

Nebraska Division of Behavioral Health
State Advisory Committee on Mental Health Services (SACMHS)
State Advisory Committee on Substance Abuse Services (SACSAS)
June 23, 2016/ 9:00 am – 4:00 pm Lincoln, NE – Country Inn & Suites

Meeting Minutes

I. Call to Order/Welcome/Roll Call

Renee Faber

Renee Faber, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present to the meeting. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. Three new members of the State Advisory Committee on Mental Health Services, Vicki Maca, Nancy Rippen and Suzanne Day were introduced and welcomed.

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Mental Health Services. At the beginning of the meeting, it was determined that a quorum was not present for the State Advisory Committee on Substance Abuse Services; subsequent late arrivals did meet the quorum threshold.

State Advisory Committee on Mental Health Services Members in Attendance: Adria Bace, Brenda Carlisle, Suzanne Day, Bob Doty; Bev Ferguson, Brad Hoefs; Lisa Jones; Ryan Kaufman, Linda Krutz; Kristin Larsen, Phyllis McCaul; Lisa Neeman, Rachel Pinkerton; Nancy Rippen, Mary Thunker, Diana Waggoner, Stacey Werth-Sweeney. Members Absent: Karla Bennetts, Kathleen Hanson, Patti Jurjevich, Joel Schneider, Mark Schultz.

State Advisory Committee on Substance Abuse Services Members in Attendance: Roger Donovick; Ann Ebsen; Ingrid Ganseboom; Jay Jackson, Michael Phillips; Randy See; Mary Wernke. Members Absent: Janet Johnson; Dusty Lord, Kimberly Mundil.

DHHS Staff in Attendance: Sheri Dawson, Renee Faber, Tamara Gavin; Cynthia Harris, Tiffany Mullison, Nikki Roseberry-Keiser, Deb Sherard, Linda Wittmuss, Cynthia Harris, Debra Sherard, Heather Wood.

II. Motion to Approve Minutes

Chairperson Diana Waggoner

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner welcomed members, guests and staff to the meeting and presented the minutes for review. Asking for and receiving no corrections or comments, SACMHS Chairperson Waggoner called for a motion to approve the February 18, 2016 meeting minutes as written. Moved by Doty and seconded by Ferguson, the motion passed on a unanimous voice vote. As there was not a quorum present for the State Advisory Committee on Substance Abuse Services, no vote was called.

III. Public Comment

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

IV. Director's Update

Sheri Dawson

- Director Sheri Dawson took the floor and asked all DBH employees to stand. Announcing that it has been a very busy time in the Division, she asked for a round of applause to acknowledge everyone's hard work. Between the SAMHSA Joint Center Federal site audit, development of the strategic bridge plan and various legislative proposals, DBH staff have been "rocking."
- Director Dawson introduced the DHHS Business Plan that was recently announced at a press conference with the governor, stating that this plan, with target dates, assists with the removal of silos between divisions and has us all working together as a team.
- As DHHS formulates action steps to carry out its business plan, DBH is working on a full scale needs assessment that will serve as the foundation of DBH's next strategic plan.
- Director Dawson announced that Cynthia Harris is the new administrator for the Office of Consumer Affairs. The second round of interviews for the Office of Facilitation for Recovery open position, located at the Lincoln Regional Center, are scheduled for the week of June 27th. Under the direction of the Office of Consumer Affairs, the Office of Facilitation for Recovery will be the driver of the peer bridge program.
- It was announced that Anthony Walters, CEO of the Nebraska Regional Centers, has resigned. Stacey Werth-Sweeney is serving as interim CEO. The position opening will be posted soon.

- The Federal Site Visit went very well and Renee Faber was recognized for an excellent job coordinating all the logistics for the visit. Director Dawson noted that at the end of the visit, it was suggested that Nebraska is one of the top states in the nation in terms of behavioral health integration and both Dawson and Faber have been invited to speak at the SAMHSA's national block grant meeting in August. A unique addition to the audit included a 'secret shopper' exercise where auditors, posing as consumers, contacted various providers to evaluate their knowledge of service components such as wait lists and admission availability for priority populations. The auditors were overall very impressed with our clinical practices. Director Dawson expressed her pride in our team and our state and stated that even with gaps and needs, we are doing great.
- Director Dawson attended the recent National Association of State Alcohol and Drug Abuse Directors Annual Meeting where Renee Faber presented during a leadership session about prevention efforts. At this meeting, Faber was elected as the Vice President for Internal Affairs for the National Prevention Network, noting everyone was impressed with Nebraska's umbrella approach to prevention and treatment.
- The Annual Behavioral Health Conference, held on May 31 – June 2, 2016 at the Cornhusker Hotel in downtown Lincoln, was very well attended, with over 500 people visiting the booths and attending the break-out sessions. The 2017 conference is slated for April 2017.
- Both the Lincoln Regional Center as well as the Norfolk Regional Center recently had surveyors on site. Their inspections resulted in no deficiencies. A big shout-goes out to both facilities for work well done.
- Nebraska will be holding an Opioid Symposium on October 14 focusing on prevention, treatment, and law enforcement through direct collaboration with the public health, medical and law enforcement communities operating in Nebraska. DHHS has already begun several key initiatives to combat opioid abuse and addiction.
- DBH is collaborating with BHECN on a workforce development plan and it was noted that while the psychiatric nursing shortage at LRC is still a challenge, the vacancy rate has dropped from 48 to 42.1 percent.
- Director Dawson announced an upcoming webinar on June 29 from 10 to noon, which will address the Heritage Health Initiative. Director Dawson explained that the initiative encompasses primary care, pharmacy and behavioral health; serving the whole person. Information to attend the webinar will be sent out tomorrow.
- Director Dawson updated the committees on a series of new contracts with a number of family organizations who deliver family and peer support, adding that there is great impact with family members sharing lived experiences. Dawson explained that the contract with the Federation of Families has ended and DBH is contracting individually with family organizations across the state.
- SAMHSA has indicated they would like to see specific planning in place to serve veterans. To facilitate this project, there will be strategic planning workshops scheduled on September 8 and 9 and we are seeking participants with an interest or background in veterans' affairs. Please let Deb Sherard know if you are interested in serving in this capacity.
- The DBH Centralized Data System is now operational and allowing interface with providers as a built-in authorization system. The system is garnering national attention, with presentations requested at several conferences.
- As noted on page 38 of the DHHS Business Plan, efforts towards improving system flow are underway. DBH will be looking at admissions and discharges as they work to reduce wait time for facilities to improve flow through and that emergency beds are available when needed.
- Jude Dean has been hired to coordinate Preadmission Screening and Resident Review (PASRR) services.
- Leslie Hays of Hays Consulting will be in Lincoln on Monday, June 27 to work with staff on Emergency System Mapping, to identify steps in the Emergency Protective Custody procedures.
- Budget planning for FY18-19 has begun amidst the budget freeze in DHHS, noting that travel, operations such as printing, postage and copying, and open job postings will be limited in lieu of the shortfall.
- Legislative Resolution 413 identifies a mandated task force on "behavioral and mental health," which was proposed as a result of last fall's legislative audit. Senator Bolz is Chair of this committee and they are meeting monthly. Director Dawson noted the task force is primarily interested in policy and funding issues and are especially interested in the results of the comprehensive needs assessment. Anyone seeking more information about the task force and its members may contact Deb Sherard and she will get the information out to you.
- Chairperson Waggoner took the floor and thanked Director Dawson for her and the staff's hard work. She

also inquired as to how the committees may be of service during this time. Director Dawson explained that the committees will be called upon to help prioritize results from the needs assessment and to develop a realistic work plan for the new strategic plan moving forward.

V. 2016 SAMHSA Site Visit

Renee Faber

Renee Faber, who coordinated the site visit, reported that after four intensive days of scrutiny, a very preliminary summary of the strengths, opportunities and challenges identified during the visit had been provided in the packets. Faber highlighted the following comments from the site visit team:

- They were very impressed with the new Central Data System and were equally impressed with the Nebraska Prevention Information Reporting System database.
- They appreciated the clear language in the state to region contracts as well with community based providers but noted that the mental health block requirements could be operationalized further.
- They noted DBH's transparency and fiscally accountable relationships with the regions. They did acknowledge that DBH operates primarily as a paper-based system but recognized our movement to EBS.
- They offered a very favorable review of the whole prevention system program, highlighting the coordinated process for administering high school surveys and that responses rate were high.
- Several tobacco retailer compliance checks were observed as part of their review of compliance with the Synar Regulation. They commended the use of mics (for both safety and to uphold convictions) with the undercover teens who law enforcement work with to attempt the purchase of tobacco products. They also said we did a good job being culturally responsive in these processes.
- The team of auditors liked the Kognito online training offered through the Suicide Prevention Program.
- The team favorably reviewed partnership efforts in the areas of federally qualified health centers, criminal justice and suggested work groups to include all modalities.
- They agreed that while we are meeting standards for the provision of interim services, they would like to see more evidence of training and understanding of this requirement among substance use providers.
- Team noted that legislatively, Nebraska laws pertaining to Synar are rather weak, with a lack of central authority over tobacco licensing, making accountability of retail owners difficult. They suggested changes to existing laws as well as more training for the clerks selling tobacco products.

Faber said a draft report will be issued 70 days after the site visit, with a final report coming after DBH reviews.

