

## BEHAVIORAL HEALTH ADVISORY COMMITTEE

### MINUTES Hybrid Meeting

March 30, 2022  
10:00 a.m.  
Region V Systems, 1645 N Street

**MEMBERS PRESENT:** Christine Cooney, Karen Helmberger, Corrie Kielty, Stephanie Knight, Jill Kuzelka, Linda Mesteth, Laura Osborne, Gale Pohlmann, Darla Winslow

**MEMBERS ABSENT:** Greg Janak, Rebecca Meinders, Barbara Murphy

**OTHERS PRESENT:** C.J. Johnson, Patrik Kreifels, Sandy Morrissey, Amanda Tyerman-Harper, Marti Rabe, Region V Systems

#### **HOUSEKEEPING AND INTRODUCTIONS**

Osborne called the meeting to order at 10:03 a.m. followed by rollcall.

#### **ADDITIONS / CHANGES TO AGENDA**

There were no changes to the agenda.

#### **OPEN MEETING ACT INFORMATION**

Osborne noted that Open Meeting Act information is posted at Region V Systems 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, published March 16, 2022.

#### **PUBLIC COMMENT**

There was no Public Comment.

#### **CONSENT AGENDA ITEMS**

Pohlmann made a motion, seconded by Mesteth, to approve the Consent Agenda (Minutes – March 2, 2022, FY 21-22 Compliance Management Report, RGB Report) as presented. Voting aye: Cooney, Helmberger, Kielty, Kuzelka, Mesteth, Osborne, Pohlmann and Winslow; nays none. Motioned carried.

#### **ACTION / PRIORITY ITEMS**

**Alternative Compliance – Community Support & PIER:** Tyerman-Harper explained that providers must apply for Alternative Compliance annually. Alternative Compliance allows providers to bill in 15-minute increments for community support and PIER is allowed to operate with an APRN rather than a psychiatrist. Winslow made a motion, seconded by Kielty, to recommend the Board approve the use of Alternative Compliance for these services. Voting aye: Cooney, Helmberger, Kielty, Kuzelka, Mesteth, Osborne, Pohlmann and Winslow; nays none. Motioned carried.

**Contract – Mental Health First Aid Training – Janelle Moore:** This contract with Moore is for the purpose of providing Mental Health First Aid training for adults and youth. Moore is compensated at \$400 per 8-hour training. Mesteth made a motion, seconded by Cooney, to recommend the Board approve this contract. Voting aye: Cooney, Helmberger, Kielty, Kuzelka, Mesteth, Osborne, Pohlmann and Winslow; nays none. Motioned carried.

**OTHER UPDATES/INFORMATION**

**Behavioral Health/Legislative Updates:** Johnson reported on the following:

- On December 3 the Region send a request to DHHS citing the challenges providers were encountering due to workforce issues. The request was two-fold: 1) a rate increase, and 2) allow all providers to bill as through their services were provided as expense-based. The proposal requested that funding left over from Medicaid expansion could be utilized to help alleviate the financial difficulties that resulted. No response / approval has been received.
- A bill (LB1223) was initiated by Lancaster County to address the issue regarding individuals in need of mental health restoration. These would be persons who have committed a crime and a judge has determined that they are not competent to stand trial. These individuals may be ordered to Lincoln Regional Center (LRC) to attempt to restore competency. Currently there is a significant backlog of persons waiting in jail for admission to LRC. The bill would pay counties a daily fee associated with those persons.
- Because of this backlog of persons waiting for restoration and evaluation, it has been increasingly difficult for consumers on Mental Health Board (MHB) commitment to be admitted to LRC. The second part of the bill would increase the number of beds available for MHB commitments from approximately 50 to 72 dedicated beds.
- The bill was not initially recognized as a priority bill due to a misunderstanding on the part of Senator Lathrop. Testimony convinced him that this issue should be a priority, and he is working to turn it into an amendment that can be attached to Senator Cavanaugh's bill, which is a priority. This bill would require that Medicaid get "turned on" for individuals who are inmates of a public institution at least 60 days prior to their anticipated release date.
- The Mainline Budget bill will be debated this week. The Appropriations Committee has determined to include a 15% rate increase for providers, child welfare, Medicaid, the Regional system and juvenile justice. A 2% rate increase was already included in the bill, so it is unknown at this time whether the total increase will be 15% or 17%. One implication of the increase involves county match, required for any state general fund money. For some counties, including Lancaster, that will involve a fairly significant increase in county match requirements. Changes in population based on the 2020 census will also play a role in the amount of match dollars required.

