



MEETING NOTICE
COMMUNITY MENTAL HEALTH CENTER
PLANNING COMMITTEE
WEDNESDAY, DECEMBER 7, 2011
8:30 - 11:00 AM
COUNTY – CITY BUILDING – 555 S 10TH ST
ROOM 107
(Human Services Conference Room)

AGENDA

1. Approval of Minutes for November 9, 2011
2. New Business - Community Mental Health Center Leadership Changes
3. General Assistance Update - Gary Chalupa, General Assistance Director
4. Health Care Innovation Grant
(Innovation Center Webinar - 11.31.11)
5. Community Input Update - Lori Seibel, Community Health Endowment
6. Health Management Associates Update - Lori Seibel, Community Health Endowment
7. Scenarios for Community Mental Health Center - Open Discussion - See attached

MINUTES
COMMUNITY MENTAL HEALTH CENTER (CMHC) PLANNING COMMITTEE
WEDNESDAY, DECEMBER 7, 2011
COUNTY-CITY BUILDING, 555 SOUTH 10TH STREET
ROOM 107 - HUMAN SERVICES CONFERENCE ROOM
8:30 A.M.

Present: Dean Settle, Community Mental Health Center (CMHC) Director; Travis Parker, CMHC Deputy Director; Pat Talbott, Mental Health Association (MHA); C.J. Johnson, Administrator, Region V Systems; Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE); Kerry Eagan, County Chief Administrative Officer (ex-officio); and Kit Boesch, Human Services Administrator (ex-officio).

Absent: Deb Shoemaker, Executive Director, People's Health Center (PHC)

Also Present: Gail Anderson, Community Mental Health Center (CMHC) Advisory Committee; Linda Wittmuss, Associate Regional Administrator, Region V Systems; JRock Johnson, consumer advocate; and Ann Taylor, County Clerk's Office.

Eagan called the meeting to order at 8:38 a.m.

AGENDA ITEM

1 APPROVAL OF MINUTES OF THE NOVEMBER 9, 2011 MEETING

It was noted the Consumer Family Coalition, rather than Community Health Endowment (CHE), agreed to cover the cost of having 5-City TV cover the Town Hall Meeting (see the last paragraph on Page 4).

MOTION: C.J. Johnson moved and Seibel seconded approval of the November 9, 2011 minutes with the noted correction. Settle, Parker, Talbott, C.J. Johnson and Seibel voted aye. Motion carried 5-0.

2 COMMUNITY MENTAL HEALTH CENTER (CMHC) LEADERSHIP CHANGES

Settle said Parker has resigned from his position as CMHC Deputy Director. Settle said he had planned to retire at the end of the month but the Board has asked him to stay on for six months as a contract employee.

3 GENERAL ASSISTANCE (GA) UPDATE - Gary Chalupa, General Assistance Director

Gary Chalupa, General Assistance Director, estimated that there are 225 active GA clients and approximately 125 of those clients utilize CMHC for mental health services annually (approximately 75 each quarter). He said he worked with Parker to identify the cost and they determined it to be \$420,582.29. Settle said those services involve therapists, case managers, a part-time registered nurse (RN), support staff and the psychiatrist. Settle said the part-time RN and support staff are non-billable costs and estimated them to be in the range of \$77,000. JRock Johnson asked whether peer specialists were included in the staffing number. Parker said they are considered part of the community support component. C.J. Johnson noted there was a prior estimate that the cost would be \$650,000 if those clients had to obtain services elsewhere. Settle said that figure includes medication costs. Clients at CMHC frequently are given medication samples. Pharmaceutical costs are also contained through the use of a formulary. Chalupa added that some services, such as case management, are not billable under Medicaid standards. C.J. Johnson asked whether GA pays for clients' medications. Parker said yes, if samples are not available. C.J. Johnson felt that cost should be shown. Eagan agreed that volume and market costs and payment alternatives should be identified in the Committee's report. Chalupa said cost savings that are obtained through use of the formulary should also be considered.

COMMUNITY INPUT UPDATE - Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE)

Seibel presented a summary of the results of the CMHC survey that was posted on the County's website (Exhibit A). It was noted there were 97 respondents. She said only 10 messages have been left on the telephone message line but she has not received those transcriptions yet. Seibel also presented a report combining responses from the focus groups, noting it does not include the responses from the ethnic groups (Exhibit B). Boesch said it would be helpful to know the number of participants in the focus groups. Settle estimated the number at 400, noting there was some duplication.

JRock Johnson disseminated copies of Strategies for Increasing and Supporting Consumer Involvement in Mental Health Policy/Planning, Management and Service Delivery and Position Statement on Consumer Contributions to Mental Health Service Delivery Systems by the National Association of State Mental Health Program Directors (Exhibit C).

HEALTH MANAGEMENT ASSOCIATES (HMA) UPDATE - Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE)

Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE), said CHE has received preliminary information from HMA. **NOTE:** HMA was engaged by CHE to study the health care safety net, including the broad integration of physical and mental health services. She said that HMA is strongly encouraging the community to submit a grant application to the Center for Medicare and Medicaid Innovation (CMMI) for the Health Care Innovation Challenge (see Item 4). **NOTE:** The Health Care Innovation Challenge will award up to \$1 billion in grants for implementation of innovative systems of care for people enrolled in Medicare, Medicaid and the Children's Health Insurance Program (CHIP). Awards will range from approximately \$1 million to \$30 million for a three-year period. Seibel noted that the process is complicated by the timeline for release of HMA's report which will be after the first of the year. Potential applicants must submit a letter of intent (LOI) by December 19, 2011 in order to be eligible for a funding award. Grant applications are due January 27, 2012. She said CHE has asked HMA to assist in writing the grant.

Seibel shared that HMA will provide a recommendation regarding the County's operation of CMHC, including the level of County funding. Parker said he believes HMA may be addressing funding of mandated functions (GA and the Crisis Center) rather than the current level of funding for mental health services. The need for clarification was suggested. Seibel said that it has been suggested by HMA that there may be an opportunity to leverage funds the County currently puts into the system. This will be addressed in the report. She said HMA believes the community has the opportunity for a system that is innovative, responsive and cost effective. A "robust" use of consumers will likely be recommended by HMA.

4 HEALTH CARE INNOVATION GRANT (INNOVATION CENTER WEBINAR, NOVEMBER 30, 2011)

C.J. Johnson said he met with other interested parties in the community and said they decided to move forward in contracting with grant writers and applying for the (CMMI) grant. Region V Systems will serve as the lead agency. Primary partners are the People's Health Center (PHC); Electronic Behavioral Health Information Network (eBHIN); University of Nebraska-Lincoln (UNL) Public Policy Center (PPC) and Synthesis, Inc. in Ohio (a private research and consulting organization that specializes in planning and evaluation technologies for behavioral health and other human services). Seibel said the Lincoln Medical Education Partnership (LMEP), which also has a behavioral health component, might also be willing to assist in this effort. Boesch asked whether they envision a rural component. C.J. Johnson said yes, adding some areas are already

incorporating Telehealth components (the delivery of health-related services and information via telecommunications technologies). Eagan asked where they see County involvement. Seibel said perhaps in the form of a letter of support.

Copies of an article titled "For Mentally Ill, Home Is Where the Health Home Pilot Is" that was published in the November 30, 2011 edition of California Healthline, a publication of the California HealthCare Foundation, were disseminated (Exhibit D).

5 COMMUNITY INPUT UPDATE - Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE)

6 HEALTH MANAGEMENT ASSOCIATES (HMA) UPDATE - Lori Seibel, President/Chief Executive Officer (CEO), Community Health Endowment (CHE)

Items 5 and 6 were moved forward on the agenda.

7 SCENARIOS FOR COMMUNITY MENTAL HEALTH CENTER (CMHC)

The following scenarios were discussed:

- The County divests itself from direct provision of behavioral health services, other than what is mandated (emergency protective custody)
- The County invests funds in a community system of care
- Participation in the grant
- A centrally located community mental health center continues to exist for a period of time
- Satellite locations
- Integrated care (primary care and substance abuse)
- Robust use of consumers
- Staffing (transition, continuity, hiring preference in new system of care)
- Other financing options

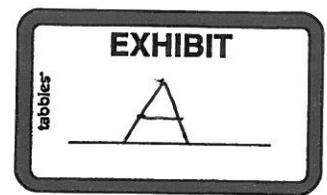
Committee members were asked to submit any suggestions or recommendations they have to Eagan or Boesch by the end of December. They will compile and disseminate this information to the Committee before the next meeting.

8 ADJOURNMENT

There being no further business, the meeting was adjourned at 11:24 a.m.

NOTE: The next meeting will be held on January 5, 2012 at 8:30 a.m.

Submitted by Ann Taylor, County Clerk's Office.



CMHC Survey Results

Number of Respondents: 97

1. From what viewpoint or perspective will you be answering these questions today? (Select only one)

Answer

As a Consumer or Patient of Mental Health Services

As a Family Member/Guardian of a Consumer of Mental Health Services

As a Mental Health Provider or Staff

As an Interested Community Member

Other:

- Social worker in community
- As a teacher of students with mental health issues
- The Constitution Citizen
- Corrections Officer
- Past consumer of CMHC
- Medical provider that treats many mentally ill people in my practice
- Landlord
- I am bi-polar and see a private psychiatrist
- Staff from outside agency
- Health care provider who works with people who utilize services

2 What is the most important thing about the way public mental health services are currently provided in Lancaster County?

Answer

- Cost effective, Compassion
- Services have to be comprehensive and accessible. Services must be available via public transportation and must also allow persons with severe mental health needs to receive multiple services at the same location.
- The critical services (crisis intervention) should be readily available.
- We need to be able to provide a wide variety of MH services to the poor and working poor. No other agency in town is able to provide timely, quality mental health services and the ability to provide meds at free/reduced cost. We need to keep the programs that are showing results and movement towards recovery.
- That they are in fact provided.
- The lack of services
- I am not very up to date with exactly how they are provided but am more concerned that they remain being provided. With the closure of many other mental health facilities, there has been an influx of mentally challenged persons that have no where to go but the street where they are potentially dangerous to the public and themselves.
- Providing effective, cost efficient mental health services to the clients in our community who need it most but don't have the means to pay for all or part of the services. the ER so often and hopefully from hurting himself or others if his medication is not monitored like it is now.
- The wide availability of the services and the wide variety of services available.
- That quality services are available to uninsured and under insured individuals in a way that is easy to access and receive in a timely manner.
- That people with mental health issues are allowed to interact in "normal" everyday life the same way all people are.

- They provide a public safety function
 - The most important thing would be being able to access them when needed to be proactive rather than reactive.
 - Availability to the general public
 - It gives people with mental illness the support they need to stay out of the hospital through outpatient services and case management.
 - They have an excellent program, unfortunately it is hard for those that use their services to sometimes get appointments when they need it the most.
 - There presently are actually services for the low income. Of course, there should be more, but at least there is an attempt made to provide service. The Pier Project is wonderful, cost effective service that should be expanded!
 - I only know of my situation. I live out of state. My sister is in an Assisted Living environment in Lincoln. She has mental health issues. As her Guardian I rely on her Case Manager to care for her needs that I am not able to cover. I hope that relationship and service will continue.
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- Comprehensive service spectrum in one location
 - That we are able to choose our provider
 - Costly, but at least it exists - partial hospitalization
 - The fact that public mental health services exist here at all is vital. I'm not a parent or guardian of any patients--I'm simply a member of the public. It seems negligent to cut funding to programs that allow people to improve their ability to interact with the rest of our community.
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- I think they need to easily accessible and affordable.
 - There is support through other agencies and community groups. Without it, services would not survive.
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- The most important thing is the lack of services
 - Case management for MI individuals. Without case management, meds, a support system, many, many people will be without services, and the jails cannot handle them. and should not handle them.
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- Affordable and accessible for those mentally ill who do not have resources.
 - The integrated way that services are provided is the most important thing. A person is able to come to the mental health center regardless of whether they have the money to pay for services and be assisted with finding services they need to obtain stability. The issue with mental illness is that it is an ongoing illness and needs continued care.
 - Their availability! The services currently provided are adequate, although more staff could always be used (those I know are overwhelmed as it is). Services are available to everyone who needs them, which is really important -- privatization could allow for the services to be turned away from those who need them most!
 - The most important thing is that the services ARE provided. I am not so much worried about the way they are provided, or who provides them, as I am that they ARE provided.
 - I think that having so many disciplines, i.e. doctors, therapists, case managers etc, under one roof is very advantageous. It is nice as a staff to be able to easily have access to a doctor or other treatment provider which doesn't often happen with community providers. Communication among providers is very beneficial to our consumers.
 - We need to ensure that the services are provided to EVERYONE. CMHC provides services to individuals who other agencies won't serve due to their level of need, financial resources, etc. Primary is that people can have a place to be seen in a timely manner and not be turned away due to financial, behavioral, criminal reasons.
 - The availability of services to pt who do not have the financial resources for other services. the majority of pt with mental health needs struggle with finances and with few and few services being offered at a low to no cost people are not getting the care they need.

