



**MEETING NOTICE**  
**COMMUNITY MENTAL HEALTH CENTER**  
**PLANNING COMMITTEE**  
**WEDNESDAY, JULY 13, 2011**  
**8:00 - 11:00 AM**  
**COUNTY – CITY BUILDING – 555 S 10<sup>TH</sup> ST**  
**ROOM 107**  
**(Human Services Conference Room)**

**AGENDA**

1. Approval of Minutes for June 15, 2011
2. Reports
  - a. Number of Out-of-County Clients
  - b. Indirect Costs
  - c. Consultant Update (Health Management Association)
  - d. General Assistance
3. Peoples Health Center Overview - Deb Shoemaker, Executive Director Peoples Health Center
4. Other Community Mental Health Service Models - Dean Settle, Community Mental Health Center Director
5. Future Meetings

**MINUTES**  
**COMMUNITY MENTAL HEALTH CENTER (CMHC) PLANNING COMMITTEE**  
**WEDNESDAY, JULY 13, 2011**  
**COUNTY-CITY BUILDING, 555 SOUTH 10<sup>TH</sup> STREET**  
**HUMAN SERVICES CONFERENCE ROOM**  
**8:00 A.M.**

Present: Dean Settle, Community Mental Health Center (CMHC) Director; Travis Parker, CMHC Deputy Director; Pat Talbott, Mental Health Association (MHA); C. J. Johnson, Administrator, Region V Systems; Joan Anderson, Executive Director, Lancaster County Medical Society (LCMS); Deb Shoemaker, Executive Director, People's Health Center (PHC); Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE); Kerry Eagan, County Chief Administrative Officer (ex-officio); and Kit Boesch, Human Services Administrator (ex-officio).

Also Present: Gary Chalupa, Veterans Service Officer/General Assistance Director; Topher Hansen, Director, CenterPointe, Inc.; and Ann Taylor, County Clerk's Office.

Eagan called the meeting to order at 8:17 a.m.

**AGENDA ITEM**

**1 APPROVAL OF MINUTES FOR THE JUNE 15, 2011 MEETING**

**MOTION:** Talbott moved and Settle seconded approval of the minutes. Settle, Parker, Talbott, Johnson, Anderson, Shoemaker and Seibel voted aye. Motion carried 7-0.

**2 REPORTS**

A. Number of Out-of-County Clients

Settle said 99% of out-patient services are for Lancaster County residents. He said the only exception is clients that are moving out-of-county and the doctor or advanced practitioner registered nurse (APRN) will continue to serve as their prescriber until they receive notice the client has affiliated with a new physician. Settle was asked about individuals who are in correctional facilities or Lincoln Regional Center (LRC). He said studies show there are a disproportionate number of individuals served who are from correctional facilities or LRC that came from other counties.

Johnson said Region V just received data related to that issue and will give a report at a future meeting.

Eagan noted there is a charge back to the county of residence for General Assistance (GA) clients.

Johnson said an argument could be made that the State allocation should be increased because of the discharge ratio.

Settle said a study done four years ago showed that 40% of the sex offenders that received services from CMHC were from other counties. He said those individuals established residency in Lancaster County after discharge because they couldn't find services in their home county.

#### B. Indirect Costs

Copies of the following document were disseminated: Lancaster County, Nebraska; Central Services Cost Allocation Plan Based on Year Ended June 30, 2010; Allocated Costs by Department (Exhibit A). Settle said the County's indirect costs for CMHC are 3%. Overall indirect costs for CMHC are 9%. He said county, state and federal funding serve as CMHC's funding streams. Parker noted the County's share (property tax) decreased from \$2,700,000 to approximately \$2,400,000 last fiscal year. Settle said CMHC has an incomplete infrastructure without the County which is an important element to consider when considering transfer of services.

Eagan inquired about client fees. Parker estimated CMHC collects \$400,000 from sliding fees. Settle added that collections decrease at a rate of 10% each year.

Anderson asked whether there is financial screening to see whether clients qualify for GA. Travis said they lack the resources to do so. Anderson suggested that CMHC refer their patients to the Health Hub, a program through the Center for People in Need that connects uninsured patients with health care and other assistance. She said it may increase costs for GA but will help get those individuals on Medicaid.

#### C. Consultant Update

Seibel said the Community Health Endowment (CHE) is in contract negotiations with Health Management Associates (HMA) of Chicago, Illinois to study a broad integration of physical and mental health services. She said the consultant will provide an assessment and specific recommendations regarding the structure, location, funding and governance of public mental health services, including the scope and financing of integrated primary care and behavioral health services. The consultant is also asked to provide specific recommendations for securing federal health care reform funding, with or without the support of the State of Nebraska, and the additional Medicaid funding for both medical and behavioral health. Eagan noted the County has agreed to contribute \$5,000 towards the project.

#### D. General Assistance (GA)

Gary Chalupa, Veterans Service Officer/General Assistance Director, discussed a three-month "snapshot" of active GA clients that received services at the CMHC (Exhibit B). **NOTE:** This information was also discussed at the June 15<sup>th</sup> meeting. He noted the report covers a lower usage period so it might not provide the "true picture". Chalupa said it may also include some duplication (a client may have been dropped then reapplied for assistance). Shoemaker asked Chalupa whether he has looked at how many unduplicated clients were served in a calendar year. Chalupa said it would be time consuming to do so as it would require manual review of the records.

Anderson asked whether Region V has funds available for medications. Johnson said it has \$100,000 set aside for medication support. Settle said CMHC draws down the largest percentage of those funds. He said those funds can be used as a "bridge" for someone seeking assistance or waiting to get their first prescription. Settle added clients are screened to make sure they are not eligible for assistance through Legislative Bill (LB) 95 funding or any other support before receiving samples or billing Region V.

