

Nebraska Division of Behavioral Health (DBH)
Statewide Quality Improvement Team (SQIT)

March 6, 2013 / 2:00-4:00 p.m.

DBH/Live Meeting
 Meeting Minutes

I. Welcome and Attendance

Heather Wood

Heather welcomed everyone to the meeting and introductions were made.

Region 1:	Katie Rinehart
Region 2:	Kathy Seacrest, Nancy Rippen
Region 3:	Ann Tvrdik
Region 4:	Amy Stachura, Amanda Theisen, James Alderman
Region 5:	Kathleen Hanson, Patrick Kreifels, Christine McCollister, Linda Wittmus
Region 6:	Stacey Brewer, Kindra Seifert, Joe Dulka
DHHS - Division of Behavioral Health:	Heather Wood, Carol Coussons de Reyes, Cody Meyer, Cynthia Harris, Jim Harvey, Lesley Shi, Patrick Johnson, Renee Faber, Robert Bussard, Sheri Dawson, Susan Adams, Ying Wang
Magellan:	Lisa Christensen, Patti Ryan

II. Review of Agenda & Minutes

Heather Wood

1. Heather reviewed the agenda. The day's outcome focus was on:
 - FY 14/15 DBH Priorities
 - Consumer Survey Update
 - Quality Initiatives Updates
2. The floor was opened for comments on the minutes from the December 5, 2012 meeting.
 - On page 4 of the minutes, "People's Center of Need" will be changed to the correct name of "Center for People in Need" in two places. (<http://centerforpeopleinneed.org/>)

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Approve December 5, 2012 minutes.	Group	Approved
Send approved December minutes to group and post to web: http://dhhs.ne.gov/behavioral_health/Pages/beh_sqit_sqit.aspx	Kelly Dick	Complete

III. FY 14/15 DBH Priorities

Heather Wood, Jim Harvey, Sue Adams

The DBH Priorities are expressed as different priority areas, goals, and performance indicators that are based upon our 2011 Strategic Plan. The different priorities the Division has identified are used to prepare our FY 2014/2015 Region Budget Plan (RBP) guidelines and the 2014/2015 Block Grant application. All of the areas highlighted below work together simultaneously with the goal of moving the system forward. Similarities and differences will be noted between them. Also, it was noted that these items do not represent all the work of the Division.

1. DBH Strategic Plan - Heather
 - For the years 2011-2015:
 - http://dhhs.ne.gov/behavioral_health/Documents/BHSP-Final-02-17-11.pdf
 - 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.

- Leadership in part is provided through work with Regions, GAP providers, programs with the Peoples Council, Advisory Committees, and the Divisions contractual work.
 - Heather reviewed the Strategic Plan Goals, noting these are reflected in the different priorities described in the RBP guidelines and for the Block Grant application.
 - The Strategic Plan Strategies, Leadership Initiatives, Partnership Initiatives, Broad Outcome Measurement Areas, and Prevention Goals were also reviewed with examples given of DBH work in these areas.
 - These and the Strategic Plan Goals are all vehicles that allow DBH to continuously move toward the previously stated Vision and Mission.
 - There was discussion on consumer involvement in quality improvement (QI). DBH desires consumer involvement with its quality improvement initiatives and, in cooperation with the Office of Consumer Affairs (OCA), the Division will continue to investigate ways in which to ensure consumers have ongoing, significant, and integrated opportunities to participate in these initiatives and to educate consumers about QI (see page 5, Item 6). An example of consumer QI involvement is their leadership role in developing a Quality Improvement Handbook (see pages 6-7, section V, number 2).
 - Future agenda item resulting from conversation: Consumer Education - Identify and share ways a consumer has access to different resources and information.
2. Needs Assessment - Heather (**handout attached**)
- This is a component required within the Block Grant application and it also provides the Division with a look at differing dynamics shown from data sources allowing an understanding of gaps in areas, trends for demonstrations of need, or continuation of need. The Needs Assessment helps the Division validate the continuation of work being done and informs the DBH Priorities.
3. Regional Budget Planning - Sue
- System Team Goals:
 - Network Systems
 - Goal #1:** Increase the number of behavioral health programs/providers able to deliver effective prevention and treatment ROSC for persons with COD.
 - Indicator #1:** Statewide average score on selected sections of the Compass EZ will increase according to the baseline.
 - Compass EZ scores are currently being received by DBH so a baseline can be established.
 - Goal #2:** Increase the knowledge of trauma-informed care within the behavioral health workforce.
 - Indicator #2:** Statewide average score on selected sections of the Fallot and Harris Trauma Informed Care tool will increase according to the baseline.
 - Providers have completed or are in the process of completing the Trauma Informed Care tool (deadline is June 30). Resulting data will assist DBH, in partnership with the Regions, look at how providers can be supported and how the Division and Regions can help them become more Trauma Informed.
 - This is an area of focus for a UNMC Nursing Students project with DBH.
 - Emergency Systems
 - Goal:** Consumers experiencing a BH crisis will be served at the most appropriate and least restrictive Level of Care (LOC).
 - Indicator:** The percentage of consumers served by crisis response programs taken into custody by law enforcement will decrease by 2%.
 - The intended result is to see Crisis Response Teams provide service alternatives to law enforcement. This will reflect success in efforts to make Crisis Response Teams as effective as possible.
 - Some Regions have begun to create and commence plans to address this goal.

