

STATE ADVISORY COMMITTEE ON SUBSTANCE ABUSE SERVICES

August 15, 2007 10:00 a.m.– 2:00 p.m.

Country Inn/Suites

5353 North 27th

Lincoln, Nebraska

Committee Members Present: Jerome Barry, Ann Ebsen, Topher Hansen, Linda Krutz, Dr. Mercer, Jane Morgan, Kathy Seacrest, Wehnona St. Cyr, Lee Tyson.

Committee Members Absent: Dr. Bhatia, Brenda Miner, Laura Richards.

DHHS/Behavioral Health Staff Present: Bob Bussard, Kathy Samuelson, Betty Alm.

Presentors: Dave Palm, DHHS Office of Public Health; Rick McNeese – Dept. of Corrections; Nancy Herdman, DHHS Regulations & Licensure; Christine Salvatore, Supreme Court; Leslie Buhl, Julie Anderson, Lincoln Medical Education Foundation; Kate Speck, UNL Public Policy Center.

Guests Present: Judie Moorehouse; Lisa Sullivan, Julie Hippen.

I. WELCOME/INTRODUCTIONS

Chairperson, Ann Ebsen called the meeting to order at 10:00 a.m. Those present introduced themselves.

II. ATTENDANCE – DETERMINATION OF QUORUM

Roll call was taken and determined a quorum was present.

III. APPROVAL OF MAY 16, 2007 MINUTES

MOTION: Jerome Barry
To approve the May 16, 2007 Minutes.

SECOND: Jane Morgan
Discussion: None

VOTE: Motion passed unanimously.

IV. APPROVAL OF AGENDA

MOTION: Kathy Seacrest
To approve today's agenda.

SECOND: Jerome Barry
VOTE: Motion passed unanimously.

V. DIVISION RESPONSE TO MAY 16, 2007 SUBSTANCE ABUSE RECOMMENDATIONS

Division response to Recommendation #1:

At this time, there is no formal process in place, but work continues on development.

Discussion:

Q: What is the timeframe?

A: Lee Tyson said we do not know a timeframe. The Division has to consider the next level. The Substance Abuse Committee input is important.

Ann Ebsen suggested asking for a timeframe and continue this Recommendation.

Division response to Recommendation #2:

The BH Division highly values a standard of care that promotes cultural competence at all levels. Efforts are currently underway to enhance integration with the DHHS Office of Minority Health and promote efforts to remove barriers.

Discussion:

Leslie Buhl mentioned LMEP is doing gender, multicultural counseling two times a year. Kathy said hope to get training in all classes.

Q: Ann asked how would they work into each class?

A: Leslie replied that in core classes there is some cultural competency included.

Q: Can integrate cultural competency into classes already taught?

A: Leslie explained these issues are being addressed currently.

Nancy Herdman added this is defined in the regulations - what the content is in all courses.

Refer to Recommendation #3

The Office of Minority Health National Standards on Culturally and Linguistically Appropriate Services.

Discussion

Could questions be asked regarding gender and cultural issues?

Kathy added could ask for a way to measure.

Leslie mentioned she would work on this.

Division response to Recommendation #4

Discussion

SAAC requested to see the finalized 2007 Consumer Survey. The Nebraska 2006 Behavioral Health Consumer Surveys Summary of Results Report completed April 4, 2007 was an attachment to the Division response memo from Ron Sorensen to the May 16, 2007 Committee recommendations.

Bob Bussard said a random sample is done.

Jerome Barry explained the survey says consumers are called and gives them the option to receive it in the mail.

Lee Tyson mentioned that in the preliminary report on the Block Grant Technical Review, CSAT noted that we are not using the survey data for planning, An outcome-related survey is required for the Block Grant.

Q: Ann asked is there something providers sent in internally? Is there a way to satisfy the Block Grant requirement?

Bob explained this is mainly the Mental Health Block Grant – we are satisfied with the responses. Clients do not agree with the assessment that everything is wrong.

Kathy said could look at results and criteria each year.

Bob explained the survey is set by the Federal government. The questions are included in survey materials.

Today's recommendation from SAAC:
Request the status of the survey process and review annual results and requirements of the Mental Health Block Grant.

