

Region V Systems
Promoting Comprehensive Partnerships in Behavioral Health

Region V Level of Care Meeting

April 16, 2018
1:30 p.m.
1645 'N' Street
Lincoln, NE

Present: Greg Bernt, Blue Valley Behavioral Health; Sherri Cotter, Lancaster County Corrections; Julie Fisher-Erickson, Lutheran Family Services; Jacob Grell, CenterPointe; Emily Zink, Veterans Administration; Katie Kimmerling, The Bridge Behavioral Health; Don Nevins, Parole; Amy Rezny, Lincoln Correctional Center; Tammy Stevenson, The Bridge Behavioral Health; Bridget Thompson, Kristin Nelson and Marti Rabe, Region V Systems

1. Welcome, Introductions, Announcements, Additions to the Agenda

- Introductions were made.
- Nelson invited attendees to “clean up” the combined sign-in log and remove individuals who would no longer be interested in receiving meeting notes and reminders.
- The agenda template was from the Emergency Services Level of Care meetings. The combined agenda will look somewhat different; however, the “high utilizer” agenda item will remain on the agenda. High utilizers were defined as individuals who have two or more EPCs, 1 MHB commitment, or 10 or more CPCs in one fiscal year.

2. System Issues:

- At the Network Provider meeting this morning, providers were notified that medication flex funding has been exhausted for FY 17-18. Clients who relied on med flex for their medications won't have access to medications and in many cases will cycle back through the emergency system.
- Providers were reminded that if a client had ever had a MHB commitment (IP or OP), they would continue to be eligible for LB95 medications. Nelson has access to information about MHB commitments, contact information for each County Attorney, and can provide documentation of the commitment if needed. The MHCC also has that information.
- A challenge when filing for LB95 is that the process can take 30-60 days. Often a client has left treatment and agencies may not be able to contact them by the time their request is processed and approved.
- DBH is looking closely at discontinuing funding for service enhancements such as SOAR. Should funding for this program be discontinued, front line staff may have to process more of these DSSI applications themselves. MHA staff found an on-line SOAR training to be helpful in providing hints and directions to complete the application successfully.
- Housing flex funds have also been frozen until July 1. Housing vouchers will only be issued in an emergency situation, which Nelson will staff. It was noted that the CABHI grant pays for services, but not for housing. Initial costs when housing someone tend to be high.

3. Specific Case Discussion:

- Attendees staffed two males who have presented at BBH frequently while becoming physically and mentally more challenged. Many interventions across agencies have been attempted. Suggestions for one or both of these individuals included: making sure the individual is flagged with LPD and LFR; requesting a competency evaluation and requesting a guardian at the next hospitalization; applying for disability; developing harm reduction strategies; planning rides / Uber gift card; making home feel like a safe place. In one instance the client had been doing fairly well until the beginning of this year. It was suggested that it may be helpful to determine what the trigger was for his decline.

- Nelson reported a success story regarding the male client staffed at the last meeting. The suggestion to involve APS led to an investigation and the appointment of a new guardian. Resources were also put in place for the parent and she will be provided case management. The guardian is looking for a placement for the young man.
- The Office of Public Guardians has experienced high demand since the department was established. As a result, it is necessary for them to prioritize requests. Guardianship agencies in smaller rural areas may have more availability. Legal Aid does provide some assistance in educating families about guardianship applications, but does not actually file the application themselves.

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

- Blue Valley Behavioral Health: openings in the Lincoln office for OP, MM; rural CS is full except in Seward, Wahoo and David City
- Bridge Behavioral Health: no wait for IOP or OP though funding is needed for these services. Residential services are full with a wait.
- CenterPointe: down a med provider; not seeing new clients for MM
- PIER: no new intakes for a few weeks, currently working to admit 4-5
- Community Transition: full
- Mental Health Crisis Center: March no full days; 6 days in April full already
- Lincoln Regional Center: 70 to 80 day wait for MHB commitments
- Lutheran Family Services: openings in CS; OP no wait; open access for MH assessments two days a week; SA evals 1:00 to 3:00 on Thursdays; booking out to June for MM
- Mental Health Association: opening new 21-room facility on 56th and Pioneers. The Honu name will move to the new facility. Honu will provide intermediate respite and individuals staying there do not have to be transitioning out of corrections. It was suggested that MHA come to this meeting and talk more about Honu. MHA is looking for teams of volunteers to adopt and decorate a room. Nelson will forward the email about that activity and contest.
- TASC: ERCS is at capacity, ICS has 1 spot, Recovery support substance abuse 3 spots, Recovery support mental health is at capacity
- Lincoln Correctional Center: persons leaving corrections now have access to a 30 day supply of medications, with two refills. 20 people at currently at LRC for competency hearings with many waiting

5. **Other Business:** Nelson commented that QPR (Question, Persuade, Refer) and Mental Health First Aid training is offered frequently at the Region. All training events can be found on the Region V website.

6. **Next Meeting**

- The next meeting date is **May 21, 2018**, 1:30 p.m. – 3:00 p.m.