



**MEETING NOTICE**  
**COMMUNITY MENTAL HEALTH CENTER**  
**PLANNING COMMITTEE**  
**WEDNESDAY, SEPTEMBER 7, 2011**  
**8:15 - 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 August 10, 2011
2. Discussion with Health Management Associates
3. Review of CMHC Planning Committee Discussions
3. Residency of Clients
  - a. Not Guilty by Reason of Insanity (NGRI)
  - b. Not Responsible by Reason of Insanity (NRRI)
- 4.. Stake Holder Input
5. Open Discussion (Potential CMHC Models)
6. Timeline for Committee Recommendation

**MINUTES**  
**COMMUNITY MENTAL HEALTH CENTER (CMHC) PLANNING COMMITTEE**  
**WEDNESDAY, SEPTEMBER 7, 2011**  
**COUNTY-CITY BUILDING, 555 SOUTH 10<sup>TH</sup> STREET**  
**ROOM 107 - HUMAN SERVICES CONFERENCE ROOM**  
**8:15 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; 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).

Absent: Joan Anderson, Executive Director, Lancaster County Medical Society (LCMS);

Also Present: Katharine Lyon and Mary Roos, Health Management Associates (HMA); Gail Anderson, Community Mental Health Center (CMHC) Advisory Committee; JRock Johnson and Kathleen Hansen, consumer advocates; and Ann Taylor, County Clerk's Office.

Eagan called the meeting to order at 8:25 a.m.

The following documents were disseminated (Exhibit A & B): 1) Copies of Nebraska Revised Statutes §71-801 to 71-830 (Nebraska Behavioral Health Services Act); and 2) Written comments submitted by Talbott regarding an article titled "Building and Cities as "Green" Designs" that was in the Neighborhood Extra section of the September 3, 2011 Lincoln Journal Star newspaper.

**AGENDA ITEM**

**1 APPROVAL OF MINUTES FOR THE AUGUST 10, 2011 MEETING**

**MOTION:** Seibel moved and Talbott seconded approval of the August 10, 2011 minutes. Johnson, Parker, Seibel, Settle, Shoemaker and Talbott voted aye. Motion carried 6-0.

**2 DISCUSSION WITH HEALTH MANAGEMENT ASSOCIATES**

**NOTE:** The Community Health Endowment (CHE) hired HMA as a consultant to study a broad integration of physical and mental health services.

Kate Lyon and Mary Roos of Health Management Associates (HMA) of Chicago, Illinois, discussed their backgrounds and plans to meet with stakeholders (service providers, government officials, consumers, etc.). Copies of HMA's meeting schedule were disseminated (Exhibit C). Seibel explained to Lyon and Roos that the Committee is

charged with providing the Lancaster County Board with an effective, sustainable long-term plan regarding how CMHC services are provided. Eagan said the Committee has reviewed the history of CMHC, service areas, budget and funding sources. He noted the Crisis Center, which is for emergency protective custody (EPC), is the only mental health service the County is mandated by state statutes to provide. Primary sources of funding at this time are Medicaid, state funding through Region V and county property tax dollars. Client fees account for a very small percentage of funding. Copies of the CMHC 2010-2011 Annual Report which lists programs and services and provides a breakdown of expenses and revenues were disseminated (Exhibit D). Eagan noted the County budgeted \$2,700,000 of property tax support for CMHC in Fiscal Year 2010-2011. CMHC made significant changes within the department and to its budget at mid-year and the property tax allotment was reduced to \$2,200,000. This year the budgeted amount is \$800,000 for non-Crisis Center services. He said potential partners going forward are the People's Health Center (PHC), a Federally Qualified Health Center (FQHC), and Region V Systems. Eagan said HMA's report will be another major source of information for the Committee to consider as it looks for other models for providing service.

Lyon briefly discussed her experiences in working with mental health systems in other states, noting the history and politics of an area can impact partnerships and outcomes.

