

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

**December 4, 2017**

**Present:**

Julie Fisher-Erickson, Lutheran Family Services	Kerry Miller Loos, Veteran's Administration
Jane Harms, Adult Protective Services	Don Nevins, Parole
Shayla Hartmann, CenterPointe	Amy Rezny, Lincoln Correctional Center
Tim Kennett, Lincoln Police Department	Heather Rhoden, Associates in Counseling & TX
Laura Kersten, St. Monica's	Phil Tegeler, The Bridge BH
Stephanie McLeese, CenterPointe	Kristin Nelson, Region V Systems
Rebecca Meinders, Lancaster Co. Public Defender	Marti Rabe, Region V Systems

**1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS, ADDITIONS TO THE AGENDA**

- Introductions were made.

**2. SYSTEM ISSUES / UPDATES**

- First time Mini-BETA is scheduled for December 11 in Gage County. Thirty-nine law enforcement officers have registered so far. This training was initiated to allow law enforcement in rural communities to participate as rural counties are unable to commit to sending officers for the four-day training due to staffing challenges.
- The annual four-day BETA will be held January 29 – February 1. While the target audience is law enforcement, who may attend free, providers are welcome to attend at a cost of \$200 for the entire training during which 18.5 CEUs will be available.
- There were 73 EPCs to the Crisis Center for the month of November; system average is around 50. The admissions are being scrutinized to determine if the EPCs were appropriate and / or if Crisis Response may have been an option.
- Repeat admissions are being examined to determine what change(s) could be affected to prevent / reduce readmissions. The Region is partnering with law enforcement to work with these individuals. Nelson asked that providers document similar issues to compile data that may be used to advocate for change.
- Crisis Response Teams (CRT) for youth and adults are available. TASC provides CRT for rural counties, and CenterPointe provides CRT for Lancaster County.
- The idea of combining this meeting with the Community Support / Non-Residential LOC meeting was broached. No decision was reached.
- Funding issues were noted as behavioral health is anticipating a reduction in the upcoming fiscal year. Flex funds are being rapidly depleted and currently the Division is unwilling to allow a shift to replenish that fund.
- Meinders introduced herself and briefly explained her role as a social worker at the Public Defender's Office which currently is the only Public Defender's Office with a fully licensed clinician on staff. In that role Meinders will be able to serve as a liaison between providers and judges and mediate other concerns. Meinders shared her contact information with the group and invited them to contact her if they want to find out if a client is involved with the office, noting that standards of confidentiality are a little different. Meinders is able to work with individuals who are MHB committed and is currently working with someone at LRC.
- Nelson also questioned whether or not there may be some way to educate judges so they are aware that our services provide treatment, but not supervision. This disconnect can be challenging and lead to delays in discharge for individuals on MHB commitment who are involved with corrections at LRC.
- Challenges in working with clients who are dually diagnosed (DD and MH) were noted. Johnson at the Division is involved in committee work involving a small group of individuals who are "stuck" at LRC because of the challenges for those who are DD and MH. It is hoped that more collaboration will be the result of these discussions.

- Fisher-Erickson discussed a Medicare eligible client who was MHB committed to LFS for community support (CS) and Intensive Outpatient (IOP). LFS is able to serve this client in CS, but Medicare will not pay for IOP. While LFS can refer out for IOP services, the client remains committed to LFS.
- Kennett commented that while EPCs are up significantly, officers are also spending many hours on MH calls that do not meet the criteria for an EPC. Staffing shortages also are creating serious challenges for LPD. Drug usage / addiction would appear to be a significant contributing factor for the increase in calls.
- In a similar vein, Nevins commented that parole violations have doubled with parole being revoked for many of the individuals served as they commit new felonies after release, usually with drug use as a contributing factor. Parole will be hiring as they are currently understaffed to manage the increase in persons served.
- Treatment beds are severely limited, and individuals who bring serious criminogenic risk factors to the table are waiting for longer periods of time, if a provider does agree to take them. Providers also noted experiencing more conflict among individuals in treatment who had known one another before entering treatment and / or being unwilling to begin treatment while another individual is there.
- Fisher-Erickson commented that the Justice Council, with funding from SAMHSA, Corrections, County, Public Defenders, Drug Court, etc. is looking into these concerns and may bring a consultant to NE to analyze the system and seek solutions.

### 3. SPECIFIC CASE DISCUSSION

- None.

### 4. BED / CAPACITY – AGENCY UPDATES

- The Bridge Behavioral Health: residential full, 7 in withdrawal and 4 in respite
- CenterPointe: PIER – 30-45 day wait; currently serving 66 individuals; Community Transitions: full with a short wait for male beds; Touchstone: 4-6 week wait for men, 3-4 weeks for women
- Crisis Center: 13 on Friday, 73 EPCS last month, 50 is average; 5 clients are on the WL for LRC with one female waiting since September 4
- Lincoln Regional Center: the state is reporting 79 percent of individuals waiting for LRC are from Lancaster County; the Public Defender's office has 5 individuals waiting for competency hearing / restoration / evaluation. Statutorily individuals are required to be in an IP facility for these competency evaluations even if they are living in the community successfully and court-ordered referrals take precedence over mental health needs.
- Lutheran Family Services: started a second evening IOP group; down 1 med provider, but still getting people in for MM; began scheduling 2 weeks out for MH appointments which has helped with the no-show rate. Looking at starting Open Access for MH to fill the no-shows
- St. Monica's: STR 7-8 week wait; 1-2 months for PC, TMC one opening, OP 1-2 months
- Probation: STR in Omaha long wait list
- Veterans Administration: Miller Loos reported that the Federal Registry has posted a notice of funds available for transitional housing for a per diem program; a 70 unit apartment, complex on the VA grounds was opened for occupancy this weekend. Case management is provided for those who will be living there.

### OTHER DISCUSSION / BUSINESS

- The Region is offering QPR (Question, Persuade and Refer) and MH First Aid training every other month at no cost.

### 5. NEXT MEETING DATES

- The next combined meeting of the Emergency Services Level of Care and the Emergency Services Coordinating Committee will be February 5, 2018, beginning at **9:00 a.m.** at Region V Systems.