

Nebraska Division of Behavioral Health

Office of Consumer Affairs People's Council

February 9, 2016

9:40 am-3:30 pm

Lincoln Community Foundation Building

215 Centennial Mall south, 5th Floor

Meeting Minutes

I. Meeting Minutes Call to Order/Welcome/Roll Call/Meeting Minutes *Chairman Lisa Casullo/ Cynthia Harris*

Chairperson, Lisa Casullo, called the meeting to order at 9:40 AM, February 9, 2016. Cynthia Harris, Division of Behavioral Health Office of Consumer Affairs (DBH OCA) Council Facilitator, welcomed committee members and others present to the meeting.

The Open Meetings Law was posted in the meeting room and it was noted that public comment is welcomed throughout the meeting. Lucy Flores instructed attendees to sign in. Roll call was conducted and a quorum was determined. Harris noted the agenda (handout A) no changes needed.

Council Members in Attendance: Phyllis McCaul, Nancy Rippen, Mary Thunker, Kimberly Strong, Jennifer Ihle, Jonathan Koley, Lisa Casullo, and Scott Loder.

DHHS Staff present: Cynthia Harris, Loretta (Jan) Goracke, Lucy Flores, Sheri Dawson, Linda Wittmuss, Todd Stull, Anthony Walters, and Tamara Gavin

Motion to Approve Minutes *Cynthia Harris and Chairperson Lisa Casullo*

Harris introduced the minutes from November 03 2015 (handout B). Hearing no significant corrections to the revised meeting minutes or comments, Chairperson Casullo called for a motion to approve the November 03, 2015 meeting minutes. Motion to approve was made by Thunker and seconded by Rippen the motion passed.

II. Member vote of charter, bylaws, and application. Selection of Executive Committee.
Harris

Cynthia had the members review the final draft documents for the charter (handout C), bylaws (handout D), and the applications (handout E). With the change of adding the word "the" in one location there was no other comments. A motion was made to approve the charter by Loder and seconded by Thunker. The motion was carried by general consent. A motion was made to approve the bylaws by Thunker and seconded by Ihle. The motion was carried by general consent. A motion was made to approve the application for appointment to the OCA People's council by Thunker and seconded by Ihle. The motion was carried by general consent.

III. Director update and introduction of DBH Leadership

DBH Leadership

Sheri Dawson, Director, Director of Division of Behavioral Health, Tamara Gavin, Deputy Director of Community-Based Services, Anthony Walters, newly appointed CEO of the Nebraska Regional State Hospitals, Dr. Todd Stull, Chief Clinical Officer for Division of Behavioral Health and Medicaid Long Term Care, and Linda Wittmuss, Deputy Director for System Integration introduced themselves to the Council and discussed their vision for DBH.

Sheri Dawson announced the resignation of Carol Coussons de Reyes, a job opening has been posted for a Consumer Affairs employment site. Everyone is encouraged to recommend and/or refer well qualified applicants. Discussion then turned to the council's recommendations for the hiring process. Dawson welcomed recommendations from the council.

IV. Selection of Executive Committee, cont.

Harris

Council members discussed a selection process for nominations of the executive committee and then decided as a group in how they would like to proceed. Interested parties were asked to write their names under the seat they had an interest in. After all members had an opportunity to write their name on the white board, council members were then able to anonymously write on a sheet of paper which individual they would like to nominate for the executive committee seat. After the first round of initial recommendations took place it was identified that one of the categories needed to have another round of recommendations. Once all recommendations were finalized the council members identified three individuals to occupy the executive committee of the council. A motion was made by Ihle and seconded by Koley to accept the following:

Chairperson- Lisa Casullo
Vice Chair-Person- Scott Loder
Secretary- Jennifer Ihle

V. Group discussion: the DBH 2016 Strategic Plan and OCA People's Council.

Harris

The group was presented with the DBH 2016 Strategic Plan, referred to as the Bridger document, (handout F). The group broke into small groups and reviewed the strategic plan. The group then reported out on how the Council could be a part of specific initiatives identified in the plan. The group identified a tentative agenda for activities that would occur in various months.

Feb- Council approves charter, bylaws, application for appointment, send recommendations to Director for hiring of the OCA Administrator, Present at the Joint Advisory Meeting, Peer Support Training begins, and council members have a one hour conference call on planning.

March – Council members participate in site visits from the Technical Assistance Collaborative on March 8th and 9th. A second peer support training begins in York, NE.

April– Draft of LRC Peer Bridger implementation plan- members of council are a part of the workgroup. The Technical Assistance Collaborative will make second site visit.

May- People's council will host a meeting on May 12th. Have DBH emergency system coordinator discuss work with cross systems. Provide recommendations for work of OCA office. Discuss TAC site visits.

June- Behavioral Health Conference, Peer Support Training in Region 6

July- Consumer Coordination for FY 17

August – Council to host a meeting on August 2nd. Council review Peer Support Workforce survey results. Peer Council to debrief the Behavioral Health conference.

VI. Adjournment and next meeting

Harris introduced handouts G, H, I, & J for the members review. Harris invited members to attend the upcoming Joint Advisory Committee Meeting: State Advisory Committee on Mental Health Services (SACMHS) & State Advisory Committee on Substance Abuse Services (SACSAS), February 18, 2016/ 9:00 am – 3:40 pm Lincoln, NE – Country Inn & Suites. At this meeting Harris and Council members will present and be introduced as an official subcommittee of the SACMHS and SACSAS.

The next OCA People's Council meeting is scheduled May 12, 2016, 09:30 am – 3:00 pm. The meeting location will be at the Lincoln Community Foundation Building, 215 Centennial Mall S, Lincoln, NE.

Meeting was adjourned

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings. 02-09-2016 Meeting Minutes

Nebraska Office of Consumer Affairs People's Council
 Lincoln Community Foundation Building
 215 Centennial Mall South, 5th Floor
 Lincoln, Nebraska
 February 09, 2016
 9:30 AM – 03:15 PM
 Draft Agenda

A

Public comments are welcome throughout the meeting.

Chairman Casullo & Cynthia Harris	Welcome, Open Meetings Law, public comment, attendance, quorum, housekeeping, & review of November meeting minutes.	9:30 am - 10:00 am
Cynthia Harris	Member vote of charter, bylaws, and application. Selection of Executive Committee	10:00 am -10:45 am
Break		10:45 am -11:00 pm
DBH Leadership	Director update and introduction of DBH Leadership	11:00 am -12:00 pm
Lunch on your own		12:00 pm - 01:00 pm
Cynthia Harris	Member vote of charter, bylaws, and application. Selection of Executive Committee... Continued	01:00 pm - 01:30 pm
Cynthia Harris	Group Discussion: the DBH 2016 Bridge Strategic Plan and OCA People's Council... Next Steps	01:30 pm - 03:00 pm
Chairman Casullo	Adjourn	03:00 pm - 03:15 pm

If you have any questions or would like more information, please feel free to contact:

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http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_mhadvo.aspx

Nebraska Division of Behavioral Health

Office of Consumer Affairs People's Council
November 3, 2015 9:35 am-3:15 pm
Lincoln Community Foundation Building
215 Centennial Mall south, 5th Floor
Meeting Minutes

B

I. Call to Order/Welcome/Roll Call

Cynthia Harris

Cynthia Harris, Division of Behavioral Health Office of Consumer Affairs (DBH OCA) Council Facilitator, welcomed committee members and others present to the meeting. Harris noted the agenda (**handout A**) was updated with the meeting start time to accommodate a scheduling conflict. The Open Meetings Law was posted in the meeting room and it was noted that public comment is welcomed throughout the meeting. Lucy Flores instructed attendees to sign in. Roll call was conducted and a quorum was determined.

Council Members in Attendance: Phyllis McCaul, Nancy Rippen, Mary Thunker, Kimberly Strong, Jennifer Ihle, Jonathan Koley, Lisa Casullo, Ryan Kaufman, Tammy Fiala, and Scott Loder.

