

Final Approved as of March 28, 2008

STATE ADVISORY COMMITTEE ON SUBSTANCE ABUSE SERVICES

November 28, 2007

Country Inn/Suites

5353 North 27th

Lincoln, Nebraska

Committee Members Present: Jerome Barry, Ann Ebsen, Topher Hansen, Jane Morgan, Kathy Seacrest, Lee Tyson, Brenda Miner, Laura Richards.

Committee Members Absent: Dr. Mercer, Wehnona St.Cyr, Dr. Bhatia, Linda Krutz.

DHHS/Behavioral Health Staff Present: Ron Sorensen, Joel McCleary, Betty Alm.

Presentors: Dave Palm, DHHS Office of Public Health; Nancy Herdman, DHHS Regulations & Licensure; Christine Salvatore, Supreme Court; Julie Anderson, Shawna Dwyer, Lincoln Medical Education Partnership; Pat Stilen, Jan Wrolstad, Debbie Rockford, Mid-America ATTC.

Guests Present: Julie Hippen, Judie Moorehouse, Ed Lankas.

I. WELCOME/INTRODUCTIONS

Chairperson, Ann Ebsen called the meeting to order at 10:00 a.m.

II. ATTENDANCE – DETERMINATION OF QUORUM

Roll call was taken and determined a quorum was present.

III. APPROVAL OF AUGUST 15, 2007 MINUTES

Jerome Barry explained that the discussion of Page 4 of the August 15, 2007 minutes, “Jerome said what Medicare and Medicaid will not reimburse is in Behavioral Health Service.”

Amended – Jerome said Medicaid will not reimburse for detoxification services if those services are performed in a substance abuse or mental health department; they must occur in the medical units of a hospital to be reimbursed.

Also, Kathy Seacrest clarified the Page 4 discussion - “Kathy Seacrest said 98% of the time detox facilities are empty – may need medical detox.”

Amended – Kathy Seacrest said when Region 2 had a detox it was empty almost 95% of the time and that it is hard to have enough critical mass to keep a voluntary detox open.

MOTION: Kathy Seacrest

To approve the August 15, 2007 minutes as amended.

SECOND: Topher Hansen
Discussion: None
VOTE: Motion passed unanimously.

IV. APPROVAL OF AGENDA

Chairperson, Ann Ebsen suggested discussing the Division responses to the Committee recommendations and ask Lee Tyson to discuss the Federal grant.

MOTION: Kathy Seacrest
To approve today's agenda with the addition of the Federal grant discussion..

SECOND: Jane Morgan
Discussion: None
VOTE: Motion carried.

V. BH DIVISION RESPONSE TO AUGUST 15, 2007 SUBSTANCE ABUSE COMMITTEE RECOMMENDATIONS

(handout: Division Response dtd. 11-13-07 from Scot Adams)

Kathy Seacrest recommended this item be under Division Reports. ????????????????

Division response to Recommendation #1

Recommendation #1 referred to the strategic planning process – is in initial stages.
Lee Tyson expressed we want to be one of the best.

Division response to Recommendation #2

(handout: Table 11: Summary Profile of Client Evaluation of Care) attachment to the Division response memo dated 11-13-07)

Kathy Seacrest mentioned not sure how that answers the Recommendation #2 - the Committee asked for criteria of the Block Grants.

Lee Tyson explained we have a huge packet that has the criteria and we will make sure the Committee received this packet with criteria next time.

Division response to Recommendation #3

Joel McCleary, Administrator, Office of Consumer Affairs, referred to Table 11 Summary Profile of Client Evaluation of Care. Joel explained the first two pages of Table 11 are the MHSIP survey.

Ann Ebsen explained the Committee was asking about the consumer surveys and wanted to know more about the survey, questions asked, who submitted to and how being used.

Joel explained this is the data, asking about access, outcomes, etc. Over 5,000 are phone interviewed by techniques designed to ensure confidentiality and statistical validity.

Comment: Kathy Seacrest mentioned sometimes this upsets consumers.

Joel explained they want 95% confidence level – that is why they call so much. Joel has another document available that can be sent to this Committee.

