

Final Approved as of March 28, 2008

STATE ADVISORY COMMITTEE ON SUBSTANCE ABUSE SERVICES

January 17, 2008. 9:00a.m. to 1:00p.m.

Country Inn/Suites

5353 North 27th

Lincoln, Nebraska

Committee Members Present: Ann Ebsen, Topher Hansen, Linda Krutz, Dr. Mercer, Kathy Seacrest, Lee Tyson, Laura Richards

Committee Members Absent: Dr. Mercer, Jane Morgan, Wehnona St.Cyr, Dr. Bhatia

DHHS/Behavioral Health Staff Present: Scot Adams, Ron Sorensen, Joel McCleary, Kathleen Samuelson, Abigail Anderson

Presenters:

Guests Present:

I. WELCOME/INTRODUCTIONS

Chairperson, Ann Ebsen called the meeting to order at 9:00 a.m.

II. ATTENDANCE – DETERMINATION OF QUORUM

Roll call was taken by Abigail Anderson and determined a quorum was present.

III. APPROVAL OF NOVEMBER 28, 2007 MINUTES

It was decided that Minutes will be reviewed at the next meeting.

IV. APPROVAL OF AGENDA

MOTION: Laura Richards
To approve today's agenda.

SECOND: Ann Ebsen
Discussion: None

VOTE: Motion carried.

IV. UNFINISHED BUSINESS

CSAT Core Technical Review Corrective Action Plan - Lee Tyson

In 2001 a needs assessment was conducted. Everyone should get the Prevention's EPI Report which needs to be mailed out. Lee described the report and priorities for prevention are increase age of first drink, decrease episodes of binge drinking, decrease drinking and driving.

The rest of the needs assessment is what we will work on with all of you. We will survey the legislators, completed by September and then finish up shortly after that. October 1st, block grant due.

Q: Ann - is 9-1-08 realistic date? Have you checked with CSAT and confirmed with them the manner in which the information is captured is what they need?

A: Lee – Yes, I have discussed this with Cpt. Coley.

Q: Ann – how are the Regions going to participate?

Q: Kathy – what is the PPC going to charge?

A: Lee – under \$50K

A: Topher – for consumers, you should contract providers and have them facilitate a focus group with consumers, not a survey - challenging written survey. A group with pizza and option to join is better.

Q: Ann – Will the PPC come up with a plan then?

A: Lee – Yes, I've given them general guidelines. We can bring the plan to the next committee meeting so the SACSAS has input into how data is collected.

Topher stated we need a March meeting or contact by email. The problem in EPI Report and SAT Act Plan is there's no discussion of the interplay between Mental Illness and SA. Ann said we need to include that in discussion with PPC – that we need that data. Lee agreed we need to get this NA done, but we need an ongoing process also. He'd like input from you all. Per Kathy we don't all have this (attach B - initial draft, NA Template), so we should talk about this next time.

Ann summarized this for people on the phone. Lee can email this to everyone for review.

Q: Ann - Are they (CSAT) coming here?

A: Lee – they will come out for Technical Assistance (from DC)

Q: Ann – It will be important to see the plan by PPC to make sure regions haven't already collected this information.

A: Topher – We need to organize this in a way so it can be done every year. We need to come up with a system so it's not overwhelming.

Q: Lee – Linda Krutz, how do you see this in relation to the justice system?

A: Linda – Probation just went through the standardized model. Probation is in transition themselves and this NA needs to complement what they're already doing. Needs to be coordinated.

Q: Lee – who is best to meet with and PPC?

A: Linda – Justice Behavioral Health Commission – pushes to incorporate BH. MH side – people aren't trained to do that. There is no formal system. All the right people should be at the table- Corrections needs to be a part of this.

A: Ann – We have to coordinate these services so people leaving probation have some services like youth that are transitioning into adult services – those people get lost.

A: Topher – Corrections and BH our history has been not to access upfront how these 2 areas affect each other (like trying to fix only the front of the car). Often MH doesn't know what to do and SA corrections don't know BH. Needs assessment is imperative because we have to think more broadly as to how the issues all intertwine.

A: Linda - continuum of care makes more sense

Q: Lee – CSAT would like to see us make decisions and demonstrate that we make decisions based on the NA. Make that a part of this committee Agenda Item. Certain recommendations by Committee are publicly recorded.

