Nebraska Division of Behavioral Health

Office of Consumer Affairs People's Council
May 12th, 2016
9:30 AM – 03:15 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, May, 12, 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, Raevin Bigelow, Amy Weaver, Tommy Newcombe, Mary Thunker, Kimberly Strong, Jennifer Ihle, Jonathan Koley, Ryan Kaufmann, Lisa Casullo, Tammy Fiala, and Scott Loder.

DHHS Staff present: Cynthia Harris, Loretta (Jan) Goracke, Lucy Flores, and Sheri Dawson

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

Harris introduced the minutes from Feb 9, 2016 (handout B). Hearing no significant corrections to the revised meeting minutes or comments, Chairperson Casullo called for a motion to approve the Feb 9, 2016 meeting minutes. Motion to approve was made by Kaufmann and seconded by Ihle, the motion passed.

II. Executive Committee Update. *Casullo, Ihle, Loder*

The executive committee provided an update of the recent activity since the last OCA People's council meeting. They provided information on the council presentation at the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814) on Feb 18th. This was the first formal introduction as an official subcommittee of the State Advisory Council. The executive committee also discussed the review of the recent applications for appointments to the OCA People's Council. Three members were appointed. The family member seat is still open at this time and the Division is still accepting applications. The new members have been invited to be a part of a mentorship program, where they can sit alongside an existing member and learn more hands on about their role with the council. All members received training and orientation to the council.

III. Director update *Dawson*

- Director Sheri Dawson welcomed the new members and recognized the experience that they brought to the table. Amy Weaver of Omaha and Raevin Bigelow of Lincoln have been appointed to the Transition Age Youth Positions and Tommy Newcombe of Norfolk has been appointed as the Region 4 Representative.
- Director Dawson announced that Cynthia Harris is the new administrator for the Office of Consumer Affairs. Dawson received recommendations on the interview process from council members and she thanked them for being a part of the process.
- Hiring for the Office of Facilitation for Recovery position, located at the Lincoln Regional Center, will be taking place in the near future. Under the direction of the Office of Consumer Affairs, the Office of Facilitation for Recovery will be the driver of the peer bridger program.
- Director Dawson updated the committees on a series of new contracts with a number of family organizations who deliver family and peer support, adding that there is great impact with family members sharing lived experiences. Dawson explained that the contract with the Federation of Families has ended and DBH is contracting individually with family organizations across the state.
- The DBH Centralized Data System is now operational and allowing interface with providers as a built-in authorization system. The system is garnering national attention, with presentations requested at several conferences.
- Legislative Resolution 413 identifies a mandated task force on "behavioral and mental health," which was proposed as a result of last fall's legislative audit. Senator Bolz is Chair of this committee and they are meeting monthly. Director Dawson noted the task force is primarily interested in policy and funding issues and are especially interested in the results of the comprehensive needs assessment. Anyone seeking more information about the task force and its members may contact Deb Sherard and she will get the information out to you.
- DBH is currently in a Federal Block Grant review. This is an opportunity for quality improvements and ways to look at identifying strengths.
- DBH is working with the is collaborating with the University of Nebraska Medical Center College of Public Health for a survey designed to help provide Nebraskans with the most effective and timely service. The survey seeks input from individuals who are currently or have received behavioral health services in Nebraska and their families, behavioral health providers and other professionals who have working knowledge of the behavioral health system in Nebraska and the general population across the state. Director Dawson asked for assistance on the evaluation. Dawson explained that the council will be called upon to help prioritize results from the needs assessment and to develop a realistic work plan for the new strategic plan moving forward.
- Director Dawson updated the committees on a series of new contracts with a number of family organizations who deliver family and peer support, adding that there is great impact with family members sharing lived experiences. Dawson explained that the contract with the Federation of Families has ended and DBH is contracting individually with family organizations across the state. DBH will be entering into a contract with FREDLA to provide technical assistance to the family organizations in NE.
- Director Dawson gave an overview of Heritage Health, which is a new health care delivery system that combines Nebraska's current physical health, behavioral health, and pharmacy programs into a single comprehensive and coordinated system for Nebraska's Medicaid and

CHIP clients.

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

IV. SAMHSA Block Grant Site Visit. *SAMHSA Project Officer*

Harris pointed to the Block Grant handout (handout c). The SAMHSA project officer facilitated a dialogue based on the following questions and topic areas.

1. Access to Care – Rural versus urban challenges
2. If you are in Scottsbluff and having a MH crisis- what are the steps in getting care?
3. Are there waitlist challenges?
4. Where can there be better communication?
5. Discussion on "system clog"
6. Discussion on wraparound care and peer support.
7. Lack of peer jobs
8. Integrated care- What work needs to be done?

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

V. Office of Consumer Affairs updates: DBH 2016 Strategic Plan, Bridger document". *Harris*

The council was presented with the DBH 2016 Strategic Plan, referred to as the Bridger document, (handout d). Harris reported out activities that have been accomplished to date related to the OCA and the 2016 DBH Strategic Plan

1. 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.
    - Explore next steps for enhancing the current certification mechanism.
    - Conduct Peer Support trainings and certification exams.

2. 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).

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

4. 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.

5. 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.

6. 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.

7. 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.

VI. Provide recommendations for work of the OCA — *Casullo*

Casullo facilitated a follow up conversation of the discussion from the block grant site visit. Casullo lead the group in a conversation about access to care, residential programs for youth, out of state placement, inappropriate use of services, etc.

VII. Consumer involvement at the 2016 Annual Behavioral Health Conference

Regional Consumer Specialists

The regional consumer specialists discussed their challenges with the scholarship process for this year's Behavioral Health conference. Each region was responsible for the coordination of scholarships, which is a change from previous years. There were some bumps, but overall learning opportunities on how to make the process smoother in the years to come. The annual Behavioral Health Conference will take place on May 31st - June 2nd, in Lincoln, NE at the Cornhusker Hotel.

VIII. Open Letter – Peer Support Development — Koley

Koley facilitated a conversation about a pilot project focused on creating an independent consumer community and was curious if the council had thoughts on how it can be brought to scale statewide. The community would provide opportunities for consumer involvement and provide a place where meaningful feedback can be gathered. Koley also discussed peer support development. He stated that peer support is not a service, but a profession. In his experience with Region 6 Behavioral Health he found that implementing peer service definitions was a challenges because peer support was not delivered the same way in each place. This makes maintaining fidelity a challenges. Instead the approach should be that we look at employing peer providers and embedding them within the existing service delivery system. Koley also discussed the need for moving towards credentialing opportunities for the peer workforce. Possibly looking at different levels of certification based on the different levels of education.

IX. Adjournment — *Casullo & Harris*

Harris introduced handouts E, F, G, H, & I 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), June 23, 2016/ 9:00 am – 3:40 pm Lincoln, NE – Country Inn & Suites.

The next OCA People's Council meeting is scheduled November 01, 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

Department of Health & Human Services
DHHS
NEBRASKA

State of Nebraska
Pete Ricketts, Governor

Nebraska Office of Consumer Affairs People's Council
Lincoln Community Foundation Building
215 Centennial Mall South, 5th Floor
Lincoln, Nebraska
May 12th, 2016
9:30 AM – 03:15 PM
Draft Agenda

Public comments are welcome throughout the meeting.

Chairman Casullo & Cynthia Harris	Welcome, Open Meetings Law, public comment, attendance, quorum, housekeeping, review of February meeting minutes, agenda overview.	9:30 am – 09:50 am
Executive Committee	Executive Committee Update	09:50 am -10:00 am
Director Sheri Dawson	Director's Update and New Member Introduction	10:00 am -10:30 am
Break		10:30 am -10:40 am
Project Officer	SAMHSA Block Grant Site Visit	10:40 am -12:00 pm
Lunch on your own		12:00 pm - 01:00 pm
Cynthia Harris	Office of Consumer Affairs updates: DBH 2016 Strategic Plan, Bridger document"	01:00 pm - 01:30 pm
Chairman Casullo	Provide recommendations for work of the OCA	01:30 pm -02:00 pm
Regional Consumer Specialists	Consumer involvement at the 2016 Annual Behavioral Health Conference	02:00 pm - 02:20 pm
Jonathan Koley , Region 6 Behavioral Health Care	Open Letter – Peer Support Development	02:20 pm – 03:00 pm
Chairman Casullo	Closing comments. Adjourn	03:00 pm – 03:15 pm

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

Cynthia Harris, M.S., CPSWS
Office of Consumer Affairs & Cross System Network Operations
Cynthia.Harris@nebraska.gov
402-471-7766
402-471-7859 (fax)
301 Centennial Mall South, PO Box 95026
Lincoln, NE 68509

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

B

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

C

16. Recovery

Narrative Question:

The implementation of recovery-based approaches is imperative for providing comprehensive, quality behavioral health care. The expansion in access to and coverage for health care compels SAMHSA to promote the availability, quality, and financing of vital services and support systems that facilitate recovery for individuals.

Recovery encompasses the spectrum of individual needs related to those with mental disorders and/or substance use disorders. Recovery is supported through the key components of health (access to quality health and behavioral health treatment), home (housing with needed supports), purpose (education, employment, and other pursuits), and community (peer, family, and other social supports). The principles of recovery guide the approach to person-centered care that is inclusive of shared decision-making. The continuum of care for these conditions includes psychiatric and psychosocial interventions to address acute episodes or recurrence of symptoms associated with an individual's mental or substance use disorder. This includes the use of psychotropic or other medications for mental illnesses or addictions to assist in the diminishing or elimination of symptoms as needed. Further, the use of psychiatric advance directives is encouraged to provide an individual the opportunity to have an active role in their own treatment even in times when the severity of their symptoms may impair cognition significantly. Resolution of symptoms through acute care treatment contributes to the stability necessary for individuals to pursue their ongoing recovery and to make use of SAMHSA encouraged recovery resources.

SAMHSA has developed the following working definition of recovery from mental and/or substance use disorders:

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

In addition, SAMHSA identified 10 guiding principles of recovery:

- Recovery emerges from hope;
- Recovery is person-driven;
- Recovery occurs via many pathways;
- Recovery is holistic;
- Recovery is supported by peers and allies;
- Recovery is supported through relationship and social networks;
- Recovery is culturally-based and influenced;
- Recovery is supported by addressing trauma;
- Recovery involves individuals, families, community strengths, and responsibility;
- Recovery is based on respect.

