

Public Health Council of the Upper Valley

Partner Meeting

May 19, 2023

Attendees: See list of attendees at end of document.

Panel: On the Priority of Access to Mental Health Services

Benefits of Becoming a Certified Community Behavioral Health Center

- Stephanie Bergeron, West Central Behavioral Health
 - Prepares the organization to be certified by the state.
 - Builds a more integrated and robust system, make the model work for the organization in terms of staffing, scope of services, etc. (9 core services in total)
 - Continuous quality improvement and governance
 - For advisory boards and subcommittees
 - Staffing shortages have been a significant challenge; have to think outside the box
 - Leverage professional development to attract and retain current staff
 - More technology and mobile interventions
 - Targeting more outlying towns/rural areas; standing up ACT teams and using mobile crisis response; incorporating veterans services; looking at transitional age youth
 - Reach out to Stephanie (sbergeron@wcbh.org) if interested in joining a focus group or advisory committee.
- Kate Lamphere & Rosie Nevins-Alderfer, HCRS
 - Expanded ability to provide level of care in the gaps where concentrated support is missing
 - Launched surveys for people with lived experience and providers
 - Focus on historically marginalized populations – final report by July
 - Identified need to improve care coordination – outreach and discharge/care transitions
 - Built a health disparities committee within agency to reach individuals who have a harder time accessing services because the systems do not accommodate
 - Opportunities to partner around care coordination and creating mutual understandings on how to work with referrals; would like to increase conversations with community partners
 - Creating a safety net through partnership
 - Staffing also a challenge – struggle to recruit candidates to do specialized work, high turnover creates long waitlists and disruptions to care
 - Needs are complex, people are interfacing with multiple systems, young people experiencing depression/anxiety

Q&A:

1. How can the states work better together to support complex patients? Better connectivity would be valuable. CCBBC will give us a better opportunity to do that. Current system was more restrictive on this, so the CCBHC will improve collaboration. Can also get medical alerts about patients

Crisis Prevention & Response

- 988 Services: Al Carbonneau, Hotline Coordinator, Headrest
 - Brought everyone together that needed to be doing this together; simplified the process.
 - People there to answer the call 24/7
 - The cooperation and collaboration are essential because we are all serving the same population
- Mental Health First Aid & Connect Suicide Prevention: Andrea Smith, All Together & Emily Zanleoni, Hartford Community Coalition

Public Health Council of the Upper Valley

Partner Meeting

May 19, 2023

- UNH Cooperative Extension has a large grant to support getting more people training in mental health first aid – we can offer for free currently.
- 3 types of MHFA: adult, youth, teen
 - o Lengthy training (6-8 hours)
 - o Need to find groups of people who are already convening to training
 - o NH law requires educators to receive 2 hours of suicide prevention training every year
- NAMI NH Connect Suicide Prevention training is also free to individuals/communities
 - o Emphasizes collaboration between service providers
 - o People can request a training, or we often target/offer training for specific sectors of the community
 - o Online training can be 2 hours; in-person trainings 4-5 hours.
 - o Cultural readiness to start or continue these difficult conversations.

Q&A:

1. Suggestion to create a PSA/promo video about what it really looks like to be a trainer, and also help organizations identify as “mental health trained”, offer mental health trainings during kid’s events (while parents are there), target recovery friendly workplaces
2. What sector or part of the community is not reaching out? - Parents