The Chairs and Vice Chairs for the Mental Health and Substance Abuse Advisory Committees met with the Federal Audit Team. Randy See said although he wasn't sure what to expect, he felt the committee members came through as a voice from the community. Chairperson Ann Ebsen spoke about the challenge of service delivery to rural and western Nebraska wherein the federal auditors offered technical assistance. Overall, the consensus was that committee members did an excellent job of representing DBH and the State of Nebraska.

VI. Prevention Activities Update

Nikki Roseberry-Keiser, Tiffany Mullison

Nikki Roseberry-Keiser, Grant Coordinator for the Partnership for Success program, reported out for the Prevention Advisory Council, a subcommittee to the Joint Advisory Committee, and provided an update on recent prevention activities.

The Partnership for Success (PFS) subaward is designed to reduce underage drinking. Recently, carry-over funds were approved to be used to provide staff training, continue culturally and linguistically appropriate services (CLAS) training and expand the statewide media campaign. CLAS standards have been integrated into all PFS work plans and training continues on sustainability and fidelity as well as substance abuse prevention skills.

While Nebraska ranks as the 10th healthiest state, we also rank #47 for binge drinking. A Collective Impact Workgroup, comprised of a partnership with UNMC and other stakeholder institutions, have started several pilot sites for Screening and Brief Intervention and Referral to Treatment (SBIRT) and are now working to see how the model integration is going. The Division of Behavioral Health, along with Public Health, acknowledge that the numbers for binge drinking in Nebraska are high and CEO Courtney Phillips wants to make an impact on those numbers. Linda Krutz commented that binge drinking is cultural for our state and has a huge parental component. Roseberry added that while the SBIRT model is focused on who is doing the drinking, they hope to expand the

scope to address issues like parental influence. Additionally, a website offered by Region 5 was designed to help parents talk to their children about alcohol use and coalitions implementing the Strengthening Families program aid in this effort.

Roseberry also expounded on data collection, where they have expanded surveys, looking specifically at parental data. Questions were also added about domestic violence and the use of alcohol.

Tiffany Mullison, Suicide Prevention Outreach Specialist, presented data that indicated the top nine causes of death in the U.S. have all been declining since 2005 except for suicide, which continues to rise, noting that about half of youth surveyed said they had seriously planned to commit suicide at least once. As part of a three-year award, the Youth Suicide Prevention Grant focuses primarily on youth 10 to 24 years old.

Efforts have proved effective with the passage of LB923, which requires educators to receive at least one hour of suicide awareness and prevention training each year. The numbers of those completing the online Kognito training course were much higher than expected. Also being utilized is a National Hotline and public awareness campaign as well as Local Outreach to Suicide Survivors (LOSS) teams, which are comprised of local advocates who respond to help suicide survivors. While three active teams are covering 29 percent of the state, this program is expanding, in part due to the training provided by this grant.

Discussion following surrounding the idea that suicide prevention training has to encompass kids helping kids. Youth surveys reveal that when asked, kids will go to their peers for help so messaging that empowers young people to respond to someone in crisis is vital.

Mary Thunker suggested that curriculum for a class on mental health issues be required and added that there is a lot of community interest in this idea.

Kristin Larsen said youth suicide prevention is a priority in Public Health and that collaboration with the Division of Behavioral Health through the State Health Improvement Process is a positive step.

Nikki Roseberry-Keiser solicited feedback on the Prevention Advisory Council's functions and responsibilities. This group meets quarterly and explores a wide range of prevention topics as well as emerging trends. The PAC started with 13 people appointed by the Governor and had a structure similar to the Joint Advisory Committee but has since evolved into a different format where voting became less significant and everyone has an equal voice. The PAC is asking for guidance relating to the following questions:

1. Should the PAC continue with its current format or should they retain membership appointed by the Director?
2. What does the Joint Advisory Committee see as the PAC objectives?
3. Perhaps the most important, what would the Joint Advisory Committee like to see brought back to the table by the PAC?

Ryan Kaufman added that if PAC is not maximizing the passion among appointed members to do something, people could sign up and volunteer for different areas of interest, echoing what the Joint Advisory Committee has voiced in the past – they would like to be more useful, to be utilized more fully with definable action steps.

VII. Nebraska Association of Behavioral Health Organizations

Annette Dubas

Annette Dubas, former Nebraska State Senator, spoke to the Joint Advisory Committee about her role as the first Executive Director for the Nebraska Association of Behavioral health Organizations (NABHO). NABHO is Nebraska's largest behavioral health organization and they advocate on behalf of providers and consumers for a strong, effective and stable behavioral health system of care. Ms. Dubas indicated that NABHO is interested in how DBH, as well as this Committee, could work together more.

VIII. Access Measures

Tamara Gavin

Tamara Gavin, Deputy Director of Community Based Services, reported on proposed access measures that are purposed to ensure consumers receive the services they need at the time they need them, starting with four services: supported housing, supported employment, short-term residential, and medication management. In choosing which services to address, Gavin explained that supported housing and supported employment underscores our investment not only in treatment services but recovery services as well.

Faber asked for a motion to approve all four access measures as presented by Deputy Director Gavin. It was noted that a quorum was not present for the Substance Abuse Advisory Committee so no vote could be recorded.

Additionally, Committee members indicated they want more baseline data before voting.

Chairperson Waggoner voiced several questions regarding budgeting for supported housing, specifically asking for a dollar amount per family. Gavin said that annual report information will be available by the next meeting, from which a figure could be derived.

After considerable discussion about medication management, it was noted that the specialty population – those discharging from inpatient acute settings – were targeted for this specific access measure as they were felt to be very vulnerable post-discharge from services and allowed the access measures to be tested on a smaller population.

The general consensus was that a larger conversation was necessary before these access measures are approved; specifically there were concerns noted that the access measures, as currently drafted, would not measure provider acceptance rates but would only account for consumers who were admitted into care. Discussion continued without a formal vote. The following questions were posed:

1. Is 95 percent a realistic target, given historic performance?
2. Regarding 21-day access for medication management, is that for an appointment to be set or is the consumer seen within that 21-day window? Wording will be updated to clarify.
3. Were consumers surveyed to obtain data for the proposed measures or was the information obtained from providers?

Gavin agreed to work toward revision of measure language, looking closer at work flow and identifying vulnerabilities, adding this will not move forward without an approval vote. However, a voice vote gave support to moving forward with changes in the CDS to gather more data relevant to access measures.

IX. Strategic Planning

Linda Wittmuss

Linda Wittmuss, Deputy Director for System Integration, presented an update on the DBH Bridger document, which serves as the 2016 strategic plan and announced plans for developing a framework for the new strategic plan. Wittmuss solicited input from the Committee regarding the general layout of the document as well as content related to the five key areas of the work plan.

It was suggested that accountable relationships appear under each measure and to use “Support” as the actual performance measure. Wittmuss clarified that these are the key activities identified under the current work plan but several of them will continue into the next plan. She would like to hear suggestions on other areas to retain in the new strategic plan.

Wittmuss verified that final results of the needs assessment will be available by the end of July. She has prepared a timeline with a formal draft slated to be ready for review by December 31. After results of the needs assessment are made available, a strategic planning committee will be established to help set the framework for the next plan.

It was suggested that one member of the Advisory Committee be appointed to the strategic planning committee, who will meet three or four times to work with DBH to review the needs assessment results, lay out the framework for the new strategic plan, identify priority areas and then disseminate out for further discussion.

Wittmuss stated initial plans were to have about 20 serve on this committee beginning in August. Suggestions as to who to include on this planning committee were as follows:

- Both mental health and substance abuse providers – and specialized providers
- Representatives from the regions
- Developmental disabilities to address dual diagnosis services
- Specifically Senator Kate Bolz and Annette Dubas for NABHO
- Consumers, a family voice and other advocacy groups
- Law enforcement to address emergency mapping
- EMS and/or first responders
- Geographical representation – urban and rural
- Lincoln Regional Center and/or other hospitals providing behavioral health services
- Adult and juvenile probation, prison system, corrections.

It was also suggested to retain a strategic planning specialist. Mary Wernke offered to recommend a consultant. A strong facilitator as well as writers would be useful as well. Deputy Director Wittmuss then solicited member interest to serve on the strategic planning committee. Michael Philips agreed to serve.

X. Legislative Update

Linda Wittmuss

Linda Wittmuss, Deputy Director of System Integration, provided a legislative update to the committees, identifying the passage of LB816 and improving our ability to share information with providers and expedite the continuity of care.

LB998 proposed to address the EPC system and it was noted that the needs assessment should help identify areas of concern and ways to improve the behavioral health emergency systems.

Starting now, up until the middle of July, is the time to bring forth proposed legislation in order to start research and writing. In the division, areas we are looking at include:

1. Data sharing – improved processes to exchange this information
2. Clarity – cleaning up process and language re competency restoration
3. Sharing of information for continuity of care, corrections and the regional centers

Wittmuss identified the potential for cleaning up some statutory language, in particular, outpatient treatment for convicted sex offenders. The current law requires utilization of the least restrictive treatment and there is not a lower level option of treatment beyond inpatient. Justice and behavioral health will need to work together to look at developing training and skill sets to address these issues as well as identifying resources and funding to support these activities.

