



Region 6 Behavioral Healthcare

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Behavioral Health Advisory Committee Meeting Minutes March 2, 2016

Advisory Members Present:

Dean Loftus, Chair
Donald Rashid, Vice Chair
Mary Jane Karabatsos
Shawn Shanahan
John Sheehan

Advisory Members Absent:

Brenda Carlisle
Jerry Kruse
Michele Missel
Chandra Petersen
Michael Touzin

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.

- a. BHAC members welcomed John Sheehan to the committee; Mr. Sheehan now represents Sarpy County. Mr. Sheehan is retired from the Douglas County Community Mental Health Center (DCCMHC) where he served as Director for many years. Mr. Sheehan also currently serves on Sarpy County's Board of Health.

2. Approval of Meeting Minutes for December 2, 2015

Donald Rashid made a motion to approve the minutes of December 2, 2015. Shawn Shanahan seconded the motion. Motion passed unanimously upon voice vote.

3. Approval of Agenda

Shawn Shanahan 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. Michele Missel is another new BHAC member who will represent Dodge County. Ms. Missel is not able to attend a BHAC meeting until May 2016.
- b. Legislative Updates:
 - i. Legislative Resolution 413 was passed this week. Background on LR 413: After an audit of the behavioral health system by the Legislative Performance Audit Committee, it was determined an additional study is needed on ways to reduce behavioral and mental health care service gaps. A task force on behavioral and mental health has been created which will consist of 7 members including state senators. The scope of work for this task force includes but is not limited to looking at the adequacy and needs of behavioral health system services, Lincoln Regional Center, behavioral health regions, jails, youth rehabilitation services, the progress of the Division of Behavioral Health's development of a strategic plan, data sources, infrastructure and provider rates. The Task Force is to issue a report on its findings to the Legislature no later than Dec. 1, 2016.
 - ii. DHHS-DBH's 2016 Bridge Strategic Plan (see handout). This plan was recently issued by the Division of Behavioral Health (DBH) because their previous plan expired; this document identifies goals and priorities for DBH until their needs assessment is completed and a new strategic plan can be created.
 - iii. Sen. Schumacher of Columbus introduced 3 bills related to behavioral health which are all still sitting in committee; they involve the EPC process, creating 5 crisis centers, require reporting of Regions.
 - iv. Medicaid Expansion is now out of committee; Region 6 will continue to watch this closely.
- c. Region 6; revision of by-laws. Dean Loftus, Donald Rashid and Brenda Carlisle are interested in helping to review the BHAC by-laws with Patti. Other BHAC members interested in participating in the review process should contact Amy Lett.

5. Presentation on Youth Crisis Needs Assessment – Melissa Schaefer, Manager of Youth Services and Crystal Fuller, Manager of Prevention Services

See handout. Region 6 contracted with Professional Research Consultants, Inc. (PRC) to identify improvements needed for youth services in our area. Ms. Fuller and Ms. Schaefer reviewed the results with those in attendance. The following items were noted and/or discussed:

- It was suggested the mobile crisis response teams not just be activated by law enforcement. It was also noted mobile crisis response teams should respond to more than just acute psychiatric needs; they should respond to family conflicts that could help prevent kids being removed from the home.
- BHAC members asked who got the option to fill out the surveys. It was noted PRC distributed the surveys to Region 6 stakeholders including but not limited to our community partners such as NAMI-Omaha, BHAC, law enforcement, schools, etc.
- Region 6 is now in year 2 of a 5 year suicide prevention grant.

6. Spotlight on Levels of Care – Taren Petersen

Taren Petersen introduced Larry Duncan from Catholic Charities' Campus for Hope. Mr. Duncan is here to describe detoxification services and civil protective custody services and take questions from the group.

a. Detoxification Services – Catholic Charities

See handout. Medical detoxification is provided by a hospital when there is a chance that someone could have a physical medical problem, such as having a seizure or cardiac arrest, when they are detoxing.

Catholic Charities provides a medically enhanced detoxification service; this is when a nurse monitors the physical condition of a person during detox.

Some individuals, who come voluntarily to Campus for Hope to detox, do leave before Catholic Charities recommends they leave. If a person is still acutely intoxicated, Catholic Charities may call the police to have them evaluated for a potential CPC.

The Open Door Mission, Sienna Francis House and Veteran's Services are all services that are located nearby Catholic Charities' Campus for Hope. Each agency provides a different level of care as well as information on how to get help in our community. Case management is on site; 1 for mental health issues, for substance abuse issues as well as short-term residential services and dual diagnosis. The admissions manager is dually licensed and will access a cd evaluation or perform one if the person is committed to going into treatment. Catholic Charities works with NOVA and Stephen Center (this is especially beneficial for those in need of housing).