- Having access to providers and medication my family is provided by CMHC, without CMHC, I do not know how my family would get services. Appointments available outside of "regular work hours" is necessary for those who work during the day.
- You shouldn't treat people like garbage as you currently do.
- CMHC provides critical access to low-cost/free mental health services that save lives, allow consumers to stay in the community & their homes, and reduce overall costs to the community by not increasing the number of people in the County Jail. Unaddressed mental health issues can often result in inappropriate incarceration.
- The CMHC is like Jesus. He ALWAYS accepted the outcasts of society. When people are REJECTED by society because of mental health problems like many clients of the CMHC are, the CMHC ACCEPTS THEM, and they have a place to go for HELP, as well as BELONG.
- It concentrates on emergency services and not the proper proactive and long term solutions.
- Lancaster County provides comprehensive services to clients who suffer from a variety of mental health problems. The problem with private providers is that it is piece meal service. What is more apparent is the fact that many private providers do not nor want to coordinate and communicate with other providers.
- That there are services available for indigent people, people on Medicaid and Social Security, and that access to these services is timely. I don't believe current access is timely, however.
- Invaluable
 - I do not know what would happen to a mentally ill person living in Lancaster County if service was terminated.
- That they are provided by the county and available to anyone who needs them regardless of ability to pay.
- CMHC excels in follow-thru and working with other providers in the community for continuity of care. One stop array of services keeps countless people out of hospitals, and off the streets. They serve anyone...especially the most needy. That cannot be said about other agencies. It truly does not happen other places, despite what is advertised.
- crisis and ongoing intervention
- That they continue to provide services for the folks that otherwise would have no means to make it happen.
- Consistent services from proven providers. Nebraska has gone from gov't services to private providers with huge increases in cost instead of projected savings,
- They are currently provided in the jail once services have been cut and they fall in the cracks of the system! Build a bigger jail and lock them all up seems to be the current policy. What would Jesus do Barry, Barney, no I mean Bernie!
- Access to proper care. This care is provided from various agencies across the spectrum of mental health and public services--from drug and alcohol counseling, to medical care and mental well-being through counseling and appropriate diagnosis of mental conditions and then providing corresponding medications.
- Reduced fee
- My case manager was able to teach me the life skills that I am able to still use today. Everything from keeping my home clean, to budgeting, to having a healthy relationship with others, to helping me get into treatment and also helping me get enrolled into College. She helped with every aspect of my life. I never could have made it without her.
- It has been very coordinated. We were at a loss until my daughter got in the system thru the Crisis Center. Now everything is moving along as it should. The staff everywhere has been knowledgeable and comforting.
- Support and case management

- Very easily accessible, caring and patient staff members willing to help in all aspects of mental health related subjects. A whole team of caseworkers/managers and doctors available to public. Access to help with little to no cost of the patient or individuals family!
 - Services are NOT provided. Norris schools ignored or covered up as much as possible so they didn't have to deal with it. Therapists and psychiatrists just told us that there are no services that our daughter would qualify for, so don't bother. When we finally hospitalized, BLGH kept her as insurance allowed and made no recommendations except more meds.
 - Case managers helping people with mental help to get to their doctor follow ups and taking their medication and so forth and much more that mental needs.
 - They provide services for individuals who have no where else to turn to because they are uninsured or underinsured or simply because they are very mentally ill and may appear difficult as a result, so no private practice is willing to see them.
 - There are very few options for the uninsured people of our county
 - Must continue and be properly funded by the county.
 - The county employees know what services that they provide to the consumers. By bringing in another company. The consumers would not have the consistency that they have now. It would greatly effect the consumers.
 - Coverage for the poor.
 - Increase need fee scaled/no fees for the public needing services as provided at CMHC. Unemployment rate, loss of jobs, insurance and a need for psych meds. CMHC is an important public/assessable for these services in Lancaster County. Public/persons looking for services seem to find our agency easily by referral/phone/internet/word of mouth.
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- That they are available as needed
 - One stop shop, easy to access, staff with experience and longevity, serves people with little to no income who are at risk with mental illness. Continuum of service and good linkage with other agencies.
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- Prompt appt times, the way they recognize and coordinate your health care needs, inform you of references for what you're going thru
 - I never had problems when I lived there except with CMHC.
 - Short response time when I have a concern regarding the person I am Guardian of. I believe the mental health services provided enable people with mental health disabilities to live more independently AND AT LESS COST TO BOTH FEDERAL AND STATE PROGRAMS than if the services were not available.
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- The fact that it is available to those without funds to pay for necessary services.
 - Meetings by professional staff with mental health clients and guardians/families.
 - CMHC provides affordable (sliding scale) care in one easy stop and is in a central location.
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- The staff are chosen so well from the psychiatrists to the clerical staff. Waiting for my ride to my home, I couldn't help but notice how efficient the support staff was. They were so helpful with questions. As to other offices that I have been to now, I would have to put the CMHC staff at the top of the list. My social worker means so much to me.
 - Quality and range of mental health services for the indigent.
 - There are limited mental health services in Lancaster County. CMCH provides an important service to helping those with SPMI remain out of institutional settings.
 - Because the people providing the services have a history of stableness and longevity the services are exceptional, provided by caring counselors.
 - Costs are low. I could never afford therapy and my meds any other way -- even with health insurance. I have been bi-polar for 40 years and require treatment. I am suicidal at times so my life literally depends on CMHC and their staff.
 - We need to do all that we can to prevent crisis situations. We need a fence at the top of the cliff and the ambulance at the bottom.

- there is not
- Continuity. We don't need any turnover rate. These people need someone that they can rely on. Someone they can trust to help them. The more change they have the more confused they could be. They need a caseworker to help them who understands their situation. You wouldn't get that with a short term worker.
- CMHC is the only provider of mental health services for people with limited resources that provides on-going, quality services with consistent staff. Other providers in town require a dual-diagnosis, have lengthy waiting lists, or are not set up to provide more than short-term care. CMHC services are essential to our community.
- Lack of positive, pro-active support for persons who are not a danger to themselves.
- Available services to people with special needs, Medicaid, bi-lingual and no insurance
- There seems to be an abundance of service if the patient qualifies and beds are open.
- We provide the best possible treatment for any individual in need of mental health services regardless of life situation and ability to pay. We focus on relapse prevention, maintaining stability with medications, and promoting a better quality of life for all members of our community. Without this place many will fall to crime and homelessness.
- Without these services, people would go unmedicated, unsupervised, and would be unable to function as a contributing member of society. This could cause them to lose jobs, family, homes. They could display signs of mental illness that would be misinterpreted by police, thus ending up in jail, and not in psych wards. Help is vital to survival.
- Anyone with a primary mental health problem can access services, regardless of income or lack thereof. available services contribute to reduction in number of hospitalizations people may otherwise have, thereby reducing costs to taxpayers.
- That we continue to provide ample and high- quality services to members of our community who have a mental illness or other severe emotional issues
- the way they are provided to the consumer by their needs and their ability to pay. A lot of the Consumers couldn't afford services if the CMHC wasn't available.
- Affordability.
- There is a center where clients can go to receive treatment, socialization, and referrals.
- That the high quality services provided are free or low cost for those with no or limited incomes. The services provided by the CMHC are very needed and are utilized well. It helps that they are centrally located in Lincoln, for the consumers.
- The administration of the program at CMHC has served our son, a consumer, well. It would be very difficult if he could not count on having his case manager, for instance. They all are a caring lot and we appreciate that.
- They are available to those who need them.
- The mental health center allows me to get several different services in one place, such as having a case manager and a psychiatric nurse and psychotherapy available in one location, which cuts down on cab rides and expense for Medicaid.
- It Helps people to have less setbacks after an hospitalization.
- They are low cost and or readily available to individuals who need them.

3 Relying on your personal experiences, what is the one thing that you would change about the way public mental health services are delivered in Lancaster County?

Answer

- Over medicating
- I would like to see more of my tax dollars directed to public mental health services and the delivery of such, not less. I'm not interested in funding more jail space in lieu of mental health services. I would like to see more services in one location, not fewer, which is what could happen if the Mental Health Center is broken apart.

- I don't know.
- Do a quality check of the programs offered, and get rid of the programs that overlap with other programs. For example, a consumer can be getting med management, outpatient counseling, partial hospitalization, and supported living. Isn't there another (cheaper) program to provide all those needs?
- More services are needed. too many people are on a waiting list and unable to get needed services
- I would offer more services.
- Consistency.
- Keep the police completely out of it at any stage.
- It is difficult to access services at CMHC, cumbersome intake process that is difficult for consumers to figure out i.e.: telephone call, paperwork mailed to consumer that has to be mailed back, then PTA scheduled, then MD apt. Takes way to long 4-6 weeks. No individual or family therapist available, 4-6 month waiting list.
- There would be more people willing to help and more people willing to treat people with mental health like they treat their own family and friends.
- Services that can be provided cost effectively by private providers should be contracted out. Public Safety services (emergency/crisis) should remain with the county.
- Coverage for people who continue to need services past the point of insurance willing to pay for them. It takes years for mental health issues to develop, treatment for 3 months/6 months/etc isn't going to solve everything.
- Do not cut back on services
- More case managers
- Have someone available to take emergency need on a daily bases. instead of having to wait weeks and months to be seen.
- There should be a large scale expansion of services to include in-patient treatment (NOT IN JAIL) for those too ill to be on the streets, which is where they now live due to lack of in-patient care. More support services like Pier Project are also needed to keep people healthy and following treatment plans.
- All I know is the care my sister gets. Without it she would struggle in life.
- expand the current services at CMHC
- More information available to affected families. If you're not in the know communication about resources & opportunities are limited.
- Attempted suicide - police, ambulances, fire trucks, etc show up at the door - WHOLE STREET, EVERY SINGLE HOUSE KNOWS ABOUT what happened. How a person can leave at the same place after such display of affection?
- Make it easier/cheaper to find services.
- Get help for individuals sooner than later. When one goes too long, they seem to cross a line and never return.
- It is so difficult to get help for a mentally ill family member that is not med compliant. Someone has to be hurt before anyone will intervene. Even an out patient commitment doesn't mean anything - no one will enforce it.
- Realize people with MI get the short end of the political stick all the time, and it needs to STOP. Budget cuts don not mean mental health cuts!!!
- Better publicity and communication with the public about what the resources are and the associated costs
- I wish that it was easier to get help for someone who is in crisis but is not a danger to themselves in the traditional way-suicidal or homicidal. There should be a step in between in which we can help people before it becomes this bad.

- More funding for more staff, so the staff can better assist those who need help and give adequate attention to where it is needed most. As of now they are overwhelmed with the number of clients they have, and more and more people need the services everyday. More funding would equal more success!
- I would make the services more integrated with other services, such as substance abuse and physical health services. I don't think it is really possible to treat one without the other.
- I think that CMHC is highly effective in providing competent and effective services to their consumers. A larger influx of funds into the agency would enable CMHC to greatly enhance their services and clients served.
- I would develop more integrated services between the mental health, substance abuse, and developmental disabilities. These behavioral health issues do not fit in one box and one of the advantages of CMHC is that they are capable and willing to address the duality of diagnosis that many persons suffering from mental health have.
- I would change it so that there are more providers at CMHC. Often times it will take a month long wait for a pt to get seen for medication management.
- More therapy available. while my husband is able to access medication/med checks, regular therapy to help him manage his symptoms would be beneficial, as well as support for the rest of our family.
- Get rid of dr Danny L. of the crisis center.
- The community, County & State need to increase their funding & support for community-based mental health services so a greater number can be served. Too many people w/mental health issues end up self medicating with street drugs. This causes crime to go up. Wise investment in MORE mental health services would reduce crime and resulting jail costs.
- I have no complaints. They have done just fine for me for many years.
- Availability and quality of care through more readily accessible services.
- Given the growing population of Lincoln and Lancaster County, there should be increased funding to serve the increasing population of those suffering from mental illnesses, NOT a reduction in funding.
- There needs to be better access to services, not lengthy waiting lists. There needs to be MORE services. The existing services are strained beyond the limit and have been for some time. There are too many barriers to receiving services as it is now.
- None. Very well satisfied with services provided.
- I would allocate more money to mental health services so more people can get the services they desperately need.
- Look at the waste in some management areas as well as psychiatry. Streamline clinical services at the Crisis Center. Include more peer services. I would like to see more satellite sites to improve accessibility for all.
- Nothing
- Speed of the first appt.
- Inform public-get the general public to rally behind mental health services
- Instead of arrest and brought to justice maybe we could expand proactive thinking and prevent those incarcerated for mental health reason by helping with the diversion of such individuals whom suffer from mental illness.
- The county jail serves as housing for a large portion of the county's mentally ill. Closing facilities and eliminating staff that are trained to provide care strains all the remaining systems of care available. Patients who need care will remain on the county's expense through either appropriate providers or corrections staff.
- The length of wait clients have to manage for services. It takes 4-6 weeks to be seen by a psychiatrist and the intake process is not consumer friendly.
- I would hire more case managers because the wait list is quite long to get the services that people need. Other than the wait list I would not change anything.

- A go-to person when you are trying to find help for an adult. Until I got in the Family Support Group, I didn't even know how to find a mental health professional other than the phone book. I'm sorry. I have 2 things. The Regional Center is short staffed.
 - Increase funding towards mental health and avoid privatizing the county services.
 - I believe that the one thing I would change or at least "enhance" is the availability of the resources to individuals all over town, instead of a centrally located area that can only help a certain percent of people due to transportation or living in the "general area".
 - Provide some. We could never reach anyone in HHS. I called twice when things were really bad and she was threatening to kill herself and all of her family. Not even a call back. I called 2 weeks straight and was passed from one person to the next with "oh, gosh, I don't know who you could talk to- try...."
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- I would keep the stuff That I have and provide more case management for the mental ill people to get on the right truck.
 - Increase funding of the community mental health center or other health care safety nets for individuals with behavioral health needs so they can serve more patients
 - I would change it so there is not such a long wait to get in for mental health services especially for an urgent need
 - expand it
 - Continue to keep it as it is. As the County employees know what is available in the community for the consumers.
 - more access for the poor. long wait for appt now.
 - None
 - I am moving to level 2 from level 1, So I will be using less services
 - More efficient spending, especially in terms of psychiatry
 - I can't think of anything
 - I would get rid of the Crisis Center and find a different place to hold people awaiting mental health board hearings. They provide virtually no care.
 - I live in North Platte/Lincoln County. The biggest reason the person I hold Guardian/Conservatorship for is living in Lincoln is because the services available have been very good. I am VERY happy with mental health services in Lancaster County
 - We haven't yet had to rely on this for our family member just recently diagnosed (schizophrenia). I do want to know that services will be available to our family member in the future should it be required. We will not always be here to support the needs of our adult child. I worry about support being there for him and others like him.
 - Ability for more frequent meetings with clients.
 - There are generally waiting lists to get into programs other than Partial Hospitalization. These waits are horrible when you are at a point where you are barely functional.
 - It would be possibly more outreach to the community. Is there a job readiness program even if that means not getting a paying job, but the job comes to them. I worked for a Christian non-profit in St. Paul, MN and we had volunteers that worked on our large bulk mailings. It is something worthwhile.
-
- Restructure current center to reflect horizontal not vertical administration. This has been shown to be more cost effective as well as providing quality care
 - There is a significant need for this service. It would be helpful community support services were expanded.
-
- I don't really have any changes in mind that would be valid, except the need for the services to continue as they are!
 - CMHC is great I have lived in 6 states and it is the only treatment of its kind I have found in any of them. If anything I would like more evening appointments for the convenience of working folk.
-
- Need easier access to the services.
 - Work towards up front services and prevention intervention not after the fact

- Provide even more services. Many people in our community struggle with mental health issues and there are not enough programs available to meet the need, especially for those with limited resources.
- Counselors with experience working with people with special needs or willing to take Medicaid.
- Decrease the revolving door / falling through the cracks which causes the revolving door.
- Overlook "years of experience" as the primary factor in choosing leadership in important positions. This leads to under qualified individuals making too much money doing a poorer job than someone with the appropriate education and strengths. J.Tannahil is an example of someone who is paid well because of "years of experience" yet she is incompetent.
- The only thing I would change would be to give more money to hire more people and provide more services. Drugs are costly, gas to visit these people is costly, etc. I see a private psychiatrist, and ins. pays for it, so the County MUST place more money in this vital area for those without the privilege of insurance.
- Somehow people wouldn't have to wait so long to access services. I wish more psychiatrist were willing to work with this population of severely and persistently mentally ill people.
- Spend more time with the individual patient and try not to label to quickly and place on powerful drugs. get to know the individual first
- That we provide more services to residents who have a mental illness. Some of these people have already been cut off from services already and many of these people need to continue to have access to CMHC services.
- Cut down on some of the services like AWARE program and move it to the public sector like the Goodwill and make the Goodwill accountable.
- Offer full services without cost to the very poor.
- Provide more funding to keep people well to benefit the entire community.
- Unsure.
- I believe that partial hospitalization should be widely available as it was earlier, rather than restricted. It has been MOST helpful to our son when he's needed it. He has been cut off from using that, so I can only hope that he doesn't need it in the future.
- I miss the annual Christmas Party that the mental health center used to have every year. It got people together. The CMHC used to also provide a social group one evening a week for people who have completed partial hospitalization. That allowed me to meet other people.
- On the whole they are doing the best they can, and I cannot complain. Keep up the good work. With all the publicity in the world about football and misuse of many children I think they are the only hope for the future in this truly psychotic world.

