

State Advisory Committee on Mental Health Services
August 4, 2006 – 9 A.M. to 2:00 P.M.
Holiday Inn, Downtown – 941 No. 9th Street, Lincoln, NE
MINUTES

Committee Members Present:

Adria Bace, Allen Bartels, Beth Baxter, Cec Brady, Jimmy Burke, Dwain Fowler, Bev Ferguson, Chris Hanus, Clint Hawkins, Nancy Kratky, Kathy Lewis, Frank Lloyd, Darlene Richards, Ron Sorensen, Mary Wells

Committee Members Absent:

Richard Ellis, Susan Krome, Wesley Legan, Pat Compton, Maria Prendes-Lintel, Scot Ford, James Deaver

HHS Staff Present:

Alexandra Castillo, Jim Harvey, Joel McCleary, Blaine Shaffer, Sue Adams

Guests Present:

Melia Cooke, Alan Green, J Rock Johnson, Rachel Pinkerton,

I. CALL TO ORDER

Allen Bartels, Chairperson called the meeting to order at 9:00 a.m.

Roll call of members determined that a quorum was met with **14 Members** present at the beginning of the meeting.

II. APPROVAL OF May 9, 2006 MINUTES

Allen asked for any additions or corrections to the May 9, 2006 meeting minutes. No corrections or additions were voiced by the committee.

Motion: Clint Hawkins

To approve the May 9, 2006 minutes as submitted.

Second: Bev Ferguson

Discussion: None

Vote: Motion passed unanimously by consensus and minutes were approved.

III. APPROVAL OF AGENDA

Allen asked for any additions or corrections to the agenda. No Corrections or additions were voiced by the committee.

Motion: Darlene Richards

To approve the agenda as submitted.

Second: Nancy Kratky

Discussion: None

Vote: Motion passed unanimously by consensus.

IV. BH DIVISION REPORT

• Response to Committee Recommendation – Ron Sorensen

Written response to recommendations were mailed to committee members. (Attachment A)

1. A MH Advisory member be a member of the State Infrastructure Grant Steering Committee. Beth Baxter is a member of the State Advisory Committee on Mental Health and is also a member of the Child/Adult State Infrastructure Grant Steering committee. Beth Baxter is a Regional Program Administrator but will represent the MH committee and present recommendation directed to her by this committee.

2. A MH Advisory member be a member of the Medicaid Advisory Committee. Cec Brady is the Medicaid Deputy Administrator. Medicaid is the lead agency and Cec stated it would be okay to have a member from this committee. A volunteer needed.

Motion: Nancy Kratky

To nominate Mary Wells as the Mental Health Advisory representative to sit on the Medicaid Advisory Committee.

Second: Bev Ferguson

Discussion: -

Vote: Motion passed unanimously by consensus. Mary Wells accepted and will be a member on the Medicaid Advisory Committee based committee meeting information that Cec provides to her.

3. MH Advisory Committee wants a report from each Regional Behavioral Health Authority on what is happening with issues and differences in implementation in the Regions. The Division agreed this is consistent with Federal and State duties assigned to this Committee. Division suggested the first report be presented by Beth Baxter, Region 3 Administrator.
4. MH Advisory Committee requested a progress report made in the area of cultural competency. Regions were asked to do a self assessment on cultural competency by providers and a summary will be forward to the HHS Office of Minority Health services. The Division will report at the next meeting on the areas that need improvement.
5. MH Advisory requested Flexibility in setting committee meeting dates. Division agreed to try for one year starting with November 2006 meeting. The Division will be monitoring meeting costs, staff availability, and how each committee collaborates with the other committees. Committee suggestions were to exchange agenda and minutes with each of the committees to keep track of cross issues. To be informed what the other committees are discussing. Once a year to have the three committees meet and share information, but to have the meeting at a separate time away from the regular committee meeting.
6. MH Advisory requested a Division report on Supported Employment that have been submitted by the Regions. Division agreed once there is actually an official "Supported Employment Program". A "Supported Employment Serviced Definition Input Meeting" is set for September 28, 2006. Committee members were invited to attend and registration sheets were disturbed.

General comments:

- Milestone Model is a system for payment for providers.
 - Supported employment is not about sympathy or civic responsibility to hire. The individual needs to be qualified to do the job.
 - Supported employment is a great stigma buster.
 - Co-workers are very important to help work with the disabled persons
- LB 994 Legislative Changes of Committee Duties (Attachment B)

Eric Evans explained to Jim the intent of the amendments on the advisory committee duties were trying to move forward the initiative of organized peer support services.

Discussion of duties

- Need more consumer involvement at all levels
- Sub group possibilities
- Peer Support
- Ad-Hoc committees can include consumers other than committee members.

