

## **BEHAVIORAL HEALTH ADVISORY COMMITTEE**

### **MINUTES**

January 31, 2024

10:00 a.m.

Region V Systems, 1645 N Street

Hybrid – Zoom

**MEMBERS PRESENT:** Renee Duffek, Greg Janak, Corrie Kielty, Stephanie Knight, Jill Kuzelka, Sarah McEntarffer, Rebecca Meinders, Rachel Mulcahy, Laura Osborne, Gale Pohlmann, Kim Schroeder, Kelsey Schwab, Evette Watts

**MEMBERS ABSENT:** Michele Vana

**OTHERS PRESENT:** Ed Thornbrugh, The Bridge Behavioral Health; Tami DeShon, Renee' Dozier, Theresa Henning, Patrick Kreifels, Kim Michael, Sandy Morrissey, Erin Rourke, Marti Rabe, Region V Systems

### **HOUSEKEEPING / ANNOUNCEMENTS / INTRODUCTIONS**

Kuzelka called the meeting to order at 10:00 a.m. followed by announcements and rollcall. A quorum was present.

### **OPEN MEETING ACT INFORMATION**

Kuzelka 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 January 17, 2024.

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

There were no changes to the agenda.

### **PUBLIC COMMENT**

There was no Public Comment.

### **NETWORK PROVIDER PRESENTATION – THE BRIDGE BEHAVIORAL HEALTH (BBH)**

- Thornbrugh described his past work experiences noting that he has worked in the entire continuum of care and stating that he has a passion for making sure that services are available to everyone who needs them. Thornbrugh has been in this position since January 2 of this year.
- Thornbrugh discussed the services available at BBH which include nine respite beds, ASAM Level 3.2 (social detoxification), ASAM Level 3.7 (clinically monitored inpatient withdrawal), intermediate residential and short-term residential. The vision is for BBH to be a public safety net and help people get into meaningful recovery.
- Thornbrugh discussed some ideas for future expansion given that the first floor of the building is now available. Ideas include a 23-hour day shelter, peer support, outpatient, and community-based competency restoration. It is hoped that BBH can grow and meet the needs of the community. Federal / SAMHSA dollars and grants will be sought to move forward with these efforts.
- There was discussion regarding working with individuals who were addicted to opioids in their teen years. Thornbrugh stated that there is always hope though that population would not have had opportunities to develop resilience. Providing a safe place and plan they trust will help to enhance recovery.

### **CONSENT AGENDA ITEMS**

- Osborne made a motion, seconded by Knight, to approve the consent agenda. (Minutes – November 1, 2023, FY 23-24 Compliance Management Report, RGB Report). There was no further discussion. Voting aye were: Duffek, Janak, Kielty, Knight, Kuzelka, McEntarffer, Meinders, Mulcahy, Osborne, Pohlmann, Schwab, Schroeder, and Watts; nays none, absent Vana; Motion carried.

**ACTION / PRIORITY ITEMS**

**FY 23-24 Contractual Agreements:** Henning presented contracts in the following categories:

- **Network Provider Amendment:** This contract amendment with Associates in Counseling and Treatment provides increased funding due to overproduction. Mulcahy made a motion, seconded by Pohlmann, to recommend the Board approve this Network Provider Amendment as presented. Voting aye were: Duffek, Janak, Kielty, Knight, Kuzelka, McEntarffer, Meinders, Mulcahy, Osborne, Pohlmann, Schwab, Schroeder, and Watts; nays none, absent Vana; Motion carried.
- **Training:** The first contract will provide four-day BETA training and youth BETA training in Lincoln. The second contract, with Monica Meier, will provide adult and youth Mental Health First Aid training to the community. Schroeder made a motion, seconded by Janak, to recommend the Board approve these Training contracts as presented. Voting aye were: Duffek, Janak, Kielty, Knight, Kuzelka, McEntarffer, Meinders, Mulcahy, Osborne, Pohlmann, Schwab, Schroeder, and Watts; nays none, absent Vana; Motion carried.

**Conflict of Interest:** This report demonstrates BHAC members' possible conflicts of interest and is required annually by the BHAC bylaws. Knight made a motion, seconded by Janak, to approve and place this report on file. Voting aye were: Duffek, Janak, Kielty, Knight, Kuzelka, McEntarffer, Meinders, Mulcahy, Osborne, Pohlmann, Schwab, Schroeder, and Watts; nays none, absent Vana; Motion carried.

