

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 14, 2013 / 9:00 am – 4:00 pm
Lincoln, NE – Country Inn & Suites

Meeting Minutes

I. Call to Order and Roll Call

Sue Adams

Sue Adams, 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; Angela Bowen; Cynthia Brammeier; Sheri Dawson; Jette Hogenmiller; Lara Huskey; Patti Jurjevich; Linda Krutz; Jerry McCallum; Phyllis McCaul; Kasey Moyer; Rachel Pinkerton; Joel Schneider; Jill Schreck; Mark Schultz; Mary Thunker; Diana Waggoner.

State Advisory Committee on Mental Health Services Absent: Karla Bennetts; Bev Ferguson; Kathleen Hanson; Brad Hoefs; Ashley Pankonin; Cameron White.

State Advisory Committee on Substance Abuse Services Attending: Sheri Dawson; Paige Hruza; Jay Jackson; Janet Johnson; Dusty Lord; Kimberley Mundil; Michael Phillips; Jorge Rodriguez-Sierra.

State Advisory Committee on Substance Abuse Services Absent: Ann Ebsen; Ingrid Gansebom; Delinda Mercer; Randy See.

II. Housekeeping and Summary of Agenda

Sue Adams

Sue Adams provided housekeeping/logistics reminders and confirmed the order of the agenda.

III. Approval of Minutes

Sue Adams

Sue Adams asked for comments on, or approval of, the September 19, 2013 minutes of the Joint State Advisory Committee on Mental Health Services, the State Advisory Committee for Substance Abuse Services, and the Office of Consumer Affairs – People’s Council. No comments/edits were offered and the minutes were approved by general consent.

IV. Public Comment

No public comment was offered.

V. Affordable Care Act – Nebraska Department of Insurance

Scot Adams

Scot Adams, Division of Behavioral Health Director, welcomed the new members of the committees.

*Scot reported he, Sheri Dawson, and Michael Phillips attended a conference at the Mid-America Addiction Technology Transfer Center (ATTC) in Kansas City. The purpose of the ATTC is to provide training and promote awareness of addictions, treatment, and recovery. Two themes were central to the conference: 1) the integration of Substance Abuse and Mental Health services and 2) the role of peers and peer support.

*Scot reported briefly on the Systems of Care Grant, noting that Sheri Dawson will provide detailed information later in today’s meeting. He reported the purpose of this grant is to plan for an integrated Children’s Behavioral Health Services System of Care. Scot identified ten “systems”/groups which focus on behavioral health services: Veterans’ Administration, Federally Qualified Health Centers, University of Nebraska Medical Center, Justice System, Department of Insurance, Department of Health and Human Services (DHHS) Divisions of Medicaid and Long Term (MLTC), Developmental Disabilities (DD),

Public Health (DPH), Children and Family Services (CFS), and Behavioral Health (DBH). All of the groups were represented at a recent kick-off event.

*Scot stated he is encouraged by the awareness and good work of recovery going forward.

*Scot recognized Mark Schultz from Vocational Rehabilitation for his/their partnership with the Division of Behavioral Health in helping individuals with their recovery related to job skills and employment opportunities.

**Committee Recommendations included:

- Keep in mind the Autism Spectrum Disorders with the Systems of Care work.
- Consider expanding the Advisory Committees to include system groups not currently represented.
- Please do not lose focus of consumers and providers in the systems/groups involved in the Systems of Care work.

VI. SAMHSA Block Grant Implementation Report

Karen Harker/Heather Wood

(Attachment A)

Karen Harker, DBH Federal and Fiscal Performance Administrator, presented financial information on the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant Implementation Report that is due on December 2, 2013.

** Response to Committee questions/comments included:

- The Division of Behavioral Health (DBH) is the payer of last resort. Most children's behavioral health services are covered by Medicaid funding, and specific services not paid by Medicaid are paid through the DHHS-Division of Children and Family Services (CFS).
- Implementation of the Affordable Care Act (ACA) will not likely change children's behavioral health funding. Medicaid funded services are deemed a medical necessity. DBH services are recovery based. It is possible that some currently funded DBH services could be paid for by Medicaid or insurance companies in the future.
- The DBH is not able to fully answer whether or not the ACA will cover recovery oriented services. The ACA has set benchmarks for what is covered under the law.
- Peer Review/Peer Support guidance through the Block Grant (not the same as Peer/Consumer involvement) is an opportunity to strengthen services.
- Due to a recent system correction, some individuals who are State Wards will no longer continue to receive services through Medicaid funding.
- There is currently no language at the national level to define rehabilitation services, but it is being discussed. States have discretion to define and could develop their own language.
- Sequestration reduced both mental health and substance abuse Block Grant funding last year, and further reductions are possible in the future.
- There is concern about meeting the required Maintenance of Effort (MOE) in the future due to potential budget reductions.
- The DBH will implement budget reductions by working with the Regional Behavioral Health Authorities (RBHAs) to determine how to adjust services. No specific services are targeted at this time, but some RBHAs have considered services covered by insurance programs.
- The MOE is determined by the amount of overall State funding available, the 1994 level of expenditures for pregnant women and women with dependent children, at least 20% for primary prevention, and no more than 5% for administration.
- The MOE requirements are established in federal regulations.
- Mental health funding for children and adult services is separate, but substance abuse funding for these services is currently not separated.
- As more individuals present with multiple health issues, as well as children/youth receive services earlier in life, behavioral health and physical health services and funding need to be more integrated.

(Attachment B)

Heather Wood, DBH Quality Improvement and Data Performance Administrator, presented an update on the 2012/2013 Block Grant Priorities and Performance Indicator data. Heather explained the priorities impact the goals and what is desired of the Behavioral Health System.

** Response to Committee questions/comments included:

- DBH has the capability to break out the number of youth served by age, but only the total is reported in the Block Grant.
- Youth who are sent outside of Nebraska for services are not included in the number of persons served.
- Women who are pregnant and women with dependent children can receive services anywhere across the State; there are currently nine Women's Set Aside providers in the behavioral health network.
- These priorities do not reflect all of the work accomplished by the DBH; they reflect the focus of the Block Grant funds, not overall outcomes of the Division.
- In FY2016, DBH is moving toward Performance Based Contracting/Accountability, and will need specific performance measures to get to better outcomes. The question that needs to be asked is, "Are consumers better off for having received services paid for by DBH funding?"
- DBH is utilizing Evidence-Based Practices because services are not only about the numbers of persons served, but how the person is doing as a result of receiving the service.
- DBH identifies items on the Consumer Survey that receive lower scores and work with the RBHAs to identify factors that affect access, effectiveness, and quality.
- The next phase of Block Grant priorities is to increase the capacity of the consumer workforce.
- It is also the responsibility of Peer Specialists to market peer support and let agencies/providers know what a Certified Peer Support and Wellness Specialist (CPSWS) can offer in the workforce.

**Committee Recommendations included:

- Take a closer look at why the number of pregnant injecting women reported each year remains constant.
- Invite staff from the Family First program at Heartland Family Service in Omaha to present on the outcomes of their program.
- Consider posting Peer Specialist job opportunities on the DBH website to help CPSWSs looking for jobs. If CPSWSs are not working in jobs other than office support and case management they will require additional training to keep up their skills. Some individuals are looking for jobs outside of Nebraska although they prefer to stay here.
- Develop a clearly defined Job Description for CPSWSs. Develop a direct relationship between the number of CPSWS positions needed and funding.

VII. Synar Results

Renee Faber

(Attachment C)

Renee Faber, DBH Prevention Program Coordinator, presented the 2013 Synar results. Renee reported that Synar is a requirement of the Substance Abuse Block Grant and has an enormous role in primary prevention activities. Renee described a Synar inspection.

** Response to Committee questions/comments included:

- No State agency has authority over the tobacco licensing process.
- A completed Synar inspection is an attempted buy, and does indicate if a successful buy was made or if a violation occurred.
- Nebraska does not currently have a contract under the Family Prevention Control Act due to the lack of adequate workforce.
- The Synar Report is available on the DHHS website on the Division of Public Health – Tobacco Free Nebraska page.

- E-cigarettes are not currently regulated by either the State of Nebraska or the federal government.

**Committee Recommendations included:

- Post the Synar Report on the DBH website.
- Include national data to compare with Nebraska data on the Nebraska Youth Risk Behavioral Survey.
- Consider ways to make this workforce opportunity more appealing to Nebraska youth, including reduction of ridicule from peers.

VIII. Working Lunch – Binge Drinking Video and Substance Abuse Trivia

Renee Faber

The video may be accessed at: <http://netnebraska.org/interactive-multimedia/news/net-news-binge> (Attachment D)

Renee Faber is the DBH Prevention Program Coordinator. Renee announced that Patti Jurjevich, Region 6 Behavioral Health Administrator, accepted the nomination for the Prevention Advisory Council. Renee reported that a media campaign has been launched and signage will occur at Nebraska Athletic events. Questions from the Trivia handout have been used at Memorial Stadium throughout the football season.