**Reinvestment Funds / ARPA Funds:** The following topics were presented / discussed:

- The Region has received approval to pilot the REAL model in Saunders, Gage, Saline, and Seward Counties, through the Mental Health Association in partnership with the Lincoln Police Department. The model utilizes peer response for individuals experiencing a mental health crisis.
- Two Requests for Proposals (RFPs) were released this week. One is seeking a provider for a Halfway House for women and dependent children and the second RFP will expand Supported Employment in rural areas.
- Recovery Support through TASC has been implemented in rural areas with the addition of two staff members.
- The Region is developing the concept of providing Intensive Outpatient (IOP) matrix in jails. These IOP groups would meet via Zoom to allow participants from rural counties to receive IOP. Because IOP is generally a 12-week process, the option of continuing to participate in the IOP matrix group after release is being explored. The Region will be reaching out to county jails and other interested stakeholders. It was suggested that Emergency Directors be included in the process.
- Other priority areas include mental health respite and a walk-in / crisis stabilization center. Johnson noted that services that may require capital construction may be done in collaboration with counties as those funds allow for that use. Money has been approved to incentivize RentWise training which gives clients in the housing program a priority status making it easier to bridge to Lincoln Housing Authority.
- Dialectical Behavior Therapy and Motivational Interviewing have been implemented with ARPA funding.
- School-based Therapeutic Community funds have been prioritized. These funds would flow through the ESUs.

**Emergency System:**

- Behavioral Health Threat Assessment (BETA) 2022 Evaluation Summary: Evaluations from the recent 4-day BETA training for law enforcement were provided. Overall, the ratings indicate that many participants felt it

was an excellent training. A one-day BETA training will be held in Gage County, and the Region has received money through the City of Lincoln to implement a second 4-day BETA training this summer. Johnson noted that participants especially appreciate hearing from Mental Health Association (MHA) participants who talk about their lived experience and how it impacts their lives.

- 988: Johnson stated that a couple years ago Congress passed an initiative to have 988 available in every state. 988 is a cousin to 911 and would be used by individuals experiencing a mental health crisis. The number is expected to be active, and services in place as of July 1. Boys Town has been operating the National Suicide Hotline for many years, and they will be the hub for the 988 call center. The intention for this help line is to reduce the number of mental health checks law enforcement is called to and also reduce the number of individuals presenting at the hospital when they are in crisis.

**Prevention:** Morrissey reported the following:

- 988: Morrissey stated the prevention is working to ensure that the information about 988 will be distributed in a variety of ways including social media, flyers, signage, etc. The National Suicide Hotline will remain in operation until awareness increases and a smooth transition takes place.
- Prevention anticipates using ARPA funds to provide a series of professionally produced videos on trauma. These videos will be posted on the Talk Heart 2 Heart website, and other community websites can be linked to the videos. The video series will be produced by KidGlov. \$120,000 has been allocated, and the videos will be available statewide.
- Faith Partners has been focusing on the destructive affects of social media as suicidal ideation and other mental health concerns have been increasing.
- WRAP training has been moving forward in partnership with the State, seeking to build sustainability. Children's mental health is a huge concern in all the counties. WRAP training / groups will allow youth who need resources and support to find support among their peers.

**BHAC Membership / Attendance:**

- This chart was included as a reminder that bylaws require that BHAC members attend 50 percent of the meetings. The number of BHAC members is below the total stipulated in the bylaws. Anyone knowing of someone who may be interested in applying can direct those individuals to the Region V website or to Rabe at the Region.
- The BHAC has not had need for a funding sub-committee for some time. Osborne, Pohlmann and Kuzelka have agreed to serve on the committee to help review RFPs.

**Network Continuous Quality Improvement:** Kreifels explained that the reports and services monitored by the Region are considered by CARF to be the gold standard for provider agencies.

