

BEHAVIORAL HEALTH ADVISORY COMMITTEE

MINUTES

August 30, 2017
10:00 a.m.
1645 'N' Street
Lincoln, NE

MEMBERS PRESENT: Sara Hoyle, Jennifer Jennings, J. Rock Johnson, Susan Johnson, Stephanie Knight, Barbara Murphy, Richard Pethoud, Tammy Sassaman, Darla Winslow, C.J. Zimmer

MEMBERS ABSENT: Gene Cotter, Megan Hinrichs, Brenda Tracy

OTHERS PRESENT: Carolyn Weaver, Blue Valley Behavioral Health; Phil Tegeler, Bridge Behavioral Health; Tami Lewis-Arendt, CenterPointe; Jessie McDevitt, Houses of Hope; Kelly Madcharo, Lincoln Medical Education Partnership; Julie Fisher-Erickson, Lutheran Family Services; Kasey Moyer, Mental Health Association; Scott Etherton, Mental Health Crisis Center; Brady Tolle, Brittany Pofahl, Lincoln Regional Center; C.J. Johnson, Tami DeShon, Patrick Kreifels, Amanda Tyerman-Harper, Paul Van De Water and Marti Rabe, Region V Systems

HOUSEKEEPING AND INTRODUCTIONS

Hoyle called the meeting to order at 9:03 a.m. followed by introductions.

ADDITIONS / CHANGES TO AGENDA

None

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

Zimmer made a motion, seconded by S. Johnson, to approve the Consent Agenda (May 31, 2017, BHAC Minutes; FY 16-17 Year-end Compliance Management Report and RGB Report) as presented. There was no discussion.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow, Zimmer

Absent: Cotter, Hinrichs, Tracy

Motion carried.

ACTION / PRIORITY ITEMS

One-Time Only (OTO) Funding Report FY 17: Johnson provided a brief history of the genesis of the OTO funds, which are carry-over dollars from LB 1083 (Behavioral Health Reform). Following dispute with the Division regarding the amount of carry-over dollars available, Senator Jensen introduced legislation in 2008 which required the Division to disperse that money to the Behavioral Health Regions. Region V received approximately 4.2 million dollars at that time. Over the years the fund has been used in a variety of ways and a total of \$676,931 remains. The Region has tried to keep approximately \$500,000 in a line item for capacity

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expansion should that become a possibility. Dollars are also designated to the Consumer and Family Coalition, the Centralized Data System (CDS), behavioral health integration, cluster based training, and the UNL Public Policy Center. J. Johnson made a motion, seconded by Knight, to recommend the Board approve the OTO Funding Report as presented.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow, Zimmer

Absent: Cotter, Hinrichs, Tracy

Motion carried.

Draft FY 17-18 Risk Management Plan: The Risk Management Plan is a part of CARF accreditation and covers five domains. The planning process involves determining possible areas / occurrences where the Region may be at risk of incurring loss or suffering an impact, assigns a probability rating score to that risk, and determines action steps to reduce or eliminate risk exposure. New action steps were discussed under the “Fiscal Management” and “People – Internal and External” domains. Sassaman made a motion, seconded by Winslow, to recommend the Board approve the Draft FY 17-18 Risk Management Plan as presented.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow, Zimmer

Absent: Cotter, Hinrichs, Tracy

Motion carried.

Contractual Agreements: Johnson reviewed the following categories of contracts noting that the fiscal year for Federal contracts begins October 1:

Projects for Assistance of Transition from Homelessness (PATH): DHHS Division of Behavioral Health (DBH) contracts with the Region to provide funding (\$65,000) to provide Projects for Assistance of Transition from Homelessness services. The Region subsequently subcontracts with CenterPointe for provision of such activities as homeless outreach and other homeless services.