81% are positive – they agree or strongly agree they are getting what they want; 73% lowest; outcomes. Some are not sure what they should be getting out of their treatment.

Regarding the youth survey, the #s are much lower – Joel’s concern regarding 53% (satisfaction in one area).

Q: Is this done by the guardian/parent?

A: Joel says it is done by the parent/guardian – additional questions were put on this.

Kathy Seacrest mentioned some do not know which service you are serving – do not distinguish.

Joel suggested this Committee’s recommendation be specific.

Consumers do not think of this as HHS – they do not know why HHS wants to know anything about them. Consumers do not get the letter until they have been called ten times. Some times they do not get the letter. Kathy Seacrest said they bring the letter to them. Consumers report to them – come to a facility, not HHS.

Kathy said we need a different way to approach this. Most facilities do their own surveys – this is not an accurate survey.

Topher Hansen mentioned a delicate balance between Federal and State – have to coordinate with all involved – do not want to pile on more surveys.

Kathy suggested if we could have 2-3 questions regarding funding by the state, answers the questions the Feds. and the State want. Everyone is probably doing client satisfaction surveys.

Lee Tyson added this fits well with the CSAT Block Grant – we could handle this with that – not only a survey – better consultation but build into standards of care, quality improvement, benchmarking.

Have to access quality – Medicaid says you have to be accredited.

Topher said – assure quality, access, standards are hit. Governments have to let go to micromanaging. Instead of questions added, say give us information on access.

Kathy Seacrest said will need a standardized response.

The Committee asked the Division to consult with a credible survey source who does surveys to measure key pieces of information and provide to the state electronically. This recommendation saves expense. Accreditation be considered.

Joel said survey now costs \$34,000. Kathy Seacrest suggested this survey be done away with completely.

Regarding survey within facilities, Joel explained we can't get to all places to measure. Only 3-4 people in a facility do this.

Lee Tyson asked the Committee how they want to be involved in this. Ann suggested the members be sent the information before the process is implemented. If the Committee feels it is not appropriate, a special session could be called.

At this time, Topher announced he had to leave today's meeting for an outcome presentation and will return around 1:15pm.

Joel thanked the Committee members for their input today.

Division Response to Recommendations #4 and #5

(handout: Information from Other States Regarding Detox Services; Use of Jails for Civil Protective Commitment in Nebraska)

Lee explained we talked to six states comparable to Nebraska. A lot of variance covers different services in different states. South Dakota and Kansas - it doesn't cover any detox services; Wyoming it covers a lot. Wyoming is only state we surveyed that covers outpatient detox services - all have civil protective custody. Some states use jails in rural areas. Detox in rural areas - states have same problems as Nebraska.

Any more information would be quite a project.

Ann Ebsen said we were hoping to get an idea of what other states are doing - looks like some are doing what we are or worse.

Lee said the most innovative thing she could determine was in Wyoming - in-home detox looks very promising. Physicians are partnering with substance abuse programs to do in-home detox - they have had some success with it and use this for alcohol detox and opiate withdrawal - most success with in-home detox. They use alternative therapies, e.g. acupuncture.

Use of Jails for Civil Protective Commitment in Nebraska

Lee summarized the information.

Lee sent an email to 26 sheriffs - they said it doesn't occur, but in person they said it happens all the time - they find a way to charge them with a crime - crime such as public intoxication or disorderly conduct. Their frustration is what we know - they feel caught between detox centers

and hospital ERs. Sometimes they drive long distance to a detox center – sometimes they cannot do that. They have frustration with hospitals because they have to wait so long to be seen. They would like a better understanding of triage – training, technical assistance – Lee added we need to give them some direction. Topher added most won't admit for detox.

Brenda Miner said in Grand Island they opened a medical supported detox – working well – working together. Detox program screens them and gets them into ER – if stable they go to detox. Issue is resources and working together.

Q: Ann asked what the Federal jail standards are for detox facilities in jails. We can then develop some protocol and ask that this be developed and then rural sheriff departments have an answer.

Lee will have to push this further.

Kathy added while medical detox is working, it is not a recognized service – only certain populations.

