

Nebraska Department of Health and Human Services  
Division of Behavioral Health  
Nebraska System of Care (NeSOC) Leadership Board  
November 10, 2016 1:00 pm – 4:00 pm Nebraska State Office Building, Lincoln, NE  
Meeting Minutes

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

*Courtney Phillips DHHS CEO*

Beth Baxter, Administrator of Region 3 Behavioral Health Services and Board co-chair called the meeting to order. She was later joined by the Board's presiding member, DHHS CEO Courtney Phillips. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. The public comment sign-up sheet was identified and made available to the public in attendance. Phillips reminded those in attendance that public comments are taken at the end of the meeting. Each person has three minutes to make comments and needs to sign in if they wish to speak. Those wishing to make non-public comments may send them in to DHHS care of Linda Henningsen.

Roll call was conducted and a quorum was determined to exist. Voting members in attendance: Desiree Acosta, Beth Baxter, Ellen Brokofsky, Greg Donovan, Mary Jo Pankoke, Corey Steel, Mary Thunker and Amy Weaver. Non-voting members in attendance: Courtney Phillips, Cynthia Harris, Tamara Gavin and Nathan Busch. Members absent: Donita Baxter, Karla Bennetts, Joseph Evans and Matthew Blomstedt.

**II. Motion to Approve Minutes**

*Beth Baxter, Co-Chair*

Baxter opened the discussion to approve the minutes from the August 23, 2016 meeting. A copy of the minutes was included in the meeting participant packet of materials. Baxter noted the correction on page four (4) of the minutes document specific to correct language in the first bulleted item on the page. Mary Jo Pankoke moved the minutes be approved and was seconded by Corey Steel. Motion carried by roll call vote. Members voting yes: Desiree Acosta, Beth Baxter, Ellen Brokofsky, Greg Donovan, Mary Jo Pankoke, Courtney Phillips, Corey Steel, Mary Thunker and Amy Weaver. Members voting no: None

**III. Old Business**

*Beth Baxter, Co-Chair*

Baxter opened the discussion on approval of the revised Leadership Board Organizational Agreement document included in the meeting materials. Changes were highlighted in the text for easy reference. Baxter called for any discussion on the changes. Cynthia Harris recommended that the word "family" should be added to the Rationale section to read: "*consumer and family involvement*". Mary Thunker motioned to approve the document inclusive of the changes with the motion seconded by Greg Donovan. Motion carried by roll call vote. Members voting yes: Desiree Acosta, Beth Baxter, Ellen Brokofsky, Greg Donovan, Mary Jo Pankoke, Courtney Phillips, Corey Steel, Mary Thunker and Amy Weaver. Members voting no: None

**IV. New Business**

*Tamara Gavin, Deputy Director, DBH*

a. Recommendation to appoint new Board member: Baxter turned the floor over to Tamara Gavin who opened a discussion on appointing an additional member to the Leadership Board. Gavin called on Mary Jo Pankoke to begin the discussion. Pankoke noted that the Governor intended the System of Care initiative to be a public/private partnership and that philanthropic organizations are an important private partner in providing funding. In this regard philanthropy should have a seat on the Leadership Board. Pankoke recommended that Kristin Williams of the Sherwood Foundation be appointed to the Board as a

great representative of philanthropy. Ms. Williams has a Master degree in social work and initiated an early intervention program in Omaha called *Connections* that is administered through Project Harmony. The program works with schools and medical professionals to identify students needing mental health services and connects them to providers in communities trained in evidence-base practices. Pankoke emphasized Ms. Williams would be a great representative for philanthropy and it is important they have a seat on the Board because of the important role they play. Pankoke made a motion that Courtney Phillips consider appointing Kristin Williams to the Leadership Board to represent philanthropy. Ellen Brokofsky seconded the motion. Baxter opened the floor for discussion on the motion. Corey Steel questioned the public/private partnership with System of Care and how the Sherwood Foundation as a potential funder and private partner fits in. Pankoke noted that philanthropy is one of many private partners representing the private sector. Steel noted a potential “perception” issue might arise by putting one of the initiative’s main funders on the Board, if Sherwood Foundation is funding services under System of Care. Pankoke noted that philanthropy having only one seat on the Board would not equate to “driving” the System of Care initiative. With discussion concluded a roll call vote was taken on the motion to recommend to Courtney Phillips that Kristin Williams of the Sherwood Foundation be appointed as a member to the Board. Members voting yes: Beth Baxter, Ellen Brokofsky, Greg Donovan, Mary Jo Pankoke, Corey Steel, Mary Thunker, Amy Weaver. Members voting no: Desiree Acosta. Members abstaining: Courtney Phillips. Motion carried.

b. TriWest Financial Blueprint Report: Tamara Gavin provided a presentation to give a high-level overview of the Financial Investment Blue Print project. The objective of the review was to remind the Board of the purpose and methodology of the project and share some of the recommendations found in the final report. Gavin noted that TriWest was the consultant and developer and also noted that the final report has been received by DHHS. It is undergoing internal review prior to public release and therefore no copy of the report was included in the meeting materials. A notice will be sent out as soon as the report is publically available and posted.

- Project Purpose: To describe generally, what funds were being spent by whom or by what agency, for what purpose and on behalf of which children. The goal was; 1) to understand how to redeploy funds from higher cost to lower cost services that are known to be more effective which will increase flexibility of funding streams across the system, and 2) to look at how to develop funding options such as braided funding approaches across systems and incorporate private and foundation contributors into the system.
- Methodology: TriWest collected and studied multiple data sources looking at utilization expenditures and other financial data related primarily to mental health and substance use disorders for services provided to children and youth. Some data was reviewed from state fiscal years 2014 and 2015. Data was requested from each of the internal DHHS divisions and from the Administrative Office of Probation. The report included some general information on: 1) the System of Care and other strategic plans, 2) descriptions of service plan offerings, 3) information on behavioral health services as defined by the system agencies and population served by each, and 4) funding of information for behavioral health services for children, youth and their families including other spending or cost information. On-site technical assistance was provided during the data gathering process and follow-up phone interviews were conducted to insure data collection and analysis approaches used was on point. Data was analyzed by service type level of care, service intensity and race, ethnicity and gender. The analysis was essential in identifying several factors; 1) identifying state general funds that Nebraska can leverage to generate federal matched funding, 2) explore third-party insurance that providers can obtain to bring in additional revenue, 3) the types of children and youth services provided by Nebraska agencies including overlapping and gaps in service provision, 4) resources that can be used or brought into the system to assist in diverting

higher levels of care to encourage more community-based treatment options, and 5) which mental health and substance use services could be used to obtain federal or third-party reimbursement.

