



Region 6 Behavioral Healthcare

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Behavioral Health Advisory Committee Meeting Minutes June 3, 2009

Advisory Members Present:

Ann Ebsen, Chair
Brian Paulsen
Mike Smith
Duane Wilcox

Advisory Members Absent:

Mary Angus
Donna Mahlendorf

HHS Staff Present: Scot Adams

Region 6 Staff Present: Patti Jurjevich, Taren Petersen

Recorder: Amy Lett

1. Welcome, Roll Call, and Introductions

Ann Ebsen called the meeting to order at 9:00 a.m.

2. Approval of Meeting Minutes for May 6, 2009

There was not a quorum at today's meeting so no official vote was taken.

3. Approval of Agenda

There was not a quorum at today's meeting so no official vote was taken.

4. Administrator's Report – Patti Jurjevich

Ms. Jurjevich made the following statements:

- Update on recruiting new BHAC members:

Ms. Jurjevich noted we still need BHAC members to represent the following Region 6 counties:

- Cass – 1 representative
- Dodge – 2 representatives
- Douglas – 1 representative
- Washington – 1 representative

Region 6 has taken the following steps trying to recruit new members:

- An ad was placed in Cass County newspapers

- Per Duane Wilcox's request, an ad ran on 5/22/09 in the Washington County newspaper, *The Enterprise*.
- Governing Board members made aware of need for members
- BHAC members
- Network Providers made aware of need for members
- County Clerk's Offices for all 5 counties in Region 6
- Posted need for members and the application on Region 6 website

Ms. Jurjevich noted that we have had no responses yet and she and Taren Petersen may need to make phone calls. Duane Wilcox agrees that would be a good idea; he said he finds it difficult to explain all of the requirements to potential members. Ann Ebsen noted to have a discussion about this at the next Board meeting to see if County Commissioners have any ideas of people they think might be interested. Ms. Jurjevich said she and Ms. Petersen will make calls and would appreciate it if BHAC members could also make some calls.

Ms. Jurjevich noted there has been a representative of the Consumer Advisory Team (CAT) nominated and she will be presenting this nomination at the next Governing Board meeting. Discussion was held about whether the CAT representative would count towards a quorum on the BHAC; Ms. Jurjevich said she will research the by-laws and get back to the committee members on this.

5. 2009 Legislation – Patti Jurjevich

- There has been discussion about the Region receiving a 1-1/2% rate increase but we are waiting to get something in writing before we update the budget.
- Medicaid funds:
 - There will be some extra money given to the Regions for Children's services.
 - Medicaid will also begin to pay for Secure Residential services; the Region had been previously receiving this money to pay for these services and is now going to lose approximately \$970,000 from our budget.

6. RFQ for Capital Expenditures – Taren Petersen

a. Review of RFQ Process and Funding Recommendation

A handout was provided in members' packets detailing the review process and participants. Ms. Petersen reviewed this information with those in attendance. It was noted that \$1,212,518 has been dedicated to assist the community with capital expenditure projects which may include new construction, building/land acquisition or renovation. All projects must directly enhance the current behavioral health system.

There were a total of 7 proposals received and site visits were made to those that scored the highest in the review process.

Ms. Petersen stated that there were several applications that qualified and the Region has made a request to the State to be able to shift some dollars that would be unexpended into the Capital Expenditures funding so that more proposals can be awarded.

The review committee has suggested the following agencies/plans be awarded funding:

- Community Alliance Residential Services - \$600,000 – To renovate an apartment building for people living with serious mental illness
- Catholic Charities - \$435,000 – Renovation costs of Rod Kush's former mansion which will house the Journey's Program which treats children with issues related to substance abuse
- NOVA Therapeutic Community - \$300,000 – NOVA is building a new building that will enable them to merge all of their services into 1 building- these funds in particular will be to prep the land for construction.
- Lutheran Family Services - \$92,254 – This would enable LFS to merge their behavioral health services area with a shop for pregnant mom's (mom's earn points through their program and can trade points for items in the shop).

b. BHAC Recommendation to Regional Governing Board

Ann Ebsen proposed that those in attendance at today's meeting put forward a recommendation to the Governing Board to fund the agencies/programs as proposed. All BHAC members in attendance agreed.

Ms. Petersen said we are still waiting to hear back from DHHS as to whether or not they will give permission to shift dollars. Region 6 will update BHAC members once we hear back from DHHS.