A: Ann – A part of our Agenda. What data's been collected, look at the implementation plans and look at the service gaps.

Q: Linda – LB46 – Committee Corrections Act. Mike Overton built SG15 system potential to expand. What is the BH data to begin with?

A: Ann – NA will start that.

Q: Linda – Who's doing it?

A: Ann – PPC is defining a plan of how to do the NA then it will happen every year. The committee will review it at meetings (4x a year) data and progress.

Q: Topher – then what are the issues that the data points out every year?

A: Ann – that's what Feds want us to do

Topher – data, info, action, results.

Kathy- we may have a ton of data already being collected by SA providers and crime commission.

Linda - MPIS system collects a lot of that and Mike Overton is working on that. No point in having stand alone systems.

Lee is working with Bob Bussard on making a list of all the reports the state has collected so we're not duplicating records. Mike Overton would be a good contact for PPC and Jim Harvey, DHHS is a good contact also.

The committee discussed that there is limited capacity to move toward a more data oriented system (pg 3 of 12, CSAT attach). They are working on authorization services and RFP processes (Magellan, Value Options). In theory, July 1st it will take effect. It means significant changes in how we do things if/when Magellan is not used. It takes enormous resources to write RFP, then review, and finally train everyone on new system. LB1083 was some progress, but now we are working on the RFP again. The contract is 2 years with a 3 year extension.

Recommendation that DHHS reconsider putting out another RFP and contract be re-negotiated and last another 2 years. In state government position pushes that we not extend this contract. Likelihood of that happening is slim to none. Just as critical to think about – what to do for the next 2 years because the RFP cannot be stopped at this time.

Committee discussed how the state can own and maintain its own system. It might be helpful to have Director at our meeting. Committee should hear about changes being made. We'll go ahead with RFP but next 2 years how to go back to capitated system.

Topher requests information on intentions concerning capitated system verses the other.

Lee discussed SBIRT (attach C). Kathy stated in future if there's decision to apply for an SA grant that the committee is informed about it and weighs in on it.

Topher - it's a great idea, good to intervene in medical offices. Focus on showing up in ER (ex: you broke your arm and you're also intoxicated so get nurses and docs involved with people that do show up in ER) they are the ones not as addicted, as the highly addicted don't even get to ER. Docs say it's unethical to make an addiction diagnosis because there's nowhere to send them.

Q: Ann – so their overriding concern is diagnosing and then it's hard to recommend treatment because there is none?

A: Topher – the State Medical Association has talked about training on this at UNMC for students.

Q: Linda – is it that or is some of it that people don't want to step in the whole arena of SA?

A: Topher – I've not heard that from docs, but I'm sure that's a part of it.

Linda and Kathy agree the curriculum at UNMC is a great idea.

Lee mentions pg 4 of 12 CSAT (attach A) sub-recipient monitoring procedures should be improved but DBH has no indication of resolution. DBH have met with the financial people and cleared that up. Program fidelity audit, services purchased, checking units issues-DBH got behind in checking to make sure audits are done in a timely manner. Handout (attach D) regular audit tracking procedures template and verification form they check and turn in DBH will keep these in the files at DBH so auditors can easily see that these things were done.

At the February 6th meeting we're going to present these 2 handouts to the auditing state committee. Regions turn these in then they audit their providers.

Lee references pg. 5 of 12 Handout

No peer review in 2006, we didn't do it in 2006. The back of the handout gives some results of the peer review 2007. Ann shared the peer review data.

Topher- regarding the peer review, quality improvement piece, make sure people are doing it. Ann asked what we do with this information? Obviously this peer review data will be a yearly request. October 1st Block Grant.

Topher: Here are the standards, how do you fit? What's your plan as provider to get there?
What are the goals by the Feds for collecting this information?
The peer review mirrors CARF expectations. Some are accredited by COA, some CARF.

Kathy says there needs to be a result if we are making people do this. Ann asked Lee to ask the Feds what to do with information. Topher agrees there is value in doing peer review and seeing what other people are doing.

Lee references pg 5 CSAT (attach A). SAPTB6 – Block grant, CPA conflict of interest. Lee wrote letter to the IACPA awaiting a response. Ann – if you get a response saying “we see no conflict of interest” we’ll be good. On pg 5 there is data analysis, level of care, quality care benchmarks, quality of service, etc.