**OTHER UPDATES/INFORMATION:**

**Behavioral Health/Legislative Updates:** Kreifels reported the following:

- **BL307**, introduced by Senator Hunt, would approve the use of syringe exchange as a harm reduction effort, reducing the risk of HIV and hepatitis. Studies show that this effort can open the door to treatment and increase the likelihood that an individual would engage in services.
- **LB943**, introduced by Senator Dorn, would appropriate 8.1 million dollars to the Behavioral Health Regions to fund a five percent rate increase for the biennium that was not funded when the bill was approved. The result of this loss of funds is a reduction in capacity.
- **Potential \$15 Million Reduction to BH Region's Allocation:** The Governor's biennium budget reduced allocations for Program 38 by 15 million dollars, which would be approximately 3.6 million dollars for Region V. The rationale for this reduction is that the Regions are not drawing down the funds available. Kreifels reiterated the several reasons that the Regions have not been able to utilize funding which include Medicaid expansion, the Covid pandemic, the pandemic State of Emergency, staffing shortages, reduced ability to serve clients in residential settings and supply chain issues. Significant funds have been obligated to the Square One initiative and to the Voluntary Crisis Response Center (VCRC). Other projects under consideration would not be able to move forward if these dollars are not restored to Program 38. Pohlmann will be testifying at the budget hearing scheduled for February 12.
- Another budgetary concern is the shift in how opioid remediation funds may be drawn down and funds may be redirected to Medicaid match and other services. Dr. Stoll has also indicated that the Division is referring to regional "territories" rather than Regional Health Authorities, which is a shift in language and creates a lack of transparency and clarity about how those funds will be allocated.
- BHAC members were encouraged to reach out to members of the Allocation Committee to express concerns about the loss of funding for behavioral health services.
- **LB929**, introduced by Senator Fredrickson, would enhance dual capability between 911 and 988 and create a warm handoff.
- **January 9, 2024, Meeting with CEO Dr. Steve Corsi:** Regional Administrators have met with Dr. Corsi who shared his history of working in state government and the non-profit sector. Dr. Corsi's priorities include the protection of children – ensuring that the right children enter the system and have a safe way out, elimination of the Developmental Disability registry, improved access to behavioral health services, improved childcare access, assisting nursing homes which are in crisis, and improving SNAP, among others.
- **DHHS Discussions of Reorganization – Child and Family Services and Long-Term Services:** DHHS is restructuring these divisions looking to separate responsibilities by creating two offices with one director. One office would have to do with protective services while the other would be involved with economic assistance.

**Budget Plan Process and Timeline:** DeShon stated that the budget process will be the same as last year. The Region is working to get information and forms out to providers and providers will be required to return their

Requests for Allocations by the end of February. The Regional Budget Plan is due to the Division by March 22. These documents will be submitted based on the preliminary allocation which does not include the recommended decrease of fifteen million dollars. Network providers' allocations have been reduced based on their projected utilization for the fiscal year. If the reduced allocation moves forward, budget plans will have to be resubmitted and the Region will lose significant flexibility in moving forward with efforts to fill gaps and needs in the system.

**Medicaid Unwind:** Through December 2023 sixty-seven percent of individuals re-evaluated for Medicaid eligibility have remained enrolled with the remaining thirty-three percent being disenrolled. Approximately 80,000 individuals were disenrolled for various reasons. Slightly over forty-seven percent of those disenrolled were discharged for procedural reasons while the remaining fifty-two percent were determined to be ineligible.

**Behavioral Health Workforce Stabilization Funds Update:** Aggregate data shows that prior to workforce stabilization funding there was a 15 percent overall vacancy rate. The vacancy rate now stands at nine percent. The most significant impact was observed regarding non-licensed staff. The vacancy rate varied by provider, and it was noted that some agencies are nearly fully staffed. Even with stabilization funds available, it remains difficult to attract licensed clinicians at the rate that providers can provide.

**Square One and Voluntary Crisis Response Center (VCRC):**

- **Square One:** This project is a partnership between the City of Lincoln, Lancaster County and Region V using ARPA funding. CenterPointe has been selected as the provider for this service and will initially provide three of the four core services on the CenterPointe campus to include Crisis Response, Crisis Outpatient Psychotherapy and Emergency Community Support as early as April or May. Mental Health Respite services will be available once a facility becomes available. CenterPointe is in negotiations to purchase the building at 220 South 17<sup>th</sup> Street, directly across the street from Region V though extensive renovation will be required. It is anticipated that renovation will take a year to complete.
- **VCRC:** No updates. The target date for initiation of this service is September 1.

