

Nebraska Division of Behavioral Health – Joint Meeting
State Advisory Committee on Mental Health Services (§ 71-814)
State Advisory Committee on Substance Abuse Services (§ 71-815)
January 29th 2021 – WebEx Virtual

Meeting Minutes, Agenda and Materials are posted at
<http://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx>

Meeting Minutes

I. Call to Order/Welcome – 2:04 p.m. CST

Victor Gehrig, Chair of the State Advisory Committee on Substance Abuse Services called the meeting to order at 2:04pm. Gehrig welcomed virtual attendees to the meeting and introduced Chair of the State Advisory Committee on Mental Health Services, Danielle Smith. Gehrig informed attendees that the joint meeting follows the **Open Meeting Act** which can be found on the DBH website identified on agenda. Smith welcomed virtual attendees. Attendees were informed that both committees will hold elections of 2021 calendar year officers at a future meeting.

Quorum for Committees

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Substance Abuse Services and the State Advisory Committee on Mental Health Services.

State Advisory Committee on Mental Health Services

Members in Attendance: Jennifer Alquicira, Mary Ann Borgeson, Margaret Damme, Kris Elmshaeuser, Lindy Foley, Laura Hart, Jacob Hausman, CJ Johnson, Wendy Kaiser, Kristen Larsen, Angie Ludemann, Ashley Pankonin, Jodi Richards, Angela Sattler, Carisa Schweitzer-Masek, Danielle Smith, Mary Thunker, Tamara Gavin. Absent: Laurie Holman, Susan Jensen, Jodi Richards.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Ashley Berg, Kenneth “Beau” Boryca, Jeffrey Courtier, Victor Gehrig, Jill Gregg, Diana Meadors, Kelli Means, Daniel Rutt, Randy See. Absent: Heather Bird, Jay Jackson, Faith Kroll.

DHHS Staff in Attendance

Sheri Dawson, Karen Harker, Linda Wittmuss, Mikayla Johnson, Lisa Neeman, John Trouba, Heather Wood, Jennifer Ihle, Bernie Hascall, Betty Jean Usher-Tate, Taylor Moore, Aaron Adams, Adam Hall, Brenda Moes, Brianne Berres, Martha Burgess, Tamara Gavin.

II. Membership Business

Substance Abuse Committee Chair Gehrig presented the November 14, 2019 meeting minutes for review. Mental Health Committee Secretary Wendy Kaiser confirmed her review of the minutes and had no corrections. Gehrig asked for and received no corrections or comments from the Substance Abuse or Mental Health Committee members. Gehrig asked for a motion to accept the November 14, 2019 minutes. Randy See, Substance Abuse Service Committee, made a motion to accept the November 14, 2019 minutes as written. Kaiser, Mental Health Services Committee, seconded the motion. Voice vote of Yeas were unanimous to approve the minutes.

III. Director’s Update

Sheri Dawson, DBH Director, addressed the COVID pandemic. DBH has provided approval for alternative service delivery via telehealth and/or telephone during the pandemic; currently approved through the end of FY21. Federal COVID-related assistance funds are available for providers, hospitals, and long term care homes. According to disaster recovery science, we should anticipate the largest impact to behavioral health following a disaster will peak 12-18 months post disaster. Director Dawson invited all

to attend the Key Partner call each Thursday at 4pm via Conference Call in line and participate in the Open Minds – COVID Vaccination seminar being offered in February 2021.

Update on behavioral health-related Legislative Bills introduced this session: **LB296** - Access to patient records; **LB663** - Mental Health Indicator in criminal justice information systems (Dawson testified on behalf of DBH in opposition of this bill); and **LB247** - Create the Mental Health Crisis Hotline Task Force (which ties into the 9-8-8 planning grant activity). And, an update on **LB1124** - Opioid Settlement Workgroup to identify best practices to split the funds, from the 2020 legislative session. Committee members were invited to make comments to the priorities and spending of funds.

Update on new DHHS staff:

Pete Snyder, Lincoln Regional Center Facility Operating Officer

Dr. Roger Donovanick, Chief Clinical Officer for Adult Facilities

Don Whitmire, Norfolk Regional Center Interim Facility Operating Officer.

