a low of 6.7% from 2006-2008. In 2013, the rate was 7.1% or more than 1.7 million adolescents.[3] In fact, according to the 2013 Monitoring the Future study, more American high school seniors have tried marijuana than have tried cigarettes (45.5% vs. 38.1%).[10] Brain development continues through adolescence and young adulthood, making adolescents particularly susceptible to the negative effects of marijuana and other drugs.

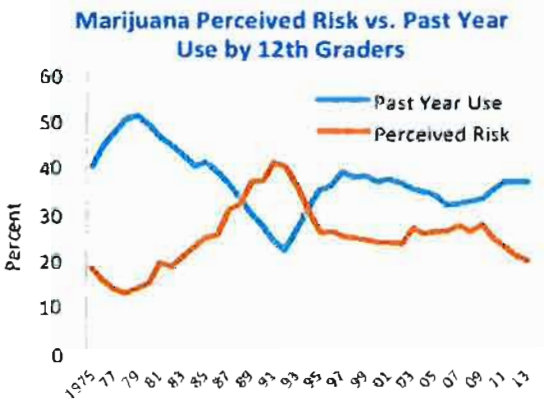
Public Health Impact

According to the National Institute on Drug Abuse (NIDA), using marijuana impairs individuals' abilities to form new memories and disrupts the sections of the brain that regulate balance, posture, coordination, and reaction time. In rare cases, a large dose of marijuana may cause acute psychosis, including hallucinations, delusions, and a loss of the sense of personal identity. A recent NIDA-funded review of scientific literature on adolescent marijuana use suggests that earlier marijuana initiation, particularly before 18 years old, is associated with greater health consequences, namely poorer attention, reduced IQ, and deficits in executive function.[4] A large longitudinal study found that individuals who began persistently using marijuana during adolescence showed an average decline of 8 IQ points. This decline in IQ put marijuana users' IQ below 70% of their peers.[11] Another study, integrating the data from three large longitudinal studies, consistently showed negative impacts from adolescent marijuana use including lower educational achievement, use of other illicit drugs, and an increased risk of suicide. In addition, this study found dose-response characteristics across the outcomes, meaning that as marijuana use increases during adolescence, negative consequences in young adulthood also increase.[12]

Driving under the influence of marijuana is also a major public health concern. After alcohol, THC is the most commonly found substance in the blood of impaired drivers, fatally injured drivers, and crash victims. Current research indicates that marijuana use can impair a driver's attentiveness, perceptions of time and speed, and ability to recall information from past experiences. These issues increase significantly when marijuana is used with alcohol.[13]

Perception of Risk and Marijuana Use

Perception of risk is an important predictor of substance use, particularly among youth. The perception of risk among youths aged 12-17 of using marijuana has declined over the past five years. This decline in perception of risk coincides with an increase in use. The chart on the right illustrates that when youths' (in this case 12th graders) perceived risk of using marijuana declines, use of marijuana increases.[3,10]



SOURCE: University of Michigan, 2013 Monitoring the Future Study

The Role of State Substance Abuse Agencies in Substance Use Disorder Prevention, Treatment, and Recovery

State Substance Abuse Agency Directors have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment, and recovery systems in each State. The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and Territory. It is the backbone of each State's publicly funded substance abuse system. This flexible funding stream is designed to help States address their own unique needs related to substance abuse. In addition, 20 percent of the SAPT Block Grant is, by law, dedicated to prevention services. **The SAPT Block Grant accounts for roughly 40% of expenditures by State Substance Abuse Agencies and an estimated 64% of State Substance Abuse Agencies' expenditures on prevention.**[7] According to SAPT Block Grant reports (submitted by all States and Territories), SAPT Block Grant funds enabled more than 1.6 million Americans to receive treatment services during the 2014 report year. In addition, more than 7.4 million Americans received SAPT Block Grant-funded prevention services in individual-based programs and more than 285 million were served in population-based programs during the same period.[9]

Benefits of Prevention and Treatment Programs and Services

Increases in the use of marijuana increases marijuana dependence, and in turn, increases the burden on substance use disorder treatment and recovery resources. In addition, trends in adolescent marijuana use increases the need for evidence-based prevention efforts. Educating parents on how to discuss drug use with young persons is an effective way to discourage use. According to 2013 NSDUH data, youths aged 12 to 17 who thought their parents would "strongly disapprove" of trying marijuana were less likely (4.1%) to have used marijuana during the past month than those who did not (29.3%). School-based programs are also effective in reducing substance abuse, as well as a great financial investment. According to cost benefit analyses conducted by SAMHSA and other researchers, **every $1 spent on effective school-based prevention programs, saves roughly $18.** These evidence-based programs can lower students' risk of misusing substances and/or developing a substance use disorder.[8]

