

STATE ADVISORY COMMITTEE ON SUBSTANCE ABUSE SERVICES

February 21, 2007 10:00 a.m. – 2:00 p.m.

Country Inn/Suites

5353 North 27th

Lincoln, Nebraska

Committee Members Present: Jerome Barry, Topher Hansen, Ann Ebsen, Linda Krutz, Brenda Miner, Jane Morgan, Kathy Seacrest, Wehnona St. Cyr, Lee Tyson.

Committee Members Absent: Dr. Bhatia, Dr. Mercer, Laura Richards.

HHS/Behavioral Health Staff Present: Bob Bussard, Kathleen Samuelson, Betty Alm.

HHS/Regulations & Licensure Staff Present: Kris Chiles.

HHS/Office of Public Health Staff Present: Dave Palm, Jeff Armitage.

Guests Present: Kate Speck, Linda Wittmuss, Melva Denholm, Leslie Buhl, Kim Carpenter, Kristen Houser, Taren Petersen.

I. WELCOME

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 with nine members present.

III. APPROVAL OF NOVEMBER 7, 2006 MINUTES

MOTION: Kathy Seacrest
To approve the November 7, 2006 minutes.

SECOND: Brenda Miner
Discussion: None

VOTE: Motion passed unanimously.

IV. APPROVAL OF AGENDA

MOTION: Jane Morgan
To approve today's agenda.

SECOND: Kathy Seacrest
Discussion: None

VOTE: Motion passed unanimously.

PUBLIC COMMENT

None.

Discussion: Public Comment will be allowed during two time slots at the Substance Abuse Committee meetings.

V. BH DIVISION RESPONSE TO NOVEMBER 7, 2006 SUBSTANCE ABUSE COMMITTEE RECOMMENDATIONS

(HANDOUT: Memorandum dated February 20, 2007 to Ann Ebsen, Chairperson from Ron Sorensen, Administrator RE: November 7, 2006 Recommendations from Committee)

Recommendation #1 response discussion:

Discussion:

Lee Tyson said the Affiliation Agreement between the Division of Behavioral Health & HHS Finance & Support has not yet been signed. Have been operating the last couple years. The MOA No. HHSBH-07-BH/MEDICAID-01 Memorandum of Agreement for Mental Health Rehab Option and Substance Abuse Waiver Services will be sent to Committee members.

Recommendation #2 response discussion:

(HANDOUTS: Proposal for a Comprehensive Strategic Planning Process For Nebraska’s Behavioral Health System; HHSS Organizational Chart; Report to the Behavioral Health Oversight Commission)

The recommendation was requesting clarification on any changes in the structure of HHS, the role of the State Advisory Committee in the development of the State Plan and expected timeframe for implementation.

Lee Tyson explained this is two part – strategic plan – importance of LB 1083 and HHS structural changes. Lee noted the proposed HHS changes – noted on the organizational chart handout – six Departments: Public Health, Medicaid, Children & Family Services, Behavioral Health, Developmental Disabilities, Veteran’s Homes.

Current Directors – 6 Departments:

- Behavioral Health – Ron Sorensen
- Child Welfare – Office of Juvenile Services – Todd Reckling
- Medicaid – Mary Steiner
- Developmental Disabilities – Renee Ferdinand
- Veteran’s Homes – Director has resigned
- Public Health – Dr.Joann Schaefer

The handout – “Proposal for a Comprehensive Strategic Planning Process for Nebraska’s Behavioral Health System” provides the information. The Substance Abuse Committee will be a substantial contributor and they can review this plan.

Q: What is the timeline?

A: Lee explained more information will be received in May.

Kathy Seacrest mentioned we do not want to lose site of substance abuse issues.

INTRODUCTIONS

At this time, Chairperson, Ann Ebsen asked everyone present to introduce themselves.

Lee Tyson provided her background information.

Jerome Barry stated we need to use a more positive phrase. Topher added - use the words “substance use disorders” – do not use “abuse”.

Q: What about input of consumers?

A: Lee explained we are in the process of hiring a consumer liaison in the regions – Regions 2, 3 and 5 have hired.

Lee will be meeting with Substance Abuse Committee members individually and with regional representatives.

