

Minutes of:  
State Advisory Committee on Substance Abuse Services  
March 28, 2008

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10:00AM – 3:00PM  
Country Inn/Suites,  
5353 North 27<sup>th</sup>  
Lincoln, NE  
-FINAL-

**Committee Members Present:** Lee Tyson, Laura Richards, Dr. Subhash Bhatia, Linda Krutz, Jerome Barry, Topher Hansen, Dr. DeLinda Mercer, Brenda Miner, Jane Morgan, Corey Brockway

**Committee Members Absent:** Ann Ebsen, Wehnona St. Cyr

**DHHS/Behavioral Health Staff Present:** Kathleen Samuelson, Dianne Harrop, Nancy Herdman, Abby Shrader

**Presenters:** Lee Tyson, Kathleen Samuelson, Dianne Harrop, Nancy Herdman, Christine Salvatore

**Guests Present:** Jack Buehler, J. Rock Johnson

**I. Welcome/Introductions**

In the absence of the Chairman, Lee Tyson called the meeting to order at 10:00 AM. Introduction of new member, Corey Brockway.

**II. Attendance –Determination of Quorum**

Roll Call taken by Abby Shrader. Ten members were present constituting a quorum.

**III. Approval of November and January Minutes**

**MOTION:** Lee Tyson

To Approve the November Minutes

**SECOND:** Jerome Barry

Discussion: None

**VOTE:** Unanimous - November Minutes are approved.

**MOTION:** Jerome Barry

To Approve the January Minutes

**SECOND:** Dr. Bhatia

Discussion: None

**VOTE:** Unanimous - January Minutes are approved.

**IV. Approval of Agenda**

After a short discussion of the method of establishing funding priorities within the Department of Health and Human Services and the Division of Behavioral Health, Lee Tyson narrowed the discussion to Committee's responsibilities at advising the Division

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Director. The committee members agreed that SAAC should establish its priorities and forward those to the Director for consideration.

In a related discussion of priorities Corey Brockway suggested Kathy Seacrest be recognized for her contribution on this committee.

MOTION: Dr. Bhatia

To give Kathy Seacrest recognition for her contributions

SECOND: Jerome

Committee will order Recognition plaque or the like and send a letter to Kathy Seacrest

VOTE: Unanimous - Send a letter and recognize her contribution.

Ms. Tyson declared the Agenda approved.

**V. BH Division Response to Aug. 15, 2007 - Substance Abuse Committee Recommendations**

There was discussion about "Standards of Care" as it relates to the Division and the implementation of the corrective action plan agreed upon between the Division and The Center for Substance Abuse Treatment within the Substance Abuse and Mental Health Services Administration. Members indicated that standards of care seemed synonymous with accreditation standards of such bodies as Joint Commission on the Accreditation of Health Care (JCAHO) or Commission on Accreditation of Rehabilitation Facilities (CARF). Such bodies review the activities of agencies and provide guidance and recognition of provider agencies at meeting national standards.

Dr. Subhash Bhatia stated that, 'As an advisory committee, we need strategic issues'. Dr. Bhatia then suggested the 4 domains used be: Access, Quality, Cost, and Customer satisfaction.

Jerome Barry suggested that the committee work on the priorities at the next meeting.

SBIRT GRANT (Screening Brief Intervention Recovery and Treatment): Lee indicated that we have made application for this funding. The grant was written by Kate Speck for the Division. The grant provides up to 2 million dollars a year for 5 years. The State would want to integrate screening for SA disorders into primary care. The grant allows for two new levels of care - brief intervention for 5 sessions and brief treatment for 10-12 sessions and in order to participate a diagnosis of Substance Abuse or Dependence would have to be made. The start date would be in October and the grant does include training across the state for this process with emphasis in Primary Care providers. The Division should receive funding notification early this summer.

**VI. PUBLIC COMMENT**

Acting Chair Lee Tyson asked for any public comments.

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J. Rock stated, stated that she “appreciates the work of this group ... and would like to see more of a relationship with the MH advisory committee. The MH group doesn’t have the same ability to have materials prepared, and to understand and discuss. Part of that is the failure to train people in governing laws. I compliment all of you on how you run your business.”

**VII. REPORTS**

**BH Division Updates/Recommendations:**

Vicki Maca, formerly the interim administrator, has been appointed as the new administrator.

Lee Tyson stated that she will establish recommendations and report them at the next meeting. One of the top 3 issues discussed at the next meeting will be Strategic Planning. It is important that other Advisory Committees are communicating so everyone has knowledge of what everyone else is working on and Advisory Committees can complement each other.

Kathi stated that Medicaid’s Memorandum of Understanding still needs to be signed.

Dr. Bhatia suggested that the minutes be structured.

