

Nebraska Division of Behavioral Health  
**Joint Committee Meeting**  
**State Advisory Committee on Mental Health Services**  
**State Advisory Committee on Substance Abuse Services**

June 11, 2013 / 9:00 am – 4:00 pm  
Lincoln, NE – Country Inn & Suites

Meeting Minutes

**I. Call to Order and Roll Call**

*Jim Harvey*

Jim Harvey, Division of Behavioral Health Advisory Committee Facilitator, welcomed committee members and others present to the meeting. Chairperson Bev Ferguson, State Advisory Committee on Mental Health Services called the meeting to order. 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; Beth Baxter; Sheri Dawson; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Jette Hogenmiller; Linda Krutz; Jerry McCallum; Kasey Moyer; Joel Schneider; Jill Schreck; Diana Waggoner; Cameron White.

**State Advisory Committee on Mental Health Services Absent:** Karla Bennetts; Robert Donlan; Rachel Pinkerton; Mark Schultz.

**State Advisory Committee on Substance Abuse Services Attending:** Corey Brockway; Sheri Dawson; Ingrid Gansebom; Janet Johnson; Cody Manthei; Michael Phillips; Randy See; Jorge Rodriguez-Sierra.

**State Advisory Committee on Substance Abuse Services Absent:** Ann Ebsen; Jay Jackson; Delinda Mercer.

**II. Housekeeping and Summary of Agenda**

*Jim Harvey*

Jim Harvey confirmed the order of the agenda, noting an error on the numbering scheme of the main topics. Jim explained the location of facilities around the building and described the logistics of the day.

**III. Approval of Minutes**

*Bev Ferguson*

Bev Ferguson asked for comments on or approval of the March 14, 2013 minutes of the Joint Advisory Committees on Mental Health and Substance Abuse Services. Motion was made by Adria Bace and seconded by Joel Schneider for the State Advisory Committee on Mental Health Services to approve the minutes. Motion was made by Jorge Rodriguez-Sierra and seconded by Ingrid Gansebom for the State Committee on Substance Services to approve the minutes. The motions carried.

**IV. Public Comment**

No public comment was offered.

**V. Nebraska's Response to Substance Abusing Parents in Child Welfare**

*Vicki Maca*

Vicki Maca, Deputy Director of Protection and Safety for the DHHS-Division of Children and Family Services (CFS) provided a handout of the organizational chart for CFS. (The organizational chart is located at the following site: <http://dhhs.ne.gov/Org%20Charts/CFS.pdf>).

Vicki reported on three Legislative Bills passed by the 2013 Nebraska State Legislature.

- LB265 - Adopt the Children's Residential Facilities and Placing Licensure Act and change foster care licensure and kinship home and relative home provisions.

[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=17920](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=17920)

This legislation adds and defines kinship for allowing the placement of a child with a relative. Kinship is considered another adult with whom the child has a pre-existing relationship, i.e., a teacher, coach, foster parent, etc.

- LB216 - Adopt the Young Adult Voluntary Services and Support Act.  
[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18347](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18347)

This legislation provides foster care support up to age 21 (formerly was age 18). The intent is to prevent youth from floundering when they reach age 19.

- LB561 - Change provisions and transfer responsibilities regarding the juvenile justice system.  
[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18806](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18806)

This legislation allows CFS to begin work toward an Alternative Response Model (ARM) for conducting an automatic investigation on reports of potential child abuse and/or neglect.

Vicki reported, beginning October 1, 2013, children who have been Wards of the Office of Juvenile Services (OJS) and served by CFS will be served by the Office of Probation in the Judicial Branch. The Office of Probation will serve children in the Juvenile Justice system, and CFS will continue to focus on children who are Abused and Neglected. CFS will continue to operate the Youth Rehabilitation and Treatment Centers (YRTCs) in Kearney and Geneva.

Vicki provided an information sheet on Strengthening Families, which CFS uses to educate families and workers on five protective factors on parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. (The information sheet is located at the following site:

[http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Documents/Protective%20Factors%201Page\\_r.pdf](http://www.chhs.ca.gov/initiatives/CACChildWelfareCouncil/Documents/Protective%20Factors%201Page_r.pdf).

CFS has begun to use DBH methods in Trauma Informed Care and Continuous Quality Improvement.

\*Committee comments included:

- The Office of Probation is becoming more recovery oriented, and in some parts of the State has participated in Trauma-Informed training.
- Intensive Home Based Family Preservation homes are available for youth who are difficult to place due to false accusations, where there is no parental support, and at age 19 when the youth ages out of the system and returns home.

\*\*Response to Committee questions included:

- Children will be protected in that the ARM provides a better assessment of a situation, and if a full investigation is necessary it is conducted. And it also establishes procedures to prevent children from being automatically removed from their home.
- A workgroup is looking at the numbers of individuals placed on the Central Registry (CR).
- Advocating, providing outreach and mentoring families is critical. These services may be different depending where the family is located in the State.
- In the past, CFS used the same parameters to train case managers, therefore children who were abused and neglected were managed the same as children who broke the law. The work requires different skill sets for each population.
- Nebraska participated in the federal In-Depth Technical Assistance (IDTA) grant which was a court improvement project. A workgroup looked at 400 CFS cases to determine how many involved substance abuse issues, and of those, which received an assessment and which received treatment. The outcomes resulted in the use of UNCOPE, a screening tool for substance use in Child Welfare practice.
- Where a youth will be served, in CFS or in Probation, is determined by the Judicial System based on evidence provided by the case manager.
- If a youth is served by the Office of Probation and needs to be placed in foster care, the placement will not be in CFS foster care, but will develop their own foster care homes.
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## VI. Legislative Update

*Bryson Bartels*

Bryson Bartels is the DHHS Legislative Coordinator. Bryson reported on several bills related to the DBH from the 2013 Legislative Session.