### **3 REVIEW OF CMHC PLANNING COMMITTEE DISCUSSIONS**

Eagan disseminated copies of Community Mental Health Center (CMHC) Planning Committee Discussion Summary (Exhibit E), noting the following issues and concerns have been identified by the Committee:

- Clients from Other Counties
- Indirect Costs
- General Assistance (GA)
- Treatment of Sex Offenders
- Cost to the County of Not Providing Community Mental Health Services
- Funding Concerns
- Service Models

### **4 RESIDENCY OF CLIENTS**

#### **A. Not Guilty by Reason of Insanity (NGRI)**

#### **B. Not Responsible by Reason of Insanity (NRRI)**

Settle disseminated information regarding county of origin for NGRI/NRRI clients (Exhibit F), noting some came to CMHC from the Lincoln Regional Center (LRC). He said he believes one of the reasons CMHC was given responsibility for these individuals is because it is a public agency. Eagan said he doubts the County is being reimbursed for those costs. Settle said he will check with Douglas County and Blue Valley Behavioral Health (a private nonprofit organization that provides outpatient behavioral

health services in 15 rural counties in Southeast Nebraska) to see whether they have similar responsibilities.

## **5 STAKEHOLDER INPUT**

Johnson said a motion was made at the last Region V Advisory Committee to encourage the Region V Governing Board to support efforts to get more consumer input into the fate of CMHC and the services. He said he encouraged them to approach the Consumer Coalition to see if they would allocate resources to support that effort.

Seibel suggested the CMHC Planning Committee needs to determine what format is most appropriate, what questions to ask and how to focus that conversation in a way that is most beneficial.

Settle said there needs to be input from the community, such as town hall meetings and focus groups. He said consumers are asking when that will occur and how they can contribute. Settle said a petition written by consumers was made available in CMHC's waiting room CMHC and has hundreds of signatures. He said the petition is addressed to the County Commissioners and states: *We, the clients of the Community Mental Health Center, wish to express our need for the services of this agency. Our health is important to us. Take these concerns seriously. We've worked with the staff here at CMHC for many years. They know our needs. For many of us, coming to CMHC keeps us out of the hospital. And the fact that everything we need is at one address, it is easier for us to get to it. Keep us stable. Case managers are available on an ongoing basis.*

Boesch said she believes it would be beneficial to share information regarding the Committee's process and timeline and the role of the consultant (HMA) with consumers and to have an interactive meeting once the Committee has made its recommendations. G. Anderson asked how the Committee can make recommendations without that input. Talbott said she has been approached by consumers and other interested parties who want to know how they can take a more active role in the process. Parker said he supports the idea of a community forum to share information and see what other ideas are out there. Seibel suggested the Committee go on a "listening tour", similar to the process used when Lincoln General Hospital was sold. Boesch suggested the Committee hold several facilitated meetings with consumer groups in October, providing them with an overview at the beginning. Johnson said the focus should not be on what to do with CMHC, rather what do those individuals receiving support from CMHC need for their overall health (primary and behavioral). He also felt the County Board should give an indication of what financial resources they will provide, noting that will be the basis of other funding decisions. There was consensus to form a subcommittee to develop the community input process. The subcommittee which will be comprised of Boesch, Eagan, Seibel, Parker and Talbott, with input from G. Anderson, J. Johnson and Hansen (consumers), will meet on September 20<sup>th</sup>.

## **6 OPEN DISCUSSION (POTENTIAL CMHC MODELS)**

Talbott reported on a Substance Abuse and Mental Health Services Administration (SAMHSA)-Health Resources and Services Administration (HRSA) webinar she recently participated in that discussed a pilot program to integrate co-occurring capable behavioral health with primary care. It was noted the SAMHSA-HRSA Center for Integrated Health Solutions will be presenting a webinar titled "Brief Behavioral Health Interventions in Primary Care" on September 14, 2011 from 1:00 to 2:00 p.m (see Exhibit G).

Discussion took place regarding potential models, with the following suggestions:

- Contract for professional services (physicians, therapists, and case managers)
- CMHC shares employees or merges with a Federally Qualified Health Center (FQHC)
- CMHC becomes a FQHC
- Partnerships with entities outside domain, such as hospitals
- Privatization
- Telehealth (the delivery of health-related services and information via telecommunications technologies)
- Volunteer-based
- Peer-based

## **7 TIMELINE FOR COMMITTEE RECOMMENDATION**

Consensus was to keep the Committee's timeline parallel to HMA's.

The next meeting will be held on October 12, 2011 at 8:30 a.m.

## **8 ADJOURNMENT**

There being no further business, the meeting was adjourned at 11:09 a.m.

Submitted by Ann Taylor, County Clerk's Office.