Renee Faber commented briefly that LB1058, which was purposed to offer protection for minors used in tobacco compliance inspections, did not move forward but would be helpful to revisit again. Faber also recognized the need for a centralized licensing process for tobacco at the state level.

While the lead agency for LB1033 is Developmental Disabilities, a representative of each division will be involved to lay out a process for the Olmstead Plan. A broad advisory committee will be formed including one member of this committee and plan on meeting in August or September. Rachel Pinkerton volunteered to serve and there was general consensus approval of her appointment.

XI. Committee General Comments and Observations

All

- Director Dawson set a positive tone and it continued throughout the meeting. The agenda was less crowded and better paced.
- Committee members commented that this was a very productive meeting and appreciated having their voices heard. Good energy, good input and enthusiasm for making things better were all comments made.
- Congrats were offered on a successful federal audit.
- Ann Ebsen suggested arranging future agendas to have voting matters addressed early so that quorums are maintained.
- A suggestion was made to have a designated committee member speak about their areas of expertise and interest as a standing agenda item for each meeting. There was also a suggestion to have committee members share announcements about their respective organizations as a standing agenda item as well.

XII. Adjournment and Next Meeting

The meeting was adjourned at 4:03 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is scheduled on Thursday, August 18, 2016.

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

6-23-16 Meeting Minutes

Preliminary identified block grant implementation strengths and opportunities as identified by the SAMHSA site monitoring teams during the Exit Conference on May 13, 2016.

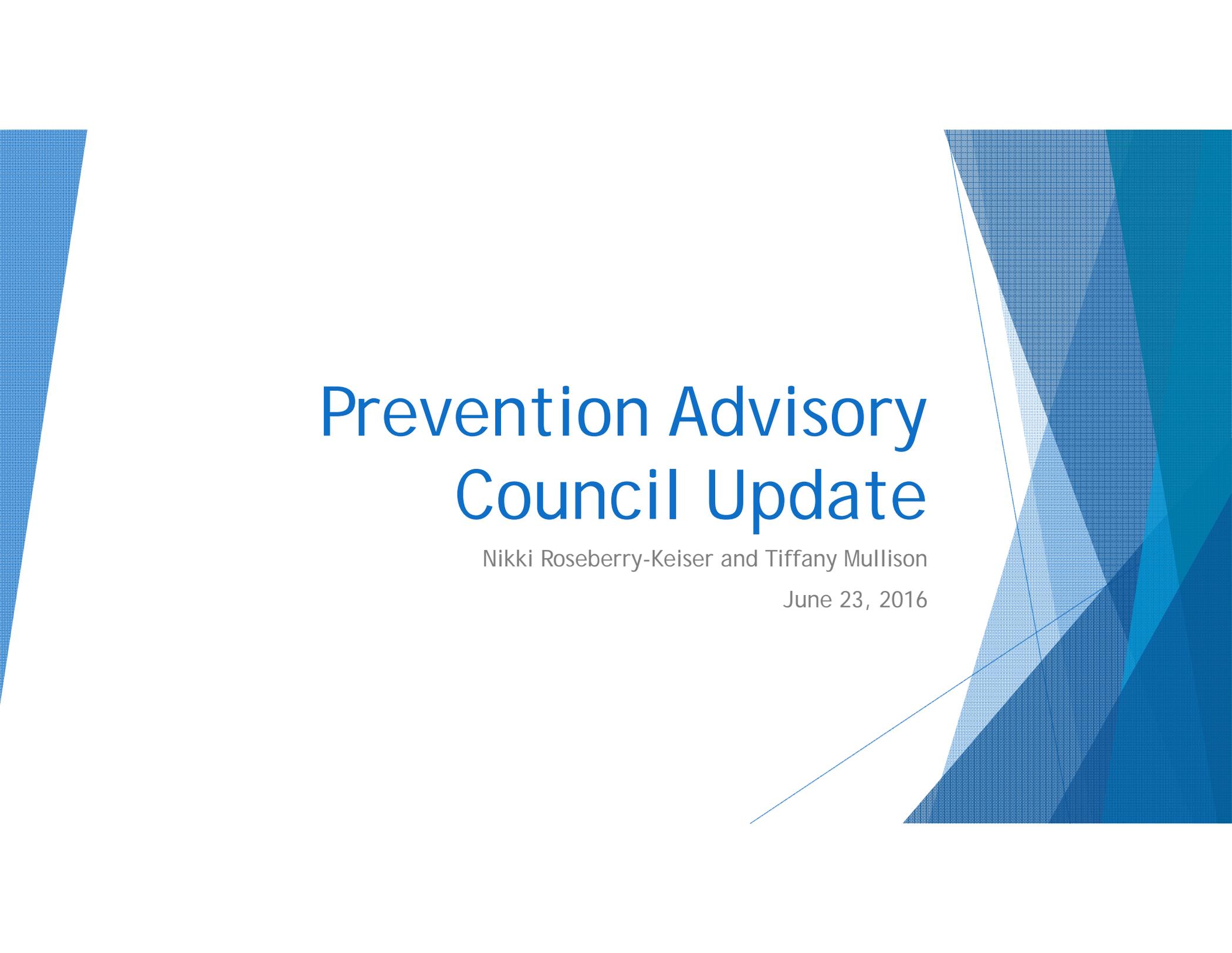
Major Strengths

- Outstanding supportive documents assembled for the pre-site visit materials
- Strong Trauma-Informed Care system
- Strong Quality Assurance & Quality Improvement processes at all levels, state, intermediary and local – holistic and 360 view ensures accountability
- DBH services are data driven based on metrics and standards
- Excellent Children’s System of Care Implementation – lots of strengths
- Fully engaged behavioral health planning council (State Advisory Committees) and transparency in process
- First Episode Psychosis Pilot Program teams are strong multi-agency collaborations
- Transparency in DBH processes engender a partnership with intermediaries and providers
- RHBA intermediaries have good fiscal-related processes with providers
- Prevention System supports a strong collaboration among state, regions and local partners – the Strategic Prevention Framework is present in this integration and focus is on QI
- Strong Regional Prevention Coordinator role across the state
- Prevention staff supports continuous, ongoing monitoring
- Prevention System development of NPIRS and SHARP supports both reporting needs and prevention programmatic and strategy quality assurance activities
- Synar Program has developed strong interagency partnerships supporting collaborative activities
- Synar inspection process is implemented and operationalized with fidelity
- Synar reporting system provides for real time access and reporting and incorporates quality control measures
- Synar inspection protocol provides for culturally appropriate selection of products
- Nebraska youth tobacco access law has been revised to include Vapor delivery mechanisms
- Innovative use in Suicide Prevention of Kognito’s online role-playing simulation gatekeeper training program

Opportunities

- Safeguard against SUDs being lost or minimized in mental health and substance abuse integration
- Develop a formal policy for MHBG requirements and responsibilities (similar to SABG policy)
- Review and update DBH practice of using spreadsheets in recording of billings/invoices
- Revise existing DBH reporting inconsistencies in WebBGAS
- Employ Best Practices to improve the mechanisms of transmitting provider invoices to RBHAs
- Expand prevention system collaboration with School Resource Officers
- Develop the youth crisis response system to incorporate school counselors statewide and mobile crisis teams
- Develop additional coordination of criminal justice involved youth within the Children’s System of Care
- Continue collaborations (e.g., BHECN) to address workforce challenges, especially in frontier and rural areas
- Develop a Peer Career Ladder track to increase peer employment in services

- Utilize and expand the number of FQHCs to integrate BH services, explore HRSA grant opportunities
- Increase NBHS partnerships among private and public entities
- Increase use of telehealth to improve access and availability of services
- Support the use of patient centered medical Behavioral Health Homes
- Develop resources to support First Episode Psychosis Pilot Program recruitment, case management and social media activities
- Support additional training on Substance Abuse Block Grant clinical requirements, such as Learning Collaboratives and expanding representation on existing workgroups to include not only intermediaries but also local providers
- Expand workgroups to include all modalities, such as MAT
- Expand criminal justice workgroups to include judges to encourage peer-to-peer learning
- Support the operationalization of Trauma-Informed Care through a Learning Collaborative engaging both treatment providers and RBHAs
- Enhance data utilization to inform practices for SA services and support core Evidence-Based Practices
- Develop strategies to increase the state's flexibility/agility to respond to identified needs affected by limitations due to Service Definitions being tied to legislation and/or regulations
- Increase QI activities and use of Population Management Strategies to identify gaps in system
- Develop a Heritage Health-focused workgroup – engaging the entire treatment spectrum – to share information about processes and changes created by the three MCO configuration and increase the BH voice
- Develop a Learning Management System to improve the availability and accessibility of training and to preserve training in one place overtime
- Enhance training for gender specific services (e.g., relational model), including training focused on the growing number of older clients accessing services
- Develop a BH Health Disparity strategic plan within a BH-oriented framework supporting cultural competency/CLAS
- Develop a more integrated SA Prevention System across the RBHAs to create common and consistent protocols
- Develop funding resources for the SA Prevention System to support community level planning and data collection
- Develop funding resources for the SA Prevention System to support necessary activities from planning to education to coordination, including a dedicated FTE Synar Coordinator position
- Enhance Synar program data capability to measure tobacco retailers' knowledge about the law
- Develop strategies to address environmental challenges such as limitations in the laws (e.g., non-stipulation of fine amount, compliance burden is on sales staff not the retail outlet owner, tobacco retailer license doesn't specify OTC or vending machine)
- Improve community awareness of admission preferences to services for priority populations
- Expand knowledge and training regarding federal requirements for Interim Services

