

**STAFF MEETING MINUTES
LANCASTER COUNTY BOARD OF COMMISSIONERS
COUNTY-CITY BUILDING, ROOM 113
THURSDAY, OCTOBER 3, 2013
8:30 A.M.**

Commissioners Present: Larry Hudkins, Chair
Brent Smoyer, Vice Chair
Deb Schorr
Jane Raybould
Roma Amundson

Others Present: Kerry Eagan, Chief Administrative Officer
Gwen Thorpe, Deputy Chief Administrative Officer
Cori Beattie, Deputy County Clerk
Ann Taylor, County Clerk's Office

Advance public notice of the Board of Commissioners Staff Meeting was posted on the County-City Building bulletin board and the Lancaster County, Nebraska, web site and provided to the media on October 2, 2013.

The Chair noted the location of the Open Meetings Act and opened the meeting at 8:33 a.m.

AGENDA ITEM

1 APPROVAL OF THE STAFF MEETING MINUTES OF OCTOBER 1, 2013

MOTION: Amundson moved and Schorr seconded approval of the Staff Meeting minutes of October 1, 2013. Amundson, Schorr and Hudkins voted aye. Raybould and Smoyer were absent from voting. Motion carried 3-0.

2 ADDITIONS TO THE AGENDA

- A. Amendment of Lincoln-Lancaster County Air Pollution Regulations and Standards (See Item 5)
- B. Reuse of Former Jail Facility

MOTION: Amundson moved and Schorr seconded approval of the additions to the agenda. Schorr, Amundson and Hudkins voted aye. Raybould and Smoyer were absent from voting. Motion carried 3-0.

Raybould arrived at the meeting at 8:35 a.m.

3 COMMUNITY MENTAL HEALTH CENTER (CMHC) TRANSITION UPDATE - Gwen Thorpe, Deputy Chief Administrative Officer; Ron Sorensen, Community Mental Health Center (CMHC) Executive Director

Ron Sorensen, Community Mental Health Center (CMHC) Executive Director, said Region V has gone through the pre-Request for Proposal (RFP) process for transition of psychiatric residential rehabilitation services to a new provider and has accepted letters of intent to go through the RFP process from several organizations. He also reported that CenterPointe took over operation of day rehabilitation services at the Midtown Center on October 1st and information regarding the number of clients by program and funding source has been provided to Lutheran Family Services (LFS).

Smoyer arrived at the meeting at 8:37 a.m.

Sorensen said CMHC continues to accept admissions and disseminated copies of a simplified admissions process that has been instituted (Exhibit A).

Amundson noted LFS has expressed concerns about the closing of case files. Sorensen explained there are differences in closing files depending on whether they relate to the electronic system or hard case files. He said they close the electronic files of clients who have not been seen at CMHC for 90 days but maintain the hard case files for up to ten years because clients may be enrolled in more than one service or program or could return. Sorensen said CMHC is now caught up on closing files on the State's Magellan Behavioral Health Services System.

Gwen Thorpe, Deputy Chief Administrative Officer, presented the action taken by the LFS Board of Directors expressing LFS's commitment to move forward with Lancaster County and Region V in the transition and implementation of the core services (outpatient counseling, day treatment, community support and medication management) from CMHC to LFS (Exhibit B). She said LFS will contact her later in the day regarding the next steps. Thorpe said LFS is also reviewing the contract the County Attorney's Office has drafted.

Raybould asked whether LFS has improved communication with CMHC's staff. Schorr explained that LFS was unable to make financial commitments or offer positions to staff until its Board took action. Raybould suggested Thorpe ask LFS to provide a timeline relating to employees, i.e., when will they begin the interview process, when will they make offers of employment, etc., so staff have some idea of how LFS is proceeding.

Hudkins inquired about the funding the Board has committed to LFS, up to \$450,000 of the \$500,000 allocated for the transition. Thorpe said it will be on a cost reimbursement basis. Brittany Behrens, Deputy County Attorney, appeared and said Region V has also committed \$100,000 and she drafted the contract to stipulate that the first \$100,000 in expenses would come from those funds. She said LFS felt that was appropriate. LFS will also provide a list of items they consider transition expenses so the Board can determine whether they are items the County can statutorily pay for.

Thorpe also reported that the Purchasing Department took pictures of surplus property at the Midtown Center and notified other departments in case they were interested. She said the Corrections Department does not have work crews available so Purchasing will hire movers to dispose of what is left. Hudkins asked whether any of the furniture could be used for the new Juvenile Probation offices. Thorpe said Juvenile Probation and Community Corrections will be receiving the Workforce Investment Office's surplus furniture.

ADMINISTRATIVE OFFICER REPORT

F. Amendment of Rural Levy Resolution (County Resolution No. 13-0052)

Dennis Meyer, Budget and Fiscal Officer, appeared and said a resolution will be scheduled on the October 8, 2013 County Board of Commissioners Meeting agenda to amend the 15 cent levy allocation to political subdivisions subject to County levy authority. He said the amendment is needed to correct the figure shown for the Bennet Rural Fire District.

4 YOUTH SERVICES CENTER (YSC) CONTRACT WITH STATE PROBATION ADMINISTRATION FOR DETENTION SERVICES - Brittany Behrens, Deputy County Attorney; Sheli Schindler, Youth Services Center (YSC) Director

Brittany Behrens, Deputy County Attorney, said negotiations with State Probation Administration for the Youth Services Center (YSC) detention services contract are at an impasse. Medical and transportation costs are the "sticking points". She said Corey Steel, Deputy Administrator for State Probation Administration, told her State Probation is proposing a higher per diem (\$275) in order to compensate the County for medical costs, but did not indicate whether the higher rate would have anything to do with transportation costs. Behrens said Legislative Bill (LB) 561, which changed provisions and transferred responsibilities regarding the juvenile justice system, does not provide clarity for either item. She said it will be impossible for the Youth Services Center (YSC) to project those costs because they had always been paid by the Department of Health and Human Services (HHS). Behrens asked Steele to provide the County with those figures so it can determine whether the proposed per diem

would adequately cover those costs but he indicated it would be difficult to obtain that information from HHS. Steele later proposed a 50/50 split of medical costs.

It was noted statutory language makes the County the payor of last resort (see Nebraska Revised Statute §43-290).

Sheli Schindler, YSC Director, projected the proposed increase in per diem will only provide an additional \$21,000 which is not a significant amount. In terms of transportation, Schindler said the County has always provided transportation to and from court. If the State wants the County to take on transporting youth to their placements (in or out of state) or picking up runaways, the cost could be significant.

Another issue is that the State will no longer pay for violators of conditional release. Schindler said not every county operates their courts like Lancaster County does. She said youth who are adjudicated, pre-disposition and are supervised by Probation constitute the largest population and those that have a violation are returned to detention. The State will no longer reimburse the County for that population, which could result in a loss of \$1,230,000. Behrens said the County could view it as an alleged violation of probation, in which case Probation would be responsible for costs, and the State could view it as a new law violation, in which the County would be responsible for costs. She said the language she proposed would make Probation responsible for costs in a situation in which the facts indicate that there is both an alleged violation of probation and a new law violation. The State holds the view that since the County Attorney won't have the ability to file a revocation of probation in that situation, it is a new law violation and the County is responsible. Behrens said this is an issue of great concern because it is a huge population and because of how the courts and alternatives to detention operate in Lancaster County.

Raybould said this is another cost shifting mechanism. Schorr added that Lancaster County may not be able to afford to house these youth.

There was consensus to continue the contract negotiations, declaring an impasse on the medical issue until the other issues are resolved.

- 5 UPDATE ON PROPOSED AMENDMENTS TO COUNTY HEALTH RESOLUTIONS: A) COUNTY RESOLUTION NO. 03-0007 (BODY ART AND PIERCING ESTABLISHMENTS; B) COUNTY RESOLUTION NO. 02-30 (ON-SITE WASTEWATER TREATMENT SYSTEMS; C) COUNTY RESOLUTION NO. 06-0005 (INSPECTION OF ON-SITE WATER SUPPLY AND WASTEWATER TREATMENT SYSTEMS PRIOR TO SALE, TRANSFER OR CONVEYANCE); AND D) AMENDMENT OF LINCOLN-LANCASTER COUNTY AIR POLLUTION REGULATIONS AND STANDARDS (SEE ITEM 2A) - Judy Halstead, Lincoln-Lancaster County Health Department (LLCHD) Director; Scott Holmes, Environmental Public Health Division Manager, LLCHD; Brittany Behrens, Deputy County Attorney**

Judy Halstead, Lincoln-Lancaster County Health Department (LLCHD) Director, said the fee increases were proposed as part of the City's biennial budget two years ago and were made public at that time. She said they are bringing back ones that are relevant for the County. All four amendments have been approved by the Board of Health and will go to the City Council for ratification. Halstead recommended that the County re-adopt the entire set of health regulations to keep everything clear.

In response to a question from Hudkins, Scott Holmes, Environmental Public Health Division Manager, LLCHD, said there are no body art establishments under the County's jurisdiction in the County at this time.

A public hearing on the amendments is scheduled on the October 15, 2013 County Board of Commissioners Meeting agenda.

**6 EMERGENCY MANAGEMENT PROGRAM GRANT (EMPG) REPORT -
Doug Ahlberg, Emergency Management Director**

Doug Ahlberg, Emergency Management Director, noted the County was awarded \$120,000 in Emergency Management Program Grant (EMPG) funds from the Federal Emergency Management Agency (FEMA) for Fiscal Year (FY) 2012-2013 and said he has applied for \$175,000 for FY 2013-2014. He said he recently received \$34,927.98 from a reallocation of unexpended funds for FY2012-2013. Ahlberg said he would like to use the funds to purchase night vision equipment for the Lancaster County Sheriff's Office and pay instructors who provided a training session for rural fire departments. He said a state agency had committed to pay for the training but could not do so because the training did not meet a requirement to be pre-approved 60 days prior to taking place. The training had been scheduled far in advance but had only been pre-approved 30 days prior to taking place. Ahlberg said there is a funding shortage of \$2,800.

MOTION: Schorr moved and Smoyer seconded to authorize the allocation of funds, as outlined. Smoyer, Schorr, Amundson, Raybould and Hudkins voted aye. Motion carried 5-0.

ADMINISTRATIVE OFFICER REPORT

A. County Road Access Request from Jakeb Mrsny

Eagan said the County Engineer denied the request because the property is located within the City's three-mile zoning jurisdiction and in a subdivision that has restrictive covenants.

MOTION: Amundson moved to deny the request.

The motion died for the lack of a second.

Board consensus was to schedule discussion with Mrsny and the County Surveyor on a future Staff Meeting agenda.

