

Mental Health Integration Council

ACHIEVING AN INTEGRATED HEALTH CARE SYSTEM THAT SERVES EVERY VERMONTER



Legislative Charge

Sec. 4. MENTAL HEALTH INTEGRATION COUNCIL; REPORT

Creation. There is created the Mental Health Integration Council for the purpose of helping to ensure that all sectors of the health care system actively participate in the State's principles for mental health integration established pursuant to 18 V.S.A. § 7251(4) and (8) and as envisioned in the Department of Mental Health's 2020 report "Vision 2030: A 10-Year Plan for an Integrated and Holistic System of Care."

The Council shall address the integration of mental health in the health care system, including:

- 1. identifying obstacles to the full integration of mental health into a holistic health care system and identifying means of overcoming those barriers;
- 2. helping to ensure the implementation of existing law to establish full integration within each member of the Council's area of expertise;
- 3. establishing commitments from non-state entities to adopt practices and implementation tools that further integration;
- 4. proposing legislation where current statute is either inadequate to achieve full integration or where it creates barriers to achieving the principles of integration; and
- 5. fulfilling any other duties the Council deems necessary to achieve its objectives.

Time	What	Who
8:30 AM	Welcome	Alison Krompf, DMH Deputy Commissioner Dr. Mark Levine, VDH Commissioner
	Getting Oriented	Kathy Hentcy, Director, Mental Health & Health Care Integration, DMH
	Workgroup Session #1 - Strengths	Mo McKenna, Energy Catalyst & Change Maker
10:10 AM	BREAK	
10:25 AM	Workgroup Session #2 - Aspirations	Mo McKenna
	Workgroup Session #3 - Opportunities	Mo McKenna
11:45 AM	BREAK	
12:00 PM	Public Comments	Kathy Hentcy
12:25 PM	Wrap-Up	Kathy Hentcy

SEPTEMBER 14, 2021

Agenda Day 2

(4 hours)

UVM MC Emergency Room Suicide Screening All Payer Model Suicide Rate Measure

CDC Grant – Goal to reduce suicide morbidity and mortality by 10% by 2025

DA and PCP mini-grant project: Collaborative Pathways to Care

SUICID E PREVENTION

ZERO SUICIDE Public Health Approach

VPQHC supports CAMS implementation for private practice clinicians

VDH Injury Prevention collects suicide data

Evidence Based Practices for Suicide Prevention





Goal 4: A competent and valued workforce that is supported in promoting and protecting the public's health

• 4.1.2 Beginning in 2015, and then every three years following, a self-assessment will be performed to analyze strengths and measure gaps in competencies of employees both at the division level and across all divisions of the department.

Integrated Compassionate Mental Health Care

STRATEGIC OBJECTIVES

 Vermont hospitals demonstrate meaningful contributions to achieving payment reform model targets for health care costs, primary care providers, mental health outcomes, and chronic care management.

Strategy 3: Engage with Agency of Human Services (AHS) as part of the improvement plan to strengthen collaboration for people with complex needs

Tactic 1: Partner with AHS to pilot test a model of social determinant of health data integration to better identify individuals that could benefit from enhanced services, interventions, or support

Short Term

Tactic 2: Collaborate with Director of Health Reform to identify areas of mutual interest and align resources where possible

Long Term

Ensure a high quality, equitable system that continuously strives to improve health care delivery and outcomes

Short Term: Recommendation #15 Improve integration and strengthen collaboration for people with complex needs

Deliver actionable data to health care providers in support of better health care

Long term: Advance system wide goals such as improving health equity, reduce chronic disease and reducing death due to suicide or drug overdose

- ✓ Collecting data to measure disparities
- Scaling effective programs
- ✓ Working with providers to improve outcomes and address unconscious bias
- Leaning into partnerships at the community level
- ✓ Influencing policy decisions at the state and federal levels

The multi-year strategy will focus on four conditions that disproportionately affect communities of color: maternal health, behavioral health, diabetes and cardiovascular conditions. will first focus on maternal health, then behavioral health in 2021.

National Health Equity Strategy | Blue Health Equity (bcbs.com)

Promotes access to effective and affordable primary care and preventive services for all

Alignment of health care initiatives at national and state level; deep understanding of components and how initiatives interlock

Evolution of the Criteria

	Existing Criteria	Revised Criteria	
ı	Existing Criteria	Reviseu Criteria	
	Initial Criteria created in 2018 for Physical Health data contributors, and updated in 2019 based on experience and utilization in 2019 for Tier 2 & 3	No updates to Physical Health data from 2019. Will be reviewing later in 2020.	
	Existing Physical Health Criteria is not applicable to the Mental and Behavioral Health data Designated Agencies generate.	New Mental and Behavioral Health Criteria created in 2020 and Tier 2 defined for this data contributor type. Data Prevalence was evaluated using the Vermont Care Network Database to help initial criteria decision making for 2020.	
	Customer and stakeholder education documentation to help them understand how the criteria are applied, the benefits and the outcomes in achieving the criteria.	Documentation will be updated based on addition of new data type later in 2020 once the Physical Health review has occurred.	





The Workgroups

- Integration of Primary Care
- Integration of Pediatric Care
- Integration of Funding & Alignment of Performance Measures
- Integration of Workforce Development

SOAR Framework

Strengths

Current Assets

Opportunities

Possibilities

AspirationsOur wishes

Results

Meaningful outcomes

Source: Stavros & Hinrichs, 2009. The Think Book of SOAR

Strengths from Covid-19 Collaborations Experiences

Think about a story/experience you had or observed ...

Jot down your responses to:

What was the purpose for the collaboration?

Who was involved?

What was the outcome?

AWE question - **a**nd **w**hat else? What additional details do you want to share?

What learning(s) did you take away?

Strengths Exercise Outputs

Be prepared to come back and share:

- 3 to 5 strengths that contributed to the successful collaborations
- Pick one story to share with full group.

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Aspirations for building a successful & creative workgroup

Imagine that it is six months from now and we have come together to celebrate the way we have COLLABORATED (worked together) that has helped us to begin our journey to an "Integrated Holistic System of Care."

- Jot down two or three wishes for norms that you believe will help us to consciously create a healthy working environment.
- Have a conversation around the wishes and benefits

Next steps:

We will take away your input and present a draft of our workgroup norms at our next workgroup meeting.

NB – no formal report out.

Norma the Wholstein "C.O.W."

C – Compassionate Candor.

Be kind vs being nice.

O- Own your emotional reactions.

When you are triggered, avoid reacting by pausing & taking a breath.



W – Walk in the shoes of others.

Practice empathy.

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Opportunities Exercise Types of Problems

Simple



Answer is Known
Best Practice

Follow a recipe

Source: Professor Brenda Zimmerman;

Opportunities Exercise Types of Problems

Simple



Answer is Known
Best Practice

Follow a recipe

Complicated



Answer is Knowable Good Practice

(Kaizen)
Rules based

Opportunities Exercise Types of Problems

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Complex



Answer is Unknown
Emergent / Cocreated Practice

Raising A Child Principle Based

Opportunities

- Facilitator will open your workgroup 'synergies' Google document and each person begins to complete the form
- Group discussion on opportunities for overlaps
- When ready, capture your overlaps on the Scope of Work document.

Each workgroup is invited to make changes to the documents, add new templates, make the resources fit your own needs.

No formal report out back to large group