

Nebraska Division of Behavioral Health

**Office of Consumer Affairs People's Council**

November 3, 2015 9:35 am-3:15 pm  
Lincoln Community Foundation Building  
215 Centennial Mall south, 5<sup>th</sup> Floor  
Meeting Minutes

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

*Cynthia Harris*

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

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

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

Members of the Public: Ken Timmerman and Marlene Sorenson

**Motion to Approve Minutes**

*Cynthia Harris and Chairperson Lisa Casullo*

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

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

*Cynthia Harris*

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

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

### Overview of Contracts

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

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

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

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

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

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

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

#### **IV. Review Application Process and New Member Orientation**

*Cynthia Harris*

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

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

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

#### **VI. Adjournment and next meeting**

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

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

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

Nebraska Office of Consumer Affairs People's Council  
 Lincoln Community Foundation Building  
 215 Centennial Mall South, 5<sup>th</sup> Floor  
 Lincoln, Nebraska  
 November 3, 2015  
 9:00 AM – 03:15 PM

**Public comments are welcome throughout the meeting**

**Draft Agenda**

Lisa Casullo Cynthia Harris	Welcome, quorum, Open Meetings Law, attendance, housekeeping, meeting minutes, public comment, introduction to OCA Interim Manager	9:00 am – 9:30 am
Cynthia Harris	Peer Support training and testing updates. Current OCA contracts	9:30 am-10:10 am
Break		10:10 am-10:25 am
Cynthia Harris	Review charter and bylaws Linkage to Joint Advisory Committees	10:25 am -12:00 pm
Cynthia Harris	Lunch on your own	12:00 pm – 1:00 pm
Cynthia Harris	Review charter and bylaws continued	01:00 pm – 01:50 pm
Break		01:50 pm – 02:00 pm
Cynthia Harris	Review application process / discussion of new member orientation packet	02:00 pm – 02:45 pm
Group	Updates on initiatives/questions/comments	02:45 pm -03:05 pm
Lisa Casullo	Adjourn	03:05 pm – 03:15 pm

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

Lucy Flores  
[Lucy.flores@nebraska.gov](mailto:Lucy.flores@nebraska.gov)  
 402-471-7644

Cynthia Harris  
[Cynthia.harris@nebraska.gov](mailto:Cynthia.harris@nebraska.gov)  
 402-471-7766

B

## **Order of Handouts**

1. Agenda
2. 06/09 meeting minutes
3. 06/09 meeting minutes with feedback from council member
4. NOC information
5. NAMI Newsletter
6. By Laws Draft
7. Charter Draft
8. Cpt 2 Definitions
9. BH Act
10. PAC Charter
11. Application new
12. Application old
13. Sample membership listing
14. Orientation
15. OCA meeting Schedule
16. MH SA meeting minutes
17. OCA Announcement

C<sup>3</sup>

Nebraska Division of Behavioral Health  
Office of Consumer Affairs - People's Council  
June 9, 2015 9:00 am – 1:30 pm  
301 Centennial Mall South Lower level room B  
Lincoln, Nebraska  
Public comments during the meeting

DRAFT Meeting Minutes

**I. Call to order and roll call** **Lisa Casullo**

Chairperson, Judie Moorehouse has resigned from her position as Chairperson until further notice. Carol asked if anyone would like to step into the Chairperson position for the June 9, 2015 meeting. A motion was made by Lisa Casullo that she would be happy to call the meeting to order, first motioned by Jennifer Ihle, and seconded motion by Mary Thunker. Motion was approved by general consent. The meeting was opened by Lisa Casullo on June 9, 2015 at 9:15 am. Roll call was conducted by Lucy Flores and quorum was determined.

**Council members present:** Tammy Fiala, Mary Thunker, Ryan Kaufman, Johnathan Koley, Lisa Casullo, and Jennifer Ihle

**Not present:** Scott Loder, Nancy Rippen, Candy Kennedy-Goergen, and Phyllis McCaul

**DHHS staff present:** Carol Coussons de Reyes, and Lucy Flores.

**Public:** Ken Timmerman, Janelle Jensen, Christina Nance, and Melissa Lemmer

**Handouts: Carol Coussons De Reyes handed out the following handouts:**

**OCA Mission, Vision, and Core Functions, Office of Consumer Affairs Report; DRAFT in Progress Mission:** The Office of Consumer Affairs provides leadership and resources that promote health, purpose, community, resiliency, and systems transformation for Nebraskan impacted by behavioral health conditions.

**WELCOME TO THE JOURNEY: First Experience with Psychosis DRAFT 1** by Carol Coussons De Reyes  
**My Action Plan Booklet- VA Nebraska-Western Iowa Health Care System**

**II. Housekeeping and Summary of Agenda** **Lisa Casullo**

Lisa Casullo confirmed the order of the agenda with the following changes to be made to the agenda: Carol would present on the Recommendations for the People's Council Link to the State Advisory Councils. Also it was recommended to move the time frame from 1:00 to noon for Christine Nance to present on Suicide Attempt Survivors and Carol would condense the OCA's afternoon presentation into 30 minutes, because we would lose our quorum after this time period due to another meeting. Lisa Casullo made a motion to make changes, first motioned by Mary Thunker, and Seconded by Jennifer Ihle. The agenda was approved by general consent.

**III. Approval of Minutes** **Lisa Casullo**

A motion to approve the minutes of the March 3, 2015 meeting was made by Lisa Casullo with changes on the media campaign on peer support to add on her behalf that there should be cross training with other professional partners, make sure it would be more concrete on having more positions available and that training is very important. Johnathan Koley added changes to the minutes that he stated to move forward with publicity on peer support, we must have training capacity. Motion was made to

make changes to the minutes by Lisa Casullo and first motion and seconded motion by Johnathan Koley. The motion was carried by general consent.

#### **IV. General Announcements**

**Group-all**

Carol Coussons de Reyes, Office of Consumer Affairs (OCA) Administrator suggested the discussion of an application to the OCA People's Council.

##### **Council comments included:**

**\*\*The members discussed how many meetings a member is allowed to miss. Carol stated that there are ex-officio members that can miss any number of meetings and non-ex-officio members that can miss no more than 2 consecutive meetings.**

**A motion was made that all applicants should have lived experience to be on the council by Johnathan Koley and first motion made by seconded by Mary Thunker for the next meeting to be held on August 4, 2015. Carol will follow up after further discussion with the DBH Director Sheri Dawson.**

#### **V. Recommendations for People's Council Link to the State Advisory Councils Carol Coussons De Reyes**

Carol had a structure for the OCA People's Council and requested feedback. Members stated they want the OCA People's Council to be a subcommittee of both advisory committees. Members stated they want a youth subcommittee of the OCA People's Council that meets 2 times per year and reports to the OCA People's Council 2 times per year, consisting of Transition Age Youth ages 16-26. Regions could gather representatives from Professional Partners Orgs and some Family Orgs- sort out barriers before an invitation is extended. Perhaps Cassie or Candy could present at a future meeting. Council members requested a standing agenda item on each agenda for Youth, Family, and Adult for the OCA People's Council. Several council members stated they wanted to join the advisory committees. Members also stated each region should have an urban and rural representative, but that it was even more complex an issue because there needs to be a balance of youth, family, and adult members. Ryan Kaufman observed that the OCA People's Council is currently mostly comprised of urban members. Ryan also stated he felt that there should be no ex-officio position on the council. Carol suggested we move this topic forward to the next meeting.

#### **VI. Wellness Recovery Action Planning in Nebraska**

Master WRAP facilitators Ken Timmerman, Melissa Lemmer, and Janelle Jensen were present as member of the public for the OCA People's Council's discussion of WRAP. Janelle shared that she is becoming an advanced level WRAP facilitator very soon.

##### **Council comments included:**

**Ryan Kaufman: commented on finding an audience on offering a WRAP Plan. Some suggestions were to target audiences for Troopers / Veterans Administration (VA). Contact facilitators to train WRAP. A handout booklet was handed out by Carol Coussons De Reyes to be reviewed. Ryan viewed as an eye opener for Veterans WRAP: The booklet called My Action Plan on VA Nebraska – Western Iowa Health Care System @ [www.nebraska.va.gov](http://www.nebraska.va.gov)**

**Jonathan Koley: commented that money from the state level to bring workshops and that someone be in charge of costs and notebooks. The cost would include materials and trainings. Johnathan suggested the hiring of a Coordinator to partner with facilitators, have the ability to organize, create training sites, and to pair trainers together.**

**Tammy Fiala: commented that she has done 7 WRAP Trainings in a year. There could be opportunities to shadow others, do 3 day workshops, and invite high schools through the use of**

grants. One suggestion to keeping costs down for WRAP trainings would be to use the recycling of books or store in the network of care and the use of binders. While there can be a recycling approach some of the old red books may not have an up to-date information for a refresher courses? It was suggested that the University Bookstore would soon be closing, and that that would be one place one could ask for binders since they are being discarded.

Jennifer Ihle commented on Facilitators being trained on refresher courses that they can be tracked with updated data and do an EXIT survey.

The members of the council stated the WRAP program training is costly in books and manuals along with materials. The Master WRAP Facilitator's present stated that the contract rate for a WRAP training is entirely negotiable outside of book costs. Janelle and Melissa expressed interest in the mentoring of WRAP facilitators. Currently the State of Nebraska holds about 200+ trained facilitators that are not currently organized in any manner. The council stated a desire to have a statewide WRAP coordinator in the OCA, regular WRAP Facilitator phone calls, a WRAP website and training calendar, basic WRAP to be trained all over Nebraska, and only fund a refresher training until all working and volunteering WRAP facilitators had received the WRAP refresher. The WRAP refresher is currently required of all WRAP Facilitator's after two years to maintain their WRAP certification with the Copeland Center. All Certificate records are kept by the facilitators and not the Copeland Center.

Carol you had a recommendation that you would further discuss with Director Sheri Dawson and see what the budget would be for the fiscal year and report back on WRAP trainings;

A motion was made by Johnathan Koley to recommend that the Division of Behavioral Health explore adding funding to organize systems of delivery for WRAP. The first motion was by Jennifer Ihle and seconded by Ryan Kaufman. A roll call vote was taken. The motion carried by unanimous vote.

**VII. Suicide Attempt Survivors**

**Christina Nance**

Carol introduced Christina Nance to the council members. Christina shared her "testimony" as a "peer speaker". She stated that she believes that children from the 8<sup>th</sup> grade up have mental health conditions in her North Omaha community and that they are not getting the support they need. There were many resources that were presented by the council members to enhance and further educate the community and the public in her future presentations. The members welcomed in gratitude Christina's presentation. Council members welcome Christina to come back and to continue to educate and enhance the community and other peer support individuals to reach out and help one another.

**OCA Mission/ Vision/Core Functions Feedback and other data**

**Carol Coussons De Reyes**

Carol handed out OCA Mission, Vision, and Core Functions, Office of Consumer Affairs Report; DRAFT in Progress: Carol wanted feedback and other data to be included in the draft report. The workbook is in progress and she welcomed comments.

**VIII. Peer Support Implementation Plan and Credentialing Update**

**Carol Coussons De Reyes**

Carol stated the UNL PPC is held an online public forum for comments on credentialing. She also stated that there would not be OCA public discussion forums, because these DHHS legal department advised that these forums should not replace the current process of review.

**Council comments included:**

Peer Support jobs must be increased. Behavioral health and physical/medical healthcare needs to be more integrated, therefore one priority/goal would be to implement wellness programs such as Living Well, Whole Health, and WRAP for Trauma. The goal is to increase opportunities in the workforce because more people can be trained, but if there are no opportunities for placement, consumers may not be served and could adversely impacted.

**IX. White Paper - Consumer Family Involvement** **Group & Carol Coussons De Reyes**

Carol discussed Consumer and Family Involvement White Paper and invited more council member to join sub-committees.

**X. Updates from Regional Consumer Specialists** **Johnathan Koley, Tammy Fiala**

Johnathan Koley: commented on a volunteer Peer project he was working on in Region 6.

Tammy Fiala: brought up that Region 6 and 3 were working on a First Episode Psychosis pilot that will eventually roll out to the rest of the state.

**XI. Items for next agenda** **Committee Members**

Jonathon Koley made a motioned that Application Review for membership be placed on the next meeting agenda for further discussion to be held Tuesday, August 4, 2015. To review applications received, and by what by-laws, or rulings to determine to be a Committee Council Member. Carol follow-up after further discussion with DBH Director Sheri Dawson

**XII. Meeting Adjournment:** Motion to adjourn the meeting was made by Mary Thunker, first motion made by Ryan Kaufman, and seconded by Johnathan Koley.

- Lisa Casullo adjourned the meeting at 1:30 pm.
- Next Meeting is scheduled for Tuesday, August 4, 2015 from 9:00 am - 3:00 pm. at Region V, 1645 N Street, Large Conference room, Lincoln Nebraska.

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

*mm-dd-yy Meeting Minutes*

**Office of Consumer Affairs**

People's Council

**DRAFT Agenda**

*301 Centennial Mall South, Lower Level, Room B*

June 9, 2015

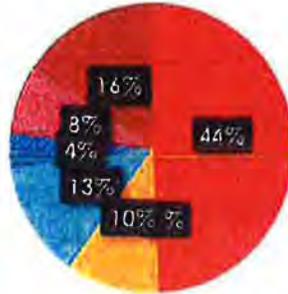
**Public Comments may be made during the meeting**

9:00 AM – 3:00 PM

TBD	Selection of Temporary President, Call To Order, Application Review	9:00 am – 9:10 am
Group	Recommendations for People's Council Link to the State Advisory Councils	9:10 am-10:50am
Break		10:50 am-1100 am
Group	Wellness Recovery Action Planning in Nebraska	11:00 am-12:00 pm
Lunch		12:00 pm-1:00 pm
Christine Nance	Suicide Attempt Survivors	1:00 pm-1:30 pm
Carol	OCA Mission/ Vision/ Core Functions Feedback and other data	1:30 pm -2:00 pm
Break		2:00 pm -2:10 pm
Carol	Peer Support Implementation Plan and Credentialing Update	2:10 pm -2:20 pm
Group	White Paper- Consumer Family Involvement	2:20 pm – 2:30pm
Jon, Tammy, Phyllis, Nancy	Updates from the Regional Consumer Specialists	2:30 pm - 2:50 pm
TBD	Adjourn	2:50pm – 3:00pm

# OCA Mission, Vision, and Core Functions

## Feedback Source N=77



- Success Hopes and Dreams
- CPSWS Conference
- Region 1
- Region 3
- Region 5
- Region 6
- Joint Advisory Committee

## Vision: Nebraskans Impacted by Behavioral Health Conditions Live a Life Full of Wellness and Success

- I like this description. This makes sense to me.
- Good! And Recovery
- I think that some do but not as many could be experiencing success at this.
- Include resiliency
- Include Purpose
- Like using Nebraskans
- Great!
- I like the term "Nebraskans"
- Seems should state with "to facilitate" or "we facilitate" to "live a life..."
- Put abbreviations and spell out acronyms
- I like the wording- "impacted" includes those who care about the consumer (family and friends)
- I like what it is trying to say, but not the way it is said.

**Mission:** The Office of Consumer Affairs provides leadership and resources that promote health, home, purpose, community, resiliency, and systems transformation for Nebraskan impacted by behavioral health conditions.

**Overall strengths:**

- Coordinated work plan with listing in all contract requirements
- Partnership with Region 3 for Sustainability Training
- Mini-grant process is well developed with focus on alcohol risk perception, use and sustainability
- Sending members to Healthy Youth Nebraska conference and other trainings

The following items need to be revised and re-submitted. Please change the date of the re-submitted documents to reflect the actual date that they are being re-submitted.

**Partnership for Success Grant in Dawson County:**

- How are you working toward building Capacity, and, what Technical Assistance activities are you considering to continue enhancing your system?
- What are your plans to identify leadership in this Coalition?
- What are your plans to strengthen this Coalition with the goal of sustainability in mind?

**Region II BH20 Provider Budget Summary:**

- Please consider providing funding to fund SCIP programs.
- IOM Breakdown section needs to be redone to reflect:
  - Removal of Media Campaign (not an EBP)
  - Removal of Parenting Program (not an EBP) so list names of EBP's
  - Total SAPTBG funds need to be listed in IOM breakdown section

Please revise and resubmit.

**Community Connections Provider BH20 Budget Summary:**

- Revenue column: what is source of 'Other' for \$39,006?
- Are there other strategies besides Education to be utilized?
- 'Assets' needs to be deleted from form.
- On BH20 Summary, IOM breakdown says 100% selected but BH20 EBP has funds in direct and selected.
- The percentage of SAPTBG funds on EBP form is not correct.

Please revise and resubmit.

DRAFT 2015 Office of Consumer Affairs Mission and Vision-(MAY VERSION: CONFERENCE)

Mission:

*Nebraskans (Individuals and Families) Impacted by Behavioral Health Conditions  
Live a Life Full of*

- *Resiliency,*
- *Wellness,*
- *Success,*
- *Purpose.*

Vision:

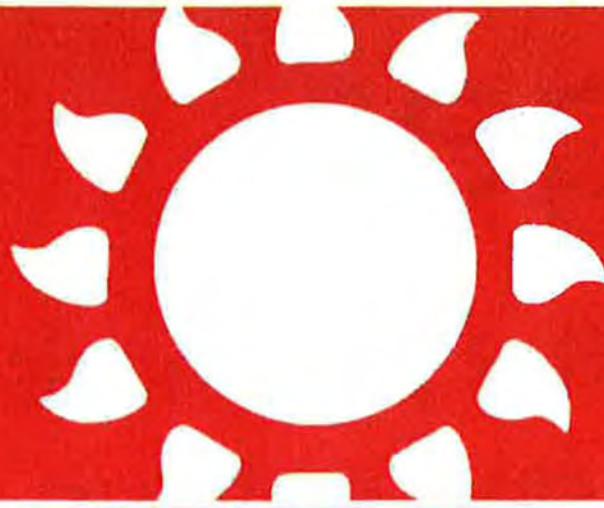
*The Office of Consumer Affairs provides leadership and trauma-informed  
resources that promote*

- *Health,*
- *Home,*
- *Community,*
- *Personal and Systems Transformation*

*For Nebraskans (Individuals and Families) impacted by behavioral health  
conditions.*



**DRAFT 1**



# Welcome

First Experience with Psychosis

# To the Journey

By Carol Coussons de Reyes  
Office of Consumer Affairs  
Division of Behavioral Health, DHHS Nebraska

# pages

DRAFT

- 3 Life after psychosis
- 4 You can continue,  
support is out there.
- 5 Classroom  
Accommodations
- 6 Workplace  
Accommodations
- 7 Supported Employment
- 8 Self-Determination
- 9 Peers as Mentors
- 10 Relationships
- 11 Wellness
- 12 Compassion

# Welcome to the Journey by Carol

DRAFT

Life can be difficult on its own. Life after psychosis or during psychosis is a struggle for meaning and purpose in a place where these definitions may have been turned all around. We are looking around for someone somewhere to understand our story and this may not happen. I carried around my own story of psychosis for years, trying to defend its purpose. I wrote a book about it. After writing, I began my writing I was introduced to peer mentoring. Someone with a behavioral health condition that works in the field of providing support. I realized from talking to Beth Filson, Linda Buckner, Charles Willis, and Ellen Awai that what I had experienced was my truth. I didn't need to defend it, it was true for me. It had meaning and purpose. I was living my story that was true for me.

