

## BEHAVIORAL HEALTH ADVISORY COMMITTEE

### MINUTES

March 29, 2023

10:00 a.m.

Region V Systems, 1645 N Street

**MEMBERS PRESENT:** Renee Duffek, Greg Janak, Corrie Kielty, Jill Kuzelka, Rachel Mulcahy, Laura Osborne, Gale Pohlmann, Kelsey Schwab, Kim Schroeder

**MEMBERS ABSENT:** Stephanie Knight, Sarah McEntarffer, Rebecca Meinders, Michele Vana, Evette Watts

**OTHERS PRESENT:** Kim Michael, Sandy Morrissey, Amanda Tyerman-Harper, Marti Rabe, Region V Systems

### HOUSEKEEPING / ANNOUNCEMENTS / 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 15, 2023.

### PUBLIC COMMENT

There was no Public Comment.

### INTRODUCTIONS

- As it was the first in-person meeting in some time, Osborne welcomed everyone and BHAC members were invited to introduce themselves.
- It was noted that several Region V staff members were attending Lobby Day and were unable to be present for today's meeting.

### CONSENT AGENDA ITEMS

Mulcahy made a motion, seconded by Kielty, to approve the Consent Agenda (Minutes – March 1, 2023, FY 22-23 Compliance Management Report, RGB Report) as presented. Brief discussion followed. Mulcahy inquired as to what type of follow-up was planned for the providers who were not meeting established compliance thresholds. Tyerman-Harper commented that there will be follow-up with individual providers and a Quality Improvement Plan, outlining how compliance will be improved, will be required. Voting aye: Duffek, Janak, Kielty, Kuzelka, Mulcahy, Osborne, Pohlmann, Schwab and Schroeder; nays none.

### ACTION / PRIORITY ITEMS

#### **Contracts / Amendments:**

- Network Provider Contract - Service Expansion Amendments: Tyerman-Harper presented the following contracts commenting that these contract shifts are intended to maximize funds in the system, expand consumer choice and increase accessibility. This strategy applies only to current Network Providers and only to the services they are already offering via other payor sources. Shifts will take place between services and between service providers. These shifts will not impact initial allocations in the next contract year.
  - Associates in Counseling and Treatment: The contract with ACT was increased by \$40,000.
  - The Bridge Behavioral Health: BBH will see an increase of \$20,000.

March 29, 2023

**Behavioral Health Advisory Committee Minutes**

Page 2 of 5

- CenterPointe: CenterPointe will see a decrease of \$35,000.
- HopeSpoke: HopeSpoke will see a decrease of \$35,000.
- Integrated Behavioral Health Services: IBHS will see an increase of \$40,000.
- Lutheran Family Services: LFS will see a decrease of \$30,000.

Mulcahy made a motion, seconded by Kuzelka, to recommend the Board approve these Service Expansion Amendments as presented. Voting aye: Duffek, Janak, Kielty, Kuzelka, Mulcahy, Osborne, Pohlmann, Schwab and Schroeder; nays none.

- ARPA Contract - Contingency Management and Medication Assisted Treatment Amendment: This contract with Houses of Hope, to be implemented at Touchstone, is for the purpose of funding Contingency Management services and will increase their contract by \$5,000. Tyerman-Harper commented that this strategy is being used most frequently in residential treatment and allows providers to reward behaviors that help persons served reach their treatment goals. The funds were initially set to expire on March 14, 2023. A no-cost extension was granted which will allow an additional year to use these funds. Mulcahy made a motion, seconded by Duffek, to recommend the Board approve this contract amendment with Houses of Hope. Voting aye: Duffek, Janak, Kielty, Kuzelka, Mulcahy, Osborne, Pohlmann, Schwab and Schroeder; nays none.
- Training Contracts: Morrissey presented the following contracts:
  - Dr. Lucas Zullo: This contract in the amount of \$13,540 allows the Region to offer Safe Alternative for Teens and Youths-Acute (SAFETY-A), a brief therapeutic assessment for youth suicide prevention. Morrissey commented that the practice is strength-based and one of the tenets is that youth are included in the planning process where their treatment is concerned. This is a complement to the Zero Suicide Initiative and providers are being encouraged to become involved.
  - University of Nebraska Medical Center: This contract in the amount of \$3,000 is to provide continuing education units (credits) for various credentialing entities.
  - VROON VDB, LLC: This contract, in the amount \$25,250, will provide for Motivational Interviewing and Motivational Interviewing Informed Wraparound and train the trainer courses.

Pohlmann made a motion, seconded by Kielty, to recommend the Board approve these training contracts as presented. Voting aye: Duffek, Janak, Kielty, Kuzelka, Mulcahy, Osborne, Pohlmann, Schwab and Schroeder; nays none.