DHHS Staff in Attendance: Cynthia Harris, Lucy Flores, Loretta Goracke

Members of the Public: Ken Timmerman and Marlene Sorenson

Motion to Approve Minutes

Cynthia Harris and Chairperson Lisa Casullo

Cynthia Harris introduced the minutes as written (**handout C**) and as revised (**handout D**). Jonathan Koley noted a misspelling of his name to be corrected. Hearing no other significant corrections to the revised meeting minutes or comments, Chairperson Casullo called for a motion to approve the June 09, 2015 meeting minutes as revised. Moved by Thunker and seconded by Ihle the motion passed.

II. Peer Support Training and Testing Updates, Current OCA Contracts

Cynthia Harris

Cynthia Harris reviewed upcoming testing dates and an overview of current Office of Consumer Affairs contracts. The following dates were coordinated to administer the exam to obtain certification for Certified Peer Support and Wellness Specialists. Harris indicated that all exam dates are posted online along with the application and encouraged council members to spread the word about upcoming dates.

Date	Location
Monday October 26th	Lincoln
Monday November 2nd	Omaha
Tuesday November 10th	Omaha
Thursday November 12th	Lincoln
Tuesday November 17th	Lincoln
Monday November 30th	Omaha
Monday December 7th	Lincoln
Thursday December 10th	Lincoln
Tuesday December 15th	Lincoln
Tuesday January 5th	Lincoln

Overview of Contracts

1. Trilogy (**handout E**) , \$108,000.00- Network of Care monthly maintenance
2. League of Human Dignity, \$7,650.00- Honorariums to designated facilitators of Peer Support Training, Artists of the Arboretum, designated OCA People's Council Members, and other designated participants. Designations will be made by DHHS.
3. NAMI (**handout F**) \$24,356.00- Newsletters, nine (9) each, Stories (videos), twenty (20) each, Webinars, three (3) each, Trainings, four (4) each,
4. Annual Behavioral Health Conference, \$100,000.00

The council also spent time discussing the peer support training and certification in Nebraska. Time was spent discussing the following: need for a list of certified people, available jobs, and the Behavioral Health Education's project – Project Propel. Harris stated that she is excited for the group work on collecting feedback and encouraged members to be a part of the process if they were not already involved.

III. Review Charter and Bylaws & Linkage to Joint Advisory Committees

Cynthia Harris

Harris introduced handouts **G, H, I, J, and K** for this activity. The Council spent time reviewing the draft charter and familiarize themselves with LB 1083, 206 NAC 2, and the DHHS DBH Prevention Advisory Council. Harris stated that Director Dawson would like to continue the work of formalizing the People's Council as a subcommittee of the Joint Advisory Committees. To do so, the council will need to create a charter, bylaws, and clarify the linkage. Draft documents were presented to the group and the group made the following recommendation for revision to the draft charter (**handout H**)

Page 1. (b) Provide recommendations to guide the Division relating to the development, implementation, provision, and funding of ~~recovery-oriented~~ behavioral health services, such as organized peer support, wellness, and recovery services, * changes will be made throughout document to reflect language change from recovery oriented to behavioral health. The group had discussion on how personal lived experienced shall be defined for the purposes of council membership. Thorough dialogue took place, however a decision was not made. Casullo recommended to further discuss at a later time.

After the scheduled lunch, Harris indicated that the Council would be without a chairperson due to an absence. The Council agreed that they wanted to make a motion to select a temporary vice chairperson to assume the duties of the chair in order for the meeting to resume. Koley volunteered. A motion was made by Ihle, and seconded by Jonathan Koley. The meeting proceeded and vice chair Jonathan Koley opened the meeting. The group moved into a review of (**Handout G**) and discussion of the membership of the council and how it should be structured moving forward. Harris initiated a group activity. Activity 1. List of perspectives that the council needs, Activity 2. Cross compare- what members provide the needed perspectives identified in activity 1.

After a review of the membership structure in (**Handout G**) it was discussed that we may benefit from an additional member. It was identified that there are the following key missing perspectives: correctional system and LGBTQI. Discussion was had around how we could leverage existing openings or if we needed to add another membership spot. The Council was not able to finalize a decision and decided that it would be best to discuss at a future meeting.

IV. Review Application Process and New Member Orientation

Cynthia Harris

Harris introduced handouts **L, M, N, and O** for this activity. Council members recommended that the old version (**handout M**) of the application be discontinued and the new application (**handout M**) be adopted with the following changes: add more language from the charter, instead of submission of resume persons shall submit relevant experiences, add information about lived experience once council members agree upon how it shall be defined for membership purposes.

Due to time constraints, Council was not able to review the draft new orientation training (**handout N**). Harris instructed members to review and provide feedback if they were able, it will also be revisited at the next meeting.

Due to running out of time to complete all tasks, select members mentioned that they would be willing to get together to help prepare for the February meeting. Harris was thrilled and appreciated the excitement that the Council had to continue the work. Harris will speak to Director Dawson and then work to send out a meeting invite for small group work to prepare for the upcoming meeting.

VI. Adjournment and next meeting

Harris introduced handouts **O, P, Q, & R** for the members review. Harris invited members to attend the upcoming Joint Advisory Committee Meeting: State Advisory Committee on Mental Health Services (SACMHS) & State Advisory Committee on Substance Abuse Services (SACSAS), November 19, 2015/ 9:00 am – 3:40 pm Lincoln, NE – Country Inn & Suites.

The next OCA People's Council meeting is scheduled for February 09, 2016, 09:30 am – 3:00 pm. The meeting location will be at the Lincoln Community Foundation Building, 215 Centennial Mall S, Lincoln, NE.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings. 11-03-2015 Meeting Minutes

**The Nebraska Department of Health and Human Services Division of Behavioral Health
Office of Consumer Affairs People's Council**

Charter

C

PURPOSE

The Nebraska Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs (OCA) People's Council is chartered to provide state and regional leadership while utilizing personal lived experience to advocate for systems transformation as well as identify and advocate for a Recovery Oriented System of Care. The council is chartered to serve as the: (a) planning council of the Nebraska Office of Consumer Affairs, and (b) as a subcommittee of the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814). Through the above mentioned functions, the Nebraska OCA People's Council will provide recommendations to guide the Department of Health and Human Services Division of Behavioral Health, including the OCA, and related state agency partners on ways to best support adults, children, and their families in the journey of healing, recovery, resiliency, and personal transformation. The Council will: (a) conduct regular meetings, (b) provide recommendations to guide the Division relating to the development, implementation, provision, and funding of behavioral health services, such as organized peer support, wellness, and recovery services, (c) 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, (d) provide reports as requested by the Division, and (e) 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.

For the purposes of this council, personal lived experience shall be defined by the individual and shall be considered as experience as a former or current recipient of behavioral health services, or a caregiver/family member of a person receiving services in which the experience has significantly impacted their lives.

For all other definitions, please refer to 206 NAC 2

[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-206/Chapter-02.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-206/Chapter-02.pdf)

Objectives

The OCA Council objectives are as follows:

1. To serve as a sub-committee of the State Advisory Council on Substance Abuse Services, and, the State Advisory Committee on Mental Health Services.
2. To provide recommendations to guide the Department of Health and Human Services, Division of Behavioral Health and related state agency partners on ways to best support adults, children and their families in the journey of healing, recovery, resiliency and personal transformation.
3. To provide recommendations to guide the Division relating to the development, implementation, provision and funding of behavioral health services.
4. To 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.

RATIONALE

Consumer involvement is a priority in all aspects of service planning and delivery (§ 71-803) and the Office of Consumer Affairs Council provides an avenue for key stakeholders with personal lived experience to support this priority. As the Nebraska Behavioral Health system continues to transform, it is necessary to implement formal and strategic system links with other key stakeholders in order to expand consumer involvement in service planning and delivery in Nebraska.

MEMBERSHIP

The OCA council shall consist of fourteen (14) members appointed by the Director of the Division of Behavioral Health.