I hope to join you in writing this workbook in evolving your truth and welcome you. I welcome you to the journey of life after what doctor's call psychosis and peers call identification of truth. Along with the experience of truth can accompany many lifelong challenges, this workbook is some hindsight tips and hints about living life on that journey. This time may feel like the last straw, but it can also be the beginning.

I never found my niche in work life until I found my experience of a truth that doctor's call psychosis. I was ultimately unhappy and unsatisfied with life on life's terms. The terms were changed without me being asked about it. I thought it was the end of the world, but it wasn't. It was the beginning of a journey into being.

Welcome to this reading, there is a lot of material in this workbook. Take your time in reading it. Read a little at time, if it is helpful.

"Life begins at the end of your comfort zone."

-Neale Donald Walsch

"Life is what happens while you are busy making other plans."

-John Lennon



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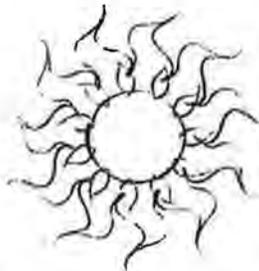
## You can continue and support is out there! By Carol

While you may not consider yourself a person with a disability, this is a time to realize you can get additional supports to continue with your job or school plans, because of your diagnosis from your doctor. Your doctor may be urging you to go on disability, you may have other options worth considering. It is important at this moment to understand the ADA or Americans with Disabilities Act. This act promotes integration of individuals with disabilities in the community, including work and school. There are medical practitioners that can recommend supports to you that will help you continue working and going to school and because of the ADA, people in communities often provide requested supports from doctors or therapists.

It's important to realize that people don't have to make accommodations, but they often do. Some people fear that if they request accommodations, they will be discriminated against. This is a real fear. There are laws against discrimination in the workplace and educational environments, even housing. To understand the ADA better I recommend visiting their website: [ada.gov](http://ada.gov)

You may have lost friends because of your recent diagnosis, though I hope not. The more open you are about your diagnosis, you may hear negative reactions. There are two important nuances here to realize: a) diagnosis should never define you and b) disclosure is not required. There is no law that you have to tell people you have a diagnosis, you have many more unique qualities that make you, uniquely you.

I have gained confidence about sharing my diagnosis with doctors and the public over time. I kind of enjoy the wave a discrimination flaring its ugly head, because it gives me the chance to challenge people's perceptions. It took time to cultivate this confidence. It is also a real reality that I currently work in the consumer and family movement. I am surrounded by people that expect me to use my story, and often I get support in return. There is a whole field of work that may open up for you because of this moment called peer support. To learn more about peer support, page 9, *Peers as Mentors*. It is not to say that I don't face real discrimination in moments and these moments are the reason that we must focus on our own wellness.



DRAFT

# Classroom Accommodations

Staying in the game (list is not exhaustive– speak with your doctor about accommodations)

## Classroom

### Examples:

- **Record the Lecture**
- **Note taker for Lectures**
- **Book on tape/computer**
- **More frequent breaks**
- **Oral or Written test format**
- **Breaks during test**
- **Extended time for test**
- **Test one on one**
- **Extended time for assignments**
- **Partner for assignments**
- **Preferred Seating**
- **Large print materials**
- **Support animal to accompany you**
- **Assistive technology**
- **Assistance with forms for aid and registration**

DRAFT

# Workplace Accommodations

Staying in the game (list is not exhaustive– speak with your doctor about accommodations)

## Classroom

### Examples:

- **Reduced work schedule**
- **More frequent breaks**
- **Support animal to accompany you**
- **Assistive technology**
- **Memory aids**
- **Minimize distractions**
- **More structure**
- **Written instructions**
- **Prioritize job assignments**
- **Ergonomic work station**
- **Identify stressors that can be eliminated**
- **Rest breaks away from the work station**

DRAFT

# Supported Employment

Working can be stressful, which is why sometime people are encouraged to not work. It important to remember while work can be stressful, that living on disability can be stressful too. There are two types of stress: good stress (called eustress) and bad stress (distress). Good stress (or eustress) can motivate us to move forward and achieve things we never have before. Bad stress can take over and impair us, if we don't turn it around somehow. If the thought of work brings thoughts of bad stress to you, perhaps supported employment might change this for you.

Supported employment is gaining support in engaging the field of work. One of the major providers of supported employment is vocational rehabilitation departments. It is a way of wrapping all the services that you need to gain competitive employment around you. It is a personalized service that is designed specific to your needs and takes into consideration your goals for work. Often it involves benefits counseling, if a person is already receiving some type of state or federal benefit with the goal of balancing the number of hours a person can work and retain benefits. Ideally, you begin working at the time you say you are ready to go to work. This assistance may be a simple as assisting you with learning how to fill out a job application or as complex as providing an on the job coach to assist you in learning your new job. Ideally, the supports don't just disappear once you are employed. Ideally, the support stays there until you are comfortable with you job and can continue any time you feel you need extra support.

DRAFT

## Self-Determination by Carol

Its easy to forget yourself in the identification of a serious mental illness or psychosis. You just probably got out of a hospital where your ever move was designed for you from breakfast to when you can shower. There are many places that the system can lead you to or people that will interact with you just differently by telling you what you want. The assumption is that you are incapable of making decisions is a stereotype that can just kind of take over. There are some basic principles for you to remember on this journey. What you want from life matters, right down to what you prefer to eat in the morning on a small scale to the larger what you wish contribute to your community in life. You have strengths. We all have strengths and it can be hard to see these sometimes when you are interacting a lot with a system that is paid based on identifying your deficits or weaknesses. Take time to explore your strengths and use them to your advantage. People around you are telling your to avoid stress in your life and some of the very things that you want to achieve may be stressful. This is your life and you may not be able to do everything you want to tomorrow, but don't stop because of stress. Identify small steps you can take towards your goals and act on them. Dream big and take it one step at a time.

My life changed forever over the course of two years after experiencing a truth that others could not hear and see, what doctors call psychosis. I was at first devastated. My parents were angry that I was rushing back to work or school or some big goal. I knew what I wanted to do and that was paint. I painted a collection of art entitled, "Paris at Night" that kind of summed up all my mixed emotions. I wanted to connect with others, but I was chock full of fears about this. I decided to get peer support training so I could start a support group close to my house. I tried to attend the training with my father and the facilitator found out and almost kicked me out of the training. I talked my way back into the training by saying I would go without him. I was transformed at the training. I learned about supporting other peers and I found my art so deeply touched my fellow peers that they bought several of my pieces of the "Paris at Night" collection. I went home and started a support group in my area through the Depression and Bipolar Support Alliance. One year later, the job supervising the training facilitators and leading recovery projects was open at the state. I applied and just pretended I could do the work. I had no way of knowing that the mere act of pretending that I could be the Director of Consumer Relations and Recovery would become reality. In fact, they said it was the best interview they had ever had. I found work that had meaning for me and I continue to find meaning as the Office of Consumer Affairs Administrator in Nebraska.

DRAFT

# Peers as Mentors

Yes, people with behavioral health conditions (meaning people with mental health, substance use, or co-occurring conditions) can become employed because of their story of living in the face of the condition itself. Wellness, or recovery, is not easy and people are will pay a person to provide support to others with similar experiences. Not just because of the story, while the story is key, the skills related to being well, or having recovery, is what people in the behavioral health workplace desire in an employee providing peer support. There are a variety of types of training for peer support and the preferred model varies based on where you live. The title varies also. There is also family peer support, where a person with a child with a behavioral health condition provides support to other families, based on their caregiving experience. What could be better than someone who has been there providing support to another!

Here are some websites that talk about peer support (not exhaustive):

Nebraska's Certified Peer Support and Wellness Specialists-

[http://dhhs.ne.gov/behavioral\\_health/Pages/DBHOCAPeer.aspx](http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeer.aspx)

Finding the Silver Lining: Trauma & Peer Support-

[www.dhhs.ne.gov/trauma](http://www.dhhs.ne.gov/trauma)

Intentional Peer Support-

<http://www.intentionalpeersupport.org/>

National Empowerment Center-

<http://power2u.org/>

National Mental Health Consumer's Self-Help Clearinghouse-

<http://www.mhselfhelp.org/>

National Alliance on Mental Illness' STAR Center-

<http://www.consumerstar.org/>

Faces and Voices of Recovery-

<http://www.facesandvoicesofrecovery.org/>

National Federation of Families-

<http://www.ffcmh.org/>

DRAFT

## Relationships by Carol

When people have an illness often that can take over their lives. They may center their life on being ill and rally those around them to act out roles that validate the role. Illness is only one part of who we are and if we begin to take on different roles, those around us may give us friction. I remember after my first hospitalization having to call on my neighbors the police because a relative refused to leave my property and was verbally abusing me. They didn't understand that I had rights and this family member was astounded when the police escorted her off my property. Sometimes people can forget that you are a person with rights when you have a mental illness, even you can. I have learned to set limits with my relatives so that the police don't have to engage her, but this was a dance. I had to learn how to express my needs in the relationship. Now I tell my relatives in advance that I would prefer that if they not come over, if they are going to raise their voice.

It seems like a constant fight for identity sometimes. Early on in my recovery, I often would have a laundry list of fears and I engaged relationships with repetition of this list from my past over and over. I totally forgot that I could write a new narrative and live something new. That is why it is important to not hide a condition from friends, but make sure that one has more to offer in the relationship than mere expression of fears. People want things from friendships. They want someone that can listen to their hopes and dreams. They want someone that will experience life with them also. I remember I really decided to step out of my story, when I met my husband. I decided I would try salsa dancing. After years of stale online dates that led to nothing, this was a revolution. We fell in love, despite the fact that I was heavily medicated at the time having just got out of the hospital.

While not as exciting as a husband, the relationship that I have learned to have with landlords has been life changing too. I realize that just because I am a tenant doesn't mean that I can't ask for things within reason and that I don't have to threaten to sue my landlord just to get my way. They are people with needs too. We talk about our lives and I care for the property like I was relating to property that matters to someone. I make sure I pay my rent on time and he always mows the grass right after. We look out for each other.

So life is not centered on giving or receiving, it is about both. It may sound strange to you, but the longer you interact with the system one can forget this all together.

# Wellness

DRAFT

While wellness may have more than 8 dimensions check out this graphic from Peggy Swarbrick:



Adapted from Swarbrick, M. (2006). A Wellness Approach  
Psychiatric Rehabilitation Journal, 29(4), 311-314.

Don't get overwhelmed and think that you have to tackle all eight at once. Take time to ponder one action that you want to take. Pick something that you can have quick success with and build from there. Small actions can build real change! Its important to remember to work on something in wellness everyday, because research indicates that people with behavioral health conditions have shorter lifespans. With a little action, we can beat the statistics!

Check out this workbook from Peggy Swarbrick:

[http://media.wix.com/ugd/01d44c\\_bf80a3348549400b8c2e2a578188daf8.pdf](http://media.wix.com/ugd/01d44c_bf80a3348549400b8c2e2a578188daf8.pdf)

DRAFT

# Compassion Thermometer by Carol:

This Compassion Thermometer is designed to assist people in understanding how their emotions influence their experience of compassion, or love and respect, for the people around them. Think about how you feel. When we experience emotions that are uncomfortable, we often feel distance from the peace with in us and our feelings for others.

People can participate in a variety of activities to return to the blue zone, or at peace with our feelings. Many folks enjoy wellness tools like breathing deeply to relax or focus, going to a comfort room, referring to a wellness plan, talking to friends or peers, saying a word or phrase that relaxes them, writing what they are thinking, being with a favorite pet, counting, or stretching their body. Sometimes emotions are so uncomfortable for us that we don't realize we are feeling them, even happiness can be uncomfortable for a person that isn't used to being happy. Identifying our emotions can assist us in accepting ourselves and others. We all want to be at peace with ourselves and others; and moving from this place can result in being less peaceful and compassionate with other people. Using wellness tools can assist us in returning to a place of compassion.

Angry	Panic (Orange):	Sad (Purple):	Happy (Yellow):	Peace (Blue) Compassionate with Self and Others
Frustrated, Enraged	Confused, Surprised, Anxious, Hysterical, Suspicious, Frightened, Cautious, Jealous	Exhausted, Lonely, Guilty, Embarrassed, Disgusted, Ashamed, Overwhelmed, Bored, Shy	Confident, Hopeful, Love, Ecstatic	

## Examples of Wellness Tools:

### Picture Recovery:

[http://dhhs.ne.gov/behavioral\\_health/Documents/RecoveryWorkbookeditedFinal3.pdf](http://dhhs.ne.gov/behavioral_health/Documents/RecoveryWorkbookeditedFinal3.pdf)

### Action Planning for Prevention and Recovery:

<http://store.samhsa.gov/shin/content//SMA-3720/SMA-3720.pdf>

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## Other Helpful Weblinks

- 1 Office of Consumer Affairs, Division of Behavioral Health, DHHS Nebraska  
[http://dhhs.ne.gov/behavioral\\_health/Pages/beh\\_mh\\_mhadvo.aspx](http://dhhs.ne.gov/behavioral_health/Pages/beh_mh_mhadvo.aspx)
- 2 Division of Behavioral Health, DHHS Nebraska  
[http://dhhs.ne.gov/behavioral\\_health/Pages/behavioral\\_health\\_index.aspx](http://dhhs.ne.gov/behavioral_health/Pages/behavioral_health_index.aspx)
- 3 Nebraska's Network of Care  
[http://dhhs.ne.gov/behavioral\\_health/Pages/networkofcare\\_index.aspx](http://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx)
- 4 Collaborative Support Programs of New Jersey  
<http://www.cspnj.org/>
- 5
- 6

For More Information Contact:

**Carol Coussons de Reyes, Certified Peer Specialist, MS**

[carol.coussonsdereyes@nebraska.gov](mailto:carol.coussonsdereyes@nebraska.gov)

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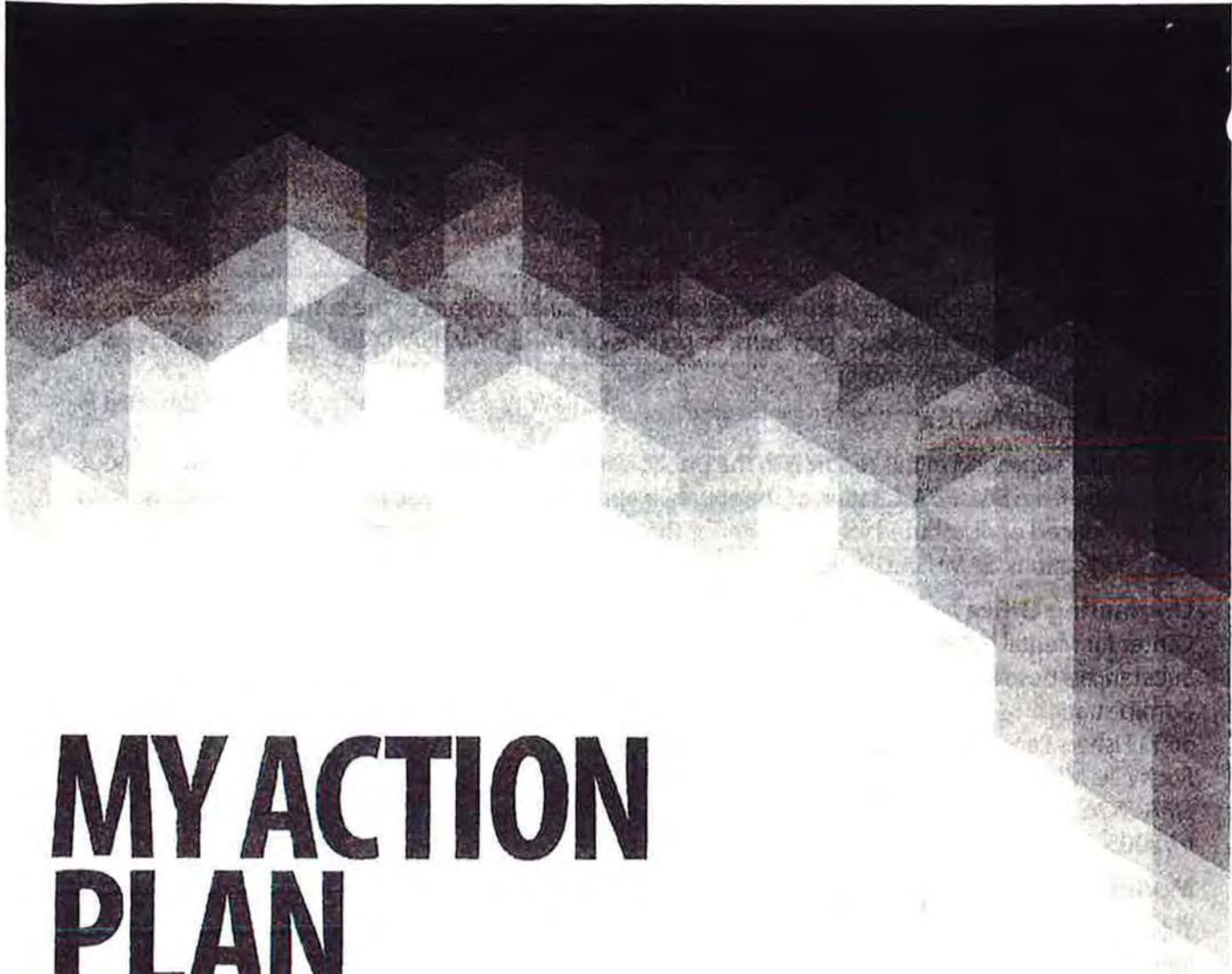
**Administrator for the Office of Consumer Affairs**

