

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

November 13, 2014 / 9:00 am – 4:00 pm
Lincoln, NE – Country Inn & Suites

Meeting Minutes

I. Call to Order/Welcome/Roll Call

John Trouba

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

State Advisory Committee on Mental Health Services Attending: Adria Bace; Karla Bennetts; Cindy Buesing; Sheri Dawson; Lara Huskey; Linda Krutz; Jerry McCallum; Phyllis McCaul; Kasey Moyer; Ashley Pankonin; Rachel Pinkerton; Joel Schneider; Jill Schreck; Mark Schultz; Mary Thunker; Diana Waggoner; Cameron White.

State Advisory Committee on Mental Health Services Absent: Mickey Alder; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Jette Hogenmiller; Patti Jurjevich.

State Advisory Committee on Substance Abuse Services Attending: Sheri Dawson; Ingrid Ganseboom; Paige Hruza; Jay Jackson; Janet Johnson; Dusty Lord; Michael Phillips; Randy See.

State Advisory Committee on Substance Abuse Services Absent: Ann Ebsen; Kimberley Mundil; Todd Stull.

DHHS Attending: Scot Adams; Sue Adams; Marla Augustine; Carol Coussons De Reyes; Sheri Dawson; Renee Faber; Karen Harker; Nancy Heller; Pat Roberts; Nikki Roseberry; Blaine Shaffer; John Trouba; Heather Wood.

II. Public Comments

John Trouba

There was no public comment

III. Housekeeping and Summary of Agenda

John Trouba

(Attachment A and B)

- John Trouba provided housekeeping/logistics reminders and confirmed the order of the agenda.
- Reviewed the dates of 2015 Meetings: January 27, March 17, August 13 and November 19, 2015

IV. Motion of Approval of Minutes

John Trouba

John Trouba asked chairperson to seek comments on, or approval of, the August 13, 2014 minutes of the Joint State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services. The Mental Health and Substance Abuse Services minutes from the August 13, 2014 were approved as submitted.

V. SACMHS and SACSAS – By-Laws

John Trouba

(Attachment C and D)

- Diana Waggoner asked for additional comments for future consideration on the By-Laws that were accepted and adopted during the August 13, 2014 meeting. Diana Waggoner, Chairperson signed the Mental Health By-Laws.
- Recommendation for Motion by the Substance Abuse Committee ‘To accept and adopt noted changes in the By-Laws of the State Advisory Committee on Substance Abuse Services as written’ was made by Dusty Lord and 2nd by Jay Jackson. Voting yes: (9) Sheri Dawson; Ingrid Gansebom; Paige Hruza; Jay Jackson; Janet Johnson; Dusty Lord; Michael Phillips; Randy See; Mary Wernke. Voting no: (0). Absent at time of vote: (3) Ann Ebsen; Kimberley Mundil; Todd Stull. Motion to Amend the By-Laws carried: 9 – Yes; 0 – No; 3 – Absent. Motion was Approved.

VI. Elections of Officers – State Advisory Committee on Mental Health Services

John Trouba

The term for Officers of the State Advisory Committee on Mental Health Services is from January 1 through December 31.

Diana Waggoner was nominated for the Office of Chairperson by Rachel Pinkerton and seconded by Mary Thunker. Voting yes: (17) Adria Bace; Karla Bennetts; Cindy Buesing; Sheri Dawson; Lara Huskey; Linda Krutz; Jerry McCallum; Phyllis McCaul; Kasey Moyer; Ashley Pankonin; Rachel Pinkerton; Joel Schneider; Jill Schreck; Mark Schultz; Mary Thunker; Diana Waggoner; Cameron White. Voting no: (0). Absent at time of vote: (6) Mickey Alder; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Jette Hogenmiller; Patti Jurjevich. Motion was approved.

Cameron White was nominated for Vice Chair by Kasey Moyer and seconded by Jill Schreck. Diana Waggoner asked for any additional nominees, Rachel Pinkerton nominated Kasey Moyer. Kasey Moyer declined. Phyllis McCaul nominated for Vice Chair by Phyllis McCaul and seconded by Karla Bennetts. Vote was completed by majority ballot. Cameron White – 11, Phyllis McCaul – 4, Abstain – 1. Motion was approved.

Mary Thunker was nominated for Office of Secretary by Mary Thunker and seconded by Ashley Pankonin. Voting yes: (16) Adria Bace; Karla Bennetts; Cindy Buesing; Sheri Dawson; Lara Huskey; Linda Krutz; Jerry McCallum; Phyllis McCaul; Kasey Moyer; Ashley Pankonin; Rachel Pinkerton; Joel Schneider; Jill Schreck; Mark Schultz; Diana Waggoner; Cameron White. Voting no: (0). Absent at time of vote: (6) Mickey Alder; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Jette Hogenmiller; Patti Jurjevich. Abstain at time of vote: (1) Mary Thunker. Motion was approved.

VII. Elections of Officers – State Advisory Committee on Substance Abuse Services

John Trouba

Ann Ebsen was nominated for the Office of Chairperson, Randy See nominated for Vice Chair, Jay Jackson for 2nd Chair by Jay Jackson and seconded by Ingrid Gansebom. Voting yes: (9) Sheri Dawson; Ingrid Gansebom; Paige Hruza; Jay Jackson; Janet Johnson; Dusty Lord; Michael Phillips; Randy See; Mary Wernke. Voting no: (0); Absent at time of vote: (3) Ann Ebsen; Kimberley Mundil; Todd Stull. Motion was approved.

VIII. Directors Update

Director Scot Adams

Director Scot Adams opened with that “Fall is in the air”, the season is changing, and we are approaching a transition that we have not experienced for 16 years. Kerry Winterer, CEO of DHHS has announced his resignation effective mid December. This country has been in transition for over 200 years, the transition is an opportunity to focus on the needs and not the change. All the directors of DHHS were instructed to submit their resignation and will have the option to reapply. Director Scot Adams is grateful for the opportunity to work with the committees.

IX. Affordable Care Act – Nebraska Department of Insurance

Martin Swanson and J.P. Sabby

(Attachment E)

Martin Swanson and J.P. Sabby presented an overview of the changes since their presentation on September 19, 2013 to the Mental Health and Substance Abuse Service Committees. Open enrollment begins November 15, 2014 and ends February 15, 2015. There are frequent updates and individuals encouraged to go to the website www.healthcare.gov to stay informed. An individual may want to contact their insurance agent, accountant, attorney, when reviewing the marketplace information. Navigators are available to assist finding the information. They provided the following websites for additional information:

www.healthcare.gov

www.nehealthinsuranceinfo.gov

www.marketplace.cms.gov

www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions

www.cms.gov/ccio/index/html

www.sba.gov/healthcare

www.doi.nebraska.gov

<http://www.doi.nebraska.gov/shiip/brochure/out13255.pdf>

Other sites identified included:

www.canhelp.org

www.enroll-ne.org/resources

www.mnca.net/navigator.htm

It is advisable to verify that insurance agents, navigators or similar individuals have been approved by Department of Insurance.

X. Impact of the Affordable Care Act on Nebraska’s Behavioral Health System

Beth Baxter

(Attachment F)

Beth Baxter, Region 3 Administrator, provided an overview of a report concerning funding and potential impact of Affordable Care Act within the six regions in the State of Nebraska.

- 86.77% individuals served (27,730) are within 138% Federal Poverty Level (FPL) and are not eligible for ACA coverage.
- Approximately 31,958 individuals were served through Behavioral Health Services.
- Vast majority of persons served in the NBHS (86.77% in FY14) do not qualify for ACA subsidies because their income level is below the eligible level to receive subsidies.

XI. Nebraska's Youth Suicide Prevention Grant

Sue Adams

(Attachment G)

The purpose of the Nebraska Youth Suicide Prevention Project is to prevent suicides and reduce the number of suicides attempts for youth ages 10-24. System change will be promoted by working through DHHS and Regional Behavioral Health Authorities to ensure youth suicide prevention becomes an expected component of service delivery and data collection. Grant partners will serve youth across the entire state of Nebraska with two primary populations of focus: Youth in K-12 Schools (ages 10-21) and Youth at high risk for behavioral health disorders (ages 10-24).

XII. Prevention Advisory Council Update

Nikki Roseberry

Nikki Roseberry, Prevention Program Specialist, provided an update on Prevention Advisory Council activities from their September 30, 2014 Meeting:

- Fred Zwonecek, Administrator of Office Highway Safety was presented the Director's Coin in recognition of his contribution in the prevention field.
- Reported on the SAMSHA Grant Project Officer site visit for the Prevention Strategic Framework for Success grant.
- Opportunities for aligning mental health promotion and substance abuse prevention.
- The council developed a policy work group that is charged with monitoring legislation related to marijuana and synthetic drugs as recommended by the Joint Advisory Committee.
- Established consistent meeting times. The 2015 meetings will be held from 9:00 a.m. to 12:00 p.m. CDT on January 28, April 29, July 29 and October 28, 2015.

XIII. SYNAR Results

Renee Faber

(Attachment H and I)

Renee Faber, Prevention System Coordinator presented information from the Annual Synar Report which is due December 31, 2014. Synar is a federal requirement of the Substance Abuse Prevention and Treatment Block Grant. Results shared included the number of tobacco compliance inspections completed, completion rate and sales to minors broken by the youth inspectors' age and gender. The Retailer Violation Rate is 16.3% for 2014. Changes to Tobacco and Vapor Product Sales and Use Statues in Nebraska were reviewed and distributed.