Division response to Recommendation #5

Request the Division provide current criteria, definitions and payment (Medicaid & NBHS) information on detox services within the state; also request information on current facilities offering detox services, the SAMHSA criteria and information on where CPC is being used in the state.

Division response included ASAM Levels of Care and Patient Placement Criteria-Service Definitions; FY2005, FY2006. # of admissions by region of service to Social Detox

Discussion

Q: Who is taking people to jail? How do we find out more?

A: Lee said they are not detox'd in jail.

Lee said we do not have very many detox facilities across the state.

Jerome said Medicaid will not reimburse for detoxification services if those services are performed in a substance abuse or mental health department; they must occur in the medical units of a hospital to be reimbursed.

Kathy Seacrest said that when Region 2 had a detox it was empty almost 95% of the time and that it is hard to have enough critical mass to keep a voluntary detox open.

Linda Krutz suggested contacting Denny Keith who may have more information.

Kathy Seacrest mentioned we need to look at detox and level of funding - this has to be part of strategic planning – to what extent jails being used and what are the standards.

Linda Krutz mentioned that jails have a mechanism and know what is safekeeping.

Lee Tyson and Linda Krutz will work on getting information.

Today's SAAC recommendation:

What detox is done in other states.

Division response to Recommendation #6

The Division of Behavioral Health will continue to pursue this project once feedback from the physician groups has been received. If they are agreeable, a plan will be designed and presented to the Committee for review and discussion.

Discussion

Topher said screening is going on in Lincoln. That has been successful in training staff , ER personnel and Drs. and State Medical Center – Screening & Brief Intervention & Referral to Treatment (SBIRT).

Kate Speck mentioned grant screening intervention and she is willing to initiate statewide – access to treatment grant - \$2.5 million for five year period – will include policy changes.

Retain Recommendation #6.

Division response to Recommendation #7

Lee Tyson will officially represent the Division on the Justice/Behavioral Health Committee. This recommendation will be presented to that group first for review and comment.

Discussion

Working with Corrections. Jerome provided a membership list of Justice Behavioral Health Committee Members

PUBLIC COMMENT

None

REPORTS

I. BH DIVISION UPDATES/REPORTS

Prevention Activities – Dave Palm

-SICA grant program funding community coalitions ends on September 30.

-SPFSIG – first year of a five-year grant - 85% of the funding goes to community coalitions. Also the workgroup will make some recommendations regarding state priorities to NePiP – Lt. Governor is the Chair of this Committee.

NePiP should be able to approve priorities at the October meeting. NePiP also must approve a state substance abuse prevention plan – will incorporate profile, state priorities, evaluation, capacity to provide prevention – has to be approved by SAMHSA. When approved, a RFP will be released to communities - \$10 million for five years - \$8.5 will go to coalitions. Community coalitions also have to respond to state priorities. Could be a year before strategies can be done. State priorities will be part of the plan – plan on one year of carryover funds.

Working with Region Prevention Specialists to help with training and technical assistance – have had one meeting with the regions and a conference call.

Q: How soon will priorities be set?

A: Early October – will be 2-3 priorities – could be one. Some states have done 5 or 6.

II. SA Services in the Justice System Updates

Justice Behavioral Health Committee – Jerome Barry

(handout: Guidelines of the Nebraska Community Corrections Council Justice Behavioral Health Committee; Justice Behavioral Health Committee Members)

Lee Tyson is now the Behavioral Health Services representative replacing Ron Sorensen.
JBHC

Mission – integration, cooperation and active communication.

Vision – collaborative working relationship.

The BH Committee meeting is September 12, 2007 – 9:30am-noon at Bryan LGH West Conference Center. Substance Abuse Committee members are welcome to attend.

JBHC – three subcommittees meeting – August 23, 2007 – 9am- 11am – Bryan LGH West Conference Center.

Working on Evidence-Based Practices – recommendations for Nebraska. Anyone interested to serve on this committee, contact Jerome.

Topher mentioned substance abuse language – substance use, not abuse.

Topher said if you do not have performance improvement plan then it is not worth anything. Treatment has to be individualized.

Jerome said the survey mentioned at the last SAAC meeting is ready to go out – E-Mail after the September meeting.