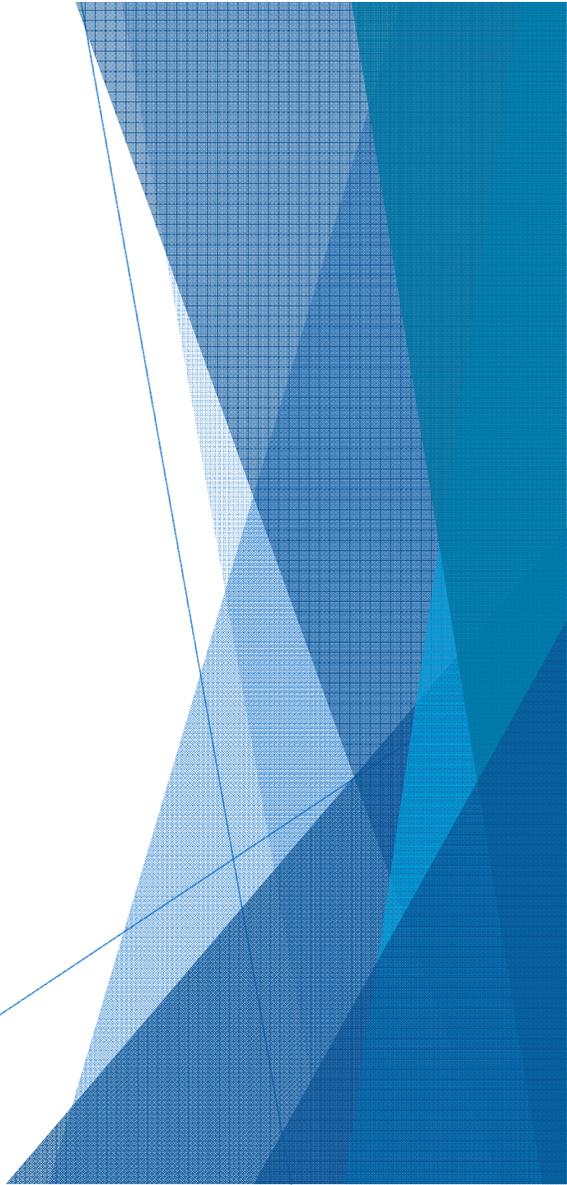
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Prevention Advisory Council Update

Nikki Roseberry-Keiser and Tiffany Mullison

June 23, 2016

Partnerships for Success Update

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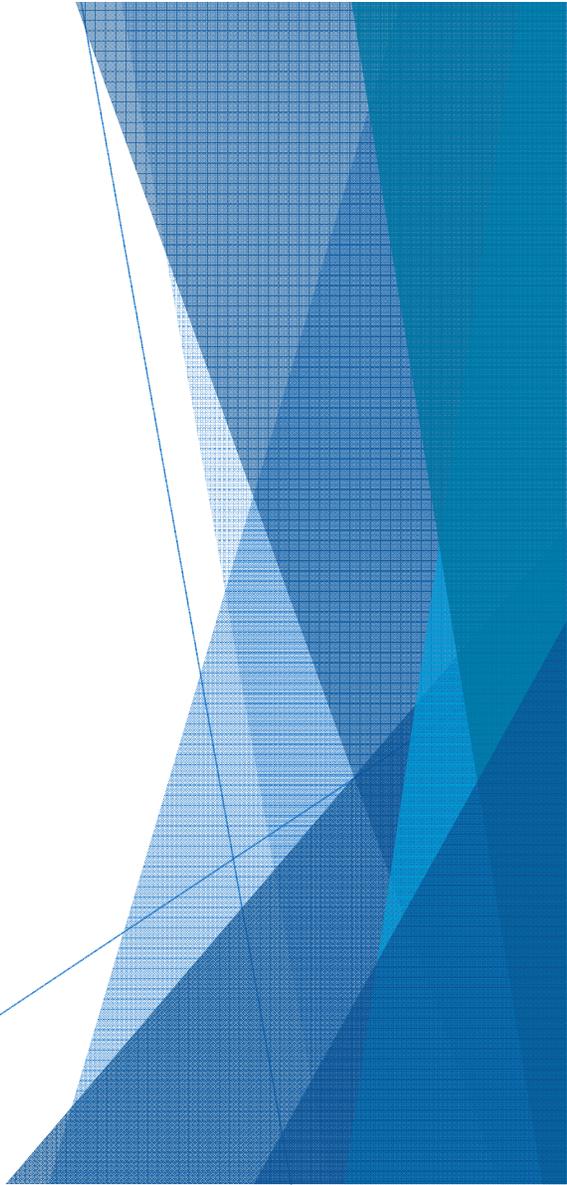
Carryover Funding

- ▶ Sending state staff to conferences for training
- ▶ Workforce Survey and Development Plan
- ▶ Culturally and Linguistically Appropriate Services training
- ▶ Expansion of statewide media campaign
 - ▶ Spring event, tips for parents
- ▶ Region and subrecipient requests
 - ▶ Increase capacity through training
 - ▶ Expansion of existing curriculum and media campaigns

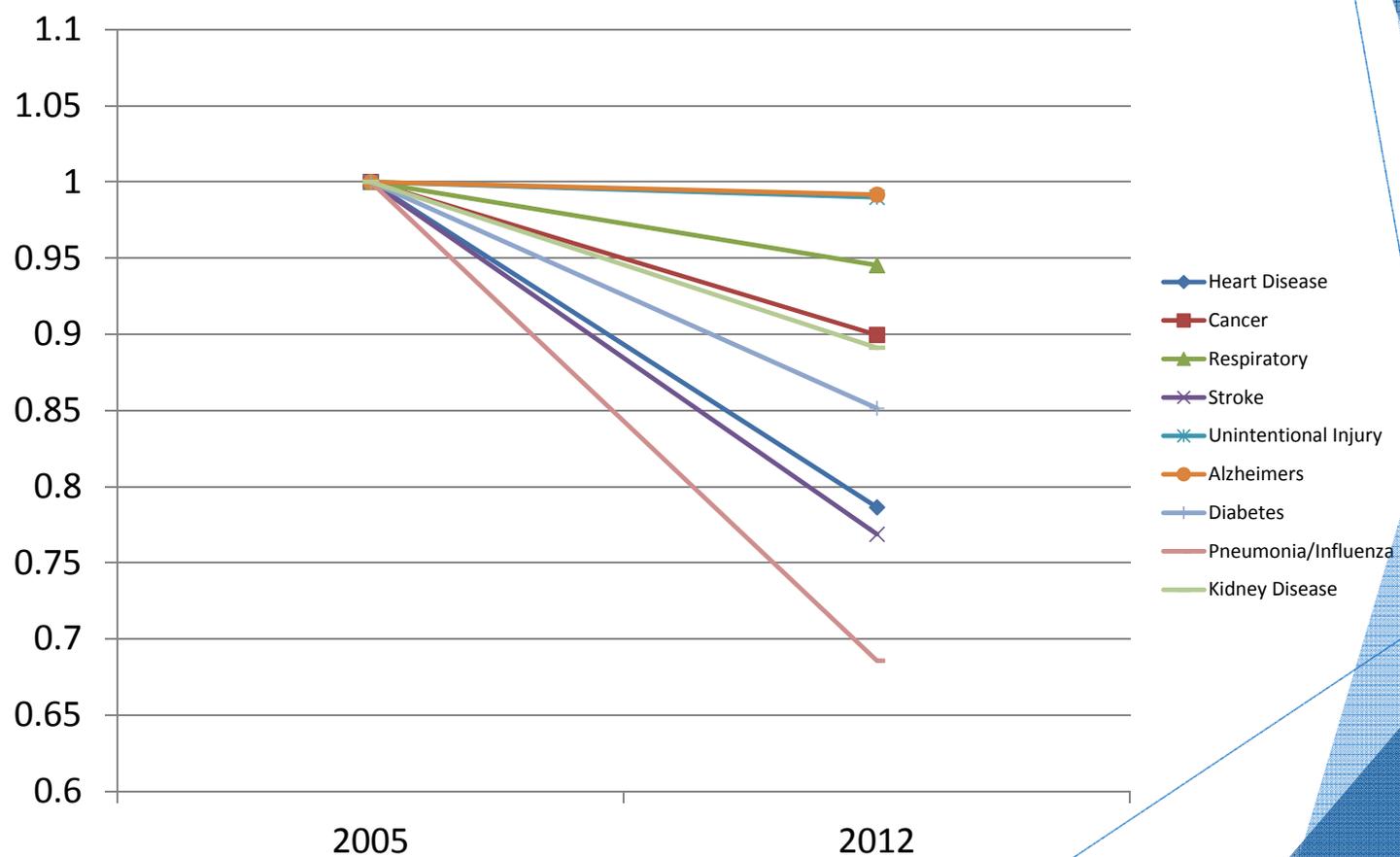
Collective Impact Workgroup

- ▶ America's Health Rankings place Nebraska as the 10th Healthiest State, but we rank #47 for binge-drinking
- ▶ Partnership between DBH and UNMC to bring together members of stakeholder institutions to work toward lowering the binge drinking rate statewide.
 - ▶ Some of the partners include: Project Extra Mile, Omaha Collegiate Consortium, CHI Health, Nebraska Medicine, Blue Cross, Blue Shield, among others.
- ▶ Several pilot sites have begun Screening and Brief Intervention and Referral to Treatment (SBIRT), including clinics and college health centers