Seibel asked whether it is possible to determine average cost per contact or client. Chalupa said it would be difficult because there is such a variance in service. Parker said CMHC is not on an electronic system and service delivery and billing are higher priorities for CMHC at this point. Seibel said she believes it would be beneficial to know how many individuals were served within a year. Johnson said capacity, rather than cost per service, is more relevant from a programming standpoint.

Anderson said she feels the Committee has been charged with looking at whether there is a more cost efficient way to provide the services and said she is not sure where to get the necessary information to start drawing conclusions. Johnson felt it is not up to the Committee to determine whether it can be done more efficiently. He said that will be determined through the Request for Proposals (RFP) process. Johnson added that the RFP could "package" GA and mental health services.

Seibel inquired about the impact of federal health reform on behavioral health. Settle said the numbers could double. Seibel suggested the GA guidelines should also be looked at to see if they should be more restrictive.

### **3 OVERVIEW OF PEOPLE'S HEALTH CENTER (PHC) - Deb Shoemaker, Executive Director**

Deb Shoemaker, Executive Director, gave a PowerPoint presentation on the People's Health Center (PHC), noting the following (Exhibit C):

- Mission
- History
- Funding sources

- Staffing and services
- Patient statistics
- Behavioral Health Integration (BHI) Project

**4 OTHER COMMUNITY MENTAL HEALTH SERVICE MODELS** - Dean Settle, Community Mental Health Center (CMHC) Director

Dean Settle, Community Mental Health Center (CMHC) Director, said most community mental health centers include services to children and families. He said this community met that requirement through the Child Guidance Center. Settle said other models include:

- Co-occurring (substance abuse treatment)
- Integrated care
- Cooperative linking agreement between a community mental health center and a federally qualified health center (FQHC)
- FQHC adding behavioral health services or a behavioral health center adding FQHC services
- Mental health services offered as an out-patient extension of a community hospital
- State hospital that offers out-patient services
- Community mental health center or a not-for-profit organization hires staff and places them into primary care settings

**5 FUTURE MEETINGS**

The next meeting will be held August 10<sup>th</sup> at 8:15 a.m. Future topics will include:

- Out-of-county clients
- GA report
- Other models
- Region V funded providers
- Proposed pilot program to track costs for ten (10) GA consumers
- "Safety net" service
- Consultant (HMA) update
- Time line for Committee recommendations

**6 ADJOURNMENT**

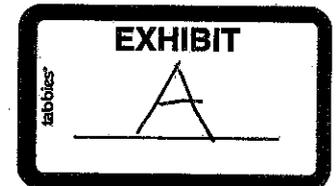
There being no further business, the meeting was adjourned at 11:06 a.m.

Submitted by Ann Taylor, County Clerk's Office.



**Lancaster County, Nebraska**  
**Central Services Cost Allocation Plan**  
**Based on Year Ended June 30, 2010**  
**Allocated Costs By Department**

Central Service Departments	CMHC	Weed Control	Civil Defense	City of Lincoln	Health	Detention Center	District Court
Building Use Charge	0	0	7,190	781,404	0	0	0
Equipment Use Charge	46,332	7,542	53,122	0	0	0	0
Insurance	21,848	377	667	0	0	0	0
General Government	67,063	3,268	2,264	2,531	279	0	856
Public Building Commission	0	0	5,960	647,661	0	0	0
Data Processing	2,411	92	41	0	0	0	0
Records Management	0	5,915	0	129,428	0	10,268	0
County Administration	15,132	576	256	0	0	0	0
Budget and Finance	7,074	4,501	6,431	0	1,608	0	0
County Clerk	61,686	5,911	3,182	0	1,101	0	0
County Treasurer	114,197	8,900	356	0	0	0	0
County Sheriff	0	0	0	0	0	0	0
County Attorney	45,010	3,215	0	0	19,290	0	0
Property Mgmt	13,250	0	0	0	0	0	0
District Court Administration	0	0	0	0	0	0	489,267
Clerk District Court	0	0	0	0	0	0	0
<b>Total Allocated</b>	<b>394,003</b>	<b>40,297</b>	<b>79,469</b>	<b>1,561,024</b>	<b>22,278</b>	<b>10,268</b>	<b>490,123</b>
Roll Forward	0	0	0	0	0	0	0
<b>Cost With Roll Forward</b>	<b>394,003</b>	<b>40,297</b>	<b>79,469</b>	<b>1,561,024</b>	<b>22,278</b>	<b>10,268</b>	<b>490,123</b>
Adjustments	0	0	0	0	0	0	0
<b>Proposed Costs</b>	<b>394,003</b>	<b>40,297</b>	<b>79,469</b>	<b>1,561,024</b>	<b>22,278</b>	<b>10,268</b>	<b>490,123</b>



General Assistance Services through CMHCLC

The following information covers a three month snapshot of active GA clients at CMHCLC (March- May). The information is broken out into categories of service and the amounts of time or units produced in each category. Costs were calculated using the current Medicaid rate for this service. As noted in the comments, there are no administrative costs factored into this data at this time.