4. What do you believe that you, your family member, or the persons you serve want and need to stay well?

Answer

- Comprehensive services. They need to be able to see their doctor or psychiatric nurse, their therapist, or their case manager, etc all under one roof. Having to go from agency to agency or location to location is a poor way to deliver mental health services to a population which has a high degree of impairment due to the severity of their illness
- I don't know.
- They want to feel important and valued, and at the day feel as though they are cared about-as opposed to another billable unit. They want their services to be efficient and competent. I would imagine it is difficult for consumers to see a case manager, a case manager at the day program, a therapist, and a supported living provider.
- An overhaul of the insurance and pharmaceutical industries.
- Safe places to live, staff to help them, transportation

- They need somewhere to examine and keep them safe. They need somewhere to get the skills and coping methods needed to be a functioning adult in society.
 - Medication monitoring and community support services
 - Acceptance that wellness is possible.
 - Timely access to med services, therapy when needed, CASE MANAGEMENT!!
 - They need interaction with everyday people, opportunities to go out in public and witness the same things in life that others get to see and to be treated with respect by all people.
 - Competent providers and quality evidence based care
 - Continued care by organizations who are staffed appropriately, and better wrap around services after dismissal from inpatient programs.
 - A mental health center to provide help to those with mental health issues.
 - case management support and out patient services
 - Immediate need for counseling.....not having to wait for an appointment that is usually placed out so far that client doesn't get the services needed at the time when they really need it.
-
- Consistent support services, treatment on demand and family support/respite services are a must. People with mental health needs are ignored or cast off by their families when they can no longer cope. We have to stop the cycle of homelessness by providing comprehensive services to people before they are on the street or alone.
 - My sisters mental health will never improve. I hope she will continue to have a case manager to help with her needs.
 - Case management, medication services and crisis response and support, transportation aid when required
-
- Continued treatment for his lifetime.
 - Better doctors - many are plain ignorant and uneducated; more support groups with positive fix (one depression survivors group makes one even more depressed).
 - There should always be cheap (or free) services (including access to appropriate medications, support groups, and treatment).
 - The public and law to recognize and be able to act upon mental illness, without so many financial and legal restraints.
 - The last time my son was released from the regional center he was put on a shot to receive his medication, due to his history of non-compliance. Then someone in the system told him he didn't have to take the shot & guess what - he is not on any medication, again.
-
- Support from experienced people who know what they need and how to treat them. What we have now: CMHCLC
 - Counseling, emergency care, affordable medications
 - I believe that there continues to be the need for ongoing long term community support to help people navigate the increasingly difficult task of day to day living. Just applying for benefits is now a major task-one that before most folks were able to do independently. The changes in HHS have made people more dependent than before.
 - The availability of services and medication is very important, but it is also critical that mentally ill people have housing and employment.
 - I think that stability is very important to our consumers. If a consumer is not able to trust the provider they work with, if they don't think the provider will do what they say they will do and/or cannot assist in solving problems, the provider will be ineffective. When things or providers are unstable the client tends to deteriorate.
 - The people I serve need to be provided timely mental health services and access to medication as quickly and reasonably affordable (or free in many cases) as possible. They HAVE to HAVE ACCESS to services and not be turned away/denied services based on their income, behaviors, diagnosis, or that they are just difficult to work with.

- Consistency they need to have providers that they know and work well with. Pt need to have educated and ethical providers that will provide the best care. Pt need these services offered at a price they can afford and for some of them that is no charge.
- Access to medication-Private health coverage does not cover most meds-and if they do, they are not at all affordable.
- Less medication and less committals as they are often not necessary and ruin many people's lives.
- MORE affordable access to mental health services, particularly for troubled youth. Parents of these youth NEED support services so troubled youth experience better outcomes and do not end up as wards of the state and/or in the juvenile justice system just because their mental health needs are not being treated. Insurance companies do very little.
- Medications, and mental health doctors and caseworkers working as a team.
- Access to the proper counseling, medications, and support services. This includes long and short term care as well as in-patient and out-patient care.
- Comprehensive services that are coordinated to maximize the potential of each individual. Providing services to only those individual who are "at risk" is an ignorant and backward approach. Esp. with those with severe and persistent mental illness, long term and comprehensive services are absolutely necessary.
- To be treated as individuals with dignity and not like criminals or second-class citizens.
- The continuance of coordination of mental and physical health care.
- Access to both community based mental health services as well as in-patient mental health services, especially for juveniles.
- Someone to be with them as they navigate the path of their illness, and to build skill sets so that they will eventually be able to use natural supports and be on their way. After that, a presence to be there when needed.
- Continuing care
- Staff that is easily contacted and willing to be work with them through out the difficulties.
- Being consisted with the resources we have at hand
- DIVERSION! You people that ask these question do not work directly with those whom are inflicted with mental health issues. You take direction from directors of the jail. Ask the Sergeants and the Officers that are dealing with the situation and you might get enlightenment, Knowledge, and some viable information.
- They want and need professionals and facilities designed and trained to handle their unique needs. While law enforcement and corrections staff may be compassionate and understanding about various conditions or afflictions, they are not equipped to provide adequate care due to the nature of their jobs.
- I do believe that individuals want to stay well and that without the support of the mental health center or facility providing the same services there will be greater problems in the community. An increase in hospitalizations and Regional Center admissions where there resources are already strained.
- I think that my partner needs case management services.
- Medication and positive reinforcement. She has low self esteem that has not yet been addressed. I hope they work on that at the CTP.
- Support of well trained and experienced providers.
- Resources to names of doctor's clinics, dentists, pharmacy's and physiatrists in order to be/stay stable, healthy and manage a positive life style. Also a very important notion is to have access to free/low cost community activities and events. This is a very important part of a healthy life style.

- Our daughter was adopted after 6 moves in foster care in 9 months. BM had a history of mental illness, etc. Our daughter has attachment dis., BP and she was extremely high risk, but we got zero help. Once we adopted, we didn't exist. She desperately needed a program to fit her; help with stealing, lying, hurting others, etc.
- Keep the things same if you cant make it better or add new services. I think we want those case manger to stay and help us.
- Affordable health care, including behavioral health. Case management for individuals with behavioral health needs.
- Diagnosis, medication , medication follow up , counseling , and in many instances -- case management
- access to medication with a case manager
- The consumers need the consistency the they have to continue to function in their daily life. A change with another company would greatly effect the consumers.
- continuity of care
- needs to have easy access to enroll or f/u with a providers regardless the ability you paid
- Affordable health coverage.
- I have an appointment with my nurse practitioner every three months and I will be seeing my case manager every couple months and that is pretty much what it takes as well as my prescriptions for anti psychotic medications
- Someone who you can count on to be there, services that allow me to grow, the ability to return for services easily should I need them. Highly trained staff who can and will respond when needed.
- Counseling, medications
- Proper and respectful treatment which is something that CMHC really never provided when I was a client there.
- It is CRUCIAL that services continue that make it possible for people with mental health issues to live in the least restrictive environment possible. If current mental health services were ended, the person I hold guardianship for would probably have to move to residential treatment.
- Medication, supportive employment, and housing. Being unable to work and be self-supporting, he needs what all other adults need in this situation, assistance to function as independently as possible.
- Continuing meetings and other support activities by staff with clients.
- Comprehensive care and continuity of care. I can see my doctor, my therapist, my case manager and attend groups and the professionals can talk to each other without consent forms. Changes are very difficult when you can't track or focus well. Every staff change means you have to develop that relationship from scratch. Trust is huge.
- The social worker I see is so quick to assess me when I see her or talk to her on the telephone. It is not like having a good friend or family member to talk to as I have told my psychiatrist. I have changed psychiatrists, and it was a real surprise and unhappiness until I met my current psychiatrist, and I don't take this for granted at all.
- Easy access; range of services -- from crisis center to therapy to case management to housing, etc.
- Intensive community support services, regular follow-up with a psychiatrist or APRN, and adult day programming.
- They need consistent staff, people who are really concerned for their needs, and I believe that they are currently getting that. I cannot imagine the chaos that would be created if this system is revamped.
- Both counseling and med management for my bi-polar disorder.
- Adequate insurance coverage (Medicaid) to cover the resources and care recommended by Dr.'s and needed by the clients.

- Counseling
- To have someone to be there when you need them.
- Consistent, on-going, affordable, professional care that is easily accessible.
- More resources.
- Consistent individualized care.
- Support from Doctors, Nurses, Case Managers and Therapists to provide the most comprehensive and realistic plan to maintain mental wellness.
- People with mental illness, like myself, need family, medication, drs, support staff, anyone, and everyone with their best interests' at heart. The people who work at the Co Mental Health Dept are doing this work because they care for the people and that is what the mentally ill needs-people who will support them in their fight with mental illness.
- Quality of care providers = willingness to listen, willingness to allow consumers to have a say in their treatment, compassion, consistency.
- More time from doctors and staff that are really interested in their problems and willing to give them the time to understand them and to not group all in one category
- A mental health person professional assigned to them to keep in touch with them on a regular basis. There are some people with a mental illness who need services who have been cut because there are other people currently with a higher need who receive services. But the needs of those who have been cut can change quickly, leaving them w/o help.
- Cost effective medicines and treatments.
- Affordable, easily accessed services.
- Support from peers and professionals and medication management.
- Quality Therapists, Case Managers and Doctors who can be a regular and positive support for clients. Affordable access to services and medications needed.
- There is no question that, without appropriate medication and therapy, our son would not be able to maintain the functional level he currently enjoys. I believe that the CMHC services in conjunction with services elsewhere in Lincoln has been a godsend.
- In terms of mental health services--continued individual consultation with MDs and therapists. Support groups are also important, as are in-patient services when needed.
- I need to meet with either a case manager or a therapist periodically to reality test my thoughts and to keep me from drifting away from reality, and a person to prescribe my medication. The mental health center helps me to cope with problems in living independently.
- The help of financial backing, the prayers of a benevolent God, continued learning in the areas of MENTAL HEALTH, and the following through of the use of medication, and the caring of helpful friends and people.Do not forsake the needy and poor due to mental illness!!!
- Safe, confidential, affordable/subsidized access to mental health resources and professionals.

5. We would now like to ask you about PHYSICAL health needs. How likely are you, your family member, or the persons you serve to have a primary medical doctor, i.e. one that you, your family member, or the persons you serve see regularly for their PHYSICAL health needs? Please check one response and provide additional comments below.

Answer

- The population of persons we serve has a high degree of impairment. Many days they are just trying to meet their daily needs and physical health issues are put on the back burner until they reach a crisis level and have to be dealt with in an E.D. or Urgent Care setting which are more costly.
- Often it is difficult for this population to track and get to appointments. It would be helpful to be able to have a case manager assist them in coordinating their physical health needs.

- When my brother is not feeling well mentally it seems to flow over into being seen more often at county health.
- Having access to People's Health Clinic is very helpful. Physical Health and Mental Health go hand in hand. Without one it is difficult to treat the other.
- The emergency room is the primary care option for folks I deal with. This is the most costly option and doesn't provide the continuity of care needed to effectively treat people's needs. Everyone should have a medical home! It's more cost effective and saves lives.
- I am fine in that area. The family member in need would not have any medical help without public assistance.
- I am an interested citizen and do not have direct concerns but know many people do not have access to regular medical care except thru the free clinic
- Thankfully most of my consumers have Medicaid and are able to have a primary care doctor in the community. If they don't have Medicaid, most see someone at People's Health or the Health Dept.
- Most of the people I work with do not have insurance and are not able to navigate or patient enough to wait to see doctors. We encourage them to utilize the Mission Clinic rather than the ER but the wait to get into People's Health Center is not something they can manage and the process for the Health Department is overwhelming. Some have been able to navigate Clinic with a Heart but primarily utilize the Mission Clinic or the ER.
- I have a primary doctor but I haven't seen her in over two years. I'm not sure what the experience is like for others.
- But then I have a job with benefits. These days a job with benefits is difficult to secure. There's increasing pressure from the business community to eliminate benefit packages. As a result, we'll be seeing more people become reliant on ERs (most expensive form of health care) for routine doctor visits (bad colds, etc.)
- I need a psychiatrist for mind pills, and I need a "regular" Dr. for my PHYSICAL needs.
- this does not mean there are not thousands of people who are not privy to accessing this survey or the meetings held that would have the same answer, or ability to answer.
- If they have services at CMHC, it is very likely that a physical health provider(s) would be set up.
- The mental health/substance abuse population is generally in poor health and not proactive about getting medical care.
- Necessary to monitor physical from side effects of medication and cancer
- I am likely to have a primary medical doctor, however, the people whom I serve are rather unlikely to have a primary medical doctor.
- The community support service has worked hard to get people linked with doctors, although this is not an easy task in the beginning. As more and more physicians decide to not serve Medicaid clients or those with little ability to pay, this will become a bigger issue than it is at the moment. I refer clients to community support for that linkage service. The also make sure people get to appointments which makes a big difference.
- None of my clients have primary care physicians or a medial home. I have tried to work with the HUB at CPIN with no success. I myself have a physician because I have insurance. W/out insurance you are out on your own.
- Question is to wordy and sounds as though you are trying to ask an intelligent question when you do not have a clue what you are talking about. I speak openly with my Dr. due to HIPAA. It is none of the Governments business!
- Some clients of CMHC may have Medicare or Medicaid available. Most do not. They do not take care of their physical or mental well-being and are often beset with addiction to drugs or alcohol. Even if some clients qualify for health care, they may not have the means to follow up on the prescribed care, treatments, or medications.
- If they have a provider, they do not see them regularly due to transportation or other issues. I believe the people I work with need quarterly follow-ups.
- No insurance.