IX. 2014 Meeting Schedule

Sue Adams

(Attachment E)

Sue Adams, DBH Advisory Committee Facilitator, reviewed the proposed meeting dates. The Committee members approved the schedule by general consent.

X. Legislative Issues: How DHHS works with the Legislature

Sheri Dawson

(Attachment F and Attachment G and Attachment H and Attachment I and Attachment J)

Sheri Dawson, DBH Deputy Director, reviewed handouts related to the Nebraska State Legislature, the Legislative process, and the 2014 Legislative Session. Following are the locations of the information included in the handouts:

- (Attachment F) Nebraska Legislature webpage: <http://nebraskalegislature.gov/>
- (Attachment G) 2014 Legislative Session calendar: <http://nebraskalegislature.gov/pdf/session/2014calendar.pdf>
- (Attachment H) Legislative Process: http://nebraskalegislature.gov/pdf/about/lawmaking_process.pdf
- (Attachment I) The Nebraska Legislature / Unicameral: <http://nebraskalegislature.gov/pdf/about/lookbook.pdf>
- (Attachment J) 2013 Roster (blue booklet): The Roster is not available online. Hard copies can be requested from the Legislative Clerk's Office: (402) 471-2271 or jkruse@leg.ne.gov.
- Additional information on the Nebraska Legislature can be found by visiting the main page address above.

** Response to Committee questions/comments included:

- The DBH role/process in recommending legislation is as follows: all DHHS Division Directors are asked to make legislation recommendations to the DHHS-CEO; the CEO takes the recommendations to the Governor's Office, and the Governor determines which recommendations will be forwarded to the Legislature; staff works with a State Senator to sponsor the legislation; the Legislative Bill is drafted and moves through the Legislative process.
- Legislative Bills (LB) are introduced during the first ten days of a Session. If a LB is related to a DHHS Division, a Bill Impact Summary along with a Fiscal Note is forwarded to the Division by the DHHS-Communications and Legislative Services Office. The Division staff has three days to complete the forms and respond with pertinent information related to the LB. The information is reviewed by the DHHS Division Directors and the DHHS CEO. The information may be

aggregated and edited then forwarded to DHHS-Communications and Legislative Services to move the LB forward in the legislative process.

- Individuals can sign up for the Legislative Bill tracker, but there is a fee for the service.
- Individuals may contact their Senator's office to be added to their mail list for information/updates on Legislative activities.
- Legislative Resolution hearings are held in the Fall. As an example, Senator Campbell introduced a Legislative Resolution related to Medicaid Expansion.
- State agency budgets are established through Legislative Bills. LB 195 was introduced during the last legislative session. This LB reduces the FY2015 DBH budget by \$5 million with \$10 million placed in abeyance. The reduction was due to the anticipated impact of the Affordable Care Act.
- Information on the process to testify on a LB is located on the Legislature website.
- Committee members cannot testify on behalf of the DBH, but are able to testify as an individual citizen.

**Committee Recommendations included:

- DBH post behavioral health related Legislative Bills on their website so Committee members and others who are interested can track progress individually.
- During the May Advisory Committee meeting each year, Committee members may suggest topics for future legislation.
- As Committee members, it is our responsibility to educate ourselves on the Legislative process and stay up to date on Legislative activity.

Motion made by Kimberley Mundil and seconded by Mary Thunker: as the Nebraska Legislature addresses behavioral health concerns the DBH send out LB numbers to Committee members for their information and review. Motion passed by unanimous vote.

XI. Public Comment

No public comment was offered.

XII. Election of Officers – State Advisory Committee on Mental Health Services *Sue Adams*

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

*Dianna Waggoner was nominated for the Office of Chairperson by Rachel Pinkerton and seconded by Lara Huskey. Motion to cease nominations made by Jerry McCallum and seconded by Sheri Dawson. Motion passed by unanimous vote. Dianna Waggoner elected as Chairperson of the State Advisory Committee on Mental Health Services by general consent.

*Jerry McCallum was nominated for the Office of Vice Chairperson by Joel Schneider and seconded by Phyllis McCaul. Motion to cease nominations made by Dianna Waggoner and seconded by Rachel Pinkerton. Motion passed by unanimous vote. Jerry McCallum elected as Vice Chairperson of the State Advisory Committee on Mental Health Services by general consent.

*Mary Thunker was nominated for the Office of Secretary by Mary Thunker and seconded by Dianna Waggoner. Motion to cease nominations made by Dianna Waggoner and seconded by Patti Jurjevich. Motion passed by unanimous vote. Mary Thunker elected as Secretary of the State Advisory Committee on Mental Health Services by general consent.

XIII. Election of Officers – State Advisory Committee on Substance Abuse Services *Sue Adams*

There are no term limits for Officers of the State Advisory Committee on Substance Abuse Services.

*Motion made by Jay Jackson and seconded by Kimberley Mundil to postpone the Election of Officers of the State Advisory Committee on Substances Abuse Services until the next meeting. Motion passed by unanimous vote.

XIV. System of Care Grant Update *Sheri Dawson*

(Attachment K and Attachment L and Attachment M and Attachment N and Attachment O)

Sheri Dawson, DBH Deputy Director, updated the Committee members on the System of Care (SOC) Expansion Planning Grant and reported the amount of the Grant is \$504,000. It began on July 1, 2013 and a plan must be in place by June 30, 2014. A kick-off event was held on October 29, 2013 with 250 stakeholders present, and approximately half of those being youth and family partners. Sheri explained that many systems of care efforts have taken place across the State in recent years, and that work allowed previous learning to be included in this new opportunity. Sheri reviewed the Work Plan, the Core Strategy Teams, and encouraged everyone to participate in the SOC Readiness Survey.

** Response to Committee questions/comments included:

- Everyone can attend the SOC meetings and can be involved as much, or as little, as desired.
- The Project Management Team (PMT) determines next steps and keeps the project moving forward. The Development Team (DT) includes the large stakeholders groups. The Core Strategy Teams (CST) are topic-based and provide information for the Strategic Plan.
- An opportunity to apply for an Implementation Grant will follow the completion of the Planning Grant and allow implementation of the Work Plan. The Strategic Plan will allow the work to move forward if no future funding is available and/or during administrative changes.
- Previous work on systems of care was not a failure, but allowed for lessons learned and opportunities to make the system better.
- Committee members interested in receiving updates and/or providing feedback/comments are encouraged to e-mail the Project Coordinator at dhhs.soc@nebraska.gov. In addition, the Project Coordinator is working on developing a webpage on the DHHS website.

XV. Committee Comments and Future Agenda Items *all*

Motion made by Linda Krutz and seconded by Phyllis McCaul: State Advisory Committee on Mental Health Services members re-visit the By-Laws at the next meeting to look at possible clean-up language. Motion passed by unanimous vote.

**Committee comments included:

- A Mental Health Summit was held at the Lincoln Veterans' Administration for the purpose of allowing veterans, their families, and providers to make connections in the community and raise community awareness.

Future Agenda Items include:

- Legislation update
- Review Committee By-Laws
- System of Care Grant update
- Block Grant Application

XVI. Adjournment and next meeting

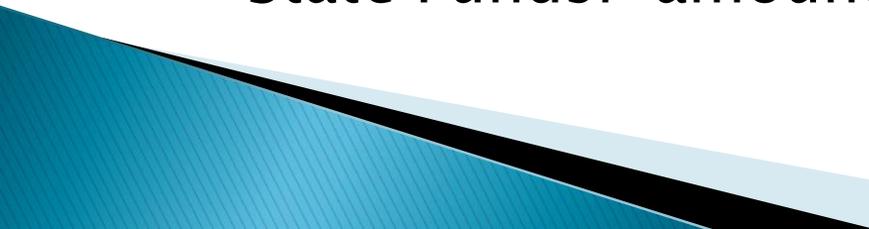
The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is Thursday, February 13, 2014.

