


Mental Health Integration Council Main Group Chat 11/9/21


DT Dan Towle (Guest) 8:32 AM
Kathy, you can use Parker Advisors to abbreviate the full name of my firm

DT Dan Towle (Guest) 8:35 AM
Is there any way that those who are on the phone's names can be displayed?


 Anne Donahue (External) has temporarily joined the chat.


8:36 AM
Unfortunately that isn't a setting we have yet


DT Dan Towle (Guest) 8:45 AM
when you say crisis beds do you include peer respites?

 DeVoe, Stephen (He/Him) 8:45 AM
We can see the PowerPoint







AD Anne Donahue (External) 8:50 AM
The PP opens with a focus on crisis reports and lists the workforce issue -- but then you said that the workforce focus is the Retreat (inpatient) rather than crisis support staff to divert from inpatient?

 Hoffman, Sandi has temporarily joined the chat.

 Hegg, Logan (Guest) no longer has access to the chat.

JT Tessler, Julie (Guest) 8:51 AM  1
I am not sure I see a focus on supporting staffing to maintain micro-residential and crisis beds in the community to address upstream challenges. These programs are closing and hours are being reduced due to workforce challenges

DT Dan Towle (Guest) 8:52 AM
Excellent point, Julie


      | ...

W Ward (Guest) 8:52 AM
Though I raised my hand relative to ED waits the meetings I attend are with advocates. A common theme I hear is that though the system is meeting to address this issue the advocates that I talk to feel left out of the conversation where solutions are discussed. They are not being invited to the workgroups where real decisions are being made **about them**. Thee belief of advocates is that the system would come to a better solution

DT Dan Towle (Guest) 8:53 AM
An a Peer Workforce Development Initiative

AD

Anne Donahue (External) 8:53 AM

The VA opening "10 beds" means its ten existing beds, if any are unused of their own, correct? (New civilian access, not new beds)  1

AM

Alexis McGuiness (Guest) 8:53 AM

Are the patients requesting emergency access aware of access to telehealth.

DT

Dan Towle (Guest) 8:53 AM

*And

VAHHS meet with PWDI yesterday

Emma Harrington

hard to hear you, Julie



Hegg, Logan (Guest) has temporarily joined the chat.



White, Monica 8:59 AM

Thank you Susan, I agree.

V

Vini (they/them- Recovery VT) (Guest) 8:59 AM

A big concern is not just wait times, which is understandable, but lack of resurces like available beds, avaiable psychiatric evaluations, available co-occurring care (SUD / MH).

DT

Dan Towle (Guest) 9:00 AM

who is speaking?

LO

Omland, Laurel (She/Her) 9:00 AM

Emma Harrigan from VAHHS

DT

Dan Towle (Guest) 9:00 AM

perhaps you could suggest those on phone to state their name



White, Monica 9:00 AM

Alison, a focus on geriatric psych would be great. Angela Smith-Dieng would be the DAIL lead. Thank you.

DT

Dan Towle (Guest) 9:01 AM

Emma, sorry to misspell your name\

EH

Emma Harrigan (Guest) 9:01 AM

No worries, Dan!

DT

Dan Towle (Guest) 9:02 AM

agree!

AD

Anne Donahue (External) 9:02 AM

There are proposals to de-integrate MH emergency room care as well -- certainly a Council issue.

DT

Dan Towle (Guest) 9:03 AM
Great to hear, Anne

MR

Simha Ravven, M.D. (Guest) 9:03 AM
I need to step out for a few minutes for another obligation



Simha Ravven, M.D. (Guest) no longer has access to the chat.

PC

Patty Collins (Guest) 9:03 AM
Have a staff interview at 10...thanks!

DT

Dan Towle (Guest) 9:05 AM
an Appreciative Inquiry approach - focus on strengths

not always the right approach

agree

include peer workers as a component of "workforce" as we discuss the this need

need

AD

Anne Donahue (External) 9:11 AM
The crisis has existed for years in MH, as we all know, but now that "other" conditions are also having long waits to address, it gets attention and immediate response (e.g., the support from the state for nursing home beds to achieve inpatient discharges.) Glaring example of discrimination and lack of parity.

DT

Dan Towle (Guest) 9:12 AM
great point, Anne

V

Vini (they/them- Recovery VT) (Guest) 9:12 AM
thanks you, Anne

JT

Tessler, Julie (Guest) 9:15 AM
0464 is me Julie Tessler

DT

Dan Towle (Guest) 9:17 AM
at some point would like to discuss of the onerous term "behavioral health"

per kickoff keynote presentation by Representative Donahue

AD

Anne Donahue (External) 9:19 AM
We discussed it, repeatedly, and it was a state policy to remove its use. Regrettably, it is forgotten again frequently and we get hurt by it again and again.


