

REPORT AND RECOMMENDATIONS
COMMUNITY MENTAL HEALTH CENTER PLANNING COMMITTEE
February 3, 2012

INTRODUCTION

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.

Committee Membership

In establishing the Committee the Board appointed a broad range of community providers, funders, and consumers who have an interest in the provision of mental health services in Lancaster County. Committee members include:

- Lori Seibel, Community Health Endowment
- Pat Talbott, Mental Health Association
- CJ Johnson, Region V Systems
- Dean Settle, Community Mental Health Center of Lancaster County
- Deb Shoemaker, People's Health Center

Committee appointees also included Joan Anderson, Lancaster County Medical Society, and Travis Parker, Deputy CMHC Director. However, Joan resigned for professional reasons, and Travis left the Committee to pursue other employment opportunities.

Facilitators and Ex-officio Members:

- Kerry P. Eagan, Chief Administrative Officer to the Lancaster County Board
- Kit Boesch, Lincoln-Lancaster County Human Services Director

Support Staff

- Ann Taylor, Lancaster County Clerk's Office

The Committee also wishes to recognize the numerous consumers, providers, advocates and others who attended the meetings, with special recognition of Gail Anderson, a member of the

CMHC Advisory Committee, and J. Rock Johnson, a consumer advocate, who regularly attended meetings and contributed valuable information to the discussions.

Committee Process

All meetings of the CMHC Planning Committee were conducted in compliance with the Nebraska Open Meetings Act. The Committee met eleven (11) times, from July 2, 2011 through February 3, 2012. Agendas and minutes for all Committee meetings are available on the Lancaster County Clerk's web site. The County Clerk is also maintaining a copy of all documents presented to the Committee which can be reviewed by the public upon request. A list of the documents can be found in Appendix A attached to this report. The Committee toured mental health facilities operated by Lancaster County and spoke directly with staff members about the programs and services offered at the CMHC. Tours were conducted of the main CMHC facility, the Crisis Center, the Mid-Town Center, and the Heather Program.

An important component of the Committee process was the solicitation of community input through listening tours, focus groups, a public comment line, a computer survey, and a town hall meeting. A series of core questions was developed to obtain information from consumers, providers, family members, advocacy groups, and other interested parties. Valuable information was received from the community for consideration by the Committee in formulating its recommendations to the Lancaster County Board.

COMMITTEE DISCUSSIONS

The first order of business for the Committee was a review of the history and purpose of the CMHC, including a review of services provided, budget information, and funding sources. The CMHC was established in 1976 through a federal grant under the Comprehensive Community Mental Health Centers Act for the purpose of treating individuals with severe mental illness in the community rather than in state institutions. Moving mental health treatment to the community was driven in part by Lancaster County's desire to save money. State law requires counties to pay a portion of the cost for housing their residents with the Nebraska Department of Public Institutions, and the County believed that community-based mental health treatment is not only more effective but also less expensive than institutional care. To accomplish this goal the CMHC developed a staff with the expertise to provide quality care to the severely and persistently mentally ill.

Original funding under the grant was 80% federal with a 20% match of state and local funds. The grant mandated a list of services including: inpatient care, outpatient care, medical services and administration, day treatment, partial hospitalization, consultation and education, children's services, and program evaluation.

The CMHC has added a number of additional programs including:

- Service coordination
- The Heather, a transitional living program for patients moving from the Lincoln Regional Center (LRC) to the community
- The Sexual Trauma Offense Prevention Program (STOP)
- The Outsider Arts Program
- The Harvest Program, a collaboration with CenterPointe and Aging Partners providing services to mentally ill elderly persons with substance abuse issues
- Assertive Community Treatment (ACT), a collaboration with CenterPointe and Lutheran Family Services providing specialized services in the community and at home to clients who have not responded well to traditional outpatient care
- Mid-Town Center, which provides psychiatric rehabilitation and other related services
- Homeless/Special Needs Outreach Program
- Emergency services, including a 24-hour crisis line, mobile crisis service, walk-in services, and with availability of services and phone contact after regular business hours

See Exhibit B for a complete list of CMHC programs and services.