Referring to the Oversight Commission report – overview of LB1083.

Kathy Seacrest mentioned substance abuse is left out.

Q: How are substance issues integrated with treatment, beds, etc.?

Lee mentioned gaps in barriers – need to do better job with substance issues on these reports.

Kathy Seacrest – substance issues – the state doesn’t have the resources.

Funding has not helped services.

Emergency services should be more focused.

Topher – substance issues only being addressed on the side because of mental health issues.

Kathy Seacrest mentioned the need to change the definition – haven’t funded medical detox.

Lee mentioned emergency community support are first contacts with consumers.

In the strategic plan, need to look at long range planning for integration of substance issues and mental health.

Jerome suggested looking at the Substance Abuse Committee recommendations over the last five years. These recommendations/minutes will be provided to Lee.

Recommendation #3 response discussion:

Ann Ebsen mentioned meeting with Region 6 and they expressed concerns re: prisoners – putting people in the community and provide treatment for them – what provisions?

Linda Wittmuss explained early release – different than Community Corrections vouchers – those already on probation and in the community – this is brand new.

Q: How is early release being defined – haven’t heard about Parole Board early release.

Linda Krutz mentioned Dept. of Corrections is looking at focusing on mental health population – a meeting is scheduled for March which may clarify this.

Suggestion was made to add this discussion at the next SAAC meeting (Linda Krutz will provide a contact name).

Suggestion was made to invite Rick McNeese to the next SAAC meeting.

Linda Krutz added this is also an education issue.

Brenda said not enough info. to authorize with Magellan.

Kate Speck said some letters are sent because Parole hearing is coming up. Rick McNeese also does early release.

Do not meet criteria because they are incarcerated – abstinence without use.

Q: How do we authorize if they are institutional setting?

The state does not authorize.

Rich McNeese provides latest info. to referring provider – that allows you to make determination.

Brenda said Magellan asks different questions – providers do not have enough information to do authorization.

Recommendation #4 response discussion:

(HANDOUT: 2007 Region VII Methamphetamine Conference, May 7-8, 2007, Embassy Suites, Lincoln)

Kathy Samuelson explained we are in preliminary discussions with Minority Health and Region VII, Federal region (Nebraska, Iowa, Missouri, South Dakota, Kansas) and

applying for CEUs to sponsor this conference and focus on minority populations and Native Americans. Also made application with HHS R&L for CEUs.

Also, looking at suicide training.

Q: This training looking at specifically Native Americans?

A: Have requested training.

Kathy Seacrest said the point of this recommendation was on-going training – we need to continue this CEU recommendation.

Q: Something in the LMEP contract specific to minorities?

A: Leslie Buhl said nothing specific to minorities – Multicultural Counseling is held twice a year – Charles Thiessen is the instructor.

Pertaining to CEU courses: clinical hours are specified: 108 hours a year: 36 hours - criminal justice; 6 hours - clinical supervision; 66 hours – alcohol/drug specific. LMEP Core Education courses scheduled until the end of June.

Q: What is the approach for on-going training?

May help to look at what the Division is looking at.

Leslie said LMEP will not be doing a variety of trainings.

Kathy Seacrest suggested this be part of a strategic plan.

PUBLIC COMMENT

None.

REPORTS

I. BH DIVISION UPDATES/REPORTS

- **Prevention Activities – Dave Palm; Jeff Armitage, Office of Public Health**

Dave Palm explained about six weeks ago, three prevention programs to address substance abuse problems were transferred to the Office of Public Health:

- 1) Safe/Drug Free Schools Program
- 2) State Incentive Cooperative Agreement
- 3) Strategic Prevention Framework State Incentive Grant

The SICA program has been in operation – this is the sixth year of the grant. Community Coalitions have been funded for 2 ½ years – program ends September 30.

Q: Are schools tied to the SICA Program?

A: Dave Palm explained another round of the Nebraska Risk and Protective Factor student surveys will be done in Fall 2007 – hope to continue this every two years.

Wehnona mentioned this is valuable information.

Dave mentioned it is important to evaluate how successful this is. Plan is to continue the survey – will take place in Fall 2007. Survey was done in 2003, 2005 and now 2007.