XIV. SAMHSA Block Grant Implementation Report

Heather Wood/Karen Harker

(Attachment J and K)

Heather Wood, Quality Improvement and Data Performance Administrator, provided the 2014/2015 Block Grant – Priority Updates. All have been achieved for the year.

- Prevention: Alcohol Use Among Youth
- Youth: Improved Family Functioning
- Co-occurring Disorders
- Trauma-Informed Care
- Peer Support
- Tuberculosis (TB)

Karen Harker, Federal & Fiscal Performance Administrator, reviewed the financial information for the December 1, 2014 Implementation Report for the Block Grant. It was noted that overall Mental Health Services & Substance Abuse Services, funding did not meet or exceed prior two years expenditures as required. Division of Behavioral Health will be submitting an explanation to the funder.

XV. Public Comments

John Trouba

There was no public comment

XVI. Committee Comments and Future Agenda Items

John Trouba

Plus/Delta of today's meeting:

- Plus = Appreciation for the individuals for the information and their efforts.
- Delta = There was none

XVII. Adjournment and next meeting

The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is Tuesday, January 27, 2014 from 9:00 a.m. to 4:00 p.m.

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

11-13-2014 Meeting Minutes

**Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)**

November 13, 2014

Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521

I. Open Meeting – 9:00 a.m.

Welcome	Call to Order	John Trouba
Quorum for Committees – Open Meetings Law	Inform	John Trouba
Attendance – Determination of Quorum of Committees	Roll Call	Pat Roberts
Housekeeping	Inform	John Trouba
Comments on Meeting Minutes: August 14, 2014		Gen Consent
For Mental Health Committee		Diana Waggoner, Chairperson
For Substance Abuse Committee		Ann Ebsen, Chairperson

II. Public Comment – 9:15 a.m.

- a. Each person wishing to speak at the meeting needs to sign up on the Public Comment Sign-in Sheet.
- b. Each person will be called on from the Public Comment Sign-In Sheet. Each person may have five (5) minutes (unless the Chair grants more time) to provide comments.
- c. Public comments not provided verbally may be sent to the Division of Behavioral Health, Attention: Pat Roberts.

III. SACMHS and SACSAS By-Laws

Chairs/Moderators

IV. Election of Officers for 2015 and 2015 Meeting Schedule

Chairs/Moderators

V. Directors Update

Scot Adams

Break

VI. ACA in Nebraska Update

Martin Swanson, John Paul Sabby, Stephen King

VII. Impact of the Affordable Care Act on Nebraska’s Behavioral Health System

Beth Baxter

Lunch – Nebraska Youth Suicide Prevention Project Grant

Sue Adams

VIII. Prevention Advisory Council Update

Patti Jurjevich, Nikki Roseberry

IX. SYNAR Results

Renee Faber

Break

X. SAMHSA Block Grant Implementation Report

Karen Harker, Heather Wood

XI. Public Comments – 3:30 p.m.

XII. Adjourn

XIII. Next Meeting is January 27, 2015

Nebraska Division of Behavioral Health

§ 71-814 | State Advisory Committee on Mental Health Services [MH]

§ 71-815 | State Advisory Committee on Substance Abuse Services [SA]

Meeting Schedule for 2015

Location: Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521

Time: 9:00 A.M. to 4:00 P.M.

January 27, 2015	SAMHSA Block Grant Plan and Application - Joint Session MH & SA Review and Comment from the MH & SA - serving as <i>State Behavioral Health Advisory Council</i> per SAMHSA Block Grant requirements. Lincoln Room – All Day	
March 17, 2015	DBH Strategic Planning Event Lincoln Room	Working Lunch Lincoln Room & Capitol Room MH Advisory Committee (1-4 p.m.) SA Advisory Committee (1-4 p.m.)
August 13, 2015	DBH Strategic Planning Event Lincoln Room	Working Lunch Lincoln Room & Capitol Room MH Advisory Committee (1-4 p.m.) SA Advisory Committee (1-4 p.m.)
November 19, 2015	SAMHSA Block Grant Implementation Report Lincoln Room	Working Lunch Lincoln Room & Capitol Room MH Advisory Committee (1-4 p.m.) SA Advisory Committee (1-4 p.m.)

Working Lunch: Lunch is served between 12:00 to 12:15. Thirty (30) minute program topics relevant to both MH & SA are done during lunch. Topics may include Regional Behavioral Health Authority presentations, report from Lincoln Medical Education Partnership (LMEP) on Training for Addiction Professionals (TAP), behavioral health videos, update from the State Epidemiological Outcome Workgroup (SEOW), and other related topics.

Reason for this Schedule

#1 – it is the right thing to do for Nebraska.

The Joint State Advisory Committees on Mental Health & Substance Abuse Services meeting schedule is intended to address the bigger questions, common concerns, and major issues needing shared conversations. For example:

- Improving community behavioral health services capacity to work as Recovery Oriented Systems of Care.
- Promoting integrated services for people with co-occurring mental health and substance use disorders.
- Understanding fundamental concepts of a trauma informed system of care for serving people in all behavioral health services.
- Reducing tobacco use by people served in behavioral health services.
- Integrating primary and behavioral health services as effective approaches to caring for people with multiple healthcare needs.

Addressing these issues and more in a joint session of the MH & SA Advisory Committees is appropriate.

#2 – it is encouraged under the SAMHSA Unified Block Grant.

In addition, the Substance Abuse Mental Health Services Administration (SAMHSA) Block Grant application provides encouragement to move in this direction. Thus, the Block Grant is one consideration. Nebraska needs further discussion on how to address this.

See the **W. State Behavioral Health Advisory Council** requirements in the FY 2014-2015 Block Grant Application Page 85-86

<http://www.samhsa.gov/grants/blockgrant/>.

Each state is required to establish and maintain a state Mental Health Planning Council (Council) regarding services for individuals with a serious mental disorder. SAMHSA encourages states to expand and use the same Council to review issues and services for persons with, or at risk of substance use disorders. In addition to the duties specified under the Community Mental Health Services Block Grant (MHBG) statute, a primary duty of this newly formed Council will be to advise, consult with, and make recommendations to SMHA* and SSA* 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. The application is required to describe how the State's Council was actively involved in the development of the application.

For a fully integrated Council, SAMHSA strongly encourages the State to include representatives from American Indian tribes, the State Insurance Exchange Agency, the State Public Health Agency and the State Agency on Aging.

In the end, the Council needs to meet the strict Federal membership guidelines. The State must demonstrate (1) 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) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

* SMHA means State Mental Health Authority ... SSA means State Substance Abuse Authority.

The NE Division of Behavioral Health is both the SMHA and the SSA.

J:\ADVISORY COMMITTEES\MH-SA -Joint Committees\Nov 8, 2012 Joint Mtg\handouts and power points\MH SA Advisory Committee Meeting Schedule for 2014.docx

BY-LAWS FOR THE
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES
August 14, 2014

Article I – Name of Organization

The name of the organization shall be the State Advisory Committee on Mental Health Services.

Article II – Purpose

Section 1

As provided by Nebraska Revised Statutes §§ 71-814 the purpose of the Committee is to (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.

The Division means the Division of Behavioral Health within the Nebraska Department of Health and Human Services.

Section 2

Serve as the state's mental health planning council as required by Public Law 102-321 means meeting the requirements for the State Mental Health Planning Council under the Federal Community Mental Health Services Block Grant. Under 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 [this refers to the Block Grant Application and Implementation Report];
- (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.

Section 3

MISSION STATEMENT

The Mission of Nebraska State Advisory Committee on Mental Health Services is to identify and advocate for an effective and efficient system of accessible, quality mental health services which enable each individual, on their journey of healing and transformation, to achieve their highest potential.

VISION STATEMENT

The Vision of Nebraska State Advisory Committee on Mental Health Services is to advise and assist the Division as it provides information for all Nebraskans, including consumers, families and the public to understand mental health problems, and to provide the knowledge necessary to access and utilize appropriate services in a timely, effective manner.

BY-LAWS FOR THE
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES
August 14, 2014

Article III – Membership

Section 1

Appointments: The committee shall consist of twenty-three members appointed by the Governor.

Section 2

Length of Term: The length of term is as appointed by the Governor.

Section 3

Attendance: A member who has two consecutive unexcused absences shall be contacted by the Division regarding his/her intentions for future participation in the Committee. If the person indicates he/she is not able to participate, the Division shall request he/she formally resign from the Committee. Formal resignation shall be in writing and is to be submitted to the Director of the Division of Behavioral Health. The Division staff will maintain attendance sheet and submit to Chairperson periodically or per request.

Article IV - Voting

Section 1

Quorum: A quorum shall consist of one member more than half of the current members of the Committee. The continued presence of a quorum shall be established before taking any vote or stating the question on any motion. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

Section 2

Conflicts of Interest: A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business associate, or a business in which the member owns a substantial interest. As soon as the member is aware of a potential conflict of interest (or should reasonably be so aware), the member shall complete the Potential Conflict of Interest Statement Form C-2. The Form shall be submitted to the Nebraska Accountability and Disclosure Commission. The member shall follow all directions as prescribed and advised by the Nebraska Accountability and Disclosure Commission. A member shall disclose any potential conflict to the Committee and abstain from voting on issues on which there is a conflict. Meeting minutes shall record the name of a member(s), who abstains from voting.