Until recently the CMHC also operated the Behavioral Health Jail Diversion Program. However, this program was transferred to the Lancaster County Community Corrections Department at the beginning of the County's 2011-2012 budget year.

In 1988 the CMHC opened the Crisis Center. Originally consisting of ten (10) beds located at the Lincoln Regional Center, the Crisis Center was established pursuant to an interlocal agreement with Region V to meet the emergency protective custody (EPC) needs of the sixteen (16) counties served by Region V. The Crisis Center is now located on the second floor of the CMHC and consists of fifteen (15) beds. It is important to note the County is statutorily mandated to pay the cost of providing emergency protective custody for its residents. See Neb.Rev.Stat. §71-919 (Reissue 2009).

The CMHC's approved budget for fiscal year (FY) 2011-12 is \$9,490,537. The primary funding sources are Medicaid, state funding through Region V, and Lancaster County property tax. The property tax request for this fiscal year's budget is approximately \$2.2 million, down \$500,000 from the previous fiscal year due to program and staffing cuts. Not counting the Crisis Center, CMHC operations will require approximately \$800,000 of property tax this fiscal year.

The Committee also examined the role of Region V in providing behavioral health services in Lancaster County. Pursuant to the Behavioral Health Services Act, Neb. Rev. Stat. §§71-801 through 830 (Reissue 2009), the State of Nebraska is divided into six (6) behavioral health regions which are responsible for the development and coordination of behavioral health

services. Lancaster County is included in Region V, which serves sixteen (16) counties in southeast Nebraska. Each county within a region is required to contribute funding for the operation of the regional authority and for the provision of services.

The Nebraska Department of Health and Human Services, Division of Behavioral Health Services contracts with Region V to ensure the availability of behavioral health services to residents in southeast Nebraska who do not have insurance or funds to pay for services. In turn, Region V contracts with a network of service providers within the sixteen (16) counties it serves to provide an array of behavioral health services to adults and children.

The CMHC is a member of the Region V Systems service provider network. For FY 2011-12 the CMHC is budgeted to receive approximately \$3.3 million from Region V Services for a wide array of services and programs.

Although the CMHC has effectively provided community-based mental health services since 1976, the Committee recognized the traditional way of providing services will need to evolve to meet future challenges. The number of Medicaid recipients needing services is expected to increase sharply in the next few years. Providers will need to become more efficient, and collaboration will become more important. New models are being developed for providing services to the persons medically under served which integrate primary health care and behavioral health care, and emphasize peer operated programs. The Committee looked at several different integration models, including the formation of a partnership between the CMHC and a primary health care provider.

Pursuing this analysis, the Committee reviewed extensive information on the People's Health Center (PHC), a federally qualified health center (FQHC) providing primary health care to the medically under served in Lincoln. As an FQHC, the People's Health Center receives an enhanced federal reimbursement rate for Medicaid patients receiving medical care. The enhanced rate of reimbursement does not apply to behavioral health services. Recognizing the behavioral health needs of its patients, the PHC has established the Behavioral Health Integration Project (BHI Project). The BHI Project is funded by Region V and the Community Health Endowment, and is seeking to establish partnerships with a number of behavioral health providers in the community, including the CMHC.

Another area where Lancaster County might gain from a partnership with the PHC is General Assistance. The County budgeted approximately \$1.6 million to cover the projected costs of medical care under General Assistance for FY 2011-12. Providing this medical care through the People's Health Center could save money for the County and provide needed funding and continuity of care for the PHC and its patients.

As the County considers future challenges in providing community-based mental health services, as well as the development of new service models to meet those challenges, the information and recommendations contained in the final report from Health Management

Associates (HMA) should be carefully considered by the County Board. At the same time this Committee was formed by the County Board to examine community mental health services, the Community Health Endowment commissioned a study by HMA to provide recommendations on how to better provide for the medically under served in our community. The Lancaster County Board contributed \$5,000 toward this study to include an analysis and recommendations regarding the CMHC. The guidance provided by HMA will be extremely helpful in crafting the best solution to address the primary care and behavioral health needs of the medically under served.

