

*Nebraska's Children's Mental Health and
Substance Abuse State Infrastructure Grant (SIG)*

STEERING COMMITTEE MEETING

Wednesday, October 25, 2006—10:00-2:00

(Working Lunch Provided)

**Classroom II, Lower Level Plaza Building
BryanLGH West—1650 Lake Street, Lincoln**

- **10:00—Start Up:** Welcome, introductions, meeting preview, & opening remarks

- **Updates:**
 - HHSS Financial Reports
 - Family Centered Practice Conference
 - National Federation of Families Conference

- **Briefing:**
 - Review SIG purpose & goals
 - Priority rankings summary
 - Revised matrix

- **Desired Outcome #1:** Agreement on Steering Committee recommended strategies

- **Briefing:** Update on previously approved action steps

- **Desired Outcome #2:** Agreement on Next Steps, including a proposed January-June 2007 Steering Committee meeting schedule (the 3rd Thursday of each month):
 - January 18
 - February 15
 - March 15
 - April 19
 - May 17
 - June 21

- **2:00—Adjourn**

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Bryan LGH West

1650 Lake Street, Lincoln

Facilitator: Richard Mettler

Members Present

Beth Baxter	Sue Adams	Candy Kennedy
Brandon Fletcher	Brenda Fletcher	Kathy Kelley
John Clark	Pat Connell	Jerry Easterday
Gary Henrie	Aaron Hendry	Ron Sorenson
Michele Marsh	Dick Nelson	Christine Peterson
Todd Reckling	Mary Steiner	Debra Schorr

Official Start time: 10:08 a.m.

ROLL CALL: 18 members present (Quorum)

I. Welcome, introductions, opening remarks

- Dick Nelson welcomed new members Candy Kennedy and Kathy Kelley
- Introduction of members and attendees
- Review of agenda by Richard Mettler
- Public Meeting Laws are posted on wall

II. Update: HHSS Financial Reports

- David Cygan, Sue Adams, Todd Reckling provided updates on HHS financial reports:
- Review of financial expenditures of HHS (graph handout), HHS budget
 - o 2005 budget: some small revisions; new coding procedures to update reports/graphs
 - o "Out of home treatment" is Medicaid expense being paid from Child Welfare budget.
 - o Typically it is reported on a snapshot of the child wards available, but the total number throughout the year with wards coming and going, is the bigger number.
 - o In 2006, Protection and Safety spent about \$1700 less for mental health services than in 2005
 - o Growing trend is state ordered treatment of children's services this fiscal year
- Sue Adams FY2006 Expenditures Update
 - o Majority of the Behavioral Health Division funds for children's mental health are expended for the professional partner program; Mental Health services are separated.

Comment [m1]: Is this Todd's?

- o the Behavioral Health Division does not pay for residential care; most money goes into outpatient services
- o Different regions allocate money differently
- David Cygan Update:
 - o We used to pie chart with state wards vs. non-state wards, with a split between the wards being about about \$51M each. The expenditures have stayed the same even though the number has increased. In state wards, there's been a 15-16% increase in expenditures regardless of the decrease in attendees. But placement has increased. FY 03 – 06 – there has been an increase in pharmaceutical expenditures and residential expenditures.

III. Updates: Mark DeKraai and Pat Lopez provided updates on two items

A. Family Centered Practice Conference

- On September 12th the Health and Human Services System, Family Organizations and Service Providers co-sponsored a conference on family centered practice with resources from the SIG project.
- The final count of attendees was about 250
- The emphasis was on moving family-centered practice beyond the Health and Human Services System to include service providers and families. The conference was part of a larger vision to promote and extend family centered practice (FCP)
- Conference had a lot of energy, was very worthwhile, will help promote FCP. A great start.
- Next step: Regional meetings and “train the trainers” within each region.
- SIG is supporting these regional meetings.

B. National Federation of Families Conference.

- SIG submitted a poster presentation for the National Federation of Families Conference in St. Louis in December; the poster presentation was accepted. The presentation is about the technical assistance offered through the SIG grant to the Nebraska Federation of Families affiliates.
- Last spring each of the eight organizations went through a needs self-assessment and found training would be helpful for such things as grant writing and strategic planning.

IV. Briefings

SIG purpose and goals review

- The goals flow chart identified the purpose and goals of the SIG project as well as the six committees and work teams in an effort to show how all the pieces fit together.

11:33 reconvene

V. Priority rankings summary

- At the last meeting, Steering Committee members asked the Project Management Team to prioritize and combine the recommended action steps from the Organizational

Structure and Finance Work teams. Using Survey Monkey the Project Management Team ranked the 19 original recommendations based on three dimension: 1) impact, 2) ease of implementation and 3) alliance with overall SIG intent.

- See handout for compilation of all scores and resulting priorities.
- Based on the priorities and how the action steps tied together, the original 19 recommendations were combined into 10 recommendations.
- The Project Management Team organized the recommendations by the Steering Committee's 4 desired outcomes, coded as green on flow chart) we collapsed some recommendations and included them in action steps for the ultimate recommendation and outcome.
- We looked at action steps to see which were already in progress and which were assessing the feasibility of a particular activity, Yellow highlighted items are those already in process and those in red are exploratory/ looking at feasibility
- Last page of matrix: 3 recommendations which received low priority rankings are proposed to be deferred for future action

12:04-12:38 lunch

VI. DESIRED OUTCOME #1: Agreement on recommended strategies from the Organizational Structure and Finance Work Teams

Process consensus on each recommendation (and action steps that go along with it) and then formal vote on accepting all 10

- Recommendation that under outcome 1 A 2 we look at all resources to divert kids from becoming state wards, not just state ward funds.
- Motion to move forward/vote(approval of 10 recommendations): Brandon Fletcher moved to accept the 10 recommendations. Jerry Easterday seconded
- Vote passed: unanimous, 16 votes

VII. Briefing: previously approved action steps: Pat Lopez provided an update on the action steps from the Youth, Early Childhood and Academic Committees that were approved by the Steering Committee last winter. Some of the key activities include the following:

- Working on state standards related to FCP
- Looking at risk reduction models for early childhood and related to perinatal depression,
- Academic Committee: expanded to include more family members and providers; working with other states on evidence-based practices.

Desired outcome #2: next steps

Distributing meeting minutes

Proposal of agreeing on next 6 months of meeting schedule

Voice vote: alternate 3rd Wed & Thursday

- Wednesday, January 17
- Thursday, February 15
- Wednesday, March 21
- Thursday, April 19
- Wednesday, May 1

- Thursday, June 21

We will send email with all dates for 2007 schedule of meetings

1:58 adjourn

SIG Steering Committee

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Agenda

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SIG Purpose – Goals Graphic

Nebraska's Children's Mental Health and Substance Abuse State Infrastructure Grant

Purpose

Develop infrastructure for a system of mental health and substance abuse care at the state, regional and local levels

Goals

Support evidence-based interventions

Ensure cultural competence and family-centered approaches at all levels

Integrate across child and family serving agencies

Committee Charters

Steering Committee: set priorities, identify focus areas, establish subcommittees, coordinate and oversee the work of the subcommittees, and prepare final recommendations to further SIG goals

Youth Subcommittee: Develop state infrastructure needed to support community efforts to meet mental health and substance abuse needs of youth and their families.
Recommendations approved 2/27/06

Early Childhood Subcommittee: Develop state infrastructure needed to address the mental health needs of young children (ages 0-5) and their families
Recommendations approved 2/27/06

Academic Subcommittee: Promote the use of evidence-based practices and provide a forum for researchers, policy makers, consumers and service providers to plan and conduct relevant, collaborative research

Finance Work Team: Develop state and regional financing structures to support local systems of care for children with mental health and substance abuse issues and their families.