7. Interim Services – Taren Petersen

The Interim Services being discussed today are in reference to the Federal Substance Abuse Prevention and Treatment Block Grant dollars. If needed services are not available due to reasons such as no capacity, we must provide an Interim Service – we do not get more money for the interim services but if we do not provide them, we could lose the grant money.

In the past the Feds have reviewed each state that receives these block grant dollars (about every 3 – 5 years). Since the mid 1990's the state of Nebraska has done o.k. and got through the reviews. However, in 2007, a combination of things resulted in the state of Nebraska being put on a corrective action plan.

Because of this correction plan, Capt. Carol Coley of the Substance Abuse and Mental Health Services Administration (SAMHSA) will visit Nebraska on June 16 & 17, 2009 to conduct a spot check to determine if Nebraska is on the right track; a more formal audit will be done in a year. The State must show the changes that have been made and implemented and the positive effects the changes are having on Nebraska's system of care. This grant provides \$17.5 million that funds our Substance Abuse services making it extremely important that we are able to continue receipt of these funds.

On Wednesday, June 17, Capt. Coley will visit Region 6 and meet with Santa Monica, Catholic Charities and staff of Region 6 Behavioral Healthcare.

There are 4 priority populations SAMHSA is very concerned about. They are as follows:

- Pregnant/Injecting (Intravenous Drug Users) - Enter Tx immediately
- Pregnant/Substance Users - Enter Tx immediately
- Pregnant/Injecting (Intravenous Drug Users) - Enter Tx within 14 days of making request OR 120 days from date of request
- Women with Dependent Children (WSA)

If an individual from a priority population requests treatment and they have not had a Substance Abuse (SA) assessment, they:

- a. Must be given an appointment for the evaluation within 48 hrs.
- b. Must begin and complete the evaluation within 7 business days
- c. Receive treatment immediately

Individuals who cannot enter treatment immediately due to lack of capacity should:

- a. Receive interim services within 48 hrs.
- b. Be placed on the 'waiting list' for treatment services
- c. At the same time, look for an alternate treatment provider (in-region/out-region/consumer input)

Specifically, Interterm Services:

- a. Must be initiated no later than 48 hours after treatment is requested and continue until the time the person enters treatment. Examples of acceptable treatment options include:
 - Community Support (SA), a lower level of care
 - Intensive Out Patient (IOP), traditional
 - Outpatient
 - Etc.
 - AA alone is not considered an Interim Service.
- b. Must be provided until the individual receives treatment

Interim Services for Drug Users who are **Pregnant** must include:

- a. Counseling on the effects of alcohol and drug use on the fetus
- b. Referral for prenatal care
- c. Counseling and education about HIV/TB
- d. Risks of sharing needles
- e. Risks of transmission to sexual partners and infants
- f. Steps that can be taken to ensure that HIV/TB transmission does not occur

Interim Services for **Injecting Drug Users** must include:

Need to follow the above items plus Case Management Services to assist clients with obtaining HIV/TB services

Tuberculosis (TB) Screening and Service:

Make TB services available to individuals receiving Tx for SA

What Region 6 Behavioral Healthcare is doing:

- a. Preparing a plan to show how our Region is preparing and addressing these issues
- b. Creating packets of information for providers
- c. Training
- d. Adjusting the Region 6 site review checklist to include closer monitoring
- e. Identifying and putting into practice reporting procedures to DHHS
- f. Continuing to monitor wait lists
- g. Monitoring SA services for capacity shortages
- h. Network of Care Website (AA meetings, etc.)

Other Issues:

- Data entry issues and National Outcomes Measures (NOMs) will be important. We are working with those Providers who mark "unknown" so

that they start filling in information. Marking “unknown” severely affects our data.

- State-wide Assessment – Public Policy Center is conducting
- Publicize Services – WSA – Determine where/how to best market these services to women who need them.

8. Updates

a. FY10 Budget

The budget as is it was presented to the Governing Board is in the BHAC members’ packets today. Ms. Petersen noted there were two changes made since it was last reported to the BHAC in May 2009:

- Change in how Emergency Protective Custody (EPC) payments are made – split up the EPC holding category between EPC and Acute
- Region 6 will again fund the Day Treatment program at the Douglas County Community Mental Health Center (DCCMHC). This funding of \$145,000 is for 1 year and DCCMHC needs to make the changes as laid out to them by Region 6. Region 6 will continue to monitor their Outcomes very closely and expects to see 6 months worth of successful Outcomes. DCCMHC has been working with Jean Hartwell, Region 6’s Quality Improvement Director, to make sure they understand what is expected of them in regards to reporting these outcomes.

