Department of Public Health Informational Survey – 2014 Health Resource Planning for Behavioral Health Services Response January 31, 2014

1. How do you anticipate health resource planning for Behavioral Health to help you in your work? How do you expect to use the information resulting from the effort?

Once data on current resource distribution is collected and analyzed we hope it will bring about two things; 1) an accurate picture of the current distribution across the State and 2) a proposed plan for redistributing resources more evenly/fairly across the State with provider input. Assistance with data collection that is specific to Martha's Vineyard will be helpful in planning necessary resources for the future. The data would be used to clarify the misconception of the Island as a playground for the rich and famous as the exact opposite is true. We have the highest incidence of mental health and substance abuse, an extremely high cost of housing coupled with very limited year round availability, an overall high cost of living and a seasonal economy that contributes to high unemployment in the winter months.

2. Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were are not already included in the list of services on page 6? Please describe with as much specificity as possible. Please indicate how they can be addressed through health resource planning.

Transition Age Youth Outpatient Services, Youth/Adolescent Day Programming, Dementia and Alzheimer's Services, Alternative Detox Models, Elder Substance Abuse

3. Given the importance of prevention and also "post acute" services for mental health & substance abuse, what critical evidence-based services & programs are available, should be expanded or need to be developed? Are there specific models you suggest we study?

Martha's Vineyard Community Services operates the only DPH-licensed community based mental health and substance abuse clinic on the island. According to the last census the year round population is 16,535. Based on this small population and our location, the island has been included in resource allocations for Cape Cod and the Islands. When RFR's are issued for Cape Cod and the Islands we are not in a position to respond as we do not have any infrastructure in place on the Cape. An off island agency is typically awarded the contract with the usual result being very part time (if at all) services being provided to the Island. This is due to two factors; 1) there is a financial disincentive for a mainland agency to provide services to the Island; time and expense of having staff drive to Woods Hole, take a 45 minute boat ride and then rely on public transportation while here and do a return trip back to the mainland, and 2) data is collected on a Cape and Island basis; from looking at Performance Measures there is no subset of data for the island. This results in no way of knowing if island consumers are getting their fare share of resources based on services reported.

We would like to see a model that includes a Secondary Service Market for Martha's Vineyard.

We have reviewed the information at Mass.gov from the eight meetings that have been held and see a standard for geographical region: there shall be no more than 45 minutes travel between 2 points in a region. As soon as an Islander needs to access a service on the mainland that standard is exceeded with the ferry ride alone. Also, the expense of travel (ferry, car or car rental on the mainland, taxi, gas, hotel when necessary to stay overnight, loss of work income for the day, child care, etc.) is many times prohibitive especially to working families and the elderly.

Proposed Model for Martha's Vineyard

We understand that it is unrealistic to have the full array of services on the Island. We propose the Island go through the same process as the Statewide Health Resource Planning: see what data the island has, what data is needed and what we think the growth pattern looks like. Based on this data and other factors, agree on what services should be available on Island. Agree on what resources should be associated with those services. Acknowledge high program standards come with core fundamental costs, such as adequate staff that is well trained and well compensated based on the higher cost of living on the Island. Have programming that ensures the provision and availability of quality services while supporting the true costs for the basic infrastructure. RFR those services as a Secondary Service Market (SSM) that would have its own funding stream and reporting mechanism. The same could be done for the island of Nantucket. The islands could also be looked at together to see if both could be considered one Secondary Service Market.

To address equal access to the services that would not be available on island:
Determine a stipend structure for consumers to support the off-island costs (ferry, taxi or car rental, gas, hotel when necessary, loss of income for the day(s), child care, etc.). This will compensate consumers and families for expenses that mainlanders do not have to incur when accessing health care.

4. Obtaining capacity, workload/volume, and demand data for outpatient & community mental health & substance abuse services is a challenge. Do you have ideas for data sources or suggestions for collecting data now or in the future? Are there specific "data gaps" that you feel are important for future data collection?

Due to lack of State funding, many organizations have turned to private foundations or rely on fundraising efforts to support services. When the inventory of services is done consideration needs to be made for how services are funded and for how long. For example MVCS has a substance abuse day treatment program funded in large part thru a grant from the Martha's Vineyard hospital. The grant ends in two years. The agency is looking for other funding streams, but if none are secured that program will end. It is the sole resource on the Island for Substance Abuse services for adults who require more than traditional outpatient services.

Data gaps for the Island would include consumers that do not seek services off-island due to the large time constraints and high travel costs. They may opt not to pursue health care that they should due

to these barriers which results in a false picture of consumer usage and need for certain types of services.

The seasonal economy also lends itself to individuals living “off the grid”; being paid under the table during the height of the season and not in a position to collect unemployment during the winter. This is even more prevalent in the large undocumented Brazilian population. These individuals who are not in any current data base (or who are easy to document) seek services from MVCS year round.

It is important to note that as the only human service agency on the Island we are confronted daily with consumers (most often is crisis) that require services that are not available to meet their unique needs. Staff have to “do what it takes” to stabilize the individual and ensure their immediate needs are met. MVCS and the Island community have become skilled in the art of troubleshooting and problem solving to make sure supports and services are in place. We feel our proposal of a Secondary Service Market would address many of the unmet needs we encounter every day.

Respectfully Submitted

Juliette E. Fay, Executive Director