

Minutes of:
State Substance Abuse Advisory Committee
October 14, 2008

9:11AM – 1:33PM
Country Inn/Suites, 5353 North 27th Street, Lincoln, NE
- FINAL -

Present (10): Jerome Barry, Corey Brockway, Ann Ebsen, Jay Jackson, Linda Krutz, Vicki Maca, Dr. DeLinda Mercer, Jane Morgan, Laura Richards, and Randy See

Absent (2): Dr. Subhash Bhatia and Brenda Miner

DHHS Staff Present: Dr. Scot Adams, Bob Bussard, Maya Chilese, Renee Faber, Jim Harvey, Christine Newell, and Dan Powers

Presenter: Shawna Dwyer

Guests Present: Julie Anderson, Judie Moorehouse, and Patte Newman

I. Welcome/Introductions

Chairperson Ann Ebsen called the meeting to order at 9:11 a.m.

II. Attendance – Determination of Quorum

Roll call taken by Christine Newell. At least seven members were present constituting a quorum.

III. Approval of July 8, 2008 Minutes

Motion made by Jerome Barry to approve minutes, seconded by Jane Morgan. Motion adopted by unanimous voice vote.

IV. Approval of Agenda

Motion made by Laura Richards to approve the day's agenda, seconded by Corey Brockway. Motion adopted by unanimous voice vote.

V. Orientation of Members

Committee members introduced themselves by detailing where they work and additional committees they work with and were directed through the orientation packet by Bob Bussard.

Attachment A1 – Organizational Chart for DHHS

Attachment A2 – Organization Chart for the Division of BH

Attachment B1 – Nebraska Behavioral Health Services Act

Attachment B2 – Nebraska Mental Health Commitment Act

Attachment B3 – Nebraska Sex Offender Commitment Act

Attachment C – Suggested changes to Bylaws

VI. BH Division Response to previous meetings Recommendations

1. That there be quarterly spend down by Medicaid by level of services.

– Susan Adams with the Division of Behavioral Health is still working on getting a report from Medicaid.

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2. Ask that Medicaid provide definitions, how they determine and what constitutes dual-capable and dual-enhanced services.

The recommendation was clarified by Jerome Barry, request that Medicaid make clear the qualifications used to label providers as dual-capable or dual-enhanced. Unclear qualifications could lead a consumer seeking integrated treatment to a provider who doesn't actually provide integrated services.

– Ms. Dawson explained, initially dual-capable was intended to service individuals with a primary diagnosis of substance abuse and secondary arrangements were to be made to service the mental health issues. Dual-enhanced was intended to provide true integration by having program plans that address both issues equally. The recommendation to ask Medicaid what qualifications are required to receive the labels of dual-capable and dual-enhanced was continued to today's meeting's recommendations.

Discussion occurred about the prevalence of dual disorders, the lack of funding to support dual disorder treatment, development of a 3 tiered insurance reimbursement system, the clinical criteria for diagnosis and the differences in definitions that Medicaid and the Division use.

Ms. Maca & Ms. Dawson have been working with Magellan and Medicaid on service definitions, increasing substance abuse waiver services, and to get parity in rates regardless of whether Medicaid or the Division reimburses. The Division is also working with Medicaid to review all of their mental health regulations and in the coming weeks they will begin reviewing substance abuse regulations. Since the collaboration began, Medicaid has added a lot of recovery language where traditionally the language was medically driven.

The Substance Abuse Advisory Committee (SAAC) will provide the Behavioral Health Oversight Commission (BHOC) with an overview of what SAAC has done over the years, and if it agrees with the Chapter 35 regulation changes, will encourage the changes be pushed forward. It is important that SAAC remind BHOC that substance abuse is a large part of behavioral health. Ms. Maca suggested creating a one page summary that could be presented to BHOC.

The Division will update SAAC on progress with Medicaid and will seek review and feedback on revisions made to regulations.

3. That the Division sends a 'Thank you' letter to Ms. Seacrest for her years of service on the Committee. A letter was sent on July 24, 2008, from Dr. Adams, thanking Ms. Seacrest for her years of service on the Committee.

PUBLIC COMMENT

Chairperson Ann Ebsen asked for public comment. No public comment.

