

**Nebraska Department of Health and Human Services
Division of Behavioral Health
Nebraska System of Care (NeSOC) Leadership Board
October 12, 2017 1:00 pm – 4:00 pm Nebraska State Office Building, Lincoln, NE**

Meeting Minutes

I. Call to Order/Welcome/Roll Call

Beth Baxter, co-chair, called the meeting to order. The Open Meetings Law was posted in the meeting room and all presentation handouts were available for public review. The public comment sign-up sheet was identified and made available to the public in attendance. Each person has three minutes to make comments and needs to sign in if they wish to speak. Those wishing to make non-public comments may send them in to DHHS care of Linda Henningsen.

Roll call was conducted and a quorum was determined to exist. Voting members in attendance: Beth Baxter, Karla Bennetts, Michele Borg for Matthew Blomstedt, Julie Scott for Ellen Brokofsky and Corey Steel, Greg Donovan, Mary Jo Pankoke, Mary Thunker and Amy Weaver. Non-voting members in attendance: Tamara Gavin, Bernie Hascall and Nathan Busch. Members absent or sending substitutes: Donita Baxter, Matthew Blomstedt. Ellen Brokofsky, Corey Steel and Kristin Williams. Guest present: Sharon Dalrymple.

Tamara Gavin read the Mission Moment explaining that the agenda item is an opportunity to start each meeting in a way that reminds the group of the work being done and the purpose of the System of Care. The Mission Moment was a letter written to the Governor by a student. Gavin reminded Board members that they can also submit items they'd like to share as part of the Mission Moment agenda item.

II. Motion to Approve Minutes

Karla Bennetts, co-chair, opened the discussion to approve the minutes from the July 13, 2017 meeting. A copy of the minutes was included in the meeting participant packet of materials and members were given an opportunity to review. There being no questions, Mary Jo Pankoke moved the minutes be approved. The motion was seconded by Mary Thunker. There being no discussion the motion carried by roll call vote.

III. Old Business

Beth Baxter, co-chair, opened the discussion of the following items.

- a. Region/Committee/Team written Reports: Bernie Hascall directed members to the packet handout summary report for the Leadership Board. The report describes the current work being done by the Regions, Implementation Committee and standing work teams. Regions were asked to provide an updated quarterly report regarding progress in each region including barriers and service? utilization. Hascall pointed out that the report includes an opportunity for either the Regions or work teams to indicate any item/issue needing Board direction or attention. He also noted that the utilization data in the report comes from different places. Some is directly from the regions while others is from the Central Data System (CDS). The Board was directed to an issue noted on the Region 1 summary specific to coordination. The issue concerns how the local

system of care efforts are coordinated with the statewide efforts as well as the Divisions and what are the expectations, including communication, moving towards a system of care approach. This may apply to bringing up a services or changes in policies. Hascall opened the floor for ideas and discussion and responded to an initial request for examples in that information isn't always consistent coming out of each division.

Tamara Gavin responded that information coming out of the recent Implementation Committee meeting is also relevant. Gavin noted that the issue referenced by Region 1 comes back to language and system understanding, specifically communication across systems and what is a better way to ensure that everyone is utilizing the same meaning on issues. Gavin noted that there has been internal discussions as well as among various work groups/committees on this issue. Due to the structure of the system of care there are discussions within groups both at the state and local levels that are happening simultaneously. Gavin questioned if there is a better way to streamline communication across the committee structure to help people stay informed. Gavin noted that the written summary report provided to the Board is one example of communication and a similar report is being provided to the Implementation Committee. These reports give "what and how" an issue or subject is communicated as well as provide an ongoing written record for reference.

Julie Scott provided an example of the term "risk" and how language gives this term different meanings to different groups. Scott noted it is important for system partners to be referencing the same meaning. She also noted there are gaps in how that communication is coming from the state (big picture) to implementation at the local level and parsing out to the different systems in terms of knowing when a service is starting or how it was being coordinated and who is eligible. How information is disseminated, whether at the state or local (region) level needs to be addressed. Scott noted that the summary report is a good start for this purpose but that the use of acronyms should be avoided.