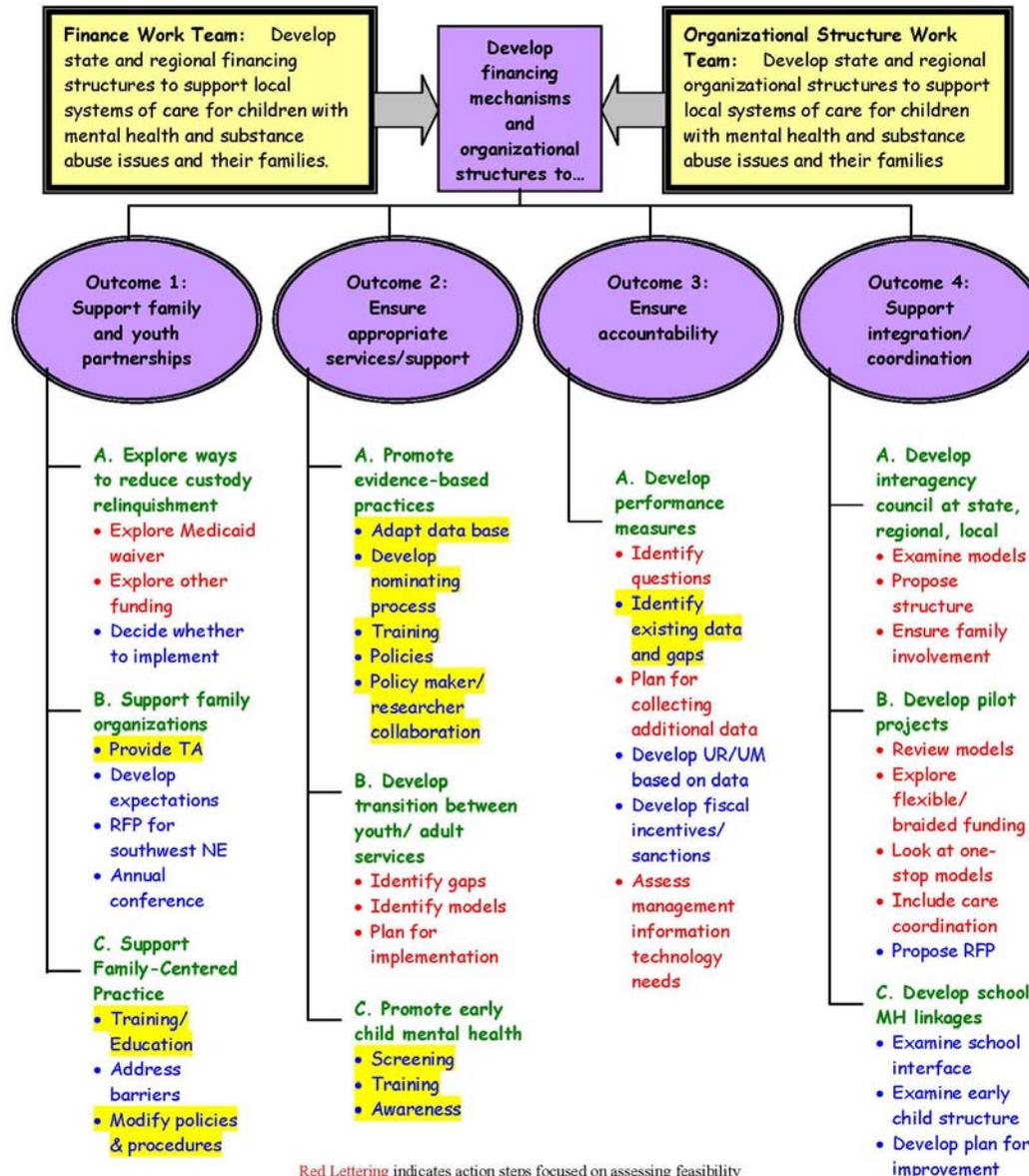
Organizational Structure Work Team: Develop state and regional organizational structures to support local systems of care for children with mental health and substance abuse issues and their families

- Priorities**
- Develop financing mechanisms and organizational structures to ...
1. support family and youth partnerships
 2. ensure appropriate services and supports
 3. ensure accountability
 4. support realignment/integration

Finance & Org Structure Strategies

SIG Finance and Organizational Structure
Work Team Recommendations

Red = assess feasibility
Highlight = work in progress



Red Lettering indicates action steps focused on assessing feasibility
Highlighting indicates work already in progress

B. Support family organizations

<ol style="list-style-type: none"> 1. Provide technical assistance to existing family organizations. <ol style="list-style-type: none"> a. Develop contract with technical assistance coordinator b. Implement TA needs assessment recommendations 	6/07	PMT and contractor
<ol style="list-style-type: none"> 2. Develop expectations for family organizations and the services they provide <ol style="list-style-type: none"> a. Review national standards b. Involve diverse stakeholders in developing consensus c. Establish expectations and incorporate in contracts 	3/07	PMT
<ol style="list-style-type: none"> 3. Release an RFP for the southwest part of the state <ol style="list-style-type: none"> a. Develop RFP including expectations b. Select organization 	12/06	P&S
<ol style="list-style-type: none"> 4. Support an annual family conference <ol style="list-style-type: none"> a. Identify resources b. Establish expectations c. Hold conference 	7/07 Ongoing	HHSS/DOE Family Organization

C. Develop an organizational structure and financing that supports family centered practice.

<ol style="list-style-type: none"> A. Establish and maintain ongoing training / education capacity for family-centered practice <ol style="list-style-type: none"> a. Hold statewide family centered practice conference b. Hold regional family centered practice meetings c. Conduct train-the-trainers training in each region d. Develop structure for ongoing training at state and regional levels 	3/07	PMT
<ol style="list-style-type: none"> B. Develop responsibility for the state level structure to address barriers to implementation of family centered practice. <ol style="list-style-type: none"> a. Include this responsibility in charter for state interagency council. 	12/07	PMT
<ol style="list-style-type: none"> C. Establish a website as a resource for family centered practice and family involvement. <ol style="list-style-type: none"> a. Develop content for family centered practice, leadership skills, family involvement b. Identify host for site maintenance 	6/07	PMT
<ol style="list-style-type: none"> D. Modify policies and regulations to reflect family centered care for Protection & Safety, Mental Health and Substance Abuse, Medicaid, Education, and Developmental Disabilities. <ol style="list-style-type: none"> a. Develop standards for family centered care to be applied across funding streams, beginning with plans of care standards b. Develop accountability mechanisms to measure and ensure compliance with implemented family centered care standards c. Ensure all requests for proposals incorporate the standards for family centered care. 	12/06	Contractor/ PMT

Outcome 2 - Developing financing mechanisms and organizational structures for appropriate services and supports			
A. Promote evidence based and promising practices	<ol style="list-style-type: none"> 1. Invite additional stakeholders to participate in future discussions and planning related to the promotion of relevant research in policy and practice. 2. Implement a nominating process for evidence-based practice in Nebraska 3. Adapt national lists of reference material for evidence-based practices 4. Review policies/standards across child-serving systems to determine adherence with evidence based practices 5. Develop a permanent infrastructure for ongoing collaboration among key stakeholders to promote relevant mental health and substance abuse research and the implementation of practices supported by evidence 6. Incorporate evidence-based practice research into higher education training 	3/07	Academic Committee
B. Develop transition between youth and adult services	<ol style="list-style-type: none"> 1. Convene work team 2. Identify gaps in services 3. Review national and state model programs 4. Develop report on what works 5. Develop plan for addressing transition strategies 	3/07	Transition Work Team
C. Promote early childhood mental health	<ol style="list-style-type: none"> 1. Identify population birth through age 5 2. Include mental health screening in examinations 3. Immunizations 4. Necessary Lab tests, including lead screening at age 3 or earlier if needed 5. Needed treatment for identified problems 6. Health information 	12/06	PMT
Outcome #3: Developing financing mechanisms and organizational structures to ensure accountability			
A. Develop performance indicators to measure success of providers and the system and to ensure accountability.	<ol style="list-style-type: none"> 1. Develop performance indicators <ol style="list-style-type: none"> a. Identify the Questions to be answered with the Data. <ol style="list-style-type: none"> i. Determine the questions that need to be answered. <ul style="list-style-type: none"> • Who are the children served? (e.g., gender, race, diagnosis) • How are they served? (e.g., service utilization, costs, treatment fidelity) • What difference does it make? (e.g., mental health symptoms, delinquent behavior, school performance) b. Identify the Existing Data. <ol style="list-style-type: none"> i. Identify the existing sources of electronic/automated data collection 	6/07	Data Subcommittee

and storage of information regarding children’s mental health and substance abuse throughout HHS (e.g., MMIS, NFOCUS) and other relevant state/regional agencies (e.g., Dept. of Education, Behavioral Health Regions).

ii. Create a “data dictionary” by identifying appropriate data elements from each electronic/automated data source (e.g., “Provider Type” from MMIS, “Current Placement” from NFOCUS”).

- c. Use Existing Data to Provide Information
 - i. Select information from existing electronic/automated data systems that will answer the questions.
 - ii. Investigate methods for extracting pertinent data elements from diverse electronic/ automated information systems and combining them into a unified data base.
 - d. Determine Where Gaps Exist in Existing Electronic/Automated Data.
 - i. Identify questions that cannot be answered using existing electronic/automated information systems.
 - e. Develop Data Collection Plan for Eliminating Gaps.
 - i. Identify existing sources of hard copy/paper data collection throughout HHS and other agencies.
 - ii. Identify resources necessary for entry of hard copy/paper data.
 - iii. If no hard copy/paper source of data exists, select or develop an appropriate data collection instrument.
 - iv. Identify resources necessary for new data collection and entry procedures.
2. Develop a series of fiscal incentives and/or sanctions associated with service utilization, outcomes, and cost management
- a. Identify desired outcomes
 - b. Identify providers
 - c. Identify level of service
 - d. Analyze data and adjust rate to create incentive pool
3. Explore development of a management information system with capacity to track service utilization, outcomes, and costs by population.