- Findings:
  - The organizational structure of the Nebraska System of Care (NeSOC), inclusive of the Leadership Board, Implementation Committee and culturally responsive work teams provides a good foundation for building system infrastructure.
  - NeSOC has occurred over time in a thoughtful and planned manner. Involved agencies and Office of Probation have taken important steps to align missions to promote family-driven and community-based service delivery.
- Summary Recommendations:
  - Develop a sustainable infrastructure for the NeSOC and look at flow of funding and payment mechanisms, rates and information systems that may be needed in the future to manage authorization payment and data reports.
  - Establish a protocol for determining financial responsibility across the broad system, including payer of last resort.
  - Align rates for similar services across system payment sources.
  - Shift use of high-cost services to cost effective community-based services
  - Invest in evidence-based practices
  - Explore leveraging of federal funds and redeploying state general funds for non-federally matched services
  - Further system development and engage private funders and contributors to help support services or other resources that can't otherwise be funded.
  - Look at the possibility of developing a targeted PRTF reduction plan or, once data is available to compare, it may be more useful to explore PRTF utilization patterns to make sure the most appropriate youth are placed into that service.
  - Increase screening activities for two disconnected populations: 1) screening for early identification of behavior health needs which supports a system outcome measure to increase preventative activities, and 2) explore opportunities to screen youth for Title IV-E eligibility, opening up additional sources of funds.

Gavin opened the floor for questions on the information provided. Ellen Brokofsky commented on the PRTF recommendation, stating she likes the idea of looking at the kids going to PRTF as we need to know what the population's needs are and where the gaps are in the system. Beth Baxter stated that looking at the characteristics of youth served in PRTF and their needs and barriers can be informative in looking at the service array. Baxter asked if this issue was part of the data being looked at. Gavin informed members that everything was analyzed at an unidentified/aggregate level and therefore unable to look at duplication across systems making it difficult to get to that layer of detail. It is hoped that through the internal data efforts that we are moving in the direction to be able to analyze at a deeper/individual level. Baxter also requested more information on the recommendation of establishing a protocol for determining financial responsibility. Gavin stated her interpretation of this recommendation refers to understanding the funders in the system and whether or not they are paying for services that make sense based on their agency involvement. Corey Steel commented that as braided funding opportunities are considered, leveraging payment resources available to families should also be considered. Ellen Brokofsky commented that the issue of payer of last resort was a topic at a recent meeting and was discussed at length specifically referencing high deductibles for families with insurance which leads them to avoid seeking care. Another issue is determining income eligibility, whether by gross or net income and how difficult it is for families to navigate around systems. A goal for the system of care should be to make it easier for families. Baxter noted that it is hoped the System can look at

payment mechanisms that are beyond just rates for services. There are methodologies that can be used to shore up the system and help address individual circumstances that families experience.

c. Review of Outcome Data: Tamara Gavin presented an overview of the outcome data used to determine baseline measures stating that the information was preliminary and in draft form and therefore handouts were not included in the meeting materials. Acknowledgement and thanks was given to the work, commitment and energy going into the gathering and examination of the data. Gavin reminded the group of the Governor's four outcome priorities which set the context for the review: 1) Decrease the average age of first system contact, 2) Decrease the proportion of youth who report living in a setting that is not their home (broadly defined), 3) Decrease cost per youth receiving services, and 4) Increase the number of children and youth who attend school regularly.

Gavin stated it was a challenge to bring the data together in a way that recognizes the differences in language, data fields and definitions. To account for these differences data was gathered across the system partners by looking at the sample population of youth who were involved in each division/agency or were funded for services through divisional funding streams during fiscal year 2015. The intent was to pick up any youth who had agency involvement even for one day during this fiscal year. Gavin emphasized that because this was the first effort at collecting the data in this way there was an expectation that it wasn't going to be perfect. The divisions/agencies involved in the data collection included Administrative Office of Probation, Department of Education and DHHS divisions of Medicaid, Behavioral Health and Children and Family Services.

A description of the roles of each agency/division accessed for data, as well as the type of data collected, was provided to the members as a matter of context. Preliminary data findings for each agency/division was presented with any considerations specific to each data set noted. Questions were raised specific to what additional data is available from the Department of Education. Gavin stated that DBH is working closely with Education to look at all data that might be useful, not just attendance data. A definition was provided for "age of first system contact" and it was clarified that the Children and Family Services (CFS) data includes only children/youth funded by CFS and not Medicaid. Acknowledgement was made of the data that was missing, specifically for Probation and for the methodology for getting at an "unduplicated" count to determine baseline measures. It was noted that 2.4 million records were analyzed in developing the baseline measures and that the data sets presented are likely different from other data reports available. Members were cautioned not to compare rates to other reports seen in the past. Preliminary baseline numbers for each of the Governor's priority outcome measures was reviewed. It was noted that the data represents unduplicated or unique youth across three data sets; CFS, MLTC and DBH and also noted that because of statutory restrictions from Probation, their data was not combined with the multi-system data sets. A definition of regular school attendance was requested by Mary Jo Pankoke. Gavin acknowledged that a definition will be added to the final report.

Statutory limitations of obtaining all Probation data was acknowledged by Ellen Brokofsky and it is expected that this would be resolved in the coming week. Following a period for comments and questions Gavin stated that baseline data is to be presented to the Governor by the middle of the month. It was questioned whether to present the data collected to date or wait until the Probation data is finalized. Courtney Phillips suggested asking the Governor for more time to complete the data collection efforts rather than present baseline information with Probation data carved out and that there is no harm in approving the baseline data presented to date "pending" the submission of all Probation data. It was also agreed that once the Probation data is obtained there would be no need for the Leadership Board to review prior to final baseline measures being sent to the Governor's office. Baseline measures would also be sent to the Leadership Board at that time. Mary Jo Pankoke offered a motion to approve the data

collection methodology and to include final Probation data prior to delivery to the Governor's office. Courtney Phillips seconded the motion. There being no further discussion, the motion carried by roll call vote. Members voting yes: Beth Baxter, Ellen Brokofsky, Greg Donovan, Mary Jo Pankoke, Courtney Phillips, Corey Steel, Mary Thunker and Amy Weaver. Members voting no: None. Members Abstaining: Desiree Acosta.

d. Report on Implementation Committee – First Meeting: Tamara Gavin provided an overview of the first meeting of NeSOC Implementation Committee that occurred on October 6, 2016. Attendance for the meeting was approximately 35 individuals with representation coming from each Regional Behavioral Health Authority, the six family organizations, youth and DHHS divisions among others. The agenda was similar to the Board's first meeting including a general overview of System of Care and the new grant award. Much of the meeting time was devoted to informing the group of the five topic-focused work teams. Committee members were used to establish membership on these work teams and asked to participate on at least one team. The Youth and Family Advisory Councils which are in the process of forming were also reviewed. Co-chairs were elected - Julie Scott from Administrative Office of Probation and Cody Manthei, a family member and self-identified consumer. Nathan Busch provided expanded information on the work teams which were to be launched during the work of November 14<sup>th</sup>. Agenda for the first meetings will include the election of co-chairs, provision of an Organizational Agreement and specific strategic planning items that each team will be responsible for. Other items include the development of a services/policy/regulation crosswalk, a review of assessment/screening tools used by System partners, development of a System of Care glossary of common terms and coordination of regional implementation teams. Gavin noted that once the work teams are up and running report outs to the Implementation Committee will become more meaningful. The Committee meets next in December.