Tamara Gavin addressed training and how important the Board thinks it is for each agency, division and partner to be educated on other systems and agency partners. These trainings could help address the misunderstanding about an agency's role. Gavin reminded the group it was suggested the Training Lead from the Behavioral Health Education Center of Nebraska (BHECN) develop an "agency 101" so that every new child welfare, probation worker etc. would get a quick module on the role of each partner in the system of care. It is hoped that these trainings will set the workforce up in a different way and provide a clearer understanding of how the system of care operates.

Karla Bennetts of Families CARE suggested that on the financial page of the summary report, funding figures for the contractors, specifically the Family Lead Contact should also reflect dollars being spent on creating parent leadership since funding from the state's grant is being braided with their local SAMHSA grant dollars for this purpose. This same mechanism could apply to the other contractors under the state's grant.

Beth Baxter noted that BHECN has a training model in terms of looking at integration of primary healthcare and behavioral healthcare. BHECN also has modules that help behavioral health workers understand how to work together with primary care. Baxter also questioned if any formalized training around systems of care will be provided to the Board. Bernie Hascall noted

that a more in depth “System of Care 2.0” training is envisioned and could be used for training the Board. Baxter noted that training on the core values of system of care would be valuable.

Nathan Busch suggested adding financial information (budget and expenditures) for the community collaboratives to the financial page of the summary report. Greg Donovan asked if it is the intent to carryover any unspent funds into Year 2 of the grant. Bernie Hascall responded that the state is awaiting directive from the federal grant office (SAMHSA) on this matter. Hascall noted that regions have made Year 2 plans to reflect both with and without carryover funding. Tamara Gavin noted that DBH is optimistic carryover funding will be allowed based on similar experiences with the Society of Care grant.

Bernie Hascall briefly review the utilization numbers included on the last page of the summary report noting the different origins for the information contained in the report. It was confirmed that the increased numbers reflected for Region 3 are due to the system in place and not because of greater need. Concluding the review of the summary report, there was a brief discussion on involvement of law enforcement in crisis response calls. It was also suggested that local teams might each have a cross-systems communication coordinator.

Tamara Gavin asked Board members for suggestions and other information that might be included in the regional quarterly report. It was suggested that more detail is needed in the quarterly report if a Region asks for Board direction on a particular issue. It was also questioned whether or not all Regions have functioning leadership teams. Knowing the composition of each region will help system leaders discern if the right people are at the table. Tamara Gavin noted that information is currently being collected specific to each Region’s “team” roster. The information provided will be used in a crosswalk to determine commonalities across the system as well as local variances. This will also assist system partners/leaders in identifying regional team participation as well as gaps. Michele Borg noted that the roster will help identify schools and ESUs involved. It was confirmed that family and youth participation on regional teams is also being documented. Another suggestion was for each regional team to provide their “agenda” as a means of determining the team’s focus etc. Finally it was suggested an indicator of progress “status” could also be added to the regional report-out specific to projects identified, perhaps using the “stop light” model with narrative.

- b. Standing Agenda Items: Work Plan: Bernie Hascall provided a quick update on the work plan activities table included at the top of the summary report noting the colored status indicators in the table. Specific to those activities noted as “halted”, these concerned; 1) a single cross-system service plan and 2) a framework for cross-system screening, assessment and evaluation. Hascall stated that the work teams have reached out to the Technical Assistance Network and have received guidance and TA on several of the activities. Teams will be meeting in the month of November to develop recommendations to bring back to the Leadership Board at the January 2018 Board meeting. At that time, and based on the information provided by the teams, Board members can decide whether or not to adjust or abandon the activity in question. Beth Baxter questioned why the two activities were halted. Tamara Gavin noted that it came back to the system recap meeting held in September 2017. The activities were put forward to that larger group and suggestions/comments solicited. The recommendation coming out of the recap meeting specific to this issue was for research to be conducted on how other states are approaching similar issues so that we can start to understand other states’ experiences. The TA

