

BEHAVIORAL HEALTH ADVISORY COMMITTEE

MINUTES

March 27, 2019
10:00 a.m.
1645 'N' Street
Lincoln, NE

MEMBERS PRESENT: Gene Cotter, Megan Hinrichs, Sara Hoyle, Corrine Jarecke, Jennifer Jennings, J. Rock Johnson, Stephanie Knight, Rebecca Meinders, Barbara Murphy, Tracy Pella, Richard Pethoud, Darla Winslow

MEMBERS ABSENT: Jill Kuzelka, Melissa Ripley, C.J. Zimmer

OTHERS PRESENT: C.J. Johnson, Patrick Kreifels, Gretchen Mills, Sandy Morrissey, Paul Van De Water and Marti Rabe, Region V Systems

HOUSEKEEPING AND INTRODUCTIONS

Hoyle called the meeting to order at 10:05 a.m. followed by introductions.

ADDITIONS / CHANGES TO AGENDA

There were no additions or changes to the agenda.

OPEN MEETING ACT INFORMATION

Hoyle 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.

CONSENT AGENDA ITEMS

Johnson made a motion, seconded by Pella, to approve the Consent Agenda (February 27, 2018, BHAC Minutes; FY 18-19 Compliance Management Report; Discharge / Pre-Admitted Noncompliance Report and RGB Report) as presented.

Roll Call: Yes: Hinrichs, Hoyle, Jarecke, Jennings, Johnson, Knight, Meinders, Murphy, Pella, Pethoud, Winslow

Absent: Cotter, Kuzelka, Ripley, Zimmer

Motion carried.

ACTION / PRIORITY ITEMS

April Contract Shifts: The next opportunity to shift funds will occur in April. Johnson asked for a motion to pre-approve any provide-requested or Region V administration-recommended shifts by April 8. Knight made a motion, seconded by Johnson, to pre-approve such contract shifts and allow Region V administration to make necessary shifts to accommodate the Division of Behavioral Health's (DBH) schedule.

Roll Call: Yes: Hinrichs, Hoyle, Jarecke, Jennings, Johnson, Knight, Meinders, Murphy, Pella, Pethoud, Winslow

Absent: Cotter, Kuzelka, Ripley, Zimmer

Motion carried.

OTHER UPDATES/INFORMATION

Behavioral Health / Legislative Updates:

Regional Budget Plan Considerations: Key elements are:

- Lincoln Medical Education Partnership (LMEP) is no longer going to contract with Region V for funding. The \$90,000 that had been allocated to LMEP will be used to help offset the impact of the DBH's rate study and subsequent rate increase to outpatient services which, as currently funded, will result in reduced capacity.
- An additional \$250,000 would be required to buy the capacity we have been producing. The Region is reviewing capacity utilization for the past three years looking for trends in usage. The Region is looking at the capacity an agency started the fiscal year with, and the capacity that was actually used, and will allocate funds based on the lower of the two.
- Bridge Behavioral Health (BBH) has experienced a decrease in usage for their intermediate residential program with a projected \$100,000 that will not be drawn down. The Region will recommend that a portion be placed in an unallocated line item to be used to purchase over produced units.
- Blue Valley Behavioral Health (BVBH) receives \$58,000 to provide mental health services in schools in a program known as intensive youth treatment services (IYTS). In the past several years, few youth eligible for Region funding were served thus majority of funds are paid through capacity access guarantee and make the cost per unit excessive. These dollars will be pulled out of BVBH's contract and placed in an unallocated line item for children's outpatient services. Tyerman-Harper will work with Day, the Executive Director of BVBH, to determine if the program can be reconfigured to draw these funds down differently. Efforts will be made to keep these funds in the rural area and in children's services. Johnson explained that DBH feels that CAG dollars are used to supplement Medicaid and can't justify dollars being used for this program in this manner.