Avoiding hurt should be the first principle of working towards integration.

DT

Dan Towle (Guest) 9:20 AM
is it true Blueprint is no longer funding WRAP?

thank you, Mo



Schutz, Connie 9:23 AM  1
For those of us who are funded by federal grants (SAMHSA), behavioral health is the term used in all of our grant communications and we are expected to use it ourselves as well.

AD

Anne Donahue (External) 9:25 AM
Use in mandatory documents does not require use in Vermont-only documents or meetings. At a minimum, every use could include an asterisk (as AHS did regarding APM presentations) stating that is was being used for federal compliance reasons only, and did not represent Vermont's perspective.

DT

Dan Towle (Guest) 9:25 AM
would be interested in following up with you, Mo, about WRAP



Ward (Guest) has temporarily joined the chat.

AP

Andy Pomerantz (Guest) 9:30 AM
are there social/clinical pathways for positive screens



Simha Ravven, M.D. (Guest) has temporarily joined the chat.



Ward (Guest) no longer has access to the chat.

DT

Dan Towle (Guest) 9:32 AM
What about including peer support workers on the FCH Teams?

the previous slide

F..... Community Health Team. I didn't catch the first word



Hentcy, Kathleen (she/her) 9:37 AM
Sorry, everyone - I should have noted when we started that Dr. Levine couldn't be with us first thing this morning. He will be joining us at some point this morning.

DG

Devon Green (Guest) 9:37 AM

Anne Donahue

The crisis has existed for years in MH, as we all know, but now that "other" conditions are also having long waits to address, it gets attention and immediate response (e.g., the support from the state for nursing home beds to achieve inpatient discharges.) Glaring example of discrimination and la...

Agree that the mental health crisis has existed for years, but the state is currently funding staff for psych inpatient beds as well as LTC facility beds during this challenging time.

W

Ward (Guest) 9:40 AM
In 2017 DMH had the ACT-82 initiative that had a Geriatric psychiatry work group. Would recommend someone revisiting that work.

AD

Anne Donahue (External) 9:41 AM

But not for diversion or stepdown from inpatient for MH, as it is for other beds -- even though this has been ID'd as fundamental to the issue by DMH for years, and crisis programs (e.g., for kids) are being forced to close and stop 24/7 hours due to staffing. Point is, rapid response for one issue as a crisis, nothing offered for years for the other, other than wringing hands and promoting expanded inpatient care.

Yes, Dan -- constant re-inventing of past wheels that never had action taken after work and recommendations...

So, maybe this time...

 Berbeco, Daisy (she/her)

9:43 AM

 1

Parker, Julie fantastic overview of the Blueprint! I'm so grateful for all the work being done through that office.

TW

Weigel, Thomas 9:43 AM

How much do you collaborate with OneCare?

LO

Omland, Laurel (She/Her) 9:43 AM

is there a listing of which practices are PMHCs?

MR

Simha Ravven, M.D. (Guest) 9:44 AM

Thank you so much for this helpful overview!

LO

Omland, Laurel (She/Her) 9:44 AM

Thanks Julie

W

Ward (Guest) 9:45 AM

Is your focus for people on Medicaid and medicare?

LO

Omland, Laurel (She/Her) 9:45 AM

 1

annual report:

https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/BlueprintforHealthAnnualReportCY2020.pdf

W

Ward (Guest) 9:46 AM

Thanks

 Berbeco, Daisy (she/her)

9:46 AM

I also want to note that Julie and the Blueprint team have been eager and proactive collaborators with DMH- notably on some of our suicide prevention initiatives. Thanks again Julie.



Patty Collins (Guest) no longer has access to the chat.




Werneke, Christine (Guest) has temporarily joined the chat.

V

Vini (they/them- Recovery VT) (Guest) 9:53 AM

In this case- what was the wait time to get an psych eval? I keep seeing people have to wait 6 + weeks for an evaluation .

W Ward (Guest) 9:54 AM
Yes a time line for this care would be interesting. for example bird on a wire visualization.


AP Andy Pomerantz (Guest) 9:55 AM  2
in an ideal integrated environment, there might not be a need for referral for psych eval. and would not necessarily be a psychiatrist as first encounter. could be a peer too

DT Dan Towle (Guest) 9:55 AM
agree, Andy!

