

**State Advisory Committee on Mental Health Services**  
**November 7, 2006 – 9 A.M. to 4:00 P.M.**  
**Holiday Inn, Downtown – 941 No. 9<sup>th</sup> Street, Lincoln, NE**  
**MINUTES**

**Committee Members Present:**

Beth Baxter, Cec Brady, Jimmy Burke, Pat Compton, James Deaver, Scot Ford, Dwain Fowler, Bev Ferguson, Clint Hawkins, Nancy Kratky, Kathy Lewis, Frank Lloyd, Maria Prendes-Lintel, Darlene Richards, Mary Wells

**Committee Members Absent:**

Adria Bace, Chris Hanus, Ron Sorensen, Susan Krome, Wesley Legan  
Resigned members are: Richard Ellis, Allen Bartels

**HHS Staff Present:**

Alexandra Castillo, Dan Powers, Jim Harvey, Joel McCleary, Sue Adams

**Guests Present:**

Dave Campbell, Melia Cooke, Alan Green, J Rock Johnson, Kasey Moyer, Lisa Pinkerton, Rachel Pinkerton, John Pinkerton, Karen Severin

**I. CALL TO ORDER**

Bev Ferguson, Vice Chairperson called the meeting to order at 9:00 a.m. Clarifying statement was made explaining that Chairperson, Allen Bartels, officially resigned due to work related responsibilities.

Roll call of members determined that a quorum was met with **13 Members** of 20 appointed member present at the beginning of the meeting.

**II. APPROVAL OF August 4, 2006 MINUTES**

Bev asked for any additions or corrections to the August 4, 2006 meeting minutes. Mary Wells asked her information regarding spend down on page 6 be corrected. The following is the corrected version;

She got a full time-part time job and got no benefits. She attempted to get her benefits for three years. After she received her benefits, she got a hold of HHS. Even with her benefits she had to pay \$400 spend down because her income was enough that she was put in the spend down. She is on SSDI and when they put her on this back to work that was when she was able to earn more for a while until that ran out in three years. When they checked with Social security she could still earn \$800 and still keep her SSDI. But checking with HHS, she could only earn \$400 and keep her Medicaid. They did go and have a benefit analyst and was told she was better off not to work. After visiting discussing it with Julie Goalen in Region 3, her daughter would have been better off with SSI because she would have more with 1619B.

Jimmy Burke asked the motion made on page 7 “**To accept the MH Block Grant application as submitted to the committee with the input to be given at a later date**”. Be changed to read “**To accept the incomplete MH Block Grant application as submitted to the committee to be completed later with the input needed to be given to Jim Harvey at a later date.**”

√ Motion was made by Scot Ford to approved the August 4, 2006 minutes with the above corrections requested. Motion was seconded by Darlene Richards. Motion passed unanimously and minutes were approved.

General Comment: For the future the committee requested a separate sheet tracking the changes be included with the review of the application.

**III. APPROVAL OF AGENDA**

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

√ Motion was made by Kathy Lewis to approve the agenda as submitted. Motion was seconded by Darlene Richards. Motion passed unanimously and the agenda was approved.

## **BH DIVISION REPORT**

- **Consumer Conference Report** – Dan Powers  
Phyllis McCaul and Dan Powers, Consumer Liaisons attended the National Mental Health Conference, Washington DC June 8-11, 2006. Two Nebraska consumers, Jo Hall and Ken Timmerman received scholarships to also attend the conference. They submitted written reports of the conference and the benefits they experienced. The reports were distributed to the committee members. (*Attachment A*)

The MH Consumer Conference was held September 19-21, 2006 in Aurora Nebraska. The conference was attended by 89 consumers. Keynote speakers were: Karen Kangas from Connecticut, Lenora Kimball from New Hampshire and Joel McCleary, HHSS Office of Consumer Affairs Administrator. Topics of workshops included; Advocacy, Hope and Recovery, Peer Support services in New Hampshire, Voting and Consumer Rights. The conference was very successful.

