

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

**May 5, 2008**

Present:

Jill Berger, CenterPointe  
Kathy Byorth, CMHC / CC  
Cindy Cordova, St. Monica's  
Sara Draus, BryanLGH  
Scott Etherton, CMHC / CC  
Joanne Farrell, Life / Harvest  
Catherine Fletcher, PIER  
Dennis Hoffman, CenterPointe  
Tim Kennett, LPD

Jodi Kister, Cornhusker Place  
Kimberly Mundil, CMHC / Jail Diversion  
Travis Parker, CMHC  
Arnold Remington, TASC  
Dean Settle, CMHC  
Mary Sullivan, Lincoln Regional Center  
Natalya Young, St. Monica's  
Kristin Nelson, Region V  
Marti Rabe, Region V

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

- Introductions were made.
- Copies of the quarterly BH-4 progress report forms for emergency coordination were distributed.
- Nelson distributed copies of the "Youth (under 19) Behavioral Deterioration" flow chart, noting that this document was created at the children's level of care. Nelson invited comments or questions and will be sending the contact information for the SE area director.

**2. System Issues**

- Concerns relating to the impact of DD consumers on the behavioral health system were discussed.
- The expectation, with consumers being discharged from BSDC, is that this problem will continue to grow. An additional expectation is that the majority of the 100 consumers being placed in the community will remain in Region V or other urban areas.
- Behaviors relating to their disability may lead to an EPC; discharging these consumers back into the DD system does not appear to be an option, and there are severely limited options for placement.
- It was suggested that Dave Merrill and Sarah Kramer be invited to this level of care meeting to discuss these concerns with this subject being the main topic of discussion.
- A recent lawsuit generated in York County was discussed. As a result of the pending lawsuit, a number of consumers were moved from LRC to NRC and several mental health board committed consumer were moved from forensics into the general population at LRC. These shifts allowed the NRRI consumer to be placed in forensics. As a result of these shifts, the system has been "jammed" and there have been no admissions for the last couple of weeks. It was noted that none of the consumers transferred to NRC were Region V consumers. There are concerns with transferring BH consumers to NRC, as the goal is to decrease that population.
- Sullivan explained the intended distribution of the forensic beds, noting that most of them are for sex offenders. Sullivan also stated that Building 14, which has been under renovation, is anticipated to be ready for occupancy, possibly as early as October.
- Discharge-ready consumers are discussed on weekly conference calls in attempts to expedite their discharge. Several consumers are in need of nursing home level of care, others need DD services, and or / residential treatment at CenterPointe or St. Monica's. Consumers in need of nursing home type care are difficult, if not impossible, to place in an appropriate setting.

- Draus stated that one consumer remained in the hospital for 78 days while a placement was being found. Staffing levels and specific training for staff willing to work with these consumers were options discussed to make accepting these consumers more palatable. Lee Tyson, DHHS, is heading up a statewide discussion regarding the need for nursing home care for BH consumers. Nelson will send her contact information to the LOC email list.

**3. Specific Case Discussion**

- A specific case, relating to the previous conversations, was discussed. A consumer is currently at the Crisis Center, via jail. This consumer has never lived on his own and was going to be discharged to the Mission. The consumer was in jail for damaging a group home where he had been staying for a short time since his discharge from BSDC. The DD system claims that the consumer's psychiatric concerns override his DD concerns. There was discussion regarding whether it would be helpful to obtain another intelligence test to determine his level of function. Mary Hepburn O'Shea has indicated a willingness to serve this population; however, funding is not currently available.

**4. Bed / Capacity Availability Update**

- Capacity information was shared.
- In general, services were full with wait lists.
- BryanLGH: openings in adult and affective disorders. A total of 38 beds are designated as mental health beds.
- CenterPointe: full; however the wait list for youth is not long; a case manager for supported living has been hired, and referrals are being accepted for the new 21-bed facility.
- Crisis Center: full; two consumers have commitments, seven have been continued; there are a number of openings in outpatient, and medication management continues to be challenged with over 1,900 consumers receiving meds through CMHC.
- Cornhusker Place; full, with an opening anticipated in respite
- Harvest Project: case loads between 22-25
- Jail Diversion: full, several openings anticipated
- LRC: full
- PIER: at 59, five approved, 8 on referral list
- St. Monica's: 3 or 4 beds open, several admissions anticipated; OP full with wait of 4-6 weeks, openings in New Beginnings / Project Mother and Child.
- TASC: crisis team busy, 50 percent diversion rate last month; pilot project with LPD continuing; ECS openings in rural counties, ICM getting to capacity
- Touchstone: full

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

- Several people are planning to participate in the NAMI walk taking place on June 21, in Omaha, at Elmwood Park, beginning at 8:00 a.m.
- A number of Community Health Endowment grants are being submitted today.
- Thursday, May 22, a symposium on Trauma Informed Care will be held at BryanLGH Medical Center West.
- A conference will be held on May 19 relating to primary care and behavioral health.

**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, June 2, 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.