

BEHAVIORAL HEALTH ADVISORY COMMITTEE

MINUTES

November 1, 2017
10:00 a.m.
1645 'N' Street
Lincoln, NE

MEMBERS PRESENT: Gene Cotter, Sara Hoyle, Jennifer Jennings, J. Rock Johnson, Barbara Murphy, Tracy Pella, C.J. Zimmer

MEMBERS ABSENT: Megan Hinrichs, Susan Johnson, Stephanie Knight, Richard Pethoud, Melissa Ripley, Tammy Sassaman, Brenda Tracy, Darla Winslow

OTHERS PRESENT: Rachel Mulcahy, Associates in Counseling and Treatment; Carolyn Weaver, Blue Valley Behavioral Health; Phil Tegeler, Bridge Behavioral Health; Topher Hansen, CenterPointe; Jay Conrad, Houses of Hope; Kelly Madcharo, Lincoln Medical Education Partnership; Julie Fisher-Erickson, Lutheran Family Services; Melissa Lemmer, Mental Health Association; Scott Etherton, Mental Health Crisis Center; Margaret Williams, St. Monica's; C.J. Johnson, Tami DeShon, Patrick Kreifels, Sandy Morrissey, Amanda Tyerman-Harper, Paul Van De Water and Marti Rabe, Region V Systems

HOUSEKEEPING AND INTRODUCTIONS

- Hoyle called the meeting to order at 9:06 a.m. followed by introductions. At the time the meeting was called to order, a quorum was not present.
- Tyerman-Harper introduced Tracy Pella, one of the new BHAC members approved at the August meeting. Tyerman-Harper briefly discussed her current role as a school psychologist and her past ties to Region V where she worked as a professional partner.

ADDITIONS / CHANGES TO AGENDA

Johnson asked to add "Service Delivery Network CARF Accreditation" to the agenda as a non-motion item under "Other Business."

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

No action was taken regarding the Consent Agenda (August 30, 2017, BHAC Minutes; FY 17-18 Compliance Management Report, FY 16-17 CLAS Coalition Funding Report, FY 17-18 CLAS Award Summary and RGB Report) as presented.

OTHER UPDATES/INFORMATION

Because there was no quorum present, the group took up non-motion items first, as follows:

Behavioral Health / Legislative Updates: Johnson commented that there was nothing significant to report regarding behavioral health legislation at this time; however, Johnson noted that Regional Administrators are planning to meet with the executive committee for NABHO and the Division of Behavioral Health to discuss re-

introducing a bill which would amend the state statute to allow individuals in need of evaluation and competency restoration to receive those services in other venues rather than the Lincoln Regional Center. This population has a significant impact on bed availability at LRC decreasing access to psychiatric beds for use by the Region.

Emergency System:

Behavioral Health Threat Assessment Training (BETA):

- The ninth annual four-day BETA training is scheduled for January 29 – February 1 at the Fireman’s Hall in Lincoln. The targeted population for BETA training is law enforcement, dispatchers and support or sworn personnel who have contact with individuals who are mentally ill.
- An eight-hour mini-BETA is scheduled for December 11 in Gage County. This abbreviated format will assist rural law enforcement personnel in obtaining better outcomes when encountering persons with mental illness in the course of their duties. Workforce availability precludes their being absent from their Counties for four days. All presenters have agreed to provide their services at no cost.

Behavioral Health Threat Assessment Training Evaluation: Kreifels explained that attendees at the 2017 BETA training were asked to complete a pre- and post-test when taking the class. The evaluation showed a statistically significant increase in knowledge following completion of the training.

Continuous Quality Improvement: Kreifels provided the following updates / information:

Network Performance Improvement Summary: Two quality concerns were added in September 2017 and have not yet reached resolution. One item has to do with failure to meet the contract requirement to submit Consumers Cluster Memberships and the other is regarding providers’ failure to attend 80 percent of required meetings, which will be discussed later.

National Outcome Measures (NOMS):

- NOMS were developed by Substance Abuse and Mental Health Services Administration (SAMHSA) in collaboration with each state. NOMS are comparisons between the statuses of a client at admit versus discharge from services with each variable of interest described as Positive, Negative, Positive Same, Declined, Improved or Negative Same. Region V’s Compass provides access to data that was not previously available, allowing for these types of comparison.
- NOMS are calculated for each service group and assessed for several markers. For “Employment / Education Status” Region V showed 57.4 percent positive, with the State at 58.8 percent and the U.S. as 50.1 percent. For “Stable Housing Situation / Living Arrangement” Region V combined improved and Positive Same score was 84.7 percent compared to State 93 percent and U.S. 96.1 percent. For “Criminal Justice Involvement / Number of Arrest in Past 30 days” Region V combined Negative Same and Declined equaled 3.2 percent compared to State 8.7 percent and U.S. 6.2 percent. For “Alcohol Abstinence” and “Drug Abstinence” no statewide or U.S. data is available for comparison for this marker.