**Division of Behavioral Health**

**Department of Health and Human Services**

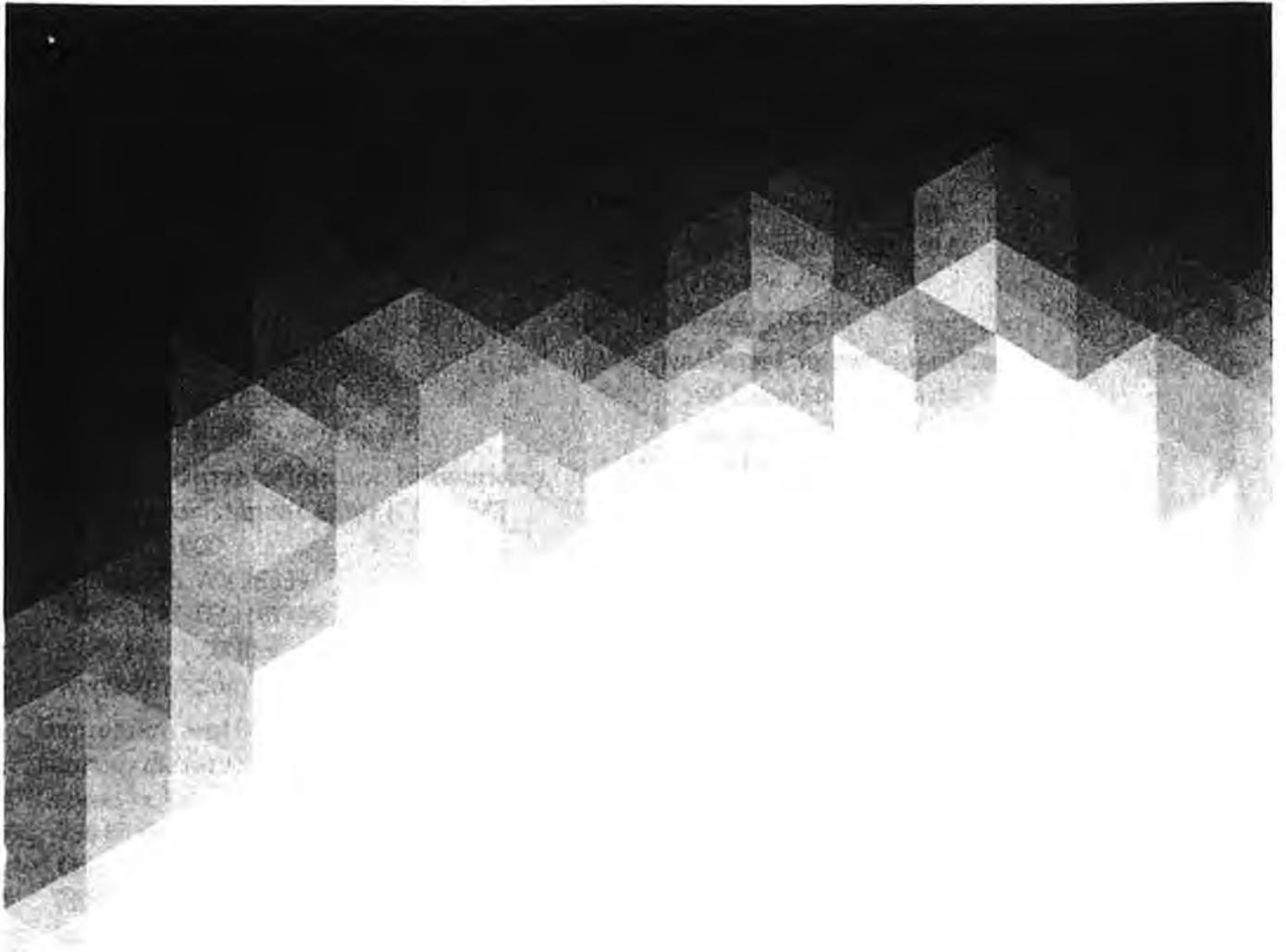
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[www.nebraska.va.gov](http://www.nebraska.va.gov)

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Bellevue, NE 68113

710 S. 13th St. Ste. 1200  
Norfolk, NE 68701

2201 N. Broadwell Ave.  
Grand Island, NE 68803

600 E. Francis, Ste. 3  
North Platte, NE 69101

1118 Burlington St.  
Holdrege, NE 68949

555 E. John St.  
O'Neill, NE 68763

600 S. 70 St.  
Lincoln, NE 68510

512 S. Fremont St.  
Shenandoah, IA 51601

D

Nebraska Division of Behavioral Health  
**Office of Consumer Affairs - People's Council**  
June 9, 2015 9:00 am – 1:30 pm  
301 Centennial Mall South Lower level room B  
Lincoln, Nebraska  
Public comments during the meeting

DRAFT Meeting Minutes

**I. Call to order and roll call**

**Lisa Casullo**

Chairperson, Judie Moorehouse has resigned from her position at the Region 1 and is no longer serving on the People's Council. Carol asked if anyone would like to step into the Chairperson position for the June 9<sup>th</sup> meeting. Lisa Casullo inquired about the process to be considered for the role and the requirements of the role. Carol outlined the chairperson assisted in creating the agenda for the meeting and was responsible for running the meeting. Lisa offered to sit in this position if there were no other individuals interested. A motion to nominate Lisa Casullo for this role was by Jennifer Ihle and seconded by Mary Thunker. The meeting was opened by Lisa Casullo on June 9, 2015 at 9:15 am. Roll call was conducted by Lucy Flores and quorum was determined.

**Council members present:** Tammy Fiala, Mary Thunker, Ryan Kaufman, Johnathan Koley, Lisa Casullo, and Jennifer Ihle

**Not present:** Scott Loder, Nancy Rippen, Candy Kennedy-Goergen, and Phyllis McCaul

**DHHS staff present:** Carol Coussons de Reyes, and Lucy Flores.

**Public:** Ken Timmerman, Janelle Jensen, Christina Nance, and Melissa Lemmer

**Handouts:** Carol Coussons De Reyes handed out the following handouts:

**OCA Mission, Vision, and Core Functions,** Office of Consumer Affairs Report; DRAFT in Progress

**Mission:** The Office of Consumer Affairs provides leadership and resources that promote health, purpose, community, resiliency, and systems transformation for Nebraskan impacted by behavioral health conditions.

**Welcome to the Journey:** First Experience with Psychosis DRAFT 1 by Carol Coussons De Reyes

**My Action Plan Booklet-** VA Nebraska-Western Iowa Health Care System

**II. Housekeeping and Summary of Agenda**

**Lisa Casullo**

Carol requested changes to the agenda based on time considerations. These changes included moving the topic of suicide attempt survivors to 12:00 from 1:00pm and to shorten the amount of time allotted to review linking this committee to the stated advisory committee so quorum could be maintained due to another meeting that afternoon. Lisa Casullo proposed change of the agenda. A motion to accept the changes in the agenda was made by Jennifer Ihle and seconded by Mary Thunker. The agenda was approved by general consent.

**III. Approval of Minutes**

**Lisa Casullo**

Carol requested the committee review and approve the minutes for March 3, 2015. Lisa Casullo and Jonathon Koley noted that the minutes as is, did not reflect what was said at the meeting. Lisa Casullo was not in support of initiating a media campaign about peer support without first addressing the shortage of positions and training opportunities in the state for peer support providers. Jonathon additionally stated to move forward with publicity on peer support, we must have training capacity Lisa Casullo made a motion to accept the minutes with these changes noted and made. Jonathon Koley seconded the motion.

**IV. General Announcements**

**All**

Carol Coussons de Reyes, Office of Consumer Affairs (OCA) Administrator suggested the discussion of an application to the OCA People's Council.

Council comments included:

The members discussed how many meetings a member is allowed to miss. Carol stated that there are ex-officio members that can miss any number of meetings and non-ex-officio members that can miss no more than 2 consecutive meetings. A motion was made that all applicants should have lived experience to be on the council by Johnathan Koley. Mary Thunker seconded the motion. Carol will follow up after further discussion with the DBH Director Sheri Dawson.

**V. Recommendations for People's Council Link to the State Advisory Councils Carol Coussons De Reyes**

Carol had a structure for the OCA People's Council and requested feedback. Members stated they want the OCA People's Council to be a subcommittee of both advisory committees. Carol proposed a change in the current People's Council to add a separate youth subcommittee, family subcommittee and adult subcommittee. Members of the council expressed concern about adding subcommittees to the group or meeting fewer times a year. Lisa Casullo requested that the issue of family and youth membership be brought back to the council when Candy Kennedy Goergen was present as she is the executive direction for NE Federation of Families and her voice was necessary to discuss any changes that involved family or youth representations. Regions could gather representatives from Professional Partners Orgs and some Family Orgs- sort out barriers before an invitation is extended. Perhaps Cassie or Candy could present at a future meeting. Council members requested a standing agenda item on each agenda for Youth, Family, and Adult for the OCA People's Council. Several council members stated they wanted to join the advisory committees. Members also stated each region should have an urban and rural representative, but that it was even more complex an issue because there needs to be a balance of youth, family, and adult members. Ryan Kaufman observed that the OCA People's Council is currently mostly comprised of urban members. Ryan also stated he felt that there should be no ex-officio positions on the council. Carol suggested we move this topic forward to the next meeting.

**VI. Wellness Recovery Action Planning in Nebraska**

Master WRAP facilitators Ken Timmerman, Melissa Lemmer, and Janelle Jensen were present as member of the public for the OCA People's Council's discussion of WRAP. Janelle shared that she is becoming an advanced level WRAP facilitator very soon.

Council comments included:

Ryan Kaufman: commented on finding an audience on offering a WRAP Plan. Some suggestion were to target audiences for Troopers / Veterans Administration (VA). Contact facilitators to train WRAP. A handout booklet was handed out by Carol Coussons De Reyes to be reviewed. Ryan viewed as an eye opener for Veterans WRAP: The booklet called My Action Plan on VA Nebraska – Western Iowa Health Care System @ [www.nebraka.va.gov](http://www.nebraka.va.gov)

Jonathan Koley: commented that money from the state level to bring workshops and that someone be in charge of costs and notebooks. The cost would include materials and trainings. Johnathan suggested the hiring of a Coordinator to partner with facilitators, have the ability to organize, create training sites, and to pair trainers together.

Tammy Fiala: commented that she has done 7 WRAP Trainings in a year. There could be opportunities to shadow others, do 3 day workshops, and invite high schools through the use of grants. One suggestion to keeping costs down for WRAP trainings would be to use the recycling of books or store in the network of care and the use of binders. While there can be a recycling approach some of the old red books may not have an up to-date information for a refresher courses? It was suggested that the University Bookstore would soon be closing, and that that would be one place one could ask for binders since they are being discarded.

Jennifer Ihle: commented on Facilitators being trained on refresher courses that they can be tracked with updated data and do an EXIT survey.

The members of the council stated the WRAP program training is costly in books and manuals along with materials. The Master WRAP Facilitator's present stated that the contract rate for a WRAP training is entirely negotiable outside of book costs. Janelle and Melissa expressed interest in the mentoring of WRAP facilitators. Currently the State of Nebraska holds about 200+ trained facilitators that are not currently organized in any manner. The council stated a desire to have a statewide WRAP coordinator in the OCA, regular WRAP Facilitator phone calls, a WRAP website and training calendar, basic WRAP to be trained all over Nebraska, and only fund a refresher training until all working and volunteering WRAP facilitators had received the WRAP refresher. The WRAP refresher is currently required of all WRAP Facilitator's after two years to maintain their WRAP certification with the Copeland Center. All Certificate records are kept by the facilitators and not the Copeland Center.

Carol you had a recommendation that you would further discuss with Director Sheri Dawson and see what the budget would be for the fiscal year and report back on WRAP trainings;

A motion was made by Johnathan Koley to recommend that the Division of Behavioral Health explore adding funding to organize systems of delivery for WRAP. The first motion was by Jennifer Ihle and seconded by Ryan Kaufman. A roll call vote was taken. The motion carried by unanimous vote.

## **VII. Suicide Attempt Survivors**

**Christina Nance**

Carol introduced Christina Nance to the council members. Christina shared her "testimony" as a "peer speaker". She stated that she believes that children from the 8<sup>th</sup> grade up have mental health conditions in her North Omaha community and that they are not getting the support they need. There were many resources that were presented by the council members to enhance and further educate the community and the public in her future presentations. The members welcomed in gratitude Christina's presentation. Council members welcome Christina to come

back and to continue to educate and enhance the community and other peer support individuals to reach out and help one another.

**OCA Mission/ Vision/Core Functions Feedback and other data Carol Coussons De Reyes**

Carol handed out draft OCA Mission, Vision, and Core Functions, Office of Consumer Affairs Report; DRAFT in Progress: Carol wanted feedback and other data to be included in the draft report. The workbook is in progress and she welcomed comments.

**VIII. Peer Support Implementation Plan and Credentialing Updates Carol Coussons De Reyes**

Carol stated the UNL PPC is held an online public forum for comments on credentialing. She also stated that there would not be OCA public discussion forums, because these DHHS legal department advised that these forums should not replace the current process of review.

**Council comments included:**

Peer Support jobs must be increased. Behavioral health and physical/medical healthcare needs to be more integrated, therefore one priority/goal would be to implement wellness programs such as Living Well, PSWHR/WHAM, Whole Health, and WRAP for Trauma. The goal is to increase opportunities in the workforce because more people can be trained, but if there are no opportunities for placement, consumers may not be served and could adversely impacted.

**IX. White Paper - Consumer Family Involvement Group & Carol Coussons De Reyes**

Carol discussed Consumer and Family Involvement White Paper and invited more council member to join sub-committees.

**X. Updates from Regional Consumer Specialists**

Johnathan Koley commented on a volunteer peer project he was working on in Region 6. Tammy Fiala brought up that Region 6 and 3 were working on a First Episode Psychosis pilot that will eventually roll out to the rest of the state.

**XI. Items for next agenda Committee Members**

Jonathon Koley made a motioned that Application Review for membership be placed on the next meeting agenda for further discussion to be held Tuesday, August 4, 2015. To review applications received, and by what by-laws, or rulings to determine to be a Committee Council Member. Carol follow-up after further discussion with DBH Director Sheri Dawson

**XII. Meeting Adjournment:** Motion to adjourn the meeting was made by Mary Thunker, first motion made by Ryan Kaufman, and seconded by Johnathan Koley.

- Lisa Casullo adjourned the meeting at 1:30 pm.
- Next Meeting is scheduled for Tuesday, August 4, 2015 from 9:00 am - 3:00 pm. at Region V, 1645 N Street, Large Conference room, Lincoln Nebraska.

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

*06-09-2015 Meeting Minutes*



E

## **NETWORK OF CARE FOR BEHAVIORAL HEALTH**

*In partnership with the National Association of Counties; the National Association of County Behavioral Health & Developmental Disability Directors; the National Alliance on Mental Illness, and Mental Health America*

The Network of Care for Behavioral Health ([www.networkofcare.org](http://www.networkofcare.org)), first developed in California, is a highly innovative use of Internet communication technology designed to serve individuals and families at the community level. Because of the multiple ways health and human services programs are funded, the services themselves are often fragmented locally and difficult to understand or navigate. However, with modern Internet technology, not only can all services be collected in one place and easily searched, but all important information for an individual or family can be made easily accessible in a local "virtual community."

This remarkable and completely unique program provides the following:

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- Quick reference to all local emergency and crisis intervention programs.
- A pre-vetted Library with written content and interactive assessment, educational and recovery programs, including those produced by the National Alliance on Mental Illness and Mental Health America.
- Mary Ellen Copeland's Wellness Recovery Action Plan, featuring secure online management tools and free online training for consumers and family members.
- A legislative information and advocacy tool.
- All local, state and national support groups and programs.
- A comprehensive guide to private and public insurance.
- Virtually every Web link in the nation.
- An HL7-registered Personal Health Record to store valuable medical information, as well as content from throughout the Network of Care site.
- News from around the country.
- Best-practice content-sharing from all sites throughout the U.S.
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- And much more!

The Network of Care was specifically recommended to all states and counties by the President's New Freedom Commission on Mental Health. The Network of Care for Behavioral Health can be easily replicated and customized for any county and state in the nation.

For more information, please visit [www.dhhs.ne.gov/networkofcare](http://www.dhhs.ne.gov/networkofcare) or contact us:



Department of Health and Human Services Region 5  
1-800-836-7660

F

# Flourish

*NAMI Nebraska's Voices of Recovery*

ISSUE 11

OCTOBER 2011

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**NAMI Nebraska is a state organization of the National Alliance on Mental Illness.**

The views expressed in this publication do not necessarily reflect the official policies of NAMI Nebraska or the Nebraska Department of Health and Human Services. Mention of trade names, commercial practices, or organizations does not imply endorsement by NAMI Nebraska or the Nebraska Department of Health and Human Services.

*"Although the world is full of suffering, it is also full of the overcoming of it."*  
— Helen Keller

This is the first in a series of newsletters created by NAMI Nebraska as part of a larger project. We will be writing monthly newsletters, creating short videos, and running a series of webinars. We will also be holding trainings for NAMI program facilitation over the next few months. The newsletters and videos will feature stories from people with mental illness and their families all across the state of Nebraska, as well as articles on services in the state.

Through this project, we seek to educate the public about mental illness and the services available, as well as advocate for the rights of people with mental illness. We hope to fight stigma, honor people's

resiliency, and illustrate that recovery is possible.



The newsletters will each focus on a topic and include stories from the behavioral health regions of Nebraska. This month, we are focusing on mental illness/health in higher education settings, featuring stories from individuals living in or who have lived in Region 6.

Our emphasis throughout this project will be on *recovery* and *resiliency*. We recognize, however, that the concepts mean different things to different people. To some, recovery means a return to how they felt before their symptoms of mental illness set in. To others, it means creating a new place of wellness and inhabiting that place. Regardless of the defini-

tion, maintaining recovery involves resiliency, or, like a rubber band, being able to bounce back despite having been stretched out of shape. Differing levels of resiliency at different times means that recovery is a process and not a destination.

Although we have provided a few ideas as to what recovery and resiliency mean, we seek to empower people who have experienced mental illness or substance abuse to define for themselves what it is to be in recovery. As you read, we invite you to consider what recovery means to the individuals featured in each newsletter. We look for ways to serve those in recovery and those working towards it.

If you would like to share your story, call us at 1-877-463-5264 or e-mail Suzie at [snoonan@naminebraska.org](mailto:snoonan@naminebraska.org). ●



Amy Weaver

*"My family...took a listening ear to me and that was really helpful."*

### *Did you know?*

You can see a video interview with Amy about her experience with her family during her recovery process.

Check it out at <https://www.youtube.com/watch?v=vZUa1fP1o7Y!>

## *A Place of Recovery: Amy's Story*

*By Sitara Mahtani*

It took Amy Weaver a while to realize something was different. At first, it seemed that her emotional symptoms and increased drinking were solely a response to the stresses of university life. Raised in Omaha, Amy was attending college in Chicago in 2004 when she realized that she needed to make a change. As her symptoms were getting out of hand, she could not concentrate on her work, her coping skills were limited, and she missed home. She left school and returned to her parents in Omaha.