**DBH Telehealth and Phone Services:**

- Use of telecare services was greatly expanded during the pandemic. Effective January 1, 2024, DBH has mandated which services are able to utilize telehealth. Concerns were particularly expressed regarding intensive outpatient (IOP) and Supported Employment services. This directive has a particularly significant impact on rural areas where transportation and workforce shortages are barriers to receiving services. Without the availability of telecare services, there will be individuals who will no longer receive the services they need.
- There was additional discussion regarding the lack of broadband services in rural areas and pushback that is occurring around this directive. Kreifels noted that other directives have reduced the Region's ability to bring up a service without an RFP process which is time consuming and more restrictive.

**Core Service Requirements:** DHHS has outlined core services which need to be available in the Behavioral Health Regions and the timeframes for bringing these services up. Region V is currently offering or contracting for the required core services or through a Letter of Agreement.

**Strategic Planning Sessions:** Strategic Planning Sessions have taken place in Fillmore, Seward, Lancaster, and Otoe Counties. At each Session Kreifels provided an overview of the state of the Region and the attendees broke into small groups to talk about needs and gaps in their community / county. Information gleaned from these four sessions will be aggregated and prioritized. One item noted was that communities lack awareness of the services available in the Region. Based on these findings, the Region will be introducing a new Strategic Plan which will identify those areas of focus and the Regional mission and values.

**Zero Suicide:**

- Attendance for training in the aspirational goal of Zero Suicide is now a contract requirement. All Network Providers have sent teams to the training.
- Funding for this initiative was made available through the Garrett Lee Smith (GLS) grant. Morrissey commented that the GLS grant is ending, but it is anticipated that more funding will be coming down from the

CDC. Nebraska continues to have a high rate of suicide in the 15-24 age group with increasing concerns for men in the 24-40 age group.

- Trainees attend monthly meetings and collect data in terms of suicide attempts and individuals who are on the pathway to a life worth living.

**Stepping Up Initiative:** Wendy Baumeister, Criminal Justice Behavioral Health Initiatives Manager, has been hired to lead this initiative and started on January 2. The targeted areas for this initiative are to reduce the number of individuals with mental illness who are incarcerated, reduce the rate of recidivism for this population, connect identified individuals to appropriate resources, and reduce the length of time an individual is incarcerated. Critical Time Intervention, which identifies opportunities where strategic intervention may occur, will be used as a model.

**Certified Community Behavioral Health Clinic (CCBHC) Implementation:** DBH has engaged with Myers and Stauffer, a government-sponsored health care entity, which works alongside clients to support state and federal government health care and social-services programs. Kim Freese, SAMHSA Regional Director for our area, will be attending the February Board meeting to discuss the core components of the CCBHC model with the goal of system transformation.

**ASAM Criteria:** Medicaid is planning to revise the Medicaid service definitions this fall and remove references to ASAM levels. For Medicaid to make changes, a revision of regulations is required, so there will likely not be any changes until this fall when similar changes will take effect within the DHHS Continuum of Care manual. (See attached for more information).

**Proposed Supported Employment Service Definition:** In order to maximize funding, DHHS has once again established Voc Rehab as the gatekeeper for clients seeking assistance in gaining employment. This stipulation has created barriers due to a waitlist of 60-90 days for appointments to assess eligibility. Mental Health Association and Goodwill Industries are not allowed to make those assessments as, under the current Service Definition, Voc Rehab must make all of those determinations. As an evidence-based program, the goal is to help anyone seeking employment, when they are ready. The Region has submitted a new service definition that would allow individuals to receive benefit analysis and keep them engaged as they wait for Voc Rehab to make a decision regarding their eligibility.

**Emergency System Update:**

- BETA training is scheduled for February 13-16.
- There has been some movement toward mental health board admissions at Lincoln Regional Center (LRC). A female who has been at MHCC for over two hundred days was recently admitted as well as a male who has been at MHCC for almost one hundred days.
- There was speculation that some of the fifteen million that is scheduled to be pulled out of Program 38 may go to LRC. These dollars could be used to increase staff and make more beds available; however, LRC has not been successful at filling the staff positions they currently have vacant.

**Prevention System Update:**

- Morrissey commented that block grant dollars are being allocated noting that coalitions have experienced a lot of change as evidence-based or community-based services are required.
- A tobacco scan has taken place and data is being gathered regarding establishments targeting youth, selling to minors, etc. Vaping is a significant concern for schools noting that vaping is difficult to detect and there is a lack of parental involvement and concern. Morrissey stressed that awareness of the dangers of vaping including serious lung damage, is lacking, the chemicals that might be laced into the cartridge and the fact that the cartridges themselves can be dangerous when discarded.