Key Federal Programs

State Substance Abuse Agency Directors have a variety of evidence-based tools and strategies at their fingertips. These tools are supported by key federal programs, including the **SAPT Block Grant.** With almost 316,000 Americans receiving substance use disorder treatment services for marijuana alone, the funding that the SAPT Block Grant provides ($1.7 billion in FY 2014 for States and U.S. Territories) is essential. More importantly, SAPT Block Grant-funded treatment services produce results. During the 2014 report year clients who were discharged from SAPT Block Grant-funded treatment services had the following outcomes: 92.9% reported having a stable living situation; 93.9% had no arrests during the past 30 days; 81.5% were abstinent from alcohol; and 72.1% were abstinent from illicit drugs.[9]

SAMHSA's **Center for Substance Abuse Prevention** (CSAP), funded at $175 million in FY 2014, supports States and communities with service capacity expansion grants and science and service areas. The Partnerships for Success Initiative is a NASADAD priority program designed to help States achieve a quantifiable decline in substance use disorder rates using the Strategic Prevention Framework (SPF) approach. States use data to identify problem areas and craft a coordinated, cross-agency plan.

References

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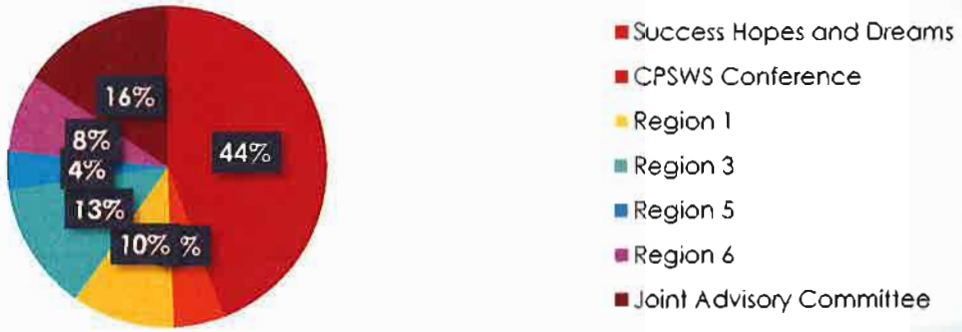
OCA Mission, Vision, and Core Functions

Feedback Source N=77



Vision: Nebraskans Impacted by Behavioral Health Conditions Live a Life Full of Wellness and Success

- I like this description. This makes sense to me.
- Good! And Recovery
- I think that some do but not as many could be experiencing success at this.
- Include resiliency
- Include Purpose
- Like using Nebraskans
- Great!
- I like the term "Nebraskans"
- Seems should state with "to facilitate" or "we facilitate" to "live a life..."
- Put abbreviations and spell out acronyms
- I like the wording- "impacted" includes those who care about the consumer (family and friends)
- I like what it is trying to say, but not the way it is said.

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

- This is true- they are doing a great job!
- Excellent word "resiliency"
- 2 sentences, it will make is easier to read.
- Like using resiliency
- I would like to see the vision brought more centered on the consumer health.
- Include trauma-informed
- I like this.
- Good!
- This flows well!
- Good wording

Core Functions: **Top 5 Priorities of Nebraskans** (N=77)

A. Promote Consumer and Family Involvement at All Levels of the System

1. **Continue to contract for and participate in Success, Hopes, and Dreams Conference (N=41)**
2. **Nurture consumer and family organizations which assist people to evolve systems of recovery (N=39)**
3. **Be aware of national, regional, and state developments in peer recovery movements (N=27)**
4. **Continue to support consumer and family involvement in the Statewide Quality Improvement Team (N=26)**

B. Encourage System Transformation

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

5. **Sponsor Wellness Recovery Action Plan (WRAP) training events statewide (N=30)**

6. Partner with other organizations to provide wellness resources (N=25)

Other Statements:

A. A Core Functions: Great list of accomplishments/ways to support Nebraskans, B Core Functions- Great, Awesome, Love those initiatives, can we also look at trauma as it regards retraumatization, and PRTF with children, youth- does this include chemical restraint?, C Core Functions- I'd like to partner more on sharing resources (Magellan)
B. A Core Functions- Continue with these items, B Core Functions- continue with these items, C Core Functions- moving right along
C. Thanks for including the Statewide Conference and your support and for involving outside organizations (eg. NAMI), Would like to hear more about Focus Committee, Get the message out- STAMP OUT STIGMA
D. I agree and Positive Affirmations might be a way to promote resiliency and recovery
E. Region Rate, Individual Rate, Rate Involvement, Speakers of past good, maybe need to bring some back, Would it work to tape each workshop to be able to teleconference model view groups that occurred simultaneously, Like no smoking, newspaper sound info, promote people in history and famous, Remind- HOPE is at HAND, Step by Step Solutions to Resolve Issues
F. Make Vision 2 sentences, it will make is easier to read., How to include family more?, Art does promote recovery, The WRAP workshop I've been to push to fast , it needs to be 5-6 weeks times, I haven't been able to finish mine and I have been....
G. Like to see brochures on mental health, there is still stigmas on people with MI, I would be interested in more involved in peer support, I am also an artist.
H. Clients or patients more self-confidence and know how to find a place in their community, we need a place like a half-way house for people to transition from mental health facilities and help with problems in med changes, advertisings these organizations the way RA does, educate families, people need to feel safe and be safe in the community, patients and community so they need more interaction, have more public speakers
I. If I work, IU have to pay a lot that money to my medicaid spend down. Is there a way to change this?, if I get married I lose my medicaid and so does my spouse, we are both on SSDI. Is there any way to change this?, I love the Conference - Success Hopes and Dreams, I would love to have peer support training and be able to train people to in WRAP
J. I would like to see more open houses to make the communicate more aware of what we do, send out more info on how consumers becomes a peer support, to work more closely with the docs to keep consumers out of the hospital, Try harder to get the media to more on mental health issues. There are still way to many blank areas out there.
K. Add current OCA Open Door Calls to Core Functions.
L. It would be good if transportation is provided for people that want to contribute to Artist of the Arboretum
M. More educational trainings in peer support, don't like the statewide teleconferences- Region 6 co-supervision is enough.
N. Memorials are so we don't forget people.
O. Promote statewide family involvement and family peer support certification and training.
P. Like this and love to see it implemented.
Q. How is this awareness shared with others and how does it influence what is done in NE (national regional and state developments in peer support).

DRAFT 2015 Office of Consumer Affairs Mission and Vision-(MAY VERSION: JOINT ADV. COMM.)

Mission:

Nebraskans (Individuals and Families) Impacted by Behavioral Health Conditions Live a Life Full of

- *Resiliency,*
- *Wellness,*
- *Success,*
- *Purpose.*

Vision:

The Office of Consumer Affairs provides leadership and trauma-informed resources that promote

- *Health,*
- *Home,*
- *Community,*
- *Personal and Systems Transformation*

For Nebraskans (Individuals and Families) impacted by behavioral health conditions.

Nebraska State Suicide Prevention 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. The NSSPC was formed in 1999 following the Surgeon General's call to action to prevent suicide. The coalition meets regularly with the guidance of Dr. Miers and Dr. Belau to plan suicide prevention efforts in conjunction with the Surgeon General's call to action and the National Strategy for Suicide Prevention. The purpose of the coalition is to develop local expertise in suicide prevention and acts to provide information that ultimately instills hope and dramatically reduces the occurrences of suicides throughout the state.

Nebraska Youth Suicide PREVENTION

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 many tips on the website pertaining to signs to watch for 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. The 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.

Nebraska LOSS Team

Local Outreach to Suicide Survivors

The Nebraska Local Outreach to Suicide Survivors (LOSS) team is a support system for families 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 where the team is notified by the police or police chaplain to meet with the family as soon as possible to provide much needed resources to help the family 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 postvention, which is also a form of prevention, by helping to dramatically reduce the risk factors associated with a loss from suicide.

