

Appendix A

Vision and Mission of Previous Network

Larimer County Community Mental Health Network

Vision

The Network envisions a well-coordinated, well-funded continuum of mental health services which will achieve our maximum potential for meeting community needs in prevention, identification, assessment, referral, treatment, and prescription support thus, promoting a healthier community through healthier individuals and families.

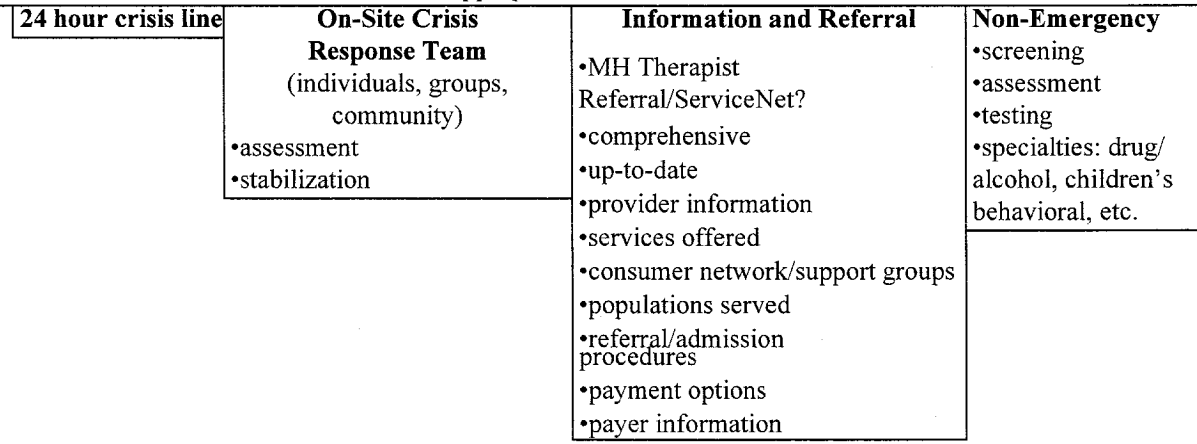
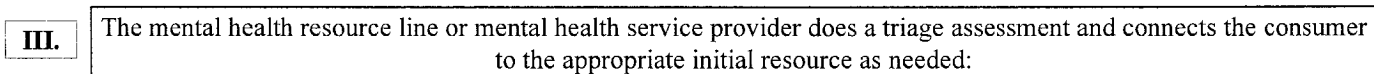
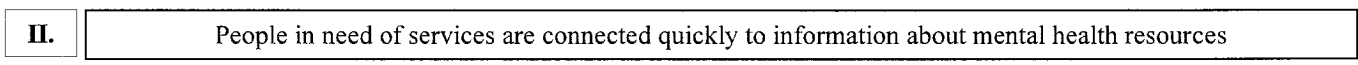
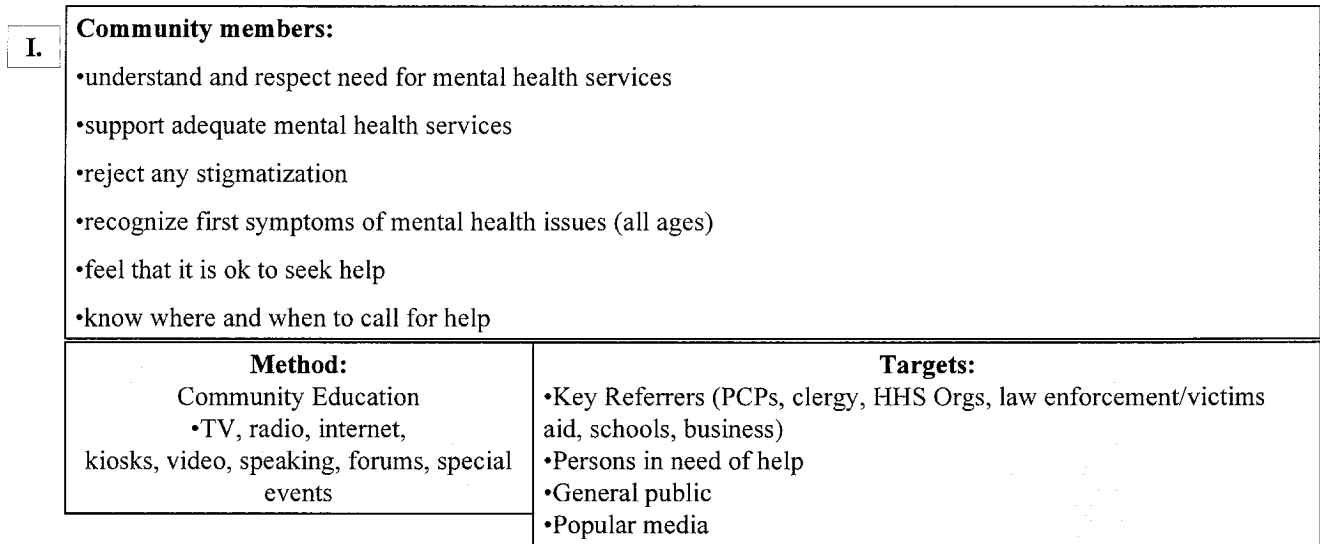
Mission

The Mission of the Network is to assure that an ongoing collaborative authority of key mental health organizations and individuals meets in order to achieve the improvements necessary to achieve the vision.