III. HHS/R&L Alcohol Drug Counseling Nancy Herdman
Licensing Program Jerome Barry

The Public Hearing for the proposed regulations was May 17, 2007. The Board of Health approved the proposed regulations on May 21, 2007. They were forwarded to the Attorney General's office on May 23, 2007 and are still undergoing review at this time. The next step is review by the Governor's Office. It is anticipated the proposed regulations may be finalized by the end of the year.

Q: Topher asked if someone was getting a LADC and doing co-occurring treatment, was 50% of the time counted as LADC hrs.? Nancy said the work experience for licensure must be substance abuse treatment. If do both mental health and substance abuse, the supervisor or program is asked to verify the percentage of time the person is providing substance abuse services. Topher said he thinks with co-occurring clients that is 100%. Nancy responded only the time spent addressing the substance abuse diagnosis can be accepted for alcohol/drug counselor licensure.

Statistics: Nancy reported: 407 Licensed Alcohol/Drug Counselors and 312 Provisional Licensed Counselors.

Oral Exam was held in May – 16 were tested (11 or 69% passed).

Written Exam was held in June – 11 tested – 10 passed (91%) Nebraska is above the national pass rate. National pass rate is 75%.

Next written exam is September 15th – 12 scheduled for the exam.

Q: Is the Oral Exam going away?

A: ICRC passed a motion to incorporate the Oral into the Written Exam as possibly Part 1 and Part 2. Two-year time period before implementation is estimated.

Statistics regarding discipline:

-5 individuals were issued licenses on probation (4 at Provisional and 1 at LADC – was a continuation of probation.

Jerome mentioned a concern from the field when the Board gives probation for five years. The person has to call every day to see if they need to do a body fluid check. The Board has been asked to look at issuing probation and will be discussing at their next meeting.

Rick McNeese mentioned probation causes issues with Corrections – gives them the training and education for licensure – they have invested \$80-100,000 in this individual who they may then lose because of probation or licensure.

Second concern is Corrections is adding a major expansion:

180 residential treatment beds and 14 staff; they are under pressure to get 14 additional qualified staff in the next 2-3 years. Rick's concern is about negative impact that probation conditions have. He likes people who have been in recovery to be counselors. He said this is a bias against someone in recovery. They probably will have to have a substance abuse evaluation.

Nancy added a person who has convictions has to obtain an evaluation.

Topher added when is it not reasonable to require certain things - addiction is a powerful source:

1) they are struggling with addiction.

2) they have shown some other step where they have a conviction – have to temper the system to be careful about that and catch that – those adjustments are appropriate – they understand this view but no evidence in recovery – what is the quality of the person that really uses to the level of who really makes a good therapist – we have to be careful.

Q: If I have a conviction history should I apply?

Convictions are reviewed by the Board. Look at how many, what type, how long ago, etc. The Board should be supporting employers by letting them know a conviction doesn't exclude you. The Board's role is to protect the public.

Q: Jerome asked where did the five-year probation come from? We need to continue these discussions. Conviction, not recovery is the issue.

A: Nancy said the five-year probation is not in the regs. The Dept. has standards. It follows when an applicant has a chemical dependency diagnosis.

Q: Can this be revisited in five-year period? A person on 5-year probation with body fluid checks has the checks stopped if no problem in two years.

A: The probation agreement must be followed.

IV. ASI/CASI Kate Speck

(handouts: Report to Substance Abuse Advisory Committee – ASI-CASI 8/15/07 Kate Speck, PhD LADC; Rural & Frontier Initiative Trainings)

Update on ASI-CASI participants since 2003:
354 CASI trained and 673 ASI trained individuals

Pass rate for ASI and CASI remains consistent; some did retake the third day.

Standardized format is getting better – using a new form Christine Salvatore developed. Instructors are looking at evaluations and making sure all elements are included.

Motivational Interviewing with Lee Tyson was done April 4-5, 2007.

Rural & Frontier Initiative Trainings were held in Hastings; had to cancel the June 15, 2007 one scheduled for North Platte. Ten attended the July 27, 2007th Motivational Interviewing in North Platte.

Two to be scheduled for Sidney:
The Impact of Stigma on Substance Abuse in October; Adolescents & Co-Occurring Disorders in November.

