MH Integration Council 1st meeting July 13, 2021 Notes

Hub and Spoke model that Dr. Levine spoke about, nobody from ADAP is present at these meetings, we have a missing limb without that.

Will there be a standing meeting moving forward as it would be helpful to know the date and time in advance?

Yes, it will be the 2nd Tuesday of every other month. If you send us your email address (<u>Jennifer.rowell@vermont.gov</u>) and ask to be added to the Mental Health Integration Council list, we will send you meeting invites and all other information the Council receives.

Working groups/councils or study groups – Are community members able to participate in the working groups, will that be possible with this council?

These meetings are all open to the public to observe, listen, make comments. There will always be a time for comments/questions.

The timeline of 2023 seems way out there. People in this room have been working their entire careers on this subject. Will there be time to implement some of these things before 2023?

Yes, the working groups will be very actively working on these issues. We are not looking to add on, but we would love to see these work groups support work, see as a collaboration, and come together.

Great work getting a great group together. Do we have the right people in the room? Feels there are quite a few who come from mental health care and some more generally in healthcare, I wonder whether the medical establishment is represented enough?

I agree that is critical, that was the attempt to ensure that in the Health Care Committee. Some folks are two people from one slot, so there may be a perception of uneven distribution based on how people identified versus the list of official slots. We need to be attentive and make sure to include people needed.

This group needs some at large members present. It is about people receiving the services and getting that input.

We do have one person from VPS, there are 2 slots appointed by VPS as people with lived experience with services.

I am encouraging all of us, we all had our own lived experience, and to share that holistic vision of who we are as professionals.

Putting in a plug in for collaborative care model. How do you connect those two? We have a clinical advisory group at BCBC, conversation is not so much about primary care but the disconnect from the MH providers in the community. How do they get reimbursed? Are there models that support collaboration between MH community and private practitioners. - The disconnect makes that difficult.

Prism E Study – worked on some of the data analysis on that, wanted to elaborate the University of Washington Data. One of things that struck me was how much these models helped manage different medical conditions [diabetes, hypertension] and decrease healthcare costs by helping people effectively manage those conditions. We need to remember that evidence-based care is not just the meta-analysis, but clinician expertise and wisdom, patient experience, research.

Are you aware of work to try to improve providers skills at working with people who might be hard for them to serve?

I do think that needs to be a core component of this. The CHAMP program, in effort through VCHIP, have some focus/educational time, that has helped the practitioners feel more comfortable to respond. We need to incorporate that into the thinking.

I think that is one of the areas where peer support could be tremendously valuable.

Trauma-informed came up, how is resilience in ACES being incorporated into this work?

It is a core tenant to it. We want to make sure people are trauma informed. CANS tool is being used. Schools – social emotional learning is a big part of resilience training, we need to figure out a way to not isolate the schools.

ACES – it is a classic example of implicit biased in this system. One question on that ACEs survey where you get a point for something that is not demonstrated to have any impact on the child.

Thank you for mention of schools! Given how many hours kids spend in school each day, we definitely need to make sure interconnection with school wellness and mental health services are included in our approach

Also, much of the actual services linked with mental health and behavioral intervention for children/teens are happening in school

Proposals for moving forward to ensure that folks from the DD community and older Vermonters are represented in the communication. Wheels are turning and not sure how to ensure there is proper representation there. Wanted to mark a placeholder for this.

Andy used the terms necessary but not sufficient for collaborative care model – I think both presentations outlined there are pitfalls, cautions that you need to think about the good feeling you get from having this integration happen. Seize the moment to expand where the cautions are and what else needs to be built in to make it successful. - Need someone there all the time to really change it. That is hard to get, especially if you are more rural, remote.

You need the person not only there but accessible. The Do Not Disturb Sign needs to go. Changing the style of practice, changing the way we approach patients is critical.

Could you elaborate on the funding and coding issues that make integrations more difficult – this will be a working group. How can we come up with some aligned measures?

Ex of when alignment happens how it support the client/patient. This will need in-depth work.

In attendance

On TEAMS	In Person
Julie Parker, Blueprint	Michael Costa
Wendy Trafton, Dept Dir, HC Reform, AHS	Mike Fisher
Julie Tessler, VT Care Partners	Lindsey Owen, Civil Rights VT
Emma Ross	Simone Rueschemeyer
Devon Greene	Simi Ravven
Ena Backus	Laurie Emerson
Susan Barrett	Annie Ramniceanu
Heather Bouchey, AOE	George Karakabakis
Gavin Boyles, DFR	Monica White
Jeff Tieman	Peter Albert
President and Chief Executive Officer	
Jeff@VAHHS.org	
Karim Chapman, VPS	Emma Harrigan

Sandy Yandow, interim exec dir, VT Fed	Mark Levine
Sam Sweet, DMH	Tom Weigel
Ward Nial	Anne Donahue
	Andy Pomerantz
	David Rettew
	Laurel Omland
	Dillon Burns
	Cheryle Wilcox
	Nicole Distasio
	Trish Singer
	Jenney Samuelson