

*Next Meeting:*  
November 5, 2003 ←  
11:00 a.m. – 12:30 p.m.  
InterChurch Ministries of Nebraska  
Lincoln Center Building – 4<sup>th</sup> Floor  
Bridge # (402)472-6292

## **NEBHANDS Integrated Plan Subcommittee**

Meeting Summary

*October 6, 2003*

**Present:** Denise Bulling, Richard Ellis, John DeFrain, Marilyn Mecham, Randy Kohl, Rick McNeese, Dennis Berens

### **1. President's New Freedom Commission on Mental Health Report** (*see enclosure*)

Dennis reviewed this latest mental health document with the group. The report identifies the issues and challenges the government and providers to do something to address the issues. Outpatient commitment is still a barrier to many actions.

### **2. Peer Bridge Model: Next Steps**

A. The team received a letter from the Governor in response to our letter concerning the creation of the Peer Bridge Model (*see enclosure*).

B. **Next Steps:** This is do-able in Nebraska if H&HS moves Medicaid dollars to cover it.

*Action:* 1. Richard Ellis will write a letter, on our behalf, to Senator Jensen and H&HS Committee asking that the peer program become part of the Behavioral Health Redesign model. (This will be e-mailed to the team for approval/sign on before being sent.)

*Action:* 2. Dennis will contact George Hanigan about the 2 peer pilot projects. Is there an evaluation? Or can we get an evaluation? (This could go into our letter to Senator Jensen.)

*Action:* 3. Randy Kohl is very interested in this model to help some parolees find work opportunities, etc.

### **3. Stroushal Model Next Steps:**

The group reviewed the model and discussed the next steps in our review of these types of provider models.

- A. Denise noted that Hope Medical Outreach in Omaha may be using this model to provide services.
- B. How can we address the insurance issues surrounding this model, *i.e.*, 15 minutes vs. 45 minutes visit times?
- C. We would need to identify the shorter range diagnoses that could be addressed with the shorter visit times, *i.e.*, depression, anxiety, etc.

#### **4. Review – Draft Work Plan** (*see revisions on the enclosed plan*)

Denise noted that it is becoming clear that B.H. models need to integrate with faith-based models. We need to get into their “box.” In order to best help their referrals. Open communication is crucial and releases must be signed to information can travel both ways in this process.

More integration literature needs to get into the churches through IMN.

Marilyn will take part in the Yale year-long series on faith based work. A publication will follow that effort.

#### **3. Integration Definition:**

Members are asked to review our past definition for integration and be ready to address this issue at our next meeting.

#### **6. Inventory Model** (*see enclosure*)

Denise presented the 11 self reporting integrated care providers for our review.

*Action:* The members need to identify what additional information is wanted from this group.

#### **7. Rick McNeese Report:**

A. Rick is connecting with a primary care doc to create a better integration pilot model.

B. December 5, 2003 at Mahoney Park will be the date for our Second Integrated Care Model Workshop. CEUs will be available.

*Actions:* 1. All committee members will receive fliers and are asked to invite providers to attend.

2. Randy will try to get the Academy to identify champions to attend and support this effort/model.

3. IMN will make sure parish nurses are aware of this workshop.
4. John DeFrain will use his list to publicize this workshop.
5. We will try to reach students at UNMC/Creighton (Psych nurses, rural training track students).