- CMHS Site Visit Report

Jim briefly reviewed the three day site visit on Nebraska compliance with the Federal Community MH Block Grant. On July 26, 2006 four committee members met with the reviewers. At the exit Conference the reviewers presented the Division with their preliminary findings. The Division will be getting review results and a report but it could be up to 6 months after the visit.

Summary of the Reviewers comments:

- We were praised for the accomplishment at the state, regional and local levels given the resources we had available and for our effort to implement evidence based practice of Assertive Community Treatment, and Supported Housing.
- The Reviewers also commented on our effort around Supported Employment and peer support, and dual treatment.
- We were praised of continuing to maintain/utilize the consumer Liaisons and for adding the Office of Consumer Affairs. Statewide advocacy in is the developmental stages with the Office of Consumers Affairs. It was recommended the Office of Consumer Affairs develop a state level policy on consumer rights.
- Good progress on the adult side due to the BH Reform. LB1083 is directing our planning efforts. The Reviewers did address that we are trying to address the shortage of mental health professionals and needing to work with improving the individuals with dual credentials (mental health & substance abuse).
- The Reviewers encouraged us to sign a memorandum of understanding between the Behavioral Health authority and Medicaid authority.
- They suggested we develop a formal system to move grievances through local level to the regional level to the state level.
- Related to cultural competency issues we are doing well, but need to keep working on getting staff that are culturally diverse.
- The Children section, Nebraska has the right values, on the right track, a good basic foundation for moving forward. The Reviewers praised us on building on our systems of care grants, ICCU integration, professional partners in building local system of care for kids. There are a lot of positive things happening but we have not implemented enough statewide. They strongly suggested we need to get with evidence based practice, which is a part of our state infrastructure grant planning and encouraged us to integrate with Medicaid. We are headed in the right direction but we need to raise our role in children services.
- Strength were; staff is covering many different areas, we are very frank on the GAPs within in the system, good use of our web site, limitation of our management information system.

- Committee Member's Terms

At this time there are a few members with terms expiring, but the statutes states you continue to serve as a member until other wise informed by the Governor's office. Members with memberships terms expiring July 2006 need to complete the Governor's Executive Appointment application and send the application to the Division. Division will be making recommendation to the Governor and sending the application to the Governor. Application are on-line the address is on the attached application. (Attachment C)
Committee members want memberships to be current and have vacancies filled. Enforce attendance requirement to ensure consumer involvement. They want to have Division check with the Governor to the possibility of having alternate consumer members. Since consumers have mental health issues that may cause them to miss a meeting, an alternate would ensure that consumers are involved and included.

V. UNFINISHED BUSINESS

- **Cultural Competency –LEP Language Assistance**

Jackie Miller, Deputy Director of Health Services and is responsible in the areas of Prevention, Health Promotion, Office of Rural Health, Office of Public Health and Office of Minority Health, Women's Health, Family Health. Jackie summarized the policy developed by the HHSS policy cabinet which affirms our federal and statutory and regulatory obligation for taking reasonable measures to provide meaningful access to services for limited English proficient people. (Attachment D) Jackie noted the policy was signed by the Policy Cabinet which means it is supported by the Governor.

This policy acknowledges that HHSS noted the policy and has been doing a lot to ensure people with English deficiencies are served in the best possible way. But to ensure that people do receive at least the basic accommodations this policy was developed. In every area there is in the process of the four-factor analysis to determine what is reasonable language assistance for access to services. HHS staff are trained but most of the time the interrupters are from the outside. Often we go to others such as Catholic charities for the training. Persons from general public also volunteer in providing some training). How does that work at the consumer/provider level? Agencies often have contact or are aware of leaders in the community that are skilled and capable to help train and interpret. It's very important to be careful and respectful of their cultural.

Comments:

One issue is how to pay for translators at the Region. Cec Brady explained that Nebraska does pay through managed care for interpretation services. The funding reimbursement is included in the billing but it's hard to define it.

Suggest that funding for translation services be specifically defined/separated. It would help to track it.

* **Subcommittee Reports**
Committee's Big Goals

Sub-Committee included Frank Lloyd, Beth Baxter, Mary Wells and Jim Harvey
The intent is to look at existing data that makes a big picture. (Attachment E)

Frank briefly reviewed 6 measures to consider in selecting the Big Goal. The critical success measures were separated into youth and adult data.

What kind of data is collected by schools for the birth to age five category? Adria clarified that the data collected annually by the schools is for Special ED populations. The schools report the data to the state and these reports are used so the state can get federal funds.

The Division does collect data for young children ages 0-5 but very few are served.

Is tracking being done on multi-movements of children in school, tracking for state custody or stability of living situation or something to get that data? That information is collected in the Professional Partner program. The Mental Health/Substance Abuse State Infrastructure Grant (SIG) does have an early childhood MH workgroup and we may have a way to integrate these two efforts and provide for the state and this committee.