- LB6 - Creates the Nebraska Commission on Problem Gambling, effective July 1, 2013.  
[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18041](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18041)  
This legislation moves the Gamblers Assistance Program from DHHS to the Department of Revenue. It also amended the definition of Behavioral Health disorder by removing problem gambling from DBH statutes and policy.
- LB577 - Changes provisions relating to the medical assistance program.  
[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18187](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18187)  
This legislation allows for the expansion of Medicaid to individuals at 138% poverty level. The bill is on General File and will continue to the next session in 2014.
- LB260 - Changes requirements for a data and information system under the Nebraska Behavioral Health Services Act.  
[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18404](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18404)  
This bill is on General File and will continue to the next session in 2014.
- LB556 - Provides for telehealth services for children, changes the medical assistance program, and provides duties for the Department of Health and Human Services, effective September 6, 2013.  
[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18827](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18827)  
This legislation provides for a pilot project to conduct behavioral health screening during childhood physicals, and allows for reimbursement rates through Telehealth.
- LB198 - Appropriates funds for capital construction and property acquisition, effective July 1, 2013.  
[http://nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=18321](http://nebraskalegislature.gov/bills/view_bill.php?DocumentID=18321)  
This legislation provides funding to tear down unused buildings and renovate Building #3 on the Hastings Regional Center (HRC) campus. The bill also allows for the sale of some HRC land, and includes funding for replacing the Grand Island Veterans Home.

\*\*Response to Committee questions included:

- The HRC campus will provide youth substance abuse treatment services. Currently most youth entering the YRTC's have three or more treatment services and are often sent out of state for more intensive treatment.

## VII. DBH Updates

*Scot Adams*

(Attachment A)

Scot Adams is the Director of the DHHS-Division of Behavioral Health (DBH). Scot stated there is more to the Child Welfare picture than what is included in LB561. Funding will be transferred to the Office of Probation; fewer children will be served by CFS.

Scot reported DBH has not yet received the official award document on the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) for FY2014; therefore the Division can't enter into contracts with the Regional Behavioral Health Authorities. The SAPTBG Award is approximately \$8 million. In addition, a reduction of approximately \$600,000 to the SAPTBG will be reflected in the FY2014 contracts. Scot stated that LB6 passed due to lack of any opposition, and asked the committee members to provide any comments they might wish to offer on how to make the Mental Health and Substance Advisory Committees experience better and/or more useful. He provided his phone number (402-471-8553) and his email address ([scot.adams@nebraska.gov](mailto:scot.adams@nebraska.gov)).

\*Committee comments included:

- It would be helpful to ask the DHHS Legislative Coordinator to attend an Advisory Committee meeting at the beginning of the legislative session, i.e., a meeting in January 2014.

- It would be helpful to provide proactive discussion on behavioral health topics rather than receive reports on information of what has already happened.
- Would prefer more time for discussion/feedback rather than spend the day listening to presentation after presentation. Some presentations do not seem relevant to mental health topics. Feel more “talked to” rather than providing input.
- Meetings are a good opportunity for DBH to learn from the Advisory Committee members and the impact of decisions on consumers.
- The meetings have provided more opportunity for feedback than in previous years; feels safe.
- Like the opportunity for open conversations; provides a greater understanding at the Regional level.
- Appreciate the resources from DBH; feels comfortable; have a transparent, honest relationship.
- The committees include an important mix of people with a variety of backgrounds, interests, and expertise.
- Not afraid to speak up about issues here.
- As a tax payer, consider the most cost effective use of committee members’ time.
- Committee members are often asked by their constituents to bring information to DBH.
- Allowing time for members to talk and ask questions during meetings is important.
- The committee members make better decisions when we have all of the necessary information; what do the members need to know?
- Would like to have more information on how we compare to other states to get the larger context.
- What do the other DHHS divisions do related to Behavioral Health? Don’t understand the parameters between the divisions.
- Appreciate the public comments to hear other perspectives.
- Appreciate consumers having a seat at the table; this is different from earlier committee make-up.
- Being educated on and made aware of behavioral health topics, as well as receiving updates on issues is empowering for committee members.
- Appreciate the work of government staff.

#### **VIII. Peer Support TTI Grant Update**

*Carol Coussons de Reyes*

Carol Coussons de Reyes is the Administrator of the Office of Consumer Affairs (OCA). Carol introduced Cynthia Harris, the new Consumer Liaison for OCA. Carol explained the purpose of the Transformation Transfer Initiative (TTI) Grant is to enhance family peer support and to increase the peer support workforce for adults and families. Another aspect of the grant is to raise awareness of the impact of trauma on individuals, which will be accomplished through the development and implementation of a health screening tool. This will be an adaptation tool rather than one for symptoms. Adapting to trauma is easier to talk about than symptoms. The National Center for Trauma Informed Care is assisting in the development of a social media blitz. A day to discuss the aspects of the TTI Grant is scheduled for June 14<sup>th</sup>. A presentation on the Peer Support and Wellness Specialist related to trauma is scheduled for August. September 12-13<sup>th</sup> is the finale with a kick-off of the new grant products planned.

\*Committee comments included:

- Consider asking Nebraska Educational Television to plan a production in collaboration with the Family Organizations.
- The 2013 Success, Hopes, and Dreams was a marvelous conference; congratulations on its success.
- Appreciate the OCA’s exceptional job of conducting Certified Peer Support and Wellness Specialist co-supervision calls.

**IX. SAMHSA Block Grant – Public Comments**

*Heather Wood*

(Attachment B)

Heather Wood is the DBH Quality Improvement and Data Performance Administrator. Heather reviewed the Block Grant Feedback handout with the committee. She reports the feedback from the Advisory Committees, as well as the Quality Improvement groups, provide DBH direction and key information in carrying out DBH’s roles. Heather reported DBH is on target to submit the Block Grant Application in August, prior to the September 1, 2013 deadline.

**X. Block Grant Independent Peer Review**

*Nancy Heller/Jim Harvey*

(Attachment C and Attachment D)

Nancy Heller is the Contract Manager for the Independent Peer Review contract with the Nebraska Association of Behavioral Health Organizations (NABHO). Due to time constraints, Jim Harvey noted the handouts explaining the current independent peer review requirements and process. He reported DBH received notice last week that SAMHSA has made a change in their program policy. SAMHSA will accept the Independent Peer Review requirement through a review from a private accreditation body, i.e., the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), and the Council on Accreditation (COA). Accreditation from a private body is a higher standard than the Independent Peer Review.