Navigating Options & Getting to Services

- Service Link (GCSSC): Joan LaPlante
 - There are a lack of caregivers, especially for elders wanting to stay in their homes
 - Quarterly roundtable meeting initiated by LISTEN is beneficial
- MAHHC Resource Guide (Melanie Sheehan unable to attend; however, she sent the following on their resource guide and other efforts.)
 - Continue to support our Family Wellness Program, offering a FT Family Wellness Coach and 0.75 FTE Family Wellness Therapist (increased from 0.5 FTE)
 - Continue to address Substance Use disorder as it is so closely connected with Mental Health
 - o Promoting [We Are Worthwhile](#) campaign to overcome self-stigma as a barrier to seeking treatment or recovery
 - o Rapid Access to Medication Treatment or help for Alcohol Use (detox) in the emergency room, as well as recovery coaches
 - o SBIRT screening in Primary Care Practices
 - Depression screening to Primary Care visit preplanning sheet, ensuring compliance with screening for every visit (see results/chart below)
 - Trauma informed education provided for all staff (440 trained), embedding availability of this training as staff education resource
 - Working to improve collaboration with designated agency, Healthcare and Rehabilitative Services (HCRS); 2 new MH interns embedded in Pediatric practice
 - Invited John Broderick to speak to students at Windsor Middle and High School, over 350 students heard John speak about Mental Health and destigmatizing
 - Created [Stigma Free Language](#) with Green Peak Alliance prevention partners, promoting de-stigmatization of language around MH and SUD
- Vt 211 (Alice was not able to connect with a Vt 211 representative. Will continue efforts to connect.)

Public Health Council of the Upper Valley

Partner Meeting

May 19, 2023

Q&A:

- Suggestions to work on recruiting volunteers who are available and maybe isolated at home to get involved.
- There are a lot of social workers looking to move to states where they can practice gender & LGBTQ affirming care.

Sticky Notes for Evaluation & Input: see pages 3 to 6

Opportunity to Increase Cross-Agency Integration:

Cara Baskin is the Integration Catalyst for the Greater Upper Valley Integrated Services Team (GUVIST), a group of health and human service organizations in the region committed to improving service delivery through integration. GUVIST facilitates service integration to improve the experience of people who receive services from multiple organizations by helping service providers operate interdependently by design. We are actively working through data from those with lived experience to improve service delivery in early childhood. We are eager to explore integration in other sectors. Cara is available to talk with you more about process and opportunities. Her email address is GUVISTcatalyst@gmail.com.

Next PHC Partner Meeting:

On the Priority of Cost of Health Care Services, Health Insurance and Dental Care

June 16, 2023

9:00 to 11:00 am

Location: Lebanon (SAU 88) School District Office Auditorium, 20 Seminary Hill, West Lebanon, NH

Sticky Notes for Meeting Evaluation & Input

How did this meeting format work for you?

- Great discussion and format to discuss each priority.
- Having a 5-minute break for bathrooms/those who feel over-socialized (esp. from a transition to virtual).
- Having a table people could add physical resources to for others to grab (including local events)

What are our greatest challenges for improving access to health services?

- Accessibility (Time, Place, Population (everyone or a specific age group))//Workforce (Funding, Collaboration with providers? Services provided?)//Outreach//Community Participation//Disparity
- Meeting need: Workforce challenges coupled with increased need for services.
- Workforce (poor pay, lack of housing, high cost of living)
- Capacity (workforce development, staffing and training)
- Staffing.
- Staffing. We hear from parents often that they cannot find child therapists.
- Staffing is tough all over at the various agencies.
- Workforce skills to offer.
- Placing more value in direct care professionals, increasing pay and training and giving them more opportunities for autonomy.
- How to tap into the folks who want to volunteer.
- Transportation is a huge barrier.
- Transportation and housing.
- Medicaid rides and transportation to services in general
- Housing issues.
- Stigma
- Technology is great, but there are lots of people with zero/limited access so there needs to be an increase in in-person options.
- Reaching all those who really need the services.
- Reaching people who historically have been left out of services (unhoused population, complex needs and services, rural population.
- Care coordination across the river.
- Knowing about the resources and offerings.
- Hyper-local level resources
- Get more organized in how we get information out – how each group can help.
- Plain language! So much is hidden from people we seek to serve: All Together, New Future, ServiceLink – each could mean anything!
- Citizen commitment and engagement

Public Health Council of the Upper Valley

Partner Meeting

May 19, 2023

What is working well?

- We have caring, amazing people doing the work.
- Local organizations reaching out to others in the same arena to collaborate.
- Connection between organizations/cross-collaboration; addressing the same goals.
- Collaboration between agencies.
- Commitment of partners.
- Collaboration of organizations.
- Partnering with other committees.
- More and more collaboration among organizations.
- Telehealth appointments.
- Telehealth.
- Telehealth.
- Telehealth.
- More access/information on/to 988.
- Better access to services.
- Peer support – helps to address non-clinical workforce shortages and can hold organization accountable to include voices of traditionally marginalized populations.
- Support for employees in the workplace. Work United programs.
- Cultural readiness.
- Lens of listening to lived experience.
- Accountability.
- Generous community people (\$1,000,000 in a year!)
- Funds allocation through legislation.