Greg Donovan requested that the Board be copied on the Implementation Committee agendas and minutes as they go out. DBH NeSOC staff will follow up with the request moving forward.

e. Overview of SOC Implementation Grant Award: Tamara Gavin provided an overview of the SAMHSA Cooperative Agreement (grant) for SOC implementation that was awarded to DHHS Division of Behavioral Health. The award is for \$3M annually for a period of four years to implement services and supports for youth with serious emotional disturbances. The award will be treated as a sub-program to the state's broader System of Care efforts. There are different restrictions and parameters for the grant and discussions at the Board level will impact the grant as well as the broader System of Care roll out. The underlying purpose of the grant is to promote sustainability with a 3:1 match requirement in the first three grant years and a 1:1 match requirement in the final year. The grant focus is on children and youth who are at risk of out-of-home placement and involved in multiple systems. Up to 20% of the funds can be used for data collection and performance measurement. DBH has contracted with UNL Public Policy center to do the data collection and evaluation component. Up to 30% of the funds can be used for infrastructure development with at least 50% of funds to be used for services and supports. The grant is time-limited with focused services which must be up and running within six months of grant award. A comparison of the grant objectives vs. the broader System of Care objectives was provided. Gavin noted that funding and access for specific services varies by funding source as well as geography. An important restriction is that grant funds cannot be used for services that are already provided or otherwise available to children/youth. Among the services that have been identified for Nebraska's grant include; crisis response, professional consultation and care management/coordination. Crisis response has been identified as the service to get up and running in the first six months. Beth Baxter acknowledged the community work around crisis response is already underway. Immediate next steps include; data analysis and first report to the Governor, convening the Youth and Family Advisory Councils and standing work teams, bringing up local-level System of Care teams, development of assessment tools, looking at care

management processes and the drafting of service definitions. A diversity impact statement must be completed and submitted to the federal grant office by November 30, 2016 which is being completed by UNL Public Policy Center. Gavin introduced an audience member, Bernie Hascall, as the newly hired System of Care Administrator for NeSOC. Mr. Hascall will begin his roll on December 1, 2016. Greg Donovan asked for a description of the role of the Youth and Family Councils. Gavin responded that one reason for the separate councils was to provide youth and families an opportunity to meet individually outside the larger Board and/or Committee structures. This provides these groups with a greater sense of influence when considering issues and action items impacting the NeSOC. There is an emphasis on having individual family and youth members from these councils to also cross to the Implementation Committee and work teams so that information and messages are continually delivered. It is also important, under the System of Care principles, that youth and family have an equal voice in System of Care work which can be accomplished through the advisory role of the councils.

## **V. Public Comment**

*Beth Baxter, Co-Chair*

Beth Baxter opened the floor for public comment. Payne Ackerman of Nebraska Children and Families Foundation asked for clarification on which counties will be implementing the recently awarded System of Care grant. Tamara Gavin stated that the Behavioral Health Regions have been identified as the “local jurisdictions” for the grant with four Regions implementing the grant region-wide and two Regions implementing within specific counties. The intent is to expand implementation over the course of the grant so that the system is eventually statewide. Beth Baxter noted that Region 3 is one of the jurisdictions implementing the grant within selected counties. The selected counties encompass the bulk of the population and the vast majority of services provided. Mechanisms have been developed and implemented to reach and serve populations living outside the selected counties but still within the Region 3 twenty-two county service area.

## **VI. Next Meeting**

*Beth Baxter, Co-Chair*

a. Set next meeting date: A reminder was given to members that the Leadership Board meets quarterly. It was agreed that the meetings will occur during the first month of each quarter or January, April, July and October. A poll/survey will be sent out to determine the week/day/time for a “standing” meeting for the coming year and members will be notified of the results.

b. Next meeting agenda items: The following agenda items were noted for the January meeting agenda:

- Review and approve revised Organizational Agreement
  - Adding “family” to the Rationale section
  - Add Philanthropic Organization as voting member
- Review of any additional data available, including definitions, obtained from the Department of Education.
- Review of baseline information for outcome measures previously submitted to the Governor.
- Agenda item devoted to comments and questions from youth and family members.
- Update and status of the Implementation Committee, work teams and grant action items.
- Agenda item devoted to an opportunity for board members to discuss/advise on important policies, priorities, issues and information that direct the System of Care activities.

## **VII. Adjourn**

There being no further business, Beth Baxter entertained a motion to adjourn. Mary Jo Pankoke so motioned and Courtney Phillips seconded. The motion carried by voice vote. Meeting adjourned.

Nebraska Department of Health and Human Services  
Division of Behavioral Health  
Nebraska System of Care (NeSOC) Leadership Board  
August 23, 2016 1:00 pm – 4:00 pm Nebraska State Office Building, Lincoln, NE  
Meeting Minutes

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

*Courtney Phillips/Sheri Dawson*

Courtney Phillips, CEO, Department of Health and Human Services called the meeting to order, thanking those present for their time in serving on the Board. Phillips acknowledged that much of the System of Care (SOC) work will be completed by other groups and committees being formed but recognized that it was important to have the key players at the Board level and encouraged frank conversations to determine what the key elements of focus should be moving forward. Sheri Dawson, Director, Division of Behavioral Health (DBH) welcomed committee members and others present to the meeting providing participants an opportunity to introduce themselves. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. The public comment sign-up sheet was identified and made available to the public in attendance.

Roll call was conducted and a quorum was determined to exist. Voting members in attendance: Beth Baxter, Donita Baxter, Karla Bennetts, Greg Donovan, Joseph Evans, Mary Jo Pankoke, Corey Steel, Mary Thunker and Julie Scott attending for Ellen Brokofsky. Non-voting members in attendance: Courtney Phillips, Sheri Dawson, Cynthia Harris, Tamara Gavin and Nathan Busch. Members absent: Desiree Acosta, Raevin Bigelow, Matthew Blomstedt and Ellen Brokofsky.