V Vini (they/them- Recovery VT) (Guest) 9:56 AM
folks are having a hard time getting these evals even going through the ED - I have seen this with the RCED program, but also several people in my personal life. time lines would be so helpful for me when helping people with resources - thaks for mentioning that ward

DT Dan Towle (Guest) 9:56 AM
agree, Vini


V Vini (they/them- Recovery VT) (Guest) 9:57 AM
agree andy- I would love to see a statewide peer program like the recovery coach in the ED program. However, even within that program, our peers can only help so much when the resources that they are suppose to be supporting with are lacking.


 White, Monica 9:57 AM
apologies, I need to jump off this meeting now


AP Andy Pomerantz (Guest) 9:58 AM
resources for them are less costly than care as usual

W Ward (Guest) 9:59 AM
The words you used made the care sound holistic but the presentation slide gives more of a medical model feel to the care given.

DT Dan Towle (Guest) 9:59 AM
good point, Vini. To succeed peer support needs funding and top down support

 Sara Teachout no longer has access to the chat.

 Krompf, Alison (she/her) 10:00 AM
Thank you Julie, that was a very helpful overview!

 DeVoe, Stephen (He/Him) 10:00 AM
Thank you, Julie!

DT Dan Towle (Guest) 10:00 AM
Thanks, Mo!

AP Andy Pomerantz (Guest) 10:01 AM
agree Ward. team needs MH resource that can connect with more specialized providers (e.g. Collaborative Care Model)

DT Dan Towle (Guest) 11:24 AM
I meant to say, thanks Julie....




Hentcy, Kathleen (she/her) 11:39 AM
sorry we're just getting back into the meeting!



Andy Pomerantz (Guest) 11:45 AM
cant afford to waste a perfectly good crisis



Dan Towle (Guest) 11:46 AM  1
love the idea of using RBA, Emma...of course



Schutz, Connie 11:46 AM
Way to go Emma!



Alexis McGuiness (Guest) no longer has access to the chat.



Dan Towle (Guest) 11:47 AM
I can't read

...too small



Andy Pomerantz (Guest) 11:50 AM
community organizations have huge potential role



Alexis McGuiness (Guest) has temporarily joined the chat.



Vini (they/them- Recovery VT) (Guest) 11:53 AM
I don't know if I even got a doodle? (in primary care as well)



Hentcy, Kathleen (she/her) 11:53 AM
we'll double-check the email list. there have been several changes.



Sweet, Samantha (She/Her) 11:54 AM
Vini - I will look back to see but either way, I will make sure you are on the invite!



Dan Towle (Guest) 11:54 AM
What can we do to support members of all the groups to be able to participate in subgroups?



Simha Ravven, M.D. (Guest) no longer has access to the chat.



Ward (Guest) 11:55 AM
I am generalizing a bit but I keep hearing from leadership we have a workforce issue. We need more people; we need them better trained. I don't know the workforce but are they saying we have a system process or design problem? In my view that points back to us as a leadership issue.



Vini (they/them- Recovery VT) (Guest) 11:56 AM
thanks, sam :)



Dan Towle (Guest) 11:56 AM
excellent point, Ward



Mo (Guest) 11:56 AM
It is about trial and learning - moving forward

SB

Barrett, Susan 11:58 AM

I have a scheduling conflict at noon so need to pop off early. Thank you for the excellent discussion today!

JT

Tessler, Julie (Guest) 11:58 AM

Here is some information on workforce. VT has 19,000 less employed people than before the pandemic. Employers are offering higher compensation to recruit in the tighter job market. DA/SSAs are unable to compete with the salaries and benefits being offered and have many open positions. Especially nights and weekends and frontline developmental disability staff.

DG

Devon Green (Guest) 11:58 AM

my apologies, but I have another meeting



Michael Hartman (Guest) no longer has access to the chat.



Devon Green (Guest) no longer has access to the chat.

MF

Mike Fisher (Guest) 12:00 PM

apologies I have to step away. Thank you all!

DT

Dan Towle (Guest) 12:03 PM

another app: Insight t

Insight Timer

W

Ward (Guest) 12:04 PM

Julie, I am not questioning the need just the raising the issue that the workforce will not exist in the next few years. What do we do if we just can't get the workforce.

DT

Dan Towle (Guest) 12:06 PM

love RBA

JT

Tessler, Julie (Guest) 12:06 PM

great question and yes increasing the role of peers could be part of the answer.

DT

Dan Towle (Guest) 12:06 PM

thanks everyone!!