

Vermont's Future: Whole- Person Health & Well-Being

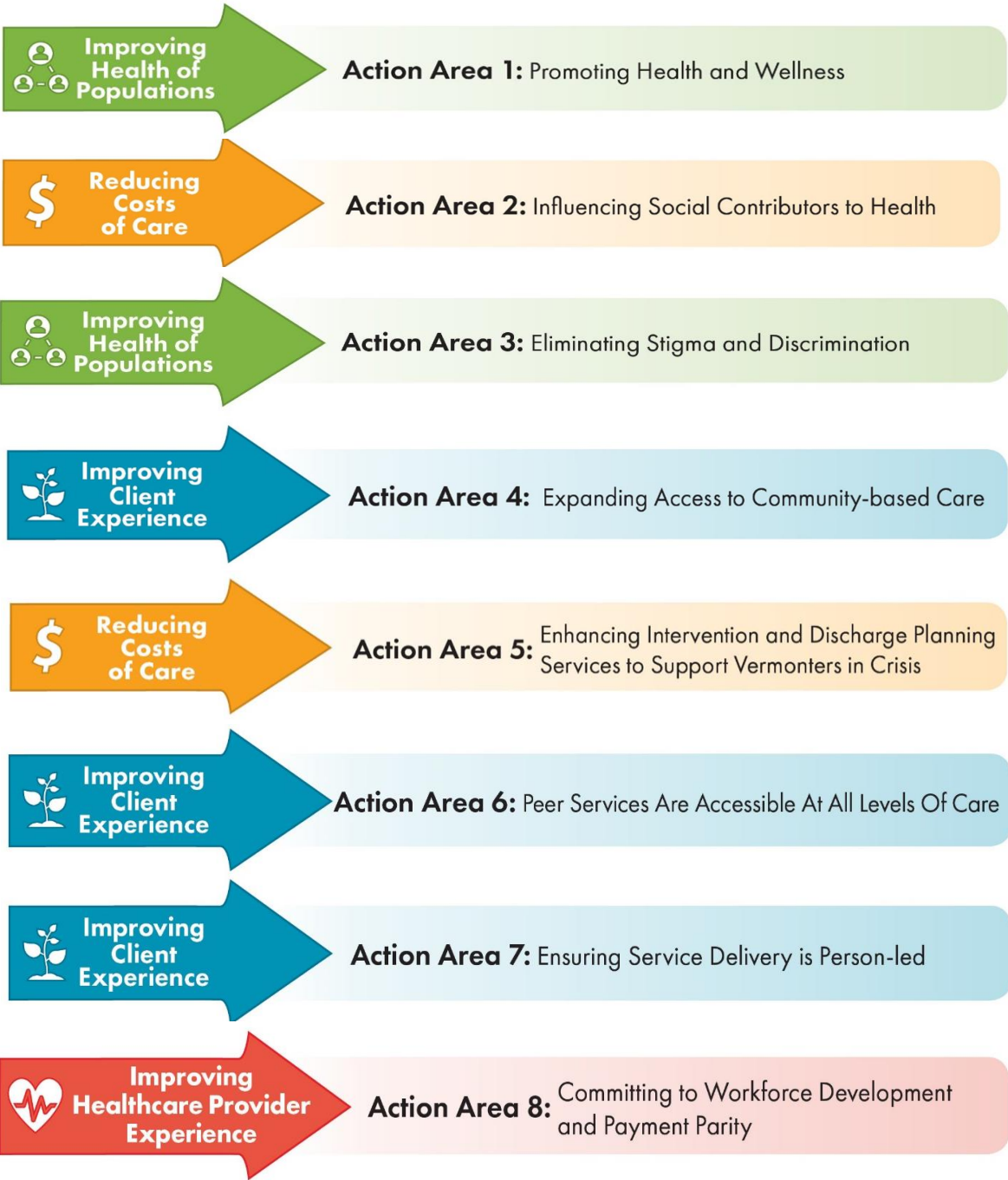


A 10-Year Plan for an Integrated and Holistic System of Care

- National trends and practices are moving towards the integration of mental health and physical health care to improve access, quality of care, parity and efficiency.
- The underlying framework for VISION 2030 is for a high quality, accessible mental health system that is integrated within a holistic health care system, that provides a continuum of care and supports, including promotion, prevention, treatment and recovery.
- Formation of a cross-discipline council or board to convene leaders across mental health and healthcare sectors.
 - ✓ set strategic priorities for the integration of mental health within a holistic health care system and to
 - ✓ provide oversight and leadership for the implementation of the action areas outlined in Vision 2030.

VISION 2030





FRAMEWORK | INTEGRATION OF MENTAL HEALTH WITHIN A HOLISTIC
HEALTH CARE SYSTEM



8 ACTION AREAS





Action Area 1: Promoting Health and Wellness

-  Culturally and linguistically appropriate resources in communities
-  Partner with peers, statewide programs and initiatives to improve and expand resources
-  Expand insurance coverage for employee wellness programs
-  Support development of trauma-informed, diverse workplaces

Work in progress:

- 2021 Summer Trainings for DMH/providers on supporting new Americans
- Hired for Director of Trauma Prevention and Resilience Development
- Director of Trauma (above) provides staff workshops and is a statewide resource

Status:  Started
 In development

OBJECTIVES



Reducing
Costs
of Care

Action Area 2: Influencing Social Contributors to Health



See that all Vermonters' most basic needs are met



Develop a social policy agenda that aligns providers and community partners in a wellness model



Build, empower and sustain a strong peer network throughout Vermont

Work in progress:

- Mental Health Integration Council work includes this
- DMH funds the Peer Workforce Development Initiative

Status:



Started






In development

OBJECTIVES



Action Area 3: Eliminating Stigma and Discrimination

-  Public messaging and education through evidence-based and best practice programs like Mental Health First Aid, Emotional CPR and other approaches that build awareness and understanding of mental health and wellness
-  Education and increased collaboration across all partners
-  Integration of mental health awareness and understanding into the structure of our communities through expansion of wellness centers and other models for community inclusion

Work in progress:

- Current RFP for provider wellness trainings
- Public messaging during pandemic

Status:  Started




 In development

OBJECTIVES



Improving
Client
Experience

Action Area 4: Expanding Access to Community-based Care

-  Assess gaps in our care continuum and use a data-driven approach to practice improvement and resource allocation
-  Improve client navigation supports
-  Increase outreach and education in communities

Work in progress:

- DMH monitors data under payment reform to drive practice improvement
- Information hub- grant money attained for CYFS

Status:



Started








In development

OBJECTIVES



Reducing
Costs
of Care

Action Area 5: Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis

-  Clear, consistent messaging and support for people in crisis
-  Implementing practices that improve an individual's experience while in a crisis
-  Education and training for providers in trauma-informed, person-led care
-  Strengthening prevention, care coordination, and hospital diversion programs
-  Development of alternative options to emergency department placements

Work in progress:

- Mobile response (RMHS pilot)
- 988 single number for MH crisis in VT
- Promotion of Seven Core Strategies to reduce seclusion and restraint
- Funding training on Recovery Oriented Cognitive Therapy (CT-R)

Status:  Started

 In development

OBJECTIVES



Action Area 6: Peer Services Are Accessible At All Levels Of Care

- A peer-led work group to make recommendations about whether and how credentialing and Medicaid reimbursement should be considered or implemented
- Expansion of peer-supported models such as 2-bed peer respite programs and making peer supports accessible in the emergency department and in inpatient settings
- Exploration of new models such as Peer Navigators that provide guidance through our system of care.

Work in progress:

- DMH funds the Peer Workforce Development Initiative

Status:



Started






In development

OBJECTIVES



Action Area 7: Ensuring Service Delivery is Person-led

-  Reshape practices to include advance directives so that individuals can take the lead in their care from a position of wellness, rather than at the point of a mental health crisis
-  Redesign service delivery to provide same-day access and brief, solution-focused interventions for people asking for help for all health care issues
-  Incorporate outcome measures and a clear system of feedback to support continual improvement of person-led service delivery

Work in progress:

- Advance directives scored during chart review process
- DA Local System of Care Plans- multiple agencies working on same day access
- Chart review score for person-led service delivery

Status:  Started
 In development






OBJECTIVES



Improving Healthcare Provider Experience

Action Area 8:

Committing to Workforce Development
and Payment Parity

-  Implementation of approaches from Mental Health, Developmental Disabilities and Substance Use Disorder Workforce Report
-  Development of new professions, such as community health workers and peers
-  Training and professional development in diversity and inclusion; mental health and wellness; anti-racism; reducing coercion; motivational interviewing and others
-  Payment parity across health insurers
-  Expanding coverage for all services for all Vermonters regardless of their insurance

Work in progress:

- Subgroup “Workforce Development” within MH Integration Council
- DMH Anti-Racism Group activities

OBJECTIVES

Status:  Started

 In development



Mental Health Integration Council

Achieving an Integrated Health
Care system that serves every
Vermonters

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.

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."

- (A) the Commissioner of Mental Health or designee;
- (B) the Commissioner of Health or designee;
- (C) the Commissioner of Vermont Health Access or designee;
- (D) the Commissioner for Children and Families or designee;
- (E) the Commissioner of Corrections or designee;
- (F) the Commissioner of Disabilities, Aging, and Independent Living or designee;
- (G) the Commissioner of Financial Regulation or designee;
- (H) the Director of Health Care Reform or designee;
- (I) the Executive Director of the Green Mountain Care Board or designee;
- (J) the Secretary of Education or designee;
- (K) a representative, appointed by the Vermont Medical Society;
- (L) a representative, appointed by the Vermont Association for Hospitals and Health Systems;
- (M) a representative, appointed by Vermont Care Partners;

Council Members as stipulated by legislation

(1- 13 of 23 total)

- (N) Vermont Association of Mental Health and Addiction Recovery representative
- (O) a Bi-State Primary Care representative
- (P) a University of Vermont Medical School representative;
- (Q) the Chief Executive Officer of OneCare Vermont or designee;
- (R) the Health Care Advocate
- (S) the Mental Health Care Ombudsman
- (T) a representative, appointed by the insurance plan with the largest number of covered lives in Vermont;
- (U) two persons who have received mental health services in Vermont, appointed by Vermont Psychiatric Survivors, including one person who has delivered peer services;
- (V) one family member of a person who has received mental health services, appointed by the Vermont chapter of National Alliance on Mental Illness; and
- (W) one family member of a child who has received mental health services, appointed by the Vermont Federation of Families for Children's Mental Health

Council
Members as
stipulated by
legislation

(14-23 of 23
total)

WorkGroups – these may change/be adjusted as needed

Four workgroups/year
Year 1



- 1) Integration of Levels of Care – Primary Care
- 2) Integration of Levels of Care – Pediatric Care
- 3) Integration of Funding and Alignment of Performance Measures
- 4) Integration of Workforce Development

STRUCTURE

WorkGroups

Four workgroups/year
Year 2



- 1) Integration of Levels of Care – Specialty Care
- 2) Integration of Levels of Care – Prevention & Wellness
- 3) Integration of Communications & Data Sharing
- 4) Integration of Implicit Bias & Health Equity Work

STRUCTURE



What
questions do
you have?