**II. DHHS/DBH SOC Overview and Update**

*Sheri Dawson*

Prior to beginning the overview of the SOC, Dawson asked Greg Donovan to provide a brief overview of the Society of Care grant awarded to the Santee Sioux Nation by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Donovan stated that the grant embraces the Winnebago and Omaha tribes, the Iowa tribe of Nebraska and Kansas as well as the Indian Center in Lincoln, NE which is serving as grant contractor with the Santee Sioux nation. The grant serves youth, ages birth through twenty-one (21), who self-identify as Native American. Programming is provided through tele health which makes the program unique to SAMHSA. Anything that increases the quality of life for the Native American population is within the scope of the grant's programming. Donovan stated that collaboration with Nebraska's System of Care is valuable as "rising tide raises all boats". The Society of Care has physical presence in the tribal communities mentioned as well as in Alliance, Omaha and Lincoln. Dawson asked Joseph Evans to also provide background of his involvement with Systems of Care. Evans stated that the System of Care was started by Dr. Bob Friedman at the University of South Florida when Evans was on faculty there. Lastly, Dawson asked Beth Baxter to provide an overview of her past involvement with Children's System of Care efforts in Nebraska. Baxter noted that in her role as Administrator of Region # Behavioral Health Services the Region received a federal System of Care grant in 1997. Prior to that, the Region had a blank slate in deciding what to do about a system for children. The Region was grant funded through 2003 and in 2001 the grant was expanded to include children with behavioral health needs who were in the child welfare system, building on the professional partner program that took an individualized approach and broadened it to another group of youth in the system. The Region brought in experts to address evidence-based practices including multi-systemic therapy. Baxter stated she was happy to see the System of Care being implemented at the state level.

Director Dawson provided an overview of the System of Care and reviewed the remaining agenda topics. Dawson's overview included the following points.

- The SOC initiative supports the Department's Mission "Helping People Live Better Lives" and

is aligned with the Governor's priorities for the state.

- The SOC initiative addresses being more customer focused through partnerships and delivering services with rather than for families.
- Reducing all the complexities of regulations will improve access to care.
- The SOC initiative has the support of the DHHS CEO and Governor. It was clear in early discussions with them that because of the scope of the initiative it would be beneficial to the State to have a public/private partnership. The Nebraska Children and Families foundation agreed to partner with the Division on this initiative.
- The SOC is performance driven and metrics and data needs to demonstrate whether or not we are making a difference.
- A work plan was developed based on the SOC strategic plan.
- The DHHS business plan identifies the priorities of the Department across all Divisions. The SOC is detailed on page 12 of the plan.
- There are SOC deliverables noted in the business plan that will guide the work of the Leadership Board, with the first deliverable accomplished through convening the Leadership Board today. Coming up soon will be working on a cross-system map of services, eligibility, funding, practices and regulations in order to maximize the funding.
- The memorandum of understanding (MOU) will be addressed under a later agenda item.
- The concept of System of Care was described as doing business differently. It means pulling partners together in a coordinated way.
- SOC values and principles ground us and help us in making decisions. Youth and families know most about what they need. Families are the best voice and bringing them into the decision making process supports involvement and partnership. There is a recognition that services should be community-based so that family members can be close to home. Other principles include; individualized, accessible, cost effectiveness and trusted partnerships.
- The strategic planning process began 2013-2014 through a SAMHSA planning grant. Many people, including youth came together to help develop the plan. Over 1100 people responded to a survey/readiness assessment that revealed what was needed in the plan. The final strategic plan development was a team effort resulting in nine goals and 93 strategies. An important result of the planning process was an understanding and appreciation of the way we work with our partners.
- An opportunity identified was an understanding that people with experience with services are those people we should be talking to about how to improve services.
- In January 2015, Dawson pulled together people from the planning grant's Management Team to identify ways to move the SOC forward in a way that didn't involve funding and to prioritize actions steps from the 93 strategies. This group looked at the Survey/readiness assessment developed by the University of Nebraska-Lincoln, Public Policy Center during the planning grant process. The overall grade from the readiness assessment was a C- indicating that the State has room to improve. A draft of a three-year work plan was developed based on the strategies.
- In support of the Governor and CEO's request to document performance, measurements and metrics were identified that will indicate if the SOC is making a difference and if the System is improving.
- The Governor officially launched the System of Care initiative through a press conference. Dawson thanked all those in the room who participated in the press conference.
- The Governor has identified four priority outcome measures for the SOC. They are; reducing out-of-home placements, increasing school attendance/performance, reducing the cost per youth receiving services and decreasing the average age of first system contact which addresses prevention and impacting children earlier.
- Dawson expressed the hope that Board members would be committed long-term.
- The Division submitted an application to SAMHSA for a SOC implementation grant. Dawson



stressed that the work of the Leadership Board is the “big umbrella” - the big children’s system of care, i.e. how are we in Nebraska going to do business differently to serve children and youth. The implementation grant which is up to \$3 million annually for four years, supports development of services within the larger SOC efforts. Beth Stroul with Georgetown’s System of Care contacted the Division and encouraged application which was ultimately submitted. Awards should be announced by early September. If Nebraska is not awarded the implementation grant, the Division is moving forward with the larger system initiative.

- Dawson offered appreciation for the public/private partnership with Nebraska Children and Families Foundation. The partnership assists the State’s SOC efforts with staffing and other supports in moving SOC forward.
- MOUs that are being executed will provide for the sharing of data across agencies. These MOUs are necessary to report on system performance as required by the Governor and CEO. The MOUs address data variables, differences on how and which type of data is collected and who can/cannot access to the data. The Division of Behavioral Health will not own the data analysis but will help guide and lead sharing of data. Data will go to the Implementation Committee and Leadership Board for interpretation and shared ownership of the process.
- Change in terminology between the initial planning grant the current SOC efforts was clarified. The planning group was originally called the Governance Board and is now called the Leadership Board or policy makers, the Project Management Team is now called the Implementation Committee and there are still the following work groups planned; Quality Improvement, Services and Supports, Fiscal/Financial investment, Social Media and Communications and Technical Assistance and Training.
- The idea is to get the work from the Leadership Board and Implementation Committee pushed down to the local level so that there are systems of care operating in communities, regions, tribes and all partner groups needed to move the SOC forward.

