DOUGLAS COUNTY HEALTH CENTER/COMMUNITY MENTAL HEALTH CENTER

Board of Trustees Meeting Minutes for Monday, September 21, 2026

Douglas County Health Center/Community Mental Health Center
4102 Woolworth Avenue, Omaha NE 68105

I. Call to Order

Chair Garcia called the meeting to order at 9:00 am and stated that the meeting was being conducted in compliance with Nebraska's Open Meetings law, a copy of which is located on the east wall.

Chair Garcia called for the roll at 9:00 am. Chair Garcia, Trustees Borgeson, Friend, Morgan and Rodgers were present for the call to order.

II. Consent Agenda

Chair Garcia called for a motion to approve the Consent Agenda at 9:01 am. Trustee Friend made a motion and Trustee Rodgers seconded it. Yeas: Borgeson, Friend, Garcia, Morgan and Rodgers. Motion passed.

III. Citizen Comments

Chair Garcia called for members of the audience to be heard regarding any item not on the agenda.

IV. Discussion/Action

No items on the agenda.

V. Discussion

a. Recovery Month
b. Douglas County Community Mental Health Center Detoxification Services: Division of Behavioral Health Site Visit Review

No items on the agenda.
Teri Speck, Sherry Driver and Sara Baker are speaking.

The Recovery Month presentation highlighted the important role DCHC's detoxification program plays in helping individuals begin recovery. Many clients experience homelessness or unstable housing, unemployment, substance use challenges, strained relationships, repeated emergency department visits, and involvement with the criminal justice system.

Staff provide 24-hour nursing support, access to physicians, withdrawal monitoring, education, medication support, and referrals to continuing treatment. The presentation emphasized treating clients with dignity and without judgment, recognizing that recovery may require multiple attempts and ongoing support.

Staff also help clients establish connections with outpatient and residential programs, community resources, and Medicaid when eligible. Whenever possible, discharge arrangements are coordinated before clients leave the program.

Suicide prevention and client safety were among the broader behavioral health priorities discussed. Continued attention to screening, appropriate clinical intervention, staff education, and coordination with community providers supports safer care and continuity of treatment.

Advance notice of the meeting was given by publication in The Daily Record, a legal newspaper.
The notice advised that an agenda kept current was available for public inspection in the
Office of the Administrator of Douglas County Health Center.

VI. DCHC/CMHC Updates

c. DCHC Update

Erin Nelson is speaking.

Ms Nelson noted that the State was expected anytime for the annual survey. Staff has been preparing by reviewing top categories tagged in previous surveys. She also reported that the transition to the new pharmacy is complete and went well. Staff is focusing on resident care by participating in a program offered by HETRA which provides residents with interaction with horses. The focus has also been on providing new activities and outings inline with their interests and updating menus with current nutritional guidelines. DCHC has also introduced new services like Alcoholic Anonymous meetings onsite and additional religious services in addition to in-house counseling services.

Ms Nelson shared the occupancy is at 92%. There is a high demand in the community for social and medically complex patients but there is a limited number of beds available for placement. She provided an update on current and future capital improvements for HVAC, water and drain inspections and fire hazards. Staffing is at 93% of the budget. The addition of the clinical educator has provided direct mentorship to new nursing staff and has been key to Retaining staff. Staff are developing ongoing retention strategies across all departments. Ms Nelson provided details of the upcoming Walk & Roll event sponsored by the DCHC Foundation on Saturday, October 3rd at 11 am at DCHC.

d. CMHC Update

Speaking are Sherry Driver and Sara Baker.

Discussion included the importance of coordinating services across behavioral health programs and community partners. Collaboration with outpatient providers, residential treatment programs, healthcare organizations, and criminal justice partners helps improve access to care and supports transitions between services.

Medication-related services and the use of injectable medications were included among the operational and program topics reviewed. Coordination among clinical staff and community providers remains important for medication access, treatment continuity, and follow-up care. Staff also help clients establish connections with outpatient and residential programs, community resources, and Medicaid when eligible. Whenever possible, discharge arrangements are coordinated before clients leave the program.

She provided August highlights for the psychiatric inpatient unit regarding medical screening, referral sources, legal status, payer sources, occupancy percentage and readmission information. For the Psychiatric Outpatient Clinic, she shared the number of participants and the success rates in screening appointments, medication management, therapy services, day treatment, mental health diversion, emergency community support, Familiar Faces, Intensive Outpatient Program (IOP) in the Criminal Justice Center and the Recovery Therapeutic Community Jail Secure program, detoxification services-north and south and transfers from south to north. She noted that revisions have been made to the format of the staffing report.

VII. Executive Session

An executive session was not held.

VIII. Adjourn

Chair Garcia called for a motion to adjourn. Trustee Borgeson made a motion to adjourn,

Trustee Morgan seconded it. The motion passed. The meeting was adjourned at 10:01 a.m.