

**REPORT AND RECOMMENDATIONS**  
**COMMUNITY MENTAL HEALTH CENTER PLANNING COMMITTEE**  
**February 3, 2012**

**INTRODUCTION**

The Lancaster County Board of Commissioners established the Community Mental Health Center (CMHC) Planning Committee in June of 2011 for the purpose of reviewing how the County is providing mental health services at the CMHC, determining the best model for providing services in the future, and advising the Board as to the proper role of the County in funding and providing these services. The stated goal of the Committee is to provide the County Board with an effective, sustainable long-term plan regarding how community-based mental services should be provided in Lancaster County.

**Committee Membership**

In establishing the Committee the Board appointed a broad range of community providers, funders, and consumers who have an interest in the provision of mental health services in Lancaster County. Committee members include:

- Lori Seibel, Community Health Endowment
- Pat Talbott, Mental Health Association
- CJ Johnson, Region V Systems
- Dean Settle, Community Mental Health Center of Lancaster County
- Deb Shoemaker, People's Health Center

Committee appointees also included Joan Anderson, Lancaster County Medical Society, and Travis Parker, Deputy CMHC Director. However, Joan resigned for professional reasons, and Travis was removed from the Committee when he left the CMHC to pursue other employment opportunities.

**Facilitators and Ex-officio Members:**

- Kerry P. Eagan, Chief Administrative Officer to the Lancaster County Board
- Kit Boesch, Lincoln-Lancaster County Human Services Director

**Support Staff**

- Ann Taylor, Lancaster County Clerk's Office

The Committee also wishes to recognize the numerous consumers, providers, advocates and

others who attended the meetings, with special recognition of Gail Anderson, a member of the CMHC Advisory Committee, and JRock Johnson, a consumer advocate, who regularly attended meetings and contributed valuable information to the discussions.

### **Committee Process**

All meetings of the CMHC Planning Committee were conducted in compliance with the Nebraska Open Meetings Act. The Committee met \_\_\_\_\_ times, from July 2, 2011 through January \_\_\_\_\_, 2012. Agendas and minutes for all Committee meetings are available on the Lancaster County Clerk's web site. The County Clerk is also maintaining a copy of all documents presented to the Committee which can be reviewed by the public upon request. **A list of the documents can be found in Appendix A attached to this report.** The Committee toured mental health facilities operated by Lancaster County and spoke directly with staff members about the programs and services offered at the CMHC. Tours were conducted of the main CMHC facility, the Crisis Center, the Mid-Town Center, and the Heather Program.

An important component of the Committee process was the solicitation of community input through listening tours, focus groups, a public comment line, a computer survey, and a town hall meeting. A series of core questions was developed to obtain information from consumers, providers, family members, advocacy groups, and other interested parties. Valuable information was received from the community for consideration by the Committee in formulating its recommendations to the Lancaster County Board.

### **COMMITTEE DISCUSSIONS**

The first order of business for the Committee was a review of the history and purpose of the CMHC, including a review of services provided, budget information, and funding sources. The CMHC was established in 1976 through a federal grant under the Comprehensive Community Mental Health Centers Act for the purpose of treating individuals with severe mental illness in the community rather than in state institutions. Moving mental health treatment to the community was driven in part by Lancaster County's desire to save money. State law requires counties to pay a portion of the cost for housing their residents with the Nebraska Department of Public Institutions, and the County believed that community-based mental health treatment is not only more effective but also less expensive than institutional care. To accomplish this goal the CMHC developed a staff with the expertise to provide quality care to the severely and persistently mentally ill.

Original funding under the grant was 80% federal with a 20% match of state and local funds. The grant mandated a list of services including: inpatient care, outpatient care, medical services and administration, day treatment, partial hospitalization, consultation and education, children's services, and program evaluation.

The CMHC has added a number of additional programs including:

- Service coordination
- The Heather, a transitional living program for patients moving from the Lincoln Regional Center (LRC) to the community
- The Sexual Trauma Offense Prevention Program (STOP)
- The Outsider Arts Program
- The Harvest Program, a collaboration with CenterPointe and Aging Partners providing services to mentally ill elderly persons with substance abuse issues
- Assertive Community Treatment (ACT), a collaboration with CenterPointe and Lutheran Family Services providing specialized services in the community and at home to clients who have not responded well to traditional outpatient care
- Mid-Town Center, which provides vocational rehabilitation and other related services
- Homeless/Special Needs Outreach Program
- Emergency services, including a 24-hour crisis line, mobile crisis service, walk-in services, and with availability of services and phone contact after regular business hours

Until recently the CMHC also operated the Behavioral Health Jail Diversion Program. However, this program was transferred to the Lancaster County Community Corrections Department at the beginning of the County's 2011-2012 budget year.

In 1988 the CMHC opened the Crisis Center. Originally consisting of ten (10) beds located at the Lincoln Regional Center, the Crisis Center was established pursuant to an interlocal agreement with Region V to meet the emergency protective custody (EPC) needs of the sixteen (16) counties served by Region V. The Crisis Center is now located on the second floor of the CMHC and consists of fifteen (15) beds. It is important to note the County is statutorily mandated to pay the cost of providing emergency protective custody for its residents. See Neb.Rev.Stat. §71-919 (Reissue 2009).