Article V – Officers

Section 1

Selection: Officers of the Committee shall be a Chairperson, Vice-Chairperson and Secretary.

Section 2

Duties: The duties of the Officers shall be:

Chairperson – Preside at all Committee and Executive meetings and:

- (1) Attend annual technical assistance meeting on MH Block Grant
- (2) Represent Nebraska at the MH Block Grant application review

BY-LAWS FOR THE
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES
August 14, 2014

- (3) Write a letter representing the committee's point of view after reviewing the MH block grant application, to be attached and is due September 1.
- (4) Write a letter after reviewing Mental Health block grant implementation report due December 1
- (5) Perform any other duties designated by the Committee.
- (6) Review attendance report and contact members as needed.

Vice-Chairperson – Shall act for the Chairperson in his/her absence. Shall perform other duties as designated by the Chairpersons or Committee.

Secretary – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairpersons or Committee and is designated to review meeting minutes prior to distribution to committee members.

Section 3

At the fall meeting the committee will select officers for one year. The new officers' term are January 1 through December 31. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 4

Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Secretary. A Chairperson may call the Executive Committee together with the approval of the Division, at his/her discretion. If a meeting of the Executive Committee is held, the full Committee will be notified at the next regularly scheduled meeting. The Executive Committee may not vote or act for the full Committee.

Article VI – Meetings

Section 1

Frequency: Meetings of the Committee shall be held regularly.

Section 2

Conduct: Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. Stat. §§ 84-1408 through 84-1414. Business should be conducted according to Roberts Rules of Order.

Section 3

Notice: The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting and documented in the minutes. Within thirty days, but not less than seven days prior to the next meeting, the Division shall send a reminder and meeting agenda to each Committee member at his/her last known requested address. Public Notice of Committee meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the state website.

Section 4

Role of the Division: The Division shall provide an orientation to each new Committee member, produce meeting minutes, maintain records to include attendance record of the Committee, and provide support to the Committee.

BY-LAWS FOR THE
STATE ADVISORY COMMITTEE ON MENTAL HEALTH SERVICES
August 14, 2014

Section 5

Expenses: Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. Stat. §§ 81-1174 through 81-1177.

Article VII - Committees

With the written approval of the Division, the Chairperson may appoint or otherwise establish ad-hoc task forces or workgroup(s) comprised of Committee and non-Committee members to accomplish a specific task which is relevant to the purpose of the Committee. Ad-hoc Committee is defined as including Committee and non-committee members.

Article VIII – Amendments

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Committee members will be required to amend the Bylaws. No Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been delivered to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new by-laws adopted by the Committee are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.



Committee Chairperson

11-13-14
Date

BY-LAWS
August 14, 2014

Article I – Name of Organization

The name of the organization shall be the State Advisory Committee on Substance Abuse Services (SACSAS).

Article II – Purpose

As provided in Nebraska Revised Reissued Statutes §§ 71-815, the committee shall be responsible to the Division of Behavioral Health and shall (1) conduct regular meetings, (2) provide advice and assistance to the Division relating to the provision of substance abuse services in the State of Nebraska, (3) promote the interests of consumers and their families, (4) provide reports as requested by the Division, and (5) engage in such other activities as directed or authorized by the Division. (71-815-sec 2)

Article III – Membership

Section 1

Appointments: The committee shall consist of twelve members appointed by the Governor. 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. (71-815 sec 1)

Section 2

Length of Term: Four of the initial members appointed by the Governor shall serve for three years. Four of the initial members appointed by the Governor shall serve for two years, and four of the initial members for one year. As the terms of the initial members expire, their successors shall be appointed for terms of three years.

Article IV – Voting

Section 1

Quorum: Seven (7) voting members of the Committee present at any called meeting shall constitute a quorum. The continued presence of a quorum shall be established before taking any vote or stating the question on any motion. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

Section 2

Conflicts of Interest: A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business associate, or business in which the member owns a substantial interest. A member shall disclose any potential conflict to the Committee and abstain from voting on issues on which there is a conflict. Meeting minutes shall record the name of a member(s), who abstains from voting. As soon as the member is aware of a potential conflict of interest (or should reasonably be so aware), the member shall complete the Potential Conflict of Interest Statement Form C-2. The Form shall be submitted to the Nebraska Accountability and Disclosure Commission. The member shall follow all directions as prescribed and advised by the Nebraska Accountability and Disclosure Commission.

Article V – Officers

Section 1

Selection: Officers of the Committee shall be a Chairperson, Vice-Chairperson and Second Vice Chairperson. Initial Officers shall be appointed by the Division of Behavioral Health at the first meeting and will be elected by the Committee annually thereafter. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 2: The duties of the Officers shall be:

Chairperson – Preside at all Committee and Executive meetings and perform any other duties designated by the Committee.

Vice-Chairperson – Shall act for the Chairperson in his/her absence.

Second Vice Chairperson – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairperson or Committee.

Section 3

Term: At any time that a member cannot complete the term of office a new election shall be held to fill the vacancy.

Section 4

Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Second Vice Chairperson. A Chairperson may call the Executive Committee together with the agreement of the Division at his/her discretion. If a meeting of the Executive Committee is held, the full Committee will be notified at the next

regularly scheduled meeting. The Executive Committee may not vote or act for the full Committee.

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Section 4

Role of the Division: The Division of Behavioral Health shall provide an orientation to each new Committee member, produce meeting minutes, maintain records of the Committee, and provide secretarial support to the Committee.

Section 5

Expenses: Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. Stat. §§ 81-1174 through 81-1177.

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With the written agreement of the Division, the Chairperson may appoint or otherwise establish ad-hoc task forces or workgroup(s) comprised of Committee and non-committee members to accomplish a specific task which is relevant to the purpose of the Committee.

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Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been sent to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new by-laws adopted by the Committee are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.



Committee Chairperson

11/13/14

Date

Overview of the Affordable Care Act and the Federally Facilitated marketplace.

September 2014

AFFORDABLE CARE ACT

» The Affordable Care Act:

- › Establishes a Health Insurance Marketplace in each state to help individuals obtain health insurance.
 - Nebraska has a federal health insurance marketplace.

- › Provides for premium tax credits and cost sharing reductions to help eligible low income and middle income individuals purchase health insurance through the Marketplace.

AFFORDABLE CARE ACT OVERVIEW

- » The Affordable Care Act was enacted in March 2010.

- » The primary goal of the Affordable Care Act is to decrease the number of uninsured Americans and to reduce the overall costs of healthcare.

- » Over 8 million people enrolled through the Marketplace
 - › Do not know how many were previously uninsured
 - › Do not know how many enrollees purchased a plan
 - › We plan on conducting a study on this issue

AFFORDABLE CARE ACT: THE MARKET PLACE

» Marketplace:

- › New commercial insurance marketplace where individuals and employers can shop for private health insurance plans. Individuals and employers may be eligible for tax credits.
- › Consumers will have a variety of choices in health plan selection and may be eligible for insurance affordability programs.

NEBRASKA ENROLLMENT

» Exchange	Number	% of total
› Female:	23,104	54%
› Male:	19,863	46%
› Total:	42,967	100%

» Young Invincibles

› 18-34	12,664	29%
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» Financial Assistance

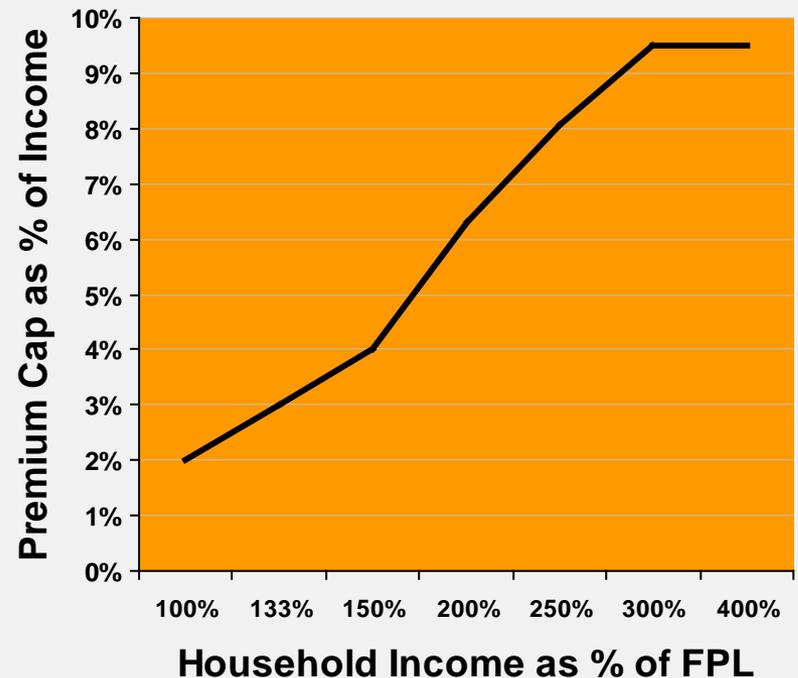
› With	37,447	87%
› Without	5,528	13%

» Tiers	Number	% of total
› Catastrophic	806	.02%
› Bronze	9,763	23%
› Silver	26,619	62%
› Gold	3,361	8%
› Platinum	2,555	6%

