

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

**August 6, 2007**

**PRESENT:**

Wendy Andorf, CMHC/CC  
Sara Draus, BryanLGH  
Scott Etherton, CMHC/CC  
Joanne Farrell, Life / Harvest  
Catherine Fletcher, PIER  
Laura Kersten, Touchstone  
Travis Parker, CMHC

Arnold Remington, TASC  
Dean Settle, CMHC  
Phil Tegeler, Cornhusker Place  
Michael Woolman, Lincoln Police Department  
Linda Wittmuss, Region V Systems  
Kristin Nelson, Region V Systems  
Marti Rabe, Region V Systems

**1. INTRODUCTIONS AND ADDITIONS TO THE AGENDA**

- Introductions were made.
- Phil Tegeler, recently named Executive Director at Cornhusker Place, was introduced and welcomed.

**2. SYSTEM ISSUES**

- There was discussion regarding a recent article in the Journal Star concerning a Region V consumer. It was noted that there were a number of errors and misperceptions in the article. As a result, a balanced view of the situation was not presented. Parker commented that a positive outcome from the article was that it raised awareness of the challenges that mentally ill consumers cause law enforcement. HHS, Division of Behavioral Health, is considering a response to the article which would clarify some of the issues left unstated or touched on superficially.
- Fletcher discussed the referral process for PIER and noted that she had sent information to agencies explaining the process. Fletcher explained that the first step for determining consumer eligibility is the Magellan form. One area of the Magellan form where PIER has been able to be flexible regarding criteria is in the number of hospitalizations. Because consumers are hospitalized less often than in the past, due to community-based services being in place, PIER is able to argue that a consumer may be struggling with the supports currently in place. Fletcher commented that admission to PIER is generally taking less than 30 days, and providers are getting paperwork turned in fairly quickly.
- Parker commented that crisis management has become more difficult in the last several months, with greater involvement by law enforcement. Challenges include consumers who do not meet EPC criteria, clients who are resistant to mental health services, and clients who are dealing with substance abuse as well as mental health issues. Several consumers were cited as examples of these more difficult crises. There is a perception that providers have lost some leverage in encouraging/requiring consumers to enter treatment.
- Wittmuss suggested that if a consumer does not meet EPC criteria, perhaps the service array is missing something. Parker commented that providers do not wish to “lock them up,” but instead would like to see the “lightbulb” go on indicating that a consumer is ready for treatment. It was suggested that stronger response from the emergency level of care may be needed; rural areas are particularly lacking in resources in this area.
- Draus commented that consumers with co-occurring disorders are also a difficult placement for discharge from the hospital. Wittmuss pointed out that the number of consumers the BH system provides services for is expanding, as many consumers who have insurance are unable to pay the high deductibles or the co-payments.

**3. SPECIFIC CASE DISCUSSIONS**

- Etherton reported having sent a consumer to Mary Lanning in Hastings, transported there by Mid-West Medical. The consumer was brought back to Lincoln by law enforcement following the filing of a Mental Health Board (MHB) commitment. Etherton commented that the Crisis Center has seen two DD consumers, but has not committed either one, though they were at the Crisis Center for a time.
- Woolman commented that law enforcement has seen an increase in Development Services of Nebraska (DSN) clients and is working with the Crisis Center to avoid EPCs for this population. Settle discussed a female consumer who is very aggressive and perhaps should not be in the community. Beatrice State Developmental Center (BSDC) would be an appropriate setting; however, there are no openings available for quite some time. Significant efforts are being made to avoid a commitment for this consumer, as discharge would be problematic. The DD system is being urged to look at their crisis response system to avoid these types of confrontations with law enforcement and the emergency behavioral health system.

**4. BED / CAPACITY AVAILABILITY UPDATE**

- Capacity information was shared.
- BryanLGH: all beds are full; Draus commented that there has been a disproportionate number of consumers from Sarpy County in recent weeks. ED is holding two consumers.
- CenterPointe: no report, but known to be full
- CMHC: currently one bed available at the Crisis Center; 11 openings in community support; wait lists in OP and sex offender program. Settle commented that additional hours are being added to ease the delay for a followup appointment with a doctor. Regarding concerns about the inability of consumers to get the medications they need when presenting as DD, Parker commented that efforts are being made to identify the consumers who are self-medicating because of the mental illness and not just med seeking. Settle also noted that the County has withdrawn funding for the Heather. The State and the Region are involved in a series of meetings to provide funding to continue serving consumers at the Heather.
- Cornhusker Place: Tegeler commented that admissions were up by 800 consumers in the fiscal year just ended when compared to the previous year.
- Harvest Project: Currently has a referral for PIER and a referral from VA in Omaha.
- Jail Diversion: 153 EPCs have been diverted at this time. Parker noted that the SAMHSA grant will end on August 10, which will result in less flex funding availability. Another change is that the relationship with the evaluator will end with the SAMHSA grant, so less data will be collected and available.
- Lincoln Regional Center: All 38 Region V beds are currently occupied. Two discharges are anticipated this week, one to the Heather. Nelson reported a helpful meeting with Gibson where difficult-to-discharge consumers were discussed.
- PIER: Currently at 46 clients, seven are in the referral process, and PIER anticipates admitting four of those soon.
- St. Monica's: No report.
- TASC: The Crisis Team fielded a record number of calls last month with 18 calls fielded. Fourteen of the calls were for adults, and 12 of the calls resulted in a diversion.
- Touchstone: Full, currently have three or four MHB commitments on the waiting list.

**5. OTHER BUSINESS (Funding Opportunities, Agency Updates, etc.)**

- Farrell commented that brochures will be coming out soon providing more information about an October 1 program for Mental Illness Awareness Week. Dr. Shea will be returning for this presentation regarding med compliance. A mental health fair will be held in conjunction with this event.
- Plans are underway for a workshop on dementia, to be held October 22. Harvest will host this workshop in conjunction with BryanLGH. Behavioral issues which cause placement problems will be discussed at this workshop.

- August 25 CMHC, in collaboration with BryanLGH and Community Health Endowment, will host an informational meeting regarding a new program, Local Outreach to Suicide Survivors (LOSS). Plans are to train and develop a team of persons to provide immediate outreach to these survivors. First responders to the scene would activate the team response. Teams will include at least one person who has lost a loved one to suicide. Actual training will be held October 10 and 11. More information will be provided at a later date.
  - The Region will be providing a training called “Being Wounded Healers–Caring For Yourself As A Caring Professional.” The training will be held in Lincoln on September 20 and in Kearney on September 21.
  - Settle commented that the recent Arts Festival was successful on several levels. He noted that events such as this serve to reduce stigma regarding the mentally ill. Nine hundred sixty-five persons attended the Festival, twenty artists sold pieces of art, and between four and five thousand dollars was realized from the sale.
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, September 10, 2007, beginning at **9:00 a.m.**, **(note the change of time)** in room 024 at the Community Mental Health Center of Lancaster County, 2201 South 17<sup>th</sup> Street.