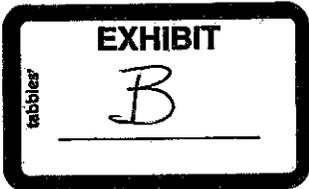
Total Active GA Clients this snapshot: **268**

Total Active GA Clients utilizing CMHCLC: **75 / 28%**

Of those active at CMHCLC, the following services were provided in the last three months:

**Services Provided:**

Nursing:.....146 Contacts  
 Psychiatry:.....122 Contacts  
 Pharmacological Management.....25 Contacts  
 Diagnostic Interview Clinician: .....22 Contacts  
 Pre-Treatment Assessment.....48 Contacts  
 Individual Therapy PHP: .....11 Partial Hospitalization Days  
 Groups:.....134 Groups  
 Community Support:.....215 Hours



**Billable Costs:**

Nursing* .....	\$ 2,427.00
Psychiatry Diagnostic .....	\$ 3,250.00
Med Mgmt .....	\$ 5,140.00
Clinician PTA .....	\$ 4,070.00
Ind. Tx.....	\$ 4,176.00
PHP/Groups .....	\$ 4,553.00
Comm. Support.....	\$ 17,240.00
Total Quarter Cost.....	\$ 40,853.00
Projected Annual.....	\$ 163,424.00
PAP contract .....	\$ 13,800.00
<b>Total: .....</b>	<b>\$ 177,224.00</b>

**Non-Billable Costs:**

Appointment desk, clerical, billing, medical records, additional nursing .....	\$ 90,000
Medications.....	\$ 350,000
Administrative costs.....	\$ 26,722
<b>Grand Total:.....</b>	<b>\$ 643,946</b>

\*Nursing costs were calculated by figuring actually cost based on salary. Medical support services are not billable to a third party but are a necessary part of dealing with the GA population.

**Definition of Services:**

**Nursing:** Includes medication education, injections, setting up medisets and some applications for medications (RegionV).

**It is important to note that the actual use of nursing time is much larger than the above numbers indicate, however, this time is not tracked. Thus it is nearly impossible to assign a cost specific to GA clients.** The following is a listing of additional services provided by the nurses: refill requests, pharmacy calls, provision of samples, medication documentation, assistance to doctors with vitals, etc, weights, drug screens, LB95 paperwork and

tracking, enter scripts in data bank, process LB95 meds, nutrition and wellness information, referrals to specialists and other providers, triage by phone, handling walk-ins, etc.

**Psychiatry:** Typically our prescriber's bill for Diagnostic Interviews and/or Pharmacological Management (we call it med management). The Diagnostic Interview is required by Medicaid at the onset of services and annually thereafter. Pharmacological Management is the ongoing services to manage and evaluate medication effectiveness.

**Clinician:** These are typically Master's Level Clinicians, although they can be PhD as well. Clinicians complete the Pretreatment Assessment (PTA) which is also required by Medicaid and Accreditation bodies prior to the onset of treatment. Clinicians also provide individual, marital, and family therapy as specified by the treatment plan.

**PHP/Groups:** CMHCLC's Partial Hospitalization Program offers full-time, part-time or outpatient level of therapeutic groups to assist in stabilizing symptoms and as an alternative to inpatient care. These groups are usually run by licensed clinicians.

**Community Support:** This is a group of supportive and rehabilitative services geared to assist mentally ill adults in developing independent community functioning.

In reference to the above, the Community Support services include typical Community Support, Jail Diversion as well as the services of Homeless/Special Needs staff. Some of these services may be reimbursable through MRO funding if the individual served fits in the appropriate diagnostic category. Referral to Community Support as well as other services listed above is determined by the PTA and the treating prescriber. The importance of this service can be seen in its ability to improve consumer compliance, assist with documentation needed for Social Security Applications and providing Outreach for this often difficult to treat population.

**Additional things to consider:**

- These figures do ~~not~~ take into account any type of overhead costs.
- Nursing costs do not reflect the entirety of what they do for the GA consumer. More time would be needed to accurately price out that service.
- Clerical Support staff time for fielding phone calls, medical records, typing notes and assessments are necessary but not included in this cost estimate.
- Does not take into consideration the coordination time needed to communicate with GA, LLCHD, and Wagey Drug about ongoing consumer care.
- When looking at this data, it points to a higher acuity level with this population. **40%** of the current GA consumers have been EPC'd or in the Crisis Center at some point.
- Providers, i.e. GA, medical providers (LLCHD), psychiatric (CMHCLC), and pharmacy (Wagey) need to be able to communicate on a regular basis. There are always situations that need to be dealt with.
- **This data does not reflect the cost savings of using sample medication. It may be difficult to find a private provider able and willing to advocate for the amounts of sample medication that CMHCLC is able to provide.**
- Just a reminder that for each GA consumer receiving services at CMHCLC, a PTA and Diagnostic Interview will be mandatory. The combined Medicaid rate for these two evaluations is \$350.00. If these are not done, or not done completely, it will be impossible to recoup Medicaid costs when the client becomes eligible.
- This population has a high no show rate. Potential costs for that with an independent contractor would have to be factored in.
- Please do not underestimate the value of PHP in avoiding hospitalizations. It saves the County and GA serious dollars.



