Appendix A

PRIORITIES & PLANNING PROCESS RECOMMENDATIONS 2016

I. Workforce

- Ensure appropriate levels of funding for the private nonprofits to maintain staff quality of life, including adequate Cost of Living increases.
- Equitable distribution of resources between state-funded and private agencies.
- Expand training opportunities available to nonprofit staff, both within the Region and elsewhere, including resources for preventing "compassion fatigue."
- Create mechanisms within agencies, including but not limited to making it easier to use EAP resources, that offer improved supports for employee stress management.
- Incentivize sharing of existing agency-run professional development resources.
- Ensure integration of Peer Support Specialists at every level of DMHAS-funded services.
- Put support systems in place for Peer Support Specialists to reduce turnover.
- Address lack of appropriate/available training for Peer Recovery Specialists.

II. Capacity

- Incentivize same-day access programs, which several agencies have found helpful.
- More respite beds to alleviate capacity issues in other residential levels.
- Create Rapid Intake procedures to mitigate long waits during intake process
- Funding for more outpatient clinicians and inpatient beds

III. Accessibility

- Enforcement of contracts with med-cab providers. DMHAS assistance in promoting contracts with med cab providers that treat consumers with respect.
- DMHAS assistance in addressing the multiple issues at 211 that create barriers to accessing appropriate and timely services, including increased staffing levels, reduction in phone wait times, and trainings for 211 operators that promote positive interactions with those in crisis or who may have a history of trauma.
- DMHAS assistance in removing regulatory barriers cited by Logisticare as a reason for not requiring certain postings in cabs about how to make a complaint, etc.
- Duplication of Reliance House model that allows clients to purchase inexpensive "punch cards" for a specified number of rides that can be used to meet any of their needs.
- Encourage substance abuse and mental health providers to share existing transportation resources to support all clients of state funded providers.
- Provide supports and resources to support client-owned and operated "limousine" services.
- Promote public/private partnerships with entities such as Uber or Lyft to expand the range of transportation options for DMHAS clients (see Appendix ____)
- Work with local towns to leverage existing town vehicles as a means for residents to connect with local transit.
- One provider said that it would be helpful to have a "mobility coordinator" position within each agency to alleviate transportation issues that are barrier to engagement in services.
- Advocate for legislative reform around insurance barriers, particularly reluctance to accept Medicaid.
- Increase asset limitations for spend downs, or just eliminate this altogether as it's unrealistic and harmful.
- Lengthen redetermination periods to one year rather than six months.
- The Eastern Regional Mental Health Board will continue to increase awareness of Transportation issues within Region 3 by:

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- Holding Community Forums on Transportation in multiple locations and including Logisticare, SEAT, DSS, Eastern CT Transportation Consortium, providers, and citizens in the process.
- Disseminating the People Interrupted: Navigating Poverty in Eastern Connecticut video throughout the region in community settings and on social media to promote buy-in by the general public to a sustainable solution to the region's transportation barriers.
- Promote special presentations by transportation industry representatives to increase understanding and awareness regarding available transportation options.

IV. Coordination

- Create a streamlined reporting system for all state agencies, in order to maximize staff time and resources.
- Expand jail diversion programs in Eastern Connecticut.
- Promote greater consistency in the court system; better education among judges about the benefits of jail diversion.
- Expand substance use treatment options to prevent incarceration of those with co-occurring disorders.
- Improve and strengthen discharge planning from emergency departments, hospitals and the corrections system to prevent recidivism and increased costs to the system.
- Mandate and provide funding for State Police and local police departments to support training of at least half of their current forces
- Expand the RMHBs' funding and mission to include review and evaluation of all human services, not just DHMAS funded services OR amend the statute to require appointment of RMHB representatives to the Regional Human Services Coordinating Councils as mandated participants in their process.
- DMHAS should advocate with other executive branch departments for the improvement of services to shared clients, in order to ensure that mental health service dollars are being spent on promoting client recovery goals, rather than on addressing system barriers.