COMMITTEE PLANNING

I. Review of Recommendations January 2005 – July 2008

Attachment D – SAAC Recommendations, 2005 – 2008

Members reviewed the recommendations made by SAAC over the past three years and realized that many of them had been made numerous times, year after year. The Committee will focus on what is still

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pertinent and will continue those recommendations to the Division. A workable chart indicating what has happened with each recommendation will be created by the Division.

Mr. Barry asked Shawna Dwyer from LMEP (Lincoln Medical Education Program) in regards to the recommendation on page 2, 'Request further definition of criteria & curriculum needed for approval of criminal justice continuing education units (CEU) to meet the criteria for criminal justice substance abuse providers' (2006) what the requirements are to creating qualified criminal justice training. Julie Scott, who replaced Christine Salvatore, determines whether training qualifies for CEU credit. The Division is going to contact Julie Scott to determine what, if any, are the standardized criteria used to qualify trainings. If there are no standardized criteria, Mr. Harvey will involve the Justice Behavioral Health Committee (JBHC) in developing the criteria. The Committee agreed that the TAP (Training Addiction Professionals) program, providers, and the public should have access to the criteria.

Randy Jackson spoke of the inconsistencies (e.g. time and cost) in MIP (minor in possession) classes due to there being no statewide standard. Mr. Barry suggested the Division investigate the standards from region to region. Ms. Krutz suggested asking Terry Nutzmann with the Office of Juvenile Services to see if there's anything that they require or expect out of MIP classes.

Mr. Barry asked Ms. Dwyer if another recommendation on page 2, 'Recommend the Division meet with TAP to discuss additional specialized training in dual diagnosis & treatment' (2005), regarding training on evidence based treatment had ever been funded, Ms. Dwyer said 'No'. Ms. Maca suggested SAAC make another recommendation on the training.

II. BHOC (Review)

Dr. Scot Adams, Director of the Department of Health and Human Services (DHHS) Division of Behavioral Health, reviewed the purpose of the new BHOC, the BHOC Strategic Focus, and the role of SAAC in regards to the BHOC.

The BHOC is looking to SAAC for advice on how it can achieve the active components of the Strategic Focus, which are: Moving Behavioral Health Forward, Communication and Partnering, and Workforce Shortage. SAAC is asked to provide insight on what was missed in the last chapter of Behavioral Health Reform, recommendations on how to balance and integrate substance abuse services, suggested changes in funding and also what has been working for Nebraska.

Ann Ebsen expressed frustration that after years of doing the work and making recommendations it still seems like SAAC isn't being heard. SAAC will concisely and specifically put in writing what it wants and will present it to the BHOC.

REPORTS

I. BH Division Updates/Reports

Director's Report:

Vicki Maca, Administrator for the Division of Behavioral Health, reported on the Corrective Action Plan (CAP) with the federal government's department of Health and Human Services, SAMHSA (Substance Abuse Mental Health Service Administration). SAMHSA funds the State's block grants. The State's inability to identify and deliver interim services and track women's prevention set aside to the federal

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government's satisfaction put the Division on corrective action status. Ms. Maca called it 'embarrassing' to be on a CAP. SAMHSA has been contracted to train individuals within the Division and regional administrators on the requirements necessary to keep the Substance Abuse Block Grant (SABG) which is roughly \$9 million dollars. The training is called SABG Training 101 and will take place over 2 days this fall.

The Division is also adding a Fiscal Manager to the Division of Behavioral Health who will work with regional fiscal managers and incorporate specific federal language into contracts that will improve processes to meet federal expectations.

Administrative Service Organization (ASO):

Sheri Dawson, the Division of Behavioral Health's Medicaid and managed care liaison, spoke of the collaboration and communication between the Division & Medicaid. She said everyday they realize systems issues that need to be addressed in order to better serve consumers.

Maya Chilese, the Children's Behavioral Health (CBH) Manager, spoke of the success of this year's recovery events and plans for future events.

Attachment E1 – Statute Changes Effective December 1, 2008

Attachment E2 – Letter from Kris Chiles RE: Alcohol and Drug Counselor Regulation Changes

Attachment E3 – Webpage snapshot from Division of Public Health, Licensure Unit

Mr. Bussard addressed questions from the last meeting about the Regulation and Licensure (R & L) newsletter. The newsletter is expected to be mailed in 2 weeks to LADCs (Licensed Alcohol & Drug Counselors), PLADCs (Provisionally Licensed Alcohol & Drug Counselors) and providers. Each Region requested a copy of the newsletter.