## Mission Statement

**To provide affordable, comprehensive, accessible, culturally appropriate, cost effective primary health care. We serve people in the Lincoln area, especially those individuals and families with limited resources or other barriers to health care to improve their overall health status.**

# What is a “Federally Qualified Health Center?”

- ▶ Receives Public Health Service (PHS) Act Section 330 funds
- ▶ Serves medically underserved areas (MUA) or a medically underserved population (MUP)
- ▶ An integral part of the nation’s health delivery system – providing cost effective, community oriented, comprehensive primary health care services
- ▶ Only health care system controlled in partnership with patients – governed by a board with a patient majority

## Continued...

- ▶ Physically located in federally designated MUA
- ▶ Non-profit, or public tax exempt status
- ▶ Provide services to all, regardless of ability to pay
- ▶ FQHC schedule of discounts (sliding fee) based on the patient's ability to pay

# Advantages for an FQHC

- ▶ Enhanced reimbursement for Medicaid patients
  - ▶ \$137 vs. \$75
  - ▶ Off sets cost of providing care for uninsured patients, including health education and interpretation
- ▶ Public Health Service drug pricing program (340B)
- ▶ Federal & local grant funding opportunities
- ▶ Medical malpractice liability protection through the Federal Torts Claim Act (FTCA)

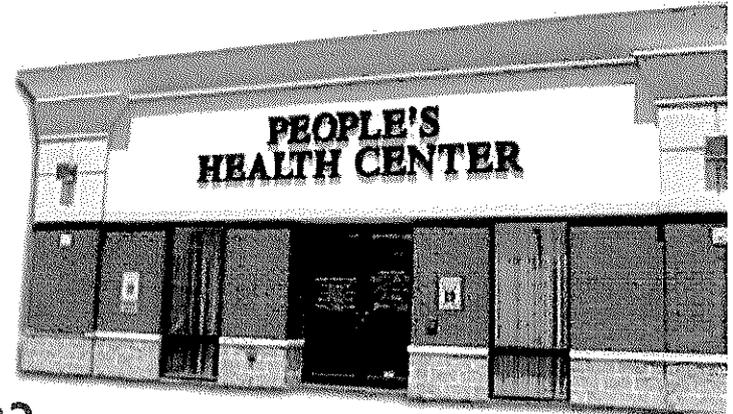
# People's Health Center Beginnings...

## ▶ 2003

- ▶ Approved as a FQHC
- ▶ Opened doors on September 30, 2003
- ▶ Original building was 6,800 square feet
- ▶ Initial staff of 16 providing medical and dental services
- ▶ Over 3,200 patient encounters in first three months

## ▶ 2005

- ▶ Construction completed on 8,300 square foot addition



# People's Health Center Today...

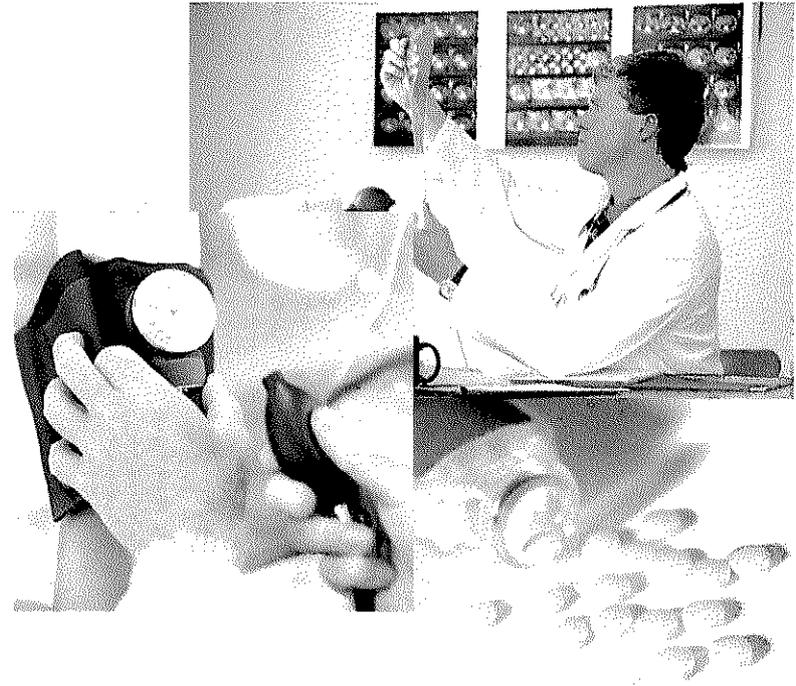
## ▶ 2011

- ▶ Staff of over 56
- ▶ 15,100 square feet of space
- ▶ 22 medical exam rooms
- ▶ 8 dental rooms
- ▶ X-ray suite
- ▶ Health education room
- ▶ Lab for blood draws
  - Simple Tests
- ▶ Case management offices



# PHC Services

- ▶ Medical
- ▶ Dental
- ▶ X-ray
- ▶ Lab
- ▶ Pre and post natal care
- ▶ Diabetic and health education
- ▶ Case management
- ▶ Health360:Project Access/Medication Assistance Program
- ▶ Behavioral health services
- ▶ Interpretation services
- ▶ Pharmacy
- ▶ Volunteer specialty physicians
- ▶ Contract for nurse midwife and pediatrician services



# Behavioral Health Integration Project (BHI Project)

- ▶ Funders: Region V Systems and Community Health Endowment
- ▶ BH Partners: Community Mental Health Center  
Houses of Hope  
Cornhusker Place  
CenterPointe  
St. Monica's  
Touchstone  
BryanLGH West

## Purpose:

- ▶ To establish and provide integrated primary and behavioral health services at People's Health Center. Many consumers currently being served by behavioral health care providers in the Region V Systems' network are unable to access primary care. This program will establish PHC as their medical home for primary care. In addition, patients at PHC for primary care will be able to access behavioral health care at the clinic or be referred to other community providers.

## BHI Program Goals

- ▶ Expand the capacity of PHC in order to provide quality primary care to behavioral health consumers who do not have access to a medical home.
- ▶ Create the capacity to deliver quality behavioral health care to primary care patients at PHC.

Accomplishing these goals should reduce utilization of crisis and acute care beds in Region V Systems, reduce the number of inappropriate Emergency Department visits and improve retention of consumers in substance abuse treatment programs.