- Complaints, Appeals, Critical Incident Report: For the first half of 2022 program / policies / procedures garnered the most complaints. Ideally these complaints can be resolved between the consumer and the agency. All complaints were resolved within the agency so there were no appeals. Providers are required to monitor and report on 3 categories of critical incidents. The highest number of incidents for this year is related to legal substances (tobacco, vaping) found. Several observations and quality improvement action activities were noted.
- Ineligibles and Denials: The highest proportion of ineligibles were for residential programs (with half of those being for having extensive mental health needs) and social detox (persons not being medically stable for detox). Services with the highest number of denials were hospital diversion and short-term residential. Providers not having enough capacity to serve consumers accounted for over 50% of all denials.
- Recovery Outcomes: Providers administer a tool measuring consumer functioning at admission and again at discharge. Thresholds and targets have been established and 89 percent of these outcomes fell within the targeted range.
- National Outcome Measures: States receiving SAMHSA funding are required to submit outcomes in the areas of employment, living arrangement, criminal justice involvement, alcohol abstinence and drug abstinence. Currently the percentage of Region V persons in stable living at discharge is 89%, which is higher than the state

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average. The majority of persons served had no arrests in the last 30 days (97%) and for alcohol abstinence 63% were abstinent and for drugs, 51% were abstinent at discharge.

- **Stable Living & Employment at Discharge:** Overall, the proportion of people discharging to stable living is at 87%, above the statewide target of 85%. Stable Living at discharge for residential services on the other hand is down 12% from last year and below the state target. The large majority of discharges during this timeframe are from MH Respite which is much shorter in nature than the other services. Without MH Respite, the percentage increases to 72% of discharges in stable living. For employment, the proportion of persons in the labor force employed at discharge was at 65%, meeting the state target and up significantly from last year (56%)
- **Perception of Care:** This report measures the consumers level of satisfaction and effectiveness with services provided. RQIT began the process of reevaluating the questions for which Providers are submitting survey responses twice a year.

**Capacity Utilization Summaries (CAP):**

- CAP summaries through February were provided for informational purposes. Johnson briefly noted how helpful these summaries have been in determining when contract shifts are necessary and enabling the Region to monitor drawdown. Using CenterPointe's CAP as an example, Johnson demonstrated how the forms are used to project drawdown by the end of the year, and what funding may be available for reinvestment. These projections have been the basis for requests to implement reinvestment strategies in the behavioral health system. In the past any funds "left on the table" at the end of the fiscal year were removed from subsequent contracts. Currently the Division has been allowing Regions to submit proposals using that funding to enhance the system, focusing on non-Medicaid funded services. Workforce issues, Medicaid implementation and COVID have all had an impact on provider drawdown.
- There was brief additional discussion regarding the IOP matrix. Tyerman-Harper explained that the concept originated with special funding from the Division and the initial attempt to implement it occurred right before the pandemic and the project didn't proceed at that time. The money was left in one of the Region's line items. Funds would be geared for training.
- There was a question regarding MHCC's drawdown. Johnson explained that MHCC draws down the Region's allocation first, and when those dollars are expended, they begin to draw down dollars from Lancaster County. The Region operates in a similar fashion drawing down state block grant dollars initially wherever possible so state dollars can be reinvested.
- Kreifels commented that all the various initiatives and proposals are based on feedback from the several planning sessions held earlier. Participants in the planning process have had a strong voice in the process of reinvesting dollars in the behavioral health system.

**FY 21-22 Training:** A list was provided for informational purposes. Johnson commented that it was nice to see that some of these activities are being held in person. He noted that Covid has created the opportunity to try new things such as Zoom. In some instances, using Zoom has been found to work better and allows for broader participation and the capability to record some of the trainings for future reference.

**IMPORTANT DATES**

- April 11 – 10:30 a.m. – RGB Meeting – at Region V Services
- April 14 – 9:00 a.m. – Regional Prevention Coalition
- April 18 – 9:00 a.m. – Network Providers Meeting
- April 27 – 10:00 a.m. – BHAC Meeting

**ADJOURN**

- There being no further business the meeting was adjourned at 11:18 a.m.