- **Supported Employment** - Jim Harvey (*Attachment B*)

Support employment has been an important issue with this committee. Supported Employment meeting was held September 28, 2006 at the Country Inns and Suites. There are 70 members in the group which includes 20 consumers or family members. The reason for the meeting is to receive input from all stakeholders on the development of a supported employment service definition. In advance of the meeting a draft of service definition was sent to stakeholders. There were consumer comments followed by national and local presenters. From that meeting Draft #II was developed and distributed to the committee members.

Jim explained, TEP- (Transition Employment Program) may not be considered competitive employment and is outside of the scope of the supported employment program. Organizations that are certified by the International Center for Clubhouse Development (ICCD) are working with CARF and they do have TEP as a recognized form of employment. We need to recommend changes if we want those to be recognized within our service definition. There should be condition placed that TEP are only accepted if they are a component of supported employment program that is a part of an organization that is certified by ICCD. Liberty Centre in Norfolk and Cirrus House in Scottsbluff are certified by ICCD and CARF and they do have TEP. Another recommend is to go with an expense reimbursement system and over the course of time develop an incentive system.

List committee concerns:

- Revision was requested on the data collection definitions regarding the structure of hours to read “ less than 15 hours, 15 to 20 hours and then 20 to 32 hours”.
- Keep it simple and combine with supported housing so they don't have to deal with too many persons
- Individuals need more help than they can earn through Supported Employment.
- Developmental Disability would be within the supported employment definition.
- How does expense reimbursement work? Need to determine what is an acceptable expense – VR has many years of dealing with this.
- Persons age 16 and older who are not in school or working don't have Medicaid benefits - This may not be a eligibility problem but may be a compliance if the school aged child is not in school or working. Cec Brady and Sue Adams will check into it and try to clarify.
- Employment can continue, it is the consumer's choice to continue working
- Are there numbers of who could/should receive the service? There must be a large number unemployed substance abusers.
- Working with Protection & Safety with Support Employment and transition age youth is a big process.
- Persons 18 & over or using age 19 wavier

- Voc Rehab utilizes interrupters but if a consumer is not English speaking will there be an interrupter to help them train and be a part of the program. It's very important that it to be stated as part of the program definition

A Video conference for Service definitions is set November 30, 2006.

- **Strategic Planning** - Joel McCleary

No funds have been allocated for this project but that is the next step. -The price list for continuing to work with the UNL Public Policy Center has been submitted to the Policy Cabinet. A comprehensive strategic plan is being developed. Input is being gathered for stakeholders on the plan. The deadline is July 2007.

- **Member' Appointments** – Jim Harvey

The Governor's office is now considering the appointments for the committee. Everyone continues to be a member up until the Governor does or does not re-appoint the members. Since the August meeting two members have resigned: Richard Ellis and Allen Bartels. Committee members are reminded to complete and submit the Executive committee application to the Governor's office.

- **Cultural Competency Report** – Jim Harvey

This committee has pointed out some very important issues regarding cultural competency. The Division addressed the issue with a Cultural Competency improvement Plan for Behavioral Health. The Division requested the six regions to complete and submit a cultural competency improvement plan. All six regions submitted a report. The need stated by all the regions was the need of assistance in recruiting, hiring and retaining bi-lingual staff, and to also retain trained interpreters. In moving forward, the six reports will be presented to the Office of Minority Health and find out what support they can provide to the six regions.

Comments: Specific information wanted

The statement by agencies that they are doing Cultural competency does not clearly state what is being done and how cultural competency is being met. What are they doing specifically in training and do they use interpreters? How are they are choosing and using interpreters? What is being done in the regions to provide services for those who are leaving services and those who are not coming to services? Traditionally staff has not been appropriately trained to work with diverse population resulting in people not coming for services and if they did manage to come for services they do not continue services.

An important issue in access to care and cultural competency is non-English speaking clients who have straight Medicaid not Magellan. Providers cannot get interpreters for these clients, as Medicaid does not pay for the interpreter. Cecil Brady explained that Medicaid fee for services rate includes overhead cost for provider's office for interpreters as an overhead cost. Under Magellan managed care for Medicaid, the fees are provided separately.

