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)

May 1, 2025 - In Person Meeting

Lancaster Extension Education Center, 444 Cherrycreek Road, Suite A ● Lincoln, NE 68528

Meeting agenda and materials will be posted on the DBH website page Public Participation and State Committees URL http://dhhs.ne.gov/Pages/behavioral-health-public-participation.aspx

Open Meeting – 9:00 a.m.

Mike Tefft, Chair, Substance Abuse Committee Timothy Heller, Chair, Mental Health Committee

Open Meetings Law & Housekeeping Quorum for Committees - Attendance

Inform Roll Call Mike Tefft, Timothy Heller Jeri Keller-Heuke

II. Membership Business – 9:10 a.m.

a. Member Introductions [10 minutes]

Chairpersons

b. Meeting Minutes

Mental Health Committee Roll Call Vote on November 16, 2023 [5 minutes]

Substance Abuse Committee Roll Call Vote on November 16, 2023 [5 minutes]

Mental Health Committee Roll Call Vote on August 22, 2024) [5 minutes]

Substance Abuse Committee Roll Call Vote on August 22, 2024 [5 minutes]

Mental Health Committee Roll Call Vote on November 14, 2024) [5 minutes]

Chair Tefft

Chair Heller

Substance Abuse Committee Roll Call Vote on November 14, 2024 [5 minutes]

Chair Tefft

III. Public Comment - 10:00 a.m.

- a. Each person wishing to speak at the meeting needs to sign up on the Public Comment Sign-in Sheet.
- b. Each person will be called on from the Public Comment Sign-in Sheet. Each person may have five minutes (unless the Chair grants more time) to provide comments.
- c. Public comments may be sent to the Division of Behavioral Health, Attention: John Trouba.
- IV. Break 10:15 a.m.

V. Director's Update – 10:25 – 10:55 a.m. [30 minutes]

Thomas Janousek

VI. Review of Committee Bylaws – 10:55 – 11:30 a.m. [30 minutes]

Chairpersons

VII. Synar Activities – 11:30 a.m. – 11:45 a.m. [15 minutes]

Delainie Johnson

Lunch - 12:00 - 1:00 p.m. [60 minutes]

VIII. Public Comment - 1:00 p.m.

Chairpersons

- a. Each person wishing to speak at the meeting needs to sign up on the Public Comment Sign-in Sheet.
- b. Each person will be called on from the Public Comment Sign-in Sheet. Each person may have five minutes (unless the Chair grants more time) to provide comments.
- c. Public comments may be sent to the Division of Behavioral Health, Attention: John Trouba.
- IX. Block Grant Planning Priority Areas FFY 2026-2027 1:15 2:30 p.m. Betty Jean Usher-Tate, Delainie Johnson, Jessie McDevitt, John Trouba, Valerie Standeven

Two-year Behavioral Health System Assessment and Plan – Recommendations for Block Grant Application

X. For the Good of the Order Roundtable 2:30 – 3:00 p.m. [30 minutes]

Chairpersons

XI. Meeting Wrap Up

Chairpersons

Future Meeting Topics and Next Meeting as determined in Membership Business.

XII. Adjourn Chairpersons

JAC Meeting May 1, 2025 – Public Meeting Agenda

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) November 16, 2023

Nebraska State Office Building, 301 Centennial Mall South, Lincoln, NE 9:00 a.m. – 2:00 p.m. Meeting Minutes DRAFT

I. Open Meeting

Call to Order/Welcome – Tim Heller, Chair of the State Advisory Committee on Mental Health Services called the meeting to order at 9:02 a.m. Chair Heller welcomed attendees to the meeting and introduced the Vice Chair of the State Advisory Committee on Substance Abuse Services, Heather Bird, who was acting in Chair Beau Boryca's absence. Vice Chair Bird welcomed all attendees as well. Chair Heller announced the officers of the Mental Health Committee, and Vice Chair Bird introduced the officers of the Substance Use Committee. John Trouba, Division of Behavioral Health (DBH) Federal Aid Administrator, informed attendees that the joint meeting follows the **Open Meeting Act**, which was posted near the meeting room entrance, and can be found on the DBH website identified on the agenda. Attendees were reminded that there would be two allotted time periods for public comment, one in the morning and one in the afternoon.

Quorum for Committees

Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Mental Health Services (Mental Health Committee). Roll call was conducted and a quorum was determined to exist for the State Advisory Committee on Substance Abuse Services (Substance Abuse Committee) at 10:20.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Ashley Berg (late arrival), Heather Bird (late arrival), Heather Crawford (late arrival), Kelli Means, Michael Sheridan, Gage Stermensky, Mike Tefft.

State Advisory Committee on Mental Health Services

Members in Attendance: Verdell Bohling, Margaret Damme, Roger Donovick, Ingrid Gansebom, Victor Gehrig, Timothy Heller, Tracy Jordan (late arrival), David Kass, Kristen Larsen, Kyle Long, Diana Meadors (late arrival), Angela Miles, Jennifer Reyna.

DHHS Staff

In Attendance: Ahmad Arraseef, Karen Harker, Thomas Janousek, Jeri Keller-Heuke, Jessica McDevitt, Jess Russell Bering, John Trouba, Betty Jean Usher-Tate, Linda Wittmuss, Todd Stull (guest speaker).

II. Membership Business

Following member introductions, the committees took up membership business items.

Meeting Minutes from November 17, 2022, and April 20, 2023 (SA committee took up this item upon attaining a quorum) —

Substance Abuse Committee Vice Chair Bird presented the November 17, 2022, and the April 20, 2023 meeting minutes for review. Vice Chair Bird asked if there were any corrections or comments. Hearing none, Vice Chair Bird asked for a motion to accept the November 17, 2022, and the April 20, 2023 meeting minutes as written. Motion was made by Mike Tefft and seconded by Heather Crawford to accept the November and the April minutes as written. Roll call vote was conducted, and minutes approved, with the following results:

Yea: Ashley Berg, Heather Bird, Heather Crawford, Kelli Means, Michael Sheridan, Gage Stermensky,

Mike Tefft. Nay: none. Abstain: none.