Candidates shall seek appointment by formally applying to the DBH OCA Office.

All members of the council shall have personal lived experience. The Council shall consist of members who 1) have demonstrated a positive interest and capacity to work for system enhancement and, 2) can provide behavioral health expertise and perspective, in addition to co-occurring perspective, as well as other diversity such as rural/urban, Tribal, racial/ethnic/linguistic, life span, and other diverse communities. The following appointments shall be filled with respect to the above requirements.

- Six (6) Regional Representatives; preference is given to the Regional Consumer Specialist (RCS) from each region. If a RCS has not been appointed by the Regional Behavioral Health Authority (RBHA), then a member shall serve in an interim position until a RCS has been hired by the RBHA
- Two (2) Caregiver/Family Representatives
- Two (2) Transition Age Youth/Young Adult Representatives
- One (1) Representative from a Managed Care Organization or Integrated Healthcare Organization
- One (1) Representative of Regional Center System
- Two (2) Representatives at large (Adult, Youth, or Family/Caregiver- not represented in above membership).

STRUCTURE

The OCA Council will hold quarterly meetings to accomplish the objectives and address other ongoing systems issues.

Candidates for membership will seek appointment by formally applying to the Division of Behavioral Health’s Office of Consumer Affairs.

Members will be appointed by the Director of the Division of Behavioral Health for two year terms, unless otherwise designated by the Director.

Council members select council officers at the fall meeting for one year terms. Officers include: Chairperson, Vice-Chairperson, and Secretary.

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

The OCA People’s Council will receive additional organizational direction by referring to their By Laws.

AFFILIATED TOPIC WORKGROUPS

State Advisory Committee on Mental Health Services and State Advisory Committee on Substance Abuse Services, Joint Committee

By signature, the Executive Committee of the Nebraska OCA People’s Council hereby formally adopts this charter.

Council Chairperson Date

Council Vice-Chairperson Date

Council Secretary Date

Helping People Live Better Lives
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The Nebraska Department of Health and Human Services Division of Behavioral Health
Office of Consumer Affairs People's Council
By-Laws

D

Article I – Name of Organization

The name of the organization shall be the Nebraska Office of Consumer Affairs People's Council (OCA).

Article II – Purpose

Section 1

The Nebraska Department of Health and Human Services Division of Behavioral Health (DBH) Office of Consumer Affairs (OCA) People's Council is chartered to provide state and regional leadership while utilizing personal lived experience to advocate for systems transformation as well as identify and advocate for a Recovery Oriented System of Care. The council is chartered to serve as the: (a) planning council of the Nebraska Office of Consumer Affairs, and (b) as a subcommittee of the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814). Through the above mentioned functions, the Nebraska OCA People's Council will provide recommendations to guide the Department of Health and Human Services Division of Behavioral Health, including the OCA, and related state agency partners on ways to best support adults, children, and their families in the journey of healing, recovery, resiliency, and personal transformation. The Council will: (a) conduct regular meetings, (b) provide recommendations to guide the Division relating to the development, implementation, provision, and funding of behavioral health services, such as organized peer support, wellness, and recovery services, (c) 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, (d) provide reports as requested by the Division, and (e) 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.

For the purposes of this council, personal lived experience shall be defined by the individual and shall be considered as experience as a former or current recipient of behavioral health services, or a caregiver/family member of a person receiving services in which the experience has significantly impacted their lives.

For all other definitions, please refer to 206 NAC 2

[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-206/Chapter-02.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health%20and%20Human%20Services%20System/Title-206/Chapter-02.pdf)

Section 2: Function as the OCA People's Council

“Serve as the DBH OCA’s planning council” requires the following duties:

(1) to review information provided to the Council by the DBH Community-Based Services (CBS)/ OCA and to submit to the OCA any recommendations of the Council for modifications to the information (2) to serve as an advocate for adults, children, and their families who have been impacted by behavioral health conditions, including mental illness, severe emotional disturbance, substance use disorders, and co-occurring disorders (3) provide reports as requested by the Division, and (4) engage in such other activities as directed or authorized by the Division.

Section 3: Function as a Subcommittee of State Advisory Committees

“Serve as a subcommittee of the State Advisory Committee on Substance Abuse Services and the State Advisory Committee on Mental Health Services” requires the following duties:

1. When requested, OCA Council members shall
 - a. Review State Advisory Committee meeting minutes and provide recommendations and feedback (b) attend Committee meetings as a member of the public (c) participate in the creation of reports, updates, and/or presentations that will be delivered.
2. Council members with dual appointment* shall
 - a. Attend both OCA Council and State Advisory Committee meetings (b) when requested, shall report to the Council and Advisory Committees on relevant information, participate in presentations, and/or other activities as designated.

*Dual appointment refers to an individual who has received two separate appointments (1) by the Division of Behavioral Health Director to the OCA People’s Council and (2) by the Nebraska State Governor to a State Advisory Committee (mental health or substance use).

Section 4: Mission and Vision of Council

Mission

The Council will utilize personal lived experience to identify and advocate for an integrated recovery oriented behavioral health system which supports adults, children, and their families.

Vision

All Nebraskans impacted by behavioral health conditions will live a life that is of quality and will have access to effective services, supports, education, and resources to assist them in reaching their fullest potential.

Article III – Membership of Council

Section 1: Appointments and Applications

Appointments: The OCA council shall consist of fourteen (14) members appointed by the Director of the Division of Behavioral Health.

Application to be appointed: Candidates shall seek appointment by formally applying to the DBH OCA Office.

Application Review Process: The OCA Office shall convene the executive committee to coordinate and process new applications. The executive committee consists of the Chair, Vice-Chair, and Secretary. Application reviews happen at a minimum one time per year. Once information has been collected and reviewed, the group will report out to the Council. After a review of the report, Council members will then make recommendations to the Division Director for appointments.

Section 2: Length of Term

Length of Term: The length of term is two years, unless otherwise designated by the Director.

Section 3: Attendance

Attendance: A member who has two consecutive absences without prior notification shall be contacted by the OCA regarding his/her intentions for future participation in the Council. If the person indicates he/she is not able to participate, the OCA can request he/she formally resigns from the Council. Formal resignation shall be in writing and is to be submitted to the Office of Consumer Affairs Administrator and the Director of the Division of Behavioral Health.

If a council member has two consecutive absences without prior notification and attempts by the OCA to contact the council member have been unsuccessful, the OCA will inform the Division Director and discuss the possibility of termination of the council appointment.

The OCA staff will maintain attendance and submit to Chairperson upon request.

Section 4: Quorum

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

Section 4: Membership

Membership structure (N=14) - All members of the council shall have personal lived experience. The Council shall consist of members who can provide behavioral health expertise and perspective, in addition to co-occurring perspective, as well as other diversity such as rural/urban, Tribal, racial/ethnic/linguistic, life span, and other diverse communities. The following appointments shall be filled with respect to the above requirements.

- Six (6) Regional Representatives; preference is given to the Regional Consumer Specialist (RCS) from each region. If a RCS has not been appointed by the Regional Behavioral Health Authority (RBHA), then a member shall serve in an interim position until a RCS has been hired by the RBHA
- Two (2) Caregiver/Family Representatives
- Two (2) Transition Age Youth/Young Adult Representatives
- One (1) Representative from a Managed Care Organization or Integrated Healthcare Organization
- One (1) Representative of Regional Center System
- Two (2) Representatives at large (Adult, Youth, or Family/Caregiver- not represented in above membership.)

Section 5: Conflicts of Interest

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 immediately notify the Office of Consumer Affairs Administrator. A member shall disclose any potential conflict to the Council 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 IV – Officers

Section 1: Selection

Article IV - Officers of the Council

Section 1: Duties

The duties of the Officers shall be:

Chairperson – Preside at all Council and Executive meetings and:

1. Assist in development of the meeting agenda
2. Maintain order, explain and decide all questions of the order
3. Attend annual technical assistance meeting on MH Block Grant at the State Advisory Committee meeting.

