# DOUGLAS COUNTY HEALTH CENTER/COMMUNITY MENTAL HEALTH CENTER

## Board of Trustees Meeting Minutes for Monday, October 26, 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 9:01 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 9:01 am. Chair Garcia, Trustees Fahey, Friend, Morgan and Rodgers were present for the call to order. Vice Chair Cavanaugh and Trustee Borgeson were not present.

**II. Consent Agenda**

Chair Garcia called for a motion to approve the Consent Agenda at 9:02 am. Trustee Morgan made a motion and Trustee Friend seconded it. Yeas: Fahey, 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**

No items on the agenda.

**VI. DCHC/CMHC Updates**

a. DCHC Update

Speaking is Erin Nelson.

Ms Nelson presented operational updates for the Douglas County Health Center (DCHC), covering facility technology, security, regulatory surveys, staffing, financial dynamics, and resident programs.

For Operations, Technology & Safety

Phone & Alert Systems: The main line (444-7000) successfully transitioned to a digital line, featuring a call-tree routing option for courts, corrections, the treasurer's office, and mental health services, alongside an operator option. The Revolution Alert System was activated across cell phones, Mitel phones, and PCs for code and weather alerts.

Security & Maintenance: DCHC is collaborating with public properties on speed bumps and signage to curtail high-speed cut-through traffic. Additional panic buttons are being added in resident exterior spaces. Annual drain maintenance and prevention were established for the basin area.

Fall Prevention AI: The AI-based fall prevention system is scheduled to go live on Oct 28, 2026.

For Regulatory Surveys & Quality Ratings

State & Federal Survey: The annual state/federal certification survey concluded alongside the Fire Marshal's inspection. DCHC reported minimal deficiencies overall and reduced life safety deficiencies down to 2 (compared to 62 in 2015), both of which were immediately resolved.
Five-Star Quality Rating: DCHC continues to exceed county, state, and national performance benchmarks across quality ratings despite managing a high-acuity resident population.

Capacity, Census & Medicaid Eligibility

Room Capacity: Facility occupancy stands around 95%, with 22% of residents in 3- and 4-bedroom layouts. Long-term goals aim to transition more residents into semi-private and private rooms (currently 57 private, 126 semi-private).
Medicaid Policy Adjustments: Medicaid accounts for 75% of top payers. Proposed state regulations (hearing Nov 9) aim to reduce retroactive Medicaid eligibility windows (from 3 months down to 2 months generally, and 1 month for Medicaid expansion), implement strict full-application submission dates, and reclassify assets like classic cars and boats as countable resources.

Staffing & Resident Engagement

Staffing Ratios: Staffing levels remain strong at over 90%, outperforming state and national averages for RN and CNA coverage. Monthly turnover included two planned retirements for employees who have 30 and 45 years of service.

Community & Cultural Programs:
The HETRA (Heartland Equine Therapeutic Riding Academy) program wraps up next week for residents participating in memory care and life skills courses. Miniature adult horses and baby goats will visit residents at DCHC in November. The Healthcare Pipeline project introduced middle school students to dietary controls and memory care projects. Upcoming events include the Halloween dance/trick-or-treating (Oct 28th), the annual Veteran Lunch (Nov 5th), and the successful Foundation Walk and Roll (Oct 3rd). Monthly spiritual services resumed post-COVID via Holy Cross (Catholic Mass) and Ministry for Change.

b. CMHC Update

Speaking is Sherry Driver.

Ms Driver advised that Region 6 Behaviorial Healthcare will be putting out their new service definitions in November. They will need to be in compliance by January 1st so this provides a very tight window.

Key Decision Point: Funding for the Familiar Faces pilot program will terminate in Jan 2027 due to Douglas County Corrections budget constraints, requiring transition plans for the 19 active high-recidivism participants.

Operational Constraint: Inpatient hospital capacity was temporarily capped at 16 designated rooms for six weeks during Sep 2026 due to a broken patient room door coupled with state regulations prohibiting swing-room usage.

For Psychiatric Inpatient Hospital Admissions, Admissions & Referral Volume: Ms Driver reported completing 63 medical screening exams and admitting 54 individuals, with 54% originating from Nebraska's Psychiatric Emergency Services (PES) program.

Capacity & Occupancy: Hospital occupancy reached 86% for the month while operating under restricted 16-room capacity due to facility repairs.
Legal Status Trends: Voluntary admissions accounted for 59% of inpatient clients, while 41% were under Mental Health Board or Emergency Protective Custody (EPC) status, reflecting a broader statewide decrease in involuntary EPCs.
Payer Source Dynamics: Medicaid funded 43% of admissions, while Region 6 Behavioral Health Care funded 26%, with indigent funding trending upward as Medicaid coverage retracts.
Readmission Metrics: The 30-day readmission rate stood at 11%, well below Centers for Medicare & Medicaid Services targets, with 43% of readmitted individuals presenting dual substance use diagnoses alongside primary psychiatric conditions.

For Outpatient & Day Treatment Services, Psychiatric Outpatient Program: Completed 23 screenings and admissions, conducting 411 medication management appointments with psychiatrists/APRNs and 171 therapist appointments.

Day Treatment Program: Served 17 total participants (7 new admissions, 85 care days) with a 66% successful discharge rate aimed at preventing hospitalization or supporting step-down care.

For Corrections & Criminal Justice Programs, Mental Health Diversion: Admitted 13 participants and achieved a 75% monthly successful discharge rate (72% overall historical success rate across 1,140 total individuals served).

Emergency Community Support: Funded by Region 6, admitting 14 individuals and achieving an 82% successful discharge rate across 49 total monthly participants.

Familiar Faces Pilot: Served 20 individuals with 19 active participants; however, program funding will cease at year-end due to county budget constraints.

Intensive Outpatient & Therapeutic Community: Intensive outpatient served 22 clients with 6 successful discharges, while the therapeutic community admitted 11 clients with 3 completing treatment successfully.

For Social Detoxification Services Demographics & Income: Client profile remained predominantly male and evenly split between voluntary and involuntary CPC status, with 84% reporting no income.

North Detox Operations: Admitted 65 individuals with an average length of stay of 2.94 days; 40% of discharges successfully transitioned into treatment facilities.

South Detox Operations: Admitted 63 individuals with an average length of stay of 16.5 hours, transferring 44% of clients into longer-term treatment and North Detox services. Readmission Rate: Maintained a 12% 30-day readmission rate across detox services, with staff noting an increase in first-time participants.

**VII. Executive Session**

The Board adjourned at 9:31 am to convene to an executive session. The Board meeting reconvened at 10:05 am.

**VIII. Adjourn**

Chair Garcia called for a motion to adjourn. Trustee Morgan made a motion to adjourn, Trustee Friend seconded it. The motion passed. The meeting was adjourned at 10:05 a.m.