**7 COMPUTERS FOR JUVENILE PROBATION EXPANSION
(C#106589, 6 PC's AND 18 COMPUTER MONITORS, \$11,154.24
FROM JUVENILE PROBATION BUDGET; AND C#106588, 10 PC'S,
6 LAPTOP COMPUTERS, ETC., \$8,923.54 FROM LEGISLATIVE
BILL (LB) 561 JUVENILE ENHANCEMENT GRANT) - Lori Griggs,
Chief Juvenile Probation Officer**

Hudkins asked whether there are plans to transition computers that had been used by Office of Juvenile Services (OJS) case workers to Juvenile Probation. **NOTE:** Legislative Bill (LB) 561 transferred certain responsibilities from OJS to Juvenile Probation. Lori Griggs, Chief Juvenile Probation Officer, said she is not aware of any. Raybould asked whether a formal request has been made to the State to use the computer equipment when the State transitions some of its officers. Griggs explained many of the probation officers that are being hired to help handle the additional responsibilities are new hires, not transfers from the State.

Griggs referenced earlier discussion regarding the contract with State Probation Administration for detention services at YSC (see Item 4) and clarified procedural issues related to detention. She said the process is different than when OJS made a unilateral decision to hold youth in YSC for 15 days while they were being evaluated.

Schorr asked Griggs for her opinion on the medical component. Griggs said Juvenile Probation has a process in place to obtain insurance information and assist parents in accessing the ACCESS Nebraska website if they appear to be eligible for Medicaid. Probation funds can also be used to assist with payments.

Eagan said Juvenile Probation's micro computer request is split in two parts. The first part would be paid from Juvenile Probation's budget and the other would be paid with funds from a Juvenile Enhancement Grant. He noted the Board had allocated \$10,900 in the Microcomputer Fund for Juvenile Probation, which would cover most of the first part of the request (a difference of \$254.24). Schorr noted that the cost is a result of LB 561 and felt the Board should only authorize those that will be purchased through the Juvenile Enhancement Grant.

Sara Hoyle, Juvenile Justice Coordinator, appeared and said Douglas County may appeal the amount it was recommended to receive from the Juvenile Enhancement Grant, which could reduce what Lancaster County is recommended to receive (\$50,000). She said even if Lancaster County receives the full \$50,000, it will not cover all of the expenses associated with Juvenile Probation's expansion, such as office space and renovation.

MOTION: Raybould moved and Amundson seconded to approve the microcomputer request, stipulating that C#106589 will be funded through the Microcomputer Fund rather than Juvenile Probation's budget, and C#106588 will be funded by Juvenile Probation's budget with reimbursement by the Juvenile Enhancement Grant. Raybould, Amundson, Smoyer, Schorr and Hudkins voted aye. Motion carried 5-0.

8 ACTION ITEMS

There were no action items.

9 CONSENT ITEMS

There were no consent items.

10 ADMINISTRATIVE OFFICER REPORT

A. County Road Access Request from Jakeb Mrsny

Item was moved forward on the agenda.

B. Request from Lower Platte South Natural Resources District (NRD) to Replace Trail Caution Sign on South 25th Street for Homestead Trail

There was consensus to prepare a resolution for maintenance of trail caution signs in the County's right-of-way along Homestead Trail.

C. Press Release Regarding Lancaster County's Position on the Legislature's Tax Modernization Committee

Raybould felt the County should go on record with its concerns regarding the costs being picked up from the State. Eagan agreed to draft a "white paper" (position statement) and said he will schedule discussion with Gordon Kissel and Joe Kohout, the County's legislative consultants, on the October 17th Staff Meeting agenda. He also recommended the Board provide testimony at the Tax Modernization Committee's public hearing on October 18th at the State Capitol Building. Smoyer, Hudkins and Raybould offered to testify on behalf of the County at the hearing.

D. Reappointment of Ken Weber to Lincoln-Lancaster County Planning Commission

Schorr said she contacted Weber and he indicated he is willing to serve another term on the Planning Commission.

The Board scheduled the reappointment on the October 8, 2013 County Board of Commissioners Meeting agenda.

Schorr said Weber expressed concern that some of the Planning Commissioners do not understand development, roads and the impact their decisions have on the City's three-mile zoning jurisdiction. She asked the Chair and Vice Chair to relay Weber's concerns to the Mayor at their next meeting.

E. Vacation Schedule Process

There was consensus to do away with the large laminated vacation calendar and move to printouts from the electronic calendar.

F. Amendment of Rural Levy Resolution (County Resolution No. 13-0052)

Item was moved forward on the agenda.

ADDITIONS TO THE AGENDA

B. Reuse of Former Jail Facility

Schorr said she would like to continue discussions regarding the sale of certain County-owned properties so the Board can determine how much funding it will have available to renovate the former jail facility. There was consensus to schedule discussion with Don Killeen, County Property Manager, and John Kay, Sinclair Hille & Associates Inc.

11 PENDING

There were no pending items.

12 DISCUSSION OF BOARD MEMBER MEETINGS

A. Lincoln Independent Business Association (LIBA) Monthly Meeting - Smoyer

Smoyer said they discussed the increase in the valuation of vacant lots in Lancaster County, due to the County Attorney's interpretation of state statutes.

B. Lancaster County Correctional Facility Joint Public Agency (JPA) Meeting - Smoyer

Smoyer said they approved claims totaling \$90,534.18 from Wells Fargo for bank fees, Sampson Construction Company, the Construction Manager at-Risk; Farris Engineering for interior design work related to the warehouse; and Bob & Don's Plumbing for warehouse utilities.

C. Lincoln Metropolitan Planning Organization (MPO) - Smoyer

Smoyer said they discussed how to increase bike ridership.

D. Planning Meeting with Marvin Krout, Planning Director, and Sara Hartzell, Planner - Smoyer

Smoyer said they discussed a Citizens Institute for Rural Design grant opportunity for rural communities and a request from the Lincoln Airport Authority for a zoning and annexation change on property it owns south of Highway 34.

Board consensus was to schedule a briefing on the grant opportunity at the Board's next meeting with village representatives.

E. Chamber Coffee - Amundson, Smoyer

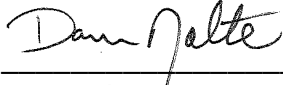
Amundson said they discussed job creation growth in Lincoln, housing development in outlying areas, and the Lincoln Public Schools' (LPS') growth and possible bond issue to address projects in its 10-Year Plan.

13 EMERGENCY ITEMS AND OTHER BUSINESS

There were no emergency items or other business.

14 ADJOURNMENT

MOTION: Smoyer moved and Raybould seconded to adjourn the meeting at 10:34 a.m. Amundson, Raybould, Schorr, Smoyer and Hudkins voted aye. Motion carried 5-0.



Dan Nolte
Lancaster County Clerk





SIMPLIFIED ADMISSIONS PROCESS

1. Consumer calls or walks in and an appointment is scheduled (two hour block to complete 2 and 3 below,) FoxPro is checked to determine if the person is a discharged client and paperwork is sent to CMHC staff member with whom the consumer is scheduled.
2. CMHC staff member Interviews the consumer to collect information necessary to complete Pretreatment Assessment(PTA,) Income Statement, Financial Agreement, and a host of other required forms –
 - This is an hour interview with the client. Reimbursement = \$79.24 per hour.
 - We were notified in late 2012 that Medicaid would no longer pay for this activity. It was to be a “cost of doing business.” Medicaid has continued to pay for this activity but with “At-Risk” Contract being implemented expect this to happen in the near future
3. Admissions staff complete the PTA form and enter information in FoxPro/Magellane/BHIN and determine what program(s) to which the consumer will be admitted –
 - Requires approximately one hour on average. There is no reimbursement for this activity.
 - Therapists (3.5 FTE) conduct admissions interviews, in addition to other duties. There are ten to fourteen admissions per week.
4. Schedule appointment with Doctor or Nurse Practitioner to confirm diagnosis and confirm or determine what program(s) to which the consumer will be admitted.
 - Requires approximately one hour on average. MD’s services are reimbursed \$131.04 and APRN services are reimbursed \$123.15.
 - APRN staff perform 6 to 10 admissions interviews per week.
5. Schedule appointments with staff in appropriate services therapists, community support workers, etc.

NOTE: There are a frequent number of readmissions. A check of 40 readmissions in January 2013 to Medical Services more than 12% of the clients had not received services since 2009. The percentage in other services is believed to be greater.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

REGISTRATION TEMPLATE

DEMOGRAPHIC INFORMATION

Consumer #: _____

Admission Date: _____ Type of Service: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone:		Primary (to be sent to Magellan):		Primary Phone Type:	
Home Phone: () -		<input type="radio"/> Home		<input type="radio"/> Land Line	
Day Phone: () -		<input type="radio"/> Day		<input type="radio"/> Cell Phone	
Cell Phone: () -		<input type="radio"/> Cell		<input type="radio"/> Unknown	
Alternate Phone: () -		<input type="radio"/> Alternate			
Date of Birth: / /		Gender:		Social Security Number: - -	
Marital Status: <input type="radio"/> Cohabiting <input type="radio"/> Divorced <input type="radio"/> Married <input type="radio"/> Never Married <input type="radio"/> Separated <input type="radio"/> Widowed					
Race (select up to two):		Ethnicity:		<input type="radio"/> Not of Hispanic Origin	
<input type="radio"/> Alaska Native		<input type="radio"/> Black or African American		<input type="radio"/> Other Specific Hispanic	
<input type="radio"/> American Indian		<input type="radio"/> Native Hawaiian		<input type="radio"/> Puerto Rican	
<input type="radio"/> Asian		<input type="radio"/> Other Pacific Islander		<input type="radio"/> Unknown	
<input type="radio"/> White		<input type="radio"/> Cuban			
		<input type="radio"/> Hispanic (specific origin unknown)			
		<input type="radio"/> Mexican			
Preferred Language:			County of Residence:		
Veteran Status: <input type="radio"/> No <input type="radio"/> Yes					
US Citizen: <input type="radio"/> No <input type="radio"/> Yes			Immigration Number:		
Disability (select all that apply):					
<input type="radio"/> Blindness/Severe Vision Impairment		<input type="radio"/> No Observable Handicap or Impairment			
<input type="radio"/> Deafness/Severe Hearing Loss		<input type="radio"/> Non use/amputation of limb			
<input type="radio"/> Development Disability/Mental Retardation		<input type="radio"/> Non-ambulation/severe difficulties			
Do you have a Primary Health Care Provider (PCP)? <input type="radio"/> No <input type="radio"/> Yes <i>If no, skip next PCP questions.</i>					
PCP Name (Primary Care Provider):					
PCP Phone: () -			PCP Fax: () -		
Date last seen by PCP:		Month		Year	
Alias Information:					
Last Name			First Name		
Type of Medical Home:					
<input type="radio"/> County Health Department		<input type="radio"/> Indian Health Center		<input type="radio"/> Public Clinic (FQHC)	
<input type="radio"/> Emergency Department		<input type="radio"/> No Medical Home		<input type="radio"/> Urgent Care Clinic	
<input type="radio"/> Free Clinic		<input type="radio"/> Private Provider		<input type="radio"/> Veterans Administration	
Name of Medical Home:					
Emergency Contact/Patient Relationships:					
Last Name		First Name		Relationship	
Home Phone		Work Phone			
Staff Assigned:					
Last Name		First Name		Role	
Begin Date					