**XI. Working Lunch- Video Documentary “Healing Neen: Trauma & Recovery”**

“Healing Neen” is the story of Tonier “Neen” Cain’s emergence from drug addiction, multiple incarcerations, and two decades of homelessness to become a tireless advocate and educator on the devastating impact of childhood abuse and the need to rethink how we treat the shattered adults severely traumatized children become. More information can be found at the following site:

<http://healingneen.com/>

**XII. Adjournment and next meeting**

- The Joint Meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services adjourned.
- The next Joint Meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services and is scheduled for Thursday, September 19, 2013 from 9:00 am to 4:00 pm.

**XIII. State Advisory Committee on Mental Health Services (SACMHS) (\$71-814)**

**A. Call to order and roll call**

*Bev Ferguson/Jim Harvey*

Bev Ferguson, Chairperson, called the meeting of the State Advisory Committee on Mental Health Services to order. Roll call was conducted and a quorum was determined.

**Committee Members Attending:** Adria Bace; Beth Baxter; Sheri Dawson; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Jette Hogenmiller; Linda Krutz; Jerry McCallum; Kasey Moyer; Joel Schneider; and Dianna Waggoner.

**Committee Members Absent:** Karla Bennetts; Robert Donlan; Rachel Pinkerton; Jill Schreck; Mark Schultz; and Cameron White.

**B. Review State Statute and Federal Requirements for Planning Council**

*Committee Members*

(Attachment E)

Jim Harvey, Division of Behavioral Health Advisory Committee Facilitator, facilitated discussion on the following points:

**1. Future role of the State Advisory Committee for Mental Health Services in the behavioral health world:**

- Convening Joint meetings of the SACMHS and the SACSAS meets Nebraska Statute requirements, and addresses SAMHSA's expectation of a Behavioral Health (BH) Council.
- Concern that either Mental Health or Substance Abuse would lose their voice if one BH Council was formed; some committee members are uncomfortable in forming one BH Council.
- Having met together a few times, both committees are in a better place to meet jointly.
- There is value in having both committees meet jointly, but each committee needs to meet separately also.
- Experienced committee members are excited about the direction of the meetings compared to past history challenges.
- Some members of the public have interest in both mental health and substance abuse, therefore joint meetings are easier for them to attend, and both receive and provide information.
- Behavioral Health is both/and, not either/or.
- Both mental health and substance abuse needs to eliminate labels because we are all dealing with people; we are not fitting people into the same box.

**2. How can the Nebraska Behavioral Health system improve its efforts to assist individuals who have experienced trauma?**

- Trauma Informed Care (TIC) needs to be the norm in terms of all health care; TIC should be part of every evaluation with every doctor/clinician (physical, psychological, therapist; as well as vocational rehabilitation).
- Most people don't realize they experience trauma until they seek help for mental health or substance abuse concerns.
- Need more education on trauma informed care to allow for recognition and awareness of the issue.
- It is important to deal with trauma before it deals with you; be proactive in education and awareness.
- Every person experiences trauma, it is only a matter of degree, but not everyone experiences severe mental health and/or substance abuse concerns.
- Be aware of re-traumatization due to inappropriate practices; train all staff on how to gather information on trauma.
- The Nebraska Behavioral Health System needs to take a leadership role in awareness building, training, treatment, vicarious trauma, compassion fatigue, policies and procedures—the entire system of care.
- Develop a competency based model versus a deficit based model.
- How questions are asked is critical in developing relationships.
- Address well-being across healthcare spectrum—physical health, nutrition, exercise.

**3. Affordable Care Act:**

**a. What are you most excited about?**

- No comments were received.

**b. What are you most nervous about?**

- Increased revenue/transition costs; charge consumers for increased premium costs; costs will shift to the taxpayers.
- Federal agencies determining what individuals can afford; buy insurance or be penalized.
- Unintended consequences; more people forced to go to the Emergency Room

- Businesses will choose to pay penalties rather than provide health insurance because it is less expensive than paying for employee coverage.
- Neither the physicians nor the behavioral health system are ready for the changes.
- Corrected some problems, but created new problems within the healthcare system.
- The cost of healthcare cannot continue on the same path it is on.
- Not enough information for individuals to make decisions; policy not clear on what is/is not covered.

**4. What do you need to know/learn to help you do an even better job as an Advisory Committee member?**

- Mental Health Promotion; it is a newer science than Substance Abuse Prevention.
- Need more orientation as a new member than what currently is provided; consider establishing experienced members to mentor newer members.
- Need a glossary of acronyms.
- Learning about Peer Support from both the Mental Health and the Substance Abuse perspective is an example of what both committees need to learn to do a better job.
- More information on Adverse Childhood Experience Study (ACES); early intervention for childhood trauma to prevent individuals from developing behavioral health concerns into adulthood; what causes one individual to be more vulnerable than another.
- State Legislature; information on bills that impact behavioral health.
- Presentations/reports relevant to work of the Advisory Committees; establish sub-committees assignments as necessary.
- Send handout packets and agenda to members prior to the meetings.
- More information on court system/criminal justice initiatives.

**C. Public Comment**

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- Alan Green, Executive Director of the Mental Health Association in Lincoln, NE, commented on two issues to be excited about related to the Affordable Care Act: 1. Individuals cannot be dropped from insurance due to pre-existing conditions; 2. Children are covered under parents' health plans until age 26. Alan also commented that he has been attending advisory committee meetings for the past nine years and believes the quality and level of discussion has improved, and the subject matter discussed is more timely and relevant. He stated there is value in having the committees meet together.
- Jim Russell with the Returning Veterans Resource Network commented that money is often squandered on substance treatment when mental health is ignored because too much emphasis has been placed on alcohol and drug abuse and access to mental health services is denied. He stated treatment of Post-Traumatic Stress Disorder requires substance abuse treatment that adds costs that are mostly unnecessary. He observed the members of the State Advisory Committee on Substance Abuse Services took over the discussion during the morning session. He strongly urges DBH to hold separate committee meetings.