Meeting Minutes from August 24, 2023 (both committees – SA committee took up this item upon attaining a quorum)—

Mental Health Committee Chair Heller presented the August 24, 2023, meeting minutes for review. Chair Heller asked if there were any corrections or comments. Hearing none, Chair Heller asked for a motion to accept the August 24, 2023, meeting minutes as written. Motion was made by Jennifer Reyna and seconded by Margaret Damme to accept the August 24, 2023, minutes as written. Roll call vote was conducted, and minutes approved, with the following results:

Yea: Verdell Bohling, Margaret Damme, Roger Donovick, Ingrid Gansebom, Victor Gehrig, Timothy Heller, David Kass, Kristen Larsen, Angela Miles, Jennifer Reyna, Ashley Berg, Heather Bird, Heather Crawford, Kelli Means, Michael Sheridan, Gage Stermensky, Mike Tefft.

Nay: none.

Abstain: Kyle Long.

2024 Meeting Schedule Dates—

Mental Health Committee Chair Heller presented possible dates for the calendar year 2024 Joint Advisory Committee (JAC) meetings. Several potential dates were reviewed. Dates selected for CY2024 JAC meetings are April 18, August 22, and November 14, 2024. The locations of the 2024 meetings have yet to be determined.

Election of Officers for Calendar Year 2024—

Mental Health Committee Chair Heller asked for nominations of officers for the Mental Health Committee. Chairperson: Victor Gehrig, Jennifer Reyna and Tim Heller were nominated for Chairperson. Hearing no further nominations, Chair Heller asked for a motion to close nominations. Motion was made by Kyle Long and seconded by Margaret Damme to close nominations. Chair Heller opened the floor for discussion. Hearing none, secret ballot vote was conducted. Tim Heller received the majority of votes and was therefore declared to be the elected Mental Health Committee Chairperson for CY2024.

Vice Chairperson: Jennifer Reyna and Victor Gehrig were nominated for Vice Chairperson. Hearing no further nominations, Chair Heller asked for a motion to close nominations. Motion was made by Kristen Larsen and seconded by Kyle Long to close nominations. Chair Heller opened the floor for discussion. Hearing none, secret ballot vote was conducted. Jennifer Reyna received the majority of votes and was therefore declared to be the elected Mental Health Committee Vice Chairperson for CY2024.

Secretary: Margaret Damme was nominated for Secretary. Hearing no further nominations, Chair Heller asked for a motion to close nominations. Motion was made by Victor Gehrig and seconded by Jennifer Reyna to close nominations. Chair Heller opened the floor for discussion. Hearing none, by vote by acclimation, Margaret Damme was declared to be the elected Mental Health Committee Secretary for CY2024.

These officers will begin serving in their respective capacity on January 1, 2024.

Substance Abuse Committee Vice Chair Bird took up this item upon attaining a quorum and asked for nominations of officers for the Substance Abuse Committee.

Chairperson: Heather Crawford, Mike Tefft and Heather Bird were nominated for Chairperson. Hearing no further nominations, Vice Chair Bird asked for a motion to close nominations. Motion was made by Ashley Berg and seconded by Kelli Means to close nominations. Vice Chair Bird opened the floor for discussion. Hearing none, secret ballot vote was conducted. Mike Tefft received the majority of the votes and was therefore declared to be the elected Substance Abuse Committee Chairperson for CY2024.

1st Vice Chairperson: Ashley Berg, Kelli Means and Heather Bird were nominated for Vice Chairperson. Hearing no further nominations, Vice Chair Bird asked for a motion to close nominations. Motion was made by Michael Sheridan and seconded by Heather Bird to close nominations. Vice Chair Bird opened the floor for discussion. Hearing none, secret ballot vote was conducted. Heather Bird received the majority of the votes and was therefore declared to be the elected Substance Abuse Committee 1st Vice Chairperson for CY2024.

2nd Vice Chairperson: Heather Crawford and Kelli Means were nominated for 2nd Vice Chairperson. Hearing no further nominations, Vice Chair Bird asked for a motion to close nominations. Motion was made by Gage Stermensky and seconded by Kelli Means to close nominations. Vice Chair Bird opened the floor for discussion. Hearing none, secret ballot vote was conducted. Kelli Means received the majority of the votes and was therefore declared to be the elected Substance Abuse Committee 2nd Vice Chairperson for CY2024.

These officers will begin serving in their respective capacity on January 1, 2024.

III. Public Comment

Tom Hightower and Shane Reilly gave an overview of their organizations, 50th Street Landing Reentry Program and The 1212 House Safe and Structured Sober Living for Men in Recovery in Omaha, and the services that they offer.

IV. Break

V. 2023 SAMHSA Block Grant Implementation Report

Expenditure Reports—Karen Harker, DBH Deputy Director, reviewed the FFY2022 Block Grant Report. As of November 2023, Medicaid expenditures in Mental Health and Substance Use Disorder activities for SFY2023 were not available. COVID and ARPA fund expenditures in both areas will run through September 2025 and then be discontinued. The MHBG FFY22 Award has a new category for Crisis Set Aside, which includes the 988 Suicide and Crisis Hotline. The Maintenance of Efforts (MOE): the state is required to maintain the amounts of state funds utilized for behavioral health services in the state fiscal year.

There are four MOE to report for authorized services. The MOE for state expenditures on Mental Health services reports expenditures for community-based services provided to individuals with SMI/SED. This includes state funds for Medicaid expenditures which are not yet available, as shown in the table. The amount of state funds for Medicaid to meet this MOE is identified in the table. The MOE for state expenditures on Children's Mental Health reports expenditures for community-based services for children with SED; DBH has met this MOE. The MOE for Substance Use Disorder spending reports state expenditures for community-based services to prevent and treat Substance Use Disorders, and to provide recovery support services. This includes state funds for Medicaid expenditures which are not yet available. The amount of state funds for Medicaid to meet this MOE is identified in the table. The MOE for Substance Use Disorder services for Pregnant Women & Women with Children reports state expenditures for authorized community-based services for this subpopulation. This includes state funds for Medicaid expenditures which are not yet available. The amount of state funds for Medicaid to meet this MOE is identified in the table. Members' discussion focused on the Maintenance of Effort need for the state funded Medicaid behavioral health services. Members thanked Karen Harker for the presentation. There were no recommendations from the committee.

