



Mapping the Northeast Kingdom's Mental Health & Substance Use System of Care

Presentation

June 2023



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Methodology

Presentation Methodology

Objectives	<ul style="list-style-type: none">• Vibrant ONE is interested in understanding and improving the experience of individuals as they journey through the mental health and substance use health care system in the NEK.• The research goals consisted of constructing two process/journey maps that document how the mental health and substance use system in the NEK is currently accessed and working, using the maps to develop recommendations for change, and recommending a new coordinated screening or intake process.
Sample and Recruitment	<ul style="list-style-type: none">• Consumers who have directly experienced the mental health and substance use system in the NEK and stakeholders who work within the system. MDR and Vibrant ONE created an online screener for recruitment.• Vibrant ONE led the initial outreach throughout the community with email invitations and word of mouth to consumers.• Vibrant ONE provided MDR with a contact list which contained contact information of important stakeholders. MDR then reached out to all potential participants through email and telephone for focus group and interview recruitment.
Qualitative Data Collection	<ul style="list-style-type: none">• MDR completed five online focus groups and 19 in-depth interviews among consumers and stakeholders. Consumers were offered compensation.• The groups and interviews were facilitated using Zoom's webinar-based video conferencing or Microsoft Teams. The recorded discussions were transcribed for analysis.• The discussion and interview guides were developed by MDR in collaboration with Vibrant-ONE.
The Maps and Recs	<ul style="list-style-type: none">• MDR analyzed each transcription and recording and created top-line reports with grouped verbatim comments, themes, and differences throughout the groups and interviews. These reports were used to develop the final maps and recommendations.



Key Findings

Key Findings: Consumers

- Consumers are often stuck at the beginning of the referral process.
- The navigation of the system and referral process becomes the consumer's responsibility.
- It is difficult for an NEK consumer to find “a good fit” – especially when it comes to certain qualities about providers or the services they offer (male providers, BIPOC providers, EMDR).
- Consumers are trying to find “short-cuts” for consistent care.
- Consumers with more acute mental health or substance use struggles say navigating the system is daunting.
- Many are worried about prescriptions not being filled and most are frustrated with travel expectations.
- Some consumers feel positive towards mental health resources and services in the NEK.

“I was on the wait list; I don't even know how long. A long time. I finally got in to see somebody, and I saw her two times and then she left the place, and then they were going to put me on another six-month waiting list. **So honestly, I just never went back.”** (FG 1, Participant 1)

“Having people who are queer-literate, informed on some level, like people dealing with gender stuff, that's a big need. There's, I think, a lot of therapists who maybe put that in there; they check the box or whatever on Psychology Today, but it's not necessarily true. So, I know a lot of people that are looking for more of that, definitely help with whether it's anything from transitioning on one end of the spectrum to just people who are looking for somebody who's at least moderately informed on queer identities and stuff like that” (FG 1, Participant 3)

“Streamlining services to make it so that you can call one place and they can give you the information you need and connect you with someone instead of having to do all this legwork of calling around and finding about insurance and whatnot. **Because when you're in a low place, that's not easy to do.”** (FG 1, Participant 2)

Key Findings: Consumers

- Consumers are passionate about mental health care among youth in the NEK.
- Many consumers expressed the need for more NEK inpatient or housing services.
- Consumers benefit greatly from providers who are willing to take the time to listen and build a relationship.
- Many also agreed that staying with the same provider for consistent periods of time can foster better understanding of a patient's needs, build trust, and improve outcomes for patients due the reliable care.
- Each consumer had a different communication preference.
- Other challenges participants face when receiving services were dealing with health workers who were not trained to understand mental health emergencies.

"I feel very heard and understood. I think a big part of it is just that I've always found her very easy to talk to and she's a good listener. But I also think a lot of it is the continuity, like I have been able to work with her continuously for I think three years." (FG 1, Participant 2)

"I have been hospitalized a handful of times, and the way generally that you get hospitalized is that you go to the emergency room. I've been to the emergency room, and it's been okay, but I've also been to the emergency room and the nurses who have triaged me and checked me in have been not very aware of psychiatric emergencies and have sometimes been really rude and dismissive." (FG 1, Participant 4)

"The problem with Northeast Kingdom Human Services not coming when they were called to help is a big one. That was my experience with them. When I first called, I was looking for a psychiatrist and I called and somebody said, "Oh yeah, we'll put your number down and somebody will get back to you." I waited a few weeks, nothing ever came back." (FG 2, Participant 4)

Key Findings: Stakeholders

- All stakeholders agree there is an extreme lack of providers but an increased demand for mental health and substance use services in the NEK.
- Existing staff are working over capacity. This results in them having to 'put out fires' rather than focusing on improving coordination of care, taking the time to build meaningful connections with clients, and delivering quality services.
- Many providers say patients are passed around organizations because they do not fit the criteria for the type of care they offer.
- Providers emphasized the need for more training among healthcare providers in the NEK. Nearly all stakeholders and providers felt that building positive relationships between clients is the key to successful care.