The CMHC's approved budget for fiscal year (FY) 2011-12 is \$9,490,537. The primary funding sources are Medicaid, state funding through Region V, and Lancaster County property tax. The property tax request for this fiscal year's budget is approximately \$2.2 million, down \$500,000 from the previous fiscal year due to program and staffing cuts. Not counting the Crisis Center, CMHC operations will require approximately \$800,000 of property tax this fiscal year.

The Committee also examined the role of Region V in providing behavioral health services in Lancaster County. Pursuant to the Behavioral Health Services Act, Neb. Rev. Stat. §§71-801 through 830 (Reissue 2009), the State of Nebraska is divided into six (6) behavioral health regions which are responsible for the development and coordination of behavioral health services. Lancaster County is included in Region V, which serves sixteen (16) counties in southeast Nebraska. Each county within a region is required to contribute funding for the operation of the regional authority and for the provision of services.

The Nebraska Department of Health and Human Services, Division of Behavioral Health Services contracts with Region V to ensure the availability of behavioral health services to residents in southeast Nebraska who do not have insurance or funds to pay for services. In turn, Region V contracts with a network of service providers within the sixteen (16) counties it serves to provide an array of behavioral health services to adults and children.

The CMHC is a member of the Region V Systems service provider network. For FY 2011-12 the CMHC is budgeted to receive \$3,843,696 from Region V Services for a wide array of services and programs.

Although the CMHC has effectively provided community-based mental health services since 1976, the Committee recognized the traditional way of providing services will need to evolve to meet future challenges. The number of Medicaid recipients needing services is expected to increase sharply in the next few years. Providers will need to become more efficient, and collaboration will become more important. New models are being developed for providing services to the medically indigent which integrate primary health care and behavioral health care, and emphasize peer operated programs. The Committee looked at several different integration models, including the formation of a partnership between the CMHC and a primary health care provider.

Pursuing this analysis, the Committee reviewed extensive information on the People's Health Center (PHC), a federally qualified health center (FQHC) providing primary health care to the medically under served in Lincoln. As an FQHC, the People's Health Center receives a higher federal reimbursement rate for Medicaid patients receiving medical care. The higher rate of reimbursement does not apply to behavioral health services. Recognizing the behavioral health needs of its patients, the PHC has established the Behavioral Health Integration Project (BHI Project). The BHI Project is funded by Region V and the Community Health Endowment, and is seeking to establish partnerships with a number of behavioral health providers in the community, including the CMHC.

Another area where Lancaster County might gain from a partnership with the PHC is General Assistance. The County budgeted approximately \$1.6 million to cover the projected costs of medical care under General Assistance for FY 2011-12. Providing this medical care through the People's Health Center could save money for the County and provide needed funding and continuity of care for the PHC and its patients.

As the County considers future challenges in providing community-based mental health services, as well as the development of new service models to meet those challenges, the information and recommendations contained in the final report from Health Management Associates (HMA) should be carefully considered by the County Board. At the same time this Committee was formed by the County Board to examine community mental health services, the Community Health Endowment commissioned a study by HMA to provide recommendations on how to better provide for the medically under served in our community. The Lancaster County Board contributed \$5,000 toward this study to include an analysis and recommendations

regarding the CMHC. The guidance provided by HMA will be extremely helpful in crafting the best solution to address the primary care and behavioral health needs of the medically underserved.

In this regard, HMA has already identified a grant opportunity being offered by the Centers for Medicare and Medicaid Services could have a profound effect on how primary care and behavioral health services are provided not only our community, but for the entire area of southeast Nebraska served by Region V. This grant opportunity is being pursued by a consortium of stakeholders, including Region V, the Community Health Endowment, the Lincoln Medical Education Partnership, the People's Health Center, and other key entities. From the County's perspective, an important part of the grant proposal will seek funding to create a collaborative primary care/behavioral health system of care. From a consumer perspective, the grant could help create more peer supported programming. The ultimate objective is a system with better care, better health, and lower costs.

The final essential piece of the puzzle analyzed by the Committee is the extensive comments received from more than 500 consumers, family members, advocates and providers. This invaluable information was gathered as part of the community input process conducted on behalf of the Committee by the Community Health Endowment and Leadership Lincoln. Funding to conduct the process was graciously provided by the Consumer/Family Coalition of Region V. Some of the key lessons which can be garnered from the comments include the following points:

- the present location of the CMHC is extremely important; patients have moved to the area because of the CMHC, and other services are readily available in the area; this location is also well-served by public transportation
- accessing a wide array of services at one location is helpful
- case management is a critical service which should be maintained and expanded
- peer support is essential
- others?

Consumer involvement is a priority in all aspects of behavioral health service planning and delivery, and the information received during the community input process was weighed heavily by the Committee in formulating its recommendation to the Lancaster County Board.

