

## BEHAVIORAL HEALTH ADVISORY COMMITTEE

### MINUTES

October 24, 2018  
10:00 a.m.  
1645 'N' Street  
Lincoln, NE

**MEMBERS PRESENT:** Gene Cotter, Corrine Jarecke, J. Rock Johnson, Susan Johnson, Jill Kuzelka, Rebecca Meinders, Barbara Murphy, Tracy Pella, Richard Pethoud,

**MEMBERS ABSENT:** Megan Hinrichs, Sara Hoyle, Jennifer Jennings, Stephanie Knight, Melissa Ripley, Darla Winslow, C.J. Zimmer

**OTHERS PRESENT:** C.J. Johnson, Tami DeShon, Sandy Morrissey, Joe Pastuszek, Erin Rourke, Amanda Tyerman-Harper, Paul Van De Water and Marti Rabe, Region V Systems

### HOUSEKEEPING AND INTRODUCTIONS

- In the absence of the Vice Chair, Cotter called the meeting to order at 10:02 a.m. followed by introductions.
- Johnson commented that today would be Susan Johnson's last meeting as a representative of the Regional Governing Board. S. Johnson was encouraged to apply for membership as a member at large.

### ADDITIONS / CHANGES TO AGENDA

Johnson asked to move the Emergency System presentation up on the agenda.

### OPEN MEETING ACT INFORMATION

Cotter pointed out that Open Meeting Act information is posted as required by the Open Meetings Act. Notification of this meeting and information regarding availability of the agenda was provided through a legal notice in the Lincoln Journal Star.

### PUBLIC COMMENT

There was no public comment.

**EMERGENCY SYSTEM PRESENTATION:** Kristin Nelson, Director of Region V's Emergency System, presented the following information:

- The Emergency (ER) System becomes involved when an individual experiences a behavioral health crisis and police are called. Mobile Crisis teams are called if an officer is unsure whether or not placing an individual in Emergency Protective Custody (EPC) is appropriate. In rural counties, TASC provides this response, and sends a mental health practitioner to the scene. Telehealth can be used if a lengthy drive time would compromise the situation. If an individual is found to be both mentally ill and dangerous, the individual will be placed under Emergency Protective Custody and taken to the Crisis Center. CenterPointe provides a 24/7 helpline as well as youth crisis response. Since CRT was expanded to include youth services, 165 calls have been made to youth mobile response at either TASC or CenterPointe.
- Individuals who are EPC'd are likely to be male, Caucasian, between the ages of 18-29, considered to be dangerous to themselves, unemployed, dually diagnosed, and a resident of Lancaster County.
- In the past year nine percent of individuals who were EPC'd were committed inpatient; 13 percent were committed outpatient; 76 percent were discharged with a referral, and 9 individuals were given a 90-day suspension. Overall there has been an increase in EPC's. A consortium of stakeholders is looking at clients who repeat as EPCs and efforts are being made to reduce the number of incidences where a client returns to the ER system.

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- A concern was noted regarding TASC and the requirement to bill Medicaid for youth mobile crisis response. Johnson commented that a meeting has been set up with the Managed Care Organizations to discuss whether or not an authorization is necessary in these circumstances.
- BETA (Behavioral Health Threat Assessment) training is in its tenth year in Lancaster County and one-day mini-BETA trainings were provided for the first time. The first ever Youth-BETA training is scheduled for December 13. Over 500 individuals have been trained in threat assessment through this process.

**CONSENT AGENDA ITEMS**

J. Johnson made a motion, seconded by Pella, to approve the Consent Agenda (August 29, 2018, BHAC Minutes; FY 18-19 Compliance Management Report, August Discharge / Pre-Admitted Noncompliance Report, FY 17-18 CLAS Coalition Funding Report, FY 18-19 CLAS Award Summary, and RGB Report) as presented.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

**ACTION / PRIORITY ITEMS**

**Network Provider Contract Amendments:**

Contract Shift Process Approval: Johnson explained that because of the difficulty in shifting funds within the electronic billing system (EBS) the Division has set a timeline for when shifts can be made. The next opportunity to shift funds will occur in January prior to the next BHAC meeting. Johnson asked for a motion to pre-approve the January shift requests provided the BHAC is informed / notified of the pending shifts before Board approval is sought. S. Johnson made a motion, seconded by Pella, to pre-approve the January contract shifts per the above stated process.

Roll Call: Yes: Cotter, Jarecke, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Abstain: J. Johnson

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

October Contract Shifts: Johnson reviewed the October contract shifts:

Johnson reviewed each shift and provided rationale for the activities listed. Blue Valley had requested a number of shifts in the amount of \$123,043 from FFS to expense based. TASC shifts were related to the fact that flex funds were no longer allowed to be embedded in the service and those dollars were moved into the ER Flex Fund pool. \$99,000 will be shifted from BBH (part of CPC that had been moved to social detox) to acute inpatient. \$73,000 was shifted from Plans for One to MHA because the State has allowed the Region to pay for all five Milestones for this fiscal year. Harvest Project Emergency Community Support (ERCS) will now be affiliated with TASC ERCS so \$53,103 was shifted from LFS to TASC. Several Region shifts were also made. S. Johnson made a motion, seconded by Jarecke, to recommend the Board ratify the October contract amendments as presented.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried

System of Care / Youth Mobile Crisis: There was further discussion regarding the financial impact of billing Medicaid. Higher costs for provider agencies are anticipated and the current FFS rate is not expected to cover

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agency costs; therefore, up to \$80,000 (pooled between CenterPointe and Houses of Hope) will be moved from FFS to NFFS (expense based) for System of Care Youth Mobile Crisis Response. Kuzelka made a motion, seconded by Meinders, to recommend the Board approve the System of Care / Youth Mobile Crisis contract shifts from FFS to NFFS funding as presented.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

Opioid Response / Medication Assisted Treatment (MAT): Region V is in the second year of the opioid response grant. Providers have been reimbursed for buprenorphine, prescriber costs and medications. The Region also has received funding that will compensate law enforcement and other entities for Narcan. A question was raised regarding the need for a scrip before Narcan could be used. Tyerman-Harper replied that it was her understanding there is a standing order available to entities which will allow them to use Narcan without a prescription. Once these concerns are clarified, education will be required to make that information known to those who might be affected. Pella made a motion, seconded by Jarecke, to recommend the Board approve the contract amendments related to MAT.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

**Unexpended Revenue**: Johnson reported that unexpended revenue in the amount of \$114,797 was available after the audit was completed. It was recommended that \$113,608.44 be used to purchase all overproduced FFS units for which providers have not been paid. Johnson had also recommended to providers that the remaining \$1,000 be added to the pool being used to help providers cover national accreditation expenses. S. Johnson made a motion, seconded by Jarecke, to recommend the Board approve that unexpended revenue be allocated as noted above.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

**Community Support / Emergency Flex Fund Policies**: The Division updated their flex fund policies for the first time since 1999. A number of changes to the guidelines for usage were made, which the Region incorporated into the revised documents presented for approval. The Division no longer allows the Region the flexibility previously afforded and funds are capitated. Two changes made in an effort to maximize the dollars are: 1) flex funds can no longer be used to pay for medications for physical health symptoms (special approval may be granted) or (2) for any client on Medicaid. Guidelines involving ongoing use were incorporated, and a cap of \$1,000 per consumer per year was established. After an initial period during which the Region was pre-approving each request, it was decided to put the responsibility for monitoring these funds back on the providers. Providers of Community Support were allocated funding based on previous utilization, and all providers will be given a line item for Emergency Flex funds also based on utilization as well as contract allocation. S. Johnson made a motion, seconded by Pella, to recommend the Board approve the Community Support and Emergency flex fund policies as presented.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

**Draft FY 18-19 Annual Performance Improvement Plan (PIP):** Johnson presented the PIP explaining that the Region has chosen these 30 indicators to monitor during the upcoming year. Indicators are in place for every department and program. The desired scope is designated and if the indicator involves risk exposure, that risk is noted. The expectation for each indicator is identified. J. Johnson asked whether or not it would be possible to consider more than one indicator related to consumer involvement. Johnson replied that the Division has hired a Consumer Specialist and initiatives may be issued from the Division regarding that office. Kuzelka made a motion, seconded by Pella, to recommend the Board approve the Draft FY 18-19 Annual Performance Improvement Plan.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

### **OTHER UPDATES/INFORMATION**

**Continuous Quality Improvement:** Rourke and Pastuszak presented the following reports:

**FY 18-19 Network Performance Improvement Summary:** One QI issue was reported. The concern was regarding a DLA-20 score which fell below the threshold. This issue has been resolved.

**FY 17-18 National Outcome Measures (NOMS):** Outcomes are measured for employment / education; housing / living arrangement; criminal justice involvement; alcohol abstinence and drug abstinence. Data for FY 16-17 and FY 17-18 was provided.

**FY 17-18 Complaints, Appeals, Critical Incidents:** The highest number of complaints (14) was related to programs/policy/procedure; there was only one appeal filed during the previous fiscal year. The highest numbers of critical incidents involved use of seclusion (175) and physical aggression (163) and medication errors (130) and elopements (123). Education and other follow up meetings have taken place to discover ways to reduce the number of critical incidents.

**FY 17-18 Perception of Care:** Time limitations did not allow for presentation on this topic.

**FY 17-18 Ineligibles / Denials:** Time limitations did not allow for presentation on this topic.

**FY 17-18 Quality File Review:** Time limitations did not allow for presentation on this topic.

**FY 17-18 Consumer Outcomes:** Time limitations did not allow for presentation on this topic.

**Prevention Mini-Grants:** Morrissey presented the committee recommendations for the 2018 Winter Mini-grant cycle, reviewing each request and providing rationale for requests that were denied. A total of \$16,039.75 was available, and \$12,413.85 was approved. J. Johnson made a motion, seconded by S. Johnson, to recommend the Board approve the committee recommendations as presented.

Roll Call: Yes: Cotter, Jarecke, J. Johnson, S. Johnson, Kuzelka, Meinders, Murphy, Pella, Pethoud

Absent: Hinrichs, Hoyle, Jennings, Knight, Ripley, Winslow, Zimmer

Motion carried.

**Behavioral Health / Legislative Updates:** Johnson commented that the Division will be requesting an additional seven million dollars for behavioral health when the budget is submitted to the Governor. Rate studies for all services have revealed the need for additional funding to keep pace with actual costs for providers. Johnson also commented that some of the difficult decisions the Division has made this past year have been driven by efforts to be able to ensure dollars are being maximized throughout the system.

**Training:** Provided for informational purposes.

**Level of Care Meeting Updates / Dates:**

- November 8 – Regional Prevention Coalition
- December 17 – Community Support / Non-Residential / Emergency
- January 8 – Children’s System of Care Workgroup

**OTHER BUSINESS**

- Johnson commented that the Region has looked in to making teleconference attendance possible for the BHAC and Board. Because these meetings are subject to the Open Meetings Act, the videoconferencing sites have to be advertised and available to the public. Members are not allowed to vote if they attend via teleconference. Copies of all referenced materials must also be available at the teleconference site. These considerations make it unfeasible to consider using teleconferencing for public meetings.
- The Bridge Behavioral Health will be hosting a Tailgate Straight event on November 3.

**IMPORTANT DATES**

- November 5 – RGB Meeting – 10:30 a.m.
- November 19 – Network Providers Meeting – 9:00 a.m.
- January 30 – BHAC Meeting – 10:00 a.m.

**ADJOURN**

There being no further business the meeting was adjourned at 11:37 a.m.