

NE Division of Behavioral Health - Joint Meeting  
State Advisory Committee on Mental Health Services (§ 71-814) (MH Committee)  
State Advisory Committee on Substance Abuse Services (§ 71-815) (SA Committee)  
August 18, 2011 – 9:00 a.m. to 4:00 p.m.  
Country Inn & Suites – 5353 No. 27<sup>th</sup> St. Lincoln, NE  
**MINUTES**

**Mental Health Committee Members Present (14):**

Adria Bace, Roxie Cillessen, Pat Compton, Sharon Dalrymple, Robert Donlan, Bev Ferguson, Scot Ford, Ed Matney, Jerry McCallum, Joyce Sasse, Mark Schultz, Joel Schneider, Diana Waggoner, Cameron White

**Mental Health Committee Members Absent (7):**

Beth Baxter, Kathy Boroff, Jette Hogenmiller, Melanie Lantis, Dave Lund, Colleen Manthei, Kasey Moyer

**Substance Abuse Committee Members Present (5):** Corey Brockway, Jay Jackson, Brenda Miner, Jorge Rodriguez-Sierra, Linda Krutz

**Substance Abuse Committee Members Absent (6):** Ann Ebson, Janet Johnson, Dr. Delinda Mercer, Laura Richards, Randy See, Debra Shoemaker

**DHHS Staff Present:**

Scot Adams, Sue Adams, Maria Augustine, Carol Coussons de Reyes, Sheri Dawson, Renee Faber, Karen Harker, Jim Harvey, Nancy Heller, Pepper Meyer, Dan Powers, Blaine Shaffer

**Speakers and Guests Present:**

Judie Moorehouse, James Russell, Julie Scott, Jonah Deppe, Terry Yager, Patti Jurjevich, J. Rock Johnson

**I. CALL TO ORDER**

Meeting was called to order at 9:00 a.m. and roll call was conducted.

Announcement was made to inform committee that Pat Talbott, previous Vice Chair has resigned from the Mental Health Committee, and an election for Vice Chair is needed.

**Housekeeping and Summary of Agenda**

Mr. Harvey pointed out the location of the rest rooms, plans for lunch, the need to use the microphone and asked all attendees to sign in.

**APPROVAL of MINUTES**

Motion was made to approve the February 3, 2011 MH Committee, the April 4, 2011 SA Committee and May 3, 2011 Joint Committee minutes as submitted. Voice vote was in favor of the motion. Motion carried.

**II. Public Comment**

No comments made at this point.

**III. SAMHSA Block Grant Review**

**Attachment 1**

Sheri Dawson – Behavioral Health Community Services Administrator

Ms. Dawson provided a quick overview of what will be presented in the meeting from the Block Grant. She explained that our focus with the SAMHSA Uniform Block Grant Application FY 2012–2013 came from the DBH Strategic Plan. Only about 9% of DBH funding comes from this Block Grant. SAMHSA has made some important changes to the Block Grant this year. The Division has decided to apply for the combined Community Mental Health Services Block Grant (MHSBG) and Substance Abuse Prevention and Treatment Block Grant (SAPTBG) which are now together in one Uniform Block Grant application. We are here today to show how the strategic plan and Block Grant tie together.

**Karen Harker- Behavioral Health Federal & Fiscal Performance Manager**

Ms. Harker stated the Federal Statutes and regulations authorizing the two Block Grants have not been changed. Thus those requirements still need to be followed. Most of that is in the Implementation Report due December 1. SAMHSA made some changes for a more uniform application combining the MH and SA Block Grants. We know where our gaps are, and for the first time the federal reviewers are going to measure our actual outcomes. Today we are looking at what we are going to do. In November we will look at what we have done. SAMHSA has given us the technical requirements to help guide us through the BG. We primarily used the strategic plan to help guide us. The strategic plan was created using feedback from the Committees.