Dawson answered questions stating that the implementation grant, if awarded will begin in October. Beth Baxter asked for the status of the SOC staff member (Administrator 1). Tamara Gavin reported that the Division is still in the interviewing process of some good candidates but hope to have that finished up in the near future. Dawson stated it was a large pool of applicants that was narrowed through first interviews.

Joseph Evans stated that current census reveals there are 450-500 thousand children in the state and in looking at the behavioral data we have 20-25% of kids who have a diagnosable issue which computes to 90-100 thousand children, From the data collected do we know how many are currently getting services? Dawson stated that the number that came through during the planning grant was 37-39 thousand young people. Looking across all children the number is probably larger. Evans questioned if the focus of the SOC will be on the 90-100 thousand or on the 37-39 thousand. Dawson stated this issue was discussed during the planning process. The intent was to focus on the 37-39 thousand but what is believed will happen is that as the system is changed, it will impact a larger number of children. CEO Phillips stated that what has been experienced by other states’ SOC efforts is that they start with a smaller group and roll out some of the key services to a larger group as favorable results are experienced. This methodology was followed in Louisiana. The age range for the System of Care was clarified. Nebraska’s System of Care targets children and youth ages zero to 21.

### **III. New Business**

*Tamara Gavin*

#### **A. Committee Structure and Governing Documents**

Tamara Gavin pointed out the Leadership Board roster included in the meeting packet. Gavin stated that the Division is still working with the Department of Education to identify a representative for the Leadership Board. As soon as that person is identified Board members will be notified. Gavin also stated

outreach will be provided to the youth partners on the Board to offer support for their ongoing involvement.

The final version of the Organizational Agreement document, included in the packet, was addressed. Gavin asked for any input or modifications to the document with the intent of formally adopting the document for future meetings. An opportunity to walk through the document was provided to the group. Gavin asked for any revisions, modifications or edits to the document. Greg Donovan questioned the use of the term “presiding officer” but that this position is not thoroughly defined or explained. Beth Baxter stated that a concept is missing, referencing the term to “consumer involvement”. Baxter asked for the insertion of language in terms of empowerment or engagement or language that supports helping youth to take active involvement. Under rationale, inserting consumer involvement, empowerment and engagement is a priority so that there is an “action” sense to it. Gavin clarified language on page three under “Substitutions for an absent Board member”. Gavin recommended changing the language in the second sentence to read “for a calendar year” since Board members do not have “appointment terms” as referenced. Gavin noted there is a mechanism for expense reimbursement for non-state employees attending today’s Board meeting. Affected members were directed to see Linda Henningsen following the meeting for instructions on the expense reimbursement process. Gavin asked CEO Phillips to entertain a motion to approve the Operational Agreement document with the suggested modifications as stated, noting that a sentence or two will be added to further explain the presiding officer role. Phillips asked for a summary of changes to be made. They are:

- First page under Nebraska System of Care Leadership Board objectives, “~~empowerment and engagement~~” will be added to item ~~three-one~~ and ~~also~~ “empowerment” and “engagement” added to ~~under~~ the rationale section.
- A sentence further defining presiding officer role and scope will be added.
- Page 3, under “Substitutions for Absent Board Members” change members appointment term to a calendar year.

Phillips called for a motion to approve the Operational Agreement document inclusive of the noted changes. A motion to approve the document with noted changes was made by Mary Jo Pankoke and seconded by Joseph Evans. The motion was carried by unanimous vote.

Gavin returned to a discussion on the organizational structure as covered by Sheri Dawson during her overview presentation. Feedback on the potential membership of the Implementation Committee was solicited. A list of potential members was displayed for viewing by Board members. It was noted members referenced on the list were identified during the planning grant. Gavin asked if the list was adequate or if there were other individuals, agencies or system partners missing from the list noting that she would be seeking a motion to approve the list as is or with any additional recommendations from Board members. The following proposed additions to the Implementation Committee were recommended:

- University system or training representative
- SUD/MH provider
- Court Improvement Project representative
- UNL Public Policy Representative
- Individual to represent disparate/minority groups in addition to the tribal liaison already on committee.

Gavin noted that the Implementation Committee will be working under the direction of the Leadership Board and will be instrumental in pulling together the work teams. Individuals, agencies and/or programs not represented on the Implementation Committee would be asked to serve on a work team. Gavin also noted that the Youth and Family Advisory Committee members have not been identified as input and advice from existing youth/family advocacy organizations already operational will be sought. To clarify the rationale for the Youth and Family Advisory Committee, Director Dawson stated that there was a strong recommendation coming from the planning grant process to give youth and family groups the

opportunity to meet among themselves and then have individuals from those groups represented on the Implementation Committee and/or work teams. Continuous Quality Improvement (CQI) was addressed with Gavin noting that CQI is provided in one of the work teams with future efforts directed towards looking at a more formal evaluation process coming out of that group.

Gavin asked for a motion to approve the Implementation Committee list with recommended additions. Beth Baxter moved to approve the list, seconded by Mary Thunker. The motion carried by unanimous vote. The Implementation Committee will meet bi-monthly.

## **B. Issuance of Memorandum of Understanding (MOU)**

Tamara Gavin provided the Board with an update on the MOU process. MOUs have been developed for internal Divisions as well as external system stakeholders. What is sought in the MOUs is the ability to share and aggregate data in order to report on the outcomes referenced in Director Dawson's earlier presentation. Those outcomes are,

- Decrease the proportion of youth living in a setting other than home,
- Increase number of youth who attend school regularly,
- Decrease costs per youth receiving services, and
- Decrease average age of first system contact.

Because the data sets are siloed or specific to agencies or programs, MOUs will be executed for the Divisions of Medicaid and Long Term Care and Developmental Disabilities as well as the Administrative Office of Probation. The purpose of the MOUs is to gain an understanding of eligibility, expenditures and utilization data of youth who are served either within an individual system or across systems so identification, at an individual level, of the youth experience can be made. A MOU has been provided to the Department of Education so that attendance rates in a variety of capacities can be collected. It has been determined that a MOU with the Division of Child and Family Services is not needed at this time but that data will be collected from that system. The question before the Board was whether there are other agencies, systems or partners that have large amounts of data not already provided by those partners previously referenced. Corey Steel referenced court data that might not be captured by Probation or the welfare system. Steel suggested expanding the MOU for the Administrative Office of Probation to include Administrative Office of Probation and the Courts for data covered under one MOU. Julie Scott reported that the Administrative Office of Probation is currently making an initial review of the MOU and then will be sharing with the court system. A reference was made to data needed that is also being collected by the family organizations. Joseph Evans suggested NABHO as another source of data. Beth Baxter suggested an organization that focuses on children's services, such as Children and Family Coalition of Nebraska CAFCON). Tamara Gavin will reach out to both NABHO and CAFCO although it is assumed neither organization is collecting individual data so accessing aggregate data could be done without a MOU.