After initially meeting with a psychiatrist, Amy received a diagnosis of depression with psychosis. Those words were difficult to grasp; part of her did not believe them. She was unhappy with her therapist and psychiatrist, and for a time, she did not go to appointments or take her medication. She saw several different therapists, but could not find a good fit.

Eventually, Amy started going to Community Alliance, an Omaha-based organiza-

tion that helps people with mental illness rebuild their lives. This was a milestone: "They valued me as a person, changed my thought process, helped with [my] goals and getting back on my feet. I began to function better."



Nevertheless, maintaining her mental health has been a continual challenge. Amy was hospitalized in 2013 for depression. After that, she was referred to new mental healthcare professionals that have been a good fit for her.

Amy's family has been "integral in [her] recovery." She lived with her parents when she first returned to Omaha, and they supported her despite their lack of experience with mental illness. They took NAMI Nebraska's Family-to-Family course, and attended Family Support meetings. Amy says, "[My family was] very patient and kind...They

took a listening ear to me and that was really helpful."

Amy is back in college now, at the University of Nebraska at Omaha (UNO). The Disability Services office there has helped her get the academic accommodations she needs, such as being allowed to take exams in a testing center where it is quieter and easier to concentrate. Furthermore, Amy has been involved with NAMI on Campus, a branch of NAMI at universities that support students with mental illness. She has also facilitated NAMI Connections meetings, which are support groups for people living with mental illness.

Amy is set to graduate in December of 2015 with a Bachelor's degree in General Studies. She also just started a new job in the behavioral health field. With the help of a supportive family, services such as Community Alliance, and organizations like NAMI on Campus, Amy has found her way to a place of recovery. ●



Jennifer Alquicira

*"My family protects me while my school gives me a sense of purpose and courage to continue on without struggling."*

## *A Sense of Purpose: Jennifer's Story*

### *By Sitara Mahtani*

Jennifer Alquicira is an undergraduate junior at UNO majoring in Public Health. She is the Vice President of NAMI on Campus at UNO. She has lived experience with depression, and first started getting treatment during her freshman year of college. The following are excerpts from an e-mail interview which have been edited for brevity and clarity.

**Sitara Mahtani:** When recovery/resiliency happened for you, in what environments did you find support?

**Jennifer Alquicira:** After leaving the hospital, I returned back to my normal routine of school and work. I continued to work hard on both my education and my recovery plan. Since then, I know that the places that give [me] comfort [are] my home and my school. My family protects me while my school gives me a sense of purpose and courage to continue on without struggling once more.

**SM:** On a related note, what roles have your loved ones played in your story?

**JA:** My family, my counselor, my advisor [from the Thompson Learning Community], and my friends all play the role of being my support system. I am grateful

for all they have done for me the past several years while I was transitioning from my adolescence to young adulthood. But the biggest part of my support system has been my mom. My mom is my rock and the only person who knows what's best for me, other than me.

**SM:** Do you feel that you have had access to all of the services you need?

**JA:** I do believe that I have gotten what I needed as for services. I'm happy that I can go to the counseling center for help, but I'm even more grateful for what my counselor has done for me as for seeking treatment. After my mental breakdown, she helped me convince my mom to take me to [the hospital] for my second step in my treatment plan. Though I had no medical insurance, it didn't stop me from getting help. I managed to pay off my hospital bill from my student refund while I had also been working at the zoo during that time.

**SM:** What is the role NAMI on Campus at UNO has played in your life?

**JA:** After being Vice President [of NAMI on Campus] for two years, it has been an encouraging and righteous path towards my future that would give me a sense of purpose in mental health while becoming a young advocate. ●



Mae L'Heureux

*"I am alive today because people believed in me when I did not believe in myself."*

## *Navigating Rough Waters: Mae's Story*

*By Mae L'Heureux*

When I moved into my college dorm room in August 2010 to begin my college career, I never expected to find myself drowning in depression six months later. I did not hug my parents goodbye thinking that we would soon be traveling down a treacherous road, which would try to take everything from me multiple times. During my second semester of college freshman year, depression swallowed me whole and consumed every fiber of my being.

Depression and anxiety consistently lingered in my life throughout college. Not a day went by over the course of those three-and-a-half years where my mental illnesses stayed dormant. Whether I was too anxious to go to the dining hall by myself or too sad to get out of bed in the morning, mental illness dictated my every move.

Looking back on it now, the scariest part of my experience in having mental illness while in college was the unknown. Not knowing what would happen if the school knew how intense and unsafe my condition was. Not knowing if my roommate would go behind my back and tell

someone what was actually going on. Not knowing if my counselor would send me away to a hospital. Not knowing if the next trial of medication would work. Not knowing if I would make it to another day.

One of the main reasons why I was able to enter recovery and not just live, but thrive, is because of community. It's a simple, yet powerful word. I am alive today because people believed in me when I did not believe in myself. They saw my pain and said that they were not going to leave me, when they had every right to. They walked with me on this journey, empowering me every step of the way. Recovery is anything but easy, and there are many slip-ups along the way but that's what makes it beautiful. I am a stronger person not only because of what I went through, but because of the ups and downs of my recovery. Not every day is easy. There are times when lying in bed feels way more comfortable than facing the day. There are moments when my anxiety is so out of control that I go into a panic attack. Recovery doesn't mean smooth sailing. It means the presence of rough waters, but having

the skills to navigate them.

Although a lot of progress has been made in eradicating the stigma of mental illness, much more needs to be done. Nobody wants to talk about mental illness, which is the reason why we need to. I believe that every college student has the right to be educated on physical *and* mental health, as well as how they are monitored and treated on their college campuses. For instance, most higher education institutions offer free counseling right on campus, which is something most students do not know. Informing students on mental health processes on campus, as well as common signs and symptoms, crisis services, and psychiatric procedures is something I think all colleges and universities need to do a better job of. We know that the age of onset for most mental illnesses is 18-24, which is the age most individuals attend college. Nobody asks to be cursed by mental illness, but we all have the power to help one another out in recovery. Let's not let each other suffer in silence anymore. Education is vital to the health and wellness of all college students. ●

*Did you know?*

The University of Nebraska at Omaha has a Community Counseling Clinic through its College of Education's Department of Counseling. The services are free to UNO students, faculty, and staff, and provided at a low cost to the Omaha community. For more information, call (402) 554-4882.

## *Mental Health on College Campuses*

*By Sitara Mahtani*

The college years are times of significant change for everyone who enters a higher education setting. This is especially true for students coming in with a diagnosed mental illness. Furthermore, "75 percent of lifetime cases of mental health conditions begin by age 24" ("Learn About the Issue"). Since many students in college are between the ages of 18 and 24, this means that college is a common time for students to develop mental health conditions. The most common mental health conditions among college students are depression, bipolar disorder, and post-traumatic stress disorder (Greenstein).



Cheryl Campbell, of the University of Nebraska at Omaha (UNO) Counseling Center, explains that the transition to college involves a great deal of stress, given that many students are having to look after themselves for the first time. Some students also feel pressure because of the stigma associated

with their mental illness.

Mental illness can have serious, or even tragic, consequences. Sixty-four percent of students who drop out of college do so because of a mental health condition. And over 1,000 suicides occur each year on college campuses in the U.S. (Greenstein). In fact, "[s]uicide remains the second leading cause of death among college students" ("Learn More About Our Cause").

Given the magnitude of the situation (one in four adults has a mental illness), what is being done to help students who live with mental health conditions? Under the Americans with Disabilities Act (ADA), colleges and universities are required to make reasonable accommodations for students with mental illness (Leadership21 Committee). For example, Campbell explains that students at UNO can receive academic accommodations through Disability Services on campus. Some of these accommodations include taking tests in a quieter environment and having longer to complete assignments. Individual accommodations, however, depend on the student's specific needs.

There are also

awareness efforts going on. NAMI on Campus at UNO began as a collaborative effort between NAMI Nebraska and the UNO Counseling Center. Their first event together was a movie night, where both organizations had outreach tables. NAMI on Campus at UNO started as an actual campus organization in the fall of 2014. NAMI UNO is Nebraska's first NAMI on Campus organization. It supports NAMI's efforts, such as the #IAmStigmaFree campaign, and also participates in national mental illness awareness weeks. It is always looking for more members to join so it can form committees for different projects. Non-students can be part of NAMI on Campus, though only students can hold officer positions.

Organizations like NAMI on Campus help remind students with mental illness that their experiences are valid and that other people are going through the same thing. For more information about the organization and how to get involved, visit <http://www.unomaha.edu/student-life/wellness/counseling-center/nami.php>. ●



[www.naminebraska.org](http://www.naminebraska.org)

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If you or someone you know is interested in being interviewed for a newsletter or video, or you have a topic you would like us to cover, please contact Suzie Noonan at 402-345-8101, 1-877-463-6264, or [snoonan@naminebraska.org](mailto:snoonan@naminebraska.org).

We seek the perspectives of both adults and youth with mental illness who are in recovery and their family members.

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

**By-Laws**

**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 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 shall serve as the following: (a) as a planning council of the Nebraska Office of Consumer Affairs, (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 recovery oriented services, such as organized peer support 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.

Personal lived experience is defined as experience as a former or current recipient of behavioral health services, or a caregiver/family member of a person receiving services.

For all other definitions, please refer to 206 NAC 2

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### **Section 2**

“Serve as the 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**

“Serve as a subcommittee of the State Advisory Council 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 to dually appointed Council members and the OCA
  - (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 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**

The Council will utilize personal lived experience to advocate for system transformation and to identify and advocate for a recovery oriented behavioral health service system which supports adults, children, and their families in their journey of healing, recovery, resiliency, and transformation.

#### **Vision**

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

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### **Article III – Membership of Council**

#### **Section 1**

**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 a group to coordinate and process new application (s). The group shall consist of the Chair, Co-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. This application review process is the same for selection of the Chair, Co-Chair, and Secretary.

#### **Section 2**

**Length of Term:** The length of term is three years.

#### **Section 3**

**Attendance:** A member who has two consecutive absences 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 resign from the Council. Formal resignation shall be in writing and is to be submitted to the Director of the Division of Behavioral Health. The OCA staff will maintain attendance and submit to Chairperson upon request.

#### **Section 4**

**Membership structure (N=14) -** All members of the council shall have personal lived experience as a former or current recipient of behavioral health services, or as a caregiver/family member of a person receiving services. 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

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- One (1) Representative from a Managed Care Organization
- One (1) Representative of Regional Center System
- Two (2) Representatives (Adult, Youth, or Family/Caregiver- not represented in above membership, for example: veteran, rural, urban, peer run organization, etc.)

## Article IV – Voting

### Section 1

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 2

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

### Section 1

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

### Section 2

Duties: The duties of the Officers shall be:

**Chairperson** – Preside at all Council and Executive meetings and:

- (1) Attend annual technical assistance meeting on MH Block Grant at the State Advisory Committee meeting.
- (2) Represent the Council at the MH Block Grant application review at the State Advisory Committee meeting.
- (3) Write a letter representing the committee's point of view after reviewing the MH block grant application, to be attached and is due September 1.

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- (4) Perform any other duties designated by the Council.
- (6) Review attendance report and contact members as needed.

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

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

### Section 3

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 VI – 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.

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#### **Section 4**

**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 VII - 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 be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been delivered to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place. All alterations, amendments, or new by-laws adopted by the Council are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.

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**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 shall serve as the following: (a) as a planning council of the Nebraska Office of Consumer Affairs, (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 recovery oriented services, such as organized peer support 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.

Personal lived experience is defined as experience as a former or current recipient of behavioral health services, or a caregiver/family member of a person receiving services.

For all other definitions, please refer to 206 NAC 2

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

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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 recovery oriented 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 as a former or current recipient of behavioral health services, or as a caregiver/family member of a person receiving services. 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
- One (1) Representative of Regional Center System.

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- Two (2) Representatives (Adult, Youth, or Family/Caregiver- not represented in above membership, for example: veteran, rural, urban, peer run organization, etc.)

### **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 three year terms.

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

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EFFECTIVE  
APRIL 11, 2015

NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

206 NAC 2  
BH SERVICES

#### CHAPTER 2-000 DEFINITIONS

Activities of Daily Living means the proficiencies which allow individuals to live successfully in non-institutional settings. Development of daily living skills involves an organized service which provides skill building needed by the consumer in such areas as personal hygiene, self-care, interpersonal skills (including interpersonal negotiation skills), self-direction, meal preparation and nutrition, as well as other related areas required to successfully live independently in the community. This may also be referred to as "basic daily living skills".

Adult with severe and persistent mental illness means an individual who:

1. Is age 19 and older;
2. Has a primary diagnosis of schizophrenia, major affective disorder, or other major mental illness under the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. Developmental Disorders or Psychoactive Substance Use Disorders may be included if they co-occur with the primary mental illnesses listed above;
3. Is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed mental health services are not provided, and this pattern has existed for 12 months or longer or is likely to endure for 12 months or longer; and
4. Has a degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate and effective manner, as demonstrated by functional impairments which substantially interferes with or limits at least two of three areas:
  - a. Vocational/educational;
  - b. Social skills; or
  - c. Activities of daily living.

American Society of Addiction Medicine Criteria (ASAM) means the most current edition of the American Society of Addiction Medicine Criteria as published by the American Society of Addiction Medicine.

Assessment means the process that a program completes with each consumer to gather information and documentation needed to identify the individual's status, strengths, preferences, and needs in order to develop an Individual Treatment, Rehabilitation, and Recovery Plan. The assessment process must include:

1. Identification/Determination of the consumer's status, strengths, needs, problem(s), resiliencies, experiences (including past trauma), cultural background, and preferences;
2. Identification of the various people and situations involved in the individual's life; and
3. The goals that the consumer wants to accomplish in receiving services.

Behavioral Health Disorder means mental illness or alcoholism, drug misuse, or other addictive disorder.

Behavioral Health Adult Service Definitions means a set of standards that specify requirements for services funded by the Division of Behavioral Health. These standards are attached and incorporated in these regulations by this reference and are posted on the Department's website. These service definitions will be very close to the Division of Medicaid and Long-Term Care's service definitions, but there may be some differences.

Behavioral Health Region means a behavioral health geographic region established by Neb. Rev. Stat. §71-807. May also be referred to as a "region".

Behavioral Health Services means services, including, but not limited to, consumer-provided services, support services, inpatient and outpatient services, and residential and nonresidential services, provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of persons with behavioral health disorders.

Community-Based Behavioral Health Services or Community-Based Services means behavioral health services that are not provided at a Regional Center.

Confidentiality means the legal requirement and ethical principle that a provider or a program will not reveal any information disclosed during the course of service provision. Information received by program staff or maintained in the service records which deals with the identity, diagnosis, prognosis, treatment, rehabilitation, or of any consumer is confidential and must be disclosed only with the written consent of the consumer, the consumer's legal guardian, by order of a court of competent jurisdiction, or as otherwise required by state and federal law.

Consumer means an individual who has lived experience with a mental illness, substance use disorder, or other addiction.

Cultural Competence means an integrated pattern of human behavior, which includes but is not limited to thought, communication, languages, beliefs, values, practices, customs, courtesies, rituals, manners of interacting, roles, relationships, and expected behaviors related to a racial, ethnic, religious, social, disability or political group, and the ability to transmit the above to succeeding generations. The capacity of an organization and its personnel to communicate effectively and convey information in a manner that is easily understood by diverse audiences.

Department means the Nebraska Department of Health and Human Services.

Diagnostic and Statistical Manual (DSM) means the most current edition of the Diagnostic and Statistical Manual of Mental Disorders as published by the American Psychiatric Association (APA).

Director means the Director of Behavioral Health.

Division means the Division of Behavioral Health of the Department of Health and Human Services.

Documentation means the provision of written, dated, and where applicable, signed evidence to substantiate performance as part of an organized system of official records.

EPC (Emergency Protective Custody) means a situation in which an individual who is believed to be mentally ill and dangerous or a dangerous sex offender and for whom there is a substantial risk of serious harm to others or to oneself is taken into custody by a law enforcement officer and admitted to an appropriate facility for a limited period of time.

Functional Impairment means serious limitations an individual has which substantially interfere with or limit role functioning in major life activities, as determined through an assessment by qualified personnel. In adults (age 19 and older), it is the degree of limitation that seriously interferes with the individual's ability to function independently in an appropriate and effective manner in two of three functional areas of (1) Vocational/educational, (2) Social Skills, or (3) Activities of Daily Living.

Functional Limitations in Activities of Daily Living means an inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community in three of the five following areas:

1. Grooming, hygiene, washing of clothes, and meeting nutritional needs;
2. Care of personal business affairs;
3. Transportation and care of residence;
4. Procurement of medical, legal, or housing services; or
5. Recognition and avoidance of common dangers or hazards to self and possessions.

Functional Limitations in Social Skills means (1) repeated inappropriate or inadequate social behavior or an ability to behave appropriately or adequately only with extensive or consistent support or coaching or only in special contexts or situation, such as social groups organized by treatment staff; or (2) consistent participation in adult activities only with extensive support or coaching and when involvement is mostly limited to special activities established for persons with behavioral health diagnoses; or (3) a history of dangerousness to self or others.

Functional Limitations in Vocational/Educational means (1) an inability to be consistently employed or an ability to be employed only with extensive supports, except that a person who can work but is recurrently unemployed because of acute episodes of mental illness is considered vocationally impaired; (2) deterioration or decompensation resulting in an inability to establish or pursue educational goals within a normal time frame or without extensive supports; (3) an inability

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to consistently and independently carry out home management tasks, including household meal preparation, washing clothes, budgeting, and child care tasks and responsibilities.

HIPAA means the Health Insurance Portability and Accountability Act.

Medical Assistance Program means the program established pursuant to the Medical Assistance Act, also known as Medicaid.

National Accreditation means meeting the standards set by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by the Director.

Peer Support Services means individualized, recovery-focused services based on a mutual relationship between consumers that allows a consumer the opportunity to learn to manage his/her own recovery and advocacy process. Activities of Peer Support serve to demonstrate that recovery and wellness are possible, sharing of wellness planning tools, group facilitation, empowering the individual with advocacy and self-help skills and supports, relaxation response training, engaging individuals with natural supports, understanding the importance of shared decision-making, self-advocacy, communication, creating relationships of quality, and education of training staff about the importance of the individual's needs to enhance wellness and recovery. Unique services include but are not limited to peer perspective crisis prevention, smoking cessation, peer-run respite, support groups, relaxation response training, and warm lines.

Person-Centered Care means services and supports are designed around the needs, preferences and strengths of an individual.

Prevention Systems means, for the purpose of behavioral health services, purposeful, effective, and sustained partnerships of agencies, organizations, and individuals committed to preventing substance use disorder, mental and addictive disorders, and related societal problems. Prevention systems are designed to operate at the community level embracing the local culture while leading the development of strong, sustainable, community-based prevention activities focused on pro-social and normative changes. Prevention system activities seek to produce sustained outcomes in preventing the onset and reducing the progression of substance use disorder and mental illness and related consequences among communities and building prevention capacity and infrastructure at the State/Tribal and local level.