There are providers that will not accept Medicaid because of the already lower rate of reimbursement than regular insurance rates. This Medicaid rate is further reduced if in addition to receiving a lower rate the provider also has to pay for the interpreter out of those fees. In such a case the provider and the interpreter would be paid about the same rate for the session when the fee is split (approximately, \$25.00 dollars each). How many providers would be willing to take Medicaid already getting half of the regular insurance payment then further reducing this payment by another half. The committee is urged to study this as left in its current form as an overhead cost to the provider will continue to contribute to disparity with less providers willing to serve this population. But, why is it provided separately under managed care Medicaid and not straight Medicaid?

When the state implemented the managed care program it gave the managed care vendors the ability to use funds in a way that they saw fit and that was a way that they implemented their managed care program. The vendor, usually insurance are paid per price per individual and the Managed care vendor decided how they want to allocate fees. The managed care vendors are given extra money so they can use it wisely for interpreters but not under straight Medicaid. They do have that option. It's a huge issue because it's very difficult for people to take straight Medicaid and it feels inconsistency. This is a serious gap in access to care.

Speaking of services, there is an assumption that there are interpreters. That is not so, there is not enough funds for interpreters and not enough interpreters that are appropriately trained. It is critical that the interpreters be appropriately trained in Behavioral Health Care. It is not enough that an interpreter says they are trained. We need to know about their training. There are interpreters stating they are certified because they have gone through what they say is a certified training but this is not the case. This like any other profession that has to be regulated and clients protected from inadequately trained interpreters. A simple example of the effects of a poor interpreter can be seen in trying to conduct a Mental Status Exam where the interpreter corrects direct statements made by the client unbeknown to the practitioner resulting in inaccurate assessment and treatment. There are many such examples all which suggests not providing trained interpreters and training providers to work with interpreters seriously impacts the assessment and treatment of non English speaking individual and is one of the ways that their health is compromised. These are important issues that need to be addressed.

In the BH system the rate methodology may or may not include interpreters but rate paid to the providers does not cover all services or of the interpreters. In the rural it's a challenge to find trained interpreters and health providers. There is a limited amount of funding available and not much will be changed. It is hard to know how to prioritize services but it's done differently based on the needs. The committee is reminded of the national healthcare goals of "Healthy People 2010" to eliminate disparity and of the Federal and State mandates to adopt "Culturally and Linguistic Appropriate Services" (CLAS) standards.

Access to services is not limited to minorities it's also in the rural areas. Access to services for minorities does not exclude rural it just makes it twice as hard for minorities whatever the area is.

- **Review FY2007 CMHS Block Grant Application** – Jim Harvey

The official submission of the FY 2007 Block Grant application was August 30, for the September 1, 2006 deadline. Chris Peterson was the Governor designated person to sign. The actual review by the CMHS was October 17, 2006 in St Paul Minnesota. As a result of the review process we received no modifications to the plan for adults and received no modifications to the plan for youths which means the document presented to this committee was accepted as written. The block grant is posted on the HHSS web site.

Suggestion was to have Jim to track changes between applications and prepare a summary sheet for the committee members.

- **MH Grant Implementation Report** – Jim Harvey *(Attachment C)*

Jim briefly explained how the implementation report is prepared. The Chairperson of this is required to prepare a cover letter to accompany the implementation report.

Items covered in the report are; 1) how to use the money, 2) the actual block grant expenditures, 3) who are the recipients for what activities 4) Uniform Reporting System. 95% of the funds are primary used to purchase community Mental Health services and 5% is used for administration purposes and for the last 15 years has been set aside for adult goal number 2 for the empowerment of consumers. The recipients of the block grant funds officially are the six Behavior Health Regions. The Regions then sub contract for services. The Mental Health block grant for the overall mental health spending does not include any Medicaid dollars. The final document will be posted on the HHSS web site.

Every year the regions are required to submit a regional budget plan to the Division prior to the beginning of the fiscal year. In that report they set network goals and based on their allocation they submit a plan to the division. A thorough review is documented of each of the regional budget plans. Through out the year there are quarterly and even some monthly reports. At the Regional level there is a BH Advisory committee and Regional Governing boards that review, recommend and approve budgets. Also there are some very strict mandates on how the funds are used

The uniform reporting system data tables were reviewed with committee by Jim Harvey. The data information comes from a combination of Regional Center data and Magellan data. Jim reviewed the tables.