referenced by Hascall was with the national TA Network and Sheila Pires, a nationally recognized expert on system of care. The discussion with Pires centered on care management for complex youth and families. Gavin noted that some states have developed a separate care management entity often through a contract with a managed care organization. Gavin stated that Pires referenced two approaches that addresses the same goal: 1) have a separate entity or entities or 2) have multiple entities that deliver intensive care coordination service for the high tiers. In Nebraska, the Professional Partner Program is similar to the second approach. Additional information is being sent by the TA Network that gives more concrete insight on how other states have approached managed care as well as return on investment information. This will help in understanding how either of the two options might be beneficial to Nebraska.

Crisis Response Data: Bernie Hascall provided an in-depth review of an updated Mobile Crisis Response handout included in the participant packet. Hascall noted the information came from the Regions specific to youth actually served. Hascall pointed out several aspects of the report including number of family referrals and self-referrals as well as the number of youth being served at home. Demographic information noted on the last page of the report came from the DBH Centralized Data System (CDS) and the age range of youth served was noted. Hascall offered clarification and interpretation of the data presented. It was suggested it might be beneficial to identify how many youth in the crisis response data have a mental health diagnosis. Family information, i.e. families in crisis might also be captured in the report in some way to help identify whether the crisis response is due to the child's mental health or because of a family crisis. This would assist in offering preventative family support services and lessen the chance of a family in need being overlooked. Hascall noted that this issue will be included and discussed in the Regional data calls. Region 6 is also being asked to the Cross-Systems Services and Supports work team meeting to discuss how this information is being captured in their Region. Hascall identified the types of information that is entered into the CDS. Tamara Gavin noted that though referral source is provided in the CDS data, additional information on system "involvement" specific to each partner (i.e. Probation, Child Welfare, Medicaid) might be collected. Currently the collection activity of this data would likely be separate from data collected through the CDS. This data would be helpful for partners in understanding their capacity and sustainability as well as providing an evaluation of outcome differences based on populations. Julie Scott provided an example of possible gaps in services noting issues with youth who don't meet criteria for the Developmental Disabilities system for instance, but are in the Probation system due to behaviors rather than "criminalistic" risk. Scott stated other systems might be experiencing the same issue and noted services need to be developed that elevate youth out of a system.

IV. New Business- Open Forum-Discussion and Action

a. Dr. Mark DeKraai – UNL Public Policy Center: Dr. DeKraai referred to the handout in the participant packet in providing an overview of the evaluation data to date. The following observations were made:

- The data reflects only those youth who are receiving grant funded services.
- The data is from the two federal data collection systems.
- Next step is to match up the federal data with the state's CDS data to get a complete picture of everything data related.

- For the most part, the data reflects mobile crisis response that has been done over the last six months. There are challenges in collecting this data but the goal is to be able to look at data from all regions comparatively.
- The next review will have an increased amount of data to analyze.
- The data currently presented is basically a baseline of the characteristics of youth being served. There isn't a lot of outcome (discharge) data at this point.
- Demographic information presented included gender, race/ethnicity, age ranges and education level as well as the results of "functioning" measures in the SPARS system.
- The perceptions of the youth and caregivers were substantially different.

b. MOUs: Bernie Hascall led the discussion on the draft MOUs included in the participant materials. It is expected there will be modifications to the MOU language depending on which agency will be affected/impacted. Hascall noted that the intent of the MOUs corresponds to the earlier discussion on how partners work together, i.e. what are the values and principles and how do we move the system forward. In working with the TA Network, it was noted that Nebraska does a good job of accomplishing what needs to be done but is not good about documenting what is being done. This speaks to communication issues discussed earlier, and specifically as system partners come together, acknowledging that as a system, agreeing on what is important and as an individual agency, committing to whatever topic is contained in the MOU. The MOUs are specific to Standards and Strategies, Values and Principles and Training including CLAS. Hascall asked members, if they are not the person to respond to the draft materials, to take the draft documents back to the appropriate person(s) in their agency/organization for review.