Jerome asked about getting data regarding jails.

Ann said they are coming in because they disturbed the peace, etc. – probably do not want to tell us regarding detox – do not want that liability, so if they could find out some jail standards when someone is brought in. Kathy added a lot of jails do not have that.

Topher added we need some talk with those in leadership positions, needs and how to push the issue and how we can work with this.

Ann said internally this is a topic no one will tell anyone.

Kathy suggested gather hospital and law enforcement and detox professionals and figure out how to solve this problem in this state.

Ann said this Committee recommends getting information on jail standards and identify more groups and then ask for a formal study – need to know what the requirements for law enforcement. Kathy added we do not need a focus group. Ann said not that much difference in urban and rural areas. Lee added this is a good idea. Jerome said make sure physicians are involved – they understand substance abuse – Dr. Kathleen Grant at the VA and Dr. Boust.

Division Response to Recommendation #6

(handout: GAIN-Short Screener (GAIN-SS) Yakima) attachment to November 13, 2007 memo from Scot Adams August 15, 2007 Recommendations from Committee)

Lee said she discussed this with Dr. Shaffer. He said the Co-Occurring Task Force is working on this – they adopted a tool to use – the GAIN-SS. The Task Force is recommending physicians screen not just for alcohol but also mental health. They have some grant money to educate across the state.

Q: Jerome asked what does this task force look for in the rest of the state?

A: Lee said do outreach to professional organizations and provide training. Lee will ask someone to attend the next Substance Abuse Committee meeting and how to disseminate information. Also can look at the Division options and what resources the Division has. Not a lot of interest in physicians groups with the Division doing training. Ann suggested send out a note to physicians regarding the screening device.

Topher suggested working internally through Medical Societies. This is good but need more process on how it is implemented. Topher suggested start locally and find out where the rough spots are before statewide implementation.

Ann suggested Dr. Shaffer be invited to the next Committee meeting and present information.

Lee suggested nurses be involved – nurses will be asking the questions – Brenda added nurses do not have the time.

Lee added the staffing at the Division is very limited at this time – this will take time. We are doing our best. We have limited resources. Ann said we will put this on the agenda again if need be.

PUBLIC COMMENT

None at this time.

REPORTS

I. BH Division Updates/Reports

- Prevention Activities – Dave Palm

Have made progress regarding State Incentive Cooperative Agreement (SICA) – ended September 30 – now doing the paperwork on getting reports and evaluating the final outcomes – this will be shared with this Committee when we receive them.

Have done Epidemiology Profile of substance use in Nebraska – good guidance from 20-member workgroup – report will be available in a month and the Substance Abuse Committee will receive a copy which will be available very soon. Includes alcohol use, tobacco use, illicit drugs, marijuana, cocaine, meth. This is a comprehensive report that hasn't been done in Nebraska. Jeff Armitage was the principle author of the report. We received good guidance from the workgroup and are pleased about that. We used those results to do a Substance Abuse Strategic Plan for SPFIG (State Prevention Framework Incentive Grant) grant – 95% complete.

Had a meeting with NE Partners in Prevention on October 31 – they agreed to three priorities: 1) prevent alcohol use 17 and under; 2) reduce binge drinking 18-25; 3) reduce alcohol impaired driving. These three priorities will be used for SPFIG grant – so far have developed Epidemiology Profile and have a draft plan.

Will be having a meeting with NE Partners in Prevention in December or January. The plan/profile will be sent on to SAMHSA for their approval. Once they approve the plan, we

hope to release the Request for Proposal (RFP) in January. Community Coalitions will have 6-8 weeks to prepare grant applications – will be working with Community Coalitions in March/April.

Q: Kathy said, some of the coalitions have asked how much time.

A: 6-8 weeks after release – hopefully in January – once we have a draft ready, we will send on to SAMHSA.

Q: Ann asked, when the report is done, is that something this Committee will receive? Kathy suggested also the Strategic Plan. Dave said it will be provided to this Committee.

Q: Where will the profile go?

A: Dave said it will be distributed widely – will be available – email, website, etc.

Q: Will it go to all stakeholders – everyone involved?