FINANCIAL INFORMATION:

Number of Dependents:		Annual Gross Income (to nearest \$1000):	
Primary Income Source:		Additional Sources of Income:	
<input type="radio"/> Disability	<input type="radio"/> Other	<input type="radio"/> Public Assistance	<input type="radio"/> Disability
<input type="radio"/> Employment	<input type="radio"/> Public Assistance	<input type="radio"/> Retirement/Pension	<input type="radio"/> None
<input type="radio"/> None	<input type="radio"/> Retirement/Pension	<input type="radio"/> Employment	<input type="radio"/> Other
SSI/SSDI Eligibility:		Medicare/Medicaid Eligibility:	
<input type="radio"/> Determined to be ineligible - N/A	<input type="radio"/> Eligible – Receiving Benefits	<input type="radio"/> Determined to be ineligible - N/A	<input type="radio"/> Eligible – Receiving Benefits
<input type="radio"/> Eligible – Not Receiving Benefits	<input type="radio"/> Potentially Eligible	<input type="radio"/> Eligible – Not Receiving Benefits	<input type="radio"/> Potentially Eligible
Health Insurance Coverage:			
<input type="radio"/> Child Welfare	<input type="radio"/> Medicaid	<input type="radio"/> Other Direct Federal	<input type="radio"/> OPPO
<input type="radio"/> HMO	<input type="radio"/> Medicare	<input type="radio"/> Other Direct State	<input type="radio"/> Private – Self Paid
<input type="radio"/> Indian Health Services	<input type="radio"/> No Insurance	<input type="radio"/> Other Insurance	<input type="radio"/> Veterans Administration
Primary Insurance (Company Name):		Secondary Insurance (Company Name):	
Primary Source of Payment:		<input type="radio"/> Other Source	<input type="radio"/> State Medicaid
<input type="radio"/> Blue Cross/Blue Shield	<input type="radio"/> Private Health Insurance	<input type="radio"/> State Medicare	
<input type="radio"/> Employee Assistance Program (EAP)	<input type="radio"/> Self Pay	<input type="radio"/> Unknown	
<input type="radio"/> HMO/PPO	<input type="radio"/> State Behavioral Health Funds	<input type="radio"/> Workers Compensation	
<input type="radio"/> No Charge	<input type="radio"/> State Children and Family Services		

ADMISSION INFORMATION:

County of Admission:	Screening Date: / /		
Admission Referral Source:			
<input type="radio"/> Agricultural Action Center	<input type="radio"/> Food Pantry	<input type="radio"/> Other Human Service Provider	<input type="radio"/> OSA Outpatient Counseling
<input type="radio"/> Clergy	<input type="radio"/> Friend	<input type="radio"/> Other Medical Facility	<input type="radio"/> OSA Prevention
<input type="radio"/> Community Service Agency	<input type="radio"/> Homeless Shelter	<input type="radio"/> Parole	<input type="radio"/> OSA Residential
<input type="radio"/> Compulsive Gambling Provider	<input type="radio"/> Hospital	<input type="radio"/> Police	<input type="radio"/> OSA Self-help Group
<input type="radio"/> Corrections	<input type="radio"/> Internet Search	<input type="radio"/> Pre-trial Diversion	<input type="radio"/> School Based Referral
<input type="radio"/> County Extension Agent	<input type="radio"/> Job Training Office	<input type="radio"/> Private Family Counselor/Agency	<input type="radio"/> Self
<input type="radio"/> Court Order	<input type="radio"/> Mental Health Comm. Board	<input type="radio"/> Private Mental Health Practice	<input type="radio"/> Services Psychiatric Evaluation
<input type="radio"/> Court Referral	<input type="radio"/> Mental Health Court	<input type="radio"/> Private Physician	<input type="radio"/> Social Services Sexual Perpetrator Eval
<input type="radio"/> Defense Attorney	<input type="radio"/> Mental Health Emergency	<input type="radio"/> Private SA Provider	<input type="radio"/> State Social Service
<input type="radio"/> Drug Court	<input type="radio"/> Mental Health Non-Res	<input type="radio"/> Probation	<input type="radio"/> Tribal Elder or Official
<input type="radio"/> Employee Assistance Program	<input type="radio"/> Mental Health Residential	<input type="radio"/> Prosecutor	<input type="radio"/> Veterans Administration
<input type="radio"/> Employers	<input type="radio"/> Mental Retardation Agency	<input type="radio"/> Public Health Staff	<input type="radio"/> Yellow Pages
<input type="radio"/> Family	<input type="radio"/> Mid-level Practitioner	<input type="radio"/> Regional Center	
<input type="radio"/> Farm Hotline	<input type="radio"/> Nursing Facility	<input type="radio"/> OSA Emergency/Detox	

ADMISSION INFORMATION CONTINUED:

Referral Source Code:

<input type="radio"/> Community Organization (Human Services)	<input type="radio"/> Law Enforcement
<input type="radio"/> Court	<input type="radio"/> Mental Health Providers
<input type="radio"/> Family/Relative	<input type="radio"/> SA Providers
<input type="radio"/> Hospital - Medical	<input type="radio"/> School
<input type="radio"/> Hospital - Mental Health	<input type="radio"/> Self

Referral Contact First Name:	Referral Contact Last Name:	Phone: () -
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Is the person being admitted a Collateral or Significant Other?

No Yes N/A

Highest level of Education:

<input type="radio"/> <= 10 Years	<input type="radio"/> 4th grade	<input type="radio"/> Bachelors Degree
<input type="radio"/> > 12 Years	<input type="radio"/> 5th grade	<input type="radio"/> Doctorate Degree
<input type="radio"/> 11 Years	<input type="radio"/> 6th grade	<input type="radio"/> Early Care and Education
<input type="radio"/> 12th grade = GED	<input type="radio"/> 7th grade	<input type="radio"/> Home Schooled
<input type="radio"/> 1st grade	<input type="radio"/> 8th grade	<input type="radio"/> Kindergarten
<input type="radio"/> 2nd grade	<input type="radio"/> 9th grade	<input type="radio"/> Masters Degree
<input type="radio"/> 3rd grade	<input type="radio"/> Associates Degree	<input type="radio"/> Unknown

Employment Status at time of admission:

<input type="radio"/> Active/Armed Forces (< 35 Hrs)	<input type="radio"/> Retired
<input type="radio"/> Active/Armed Forces (35+ Hrs)	<input type="radio"/> Sheltered Workshop
<input type="radio"/> Disabled	<input type="radio"/> Student
<input type="radio"/> Employed Full Time (35+ Hrs)	<input type="radio"/> Supported Employment
<input type="radio"/> Employed Part Time (< 35 Hrs)	<input type="radio"/> Unemployed (Laid off/Looking)
<input type="radio"/> Homemaker	<input type="radio"/> Unemployed (Not Seeking)
<input type="radio"/> Resident of Institution	<input type="radio"/> Volunteer

Living Situation at time of admission:

<input type="radio"/> Child Living with Parent/Relative	<input type="radio"/> Other Institutional Setting
<input type="radio"/> Child Residential Treatment	<input type="radio"/> Private Residence Receiving Support
<input type="radio"/> Crisis Residential Care	<input type="radio"/> Private Residence with Housing Assistance
<input type="radio"/> Foster Home	<input type="radio"/> Private Residence without Support
<input type="radio"/> Homeless/HL Shelter	<input type="radio"/> Regional Center
<input type="radio"/> Jail/Correctional Facility	<input type="radio"/> Residential Treatment
<input type="radio"/> Other	<input type="radio"/> Youth Living Independently
<input type="radio"/> Other 24 Hour Residential care	

social Supports at time of admission:

<input type="radio"/> 1-3 times in past month (less than once per week)	<input type="radio"/> 8-15 times in past month (2 or 3 times per week)
<input type="radio"/> 16-30 times in past month (4 or more times per week)	<input type="radio"/> No attendance in the past month
<input type="radio"/> 4-7 times in past month (about once per week)	<input type="radio"/> Some attendance in past month, but frequency unknown

is this a Mental Health Board case?

No Yes

MHB Hearing Date: / /	MHB Commitment Date: / /
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CHILD/ADOLESCENT INFORMATION:

Attendance in last 3 months while school was in session:	
<input type="radio"/> 1 day every 2 weeks	<input type="radio"/> 1 or less days per month
<input type="radio"/> 1 day per week	<input type="radio"/> 2 or more days per week
<input type="radio"/> Home Schooled	
<input type="radio"/> Not Enrolled	
Impact of Services on School Attendance:	
<input type="radio"/> About the Same	<input type="radio"/> Does Not Apply - Other
<input type="radio"/> Does Not Apply – Dropped out of school	<input type="radio"/> Does Not Apply – Too young to be in school
<input type="radio"/> Does Not Apply – Expelled from school	<input type="radio"/> Greater Attendance
<input type="radio"/> Does Not Apply – Home schooled	<input type="radio"/> Less Attendance
<input type="radio"/> Does Not Apply – No problem before service	<input type="radio"/> NA (at admission)
<input type="radio"/> No response (unable to assess)	
Involvement with Juvenile Services:	
<input type="radio"/> Drug Court	<input type="radio"/> OJS State Ward
<input type="radio"/> Not Involved with Juvenile Services	<input type="radio"/> Other Court Involvement
<input type="radio"/> Probation	
Stable Environment (Legal Custody):	
<input type="radio"/> Emancipated Minor	<input type="radio"/> Parent(s)
<input type="radio"/> Guardian	<input type="radio"/> Ward of the State
Receiving Professional Partner Services?	Receiving Special Education Services?
<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

SUBSTANCE ABUSE HISTORY:

Current or past history of substance abuse? <input type="radio"/> No <input type="radio"/> Yes				IV drug use in the past? <input type="radio"/> No <input type="radio"/> Yes		
	Age at 1 st Use:	Substance Name:	*Frequency:	Volume:	**Route:	Last Use:
1 st						/ /
2 nd						/ /
3 rd						/ /
*Frequency Options: <input type="radio"/> 1-2 times past week <input type="radio"/> 1-3 times past month <input type="radio"/> 3-6 times past week <input type="radio"/> Daily <input type="radio"/> No use past month <input type="radio"/> Unknown						
**Route Options: <input type="radio"/> IV <input type="radio"/> Nasal <input type="radio"/> Oral <input type="radio"/> Smoke <input type="radio"/> Unknown						

TOBACCO USE:

How long has it been since you last smoked a cigarette, even one or two puffs?	
<input type="radio"/> Within the last 24 hours	<input type="radio"/> Within the past year (>6 months but <1 year ago)
<input type="radio"/> Within the last 3 days	<input type="radio"/> More than one year ago
<input type="radio"/> Within the last week	<input type="radio"/> Never smoked regularly
<input type="radio"/> Within the past month (<1 month ago)	<input type="radio"/> Do not know/Not sure
<input type="radio"/> Within the past 3 months (>1 month but <3 months ago)	<input type="radio"/> Refused
<input type="radio"/> Within the past 6 months (>3 months but <6 months ago)	

TOBACCO USE CONTINUED:

Do you currently use Tobacco? <input type="radio"/> No <input type="radio"/> Yes <i>If yes, describe your tobacco use per day in the table below.</i>					
Cigarettes	<input type="radio"/> No use	<input type="radio"/> < ½ pack	<input type="radio"/> ½ - 1 pack	<input type="radio"/> 1 - 2 packs	<input type="radio"/> > 2 packs
Chew	<input type="radio"/> No use	<input type="radio"/> < 1 can chew	<input type="radio"/> 1 can chew	<input type="radio"/> 1 - 2 cans of chew	<input type="radio"/> > 2 cans of chew
Cigars	<input type="radio"/> No use	<input type="radio"/> 1 cigar	<input type="radio"/> 1 - 2 cigars	<input type="radio"/> 3 or more cigars	-
Pipe	<input type="radio"/> No use	<input type="radio"/> 2 or less fills of pipe	<input type="radio"/> >2 fills of pipe	-	-
Does the Consumer meet diagnostic criteria for Nicotine dependence?					<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A
During the last 12 months have you stopped smoking for one day or longer because you are trying to quit?					<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A
Are you aware of the Nebraska Tobacco Quit Line? (A free telephone counseling service to help tobacco users quit.)					<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A
Have you attempted to use the Nebraska Tobacco Quit Line to help you quit?					<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> N/A

VITAL SIGNS/RECENT HEALTH:

Height:	Feet	Inches	Weight (in pounds):			
			# days (1-30)	Don't Know	None	Refused
In thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?						
In thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?						

OTHER HISTORY:

Legal Status at Admission:	
<input type="radio"/> Civil Protective Custody (CPC)	<input type="radio"/> Emergency Protective Custody (EPC)
<input type="radio"/> Court Order	<input type="radio"/> Incarceration due to gambling
<input type="radio"/> Court: Competency Evaluation	<input type="radio"/> Juvenile High Risk Offender
<input type="radio"/> Court: Juvenile Commitment	<input type="radio"/> MHB Commitment
<input type="radio"/> Court: Juvenile Evaluation	<input type="radio"/> MHB Hold/Custody Warrant
<input type="radio"/> Court: Mentally Disordered Sex Offender	<input type="radio"/> Not Responsible by Reason of Insanity
<input type="radio"/> Court: Presentence Evaluation	<input type="radio"/> Parole
	<input type="radio"/> Parole due to Gambling
	<input type="radio"/> Pending related to Gambling
	<input type="radio"/> Probation
	<input type="radio"/> Probation due to Gambling
	<input type="radio"/> State Ward
	<input type="radio"/> Voluntary
	<input type="radio"/> Voluntary by Guardian
Criminal Activity (# of arrests in past 30 days):	
Suicide Attempt – Has this person attempted suicide in the last 30 days?	<input type="radio"/> No <input type="radio"/> Yes
Is Consumer a parent/legal guardian of a youth receiving case management from Children and Family Services (CFS) or CFS designee (e.g. Nebraska Families Collaborative)?	<input type="radio"/> No <input type="radio"/> Yes
Is youth/family involved with the Juvenile Court?	<input type="radio"/> No <input type="radio"/> Yes
Is youth/family receiving services voluntarily, without court involvement?	<input type="radio"/> No <input type="radio"/> Yes

OTHER HISTORY CONTINUED:

Trauma History:	○No		○Yes		○Unknown	
	Trauma Type		Child	Adult	Both	No
Sexual Abuse						
Physical Abuse						
Emotional Abuse						
Neglect						
Witness to Domestic Abuse						
Victim/Witness to Community Violence						
Physical Assault						
Serious Accident/Injury						
Sexual Assault/Rape						
Life Threatening Medical Issues						
Traumatic Loss of a Loved One						
Victim of a Terrorist Act						
War/Political Violence/Torture						
Disasters (Tornado/Earthquake)						
Sanctuary Trauma (while institutionalized)						
Prostitution/Sex Trafficking						
Victim of Crime						

ASSESSMENT:

Reason for this Admission: <input type="radio"/> Dual Diagnosis – Primary MH/Primary SA <input type="radio"/> Primary Compulsive Gambling (CG) <input type="radio"/> Primary CG/Secondary MH <input type="radio"/> Primary CG/Secondary SA <input type="radio"/> Primary MH/Secondary SA <input type="radio"/> Primary Mental Retardation			<input type="radio"/> Primary CG/Secondary SA <input type="radio"/> Primary Mental Health (MH) <input type="radio"/> Primary MH/Secondary SA <input type="radio"/> Primary Mental Retardation			<input type="radio"/> Primary SA/Secondary MH <input type="radio"/> Primary Sex Offender <input type="radio"/> Primary Substance Abuse (SA)		
Reason for Emergency Protective Custody Admission: <input type="radio"/> Both dangerous to self and others <input type="radio"/> Dangerous to others <input type="radio"/> Dangerous to self/neglect <input type="radio"/> Dangerous to self/suicide attempt <input type="radio"/> Not an EPC admission								
Is this service to be provided, in whole or in part, through tele-health? <input type="radio"/> No <input type="radio"/> Yes								
Is the use of Methadone/Buprenorphine/Suboxone/Opioids in treatment planned? <input type="radio"/> No <input type="radio"/> Yes				Number of prior treatment episodes:				
Screening Date: / /				Days waiting to enter this service:				
Is the Consumer pregnant? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Up to 6 Weeks Post-Partum								
Adults: For Adults with mental illness – Meets Severe and Persistent Mental Illness (SPMI) Nebraska criteria? <input type="radio"/> No <input type="radio"/> Yes				Child/Adolescent: Meets Nebraska Serious Emotional Disturbance (SED) criteria? <input type="radio"/> No <input type="radio"/> Yes				
Type of Service:								

Last Name: _____ First: _____ Middle: _____ Suffix: _____

DSM-IV DIAGNOSIS:

Date of Diagnosis: : / /		Cluster Classification:	Certainty Index:
Axis	Assessment:	Code:	***Status:
Axis I			
Axis I			
Axis I			
Axis I			
Axis	Assessment:	Code:	***Status:
Axis II			
Axis II			
Axis II			
Axis II			
***Status Options: <input type="radio"/> Acute <input type="radio"/> Asymptomatic <input type="radio"/> Chronic <input type="radio"/> Improved <input type="radio"/> Recurrent <input type="radio"/> Resolved <input type="radio"/> Routine <input type="radio"/> Symptomatic <input type="radio"/> Worse			
Axis	Description (Reported by Patient):		
Axis III			
Axis III			
Axis III			
Axis III			
Axis IV (Problems related to):			
<input type="radio"/> Diagnosis Condition Deferred	<input type="radio"/> Economic	<input type="radio"/> Occupation	<input type="radio"/> Other Psychosocial and Environmental Problems: _____
<input type="radio"/> Accessing health care	<input type="radio"/> Housing	<input type="radio"/> Primary support group	
<input type="radio"/> Education	<input type="radio"/> Legal system/crime	<input type="radio"/> Social environment	
Axis V:			
Current GAF:		Date: / /	
Current GAF:		Date: / /	

MEDICATIONS/ALLERGIES:

How many Opioid pain medications do you take most days? (i.e. Codeine, Hydrocodone, Morphine, etc.)								
How many non-Opioid pain medications do you take most days? (i.e. Celebrex, Vioxx, Naprosyn, etc.)								
How many Psychotropic prescription medications do you take most days? (Psychotropic medications are used to treat psychiatric conditions.)								
Prescription	Sig	Quantity	Units	Refills	Start Date	Stop Date	Duration	
Allergy	Severity	Reaction			Comments			

FINANCIAL INFORMATION

STATE LAW provides that those persons who decide to give financial information will be required to pay charges from their "Ability-to-Pay." A person's "ability-to-pay" is determined by their annual income and the number of dependents for whom they are responsible. The responsibility for providing the necessary information for determining a person's ability-to-pay, however, is the client's or his/her relative(s).

IMPORTANT: The following information requested must be provided if you wish to be considered for a reduced charge for services.

Name				
	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
Address				Birthdate
	NUMBER	STREET	CITY	STATE
				ZIP
				MONTH
				DAY
				YEAR
Annual Family Income	Before Tax Deductions	\$	Number of Individuals on Family Income	
				1
				2
				3
				4
				5
				6
				7
				8
				9
				10
				More Than 10
Are you receiving social security or disability checks?	Yes	No	If yes - Please indicate type of payment	
				Do you have Health Insurance?
				Yes
				No

PLEASE LIST ALL INSURANCE COMPANIES, POLICY NUMBERS, PERSON INSURED ON EACH POLICY AND AMOUNT DEDUCTIBLE

Insurance Company		Policy Number	
Person Insured		Amount Deductible	
Insurance Company		Policy Number	
Person Insured		Amount Deductible	

IF MORE SPACE IS NEEDED USE REVERSE SIDE OF THIS SHEET

Do You Have Medicare Coverage?	Yes	No	If Yes - Please give medicare number	
Do You Have Medicaid Coverage?	Yes	No	If Yes - Please give Medicaid Number	

IF YOU ARE UNDER 18 - PLEASE PROVIDE THE FOLLOWING

Parent's Last Name	First Name	Middle Name	Home Phone	Work Phone
Street Address	City	State	Zip Code	

IF YOU HAVE A LEGAL GUARDIAN - PLEASE PROVIDE THE FOLLOWING

			Your Relationship to your guardian	
Guardian's Last Name	First Name	Middle Name		
Street Address	City	State	Zip Code	

CERTIFY that the statements above are true and understand that any willful misstatement or misrepresentation will void any agreement and result in a full charge(s) being due and payable.