**D. Committee Recommendations**

*Committee Members*

a. Recommendations and Comments

- Prefer more opportunities for open discussion to provide feedback; the meetings currently provide a lot of reporting but not much time for discussion/feedback.
- Establish sub-committees to occasionally work on specific tasks/assignments.
- Over the long-term, mental health services in Nebraska have been funded more than substance abuse services; behavioral health reform has equalized funding and removed the silos between mental health and substance abuse services.

- There is a clear link between diet and overall health, both physical and mental; suggest more treatment programs integrate nutrition and exercise with healthcare.

b. Future Meeting Agenda Items

- DBH funding sources; services funded
- Brad Hoefs – “Examine the Gaps in Services”
- More discussion on the Affordable Care Act

c. Plus/Delta of meeting

- +The Joint Meeting session discussion
- +Adaptability of the Agenda
- +More discussion today, but able to keep on track
- +Adjourn ahead of schedule

E. **Adjournment and next meeting**

- The meeting of the SACMHS adjourned.

**XIII. State Advisory Committee on Substance Abuse Services (SACSAS) (§71-815)**

**A. Call to order and roll call**

*Randy See, Sue Adams*

Randy See, Chairperson, called the meeting to order. Roll call was conducted and a quorum determined.

**Committee Members Attending:** Corey Brockway, Ingrid Gansebom, Janet Johnson, Cody Manthei, Michael Phillips, Randy See, Jorge Rodrigues-Sierra.

**Committee Members Absent:** Ann Ebsen, Jay Jackson, Delinda Mercer

**B. Review State Statute and Federal Requirements for Planning Council**

*Committee Members*

(Attachment E)

Randy See recommended the committee members read the handout prior to beginning the discussion.

Susan Adams, DHHS-DBH Network Services Administrator, facilitated the following discussion points:

**1. Future role of the State Advisory Committee for Substance Abuse Services in the behavioral health world:**

- Some members expressed concern that, to address overall issues, the State Advisory Committee on Substance Abuse Services is being driven to join with the State Advisory Committee on Mental Health Services into a Behavioral Health State Advisory Committee.
- The SA committee is smaller and has different strengths and goals, therefore it may be better to maintain some separateness so as to not be overshadowed and lose passion.
- Consider the option of a Behavioral Health committee with two, separate sub-committees.
- Some members feel a combined effort could produce a greater impact.

**2. How can the Nebraska Behavioral Health system improve its efforts to assist individuals who have experienced trauma?**

- Substance abuse can be a symptom of trauma, therefore, it is necessary to develop a greater understanding of trauma.
- A current trend exists towards over-emphasis on trauma; sometimes the term is applied when not the case.

- A gender component exists—i.e., it is acceptable for women to suffer trauma, but not men.
- Educating providers, teachers, law enforcement, and others would help improve awareness.
- The development of trauma specialization may be beneficial.

**3. Affordable Care Act (ACA):**

**d. What are you most excited about?**

- No comments were received.

**e. What are you most nervous about?**

- The ACA may reduce funding for the various Substance Abuse activities.
- The Division of Behavioral Health predicts their funds will drop by 6%.
- Funding tends to follow labels.
- The ACA may require more coding.

**4. What do you need to know/learn to help you do an even better job as an Advisory Committee member?**

(See Committee Recommendations below.)

**C. Prevention update**

*Renee Faber*

(Attachment F)

Renee Faber is the DHHS-DBH Prevention System Coordinator. Renee presented on the possibility of establishing a prevention advisory sub-committee. Currently, there is no structured advisory body and, therefore, no platform for community substance abuse prevention coalitions to come together. Establishing a sub-committee would institute a regular channel of communication, allow DBH to maximize statewide resources for promotion, and increase the number of individuals reached. The proposal is for the sub-committee to be part of the State Advisory Committee on Substance Abuse Services, with two members of SACSAS also serving on the prevention sub-committee. Renee will outline the establishment of the sub-committee, develop a sample charter, and present the information at the Joint Advisory Committee meeting on September 19, 2013.

**D. Public Comment**

No public comment was offered.

**E. Committee Recommendations**

*Committee Members*

**a. Recommendations and Comments**

- The State has requirements on providers to take in consumers, even though it may be detrimental to others already there, and eventually to the person being moved as well.
- The State wants to move people out of state facilities but does not address the needs of the consumers involved.
- The positive effect of treatment may be lost when consumers are forced to change environments when not ready.
- It is important that a safe environment be maintained for treatment to be effective.
- A motion was made by Michael Phillips and seconded by Randy See that Renee Faber explores the structure of a prevention sub-committee and report to the State Advisory Committee on Substance Abuse Services at their next meeting. The motion passed unanimously.
- A motion was made by Jorge Rodriguez-Sierra and seconded by Randy See that members of the Nebraska State Legislature be invited to the next State Advisory

Committee on Substance Abuse Services meeting to explain their views on the Affordable Care Act. The motion passed unanimously.

- A motion was made by Corey Brockway and seconded by Michael Phillips that the committee continues to explore ways to be well represented in Behavioral Health. The motion passed unanimously.
- A motion was made by Corey Brockway and seconded by Michael Phillips that Behavioral Health continues to support the annual Consumer Conference. The motion passed unanimously.
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b. Future Meeting Agenda Items

1. More conversation on the Affordable Care Act
2. More conversation on trauma and trauma informed
3. Information on the reorganization of Hastings facility
4. Next steps towards a Prevention advisory sub-committee

c. Plus/Delta of meeting

No comments were offered.

**F. Adjournment and next meeting**

- The meeting of the SACSAS adjourned.

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

06-11-2013 Meeting Minutes

**Appropriations Committee**  
**Department of Health and Human Services Testimony**  
**March 26, 2013**

**Scot Adams, Director**  
**Division of Behavioral Health**

Good afternoon Chairman Mello and members of the Appropriations Committee. I am Scot Adams (S-C-O-T A-D-A-M-S), Director of the Division of Behavioral Health in the Department of Health and Human Services. I am here today to request the Appropriations Committee fully fund the Governor's budget recommendation for the Hastings Juvenile Chemical Dependency Program and other needs regarding the Hastings Regional Center campus.

