

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.

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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

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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.

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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.