Q: Is Laurie working for Public Health?

A: Laurie is in charge of the Substance Abuse Prevention Treatment Block Grant program with the Behavioral Health Division.

Dave added the coalitions are doing a good job – extensive evaluation going – hopefully can document some good successes.

Q: Can the region prevention staff meet with Dave?

A: Dave responded that he will be meeting with some regional prevention people in a couple weeks from all regions. Dave and Jeff are going to Kearney, Norfolk and are open to meeting with anyone at anytime and meet with Coalitions and open to suggestions – hope to get out to as many as possible.

Dave explained the timing of the Strategic Prevention Framework State Incentive Grant - this grant is very similar as what Nebraska has done with the SICA grant – not all states did the same with SICA grant. Nebraska funded community coalitions. That is the essence of what this new grant as well is to fund a number of community coalitions to address substance problems in their communities. Before we can do that, we have to develop a state epidemiology profile. Over the next 5-6 months or so Dave and Jeff will be working on this profile – the goal is to identify basic outcomes or consequences and make recommendations to the Nebraska Partners in Prevention about priorities. They will make the final decision as to what those priorities will be – we anticipate may be two or three priorities around substance problems which include alcohol, tobacco use and other drugs. When priorities have been established, the plan will be presented per year for five years to SAMHSA and once the plan is approved, a RFP will be issued to communities. Hopefully by this Fall the RFP will be released.

Regarding the amount of funding - \$1.7 - \$1.8 million will be distributed to communities. How many grants will be up to the NE Partners.

Q: How do you include the Tribes? Sometimes they get left out. Tribes have done great things on the reservations Contact Wehnona for more information.

A: Dave said the Tribes will continue to be eligible. Dave said they will take advantage of that and examine as much data as we can. We don't anticipate going out to do surveys over the next few months but want to take advantage of all the information we have.

Wehnona mentioned the task force organization (Epidemiology Center). She indicated this may be the best place to start.

It was suggested updates from the Office of Public Health be on each SAAC meeting agenda.

Q: Will Laurie be involved in this process? The Tribes worked very well with Laurie.

A: Dave said not in the beginning because Nebraska Partnership makes the final decision.

II. HHS/R&L ALCOHOL DRUG COUNSELOR LICENSING PROGRAM

– **Kris Chiles**

(HANDOUTS: Licensed Alcohol and Drug Counselors (LADC) and Provisional Licensed Alcohol Drug Counselors (PLADC) Active Status Multi-Year Summary 1993-2006; Counts by County/Profession/License Type; Alcohol w MHP or Psy. License; Title 172 Chapter 15 Draft 2-12-07)

Kris Chiles noted the handout of licensed LADCs and PLADCs - December 31, 1993-December 31, 2006, there were three PLADCs and December 31, 2006 there were 280.

The other handout is Alcohol Drug Counselors and Provisional Alcohol Drug Counselors by county – the county listing is only Nebraska counties.

Another handout includes those who hold dual credentials – shows three alcohol drug counselors who are also psychologists – page 107 shows either provisional or full licensed alcohol drug counselors and mental health professionals.

The Compliance Listing document includes individuals who have had disciplinary action taken against them or is pending or assurance of compliance which is not disciplinary. Some names are on there 2-5 times because of different stage in the process.

The listing by county is their mailing address but it may not be where they work.

What can be found on the Website is what is shown on the handout, e.g. dates – not going to say conditions of probation. Employee can go on the Website and get history of discipline or non-discipline.

Q: What is the timeframe?

A; Kris said that is what investigation is all about.

Final action is not always what the Board recommends.

Kris explained until a petition is filed – settlement done at the same time.

When a complaint comes in it is screened, e.g., violation, interviews, subpoenas. The Board looks at this. Is there a violation and if so, what is the gravity?

Q: How does a person find out?

A: They may not hear until the end of the investigation, but they are always informed – they will be interviewed.

Q: People who are certified that are Native American?

A: Kris – if they are ICRC member – part of the process is to reciprocate. Do not have statistics on ethnic background. If they are ICRC some of the Tribal members would be able to reciprocate.

Q: If someone has a dual credential, does discipline or allegation go to both Boards?