2008

Data Sub-committee

2009

Data Sub-committee

Outcome #4: Realign funding streams and organizational structures			
A. Establish an interagency council at the state, regional, and local levels.	1. Develop proposal for interagency structures	12/07	Org Struct Team
	a. Review other state structures and responsibilities		
	b. Identify strengths and limitations of different legal structures for organizing frameworks		
	c. Identify how reorganization of HHSS will influence organizational structures		
	d. Document current state, regional and organizational structures relevant to children's mental health and substance abuse		
	e. Develop specific draft proposal for organizational structures		
	f. Get feedback from agencies, communities and other stakeholders		
	g. Develop final proposal with action plan for implementation		
	2. Examine potential for one-stop shop	12/07	Org Struct Team
	a. Review other state's efforts at developing single points of entry/no wrong door		
b. Incorporate into organizational structure responsibilities			
c. Assess feasibility of developing common intake/needs assessment protocols			
d. Assess feasibility of sharing electronic records			
e. Develop draft proposal			
f. Obtain feedback			
g. Develop final proposal as part of organizational structure proposal			
3. Ensure family and youth involvement at all levels of org structure			
a. Increase youth and family involvement on SIG Committees	12/06	PMT/Policy Cabinet	
i. Expand the SIG Steering Committee to include additional youth and families.			
ii. Expand the Academic Subcommittee / Evidence-Based Work Group to include additional family members			
iii. Ensure future subcommittees have family and youth representations.			
b. Ensure meaningful family and youth representation on the new state, regional, and local organizational structures.	12/07	Org Struct Team	
i. Establish criteria for family and youth participation			
ii. Incorporate criteria in development of structures			
c. Develop responsibility for the state level structure to address barriers to family and youth participation	12/07	Org Struct Team	
i. Include this responsibility in charter for state interagency council			

C. Develop school/ mental health linkages.

<p>1. Examine existing working relationships</p> <ul style="list-style-type: none">a. Conduct a series of focus groups within each region.b. Schools working with families and agencies with a participant mixture of special education, counseling, teaching, and general administrative staff.c. Agencies working with schoolsd. HHSS caseworkerse. Regional and local mental health service providersf. Schools nominated by agency personnel and families for successful support of youth with behavioral health needs.	<p>6/07</p>	<p>PMT/DOE Contractor</p>
<p>2. Concentrate on the youngest children</p> <ul style="list-style-type: none">a. Abstract and define the continuity factors that have supported the 27 year operation of the Early Childhood Special Education multi-agency planning regions via discussion groups, interviews, and surveys.b. Review the experiences and outcomes of the preschool pilot program conducted in the Hastings area to identify system structures and capabilities to be incorporated in pilot programs and overall system recommendations.	<p>6/07</p>	<p>PMT/DOE Contractor</p>
<p>3. Quantify the human scale of the behavioral health system</p> <ul style="list-style-type: none">a. Point in time<ul style="list-style-type: none">i. Number of state wards in mental health care (hospital versus community versus out of state)ii. Number of individuals in hospital settings, in various levels or kinds of community services, awaiting servicesiii. Client overlap across agencies and authoritiesb. Longitudinal client history charts	<p>12/07</p>	<p>PMT/DOE</p>

<u>Recommendations for future action</u>			
<p>Consider funding two-generation strategies and parent-child therapeutic interventions using Title V or Title IV-B</p>	<ol style="list-style-type: none"> 1. Research evidence based two-generation strategies and parent-child therapeutic interventions supported in other states with Title V/MCH Block Grant funds. 2. For those strategies identified in #1, determine which are programmatically feasible for implementation within Nebraska's plan for children's mental health and substance abuse. 3. Develop cost projections for those strategies identified in #2, based on projected caseloads and desired geographic distribution. 4. Analyze cost projections' impact on Title V/MCH Block Grant requirements, including required \$3 match for each \$4 federal money and earmarking requirements for 30% of funds to be expended for preventive health services for children and 30% for services for children with special health care needs. 5. Narrow down choice of strategies based on #4, and determine financial impact on current Title V/MCH Block Grant budget, ie., what existing services/activities to discontinue, source(s) of match, relative importance compared to other priority needs for Block Grant, etc. 6. Develop budget proposal for Title V/MCH Block Grant funds for the next competitive funding cycle (FFY 2009 - FFY 2011), for presentation to and approval by Director of HHS R&L, including budget for selected strategy(ies) as determined financially feasible through steps #4 and #5. 7. With approval, issue competitive RFP for selected strategy(ies) for funding beginning FFY 2009. 	<p>2008</p>	<p>PMT</p>
<p>Use funds spent on state ward education to support wards in or near their home communities.</p>		<p>2008</p>	<p>PMT</p>
<p>Undertake a thorough needs assessment to bring continuity across the state</p>	<ol style="list-style-type: none"> 1. Convene work team 2. Review standards for common needs assessment 3. Incorporate standards into responsibility of regional organizations 	<p>2008</p>	<p>Org Struct Team / PMT</p>

SIG Project Management Team - Priority Rating

2. Potential impact of recommendations

Please rate the potential impact and contribution of each recommendation if they were adopted.

(Note that impact and contribution refers to promoting state and regional support to local mental health & substance abuse systems of care for children, adolescents, and their families.)

	Low impact				High impact
1A. Address financing issues related to custody relinquishment. Consider mechanisms such as case rates or capitation rates to provide services to families in addition to the identified child. Assess feasibility of the Medicaid waiver (1115) for pilot projects and in anticipation of statewide implementation.	<input type="radio"/>				
1B. Create a one-stop-shop for funding and services using a consistent statewide framework that results in a single point of access for families - "no wrong door."	<input type="radio"/>				
1C. Establish new family organizations while providing support to existing family organizations.	<input type="radio"/>				
1D. Promote an organizational & financing structure that supports flexible family-centered practices and services.	<input type="radio"/>				
1E. Fund two-generation strategies & parent-child therapeutic interventions using Title V or Title IV-B.	<input type="radio"/>				
1F. Ensure family & youth involvement at all levels of organizational structure.	<input type="radio"/>				
2A. Determine funding streams to maximize flexibility and coordination.	<input type="radio"/>				
2B. Promote evidence-based & promising practices.	<input type="radio"/>				
2C. Fund pilot projects that test family care coordination.	<input type="radio"/>				
2D. Support early childhood mental health services through promotion of EPSDT.	<input type="radio"/>				

2E. Develop a plan for programming for transition-age youth.



2F. Complete a comprehensive needs assessment to bring continuity across the state.



3A. Develop performance indicators to measure success of providers using consistent data collection and transparent reporting.



3B. Develop fiscal incentives and sanctions associated with service utilization and cost management.



3C. Allocate adequate funds to develop and maintain a management information system so service and costs can be tracked.



4A. Implement multiple pilots with blended funds using comparable measures with the goal of aligning funds to address needs rather than fit needs to available funding.



4B. Establish an interagency council to oversee infrastructure for children's mental health.



4C. Use funds for state ward's education to support them in or near their communities.



4D. Link schools and community mental health services for children with emotional disabilities under IDEA.



<< Prev

Next >>



FAMILY CENTERED PRACTICE: FCP AND THE STATE INFRASTRUCTURE GRANT WHERE DO YOU FIT INTO THE PICTURE? EVALUATION

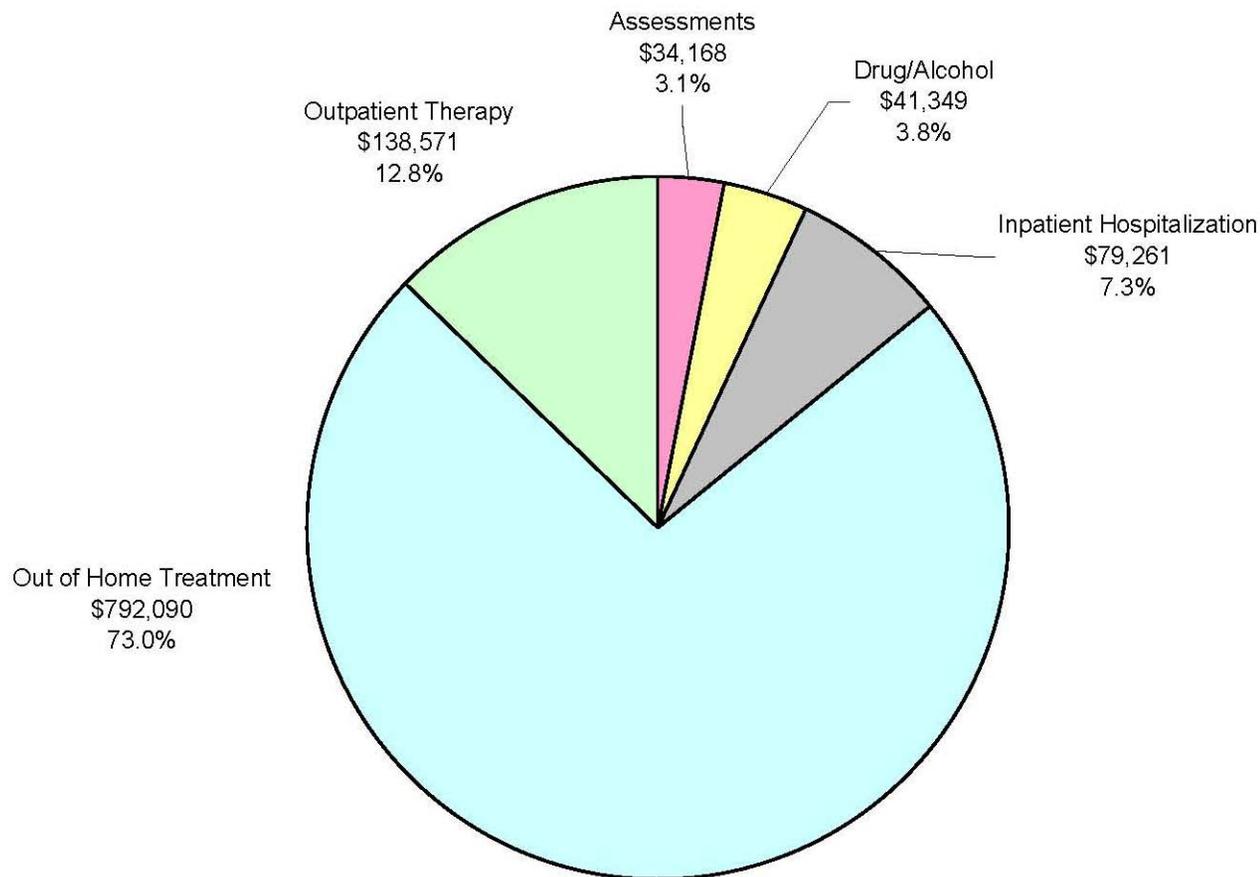
CONFERENCE SESSIONS: PLEASE RATE EACH OF THE CONFERENCE SESSIONS. DID YOU FIND THE INFORMATION USEFUL? WAS THIS A VALUABLE USE OF YOUR TIME? DID WE MEET YOUR EXPECTATIONS? PLEASE WRITE ANY COMMENTS YOU HAVE IN THE SPACE PROVIDED ON THE BACK OF THE FORM.