A: Dave said, absolutely.

II. CSAT Core Technical Review 2007 Final Report Issues Requiring Corrective Action

(handout: Nebraska Division of Behavioral Health Services Technical Review Report: Performance Partnership Grant Core Technical Review September 28, 2007)

Lee Tyson reported on the review (compliance with the Block Grant) conducted by CSAT in Nebraska during April 2007. We have a Final Report back and the results were not very good. We need to come up with a plan of corrective action that is acceptable to them by March or we will not receive any more Block Grant funds - \$4.5 million – will cut service and capacity. This plan must be implemented before we submit next Substance Abuse Block Grant application or we do not get any money next year – FY08.

Q: When is submission date?

A: Late fall – October 1.

Q: When was this report received?

A: Lee said we received it October 10, preliminary reports were received mid-summer.

Q: Brenda Miner asked, who is working on the corrective plan?

A: Lee said the handout is not the plan – this is preliminary work – explains what the major problems are – includes the work we have to do.

Lee explained the first area of concern – they feel we have not done statewide needs assessment since 1997. Some in our Division say some elements of this have been done and Lee feels they have – but no comprehensive statewide needs assessment. We will utilize some funds to contract with some organization, e.g. Public Policy Center, Gallup to do needs assessment and getting input from this Committee. Needs to be pulled together quickly by experts. Lee has asked the regions what they are doing now pertaining to needs assessment in their regions. Would like to get us as much input on what is already occurring so we use the good elements already occurring.

Ann said it makes sense to start with the regions. Topher said we are talking about a coordinated effort. Ann said to also look within the Division assessments that have been done – someone from outside state government to pull that together.

Jerome said we need some assurance that this huge problem is dealt with. Kathy added we have to mend the relationship/association with the Feds. and have a credible plan of correction.

Topher added this Committee makes recommendations – management and CEOs have a huge problem. Kathy added this Committee has a huge part of the Substance Abuse Grant.

Topher added this is the first time we have heard about this. Kathy mentioned the Substance Abuse Committee name goes on that Block Grant. Topher said this Committee has had little opportunity to participate in this.

Kathy added this Committee has not heard about this but she requested this come to this Committee.

Ann said because of the responsibility/outcome of this - we have to be active – we have to maybe meet on a regular basis and be committed to this – maybe a subcommittee meeting on a regular basis – have knowledge and control of what is going on.

There is nothing on this agenda as important as what this Committee just found out. Can someone call Scot or Chris to attend today's meeting? Lee agreed to contact Ron Sorensen to attend today's meeting.

Topher mentioned the Oversight Commission meeting is December 14th and this will be discussed there.

Comment: This Committee has been treated badly. That is why we look at recommendations – do not know if it is important to stay on this Committee. That is why we are looking at all the Committee recommendations and Division response – some recommendations were ignored.

Q: What is the total amount?

A: \$7.8 million – Lee said this year we are risking one-half of that.

Kathy said we have to put resources in place. Lee explained she talks to the Project Officer in D.C. almost every day. Lee asked is there support – she is sure DHHS would be supportive of this.

Kathy added this crosses many Divisions – data system has been put on hold. Lee added Finance has been very cooperative and helpful.

BREAK

III. Mid-America Addiction Technology Transfer Center – Pat Stilen

(handout: Addiction Technology Transfer Center booklet; 2008 Leadership Institute Nomination & Application Packets)

Pat Stilen, Director of Mid-America ATTC introduced Debbie Rockford, Conference Coordinator and Jan Wrolstad, Associate Director.

The packet contains brochures. One of the initiatives is returning veteran's issues. Large conference to be held in Kansas and Missouri. The packet contains Medication booklet – also now have a Spanish version.

Also included is educational tool, ATTC Network 2001-2007 map – Kansas, Missouri, Arkansas, Oklahoma, Nebraska. The ATTC has been in existence since 1993. University of Missouri is the national office – all 50 states and territories are covered.

In the last grant application, funded by CSAT – realigned them – they wrote for the State of Nebraska and other states. Prairieland boundaries have expanded to Wisconsin – changes were not asked. ATTCs are all funded – all ATTCs that were funded originally were funded again. They work differently than Prairielands. The mission may be revisited in December.

