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Nebraska State Comprehensive Mental Health Plan

FY 1981 Annual Review and Progress Report

Medical Services Division
Nebraska Department of Public Institutions

CONTENTS

		Page
Part I:	Results of Annual Review	1
Part II:	Progress on the State Mental Health Plan Goals and Objectives	8
Part III:	Changes in Information Submitted in the FY1980 Plan	45
Part IV:	Summary of Views and Comments Received from Reviewers	47
Letter of Transmission to State Health Coordinating Council		48
Evidence of Public Notice		49
Appendices		58

PART I
RESULTS OF ANNUAL REVIEW

Public Law 94-63 was passed in July, 1975. Title III of the Act provided federal revenue sharing funds for community mental health centers (CMHCs). As such, P.L. 94-63 represented the first major revision of federal requirements for CMHCs since the Community Mental Health Centers Act of 1963.

Section 212a of P.L. 94-63 states that "No grant may be made under section 211 to any community mental health center in any state unless a State Plan for the provision of comprehensive mental health services within such state has been submitted to, and approved by, the Secretary under Section 237." Section 237 detailed a number of requirements for a State Mental Health Plan. Subsequent guidelines issued by the Secretary provide more detail.

Some CMHCs in Nebraska were already receiving federal funds under the previous CMHC act and several CMHCs looked forward to receiving funds under the new amendments. It was therefore important for Nebraska to have a new State Comprehensive Mental Health Plan which could be approved under the new requirements. Work began at the Department of Public Institutions (DPI) as soon as the detailed requirements were received. The result was the FY 1977 State Comprehensive Mental Health Plan.

State plans are intended to be long-range in their vision. The FY 1977 Plan was conceptualized as a five-year plan. However, state plans are also intended to be working documents. Plans were therefore required to have an annual review. The annual review and report of progress required approval each year.

A major purpose of a state plan is to address problems in the system and to set objectives for eliminating those problems. This review makes clear that action has taken place relative to every objective adopted in the three or four year process. Some of that action clearly represents progress.

Simply because problems were addressed and action took place does not necessarily mean that problems were eliminated nor that optimal progress was made. This review shows that progress was uneven. Some problems constitute the very reason for the system and may never be eliminated.

Some notable progress is summarized below. Following that is a review of problems cited in the reports which are still problems.

A. Funding for community mental health services

1) Money for Mental Health was published during the early development years of community mental health services. Funding information is now provided by periodic mailings and other communications.
2) Centers have increased their collection of client fees and third party reimbursements.
3) Efforts have been made to provide State funding to CMHCs that is compatible with needs and initiatives recognized by the federal government.
4) The decline of federal funds has been studied and centers are actively studying future funding.

doesn't sound like a whole lot of activity

5) The Department has made efforts to secure a more favorable state-county tax match rate for CMHCs.

B. Management and cost finding

1) The State developed the Mental Health Information System (MHIS) which permits tracking anonymous patients through the system.
2) Most CMHCs have developed their local Management Information Systems (MISs) to the point where they can determine staff productivity, costs of units of services, and costs of various types of services.
3) Standard definitions for units of services have been developed.
4) Standards for both financial and program auditing are being developed.
5) Budget request and Expenditure Plan requirements have been revised, simplified and combined.
6) Costs of services are stabilizing and centers are making plans for their financial futures.
7) The Medical Services Division will soon begin to reimburse units of service.

C. Planning; Coordination With Health Planning

1) The State of Nebraska has an approved State Mental Health Plan.
2) The Annual Review and Progress Reports have been approved.
3) New planning efforts are currently in progress.
4) One new needs assessment, "Nebraskans and Their Mental Health", has been completed and two others (one using Medicaid data, the other using SSI data) are being explored.
5) A major Manpower and Resources Survey is in progress.

A great deal has happened to foster coordination with health planning bodies.

1) Mental health interests are represented on all HSA boards.
2) The Division reviews HSA and State Health Plans.
3) The Division has participated in determining planning formula for the State Health Plan.
4) The Department has a staff person funded jointly with the Department of Health. SHPDA - specifically

In addition, all CMHCs conduct planning activities and have agency plans in varying stages of evolution. There is a considerable degree of citizen participation in region planning processes.

D. Standards

The Rules and Regulations for implementing the Community Mental Health Services Act were written, adopted, and then fully revised. Standards for CMHCs are in effect. The system did explore J.C.A.H. accreditation and two CMHCs were accredited. The quality of service in accredited CMHCs has been commendable.

Joint site visits with federal surveyors ~~is~~ are now common. New standards are being written to enhance this effort. All agencies approved by the

Division have also always been approved by the State Fire Marshal and Nebraska Department of Health.

E. Evaluation

All CMHCs have been site visited on a schedule which is very nearly annual. Most significant deficiencies have been corrected by the centers when the deficiencies were pointed out. Marked deficiencies in program quality are now infrequent. While clinical records are still variable across the state, they are becoming more uniformly acceptable.

All centers have internal systems of program evaluation and quality assurance. At least some of these can be audited by the Division. Many centers have programs of outcome evaluation. At least two regions have contracted with consultants and now have systems that are quite advanced.

F. Physical Plants

All physical facilities of most CMHCs are quite attractive and adequate for the volume of anticipated service. Two centers with inadequate principal facilities have plans for new quarters.

G. Accessibility

Geographic accessibility of the federally mandated services has been achieved. Amounts or levels of certain services still need to be increased but virtually all services are accessible to all citizens. Certain new and specialized services which are needed, but not mandated, are not as accessible.

The Division is aware of the need for increased economic accessibility for low income persons, but this need is generally restricted to parts of one or two catchment areas.

Problems of cultural accessibility for migrant workers have been addressed. Cultural accessibility for Native Americans has been emphasized and strengthened in one region.

H. Manpower

1) The Division was successful in getting eight of Nebraska's twelve catchment areas designated psychiatric manpower shortage areas.
2) The Division was awarded a Mental Health Manpower Planning grant.
3) Problems of psychiatric manpower have attracted the attention of the Nebraska Department of Personnel which is currently doing a major new salary survey in the area.

I. Range of Services

All federally funded CMHCs now provide all, or nearly all, of the services mandated by federal law. All regions provide services required by state law. More of certain types of services are needed in some geographic areas, but at least minimum levels of all services are available to all citizens. In addition, new types of special services,

such as respite care and community care for chronic patients, have been identified and are being established as funds permit.

J. Least restrictive treatment environment

A great deal of work has been devoted to the implementation of pre-admission screening and the provision of local alternatives to state hospitalization. While the exact level of preadmission screening cannot be described, it is known to occur with increasing frequency. Partial care and local inpatient programs are increasingly used to avoid inappropriate referrals to state regional centers.

The Mental Health Commitment Act of 1976 places stringent safeguards on inappropriate involuntary hospitalization. The use of less restrictive alternatives is very clearly part of the law. One measure of the effectiveness of the law was an interim study resolution passed by the 1979 State Legislature. This was motivated by feelings that it is too difficult to commit a person. In addition, the Rights of the Mentally Disabled regulations have the force of law and are routinely distributed and followed.

K. Continuity of Care

Service agreements exist between the regional centers and most CMHCs. The majority of CMHCs in the state regularly participate in predischarge planning. Two CMHCs have transitional living arrangements for patients discharged from regional centers. Seven CMHCs are able to provide partial care for discharged patients. While continuity of care is far from universal, progress in this area is evident. Further, the Division is improving its capacity to study continuity of care. Patients discharged to the community can be monitored and services audited.

L. Special Services to High Risk Groups

At least seven CMHCs have specialized programs for children. All of Nebraska's CMHCs participated in Project Link-Age which strengthened specialized programs to the elderly. One CMHC has a specialized program for migrant workers and another CMHC has a special program for ex-offenders. All CMHCs either have, or are affiliated with, alcohol and drug abuse programs. Three CMHCs have satellites in minority neighborhoods.

The service level of racial and ethnic minorities has been commendable. Racial and ethnic minorities make up about 5% of Nebraska's population, and about 7% of the persons served in the community mental health system.

Problems

A. Funding

Nebraska's CMHCs have never had sufficient funds to provide services to meet all demands. Federal funds will decline precipitously over the next three years. Current efforts to receive alternative federal funds have had little success. Prospects for increased state and local funds are

limited, due to budgetary restraints at both levels. Thus, Nebraska's CMHCs face a decline in funding. This problem is being addressed at both local and state levels in planning efforts, collection practices, and legislative changes.

B. Management and Cost Finding

A recent survey of federal Region VII found most CMHC directors to be notably deficient in knowledge of financial matters. Such matters were typically delegated to a business manager. While CMHC directors are not necessarily expected to be experts, they must have sufficient knowledge to make meaningful contributions to planning and budgeting decisions.

CMHCs are still extremely variable in their determination of costs of services. Fees are sometimes not based on cost, fee collections are low in some centers, and a few centers have trouble determining staff productivity.

The Division can provide technical assistance/continuing education to center directors.

C. Planning; Coordination With Health Planning

With regard to planning methodology, there still exist no good indicators of need for mental health services. The state mental health data system is still considered unreliable. The anticipated statewide network of planners was never organized. The Department is actively recruiting a director for the Data Management Unit.

Involvement with HSAs takes place but needs to be increased. Many CMHCs do not review the relevant portions of HSA plans or seek advantageous changes. Few CMHCs provide leadership in the formation of relevant portions of HSA plans. Involvement with HSAs is emphasized during site visits and at every other opportunity.

Please responsibility on CMHCs - shared by DMHD.

D. Evaluation

While the Division is working on new standards, a standard site visit procedure and a complete set of site visit information about Nebraska's CMHCs are still needed. An integrated planning, budgeting, and evaluation cycle has not yet been completely realized but remains a goal.

While most CMHCs have initiated a program of service outcome evaluation, the proper use of these outcome studies is not insured. The state-of-the-art in outcome evaluation requires that the use of results be restricted. This is not widely understood, and improper use is a growing problem.

E. Manpower

The staffing of CMHCs continues to be major problem. Psychiatrists, psychiatric nurses, and occupational therapists continue to be especially scarce. If community based residential services are to expand, CMHCs will face a very competitive market for appropriate staff at affordable

cost. Rural CMHCs have accepted training roles to a very limited extent, restricting that source of new manpower.

Directly related to manpower shortages has been the relatively low salaries permitted in some areas, particularly rural areas. With funds for CMHCs probably on the decline, this problem can be expected to increase.

The new mental health manpower planning staff will confront these issues.

F. Range of Services

Only two of Nebraska's CMHCs operate their own transitional living facilities. Only six CMHCs have solid arrangements to provide transitional living. Partial care is limited at most centers. Four centers provide rather low levels of local inpatient services. At best, only one center provides community-based care for chronic mental patients. Thus, while all services may be available to all citizens, the services are clearly not available in sufficient amounts to serve all those in need. While the citizens have alternatives to hospitalization available, many of these alternatives are constantly fully utilized. Expansion of services is obviously related to funding and efficiency issues described above.

G. Least Restrictive Treatment Environment

Earlier it was stated that preadmission screening is available and does occur in Nebraska. Above it was acknowledged that less restrictive treatment alternatives exist. The problem is that preadmission screening does not occur as often as it should, and referral to less restrictive treatment is sometimes not possible because programs are operating at capacity.

Present information systems do not permit determination of the exact incidence of preadmission screening. It is known that many admissions to regional centers are not a result of referrals from CMHCs. It is clear that a very well entrenched public practice needs to be changed. It is also clear that the burden for effecting the change extends well beyond the responsibility of CMHCs.

New criteria for admissions to regional centers, and procedures for entry into the system will address these issues.

H. Continuity of Care

Just as with preadmission screening, it is known that post-hospitalization follow-up care does occur in Nebraska. The problem is that it does not occur with appropriate frequency.

Again, the current information systems do not permit an exact determination of how much follow-up care should be taking place. Regional center staff have every right to decide that follow-up care by a CMHC is not appropriate for a patient. In the same manner, CMHC staff may make the clinical decision that follow-up care is not indicated.

Beyond that, the patient has the right to decline further services. What is known is that readmissions to regional centers do occur where patients have not received any known support services while they were outside of the hospital. A Task Force on System Design for Care of the Chronically Mentally Ill, created by the Division of Medical Services, is currently addressing these problems.

I. High Risk Populations

Elderly persons make up about 12% of Nebraska's population and about 3% of the persons served by the public mental health system. Part of the difference is statistical artifact. Many elderly are served who do not enter the system's admission statistics. Further, the assumption that mental health services should reflect the proportion of elderly in the population has been questioned. (See Peter Beeson and Heather Hong, "Specialized Mental Health Services for the Elderly: Are We Just Perpetuating Stereotypes?" A copy of this paper appears in the appendix.)

PART II

PROGRESS ON THE STATE MENTAL HEALTH PLAN

GOALS AND OBJECTIVES

FY 1977 - FY 1980

INTRODUCTION

This is the fourth annual review and progress report on the FY 1977 State Comprehensive Mental Health Plan. The guidelines require us to review only the progress made during FY 1980. Since this is the last progress report on the FY 1977 Plan, we have decided to review all of the progress made since the Plan was written. Those reading this report may wish to make reference to that Plan.

The FY 1977 Plan provided three long range goals for the public mental health system in Nebraska. These goals have remained the same over the last four and one-half years. No new long range goals have been adopted.

The FY 1977 Plan then stated several immediate objectives and action steps toward the fulfillment of the long range goals. The FY 1978 Annual Review and Progress Report surveyed progress on the FY 1977 objectives and provided new objectives for FY 1978. The FY 1979 Annual Review and Progress Report surveyed activities relevant to the FY 1978 objectives and stated new objectives for FY 1979. The FY 1980 Annual Review and Progress Report assessed action on the FY 1979 objectives. The FY 1980 Report however, was not required to provide new objectives for FY 1980. This FY 1981 Annual Review and Progress Report is also required only to review past goals and objectives and to report progress on those. As with last year, no new objectives are required. Thus, the first two annual reviews were required to survey progress towards the previous year's objectives and to provide new objectives for the subsequent year. The last two annual reviews required only a report of progress towards previous objectives. No new objectives were required.

This will be the last annual review and progress report on the FY 1977 Plan. For that reason, all objectives generated during the three years that objectives were required have been brought together. After each objective is a summary of the review of that objective which was made the year after the objective was adopted. After each one-year review, there is provided a brief summary of action which has occurred relative to that objective during FY 1980, the last eight months.

During the three years that objectives were adopted, some objectives were redundant across years. For example, there were objectives dealing with planning all three years. In describing activities of the last few months, an effort has been made to use cross references rather than describe the same activities three times.

Following this introduction is an executive summary of the last five years of the community mental health system in Nebraska, followed by a review of the objectives.

EXECUTIVE SUMMARY

Under the original Community Mental Health Centers Act of 1963, federally funded programs were required to provide five services: inpatient, outpatient, partial care, emergency and consultation and education. Under P.L. 94-63, seven additional services are required: transitional living, screening, follow-up, specialized services for children and the elderly, and alcohol and drug abuse services. All of the federally funded CMHCs in Nebraska provide the five original services, and progress is evident in the other seven areas.

All federally funded CMHC have developed agreements with local hospitals to provide inpatient care. Admissions to the inpatient programs doubled between FY1976 and FY1979. Outpatient care is available in all centers, and the utilization continues to increase. (Admissions to the outpatient programs increased 30% between FY1976 and FY1979.) Partial care is now provided by all federally funded centers. Many centers have specialized their partial care programs to meet the needs of specific age groups. Emergency services are available continuously in all areas. Consultation and education services are available in all centers. In addition to program and case consultation, an Association of Mental Health Educators has been formed, whose primary responsibilities include increasing the public awareness of mental health needs and the availability of mental health services in the state.

The following paragraphs highlight some of the progress that has been made in response to P.L. 94-63.

Transitional living programs are available in many areas, some through contract with already existing programs; other areas are actively working to establish such programs. The Community Mental Health Center of Lancaster County has a transitional living facility which accomodates twelve adults. In addition, their Independent Living Project, a quarterway program for men, serves an additional three to five persons. The Panhandle Mental Health Center in Scottsbluff has an eight-bed Transitional Living Center which continually operates at, or near capacity.

Screening and follow-up services are available in all centers. Many CMHC staff work actively with Regional Center staff on pre-discharge planning, to assure continuity of care upon release to the community. The Community Living Services Program of the CMHC of Lancaster County provides, or facilitates, comprehensive community-based services to persons leaving inpatient settings. The staff at South Central CMHC, in Kearney, attend weekly meetings with the Hastings Regional Center staff for coordination of aftercare referrals.

All CMHCs provide services to children and the elderly. Panhandle Mental Health Center was one of two programs in the state to receive a grant to provide mental health services to children. Since 1973 they have operated a specialized program for children and youth. The South Central CMHC operates a Children's Day Treatment Program. Specialized children's services at the Douglas County Hospital CMHC are provided through an affiliation with the Eastern Nebraska Community Office of Mental Health. The CMHC of Lancaster County has an affiliate agreement with the Lincoln-Lancaster County Child Guidance Center to provide services to children. The Immanuel CMHC in Omaha has operated an outpatient service for children and adolescents since 1971,

and a partial care and inpatient program for children and adolescents since 1974. A contract with the Nebraska Children's Home (NCH) enabled Immanuel to utilize the foster care and group home services of NCH. Mid-Nebraska and Great Plains Mental Health Centers, located in Grand Island and North Platte, respectively, also have specialized programs for children staffed by therapists specializing in children's services.

Great Plains MHC has established an elderly services interagency council to aid in coordinating services for the elderly. A service coordinator has been assigned to the elderly program at South Central CMHC. They also sponsor a VISTA program for older persons which provides a network between support systems and community agencies. The Counseling Services for Older Adults (CSOA) was established within the CMHC of Lancaster County in 1978. The CSOA has an affiliate agreement with the Madonna Professional Care Center and the Lincoln Area Agency on Aging. In 1979, a 31-bed Psychogeriatric Unit opened at Douglas County Hospital to assist in the evaluation, treatment, and outreach consultation of the elderly in the area. A major service to the elderly by all CMHCs is provided by consultation to nursing homes.

Alcohol and drug abuse services are available in all CMHCs, some through contract with already existing programs in the area. In 1971, the Alcoholism Treatment Program was established at Immanuel CMHC. This was followed by the establishment of a specialized treatment program for drug abusers in 1975. The Mid-Nebraska MHC has an affiliate agreement with Hastings Regional Center to provide aftercare services to alcoholic patients released to the community.

During the past five years there have been changes in both the composition of clients served and the staff in the community mental health system. Overall, admissions increased 63% between FY 1975 and FY 1979. Much of this increase was in the adult population (18-64 years). Children and the elderly are not served in proportion to their representation in the general population, but increased efforts are being made in both areas. The adolescent population (15-17 years) was the only group which increased consistently over the last five years, both in actual numbers of admissions and in the proportion of total admissions. The young adult age groups (18-34 years) still receive the lion's share of services. They make up 61% of admissions while making up only 33% of the general population.

The community mental health system has done a commendable job of reaching members of minority ethnic groups. The rate (per 1,000 persons) of admissions for minority members has been consistently higher than the rate for white persons. (During FY 1977 the rate of minority admissions was more than double the rate of white admissions.) Some areas of the state still need improvement, but overall the community mental health system has done a very good job in this area.

During FY 1975 female admissions outnumbered male admissions. Since then this has changed, and there are now more males admitted than females.

The most dramatic change in the primary diagnoses at admission over the last five years has been in the substance abuse category. Admissions in the alcohol/drug dependence category have increased almost six times between FY 1975 and FY 1979. The proportion of admissions with serious mental

disorders (e.g., psychoses and personality disorders) decreased steadily until FY 1979, when it began to increase. (This reflects the general feeling within the mental health system that persons admitted recently appear to be more seriously ill than persons admitted in past years.)

There has also been a change in the types of referrals being made to the community mental health system. Self-referrals have increased steadily over the past five years. Referrals by family members or friends increased until FY1976, but have decreased steadily since then. Referrals by the courts increased until FY1977 and decreased in FY1978 and FY1979. Referrals from private physicians have decreased while referrals from private practice psychiatrists have increased. Referrals from nursing homes and ministers have increased substantially over the past five years.

The composition of the staff in the community mental health system has also changed over the last several years. Between FY1977 and FY1980 there has been a 17% increase in the total number of full-time equivalent staff members. Direct care staff increased 13% while the administrative/clerical staff increased 28%. In the direct care categories, bachelor level workers increased the most (114%). Ph.D. level and M.D. staff members increased 21%, M.A. level and M.S.W. staff members decreased 18%. Nurses and mental health workers (less than B.A.) decreased 11% and 26%, respectively.

Federal funds to CMHCs have continued to be an important source of income during these years. The original seven Staffing Grants and two Children's Service Grants to CMHCs throughout the state have been revised and augmented to coincide with new federal funding initiatives. Four "Conversion Grants" enabled CMHCs to make the transition to newly required services. Five "Operations Grants" were awarded to provide more comprehensive funding for CMHCs with these new services and to allow expanded support for Staffing Grants. In addition, two CMHCs have obtained "Financial Distress Grants" following the regular eight years of federal support. One CMHC has obtained separate grant funds for Consultation and Education, and a Planning Grant was awarded.

Other notable federal awards to CMHCs include a Paraprofessional Training Grant and grant funds for increased services to elderly in nursing homes. An Omaha CMHC was awarded the first "Crisis Counseling" project funds in the contiguous United States. The project's goal was to alleviate the emotional impact of the tornado that destroyed a major portion of Omaha in 1975. More recently, the Medical Services Division has received a Mental Health Manpower Development Grant to increase manpower planning and address related issues in Nebraska.

A. FY 1977 GOALS AND OBJECTIVES

1. LONG-RANGE GOAL #1: TO PROVIDE COMPREHENSIVE, QUALITY MENTAL HEALTH SERVICES WHICH ARE ACCESSIBLE TO THE CITIZENS OF NEBRASKA

a. Range of Services:

(1) During FY 1977, multi-funding sources will be further investigated to identify potential program funding and/or third-party reimbursement sources. When necessary and appropriate, requests for such funds will be made in order to facilitate the provision of a wide range of services.

(a) DPI Central Office will continue to publish Money for Mental Health which provides a resource to mental health programs for their planning-budgeting activities.

(b) Local mental health programs will further investigate sources and, when appropriate, attempt to secure funding.

(c) Through the appropriations process regional governing boards of mental health programs will inform the State Legislature of budgetary needs.

(2) During FY 1977, the Department of Public Instutitions, through their contracts with regional governing boards, will work towards ensuring some pre-admission screening and follow-up care services even if reallocation of resources may be necessary.

(3) After FY 1977, the range of services will be expanded through reallocation of existing community agency resources, reallocation of overall state mental health program resources, and/or securing program funding or third-party reimbursement for expansion. Any reallocation of overall state mental health program resources will be contingent, in part, on the impact of the Nebraska Mental Health Commitment Act as it may or may not affect need for the continued level of services provided by state regional centers.

Summary of Review of Objective #1 in FY 1978

a. Range of Services:

Funding sources were continually investigated during FY77. Money for Mental Health, a newsletter providing information on available mental health funding, was published regularly and distributed to mental health programs throughout the state. The Medical Services Division also attempted to remain informed on proposed grant programs which may become available, and to relay this information to community programs and regional centers.

Although expansion of the range of services was encouraged, programs were cautioned to be realistic in this endeavor. Efforts on both state and local levels focused on securing

adequate funding through appropriations and grant applications, and to expand services at all CMHC's to include some screening and follow-up care.

Progress relative to Objective #1 in FY 1980

The Department currently provides $3 in state general funds for CMHCs for every $1 in county tax match. The Department is currently working on behalf of legislation which would provide $7.50 in state general funds for every $1 in county match.

A Task Force for System Design for Care of the Chronically Mentally Ill has been created. The ultimate goal is to extend better services to the chronic mental patient. In addition, Nebraska has applied for HUD designation for housing for the mentally ill. This program requires the organization of many community support programs as well.

Objective #2

b. Use of Least Restrictive Treatment Alternative:

(1) During FY 1977, designated mental health agencies will begin offering and providing pre-admission screening services.

(2) By September, 1976, a statewide pre-admission screening policy will be adopted in conjunction with the approval of the FY 1977 State Comprehensive Mental Health Plan.

(3) By January, 1977, all rehearings should be completed for persons committed to public mental hospitals under the old state statutes. (These rehearings, which are mandated in the Nebraska Mental Health Commitment Act, must provide for due process and selection of the least restrictive treatment alternative appropriate for treatment of the client's particular mental illness.)

(4) By January, 1977, the first baseline will be taken to attempt to measure the delivery of pre-admission screening services. This baseline will be developed from state regional center and community mental health agency client records data.

(a) Provision of pre-admission screening services will be charted quarterly thereafter.

(b) The data will provide a baseline for projecting and/or establishing levels of service delivery for FY 1978.

(5) By June, 1977, progress towards implementation of pre-admission screening services will be reported. Projections will be established for FY 1978.

(6) By June, 1977, programmatic standards for the delivery of community pre-admission screening services will be adopted.

(7) During FY 1978, ongoing monitoring of the delivery of pre-admission screening services will take place. This is both a local and state level responsibility.