Jerome stated that the meeting minutes should include what was discussed, any action taken, and who is responsible for taking said action so that the process can be tracked.

Topher stated how some committees track general discussion in their minutes and keep what was said verbatim somewhere else.

Corey Brockway suggested defining acronyms the first time they’re typed.

**Prevention Activities:**

Dianne Harrop addressed the committee providing information on the Strategic Prevention Framework – State Incentive Grant (SPF-SIG). The Federal Government is reviewing the State’s work and we are expecting to release a Request for Application (RFA) shortly. Community applications will be reviewed using a 2 step process after which funds will be awarded to 15 communities for planning grants now projected to be in the \$50-\$60,000 range. The first phase is a data driven assessment process which may take up to 9 months for each community. Phase 2 is the implementation phase. SPF-SIG has just short of \$2,000,000 for each of the next three years to distribute to communities for planning and implementation.

**SA Services in the Justice System Updates**

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- Community Corrections Council and
- Justice Behavioral Health Committee

Linda Krutz briefed the committee on the activities of the Community Corrections Council. There is a bill in the Unicam to combine Parole (which is in the Executive branch) with Probation (that is in the Judicial Branch). The two branches have done a great job collaborating, branching, and training services. In the proposed merger, supervision was split from probation and then made Judicial. In the proposal, supervision would come out as a stand alone agency. Supervision may go back under corrections for Substance Abuse Services which would change how we do business. In discussing funding, there are a lot of expensive issues. Probation recognizes the usefulness of having a program to provide services at that site. Support is needed and money is being requested for the upcoming year. The agencies have been talking for some time about combining efforts and while “Merger” is a legislative action, stronger collaboration is a definite result of these talks.

Linda Krutz said that it’s good to have conversation since we have people on probation and the justice side is involved. Those people are in the system and we need to take care of them.

(Attachment A1 – *JBHC Provider Subcommittee: 2<sup>nd</sup> Rough Draft*)  
(Attachment A2 – *DHHS R&L by County Profession/License Type*)

Jerome discussed how the Provider Subcommittee, chaired by Nancy Probst, put together a list of principles and practices to use when working with people within the Criminal Justice System.

Topher suggested individualized treatment planning focused on the consumer and using an evidence-based approach.

Jerome suggested getting consumer input on the list.

**VIII. HHS/R&L Alcohol Drug Counseling:** Licensing Program

Jerome said they surveyed providers via email regarding the implementation of the Nebraska Standardized Model, to which 28% responded. Stated the results were surprising. They found that in general people thought that it helped communication.

**IX. ASI/CASI**

(Attachment B - *ASI/CASI handout*)

In general there is more dissatisfaction with the adolescent tool than with the adult tool. All comments are posted at the Crime Commission website.

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There was stated disappointment in there not being enough licensed drug and alcohol counselors at public meeting and working providers to provide input at meetings.

Linda and Jerome agreed that there are only 2 licensed alcohol and drug care providers on the 37 person committee.

**X. LMEP Drug Counselor Training Report**

*(Attachment C1 – LMEP Training for Addiction Professionals Schedule)*

*(Attachment C2 – Summary Count of Licenses by License Status)*

Nancy declared there are 425 active counselors of which 356 are professionally licensed.

Jerome stated there were 19 revocations, 3 suspensions and some voluntary surrenders.

Nancy explained that 'null/void' means that a provisional license becomes null/void when an individual gets a full license.

Corey asked if allegations or disciplinary actions are on the website.

Nancy replied that disciplinary action is online but allegations are not.

Jerome stated that there are not enough licensed counselors to fill the demand of positions. Although licensing is increasing it's not doing so fast enough. If all applicants pass their March exams, there will be 43 new applicants for the oral exam in May which will be the last round of oral exams.

*(Attachment C3 – DHHS Div. of Public Health, Examination Statistics Summary Report)*

*(Attachment C4 – Supervisory Relationships)*

Discussion of whether or not counselors know they need to register for exams and the inability of some to register as they do not have a supervisor to sign off on their work experience.

Jerome stated that at the next meeting he wants to discuss allowing supervisors on probation to be able to supervise with some special requirements.

Brenda asked if those supervisors would then be allowed to train counselors.

*(Attachment C5 – DHHS Div. of Public Health, Compliance Listing Report)*

Nancy replied that counselors on probation would not be able to train other counselors for 300 hrs. All probationary limitations can be found on the website.

