



1. Tell me about some the positive things in your community that support your overall well -being?

Churches, support groups, homeless shelters and food pantries, Social Security, Homeless shelters and HUD housing. Region 3, YMCA, Events such as the Suicide Awareness walk and Children’s Mental Health Event. Recovery meetings and support groups. Drug Court and Probation. Families Care, the Bridge, Friendship House, St. Francis, and Oxford House. Sponsors and mentors (Teammates), DHHS. Goodwill and Mid Plains. United Way/Parent panel. Public Schools.

2. Tell me more about when situations become more stressful than everyday life... what are some the programs/supports you have used that help with those types situations?

Peer Support, Support groups and NA/AA meetings, Pets, 988, Churches and prayer, Medication management, Social Workers, Community Support, Mary Lanning and Richard Young. Mid Plains Crisis Stabilization and NE Family Coalition. Therapists, Self-Care and hobbies. Physical Therapy.

3. What might be done to improve mental health services?

More therapists. Using Community Support Workers, Developing new support groups. Programs in the VA. Access to hobbies and self-care. Programs at churches. Better medications. Safe, clean housing. Public transportation. A living wage. Having people in Behavioral Health who actually care. Improve accessibility to services i.e. fewer barriers. More parenting classes. Lack of services in rural areas. Take children seriously when they exhibit behavioral problems. More advocacy and awareness about mental health and substance misuse.

a. What might be done to improve services for substance use?

More Methadone clinics, Detox centers, Decriminalization, No more Denial of services due to offense and more support groups. Hearing recovery stories and successes. Treatment resources. More beds, no waitlists. More Outpatient service, Understand the trauma behind the usage. Provide resources for incarcerated persons and those returning to the community like job assistance. Public needs to understand recidivism. Stop normalizing substances in schools. More prevention.

4. Regarding substance use and mental health what are some of your biggest concerns for your family/friends?

Not having support, not being understood. Being judged by others. Having resources without red tape. People who lack empathy. Not making assumptions about them. Organizations requiring a lot of documentation is a barrier. Loss of trust within relationships. Harm caused to others. Shame and stigma. Behavioral Challenge puts family at risk. Ending the cycles in my family. My relapse, isolation and poor boundaries. Financial assistance for family. Not having AL anon meetings. Need more info on addiction ie more community education. Focus on the positive, Stigma busting. Teach addiction is a disease and alcohol is a drug.

5. Tell me about your experience receiving services that were sensitive to some of the trauma you have experienced?

Yes it was discussed and 60% of the time staff are supportive

Trauma was talked about and assessed in the beginning of treatment, not always followed up on.

Yes it was discussed and PTSD was integrated into the 12 steps.

The following Services addressed trauma: Day Services at Goodwill, Recovery Specialists, Peer Support, Dual diagnosis, The Bridge, Hastings Public Schools, Encourage, CASA, Mary Lanning Hospital, and St. Francis Treatment Center

(a) Do the people who provide services have the knowledge/training to help you with your past trauma history?

Yes

Yes, the Bridge

No, The police, CPS, The visit workers, Hospitals, Schools, Daycares

Yes, if people have lived experience with the training.

Yes, but law enforcement didn't understand my trauma

Yes, it helps if counselors are peers

(b) What additional topics would help equip staff to provide better care regarding trauma?

Dual Diagnosis, Sexual Assault, Resources for felons, Lived experience, Spirituality/faith.

Willingness to care, Compassion, Compassion Fatigue, Ability to recognize trauma. Changing your mindset from "What's wrong with you" to "What happened to you".

Be culturally competent, domestic violence, Child neglect, Generational trauma

Coping when dealing with trauma. Crisis and first response-understanding triggers. Understanding differences in types of trauma. Empathy and appropriate responses for those in crisis. Crime and violence, Complex PTSD, Men's domestic abuse, cognitive behaviors,

6. Tell me about what is going well with agencies/providers?

Help from Hope Harbor, People Listening, and Community transportation.

Rental Assistance from Region 3, The Bridge, Encourage, State Benefits, Aftercare program, United Way, Guidance Counselors at the school, Churches, Vouchers, Crossroads, Catholic Social Services People who go above and beyond to support people. Help with making calls and getting resources. Having green ribbons at school to show support, Good resources at school

Self-education, number of group meetings available, Packets of treatment info at treatment centers, the sharing of recovery stories, NA/AA meetings, NA/A helpline, Sponsors

(a) Tell me what barriers exists with agencies/providers?

- Language, Isolation, finances, Medical bills, Homelessness, Food Insecurity, stigma, Lack of family support, Lack of understanding.
- Making criteria at the poverty line, Lack of funding, Lack of flexibility, waitlist, Wait time on the phone, Lack of programs.
- Accessibility. Not having to drive distances for help. Staff shortages. Communication barriers.
- Not knowing what's available, navigating the system.
- Limited vouchers for rent and transportation, felony status limits access to resources, Limitations to food stamps due to criminal charges, Limitations to housing, limitations to deposit funding for utilities and rent. Education for landlords, Rent approval and application fees

(b) Now let's be part of solutions –tell me how to grow the “good things/positives?”

What we can we do to help break down some of the barriers?

Journaling, Have better Finances, Motivation to get well, Experience, Better food pantries, Better transportation, Better bus routes, More vouchers, More convenience,.

Have a caseworker verses a call center, Have an advocate to help navigate the system, Remove complexity, Have more staff, have more programs for kids with behaviors, more funding for services

Providers following their own mission statement. Providers set aside assumptions and be willing to learn about the person. More community awareness of Behavioral Health. Bring attention to the positives of recovery and consumers within the community. Work on the problem of accessibility. Bring treatment to the people in rural areas. Decision makers need to understand the rural community needs.

Education for community and consumers, Reduce the stigma, Normalize MH, Promote resources, more accessibility and funding, Accessibility for disabled persons-Better wheelchair accessibility, **Accessibility and Safety for LGBTQ+**, More education about autism and other neuro diversity, sensory needs, over stimulation, Education for providers about environmental needs and accommodations, ie noise, lights, fidgets, overstimulation. Listen to youth, have youth messengers, Peers talking to peers, ask youth “what do you need”?

These focus groups are beneficial. Better legislative bills, Advocate for recovery and awareness, emphasize the positive in media, Grow reentry programs.

Agencies where Focus Groups were administered:

Goodwill Day Rehab

The Bridge

Families Care Parents

Families Care Youth

Friendship House