## ISSUES AND CONCERNS

Based on the information presented and the analysis summarized above, the following issues and concerns have been identified by the Committee:

### **Potential Cost to the County if Effective Community Mental Health Services Are Not Provided**

Although Lancaster County is not statutorily mandated to provide behavioral health services, maintaining a strong and effective community mental health **system** is in the best interests of the County. By providing an array of services to patients with severe and persistent mental illness, the CMHC is reducing the amount of admissions to the Crisis Center, law enforcement contacts, jail admissions, and involvement with the criminal justice system. Since all these functions are the responsibility of the County in whole or part, the question which must be addressed is whether the County is saving money in the long run by operating an adequately funded mental health center. The analysis of this question should include a review of which programs offered at the CMHC are most effective in reducing the number of EPC's and amount of involvement with the criminal justice system. Also, are the services being provided in the most efficient manner with the present ownership and business structure, or should the County pursue a new model for providing services? When making this decision it is critical for the County Board to have accurate information on the true cost to the County of owning and operating the CMHC.

### **General Assistance**

Lancaster County is statutorily responsible for providing medical care, including behavioral health care, to individuals who meet the income and resource standards set forth in the Lancaster County General Assistance Guidelines. The cost of providing mental health services to General Assistance clients at the CMHC is approximately \$420,600 per year, and is absorbed in the CMHC budget. If medication costs are included then the estimated cost exceeds \$600,000 per year. If the County discontinues operation of the CMHC other service providers will need to be found for General Assistance clients.

### **Indirect Costs**

For the budget year ending June 30, 2010, the cost of services provided to the CMHC by other County departments was \$394,000. **See Appendix A, Exhibit 9.** The value of these services must be taken into account as the County Board considers other service models.

### **Community Treatment of Sex Offenders**

A disproportionate number of sex offenders live in Lancaster County. The CMHC is actively involved in treating this population. Concerns have been raised whether adequate funding is being provided by the State for this purpose, and whether treatment programs at the CMHC could be provided by non-governmental organizations.

### **Funding Concerns**

The committee raised a number of concerns regarding funding for the CMHC. During the 2011 legislative session the CMHC suffered a 2.5% reduction in Medicaid funding. For 2012 Governor Heineman is proposing to eliminate the inheritance tax, which could result in a loss of over \$6 million to Lancaster County. Loss of the inheritance tax would cripple the County's ability to adequately fund community mental health services. Other concerns include the fairness of existing funding formulas for the behavioral health regions. Since the Lincoln Regional Center and the State prison are located in Lancaster County, the County experiences an influx of patients from other counties. Also, residents from other counties relocate to Lincoln because

of the availability of services. Do the funding formulas adequately account for this added burden on Lancaster County? Another concern is whether the CMHC is able to maximize funding from other sources which may be available for behavioral health treatment.

### **Cost of Divesting the CMHC**

Although the County is presently contributing \$2.2 million of property tax to the CMHC, \$1.4 million of this cost is for operation of the Crisis Center, leaving \$800,000 of funding for CMHC programs. After accounting for the cost of General Assistance, approximately \$600,000, the actual savings the county could be as low as \$200,000 per year. Moreover, at the time of divestiture the County will be required to pay sick leave and vacation balances to separated employees. As of the end of 2011 this figure amounted to \$994,420. The County will realize some indirect cost savings.

### **CMHC Location**

Based on numerous comments received during the public comment process, the availability of an array of services at one location is critical to the population served by the CMHC. Moreover, the present location of the CMHC is also extremely important to consumers and family members. As the County goes forward with the planning process, careful consideration must be given to the actual location of facilities and services.

## **RECOMMENDATIONS**

The Committee strongly believes the CMHC is an indispensable component of the provider network and service array established to meet the behavioral health needs of the residents of Lancaster County. However, financial challenges are making it increasingly difficult for the County to adequately fund the critical programs and services offered by the CMHC. At the same time, opportunities exist to establish a new service model based on the integration of primary health care and behavioral health services, with peer supported programs. Therefore, the following recommendations are tendered to the Lancaster County Board of Commissioners:

- 1. Discussions should begin immediately with Region V Systems for the purpose of transferring the operation of the CMHC to Region V on an interim basis, until a new service model can be developed, and new providers put in place through the bidding process:**
  - a. The new service model should be a recovery-based system which integrates primary care and behavioral health services, with consumer involvement and emphasis on peer supported programming;**
  - b. A transition time line should be developed; and**
  - c. A communication/community outreach plan should be developed to insure**

**continuity of care and assist consumers and families with the transition;**

2. **The CMHC should be maintained in the current location during the transition period to allow for an orderly transition for consumers and family members;**
3. **Lancaster County should maintain its present level of financial support for the CMHC for a period of time to be determined until alternative funding can be put in place; and**
4. **The County should participate in the establishment of a new system of care for the medically underserved based on the integration of primary health care and behavioral health services, including the use of General Assistance funding for medical services to support the new system.**

Respectfully submitted this \_\_\_ day of February, 2012.

Members of the Committee