- Disproportionate Share Hospital Contract: This contract includes no contract amount but allows for intergovernmental transfers of funds designated for public assistance. As an example, this funding applies to hospitals out of the Region which accept Region V clients. They are allowed to receive additional funding through a federal match. Kielty made a motion, seconded by Mulcahy, to recommend the Board approve this contract as presented. Voting aye: Duffek, Janak, Kielty, Kuzelka, Mulcahy, Osborne, Pohlmann, Schwab and Schroeder; nays none.

**OTHER UPDATES/INFORMATION:**

**Behavioral Health/Legislative Updates:** Tyerman-Harper presented the following information:

- Letter to the Governor:
  - The letter that was sent to the Governor shares concerns regarding the lack of admissions / access for Mental Health Board (MHB) inpatient committed individuals at Lincoln Regional Center (LRC) and identifies the perception that DHHS is prioritizing “court cases” over individuals committed to inpatient care. LB921 was enacted in 2022 and requires that 30% of the total available beds shall be provided for patients committed by a MHB. It was noted that the number of beds is affected by variables such as construction and staffing issues, among others. Depending on the beds actually available (either 238 or 179) the Region should have 71 beds or 54 beds.
  - The Region continues to meet with LRC concerning this lack of access and is also asking that beds be allocated by acuity rather than a strict timeline (first in-first out) and is working to expedite strategies to facilitate discharges including the use of plans for one.

- Because access to LRC is restricted, individuals are staying longer at the Mental Health Crisis Center (MHCC). When MHCC is full, clients are redirected to other facilities statewide. The Region is also meeting with Bryan Health and the Lincoln Police Department to discuss the emergency system and some of these challenges.
- To help mitigate the lengthy stays at MHCC, a mental health social worker has been funded to work at MHCC. This strategy has increased programming and treatment options and has facilitated discharge planning.
- DHHS Strategies for Department of Justice Investigation: This investigation is the result of grievances being filed related to the extensive use of restraints and seclusion and the perception that individuals are being “warehoused” and not being given choice about their living situation. The Region is funding Dialectical Behavior Therapy (DBT) in the women’s unit, and improved outcomes are being noted with individuals getting better sooner which helps to accelerate discharge. DBT is now being offered in the men’s unit and there is a waitlist to become involved. DHHS is focusing on use of the LOCUS tool at LRC and on bringing up the Certified Community Behavioral Health Clinic (CCBHC) model.
- LB433: This bill is asking that Regions be given more flexibility within their budgets, i.e., the ability to shift funds within the allocated budget up to twenty percent, that a response to any proposals be forthcoming within 30 days, and that any appeals would be made to a neutral party. Unfortunately, Senators may only support one bill a year. If this bill does not move forward during the current session, it will be prioritized next year.
- LB276: Senator Wishart’s bill would adopt the Certified Community Behavioral Health Clinic Act and would allow for the implementation of the CCBHC model in Nebraska which is currently funded through a SAMHSA grant.
- LB362: Senator Dorn’s bill is in support of a 5% rate increase in FY 23-24 for behavioral health (Program 38), children’s health insurance, Medicaid, and Juvenile Justice.
- LB525: Senator Fredrickson’s bill would increase the rate by 15% for psychiatric diagnostic evaluations for prescribers. Because Medicaid rates are less than Regions, providers are providing these services at a loss.

**Flex Funds:**

- Tyerman-Harper explained that the ability to use flex funds has become more rigid over time with 27 denials from the last quarter, mostly based on the argument that the Region is the payor of last resort. Currently there are two separate funding streams for flex funds, community support and emergency. Also currently, these flex funds have not been available to Medicaid eligible individuals, even though Medicaid does not provide for meeting some basic needs that could assist in stabilizing an individual. At this time, it appears that the two funding streams will be merged into one and that the funds may be allowed to be used for Medicaid-eligible individuals.
- In the past there was an annual cap as well as a three-month term during which the funds could be used for each person served as they are intended to be a bridge to a more permanent funding source. Some of the proposed language is still more restrictive than would be optimal.
- Tyerman-Harper briefly noted that medications have been a particular challenge. At the time that medications are prescribed and ordered from the pharmacy, the client may not have Medicaid. If that individual is later determined to be Medicaid eligible retroactively, DHHS is requiring that providers pay back the cost of the medication and recoup their costs from the pharmacy. Pharmacies are not contractually obligated to allow for these types of retro billing, and as a result providers are serving these clients at a loss.

**Target Population Underinsured/Financially Eligible:**

- Tyerman-Harper noted that Medicaid expansion has had a powerful impact on the behavioral health system. Because fewer clients are using NBHS funding, a significant amount of funding is being unused. Tyerman-Harper suggested that a strategy moving forward would be to target individuals who are not eligible for Medicaid and may have insurance but are unable to meet the deductible or manage the co-pays. For many individuals who are, for lack of a better term, the working poor, seeing a therapist is a luxury they cannot afford, and they may not be aware that sliding fee scale treatment options are available to them.