(8) By June, 1978, a comprehensive program of pre-admission screening services shall be available statewide.

(9) By June, 1978, the Mental Health Authority will assess the level and impact of pre-admission screening services and will provide a written report on the findings.

Objective #3

c. Continuity of Care:

(1) By September, 1976, a statewide follow-up care policy will be adopted in conjunction with the approval of the FY 1977 State Comprehensive Mental Health Plan.

(2) During FY 1977, designated mental health agencies will begin offering and providing follow-up care services.

(3) By January, 1977, the first baseline will be taken to measure the delivery of follow-up care services. This baseline will be developed from state regional center and community mental health agency client records data.

(a) Provision of follow-up care services will be charted quarterly thereafter.

(b) The data will provide a baseline for projecting and/or establishing levels of service delivery for FY 1978.

(4) By June, 1977, progress towards implementation of follow-up care services will be reported. Projections will be established for FY 1978.

(5) By June, 1977, programmatic standards for the delivery of community follow-up care services will be revised, and adopted.

(6) By June, 1977, all federal and state funded community mental health agencies should have a defined mechanism for reviewing the agency's internal continuity of care.

(7) During FY 1978, ongoing monitoring of the delivery of follow-up care services will take place. This is a responsibility of both state and local levels.

(8) By June, 1978, a comprehensive program of follow-up care services shall be available statewide.

(9) By June, 1978, the Mental Health Authority will assess the level and impact of follow-up care services and will provide a written report on the findings.

Summary of Review of Objectives 2 and 3 in FY 1978

b. Use of Least Restrictive Treatment Alternatives, and;

c. Continuity of Care

Community agencies responsible for screening and follow-up care were designated by each regional governing board, and efforts were made to inform the public and appropriate agencies of the availability of these services.

Several CMHC's, including South Central, Mid-Nebraska, and Northern Nebraska, have pursued formal agreements with regional centers concerning the entire range of "continuity of care" services. Staff members have been assigned specifically as the center coordinator for screening and follow-up care.

Study of the impact and range of screening services will be incorporated into FY78 projects. A preliminary study of follow-up care was done, which showed a positive correlation between receiving follow-up care and being readmitted to a regional center. This study will be done again to gain more information on the impact of the follow-up care in Nebraska and the various reasons for such a correlation. Nebraska will continue to provide for these services, monitor their implementation, and refine the delivery of these services in the mental health system.

Progress relative to Objectives 2 and 3 in FY 1980

Specific criteria for admission to regional centers are being written. Included are criteria for determining when a regional center should refer an admission request elsewhere. A Task Force for a Single Entry System is being created. The Task Force on care of chronic patients, mentioned under objective #1, has its first meeting March 21. With new emphasis on pre-admission screening, greater controls on admission to regional centers, and more community alternatives for chronic patients, it is expected that continuity of care in the least restrictive settings will be enhanced.

The Division is conducting a study of regional center terminations for a 90-day period. The patients are being tracked to see what services they receive. In addition, patient information is being studied to determine what services were received prior to regional center admission. In this way, the prevailing level of preadmission screening and follow-up care will be determined.

Objective #4

d. Physical Accessibility:

(1) During FY 1977, community mental health programs will continue to improve the physical accessibility of services as much as possible within the existing budget resources.

(2) During FY 1977, as part of the local program planning and budgeting process, program improvements for increasing physical accessibility will be integrated into the FY 1978 service plans and budget requests. Consideration will be given to improving physical accessibility through use of existing resources, such as relocation of personnel to underserved areas.

(3) By January, 1977, a project design for assessing and monitoring physical accessibility of the twelve essential services on a statewide basis will be completed. The design will entail setting measurable criteria for use in monitoring physical accessibility.

(4) By March, 1977, a report on the physical accessibility of the twelve services (services available as of June 30, 1976) will be available.

(5) By August, 1977, a second report comparing FY 1976 to FY 1977 physical accessibility of services will be available.

(6) By August, 1977, projected and/or required measurable levels for increases in physical accessibility during FY 1978 will be established.

(7) During the remaining fiscal years, physical accessibility of services will continue to be stressed and monitored.

(8) By June, 1981, criteria established during FY 1977 for appropriate levels of physical accessibility will be achieved.

Summary of Review of Objective #4 in FY 1978

d. Physical Accessibility

A study of the physical accessibility of mental health services was done during FY77 and several recommendations resulted. These have been shared with the CMHCs and their future planning will hopefully reflect these recommendations.

Progress relative to Objective #4 in FY 1980

The second 1977 study was never done.

At the area-wide level, Douglas County Hospital CMHC, Immanuel CMHC, and Northern Nebraska CMHC have all opened new satellite clinics in the last year to increase accessibility.

At the individual center level, information about "504" requirements for accessibility to handicapped was distributed. Staff attended a workshop on these requirements and are available as resource persons.

Objective #5

e. Cultural Accessibility

(1) During FY 1977, all regional community programs in conjunction with catchment area programs will study cultural accessibility in relation to the treatment needs of special population groups.

(2) By April, 1977, regional community programs will submit a report of the findings and recommendations to DPI Central Office.

(3) By June, 1977, DPI Central Office in order to assist the Mental Health Authority will publish a compilation of statewide findings and recommendations.

Summary of Review of Objective #5 in FY 1978

e. Cultural Accessibility

Each regional community mental health program has been asked to assess the cultural accessibility of their services. The study is nearing completion at the time this report is being written. From these regional reports, recommendations will be presented by the Medical Services Division for consideration by the community mental health programs.

Progress relative to Objective #5 in FY 1980

The statewide study of cultural accessibility was never completed.

The Panhandle CMHC cosponsors an annual workshop on Cultures in Perspective.

Objective #6

f. Continuing Education for Mental Health Personnel:

(1) By July, 1976, a needs assessment to determine potential consumers' (i.e. - mental health personnel) continuing

education needs and interests will be completed. DPI Central Office and the Nebraska Mental Health Educators and Community Coordinators Association are coordinating this project.

(2) By August, 1976, a statewide program plan for continuing education, which will be included in a federal project proposal, will be completed and submitted to NIMH for consideration. The program plan will be based on consumer needs assessment and analysis of the overall system needs.

(3) During FY 1977, subject to available federal funds, a new statewide continuing education program for mental health personnel will be implemented.

(4) During FY 1977, subject to available state funds, DPI will offer training workshops on a variety of topics relevant to the planning, administration, and delivery of mental health services.

Summary of Review of Objective #6 in FY 1978

f. Continuing Education for Mental Health Personnel

A needs assessment conducted during FY76 resulted in a statewide list of projects for continuing education. These projects focused on the needs voiced by mental health personnel across the state. Workshops were presented to address the identified needs.

Two national figures, Dr. Bertram Brown, Director of the National Institute of Mental Health, and Harry Schnibbe, Executive Director of the National Association of State Mental Health Program Directors were guest speakers at the Professions Workshop and Legislative Forum respectively.

Progress Action relative to Objective #6 in FY 1980

The Division has not sponsored any projects of a continuing education nature during FY 1980. All regional centers and CMHCs continue to have programs of staff development. Work is underway to cosponsor a Sandoz conference on Geriatrics for continuing medical education credit. Work is also in progress to secure continuing medical education credit for regional center staff development programs, to which CMHC staff are invited. Otherwise, it is expected that continuing education will be a principal concern of the manpower staff when they are hired.

Objective #7

g. Programmatic Standards for Community Programs:

(1) During FY 1977, continued monitoring of mental health programs will occur based on the presently approved DPI Standards Document.

(2) By June, 1977, programmatic standards will be developed to address the twelve essential services. The Mental Health Authority will coordinate this project and will work in cooperation with mental health programs and other agencies.

(3) After FY 1977, monitoring and enforcement of programmatic standards will be based on the new standards document.

Objective #8

h. J.C.A.H. Evaluations:

(1) During FY 1977, state regional centers will continue to make the quality of care improvements recommended by J.C.A.H.

(2) During FY 1977 and FY 1978, federally funded community mental health centers will seek accreditation from J.C.A.H.

(3) During FY 1978, state regional centers will be surveyed by J.C.A.H. for renewed accreditation.

Summary of Review of Objectives 7 and 8 in FY 1978

g. Programmatic Standards for Community Programs, and;

h. J.C.A.H. Evaluations

The programmatic standards have been undergoing a change through the revising of LB302 Regulations. This project will be completed early in FY78, and will reflect the changes in the mental health system and efforts to enforce such standards. South Central CMHC will have a J.C.A.H. evaluation in May, 1977, and J.C.A.H. standards will be considered in the revising of Regulations.

The Hastings, Lincoln, and Norfolk Regional Centers are fully accredited under J.C.A.H. and will be surveyed again during FY78.

Progress relative to Objectives #7 and 8 in FY 1980

Both Lincoln Regional Center and Hastings Regional Center were surveyed by J.C.A.H. during FY 1980. Both received accreditation.

With the introduction of the new federal CMHC Monitoring and Reporting Package, the Division is writing new standards for CMHCs to better work with federal surveyors. A policy of joint site visits has been adopted. Work is progressing to include other units of state government.

2. LONG-RANGE GOAL #2: TO DEVELOP AND IMPLEMENT EFFECTIVE METHODS FOR THE PLANNING AND ADMINISTRATION OF MENTAL HEALTH SERVICES

Objective #1

a. Needs Assessment:

(1) By March, 1977, the Mental Health Authority will survey mental health programs to determine the level and use of various needs assessment methods for program planning.

(2) By December, 1977, the Mental Health Authority, in conjunction with mental health programs, will determine what types of information and methods for collecting data are necessary to meet planning and program development needs on a statewide basis.

(3) By March, 1978, mental health programs will implement new and/or modified needs assessment procedures for use in future program planning and development. Systems implemented locally or at regional centers will be based on standardized procedures developed for statewide use.

Summary of Review of Objective #1 in FY 1978

a. Needs Assessment

Efforts are underway to update the Mental Health Information System. Representatives from community mental health programs have been involved and comments were taken concerning the information and data necessary for adequate planning. This subject will be further addressed during FY78.

Progress relative to Objective #1 in FY 1980-

All CMHCs continue to do needs assessments, each according to methods which suit their areas.

DPI is in the process of hiring a Director of the Data Management Unit. It is anticipated that the mental health data system will be revised after his/her arrival.

One major assessment of need, "Nebraskans and Their Mental Health," has been completed. The Division is currently doing two studies which will indicate need for services. One study is using Medicaid data and the other study is using SSI data. These will be evaluated as to their potential as need indices for a new FY 1981 Mental Health Plan.

Objective #2

b. Consumer and Health Care Provider Participation in Planning:

(1) During FY 1977, additional consumers and health care providers will become involved in the mental health planning process through participation on the new State Advisory Council.

(2) During FY 1977, the Mental Health Authority in conjunction with the State Mental Health Association, will study patterns of citizen participation in mental health planning at both the local and state levels.

(3) By December, 1977, a report will be issued describing patterns of citizen participation in mental health planning and program development. The report will contain recommendations for integrating facets of the planning process, such as citizen participation and data analysis.

Summary of Review of Objective #2 in FY 1978

b. Consumer and Health Care Provider Participation in Planning

With the creation of the State Mental Health Advisory Council and the writing of new FY78 Goals and Objectives, more consumer and provider participation in planning is evident. In addition, community mental health programs, particularly Great Plains CMHC, have developed extensive networks of citizens interested in future directions of their programs. Their input is requested for grant applications, plans, and program development.

The Medical Services Division will pursue this objective through FY78 projects, which include the distribution of materials designed to maximize citizens' knowledge of the mental health system.

Progress relative to Objective #2 in FY 1980

New goals and purposes for the State Citizen's Mental Health Advisory Committee are planned. Efforts to educate SCMHAC members in citizen participation are being made and efforts to prepare members for meetings have increased substantially. A consultant in structured group processes from the University of Nebraska at Lincoln is being hired to work with the Advisory Committee and its Education Subcommittee over the next year. It is anticipated that this consultant will also be available to the Regional Advisory Committees required by state law.

Objective #3

c. Coordination with Health Planning and Other Human Services:

1. Goal: Improve Overall Coordination of Planning Between Health and Mental Health Entities

A variety of new and continued activities will insure the essential planning coordination between health and mental health. Some of the FY 1977 activities will include:

(1) formation of a new State Advisory Council for mental health with representation from the HSA's and the State Planning and Resources Development Agency;

(2) increased joint planning between regional or local mental health programs and HSA's prior to the formal HSA review of applications or plans; and

(3) increased joint planning and coordination between the state agencies prior to the formal state agency and SHCC review of projects or plans.

2. Goal: Investigation and Eventual Adoption of a Unified Mental Health Planning Process and Document Format

Under P.L. 94-63 and P.L. 93-641, there is potential for developing two separate federally required state plans for mental health services. The plans may differ in format and could vary in general content and program development recommendations. Therefore, unless clarification and requirements should be established by HEW, the designated state agencies in Nebraska will further assess this situation with the goal of establishing a unified mental health planning process and document format.

The state agencies, Department of Public Institutions and the State Planning and Resources Development Agency, will initiate this investigation and will work cooperatively with local and regional mental health programs and HSA's in studying and clarifying approaches for mental health planning.

3. Goal: Joint Planning for Mental Health Manpower Needs

Since manpower planning is necessary for a successful implementation of both Public Laws 93-641 and 94-63, the Department of Public Institutions and the Health Department's State Planning and Resources Development Agency will work cooperatively in planning for the mental health manpower needs.

4. Goal: Joint Review of Catchment Area Boundaries

The State Mental Health Authority and the State Planning and Resources Development Agency are each required to review catchment area boundaries at least once every five years. Since this is a requirement of both agencies, the next major review will be sponsored jointly.

During FY 1977 local and state mental health programs in conjunction with local and state health planning agencies will jointly review catchment area boundaries using the procedure outlined in Part I, Section D3.

5. Goal: Study feasibility of Combining All State Level Mental Health Advisory Committees--Combine Committees if Appropriate

As discussed under Part IB of this plan, Nebraska could have two separate state level mental health advisory committees formed under the auspicies of P.L. 94-63 and P.L. 93-641. The first being the State Advisory Council to the Mental Health Authority and the other a special mental health advisory committee to the SHCC. This may be an unnecessary and costly duplication of functions if two such advisory committees were in existence.

During FY 1977 and after the SHCC has been formed and defines its advisory committee needs, the Department of Health and the Department of Public Institutions in conjunction with the State Advisory Council and the SHCC will investigate the feasibility of combining state level mental health advisory committee groups.

Summary of Review of Objective #3 in FY 1978--

c. Coordination with Health Planning and Other Human Services

A continuing emphasis has been placed on coordinating activities with HSA's, the State Division of Health Systems Planning, the Nebraska Commission on Aging, and other human service agencies.

Progress relative to Objective #3 in FY 1980

The Department recently created the position of Coordinator of Planning within the Director's Office. This is funded jointly by the Department and the Department of Health. This person has oversight of state planning in mental health, alcohol and drug abuse, and of those portions of the State Health Plan. It is anticipated that better coordination between the various plans will result.

The Division continues to participate with the Department of Health planners in the determination of a psychiatric bed formula.

In addition, centers are surveyed routinely about their participation in health planning. A schedule by which Division staff will attend HSA reviews of CMHC grant applications has been constructed.

Objective #4

d. Program Development Options:

(1) During FY 1977, the design and administrative management of mental health service modalities or support services will be studied.

(a) Special emphasis will be given to maintenance of client records.

(b) Staffing patterns will be studied.

(2) By March, 1977, and subject to available funds, the first issue of a new newsletter will be disseminated. The newsletter will highlight the design and management of effective, efficient mental health programs in Nebraska.

(3) By June, 1977, a preliminary report will be issued by the Mental Health Authority regarding the findings of the above-mentioned study.

Summary of Review of Objective #4 in FY 1978

d. Program Development Options

Much of the original objective for program development focused on studying different service delivery and administrative systems. Although this was not done during FY77, the Medical Services Division has included this study in FY78 projects.

Progress relevant to Objective #4 in FY 1980

The formal study of service delivery and administration, scheduled for 1977, was never completed. However, quality of client records and staffing patterns continue to be studied during site visits and in plans of expenditures.

The development and auditing of management information systems is a continuous activity. In addition, the recent Region VII Technical Assistance Needs Assessment studied many aspects of administration.

The Division is currently funding a major Manpower and Resources Survey being conducted by the Bureau of Sociological Research at the University of Nebraska at Lincoln. It is expected that this survey will provide a much clearer picture of the mental health delivery system in Nebraska. The survey will cover both public and private nonprofit providers for staff, services, and types of clients.

Objective #5

e. Manpower Planning and Recruitment:

(1) During FY 1977, DPI Central Office will continue to be involved in those activities (e.g. - State Health Manpower Project) noted under Part II, Section H.

Summary of Review of Objective #5 in FY 1978

e. Manpower Planning and Recruitment

The Medical Services Division reviewed and offered comments on the State Health Manpower Project, which addressed the need for mental health professionals across the state. There were several areas with which the Division disagreed, but future efforts will include providing the State Health Manpower Project with accurate data, and attempting to be involved at all stages of the Manpower Project; i.e., from data collection through the process of writing recommendations.

Progress relevant to Objective #5 in FY 1980

The Division is currently in the process of hiring a Mental Health Manpower Planning Manager. The Manpower Planning grant budget year 01 was extended to June 30, 1981. Thus, the Division will have a full five years with its Manpower Planning grant after the Manager is hired. It is anticipated that the Mental Health Manpower Planning project will work closely with the Health Manpower Planning project.

The Division recently completed a study of psychiatrists in the state and their agency affiliation, if any. In addition, the Division has worked with the Department of Personnel which is doing a major salary survey of job classifications employed by the Department. It is anticipated this information will be used in manpower planning.

Objective #6

f. Cost Finding and Rate Setting:

(1) During FY 1977, DPI Central Office will investigate options for cost finding and rate setting.

(2) By June, 1977, a preliminary report with recommendations will be issued.

Objective #7

g. Standardized Accounting System:

(1) During FY 1977, DPI Central Office will investigate options for a standardized accounting and auditing

procedure for all mental health community-based programs receiving funds from the state.

(2) By June, 1977, a report on the findings will be issued.

(3) During FY 1978, modifications in the planning-budgeting process may be implemented, depending on findings during FY 1977.

Summary of Review of Objectives #6 and 7 in FY 1978

f. Cost Finding and Rate Setting, and;

g. Standardized Accounting System

Both of these objectives have been pursued through efforts at the state and local levels. DPI scheduled meetings between CMHCs and a consultant contracted through the federal government to evaluate and advise on cost accounting systems for the CMHCs. Mid-Nebraska, Great Plains, and South Central CMHC have devoted considerable effort to developing their cost accounting systems, and other CMHCs are addressing these areas in grant applications.

Progress relevant to Objections #6 and 7 in FY 1980

The Division will begin reimbursing units of service in July, 1980. In preparation for this, effort is being devoted to standard cost accounting and rate setting. Minimum standards for cost accounting and for CPA audits are being written. All CMHCs currently report monthly units of service. Rates for reimbursement of services are being studied.

Objective #8

h. Planning - Budgeting Process:

(1) During FY 1977, improved methods for integrating planning-budgeting activities at local and state levels will be investigated.

(2) By June, 1977, a report on the findings will be issued.

(3) During FY 1978, modifications in the planning-budgeting process may be implemented, depending on findings during FY 1977.

Objective #9

i. Program Evaluation:

(1) During FY 1977, Nebraska will participate in the Region VII Program Evaluation Network.

(2) During FY 1977, pilot projects of program evaluation will be implemented in community programs and state regional centers. This would include further implementation of Goal Attainment Scaling evaluation projects. It is the responsibility of community programs and state regional centers to direct and maintain evaluative projects.

(3) By June, 1977, a progress report on statewide program evaluation projects will be issued.

Summary of Review of Objectives #8 and 9 in FY 1978

h. Planning - Budgeting Process, and

i. Program Evaluation

DPI has proceeded to design a new planning/budgeting process which includes program evaluation as part of the planning/budgeting cycle. This new process is currently being initiated. DPI will pursue this effort as an ongoing project.

Progress relevant to Objectives #8 and 9 in FY 1980

Research is either under contract or being done by the Division in preparation for an FY 1981 State Mental Health Plan. It is anticipated that the plan will be done by June, 1980. The plan will yield numerical need indices and be used as a basis for writing the FY 1981 budget. The three studies of need described under FY 1977, Goal #2, Objective #1, are part of this planning process. The survey of Manpower and Resources described under FY 1977, Goal #2, Objective #4 is also part of this process.

Budget Requests and Plans of Expenditures documents used by regions are being combined thus simplifying the budgeting-planning process.

All regional centers and CMHCs are required to conduct studies of program evaluation. Region VI recently completed a feasibility study of using outcome evaluation information in planning and budgeting.

Objective #10

j. Physical Plants:

(1) During FY 1977, the overall quality of federal community mental health centers' physical plants will be assessed. Compliance with health, safety, and fire standards and meeting overall programmatic needs will be considered.

(2) By June, 1977, a priority ranking for construction and/or remodeling needs will be established. The Mental Health Authority will coordinate the assessment process and development of the priority ranking formula.

Summary of Review of Objective #10 in FY 1978

j. Physical Plants

The Medical Services Division completed an evaluation of the CMHC physical plants and ranked them according to apparent need.

Progress relevant to Objective #10 in FY 1980

The two CMHCs most in need of new quarters are scheduled to be moved by the end of the fiscal year. Both Northern Nebraska CMHC and South Central CMHC either have leased or plan to lease space in new office buildings. In both cases, the new locations will bring greater proximity to medical communities which is expected to enhance referral and consultation.

3. LONG-RANGE GOAL #3: TO INCREASE SERVICES TO HIGH RISK GROUPS AND UNDER-SERVED POPULATIONS

Objective #1

a. Elderly:

(1) During FY 1977, the proportion of admissions of elderly will be increased over those of the base year (FY 1975).

(2) By June, 1977, a quantifiable objective for increased admissions during FY 1978 will be established.

(3) During FY 1978, the federally funded community mental health centers will have identifiable specialized programs for the elderly.

Summary of Review of Objective #1 in FY 1978

a. Elderly

Most CMHCs have promoted an increased emphasis on serving the elderly population in their catchment areas. This is reflected by the planning included in grant applications to reach out to nursing homes and existing community resources and agencies which provide services to the elderly.

Progress relevant to Objective #1 in FY 1980

An attempt to assess the need for services to elderly will be included in the FY 1981 State Mental Health Plan currently underway. The DPI Coordinator of Planning and the Coordinator of Planning, Research, and Evaluation for the Commission on Aging recently produced a study of mental health services to elderly.

The Division has identified resource persons on services to elderly in each regional center. These persons will act on behalf of the

Division in a variety of ways. Current activities include representing the Division to the Commission on Aging and at conferences, initiation of interaction with counterparts in CMHCs, and program planning and evaluation.

Objective #2

b. Children and Adolescents:

(1) During FY 1977, the proportion of admissions of children and adolescents, ages 5-9 and 10-14, will be increased over those of the base year (FY 1975).

(2) By December, 1976, based on availability of federal construction funds, a statewide plan for services to children and adolescents will be completed.

(3) By June, 1977, a quantifiable objective for increased admissions during FY 1978 will be established.

(4) During FY 1978, the federally funded community mental health centers will have identifiable specialized programs for children and adolescents.

Summary of Review of Objective #2 in FY 1978

b. Children and Adolescents

Work was begun by DPI to assess the statewide need for children's services. An initial report indicated that there was not a need for further inpatient hospital facilities but that increased residential services may be indicated. Further study will be done in order to develop a comprehensive statewide plan for children and adolescents services.

Progress relevant to Objective #2 in FY 1980

An attempt to assess need for services to children and adolescents will be included in the FY 1981 State Mental Health Plan currently underway.

Objective #3

c. Other High Risk and Underserved Populations:

(1) By June, 1977, quantifiable objectives for increased services to other high risk and underserved populations during FY 1978 will be established as a statewide objective.

Summary of Review of Objective #3 in FY 1978

c. Other High Risk and Underserved Populations

Efforts have been made to identify high risk populations on both local and state levels. The Medical Services Division has been studying the needs of criminal offenders and will pursue this during FY78. Most CMHCs have identified specific target groups from their catchment areas and focus their service planning on these groups. For example, South Central CMHC has identified aftercare clients, couples involved in divorce action who may seek services, persons arrested for drug offenses, and so on. The Panhandle CMHC addresses the need for services for the migrant farm worker, among others. Each catchment area has identified groups which are underserved, and planned for the delivery of services to these groups.

Progress relevant to Objective #3 in FY 1980

The quantifiable objectives for services to high risk populations were not produced in 1977 or 1978. It is anticipated that objectives for services to children and elderly will be in the FY 1981 State Plan. Objectives for high risk chronic patients should come from the Task Force for System Design for Chronic Mental Patients.

B. FY 1978 GOALS AND OBJECTIVES

The goals established in the FY77 Nebraska State Comprehensive Mental Health Plan are the long range priorities for Nebraska's mental health system. They are:

1. To provide comprehensive, quality mental health services which are accessible to citizens of Nebraska.

2. To develop and implement effective methods for the planning and administration of mental health services.

3. To increase services to high risk groups and underserved populations.

Objective #1

Develop an effective, useful mental health information system which serves the budgetary, programmatic, and planning needs of the community mental health programs, regional centers, DPI, and its Medical Services Division.

