

RECEIVED

JUL 11 2018

LANCASTER COUNTY
BOARD

TO: Kerry Eagan
FROM: Sue Eckley
DATE: July 10, 2018

Hi Kerry –

I have attached an application for the renewal of insurance for the Mental Health Crisis Center.

I will need the signature of the Board Chair on two pages of the application. I have indicated where with a sticky note.

Please have this application signed and return it to me. Thank you for your assistance!

General Applicant Information

1. Name of Applicant: Mental Health Crisis Center
2. Any changes in Address? Yes No (if yes, please complete the below)
Principal Address: 825 J. Street
3. City: Lincoln County: Lancaster State: NE Zip Code: 68508
Website: www.lancaster.ne.gov/mental

Applicant Practice

4. Any change in the applicant's professional activities for which coverage is desired? (if yes, please describe below) Yes No
5. In what states is the Applicant registered and licensed to practice? We are a crisis center run by Lancaster County per state statute
6. During the past 12 months, has the applicant acquired or been acquired by another company? Yes No
If yes please describe below

7. State sources and amounts of total revenue: the Mental Health Crisis Center is funded through Lancaster County funds.

Source	Amount Last Policy Year	This Policy Year
a. Charitable Contributions	\$ _____	\$ _____
b. Government Funding	\$ _____	\$ _____
c. Fee for Services	\$ _____	\$ _____
d. _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____
TOTAL GROSS REVENUE:	\$ _____	\$ _____

8. Number of patient encounters last 12 months (____) and/or patient tests carried out (____).
(NOTE: "Patient encounters" refers to number of visits – not number of patients.)
9. Number of estimated patient encounters the next 12 months (____) and/or patient tests carried out (____).
(NOTE: "Patient encounters" refers to number of visits – not number of patients.)
we do not engage in patient visits. we are a 15 bed facility where clients are placed for their protection due to acute mental illness.

10. If applicant has a training school, complete the following.

N/A

Specify profession for which students are being trained	Max No. of students per session	No. of sessions per year	% of time involved in clinical setting	Number of students	Qualifications of faculty (eg. MD, RN, PhD)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

11. List the number and type of employees, volunteers or independent contractors and whether or not they carry individual medical malpractice coverage for their services on behalf of the entity.

	Employees	Volunteers	Independent Contractors	Insured on own Med Mal Policy
Aestheticians	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chiropractors	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dieticians	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
EMT's	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Technicians	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse, Aides	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Anesthetists	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurses, Licensed Practical	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Midwives	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Practitioner	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nurse, Registered	2 FT 7 on calls	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Opticians	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Optometrists	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Paramedics	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perfusionists	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacists	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy Technicians	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical/Occupational/Speech Therapists	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical/Occupational/Speech Therapist Assistants	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physician's Assistants	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians – Minor Surgery	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians – No Surgery	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Psychologists	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Therapists	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Workers	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____	N/A	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Does the applicant maintain any beds for overnight occupancy? (If yes, total number): 15 beds
What is the average length of stay? 6 days

Applicant History

13. Is the applicant currently insured under a Commercial General Liability Policy? Yes No
If yes, please give details:

Insurance Company	Type of Coverage	Limits BI	Limits PD	From	To
_____	_____	_____	_____	_____	_____

14. In the past twelve (12) months, has any professional liability claim or suit ever been made against the Applicant or any of its predecessor firms? Please complete the Claim Supplement and provide currently valued company loss runs Yes No
If "Yes", how many? _____

15. Have all matters in Question 14. been reported to RSUI or to the Applicant's former or current insurer(s) or to the former Insurer of any predecessor firm or former insurer of a current member of the Firm? N/A Yes No

16. Has any principal, owner, partner or employee for whom coverage is sought been the subject of a disciplinary complaint made to any court, administrative agency or regulatory body? (If "yes", provide full details and documentation) Yes No

Representations

The Applicant declares that the above statement and representations are true and correct, and that no facts have been suppressed or misstated. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

X _____ X _____ X _____
Signature of the Insured, Owner, Partner or Principal Title Date

Producer

1. Name of Applicant: Mental Health Crisis Center

2. Types of data stored collected, received, transmitted or store:

- Credit/Debit Card Social Security Numbers
 Driver's License Numbers Bank Account Numbers
 Health Records Intellectual Property of Others

3. Do you have a written procedure with respect to security? Yes No

4. How often are virus definitions updated and disseminated? see attached narrative

5. Do all external communications pass through a firewall? Yes No

6. Are all firewalls updated regularly and when patches become available? Yes No

7. Is network based intrusion detection software installed? Yes No

8. Does the organization have an Incident Response Plan that addresses data breaches? Yes No

If Yes, how often is it tested? _____

9. Does the organization have a Business Continuity or Disaster Recovery Plan? Yes No

10. Do the following hold, store or transmit confidential information and is the data encrypted?

	Confidential Information		Encryption	
Servers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Laptops	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PDA's, Smart Phones, tablets	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Backup tapes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

11. Is the organization subject to any of the following:

- Gramm Leach Bliley Act Red Flag Rules
 HIPAA / HITECH Payment Card Industry Data Security Standards

For those regulations that you are subject to, are you in compliance? Yes No

If not, please explain.

12. Are any of the following outsourced:

- a. Website hosting? Yes No
b. Application services? Yes No
c. Infrastructure operations? Yes No
d. Back up and archiving? Yes No

Representations

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This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declares that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

X _____ X _____ X _____
Signature of the Insured, Owner, Partner or Principal Title Date

Mental Health Crisis Center – Insurance Application Questions

3. Do you have a written procedure with respect to security?

We have a written password standard.