In this regard, HMA has already identified a grant opportunity being offered by the Centers for Medicare and Medicaid Services could have a profound effect on how primary care and behavioral health services are provided not only our community, but for the entire area of southeast Nebraska served by Region V. This grant opportunity is being pursued by a consortium of stakeholders, including Region V, the Community Health Endowment, the Lincoln Medical Education Partnership, the People's Health Center, and other key entities. From the County's perspective, an important part of the grant proposal will seek funding to create a collaborative primary care/behavioral health system of care. From a consumer perspective, the grant could help create more peer support, and more consumer operated and consumer run programs. The ultimate objective is a system with better care, better health, and lower costs.

The final essential piece of the puzzle analyzed by the Committee is the extensive comments received from more than 500 consumers, family members, advocates and providers. This invaluable information was gathered as part of the community input process conducted on behalf of the Committee by the Community Health Endowment and Leadership Lincoln. Funding to conduct the process was graciously provided by the Consumer/Family Coalition of Region V. Some of the key lessons which can be garnered from the comments include the following points:

- The current location of CMHC was generally noted as convenient and in close proximity to BryanLGH West, a grocery store, pharmacy, and other neighborhood amenities. Of highest importance was accessibility by consumers to bus routes
- Case management services were consistently viewed as vital to consumers and their family members
- The "one-stop" shop services of CMHC were considered valuable, as well as the "fluidity" that consumers experience when moving from one level of care to another within the same agency. Parceling CMHC programs among multiple agencies was cited as a concern
- The addition of CMHC satellite clinics was frequently recommended, especially in north Lincoln
- There was little evidence that there is an integration of primary care and behavioral health services among CMHC consumers. This was often noted as a specific area of service improvement and a "best practice" opportunity

- An increased use of peer services was highly encouraged
- Public safety, law enforcement involvement, and homelessness were often raised as areas of concern, especially if the level of public mental health services was decreased
- Affordable public mental health services were often noted as filling an important need for the poor and working poor.

See Exhibit C for a more complete summary of the comments received during the public input process.

Consumer involvement is a priority in all aspects of behavioral health service planning and delivery, and the information received during the community input process was weighed heavily by the Committee in formulating its recommendation to the Lancaster County Board.

ISSUES AND CONCERNS

Based on the information presented and the analysis summarized above, the following issues and concerns have been identified by the Committee:

Potential Cost to the County if Effective Community Mental Health Services Are Not Provided

Although Lancaster County is not statutorily mandated to provide behavioral health services, maintaining a strong and effective community behavioral health system is in the best interests of the County. By providing an array of services to patients with severe and persistent mental illness, the CMHC is reducing the amount of admissions to the Crisis Center, law enforcement contacts, jail admissions, and involvement with the criminal justice system. Since all these functions are the responsibility of the County in whole or part, the question which must be addressed is whether the County is saving money in the long run by operating an adequately funded mental health center. The analysis of this question should include a review of which programs offered at the CMHC are most effective in reducing the number of EPC's and amount of involvement with the criminal justice system. Also, are the services being provided in the most efficient manner with the present ownership and business structure, or should the County pursue a new model for providing services? When making this decision it is critical for the County Board to have accurate information on the true cost to the County of owning and operating the CMHC.

General Assistance

Lancaster County is statutorily responsible for providing medical care, including behavioral health care, to individuals who meet the income and resource standards set forth in the Lancaster County General Assistance Guidelines. The cost of providing mental health services to General Assistance clients at the CMHC is approximately \$420,600 per year, and is

absorbed in the CMHC budget. If medication costs are included then the estimated cost exceeds \$600,000 per year. If the County discontinues operation of the CMHC other service providers will need to be found for General Assistance clients.