Project: During FY78, the Medical Services Division in conjunction with the regional centers and community mental health programs, will study the need and options for an information system, and will develop a proposal by July 1, 1977, which will be presented to the DPI Statistical Committee for consideration.

Summary of Review of Objective #1 in FY 1979

1. Medical Services Division, in consultation with CMHCs and regional centers developed a proposal for the Mental Health Information System.

2. Medical Services staff met with program evaluators and program administrators in the CMHCs to assist them in setting up Center Management Information Systems.

3. DPI staff and Miles Cooper, a federal consultant on contract with the Region VII DHEW office, consulted with six programs to develop cost finding capacity and unit cost data.

4. During site visits, Medical Services staff discussed outcome evaluation measures with each Center. A variety of alternative measures were analyzed.

Progress relevant to Objective #1 in FY 1980

The hiring of a new Data Management Unit Director and the anticipated revision of the mental health data system was indicated under FY 1977, Goal 2, Objective #1. New efforts at standard cost finding procedures in preparation for reimbursement of units of service were described under FY 1977, Goal #2, Objective #6.

Objective #2

Develop improved approaches to mental health planning in Nebraska.

Project: The Medical Services Division, with the assistance of DPI Central Office, will complete a statewide, integrated plan for services, which will include two sub-plans; one for children's services, one for elderly services. The plan will attempt to quantify need for services, based on model mental health service system, identify existing resources/program capacity, and establish service priorities. It will be completed during FY78. This plan will be coordinated with the State Departments of Public Welfare and Health, the Nebraska Commission on Aging, and other state and local agencies.

Summary of Review of Objective #2 in FY 1979

1. Medical Services Division completed a statewide plan for children's services.

2. A Methodology Task Force, comprised of representatives from HSAs, regional centers, CMHCs, the State Division of Health Systems Planning, and the State Advisory Council, was created to review methodology proposals for the statewide plan. Three proposals were reviewed and the task force's comments were incorporated into the planning process.

3. All three regional centers and most of the CMHCs became involved in local health planning activities. Mental health concerns were also represented on the Statewide Health Coordinating Council, with the directors of one regional center and one CMHC as members.

4. Several CMHCs refined their local planning activities to solicit citizen input, including the creation by the CMHC of Lancaster County of an annual public forum to review and discuss their evaluation report.

5. Medical Services staff, regional center, CMHC, regional program staff and State Advisory Council members will be attending a two-day workshop on the State Health Plan. Review, comments, and suggestions for future planning will be covered.

Progress relevant to Objective #2 in FY 1980

The quantified plan for FY 1978 was never completed. Current planning efforts directed toward the development of quantitative need indices are described under FY 1977 Goal 2, Objectives #1 and #9.

Objective #3

Improve the working relationship and communication between community mental health programs and regional center programs.

Project: The Medical Services Division will develop information networks for representatives of regional centers, DPI, and community mental health programs. Networks would exist for planners, research/evaluators, educators, and any other groups which indicate interest.

Project: The Medical Services Division will continue joint meetings between regional program administrators and regional center directors to discuss common problems, programs, and future directions.

Summary of Review of Objective #3 in FY 1979

1. FOCUS newsletter was published monthly by the Medical Services Division and served as a formal channel for the exchange of information between the Division, the regional centers, and the CMHCs.

2. The network for planners consisted of the Methodology Task Force, the planning subcommittee of the State Advisory Council, and the staff or directors of CMHCs and regional centers. These persons were all involved in planning activities during FY 1978.

3. The network of program evaluators was used during FY 1978 to discuss and develop cost accounting, MIS and outcome evaluation measures.

4. The Medical Services Division worked with the network of community mental health educators to provide them with a variety of information, including summaries and analyses of the Report of the President's Commission on Mental Health.

5. A joint meeting was held between CMHC directors, regional center directors, and regional program administrators to discuss problems with screening and follow-up. The Medical Services Division encouraged each center to develop cooperative agreements with the regional centers concerning screening and follow-up.

6. Lincoln Regional Center and the Community Mental Health Center of Lancaster County developed a continuity of care system which includes pre-discharge planning, and a three-month meeting to determine the status of care for discharged clients. Norfolk Regional Center and Northern Nebraska Mental Health Center share staff on aftercare, outpatient, screening and chemical dependency counseling.

Progress relevant to objective #3 in FY 1980

Regional Program Administrators began meeting with Facility Directors quarterly. Both CMHC Directors and Regional Center Directors serve on a variety of work groups such as the Mental Health Manpower Advisory Committee and the Task Force on Care of

Chronic Patients. The association for specialized services to the elderly will include staff of regional centers and CMHCs. In addition, clinical resource persons in regional centers are being identified and oriented so they may help with site visits of CMHCs and otherwise provide technical assistance.

Objective #4

Design a Mental Health Manpower Development Plan for Nebraska.

Project: The Medical Services Division will study the staff ratios at the regional centers and CMHCs to compare with national standards and establish a base line in Nebraska. This information will be shared with the State Department of Health as input into their State Health Manpower Project.

Project: Continuing education programs in Nebraska will be surveyed to determine if there is a need to apply for assistance to develop further continuing education programs for mental health personnel. The Medical Services Division will develop a report on the findings during FY78, and take action on its recommendations.

Project: The Medical Services Division will study models for training programs for paraprofessional and preservice professional mental health personnel. The Division will consult with the University of Nebraska and community colleges concerning the findings.

Summary of Review of Objective #4 in FY 1979

1. The Medical Services Division studied a variety of national standards for staffing ratios and compared Nebraska staffing ratios with national standards.

2. The Medical Services Division conducted a review of the literature pertaining to innovative ways to foster staff-sharing, staff development, and other manpower issues.

3. Medical Services staff members attended a regional conference on manpower development in Detroit, Michigan. The conference provided staff with technical assistance on preparing a manpower grant, as well as affording an opportunity to learn about other states' programs on manpower.

4. The Medical Services Division prepared a grant application for manpower development. This application was not funded and the development of a revised grant application was begun.

5. The Division discussed training programs for paraprofessionals and preservice paraprofessional mental health personnel with representatives of the University of Nebraska's School of Social Work. The Division staff also contacted each college, technical college, and university in the state to make them

aware of the manpower development grant, as well as possible collaboration on training and education programs. Medical Services also met with staff members from the UN-L Continuing Education Department and discussed projects conducted jointly by the Department and the UN Graduate School of Social Work.

6. The State Department of Health and the Medical Services Division of DPI succeeded in having eight of twelve Nebraska catchment areas designated as Psychiatric Manpower Shortage Areas by the federal Health Resources Administration.

7. Northern Nebraska CMHC was awarded a grant from the Professional Manpower Development Branch, NIMH, to train paraprofessionals in implementing a comprehensive system of rural emergency mental health services.

Progress relevant to Objective #4 in FY 1980

The study of models for training paraprofessionals was not done.

The Mental Health Manpower Advisory Committee is established and meeting. Recruiting and selection of a Mental Health Manpower Planning Manager is nearing completion. Other actions relative to manpower planning and continuing education are reviewed under FY 1977 Goal #1, Objective #6, and Goal #2, Objective #5.

Objective #5

Develop improved administrative procedures for the mental health program in Nebraska.

Project: The Medical Services Division will initiate efforts to coordinate site visits. Federal and state site visits may be combined, and the possibility of including the DPI Budget and Audit Division on the joint Medical Services/Alcoholism site visits will be explored.

Project: The Medical Services Division will develop and implement an integrated planning, budgeting, and evaluation procedure for the community mental health programs and the regional centers during FY78.

Project: The Medical Services Division, in conjunction with the community mental health programs, will investigate the development of measurable units of improvement which are comparable among programs.

Project: The Medical Services Division, as an assistance to CMHCs, will explore the possibility of adopting those J.C.A.H. standards which are deemed appropriate.

Project: The Medical Services Division will monitor the provision of preadmission screening and follow-up care in order to ensure that the least restrictive treatment alternatives are

being used, and that patients are assured of continuity of care within Nebraska's mental health system. This monitoring will result in a report on these efforts by the end of FY78. Recommendations concerning changes needed in procedures, emphasis, or levels of service will be included in this report.

Project: During FY78, the Medical Services Division, with the cooperation of the regional centers and community mental health programs, will assess the physical, economic, cultural, and psychological accessibility of mental health services in Nebraska. A report, including recommendations for each catchment area, will be jointly developed by all parties and will be completed during FY78.

Project: The Medical Services Division will investigate the potential impact of federal block grant funding for mental health. Recommendations on the use and distribution of such funds may be prepared by the end of FY78.

Summary of Review of Objective #5 in FY 1979

1. Site visits were coordinated between the Medical Services Division, HSA Governing Board representatives, State Health Department representatives and staff from the Region VII DHEW office.

2. Medical Services designed a format for plans of expenditures, defined information requirements for the plans, and reviewed the plans for approval, conditional approval and disapproval.

3. Medical Services worked with DPI's Budget and Audit Section to revise budget forms for CMHCs. The new budget forms reflect unit cost information now available from CMHCs.

4. The Medical Services Division worked with the CMHCs to investigate the development of measurable units of improvement which would be comparable among programs.

5. The Medical Services Division adopted JCAH standards for Community Mental Health Centers as the standards of the Division. Two community mental health programs applied for and were awarded one-year JCAH accreditation. The Division prepared to offer technical assistance to all programs with regard to JCAH accreditation, and planned "JCAH simulation" site visits to help programs prepare for a survey.

6. During site visits, screening and follow-up services were included as an area of emphasis with each center.

7. The Medical Services Division surveyed the regional centers to identify gaps in services, problems with the use of referral mechanisms and pre-discharge planning and provided assistance to overcome these problems.

8. Medical Services staff discussed problems of accessibility with center staff and if problems were evident, they were addressed in site visit reports.

9. The Medical Services staff conducted a study of telephone listings of CMHCs to determine which types of listings were most accessible to the public.

10. A survey of county commissioners was conducted to determine their priorities for mental health services. Accessibility was not seen as a major priority, but quality, cost, and general availability of appropriate services received high priority.

11. Each CMHC identified specific ethnic, age, and economic groups to which they want to increase services.

Progress relevant to Objective #5 in FY 1980.

The studies of accessibility planned for FY 1978 were not completed.

Joint federal and state site visits are Department policy. In addition, all Divisions within the Department site visit together. Planning and budgeting are being integrated with the FY 1981 State Mental Health Plan. Preadmission screening is being increased with steps toward a single entry system. Aftercare is being studied by the Division and the Task Force on Care of Chronic Patients.

Objective #6

Determine methods to maximize the appropriate role of mental health advisory groups.

> Project: The Medical Services Division, in coordination with the State Mental Health Advisory Council and the State Citizens' Mental Health Advisory Committee, will study the possibility of combining the two through legislation. If a bill would be appropriate, a draft will be completed by October, 1977.
>
> Project: The Medical Services Division will provide mental health educational and informational materials to advisory and governing boards directly and through the Nebraska Association of Mental Health Educators.

Summary of Review of Objective #6 in FY 1979

1. The State Citizens' Mental Health Advisory Committee and the State Mental Health Advisory Council were merged into one group.

2. Medical Services staff provided technical support to the State Advisory Council and its five subcommittees throughout the year.

3. The Medical Services Division revised a training manual for advisory committee members (developed by Region II) for use by the State Advisory Council.

Progress relevant to Objective #6 in FY 1980

See FY 1977 Goal #2, Objective #2. A consultant in structured group processes is being hired to work with the State Citizens' Mental Health Advisory Committee (SCMHAC). Packages of information will be mailed to members to prepare them for meetings. New goals and purposes are being explored by the committee.

Objective #7

Improve coordination with Health Planning and other human service agencies.

Project: The Medical Services Division will continue efforts to coordinate planning and services with the State Department of Health, Nebraska Commission on Drugs, the Division on Alcoholism, the Social Security Administration, the Department of Public Welfare, the Department of Education, the Housing and Urban Development agencies, the Department of Correctional Services, and the Nebraska Commission on Aging.

Project: The Medical Services Division will continue to coordinate with the three Health Systems Agencies in Nebraska and primarily with the State Division of Health Systems Planning. Included in these efforts will be coordinating planning projects and assisting in identifying statewide needs for services.

Project: The Medical Services Division, in coordination with the Department of Correctional Services and community mental health programs will study the possibility of utilizing CMHC's as community resources for parolees and released offenders. A report with recommendations will be completed by September 1, 1977.

Summary of Review of Objective #7 in FY 1979

1. Medical Services coordinated planning with and through the State Division of Health Systems planning. In addition, Medical Services staff met with representatives of the Nebraska Commission on Aging to discuss Community Support Programs and a proposed workshop on health needs of the elderly.

2. Medical Services staff contacted representatives of Housing and Urban Development to discuss new federal funding for housing for the mentally or physically disabled.

3. The Medical Services Division reviewed all three HSA plans and met with State Division of Health Systems Planning representatives to provide comments.

4. Medical Services and the State Division of Health Systems Planning hired a Senior Health Planner, assigned to Medical Services, to coordinate state mental health planning activities.

5. Medical Services staff conducted a needs assessment in the state penal complex to estimate how many inmates would require inpatient services, less intensive services, post release follow-up, or no services. As a result, twenty-three beds at the Lincoln Regional Center's Security Unit were made available for inmates.

6. The CMHC of Lancaster County is providing local support for released offenders, and is pursuing an arrangement to work more closely with the County/City jail.

Progress relevant to Objective #7 in FY 1980

See FY 1977 Goal #2, Objective #3. The Department and the Department of Health jointly fund a Coordinator of Planning. The Division participated in a study of psychiatric bed need formulae. The Division continues to review both state and HSA health plans.

Objective #8

Develop policy guidelines with regard to the federally-proposed Community Support Program.

> Project: The Medical Services Division will study and develop recommendations on Nebraska's directions in the Community Support Program. The report shall detail the evidence for or against encumbering funds from this program, and will be completed during FY78.

Summary of Review of Objective #8 in FY 1979

1. Medical Services staff studied federal Community Support Program (CSP) planning documents and has encouraged programs to consider development of CSP in their catchment area.

Progress relevant to Objective #8 in FY 1980

Division staff attended a conference on CSP sponsored by NIMH and continue to maintain contact with the CSP consultant for Regions V and VII. It is anticipated that the Task Force for Care of Chronic Patients will decide to pursue many CSP objectives. A statewide workshop including CSP is in the early planning stages.

In addition, the Division developed and submitted an application for HUD designation to provide housing for mentally ill persons. This application required plans for implementing CSP objectives and preliminary coordination between departments of state government.

C. FY 1979 GOALS AND OBJECTIVES

Objective #1

Medical Services will monitor the implementation of MIS and cost accounting systems and will assist programs in using these systems. Work with programs on outcome evaluation will also continue.

Summary of Review of Objective #1 in FY 1980

Medical Services staff continued to provide consultation to community programs in development of management information and cost accounting systems. In spring, 1979, the programs' Management Information Systems were at various stages of development. Five of the centers chose to discontinue reporting to the State's Contact System. Also, the centers are at various stages of development on outcome evaluation, with a variety of instruments being considered.

All centers' MISs were reviewed by Central Office staff with technical assistance provided informally as requested. One center has developed a model systems approach to the use of management information and, in association with Central Office staff, has provided technical assistance to other centers in its implementation.

Dr. Herbert Howe, Director of Clinical Psychology at the University of Nebraska-Lincoln, designed a system of outcome evaluation for one center. After its successful implementation at that center, Dr. Howe contracted to implement the system at another. Meanwhile, DPI has been working to standardize requirements for goal attainment outcome evaluation across mental health, alcohol, and mental retardation.

Action relevant to Objective #1 in FY 1980

See FY 1977 Goal #2, Objectives 1, 6, and 7, and FY 1978, Objective 1. A revision of the mental health data system is anticipated. Cost accounting systems are being studied in preparation of reimbursement of units of service.

Objective #2

Medical Services will complete the statewide plan, with a working draft available in fall, 1978. Areas of emphasis may include services for chronic patients, inasmuch as the Governor's Office has endorsed increased programming for chronic care. This interest is reflected in a letter from the Governor to the federal Housing and Urban Development agency concerning demonstration housing programs for the mentally disabled.

Summary of Review of Objective #2 in FY 1980

During FY 79 it became apparent that existing data and formats were not adequate to address the planning needs of the state. A five-year planning effort was begun by the Senior Health Planner, and much of the initial impetus for his planning came from recommendations made by the Nebraska Department of Health and the Statewide Health Coordinating Council on the 1979 Progress Report.

The start of this new planning cycle was marked by collaborative development of the mental health sections of the State Health Plan. A mental health policy analysis is proposed for this plan, and its major recommendation is:

"The Governor should appoint a Blue Ribbon Panel of specialists in the field and the general public to advise the executive and legislative branches on development of a unified mental health policy for Nebraska. This policy should provide direction in area such as those mentioned in the section on 'policy gaps.' For any given area of concern this direction could take the form of actual state mental health policy statements or designation of a policy source for that area. The process of developing a comprehensive state mental health policy should provide for the participation and input of all interested and affected parties (e.g. relevant state agencies, regional centers, community mental health centers, universities, private providers, relevant associations, local authorities, consumers, et al)."

It is hoped that an adoption of this recommendation, and the resultant policy would serve as a basis for future planning. The Senior Health Planner has met with regional center and CMHC directors, the State Mental Health Advisory Committee, and other interested parties to advise them of the planning efforts, and to gain input from these sources on ways to develop the plan. Numerous data sources are being examined as to their utility for the planning process.

Division staff have also been working on a study of chronically mentally ill patients in Nebraska. The planning efforts included: literature reviews, discussions with federal consultants, participation in a national workshop on community support systems, data searches, meeting with and interviewing chronically mentally ill persons, visiting nursing homes, board and room homes, and city mission programs, establishing contacts with volunteer programs which serve chronic patients, and discussions with regional center and CMHC staffs which work with chronic patients. In addition, the Division organized a meeting with representatives of the State Office of Planning and Programming, Department of Administrative Services, Department of Public Welfare, Department of Health (Developmental Disabilities and State Bureau of Health Planning and Resource Development), Job Service, State Budget Office, and Department of Education - Special Education, in order to develop an application for designation as one of the states eligible for a Housing and Urban Development demonstration program aimed at meeting

the needs of chronically mentally ill persons. The designation was not awarded to the state, but housing/service projects for chronic patients were being planned in some communities as a result of interest in providing additional resources for this group.

Objective #2, calling for the completion of a new State Plan was an unrealistically ambitious effort to force planning methodology to evolve more rapidly. There is no way a plan produced by the fall of 1978, could have represented new planning capacity over the FY 1977 plan. Nevertheless, planning activities have taken place and planning capacity has progressed.

a. A great deal of time and effort was devoted to a methodology for a needs assessment which could be used for both the State Mental Health Plan and the Mental Health portion of the State Health Plan. As one action in this process, a computer record was obtained of all FY 1978 Medicaid/Medicare claims for either a psychotropic drug or for a mental diagnosis.

b. The above Medicaid/Medicare data, professional literature and NIMH documents, all indicate that a great deal of mental health services are provided by private and primary health care providers. For the first time ever, the Division completed a rough draft catalog of all mental health service providers in the state, both private and public.

Progress relevant to Objective #2 in FY 1980

See FY 1977 Goal #2, Objectives 1, 4, and 8. The Division is currently doing a new FY 1981 State Mental Health Plan expected to be done by June. One part of this planning process is studies of Medicaid and SSI data as indicators of need. Another part of the process is the Manpower and Resources Survey being done by contract. It is anticipated that quantitative need indices will result which will then be used for budgeting and for contracting for units of service.

Objective #3

Medical Services will initiate several efforts to develop alternatives to hospitalization, including:

a) monitor admissions and referrals at regional centers and cmhcs to determine if inappropriate placements are occuring;
b) implement administrative procedures, if necessary, to eliminate inappropriate placements;
c) distribute copies of "Rights of Mentally Disabled" to courts, judges, and other appropriate locations and individuals
d) compile data on the chronic patient population in Nebraska, for use in consideration of Community Support Programs (CSP)
e) investigate possibility of inviting a federal consultant to meet with regional program administrators to discuss CSP;
f) depending on staff time, Medical Services may coordinate Community Support activities with other affected state agencies (Aging, Public Welfare, etc.)

Summary of Review of Objective #3 in FY 1980

A pilot study was undertaken by Division staff which was aimed at analyzing the impact of the state's commitment law, but this study revealed that much of the existing data was inaccurate, and raised serious methodological problems in obtaining valid data.

Division staff also compiled information on referrals and aftercare services provided to discharged regional center clients, and distributed 3600 copies of "Rights of the Mentally Disabled" to state facilities.

Division staff submitted a revised Manpower Development grant application. The Division also created a State Mental Health Manpower Committee, composed of representatives from training and education institutions, state agencies, the legislature, and service providers, to advise DPI on manpower issues. Divison staff will continue to work with the State Mental Health Manpower Committee to identify and solve manpower problems, as present staff time and resources allow.

Inappropriate placements occur for many reasons, some of which are discussed in other parts of this report. At least two CMHCs are under HEW Region VII instructions to more vigorously implement local inpatient services. Services to nursing homes have been expanded after technical assistance from Region VII. In addition, the first CMHC-owned transitional living home became operational.

The DPI's Director of Planning is currently at the National Conference on Community Support Programs. The Director of Institutions meets regularly with the heads of other State agencies. Medical Services Division is in frequent communication with Mr. Robert Ray of the Region V office in Chicago regarding promotion of CSP.

Progress relevant to Objective #3 in FY 1980

Criteria for admission to regional centers and referral elsewhere are being developed. A system for single-entry admissions is being studied. Care of regional center patients, both before and after admission to regional centers, is being studied. The task force on care of the chronically mentally ill will have its first meeting soon. Staff continue to correspond with the CSP consultant for Regions V and VII.

Objective #4

Medical Services will submit a revised Manpower Development grant application to NIMH, outlining the capacity building objectives for the state. In addition, Medical Services will sponsor at least one continuing education workshop dealing with current issues (JCAH accreditation, Community Support Programs, outcome evaluation, etc.)

Summary of Review of Objective #4 in FY 1980

As mentioned earlier, the mental health manpower planning grant was approved. A Manpower Advisory Committee is functional, the Advisory Committee chairperson (and staff) attended the Bi-regional Workshop on Minneapolis and the Advisory Committee had extensive and repeated input into the position descriptions of staff to be hired under the grant. Further activity awaits the action of the Nebraska Merit System.

Progress relevant to Objective #4 in FY 1980

See FY 1977 Goal #2, Objective #5. A Mental Health Manpower Planning Manager is being hired. The Manpower Advisory Committee will meet in March to begin identifying issues and establishing priorities for staff.

Objective #5

Medical Services Division shall conduct site visits adopted from the Joint Commission on Accreditation of Hospitals - CMHC format during fall, 1978.

Summary of Review of Objective #5 in FY 1980

Medical Services Division appreciates voluntary JCAH accreditation but no longer encourages it as a matter of official policy. JCAH standards were found to be too lengthy and expensive even when used by Medical Services Division staff. Instead, the National Standards for CMHCs produced by NIMH are used as a general reference. Medical Services Division conducted site visits with Region VII whenever possible. Site visits of nonfederal CMHCs were also completed.

Progress relevant to Objective #5 in FY 1980

The Division continues to support voluntary accreditation of CMHCs. However, joint federal and state site visits will be normal procedure and new standards are being developed in support of that.

PART III

CHANGES IN INFORMATION SUBMITTED IN THE FY1980 PLAN

The federal requirement for annual review and progress reports ask for a report on changes from the previous year on a number of administrative areas.

A. The State Agency

No change has occurred in the State agency responsible for administration of the State Plan. The State Mental Health Authority continues to be Dr. Henry Smith, Director of the Nebraska Department of Health. By contract, the Medical Services Division of the Department of Public Institutions assumes the duties and responsibilities of that post.

There have been some changes in the administrative structure of the Department of Public Institutions. W. Ralph Michener, J.D., has been appointed Director of the Department. Three new positions have been created. William E. Ford, Ph.D., serves as the Deputy Director of the Department. A Coordinator for Planning, Peter Beeson, Ph.D., has been hired, and the Coordinator for Quality Review position remains vacant at this time.

Within the Medical Services Division, Randall Hinrichs is the new Assistant Chief. John Morton has recently been hired as a Program Specialist with primary responsibility for planning.

An organizational chart of the state agency is in the appendix.

B. State Advisory Council.

The basic composition of the State Citizens' Mental Health Advisory Committee remains as described in the FY 1977 Plan. The terms of nine members expired on December 31, 1979. Of these nine, seven members have either been reappointed or replaced. Two other members have resigned and new members are being recruited.

At the regular meeting held March 21, 1980, the following officers were elected:

President - Marcia Ferrell, Ph.D.
Vice-President - Marilyn Beilke
Secretary - Wes Dickenson

The Executive Committee, composed of officers, was expanded to include two additional members. Those chosen to serve on the Executive Committee were Lois Schwab, Ed.D., and George Edgar, both representing the Southeast Nebraska Health Systems Agency.

