

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

October 1, 2007

PRESENT:

Jill Berger, CenterPointe	Kimberly Mundil, CMHC, Jail Diversion
Kathy Byorth, CMHC / CC	Travis Parker, CMHC / CC
Jay Conrad, Houses of Hope	Arnold Remington, TASC
Sara Draus, BryanLGH	Mary Sullivan, Lincoln Regional Center
Scott Etherton, CMHC / CC	Phil Tegeler, Cornhusker Place
Dennis Hoffman, CenterPointe	Michael Woolman, Lincoln Police Department
Tim Kennett, Lincoln Police Department	Rena Worth, CenterPointe
Laura Kersten, Touchstone	Kristin Nelson, Region V Systems
Jana Langhorst, BryanLGH	Marti Rabe, Region V Systems
Daniel Leggiadro, CMHC / CC	

1. Welcome, Introductions, and Additions to the Agenda

- Introductions were made.

2. System Issues

- Concerns regarding medical EPCs were discussed. Nelson and Remington have been working with officials in York County to find solutions, as York County has experienced this problem three times in recent weeks. According to law enforcement, the community hospital is not willing to admit mental health consumers with serious medical concerns. Training involving Crisis Response Teams will be implemented.
- A related concern involving voluntary admissions to BryanLGH was discussed. Law enforcement officers would like feedback regarding the length of time they are required to remain with consumers who are going to the hospital voluntarily. Specifically they would like to know if they need to remain with the consumer until the completion of the triage process. Nelson will follow up.
- Consumers who present with serious medical problems are difficult to place in residential treatment and represent challenges for LRC as well. This issue is being recognized on a statewide level and has been raised with the Department. A proposal currently being discussed would establish beds specifically reserved for consumers with traumatic brain injury (TBI) at Norfolk Regional Center (NRC). The average length of stay for these consumers is three times the average for the rest of the population, and discharge from the LRC is difficult because of ongoing needs for this population.
- A suggestion was that the Region contract with Mary Hepburn O'Shea, in collaboration with Madonna or Tabitha. It was recognized that there is a great deal of variance among consumers with TBI. In addition, these consumers often need a nursing-home type level of care, and nursing homes are not equipped / willing to accept these consumers. It was noted that stroke victims, dementia, and other diagnoses could be included in this population.
- The impact from the anticipated closing of Compass, a crisis center developed by DSN for consumers with developmental disabilities, was discussed. Compass currently has 15 male beds which include sex offenders. The hospital and other programs have begun to see a rise in admissions for these consumers. Sullivan noted that these consumers are more difficult to discharge and can quickly have an impact on the system. LRC currently has one of these

consumers awaiting an appropriate placement for discharge. Nelson will contact Merrill at Region V Services to find out more about this concern and will email providers with this information. The need for more beds for this population was discussed.

- Unreimbursed cost for psychotropic medications was discussed. Conrad commented that Touchstone had incurred expenses of \$6,000 in the last month. LB95 does not pay for medications for consumers who are not on commitment. In addition, it is currently taking longer to get medications through LB95 funding. It was explained that the delays have been due to the fact that there was a shortage of pharmacists available, as well as the fact that HRC consumers are being served through LRC as well. Nelson noted that it was her understanding that another pharmacist had recently begun at LRC. She will email more information regarding this concern to providers.
- Post-commitment days continue to remain low, though stabilization days at the Crisis Center will show an increase. The Crisis Center has been working to continue MHB hearings to allow for more time to get consumers stabilized on their medications before discharging them into the community. Some providers noted the lack of appropriate services to discharge these consumers to.
- Parker reiterated that CMHC has changed its admission policy regarding psychiatric services. All persons requesting psychiatric services will be scheduled to meet with a doctor or APRN for a face-to-face appointment, and the doctor/APRN will decide whether or not to admit a consumer to the program prior to the completion of a pre-treatment assessment.
- Limited capacity and wait lists were discussed. It was noted that other states expend more dollars for behavioral health. Nelson commented that, if more dollars would flow into the Region from LB 1083, these gaps could be addressed and considered as appropriate uses for those additional allocations.

3. **Specific Case Discussions**

- There were no specific case discussions.

4. **Bed / Capacity Availability Update**

- Capacity information was shared.
- In general programs are full and wait lists exist for most programs.
- There are openings in case management.
- Region V is currently one under for allocated beds at the Regional Center and is anticipating several discharges this week.
- Remington reported 100 percent diversion for the previous month.

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

- Local Outreach to Suicide Survivors (LOSS) training will be held October 10 and 11. Plans are to train and develop a team of persons to provide immediate outreach to survivors.
- Nelson commented that the “Wounded Healers” received excellent feedback. The Region is considered offering this training again.
- This is Mental Health Awareness Week. Today Dr. Shea is presenting information at BryanLGH regarding how to get clients to become med compliant and also how to get a care plan moving forward after a period of stagnation.

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, November 5, 2007, beginning at 9:00 a.m., **(NOTE CHANGE IN TIME)** in room 024 at the Community Mental Health Center of Lancaster County, 2201 South 17th Street.