

AGENDA
COMMUNITY MENTAL HEALTH CENTER TASK FORCE
THURSDAY, JUNE 2, 2011
DEVELOPMENT SERVICES CENTER CONFERENCE ROOM
SECOND FLOOR, COUNTY-CITY BUILDING
1:30 P.M.

The purpose of this County Task Force is: “to provide the Lancaster County Board of Commissioners with an effective, sustainable long term plan regarding how CMHC services are provided.”

1. Introduction of Committee Members
2. Initial Committee Discussion
 - a. Purpose
 - b. Process
 - c. Timeline
3. Future Meeting Dates

CMHC Task Force Meeting #1

Minutes: June 2, 2011

Attendance: Joan Anderson, LCMS; Pat Talbot, MHA-NE; Dean Settle, CMHC; Travis Parker, CMHC; Lori Seibel, CHE; Kerry Eagan, County Board; C.J. Johnson, Region V Systems; Deb Shoemaker, People's Health Center; and Kit Boesch, Human Services.

The meeting was called to order by Kerry Eagan, County Board Administrator. He thanked everyone for being willing to serve. Following introductions, Kerry said he would send out a contact list to everyone on this task force. A general open discussion period followed.

Open Discussion:

Dean handed out and reviewed two pieces of basic information he felt were important. Sheet #1 reviewed summaries of CMHC programs and client demographics for 2010-2011. Sheet #2 was a rough budget, by program, indicating a projected revenue of \$9,390,009 (2011-2012); an anticipated expense of \$9,389,968 (2011-2012); and the County subsidy of \$2.1 million. Travis shared that these were general figures and projections. He could prepare a more detailed budget if necessary. Discussion followed.

- ❖ This year CMCH is serving approximately 100 clients per month, an increase of 30-40 from the year before.
- ❖ The fiscal note for 2010-2011 has already been cut by \$1 million.
- ❖ Staff confirmed that the \$2 million from the County had not been confirmed.
- ❖ Travis explained programs under 0051 and 0058 are mandated by statute. The County could save \$1.2 million if they do not operate CMHC, but retain the Crisis Center.
- ❖ Dean said the County has never paid General Assistance expenses to CMHC in the area of behavioral health.
- ❖ In the budget sheet, numbers not in parenthesis indicate a surplus for the program.

Dean expressed concerns he has, that the County Board has two foci. One is to try to reduce costs for the County. The other is to get rid of County employees to reduce that cost. This is not always in the best interest of the patient. For example, the County could contract out services for the Crisis Center, but if you don't have a staff dedicated to moving people through the system, instead of sitting there, your system will back up and not enough people will be able to be served. C.J. concurred. Dean noted 82% of all EPC's come through Lancaster County. The State puts in \$3 for every County \$1, so it is a good investment. C.J. wasn't sure what the first step would be in contracting out essential services, going to the State first or taking bids. Deb asked to see the statute for 0051 and 0058. Kerry said he will email to the statutes.

C.J. pointed out the importance of this task force making new strong recommendations to the County Board. If we are going to actually integrate behavioral health, for example, into People's Health Center, we should be seeking federal financial assistance.

C.J. asked Deb if CMHC clients could integrate into People's Health Center (PHC)? What would make sense to transfer? How many more could they serve without over stepping the Institute for Mental Diseases (IMD) regulations? Lori asked, being a federally funded center, who are they allowed to serve? What is the extent of the services within their current scope and what could they do with additional federal approval.

Deb said they would need space and money. Currently, the Health Resources and Services Administration (HRSA) requires them to serve 38% uninsured. They are at 51%, a big red flag! They are currently doing some integration pieces. HRSA will say integration must help a patient provide better health outcomes. There is a fine line between that and becoming a treatment center. Dean said most of the clients they serve are those exhibiting persistent mental illness. This is psychiatric – not treatment. Deb said, HRSA regulations would need to be examined closer. It is also why she would like to review the actual statute for services 0051 and 0058.

C.J. and Travis both would like to see some type of comprehensive partnership – even under the same roof – keeping as much as possible together. It would provide better integration.

Joan admitted she really needs to better understanding of the programs. Others agreed. Perhaps an on-site visit would be a good idea. Kerry said this was a good segway to stopping “general discussion” and actually talking about the process we would like to pursue.

June 30, 2011, their jail diversion program moves to Community Corrections. There is also a working relationship between the CMHC, Bryan LGH West and Cornhusker Place for Emergency Protective Custody (EPC). Lori asked, where do hospitals come into our discussions? Travis said, while they are a partner, they are a very reluctant one.

Deb asked if there were other models we could examine in the process. Maybe Omaha has a very good behavioral health system. San Antonio has a good integration program for their emergency system (although it is State mandated).

Lori said, we can't just look at primary care like PHC. When it gets full, now it just flows over to other locations who then also want more money to do the same thing. Where would we be without a prescription medication program that Joan runs? We need to look at how Lancaster County can increase its capacity, not just save money.

Community Health Endowment has been concerned about this issue of increased capacity and is bringing in a consultant June 16th. Pat Terrell, president of the Health Management Association, will be visiting. HMA also deals with issues of integration.

Two other models mentioned were Springfield, Missouri, and the Chercei Health System in Tennessee. Lori said we need to look at examples illustrating services that are together, as well as separately. Due to Federal Health Reform coming soon, we better examine it now rather than later or the State may decide for us.

Dean added that seeing a larger picture is important. If the County Board doesn't support JBC; it weakens everything. Working with nonprofits is cheaper, but there are issues of great liability; for example, with the sex offender program.

Pat agreed. She said, consumers are scared. If the changes are not smooth, they will lead to more problems. Community solutions need to be supported by frontline people.

Dean suggested there should be a point person identified with this committee who is publically available. Professional ethics would require proper notification in writing for changes in a therapist. Lori said, it would be interesting to know the original impetus for the CMHC.

Does the City support it as well? What is its history? Kerry called the group back to focus on developing a purpose statement. Discussion followed.

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The Process:

Step 1: To educate the committee on CMHC.

- A. Profile of CMHC (history, clients, budget, staffing, and programs).
- B. Travis recommended a tour of CMHC and meetings with clients and staff. Speaking to the management team of 9 people would be helpful.
- C. Review a more detailed budget that includes number of clients served, as well as the cost.
- D. Discuss current collaborations/partnerships, including the regional nature of CMHC.

Step 2: Examine other models and hear from neutral consultants regarding successful integration in other communities.

- A. Pat Terrell, HMA in Chicago is here June 16, 2011 at 2:00 p.m., at the Health Department, room to be determined. We are invited.
- B. Travis suggested we think of CMHC components such as:
 - 1. Crisis Center
 - 2. Services not at CMHC
 - 3. CMHC services on-site

Next Meeting: Kit will “doodle” calendar options for the next 2 weeks. The group agreed on one block of time between now and June 16th, so we are more prepared. Perhaps 2 hour blocks of time after that.

Pat asked how long current funding was available from the County. Answer: One year; July 1, 2011 through June 30, 2012. Lori said, her guest consultant, Pat Terrell, said good long range planning can probably be done, start to finish, in 4 months. Dean cautioned the task force on making hasty decisions. It was also noted that all our meetings are open and we will follow the public meeting laws.

Respectfully Submitted,
Kit Boesch, Human Services Administrator