4. Represent the Council at the MH Block Grant application review at the State Advisory Committee meeting.
5. Perform any other duties designated by the Council.
6. Review attendance report and contact members as needed.
7. Review applications for council membership.

Vice-Chairperson – Preside at all Council and Executive meetings. Shall act for the Chairperson in the absence of the chair and shall perform such duties as necessary for and as requested by the Chairperson or Council and is designated to review applications for council membership.

Secretary – Preside at all Council and Executive meetings. Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairpersons or Council, is designated to review meeting minutes prior to distribution to council members, and review applications for council membership.

Section 2: Officer Election

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

Article V – Meetings

Section 1: Frequency

Meetings of the Committee shall be held one time per quarter.

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 shall 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. Notification of the time, date and location of the next meeting shall be sent within two weeks to all members absent from the preceding meeting. Within thirty days, but not less than seven days prior to the next meeting, the OCA shall send a reminder and meeting agenda to each Council member at his/her last known official requested electronic or physical address. Public Notice of Council meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the state website and OCA public website.

Section 3: DHHS Staffing

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

Expenses: Depending upon funding availability, if a council member presents a need for financial assistance to attend the OCA council meeting, he/she may be provided with an honorarium to support attendance. Financial need must be demonstrated in writing. Honorariums are limited and vary by state fiscal year budget.

Article VI - Amendments

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Council members will be required to amend the Bylaws. No Bylaws shall not be considered for amendment unless notice has 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 Council are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.

By signature, the Executive Committee of the Nebraska OCA People’s Council hereby formally adopts the above by laws.

Council Chairperson Date

Council Vice-Chairperson Date

Council Secretary Date

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Application for Appointment to the Nebraska Office of Consumer Affairs People's Council.

The Nebraska Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs (OCA) People's Council is chartered to provide state and regional leadership while utilizing personal lived experience to advocate for systems transformation as well as identify and advocate for a Recovery Oriented System of Care. The council is chartered to serve as the: (a) planning council of the Nebraska Office of Consumer Affairs, and (b) as a subcommittee of the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814). Through the above mentioned functions, the Nebraska OCA People's Council will provide recommendations to guide the Department of Health and Human Services Division of Behavioral Health, including the OCA, and related state agency partners on ways to best support adults, children, and their families in the journey of healing, recovery, resiliency, and personal transformation. The OCA Council consists of fourteen (14) members appointed by the Director of the Division of Behavioral Health. For the purposes of this council, personal lived experience shall be defined by the individual and shall be considered as experience as a former or current recipient of behavioral health services, or a caregiver/family member of a person receiving services in which the experience has significantly impacted their lives.

Meeting Frequency: quarterly

Appointment Term: 2 years, unless otherwise designated by the Director.

Application review process: The OCA Office shall convene the executive committee to coordinate and process new applications. Application reviews happen at a minimum one time per year. Once information has been collected and reviewed the executive committee will make recommendations to the Division Director for appointments.

Membership:

- Six (6) Regional Representatives; preference is given to the Regional Consumer Specialist (RCS) from each region. If a RCS has not been appointed by the Regional Behavioral Health Authority (RBHA), then a member shall serve in an interim position until a RCS has been hired by the RBHA
- Two (2) Caregiver/Family Representatives
- Two (2) Transition Age Youth/Young Adult Representatives
- One (1) Representative from a Managed Care Organization or Integrated Healthcare Organization
- One (1) Representative of the Regional Center System
- Two (2) Representatives at large (Adult, Youth, or Family/Caregiver- not represented in above membership.)

Applications will be reviewed for open appointments only. All other applications will be kept on file and will expire after one year. If a seat becomes available, applicants can call the OCA and request that their application be considered for the open seat on the Council. All applications are confidential and will only be reviewed with the executive committee. It is recommended that interested persons subscribe to the following page to receive notifications on membership openings

http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeoplesCouncil.aspx

Application for Appointment to the Nebraska Office of Consumer Affairs People's Council.

To apply, please complete and then submit along with 1) a letter of interest and 2) details of relevant experience to:

Cynthia Harris, M.S., CPSWS
 Nebraska Department of Health and Human Services
 Division of Behavioral Health
Cynthia.Harris@nebraska.gov
 402-471-7766

Name:
Telephone:
Mailing Address (including city and zip) :
Home email:
Current Work/Volunteer Title:
Work/Volunteer Business Name:
Work status (check one): Paid _____ Volunteer _____
Work/Volunteer Address:
Council seat you are applying for:
How did you hear about the OCA People's Council?
Accomodations:

* Reminder please also submit letter of interest and relevant experience in an attached document.

NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

F

2016 BRIDGE STRATEGIC PLAN

Department of Health & Human Services



DIVISION OF BEHAVIORAL HEALTH



2016 BRIDGE STRATEGIC PLAN
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PREFACE

The Division of Behavioral Health is dedicated to providing mental health and substance use services and supports to help people live better lives. Strategic planning is a tool used to promote positive outcomes for consumers and provide direction to the work of the Division of Behavioral Health. This 2016 Bridge Strategic Plan maps out the Division's work for the calendar year. It bridges the end of the current plan (2011-2015) and lays the groundwork for initiation of a new three-year plan for 2017-2020.

INTRODUCTION

BEHAVIORAL HEALTH IS ESSENTIAL TO HEALTH: PREVENTION WORKS, TREATMENT IS EFFECTIVE, PEOPLE RECOVER

Nebraska's **Division of Behavioral Health (DBH)** promotes activities that improve the quality of behavioral health services and increases opportunities for recovery and wellness. It is one of six Divisions within the Nebraska Department of Health and Human Services. DBH administers, oversees and coordinates the State's public behavioral health system to address the prevention and treatment of mental health and substance use conditions. DBH strives to ensure services meet the complex needs of individuals with co-occurring disorders.

The Division's work is shaped by the 2011-2015 strategic plan and grounded in these principles:

- Comprehensive and individualized services delivered across the lifespan of the consumer,
- Consumer-focused and recovery-oriented,
- Culturally responsive,
- Strength-based,
- Outcomes and data-driven, and
- Committed to accountable relationships.



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

Simply Said: Nebraska strives to be the gold standard in facilitating hope, recovery and resiliency as a model of excellence in behavioral health care.

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

Simply Said: DBH assists systems that help people recover.

GOALS AND OBJECTIVES

The Division of Behavioral Health embraces the opportunity to move behavioral health forward in 2016.

GOAL 1: The public behavioral health workforce will deliver effective prevention and treatment in recovery-oriented systems of care for people with co-occurring disorders.

GOAL 2: The DBH will support innovative, effective service delivery.

GOAL 3: The DBH will lead development of a system of care that allows individuals to move from state hospitals to the most integrated community setting.

PERFORMANCE INDICATORS:

Division initiatives for 2016 include planning for and implementing a system of care and addressing service and support needs of individuals with co-occurring or complex needs. Key strategies involve:

- Increasing **accessibility** to publically funded behavioral health services.
- Improving the **quality** of public behavioral health services for children and adults.
- Improving outcomes for children and adults through the use of **effective** services.
- Promoting **cost efficiency** through flexible and balanced funding for a person-centered, recovery oriented system of services.
- Supporting transparent and **accountable relationships** with and among system stakeholders.

Development and implementation of a Results-Based Accountability (RBA) approach that focuses on outcomes is one methodology that improves and informs the performance of programs, agencies and service systems division-wide. The following examples of program-level performance measures help to assess the division's performance through expectations of quality care:

- % Positive response to general satisfaction with services received.
- % Positive response to staff sensitive to trauma.
- % Programs with improvement in trauma informed scores.
- % Programs with improvement in co-occurring capable/enhanced scores.
- % Consumers discharged with treatment completed status.

NEW 2016 !

Beginning 2016, the Division of Behavioral Health will have a Deputy Director dedicated to systems integration and strategic planning. This person will be responsible for:

- Coordinating and assimilating other systems and programs, both internal and external to DHHS that intersect and impact Nebraska's behavioral health care system.
- Coordinating the implementation of a statewide needs assessment.
- Facilitating the development of a three-year strategic plan for the Division of Behavioral Health.