- Baselines are being established by the Division.

- Prevention Systems

- Goal:** Increase the perception of risk related to alcohol use among all age groups.

- Indicator #1:** The percentage of persons aged 18 or older reporting binge alcohol use will decrease to 20%.

- Indicator #2:** Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days will decrease to 15%.

- Youth drinking will be measured using the Youth Risk and Behavior Survey (YRBS).

- Adult drinking will be measured using the Behavioral Risk Factor Surveillance System (BRFSS).

- Youth Systems

- Goal:** Families and youth receiving services will experience improved family functioning.

- Indicator:** The number of youth in the PPP under the age of 18 will be assessed using the designated tool for family functioning to establish a baseline measure of family functioning.

- Regions contract with DBH for Wraparound Care as well as with Children and Family Services (in different models of Wraparound). Due to the short term aspect of some Wraparound programs, an improved outcome for youth may not be seen; however, improvement might be attained in family functioning.

- DBH is contracting with TriWest who will work to identify, based on input from Regions and others, an appropriate tool to measure improved family functioning. Once the tool to be used is chosen (by the end of April), the language for the measure can be fully defined.

- A full understanding of and training on the tool will precede its use to assess family in their functioning. The process for delivering the assessment is forthcoming.

- Question asked: Will this include foster children. Yes.

- Question asked: Explain “baseline for family functioning.” When completing an assessment or measurement, a baseline refers to the initial aggregate or average (a starting point from which to understand changes). After a set amount of time the assessment is repeated to understand whether there have been improvements. The tool for this assessment is currently an unknown, but we know that a baseline will be established, the tool will be used in the Professional Partner Program, and that all within the program will be assessed (all contingent upon parameters of tool chosen).

- Housing Systems

- Goal:** Behavioral health consumers will experience an increase in stability of housing.

- Indicator:** The overall percentage of consumers discharging from care as “homeless” will decrease by 2%.

- A measure from the Magellan Database will be used to look at the status of living situation when an individual is discharged from care.

- Because people define “homeless” differently, data integrity is uncertain, which has led to conversations regarding the definition of “homeless,” and the importance of agreement on what is and is not considered homeless.

- This will be a focus of Housing Coordinators and also of Networks. DBH will work with Regions to drill down on data if needed.

- Percentages for the goals were developed by systems teams and coordinators by looking at previous data and current data (data trends) and determining in what direction the system needs to move and what that should like in the data.

- 4. Block Grant Priorities - Jim

- On February 25 DBH was notified that SAMHSA was withdrawing its April 1 deadline. The statutory deadlines remain (i.e. Mental Health, September 1; Substance Abuse, October 1). The Division's plan is to post a complete draft of the 14/15 Block Grant to the web on or around April 1. The draft will

be open for public comment for two weeks (via a survey), after which DBH will complete any necessary edits and then submit the final application on or around May 1.