C. Personnel Standards.

All employees of the State agency which administers the State Plan are employed through the Nebraska Merit System.

D. Planned Policies.

All policies for the administration of grants concerning records rentention, conflicts of interest, safety, civil rights, and discrimination remain the same as in the FY 1977 Plan.

Effective July 1, 1980, the Medical Services Division will begin funding community mental health regional programs through a service reimbursement system. In prior years, State funds have been allocated via lump sums, on a pro-rated basis. The new funding system, based on reimbursement for contracted "units of service", is consistent with the development of statewide service definitions, initiated in 1977. These definitions were developed in conjunction with the CMHCs and the mental health regions.

PART IV

SUMMARY OF VIEWS AND COMMENTS RECEIVED FROM REVIEWERS ACTIONS TAKEN, IF ANY

A. Views and Comments Received from the State Citizens' Mental Health Advisory Committee (from the minutes of the March 21, 1980, meeting.)

FY1981 ANNUAL REVIEW AND PROGRESS REPORT - ALLISON

Dr. James Allison explained that this will be the final Annual Review and Progress Report on the five-year 1977 plan as required by PL94-63. All previously stated goals and objectives are reported on. He asked the Committee for their review and comments either at the meeting or by mail within the next month or so. The copy distributed to Committee members is a draft which will be revised based on comments of reviewers.

Marilyn Beilke suggested Committee minutes not be included in the working draft mailed to Committee members. Dr. Allison responded that the reason for inclusion of the minutes is that federal reviewers are interested in Committee activities but perhaps they could be left out of the draft sent to the Committee. Ms. Beilke also mentioned that coordination of mental health providers needs to be addressed as well as placements of the chronically mentally ill.

Dr. Schwab objected to the very general statements in the report and asked if more specific information would accompany the report to the federal offices and stated that the Committee also needs more specific information.

Marilyn Beilke commented that a hard line should be taken with CMHCs on accountability. Dr. Michener replied that Medical Services staff members will be visiting Regional Governing Board meetings so DPI can follow more closely activity in the regions.

B. Views and Comments Received from the Statewide Health Coordinating Council.

The Statewide Health Coordinating Council (SHCC) received this Annual Review and Progress Report on May 1, 1980. As of July 1, 1980, the Council has failed to provide any comments.

The SHCC is supposed to take action on this Review and Progress Report at a meeting scheduled for July 18. In order to meet the July 15 deadline for submission of this Report, the Report is being sent without SHCC views and comments. Such views and comments, together with replies, will be sent when available.

C. Views and Comments Received from the Office of the Governor.

The views and comments from the Office of the Governor are on the next page.

D. Publicity that the Report is Available for Review.

Affidavits of Publication are enclosed in the pages immediately following the comments from the Governor.

C
O I
P
D Y

April 29, 1980

State Health Coordinating Council
c/o John Sahs, SHPDA
State Department of Health
301 Centennial Mall South
3rd Floor
Lincoln, NE 68509

Dear Mr. Sahs:

Enclosed for your review and comment is the FY1981 Annual Review and Progress Report for the Nebraska State Comprehensive Mental Health Plan (please see attached guidelines). This Report was prepared by the Department's Medical Services Division. The Report includes:

1. The results of the annual review.

2. A report of progress in the implementation of stated goals and objectives.

3. Updates on information submitted in the FY1980 Plan.

This is the final report based on the FY1977 Nebraska State Comprehensive Mental Health Plan. The Department has begun planning efforts that will ultimately result in a new State Mental Health Plan. These efforts are coordinated with the State Health Planning and Development Agency.

The FY1981 Report has been reviewed by the State Citizen's Mental Health Advisory Committee. As indicated in the attached guidelines, your office has 60 days to review the Report. The Report will be submitted to the Federal Government before July 15, 1980. Thank you for your consideration.

Sincerely,

W. Ralph Michener
Director

WRM/RH/co4
Enclosure

cc: Charles W. Landgraf, Jr., M.D.

CHARLES THONE
GOVERNOR

RECEIVED

STATE OF NEBRASKA

LINCOLN 68509

June 12, 1980

W. Ralph Michener
Director
Department of Public
Institutions
P.O. Box 94728
Lincoln, Nebraska 68509

Dear Ralph:

The A-95 review of the FY 1981 Annual Review and Progress Report for the Nebraska Comprehensive Mental Health Plan, which I received April 30, 1980, has been completed.

No adverse comments were received during the review process and, therefore, I am approving the plan.

Sincerely,

Charles Thone

CHARLES THONE
Governor

CT:bpv

AFFIDAVIT OF PUBLICATION

State of Nebraska }
County of Scotts Bluff } ss.

I, Cheri Reiswig do solemnly swear that I am the bookkeeper of the Scotts Bluff Star-Herald, a legal newspaper of general circulation, published daily except Mondays, at Scottsbluff, Scotts Bluff County, Nebraska; that the notice hereto attached and which forms a part of this affidavit was published in said paper ONE consecutive week in the issues published, respectively May 7, 1980

that said notice was published in the regular and entire issues and every number of the paper on the days mentioned, the same being the corresponding day of each week during the period of times of publication and that said notice was published in the newspaper proper and not in the supplement.

Cheri Reiswig

SUBSCRIBED in my presence and sworn to before me this 7 day of May, 19 80

Dianne Masid
Notary Public

DIANNE MASID
GENERAL NOTARY
STATE OF NEBRASKA
My Commission expires
April 13, 1983

Commission Expires April 13

The publication fees amount to $ 26.9

NOTICE

A copy of the draft of the FY1981 Nebraska State Comprehensive Mental Health Plan Annual Review and Progress Report is available for 30 days for review and comment. Contact Mental Health Division, Department of Public Institutions, Folsom and Van Dorn, P. O. Box 94728, Lincoln, Nebraska 68509.

1t. May 7, 1980

Proof of Publication

State of Nebraska, }
County of Lincoln. } ss.

Lorrie Barber

being by me first duly sworn on oath says that she is employed by the North Platte Telegraph, a newspaper published in North Platte, Nebraska, and personally knows that said newspaper is a legal daily, except Friday, newspaper under the statutes of the state of Nebraska, having a bonafide circulation of over three hundred copies, has been published in said county for more than fifty-two successive weeks prior to the first publication of the attached notice and is printed in an office maintained in the city of North Platte, in said county, which said city is the place of its publication; that the notice hereto attached was published in said newspaper in the regular issues thereof.

May 8, 1980

Dated this 8th day of

May 19 80.

Lorrie Barber

Subscribed and sworn to before me

dated this 8th day of

May 19 80

Marion E. Keith

Notary Public

Fees $ 3.00

[SEAL]

GENERAL NOTARY – State of Nebraska
MARION E. KEITH
My Comm. Exp. Aug. 2, 1983

LEGAL NOTICE

A copy of the draft of the FY1981 Nebraska State Comprehensive Mental Health Plan Annual Review and Progress Report is available for 30 days for review and comment. Contact Mental Health Division, Department of Public Institutions, Folsom and Van Dorn, P O Box 94728, Lincoln, Nebraska 68509

PUBLISH: May 8, 1980.

AFFIDAVIT OF PUBLICATION

THE STATE OF NEBRASKA
HALL COUNTY } ss.

Larry Weil being first duly sworn on his oath, deposes and says that he is the Advertising Manager of The Grand Island Daily Independent, a newspaper printed and published at Grand Island, in Hall County, Nebraska, and of general circulation in Hall County, Nebraska, and as such has charge of the records and files of The Grand Island Daily Independent, and affiant knows of his own personal knowledge that said newspaper has a bona fide circulation of more than 500 copies of each issue, has been published at Grand Island, Nebraska, for more than 52 weeks successively prior to the first publication of the annexed printed notice, and is a legal newspaper under the statutes of the State of Nebraska; that the annexed printed notice was published in said newspaper for 1 weeks, the first publication being on Tuesday the 6th day of May, 19 80, and subsequent publications being on ..... the

..... day of ....., 19.....

..... day of ....., 19.....

..... day of ....., 19.....

..... day of ....., 19.....

..... day of ....., 19.....

NOTICE
A copy of the draft of the FY 1981 Nebraska State Comprehensive Mental Health Plan Annual Review and Progress Report is available for 30 days for review and comment. Contact Mental Health Division, Department of Public Institutions, Folsom and Van Dorn, P.O. Box 94728, Lincoln, Nebraska 68509.
6

Subscribed in my presence and sworn to before me this 7th day of May 19 80

My commission expires June 12 19 81

MELVIN [illegible] GENERAL NOTARY COMMISSION EXPIRES JUNE 12, 1981 STATE OF NEBRASKA

Notary Public
ID 510048064

Fees, $ 3.20

THE NORFOLK DAILY NEWS

OWNED BY THE HUSE PUBLISHING COMPANY

NORFOLK, NEBRASKA

PROOF OF PUBLICATION

THE STATE OF NEBRASKA }
Madison County } ss.

James Prchal, being first duly sworn on oath says

that he is the Business Manager of **The Huse Publishing Company,** a corporation, publishers of **The Norfolk Daily News,** a legal daily newspaper published at Norfolk, Madison County, Nebraska, and of general circulation in said county; that a notice entitled

NOTICE
A copy of the draft of the FY1981 Nebraska State Comprehensive Mental Health Plan Annual Review and Progress Report is available for 30 days for review and comment. Contact Mental Health Division, Department of Public Institutions, Folsom and Van Dorn, P.O. Box 94728, Lincoln, Nebraska 68509.

Notice, a true copy of which, as printed in said paper, is hereto attached and made a part hereof, was published in every issue of said paper for ~~each~~ one time ~~in each week for~~ ~~consecutive weeks,~~ the ~~first~~ publication being on the 6th day of May, 19 80, ~~and the last day of publication being on the~~ ~~day of~~ ~~, 19~~; that said newspaper was published daily in the City of Norfolk within said County for more than 52 consecutive weeks immediately prior to the commencement of the publication of said notice and every week consecutively since that time; and during all of said time said newspaper had a bona fide circulation of more than 300 copies daily and was printed wholly in the English language and in whole or in part in an office maintained by the publisher at said place of publication.

James Prchal

Subscribed and sworn to before me this 12th day of May, 19 80

Publication Fees $ 2.20

Clarence Kramer
Notary Public.

1M—Form 2

GENERAL NOTARY—State of Nebraska
CLARENCE KRAMER
My Comm. Exp. July 15, 1982

AFFIDAVIT OF PUBLICATION

State of Nebraska, } ss.
LANCASTER COUNTY,

Frances Young, being first duly sworn, deposes and says that she is principal Clerk of The Lincoln Star and Lincoln Evening Journal, legal newspapers printed, published and having a general circulation in the County of Lancaster and State of Nebraska, and that the attached printed notice was published in said newspapers one ~~successive~~ time the first insertion having been on the 7 day of May A. D. 19 80, ~~and thereafter on~~ , 19, and that said newspapers are legal newspapers under the statutes of the State of Nebraska. The above facts are within my personal knowledge and are further verified by my personal inspection of each notice in each of said issues.

NOTICE
A copy of the draft of the FY1981 Nebraska State Comprehensive Mental Health Plan Annual Review and Progress Report is available for 30 days for review and comment. Contact Mental Health Division, Department of Public Institutions, Folsom and Van Dorn, P.O. Box 94728, Lincoln, Nebraska 68509.
#8042034—1T, May 7

Frances Young

Subscribed in my presence and sworn to before me this 9 day of May, 1980

Notary Public

Printer's Fee, $ 5.14

Form C 15

#8042034

G.L. POWELL
GENERAL NOTARIAL SEAL
STATE OF NEBRASKA
Commission Expires Oct. 7, 1982

Place Ad Here

NOTICE
A copy of the draft of the FY 1981 Nebraska State Comprehensive Mental Health Plan Annual Review and Progress Report is available for 30 days for review and comment. Contact Mental Health Division, Department of Public Institutions, Folsom and Van Dorn, P.O. Box 94728, Lincoln, Nebraska 68509.

PROOF OF PUBLICATION

AFFIDAVIT

State of Nebraska, County of Douglas, ss:

.....Ida Dixon..... , being duly sworn, deposes and says that he is an employee of The Omaha World-Herald, a legal daily newspaper printed, published and of general circulation in the County of Douglas and State of Nebraska, and that the attached printed notice was published in the said newspaper on the.....7th.... day of..... .....May..... A. D., 19 80 , and that said newspaper is a legal newspaper under the statutes of the State of Nebraska. The above facts are within my personal knowledge. The Omaha World-Herald had an average circulation of . 234,449 . daily, 283,101 Sunday in 1980...

(Signed) Ida Dixon ... Title: Acct Exec

Subscribed in my presence and sworn to before me

June McDermott
Notary Public.

Printer's Fee $.....

GENERAL NOTARY - State of Nebraska
JUNE McDERMOTT
My Comm. Exp. Jan. 19, 1982

Affidavit.....

Paid by.....

Form No. 7-A

PART V

DEFICIENCIES IN LETTER APPROVING FY 1980 PLAN

There were none. See attached letter from the Region VII Regional Health Administrator.

Dr. Dove
Dr. Allison
Dr. Treeson
Dr. Tuck

JAN 17 1980

Henry D. Smith, M.D., Director
Attention: Mr. W. Ralph Michener
State Department of Health
P. O. Box 95007
Lincoln, Nebraska 68509

Ref. Fiscal Year 1980 State Plan for
Comprehensive Mental Health
Services

Dear Dr. Smith:

The review of the Nebraska State Plan for Comprehensive Mental Health Services has been completed. The Plan for Sec. 237, Title III, P.L. 94-63, as amended, is approved.

We urge you to continue your efforts towards community-based mental health services throughout the State, and especially in the area of deinstitutionalization.

Please feel free to contact us at any time we may be of assistance.

Sincerely yours,

T. B. Rhea
Regional Health Administrator

cc: Chief, CMHS Sup Br
SHCC
Office of Grants Management
Mr. Ralph Michener

APPENDIX I

SPECIALIZED MENTAL HEALTH SERVICES FOR THE ELDERLY: ARE WE JUST PERPETUATING STEREOTYPES?

Heather N. Hong, Ph.D.
Nebraska Commission on Aging

Peter G. Beeson, Ph.D.
Department of Public Institutions

INTRODUCTION

During the past two decades there has been rising concern with the mental health problems of the elderly. It is consistently asserted that mental illness appears to be more prevalent among the elderly than among younger adults (Busse and Pfieffer, 1973; Cohen 1973; Lowenthal 1976). Support for this assertion is found in the report of the Secretary's Committee on Mental Health and Illness of the Elderly (1978). Based on community surveys, they estimated that between 15 and 25% of older persons have significant symptoms of mental illness. The American Psychological Association's estimate of 3 million or 15 percent of the older population being in need of mental health services is considered to be conservative by Butler and Lewis (1977).

Patterns in the use of mental health services by the elderly indicate that they tend to be over-represented in institutional populations and under-represented in outpatient settings. Gurian (1973) found that older patients, whose condition is often assumed to be irreversible, filled one-third of all mental hospital beds. Similarly, Stotsky (1972) pointed out that the elderly constituted the single largest group of patients in mental hospitals, occupying a significant proportion of beds in long-stay mental hospitals. Discharge of an older person from a mental hospital is often to another institutional facility, a nursing home.

Although utilization of out-patient services is increasing, older people still constitute only a small proportion of users (Busse and Pfieffer, 1973). Nationally, older people are under-represented in both private psychiatric clinics and community mental health centers compared to their numbers in the population (Butler and Lewis, 1977).

Concerns about the mental health needs of the elderly and their apparent underutilization of Community Mental Health Centers (CMHCs), led the Committee on Aging of the Group for the Advancement of Psychiatry to issue a special report (1971) on the role of CMHCs in delivering services to the elderly. In 1975 many of the criteria they addressed became embodied in the amendments to the Community Mental Health Act which called for:

> "a program of specialized services for the mental health of the elderly, including a full range of diagnostic, treatment, liaison and follow-up services." Title II 201 (1)(c)(b1)(c).

Contained in the literature and in the Federal response to the mental health problems of the elderly are a number of assumptions which have not been fully tested:

(1) <u>That both the institutionalized and noninstitutionalized elderly have greater mental health problems than the younger age groups.</u> Much of the literature implies that the elderly are in fact worse off in the experience of mental health problems than the general population and that this includes both the elderly in the community and those in institutions.

(2) <u>That the elderly see themselves as having significant mental health problems.</u> Given that community mental health centers are essentially voluntary programs, the creation of specialized services for the elderly assumes that the elderly must have some awareness of their mental health problems in order that they make use of these services.

(3) <u>That the elderly feel they need help in dealing with their problems.</u> If one establishes specialized services for the elderly, one assumes that the elderly not only see themselves as having mental health problems but also feel that they need help in dealing with these problems.

(4) That the community mental health center model is the most appropriate way to meet the mental health needs of the elderly. By choosing the Community Mental Health Center's act as the place to mandate specialized mental services for the elderly, there is the assumption that the Community Mental Health Center is the most appropriate vehicle through which to meet the mental health needs of the elderly.

(5) That making required services to the elderly part of the Community Mental Health Center requirements would increase mental health services to the elderly. By making specialized mental health services for the elderly a requirement of the Community Mental Health Center's act, it was assumed that the end result would be increased mental health services to the elderly.

The purpose of this paper is to assess these assumptions using a variety of data sources from a midwestern state and to examine some of the implications for the delivery of mental health services to the elderly.

METHOD

Data from two independently conducted statewide surveys and statistics from state agencies are used to evaluate each of the above assumptions regarding mental health and the elderly.

The Attitudes Study of Nebraska's Older Citizens (1978) was commissioned by the state unit on aging. Telephone interviews were conducted with 1,720 elderly (60+) on a variety of issues and problems, including mental health. The sample, which comprises approximately .86% of the state's elderly population, was randomly selected to be representative of the state's senior citizens.

The second survey, the Nebraska Annual Social Indicators Survey (NASIS) is conducted yearly with persons 18 years of age and older. In 1979, telephone

interviews were conducted with 1,882 persons randomly selected, .17% of the state's total adult population.

State statistical reports from the Department of Public Institutions were used to determine the elderly's utilization of state mental hospitals and community mental health centers.

RESULTS

(1) The Extent of the Problem

The elderly tended to be under-represented in admissions to the state's mental hospitals (4.8%) and in the resident population of these institutions (9.9%) compared to the general elderly population (12.6% 65 and older).

(Table 1 here)

The major form of institutionalization for the elderly in the state is the nursing home. Of the 14,450 persons in the 200 licensed nursing homes, 90% or 13,000 are 65 and above. Unfortunately, the data are not available with which to evaluate the extent of mental health problems among this population.

Two direct indicators of mental health were included in the NASIS survey of the non-institutionalized population. As can be seen from Table 2, the elderly were somewhat less likely than other age groups to have felt they were going to have a nervous breakdown.[1/] Further the data presented in Table 3 indicate that the elderly were about as likely as the middle aged group and somewhat less likely than younger people to cut down on their activities due to mental health problems.

(Tables 2 and 3 here)

1/ In national surveys and epidemiologic research, this question has been found to be a good indicator of the experience of mental health problems (Gurin, Veroff and Field, 1960; Veroff 1978).

From the admission data presented it appears that the State's elderly are not any more likely than other age groups to be in mental institutions. Further, the non-institutionalized elderly do not appear to be any more likely than other age groups to experience mental health problems.

(2) The Elderly: Perception of Problems

The data from the Attitude Study of Nebraska's Older Citizens (ASNOC) survey indicate that the vast majority of older people do not perceive themselves as having problems. Eighty four (84%) indicated that they were satisfied with their lives, 75% said they were generally happy and 81% found that they had enough to keep them busy, with a further 10% having too much to do. Approximately half (48%) of the respondents said they were never lonely and 25% said they were never depressed, a finding supported by an unpublished survey of the elderly in the Western part of the state in which the median response on the amount of time they were lonely was 20%. The stereotype of older people as depressed and lonely, and as possible candidates for mental health services, is not borne out by these data.

(3) The Elderly: Perception of Needing Help

Even in cases where older persons experience mental health problems, they may not feel they need professional help in dealing with them. While many older persons did not know why their cohort failed to use CMHCs, the most common speculation was that they did not need them (see Table 4). When they became worried or depressed, respondents indicated that they relied on themselves to deal with it (see Table 5).

(Tables 4 and 5 here)

Most frequently mentioned activities were reading, watching TV, doing crafts, talking to someone, keeping busy, praying and reading the Bible, walking and getting out of the house. Less than 1% mentioned seeing a doctor or taking medication. Taking care of one's own problems is a highly valued trait of persons in this age category (Raskind, 1967). In fact, data from the NASIS survey indicate that the elderly are the least likely of any age category to seek help for personal problems (see Table 6).

(Table 6 here)

It is important to remember that while many of the elderly suffer a great deal of stress they also have a lifetime of experience in dealing with problems of living. The "wisdom of years" possessed by many of the elderly helps them cope effectively with problems. This was borne out in a study of a tornado disaster in this State, where, contrary to speculation, the emotional recovery of the elderly was better than that of younger age groups (Bell, 1979).

In summary, it would appear that the elderly are less likely than others to see themselves in need of help. Where they do have a personal problem it would appear that they are more likely to use personal and informal resources rather than more formal human service agencies.

(4) Appropriateness of the CMHC Model

A person may believe that he/she has problems but not feel that mental health programs afford solutions. Persons who are now over 60 grew up in an age in which professional intervention programs were virtually non-existent. Gurian and Cantor (1978), summarizing the literature, indicate that informal support systems of families, friends and neighbors generally form a solid

core of support for older people, particularly in time of crisis. Among the models of informal support they advance is the heirarchial - compensatory model which postulates an order of preference in the choice of support, relatives being seen as most appropriate, followed by significant others and lastly by formal organizations. When the preferred group is absent, other groups act in a compensatory manner. Responses in the ASNOC survey offered some support for this model. A high level of interaction was reported with relatives and friends. Those who needed assistance in activities of daily living were generally receiving it from families, friends, and neighbors. Agency help was infrequently mentioned and no one said that they used the services of a mental health center when they were worried or depressed. The NASIS survey further collaborates this in that of those seeking help for a personal problem, no elderly person sought help from a mental health resource (see Table 7). These data further indicate that elderly seeking help did not use more than one source of help and tended to concentrate on traditional sources like family members, ministers, physicians, and lawyers (see Table 7).

(Table 7 here)

Besides the above mentioned problems concerning the appropriateness of the CMHC model for the elderly, there are two other related issues. First, it is generally not an outreach program and people are expected to come to the center. Several respondents in the ASNOC survey mentioned lack of transportation as a deterrent to utilization of CMHCs (see Table 4). Second, even in cases where transportation is not a problem for the person, he/she may still not use the services because of fear of being "put away" (Raskind et al. 1976; Schram and Hurley, 1977). This was echoed by several respondents in the

survey who speculated that stigma, fear and a sense of pride kept people from using community mental health centers (see Table 4).

(5) Impact of Mandated CMHC Services to the Elderly

There were a number of programmatic changes in the State's CMHCs as a result of the 1975 amendments to the CMHC Act which mandated services to the elderly. Almost all CMHCs designated a staff person to coordinate or be responsible for specialized services to the elderly. Two special projects designed to increase nursing home and CMHC collaboration were initiated with grant support from the National Institute of Mental Health. The "Link-Age Project" concentrated on training CMHC staff for nursing home consultation. The "Mental Health Support Services for Nursing Home Administrators and their Staff" focussed on training both nursing home and CMHC staff in the special mental health problems of the elderly in nursing homes.

In order to meet the needs of the non-institutionalized elderly, one CMHC established a special program (Counseling Services for Older Adults) through the funding of the center's conversion grant. This program has approximately the equivalent of 3 F.T.E. professional staff positions and works in conjunction with the local Area Agency on Aging. One full time professional position is located at the Information Services office and the other positions provide considerable outreach work. The program's main components include: outreach services, liaison with community agencies, comprehensive evaluation, day services and partial care, follow-up services, consultation and education, and prevention.

The above programmatic changes indicate some response to the 1975 amendments and an increased awareness of the mental health problems of the elderly. However, in looking at admission data from the CMHCs these programmatic

changes do not appear to have increased direct services to the elderly. The data presented in Table 8 indicate that there has been little change in the percent elderly being served in CMHCs, while the percentage of elderly (65+) in the state has remained relatively consistent, approximately 12.6%, during the years in question.

(Table 8 here)

Although the range among CMHCs is wide, as can be seen from FY 1979 data presented in Table 9, no CMHC approaches a percent of elderly equal to that represented in the State's population. Further, there is no relationship between being federally funded and the percent of elderly being served (see Table 9). It would appear from these data that adding service to the elderly as a provision of the 1975 amendments to the CMHC Act had no effect on increasing direct service in this State.