#### **8. LB 724 – Next Steps**

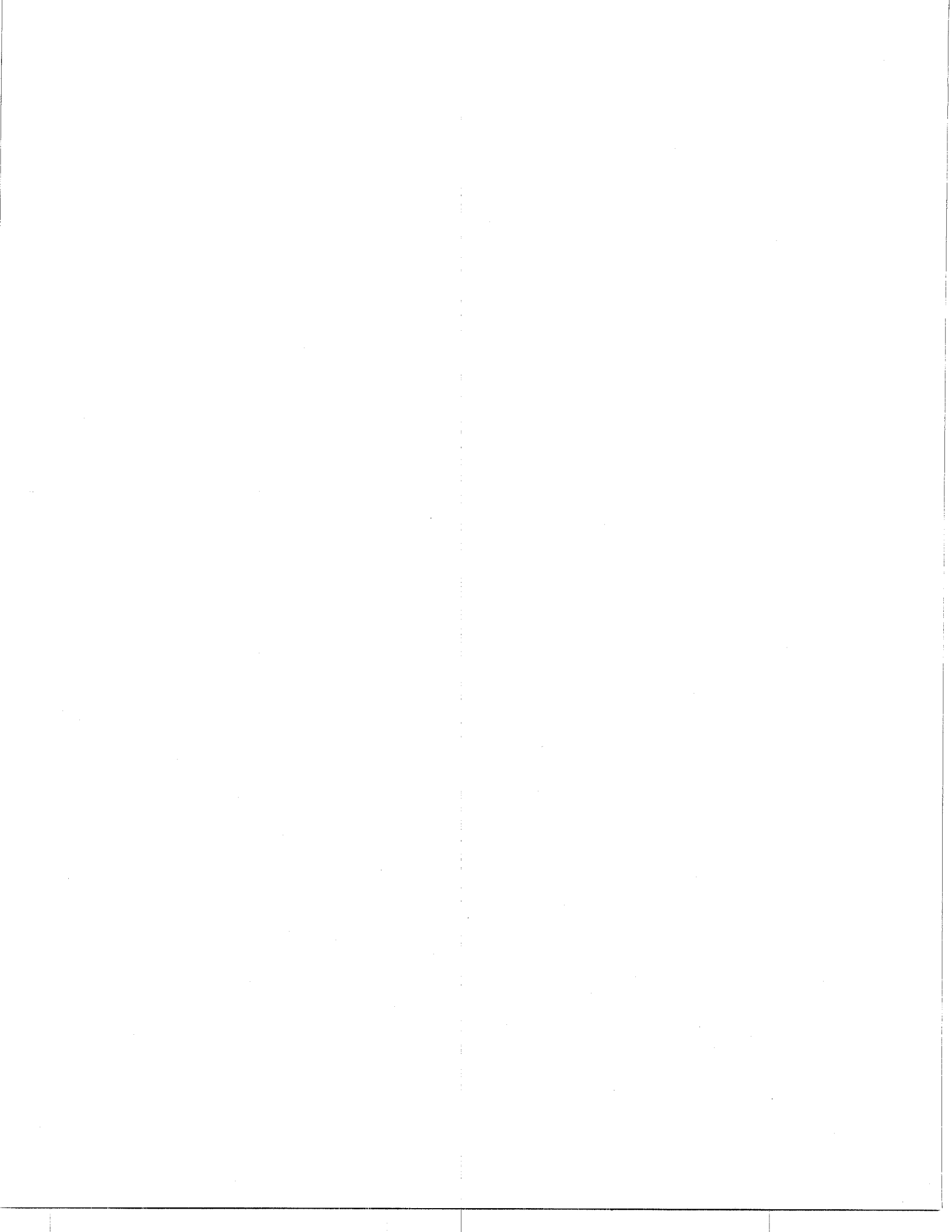
Members were asked to think about ways to get information to the legislative team working on the redesign. Bring these to our next meeting. “Change process” needs to be part of your efforts.

#### **Next Meeting:**

*November 11, 2003*

#### Agenda:

1. Review peer bridge efforts – letter and two pilots
2. Use of our integrated care model provider list – survey?
3. Review draft work plan.
4. Integrated care workshop – next steps
5. LB 724 next steps
6. Member Reports
7. Homework
8. Next Meeting





# PRESIDENT'S NEW FREEDOM COMMISSION ON MENTAL HEALTH

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## President's New Freedom Commission on Mental Health Achieving the Promise: Transforming Mental Health Care in America

### Final Report: Table of Contents

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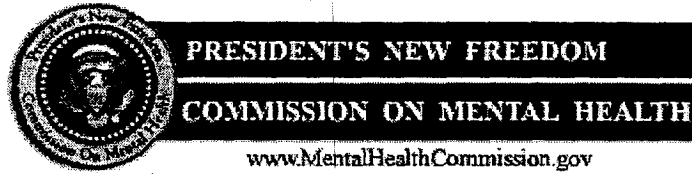
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## SAMHSA's National Mental Health Information Center

The Center for Mental Health Services

### Highlighted Features

- ▶ The final report from the New Freedom Commission on Mental Health, **Achieving the Promise: Transforming Mental Health Care in America**, is now available on the Commission web site.
- ▶ **Coping With Traumatic Events**: While taking care of others is a noble effort, it is equally important to take care of yourself and to deal with your own reactions and emotions.
- ▶ **A Family Guide To Keeping Youth Mentally Healthy and Drug Free** – A public education Web site, developed to support the efforts of parents and other caring adults to promote mental health and prevent the use of alcohol, tobacco, and illegal drugs among 7- to 18-year-olds.
- ▶ SAMHSA is pleased to introduce six **Evidence-based Practices Implementation Resource Kits** to encourage the use of evidence-based practices in mental health. The kits are in the evaluation stages and will be available soon.