- Block Grant Statewide Goal 1 (listed in no particular order):
 - Priority Area: Prevention - Alcohol Use Among Youth
 - Goal: Reduce binge drinking among youth up to age 17.
 - Indicator: Percentage of students in 9th-12th grade who reported having five or more drinks on at least one occasion in the past 30 days will decrease to 15%.
- Block Grant Statewide Goal 2:
 - Priority Area: Youth - Improved Family Functioning
 - Goal: Families and youth receiving services will experience improved family functioning.
 - Indicator: 100% of youth under the age of 18 / Families admitted to the Professional Partner Program (PPP) will be assessed using the designated tool for family functioning to establish a baseline measure of family functioning.
- Block Grant Statewide Goal 3:
 - Priority Area: Co-Occurring Disorders
 - Goal: Increase the BH workforce capacity to deliver effective treatment and recovery services for persons with Co-Occurring Disorders (COD).
 - Indicator: Statewide score on selected sections of the Compass EZ will increase according to the baseline.
- Block Grant Statewide Goal 4:
 - Priority Area: Trauma-Informed Care
 - Goal: Increase the BH workforce capacity to provide trauma-informed care.
 - Indicator: Statewide score on selected sections of the Fallot and Harris Trauma Informed Care (TIC) tool will increase according to the baseline to be developed after June 30, 2013 self-assessment deadline for providers.
- Block Grant DBH Strategic Plan 2011 - 2015:
 - Priority Area: Peer Support
 - Goal: Increase the capacity of the system to use Peer Support.
 - Indicator: Use of Peer Support to provide Recovery Supports in Nebraska (Year One: develop Plan. Year Two: Implement 25% of Plan)
- Block Grant SAPTBG Core Requirement:
 - Priority Area: Tuberculosis (TB)
 - Goal: As required through the contracts with the Regional Behavioral Health Authorities, tuberculosis screening is provided to all persons entering a substance abuse treatment service. Additional services and/or referrals for services are made available to those individuals whose screening indicates “high risk” for TB. The Tuberculosis Program in the NE Division of Public Health provides the overall coordination for the State of Nebraska.
 - Indicator: Regional Behavioral Health Authorities will comply with contract requirements for tuberculosis screening to be provided to all persons entering a substance abuse treatment service.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Communicate to group when the Block Grant draft is open for review and comment. Follow link to survey to make comments.	DBH, Group	Complete

5. For Consideration (regarding System Team Goals and Block Grant Priorities discussed):
 - What did we miss?
 - Q: Is there a plan to include rural areas (such as far west panhandle) in Peer Support training (perhaps using technology to reach these areas)?
 - As DBH thinks about next steps and planning, this question will help inform the development of strategies or areas of planning for accounting for all areas of the state, and how technology might be utilized to achieve improved availability of Peer Support and Peer Support Training for persons in rural areas. The OCA will continue to seek feedback and input as the plan to increase the capacity of the system to use Peer Support is developed.
 - What measures should we use to know the system is improving?
 - No comments were made at this time.
 - What might be reasonable mid-point goals (June 30, 2014)?
 - Clearly defined in Peer Support Goal above.
 - Youth Systems Team mid-point goal is to have the tool selected and implemented, and after the first year, by end of FY14, have a baseline established (enabling a goal to be set for following fiscal year).
 - What other recommendations do you have?
 - No comments were made at this time.
6. Continuous Quality Improvement Plan FY14/15
 - A Continuous Quality Improvement (CQI) Plan is a Block Grant requirement.
 - For the purpose of the current Block Grant application, proposed CQI goals for FY14/15 are as follow:
 - Begin implementation of the Co-Occurring Quality Initiative Roadmap.
 - Continued implementation of performance measurement monitoring and reporting process that is efficient and timely. Continuous review of necessary data variables required to report on performance outcomes and monitor the data integrity for accuracy.
 - Provide education for consumers about quality improvement.
 - For the purposes of the Block Grant, proposed CQI initiatives for FY14/15 are as follow:
 - Co-Occurring Service Delivery Roadmap integration into the Strategic Plan.
 - Evidence Based Practice & Fidelity Monitoring Project.
 - Develop and implement a Quality Improvement Handbook.
 - Improve the communication processes for the Consumer Survey.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Continue thinking about the questions above, and provide recommendations/feedback to DBH by email or after the Block Grant draft is posted for comment.	Group	Ongoing

IV. Consumer Survey Update

Ying Wang, Patrick Johnson

- FY13 Consumer Survey Timeline: Ying walked through the timeline with the group.
 - Feb 9 – Mar 1: mail pre-notice letter and address correction.
 - Consumers were informed they would be contacted by mail or phone in the next couple of weeks to complete the survey.
 - An email message was sent to the six regions, providers, and to the OCA Listserv.
 - Mar 2 – May 10: phase 1 data collection.
 - During phase 1, for those consumers for which DBH has both a telephone number and mailing address, half will be surveyed initially by mail and half by phone.

