MENTAL HEALTH INTEGRATION COUNCIL
PEDIATRIC SUBGROUP

DATE:MARCH 21, 2023

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ATTENDANCE

Workgroup Members

☐ Heather Bouchey, Deputy Secretary, Agency of Education

☒ Dillon Burns, Mental Health Services Director, VT Care Partners

☐ Mike Fisher, Office of the Health Care Advocate

☐ Emma Harrigan, Director of Policy Analysis and Development, Vermont Association of Hospitals & Health Systems

☒ Dr. Logan Hegg, UVMMC psychologist, pediatric integration

☒ Dr. Breena Holmes, UVM, VT Child Health Improvement Program

☐ Ward Nial, Representative, National Alliance on Mental Health

☐ Dr. Sara Pawlowski, UVMMC psychiatrist, pediatric integration (alternate)

☐ Dr. John Saroyan, Blueprint for Health

☒ Ilisa Stalberg, VDH Maternal Child Health

☐ Sandi Yandow, Representative Vermont Federation of Families for Children's Mental Health

Previous workgroup members:

Dr. Harris Strokoff, Representative, Blue Cross Blue Shield (ended)

Julie Parker, Blue Print for Health (ended when Dr. Saroyan joined)

Kate LaRose VDMH, Pediatric Mental Health Care Access Program Manager (ended 9/9/2022)

Connie Schutz, DMH CHILD integration grant (ended on 9/30/2022)

Facilitators

☒ Laurel Omland, DMH Child, Adolescent & Family Unit (CAFU)

☒ Haley McGowan, DMH CAFU Medical Director

Members of the Public

Stephanie Winters, AAPVT/VTAFP/VMS

Agenda

WELCOME, AGENDA, GROUP GUIDELINES & INTRODUCTIONS

We welcomed each other, reviewed the meeting agenda, reminded ourselves of the group agreements and introduced ourselves.

1. Good tight facilitation to help keep focus.
2. Act as a learning community. Use info as foundation to move forward.
3. We recognize our organizational hats and are intentional about when we have it on and when to remove it to help advance our work together. We all bring professional backgrounds, training and personal experience.
4. Ask the tough questions, it's okay to challenge the norm
5. Be aware that an action item can be resolved later, keep track of action items, assign, revisit, resolve.
6. Patience with technology, especially in hybrid mode
7. Be present, try to minimize multi-tasking
8. Listen to others' perspectives, think about it, before launching into what you want to say. not just waiting to talk

Invitation: *What group norm will you especially focus on today?*

WARM UP

Video: Reflecting on the experience of the Pediatric subgroup, how did you experience the video shared at the greater MHIC?

- What intrigued you?
- What opportunities do you see for your work?
- For the Council?
- For Health care?

Cannot solve problems with same order of consciousness that created those problems (Einstein). Need growth of thinking and creativity. Trust is important.

Was struck by the brief intro of the Blueprint proposal (expansion) and the desire to understand more about how this impacts the work of this MHIC subgroup. There will be a series of workgroups where we could learn how to get involved. Much of proposal needs to be worked out into detail. Proposal includes expansion of DULCE, how to support families with infants and young children in every pediatric practice, even if DULCE cannot be in every practice.

The comment from Mike F. in the MHIC meeting was important – the vision of the council to have MH integrated into primary care, PCP/medical home as gateway to social services and mental health services? This makes sense for infants and young children given the frequent points of connection in the early years. This is prevention for the children; intervention for the parents. DULCE training for interventionists is Touchpoints.

Invitation: Also connecting it back to the Pediatric subgroup, how was the experience of joining another topic group? What can you share back to our group about your experience?

Learned from Shared Staffing group – had concerns/assumptions going in – understood this was a way for clinical supervision to be available for clinicians who may not be in setting where that's typically available. Shared staffing shouldn't automatically mean efficiencies or "trimming the fat".

Good to hear other voices that hadn't been at table with before.

Key Performance measures group – different group of people revealed the challenges of integration – trust and listening. Made appreciate this Ped subgroup. Hard conversations and different lenses.

Jargon and statutes in our separate worlds comes into the integrated work and can be a barrier, may feel left out and not connected to it, or that the other entity puts up barriers/obstructionist. E.g. CSP/Act 264. We can effectively slow down, share, ask questions in safe setting, translate to more basic or shared concepts.

MOVING FROM RECOMMENDATIONS TO ACTIONS

Invitation: The MHIC and its subgroups are charged with not just putting forward recommendations, but taking action steps.

- We are in a challenging phase of identifying actions. Our membership attendance has dwindled some.
- What are some actions that have occurred, connections, discussions?
    - Can we find a way to designate DMH money for prevention
- Dillon met with Katina Cummings re: Community Health Worker project
    - Excited about Community Health Worker concept
    - Designed to address equity – improve health equity by helping people access supports/services for SoDH needs.
    - Talked about potential unanticipated consequences of creating this role on other parts of the system
    - VDH trying to support Community Health Worker competencies forward; CDC grant on health disparities includes focus on CHW (Andrea Nicoletti focused on this)
        - One of subcommittees of Blueprint expansion is focused on CHWs, Andrea named to it.
- Wonder about building in the economic component into the Ped Measurement lens. Tying the work to the longer-term economic trajectory is important.
- Ilisa & Laurel met with DVHA/Medicaid Policy re: recently released CMS memo clarifying Interprofessional Consultation under Medicaid. Initial discussion, more follow up planned.
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<u>Recommendation 8</u>: Form a cross-sector Pediatric Measurement Team** to:

a) Solidify a standard core set of metrics, ideally through alignment of existing metrics, that build on strengths and protective factors, along with social contributors to health and other measures used by the

Division of Maternal Child Health (VDH) of flourishing communities to drive public-health-focused investments in strong, active, and connected communities.

b) Clarify where accountability lies and the group or entities that would hold the metrics
c) Create a state- and community-level set of indicators that help DMH and DA's optimize programming, workforce, and outreach in the service of (i) expanding access to child- and family-based care, and (ii) the capacity of the extant system to respond to community needs WHILE MOVING UPSTREAM in terms of prevention.
d) Identify data stewards in state government and health reform to have governance of these data
e) Keep track of data development needs in the continuum of socio-emotional measures and clinical measures (i.e. what data do we wish we had but don't have easy access to)

** DRAFT Pediatric measurement team representation: pediatric healthcare including American Association of Pediatrics leaders, health reform representatives (i.e. Blueprint for Health, OneCare Vermont) and Medicaid partners at Agency of Human Services, Vermont Department of Health including Maternal and Child Health Division, Department of Mental Health

Goal: To design, monitor and continuously improve a slate of pediatric quality measures that reflect prevention and early intervention along with traditional health care quality measures with an overarching goal of optimizing child and family health

Examples of what we could do when starting with pediatric mental health:

1) assemble or develop wellness measures drawing from: Strengthening Families Protective Factors, Help Me Grow, Health Outcomes of Positive Experiences, Flourishing metrics 31

2) measure and monitor social contributors to health, including family indicators that impact child development

3) monitor current and evolving state and national pediatric mental health care quality measures (across the pediatric age spectrum) and provide feedback/recommendations on the implementation and use of these measures to Vermont groups with relevant policy and regulatory oversight

INVITING INPUT & QUESTIONS & THOUGHTS FROM THE PUBLIC

TASKS BEFORE OUR NEXT MEETING

CLOSE THE MEETING

Our commitments before our next meeting:

Our timeline and next meetings:

Next Meeting is April 18th John, hoping you or someone could talk about the Blueprint proposal.