## Supplemental Feedback to DMHAS / SWCMHS from 2018 Priority Needs Assessment

During the summer of 2018, SWRMHB conducted multiple focus groups throughout the region to identify the priority needs and service gaps felt by the behavioral health community in Southwest CT. This document is a supplement to the full regional report, which presents the complete findings from those focus groups as well as from the online survey administered by the RBHAO partners. *This supplement focuses specifically on the feedback received from SWCMHS consumer council members (Stamford and Bridgeport) and Recovery Support Specialists.*

### 1. Feedback on Population Needs

When asked about the demographics with highest need, RSS's made a comment that reflects an issue with current priorities that we have highlighted in previous reports: *"It is frustrating to see all the effort and resources going into the younger population when funding is being stripped from those in current need."* Data support the fact that the middle-to-older adult population is the largest demographic and also in greatest need, with suicide, opioid abuse, and other rates increasing in that age group; however, DMHAS prioritizes young adults over this group.

There was a difference in the most common needs as reported by RSS's vs clients. RSS's cited the most common needs as:

- trauma-based illnesses in young adults;
- depression and schizophrenia;
- marijuana and benzodiazepine abuse. (These are not necessarily the issues that receive the most attention. Throughout our needs assessment, all audiences commented that opioids are receiving all the attention.)

Meanwhile, long-term consumers from FSDC (with an average of more than 15 years with DMHAS) did not cite either mental health or substance use treatment as their "primary needs" from DMHAS. Instead, they reported that what they need from DMHAS is assistance in seeking employment, housing, documentation, and medical care, as well as social support. These responses could mean that these consumers' behavioral health needs are well met, since the gaps are not specifically related to treatment. However, they point to a need for DMHAS to assertively connect long-term clients to basic needs services so that clients can move forward in their recovery. (This same consumer group was asked whether they expected to continue to need help from the system in 5 or 10 years. One felt he would need 5 more years to build a safe base. Others indicated that this is their safety net.)

One client has been present at many years of focus groups. She is very intelligent and well educated but has been unable to find employment and is lonely without a roommate. Those factors contribute significantly to her depression, which lessens whenever she is involved in projects in the region. She would be an excellent candidate for a "supportive roommate" type of housing programs, which are in place in other states and countries and are currently being considered by DOH.

Consumers from GBCMHC identified the biggest challenges for people seeking BH treatment or support as:

- fear (stigma, anxiety about going out, fear of experiencing a medication side effect in public)
- lack of family support
- transportation
- income, insurance, and housing
- lack of awareness
- employment

The following new and/or emerging issues were identified:

- Opioids in combination with benzos.
- Marijuana-induced psychotic breaks in the young adult population. (NB: There was significant support throughout the region for bringing a First Episode Psychosis program to Fairfield County.)
- Stress and anxiety as a result of the current political and economic environment.

**2. Feedback on Prevention & Promotion Messaging**

In terms of messaging, SWCMHS respondents felt that education efforts do not place enough emphasis on recovery. Instead, the focus is on awareness and reducing stigma. They pointed out that focusing on recovery would accomplish those goals as well.

Other areas identified as needing better promotion were:

- Focus on the homeless
- Education and resources in different languages to help people recognize different issues (especially depression).

**3. Feedback on Services in the Region**

**Strengths:** Consumers very much appreciate a number of programs and services in Region 1:

- Laurel House programs (roommates, volunteers)
- Inspirica (employment workshop)
- Free medication
- FSD programs: PUSH (several mentions), individual therapy, DBT in English and Spanish and follow-on group, staff (psychiatrists, nurses, RSS's), WRAP, Pathways to Recovery, weekly WMR
- Gilead
- 12 step programs
- Phone access
- More opportunities for clients to work
- One-on-one therapy
- Peer support

When asked specifically what has been **getting better at SWCMHS** in the past year or 2, clients mentioned:

- New FSDC group for clients to reduce/abstain from marijuana use
- RSS's are becoming more integrated with staff
- GBCMHC consumers mentioned more education about illness, how to cope, how to be social, and more client involvement in the treatment plan
- More options for clients to enter the MH field: RSS training offered in South Norwalk, PUSH, etc.
- Marrakech is less strict
- More activities for GBCMHC clients (walking, bowling, movie night)
- More case management and assistance from community providers
- Staff listens more (mentioned at GBCMHC)

**Gaps** identified by SWCMHS clients included:

- Coordination of treatment (cited as problematic several times). Examples included communicating with hospitals, housing, getting documentation. One client was hospitalized due to a med reaction and was there for 3 days before his SWCMHS treatment team was notified (which appeared to be an issue on the hospital side). Another was trying to get into a hospital and was not given any support by FSD in terms of a "professional connection," so he called a YNHH number on their website and reached a security guard who couldn't help.
- Need for more case managers.
- Therapy programs in Spanish; psychoeducation in Latino communities; web resources in Spanish; access to the Internet in Spanish for consumers
- Long-term inpatient care.
- Training groups to provide trainings and education (Note: The RBHAO can continue to help promote and also organize trainings and speakers but is not supposed to provide any direct training such as QPR.)
- Recognition of the connection between mental health and substance use. (One client was treated in the community for SUD but never assessed for MH and was homeless for years before being diagnosed with bipolar.)
- One FSDC client put ~8 suggestions in the suggestion box over 2 years (some signed) but never got a response. Other clients were surprised to hear that there was a suggestion box.

