

**Cooley Dickinson Health Care
Healthy Communities Committee**
Summary of Behavioral Health Community Forum
Collaborative for Educational Services

I. Overview

On September 19, 2013 a 90-minute community forum on behavioral health care was conducted at the Collaborative for Educational Services. Twenty-six (26) individuals attended; 21 women and 5 men. The diverse group of participants engaged in large and small groups discussions and included: behavioral health care providers and consumer advocates from Service Net, Clinical Support Options, Starlight Center, Western Mass Recovery Learning Community, and Cooley Dickinson Hospital; consumers and family members; community-based organizations including the National Alliance on Mental Illness (NAMI); and members of the CDH support group for caregivers. A panel presentation by consumers and providers sharing their perspectives and experiences was a key part of the forum agenda.

A key goal of the forum was to obtain local input on priority behavioral health needs and the strengths and gaps in the continuum of care in the region. We sought to learn more details about what services are working, where improvements need to be made, and where significant gaps interfere with treatment and recovery. Additional goals included obtaining participant reaction to and feedback on the findings about behavioral health needs derived from previously conducted assessment surveys, focus groups, and key informant interviews. We wanted to know if this information resonated with consumers based on their personal and family experiences with the current system of behavioral health care. Participants were also asked for their ideas on how Cooley Dickinson Hospital, its community partners, local officials, and health care providers could more collaboratively and effectively work together to improve the continuum of care.

II. Key Themes and Priorities

Current strengths in the mental health system and continuum of care

- Hampshire Health Connect
- Consumer-driven, patient-centered recovery and support programs such as Recovery Learning Community, NAMI, Starlight, CDH caregiver support group
- Alternative care available in the Valley, practitioner go beyond a strict 'medical model'
- Walk-in services at CSO provide ease of access to care
- Behavioral health care providers have respectful, collaborative relationships with each other and engage in ongoing communications and information exchange; CSO, ServiceNet, CDH meet regularly to work together

Available services prioritized as needing improvement:

- The current system frequently requires a 'crisis' for hospital admission; consumers with behavioral health needs using the CDH emergency department are particularly vulnerable to:
 - Long wait time
 - Isolation
 - Sometimes subjected to strip search
 - Unmet basic needs for food, water, privacy
 - First responders that need to better understand mental health issues and to communicate in ways that staff in West 5 do
 - For the first-time emergency department patient, they need significant ED support and responsiveness to deal with their fears and concerns

- Need more partnerships with MH providers and other health care and social service providers; co-locate and integrate MH services using existing community organizations such as the Survival Center, clinics, social service agencies
- Family and caregiver support services need to be enhanced; need more support for family, parental involvement in youth/young adult treatment, particularly 18+ years; support for caregivers of elderly with behavioral health needs; when caregivers get ill, there is often no back-up plan and caregivers themselves frequently have unattended behavioral health needs
- Transportation services need to be easier to navigate and more frequent; PVTA, vans services, CDH services to and from hospital, 'dial-a-ride', etc.; need improved promotion and understanding of how to qualify for Dial-A-Ride and PVTA ride services

Significant needs for services in a continuum of care:

- ◆ More alternative therapies and services such as acupuncture, yoga, pet therapy, multi-generational support, mindfulness-based stress reduction programs ; need more alternative medicine providers and practitioners that accept Mass Health insurance
- ◆ Need more bi-lingual bi-cultural behavioral health providers, clinicians and front-line staff
- ◆ Clearinghouse for information, referral, resources and advocacy; there is no central place to learn about who qualifies for what type of services, supports and care - this leads to significant frustration for consumers and providers
- ◆ Need step-down, partial hospitalization and day treatment programs with similar staff and plans for transition from full hospitalization; going from the drastic extremes of full hospitalization to the community is counter productive
- ◆ Need more services for transitional aged youth; need a range of in-patient and out-patient treatment options, vocational, employment, support programs; support often falls to parents, but that is not ideal and increases family stress
- ◆ System of care managers and navigators for patients similar to other chronic illnesses

III. Summary and Next Steps

- The current system and continuum of care has services that are highly valued and could be further enhanced and expanded including caregiver support programs; walk-in access; consumer-driven support programs; emergency services; and a wide range of alternative therapies. Transportation improvements would enhance access to services.
- There are existing services, such as the emergency response system and emergency department at CDH that need improvement to more consistently meet consumers' and caregivers' needs for trauma-sensitive, patient-centered care.
- An ideal local continuum of care would include additional services such as: day treatment and partial hospitalization options; a clearinghouse for "one-stop shop" information and referral; more bi-lingual/bi-cultural staff; increased access to alternative therapies covered by insurance; additional services for transitional-aged youth; and a comprehensive system of care managers and navigators that would address behavioral health needs with self-management and support similar to other chronic illnesses.
- Forum participants expressed significant interest and willingness to engage in ongoing discussions and planning to develop improved systems and a more patient-centered continuum of care to better meet local behavioral health needs.