

Think Tank – Day Three

LISTENING TOUR THEMES AND VISION STATEMENTS WITH SUPPORTING STRATEGIES

PREVENTION AND WELLNESS: *FUNDING AND PARITY*

Overall Notes: We’ve been changing our language to talk about “healthcare”, not “physical health and mental health”. We should consider talking about a “fully integrated care system” as a better alternative to healthcare that is inclusive of SDOH.

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
HEALTHY COMMUNITIES	<ul style="list-style-type: none"> - As a community, don’t have funding for healthy communities, supporters, mentors, etc. but crisis is the wrong place to go. Need to build resilience - More work asked about building flourishing communities – lack of staff time and money around moving it forward - Community Education. Social Determinants - Investment in education in the community- engage and educate. Little in prevention and education - Partnerships with state park services, any publicly funded events, etc. getting out in nature more. All different kinds of venues. 		
	Short-Term	Mid-Term	Long-Term
	<p>Short term Strategies</p> <ul style="list-style-type: none"> • Use community profiles to identify unique needs of communities. • Look at Community Health Services of Lamoille Co. as an example – how is their funding organized and supported? This is a highly integrated approach in the community. Is this an FQHC and cost-based 	<p>Mid-term Strategies:</p> <ol style="list-style-type: none"> 1. Multi-year budgeting to support expansion and reinvestment of funds in proven successful wellness and prevention models. 2. Explore cost-based reimbursement as a way to support expansion of prevention resources (CCBHC mental health clinic model). 3. Implement more population based payment approaches balanced 	<p>Long-term Strategies-</p> <ol style="list-style-type: none"> 1. Realize the savings of primary prevention and reinvest within the system.

	<p>reimbursement? CCBHC related?</p> <ul style="list-style-type: none"> • Inventory existing, successful programs for adoption/expansion and share that back out. <ul style="list-style-type: none"> a. BFC, SASH, Senior Centers, Mentoring programs- targeted to populations. b. Evaluation of how funds are spent/avoided and reinvested. • Identify other existing models of creating healthy communities (senior centers, etc.,) • Insurance coverage for alternative/wellness, health communities- how do we fund this? Connect to Community Profiles 	<p>with outcome measures and accountability.</p> <p>4. Re-align actual payment structures around those models.</p>	
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EDUCATION-	<ul style="list-style-type: none"> • Free accessible cradle to grave education for everyone, that would create solutions for many of our problems around childcare. Preventative efforts to support people of all ages. Stop making it so challenging to accessing your education. • Investment in education in the community- engage and educate. Little in prevention and education • Universal Pre- k, Full day pre-k programs

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	<ul style="list-style-type: none"> • Community Education. Social Determinants • plenty of funding for public service announcements, makes a difference really does make a difference really does make a difference. 		
	Short-Term	Mid-Term	Long-Term
	<p>Public education campaign around community around the importance of health and wellness for</p> <ul style="list-style-type: none"> - employers - schools - colleges, - elders, - cultural diversity as a component of mental health. <p>Funding:</p> <ul style="list-style-type: none"> - Use the lottery? - Most VDH education campaigns are based on federal awards that have a beginning and an end. <p>Partner with AOE on best and most promising approaches.</p> <p>Support AOE capacity for supporting wellness and SDOH and climate.</p> <p>Partnering with UVM</p>	<p>SB6- ensure that strategies that focus on savings would reinvest in the education system.</p> <p>Community health nursing practicum- connect with instructors of nursing programs to target focus on education, community wellness, and prevention.</p> <p>Colleges can support small-scale innovate pilots for potential scale-up.</p> <p>Teaching/police training and supports for MH of students.</p>	<ul style="list-style-type: none"> - Changes in curriculum that explicitly support mental health and wellness. - Example of Essex model and peer supports. - Campus clubs around mental health are funded. - Funding: Consider moving away from property taxes as a way to support education and mental health. Use a more progressive tax structure based on ability to pay as opposed to property tax.

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<p><i>BASIC NEEDS ARE MET</i></p>	<ul style="list-style-type: none"> - People have housing, food, - There are system of care supports for this- includes supported housing - 2 year maternity leave - Child care is on worksite. - Basic needs are met - Lengthen maternity leave to be with kids longer and earlier; small goal setting (more achievable equals more motivation) - Free statewide daycare 		
	Short-Term	Mid-Term	Long-Term
	<ul style="list-style-type: none"> - All health and mental health providers would be supporting individuals to find supports. - Screening and access to care coordination so that you can do something about it. - Universal free lunch programs in schools - Better support of meals on wheels, bringing folks to meals - Supporting farmers with food - Gap assessment/needs assessment 	<ol style="list-style-type: none"> 1. Use health system funds to expand and payment reform to support, housing and transportation. 	<ol style="list-style-type: none"> 1. Implement proven Scandinavian methods for going beyond meeting basic needs. 2. Expand the earned income tax credit.

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	<ul style="list-style-type: none"> - Data point- daycares that are 5-star rated - Social worker- following of families with newborns. - Look at other country models for SDOH support. National network of well-educated and skilled youth workers that are available to youth, families and communities as well. 		

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<i>PROVIDER WELLNESS</i>	<ul style="list-style-type: none"> • “Thinking about the patient and about the provider- how are we supporting them to have a work environment that is supportive. If we don’t care for the provider, then we don’t care for the client and the client doesn’t stay.” • Education and workforce: have more decentralized and technical training available throughout the state. Employment is a contributor to mental health. 		
	Short-Term	Mid-Term	Long-Term

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
	<ul style="list-style-type: none"> - Employer- strategies and practices that support wellness and employee wellness. - Identify successful models of funding to support employee wellness. Make these available to employers who are trying to structure benefit packages. - Preserve choice in benefits that meet employee needs. 	<ol style="list-style-type: none"> 2. Review health insurance coverage- and require coverage of wellness-related supports 3. Analyze potential expansion of EAP. 	<ol style="list-style-type: none"> 3.