Financial Information

For December 2, 2013 Implementation
Report

Block Grant Reporting

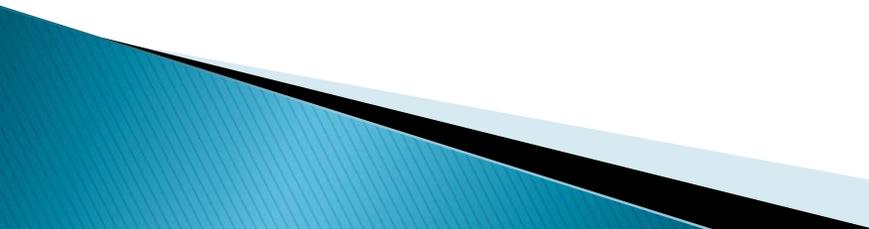
- ▶ **Community Mental Health Services Block Grant**
 - Federal Funds: amount spent in State fiscal year regardless of which grant award
 - State Funds: amount spent in State fiscal year

 - ▶ **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, 2012 – June 30, 2013 (SFY13)

 - ▶ 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

- SFY11 = \$61,285,737
- SFY12 = \$59,736,524
- 2 year average = \$60,511,131

FY13 Expenditures = \$64,316,059

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
- ▶ SFY13 Expenditures: \$7,450,954

Community Mental Health Services Block Grant

▶ Federal Block Grant Funds: July 1, 2012 – June 30, 2013

◦ Adult Services	\$906,756	(49.6%)
◦ Children Services	\$823,907	(45.0%)
◦ Peer Review/Training	\$24,000	(1.3%)
◦ Administration	<u>\$75,169</u>	(4.1%)
◦ Total	\$1,829,832	

Community Mental Health Services Block Grant

▶ State Funds for Aid to or for Individuals:

July 1, 2012 – June 30, 2013

◦ Adult Services \$56,865,106 (88.4%)

◦ Children Services \$7,450,954 (11.6%)

(does not includes Children's hotline \$1,539,546)

Total \$64,316,059

Substance Abuse Prevention & Treatment Block Grant

- ▶ Period: July 1, 2012 – June 30, 2013
- ▶ 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

- SFY11 = \$24,870,295

- SFY12 = \$24,205,059

- 2 year average = \$24,537,677

- SFY13 Expenditures = \$25,026,522

- ▶ NIS FY13 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
- ▶ SFY13 Expenditures: \$2,146,627

Substance Abuse Prevention & Treatment Block Grant

Federal FY11 Award

(October 1, 2010 – September 30, 2012)

▶ Treatment Services:	\$5,006,050	(63.8%)
▶ Women Services:	\$584,486	(7.4%)
▶ Primary Prevention:	\$1,710,732	(21.8%)
▶ Peer Review & SA Training:	\$156,498	(2.0%)
▶ Administration:	<u>\$392,178</u>	(5.0%)
▶ Total Federal Award:	\$7,849,944	

Federal FY13 Award, NIS Grant Project Status

Substance Abuse Prevention & Treatment Block Grant

State Funds for Aid to or for Individuals

July 1, 2012 – June 30, 2013

▶ Treatment Services:	\$22,982,357	(91.8%)
▶ Women Services:	\$1,709,165	(6.8%)
▶ Primary Prevention:	<u>\$335,000</u>	(1.3%)
▶ Total	\$25,026,522	

For more information:

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Achieved Status Updates



2012/2013 Block Grant – Priorities*

For Presentation: November 14, 2013 – Working DRAFT

***Not in order of priority**

Prioritized State Planning Activities	Goal & Performance Indicator
<p>1 – Substance Abuse Prevention</p> <p>Achieved</p>	<p><u>Goal:</u> To complete a Strategic Plan for Prevention.</p> <p><u>Performance Indicator:</u> The Strategic Plan for Prevention will be completed by the target date of 9-30-12.</p>
<p>Status: DBH has an approved Strategic Plan for Prevention.</p>	
<p>1 – Substance Abuse Prevention</p> <p>Not Achieved</p>	<p><u>Goal:</u> To reduce the sale of tobacco to youth.</p> <p><u>Performance Indicator:</u> The total number of sales to minors (Retailer Violation Rate – RVR). Nebraska’s RVR was 10.6% in FY11 and NE will maintain this percentage in FY12 and FY13.</p>
<p>Status: NE RVR in 2012 was 14% and increased again in 2013 to 16.4%. The national standard is to have a RVR below 20%. NE continues to stay below the national standard. Recent increases were most notably observed in two troops.</p>	
<p>1 – Substance Abuse Prevention</p> <p>Achieved</p>	<p><u>Goal:</u> To reduce underage drinking and excessive drinking by adults through the use of environmental strategies.</p> <p><u>Performance Indicator:</u> A total of 28 environmental activities related to the reduction of underage and excessive drinking by adults were performed and funded by DBH in FY11. In the FY12, the number will be increased to 40 and 55 in FY13.</p>
<p>Status: In FY12, the number of environmental activities performed that relate to reduction of underage and excessive drinking by adults was 90. In FY13, the number of environmental activities was 87.</p>	
<p>2 – Consumer Workforce</p> <p>Achieved</p>	<p><u>Goal:</u> To increase the peer support workforce.</p> <p><u>Performance Indicator:</u> Total number of trained Peer Support and Wellness Specialists. Baseline as of June 30, 2011 for the total number of trained Peer Support and Wellness Specialists was 17. This will increase to 75 by June 30, 2013.</p>
<p>Status: The total number of trained Peer Support and Wellness Specialists as of June 30, 2013 was 159.</p>	
<p>3 – Peer Recovery Supports</p> <p>In Progress</p>	<p><u>Goal:</u> To increase the number of peer recovery supports.</p> <p><u>Performance Indicator:</u> Total number of behavioral health services with a peer recovery support component. Define peer recovery supports & establish the baseline number of BH services with a peer recovery support component by June 30, 2012. Increase this number by June 30, 2013.</p>
<p>Status: Peer recovery supports has been defined. The FY12 baseline of BH services with a peer recovery support component was 64. FY13 data is still being collected and will be known prior to end of November 2013.</p>	
<p>4 – SA Treatment – Women’s Set Aside (WSA) Services</p> <p>Achieved</p>	<p><u>Goal:</u> To ensure services for Pregnant Women and Women with Dependent Children are trauma informed and trauma specific.</p> <p><u>Performance Indicator:</u> Percent of WSA providers who have completed TIC tool. Baseline percent of WSA providers who have completed TIC tool was 56% as of January 1, 2012. This will increase to 100% by June 30, 2013.</p>
<p>Status: All WSA agencies (100%) completed the TIC assessment as of June 30, 2013.</p>	
<p>5 – Transition Age Youth and Young Adult</p> <p>Achieved</p>	<p><u>Goal:</u> To increase access to services for young adults/youth transitioning to adulthood. <u>Performance Indicator:</u> Total number of persons age 16-24 served. Baseline for total number of persons age 16-24 served on June 30, 2011 was 6,110. This will increase to 6,500 by June 30, 2013.</p>
<p>Status: Total number of persons age 16-24 served in FY12 was 6,668. In FY13, 6,665 persons age 16-24 were served.</p>	

<p>6 – Professional Partners Program</p> <p>Achieved</p>	<p><u>Goal:</u> To implement Wrap Around in the Professional Partners Program with integrity.</p> <p><u>Performance Indicator:</u> WFI measures as compared to WFI national benchmarks. Establish the baseline across 11 WFI measures by September 30, 2012. Increase the number of measures at which we are meeting or exceeding the national benchmarks.</p>
<p>Status: Wraparound Fidelity Index (WFI) version 4.0 was used to determine NE aggregate scores in FY12 and FY13. In FY12, 5 of 6 Regions provided WFI 4.0 data to establish the NE aggregate baseline. FY12 baseline revealed NE had outscored the national average in all 11 WFI measures. In FY13, all 6 Regions submitted WFI 4.0 data and again showed that NE outscored the national average in all 11 WFI measures.</p>	
<p>7 – Co-Occurring Disorder Services</p> <p>Achieved</p>	<p><u>Goal:</u> To increase the capacity of the public behavioral health workforce to be able to deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.</p> <p><u>Performance Indicator:</u> Total number of behavioral health providers that are dual capable and dual enhanced. One hundred percent (100%) of the providers under contract with the six Regional Behavioral Health Authorities (RBHAs) will complete the COMPASS-EZ by January 1, 2013.</p>
<p>Status: All providers (100%) completed the COMPASS-EZ as of January 1, 2013.</p>	
<p>8 – Trauma Informed Care (TIC)</p> <p>Achieved</p>	<p><u>Goal:</u> To develop a service system that understands the effects of trauma and avoids re-traumatizing those who seek services (trauma-informed).</p> <p><u>Performance Indicator:</u> Total number of providers assessed using the TIC tool. Baseline as of January 2012 is 63%. By June 30, 2013 this will increase to 100%.</p>
<p>Status: All providers (100%) completed the TIC assessment as of June 30, 2013.</p>	
<p>9 – Permanent Supportive Housing</p> <p>Achieved</p>	<p><u>Goal:</u> To improve the Permanent Supportive Housing services.</p> <p><u>Performance Indicator:</u> Define what Permanent Supportive Housing services means in Nebraska by January 2013. Create process for fidelity monitoring by June 30, 2013. Total number persons served in Permanent Supportive Housing baseline as of June 30, 2011 was 817. This will increase.</p>
<p>Status: The Evidence Based Practices Workgroup recommended in June 2012 Permanent Supportive Housing, for the purposes of fidelity monitoring, be limited to NE Program – Housing Related Assistance (HRA). The number of persons served in NE HRA in FY12 increased to 825; however the count for FY13 was slightly reduced to 772. Reduction in funding due to Sequestration decreased availability of Section 8 Housing requiring individuals to remain on HRA thus decreasing the number of people who could be served which contributed to the decrease in FY13. It was determined fidelity monitoring would include a self-assessment using the SAMHSA Permanent Supportive Housing Toolkit.</p>	
<p>10 – Supported Employment</p> <p>Achieved</p>	<p><u>Goal:</u> To improve the quality of Supported Employment services.</p> <p><u>Performance Indicator:</u> Create process for fidelity monitoring by June 30, 2013.</p>
<p>Status: The Evidence Based Practices Workgroup met to address SE fidelity monitoring in May 2012. It was determined fidelity monitoring would include a self-assessment using the SAMHSA Supported Employment Toolkit.</p>	
<p>11 – Intravenous Drug Abusers</p> <p>Achieved</p>	<p><u>Goal:</u> To Serve Intravenous Drug Abusers.</p> <p><u>Performance Indicator:</u> Count of persons served who are Intravenous Drug Abusers. In FY2011, the unduplicated count persons served who were Pregnant Injecting Drug Users was 34 and the Injecting Drug Users was 1,559. DBH will maintain this service through June 30, 2013.</p>
<p>Status: Unduplicated count of persons served FY12: Pregnant Injecting Drug Users = 36 Injecting Drug Users = 1,599. DBH has maintained the service with an unduplicated count of persons served in FY13: Pregnant Injecting Drug Users = 33 Injecting Drug Users = 1,477.</p>	
<p>12 – Tuberculosis (TB)</p> <p>Achieved</p>	<p><u>Goal:</u> To Screen for TB.</p> <p><u>Performance Indicator:</u> Maintain the contractual requirements of the six RBHAs to conduct the TB screenings.</p>
<p>Status: The contractual requirements of the 6 RBHAs to conduct the TB screenings were maintained.</p>	