We discussed the handout, NE Division BH TA plan (attach 6) and CSAT wrote this:

1. Strengthen management and knowledge of SAPT Block grant requirements.
 - a) review and record enhancements to how state conveys and monitors SAPT block grant requirements
 - b) deliver SAPT block grant training
 - c) review and record enhancement to block grant policies and procedures
2. Formalize programmatic studies in the state
 - a) develop appropriate standards and how to implement
 - b) quality improvement plan

Lee suggests we wait to get technical assistance. Attach H is an example only. Handout 6.003.02 Social Setting Emergency Data: how to measure outcomes. Division is looking at hiring a QI position with the state.

Kathy states it's important to realize SA services are expensive and we don't get reimbursed. We can't afford to make high demands on SA providers and run them out of business. Have to be fiscally reasonable. Lee refers to pg 6 and one thing we can start doing is research. Dan Powers has started researching other states standards based practices and a lot of people are using those too. Is this information something that the committee wants?

Yes, the committee wants to see it is a preliminary step to CSAT coming here to NE. Subcommittee of JBAHC is doing this also. At the meeting on February 12 make sure not duplicating efforts, utilize elements of the standardized model is one way to do this.

On pg 7 of 12 Develop DBH Policy regarding #5 and #6 cultural specificity CLAS are consistently met. (attach A) Deferment of Interim Services. Handouts – Substance Abuse Preventative Treatment block grant Interim Services (attach I). Contract (any regarding screening and interim services (attach J). CSAT wanted some kind of weight documentation.

Ron said we do that at the Tuesday meetings. Management of list of people waiting to get in appropriate level of service. Bob Bussard documents that weekly at DBH from reports sent in by each region from their respective SA network providers. The high priority is pregnant women and intravenous drug users. Make sure they are reported and kept on file. NA will say there's

not enough treatment in Nebraska. CSAT said when they came out to Nebraska, Division Staff, providers and consumers did not know what interim services were so that's why they are addressing it now.

Interim Services are: If patient is not admitted within 48 hours they get info, education on specific things which is on Attach. J. The question is how to distribute the information and how to track/document the distribution or referral. The handout has a sample waitlist/interim services doctor sheet (attach K). Kathy sees potential problems with costs of documenting/tracking.

Q: Laura - how much tracking are the Feds going to request? If you refer a pregnant woman to prenatal services you need to follow up and make sure she went but that's not in the regulations as of now.

A: Kathy – If the Feds want us to case manage people on wait-list, that has huge implications.

Ann tells Kathy to try to find out how much time this is all going to take (interim services). Kathy says in one Region there is not daycare so by the time it's available; her children are taken away from her. Region 2 uses WRAP around program for those women, needed in rural areas.

Ann needs a list of what those qualified programs are and then evaluate. Ron says the issue is whether the program is qualified or not qualified and need a list of things to do to become qualified. Childcare is an issue of cost.

Lee says CSAT does believe pregnant women are getting good care but there is a lack of consistency between Regions. Programs need to demonstrate they are working toward becoming a qualified program. Explain to the Feds what the barriers are to becoming a qualified program. CSAT does not believe all providers are providing trauma inform services and trauma inform NE (TIN) group.

Lee's final issue is Contract language changes. Continuity of care issue: treatment notes to reflect what people are doing.

Laura said we already do that and the concern continues to be the same issue with providers.

Need more dedicated training to help Regions train providers.

Kathy has a form, internal tracking system.

Ann adds we need peer review so Regions can see what other Regions are doing.

Lee and Kathy asking Regions what topics they want included in state wide training. Handout (attach L) suggestions for training.

Shawna is willing to talk to anyone about training but she doesn't have a lot of trainers (national or local) to get LDAC's certified this year.

V. NEW BUSINESS

Meeting Dates for FY08

Identify Top 3 Issues Facing SA Providers

CONFIRM AGENDA ITEMS FOR NEXT MEETING

ADJOURN

Today's meeting adjourned.

Minutes prepared by:

Abby Shrader/Abigail Anderson
Staff Assistants
Division of Behavioral Health

Approved: _____ Date: _____