



## Region 6 Behavioral Healthcare

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### Behavioral Health Advisory Committee Meeting Minutes November 2, 2016

#### **Advisory Members Present:**

Dean Loftus, Chair  
Donald Rashid, Vice Chair  
Mary Jane Karabatsos  
Chandra Petersen  
John Sheehan  
Michael Touzin

#### **Advisory Members Absent:**

Brenda Carlisle  
Jerry Kruse  
Michele Missel  
Shawn Shanahan

#### **Region 6 Staff Present:**

Patti Jurjevich  
Taren Petersen

#### **Recorder:** Amy Lett

#### **1. Welcome and Roll Call**

Dean Loftus, Chair, called the meeting to order. Roll call of members determined there was a quorum.

#### **2. Approval of Meeting Minutes from October 5, 2016**

John Sheehan made a motion to approve the minutes from October 5, 2016. Michael Touzin seconded the motion. Motion passed unanimously upon voice vote.

#### **3. Approval of Agenda**

Michael Touzin made a motion to approve the agenda for today's meeting. John Sheehan seconded the motion. Motion passed unanimously upon voice vote.

#### **4. Administrator's Report – Patti Jurjevich**

- a. Ms. Jurjevich stated the revenue forecasting Board has predicted a deficit of \$1 billion in the biennium. Governor Ricketts will likely look to reduce budgets. Region 6 will continue to monitor the situation and keep you updated.
- b. Region 6 will bring some materials next month to share regarding the System of Care (SOC) grant.
- c. The Division of Behavioral Health (DBH) is implementing an electronic billing system (EBS). Region 6 will be the testing site over the next few months. Region 6 will start out with converting 4 -5 of our Network Providers in Phase I and we will continue to add Providers. The EBS is expected to streamline the work effort on the billing side of things.

#### **5. Spotlight on Levels of Care – Taren Petersen**

##### **a. Assertive Community Treatment (ACT) – Jen Sparrock and Aileen Brady, Community Alliance Rehabilitation Center**

See handout. Jen Sparrock has been the Director of ACT for over 11 years. ACT is different from case management or an acute setting as more than 75% of the work is done out of the office.

There are all inclusive teams for 1 person. The total package of behavioral health services includes:

- A psychiatrist
- A licensed mental health practitioner (LMHP)
- Registered nurses (RNs)
- Substance Use counseling
- Vocational support
- Peer support
- Rehabilitation/Community support staff

ACT fills a need and helps people where more traditional services have not worked. People can live independently while they improve upon their independent living skills. Some people with psycho affective disorder have more frequent and/or longer term hospitalizations.

Consumer goals include living independently and feeling valued. Many people do not want to go back to the hospital and want to go back to work. People in the program can work towards longer term goals and ACT members get to see that progress all the way through.

One person involved in ACT has a Region 6 rental voucher, has been working a job for over a year now and has a dog. She has also been able to travel to spend time with family in different parts of the country.

Some of the barriers people face in this program is a lack of affordable housing and substance use with a mental health issue.

This is important: The ACT program must follow fidelity standards, the program is voluntary and the consumer has to really want to comply with these standards and make changes including changing their doctors or therapists and seeing the doctors or therapists associated with the ACT program. This particular change can be difficult for some people.

A typical day is structured schedule and includes a few other items.

- The daily team meeting is from 8am – 9am
- Consumers then meet with small teams of 3 or 4 ACT staff who work with one person.
- Treatment plan
- Observing medications
- Rest of the day depends on the consumer; they may do vocational rehabilitation or other activities
- Nurses inject meds on-site or off-site

This program runs 7 days a week; week days they work 12 hour days and on the week-end they work 8 hour days. Staffing requirements are 1 consumer to 10 staff client ratio. The program now serves 100 consumers and employs 2 vocational staff, 2 substance use specialist, 3 registered nurses and 2 psychiatrists.

ACT serves people in all 5 counties within Region 6. In Nebraska there are 2 other ACT programs, one in Hastings (Region 3) and one in Lincoln (Region 5).

ACT can make a big difference in people's day to day life due to the intensity of the services offered in ACT. The ACT team communicates extremely well which benefits consumers.

ACT admits about 2 – 3 people per month; they have to adjust staff to meet the staffing requirements. There are currently 20 people on the referral list.

This is a Medicaid Reimbursable program; 75% of participants have Medicaid and 25% have services paid for by Region 6 funding. ACT cannot bill if people are in the hospital or incarcerated for 10+ days but ACT does not drop people while they are incarcerated or hospitalized for more than 10 days.