Suggestions/comments:

- A employed work station/job is the best indicator of recovery
- Employment data is being collected
- Data system needs to be upgrade to be able to refresh it annually.
- Access to medication/data is not compatible to track by state
- Data on children, birth to age 5 – special Ed/collected by schools annually
- Amend Youth to include children (ages 0-5)
- At the Division, very few are served for the 0-5 category.
- Data needs to be integrated with Prof Partners, Child MH & SA SIG & Protection and Safety.
- What is the success (Define success of 0-5 children)

Frank Lloyd explained that “unemployed” means looking but not working and “Not in the work force” means disabled and at home.

Allen asked the committee for a motion regarding the measures presented by the sub committee.

Motion: Chris Hanus

Sub committee to review and amend the youth and adult recommendation to bring it back to committees.

Second: Nancy Kratky

Discussion:

Vote: Motion passed unanimously by consensus. Jim will help with the adult section and Sue Adams will help with the youth section.

* **By-Laws Revisions**

The executive committee, Allen Bartels, Bev Ferguson and Nancy Kratky reviewed the by-laws Recommendation (Attachment F)

- need to track attendance – get more organized
- how to keep them accountable?
- Consumers to have an alternate person
- Meet regularly – 4 times per year
- Election of officers
- Set next year meeting dates in August
- State reps to have an alternate
- Attendance limit number of excused absences, set number of excuses allowed.
- Ad-hoc to come up with alternative method to include an alternate member.
- Attendance – attending more that 80% of meetings
- The Division is responsible for informing the Governor's office about the vacancies and attendances
- Orientations be conducted in a timely manner to keep newly appointed member informed. Suggestion was a brief video and materials. To be done an hour prior to regular meeting.
- Jim, Sue and Allen will discuss the development of a system to provide orientation to new committee members and bring back to the committee.

Motion: Bev Ferguson

To have an Ad Hoc committee to come up with methods of using alternate committee members and attendance issues.

Second: Mary Wells

Discussion:

Vote: Motion passed unanimously by consensus. Bev Ferguson agreed to take the lead on this Ad Hoc committee and Jim Harvey will help as needed.

* **Region Reports to SACMHS**

Sub-committee included Beth Baxter, Adria Bace and Nancy Kratky

Beth disturbed handout and briefly review the suggested information as what the committee wants to be included in the region's reports. (Attachment G)

- How and what method is used to apply for housing.
- What is being advertised
- Format of report – to separate the children from the adult – consumer involvement from the adult and children (make a clear separation)
- What is being done on the evidence based
- Still working on the format draft.
- May need to adjust meeting for a longer meeting
- Telephone conference loses a lot
- Committee refers person to person presentations
- Committee go to other towns for presentation
- Other towns will allowed consumer from other town to be included

Motion: Bev Ferguson

To accept the draft format with the suggested changes to be made and schedule the first report to be presented by Beth Baxter, Region 3 Administrator.

Second: Chris Hanus
Discussion:
Vote: Motion passed unanimously by consensus.

VI NEW BUSINESS

• Supported Employment-spend down problems

Mary Wells presented a view of the problems her family has been through. Mary's Goal is to raise standard of living of consumers. The purpose of her story relating to her daughter is to draw attention of the frustration that consumers and consumers' family have trying to get their family members back to work which is the ultimate to recovery of mental illness. Her daughter had attempted suicide. She worked to improve her life by returning to school and getting an associate degree. She was able to get a part-time job in Grand Island. She was dealing with a medical problem which needed to be tested routinely. She attempted for three years to get benefits. After finally receiving benefits she was told by Health and Human Services that she would have to pay a \$400 spend down before they would pay anything for her to see a doctor. She is on SSDI and found out she was eligible for a Back to Work Program, through Social Security, that made it possible to earn more money, but this program only last for three years and cannot be lengthened or renewed.

Mary explained, that the last time she checked with Social Security her daughter could earn up to \$800 and keep her SSDI, but when checking with Health and Human Services she could only earn \$400 before losing her Medicaid. In order to get full coverage for medications you must both be Medicaid and Medicare eligible.

Frank Lloyd suggested that Mary's daughter check with a benefit analysis person to help her make a decision about going back to work, so she would not lose her benefits. Mary said, her daughter had, and was told she was better off not to work, for fear of losing her benefits. This was very discouraging after working hard to try and be able to work, so she could have a better standard of living.

