**Background:**

When **House Bill 512** replaced the Regional Planning Boards with Regional Advisory Councils (RACs) there was uncertainty of what the new Councils were to do.

As by-laws were being developed for the new RACs in November, 2015, the *Deputy Commissioner of the Department* of Behavioral Health and Developmental Disability (DBHDD**), Judy Fitzgerald**, (*who is now the Commissioner*) met with members from the Statewide Leadership Council for the RAC’s.  She informed the LC, it would be very valuable to the Department, for the Regional Advisory Councils and the Leadership Council to work together to identify **3** statewide priorities *each year*.  To make this a reality, RAC’s are now embarked on their first priority selection process.

The below Questions & Topics are **PRIORITIES IDENTIFIED IN THE 2017 REGIONAL ANNUAL PLAN for Region 1.**

**Objective**:

Introducing new DBHDD Planning & Priorities process of Regional Advisory Council (RAC), to gather pain points & identify opportunities for improvement, working with Department of Behavior Health & Developmental Disabilities (DBHDD).

***These worksheets are for the gathering of information from what has been determined “Other Sources”- which include, but are not limited to:*** local media; community groups; Family Connection Coalitions; faith communities; local government; advocacy groups [local; regional; statewide; national]. etc.

**Name of Agency and/or Person providing information:**

**Thank you for your help in gathering this important information to better serve our Region!!**

**Please email completed form no later than March 21st to:**

**Jo Ellen Hancock-Vice Chair**

**Region 1 Advisory Council-DBHDD**

**j.e.hancock5@gmail.com**

**SERVICE CATEGORY 1: ISSUES THAT ARE COMMON TO ALL DISABILITIES**

Children and Adolescents with Severe Emotional Disturbance, Adults with Serious Mental Illness, Persons with Developmental Disabilities, Adults with Addictive Diseases, Adolescents with Addictive Diseases, Individuals with Co-occurring Disorders.

***PRIORITIES IDENTIFIED IN THE 2017 REGIONAL ANNUAL PLAN***

**Service Priority 1: Housing Options**

Develop more funding, locations, program options, and levels of housing to offer independent, semi-independent, supervised, permanent, transitional, and respite opportunities.

**Service Priority 2: Transportation**

Expand services to include transportation that can cross county lines and expand the hours/days of available service. Convene county commissioners to encourage multi-county solutions to transportation issues.

**Service Priority 3: Employment Opportunities and Supports**

Increase job development, placement and training in order to assist individuals in obtaining and maintaining competitive employment in the community. Also expand transportation services to accommodate variable work schedules. More providers are needed who are able to support and develop opportunities for individuals with mental illness and developmental disabilities.

**Service Priority 4: Rural Resource Coordination/Development**

Services in rural counties need intensive resource coordination, recruitment of providers and increased choice in care. Children and adolescents have to be sent out of the region to get services, which prohibit family reunification and maintenance of family bonds. There is insufficient support for individuals in recovery from addiction or after crisis care. The probability for relapse is elevated as a result. Individuals with developmental disabilities do not have the same access to choices that are available in areas with higher population density. Low population density is a barrier to maintaining viable support programs resulting in a diminished standard of care for rural consumers.

**Service Priority 5: Improved Visibility of Public Information on Accessing Non-emergency Services**

Increase awareness of providers through multiple media information sources. This would include a DBHDD website that lists and explains available resources and how to access those resources. Public information should also provide locally based information phone lines or offices for individuals who do not access the internet.

***What are other priorities you would like to suggest or information you’d like to share?***

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**SERVICE CATEGORY 2: ADULTS WITH SERIOUS MENTAL ILLNESS CHILDREN & ADOLESCENTS WITH SERIOUS EMOTIONAL DISTURBANCE (SED)**

Individuals of all ages, and their families and other involved persons, benefit from well coordinated mental health services. Service priority areas are defined to include a group of supports that work together for optimum benefit to individuals, their circle of association and the community at large.

***PRIORITIES IDENTIFIED IN THE 2017 REGIONAL ANNUAL PLAN***

**Service Priority: 1 Enhance Community Supports**

Increased wrap-around services, including services that address the transition from child and adolescent to adult, in-home supports for the families of youth, and in-home supports for adults.