The development and implementation of a strategic plan for 2017-2020 will take priority in 2016, beginning with a comprehensive statewide needs assessment essential to inform the process and ultimate strategic plan.

TOP PRIORITY

- ! Engage technical assistance to develop, implement and complete a data-informed needs assessment by June 30, 2016.
 - Secure Technical Assistance consultant
 - Develop and implement assessment tool statewide, including assessment of co-occurring and complex needs of populations.
 - Collect and analyze assessment results.
- ! Complete development of a three-year strategic plan for 2017-2020 by December 31, 2016.
 - Secure consultant
 - Engage stakeholders, system partners and consumers in the strategic planning process.
 - Identify membership and convene strategic plan workgroup.
 - Facilitate strategic plan development meetings.
 - Complete draft and final plan.

2016 BRIDGE STRATEGIC WORK PLAN

Activities listed are aligned with strategic planning and address the November 2015 Legislative Performance Audit.

ACCESSIBILITY

STRATEGIC INITIATIVE:

INCREASE ACCESS TO APPROPRIATE AND EFFECTIVE INTEGRATED BEHAVIORAL HEALTH SERVICES, PARTICULARLY FOR INDIVIDUALS WITH COMPLEX NEEDS.



Activity 1: Implement access measures for Behavioral Health System services by December 31, 2016.

- Identify and develop measurable access standards and propose targets.
- Present to Joint Advisory Committee and solicit stakeholder feedback.
- Develop services matrix for all Regions' service array.
 - Identify essential services.
 - Compile final list of required access standards.
- Incorporate requirements for improvement into Region Budget Plan guidelines.



Activity 2: Initiate Phase I of Children's System of Care implementation plan to target January 2016 and running through June 2017.

- Organize staff, convene Governing Board, Leadership Team and Standing Work Teams.
- Cross-system map of services/supports, eligibility, funding sources, policies, practices and regulations completed.
- Establish mechanism for public/private partnerships in implementation of actions steps (contractual/MOUs).
- Mechanism for cross-system monitoring of SOC services and supports developed.

Activity 3: Evaluate First Episode Psychosis Coordinated Specialty Care (FEP CSC) pilot project in two sites (Kearney, Omaha) by December 31, 2016.

- Conduct training for team members with focus on process and programmatic outcomes, family education and support, supported employment and education services.
 - Training, webinars, team care calls and role calls with *On -Track NY*.
 - Training on application and consistency of user scoring of the Mental Illness Research, Education and Clinical Centers – Global Assessment Functioning Expanded tool (MIRECC-GAF).
- Continue participant enrollment.
- Collect available pilot data for inclusion in federal block grant report. Present pilot overview and update to Joint Advisory Committee.

Activity 4: As State Opioid Treatment Authority, collaborate with DHHS Division of Public Health in support of its four-year CDC grant award that provides for Nebraska's Prescription Drug Overdose Prevention Program (PDMP).

- Participate in stakeholder review process of the PDMP.
 - Identify and develop plan to address barriers to enhancing and maximizing access to PDMP.
- Develop and implement training plan in collaboration with Addiction Treatment Technology Center (ATTC).



Activity 5: Improve flow and decrease wait list at Lincoln Regional Center by December 31, 2016.

- Identify and develop community-based hospital and emergency system options for Region V consumers needing inpatient care.
- Identify and develop intermediate service options/plan to reduce admissions to Lincoln Regional Center.
 - Identify treatment options for LRC consumers by Cross-Division Solutions Team.
 - Develop additional housing options.
 - Develop more opportunity for peer support.
 - Develop health information technology and telecommunications options.
 - Enhance community-based service options.
 - Enhance discharge planning process.
- Explore development of a mechanism for applying Region V population management methodology to other Regions.
- Continue DBH Integration and Clinical Improvement QI Project.
 - Review NRC/LRC Sex Offender Programs – admission and discharge flow between NRC/LRC.
 - Continue quarterly meetings with Administrative Office of the Courts.
 - Develop recommendations to DBH that will improve flow.

QUALITY

STRATEGIC INITIATIVE:

IMPROVE THE QUALITY OF PUBLIC BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND ADULTS.



Activity 1: Centralized Data System (CDS), including reporting system, operational by February 1, 2016.

- Onsite visits with Regions and ongoing CDS training conducted by June 2016.
- Train regional center staff to include RBA and CDS by March 1, 2016.
- Develop reporting and timeframe mechanics of Memorandum of Understanding (MOU) currently in place with DHHS Medicaid that will provide for comprehensive examination of behavioral health services by June 30, 2016.
- Initiate development of MOUs with other behavioral health system partners.

Activity 2: Develop a plan to assess substance use and mental health disorders for the state Epidemiological Profile on an on-going basis by December 31, 2016.

- Secure TA assistance in developing logic model for plan development with State Epidemiology Outcomes Workgroup (SEOW).
- Convene SEOW on a quarterly basis.
- Identify and select criteria/format for the next version of the Epidemiology Profile.
- Maximize epidemiology resource sharing through ongoing partnerships with DHHS Division of Public Health and other members of the SEOW.



Activity 3: Further cross-system collaboration to increase system-wide capacity for Trauma-Informed Care (TIC) by December 31, 2016.

- Secure consultant, develop assessment process/procedure.
- Conduct agency assessment within DBH using TIC tool.
- Review assessment results and consultant recommendations for implementation of TIC practices across all DHHS divisions and the larger publically-funded behavioral health system.
- Review results of TIC reassessment within RBHAs specific to strengths for continued growth as well as opportunities for improvement.

Activity 4: Identify and implement contractor to provide Preadmission Screening and Resident Review (PASRR) services across the state for individuals being admitted to a Medicaid-certified nursing facility by May 1, 2016.

- Receive and evaluate proposals submitted via state issued Request for Proposals (RFP).
- Select contractor based on proposal review scores.
- Monitor services delivered for contractual compliance.
 - Web-based system and timeline to show system will be fully operational by contract start date.
 - Plan of action and timeline for obtaining capacity to interface with the Nebraska Medicaid information system.
 - Quality review plan.
 - Timely completion of Level I and Level II identification screens within specified timeframes.

Activity 5: Annual Consumer Survey conducted February – October 2016.

EFFECTIVENESS

STRATEGIC INITIATIVE:

IMPLEMENTING PRACTICES THAT SHOW THE MOST EVIDENCE FOR ACHIEVING POSITIVE OUTCOMES IN BEHAVIORAL HEALTHCARE.

Activity 1: Review and refine policies, service definitions and contract language specific to system enhancement for co-occurring and complex needs, and incorporate updated language in program and administrative practices by June 30, 2016.

- In collaboration with Division of Public Health, explore a combined facility licensure category.

Activity 2: Conduct training on co-occurring and complex needs to regional centers and system partners, including the Department of Corrections by December 31, 2016.

- Secure trainers
- Develop training plan
- Conduct and evaluate training

Activity 3: Results-based Accountability (RBA) population indicators and performance measures reviewed and revisions identified - ongoing through June 30, 2016.

- Review with Network Management Team and Regional Administrators to determine any change in performance measures and related source for data collection.
- Provide webinar to Regions and providers to review identified changes.



Activity 4: Initiate a planning process that leads to the development of three-year strategic plan for community-integrated supported housing for behavioral health consumers by June 2016. Under the current contract, the Technical Assistance Collaborative (TAC) will:

- Review current DHHS policies and conduct housing focus groups.
- Conduct environmental scan and review of current housing planning efforts.
- Research available supported housing services and conduct housing workgroup.
- Develop a mechanism to incorporate Lincoln Regional Center Peer Bridger program into the 2017 strategic plan.

Activity 5: Finalize the development of the Peer Bridger Pilot Program specific to transitioning from Lincoln Regional Center to community-based services, including supported housing by March 31, 2016.

