

Minutes of:
State Substance Abuse Advisory Committee
July 8, 2008

9:00AM – 1:30PM
Country Inn/Suites, 5353 North 27th St., Lincoln, NE
-FINAL-

Present (7): Jerome Barry, Corey Brockway, Ann Ebsen, Linda Krutz, Vicki Maca, Brenda Miner, Jane Morgan

Absent (5): Dr. Subhash Bhatia, Topher Hansen, Dr. DeLinda Mercer, Laura Richards, Wehnona St. Cyr

DHHS Staff Present: Scot Adams, Bob Bussard, Dianne Harrop, Jim Harvey, Joel McCleary, Christine Newell

Presenters: Kate Speck, Dianne Harrop, Julie Anderson, Joshua Robinson

Guests Present: Karen Heusel, Lana Temple Plotz, Jack Buehler

I. Welcome/Introductions

Chairperson Ann Ebsen called the meeting to order at 9:00 a.m.

II. Attendance – Determination of Quorum

Roll Call taken by Christine Newell. Seven members were present constituting a quorum.

III. Approval of March 28, 2008 Minutes

Corrections on previous minutes are encouraged in advance of meeting.

Jerome Barry disputed some of the language on page 4, “Language Subcommittee” should have been “Provider Subcommittee” and the “Bio-Psycho-Social Model” should have been the “Nebraska Standardized Model”.

Mr. Barry questioned Dr. Bhatia’s statement, “...part of the Bio-Social Model of Care is missing”.

Linda Krutz said the ‘Substance Abuse in the Justice System’ section on page 4, should not read as if the proposed bill actually made it through since the merger did not actually happen.

Motion made by Jane Morgan to approve corrected minutes, seconded by Jerome Barry. Roll call, 6 votes for approval and 1 abstention – Ms. Ebsen.

IV. Approval of Agenda

Motion by Jane Morgan to approve the day’s agenda, seconded by Corey Brockway. Motion adopted by unanimous voice vote.

V. BH Division Response to March 28, 2008 – Substance Abuse Committee Recommendations

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Attachment A – Recommendations and Division Response for 3/28/08 SAAC Meeting

Dr. Adams addressed the Committee using the BH Division response letter to the March 28, 2008 Committee recommendations.

1. Advisory Committee Strategic Plan

The new Behavioral Health Oversight Commission (BHOC) will be holding its first meeting July 24, 2008. The Governor wants input, recommendations and suggestions from the State Substance Abuse Advisory Committee (SSAAC) in developing the strategic vision. The BHOC has 12 members, there are 3 treatment providers (Mary Hepburn O’Shea from Lincoln, Pete Tulipana from Heartland Family Services and Psychologist Dr. Brad Bigelow from Kearney), 3 regional administrators (Kathy Seacrest for Region 2, Beth Baxter for Region 3, and Patti Jurjevich for Region 6), a consumer (J. Rock Johnson), a consumer advocate (Rhonda Hawks), and regional center representatives (TyLynne Bauer from Norfolk, Bill Gibson from Lincoln, Jim Egley from Norfolk, and Joe Patterson from Hastings). Dr. Adams indicated that he saw development of a “strategic plan” for SSAAC as duplication of the BHOC’s efforts to create a strategic vision.

Mr. Barry volunteered to attend the BHOC meetings and report back to SSAAC.

The Committee asked staff to facilitate a planning session at October SAAC meeting, to involve the Committee recommendations of the last few years, training needs of the SA system, and licensure and regulatory issues.

2. Relationship between Medicaid and Divisions

Directors of the 3 Divisions (Behavioral Health (BH), Children and Family Services, and Medicaid and Long Term Care) are meeting quarterly with the Administrative Service Organization (ASO), Magellan to work on improving ongoing operations, reporting, and the availability of data to regions and programs.

Dr. Adams provided examples of the Division’s work with Medicaid including joint regulations, revisions to the ACT program and provisionally licensed mental health practitioners. Joint services have brought an additional 8 million dollars into the State’s BH system.

Ann recommended that the committee receive ongoing quarterly information on the funding of joint services.

Jerome requested the Division work with Medicaid to provide definitions and the specifics about how a program becomes dual-capable or dual-enhanced.

3. Ongoing Review of Committee Recommendations:

A recommendations book will be available at all meetings. The Committee will receive a yearly update on recommendations made.

4. Orientation Package

Attachment B1 – State statutes for SAAC

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B2 – SAAC bylaws

B3 – Robert’s Rules of Order

B4 – Open Meetings Act

Attachment B5 – Expense requirements

- a. sample voucher*
- b. “receipts”*
- c. Personal vehicle mileage*
- d. ERD guidelines*
- e. State statutes for reimbursement*
- f. State accounting policy*
- g. 2008 mileage rates*
- h. Meal & Inn reimbursement*

Attachment B6 – Organization charts

- a. Division of BH Administrators*
Division of BH Community Service Section
- b. Division of Public Health*

Attachment B7 – Summary of BH Contracts FY08-FY09

Bob Bussard handed out an orientation packet to attending members. A more formal orientation will occur at the October Meeting.