Larry Kahl, DHHS Chief Operations Officer

Kevin Bagley, Director of Medicaid & Long-term Care

Also an announcement was made that Heather Wood will be leaving DBH and going to the Foster Care Review Board.

IV. Strategic planning update

Linda Wittmuss, Deputy Director, provided a strategic planning update. The 2017-2020 Strategic Plan has sunsetted. Noted improvements or progress includes stable housing at discharge from all services; consumers reporting that as a result of services received they are better able to deal with crisis; improved access in short term residential and medication management services; supported employment outcomes; tobacco sales compliance; underage drinking and training and testing of peer support workforce. A more detailed End of Plan report and metrics is being finalized.

A new virtual needs assessment and strategic planning process was initiated in 2020. Open Minds, a national consulting firm, facilitated visioning, interviews and surveys with multiple system leaders, community partners, providers, consumers, families and community members, the following needs were prioritized including, but not limited to:

1. Increase activities to reduce stigma; stigma is seen as the most difficult barrier to overcome for consumers.
2. Integration of physical and behavioral health is a primary need for consumers and their families.
3. Improve interagency and intersystem sharing of data; lack of integration is a barrier to providing seamless, integrated “whole person” care and track outcomes.
4. There is a consistent need to expand the ability to use technology to both provide and receive services across Nebraska, especially in rural and frontier communities.
5. Expand use of evidenced-based practices.
6. Drive innovation and demonstrate outcomes. Developing alternate reimbursement models, such as Value-Based Reimbursement, is needed in the changing marketplace.
7. DHHS and DBH must continue to address cultural diversity and increase health equity throughout the system.

A draft plan was submitted by Open Minds inclusive of needs, priorities, measureable objectives, and key performance indicators for the next three years. Key “pillars of transformation” or “domains of focus” include the following:

- Pillar 1: Enhance Behavioral Health Influence
- Pillar 2: Implement an Integration Strategy
- Pillar 3: Promote Stakeholder Inclusions
- Pillar 4: Drive Innovation and Better Outcomes
- Pillar 5: Demonstrate and Drive Value

The draft plan is under review by the DHHS CEO. Initial work plan activity has begun both internally and in with Regional Administrators. A final strategic plan will be made available on the DBH website.

V. Public Comments (3:28 p.m.)

One member of the general public addressed the committees: Brad Meurrens, with Disability Rights of Nebraska, introduced himself and thanked the Joint Advisory Committee for their work in Nebraska.

VI. Break

VII. SAMHSA Block Grant Reports

Heather Wood, Administrator of Quality and Data Excellence, reported on FY20 Block Grant Reporting - Performance Indicators and Priority Areas.

Mental Health – Persons Served in FY20: 30,292 served; 84% white, 89% Non-Hispanic, 44% Ages 25 – 44; and, 46% Females & 54% Males.

Substance Use Disorder – Persons Served in FY20: 11,692 served; 83% White, 90% Non – Hispanic, 61% Ages 25 – 44; and, 31% Females & 69% Males.

Priority Areas Results Achieved in Year One of the Two Year Planning Period:*

	Baseline	Target	Results
<i>*Tuberculosis goal achieved through maintaining as contract requirements</i>			
• Binge drinking Youth and young adults, ages 18 – 24	31.8%	30.0%	26.4%
• Percentage of Block grant-funded evidence-based strategies	28.0%	31.5%	32.1%
• Stable living arrangements at discharge from residential services	58%	60%	64%
• Percentage of consumers in the labor market who are employed at discharge from any DBH services	51%	53%	55%
• Percentage of persons reported as injecting drugs who are admitted to short-term residential services with-in 14 days of seeking treatment	51%	53%	66%
• Number of statewide admissions into first episode of psychosis (FEP) programs	11	14	7

Results achieved in Year One included meeting or exceeding targets in the following areas: Binge drinking ages 18 – 24; Block Grant-funded evidence-based strategies; Stable living arrangements; Consumers employed at time of discharge; and Persons reported as injecting drugs who are admitted to short-term residential services with-in 14 day of seeking treatment. In the priority area of statewide admissions into FEP programs the results were below target.

Karen Harker, Deputy Director of Finance, provided a financial overview of the FY20 Block Grant Reporting - Budgets and Expenditures. Actual expenditures are submitted each year in December for the prior fiscal year. Projections for the next fiscal year budget are required in September each year. The report identifies expenditures broken down by mental health and substance use disorder services.