(Table 9 here)

The above lack of elderly representation in CMHC data does not necessarily mean that the centers have been negligent or that the elderly are not being served by the centers. First, it is possible that the centers have done all they can but, as the previous analysis mentioned, the elderly may not need, want, or respond to mental health services and the CMHC model. We would expect confirmation of this if most of the elderly were aware of the services but just did not use them. The data from the ASNOC survey do not support this contention. In spite of extensive coverage of the state through the 11 mental health centers and their satellites in smaller communities, almost one third (32%) of those interviewed had never heard of community mental health centers and 39% did not know whether one existed in their community. In the two major urban areas this figure rose to 61%. Only 27%

asserted that there was a CMHC in their community, 14% in the two major areas. There was some indication that those most in need of the services, e.g. those less satisfied with their lives, and those over 75 were much less likely to know of the services. However, this does not mean that if the elderly were more aware of the services they would use them. In fact, the data may indicate a lack of relevance of the CMHC to the elderly.

Second, it may be that CMHCs have responded to the elderly in ways which are not represented in admission statistics, e.g., nursing home consultation. A further problem is that with some specialized services there may be a number of "clients" who receive service without ever being admitted to a CMHC. Data from the Counseling Services for Older Adults (CSOA) program gives some indication as to possible discrepancies between "official statistics" and actual service to the elderly. From August 1, 1978 through July 1, 1979, the CSOA program provided direct clinical services to 183 persons but only 80 (43.7%) were "admitted" to the CMHC. Therefore, looking at elderly utilization rates of this CMHC gives only a partial picture of "true" service. However, this special program was available at only one CMHC and even if one doubles the elderly admission rate of that center it still accounts for only 6.2% of total admissions.

Another reason for the under-representation of the elderly may be that the persons who could be referral sources, e.g., families, neighbors, physicians, accept stereotypes of the elderly which militate against meeting their mental health needs. The conceptions which we as a society have of the elderly often reflect the same kinds of behavior associated with mental disorder, i.e., confusion, disorientation, memory loss, eccentricity, irritability,

anxiety, apathy, inability to concentrate, etc. In fact, "senility" is often a common misdiagnosis for depresion in the elderly (Butler and Lewis, 1977). Given these stereotypes, friends, family, public officials, and professionals are likely to attribute "symptoms" of mental problems to being old rather than mental disorder. In such cases, the elderly person is likely to be ignored or, if disruptive, "managed."

In summary, CMHCs within the state have made some programmatic response to the 1975 Amendments mandating CMHCs to provide services to the elderly. However, there appears to be little evidence of increased services to the non-institutionalized elderly and only a moderate increase in services for the elderly in nursing homes.

DISCUSSION

This paper has made an exploratory study of the commonly held, and generally uncontested, assumptions concerning the mental health of the elderly and the most appropriate services to meet their needs. Data from two independently conducted statewide surveys and state statistics indicate that, contrary to widely held stereotypes, the elderly are not worse off than other age groups in the population in terms of their mental health. At this point, we do not know whether these findings would be substantiated in other states or whether they are peculiar to the midwest. However, it should be pointed out that, contrary to general impression, the state's population is predominantly urban (61%) while the rural population includes a broad spectrum of social classes from small acreage, low income farms to cattle lands with some of the highest per capita income by county in the United States. Consequently, the State provides a wide range of social environments, both urban and rural.

Further, studies conducted in other parts of the United States indicate that this state may not be too different from other parts of the country. The General Accounting Office's Cleveland study (1977) and a survey conducted by the Philadelphia Geriatric Center (1975) found that the majority of older people were self-sufficient and did not need any of the services available in the community. Lowenthal (1967) found that 15% of her elderly sample could be classified as psychiatrically impaired or mentally ill, an identical figure to the one used by the President's Commission on Mental Health to indicate those in the general population who were in need of mental health services.

Discrepancies between these figures and the higher percentages quoted earlier in the report may be attributable to the method of estimating. Butler and Lewis' (1977) calculations, for example, are inferred from estimates on the number of older people in institutions; living in the community with chronic disorders; at or below the proverty level in addition to an unnamed number of persons needing treatment for primary mental illness and suffering from lowered self esteem.

Similarly, the Secretary's Committee on Mental Health and Illness of the Elderly speaks of the "multiple life stresses commonly leading to concomitant emotional problems" (p. 40). Among the stresses they mention are chronic health problems, decreasing mobility, poverty, multiple personal losses and isolation. While, undoubtedly, these are factors which can affect a person's mental health, the degree to which this occurs is not generally known. By accepting the stereotypes about older people we may be understimating the personal and social resources which they bring to bear on the stresses they encounter (Bell, 1978; Gurin, 1960; Raskind, 1967).

A further problem in aggregating estimates of those facing life stresses is a general lack of knowledge about the numbers who fall into two or more categories. There is some evidence, for example, that those who have problems with mobility also suffer from isolation, personal losses, impaired health and poverty (Attitudes Study of Nebraska's Older Citizens, 1978). As the Secretary's committee has pointed out, comprehensive eipdemiological data and community surveys of mental health status are noteworthy by their absence. Consequently, existing information on the elderly in need of mental health services tends to be estimated.

Another problem may lie in a distinction between general mental health problems and the serious and disabling mental disorders like organic brain syndromes and psychoses. It is unlikely that the elderly persons suffering from the latter would be part of the samples of the community surveys from which data are presented in this paper. Elderly persons suffering from severe mental disorders are apt to be either institutionalized in mental hospitals or nursing homes or living in the community but unlikely to be respondents in a telephone survey. Thus, while a number of community surveys (ASNOC, 1978; G.A.O., 1977; Gurin, 1960; NASIS, 1979; Philadelphia Geriatric Center, 1975) find the elderly at least as mentally healthy as the rest of the population; it could be that for the very serious mental disorders, which have a very low prevalence rate, the elderly are at great risk. This would explain some of the discrepancies between the "clinical" estimates and the "community survey" assessments.

CONCLUSION

While the present analysis does not provide definitive answers to questions about the mental health of the elderly, it does raise some important questions about the validity of our assumptions concerning the mental health problems of the elderly and the most appropriate solutions to them. Are we just perpetuating stereotypes, having failed to understand the complexities of aging and mental health? In order to avoid perpetuating these stereotypes, we need further research to provide answers to some basic questions. Epidemiologic research can help to establish the level, kind, distribution and correlates of mental health problems among the elderly. Medical research is yielding knowledge on the aging process and its relationship to mental health. Applied research can examine the provision of mental health services to the elderly while evaluation research measures the effects of the new models of service provision.

While researchers are looking for these answers, policy makers, program administrators and direct service personnel need to be cautious about the assumptions they make concerning the mental health of the elderly and be prepared to try creative new approaches in response to those elderly in need of mental health services.

TABLE 1

State Mental Hospital data on
admissions and residents by age

	AGE				
	0-17 yrs.	18-34 yrs.	35-54 yrs.	55-64 yrs.	65+ yrs.
Admissions during 7/1/78 - 6/30/79	237(7.4%)	1,438(45.2%)	1,060(33.3%)	293(9.2%)	152(4.8%)
Residents on 6/30/79	70(11.4%)	278(45.3%)	154(25.1%)	51(8.3%)	61(9.9%)

TABLE 2

"Have you ever felt you were going to have a nervous breakdown?"

NASIS - 1979

	AGE		
	18-34 yrs.	35-64 yrs.	65+ yrs.
Yes	109(14.7%)	143(18.0%)	39(11.6%)
No	633(85.3%)	651(82.0%)	297(88.4%)
TOTALS	742	794	336

TABLE 3

"In the past year, did you cut down on your activities because you were extremely unhappy, nervous, irritable, or depressed?"

NASIS - 1979

AGE

	18-34 yrs.	35-64 yrs.	65+ yrs.
Yes	65(8.8%)	49(6.2%)	13(6.8%)
No	676(91.2%)	745(93.8%)	178(93.2%)
TOTALS	741	794	191

TABLE 4

"Community mental health centers are for people who are anxious or depressed or lonely, but generally older people don't use them. Why do you think that is?"

ASNOC - 1978

	Frequency (percent)
Self-sufficient, don't need them	344 (19.5)
Unaware of the centers	213 (12.4)
Pride/stigma	141 (8.2)
Transportation difficulties	93 (5.4)
Afraid to go	36 (2.1)
Like privacy	28 (1.6)
Set in their ways	22 (1.3)
Don't want to be involved	15 (0.9)
Other	141 (8.2)
Don't know	669 (38.9)

TABLE 5

"What do you do when you become worried or depressed?"

ASNOC - 1978

	Frequency (percent)
Read, sleep, watch TV, crafts, etc.	433 (25.2)
Talk to someone	187 (10.9)
Keep busy/work	186 (10.8)
Pray/read bible	160 (9.3)
Nothing, cry, worry	153 (8.9)
Walk/get out of the house	136 (7.9)
Think the problem through	57 (3.3)
Medicine/doctor	16 (0.9)
Other	28 (2.3)
Never depressed	433 (25.2)

TABLE 6

"In the past year, did you seek advice or help with any personal problem?"

NASIS - 1979

AGE

	18-34 yrs.	35-64 yrs.	65+ yrs.
Yes	94 (12.7%)	69 (8.7%)	17 (5.0%)
No	644 (87.3%)	723 (91.3%)	320 (95.0%)
TOTALS	738	792	337

TABLE 7

For those who sought advice for a personal problem in the past year; responses to the question: "Where did you receive your advice or help?"

NASIS - 1979

AGE

	18-34 yrs.	35-64 yrs.	65+ yrs.
Family	18 (19.1%)	7 (10.3%)	3 (21.4%)
Non-family Informal Support	20 (21.3%)	6 (8.8%)	0 (0.0%)
Clergy	9 (9.6%)	8 (11.8%)	1 (7.1%)
Doctor	4 (4.3%)	11 (16.2%)	7 (50.0%)
Psychiatrist or Psychologist	11 (11.7%)	5 (7.4%)	0 (0.0%)
Social Service Agency (Mental Health Clinic, Marriage Counseling, etc.)	10 (10.6%)	9 (13.2%)	0 (0.0%)
Other Formal Support (Lawyer, Teacher, etc.)	8 (8.5%)	8 (11.8%)	3 (21.4%)
Multiple Sources	14 (14.9%)	14 (20.1%)	0 (0.0%)
TOTALS	94	68	14

TABLE 8

Percent of total admissions to the State's Community Mental Health Centers who were 65 or above

FY 1975 - 1979

Year	Percent 65+	Number 65+	Total Admissions
FY 1975[a]	4.4%	430	9,665
FY 1976[a]	3.4%	410	12,072
FY 1977	3.5%	624	17,598
FY 1978	3.3%	573	17,186
FY 1979	3.4%	530	15,740

a = Excludes Douglas County Community Mental Health Center.

SOURCE: Nebraska Department of Public Institutions, Statistical Reports FY 1975 - 1979. Lincoln, Nebraska

TABLE 9

Percent of total Admissions to individual CMHCs
who were 65 years and over

FY 1979

	Percent 65+	Number 65+	Total Admissions
CMHC 1[a]	5.1%	93	1,810
CMHC 2[a]	4.1%	62	1,515
CMHC 3[a]	1.5%	20	1,352
CMHC 4[a]	2.9%	49	1,684
CMHC 5	2.7%	29	1,063
CMHC 6[a]	2.8%	41	1,460
CMHC 7	5.3%	60	1,135
CMHC 8[a]	4.9%	118	2,389
CMHC 9[a]	3.1%	25	814
CMHC 10[a]	0.6%	10	1,748
CMHC 11	3.0%	23	770

NOTE: a = Federally funded.

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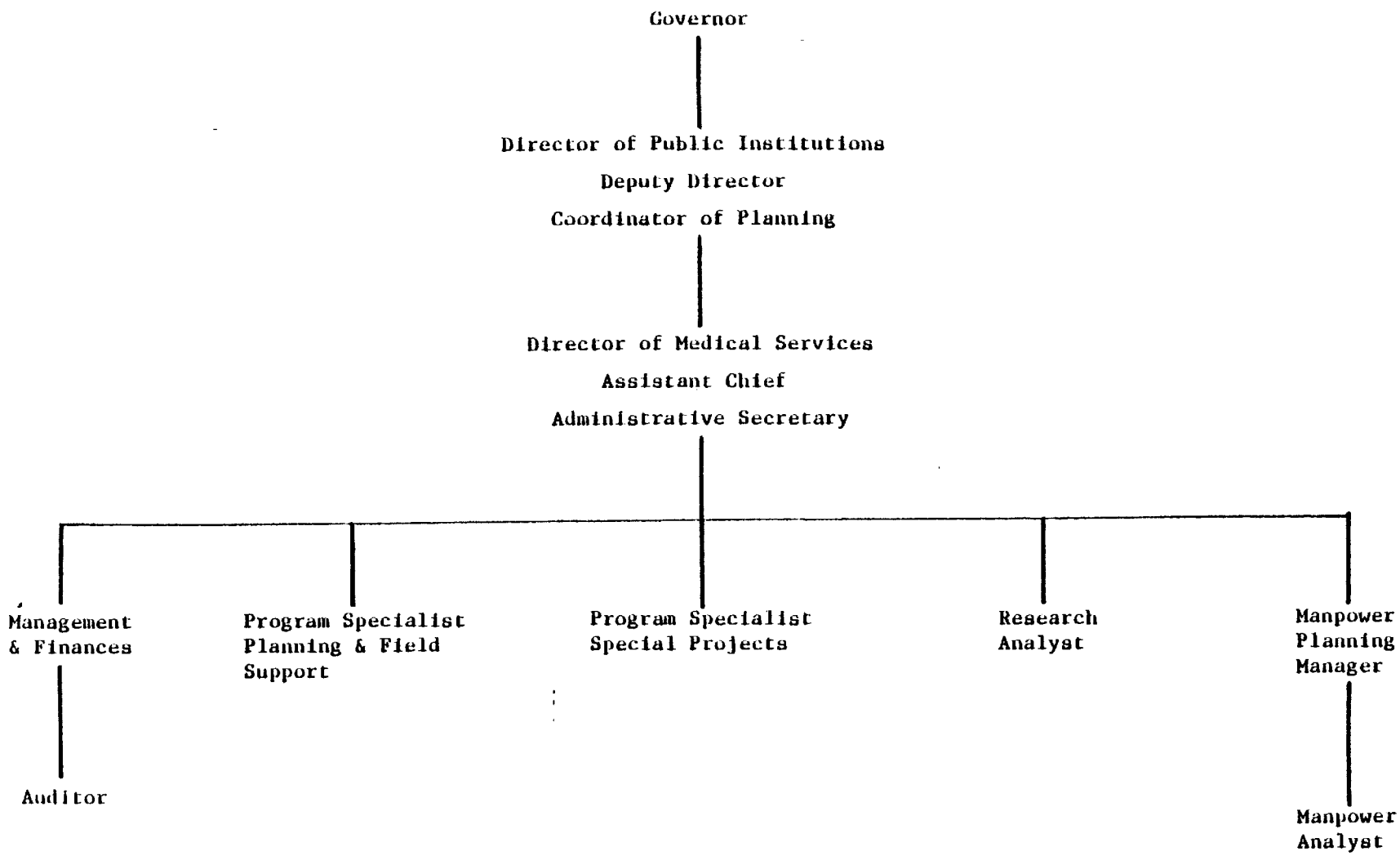
APPENDIX II


Governor
Director of Public Institutions
Deputy Director
Coordinator of Planning
Director of Medical Services
Assistant Chief
Administrative Secretary
Management & Finances
Program Specialist Planning & Field Support
Program Specialist Special Projects
Research Analyst
Manpower Planning Manager
Auditor
Manpower Analyst

APPENDIX III

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

MEMBERSHIP

(March 3, 1980)

ART JOHNSON
Box 700
Bridgeport, NE 69336

Mr. Johnson has been a member of the Committee since the passage of LB302 in 1974. He is an abstracter and County Commissioner representing the Region I Governing Board, and as such is an indirect provider of services.

GLEN ASHMORE
Lamar, NE 69035

Mr. Ashmore, a farmer and County Commissioner, first served on the Committee from September, 1977, until December, 1978, and was reappointed in September, 1979. He is the Region II Governing Board representative, an indirect provider of services.

WANDA MINDT
Benkelman, NE 69021

Mrs. Mindt, President of the Committee, is a teacher and representative of the Region II Advisory Committee. As such, she is a consumer representative. Mrs. Mindt has been a member of the Committee since it was organized in 1974.

BERNARD J. MEYER
R. R. #1
Spalding, NE 68665

Mr. Meyer, a farmer and County Commissioner, was appointed to represent the Region III Governing Board in February, 1980. He is an indirect provider of services.

MINNIE BORG
R. R. #1
Funk, NE 68940

Ms. Borg was appointed to represent the Region III Advisory Committee in February, 1980. She is a consumer representative.

LLOYD LAWRENCE
Sparks, NE 69220

Mr. Lawrence has been a member of the Committee since the passage of LB302 in 1974. He is a farmer and rancher as well as a County Commissioner representing the Region IV Governing Board. He is an indirect provider of services.

CATHARINE NORE
Genoa, NE 68640

Mrs. Nore became a member of the Committee in September, 1978, as the representative of the Region IV Advisory Committee. She is a housewife and represents consumer interests on the Committee.

DELYNN W. BEHRENDS
Elk Creek, NE 68348

Mr. Behrends, a member of the Committee since the passage of LB302 in 1974, is a farmer and County Commissioner. He is the Region V Governing Board representative, and an indirect provider of services.

MARCIA FERRELL, Ph.D.
Doane College
Crete, NE 68333

Dr. Ferrell, a college professor at Doane College, first became a member of the Committee in May, 1977, as the representative of the Region V Advisory Committee. As such, she represents consumers on the Committee.

DONALD CLAASEN
Dodge County Courthouse
Fremont, NE 68025

Mr. Claasen represents the Region VI Governing Board, so is an indirect provider of services. Mr. Claasen, owner of Claasen Electronics, became a member of the Committee in September, 1979.

JENNY PEDERSEN
301 Ridgewood Drive
Bellevue, NE 68005

Ms. Pedersen, a real estate salesperson, represents the Region VI Advisory Committee, so is a consumer representative. Mrs. Pedersen became a member of the Committee in 1977, but frequently represented Region VI as an alternate since 1974.

MARILYN BEILKE
705 Vanornam
Bellevue, NE 68005

Ms. Beilke is an R.N. and head nurse at the Douglas County Hospital Annex. A direct provider of services, she became a member of the Committee at the time of the formation of the federally mandated Council in 1976 as a representative of Health Planning Council of the Midlands.

KENNETH J. DIAMOND, Ph.D.
State Health Planning and Development Agency
Department of Health
301 Centennial Mall South
Lincoln, NE 68509

Dr. Diamond, Chief of the Bureau of Health Planning and Resource Development, has represented the Department of Health on the Committee since December, 1976.

WES DICKENSON
2601 Boyce
Hastings, NE 68901

Mr. Dickenson is a psychiatric social worker at Hastings Regional Center and a direct provider representative of the State Regional Centers on the Committee. Mr. Dickenson has been a member of the Committee since December, 1976.

DONNA HASSLER
Box 641
McCook, NE 69001

Mrs. Hassler, a housewife, is a consumer group representative of an ex-patient organization. She has been a Committee member since December, 1976.

SENATOR MARTIN KAHLE
Route 4
Kearney, NE 68847

Senator Kahle, who is a farmer, first served on the Committee from January, 1975, to December, 1976, as the Region III Governing Board representative and from that date has been the representative of the Legislature with indirect provider status.

JACK KLINGENBERG
Route 1, Box 60
Chapman, NE 68827

Mr. Klingenberg represents Greater Nebraska Health Systems Agency and consumer interests. He is a farmer who first joined the Committee in December, 1976.

LOIS KLINGMAN
Route 1, Box 24A
Alda, NE 68810

Mrs. Klingman is a housewife who became a member of the Committee in December, 1976. She represents Greater Nebraska Health Systems Agency and consumer interests.

LOIS SCHWAB, Ed.D.
Home Economics Department, Room 140
University of Nebraska-Lincoln
Lincoln, NE 68583

Dr. Schwab is a professor at the University of Nebraska-Lincoln College of Home Economics in the Department of Human Development and the Family. She was nominated by Southeast Nebraska Health Systems Agency in December, 1976, to represent consumer interests.

HENRY A. McCOURT
Labor Staff/United Way
1805 Harney Street
Omaha, NE 68102

Mr. McCourt is on the Labor Staff of the United Way of the Midlands. He joined the Committee in September, 1978, as a consumer interest representative of the Health Planning Council of the Midlands.

RALPH FOX
Houses of Hope of Nebraska, Inc.
1601 Euclid Avenue
Lincoln, NE 68502

Mr. Fox, an alcohol counselor, was nominated in February, 1980, by the Advisory Committee of the Division on Alcoholism to represent them on the Committee as a provider of services.

GEORGE EDGAR
Program Administrator
Region V Community Mental Health Program
2311 North Cotner
Lincoln, NE 68507

Mr. Edgar is Program Administrator of the Region V Community Mental Health Program, so is a direct provider representative on the Committee. Mr. Edgar was nominated in February, 1980, by Southeast Nebraska Health Systems Agency.

PENNI PIRSCH
2515 Capitol Avenue
Omaha, NE 68131

The Commission on Drugs nominated Ms. Pirsch in February, 1980, as their consumer representative on the Committee. Ms. Pirsch is a student at Creighton University.

State Citizens Mental Health Advisory Committee
Membership Review - February 28, 1980

A. Representatives of Consumers

Region I Advisory Committee - Vacant
Region II Advisory Committee - Wanda Mindt
Region III Advisory Committee - Minnie Borg
Region IV Advisory Committee - Catharine Nore
Region V Advisory Committee - Marcia Ferrell
Region VI Advisory Committee - Jenny Pedersen
Health Planning Council of the Midlands - Henry McCourt
Southeast Nebraska HSA - Lois Schwab
Greater Nebraska HSA - Jack Klingenburg
Greater Nebraska HSA - Lois Klingman
Consumer Group - Francis Hassler
Commission on Drugs - Penni Pirsch

B. Providers of Services

Indirect Providers

Region I Governing Board - A.C. Johnson
Region II Governing Board - Glen Ashmore
Region III Governing Board - Bernard Meyer
Region IV Governing Board - Lloyd Lawrence
Region V Governing Board - DeLynn Behrends
Region VI Governing Board - Donald Claasen
State Legislature - Martin Kahle

Direct Providers

State Regional Center - Wes Dickenson
Health Planning Council of The Midlands - Marilyn Beilke
Southeast Nebraska HSA - George Edgar
Nebraska Division on Alcoholism - Ralph Fox

C. Non-Government Organizations Concerned with the Planning, Operation, and use of Centers and Facilities

Region I Advisory Committee - Vacant
Region II Advisory Committee - Wanda Mindt
Region III Advisory Committee - Minnie Borg
Region IV Advisory Committee - Catharine Nore
Region V Advisory Committee - Marcia Ferrell
Region VI Advisory Committee - Jenny Pedersen
Health Planning Council of The Midlands - Henry McCourt
Helath Planning Council of The Midlands - Marilyn Beilke
Southeast Nebraska HSA - Lois Schwab
Southeast Nebraska HSA - George Edgar
Greater Nebraska HSA - Lois Klingman
Greater Nebraska HSA - Jack Klingenburg

Consumer Group - Francis Hassler

D. State Agencies

State Regional Center - Wes Dickenson
State Health Planning & Development Agency - Ken Diamond
State Legislature - Martin Kahle

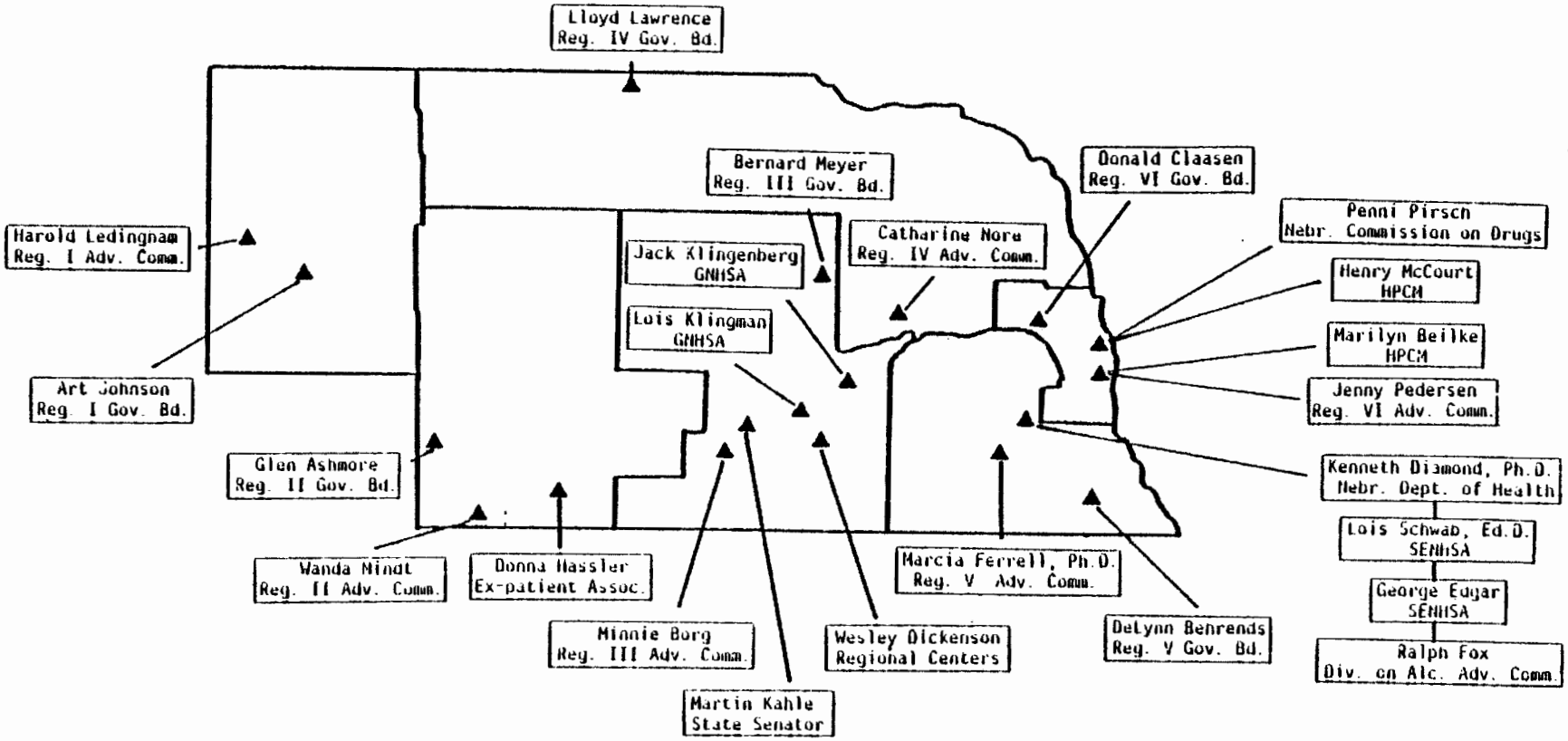
E. Representing the Interests of Children, Youth, and the Aged