Priority Area and Annual Performance Indictors - Progress Report—Dr. Betty Jean Usher-Tate, DBH Data & QI Administrator, presented the Priority Area Review FY2022-FY2023 for the SAMHSA Block Grants. Dr. Usher-Tate clarified that the 23,909 persons served in FH23 is an unduplicated number that does not include individuals being served at the regional centers. This number is a decrease from 25,231 served in FY22. This decrease is due

in part to Medicaid expansion, COVID and workforce issues. Priority #1: Alcohol Use Among Youth & Young Adults- Year 2 outcome of 26.2% for Prevalence of Binge Drinking achieved the Target 30.0%. Although the prevalence binge drinking reported by youth and young adults in Nebraska has dropped to 26.2%, it is still 5.2 percentage points higher than the national average of 21.0%. Priority #2: Increase Use of Evidence-Based Prevention Strategies – Year 2 outcome of 48.8% of funded strategies use evidence-based strategies achieved the Target 38.6%. Priority #3: Consumers in Stable Living Arrangements – Year 2 outcome of 87% of consumers discharged from residential services report residing in a stable living arrangement achieved the Target 65%. The target would have been only 60.7% if the Crisis Service Mental Health Respite, which is not a Residential Service, had been included in this measure. Priority #4: Consumer Employment – Year 2 outcome of 66% for percentage of consumers in the labor market who are employed at discharge from any DBH funded service achieved the Target 58%. Priority #5: Access for Priority Populations to SUD Services - Year 2 outcome of 74.0% of persons reported as injecting drugs were admitted to Short Term Residential Services within 14 days of seeking treatment did not achieve the Target 85%. DBH have begun corrective actions to ensure this is being addressed, including training and a review of the active alert notification process. Priority #6: First Episode Psychosis (FEP)—Year 2 outcome of 38 statewide admissions in service FEP Coordinated Specialty Care treatment into FEP programs achieved the Target of 20 admissions. Priority #7: Tuberculosis – Year 2 outcome of maintaining the contract requirement with Regional Behavioral Health Authorities for Tuberculosis screening provided to all persons entering a substance use treatment service was achieved. Lastly, a reminder the next block grant two-year planning period will include a new priority measure for Crisis Response. This measure will focus on 988 and Mobile Crisis Response data. There were no recommendations from the committee.

VI. 988 Dashboard Presentation

Ahmad Arraseef, DBH Statistical Analyst II, and Dr. Betty Jean Usher-Tate, DBH Data & QI Administrator, presented a prototype of the planned 988 dashboard. This dashboard will give breakdowns of 988 contacts across the state for selected periods of time. This will eventually be available to the public. 988 data will potentially become a priority area for SAMHSA Block Grant reports.

Lunch—Lunch & Learn Presentation

Dr. Todd Stull, Chairperson of the Nebraska Opioid Settlement Remediation Advisory Committee, gave an overview of the committee's purpose and current focuses on disbursing funds received from the pharmaceutical distributors as part of the opioid settlement.

VII. Public Comment

There were no public comments received during the afternoon Public Comment opportunity.

VIII. Director's Update

Dr. Thomas Janousek, DBH Deputy Director, thanked committee members for their attendance, and gave updates on several items occurring in the Division of Behavioral Health.

Certified Community Behavioral Health Clinics (CCBHCs)—CCBHCs are clinic models designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth. DBH, Medicaid and Public Health are in the initial kick-off and preliminary stages of project planning. A large part of the plan is engaging community providers for feedback about the state's model, clinic requirements, and payment plan.

LB 1173 Workgroup and Behavioral Health—This workgroup is wrapping up the planning stages of transforming child and family well-being in Nebraska. Education to the judicial systems about behavioral health will be a big

focus for DBH. Opportunities for SMI waivers will be developed. Opportunities for regional behavioral health authorities to be larger partners for child-related services will be explored. Reports and relevant information can be found at https://dhhs.ne.gov/Pages/LB-1173-Child-and-Family-Well-Being-Working-Group.aspx.

Recovery Friendly Workplaces—The Recovery Friendly Workplace Initiative gives business owners the resources and support they need to foster a supportive environment that encourages the success of their employees in recovery. A coordinator position has been hired and DBH is working on developing preliminary content and reengaging feedback groups. Progressive roll out of the program will begin with DHHS, who already supports employees in recovery. Trainings and resources will focus on such items as recovery-friendly policies, Mental Health First Aid, bias training, and stigma busting. The U.S. Department of Labor has a "Recovery-Ready Workplace Toolkit" which can be found at https://www.dol.gov/agencies/eta/RRW-hub/Toolkit.

IX. For the Good of the Order Roundtable

Committee members shared their organizations' recent developments and upcoming events. Discussion also centered around the growing recognition among providers of the need for additional services addressing the needs of people experiencing homelessness.

X. Meeting Wrap Up

The next Joint Advisory Committee meeting will be Thursday, April 18, 2024, with location to be determined. Members suggested additional agenda items for upcoming meetings, including Outpatient Competency Restoration data and opioid settlement funded projects.

XI. Adjourn

The meeting agenda having been completed, Chair Heller asked for a motion to adjourn the meeting. Motion was made by Victor Gehrig and seconded by Mike Tefft. The motion to adjourn passed with unanimous voice votes, and the meeting was declared adjourned at 1:33 p.m.

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) August 22, 2024

Nebraska State Office Building, 301 Centennial Mall South, Lincoln, NE 9:00 a.m. – 11:30 a.m.

Meeting Minutes DRAFT

I. Open Meeting

Call to Order/Welcome – Mike Tefft, Chair of the State Advisory Committee on Substance Abuse Services, called the virtual meeting to order at 9:10 a.m. Chair Tefft welcomed attendees to the meeting and introduced the Chair of the State Advisory Committee on Mental Health Services, Timothy Heller. Chair Heller welcomed all attendees as well. Chair Tefft informed attendees that the joint meeting follows the **Open Meeting Act**, which was posted near the meeting room entrance, and can be found on the Division of Behavioral Health (DBH) website identified on the agenda. Chair Heller informed attendees there would be an opportunity for Public Comment later in the meeting as identified on the agenda.

Quorum for Committees

Roll call was conducted, and quorum was met, for the State Advisory Committee on Mental Health Services (Mental Health Committee), with 7 members present. Roll call was conducted, and quorum was met, for the State Advisory Committee on Substance Abuse Services (Substance Abuse Committee), with 12 members present.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Heather Bird, Heather Crawford, Jill Gregg, Kelli Means, Daniel Rutt, Gage Stermensky, Mike Tefft.