Indirect Costs

For the budget year ending June 30, 2010, the cost of services provided to the CMHC by other County departments was \$394,000. See Appendix A, Exhibit 9. The value of these services must be taken into account as the County Board considers other service models.

Community Treatment of Sex Offenders

A disproportionate number of sex offenders live in Lancaster County. The CMHC is actively involved in treating this population. Concerns have been raised whether adequate funding is being provided by the State for this purpose, and whether treatment programs at the CMHC could be provided by non-governmental organizations.

Funding Concerns

The committee raised a number of concerns regarding funding for the CMHC. During the 2011 legislative session the CMHC suffered a 2.5% reduction in Medicaid funding. For 2012 Governor Heineman is proposing to eliminate the inheritance tax, which could result in a loss of over \$6 million to Lancaster County. Loss of the inheritance tax would cripple the County's ability to adequately fund community mental health services. Other concerns include the fairness of existing funding formulas for the behavioral health regions. Since the Lincoln Regional Center and the State prison are located in Lancaster County, the County experiences an influx of patients from other counties. Also, residents from other counties relocate to Lincoln because of the availability of services. Do the funding formulas adequately account for this added burden on Lancaster County? Another concern is whether the CMHC is able to maximize funding from other sources which may be available for behavioral health treatment.

Cost of Divesting the CMHC

Although the County is presently contributing \$2.2 million of property tax to the CMHC, \$1.4 million of this cost is for operation of the Crisis Center, leaving \$800,000 of funding for CMHC programs. After accounting for the cost of General Assistance, approximately \$600,000, the actual savings the county could be as low as \$200,000 per year. Moreover, at the time of divestiture the County will be required to pay sick leave and vacation balances to separated employees. As of the end of 2011 this figure amounted to \$994,420. The County will realize some indirect cost savings.

CMHC Location

Based on numerous comments received during the public comment process, the availability of an array of services at one location is critical to the population served by the CMHC. Moreover, the present location of the CMHC is also extremely important to consumers and

family members. As the County goes forward with the planning process, careful consideration must be given to the actual location of facilities and services.

RECOMMENDATIONS

The Committee strongly believes the CMHC is an indispensable component of the provider network and service array established to meet the behavioral health needs of the residents of Lancaster County. However, financial challenges are making it increasingly difficult for the County to adequately fund the critical programs and services offered by the CMHC. At the same time, opportunities exist to establish a new service model based on the integration of primary health care and behavioral health services, peer support, and more consumer operated and consumer run programs. Therefore, the following recommendations are tendered to the Lancaster County Board of Commissioners:

1. **Discussions should begin immediately with Region V Systems for the purpose of transferring management of the CMHC to Region V Systems no later than July 1, 2012, with CMHC staff continuing to be employees of Lancaster County. Simultaneously, Region V and the County should begin preparing specifications for a new service model, and proposals should be solicited through an Invitation to Negotiate process:**
 - a. **The new service model should be a recovery-based system which integrates primary care and behavioral health services, with consumer involvement and emphasis on peer supported programming;**
 - b. **A communication/community outreach plan should be developed to assure transparency and to assist consumers, families, and employees with the transition; and**
 - c. **A plan should be developed to assure meaningful and significant participation by consumers and advocates in the design, development and implementation of the new system.**
2. **The CMHC should be maintained in the current location during the transition period to allow for an orderly transition for consumers and family members for up to twenty-four (24) months;**
3. **Lancaster County should maintain its present level of financial support for the CMHC for up to twenty-four (24) months; and**
4. **The County should participate in the establishment of a new system of care for the medically under served based on the integration of primary health care and behavioral health services, including the use of General Assistance funding for medical and behavioral health services to support the new system.**

Respectfully submitted by the CMHC Planning Committee this 7th day of February, 2012.