Purpose is to serve substance abuse community and state substance abuse authority.

Much of the ATTC Network is training, education and implementation of best practices.

Like to be referred to as:

Mid-America Addiction Technology Transfer Center. They are funded by SAMHSA, CSAT – also receiving funds from National Institute on Drug Abuse – have been involved in treatment planning, curriculum, science-based info.

ATTC relationship with U.S. Government: U.S. President, U.S. Cabinet, DHHS, SAMHSA, CSAT, CSAP – ATTC is funded directly through CSAT.

Mid-America projects include:

Regional Coordinating Council – this is a mandate – will be including representatives from Nebraska on the Council – will serve once a year – probably more web-Conferencing. Their own Website will change in the Spring – ATTC will coordinate all websites, hopefully this will be more helpful.

Another thing prescribed by the grant was a Workforce Development Survey (handout: samples of what was done in other states) CSAT wants all to do national survey. Will look at issues of improvement, need younger people to carry on the work.

They have done support of state conferences in different ways; sometimes supporting a national speaker, e.g. evidence-based practices; logistical support, training in State of Missouri for substance abuse counselors. Also done faith initiative projects.

Also have done a lot of work with American Indian population in five state area – primarily urban population – working with Hispanic population; African American population. Working on cultural competency training around Hispanic population.

Projects on their plate:

- Clinical supervision
- Recovery and philosophy of recovery management
- Recovery Awareness Month

In Nebraska, efforts will be Workforce Development, state conference, representation on Coordinating Council.

Debbie Rockford presented information regarding the Leadership Institute. This will be the 5th Leadership Institute – will be recruiting 20 people from the regions – recruiting from all five states. If members from this Committee are interested, let her know – will hold a spot for Nebraska. They need to be dedicated to the field and have potential skills in leadership training development. Will be recruiting mentors from Nebraska – will be a 5-day training and they will work on project in their agency – this requires a lot of support from the agency. Applications are due January 1 (handout: 2008 Leadership Institute Nomination & Application Packet) Value is about \$7,000-\$8,000.

Pat added they are very serious about this project – very little agencies have funding. ??????

Thank you to the Mid-America staff for their presentation today.

At this time, discussion continued re:

CSAT Core Technical Review 2007 Final Report Issues Requiring Corrective Action

Ron Sorensen joined the meeting.

Ann Ebsen expressed that this Committee be part of this. This Committee offered to assist in this effort – this is a serious issue and this Committee wants to be part of this every step of the way.

Ron stated we are taking this very seriously – be careful not to panic. We do not have the staff – we have lost 20% of staff because of the budget cuts. This has been a strain on the Division.

Lee Tyson has been directed to respond to this. We have discussions with Federal staff and what they want – we will be working on some ideas to meet Federal regulations. Some are: changing contracts – this will include regions, state and providers regarding changes, interim services, etc. This will be a lot of work – will have to be a partnership – waiting list, set-aside and where to go for interim care, provider awareness. Division will be working with this Committee and providers.

Ron explained we are taking this very seriously – starting this process – making changes in contracts, etc. We will be happy to include this Committee.

Q: Jerome mentioned help the Division to get more staff – how is that going?

A: Ron explained we will convert staff positions and will add a couple positions with this.

Kathy expressed the concern we are just now hearing about this in November. We need much more information. Substance abuse got pushed under and so did this Committee – we need this Committee’s voice heard – the Substance Abuse Committee name goes on the Block Grant. Ron apologized that we did not involve this Committee before. We have put millions in 5-6 years into substance abuse. Ron added we have the information and getting our Finance area to account for it. Now we do not have financial staff. Kathy mentioned the regions budgets could have shown that.

Ron added in thinking about liability of this group – there are roles for the Committee other than working with the Division. Ron says legislative issues can be dealt with by, e.g., this Substance Abuse Advisory Committee.

Kathy suggested sending this Committee’s recommendations to a broader group.

