

**EMERGENCY SERVICES LEVEL OF CARE  
AND  
EMERGENCY SERVICES COORDINATING COMMITTEE  
MEETING MINUTES**

**April 7, 2008**

Present:

Kathy Byorth, CMHC / CC	Dennis Hoffman, CenterPointe
Jay Conrad, Houses of Hope	Laura Kersten, Touchstone
Sara Draus, BryanLGH	Jana Langhorst, BryanLGH
Scott Etherton, CMHC / CC	Travis Parker, CMHC
Joanne Farrell, Life / Harvest	Mary Sullivan, Lincoln Regional Center
Catherine Fletcher, PIER	Phil Tegeler, Cornhusker Place
Jodi Henning, BryanLGH	Kristin Nelson, Region V
Mary Hepburn-O'Shea, O.U.R. Homes	Linda Wittmuss, Region V
Julie Hippen, Lutheran Family Services	Marti Rabe, Region V

**1. Welcome, Introductions, and Additions to the Agenda**

- Introductions were made.
- There were no additions to the agenda.

**2. System Issues**

- Concerns were discussed regarding the impact of problems at BSDC and other DD issues on the behavioral health system. Concerns include: discharge-ready consumers at LRC who have proven extremely difficult to place; questions regarding whether or not an emergency system is in place for DD consumers; difficulty in returning DD consumers to DD services once they have been involved with the behavioral health system; as well as the high level of care that some of these consumers require.
- Differences between the DD and BH systems include a different funding mechanism and authorization process and a high level of concern for liability when treating DD consumers.
- Nelson will contact representatives of the DD system and ask them to attend the next ER level of care meeting to discuss these concerns.
- Another area of concern raised involves 17-19-year-olds who are in a gray area regarding adult versus children's services. If a youth in this age group is a state ward, that youth cannot be committed; however, the youth system refuses to treat them. This concern will be discussed at the May meeting. The flow chart created at the Children's Level of Care meeting will be reviewed as well.
- Henning pointed out a trend toward law enforcement bringing patients to the hospital, placing them on a police hold, asking that law enforcement be notified when the consumer is discharge-ready, and then EPC'ing the consumer. The concern is that there is a time lapse for these consumers when they are not being treated as an EPC.
- An underlying cause for this procedure may be that law enforcement wants to get an assessment done without having to EPC the consumer. The treatment model for seeking voluntary hospitalization is intended to be consumer friendly; however, that does not seem to be the reason it is being applied. It was noted that a consumer must be on a commitment to access LB 95 meds. Etherton will follow up with this concern.

**3. Specific Case Discussion**

- Kersten shared concerns regarding a consumer who has expressed homicidal thoughts toward his spouse. This consumer indicates that he plans to follow through on these thoughts when he is no longer bound by any legal constraints and has completed treatment. He is currently in jail for violating a protection order. The consumer has agreed to transition to a step-down program and has a history of employment. Suggestions included jail diversion and emergency community support. Kersten will obtain a release from the consumer to allow her to speak with Parker regarding jail diversion.

**4. Bed / Capacity Availability Update**

- Capacity information was shared.
- In general, all services were full with wait lists.
- CenterPointe has housed one consumer in the new supported living program.
- PIER currently has 57 consumers in the program, has authorized 7 more to begin services, and has 8 on the referral list. The intention of PIER is to be at 70 by the end of June.

**5. Other Business (Funding Opportunities, Agency Updates, etc.)**

- Draus distributed information regarding a symposium, “Trauma Informed Care: A New Framework for Healing and Recovery,” to be held Thursday, May 22.
- Parker outlined some strategies CMHC is implementing with the goal of getting consumers out of the Crisis Center and into appropriate treatment more quickly. This would involve consumers who are on outpatient commitment.

**6. NEXT MEETING DATE:** The next combined meeting of the Emergency Services Level of Care and the Emergency Services Coordinating Committee will be on Monday, May 5, beginning at 9:30 a.m., in room 024 at the Community Mental Health Center of Lancaster County, 2201 South 17<sup>th</sup> Street.