V. LMEP Drug Counseling Training Report Update

Leslie Buhl; Julie Anderson
(handouts: Core Education, Continuing Education, ASI/CASI Trainings Schedule)

The LMEP contract for the next two years to provide training tool a little longer, so there is not a lot of trainings scheduled in July:

July 25-28, 2007 – Alcohol/Drug Assessment, Case Planning & Management, Region 5, Instructor – Jerome Barry.

August 13-16, 2007 – Clinical Treatment Issues in Chemical Dependency, Region 1, Instructor, Juanita Rodriguez.

Continuing Education courses have been re-scheduled:
Stress Reduction Techniques for Addiction Treatment – August 24, 2007 – flyers are available at today's meeting.

Suicide & Addiction scheduled for August 17, 2007 in Alliance will be rescheduled – only one person from Omaha signed up.

ASI training was held August 9-10, 2007 – next one will be in six months.

CASI is scheduled in October – some complaints received that only one is offered – only one offered but they should make it work.

Burnout: Are you at Risk? – will be held in Lincoln September 10, 2007 – Charles Thiessen, Instructor.

TAP trainings are listed on LMEP Website: www.lmep.com

Criminal Justice trainings are posted on the Website.

Do not have to register online – also have mail-in registrations which can be printed off of the Website.

Also in the handout are July 2006-July 2007 Core Education trainings. Topher mentioned he and Charles Thiessen provided Professional Ethics – hours is the least amount of hours for core courses.

SCIP – Julie Anderson

July 31, 2007 -August 3, 2007 – 40 teachers, counselors and nurses were trained. Regions 4, 5, and 6 were represented. SCIP teams and respective schools were represented – this was very successful. Jerome Barry was one of the presentors. November SAAC meeting, the training schedule will be provided.

SCIP will be undergoing the first evaluation in 25 years. Hope to become Evidence-Based program with outcome to prove that kids that get services early enough can do better – piloting 30 schools.

VI. Tribal SA Services Report – Kathy Samuelson

(handout: FY08 Funding for Federally Recognized Tribes in Nebraska)

The handout lists the funding for Tribes FY08. Allocation letters have gone out to the Tribes for mental health and substance abuse.

VII. Voucher Program - Christine Salvatore

Christine said yesterday she was informed that the mailing that was sent out was not addressed correctly. Also sent out to RPAs and Agency Center Directors – were sent to the Directors also because providers were not sharing information with people who actually make the decisions.

Last year in nine months period – start of the Voucher Program until the end of December, 1,000 evaluations and treatment vouchers – 109 per month – first seven months this year – 1,481 vouchers (211 per month) almost doubled our vouchers.

Any issues heard about in the community – phone Christine 471-3526 or E-Mail Christine.Salvatore@nsc.ne.gov

Q: Topher asked what is financial projection and how the sustainability going to be?

A: Christine explained \$2.6 - \$2.8 million a year.

Linda Krutz added they also have expanded population. Money flows through the Council not really a huge amount of money, SSAS program. Driving goal from Administration sustainability.

One of the reasons SSAS is at 56% - wanted to look at impact and what services need to be added – promotion rate is much higher – six of the original 13 got promoted – one officer for 24 offenders.

Linda Krutz mentioned looking at Drug Courts.

VIII. Early Release of Prisoners – Rick McNeese

(handout: Dept. of Correctional Services – Substance Abuse Administration – Update on previous goals and recent accomplishments; Upcoming goals)

Texas Christian University has done treatment outcome studies focused on criminal justice populations – this is a source of information on evident-based principles, assessment, treatment instruments. We have been asked to participate in their research.

LB83 authorized us to look at Work Ethic Camp in McCook and begin placing inmates out there.

NE Correctional Facility for Women – high risk population – cultural awareness – work with Parole Board constantly. Try to get inmates out as quickly as possible. Legislation funding was for expansion – 180 residential treatment beds – adding 8 beds for women and in Omaha 72 beds added in substance abuse, 28 additional staff for 100 residential treatment beds. Work Ethic Camp is six months – trying to get to 120 – more in line with STR.

Q: Adding a total of 20 residential beds?