Pat Talbott



Lori Seibel



CJ Johnson



Deb Shoemaker



Dean Settle

APPENDIX A

List of Documents Reviewed

1. CMHC Background Information and History
2. Additional Background Information on CMHC; Lancaster County Agencies providing Support; CMHC Collaborations, Contracts, and Vendors
3. CMHC Proposed Fiscal Year (FY) 2011-12 Budget
4. Summary of Lancaster County Property Tax Applied to Various CMHC Programs
5. "What Will Become of the Mental Health Safety Net", article by Dennis Freeman, Ph.D., from the Field Mental Health Weekly, May 31, 2011
6. Summary of General Assistance Services Provided through the CMHC
7. CMHC Programs and Services
8. Lancaster County Central Services Cost Allocation Plan for FY 2009-10
9. PowerPoint Presentation on People's Health Center
10. Four Quadrants of Clinical Integration Based on Patient Needs
11. Estimate of Annual Cost General Assistance Services Provided through CMHC
12. Region V Systems Provider Network and Service Array
13. Region V Systems Behavioral Health Services by Level of Care
14. PowerPoint Presentation on Region V Systems Provider Network
15. CMHC Planning Committee Discussion Summary (September 8, 2011 Meeting)
16. Health Management Associates (HMA) Meeting Schedule
17. Lincoln Journal Star Letter to the Editor from Pat Talbott, September 4, 2011
18. Nebraska Statutes Regarding Consumer Involvement in Behavioral Health Service Planning and Delivery
19. Statistics Regarding Number of CMHC Patients Served Who Were Found to Be Not Guilty by Reason of Insanity (NGRI) or Not Responsible by Reason of Insanity (NRRI)
20. Missouri Integration Process: Comprehensive Person-Centered System of Care
21. Focus Groups: Response Summary
22. Summary of Persons Interviewed by HMA
23. CMHC Survey Results
24. Focus Group Combination Report (October 5, 2011 - October 21, 2011)
25. Strategies for Increasing and Supporting Consumer Involvement in Mental Health Policy/Planning, Management, and Services Delivery
26. "For Mentally Ill, Home Is Where the Health Home Pilot Is", California Healthline, December 5, 2011
27. Correspondence from Premier Psychiatric Group, LLC, dated December 15, 2011
28. Correspondence from Mental Health Association of Nebraska, dated January 3, 2012
29. "Shared Decision-Making in Mental Health Care", Published by U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2011)
30. "Juggling the Lineup - Seeking Better Financial Results, Providers Change Services; Experts Worry about Access", Modern Healthcare, January 16, 2012

31. A Comprehensive Plan to Address Appropriate, Effective and Sustainable Health Care Services for the Uninsured and Medicaid Populations in Lincoln, Nebraska, Prepared for the Community Health Endowment of Lincoln by Health Management Associates, January 2012
32. Correspondence from Mental Health Association of Nebraska, dated February 3, 2012
33. Final Combination Report for Focus Groups and Public Feedback, October 5, 2011 - November 21, 2011
34. Community Input Major Summary Points

APPENDIX B

Community Mental Health Center Programs and Services

CELEBRATING
35 years
OF SERVICE

COMMUNITY MENTAL HEALTH CENTER

Annual Report 2010-2011

2201 S. 17th Street
Lincoln, NE 68502

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Lancaster County Board of Commissioners

Bernie Heier

Larry Hudkins

Jane Raybould

Deb Schorr

Brent Smoyer

Mission Statement:

The Community Mental Health Center of Lancaster County is dedicated to providing quality mental health care and rehabilitation services for adults who experience acute psychological distress or serious mental illness.