- I, myself only suffer from sleep apnea, how ever as MY doctor once said "9 out of 10 patients agree that a good nights sleep and a healthy amount of oxygen is important to stability. It's a kind of a running joke between my family members and my case manager, who has seen a total transformation in my emotional state and well being. So I have to say-Access to doctors and clinics is very important!
- We had insurance plus our adopted daughter had a policy that was supposed to provide "any and all help she needed". The physical medical care was not a problem. The psychiatric programs she needed were non existent. We could never find any "help" for her. She ran away from school in 2nd grade, taking a K with her. She planned it in detail, including riding 2 horses into the woods and living forever in tents (she was 3 ft tall and had never ridden a horse, had no tent, food, clothes etc.)
- It seems that those with mental health problems are at very high risk of not having a consistent primary care provider .
- Sometimes it is hard to get a doctor that accepts Medicare or Medicaid.
- Because I have insurance coverage. When I didn't I only went when I was really, really sick.
- We have always been fortunate enough to be employed and insured. Because we cover our son's insurance costs and pay his medical bills, he has access to a general practitioner and a psychiatrist.
- The person for who I am guardian sees a doctor as needed, usually at the clinic we have used over the years.
- I see a family practitioner separately from CMHC. I have no plan to change doctors at this time.
- Coincidentally, I saw a commercial on television that has explained why I need to see a podiatrist, and the one I will see will probably be associated with Lincoln Bryan East -- I don't know.
- For several years I have been going to Dr. Mahmoodian at People's Health Center because I have had no health insurance. I go to the dental care section of People's Health Center also.
- It is difficult to maintain a regular Dr. when several things happen. First, Medicaid constantly reassigns providers and temporarily cuts off service. Which necessitates reapplying and guess what new insurance cards are issued and new primary care Dr.'s are assigned. Second, many Dr.'s will not accept clients with Medicaid.
- We prefer our family Dr. over the County Dr. He has a better history of the situation.
- The majority of mental health pts seem to go to providers which are overwhelmed with their patient load i.e. people's health center.
- Many of our clients are uninsured and lack a medical provider. This is why it is so important that they are able to maintain their relationships with CMHC providers as this is in many cases the only interactions our clients have with medical personnel.
- Again, I am lucky enough to have insurance for a private dr. But I want your dept. to be there for those who are not so lucky. You close your doors, and you abandon a population of people who are unable to help themselves. Mental illness affects physical health as well. if body and mind r sick, then a person really can't function.
- Many cannot afford or have been unaware of low cost resources. we're actively working on this one.
- A person with a mental illness can often appear as though he/she is doing well during the short office visit and the medical staff/doctor may not pick up on the need for help. My family member who lives in Lincoln and has a mental illness has no relatives living in Lincoln and a mental health worker and CMHC's services are needed to pick up on any new concerns that arise.
- I see one now.
- My son has a primary care physician and is blessed because he receives social security disability and also qualifies for Medicare.
- People that I see with no or low income, utilize the: Peoples Health Center, Clinic with a Heart and Peoples City Mission clinics randomly, depending on who they can get in to see the soonest. Even though they may be already a patient at the Peoples Health Center.
- Our son has been fortunate to use the services of the Lincoln Family Medical Practice (or whatever the current name is). This is vital to his mental well-being as well as his physical well- being.
- I already see a primary care physician, for my cholesterol medication and my blood pressure medication. I also have an ophthalmologist to monitor my macular degeneration.

- Diabetes Mellitus since age 16yrs, Glaucoma, numbness in legs due to diabetes, stroke in past, I take Lithium 300mg. 3X's a day, Lorazepam 3-1mg, tabs, at bedtime, and Novolog and Lantus insulin daily.

6. How important to you, your family member, or the persons you serve is the location of the Community Mental Health Center? Please check one response and provide additional comments below.

Answer

- Central location based on demographics.
- The Mental Health Center is easily accessible via public transportation and is in the same zip code where many of the consumers served actually live. There are a great number of services and levels of care all under the same roof.
- Keeping the center on a bus route is important if we expect services to continue to be provided as "traditional" outpatient programs. If the case managers/doctors came to the clients' homes to see them, location would be less important.
- WHY ARE THESE SELECTIONS CAPITALIZED?
- It needs to be located somewhere that public transportation gets their easily and in a safe area for the clients.
- Being located on the bus route is perfect for him. It allows him to be independent enough to get to his appointments.
- As long as services are on a bus route, anywhere centrally located is okay.
- Consistency is critical to people in crisis experiencing mental health issues. The Center needs to be located where the greatest need for services is. Where it's located now is within the area where people can walk, bus or bike to it. If expansion needs to happen, the location should be near downtown.
- My sisters Case Manager travels to my sister so I don't think the location of the Health Center is important.
- There should be easy access for everyone in the community who might be in need of services.
- I think it needs to be easily accessible---possibly several small clinic locations.
- Transportation is an issue with the family member in crisis.
- Geography does not matter as long as it is on a bus line.
- I think that the Mental Health Center is in a location that works for most folks who go there for services. It is on a bus route, is right next door to the only mental health hospital in Lincoln, and has a lot of parking!
- I think it is important that some services are provided at their current location, but I do think that satellite services could also be provided at other locations throughout the community, especially in North Lincoln.
- CMHC needs to be accessible by those in the community, many of whom rely on the bus for sole transportation. CMHC needs to be on a bus line and in central Lincoln to be easily accessed by our target population.
- None of the people we serve have cars or drive and most of them walk or ride the bus when we get them a bus pass. They have to have services provided in their locality or on a bus route. CMHC is located close to where a lot of the people we serve live due to the affordability of the apartments in that area.
- I'm not sure that the location is all that important. I believe the important piece is that all these services are offered in the same place. Like they are now. It is more difficult for people who don't have easy access to transportation to have to go to several different locations for services. If the services are located in the same building then people are able to coordinate their care to one time and only have to find a ride once instead of several times.
- The center should be accessible for those that do not have their own cars.

- A central location that is easily accessed by public transit and all quadrants of the City is important because people suffering with mental health issues typically have little to no money. It's difficult to secure and keep a job when a person is suffering from a mental illness. Easy accessibility to services helps keep costs down for both consumers and providers.
- I am very lucky because I drive a car, but MANY of the CMHC clients are not blessed with a car. So location is far more important to them than to me.
- The location is good.
- Patient lives in Lincoln. Convenient for all services necessary
- It needs to be accessible for those who need it the most to make use of it. I would like to see it have smaller, integrated sites to reach more people. It would do well to work in conjunction with community sites/services to increase the "one stop" presentation.
- The building is VERY accessible and available on the bus route. VERY IMPORTANT to stay near south where a lot of the clients live near.
- Not for family having problems but for those in the community that may have issues that need help. They could impact my family because they may live next door or just down the street.
- I believe that with reduced funding to, or closure of the CMHC, more and more of their former clients would end up in jail. Jail is not the appropriate place for people with mental health and addiction. While there are LMHP's available and medical staff to dispense medications, programs are limited, crowding is immense, and interpersonal interaction is minimal. The facility, and the one being built, is designed to confine offenders, not treat mental health patients.
- The CMHC location is very important because it is easily accessible to everyone.
- For her it needs to be on a bus route.
- I sincerely believe that without my support from the staff of the CMHC that I would not be where I am today- in a safe place with my mental health issues under control-Sincerely
- We would have traveled a million miles if we could have gotten help for our daughter. We seriously considered leaving her at a fire station just so she had a chance of getting the help she needed. We were looking down the road at drug addiction, suicide, jail, pregnancy in early teens, etc. Which were all statistically HIGHLY likely and very real fears.
- It is very convenient. However, there is a desperate need to expand its services because it is difficult to get appointments.
- Must be on bus line.
- The County employees know what services that they provide to the consumers. By bring in another company. they consumers would not have the consistency that they have now. It would greatly effect the consumers.
- To me the area where the current CMHC is located is very good because of the access to BLGHW . emergency room, and fire dept 3 blocks away. We've had person's while attending our program have seizures and those who needed to be escorted physically to the ER. On bus line. NOT cramped in the downtown area. A more "friendly environment" in current location.
- I count on CMHC to meet my counseling/medication needs.
- Again, while we might not be using these services at the moment. They are critical to the community and the people being served.
- We have not had problems accessing staff.
- The current location of CMHC is awesome. It is central and easy to get to by bus. There is a grocery store pharmacy and hospital with specialty services for mental health. If you have to enter the hospital, staff can walk you over.
- I think during these times and the times won't change, CMHC (and others like it in other cities in this country) is part of the human infrastructure/foundation of a city/society comparable to the public libraries, many non-profits, etc.It is important as to the accessibility of the public bus in case my van driver doesn't show up for some reason.
- Easy access, including transportation if needed
- CMHC is easy for the persons served to reach it by bus, and private car.

- Critically important. It is not an exaggeration to say that CMHC has twice saved my life when I was suicidal. My mother already lost one child (my brother) to suicide and she could not afford my doing the same it would destroy her.
- Many with mental health do not have transportation or can not access transportation.
- For persons with limited resources, transportation can be a great barrier to accessing services. The location choice needs to address this.
- Needs to be accessible to public transportation. If people need public transport - vouchers for bus fees need to be provided.
- Many clients use bus transportation or they walk or use a bicycle to come to appointments at CMHC. Staying in the Near South Neighborhood is crucial to the compliance of many with severe and persistent mental illness.
- I feel it is in an area that is extremely economically challenged. meaning they are less likely to have health ins. and must rely on the services you provide at the 'costs' you provide them for. It is also a walkable distance from most of the areas that I would label urban, for these too are the people less likely to own cars.
- On bus lines. Next to BLGH West ~ which is important if we need to take people over for admission from our own Emergency Services. other neighborhood services available within a block, i.e. groceries, coffee shop, pharmacy, and also on bus lines.
- The CMHC should not just be on a bus line but should be downtown where the bus lines converge. Expecting a person with a mental & sometimes often physical need to have to take a bus route on one bus line and then transfer to another route is just going to be too much for some people, especially compounded by Nebraska's weather extremes in the summer and winter.
- If the consumer can't get there, they can't get there needs met. The location now is a very good one as it is close to Walgreen's Pharmacy which most consumers use and to Union bank which most consumers use and a grocery store which makes it a one stop deal for them.
- I think it should remain in the downtown area and close to the hospital is a plus.
- It is located well for persons who do not have personal transportation (and even for those who do).
- Public transportation, mainly cab rides provided by Medicaid, is my only means of transportation, and it would be more expensive for Medicaid to pay to send me to more places in order to get treatment.
- Very important in terms of continuity. The services there are better for being convenient with bus service for people and cab service. Without that area people would have a harder time getting help.

7. How do you, your family member, or the persons you serve generally pay for their mental health services?

Answer

- Sliding Fee Scale, Medicaid, Region V Funding.
- Some insurance and personal pay
- Medicaid, General Assistance, Sliding Scale Fees
- Insurance plus co-pay.
- Most are on Medicaid.
- Health insurance. However I currently do not have any mental health needs.
- He qualifies due to no income
- Insurance or private pay when the insurance carrier changes.
- Medicaid, Medicare, sliding scale
- They use their government pay.
- Insurance - Medicaid - sliding fee scale
- Insurances, Medicaid
- Insurance and check
- Medicaid

- County assistance, Medicaid, Medicare
 - Folks I serve are mostly indigent, have no stability to be Medicare or SSI beneficiaries. The few who manage to run the hoops to get these benefits cannot find providers to meet their needs, so they're back to square one. They can't maintain an address, so benefits get suspended, they're back on the street. A vicious, downward spiral we can prevent.
 - I don't know.
 - Use sliding fee scale, token payment, 95% are poor
 - Private insurance & out of pocket.
 - A lot and out of pocket mostly
 - health insurance
 - The family member in crisis must depend on whatever services he qualifies for.
 - Medicaid
 - Insurance, co pays
 - I personally have self employed health insurance and a good paying job, but many mentally ill have neither.
-
- As I am a provider I do not pay for services, but the majority of the clients I work with have Medicare, Medicaid or private insurances. On occasion I have worked with people who do not have benefits and have received services for minimal charge.
 - Government Aid
 - NA
 - About 2/3 of my clients I work with have Medicaid and the remainder are self pay on a sliding fee scale.
 - The people I work with have NO MONEY and frequently already have bill collectors trying to catch up with them from Bryan/LGH ER. They live at the Mission, half way houses or "couch surf" with friends. They are homeless, unemployable, and can't afford health care or medications for mental health or medical issues.
-
- Often times my patients have Medicaid or Medicare. However, other patients have no funding or are in the process of applying for funding.
 - We pay with the sliding fee scale. thank you so much for this option!
 - If you S.O.B.'s in the government are going to commit people, then the government should pay for it all. I had to file for bankruptcy after I got out of the Regional Center because there was no way I'd be able to pay it. It should be like any other form of incarceration. Somebody released from state penn doesn't face a \$100,000 bill, I don't think.
 - Insurance + co-pay.
 - Insurance, and co-pay fees
 - Public funded support
 - Services are paid via Medicare, Medicaid, private insurance or on a sliding fee schedule.
 - Medicaid, Medicare, or have no health insurance, job, or money.
 - Social Security disability and Medicaid
 - I do not have health insurance that covers mental health services so I have to pay out of pocket or make payment plans. If the services were too expensive, I would not be able to seek them. The people I serve generally have Medicaid.
 - Private insurance or Medicaid. People who can't do this are sent to the public sector. People on Medicaid have little money and struggle with the co pays for meds, etc. I understand they serve a lot of GA clients, so maybe there is reimbursement for that as well. Private sector clinicians generally will not serve people without ability to pay.
 - Varies greatly. self pay to insurance to government programs for many
 - Most of them time they do not pay. We have to find ways around that by using the mission clinic. If they don't have the funds they aren't going.
 - Medicaid
 - Thank God We do not, but if needed HIPPA.
 - I don't believe that the vast majority of these persons have the means to pay for their mental health services.

- insurances or sliding scale
 - I had Medicaid and Medicare and Magellan
 - We have not since she has been off of our insurance.
 - SSI and AABD for those in assisted living for mental health.
 - Well as I stated above in question #4, the CMHC provides to little or no cost. However they do stress the belief to have adequate insurance for the physical or mental need's of the individual. As for myself, I have insurance, yet would not have the resources without CMHC's help.
 - We had private insurance and she had an adoption policy that was supposed to pay for services.
 - Medicate
 - Self pay or Medicaid
 - Sliding fee if available
 - Medicaid pays for the consumers when they see someone for their mental health services.
 - sliding fee
 - Insurance and sliding fee scale
 - Through Blue Cross/Blue Shield as provided by my employer. Those not employed or not insured only go if dire need.
 - Medicaid
 - Have a small fee to pay. Most of us have no insurance and low paying jobs.
 - With my Social Security Disability check
 - Medicaid
 - BC/BS Medicare PPO/disability services
 - Insurance and we (parents) are paying out of pocket for what is not covered...which is quite a bit.
 - Medicare and Medicaid.
 - I am on Medicare at this time.
 - I have Medicare and Medicaid. I went for six years without being hospitalized, but I never got the correct diagnosis until December, 2008. I have anxiety disorder, and I have been treated with what I say is a miracle drug - klonopin.
 - Health insurance and out-of-pocket
 - Medicaid.
 - Any persons that I have served who used CMHC paid by government funding (Medicaid, etc.)
 - On an income-based scale.
 - Either they go without or Medicaid.
 - Medicaid or private pay insurance does not cover again part of the problem
 - Some people receive Medicaid or GA however many others have no insurance or assistance at all. Without stable income, it can become even more difficult to afford or access services which can cause a decline in their functioning. That then makes it even more challenging to earn income or pursue benefits.
-
- Medicate
 - Self pay.
 - Less than 25% of the clients we serve have a funding source for mental health center visits. Many are homeless or near-homeless and rely on free mental healthcare.
 - I am lucky enough to have ins. to pay for my private dr. Please remain open so others who are unable to pay for ins. can receive the same attention I do, to help them understand their symptoms, and that they are not the only ones who feel the way they feel, and to get the personal, and medicinal help they need. All at a 'cost' they can afford.
 - Sliding fee scale self pay, Medicaid, Medicare, some private insurance.
 - Private insurance
 - My family member has a part-time job, which is all he can handle, and also receives Medicaid due to his very high medication bills which are needed due to his mental illness.
 - Through Medicare.
 - We can't pay because we are very poor.
 - Medicare, Medicaid, and Medicare Drug Plan for medications

- They may have no income and not be able to pay for the services, or they may be able to pay a small portion of the bill for the service.
- Our son, who is a consumer, has these services paid for through Medicaid and Medicare. He has co pays on medicine which he pays out of his SSDI checks. Therefore, it is most important that these services continue to be affordable.
- Most of my clients are on Medicaid and/or Medicare. A fair number have no health insurance.
- Nebraska Medicaid pays for my mental health services.
- If they are poor like me unless Medicare or Medicaid help I do not know. I do not work and it is hard to speak for others.

