

# MEETING OF THE REGIONAL GOVERNING BOARD

Friday, October 28, 2022 9:30 a.m. - 12:00 p.m.

## REGION 3 BEHAVIORAL HEALTH SERVICES 4009 6<sup>TH</sup> AVE., SUITE 65 KEARNEY, NE

The Mission of Region 3 Behavioral Health Services is to foster recovery and resiliency for individuals and their families who experience a behavioral health challenge.

#### **MINUTES**

- 1. Welcome and Introductions
  - Rich Nelson called the meeting to order at 9:40 a.m.
- 2. Posting of Open Meetings Act
  - Rich Nelson directed the Governing Board members to the *Open Meetings Act* sign posted in the room.
- 3. Comments from the Public
  - There were no comments.
- 4. Roll Call
  - Roll Call was taken by Jean Starman.

Present:	Absent:
Buffalo – Bill Maendele	Adams – Lee Hogan
Franklin – Neil Meiner	Blaine – Craig Thompson
Hall – Karen Bredthauer	Greeley – Jordan Foltz
Hamilton – Richard Nelson	Harlan – Anthony Gulizia
Howard – Dave Boehle	Kearney – Larry Landstrom
Sherman – Kenneth Kaslon	Loup – Donald Brown
Valley – Helen Cullers	Nuckolls – James Keifer
	Webster – Trevor Karr
Excused:	Wheeler – Travis Heinz
Clay – Ivan Fintel	

Custer – Tammy Kleeb
Furnas – Dennis Tegtman
Garfield – Diana Hurlburt
Merrick – Carolyn Kucera
Phelps – Theresa Puls

Also Present:
Beth Baxter – Region 3 Behavioral Health Services (Region 3 BHS)
Kerry Slaymaker – Region 3 BHS
Tiffany Gressley – Region 3 BHS
Kayl Dahlke – Region 3 BHS
Jean Starman – Region 3 BHS

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#### 5. Approval of August 26, 2022 Meeting Minutes

• Motion by Bill Maendele to approve the August 26, 2022 meeting minutes, seconded by Dave Boehle, motion carried.

#### 6. Approval of Agenda

 Beth Baxter explained that Agenda Item 9, Network Update, will be postponed to the January 27, 2023 meeting. Motion by Helen Cullers to approve the agenda, seconded by Karen Bredthauer, motion carried.

## 7. Executive Committee Report

• Beth Baxter explained that the Executive Committee did not meet on October 28, 2022 due to having two members absent. Beth and Rich Nelson briefly reviewed audit information that will be discussed in more detail at the Executive Committee meeting on January 27, 2023.

### 8. Region 3 Fiscal Reports

a. FY23 Year-to-Date Network Expenditures

Kerry Slaymaker reviewed a handout, *Region 3 Behavioral Health Services Network Expenditures July 1, 2022 - September 30, 2022.* Mental Health services expended 15.82% of the budgeted amount for FY23 with 25% of the fiscal year elapsed. Kerry explained that the Region 3 fiscal team consistently reviews all service utilization to keep abreast of any budget shift needs.

Assertive Community Treatment (ACT) expended 25.40% of the budget. Medicaid expansion has not significantly affected individuals participating in ACT services so Region 3 continues to pay for a number of people using this service.

Flex Funds MH shows -3.06%. This reflects a repayment of Flex Funds. The Community Support program uses Flex Funds for consumer needs. There is often an agreement with consumers stating that provider will purchase items for consumers and they will pay back when they have the means to do so. The -3.06% reflects money that Region 3 received back from providers/consumers.

Mental Health Respite expended 27.22% of the budget. This is a one-bed service that Region 3 has at the Psychiatric Residential Rehab facility. Funding for this is included in our October budget shifts.

Professional Partner MH Adult expended 35.79% of the budget. Professional Partner MH Adult and Professional Partner MH Youth are the same program. PPP Adult serves ages 19-26. Funds from the youth line item will be moved to the adult line item as needed, which is always dependent on the age of those enrolled in the program.

Secure Residential expended 61.89% of the budget. This line item pays for the service while the R&B line item pays for the Room and Board for the service. Region 3 has had this service in the past but has not had to utilize it. It usually represents people discharged from the Lincoln Regional Center. This year, several individuals have used the service. A budget shift will be completed to move funds into this service.

Beth Baxter added that we were able to move one of the individuals into the Secure Residential Program, which is a better fit for some individuals rather than admitting them in the Lincoln Regional Center (LRC). It also helps to save beds at LRC because there is often a wait list for Mental Health Board Commitments for individuals who cannot safely be served in the community. Secure Residential R&B expended 44.99% of the budget. This line item pays for Room and Board only for Secure Residential. Funds will be transferred into this service to cover expenses.