Members Absent: Ashley Berg, Leah Harms, Michael Sheridan.

State Advisory Committee on Mental Health Services

Members in Attendance: Verdell Bohling, Mary Ann Borgeson, Margaret Damme, Lindy Foley, Ingrid Gansebom, Timothy Heller, Susan Jensen, David Kass, Kristen Larsen, Kyle Long, Diana Meadors, Angela Miles.

Members Absent: Micki Charf, Victor Gehrig, Tracy Jordan, Jennifer Reyna, Melody Sandona, Carisa Schweitezer Masek, Danielle Smith, Paul Zeiger.

DHHS Staff

In Attendance: Weston Corum, Reecha Dixit, Thomas Janousek, Jeri Keller-Heuke, Erin Maier, Payton Shreves, Valerie Standeven, John Trouba, Betty Jean Usher-Tate, Linda Wittmuss, Erica Ziemann.

II. Membership Business

Meeting minutes from April 18, 2024—

Substance Abuse Committee Chair Tefft presented the April 14, 2024 meeting minutes for review. Chair Tefft asked if there were any corrections or comments. Hearing none, Chair Tefft asked for a motion to accept the April 14, 2024 meeting minutes as written. Motion was made by Diana Meadors, and seconded by Verdell Bohling, to accept the April minutes as written. Roll call vote was conducted, and minutes approved, with the following results:

Yea: Verdell Bohling, Mary Ann Borgeson, Margaret Damme, Lindy Foley, Ingrid Gansebom, Timothy Heller, David Kass, Diana Meadors, Heather Bird, Heather Crawford, Jill Gregg, Kelli Means, Mike Tefft.

Nay: None.

Abstain: Roger Donovick, Kristen Larsen, Kyle Long, Angela Miles, Daniel Rutt, Gage Stermensky.

III. SAMHSA Block Grant Application

a. Assessment and Plan: Dr. Betty Jean Usher-Tate, DBH Data & QI Administrator, reviewed the purpose of the SAMHSA Block Grant, presented preliminary information for SFY24 community-based services, and reviewed block grant priority areas in the context of the FFY25 Block Grant Mini-Application, which is Year 2 of the two-year planning period. Block Grant Priority Areas were reviewed and preliminary data on achievement of First-year target/outcome measures and discussion of continuing goals and measures into Year 2. No changes were recommended; all eight Priority Areas will continue without change for Year 2.

Priority Areas are focused on critical areas for treatment and recovery success, including stable housing outcomes, employment, person-centered care, and access to treatment and support systems in one's community. The eight Block Grant Priority Areas are: #1-Prevention of binge drinking among youth and young adults; #2-Increase the use of Evidence-Based Strategies employed by prevention coalitions; #3-Consumers in Stable Living Arrangement at discharge from residential services; #4-Percentage of consumers in the labor market who are employed at discharge; #5-Access for Priority Populations to SUD services; #6-Increase utilization of treatment programs for first-episode psychosis; #7-Referral to services for persons with tuberculosis; and #8-988 Crisis Response Dashboard public access. Additional information was requested to be shared about the seasonal dips in Quarter 2 of the state fiscal year for Priority Area #3: Consumers in Stable Living Arrangement at discharge from residential services. The link to the 988 Dashboard is https://datanexus-vices.//datanex

dhhs.ne.gov/views/988ActivityDashboard_17132906644320/AbouttheData?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y

b. Budget for Year Two of Plan: Valerie Standeven, DBH Budget Officer, reviewed the financial projections for the SAMHSA Combined Mental Health Block Grant and Substance Use Prevention, Treatment, and Recovery Services Block Grant 2025 Mini-Application. States are directed to use the FFY2024 final enacted allocation amounts for purposes of completing the FFY2025 Mini-Application until enactment of the federal FY2025 appropriations.

Mental Health Block Grant (MHBG) interim allocation for FFY25 is \$4,461,633. The MHBG includes set-asides for First Episode Psychosis - Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis equal to 10 percent of total award MHBG (\$446,163.30) and Crisis Services equal to 5 percent of the total award MHBG (\$223,081.65). Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) interim allocation for FFY25 is \$8,476,196. The SUPTRS BG includes Primary Prevention equal to a minimum of 20 percent of the total award SUPTRS BG (\$1,695,239.20).

c. Discussion and Recommendations: Discussion regarding the block grant mini-application was held by the committee. It was clarified that the MHBG FFY25 planned expenditures for Crisis Services includes MHBG grant funds of \$223,081.65, state funds of \$15,624,765 and other federal funds of \$161,803 for the planning period. There were no recommendations regarding Block Grant Priority Areas targets for Year 2 of the planning period.

No recommendations were placed before the committee. Chairs Tefft and Heller thanked staff for their presentations on the SAMHSA Block Grant Mini-Application.

IV. Trends in Substance Use

Drs. Harley Peters and Thakur Bais, DBH Statistical Analysts, presented a detailed demographic breakdown of substance use trends for all individuals served by DBH from 2012-2023. It illustrates the substance usage rates in youth (aged <21) verses Adults (aged >=21) by primary substance and additional (secondary) substances reported at admission. This presentation includes top three primary substances (alcohol, marijuana and methamphetamine), percentage of individuals reporting secondary substance use, and secondary substance breakdown by primary substance. It covers trends in substance use by demographic variables such as age group, race, and trauma history, substance use in priority populations, and MH & SUD service utilization rates. Tobacco usage among adults with demographics variables, trauma history and types were reviewed as well.

V. Recovery Month

Payton Shreves, DBH Mental Health & Recovery Friendly Workplace Coordinator, and Erin Maier, DHHS Marketing & Communications Specialist, discussed the upcoming 2024 Recovery Month event that will be held on Sunday, September 29, 2024, at the State Capitol North Steps. There will be speakers, awards, and vendors sharing information on their programs. The featured speaker will be Tony Hoffman, former Olympian. A media toolkit will launch on the DHHS website on August 26, 2024. The number of vendors increased over last year, so available space for any other interested parties is now limited. Nominations for awards for community leaders, individuals and organizations dedicated to supporting hope and healing can be directed to Jennifer Ihle, Office of Consumer Affairs Program Coordinator, by September 13, 2024. Any further inquiries can be directed to Jennifer Ihle at Jennifer.ihle@nebraska.gov.