Provider means an organization or individual that has contracted with either one of the Regional Behavioral Health Authorities or the Division to provide publicly-funded behavioral health services to consumers.

Psychological Trauma means events or experiences that confront the person directly or as a witness where there exists an immediate perceived threat of death, extreme human suffering, severe bodily harm or injury, coercive exploitation or harassment, or sexual violation. Response to traumatic event involves intense fear, helplessness, or horror. Psychological trauma has a direct impact on the brain, body, and stress response system. This disrupts the cognitive, emotional, physical, spiritual, and relational functioning. Persons with severe and persistent behavioral health problems, including mental illness, and/or substance use disorders, often have experienced trauma. Many suffer from post-traumatic symptoms which exacerbate their other

behavioral health problems, impair their psychosocial functioning, and interfere with the quality of their lives. Traumatic events may include rape, physical, emotional, or sexual abuse, war combat, urban street violence, torture, motor vehicle accidents, natural disasters and violence associated with crime.

Public Behavioral Health System means the statewide array of behavioral health services for children and adults provided by the public sector or private sector and supported in whole or in part with funding received and administered by the Department, including behavioral health services provided under the Medical Assistance Program (Medicaid).

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

Recovery-Oriented System of Care (ROSC) means a coordinated network of recovery-oriented and person-centered community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve improved health, wellness, and quality of life.

Regional Behavioral Health Authority (RBHA) means the regional administrative entity responsible for each behavioral health region.

Regional Behavioral Health Authority Network means those providers who have contracted with a regional behavioral health authority to form a network to provide behavioral health services in that region.

Regional Center means one of the state hospitals for persons with mental illness as designated in Neb. Rev. Stat. § 83-305.

Regional Center Behavioral Health Services or Regional Center Services means recovery-oriented and person-centered behavioral health services provided at a Regional Center

Regional Governing Board means an entity established in each behavioral health region by the counties which governs the regional behavioral health authority (RBHA). The board consists of one county board member from each county in the region. Each regional governing board appoints a regional administrator who is responsible for the administration and management of the RBHA. The regional governing board of each RBHA, in consultation with all counties in the region, determines the amount of funding to be provided by each county under Neb. Rev. Stat. § 71-808.

Rehabilitation means services to promote recovery, full community integration and improved quality of life for persons who have been diagnosed with any mental health, substance use, or co-occurring condition that seriously impairs their ability to lead meaningful lives. Rehabilitation services are collaborative, consumer-directed and individualized. They focus on helping individuals develop skills and access resources needed to increase their capacity to be successful and satisfied in the living, working, learning, and social environments of their choice.

Screening means the process by which the service is appropriate for the consumer and consumer is determined appropriate and eligible for admission to a particular program.

Secondary Consumer means a family member of a consumer who has lived experience with a substance use disorder, mental illness, or other addiction.

Strength-based means an ongoing approach, working with consumers, to identify the positive resources and abilities that an individual possesses. These strengths are then built upon by developing strategies to address the identified needs in order to achieve a defined outcome.

Subcontractor means an individual or business firm that contracts to perform part or all of the provider's/program's obligations under a primary contract.

System Management means the managed care vendor contracted with the Division of Behavioral Health.

Telehealth means the delivery of health-related services and information via telecommunication technologies.

Trauma-informed Services means services that are informed about, and sensitive to, trauma-related issues present in survivors; but they need not be specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma. Trauma-informed services are provided based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. Trauma-informed services are designed to include a basic understanding of how trauma impacts the life of an individual seeking services.

Trauma-informed System means one in which all components of a given service system have been considered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services. A 'trauma informed' system uses that understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid re-traumatization and will facilitate consumer participation in treatment. It also requires, to the extent possible, closely knit collaborative relationships with other public sector service systems serving these clients and the local network of private practitioners with particular clinical expertise in traumatology" (Harris & Fallot, 2001).

Treatment means recovery-oriented and person-centered clinical evaluations and/or interventions provided to consumers to ameliorate disability or discomfort and/or reduce signs and symptoms of a behavioral health diagnosis.

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**71-801. Nebraska Behavioral Health Services Act; act, how cited.**

Sections 71-801 to 71-831 shall be known and may be cited as the Nebraska Behavioral Health Services Act.

**Source:** Laws 2004, LB 1083, § 1; Laws 2006, LB 994, § 91; Laws 2009, LB154, § 17; Laws 2009, LB603, § 3; Laws 2012, LB1158, § 3.

**71-802. Purposes of act.**

The purposes of the Nebraska Behavioral Health Services Act are to: (1) Reorganize statutes relating to the provision of publicly funded behavioral health services; (2) provide for the organization and administration of the public behavioral health system within the department; (3) rename mental health regions as behavioral health regions; (4) provide for the naming of regional behavioral health authorities and ongoing activities of regional governing boards; (5) reorganize and rename the State Mental Health Planning and Evaluation Council and the State Alcoholism and Drug Abuse Advisory Committee; (6) change and add provisions relating to development of community-based behavioral health services and funding for behavioral health services; and (7) authorize the closure of regional centers.

**Source:** Laws 2004, LB 1083, § 2; Laws 2006, LB 994, § 92; Laws 2013, LB6, § 12.

**Operative Date:** July 1, 2013

**71-803. Public behavioral health system; purposes.**

The purposes of the public behavioral health system are to ensure:

(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.

**Source:** Laws 2004, LB 1083, § 3.

**71-804. Terms, defined.**

For purposes of the Nebraska Behavioral Health Services Act:

(1) Behavioral health disorder means mental illness or alcoholism, drug abuse, or other addictive disorder;

- (2) Behavioral health region means a behavioral health region established in section 71-807;
- (3) Behavioral health services means services, including, but not limited to, consumer-provided services, support services, inpatient and outpatient services, and residential and nonresidential services, provided for the prevention, diagnosis, and treatment of behavioral health disorders and the rehabilitation and recovery of persons with such disorders;
- (4) Community-based behavioral health services or community-based services means behavioral health services that are not provided at a regional center;
- (5) Department means the Department of Health and Human Services;
- (6) Director means the Director of Behavioral Health;
- (7) Division means the Division of Behavioral Health of the department;
- (8) Medical assistance program means the program established pursuant to the Medical Assistance Act;
- (9) Public behavioral health system means the statewide array of behavioral health services for children and adults provided by the public sector or private sector and supported in whole or in part with funding received and administered by the department, including behavioral health services provided under the medical assistance program;
- (10) Regional center means one of the state hospitals for the mentally ill designated in section 83-305; and
- (11) Regional center behavioral health services or regional center services means behavioral health services provided at a regional center.

Source: Laws 2004, LB 1083, § 4; Laws 2006, LB 1248, § 74; Laws 2007, LB296, § 454; Laws 2013, LB6, § 13.

Operative Date: July 1, 2013

## Cross References

- **Medical Assistance Act**, see section 68-901.

### **71-805. Division; personnel; office of consumer affairs.**

(1) The director shall appoint a chief clinical officer and a program administrator for consumer affairs for the division. The 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. The program administrator for 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. The chief clinical officer and the program administrator for consumer affairs shall report to the director. The Governor and the director shall conduct a search for qualified candidates and shall solicit and consider recommendations from interested parties for such positions prior to making such appointments.

(2) The director shall establish and maintain an office of consumer affairs within the division. The program administrator for consumer affairs shall be responsible for the administration and management of the office.

**Source:** Laws 2004, LB 1083, § 5; Laws 2007, LB296, § 455.

**71-806. Division; powers and duties; rules and regulations.**

(1) The division shall act as the chief behavioral health authority for the State of Nebraska and shall direct the administration and coordination of the public behavioral health system, including, but not limited to: (a) Administration and management of the division, regional centers, and any other facilities and programs operated by the division; (b) integration and coordination of the public behavioral health system; (c) comprehensive statewide planning for the provision of an appropriate array of community-based behavioral health services and continuum of care; (d) coordination and oversight of regional behavioral health authorities, including approval of regional budgets and audits of regional behavioral health authorities; (e) development and management of data and information systems; (f) prioritization and approval of all expenditures of funds received and administered by the division, including: The establishment of rates to be paid; reimbursement methodologies for behavioral health services; methodologies to be used by regional behavioral health authorities in determining a consumer's financial eligibility as provided in subsection (2) of section 71-809; and fees and copays to be paid by consumers of such services; (g) cooperation with the department in the licensure and regulation of behavioral health professionals, programs, and facilities; (h) cooperation with the department in the provision of behavioral health services under the medical assistance program; (i) audits of behavioral health programs and services; and (j) promotion of activities in research and education to improve the quality of behavioral health services, recruitment and retention of behavioral health professionals, and access to behavioral health programs and services.

(2) The department shall adopt and promulgate rules and regulations to carry out the Nebraska Behavioral Health Services Act.

**Source:** Laws 2004, LB 1083, § 6; Laws 2006, LB 1248, § 75; Laws 2007, LB296, § 456; Laws 2012, LB871, § 1.

**71-807. Behavioral health regions; established.**

Six behavioral health regions are established, consisting of the following counties:

(1) Region 1 shall consist of Sioux, Dawes, Box Butte, Sheridan, Scotts Bluff, Morrill, Garden, Banner, Kimball, Cheyenne, and Deuel counties;

(2) Region 2 shall consist of Grant, Hooker, Thomas, Arthur, McPherson, Logan, Keith, Lincoln, Perkins, Chase, Hayes, Frontier, Dawson, Gosper, Dundy, Hitchcock, and Red Willow counties;

(3) Region 3 shall consist of Blaine, Loup, Garfield, Wheeler, Custer, Valley, Greeley, Sherman, Howard, Buffalo, Hall, Phelps, Kearney, Adams, Clay, Furnas, Harlan, Hamilton, Merrick, Franklin, Webster, and Nuckolls counties;

(4) Region 4 shall consist of Cherry, Keya Paha, Boyd, Brown, Rock, Holt, Knox, Cedar, Dixon, Dakota, Thurston, Wayne, Pierce, Antelope, Boone, Nance, Madison, Stanton, Cuming, Burt, Colfax, and Platte counties;

(5) Region 5 shall consist of Polk, Butler, Saunders, Seward, Lancaster, Otoe, Fillmore, Saline,

Thayer, Jefferson, Gage, Johnson, Nemaha, Pawnee, York, and Richardson counties; and

(6) Region 6 shall consist of Dodge, Washington, Douglas, Sarpy, and Cass counties.

Source: Laws 2004, LB 1083, § 7.

**71-808. Regional behavioral health authority; established; regional governing board; matching funds; requirements.**

(1) A regional behavioral health authority shall be established in each behavioral health region by counties acting under provisions of the Interlocal Cooperation Act. Each regional behavioral health authority shall be governed by a regional governing board consisting of one county board member from each county in the region. Board members shall serve for staggered terms of three years and until their successors are appointed and qualified. Board members shall serve without compensation but shall be reimbursed for their actual and necessary expenses as provided in sections 81-1174 to 81-1177.

(2) The regional governing board shall appoint a regional administrator who shall be responsible for the administration and management of the regional behavioral health authority. Each regional behavioral health authority shall encourage and facilitate the involvement of consumers in all aspects of service planning and delivery within the region and shall coordinate such activities with the office of consumer affairs within the division. Each regional behavioral health authority shall establish and utilize a regional advisory committee consisting of consumers, providers, and other interested parties and may establish and utilize such other task forces, subcommittees, or other committees as it deems necessary and appropriate to carry out its duties under this section.

(3) Each county in a behavioral health region shall provide funding for the operation of the behavioral health authority and for the provision of behavioral health services in the region. The total amount of funding provided by counties under this subsection shall be equal to one dollar for every three dollars from the General Fund. The division shall annually certify the total amount of county matching funds to be provided. At least forty percent of such amount shall consist of local and county tax revenue, and the remainder shall consist of other nonfederal sources. The regional governing board of each behavioral health authority, in consultation with all counties in the region, shall determine the amount of funding to be provided by each county under this subsection. Any General Funds transferred from regional centers for the provision of community-based behavioral health services after July 1, 2004, and funds received by a regional behavioral health authority for the provision of behavioral health services to children under section 71-826 shall be excluded from any calculation of county matching funds under this subsection.

Source: Laws 2004, LB 1083, § 8; Laws 2009, LB603, § 4.

## **Cross References**

- **Interlocal Cooperation Act**, see section 13-801.

**71-809. Regional behavioral health authority; behavioral health services; powers and duties.**

(1) Each regional behavioral health authority shall be responsible for the development and coordination of publicly funded behavioral health services within the behavioral health region pursuant to rules and regulations adopted and promulgated by the department, including, but not limited to, (a) administration and management of the regional behavioral health authority, (b) integration and coordination of the public behavioral health system within the behavioral health region, (c)

comprehensive planning for the provision of an appropriate array of community-based behavioral health services and continuum of care for the region, (d) submission for approval by the division of an annual budget and a proposed plan for the funding and administration of publicly funded behavioral health services within the region, (e) submission of annual reports and other reports as required by the division, (f) initiation and oversight of contracts for the provision of publicly funded behavioral health services, and (g) coordination with the division in conducting audits of publicly funded behavioral health programs and services.

(2) Each regional behavioral health authority shall adopt a policy for use in determining the financial eligibility of all consumers and shall adopt a uniform schedule of fees and copays, based on the policy and schedule developed by the division, to be assessed against consumers utilizing community-based behavioral health services in the region. The methods used to determine the financial eligibility of all consumers shall take into account taxable income, the number of family members dependent on the consumer's income, liabilities, and other factors as determined by the division. The policy and the schedule of fees and copays shall be approved by the regional governing board and included with the budget plan submitted to the division annually. Providers shall charge fees consistent with the schedule of fees and copays in accordance with the financial eligibility of all consumers but not in excess of the actual cost of the service. Each regional behavioral health authority shall assure that its policy and schedule of fees and copays are applied uniformly by the providers in the region.

(3) Except for services being provided by a regional behavioral health authority on July 1, 2004, under applicable state law in effect prior to such date, no regional behavioral health authority shall provide behavioral health services funded in whole or in part with revenue received and administered by the division under the Nebraska Behavioral Health Services Act unless:

(a) There has been a public competitive bidding process for such services;

(b) There are no qualified and willing providers to provide such services; and

(c) The regional behavioral health authority receives written authorization from the director and enters into a contract with the division to provide such services.

(4) Each regional behavioral health authority shall comply with all applicable rules and regulations of the department relating to the provision of behavioral health services by such authority, including, but not limited to, rules and regulations which (a) establish definitions of conflicts of interest for regional behavioral health authorities and procedures in the event such conflicts arise, (b) establish uniform and equitable public bidding procedures for such services, and (c) require each regional behavioral health authority to establish and maintain a separate budget and separately account for all revenue and expenditures for the provision of such services.

**Source:** Laws 2004, LB 1083, § 9; Laws 2007, LB296, § 457; Laws 2012, LB871, § 2.

**71-810. Division; community-based behavioral health services; duties; reduce or discontinue regional center behavioral health services; powers and duties.**

(1) The division shall encourage and facilitate the statewide development and provision of an appropriate array of community-based behavioral health services and continuum of care for the purposes of (a) providing greater access to such services and improved outcomes for consumers of such services and (b) reducing the necessity and demand for regional center behavioral health services.

(2) The division may reduce or discontinue regional center behavioral health services only if (a) appropriate community-based services or other regional center behavioral health services are available

for every person receiving the regional center services that would be reduced or discontinued, (b) such services possess sufficient capacity and capability to effectively replace the service needs which otherwise would have been provided at such regional center, and (c) no further commitments, admissions, or readmissions for such services are required due to the availability of community-based services or other regional center services to replace such services.

(3) The division shall notify the Governor and the Legislature of any intended reduction or discontinuation of regional center services under this section. The notification submitted to the Legislature shall be submitted electronically. Such notice shall include detailed documentation of the community-based services or other regional center services that are being utilized to replace such services.

(4) As regional center services are reduced or discontinued under this section, the division shall make appropriate corresponding reductions in regional center personnel and other expenditures related to the provision of such services. All funding related to the provision of regional center services that are reduced or discontinued under this section shall be reallocated and expended by the division for purposes related to the statewide development and provision of community-based services.

(5) The division may establish state-operated community-based services to replace regional center services that are reduced or discontinued under this section. The division shall provide regional center employees with appropriate training and support to transition such employees into positions as may be necessary for the provision of such state-operated services.

(6) When the occupancy of the licensed psychiatric hospital beds of any regional center reaches twenty percent or less of its licensed psychiatric hospital bed capacity on March 15, 2004, the division shall notify the Governor and the Legislature of such fact. The notification submitted to the Legislature shall be submitted electronically. Upon such notification, the division, with the approval of a majority of members of the Executive Board of the Legislative Council, may provide for the transfer of all remaining patients at such center to appropriate community-based services or other regional center services pursuant to this section and cease the operation of such regional center.

(7) The division, in consultation with each regional behavioral health authority, shall establish and maintain a data and information system for all persons receiving state-funded behavioral health services under the Nebraska Behavioral Health Services Act. Information maintained by the division shall include, but not be limited to, (a) the number of persons receiving regional center services, (b) the number of persons ordered by a mental health board to receive inpatient or outpatient treatment and receiving regional center services, (c) the number of persons ordered by a mental health board to receive inpatient or outpatient treatment and receiving community-based services, (d) the number of persons voluntarily admitted to a regional center and receiving regional center services, (e) the number of persons waiting to receive regional center services, (f) the number of persons waiting to be transferred from a regional center to community-based services or other regional center services, (g) the number of persons discharged from a regional center who are receiving community-based services or other regional center services, and (h) the number of persons admitted to behavioral health crisis centers. Each regional behavioral health authority shall provide such information as requested by the division and necessary to carry out this subsection. The division shall submit reports of such information to the Governor and the Legislature on a quarterly basis beginning July 1, 2005, in a format which does not identify any person by name, address, county of residence, social security number, or other personally identifying characteristic. The report submitted to the Legislature shall be submitted electronically.

(8) The provisions of this section are self-executing and require no further authorization or other enabling legislation.

Source: Laws 2004, LB 1083, § 10; Laws 2005, LB 551, § 3; Laws 2008, LB928, § 17; Laws 2009, LB154, § 18; Laws 2012, LB782, § 105.

**71-811. Division; funding; powers and duties.**

The division shall coordinate the integration and management of all funds appropriated by the Legislature or otherwise received by the department from any other public or private source for the provision of behavioral health services to ensure the statewide availability of an appropriate array of community-based behavioral health services and continuum of care and the allocation of such funds to support the consumer and his or her plan of treatment.

Source: Laws 2004, LB 1083, § 11; Laws 2007, LB296, § 458.