Beth added that in the past, Region 3 has paid for the Room and Board for Secure Residential. Most individuals using this service have another payer source such as Social Security Disability Income, which does not pay for Room and Board.

SOAR (SSI/SSDI Outreach, Access and Recovery) expended 19.58% of the budget. Goodwill Industries is providing SOAR Outreach, which is new this year. It involves helping individuals apply for SSI or SSDI benefits. This is part of our Reinvestment Plan/System Enhancement Plan.

Substance Use Disorder expended 16.49% of the budgeted amount for FY23 with 25% of the fiscal year elapsed.

Halfway House expended 25.31% of the budget. Medicaid expansion did not pay as much as we anticipated in this population.

The Other Reinvestment Projects section includes the Supplemental ARPA Grant Funds and some of the projects are also funded by Region 3 funds. The Recovery Supported Housing Assistance Program is being widely utilized. Plans are in place to provide continued funding for the service.

Mobile Translation Devices – All Network Providers have the opportunity to receive two Mobile Translation Devices per location to use in the field for translation purposes. Network Providers will be purchasing the devices and Region 3 will be reimbursing costs.

Contingency Management is a Behavior Management Program with incentives to help individuals meet their treatment goals. Five Network Providers are currently participating and more will likely join.

Mental Health First Aid (MHFA) has utilized 100% of the budgeted funds. The funds were dedicated to increase our pool of MHFA trainers. Ten people were recently trained as trainers and will now train others. Region 3 receives many requests for MHFA Training.

The Signs of Suicide (SOS) Curriculum is a school-based curriculum. Many Kearney Public School buildings have used this curriculum and their feedback has been very positive. Jill Schubauer, Region 3, is working with schools for curriculum implementation. Region 3 will purchase the curriculum to be used in various schools.

Grand Total paid out for FY23 - \$2,494,362 or 16% of the budgeted amount.

Kerry added that some of the new Reinvestment Projects have not yet started. When they are implemented, more of the budgeted funds will be used.

Unpaid Due to Budget Shifts include \$5,926.

Services billed but not paid are due to the billing mechanism and the State's electronic billing system. These will all be paid with October budget shifts.

Motion by Dave Boehle to approve the Region 3 Fiscal Report as presented, seconded by Karen Bredthauer, motion carried.

b. FY22 RGB Contract and Budget Shift Ratifications

Kerry Slaymaker explained that a budget shift in the amount of \$45,185 was submitted to the Division of Behavioral Health on October 20, 2022 to move funds into Secure Residential and MH Respite.

Budget shifts can be submitted to the Division of Behavioral Health in October, January, April and June, unless there is an emergency need.

Kerry Slaymaker referred to a handout, *Region 3 Behavioral Health Services Contract Ratifications by Regional Governing Board*, which includes contracts signed by Beth Baxter since the last Regional Governing Board (RGB) meeting on August 26, 2022. Beth Baxter receives the contracts electronically, signs and returns them to the Department of Health and Human Services/Division of Behavioral Health. The contracts are then signed by the RGB Chairperson and brought to the Regional Governing Board for ratification. This is the process approved by the RGB.

Motion by Bill Maendele to approve the Contract Ratification of \$45,185, seconded by Helen Cullers, all in favor. Motion carried.

## c. FY22 Services Purchased Expense Reimbursement Verification Report

Kerry Slaymaker explained that the Division of Behavioral Health performs an annual audit of the services that Region 3 provides, including units provided by programs and programs that are paid on an expense reimbursement basis. The audit report was recently received. Some of the audit findings were staff training related. The fiscal department has experienced recent personnel changes that have not occurred in many years. Kerry has replaced Randy McCall as the Fiscal Director, Megan Altmaier has moved to Fiscal Manager and new employees are working in the Accounts Payable position and the Payroll position. As staff members become more familiar in their new roles, their proficiency and consistency will increase. Changes have been implemented to address the staff-training areas.

Other audit findings involved the Housing Assistance Program. Kerry explained that some Housing funds are available as a one-time assistance and these Region 3 consumers do not need on-going rental assistance but often lack the financial resources to pay for rental deposits, utility deposits and items such as a vacuum cleaner or bed. Region 3 assists with payment of these items to help individuals obtain safe and secure housing. The practice across the state has been that a lease agreement is not required because the purchase is not an on-going payment. The Division of Behavioral Health (DBH) states that a lease agreement is required, so a small payback amount is required. Region 3 will work with DBH regarding the discrepancy and provide any necessary documentation.