SUBSIDIES: PREMIUM TAX CREDIT

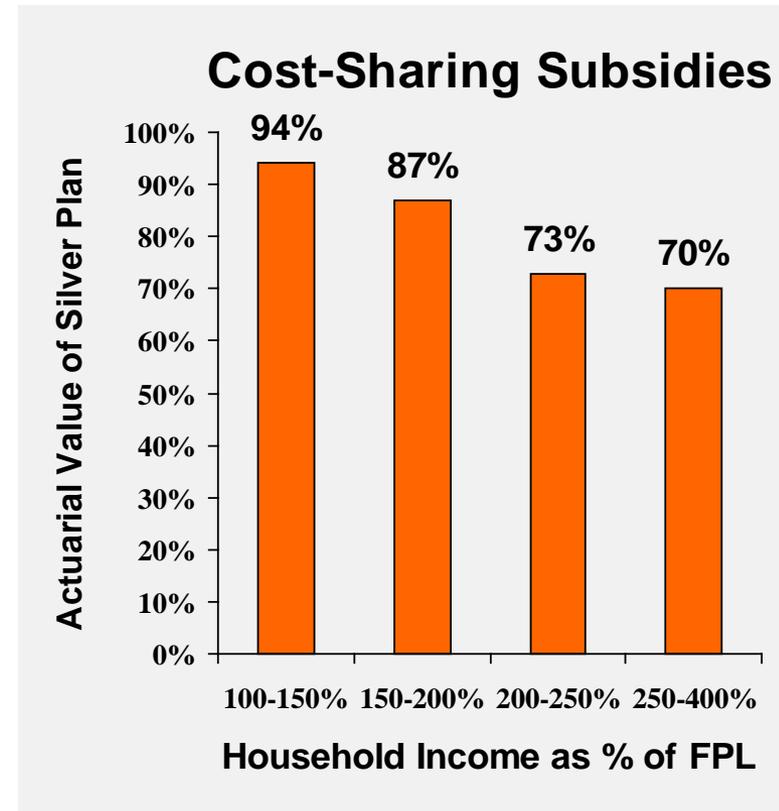
- » Available from 100% - 400% FPL.
- » Covers the difference between premium for the second-lowest-cost Silver plan and a percentage of income.
- » Advanced to insurer.

Premium Tax Credits



SUBSIDIES: REDUCED COST-SHARING

- » Available from 100% - 250% FPL.
- » Increases actuarial value of silver plan.
- » First achieved by reducing out-of-pocket limit.
- » Advanced to insurer.



COST SHARING

» Cost-sharing reductions:

- › Reduces out-of- pocket expenses.
 - Deductibles
 - Copayments
 - Coinsurance

- › Generally available to enrollees in silver level plans with income between 100%-250% of federal poverty level.

- › Based on household income and family size for the taxable year.

- › Also available to American Indians /Alaska Natives.

Individual Mandate

Individuals required to have minimum qualified coverage beginning January 1, 2014

Penalties	2014	\$95 per adult up to \$285 or 1% of household income, whichever is higher
	2015	\$395 per adult up to \$885 or 2% of household income, whichever is higher
	2016	\$695 per adult up to \$2,085 or 2.5% of household income, whichever is higher

Penalty for a child is ½ that of an adult

Penalties indexed to the growth of CPI after 2016

Individual Mandate



IRS is prohibited from filing liens or charging interest for penalties. No fines or criminal charges for nonpayment.

Exemptions:

- Cost of coverage is more than 8% of household income
- Religious objection
- Financial hardship
- Lost insurance coverage due to the Affordable Care Act

WHY DID THE LAW INCLUDE A MANDATE?

- » Concerns about adverse selection (people might wait until they were sick to purchase health insurance).
- » Adverse selection could allow less cost sharing among sick and healthy, resulting in extremely high insurance rates.
- » Open enrollment periods along with mandate was implemented as a way to temper the adverse selection concern.

CHANGES IN THE ACA

» Transitional plan extension program

- › The President asked the states to see if they can allow for the sale of transitional plans for the next two years.
- › Plans previously purchased by the individual and small group market that do not meet minimum essential plan.
- › Nebraska will allow for transitional plans as outlined by the federal government

» SHOP

- › CMS/HHS/CCIIO have issued guidance in regards to employee choice.
 - States can choose to allow for employee choice in the SHOP marketplace
 - Previously required as part of the law and up to the employer to determine if they were to provide plan choice.
 - The process on the decision has yet to be determined by the federal government

Section 2: Health Insurance Marketplace (Exchanges)

NEBRASKA MARKETPLACE

» Federally Facilitated Marketplace (Nebraska)

- › Feds set standards and operate the Exchange
- › State maintains oversight of health plans and may coordinate with the federal Exchange
- › Plans charged 3.5% of premium per month

» Plan Management Marketplace (Nebraska)

- › Letter of Intent from DOI that the state will fulfill QHP certification functions and/or consumer assistance functions
- › Plans need only submit to state regulator
- › Grant funds available

ESSENTIAL HEALTH BENEFITS

- » All health plans offered through the Marketplace must include 10 required Essential Health Benefits:
 - › Ambulatory patient services
 - › Emergency services
 - › Hospitalization
 - › Maternity and newborn care
 - › Mental health and substance use disorders services, including behavioral health treatment
 - › Prescription drugs
 - › Rehabilitative and habilitative services and devices
 - › Laboratory services
 - › Preventive and wellness services and chronic disease management
 - › Pediatric services including oral and vision care
- » Health Plans must comply with new market reforms, as applicable.
- » The Essential Health Benefits will cover all things in the plan selected for Nebraska as the benchmark plan. Benefits in the EHB benchmark plan will be reviewed in 2016.

HEALTH PLANS

- » All health plans that want to participate in the marketplace must be certified to meet the minimum standards.
- » Health plans will be standardized into 4 coverage tiers based on the percentage of the total allowed cost of benefits paid by a health plan on average.
 - › Bronze Plans cover 60% of the costs
 - › Silver Plans cover 70% of the costs
 - › Gold Plans cover 80% of the costs
 - › Platinum Plans cover 90% of the costs

ENROLLMENT

- » Annual Open Enrollment
 - › November 15 – February 15.
 - › Coverage begins January 1 of the next year.
- » Consumers eligible for Medicaid and CHIP can enroll at anytime.

SPECIAL ENROLLMENT PERIODS

- » Loss of minimum essential coverage.
- » Marriage, birth, or placement for adoption.
- » Gain citizenship or qualifying immigration status.
- » Enrollment errors by the Marketplace.
- » Qualified health plan violates its contract.
- » Change in eligibility for tax credits or cost sharing reductions.
- » Gain access to new plans as a result of a move.
- » American Indians may enroll or change qualified health plans one time per month.
- » Exceptional circumstances.
- » Enrolled in a non-qualifying employer coverage.

Section 3: SHOP

SMALL BUSINESS HEALTH OPTIONS PROGRAM (SHOP)

- » Is a separate Exchange operated by the federal government for small business owners with 50 or less fulltime employees.
 - › Nebraska has the option to increase the limit of fulltime employees to 100 in 2015.
 - › The federally facilitated SHOP will use the full time employee counting methodology when establishing group size.
- » Open Enrollment: November 15- February 15
- » Coverage : January 1
 - › The SHOP will have rolling monthly enrollments for employers after January 2

SMALL BUSINESS TAX CREDIT

- » Encourages small employers to offer health insurance.
 - › Employers who want to offer insurance for the first time
 - › Employers who want to maintain coverage

- » 2014: Maximum tax credit is 50% of premiums paid the small employer participating in the SHOP.

- » The maximum credit will go to small employers with ten or less employees paying annual average wages of \$25,000 or less per employee.

- » Credit phases out at 25 employees and \$50,000 in average annual wages

- » 2014: Tax credit is available to employers for a maximum of two consecutive years

EMPLOYER RESPONSIBILITIES

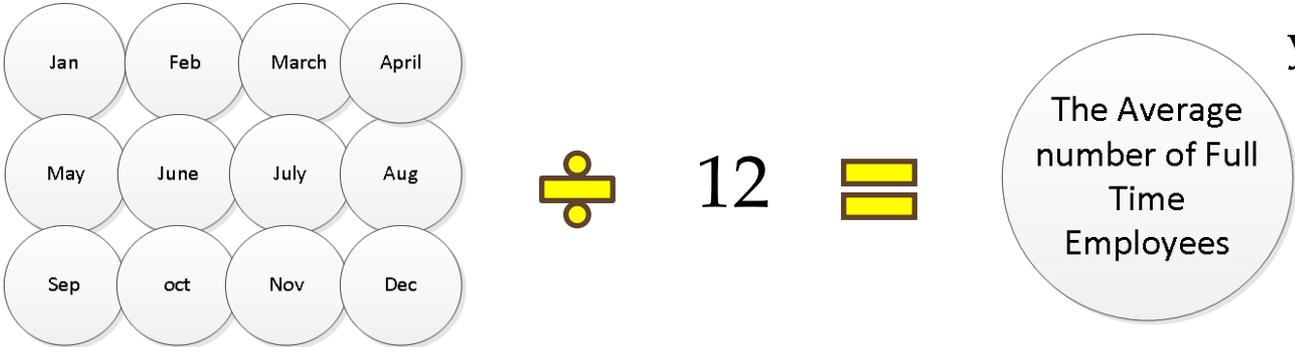
- » Employers over 200 employees must auto-enroll with opt-out

