



**MEETING NOTICE
COMMUNITY MENTAL HEALTH CENTER
PLANNING COMMITTEE
WEDNESDAY, OCTOBER 12, 2011
8:30 - 11:00 AM
COUNTY – CITY BUILDING – 555 S 10TH ST
ROOM 107
(Human Services Conference Room)**

AGENDA

1. Approval of Minutes for September 7, 2011
2. Residency of Clients
 - a. Not Guilty by Reason of Insanity (NGRI)
 - b. Not Responsible by Reason of Insanity (NRRI)
3. Stakeholder/Client Input Process
4. Service Models
5. Affordable Care Act (ACA) Grant Opportunity for Community Health Centers

MINUTES
COMMUNITY MENTAL HEALTH CENTER (CMHC) PLANNING COMMITTEE
WEDNESDAY, OCTOBER 12, 2011
COUNTY-CITY BUILDING, 555 SOUTH 10TH STREET
ROOM 107 - HUMAN SERVICES CONFERENCE ROOM
8:30 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); Joan Anderson, Executive Director, Lancaster County Medical Society (LCMS); Kerry Eagan, County Chief Administrative Officer (ex-officio); and Kit Boesch, Human Services Administrator (ex-officio).

Also Present: Gail Anderson, Community Mental Health Center (CMHC) Advisory Committee; Kathleen Hansen, consumer advocate; and Ann Taylor, County Clerk's Office.

Eagan called the meeting to order at 8:39 a.m.

AGENDA ITEM

1 APPROVAL OF MINUTES OF THE SEPTEMBER 7, 2011 MEETING

MOTION: Parker moved and Settle seconded approval of the September 7, 2011 minutes. Settle, Parker, Talbott, Johnson, Seibel, Anderson voted aye. Shoemaker was absent from voting. Motion carried 6-0.

2 RESIDENCY OF CLIENTS - A) NOT GUILTY BY REASON OF INSANITY (NGRI); AND B) NOT RESPONSIBLE BY REASON OF INSANITY (NRRI)

Settle said he contacted Douglas County and was told that facility has five NRRI clients. They were either court-ordered placements or individuals that returned to Douglas County following discharge from either the Lincoln or Norfolk Regional Centers. In response to a question from J. Anderson, Parker said CMHC has 15 NNRI clients. Settle said he was told informed that Douglas County tries to avoid involvement with these types of clients and that they primarily utilize the facility for medications.

Seibel and J. Anderson felt it would be beneficial to know how many individuals in Nebraska have one of these "tags" to determine whether CMHC is serving the bulk of that population. Parker explained that funding does not necessarily follow clients with

NRRI status unless they are on Medicaid. He added CMHC may be able to bill Region V if the individual has a serious and persistent mental illness (SPMI) and doesn't qualify for Medicaid. J. Anderson asked the percentage of CMHC clients that are on Medicaid or Medicare versus uninsured. Settle said it is 40% and said the funding stream through Region V is critical because it serves as a safety network. He added that there is huge potential for new clients at CMHC as a result of the Affordable Care Act. Johnson said there could also be more substance abuse issues.

Shoemaker arrived at the meeting at 9:00 a.m.

3 STAKEHOLDER/CLIENT INPUT PROCESS

Boesch gave a report on the subcommittee that was formed to develop a stakeholder/client input process (Exhibit A). She said the subcommittee has recommended proceeding with a "listening tour", focus groups and a town hall meeting to gather input from consumers, parents, family members and guardians, staff, advocacy groups, service providers and the public on potential changes in providing community mental health services. She said Leadership Lincoln has agreed to provide facilitators to assist with those sessions.

Seibel reported on a pilot "listening" session that was held at the Midtown Center, a day rehabilitation program for individuals with severe mental illness at 2966 "O" Street.

A proposed calendar was disseminated (Exhibit B). Revisions were made to the calendar (Exhibit C) and committee members indicated which sessions they will be able to attend (Exhibit D).

Boesch said other suggestions for gathering community input included an on-line survey (Exhibit E) and a telephone message line. The survey will be posted on the County's website and the telephone line set up in the County Board's Office. Settle said accommodations need to be made for individuals who are deaf or hard of hearing such as a text telephone (TTY).

Boesch said the subcommittee also recognized that some CMHC clients do not speak English and has suggested that certain ethnic community resources be utilized to gather that information.

It was noted Talbott has requested \$3,500 from the Consumer Family Coalition to fund translations, small stipends for ethnic survey returns, facilitators from Leadership Lincoln, focus group assistance for families, beverages/snacks and miscellaneous expenses (rent, equipment, etc.).

Seibel expressed concern that the information be compiled in a manner that will be useful to the Committee. Boesch suggested that all notes, survey responses and telephone messages be turned into the subcommittee for filtering.

It was noted the Committee goal is to maintain a timeline parallel to that of HMA (Health Management Associates of Chicago, Illinois), the consultant hired by the Community Health Endowment (CHE) to study a broad integration of physical and mental health services. Seibel said HMA has some interesting ideas for new alliances. She said HMA has also commented on the lack of communication between the County Board and the community on what the Committee is doing and how this process is moving forward. It was noted that minutes of the Committee's meetings are available on the County's website.

4 SERVICE MODELS

Settle noted that CMHC is one of maybe a dozen facilities in the United States that have elected to serve adults (19 and older). He said all of the other models are serving a broader population. J. Anderson said that could be a factor if there is an alliance with an Federal Qualified Health Center (FQHC).

Boesch disseminated information regarding a recent webinar on the Missouri Integration Process (Exhibit F). She said it addressed the issue of integrating mental health centers with FQHC's.

Settle said he also participated in the webinar and said the Crider Center in Wentzville, Missouri, which was the model discussed, has a free-standing mental health center and FQHC. He said it differs from models in Tennessee in which staff are representative of both primary care and behavioral health and there is a single charge for services. Seibel noted same day billing remains an issue in Nebraska and said she believes it should be a legislative priority. Shoemaker said insurance exchanges are another issue that needs to be addressed.

5 AFFORDABLE CARE ACT (ACA) GRANT OPPORTUNITY FOR COMMUNITY HEALTH CENTERS

Item was dropped from the agenda.

Johnson shared information about coordinated care networks (CCN's), which he said "carve out" certain funding sources such as Medicaid and use that to address certain populations. He said it is utilized in Louisiana, in a regional structure. Other states with some form include Michigan, Arizona, South Carolina, North Carolina and Pennsylvania.

6 ADJOURNMENT

There being no further business, the meeting was adjourned at 10:40 a.m.

NOTE: The next meeting will be held on November 9, 2011 at 8:30 a.m.

Submitted by Ann Taylor, County Clerk's Office.