"It feels to me like there's a lot of agency-centered processes, not person-centered processes, and I think the intake process right now is one of them. We unintentionally put the client's needs on the back burner." (FG 1, Participant 4)

"I think we need case management during that waiting period. Trying to encourage them to hold on and wait.

Don't get discouraged, kind of be a support for them while they're waiting as much as you possibly can. You're not a clinician, but you can offer support and coaching, so to speak, until that happens, until they're able to have that first meeting. But people will still fall between the cracks if they can't get services right off. Usually when they're ready, they're ready on the most part, and you got to kind of keep them ready until they get to that first appointment." (FG 2, Participant 6)

"Really having honest, trusting relationships where you're providing them with realistic expectations. You know, "I'm going to refer you to this program, and it could take two months, just to prepare you. But let's talk about what we can do in the interim." (FG 1, Participant 2)

Key Findings: Stakeholders

- Providers are repeatedly relying on outdated information being distributed to providers and patients.
- Many expressed the need for an ongoing directory of providers in the area with up-to-date information.
- Providers and other stakeholders say that systematic approaches to treating mental health and substance use issues are heavily stigmatized and compartmentalized in treatment.
- Stakeholders and providers had mixed responses on their relationships with other providers. While many felt their relationships were positive and had improved greatly, others mentioned there was room for improvement when communicating and understanding each other's roles.
- Some stakeholders spoke about stigma issues among certain providers when it comes to mental health and substance use care.

"I think that hot potato effect is frustrating to them. **Maybe going one place, thinking they might get a service and then being told, "Well, actually it's not us. It's here.** And you have to go there for it." Wait times are really frustrating for people." (IDI 1, Stakeholder)

"When people reach out, they reach out for help, not for an intake. And so, there's a paradigm and philosophical approach to saying, "This person's calling for help. They don't want to fill out paperwork, they don't want to do a PHQ-9 or the Columbia Suicide Scale." They're just saying, "I need help. Can someone help me," and so I think people get lost in the bureaucratic paperwork. **I think people get lost when they're put on a wait list and people don't follow up. I think people get lost when they're transferred to a bunch of different places are saying, they just get passed even internally to folks.** And so that's frustrating and also exhausting, and you just lose interest. Same thing with substance use. I mean, if someone's cracked the door, you really need to see them that day, "Hey, I'm ready," because even a few hours later they might be gone." (IDI 2, Stakeholder)

"There's no emergency housing. There are no shelters. There are no day shelters. There are four hotel rooms available for the emergency hotel housing program in the area." (IDI 5, Stakeholder)



The Maps



Consumer Journey Map

A JOURNEY THROUGH THE NORTHEAST KINGDOM'S MENTAL HEALTH AND SUBSTANCE USE SYSTEM

1. Reaching Out for Help

For individuals interested in mental health or substance use treatment, simply reaching out for help can be the most daunting step. Individuals may be overwhelmed by the burden of this process and seek out alternate resolutions or not seek out help at all.

Getting a provider referral

Lack of trust in system

Time sensitive

Frustration

Shame

Stigma

Social Support

Crisis hotlines / ERs may expedite process

1. Reaching Out for Help

2. Receiving Treatment

Once individuals have reached out for help, they often experience long wait times. Those seeking mental health or substance use treatment may exit the system or begin again at this stage due to lack of accessibility, issues obtaining consistent and appropriate care, and wait times.

Lack of follow through and communication

Wait Times and Staff Shortages

Compatibility issues with Providers and Services

Scarcity

Distance barrier

Cost

Finding a good fit

Medication management

Telehealth

2. Receiving Treatment

3. Consistent Treatment

Individuals receiving mental health or substance use treatment often note the difficulty in receiving consistent treatment due to changing factors out of their control. Individuals also mention that treatment in itself is not the end goal, but rather a step in the long journey of treatment and recovery.