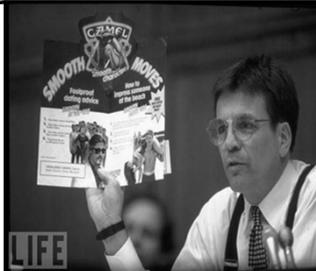
DHHS Division of Behavioral Health Synar 2013 Results

November 14, 2013



The History of Synar

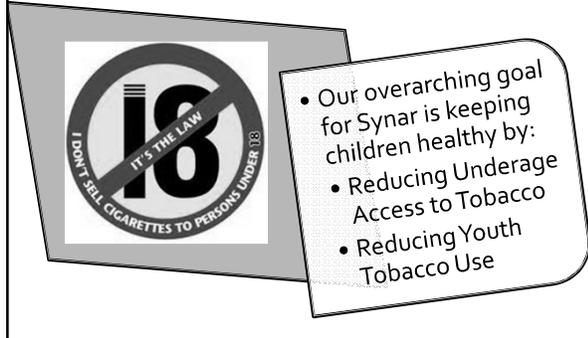
As a leader of the antismoking forces in Congress, Mike Synar introduced legislation to restrict advertising of tobacco products and to include tobacco in the list of products regulated by the FDA, and passed a bill requiring a warning label on smokeless tobacco.



What is the Synar Amendment?

- Requires that States enact and enforce laws prohibiting the sale and distribution of tobacco products to individuals under the age of 18.
- The goal of the amendment is to reduce the number of successful illegal purchases by minors to no more than 20 % of attempted buys by minors in each State.
- Synar is a critical component of the Federal Substance Abuse Prevention and Treatment Block Grant, states not in compliance risk losing up to 40% of their grant funding.

Synar in Nebraska



• Our overarching goal for Synar is keeping children healthy by:

- Reducing Underage Access to Tobacco
- Reducing Youth Tobacco Use

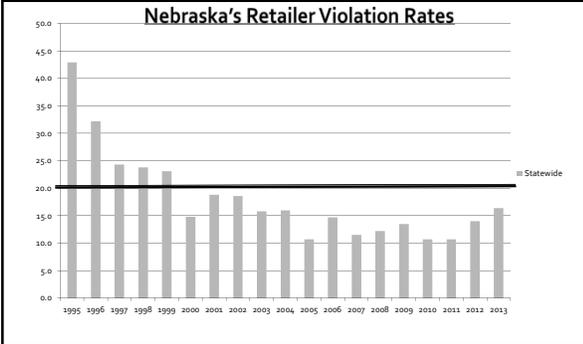
Synar Process

- Conduct annual, unannounced inspections in a way that provide a valid probability sample of tobacco sales outlets accessible to minors.
- Negotiate interim targets and a date to achieve a noncompliance rate of no more than 20 percent.
- Submit an annual report detailing State activities to enforce its law.

Synar Process

- Law enforcement follows a standardized protocol.
- Underage youth (aged 15, 16 and 17) attempts buy.
- Any entity that sells tobacco products may be visited. (This includes sellers of smokeless tobacco)
- Successful buys are issued citations by law enforcement and impact the Retailer Violation Rate.
- Retailer Violation Rate = RVR 

Over the years...



Frequency Distribution

Gender	Age	Number of Inspectors	Attempted Buys	Successful Buys
Male	14	0	0	0
	15	5	42	2
	16	3	21	0
	17	7	62	26
	Subtotal	15	125	28
Female	14	0	0	0
	15	6	78	8
	16	8	136	13
	17	5	44	14
	Subtotal	19	258	35
Grand Total		34	383	63

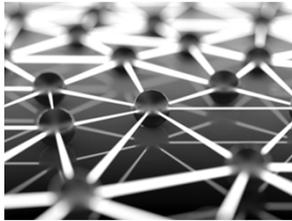
Frequency Distribution

Buy Rate in Percentage by Age and Gender

Age	Male	Female	Total
14	0.0%	0.0%	0.0%
15	4.8%	9.5%	7.5%
16	0.0%	10.0%	7.0%
17	41.9%	31.8%	37.7%
Total	22.4%	12.4%	15.7%

2013 Tobacco Compliance Checks			
Disposition Code	Description	Count	Subtotal
EC	Eligible and inspection complete outlet	383	
N1	In operation but closed at time of visit	20	
N2	Unsafe to access	7	
N7	Tobacco out of stock	1	
Total (Eligible Noncompletes)			28
I1	Out of Business	10	
I2	Does not sell tobacco products	26	
I6	Can't be located	1	
I7	Wholesale only/Carton sale only	1	
Total (Ineligibles)			38
Grand Total	Original Sample size	449	

Possible Contributors to the RVR



Possible Contributors

➤ **Limited Resources for Law Enforcement of Youth Access Laws:**

- Amount of personnel is limited.
- Inspections are completed through a voluntary overtime basis for law enforcement.
- Nebraska Legislature reduced the funding for tobacco prevention and cessation.

Possible Contributors

Challenge to meet required age distribution:

- There is to be a 40% maximum in each age group (15, 16, and 17) by both males and females.
- Nebraska continues to strive for an even 50/50 split between genders in any age group.
- This is especially hard to accomplish in rural areas.

Possible Contributors

Difficulties Recruiting Youth Inspectors:

- Youth availability in regard to time commitment and location.
- Officers are requested to have inspections conducted by youth proportionate by age to the youth in the area.

Possible Contributors

Geographic, Demographic, and Logistical Considerations in Conducting Inspections:

- Distances between communities.
- 400 plus visits are conducted over a four-month period.
- Clean Indoor Air law decreased the number of licensed retail tobacco outlets from 3600 to 2800.

Youth Tobacco Use

- Young people are sensitive to nicotine.
- Teens that use tobacco are 11 times more likely to use cocaine, heroin and other illicit drugs and 16 times more likely to drink heavily.
- The younger they are when they start using tobacco, the more likely they are to become addicted to nicotine and the more heavily addicted they become.

Nebraska Youth Risk Behavior Survey

	2011	2013
Ever tried cigarettes	39%	32%
Smoked cigarettes during the past 30 days	15%	11%
Used smokeless tobacco during the past 30 days	6%	8%
Used any tobacco during the past 30 days	19%	16%

Prevention

**TOBACCO
FREE
NEBRASKA**

for a great state of health.



For Merchants

- **Use Signs** – place labels and store signs on store doors, cash registers, and near tobacco displays informing customers that the retail outlet does not sell tobacco to youth.
- **Consider product placement** – avoid keeping stock where it is accessible to the public.
- **By having product sales go through a clerk** the chances of being asked for an ID is increased and risk of theft decreases.

FDA and The Family Smoking Prevention and Tobacco Control Act

What the Law Does:

- Grants the Food and Drug Administration authority to further restrict tobacco marketing.
- Requires detailed disclosure of ingredients, nicotine and harmful smoke constituents.
- Allows FDA to require changes to tobacco products to protect the public health.
- Regulates “reduced harm” claims about tobacco products to prevent inaccurate and misleading claims.

The Family Smoking Prevention and Tobacco Control Act

What the Law Does:

- Requires bigger, bolder health warnings.
- Fully funds FDA regulation of tobacco products through a user fee on manufacturers of cigarettes, cigarette tobacco and smokeless tobacco.
- Preserves state and local authority.

How else can we help?

- Ensure that youth tobacco access strategies are part of the State's comprehensive tobacco control plan.
- Fund additional compliance checks throughout the year or utilize coalition members to conduct non-enforcement compliance checks of tobacco retailers.
- Incentivize retailers who are in compliance.
- Utilize media to publicize compliance inspection results.

