



Region 6 Behavioral Healthcare

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Behavioral Health Advisory Committee Meeting Minutes August 3, 2016

Advisory Members Present:

Dean Loftus, Chair
Donald Rashid, Vice Chair
Brenda Carlisle
Mary Jane Karabatsos
Michele Missel
Shawn Shanahan
John Sheehan
Michael Touzin

Advisory Members Absent:

Jerry Kruse
Chandra Petersen

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. New BHAC Member, Michele Missel, Dodge County

Ms. Missel was appointed by the Regional Governing Board to BHAC in December 2015 and is currently a Licensed Independent Mental Health Practitioner (LIMHP) in private practice. Ms. Missel also has prior experience working with Child Protective Services.

2. Approval of Meeting Minutes:

Because there was not a quorum on July 6, 2016, both the April and July minutes were reviewed for approval at this meeting.

a. April 6, 2016

Dean Loftus made a motion to approve the minutes from April 6, 2016. Shawn Shanahan seconded the motion. Motion passed unanimously upon voice vote.

b. July 6, 2016

John Sheehan made a motion to approve the minutes from July 6, 2016. Michael Touzin seconded the motion. Motion passed unanimously upon voice vote.

3. Approval of Agenda

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

4. Administrator's Report – Patti Jurjevich

See handout in packets on Conflict of Interest policy and procedure. Region 6 asks BHAC members to annually update the Conflict of Interest Disclosure and Acknowledgement form which is in their August packets. Members are asked to make a note of any other committees they sit on which may pose a potential conflict of interest.

5. Strategic Prevention Framework – Partnerships for Success (SPF-PFS) FY17 Coalition Budgets – Crystal Fuller, Manager of Prevention Services

Ms. Fuller's overview stated that Region 6 Behavioral Healthcare has up to \$443,252 available for prevention services under the Strategic Prevention Framework-Partnership for Success Grant. The continuation process is seeking to obtain updated program work plans and budgets for the 4th year of this 5 year grant project. The two priority areas of the grant project include underage drinking and binge drinking amongst people ages 12 -- 24 years in Douglas County.

a. Review of Funding Recommendation

The dollar amounts for year 4 are recommended to be distributed as follows:

- LiveWise Coalition - \$204,054
- Omaha Collegiate Consortium - \$117,599
- Project Extra Mile - \$121,599

b. BHAC Recommendation to Regional Governing Board

John Sheehan made a motion to recommend funding be approved by the Regional Governing Board as proposed by the Review Committee. Michael Touzin seconded the motion. Motion passed unanimously upon voice vote.

6. Update on Expansion of Mental Health Respite – Curt Vincentini, Salvation Army, Housing and Homeless Prevention Department Head

This service was previously a 16-bed unit with an average length of stay equal to 1 month before transitioning back into the community. The waitlist has been long and is still long; 30 people are waiting right now. Salvation Army gets an average of 70 – 100 referrals per month. This number of beds in this service is now being increased from 16 to 32; state regulations meant these beds had to be in 2 different locations. A new building will be open later this year. The reason for a maximum of 16 beds in one location is so that the facility is not considered an institution per guidelines set by the Institute for Mental Disease (IMD).

Mental Health Respite does provide transportation for consumers and case managers accompany people to their appointments.

Ms. Petersen noted Region 6 is very interested to see how this increase affects our community. This is a service that has greatly been used and valued. This is not a Medicaid reimbursable service.

7. Spotlight on Levels of Care – Taren Petersen

a. Day Treatment – Mike Phillips, Douglas County Community Mental Health Center

See handouts. Mike Phillips is the Director of Outpatient Services; Day Treatment falls under Outpatient Services. Day Treatment primarily receives referrals for people leaving acute care and inpatient programs. DCCMHC also gets some self-referrals and some from private practitioners trying to prevent someone from going into acute care.

Day Treatment staff checks up on how medications are working and the person meets with peer support staff. Consumers start their day with a clinical psychologist in group therapy and then take a 10-minute break. Next, time is spent with a recreational therapist who helps consumers explore areas of interest so participants learn about various interest they might have and how to entertain themselves to prevent boredom. Next is a lunch break. After lunch, people attend a 1-hour meeting with nursing staff on various topics relating to health education. There is another break before participating in group therapy led by a Licensed Independent Mental Health Professional (LIMHP); a dually credentialed person who educates people on both mental health and substance use issues. Participants also work on Wellness Recovery Action Plan (WRAP) planning.

To be in acute care, people must present an imminent risk to hurt themselves or others. People can still be highly symptomatic and not doing well. Day Treatment staff see people for 6 hours every day to prevent an increase in symptoms. Sometimes, Day Treatment looks to Mental Health Respite for assistance if the person needs some extra care to become stable.

The average length of stay is 10 days but some people stay up to 3 weeks or even 4 - 6 weeks if they are actively involved in treatment and still making progress in Day Treatment. Sometimes a person comes in for only 3 hours if the person is doing better.

A capacity of 10 people works best but this service could serve more people if needed. On an average day, 4 – 7 people are in this service. Bus passes are provided to get people to the service. The age range varies from 20 – 60 years but there really is no average age.