- » Employers with more than 50 employees are fined if employees qualify for subsidies because cost of coverage for employee exceeds 9.5% of income of employee
 - > Penalty is \$3,000 per employee receiving subsidy up to \$2,000 times number of employees
 - > First 30 employees disregarded in calculating penalties

DETERMINING APPLICABLE EMPLOYER STATUS



- Must count both full time and full time equivalent FTE's
- The calculation is based on info from the previous year



Section 5: Agents, Navigators
Certified Application Counselors

AGENTS IN THE MARKETPLACE

- » Agent/Broker relationships with the Department of Insurance:
 - › To participate in the Marketplace, agents/brokers must be licensed and follow state appointment laws.
 - › Agents/Brokers must continue to comply with State laws to participate.
 - › The Department of Insurance will continue to be the primary regulatory authority overseeing agents/brokers.
 - › We are currently reviewing proposed regulations regarding the future of Navigators as proposed by the federal government

AGENTS IN THE MARKETPLACE

- » To participate in the FFM or FF-SHOP, agents/brokers should: Adhere to all state requirements for licensure, appointment, and market conduct;
- » Complete Marketplace on-line training;
- » Complete security authentication steps;
- » Complete the agent/broker agreement.

AGENTS IN THE MARKETPLACE

- » Agents have to complete all FFM training requirements in order to participate in the marketplace.
- » Agents and brokers participating in the FFM or SHOP should expect to be paid the same commission that issuers pay outside of those exchanges.
- » Relationship with the issuers and the FFM
 - › Compensation will be negotiated between the issuer and the agent/broker.
 - › State appointment and commission regulations remain in effect.
 - › A list of agents approved by the FFM is on the NDOI website, however, the list may not be complete because the list from the federal government may not be comprehensive.

NAVIGATORS

- » Navigators Conduct public education and distribute information
- » Navigators facilitate enrollment, but may not advise or enroll
- » Navigators provide referrals to consumer assistance offices
- » HHS has developed standards to ensure that Navigators are qualified and trained
- » Navigators should have 20 hours of training by the federal government
- » Navigators may not be insurers or receive direct or indirect compensation from insurers for enrollment in a QHP
- » States may not require a Navigator to be licensed as an agent or broker
- » Nebraska will require Navigators to be registered with the Nebraska DOI

NAVIGATOR ENTITIES

- » Community Action Partnership Nebraska
- » Ponca Tribe

HOW CAN YOU BE READY?

- › www.healthcare.gov
- › www.nehealthinsuranceinfo.gov
- › www.marketplace.cms.gov
- › www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions
- › www.cms.gov/cciiio/index.html
- › www.sba.gov/healthcare
- › www.doi.nebraska.gov
- › <http://www.doi.nebraska.gov/shiip/brochure/out13255.pdf>

QUESTIONS / DISCUSSION





Impact of the Affordable Care Act on Nebraska's Behavioral Health System

**Nebraska Association of
Regional Administrators
November 13, 2014**

Setting the Stage – Nebraska BH System At Risk

- ◆ **Nebraska Legislature Projected Savings – Prior to ACA Implementation**
- ◆ **State Legislature's Funding Decisions – Budget Cuts to BH Aid**
- ◆ **Medicaid Not Expanded in Nebraska**
- ◆ **Analyzing the ACA's Impact on BH**

State Budget Funding Decisions

◆ 2013 Legislative BH Funding Decisions

- ▲ \$5 million projected savings from ACA implementation
- ▲ \$10 million additional funds in new contingency fund – in case NBHS did not have projected savings from ACA

◆ 2014 Legislative Session

- ▲ Restored **\$10 million** to BH Aid from contingency funds
- ▲ Legislative directive to DHHS/DBH: *allocate any unexpended General funds as of 6/30/14 to BH Regions to maintain services in FY15*
 - *Total unexpended funds to Regions = **\$4,243,437** (these are one-time funds for FY15 only)*
 - *Loss of **\$756,563** in FY15 service capacity dollars to the NBHS*
 - *Even with the projected savings of **\$235,518** due to the ACA, this still leaves a reduction in service capacity funds in excess of \$500,000 in FY15.*

State Budget Funding Decisions

◆ **Projected FY15 Savings - \$235,518**

- ▲ Based on FY14 BH expenditures & persons served data for persons who would still receive services through BH Regions under the ACA
- ▲ **\$79,067,680** - funds still needed to fund BH services in Regions after ACA implementation (difference between FY13/14 allocation (adjusted for rate increases in FY15) to BH Regions minus the projected ACA savings in FY15)

Projected Savings...the math

- FY14 expenditures for ACA covered services (outpatient, inpatient, & medication management) = **\$12,115,118** (as reported by BH Regions)
- X 10.8% (Table 2 - FY14 DBH data, those over 138% FPL served in ACA covered services in the 6 BH Regions) = **\$1,308,433**
- X 18% (According to the Kaiser Family Foundation State Marketplace Statistics updated on April 19, 2014, 18% of eligible Nebraskans have selected a Marketplace Plan)
- = **\$235,518**

Initial Intent of the ACA Included Medicaid Expansion

- ◆ **Include Persons Who Fall Under 139% Federal Poverty Level (FPL)**
 - ▲ ACA establishes standard minimum eligibility level at 133% of FPL
 - ▲ Applies a 5% income disregard which sets the actual minimum eligibility level at 138% of FPL
- ◆ **New Eligibility Categories Under Medicaid Expansion** (current: elderly, disabled, children)
 - ▲ Fill the historic gaps in coverage for low-income adults not currently eligible
 - ▲ Single, childless adults between 19-65, not pregnant
 - ▲ Parents
 - ▲ Former foster care children under 27 years old.

Public Behavioral Health in Nebraska Without Medicaid Expansion

◆ Impact on Uninsured Individuals

- ▲ Almost 33,000 uninsured Nebraskans fall in coverage gap (100%-138%) without Medicaid expansion

(Source: Kaiser Foundations-*Uninsured in Nebraska Under the ACA*, January 2014)

- ▲ With limited incomes, they will remain uninsured
- ▲ 1/3 of total - projected to access services from BH Regions

Public Behavioral Health in Nebraska Without Medicaid Expansion

✦ Impact on BH Services Provided by BH Regions

- ▲ Persons losing Medicaid/CHIP coverage may place additional demands on BH Regions services
- ▲ As of March, 2014, **9,546 fewer individuals enrolled** in Medicaid/CHIP than the 2013 monthly average (ASPE Marketplace Summary Enrollment Report and CMS March Medicaid/CHIP enrollment Report)
- ▲ Reasonable to assume majority are below the 139% FPL that would have been covered under Medicaid expansion.

BH Regions Persons Served Data

◆ Persons Served in BH Services by BH Regions

- ▲ 86.77% persons served (27,730) are within 138% FPL
 - ▲ Not eligible for ACA coverage
 - ▲ These individuals will continue to need BH services through the BH Regions.

FY14 Number of Unduplicated Persons Served In All Services by BH Region

% of Federal Poverty Level

Region	0-99.9%	100-138%	Over 138%	Total
1	1,082	143	140	1,365
2	1,523	178	178	1,879
3	3,916	618	872	5,406
4	2,438	396	517	3,351
5	6,934	957	1,627	9,518
6	8,808	737	894	10,439
Total	24,701	3,029	4,228	31,958
% of Total	77.30%	9.47%	13.23%	100%

Impact of ACA on NBHS - Nebraska Association of Regional Administrators

Data Source: DHHS/Division of Behavioral Health, October 2014

BH Regions Persons Served Data

◆ Persons Served in “ACA Covered” Services in BH Regions

- ▲ Only **3 of 59** BH services will be ACA covered (MH Inpatient, MH/SUD OP, Med Management)
- ▲ In FY14 BH Regions served a total of 23,145 persons in ACA covered services
- ▲ **89.2%** of these persons served (20,654) are under 139% FPL (not eligible for ACA subsidies)
- ▲ Only 10.8% (2,491) were eligible for ACA subsidies

**FY14 Number of Persons Served in Identified
ACA Services by BH Region**
% Federal Poverty Level

Region	0-99.9% FPL	100-138% FPL	Over 138% FPL	Total
1	648	117	133	898
2	1,124	135	132	1,391
3	3,738	600	793	5,131
4	1,755	265	369	2,389
5	5,034	615	563	6,212
6	6,222	401	501	7,124
Total	18,521	2,133	2,491	23,145
Percentage	80%	9.2%	10.8%	100%

Data Source: DHHS/Division of Behavioral Health, October 2014
All persons served, unduplicated count

ACA Impact on Behavioral Health

- ◆ **MH and SUD Parity with Medical Services**
 - ▲ MH & SUD included in “Ten Essential Health Benefits”
 - ▲ Only **3 of 59** services provided in the NBHS equal to medical care (MH Inpatient, MH/SUD OP Therapy and Med Mgmt)
 - ▲ Huge majority of MH & SUD residential and non-residential services essential to maintaining individuals in the community - **NOT COVERED** under ACA
- ◆ **Vast majority of persons served in the NBHS (86.77% in FY14) do not qualify for ACA subsidies because their income level is below the eligible level to receive subsidies**
- ◆ **Delay in some ACA mandates and rules**
- ◆ **Continued national debate about the ACA increases the uncertainties associated with its impact**