How else can we help?

- Increase merchant education and/or training.
- Increase community education regarding youth access laws.
- Develop and/or implement policy approaches.
- Community mobilization to increase support for retailer compliance with youth access laws.

Tobacco Free Nebraska (TFN)

Advertise the state's comprehensive tobacco prevention program and quitline which serves to:

- Help people quit
- Eliminate exposure to secondhand smoke
- Keep youth from starting
- Reach underserved populations

Nebraska Tobacco Quitline:
1-800-QUIT-NOW



Questions???

Please contact:

Renee Faber
Prevention System Coordinator
Office: 402-471-7772
Email: Renee.Faber@nebraska.gov





SUBSTANCE ABUSE TRIVIA part 1

1. What percentage of the 2,816 Nebraska young adults surveyed agreed or strongly agreed that bartenders and wait staff should receive responsible beverage server training?
a. 65% b. 75% c. 95% d. 100%
 2. According to the most recent roadside survey information it was determined after 9:00 pm that one of every _____ drivers on the road was legally drunk.
a. 5 b. 12 c. 20 d. 60
 3. If you operate a vehicle on Nebraska roadways, you have already given your consent to submit to a blood, breath, or urine test when asked by a law enforcement officer.
a. True b. False
 4. Binge drinking on a single occasion slows your body's ability to ward off infections even up to 24 hours after getting drunk.
a. True b. False
 5. Two consecutive nights of drinking 5 or more alcoholic beverages can affect brain and physical activities for up to _____.
a. three days b. four days c. five days d. one week
 6. No matter the size of a person, the liver will only digest one standard drink per hour.
a. True b. False
 7. Nebraska ranks _____ nationally among all states in DWI arrests per capita.
a. 4th b. 7th c. 10th d. 16th
 8. How many persons were killed on Nebraska roadways in alcohol-related crashes from 2008 to 2012?
a. 346 b. 198 c. 506 d. 928
 9. You start drinking a 6:00pm and drink steadily until 1:00am. You get a ride home and at 2:00am when you get to bed your BAC is .19. What is your BAC when get up and drive to class at 8:00am?
a. .06 b. .08 c. .10 d. .15
 10. According to the Center for Disease Control (CDC) about what percentage of alcohol consumed by U.S. young people under the age of 21 are consumed in the form of binge drinks?
a. 50% b. 75% c. 90% d. 100%
 11. Coming from a family with a history of alcoholism increases your risk for becoming an alcoholic.
a. True b. False
 12. Having an open alcohol container in a vehicle parked in a parking lot is illegal.
a. True b. False
 13. How many Nebraska Drivers have been convicted at least once for DWI?
a. 35,007 b. 78,111 c. 257,416 d. 522,171
 14. What percent of young people feel that parents *should* have a say in whether they drink alcohol?
a. 40% b. 60% c. 80% d. 50%
 15. Every convicted individual convicted of drunk driving was also guilty of binge drinking.
a. True b. False
- 



SUBSTANCE ABUSE TRIVIA part 2

- Consuming five or more alcoholic beverages in just one night can affect your brain and physical activities for up to _____.
 - few hours
 - one day
 - two days
 - three days
 - The blood alcohol content illegal level for all drivers is .08. What is the illegal limit for drivers that hold a commercial driver's license when operating a commercial motor vehicle?
 - .02
 - .03
 - .04
 - .08
 - At a .08 blood alcohol concentration level, a driver's crash risk is _____ times higher than a non-drinking driver.
 - 4
 - 6
 - 11
 - 15
 - The average financial cost of being convicted for driving while intoxicated is:
 - \$500
 - \$1,500
 - \$3,500
 - More than \$5,000
 - Females who drink as little as three to six glasses of wine or other alcoholic beverages a week increase their risk for breast cancer by about _____.
 - 4%
 - 10%
 - 15%
 - 50%
 - In 2012, the average blood alcohol level for individuals arrested for drunk driving in Nebraska was:
 - .095
 - .105
 - .161
 - .215
 - In 2012, what was the conviction rate for those that were arrested for DWI in Nebraska?
 - 75%
 - 90%
 - 97%
 - 100%
 - According to the most recent roadside survey information it was determined after 9:00 pm that one of every _____ drivers on the road was legally drunk.
 - 5
 - 12
 - 20
 - 60
 - In Nebraska, a person age 20 or younger that is convicted for minor in possession of alcohol will have their driver's permit or license impounded by the court for 30 days.
 - True
 - False
 - Your attention span is shorter for periods up to _____ after drinking.
 - 48 hours
 - 24 hours
 - 8 hours
 - 2 hours
 - Athletes who drink are _____% more likely to be injured on the court, track or field than non-drinking athletes.
 - 54%
 - 25%
 - 43%
 - 37%
 - According to the Center for Disease Control (CDC) one out of _____ U.S. adults binge drink four times a month consuming about 8 drinks per binge.
 - 6
 - 8
 - 10
 - 25
 - Alcohol has no impact on muscle growth.
 - True
 - False
 - According to the Center for Disease Control (CDC) more than _____% of the alcohol consumed by U.S. adults is in the form of binge drinks.
 - 35%
 - 45%
 - 50%
 - 90%
 - What is the number #1 reason why young people *choose not to drink*?
 - Cost
 - Parental disapproval
 - Peer pressure
 - Fear of weight gain
- 

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 2014

Location: Country Inn and Suites, 5353 No. 27th Street, Lincoln, NE 68521
 Time: 9:00 A.M. to 4:00 P.M.

February 13, 2014 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		
May 8, 2014	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 14, 2014	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 13, 2014	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.

The 103rd Legislature, 1st Session, is not in session today.

check the calendar to see legislative activity

The Legislature is adjourned SINE DIE.

Recent Legislative Information

- [2014 Session Calendar](#)
- [2013 Biennial Budget Report \(8/28/2013\)](#)
- [2013 Interim Study Book](#)
- [2013 Passed Subject and Section Index](#)
- [LR155 Tax Modernization Committee](#)
- [2013 Carryover Bills and Resolutions](#)
- [2013 After Adjournment Worksheet](#)
- [Interim Study Listing](#)
- [Priority Bill Listing](#)
- [Introduced Legislation](#)
- [Hearing schedules](#)
- [General Fund Financial Status](#)

News from the Unicameral Update

- [Economic forecasting board raises revenue projections](#)
- [Session Review: Agriculture](#)
- [Session Review: Appropriations](#)
- [Session Review: Banking, Commerce and Insurance](#)
- [Session Review: Business and Labor](#)
- [Session Review: Education](#)
- [Session Review: Executive Board](#)
- [Session Review: General Affairs](#)
- [Session Review: Government, Military and Veterans Affairs](#)
- [Session Review: Health and Human Services](#)

Search Current Bills

LB

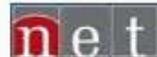
[Search Past Legislation](#)

Search Laws

Keywords

[Browse Statutes by Chapter](#)

Live Video Streaming



Streaming video provided by Nebraska Education Telecommunications

Legislative Calendar

Tuesday, November 2013

Month View						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

2014 Legislative Session*

Sun	Mon	Tues	Wed	Thur	Fri	Sat
January						
			1	2	3	4
5	6	7	8 DAY 1	9 DAY 2	10 DAY 3	11
12	13 DAY 4	14 DAY 5	15 DAY 6	16 DAY 7	17 DAY 8	18
19	20 HOLIDAY	21 DAY 9	22 DAY 10	23 DAY 11	24 DAY 12	25
26	27 DAY 13	28 DAY 14	29 DAY 15	30 DAY 16	31 DAY 17	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
February						
						1
2	3 DAY 18	4 DAY 19	5 DAY 20	6 DAY 21	7 DAY 22	8
9	10 DAY 23	11 DAY 24	12 DAY 25	13 DAY 26	14 RECESS	15
16	17 HOLIDAY	18 DAY 27	19 DAY 28	20 DAY 29	21 DAY 30	22
23	24 DAY 31	25 DAY 32	26 DAY 33	27 DAY 34	28 DAY 35	

Sun	Mon	Tues	Wed	Thur	Fri	Sat
March						
						1
2	3 RECESS	4 DAY 36	5 DAY 37	6 DAY 38	7 DAY 39	8
9	10 DAY 40	11 DAY 41	12 DAY 42	13 DAY 43	14 RECESS	15
16	17 RECESS	18 DAY 44	19 DAY 45	20 DAY 46	21 DAY 47	22
23	24 DAY 48	25 DAY 49	26 DAY 50	27 DAY 51	28 RECESS	29
30	31 DAY 52					

Sun	Mon	Tues	Wed	Thur	Fri	Sat
April						
		1 DAY 53	2 DAY 54	3 DAY 55	4 RECESS	5
6	7 DAY 56	8 DAY 57	9 DAY 58	10 DAY 59	11 RECESS	12
13	14 RECESS	15 RECESS	16 RECESS	17 DAY 60	18	19
20	21	22	23	24	25	26
27	28	29	30			