Please see **SAMHSA's Working Definition of Recovery from Mental Disorders and Substance Use Disorders**.

States are strongly encouraged to consider ways to incorporate recovery support services, including peer-delivered services, into their continuum of care. Examples of evidence-based and emerging practices in peer recovery support services include, but are not limited to, the following:

- Drop-in centers
- Peer-delivered motivational interviewing
- Peer specialist/Promotoras
- Clubhouses
- Self-directed care
- Supportive housing models
- Recovery community centers
- WRAP
- Evidenced-based supported
- Family navigators/parent support partners/providers
- Peer health navigators
- Peer wellness coaching
- Recovery coaching
- Shared decision making
- Telephone recovery checkups
- Warm lines
- Whole Health Action Management (WHAM)
- Mutual aid groups for individuals with MH/SA Disorders or CODs
- Peer-run respite services
- Person-centered planning
- Self-care and wellness approaches
- Peer-run crisis diversion services
- Wellness-based community campaign

employment

SAMHSA encourages states to take proactive steps to implement recovery support services, and is seeking input from states to address this position. To accomplish this goal and support the wide-scale adoption of recovery supports in the areas of health, home, purpose, and community, SAMHSA has launched Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS). BRSS TACS assists states and others to promote adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental disorders.

Recovery is based on the involvement of consumers/peers and their family members. States should work to support and help strengthen existing consumer, family, and youth networks; recovery organizations; and community peer support and advocacy organizations in expanding self-advocacy, self-help programs, support networks, and recovery support services. There are many activities that SMHAs and SSAs can undertake to engage these individuals and families. In the space below, states should describe their efforts to engage individuals and families in developing, implementing and monitoring the state mental health and substance abuse treatment system.

Please consider the following items as a guideline when preparing the description of the state's system:

1. Does the state have a plan that includes: the definition of recovery and recovery values, evidence of hiring people in recovery leadership roles, strategies to use person-centered planning and self-direction and participant-directed care, variety of recovery services and supports (i.e., peer support, recovery support coaching, center services, supports for self-directed care, peer navigators, consumer/family education, etc.)?
2. How are treatment and recovery support services coordinated for any individual served by block grant funds?
3. Does the state's plan include peer-delivered services designed to meet the needs of specific populations, such as veterans and military families, people with a history of trauma, members of racial/ethnic groups, LGBT populations, and families/significant others?
4. Does the state provide or support training for the professional workforce on recovery principles and recovery-oriented practice and systems, including the role of peer providers in the continuum of services? Does the state have an accreditation program, certification program, or standards for peer-run services?
5. Does the state conduct empirical research on recovery supports/services identification and dissemination of best practices in recovery supports/services or other innovative and exemplary activities that support the implementation of recovery-oriented approaches, and services within the state's behavioral health system?
6. Describe how individuals in recovery and family members are involved in the planning, delivery, and evaluation of behavioral health services (e.g., meetings to address concerns of individuals and families, opportunities for individuals and families to be proactive in treatment and recovery planning).
7. Does the state support, strengthen, and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?
8. Provide an update of how you are tracking or measuring the impact of your consumer outreach activities.
9. Describe efforts to promote the wellness of individuals served including tobacco cessation, obesity, and other co-morbid health conditions.
10. Does the state have a plan, or is it developing a plan, to address the housing needs of persons served so that they are not served in settings more restrictive than necessary and are incorporated into a supportive community?
11. Describe how the state is supporting the employment and educational needs of individuals served.

Please indicate areas of technical assistance needed related to this section.

Please use the box below to indicate areas of technical assistance needed related to this section:

Technical assistance is requested in developing peer services and peer bridgers involvement in the behavioral health system.

Footnotes:

C. Environmental Factors and Plan

16. Recovery

The implementation of recovery-based approaches is imperative for providing comprehensive, quality behavioral health care. The expansion in access to and coverage for health care compels SAMHSA to promote the availability, quality, and financing of vital services and support systems that facilitate recovery for individuals.

1. Does the state have a plan that includes: the definition of recovery and recovery values, evidence of hiring people in recovery leadership roles, strategies to use person-centered planning and self-direction and participant-directed care, variety of recovery services and supports (i.e., peer support, recovery support coaching, center services, supports for self-directed care, peer navigators, consumer/family education, etc.)?

The Division of Behavioral Health Strategic Plan (2011-2015) addresses the following:

- Vision – The Nebraska public behavioral health system promotes wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family-driven system.
- Mission – The Division of Behavioral Health provides leadership and resources for systems of care that promote and facilitate resilience and recovery for Nebraskans.

2011-2015 Goals:

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

Strategies - The Division of Behavioral Health will:

1. Strategy 1: Insist on Accessibility – Increase access to appropriate and effective integrated behavioral health services, particularly for vulnerable populations.
2. Strategy 2: Demand Quality – Improve the quality of public behavioral health services for children and adults.
3. Strategy 3: Require Effectiveness – Improve outcomes for children and adults through the use of effective services.
4. Strategy 4: Promote Cost Efficiency – Develop flexible and balanced funding to support an efficient and accountable person-centered, recovery oriented system of services.
5. Strategy 5: Create Accountable Relationships – Encourage transparent, accountable relationships with and among system stakeholders.

For more details see http://dhhs.ne.gov/behavioral_health/Pages/2010BHStrategicPlan.aspx.

The Division of Behavioral Health (DBH) NAC Title 206 Chapter 2 – Definitions offer the following terms which support recovery and recovery values: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-206/Chapter-02.pdf

- Peer Support Services
- Person Centered Care
- Recovery
- Recovery-Oriented System of Care (ROSC)
- Rehabilitation
- Secondary Consumer
- Strength-based
- Trauma-informed Services
- Trauma-informed System
- Treatment

The State has documented evidence of hiring people in recovery.

- The DBH has hired the Administrator for the Office of Consumer Affairs (OCA) whom has lived experience and works to promote the DBH mission and vision and increase consumer involvement across Nebraska.
- The DBH has hired a person with lived experience to support youth and family services within the division and serve as a cross systems specialist to work across divisions to promote the DBH mission and vision.
- Regional Consumer Specialists – see the list on the DBH Office of Consumer Affairs, Consumer Involvement web page: http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAConsumers.aspx
- Recovery Specialists have been hired by the Lincoln Regional Center.
- DBH contracts directly with consumer run/affiliated organizations such as the Nebraska Federation of Families for Children's Mental Health, Mental Health Association of Nebraska, Nebraska Recovery Network, and the Nebraska chapter of the National Alliance on Mental Illness (NAMI Nebraska) to support consumer and family leadership.
- The OCA People's Council facilitates coordination required under the law between the RBHAs and the Office of Consumer Affairs around consumer involvement in all aspects of service planning and delivery in the Region.

2. How are treatment and recovery support services coordinated for any individual served by block grant funds?

Case management facilitates the achievement of individual wellness through advocacy, assessment, planning, linking, communication, education, resource management, and service facilitation. Additionally, block grant funded providers are to be welcoming, engaging and continually improving integrated services to the populations they serve, including those with developmental disabilities who have mental health and substance abuse disorders and all other individuals who have complex needs. Recovery support services are initiated at the onset of the individual's treatment planning and service delivery process. To the extent possible, the development of a service plan is to be a collaborative process involving the consumer, family members, and other support/service systems. A key component of service coordination is the expectation to develop and sustain strong working relationships with community partners who provide the necessary supports and services which assist individuals with behavioral health disorders (e.g. law enforcement, community hospital(s), housing providers, vocational/employment agencies, educational institutions, child welfare representatives,

advocacy organizations, criminal justice). It is vital for those involved in in cross system collaboration to maintain communication in order to fully assess the effectiveness of on-going services and to determine if additional services are needed.

3. Does the state's plan include peer-delivered services designed to meet the needs of specific populations, such as veterans and military families, people with a history of trauma, members of racial/ethnic groups, LGBT populations, and families/significant others?

The DBH Strategic Plan is designed to move the system to improve services for these populations through "person-centered and self-directed" approaches of care in recovery-oriented systems. Within the framework of recovery-oriented systems of care, the person centered approach allows for greater flexibility for cultural adaptations within service delivery.

The model of peer support utilized by Peer Support and Wellness Specialists in Nebraska is Intentional Peer Support. It is a trauma informed and culturally competent model of peer support, incorporating the principle of respecting the worldview of others. There are over 230 certified Peer Support and Wellness Specialists in Nebraska. Additional information on this model and its implementation is located at www.dhhs.ne.gove/trauma.

Supporting this model is the OCA *Facilitator's Circle*, a group of people trained in the Nebraska Certified Peer Support and Wellness Specialist training, The mission of the *Facilitator's Circle* is to identify, equip, train, certify, and further educate peers with the skills required to provide relationship building and trauma informed peer support for people utilizing behavioral health services.

Nebraska is implementing an initiative that promotes trauma-informed care statewide, the Trauma Informed Nebraska (TIN). TIN is to develop a statewide, consumer-driven, recovery-oriented, trauma-informed system that ensures all behavioral health providers are informed about the effects of psychological trauma and are aware of the origin and effects of trauma on survivors.

4. Does the state provide or support training for the professional workforce on recovery principles and recovery-oriented practice and systems, including the role of peer providers in the continuum of services? Does the state have an accreditation program, certification program, or standards for peer-run services?

The DBH offers multiple training opportunities for the professional workforce on recovery principles and recovery oriented practice and systems, including the role of peer providers. In May 2015 the DBH secured consultation from the Technical Assistance Collaborative Center, Inc. (TAC). The workforce was invited to attend the presentation titled: Building Provider Capacity to deliver services aligned with principles and practices of Recovery, Wellness and Community Integration. Participants gained a further understanding of recovery, wellness, and community integration, as well has how to increase overall system capacity to deliver recovery oriented services to support community integration.