# BHI Implementation Phases

## ▶ Phase I:

- ▶ “Fast Track” medical appointments for the seven BH partners – 5 per week per provider
  - ▶ Quarterly Report: April through June, 2011
  - ▶ # of appointments scheduled – 246
  - ▶ percentage of no-shows – 23%
  - ▶ # of kept appointments – 189, includes 57 new patients
  - ▶ Payer Source – No insurance – 139 patients (74%)
    - Medicaid – 40 patients (21%)
    - Private insurance – 7 patients (4%)
    - EWM – 3 patients (1%)

# (BHI Project – continued)

## ▶ Phase II

### ▶ Hire a BH Therapist (MSW and/or LMHP)

- ▶ Contract with CenterPointe

- ▶ Short-term resolution model

- ▶ 70/30

- ▶ Depression, anxiety related issues

- ▶ Pain management contracts

- ▶ No show contracts

- ▶ Billing Issues

- Cannot same-day bill for medical and behavioral health visits

- 96000 Series CPT codes are not accepted in NE (Health and Behavioral Assessment and Intervention Codes)

- Do not receive an enhanced reimbursement rate for BH visits/encounters.

- Sliding fee scale for the uninsured

## (BHI Project – Continued)

### ▶ Phase III

- ▶ Contract for a part-time Psychiatrist – 8 hours/week
- ▶ Contract for a part-time Nurse <sup>Psychiatric</sup> Practitioner – 15 hours/week
- ▶ Shared time among the partners

# PHC Staffing

## ▶ Current Staffing & Capacity

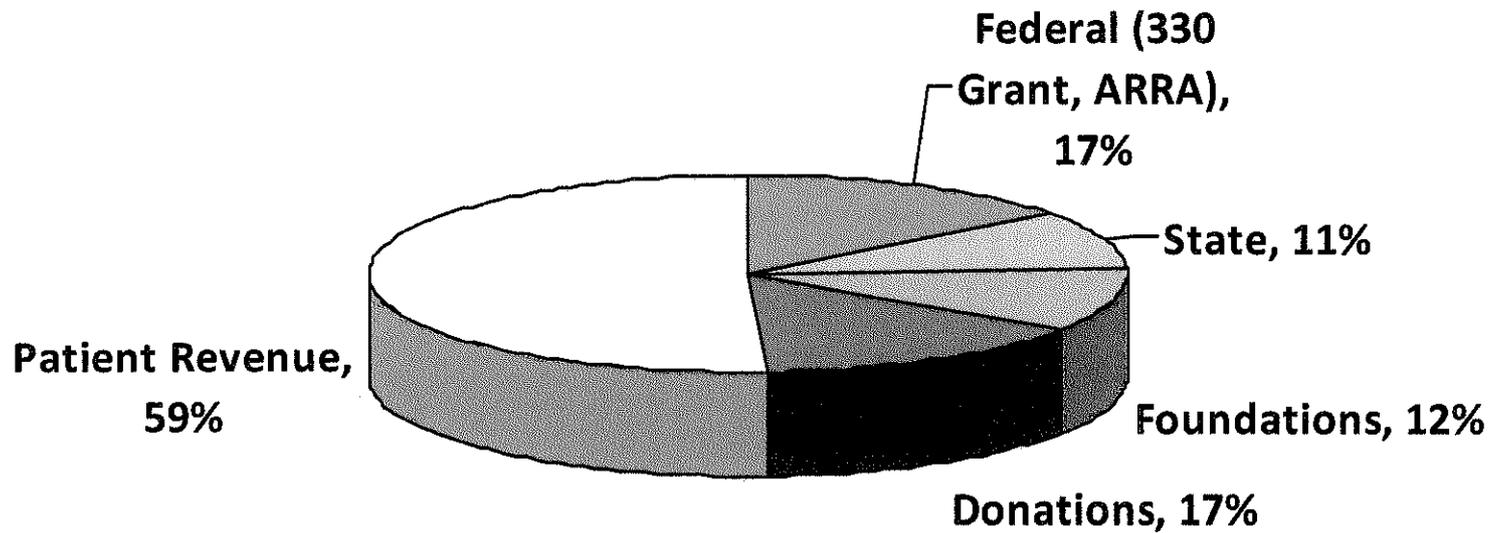
- ▶ 7 Medical Providers = 3 physicians, 3 nurse practitioners, 1 PA
- ▶ Contract with 2 pediatricians and 3 nurse midwives
- ▶ 6 volunteer part-time specialists
- ▶ Current Capacity = 29,476 medical patient visits/yr  
8,388 dental patient visits/yr  
452 mental health visits/yr  
4,998 support service visits/yr  
43,314 total visits in 2010  
2010 – 11,137 patients



# PHC Patients

- ▶ New, uninsured patient wait-time = 6-8 weeks
- ▶ Established patient wait-time = same day or next day
- ▶ Collaborate with other agencies to triage new patients to access appointments
- ▶ “Fast-track” appointments for BH partners – within 2 days