- Analyze results of survey completed in 2015 of key LRC employees, community providers and Certified Peer Support Workers (CPSW) and provide to pilot program work team.
- Finalize plan with work team for implementation of pilot program including staff responsibilities, tasks and timeline for execution.



Activity 6: Operationalize the administration of the Medication Assisted Treatment (MAT) program by December 31, 2016.

- In collaboration with the Addiction Treatment Technology Center, conduct training for stakeholders, system partners and workforce.
- Secure consultant.
 - Develop operational plan
 - Organize structural policies and procedures around MAT
- Evaluate regulations, contractual requirements and funding mechanisms impacting MAT and align with MAT implementation process.
- Develop MAT registry for providers.

Activity 7: Align Division Suicide Prevention Plan with the overarching statewide strategic plan for suicide prevention developed by a broad collaborative of prevention professionals by September 30, 2016.

- Identify and adopt measurable objectives for the DBH suicide prevention initiative.
- Initiate work plan to operationalize divisional suicide prevention initiatives.



Activity 8: Increase the delivery of effective Supported Employment services by December 31, 2016.

- Review information gathered from Supported Employment Symposium, sponsored by the National Technical Assistance Collaborative (TAC) in December 2015, and apply as appropriate to inform 2016 work related to Supported Employment.
- Convene workgroup to improve number of individuals served in Supported Employment or related services by March 31, 2016:
 - Identify mechanism for expanding Supported Employment opportunities for consumers across the state.
 - Develop policies that support effective service delivery.
- Identify dashboard for Supported Employment outcomes.

Activity 9: Review the policies and procedures of the Diversity Committees at the Hastings, Norfolk and Lincoln Regional Centers by December 31, 2016.

- Secure Cultural and Linguistic Services (CLS) consultant(s).
- Conduct review and provide recommendations to DHHS/DBH leadership.

Activity 10: Identify and implement strategies to strengthen the Peer Support Workforce by December 31, 2016.

- Conduct a peer support workforce survey.
- Analyze Office of Consumer Affairs Peer Support training evaluation data.
- Create a report from workforce survey and evaluation data.
- Create service descriptions for 206 implementation.
- Explore next steps for enhancing the current certification mechanism.
- Conduct Peer Support trainings and certification exams.

COST EFFICIENCY

STRATEGIC INITIATIVE:

DEVELOP FLEXIBLE AND BALANCED FUNDING TO SUPPORT AN EFFICIENT AND ACCOUNTABLE PERSON-CENTERED, RECOVERY-ORIENTED SYSTEM OF SERVICES.

Activity 1: Incorporate developed measurable access standards in the Region Budget Plan Guidelines by December 31, 2016. Set and incorporate targets for performance.



Activity 2: Conduct a review/study of the costs associated with providing services in the Nebraska Behavioral Health System to ensure statewide capacity and access to behavioral health services.

- By February 1, 2016, evaluate results of study Phase I and II completed December 31, 2015.
 - Develop plan for implementation of rates resulting from the study.
- Initiate study Phase III as determined by evaluation results by July 31, 2016. Identify and initiate implementation schedule.
- Evaluate Regional Center costs by program and identify a set of recommendations by June 30, 2016.

Activity 3: Complete Phase II of the Children's System of Care Financial Blue Print of children and youth services and supports across systems by June 30, 2016.

- Analysis of cross-system data collected in Phase I delivered and reviewed.
- Draft findings and recommendations for leveraging funding to maximize resources provided.
- Final report completed.

Activity 4: Provide leadership with identified and developed recommendations for improving operational processes by December 31, 2016.

- Review processes that impact cross-system efficiencies.
 - Data and QI System
 - Contracts
 - Training and staff development to support DBH talent.
 - Identify operational excellence top priority projects.

ACCOUNTABLE RELATIONSHIPS

STRATEGIC INITIATIVE:

MAXIMIZE THE FULL POTENTIAL OF BEHAVIORAL HEALTH RESOURCES THROUGH PARTNERSHIPS AND TRANSPARENT, ACCOUNTABLE RELATIONSHIPS.



Activity 1: Develop and finalize plan for addressing nursing shortage at the Lincoln Regional Center by December 31, 2016.

- Continue identification and implementation of additional recruitment and retention strategies.
 - Provide recommendations to DHHS CEO and DHHS Human Resources.



Activity 2: Collaborate with system partners to address behavioral health workforce shortages. Ongoing through 2016.

- Partner with Behavioral Health Education Center (BHECN) and UNMC School of Nursing to develop and retain workforce opportunities in behavioral health care.
- Collaborate with BHECN on workforce analysis. Prioritize training and recruitment of behavioral health professional by type and region.
- Initiate formal prevention workforce development plan.
 - Secure consultant, execute contract.
 - Convene workforce development work group.
 - Review workforce needs assessment survey results to incorporate in plan, as appropriate.
 - Explore options to adopt certification process for Certified Prevention Specialists.
 - Identify regulation and procedural changes necessary to implement certification process.

Activity 3: Implement formal and strategic system links with other key stakeholders to expand consumer involvement in service planning and delivery in Nebraska by December 31, 2016.

- Strengthen the organization and infrastructure of the DBH OCA People's Council.
- Develop charter, bylaws and application procedures and identify participation expectations.
- Serve as a subcommittee of the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814).

Activity 4: Provide opportunity to build partnerships and collaborative relationships through facilitation of annual Behavioral Health Conference (Spring 2016) and other trainings.

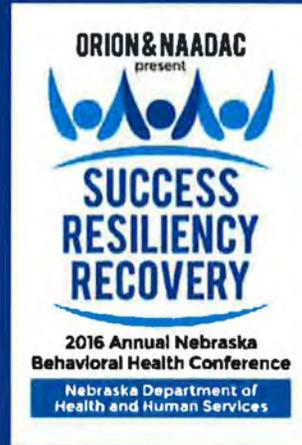


Activity 5: Develop and implement a process to regularly recognize the talent and achievements of DBH staff dedicated to improving the health and lives of the people served by December 31, 2016.

- Develop and implement three strategies for creating a culture of ownership.
- Develop and implement three strategies to raise scores on at least two measures of the employee survey.

2016 Annual Behavioral Health Conference

PROSPECTUS



May 31–June 2 | Lincoln, NE



The Lincoln Marriott Cornhusker Hotel • 333 S. 13th Street, Lincoln, NE 68508

About the Conference

Department of Health & Human Services



NEBRASKA

Nebraska Department of Health and Human Services Annual Conference Overview

Join our annual statewide behavioral health conference that offers a multi-disciplinary approach which allows participants to engage in an opportunity to grow Nebraska's systems of care. This conference will examine the evolving landscape by turning to those with first-hand experience, and those redefining the behavioral healthcare field. Attendees will learn from the presenter's experience and knowledge to integrate new ideas and to leverage change. Participants will receive critical new tools for **Success, Resiliency, and Recovery**.

Continuing Education

Conference attendees will be able to earn up to 16 CEs for the full conference.

Organizers

This conference is funded by the Nebraska Department of Health and Human Services, and presented by NAADAC, the Association for Addiction Professionals and Orion Healthcare Technology.

Who Will Attend?

- Adult peer support specialists, family peer support specialists, providers, clinicians, care managers, health and behavioral health managed care organizations,
- Adults, family members, youth, and young adults who utilize behavioral health services,
- Individuals from child and adult-serving agencies, such as substance use and mental health, child welfare, justice, education, primary care, early care and education, and systems for transition-age youth and young adults,
- Federal, State, tribal, territorial, and local policy makers, administrators, planners, leaders, and advocates,
- Educators, technical assistance providers, and evaluators, and
- Medical and legal professionals.



Conference and Exhibits Venue

The Lincoln Marriott Cornhusker Hotel
333 S. 13th Street
Lincoln, NE 68508
Direct: 402.474.7474

Parking

Day parking – \$9; Overnight – \$9

High-Speed Internet

Complimentary Internet in all guest rooms and lobby area

Meals

Exhibitors with badges are welcomed to attend all conference meal events. Meal tickets for additional guests are available at additional cost. Contact NAADAC for more details.

