

**DEPARTMENT OF PUBLIC HEALTH  
INFORMATIONAL SURVEY - 2014  
HEALTH RESOURCE PLANNING FOR  
BEHAVIORAL HEALTH SERVICES**

ISSUED: JANUARY 23, 2014

## **SECTION II: QUESTIONS FOR RESPONSE**

DPH is seeking input on the following questions to help guide its health resource planning efforts through 2014. Please use the response format as directed in Section III. You are not required to respond to every question.

**1. a) How do you anticipate health resource planning for Behavioral Health to help you in your work?**

Answer: Forecast analysis may be useful in future program planning to tailor type and amount of services to the need in our catchment areas. Beyond that, uncertain since there is no clear action plan.

**b) How do you expect to use the information resulting from the effort?**

Answer: See above

**2. A) Are there specific services within Mental Health & Substance Abuse that you would like to see studied, and were not already included in the list of services on page 6?**

Answer: Comparing Inpatient Detox to Outpatient short-term and long-term outcomes (length if sobriety).

**3. a) 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?**

Answer: In Addiction Treatment there needs to be more residential (30-90 days) beds, especially for women. Also needed are more residential programs for adolescents incorporating academics that meets Dept. of Education standards as an alternative to incarceration.

**b) Are there specific models you suggest we study?**

Answer:

- Effectiveness of Addiction Treatment Transitional Stabilization Services as an entry point / gateway to residential services. (How many patients that have to go to TSS to enter residential placement make it into residential placement.
- Harm Reduction as a treatment strategy to achieve sobriety: short-term (< 1 year), intermediate (1-5 years) and long-term (> 5 years).

**4. a) 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?**

**b) Are there specific “data gaps” that you feel are important for future data collection?**

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