- Consumers for which DBH has only a mailing address, these will be surveyed by mail during phase 1.
- May 11 – Jun 14: phase 2 data collection.
 - During phase 2, for those consumers with both a telephone number and mailing address, the half that was first contacted by mail will be surveyed by phone, and the half first contacted by phone will be surveyed by mail (this only pertains to consumers who did not respond during phase 1).
 - Consumers for which DBH has only a mailing address, these will be contacted by mail a second time (if they did not respond during phase 1).
- Jun 15 – Aug 2: data processing and final data file due to DBH.
 - However, historically questionnaires continue to come in through December. The cut point for recording purposes collection is August 2, 2013.
- Aug 3 – Sep 31: data analysis and initial results.
 - DBH will receive the data file on August 2 and will begin analyzing the data (currently, the topic of the 2013 Consumer Survey **Initial Results** is planned for an October Tuesday Data Call).
- Dec 1: final report.
 - The final report is planned for December, 2013.
- Sample size for current survey: Approximately 6,800 people, about 33% of the total number served in the last fiscal year (drawn from consumers of Substance Abuse Services, Mental Health Services, and Problem Gambling Services).
- Patrick updated the group on the status of printing Consumer Survey informational brochures and flyers.
 - As previously discussed at SQIT and other QI meetings, DBH is covering the cost of printing 10,000 Consumer Survey informational brochures and 200 related flyers, and will provide the requested number of each to the regions.
 - Patrick updated the group on the status of printing these. He has received a proof of each item from the printer, and the brochure looks ready to print. The flyer needs to be adjusted before proceeding. [UPDATE: as of this writing, the flyers and brochures have been printed and received at DBH. Regions, please gather numbers of these required by your providers, and send totals to Heather Wood at heather.wood@nebraska.gov]
 - PDF of brochure: http://dhhs.ne.gov/behavioral_health/Documents/Consumer-Survey-13.pdf
- For information and results from the 2012 Consumer Survey, refer to the December SQIT meeting minutes (http://dhhs.ne.gov/behavioral_health/Pages/beh_sqit_sqit.aspx) and presentation. Also the 2012 Consumer Survey Report is available online at: <http://go.usa.gov/2q6W>.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Providers please provide to your regions the number of printed flyers and brochures you want to receive. Regions please email total number of each item you require based on needs of providers. Email regional totals only to Heather Wood at: heather.wood@nebraska.gov	Providers & Regions	Complete

V. Quality Initiative Updates

Heather, Carol Coussons de Reyes, Jim, Group

1. Co-Occurring Workgroup - Heather

- Progress continues to be made on alignment with the DBH Strategic Plan and identify a focus for priorities. More specifics on the plan will be shared at the next SQIT meeting.

2. QI Handbook - Carol
 - Carol introduced Cynthia Harris who has recently joined OCA. Cynthia is contributing to the work on the handbook.
 - Five chapters have been completed and one more is in consideration. Other chapter ideas are welcome.
 - A draft of the handbook has been sent to the SQIT group (if you did not receive it, please email Cynthia Harris at cynthia.harris@nebraska.gov). Please review this and provide feedback in the coming weeks so there can be further discussion and review at the next SQIT meeting on June 5.
3. Evidence Based Practice (EBP) Workgroup - Jim & Heather
 - A UNMC Nursing Student Group worked with DBH staff to complete a project focused on the MedTEAM (Med. Management) EBP Toolkit and fidelity monitoring.
 - Internal work is progressing including discussions on how to approach Supported Employment fidelity monitoring.
 - A commitment has been made to SAHMSA that DBH will provide them with a description of the process the Division will use for fidelity monitoring on Supportive Housing and Supportive Employment by June 30, 2013.
 - A full recommendation on ACT fidelity monitoring will be completed June 30. In the meantime some fidelity monitoring is going forward using the TMACT (Tool for Measurement of Assertive Community Treatment).
 - A more complete update will be provided at the next SQIT meeting on June 5.
 - See December SQIT minutes (http://dhhs.ne.gov/behavioral_health/Pages/beh_sqit_sqit.aspx) for a summary of recommendations developed by Dr. Blaine Shaffer and the EBP Workgroup.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE/RESULT
Read and respond to the draft of the Consumer QI Handbook recently sent to the group. Share feedback with Cynthia Harris at cynthia.harris@nebraska.gov .	Group	ASAP

VI. Items for Next or a Future Agenda *Group*

- Next time: Focus on Quality Initiative Updates - More Comprehensive Review
- Consumer Education - Identify and share ways a consumer has access to different resources and information.
- Housing
- Team may share additional agenda items with Heather as they arise.

