

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

Think Tank – Day Two—REVISED 10-29-19

LISTENING TOUR THEMES AND VISION STATEMENTS WITH SUPPORTING STRATEGIES

COMMUNITY BASED LEVEL OF CARE: *INTEGRATION AND STRUCTURE*

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
WELLNESS	<i>We have a system in which every person has a multi-disciplinary care team including peers and natural supports that is aligned with their health and wellness needs, including their own goals and priorities.</i>		
PEER SERVICES	Short-Term Strategy: Ensure the team is coordinated and communicates regularly. Look at HIPAA p 42 CFR part 2 and FERPA, re: info-sharing with consents. Sharing can happen. Steps:	Mid-Term Strategy: Adopt a framework that ensures we are measuring outcomes (use RBA, PDSA cycle, etc.) Find out what’s already happening and what has already been learned in the state (team-based care that FQHCs use, children’s world is Act 264-CSP, Ecomaps, shared care plans) Steps:	Long-Term Strategy: Create a system that includes using evidence-based practice, promising practices and innovation with an eye toward EBP. Steps:
TEAMING/ COLLABORATION			

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LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
WORKFORCE	<i>All members of a team that are needed for care are available and appropriately compensated.</i>		
CULTURAL COMPETENCY	Short-Term	Mid-Term	Long-Term
	<p>Strategy: Diverse workforce that is culturally and linguistically trained.</p> <p>Steps:</p>	<p>Strategy: Identify and prioritize the greatest gaps in workforce.</p> <p>identify common training & education for cross-discipline care.</p> <p>Explore emerging new professions such as community health workers and peers, as part of the care team. [for links between health and social services communities.]</p> <p>Steps: Include the private therapists/counselors</p>	<p>Strategy: Pay equity exists across disciplines.</p> <p>State reciprocity for licensure</p> <p>Medicare guidelines re: who can bill – OneCare – is there to get waivers from Medicare to do integrated care.</p> <p>Steps:</p>

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LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
WELLNESS	<i>Every person has access to the appropriate level of care at the earliest identified opportunity, whether the need is identified by the team or individual.</i>		
CRISIS SERVICES EMOTIONAL/PHYSICAL HEALTH	Short-Term	Mid-Term	Long-Term
	<p>Strategy: Person-led plan states, at my best what I need, and when I'm struggling I need....</p> <p>Steps:</p>	<p>Strategy: Early screening based on MH needs/risk identification. [need to make sure this doesn't become a label given the stigma that can be associated.]</p> <p>Consistent screening, screening for social contributors to health. Supported by education for docs, since they don't want to ask since don't know how to respond. Need training.</p> <p>Steps:</p>	<p>Strategy: Offer same day access focused on brief solution-focused work.</p> <p>Steps:</p>

Notes/Themes:

- Critical development of peer workforce – peer fun facilities, peer run – bolster sense of community
- What do we want to do more of?

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- Not waiting until someone is in crisis.
- Workforce development – recruitment & retention – structure
- Is there a best practice for mh in CHT?
- Healthcare reform should include/address workforce development across the system of care.
- Housing – basic need, without that you can't achieve anything else.
- Addressing predictors, screening for high-risk (ACEs) education.
- Bringing regions together for shared outcomes – data available, collective impact model, how do we all contribute to the outcomes?
- Schools, how do we hold this partnership and become more integrated?
- Cultural competency appropriate linguistic care
- Employee & family assisted program that is available & equitable.
- Having a strong, community vased system of care – aligned, not duplicated.
- Structure of AHS and how ti support integration (the role of DMH)
- Transportation – bring what people want to them. Meeting client where they are (mobile, response, home visits)
- Stigma – and state? Improved education – stakeholders, everyone – LE, (MH First Aid) support person-led, trauma responsive services
- Interprofessional team-based approaches – get to mh and health care together– and ensure MH doesn't get “medicalized.”
- Coordinated service system – collaboration, teaming
- Prevention – starting earlier including AOE.