		EXCEPTIONAL		FAIR		POOR	
		5	4	3	2	1	
FAMILY CENTERED PRACTICE: STRENGTH-BASED FAMILY INVOLVEMENT FOR BETTER OUTCOMES: MARY GREALISH	RESULTS	33	37	10	1	1	
FRAMEWORK FOR CHILDREN'S MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES: DAVID CYGAN	RESULTS	5	35	28	6	3	
FAMILY - PROVIDER PARTNERSHIPS: AN ORGANIZATIONAL ROADMAP: STEPHANIE KIRBY AND JAN CARSON	RESULTS	16	42	17	2	0	
THERAPEUTIC EFFECTIVENESS: IT'S NOT ABOUT GEOGRAPHY: MARY GREALISH	RESULTS	22	23	2	1	0	
FAMILY – PROVIDER PARTNERSHIP: A ROADMAP TO SUCCESS: STEPHANIE KIRBY AND JAN CARSON	RESULTS	10	18	13	1	0	
MOVING FORWARD IN PARTNERSHIP	RESULTS	8	29	15	4	2	

CONFERENCE PERCEPTION: PLEASE RATE YOUR OVERALL PERCEPTION OF THE CONFERENCE BY CIRCLING THE MOST APPROPRIATE RESPONSE.

	EXCEPTIONAL		FAIR		POOR
1. THERE WAS ADEQUATE TIME ALLOTTED FOR QUESTIONS AND DISCUSSION IN EACH SESSION.	5	4	3	2	1
RESULTS	14	43	17	6	0
2. INFORMATION WAS PRESENTED IN A MANNER THAT WILL ALLOW YOU TO TAKE THIS INFORMATION AND SHARE WITH OTHERS IN YOUR ORGANIZATION.	5	4	3	2	1
RESULTS	22	32	14	7	2
3. REGISTRATION PROCESS WAS:	5	4	3	2	1
RESULTS	52	23	5	0	0
4. THE MEETING ROOMS WERE:	5	4	3	2	1
RESULTS	42	26	6	2	0
5. THE OVERALL HOTEL STAFF/FACILITY WERE:	5	4	3	2	1
RESULTS	41	34	2	0	0

FY2005 Nebraska ICCU Expenditures for MH/SA type services
Total \$1,085,439 (MH Substance Abuse Expenditure)



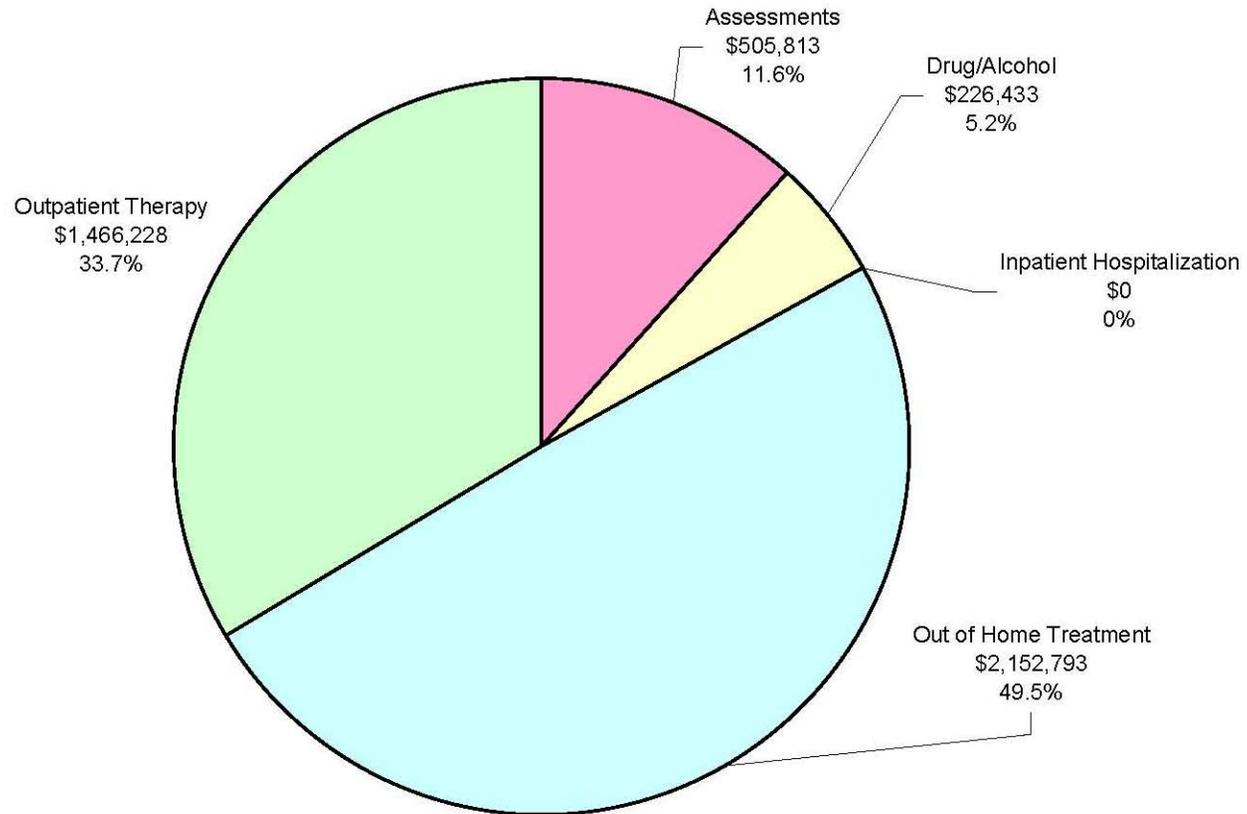
Source: As Reported by ICCU Regions - 1,3,4,5,6 (Region 2 does not operate an ICCU)

Unduplicated number of Children or family members receiving MH/SA services through ICCU is not available. Services to State Wards in the ICCU and their family members are included in the expenditures reported above.

Total unduplicated numbers of State Wards served by ICCU in FY05 = 1527.