In 2014 the Nebraska Department of Health Human Services (DHHS) and the University of Nebraska Medical Center Behavioral Health Education Center of Nebraska (BHECN) entered

into a tri Division contract. The purpose of this partnership is to coordinate the implementation of trauma informed care training and resources to support the DHHS service delivery. These divisions include: DBH, Division of Public Health, and Division of Children and Family Services. As a result of this work, a statewide resource for the professional workforce on the causes and effects of trauma and to provide a singular source for training on trauma-informed care has been created. The trauma informed care training utilizes the core principles established in *SAMHSA's Concept of Trauma and Guidance for a Trauma- Informed Approach*, which includes the following principles:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

The DBH offers a certification program. Eligibility to take the exam through the DBH OCA is for persons who have completed a forty hour (40) Peer Support Training Program and have a certificate of attendance/completion from training facilitators of the program.

The OCA Facilitator's Circle conducts a minimum of one to two Peer Support and Wellness Specialist (PSWS) trainings per year. Peer support training programs are for individuals with experience with any lived behavioral health condition and/or trauma. Certification and training is a great opportunity for those who are working/volunteering in the behavioral health field serving military, veterans, individuals, families, and/or children/youth who have been impacted by a behavioral health condition and/or trauma.

Information on the training brochure is found at http://dhhs.ne.gov/behavioral_health/Documents/NEOCAPeerTrainingBrochure2014.pdf and the certification program is found at http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeer.aspx .

DBH is in the process of updating and promulgating new regulations for services with the inclusive of peer run services. Within the Title 206 Behavioral Health Services Regulations are Service Definitions. One example of standards in this area are under the Crisis Services, the service definition for HOSPITAL DIVERSION. The basic definition is:

> Hospital Diversion is a peer-operated service designed to assist consumers in decreasing psychiatric distress, which may lead to hospitalization. It is designed to help consumers rethink crisis as an opportunity to change toward a more self-determined independent life. Meaningful involvement can ensure that consumers lead a self-determined life in the community, rather than remaining dependent on the behavioral health system for a lifetime. Hospital Diversion offers consumers the opportunity to take control of their crisis or potential crisis and develop new skills through a variety of traditional self-help and proactive tools designed to maintain wellness. Trained Peer Companions are the key ingredients in helping other consumers utilize self-help tools. Peer Companions provide contact, support, and/or referral for services, as requested, during and after the stay as well as manning a Warm Line. Hospital Diversion is located in a family/home setting in a

residential district that offers at least 4-5 guest bedrooms and is fully furnished for comfort. Participation in the service is voluntary.

The hospital diversion services are being developed by providers with national accreditation. The Mental Health Association of Nebraska is CARF Accredited and operates Keya House. Community Alliance is CARF Accredited and operates Safe Harbor Peer Services

5. Does the state conduct empirical research on recovery supports/services identification and dissemination of best practices in recovery supports/services or other innovative and exemplary activities that support the implementation of recovery-oriented approaches, and services within the state's behavioral health system?

The DBH Office of Consumer Affairs (OCA) focuses on four areas:

- Consumer/Peer Support - consumers helping consumers; Relationships - build and strengthen consumer involvement; Planning - how to get the best out of the system; and Advocacy - how to find the best information and resources out there now.

OCA supports the implementation of recovery-oriented approaches through its work with:

- Two Peer Support studies have been completed:
  - http://dhhs.ne.gov/behavioral_health/Documents/Nebraska%20Peer%20Support%20Certification%20Study.pdf
  - http://dhhs.ne.gov/behavioral_health/Documents/Nebraska%20Peer%20Support%20Focus%20Group-Survey%20Report%20Final.pdf
- The Nebraska Network of Care Website to provide information for consumers: http://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx
- Peer Support and Wellness Specialists: http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeer.aspx
- Webinars: http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_mhconsumer_webinars.aspx
- Website page dedicated to Trauma: http://dhhs.ne.gov/behavioral_health/Pages/trauma.aspx
- Consumer Involvement in Advisory meetings: http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeoplesCouncil.aspx

As noted elsewhere in the application, DBH also has:

- Family Peer Support Navigators
- Peer-Run Crisis Diversion Services
- Peer-Run Warmlines- Lincoln, Omaha, and North Platte
- Housing Related Assistance
- Supported Employment

6. Describe how individuals in recovery and family members are involved in the planning, delivery, and evaluation of behavioral health services (e.g., meetings to address concerns of individuals and families, opportunities for individuals and families to be proactive in treatment and recovery planning).

As mentioned previously, the DBH has demonstrated the hiring of persons in recovery. These positions serve as an opportunity for individuals in recovery and family members to be involved in the planning, delivery, and evaluation of behavioral health services.

- The DBH has hired the Administrator for the Office of Consumer Affairs (OCA) whom has lived experience and works to promote the DBH mission and vision and increase consumer involvement across Nebraska.
- The DBH has hired a person with lived experience to support youth and family services within the division and serve as a cross systems specialist to work across divisions to promote the DBH mission and vision.
- Regional Consumer Specialists – see the list on the DBH Office of Consumer Affairs, Consumer Involvement web page: http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAConsumers.aspx
- Recovery Specialists have been hired by the Lincoln Regional Center.
- DBH contracts directly with consumer run/affiliated organizations such as the Nebraska Federation of Families for Children's Mental Health, Mental Health Association of Nebraska, Nebraska Recovery Network, and the Nebraska chapter of the National Alliance on Mental Illness (NAMI Nebraska) to support consumer and family leadership.
- The OCA People's Council facilitates coordination between the RBHAs and the Office of Consumer Affairs around consumer involvement in all aspects of service planning and delivery in the Region.

Other opportunities for involvement in the planning, delivery, and evaluation of behavioral health services are

- **The OCA Facilitators Circle:** There are 19 peers trained as facilitators in the Nebraska Peer Support and Wellness Specialist Curriculum.
- **OCA Peer Support and Wellness Specialist Certification Program:** The OCA hosts one to two trainings per year. For more information on the program, see the peer support training web page.
- **Peer Support and Wellness Specialist Co-Supervision:** The Certified Peer Support and Wellness Specialist are invited to provide supervision to each other during several quarterly calls hosted by the Office of Consumer Affairs.
- **OCA Open Door Calls:** The Office of Consumer Affairs hosts open door calls for anyone that would like to learn more about the OCA or share information and resources. These calls are hosted monthly and the schedule is posted on our website.
- **The Statewide Behavioral Health Conference:** www.nebraskastateconference.org
- **Partner's in Recovery Art Shows, Recovery Jams, and Recovery Film Festivals:** The Nebraska Recovery Network hosts art shows, recovery jams, and film festivals that are open to the public via contract with the Office of Consumer Affairs.
- **Artist of the Arboretum-** OCA features a monthly Artist of the Arboretum at the Lincoln Regional Center.
- **NAMI Trainings for Support Group Leaders:** The Office of Consumer Affairs contracts with NAMI to host trainings for support group leaders.

- **SQIT (State Wide Quality Improvement Team)**
- **Division of Behavioral health Tuesday Data Call**
- **Joint State Advisory Committee on**: Mental Health Services and Substance Abuse Services;

NAC 206 Chapter 6-000 outlines consumer and family's standards of care which is inclusive of the Consumer rights. Consumer rights outline the right for involvement in care.

1. Be treated respectfully, impartially, and with dignity;
2. Communicate freely with individuals of their choice including, but not limited to, family, friends, legal counsel, and his/her private physician;
3. Have clinical records made available to themselves and individuals of their choice by his/her written request;
4. Actively and directly participate in decisions which incorporate independence, individuality, privacy, and dignity and to make decisions regarding care and treatment;
5. Refuse treatment or therapy, unless treatment or therapy was authorized by the consumer's legal guardian or was ordered by a mental health board or court;
6. Have privacy and confidentiality related to all aspects of care;
7. Be protected from neglect; physical, emotional or verbal abuse; and exploitation of any kind;
8. Actively and directly participate in developing an individual treatment, rehabilitation, and recovery plan and decision-making regarding his/her behavioral health care;
9. Receive care from providers who adhere to a strict policy of non-discrimination in the provision of services;
10. Be free of sexual exploitation and, harassment;
11. Voice complaints and file grievances without discrimination or reprisal and to have those complaints and grievances addressed in a timely manner (see 206 NAC 6-003); and
12. Receive behavioral health services in the most integrated setting appropriate for each consumer based on an individualized and person-centered assessment and incorporated into the individual treatment rehabilitation and recovery plan.

7. Does the state support, strengthen, and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?

In addition to the partnerships with the RBHAs and the hiring of persons in recovery, the DBH contracts with the following to support, strengthen, and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services.

- Nebraska Federation of Families for Children's Mental Health- Provide Network Management of state wide family peer support and family navigator services.
- Mental Health Association of Nebraska- to provide the annual NE Behavioral Health: Success, Hopes, and Dreams conference
- Nebraska Recovery Network- to provide recovery events and education and awareness
- NAMI Nebraska to support consumer and family leadership, support groups, and training.

- League of Human Dignity to increase consumer participation
- Annual CPSWS conference
- Technical assistance contracts to increase consumer participation and increase peer services. Technical assistance has been secured through the UNL Public Policy Center and the Technical Assistance Center, INC.

DBH is strengthening its commitment to peer support by partnering with the University of Nebraska-Lincoln Public Policy Center in developing the *Office of Facilitation of Recovery* at the Lincoln Regional Center (LRC). An administrator with lived experience will lead the office and be solely assigned to the state hospital. The DBH Community-Based Section is also strengthening the peer support commitment by reorganizing staff to lead peer support and other recovery initiatives.

DBH has a new initiative underway – the Peer Bridger Program at LRC, the state hospital. LRC will develop and implement a "Peer Bridger Pilot Program" that will provide peer support to LRC general psychiatric patients as they transition to the community. The Peer Bridger Pilot Program will develop relationships with patients during their stay at the hospital and continue to provide peer support after discharge. Though the Nebraska model is yet to be designed, the literature review of other programs highlight outcomes such as:

- Engagement in a uniquely personal, positive supportive relationship with a peer
- Involvement in an array of Peer Support Meetings
- Linkage to a broad range of community-based service and natural supports
- Teaching community adjustment and wellness self-management skills

Expected benefits include:

- Shorter hospital lengths of stay
- Improved social connectedness
- Improved community tenure

8. Provide an update of how you are tracking or measuring the impact of your consumer outreach activities.

DBH conducts an annual Behavioral Health Consumer Survey. The survey solicits input from adult and youth consumers receiving mental health and/or substance abuse services from the publicly funded, community-based behavioral health system in Nebraska. The survey consists of forty questions and aims to assess the quality and impact of the services received by measuring seven domains: Access, Quality and Appropriateness, Outcomes, Participation in Treatment Planning, General Satisfaction, Functioning and Social Connectedness.