Tamara Gavin noted that in the Year 1 Recap meeting this issue of trust was discussed. It is hoped that these MOUs will help to rebuild trust and accountability in holding each other to the same standards. Nathan Busch asked if the Board needs to be in a position to ratify these documents at the next meeting. Gavin noted that it is hoped that a report of the number of agencies signing onto the MOUS will be presented. Gavin also stated that not everyone will sign the same document in that modifications are expected to language to reflect individual agency involvement and scope of work. Gavin asked Board members if there are agencies, divisions or other system partners that need to be approached about the MOUs drafted and if there are other topics that need to be addressed in a MOU capacity, i.e. communication, policy or system changes. It was clarified that some entities might not sign onto all MOUs and that there may be several iterations of each document as partners are brought on board at the regional level. It was also noted that each region will be asked for input and that it will be up to the DHHS CEO if the MOUs will be signed agency-wide or deferred to each division. It was asked if the MOUs are between the partners and Division of Behavioral Health or between the partners and Systems of Care. Greg Donovan pointed out that the MOUs serve more as an allegiance to a cause than an agreement between two entities. Nathan Busch suggested calling the document a Memorandum of Support rather than Understanding. Gavin noted that the intent is to formalize mutual understanding and commitment.

Various suggestions for language and structure/format/model were offered and discussed among the meeting participants. Other suggestions for agencies/organizations that should be approached about the MOUs include; the family organizations, the Department of Education and ESUs, community collaboratives through Nebraska Children and Families Foundation and the managed care organizations. The next steps include contacting the agencies/organizations that

have been identified for input and investigating other written structures for a document. Results will be brought back to the January 2018 Board Meeting.

- c. Services Cross-Walk Document: Tamara Gavin suggested revisiting the issue of focusing on the broader system of care during Year 2. Because the system of care launch coincided with the first year of the SAMHSA grant the focus has naturally been on the grant rather than the broader system. Gavin noted that using the grant activities i.e. services development or evaluation activities has been intentional in supporting the broader system of care initiative. Gavin asked Board members to assist in keeping the focus on the broader system development by speaking out if they feel development is off track in this regard. Looking at the services that have been identified to date, either already purchased or services identified for future development is a way to bring the focus back to the broader system development. Gavin reference the services cross-walk document included in the participant materials and asked if the information provided resonates with Board members and if the focus and energy is correctly placed. Gavin noted that crisis response development was identified in the 2013 planning grant which supports broader system of care objectives as was professional consultation. Local leadership teams are also having discussions on system development.

Gavin also noted that every service that is to be developed or policy decision to be made should support the four broad system of care outcomes. A review and explanation of the cross-walk document was then provided including where the service is taking place, who is paying for it now and sustainability potential. Gavin asked Board members present if the services listed in the cross-walk are those that continue to be important or if there are additional services that should be considered. Gavin noted that there may not be a service identified but there may be a population identified that is in need of services not reflected in the current continuum. Gavin opened the floor for discussion and questions. Participants could also provide written comments etc. to Bernie Hascall to make updates. The following topics/issues were noted during the discussion on service development needs:

- Informing the families about the system of care and of services available, possibly through schools. (Communication/Marketing)
- Noting on the cross-walk that private dollars can be used for professional consultation.
- Working with the ESU Coordinating Council across the state.
- Adding evidence-based programs for families with younger children some of which are reimbursed by Medicaid. Examples include parent-child interaction therapy, child-parent psycho-therapy, circle of security parenting and functional family therapy. Identifying who across the state has been trained in any of these modalities would be helpful.
- Training/expanding youth peer support specialists.
- Investigating/documenting current status of Intensive Outpatient services (IOP) across the state and how to support enhanced IOP that accounts for and supports school activities/commitments etc.
- Looking at respite for foster families with children who don't meet the developmental disabilities threshold (behavioral health respite) and training people to do respite.
- Investigating services for youth who have sexually harmed that is focused on behavioral health.
- Competency development within the service provider network.
- Developing new services and/or elevating existing service provider capacity to work with youth with developmental delays is also a critical need identified

