

Mental Health Crisis Center Advisory Board

Meeting Minutes

02/08/2017

12:00pm

PRESENT: Tom Cardwell, Arnold Remington, Tim Kennett, Phil Tegeler, Gary Lorenze, Scott Etherton, Terri Burchess, Gail Anderson.

- I. Announcement of the Open Meetings Act.** Those in attendance were directed to the information posted at the side of the room.
- II. Welcome and call to order at 12:00 pm.**
- III. Approval of January minutes by roll call vote.** All present at 12:05pm unanimously approved minutes as distributed previously.
- IV. Introductions**
- V. Mental Health Crisis Center Current Status**
 - a. Region V Audit – See attachment.**
 - b. 6 Month Statistics -- Inpatient/Outpatient Commitments, placements and post-commitment days. Q&A session followed.**
 - c. Building – Engineers/Contractors continue to address issues with the HVAC system in order to achieve consistent temperatures in client as well as office spaces. Some electronic locking mechanisms have been malfunctioning and these are being addressed.**
- VI. County Board Agenda Items**
 - a. Mid-year Budget -- Retreat held last week. Zero-based budget was discussed. Mention of looking at a break-out of the services each county agency provides and ranking them. More information will be available at a later time.**
 - b. Electronic Health Record – This remains and ongoing process. We continue to look at Credible and Heartland contract will be in front of the Board next Tuesday.**
- VII. Miscellaneous**
 - a. Kansas City Assessment Center – See attachment of remarks.**
 - b. Bryan Health – Looking at compiling data of persons who have been under the care of both facilities to understand how the system is working.**
 - c. Modified 42 CFR – Federal Etoh and Drug Confidentiality Laws -- The Federal Register reports that Department of Health and Human Services has modified the 42 CFR Part 2 confidentiality law surrounding**

release of drug and alcohol records to be more congruent with the times, facilitate the sharing of information, and continue to protect the patient's information. This rule was set to implement on February 17, 2017 but reportedly the newly modified rule is on hold until April 1st, 2017. If you would like to read more about this:

<https://www.samhsa.gov/newsroom/press-announcements/201701131200>

Motion to adjourn by Anderson, seconded by Lorenze. Meeting adjourned at 12:55pm.

DATE OF NEXT MEETING: March 8, 2017 at noon

LOCATION: 825 J Street



REGION V SYSTEMS

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- Adult Behavioral Health Coordination
- Children's Behavioral Health Coordination
- Consumer & Family System Coordination

- Family & Youth Investment (FYI)
- Regional Prevention Coordination
- Rental Assistance Program (RAP)

TO: Scott Etherton, Mental Health Crisis Center

CC: Todd Wiltgen, Chair, Lancaster County Commissioners
Mikayla Johnson, Division of Behavioral Health Services
C.J. Johnson, Regional Program Administrator

FROM: Region V Audit Team

RE: Annual Audit

DATE: February 3, 2017

Region V Systems conducted the Annual Audit of the Mental Health Crisis Center and an audit of Program Fidelity on December 21, 2016. Files were reviewed for the months of August and October, 2016. Your agency's report is enclosed.

Please do not hesitate to contact Amanda Tyerman-Harper, Director of Network Services, (402-441-4354, or atyerman-harper@region5systems.net) with any questions and/or concerns you may have.

Enc. *Audit Summary Report*
Attachment A



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**Audit Summary Report
Mental Health Crisis Center
FY 16-17**

**Audit of Services Purchased - FFS
Months Audited: August and October 2016**

Service	# of Files Reviewed	Total Contracted Units	2 % Sample	# Units Reviewed	# Units Verified	% Units Accounted For
Post Commitment Days	5	460	9.2	38	38	100%

**Audit of Services Purchased-NFFS
Months Audited: August and October 2016**

Emergency Protective Custody	Services are funded on an expense reimbursement (NFFS) basis; however, five files were reviewed for EPC and Crisis Assessment to ensure units of service provision to eligible individuals in these contracted services. No discrepancies were noted.
Crisis Assessment	See Attachment A for NFFS Fiscal Audit findings.

**Audit of Program Fidelity
(required every 3 years)**

- A minimum of three files was reviewed for program fidelity for each program this fiscal year. The provider agency demonstrates substantial compliance to program fidelity in all programs.

