ABSTRACT

We worked with West Central Behavioral Health (WCBH) to conduct a community needs assessment for mental health services, with a primary focus on emergency mental health crisis services. Preliminary stakeholders in the hospital and community show that increased access to mental health care is needed throughout the Upper Valley. In doing this project, we helped WCBH in understanding the current landscape of mental health services and where the current structures can be improved to meet the needs of the community. Our work consisted of conducting interviews with various stakeholders locally and nationally and led to three key takeaways: partnering with community leaders and organizations, developing protocols for 911 dispatch operators to direct mental health calls, and integrating crisis response calls with long-term care. We believe these steps are critical to the success of an effective and efficient mobile crisis response program.

BACKGROUND AND GOALS

- As of July 1, 2022, West Central Behavioral Health rolled out mobile crisis response services with the goal of providing 24/7 on-scene crisis response by trained mental health professionals.
- Launched in response to an overwhelming need for mental health services identified in the Upper Valley (See Figure 1 and Figure 2).
- This form of crisis response has been shown to be successful in other settings, such as the CAHOOTS program in Eugene, Oregon and the STAR program in Denver, CO.
- Our team worked in collaboration with West Central Behavioral Health to conduct interviews with local clinicians and stakeholders, as well as mobile crisis response organizations in other states, to understand best practices of mobile crisis response nationally and how to apply these principles in our local context.
- Our project was guided by foundational research on how understanding the needs of health care providers and patients from an ethnographic context in a broader, community-level scope is necessary (Heritage et al. 2006), in addition to research on how the interactions between providers and patients has been associated with more favorable medical outcomes and more effective health care delivery (Kaplan et al. 1989).

METHODS

Interviews were conducted with mental health clinicians and mental health crisis response organizations in the Upper Valley and around the country.

Local Mental Health Clinicians
- Dr. Peter Mason
- Dr. William Torrey
- Dr. Christine Finn
- Dr. Roger Osmun

Mental Health Crisis Response Organizations
- West Central Behavioral Health (WCBH): Lebanon, NH
- Support Team Assisted Response (STAR): Denver, CO

FINDINGS

Through conversation with local clinicians and STAR, a crisis response program through the Department of Public Works in Denver, CO, we honed in on three keys to success in mental health crisis response: that we were able to share with WCBH to aid in their program roll out:

1. Community partnership and involving community leaders of marginalized groups from the beginning is essential for program success. Building trust with community leaders is essential for widespread awareness and utilization of the program.
2. Partnership with 911 dispatch operators and developing a protocol for triaging mental health calls is fundamental to directing mental health calls to the right responders.
3. Integrating crisis response calls with long-term case management and connection to community-based support organizations (food, housing, social support, etc.) is a necessary next step in helping community members in crisis.

REFERENCES


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