**Service Priority 2: Justice/Mental Health Collaboration**

Improved collaboration between the Criminal Justice and Mental Health systems.

**Service Priority 3: Increase Non-Crisis & Pre-crisis Services & Access**

Access to non-crisis services includes widely available walk-in clinics providing assessment, pre-crisis intervention, supportive counseling, case management, information and referrals, and follow up. Add an intermediate level of residential care to provide safe longer term stabilization for the most serious and persistent mental illnesses that do not respond to short term crisis and wrap-around services.

**Service Priority 4: Early Intervention**

EARLY INTERVENTION is accomplished through population-based use of screening instruments and evaluations, and results in intervention when risk factors are identified, and timely access to treatment and supports when symptoms are found.

**Service Priority 5: Prevention**

PREVENTION of behavioral disorders is achieved by proactive population-based efforts to increase resiliency factors and reduce risk factors.

**Service Priority 6: EARLY INTERVENTION AND PREVENTION DEMONSTRATION PROJECT:**

**Recommendation**: In 2017, the DHBDD will fund a local community entity in Region One to engage social service and health care providers in their community (i.e. Public Health, CSB, school nurses, primary care physicians, Family Connection agencies, etc) with the goals of assuring that:

• EPSDT is universally implemented at the prescribed interval for all children in that community,

• When risk factors are identified, the child is connected to a system that employs evidence-based programs to reduce those risk factors.

• When symptoms are documented, treatment is available through the relevant CSBs.

• Outcomes for these efforts are carefully evaluated.

***What are other priorities you would like to suggest or information you’d like to share?***

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**SERVICE CATEGORY 3:  ADULTS, CHILDREN & ADOLESCENTS WITH ADDICTIVE DISEASE:**

Individuals of all ages, their families, and other involved persons benefit from state-of-the art best practices designed for substance related treatment.

***PRIORITIES IDENTIFIED IN THE 2017 REGIONAL ANNUAL PLAN***

**Service Priority 1: Develop More Treatment Programs**

Increase addiction treatment funding to develop more therapeutic programs and long-term follow-up, based on best practices, to optimize success. Best practices involve evidence based and practical interventions to prevent and/or treat mental and substance abuse disorders.

**Service Priority 2: Early Intervention & Prevention Education for Youth and Parents.**

Substance abuse prevention and education, which includes prescription abuse awareness training, enhances early recognition and intervention. Aggressive programs that address parental perceptions of limited harm are critical to the provision of a full continuum of services that address this growing problem.

**Recommendation**: An entity/organization in a Region One community will be recruited to develop a local community planning committee, which will, with appropriate technical support from the DBHDD:

• During FY 2017, select a substance abuse prevention program from the SAMHSA registry of prevention programs, establish measurable outcomes, develop a budget, and execute memoranda of agreement with community partners to implement the program in their community; and

• During FY 2018, implement the substance abuse prevention program in their community, with funding from the DBHDD.

**Service Priority 3: Drug Courts & Diversion**

Drug courts and diversion options for judges and parole/probation officers.

***What are other priorities you would like to suggest or information you’d like to share?***

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**SERVICE CATEGORY 4: PERSONS WITH DEVELOPMENTAL DISABILITIES**

***PRIORITIES IDENTIFIED IN THE 2017 REGIONAL ANNUAL PLAN***

**Service Priority 1: Access and Array of Services**

Improve access to an array of service options in all areas of the Region. Create (or identify) and operationalize a certification process for and registry of personnel to provide quality care for persons with intellectual developmental disability, for the purpose of insuring aptitude of the provider, safety for the consumer and quality assurance.

**Service Priority 2 Stage–of-life Continuum of Services**

Ensure a continuum of services from school to adulthood for those who are graduating or aging out from High School and those who have already transitioned but who are currently receiving no or limited services.

**Service Priority 3 Assurance of Adequate Documentation for Transition of Services**

Assure adequate documentation as individual’s transition out of schools, to facilitate smooth access to, and provision of, services.

***What are other priorities you would like to suggest or information you’d like to share?***

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