**71-812. Behavioral Health Services Fund; created; use; investment.**

(1) The Behavioral Health Services Fund is created. The fund shall be administered by the division and shall contain cash funds appropriated by the Legislature or otherwise received by the department for the provision of behavioral health services from any other public or private source and directed by the Legislature for credit to the fund.

(2) The fund shall be used to encourage and facilitate the statewide development and provision of community-based behavioral health services, including, but not limited to, (a) the provision of grants, loans, and other assistance for such purpose and (b) reimbursement to providers of such services.

(3)(a) Money transferred to the fund under section 76-903 shall be used for housing-related assistance for very low-income adults with serious mental illness, except that if the division determines that all housing-related assistance obligations under this subsection have been fully satisfied, the division may distribute any excess, up to twenty percent of such money, to regional behavioral health authorities for acquisition or rehabilitation of housing to assist such persons. The division shall manage and distribute such funds based upon a formula established by the division, in consultation with regional behavioral health authorities and the department, in a manner consistent with and reasonably calculated to promote the purposes of the public behavioral health system enumerated in section 71-803. The division shall contract with each regional behavioral health authority for the provision of such assistance. Each regional behavioral health authority may contract with qualifying public, private, or nonprofit entities for the provision of such assistance.

(b) For purposes of this subsection:

(i) Adult with serious mental illness means a person eighteen years of age or older who has, or at any time during the immediately preceding twelve months has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions. Serious mental illness does not include DSM V codes, substance abuse disorders, or developmental disabilities unless such conditions exist concurrently with a diagnosable serious mental illness;

(ii) Housing-related assistance includes rental payments, utility payments, security and utility deposits, and other related costs and payments; and

(iii) Very low-income means a household income of fifty percent or less of the applicable median family income estimate as established by the United States Department of Housing and Urban Development.

(4) Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

**Source:** Laws 2004, LB 1083, § 12; Laws 2005, LB 40, § 5; Laws 2007, LB296, § 459.

## Cross References

- **Nebraska Capital Expansion Act**, see section 72-1269.
- **Nebraska State Funds Investment Act**, see section 72-1260.

**71-813. Repealed. Laws 2006, LB 994, § 162.**

**71-814. State Advisory Committee on Mental Health Services; created; members; duties.**

(1) The State Advisory Committee on Mental Health Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of mental health services in the State of Nebraska. The committee shall consist of twenty-three members appointed by the Governor as follows: (a) One regional governing board member, (b) one regional administrator, (c) twelve consumers of behavioral health services or their family members, (d) two providers of behavioral health services, (e) two representatives from the State Department of Education, including one representative from the Division of Vocational Rehabilitation of the State Department of Education, (f) three representatives from the Department of Health and Human Services representing mental health, social services, and medicaid, (g) one representative from the Nebraska Commission on Law Enforcement and Criminal Justice, and (h) one representative from the Housing Office of the Community and Rural Development Division of the Department of Economic Development.

(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.

**Source:** Laws 2004, LB 1083, § 14; Laws 2006, LB 994, § 93; Laws 2007, LB296, § 460.

**71-815. State Advisory Committee on Substance Abuse Services; created; members; duties.**

(1) The State Advisory Committee on Substance Abuse Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services.

(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.

Source: Laws 2004, LB 1083, § 15; Laws 2005, LB 551, § 5; Laws 2006, LB 994, § 94.

**71-816. Repealed. Laws 2013, LB 6, § 16.**

Source:

Operative Date: July 1, 2013

**71-817. Transferred to section 9-1006**

Source:

Operative Date: July 1, 2013

**71-818. Repealed. Laws 2009, LB 154, § 27.**

**71-819. Repealed. Laws 2006, LB 994, § 162.**

**71-820. Repealed. Laws 2006, LB 994, § 162.**

**71-821. Children and Family Behavioral Health Support Act; act, how cited.**

Sections 71-821 to 71-827 shall be known and may be cited as the Children and Family Behavioral Health Support Act.

Source: Laws 2009, LB603, § 5.

**71-822. Children and Family Support Hotline; establishment.**

No later than January 1, 2010, the department shall establish a Children and Family Support Hotline which shall:

(1) Be a single point of access for children's behavioral health triage through the operation of a twenty-four-hour-per-day, seven-day-per-week telephone line;

(2) Be administered by the division and staffed by trained personnel under the direct supervision of a qualified mental health, behavioral health, or social work professional engaged in activities of mental health treatment;

(3) Provide screening and assessment;

(4) Provide referral to existing community-based resources; and

(5) Be evaluated. The evaluation shall include, but not be limited to, the county of the caller, the reliability and consistency of the information given, an analysis of services needed or requested, and the degree to which the caller reports satisfaction with the referral service.

Source: Laws 2009, LB603, § 6.

**71-823. Family Navigator Program; establishment; evaluation.**

(1) No later than January 1, 2010, the department shall establish a Family Navigator Program to respond to children's behavioral health needs. The program shall be administered by the division and consist of individuals trained and compensated by the department who, at a minimum, shall:

(a) Provide peer support; and

(b) Provide connection to existing services, including the identification of community-based services.

(2) The Family Navigator Program shall be evaluated. The evaluation shall include, but not be limited to, an assessment of the quality of the interactions with the program and the effectiveness of the

program as perceived by the family, whether the family followed through with the referral recommendations, the availability and accessibility of services, the waiting time for services, and cost and distance factors.

**Source:** Laws 2009, LB603, § 7.

**71-824. Post-adoption and post-guardianship case management services; notice; administration; evaluation.**

No later than January 1, 2010, the department shall provide post-adoption and post-guardianship case management services for adoptive and guardianship families of former state wards on a voluntary basis. The department shall notify adoptive parents and guardians of the availability of such services and the process to access such services and that such services are provided on a voluntary basis. Notification shall be in writing and shall be provided at the time of finalization of the adoption agreement or completion of the guardianship and each six months thereafter until dissolution of the adoption, until termination of the guardianship, or until the former state ward attains nineteen years of age, whichever is earlier. Post-adoption and post-guardianship case management services under this section shall be administered by the Division of Children and Family Services and shall be evaluated. The evaluation shall include, but not be limited to, the number and percentage of persons receiving such services and the degree of problem resolution reported by families receiving such services.

**Source:** Laws 2009, LB603, § 8.

**71-825. Annual report; contents.**

The department shall provide an annual report, no later than December 1, to the Governor and the Legislature on the operation of the Children and Family Support Hotline established under section 71-822, the Family Navigator Program established under section 71-823, and the provision of voluntary post-adoption and post-guardianship case management services under section 71-824, except that for 2012, 2013, and 2014, the department shall also provide the report to the Health and Human Services Committee of the Legislature on or before September 15. The reports submitted to the Legislature and the committee shall be submitted electronically.

**Source:** Laws 2009, LB603, § 9; Laws 2012, LB782, § 107; Laws 2012, LB1160, § 15; Laws 2013, LB222, § 25.

**Effective Date:** May 8, 2013

**71-826. Legislative intent regarding appropriations; allocation.**

It is the intent of the Legislature to appropriate from the General Fund five hundred thousand dollars for fiscal year 2009-10 and one million dollars for fiscal year 2010-11 to the Department of Health and Human Services — Behavioral Health, Program 38, Behavioral Health Aid, for behavioral health services for children under the Nebraska Behavioral Health Services Act, including, but not limited to, the expansion of the Professional Partner Program and services provided using a sliding-fee schedule. General Funds appropriated pursuant to this section shall be excluded from the calculation of county matching funds under subsection (3) of section 71-808, shall be allocated to the regional behavioral health authorities, and shall be distributed based on the 2008 allocation formula. For purposes of this section, children means Nebraska residents under nineteen years of age.

**Source:** Laws 2009, LB603, § 10.

**71-827. Children's Behavioral Health Oversight Committee of the Legislature; created; members; duties; meetings; report.**

(1) The Children's Behavioral Health Oversight Committee of the Legislature is created as a special

legislative committee. The committee shall consist of nine members of the Legislature appointed by the Executive Board of the Legislative Council as follows: (a) Two members of the Appropriations Committee of the Legislature, (b) two members of the Health and Human Services Committee of the Legislature, (c) two members of the Judiciary Committee of the Legislature, and (d) three members of the Legislature who are not members of such committees. The Children's Behavioral Health Oversight Committee shall elect a chairperson and vice-chairperson from among its members. The executive board shall appoint members of the committee no later than thirty days after May 23, 2009, and within the first six legislative days of the regular legislative session in 2011. The committee and this section terminate on December 31, 2012.

(2) The committee shall monitor the effect of implementation of the Children and Family Behavioral Health Support Act and other child welfare and juvenile justice initiatives by the department related to the provision of behavioral health services to children and their families.

(3) The committee shall meet at least quarterly with representatives of the Division of Behavioral Health and the Division of Children and Family Services of the Department of Health and Human Services and with other interested parties and may meet at other times at the call of the chairperson.

(4) Staff support for the committee shall be provided by existing legislative staff as directed by the executive board. The committee may request the executive board to hire consultants that the committee deems necessary to carry out the purposes of the committee under this section.

(5) The committee shall provide a report to the Governor and the Legislature no later than December 1 of each year. The report submitted to the Legislature shall be submitted electronically. The report shall include, but not be limited to, findings and recommendations relating to the provision of behavioral health services to children and their families. The final report of the committee shall be provided to the Health and Human Services Committee of the Legislature on or before September 15, 2012.

**Source:** Laws 2009, LB603, § 11; Laws 2012, LB782, § 108; Laws 2012, LB1160, § 16.  
**71-828. Behavioral Health Workforce Act; act, how cited.**

Sections 71-828 to 71-830 shall be known and may be cited as the Behavioral Health Workforce Act.

**Source:** Laws 2009, LB603, § 12.  
**71-829. Legislative findings.**

The Legislature finds that there are insufficient behavioral health professionals in the Nebraska behavioral health workforce and further that there are insufficient behavioral health professionals trained in evidence-based practice. This workforce shortage leads to inadequate accessibility and response to the behavioral health needs of Nebraskans of all ages: Children; adolescents; and adults. These shortages have led to well-documented problems of consumers waiting for long periods of time in inappropriate settings because appropriate placement and care is not available. As a result, mentally ill patients end up in hospital emergency rooms which are the most expensive level of care or are incarcerated and do not receive adequate care, if any.

As the state moves from institutional to community-based behavioral health services, the behavioral health services workforce shortage is increasingly felt by the inability to hire and retain behavioral health professionals in Nebraska. In Laws 2004, LB 1083, the Legislature pledged to "promote activities in research and education to improve the quality of behavioral health services, the recruitment and retention of behavioral health professionals, and the availability of behavioral health services". The

purpose of the Behavioral Health Workforce Act is to realize the commitment made in LB 1083 to improve community-based behavioral health services for Nebraskans and thus focus on addressing behavioral health issues before they become a crisis through increasing the number of behavioral health professionals and train these professionals in evidence-based practice and alternative delivery methods which will improve the quality of care, including utilizing the existing infrastructure and telehealth services which will expand outreach to more rural areas in Nebraska.

**Source:** Laws 2009, LB603, § 13.

**71-830. Behavioral Health Education Center; created; administration; duties; report.**

(1) The Behavioral Health Education Center is created beginning July 1, 2009, and shall be administered by the University of Nebraska Medical Center.

(2) The center shall:

(a) Provide funds for two additional medical residents in a Nebraska-based psychiatry program each year starting in 2010 until a total of eight additional psychiatry residents are added in 2013. Beginning in 2011 and every year thereafter, the center shall provide psychiatric residency training experiences that serve rural Nebraska and other underserved areas. As part of his or her residency training experiences, each center-funded resident shall participate in the rural training for a minimum of one year. Beginning in 2012, a minimum of two of the eight center-funded residents shall be active in the rural training each year;

(b) Focus on the training of behavioral health professionals in telehealth techniques, including taking advantage of a telehealth network that exists, and other innovative means of care delivery in order to increase access to behavioral health services for all Nebraskans;

(c) Analyze the geographic and demographic availability of Nebraska behavioral health professionals, including psychiatrists, social workers, community rehabilitation workers, psychologists, substance abuse counselors, licensed mental health practitioners, behavioral analysts, peer support providers, primary care physicians, nurses, nurse practitioners, and pharmacists;

(d) Prioritize the need for additional professionals by type and location;

(e) Establish learning collaborative partnerships with other higher education institutions in the state, hospitals, law enforcement, community-based agencies, and consumers and their families in order to develop evidence-based, recovery-focused, interdisciplinary curriculum and training for behavioral health professionals delivering behavioral health services in community-based agencies, hospitals, and law enforcement. Development and dissemination of such curriculum and training shall address the identified priority needs for behavioral health professionals; and

(f) Beginning in 2011, develop two interdisciplinary behavioral health training sites each year until a total of six sites have been developed. Four of the six sites shall be in counties with a population of fewer than fifty thousand inhabitants. Each site shall provide annual interdisciplinary training opportunities for a minimum of three behavioral health professionals.

(3) No later than December 1, 2011, and no later than December 1 of every odd-numbered year thereafter, the center shall prepare a report of its activities under the Behavioral Health Workforce Act. The report shall be filed electronically with the Clerk of the Legislature and shall be provided electronically to any member of the Legislature upon request.

**Source:** Laws 2009, LB603, § 14; Laws 2012, LB782, § 109.

**71-831. Contracts and agreements; department; duties.**

All contracts and agreements relating to the medical assistance program governing at-risk managed care service delivery for behavioral health services entered into by the department on or after July 1, 2012, shall:

(1) Provide a definition and cap on administrative spending that (a) shall not exceed seven percent unless the implementing department includes detailed requirements for tracking administrative spending to ensure (i) that administrative expenditures do not include additional profit and (ii) that any administrative spending is necessary to improve the health status of the population to be served and (b) shall not under any circumstances exceed ten percent;

(2) Provide a definition of annual contractor profits and losses and restrict such profits and losses under the contract so that (a) profit shall not exceed three percent per year and (b) losses shall not exceed three percent per year, as a percentage of the aggregate of all income and revenue earned by the contractor and related parties, including parent and subsidiary companies and risk-bearing partners, under the contract;

(3) Provide for reinvestment of (a) any profits in excess of the contracted amount, (b) performance contingencies imposed by the department, and (c) any unearned incentive funds, to fund additional behavioral health services for children, families, and adults according to a plan developed with input from stakeholders, including consumers and their family members, the office of consumer affairs within the division, and the regional behavioral health authority and approved by the department. Such plan shall address the behavioral health needs of adults and children, including filling service gaps and providing system improvements;

(4) Provide for a minimum medical loss ratio of eighty-five percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract;

(5) Provide that contractor incentives, in addition to potential profit, be at least one and one-half percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract;

(6) Provide that a minimum of one-quarter percent of the aggregate of all income and revenue earned by the contractor and related parties under the contract be at risk as a penalty if the contractor fails to meet the minimum performance metrics defined in the contract, and such penalties, if charged, shall be accounted for in a manner that shall not reduce or diminish service delivery in any way; and

(7) Be reviewed and awarded competitively and in full compliance with the procurement requirements of the State of Nebraska.

**Source:** Laws 2012, LB1158, § 2.

**Prevention Advisory Council  
CHARTER**

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**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.

**RATIONALE**

New federal block grant requirements have set a broader direction for state prevention initiatives – one that will require more formal and strategic system links with other state agencies in order to expand prevention services to communities in Nebraska. The Prevention Advisory Council provides a public forum for key stakeholders.

**MEMBERSHIP**

The Prevention Advisory Council shall consist of 13 voting members, representing state, regional and community level partnerships. This may include but is not limited to: A representative from DBH, a Regional Prevention Coordinator, a coalition member, a youth advocate, other DHHS Divisions, Nebraska Department of Education, law enforcement, Office of Highway Safety, military, behavioral health providers, and related state agencies focusing on prevention.

**STRUCTURE**

- The Prevention Advisory Council will hold quarterly meetings to accomplish the objectives and address other ongoing system issues.
- Members will be appointed by the Director of the Division of Behavioral Health for two year terms. Members may serve up to 3 terms.
- The chair and co-chair will be appointed by the director of the Division of Behavioral Health.

**AFFILIATED TOPIC WORKGROUPS**

- *Statewide Epidemiological Outcomes Workgroup (SEOW)* – to provide the state and communities with data needed for planning, monitoring, and evaluation purposes.
- *Workforce Leadership and Development Team* – to plan for and implement training for existing prevention professionals across disciplines, expand the workforce, provide for greater professionalization and greater utilization of evidence-based strategies.
- *Policy Development Team* – to review, monitor and develop recommendations for policy that would positively impact environmental and norm changes for the state.

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

The Nebraska Department of Health and Human Services Division of Behavioral Health Office of Consumer Affairs (OCA) People's Council is chartered to provide state and regional leadership while utilizing personal lived experience to advocate for systems transformation as well as identify and advocate for a Recovery Oriented System of Care. The council is chartered to serve as the : (a) as a planning council of the Nebraska Office of Consumer Affairs, (b) as a subcommittee of the State Advisory Council on Substance Abuse Services (§ 71-815) and the State Advisory Committee on Mental Health Services (§ 71-814). Through the above mentioned functions, the Nebraska OCA People's Council will provide recommendations to guide the Department of Health and Human Services Division of Behavioral Health, including the OCA, and related state agency partners on ways to best support adults, children, and their families in the journey of healing, recovery, resiliency, and personal transformation.. The OCA Council consists of fourteen (14) members appointed by the Director of the Division of Behavioral Health.

**Meeting Frequency:** quarterly

**Appointment Term:** 3 years

**Application review process:** Application reviews happen at a minimum one time per year. After a review of the information, Council members will then make recommendations to the Division Director for appointments.

**Membership:**

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

Applications will be reviewed for open appointments only. All other applications will be kept on file. If a spot becomes available, applicants can call the OCA and request that their application be considered for the open seat on the Council. Membership can be viewed by visiting

[http://dhhs.ne.gov/behavioral\\_health/Pages/DBHOCAPeoplesCouncil.aspx](http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeoplesCouncil.aspx)

To apply, please submit letter of interest, resume, and clear indication of council seat that you are applying for to:

Cynthia Harris, M.S., CPSWS  
Nebraska Department of Health and Human Services  
Division of Behavioral Health  
[Cynthia.Harris@nebraska.gov](mailto:Cynthia.Harris@nebraska.gov)  
402-471-7766  
402-471-7859 (fax)  
301 Centennial Mall South, PO Box 95026  
Lincoln, NE 68509

Helping People Live Better Lives  
An Equal Opportunity Employer

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## Office of Consumer Affairs (OCA) People's Council Application

This is an application to apply to be on a council that will advise the Office of Consumer Affairs on matters that come before it; at times the matters will be Division-wide. Topics may include subjects like consumer inclusion, best recovery-oriented practices, OCA activities, etc.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

Check all that apply:

- a.  Lived Experience with a Substance Abuse Condition
- b.  Lived Experience with a Gambling Condition
- c.  Lived Experience with a Mental Health Condition
- d.  Do you live in a rural area?
- e.  Do you represent a culturally or ethnically diverse group?
- f.  Do you represent incarcerated groups?
- g.  Are you a parent with a child living with a behavioral health condition?
- h.  Are you a parent of an adult child living with a behavioral health condition?
- i.  Are you a young adult (19-21 years of age)?