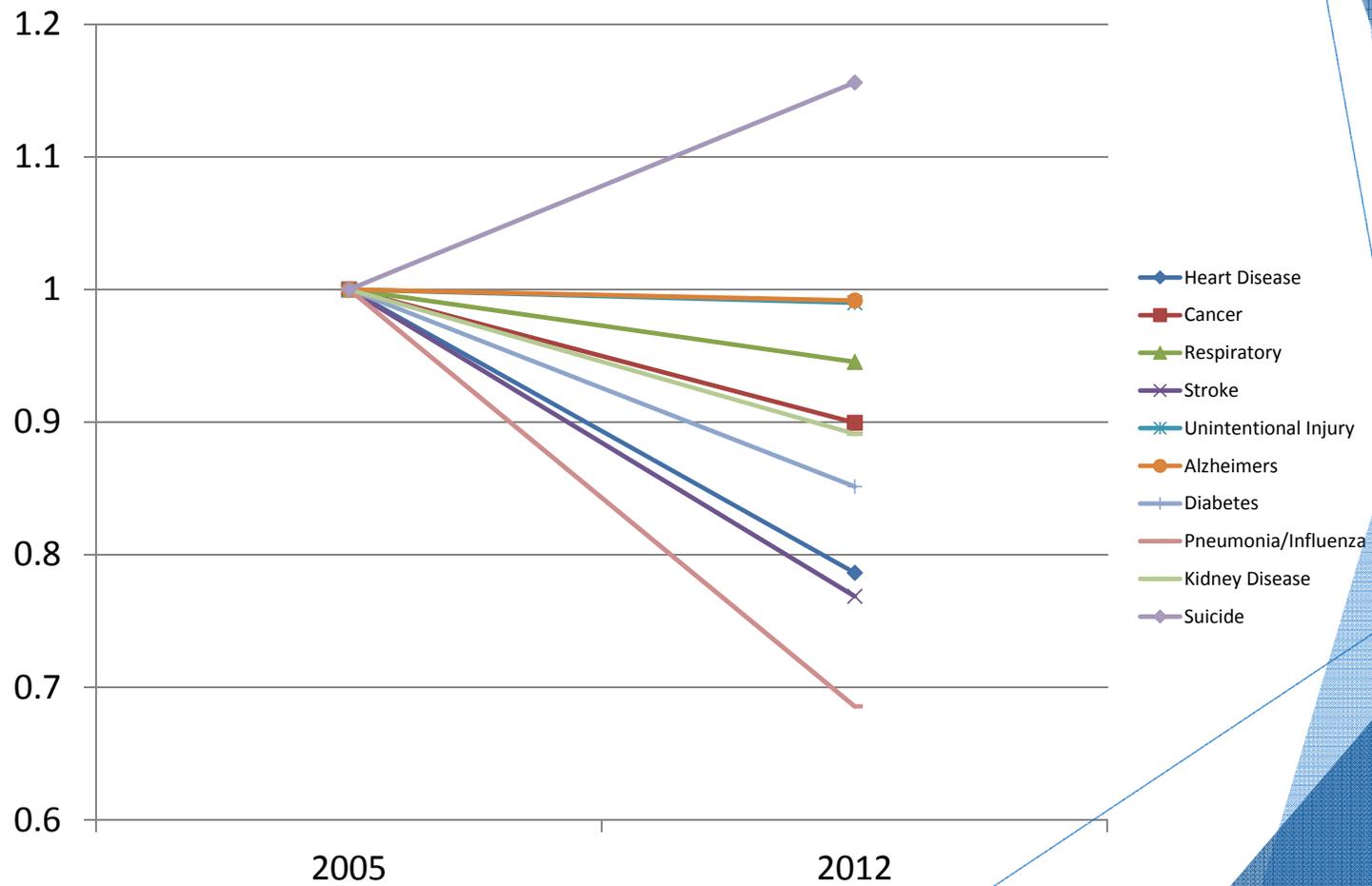
Suicide Prevention Update

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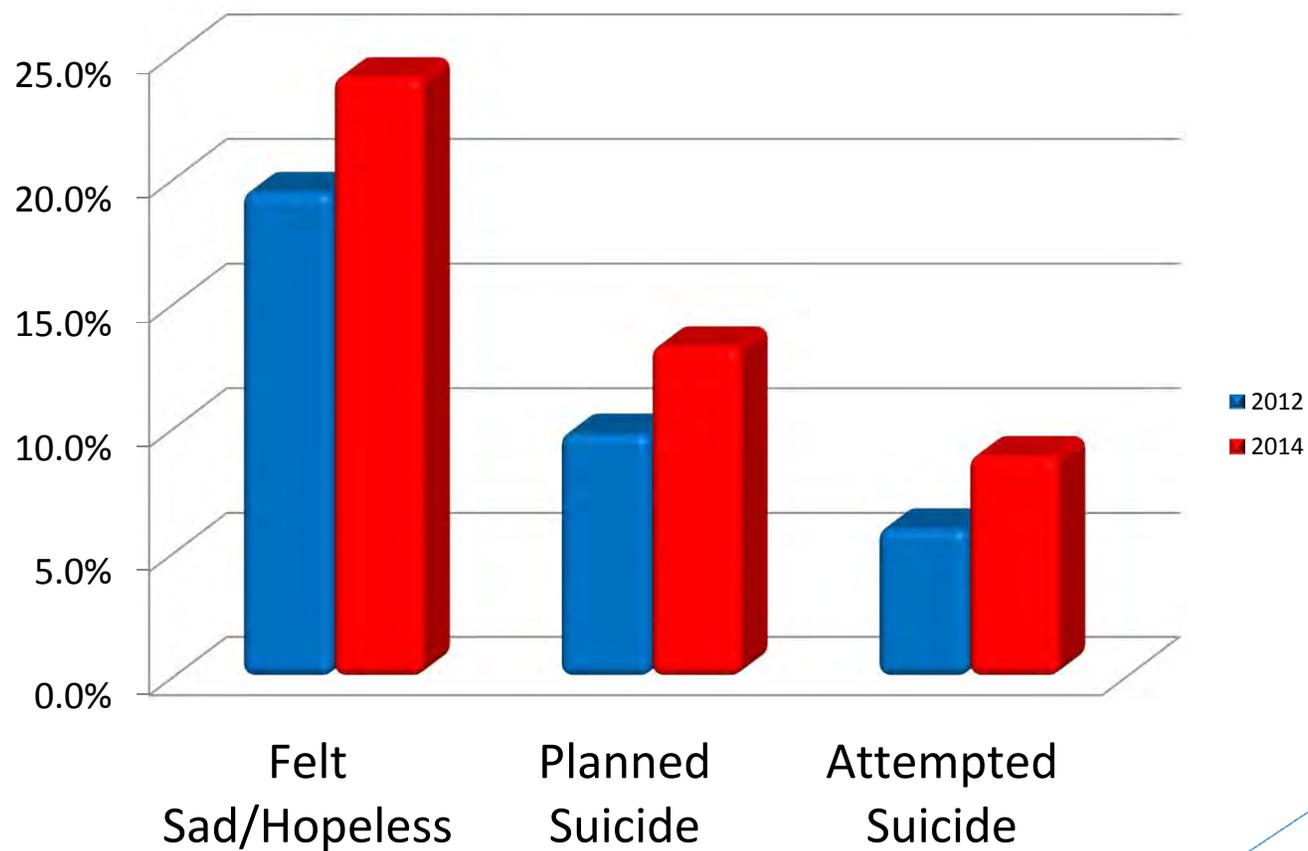
Top 9 Causes of Death in the USA