How can we meet the needs of traditionally marginalized and underserved groups of people?

- Include them at all levels of leadership and decision making.
- Ask the people needing what they think will work.
- Focus groups. Outreach.
- Better outreach.
- Feedback loops. Go where they are.
- Include all communities, especially the ones that are disconnected from society.
- Mental health and storytelling initiative.
- Sharing data.
- Researching and educating our communities. Having accessible resources. Displaying affirming resources/stickers. More discussions! Bring in youth voice.
- Return calls or emails. Don't drop the ball!
- More transportation options so folks who are in need can get to their appointments. If not, what about house calls? Going to their home.
- APD hospital has a social worker to help employees.

Public Health Council of the Upper Valley

Partner Meeting

May 19, 2023

What opportunities exist for collaboration and coordination?

- Similar goals – we all want to help people.
- All coming together to help find and work towards solutions.
- Cross-state organizations and services.
- Improve collaboration across the river.
- Better integration of services across organizations. Dismantle silos.
- Establish creative partnerships.
- Continued meetings, workshops, trainings, etc. to all involved.
- Training programs.
- Get everyone on board in a coordinated, uniform way with education campaigns on things like stigma and volunteerism and ways to access (988 etc.).
- Use data in a specific way (eg. We need X number of more beds, or clinicians, to meet the need.)

What should we strive to achieve in the Upper Valley by December 2025?

- That everyone, no matter their situation, is entitled to health, mental services – substance abuse, suicide prevention, etc.
- Make mental health supports visible and the norm... call out organizations as mental health champions if their staff is trained, for example.
- People feeling connected again.
- A navigable system with appropriate language for the people it serves.
- Focus on community education to decrease stigma.
- Increase in LGBTQIA+ in education and advocacy. Safe Spaces for queer individuals. I plan to do more trainings.
- Improved pay scale and benefits to improve clinical retention.
- Address housing shortage as a root contributing factor to workforce challenges.
- I 2nd the idea of using data for specific asks!
- Robust services – no waiting times.
- Some action in place on these ideas. Progress on collaboration and coordination.
- Moving to action.
- Some action on behalf of the group.

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Partner Meeting

May 19, 2023

PHC Partner Meeting, May 19, 2023

Attendees:

Austin	Elizabeth	Good Neighbor Health Clinic
Bailey	Pam	Granite United Way
Baskin	Cara	GUVIST
Bergeron	Stephanie	WCBH
Brooks	Hanna	DHMC
Caprio	Judith	Headrest
Carbonneau	Al	Headrest
Chambers	Lauren	DHMC
Chiocchio	Stacey	Hypertherm/HOPE Foundation
Collins	Miranda	SAU 88
Cooper	Regina-Ann	DHMC/DCC
Farnsworth	Barbara	DHMC
Fedrizzi	Rudy	VDH/WRJ
Harbeck	Eric	Headrest
Harding	Laurie	Community Nurse Connection
Hunt	Janet	New Futures
Lamphere	Kate	HCRS
LaPlante	Joan	ServiceLink
Mason	Peter	Headrest
Mayfield	Brett	PHC Board
Nevins-Alderfer	Rosie	HCRS
Newbern	Jeana	LSRVNA
O'Neil	Peggy	WISE
Porreca	Lyndsey	Valley Court Diversion
Reddy	Sandeep Krishna	VDH/WRJ
Ross	Kelli	VDH/WRJ/PHEP
Smith	Andrea	DHMC
Snow	Linda	DHMC/Moms in Recovery
Stelle	Lyrice	VDH/WRJ
Storey	Ruth	CHaD Family Advocacy Board
Swanton	Elizabeth	APD
Van Zandt	Elena	HALO/Lebanon Middle School
Williams	Kym	Consultant
Zanleoni	Emily	Hartford Community Coalition

BOLD = Panelist/Speaker