Federal & State Holidays

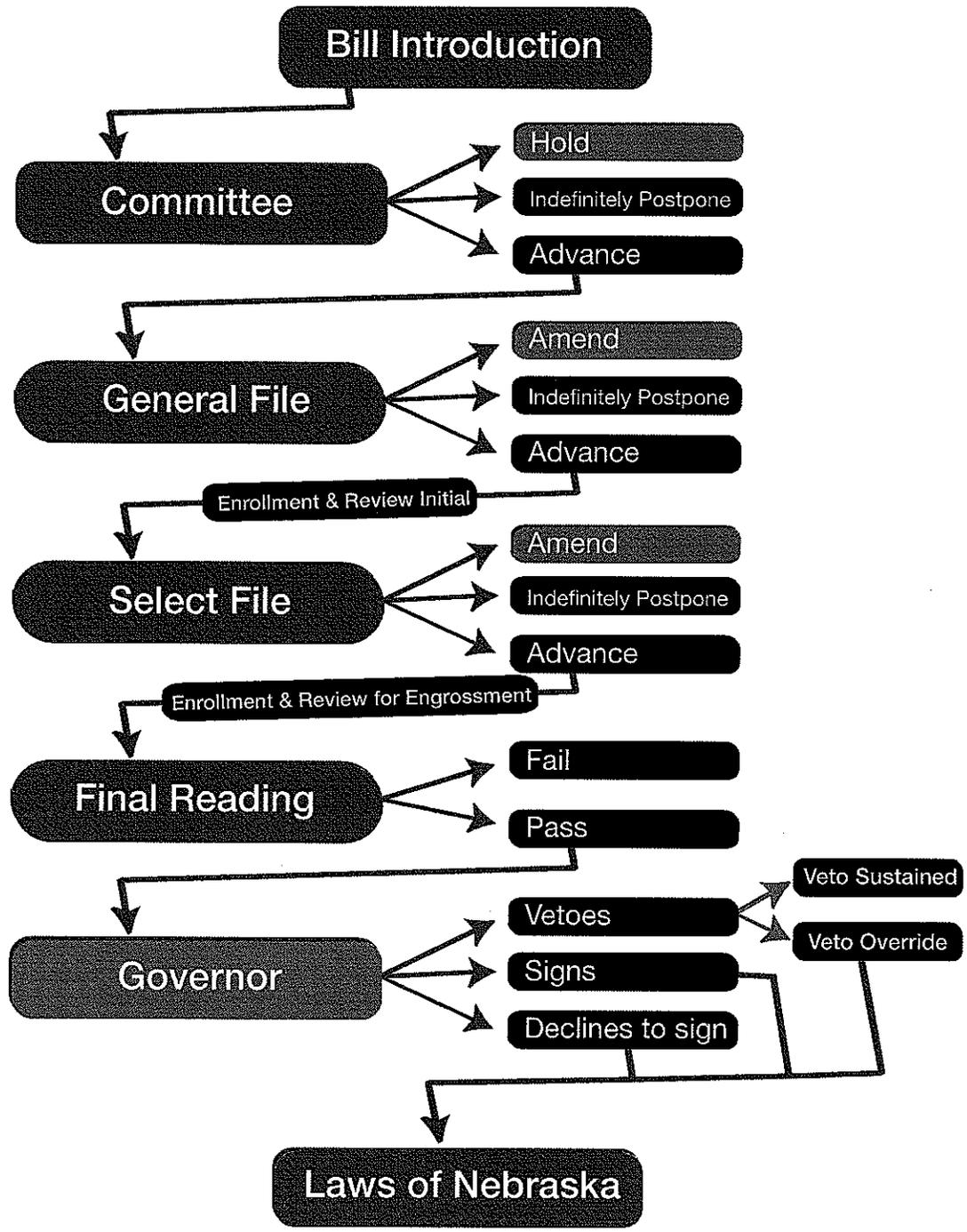
January 1 – New Year’s Day
 January 20 – Martin Luther King Jr. Day
 February 17 - Presidents’ Day
 April 25 – Arbor Day

Legislative Recess Days

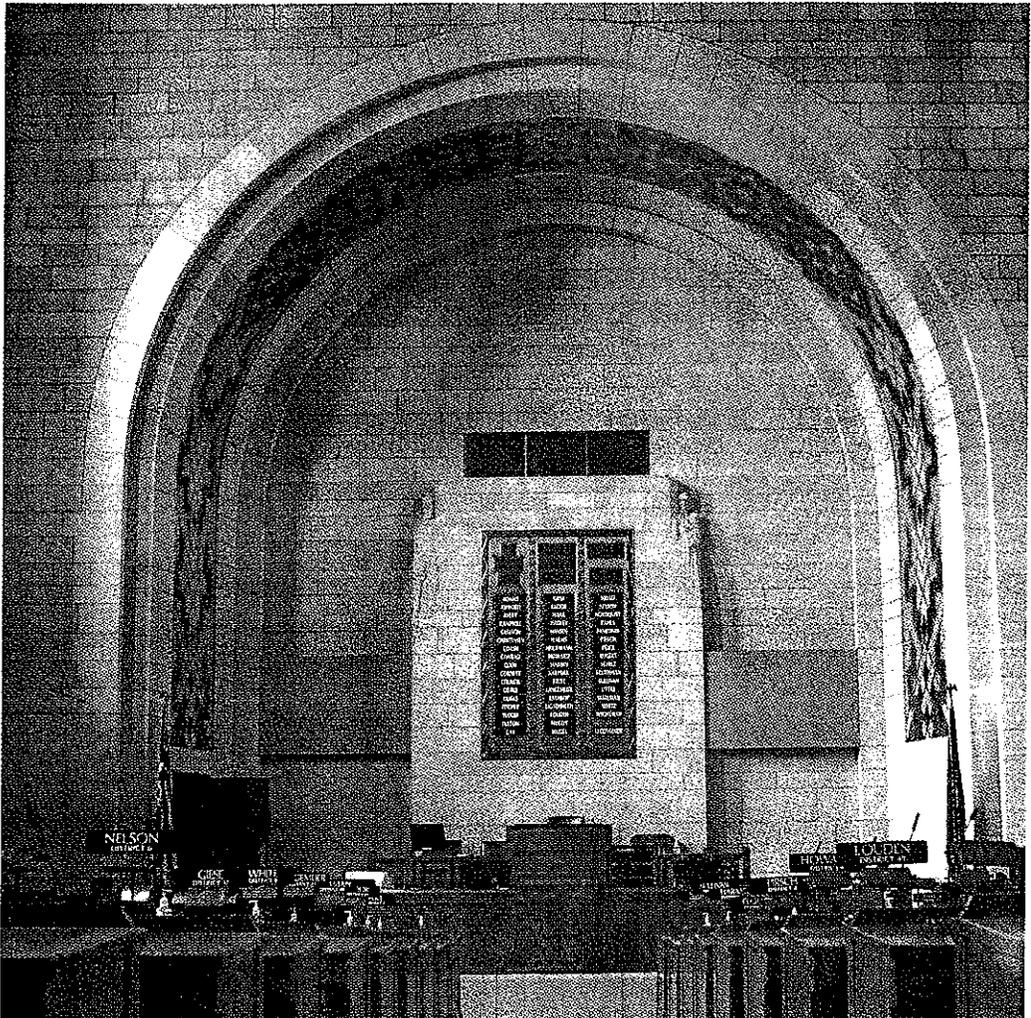
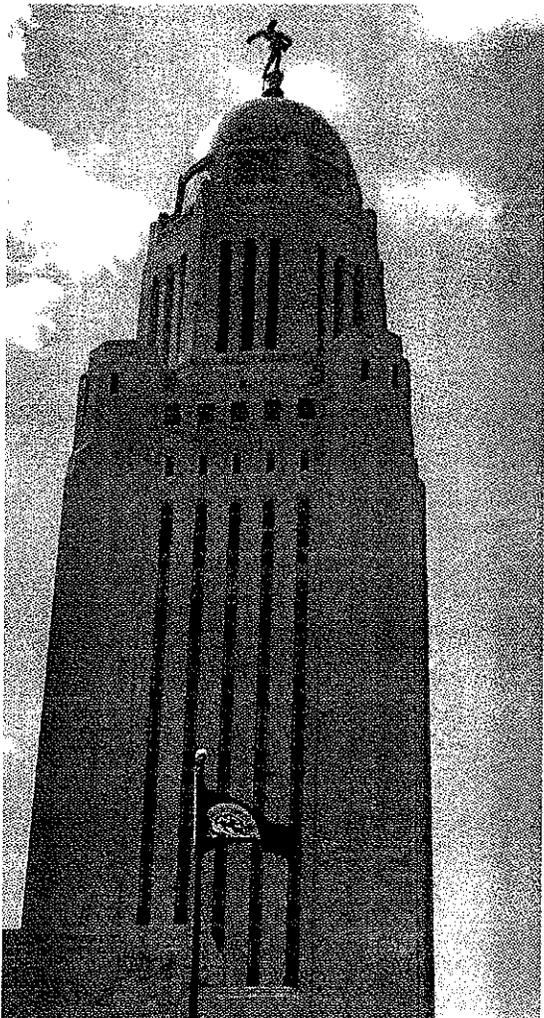
February 14
 March 3, 14, 17, 28
 April 4, 11, 14, 15, 16

*The Speaker reserves the right to revise the session calendar.