Corrections/Recommendations (by program)

Emergency Protective Custody	<p>A note in the file of RB was documented as dictated on 6/23/16 and transcribed on 8/9/16; date of dictation was before client admission, and date of discharge summary being transcribed was before the person served discharged on 8/10/16. The MD progress note on 8/10 and the discharge plan were incongruent. The MD note stated person served was discharging to services with BVBH and the discharge plan documented the person served as discharging to North Platte via bus. Recommendation: Review progress notes to ensure accuracy.</p> <p>In 2/5 records reviewed there were no follow up appointments scheduled as part of the transition / discharge plan; one was discharged to a city in another Region via bus and one was discharged to the City Mission. Recommendation: Ensure adequate follow up / support services are arranged or at minimum that there is documentation that referral information for the recommended follow up services, such as contact name, telephone number, locations, hours, and days of services, were provided to the person served at discharge.</p>
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Crisis Assessment	No recommendations.
Post-Commitment Days	No recommendations.
Audit of Minimum Standards & Contract Requirements	
The Network Provider demonstrates substantial compliance with Minimum Standards and Contract Requirements.	



 Director of Network Services

February 3, 2017

 Date

FY 16-17 FISCAL AUDIT

PROVIDER/MONTHS AUDITED:

MENTAL HEALTH CRISIS CENTER – August and October 2016

Contact Person: Scott Etherton, Director
Jareth Kaup, Office Assistant

NFFS SERVICES:

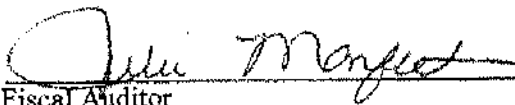
- Crisis Assessment
- Emergency - EPC

FINDINGS:

1. **Crisis Assessment:** Expenses include personnel only. The Crisis Assessment program is billed at 1/12th of the contract as it is not possible to bill for actual expenses because this program is unique and MHCC doesn't have a way to determine actual expenses.
2. **Emergency—EPC:** Expenses include personnel and operating expenses. Payroll is recorded per payroll and MHCC accrues end of month wages based on the number of days remaining in the pay cycle. Verified payroll records with general ledger accounts. Matched timesheets with payroll reports for accuracy. Verified receipts with Region V billing. Reviewed accounts payable entries and verified that appropriate documentation was in place. See Recommendations below.

RECOMMENDATIONS:

The Substance Abuse Evaluation expense should have been deducted from expenses and was not for August (\$1,073) and October (\$1,738). They were to be deducted in December, but Jareth did not do it. These amounts will be deducted from the February 2017 billing and he will go back through all months for this FY to make sure the expenses were deducted. If not, he will adjust those with the February 2017 billing as well.



Fiscal Auditor

February 3, 2017

Date

What stands out for you from this visit?

- **The Kansas City (KC) Center stayed focused on planning without a funding source. They had commitment and persistence to secure funding and buy-in while executing their vision. (4)**
- **KC secured funding for follow-up services, including housing. This is key! (3)**
- **Lincoln has many of these pieces in place today. They are packaged differently in some cases (3)**
- **KC has a very dedicated staff. Judge Locascio was a driving force. However, is the success of the KC model relying too much on the current, highly dedicated staff? (2)**
- **Lincoln is fortunate to have strong relationships/partnerships between LPD, peers, Bryan Health, The Bridge, and the Crisis Center (2).**
- **KC has good collaboration between law enforcement and the courts.**
- **KC has a variety of courts resources.**
- **KC hospitals need to do more, as do Lincoln hospitals.**
- **The KC Center is pleasing, soothing and welcoming.**

What should the next steps be for Lincoln?

- **Convene stakeholders, look for gaps and barriers, and create a Lincoln model. Be sure Region V is at the table. However, let's not meet to just meet! (9)**
- **Look at all sources of funding for Lincoln's services to this population and identify if there is competition or overlapping. Do we have the resources and/or structure already and we just need to "rearrange funding?" (2)**
- **Identify follow-up services that could be piloted to enhance existing services. Collect data to measure impact. Be more visionary about finding the funds for community support that includes housing, treatment, and job placement. (2)**
- **A "Wellness Center" where peers, clients, and providers work together in a facility like the KC Center. Lincoln's Center could be a place where individuals receive medical & recovery services. Clients could stay as long they need to learn the skills necessary to stay well.**
- **Lincoln is leading the way with our partnership between mental health and law enforcement.**
- **A mental health triage for "high utilizers" who use the same services repeatedly.**
- **Problem-solving courts.**
- **Get better data from Bryan Health and CHE/St. E on the true impact of high utilizers with mental health issues so we know our baseline.**
- **Go slow to add more voices to the group.**
- **Lancaster County should fund the therapists at the jail to do proper assessments and evaluations so that individuals can be referred to appropriate services (i.e. LFS, The Bridge, Crisis Center or CenterPointe).**
- **Encourage Region V to fund the continuity of care and community support for housing and job placement.**
- **Consider more Honu Houses.**
- **Fund more peers to work with law enforcement teams. Lancaster County should assist in this.**
- **Examine if we need the 23-hour piece, as well as its funding and who runs it.**
- **Add a 23-hour crisis center in Lincoln but not in a hospital. (This has been discussed for decades without movement).**
- **Convince Region V to contract for this service within their Emergency Services business line.**