FY 16-17 Quarter 1-4 Consumer Outcome Measures / Clusters:

- Kreifels explained that measuring outcomes and identifying clusters are ways to help providers understand the consumers they are serving and identify trends and emerging issues. Each provider has selected a tool to be administered at registration and at discharge. Three outcome indicators are: 1) Meaningful & Reliable Change; 2) Meaningful Change in “Severe Impairment,” 3) Meaningful Change in “Areas of Concern.” A consumer could be counted in one or all of these outcomes. For the fourth outcome, “Achieved one or more of the 3 outcome indicators above” the data represents an unduplicated count.
- There was discussion regarding how consumer opinion was incorporated in the outcomes. Two of the tools, OQ-45 and Basis 24, are consumer rated. Additionally all providers actively involve persons served in treatment planning development such that client needs, preferences, goals etc. are in the client’s own words. All Network providers have agreed to ask two perception-of-care questions as one method of measuring consumer satisfaction: 1) Would you return to services at our agency? and 2) would you refer a family member or friend? This data is submitted to the Region and reviewed annually. Another way in which consumers opinions are captured is through the Division’s administration of an annual survey to behavioral

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health consumers; those results have been presented to the BHAC. The Region and providers look to these various surveys to identify trends and patterns to drive quality improvement efforts.

- Outcomes for the 4th and 1st indicators were presented from the Regional perspective and by agency and by cluster membership. Clustering has allowed providers to begin to define which cluster is achieving better outcomes and why. Using this information it is hoped that systemic change can occur if indicated.

Denials & Ineligibles Report: No discussion.

Complaints, Appeals, and Critical Incidents: No discussion.

Discharge Non-Compliance Report: No discussion.

FY 17-18 Capacity Utilization Summaries: Capacity utilization summaries through September are presented for informational purposes and are used to monitor how contract dollars are being pulled down in order to maximize funding. Van De Water provided a revised copy of the capacity report for CenterPointe after discovery of an error. Johnson reviewed the various column headings and explained how the form is used to project whether or not utilization is on target to use 100 percent of available capacity.

FY 17-18 Site Visit Schedule (Revised / Draft): Provided for informational purposes.

Training: Provided for informational purposes.

Service Delivery Network CARF Accreditation: Johnson explained that the list referenced (handout) is a list of standards that must be in place as the Region is seeking CARF accreditation in Network Management. Johnson commented that while these various tasks and topics have been in practice, it was necessary to ensure that policies and procedures are in place regarding these topics. The Executive Committee for the RGB has reviewed this list.

ACTION / PRIORITY ITEMS

Because a quorum is still not available, action items will move forward with a recommendation for Board approval, providing there is no dissent.

Contracts: Johnson reviewed the following contracts:

DHHS – NE Targeted Response to the Opioid Project: This contract, in the amount of \$190,000, is for purpose of funding activities that reduce opioid overdose related deaths and abuse of prescription and illicit opioid use. The grant cycle is from October 1, 2017 through April 30, 2018. The majority of these funds will be used to provide medication to support individuals going through recovery and some medical costs associated with prescribers. In addition to Lancaster County, southeastern Nebraska has been identified as a “hot spot” and \$35,000 will be available for a variety of prevention projects in Richardson, Pawnee, Johnson, Nemaha, and Otoe Counties. Lancaster County Health Department provided data and Prevention has met with the Nebraska Pharmaceutical Association regarding strategies to effectively use the available funds. BHAC members agreed by consensus that this contract be moved forward to the Board.

Kissel, Kohout, ES Associates LLC: This contract, in the amount of \$19,400, is to secure legislative and lobbying services. Johnson explained that all the Behavioral Health Regions contribute toward this service, with the amount of their contribution based on the percentage of population. BHAC members agreed by consensus that this contract be moved forward to the Board.

National Association of Case Management (NACM): This contract, in the amount of up to \$18,400, is to provide NACM with effective management of daily tasks associated with NACM including fiscal support, operational / administrative support, and annual / regional conferences. BHAC members agreed by consensus that this contract be moved forward to the Board.

FY 17-18 Draft Annual Performance Improvement Plan (PIP): J. Johnson asked that the approval of the PIP be tabled until the January meeting when a quorum may be present.

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Provider Meeting Attendance at BHAC: There was discussion regarding providers attending BHAC meetings per current contract requirement. Because there is no quorum present, this action item will be tabled until the January meeting.

Level of Care Meeting Updates / Dates: No updates.

- November 9 – Regional Prevention Coalition
- November 20 – Community Support / Non-Residential
- November 27 – Children’s System of Care
- December 4 – Emergency Services

OTHER BUSINESS

None.

IMPORTANT DATES

- November 13 – RGB Meeting – 10:45 a.m.
- November 20 – Network Providers Meeting – 9:00 a.m.
- January 31 – BHAC Meeting – 10:00 a.m.

ADJOURN

There being no further business the meeting was adjourned at 11:40 a.m.