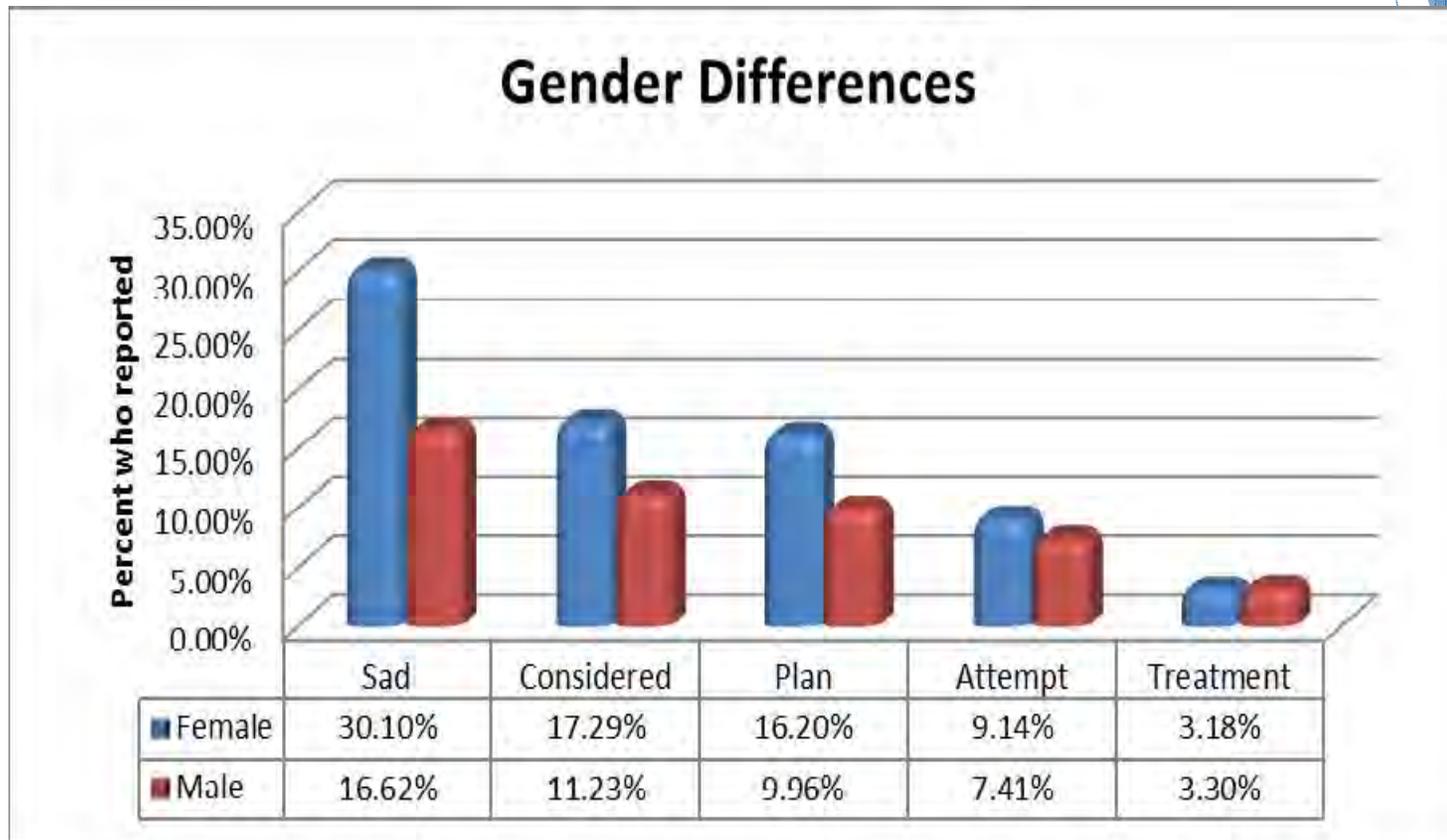
Top 10 Causes of Death in the USA



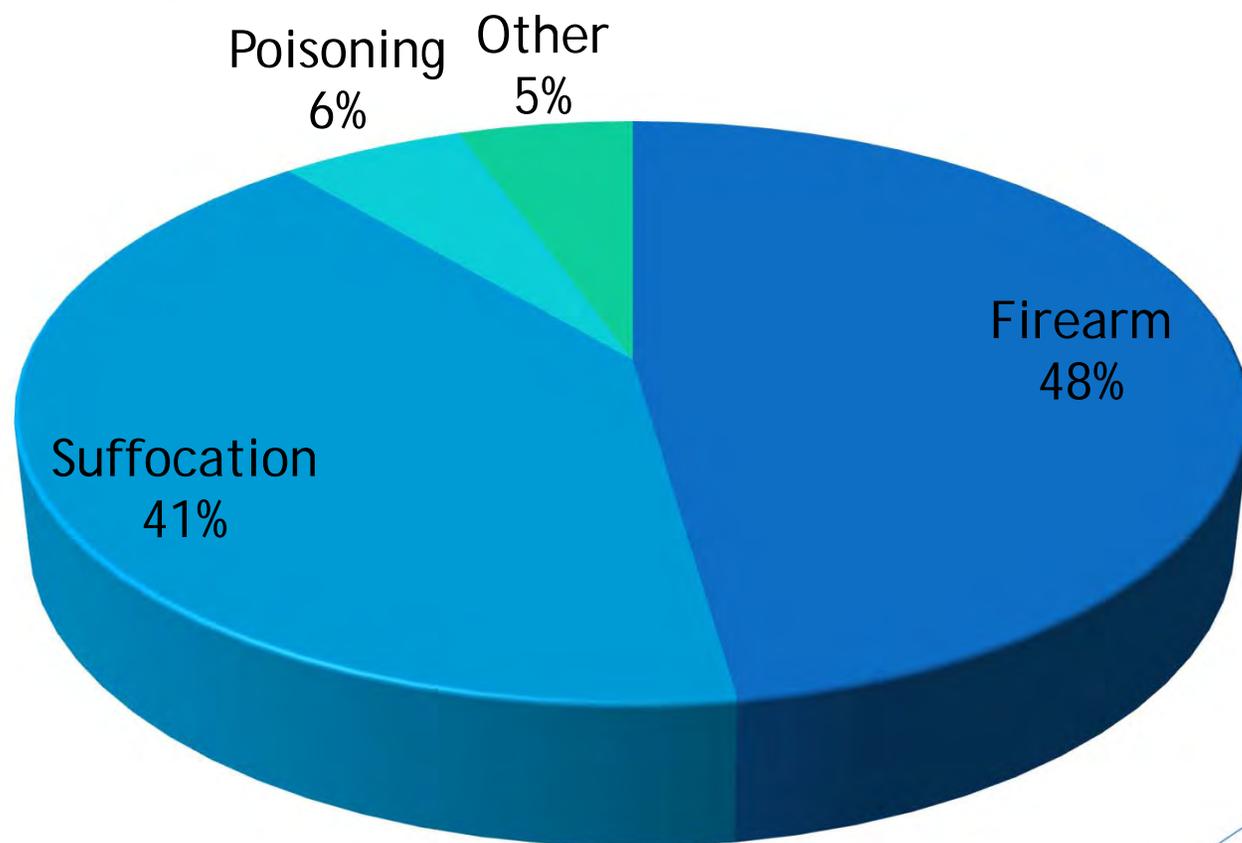
Youth Risk Behavior Survey, 2012 & 2014



Youth Risk Behavior Survey, 2012 & 2014



Method of Suicide in Nebraska 11-24 year olds, 2005-2014



Correlation Coefficients for Suicide Attempts



SAMHSA funds for Youth Suicide Prevention

- ▶ Awarded funds for 5 years, for a total of \$3,646,939
- ▶ Funding cycle is from October 1, 2014 - September 30, 2019
- ▶ Nebraska's project serves youth ages 10-24 across the state of Nebraska
- ▶ 2 subpopulations of focus:
 - ▶ Youth in K-12 schools
 - ▶ Youth with behavioral health disorders
- ▶ Currently in Year 2, Quarter 3

Year 1 Highlights: Behind the Scenes

- ▶ Project Management Team formed; monthly conference calls with the PMT and SAMHSA
- ▶ Groundwork on development of the Nebraska Statewide Suicide Prevention Plan completed
- ▶ Data reporting system built and managed by the Public Policy Center
- ▶ Of the \$733,232 awarded in Year 1, Nebraska expended \$626,746 [86%]
- ▶ A carryover request for Year 1 was approved by SAMHSA for the \$106,577 [14%] unspent in Year 1

Year 1 Highlights: Evidence Based Practices

- ▶ Collaborative Assessment & Management of Suicidality [CAMS]: 261 clinicians were trained to assess, manage, and treat youth at risk of suicide, goal was to train 250
- ▶ Kognito: 28,385 school personnel completed Kognito on-line training, goal was to train 20,000
- ▶ General Awareness: 266,563 adults in Nebraska reported general awareness of signs of suicide and the National Hotline, goal was 210,488
- ▶ LOSS Teams: Region 3 (Central Nebraska), Region 5 (Lincoln/Lancaster), and Region 6 (Metro Area Omaha) have LOSS Teams, goal was to have 1 LOSS Team

Year 2 Progress

- ▶ Outreach Specialist Position is moved to DHHS, Division of Behavioral Health
- ▶ 3 brochures translated to Spanish
- ▶ LOSS Team 101: Creating Local Response to Suicides training completed in March 8, 2016
- ▶ 3 members of PMT attended federal grantee meeting in May
- ▶ Carryover funds expended on
 - ▶ Materials for LOSS teams to give to families
 - ▶ 6th Annual LOSS Team Conference, Postvention is Prevention
 - ▶ Promotion of National Suicide Prevention Lifeline
 - ▶ Safe Messaging
 - ▶ *Ask A Question: Save A Life* DVD

Statewide Suicide Prevention Plan

- ▶ The plan builds on the 2012 National Strategy for Suicide Prevention by embracing an ecological approach to suicide and the organization of goals and objectives in four interconnected strategic directions
- ▶ Communities, local coalitions, and regions are encouraged to create action plans with the shared 4 strategic directions
- ▶ An addition to the plan is a sample Action Plan

Prevention Advisory Council



PAC Charter Objectives

- ▶ The PAC objectives are as follows:
 - ▶ Accomplish the mission and vision of the DHHS Division of Behavioral Health's Five Year Strategic Plan for Prevention (see brief attached);
 - ▶ Be the driving force for statewide prevention system partnership, collaboration and growth;
 - ▶ Continually grow the prevention workforce and improve upon leadership within the NBHS to assist communities to create and/or enhance sustainable, collaborative coalitions which implement effective prevention policies, practices, and programs; and
 - ▶ Position the Prevention System to be in compliance with federal grant requirements and deliverables by monitoring progress.