Inconsistent care and coverage

Insurance changes

Provider changes

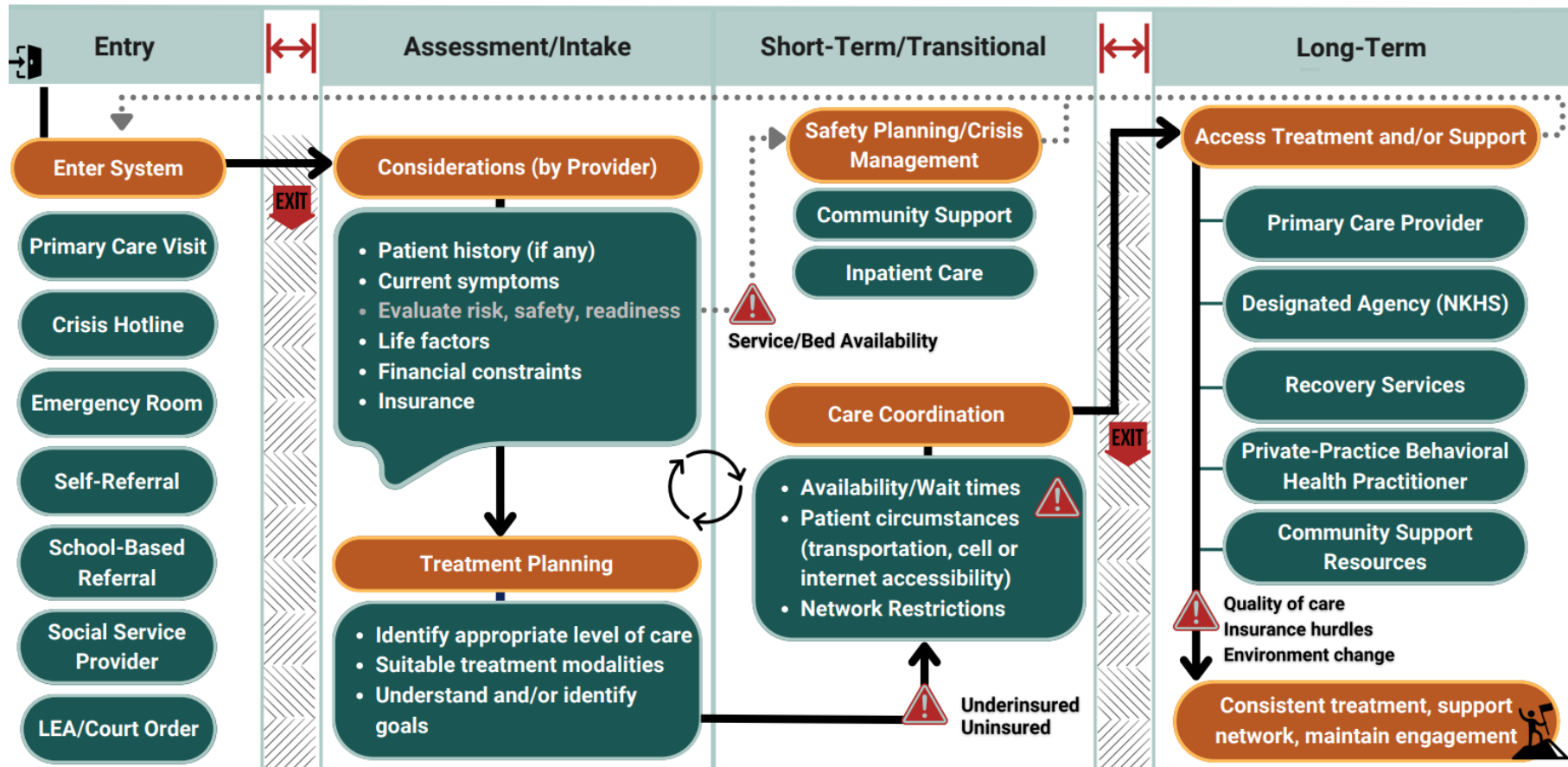
Good fit with provider

3. Consistent Treatment

RECOVERY





Stakeholder/Health System Process Map

NORTHEAST KINGDOM BEHAVIORAL HEALTH SYSTEM PROCESS MAP



Stakeholder/Health System Process Map – Supplemental Document

Entry (Column 1)	Assessment/Intake (Column 2)	Short-Term/Transitional (Column 3)	Long-Term (Column 4)
<p>This column includes entry points into the behavioral healthcare system in the Northeast Kingdom.</p> <p>Entry points include a primary care visit, crisis hotline, emergency room, self-referral (self-driven sought care), school-based referral, social service provider and law enforcement/court order (court-mandated treatment, section 35, etc.)</p>	<p>This column focuses on the assessment and intake of a patient presenting for care.</p> <p>Once patients enter the behavioral healthcare system from Column 1, providers must take multiple considerations into play when determining next steps. These considerations include patient history, current symptoms, risk/safety/readiness assessment, life factors, financial constraints, and insurance.</p> <p>In some cases, providers deem a patient too risky, unsafe, unstable, or unready to move to the next step. In this case, providers move this patient to safety planning/crisis management in Column 3.</p> <p>After these considerations, providers move onto treatment planning for the patient. Included in this is identifying appropriate levels of care, suitable treatment modalities, and understanding or identifying treatment goals.</p>	<p>This column covers the short-term and/or transitional care within the Northeast Kingdom's behavioral health care system.</p> <p>If a provider feels a patient needs immediate assistance, safety planning/crisis management commences. Here, providers look towards community support (harm reduction services, for example) or inpatient care (hospitalization, inpatient mental health/substance use programs) to stabilize a patient.</p> <p>After assessment/intake outlined in Column 2, providers and support staff must engage in care coordination to ensure a patient receives appropriate and adequate treatment. Care coordination consists of the following components: availability and wait times, patient circumstances related to social determinants of health, and network restrictions.</p>	<p>This column encompasses the long-term care and/or treatment in the Northeast Kingdom's behavioral health care system.</p> <p>Long-term care or treatment is the final step in the behavioral healthcare system process map. After care coordination, providers and other stakeholders absorb patients into long-term care or different types of treatment. These treatments and supports include primary care providers, NKHS, recovery services (AA, NA, medication-assisted treatment, medication management, sober living, etc.), private-practice behavioral health practitioners (therapists, counselors, etc.), and community support resources (support groups, etc.). Stakeholders consider the above the first step in obtaining consistent care. The goal in accessing treatment or supports is for a provider to help their patient obtain consistent treatment, support network(s) and/or maintain engagement in care.</p>

Image/Symbol	Meaning	Image/Symbol	Meaning