The vision for the vocational program is to change the dialogue with consumers to be more positive about going back to work. Unfortunately, people are capable to go back to work but don't because they don't want to lose their health insurance. In other states, they do not tie disability to Medicaid; Nebraska is the only state that does this.

Community Alliance provides classes on job development skills and the person states what type of job they want in order to help them achieve success.

People in ACT spend 99% of their time in the community. Safety issues or medication issues sometimes require hospitalization but they get through this and they continue on their path to recovery.

**6. Letters of Interest (LOI) for Therapeutic Community - Taren Petersen**

**a. Review of LOI Process and Funding Recommendation**

See handout which Ms. Petersen reviewed with BHAC members. Region 6 received 3 letters of interest. There is a different modality; Region 6 does not want this service to use a confrontation model in the service.

**b. BHAC Recommendation to Regional Governing Board**

John Sheehan made a motion to move the proposal forward to the Governing Board. Donald Rashid seconded the motion. Motion approved unanimously via voice vote.

**7. Timeline for Letters of Interest (LOI) for Remaining Catholic Charities' Non-Residential Services – Taren Petersen**

The tentative timeframe to begin these services is by June 30, 2017. These are Catholic Charities' remaining services. Providers can have more time to write a proposal, there will be more time for the committee to review and more time to implement the new services. Region 6 is still deciding whether or not to bundle some services together.

**8. Presentation on Older Adult Behavioral Health Services – Lorie Thomas, Manager of Transition Services**

A power point presentation was given; see handout. To be considered an older adult, the minimum age is 55 years old. Region 6 began meeting with other agencies in June 2015. Ms. Thomas referenced that Aaron (a graduate student from UNO) started working on his practicum in July 2015, creating a resource analysis for older adult behavioral health services available in our area. The goals of this group are long term and are not likely to be met within a year.

Lorie Thomas asked BHAC members to let her know if they know of anyone in the community who would like to participate in this group. The group would really like to involve more direct care staff. The group does have peer support worker, psychologist and a counselor. John Sheehan suggested getting a representative from Douglas County Community Mental Health Center to participate.

**9. FY16 Site Visit Report – John Murphy, Manager of Network Provider Services**

See handout. Mr. Murphy reviewed the report with BHAC members. Region 6 did verify consumers were eligible for Region 6 funding.

#### **10. Network System Coordination Update – Taren Petersen**

See handout. Ms. Petersen pointed out that another Crisis Intervention Training (CIT) class was recently held with law enforcement. Taren would like Miles Glasgow and Brett Matthies to present information about the CIT curriculum at a future BHAC meeting.

BHAC members can contact Ms. Petersen any time with questions or comments regarding the Network System Coordination Update. There were no questions at this time.

#### **11. Status Reports for the Period Ending September 30, 2016**

Handouts are in the packets for each of the items listed below:

##### **a. Contract Status Reports**

The target draw down for funding at this time is 25%. One shift of funds has been made but not reflected in the month's report.

##### **b. Mobile Crisis Response**

There were 8 calls for youth from law enforcement this month and a total of 62 calls. There were no questions or comments at this time.

##### **c. Emergency Protective Custody (EPC)**

The number of total EPCs is down 19 from September FY16 compared to September FY15. There were no questions or other comments at this time.

##### **d. Comparison of Acute and Subacute Occupancy Rates**

A BHAC member asked if there are there enough beds and if we have enough staff. The questions were asked because the July and August occupancy percentages seem low. Ms. Petersen said that Region 6 believes we do have an adequate number of beds and staff because this report reflects no one agency is at 100% capacity and Region 6 has not had to send anyone out of our Region for care.

There were no other questions.

#### **12. December 7, 2016 – BHAC Meeting/Holiday Luncheon**

The December luncheon is how Region 6 shows appreciation to BHAC members for volunteering their time and service to Region 6 throughout the year. This year's luncheon will be held at Lo Sole Mio. The BHAC December meeting generally starts at 10:00 a.m. so members can adjourn and immediately go to lunch. BHAC members decided to meet in December at 10:00 a.m.

**13. Public Comment**

Ms. Jurjevich announced that Amy Lett, Region 6's Executive Assistant, has given her resignation to Region 6 and this will be her last BHAC meeting. Future emails to BHAC members will come from another person. BHAC members thanked Ms. Lett for her years of service.

**14. Adjourn**

Meeting adjourned.

Prepared By: Amy M Lett Date: 11/9/16

Approved By: Dean Loftus Date: 12/7/16