Programs & Services

- ◆ **Community Support** - Case management and services to adults and vulnerable elderly through the Harvest Project, and residential support services at The Heather, Independent Living Project, and Transitional Living for adults with severe and persistent mental illness.
- ◆ **Medical Services** - Outpatient psychiatric services for CMHC consumers including assessment, therapy, medication education and management, and inpatient psychiatric care.
- ◆ **Outpatient Therapy** - Individual and group therapy sessions focused on symptom alleviation, stabilization, and recovery. Community-based sex offender management.
- ◆ **Day Treatment / Partial Hospitalization Program** - Short term, intensive treatment provided through group formats, 6 ½ hours daily, Monday - Friday. May serve as an alternative to inpatient treatment or as a step down for individuals making the transition from a hospital setting to the community.
- ◆ **Day Rehabilitation** - The Midtown Center, open Monday - Saturday, is a clinical rehabilitation program engaging consumers in life skills, recovery and vocational activities. Employment and benefits counseling, job placement and training for consumers of CMHC services are also available through the AWARE program.
- ◆ **Homeless / Special Needs Outreach** - Outreach and case management for adults who have a mental illness and are homeless, near homeless or in contact with the criminal justice system.
- ◆ **Psychiatric Residential Rehabilitation** - The Heather is a structured residential facility operated by CMHC, and OUR Homes as a residential transition from the Lincoln Regional Center back into the community.
- ◆ **Crisis Center** - An assessment and crisis stabilization facility for adults placed on emergency protective custody by law enforcement in the 16 Counties of Region V.
- ◆ **Peer, Volunteer & Student Placement** - Students, volunteers, and peer recovery specialists augment the work of CMHC staff members in social and recreational activities, treatment and rehabilitation services.
- ◆ **Behavioral Health Jail Diversion Program** - This Program seeks to identify and divert individuals from jail with a mental illness or co-occurring substance use disorder who have committed a non-violent offense. The Program then links these persons to an array of community-based services with intensive case management.
- ◆ **Open Studio/Writers Wordshop** - A collaborative effort by CMHC, Centerpointe, and Parks and Recreation for adult artists and writers we serve. Open-studio sessions, workshops, readings, and many exhibitions each year are provided to those using the arts as a means of expression and maintenance of wellness.
- ◆ **PIER** - A collaboration designed to serve individuals who have not responded well to traditional outpatient care. Services are provided to the client in their home and the community. Office is at 2000 P Street. Phone number - 435-4044.
- ◆ **24 hour Crisis Line/ Mobile Crisis Service** - Crisis assessment, intervention, and information available 24 hours by phone. Mobile services available to law enforcement or agencies requesting consultation / intervention, after regular business hours (441-7940).

Strengths-Based

Quality Care

Recovery

Hope

Wellness

Access

Choice

Evidence Based Programs

Services accredited by:



CMHC is funded by Region V Systems,
State of Nebraska, Federal Grants,
the City of Lincoln and Lancaster County

Persons Served

Duplicates included

Demographics

Unduplicated

N = 4,911

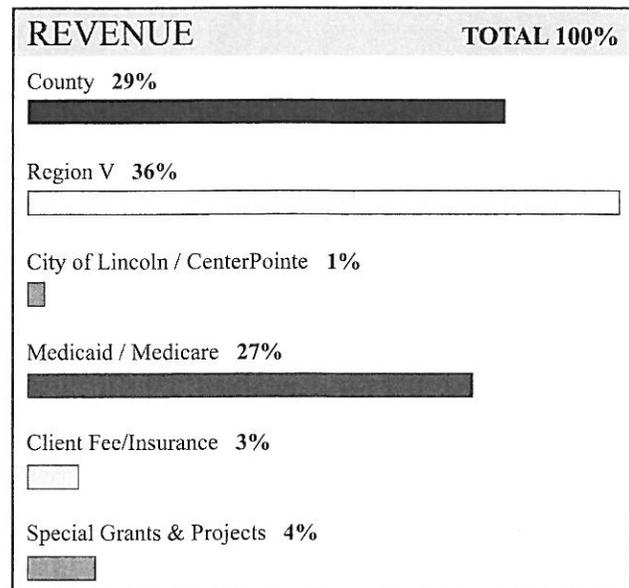
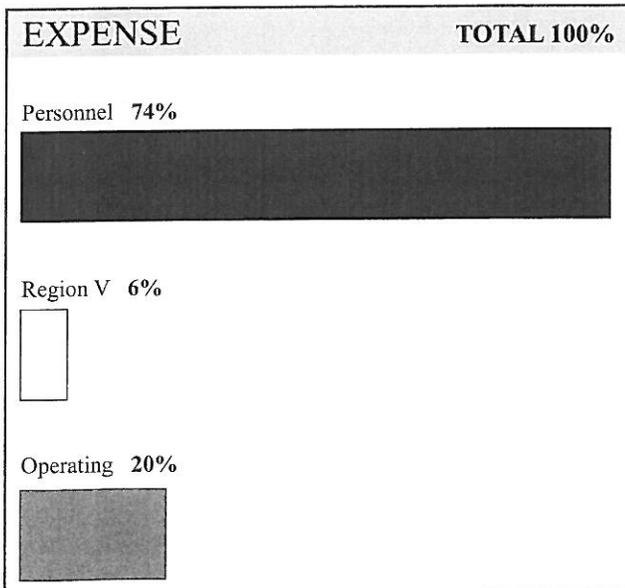
Program	Number
Community Support	1,085
Medical Services	1,909
Inpatient Psychiatric Services	347
Outpatient Therapy	883
Day Treatment / Partial Hospitalization	227
24 Hour Crisis Services	4,897
Day Rehabilitation Services	195
Homeless / Special Needs	253
Psychiatric Residential Rehabilitation	28
Crisis Center	615
Vocational Support	44
Harvest Project *	153
Mental Health Jail Diversion	48
PIER **	79
Open Studio / Wordshop ***	342
Total number served	11,105