The Board was reminded that baseline data is due to the Governor by the end of October. Because the Board is not scheduled to meet again until November, Gavin questioned whether a special Board session was needed to analyze the data that will be collected or whether this responsibility should be delegated to the Implementation Committee meeting the first week in October. Board members expressed a desire to review the data prior to it being provided to the Governor. Various options in lieu of an in-person Board meeting were suggested. Because the Board falls under the Open Meetings Act, an actual meeting would need to be convened. Corey Steel motioned there be a special session or ad hoc meeting of the Board to review and make final approval of the data. The motion was seconded by Karla Bennetts. The motion carried by unanimous vote. The special session or ad hoc meeting will be scheduled for early to mid-October.

A review of the Financial Blueprint project conducted by the TriWest consulting group was provided.

Gavin noted that a report is being generated by TriWest that looks at spending and utilization patterns across systems and the expectation is that TriWest will make recommendations such as how expenditures can be made more efficiently and what services are missing in the system. The report is in its final stages and once finalized, the report will be brought back to the Board for review and recommendations.

Director Dawson asked how data share would be conducted with tribes. Greg Donovan stated that this would be conducted through an arrangement with each tribe rather than through the Society of Care and that it would be wise to take the request through each tribal council.

#### **IV. Election of Chairperson**

*Courtney Phillips*

CEO Courtney Phillips opened the floor for nominations for chair and co-chair. Beth Baxter nominated Karla Bennetts for one of the co-chair positions and motioned she be approved. Mary Thunker seconded the motion and Karla Bennetts was approved by unanimous vote. Karla Bennetts nominated Beth Baxter for the second co-chair position and motion she be approved. Mary Thunker seconded the motion and Beth Baxter was approved by unanimous vote.

#### **V. Public Comment**

CEO Phillips opened the floor for public comment. There were no members of the general public in attendance wishing to make comments.

#### **VI. Next Meeting**

*Courtney Phillips*

The next regular meeting of the Leadership Board will be determined following the special session to be scheduled for October. Potential dates for the October meeting will be circulated via email. Phillips asked the group to provide any October dates that would be prohibitive.

The following agenda items were noted for the October meeting:

- Review of the TriWest report
- Presentation of data

Joseph Evans made a request to invite someone from Medicaid to a Board meeting to offer an update and overview of how the three providers under Heritage Health will be coordinating behavioral/physical health. It was suggested that this item be delayed until the November meeting and noted that Medicaid/Heritage Health will be conducting a statewide information tour beginning in October.

#### **VII. Adjourn**

There being no further business, Julie Scott motioned to adjourn. Corey Steel seconded the motion and the meeting was adjourned.

**Nebraska Department of Health and Human Services**  
**Division of Behavioral Health**  
**Nebraska System of Care (NeSOC)**  
**LEADERSHIP BOARD**  
**ORGANIZATIONAL AGREEMENT**

**NAME OF ORGANIZATION**

The name of the organization shall be the Nebraska System of Care (NeSOC) Leadership Board.

**PURPOSE**

The Nebraska Department of Health and Human Services Division of Behavioral Health's System of Care Leadership Board is convened to provide state and regional leadership and guidance to the implementation of the Nebraska System of Care (NeSOC) strategic plan. The Board will: (a) conduct regular meetings, (b) provide recommendations and advice to the Division relating to the development, implementation, provision, and funding of NeSOC, such as policy and regulations, organized peer support, wellness, and recovery services, (c) promote the interests of children, youth 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.

The NeSOC Leadership Board Objectives are:

1. To provide recommendations to the Department of Health and Human Services, Division of Behavioral Health on the implementation of the strategic plan inclusive of ways to best support children, youth and their families in the journey of healing, recovery, **empowerment**, resiliency and personal transformation.
2. To provide recommendations to guide the Division relating to the development, implementation, provision and funding of NeSOC.
3. 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, **empowerment and engagement** is a priority in all aspects of service planning and delivery (§ 71-803) and the Nebraska System of Care (NeSOC) provides an avenue for key stakeholders to support this priority. As the Nebraska Behavioral Health system continues to transform through NeSOC, it is necessary to implement formal and strategic

system links with other key stakeholders in order to expand consumer involvement and engagement in service planning and delivery in Nebraska.

## **MEMBERSHIP**

The NeSOC Leadership Board shall consist of 12 voting members appointed by the CEO of the Department of Health and Human Services and representing state, regional and community level partnerships. Board members shall represent executive personnel of the following entities:

- NE Children’s Commission, (1)
- Office of Probation Administration, (1)
- Nebraska courts, (1)
- Nebraska tribes, (1)
- Nebraska Department of Education (1)
- Private/non-profit organization, (1)
- Youth (2) and family (2) advocates,
- Family advocacy organization, (1) and
- Workforce training organization (1)

Non-voting membership may include but is not limited to: DHHS CEO, DHHS/Division of Behavioral Health (3), DHHS/Office of Consumer Affairs (1), Public/Private partnership (1).

## **POLICIES AND PROCEDURES**

### **A. Function**

The function of the NeSOC Leadership Board is to serve as an oversight entity and requires the following duties:

1. Review of information provided to the Leadership Board by DBH and its NeSOC partners and submission to DBH any recommendations and advice of the Leadership Board for modifications to be made to the information.
2. Serve as an advocate for children, youth 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 DBH, and
4. Engage in such other activities as directed or authorized by DBH.

### **B. Appointments**

The NeSOC Leadership Board shall consist of twelve (12) voting members and up to nine (9) non-voting members appointed by the Chief Executive Officer of the Department of Health and Human Services.

### **C. Attendance**

A member who has two consecutive absences without prior notification shall be contacted by the Division of Behavioral Health regarding his/her intentions for future participation on the Leadership Board. If the person indicates he/she is not able to participate, the Division can request he/she formally resigns from the Board. Formal resignation shall be in writing and is to be submitted to the Director of the Division of Behavioral Health.

If a Leadership Board member has two consecutive absences without prior notification and attempts by the Division of Behavioral Health to contact the council member have been unsuccessful, the Division Director will consider the possibility of termination of the Board member's appointment. The Division of Behavioral Health staff will maintain attendance and submit to Chairperson upon request.

Substitutions for Absent Board Member: A Board member may designate a surrogate to attend a meeting in their place when a member is unable to be present. Member substitutions are allowed for one meeting only **during the calendar year**. Board members may not designate a surrogate to attend meetings on a regular or permanent basis.