	This symbol represents a gap. The gaps identified on this map are between Columns 1 and 2 (entry and assessment/intake) and Columns 3 and 4 (short-term/transitional care and long-term care). Gaps can include but are not limited to lack of communication between providers, lack of support when transitioning between columns, or patients exiting the system.		This symbol represents pain points or barriers in the behavioral healthcare system process. Each place this symbol is accompanied by words that describe the pain point/barrier occurring at the flow in the map. The pain points/barriers are identified as service/bed availability, insurance issues, quality of care, and environmental changes.
	This image represents an exit point in the process map. Exits tend to occur where there is a gap in care. Where this image is seen is where patients tend to leave the behavioral healthcare system in the Northeast Kingdom. Exits are identified between Columns 1 and 2 (entry and assessment/intake) and Columns 3 and 4 (short-term/transitional care and long-term care).		This symbol illustrates that providers have identified this as a place in the process where patients can get caught up in a cycle. Its location between treatment planning and care coordination show that patients can often cycle between these two steps before moving on.



Recommendations



Recommendations

1

Increase the number of mental health and substance use providers in the NEK:

Start actively recruiting and training more professionals within the NEK. Participants are looking for other resources outside their region for care due to lengthy waitlists. This will enhance care consistency, service accessibility, and connection, as consumers will be able to access services from providers within their own community.

2

Focus on provider diversity:

Consumers are disheartened by not only the lack of providers, but also the lack of providers they can connect with. The NEK should increase efforts to recruit and retain a diverse range of providers, including male providers, BIPOC providers, and LGBTQ providers to ensure a greater likelihood of finding a good fit for consumers. It would be helpful to explore partnerships with organizations and educational institutions to support the training and recruitment of providers who meet specific consumer needs.

3

Enhance and synchronize training for NEK providers:

Provide additional training opportunities to improve skills and knowledge in mental health and substance use care. Many participants expressed frustration when, having finally secured a provider, they found that the specific service or resource they needed was not offered. To address this, training programs should be inclusive, community-based, and holistic to better serve the diverse needs and preferences of consumers in the NEK.

4

Tailor communication to meet the consumer's needs:

Many consumers have different preferences when it comes to communication. Recognize and accommodate the diverse communication preferences of consumers. Establish systems and protocols that allow for personalized communication, considering factors such as preferred language, mode of communication (e.g., phone, text, email), and accessibility needs.

Recommendations

Emphasize the importance of building positive relationships:

Once consumers were able to connect with a provider, some were able to establish a strong relationship. The NEK should celebrate these positive experiences and promote success stories from consumers who have received quality care. Taking detailed notes from these relationships is a way to keep track of the “ingredients” that are needed to build connections and allows the ability to share this information with other providers.