Signed: _____ Date: _____
(Patient, Spouse or Legal Representative)

A REMINDER: BILLS ARE DUE AND PAYABLE AT TIME OF SERVICE

Community Mental Health Center

CONSUMER'S RIGHTS AND RESPONSIBILITIES

GENERAL ORIENTATION:

Welcome to the Community Mental Health Center (CMHC) of Lancaster County. The staff at CMHC want to provide you with the best care possible. To help you receive the best care, we request that you read this information about your rights and responsibilities. Please feel free to discuss it with our staff if you have any questions or concerns.

When you apply for services at CMHC, you will be asked to complete some forms. Our staff will use this information as well as information you share verbally, to develop treatment recommendations and goals. Statistical information on these forms will be sent to the Department of Health and Human Services. Our staff will discuss the fees for your services and will make arrangements with you for payments.

YOUR RIGHTS AS A CONSUMER:

1. You have the right to receive services regardless of race, color, creed, sex, national origin, religion, sexual orientation, age, or disability. You do not need the consent or approval of your spouse or other legally responsible person to seek and receive treatment, except as otherwise restricted by law.
2. You have the right to **confidentiality**. All records of your care will be treated as confidential information and will not be released without your consent. Your communication with the Community Mental Health Center through face-to-face visits, sealed mail, and private phone conversations are confidential. You have the right to privacy with respect to non-consumers visiting at this facility. **Exceptions:** You are committed or court-ordered to participate in treatment. There is a reasonable belief of current child or adult abuse/neglect. A clinician is convinced that you are a serious danger to yourself or others. CMHC receives a subpoena or court order for your records. Responding to other applicable State/Federal reporting requirements. **Refer also to the Notice of Privacy Practices** handout. This document describes how medical and drug and alcohol related information about you may not be used and disclosed and how you can get access to this information.
3. You have the right to expect that the staff will respect your personal dignity. You have the right to be informed about CMHC services available and agency policies and procedures.
4. You have the right to take part in the development of your **treatment plan**. This team includes you, your primary clinician, your clinician's team members and supervisor, your doctor, and any other significant persons you wish to be involved in your treatment. Your plan will be developed, routinely reviewed, and adjusted as needed throughout your treatment. Treatment plans will focus on your individual strengths, abilities, needs, and preferences.
5. You have the right to be involved in your **dismissal planning**. Dismissal is based on several factors including, but not limited to: reaching your treatment goals, your ability to maintain stability without medical and other support persons, your need or desire to transfer services to another agency or professional, your being available for treatment, and your individual needs for follow-up. Dismissal readiness will be reviewed with you and your team throughout your treatment.
6. You have the right to receive information about your condition, your treatment, and alternative treatments that are available for you. You have the right to access information in your own record, except as limited by law.

7. You have the right to challenge treatment decisions and to request a change in your treatment, clinician, or doctor.
8. You have the right to refuse treatment recommendations, procedures, or medication. In such a situation, your treatment team then has the right to dismiss you from CMHC and recommend and give you a referral to another agency or physician. You have the right to a written explanation of why services are refused, or why you are being dismissed from CMHC. **Exception:** Consumers committed for treatment under jurisdiction of a County Board of Mental Health.
9. Grievance Procedure. You have the right to complain about CMHC's treatment practices and procedures without recrimination. It is our objective to resolve your concerns with services to the best of our abilities. The following procedures are used in the event of a consumer grievance:
 - a) When you make a complaint, you will be asked to discuss it directly with the staff involved. If you are unwilling to do this, you may talk to the staff's supervisor. Staff will make an effort to find a solution for your concern.
 - b) If you are not happy with this solution, you will be asked to complete the written Grievance Form, which you can get at the reception desk. Your completed form will be sent to the supervisor of the staff involved.
 - c) The supervisor will attempt to resolve your grievance and document efforts taken. If you are not happy with this solution, you need to inform the supervisor within 3 days. Then the Grievance Form will be sent to the next supervisory level and eventually to the Executive Director, if necessary.
 - d) Within 5 days, this supervisor will gather information and make reasonable efforts to satisfy your concerns.
 - e) Written complaints/grievances and resulting documentation will be kept by the Executive Director.
 - f) Reviews of grievances may be done by management staff to identify trends and make improvements.

YOUR RESPONSIBILITIES AS A CONSUMER:

1. You are responsible for giving CMHC staff complete and accurate medical and psychiatric history. You are responsible for informing staff of changes of address, income status and regarding the problems or concerns you are being treated for.
2. You are responsible for following instructions given by CMHC staff.
3. You are responsible for complying with CMHC rules and regulations affecting consumer care and conduct.
4. You are responsible for keeping the confidentiality and rights of other consumers and staff.
5. You are responsible for assisting in the control of noise, following smoking rules, and protecting the property of the CMHC and persons at CMHC.
6. You are responsible for meeting your consumer fees and for making necessary arrangements.

Please Note: We reserve the right to access your public records if deemed appropriate for your assessment and/or treatment.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Lancaster County Community Mental Health Center is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to your health information. Information regarding your health care, including payment for health care, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. §1320d *et seq.*, 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2. Under these laws, the Lancaster County Community Mental Health Center may not say to a person outside the Lancaster County Community Mental Health Center that you attend a program, nor may we disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law. We must follow the privacy practices contained in this notice. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. A current notice will be available and posted at all times at the Mental Health Crisis Center.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION ONLY WITH YOUR AUTHORIZATION:

Uses and disclosures of your health information will be made only with your written authorization. We must obtain your written authorization before we can disclose information about you for payment purposes. For example, we must obtain your written authorization before we can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written authorization before we can share information for treatment purposes or for health care operations.

USE AND DISCLOSURE OF YOUR HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION:

Federal law permits us to use and disclose information about you without your written permission in the following instances:

1. To persons or organizations known as business associates, who provide services for us under contract. We require our business associates to protect the medical information we provide to them.
2. To qualified personnel for research.
3. To qualified personnel for audit or program evaluations.
4. To report a crime committed by you on the Lancaster County Community Mental Health Center premises or against Lancaster County Community Mental Health Center personnel.
5. To medical personnel in a medical emergency situation.
6. To appropriate authorities to report suspected child abuse or neglect.
7. As allowed by a court order.

YOU HAVE SEVERAL RIGHTS WITH REGARD TO YOUR HEALTH INFORMATION:

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your health information. However, this right does not apply to psychotherapy notes; information gathered in reasonable anticipation of, or use in, a civil, criminal or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. You may be charged a reasonable fee for a copy of your records.

In some circumstances you may have the right to receive this information in an electronic copy sent to an entity or individual you have clearly, specifically, and conspicuously designated.

You have the right to request records in an electronic form and format. If records are not available in the form and format you request, we will work with you to find an agreeable form and format. If you decline any of the electronic formats that are available, we will provide a paper copy as an option. If a portion of a record is maintained in paper, such portion does not have to be converted to an electronic format.

Right to Request to Correct or Amend: If you believe your health information is incorrect, you may ask us to correct or amend the information. Your request must be made in writing and must include a reason for the correction or change. If we did not create the health information that you believe is incorrect, or if we disagree with you and believe your health information is correct, we may deny your request.

Right to Restrict Access: You have the right to ask for restrictions on how your health information is used or disclosed for treatment, payment and health care operations. Your request must be in writing and must include what information you want to limit; whether you want to limit our use, disclosure or both; and to whom you want the limits to apply. We are not legally required to agree with your requested restriction(s) unless (1) your request is to restrict disclosures to health plans; (2) your request only limits disclosures made for the purpose of carrying out payment or health care operations; (3) the request only limits disclosures relating to health care items or services for which you, or another person on your behalf other than the health plan, have paid Lancaster County out of pocket in full; and (4) the disclosure is not otherwise required by law.

Right to Request Confidential Communications: You have the right to ask that we communicate your health information to you using alternative means or an alternative location. For example, you may wish to receive information about your health status in a special, private room or through a written letter sent to a private address. We will accommodate reasonable requests.

Right to an Accounting of Disclosures: You have the right to ask that we provide you with a list of the disclosures we have made of your health information in the six years prior to the date on which the accounting is requested. This list will not include disclosures made for treatment, payment or health care operations. This list will not include disclosures made to you or your legal representative, law enforcement/corrections, regarding inmates, certain health oversight activities, our directory, national security or pursuant to your authorization.

In some circumstances, if we maintain an electronic health record about you, you may have the right to receive an accounting of disclosures, for the last three years, which were made for treatment, payment or healthcare operations purposes.

Right to Receive Notification of Certain Breaches: You have the right to receive a notification from Lancaster County in certain situations. Generally, you will receive this notification if we become aware that (1) your personal health information has been accessed, disclosed, or used in violation of federal laws, and your information was not secured according to federal standards; and (2) we determine that the improper access, disclosure, or use could cause significant financial harm to you, harm to your reputation, or cause other harm to you. The notification we send will contain important information about the improper access, disclosure or use and where you can obtain further information.

Right to Revoke Your Authorization: If you sign an authorization form, you may withdraw your authorization at any time, as long as your withdrawal is in writing.

Right to a Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with us and/or with the Secretary of the U.S. Department of Health and Human Services in Washington, D.C. We will not retaliate against you for filing such a complaint. In addition, violation of 42 C.F.R. Part 2 is a reportable crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurred.

If you have any questions or concerns regarding your privacy rights, the information in this notice, or if you wish to file a complaint, please contact the following individual for information:

Lancaster County Community Mental Health Center
ATTN: HIPAA Privacy Officer
2201 S. 17 St.
Lincoln, NE 68504
402-441-8276

This Notice of Privacy Practices is effective September 23, 2013.

This Notice of Privacy Practices is effective September 23, 2013.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of this Notice of Privacy Practices.

Patient's/Personal Representative's Signature

Date

Lancaster County Community Mental Health Center's staff should complete if Acknowledgement is not signed:

1. Does the patient have a copy of the Notice form? YES NO
2. Please explain why the patient was unable to sign an acknowledgement for and the Lancaster County Community Mental Health Center's efforts in trying to obtain the patient's signature:

This Notice of Privacy Practices is effective September 13, 2013, replacing Notice of Privacy Practices issued April 14, 2003.

Consents and Acknowledgments
Lancaster County Community Mental Health Center

Consent For Treatment

I (initial _____) acknowledge that I am applying for services at the Lancaster County Community Mental Health Center/Crisis Center. By initialing this form, I give the Center permission to use and/or disclose my health information to carry out treatment, payment or health care operations.