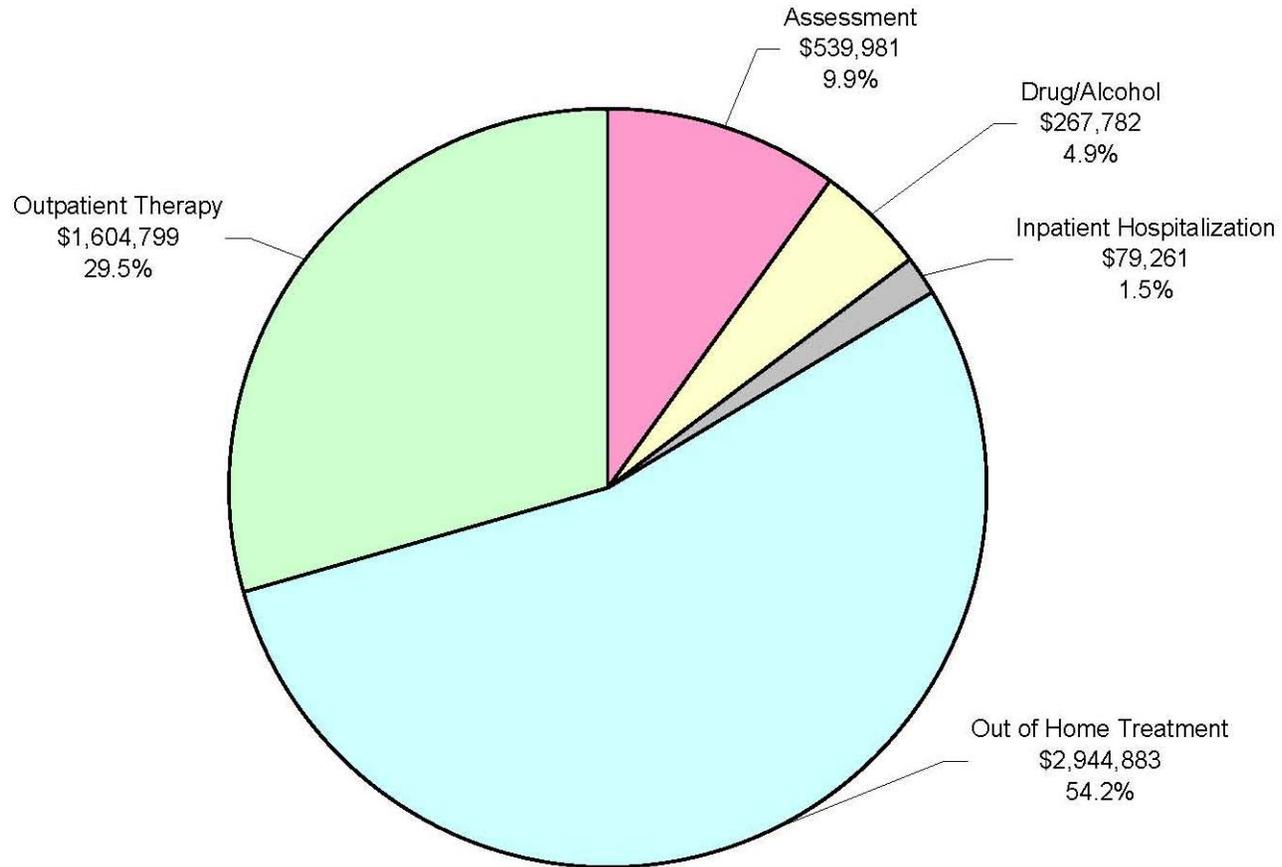
Updated 4/17/06

FY2005 Nebraska Child Welfare Expenditures for MH/SA type services (Revised) Total \$4,351,267



Source: As reported in NFOCUS
Unduplicated number of State Wards receiving MH/SA services paid through child welfare is 613.
Number of non State Wards Served is 1896 (non-wards are family members of state wards). Approximately 98% of the 1896 non wards are 19 years and older.
Updated 10/18/06

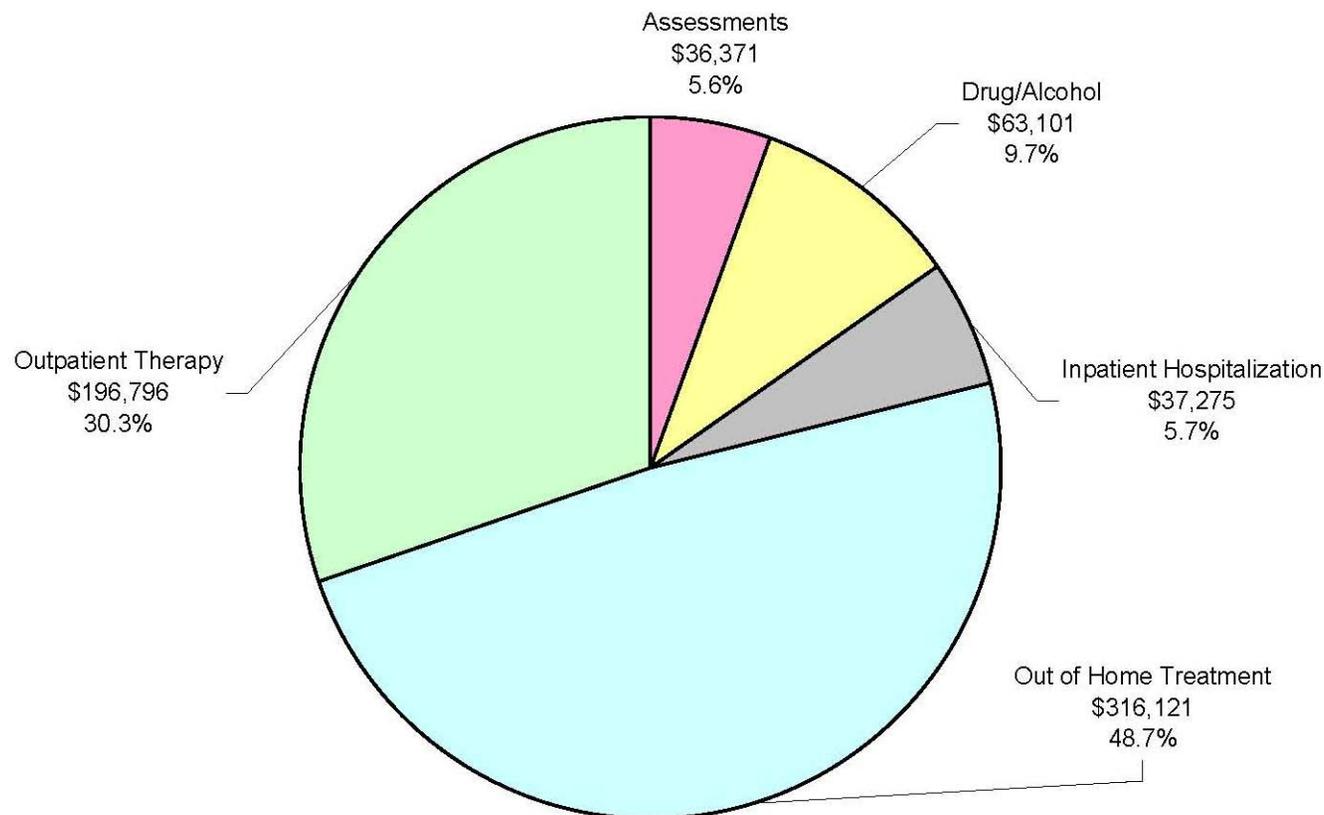
FY2005 Nebraska Child Welfare and ICCU Expenditures for MH/SA Services (Revised)
Total Expenditure \$5,436,706



Source: NFOCUS Paid Claims and as Reported by ICCU Regions

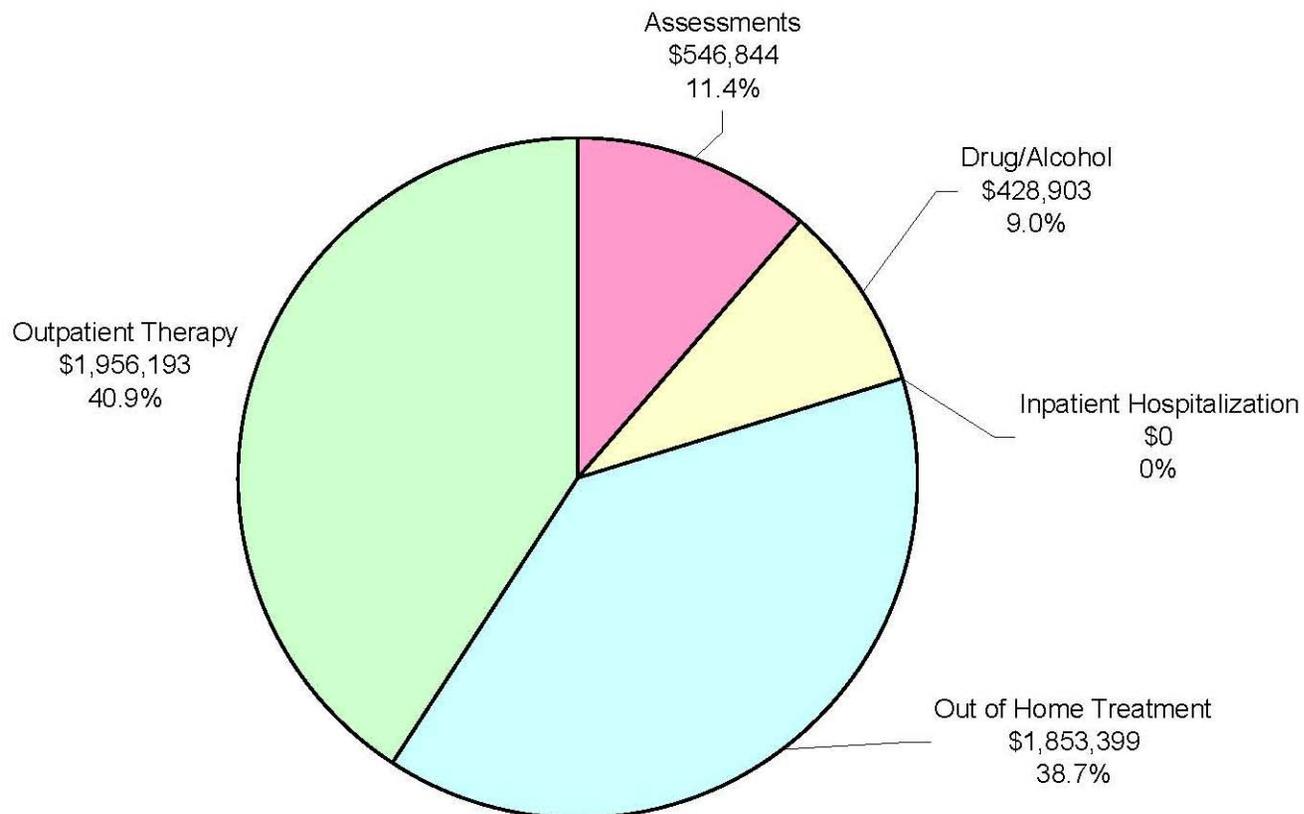
Updated 10/18/06

**FY2006 Nebraska ICCU Expenditures for MH/SA type services
Total \$649,663 (MH Substance Abuse Expenditure)**



Source: As Reported by ICCU Regions - 1,3,4,5,6 (Region 2 does not operate an ICCU)
Unduplicated number of Children or family members receiving MH/SA services through ICCU is not available. Services to State Wards in the ICCU and their family members are included in the expenditures reported above. Total number of unduplicated State Wards served by HHS during FY06 - 11,741. Of the 11,741 State Wards served, the unduplicated number of State Wards served by the ICCU was 1593.
Updated 10/23/06.