5

Vibrant ONE should continue to have NEK residents be actively involved in their research:

- Many participants felt like their voice was heard by participating in a focus group or interview. They felt appreciated and enjoyed the opportunity to connect with other people in their community. This type of research is a great way to collect firsthand information and support mental health and substance use consumers. Future focus groups, meet-ups, or similar activities would be valuable.

6

Expand telehealth and remote care options:

Some consumers had a positive experience with telehealth and agreed they would use it more if it was inexpensive. Invest in and promote the use of remote care technologies to increase access to mental health and substance use services in the NEK. This can help overcome travel barriers and provide convenient and flexible options for consumers.

7

Concentrate on consumer education and empowerment:

Many consumers expressed interest in learning more about mental health and substance use care. Providing education opportunities to consumers in the community may help empower them to navigate the system. This can include things such as workshops and online classes.

8

Recommendations

9

Streamline inpatient and housing services for consumers throughout Vermont.

Consumers and Stakeholders both expressed the urgent need for more inpatient services and emergency housing options in the NEK. Building new facilities is not an easy task and can take a long time. In the meantime, it may benefit consumers to have a more streamlined process to access these services elsewhere. This could include providing transportation, updated inpatient options and information outside the NEK, and current wait times.

10

Work on increasing awareness of the existing Mental Health Crisis Teams in the NEK and provide additional mental health crisis training for first responders and emergency room personnel.

Some consumers shared traumatic stories about past mental health crises and the lack of understanding or training from emergency department staff and first responders. Many were unaware that a current crisis team exists in the NEK area.

11

Integrate consumers more into decision-making processes within the NEK mental health and substance use system.

Consumers still struggle with stigma and complicated feelings when it comes to mental health and substance use struggles – especially at the beginning of the process as they enter the system. Incorporating more consumers and their point of view into decision-making at this step and allowing them to work with stakeholders may help lessen the fear of the system and stigma for future consumers.

12

Address mental health and substance use stigma myths with current stakeholders and providers.

A few stakeholders shared their frustration with stigma among their peers. Peer support and supervision among providers is a way to combat this issue. Encourage regular discussions and sharing of experiences. This can help providers feel supported and more confident in their ability to challenge and overcome stigma.

Proposed Universal Screening or Intake Process

1. Organize a Centralized Information System Throughout the NEK:

- Conduct a widespread assessment of the existing mental health information systems, databases, and resources. Then, develop standardized protocols and data collection tools to ensure consistent information gathering across mental health organizations and service providers in the NEK. There will need to be appropriate safeguards for patient privacy and data security, especially while sharing data across different organizations and service providers

2. Focus on Patient-Centered Goals and Preferences:

- Instead of assuming the patient's goals or pushing a specific agenda from a provider or organization, focus on the what the patient is asking for. Many consumers are turned away due to not meeting an organization's criteria. Concentrate on asking open-ended questions to understand the patient's preferences regarding their mental health and substance use. This patient-focused approach allows for individualized care.

3. Comprehensive Demographic Information Collection:

- Collect detailed demographic information from the beginning of the intake process. This ensures a holistic understanding of the patient's background and circumstances. This information may include age, gender, race/ethnicity, socioeconomic status, education, employment, and living situation. Ensure that this information is collected respectfully and with the patient's privacy in mind.

4. Use Apps to NEK's Advantage:

- Stay up to date with current mental health technology and apps such as Better Help and Telehealth. Consumers are already turning to these resources by themselves. If NEK stakeholders and providers were well-versed with the pros and cons of these apps, then they can support and assist consumers when the wait lists are too long.

Proposed Universal Screening or Intake Process

5. Provide All Treatment Options:

- Present the patient with a range of treatment options that address their mental health and substance use concerns. Ensure that these options include both abstinence-based approaches and harm reduction strategies, allowing the patient to choose what aligns best with their goals and values.

6. Education and Resources During the Wait:

- Provide educational opportunities in the community related to mental health and substance use. This may include support groups, webinars, and workshops. Ensure that the information covers diverse perspectives and approaches. These are also resources consumers can access while they are waiting for a provider or service.

7. Develop a Real-Time Wait List Database:

- If a centralized database is created in the NEK, this allows an opportunity to additionally develop a wait-list database for providers and services. Consumers would be able to easily look up their wait-list status and gain realistic expectations on their course of care.

8. Follow-up and Continued Support:

- Once a patient is connected with the provider or service they need, it should not be the last contact point from the intake or referral process. There should be multiple check-ins to see how they are feeling about their care.

Thank you!

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