LEGISLATIVE PROCESS

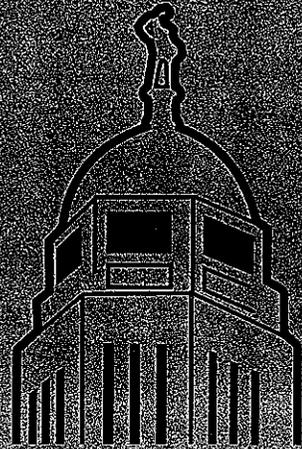


THE SALT AND PEPPER
OF THE STATE IS
THE WATCHFULNESS
OF THE CITIZEN



THE NEW

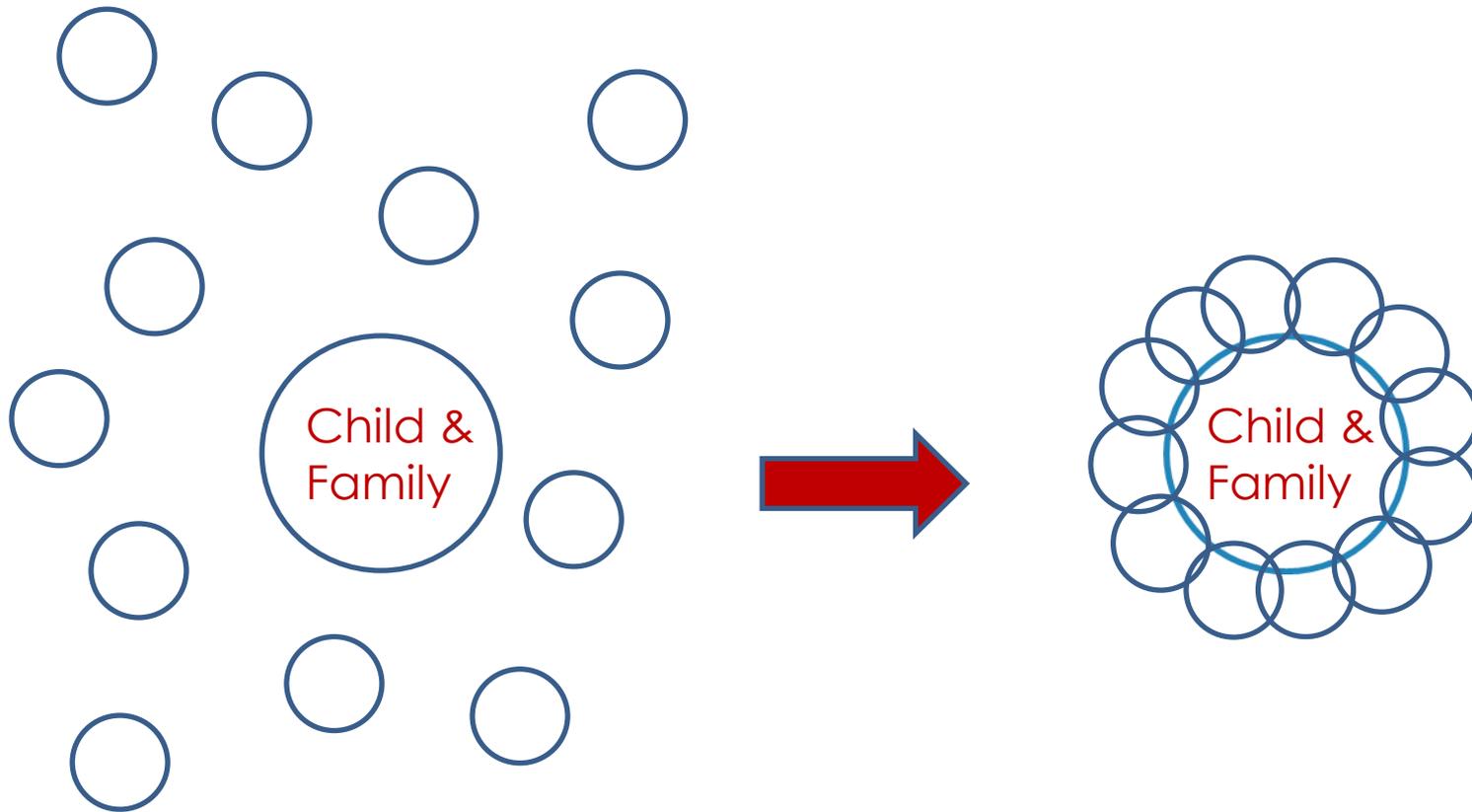
NEBRASKA
UNICAMERAL
LEGISLATURE



2013 ROSTER

ONE HUNDRED THIRD LEGISLATURE
FIRST SESSION

STATE CAPITOL
1445 K STREET

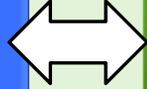


How do we get there?

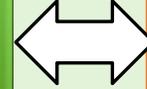
Phase 1

August -
October

PMT



DT



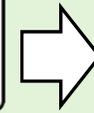
CST



Phase 2

October -
December

Assessment



CST



Phase 3

November -
May

CST

Mid-Term
DT

CST

Regional
Review
Teams



Phase 4

May - June

PMT

draft plan

DT

*Review &
Endorse*

PMT
STATEWIDE
CONSOLIDATED
PLAN

PLAN

Core Strategy Teams

Culturally and Linguistically Appropriate Systems and Services

The Culturally and Linguistically Appropriate Systems and Services Core Strategy Team (CST) is charged with developing recommendations for behavioral health systems and organizations to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. This includes recommendations for promoting, expanding and supporting the understanding of the importance of culture in serving children, youth and families, and ensuring a broad array of home- and community-based services and supports that are culturally and linguistically appropriate.

Financing Strategies

The Financing Strategies Core Strategy Team (CST) is charged with developing recommendations for identifying and improving Nebraska's financing mechanisms and using funding streams strategically to support the development of SOC infrastructure and services. This CST will function in two ways: (1) identify areas for funding change that are known and/or identified through the System of Care assessment process and (2) respond to recommendations from other CSTs that have implications for funding and finance.

Policy, Administrative and Regulatory

The Policy, Administrative and Regulatory Core Strategy Team (CST) is charged with developing recommendations to bring together the system transformation efforts of the Children's Commission and the Regional Behavioral Health Authorities. The CST will recommend state-level policy and regulatory changes to infuse and institutionalize the SOC philosophy and approach into Nebraska's larger service systems. The CST will make general policy and regulatory recommendations as well as respond to the work of other CSTs by identifying policy and regulatory barriers to SOC implementation.

Prevention and Early Intervention

The Prevention and Early Intervention Core Strategy Team (CST) is charged with developing recommendations for promoting, expanding and supporting statewide implementation of programs and policies to promote emotional health and reduce the likelihood of mental illness, substance abuse, and suicide. This CST will explore recommendations to build on primary care-behavioral health integration; early and periodic developmental screening; risk and protective factors; and early intervention. The CST will coordinate with and build on the work of Nebraska communities and entities that are currently working in the area of prevention and early intervention.

Services and Supports

The Services and Supports Core Strategy Team (CST) is charged with developing recommendations for promoting, expanding and supporting statewide implementation of a broad array of home- and community-based services and supports that are individualized, coordinated, family-/youth-driven, and culturally and linguistically competent. The CST will ensure coordination with current efforts in the child welfare system regarding Alternative Response and the Title IV-E Waiver Demonstration.

Social Marketing and Communication

The Social Marketing and Communication Core Strategy Team (CST) is charged with developing a social marketing and strategic communications plan to generate support among Nebraska communities, families and youth, high-level decision makers at state and local levels, child-serving providers, Medicaid at-risk vendor, and other key leaders to support expansion of SOC approaches.

Trauma Informed

The Trauma Informed Care Core Strategy Team (CST) is charged with developing recommendations for promoting, expanding and supporting statewide implementation of trauma informed care. The CST will build on and utilize all available data and activities, including the recent Trauma Conference held in September 2013.

Workforce Development

The Workforce Development Core Strategy Team (CST) is charged with developing recommendations for promoting, expanding and supporting statewide implementation of ongoing recruiting, training, technical assistance, and coaching to ensure that Nebraska child- and family-serving providers are prepared and skilled to provide effective services and supports consistent with the SOC philosophy and approaches.