**March 29, 2023**

**Behavioral Health Advisory Committee Minutes**

**Page 4 of 5**

- Currently the Region has been able to provide funding for individuals who have a high deductible. There has never been a cap set on the amount of the deductible, and an EOB is required as evidence of the deductible amount. The Region has not been able to assist with co-pays. The Region is attempting to redefine financial eligibility for these individuals.
- Concerns about how to market to this underserved population were noted. Several types of entities, including county medical societies, were suggested.
- Another unknown in this process is how many individuals will return to Region V funding as Medicaid unwinds and people begin to lose their Medicaid status.
- Tyerman-Harper asked that anyone having a suggestion or recommendation about how to move forward to target this population contact her.

**Lancaster County ARPA Collaborative Projects:**

- Voluntary Crisis Response Center: Two providers submitted Letters of Intent and proposals are due April 7. The subcommittee will meet April 17 and make recommendations prior to the April 26 BHAC meeting.
- Family Youth Center: Work continues regarding the service definition for this project. A meeting was held with attorneys regarding the need to establish a political subdivision which would provide management of this project and identify the governing structure because there are so many stakeholders involved in the process.

**Opioid Settlement Funds:** There has not been a lot of movement regarding these funds and to date the Region has not received any of these funds directly.

**Emergency System:**

- DHHS Outpatient Competency Restoration – PowerPoint: Provided for informational purposes. No further discussion.

**Regional Prevention Coordination:**

- Morrissey provided a handout from the Rural Drug Addiction Research Center provided by the University of Nebraska about “knowledge of and access to Narcan among Nebraskan Adults.” The report gathered data around the following questions:
  - Do you know what Narcan is?
  - Do you know how to get it?
  - Do you know how to use it?
  - Do you know anyone who has experienced an overdose?
- In summary, knowledge of what Narcan is and how to get it, etc. remains fairly low across the state. When asked “do you know where you can get Narcan if you need it?” a sizable portion of respondents did not know. While the Region’s data was somewhat better than the statewide average, reflecting all the hard work that has been done to increase awareness, this data emphasizes the importance of continued education and awareness across the state. Data also indicated that there was more awareness of Narcan in Lincoln and Omaha than the rural areas.
- Concerns were expressed about the increased use of vaping, including by young children. There is speculation that kids are vaping because they are anxious and depressed and using it to self-soothe. There is also concern that the chemicals in the vape are untested and not listed and long-term side effects are unknown. Another concern is that vaping is considered a gateway to other drug use.

**Network Continuous Quality Improvement:** Tyerman-Harper pointed out the CQI reports below and stated that if anyone had questions or concerns about any of them, to let Rabe know, and the item will then be on the April agenda for discussion.

- FY 22-23 Q1-2 Complaints, Appeals, Critical Incident Report
- FY 22-23 Q1-2 Ineligibles and Denials Report
- FY 22-23 Q1-2 National Outcome Measures
- FY 22-23 Q1-2 Perception of Care
- FY 22-23 Q1 - Quality File Review Report
- FY 22-23 Q1-2 Recovery Outcomes

**March 29, 2023**

**Behavioral Health Advisory Committee Minutes**

**Page 5 of 5**

- FY 22-23 Q1-2 Stable Living & Employment at Discharge
- FY 22-23 Q1-2 Zero Suicide System Report

**BHAC:** Tyerman-Harper commented that BHAC membership is currently at 14. One BHAC member will term out at the end of June, and one member is at risk of termination because of attendance issues. Bylaws stipulate that BHAC membership stands between 15-20 members, so any recruiting efforts would be appreciated.

**FY 22-23 Capacity Utilization Summaries:** These reports will be emailed today and will demonstrate how much funding each provider has pulled down for each service for the fiscal year. These reports are used to determine which contracts shifts need to be made.

**FY 22-23 Training Plan:** Attached for informational purposes.

**Other Business:** Kreifels testified at a hearing regarding the retention of the 10.3 million dollars that the Governor removed from Program 38. That equates to a 2.4 million loss of funding for Region V and the loss would be permanent. Loss of these funds will have a negative impact on funds that have been obligated to new services to fill gaps and needs in the system.

**ADJOURN**

- There being no further business the meeting was adjourned at 11:17 a.m.

**Important Dates**

- April 10 – 10:30 a.m. – RGB Meeting at Region V Services
- April 13 – 9:00 a.m. – Regional Prevention Coalition
- April 17 – Network Provider Meeting / Teams
- April 26 – 10:00 a.m. – BHAC Meeting