This service is paid for by Region 6 funding, Medicaid and some private health insurance coverage. Region 6 is the sole funder of peer support which is an invaluable part of the service.

What is the plan after discharge? Mr. Phillips said they determine if the person has a safe environment to return to. Oxford House and Salvation Army are two options that can provide co-occurring and medication assistance.

What happens when people do not show up? The coordinator calls the person if they don't show but prior to admission the coordinator visits the person while they are still in acute care to help establish a rapport even before the service starts.

8. FY18 and FY19 Budget – Patti Jurjevich

See handouts. Patti referred to the packet items and noted that FY18 & FY19 is the budget for the next biennium (July 1, 2017 – June 30, 2019).

There is concern at the state level that the income forecast is less than actual tax receipts and as a result, the State will be looking closer at expenditures. The Division of Behavioral Health (DBH) talked to the Regional Administrators and asked the Regions to look at their budgets in a particular order.

The Governor has not yet set an actual percentage for the reduction but 9.25% is the potential reduction of State dollars to the Regions. So, for this exercise, DBH asked Region 6 to look at a cut of 9/25%; this is a reduction equaling \$1.84 million of Region 6's funding.

As of today, Region 6 has not had time to pull together documentation for BHAC members but we will work to draft something for the August 10 Governing Board meeting because it must be submitted to DBH by Aug. 12. Region 6 will share this information with BHAC members at the next BHAC meeting.

A bill must be passed before any changes are made to the appropriations for this fiscal year (FY17).

Patti noted the FY18 & FY19 budget cut is all speculative at this point and we may need to adjust the percentage, if we have to make this or any cuts.

Region 6 encourages Network Providers to leverage other funding, such as Medicaid (this is referenced in their contract).

9. Suicide Prevention Grant: Wrap-up of Year 2 and Introduction of Activities for Year 3 – Crystal Fuller and Melissa Schaefer, Manager of Youth Services

See handouts/power point. This 5-year suicide prevention grant began on 10/1/14. The Department of Health and Human Services (DHHS) contracts with the Regions and all counties in Nebraska are eligible to receive programming through this grant. Ms. Fuller and Ms. Schaefer reviewed activities done in year 2 of this grant and explained what activities are planned for year 3. BHAC members were asked to let the Region know of anyone that may be willing to help participate in this project.

Also included in the packets were 2 fliers for upcoming trainings. In regards to the training for Assessing and Managing Suicide Risk (AMSR): Core Competencies for Behavioral Health Professionals, Region 6 has funding to reimburse Providers if they serve people ages 18 – 24 years.

Local Outreach Suicide Survivors (LOSS) – this is a nationally recognized program that helps those who have lost someone to suicide; utilizing this program was a state goal. Frank Campbell founded LOSS and is coming to Omaha in March 2017 to provide training.

Region 6 Behavioral Healthcare has hired Nina Wilson as the Mental Health Promotion Specialist and she will be addressing suicide attempts in trainings she is doing throughout the Region.

Region 6 has also been working closely with The Kim Foundation on this project.

10. Network System Coordination Update – Taren Petersen

See handout. Ms. Petersen noted that Region 6 has a capacity of 30 beds to use at the Lincoln Regional Center (LRC); we currently have 29 people at LRC.

Ms. Petersen noted she will ask Lorie Thomas, Manager of Transition Services, to give a presentation on the Older Adult behavioral services program 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 June 30, 2016

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

a. Contract Status Reports

This document was not available for today's meeting. It is being finalized and will be sent out at a later time.

b. Mobile Crisis Response

There were 44 total calls in June 2016 and 700 total calls in fiscal year 2016. Region 6 would like to see this service utilized more and are working to increase awareness of the value in using this service. There were no questions or comments at this time.

c. Emergency Protective Custody (EPC)

The number of total EPCs increased from 1,723 in fiscal year 2015 to 1,930 in fiscal year 2016. At the next BHAC meeting, Brett Matthies and Miles Glasgow will discuss how they are monitoring this service and our concerns. There were no questions or other comments at this time.

d. Comparison of Acute and Subacute Occupancy Rates

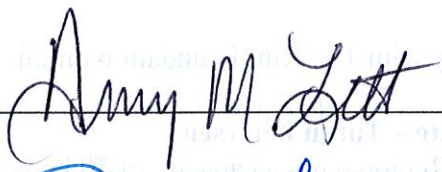
There were no questions or comments.

12. Public Comment

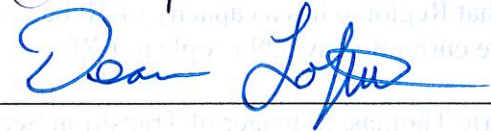
Someone asked if Region will look at capacity when deciding how to make budget cuts. The answer is yes; all services will be looked at and reviewed for utilization and outcomes.

13. Adjourn

John Sheehan made a motion to adjourn the meeting. Michael Touzin seconded the motion. Meeting adjourned.

Prepared By: 

Date: 9/7/2016

Approved By: 

Date: 9/7/16