The Governor's recommendation includes renovation of Building 3 for the Psychiatric Residential Treatment Facility (PRTF) Hastings Juvenile Chemical Dependency Program for male youth and the demolition of vacant and unused buildings on the campus. The Governor's recommendation is comprehensive. The renovations and their costs are phased across three fiscal years to minimize impact to the state's budget. Specifically, this plan includes:

- \$5.2 million to renovate Building 3 to bring it to modern codes and needs.
- \$3.1 million to demolish the unused, vacant buildings on the campus.
- A reduction in operational costs from \$8 million to \$6.4 million per year by having fewer staff and fewer costs of heating, cooling and other costs paid to DAS.
- Returning good agricultural land to the private sector by selling several hundred acres of now unneeded land. Based on land prices in Adams County in the Fall of 2012, we expect to generate \$1.4 million from the sale of this property.

The renovation of Building 3 includes bringing all services up to modern standards, including installing a new HVAC system and renovating the facility to state of the art for program services, for example, to include an exercise area. The total program statement is available online on the Department's web site and I have provided copies to the Committee today, along with a handout of these budget projections.

We expect this plan in total will pay for itself in about four years' time, and after that will save taxpayers money.

The Hastings Juvenile Chemical Dependency Program fills a unique need in Nebraska. As the Lincoln Regional Center has become the back-up for the community-based behavioral health system for adults, the Hastings Chemical Dependency Program has become that back-up for community-based services for male youth needing chemical dependency treatment.

The federal requirements for PRTFs are just under that of a hospital. Some of the community providers who had previously provided services through the Residential Treatment Center level have chosen not to provide the PRTF level of care. We understand that the PRTF requirements make it more difficult for traditional Behavioral Health residential service providers to manage this level of care effectively and to

have the capital to meet the requirements. That is why it's important for the State to provide this level of care

While most of the youth served at the Hastings Program are referred from YRTC-Kearney, we also receive referrals from Magellan Health Services. This is a significant point since some people may think the community can easily accept these young men. Here are some facts about the young people served:

- The male youth who are at the YRTC-Kearney are there because probation or other placements in the community have not been successful, and they have been referred to the Hastings Juvenile Chemical Dependency Program.
- Magellan Health Services recently requested that the Division of Behavioral health expand the mission of the program to young people with difficult backgrounds because otherwise they send these young men out-of-state due to lack of in-state services.
- Many of the young men admitted to the program have offender backgrounds such that community-based treatment centers have been reluctant to accept them into their treatment milieus, leaving the State to provide this service

With the Hastings Program in place, these young men are served in a secure environment and do not need to be moved out-of-state in order to receive the services.

The Hastings Juvenile Chemical Dependency Program promotes a recovery model that addresses, through a multi-dimensional approach to therapeutic programming, substance abuse problems; mental health problems; medical issues resulting from substance abuse; and defiance, conduct and criminogenic behavior. The Program individualizes and incorporates developmentally appropriate, learning-approach appropriate, culturally sensitive, and trauma specific strategies to help the young men in individual therapy, family therapy, and group processes.

During each of the last six years, I have asked for a point-in-time study of youth served through the program to describe for me the type of young men we are serving. You have this data, by year, in your handouts. The bottom line is that in most years, more than 95% of admissions to the program had been at community-based treatment centers at least four times before entering the Hastings Program.

This is why I said at the beginning of my testimony that this program is the back-up for the community-based system for youth who cannot be served in the community. It is appropriate for the State to provide this level of care so these young men receive treatment and do so in Nebraska.

The proposed program is comprehensive and I urge the Committee to endorse it. The program statement proposes to reduce the number of beds in the program from 40 to 24. We believe this is the current need in the State, based on our experience over the past 18-24 months with the community-based services that are in place and as health care reform evolves. This plan reduces operating staff from about 110 FTE's today to around 83. The program envisions the demolition of unused and vacant buildings will result in good agricultural land being returned to the private sector by selling off several hundred acres of now unneeded land. These actions will help pay for the costs of the plan and will keep jobs in central Nebraska.

I urge the Committee to fully fund the Governor's recommendation. I am happy to respond to any questions you may have.

# Block Grant Feedback: FY14/15 Goals and Priorities



# Areas of Priority Identified

- #1. Prevention: Alcohol Use Among Youth
- #2. Youth: Improved Family Functioning
- #3. Co-Occurring Disorders
- #4. Trauma-Informed Care
- #5. Peer Support
- #6. Tuberculosis (TB)



# Feedback Venues:

- TDC Meeting: 3-5-13 
- SQIT Meeting: 3-6-13 
- Joint Committee Meeting: 3-14-13 
- On-Line Posting of Draft Application: 4-17-13 

# For Consideration:

- What did we miss?
- What measures should we use to know the system is improving?
- What might be reasonable mid-point goals (June 30, 2014)?
- What other recommendations do you have?

# Web Posting Notice – 4-17-13

- Regional Youth Coordinators
- Tuesday Data Call (TDC) Group
- Regional Administrators
- Substance Abuse Prevention programs
- Trauma Informed Nebraska Group
- Behavioral Health Providers
- Magellan Big List (Providers, supervisors, information technology staff, other parties)
- State Advisory Committee on Mental Health Services (§ 71-814) members
- State Advisory Committee on Substance Abuse Services (§ 71-815) members

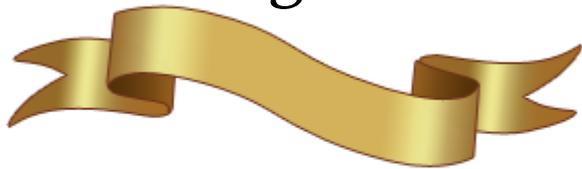
700+  
Recipients

# Web Hits

- Open for 2 weeks
- Total of 76 hits by 70 unique visitors
- ~700 unique individuals received notice of the request for public comments
- ~10% of those who received the email notice visited the web site

# Web Results

- Given the option to take a feedback survey online
- Two responses given
- Both indicated agreement that the 6 priorities identified will improve the state behavioral health system – 100% agreement!



# #1 Block Grant Statewide Goal

## Priority Area

- Prevention: Alcohol Use Among Youth

## Goal

- Reduce binge drinking among youth up to age 17.

