

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

**February 4, 2008**

Present:

Wendy Andorf, CMHC / CC	Laura Kersten, Touchstone
Jill Berger, CenterPointe	Peggy Maresh, BryanLGH
Kathy Byorth, CMHC / CC	Kimberly Mundil, Jail Diversion / CMHC
Andi Carpenter, HHS / APS	Travis Parker, CMHC
Cindy Cordova, St. Monica's	April Priess, St. Monica's
Scott Etherton, CMHC / CC	Arnold Remington, TASC
Joanne Farrell, Life / Harvest	Dean Settle, CMHC
Catherine Fletcher, PIER	Phil Tegeler, Cornhusker Place
Julie Hippen, Lutheran Family Services	Michael Woolman, LPD
Mary Hepburn-O'Shea, O.U.R. Homes	Amanda Tyerman, Region V
Dennis Hoffman, CenterPointe	Linda Wittmuss, Region V
Tim Kennett, LPD	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**

- Remington commented that the program has received a couple of difficult calls recently, complicated by the Crisis Center being full. Remington worked with Cornhusker Place, D & E, and one consumer ended up in triage to resolve these concerns.
- The Crisis Center had three admissions to LRC last week, with a current census of 13.
- Data was shared for the emergency system through December. Current trends indicate that admissions will increase, though repeat admissions appear to be down. Post-commitment days are also down.
- The Southwest Team of LPD has implemented a pilot program which will attempt to intervene with consumers before an EPC becomes necessary.
- Regarding Phase IV funding, Network Providers, BHAC, and RGB have sent letters to Region V senators asking for their support regarding the unexpended funds. It was noted that one of the senators has contacted DHHS to request an explanation regarding this issue. It was noted that the intent of LB 1083 was to show movement from institutional-type treatment to community-based services.
- Currently, it appears as though each Region will receive an additional \$250,000.
- Settle commented that, in seeking accountability for these funds, the interest these funds are accruing must also be considered.
- There is a sense of urgency regarding this issue, as decisions will need to be made while the Legislature is in session.
- Hoffman reported that rehabilitation is ongoing at the 12-plex CenterPointe is renovating to provide supported living services. CenterPointe is currently taking referrals; however, discussion continues regarding the types of services that will be put in place, and CenterPointe would prefer to have those services in place before consumers move in. It is anticipated that this facility will serve as transitional housing for consumers leaving the Crisis Center, LRC, and / or the Heather.

- Peer support is one of the areas being considered for this facility. It is hoped that this facility will allow for a unique type of placement which will serve consumers such as those Tegeler was discussing earlier. One of the goals is also to increase throughput from the Heather.
- Med management was discussed once more as the lengthy wait list would be assumed to have an impact on the Crisis Center.
- The lack of psychiatrists is the paramount cause for delays in getting med management. Doctors also report ethical concerns when they are unable to provide appropriate levels of follow up care. Settle stated that he has taken steps to increase psychiatric coverage. Those steps include: recruiting senior residents from UNMC and Creighton, using headhunting firms to seek doctors, and work with current doctors and APRNs to try to extend hours. At this time there is no coverage for the Wednesday and Thursday night clinics.
- Parker commented that a contributing factor for med management includes the high number of no shows. Efforts are being made to increase consumer involvement to decrease the number of no-shows, therefore improving productivity.
- Settle stated that the lack of psychiatrists is a system-wide problem and will become more pronounced as current doctors reach retirement age.

### 3. **Specific Case Discussion**

- Settle shared information regarding his concerns for a homeless man who has called frequently seeking services. This consumer does have a case manager through CenterPointe. Efforts have been made to provide housing opportunities, but the consumer has not followed through with appointments. The same scenario is evident for his medication management services. Berger will discuss these concerns with his case manager and will consult with Fletcher to determine if PIER would be appropriate for him.
- Hepburn-O'Shea mentioned that she currently has a consumer at the Crisis Center. The consumer has resumed his medication regimen, but is still very disorganized. His commitment has been continued.
- Tegeler asked for help to find more permanent solutions for two consumers who are at risk, who are heavy users of protective custody at Cornhusker Place. One consumer has been in 141 times in the last calendar year. Another consumer has been there every day in the last couple of weeks. Neither consumer is willing to enter voluntary detox, and both are excluded from the Mission.
- These concerns led to discussion regarding legislation (LB 335) which could allow for a 72-hour hold to allow more time for intervention and sobriety for the chronic alcoholic.
- Tyerman commented that the Curtis Center at the City Mission has the potential to be a good resource for the system. Cornhusker Place has discharged consumers to the Center.

### 4. **Bed / Capacity Availability Update**

- Capacity information was shared. For the most part, programs are full with wait lists.
- BryanLGH: a couple beds were available for affective and seniors. BryanLGH is calling their service the mental health emergency department, stressing that it is no longer referred to as triage.
- CenterPointe: The only current openings are in youth residential. Berger commented that the wait list is somewhat shorter than usual at this time for other services.
- CMHC: two beds in the Crisis Center at this time; the current wait list for OP is at 60. Efforts have been made to contact persons on the wait list and determine whether or not these consumers are still interested in treatment. Community support is lacking two case managers so no new clients are being taken for that service at this time. Consumers are being referred to O.U.R. for community support.
- Cornhusker Place: short-term is full, IRC has an opening.

- Harvest: full, with a consumer in Ashland that will be admitted as space becomes available.
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- Jail diversion: full, a number of reviews are coming up, which may have an impact on numbers.
- LRC—currently at 38, but discharges are pending. The number of women currently at LRC has impacted the structure of the units, and therefore the number of available beds.
- PIER: currently at 55 clients with 12 referrals. Four of the referrals have been approved and are currently at LRC.
- St. Monica's: full, openings are available for Medicaid-eligible or private-pay.
- TASC: rural areas have emergency community support openings; ICM has openings
- Touchstone: full, with a wait list of nearly 50
- O.U.R. Homes: openings available; there will be a total of 60 slots available for case management

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

- None reported.

**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, March 3, 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.