5. Letters of Appreciation

The Governor will be sending a certificate of appreciation and a letter to Kathy Seacrest for her long term service to the committee as well as to the Region. Ms. Ebsen recommended the Division also send a letter to which Dr. Adams agreed.

6. Committee Attendance via Telephone:

Prompted by Dr. Mercer’s request to attend the meeting via telephone, discussion ensued and the Committee decided to look into the possibility of opening the meetings for teleconferencing.

PUBLIC COMMENT

Chairperson Ann Ebsen asked for public comment. No public comment.

REPORTS

1. BH Division Updates/Reports

Director’s Report:

Vicki Maca, Administrator for the Division of Behavioral Health, explained her supervisory responsibilities and detailed her professional background. As Administrator, she is responsible for the Mental Health, Substance Abuse and Gambling Assistance Programs that are delivered in Nebraska communities. The Committee requested that Vicki report on,

- The new BHOC and expenditures
- The progress of the Corrective Action Plan with SAMSHA
- The regions and their utilization of services
- The ongoing relationship with Medicaid.

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Children's Behavioral Health (CBH):

In lieu of the CBH Manager, Maya Chilese's absence Vicki gave a brief summary of the work that Maya will be doing. Ms. Chilese's main focus is on the Statewide Infrastructure Grant (SIG) for kids. She will also be working on the LB542 plan which has core values, guiding principles and a number of strategies to move CBH forward. One of the Governor's initiatives is to "integrate CBH into the Division of Behavioral Health".

Administrative Services Organization (ASO):

Magellan Behavioral Health Organization is the ASO for the 3 Divisions. The goal is to have an integrated, family-oriented BH network across the state.

Corrective Action Plan:

Contract Review

Attachment C – CSAT Final Corrective Action Plan with Progress

Bob discussed the progress made with the Corrective Action Plan. The Division and the Public Policy Center (PPC) have been working together on the Needs Assessment. Field staff are now involved in audit requirements. Block Grant 101 is coming up and the intent of the course is for folks to understand what interim services the block grant monies are responsible for.

Attachment D – Conveying Substance Abuse Prevention and Treatment Block Grant Requirements

Bob discussed consultation regarding the block grants. Overall, the Division was given good marks on conveyance but not on implementation and documentation.

Needs Assessment PPC

Attachment E – Substance Abuse Needs Assessment, SAAC Report July 8, 2008

Attachment F – Nebraska Disaster Behavioral Health Conference brochure, July 18, 2008

Kate Speck with the UNL PPC discussed the draft Substance Abuse Needs Assessment and the data collection process. The PPC has been gathering statewide information via an online survey (www.ppc.ne.edu) and by conducting focus groups across the state with consumers, their families, funders, practitioners, etc. There are currently 700+ responses to the survey and about 12% of respondents are consumers. Some of the preliminary issues that have emerged have to do with capacity, transportation, waiting lists, housing support, access to psychiatric medicines, and continued medical attention.

A final draft of the report should be done by the end of September. Ann suggested using this information to back the Committee's recommendations

Prevention Activities

SPF SIG & Drug Free:

Dianne Harrop with the Division of Public Health (PH) reported that changes at the state and federal levels have required PH and BH to more carefully coordinate their prevention activities. Teams from both divisions have been meeting at 6-8 week intervals to update each other. The two Divisions have been emphasizing SPF (Strategic Prevention Framework) for State Incentive Grant (SIG), Block grant, and Governor's Grantee. An epidemiology workgroup, comprised of

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key decision makers, administrators, epidemiologists and representatives from the BH Division, has been formed to collect, organize and analyze data specific to substance abuse and give their recommendations to NE PiP.

NE PiP Activities:

Attachment G – Nebraska Partners in Prevention (NE PiP) Member List

Attachment H – FY08/09 Regional Coordination Group Action Plan

NE PiP (Nebraska Partners in Prevention) is a Governor's advisory council. Priorities were presented last October. Nebraska's priorities are,

- To reduce alcohol use in persons 17 and younger
- To reduce binge drinking in 18-25 year olds
- To reduce DUI's across all age groups.

The Regional Prevention Coordinators (RPC) have a significant role in meeting immediate and ongoing needs. This approach is a train the trainer model, the RPC's provide the training and technical assistance to the communities. By following the SPF model and utilizing the support provided by the RPC, improved local outcomes and progress is expected on statewide measures.