## Indicator

- Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days will decrease to 15%.

# #2 Block Grant Statewide Goal

## Priority Area

- Youth: Improved Family Functioning

## Goal

- Families and youth receiving services will experience improved family functioning.

## Indicator

- **Not less than 95%** of youth under the age of 18 / Families admitted to the Professional Partner Program (PPP) will be assessed using the designated tool in order to establish a baseline measure of family functioning..

# #3 Block Grant Statewide Goal

## Priority Area

- Co-Occurring Disorders

## Goal

- Increase the BH workforce capacity to deliver effective treatment and recovery services for persons with Co-Occurring Disorders (COD).

## Indicator

- Statewide score on selected sections of the Compass EZ will increase according to the baseline.

# #4 Block Grant Statewide Goal

## Priority Area

- Trauma-Informed Care

## Goal

- Increase the BH workforce capacity to provide trauma-informed care.

## Indicator

- Statewide score on selected sections of the Falot and Harris Trauma Informed Care (TIC) tool will increase according to the baseline to be developed after June 30, 2013 self-assessment deadline for providers.

# #5 Block Grant DBH Strategic Plan 2011-2015

## Priority Area

- Peer Support

## Goal

- Increase the capacity of the system to use Peer Support.

## Indicator

- Use of Peer Support to provide Recovery Supports in Nebraska
- (Year One: develop Plan. Year Two: Implement 25% of Plan)

# #6 Block Grant SAPTBG Core Requirement

## Priority Area

- Tuberculosis (TB)

## Goal

- As required through the contracts with the Regional Behavioral Health Authorities, tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates “high risk” for TB. The Tuberculosis Program in the NE Division of Public Health provides the overall coordination for the State of Nebraska.

## Indicator

- Regional Behavioral Health Authorities will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.



*Heather Wood, MS*  
*Quality Improvement and Data Performance Administrator*  
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Attachment A – Community Mental Health Services Block Grant Funding Agreements

Section 1943: (a) The State will:

- (1)(A) for the fiscal year for which the grant involved is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved; and
  - (B) ensure that, in the conduct of such peer review, not fewer than 5 percent of the entities providing services in the State under such program are reviewed (which 5 percent is representative of the total population of such entities);
- 

The Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

45 CFR Subtitle A (10–1–07 Edition) / § 96.136 Independent peer review.

- (a) The State shall for the fiscal year for which the grant is provided, provide for independent peer review to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved, and ensure that at least 5 percent of the entities providing services in the State under such program are reviewed. The programs reviewed shall be representative of the total population of such entities.
- (b) The purpose of independent peer review is to review the quality and appropriateness of treatment services. The review will focus on treatment programs and the substance abuse service system rather than on the individual practitioners. The intent of the independent peer review process is to continuously improve the treatment services to alcohol and drug abusers within the State system. “Quality,” for purposes of this section, is the provision of treatment services which, within the constraints of technology, resources, and patient/client circumstances, will meet accepted standards and practices which will improve patient/client health and safety status in the context of recovery. “Appropriateness,” for purposes of this section, means the provision of treatment services consistent with the individual’s identified clinical needs and level of functioning.
- (c) The independent peer reviewers shall be individuals with expertise in the field of alcohol and drug abuse treatment. Because treatment services may be provided by multiple disciplines, States will make every effort to ensure that individual peer reviewers are representative of the various disciplines utilized by the program under review. Individual peer reviewers must also be knowledgeable about the modality being reviewed and its underlying theoretical approach to addictions treatment, and must be sensitive to the cultural and environmental issues that may influence the quality of the services provided.
- (d) As part of the independent peer review, the reviewers shall review a representative sample of patient/client records to determine quality and appropriateness of treatment services, while adhering to all Federal and State confidentiality requirements, including 42 CFR Part 2. The reviewers shall examine the following:
  - (1) Admission criteria/intake process;
  - (2) Assessments;
  - (3) Treatment planning, including appropriate referral, e.g., prenatal care and tuberculosis and HIV services;
  - (4) Documentation of implementation of treatment services;
  - (5) Discharge and continuing care planning; and
  - (6) Indications of treatment outcomes.
- (e) The State shall ensure that the independent peer review will not involve practitioners/providers reviewing their own programs, or programs in which they have administrative oversight, and that there be a separation of peer review personnel from funding decisionmakers. In addition, the State shall ensure that independent peer review is not conducted as part of the licensing/certification process.
- (f) The States shall develop procedures for the implementation of this section and such procedures shall be developed in consultation with the State Medical Director for Substance Abuse Services.

## **NEBRASKA INDEPENDENT PEER REVIEW INFORMATION FORM**

### **What is Independent Peer Review?**

In accordance with 42 U.S.C and 45 C.F.R., the State of Nebraska provides for Independent Peer Review “to assess the quality, appropriateness, and efficacy of treatment services provided in the State to individuals under the program involved”. At least 5% (five percent) of the entities providing services under such program are reviewed.

### **Why does Nebraska have a Peer Review process?**

Independent Peer Reviews are required for services that receive funds from the Substance Abuse Prevention and Treatment Block Grant and/or the Community Mental Health Services Block Grant.

### **Who Conducts Peer Reviews?**

Peer Reviews must be completed annually by the State of Nebraska Department of Health and Human Services (NDHHS), who is the recipient of the Block Grant funding and contracts with the six Regional Behavioral Health Authorities to provide Substance Abuse and/or Mental Health services. NDHHS contracts with an outside agency, which is familiar with Substance Abuse and Mental Health services, to carry out the Peer Reviews. The Peer Reviews are conducted by professionals in the field who have both clinical and administrative expertise. The primary reviewers are professional peers (not peer consumers of services) and are experienced in clinical and administrative practice. Peer consumers of services may be involved in the peer review of the agency/provider from which they have received services.

### **Who are the Regional Behavioral Health Authorities?**

The Division of Behavioral Health contracts with the six Regional Behavioral Health Authorities (RBHAs) for community-based mental health and substance abuse services. The RBHAs are statutorily created to manage and oversee these services provided in their Region. Each RBHA is governed by a Regional Governing Board consisting of one County Board member (locally elected official) from each county in the Region. The Regional Administrator (RA) of each Regional Behavioral Health Authority is appointed by the Regional Governing Board.