The DBH data team analyzes the seven domains at the state level and compares outcomes longitudinally to previous iterations of the Consumer Survey dating back to 2006. Domains are also analyzed at the regional level, and by consumer race/ethnicity, gender, age, service type, and length of stay. In addition to the service domains, physical health status of consumers was also examined.

Consumers and family members participate on the DBH Statewide Quality Improvement Team (SQIT). SQIT is primarily responsible for the identification and prioritization of opportunities for regional and statewide improvement affecting the Nebraska Behavioral Health System, implementation of quality initiatives and development of the annual Continuous Quality Improvement (CQI) plan.

Under the Nebraska Behavioral Health Services Act each Region is expected to encourage and facilitate the involvement of consumers in all aspects of service planning and delivery. The Region is to coordinate such activities with the DBH Office of Consumer Affairs. Each Region is also expected to have a Regional Advisory Committee consisting of consumers, providers, and other interested parties.

In 2013 and 2014, DBH and OCA engaged consumers and families in two activities to assess consumer outreach activities. In 2013, DBH worked with the University of Nebraska Public Policy Center to conduct a survey and focus groups in each of the behavioral health regions of Nebraska. There were four groups that participated in the surveys and focus groups: Adult peer support specialists, family peer support specialists, consumers of adult peer support, and consumers of family peer support. In 2014, OCA convened a study group to review and identify strategies and recommendations to optimize consumer and family involvement. The final work product, *Consumer and Family Involvement in Nebraska*, is planned to be released in late 2015.

9. Describe efforts to promote the wellness of individuals served including tobacco cessation, obesity, and other co-morbid health conditions.

OCA promotes and provides information and resources focused on wellness strategies and recovery education to consumers and families and providers. It accomplishes this by promoting workforce recruitment and training efforts through the Peer Support and Wellness Specialist Certification program, People's Council, Open Door Calls, Statewide Behavioral Health Conference, and coordinated activities with the RBHA Regional Advisory Committees.

And, DBH's prevention system utilizes universal, selective and indicated prevention interventions intended to prevent or reduce the risk of developing a behavioral health problem. Early intervention strategies designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges are also promoted throughout this system.

10. Does the state have a plan, or is it developing a plan, to address the housing needs of persons served so that they are not served in settings more restrictive than necessary and are incorporated into a supportive community?

The State of Nebraska recognizes that safe and stable housing are components needed for recovery by people who have behavioral health disorders who also experience extremely low income.

The governing regulations of Nebraska's public behavioral health system specifically identifies consumer rights, including the right to receive services and housing in the most integrated and supportive, as well as least restrictive, settings possible. The State plan and corresponding funding mechanism that address housing needs of persons served are identified in the Housing Assistance Program's Manual.

Following the Permanent Supportive Housing model developed by SAMHSA, the purpose of the Housing Assistance Program is to address housing service needs for people with behavioral health disorders. This includes the use of rental assistance, other housing-related assistance, facilitation of community integration and a housing first approach as strategies to prevent homelessness as well as sustain stable housing while persons served continue to receive behavioral health services to support their recovery. Assistance provided by the Housing Assistance Program affords opportunity for a consumer to achieve or remain in permanent, affordable, community integrated housing of his/her choice while receiving behavioral health services supportive of recovery.

Through contract with each of the six Regional Behavioral Health Authorities, the Housing Assistance Program is administered by these entities throughout the state. As Nebraska is primarily a rural and frontier state, with 84 of 93 counties are classified as rural, this approach allows for local variances in housing unit types, consumer choice and associated costs.

In 2014, DBH completed a limited evaluation of DBH's activities in the context of community integration with the assistance the Technical Assistance Collaborative (TAC). In 2015, TAC was retained to assist DBH further develop the community integration activities, including developing a three year Strategic Supportive Housing Plan. The DBH planning process will incorporate two work groups, one focusing on housing, and the other on services necessary for individuals to live in supportive, integrated settings within the community.

DBH also maintains contracts with providers for:

- Oxford House, for persons served who are in treatment for addiction, and,
- Nebraska Projects for Assistance in Transition from Homelessness (PATH)

11. Describe how the state is supporting the employment and educational needs of individuals served.

Successful employment remains a recognized component for persons on the path to recovery. As funded by the Division of Behavioral Health, Supported Employment is an available option for persons with behavioral health needs. Consumers enrolled in community based services (i.e., Community Support, Outpatient therapy) who identify the desire for a job will be referred to Supported Employment. In partnership with the Regions and the Nebraska Department of Vocational Rehabilitation, the Division of Behavioral Health developed and implemented a Milestone based pilot project. This pilot helped establish a one year baseline and determination of best practices in the implementation of supported employment services with persons who have behavioral health needs. A cost study was also conducted as part of this project.

Working closely with Regional staff and providers of Supported Employment services within each Region, recorded consumer data was analyzed, and the DBH funded Milestones were determined.

Educational needs are identified through various sources with referrals made accordingly. For adults considering job advancement or recreational growth, Community Support Workers facilitate access to local Community Colleges, larger four year Colleges and Universities, or to educational opportunities on-line. The Professional Partner Program facilitates educational opportunities for youth (through age 26 years) through the development of the Individualized Program Plan. The Case Manager, known as the Professional Partner, assists the youth in finding the best fit for educational opportunities, while the Program's associated Wrap Around funding supports enrollment, materials and other fees.

Technical assistance is requested in developing peer services and peer bridgers involvement in the behavioral health system.

NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

D

2016 BRIDGE STRATEGIC PLAN

Department of Health & Human Services

DHHS

NEBRASKA

DIVISION OF BEHAVIORAL HEALTH

2016 BRIDGE STRATEGIC PLAN

TABLE OF CONTENTS

INTRODUCTION 1

GOALS AND OBJECTIVES 2

PERFORMANCE INDICATORS 2

SYSTEMS INTEGRATION 3

NEEDS ASSESSMENT AND STRATEGIC PLAN 3

STRATEGIC INITIATIVES AND 2016 WORK PLAN 4

- **ACCESSIBILITY** 4
- **QUALITY** 5
- **EFFECTIVENESS** 7
- **COST EFFICIENCY** 9
- **ACCOUNTABLE RELATIONSHIPS** 10

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.

PRIORITY **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.

PRIORITY **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.

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.

PRIORITY

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.

PRIORITY

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.

Orientation for Members of the Nebraska Office of Consumer Affairs People's Council

Department of Health & Human Services
DHHS
NEBRASKA
Division of Behavioral Health

There Is No Health Without Behavioral Health.
Prevention Works. Treatment is Effective. People Recover.

Department of Health & Human Services
DHHS
NEBRASKA

Overview

There is no Health without Behavioral Health. Prevention Works. Treatment is Effective. People Recover.

44

Division of Behavioral Health

Shall serve as the chief behavioral health authority for the State of Nebraska and shall direct the administration and coordination of the public behavioral health system.

Neb. Rev. Stat. 71-806

Sheri Dawson, Director
Division of Behavioral Health

Overview of the Division of Behavioral Health (DBH)

Public Behavioral Health System

Public behavioral health system; purposes.

(1) The public safety and the health and safety of persons with behavioral health disorders;

(2) Statewide access to behavioral health services, including, but not limited to,

(a) adequate availability of behavioral health professionals, programs, and facilities,

(b) an appropriate array of community-based services and continuum of care, and

(c) integration and coordination of behavioral health services with primary health care services;

(3) High quality behavioral health services, including, but not limited to,

(a) services that are research-based and consumer-focused,

(b) services that emphasize beneficial treatment outcomes and recovery, with appropriate treatment planning, case management, community support, and consumer peer support,

(c) appropriate regulation of behavioral health professionals, programs, and facilities, and

(d) consumer involvement as a priority in all aspects of service planning and delivery; and

(4) Cost-effective behavioral health services, including, but not limited to,

(a) services that are efficiently managed and supported with appropriate planning and information,

(b) services that emphasize prevention, early detection, and early intervention,

(c) services that are provided in the least restrictive environment consistent with the consumer's clinical diagnosis and plan of treatment, and

(d) funding that is fully integrated and allocated to support the consumer and his or her plan of treatment.

Neb. Rev. Stat. 71-803.

Who we are:

The Division of Behavioral Health funds the Public Behavioral Health System

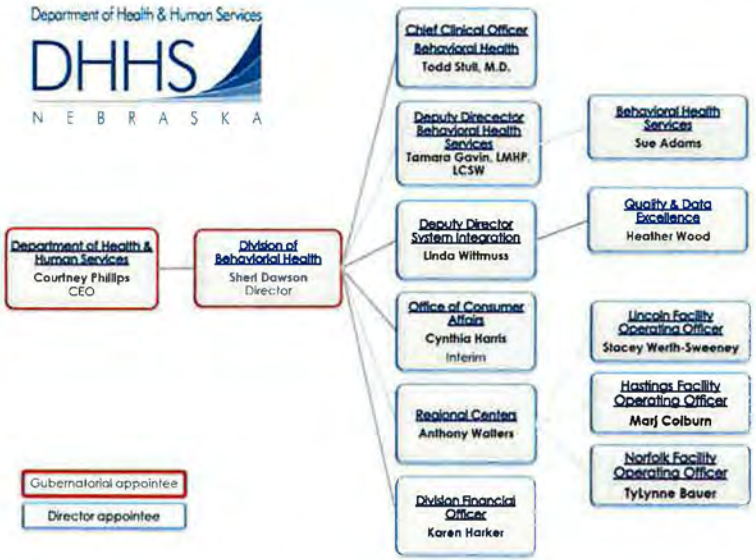
- Mental Health (MH)
- Substance Abuse (SA)

  Primarily through contracts with the six Nebraska Regional Behavioral Health Authorities (a.k.a. Regions)

- We serve Adults (primarily) and Children/Youth
- In between role: not Medicaid and not insurance

How is the Division of Behavioral Health different from Medicaid Behavioral Health?