VII. Director's Update

Dr. Thomas Janousek, DBH Deputy Director of Clinical Excellence, thanked committee members for their attendance, and gave updates on several items occurring in the Division of Behavioral Health.

The Department of Justice (DOJ) released an overview of their findings regarding their investigation into Nebraska's assisted living providers. DHHS is currently in negotiations with the DOJ to determine what improvements will look like in terms of technical details to operationalize changes to support individuals to be as independent as possible based upon their choice and their needs. We are starting efforts to target individuals in Day Services and working on assisting with stable employment and stable housing situations in community settings. We are looking at opportunities for standing up additional services for supported employment, supported housing, and more transitional support services that are solely focused on bridging individuals from congregate settings and into community settings with more continuous community supports. We are also looking at bringing on more targeted case management for individuals in congregate settings which could then continue to follow and support them in community settings.

Work on Certified Community Behavioral Health Clinics (CCBHC) continues as decisions have been made regarding the framework of services and core metrics and standards. In May 2023, LB 276 the Certified Community Behavioral Health Clinic Act, was enacted into law. Implementing CCBHCs throughout Nebraska will increase access to care, enable providers to incorporate evidence-based practices, and further establish care coordination. A timeline of Nebraska's CCBHC implementation can be found at https://dhhs.ne.gov/Documents/NE%20CCBHC%20Implementation.pdf. DHHS is interviewing nine finalists and will choose up to six to be certified in the initial phase. Three of the finalists are rurally located. The DHHS web site for more information is https://dhhs.ne.gov/Pages/CCBHC.aspx

September is Recovery Month. The 2024 Recovery Month event will be September 29, 2024 at the North steps of the State Capitol building.

VI. Public Comment

There were no public comments received during the Public Comment opportunity.

X. Meeting Wrap Up

The next Joint Advisory Committee meeting will be November 14, 2024, with location to be determined. Members suggested potential agenda items for the next meeting, including a review of membership bylaws and Regional Behavioral Health Authority opioid settlement summits.

XI. Adjournment

The meeting agenda having been completed, Chair Tefft asked for a motion to adjourn the meeting. Motion was made by Ingrid Gansebom and seconded by Kelli Means. Motion passed by unanimous voice vote.

Meeting adjourned at 11:30 a.m.

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)

November 14, 2024

Nebraska State Office Building, 301 Centennial Mall South, Lincoln, NE 9:00 a.m. – 3:00 a.m.

Meeting Minutes DRAFT

I. Open Meeting

Call to Order/Welcome – Mike Tefft, Chair of the State Advisory Committee on Substance Abuse Services, called the meeting to order at 9:06 a.m. Chair Tefft welcomed attendees to the meeting. Victor Gehrig, State Advisory Committee on Mental Health Services member officiated in Chair Timothy Heller's absence. Chair Tefft informed attendees that the joint meeting follows the **Open Meeting Act**, which was posted near the meeting room entrance, and can be found on the Division of Behavioral Health (DBH) website identified on the agenda. Chair Heller informed attendees there would be an opportunity for Public Comment later in the meeting as identified on the agenda.

Quorum for Committees

Roll call was conducted but quorum was not met for the State Advisory Committee on Mental Health Services (Mental Health Committee), with 9 members present. Roll call was conducted but quorum was not met for the State Advisory Committee on Substance Abuse Services (Substance Abuse Committee), with 4 members present.

State Advisory Committee on Substance Abuse Services

Members in Attendance: Heather Bird, Heather Crawford, Gage Stermensky, Mike Tefft.

Members Absent: Ashley Berg, Jill Gregg, Leah Harms, Kelli Means, Daniel Rutt.

State Advisory Committee on Mental Health Services

Members in Attendance: Mary Ann Borgeson, Micki Charf, Ingrid Gansebom, Victor Gehrig, David Kass, Kristen Larsen, Diana Meadors, Angela Miles, Jennifer Reyna.

Members Absent: Verdell Bohling, Margaret Damme, Roger Donovick, Lindy Foley, Timothy Heller, Susan Jensen, Tracy Jordan, Kyle Long, Melody Sandona, Carisa Schweitezer Masek, Danielle Smith, Paul Zeiger.

DHHS Staff

In Attendance: Jessie Case, Reecha Dixit, Jacob Grell, Zack Hicks, Thomas Janousek, Jeri Keller-Heuke, Payton Shreves, John Trouba, Betty Jean Usher-Tate.

II. Membership Business

- a) All attendees introduced themselves.
- b) Because there was no quorum for either committee, the business item of approving the November 16, 2023 and August 22, 2024 meeting minutes could not be addressed.

- c) Substance Abuse Committee Chair Tefft presented possible dates for the calendar year 2025 Joint Advisory Committee (JAC) meetings. Several potential dates were reviewed. Dates selected for CY2025 JAC meetings are April 17, August 7, and November 13, 2025. The locations of the 2025 meetings will be determined at a later time.
- d) Election of officers for calendar year 2025 could not be held due to lack of quorum for both committees. Elections will be held at the April 17, 2025 meeting.

III. Public Comment

There were no public comments received during the morning Public Comment opportunity.

IV. Break

V. Director's Update

Dr. Thomas Janousek, DBH Director, gave updates on current projects within the Division of Behavioral Health.

As the newly appointed director, his vision is for a more holistic behavioral health system that works closely with Medicaid and has fewer barriers to accessing healthcare. Making the publicly funded healthcare system more appealing should also be considered. Hiring is currently underway for the two vacant Deputy Director positions.

Olmstead Updates – Hiring for SMI Coordinators is wrapping up. 1915i waivers for services will be managed by DBH.

Certified Community Behavioral Health Clinics (CCBHC) – Seven providers have been chosen as the initial CCBHCs: CenterPointe, Community Alliance, South Central Behavioral Services, Lutheran Family Services, The Well, Heartland Family Services, and Heartland Counseling Services. DBH is currently involved in trainings on cost models and services. Other details of the program are being finalized.

VI. Review of Committee Bylaws

Chair Tefft noted that while there wasn't a quorum to address a review of the committees' bylaws, he encouraged all members to review their respective committee's set of bylaws and bring any recommendations to the next meeting.

