

# MENTAL HEALTH INTEGRATION COUNCIL

## PEDIATRIC SUBGROUP

DATE: NOVEMBER 15, 2022

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### ATTENDANCE

#### Workgroup Members

- Heather Bouchey, Deputy Secretary, Agency of Education
- Dillon Burns, Mental Health Services Director, VT Care Partners
- Mike Fisher, Office of the Health Care Advocate
- Emma Harrigan, Director of Policy Analysis and Development, Vermont Association of Hospitals & Health Systems
- Dr. Logan Hegg, UVMHC psychologist, pediatric integration
- Dr. Breena Holmes, UVM, VT Child Health Improvement Program
- Ward Nial, Representative, National Alliance on Mental Health
- Dr. Sara Pawlowski, UVMHC psychiatrist, pediatric integration (alternate)
- Dr. John Saroyan, Blueprint for Health
- Ilisa Stalberg, VDH Maternal Child Health
- Sandi Yandow, Representative Vermont Federation of Families for Children's Mental Health

#### **Previous workgroup members:**

Dr. Harris Strokoff, Representative, Blue Cross Blue Shield (ended)

Julie Parker, Blue Print for Health (ended when Dr. Saroyan joined)

Kate LaRose VDMH, Pediatric Mental Health Care Access Program Manager (ended 9/9/2022)

Connie Schutz, DMH CHILD integration grant (ended on 9/30/2022)

#### Facilitators

- Laurel Omland, DMH Child, Adolescent & Family Unit (CAFU)
- Haley McGowan, DMH CAFU Medical Director

#### Members of the Public

Stephanie Winters, AAPVT/VTAFP/VMS

#### **Agenda**

### WELCOME, AGENDA, GROUP GUIDELINES & INTRODUCTIONS

We welcomed each other, reviewed the meeting agenda, reminded ourselves of the group agreements and introduced ourselves.

**Invitation:** *Are there any additions or changes to the group agreements you'd like to see as we head into the final year of this subgroup?*

Changes noted in green. We identified which we would hold today.

1. Good tight facilitation to help keep focus.
2. Act as a learning community. Use info as foundation to move forward.
3. **We recognize our organizational hats and are intentional about when we have it on and when to remove it to help advance our work together.** We all bring professional backgrounds, training and personal experience.
4. Ask the tough questions, it's okay to challenge the norm
5. Be aware that an action item can be resolved later, keep track of action items, assign, revisit, resolve.
6. Patience with technology, especially in hybrid mode
7. Be present, try to minimize multi-tasking
8. Listen to others' perspectives, think about it, before launching into what you want to say. not just waiting to talk

### WARM UP - YOUR SPHERES OF INFLUENCE

**Invitation:** *With one other person in a breakout room (random pairs), what lingering thought(s) have you had since the conversation at the MHIC meeting last week?*

### BRIEF UPDATE FROM MH INTEGRATION COUNCIL MEETING ON 11/8/2022

Laurel and others who attended the large MH Integration Council meeting share updates and info with the subgroup.

- Access to licensed providers is limited. What if focus was about meaningful time of clinician with patient/client. Another navigator?

- Healthcare reform uses language don't fully understand. What does this mean for providers to truly participate in that dialogue? What about healthcare advocates and people in general to engage?
- Ask reform leaders to figure out how to talk about it in a way that is understandable. Feels intentionally vague and using language that's inaccessible. E.g. "value-based payments"
- Health reform leaders aren't allowing a carve-out of children to recognize their unique needs.
- Are we too intentionally vague? Such lofty ideals, not directive. How do our recommendations connect with the healthcare reform effort in a tangible way, concrete.
- Are we putting too much on primary care? Even VT CPAP is tool to help them hold/do more. (Similar statement could be applied to schools)

## FINALIZE OUR RECOMMENDATIONS

Laurel shared her screen and invited final input on the report draft.

- Replace Laurie Emerson with Ward Nial for the NAMI rep on MHIC
- Add Haley to list up top of report
- Families may not think about going to primary care when have questions about MH needs of child. Consider vision that not everyone sees healthcare as a pathway into mental health care.

## ACTING ON OUR RECOMMENDATIONS

1. What recommendation do you feel most connected to?
  - a. Most interested in the wide sweeping recommendations about investment, funding, policy. But feels huge to take on.
  - b. Can we really start the work without having legislative approval for the recommendations?
    - i. Way's initiative
2. How to take those recommendations to action steps?
  - a. Public messaging campaign – what exists currently where some key concepts could be added? Pathways to care, where to go if you have questions or concerns
    - i. VT Helplink, Facing Suicide VT campaigns – add language about pathways to MH care?
    - ii. United What to focus on with the recommendations within the group, outside of the group.
    - iii. Is there one place where all info is together? See <https://projectteachny.org/> , funded by NY DMH
      1. Could this be CPIC?
      2. Who holds, how provide info into it.
    - iv. Is there resource to help explore statements from our Ped recommendations to come up with a statement or two that could be added to existing campaigns.
      1. VDH communications experts?

- b. Act 264 – How to better integrate healthcare into the CSP process. Help pediatricians, Emergency Dept staff, others in healthcare, understand the process and network of supports.
3. Some recommendations are things the group doesn't have the capacity to do, so who or where can it happen?

## SHARING AND INVITING INPUT & QUESTIONS & THOUGHTS FROM THE PUBLIC

## TASKS BEFORE OUR NEXT MEETING

Laurel send out revised report, please review and offer final edits by first Friday of December.

## CLOSE THE MEETING

### **Our commitments before our next meeting:**

Thoughts for celebration in person, December meeting.

### **Our timeline and next meetings:**

Next Meeting is December 20<sup>th</sup> - consider an in person meeting at Waterbury State Office Complex.