### New This Month

- ▶ **CMHS Program Spotlight — Community Support Programs**  
The Community Support Programs of CMHS work with States, communities, and mental health consumers and their families to provide people with mental illnesses with treatment and assistance in meeting basic needs [more...](#)
- ▶ **Mental Illness Awareness Week**  
Mental Illness Awareness Week focuses attention on the high incidence of mental illness in America [more...](#)
- ▶ **National Depression Screening Day**  
National Depression Screening Day is dedicated to placing attention on depression [more...](#)
- ▶ **National Domestic Violence Awareness Month**  
National Domestic Violence Awareness Month mourn the women who lost their lives to domestic violence [more...](#)

### Newsroom

- ▶ **Breast Implants Linked to Suicide**  
*Washington Post*  
October 3, 2003  
Related Topics: [Suicide](#).
- ▶ **Male Brain Science Gives Clue to Nagging Questions**  
*Reuters Health*  
October 3, 2003  
Related Topics: [Psychiatry and Psychology](#), [Women and Men](#).
- ▶ **Teachers Are Most Common Source Of Referral For Attention-Deficit Hyperactivity Disorder**  
*InteliHealth*  
October 3, 2003  
Related Topics: [Children and Families](#).

[more...](#)

### Services Locator

Do you need to find mental health services, resources or statistics?