Beth Baxter added that we will ask DBH to clarify and change the language in the housing guidelines. On-going payments require a lease but one-time funding does not require a lease. If DBH should not change the guidelines, Region 3 will look into other options including doing an attestation with landlords stating the landlords have a rental arrangement with a Region 3 consumer.

Kerry reported that the Region 3 FY22 Independent CPA audit is currently taking place and will likely conclude in November or December 2022. Robert Meyer with RJ Meyer and Associates, will present an audit report at the January 27, 2023 RGB meeting.

Rich Nelson recognized and thanked Kerry for doing a great job in taking over for Randy McCall and filling the fiscal vacancies and managing a 15 million dollar budget. The Fiscal Director position involves much responsibility.

#### 9. Network Update

This item has been postponed to the January 27, 2023 meeting.

- a. FY22 Agency Audit and Review Report
- b. FY22 Denials and Ineligibles Annual Report
- 10. Nebraska Association of Regional Administrators and Governing Board Executive Committee Members Meeting
  - a. Talking Points for RGB Members

Rich Nelson shared that he and Theresa Puls participated in a Zoom meeting with all of the Nebraska Behavioral Health Region Administrators and other Regional Governing Board Executive Committee members in September 2022. The six Behavioral Health Regions expressed that the Division of Behavioral Health, in the past several years, has engaged in a process of asserting more control over the Behavioral Health Regions. Rich encouraged RGB members to share the Talking Points with fellow commissioners and supervisors.

Beth Baxter stated that the relationship between the Behavioral Health Regions and the Division of Behavioral Health (DBH) is meant to be a partnership. However, in recent years, the six Behavioral Health Regions have experienced DBH wanting to take back the authority of functions of the Behavioral Health Regions. Each Nebraska county is a part of one the six Behavioral Health Regions. There are differences across the state such as population and resources. We have experienced a tightening of flexibility in meeting community needs. The Behavioral Health Regions provide a safety net for people. DBH claims that Behavioral Health Regions are not the safety net. We continue to meet with DBH and the Director, Sheri Dawson, on a monthly basis to strategize, plan and discuss challenges. The six Behavioral Health Regions have a contract with a lobbying firm, Kissel, Kohout and Associates, who developed the Talking Points. Beth added that Joe Kohout has been a valuable advocate for the Regions and is respected by our elected officials.

Discussion took place about the role of the Behavioral Health Regions and their importance.

A question was asked regarding how the Region 3 budget compares to the other Behavioral Health Region budgets. Beth explained that the Region 3 allocation amounts of State dollars involves an allocation formula, which is based on 75% population and 25% poverty. According to the State, Region 3 has tended to be over-allocated based on the formula. Beth added that any Region 3 over-allocation is because we have consistently pursued funds when they are available in order to expand and enhance the array of services through our Provider Network. We have written proposals and worked with Network Providers to develop new services. Region 6, the Omaha area, has the largest State allocation amount followed by Region 5, the Lincoln area. Region 3 is next and then Region 4, the Norfolk/Columbus area, and then Region 1, the Panhandle area.

#### 11. National Opioid Recovery Fund

a. National Opioid Settlement Distribution Diagram for A. Regional, B. State and C. Local Jurisdictions

Beth Baxter referred to a handout regarding the State of Nebraska's Opioid Recovery Fund. We recently learned that the Behavioral Health Regions are a part of the infrastructure for some of the Opioid Settlement money. The handout shows the funds that come into Nebraska. The Brown Greer Group is the National Settlement Administrator. Cities and counties receive 15% of the national settlement amount. Counties have the option to reallocate their direct share or use and manage the funds. Some counties have chosen to reallocate the funds to the Behavioral Health Regions. Behavioral Health Regions were required to work with Brown Greer to set up an account where funds can be directly deposited into that account. Out of the remaining 85% of the Opioid

Recovery Fund, 50% goes to the Behavioral Health Regions and 50% to the State. A statewide Advisory Committee will receive grant applications and distribute the funds.

The Division of Behavioral Health serves as the pass-through of the funds; however, it has no authority or control of the funds but, will distribute funds to entities to implement approved, prevention, treatment, remediation and support of individuals in recovery. On the State level, the Nebraska Opioid Recovery Fund Advisory Committee establishes the criteria for the funds, which has not been determined at this time. At the Regional level, the Regional Administrators will develop similar guidelines as the Advisory Committee to work in concert with them ensure a consistent, unified process across the state for the distribution of funds into the communities.