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(Attachment C6 – *Probationary Licenses for Alcohol and Drug Counselors*)  
(Attachment C7 – *Alcohol with MHP or Psy License Query*)  
(Attachment C8 – *Memo RE: Alcohol and Drug Counselor Regulation Changes*)

**XI. Tribal SA Services Update**

(Attachment D1 – *Memorandum of Understanding*)  
(Attachment D2 – *Mental Health Board Order*)  
(Attachment D3 – *Flow Chart of Magellan Involvement*)  
(Attachment D4 – *Emergency Protective Custody Admissions Procedure*)  
(Attachment D5 – *Personal Rights of Subjects*)  
(Attachment D6 – *Revised Statutes*)

The Division funds outpatient services at the Winnebago and Omaha tribal Mental Health Programs. Important issue has arisen in that the Tribal court orders are not recognized in the Mental Health Law as “mental health commitments”. The result is that Winnebago and Omaha Tribes have been provided sample Memorandum of Understanding (MOU) to use with the county for the Mental Health Board (MHB) Commitment. A tribal member must be MHB Committed to utilize the Regional Center or to be committed to treatment at local care providers.

Linda stated that transportation is an issue.

Kathleen stated that the tribes need access for those members needing inpatient MH care and work with IHS to receive funds for regular access to inpatient care until the MOU's are signed by the counties for MHB Commitment.

**XII. Voucher Program**

(Attachment E1 – *2008 NE Initiatives for Mid-America ATTC*)  
(Attachment E2 – *Addictions Recovery Brochure by ATTC*)

Christine Salvatore stated that the upcoming seminar will be very valuable for anyone who can attend including those who do a lot of work in the criminal justice center. The online course is free and allows people to access the information at any time.

**XIII. Early Release of Prisoners** –In the interest of time this item was skipped.

**XIV. Mid-America Addictions Transfer Center** – *No report was given ATTC reorganization is occurring.*

**XV. OLD BUSINESS**

A) CSAT Corrective Action Plan

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Corey asked if use of the CSAT is constructive or destructive.

Lee asserted that use of the CSAT is “very constructive” by way of handling complaints, “it forces us to deal with issues, to get organized...and do things we weren’t doing.”

Corey stated that is also useful in order to get funding.

B) Needs Assessment

Lee stated that things are going well with the progress report and the Needs Assessment is contracted with the Public Policy Center.

*(Attachment F – 2008 NE State SAS Needs Assessment Proposal)*

Lee stated that Kate is working on a snapshot of the current Needs Assessment. Next month there will be surveys and focus groups with thorough results expected by September 1, 2008. The last report was done in 2000.

C) Finance Audit

In the review of finances conducted by CSAT the reviewers were unable to reconcile the amounts of federal spending by year and the “Maintenance of effort” by the state. The year in question was 2005 state year which was the first year of Behavioral Health Reform. The major issue was coding of the expenditures. Backup documents maintained by the Division have been submitted to CSAT for consideration. As part of the Needs assessment, data will be gathered from providers and partner agencies on the level of need for additional treatment and prevention activities. If possible, funding will be targeted to meet those needs.

D) Program Fidelity and Services—Purchased Audits

*(Attachment G1 – CSAT Audit Committee Recommendations)*

Lee discussed Statewide Audit Committee’s audit process. A ‘Program Fidelity Audit’ is done every 3 years and looks at whether a provider is accomplishing what they set out to accomplish.

*(Attachment G2 – CSAT Technical Assistance Project)*

Lee discussed the two areas of the Technical Assistance Project. ‘Block Grant 101’ will be a training program conducted statewide so that everyone who receives block grant funds will be knowledgeable of the requirements and how to carry out those requirements. The second area is “Standards of Care” which will help facilitate identification and prioritization of SAAC Standards of Care.

**XVI. NEW BUSINESS**

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A) Mental Health Issues in Substance Treatment Programs

Topher Hansen led an informal discussion on mental health issues in substance abuse treatment programs.

B) 2008 Meeting Schedule

The committee discussed meeting dates and times. It was the consent of the committee that meetings be held on the Second Tuesday of the Month.

Motion to hold meetings from 9 AM to 1 PM offered by Tyson

Motion Approved by unanimous voice vote.

C) Today's Recommendations for BH Division

Jerome said he would email Committee members with the date of the January 2009 meeting. (ed: January 13, 2009)

Linda recommended compiling a catalog of all the recommendations once a year.

Lee agreed to put policy letters in the new orientation packets which will also include copies of the bylaws, list of names and contact information, previous minutes from past meetings, and statutory language about the committee.

D) Other – agenda items added at meeting only

**XVI. PUBLIC COMMENT**

J. Rock suggested the committee place public comment on its agenda before recommendations. Jerome agreed.

J. Rock commented that the Administrative Service Organization bid opening would be on April 1 at the State Office Building. She encouraged the committee to ask the Division to make the appeals process stronger, and to make available to individuals their records.

**XVII. AGENDA ITEMS FOR NEXT MEETING**

**XVIII. ADJOURN**

Meeting adjourned at 3pm.

Approved: \_\_\_\_\_

Date: \_\_\_\_\_