Catholic Charities' Campus for Hope is located in Douglas County but their services are available to people in all 5 of Region 6 counties. And because detox is an emergency level of care, anyone needing this service can get help there even if they are from another state.

b. Civil Protective Custody (CPC) – Catholic Charities

See handout. A CPC occurs when an individual is intoxicated and creates a disturbance such as urinating in public or some other type of low level crime and/or public disturbance; CPA is in lieu of having to through legal services.

What is the difference between Emergency Protective Custody (EPC) vs. CPC?

EPC happens when a person presents to emergency personnel as being a harm to themselves or others and responders determine they cannot prevent the person from being a threat to themselves or others.

A person that is placed in CPC may not be suicidal or hurting themselves or other someone else but they have created some sort of low level crime or public disturbance.

EPC and CPC are similar in that they both require the person is clear of drugs and alcohol before being released. Those in protective custody are monitored by staff every 15 minutes and they receive food and clothes if needed.

Law enforcement is involved in both EPC and CPC. Hospitals are involved in EPC situations. Catholic Charities is the only service provider in our area that provides social detox and CPC.

Most individuals who are taken into CPC are not interested (at this point) in treatment. They just want to get released. There are a few people who are interested in treatment and Catholic Charities provides them with information on treatment options.

7. FY15 Network Provider Performance Indicators – Joel Case, Quality Improvement Coordinator

See handout. A more detailed document is available, contact Amy Lett for this if you are interested. Mr. Case reviewed the outcomes of FY15 with BHAC members and stated that they have found that every quarter, for many years, consumers are happy with the services they are receiving. Providers give out the surveys to consumers and report back to Region 6 every quarter on these questions.

8. FY17 Budget Timeline – Taren Petersen

- a. See handout, this is the timeline. Region 6 is to submit our FY17 budget to DBH by 4/29/16. Taren offered BHAC members an opportunity to meet prior to the April BHAC meeting to go over the budget in more detail. Amy will send a request to BHAC members to find out who is interested in attending.
- b. See handout, this is the FY17 Preliminary Regional Funding Chart. Providers will get a 2.25% rate increase from Region 6 this year.
- c. See handout. Core Services are being defined as those services that the Nebraska Behavioral Health System expects every Region to have available for its residents. Based on this chart, Region 6 is looking to add substance use outpatient counseling/therapy for youth.
- d. DBH has been doing rate studies. They are still working on this but have completed some which they have determined need to be increased. Since we are a capitated system, there may need to be a cut in capacity or services when these rates are increased. Some rates (those set by DBH) are consistent throughout the state...such as acute. Some rates (those set by the Regions) are not consistent, like outpatient. DBH will start increasing rates in phase I, to begin on April 1 of FY16; the rates for halfway house and medication management will be increased. Phase II will begin next year. Phase III, currently the Regions set the rate for outpatient but soon the State will set this.

9. Network System Coordination Update – Taren Petersen

See handout. Ms. Petersen introduced two new Network staff members; Lorie Thomas is Manager of Transition Services and Brett Matthies is Manager of Emergency Services.

Ms. Petersen noted there was a presentation given by Dr. Zeller on Feb. 11, 2016, to share more information on the Psychiatric Emergency System (PES) with stakeholders. BHAC members can contact Ms. Petersen any time with any questions or comments regarding the Network System Coordination Update. There were no questions at this time.

10. Status Reports for the Period Ending January 31, 2016

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

a. Contract Status Reports

The total percentage of funding that should be pulled down at this point in FY16 is 58.3%.

b. Mobile Crisis Response

There have been 409 activations in Region 6, year-to-date. There were no questions or comments at this time.

c. Emergency Protective Custody (EPC)

There were no questions or other comments at this time.

d. Comparison of Acute and Subacute Occupancy Rates

The number of subacute beds utilized at Lasting Hope Recovery Center (LHRC) has been low all year. Region 6 has had several conversations with LHRC about why the numbers are so low and will continue to monitor the situation; Region 6 may need to consider reducing capacity for this service.

Fremont Health has been authorized as a Medicaid Provider; this happened just yesterday. By this time next month, Region 6 will have a contract with Fremont Health.

There were no further questions or comments.

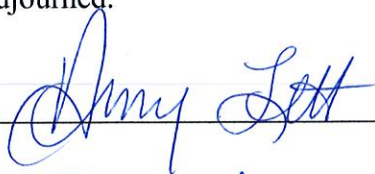
11. Public Comment

There were no public comments.

12. Adjourn

Meeting adjourned.

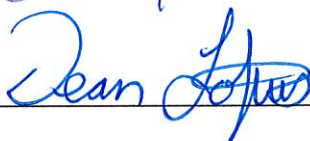
Prepared By: _____



Date: _____

4/6/2016

Approved By: _____



Date: _____

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