• Strategic Planning – Mark DeKraai

Mark explained that the Division of Behavioral Health Services has contracted with University of Nebraska, Public Policy Center to facilitate strategic planning process for the Division of Behavioral Health. Such an effort covers the entire Division responsibilities, including mental health, substance abuse, gambling addictions and other areas of authority within the Division. The Behavioral Health Division of the Nebraska Department of Health and Human Services chartered the Behavioral Health Strategic Planning Design Work Group to design an inclusive process leading to a five-year comprehensive strategic plan to guide the behavioral health system in Nebraska. The Department included stakeholders from the very beginning of the planning process design to ensure inclusiveness and maximize opportunities for stake holder's input. The Work Group included 19 individuals representing consumers, families, advocacy organizations, services providers, and systems partners. Staff from the University of Nebraska Public Policy Center facilitated the process, which ran from April 2006 to August 2006.

The Work Group produced a purpose statement for the planning process, planning priority areas, stakeholders to include in the process, and a detailed process map for developing the strategic plan with a timeline for completion by June 2007. The comprehensive strategic planning process will include all systems that affect the lives of people in Nebraska with behavioral health challenges. The plan will extend to populations across the life span and will address the full array of services and supports needed to sustain a community-based behavioral health system. The plan will include consideration of public and private resources for behavioral health service, support provision and funding. Central to the planning process is the primary decision-making role of consumers and families in all aspects of strategic planning. (Attachment H)

SACMHS members expressed concerns regarding this workgroups overlap with the work of SACMHS and their strategic planning efforts. Mark and others explained to the group the work of SACMHS will be incorporated into the overall strategic plan for the Division. Beth Baxter is a member of both groups and can report to SACMHS more thoroughly on their work.

- **Clarification of Preparing MH Block Grant Application**

The first draft for this year's application is last year's final application. Changes are made to update data and information plus committee comments. This is only a grant application and we try to report on what the state is doing in various areas. The basic requirements have not changed in a few years.

The Block Grant requires the application be reviewed and commented by this committee. The committee also has the task of reviewing the implementation report before it is submitted which will occur at the November meeting and is to be submitted by December 1, 2006.

The application needs to be submitted by September 1, so the final draft needs to be completed by August 25th. Members request to view the changes.

- **Review Draft FY2007 CMHS Block Grant Application**

Grant information is always sent to committee member prior the meeting. The Division requested members to review the address sheet and advise the Division on current mailing address to ensure they will receive division information.

Jim – Started out by reviewing the changes made and pointing them out to the committee.

Frank Lloyd explained that the completion of the application and the changes that need to be made are very routine and are based on the federal broiler plate. What he would be interested in and save the members review time would be to have a cover page outlining the changes made from the 2006 grant application to the 2007 grant application with page numbers. And the important points would be directed to changes in amounts that impact funding and services.

Such things such as;

- Accomplishments Strengths & Weakness (committee to talk about them but not as part of this review)
- Mini Action summary – things that are going to move us to a direction (projects & new initiatives)
- Significant change in the use of money
- Committee actions
- New action and or new initiatives

Motion: Frank Lloyd

To accept the incomplete MH Block Grant application as submitted to the committee based on Jim Harvey adding needed information to be given to him at a later day and completing the MH Block Grant application.

Second: Cec Brady

Discussion:

Vote: The general consensus was in favor of the motion. Jimmy Burke voted no to motion of accepting the MH Block Grant application - Motion Carried

- **2006 Meeting schedule/Times**

Previous meeting date of November 7, 2006 is to be kept. No new meeting dates for 2007 were set.

VII Public Comment

Allen Green – hand out given to Allen Bartels (Attachment I)
He attends different meeting at different locations all over the state.

Rachel Pinkerton, NAMI Nebraska board (Attachment J).
Services be driven for the consumer

Joel McCleary – the committee's work does have an impact. Nebraska has advanced and is working on communications inclusion.

J. Rock Johnson
Funding of Peer Support
Inclusion of consumers
Duties of the MH Planning Council be amplified
Reasonable accommodations when dealing with people's needs
To increase the inclusion of consumer/family members in all aspects

VIII Mental Health Recommendations to BH Division

Recommend that data collected be amended for "Youth" to include young children ages 0 to 5.

IX. Agenda Items for Next Meeting

Region Report – Region 3, Beth Baxter
Division report – Cultural Competency – Region self assessment report
Division Report – Region report on supported employment
MH Block Grant Implementation report
Election of Chair person
Response from Governor – alternates for consumer members
Set meeting dates for 2007

Sub-Committee reports

Review/amend the youth and adult data recommendation
Provide suggestion- methods of how to use alternates & attendance issues

• **Next meeting**

General consensus to follow thru on the November date that was previously set, which is Tuesday, November 7, 2006.

Prepared by:
Alexandra Castillo
Staff Assistant I
Division of Behavioral Health Services
October 19, 2006.

Approved by _____ Date _____
Jim Harvey
Quality Improvement Coordinator
Division of Behavioral Health Services