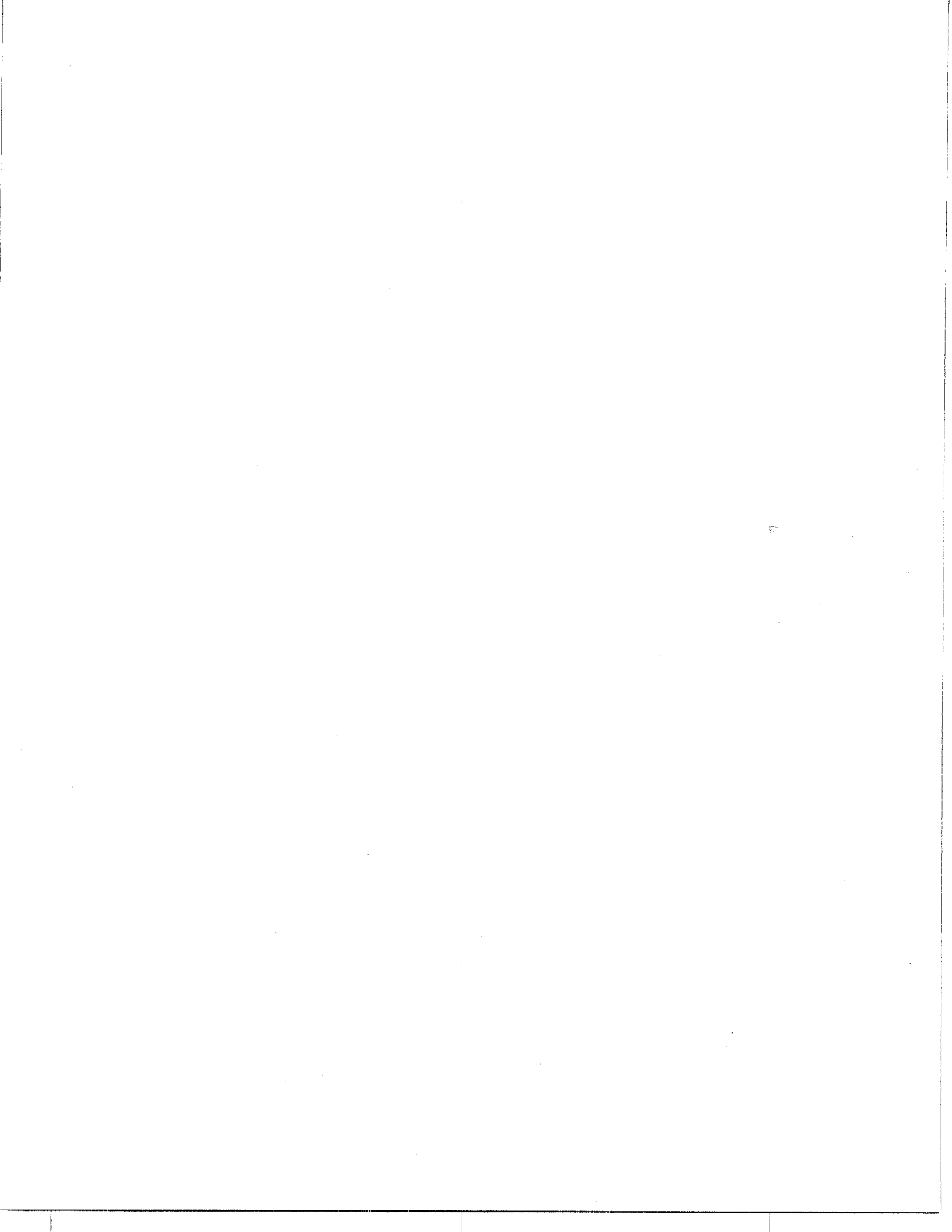
Select State

Alabama

### Hotline Numbers

National and other useful [hotlines](#) providing mental health resources and referrals.

[Líneas Nacionales de Ayuda](#)



## Integrated Services Model Inventory

1. Bryan LGH Medical Center, David Miers, M.S., LPC, Coordinator Mental Health Services, (402) 481-5165, dave.miers@bryanlgh.org.

**“Mental Health Services Continuum of Care”:** Based on a two tier system of crisis and non-crisis entry. Both have access to integrated services of Inpatient, Observation, Partial Hospitalization, Psychiatric services, Primary Care Physician, Community Providers, Outpatient, Contact Support, and Prevention/Community Outreach.

2. Child Guidance Center, Family Service Association, Lincoln Medical Education Foundation, and Lutheran Family Services, Dr. Bryan Miller, Project Director, (402) 441-7949, ccrumpacker@child-guidance.org.

**“Children and Families Strengthened Through an Array of Resources” (C.F. Star) :** A comprehensive partnership network integrating the outpatient behavioral/mental health and family support services of the four partner agencies.

3. Compassion in Action, Teela A. Mickles, Executive Director, member of Nebraska Continuum of Care Service Inc, (402) 451-4500, tamickles@juno.com.

**“Compassion in Action”:** A faith based program that works with incarcerated women and their families make a successful transition from corrections to the community. This is accomplished by providing educational development, personal empowerment, and spiritual awareness to the families incarcerated utilizing CIA and community resources collaboratively.

4. Grand Island Goodwill, Becky Januelewicz, Program Director, (308) 384-7896.

**“Goodwill”:** Provides multiple levels of care, in multiple domains, including mental health, employment, community support, day-rehab, peer specialists, and referrals to the community.

5. Hope Medical Outreach Coalition, Sue Fredricks, Community Relations Manager, (402) 354-6554, sfredricks@hopemed.us

**“Hope Medical Outreach Coalition”:** A CAP community based in Omaha that links low-income uninsured to a full array of health services provided by voluntary medical and dental providers. The Hope Network includes twenty-two partner organization participating in the project under the Omaha Health

Consortium, three federally qualified health centers and four other health clinics that provide primary care augmented by volunteers, a brokerage of specialty and surgical care for low income uninsured to all of the area's health systems, hospitals, safety net health centers and 500+ providers. A comprehensive pharmacy was opened in June of 2002, due to CAP funds.

6. Methodist Substance Abuse Program, Mary Hlas, (402) 354-8072, marh4@hotmail.com

**“Methodist Substance Abuse Program of Recovery for Adolescents and Adults”**: A culturally sensitive outpatient substance abuse recovery program that offers group therapy, private counseling, spiritual assessments, nutrition groups, bio-feedback, stress management, relapse prevention, and family group dynamics. This is followed by a 6 month Continuing Care program for those that have completed treatment.

7. Nebraska Legislature, Kathy Seacrest, Chair of the Work Group, (308) 534-0440, Chris Peterson, Governor's Policy Cabinet Secretary, Ellen Brokofsky, Chief Probation Officer for Sarpy, Cass, and Otoe counties, Ellen@sarpy.com.

**“Governor's Substance Abuse Work Team and Substance Abuse Task Force”**: Creation of a standardized model for the delivery of substance abuse services to the criminal and juvenile justice communities across Nebraska. Focus is on rehabilitation of the offender and consequent safety of the community, transcending all disciplines.

8. Region III Behavioral Health Services, Beth Baxter, (308) 237-5113, bbaxter@region3.net.

**Integrated Care Coordination Unit**: A program that provides state ward children, youth and their families with appropriate care and better outcomes at lower costs. Integrated care coordination components include: small case loads, cross training in protection and safety and the wraparound process, team process for care coordination, fidelity measures for the wraparound process, joint supervision across systems, joint evaluation of outcomes, access to needed funding, integrated cost monitoring process, and cross-systems utilization management.