The distribution of the Opioid Recovery Fund is an 18-year process. Region 3 will receive an estimated amount of slightly under 5 million dollars over the course of the next 18 years.

A question was asked if Region management of the funds makes more sense for small counties in light of the long disbursement process. Karen Bredthauer shared that Hall County gave their disbursement amount to the Hall County Sheriff's Department to manage. Rich Nelson added that Hamilton County thoroughly discussed the decision and elected to hand their funds to Region 3 so Hamilton County does not have the responsibility for managing and reporting.

Beth Baxter stated that Region 3 will use one of our new services, Medically Monitored Withdraw Management; to assist people with substance use withdraw. We have a contract with The Bridge Behavioral Health in Lincoln to do this. We will use some Opioid Recovery Funds for transportation costs to help people get to and from treatment.

- b. Opioid Settlement Funds Hypothetical Example for Discussion Beth Baxter shared that it is anticipated that Nebraska will receive \$12,000,000 of Opioid Settlement funds by 12/31/22. The handout, *Hypothetical Examples For Discussion Only*, shows examples of how the funds might be distributed. The Region 3 portion could be \$1.3 million over the course of 18 years.
- c. Exhibit E List of Opioid Remediation Uses

Beth Baxter referred to a handout, Exhibit E - List of Opioid Remediation Uses, that includes ways Opioid Settlement funds can be used. The categories include prevention, treatment, and harm reduction. For example, funds can be used to purchase Naloxone, a medication used to reverse an opioid overdose or Medication-Assisted Treatment. Region 3 has two prescribers that prescribe buprenorphine to help people withdraw from opioids.

Region 3 will use the List of Opioid Remediation Uses when we receive applications for funds. The Behavioral Health Regions believe it is imperative that we have consistent and uniform guidelines across the state and with the Opioid Advisory Committee.

#### 12. FY22 Annual Capacity and Utilization Report

Kayl Dahlke reviewed a handout, *Region 3 CDS Waitlist Report July 1, 2021 – June 30, 2022 (FY22)*. The waitlist is used to document an individual who has been assessed/evaluated as needing the level of care provided by the agency but who is awaiting admission due to lack of capacity available or consumer needs regardless of anticipated payer source. The waitlist and persons on the waitlist are continuously monitored by the agency. A total of 157 individuals were placed on the waitlist in FY22. Of waitlist service type, Short Term Residential had the largest percentage, 84.1%. A total of 157 individuals were removed from the waitlist with an average of 20.2 days on the waitlist. The longest wait days were for Secure Residential and Psychiatric Residential Rehabilitation. One of the reasons for the longer wait time is limited capacity

for those services due to few Providers. Kayl reviewed Waitlist Removal Reasons where "Admitted to Program – Other Funding" was the top reason for individuals being removed from the waitlist.

#### 13. Regional Administrator's Report

#### a. National Accreditation Site Report

Beth Baxter stated that a Region 3 digital accreditation survey was conducted on August 11 and 12, 2022 by CARF International. Region 3 Behavioral Health Service has been accredited through the Commission on Accreditation of Rehabilitation Facilities (CARF) International since 1998. Our Professional Partner Program, Emergency Community Support Program, and Network are accredited. Region 3 has received a report from CARF that states we have achieved a three-year accreditation, the highest level of accreditation that an organization can attain.

A total of 1,625 standards were reviewed. Of the 1,625 standards reviewed Region 3 met full compliance with 1,597 standards achieving a 98.28% compliance rate. Two teams at Region 3 are working on a Quality Improvement Plan to map out how we will address the 28 standards where full compliance was not achieved. A handout, *Accreditation Survey of Region 3 Behavioral Health Services*, includes additional details.

The survey reviewers are from different areas of the United States. They are not CARF employees, but peer reviewers from other organizations that have a similar function as Region 3.

## b. FY22 Network Compliance Report

Beth Baxter referred to a letter from the Department of Health and Human Services (DHHS) stating that the Region 3 Network Compliance Review for FY22 has been completed as of September 30, 2022. DHHS determined Region 3 in full compliance of all sections reviewed.

#### 14. Other Business

No Other Business was discussed.

#### 15. Date of Next Meeting

Annual Meeting January 27, 2023 9:00 a.m. – 12:00 p.m. Region 3 Behavioral Health Services 4009 6<sup>th</sup> Avenue, Suite 65 Kearney, NE

## 16. Adjourn

Motion by Dave Boehle to adjourn the meeting, seconded by Ken Kaslon, motion carried. Meeting adjourned at 11:50 a.m.