A: Kris said it is presented to each Board. In some cases, they will know what the Alcohol Drug Counseling Board recommended.

Q: Does this apply to facilities as well?

A: Kris said facilities are under a different process.

Linda Krutz said in looking at the Disciplinary Action list, there are twice as many women as men. What is causing this? Concern – less population area.

Kris added that the causes for discipline were related to such issues as – sexual relationship with a client; violation of patient confidentiality; personal finances; pornography; # of convictions. The Board looks at did they seek treatment? How long ago did it happen; have they changed anything? Relationship with client needs to be reported under mandatory reporting.

Topher said it is not uncommon to have a relationship with a client.

Q: What is the timeframe before they can enter into a relationship with a client.

A: Now it is two years.

Jerome mentioned specifics after diagnosis of alcohol dependency; 5 years probation is usually the standard recommendation.

Kris mentioned coming up with evaluation tool when the Board recommends evaluation when an applicant has a number of alcohol or drug related convictions. The Department is considering standard evaluation areas to assure consistency with each evaluator.

Kathy Seacrest mentioned contract with the providers of what the Board needs.

Q: Regarding relationship – consumer specialist – may now be colleague of someone who treated them.

Comment: Need to have a process - access to records, etc.

This is unique to all professions. Need to think about definition of client and definition of a family member when regs. go to public hearing. Is a client only on a caseload or is a client anyone who is a client only in an agency?

Kris quoted the Definition of Client – Page 2 in the DRAFT Licensure of Alcohol and Drug Counselors Regulations Title 172 Chapter 15. Copies of the DRAFT regs. were available at today’s meeting. Comments are welcome from SAAC members.

Client: means a person being assessed for a possible alcohol or drug disorder or an individual with an alcohol or drug disorder diagnosis who is receiving the direct services of the counselor. It includes those client cases the counselor may review, consult on or staff as part of an agency. Client may also include significant others for whom counseling or other services are provided in the context of treatment for the diagnosed alcohol/drug disordered person.

The Public Hearing was tentatively scheduled for March 15, however it will be rescheduled because of the agency reorganization bill in the Legislature – have been asked to delay hearing until that bill passes.

Other:

The Alcohol Drug Counseling Board will be doing a newsletter – will include statistics, Board member background, reporting, summary of regulations. Also available on the Internet.

Also looking at training additional examiners – also a possibility of eliminating the oral exam.

Kris also mentioned the Credentialing Annual Report is available – included in the report: how many disciplinary actions taken against different professionals, how the #s match up with other professions, goals, etc.

2007 Written Exam Dates: March 10, June 9, September 15, December 15.

2007 Oral Exam Dates: May 16-18; November 14-16.

Jerome Barry mentioned the Oral Exam rate is good – process has done more to improve competency in the field than anything – 77% passed the Oral Exam. Jerome said that when it goes to ICRC he will fight to keep the Oral Exam – the concern is the cost to train evaluators. ICRC has created a co-occurring credential. Nebraska may want to consider that.

Kris mentioned LB463 is the Uniform Credentialing re-write--this will make changes in the renewal process, revocation process and a number of other general processes. Alcohol Drug Practice Act is part of the rewrite which will eliminate two-year renewal for Provisional – will expire six years from issuance.. Board composition is taken out of the Uniform Licensing Law and placed in the Practice Act.

Kris asked SAAC to let her know what information they would like from R&L.

Q: Can other people get dual credential information?

A: Yes.

BREAK

REGION V BH REFORM SA SERVICE REPORT – Linda Wittmuss

(HANDOUT: Behavioral Health Reform Region V Systems Progress Report February 2007)

- Provided brief historical review of BH Expansion and Reform
 - o Legislation and intent
 - o Funding
 - o Governor’s Expectations

- Region V expanded the following service capacity:
 - o Substance Abuse services: Intermediate Residential, Short Term Residential, Dual Disorder Residential, Halfway House, Intensive Outpatient, Outpatient and Community Support
 - o Mental Health services: Outpatient, Community Support, Vocational Support
 - o Mental Health/Substance Abuse Emergency services: Emergency Protective Custody, Emergency Community Support, Intensive Care Management, Respite, Bi-Lingual/Bi-Cultural Service Coordination

- Region V implemented/expanded the following services under “reform” legislation/funding:
 - o Assertive Community Treatment – currently serving 42 individuals of 70 capacity
 - o Crisis Response Teams – rural and urban
 - o Intensive Care Management
 - o Emergency Community Support
 - o Region V did not receive funding for Acute and SubAcute Psychiatric Inpatient services. The Lincoln Regional Center was designated to meet that capacity for Region V.