State Your Reason for Wanting to Be a Part of the Council:

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Anyone missing three consecutive meetings will be asked to step off of the council. Mileage reimbursement to meetings will be provided. Meetings will take place via teleconferencing systems on a monthly basis for 2-3 hours. This membership (outside of Regional Consumer Specialists) will rotate every 2 years, so if you are not selected this time please apply again. All meetings will be open to public attendance.

*If you have questions call CAROL COUSSONS DE REYES at 402-471-7853.*

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**State Advisory Committee on Mental Health Services**

[Subscribe to this page.](#)

This is a 23 member board appointed by the Governor and regional behavioral health authorities to provide advice to the Division on mental health services. The board meets quarterly at public meetings. Below you will find the board members names, and can read the agendas and minutes from meetings for the last two years.

Source: Laws 2004, LB 1083, § 14 & Laws 2006, LB 994, § 93.  
Mental Health Planning and Evaluation Council ceased on July 1, 2004.

**Membership**

Last Name	First Name	Representation
Alder	Mickey	Consumer/Region 5
Bace	Adria	Dept. of Education, Special Populations/Region 5
Bennetts	Karla	Family of Consumer/Region 3
Buesing	Cindy	DHHS Admin., Medicaid & Long Term Care/Region 5
Dawson	Sheri	DHHS Admin., Div. Behavioral Health/Region 5
Ferguson	Beverly	Family of Consumer/Region 4
Hanson	Kathleen	Consumer/Region 5
Hoefs	Brad	Consumer/Region 6
Hogenmiller	Jette	Family of Consumer/Region 6
Huskey	Lara	DHHS Admin., Div. Econ. Dev., Housing/Region 5
Jurjevich	Patti	Regional Program Administrator/Region 6
Krutz	Linda	Nebraska Crime Commission/Region 5
McCallum	Jerry	Regional Governing Board/Region 4
McCaul	Phyllis	Family of Consumer/Region 5
Moyer	Kasey	Family of Consumer & Provider/Region 5
Pankonin	Ashley	Family of Consumer/Region 2
Pinkerton	Rachel	Family of Consumer & Provider/Region 6
Sasse	Joyce	Consumer/Region 6
Schneider	Joel	Consumer/Region 6
Schreck	Jill	DHHS, Dept. of Children & Family Services/Region 5
Schultz	Mark	State Vocational Rehabilitation/Region 5
Thunker	Mary	Consumer/Region 6
Wagonner	Diana	Family of Consumer/Region 6
White	Cameron	Provider, Dept. of Corrections/Region 5

**Meeting Agendas and Minutes**

Date of Meeting	Agenda	Minutes
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February 8, 2005		
May 10, 2005		
August 9, 2005		
November 9, 2005		
February 7, 2006		
May 9, 2006		
August 4, 2006		
November 7, 2006		
February 6, 2007		
May 1, 2007		
August 7, 2007		
November 6, 2007		
February 5, 2008		
May 6, 2008		
August 12, 2008		
November 4, 2008		
February 5, 2009		
May 7, 2009		
August 13, 2009		
November 5, 2009		
February 4, 2010		
May 6, 2010		
August 12, 2010		
November 4, 2010 -		
February 3, 2011 -		
May 3, 2011-Joint Meeting MH/SA/PG -		
August 18, 2011-Joint Meeting MH/SA -		
November 3, 2011-Joint Meeting MH/SA		
February 2, 2012		
May 3, 2012-Joint Meeting MH/SA/PG		
August 7, 2012		
November 8, 2012-Joint Meeting MH/SA		
March 14, 2013-Joint Meeting MH/SA		
June 11, 2013-Joint Meeting MH/SA		
September 19, 2013-Joint Meeting MH/SA/PC		
November 14, 2013-Joint Meeting MH/SA		
February 13, 2014-Joint Meeting MH/SA		
May 8, 2014-Joint Meeting MH/SA		
August 14, 2014-Joint Meeting MH/SA		
November 13, 2014-Joint Meeting MH/SA		
January 27, 2015-Joint Meeting MH/SA		
March 17, 2015-Joint Meeting MH/SA		
August 13, 2015-Joint Meeting MH/SA		
November 19, 2015-Joint Meeting MH/SA		

**For more information contact:**

Karen Harker - Federal Projects Administrator  
Division of Behavioral Health Services  
PO Box 95026  
Lincoln NE 68509-5026  
Phone: (402) 471-7796

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Documents in  PDF format require the use of Adobe Acrobat Reader  
which can be downloaded for free from [Adobe Systems, Inc.](http://www.adobe.com)

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**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.

11/03/15 DRAFT 1

Department of Health & Human Services

**DHHS**

N E B R A S K A

**Overview**

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# 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

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**DHHS**  
Department of Health and Human Services

**Operations**  
Courtney Phillips, Acting Chief Operating Officer  
247 employees

**Community Support and Long-Term Services**  
Kathie Orlowski  
43 employees

**Information Systems and Technology**  
Dawn Spivack, Acting  
142 employees

**Legal Services**  
Brad Gerhardt  
12 employees

**State Long Term Care Ombudsman Program**  
Penny Clark  
1 employee

**Consumer Affairs**

**Department of Health and Human Services**  
Courtney Phillips  
CEO  
6 employees

**Chief Financial Officer**  
Pat Weber

**Division of Behavioral Health**  
Shel Dawson  
Director  
804 employees

**Division of Children and Family Services**  
Dany Winkberg  
Director  
1,664 employees

**Division of Developmental Disabilities**  
Courtney Miller  
Acting Director  
881 employees

**Division of Alcohol & Drug Abuse Control**  
Cristle Lynch  
Director  
357 employees

**Division of Public Health**  
Courtney Phillips  
Acting Director  
456 employees

**Division of Veterans' Affairs**  
John Hight  
Director  
719 employees

\* 10/30/15 1,670 employees \* Total FTE: 6,618 as of June 30, 2013

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## Overview of the Division of Behavioral Health (DBH)

Sheri Dawson, Director  
Division of Behavioral Health

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## Public Behavioral Health System

### Public behavioral health system; purposes.

<p>(1) The public safety and the health and safety of persons with behavioral health disorders;</p> <p>(2) Statewide access to behavioral health services, including, but not limited to,</p> <ul style="list-style-type: none"><li>(a) adequate availability of behavioral health professionals, programs, and facilities,</li><li>(b) an appropriate array of community-based services and continuum of care, and</li><li>(c) integration and coordination of behavioral health services with primary health care services;</li></ul> <p>(3) High quality behavioral health services, including, but not limited to,</p> <ul style="list-style-type: none"><li>(a) services that are research-based and consumer-focused,</li><li>(b) services that emphasize beneficial treatment outcomes and recovery, with appropriate treatment planning, case management, community support, and consumer peer support,</li></ul>	<ul style="list-style-type: none"><li>(c) appropriate regulation of behavioral health professionals, programs, and facilities, and</li><li>(d) consumer involvement as a priority in all aspects of service planning and delivery; and</li></ul> <p>(4) Cost-effective behavioral health services, including, but not limited to,</p> <ul style="list-style-type: none"><li>(a) services that are efficiently managed and supported with appropriate planning and information,</li><li>(b) services that emphasize prevention, early detection, and early intervention,</li><li>(c) services that are provided in the least restrictive environment consistent with the consumer's clinical diagnosis and plan of treatment, and</li><li>(d) funding that is fully integrated and allocated to support the consumer and his or her plan of treatment.</li></ul>
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Neb. Rev. Stat. 71-803.

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## 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)

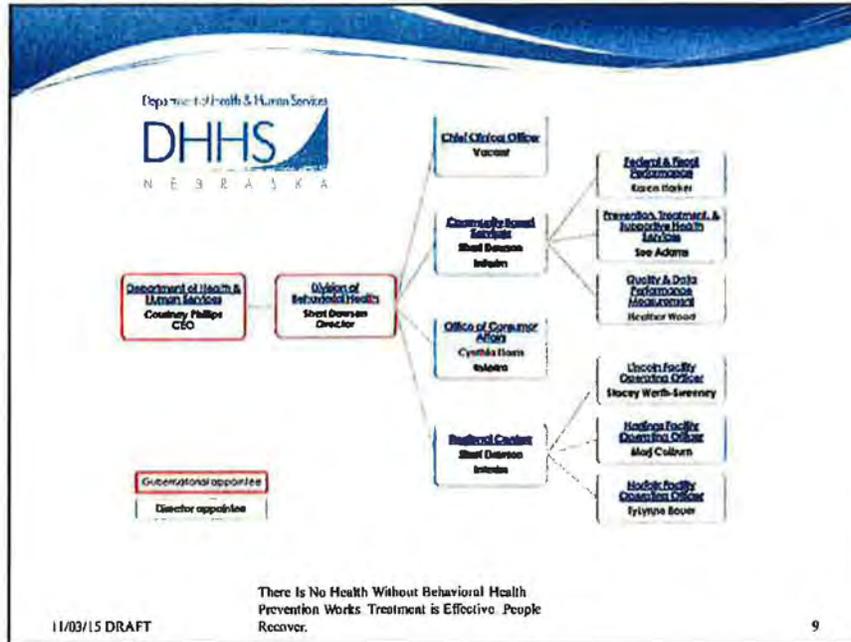
- We serve Adults (primarily) and Children/Youth
- In between role: not Medicaid and not insurance

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## 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	

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# Nebraska Department of Health & Human Services Mission

## Helping People Live Better Lives

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

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## 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.

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## 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)

11/03/15 DRAFT

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## 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 Support
- Systems Transformation
- Consumer and Family Involvement

## 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 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

11/03/15 DRAFT

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- ## 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.
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## 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 Only (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.

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### Fiscal Year 2013-2014 Behavioral Health Appropriation

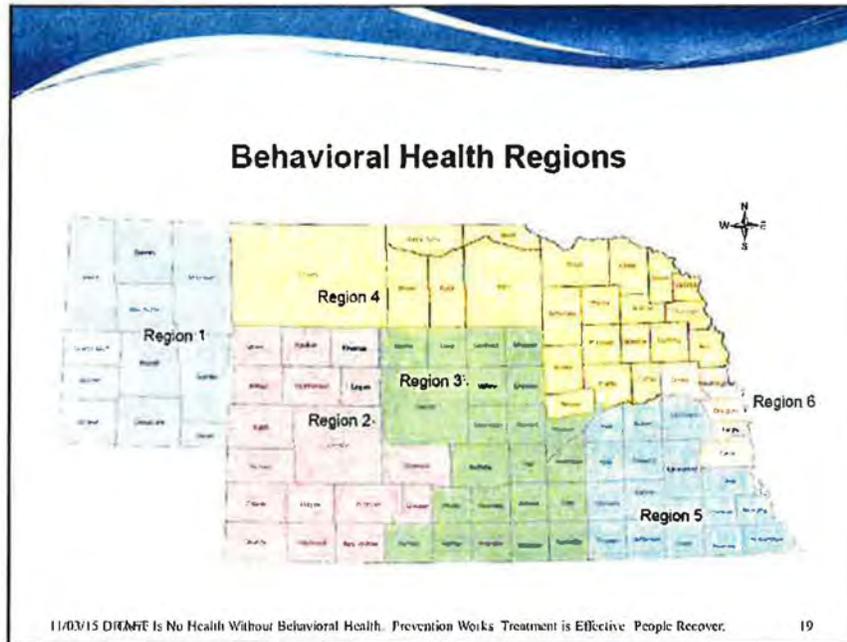


**Total Funds: \$160,637,829**

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### Behavioral Health Community Based Services Person Served - Unduplicated Count

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

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# 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)].

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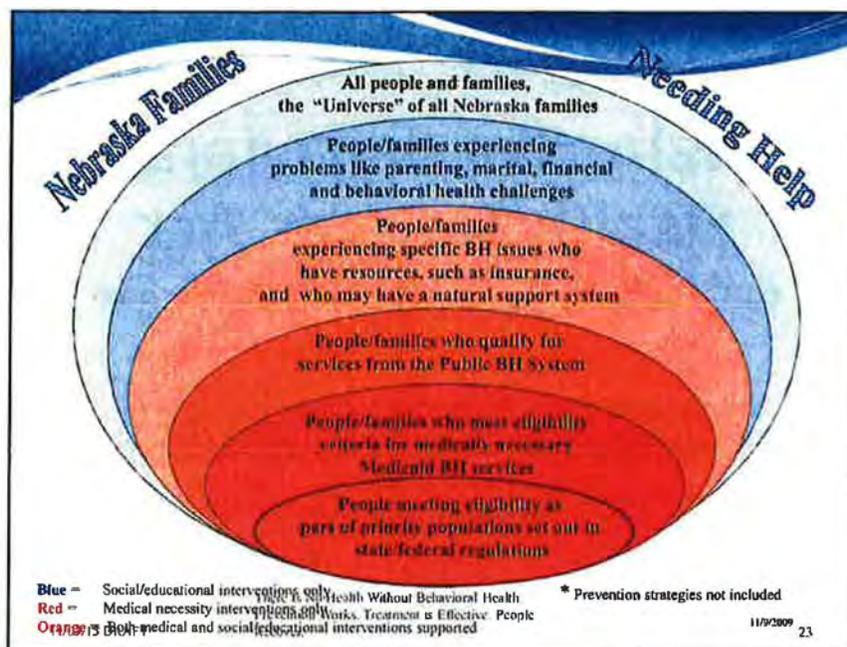
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# Health Spectrum

The Institute of Medicine (IOM) Life Cycle Protractor

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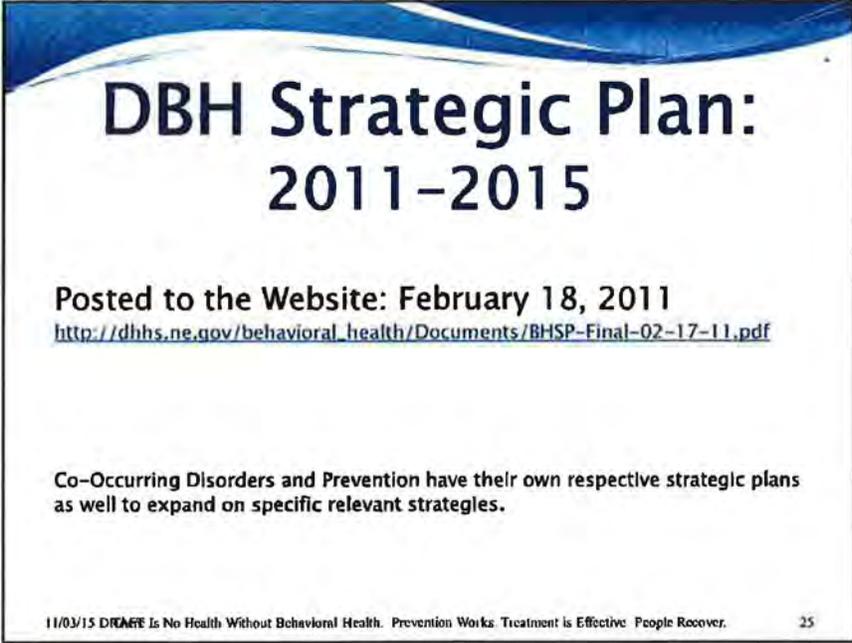
## Recovery Oriented Systems of Care

- ◆ 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

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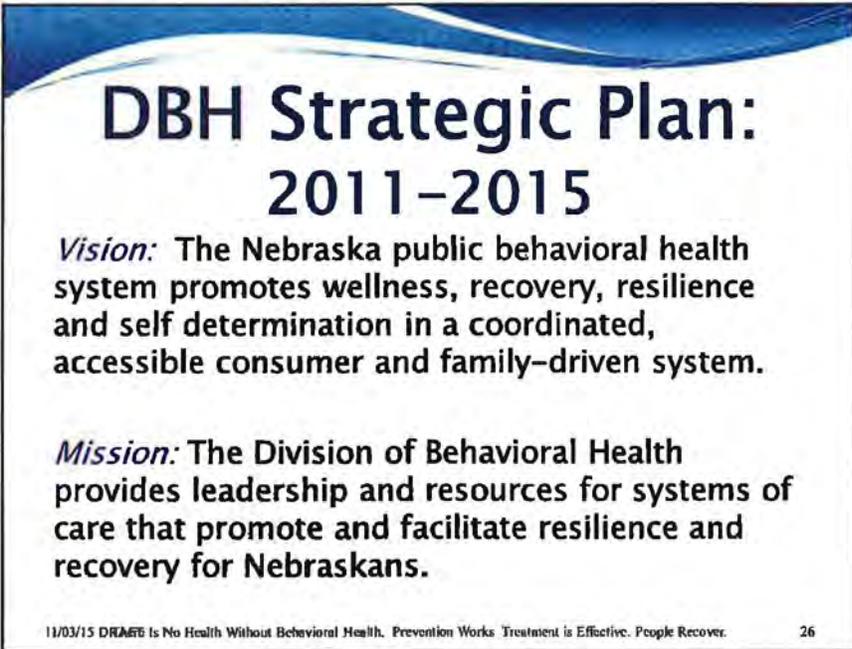


**DBH Strategic Plan:  
2011-2015**

Posted to the Website: February 18, 2011  
[http://dhhs.ne.gov/behavioral\\_health/Documents/BHSP-Final-02-17-11.pdf](http://dhhs.ne.gov/behavioral_health/Documents/BHSP-Final-02-17-11.pdf)

Co-Occurring Disorders and Prevention have their own respective strategic plans as well to expand on specific relevant strategies.

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**DBH Strategic Plan:  
2011-2015**

*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.

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## DBH Strategic Plan: 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.

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## DBH Strategic Plan: 2011–2015

*Strategies*

The Division will:

- »»Insist on Accessibility
- »»Demand Quality
- »»Require Effectiveness
- »»Promote Cost Efficiency
- »»Create Accountable Relationships

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## Division of Behavioral Health State 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

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## Division of Behavioral Health State Committees

<ul style="list-style-type: none"><li>• <b>State Advisory Committee on Mental Health Services</b></li></ul> <p>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.</p>	<ul style="list-style-type: none"><li>• <b>State Advisory Committee on Substance Abuse Services</b></li></ul> <p>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.</p>
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## Committee Information

- Each Committee member is Governor appointed 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.

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## 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.