Agenda Items

- ▶ Opening Remarks by Courtney Phillips, DHHS CEO
- ▶ Suicide Prevention Grant Updates and Data Report
- ▶ Partnerships for Success Grant Updates
- ▶ Success Stories - Environmental Prevention
- ▶ Marijuana Use Prevention
- ▶ Tobacco Free Nebraska Programming Update
- ▶ Recap Site Visit
- ▶ Emerging Trends

Structure and Function of the PAC

- ▶ 13 voting members, representing state, regional and community level partnerships.
 - ▶ Have 13 members selected by the Director of the DBH
 - ▶ Have never voted
 - ▶ Have no responsibilities beyond that of other audience members
- ▶ Invite stakeholder from across the prevention system and partner organizations
 - ▶ Invitee list is over 100 people, attendance is typically between 30 and 40 people
- ▶ Have a discussion-based, open-forum style format
 - ▶ PAC audience and members appreciate this format and wish to keep it

Structure and Function of the PAC

- ▶ Should we retain the structure as is with appointed members and audience members?
 - ▶ If so, what should the appointed members do?
- ▶ It has been recommended that we provide a newsletter between meeting to provide updates so meetings can be more focused on action and less on grant updates.
 - ▶ Would this be a good way to communicate?
- ▶ Are there other objectives we should be accomplishing as a council?
 - ▶ What are these objectives?

For More Information, Contact

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Access Measures

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

Supported Housing:

- 1) Supported Housing voucher applications will be reviewed and determinations made within 3 days of receipt by the Regions. Consumers will be notified of determination within 5 days of receipt of the complete application.
- 2) Housing vouchers will be issued within 14 days of the application being approved.
- 3) Consumers will be offered a safe, stable housing option within 90 days of the voucher being issued
- 4) 95% of consumers admitted to Supported Housing will report satisfactory access to services.

Supported Employment:

- 1) Consumers referred to Supported Employment services will admit to Supported Employment services within XX days of complete referral received.
- 2) 95% of consumers admitted to Supported Employment services will report satisfactory access to services.

Short Term Residential:

- 1) 95% of consumers meeting Priority Criteria will be offered admission to Short Term Residential services within 14 days of referral.
- 2) 95% of all consumers will be offered admission to Short Term Residential services within 30 days so referral.
- 3) 95 % of consumers admitted to Short Term Residential will report satisfactory access to services.

Medication Management

- 1) 95% Consumers referred for Medication Management as an Inpatient post-discharge service will be offered an appointment within 21 days of discharge.
- 2) 95% of consumers admitted to Medication Management will report satisfactory access to services.

Division of Behavioral Health Strategic Plan Development

Tasks	6/23/2016	7/1/2016	7/15/2016	7/31/2016	8/1/2016	8/15/2016	8/31/2016	9/1/2016	9/15/2016	10/1/2016	10/15/2016	11/1/2016	12/1/2016	12/31/2016
	Present Strategic Plan Development Process to Joint Advisory Committee. Solicit recommendations for Strategic Planning Committee(SPC) and Plan Structure.													
Initial Review - Draft Needs Assessment														
Develop SPC Charter, Appoint SPC Members														
Convene 1st SPC Meeting - Develop Priority Needs														
Public Input/Comment - Priorities														
Strategy Teams - Training														
Strategy Team - Meetings (3)														
2nd SPC Meeting - Review Strategy Teams' Work Products														
3rd SPC Meeting - Draft Goals, Objectives, Performance Measures														
Draft Strategic Plan Outline														
Public Input/Comment - Draft Strategic Plan														
Finalize Strategic Plan														

Division of Behavioral Health

Strategic Planning Committee

Public

Strategy Teams

DHHS Division of Behavioral Health

Status Update – Planning & Needs Assessment

June 21, 2016

DBH helps structures that help people recover.

1

DHHS Mission:

Help People Live Better Lives

DBH Vision:

The Nebraska public behavioral health system promotes wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family driven system.

– *Simply put:* The Division of Behavioral Health strives to be the gold standard of BH care by facilitating hope, recovery and resiliency.

DBH Mission:

The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

– *Simply put:* DBH helps systems that help people recover.

2011-2015 Goals:

1. The public behavioral health workforce will be able to delivery effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.
2. The Division of Behavioral Health will use financing mechanisms which support innovative service content, technology and delivery structures (e.g., telehealth; in-home acute services; Peer Support Services).
3. The Division of Behavioral Health will reduce reliance on the Lincoln Regional Center for general psychiatric services.
4. An effective system to safely manage sex offenders in outpatient settings will be ready for implementation.

State of Nebraska Priorities

The Governor and the DHHS CEO have set priorities. The Division of Behavioral Health is working on these priorities.

- More efficient and effective state government
 - *DBH – Will improve the operational effectiveness and cost effectiveness of the regional center and regional behavioral health authorities.*
- More customer focused state government
 - *DBH – Will improve “how well we serve” consumers*
- Growing Nebraska
 - *DBH – Will implement strategies that will improve access to competitive employment for individuals with behavioral health challenges*
- Improving public safety
 - *DBH – Will improve access to the Lincoln Regional Center*
- Reducing regulatory complexity
 - *DBH – In collaboration with DPH, complete proposal for the combination of MHC and SATC facility licensure standards to decrease the regulatory expectations on providers and promote co-occurring service delivery*

3

Bridge Strategic Plan 2016 Priorities

- Data informed needs assessment June 2016
- 3-yr. Strategic Plan (2017-2020) December 2016
- Data driven performance indicators:
 - Accessibility
 - Quality
 - Effectiveness
 - Cost Efficiency
 - Accountable Relationships
- Activities, Work Plans and Performance Measures developed February 2016
- Tracking initiated March 2016 and reviewed/updated monthly (examples to follow)

4

Division of Behavioral Health Performance Tracking

Accessibility

Activity: Implement access measures	Due Date	Comments & Status
Measures Identified	June 30, 2016	*6-7/16: Final draft in review with RBHA & Advisory Cmtes.
Data system able to monitor, collect data	June 1, 2016	*5/16: Go Live occurred 5/16/16
Activity: Initiate Phase I Children's SOC implementation	Due Date	Comments & Status
Implementation grant application	April 2016	*4/16: Application submitted.
Activity: Evaluate First Episode Psychosis Coordinated Specialty Care	Due Date	Comments & Status
Training, team & provider calls with On-Track completed monthly.	Monthly	*6/16: On track
Pilot data submitted to DBH	Quarterly	*6/16: On track

Division of Behavioral Health Performance Tracking

Effectiveness

Activity: Planning process for integrated housing for BH consumers.	Due Date	Comments & Status
Policies and focus groups conducted	March – April 2016	*5/16: TAC completed on site visits, on track
3 year Strategic Supportive Housing plan	June 30, 2016	*6/16: 2 nd Draft in review.
Activity: Increase delivery of effective Supported Employment	Due Date	Comments & Status
Statewide increase in number of employed consumers.	December 2016	*6/16: Final draft SE measures under review.
Activity: Operationalize MAT	Due Date	Comments & Status
Implement interdivisional team and work plan	Monthly	*5/16: On track – w/PH, MLTC, problem solving courts *6/16: Initial mtgs. With MCOs
Practice pain management guidelines	Sept. 2016	*6/16: DBH lead w/PH, etc.

Division of Behavioral Health Performance Tracking

Quality

Activity: Operationalize CDS	Due Date	Comments & Status
Trainings - % provider/agencies participation in training	June 2016	<i>*5/16: Go Live 5/16/16. Trainings: TADs, authorizations, interfaces - 88%</i>
Activity: Conduct annual consumer survey	Due Date	Comments & Status
% general satisfaction 85%	May 2016	<i>*5/16: on track distribution</i>
Activity: Cross system collaboration /increase capacity for trauma informed care	Due Date	Comments & Status
Cross system assessment & recommendations	March 2016	<i>*5/16 RC assessed w/recommendations. Implementing cross sx team (PH, DBH, CFS, MLTC, DD)</i>

7

Division of Behavioral Health Performance Tracking

Accountable Relationships

Activity: Implement formal links to expand consumer involvement in planning and service delivery.	Due Date	Comments & Status
Patient Advisory Council (PAC) implemented LRC.	July 2016	<i>*4/16: Draft procedures completed. Operational review in May.</i>
Charter for integration between OCA and PAC	July 2016	<i>*5/16: Draft charter under review. Office of Facilitation & Recovery operationalized. OCA adopted as subcommittee to Joint Advisory Committee</i>
Activity: Address BH workforce shortages	Due Date	Comments & Status
BHECN workforce analysis & plan	June 2016	<i>*5/16: on track analysis. Exploring expansion of residency/internships including RC.</i>

8

Overview of the state's needs assessment process

9

Division of Behavioral Health Needs Assessment Purpose

- Strategic Planning
- Identifying areas of greatest strength and need
- Consumer and Stakeholder Feedback
- State and Regional Plans of Expenditure
- Public Comment
- Inform policy and grant activities

10

Division of Behavioral Health Needs Assessment Process

- Determine framework, methodology, scope
- Inventory services, supports, data
- Collection and Analysis of statewide data
- Identify themes, areas of strengths and need
- Collaborate with stakeholders to establish statewide and regional priorities - Strategic Planning
- Apply to State and Regional budget plans

11

Division of Behavioral Health Needs Assessment Report Outline

- Methods/Approach
- Demographic Profile
- Burden of MI and SU related disorders and Treatment Use
- MH, SU, Co-Occurring, Adverse Childhood Experience, other
- State funded service programs
- Delivery system, utilization by state and region, outcome measures
- Hospitalization related to mental/substance disorders
- In-patient and Crisis/Emergency utilization, trend and cost analysis

12

Division of Behavioral Health Needs Assessment Report Outline

- Capacity for Integrated Care and Telehealth
- Behavioral Health workforce
- Professional shortage areas, capacity, characteristics, development efforts
- Special Populations (DD, Justice, Homeless, Veterans)
- Housing, Employment & Supportive Care Capacity & Need
- Evidence-Based Practice and Public Health
- Consumer Survey & Stakeholder Feedback
- Summary and Recommendations

13

Division of Behavioral Health Needs Assessment Status

- Statewide community engagement focus groups with consumers and key stakeholders currently underway
- Broad-based on-line survey in final development
- Analysis and interpretation of various types of data ongoing
- Preliminary report due June 30, 2016

14

Thank You!