Prevention:

- DHHS DBH contracts with Region V to implement the SAMHSA Youth Suicide Prevention Grant (\$63,000).
- DHHS SAMHSA contracts with the Region to address underage drinking and marijuana use among persons in Nemaha County (\$125,000); \$116,250 is passed through to Nemaha Advocates Alcohol and Drug Awareness (NAADA) Prevention Coalition. Nemaha County was identified as one of the counties most at risk for underage drinking.
- DHHS DBH contracts with the Region to fund community-based prevention programs that address underage drinking in Lancaster County (\$273,743); \$260,058 is passed through to the Lancaster Prevention Coalition to address underage drinking in Lancaster County.

Housing Cooperative Agreement to Benefit Homeless Individuals (CABHI) Grant:

- DHHS DBH contracts with Region V to expand / enhance behavioral health treatment for individuals who experience chronic homelessness and have substance use disorder (SUD) (\$655,519).
- Region V contracts with CenterPointe (\$286,628), Mental Health Association (\$102,997) and the UNL Public Policy Center (\$128,338) to provide various aspects of this grant. Johnson commented that Region V is the smallest entity to receive a CABHI grant. Region V’s housing program has received national recognition which made Lincoln a viable choice for the CABHI Grant.

Family and Youth Investment (FYI): Nebraska Children and Families Foundation contracts with Region V to provide wraparound supports and connect families to existing community-based services to maintain children within the home and stabilize families (\$383,359).

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Cluster-Based Planning: This contract with Synthesis (up to \$33,565) is for the provision of cluster assessment training, training of trainers, technology sharing, outcomes data reporting, and analyses of the cluster-based planning project.

Winslow made a motion, seconded by Sassaman, to recommend the Board approve the contracts as presented.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow

Abstain: Zimmer

Absent: Cotter, Hinrichs, Tracy

Motion carried.

Alternative Compliance – Community Support: Tyerman-Harper explained that providers and the Region must request Alternative Compliance for Community Support annually because of how the service definition is worded. Per the service definition 3 hours of contact or 3 contacts are required to bill for a unit of this service. Alternative Compliance allows providers to bill in 15-minute increments for those clients that they are not able to see for a total of three hours or three contacts per month. Sassaman made a motion, seconded by Winslow, to recommend the Board approve Alternative Compliance billing for Community Support retroactively as presented.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow, Zimmer

Absent: Cotter, Hinrichs, Tracy

Motion carried.

BHAC Membership Recommendations: Information regarding two BHAC applicants was distributed. The Nominating Subcommittee has recommended both of these individuals: Melissa Ripley, an officer with Lincoln Police Department and significant involvement with the Mental Health Association, and Tracy Pella, a former Professional Partner at Region V who is now a school psychologist at Palmyra / Bennet Schools. BHAC bylaws require that BHAC membership be between 15–20 members. With the inclusion of Ripley and Pella, membership will be at 15; however, the application process will remain open. Zimmer made a motion, seconded by S. Johnson, to approve Ripley and Pella as members of the BHAC.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow, Zimmer

Absent: Cotter, Hinrichs, Tracy

Motion carried.

DBH Professional Partner Program – Unit Verification / Program Fidelity Review: Johnson presented the DHHS services purchased unit verification audit noting that unit verification was conducted for the traditional PP track, transition age youth, and the program developed as a result of the Legislature addressing the fallout from the Safe Haven Act (LB 603). Overall a 97 percent compliance rate was achieved. A program fidelity review was conducted as part of the audit. Findings, conclusions, and recommendations were noted. Knight made a motion, seconded by J. Johnson, to recommend the Board approve the Unit Verification Audit and Program Fidelity Review as presented. Johnson explained that client satisfaction is measured through a contract with Families Inspiring Families which contacts parents, youth and team members and conducts surveys upon discharge.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow, Zimmer

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Absent: Cotter, Hinrichs, Tracy

Motion carried.

Site Visit Report Summaries: Tyerman-Harper presented site visit reports for Associates in Counseling and Treatment, Lutheran Family Services (LFS), Mental Health Association and Telecare. All agencies scored 100 percent for their respective unit audits and demonstrate substantial compliance with minimum standards and contractual requirements. Knight made a motion, seconded by Zimmer, to recommend the Board approve the report summaries, following correction of LFS' report.