**Opioid Remediation Settlement Funds Update:**

- A Summit is scheduled for March 19-20. The Steering Committee has been working to identify obvious expenditures. Any recommendations will come to this Committee, which is working on a blueprint / outline for how these funds will be spent.

- A four-part video series has been filmed and will be presented at the Summit. The video will highlight recovery stories and provide a message of hope.
- Kreifels reiterated his concerns that DHHS appears to be pivoting regarding how these dollars will be distributed.

**Network Continuous Quality Improvement / Regional Data Overview:** Rourke discussed the following reports:

- **Systems of Excellence for Evidence Based Practices:** This relates to data gathered for Motivational Interviewing and Dialectic Behavior Therapy, two evidence-based practices provided by Region V funding.
- **FY2020-2023 Prevention Programmatic Monitoring Report:** This four-year audit includes a commendation as well as several recommendations. Rourke noted that any corrections required have been submitted and accepted.
- **FY22 Financial Audit Report - Revised Final:** This report includes recommendations and one payback requirement. The recommendations have been addressed or are in the process of correction. It was noted that the payback is less than one percent of the total of funds utilized.
- **FY23 Network Compliance Monitoring Report:** There were three commendations, four recommendations and no findings noted in this report.
- **FY 22-23 Management Summary DRAFT:** This report is based on data collected quarterly in FY 22-23 and includes key indicators for all departments. Although waitlist data is not included in this report, Rourke commented that the wait list has declined slightly from the previous year.
- **FY 23-24 Network Performance Improvement Plan DRAFT:** This Plan outlines areas the Region will be monitoring for the current fiscal year.
- Anyone with questions or concerns was invited to reach out to Rourke.

**Wellbeing Initiative Quarterly Report Q2:** Provided for your information.

**FY 23-24 Capacity Utilization Summaries:** Provided for your information. These summaries are used to review provider utilization and make contract shifts as needed.

**FY 23-24 Training Plan:** Provided for your information.

**ADJOURN**

- There being no further business the meeting was adjourned at 12:16 p.m.

**IMPORTANT DATES**

- February 8 – 9:00 a.m. – Regional Prevention Coalition
- February 12 – 10:15 a.m. – RGB Meeting at Apace
- February 26 – Network Provider Meeting / Teams
- February 28 – 10:00 a.m. – BHAC Meeting / Hybrid



**ASAM** American Society of  
Addiction Medicine



**Hazelden Betty Ford**  
Foundation

**Media Contact:** Samantha Moy-Gottfried, 651-213-4728, [smoy-gottfried@hazeldenbettyford.org](mailto:smoy-gottfried@hazeldenbettyford.org)  
Christine Merrifield, 301-547-4140, [press@ASAM.org](mailto:press@ASAM.org)

## Crucial changes to substance use, co- occurring disorder care standards published

*New edition of The ASAM Criteria® released*

**Rockville, Md. And Center City, Minn.** (Oct. 5, 2023) – The first volume of the fourth and newest edition of the book of standards at the center of America’s addiction treatment ecosystem is now available digitally—updated and enhanced to reflect current research and clinical best practices that facilitate better, patient-centered care and improve outcomes for the millions of people diagnosed with substance use disorders each year. Preorders of the print version are also now open.

First published in 1991 and last updated in 2013, *The ASAM Criteria®* promotes individualized and holistic treatment planning, and guides clinicians and care managers in making objective decisions about patient admission, continuing care, and movement along the continuum of care. It was first developed by the American Society of Addiction Medicine (ASAM) in partnership with a coalition of national and state organizations in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction.

Published by the Hazelden Betty Ford Foundation, the first volume of the new fourth edition features an all-new digital subscription option with a searchable, reimagined e-reader, plus supplementary content for professionals and patients. The digital version of *The ASAM Criteria* increases access and ease of use for professionals to determine level of care, increase rates of care approval, and improve outcomes.

The multimedia experiences support ongoing education and more widespread and consistent implementation: in addition, Hazelden Betty Ford will be one of the organizations ASAM partners with to offer training that helps workforces align so everyone in an organization uses the same edition in the same way for assessing and treating patients for better patient care.

“As the addiction treatment field has evolved considerably over the past decade, we had three major goals for this standards update: to reflect the latest research and clinical best practices; better support implementation of a chronic care model that promotes ongoing engagement in the treatment system and seamless transitions between levels of care; and making these standards as clear and simple as possible, within the context of a complex bio-psychosocial illness,” said R. Corey Waller, MD, MS, DFASAM, editor in chief of *The ASAM Criteria*, Fourth Edition. “With Hazelden Publishing as a partner, the digital fourth edition makes it easier for people to utilize *The ASAM Criteria* and ultimately improve treatment outcomes and quality of life.”