Ann Ebsen noted she liked how Katie Hruska previously reported information to the BHAC on this service and would like her to use the same format when this information comes up for review again.

Mr. Paulsen asked if we will stop funding after 6 months if we do not see improvement. Ms. Petersen advised we will make a decision at that time. Ms. Ebsen asked to see a report at the end of 6 months so that the BHAC has an idea of how DCCMHC is or is not progressing.

b. Network System Coordination:

An update on the Network System Coordination’s activities was previously emailed to BHAC members and included in their packets. There were no questions about the update at this time.

Ms. Petersen introduced Joe Kenney, Manager of Emergency Services.

9. Presentation by Scot Adams, Director of Division of Behavioral Health for the Department of Health and Human Services (DHHS)

Scot Adams reviewed the following:

- **The Division of Behavioral Health:** A chart showing the functions and activities of The Division of Behavioral Health for the State of Nebraska was posted and reviewed. It was noted DHHS recently welcomed Carol Coussons de Reyes, the new Office of Consumer Affairs Representative.
- **LB 603:** Mr. Adams noted that LB 603 (originally introduced by Sen. Tim Gay) has now become a combination of it and 4 other bills. LB 603 creates a behavioral health education center to be administered by the University of Nebraska Medical Center. Other items proposed in this omnibus bill include –

- LB 136 - sponsored by Sen. Avery: Increases the SCHIP eligibility level from 185% of the federal poverty level to 200%.*
- LB 346 – sponsored by Sen. Gay: Establishes a 24-hour/7-days a week behavioral health hotline in Nebraska to provide screening, assessment and referrals to existing community-based resources. The bill also requires establishment of voluntary post-adoption and post-guardianship case management services and a peer support program for families in crisis.*
- LB 356 – sponsored by Sen. Dubas: Appropriates \$500,000 of the general fund in fiscal year 2009-10 and \$1,000,000 in FY2010-11 to support children’s behavioral health services.*
- LB 601 - sponsored by Sen. Nordquist: Requires HHS to seek by July 1, 2010, either a Medicaid waiver or an amendment to the state’s existing Medicaid plan to cover subacute services, both in hospital and non-hospital settings and secure residential services. The bill also requires continuation of Medicaid coverage for subacute services, regardless of whether a recipient has been ordered by a mental health board to receive such services.*
- **Strategic Planning:** In regards to the development of LB 1083, Mr. Adams said we have taken the initial step forward towards downsizing the Regional Centers and putting money to help people back into Community Services. The next step is to plan where we go from here. Mr. Adams said DHHS intends to do this from July – October 2009 when they review information/input from groups such as the Behavioral Health Oversight Commission (BHOC), the New Freedom Commission, Interim Studies and the original plan for 1083. Based on what they find out, DHHS will determine what the next steps will be over the next 2 – 5 years. The BHOC’s last meeting is June 11, 2009, and a report is due to DHHS by June 30, 2009. Ann Ebsen asked what “statewide input” means. Mr. Adams said they will conduct focus groups, have meetings with the Behavioral Health Advisory Committees of the different Regions and web-based meetings. He added they will include input from many groups. Mr. Adams said they asked “What could go wrong with moving people from institutions to community-based services?” so they could determine how to prevent problems. They determined they need to make sure that people are not falling through the cracks and will focus on suicide prevention and preventing people from ending up in the jail/court system.

10. Contract Status Report for the Period Ending April 30, 2009

Handouts were included in the packets for BHAC members.

BHAC members are welcome to contact Darren Weis or Taren Petersen with any questions that may come up.

Mr. Weis did note that the final amendment changes have been included in this report; we were able to make adjustments per Providers’ requests.

11. Public Comment

There was no public comment.

12. Adjourn

Ann Ebsen made a motion to adjourn. Brian Paulsen seconded the motion. Meeting adjourned.

Prepared By: Amy M. Lott

Date: 9/2/2009

Approved By: Ann E. Ebsen

Date: 9/2/2009

*Descriptions of these bills found in the *101st Legislature – Unicameral Update, May 18 – May 21, 2009*