Receipt of Notice of Privacy Practices

I (initial _____) hereby acknowledge I have received and read a copy of the Notice of Privacy Practices of the Lancaster County Community Mental Health Center/Crisis Center.

Lancaster County Community Mental Health Center/Crisis Center's staff should complete if Acknowledgment is not initialed.

1. Does the client have a copy of the Notice form? Yes No
2. Please explain why the client was unable to initial an acknowledgment for and CMHC's efforts in trying to obtain the client's signature.

Receipt of Notice of Orientation Information:

I (initial _____) have received and read the orientation information including the consumer's Right's and Responsibilities.

If now or at any time you have a question about any procedure at the Community Mental Health Center of Lancaster County, or a question about the information provided above, staff is available to answer your questions.

I acknowledge the information above is correct.

Client/Guardian Signature

Date

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. § 4-108 through 4-114, I attest as follows:

I am a citizen of the United States.

----- OR -----

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate, and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME:

(first, middle, last)

SIGNATURE:

DATE:

Voter Registration

Completing the Voter Registration Form:

If the client has marked the YES box and wants to register to vote, a Nebraska Voter Registration Form should be provided at this time. You the service provider may want to briefly go over the voter registration form with the client and answer any questions they may have. You may then be asked to help provide the following information as necessary on the registration form:

- *Print Full Name: circle Mr. Mrs. Ms. Miss., Last Name, First Name, Middle Initial, Suffix (Sr. Jr. II, III, IV.)
- *county: In which the voter lives in.
- *Residence Address: Print the full address including the street, city or town and zip code.
- *Rural Residents only, The Section/Township/Range should be provided if known, If unknown, the local election official will contact the voter to verify location.
- *School District: In which the voter resides.
- *Postal Address: If different from residence address.
- *Phone # (optional): These numbers will help the election official contact the applicant to clarify information on the registration form that may be needed.
- *Birthdate: Month/Day/Year, This information is necessary to verify voter age requirements.
- *Birthplace: (optional) This will help the election official identify if there are two registered voters in the county with the same name.
- *Maiden Name: (optional) This information assists the election official in matching a previously registered under a different name or address.
- *Previously Registered Name or Address: To be completed if applicant was previously registered under a different name or address.
- *Political Party Affiliation: Check one box. Note, If the applicant wishes to vote in both partisan and nonpartisan primary election they must indicate a political party affiliation on the registration form. If they register without a political party they will receive only a nonpartisan ballot at the primary election. The exception to this rule is that the voter may request a partisan ballot for only the offices of the U.S. House of Representatives and U.S. Senate at primary elections.

To Register to vote in Nebraska you must:

- *Be a United States Citizen
- *Be at least 18 years of age or will be 18 years of age on or before the first Tuesday after the first Monday in November
- *Live in the State of Nebraska
- *Have not been convicted of a felony or, if convicted, civil rights have been restored
- *Have not been officially found to be mentally incompetent

If you are eligible to register to vote but you are not registered to vote where you live now, would you like to apply to register to vote here today?(check one)

YES NO

2. If you do not check either box, you will be considered to have decided not to register to vote at this time.
3. Applying to register or declining to vote will not affect the amount of assistance or services that you will be provided by this agency.
4. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.
5. If you believe that someone has interfered with your right to register or to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference, you may file a complaint with the:

Nebraska Secretary of State
State Capitol Building
Lincoln, Ne 68509-4608
Phone# (402) 471-2554

If you decline to register to vote or decide to register to vote, please note that the information and office to which application was made will remain confidential and be used only for voter registration purposes.

Print name of applicant or declinee

Signature of applicant or declinee

Date

(Agency use only)

Voter Registration Form completed: YES____ NO____

Voter Registration Form given to applicant for later mailing
(at applicant's request)____

Agency or Contractor Staff Signature
(Individual who assisted client)

Date

Nebraska Voter Registration Application

Please Print

Election Office Use Only: V911

1. Are you a citizen of the United States of America? Yes No
2. Are you at least 18 years of age, or will you be 18 years of age on or before the 1st Tuesday following the 1st Monday in November of this year? Yes No

System ID #: _____ Precinct: _____ Split: _____
 Congressional: _____ Commissioner/Supervisor District: _____
 Legislative: _____ NRD: _____ Fire: _____
 Other Districts: _____

IF YOU CHECKED "NO" IN RESPONSE TO EITHER OF THE QUESTIONS ABOVE; DO NOT COMPLETE THIS APPLICATION

3. Personal Information:

Last Name	First Name	M Name/MI	Suffix	Phone Number	Home <input type="checkbox"/> Work <input type="checkbox"/>
					Unlisted <input type="checkbox"/>
Nebraska Drivers Lic. # <small>If none, last 4 digits SS #</small>	Date of Birth & Place of Birth	Previous Name		Email Address	Private <input type="checkbox"/>

4. Current Residence Address:

Address example: 1612 N Michigan Avenue SW Apt. 322 Oakdale, NE 68104

House Number	Direction	Street/Road Name	Street Type	Direction	Unit Type	Unit #	City/Town	State	Zip
--------------	-----------	------------------	-------------	-----------	-----------	--------	-----------	-------	-----

If no numeric street or road address, provide directions from nearest town:

Postal address, if different than residence address:

School Dist: _____ County: _____ Inside city limits Yes No If no, provide Section/Township/Range ____/____/____

If previously registered, provide - Name: _____

Address: _____

5. Party Affiliation:

Democrat

Republican

Libertarian

Non-Partisan (No party affiliation)

Other (If checking other, print the name of the party) _____

Note: If you wish to vote in both partisan and non-partisan primary elections for state and local offices, you must designate a political party on the registration application. If you check non-partisan (independent) you will receive only non-partisan ballots for state and local offices at the primary elections, unless you designate a preference at the polling place in which case you will receive partisan ballots for only the congressional race to vote in that primary election.

Applicant's Oath: To the best of my knowledge and belief, I declare under penalty of election falsification that: I live in the State of Nebraska at the address provided in this application. I have not been convicted of a felony or, if convicted it has been at least two years since I completed my sentence for the felony including any parole term; I have not been officially found to be non compos mentis (mentally incompetent); and I am a citizen of the United States.

IMPORTANT: Any registrant who signs this application knowing that any of the information on the application is false shall be guilty of a Class IV felony under section 32-1502 of the statutes of Nebraska. The penalty for such is up to 5 years imprisonment, a fine of up to \$10,000.00 or both.

6. Applicant's Signature

(Full name or mark. If unable to sign, include name & address of person providing assistance)

Date Applicant Signed _____

7. Registration taken by:

Date Election Office Received _____

I. General Instructions

- This application may be used to:
 - Register to vote in Nebraska for the first time, and/or
 - Update or change your name, address, or party affiliation on your current Nebraska voter registration
- Upon completing the application, submit it to your local Election Office
 - By personal delivery
 - By mail, personal messenger or personal agent
- To be eligible to vote in an election, your completed application must be:
 - Delivered in person prior to 5 p.m. on the second Friday preceding the election in which you wish to vote
 - Delivered by personal messenger or personal agent on or before the 3rd Friday preceding the election in which you wish to vote.
 - Must be mailed and postmarked on or before the 3rd Friday preceding the election in which you wish to vote
- Upon receipt of this form, the County Election Office will send an acknowledgement to you indicating whether your voter registration is complete.

II. Completing the Voter Registration Application

- Answer questions 1 and 2, continue to complete the application only if you answered yes to both questions.
- Complete sections 3, 4, and 5. Incomplete applications will result in your voter registration application being rejected or delayed.
- Read the oath and confirm the information you provided by signing and dating the application in section 6.
- Failure to accurately complete, sign and date the application delays determining your eligibility to vote until such time as the application is complete.

III. Special Instructions for Registering by Mail

- If you are submitting this form by mail, and you are registering in Nebraska for the first time, please provide a copy of:
 - Your current and valid photo identification, or
 - A copy of utility bill, bank statement, government check, paycheck, or other government document which is dated within sixty days immediately prior to the date of presentation showing the same name and residence address provided on this application
- Providing the above identification documentation along with your mail-in registration at the time you register will enable you to avoid identification requirements when voting the first time in Nebraska.
- When submitting this form by mail, (and if necessary, an envelope for the copy of valid identification) please use the appropriate address found on the back.

Print Your Return Address

First Class
Postage Required

To: _____ **County Election Official**

(County)

(Address)

_____, **Nebraska**

(City or Town)

(Zip)

Locate your County from the list below. Fill in the County Name, Mailing Address, City or Town and the Zip Code in the spaces provided above. Detach and mail.

