

## **SIM CAB Listening Session Review Questions**

Key Findings Key Messages & Next Steps for CAB discussion.

1. **Event Name:** Behavioral Health Forum
  - a. **Location:** Burroughs Community Center in Bridgeport
  - b. **Date:** May 19, 2016
  
2. **Goals of the Event:** To hear from community regarding their experience with healthcare, to have a broad representation of what it's like to be part of the behavioral health system, and to learn about making decisions from a place of being informed by people affected.

### **Key Findings:**

- People talked about the importance of hearing the consumer voice – or taking into account the perspectives of people with lived experience with mental health and/or addiction issues.
- Access to care was noted as a problem.
  - It was reported that some clinics have high turn-over rates of psychiatrists, and wait times for appointments are very long
  - Lack of psychiatrists impacted people's ability to access care when they needed it.
  - Insurance coverage impacted access to care. One audience member said that, although she had a serious eating disorder, she was told that sessions with a dietician were not covered as part of her plan because she was not diabetic.
  - Some people were told they needed a higher level of care to access services, or told they were not ill enough for the higher level of care when they were ready to get help
  - People talked about lack of dental coverage for the elderly
  - The distance between doctors and their lack of communication was a challenge to taking care of the entirety of their care needs.
- People identified a need for home health care and staying in the community to improve behavioral health outcomes.

### **3. Based on the Key Findings, what Recommendations do you have?**

***Please connect your recommendations with 2017 CAB Plan Focus Area 1,2,3:***

- 1) **INFLUENCE SYSTEMS CHANGE:**
  - a) People were concerned about the bifurcation between substance abuse and mental health, and wanted doctors to have cross-training between the issues.
  - b) Providing education to primary care providers about behavioral health would be helpful.

- 2) PROMOTE PROVIDER-CONSUMER PARTNERSHIPS:
  - a) Consumers wanted peer support in Emergency Departments.
  - b) Need for patience, improved communications, and listening between doctors, patients, and healthcare providers. One person who used email as a primary communication tool said it took 18 months to learn that her doctor did not use email with patients.
  - c) People liked the idea that care delivery system reforms expand care teams to include nutritionists, pharmacists, and community health workers (including peer supports)
  
- 3) ENGAGE AND EMPOWER CONSUMERS:
  - a) Diminish the “us” versus “them” label between doctors and patients. Doctors need supports too.
  - b) Promote the consumer voice – and take into account the perspectives of people with lived experience in mental health and/or addiction in determining their healthcare.
  - c) Encourage people with mental health and/or addiction issues to self-advocate.
  
4. **Do you have any Recommendations that Connect with the CAB Health Equity Priority?**  
*Health equity involves the promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible.*

Address concerns about how being labeled as a mental health patient can prevent people from accessing physical health services.

5. **Key Messages of the CAB:**

6. **Activities and Next Steps:**

a. **With whom should we share this report?**

b. **How can we disseminate the report? Which CAB members will email whom?**

c. **Next Steps to Implement?**

**d. Do we need additional information? If so what and how to obtain it?**

**e. Resources Required?**

**f. Next Deadline?**