**Carol Coussons de Reyes- Office of Consumer Affairs Administrator (OCA)**

Ms. Coussons de Reyes reviewed a power point presentation on Prioritize State Planning Activities #2 Consumer Workforce and #3 Peer Run Recovery Supports. Nebraskan's want more peer-run services. There are gaps in peer-run services and there is a need to identify who is meeting the definition of a peer-run service and more data is needed help with this gap. Committee comments included:

- how have the Family Organizations been included in information gathering for peer run services?
- how adequate services would be provided in a Peer-Run Respite House with only 3 beds available? How does the State foresee the model to apply to more people?
- expressed concern that a Keya-type House focuses on adults only and does not include families; recommends the Family Organizations be included in the decision to open more Peer-Run Respite Houses.
- understands the importance of peer-run houses, but also recommends that a medical professional be attached for medication checks and medical oversight.
- why do the peer-run respite houses need to be funded—why can't they be run by volunteers?
- how are Peer Specialists different that professional clinicians?

**Jim Harvey- Federal Resources Manager**

Mr. Harvey presented on Prioritize State Planning Activities #9 Permanent Supportive Housing services and #10 Supported Employment.

**Nancy Heller - Program Specialist**

Ms. Heller covered Prioritize State Planning Activities #4 SA Treatment – Women's Set Aside Services.

**Sheri Dawson**

Ms. Dawson presented Prioritize State Planning Activities #7 Co-Occurring Disorder Services and #8 Trauma Informed Care. Not all providers in Nebraska are able to treat for more than one disorder. We need to see what can be done to increase the number of providers that can manage co-occurring disorders. Nebraska needs to develop a system that can better understand and serve those with trauma. Committee comments included:

- most health issues can be treated by a Nurse Practitioner, and recommended Nebraska look into developing more NP professionals that are certified in mental health and/or substance abuse treatment.
- some studies track childhood trauma and its correlation with adult MH and SA issues, and recommends that more focus on childhood trauma needs to be done.
- trauma-informed care is one area where the peer services role can be expanded, so an individual has someone they can talk with during the assessment/admission process when answering questions on intake/application paperwork.

**Karen Harker-Finance and Federal Resources Manager**

Ms. Harker presented the financials. The financials were not presented before August 3<sup>rd</sup> because they were not received until August 10<sup>th</sup>. No more than 5% of the money goes to administrative costs.

Committee comments included:

- why is tobacco separated from other substances?

Renee Faber-Prevention System Coordinator

Ms. Faber presented Prioritize State Planning Activities #1 Substance Abuse Prevention. Alcohol and tobacco are #1 in abused substances and is why we want to focus on these two substances. People's attitude is that drinking is ok. We have a need in Nebraska for SYNAR (retail compliance checks) to be done. There has been a declined of compliance checks in the past years but need to focus on getting more done. Committee comments included:

- data shows that in Nebraska alcohol continues to be the number one abused substance, and the problem is that the public attitude thinks it is OK; methamphetamine is declining, and marijuana is increasing.
- there is not much for youth to do in rural areas, therefore most activities involve alcohol; there is a need to educate parents about the immediate and future affects.
- regulations need to be reviewed, such as limiting the hours youth can be allowed to in businesses that sell alcohol.
- the effects and treatment of all substances cannot be grouped together because tobacco has physical affects, while alcohol also has physical affects as well as public affects (such as drinking and driving).
- we need to take a proactive versus reactive approach, education is important to "plant the seed" for future outcomes.
- suggested a program such as the Groups for Adolescents Providing Support (GAPS) in Region 4 be duplicated across the State.
- has knowledge that in the Region 3 area of the State, the attitude of drinking alcohol is acceptable—that drugs are bad, but alcohol is OK.

Sue Adams-Prevention, Treatment, & Network Services Manager

Ms. Adams presented Prioritize State Planning Activities #5 Transition Age Youth and Young Adult and #6 Professional Partners Program. Nebraska has a need to help youth make the transition into adults. A reliable data infrastructure is needed. Committee comments included:

- ages 16 – 24 is a wide age range to address because when children are younger their parents are usually involved, but when a youth gets older and on their own, they stop taking their medications, which creates more problems; suggests that case workers are educated to begin case management services sooner to provide a "safety net" of services to follow the individual.
- we also need to coordinate with youth and families who are not "in the system" because many don't know where to turn for services.
- who is included in the population considered as Transition Age Youth? Do they include State Wards, children in foster care without a behavioral health diagnosis? Many youth lack independent living skills and don't have the resources to pay living expenses.
- is there a buy-in from the Regions on the Professional Partner Program?
- are family organizations not employed by the Regions organizing the data? Need an outside review.