Division of Behavioral Health	Medicaid
More Funding for ADULTS (Mental Health & Substance Abuse)	Serves more CHILDREN than DBH (limited services for children with SA needs)
Funding capped; no entitlement	Entitlement, if eligible
Recovery and rehab service model	Medical model
Housing and employment	Has *"in-house"* information system to collect claims data
Contracts for information system to collect data	Direct to providers
Through Regions	



Prevention Works. Treatment is effective. People recover.

Nebraska Department of Health & Human Services Mission

Helping People Live Better Lives

Prevention Works. Treatment is Effective. People Recover.

Division of Behavioral Health

DBH Vision:

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

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

DBH Mission:

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

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

2011-2015 Goals:

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

Chief Clinical Officer

Shall be a board-certified psychiatrist and shall serve as the medical director for the division and all facilities and programs operated by the division.

Neb. Rev. Stat. 71-805

- MHB Training Manual
- IDR Magellan Hearing Officer
  (Informal Dispute Resolution)

Office of Consumer Affairs

Shall be a consumer or former consumer of behavioral health services and shall have specialized knowledge, experience, or expertise relating to consumer-directed behavioral health services, behavioral health delivery systems, and advocacy on behalf of consumers of behavioral health services and their families.

Neb. Rev. Stat. 71-805

- Peer Specialists

Regional Center System

Lincoln Regional Center (LRC)

- general psychiatric services - 90 beds
- forensic psychiatric services - 45 beds
- sex offender services - 85 beds
- Whitehall campus - 24 beds (adolescent male sex offenders)
  - Court-ordered Forensic
  - Adults committed by a Mental Health Board found to be a danger to self or others due to a mental illness
  - Dangerous sex offenders
  - Those that cannot be safely treated in a community hospital (violent or assaultive)

Norfolk Regional Center (NRC)

- sex offender services - 120 beds

Hastings Regional Center (HRC)

- adolescent residential substance abuse treatment (boys) - 24 beds

Regional Center System

Regional Centers		FY12	FY13	FY14
NORFOLK		288	315	328
HASTINGS		77	69	77
LINCOLN	Forensic	190	209	210
	Psych IP	125	84	95
	Sex Offender	61	53	63
Total		741	730	773

Central Office: Community Based Section

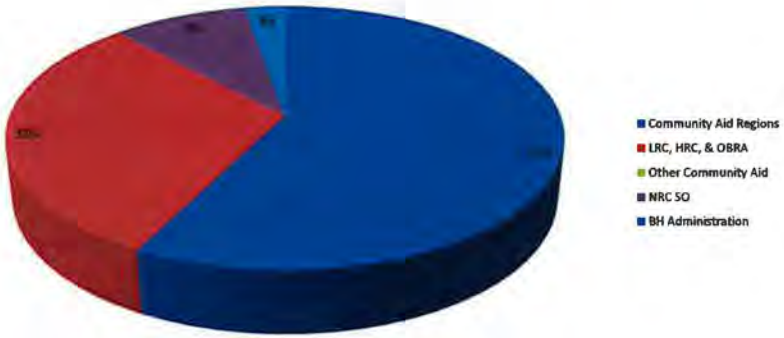
- Funding, oversight and technical assistance to the six (6) Regional Behavioral Health Authorities.
- Management for other behavioral health services via direct contracts such as American Indian Tribes, Rural Voucher Program, Recovery Home Loans, Training for Addiction Professionals and other related functions.
- Oversight and management of special grant funded projects such as Systems of Care and the Transformation Transfer Initiative
- Leadership in special initiatives and health system coordination via partnerships with related agencies, entities and stakeholders such as Trauma and Substance Abuse Prevention.

Community Based Section

- Each region contracts with a network of MH and SA providers - Nebraska Behavioral Health System= NBHS
- Network, Emergency, Youth, Prevention, Consumer
- Service array varies from Region to Region and are based on the unique needs of Nebraska's communities - urban, rural, frontier
- Each service has a State approved service definition which are part of the Division regulations
- Eligibility criteria for services
  - financial (income and family size)
  - clinical (service definition)
- Individuals participating in Prevention services
- DBH contracts with Magellan for Admin Services (ASO) function (registration and authorization)*
- Magellan reviews for clinical criteria
- Providers review for financial criteria

** Medicaid contract with Magellan is different. It is an at-risk managed care contract.*

Fiscal Year 2014-2015 Behavioral Health Appropriation



Total Funds: $158,741,533

Behavioral Health Regions

Behavioral Health Community Based Services
Person Served – Unduplicated Count

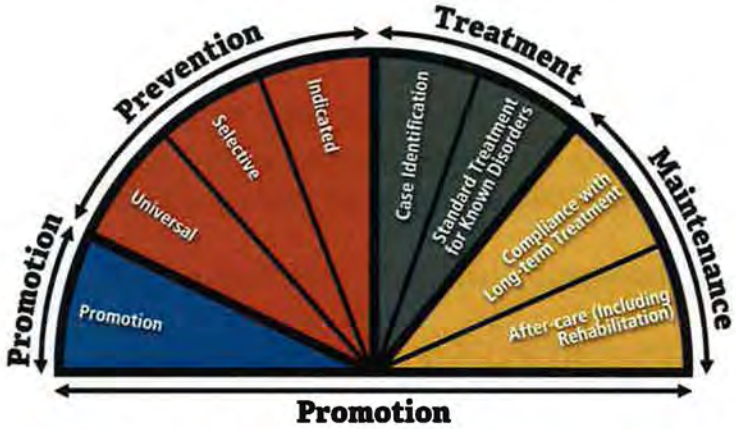
FY2013	Served in MH Service	Served in SA Service	Served in MH & SA Service	TOTAL
Youth (age 0-17)	1,895	220	23	2,138
Adult	17,795	10,744	3518	32,057
Total # of person served State Fiscal Year 2013				34,195

Nebraska Behavioral Health Services Act

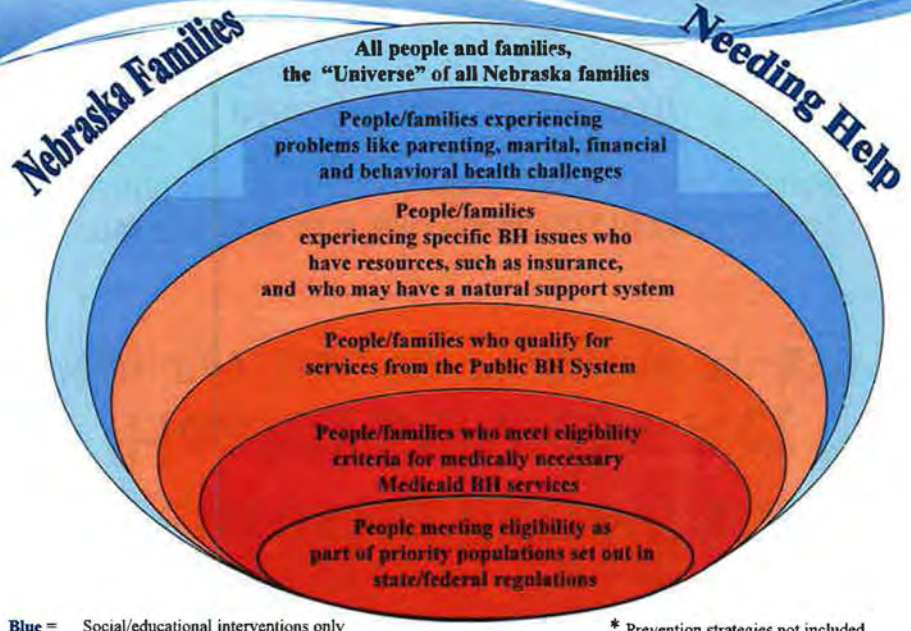
Neb. Rev. Stat. §§ 71-801 to 71-830

The Act defines a **BEHAVIORAL HEALTH DISORDER** as: mental illness or alcoholism, drug abuse, or other addictive disorder.
[Neb. Rev. Stat. §71-804(1)].

Health Spectrum



The Institute of Medicine (IOM) Life Cycle Protractor



Blue = Social/educational interventions only
Red = Medical necessity interventions only
Orange = Both medical and social/educational interventions supported

* Prevention strategies not included

Recovery Oriented Systems of Care

- Support prevention and early intervention
- Support recovery (housing, transportation, case management, employment, basic needs, faith-based, peer support, etc.)
- Identify and develop pathways to improved outcomes

"A 'ROSC' is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems." – SAMHSA

DBH Bridge Strategic Plan: 2016

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.

DBH Strategic Plan: Bridge 2016

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

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

DBH Strategic Plan: Bridge 2016

Goals:

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

2. DBH will support innovative, effective service delivery.

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

DBH Strategic Plan: Bridge 2016

In 2016, the Division of Behavioral Health appointed a new Deputy Director, Linda Wittmuss, who will be dedicated to systems integration and strategic planning and 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.

2016 Bridge Strategic Work Plan

- Accessibility
  - Increase access to appropriate and effective integrated behavioral health services, particularly for individuals with complex needs.
- Quality
  - Improve the quality of public behavioral health services for children and adults.
- Effectiveness
  - Implementing practices that show the most evidence for achieving positive outcomes in behavioral healthcare.
- Cost Efficiency
  - Develop flexible and balanced funding to support an efficient and accountable person-centered, recovery-oriented system of services.
- Accountable Relationships
  - Maximize the full potential of behavioral health resources through partnerships and transparent, accountable relationships.

Division of Behavioral Health

Committees and Councils Overview

State Advisory Committee on Mental Health
Services State Advisory Committee on Substance Abuse Services
Office of Consumer Affairs People's Council
Prevention Advisory Council

Division of Behavioral Health

State Committees

- State Advisory Committee on Mental Health Services

  Members of this Committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise in relation to the provision of mental health services.

- State Advisory Committee on Substance Abuse Services

  Members of this Committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise in relation to the provision of substance abuse services.