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**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.**

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**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.**

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## Office of Consumer Affairs People's Council

- **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 shall serve as the following: (a) as a planning council of the Nebraska Office of Consumer Affairs, (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.

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## 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.

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## 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.

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## 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.

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## 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.

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## Council Agenda and Meeting Minutes

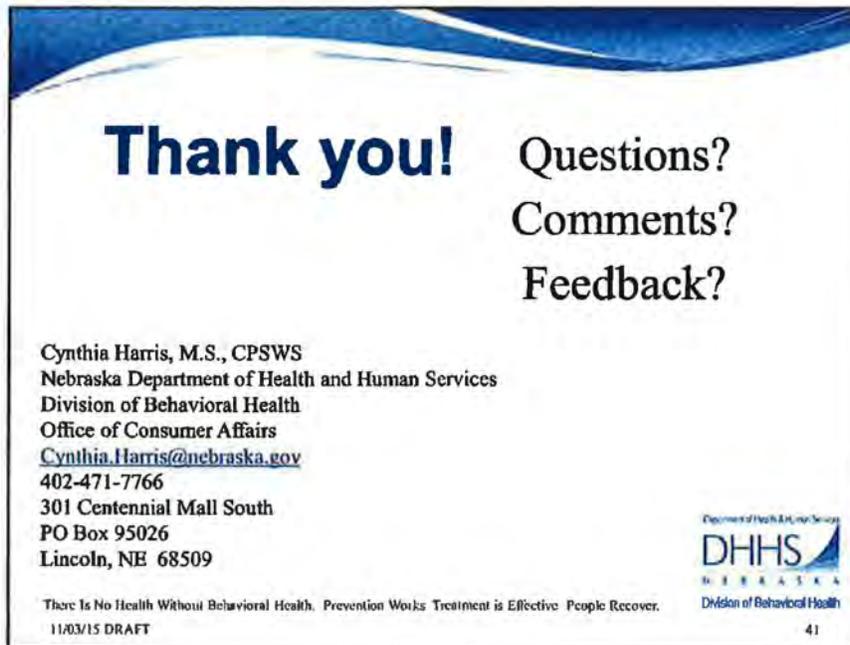
The agenda is posted on the website 10 days prior to each meeting. Per Section 84-1413(5), the minutes from the meeting will be posted within 10 business days following that meeting. These are the links to access the agenda and minutes

[http://dhhs.ne.gov/behavioral\\_health/Pages/DBHOCAPeoplesCouncil.aspx](http://dhhs.ne.gov/behavioral_health/Pages/DBHOCAPeoplesCouncil.aspx)

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**Thank you!**

Questions?  
Comments?  
Feedback?

Cynthia Harris, M.S., CPSWS  
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Division of Behavioral Health  
Office of Consumer Affairs  
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Lincoln, NE 68509

Department of Health and Human Services  
**DHHS**  
NEBRASKA  
Division of Behavioral Health

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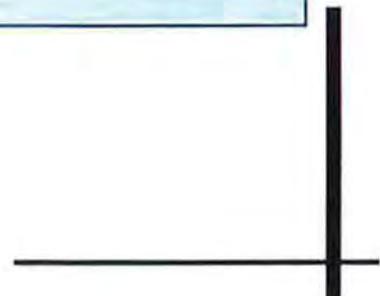


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## OCA PEOPLE'S COUNCIL

### 2016 DATES & LOCATIONS

<b>February 09, 2016</b>	<b>9:00-am-3:00pm</b>	<b>Lincoln Community Foundation Building 215 Centennial Mall S Lincoln, NE</b>
<b>May 10, 2016</b>	<b>9:00-am-3:00pm</b>	<b>TBD</b>
<b>August 09, 2016</b>	<b>9:00-am-3:00pm</b>	<b>TBD</b>
<b>November 08, 2016</b>	<b>9:00-am-3:00pm</b>	<b>TBD</b>



Q

Nebraska Division of Behavioral Health

Joint Committee Meeting

State Advisory Committee on Mental Health Services (SACMHS)

State Advisory Committee on Substance Abuse Services (SACSAS)

August 13, 2015/ 9:00 am – 3:40 pm Lincoln, NE – Country Inn & Suites

Meeting Minutes

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

*John Trouba*

John Trouba, Division of Behavioral Health (DBH) Advisory Committee Facilitator, welcomed committee members and others present to the meeting. Trouba noted the Agenda was updated on August 11, 2015 with time changes to accommodate speakers and that Cameron White will be filling in for Calder Lynch. The Open Meetings Law was posted in the meeting room. Two new members to the State Advisory Committee on Mental Health Services, Bob Doty and Nathan Busch, and new DBH staff member, Debra Sherard, were introduced.

Roll call was conducted and a quorum was determined for the State Advisory Committee on Mental Health Services and the State Advisory Committee on Substance Abuse Services.

State Advisory Committee on Mental Health Services Members in Attendance: Nathan Busch; Sheri Dawson; Bob Doty; Patti Jurjevich; Linda Krutz; Phyllis McCaul; Ashley Pankonin; Rachel Pinkerton; Joel Schneider; Mark Schultz; Mary Thunker; Diana Waggoner; Cameron White. Members Absent: Adria Bace; Karla Bennetts; Bev Ferguson; Kathleen Hanson; Kasey Moyer.

State Advisory Committee on Substance Abuse Services Members in Attendance: Sheri Dawson; Ann Ebsen; Ingrid Ganseboom; 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; Sheri Dawson, Carol Coussons De Reyes; David DeVries; Karen Harker; Cynthia Harris, Sherri Lovelace, Courtney Phillips, Lisa Rolik, Debra Sherard, John Trouba; Kathy Wilson, Heather Wood.

**Motion to Approve Minutes**

*Chairpersons Diana Waggoner & Ann Ebsen*

State Advisory Committee on Mental Health Services (SACMHS) Chairperson Waggoner and State Advisory Committee on Substance Abuse Services (SACSAS) Chairperson Ebsen welcomed members, guests and staff to the meeting and introduced the minutes as written. Hearing no corrections or comments, SACSAS Chairperson Ebsen called for a motion to approve the March 17, 2015 meeting minutes as written. Moved by Lord and seconded by Wernke, the motion passed unanimously. SACMHS Chairperson Waggoner called for a motion to approve the March 17, 2015 meeting minutes. Moved by Thunker, seconded by Pinkerton, the motion passed on a vote by acclamation.

**II. Department of Health & Human Services CEO Introduction**

*Courtney Phillips*

Director Dawson introduced DHHS Chief Executive Officer Courtney Phillips, noting the leadership and energy she brings to DHHS.

CEO Phillips reported she has been traveling across the state meeting with system stakeholders. She identified her top priority has been completing the DHHS leadership team and she was happy to announce her most recent appointment of Sheri Dawson as Director of the Division of Behavioral Health. She identified her leadership team and expectations for DHHS, emphasizing that problem solving begins with internal conversations to break down silos, working to implement goals, and constantly evaluating progress. She stated her commitment to work across systems to address behavioral health needs. She emphasized the active role of the entire community in working to make change happen.

Chairperson Ebsen encouraged CEO Phillips to utilize the Joint Committee in her efforts to improve behavioral health care in Nebraska.

### **III. Medicaid and Long Term Care Update**

*Cameron White for Calder Lynch*

Cameron White, Administrator for the Division of Medicaid & Long Term Care (DHHS MLTC), speaking on behalf of Director Calder Lynch, DHHS MLTC, identified recent collaborative efforts with the DBH, including increased attention to Systems of Care development, training on Trauma-Informed Care, and data sharing. DHHS MLTC is developing services in the autism spectrum for children covered by Medicaid. White also noted Director Lynch's support for efforts to better integrate behavioral health with physical health.

Director Dawson commented that she supports the new collaborative efforts and working together with Nebraska Medicaid and Magellan of Nebraska on such agreements and proposals.

Discussion followed with Chairperson Ebsen presenting an example of a gap in care for a 15-year old youth with behavioral health needs. Dawson noted all DHHS divisions can come together to problem solve on these types of tough cases. Members noted that this case illustrates a gap in step down care and that services are not always available for youth or transition age youth. Members noted the importance of bringing these issues forward to local, regional, and state partners in the behavioral health system. Members noted the imperative for least restrictive care with recognition of what strengths the families have and what pieces can put in place to help them succeed. Discussion led to the following motions:

**Motion:** Substance Abuse Committee (SACSAS) recommendation to the Division of Behavioral Health to present information to the Joint Committee that identifies gaps in the system of available services for youth and create solutions. Motion by Chairperson Ebsen, seconded by Mundil. Roll call vote called by Chairperson Ebsen. Voting Yes (9): Ebsen, Gansebom, Jackson, Johnson, Lord, Mundil, Phillips, See, and Wernke. Voting No (0): None. Abstained (1): Dawson. Absent: Hruza and Stull. Motion is adopted with nine (9) members voting yes.

**Motion:** Mental Health Committee (SACMHS) recommendation to the Division of Behavioral Health to present to the Joint Committee information that identifies gaps in the system of available services for youth and create solutions. Chairperson Waggoner entertained a motion by Hoefs, seconded by Thunker. Roll call vote. Voting Yes (13): Busch, Doty, Hoefs, Jurjevich, Krutz, McCaul, Pankonin, Pinkerton, Schneider, Schulz, Thunker, Waggoner, and White. Voting No (0): None. Abstained (1): Dawson. Absent: (4): Bace, Bennetts, Hanson, and Moyer. Motion is adopted with thirteen (13) members voting yes.

### **IV. Public Comment – There was no comment offered at the morning public comment opportunity.**

### **V. Director's Update**

*Sheri Dawson*

Sheri Dawson, Director of the Division of Behavioral Health, thanked committee members for their service. She reviewed recent activities, including the Legislative Judiciary Committee LR295 interim hearing at the Hastings Regional Center, the Legislative Performance Audit, and work with system partners and initiatives, including the children's System of Care proposal for implementation and First Episode Psychosis pilot program.

Director Dawson emphasized the quality improvement activities occurring in DBH, citing the examples of collaborative efforts with systems partners, including improvements in the process of serving individuals entering the behavioral health system from the court system.

Director Dawson announced an opportunity for the advisory committees to receive technical assistance from SAMHSA. Planning for this activity will include a survey of members to be distributed in September or October.

Director Dawson responded to questions about the status of training and certification of peer support specialists; the UNL Public Policy Center has developed recommendations to move forward. Dawson also noted that the state hospitals are working to implement a Peer Bridger Program at the hospitals. Dawson confirmed DBH will be coordinating a work group to look at the behavioral health needs of individuals in crisis who present at community hospital emergency rooms, as well as utilizing peer support in mental health triage.

Director Dawson thanked members for their well wishes on her appointment as Director of the Division of Behavioral Health. One of her first agenda items is to complete her leadership team, with the priority being the CEO of the Lincoln Regional Center. She encouraged everyone to approach each day as an opportunity and to be in the moment.

## **VI. Community Integration**

Cynthia Harris (See Attachment 1)

Cynthia Harris, Network Operations Cross Systems Specialist in the Division of Behavioral Health, introduced a presentation entitled Community Integration: Technical Assistance Collaborative. She explained the integration mandate of Title II Americans with Disabilities Act (ADA) and the Supreme Court decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999) that provides legal requirements to reduce the impact of substance abuse and mental illness on American's communities and how being an active member of a community is an important part of recovery for person with behavioral health conditions.

Harris presented information on recent DBH community integration efforts, including work with the Technical Assistance Center, Inc. to consult about community integration planning, maximize services and funding strategies to support community integration; and maximize housing opportunities and partnerships.

Discussion included investment in supportive housing, the specific needs of veterans, homelessness and community reentry concerns involving the justice system, and housing continuum of care challenges.

## **VIII. FY2016 -2017 Block Grant Application & Priorities** Karen Harker & Heather Wood (See Attachment 2)

Karen Harker, Fiscal and Federal Performance Administrator, reviewed the SAMHSA Block Group application process and presented financial information on estimated expenditures. The expenditure tables identify how Nebraska plans to spend funds on services to meet state goals and meet requirements for the use set forth for those dollars.

Harker identified specific funded services, for example, prevention services, set-aside funded services, suicide prevention intervention and post-intervention activities, and maintenance of effort. Harker entertained questions and provided answers related to the First Episode Psychosis set-aside, stability of block grant funding, continuous quality improvement driven by data, funds available to assist persons experiencing homelessness, and continued work to support a recovery oriented system of care in Nebraska.

Harker encouraged Committee members to submit feedback and comments no later than August 21, 2015. Harker explained that two years ago, the Division of Behavioral Health's Block Grant application was considered the gold standard; it is her goal to repeat that with this application.

Heather Wood, Quality Improvement and Data Performance Administrator in the Division of Behavioral Health, introduced the topic of state priorities identified in the Block Grant for FY2016-17. Wood presented information developed through the needs assessment planning process, including strengths and needs, unmet service needs/critical gaps, and priority areas addressing targeted populations and other priority populations.

Wood then presented the proposed priority areas and goals, objectives, strategies and performance indicators for the FY2016-2017 Block Grant. Priority areas include Alcohol Use Among Youth and Young Adults, Co-Occurring Disorders Services, Trauma-Informed Services, First Episode Psychosis and Tuberculosis.

There was a call for questions, comments and recommendations:

- Members commented the goals and priorities look good and are in alignment. The focus on co-occurring disorders is appropriate and further thought should be given about ways to incorporate mental health with physical health. Wood noted it will be a natural extension and working with DHHS Division of Public Health will reinforce that aspect. Harker added that work on this is being done through region integration efforts.
- Members commented that there is a lot of data provided on binge drinking but it seems like most of our youth are smoking marijuana and taking Xanax. In response, Wood noted available data shows underage alcohol consumption continues to be the number one problem among youth in Nebraska. She noted in regards to marijuana use, the perception of risk is going down while usage is going up and we are watching the trends.
- Is the Division of Behavioral Health tracking the use of synthetics (marijuana)? Wood answered in the affirmative. It was noted that many are seeing a dramatic increase in the use of synthetics and when Wood reported that the use of synthetic marijuana is included with measuring marijuana use, it was suggested to identify it separately.
- Members noted that a lot of the data comes from the Omaha area where the population is larger but the differences between that data and data from sparsely populated areas are great; Western Nebraska is not only sparsely populated compared to eastern Nebraska but has a different culture with dramatically different social and environmental factors, including sharing a border with Colorado where personal use of marijuana is now legal.

- A question was asked if individuals who in a rage cause harm to others is an example of a mental health problem. Harker responded that there hasn't been much discussion nor is the data consistent enough to inform us about associated behavioral health issues. Extreme prudence should be exercised to not link behavioral health issues and acts of rage violence.
- A question was posed as to whether behavioral risk surveys include environmental factors. DeVries noted the youth surveys, such as the YRBS, ask a limited number of questions about environmental factors. In addition, DeVries reported the BRFSS survey group is working to add a marijuana section in the survey to provide more data in the future.

#### **VII. Public Comment – Three visitors offered comments during the afternoon public comment period.**

**Linda Jensen** addressed the committees to express her support of the Peer Bridger Program but had concerns that all not peers working in the field are receive adequate ongoing training, especially volunteers. She noted that Peer Specialists work in stressful situations. She recommended the committees support a career path for Peers Specialists in the workforce.

**Janine Brooks** addressed the committees regarding the service gaps for people who have diagnoses in the autism spectrum and the changing availability of services over time. She asked the committees to support services for the autism community, including adults.

**Janice O'Neill** addressed the committees to express her concern that adults with ASD are often unable to access services because they are not covered. Many people with an ASD diagnosis still need assistance with transportation and other daily living activities even though they do not meet criteria for services.

#### **IX. Committee General Comments and Observations**

*Diana Waggoner & Ann Ebsen*

Harker announced that the final Block Grant application will be posted. It is due September 1<sup>st</sup> so it will remain in draft form until that time. Written comments should be submitted to John Trouba at DBH no later than August 21, 2015. Committee members noted the Block Grant application contains a lot of information and asked if an executive summary could be provided.

Chairperson Waggoner announced that the time of adjournment was near and one activity at the end of a meeting that they always do is pass the microphone around for comments about good things people got out of the meeting as well as ways to improve future meetings.

1. Members congratulated Director Dawson on her appointment.
2. Members recommended using small break out groups to facilitate discussions and develop suggestions.
3. The Committee really enjoyed having CEO Courtney Phillips address the group, noting a new level of enthusiasm and cooperation.
4. Members expressed appreciation for the dedication and commitment of members and the DBH.
5. Members expressed a concern that meetings cover a lot of ground, perhaps with too much data and too many reports and too little dialogue, but the meetings are informative.
6. Members expressed a concern that the committees were not being asked to help improve the behavioral health system and if anyone has any suggestions, the Division seems very open to hearing from all members.

#### **X. Adjournment and Next Meeting**

Since there was no longer a quorum present for either committee, the meeting was declared adjourned at 3:40 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 November 19, 2015. At the upcoming meeting, the committees will be set a 2016 meeting schedule and elect officers for 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. 8-13-2015 Meeting Minutes*

September 9, 2015

I'm excited to share information about the development of a new office and pilot program at the Lincoln Regional Center (LRC) that will provide peer support to LRC's general psychiatric patients as they transition to the community.

Through a partnership with the UNL Public Policy Center to strengthen our commitment to peer support, we're developing the Office for Facilitation of Recovery at LRC. Carol Coussons de Reyes, currently with our Office of Consumer Affairs, will be the administrator for this Office at LRC and began her new assignment on September 8. I want to thank her for her service to the Office of Consumer Affairs in Central Office. Carol can be reached at (402) 472-5485 and at the same e-mail address: [carol.coussonsdereyes@nebraska.gov](mailto:carol.coussonsdereyes@nebraska.gov)

Literature reviews of other peer programs, which will be considered as Nebraska's model is designed, highlight outcomes such as:

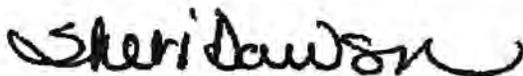
- Engagement in a uniquely personal, positive supportive relationship with a peer,
- Involvement in the community,
- Linkages to a broad range of community-based service and natural supports, and
- Understanding wellness self-management.

Through the pilot program, we expect Peer Bridgers will develop relationships with patients during their stay at the hospital and continue to provide peer support after discharge. Expected benefits of peer involvement include:

- Shorter hospital lengths of stay,
- Improved social connectedness, and
- Improved community transitions and decrease in readmissions

In addition to these initiatives at LRC, the Division's Community Based Services section will strengthen their commitment by reorganizing staff to lead peer support and other recovery initiatives. Cynthia Harris will manage the OCA Central Office peer support activities on an interim basis. Cynthia can be reached at (402) 471-7857.

I'm excited about this initiative and look forward to its success!



Sheri Dawson, RN  
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