



**MEETING NOTICE
INVITATION TO NEGOTIATE COMMITTEE
WEDNESDAY, JUNE 13, 2012
7:30 - 9:30 a.m.
COUNTY – CITY BUILDING – 555 S 10TH ST
ROOM 113**

AGENDA

1. **Approval of Minutes - May 30, 2012**
2. **Review and Approval of Purpose Definition**
3. **Community Mental Health Center Programs and Services Presentation**

MINUTES
COMMUNITY MENTAL HEALTH CENTER (CMHC)
INVITATION TO NEGOTIATE (ITN) COMMITTEE
WEDNESDAY, JUNE 13, 2012
COUNTY-CITY BUILDING, ROOM 113
7:30 A.M.

Committee Members Present: Ron Sorensen, Community Mental Health Center (CMHC); Pat Talbott, Mental Health Association; C.J. Johnson, Region V Systems; Judy Halstead, Lincoln-Lancaster County Health Department (LLCHD); Cpt. Joe Wright, Lincoln Police Department (LPD); Gary Lorenzen, Mental Health Foundation; Brent Smoyer and Jane Raybould, County Commissioners; Gail Anderson, CMHC Advisory Committee; J Rock Johnson, consumer advocate; Kerry Eagan, County Chief Administrative Officer (Ex-Officio); Vince Mejer, City-County Purchasing Department (Ex-Officio); Scott Etherton and Wendy Andorf, CMHC (Ex-Officio)

Committee Members Absent: Lori Seibel, Community Health Endowment (CHE)

Others Present: Deb Schorr, County Commissioner; Ann Taylor, County Clerk's Office

Sorensen called the meeting to order at 7:30 a.m.

1 APPROVAL OF THE MAY 30, 2012 MINUTES

MOTION: J Rock Johnson moved and Halstead seconded approval of the minutes. Sorensen, Talbott, Halstead, Wright, Lorenzen, Smoyer, Anderson and J Rock Johnson voted aye. C.J. Johnson and Raybould were absent from voting. Motion carried 8-0.

OTHER BUSINESS

J Rock Johnson asked that discussion of meeting date concerns and future presentations be added to the agenda. There was no objection to the request.

C.J. Johnson arrived at the meeting at 7:37 a.m.

J Rock Johnson noted the meeting schedules for the Behavioral Health Advisory Committee and Region V Governing Board and expressed concern that those bodies would not have sufficient time to review the Committee's materials if the Committee keeps to its timeline to forward recommendations to the County Board and the Region V Governing Board by September 30th. She suggested the Committee's timeline be extended to allow more time for design development and consumer involvement.

Raybould arrived at the meeting at 7:42 a.m.

C.J. Johnson felt the Committee should at least provide an interim progress report.

MOTION: J Rock Johnson moved and Raybould seconded to: 1) Change the Invitation to Negotiate (ITN) Committee's schedule to accommodate the Behavioral Health Advisory Committee's meetings on August 29, 2012 and October 4, 2012 and the Region V Governing Board's meetings on September 10, 2012 and November 5, 2012; and 2) Give a presentation to those bodies and request feedback. Sorensen, Talbott, C.J. Johnson, Halstead, Wright, Lorenzen, Raybould, Smoyer, Anderson and J Rock Johnson voted aye. Motion carried 10-0.

2 REVIEW AND APPROVAL OF PURPOSE DEFINITION

The Committee reviewed the draft Community Mental Health Center (CMHC) Invitation to Negotiate Committee (ITN) Committee Purpose Statement (Exhibit A) and revisions proposed by J Rock Johnson (Exhibits B and C, which are the same document but in different formats).

Raybould asked how a work session with providers could fit in the schedule. She felt it was important to get feedback and guidance from them on design structure.

J Rock Johnson said she would be interested in knowing how they intend to deliver recovery-based services and involve consumers. Sorensen said that may be more of an issue for the ITN process. He said he envisioned having the providers come in and explain what they do and how it relates to what CMHC does; how they would upgrade the system and where they see gaps existing.

Smoyer said he assumed the providers wouldn't give presentations until the ITN is developed.

C.J. Johnson said the State utilized two rounds of requests for information in its Request for Proposal (RFP) for At-Risk Managed Care which allowed potential bidders to have input and said that would be one way to proceed.

Mejer said an RFI is generally done when the scope of services available or desired is not known. Once that information is assessed, an RFP could be utilized to narrow the number of providers to two or three. Those providers would then be invited to give a presentation on how they would offer services.

C.J. Johnson said Region V could provide information on services that are available in the network.

Lorenzen said medication management will be key. He said CMHC has been able to secure many medications at no cost and that may not be available in the future.

C.J. Johnson noted the County puts in over \$600,000 annually to support the medical component of CMHC.

Halstead suggested that consideration be given to conducting an on-line provider survey, specific to what providers see as the gaps in services and what they believe would add value to the system.

J Rock Johnson said she would want them to provide information about implementation of recovery-based systems, consumer involvement and consumer-run services.

Halstead said guiding principals could be provided but said a provider's specific programs or philosophy would come up in the RFI and RFP process.

Mejer suggested a separate survey for consumers.

C.J. Johnson thought a gap analysis was performed in 2000 and said he will try to regenerate that document.

Lorenzen stressed the need for a good understanding of what services CMHC provides and the number of clients served.

Consensus was to proceed with drafting an on-line survey and a presentation from Region V.

J Rock Johnson asked that the presentation include recovery-based activities and consumer involvement so the Committee will know what to build on.

Anderson expressed concern regarding whether some of the changes in terminology from "should support" to "will be" in the first bullet point in Exhibits B and C provides room for adjustment.

J Rock Johnson explained she suggested the change to reflect what seems to be the intent of the County Board.

Smoyer exited the meeting at 8:45 a.m.

MOTION: J Rock Johnson moved and Raybould seconded to accept the Community Mental Health Center (CMHC) Invitation to Negotiate Committee (ITN) Committee Purpose Statement, as revised. Sorensen, Talbott, C.J. Johnson, Halstead, Wright, Lorenzen, Raybould, Anderson and J Rock Johnson voted aye. Smoyer was absent from voting. Motion carried 9-0.

3 COMMUNITY MENTAL HEALTH CENTER (CMHC) PROGRAMS AND SERVICES PRESENTATION

Ron Sorensen, Executive Director, and Wendy Andorf, Program Manager, gave an overview of the following programs/services (Exhibit D):

- Community Support

- Crisis Center
- Day Rehabilitation (Midtown Center)
- 24-Hour Emergency Services
- Homeless/Special Needs
- Medical Services
- Outpatient
- Partial Hospitalization Program
- Partners in Empowerment and Recovery (PIER Program)
- Psychiatric Residential Rehabilitation (Heather Program)
- Sex Offender Program (STOP)

NOTE: Indirect costs and facility costs were reflected, with the exception of the Midtown Center.

Scott Etherton, Crisis Center Program Manager, noted there were 610 admissions to the Crisis Center last year. He said 35 individuals were admitted 2 times, 11 individuals were admitted 3 times, 2 individuals were admitted 4 times, and 1 individual was admitted 11 times.

In response to a question from J Rock Johnson, Etherton said there are no peer specialists at the Crisis Center at this time.

Lorenzen asked whether the County would be willing to lease the building that houses the Midtown Center if a new provider takes over the program.

Sorensen said ownership of the building seems to be an issue.

A projection of lease costs was requested.

Lorenzen noted that the Mental Health Foundation has provided a vehicle to the Midtown Center and there are associated operating costs.

C.J. Johnson said there needs to be a breakdown at some point of the different funding streams that are coming through Region V and from Lancaster County.

Lorenzen asked whether the 16 counties in Region V contribute on a per capita basis.

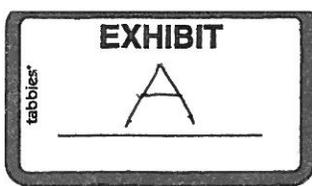
C.J. Johnson said no, Lancaster County contributes about 72% of the match and has 62% of the population. He added that Lancaster County receives 82% of the funding for services (emergency protective custody holds).

J Rock Johnson said she would like to see a breakdown of the emergency phone line costs. She also asked that the Partial Hospitalization section reflect the alumni meeting.

4 ADJOURNMENT

There being no further business, the meeting was adjourned at 9:58 a.m.

Submitted by Ann Taylor, County Clerk's Office.



**COMMUNITY MENTAL HEALTH CENTER
INVITATION TO NEGOTIATE COMMITTEE
PURPOSE STATEMENT**

DRAFT

The Lancaster County Board of Commissioners established the Community Mental Health Center (CMHC) Planning Committee in June of 2011 for the purpose of reviewing how the County is providing mental health services at the CMHC, determining the best model for providing services in the future, and advising the Board as to the proper role of the County in funding and providing these services. The stated goal of the Committee is to provide the County Board with an effective, sustainable long-term plan regarding how community-based mental services should be provided in Lancaster County.

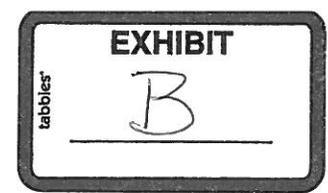
The CMHC Planning Committee submitted its final report to the Lancaster County Board in February of 2012, recommending the creation of a new recovery-based service model which integrates primary care and behavioral health services, with extensive consumer involvement and emphasis on peer supported programming. The Planning Committee further recommended the County Board work with Region V Systems to prepare specifications for the new service model to be used in soliciting cooperative and creative proposals through an Invitation to Negotiate (ITN) process. The County Board accepted these recommendations and the CMHC Invitation to Negotiate Committee was established to assist the Board in defining the essential components of the new service model.

To accomplish this purpose the ITN Committee will review current CMHC and Region V Systems behavioral health programs and services, consumer needs and interests, best practice and evidence based service models, and recommend to the Lancaster County Board and Region V Systems a recovery based service model that best meets the interest and needs of consumers. The Panel will also suggest a process for transitioning the CMHC from County Governance to the private sector and adopting the new service.

IMPORTANT CONSIDERATIONS IN THE PLANNING PROCESS

- The system should support recovery, best practices, evidence-based practices, and the social inclusion of consumers in the community
- There should be an assessment of what people want and need and a determination of the gaps existing in services
- The integration of behavioral health and primary care should be an important consideration in the planning process
- The process should encourage innovation and demonstrate collaboration in the coordination of services
- The location of services should be in the best interest of consumers and, where appropriate, essential key services should be located at one location
- Sufficient time should be allowed to provide for the effective transition of services to new providers or locations
- Desired outcomes of the system should be identified, tracked, measured and evaluated
- The system should be financially sustainable

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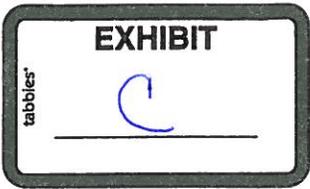
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IMPORTANT CONSIDERATIONS IN THE PLANNING PROCESS

- The system will be ~~should support~~ recovery based, prioritize best practices, and evidence-based practices, and effect the social inclusion of consumers in the community
- There will be ~~should be~~ an individual assessment , including the consumer's self-determined ~~of what each person people~~ wants and needs and a determination of the gaps existing in services.
- Persons with the most significant service and support needs are given priority.
- The integration of behavioral health and primary care is ~~should be~~ an important consideration in the planning process
- The process ~~should~~ encourages innovation, ~~and~~ demonstrates collaboration and emphasizes consumer involvement and services in the provision and evaluation as well as coordination of services
- The location of services is ~~should be~~ in the best interest of consumers easily accessible and available, as determined by consumers using public transportation. ~~and~~ Where appropriate,

essential key services should be located at one location, assuming that meets consumers' expressed needs.

- Sufficient time, planning and coordination should be allowed to provide for the effective transition of services to new providers or locations and to meet the individual needs of service users in their transitions.
- ~~Desired~~ Identify system recovery outcomes and performance indicators, with the input of consumers and the academic mental health research community, to be identified, tracked, measured, ~~and~~ evaluated and made public.
- The system should be financially sustainable



COMMUNITY MENTAL HEALTH CENTER
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Comment [JR1]: Change tense to clarify the goals was that of the former committee

Comment [JR2]: Peer support is a specific type of service and consumer run indicates consumer control, which did appear in the report. This language replaces "peer supported programming" indicating peers like or are in favor of programming, hence the clarification.

Comment [JR3]: Information comes directly from consumers

Comment [JR4]: Broaden ITN committee resources and knowledge base

Comment [JR5]: Information comes directly from consumers

Comment [JR6]: Csupply word "model"

Comment [JR7]: Recovery based is already the declared intent of County Commissioners

Comment [JR8]: Clarify use of best practices and evidence based practices is a priority

Comment [JR9]: Clarify grammar

Comment [JR10]: Emphasizes social inclusion as a function of a recovery based system

Comment [JR11]: Change intention and express importance of actovotu

Comment [JR12]: Clarify individual, not generalized

Comment [JR13]: Self-determination is a recovery concept consistent with consumer involvement

Comment [JR14]: Acknowledges that "one size does not fit all" and creates a planning priority for people with the greatest needs.

Comment [JR15]: An integrated system is already the declared intent of County Commissioners

Comment [JR16]: Change to active voice

Comment [JR17]: Sentence structure

Comment [JR18]: Consumer involvement

Comment [JR19]: Adds provision and evaluation to coordination function, adds consumer involvement and services

Comment [JR20]: Add provision and evaluation to services

Comment [JR21]: Change Intent

Comment [JR22]: Add consumer informed llocation criteria

Comment [JR23]: Create two sentences

essential key services should be located at one location, assuming that meets consumers' expressed needs.

- Sufficient time, planning and coordination should be allowed to provide for the effective transition of services to new providers or locations and to meet the individual needs of service users in their transitions.
- ~~Desired~~ Identify system recovery outcomes and performance indicators, with the input of consumers and the academic mental health research community, to be identified, tracked, measured, ~~and~~ evaluated and made public.
- The system should be financially sustainable

Comment [JR24]: Consumer involvement

Comment [JR25]: planning and coordination would be key to consumer success

Comment [JR26]: Recognizes consumers have needs that can differ by their circumstances

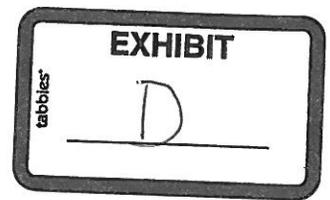
Comment [JR27]: More specific

Comment [JR28]: Need recovery outcomes for recovery based system; also indicators to measure

Comment [JR29R28]:

Comment [JR30]: Need practical and technical expertise in addition to consumer involvement

Comment [JR31]: Public access to data is important for effective evaluation



COMMUNITY SUPPORT

ELIGIBILITY

The Program provides mental health services to adults who experience a severe and persistent mental illness and have rehabilitation needs in the areas of vocational, occupational, social and/or activities of daily living.

SERVICES

- Ongoing Comprehensive Assessment
- Rehabilitation Planning/ Goal Setting
- Outreach
- Skill building
- Advocacy
- Relapse Prevention
- Linking with services
- Coordination with other care providers
- Assistance with entitlements
- Developing Supports
- Family Support Group
- Clozaril Support Group
- Multiple skill based groups

Additional Sub-programs

- Peer Support Program: 2FTE staff trained in intentional peer support who provide services to CMHC consumers through furthering their wellness by engaging in goal setting, social skills and community living.
- Harvest Project: Collaborative effort between CMHC, CenterPointe and Aging Partners. Community support services targeting older adults with severe mental illness and/or substance use issues.
- Independent Living Program: 5 apartments/15 beds in scattered sites for individual preparing to transition to independent living. Oversight in learning skills specific to independent living.
- Transitional Living Facility: Intensive community support services for up to 12 individuals at risk of inpatient care or transitioning from inpatient services. Provided on-site at assisted living facility owned by OUR Homes.

FUNDING SOURCES - FY 2012 Budget

Lancaster County	\$218,157.00
Region V Systems (State)	\$660,009.00
Medicaid/Medicare	\$1,306,520.00
Other	\$5,000.00
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TOTAL	\$2,189,686.00

PERSONS SERVICES - Calender Year 2011: 716

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: 18 months

FTE'S - Current:

Program Manager	0.50
Psychologist (clinical support)	1.00
Psychology Extern (contract)	2.00
Program Coordinators	4.00
Mental Health Clinicians	2.00
Community Support Workers	17.00
Peer Support (2 PTE)	1.00
Harvest (contract with Aging Partners)	2.00
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TOTAL	29.50

3 Consumers hired as hourly van drivers

COLLABORATING AGENCIES AND PROGRAMS:

- Lincoln Regional Center
- Bryan LGH
- OUR Homes
- Closely linked to Midtown Center for rehabilitation programming
- University of Nebraska - clinical Psychology Department
- Referrals to and from most human service agencies
- RAISE research program with UNL and Mary Sullivan

ISSUES:

- Payees
- Staff often provide transportation to consumers plus high use of vehicles for community based work - currently use County fleet vehicles.
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CRISIS CENTER

ELIGIBILITY

The Crisis Center admits individuals who are alleged to be mentally ill, dangerous due to their illness, are 18 years and older, who are detained under Nebraska Civil Commitment Statutes within the Region V area.

SERVICES

The Crisis Center is a 15 bed inpatient facility located on the second floor of 2201 South 17th Street. The center provides custody, screening, emergency evaluation and crisis intervention to acutely mentally ill and substance dependent individuals.

FUNDING SOURCES - FY 2012 Budget

Lancaster County	\$655,174.00
Region V Systems (State)	\$1,657,805.00
Medicaid /Medicare	\$123,600.00
Client Payments	\$12,500.00
Client Insurance	\$81,500.00
Other Region V Counties	\$155,000.00
Other Misc	\$2,600.00
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TOTAL	\$2,688,179.00

PERSONS SERVICES - Calender Year 2011:

Unduplicated: 537

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: 7 days

FTE'S - Current:

Program Manager	1.00
Team Supervisors	3.75
Registered Nurse	6.00
Psychologist	1.00
Psychiatrist	0.50
Mental Health Technicians	15.00
Clerical	2.50
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TOTAL	29.75

COLLABORATING AGENCIES AND PROGRAMS:

- Mental Health Board of Lancaster County and other Region V Counties - responsible for conducting hearings and determining whether or not a person is mentally ill and dangerous and orders the treatment of that person.
- Lincoln Regional Center - Serves patients committed to inpatient acute services by the Mental Health Board.
- Region V Systems - The Region is responsible for coordination the Crisis System
- Lincoln Police and Lancaster County Sheriff - first responders to mental health emergencies. Make determination as to whether a person is dangerous to him or herself or to others. Transports persons in their custody to Crisis Center
- Behavioral Health Providers - Behavioral Health providers provide outpatient and residential services to persons who have been placed at or discharged from the Crisis Center

ISSUES:

- Current location provides easy access to Bryan Hospital and CMHC services for Crisis Center patients. Relocating the Crisis Center will create transportation issues.

DAY REHABILITATION MIDTOWN CENTER

ELIGIBILITY

This program serves Adults with severe mental illness and rehabilitation needs in areas of social interactions, occupational functioning and/or activities of daily living.

SERVICES

Services provided Monday-Saturday for minimum of 5 hours per day. Adult Psychiatric Day Rehabilitation Services include:

- Assessment of functional skills/deficits
- Individual Rehabilitation/Recovery Planning based on functional assessments and participants individual goals to return and/or remain in the community.

Rehabilitation Programing Includes:

- Work experience through the AWARE Program
- Peer to Peer Training opportunities
- Utilization of Consumer Drivers
- Core classes include:
 - Friendship and Intimacy Skill Training
 - Illness Management and Recovery
 - Interpersonal Problem Solving
 - Integrated Psychological Therapy
 - Social Skills Training
 - Social Cognition and Interaction Training
- Examples of other classes: Health and Wellness, Relaxation and Stress Management, Community Resources and Current Events.

FUNDING SOURCES - FY 2012 Budget

Lancaster County	\$66,278.00	Does not include rent or property mgmt expenses
Region V Systems (State)	\$87,435.00	
Medicaid/Medicare	\$428,700.00	
Nutrition Grant	\$30,000.00	
AWARE fee	\$30,000.00	

TOTAL	\$642,413.00
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PERSONS SERVICES - Calender Year 2011:

Unduplicated: 180

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: 10.5 months

FTE'S - Current:

Program Manager	1.000
Program Coordinator	1.000
Mental Health Specialist	4.000
Advanced placement UNL Psychology student	0.500
Van Driver	0.410
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TOTAL	6.910

COLLABORATING AGENCIES AND PROGRAMS:

- University of Nebraska/Lincoln Department of Clinical Psychology
- Nebraska Department of Education
- Lincoln Regional Center
- Region V Systems-Transitional Age Youth Program
- Community Health Endowment during 2011, none in 2012
- Collaboration between Community Support, Psychiatric Residential Rehabilitation and Day Rehabilitation in providing a continuum of care.

ISSUES:

- Use of consumer drivers (currently 3)
- Unique space needs to incorporate groups, classes and large community spaces.

EMERGENCY SERVICES - 24 HOUR

ELIGIBILITY

Emergency Services provides assistance to individuals of Lancaster County who believe they are experiencing mental health emergencies or are seeking information regarding mental health services.

SERVICES

Services include twenty-four hour access to program staff trained in mental health crisis assessment and intervention techniques, twenty-four hour psychiatrist consultation, screenings for placement or referral to an inpatient psychiatric program, Field Mental Status Screenings, consultations with law enforcement in conjunction with the Nebraska Mental Health Commitment Act, short-term stabilization emphasizing resource procurement/coordination/ placement, brief solution-focused interventions for mental health concerns, consultations and assessments upon request by authorized agency personnel who are present at the scene (i.e., Youth Services Center staff, Lancaster County Jail staff).

FUNDING SOURCES - FY 2012 Budget

Lancaster County	\$68,508.00
Region V Systems (State)	\$201,696.00
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TOTAL	\$270,204.00

PERSONS SERVICES - Calender Year 2011: 4349 contacts

CMHC Clients: 1187
non-client contacts: 3162

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: Contacts are brief in nature

FTE'S - Current:

Program Manager	0.200
Mental Health Clinicians II	1.500
Emergency Service Worker	1.500
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TOTAL	3.200

COLLABORATING AGENCIES AND PROGRAMS:

- Region V Providers
- LPD
- LCCC
- Partial Hospitalization Program

ISSUES:

- Staff are shared amongst 3 program areas.

HOMELESS / SPECIAL NEEDS

ELIGIBILITY

The Homeless Program serves homeless adults in Lancaster County who experience severe mental health problems. Special Needs serves a gap population of adults with mental health problems who otherwise fall through system cracks. Criteria for this service is not so restrictive as to exclude them from this program. (Examples: Persons not linked to other service systems; diagnosis does not fit other funded programs.) Both programs primarily serve people in the Lincoln area.

SERVICES

Services include outreach, assessment, linking short and long term case management, accessing medical treatment, and referral to more ongoing programs. Liaison with most social service agencies in the community as well as correctional facilities. Program goal is to stabilize in all aspects of individual's life: mental and physical health, housing, entitlements, supports, etc. Outreach and intervention, particularly with the jail and City Mission

FUNDING SOURCES - FY 2012 Budget

Path Grant (homeless)	\$32,500.00
City County Commons	\$44,166.00
Lancaster County	\$115,021.00
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TOTAL	\$191,687.00

PERSONS SERVICES - Calender Year 2011:

Special Needs:	137
Homeless:	72

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: 6 months

FTE'S - Current:

Program Coordinator	2.00
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TOTAL	2.00

COLLABORATING AGENCIES AND PROGRAMS:

- City Mission
- City/County Jail
- Homeless Voucher Committee

ISSUES:

- Payees
- Transportation

MEDICAL SERVICES

ELIGIBILITY

The Program provides mental health services to adults in Lancaster County experiencing mental health issues and in need of medication assessment and /or ongoing medication management.

SERVICES

Services include assessment, prescription medication, medication education, procurement of low to no cost medication for those who qualify, assistance with medication cassettes, liaison with Lancaster County Medical Society.

FUNDING SOURCES - FY 2012 Budget

Lancaster County	\$298,270.00
Region V Systems (State)	\$161,258.00
Medicaid/Medicare	\$215,350.00
Client Fee & Insurance	\$47,000.00
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TOTAL	\$721,878.00

PERSONS SERVICES - Calender Year 2011: 1743

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: unknown

FTE'S - Current:

Psychiatrist	0.50
Nurse Practitioners (contract)	1.35
Nurses	2.00
LCMS Liaison	0.10
Clerical Support	1.50
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TOTAL	5.45

COLLABORATING AGENCIES AND PROGRAMS:

- Rotation site for Union College Physician Assistant students.
- Provides clinical/medical supervision for Partial Hospitalization/Day Treatment.

ISSUES:

- Primary Behavior Health for General Assistance.
- High use of medication sample to reduce costs.

OUTPATIENT

ELIGIBILITY

The Outpatient Program provides mental health services to individuals 19 years of age and older, residents of Lancaster County, who are experiencing psychiatric illnesses, situational stressors, impairments in occupational academic, social, family functioning, life span issues, addictions, and abuse/domestic violence, or other trauma.

SERVICES

Services include pretreatment assessments and referral to appropriate levels of mental health care, substance abuse evaluations/treatment provision or referral, individual and family therapy, group therapy, short-term stabilization and consultations

FUNDING SOURCES - FY 2012 Budget

Lancaster County	(\$64,496.00)
Region V Systems (State)	\$308,622.00
Medicaid/Medicare	\$37,000.00
Insurance/Fees	\$19,300.00
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TOTAL	\$300,426.00

PERSONS SERVICES - Calender Year 2011: 819

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: Information not available

FTE'S - Current:

Program Manager	0.200
Mental Health Clinicians II	2.625
Mental Health Clinicians I	0.150
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TOTAL	2.975

COLLABORATING AGENCIES AND PROGRAMS:

- University of Nebraska-Lincoln, Department of Psychology
- General Assistance
- Open Door Health Initiative

ISSUES:

- Waits for accessing services can be lengthy due to limited number of staff
- Staff are shared amongst three program areas

PARTIAL HOSPITALIZATION PROGRAM

ELIGIBILITY

The Partial Hospitalization Program provides short-term treatment at the intermediate level to individuals 19 years of age and older who are experiencing acute onset or exacerbation of psychiatric symptoms- symptoms being at such levels whereas there are marked impairments in ADL's and/or social, vocational, educational functioning.

SERVICES

Services are delivered primarily through group formats and include treatment activities such as psychotherapy, cognitive/behavioral therapy, illness education/symptom recognition and management, crisis management, coping skills enhancement, medication education, health and wellness, accessing of community resources/supports, safety/relapse/recovery planning. Services also include psychiatrist evaluation and supervision and short-term individual therapy, as needed either concurrently or consecutive to program participation.

FUNDING SOURCES - FY 2012 Budget

Lancaster County	\$237,388.00
Region V Systems (State)	\$96,258.00
Region V Systems (Federal)	\$20,000.00
Medicaid/Medicare	\$105,475.00
Insurance/Fees	\$16,300.00
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TOTAL	\$475,421.00

PERSONS SERVICES - Calender Year 2011:

Duplicated: 211
Unduplicated: 174

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011: 11 days

FTE'S - Current:

Program Manager	0.600
Mental Health Clinicians II	1.875
Mental Health Clinicians I	1.850
Psych Extern	0.500
Psychiatrist	0.100
Clerk Typist II	1.000
Van Driver	0.410
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TOTAL	6.335

COLLABORATING AGENCIES AND PROGRAMS:

- University of Nebraska-Lincoln, Department of Psychology
- University of Nebraska-Omaha, School of Social Work]
- Lancaster County Crisis Center- The Partial Hospitalization Program provides treatment and stabilization services to individuals who are dismissed from protective custody either voluntarily or under outpatient commitments as ordered by the Lancaster County Board of Mental Health. Individuals awaiting outcomes of Mental Health Board hearings or those committed to inpatient treatment and awaiting beds, when deemed appropriate, participate in the Partial Hospitalization Program which can be a means for averting inpatient treatment and/or reducing post-commitment days.
- Mary Lanning Hosiptal - The Partial Hospitalization Program is available to provide treatment to individuals who have been committed there for inpatient treatment from Lancaster County Crisis Center as a “step-down” to outpatient treatment-either under commitment or voluntarily.
- Lincoln Regional Center - The Partial Hospitalization Program is available to provide treatment to individuals transitioning from inpatient to community settings.
- Bryan LGHW, Inpatient and ED - The Partial Hospitalization Program is available to provide services to individuals with little/no resources as a “step-down” from inpatient treatment or when appropriate, as an alternative to inpatient treatment following presentations to the Emergency Department.
- Medical Services for Psychiatrist evaluation and supervision.
- General Assistance

ISSUES:

- Acuity levels of persons served are increasing
- Provision of transportation
- Staff are shared across three program areas.
- Ability for consumers to “step-down” to outpatient groups as a transition and re-engagement in usual daily activities
- For individuals to receive treatment while at Lancaster County Crisis Center, programs must be at the same location.

PARTNERS IN EMPOWERMENT AND RECOVERY (PIER)

ELIGIBILITY

The PIER Program is an Assertive Community Treatment, or ACT, program that serves people whose symptoms of mental illness result in serious functioning difficulties in several major areas of life. These areas may include work, social relationships, residential independence, money management, and physical health and wellness.

SERVICES

ACT is an evidence-based team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to those being served in the program

FUNDING SOURCES - FY 2012 Budget

Region V Systems (State)	\$225,266.00
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TOTAL	\$225,266.00

* This total represents only part of the funding of the PIER Program. The balance of the funding and costs is shared through collaboration with CenterPointe, Inc. and Lutheran Family Services

PERSONS SERVICES - Calender Year 2011:

Program statistics available through Lutheran Family Services

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011:

Program statistics available through Lutheran Family Services

FTE'S - Current:

Mental Health Specialists	3.000
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TOTAL	3.000

COLLABORATING AGENCIES AND PROGRAMS:

- CenterPointe, Inc and Lutheran Family Services together with CMHC collaborate to manage and deliver ACT services.

PSYCHIATRIC RESIDENTIAL REHABILITATION (HEATHER)

ELIGIBILITY

The Program provides residential mental health services to adults from Region V who are diagnosed with a severe and persistent mental illness and in need of intensive rehabilitation services. Participants in psychiatric residential treatment are typically transitioning from a higher level of care, such as the Lincoln Regional Center and have extensive unsuccessful experience in both inpatient and outpatient services. Most are committed through the Mental Health Board or court system. Program capacity is 15.

SERVICES

Services are designed to help people with severe and disabling mental illness overcome disabilities created by their illness. Key outcomes are the ability to live and function with safety and stability and greater independence in a less restrictive setting. Services include:

- Comprehensive individualized assessment
- Treatment planning
- Skill training - including independent living skills, illness/wellness management, vocational/occupational skills, social/interpersonal skills leisure and recreational and relapse prevention
- Medication monitoring
- Involvement of families
- Collaboration with legal entities and Mental Health Boards
- Transition to less intensive levels of care

FUNDING SOURCES - FY 2012 Budget

Lancaster County (Admin)	\$70,573.00
Region V Systems (State)	\$268,169.00
Medicaid/Medicare	\$587,086.00
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TOTAL	\$925,828.00

PERSONS SERVICES - Calendar Year 2011:

Unduplicated: 24

AVERAGE LENGTH OF STAY (LOS) - Calendar Year 2011: 11 months

FTE'S - Current:

Program Manager	0.50	
Program Supervisor (RN)	1.00	
Supervising Practitioner (contract)	0.25	
Mental Health Technicians	9.00	
Psychology Extern (contract)	0.50	
Night staff 11-7 (contract)	1.40	Contract with OUR Homes
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TOTAL	12.65	

COLLABORATING AGENCIES AND PROGRAMS:

- Joint program between Lancaster County, University of Nebraska-Psychology Department, OUR Homes.
- Close interplay with Midtown Center/Community Support
- Contractual services through UNL Clinical Psychology Department / provides clinical supervision, program development and best practice treatment

ISSUES/ CONSIDERATION:

- High number of participants under Mental Health Board Commitments or court ordered (NRRI)
- Program needs ready access to legal counsel (now done through Lancaster County Attorney)
- Increasing acuity level of referrals
- Referrals often not well prepared for this level of care.

SEX OFFENDER PROGRAM (STOP)

ELIGIBILITY

The Sexual Trauma/Offense Program (STOP) provides mental health services to those persons who have been convicted of a sexual offense, have been incarcerated, and have been or are being reintegrated into the community.

SERVICES

Services include assessment, substance abuse screening, community support, group and individual therapy, relapse prevention, family therapy, and education groups for the clients and their families.

FUNDING SOURCES - FY 2012 Budget

Lincoln Regional Center (State)	\$126,000.00
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TOTAL	\$126,000.00

PERSONS SERVICES - Calender Year 2011:

Unduplicated: 50

AVERAGE LENGTH OF STAY (LOS) - Calender Year 2011:

FTE'S - Current:

Program Manager	0.065
LMHP	0.735
Psychologist	0.178
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TOTAL	0.978

COLLABORATING AGENCIES AND PROGRAMS:

- Lincoln Regional Center - LRC provides sex offender treatment and assesses each sex offender for the potential risk of reoffending before they are released to the community

ISSUES:

- Sustainability of funding from Lincoln Regional Center - LRC funding is only available if the appropriations for the sex offender program at Norfolk Regional Center exceed the costs of the program. The Legislature recently reduced the funding for this program.