#### **IV. Committee-Election**

It was decided that we will wait until our next meeting in November when other elections will done to elect the MH Vice Chair.

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

Jonah Deppe from the National Alliance on Mental Illness (NAMI).

Ms. Deppe stated NAMI is the largest Consumer and Family grassroots organization and operates with volunteers who are in recovery or who may still be experiencing episodes. The organization receives State General funds, but no Block Grant funds. NAMI functions statewide to connect individuals with recovery support groups, conduct volunteer training, hold various open groups, and provides support to family-to-family and peer-to-peer. A Peer Specialist works in the office and offers a "warm-line" for people to call in and talk through their issues. NAMI sees a great need for younger children and family support.

## **VI. Committee Comments Related to the Block Grant**

- MH Committee—Section L. Involvement of Individuals and Families on page 98 of the Block Grant Application includes the roles of the Office of Consumer Affairs, Regional Consumer Specialists, and the State Advisory Committees, but there is little discussion on the involvement of peer advocacy and the family organizations. Also, more focus needed on children services to avoid problems for the adults of tomorrow. We don't want to create a system with no individual choices. Family involvement is the avenue to tomorrow.
- MH Committee—Prevention work in services to parents will result in less traumatization and more benefits to children.
- MH Committee—There is nothing in the Block Grant about using the full range of psychotropic medications rather than the use of generic brands, which don't always work and are not an acceptable replacement.
- MH Committee—Encourage more emphasis on trauma-informed in all services, the collection of data, and the experiences of trauma survivors in Block Grant services.
- MH Committee—Concern about children—many have multiple foster care placements which affects their ability to have a normal life—not many people understand the impact on children now and into adulthood.
- MH Committee—Individuals in prison receive some treatment, but there is a need for continuity of services to recognize the on-going needs of inmates after release from prison.
- SA Committee—Emphasis on Table 3 – Substance Related Diagnosis made by Nebraska DCS SA Staff at Intake on page 53 of the Block Grant Application that an 11% decrease occurred between 2006 and 2011. Reasons may be due to the following: in 2006 Evidence Based Practice assessments and Specialized SA Services (SASS) for treatment were started, intake diagnostics are more refined with more professional staff available, as well as the inmate population has changed.
- MH Committee—There are individuals in the general population who are not in clinical crisis, but their crisis is causing problems for the rest of society, particularly for law enforcement agencies. All components of services must work together—Prevention, Treatment, and Law Enforcement—need to focus efforts where the need is the greatest.
- SA Committee—need to look at better methods of Prevention, Treatment, and Law Enforcement, and emphasize Criminogenic Risk Factors.
- MH Committee—77% of inmates in the correctional system experience the affects of substance abuse; substance abuse costs money and ruins families; there is a need for more education.
- MH Committee—Does the Children and Family Services Division have a mental health component? (DHHS is working on developing better partnerships between divisions).
- MH Committee—Court Judges are ordering services, but who pays for those services? The mental health issues of parents are not recognized until the children have problems; there is a need to provide help sooner to save costs later.

## **VII. Recommendation/Agenda Items for Next Meeting:**

Election of Officers

Review Draft Implementation Report

Meetings - should we hold any joint committee meetings next year?

Scheduling 2012 meeting dates

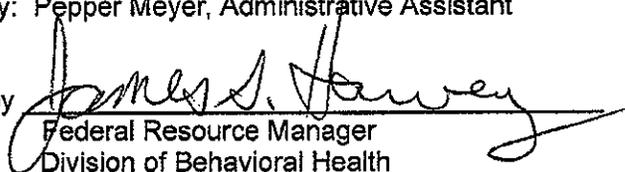
## **VIII. Adjournment & Next Meeting**

Meeting adjourned at 3:50 pm

The next meeting date is: Thursday, November 3, 2011 at Country Inn and Suites.

Prepared by: Pepper Meyer, Administrative Assistant

Approved by

  
Federal Resource Manager  
Division of Behavioral Health

Date

10/20/2011