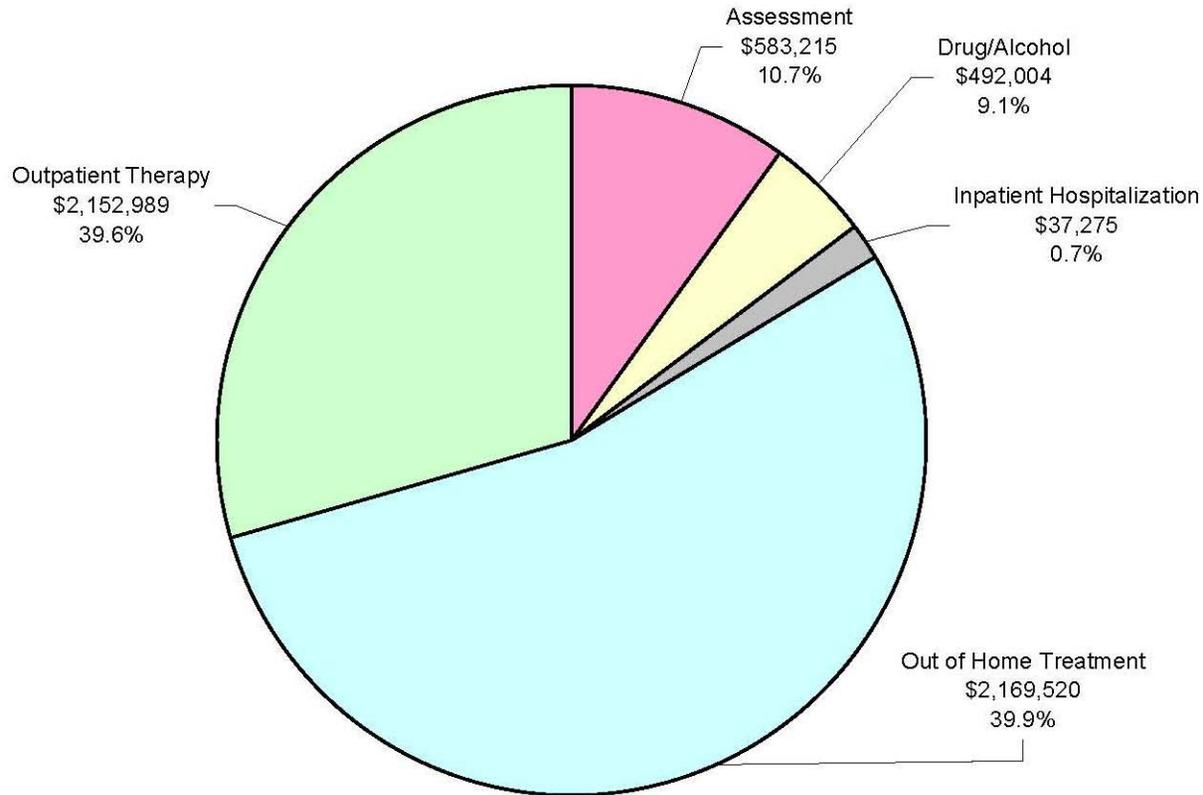
FY2006 Nebraska Child Welfare Expenditures for MH/SA type services
Total \$4,785,339



Source: As reported in NFOCUS

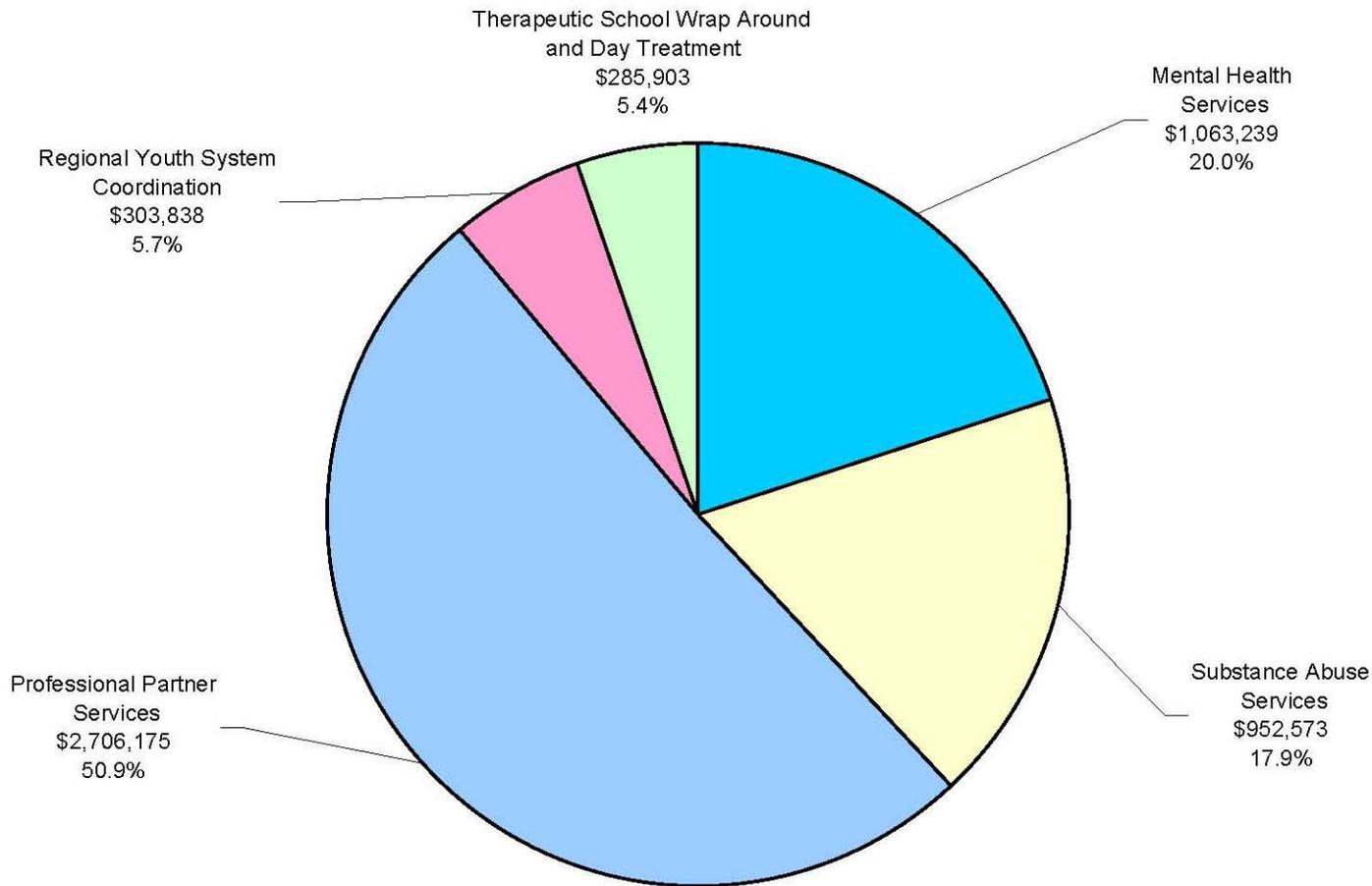
Total number of unduplicated State Wards served by HHS during FY06 - 11,741. Of the 11,741 State Wards served, the unduplicated number of State Wards receiving MH/SA services paid through child welfare was 805. Number of non State Wards Served - 2300 (non-wards are family members of state wards). Approximately, 98% of the 2300 non state wards are 19 years and older. Updated 10/23/06.