FY 18-19 One-Time-Funding: Dual Residential, Halfway House, Assertive Community Treatment (ACT) and Secure Residential are overproducing significantly. The Division has received an additional \$900,000 in one-time-funding. Region V will received approximately \$350,000 in one time funding which will be used to purchase over produced units for this fiscal year.

Legislation: The rate study / cost model that was conducted by the DBH revealed that services are significantly underfunded by five to eight percent. Raising the rates across the board to the point where all providers are receiving rate increases would require an additional 5.2 million dollars. DBH recommended that 2.8 million be used for the rate increase. At the same time, based on the assumption that Medicaid expansion will result in cost savings, it was recommended that 1.8 million be removed from behavioral health services. There was testimony from Regional Administrators and providers, including probation, to ask that these dollars not be removed until the actual impact is known.

Crisis Counseling: With the recent flooding involving an extensive area of the state, the state will be receiving FEMA dollars to provide crisis counseling. This will be used for outreach and brief assessment and will provide referral to appropriate resources for persons needing help. FEMA is still assessing whether to do a public declaration or individual declaration, but Region V will be able to hire a team of two individuals to provide this service.

Emergency System:

- The Division had issued a Request for Proposals (RFP) seeking to open a secure residential program with the \$900,000 received in one-time funding. Only one response was received; that project will not be moving forward.
- Several bills to relieve Lincoln Regional Center (LRC) have been introduced. One bill that would allow for competency restoration in the community was introduced by Lancaster County. To date the bill has not made it out of committee.
- In meeting with DBH about six weeks ago references were made to a solution to the shortage of available beds at LRC. One possible scenario is that a unit would be opened on the LRC campus that would operate more like a private hospital with markedly shorter lengths of stay.

Systems of Care:

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- Kreifels reported on data related to the Youth Mobile Crisis Response grant. CenterPointe and TASC provide initial crisis response with follow up with Families Inspiring Families if requested. Data is broken down by month and by provider and includes the amount of time spent with consumers in crisis as well as the type of contact that took place. To date a total of 198 unique individuals have been served by this program, and only 18 youth were subsequently hospitalized.
- Hoyle commented that the Cooper Foundation has completed an evaluation of the local youth crisis system using focus groups to assess the use of crisis calls. One observation is that there is a significant gap in available community services between the level of care provided by CAPs at Bryan and the local youth shelter. Repurposing some space at the youth services center that is currently unused is one consideration. Efforts are also underway to identify services that are being provided out of state that are not available locally. A statewide Request for Information (RFI) has been issued. The goal is to create a safer landing place for youth who are removed from their homes and serve them without sending them out of state.
- A bill has been introduced by Senator Lowe to build a fence around the YRTC building. A more progressive solution would be to provide evidence-based programs and services at Geneva and hire professionals to provide those services. The fence was proposed as a safety measure and to prevent youth from leaving campus who were unauthorized to do so.

Annual Opinion Survey: Results will be available this spring.

Continuous Quality Improvement: Kreifels presented the following reports (see individual reports for complete details):