Voting by Proxy: Voting by proxy on issues and decisions before the Board is not allowed. Surrogates designated to attend a single meeting in place of an appointed member unable to be present assumes the voting privileges of that member.

Expenses: Depending upon funding availability, a Leadership Board member, who is not a state employee, may be reimbursed for travel and food expenses associated with attendance at each quarterly Leadership Board meeting.

#### **D. Quorum**

A quorum shall consist of one member more than half (7) of the current voting members of the Leadership Board (N=12). 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 Leadership Board business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established. In the event of a tie vote, the DHHS CEO, as **Presiding Member**, shall cast the deciding vote.

#### **E. 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 immediately notify the Division of Behavioral Health. A member shall disclose any potential conflict to the Leadership Board 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.

#### **F. Officers and Duties of the Leadership Board**

The CEO of the Department of Health and Human Services shall serve as the **Presiding Member and officially opens the meeting**. Meeting conduct shall be carried out through two elected Co-chairs. The duties of the Chairpersons shall be:

1. Lead and direct all Leadership Board meetings,
2. Assist in development of the meeting agenda,
3. Maintain order, explain and decide all questions of the order,
4. Perform any other duties designated by the Leadership Board, and
5. Review attendance report and contact members as needed.

#### **G. Officer Election**

The Leadership Board will select officers for one year terms at the summer meeting. The new officers' term is August 1 through July 31. In the event of a vacancy, the Leadership Board will elect a member to serve the unexpired term of office.

#### **H. Meeting Frequency**

Meetings of the Leadership Board shall be held one time per quarter.

#### **I. 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.

#### **J. 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 Division of Behavioral Health (DBH) shall send a reminder and meeting agenda to each Leadership Board 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 DBH/NeSOC public website.

#### **K. DHHS Staffing**

The Division of Behavioral Health shall provide an orientation to each new Leadership Board member, produce meeting minutes, maintain records to include attendance record of the Leadership Board, and provide support.



# Nebraska Department of Health and Human Services

## Division of Behavioral Health

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### Financial Investment Blueprint for Children's Behavioral Health Services



*Helping People Live Better Lives*

# Governor's Priorities

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- ▶ A more efficient and effective state government
- ▶ A more customer-focused state government
- ▶ Grow Nebraska
- ▶ Improve public safety
- ▶ Reduce regulation and regulatory complexity

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# Project Purpose

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- The purpose of the financial blueprint is to describe “what funds are being spent by whom, for what, and on behalf of which children.”
- The goal is to redeploy funds from higher-cost to lower-cost services:
  - that are known to be more effective,
  - increase flexibility within funding streams, and
  - developing funding options such as braided funding approaches across systems and private and foundation contributors.

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# Methodology

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**TriWest Group (TriWest) collected and studied utilization, expenditure, and financial data related to mental health and substance use disorder services provided to children and youth:**

- Studied data from state fiscal years (SFY) 2014 and 2015
- Data/information was requested from each of the DHHS Divisions and Administrative Office of Probation
  - General information (e.g., strategic plan, description of service deliver plan etc.),
  - Behavioral health services,
  - Populations served,
  - Funding information for BH services for children/youth and their families, and
  - Spending information.
- Provided on-site technical assistance and follow up phone interviews
- Analyzed utilization data by service type/level of care/service intensity, race/ethnicity and gender.

# Methodology

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**Completed a cross-systems analysis of current funding sources, as well as types of service and levels of care, as essential for identifying:**

- State general funds that Nebraska can leverage to generate federal funding;
- Any other third-party insurance that providers can obtain;
- The types of child and youth services provided by Nebraska agencies, including any overlapping services or gaps in service provision;
- Resources that could be diverted from higher levels of care in order to encourage more community-based treatment options for children and youth rather than out-of-home placements, such as detention, foster care, PRTFs, group homes, and inpatient care;
- Mental health (MH) and substance use disorder (SUD) services available for children and youth in Nebraska and their sources of funding to determine which if any of those services could be leveraged to obtain federal reimbursement, or reimbursement from other third-party insurers, thereby maximizing resources to better the lives of children and families.

# Project Findings In Support of NeSOC

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- The organization of the NeSOC Collaborative, the SOC Leadership Board, the Youth/Family Advisory Committee, the SOC Implementation Committee, and the discrete roles and responsibilities of the culturally responsive work teams provides a good foundation to build an infrastructure.
- The approach to development of the NeSOC has occurred over time in a thoughtful, planned manner.
- The Nebraska state entities have taken strong steps to align their missions to promote family-driven and community-based services, emphasizing the inherent strengths of families and communities and promoting recovery and resiliency.

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# Recommendations and Opportunities

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## Creating a Sustainable Financial Infrastructure for the NeSOC

- Determine flow of funding, payment mechanisms, rates and information systems needed to manage authorizations, payment and data report.
- Establish protocol for determining financial responsibility across the system.
- Align rates for similar services across the service system.

## Shift from use high cost/restrictive services to cost-effective community-based services.

- Investing in evidence-based practices.
- Leveraging federal funds and redeploying state general funds for non-federally matched services and system development; engaging with private funders/contributors.
- Developing a targeted PRTF-reduction plan.
- Increasing screening activity for early identification of behavioral health needs and for Title IV-E eligibility.



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# Financial Investment Blueprint for Children's Behavioral Health Services

<http://www.dhhs.ne.gov/soc>



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

**DHHS Helpline:**  
800-254-4202  
[DHHS.helpline@Nebraska.gov](mailto:DHHS.helpline@Nebraska.gov)

Department of Health & Human Services

**DHHS**  
NEBRASKA

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# NeSOC

# Nebraska System of Care

SAMHSA Cooperative Agreement for SOC Implementation  
2016-2020

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Tamara Gavin, LMHP, LCSW  
Deputy Director for Behavioral Health Services  
DHHS/Division of Behavioral Health  
September 26, 2016



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# Award Highlights

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## Beginning September 30, 2016:

- Provides \$3M annually for four years.

## Match requirements:

- Ratio of 1:3 in award years 1-3,
- Ratio of 1:1 in award year 4

## Project Objective:

- Improve outcomes for children and Youth with serious emotional disturbances (SED) and their families.

## NeSOC Project focus. Children and Youth who are:

- at risk of out-of-home placement,
- involved in multiple child-serving systems, and/or
- transition age.