9. Based on your personal experiences, are you aware of any "best practices" in the delivery of public mental health services that should be considered in Lancaster County? Best practices are new ideas or proven and successful ways of delivering mental health services.

Answer

- I am unaware of any.
- In my opinion, Assertive Community Treatment has been shown to be efficient, and is an evidenced-based practice. With the possibility of assisted living facilities closing (due to IMD), we need to look at the possibility of a large influx of clients that will need more supports to live independently successfully.
- Keeping an active interest in the people they help.
- Agencies that can address dual disorder clients such as individuals with mental health, substance abuse, Chronic health issues. CMHC will not accept individuals with Axis I Substance Abuse, this is very frustrating. Substance abuse treatment centers are reluctant/unwilling to accept uninsured individuals with chronic health issues
- Continue with special Olympics and clubs where they are allowed to interact with all people.
- Assertive Community Treatment Teams should be maintained - Emergency/brief assessment and screening should be maintained
- more counselors are needed to seeing the growing number of people with mental health issues.
- You should listen to what Dean Settle and his staff advise. Get these very ill patients into in-patient treatment, group homes and stabilized so they don't pose health and safety risks throughout the community. Follow what the professionals we have are telling you! This expense is far less than the cost the community otherwise is forced to bear.
- I don't know.
- Integrated with primary care
more care of those leaving jail and prison
continue the sex offender management effort
more peer support workers
- Public education about mental health starting at schools; more sensitive doctors; places for people to go to be save
- No
- Had very good experience with Lancaster Council on Alcohol and Drugs. Very helpful. Helps to get people involved with persons in jail or in crisis.
- I think the Pier Project is a great program, which include home visits
- I believe the Mental Health Center provides excellent services. There may be new and innovative ideas, however, without what we currently have, Lincoln and Lancaster County will go down hill very fast.
- The free clinics, with strict guidelines is one option that seems to fill the void, at least partially.
- I think that Lancaster County has been very supportive and encouraging of new ideas-for example, Keya House. I think that a clubhouse of some sort would be beneficial.

- As I mentioned before, it is very important that Lincoln move toward an integration of mental health, physical health, and substance abuse services. This type of holistic approach is most effective and will ultimately result in the most cost effective way to deliver services.
- The current standards for best practices include a focus on rehabilitation and on self directed recovery, which are methods we utilize at CMHC.
- I believe that best practices are the "ideal" for agencies but not always the most effective or efficient way to deal with the clientele of the CMHC. CMHC serves persons who are extremely mentally ill and impoverished. They do not handle change well and CMHC has become a known entity and safe place that they can access.
- Psychiatric residential rehab. I believe that we need more of these services. CTP at the Heather is amazing and we need more services that provide that level of amazing care and commitment to pts goals.
- Encouragement of group peer support meetings-having therapist/drs available to meet with clients outside of "regular work hours"
- I think the mental health center is poorly funded and provides very mediocre and minimal services. If that's "best practices," that's pretty sad. The community mental health center should provide services that help its clients get above and beyond their situation rather than just being poor mental patients stuck in the system.
- Peer-to-peer support networks are useful and help spread limited resources further. Providing access to mental health nurses helps people stay on their meds. Temporary check-in hostels where people who are relapsing can seek help instead of going to a psych ward are more effective and efficient. Lincoln does this, but services should be expanded.
- Each counselor has their own style of working with clients.
- I believe that "best practices" are already incorporated into CMHC
- Let's keep it simple: people need access to psychiatrists or APRN's, they need to be able to get their meds, they need community support, they need counseling. These are the best practices.
- Satisfied now. A special thanks to Greg Bernt-Mental Health Program Coordinator for Lancaster County.
- There must be a range of services provided up to and including long term in-patient care.
- CMHC already uses best practice models for rehabilitation services and continues to move to improve services. At times, I think they are too medical model. They need more psychiatric providers who are truly recovery oriented like Dr. Bohart and Lisa Young. Integrated use of peer services could really help in the rehab process and ongoing support.
- Keep evaluating
- Being consistent and working with other providers
- Stop cutting their budget!
- I am not aware of any studies that point to any "best practice." I do know that there is an attempt to facilitate open communication between the jail's LMHP's and various agencies--community corrections, St. Monica's, etc. In any relationship, whether persons or agencies, communication of ideas and needs is a good first step to provide good care.
- Assertive Community treatment and other community based service delivery
- I feel that the case managers are the best practices of CMHC because they are out there in the community saving people's lives. If someone is unable to come to CMHC the case managers come to them, sometimes this is what is needed to save someone's life! Most of the time the case managers are the angels that save lives.
- Family Support Group is vital.
I think the police that helped us must have had special training. They were quite good.
The CTP program.
- Case management following any hospitalization and on going case management to maintain stability.

- Yes, most definitely~Cognitive Therapy plays a big role in the day centers activities. I also sincerely believe that the art venue of the first Friday art walks give individuals a positive outlet for there emotions while at the same time giving back to the community! (Arts in the Park Foundation)
- No. You need to educate therapists and psychiatrists and the HHS. All seemed clueless or knew we would never get services. Our daughter, even after choking an autistic younger student (no adult witnessed it so the school couldn't write it up) was not violent enough to get into any program. She would continually hurt, cut herself etc. as well
- Again by adding more case manger and center for help
- Case management for individuals with substance abuse problems or behavioral health diagnoses
- I think that many mentally ill people do better if they have a case manager - someone to be available for assistance in navigating through barriers to their treatment
- A residential psycho facility with staff 24-7 available. Where the consumers can be monitored by staff and they can become more independent so that they can live in the community or another setting that meets there needs.
- No
- The newest I have heard is the RAISE Program, for newly diagnosed schizophrenics. I believe it's the first program in years with a new approach to the illness.
- moving people who can handle it to level two that I think would save the county some money
- Use of peers. Get rid of the medical model and keep doing the more rehabilitative service.
- No idea, just that the case managers really need to be overseen a lot more then they are.
- Enabling individuals to live in the least restrictive environment is COST EFFECTIVE and gives people involved the opportunity to live a more "normal life".
- Yes, we need more supported employment and supported housing services. We need to be assured that everyone who needs medication to address their illnesses are getting their medications. We could use more "life coaches". We need more options for people not less. Accessing services has got to be as "mainstream" as possible, without stigma.
- No.
- I am not aware of any.
- Talking to the well-trained police has been very good as they provide calming words to assess me in this frightened I do have this klonopin that I will never tire of saying that it is a wonder drug to me. Death of friends in their mid-fifties recently had physical problems and were to quickly together and I spiraled into depression.
- The major one which is not being used at the current CMHC is concurrent mental health and substance dependence treatment
- From my observation the CMHC follows the principles of "best practices." If there services are privatized I would be concerned about the delivery of services in a best practice model.
- No, I am not aware of any "best" practices.
- As I said I have lived in 6 states in my life and CMHC was the ONLY type of service in one of those states (NE). In other cities one could only get private practice care providers or just wait until things get bad if that private care way is not affordable and when things get so bad your only alternative is to show up at a hospital emergency dept.
- No
- No
- Very aware of "best practice" in certain areas of mental health. not aware of what counselors use them though
- Mobile, or home-health type nursing visits are a big need for our population. Also, to incorporate an APRN who also can provide primary care would really benefit this agency.
- I have no information regarding this question.

- We already provide a rehabilitation and recovery focus. we already provide cognitive behavioral therapies.
we have DBT and EMDR available in limited cases. We provide peer to peer support services. All of these are evidence based, "best" practices. Also coordinated teams of providers.
- No, I am not.
- With the returning service members, it would be nice if there were trained therapists to deal with them as they are a special breed of mental health case.
- No
- I think providing coordinated services in collaboration with other agencies works best for consumers. I like the idea of peer to peer help but the peers need to have training and ongoing support from an agency such as the CMHC.
- I am somewhat aware.
- It would be most helpful if CMHC could do something toward supported employment that did not cut Medicaid/Medicare.
- I think that what is most important to me is that I get follow-up care after a hospitalization or partial hospitalization. I also need a little long term help.
- Kindness, Honesty, Understanding, non-judgmental, truth, allowing for heredity factors, and giving each other credit when they do well.

10. Is there anything else that you would like us to know?

Answer

- I believe it would be a good idea for agencies such as the Mental Health Center to begin to integrate more with primary care providers. I don't believe the Mental Health Center has to leave the County system to accomplish this. I think the Mental Health Center is a bargain for the amount of county dollars invested in these services.
- Elderly (over 65) seem to be very underserved. this is when the physical and medical problems start to add in to the mental health issues.
- If this program was to lose funding there is a very likely chance that the influx in crime and mentally challenged persons in the jail system where they will only get worse. We need to have a separate area to help the persons who suffer from mental disorders.
- CMHC wastes a great deal of money and resources. Too much middle management, employee salaries/benefits much higher than Non-profit, County RIF policy gets rid of employees who are providing quality services, keeps those who are burned out, negative.
- Do not desert our fellow citizens with mental health problems. They need care and understanding.
- There needs to be more communication between primary drs. and mental health drs. as to what is being prescribed to clients. Sometimes those medications counteract each other, or the client can become over medicated.
- Stop cutting services, selling resources critical for our community's health! Corrections is a black hole sucking the value from the tax base and providing no benefit. Mental health services, care for the elderly are vital to the well being of the community. How we treat the least among us is how our community is judged. We don't need more homeless!
- Just to say thanks to Debra Haeffner for all she does for Sandra Cooley.
- By 2014, the numbers of adults, with Medicaid could grow our service numbers from 5,000 adults per year to 10,000. New service locations, increased staff delivery formats will be needed.
- From what I understand, a new barrier will be the paperwork involved in getting paid for services provided to those in need. I don't have any answers. Just hope.
- I can't understand why it is do difficult to get help for a mentally ill person. It is an illness that is not within their control to get help. If a person to were to drop into a diabetic coma -they would received immediate help, because it is not within that persons control to get help -How is this different?
- I understand the funding problems of the Mental health Center. Surely other cuts in other agencies can be looked at. Why must is always be the MI population???

- This is a very important issue to the health and safety of all citizens, not just the mentally ill. We are impacted by the mental health of those around us.
- I am concerned that with the county getting out of mental health, there will be many clients who will be unable to receive needed mental health care. I find it difficult to believe that there are any psychiatrists or therapists who are willing to work with clients for free. This county will be less able to deal with needs of the SPMI population!
- The Community Mental Health Center is a necessity for Lancaster County and its citizens. A decrease in funding or privatization of its services will only negatively affect the county, as those who need help most will be turned away as a result of not enough money or too much help needed, and at risk for breakdowns, episodes, and even more funding.
- Change is very difficult and changing the way that mental health services are provided will be difficult for some to consider. However, change can be good. In fact, if done correctly, change can result in a better system. We can't hold on to the traditional way of doing things and expect that we will have a model system.
- I believe that CMHC docs and APRN's provide quality care. Case mgmt services are an integral need for the people served. Case mgrs show up at the client's door to get them to med reviews and ensure they have meds. PHP is crucial and provide a safety net for many in times of crisis. I am fearful for those turned away by private providers.
- Once again, you should fire Dr. Danny. He is an incompetent psychologist.
- County gov't. have traditionally provided mental health services, welfare, relief to the elderly, poor & disabled. It's a tragedy that Lancaster Co. is dismantling a good system. In the future, this will drive costs up by involving more law enforcement in mental health & social work problems. Save money by supporting services before problems get big!
- For the love of God, please do not close up the CMHC. Too many people rely upon it and NEED it.
- The idea of defunding CMHC or moving it to a private agency or another source is one of the stupidest ideas that the county have come up with in recent history. Lancaster County has a system that works incredibly well. Be prepared for disastrous results if you follow through with it. Abandoning the sick, poor and helpless is disturbing/reckless
- Mental health care is critical to the community. Lincoln is growing all the time, the needs are increasing, the services have not expanded to meet the need. LB1083 shifted millions of dollars into communities, but where are the services? Privatizing is not the answer. Observe what is happening with child welfare reform.
- Do not know what would happen to patients if services were discontinued. I do not know what I would do as Guardian for my mentally ill son.
- Lancaster County must continue to operate CMHC. Governor Johanns said community providers would step up and fill the void when state institutions were closed. That has not happened and the burden must fall to the county. If the county fails, it will only make the county a more dangerous place.
- You cannot provide these services for the money. You have to love what you do and who you serve to be effective. You have to have staff stability who can then pass that on to the clients who mostly suffer from severe illnesses. I have always counted on Community Mental Health to do what is right.
- The mental health center is vital
- KVC is an example of privatizing a service and it is FAILING miserably. Please do not do this to mental health services. The jail will be full of people needing treatment and the criminals will be on the street. JAIL IS NOT TREATMENT! The jail can provide meds while you are there and then you leave with NOTHING.
- You truly get what you pay for, private companies pay less and usually get less productive results, also large turn over which does not help consistent treatment
- Yeah but not ad lib to say since I work for you and it would probable affect my employment! Have a good day and yes I am using an alias!

- Whether funding jail expansion or funding the CMHC, the clients that require care for mental health and/or addiction will require county funds. Better to provide appropriate care, where facilities and professionals trained to handle these patients can best make use of these funds. Without options, the patients in question will land in jail.
- Community based mental health services are vital to our community and the individuals I work with.
- I am extremely grateful to have had my case manager in my life! I know that without her help for 11 years I wouldn't be where I am today. I feel that I am in recovery from my mental illness however I know that if I ever need the services again it will be available to me.
- The Crisis Center, the Regional Center and the Community Mental Health Center have amazingly resourceful staff members. They keep people off the streets and out of jail. They seem, as a team, to be cooperative.
- Privatization should not even be considered. Why fix something that has proven to work and benefit the residents of this county.
- The future of CMHC greatly depends upon not only the charities of the district management, yet also on the happiness and good quality of life the patients become accustomed to that gives mental health practice a "Sincere form of accomplishment and a sturdy brick" in the community of Lincoln.
- We finally got the psych to recommend treatment (before she did things that would disqualify her) but highest boys town was only choice except out of state. We had to give up custody to place her in a therapeutic home. We were lied to, she was abandoned by the system and a family was scarred and broken up. Wow what "services"
- Just want to say that people who have a mental ill person in the family are really in need of help and services from their city, county and state. they know the pain. they live everyday.
- Where are all of CMHC clients going to go to? Please name the mental health private practices in Lincoln who will take on the care of these challenging patients. Instead they will end up seeing primary care physicians who are not well enough trained to deal with their mental health needs.
- I hope that if the county is not able to pay for the operation of CMHC , that the services are carried on my private non profit agencies and that money is put into case management . I think it would decrease the number of "treatment failures" in the mentally ill population.
- Over the years hundreds of professionals have been trained at CMHC, now more important than ever, social workers, nurses, psychologists, PAs and folks getting the supervised clinical hours to become a LMHP
- Continue the services that are provided by the county employees as it is. The staff that provide the services have a lot of years of experience. If a new company is brought in they would not have the experience or knowledge that there is now.
- Don't close CMHC. the poor will suffer. they will lose access.
- It is very hard to get an appt with the community mental health and their is a problem for people that speak another language specially Spanish
- I feel there is a great need for such services in Lancaster County. I have lived and worked out of state of NE. MT did not have the same services available as the services available here in NE. In a nationwide report MT rated as an "F" at the same time Nebraska was rated as a "D". I would rate NE at "A". Nebraska takes care of their own!!
- I just hope that you continue services
- Do not assume that another entity will have the dedication and work ethic...many do but some do not. Money is the bottom line and the poor and indigent will not be served as well or as often as those with Medicaid or other insurance.
- I count on CMHC to take care of my psychiatric, counseling and medication needs. they work on a sliding fee scale that fits my soc sec disability check.
- No.
- THIS IS A VERY IMPORTANT PROGRAM!!!!!! PLEASE, PLEASE, PLEASE KEEP IT GOING!!!!!!!!!!!!!!!!!!!!

- A county jail is needed but not at the expense of services for persons experiencing mental illness in our county. Jails are not treatment facilities. While I support bringing mental health services into the jail setting as this is essential, I don't want the Dept. of Corrections become the "avenue to treatment" so necessary for so many.
- No, except that I very much appreciate your services.
- The County Board is being short-sighted. Per the letter of the editors of the Journal-Star, the county will only save \$200,000 per year by closing CMHC. The county and city will pay much more without services due to increased jail, police and hospitalizations. This has been proven in study after study. It's a huge step back for mental health.
- Respectfully to the evaluation of CMHC, CMHC is one of the stabilizing cornerstones of Lincoln and Lancaster County. I was told it has been in existence for about 30 years - why would the task force ever consider cutting their budget or even worse - eliminating CMHC. I think that would be a bad move as CMHC pays for itself.
- I understand that a couple of alternative options being considered is to grant other existing agencies contracts for part or all of the services now being offered at CMHC. There is cause for great caution in implementing this. Please consider what I would call the intangibles or the information gathered between the lines, i.e.: staff turnover
- I believe that if the services provided by the CMHC were to be moved to other services without good pay/benefits there will be many changes and inexperienced people working with a population who need stability!
- How we can keep the CMHC open -- if it closes the cost of dealing with the chronically emotionally ill population will end up resulting higher costs to the county in other ways. THE SYSTEM WORKS WHY NOT KEEP IT!!!!!!!!!!!!!!!
- I understand the county has limited financial funds but funds spent in mental health are preventative in nature. Either pay here or you will pay more expensive bills for jail's, hospital stays, or victim services.
- No one cares and if they do they are unable to deliver or costs are unreasonable
- CMHC provides a critical service to our community. I am very concerned as to how the needs of those in our community who are struggling with mental health issues would manage without it. There is no safety net for them and no comparable programs. Please save CMHC from any further cuts.
- As a landlord, I have seen a variety of deficiencies in the care of persons who are not mentally well. There needs to be more resources and availability to create support networks or living situations which are better capable of responding to each person's needs.
- I think the current status of mental health care is a mess. Closing or cutting funds to this vital service is not a solution. This will only cause an increase in the need for beds at the regional center or crisis center. I also feel that the general safety of the community could be threatened.
- I believe whole heartedly in the need for CMHC services to continue as a community based, comprehensive, sight for quality mental health care for the underserved.
- Your services are VITAL! Mental Illness is just that, an Illness that never goes away, at least not until you die. I live with it everyday, but I'm not worried about where the money is going to come from for my 7 medications, or the next dr. visit. Your services are a way for others to also not have these added worries on top of the illness itself.
- our PHP is not comparable to Bryan's. they do not serve the same population of people, they do not accept people who can't pay, they do not work with SPMI folks, they send people they are unwilling to serve to US. folks can come to our PHP to prevent hospitalization. people in the LCCC come to PHP and often prevent the need for MHB commitment.
- I know that money is a critical issue right now, however, cuts in mental health services and the CMHC will not only harm many people who need these services and may not get them but in the long run cuts will likely increase money needed to serve people. Some people may have a relapse, need more care or even end up homeless and on the streets.
- I'm not so much a user of CMHC as I used to be as I am a veteran an use Vets. Hosp. but I do have a case manager there and I am speaking up for my peers and friends that use and need it.
- Offer low cost/no cost services to everyone including Transsexual/Transgendered people.

- I think we just need to look at our growing homeless population and see what happens to people when they don't get the proper mental health services that they need from their community. With the returning veterans with brain injuries and post traumatic stress; our mental health services should be increasing to meet the need instead of decreasing.
- The CMHC has given a large population of our community wonderful and helpful services over the years. These services have helped to change many lives in positive ways. Thank you. My email address will change in the near future to: ann.heydt@mtkserves.org
- CMHC has been a LIFE-SAVER for our son. How we could/would have done without it, I can't imagine. And how we would have had an outcome as positive or as lasting is hard to imagine.
- I think that the mental health center serves a preventive function, keeping many people from having to be hospitalized as frequently.
- When you get to be a diabetic at 59yrs. , you learn to take help when you can or realize it is impossible to ask. Please give the Mental Health Center its right to help the Mentally Ill since no one knows when they may become Mentally Ill.

Mental Health Center Planning Committee
Focus Groups
10/5/11 – 11/21/11
Combination Report



DRAFT

1. What is the MOST important thing about the way you CURRENTLY receive mental health services?
 - **(MIDTOWN)** Consumers at Midtown were most likely to state that their case managers were the most important thing about the way they receive mental health services. They were also highly favorable about the life skills classes and socialization opportunities at Midtown. Other important issues included the assistance they receive in insurance matters and in establishing eligibility for other services, including transportation and medication.
 - **(CMHC CONSUMERS)** CMHC consumers most commonly stated that case managers are very important, creating a system that is more of a "one-stop shop." They see CMHC as the place they can go to receive psychiatric services, case management, medications, support groups, and therapy. Other important things included the location, transportation, lack of stigma, long tenure of CMHC staff, availability of employment for clients at CMHC, proximity to BryanLGH.
 - **(FAMILY MEMBERS)** Family members were most likely to state that case managers are most important. They also noted that the "in-house" relationship between case managers and psychiatrists was essential to consumer stability. Family members often stated that CMHC was a "home away from home" where consumers find trust, self-esteem, stability, constancy, familiarity, and lack of stigma. There was strong sentiment that family members, especially those who live outside of Lincoln, feel ill-equipped to handle a consumer's situation without help from CMHC. Family members frequently noted the skill and longevity of CMHC staff.
 - **(CMHC STAFF)** CMHC staff stressed the importance of timely access that mental health consumers have to CMHC staff/programs. They see this as a hallmark of their agency. Another key issue was the "one stop shop" of services provided by CMHC, in combination with the "fluidity" that consumers experience when moving from one level of care to another. Staff described their services as "one of a kind", "community-based," "client-centered," and "pro-active." The longevity of staff was also noted as important in providing continuity for the consumers with one staff member stating "nothing can substitute for experience when you are dealing with the mentally ill." Another key issue raised was the importance of case management and outreach. Staff stated that their relationships throughout the community "cut through red tape," "ease navigation through the system," and "cannot be replicated." Other key issues raised were cultural competency, the 24-hour crisis line, a well-known location served by a bus line, and excellent employee benefits.
 - **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Service providers strongly endorsed the ease of access provided by CMHC. They specifically noted walk-in services, crisis services, and sliding scale fees as key accessibility features. Service providers and advocacy groups also noted the importance of CHMC in transitioning consumers from

jail into community living. The longevity, continuity, and expertise of CMHC staff were also noted as a key feature of the current public health system.

- **(PUBLIC COMMENT)** Many comments focused on the accessibility and timeliness of services available to highly vulnerable individuals, especially those without the ability to pay for private services. The accessibility of services in one location was a frequent response, as was the availability of case managers. There was a strong consensus that public mental health services continue to be provided and, perhaps, expanded.

2. Relying on your personal experiences, what is the ONE THING YOU WOULD CHANGE about the way you receive mental health services?

- **(MIDTOWN)** Midtown consumers noted that they would like more assistance/opportunity in finding and securing meaningful employment. Midtown consumers also stated that the lack of available transportation and lack of physical activity/exercise is a concern to them. Other things that Midtown consumers would change include governmental policies that don't favor mentally ill clients, more structured activities, return of Wednesday evening activities, the limited timeframe for medicine disbursement at CMHC, more access to computers, lack of "face time" with psychiatrists, and inconvenient bus routes.
- **(CMHC CONSUMERS)** The consumers generally did not feel that they would change anything about the mental health services they receive. The majority believe their needs have been met. Some specific areas of change offered by consumers included:
 - Increasing weekend and evening services, transportation, access to psychiatrists, and number of case managers;
 - Assuring that mental health services are not "politicized;"
 - Decreasing lengthy wait lists;
 - Addressing medication concerns, including cost, lack of regulation, and frequent changes in types and dosages; and
 - Allowing for decreased reliance on psychiatrists and an increased use of mid-level providers (APRN, PA) as a way to expand access to medication management services.
- **(FAMILY MEMBERS)** Many family members stated that they would change nothing about the way their family member receives mental health services. Others stated that CMHC should actively maintain services for service-resistant clients, reduce the wait list for caseworker assignment, and assist in consumer employment, transportation, and housing. Others showed support for the CTP program that was eliminated.
- **(CMHC STAFF)** CMHC suggested a number of things to change about the current delivery system, including less paperwork, increased office support, improved technology, increased funding, and increased therapy/counseling services. Several staff members indicated that greater emphasis should be placed on "front end" case management for increased consumer stability. Several staff members noted the need to eliminate barriers to getting treatment authorization/payment and the need to create "seamless funding." Two staff members asked for increased on-site security for CMHC staff at intake. Other issues raised included the need to integrate mental health and substance abuse services, utilize intake workers to provide interim services for

clients on the wait list, eliminate duplicate assessments, and provide a smoother transition from child to adult services.

- **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Service providers/advocacy groups noted that they would change the amount of paperwork that is necessary to assist a client and move them between levels of care. Others recommended a walk-in clinic, greater focus on preventive services, increased medication management services, and increased counseling services in lieu of medicating. Attention was focused on the need to decrease reliance on law enforcement as consumers move between levels of care. One service provider stressed the need to provide public mental health services in all quadrants of the city.
- **(PUBLIC COMMENT)**
- **(SURVEY and TELEPHONE COMMENT LINE)**

3. What do you want and need to stay well?

- **(MIDTOWN)** Midtown consumers were most likely to respond that they need/want medication, the structure offered by the Midtown Center, and employment. They also reported needing/wanting life skill classes, physical exercise and good nutrition, education, and consistent housing.
- **(CMHC CONSUMERS)** CMHC consumers were most likely to state that affordable medication and case management services were what they wanted and needed to stay well. Consumers also wanted/needed consistency, walk-in services, a stable service delivery system, and a sense of “community” or “safe haven” among individuals with mental illness. Several consumers noted the importance of the partial hospitalization program and easy accessibility to services.
- **(FAMILY MEMBERS)** Family members stated that education, skill-building, and employment were key factors to staying well among consumers. Others stated that medications, socialization, and case managers were important. Some concern was raised that consumer’s stability has been impacted by the ongoing questions raised about the future of CMHC and urged for quick resolution.
- **(CMHC STAFF)** Staff was most likely to state that mental health consumers need case management, easy access to services, consistency, someone to trust, familiarity, and quality services. Low staff turnover was recognized as important in providing quality services to consumers. Staff also recognized that the friendships built among mental health consumers were important to recovery.
- **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Service providers/advocacy groups agreed that mental health consumers need access to services to stay well. These needed services ranged from case management, counseling, eligibility assistance, and crisis intervention. They also stated that consumers want honesty and to be given choices in their care. Advocacy groups stated that consumers want to feel valued in the community. According to one advocate/consumer, “I am not a mental illness, I am a person.”
- **(PUBLIC COMMENT)**
- **(SURVEY and TELEPHONE COMMENT LINE)**

4. **Do you have a primary medical doctor? If no, why not? If yes, does your primary care doctor communicate about your needs with your mental health provider?**

- **(MIDTOWN)** Midtown consumers were most likely to report that they did have a primary care physician. About one-half responded that they believe that their primary doctor communicates with their mental health provider.
- **(CMHC CONSUMERS)** CMHC consumers were most likely to report that they do have a primary care physician. The consumers were generally confident that their primary medical provider and mental health provider communicate about their specific needs.
- **(FAMILY MEMBERS)** Most family members concurred that, while the consumer may have a primary care provider, there is little communication between the primary care provider and the mental health provider. They also stated that consumers who have highly engaged family members were more likely to have coordinated care. Family members felt that there is little integration of services and that there is little understanding of mental illness among primary care providers or the general community
- **(CMHC STAFF)** With the exception of General Assistance clients, the majority of staff reported that few consumers have a primary medical doctor. It was noted that many consumers lose their insurance and are referred to CMHC by primary care providers for continued treatment. When asked why consumers do not have a primary care provider, numerous responses were given, including paranoia, apathy, inability to communicate in that setting, cost, easy access to emergency department services, lack of information regarding options, lack of physicians who will accept Medicaid, and lack of transportation. Among those staff who reported that consumers do have a primary care doctor, they noted that staff must often accompany consumers to medical appointments because many primary care providers are “uncomfortable” or “ill-equipped” to deal with mental health patients.
- **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Representatives from corrections, substance abuse organizations, mental health organizations, independent living, hospitals, law enforcement, and vocational rehabilitation agreed that very few consumers have a personal primary care provider. They stated that consumers do not prioritize physical health as important and, even if they did, the cost of medical services is prohibitive to most.
- **(PUBLIC COMMENT)**
- **(SURVEY and TELEPHONE COMMENT LINE)**

5. **How important to you is the location of the Community Mental Health Center?**

- **(MIDTOWN)** Most Midtown consumers believe that the location of CMHC is important, noting its location on the bus route, and proximity to BryanLGH and/or their place of residence. Several stated that CMHC should consider satellite locations, especially in north Lincoln.

- **(CMHC CONSUMERS)** Consumers stressed that the current location is easy to access by bus or on foot. They noted that recent changes in cab transportation (and voucher services) have created difficulty for consumers without a car. Many consumers noted that they live within walking distance of CMHC, including consumers residing at the Keya House. Some consumers offered that multiple locations throughout the city would be beneficial. The proximity of CMHC to BryanLGH West in the case of crisis situations was also noted. Consumers also noted that CMHC is currently located in a “neighborhood” with access to groceries, pharmacy, and other amenities.
- **(FAMILY MEMBERS)** Family members frequently mentioned that the current location was within walking/biking distance or on a bus line for their family member. This central location was seen as highly important to family members. They also mentioned the proximity of CMHC to BryanLGH as an important factor.
- **(CMHC STAFF)** Staff stressed that the current location is on a bus line, near client homes, centrally located, and in close proximity to BryanLGH West. Some staff noted that the current location is near the General Assistance office and a pharmacy.
- **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Service providers/advocacy groups noted that a central location with access to a bus line is critical. They also noted the proximity of BryanLGH, as well as neighborhood services like a grocery store and pharmacy, as valuable. Several individuals advocated for satellite mental health clinics throughout the city, and especially in north Lincoln.
- **(PUBLIC COMMENT)**
- **(SURVEY and TELEPHONE COMMENT LINE)**

6. How do you pay for your mental health services?

- **(MIDTOWN)** The most common sources of payment by Midtown consumers are Medicaid, Medicare, Supplemental Security Income (SSI), Veteran’s Administration, and/or disability.
- **(CMHC CONSUMERS)** Most CMHC consumers stated that payment for their mental health services is provided by Medicaid, Medicare, and/or General Assistance. Fewer reported having private insurance, often with high co-pays.
- **(FAMILY MEMBERS)** Family members more frequently stated that mental health services for their family member are paid for by Medicare, Medicaid, SSI, and/or Disability. Fewer family members reported payment by the Veteran’s Administration or private insurance.
- **(CMHC STAFF)** Staff stated that it is difficult to get payment from clients, even on a sliding scale, because of their low-income. Sources of payment mentioned include Medicaid, Medicare, General Assistance, Disability, and/or SSI. Staff stressed the value of the Medication Assistance Program. Staff also encouraged policymakers to consider impending federal health care reform and the potential for increased funding for public mental health services.
- **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Law enforcement and corrections noted that their services are provided by taxpayers. Other payment sources noted were

Supplemental Security Income (SSI), Medicaid, Medicare, private insurance, and sliding fees.

- **(PUBLIC COMMENT)**

7. How important do you believe the Community Mental Health Center is to the overall quality of life in Lancaster County?

- **(MIDTOWN)** Midtown consumers generally stated that CMHC is very important to the overall quality of life in Lancaster County because it prevents individuals from being hospitalized, jailed, and/or admitted to the Crisis Center. Several consumers stated that they would be homeless without the services of CMHC.
- **(CMHC CONSUMERS)** Consumers believe that CMHC is very important to the overall quality of life in Lancaster County. Several noted that, without public mental health services, jail would be the only alternative. Others stated that the lack of mental health services would result in increased homelessness, abuse, crime, and suicide. There was overwhelming sentiment among consumers that the array of CMHC services be retained in its current form without moving toward privatization or “dividing” the agency.
- **(FAMILY MEMBERS)** Family members stated that CMHC provides stability to a population that would otherwise use a community’s emergency services (police, ambulance, mission, jail, emergency department). They also noted that CMHC has a role to educate the general community about mental illness and to reduce stigma. Some felt that CMHC provides a “supportive family” for mental health consumers that cannot be replicated in the general community and, as a result, the entire community benefits. Others stated that providing medication compliance for the mentally ill is a “game-changer” for the general community.
- **(CMHC STAFF)** Staff considered CMHC to be highly important to the overall quality of life in Lincoln, stressing that CMHC prevents homelessness, unemployment, incarceration, inappropriate use of emergency services, abuse, and crime. The focus on medication management was cited as especially critical to consumers and the community’s quality of life. They stressed that mental health consumers bring value to the community, as employees, volunteers, artists, musicians, and more. Staff provided specific niche areas of importance for CMHC, including the provision of services to sex offenders and persons declared not guilty by reason of insanity.
- **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Service providers/advocacy groups noted that, without the services of CMHC, there would be added pressure on existing, already over-stressed providers. Many of these providers, including law enforcement, corrections, treatment centers, and hospitals do not have the same level of expertise in public mental health service delivery. One service provider noted that “jails can already be considered the largest psych hospitals in the U.S.” with “one out of every five inmates on psychotropic medications.” The provider noted that the corrections system cannot bear additional strain. Other service providers/advocacy groups noted that Lincoln “rose to the challenge” when Regional Centers were closed, but the additional elimination of services would be a heavy blow to the community.
- **(PUBLIC COMMENT)**

- (SURVEY and TELEPHONE COMMENT LINE)

8. Based on your personal experiences, are you aware of any BEST PRACTICES in the delivery of public mental health services that should be considered in Lancaster County?

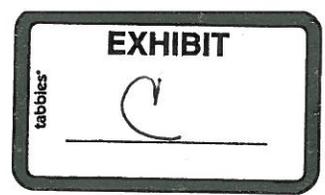
- (MIDTOWN) Midtown consumers stated that Midtown Center services are a “best practice.” They specifically noted the life skills classes and use of case managers. Potential options include providing more services in the client’s home, more communication between mental and physical health providers, recovery conferences, improved privacy in visitation areas, walk-in services at the VA, and allowing pets as part of the recovery process.
- (CMHC CONSUMERS) Consumers generally believe that CMHC represents a “best practice” delivery of mental health services. Consumers did offer some best practice options, including the availability of more peer-to peer services, services that fall between inpatient and outpatient care (like the Keya House), integration of primary care and mental health services, and good housing and employment options to supplement recovery. One consumer advocated for a voluntary crisis center.
- (FAMILY MEMBERS) Several family members suggested the need for more transitional homes. One family member suggested the addition of church-organized “handyman” services for the mentally ill. Other ideas included continued and enhanced training regarding mental illness for the Lincoln Police Department and Adult Protective Services, sheltered work programs, more PACT Teams, and the use of “consumer advocates.” One family member urged a mandatory curriculum in public schools regarding mental illness.
- (CMHC STAFF) Staff stated that there should be a stronger emphasis placed on accessible and affordable housing. They also suggested more of a “recovery focus,” alumni groups, day rehabilitation, smaller caseloads, and more peer-based programs. They challenged if current Medicaid policies gave CMHC the ability to pursue best practice models.
- (SERVICE PROVIDERS/ADVOCACY GROUPS) Service providers and advocacy groups offered “tele-counseling” as a possible option. Peer services were strongly endorsed, including the Keya House. Some suggested more accountability and impact studies to determine that the current system is working. One provider stated that CHMC is a “training ground” for mental health students and professionals. Other providers stated that more work should be done to build mental health infrastructure outside of Lincoln so that consumers can access services closer to home.
- (PUBLIC COMMENT)
- (SURVEY and TELEPHONE COMMENT LINE)

9. Is there anything else that you would like us to know?

- (MIDTOWN) Midtown consumers reiterated their support for Midtown Center services, noting its importance in client stability, socialization, and life skills education. Several

consumers noted that they were without family support and have relied on the Midtown Center in this way. Specific issues included the lack of dental and vision clinics who accept Medicare and the need for access to legal assistance.

- **(CMHC CONSUMERS)** Consumers endorsed the personalized nature of CMHC services, referencing it as their “lifeline,” “family,” and “identity.” They believe that Lincoln should “take care of their own” and that the costs associated with reducing/eliminating mental health services would only be shifted to hospitals and jails. Consumers reiterated the importance of the seamless delivery system at CMHC. At the same time, several consumers recognized the need for increased service efficiency. Satellite locations for CMHC were mentioned as a possible systems improvement. Consumers were concerned that their continuity of care could be disrupted if the current system is reorganized.
- **(FAMILY MEMBERS)** Family members stressed that Nebraska’s citizens and government seem to be growing more indifferent to the needs of vulnerable individuals, including those with developmental disabilities, the elderly, children, and the mentally ill. They cautioned about the long-term impact of such indifference.
- **(CMHC STAFF)** Staff recognized that there is a community perception that they are overpaid government workers. They stressed that they are working with very complicated patients and a high level of expertise and commitment is necessary. They asserted that it is impossible to determine what the impact would be of “re-inventing” public mental health services, and that the risk of doing so could be costly for vulnerable patients. The staff provided several examples how “systems change” has negatively impacted vulnerable individuals, i.e. Beatrice State Development Center and statewide child welfare reform. They also described staff members who left CMHC for the private sector, only to return because of the higher quality of care provided by CMHC. Several CMHC staff members pointed to the recent economic downturn and how it has caused increasing caseloads, stressing that now is not the time to reduce or fragment services. In summary, they challenged policymakers to consider that “lives are at stake.”
- **(SERVICE PROVIDERS/ADVOCACY GROUPS)** Service providers/advocacy groups stressed that the “one-stop shop” services provided at CMHC are important to continuity and quality of care. One provider stated that having CMHC staff on-site in the jail is critical to creating effective transition plans.
- **(PUBLIC COMMENT)**
- **(SURVEY and TELEPHONE COMMENT LINE)**



STRATEGIES FOR INCREASING AND SUPPORTING CONSUMER INVOLVEMENT IN MENTAL HEALTH POLICY/PLANNING, MANAGEMENT, AND SERVICES DELIVERY

People with experience in the mental health system – as expatients or active recipients of services, have a “unique contribution to make to the improvement of the quality of mental health services in many areas of the service delivery system.”

The significance of their contributions stems from expertise they have gained as recipients of mental health services, in addition to whatever formal education and credentials they may have.”

[1] www.nasmhpd.org

Self-determination is recognized as a significant element in all aspects of human activities, yet frequently is overlooked as an important aspect in the lives of people with psychiatric disabilities. In response to pressure from organized consumer advocacy groups, family organizations, and national leaders in community support service approaches, a number of service systems are beginning to **identify ways in which expatients/consumers and family members can play an active role in the determination of mental health policy and issued a policy recognizing and supporting the importance of consumer involvement in all aspects of mental health service planning and delivery.**

Implementing this policy often requires significant changes in the way in which the business of mental health policy/planning, management and service delivery is typically conducted.

The following is a list of strategies to assist state and local organizations and agencies increase and support consumer involvement in mental health policy/planning, management and service delivery. **36**

POLICY AND PLANNING

Recognize that the National Association of State Mental Health Program Directors (NASMHPD) has passed a policy on Consumer Contributions to Mental Health Service Delivery Systems (www.nasmhpd.org) Circulate this widely, especially with your own State Mental Health Director and his/her staff and local mental health providers.

Expect, plan for, and facilitate consumers and family participation in all planning and policy making bodies at state, regional, and local levels. Invite and support active consumer participation in evaluation activities, new program development, grant writing and so forth.

Start with two or three consumer/family members on board. If necessary, let people share a seat on a board to make participation less stressful and intimidating. Spend time briefing all new board members on issues before the first meeting. Also make it a habit to call or meet with consumers/family members before and after a meeting to answer questions they may have. Be sensitive to not using acronyms, or explain them as you go.

Set and move toward an explicit goal of 50% consumer/family composition in planning and policy making groups – including agency Boards of Directors, taskforces and study groups, advocacy and advisory committees, and so forth. Large number of participants helps to compensate for changes in individual needs and ability to actively participate.

Provide personal support and resources to consumer participants as needed. The kind of support depends on each individual's needs and experiences, but may include indepth orientation and explanation of process, clarified expectations, feedback on social skills and assertiveness, confidence building, review of events and points of concern, and so forth.

When transportation is not convenient, arrange for rides. Whenever a staff is participating in one of these activities, staff should invite a consumer along in order to provide transportation, support and facilitate further involvement. Also encourage other committee members to share rides.

Provide financial compensation whenever possible. Upfront money for transportation and meal expenses is always helpful and sometimes necessary. If you can pay a per diem (even \$10-\$20 per meeting) arrange to do so since this is a powerful statement that consumer's participation is valued and that their time is respected. Remember, professionals often attend these meetings as part of their work day and are consequently receiving compensation for their time.

Provide for a wide range of types and degrees of participation so that consumers can choose the degree of involvement they feel comfortable with. Encourage and assist people to become involved at varying levels of intensity as their comfort level and personal needs change.

Solicit and facilitate involvement of a wide variety of individuals – not just an identified few. This empowers more individuals to take an active role and provides for greater diversity of opinion and experience. Elitist practices that typically call on just a few select persons to participate in everything – usually without financial recompense – can make the individuals feel like “token” and may cause them to quickly become overextended.

Formally and regularly solicit written information from active ex-patient/recipient and family organizations about their concerns about the current system and strategies for improving the system. Collate this feedback and disseminate it to the system leadership and advocates. Information from persons no longer involved in the system is often more direct, when there is no fear of reprisal for negative feedback.

Establish regular meetings with local family and consumer groups. Some CMHC Executive Directors have established monthly lunches with family and consumer representatives. Listen carefully to issues and concerns raised and make sure to follow-up on these issues and concerns. As one Executive Director says, “I sleep better at night when I know that families and consumers are advocating for the same agendas I do, but they do it more effectively.”

Create a Consumer Council that has direct contact with system leadership to provide input and perspective on policies and practices; to bring state attention to service, training, and support needs of persons in the field (staff providers as well as consumers); to function as a regulatory

body to manage a pool of funds for consumer operated services, to review applications and make decisions regarding allocation of those funds, and so forth.

Conduct consumer preference studies on consumer/family perspectives on housing, employment and services so that you have specific data for planning.

Fund an Office of Consumer Affairs to function as a “watchdog” for the system and provide an in-house advocacy capacity for all expatients and consumers. Provide ombudsman services and a clear grievance process.

Continually build from where you are. Look for ways to expand opportunities for consumer involvement and listen more closely.

MENTAL HEALTH SERVICE DELIVERY

Employ consumers in all aspects of agency workforce – including emergency and social support programs, case management and office support staff. Set goal that a minimum of 10% of these positions be filled by expatients and consumers. Review all of your agency policies regarding employees to identify policies that may hinder or prevent consumer employment.

Develop an affirmative action policy that will promote consumer employment and give recognition to the importance and viability of expertise gained as service recipients.

Let consumers know they are eligible and desired in these positions. Advertise positions as “consumer or expatient preferred.” Make sure that position announcements are posted and circulated in place expatients and consumers will see them. Reach out and recruit persons from “outside” the system.

Define and develop policies/procedures for psychiatric disabilities. For example, ensure on-the-job peer counseling/support, recognize leave for mental health reasons (in addition to physical health reasons), develop schedules with flexible hours, make sure that each person has a place to go to “sound off” when necessary. Whenever possible, provide liberal and extended leave as needed – with or without pay. Guarantee job security if extended leave is necessary.

Work with existing Employee Assistance Programs to accommodate any special needs of consumer employees. Make these programs available to all employees, including consumers and expatients.

Review the agency policies for content and language; make sure that they are fair and respectful of expatient/consumer employees, e.g. pay structures, grievance procedures, personnel evaluations, and so forth.

Make sure individuals have the resources and supports needed to do the work. Provide good orientation to the agency procedures and expectations of the work. Develop cooperative relationships with external support services that the employee may be working with such as Vocational Rehabilitation or Job Coaches.

Value the unique skills and expertise of expatients and consumers. Assist them to find ways to utilize skills and expertise on the job, e.g. people who have struggled with substance abuse and/or homeless may be able to engage others who are actively struggling with substance abuse and/or homelessness. But be sensitive to people's ability to handle stressful situations that are similar to situations they have been in. For example, a consumer/expatient may feel strongly about not wanting to be involved in an involuntary commitment procedure.

Make sure that the supervisors for consumers/expatients are well trained and supported. Recognize that there are times when consumer/expatients may need fairly extensive supervision and support. Significant time should be available so the supervisor can devote the time needed for this supervision. There are also times when the supervisors need support and feedback on their preferences. Make sure this is available.

When necessary, provide training and support to other staff while they are learning to accept the employees and work with them as peers. Promote and support the unique contributions of each person on the team.

Make sure that expatients/consumers are included in formal and informal staff activities common in the agency, e.g. meetings, social events, training and so forth. Be sensitive to the fact that expatients/consumers often need transportation to the events and sometimes also support in negotiating the social situations successfully.

TRAINING

Never design a training program without substantial family/consumer participation on the planning committee.

Guarantee consumer participation in all training events, both as trainers as well as participants. Set a goal that 100% of all training events that you are involved in has family and consumer involvement.

Fund consumer participation at national, state and local conferences and training programs. Pay for expenses for individuals to attend events scheduled for consumers and expatients, as well as those targeted to professionals. Waiving the registration fees to attend the conference/training program often in itself, enables consumers who live in the vicinity to attend the program. Flexible funds available to pay up-front for mileage, hotel and meals also helps. Be sensitive to the fact that when there is a "lunch on your own" during a conference, that consumers may not have sufficient funds to buy lunch at the expensive hotel where the meeting is held and will need assistance.

State Department of Mental Health should encourage/require local providers to bring consumers with them to all training events. The state should also allow local programs to use some funds (often allocated as client incentive money or contingency funds) to pay for consumer's hotel and meal expenses.

A very empowering way to make consumer attendance at conferences possible is to provide funds for scholarships that are entirely administered by consumers.

Keep in mind that many administrative tasks involved in coordinating a training (e.g. copying handouts, mailing announcements, reminder telephone calls, stuffing conference packets, staffing registration tables, handing out and evaluation forms and so forth) can be done by consumers who get paid for the work done.

Involve consumers in all invited public speaking activities, including civic groups, classroom presentations, service clubs and so on. If you or one of your staff are invited to present, always take another expatient or consumer. Do not speak unless this is acceptable and accommodated by the host.

Lobby with highly educated professionals to include expatients and consumers to be involved as trainers in human service programs, e.g. psychology, education, social work, nursing and so forth. If you or one of your staff functions as adjunct faculty or provide regulation training events, ensure that consumers and expatients have opportunities to share their experience and perspective as part of the training content.

Influence higher education curriculum and internships to include a focus on consumer involvement strategies.

Develop ways to assist consumers to pursue higher education goals and get degrees.

CONSUMER-OPERATED PROGRAMS

Designate a set percentage (e.g. 10%) of all service funding for consumer-operated programs. Document current level of funding allocated to consumer-operated programs and measure progress toward the 10% goal in the annual report each year.

Invite consumer input regarding the types of services and alternatives they would like to see available, e.g. crisis “safe houses”, drop-in centers, hotlines/warmlines, peer support groups, housing referral services, and so forth. This input can be collected through preference surveys, invited focus groups, public hearings, soliciting written information, and so forth.

Identify and pursue sources for grants and other non-state dollars for establishing and expanding these programs.

Provide training for consumers on how to develop and operate programs.

Encourage free-standing peer-support groups. Invite outside consumer leaders to assist in organizing support and self-advocacy groups.

Encourage and pay for consumers to visit consumer-operated programs in your state or nationally.

[1] NASMHPD Position Paper on Consumer Contributions to Mental Health Service Delivery Systems. Approved by NASMHPD Board, 12/12/89 & MEMBERSHIP 12/13/89. NASMHPD IS NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS.

National Association of State Mental Health Program Directors

POSITION STATEMENT ON CONSUMER CONTRIBUTIONS TO MENTAL HEALTH SERVICE DELIVERY SYSTEMS

The National Association of State Mental Health Program Directors (NASMHPD) recognizes that former mental patients/mental health consumers have a unique contribution to make to the improvement of the quality of mental health services in many areas of the service delivery system. The significance of their unique contributions stems from expertise they have gained as recipients of mental health services, in addition to whatever formal education and credentials they may have.

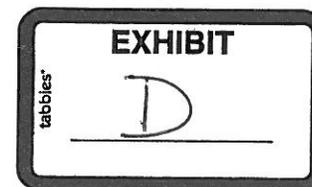
Their contribution should be valued and sought in areas of program development, policy formation, program evaluation, quality assurance, system designs, education of mental health service providers, and the provision of direct services (as employees of the provider system). Therefore, expatients/consumers should be included in meaningful numbers in all of these activities. In order to maximize their potential contributions, their involvement should be supported in ways that promote dignity, respect, acceptance, integration, and choice. Support provided should include whatever financial, educational, or social assistance is required to enable their participation.

Additionally, client-operated self-help and mutual support services should be available in each locality as alternatives and adjuncts to existing mental health service delivery systems. State financial support should be provided to ensure their viability and independence.

- Developed by an Ad Hoc Committee on Consumer/Expatient Involvement meeting in Cambridge, Massachusetts, February 23, 1989.
- Approved by Executive Committee of Human Resource Division of NASMHPD on June 13, 1989, for consideration by the full membership of the NASMHPD Human Resource Division for action at its annual meeting in October, 1989, in Omaha, Nebraska.
- Approved by NASMHPD Board 12/12/89, and by Membership on 12/13/89 at Winter Commissioners/Directors meeting.



November 30, 2011 - Road to Reform



For Mentally Ill, Home Is Where the Health Home Pilot Is

by Dan Diamond, California Healthline Contributing Editor

Little Rhode Island's health department is getting a lot of attention this week.

While 13 states shared in \$220 million in CMS grants on Tuesday, the Ocean State was alone in receiving a Stage 2 award -- worth nearly \$58 million over two years -- for its health insurance exchange efforts.

But a smaller, path-breaking reward escaped many health wonks' notice: **\$12.7 million in federal matching funds** for Rhode Island to become the nation's second state to establish a "health home."

What is a Health Home?

You may have heard of a "medical home" -- an emerging model to provide team-based, patient-centered care, **as evidenced by Healthy San Francisco**.

A health home goes a step further, at least when defined by CMS in **Section 2703** of the Affordable Care Act.

Specifically, the homes must integrate physical *and* mental health services, partly by requiring care providers to collaborate with community organizations and in-the-market resources.

Another key wrinkle: health homes are intended for high-risk Medicaid beneficiaries -- those with chronic health conditions and others with "serious and persistent" mental health conditions.

These aren't easy goals to accomplish, but CMS included a carrot to spur adoption: State programs named as health homes receive a 90% enhanced federal match rate to provide care for the first eight fiscal quarters after implementing the model.

Some state officials say that funding could be transformative -- and is desperately needed.

Mentally Ill Patients Can Be Lost in Shuffle

In recent years, states have significantly pared funding for mental health services. The National Alliance on Mental Illness **recently reported** that states have reduced their mental health budgets by a combined \$1.7 billion since fiscal year 2009; California alone has made \$764.8 million in cuts.

Such cuts are **fraying the safety net** and leaving patients' lives in the balance, advocates warn. About **one in five adults** in California suffer from a mental disorder and one in 25 have a serious mental illness. But between a population with disparate needs and the stigma of mental illness, it's hard to rally a political constituency to fight cuts to mental health care.

And as Felice Freyer writes in the *Providence Journal*, the nation's mental health crisis is about more than, well, mental health. Afflicted patients have many physical health care issues, too.

"People with mental illness tend to die 25 years sooner than people without mental illness," partly because of chronic conditions like heart disease and diabetes, Rhode Island health official Craig Stenning told Freyer.

Rhode Island To Experiment on Care Delivery

As director of Rhode Island's Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, Stenning will lead a three-pronged approach to address mental health patients' chronic conditions

and lack of access to providers.

Under the new program, some of Rhode Island's 5,400 mentally ill adults will be steered toward medical clinics at community health centers, while others will receive care at stand-alone clinics or from private physicians. State officials will monitor the outcomes to see if the care is thorough, effective and ultimately cost-saving by avoiding trips to the emergency department.

Meanwhile, the first state to be named a health home -- Missouri -- is aiming for a Jan. 1 launch for its **own initiative**. Under the program, Missouri's 27 community mental health centers will coordinate care for roughly 15,000 eligible adults, serving as the hub to connect behavioral health professionals and area physicians.

Golden State Also Weighs Participating

More than 30 states have expressed interest in the Section 2703 option, and a handful -- including Iowa and North Carolina -- have submitted draft state plan amendments. New York in August issued a broad call for providers to participate in its **health home program**, although CMS has yet to approve the state's application.

So the pertinent question for *California Healthline* readers: Will California apply for the program, too?

State health officials are currently assessing the model and its fiscal and operational viability, DHCS spokesperson Anthony Cava told *California Healthline*. That initial assessment should be completed within the next month or so.

While DHCS is "very interested" in improving coordination of care for vulnerable patients, it's crucial to determine if the CMS program will be cost-effective, Cava specified. Key considerations for cash-strapped California include whether the state can shoulder any supplemental costs and whether providers are ready to absorb the new slate of health home responsibilities, he added.

California's Approach to Mental Health

Rhode Island has served as a reform pace car before; the state enacted a **Medicaid waiver** in 2008, two years before California's own Bridge to Reform.

But California has a history of being a leader, not a laggard on mental health care, having passed a mental-health parity law nearly a decade before Congress enacted a similar requirement. Proposition 63 -- approved by voters in 2004 -- also has provided crucial funding to bulwark services in the face of cuts.

And California's county-focused health system has allowed for regional experimentation, NAMI's Bettie Reinhardt told *California Healthline*. For example, Reinhardt cited how San Diego-area mental health providers "are actively talking about health homes" after spending several years working toward integrated care.

Still, the CMS program is a "great opportunity," according to DHCS' Cava. "Road to Reform" will be watching to see if California seizes it.

Here's what else is happening around the nation.

Challenges to Reform

- Lobbyists are expected to spend millions of dollars over the next few months in an attempt to influence the **U.S. Supreme Court's** forthcoming decision on the constitutionality of the federal health reform law. Observers say their efforts are expected to include ideological appeals, arguments about the law's popularity among U.S. residents and campaigns that certain justices recuse themselves from the case (Pecquet, "**Healthwatch**," *The Hill*, 11/27).
- In letters to **U.S. Attorney General Eric Holder** and **White House Counsel Kathryn Ruemmler** last week, **House Judiciary Committee Chair Lamar Smith (R-Texas)** asked the Obama administration to produce documentation and internal communication regarding **U.S. Supreme Court Justice Elena Kagan's** relationship to the federal health reform law, bolstering calls for her recusal from a case against

the overhaul. Republicans argue that Kagan should recuse herself from the case because she was solicitor general in the Obama administration when the law was passed, creating a potential conflict of interest. The administration has said that Kagan did not participate in discussions on the law (Haberhorn, *Politico*, 11/22).

- A **U.S. Supreme Court order list** issued on Monday did not indicate whether the court will hear arguments in Virginia's challenge to the federal health reform law. Last week, justices met in a private conference to discuss the roster of hearings in the coming months. The lawsuit -- which was filed by **Virginia Attorney General Ken Cuccinelli (R)** and dismissed by the **4th U.S. Circuit Court of Appeals** - reportedly was on the high court's list of petitions under consideration. Meanwhile, the justices have not discussed in conference whether to hear a separate Virginia-based challenge, which was filed by **Liberty University** and also dismissed by the 4th Circuit court (*CQ HealthBeat*, 11/28).

In the States

- On Monday, **HHS** rejected requests from Indiana and Louisiana for waivers on the medical-loss ratio rule under the federal health reform law. Under the rule, private insurers must spend at least 80% in the individual market or 85% in the group market of their premium dollars on direct medical costs. HHS found that health plans in the two states can meet the MLR threshold and that plan members will get a better value with the current rules, according to **CMS** officials. HHS already has granted MLR waivers to seven states and denied requests from Delaware and North Dakota (Pecquet, "**Healthwatch**," *The Hill*, 11/28).
- Several states are considering whether to wait to implement the health insurance exchanges under the federal health reform law until after the **U.S. Supreme Court** has ruled on the constitutionality of the overhaul. The governors of Kansas and Nebraska have said their states will not implement an exchange until a high court ruling, but both states are continuing to plan in case the court upholds the overhaul. **CMS Center for Consumer Information and Insurance Oversight Director Steve Larsen** said he believes states will be cautious ahead of the Supreme Court's decision but they will not want to fall too far behind schedule in case the court rules in favor of the law (Millman, *Politico*, 11/28).
- **Despite their opposition to the federal health reform law, Georgia lawmakers are developing a plan to launch a state-based health insurance exchange in accordance with the overhaul's requirements.** If the law is not overturned by the **U.S. Supreme Court**, states will have to implement their own insurance exchanges or cede developmental control to the federal government. Georgia is participating in the multistate lawsuit that the high court will review in 2012, but officials continue to develop the exchange in an effort to avoid federal control if the law is upheld (Gugliotta, *Kaiser Health News/Washington Post*, 11/21).

Public Opinion on Reform

- A recent **Quinnipiac University** poll found that 48% of U.S. residents support the high court striking down the reform law and 40% say the court should uphold it. The survey showed that 70% of Democrats said the court should uphold the law, while 86% of Republicans want the court to rule the overhaul unconstitutional (Baker, "**Healthwatch**," *The Hill*, 11/23).

Effects of Reform

- The coverage gap in Medicare Part D will shrink by about 40% for beneficiaries who land in the "doughnut hole" this year because of provisions in the federal health reform law, according to data provided by **CMS' Office of the Actuary**. Without provisions in the federal health reform law, the average beneficiary who reached the coverage gap would have spent \$1,504 this year on prescription drugs. However, provisions in the overhaul reduced that figure to \$901 (Alonso-Zaldivar, *AP/San Diego Union-Tribune*, 11/27).