Committee Information

- Each Committee member is appointed by the Governor for a specific term. Each Committee is required to include consumers.
- Each Committee has their own By-Laws.
- Each Committee has respective topical focal points but also share concern for the entire publicly funded behavioral health system and thus meet jointly at times.
- The Open Meetings Act and Roberts Rules of Order are applicable and utilized in these public meeting forums.
- Both Committees have a DBH staff liaison.

State Advisory Committee on Mental Health Services

Statute and Authority

Nebraska Revised Statute 71-814 - Twenty-three Members

(2) The Committee shall be responsible to the division and shall:

- (a) serve as the state's mental health planning council as required by Public Law 102-321,
- (b) conduct regular meetings,
- (c) provide advice and assistance to the division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services,
- (d) promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research,
- (e) provide reports as requested by the division, and
- (f) engage in such other activities as directed or authorized by the division.

State Advisory Committee on Mental Health Services

(2) (a) … shall serve as the state's mental health planning council as required by Public Law 102-321

FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT
REQUIREMENTS FOR THE STATE MENTAL HEALTH PLANNING COUNCIL

Section 1914:
The State will establish and maintain a State mental health planning council in accordance with the conditions described in this section.
(b) The duties of the Council are:

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

State Advisory Committee on Substance Abuse Services

Statute and Authority

Nebraska Revised Statute 71-815 - Twelve Members

(2) The committee shall be responsible to the division and shall:

(a) conduct regular meetings,

(b) provide advice and assistance to the division relating to the provision of substance abuse services in the State of Nebraska,

(c) promote the interests of consumers and their families,

(d) provide reports as requested by the division, and

(e) engage in such other activities as directed or authorized by the division.

Office of Consumer Affairs People's Council

- **PURPOSE**

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.

- **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.

Prevention Advisory Council

PURPOSE

The Prevention Advisory Council (PAC) is chartered to provide state and regional system leadership in substance abuse and mental health prevention to Nebraska's Behavioral Health system (NBHS). As a subcommittee of the State Advisory Council on Substance Abuse Services and the State Advisory Committee on Mental Health Services, the Prevention Council will guide the Department of Health and Human Services Division of Behavioral Health (DBH), and related state agency partners.

The PAC objectives are as follows:

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

Open Meetings Act (OPA)

- Statute 84-1411 to 81-1413
- Key elements:
  - Advance publicized notice of meeting time, place and agenda. Agenda may not be altered 24 hours prior to meeting.
  - Agenda structure could be revised if necessary but no additional content may be added.
  - May not use teleconference; may use videoconferencing IF.....
  - Public has a right to attend speak; allotted agenda time for public should not be altered once established. Public comment can be limited to topics on agenda or by time limit. Public desiring to speak shall sign up; comments should not be solicited at random by Committee members, and no unsolicited comments should be made without appropriate public comment process to ensure all Committee and public access.

Open Meetings Act (OPA)

- No power can be granted to a body lesser than the full committee (or quorum).
- Once committee in debate or motion, no further public comment shall be permitted on topic.
- Minutes must be kept indicating time, place, members present and absent and substance of matters discussed but should be very brief as not to complicate with recording 'discussion' but rather to capture motions made and voting record including all member responses.
- Minutes shall be made available for public inspection within ten working days of the meeting. Any recording will not be retained once printed material is finalized and available.
- At least one copy of all reproducible, written meeting materials must be present; a copy of OPA must also be present and cited.

Council Logistics

- The meetings are scheduled for the following year at the last meeting of each calendar year.
- Approximately two weeks before meeting you will be sent an agenda
- Approximately two weeks before the meeting, an email will be sent requesting an RSVP if you will be attending.
- For planning purposes and quorum it is important to know whether you will be in attendance.
- Lunch is always on your own
- New members- to be listed on the OCA website as a member you must complete a release of information.

Council Agenda and Meeting Minutes

The agenda is posted on the website 10 days prior to each meeting. Per Section 84-1413(5), the minutes from the meeting will be posted within 10 business days following that meeting. These are the links to access the agenda and minutes

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

Thank you!

Questions?
Comments?
Feedback?

Cynthia Harris, M.S., CPSWS
Nebraska Department of Health and Human Services
Division of Behavioral Health
Office of Consumer Affairs
Cynthia.Harris@nebraska.gov
402-471-7766
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509

F

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

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

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 the 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 herby formally adopts the above by laws.

Council Chairperson	2-9-16 Date
Council Vice-Chairperson	2/9/16 Date
Council Secretary	2/9/16 Date

Helping People Live Better Lives
An Equal Opportunity Employer

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

Charter

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

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 the 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 herby formally adopts this charter.

Council Chairperson	2-9-16 Date
Council Vice-Chairperson	2/9/16 Date
Council Secretary	2/9/16 Date

Helping People Live Better Lives
An Equal Opportunity Employer

H

OCA PEOPLE'S COUNCIL

2016 DATES & LOCATIONS

February 09, 2016	**9:30-am-3:15 pm**	**Lincoln Community Foundation Building** **215 Centennial Mall S** **Lincoln, NE**
May 12, 2016	**9:30-am-3:15 pm**	**Lincoln Community Foundation Building** **215 Centennial Mall S** **Lincoln, NE**
August 02, 2016	**9:30-am-3:15 pm**	**Lincoln Community Foundation Building** **215 Centennial Mall S** **Lincoln, NE**
November 01, 2016	**9:30-am-3:15 pm**	**Lincoln Community Foundation Building** **215 Centennial Mall S** **Lincoln, NE**

Nebraska Division of Behavioral Health

State Advisory Committee on Mental Health Services (SACMHS)

State Advisory Committee on Substance Abuse Services (SACSAS)

February 18, 2016/ 9:00 am – 4:00 pm Lincoln, NE – Country Inn & Suites

Meeting Minutes

I. Call to Order/Welcome/Roll Call *Sue Adams*

Sue Adams, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present to the meeting. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. Three new members of the State Advisory Committee on Mental Health Services, Ryan Kaufman, Lisa Jones, and Kristin Larsen were introduced and welcomed.

Roll call was conducted and a quorum was determined to exist 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 Members in Attendance: Karla Bennetts; Nathan Busch, Brenda Carlisle; Bob Doty; Kathleen Hanson; Brad Hoefs; Lisa Jones; Patti Jurjevich; Ryan Kaufman; Linda Krutz; Phyllis McCaul; Rachel Pinkerton; Joel Schneider; Mary Thunker; Diana Waggoner; Stacey Werth-Sweeney. Members Absent: Bev Ferguson; Kasey Moyer; Mark Schultz.

State Advisory Committee on Substance Abuse Services Members in Attendance: Roger Donovick; Ann Ebsen; Ingrid Gansebom; Jay Jackson; Janet Johnson; Dusty Lord; Kimberley Mundil; Michael Phillips; Randy See; Mary Wernke. Members Absent: Paige Hruza; Todd Stull.

DHHS Staff in Attendance: Susan Adams; Tamara Gavin; Linda Wittmus; Sherri Lovelace; Cynthia Harris, Debra Sherard, John Trouba; Heather Wood.

II. Motion to Approve Minutes *Chairperson Diana Waggoner & Vice-Chairperson Randy See*

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner and State Advisory Committee on Substance Abuse Services (SACSAS) Vice Chairperson See welcomed members, guests and staff to the meeting and presented the minutes for review. Hearing no corrections or comments, SACSAS Vice Chairperson See called for a motion to approve the November 19, 2015 meeting minutes as written. Moved by Lord and seconded by Mundil, the motion passed on a unanimous voice vote. SACMHS Chairperson Waggoner presented the minutes for review and hearing no corrections called for a motion to approve the November 19, 2015 meeting minutes as written. Moved by Doty and seconded by Hoefs, the motion passed on a unanimous voice vote.

III. Public Comment

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

IV. Director's Update *Tamara Gavin*

Tamara Gavin, Deputy Director of Community-Based Services, introduced herself and welcomed new and standing committee members. Gavin introduced Anthony Walters, newly appointed CEO of the Nebraska Regional State Hospitals. When asked about opportunity and obstacles, Walters said it is important as providers, to be responsive to changing community needs by identifying how we can mold services and be flexible to fit those needs. Internally, he cited priorities of keeping staff and patients safe, providing good clinical care, adding it is important to talk with individuals and treat them with dignity.

Gavin next introduced Linda Wittmus, Deputy Director for System Integration, who will be working with Medicaid and Public Health, along with Corrections and Probation, to improve process flow between Divisions and State Agencies.

Gavin explained that she is focused on the community-based services side, looking at an improved delivery system and working on the CDS, which is scheduled to launch on February 29, 2016.

Gavin announced that Todd Stull has been appointed as Chief Clinical Officer, sharing his role with Medicaid. With his wealth of experience, Gavin added that he will be a valuable addition to the DBH team.

Due to the resignation of Carol Coussons de Reyes, a job opening has been posted for a Consumer Affairs Program Administrator to head the DBH Office of Consumer Affairs. The job description is posted on the state

employment site. Everyone is encouraged to recommend and/or refer well qualified applicants.

Discussion then turned to the impending go-live of the new CDS and sun-setting of the Magellan contract for data collection. Heather Wood, DBH Quality Improvement and Data Performance Administrator, stressed that the new system will aid in bringing the data in-house and noted that it is user friendly and easy to operate and elements can be changed or added at any time. While the system will still need fine tuning, it is attracting national attention as a model and will be presented at upcoming national conferences.

Gavin also announced progress towards integration of physical health with behavioral health as Medicaid moves forward on contracts with three managed care organizations: United Health Care, Aetna, and Nebraska Total Care, Inc., noting that this will bring about many changes in the system that impact the public behavioral health system.

Committee members were presented with a copy of the DBH Bridger Plan that will serve as our roadmap for the next 10 months. Many activities are planned for 2016, including a comprehensive needs assessment, a new DBH Strategic Plan and a four-phased detailed work plan to implement a Children's System of Care as well as plans to address housing needs.

V. Legislative Update *Sue Adams*

Sue Adams, Network Services Administrator, presented a handout listing the 2016 bills that were reviewed by DBH and touched briefly on the ones most impacting DBH. The degree of involvement by the Joint Committees was discussed and it was noted that this information should be disseminated earlier for the committees to act on behalf of DBH. In addition to receiving information sooner, it would be helpful if the Committees could receive impact statements so they know where the State stands on the various issues.

