To provide comments, feedback, suggestions: Jennifer.rowell@vermont.gov

Think Tank – Day Two

LISTENING TOUR THEMES AND VISION STATEMENTS WITH SUPPORTING STRATEGIES

COMMUNITY BASED LEVEL OF CARE: *ACCESS & FLOW*

LISTENING TOUR THEME	**VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED**		
THEMATIC AREA OF LISTENING TOUR NOTES HERE *[NEED TELEHEALTH IN STRATEGIES]* ***ISSUES OF CREDENTIALING – RECIPROCITY ESP WHEN PEOPLE LIVE NEAR BORDERS AND USE SERVICES IN OTHER STATES, BUT ALSO RE: TELEHEALTH***	***Statewide access to high quality community-based services in a timely manner. Especially with children, older adults [this was older Vermonters – need to decide what to use], homelessness, transitional age and substance use. [reword this around populations – children and elders and other identified groups.]***		
	Short-Term	Mid-Term	Long-Term
	Strategy: Detailed needs assessment and capacity analysis (including private practitioners). **Steps:** 1. Define roles of different groups 2. Track payment reform and how it changes our system 3. Describe impact of ACO	**Strategy: Improve workforce in practice sector.** **Steps:** quantity and quality- implement known practices for increasing tuition supports. ME- tax rebates Increase salaries. Consider remote workforce for established relationships. Be care	**Strategy:** **High quality of services - Best practices, retention of quality staff, competitive salaries, trauma informed care, effective supervisory practices.** **Steps:**

		with the model, needs some face to face. Reciprocity for licensure. ED- remote psychiatry can sometimes be helpful. Consider EE's by telemedicine. Investment in peer workforce can help with reduction in higher needs	
THEMATIC AREA OF LISTENING TOUR NOTES HERE	***Knowledge or access to people (providers) with knowledge of mental health system. [make this more basic – knowledge of what mental health is. General awareness of what is mental health. Keep 211 funded, use this more]***		
	Short-Term	Mid-Term	Long-Term
	Strategy: Decide what access model to use - "no wrong door", universal call system. **Steps:** **Train community providers (schools, etc) in regards to referrals.**	**Strategy: Creating a code and making service coordination reimbursable (within limits) for private practitioners and PCP.** **Steps:**	**Strategy:** **Steps:**

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		Steps: **analysis in step one that supports step 2.**	

Feedback from Strategy Preview:

GROUP D

Graph – developed by Cheryle Huntly CSAC- core services and best practices are wrapped by other layers. Without the wrap, those core things are not possible. Want the broad system to be focused on the system of care to wrap the elements inside. Stigma education – not on the graph. This is a specific need. Detailed needs assessment- what are the needs? Depends on who you are asking. Flow is not reflected- having a place for people to go to step down. Flow- I think of this beyond a place perspective- do I need psych, nurse, etc. Would like to see something about peers specifically stated. This could change where people end up. Not access and flow of beds. Access and flow through services across system. Flow from CYFS to AMH. Flow from CRT to AOP. Need culture of recovery to have flow. Wise to be explicit- to outsiders flow means beds. In crisis people can't drive their care- need to plan ahead (WRAP plan)—if we intervene early for access we have information about needs from place of preparation. Why aren't all students getting a WRAP plan? Access that impacts flow. An element of this is money- get excited about under resourcing or money being tied to certain services. Need to include incarcerated folks. Include DOC.

Cheryle's Group

ONE THING WITH ACCESS AND FLOW- IMPACT THE ABILITY TO SERVE AND SUPPORT PEOPLE, PARTICULARLY WITH THE LOG JAMS. WITH OP SERVICES- WE NEED TO LOOK AT SAME DAY ACCESS MODELS- MOVING TOWARD AN URGENT CARE MODEL. WE NEED TO ASSESS HOW PEOPLE FLOW THROUGH THE SYSTEM.

FROM THE PATIENTS IN A MEDICAL HOME PERSPECTIVE THERE IS A CONCERN ABOUT THERE BEING DILUTION OF SERVICES FOR PEOPLE TO ACCESS SAME DAY SERVICES.

NEED TO IMPROVE ACCESS BASED ON WHERE PEOPLE ARE AT. CARE NAVIGATORS, BEING EMBEDDED AND COLLABORATION EX. ONECARE WITH SASH ALSO TELEHEALTH AND TELEMEDICINE

ENSURING 211 IS FUNDED SO THAT IS THE ENTRY POINT BEFORE YOU GET TO THE POINT OF ACCESS

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