Appendix B

Elements of an Ideal Mental Health and Substance Abuse System

Draft



IV. The consumer has easy access to procedures to follow to connect to mental health services depending on the payment source:

If needed, a consumer "helper" or advocate is available.

If insured:
 •payer approved panels
 •process for approvals

If Medicaid:
 •LCMHC process

If low-income and uninsured:
 •Mental Health Pro Bono Program
 •LCMHC
Issues:
 •Are there remaining gaps?
 •Where and how big?



V. Consumer has timely access to quality, respectful service(s) that are most appropriate for their needs (hours and location are reasonable)

Education/ Prevention/ Adaptive Life Skills •family education •conflict resolution •prevocational •vocational •clubhouse •early intervention Psychiatric Services •medication evaluation •prescription •assistance in affording prescriptions •follow-up medication, support and therapy services after hospitalization <i>Issues:</i> •Child/Adolescent •Indigent care •Too few for population?	LCMHC <i>Issues:</i> •waiting lists •limitation on cases accepted •evaluate length and intensity of care	Residential Care <i>Issues: adults</i> Partial/Day Treatment
	Support and Therapy Groups	EAPS
	Assessment & Testing <i>Issues:</i> • pathology vs. strength based	Inpatient Care <i>Issues:</i> •limited stays •indigent care
	Specialized Services •substance abuse (combined program?) •elderly/dementia •developmental disability •children/adolescents/families •prevention •bilingual services •crisis care •school based mental health •people who enter the justice system	Private Providers •individual therapy •group therapy •etc. Other Issues •Turf issues •Medical model vs. holistic approach •behavioral vs. mental



VI. Organizations involved in providing mental health services (I&R, payers, providers) can coordinate services quickly and easily

Information Sharing System •Fully integrated on-line networking system from which organizations can e-mail referral information, insurance parameters, etc. with confidentiality	Referrals •Common protocol and procedures for making referrals •quick response •referral follow-up	Care Coordination Service •Available to coordinate multiple services when requested or needed
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VII.

Staff of mental health and other organizations (churches, law enforcement, schools, non-profit organizations, etc.) have access to information and training to enable them to provide appropriate referrals and quality services.				
Online access to I & R	Ongoing Training	On-line & hard-copy newsletters, briefs, updates	In-Services /visits to local resources	Annual Mental Health Fair and Summit



VIII.

Our community achieves the optimal balance between flexibility to be able to provide timely, appropriate services, and management of costs	
Payers allow flexibility	Providers assume responsibility for helping to manage costs



IX.

Evaluation of mental health system performance is performed regularly and results are reported		
<i>Issues:</i> How to evaluate? Need both data and good anecdotal evidence.		
Accepted Outcome Measures	Client needs	Client satisfaction



X.

Policies impacting our local ability to provide adequate mental health assistance are evaluated on ongoing basis and community advocates change when indicated		
Policies to be evaluated •Medicaid •Welfare •Managed care	Relationships developed with legislators •continuous education (both ways)	Specific policies to explore now: •funding •Medicaid (our county gets 1/3 less) •local (sin) tax •family access to diagnosis/treatment



XI.

Funding stretches as far as possible to provide critical services to all who need them.		
Local evaluation of where mental health funds go and whether efficiencies can be achieved through reorganization	Creative new funding options	Some local flexibility in funding developed



XII.

Continuous community mental health planning and improvement is done	
<ul style="list-style-type: none">•evaluation of needs•setting of priorities•improvements	Payers are committed to involvement (enlightened self-interest is recognized) <ul style="list-style-type: none">•public•private non-profit•private for-profit
<ul style="list-style-type: none">•Input of consumers, providers & payers is considered	
<i>Issues:</i> <ul style="list-style-type: none">•authority/structure/funding•“behavioral” vs... “mental”•make focused progress without burnout•work without turf and blame	



XIII.

Other relevant community services are available	
<i>Issues:</i> <ul style="list-style-type: none">•Available, affordable housing•Efficient, affordable transportation•Stable employment opportunities	