- Success for BH Reform and Region V meeting legislation intent and expectations:
 - o Reduced EPC’s
 - o Reduced Commitments overall and reduced commitments to regional center services
 - o Reduced inappropriate admissions to regional centers – no one committed to a regional center for primary addiction
 - o Increased # of consumers living independently
 - o Reduced regional centers capacity
 - o Hired a Consumer Specialist

- Challenges for the future impacting BH: working poor and increased # of individuals without insurance, lack of insurance parity for MH/SA, sex offender legislation and

funding, using data to drive decisions and manage utilization, and regional center bed allocation.

SA SERVICES IN THE JUSTICE SYSTEM UPDATE

- **COMMUNITY CORRECTIONS COUNCIL – Linda Krutz**

-Petition for guidelines has gone to the Supreme Court for adoption. The Governor is supportive of Sentencing Guidelines.

-February 12th, the Governor held a press conference to announce Nebraska is one of eight states selected by Pew Charitable Trust to receive technical assistance for Community Corrections efforts that will provide technical support, through the Vera Institute of Justice, helping with training, education and evaluation of Community Corrections programs. Senator Brashear was invited to Washington to make the national announcement. (as it turned out he did not make it due to the snowstorm but my staff was present)

-Changes to Council membership:

Scot Adams will be with HHS in March – uncertain if he will remain on the Council; Senator Dwite Pedersen and Senator Brashear have been added and a representative from Scottsbluff. (Some things have changed. I have been advised that the person from Scottsbluff will not be on the Council so the Governor’s office will still need to fill this position. Scot Adams will be filling the position for HHSS on the Council.

-Also, the Council did a survey with the Crime Commission of District Court judges regarding availability of resources and sentencing practices. Survey will be out March 16 and posted on the Website.

-Probation is evaluating their Risk Assessment Instrument – do not look at substance issues.

-There is talk of merging Probation and Parole in the State, under the Executive Branch.

-Also discussion of expansion of the use of McCook Work Ethic Camp program.

-Senator Brashear will continue as Chair on the Council and probably as Chair. (At the last Council meeting they did in fact re-elect him to the Chair position).

- **JUSTICE BEHAVIORAL HEALTH COMMITTEE (JBHC)
Jerome Barry**

-The next JBHC meeting is March 14th at Bryan LGH West Conference Room. All are welcome to attend. Would like to see substance abuse providers attend.

-The mission of the Committee is to ensure integration, cooperation, active communication to criminal justice, treatment system – substance abuse and mental health.

-One of their last expected outcomes is, other than safer communities, risk reduction, client care is expansion of the NE Standardized Model of substance abuse evaluation of substance abuse treatment and mental health. A Provider Subcommittee is looking at evidence-based treatment services for offenders to compliment Nebraska’s Standardized Model.

-JBHC now is finalizing their guidelines for membership: 37 total members – two of which are LADCs (one must be on the Licensing Board); also includes two LMHPs (one on the Licensing Board). The LMHPs are Jon Atherton and Monalisa McGee-Snyder from Omaha; Jerome is one of the licensed alcohol drug counselors; the vacant one will be voted on at the next meeting and will likely be the Chair of the Provider Committee. Jerome now has resumes from five people. At the March meeting, the 37 member committee will be picking one of those names to be on the Committee and Chair the Provider Subcommittee. If anyone knows of someone interested, send a cover letter with information to Jerome.

Also, to be finalized this week is substance provider survey. Will be voted on at the next meeting. Will be asking providers to indicate level of satisfaction with standardized format and ask for suggestions if they don’t like something on the format; also level of satisfaction with ASI and CASI instruments. Will be sent to Christine Salvatore’s provider list.