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 LOSS Team

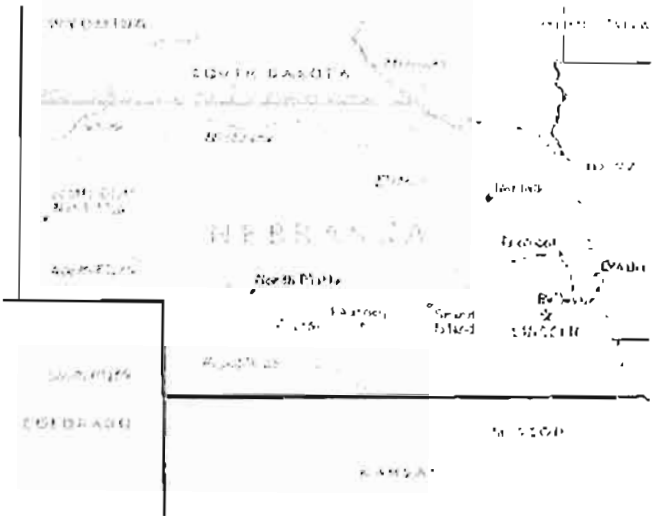
Local Outreach to Suicide Survivors

The Local Outreach to Suicide Survivors (LOSS) Team consists of trained survivors and mental health professionals acting as volunteers to bring immediate support to survivors of suicide. Suicide survivors are those persons who have had a loved one complete a suicide and are at risk due to their emotional response, which may include the use of unhealthy coping strategies or attempting suicide themselves.

Nebraska LOSS

Providing Immediate Support to Suicide Survivors

The LOSS Team is activated by first response officials when a suicide occurs to provide resources, support, and hope to suicide survivors. The volunteers provide immediate assistance to survivors to help them cope with the trauma of their loss, provide follow-up contact with the survivors, and coordinate the utilization of services and support groups within the community.



"Remember that you are not alone. Let others embrace you and help you on your journey to hope. Through hope and others you can find peace." ~ Nancy

For more information, please visit:

http://nelossteam.nebraska.edu/

The LOSS Team was recognized in 2010 for a Horizon Award, which "recognizes special individuals that enrich our community by sharing their time, resources, and talents to make Lincoln a healthier place."

LOSS team

Nebraska State Suicide Prevention Coalition

Nebraska Youth Suicide Prevention

Bryan Medical Center

SAMHSA

2016/2017 Block Grant Priorities

Department of Health & Human Services
DHHS
NEBRASKA
Division of Behavioral Health

*Not in order of priority

*State Priority Areas	Goal & Performance Indicator
1 – Prevention: Alcohol Use Among Youth and Young Adults	**Goal 1:** Reduce the prevalence of underage drinking by high school students. Performance Indicator 1: Youth Risk Behavior Survey (YRBS) Target 1: Reduce underage drinking by high school students to less than 25% by June 30, 2017. **Goal 2**: Reduce the prevalence of binge drinking by young adults aged 19 to 25. Performance Indicator 2: Nebraska Young Adult Opinion Survey (NYAOS) Target 2: Reduce the prevalence of binge drinking by young adults to less than 43% by June 30, 2017.
2 – Co-Occurring Disorders	Goal: Increase the percentage of programs which are co-occurring capable/enhanced. Performance Indicator: Statewide scores on the Zia Partners COMPASS-EZ self-assessment tool. Target: Statewide scores on selected sections of the COMPASS-EZ tool will demonstrate improvement in co-occurring capability/enhancement compared to the statewide baseline established in FY14 from the original COMPASS-EZ assessments conducted.
3 – Trauma-Informed Care	Goal: Increase the percentage of programs which are trauma informed. Performance Indicator: Statewide scores on the Fallot and Harris Trauma Informed Care (TIC) self-assessment tool. Target: Statewide scores on selected sections of the TIC tool will demonstrate trauma informed competency improvement compared to the statewide baseline established in FY14 from the original TIC assessments conducted.
4 – Involuntary Hospitalizations??	Goal: Decrease involuntary emergency inpatient care. Performance Indicator: Readmission rate of involuntary admissions to community-based hospitals Target: NEED TO ESTABLISH BASELINE
5– Peer Support???	Goal: Increase the capacity of the system to use Peer Support. Performance Indicator: ??? Target: ???
6 – Tuberculosis (TB)	Goal: To Screen for TB. Performance Indicator: Contracts with Regional Behavioral Health Authorities Target: RBHAs will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.

Additional considerations:

- Reduction in Substance Use / Binge Drinking – Adults (NSDUH;TX)
- Evidence-Based Practices – Use of / Consumers served