After questions regarding advocacy by committee members, discussion centered on committee input and activity surrounding legislation. It was recommended that this process be better defined with clear expectations of the committees' role along with timely notification of bills that directly impact DBH.

VI. November 2015 Committee Planning Activity *John Trouba*

Referring to the Joint Advisory Committee Planning Activity conducted November 19, 2015 that sought to identify what is working and what areas need improvement as a Joint Advisory Committee, the planning activity was devised to develop a common understanding of roles and to identify strategies to improve the committee process. Clear expectations and priorities specifically identified included defining and developing a shared understanding of roles to help with the integration of substance abuse and mental health services in Nebraska.

With such a wide and diverse audience comprising the committee, of importance is presenting a voice from the community, which is highly valued. Members can engage in discussion about how to affect change and sharing information with the members' respective communities is both expected and valued.

Of significant importance is clear communication from DBH on what advice is sought as well as reporting back to the committee on what happens with their recommendations. More focus on priority issues is urged.

Other consensus included continuing the advisory meetings in its current format because members appreciate the behavioral health outlook gained by having the two committees meet together. Members also want to continue the organization and flexibility of the meeting, adding that they especially appreciated the small group activities. They also noted the importance of hearing from consumers, both adults and family members.

Areas of improvement included development of the meeting agenda based on goals and objectives as well as increased input from committee members. Actionable items should be identified in advance and more attention placed on committee responsibilities. Adams urged committee members to present specific recommendations and prioritize what should be implemented.

VII. Legislative Audit *Sue Adams*

Sue Adams, Division of Behavioral Health (DBH) Advisory Committee Facilitator, reported that LB1083, the Behavioral Health Reform bill, moved behavioral health into the community and created new services but acknowledged there are still remaining gaps in services provided. The Legislative Performance audit identified what they saw as existing gaps:

- Fragmentation and lack of comprehensive system collaboration
- Insufficient access to care
- Integrated care with co-occurring disorders
- Supported employment

- Lack of housing
- Lack of services for consumers with co-occurring disorders

This report is available on the legislative website, which can be found at http://nebraskalegislature.gov/pdf/reports/audit/dhhs_bh_report2015.pdf. The Legislative Audit findings served as a precursor for the 2016-17 DBH Bridger document that includes these gaps and adds that a comprehensive needs assessment should be conducted.

Linda Wittmus, Deputy Director for System Integration, spoke to her focus on a needs assessment and strategic planning in the following areas:

- System of Care network – less fragmentation
- Access – a lot of legislation focuses on access to services
- Supported Employment
- Psychiatric emergency system, access to emergency services
- Housing – increasingly important
- Workforce development – With an aging workforce, we need new people entering the field
- FEP – relatively new service, addressed in Bridger Plan
- Integrated care for co-occurring disorders
- Service array – do we have services that flow?

Wittmus noted the deadline identified in the Bridger Document is June 30, 2016 for implementing a comprehensive needs assessment. After the results are collected and analyzed, DBH will develop a new 3-Year Strategic Plan and she wants to solicit input regarding the needs assessment. Today's focus is on access measures. Wittmus added that DBH has been writing work plan steps for each item listed in the Bridger Document and by the next Advisory Committee meeting, an actual work plan will be in place.

Wittmus presented the Draft Proposal for Nebraska prepared by UNMC, to provide technical support for the needs assessment. In terms of the scope, Wittmuss solicited input regarding lifespan, prevention, and early intervention, adding that the California needs assessment has already been identified as a model for Nebraska, but will include topics such as primary care-behavioral health integration. DBH wants to know if this scope appears realistic or too large or even too small. It was similarly suggested that CLAS standards be addressed as modeled by both Medicaid and Developmental Disabilities.

When speaking to the target audience of the needs assessment, a number of additional groups and individuals were suggested, including provider agencies, advocacy groups, coalitions, and the Department of Education. In addition, Kids Count, the SHARP survey and hospitals were also suggested recipients of the assessment as well as identifying David Drozd in the Department of Health Disparities at UNO.

The types of data proposed to be collected included SAMSHA grant recipients, raw data from the CDC, the VA needs assessment and crime commission data in addition to what was listed on the draft proposal. In this area, it was cautioned not to lose sight of consumer/provider/community survey data.

Suggestions were also presented regarding the engagement of consumers, including using MAPP (Mobilizing for Action through Planning and Partnership), a community-driven strategic planning process survey by neighborhood, community forums, and phone interviews. It was noted that a couple populations, i.e., veterans and some consumers will likely only provide feedback when a survey is verbally administered by a trusted associate. It was also suggested that the surveys be given to providers who can administer them to their populations.

Wittmus explained that next steps include a phone call with the consultant, with a more in-depth review of existing data and setting of a timeline so as to complete the project by June 30.

VIII. Where We're At *Sue Adams*

Adams opened the afternoon session by asking for feedback on the meeting thus far. It was noted that the Director's Update is valuable information but in terms of the legislative update, committee members noted that the information they received was good but it was too late and incomplete. It was suggested that the Division do a better job getting information out in front of meetings so that the committees may advise on bills up for debate. The timeframe from which the bill is presented to the time when DBH can respond is variable and can change from day to day, which complicates efforts for committee involvement.

The committee gave a resounding "thumbs up" for the discussion on access and presentation on gathering information on the upcoming needs assessment.

A suggestion was made to devote one annual session for the committee to prioritize goals and narrow the focus of activities for the following year, noting that a narrow focus can garner attention and committee members can respond more fully to what is presented to them. The committee wants to know, "How can we help you? We want to make sure our work is out front enough to impact and advise DBH on matters."

Developing a list of committee members with their areas of expertise and interest would be helpful for all to see the wealth of experience and knowledge as well as the varied and diverse backgrounds of all committee members. It was noted that timing is extremely important; the committee wants to get ahead of issues so that their comments and suggestions can be fully utilized in the DBH planning process. One suggestion was a stand-alone meeting centered on special topics but a consistent voice, even via email, informing committee members of specific issues would be helpful.

IX. Small Group Activity *Tamara Gavin*

The Joint Advisory Committee was asked to make recommendations on what access measures should be implemented for this calendar year, with the intention to roll out into the region contracts so it is a statewide standard. The committees divided into four groups, which were self-identified by expertise. They were tasked with defining 1-3 standards to present back to the group.

Inpatient Access:

Behavioral Health emergency services should be treated the same as physical emergencies in all hospital ER facilities, especially when law enforcement is involved. An example was provided of a person being driven by police past three hospital facilities to reach a psychiatric facility.

The group noted that consumers are often treated as offenders rather than patients or consumers. Are our outcomes driven by what the consumer needs or what the system needs and wants?

The value of trauma informed care was emphasized, adding that this is the model by which consumers who need immediate access to inpatient services should be treated. Law enforcement should be required to take consumers to the nearest ER. This is an important piece that should be addressed, whether that means changing policies, passing new laws or whatever it takes.

Residential

With such a broad category, the group identified specific measures that dealt with timely access to services. Admissions to secure residential facilities should occur within 24 hours; however, often the consumers are transferring from another residential facility where they have an approximate 14 day wait expectation.

Intermediate

This group made three recommendations regarding an intermediate level of care. Number one, there should be timely access to services, which included discussion about the number of people who are contacted after an initial referral and how many drop out at that point. The second point was to measure the time span from referral to admission.

The definition of 'timely' was addressed, noting that timely means different things to different people. Discussion followed about the measurement of time along the entire continuum. Wittmus added that much of this dataset is collected at a higher level and captured in the data system.

This group concluded by noting that it was important to capture the consumer voice on access to care. Measuring from a provider level, was it within seven days? Surveys were proposed to find out if that is quick enough, noting it would be valuable to collect consumer perception right away.

Group discussion followed regarding the measurement of timeliness, from first contact to when an appointment is made. Timeframes of those targets need to reflect what services are needed. In some cases, 30 days can be too long. It was suggested that tapping into peer support during this wait time might be effective.

Other considerations also include geographic locations as well as workforce shortages, noting that some people do seek services outside the state when they can't gain timely access to services in Nebraska.

In terms of meeting geographical and cultural needs, the group looked at screening time until appointment and noted that it is important to zero in on what is needed so consumers don't have to inflate their needs in order to be seen in a timely fashion.

It was suggested that a structure for triage be developed into a system of care.

Again, it was emphasized that being able to understand access from a consumer perspective is very important and a number of different survey approaches were identified, including individual provider consumer surveys. A possible avenue to this end could be an annual consumer survey, something statewide that would identify gaps.

The Committee wanted to ensure that interim services when capacity is maxed out should definitely be part of this discussion, looking at the numbers of consumers who get lost and don't receive the treatment they need. A suggestion was made to try and gather a measure of consumers who solicit but never receive services. Wood mentioned that we work with public health on the BRFSS and we have the opportunity to revise questions to address this.

X. Public Comment

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

XI. Peoples Council *Cynthia Harris, Lisa Casullo, Ryan Kaufman, Mary Thunker, Tommy Newcombe*

Cynthia Harris, Cross-Division Specialist, introduced members of the People's Council, which works towards defining and strengthening peer delivery services, peer leadership and the role of consumer affairs. There will be a Technical Assistance Collaborative on March 8 and 9, looking at how they can formalize the subcommittee and define the best platform for consumer involvement. The People's Council is chartered as a Subcommittee of the State Advisory Committee on Substance Abuse Services (§71-815) and the State Advisory Committee on Mental health Services (§71-814) and as such, utilizes lived experience to identify and advocate for an integrated recovery oriented behavioral health system, which supports adults, children and their families. Most significantly, it gives consumers an opportunity to advocate, it gives them a voice. Members invite everyone to attend their next meeting on May 12, 2016 at the Lincoln Foundation building.

There are three open appointments on this People's Council; more information can be found at http://dhhs.ne.gov/behavioralhealth/Pages/DBHOCAPeoplesCouncil.aspx.