FY2006 Nebraska Child Welfare and ICCU Expenditures for MH/SA Services
Total Expenditure \$5,435,002



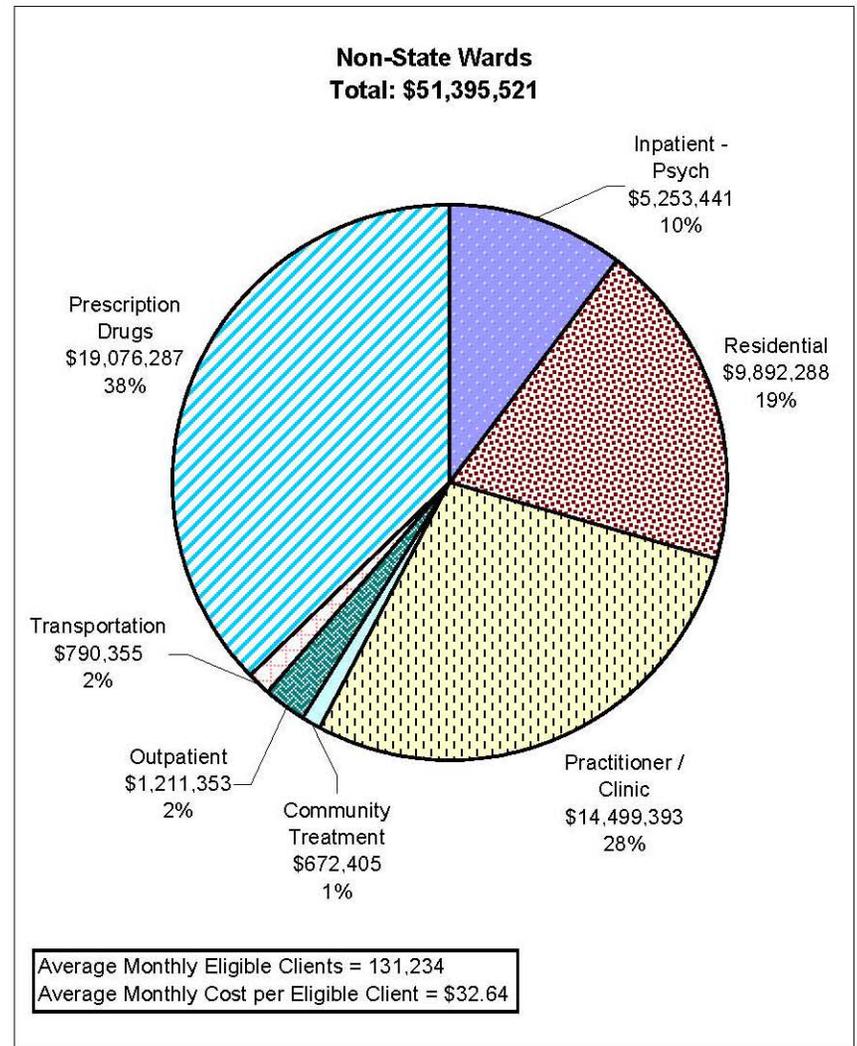
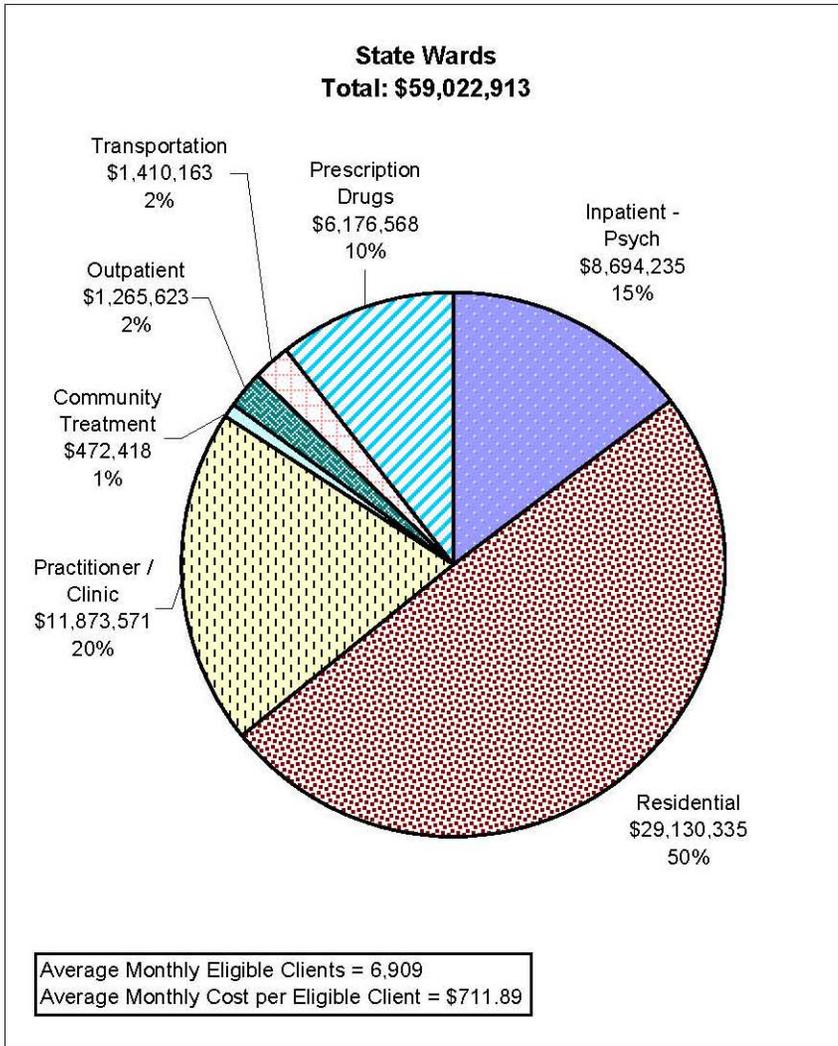
Source: NFOCUS Paid Claims and as Reported by ICCU Regions
Total unduplicated number of State Wards served by HHS during FY06 - 11,741.
Updated 10/23/06

FY2006 Nebraska Behavioral Health Revenue by Category Total \$5,311,728



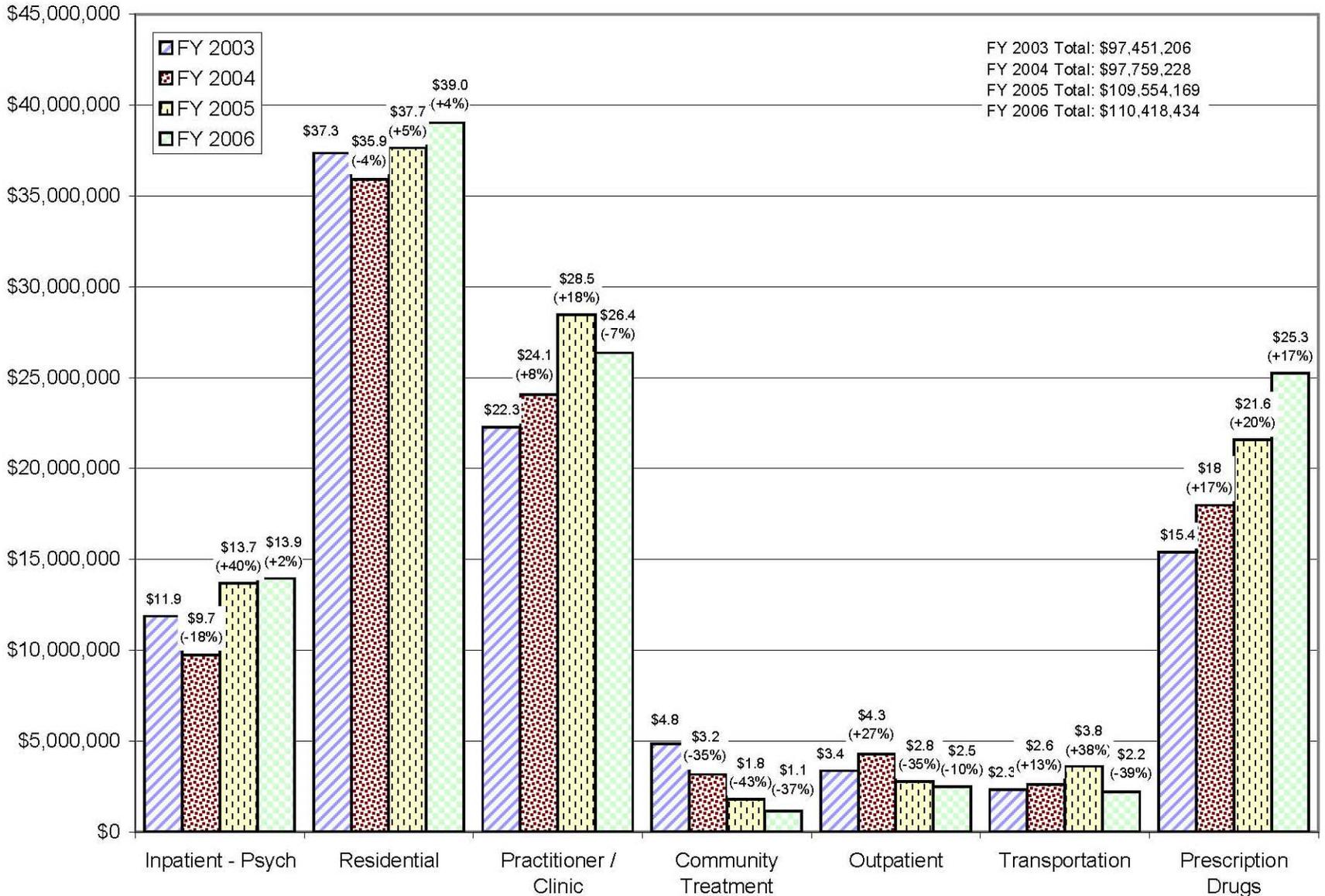
Source: Region Actuals
The Revenue displayed includes funds that are allocated to the regions by the Behavioral Health Division of the State of Nebraska. Funds include only local, state and federal mental health and substance abuse funds, and do not include Medicaid funds. Updated 10/24/06