We have online application to request security additions, changes, and deletions. The application monitors the completion of security administration tasks.

4. How often are virus definitions updated and disseminated?

The enterprise network handles virus definitions through a Symantec End Point server, and virus definitions are disseminated continuously at various intervals, and critical issues are immediately disseminated.

5. Do all external communications pass through a firewall?

Yes. Dell Sonicwall Firewall.

6. Are all firewalls updated regularly and when patches become available?

Yes. Patches are monitored and reviewed, and then when approved they are applied. Critical patches/updates are immediately addressed.

7. Is network based intrusion detection software installed?

The firewall runs IDS along with anti-virus and anti-spyware. FYI – IDS is currently set to monitor for “high priority” attacks as a lower setting blocks many other services.

8. Does the organization have an Incident Response Plan that addresses data breaches?

No.

9. Does the organization have a Business Continuity or Disaster Recovery Plan?

Yes.

Mental Health Crisis Center

History of the Crisis Center

Summary of the Development of the Emergency Service of the Community Mental Health Center of Lancaster County

In the 1960's, the populations of state, inpatient psychiatric hospitals were reduced, through a process known as deinstitutionalization. This coincided with the development of community mental health centers whose purpose was to provide outpatient services to this population as well as to provide a broad range of mental health services to citizens who were unable to afford private psychiatrists and therapists. During this period, the Southeast Psychiatric Clinic in Lincoln, Nebraska changed its name to the Community Mental Health Center of Lancaster County and began to expand its services. Crisis intervention and emergency mental health services to clients of the center were provided through a system that relied upon the center's professional staff taking turns providing responses to crises twenty four hours a day. In addition to their usual jobs, these professionals would meet needs for emergency assessment, screening for hospitalization, consultation to law enforcement and other professionals as well as respond to client's crises with emergency counseling.

As the Mental Health Center continued to grow, the number of emergency service needs became so great that a distinct emergency service department was created and specialized staff were hired to provide emergency services twenty four hours every day. These now included providing emergency evaluations for jail inmates, juveniles in detention, and persons experiencing crises in hospital emergency rooms. Consultation to the police, sheriff, and other agencies involved in providing emergency services also continued to grow. Due to the nature of this work, conflict and chaotic situations were sometimes encountered and a need to coordinate the efforts of the involved agencies was identified.

Some problems were due to the complexity of the emergency service system, limited resources, episodes of miscommunication and conflict. Lapses in continuity of service delivery, insufficient cooperation among agencies and inefficient use of resources were encountered. Concerned professionals from involved agencies began to meet on a regular basis to try to solve problems, coordinate and improve services. This was not always a pleasant process. Hostility, blaming and defensiveness sometimes interfered with solving problems in a constructive manner. As a participant in this process, the Community Mental Health Center assumed some responsibility for working on the problems. As the efforts of the group continued, alliances were formed among emergency service providers and a shift from an attitude of defensiveness, blaming, and territoriality to one of support and cooperation began. Although there were never enough resources to meet all of the emergency service needs identified, the group learned to maximize the effectiveness of the resources that were available and learn from our mistakes.

Since the mid 1980's, it had become apparent that the level of emergency and ongoing mental health resources was insufficient to meet the community's need. Individuals experiencing mental health crises were often placed in jails when no other placement was available. This was consistent with a nationwide trend of jailing the mentally ill when treatment was not available and added to the frustration of service providers concerned with ethical treatment.

State Senator Don Wesely became concerned about this problem and introduced LB257 in the Nebraska Legislature. LB257 prohibited the detention of noncriminal, mentally ill people in jails and creates appropriate facilities for their evaluation and safekeeping. The emergency service coordinating group together with agency directors met in 1988 to respond to LB257's requirements for southeast Nebraska. Although the group did a considerable amount of research, there were no models of community-based emergency protective custody facilities applicable to the needs of Region V in southeast Nebraska. Local hospitals were not willing to establish such a facility as they saw it as inconsistent with their mission. Other correctional and treatment facilities in the area were also unwilling. After exploring the possible solutions to the need for emergency detention for mentally ill persons, George Hanigan, Director of the Community Mental Health Center of Lancaster County, decided to

assume responsibility for the creation of the Crisis Center. With the active involvement and assistance from the law enforcement, the medical community, and other agencies, the Crisis Center was created.

The program opened on March 6, 1989, and expanded from ten to fifteen beds when it relocated from the Regional Center Campus to the remodeled Community Mental Health Center building in 1996. Utilization of the Crisis Center has always been high and recently over nine hundred persons were admitted in one calendar year. Ten years after its opening, the Crisis Center remains an example of how a variety of community agencies can work constructively together to make a significant improvement in an area of intense human need. It is this spirit of cooperation, support, and the lack of defensiveness and territoriality that has allowed emergency services in Region V to function effectively.

Emergency programming continues to evolve in Region V as new challenges are faced. In recent years changes in resource availability, the organization of some agencies and a redesign of the behavioral health care system have emerged. The people who are involved in coordinating emergency services continue to work to find efficient and creative ways to make sure that providing safety and care to people in need is our highest priority.

The Mental Health Crisis Center's audited financial statement can be accessed at:

www.lancaster.ne.gov/budget/audits

Under the title 2017 it is the third entry under the 2017 section.

Financial statements are prepared each year for our fiscal year which is July 1 – June 30.

Audited financials appear on the website after June 30th of the current year and whenever the auditors have their final audit completed.