Roll Call: Yes: Hoyle, Jennings, J. Johnson, Knight, S. Johnson, Murphy, Pethoud, Sassaman, Winslow, Zimmer

Absent: Cotter, Hinrichs, Tracy

Motion carried.

OTHER UPDATES/INFORMATION

Behavioral Health / Legislative Updates: Johnson provided the following updates:

System of Care (SOC) Grant:

- The SOC grant became operational as of April 1 with the priority being provision of crisis response services for children and their families. Law enforcement initiates these calls which result in a response by a therapist who will come to the site to work with the family to de-escalate the situation. The therapist is able to provide services for up to 72 hours. Families Inspiring Families (FIF) is notified and a Parent Partner will respond within 24 hours and can provide services for up to 72 hours as well. Additional referrals may or may not be needed. Over 30 calls have been received to date.
- Hoyle commented that the Crisis Response Team met yesterday and there is a lot of energy directed toward providing a walk-in option for youth and their families in rural counties.

Workforce Shortage:

- A shortage of licensed professionals had a severe impact on Region V last year making it impossible for providers to pull down over \$560,000 in available funding due to staffing challenges. The services where the challenges were most severe were residential programs (both long and short-term) and medication management. Providers report difficulty in hiring and keeping prescribers for their MM services.
- Creating an additional challenge, the Division has set limits on the number of shifts the Region will be able to make during the current fiscal year, which will make it more difficult to pull down the total allocation.

Heritage Health: Providers continue to experience serious challenges with the three Managed Care Organizations that comprise Heritage Health. While some progress has been made, agencies continue to report delinquent or incorrect payment, and continue to require a significant amount of staff time to follow up and manage these egregious lapses. Provider agencies have had to take out loans to cover operating expenses while waiting for payment for services rendered as long ago as January.

Electronic Billing System (EBS): The Division brought the EBS on line July 1. The EBS had been piloted in Region 6 which is largely urban and does not include some of the more complicated funding streams encountered in Region V. A number of changes have been made to accommodate these variations and things have gradually improved. Agencies were unable to bill for some services for July because the EBS was not set up correctly for all Region V funded services. The Region has covered those costs and anticipates that the Division will correct the July billing and reimburse the Region when the process is working correctly

Medicaid – Service Definition (SD) for Peer Support: A revised Service Definition for Peer Support was recently released by Medicaid. The SD is clinical in nature, and peer support as it currently operates in provider agencies does not fit the new SD. There did not appear to be a public hearing process where concerns could have been voiced. Providers are concerned that the clinical nature of the SD creates barriers to the non-clinical type of work the peer support workers do best.

Emergency System Year-End Data: Nelson provided the following year-end figures for the Emergency System:

- Admissions increased at the Mental Health Crisis Center (MHCC), and repeat admissions were up. Of the 78 individuals who repeated admission at the MHCC, 23 percent of those admissions were related to four individuals. Individualized efforts are underway to find ways to address these very chronic clients.
- Inpatient commitments were up, but the number of days the MHCC was full declined from 45 to 27.
- The number of post-commitment days was down largely due to providers being able to accommodate priority clients quickly and the availability of beds at Mary Lanning and / or other community hospitals.
- Length of Stay (LOS) at the Lincoln Regional Center experienced a significant increase. Nelson noted that LOS varies significantly by Region. It was clarified that LOS was calculated when a client discharges from LRC, so outliers, individuals who have been at LRC for extended periods, do not have an impact on LOS.
- Crisis Response Teams (CRT) in rural areas responded to 226 calls with 67 courtesy calls for youth. Youth CRT is now available as an option as of April as discussed earlier. Eighty-eight percent of those 226 calls resulted with the client being diverted from an Emergency Protective Custody (EPC) hold.
- CenterPointe, crisis response for Lincoln and rural Lancaster County, responded to 2,003 calls which included 80 youth and 376 walk-ins. CenterPointe is also beginning to respond to youth in the field having responded to 14 calls.
- 1,115 people have been trained in Mental Health First Aid to date with regularly scheduled trainings being offered.