√ Motion was made by Scott Ford and seconded by Darlene Richards to accept the implementation report as presented. Vote was unanimous – motion carried

Recommendation was made that the Division seek out information to let us know what it would take for the Division to be able to generate the data information needed for a more complete reporting and have the Division report back to the committee.

#### **IV. UNFINISHED BUSINESS - Subcommittee Reports**

- **Methods to Use Alternates With Consumer Members** – Bev Ferguson  
The legality is in state statute, section 71-814 and it does not authorize the creation of additional alternate positions for consumer and family members. (*Attachment D*)

Committee suggestions:

- Strictly enforce attendance and have HHS Staff or chairperson contact the absent member, and ask what is their intent and maybe have them resign. Committee's participation/attendance is very important.
- HHSS is asked to provide an attendance record to the committee.
- By laws need to reviewed and updated to address attendance procedure.
- It is extremely important that meetings set in advance not be changed, to avoid members missing a meeting.
- After the set number of accepted absents, recommendation be made to member to resign and or recommend to Governor's office.
- Jim clarified that the obvious authority to remove a member would be the Governor's office. The committee needs to report to the Governor's office on the failure to attend and it would be the Governor decision to remove a member from the committee.
- In the By-laws "excused absent" needs to be defined.

√ Motion made by Darlene Richards and seconded by Mary Wells to have the Committee Executive officers work with Jim Harvey, Sue Adams and Alex to prepared a draft of By Laws updates for the committee to review at the next meeting. Vote was unanimous – motion carried

- **One Big Goal for Committee** – Frank Lloyd  
Frank mentioned that at the August meeting he presented information to the committee to help the committee to determine the issues they feel are important and want to track the progress of the issues. Copies of the list of suggested goals gathered at the August meeting will distributed again at the February meeting.

The suggestion is that the goal should be something that can be looked at year in and year out that is consistent data that shows a trend or shows the progress or lack of progress. Goals could be such things as; number of people receiving treatment, housing, employment or other major data areas. The goal does not have to be just one thing but maybe a combination of things or areas. It is very important to have a reliable, consistent data base which can be found in the federal system and also through special education database.

√ Motion was made by Frank Lloyd and seconded by Scot Ford that the subcommittee report from the committee's Big Goals listed in the August meeting be reviewed by the BH strategic planning committee and considered what they think should be included in the strategic plan. Voice vote was in favor of the motion except for the following whom abstained; Maria Prendes-Lintel, Kathy Lewis and Nancy Kratky. Motion carried.

- **Medical Care Advisory Committee Report** - Mary Wells

Mary Wells was not able to attend the Medical Care Advisory Committee because the meeting was cancelled due to lack of business. Mary will be informed about up coming meetings.

Question:

Who sets the formula of the spend down program? The income levels, poverty levels of eligibility are set by legislature. An individual to be eligibility for spend down they need to spend down their income down to that level which is set by the legislature.

How does the spend down program differ in different states? Not many states have a spend down program. Nebraska is more liberal than some other states.

- **State Infrastructure Grant (SIG)** - Beth Baxter

The full name of the grant is "Nebraska's Children's Mental Health and Substance Abuse State Infrastructure Grant". Handout was distributed to committee members. (*Attachment E*)

The purpose of the grant and the goals are listed. This is a 5 year federal grant process. The steering committee spent several months in a process to help understand what infrastructure meant, what systems of care is.

Listed are the four priorities to develop financing mechanisms and organizational structures and also list the four outcomes.

Concern mentioned is that goals are specifically named and Cultural competence is one of the three goals yet it is not address in the financial organization structure.

This is handout and is only a brief higher level the organizational structure. There is more information that is not listed include information regarding the other goals.

Beth will take the committee's recommendation to the steering committee to list more specific information relating to the three major goals.

- **Children's Data** – Sue Adams

Committee questioned the Division's ability to track children ages 0 to 5 receiving services. Since very few children are served in the BH services system there is very little information collected.