The Peoples Council addresses peer support services and works to educate providers about peer support, noting there will be a training in March in York, Nebraska for peer specialists. Wittmus acknowledged that we are seeking to expand the peer workforce, which is broad by definition, but still exploring a variety of ideas to have peers involved.

XII. Committee General Comments and Observations *All*

- Committee members commented that this was a very productive meeting and appreciated receiving the Bridger Document, noting they are available to help in any way needed.
- Mundil noted a lot of legislation dealing with juvenile probation and it might be useful to have someone speak to them regarding behavioral health issues.
- Wernke announced there is a new committee working on the situation in White Clay and suggested inviting them to the next meeting for an update.
- Nathan Busch updated legislation relating to Children and Family Services regarding juvenile records, legal jurisdiction, automatic legal counsel for all youth as well as policy setting for secluding youth in custody. This topic was suggested for further committee update and attention.
- Joel Schneider described a proposal for a Veteran's Court in Nebraska, utilizing peer specialists, which will help illustrate problems unique to vets and what mental health problems they face.

XIII. Adjournment and Next Meeting

The meeting was adjourned at 3:46 p.m. The next Joint meeting of the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services is scheduled on Thursday, June 23, 2016.

Minutes prepared by the Division of Behavioral Health, Nebraska Department of Human Services. Minutes are intended to provide a general summary of the proceedings. 2-18-16 Meeting Minutes

Division of Behavioral Health

Legislative Update
January 6 - 21, 2016

Bills introduced by the 2nd Session of the 104th Legislature that affect DBH. Questions can be sent to Renee Faber Renee.faber@nebraska.gov or Kathy Wilson Kathy.wilson@nebraska.gov

---

Speaker of the Unicameral Galen Hadley, Kearney

HHS Committee
Kathy Campbell, Lincoln (C)
Roy Baker, Lincoln
Sue Crawford, Bellevue
Nicole Fox, Omaha
Sara Howard, Omaha
Mark Kolterman, Seward
Merv Riepe, Ralston

Judiciary Committee
Les Seiler, Hastings (C)
Ernie Chambers, Omaha
Colby Coash, Lincoln
Laura Ebke, Crete
Bob Krist, Omaha
Adam Morfeld, Lincoln
Patty Pansing Brooks, Lincoln
Matt Williams, Gothenburg

Appropriations Committee
Heath Mello, Omaha (C)
Kate Bolz, Lincoln
Tanya Cook, Omaha
Ken Harr, Malcolm
Robert Hilkemann, Omaha
Bill Kintner, Papillion
John Kuehn, Heartwell
John Stinner, Gering
Dan Watermeier, Syracuse

Bills reviewed by DBH for Impact Summary (as of 1/21/16)

LB670 Requires a hearing prior to release of persons taken into custody for mental health issues.
-- Introduced by Krist.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB670.pdf

LB674 Provides financial support to families of disabled individuals.
-- Introduced by Krist.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB674.pdf

LB696 Provides for a Medicaid state plan waiver for treatment of opioid abuse.
-- Introduced by Morfeld.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB696.pdf

LB774 Provides a sales and use tax exemption for purchases by nonprofit substance abuse treatment centers.
-- Introduced by Scheer.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB774.pdf

LB780 Changes provisions relating to Emergency Protective Custody.
-- Introduced by Schumacher.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB780.pdf

LB793 Changes provisions and penalties relating to certain assaults, escape and contraband.
-- Introduced by Watermeier.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB793.pdf

LB815 Changes provisions relating to petitions for removal of a person's firearms-related disabilities or disqualifications.
-- Introduced by Stinner.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB815.pdf

LB816 Changes provisions relating to release of patient and resident records, and eliminates certain reporting requirements.
-- Introduced by Scheer.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB816.pdf

LB845 Provides requirements relating to confinement of juveniles and provide a duty for the Inspector General of Nebraska Child Welfare.
-- Introduced by Pansing Brooks.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB845.pdf

LB911 Changes appropriations by transferring funds relating to systems of care for users of adult behavioral health services.
-- Introduced by Bolz.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB911.pdf

LB919 Changes legislative intent regarding problem solving court programs and appropriations for such programs.
-- Introduced by Williams.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB919.pdf

LB923 Appropriates funds for federally qualified health centers.
-- Introduced by Stinner.
-- reviewed but no response submitted.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB923.pdf

LB931 Provides for financial incentives for certain assisted-living facilities and change distribution of the Behavioral Health Services Fund.
-- Introduced by Bolz.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB931.pdf

LB951 Adopts the Affordable Housing Tax Credit Act.
-- Introduced by Harr.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB951.pdf

LB971 Changes provisions relating to restoration of seized firearms.
-- Introduced by Gloor.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB971.pdf

LB980 Changes penalty provisions for certain violations relating to or committed by persons experiencing or witnessing a drug overdose.
-- Introduced by Morfeld.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB980.pdf

LB985 Provides reporting duties for regional behavioral health authorities.
-- Introduced by Schumacher.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB985.pdf

LB998 Provides for emergency community crisis centers and change provisions relating to emergency protective custody.
-- Introduced by Schumacher.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB998.pdf

LB1013 Changes tax on cigarettes and other tobacco products and provide for distribution of proceeds.
-- Introduced by Gloor.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1013.pdf

LB1023 Requires development of treatment protocols for and a needs assessment of committed offenders and correctional facilities.
-- Introduced by Ebke, Bolz, Pansing Brooks.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1023.pdf

LB1032 Adopts the Transitional Health Insurance Program Act and provide duties for the Department of Health and Human Services.
-- Introduced by McCollister
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1032.pdf

LB1033 Creates an advisory committee relating to persons with disabilities within the Department of Health and Human Services.
-- Introduced by Campbell.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1033.pdf

LB1058 Changes provisions relating to enforcement of certain tobacco restriction provisions.
-- Introduced by Crawford.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1058.pdf

LB1094 Changes provisions relating to evidence, sentencing, certain criminal penalties, criminal mischief, assault, theft, forgery, and probation.
-- Introduced by the Judiciary Committee.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LB1094.pdf

Resolutions reviewed by DBH for Impact Summary (as of 1/20/16)

LR413 Creates the Task Force on Behavioral and Mental Health (even though this is a resolution we are still asked to complete an impact summary).
-- Introduced by Watermeier.
http://www.nebraskalegislature.gov/FloorDocs/Current/PDF/Intro/LR413.pdf

---

Unicameral Update Link: http://update.legislature.ne.gov/?p=15829

Joint Advisory Committee Planning Activity Completed November 19, 2015

Department of Health & Human Services
DHHS
NEBRASKA
Division of Behavioral Health

There Is No Health Without Behavioral Health.
Prevention Works. Treatment is Effective. People Recover.

Key Components to Advisory Committees:

- Clear expectations and priorities
  - Shared understanding of roles
  - Meetings are a safe environment to share ideas
  - Key role in presenting the voice from their communities
  - Sharing information with their communities and stakeholders
- Informed and valued members
  - Good communication and interaction
    - Among members, with constituency groups and with the Division
  - Focus on priority issues
    - Policies and recommendations fit with the realities
  - Follow up regarding what happens with recommendations

Committee members identified they want to continue …

- Continue Joint Committee meetings
- The organization of the meetings
- The flexibility of the meetings
- Length and frequency of the meetings
- Continue to hear the consumer voice – both adults and family members

Committee members were asked what could be improved …

- More breaks
- More focus for the meetings
- Focus on Committees responsibilities
- Actionable items identified in advance
- Input on building the agenda
- "Legislation" as a separate agenda item
- Follow-up on each agenda topic discussed

Recommendations from the Facilitator

- Member orientation
  - New member orientation
  - More advanced information for longer term members
  - More extensive information on issues
- Annual session to prioritize goals for the Advisory Committees
  - Review of statutory and other committee responsibilities
  - Priorities of the state in accordance with its strategic plan
  - Priorities of members
  - Key contextual/external factors likely to influence BH services
- Develop meeting agenda based on goals and priorities
- Develop an annual two page summary of key accomplishments

Network during lunch!

- Conversation over the lunch hour
  - What's new in your community?
- Discussion when we reassemble after lunch

Thank you!

Questions?

Comments?

Feedback?

Department of Health & Human Services
DHHS
NEBRASKA
Division of Behavioral Health

DRAFT PROPOSAL FOR NEBRASKA

SCOPE

- Lifespan (include children/adolescents - adults - older adults (geriatric)
- **Public health- or population-based approach** to include prevention aspect where possible (i.e., in addition to the individuals who are already receiving care, we will try to address issues of prevention and early detection of behavioral disorders and substance abuse in the general population; this may also touch upon suicide prevention in the general population especially for adolescents)
- We will use California report as a template/example. In addition, we will include chapters on primary care-behavioral health integration and other topics that are urgent and important for Nebraska (To be determined in next 2 weeks)

TARGET AUDIENCE (WHO WILL READ /USE THE NEEDS ASSESSMENT REPORT?)

- Policy makers
- Behavioral health regional administrators
- Consumer advocate groups
- County/regional public health departments
- DHHS (Specific units/programs include but not limited to: Behavioral health, Medicaid, Children & Family Services, Public Health, Developmental Disabilities)
- Criminal justice
- Veterans'

In addition to the above, we may expect the following groups to read/use the report:

- Health care systems
- Insurance companies

TYPES OF DATA

- See attached draft - UNMC identified potential data sources we can use for NE report. California report data sources are expected to exist for most of Nebraska as wel. These include administrative/claims data from BH division, Medicaid, national survey / statistical reports, Census, BRFSS data, consumer survey, etc.
- UNMC will also collect data by conducting focus groups and surveys - this will focus on consumer and family input but other stakeholders will be also included.

ENGAGEMENT OF CONSUMERS

- "Mobilizing for Action Through Planning & Partnership (MAPP) is a community-driven strategic planning process for improving community health"
- We will adapt MAPP model to engage consumers and other stakeholders for the needs assessment.
- See the Power Point slides (attached) for more information about MAPP
- More discussion needed to how we use the MAPP for the Nebraska BH assessment

Access Measures

Tamara Gavin, LCSW
Deputy Director, Behavioral Health Services
Division of Behavioral Health
Nebraska Department of Health and Human Services

Department of Health & Human Services

DHHS

NEBRASKA