Adams/POB 2067	Cherry/POB 120	Franklin/POB 146	Hooker/Box 184	Morrill/POB 610	Saunders/POB 61
Hastings/68902-2067	Valentine/69201	Franklin/68939	Mullen/69152	Bridgeport/69336	Wahoo/68066
Antelope/PO Box 26	Cheyenne/POB 217	Frontier/POB 40	Howard/POB 25	Nance/POB 338	Scottsbluff/1825 10th St
Neligh/68756-0026	Sidney/69162	Stockville/69042	St Paul/68873	Fullerton/68638	Gering/69341
Arthur/POB 126	Clay/POB 67	Furnas/POB 387	Jefferson/411-4th St	Nemaha/1824 N St Ste 201	Seward/POB 190
Arthur/69121	Clay Center/68933	Beaver City/68926	Fairbury/68352	Auburn/68305	Seward/68434
Banner/POB 67	Colfax/411 E 11th St	Gage/POB 429	Johnson/Box 416	Nuckolls/POB 366	Sheridan/POB 39
Harrisburg /69345	Schuyler/68661	Beatrice/68310	Tecumseh/68450	Nelson/68961	Rushville/69360
Blaine/145 Lincoln Ave	Cuming/200 S Lincoln St.	Garden/POB 486	Kearney/POB 339	Otoe/POB 249	Sherman/POB 456
Brewster/68821	Rm 100/West Point /68788	Oshkosh/69154	Minden/68959	Nebraska City/68410	Loup City/68853
Boone/222 S 4th St	Custer/431 S 10th St	Garfield/POB 218	Keith/511 N Spruce Ste102	Pawnee/POB 431	Sioux/POB 158
Albion/68620-1247	Broken Bow/68822	Burwell/68823-0218	Ogallala/69153	Pawnee City/68420	Harrison/69346
Box Butte/POB 678	Dakota/POB 39	Gosper/POB 136	Keya Paha/POB 349	Perkins/POB 156	Stanton/POB 347
Alliance/69301	Dakota City/68731	Elwood/68937	Springview/68778	Grant/69140	Stanton/68779
Boyd/POB 26	Dawes/451 Main St	Grant/Box 139	Kimball/114 E 3rd St Ste 6	Phelps/Box 404	Thayer/225 N 4th Rm201
Butte/68722	Chadron/69337	Hyannis/69350	Kimball/69145	Holdrege/68949	Hebron/68370
Brown/148 W 4th St	Dawson/700 N Washington	Greeley/Box 287	Knox/POB 166	Pierce/111 W Court Rm 1	Thomas/POB 226
Ainsworth/69210	Rm A /Lexington/68850	Greeley/68842	Center/68724	Pierce/68767	Theford/69166
Buffalo/POB 1270	Deuel/POB 327	Hall/121 S Pine St	Lancaster/601 N 46th St	Platte/PO Box 513	Thurston/POB 159
Kearney/68848	Chappell/69129	Grand Island/68801	Lincoln/68503	Columbus/68602-0513	Pender/68047
Burt/POB 87	Dixon/POB 546	Hamilton/1111-13th St Ste 1	Lincoln/301 N Jeffers Rm 101	Polk/POB 276	Valley/125 S 15th St
Tekamah/68061	Ponca/68770	Aurora/68818-2017	North Platte/69101	Osceola/68651	Ste 202 /Ord /68862
Butler/451 N 5th St	Dodge/435 N Park Rm102	Harlan/Box 698	Logan/POB 8	Red Willow/502 Norris Ave	Washington/POB 466
David City/68632	Fremont/68025	Alma/68920-0698	Stapleton/69163	McCook/69001	Blair/68008
Cass/201 Main St	Douglas/225 N 115 St	Hayes/POB 370	Loup/POB 187	Richardson/1700 Stone St	Wayne/POB 248
Plattsmouth/68048	Omaha/68154	Hayes Center/69032	Taylor/68879	Falls City/68355	Wayne/68787
Cedar/POB 47	Dundy/Box 506	Hitchcock/POB 248	Madison/POB 290	Rock/POB 367	Webster/POB 250
Hartington/68739	Benkelman/69021-0506	Trenton/69044	Madison/68748	Bassett/68714	Red Cloud/68970
Chase/POB 1299	Fillmore/POB 307	Holt/POB 329	McPherson/PO Box 122	Saline/POB 865	Wheeler/POB 127
			Tryon/69167	Wilber/68465	Bartlett/68622
			Merrick/POB 27	Sarpy/501 Olson Dr Ste 4	York/510 Lincoln Ave

SIMPLIFIED DISCHARGE PROCESS

There is no reimbursement for discharge activities.

1. Mental Health Specialists/Coordinators/Clinicians determine what programs the client is admitted to and complete discharge form for the program the person is being discharged from OR if the person is being discharged from all programs complete the discharge form for a "Center Discharge."
3. CMHC complete and mail letter to clients notifying them of CMHC's intent to discharge them. The client is given a time frame in which to respond if they do not want to be discharged. This step is taken only when a client has not appeared for scheduled services.
2. If a client elects to be discharged or doesn't respond to correspondence described in number 3, complete the 7 page Discharge Form and forward to clerical staff. Magellan system requires that all information entered into the Magellan be updated with the latest information before discharge will be completed.
3. Clerical staff enter client information into FoxPro, eBHIN, and Magellan system.
4. Clinical chart is pulled (for "Center Discharge") and moved to the basement and kept for ten years.
5. Financial chart is pulled and if the account balance is zero the chart is moved to the basement and kept for ten years.
6. When client charts have been closed for 10 years they are destroyed.

Last Name: _____ First: _____ Middle: _____ Suffix: _____

DISCHARGE TEMPLATE

DEMOGRAPHIC INFORMATION

Consumer #: _____

Admission Date: _____ Type of Service: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone:	Primary (to be sent to Magellan):	Primary Phone Type:
Home Phone: () -	<input type="radio"/> Home	<input type="radio"/> Land Line
Day Phone: () -	<input type="radio"/> Day	<input type="radio"/> Cell Phone
Cell Phone: () -	<input type="radio"/> Cell	<input type="radio"/> Unknown
Alternate Phone: () -	<input type="radio"/> Alternate	
Date of Birth: / /	Gender:	Social Security Number: - -

DISCHARGE INFORMATION:

Date of Discharge: / /	Date of Last Contact: / /
------------------------	---------------------------

Discharge Status:

- | | |
|--|---|
| <input type="radio"/> Administrative Discharge
<input type="radio"/> Aged Out (Youth)
<input type="radio"/> Chose to decline additional treatment
<input type="radio"/> Client seen for assessment only/One-time contact
<input type="radio"/> Death, not suicide
<input type="radio"/> Death, suicide completed
<input type="radio"/> Did not show for first appointment
<input type="radio"/> Incarcerated
<input type="radio"/> Left against professional advice (Drop Out) | <input type="radio"/> Other
<input type="radio"/> Terminated by Facility
<input type="radio"/> Transferred to another Service
<input type="radio"/> Transferred to other MH Treatment Program
<input type="radio"/> Transferred to other MH Treatment Program – Did not report
<input type="radio"/> Transferred to other SA Treatment Program
<input type="radio"/> Transferred to other SA Treatment Program – Did not report
<input type="radio"/> Treatment Completed
<input type="radio"/> Unknown |
|--|---|

Mental Health Board Disposition:

- | | | |
|--|--------------------------------------|---|
| <input type="radio"/> 90 Day Suspension | <input type="radio"/> MHB Commitment | <input type="radio"/> No MHB Commitment |
| <input type="radio"/> Discharge with No Hold | <input type="radio"/> MHB Discharged | <input type="radio"/> Transfer Prior to Legal Disposition |

Destination at Discharge:

- | | |
|--|---|
| <input type="radio"/> Jail
<input type="radio"/> Lincoln Regional Center
<input type="radio"/> Medical
<input type="radio"/> MH Inpatient (i.e. DCH in Omaha, Regional West Scottsbluff)
<input type="radio"/> MH Outpatient
<input type="radio"/> MH Residential | <input type="radio"/> Other
<input type="radio"/> SA Intensive Residential (Therapeutic Community)
<input type="radio"/> SA Outpatient
<input type="radio"/> SA Residential (Halfway House)
<input type="radio"/> SA Short Term Residential |
|--|---|

Living Situation at time of discharge:

- | | | |
|---|---|--|
| <input type="radio"/> Child Living with Parent/Relative
<input type="radio"/> Child Residential Treatment
<input type="radio"/> Crisis Residential Care
<input type="radio"/> Foster Home
<input type="radio"/> Homeless/HL Shelter | <input type="radio"/> Jail/Correctional Facility
<input type="radio"/> Other
<input type="radio"/> Other 24 Hour Residential care
<input type="radio"/> Other Institutional Setting
<input type="radio"/> Private Residence Receiving Support | <input type="radio"/> Private Residence with Housing Assistance
<input type="radio"/> Private Residence without Support
<input type="radio"/> Regional Center
<input type="radio"/> Residential Treatment
<input type="radio"/> Youth Living Independently |
|---|---|--|

DISCHARGE INFORMATION CONTINUED:

Education at time of discharge:

- | | | |
|--|--|--|
| <input type="radio"/> <= 10 Years | <input type="radio"/> 4th grade | <input type="radio"/> Bachelor's Degree |
| <input type="radio"/> > 12 Years | <input type="radio"/> 5th grade | <input type="radio"/> Doctorate Degree |
| <input type="radio"/> 11 Years | <input type="radio"/> 6th grade | <input type="radio"/> Early Care and Education |
| <input type="radio"/> 12th grade = GED | <input type="radio"/> 7th grade | <input type="radio"/> Home Schooled |
| <input type="radio"/> 1st grade | <input type="radio"/> 8th grade | <input type="radio"/> Kindergarten |
| <input type="radio"/> 2nd grade | <input type="radio"/> 9th grade | <input type="radio"/> Masters Degree |
| <input type="radio"/> 3rd grade | <input type="radio"/> Associate's Degree | <input type="radio"/> Unknown |

Social Supports at time of discharge:

- | | |
|--|--|
| <input type="radio"/> 1-3 times in past month (less than once per week) | <input type="radio"/> 8-15 times in past month (2 or 3 times per week) |
| <input type="radio"/> 16-30 times in past month (4 or more times per week) | <input type="radio"/> No attendance in the past month |
| <input type="radio"/> 4-7 times in past month (about once per week) | <input type="radio"/> Some attendance in past month, but frequency unknown |

Discharge Referral:

- | | | |
|--|---|---|
| <input type="radio"/> Agricultural Action Center | <input type="radio"/> Job Training Office | <input type="radio"/> Prosecutor |
| <input type="radio"/> Clergy | <input type="radio"/> Mental Health Commitment Board | <input type="radio"/> Public Health Staff |
| <input type="radio"/> Community Service Agency | <input type="radio"/> Mental Health Court | <input type="radio"/> Regional Center |
| <input type="radio"/> Compulsive Gambling Provider | <input type="radio"/> Mental Health Emergency | <input type="radio"/> OSA Emergency/Detox |
| <input type="radio"/> Corrections | <input type="radio"/> Mental Health Non-Residential | <input type="radio"/> OSA Outpatient Counseling |
| <input type="radio"/> County Extension Agent | <input type="radio"/> Mental Health Residential | <input type="radio"/> OSA Prevention |
| <input type="radio"/> Court Order | <input type="radio"/> Mental Retardation Agency | <input type="radio"/> OSA Residential |
| <input type="radio"/> Court Referral | <input type="radio"/> Mid-Level Practitioner | <input type="radio"/> OSA Self-Help Group |
| <input type="radio"/> Defense Attorney | <input type="radio"/> Nursing Facility | <input type="radio"/> School-Based Referral |
| <input type="radio"/> Drug Court | <input type="radio"/> Other Human Service Provider | <input type="radio"/> Self |
| <input type="radio"/> Employee Assistance Program | <input type="radio"/> Other Medical Facility | <input type="radio"/> Services Psychiatric Evaluation |
| <input type="radio"/> Employers | <input type="radio"/> Parole | <input type="radio"/> Social Services Sexual Perpetrator Eval |
| <input type="radio"/> Family | <input type="radio"/> Police | <input type="radio"/> State Social Service |
| <input type="radio"/> Farm Hotline | <input type="radio"/> Pre-trial Diversion | <input type="radio"/> Tribal Elder or Official |
| <input type="radio"/> Food Pantry | <input type="radio"/> Private Family Counselor/Agency | <input type="radio"/> Veterans Administration |
| <input type="radio"/> Friend | <input type="radio"/> Private Mental Health Practice | <input type="radio"/> Yellow Pages |
| <input type="radio"/> Homeless Shelter | <input type="radio"/> Private Physician | |
| <input type="radio"/> Hospital | <input type="radio"/> Private SA Provider | |
| <input type="radio"/> Internet Search | <input type="radio"/> Probation | |