ACA Impact on Behavioral Health

◆ Prevalence of BH Disorders (SAMHSA)

- ▲ Almost 1/3 of general population experience a BH disorder (11.4% MH; 21.5% SUD = 32.9%)
- ▲ Presence of BH disorders in persons who are just above current Medicaid financial eligibility (100-138%) have more BH disorders than the population in general
- ▲ BH Region services serve wide range of mental illnesses, behavioral disorders & substance use disorders that will continue to show up in 33% of the uninsured population

◆ MH and SUD Consumers Episodically Uninsured

- ▲ Chronic illness leads to cycling in and out of Medicaid eligibility (10%-30% from other states' data)
- ▲ When cycle out of Medicaid and private insurance, the uninsured will fall into BH Region services "safety net"

◆ SAMHSA: U.S. Substance Abuse and Mental Health Services Administration

ACA Impact on Behavioral Health

- ◆ **ACA Penalties, Insurance Premiums, High Deductibles and Payment Delays from Funders**
 - ▲ At this time ACA penalties compared to cost of premiums may make penalty more attractive
 - ▲ High deductibles and high co-pays may keep people from seeking services; providers may not recoup adequate payment

- ◆ **Nebraska's Safety Net**
 - ▲ Funding cuts put BH system of services in rural and urban areas at risk of not having sufficient providers
 - ▲ Small and rural providers operate on narrow margins; capacity access guarantee funding is required to keep offices open and services available

ACA Impact on Behavioral Health

◆ Uninsured Nebraskans under ACA

- ▲ Without Medicaid expansion, many of the 234,000 uninsured Nebraskans will be without coverage options *(Kaiser Foundations-Uninsured in Nebraska Under the ACA, January 2014)*
- ▲ SAMHSA data shows that 1/3 of the uninsured Nebraskans who fall in the “donut hole” (no Medicaid expansion) are likely to access services with BH Regions

◆ Impact of Coverage Gap by Race and Ethnicity

- ▲ People of color disproportionately lack health insurance and have low incomes that don't qualify for Medicaid or insurance subsidies
- ▲ Coverage gaps will likely lead to widening disparities in coverage and access to care

What Do We Know About the General Impact of the ACA?

According to the Kaiser Family Foundation

- 57% of people enrolled in the ACA marketplace were previously uninsured.
- 40% find it difficult to afford their premium.
- 60% worry that they might not be able to afford their premium in the future.
- 46% of those enrolled in the marketplace report that their current premium is less than their previous insurance premium.

The Fiscal Times reported

- 53% of current ACA enrollees reported they will not be enrolling in 2015 due to much higher prices for health plans.

- Kaiser Family Foundation 6/19/14
- The Fiscal Times 11/3/14

ACA Will Change BH Services

- ◆ Policy decisions will influence future financing of public BH system as safety net
- ◆ Increasing need for mental health and substance use disorder services
- ◆ Impact of BH services shortages
- ◆ Outreach to uninsured persons with BH disorders
- ◆ Over time we will have a better understanding of it's impact...any major system change needs time to determine impact.

Behavioral Health Regional Administrators

- ◆ **Region 1**
Laura Richards
Regional Administrator
Scottsbluff, NE
- ◆ **Region 2**
Kathy Seacrest
Regional Administrator
North Platte, NE
- ◆ **Region 3**
Beth Baxter
Regional Administrator
Kearney, NE
- ◆ **Region 4**
Ingrid Gansebom
Regional Administrator
Norfolk, NE
- ◆ **Region 5**
C. J. Johnson
Regional Administrator
Lincoln, NE
- ◆ **Region 6**
Patti Jurjevich
Regional Administrator
Omaha, NE

Nebraska's Youth Suicide Prevention Grant

State Advisory Joint Committee Meeting

November 13, 2014

Presented by Susan Adams

Network Services Administrator



Nebraska Youth Suicide Prevention Grant Overview

Project Period: 9/30/14 to 9/29/2019

Year 1 allocation: \$712,306

Purpose: To prevent suicides and reduce the number of suicide attempts for youth ages 10-24. System change will be promoted by working through DHHS and Regions to ensure youth suicide prevention becomes an expected component of service delivery and data collection.

Target Populations of Focus

Youth in K-12 Schools
(ages 10-21)



Youth at high risk for
behavioral health
disorders (ages 10-24)

Children and Youth 10-21

- K-12 school personnel will receive gatekeeper training (Kognito or QPR)
- Screening for youth with serious emotional problems served through Professional Partner Program
- Screening for youth in contact with family navigators in the child welfare system
- Screening for youth serviced through crisis services and office or home-based therapy

Young Adults

- Focused outreach to post-secondary settings (awareness/QPR)
- Focused outreach to community work development programs
- Awareness activities directed at the community level

Key Partners

- ❑ Regional BH Authorities
- ❑ DHHS Division of Behavioral Health Nebraska
- ❑ Public Policy Center
- ❑ Interchurch Ministries of Nebraska
- ❑ The Nebraska State Suicide Prevention Coalition
- ❑ The Nebraska Federation of Families for Children's Mental Health
- ❑ The Nebraska Children and Families Foundation's Project Everlast

Proposed Evidence Based Practices

- ❑ **Kognito Training Suite for School Personnel in Grades K-12** - online training simulations designed to build skills and increase confidence so that one individual can influence a positive change in another's behavior. Their core approach is based on research in neuroscience, social cognition and game mechanics.
- ❑ **QPR (Question, Persuade, Refer) Gatekeeper training** – continue efforts to assist communities with implementing culturally appropriate suicide prevention strategies and preventing youth/young adult suicide by using local trainers.
- ❑ **SBO-R Screening tool** - continue to promote these protocols and expand their use to network providers serving children and youth.
- ❑ **AMR (Assessing and Managing Suicide Risk) clinician training** – one-day in-person training in every Region to be offered each year of the grant.

Evidence Based Practices con't

- ❑ **CAMS (Collaborative Assessment and Management of Suicidality) clinician training** – to be augmented with AMSR and addresses practical clinical practices such as charting, treatment planning and assessing risk systematically.
- ❑ **LOSS (Local Outreach to Suicide Survivors) postvention model** – identify communities that are ready for LOSS implementation. Develop team in conjunction with local law enforcement and are deployed immediately after a suicide to provide information and support to survivors.
- ❑ **Means Restriction** – continue distributing information about restricting lethal means of suicide in communities and hospitals. Build on development of the discharge protocol that was adopted by the NE State Trauma Board in 2012.

Goal #1

Prevent youth suicides in Nebraska

- ✓ 50% of licensed Nebraska clinicians are trained to assess, manage and treat youth at risk
- ✓ Increase # of at risk youth identified & referred who receive services
- ✓ Reduce the youth suicide rate by 50% in five years

Goal #2

Standardized screening protocols are in place for youth at risk for suicide in child serving systems

- ✓ 100% of K-12 public school personnel receive youth suicide prevention training
- ✓ Screening protocols are implemented by regional network providers serving youth with behavioral disorders
- ✓ Screening protocols are adopted by post-secondary settings (campuses, workforce development agencies, specialty services/schools)

Goal #3

Nebraska communities implement culturally appropriate suicide prevention strategies

- ✓ 75% of adults in Nebraska report general awareness of signs of suicide and the National Hotline
- ✓ Culturally appropriate suicide prevention strategies are supported in each of the six behavioral health regions in Nebraska
- ✓ LOSS postvention teams are available in each of the six behavioral health regions in Nebraska

Overall Performance Measures

- The number of individuals screened for mental health or related interventions
- The number of individuals referred to mental health or related services
- The number and percentage of individuals receiving mental health or related services after referral
- ✓ The data base developed for the Professional Partner Program to capture screening processes and data reporting will again be utilized (effective October 1, 2014).

Additional Evaluation Considerations

- ❑ The number of organizations and communities that enter into inter-organizational agreements as a result of the grant
- ❑ Demonstration of improved readiness
- ❑ Utilization of program evaluation data to inform programs
- ❑ Establish cross-agency management information systems to share data
- ❑ Inclusion of consumers and family members on work groups
- ❑ Mental health related practices implemented as a result of the grant using the Excel spreadsheet developed by the national evaluator during Nebraska's previous GLS suicide prevention initiative.

Questions???