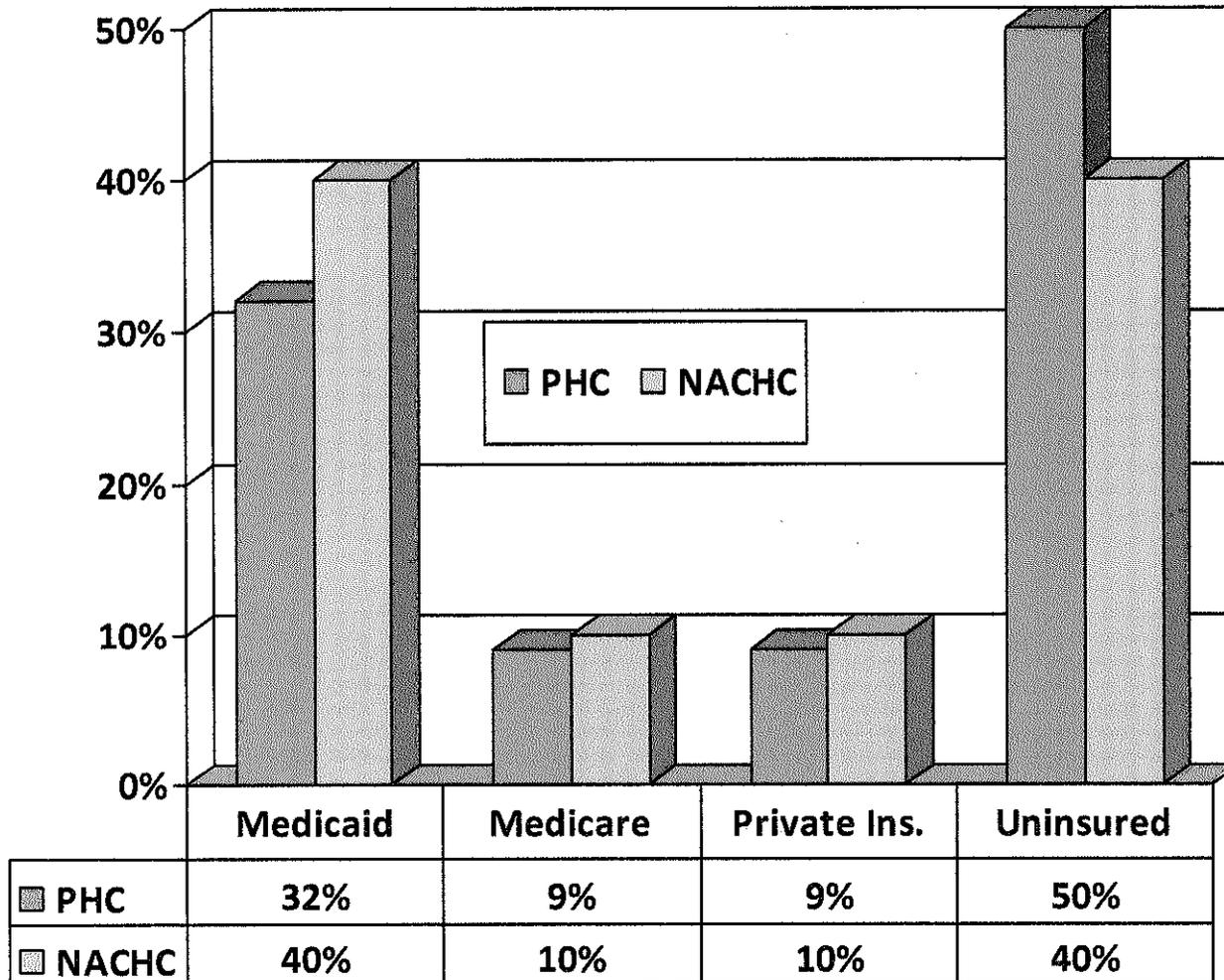
# PHC Funding Sources



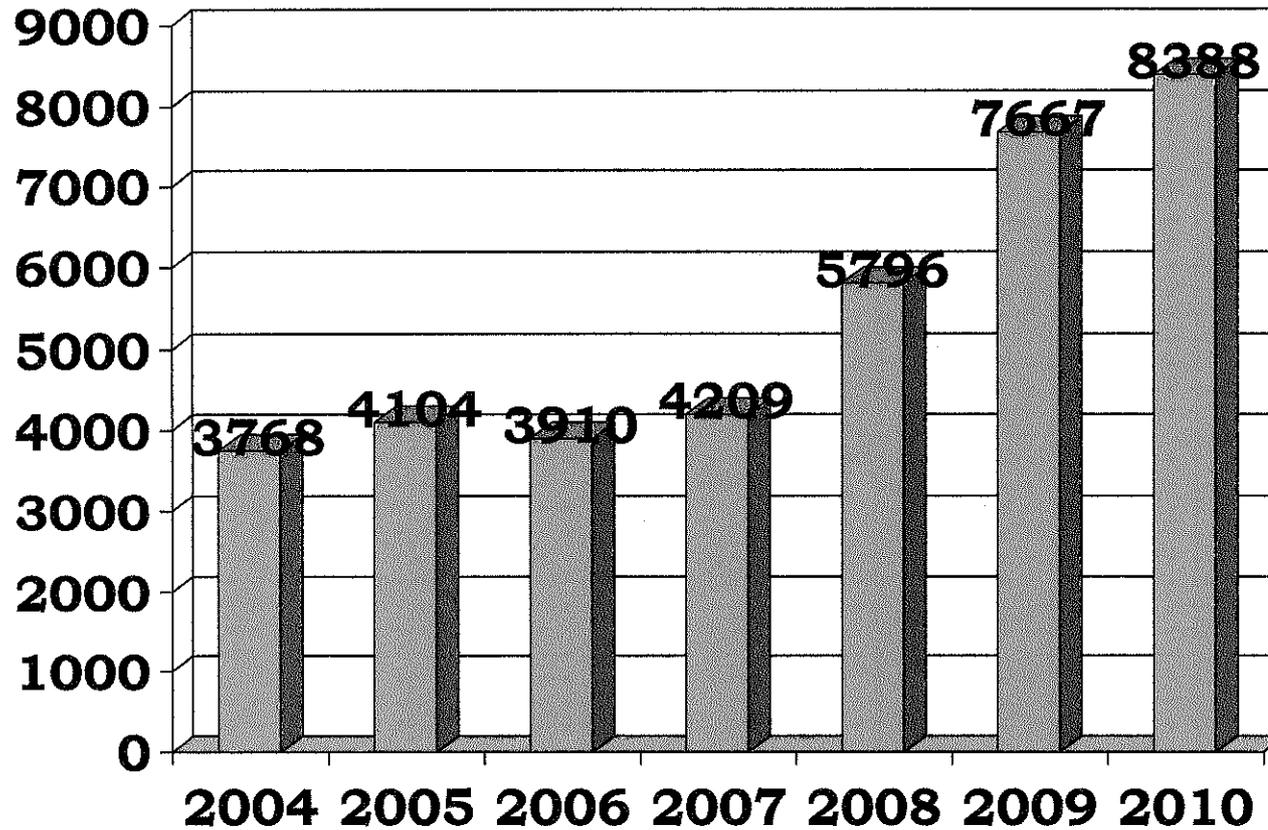
**Revised 2011 Budget: \$5,387,312**



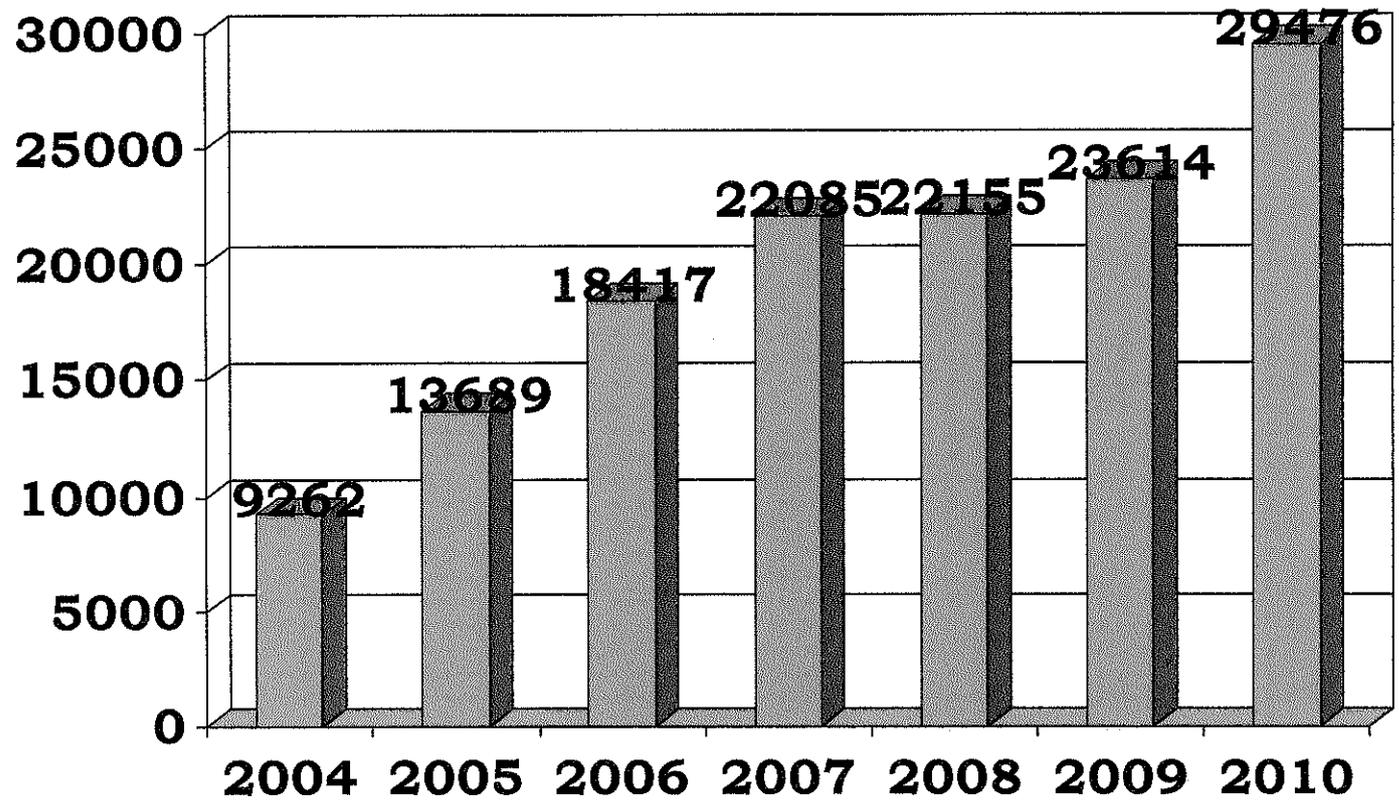
# PHC Payer Mix – PHC vs. National CHCs



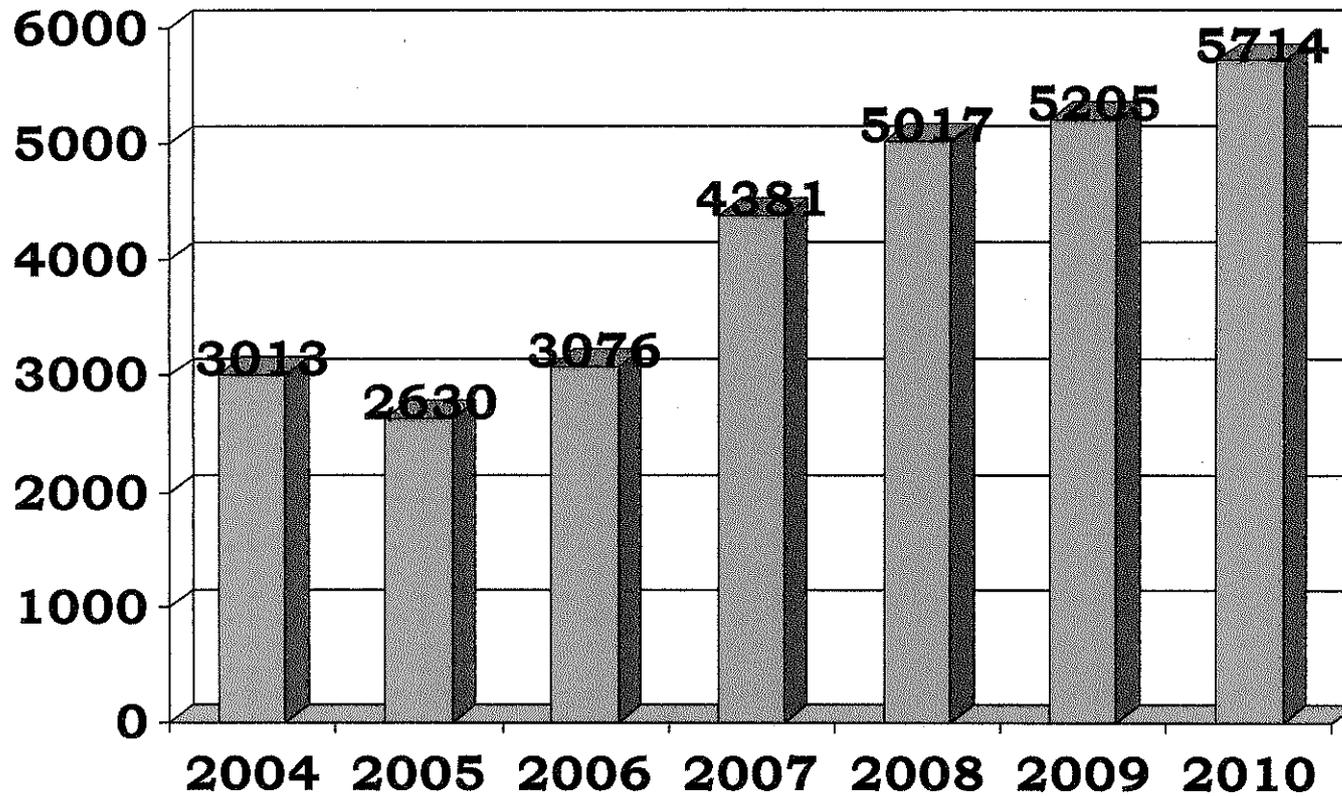
# Dental Patient Visits, 2004-10



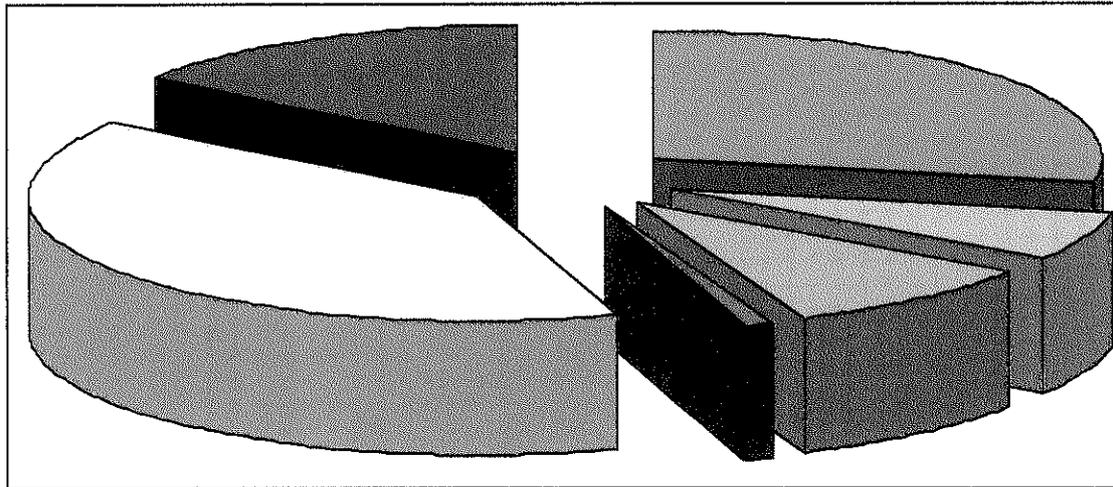
# Medical Patient Visits, 2004-10



# Uninsured Patients, 2004-10



# Patient Race, 2010



- **Hispanic/Latino, 28%**
- **Asian/Pacific Islander, 6.5%**
- **African American, 9.3%**
- **American Indian, 1.3%**
- **White, 39.8%**
- **Unreported, 15.1%**

# Contact Information:

## **People's Health Center**

1021 N 27<sup>th</sup> Street

Lincoln, NE 68503

[www.phclincoln.org](http://www.phclincoln.org)

Monday through Thursday

8:00 a.m. to 7:00 p.m.

Friday

8:00 a.m. to 5:00 p.m.

**Deb Shoemaker**

**Executive Director**

402-476-1640, ext. 1007

[debs@phclincoln.org](mailto:debs@phclincoln.org)