BHAC Attendance Log and Reinstatement: The BHAC Attendance Log was presented for informational purposes. Tracy was unable to attend 50 percent of the BHAC meetings in FY 16-17; however, her appeal to the Board for reinstatement was considered and the Board approved her continuing to serve on the BHAC.

Regional Quality Improvement Team (RQIT): Kreifels provided the following updates / information:

Discharge / Non-Compliance Report: This report shows the number of individuals appearing on Turn-Around-Documents (TADS) as of July 14, 2017, who did not have utilization per the established thresholds and were not discharged, as well as consumers who were pre-admitted, never admitted to services, but not discharged from the CDS. Since monitoring began, the number of non-compliant discharges has been trending downward in both categories.

17-18 Discharge / Non-Compliance Thresholds: Following provider input, thresholds for discharge compliance were changed for Community Support (MH and SUD), Supported Employment and Medication Management.

COMPASS-EZ Aggregate Report: The COMPASS-EZ self-assessment is completed every two years. Even though aggregate scores for Region V are somewhat lower than scores from FY 14-15, Region V scored higher than the statewide average. It was noted that providers may have developed a more accurate view of areas where improvement could be made. RQIT will be reviewing the data and providers will be asked to pick an area or two to focus quality improvement efforts on during the next two-year reporting cycle.

Trauma Informed Care (TIC) Aggregate Report: The TIC aggregate results are similar to COMPASS-EZ data in that there was a slight decline overall, but scores were above the statewide average. Administrative support was identified as an area for improvement and includes such things as hiring practices, job descriptions, policies and procedures, supervision, etc.

Network Performance Improvement Summary: CARF requires that agencies develop quality improvement action plans. The purpose is to review a concern and seek ways to improve performance in that particular area. Two issues, one involving discharge non-compliance, and the other involving meeting attendance, have been addressed and resolution has been reached.

Quarter 1-3 Consumer Outcomes Presentation:

- Kreifels explained that monitoring outcomes provides an opportunity to identify what recovery looks like, which consumers are getting better and which are not, and why that might be. Based on that information, improvements can be made in quality and type of services available.
- CenterPointe and St. Monica's will be entering aggregate data for all consumers, not just Region V funded consumers. This additional data will give a clearer picture of the general population in a particular service.

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- In order to demonstrate progress i.e. outcomes, the network chose four indicators. The outcomes are: 1) meaningful and reliable change, 2) meaningful change in “severe impairment,” 3) meaningful change in “areas of concern” and 4) improvement on one or more of the previous three indicators. Outcome number four is an unduplicated count. Intake and discharge scores are used to measure progress.
- Data was presented in aggregate form (Regional Perspective) as well as by agency for the 4th and 1st outcome measures.
- Associates in Counseling and Treatment, which contracts with Region V for evaluations only, is tracking referrals of individuals accepted for treatment and who were accepted and / or admitted or not admitted to determine if the evaluation recommendations were validated by acceptance into treatment.
- Region V will be contacting providers to determine when an annual review of outcomes can take place with each agency later this fall. Providers will be given individualized reports. Monitoring will continue and changes for improvement to programming can at an organizational level can be made based on these observations

FY 17-18 Capacity Utilization Summaries: Capacity utilization summaries through July are presented for informational purposes and are used to monitor how contract dollars are being pulled down in order to maximize funding.

Training:

- Region V Training Plan: Provided for informational purposes.
- National Association of Case Management Conference (NACM): The brochure for the National Association of Case Management Conference (NACM), to be held in Omaha October 24-26 was attached. Region V is co-sponsoring the conference with MHA of NE. The brochure lists the sessions and keynote speakers. BHAC members are eligible for a 20 percent discount.

Level of Care Meeting Updates / Dates: No updates.

- September 14 – Regional Prevention Coalition
- September 18 – Community Support / Non-Residential
- September 25 – Children’s System of Care
- October 2 – Emergency Services

OTHER BUSINESS

IMPORTANT DATES

- September 11 – RGB Meeting – 10:45 a.m.
- September 18 – Network Providers Meeting – 9:00 a.m.
- November 1 – BHAC Meeting – 10:00 a.m.

ADJOURN

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