48% Women 52% Men

Age	
18 - 34	31%
35 - 49	39%
50+	30%

Caucasian 85%
 Black 5%
 Hispanic 5%
 Other 2%
 Native American 2%
 Asian 1%

\$10,149,301



*Collaborative Project with Aging Partners and CenterPointe, Inc.
 **A collaborative project with CenterPointe and Lutheran Family Service
 ***A collaborative project with CenterPointe and Lincoln Parks and Recreation

APPENDIX C

**Mental Health Center Planning Committee
Focus Groups and Public Feedback
10/5/11 – 11/21/11
Combination Report**

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.

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.
- **(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.

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.”

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.

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 using the Keya House for respite services. 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.

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.

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 assuring medication compliance among 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.

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 ACT 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.

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

Two town hall forums were held. They were open to the public. The audience consisted of consumers, family members, providers, and other interested Lincoln residents. Although individuals making comment were not asked to respond to specific questions, they were provided with the same set of questions used during the focus groups as a guide.

In addition, a telephone comment line and on-line comment form were available. Respondents using these formats indicated that they were providers, educators, interested individuals, corrections staff, consumers, landlords, and family members. All feedback was considered anonymous unless a respondent voluntarily provided their name and contact information.

The major points of public feedback are summarized below:

- The current location of CMHC was generally noted as convenient. Of greater importance to respondents was accessibility to bus routes.
- Specific CMHC services, including medication management, support groups, case management, and caregivers education /support, were often noted as significant services.
- Public safety, law enforcement involvement, and homelessness were often raised as areas of concern, especially if the level of public mental health services was decreased.
- Affordable public mental health services were often noted as filling an important need for the poor and working poor.
- It was noted that the number of CMHC services “under one roof” was beneficial to clients.
- Service integration within CMHC was noted as an area where service delivery could be improved. In addition, some noted strong support for integration between mental health, physical health, substance abuse, and developmental disabilities.
- Some respondents were critical of the “cumbersome” intake process at CMHC.