VII. Office of Consumer Affairs Update

Jessie Case, Office of Consumer Affairs (OCA) Administrator, introduced herself as the new OCA Administrator, shared her background, and gave updates on current projects. The Recovery Friendly Workplace Initiative (RFWI) is rolling out under the guidance of Payton Shreves, RFWI Coordinator. The Certified Peer Support Specialist recertification process is being reworked and updated. There are plans to restart the People's Council after being on hiatus since 2022.

VIII. Public Comment

There were no public comments received during the afternoon Public Comment opportunity.

IX. Review of SAMHSA Block Grant Implementation Reports

- a. Expenditure Reports: John Trouba, DBH Federal Aid Administrator, presented the FY2025 Block Grant Reports for SAMHSA. Comparisons were made between SFY2024 and SFY2023. Please see the "SAMHSA FY 2025 MHBG & SUPTRS BG Reporting" document attached.
- b. FY24-25 Annual Performance and Data Indicators: Dr. Betty Jean Usher-Tate, DBH Data & QI Administrator, reviewed the priority areas for the SAMHSA Block Grant.
 - Priority Areas are focused on critical areas for treatment and recovery success, including stable housing outcomes, employment, person-centered care, and access to treatment and support systems in one's community. The eight Block Grant Priority Areas are: #1-Prevention of binge drinking among youth and young adults; #2-Increase the use of Evidence-Based Strategies employed by prevention coalitions; #3-Consumers in Stable Living Arrangement at discharge from residential services; #4-Percentage of consumers in the labor market who are employed at discharge; #5-Access for Priority Populations to SUD services; #6-Increase utilization of treatment programs for first-episode psychosis; #7-Referral to services for persons with tuberculosis; and #8-988 Crisis Response Dashboard public access. It was noted that on Priority #1: Alcohol Use Among Youth and Young Adults, the goal of 27% was not met. Based on the 2022 Behavioral Risk Factor Surveillance Survey (BRFSS), Nebraska came in at 29.0%. Priority #6: First Episode Psychosis (FEP) was also not met. For SFY2024, there were 12 admissions; goal was 20 admissions. Although the goal was interpreted as new admissions, another data perspective is that there were 32 youth were in admitted status / received CSC services within the two FEP programs for FY24.
- c. Annual Synar Report: Zack Hicks, DBH Epidemiologist, reviewed the FFY 2025 Annual Synar Report for Nebraska. The Synar program conducts annual compliance checks of a random sample of retail tobacco outlets for the sale of tobacco-related products to minors. DBH contracts with the Nebraska State Patrol to conduct the annual random, unannounced compliance checks from May to September; checks are done year-round by other agencies as well. If a retailer is discovered to be selling tobacco products to a minor, law enforcement must cite an individual, (i.e. clerk, manager, or owner) for the criminal violation, as opposed to alcohol violations, which cite the business. For 2024, Nebraska's statewide retailer violation rate was 14.7%, down 1.0% from 2023. Violation rates were compared across the country and by State Patrol regions across Nebraska. Number of retailers and their locations were reviewed. It was announced that beginning in 2025, the tobacco licensee list will be compiled by the Nebraska Department of Revenue per a modification to LB1204.

No recommendations were placed before the committee. Chair Tefft thanked staff for their presentations on the SAMHSA Block Grant Implementation Reports.

X. For the Good of the Order Roundtable

The DBH Prevention team provided medication lock boxes, Deterra pouches, and Narcan and 988 promotional items for committee members to take back to their organizations.

XI. Meeting Wrap Up

The next Joint Advisory Committee meeting will be April 17, 2025, with location to be determined. Members were reminded that officer elections and approval of the November 16, 2023 and August 22, 2024 minutes will be conducted during this meeting.

XII. Adjournment

Chair Tefft and Acting Chair Gehrig declared the meeting adjourned at 1:47 P.M.

SAMHSA FY 2025 MHBG & SUPTRS BG REPORTING

Consists of the FFY 2022 Block Grant Award for Substance Use Prevention, Treatment, and Recovery Support Services Block Grant (SUPTRSBG) and Mental Health Block Grant (MHBG)

Financial Information
November 2024



Maintenances of Effort – Preliminary SFY 2024

Mental Health Spending						
SFY 2022	SFY 2023	Average	SFY 2024	Medicaid	Amount needed	
\$85,696,832	\$114,941,835	\$100,319,334	\$59,845,566	TBD SFY 2023 \$51,371,425	\$40,473,768	
Substance Use Disorder Spending						
SFY 2022	SFY 2023	Average	SFY 2024	Medicaid	Amount needed	
\$19,827,849	\$31,213,508	\$25,520,678.50	\$10,935,220	TBD (SFY 2023 \$7,004,989)	\$14,585,613	
Pregnant Wor	men & Women Wi	ith Children (WSA				
1994 base	SFY 2022	SFY 2023	SFY 2024	Medicaid	Amount needed	
\$753,713	\$328,571.24	\$ 2,038,637.38	\$910,024	TBD (SFY 2023 \$1,669,737)	\$1,128,613	
Children's Mental Health						
1994 base	SFY 2022	SFY 2023	SFY 2024			
\$620,801	\$6,995,428	\$8,330,044	\$8,684,161			

Valerie Standeven

DBH Budget Officer

Division of Behavioral Health

402-471-7853









dhhs.ne.gov



Good Life, Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Article I - Name of Organization

The name of the organization shall be the State Advisory Committee on Mental Health Services.

Article II - Purpose

Section 1

As provided by Nebraska Revised Statutes §§ 71-814 the purpose of the Committee is to (a) serve as the state's mental health planning council as required by Public Law 102-321, (b) conduct regular meetings, (c) provide advice and assistance to the division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services, (d) promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research, (e) provide reports as requested by the division, and (f) engage in such other activities as directed or authorized by the division.

The Division means the Division of Behavioral Health within the Nebraska Department of Health and Human Services.

Section 2

Serve as the state's mental health planning council as required by Public Law 102-321 means meeting the requirements for the State Mental Health Planning Council under the Federal Community Mental Health Services Block Grant. Under Section 1914, the State will establish and maintain a State mental health planning council in accordance with the conditions described in this section. (b) The duties of the Council are:

(1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans [this refers to the Block Grant Application and Implementation Report]; (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

Section 3

MISSION STATEMENT

The Mission of Nebraska State Advisory Committee on Mental Health Services is to identify and advocate for an effective and efficient system of accessible, quality mental health services which enable each individual, on their journey of healing and transformation, to achieve their highest potential.