- Compass Software: Compass is Region V's data system and is interfaced with DBH's Central Data System. Having this software allows Region V to sort, filter and analyze data and reports that would not be available otherwise. The data has been used to access aggregate consumer data, answer questions from providers, determine rates of recovery, and make data driven decisions. A bill has been introduced which would force all data to be centralized with the Nebraska Health Information Initiative (NEHII), a central repository for medical records. Bryan Health does not participate in this data system and there are concerns that the data base would not conform to 42 CFR regulations related to substance abuse treatment and the higher standards of confidentiality.
- 2018 DBH Consumer Survey Report: This report, in draft at this time, was emailed out to BHAC members. Hard copies were available for anyone wishing to have one. Copies of the "Impact of Budget Cuts Related to Medicaid Expansion on Nebraska's Behavioral Health System" were also available.
- 2018 DBH Consumer Survey Report Specific Comparisons (Youth & Adult): This report summarized observations, data and graphs specific to youth and adult survey questions. For youth the domains surveyed were: Cultural Sensitivity, Family Involvement, Access, Social Connectedness, General Satisfaction, Functioning and Outcomes. Domains with increases were General Satisfaction, Outcomes and Functioning with other domains showing a slight decrease. For adults the domains measured were: General Satisfaction, Quality & Appropriateness, Access, Participation in Treatment Planning, Function, Social Connectedness and Outcomes. Data comparisons for Region V vs. Nebraska were included in the report.
- FY 18-19 Q1-2 Perception of Care: All providers ask the following two questions on discharge as recommended by SAMHSA: "Would you return to this provider if you needed services in the future," and "Would you recommend this provider to a friend or family member?" Region V received a 92 percent agreement with these questions; the target goal was 85 percent. Kreifels briefly explained that providers may see fewer positive responses based on the type of individuals that are served based on "clusters." Clients whose basic needs have not been met will be less likely to provide positive responses to these questions. Other factors that could affect a client's perception of care would be whether the client was court-ordered to treatment or on a mental health board commitment.
- FY 18-19 Q1-2 Consumer Recovery Outcomes: Recovery Outcomes are measured by comparing intake and discharge assessments to determine progress toward recovery. For FY 18-19 Q1-2 the Region V total showing significant improvement is 49 percent. The report includes observations as well as established targets and provides information by service as well as by provider. In general SUD treatment has a higher proportion of persons improving than those receiving MH treatment. The proportion of persons achieving

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clinically significant improvement is down slightly from last year. Community Treatment and Residential Treatment received the highest proportion of persons achieving significant improvement with lowest being emergency services and outpatient psychotherapy.

- FY 18-19 Q1-2 National Outcomes Measures (NOMS): NOMS allow for comparison of local outcomes with those on the statewide level and nationally. Consumers are assessed at admission and at discharge in the areas of employment, housing / living arrangement, criminal justice involvement, alcohol abstinence and drug abstinence.
- Cluster Based Planning (CBP): CBP was implemented in 2010 and became a contract requirement in 2016. “Clustering” consumers allows providers to look at such things as problems, history, environmental and social concerns, strengths and filter consumers into one of four types of cluster. Clustering allows providers and the Region to see what types of individuals agencies are serving and to adjust service provision and expectation for outcomes based on that information.
- FY 18-19 Q1-2 Complaints, Appeals, Critical Incidents Report: Providers report on these events on a quarterly basis. There were no appeals in the reporting period, which indicates that complaints were satisfactorily resolved by the provider. Most critical incidents occur while a consumer is in residential treatment. Review of this data can provide information which can lead to quality improvement initiatives to reduce the number of these types of incidents.

Annual Conflict of Interest Statement: The Annual Conflict of Interest Report is included in the March agenda packet for informational purposes.

BHAC Attendance Report: The report is provided for informational purposes.

FY 18-19 Capacity Utilization Summaries (CAP): CAPs will be used for contract recommendations and are provided for informational purposes.

Training: Provided for informational purposes.

OTHER BUSINESS

- Morrissey, Director of Region V’s Prevention Coordination, provided an update on the use of opioid funding and NARCAN, which is available to law enforcement. Under consideration is looking at using health districts to house and distribute NARCAN.
- Prevention is working to ensure that every county has a Medsafe for unused and expired medication disposal.
- The focus on suicide prevention continues with monthly trainings. Morrissey noted that Nebraska residents are at higher risk of attempting / completing suicide than the average state. The highest percentage of suicides in Nebraska fall in the age range of 15-24.

LEVEL OF CARE MEETING UPDATES / DATES

- April 15, 1:30 p.m. – Level of Care
- May 9, 9:00 a.m. – Regional Prevention Coalition

IMPORTANT DATES

- April 8 – RGB Meeting – 10:30 a.m.
- April 15 – Network Providers Meeting – 9:00 a.m.
- May 1 – BHAC Meeting – 10:00 a.m.

ADJOURN

There being no further business the meeting was adjourned at 11:34 a.m.