Contact:

Susan Adams

402.471.7820

Susan.Adams@nebraska.gov

DHHS Division of Behavioral Health Synar 2014 Results

November 13, 2014

Department of Health & Human Services

DHHS

N E B R A S K A

Division of Behavioral Health

2014 Synar Results

Inspections completed	Completion Rate	Violations of youth access to tobacco laws	This year's Retailer Violation Rate
442	95.1%	72	16.3%

2014 Synar Results by Troop Area

Patrol Area	Population Center	Inspections completed	Citations	RVR %
A - O	City of Omaha	65	5	7.7%
A - N	Non Omaha	40	0	0.0%
B	Northern	90	24	26.7%
C	Grand Island	69	7	10.1%
D	North Platte	47	6	12.8%
E	Panhandle	32	4	12.5%
Hq	Southeast	100	26	26.0%
	Statewide	442	72	16.3%

2013 Tobacco Compliance Checks

Description	Count	Eliminated
Original Sample size	504	
In operation but closed at time of visit	15	
Unsafe to access	5	
Run out of time	3	
Total (Eligible Non-completes)		23
Out of Business	16	
Does not sell tobacco products	18	
Inaccessible by youth	4	
Private club or residence	1	
Total (Ineligibles)		39
Total Eligible and outlet inspection completed	442	62

Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Male	15	4	38	0
	16	7	56	3
	17	5	112	28
	Subtotal	16	206	31
Female	15	3	71	9
	16	5	63	10
	17	5	102	22
	Subtotal	13	236	41
Grand Total		29	442	72

Frequency Distribution

Buy Rate in Percentage by Age and Gender

Age	Male	Female	Total
15	0.0%	12.7%	8.3%
16	5.4%	15.9%	10.9%
17	25.0%	21.6%	23.4%
Total	15.0%	17.4%	16.3%

Challenges and Contributors

- Limited resources for law enforcement of youth access laws
- Challenge to meet required age distribution
- Difficulties recruiting youth inspectors
- Geographic, demographic, and logistical considerations in conducting inspections
- No centralized licensing system for tobacco retailers

New Statutes as of April 9, 2014

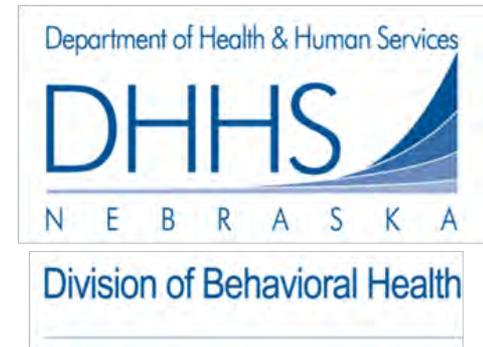
- It is illegal for persons under the age of eighteen years to smoke cigarettes or cigars, use “vapor products” or “alternative nicotine products,” or use tobacco in any form.
 - *“28-1419 Whoever shall sell, give, or furnish, in any way, any tobacco in any form whatever, or any cigarettes, or cigarette paper, vapor products, or alternative nicotine products, to any minor under eighteen years of age, is guilty of a Class III misdemeanor for each offense.”*
- It is illegal to sell, give, or furnish in any way, any “vapor products” (e-cigarettes and similar type products) or “alternative nicotine products” to persons under the age of eighteen years.

* See handout for full statute language

How else can we help?

- Increase merchant education and/or training.
- Increase community education on youth access laws.
- Develop and/or implement policy approaches.
- Include strategies for restricting youth access to tobacco in local prevention planning efforts.
- Fund additional compliance checks year round.
- Incentivize retailers who are in compliance.
- Review data and identify any trends resulting from the **FDA's** tobacco control enforcement inspections.

Questions???



Please contact:

Renee Faber

Prevention System Coordinator

Office: 402-471-7772

Email: Renee.Faber@nebraska.gov

Changes to Tobacco and Vapor Product Sales and Use Statutes in Nebraska

On **April 9, 2014**, the Governor approved LB863 which brings several important changes impacting the sale and display of cigarettes, cigars, “vapor products” (e-cigarettes and similar products), “alternative nicotine products” or tobacco in any form that all retailers, tobacco retail license holders, and law enforcement need to be aware of.

As of **April 9, 2014**, it is illegal to sell, give, or furnish in any way, any “vapor products” (e-cigarettes and similar type products) or “alternative nicotine products” to persons under the age of eighteen years.

“28-1419 Whoever shall sell, give, or furnish, in any way, any tobacco in any form whatever, or any cigarettes, or cigarette paper, vapor products, or alternative nicotine products, to any minor under eighteen years of age, is guilty of a Class III misdemeanor for each offense.”

As of **April 9, 2014**, it is illegal to sell cigarettes, cigars, “vapor products”, “alternative nicotine products”, or tobacco in any form through a self-service display. Two or more violation convictions within a twelve-month period could result in a suspension of the tobacco retail license.

“Sec. 22. (1) Except as provided in subsection (2) of this section and section 28-1429.02, it shall be unlawful to sell or distribute cigarettes, cigars, vapor products, alternative nicotine products, or tobacco in any form whatever through a self-service display. Any person violating this section is guilty of a Class III misdemeanor. In addition, upon conviction for a second or subsequent offense within a twelve-month period, the court shall order a six-month suspension of the license issued under section 28-1421.”

Self-service display exemptions: *Section 22, “Cigarettes, cigars, vapor products, alternative nicotine products, or tobacco in any form whatever may be sold or distributed in a self-service display that is located in a tobacco specialty store or cigar bar as defined in section 53-103.08.”*

As of **April 9, 2014**, it is illegal to sell “vapor products” from a vending machine.

28-1429.02 (1) - “It shall be unlawful to dispense cigarettes, or other tobacco products, vapor products, or alternative nicotine products from a vending machine or similar device.”

Vending machine exemptions: *“28-1429.02 (2) Cigarettes, or other tobacco products, vapor products, or alternative nicotine products may be dispensed from a vending machine or similar device when such machine or device is located in an area, office, business, plant, or factory which is not open to the general public or on the licensed premises of any establishment having a license issued under the Nebraska Liquor Control Act for the sale of alcoholic liquor for consumption on the premises when such machine or device is located in the same room in which the alcoholic liquor is dispensed.”*

As of **April 9, 2014**, it is illegal for persons under the age of eighteen years to smoke cigarettes or cigars, use “vapor products” or “alternative nicotine products,” or use tobacco in any form.

“28-1418 Whoever, being a minor under the age of eighteen years, shall smoke cigarettes or cigars, use vapor products or alternative nicotine products, or use tobacco in any form whatever, in this state, shall be guilty of a Class V misdemeanor.”

As of **April 9, 2014**, business officers, directors, or managers with knowledge of sales of “vapor products” (e-cigarette and similar type products) to any minor under the age of eighteen could have their tobacco license revoked.

28-1425 *“Any officer, director, or manager having charge or control, either separately or jointly with others, of the business of any corporation which violates sections 28-1420 to 28-1429 and sections 17 and 22 of this act, if he or she has knowledge of such violation, shall be subject to the penalties provided in this section. In addition to the penalties provided in this section, such licensee shall be subject to the additional penalty of a revocation and forfeiture of his, her, their, or its license, at the discretion of the court before whom the complaint for violation of such sections may be heard.”*

Local governing bodies can enact ordinances that are more stringent than Nebraska’s state statutes for tobacco and “vapor products”.

“28-1429.02 (3) Nothing in this section shall be construed to restrict or prohibit a governing body of a city or village from establishing and enforcing ordinances at least as stringent as or more stringent than the provisions of this section.”

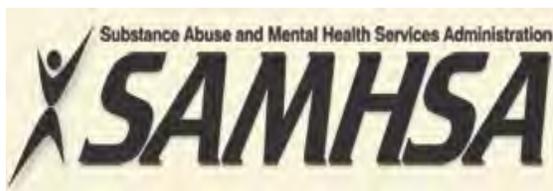
“For purposes of sections 28-1418 to 28-1429.02 and sections 17 and 22 of this act:”

“Alternative Nicotine Product means any noncombustible product containing nicotine that is intended for human consumption, whether chewed, absorbed, dissolved, or ingested by any other means. Alternative nicotine product does not include any vapor product, cigarette, cigar, or other tobacco product, or any product regulated as a drug or device by the United States Food and Drug Administration under Chapter V of the federal Food, Drug, and Cosmetic Act.”

“Self-Service Display means a retail display that contains a tobacco product, a tobacco-derived product, a vapor product, or an alternative nicotine product and is located in an area openly accessible to a retailer’s customers and from which such customers can readily access the product without the assistance of a salesperson. Self-service display does not include a display case that holds tobacco products, vapor products, or alternative nicotine products behind locked doors.”

“Tobacco Specialty Store means a retail store that (a) derives at least seventy-five percent of its revenue from tobacco products, tobacco-derived products, vapor products, or alternative nicotine products and (b) does not permit minors under the age of eighteen years to enter the premises unless accompanied by a parent or legal guardian.”

“Vapor Product means any noncombustible product containing nicotine that employs a heating element, power source, electronic circuit, or other electronic, chemical, or mechanical means, regardless of shape or size, that can be used to produce vapor from nicotine in a solution or other form. Vapor product includes any electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device and any vapor cartridge or other container of nicotine in a solution or other form that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product or device. Vapor product does not include an alternative nicotine product, cigarette, cigar, or other tobacco product, or any product regulated as a drug or device by the United States Food and Drug Administration under Chapter V of the federal Food, Drug, and Cosmetic Act.”