9. Richard H. Young Memorial Hospital, Sarah J. (Sally) Turley-Grosse, MSN, RNCS, ARNP, CPC, LMHP, Administrator of Behavioral Health and Nursing Director, (308) 856-2248, sallygrosse@catholichealth.net.

**‘Good Samaritan Health System’**: Serves consumers of all ages afflicted with disturbances in emotion, thought, or behavior. Accomplished by providing varying levels of care from acute inpatient to outpatient services, including Telemedicine for outreach services to the surrounding communities

10. University of Nebraska Medical Center, Munroe-Meyer Institute for Genetics and Rehabilitation, Jodi Polaha, Ph.D., Assistant Professor, Pediatrics, (402) 559-6408, [www.unmc.edu](http://www.unmc.edu).

**Behavioral Health Clinics**: An outpatient, outreach program providing psychological consultation, treatment, and training for staff and consumers at eight primary care facilities across Nebraska, including three in health shortage areas (Hastings, Columbus, and Plattsmouth) with an additional one opening in Kearney in September. Integration of primary care and behavioral health.

11. University of Nebraska Medical Center, College of Nursing, Linda E. Jensen, RN, MN, Ph.D., (308) 865-8729, [ljensen@unmc.edu](mailto:ljensen@unmc.edu).

**“Towards an Integrated, Structural Model of Psychiatric Rehabilitation”**, Corrigan, Patrick, W., Psychiatric Rehabilitation Journal, Spring 2003, Vol. 26, Issue 4, p346.

Discussion and work towards defining and implementing an integrated model of psychiatric rehabilitation services.

**Future contributors:**

The Mental Health Association of Nebraska, Village Integrated Services Agency (VISA).

Lincoln Area Agency on Aging\Life, Lincoln’s Harvest Project.



October 6, 2003

# **NEBHANDS**

## **Integrated Plan Subcommittee**

### **DRAFT Work Plan**

#### **Based on Grant Application**

1. Created the Behavioral Health Services Integration Plan Subcommittee
2. Create a vision for a seamless system of care in Nebraska
  - A. Reviewing public policy, regulations, funding, barriers, opportunities, solutions, and principles of integration.
  - B. Identify how to conceptualize and make collaborative connections.
3. Develop a plan that demonstrates how to integrate faith-based and community-based resources with behavioral health care resources in Nebraska.
4. Next Steps:
  - A. Identify role and model of CBO's and FBO's in the creation of an integrated health delivery and payment system
    1. Review and share relevant literature on the issue(s). Little available. NEBHANDS writing on this topic is necessary.
  - B. Identify a role and model for public and private stakeholders to create this integrated model
    1. Collect a list of integration models in Nebraska and distribute.
    2. Beliefs:
      - A. Allow each community to design their model
      - B. Connect providers and the business community(ies)
      - C. Work force changes coming in the future and the need for integration
  - C. Develop and report on a service delivery pilot project that uses FBO's and CBO's as the front end of an integration model
    1. Get a report from John McVay's HRSA grant.
    2. Identify other projects with a tie-in to this model.
    3. Ask for a report on integration from each of our identified integrated providers.

D. Identify provider training program interest in and models for an integrated delivery system training program

1. Behavioral Health and PC model through Rural Health Advisory Commission.
2. LMEF model reviewed.
3. Proposed Creighton PC model from grant?
4. Bring Family Therapists, BH, CADACs, PC and mid-level training programs together to create a Train the Trainers Program in order to integrate curriculums (need joint presentations with provider groups). How to connect consumers to any model? (Rick McNeese model.)

E. Identify methods to increase the number of professionals serving in shortage areas in Nebraska

1. See D4.
2. Connect with the RHAC.
3. Ask for help from CBOs/FBOs.

F. Identify the role of our state government in establishing insurance parity, Medicaid integration support, insurance reform, health provider incentive enhancement and policy reform to enable integration within the state.

1. Review Rick's "carve-in" article.
2. Sustainability focus.
3. Fragmentation of treatment.
4. Behavioral Health redesign model?

G. Develop the infrastructure capacity design and model to provide statewide integration of services:

Makes use of public and private resources

Connects to state government and communities

Incorporates CBOs and FBOs

1. What presently exists, and how should we collect and share this information?
2. Capitalize on LB 724 opportunities.