Mrs. Lois Schwab - Professor of Human Development

F. Positions Vacant

Region I Advisory Committee
Representative of Interests of Minority or Cultural Group (2)

STATE CITIZEN'S MENTAL HEALTH ADVISORY COMMITTEE MEMBERS



STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

March 16, 1979

SUMMARY OF ACTIONS

1. President Mindt asked if there were any corrections to the minutes of the December 15 meeting and when there were none, she declared them approved as mailed. (Page 1)

2. Henry McCourt made a motion that election of officers be delayed until later in the meeting in order to give more members an opportunity to arrive. Jack Klingenberg seconded the motion, which carried with no dissenting vote. (Page 2)

3. Catharine Nore made a motion that one minority nonprovider position be dropped from the Committee. DeLynn Behrends seconded the motion, which carried with no dissenting vote. (Page 2)

4. President Mindt asked for a motion to retain Donna Hassler on the Committee. Jack Klingenberg made a motion, seconded by Henry McCourt, that Donna Hassler be reappointed to the Committee for a three-year term. The motion carried with no dissenting vote. (Page 2)

5. Donna Hassler made the motion affirming the appointment of Henry McCourt to a three-year term on the Committee and Catharine Nore seconded the motion. The motion carried with no dissenting vote. (Page 2)

6. President Mindt asked if the Committee would like a letter of appreciation sent to Dr. Hartmann for his work with the Committee. Various members indicated their agreement. (Page 3)

7. President Mindt asked for nominations for President. Jack Klingenberg nominated Wanda Mindt, seconded by Marilyn Beilke. Lois Schwab made a motion the nominations cease and Wanda Mindt be elected by unanimous ballot as President for the ensuing year, seconded by Catharine Nore. The motion carried with no dissenting vote. (Page 4)

8. Marcia Ferrell nominated Marilyn Beilke for Vice President, who declined at this time because of other commitments. Lloyd Lawrence nominated Harold Ledingham and Marcia Ferrell seconded the nomination. Donna Hassler nominated Marcia Ferrell and Marilyn Beilke seconded the nomination. Dr. Ferrell declined this year. Lois Schwab made a motion the nominations cease and a unanimous ballot be cast for Harold Ledingham. Art Johnson seconded the motion, which carried with no dissenting vote. (Page 4)

9. Marilyn Beilke nominated Wes Dickenson for Secretary. Jenny Pedersen nominated Lois Schwab. Jack Klingenberg made a motion the nominations cease, seconded by Jenny Pedersen. Wes Dickenson was elected by an 8-5 show of hands. (Page 4)

10. Wanda Mindt asked for a motion to pay for the cookies from the 314(d) funds. Marilyn Beilke made a motion to ask the Department of Health to consider paying the $3.54 spent for cookies from the 314(d) funds for Advisory Committee expenses. Wes Dickenson seconded the motion. The motion carried with no dissenting vote. (Page 4)

11. President Mindt asked if the Committee would like to do something about being sure State Senators are contacted regarding CMHC appropriations. Jack Klingenberg said it would be helpful if everybody on the Committee would write and ask for support. President Mindt recommended that the Committee members do this. (Page 7)

12. President Mindt stated the suggestion from the Funding Committee that time be allotted on the agenda of the next meeting for sharing of procedures used in each region and arrive at guidelines for Regional Advisory Committee involvement in the budgeting process which would be published and sent to the regions. Marilyn Beilke suggested instead of formulating guidelines it should be a definition of roles. Mrs. Mindt substituted the word "models" for "guidelines" and asked for a vote in favor of the recommendation. All voted in favor with no dissenting votes. (Page 7)

13. Mrs. Mindt stated the recommendation of the Funding Committee that a network be developed so that budget objectives of each region would be channeled from the Regional Advisory Committee to the State Citizens' Mental Health Advisory Committee, who would, in turn, advise the Medical Services Director and asked for a vote of all in favor of the recommendation. All voted in favor with no dissenting votes. Mrs. Mindt suggested it would be a good idea to send a letter to the Regional Advisory Committee chairmen to draw this action to their attention. (Page 7)

14. Catharine Nore was selected as the subcommittee's representative on the state manpower committee. (Page 8)

15. President Mindt declared the meeting adjourned at 1:35 p.m. (Page 8)

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

Meeting
Second Floor Conference Room - Department of Public Institutions
Lincoln, Nebraska
Friday - March 16, 1979

Notice of the regular meeting of the State Citizens' Mental Health Advisory Committee was mailed to the members of the Committee and to the news media (The Lincoln Star, The Lincoln Journal, The Omaha World-Herald, The Associated Press and United Press International), and the Capitol Tour Desk on March 7, 1979.

I. CALL TO ORDER

- President Mindt called the meeting to order at 10:05 a.m.

II. ROLL CALL

- Members present:

DeLynn W. Behrends	Lloyd Lawrence
Larry Hansen	Henry A. McCourt
Donna Hassler	Wanda Mindt
Jack Klingenberg	Catharine Nore
Lois Klingman	

- Alternate:

  Peter Beeson for Kenneth J. Diamond

- Members arriving after roll call:

Marilyn M. Beilke	Art Johnson
Wesley Dickenson	Jenny Pedersen
Shelton Duruisseau	Lois Schwab
Marcia Ferrell	

- Members absent:

Eugene Herron	P. Clayton Rivers
Richard Jochem	Franklin Sams
Martin Kahle	Bill Sole
Harold Ledingham	Donna Stuver
Alleah Miles	Jack L. West

III. MINUTES FROM DECEMBER 15, 1978 MEETING

- President Mindt asked if there were any corrections to the minutes of the December 15 meeting and when there were none, she declared them approved as mailed.

IV. ELECTION OF OFFICERS

- Henry McCourt made a motion that election of officers be delayed until later in the meeting in order to give more members an opportunity to arrive. Jack Klingenberg seconded the motion, which carried with no dissenting vote.

- Wanda Mindt discussed the fact that one of the appointments to the Committee as a minority nonprovider has not been attending meetings. She asked whether the Committee wanted to find someone to fill the position or drop the position from the Committee. Jack Klingenberg stated that everyone on the Committee is concerned about minorities so their interests have not been slighted but he asked if the Committee would be in compliance with federal guidelines if the position is dropped. Elise Reising replied she believed they would have the leeway to drop the position if the group otherwise has the proper representation.

- Catharine Nore made a motion that one minority nonprovider position be dropped from the Committee. DeLynn Behrends seconded the motion, which carried with no dissenting vote.

- President Mindt asked for a motion to retain Donna Hassler on the Committee. Jack Klingenberg made a motion, seconded by Henry McCourt, that Donna Hassler be reappointed to the Committee for a three-year term. The motion carried with no dissenting vote.

- Wanda Mindt stated that Henry McCourt is filling the position previously held by William Stocks and asked for a motion to affirm his appointment for a three-year term. Donna Hassler made the motion affirming the appointment of Henry McCourt to a three-year term on the Committee and Catharine Nore seconded the motion. The motion carried with no dissenting vote.

- President Mindt read the names of the members of the subcommittees:

  State Plan Committee
  Wes Dickenson, Lois Klingman, Bill Sole, Franklin Sams, Henry McCourt, Ken Diamond (Peter Beeson, alternate)

  Funding Committee
  Jack Klingenberg, Jenny Pedersen, Eugene Herron, Harold Ledingham, Larry Hansen

  Manpower Committee
  Donna Stuver, Marilyn Beilke, Richard Jochem, Lois Schwab, Catharine Nore

  Training and Public Information
  Marcia Ferrell, DeLynn Behrends, Lloyd Lawrence, Donna Hassler, Art Johnson, Allean Miles

Standing Committees:

Legislation Committee
Martin Kahle, Larry Hansen

Executive (bylaws) Committee
Wanda Mindt, Harold Ledingnam, Wes Dickenson

- She suggested that the members of the Legislative subcommittee meet when there are pressing issues to consider and otherwise serve on other subcommittees. Larry Hansen indicated he would like to serve on the Funding subcommittee.

- President Mindt asked if the Committee would like a letter of appreciation sent to Dr. Hartmann for his work with the Committee. Various members indicated their agreement.

- Jack Cleavenger reported he has discussed the applications for the position of Medical Services Director with Governor Thone and expects the position will be filled in the near future.

- Mr. Cleavenger acknowledged that advisory committees are frustrating to serve on because of a feeling of lack of accomplishment. He urged the Committee members to devote their efforts in the next year to considering what can be done by community mental health programs within the limits of available funding and staffing. Mr. Cleavenger added that in view of the economic situation and the federal and state governments becoming more money conscious, more emphasis should be put on doing a good job with the available resources. Wanda Mindt asked whether streamlining programs to essentials would assure adequate funding, to which Mr. Cleavenger replied such programs would probably never receive the funding they would like to have, pointing out as an example that counties have difficult funding decisions to make. He emphasized he does not discourage trying to obtain more funds and exhausting all possible resources but does advocate setting attainable goals keeping in mind anticipated resources.

- George Edgar discussed the situation in Region V and agreed sufficient funding may never be available. He added that the better job you do, the more demand there is for your services, so you have to do the best job you can with the available manpower and funding.

- President Mindt cautioned that one of the tasks of the Committee is to help the CMHCs so there is no return to the institutional approach. Mr. Cleavenger replied that there will never be such a return.

- Lois Schwab stated she has observed a trend in governmental programs to developing the family as the support system. Wanda Mindt said much can be done in prevention with this approach and suggested the Committee can make recommendations along this line today.

- In answer to Lois Klingman's question, Mr. Cleavenger explained the background of the Beatrice State Developmental Center litigation.

- President Mindt asked for nominations for President. Jack Klingenberg nominated Wanda Mindt, seconded by Marilyn Beilke. Lois Schwab made a motion the nominations cease and Wanda Mindt be elected by unanimous ballot as President for the ensuing year, seconded by Catharine Nore. The motion carried with no dissenting vote.

- Wanda Mindt had urged that someone else be elected president and again expressed her opinion that other members are more qualified and could provide important leadership. She mentioned that the responsibilities of the Committee need to be more keenly developed and definite stands taken. She added that she hopes in the coming year to accomplish very specific objectives and not just deal in generalities. President Mindt said this year efforts started to work closely with the regions and keep them informed. She expressed the hope that the members feel a commitment to the Committee to get involved. She added that more subcommittee meetings may be necessary.

- Marcia Ferrell nominated Marilyn Beilke for Vice President, who declined at this time because of other commitments. Lloyd Lawrence nominated Harold Ledingham and Marcia Ferrell seconded the nomination. Donna Hassler nominated Marcia Ferrell and Marilyn Beilke seconded the nomination. Dr. Ferrell declined this year. Lois Schwab made a motion the nominations cease and a unanimous ballot be cast for Harold Ledingham. Art Johnson seconded the motion, which carried with no dissenting vote.

- Marilyn Beilke nominated Wes Dickenson for Secretary. Jenny Pedersen nominated Lois Schwab. Jack Klingenberg made a motion the nominations cease, seconded by Jenny Pedersen. Wes Dickenson was elected by an 8-6 show of hands.

- Wanda Mindt asked for a motion to pay for the cookies from the 314(d) funds. Marilyn Beilke made a motion to ask the Department of Health to consider paying the $3.54 spent for cookies from the 314(d) funds for Advisory Committee expenses. Wes Dickenson seconded the motion. The motion carried with no dissenting vote.

V. UPDATE ON FEDERAL, STATE LEGISLATION

- Elise Reising distributed copies of information on H.R.10 and explained the bill and the opposing positions of the Mental Health Association and the National Association of State Mental Health Program Directors. She said she was bringing it to the attention of the Committee so as individuals or as a group they could take a stand or inform regional committees about the legislation.

- Several members discussed the expense and pros and cons of accreditation. In answer to Wanda Mindt's question, Shelton Duruisseau explained some of the expenses incurred in their JCAH survey and added his opinion that it is an excellent opportunity for CMHCs to be impartially scrutinized as to their functioning. Jack Cleavenger added that Medical Services included money in the DPI Central Office budget to fund some JCAH surveys but based on the Governor's recommendation, there will be no money to do it. Mr. Cleavenger also expressed the opinion that in the future the governing factor will be what must be done to collect Medicaid and other funds rather than just being accredited.

- Elise Reising also distributed copies of the latest draft of the proposed Mental Health Systems Act. She called attention to changes made to correct faults the President's Commission saw in the present CMHC act.

- During discussion Marilyn Beilke asked what impact the Act would have on the Committee. Pete Beeson replied that if the bill passes, states would have a greater role in mental health than in the past and so the Committee would be advising on a much more expanded role.

- George Edgar explained the state would have more authority and flexibility in implementation of regulations and state needs could be a determining factor. He said the way the state plan is written and implemented could strengthen the regions. Pete Beeson added that the Act embodies a change in emphasis which takes into account the entire system - public, private, state hospitals, and CMHCs - and does not just focus on the single center concept. Mr. Beeson said the key is that it creates the potential for a number of different things which can vary tremendously and will depend a great deal on the new directors of DPI and Medical Services.

- The Committee decided to take a ten minute recess and then continue with no lunch break.

- Randy Hinrichs reviewed the state legislative bills of interest:

  LB556 (appropriations bill) - The Governor recommended $4,180,923 for CMHCs, a 6 percent increase. The Governor recommended $20.3 million for the Regional Centers, about a 4 percent increase. There are also capital construction funds pending for the Regional Centers for life safety improvements, alteration at the LRC Security Unit, and renovation of the "R" building for patient use as well as demolition of some buildings. Lloyd Lawrence objected to the demolition of buildings which could be used for other purposes.

  LB138 - would phase out current county contributions to the cost of Medicaid over the next three years.

  LB172 - certificate of need.

  LB506 - relating to criteria for selecting medical students.

- Various members discussed possible provisions of the certificate of need bill. It was pointed out that all states are required to have such a bill. President Mindt suggested the members should work to get this legislation.

- Mr. Hinrichs called attention to LR7 which would appoint an interim study committee to study the needs of aged, disabled, and incompetent adults to be protected from abuse, neglect or physical danger and suggested if the resolution passes this would be a way for the Committee to call attention to their concerns regarding the chronically mentally ill.

- Mr. Hinrichs also mentioned LR8 which would require an interim study of the feasibility of consolidating the Department of Health, the Department of Public Welfare, and certain functions of the Department of Public Institutions.

VI. UPDATE ON MANPOWER ACTIVITIES

- Joyce Lallman mentioned the manpower grant application submitted in October, which was one of 16 of the 29 submitted recommended for approval. It will not be known until May whether the grant will be funded. She and Elise Reising attended a workshop in Kansas City in January of ten states from Regions V and VII. This group will be meeting summer and winter to share information on manpower development. Nebraska is one of four states selected to plan subsequent meetings. Ms. Lallman said a twenty member State Manpower Committee will be organized with one member from the subcommittee of this Advisory Committee. A manpower conference was originally planned for May but that has been changed to an initial meeting of the twenty member manpower committee.

VII. REPORT ON REGIONAL ADVISORY COMMITTEE INVOLVEMENT IN REGIONAL BUDGET PROCESS

- Randy Hinrichs distributed a copy of the survey which was sent to Regional Advisory Committee chairmen with five of the six responding to the survey. He explained the various sections of the survey and replies received.

- President Mindt announced that the subcommittees would meet for a half hour. She called the meeting to order at 1:10 p.m. and asked for the subcommittee reports.

- <u>State Plan Committee</u>

  Wes Dickenson reported that they will meet after Pete Beeson's conference in Kansas City with the feds on new planning requirements. He said it is time to turn our attention to a new five-year plan.

- Funding Committee

Randy Hinrichs reported for the subcommittee. It was recommended that a network be developed so that budget objectives of each region would be channeled from the Regional Advisory Committee to the State Citizens' Mental Health Advisory Committee, who would, in turn, advise the Medical Services Director. Jenny Pedersen added it was decided the best approach would be with DPI rather than the Senators.

Mr. Hinrichs added there was also a specific recommendation that a significant amount of time be allotted during the next meeting for the development of guidelines for Regional Advisory Committees in their function of advising Regional Governing Boards concerning alcoholism, drug, and mental health services.

During discussion of the first recommendation and possible followup to the Legislature, George Edgar pointed out that over the last five years the Governor and Appropriations Committee have followed the recommendations of DPI.

President Mindt asked if the Committee would like to do something about being sure State Senators are contacted regarding CMHC appropriations. Jack Klingenberg said it would be helpful if everybody on the Committee would write and ask for support. President Mindt recommended that the Committee members do this.

President Mindt stated the suggestion from the Funding Committee that time be allotted on the agenda of the next meeting for sharing of procedures used in each region and arrive at guidelines for Regional Advisory Committee involvement in the budgeting process which would be published and sent to the regions. Marilyn Beilke suggested instead of formulating guidelines it should be a definition of roles. Mrs. Mindt substituted the word "models" for "guidelines" and asked for a vote in favor of the recommendation. All voted in favor with no dissenting votes.

Mrs. Mindt stated the recommendation of the Funding Committee that a network be developed so that budget objectives of each region would be channeled from the Regional Advisory Committee to the State Citizens' Mental Health Advisory Committee, who would, in turn, advise the Medical Services Director and asked for a vote of all in favor of the recommendation. All voted in favor with no dissenting votes. Mrs. Mindt suggested it would be a good idea to send a letter to the Regional Advisory Committee chairmen to draw this action to their attention.

- Manpower Committee

Marilyn Beilke reported on the followup of one of the action steps from the previous meeting. President Mindt sent a letter to Dr. Hartmann

emphasizing the need for support of the manpower program. Dr. Hartmann wrote to Governor Thone, who responded. Mrs. Beilke read the Governor's letter.

The subcommittee discussed the state manpower committee which Joyce Lallman mentioned earlier in the meeting and suggested a minor revision in the composition of the committee. Catharine Nore was selected as the subcommittee's representative on the state manpower committee.

- Training and Public Information

Marcia Ferrell reported the first issue addressed was training of new advisory Committee members and they believe the best training is being on the Committee. They feel the materials provided are very adequate and the article on advisory committee members is helpful in addressing some of the issues.

Dr. Ferrell said most of the time was spent talking about ways of informing county commissioners as to the cost savings realized with funding CMHCs rather than contracting for services. Elise Reising informed the subcommittee it will not be possible to secure this information. The subcommittee then decided their mental health educational efforts should be directed to the taxpayers, who influence county commissioners, with concentration on prevention activities.

IX. QUESTIONS OR REPORTS FROM NONMEMBER OBSERVERS

- George Edgar mentioned that he and the president of the Nebraska Association of Mental Health Centers will be representing mental health for a 1½ hour presentation at a meeting of county officials at the Ramada Inn, Lincoln, on Wednesday, March 28.

X. TIME AND PLACE OF NEXT MEETING

- President Mindt asked the Committee members if they would like to consider meeting in another location. Most Committee members expressed the opinion that meeting at DPI was most convenient.
- The next meeting will be Friday, June 15, 1979, at 10:00 a.m. in the Department of Public Institutions second floor conference room.

XI. ADJOURN

- President Mindt declared the meeting adjourned at 1:35 p.m.

Respectfully submitted,

Peg Elliott

Recording Secretary

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

March 16, 1979

REGISTRATION LIST

Department of Public Institutions

Jack M. Cleavenger

Peter Beeson

Randy Hinrichs

Joyce Lallman

Elise Reising

Regional Program Administrator

George Edgar
Region V

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

June 15, 1979

SUMMARY OF ACTIONS

1. President Mindt asked if there were any corrections to the minutes of the March 16 meeting and when there were none, she declared the minutes approved as mailed. (Page 1.)

2. Dr. Schwab made a motion that the bylaws be accepted as changed and presented. Catharine Nore seconded the motion. Dr. Diamond raised a point of order as to whether a quorum was present. It was determined there was a quorum. The motion carried with no dissenting vote. (Page 4.)

3. Dr. Ferrell made a motion that the Committee recommend to the Medical Services Director during CMHC site visits to emphasize the importance of phone book listings. Donna Stuver seconded the motion. (Page 5.) President Mindt restated the motion, which carried with none dissenting. (Page 6.)

4. Senator Kahle made a motion to ask Larry Hansen to contact the Hall County governing board to secure information on what they did to get the CMHC listing in the front of the telephone directory, and then the Committee write a letter to all telephone companies in the state asking for a public service listing for CMHCs. Dr. Ferrell seconded the motion.

   Dr. Diamond made a motion to table discussion until more information is secured about the problem and successful solutions. He said that some people on the local level might view the recommendation as interference with their responsibility.

   President Mindt asked for a vote on the motion by Senator Kahle, which carried on a voice vote with Dr. Diamond and Art Johnson dissenting and Catharine Nore and Wes Dickenson abstaining. (Page 6.)

5. Dr. Schwab made a motion that the previous action be rescinded and substitute that Larry Hansen secure the desired information from Grand Island and give it to the proper authorities for action, also requesting a report on follow-through at the next Committee meeting. Art Johnson seconded the motion. The motion carried with affirmative votes by Diamond, Dickenson, Hansen, Johnson, McCourt, Mindt, Nore, Pedersen and Schwab. Negative votes: Ferrell, Kahle, Klingman, and Stuver. (Page 6.)

6. Dr. Schwab made a motion that grassroots ideas of needs be collected. Then a committee composed of the Executive Committee and representatives of the two agencies meet to formulate a list of the issues to be sent to all Committee members. After return of the questionnaires, a priority would be determined and that list presented to the Committee at the September meeting. The Executive Committee would organize task forces to work on strategies at the next meeting. Donna Stuver seconded the motion. Motion carried on a unanimous roll call vote. (Page 8.)

7. President Mindt declared the meeting adjourned at 1:35 p.m. (Page 9.)

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

Meeting
Second Floor Conference Room - Department of Public Institutions
Lincoln, Nebraska
Friday - June 15, 1979

Notice of the regular quarterly meeting of the State Citizens' Mental Health Advisory Committee was mailed to the members of the Committee and to the news media (The Lincoln Star, The Lincoln Journal, The Omaha World-Herald, the Associated Press and United Press International) and the Capitol Tour Desk on June 7, 1979.

I. CALL TO ORDER

- President Wanda Mindt called the meeting to order at 10:10 a.m.

II. ROLL CALL

- Secretary Wes Dickenson called the roll:

Members present:

Kenneth J. Diamond	Lois Klingman
Wesley Dickenson	Henry A. McCourt
Marcia Ferrell	Wanda Mindt
Larry Hansen	Catharine Nore
Art Johnson	Lois Schwab
Martin Kahle	Donna Stuver

Arrived after roll call:

Jenny Pedersen

Members absent:

DeLynn W. Behrends	Jack Klingenberg
Marilyn M. Beilke	Lloyd Lawrence
Shelton Duruisseau	Harold Ledingham
Donna Hassler	P. Clayton Rivers
Eugene Herron	Franklin Sams
Richard Jochem	Bill Sola

III. MINUTES FROM MARCH 16, 1979 MEETING

- President Mindt asked if there were any corrections to the minutes of the March 16 meeting and when there were none, she declared the minutes approved as mailed.

IV. DISCUSSION OF BYLAWS, COMMITTEE PURPOSE AND FUNCTION

- Wanda Mindt explained the organization of the Committee and subcommittees and expressed her frustration in trying to make an impact on the mental health system. Mrs. Mindt asked the members to think about the proposed changes in the bylaws, whether the subcommittees have been functioning as desired, whether the Committee has been making a significant input, and if they are ready to take a new approach. She expressed her appreciation for the cooperation of the Medical Services staff but urged the Committee members to maintain their identity as citizens with important opinions and suggested they should not be dominated or led by the staff. She also asked the Committee members to think about their commitment and whether they are willing to devote sufficient time to have an effective Committee.