2014/2015 Block Grant – Priority Updates

*State Priority Areas	Goal & Performance Indicator
1 – Prevention: Alcohol Use Among Youth <div style="background-color: #6aa84f; color: white; padding: 5px; text-align: center;">Achieved</div>	<p><u>Goal:</u> Reduce binge drinking among youth up to age 17.</p> <p><u>Performance Indicator:</u> 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%.</p> <p><u>First year-target:</u> 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 report 15% in 2013.</p> <p><u>Second-year target:</u> N/A because the survey is conducted every 2 years.</p> <p>Status: <i>13.6% of students indicated that they had five or more drinks of alcohol in a row within the last 30 days as reported in the most recent YRBS data.</i></p>
2 – Youth: Improved Family Functioning <div style="background-color: #6aa84f; color: white; padding: 5px; text-align: center;">Achieved</div>	<p><u>Goal:</u> Families and youth receiving services will experience improved family functioning.</p> <p><u>Performance Indicator:</u> 100% of youth under the age of 18 / Families admitted to the Professional Partner Program (PPP) will be assessed using the designated tool for family functioning to establish a baseline measure of family functioning.</p> <p><u>First year-target:</u> By June 30, 2014, 25% of the families admitted to the PPP in SFY2014 will receive an assessment of family functioning through the use of the selected tool.</p> <p><u>Second-year target:</u> By June 30, 2015, 95% of the families admitted to the PPP in SFY2015 will receive an assessment of family functioning through the use of the selected tool.</p> <p>Status: <i>Item 4.6 of the Wraparound Fidelity Index (WFI) 4 has been selected to measure Family Functioning. Over 95% of caregivers of youth enrolled in the Professional Partner Program complete the WFI assessment. Caregivers rate their agreement to Item 4.6 which reads “Has the wraparound process helped your family to develop or strengthen relationships that will support you when wraparound is finished?”</i></p>
3 – Co-Occurring Disorders <div style="background-color: #6aa84f; color: white; padding: 5px; text-align: center;">On Target for Meeting Goal</div>	<p><u>Goal:</u> Providers demonstrate better ability to understand persons with Co-Occurring Disorders (COD) in order to improve the treatment and recovery services.</p> <p><u>Performance Indicator:</u> Use COMPASS-EZ to improve the treatment and recovery services.</p> <p><u>First year-target:</u> Statewide score on selected sections of the COMPASS-EZ will increase according to the baseline.</p> <p><u>Second-year target:</u> Statewide score on selected sections of the COMPASS-EZ will increase according to the baseline and first year target.</p> <p>Status: <i>Per contract with RBHAs, providers will complete a reassessment using the COMPASS-EZ in FY15.</i></p>

*Not in order of priority

*State Priority Areas	Goal & Performance Indicator
<p>4 – Trauma-Informed Care</p> <p style="text-align: center;">On Target for Meeting Goal</p>	<p><u>Goal:</u> Increase the BH workforce education to provide Trauma-Informed Care.</p> <p><u>Performance Indicator:</u> Statewide score on selected sections of the Fallot 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.</p> <p><u>First year-target:</u> Statewide score on selected sections of the TIC tool will increase according to the baseline developed after June 30, 2013 self-assessment deadline for providers.</p> <p><u>Second-year target:</u> Statewide score on selected sections of the TIC tool (to be developed after June 30, 2013 self-assessment deadline for providers) will increase according to the baseline and first year target achieved.</p>
<p>Status: <i>Per contract with RBHAs, providers will complete a reassessment using the TIC tool in FY15.</i></p>	
<p>5 – Peer Support</p> <p style="text-align: center;">On Target for Meeting Goal</p>	<p><u>Goal:</u> Increase the capacity of the system to use Peer Support.</p> <p><u>Performance Indicator:</u> Use of Peer Support to provide Recovery Supports in Nebraska.</p> <p><u>First year-target:</u> By June 30, 2014, there is one plan approved by the DBH Director on the Use of Peer Support to provide Recovery Supports in NE.</p> <p><u>Second-year target:</u> By June 30, 2015, the DBH will implement 25% of Plan.</p>
<p>Status: <i>A Peer Support Plan has been approved by the Director. Implementation planning is underway.</i></p>	
<p>12 – Tuberculosis (TB)</p> <p style="text-align: center;">On Target for Meeting Goal</p>	<p><u>Goal:</u> To Screen for TB.</p> <p><u>Performance Indicator:</u> RBHAs will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.</p> <p><u>First year-target:</u> The contract requirement was maintained with the RBHAs for tuberculosis screening provided to all persons entering a substance abuse treatment service.</p> <p><u>Second-year target:</u> The contract requirement was maintained with the RBHAs for tuberculosis screening provided to all persons entering a substance abuse treatment service.</p>
<p>Status: <i>Per contract with RBHAs, providers will conduct the TB screenings for FY15.</i></p>	

***Not in order of priority**

Financial Information

For December 1, 2014 Implementation
Report

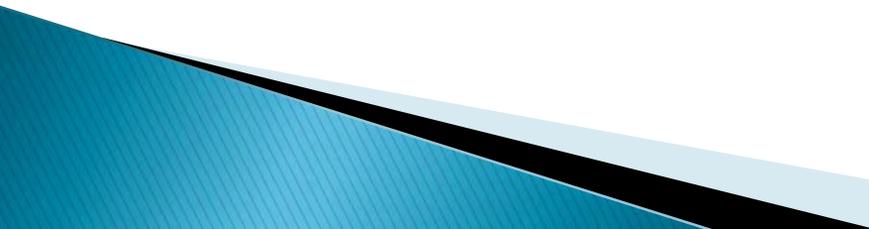
Block Grant Reporting

- ▶ **Community Mental Health Services Block Grant**
 - Federal Funds: amount spent in State fiscal year regardless of which grant award
 - State Funds: amount spent in State fiscal year
- ▶ **Substance Abuse Prevention & Treatment Block Grant**
 - Federal Funds: specific award (2 year expenditure period)
 - State Funds: amount spent in State fiscal year

Community Mental Health Services Block Grant

- ▶ Period: July 1, 2013 – June 30, 2014 (SFY14)

 - ▶ Maintenance of Effort:
 - Amount of State Funds Expended for Mental Health Services
 - Must meet or exceed average of prior two years

 - Amount of State Funds Expended for Children's Mental Health Services
 - Must meet or exceed amount of funds expended in 2008
- 

Community Mental Health Services Block Grant

- ▶ State Expenditures for Mental Health Services

- SFY12 = \$59,601,455
- SFY13 = \$64,316,059
- 2 year average = \$ 61,958,757

FY14 Expenditures = \$ 53,745,967

Community Mental Health Services Block Grant

- ▶ Amount of State Funds Expended for Children's Mental Health Services
 - Meet or exceed 2008 Level: \$4,108,818
- ▶ SFY14 Expenditures: \$ 7,722,311

Community Mental Health Services Block Grant

▶ Federal Block Grant Funds:	October 1, 2011 – September 30, 2013
◦ Adult Services	\$964,843 (57.5%)
◦ Children Services	\$954,041 (36.8%)
◦ Peer Review/Training	\$24,500 (1.0%)
◦ Administration	<u>\$135,976 (4.7%)</u>
◦ Total	\$2,079,360

Community Mental Health Services Block Grant

- ▶ State Funds for Aid to or for Individuals:

July 1, 2013 – June 30, 2014

◦ Adult Services	\$46,023,656	(85.6%)
◦ Children Services	<u>\$7,722,311</u>	(14.4%)
(does not includes Children's hotline \$1,379,663)		
Total	\$53,745,967	

Substance Abuse Prevention & Treatment Block Grant

- ▶ Period: July 1, 2013 – June 30, 2014
- ▶ Maintenance of Effort:
 - Amount of State Funds Expended for Substance Abuse Services
 - Must meet or exceed average of prior two years expenditures
 - Amount of State & Federal Funds Expended for Pregnant Women & Women With Dependent Children Services
 - Must meet or exceed amount of funds expended in 1994

Substance Abuse Prevention & Treatment Block Grant

▶ Other Requirements:

- A minimum of 20% of every SAPTBG award must be spent on Primary Prevention
- No more than 5% of any SAPTBG award may be used for administration expenses.

Substance Abuse Prevention & Treatment Block Grant

- ▶ State Expenditures for Substance Abuse Services

- ▶ Must meet or exceed average of prior two year expenditures

- SFY12 = \$24,562,390

- SFY13 = \$25,026,522

- 2 year average = \$24,794,456

- SFY14 Expenditures = \$23,346,022

- ▶ NIS FY14 Summary of Expenditures

Substance Abuse Prevention & Treatment Block Grant

- ▶ Amount of State & Federal Funds Expended for Pregnant Women & Women With Dependent Children Services
 - ▶ Meet or exceed 1994 Level: \$753,713
- ▶ SFY14 Expenditures: \$2,047,086

Substance Abuse Prevention & Treatment Block Grant

Federal FY12 Award

(October 1, 2011 - September 30, 2013)

▶ Treatment Services:	\$5,014,775	(64.0%)
▶ Women Services:	\$436,362	(5.6%)
▶ Primary Prevention:	\$1,826,464	(23.3%)
▶ Peer Review & SA Training:	\$163,805	(2.1%)
▶ Administration:	<u>\$391,653</u>	(5.0%)
▶ Total Federal Award:	\$7,833,059	

Federal FY12 Award, NIS Grant Project Status

Substance Abuse Prevention & Treatment Block Grant

State Funds for Aid to or for Individuals

July 1, 2013 – June 30, 2014

▶ Treatment Services:	\$21,372,524	(91.5%)
▶ Women Services:	\$1,606,300	(6.9%)
▶ Primary Prevention:	<u>\$367,198</u>	(1.6%)
▶ Total	\$23,346,022	

For more information:

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