The NDHHS-Division of Behavioral Health contracts with the Regional Behavioral Health Authority to purchase substance abuse and mental health services using the funds received from the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant. The six Regional Behavioral Health Authorities and their locations are as follows: **Region 1**—Scottsbluff (Panhandle); **Region 2**—North Platte (West Central); **Region 3**—Kearney (South Central); **Region 4**—Norfolk (Northeast and North Central); **Region 5**—Lincoln (Southeast); **Region 6**—Omaha (Eastern)

### **How is Peer Review conducted and what are the reviewers looking for?**

The Peer Review process is intended to be beneficial and friendly to the receiving program. Each year a designated percentage of agencies/programs are selected by the NDHHS-Division of Behavioral Health and the contracted entity to conduct the Peer Reviews. The federal Block Grant requires that at least 5% (five percent) of the entities providing services under such programs are reviewed. These programs are located within the Regional Behavioral Health Authority being reviewed, and are representative of

each geographical area of the State based on a three-year review cycle developed by the NDHHS-Division of Behavioral Health. The tool used in the review was adapted primarily from the State of Nevada Peer Review Program by a workgroup made up of representatives of providers and Region staff from each of the Nebraska Behavioral Health Regions, as well as NDHHS-Division of Behavioral Health staff. The tool consists of the major principles found in the National Institute on Drug Abuse (NIDA) Thirteen Principles of Effective Treatment, the Substance Abuse and Mental Health Services Administration (SAMHSA) Modern Addictions and Mental Health Service System, and the NDHHS-Division of Behavioral Health Strategic Plan.

The reviewers look at how the program being reviewed has incorporated these principles, and make recommendations for improvement, if needed. Generally, the reviewers evaluate program policies, clinical materials, etc., and observe the overall program operation.

### **How long does a Peer Review take?**

The Peer Review will be scheduled by the Peer Review team. The amount of time required for the review depends on the size of the organization being reviewed. Generally, a review will take 3 – 6 hours, including the time for reviewers to meet with the Executive Director and the Clinical Director to provide information and answer questions that may arise.

### **Is the reviewed program required to comply with the Peer Reviewers' recommendations?**

No. Recommendations made as a result of the Peer Review are meant to provide peer-suggested quality improvement to the organization. A summary report will be submitted to the agency/program, the Regional Behavioral Health Authority, and the NDHHS-Division of Behavioral Health. The reviewed program is not obligated to comply with the reviewers' suggestions for quality improvement, but is strongly encouraged to do so.

### **Who receives the results of the Peer Review?**

The review results are intended to facilitate quality improvement in the NDHHS-Division of Behavioral Health funded substance abuse and mental health services. The only information reported to the federal government officials that provide oversight of the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant is a confirmation that the Peer Reviews were conducted. The results are used only to provide information that is considered in the improvement of the quality of substance abuse and mental health services for consumers and/or their families.

### **Is a program required to comply with the review?**

Yes. If your organization is funded by the Substance Abuse Prevention and Treatment Block Grant and/or the Community Mental Health Services Block Grant and your program is selected for review, you must comply with the Peer Review. The Regional Budget Plan Guidelines state the following in the FEDERAL AND STATE MANDATES, Section I. FEDERAL REQUIREMENTS FOR BOTH COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (CMHSBG) AND SUBSTANCE ABUSE PREVENTION & TREATMENT BLOCK GRANT (SAPTBG), Paragraph 5.b): *“Participate with any DHHS designated Independent Peer Review to assess the quality, appropriateness, and efficacy of treatment services when selected.*

**Who can I contact if I have questions about Independent Peer Review?**

Please contact Karen Harker, NDHHS-Division of Behavioral Health, Federal and Fiscal Performance Manager, at 402-471-7796, or Nancy Heller, NDHHS-Division of Behavioral Health, Peer Review Contract Manager, at 402-471-7823.



*Behavioral Health is Essential to Health  
Prevention Works - People Recover  
Treatment is Effective*



# FY 2014-2015 SAMHSA Block Grant Application

Community Mental Health Services Block Grant (MHBG)

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

(Draft as of October 2012)

## W. State Behavioral Health Advisory Council

- Each state is **required** to establish and maintain a state Behavioral Health Advisory Council (Council) for services for individuals with a mental disorder. (See FEDERAL P.L.102-321 - Section 1914. State Mental Health Planning Council).
- SAMHSA **encourages** states to expand and use the same Council to review issues and services for persons with, or at risk of, substance abuse and substance use disorders.
- In addition to the duties specified under the MHBG statute, a primary duty of this newly formed Council will be to **advise, consult with, and make recommendations** to SMHAs and SSAs regarding their activities. \*\*
- The Council **must participate** in the development of the MHBG state plan and is encouraged to participate in monitoring, reviewing, and evaluating the adequacy of services for individuals with substance abuse and mental disorders within the state.

There are strict state Council membership guidelines. States must demonstrate

(1) that the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council and

(2) that no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

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\*\* SMHA means State Mental Health Authority.

SSA: Single State Authority also meaning the State Substance Abuse Authority

The Nebraska Behavioral Health Services Act designates the Division of Behavioral Health as the chief behavioral health authority for the State of Nebraska [§71-806 (1)]. This means the Division of Behavioral Health is both the SMHA and SSA.

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# **FEDERAL PUBLIC LAW 102-321**

## **Section 1914. State Mental Health Planning Council**

### **From Community Mental Health Services Block Grant (MHBG) statute**

“(2) (a) serve as the state's mental health planning council as required by Public Law 102-321” means ...meet the requirements for the **FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT**

#### **REQUIREMENTS FOR THE STATE MENTAL HEALTH PLANNING COUNCIL**

##### **Section 1914:**

The State will establish and maintain a State mental health planning council in accordance with the conditions described in this section.

(b) The duties of the Council are:

- (1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
- (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
- (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

(c)(1) A condition under subsection (a) for a Council is that the Council is to be composed of residents of the State, including representatives of:

(A) the principle State agencies with respect to:

- (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
- (ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act;

(B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

(C) adults with serious mental illnesses who are receiving (or have received) mental health services; and

(D) the families of such adults or families of children with emotional disturbance.

(2) A condition under subsection (a) for a Council is that:

(A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and

(B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

# Nebraska Behavioral Health Services Act

Neb. Rev. Stat. §§ 71-801 to 71-830

The Nebraska Behavioral Health Services Act defines **BEHAVIORAL HEALTH DISORDER** as mental illness or alcoholism, drug abuse, ~~problem gambling~~, or other addictive disorder [Neb. Rev. Stat. §71-804(1)]. Amended by LB 6 (2013)

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71-813 Repealed. Laws 2006, LB 994, § 162.

(The State Behavioral Health Council created under LB1083/2004 Section 13)

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71-814 **STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES**; created; members; duties.

(1) The State Advisory Committee on Mental Health Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of mental health services in the State of Nebraska. The committee shall consist of twenty-three members appointed by the Governor as follows: (a) One regional governing board member, (b) one regional administrator, (c) twelve consumers of behavioral health services or their family members, (d) two providers of behavioral health services, (e) two representatives from the State Department of Education, including one representative from the Division of Vocational Rehabilitation of the State Department of Education, (f) three representatives from the Department of Health and Human Services representing mental health, social services, and medicaid, (g) one representative from the Nebraska Commission on Law Enforcement and Criminal Justice, and (h) one representative from the Housing Office of the Community and Rural Development Division of the Department of Economic Development.

(2) The committee shall be responsible to the division and shall (a) serve as the state's mental health planning council as required by Public Law 102-321, (b) conduct regular meetings, (c) provide advice and assistance to the division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services, (d) 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, (e) provide reports as requested by the division, and (f) engage in such other activities as directed or authorized by the division.

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71-815 **STATE ADVISORY COMMITTEE ON SUBSTANCE ABUSE SERVICES**; created; members; duties.

(1) The State Advisory Committee on Substance Abuse Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services.

(2) The committee shall be responsible to the division and shall (a) conduct regular meetings, (b) provide advice and assistance to the division relating to the provision of substance abuse services in the State of Nebraska, (c) promote the interests of consumers and their families, (d) provide reports as requested by the division, and (e) engage in such other activities as directed or authorized by the division.

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# State Advisory Committee on Substance Abuse Services

## *Prevention Advisory Council Discussion*

Presented by Renee Faber  
Prevention Coordinator  
June 11<sup>th</sup>, 2013

# Purpose

Currently, there is no platform for community substance abuse prevention coalitions to come together. The State would continue to benefit from a Prevention Advisory Council that can assist with:

- ▶ Providing guidance
  - ▶ Monitoring progress
  - ▶ Expediting planning processes
  - ▶ Providing coordination of the integration of our comprehensive statewide prevention strategic plan
  - ▶ Creating a means for communicating statewide priorities at all levels
- 

# Focus

Reinstating an Advisory Council would allow DBH to:

- ▶ Maximize statewide resources for Alcohol, Tobacco and Other Drugs prevention and mental health promotion – in turn – increase the amount of individuals reached by preventive strategies.
  - ▶ Continue to develop shared responsibility among state, regional and local level which promotes a more cost-effective and productive method of providing prevention services to the community.
- 

# Nebraska Partners in Prevention (NePiP)

## *Vision:*

- ▶ Prevention is everyone's job.

## *Mission:*

- ▶ To enhance the knowledge, skills and abilities of the prevention workforce across all sectors by ensuring adequate evidence-based training and continuous support, with the ultimate goal of helping to reduce or prevent substance abuse in Nebraska.

## *Goals:*

- ▶ Increase investment, ownership and involvement in prevention planning and implementation.
  - ▶ Increase the use of data to drive prevention decision-making.
  - ▶ Increase the use of evidence-based, outcomes-oriented prevention strategies and processes.
  - ▶ Increase the comprehensiveness of prevention approaches.
- 

# Historical Background

*NePIP Served the following grant periods:*

- ▶ State Incentive Cooperative Act (SICA) – 2001 to 2006
- ▶ State Prevention Framework – State Incentive Grant (SPF SIG) – 2006 to 2012

*Structure:*

- ▶ Was chaired by the Lt. Governor, Rick Sheehy
- ▶ Had broad representation from agencies and organizations with a stake in prevention.
- ▶ Met Quarterly, funded coalitions reported out
- ▶ Several subcommittees: Policy and Strategic Planning Best Practices (EBP), Data Monitoring (SEOW), Cultural Competency, workforce development and training initiatives.

# Historical Background

## *Community Partners Prevention (CPIP) – 2006*

- ▶ A statewide association of community substance abuse coalitions.
- ▶ Peer mentor and support mobilization and development of community coalitions in communities that have not yet built capacity to assess and address their own local substance abuse issues.

**P**revention is the proactive process of creating conditions and/or personal attributes that promote the well-being of people."  
-William Lofquist

# Recommendations

»» Moving forward

# Membership

The Prevention Advisory Council should consist of a number of representatives from all disciplines and levels representing state, region and community level partnerships. This could include but not be limited to:

- Public Health
  - Juvenile Justice
  - Highway Safety
  - Epi Workgroup (SEOW)
  - Mental health and substance abuse providers
  - Primary care providers
  - Education
  - Military/Law enforcement
  - Faith leaders
  - Consumers
  - Community members
- 

# Member Responsibilities

Individuals interested in serving on the council shall complete an application.

Members should be responsible for a two year term appointed to them by the DHHS DBH Director.

Members would be accountable to the SACSAS in order to provide effective guidance to prevention partners.

Work collaboratively with other state advisory and prevention groups



# Meetings and Voting

- ▶ Could rotate through different locations across the state to best accommodate and encourage members from each region.
  - ▶ Voting on various actions items will require attendance of at least 75% of the meetings and each individual will have one vote.
  - ▶ There will need to be a concurrence of votes in order for the proposed ideas to be passed and moved forward.
  - ▶ A chair and co-chair would be beneficial in leading this process as well as the meetings and could be assigned voluntarily and/or by nomination from the other members.
- 

# Questions???

Contact:

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