Ann added we discussed the status of the Strategic Plan but this Committee has not been included. Ron added, with the reorganization of the Department we will put that on hold – not sure where it is now – our plan is end of December for internal plan.

Q: Ann asked do we need to keep focus on the big picture and look at this Committee as additional resource for what is going on in the regions? This Committee has a lot of knowledge and they feel they are not asked for input. Can this Committee be included in steps along the way?

Ron added we can open up the communication process with Lee being part of this Committee. Ann added we have to go to regions and providers for information – could run smoother. Ron says we will incorporate this in the process.

Q: Brenda asked are we getting by cheaper?

A: Ron said we are doing their way – this is not cheap. Have started discussions with Public Health, Epidemiology studies. Ann mentioned the prevention report will be done this month. Ron added we will give them everything they want – using Public Health Specialized Study. Ann mentioned this was not mentioned earlier today with the Public Health presentation. Public Health has told Ron they would like to be involved in this study.

Lee mentioned we also have to assess services, talk to consumers, providers, and identify service gaps. Brenda Miner mentioned Region 3 has been doing this already with BH Reform.

Q: They want this compiled at the state level?

A: Ron said yes.

Kathy suggested priorities on how staff utilize time put to this.

Ron added we do not have time to invest research time – mental health and substance abuse treatment. This is a bit overwhelming.

Q: Does the Governor know this?

A: Ron said consumers are writing the Governor about this – staff issues.

Ron said there are some broader issues – the whole BH Reform is not done. Ron expressed he is very concerned about this. A lot of other things on the horizon, e.g. children's health – a lot of things to get done, closing regional centers, etc. – not just an issue of money, but attention priorities. Reform is not done in substance abuse area.

Lee explained we have timelines with the Feds. – has to get to Capt. Coley, Project Officer at CSAT by end of next week. Lee will get a preliminary plan to Coley – not a final plan. Ron suggested give to this Committee for input.

Q: Kathy asked, do you, Lee, have the knowledge base?

A: Lee has the knowledge base to initiate and complete the project, includes getting the expertise from those who have the expertise. Kathy mentioned this is scattered – now this is contract language and we will end up dealing with this – they do not know about it until it is in the contract.

Ron mentioned we are going to rewrite in 2009 – interim services.

Lee added they also want us to develop long range, ongoing plan – two different things - immediate and long-term.

Kathy added we have to work at a broader look at this – can this Committee figure out a way for Division to do broader work and Ann said long term planning – SAAC would have this information.

Q: What is this Committee's most effective voice - what tools, specific recommendations, legislation?

Lee said the money will stop March '08 – we have to get a plan to Capt. Coley soon and get her concerns so we have addressed her concerns.

Ann suggested Capt. Coley's response/concerns go to this Committee.

Lee received this October 24 and has been sending emails to regions asking for input – her plan is to get input from regions and providers.

Ann added one of the problems is time constraints.

Christine Salvatore suggested working with Justice Behavioral Health Committee, e.g. audit process; Evidence-Based Practices.

Lee explained the handout – CSAT Core Technical Review 2007 Final Report Corrective Action – these are comments from Capt. Coley, pertaining to the review – the page # listed refers to the booklet handout – Nebraska Division of Behavioral Health Services “Technical Review Report: Performance Partnership Grant Core Technical Review September 28, 2007”

Page 12 – “There is limited capacity to move toward a more data-oriented system.”
Corrective Action expected by CSAT – utilize data we have – this will take time. RFP will help – IT and BH are working together – we do want to work with Public Health – do a better job is using information they collect. Need to develop process for data review, practice that and document that.

Page 17 – Deals with audits done by regions and providers. In 2005, corrective action plan was submitted, same found in 2006 and 2007. They are saying we need to review overall process, e.g. tracking on time – appropriate mechanism and follow-up action. Brenda added the regions have that.

Ann mentioned info. is gathered and sent to the state and it disappears at the state level. Lee says they are not criticizing audit process – want the state to follow-up and impose sanctions – we need to work with support staff to make sure they are logged and filed appropriately. There is a form the Field Reps. use and kept as a record and we will develop a tickler file.