- Jim Allison said that he and Frank Harris of the Department of Health had been instructed by Mr. Cleavenger and Dr. Smith to assist in instilling some direction and purpose for the Committee. Dr. Allison then discussed the proposed bylaws changes, most of which are correcting to whom the Committee makes recommendations, and the appointment of members to the Committee, in order to comply with provisions of the pertinent laws. Dr. Allison added, this is an advisory committee, not a governing board.

- Senator Martin Kahle asked several questions about the appointment of members beyond the twelve required in LB302 and whether there is a limitation on the size of the Committee. Dr. Allison replied that the mental health plan specifies the Committee membership, but during the annual review the Committee membership beyond those mandated by law could be changed.

- There was a brief discussion initiated by Wanda Mindt as to whether the Committee officer should be Secretary-Treasurer or just Secretary, with no decision to make a change.

- Senator Kahle expressed his concern that often committees rubberstamp what is being done without actually having the chance to find out for themselves. Wanda Mindt said she believes the Committee should be able to perform their function in the way they select without direction from either Medical Services Division of DPI or Dr. Smith as Mental Health Authority. Mrs. Mindt indicated concern that the Committee has not had previous contact from Dr. Smith.

- President Mindt mentioned some issues the Committee might investigate on a regional level which could be the basis for providing more effective input at the state level. For instance, how the plan is being implemented, and management of the chronically mentally ill.

- Dr. Lois Schwab suggested the Committee needs to be involved in working with legislative committees and the staff so a system of follow-along results. This would affect the lives of individuals. She added, her

concern is with the people who drop out of the system. Senator Kahle mentioned that due to confidentiality, the Committee should not be able to secure names of clients.

- Jenny Pedersen explained a study which was done in Region VI of how effective the agencies funded by 302 have been in providing services. The questionnaire was sent direct to the agencies. Senator Kahle commented that this might result in the answers being biased. Mrs. Pedersen offered to send a copy of the results to President Mindt.

- Catharine Nore remarked that she liked the suggestion to select specific issues for the Committee to investigate in the regions and recommended this be tried for the next meeting.

- Art Johnson noted it is significant that the Committee after five years of existence is still discussing its purpose. He stated that Harold Ledingham, former Chairman of the Committee and active in the field for a long time, is considering resigning from the Committee. He added that governing boards are wondering about budgets and meeting the county contributions.

- Mrs. Mindt speculated that perhaps the Committee will be doing more or less what the Director of Medical Services and the Mental Health Authority request, but if this includes control of the Committee she will resign. She also suggested if the public and County Commissioners are not aware of the benefits of CMHC services, the Committee should zero in on this situation. Mrs. Nore commented that it is not a matter of being informed but in setting priorities and maintaining roads is considered more important.

- Larry Hansen discussed the controversy in Hall County on funding of Mid-Nebraska Mental Health Center and possible cutback of services.

- Dr. Schwab suggested the reorganization of human service systems in other states should be studied to learn how overhead costs have been cut to facilitate delivery of essential services. She mentioned Utah as a good example. Mrs. Mindt asked if the Committee could request staff to conduct specific research, to which Dr. Allison replied in the affirmative.

- George Edgar brought to the attention of the Committee that Article III, Section 3 should be "unless absences <u>are</u> excused. . ." instead of "will be."

- Jenny Pedersen inquired about the Governing Board representative from Region VI. Elise Reising stated that the Governing Board appointed Shelton Duruisseau to represent them but he has no voting powers. Mrs. Pedersen commented she believes it is important to have a Region VI county commissioner involved in the Committee.

- Dr. Schwab made a motion that the bylaws be accepted as changed and presented. Catharine Nore seconded the motion. Dr. Diamond raised a point of order as to whether a quorum was present. It was determined there was a quorum. The motion carried with no dissenting vote.

- Dr. Marcia Ferrell inquired as to what is being done about replacing members who do not attend. Mrs. Mindt replied that the County Commissioner members have been notified of their responsibility. A letter of resignation has been received from Alleah Miles.

- Lois Klingman recommended that either she or Jack Klingenberg could report to the Committee on HSA activities.

- Mrs. Mindt asked DPI staff and visitors to introduce themselves and thanked them for attending the meeting.

V. REPORT ON STATE MANPOWER COMMITTEE MEETING

- Joyce Lallman reported that a twenty member committee was formed with fifteen of the members attending the first meeting on May 23. Everyone invited to become a committee member accepted. Ms. Lallman distributed a list of the committee members. The committee will provide guidance for future mental health manpower development projects. Discussion at the meeting included issues of salaries, retaining personnel, better communication between training programs and service providers, and more efficient use of existing manpower. The next meeting will be in August. Information should be received within ten days or two weeks as to funding of the grant.

VI. REPORT ON STATE MENTAL HEALTH PLANNING

- Dr. Peter Beeson stated that the emphasis in planning is shifting away from the 1977 plan. He is preparing for a two-year planning process which will result in a five year plan in FY82. He expects this planning effort to create a data and information base from which requirements of the new Mental Health Systems Act can be met. During meetings with Region VII in Kansas City, Dr. Stolz agreed to several things which will facilitate the planning process. First, the requirement of an annual review and progress report, on which the Committee has had input, may be fulfilled by a letter which addresses progress on the listed objectives without developing new goals and objectives. Secondly, Dr. Stolz agreed to assist in securing data from NIMH, Social Security, HUD, etc. which would be helpful. Region VII will also try to provide information on the requirements to be included in the plan as well as information on grant possibilities. Dr. Beeson would like to be able to do special studies on the underserved populations - children, minorities, and the elderly.

- Mental health planning will be more closely coordinated with health planning, which is one of the primary recommendations of the President's Commission. The focus will be broadened to include all providers of mental health care.

- Dr. Beeson said the consumer input will focus on those individuals who have actually utilized existing mental health services.

- Dr. Beeson concluded by stating that he will be calling on the Committee to consider the role they want to play in the planning process.

- Senator Kahle stated his doubts about seeming to always be probing new services and wondered when the continual probing would be replaced by doing - service delivery. He cited the situation in Hall County where they are considering cutting services. Dr. Beeson replied, he is not saying new services are needed but information is needed to pinpoint duplication, assess priorities, and, if warranted, redirect present services.

IV. DISCUSSION OF BYLAWS, COMMITTEE PURPOSE AND FUNCTION (Continued)

- Dr. Ferrell discussed the study Dr. Allison did on phone book listings of Community Mental Health Centers, which found it is difficult to locate a mental health clinic through the phone book. She suggested this Committee might be responsible for giving a directive to the CMHCs on the best way to provide phone book listing.

- Senator Kahle explained a bill which provides a statewide watts number for assistance to citizens with referral to local agencies. Dr. Schwab mentioned the Hotline for the Handicapped, which is doing a good job assisting people with referrals.

- Dr. Allison explained that as a result of the study he learned a white pages listing under "mental health center" and a yellow pages listing under "clinics" was most effective. He added that there is a 302 Regulation calling for CMHCs to have accessible telephone numbers and the Committee could recommend to the Medical Services Director that this regulation be enforced on the next round of site visits. Dr. Allison also mentioned that the CMHC in Grand Island is listed in the front of the phone book with the numbers for fire and police as a public service.

- Dr. Ferrell made a motion that the Committee recommend to the Medical Services Director during CMHC site visits to emphasize the importance of phone book listings. Donna Stuver seconded the motion.

- Dr. Diamond recommended checking out of the 911 system, which is being implemented statewide. This would have the advantage of not duplicating an existing system nor costing additional money.

- Jean Toon mentioned that federal and JCAH representatives check phone book listings during their reviews.

- President Mindt restated the motion, which carried with none dissenting.

- Wanda Mindt asked if the Committee would like to have the governing boards alerted. Suggestions were made by several members of the Committee, including that the local board should talk to the telephone companies about a public service listing, a letter be sent from the Committee to all telephone companies with a copy of the front page of the Grand Island phone book, and that the Committee write a letter suggesting a procedure to the chairmen of the regional advisory committees for them to follow up.

- Senator Kahle made a motion to ask Larry Hansen to contact the Hall County governing board to secure information on what they did to get the CMHC listing in the front of the telephone directory, and then the Committee write a letter to all telephone companies in the state asking for a public service listing for CMHCs. Dr. Ferrell seconded the motion.

- During discussion Dr. Diamond recommended before taking further action the Committee secure additional information on the extent of the problem and take into consideration JCAH standards in their suggestion. He said that making recommendations without fully determining the need destroys the credibility of the Committee. Catharine Nore noted that securing a public service listing is a good idea whether or not there is a problem.

- Dr. Diamond made a motion to table discussion until more information is secured about the problem and successful solutions. He said that some people on the local level might view the recommendation as interference with their responsibility.

- Senator Kahle suggested it may be more of a problem in the rural areas and this is one project which should be pursued later if not today.

- President Mindt asked for a vote on the motion by Senator Kahle, which carried on a voice vote with Dr. Diamond and Art Johnson dissenting and Catharine Nore and Wes Dickenson abstaining.

- Art Johnson objected to the action, stating that the function of the Committee is to make recommendations to the Medical Services Director. Dr. Allison was asked for his opinion and he said his preference would be for the Committee to make recommendations to the Director of Medical Services and the Mental Health Authority.

- Dr. Schwab made a motion that the previous action be rescinded and substitute that Larry Hansen secure the desired information from Grand Island and give it to the proper authorities for action, also requesting a report on follow-through at the next Committee meeting. Art Johnson seconded the motion. The motion carried with affirmative votes by Diamond, Dickenson, Hansen, Johnson, McCourt, Mindt, Nore, Pedersen and Schwab. Negative votes: Ferrell, Kahle, Klingman, and Stuver.

- President Mindt distributed a letter from Governor Thone to all agencies, boards and commissions on state vehicle usage.

- Lois Klingman mentioned the review done by HSAs of CMHC grants and offered as an HSA boardmember to report to the Committee on this activity at any time. She then asked several questions: would there be a report on the CCU at Lincoln Regional Center, what is the Regional Center funding, and who is replacing Dr. Hartmann as Medical Services Director? President Mindt replied that Jack Cleavenger will give a report on the CCU, Dr. Charles W. Landgraf, Jr. of Hastings is Acting Director of Medical Services, and she had read the Regional Centers get about $20 million compared to $4.6 million for the CMHCs.

- Senator Kahle explained the legislative appropriations process and mentioned that the best time to make an appeal is when the regional budgets come before the appropriations committee.

- A discussion followed Lois Klingman's questioning whether the Regional Centers receive a disproportionate share of appropriations, with others agreeing, mention of the varied populations served, and concern over not having all basic figures available to the Committee to look at the mental health delivery system. It was brought out that HSAs do not review CMHC programs in total at one time. Joyce Lallman mentioned that total program information is available on the Plans of Expenditure. President Mindt asked if this information is available or would be in September. Dr. Allison agreed to check into securing the information for the Committee.

- President Mindt asked Committee members to consider what they want to do in the future. First, she reviewed all of the present subcommittees and their activities. Next, she mentioned several areas of interest the Committee might consider: 1) adult protective services being provided in the state and whether or not funds are properly used; 2) varying interpretations of the commitment law across the state; 3) effectiveness of care for chronically mentally ill; 4) handicapped children.

- Dr. Diamond commented that the Committee seems to talk about fragmented issues. He said that advisory committees give citizens' input to the department and division directors who have the legal liability involved in carrying out programs and policies. Dr. Diamond also replied to the earlier criticism of inadequate contact with Dr. Smith. This contact is maintained through Jack Cleavenger and DPI. He stated that a letter concerning funding from the Committee to Dr. Smith was outside the province of the Committee.

- During further discussion of the mission of the Committee, Jenny Pedersen read from LB302.

- Dr. Schwab suggested a format. The Executive Committee and representatives of DPI and the Health Department would meet and develop a questionnaire to be sent to all Committee members to rank the tasks of the Committee for the next two years. Subcommittees would be formed around basic tasks identified as priority issues. Again the Executive Committee and two agency representatives would meet to determine priorities and organize task groups, with an hour set aside at the September meeting to develop strategies for meeting the tasks.

- Senator Kahle explained his reasons for believing that financing will be the biggest problem. Dr. Schwab added that quality of services should be considered with financing.

- Dr. Beeson agreed with the desire of the Committee to have meaningful input but cautioned that many of the issues being discussed are complex and difficult to get a handle on and would require a lot of commitment on the part of committee members in order to fulfill their responsibility.

- Dr. Schwab made a motion that grassroots ideas of needs be collected. Then a committee composed of the Executive Committee and representatives of the two agencies meet to formulate a list of the issues to be sent to all Committee members. After return of the questionnaires, a priority would be determined and that list presented to the Committee at the September meeting. The Executive Committee would organize task forces to work on strategies at the next meeting. Donna Stuver seconded the motion. Motion carried on a unanimous roll call vote.

VII. QUESTIONS OR REPORTS FROM NONMEMBER OBSERVERS

- Jack Cleavenger gave a report on some of the problems in the Comprehensive Care Unit at Lincoln Regional Center. As background information, he stated that technicians start at $6,400 with a 100 percent turnover, 70 percent including professionals. Year before last there were 160 patient inflicted injuries to employees, 118 last year. It is a separate unit from the rest of the Regional Center because it includes MRs. This means that when staff are absent, it is difficult to transfer in staff from other units because other staff lack training in MR. The people in the unit are rejects from other programs. He agreed there may have been overuse of restraints in some cases and explained the particular person the unit was criticized concerning has torn hunks of flesh from his cheeks and his elbows are permanently damaged from pounding on the floor. Mr. Cleavenger said they recognize there are problems but were waiting for the plan of implementation to be adopted as it would have a great deal to say about the role and future direction of the Unit, and may have been remiss in not initiating changes earlier but expect improvements with the changes which have been made.

VIII. TIME AND PLACE OF NEXT MEETING

- After discussion it was decided to have the next meeting on Friday, September 28, 1979.

IX. ADJOURN

- President Mindt declared the meeting adjourned at 1:35 p.m.

Respectfully submitted,

Peg Elliott

Recording Secretary

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

June 15, 1979

REGISTRATION LIST

Department of Public Institutions

Jack M. Cleavenger

Dr. Jim Allison

Paula Hartig

Joyce Lallman

Elise Reising

Department of Health

Dr. Peter Beeson

Franklin Harris

Regional Program Administrator

George Edgar
Region V

Mental Health Educator

Jean Toon
South Central Community Mental Health Center

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

September 28, 1979

SUMMARY OF ACTIONS

1. President Mindt asked if there were any corrections to the minutes of the June 15 meeting and when there were none, she declared the minutes approved as mailed. (Page 1.)

2. Dr. Schwab made a motion that the Executive Committee consider strategy for dealing with issue #1, taking into consideration all of the implications which have been discussed, and present suggestions to the Committee by mail. Dr. Marcia Ferrell seconded the motion. The motion carried with no opposition. (Page 4.)

3. Dr. Schwab made a motion that a recommendation be made to the Manpower Committee with a duplicate copy to Dr. Michener and the persons in line that the Committee is concerned about the salary levels and hence turnover of the various staff members concerned with mental health programs. Dr. Marcia Ferrell seconded the motion. (Page 5.)

   Wanda Mindt suggested their concerns be sent to the Regional Program Administrators, which Dr. Schwab accepted as a friendly amendment. (Page 5.)

   President Mindt asked for a vote on the motion which carried as follows: In favor (5): Ferrell, Hassler, Johnson, Nore, Schwab. Opposed (2): Beilke and Diamond. Abstaining (1): Dickenson. (Page 5.)

   Dr. Diamond replied that the recommendation being discussed was not to go just to the Medical Services Director and asked that his statements be attached to the letter as a minority report, the only reason being it is going outside DPI. (Page 6.)

   Donna Hassler made a motion that the Committee recommendation on salaries be sent to DPI and the Manpower Committee until the next meeting and if Dr. Schwab wants it to go further the decision can be made then. Catharine Nore seconded the motion. The motion carried with none opposed. (Page 6.)

4. George Edgar related that the CMHC Directors have had a technical assistance grant funded and they intend within the next fiscal year to get involved in advisory committee and governing board training and asked if the Committee wants to work with them. President Mindt asked Mr. Edgar to inform the center directors that the Committee is interested and would like to work with them and at the appropriate time will appoint a Committee member to work with them. (Page 7.)

5. Dr. Marcia Ferrell made a motion that the next meeting be held December 7, 1979 at 10:00 a.m. at the Department of Public Institutions. Catharine Nore seconded the motion, which carried with none opposed.

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

Meeting
Second Floor Conference Room - Department of Public Institutions
Friday - September 28, 1979

Notice of the regular quarterly meeting of the State Citizens' Mental Health Advisory Committee was mailed to the members of the Committee and to the news media (The Lincoln Star, The Lincoln Journal, The Omaha World-Herald, the Associated Press and United Press International) and the Capitol Tour Desk on September 14, 1979.

I. CALL TO ORDER

- President Wanda Mindt called the meeting to order at 10:15 a.m. and asked that all comments be directed to the chair.

II. ROLL CALL

- Secretary Wes Dickenson called the roll:

  Members present:

Marilyn M. Beilke	Art Johnson
Kenneth J. Diamond	Wanda Mindt
Wesley Dickenson	Catharine Nore
Marcia Ferrell	Lois Schwab
Donna Hassler	

  Arrived after roll call:

Glen Ashmore	Lois Klingman

  Members absent:

DeLynn W. Behrends	Henry A. McCourt
Richard Jochem	Jenny Pedersen
Martin Kahle	P. Clayton Rivers
Jack Klingenberg	Franklin Sams
Lloyd Lawrence	Bill Sole
Harold Ledingham	Donna Stuver

- Letters of resignation were received from Shelton Duruisseau and Larry Hansen.

III. MINUTES OF JUNE 15, 1979 MEETING

- President Mindt asked if there were any corrections to the minutes of the June 15 meeting and when there were none, she declared the minutes approved as mailed.

IV. INTRODUCTIONS OF NEW PERSONS IF APPROPRIATE
V. WORD FROM NEW PERSONS IF APPROPRIATE

- Dr. Jim Allison explained that Dr. W. Ralph Michener had intended to be present at the meeting but pressing business necessitated his absence.

- Introductions of persons present other than Committee members:

Jim Allison	DPI
Pete Beeson	DPI
Randy Hinrichs	DPI
George Edgar	Region V Program Administrator
Dona Krueger	President-elect, Nebraska Mental Health Association
Jean Toon	Nebraska Association of Mental Health Educators

- President Mindt announced that Dr. Jim Allison is now Assistant Director of Medical Services Division so the Committee will be advisory to him.

VI. OLD BUSINESS

A. QUESTIONNAIRE

- Wanda Mindt reviewed the "Issues and Problems for Possible Study and Action by SCMHAC" as ranked by the Committee members and asked for comments and suggestions. Catharine Nore asked what could be done to resist some of the federal requirements which are inappropriate to Nebraska.

- Dr. Allison explained in getting around federal requirements there is a great deal of flexibility between the law, regulations, and personal interpretation of meeting requirements. Dr. Peter Beeson suggested that chances of securing an adjustment in requirements might be more likely if hard evidence could be provided that a particular regulation is inappropriate or actually impedes good service delivery.

- During further discussion several opinions and comments were voiced - as long as funds are accepted there is no choice but to accept the regulations; it is necessary to seek additional funds after expiration of grants for federally required programs; it is important to consider whether or not ways are being sought to support a system which may not be totally appropriate in Nebraska and how to demonstrate and support this with research (developing a set of indicators, etc.); would Blue Cross be able to provide some information, acknowledging their statistics would cover only a certain class of citizens and be very skewed.

- Drs. Allison and Beeson explained some of the difficulties they have encountered in the past year while trying to secure information from various sources and emphasized the costliness and

long-term effort required in securing statistics the Committee is interested in even after identifying data sources.

- Dr. Beeson suggested the Committee's involvement in the development of measures indicating the mental health status of the population could be support and encouragement of HSA, CMHC, and DPI staffs. He recommended a serious problem for the Committee to consider would be selling mental health to the citizens of Nebraska by documenting the need for services and then appearing before legislators and county boards.

- Wanda Mindt inquired about the availability of a grant to establish a statewide advocacy organization, and Dr. Lois Schwab mentioned a meeting to organize a nationwide advocacy system and possible Congressional bill and urged the Committee get ready to participate. It was mentioned that it is not known when Congress may take action on the proposed bill.

- Wanda Mindt asked if the DPI annual statistical report could be expanded and used as statewide indicators by the Committee, to which Dr. Beeson replied that services create their own needs, it would give an idea of treatment at the public level but private treatment sources are not included, and the APA diagnostic categories used do not take into account adjustment problems.

- Art Johnson reported on the possible cutoff of funds next July 1 to the Panhandle Mental Health Center by Scotts Bluff County. He admitted he is not sure of the reasons but contrary to reports of non-support, a group of doctors associated with a hospital voted unanimous support for Panhandle, and he believes the bar association and judges support Panhandle. He said if Scotts Bluff County withdraws support it could cause the center's closing, but he feels certain this will not happen.

- Dr. Allison brought out the fact that this is the second time in six months that operation of a CMHC has been threatened apparently by a single governing board member, which raises the overall question of county financial involvement. Art Johnson replied that the 7 percent lid has caused considerable concern to county commissioners. Mr. Johnson added, perhaps the Committee could request inclusion in the law of stringent program participation. Dr. Allison agreed that is what he referred to and asked the Committee to advise him how the law could be rewritten to stabilize county participation.

- The discussion brought out that counties are not required to be part of the region, the interlocal agreements creating the regions determine county shares and specify means of withdrawal by counties. George Edgar suggested the Committee address itself to the kind of statewide system they think is wanted, also utilizing cost comparisons of money paid by counties over the past ten years to regional centers for inpatient care.

- Wanda Mindt added that thought should be given to alternate ways of providing local input and control, changing the permissive wording as to county participation, and uniformity of definitions.

- Dr. Schwab made a motion that the Executive Committee consider strategy for dealing with issue #1, taking into consideration all of the implications which have been discussed, and present suggestions to the Committee by mail. Dr. Marcia Ferrell seconded the motion.

- During discussion Dr. Schwab suggested Senator Martin Kahle be involved in any area related to legislation and either present subcommittees or special task forces be established.

- The motion carried with no opposition.

B. TELEPHONE LISTINGS

- Wanda Mindt referred to a letter from Dr. Searson concerning the Mid-Nebraska telephone listings. She added that Medical Services has the Committee recommendation on file and they are asking CMHCs to be responsible for adequate telephone directory listings.

C. MANPOWER COMMITTEE

- Dr. Beeson explained the application by Medical Services for a mental health manpower development grant and the establishment of an advisory committee. The committee has met twice with good attendance and productive sessions. It is a powerful committee in terms of its representation of the key figures in mental health service provision and education of mental health professionals throughout the state. A five-year grant renewable annually has been formally approved.

- The committee at their last meeting recommended a high status position for the senior staff person; however, this is subject to the restraints of the Merit System and State Personnel.

- Dr. Michener attended the meeting and is supportive of the project. Dr. Michener implied he hopes to continue manpower development activities after the federal funding ends.

- Dr. Beeson said that he and Dr. Allison are working with the committee and just met with the federal representative, James Snapp.

D. PLANS OF EXPENDITURES AND BUDGET REQUESTS

- Randy Hinrichs reported that Plans of Expenditures and Budget Requests have been approved for five of the regions and the sixth is in the final stages of approval. He felt generally the regions

did a commendable job. Mr. Hinrichs said there was one area of universal deficiency. For the most part a lot of the goals of the CMHC programs are not measurable and so are of questionable value in evaluating progress from year to year.

- Mr. Hinrichs distributed an informational sheet on budget requests and called attention to the fact that expenditure figures are smaller than appropriations because counties do not utilize all appropriated funds due to failure to provide county match.

- Randy Hinrichs pointed out that budget recommendations for FY81 reflect an approximate 7 percent increase for both CMHCs and RCs.

- Dr. Schwab raised the issue of providing adequate salaries for personnel needed to maintain the programs. Mr. Hinrichs explained that the 5.5 percent guideline received from the Governor's budget office was followed but adjustments may be made before final approval.

- Dr. Schwab made a motion that a recommendation be made to the Manpower Committee with a duplicate copy to Dr. Michener and the persons in line that the Committee is concerned about the salary levels and hence turnover of the various staff members concerned with mental health programs. Dr. Marcia Ferrell seconded the motion.

- Dr. Ken Diamond questioned the regulation of CMHC salaries by the state.

- George Edgar recommended that the Regional Program Administrators review the budget recommendations and report to the Committee at the next meeting on their view of the impact of the recommendations on the regions.

- Wanda Mindt suggested their concerns be sent to the Regional Program Administrators, which Dr. Schwab accepted as a friendly amendment.