A: The facility when it was originally constructed was for 100. It is a facility used for high end either people on Probation or who are sent there by judges – typical census is 70. LB83 allowed inmates to be placed there.

We are now mixing inmates into offender population. The perception is judges do not send people out there – need to have higher level of substance abuse treatment. All that was offered was IOP – now more in-line with short term substance abuse treatment. Those who come to Corrections short sentences – too short for 10-month program. They need residential treatment – WEC offers six month program – joint effort. Law reads that Parole Board approves it. Good integration with SSAS program. Now have our first females out there. They are mixing what Probation does with what Corrections does – interesting collaboration. As part of the funding from the Legislature, \$200,000 a year was received to use in Omaha and Lincoln Correctional Centers – providers can provide treatment and they have a mechanism to pay through the voucher program.

Q: Are these definitions from Dept. of Corrections?

A: Rick explained the definitions are from HHS Behavioral Health definitions – looking at requirements for STR – length of stays are different.

Topher said his program – 30-45 days – length of stay.

Rick said 5-5 1/2 months is length of stay for STR. They are addressing criminogenic needs. Long term therapeutic built on long term community.

Lee Tyson mentioned she is interested in Outcome measures. Rick said that SAMHSA has published National Outcome Measures (NOMs) project and he is developing a worksheet.

UNFINISHED BUSINESS

I. 5 yrs. Recommendations from Committee (handout: State Advisory Committee on Substance Abuse Services Recommendation – Division Response, 2003, 2004, 2005, 2006, 2007)

NEW BUSINESS

I. Recovery Model – Lee Tyson

(handouts: Recovery-Oriented Care in Connecticut: From Vision to Operations; Recommended Next Steps for Consideration by Systems Professionals; Part II: Guiding Principles of Recovery and Elements of Recovery and Elements of Recovery-Oriented Systems of Care)

Lee explained the Feds. have come out with a recovery model for substance abuse programs. This is a new way of looking at it. Lee is available to do training. The handout included Connecticut information – very successful program.

II. Interim Services – Lee Tyson

The Substance Abuse Block Grant requires that interim services be provided. Interim services are for priority populations on waiting lists, and include screening and health education related to TB, HIV and prenatal care. CSAT requires that contacts be made with those on waiting lists to ascertain needs and make appropriate referrals for interim services. Lee Tyson is available to provide any information needed – programs should call for technical assistance if desired.

III. Block Grant 101 – Bob Bussard

(handout: Block Grant Awards to Nebraska: 25 Years—FFY1982 through FFY2007; Substance Abuse Block Grant Goals and Attachments Fiscal Year 2008; Nebraska Treatment National Outcome Measures as Reported by State FY 2007-08; Nebraska Prevention National Outcome Measures as reported by Federal Govmt)

Bob Bussard reported on the writing of the Federal Substance Abuse Block Grant. As shown on the table we are anticipated to receive \$7,863,913 for Federal Fiscal Year 2008. In Federal Fiscal Year 2005 the Division received \$7,945,036.

The Block Grant reporting Goals and attachments were provided to the Committee. Mr. Bussard explained that he will be reporting on the state's activities during the period January 2005 to December 2005 – the approximate period the FFY 2005 funds were expended. Also provided was a summary of the Treatment and Prevention National Outcome Measures. These are prepopulated in the report based on either the National Drug and Health Survey or Treatment population data submitted to the Federal government. Nebraska submits a record of all treatment admissions to the Federal government.

Q: Wehnona asked what are the timeframes?

A: Generally we submit the application before October 1st, and we receive the monies the following January.

General discussion about the age of first use. Youth report alcohol first use around age 13. This is reported through the National Drug and Health Survey.

PUBLIC COMMENT

None

AGENDA ITEMS FOR NEXT MEETING

November 28, 2007

Committee members were asked to send agenda items for the November meeting to Betty Alm at the Division by early November.

ADJOURN

MOTION: Kathy Seacrest
To adjourn today's meeting.

SECOND: Jerome Barry
Discussion: None

VOTE: Motion carried unanimously.

Meeting adjourned.

Minutes prepared by:
Betty Alm
Staff Assistant
Division of Behavioral Health

Approved: _____ Date: _____
Kathleen Samuelson
Program Specialist
Division of Behavioral Health