Communities are now able to apply for SPF-SIG money; \$2.5 million is available to the community over 5 years. A toolkit has been developed that helps communities assess their needs as well as their capacity and readiness to implement prevention activities. The toolkit also assesses the strengths within the community to address the problems that are identified by the community. Technical assistance from Region 6 has been utilized to develop online surveys to be used in conjunction with the toolkit as part of the data collection process. Funding is expected to go out in September.

Attachment I – Office of Community Health Development, Substance Abuse Prevention

Attachment J1 – Comparisons of National Drug Use and Health Survey 1999 to 2006 Nebraska (2 pages)

Attachment J2 – Regional Comparison of NSDUH 1996 to 2006 (2 pages)

Attachment J3 – Regional Comparison Charts (4 pages)

The federal government will use results of the National Drug and Household Survey to see how well Nebraska used their money to target the problem areas.

Each of the community coalitions are required to allocate 10-15% of the funding they receive for local evaluation and they must contract with statewide evaluators.

Dianne discussed other collaborations between the divisions.

Prevention Coordinators:

Attachment K – Save the Date – SAAC Statewide Prevention Conference Oct. 8-9, 2008

Attachment L – RPSC Meeting Minutes, Kearney, May 28, 2008

RPC's are funded through the block grant and 50% of the money going to the region for prevention must also go to the community coalitions who have to use the SPF-SIG model to identify their needs. It is an effort to try to parallel all the activities across both divisions.

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2. SA Services in the Justice System Updates

Justice Behavioral Health Committee (JBHC):

Mr. Barry discussed how the JBHC has been working on trying to move forward with the ASI-CASI and cooperation between substance abuse and criminal justice. Providers will have finalized principles they will have to adhere to if they are going to treat substance abuse clients. JBHC has been charged with quality of review to find out if people are using the standardized model and incorporating principles.

Jim Harvey from the Division of BH discussed the contract the Division has with the UNMC College of Public Health to provide follow-up services for people who have been released from Regional Center Behavioral Health reform units. Dr. Galloway's reports showed the following chief findings: People who have serious mental illness-low functioning, substance related disorders and personality disorders are the number one group who has been discharged from the regional centers and then came back. Of those who have been through the regional centers, 5% are now in state corrections. This is the first time the Division has been able to document this pattern. Now the Division wants to see if the same pattern can be identified from local jail data. The goal is to stop these individuals from moving through these two systems which will require a special kind of approach.

From Magellan data, the State knows where individuals are landing after their release from regional centers. About 95% of people have made some kind of contact with the Department of Health and Human Services (DHHS) funded services, most for mental health and substance abuse services.

Discussion occurred regarding case management of inmates seeking treatment.

3. HHS/R&L Alcohol Drug Counseling

Licensing Program:

Attachment M – Kris Chiles Packet

The new regulations are complete but are under revision again in order to change the language to match the Uniform Licensing law.

The International Certification & Reciprocity Consortium (IC & RC) (<http://www.icrcaoda.org>) has done away with oral exams. A new written exam of 150 questions has been instituted that includes 137 questions from the old exam process and 13 new questions related to materials from the old oral exams. The test is standardized and recognized in 43 states under IC & RC.

The licensing board has been working on a newsletter for over 12 months that would inform counselors of current changes regarding testing. Due to lack of staff, the newsletter has not been distributed.

4. LMEP Drug Counseling Training Report

Update:

Attachment N – LMEP TAP Training Update

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Joshua Robinson with LMEP provided an update on available training classes. The Core Functions class is being kept and a preparatory class for the new 13 questions is being added. LMEP is working on adding two more A & I classes due to long waiting lists. They have been hosting very successful speakers through outside contracts.

Discussion ensued about the demand for trainings in western Nebraska and the monetary and time challenges for administrators sending their employees east. A possible solution would be use of the distance learning.

5. ASI/CASI

Attachment O – ASI-CASI Report to SAAC – July 8, 2008

Ms. Speck discussed ASI/CASI pass rates.

6. Determination of Committee Officers:

Committee Officers will be determined at the October meeting when all new and renewing members have been decided.

PUBLIC COMMENT

No public comment.

NEW BUSINESS

Today's Recommendations for BH Division:

1. That there be quarterly spend down by Medicaid by level of services.
2. Ask that Medicaid provide definitions, how they determine and what constitutes dual-capable and dual-enhanced services.
3. That the Division sends a 'Thank you' letter to Ms. Seacrest for her years of service on the Committee.

Public Notification of Meeting:

The next SAAC meeting will be on October 14, 2008, perhaps with teleconference capability. It was proposed the Committee consider doing only web-based public notice.

Other:

No other agenda items.

AGENDA ITEMS & DATES FOR NEXT THREE MEETINGS

Some agenda items for future meetings include: BHOC review, strengths and opportunities for substance abuse, and housing alternatives for substance abuse.

Next meetings: October 14, 2008, January 13, 2009 and April 14, 2009

Adjourn:

Meeting adjourned at 1:30pm.

Approved: _____

Date: _____