- Respondents noted that some CMHC services could likely be provided in a more cost efficient manner by private providers. However, there was strong support that crisis services remain a function of local government.
- Waiting lists at CMHC were noted as an area of concern.
- An increase in peer services at CMHC received some support, as well as the addition of satellite clinics.
- Respondents advocated for increased opportunities for consumer housing and employment.
- Respondents frequently raised concern about the growing reliance on law enforcement/corrections to address the unique needs of the mentally ill.
- The longevity of CMHC staff was noted as important because of the consistency and time needed to build trust between a consumer and provider.
- Navigating the mental health system and a “separate” physical health system were viewed as problematic. More integration was highly urged.
- According to information provided, consumers appear to utilize free, volunteer-based primary care clinics with some frequency. This was noted as helpful with episodic needs, but not as a “medical home” for chronic conditions.
- Out-of-town respondents generally noted that their family member(s) or dependent(s) were residing in Lincoln due to the availability and/or quality of services not found elsewhere.
- Some concern was raised about a possible increase in the need for public mental health services for returning members of the military. Given the projected growth in the elderly population, concern was also raised regarding the specific mental health needs/services for this population.
- Concern was raised regarding the possible privatization of county mental health services, specifically related to availability, competency, and cost.

APPENDIX A

List of Documents Reviewed

1. CMHC Background Information and History
2. Additional Background Information on CMHC; Lancaster County Agencies providing Support; CMHC Collaborations, Contracts, and Vendors
3. CMHC Proposed Fiscal Year (FY) 2011-12 Budget
4. Summary of Lancaster County Property Tax Applied to Various CMHC Programs
5. "What Will Become of the Mental Health Safety Net", article by Dennis Freeman, Ph.D., from the Field Mental Health Weekly, May 31, 2011
6. Summary of General Assistance Services Provided through the CMHC
7. CMHC Programs and Services
8. Lancaster County Central Services Cost Allocation Plan for FY 2009-10
9. PowerPoint Presentation on People's Health Center
10. Four Quadrants of Clinical Integration Based on Patient Needs
11. Estimate of Annual Cost General Assistance Services Provided through CMHC
12. Region V Systems Provider Network and Service Array
13. Region V Systems Behavioral Health Services by Level of Care
14. PowerPoint Presentation on Region V Systems Provider Network
15. CMHC Planning Committee Discussion Summary (September 8, 2011 Meeting)
16. Health Management Associates (HMA) Meeting Schedule
17. Lincoln Journal Star Letter to the Editor from Pat Talbott, September 4, 2011
18. Nebraska Statutes Regarding Consumer Involvement in Behavioral Health Service Planning and Delivery
19. Statistics Regarding Number of CMHC Patients Served Who Were Found to Be Not Guilty by Reason of Insanity (NGRI) or Not Responsible by Reason of Insanity (NRRRI)
20. Missouri Integration Process: Comprehensive Person-Centered System of Care
21. Focus Groups: Response Summary
22. Summary of Persons Interviewed by HMA
23. CMHC Survey Results
24. Focus Group Combination Report (October 5, 2011 - October 21, 2011)
25. Strategies for Increasing and Supporting Consumer Involvement in Mental Health Policy/Planning, Management, and Services Delivery
26. "For Mentally Ill, Home Is Where the Health Home Pilot Is", California Healthline, December 5, 2011
27. Correspondence from Premier Psychiatric Group, LLC, dated December 15, 2011
28. Correspondence from Mental Health Association of Nebraska, dated January 3, 2012
29. "Shared Decision-Making in Mental Health Care", Published by U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (2011)
30. "Juggling the Lineup - Seeking Better Financial Results, Providers Change Services; Experts Worry about Access", Modern Healthcare, January 16, 2012

31. A Comprehensive Plan to Address Appropriate, Effective and Sustainable Health Care Services for the Uninsured and Medicaid Populations in Lincoln, Nebraska, Prepared for the Community Health Endowment of Lincoln by Health Management Associates, January 2012
32. Correspondence from Mental Health Association of Nebraska, dated February 3, 2012
33. Final Combination Report for Focus Groups and Public Feedback, October 5, 2011 - November 21, 2011
34. Community Input Major Summary Points
35. Correspondence from Topher Hansen, Executive Director of CenterPointe, Inc., dated August 16, 2011
36. "Evolving Models of Behavioral Health Integration in Primary Care", by Chris Collins, Denise Lewis Hewsen, Richard Munger, and Torlen Wade