Mental Health Block Grant

State Expenditures projected for SFY2021, \$154,153,402.00 increased.

MH Aid increased by \$15,766,816.00 from SFY2020.

MH Block Grant SFY2021 projected \$3,069,216.00 decreased by \$241,355 from SFY2020.

Substance Abuse Prevention and Treatment Block Grant

State Expenditures projected for SFY2021, \$44,886,921.00 decreased by \$637,795.00 from SFY2020. SAP&T Block Grant projected for SFY2021, \$7,641,653.00 increased from SFY2020 by \$265,392.00.

VIII. Crisis Counseling Assistance and Training Program (CCP) & COVID Grant Update

Mikayla Johnson, Network Services Administrator, reported on the FEMA/SAMHSA Crisis Counseling Grant. The CCP has two time frames: Immediate Service Program (ISP) funds services for the first 60 days after the federal disaster declaration is issued and Regular Service Program (RSP) funds services 9 months beyond the end of the ISP.

- **The CCP model is:** strengths based, anonymous, outreach oriented, culturally aware, conducted in nontraditional settings, designed to strengthen existing community support systems and based on an assumption of natural resilience and competence.
- **Outreach is:** Central to the CCP model, guided by initial and ongoing needs assessment, a mechanism to find people in need and mode of service delivery.
- **Crisis counselors help survivors to do the following:** Understand their situations and reactions, regain a sense of mastery and control, identify, label and express emotions, adjust to the disaster and losses, manage stress, make decisions and take action, develop coping strategies and use of community resources.
- **Range of Crisis Counseling Services:** Individual crisis counseling, brief educational or supportive contact, group crisis counseling, support and educational groups, self-help groups, assessment, referral and resource linkage, public education, development and distribution of educational materials, media messaging and risk communications.
- Funds used across all six Regions, Hotline, Helpline, UNL.
- **TOTAL FUNDS:** \$1,684,329.79 **TOTAL SPENT:** \$939,648.46.

IX. SAMHSA State Emergency Grant (SEG) Report

Lisa Neeman, Clinical Services Administrator, reported on the SEG grant. It will provide \$2 million for services over the project period of 4/20/2020 to 8/19/2021. The funding is for direct services to the following targeted populations: Those with serious mental illness (SMI), those with substance use disorders (SUDs), or those with co-occurring SMI and SUDs (70%); Healthcare practitioners with mental disorders (less severe than SMI) requiring mental health care as a result of COVID-19 (10%); and all other individuals with mental disorders less severe than SMI (20%). The services currently included are: Assessment, Peer Support, Outpatient Therapy and Medication Management

Grant Program Guidelines include:

- Individuals identify that they are seeking services related to impact of COVID-19;
- All individuals receiving services must have the federal GPRA assessment completed at admission, every six months, and at discharge;
- Individuals cannot have other resources to access services, i.e., insurance;
- The funding cannot be used to pay for medications, insurance co-pays, marketing, training/education, staffing or personal expenses; and,
- Services provided need to meet all service definition requirements.

Committee members were asked for recommendations on ways to market SEG grant funds and/or about other potential providers for SEG services. Committee members recommended approaching the Federally Qualified Health Centers (FQHCs), other sliding fee clinics outside of the Regional Behavioral Health Networks, and potential the Opioid Treatment Centers (OTPs) in the state.

X. Meeting Wrap Up

John Trouba will contact committee members to update their term of appointment. Today there are four vacancies on the Mental Health Committee. Recommendations for potential members are welcomed. Individuals who represent the following interests are needed: one provider of Mental Health services and three consumers or family members of a consumer.

Next JAC meeting is scheduled for April 8th 2021; virtual vs in person participation will be decided at a later date.

Agenda topics to be determined; however there has been a request by the Acquired Brain Injury program through Nebraska VR to present to the JAC. No further recommendations for April meeting agenda items.

XI. Adjourn – 4:55 p.m.

Mental Health Services Chairperson Danielle Smith made a motion to adjourn meeting at 4:55 p.m. and Substance Abuse Services Chairperson Victor Gehrig seconded the motion, Vote by voice: Yeas Unanimous.