Discussion ensued about developing a single vehicle to create awareness of SAAC among providers, clients, and regions to increase communication and input from the front line. The Division will continue to look into videoconferencing/webinar capabilities.

SA Block Grant FY09:

Attachment F – SABG Goals and Attachments FY09

SAAC will have input on the Substance Abuse Block Grant (SABG).

Peer Review:

Attachment G – Nebraska's FY08 Peer Review Team Comments Specific to Site

Renee Faber, Peer Review Program Specialist with the Division of Behavioral Health, provided an explanation of peer review, the contract with NABHO (Nebraska Association of Behavioral Health Organizations), why peer review is conducted, and the benefits of peer review.

Attachment H – LMEP TAP Training Update

Shawna Dwyer with LMEP (Lincoln Medical Education Program) provided an update on available TAP classes. Due to demand, another ASI (Addiction Severity Index) class will be added. They have been hosting very successful speakers through outside contracts.

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SYNAR Results (preliminary):

Attachment 11 – Youth Tobacco Sales FY07 Annual SYNAR Reports

Attachment 12 – Summary of Troop Area Non-Compliance Rates for NE, 1995-2008

Attachment 13 – SYNAR Non-Compliance Rates graph

Attachment 14 – ONDCP Random Student Drug Testing

Another requirement of the SABG is random, unannounced tobacco checks. Nebraska is at 12.2% statewide. The current national goal is < 20% and there's currently an amendment in congress to change the goal to < 10%. Troops C (North Platte) and D (Grand Island) who often have rates > 20%, need to work with regional prevention coordinators. If the State goes above 20% for any length of time, 40% of the SABG is in jeopardy. Most areas get checked only once a year. Omaha's low rates are attributable to the cities quarterly checks, paid for by Tobacco Free Nebraska. It was suggested that the Division work with a unicameral liaison to examine the current statute and legislation and present to SAAC potential ways of affecting legislation.

Prevention Activities:

SPF SIG & Drug Free

Discussion of prevention activities was continued to the next meeting.

II. Committee Officers (Revisited):

PUBLIC COMMENT

Chairperson Ann Ebsen asked for public comment. No public comment.

NEW BUSINESS

I. Today's Recommendations for BH Division

1. Create a "workable" review of the recommendations and the actions the Division has taken in the last 5 years.
2. Ask that Medicaid more fully explain the requirements for dual-enhanced and dual-capable programs and ask for a more complete explanation of criteria used to approve programs for reimbursement.
3. Ask that the Division seek from the courts the criteria used to approve training venues for Criminal Justice CEU's for the Standardized Model's required training.
4. That the Division provide additional training to counselors on evidence based practices and other promising practices in substance abuse.
5. That the Division contact Terri Nutzman to determine if there is a standardized protocol/criteria for DWI, DUI, and MIP courses in the state.
6. Recommend that the TAP contract work to improve the professional relationship between mental health and substance abuse through additional interdisciplinary course offerings.
7. That the Division and Committee members work together to advise the citizens of Nebraska of the State Substance Abuse Advisory Committee and to make meetings publically available.
8. Ask that all regions receive Regulation & Licensure newsletters.
9. Request ongoing updates/reports on the Chapter 32 and Chapter 35 regulations.
10. That there be quarterly spend down by Medicaid by level of service.

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II. Revision of By-Laws

Revision of By-Laws was continued to the next meeting.

AGENDA ITEMS & DATES FOR NEXT THREE MEETINGS

Next meetings: January 13, 2009, April 14, 2009, and July 14, 2009

January's meeting will run from 9 a.m. – 3 p.m.

ADJOURN

Motion to adjourn made by Randy See, seconded by Laura Richards. Meeting adjourned at 1:33 p.m.

Other Attachments Received:

The Committee also received other information that wasn't discussed at the meeting, including:

Attachment J – NE Treatment NOMs as Reported by State FY07 – 09

Attachment K – RPSC Meeting Rolling Agenda

Attachment L1 – SAMHSA email RE: Prevention Activities

Attachment L2 – SAMHSA CSAT Inventory of Effective SA Treatment Practices

Minutes prepared by Christine Newell with the Division of Behavioral Health, Department of Health and Human Services. Minutes are intended to provide only a general summary of Commission proceedings. Agendas, minutes, and selected attachments handed out at the meeting are available on the DHHS website (<http://www.dhhs.ne.gov/hew/sua/SACSA.htm>). An mp3, audio recording of the meeting is available upon request.