Event Contacts

Exhibits and Customer Service

HeidiAnne Werner
Phone: 800.548.0497 ext. 101 • Fax: 703.741.7698
Email: hwerner@naadac.org

NAADAC Onsite Exhibitor Contact

HeidiAnne Werner
Phone: 800.548.0497 ext. 101 • Cell: 301.821.5913
Email: hwerner@naadac.org

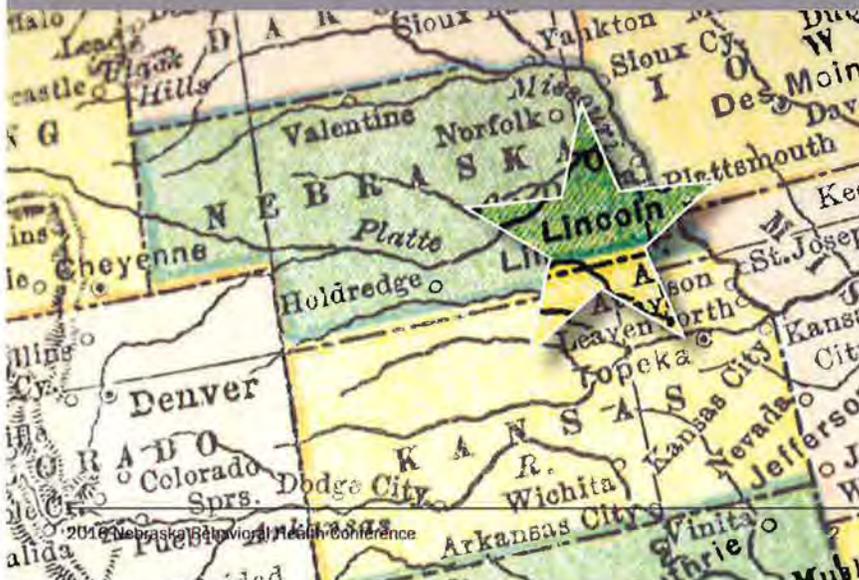
Conference Venue

The Lincoln Marriott Cornhusker Hotel
333 S. 13th Street • Lincoln, NE 68508
Direct: 402.474.7474

Other Conference Matters

HeidiAnne Werner
Phone: 800.548.0497 ext. 101 • Fax: 703.741.7698
Email: hwerner@naadac.org

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2016 Nebraska Behavioral Health Conference

May 31 – June 2, 2016 • Lincoln, Nebraska

Support and Recognition Opportunities

The 2016 Annual Behavioral Health Conference: **Success, Resiliency, and Recovery** offers exhibitors a unique opportunity for visibility and contact with attendees. All exhibit spaces offer exceptional visibility in an environment where everyone mingles and leisurely conversation is facilitated. Different levels of exhibitor participation are available that bundle promotions to maximize your message delivery and minimize your total cost.

Please note: There are limited opportunities to exhibit at this event and they will sell out quickly so be sure to act promptly. All exhibits are allocated on a first-come, first-serve basis as determined by receipt of payment with completed application and authorized signature.

Support Levels

Platinum Level – \$5,000

- Acknowledgement in the Conference Program
- Thank you acknowledgement in the NAADAC's *Professional eUpdate* (circulation 41,000+)
- Three complimentary conference registrations
- One complimentary exhibit table
- Sign acknowledging your platinum level adjacent to registration
- Public acknowledgement at the conference
- Acknowledgement in the NAADAC magazine, *Advances in Addiction & Recovery*

Gold Level – \$3,500

- Acknowledgement in the Conference Program
- Thank you acknowledgement in the NAADAC's *Professional eUpdate* (circulation 41,000+)
- Two complimentary conference registrations
- One complimentary exhibit table
- Public acknowledgement at the Conference
- Sign acknowledging your gold level adjacent to registration
- Acknowledgement in the NAADAC magazine, *Advances in Addiction & Recovery*

Silver Level – \$2,000

- Acknowledgement in the Conference Program
- Thank you acknowledgement in the NAADAC's *Professional eUpdate* (circulation 41,000+)
- One complimentary conference registration
- One complimentary exhibit table
- Sign acknowledging your silver level adjacent to registration
- Acknowledgement in the NAADAC magazine, *Advances in Addiction & Recovery*

Bronze Level – \$500

- Acknowledgement in the Conference Program
- Thank you acknowledgement in the NAADAC's *Professional eUpdate* (circulation 41,000+)
- One complimentary exhibit table
- Sign acknowledging your bronze level adjacent to registration
- Acknowledgement in the NAADAC magazine, *Advances in Addiction & Recovery*

Partner Level – \$350

- Acknowledgement in the Conference Program
- One complimentary exhibit table
- Sign acknowledging your partner level adjacent to registration
- Acknowledgement in the NAADAC magazine, *Advances in Addiction & Recovery*

Exhibits

Exhibits – \$250

Each tabletop measures 3' x 6'. All tables will include:

- Tablecloth
- Power access
- Two chairs per table

If you will require any additional care, please contact the NAADAC office prior to exhibit set-up.

Each exhibitor will receive (1) one badge. Exhibitor badges are not transferable. Additional badges may be purchased for the posted rates to register for the conference.

All exhibitors will be acknowledged in conference communications.

Please note: We can only guarantee 28 exhibitor tables, which will be allocated on a first-come, first-serve basis based on receipt of payment and the completed application and authorized signature.

To Exhibit, Please Contact

Conference Exhibitor Program

HeidiAnne Werner

Phone: 703.741.7686 ext. 101

Email: hwerner@naadac.org

Exhibit Dates and Hours

Conference Dates

Tuesday–Thursday, May 31 – June 2, 2016

Exhibitor Move In

Tuesday, May 31, 7:00 AM to 11:30 AM

Exhibit Hours

Tuesday, May 31, Noon to 5:00 PM

Wednesday, June 1, 7:30 AM to 5:30 PM

Thursday, June 2, 7:30 AM to Noon

Exhibitor Tear Down

Thursday, June 2, after Noon



Terms and Conditions

Enforcement, Interpretation and Eligibility

In the enforcement and interpretation of the following terms, the decision of the 2016 Annual Behavioral Health Conference: Success, Resiliency, and Recovery team is final. NAADAC/Orion/NE DHHS reserve the right to determine the eligibility of any company for inclusion in the conference and its marketing programs; to reject, eject, or prohibit an exhibit or exhibitor for any reason. In applying for exhibit space, each exhibitor agrees to abide by the terms set forth in this prospectus.

Non-transferable – Exhibitors may not assign, sublet or share any portion of their allocated space without express written permission from NAADAC/Orion/NE DHHS.

Noise Control – Exhibitors are prohibited from playing radios and any other music in the exhibit area.

Direct Sales – Selling from your exhibit booth is permitted. Please have proof that you have a sales permit.

Installation and Removal – All storage and handling charges due to failure to remove exhibit materials from the display or storage area at the conclusion of the move-out period shall be the responsibility of the exhibitor. These dates and times are specified in the

prospectus, but are subject to change. Exhibitors will receive instructions for storage and trash onsite.

Damage to Property – Exhibitors are liable for any damage caused to building, floors, walls, columns, tables, or to any other exhibitor's property. Exhibitors may not apply paint, lacquer, adhesive or any other coating to building columns, floors, walls or tables.

Fire, Safety, and Health – The exhibitor agrees to accept full responsibility for compliance with local, city and state fire, safety and health ordinances regarding the installation and operation of equipment. Only fireproof materials should be used in exhibits. The necessary fire precautions will be the responsibility of the exhibitor.

Security – Exhibitors are responsible for all unsecured materials or property of value left in the exhibit room during and after exhibit hours.