The Committee also consists of two Probation Officers; two Community Corrections Council members; four BH Council members. We need a strong substance abuse voice.

Linda Krutz mentioned information available on the Website – Crime Commission – Community Corrections Council agendas, minutes, membership, survey information.

A Probation Provider Conference is scheduled for May 21-23 at the Cornhusker Hotel. CEUs that are needed every two years will be available at that training.

Q: Are providers organizing the training?

A: Jerome and four other providers were invited to a planning meeting on 2-13-07 to offer input.

Brenda Miner mentioned providers are dropping off because of training.

Topher mentioned you have to maintain the high quality availability within a structure; have to capitalize on the expertise of each group and allow you to flourish in the ways to develop their expertise – instead of crossing over – BH starts to control Probation and Corrections and vice versa. Crossing any fields can mess it up.

Kathy Seacrest suggested the March 14 Justice Committee meeting. Jerome mentioned the training Probation is doing is in May.

SAAC members should provide information to Kathy Seacrest.

Q: Did they ask for feedback – who did the training?

Kathy Seacrest mentioned the time crunch is huge.

Brenda Miner offered to E-Mail to Linda Krutz concerns for the Voucher Committee. Linda explained the voucher is up and running – did take longer; did not roll out electronically; huge pressure; did not touch funds; problem is what happens to the \$\$s.

Jane Morgan mentioned a concern – do not have counselors check the source to know what counselors have billed for. Who is going to track if voucher comes through?

Kathy Seacrest said need to be on the mail list.

Jerome said it keeps getting more demanding for providers.

Linda Krutz said the money is with the Community Corrections Council.

Bob Bussard said we are taking vouchers to Medicaid and Magellan – we are checking.

ASI/CASI – Kate Speck

(HANDOUTS: Report to Substance Abuse Advisory Committee – ASI-CASI Trainings; Mastering Motivational Interviewing A Course for Professional Development; PATTC Activities-November 2006-February 2007)

A handout was provided listing everything that has gone through the monitoring process for training.

In 2006 more ASI trainings were held because of the demand of the criminal justice voucher system. The TAP program responded to the needs in the field, and while there is still a demand for more trainings based on comments in the field, most of the scheduled trainings are not at capacity.

The number of participants for ASI was 624; 423 for CASI. Both the ASI and CASI participants have an approximate 90% pass rate. Regarding the pass rate – those who have done the retake and passed – did special accommodations with video and ASI. We have accommodated only four in the state waiting.

Approximately 60-70% Evaluation Reports turned in by ASI CASI participants are not complete and do not meet the standards of the Standardized Reporting format, such as omitting critical information that is required. The instructors review the tests and submit to Kate who scores them and provides letters regarding deficiencies. Instructors have

been informed that it is their responsibility to review the participant submissions. Kate mentioned she is seeing good evaluations, and often calls the practitioners if the deficiencies are minor to make sure they understand the need to follow the format. Division staff, Bob Bussard and Kevin Obrist are working very hard on this project and are getting participant letters out to them rapidly. Kate Speck said she is pleased with the attitude of people—they are committed to doing this well—good professionalism.

Previously approved providers have requested additional training such as a one-hour in-service, however when these trainings are scheduled, participants are not signing up on how to write evaluations.

Leslie Buhl hosted a meeting with Deb Minardi, Christine Salvatore, Kate Speck and several of the trainers to discuss how to better monitor the needs of the ASI-CASI trainings.

Jerome will ask Christine Salvatore to send him a PowerPoint.

Linda Krutz mentioned the probation system—voucher system—what it needs to be—need to continue to work on that—one of the ways to get good data is following a structured format—working on collecting data and what does it do?

Kathy Seacrest mentioned there is a need to ask people what are the issues—and collect data at training.

Linda Krutz mentioned Probation has been asked to do without more administrative staff—keep the eye on the positive—Linda will relay information back to Probation.

PATTC

10 have registered for ASI – good tool.

Two courses planned for North Platte and two for Sidney.

Prairielands ATTC has had 25% cut in funding.

Motivational Interviewing is scheduled for March 14, 2007 at the Holiday Inn Omaha – Central.