## Allowances:

- Up to 20% of grant funds may be used for data collection and performance measurement
- Up to 30% may be used for infrastructure development
- At least 50% must be used for services and supports

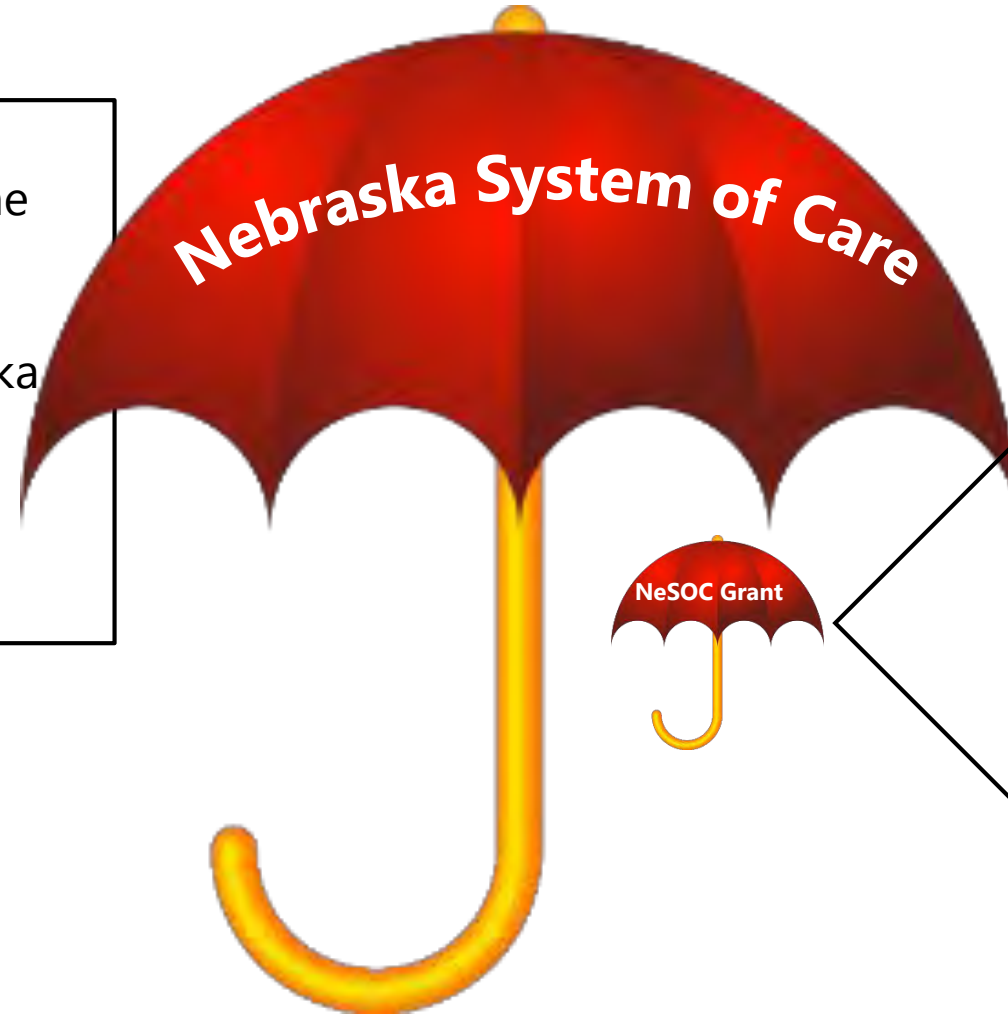


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# Fitting Into the Bigger SOC Picture

## Statewide

- Long-term initiative: Changing the way we do business.
- Population: Birth to 21 Years.
- Outcomes focused on all Nebraska youth.
- Broader services development.
- Key Task: Policy and operations development.



## Selected Counties

- Time Limited – 4 Years
- Targeted Population (SED)
- Focused Services
- Specific funding restrictions

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# Grant – Identified Comprehensive Services

- Nebraska’s child-serving systems provide the required mental health service array through third party and other revenue sources.
- Funding for all of these services is not available to the entire population.
- These services are currently available on a limited basis and to varying degrees of intensity.

Service	DHHS DBH*	DHHS CFS**	Medicaid	Education	Juvenile Probation	Private Org	Insurance
Diagnostic & Eval	X	X	X	X	X		X
Outpatient	X	X	X	X	X	X	X
Emergency	X	X	X				X
Home-Based	X	X	X	X	X		X
Day Tx			X	X			
Respite	X	X			X		
Therapeutic F. C.					X		
Transition	X	X	X	X	X	X	X
Recovery Support	X	X	X	X	X		

Restrictions: Grant funds may not be used to pay for services that are already provided or otherwise available to the individual.

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# Selected Service Focus Areas

Focusing on areas that need development or realignment.

- **Crisis Response**
- **Professional Consultation**
- **Care Management and Coordination**

Region	Regional Youth and Family Service Enhancement	Counties Involved
R1	<b>Crisis response</b> , outpatient services, youth and family peer support, <b>care management and coordination</b> , respite	3
R2	<b>Crisis response</b> , respite, <b>professional consultation</b> , <b>care management and coordination</b>	17
R3	<b>Crisis response</b> , <b>professional consultation</b> , youth and family peer support	3
R4	<b>Crisis response</b> , <b>professional consultation</b>	22
R5	<b>Crisis response</b> , family peer support, <b>care management and coordination</b>	16
R6	<b>Crisis response</b> , youth and family peer support, <b>care management and coordination</b> , outpatient, vocation/education support	5

The SOC Expansion and Sustainability Cooperative Agreements program is one of SAMHSA's hybrid grant programs. SAMHSA intends that its hybrid grants result in the development of infrastructure and the delivery of services as soon as possible after award. **Service delivery should begin by six months after the project award.**

# Immediate Next Steps

- Data analysis for first report to Governor (baseline numbers)
- Convene Youth and Family Advisory Councils
- Convene Standing Work Teams (November 14-18, 2016)
- Facilitate development of local-level NeSOC teams
- Review and select NeSOC Assessment tool and care management process
- Prioritize service and development needs
  - Implement Crisis Response by Q1 or Q2
- Draft service definitions
- Identify providers
- Initiate performance evaluation and CQI grant requirements.

## Milestones Year 1

- Service delivery begins Yr. 1, Q2
- Cross-system plans, screening, assessments developed Yr. 1, Q3
- First bi-annual evaluation/CQI report Yr. 1, Q2

## By November 30, 2016, provide :

- **Diversity Impact Statement.**
  - Number of individuals to be served by sub populations for entire grant period.
  - Quality Improvement plan, including strategies for:
    - use of program data on access,
    - use and outcomes to monitor/manage outcomes by race, ethnicity and LGBT status,
    - reducing disparities for identified sub-populations
    - policies and procedures to ensure adherence to CLAS.

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# Tamara Gavin, LMHP, LCSW

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