Information may be obtained through the Professional Partner program, Medicaid-early intervention program and SIG- Early childhood subcommittee.

Sue Adams and Cec Brady will check into getting information and report to the committee at the February meeting.

- **Set 2007 Meeting Dates**

The committee reviewed the suggested dates for 2007 as: February 6, 2007 -May 1, 2007 August 7, 2007 and November 6, 2007

√ Motion was made by Jim Deaver and seconded by Maria Prendes-Lintel to accept the 2007 meetings dates as suggested. Motion passed unanimously and the 2007 meeting dates were set.

Discussion on the location of the meeting, the cost of meetings is basically all pretty much the same at either at the Holiday Inn and Country Inns and Suites.

√ Motion was made by Nancy Kratky and seconded Frank Lloyd to have the committee meetings be at the Country Inns and Suites. Voice vote was in favor of the motion except the following abstained for voting; Dwain Fowler, Beth Baxter and James Deaver. Motion carried.

## **VI NEW BUSINESS**

### ● **Election of Officer- Chairperson**

#### **RE: Chairperson**

√ Motion was made by Mary Wells and second by Kathy Lewis to nominate Bev Ferguson for Chairperson.

Motion made by Dwain Fowler and second by Scot Ford to close the nominations for Chairperson. Vote was unanimous in favor of Bev Ferguson for Chairperson. Bev Ferguson was elected Chairperson.

#### **RE: Vice Chairperson**

√ Motion made by Jimmy Burke and second by Pat Compton to nominate Nancy Kratky for Vice Chairperson.

Motion made by Scot Ford and second by Dwain Fowler to close the nominations for Vice Chairperson. Vote was unanimous in favor of Nancy Kratky for Vice Chairperson. Nancy Kratky was elected Vice Chairperson.

#### **RE: Secretary**

√ Motion made by Beth Baxter and Second by Darlene Richards to nominate Jimmy Burke for Secretary.

Motion made by Mary Wells and second by Darlene Richards to close the nominations for Secretary. Vote was unanimous in favor of Jimmy Burke for Secretary. Jimmy Burke was elected Secretary.

### ● **Region III Report – Beth Baxter (Attachment F)**

Informational sheets were provided to committee members. The information included the Region 3 Behavioral Health Advisory Committee, their Regional Governing Board. The Behavioral Health Advisory Committee consists of 20 members, 13 are consumers and family members (Mary Wells and Dwain Fowler are members). The BHAC developed goals and priorities, which are listed on the informational sheets. The Region 3 - BHAC met October 24, 2006 and information captured at that meeting was also included.

A power point presentation and information sheets covered the history of Region 3, goals they have set, services delivery and funding information.

#### Comments and questions

- How many agencies does Region 3 contract with? 15 different agencies
- Regarding Housing – How are people aware of housing availability? – An assigned coordinator does a lot of outreach activities, meets with provides, attends meetings such as NAMI and MHA and goes to the club houses.
- Are there challenges in Region 3? Yes there are challenges of access to care, access to medication, transportation, cultural competency/interrupters, housing waiting list is starting to grow.
- Committee asked that the reports include the challenges of each region.
- Power point be mailed to other Regions just as a sample of what/how they may want to present.
- Suggest one region be invited to present at a meeting until all 6 regions have made presentations

- Beth will discuss/ask Regional Administrators at the incoming Network Management Meeting for a volunteer to make a presentation at the next Mental Health Advisory meeting.

- **By-Laws Revisions**

Division staff agreed to prepare a draft of the by laws using the 12/2004 revision and the following be added:

- Need to track attendance – get more organized and decide how to keep members accountable by telephone call and/or letters. Attendance limit number of excused absences, set number of excuses allowed.
- Attendance – attending more that 80% of meetings (example; 3 consecutive misses as reason to request dismissal)
- Discuss/development of a system to provide orientation to new committee members and bring back to the committee. (Jim, Sue & Bev)

## **VII Public Comment**

Committee requested that a time limit of five minutes be stated on the agenda in the future.

Allen Green – The time limit of five minutes can be very frustrating due to not getting information until the meeting and sit through the meeting and have questions or comments without knowing the subject matter. When will the support employment service definition draft be available to the public and who will be part of the committee process.