VISION STATEMENT

The Vision of Nebraska State Advisory Committee on Mental Health Services is to advise and assist the Division as it provides information for all Nebraskans, including consumers, families, elected officials, and the public to understand mental health problems, and to provide the knowledge necessary to access and utilize appropriate services in a timely, effective manner.

Article III - Membership

Section 1

Appointments: The committee shall consist of twenty-three members appointed by the Governor.

Section 2

<u>Length of Term:</u> The length of term is as appointed by the Governor.

Section 3

Attendance: A member who has two consecutive unexcused absences shall be contacted by the Division regarding his/her intentions for future participation in the Committee. If the person indicates he/she is not able to participate, the Division shall request he/she formally resign from the Committee. Formal resignation shall be in writing and is to be submitted to the Director of the Division of Behavioral Health. The Division staff will maintain attendance sheet and submit to Chairperson periodically or per request.

Article IV - Voting

Section 1

Quorum: A quorum shall consist of one member more than half of the current members of the Committee. The continued presence of a quorum shall be established before taking any vote or stating the question on any motion. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

Section 2

Conflicts of Interest: A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business associate, or a business in which the member owns a substantial interest. As soon as the member is aware of a potential conflict of interest (or should reasonably be so aware), the member shall complete the Potential Conflict of Interest Statement Form C-2. The Form shall be submitted to the Nebraska Accountability and Disclosure Commission. The member shall follow all directions as prescribed and advised by the Nebraska Accountability and Disclosure Commission. A member shall disclose any potential conflict to the Committee annually at the first collective meeting of the calendar year and abstain from voting on issues on which there is a conflict. Meeting minutes shall record the name of a member(s) who abstains from voting.

Article V – Officers

Section 1

Selection: Officers of the Committee shall be a Chairperson, Vice-Chairperson, and Secretary.

Section 2

Duties: The duties of the Officers shall be:

Chairperson – Preside at all Committee and Executive meetings and:

- (1) Attend annual technical assistance meeting on MH Block Grant
- (2) Represent Nebraska at the MH Block Grant application review

- (3) Write a letter representing the committee's point of view after reviewing the MH Block Grant application, to be attached and is due September 1.
- (4) Write a letter after reviewing Mental Health Block Grant implementation report due December 1
- (5) Perform any other duties designated by the Committee.
- (6) Review attendance report and contact members as needed.

<u>Vice-Chairperson</u> - Shall act for the Chairperson in his/her absence. Shall perform other duties as designated by the Chairpersons or Committee

<u>Secretary</u> – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairpersons or Committee and is designated to review meeting minutes prior to distribution to committee members.

Section 3

At the fall meeting the committee will select officers for one year. The new officers' term are January 1 through December 31. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 4

Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson, and Secretary. A Chairperson may call the Executive Committee together at their discretion and shall notify the Division at the time of the decision. If a meeting of the Executive Committee is held, the full Committee will be notified at the next regularly scheduled meeting. The Executive Committee may not vote or act for the full Committee.

Article VI – Meetings

Section 1

Frequency: Meetings of the Committee shall be held at least three times per calendar year.

Section 2

<u>Conduct</u>: Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. Stat. §§ 84-1408 through 84-1414. Business should be conducted according to Roberts Rules of Order.

Section 3

Notice: The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting and documented in the minutes. Within thirty days, but not less than seven days prior to the next meeting, the Division shall send a reminder and meeting agenda to each Committee member at his/her last known requested address. Public Notice of Committee meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the state website.

Section 4

Role of the Division: The Division shall provide an orientation to each new Committee member, produce meeting minutes, maintain records to include attendance record of the Committee, and provide support to the Committee.

Section 5

Expenses: Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. Stat. §§ 81-1174 to 81-1177.

Article VII - Committees

The Chairperson may appoint or otherwise establish ad-hoc task forces or workgroup(s) comprised of Committee and non-Committee members to accomplish a specific task which is relevant to the purpose of the Committee and shall notify the Division at the time of the decision. Ad-hoc Committee is defined as including Committee and non-Committee members.

Article VIII – Amendments

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Committee members will be required to amend the Bylaws. No Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been delivered to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new Bylaws adopted by the Committee are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.

Danielle Smith (Original Signature)	November 4, 2021
Committee Chairperson	Date

71-814. State Advisory Committee on Mental Health Services; created; members; duties.

- (1) The State Advisory Committee on Mental Health Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of mental health services in the State of Nebraska. The committee shall consist of twenty-three members appointed by the Governor as follows: (a) One regional governing board member, (b) one regional administrator, (c) twelve consumers of behavioral health services or their family members, (d) two providers of behavioral health services, (e) two representatives from the State Department of Education, including one representative from the Division of Vocational Rehabilitation of the State Department of Education, (f) three representatives from the Department of Health and Human Services representing mental health, social services, and Medicaid, (g) one representative from the Nebraska Commission on Law Enforcement and Criminal Justice, and (h) one representative from the Housing Office of the Community and Rural Development Division of the Department of Economic Development.
- (2) The committee shall be responsible to the division and shall (a) serve as the state's mental health planning council as required by Public Law 102-321, (b) conduct regular meetings, (c) provide advice and assistance to the Division relating to the provision of mental health services in the State of Nebraska, including, but not limited to, the development, implementation, provision, and funding of organized peer support services, (d) promote the interests of consumers and their families, including, but not limited to, their inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation, and research, (e) provide reports as requested by the Division, and (f) engage in such other activities as directed or authorized by the Division.

Source:

Laws 2004, LB 1083, § 14; Laws 2006, LB 994, § 93; Laws 2007, LB296, § 460.

FEDERAL COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

REQUIREMENTS FOR THE STATE MENTAL HEALTH PLANNING COUNCIL

Section 1914:

The State will establish and maintain a State Mental Health Planning Council in accordance with the conditions described in this section.