LMEP DRUG COUNSELOR TRAINING REPORT – Leslie Buhl
(HANDOUT: Lincoln Medical Education Partnership Training for Addiction Professionals Bi-Annual Report July – December 2006)

Some classes have dropped attendance; some have increased.

ASI/CASI and Criminal Justice classes still have openings for registering.

Christina resigned in December; Shannon, new staff member has been hired.

The TAP catalog is available on the Website.
On-line registration is on the Website.

Six hundred people are on their ListServe.
Criminal Justice training has been scheduled.

January – June 2007 Continuation Education schedule has been completed.

Physician’s Training – Otto Schultz is being trained and will be going to each region to train the trainers – no funding available. Leslie will be sending information to each region.

REGION BH REFORM SA SERVICE REPORT – Region 6 - Taren Petersen, Director, Network Services

(HANDOUTS: Region 6 Behavioral Healthcare Services Developed Through Behavioral Health Reform Fiscal Year 2005 and 2006; Region 6 Behavioral Healthcare Behavioral Health Reform Highlight of Successes 2-21-07)

Reform Services

Subacute – 32 beds – 28 persons
Short Term Residential – 8 beds – 65 persons
Dual Disorder – 24 beds – 48 persons
Psych. Res. Rehab. – 20 beds – 20 persons
Crisis Respite Residential – 6 beds – 72 persons
Intensive Outpatient – 10 slots – 90 persons
Outpatient & Medication Mgt. – 10 slots – 100 persons
ACT – 30 slots – 30 persons
Emergency Community Support – 60 slots – 240 persons
Community Support – 80 slots – 80 persons
Day Rehabilitation – 100 slots – 100 persons
Intensive Community Services – 28 slots – 28 persons
No new services in 2007.

Nebraska BH Recovery Center – 99% chance it will go:
16 crisis beds
32 subacute beds
16 acute beds
Target date to open is November 2007. Will be licensed under Alegent BH.

Q: What is Telecare?

A: For profit agency from California – two locations – 16th & Dorcas and one in Sarpy Co.

Ann Ebsen said they are doing well.

Kathy Seacrest mentioned some capacity issues.

Region 6 Highlight of Successes 2-21-07

- Clinical Review Team (CRT) – team has reviewed 689 individuals
 - 1)divert people from community hospitals
 - 2)helping to discharge individuals from three regional centers83% diversion rate – team has kept 376 individuals from going to regional center.
- CRT has helped to place 162 individuals from state operated regional centers.

Region 6 currently has 32 at the Lincoln Regional Center; 26 at Norfolk Regional Center, one will be discharged at the end of the week.

Region 6 still has work to do; excited about what has been done.

Other issues/challenges:

- Need to work on training.
- Sex offender population.
- Need for a secure substance abuse treatment program.

-Job offer has been made for the Consumer Specialist position;
Good consumer activities happening in Region 6.

-Consumer initiated Warm Line at the Spring Center – 10am – 6pm – hope to expand the hours.

NEW BUSINESS

I. Nomination of Officers (Election in May)

The nomination of officers will be discussed in the May meeting.

II. 2007 Meeting Schedule

May 16, 2007, August 15, 2007, November 28, 2007.

III. Today's Recommendations for the BH Division

1. Clarification of SAAC role in Strategic Plan process – one section dedicated to training – present to this Committee at the next meeting.
2. Recommend that Division support and encourage the development of on-going continuing education programs that address issues of gender and cultural competency provide this Committee with information of such programs..

3. Recommend that substance use issues be highlighted and that CPC/detox programs and services be viewed as necessary components as a part of the Behavioral Health Reform Plan.

PUBLIC COMMENT

None.

AGENDA ITEMS FOR NEXT MEETING – May 16, 2007

- Nomination of Officers
- Tribal Update
- Prevention Update – Office of Public Health
- Christine Salvatore – voucher program
- Rick McNeese, Dept.of Correctional Services – early release of prisoners with substance abuse issues.
- Strategic Plan

ADJOURN

The meeting adjourned at 2:40pm

Minutes prepared by:

Betty Alm
Staff Assistant
Division of Behavioral Health Services

Approved: _____ Date: _____

Kathleen Samuelson
Program Specialist
Division of Behavioral Health Services