- During discussion Dr. Schwab emphasized her belief that the Committee should make an early recommendation on salaries and keep pushing the concept that salaries affect employee turnover and ultimately quality of care. Dr. Diamond expressed the opinion that this is not an area the Committee should address because the 5.5 percent guideline is not a final recommendation and the Committee has not been asked for their advice on the subject. Dr. Diamond also urged that the Committee needs to build up its credibility before people will listen to them and the Committee appears very self-serving and as CMHC advocates. It was mentioned that the Manpower Committee will be dealing with this issue in time but will probably first address the planning aspect.

- President Mindt asked for a vote on the motion which carried as follows: In favor (6): Ferrell, Hassler, Johnson, Nore, Schwab. Opposed (2): Beilke and Diamond. Abstaining (1): Dickenson.

- Dr. Diamond asked if a salary survey has been done of states comparable to Nebraska, both state and CMHC employees. Wanda Mindt indicated one of the subcommittees had figures a couple of years ago, and Dr. Beeson said NIMH had a report on federally supported CMHCs. Randy Hinrichs added that there is fairly current information on salaries by discipline in community programs and he is in the process of getting information from the regional centers, but the problem with securing information from other states is in comparing classifications which are not uniform.

- Dr. Diamond observed that the Committee passed a motion not knowing how salaries paid in Nebraska compare to comparable states and stated that all down the line health care costs and salaries are much lower in Nebraska than the national average, so if national averages are used to justify salaries in Nebraska it is not appropriate. He said that he is not objecting to the recommendation but to submitting it without having anything to back it up. He asked to submit a minority report opposing the motion.

- Further discussion included Wes Dickenson's statement that as an advisory committee they are not expected to have statistics to back up everything they do but can make recommendations to the Medical Services Director, who can utilize staff to either validate or disprove them. Dr. Diamond replied that the recommendation being discussed was not to go just to the Medical Services Director and asked that his statements be attached to the letter as a minority report, the only reason being it is going outside DPI.

- Dr. Allison pointed out that technically the Committee is advisory to the Director of Medical Services and there must be faith that Committee recommendations are considered.

- Dr. Beeson suggested that a recommendation needs good solid backup but an expression of concern would not need the same level of backup. Wanda Mindt asked if expressing concern is strong enough to bring about action by Medical Services. Dr. Allison reminded the Committee that previous explanations have been given of the long process of budgeting, considering legislation etc. and that the Committee cannot expect immediate or big changes as a result of their recommendations, but he assured them they are having an effect. He further explained that periodically Medical Services staff members are called upon to testify at Legislative hearings and participate in Legislative study groups and the Committee recommendations have an influence.

- Donna Hassler made a motion that the Committee recommendation on salaries be sent to DPI and the Manpower Committee until the next meeting and if Dr. Schwab wants it to go further the decision can be made then. Catharine Nore seconded the motion. The motion carried with none opposed.

VII. NEW BUSINESS

- Dr. Ferrell reported she had received considerable information from a grant-supported group in Missouri doing advisory board training and asked for a directive from the Committee as to whether or not they want to be involved in such training.

- George Edgar related that the CMHC Directors have had a technical assistance grant funded and they intend within the next fiscal year to get involved in advisory committee and governing board training and asked if the Committee wants to work with them. Dr. Ferrell recommended that a member of the Committee coordinate with the center directors. President Mindt asked Mr. Edgar to inform the center directors that the Committee is interested and would like to work with them and at the appropriate time will appoint a Committee member to work with them.

- Wanda Mindt excused herself and Dr. Allison assumed the chair.

A. DONAHUE-HUBER STUDY

- Dr. Allison stated that the Advisory Committee to the Governor commissioned two psychiatrists to study the statewide mental health, mental retardation, alcoholism and drug abuse systems in Nebraska. They spent two weeks in Nebraska, submitted an initial report to the Governor, and the final report is expected soon. He recommended the report would be of interest to the Committee when it is released. In reply to questions, Dr. Allison stated the consultants visited 7 of the 10 CMHCs, all three RCs, and NPI, they worked very hard, and it is not a superficial study.

- Marilyn Beilke questioned the parallel if not duplicate interests of the Governor's committee and the present Committee. George Edgar explained the history of the two groups and agreed there is duplication but both are mandated by law and serve different administrative functions.

B. LEGISLATION

- Dr. Allison asked for the Committee's input and advice on how to stabilize funding of CMHCs.

- Donna Krueger suggested the need to educate county commissioners about human services. Art Johnson replied that this has been discussed several times in the last few years. He said county commissioners basically understand the situation but the funding now has to support numerous programs and so is spread very thin. George Edgar explained his role in working with county commissioners and expressed his opinion that this is the responsibility of Regional Program Administrators and CMHC Directors. Donna Hassler mentioned maybe the number of county commissioners or the workload should be changed.

- Donna Hassler related some of her concerns with the commitment law, i.e., that regional centers do not keep emergency commitments long enough. Dr. Allison replied that Randy Hinrichs attended the hearing on the commitment law sponsored by the Nebraska Association for Mental Health.

C. BERGAN-MERCY/DUNLAP

- Dr. Allison stated this was on the agenda simply because it has been in the newspapers. The Region VI Governing Board voted to allocate around $45,000 to Bergan-Mercy to start a CMHC. This is in a catchment area that does not have a CMHC. Dr. Dunlap objected and contacted DPI, trying to get Dr. Landgraf as Medical Services Director to tell Region VI not to give money to Bergan-Mercy. The position of Dr. Landgraf and Dr. Michener is that DPI is not involved and there is nothing illegal in Region VI allocating money to Bergan-Mercy.

D. RULES AND REGULATIONS

- Dr. Allison explained the reason for considering revision of the 302 regulations was Governor Thone's instruction to all agencies to review all regulations and get rid of anything unnecessary. Dr. Allison asked the Committee to not restrict themselves to just the regulations but if they have any advice or suggestions to write him.

VIII. QUESTIONS OR REPORTS FROM NONMEMBER OBSERVERS

- There were none.

IX. TIME AND PLACE OF NEXT MEETING

- Dr. Marcia Ferrell made a motion that the next meeting be held December 7, 1979 at 10:00 a.m. at the Department of Public Institutions. Catharine Nore seconded the motion, which carried with none opposed.

X. ADJOURN

- The meeting adjourned.

Respectfully submitted,

Peg Elliott

Recording Secretary

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

December 7, 1979

SUMMARY OF ACTIONS

1. President Mindt asked if there were any corrections to the minutes of the meeting of September 28 and when there were none, she declared them approved as mailed. (Page 2.)

2. Dr. Lois Schwab made a motion that we unanimously consent to recommend sending a letter that states our concern for quality services to persons in need of mental health services in the State of Nebraska and that because of this concern for quality services, the related concern for salaries as stated in the previous letter. The letter is to be sent to Governor Thone; Jerome Warner, Chairman of the Appropriations Committee; members of the Appropriations Committee and other appropriate persons. Seconded by Henry McCourt. Motion carried unanimously. (Page 3.)

3. Dr. Lois Schwab made a motion that we go on record to commend and endorse the present efforts going on for the integration of state agency processes in planning, programming and budgeting and community mental health center processes. Seconded by Jack Klingenberg. Motion carried with no dissenting vote. (Page 5.)

4. Donna Hassler suggested the next meeting be held Friday, March 21, 1980. Dr. Allison said that the next meeting will be at The Knoll's. (Page 7.)

STATE CITIZENS' MENTAL HEALTH ADVISORY COMMITTEE

Airport Holiday Inn - Lincoln, Nebraska
Friday, December 7, 1979

Notice of the regular quarterly meeting of the State Citizens' Mental Health Advisory Committee was mailed to the members of the Committee and to the news media and the Capitol Tour Desk on November 26, 1979.

I. CALL TO ORDER

President Wanda Mindt called the meeting to order at 10:05 a.m.

II. ROLL CALL

Secretary Wes Dickenson called the roll:

Members present:

DeLynn W. Behrends	Lois Klingman
Wesley Dickenson	Lloyd Lawrence
Marcia Ferrell	Henry McCourt
Richard Jochem	Wanda Mindt
Martin Kahle	Lois Schwab
Jack Klingenberg	Peter Beeson for Ken Diamond

Arrived after roll call:

Donna Hassler	Jenny Pedersen

Members absent:

Glen Ashmore	Catharine Nore
Marilyn Beilke	P. Clayton Rivers
Donald Claasen	Franklin Sams
Art Johnson	Bill Sole
Harold Ledingham	Donna Stuver

III. INTRODUCTION OF STAFF AND OBSERVERS

A. Dr. W. Ralph Michener

Dr. Michener said that in order for him to get a view of the needs of mental health programs statewide, he has set aside one day a week to visit community programs and facilities outside Lincoln. He wants to see County Commissioners continue to take an active role with the state. He believes effectively functioning advisory committees are vital in setting directions for the Department. Dr. Michener added that he will participate in as many meetings as his schedule permits.

B. Dr. William E. Ford

Dr. Ford was appointed Deputy Director of the Department the first of November. He is working with the three programmatic areas to develop common methods of administration which will cut down duplication. Dr. Ford said he expects some changes and a reduction in reporting requirements between mental health and alcoholism. He added that the table of organization within the Department is being changed to enable greater coordination in the areas of planning and quality review and assurance. By the beginning of the next fiscal year there should be some changes in administrative methods which will cut down the burden on Regional Governing Boards and regional administration. Dr. Ford said he will be happy to have the advice and input of the Committee and will be attending future meetings.

Members of the Committee asked several questions, including whether input would be solicited from the CMHC directors on proposed changes. Dr. Michener and Dr. Ford replied definitely yes, and explained the proposed inclusion alternately of MH and MR regional directors in regular meetings of DPI facility directors.

Ms. Mindt asked if there is a proposal to combine mental health, mental retardation, and alcoholism services under one governing board and one regional director. Dr. Ford replied that mental health and alcoholism could function in this manner but statutory problems prohibit inclusion of mental retardation and there are no anticipated immediate changes.

Introductions of other persons present:

Jim Allison	DPI
George Edgar	Region V Program Administrator
Gladys Klingenberg	Wife of Committee member
Albert Lierz	President, Nebraska Mental Health Association
Ron Welch	President, Nebraska Association of Mental Health Educators

IV. MINUTES OF SEPTEMBER 28, 1979 MEETING

President Mindt asked if there were any corrections to the minutes of the meeting of September 28 and when there were none, she declared them approved as mailed.

V. REPORT ON SALARIES - BILL OBERG, DEPARTMENT OF PERSONNEL

Mr. Oberg discussed the annual salary survey conducted by the Department of Personnel in the spring of 1979 which revealed a lag in state salaries both in hiring and average rates as compared to both surrounding states and local markets. He also pointed out that the step plan was eliminated whereby employees could be rewarded on a longevity basis. He believes

this causes problems in keeping employees because there is no set system for moving employees up in a salary range. Merit increases are dependent on vacancy savings. Mr. Oberg stated that there are some classifications that attract no applicants and other classifications that do not attract the quality applicants desired. He is especially concerned about the low hiring rates. He added that in developing new rules and regulations, it is hoped agency heads will be given more flexibility in meeting staffing requirements and salaries.

During discussion George Edgar raised the issue of changing the county match. Dr. Michener explained some of the problems involved in a single matching formula for alcoholism, mental health and mental retardation programs. Dr. Michener asked for expressions of reaction to a question he stated - what if a change were to be made so there was no county match for alcoholism programs and the match for mental health and mental retardation programs would use the same formula, perhaps a couple of percentage points higher than at present? The idea would be that the total amount of county money would not be increased. The increase in monies for mental health and mental retardation programs would be offset by the withdrawal of alcoholism match. Senator Kahle replied affirmatively, as long as it does not go up beyond 7 percent.

VI. REPORT ON RECOMMENDATION TO MANPOWER ADVISORY COMMITTEE

President Mindt read the letter which was sent to Dr. Burch as a result of the motion passed at the last meeting.

Senator Kahle suggested the letter should be sent to others. President Mindt explained the reason the Committee had limited those to whom their recommendations had been sent. Dr. Michener told the Committee that they are free to make any considered recommendations. Dr. Michener added that as Committee recommendations are considered a different solution might be arrived at but Committee recommendations will be considered and the Committee will have feedback. He further suggested the Committee modify their bylaws so the Committee can be active and effective.

As a point of information Dr. Beeson mentioned that the bylaws were developed with input from the Health Department. President Mindt asked either Dr. Beeson or Dr. Allison to discuss the possible changes with Dr. Smith of the Health Department to obtain his point of view.

Dr. Lois Schwab made a motion that we unanimously consent to recommend sending a letter that states our concern for quality services to persons in need of mental health services in the State of Nebraska and that because of this concern for quality services, the related concern for salaries as stated in the previous letter. The letter is to be sent to Governor Thone; Jerome Warner, Chairman of the Appropriations Committee; members of the Appropriations Committee and other appropriate persons. Seconded by Henry McCourt. Motion carried unanimously.

VII. ANNUAL REVIEW AND PROGRESS REPORT

Dr. Allison referred to the draft copy of the FY79 Annual Review and Progress Report which was mailed to all Committee members and asked for comments.

Donna Hassler asked that she be listed as a member of an ex-patient group rather than naming Recovery, Inc.

Wanda Mindt endorsed statements made in the section referring to SCMHAC lack of time and role confusion.

Lois Klingman and others expressed concern about duplication in planning efforts since the HSAs also develop mental health plans. She also stated her interest in involving mental health professionals in the planning process. Dr. Schwab commented, the Committee has been discussing support of a total systems approach.

Wanda Mindt mentioned the problem of care of chronically mentally ill.

Jack Klingenberg mentioned duplication in services, especially in alcoholism and drug counseling.

Wanda Mindt stated she hoped in attempting to make programs more effective and cost effective that it is remembered that the programs are to serve all socioeconomic groups. Good management, good administration and good delivery of services are desirable, but the primary function is to see that the needs of the citizens of the region are met.

Dr. Ferrell found it to be a very educational document. She is concerned about training Committee members so they know what their roles are and they understand what their thrust is.

Dr. Michener shared some information and asked for Committee reactions. He said that there is discussion of a bill being introduced in the Legislature that would combine the independent Drug Commission with the Division on Alcoholism in DPI. Richard Jochem and others indicated support.

Dr. Michener responded to Committee concern regarding duplication in planning by stating that he and Dr. Smith of the Health Department have taken a step toward coordination of planning efforts by jointly employing Dr. Peter Beeson as a planner with responsibilities and allegiances in both Departments. The position is being set up in the office of the Director of DPI as coordinator of planning with responsibility for mental health planning within DPI and coordinator of mental retardation and alcoholism planning. Over the next year efforts will be made to work with the HSAs to agree on common terminology and sharing of staff output. He urged Committee members who serve on HSA boards to encourage HSAs to participate in the common effort with DPI. Wanda Mindt stated approval of these positive efforts and further commented that Dr. Beeson's appointment with regular input solicited from the regions will help develop a state mental health plan that reflects the ideas of the citizens of the State.

Dr. Lois Schwab made a motion that we go on record to commend and endorse the present efforts going on for the integration of state agency processes in planning, programming and budgeting and community mental health center processes. Seconded by Jack Klingenberg. Motion carried with no dissenting vote.

Dr. Allison explained that the Committee comments along with replies and action steps will be added to the report to Kansas City. He urged Committee members to send any additional comments to him by mail.

The Committee took a break for lunch with the meeting coming to order again at 1:10 p.m.

VIII. CMHC MONITORING PACKAGE

Dr. Allison stated that he had an issue on which he needed advice. The Government Accounting Office criticized federal regional offices because of a lack of uniformity in dealing with community mental health centers. As a result, a CMHC monitoring package was developed for nationwide use. Six people, including state representatives, would make up the site visit team. The package is comparable to a JCAH survey and considerably more thorough than anything the state has done in the past. Dr. Allison asked if the state should agree to be involved in implementing a federal document.

Wanda Mindt commented that CMHCs complain they are visited too often and if a united approach is to be developed, this would provide the possibility for working with the feds and being a part of their visit.

Lloyd Lawrence said he thought the state should delegate at least one person to accompany federal representatives.

Dr. Beeson pointed out that there is a question in using this package whether DPI would have the time or input to ensure their legally mandated monitoring requirements are fulfilled. He added that the monitoring package asks the state to financially support monitoring of the federal grants. A drawback to coordinated site visits is that federal interests take precedence with state interests often not being addressed.

Dr. Schwab indicated she would favor as much coordination as possible.

Wanda Mindt asked if a committee in Washington could be approached to express their concern that a blanket package cannot be applied to all regions and that flexibility is needed. Dr. Allison stated that regional flexibility was one of the criticisms of the GAO.

Senator Kahle suggested that the State be a part of the upcoming site visit in Kearney to see how it works. He believes the Committee is not in a position today to make a suggestion either way.

George Edgar commented that Ellis Barham understands the development of the Nebraska programs and when additional federal people participate in site visits it becomes more difficult. Also, DPI would be put in the bind of enforcing federal regulations with little opportunity to support CMHCs whether or not they are in compliance.

IX. SOLICIT COMMITTEE MEMBER RESPONSE TO QUESTIONS DEVELOPED BY THE EXECUTIVE COMMITTEE IN ORDER FOR THE COMMITTEE TO DEAL EFFECTIVELY WITH ISSUE #1 ON FEDERAL INVOLVEMENT AND TYPE OF CONTROL DESIRED BY CMHCs

President Mindt asked for reaction to the suggestion by some Committee members that all funding should be funneled through the state system. George Edgar replied, that may not be relevant since funding is for particular projects in specific areas. Even though block grants allow more flexibility, he would be concerned about the mental health share because the tendency is for less money to be allocated than for specific projects.

Lois Klingman inquired what DPI asks for during a site visit. George Edgar explained the focus of site visits over the last three years: first year, are you in compliance; second year, what changes have been made; and last year, planning and consultative. Mr. Edgar expressed the opinion that each one was educational and of value.

Wanda Mindt questioned whether CMHCs need outside controls and inspection and whether they are capable of monitoring their own performance. Senator Kahle responded that from a taxpayer's point of view he believes monitoring is needed.

X. ANALYZE RESULTS OF SURVEY IN REGARD TO COMMITTEE'S RELATIONSHIP TO MEDICAL SERVICES DIRECTOR, COMMITTEE, STAFF

President Mindt stated, it is doubtful the Committee would reach a consensus as to their role but she believes there are more positive feelings about the Committee's role today than there have been for a long time. She asked for member's feelings about their role in relationship to the Committee.

Dr. Ferrell stated, it is important that the people to whom the Committee is advisory have been in attendance and there has been an interchange with the Committee.

Senator Kahle agreed the meeting had been very good and if it continues in the same way, all members would be interested in continuing to participate.

Lois Klingman asked for an explanation of Dr. Allison's position. Dr. Allison replied that he is responsible to Dr. Michener and Dr. Ford. He said Medical Services Division has three main functions: 1) disbursement of 302 funds; 2) planning (in the past funds have not been spent according to the plan and future efforts will be made to tie these together); 3) quality assurance.

Wanda Mindt asked for assurance in advising Dr. Allison that the Committee members could bring their concerns to him from the local level. Dr. Allison said, "very much so" but cautioned that results cannot always be achieved quickly.

Dr. Michener offered at a future meeting to discuss the organization of DPI and explain both Dr. Allison's and Dr. Landgraf's positions.

Dr. Schwab suggested in regard to Committee and staff relationships, she appreciates it is a new ballgame. The Committee opinions reflect frustrations of a previous day. She said, let us go slow before we say too much, get acquainted, and then begin to deal with these things more specifically. President Mindt agreed it was a good suggestion and if there were no objections the Committee will proceed in this manner.

XI. EXPIRATION OF TERMS OF COMMITTEE MEMBERSHIP

President Mindt stated that letters have been written to agencies of Committee members whose terms will be expiring. She suggested individual Committee members will have to indicate to their agencies whether or not they want to be reappointed.

XII. NEXT MEETING - SECOND PRIORITY ISSUE

President Mindt suggested issues #2 and #3 be dealt with at the next meeting.

XIII. QUESTIONS OR REPORTS FROM NONMEMBER OBSERVERS

President Mindt expressed the appreciation of the Committee for lunch and told Dr. Michener his presence had been an inspiration and boosted their morale. Dr. Michener replied that the need is mutual - the Department needs the Committee support and input.

XIV. TIME AND PLACE OF NEXT MEETING

Donna Hassler suggested the next meeting be held Friday, March 21, 1980.

President Mindt mentioned that election of officers is scheduled for the March meeting. She suggested if Committee members have any items for the agenda, they should be sent to Dr. Allison.

Dr. Allison said that the next meeting will be at The Knolls.

XV. ADJOURN

The meeting adjourned at 2:18 p.m.

Respectfully submitted,

Bea Elliott

Recording Secretary

APPENDIX IV

2-28-80

Policy and Procedures for Joint Site Visits

Policy

All service agencies funded by the Department of Public Institutions are regulated by multiple government authorities. Because site visits, scheduled to determine compliance with regulations, disrupt normal agency operations and therefore increase the costs of services, it is the policy of the Department to combine site visits whenever possible.

The first priority is to combine site visits of different divisions within the Department. The second priority is to combine site visits of the Department with those of other authorities in state government, specifically the Nebraska Commission on Drugs, the Department of Health, and the State Fire Marshal. In addition, at the request of the federal regional office which visits a small number of agencies under authority of the Department, joint site visits will be conducted with that office.

Procedures

A. Within the Department

1. Leadership: Agencies shall be viewed as primarily under the authority of one program division. The criterion for determining primary authority shall be the type of facility to be visited. For example, the Mental Health Division shall be the primary authority for community mental health centers and free standing mental health agencies; the Alcoholism Division shall be the primary authority for free standing alcoholism agencies. The division of primary authority has responsibility within the Department for managing a site visit and for coordinating with other relevant divisions. Within the division of primary authority there shall be a site visit leader for a particular agency.

2. Scheduling; Scheduling of site visits shall be such that all interested divisions of the Department can participate. Where different divisions visit an agency a different number of times in a year, schedules shall be arranged to maximize joint visits. That is, if one division visits an agency once a year and another division visits that agency twice a year, one of those two visits must be a joint visit with the other division.

3. Pre-visit planning: Representatives of relevant divisions shall meet at least one month prior to a site visit. One purpose of the meeting is to review the strengths and weaknesses of the agency in question. Any significant requests for information to be provided by the agency before or during the visit will be coordinated. A second purpose of the meeting is to assign tasks among site visit team members and agree on an agenda.

4. Travel: Department staff shall travel together whenever possible.

5. During site visits: Where staff of different divisions must inspect related documents such as financial or clinical records, staff should work together and combine their requests.

6. Reports: After a joint site visit by multiple divisions of the Department, a single comprehensive report shall be issued. While different sections may be written by staff of different divisions, the leader of that site visit has final responsibility to see that all observations and action requests are coordinated.

7. Redress: Agencies wishing to have separate site visits by different divisions of the Department may so request, giving their reasons. The decision to grant such a request rests with the Director.

B. With other State Agencies

1. Leadership: The assigned site visit leader in the program division of primary authority shall be the liaison with staff of other departments. It shall be that person's responsibility to arrange schedules, pre-site planning, travel, reporting, and follow-up.

2. Scheduling: The Department site visit leader shall negotiate times for site visits with other departments in such a way as to maximize participation of all interested departments.

3. Pre-visit planning: The site visit leader within the Department shall meet with the site visit leaders from other departments before the site visit. The purpose of the meeting is to review the strengths and weaknesses of the agency, agree on tasks, and construct an agenda. Demands on the agency should be coordinated and duplication of work eliminated.

4. Travel: Whenever possible, state staff shall travel together. Staff time costs should exceed the cost of separate transportation before staff travel separately.

5. During site visits: Where staff of different departments must inspect the same or related items, such as space or records, staff should work together and combine their efforts.

6. Reports: A single combined report is encouraged. Where different departments working under different authority must issue separate reports, the reports should be exchanged for review and comment.

7. Follow-up: The staff of different departments shall inform one another of follow-up actions. Where joint follow-up is needed, the above procedures apply.

8. Redress: Agencies wishing to have separate site visits by different departments of state government may so request from the appropriate directors.

C. With the Federal Regional Office

1. Leadership: The site visit leader within the department shall work with the Regional Alcohol, Drug Abuse, and Mental Health (ADAMH) consultant.

2. Scheduling: The Department site visit leader and the regional ADAMH consultant shall negotiate a time for each site visit which will maximize participation of government authorities. Where choices must be made, priority should be given to coordination of relevant Department divisions with federal authorities at the cost of excluding other departments of state government.

3. Pre-visit planning: Whenever possible, pre-visit planning with federal authorities is encouraged. At a minimum this shall include agreement by telephone on a division of labor and an agenda. It may often also include a planning meeting immediately before commencement of the site visit.

4. Travel: Department staff shall extend normal courtesies to federal staff to foster a spirit of cooperation. Department staff should offer to provide local transportation when it is appropriate.

5. During site visits: Where staff of different governments must inspect the same or related items, staff should work together and combine their requests and efforts. Staff shall minimize duplication of demands and efforts.

6. Reports: A single combined report by state and federal authorities is encouraged. Where separate reports must be issued, they should be exchanged for review and comment.

7. Follow-up: The staff of different governments shall inform one another of follow-up actions. Where joint follow-up is required, the above procedures apply.

8. Redress: An agency wishing to have separate site visits may so request of the Department and the federal regional office.