Q: Brenda asked how come this was not done from last time?
Kathy said the audits go to the Field Reps. Lee added the Field Reps. have a real commitment to do this.

Q: Laura asked does the Division have contacts – Audit Workgroup?
A: Sheri Dawson is doing that.

Lee mentioned tracking, reviewing.
Ann said this report says the Division was too sloppy with this.

Page 18 – “No peer review performed during fiscal year 2006.”
This has been resolved – NABHO did all the Peer Reviews in 2007 and submitted reports.

Page 19 – CPA firm was doing provider and region audits – possible conflict of current firm. Lee said the question is this conflict of interest – we are contacting professional organization of CPAs – our legal staff, and asking for advisory opinion.

Page 22/23 – Lee said this is the big one – will not be done quickly or easily – not saying this about regions/providers – this is about the statewide system – say we do not have standards of care, quality care, benchmarks, quality improvement, etc. Lee said we need to say what we do as a state, what we want the consumers to receive, what are the criteria, what are the objectives, how do we measure it and how do we stack up against other states now and later. They are asking us to do quality improvement plan - find out what people are already doing and incorporate that.

Q: Christine Salvatore asked is this part of the Standardized Model. The Standardized Model has done this for offenders – can we expand to others?

Lee said the work done with this population is what we need. Kathy said stats from the regions can be looked at – already a system in place.

Christine said providers use Standardized Model format not just for offenders.

Lee said we could look at this to make sure everyone is doing this. What steps do we need to do to get everyone using this?

Christine said the Standardized Model is on the web.

Q: Could regs. address this?

A: Lee said we could look at that.

Christine said they are continuing to update their database – changes made.

Kathy said they also have to fill-out national survey information. Lee said this tool would be helpful.

Q: Laura asked, is this part of national accreditation for all providers?

A: Lee said it makes sense to utilize similar standards.

Lee said regarding Cultural Specificity – they are saying we do not have a plan – no protocols written. Lee said we need to do more training. Regions do this and it will be a matter of collecting what the regions do.

Page 32 - Interim Services – Lee said we have to correct this immediately and develop a long-term plan. People do not know what interim services are – need people to know what interim is. Interim services applies to a small population. Federal guidelines apply to IV drug abusers, pregnant IV drug abusers. Not every person – minimum group. We screen everyone – TB screening should be done. TB testing is not required by law in Nebraska – set of questions to be asked. IV substance abusers risk of sharing needles, TB, etc. asking screening questions. Brenda Miner says this is already in place with contract with the region. Lee said some agencies are not doing it.

Q: Is a data analysis person going to be assigned to this?

A: Lee said we do not know what this person will do.

Want the Division to provide training and technical assistance regarding interim services and document it; provider assistance info. or refer.

Kathy mentioned Magellan has to change criteria for case management services – no reimbursement. Lee added we have to change the way audits are done. They liked Region 5's monitor form. This form is three pages of criteria. We can look at it but it is very excessive.

Q: Laura asked is this capacity report?

A: No, it is a specific report. Lee said we are not going to ask all to use this form. Form was handed out today. They have asked us to put contract language from Federal regs. in our contracts (contract amendments in process) – same with women's services.

Page 35 – “No uniformity related to the provision of specialized services to pregnant women and women with dependent children.” There are qualified and non-qualified programs – women’s set aside. Lee said there are issues if you go from place to place – services are not available – no consistency for services for pregnant women. Their issue is more consistency.

Q: Ann asked are you going to address this?

A: Lee said we do not know yet. In looking at Federal regs., most people are doing it already – it is a matter of documenting this.

Laura said not enough child care providers. Kathy said have to show access.

Lee said there are community support people and they do arrange for child care – put that in the treatment plan. Christine said reporting center contract with child care providers throughout the state – all offenders can use those – life skills, transportation, workforce development, child care – Omaha and Lincoln – suggest work with Probation on this.

Lee mentioned Page 35, #5 – another issue – continuity of care – they went to the provider and looked at the chart – they looked at medical records – interim services weren’t documented. Kathy said have to show this with CARF – does needs assessment relate to treatment plan?