d. Year 2 Outcomes: Tamara Gavin opened up a discussion around Year 2 outcomes noting that there are four broad outcomes currently established that speak to the totality of system of care. Three specific, additional outcome measures were added in early 2017 by the Division of Behavioral Health and DHHS more broadly that will be measured during the calendar year. Two of them were specific to the utilization of inpatient and residential care and one was speaking to increasing other funding sources to offset state general funds. These three measures were identified as part of the DHHS performance plan. It was hoped that results of another data run on these three measures would be available at today's meeting, however renegotiation of data MOUs has caused a delay. Results will be provided at the January meeting. Recommendations as to specific system of care outcome measures will be offered to the DHHS CEO by October 20, 2017 for consideration in the next calendar year DHHS performance plan. Gavin noted that the current outcome measures could be retained, one or more omitted and/or new measures added as the Board determines is appropriate. The current measures are fairly specific to service utilization and funding but that a measure addressing policy development or development of a mechanism by which to educate about access to the system of care might be considered for new measures. Following a thorough discussion about potential topic/content for new outcome measures, the following recommendations were identified:

1. Retain the current 3 goals (outcomes) as currently written to carry over into YR 2.
2. Recommend development of a sustainability plan by May 30, 2018
3. Develop a mechanism and/or plan to train families, youth and system partners on access to care by May 30, 2018.

Though not an actual outcome measure it was suggested that exploration (maybe through Mark and other evaluation mechanisms) of how to measure youth and family involvement should be undertaken as a means of getting to the mutual trust and accountability issues.

Greg Donovan moved that the three measures identified be recommended to the DHHS CEO for consideration in the next calendar year performance plan. Mary Jo Pankoke seconded the motion. There being no further discussion the motion carried by roll call vote.

Beth Baxter asked for any other new business before the Board. There being none, Baxter brought forward one issue concerning a service being delivered across the state in a partnership fashion. Baxter noted that there was a decision made at the state level, outside of the system of care that one division is doing away with a service that impacts system of care consumers at the regional/local levels. Baxter stated there should be some type of agreement on how partners operate, specifically when these types of decisions are made all appropriate system partners should be at the table. This will promote accountability, responsibility and trust. Hopefully the MOUs being considered will be the framework through which this operational standard can take place.

Tamara Gavin asked if additional language needs to be added to the MOUs or if a separate agreement needs to be developed. Gavin noted that the issue is broader than new services coming up or going away and may also include new policies decisions and/or process changes being developed. Gavin also stated that unless we "collectively" start using the Board and Implementation Committee structures to have these kinds of discussions, there is a risk for policy or service decisions to continue to get made outside of the system of care. Gavin asked if there was a place to start putting down concrete expectations when encountering these kinds of situations.

Baxter noted that the values and principles should guide how we do business on behalf of children and families. Gavin summarized that the system of care is a culture shift and too many people see the system of care as a separate program/project rather than a concept, culture and framework. Gavin asked the Board on direction regarding how to move forward. Following a brief discussion, the Board recommended additional language that could be incorporated into the MOUs, be brought back to the January 2018 Board meeting.

V. Public Comment

Beth Baxter opened the floor for public comment. There were no members of the general public in attendance wishing to make comments.

VII. Next Meeting

a. Set next meeting date:

- The next regularly scheduled Board meeting is January 11, 2018, NSOB Lower Level Room A.

b. Next meeting agenda items:

- Review additional data including the top 10% clinical profile from each agency submitting data and the 2016-2017 data analysis for progress on each outcome measure.
- MOUs - status update
- Review new language addressing operational standards among/between partners.

VII. Adjourn

Mary Jo Pankoke motioned and Mary Thunker seconded to adjourn the meeting. Motion carried by voice vote and the meeting was adjourned.