- (b) The duties of the Council are:
 - (1) to review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
 - (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illness or emotional problems; and
 - (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.
- (c)(1) A condition under subsection (a) for a Council is that the Council is to be composed of residents of the State, including representatives of:
 - (A) the principle State agencies with respect to:
 - (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
 - (ii) the development of the plan submitted pursuant to Title XIX of the Social Security Act;
 - (B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;
 - (C) adults with serious mental illnesses who are receiving (or have received) mental health services; and
 - (D) the families of such adults or families of children with emotional disturbance.
- (2) A condition under subsection (a) for a Council is that:
 - (A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and
 - (B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

Article I – Name of Organization

The name of the organization shall be the State Advisory Committee on Substance Abuse Services (SACSAS).

Article II - Purpose

As provided in Nebraska Revised Reissued Statutes §§ 71-815, the committee shall be responsible to the Division of Behavioral Health and shall (1) conduct regular meetings, (2) provide advice and assistance to the Division relating to the provision of substance abuse services in the State of Nebraska, (3) promote the interests of consumers and their families, (4) provide reports as requested by the Division, and (5) engage in such other activities as directed or authorized by the Division. (71-815-sec 2)

Article III – Membership

Section 1

Appointments: The committee shall consist of twelve members appointed by the Governor. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services. (71-815 sec 1)

Section 2

Length of Term: Four of the initial members appointed by the Governor shall serve for three years. Four of the initial members appointed by the Governor shall serve for two years, and four of the initial members for one year. As the terms of the initial members expire, their successors shall be appointed for terms of three years.

Article IV – Voting

Section 1

Quorum: Seven (7) voting members of the Committee present at any called meeting shall constitute a quorum. The continued presence of a quorum shall be established before taking any vote or stating the question on any motion. All Committee business shall be conducted by a simple majority vote of members present at a meeting in which a quorum is established.

Section 2

Conflicts of Interest: A conflict of interest is created through the existence of circumstances where the actions of a member may have an effect of direct financial benefit or detriment to the member, a member of his/her family, employer, business associate, or business in which the member owns a substantial interest. A member shall disclose any potential conflict to the Committee and abstain from voting on issues on which there is a conflict. As soon as a member is aware of a potential conflict of interest (or should reasonably be so aware), the member shall complete the Potential Conflict of Interest Statement Form C-2. The Form shall be submitted to the Nebraska Accountability and Disclosure Commission. The member shall follow all directions as prescribed and advised by the Nebraska Accountability and Disclosure Commission.

Article V – Officers

Section 1

<u>Selection</u>: Officers of the Committee shall be a Chairperson, Vice-Chairperson and Second Vice Chairperson. Initial Officers shall be appointed by the Division of Behavioral Health at the first meeting and will be elected by the Committee annually thereafter. In the event of a vacancy, the Committee will elect a member to serve the unexpired term of office.

Section 2: The duties of the Officers shall be:

<u>Chairperson</u> – Preside at all Committee and Executive meetings and perform any other duties designated by the Committee.

<u>Vice-Chairperson</u> – Shall act for the Chairperson in his/her absence.

<u>Second Vice Chairperson</u> – Shall act for the Chairperson and Vice-Chairperson in their absence. Shall perform other duties as designated by the Chairperson or Committee.

Section 3

<u>Term</u>: At any time that a member cannot complete the term of office a new election shall be held to fill the vacancy.

Section 4

Executive Committee: The Executive Committee shall consist of the Chairperson, Vice-Chairperson and Second Vice Chairperson. A Chairperson may call the Executive Committee together with the agreement of the Division at his/her discretion. If a meeting of the Executive Committee is held, the full Committee will be notified at the next

regularly scheduled meeting. The Executive Committee may not vote or act for the full Committee.

Article VI – Meetings

Section 1

Frequency: Meetings of the Committee shall be held regularly.

Section 2

<u>Conduct</u>: Meetings shall be held in accordance with the requirements of the Nebraska Public Meetings Law, Neb. Rev. Stat. §§ 84-1408 through 84-1414. Business should be conducted according to Roberts Rules of Order.

Section 3

Notice: The time, date and location of the next meeting should be determined prior to adjournment of the preceding meeting and be documented in the minutes. Within thirty days, but not less than seven days prior to the next meeting, the Division shall send a written reminder and meeting agenda to each Committee member at his/her last known requested address. Public Notice of Committee meetings and agendas shall be made by posting to the State of Nebraska Public Meetings Calendar on the state website.

Section 4

Role of the Division: The Division of Behavioral Health shall provide an orientation to each new Committee member, produce meeting minutes, maintain records of the Committee, and provide secretarial support to the Committee.

Section 5

Expenses: Committee members shall be reimbursed for actual and necessary expenses in the performance of their duties as provided in Neb. Rev. Stat. §§ 81-1174 through 81- 1177.

Article VII – Committees

With the written agreement of the Division, the Chairperson may appoint or otherwise establish ad-hoc task forces or workgroup(s) comprised of Committee and non-committee members to accomplish a specific task which is relevant to the purpose of the Committee.

Article VIII - Amendments

There shall be a review of the Bylaws a minimum of every three years. A two-thirds majority vote of all Committee members will be required to amend the Bylaws. No

Bylaws shall be considered for amendment unless notice of the same shall have been established as part of the meeting agenda, and a copy of the proposed changes has been sent to members within thirty days, but not less than seven days, prior to the meeting at which the vote will take place.

All alterations, amendments, or new Bylaws adopted by the Committee are subject to the approval of the Director of the Division of Behavioral Health or the designated representative for the Director.

Victor Gehrig (Original Signature)	November 4, 2021
Committee Chairperson	Date

71-815 State Advisory Committee on Substance Abuse Services; created; members; duties.

- (1) The State Advisory Committee on Substance Abuse Services is created. Members of the committee shall have a demonstrated interest and commitment and specialized knowledge, experience, or expertise relating to the provision of substance abuse services in the State of Nebraska. The committee shall consist of twelve members appointed by the Governor and shall include at least three consumers of substance abuse services.
 - (2) The committee shall be responsible to the division and shall
 - (a) conduct regular meetings,
 - (b) provide advice and assistance to the division relating to the provision of substance abuse services in the State of Nebraska,
 - (c) promote the interests of consumers and their families,
 - (d) provide reports as requested by the division, and
 - (e) engage in such other activities as directed or authorized by the division.

Source Laws 2004, LB 1083, § 15; Laws 2005, LB 551, § 5; Laws 2006, LB 994, § 94.