Draft out to the 70 we attend the September meeting, the 6 regions and these member by November 17<sup>th</sup>. The video conference is set for November 30, 2006. Jim will attempt to place it on the web page.

MHA has contracted with Region 5 to develop an evidence base practice support employment program in Lancaster County. If the service definition combines traditional employment and evidence base practice supported employment. MHA is in the process of finalizing the capacity development plan but if there is a change will MHA have to reapply for capacity development plan? Jim Harvey stated, based on the TEP part, MHA will not be eligible since MHA is not a certified club house and everything else in the definition is right out of the evidence base practice.

Suggests mental illness be included in cultural competency just as rural is included.

John & Rachel Pinkerton – Private housing providers in three regions. They have housing and day programs in Omaha, Wahoo and North Platte and have their own Psychiatrist. MHA and NAMI rely on HHSS for funding but Mr. Pinkerton feels that if MHA and NAMI don't agree with HHSS they could be at risk of losing the funding. He feels it should be mandatory for HHSS not to have a say in the funding. Advocates can not be hired and the six consumer positions statewide should be cancelled. MHA and NAMI are much better advocates than any HHSS employee will ever be. They state they are very informed regarding HHSS. They feel strongly to get rid of all the regions except region 3. Region 3 does the best job and is the best representative a cross section of the state. Good idea is to have public comment at the beginning of the meeting

J. Rock Johnson – As a allegiance this committee should start each meeting with the what is being done to fulfill responsibility and at the end what has been done and how are we promoting. The responsibility are in state statues for the committee; Federal responsibility to review the Mental Health Block grant and make recommendations, serve as an advocate for adults with serious mental illness and for children with severe emotional disturbance and others with mental illness and monitor, review and evaluate not less that once a year the allocation and adequacy of mental health services within the state. Suggest that each region meet the 3 requirements of the state law. Accommodations are very important to ensure consumer attend, to include evening and weekend meetings. During the tour of Nebraska with Senator Jensen she recalls the folks in region 6 that were in Telecare program, spoke of recovery, such as "I got my life back or my mom got her life".

## **VIII Mental Health Recommendations to BH Division**

- Executive committee plus Alex, Sue and Jim will work a attendance report and the number of excuses and determine the definition of excuses. By-law draft to be presented to committee and next meeting.
- The meeting materials be listed on a separate cover sheet and be tagged as informational or for discussion and coincide with the agenda.
- Recommendation for the future make it a priority to obtain the funding needed to gather data information, to ensure more accurate data of services occurring for completions of table in the MH Grant.
- Prior to adjournment add a process of plus/delta to grade the success of the meeting.
- Recommendation to the Division to supply the committee a speaker regarding information on state wards in the state of Nebraska.
- Recommendation for the future, how to get representative payees for people with mental illness and on SSDI (not a family member to avoid family conflict)
- Is the service definition for support employment going to promulgate it as regulation? The Division has not been promulgating service definitions in regulations for years.

## **IX. Agenda Items for Next Meeting**

- ◆ Draft of By-laws
- ◆ Short meeting review/summary of the meeting at the end of the meeting
- ◆ Report by Cec Brady and Sue Adams on access services for children and identify children 0-5. If services are already being done, share information of what they are.
- ◆ Invite Shinobu Watanabe-Galloway to report on the Regional Center discharge follow up project.
- ◆ Report on cultural competency
- ◆ Region Report – Region 5
- ◆ For future agenda how to get representative payee for people with mental illness (and not be a family member)
- ◆ Government appointments

### **● Next Meeting & Adjournment**

The next meeting is scheduled for Tuesday, February 6, 2007 at the Country Inns and Suites.

Motion made by Dwain Fowler and second by Nancy Kratky to adjourn the meeting.

Vote was unanimously in favor of adjourning the meeting. Meeting adjourned at 4 pm.

Prepared by:

Alexandra Castillo, Staff Assistant I  
Division of Behavioral Health Services  
January 17, 2007.

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Jim Harvey, Quality Improvement Coordinator  
Division of Behavioral Health Services