The standards in *The ASAM Criteria* help ensure that patients get objective evaluations and care recommendations and that service capabilities are consistent across treatment programs that provide a specific level of care. They are the foundation of substance use disorder treatment improvement efforts across the country and are especially significant given the U.S. is facing an unprecedented overdose and addiction crisis that began two decades ago and worsened during the COVID-19 pandemic.

In addition to making updates related to research and best practices, ASAM and Hazelden Publishing focused on simplifying how information is presented and developing digital learning assets and multimedia content to support education and training.

*"The ASAM Criteria* is the gold standard for ensuring patients get care appropriate to their individual needs and for helping patients and families understand their care recommendations—and the updates in the fourth edition will help advance the field on both of those important fronts," said Joseph Lee, MD, president and CEO of the Hazelden Betty Ford Foundation. "We know user-friendly design can be tricky, and that's where our Hazelden Betty Ford team comes in: by designing an intuitive digital interface with built-in multimedia learning content, we hope to increase adoption of *The ASAM Criteria* by clinicians nationwide. Our patient-centered supplementary content in the digital version of *The ASAM Criteria* is an exciting example of the new solutions Hazelden Betty Ford is developing to help more people find healing and hope and improve their quality of life."

New chapters in the fourth edition of *The ASAM Criteria* include:

- Early Intervention and Secondary Prevention
- Telehealth and Other Health Technologies
- Integrating Recovery Support Services
- Integrating Trauma-Sensitive Practices, Culturally Humble Care, and Social Determinants of Health
- Addressing Pain
- Addressing Cognitive Impairment

The updated continuum of care promotes:

- **A CHRONIC CARE MODEL OF TREATMENT.** The new 1.0 level of care provides ongoing monitoring for patients in stable remission, including ongoing medication management services for those prescribed addiction medications.
- **INTEGRATION OF CARE.** The fourth edition integrates withdrawal management and biomedical services into the continuum of care alongside psychosocial services.
- **CO-OCCURRING CARE.** The fourth edition promotes more integrated care for co-occurring mental health conditions by incorporating standards for "co-occurring capable care" into the core standards for all levels of care.
- **ACCESS TO RECOVERY SUPPORT SERVICES.** The fourth edition advocates for recovery-oriented systems of care by including standards for recovery support services to be available directly or through partnerships at each level of care and to promote ongoing remission monitoring and recovery management checkups for patients who have achieved sustained remission. ASAM collaborated with the National Alliance for Recovery Residences to also define criteria for recommending recovery housing in addition to an outpatient level of care.
- **HARM REDUCTION.** The fourth edition encourages clinicians to consider harm reduction-related needs for each patient, emphasizing the importance of engaging with

patients to understand and be responsive to their treatment goals and preferences. It also incorporates low-threshold addiction medication access.

The fourth edition of *The ASAM Criteria* will be released in four volumes. Subsequent volumes will focus on adolescents and transition-age youth, justice-involved patients, and treatment of behavioral addictions (i.e., gambling, internet, and gaming addiction). [Hazelden Betty Ford will host a webinar Oct. 25](#), featuring ASAM board member and Hazelden Betty Ford Chief Medical Officer Alta DeRoo, MD, FASAM, and Maureen Boyle, PhD, chief of ASAM Quality and Science, to discuss to key changes in the fourth edition and why those changes are crucial for innovative person-centered care.

# 30 #

#### **About the American Society of Addiction Medicine**

The American Society of Addiction Medicine (ASAM), founded in 1954, is a professional medical society representing over 7,500 physicians, clinicians, and associated professionals in the field of addiction medicine. ASAM is dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addiction. For more information, visit [ASAM.org](#).

#### **About the Hazelden Betty Ford Foundation**

Harnessing science, love and the wisdom of lived experience, the Hazelden Betty Ford Foundation is a force of healing and hope for individuals, families and communities affected by substance use and mental health conditions. As the nation's foremost nonprofit provider of comprehensive behavioral health care, the Foundation leads the way in helping society rise above stigma and overcome addiction. With a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center, the Foundation now has treatment centers and telehealth services nationwide as well as a network of collaborators throughout health care. Charitable support and a commitment to innovation drive ongoing advances in care, research, programs, and services to impact more lives. In addition to clinical care, Hazelden Betty Ford encompasses a graduate school of addiction studies, a publishing division, a research center, thought leadership and advocacy, professional and medical education programs, school-based prevention resources and a specialized program for children—with a commitment to diversity, equity, and inclusion in all of its endeavors. Learn more at [HazeldenBettyFord.org](#).