Short-Term	Mid-Term	Long-Term	End State
Strategy:	Strategy:	Strategy:	End State:
Bring stakeholders together	Change culture of care – the	Change reimbursement,	Person-led decision-making and
	expectations and practices of	oversight, staffing and	care is present in the ED and
Population impact	how we work with individuals	environment of ED and hospital	hospital
⊠Children	and their families		
⊠Adults		Population impact	Population impact
⊠Seniors/Elders	Population impact	⊠Children	⊠Children
□Other:	⊠Children	⊠Adults	⊠Adults
	⊠Adults	⊠Seniors/Elders	⊠Seniors/Elders
Steps:	⊠ Seniors/Elders	□Other:	□Other:
1. Pull people together to	□Other:		
focus on how to address	Steps:	Steps:	Steps:
this.	<ol> <li>Change IT/EMR to allow individual to control their own data, including access to data, which also facilitates sharing among different providers</li> <li>Change to person-led culture of care through training, mentoring, supervision, leadership</li> <li>More MH peer support services</li> <li>Include more person/family participation and direction in decision-making.</li> </ol>	<ol> <li>Reimbursement that supports holistic, person-led care.</li> <li>Person-led approach is part of hospital designation</li> <li>Include more MH peers – people with lived experience - in all staff positions</li> <li>Environmental re-design in ED and hospital wards that supports person-led care.</li> </ol>	Broaden focus beyond the hospital and ED, and beyond the MH provider system.

## DMH Act 200 Listening Tour Visioning Timeline Table – Person Centered Care and Equity 2019

Send follow-up comments/questions to: Jennifer.rowell@vermont.gov **End State** Short-Term Mid-Term Long-Term Strategy: End State: Strategy: Strategy: Identify community best practices Building of community, not just Decreased need for inpatient and Broaden focus to include and resources. Collect more prevention and intensive treatment system, to support emergency care. accurate data on population community support for higher health. levels of need. Population impact measures. Population impact ⊠Children Population impact ⊠Children **⊠**Adults Population impact **⊠**Children **⊠**Adults ⊠Seniors/Elders ⊠ Children **⊠**Adults ⊠Seniors/Elders □Other: **⊠**Adults ⊠Seniors/Elders □Other: □Other: ⊠ Seniors/Elders Steps: □Other: Steps: 1. Build on local 1. Support community-Steps: 1. Broader focus (beyond control/focus in based public health Steps: healthcare services) on initiatives that improve 1. Allocate more resources Vermont, e.g. what best supports health Flourishing Communities to prevention population health, with a for individuals and families 2. Support a healthy school focus on prevention. 2. Increase capacity to 2. Better data collection and serve higher levels of system Change conversation to: need in the community, 3. Pilot/showcase a transparency on "How do we best serve population measures, e.g e.g. residential care, community-focused the community?" homelessness, medication supported housing, health initiative 4. Ensure workforce is assertive community use. treatment, wrap-around adequately reimbursed services, mobile and trained. outreach. 5. Allocate resources in additional community settings including schools, prisons.