

MINDS ON THE EDGE CITIZEN TOWN MEETING OCT. 15, 2009

GROUP 2 REPORT

QUESTION: GIVEN FEDERAL, STATE AND CITY BUDGET PROBLEMS, WHAT SHOULD OUR PRIORITIES FOR BEHAVIORAL HEALTH FUNDING BE?

MODERATORS: CHRIS SATULLO AND MAIKEN SCOTT

This breakout group had seven participants, including Philadelphia's MH/MR chief, Dr. Arthur Evans. Most of the participants had had difficult experiences with the BH system while trying to help family members. One participant besides Evans also works in MH/MR for the city.

THE PROCESS

Participants were first asked to list other uses of city/county funds that they found important, then to discuss how behavioral health ranked as priority compared to those others. The dialogue led naturally into a discussion of how behavioral health services were an underappreciated component in the success of the other high-priority government functions: education, policing, courts and prisons, economic development and, combating homelessness.

Participants then listed specific services or programs that are or could be paid for with behavioral funds, as well as functions that they saw as a diversion of funds that would be better spent on behavioral health services.

Here is the list:

- 1) Liaison and training for faith based organizations, to involve them in early intervention and referrals.
- 2) Paying pediatricians to be trained and to perform early diagnosis of BH issues.
- 3) A clearinghouse for information and guidance to parents coping with a child's BH problems, particularly during initial onset (e.g. Family Resource Network of NAMI)
- 4) Public education to combat stigmas that surround mental illness
- 5) Training for police in how to deal with BH problems encountered on street

- 6) Training for teachers, day care workers, librarians in early intervention.
- 7) Training for employers, managers re: early intervention.
- 8) Funding streams to work with people whose BH problems are “subclinical” i.e. in early stages, not full blown crisis.
- 9) Train providers in how to perform dual-diagnosis treatment i.e. (BH diagnosis and addiction problem)
- 10) Create (or combine) funding streams to support dual-diagnosis treatment.
 - 11) Create a mechanism for BH professionals to act as a check and balance on 302 decisions made by courts.
 - 12) Medical assistance outreach, to sign up those eligible but not enrolled.
 - 13) Employment services for those recovering from BH problems.
 - 14) Autism services
 - 15) Funding for peer support programs
 - 16) Mental hospitals
 - 17) Mental health courts
 - 18) Veterans BH services
 - 19) BH services inside prisons
 - 20) Services for those uninsured who make too much to qualify for Medicaid
 - 21) Outreach to the elderly re: depression, isolation, drug abuse
 - 22) More case managers
 - 23) Imprisonment
 - 24) Court cases
 - 25) Equitable pay for BH providers
 - 26) Training in cultural competent services
 - 27) Professional staff to help people navigate BH services
 - 28) Better outpatient services e.g. speedier appointments

- 29) Help paying for meds
- 30) More psych hospital beds in local hospitals.
- 31) More slots to place people who are involuntarily committed
- 32) Supportive housing/permanent housing for those recovering from BH problems.

Participants were then asked to vote on their priorities out of this list. Each got seven blue dots, which they could “spend” any way they wanted to support their highest priorities; and seven red dots to express which items they saw as the lowest priorities and/or misuses of funds.

Every participant spent every blue dot; some did not register any negative priorities.

The highest vote-getters were:

- Public education re: stigma
- Better outpatient services
- Supportive housing
- Training for faith-based organizations for early intervention
- A fund to provide services to uninsured
- More equitable pay for providers
- Police training

Other vote-getters were:

- Mental health courts
- Help paying for meds
- Medicaid outreach
- Elderly outreach
- More case managers
- Vet services
- Info clearinghouse for parents
- Funding for dual-diagnosis treatment.
- Employment services
- Peer to peer counseling
- Funding for sub-clinical treatment

The following items got negative votes (red dots) as areas where spending could/should be cut:

- Prison
- Courts
- Autism services
- Slots for involuntary commitment

There were two ‘split decisions,’ items that got both positive and negative votes:

Mental hospitals
Psych beds in local hospitals.

Finally, the group did a cost/benefit grid analysis.

After deliberation, they sorted the services they supported funding into four categories:

Low cost/moderate yield

Better outpatient services
Mental health courts (with the caveat that the support structure needed to make these courts effective is expensive)

Low cost/high yield (AKA the winning ideas)

Public education around stigma
Peer to peer counseling
Training providers in early intervention and evidence-based treatment
Training faith-based organizations
Police training
Medicaid outreach
More help paying for meds
More case managers

High cost/modest yield

More hospital beds

High cost/high yield (AKA long-range priorities)

Funding to provide services to uninsured
Supportive housing
Vet services

Looking at its work, the group came to this overall conclusion about its priorities and values:
In the group’s view, behavioral health would be improved most by smaller but steady investments in training and public education, than in massive investments in institutions.