Liability – It shall be the responsibility of the exhibitor to maintain insurance coverage against injury to persons or damage to or loss of property or to meet its obligations under this agreement in such amounts as the exhibitor shall deem adequate. Insurance will be provided by NAADAC. The exhibitor agrees to make no claim, for any reason whatsoever, against NAADAC, Orion, NE DHHS, the hotel, or any other contractors for loss, theft, damage, or destruction of goods, or for any

injury to herself/himself or employees. Nor will claim be made for any damage of any nature or character, including damage by reason of the failure to provide space for the exhibit, or for removal of the exhibit or for the failure to hold the conference as scheduled.

Unoccupied Space – NAADAC/Orion reserves the right, should any rented exhibitor's space remain unoccupied on the opening day, or should any space be forfeited due to failure to make payment, to rent that space to any other exhibitor, or to use that space for such purposes as it may see fit without any liability on its part. This clause shall not affect the obligation of the exhibitor to pay the full amount specified in the exhibitor space agreement.

Cancellation and Refunds – Refunds of exhibit fees may be made by NAADAC/Orion if the space is able to be sold to another party.

Disclaimer – The views expressed in conference materials or publications and by speakers and moderators at this conference do not necessarily reflect the official policies of the Nebraska Department of Health and Human Services. Mention of trade names, commercial practices, or organizations does not imply endorsement by the Nebraska Department of Health and Human Services.



Exhibitor Application and Order Form

Nebraska Department of Health and Human Services 2016 Annual Behavioral Health Conference

Please complete this form in full and send to HeidiAnne Werner
Fax: 703.741.7698 or email: hwerner@naadac.org

Applicant Information

Name of Company or Organization _____
 Street Address _____
 City/State/Zip _____
 Contact Person _____
 Title _____
 Email _____
 Work Phone (____) _____ Fax (____) _____
 Cell Phone (____) _____

Conference Programs

# Purchased	Conference Programs	Unit Price	Total Amount
	Platinum Level	\$5,000	
	Gold Level	\$3,500	
	Silver Level	\$2,000	
	Bronze Level	\$500	
	Partner	\$350	
	Table Top Exhibitor	\$250	
	Additional Exhibitor Badge	\$55	
Total Amount to Be Charged on Credit Card			

Payment Information

Note that payments will appear on your credit card bill as processed by NAADAC.

Card Type: VISA MasterCard AMEX
 Charge Card Number _____ Exp. Date _____
 Name on Card _____ Card Security Code _____
 Card Billing Address _____ Zip _____
 Authorized Signature _____

Applicant Acceptance

I, the duly authorized representative of the firm named above, subscribe and agree to all terms and conditions contained in this Prospectus. NAADAC reserves the right to refuse this application for any reason.

Name (Print) _____ Title _____
 Signature _____ Date _____

Note: Exhibit space assignments will be made on a first-come, first-served basis as determined by the date and time stamp of receipt of a completed application, order, and payment form.

(To be completed by NAADAC)

Accepted _____

Additional Information

The following information must be completed and forwarded along with payment information.

Contact Information of Person Completing Form
 Name _____
 Phone _____
 Email _____
 Fax _____

Description of Exhibiting Organization for Program

Please email hwerner@naadac.org a description not to exceed 100 words about your organization and what you will be exhibiting at the conference. Recommend including corporate website address and 800 phone numbers to facilitate attendee follow up.

Exhibit Personnel Badges

Names Must Be Submitted No Later Than April 25th

#1 Included with Booth

First Name _____
 Last Name and Suffix _____
 Job Title _____
 Company Name _____

Note: Badges are Not Transferable.

Additional Personnel Require Registration.

Complete this information to insure production of appropriate name badges.

First Name _____
 Last Name and Suffix _____
 Job Title _____
 Company Name _____

First Name _____
 Last Name and Suffix _____
 Job Title _____
 Company Name _____

Department of Health & Human Services



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ORION&NAADAC
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**SUCCESS
RESILIENCY
RECOVERY**

**2016 Annual Nebraska
Behavioral Health Conference**

Nebraska Department of
Health and Human Services

**May 31–June 2
Lincoln, NE**

The Lincoln Marriott Cornhusker Hotel
333 S. 13th Street, Lincoln, NE 68508

EARN
UP TO **16 CEs**

registration **\$55**



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www.naadac.org/2016NEBehavioralHealthConference

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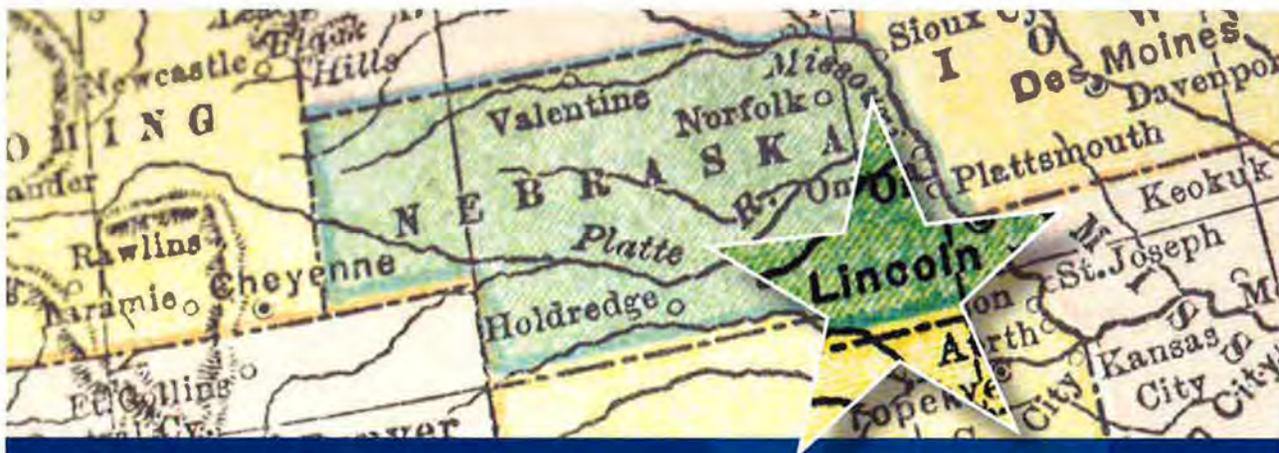
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This conference will examine the evolving landscape by turning to those with first-hand experience, redefining the behavioral healthcare field.

Presenters at this conference will include some of the nation's leading consultants and trainers who have synthesized stories of hope and creative inspiration to successfully cultivate innovation and translate it into **Success, Resiliency and Recovery**.

Attendees will learn from the presenters' experiences to integrate new ideas, to leverage change and will receive critical new tools for **Success, Resiliency, and Recovery**.



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AGENDA
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)

February 18, 2018

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

I. Open Meeting – 9:00 a.m.

Welcome	Welcome	Renee Faber
Quorum for Committees – Open Meetings Law	Inform	Renee Faber
Attendance – Determination of Quorum of Committees	Roll Call	Debra Sherard
Housekeeping	Inform	Renee Faber
Comments on Meeting Minutes: November 19, 2015		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: Debra Sherard.

III. Director’s Update

Sheri Dawson

IV. Legislative Summary

Renee Faber

V. Legislative Performance Audit and Strategic Bridge Plan

Susan Adams/Linda Wittmuss

Break

VI. Committee Member Survey and Areas of Focus for 2016

John Trouba

Networking Lunch – Survey and Areas of Focus

VII. Small Group Work on Access Indicators

Tamara Gavin

Break

VIII. Public Comments – 1:15 p.m.

Renee Faber

IX. People’s Council Subcommittee

Cynthia Harris

X. Committee Comments & Future Agenda Items & Meeting Plus/Delta

Renee Faber

XI. Adjourn



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OCA PEOPLE'S COUNCIL

2016 DATES & LOCATIONS

February 09, 2016	9:30-am-3:00pm	Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE
May 12, 2016	9:30-am-3:00pm	Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE
August 02, 2016	9:30-am-3:00pm	Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE
November 01, 2016	9:30-am-3:00pm	Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE

