

Region 6 Behavioral Healthcare
Report on Input Received for One-Time Dollars
September 12, 2008

Region 6 Behavioral Healthcare recently received new dollars into our behavioral health system. These new dollars come with a unique challenge in that they are one-time dollars. This means these dollars must be used for items or activities which either do not need continued funding or where continued funding can be obtained from another source in a short period of time. These dollars are connected to LB1083 and priority will be given to 1) activities and/or purchases that help to support the goals of transitioning people from the regional centers back to the community or to help divert people from needing regional center care, 2) reflect the needs of residents within our Region 6 service area, 3) will moving the system forward, and/or 4) preferably will have a long term impact on the behavioral health system. At this time, we will focus on the adult system; however, we recognize there are many needs within the children's behavioral health system. A portion of these dollars will be set aside to begin planning around the needs of youth.

The Region began collecting input on spending the one-time dollars from the community in November 2007 and has continued collecting input through community forums and written contributions. Below is a cumulative list of input we received over the past 10 months. Input was obtained from over 120 individuals including providers, consumers/family members, advocacy groups, and other interested parties in the community.

The Region will submit a preliminary plan on allocating these dollars to the Region 6 Behavioral Health Advisory Committee on October 1, 2008. Final approval will be made by the Region 6 Regional Governing Board during their October 22, 2008 meeting and we will begin to implement the plan following its approval. You may call Amy at 996-8370 for more information regarding the Regional Governing Board meeting.

The plan, as well as updates, will be available on the Region 6 webpage at www.regionsix.com.

The following is a list of input over the past ten months:

Capital Construction/Renovation/Acquisition

During the planning period, many good suggestions surfaced in the category of capital construction/renovation/acquisition. Region 6 would like to set aside a portion of the dollars and select projects in this category via a request for proposal (RFQ) format.

Training/Education

The following topics were identified as behavioral health training needs in our community:

- Training on Life Skills
- Multi-systemic Therapy
- Pilot Project Between Two Agencies to Focus on DBT and Trauma Informed Care
- WRAP (Train the Trainer)
- Crisis Intervention Training (CIT)
- Advancement of Peer Specialist Program
- Training for Providers on Working with Sex Offenders
- Cultural Competency
- Education on Mental Illness by Consumers to Providers
- Cultural Competency Training for Law Enforcement
- Trauma Informed Care Training
- Expand Peer Specialist Training
- SSI/SSDI, Outreach, Access and Recovery (SOAR) Training
- Wellness Recovery Action Plan (WRAP) Training
- Motivational Interviewing and Motivational Conversation Training
- Dialectic Behavior Training (DBT)
- Therapeutic Relationship Training
- Cultural of Poverty Training
- Development of a Consortium for Substance Abuse/Co-occurring Training
- GED and/or Post High-School Scholarships

Services

The following ideas were identified for service needs:

- Psychiatrist Hours at Local Medical Clinic
- Drop-In Center
- Substance Abuse Inpatient Treatment Program
- Sex Offender Treatment (Therapy)
- Additional ACT Team in the Community
- Additional Secure Residential Program
- Living Room Type Model
- Wellness Center
- Culturally Appropriate Services
- Translation Services
- Global Language Solutions
- The Spring Center (Crisis Stabilization)
- Crisis Response Services
- Services to Assist Individuals Needing Nursing Home Care
- Additional Supportive Services (for Housing)
- Sober House
- Support Group -Healing Unresolved Grief Support (HUGGS)-

Infrastructure

The following ideas were identified for system infrastructure needs:

- Network for the Improvement of Addiction Treatment (NIATx)
- Clinical Review Team (CRT) for Homeless System
- Co-Occurring Task Force
- Development of a System Wide Data System
- Behavioral Health Awareness Activities
- National Accreditation for Agencies
- Transition Age Services (will look at with youth system needs)
- Ensure Implementation of Trainings
- Expand Crisis Intervention Team (CIT)
- Coordination of Services
- Tele-a-Health Equipment
- Transportation
- Purchase of Unreimbursed Units for Providers
- Process to Enforce Medication Compliance for Outpatient Commitments
- Sex Offender Treatment
- Flex Funding for consumers

Consumer Involvement

The following ideas were identified for consumer involvement activities:

- Peer Support Position for Substance Abuse Program
- Peer to Peer Education (NAMI)
- Family to Family Education Programs (NAMI)
- Connection Recovery Support Groups (NAMI)
- Hiring of Peer Support Specialists
- State-wide Consumer Conference
- Integrate Peer Support Services Across Network
- Support Artistic Endeavors by Purchasing Art Supplies
- Consumer Position w/ Local Police Dept.
- Consumer Advisory Committees in Provider Agencies
- Peer Driven Pilot Projects
- Employment Assistance
- Education Assistance
- Clothing Assistance
- WRAP Books
- GED Books
- Chess/Checker Sets
- Educational Materials (DSM Manuals, Mental Health Diagnosis, etc.)
- In Our Own Voice Training (NAMI)

Other

- Prevention Coalition Enhancement
- Computer Purchases
- Purchase Automatic Deliberators for Program Sites
- Electronic Charting Systems for Providers
- Closed Caption Television Services for a Provider

- Endowment Fund
- Purchase of Vans/Bus
- Purchase of Program/Office Equipment, etc. for Providers
- Internet/Intranet Access
- Purchase of a TV /Converter boxes
- Purchase Books for Family-to-Family Classes
- Directory Development
- Proper Signage for Region 6 Building

Additional Comments During the September Planning Forums

During behavioral health reform, substance abuse has taken a back seat. We should look at the co-occurring issues across our services as part of our prioritization.

Look at dividing the one time funds across categories and maybe not funding 100 percent of any of the request.

We should consider looking at having multiple agencies work together on a project to maximize the utilization of dollars and services.

When looking at capital expense maybe should look at funding pieces of several requests and not 100 percent of any particular agency.

Remember to look at evidence-based or outcome based initiatives when prioritizing level of need or funding proposals.

Another possibility for determining priorities may be to look at those proposals that would have a link to the highest need population in the community.

Several agencies stated they would not support 100% of the onetime dollars going to the category of capital/construction costs.

We clearly need to look at the ability to leverage the funding when we look at prioritization of funding proposals, especially for capital expenditures.

The utilization for one time funding should be far outweighed by services over the need for capital/construction costs.

We should consider building infrastructure and the long term impact of proposals on consumers to assist in determine which project to prioritize.

When prioritizing funds consideration should be made to not forget that youth are also part of behavioral health reform and could be included in proposals for use of one time funding.

Services are important, but if you don't have the ability to provide for the housing need at some point people won't be able to get better. There is some need for capital/construction costs.

Sustainability of funding should be considered when looking at flex funding.

Sustainability may not be the complete issue with flex funds, as any funds can provide help for lots of individuals.

When I worked with mission they frequently were able to find services, but had trouble finding housing or facilities for services.

I found the opposite to be true in my experience with missionary work. There were plenty of buildings to utilize but it was difficult to get people to come in and provide the services.

We should not consider new construction, but rehab of existing facilities within the capital/construction category.

Research would suggest that services that are co-located as a continuum within in one facility increase the impact of the services. We don't currently have this in our system and might consider this with the new funding.

Consider holding some onetime funds back so that after decisions have been made for the continuation funds we have the ability to address onetime startup cost or consider projects after the system has additional resources.

A special study or evaluation should be conducted to look at the needs of consumers that our community providers have not been able to maintain in the community. Special attention could be given to what needs were missed or what type of wrap around process would be necessary to make a successful transition to the community possible for this population.

We should consider utilizing these funds to pilot peer based services with the hope of encouraging Medicaid to fund the services after they have been shown effective.

Concern was expressed about the groups focus on services and caution was given to the group to look at use for one time funds.

Consideration should be given to leveraging dollars with school systems to address transition age services.

The following input applies to children and youth. Planning will begin in January 2009 on needs for the youth system.

Needs for the Youth System

Journey's a program that provides services to adolescents with co-occurring disorders is in need of a permanent home and would like to expand services.

Look at a pilot project with providers to address the group population of transition age youth. This should incorporate the full array of services necessary to transition from youth to adult services with behavioral health.

Funding to educate teachers in school system to identify behavioral health issues and techniques for working with kids and families. NAMI has one existing team that works in the school systems.

Reunification Costs –The youth programs have shared that there are numerous reunification costs when getting their children back to their family. These dollars could be used much like flex funds for community support, where they would have established guidelines and would be approved by the Region.

A pilot project could work on the prevention side of behavioral health needs within the youth populations. We should consider looking at the risk factors within a family to help determine who might require services.