Lee said the final issue is Page 35, #7 – trauma-informed care – was not documented – some do this well. We need to provide technical assistance and can document services. We have to reinforce this. They visited facilities in Lincoln and Omaha.

At this time, Kathy suggested the Committee meets in January to discuss the agenda items not discussed today. (quorum not available at this time of the meeting)

Topher asked for a copy of the full report and any cover letters that came with it. (The Technical Report was a handout today) Lee said she will be communicating with Capt. Coley and this Committee will be included. The Committee will receive the information for the January meeting.

Kathy mentioned work closely with Probation regarding models in place in the state regarding substance abuse services in the state.

The Committee chose January 9, 2008 for the next meeting – 9am -1pm. Can ask some of the presenters to provide a written report and send to the Division – if questions, invite them to the next meeting. Lee will send email to the Committee members.

Ann suggested any information not presented today by LMEP and R&L send to Betty Alm at the Division.

IV. Voucher Program – Christine Salvatore

Christine Salvatore, NE Probation Data System, will be traveling statewide providing training and technical assistance - electronic vouchers.

December 13, 2007 – North Platte

December 14, 2007 – Scottsbluff, Gering
December 17-18, 2007 – Lexington, Kearney, Grand Island

Will be meeting with individual agencies in Omaha and Lincoln.

Voucher program is looking at long-term - fee collection rate is going down. We could get more money if we have data to support it.

Ann suggested we could create information gathering system that the Federal government wants.

Christine suggested contact Maria Canfield – State of Nevada Alcohol/Drug Abuse Division.

V. LMEP Drug Counselor Training Report Update – Julie Anderson
(handout: Lincoln Medical Education Partnership Training for Addiction Professionals
schedule; TAP Program Policies – revised 11/19/07)

Julie Anderson introduced Shawna Dwyer, new TAP Coordinator who will be attending these Committee meetings.

The handouts include training held and upcoming training:
Professional Ethics & Issues scheduled for November 29-30, 2007 – Instructors: Topher Hansen and Charles Thiessen
Personality Disorders & Addictions – December 14, 2007 – is filling up.
ASI/CASI – one more training to be scheduled.

Goal is to have class schedule online by mid-December.

The handouts included the TAP Program Policies which were revised November 19, 2007.

VI. HHS/R&L Alcohol Drug Counseling Licensing Program – Nancy Herdman

Provisional License Alcohol/Drug Counselors – 338

Licensed Alcohol/Drug Counselors – 410

Can be looked up on the website by individual name.

Written Exam was held in September – 10 passed; 1 failed; 1 no show.

The Oral Exam was held in November – 16 passed; 11 failed; 1 no show.

Interrater reliability for this Oral was 92% which is good.

Next written exam is in December.

ICRC will discontinue the Oral Exam and incorporate competency into the Written Exam. No implementation date – for now we will continue the Oral Exam – are planning May and November.

Once the Written Exam is in place: If someone has taken the Written Exam, but not the Oral Exam, they will have to take the new Written Exam which incorporates the competency component of the previous Oral Exam.

Disciplinary information from August 13, 2007:
5 have had disciplinary action.
4 on probation – Provisional – all initial applications.
1 petition has been filed – no action.

Q: Ann asked, can an applicant with convictions go through training and make application?

A: Nancy said yes – The Board has looked at their guidelines for those applicants with convictions. This is a guideline and each application is reviewed on a case by case basis.

Nancy announced the proposed regulations are now at the Governor's Office. Hopefully, by the first of the year the regs. will be in effect.

Uniform Licensing Law – this is overriding law for all professions. December 2008, it will be Uniform Credentialing Act.

Practice Act for Alcohol/Drug Counselors will change in 2008. Provisional will be for six-year time period with option of getting it second time if approved by the Board.

PUBLIC COMMENT

None.

REPORTS:

Committee members received handouts:

ASI/CASI (handout: ASI/CASI and Rural & Frontier Initiative Report)

Tribal SA Services Report (handout: Tribal Management Update)

ADJOURN

Today's meeting adjourned.

Minutes prepared by:

Betty Alm

Staff Assistant

Division of Behavioral Health

Approved: _____ Date: _____