**FY 2006 Nebraska Medicaid Expenditures for MH/SA Services
 Children 20 and Younger by State Ward Status**



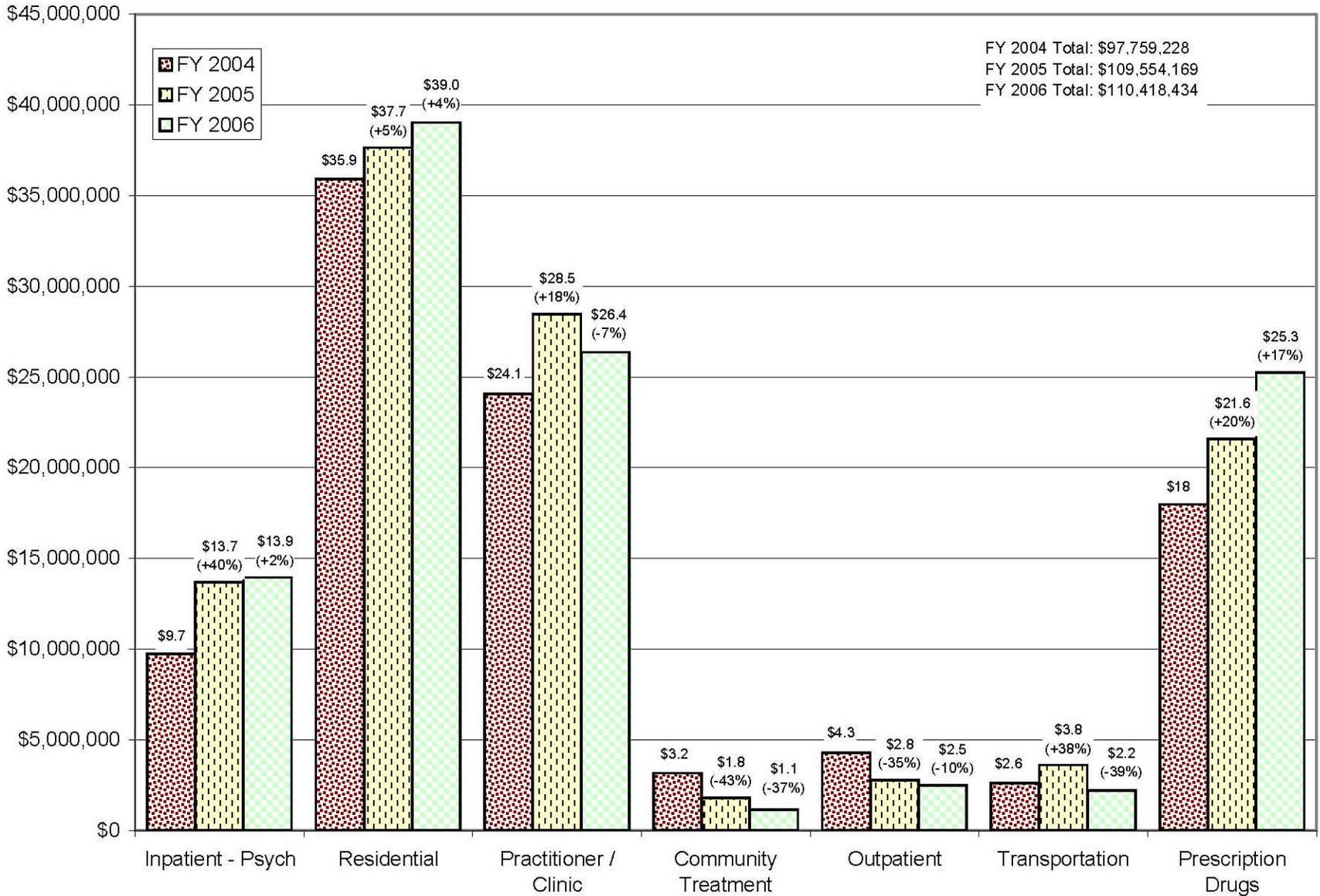
FY 2003 - FY 2006 Nebraska Medicaid Expenditures for MH/SA Services Children 20 and Younger

Numbers Above Bars Represent Expenditures in Millions of Dollars and Year-to-Year Percent Change



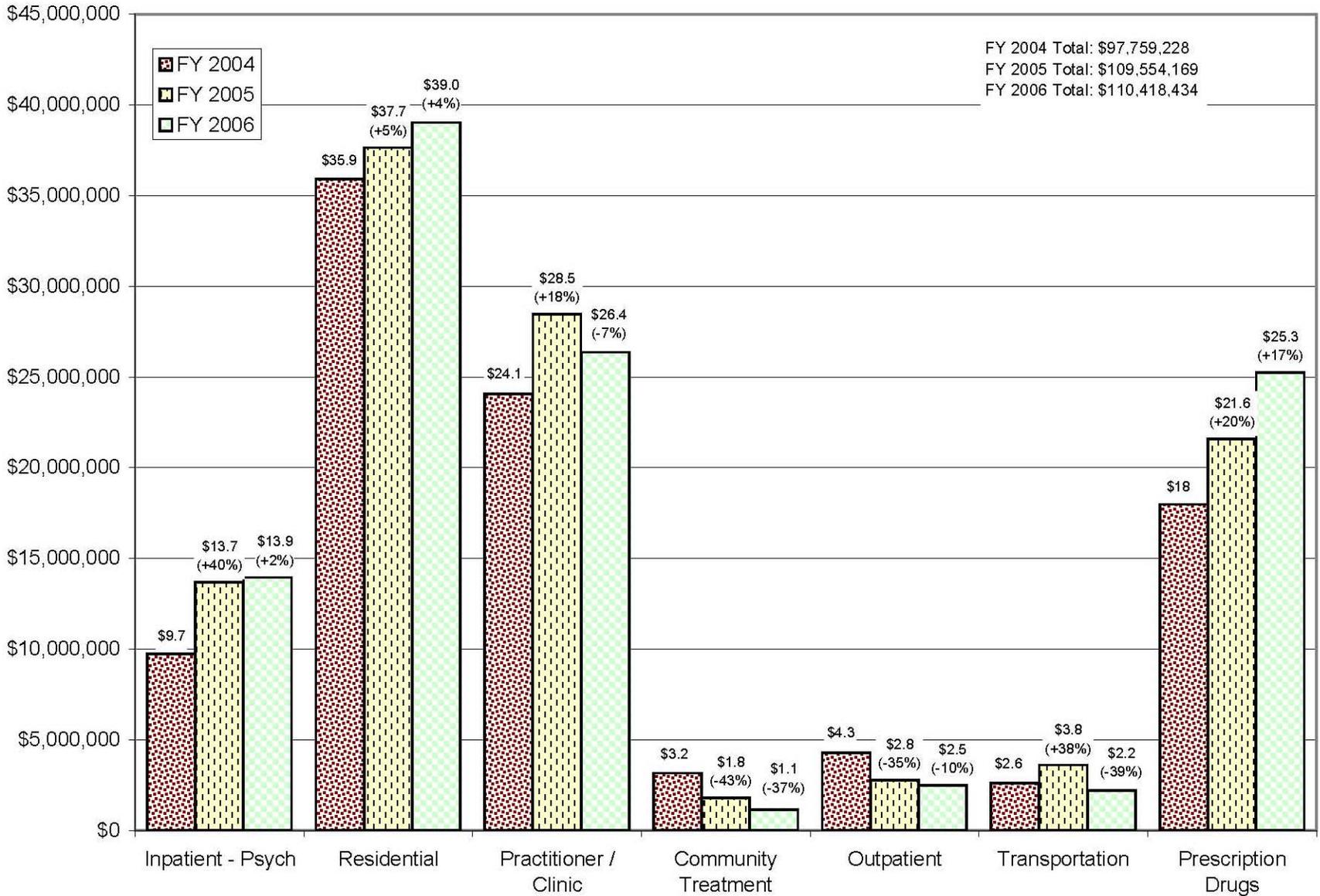
FY 2004 - FY 2006 Nebraska Medicaid Expenditures for MH/SA Services Children 20 and Younger

Numbers Above Bars Represent Expenditures in Millions of Dollars and Year-to-Year Percent Change



FY 2004 - FY 2006 Nebraska Medicaid Expenditures for MH/SA Services Children 20 and Younger

Numbers Above Bars Represent Expenditures in Millions of Dollars and Year-to-Year Percent Change



SIG Steering Committee

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