SWCMHS consumers and RSS's identified many areas where things are getting **worse**:

- Access to psychiatrists (continues to be mentioned)
- Discharge planning. No long-term hospitals around.
- Supported and supportive housing. 6+ year wait for city housing / section 8 for senior disabled.
- No more crisis, no more respite beds.
- Insurance.
- One client reported a highly stressful, negative experience with his volunteer work experience. He began to volunteer for many hours and became overwhelmed (because there weren't enough helpers or possibly staff) to the point where he neglected his own apartment and roommate situation. He questioned why he wouldn't have been paid if he was being counted on to do so much work. This experience could reflect a need for better monitoring of volunteer hours and reactions, or could be the result of budget cuts.
- Transportation: Veyo is seen as worse than logisticare.

What's getting worse within SWCMHS / what do you wish were different:

- Not enough staff. "Employees are overworked and short on time, and that is not fair to patients." As a result:
    - SWCMHS has become a "case management mill," with clients observing that: It's difficult to get treatment coordinated; there's no guidance; staff used to sit and accompany the client.
    - Staff morale is down: "The demand is greater. We are being asked to double our productivity with fewer and fewer resources." (This issue has also been mentioned by community providers.)
    - Need better receptionist skills, including more bilingual receptionists.
    - Many report a lot of "switching around with workers." "I've had 3 doctors in the past 7 years."
- Clients perceive a need for a 24/7 warmline or more extended-day peer support. One client commented that when he is in a panic, one of his coping skills is to call, but his therapist has told him that he calls too much. He would like to leave a voicemail but has been discouraged from doing so, yet the warmline is not available in the middle of the night.

- "FSDC is the poor stepchild in the corner of the state." SWCMHS upper management is not visible, and the site director is "only at FSD once a week."
- Groups become redundant. When you finish a group you have to start it over. (Note: This was identified as an issue 2 years ago as well.)
- No more night programs (karaoke, poetry). Need funding for social rehab.
- Want more forums at meetings, professional speakers, learn about resources in the community. Note: CAC schedule has been changed for this year to encourage clients to attend, as this is a way to meet this interest and to learn about additional opportunities in the community.
- Fundraising for the consumer council.

Models or programs to expand or adopt:

- Holistic wellness center such as Toivo
- Peer-run respite, such as Afiya (which continues to be mentioned every year)

Supportive services that we need more of:

- Peer support
- Supported education
- Alternatives to the medical model
- Connections to therapy and recovery services outside of DMHAS
- Better living conditions in supported housing (example of mold in bathroom)
- Recovery education services like the REC
- At GBCMHC, we asked the consumer council what they would change in the BH system if they had $1 million. Responses focused on extending supports:
    - More activities/ social events / giveaways (including holiday gifts). Build a basketball court and exercise room. Buy land in the Maine woods and create a retreat cabin.
    - More groups
    - PUSH
    - Community education
    - Extension of stipend work so that it is a stepping stone to a job
    - Financial assistance to others (basic needs, housing assistance, cash donations)
    - Establish a legal foundation to provide legal assistance (no public defenders)
    - Decrease medication in the Med unit so they can participate

**4. Other (General) Feedback to DMHAS and the State**

- "No more new initiatives! The flavor of the month is disheartening and only serves to highlight the lack of transparency and collaboration within the agency."
- Use the knowledge of peers on staff to educate other staff and help them become more recovery-focused
- Listen to the people who are receiving services. Hold focus groups; the DMHAS Consumer Survey does not capture the true story.
- Stop taking money from where it is most needed.
- Better elder care, education for older adults to reduce stigma and help them access treatment.

## 5. Our Recommendations to SWCMHS

a. Regularly provide information and opportunities for clients to complete advance directives for their psychiatric care.
b. Ensure a variety of opportunities for client feedback, including open hours or listening sessions with upper management. Review protocols around preparing and involving clients in transitions such as the FSDC move or changes in providers.
c. Identify point person(s) and timetable for checking suggestion boxes and responding and taking action.
d. Determine a plan for gathering feedback from clients by an outside source. The RBHAO would be able to support this effort. (e.g., Monthly focus group.)
e. Consider evaluating how clients experience and are supported in their volunteer, internship, and stipend assignments, and whether increasing caseloads are leading providers to use volunteers as unpaid employees.
    - Clients suggested a volunteer summit once a month.
f. Consider assessing current employment programs and initiatives, as well as opportunities for consumers to develop their own business and offer services on a gig basis to the community.
g. Extend the warmline hours (clients would prefer 24/7) and/or consider identifying "on-call" shifts for RSS's to be available to provide peer support in a drop-in setting.
h. Consider opportunities for consumers to create a time bank to provide each other with services and supports, including social opportunities.
i. Arrange more educational programs in Spanish for SWCMHS clients and families, and coordinate with regional partners (e.g., RBHAO) to provide Spanish-language education to community members. Consider making REC center available during certain hours to Latino families who often lack Internet access.
j. Provide more materials in Spanish. (Available from CTclearinghouse.org.)
k. Develop a more comprehensive set of groups for clients, allowing them (or RSS's) to create new types of groups. Look at the Pathways day program for examples.
l. Support consumers in attending CAC, KTP, presentations and programs in the region.
m. Consider the findings of the full regional report. For example:
    - Crisis intervention and respite are both needed.
    - CSP and light case management services are needed by a broader set of clients. Make eligibility requirements more flexible.