VII. Adjournment and Next Meeting

- Thanks to team on phone and in person.
- Meeting was adjourned at 4:00 p.m.
- Next Meeting is scheduled for Wednesday, June 5, 2013, 2:00 – 4:00 p.m. Central Time.

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.

Block Grant Planning Steps – as discussed at SQIT meeting on December 5, 2012

Step 1: Strengths and Needs of the Service System to Address Specific Populations

Profile of Individuals Receiving Service:

- In FY2012, there were 23,535 individuals who were served in MH services and 15,544 individuals who were served in SA services.
- There were 15,092 adults served with SMI; 1,340 youth with SED. SMI and SED consumers received 8,692 Evidence Based Practice services.
- The readmission rate to any state run psychiatric inpatient hospital is extremely low; only 2% within 30 days and 5% within 180 days for non-forensic and less than 1% within 30 days and 7% within 180 days for forensic.
- We have continued to experience an increase in our response rates to the annual consumer survey. 50% of adult consumers and youth caregivers surveyed provided feedback regarding their behavioral health care. A majority of adult consumers (83.6%) were generally satisfied with services compared to those who were dissatisfied with the services they received (6.5%); the remainder were neutral.
- In FY2011, employment for adult consumers in NE (in the labor force) was much higher than the national average (53% Nebraska vs. 35% US).
- There has been tremendous work and success toward the FY2012/2013 priorities.

Step 2: Needs Assessment

Considerations related to current priorities:

- The rate of underage drinking appears to be on the rise particularly for males. Recent Nebraska Young Adult Alcohol Opinion Survey results revealed that the rate of males ages 19 to 20 that binge drink is at 40% (FY2012); up from 26% just two years ago (FY2010). Additionally for this group, 78% showed an increase in their perception that there is little to no risk in binge drinking once or twice a week. National data shows that 56% of adolescents report using their first primary substance between 12 and 14.
- Consumers who report trauma continues to increase. 42% of individuals receiving services reported a history of trauma during FY2012 compared to 28% in FY2010. Nationally it is estimated that 55 to 99% of women in substance use treatment and from 85 to 95% of women in the public mental health system report a history of trauma. Trauma is now considered to be a near universal experience for those with behavioral health problems.
- The number of individuals served in both a mental health and substance abuse or dual service has risen to nearly 10% in FY2012. NAMI reports that roughly 50% of individuals with severe mental disorders are affected by substance abuse while 37% of alcohol abusers and 53% of drug abusers also have at least one serious mental illness. Comparison of FY2011 data shows that Nebraska has a higher than national rate of adults and children served who have co-occurring disorders (26% Nebraska vs. 21% US).

Additional Considerations:

- The length of stay based on discharge data at LRC has increased from 2011 to 2012. A quality improvement initiative began in October 2012 to identify causes and make improvements.
- 2010 data shows that Nebraska tends to be consistent with the national average for serious thoughts of suicide in the general public (4% for both Nebraska and US). Research shows that more than 90% of patients who die by suicide have mental illnesses or substance use disorders. Both Whites and American Indian/Alaskan Natives have higher suicide rates than other racial groups. Rural areas have also shown higher suicide rates than metropolitan areas.
- Homelessness in FY2011 was higher in Nebraska (5.1%) than the US average (3.1%). In FY2012, 5.8% receiving services reported homelessness.
- 40% of individuals served in FY2012 live in rural areas. National data suggests that rural admissions to behavioral health services are more likely to be referred by criminal justice and report alcohol as their primary substance.
- 6% served in FY2012 reported themselves as military personnel.
- When asked whether they smoke cigarettes on the 2012 consumer survey, 40% of mental health consumers indicate that they smoke every day. Likewise, 56% of consumers with substance use disorders report smoking every day. These numbers are compared to 15% of the NE general population who report daily smoking.
- Caregiver reports through the youth consumer survey show that in FY2011 67% were satisfied with access to services for NE youth compared to the US rate of 83%.

Step 3: Prioritize State Planning Activities

Step 4: Develop Objectives, Strategies, and Performance Indicators

Priority	Goal	Strategy & Performance Indicator