High Fidelity Wraparound/Family Centered Practice

The High Fidelity Wraparound/Family Centered Practice Core Strategy Team (CST) is charged with developing recommendations for promoting, expanding and supporting statewide implementation of research based family centered practice models such as High Fidelity Wraparound which involve youth and families in equal partnership with systems and natural supports. The CST will also address recommendations to ensure consistency in the understanding and use of terminology regarding family centered practice. The CST will utilize all available data including 2013 evaluations and recommendations from TriWest Group regarding the Professional Partner Program.

Youth and Family Partnership

The Youth and Family Partnership Core Strategy Team (CST) is charged with developing recommendations to (1) expand and build on existing family and youth leadership and (2) promote equal partnership among youth, family and system partners in planning and implementing systems of care across all Nebraska regions.

SYSTEM OF CARE READINESS ASSESSMENT
REGIONAL SITE VISITS AND DISCUSSION GROUPS - SCHEDULE

Purpose: To better understand from stakeholders, what system-of-care components are in place in their communities/areas and perceptions about strengths, gaps and priorities for improvement.

November 12, 2013

Norfolk - Nebraska System of Care Site Visit – Region 4

Meeting Place:

Region 4 Behavioral Health System

206 Monroe Avenue

Norfolk, Nebraska 68701

(402) 370-3100

Tentative Schedule: The following is a tentative schedule for the focus groups.

Time	Track 1	Track 2
1200-1300	Provider/Stakeholder Discussion Group	Provider/Stakeholder Discussion Group
1400-1500	Provider/Stakeholder Discussion Group	Provider/Stakeholder Discussion Group
1600-1700	Family Discussion Group	Youth Discussion Group
1700-1800	Provider/Stakeholder Discussion Group	Provider/Stakeholder Discussion Group
1800-1900	Family Discussion Group	Youth Discussion Group

November 14, 2013

North Platte - Nebraska System of Care Site Visit – Region 2

Meeting Place:

Region II Human Services

110 N. Bailey

North Platte, NE 69103

(308) 534-0440

Tentative Schedule: The following is a tentative schedule for the Discussion groups.

Time	Track 1	Track 2	
1000-1130	Public Policy Center available to conduct calls with key stakeholders identified by Region 2, the DHHS Service Area or SPEAK OUT		
1130-1330	Provider/System Partner Discussion Group 1	Provider/System Partner Discussion Group 2	Provider/System Partner Discussion Group 3
1330-1430	Meeting with Region 2, Western Service Area and SPEAK OUT		
1430-1600	Possible meeting with Judges		
1600-1730	Family Discussion Group 1	Youth Discussion Group 1	Possible meeting with judges
1730-1800	BREAK		
1800-1930	Family Discussion Group 2	Youth Discussion Group 2	

November 15, 2013

Scottsbluff - Nebraska System of Care Site Visit – Region 1

Meeting Place:

Region 1 Regional Administrator
4110 Avenue D
Scottsbluff, NE 69361

(Tele-health sites may be available in other Panhandle communities to access discussion groups)

Tentative Schedule: The following is a tentative schedule for the focus groups.

Time	Track 1	Track 2
1030-1200	Provider/System Partner Discussion Group	Provider/System Partner Discussion Group
1200-1330	Provider/System Partner Discussion Group	Provider/System Partner Discussion Group
1330-1430	Meeting with Region 1, Western Service Area and SPEAK OUT	
	BREAK	
1600-1730	Family Discussion Group 1	Youth Discussion Group 1
1730-1800	BREAK	
1800-1930	Family Discussion Group 2	Youth Discussion Group 2

November 18, 2013

Kearney & Grand Island - Nebraska System of Care Site Visit - Region 3

Meeting Places:

Kearney

Region 3 Behavioral Health Services
4009 6th Ave., Suite 65
Kearney, NE 68847
(308) 237-5113

Grand Island

Home Federal Bank
3311 W. Stolley Park Rd.
Grand Island, NE 68802

Tentative Schedule: The following is a tentative schedule for the discussion groups.

Time	Track 1	Track 2
0900-1045	Grand Island Provider/Stakeholder Discussion Groups Round 1	
1045-1200	Grand Island Provider/Stakeholder Discussion Groups Round 2	
1200-1330	Break	
1330-1445	Kearney Provider/Stakeholder Discussion Groups Round 1	
1445-1600	Kearney Provider/Stakeholder Discussion Groups Round 2	
1600-1715	Family Discussion Group 1 - Kearney	Youth Discussion Group 1 - Kearney
1715-1800	BREAK	
1800-1915	Family Discussion Group 2 - Kearney	Youth Discussion Group 2 - Kearney

November 20, 2013

Lincoln - Nebraska System of Care Site Visit – Region 5

Meeting Place:

Region 5 Behavioral Health Services

1645 “N” Street

Lincoln, NE 68508

(402) 441-4343

Tentative Schedule: The following is a tentative schedule for the discussion groups.

Time	Track 1	Track 2
0830-0930	Meeting with Region 5, service area and family org administrators	
0930-1045	Provider/Stakeholder Discussion Groups	
1045-1200	Provider/Stakeholder Discussion Groups	
1200-1330	Break	
1330-1445	Provider/Stakeholder Discussion Groups	
1445-1600	Provider/Stakeholder Discussion Groups	
1600-1715	Family Discussion Group 1	Youth Discussion Group 1
1715-1800	BREAK	
1800-1915	Family Discussion Group 2	Youth Discussion Group 2

November 22, 2013

Omaha - Nebraska System of Care Site Visit – Region 6

Meeting Place:

Region 6 Behavioral Health Services

3801 Harney Street

Omaha, NE 68131

(402) 444-6573

Tentative Schedule: The following is a tentative schedule for the discussion groups.

Time	Track 1	Track 2
0830-0930	Meeting with Region 6, service area and family org administrators	
0930-1045	Provider/Stakeholder Discussion Groups	
1045-1200	Provider/Stakeholder Discussion Groups	
1200-1330	Break	
1330-1445	Provider/Stakeholder Discussion Groups	
1445-1600	Provider/Stakeholder Discussion Groups	
1600-1715	Family Discussion Group 1	Youth Discussion Group 1
1715-1800	BREAK	
1800-1915	Family Discussion Group 2	Youth Discussion Group 2

Below are the is the general guide for focus group/interview questions and the definitions of System of Care and High Fidelity Wraparound that will be provided to participants. Participants will also be offered the opportunity to complete the System of Care survey immediately after the focus group/interview. The survey may be accessed at:

<http://go.unl.edu/nesoc>



System of Care Focus Group/Interview Questions:

1. How are child or youth/family systems working together in your community developing systems of care (see definition)?
 - a. What does interagency collaboration look like here?
 - b. What elements are in place?
 - c. What are the strengths of your community in this area?
 - d. What are the needs?
 - e. What are the barriers?
 - f. What exists that hasn't been helpful?
 - g. What financing strategies support systems of care (optional depending on group)?
 - h. What social marketing efforts are there to promote systems of care?
2. How are systems and organizations developing high-fidelity wraparound in your area (see definition)?
 - a. Strengths
 - b. Gaps
3. How are families and youth involved in these efforts?
 - a. Strengths
 - b. Gaps
4. What are the service strengths and gaps in your community?
 - a. Array of evidence based/effective services?
 - b. Trauma informed care?
 - c. Prevention?
 - d. Training/workforce development?
 - e. Culturally and linguistically appropriate services?

5. What else could improve the State/community's approach to improving the lives of youth and families?

If you prefer to answer these questions in writing, responses may be sent to shutter@nebraska.edu

Definitions

System of Care

An approach in which many agencies at the state and local levels work together and in partnership with families and youth to develop youth-guided and family directed services for children and adolescents with multi-system needs. Systems of Care include:

- A full array of effective services
- Coordination of care across child-serving systems
- A community interagency team that includes youth and families that makes decisions to improve systems and services
- Improving training and capacity to provide culturally and linguistically appropriate services, and
- Coordination of funding to maximize resources across systems.

A System of Care also includes state and community agencies working together to improve services for youth and families. These agencies may represent mental health, substance abuse, child welfare, juvenile justice, education, medical care, public health, developmental disabilities and other systems.

High-Fidelity Wraparound

Sometimes referred to as Family Centered Practice or Individualized Care, this approach includes:

- A child and family teams consisting of all the systems and agencies involved in care
- An interagency community team to joint planning and decision making about development and implementation of wraparound
- Flexible funding to address the unique needs of each youth and family
- Plans of care that are coordinated across agencies and directed by families and guided by the youth
- Access to individualized services that are effective and informal supports provided by family members, friends, and community members
- A focus on monitoring fidelity to the wraparound process and achieving outcomes relevant to youth and families.



Department of Health and Human Services
SYSTEM OF CARE PLANNING PROJECT
Stakeholder Kick-Off
October 29, 2013
Cornhusker Marriott, Lincoln, NE

NOTES



Scan

into your phone or tablet to take the **SOC Readiness Survey** or go to <http://go.unl.edu/nesoc>.

January 28, 2014 – Kearney

SAVE THESE DATES

May 14, 2014 – Lincoln

Next System of Care Meetings

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System of Care Planning Project
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