Bill Number	Introducer	Title	Committee	Hearing Date	General File	Select File	Final Reading	Gov. Signed
LB 670	Krist	Require a hearing prior to release for persons taken into custody for mental health reasons	Judiciary	2/17/16	IPP			
LB 674	Krist	Provides financial support to families of disabled individuals	HHS	3/3/16	IPP			
LB 696	Howard	Provide for a Medicaid state plan waiver to provide coverage for treatment of opioid abuse	HHS	2/10/16	IPP			
LB 697	Howard	Provide for a Medicaid state plan amendment application relating to functional family therapy	HHS	3/3/16	IPP			
LB 733	Watermeier	Appropriate funds to the Department of Correctional Services <i>**Portions amended into LB 956 by AM 2216**</i>	Approp.	2/10/16	IPP			
LB 746	Campbell	Adopt the Nebraska Strengthening Families Act, change provisions for guardians ad litem and services for children, and create the Normalcy Task Force. (Campbell priority bill) <i>**Portions amended into LB 746 by AM 2381**</i>	HHS	1/21/16 AM 1903	2/22/16 AM 1903 adopted, advanced to SF	3/7/16 AM 2381 adopted, advanced to FR	4/12/16	4/20/16
LB 774	Scheer	Provides a sales and use tax exemption for purchases by nonprofit substance abuse treatment centers.	Revenue	2/5/16	3/8/16 AM 2422 adopted, advanced to ER	3/24/16 ER 224 adopted, advanced to FR	4/4/16	4/18/16
LB 780	Schumacher	Change provisions relating to emergency protective custody	Judiciary	2/3/16	IPP			

Bill Number	Introducer	Title	Committee	Hearing Date	General File	Select File	Final Reading	Gov. Signed
LB 782	Schumacher	Provide for a Medicaid state plan amendment relating to coverage for family planning services	HHS	2/18/16	IPP			
LB 793	Watermeier	Changes provisions and penalties relating to certain assaults, escape and contraband.	Judiciary	2/24/16	IPP			
LB 815	Stinner	Changes provisions relating to petitions for removal of a person's firearms-related disabilities or disqualifications.	Judiciary	3/3/16	IPP			
LB 816	Scheer	Changes provisions relating to release of patient and resident records, and eliminates certain reporting requirements.	HHS	2/17/16	3/7/16 AM 2336 adopted, advanced to ER	3/22/16	3/24/16	4/6/16
LB 845	Pansing-Brooks	Provide requirements relating to confinement of juveniles and provide a duty for the Inspector General of Nebraska Child Welfare <i>**Portions amended into LB 894 by AM 1962**</i>	Judiciary	1/20/16	IPP			
LB 910	Bolz	Change provisions relating to parole administration (Judiciary priority bill) <i>**Provisions amended into LB 1094 by AM 2721**</i>	Judiciary	2/4/16 AM 2328	IPP			
LB 911	Bolz	State intent relating to fund transfers for behavioral health systems of care <i>**Provisions amended into LB 956 by AM 2216**</i>	Approp.	2/8/16	IPP			
LB 915	McCollister	Create a veterans' treatment court pilot project <i>**Portions amended into LB 919 by AM 2171**</i>	Judiciary	2/5/16	IPP			

Bill Number	Introducer	Title	Committee	Hearing Date	General File	Select File	Final Reading	Gov. Signed
LB 919	Williams	Change provisions relating to problem solving court programs (Williams priority bill) <i>**Portions amended into LB 919 by AM 2171**</i>	Judiciary	2/5/16 AM 2171	3/1/16 AM 2171 adopted, advanced to SF	3/10/16	4/12/16	4/20/16
LB 923	Stinner	Appropriates funds for federally qualified health centers. <i>** Provisions/portions amended into LB 956 by AM 2216**</i>	Approp.	2/8/16	IPP			
LB 931	Bolz	Provide for financial incentives for certain assisted-living facilities and change distribution of the Behavioral Health Services Fund <i>**Portions amended into LB 956 by AM 2216**</i>	Approp.	2/8/16	IPP			
LB 951	Harr	Adopts the Affordable Housing Tax Credit Act. <i>** Provisions/portions amended into LB 884 by AM 2522**</i>	Revenue	2/10/16	IPP			
LB 954	Krist	Change provisions relating to access to records for and investigations by the Inspector General of Nebraska Child Welfare (Exec Board priority bill)	Exec Board	1/22/16 AM 2072	2/11/16 AM 2072 adopted, advanced to SF	2/24/16 AM 2279 adopted, advanced to FR	3/1/16 passed with ER clause	3/7/16
LB 980	Morfeld	Changes penalty provisions for certain violations relating to or committed by persons experiencing or witnessing a drug overdose.	Judiciary	2/10/16	IPP			

Bill Number	Introducer	Title	Committee	Hearing Date	General File	Select File	Final Reading	Gov. Signed
LB 985	Schumacher	Provide reporting duties for regional behavioral health authorities	HHS	2/1/16	IPP			
LB 998	Schumacher	Provides for emergency community crisis centers and change provisions relating to emergency protective custody.	HHS	2/24/16	IPP			
LB 1013	Gloor	Changes tax on cigarettes and other tobacco products and provide for distribution of proceeds.	Revenue	2/24/16	IPP			
LB 1023	Ebke	Requires development of treatment protocols for and a needs assessment of committed offenders and correctional facilities.	Judiciary	2/4/16	IPP			
LB 1032	McCollister	Adopts the Transitional Health Insurance Program Act and provide duties for the Department of Health and Human Services.	HHS	2/10/16	3/10/16 AM 2473	IPP		
LB 1033	Campbell	Create and advisory committee relating to persons with disabilities within the Department of Health and Human Services (Speaker priority bill)	HHS	1/26/16 AM 2048	3/9/16 AM 2048 adopted, advanced to SF	3/17/16 advanced to FR	4/12/16	4/18/16
LB 1058	Crawford	Changes provisions relating to enforcement of certain tobacco restriction provisions.	Judiciary	2/25/16	IPP			
LB 1094	Judiciary	Changes provisions relating to evidence, sentencing, certain criminal penalties, criminal mischief, assault, theft, forgery, and probation. (Seiler priority bill)	Judiciary	2/4/16	3/10/16 AM 2337 adopted, advanced to ER	3/29/16	4/7/16	4/19/16

Res Number	Introducer	Title	Committee	Hearing Date	General File	Select File	Final Reading	Gov. Signed
LR 413	Watermeier	Creates the Task Force on Behavioral and Mental Health.	Executive	2/8/16				Pres/ Spkr signed 3/1/16

Bill Proposal #: * - insert data, e.g. HHS #1 - *

State Agency:

Date:

Contact:

Phone:

One - Liner: * - insert short title here- *

1. Provide a description and rationale for introducing this legislation. Address any unique or creative approaches involved and why this proposal requires legislation.

2. Type of Proposal. Check all that apply.

- Update of current law. Provide LB state statute citation.
- Repeal of current law
- Implement federal law. Provide statutory citation(s).
- Federal mandate to State
- State or federal mandate to local government
- Implement/Respond to a court order. Attach court opinion/order.
- Extend or expand current program or policy
- Create new program or policy
- Eliminate/Reduce/Streamline Agency Operations or Programs
- Other (e.g., technical). Explain

3. Is this proposal an agency priority for 2017? Explain why?

4. Give the legislative, judicial and administrative history of this proposal including any action taken in prior years. List prior year LB's, LR's, court decisions (etc). If this is a technical bill, are there any opponents who might want to reopen discussion on the original bill?

5. List probable supporters and opponents and give the likely reason for their positions.

6. List other agencies or political subdivisions impacted by this proposal. List their position on this proposal.

7. Miscellaneous Items:
 - a. Please describe any added or reduced costs, fees, or savings related to the proposed legislation.

 - b. Are there any items that could be construed as an "unfunded mandate"? If so, what?

 - c. Will this proposal require additional staffing, office space, equipment, automobiles or technology?

Completion of the attached 2017 Fiscal Note is also required for Proposal Submission.