Employment Status at time of discharge:

- | | |
|--|---|
| <input type="radio"/> Active/Armed Forces (< 35 Hrs) | <input type="radio"/> Retired |
| <input type="radio"/> Active/Armed Forces (35+ Hrs) | <input type="radio"/> Sheltered Workshop |
| <input type="radio"/> Disabled | <input type="radio"/> Student |
| <input type="radio"/> Employed Full Time (35+ Hrs) | <input type="radio"/> Supported Employment |
| <input type="radio"/> Employed Part Time (< 35 Hrs) | <input type="radio"/> Unemployed (Laid off/Looking) |
| <input type="radio"/> Homemaker | <input type="radio"/> Unemployed (Not Seeking) |
| <input type="radio"/> Resident of Institution | <input type="radio"/> Volunteer |

DISCHARGE INFORMATION CONTINUED:

Do you have a Primary Health Care Provider (PCP)? <input type="radio"/> No <input type="radio"/> Yes <i>In no, skip next PCP questions.</i>	
PCP Name (Primary Care Provider):	
PCP Phone: () -	PCP Fax: () -
Date last seen by PCP: Month Year	
Type of Medical Home: <input type="radio"/> County Health Department <input type="radio"/> Emergency Department <input type="radio"/> Free Clinic <input type="radio"/> Indian Health Center <input type="radio"/> No Medical Home	<input type="radio"/> Private Provider <input type="radio"/> Public Clinic (FQHC) <input type="radio"/> Urgent Care Clinic <input type="radio"/> Veterans Administration
Name of Medical Home:	

CHILD/ADOLESCENT INFORMATION:

Attendance in last 3 months while school was in session:		
<input type="radio"/> 1 day every 2 weeks	<input type="radio"/> 1 or less days per month	<input type="radio"/> Home Schooled
<input type="radio"/> 1 day per week	<input type="radio"/> 2 or more days per week	<input type="radio"/> Not Enrolled
Impact of Services on School Attendance:		
<input type="radio"/> About the Same	<input type="radio"/> Does Not Apply - Other	
<input type="radio"/> Does Not Apply - Dropped out of school	<input type="radio"/> Does Not Apply - Too young to be in school	
<input type="radio"/> Does Not Apply - Expelled from school	<input type="radio"/> Greater Attendance	
<input type="radio"/> Does Not Apply - Home schooled	<input type="radio"/> Less Attendance	
<input type="radio"/> Does Not Apply - No problem before service	<input type="radio"/> NA (at admission)	
	<input type="radio"/> No response (unable to assess)	
Involvement with Juvenile Services:		
<input type="radio"/> Drug Court	<input type="radio"/> OJS State Ward	<input type="radio"/> Probation
<input type="radio"/> Not Involved with Juvenile Services	<input type="radio"/> Other Court Involvement	
Stable Environment (Legal Custody):		
<input type="radio"/> Emancipated Minor	<input type="radio"/> Parent(s)	
<input type="radio"/> Guardian	<input type="radio"/> Ward of the State	
Receiving Professional Partner Services? <input type="radio"/> No <input type="radio"/> Yes	Receiving Special Education Services? <input type="radio"/> No <input type="radio"/> Yes	

SUBSTANCE ABUSE HISTORY:

Current or past history of substance abuse? <input type="radio"/> No <input type="radio"/> Yes				IV drug use in the past? <input type="radio"/> No <input type="radio"/> Yes		
	Age at 1 st Use:	Substance Name:	*Frequency:	Volume:	**Route:	Last Use:
1 st						/ /
2 nd						/ /
3 rd						/ /
*Frequency Options: <input type="radio"/> 1-2 times past week <input type="radio"/> 1-3 times past month <input type="radio"/> 3-6 times past week <input type="radio"/> Daily <input type="radio"/> No use past month <input type="radio"/> Unknown						
**Route Options: <input type="radio"/> IV <input type="radio"/> Nasal <input type="radio"/> Oral <input type="radio"/> Smoke <input type="radio"/> Unknown						

TOBACCO USE:

How long has it been since you last smoked a cigarette, even one or two puffs?

Within the last 24 hours
 Within the last 3 days
 Within the last week
 Within the past month (<1 month ago)
 Within the past 3 months (>1 month but <3 months ago)
 Within the past 6 months (>3 months but <6 months ago)

Within the past year (>6 months but <1 year ago)
 More than one year ago
 Never smoked regularly
 Do not know/Not sure
 Refused

Do you currently use Tobacco? No Yes *If yes, describe your tobacco use per day in the table below.*

Cigarettes	<input type="radio"/> No use	<input type="radio"/> < ½ pack	<input type="radio"/> ½ - 1 pack	<input type="radio"/> 1 - 2 packs	<input type="radio"/> > 2 packs
Chew	<input type="radio"/> No use	<input type="radio"/> < 1 can chew	<input type="radio"/> 1 can chew	<input type="radio"/> 1 - 2 cans of chew	<input type="radio"/> > 2 cans of chew
Cigars	<input type="radio"/> No use	<input type="radio"/> 1 cigar	<input type="radio"/> 1 - 2 cigars	<input type="radio"/> 3 or more cigars	-
Pipe	<input type="radio"/> No use	<input type="radio"/> 2 or less fills of pipe	<input type="radio"/> >2 fills of pipe	-	-

Does the client meet diagnostic criteria for Nicotine dependence? No Yes N/A

During the last 12 months have you stopped smoking for one day or longer because you are trying to quit? No Yes N/A

Are you aware of the Nebraska Tobacco Quit Line? (A free telephone counseling service to help tobacco users quit.) No Yes N/A

Have you attempted to use the Nebraska Tobacco Quit Line to help you quit? No Yes N/A

VITAL SIGNS/RECENT HEALTH:

Height: Feet Inches	Weight (in pounds):			
	# days (1-30)	Don't Know	None	Refused
In thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?				
In thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?				

OTHER HISTORY:

Legal Status at Discharge:

Civil Protective Custody (CPC)
 Court Order
 Court: Competency Evaluation
 Court: Juvenile Commitment
 Court: Juvenile Evaluation
 Court: Mentally Disordered Sex Offender
 Court: Presentence Evaluation

Emergency Protective Custody (EPC)
 Incarceration due to gambling
 Juvenile High Risk Offender
 MHB Commitment
 MHB Hold/Custody Warrant
 Not Responsible by Reason of Insanity
 Parole

Parole due to Gambling
 Pending related to Gambling
 Probation
 Probation due to Gambling
 State Ward
 Voluntary
 Voluntary by Guardian

Criminal Activity (# of arrests in past 30 days):

Last Name: _____ First: _____ Middle: _____ Suffix: _____

OTHER HISTORY CONTINUED:

Is Consumer a parent/legal guardian of a youth receiving case management from Children and Family Services (CFS) or CFS designee (e.g. Nebraska Families Collaborative)?	<input type="radio"/> No	<input type="radio"/> Yes
Is youth/family involved with the Juvenile Court?	<input type="radio"/> No	<input type="radio"/> Yes
Is youth/family receiving services voluntarily, without court involvement?	<input type="radio"/> No	<input type="radio"/> Yes

Trauma History:	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Trauma Type	Child	Adult	Both
Sexual Abuse			
Physical Abuse			
Emotional Abuse			
Neglect			
Witness to Domestic Abuse			
Victim/Witness to Community Violence			
Physical Assault			
Serious Accident/Injury			
Sexual Assault/Rape			
Life Threatening Medical Issues			
Traumatic Loss of a Loved One			
Victim of a Terrorist Act			
War/Political Violence/Torture			
Disasters (Tornado/Earthquake)			
Sanctuary Trauma (while institutionalized)			
Prostitution/Sex Trafficking			
Victim of Crime			

MEDICATIONS:

How many Opioid pain medications do you take most days? (i.e. Codeine, Hydrocodone, Morphine, etc.)	
How many non-Opioid pain medications do you take most days? (i.e. Celebrex, Vioxx, Naprosyn, etc.)	
How many Psychotropic prescription medications do you take most days? (Psychotropic medications are used to treat psychiatric conditions.)	

DSM-IV DIAGNOSIS:

Date of Diagnosis: : / /	Cluster Classification:	Certainty Index:
-------------------------------------	--------------------------------	-------------------------

Axis	Assessment:	Code:	***Status:
Axis I			
Axis I			
Axis I			
Axis I			

Axis	Assessment:	Code:	***Status:
Axis II			
Axis II			
Axis II			
Axis II			

***Status Options: Acute Asymptomatic Chronic Improved Recurrent Resolved Routine Symptomatic Worse

Axis	Description (Reported by Patient):
Axis III	
Axis III	
Axis III	
Axis III	

Axis IV (Problems related to):

<input type="radio"/> Diagnosis Condition Deferred	<input type="radio"/> Economic	<input type="radio"/> Occupation	<input type="radio"/> Other Psychosocial and Environmental Problems: _____
<input type="radio"/> Accessing health care	<input type="radio"/> Housing	<input type="radio"/> Primary support group	
<input type="radio"/> Education	<input type="radio"/> Legal system/crime	<input type="radio"/> Social environment	

Axis V:

Current GAF:	Date: / /
Current GAF:	Date: / /

COMMUNITY MENTAL HEALTH CENTER OF LANCASTER COUNTY
DISMISSAL SUMMARY

PAGE 4

Consumer Name _____

Presenting Problem/Condition:

Consumer's current Strengths, Needs, Abilities, and Preferences:

Consumer's Treatment Goals/Objectives and level of Achievement at Dismissal:

Symptoms/Problems Status at Dismissal:

Overall Condition At Dismissal:

1 2 3 4 5 6 7 8 9
Worse No Change Unknown

Summarized by: _____

Date _____

Supervising Psychiatrist: _____

Date _____



The Lutheran Family Services of Nebraska, Inc. (LFS) Board of Directors authorizes the President and CEO or her designee to proceed with drafting a letter for the Board Chair's signature expressing LFS's commitment to move forward with Lancaster County and Region V in the transition and implementation of the four core services (Community Support, Day Treatment, Medication Management, Out Patient Behavioral Health) from the Lancaster County Community Mental Health Center to LFS.

The Board's decision to proceed with the transition is based upon the Lancaster County Board of Commissioners committing \$450,000 of funding and Region V committing \$100,000 of funding for the transition. LFS will commit up to \$125,000 of in-kind transition expenses.