



Vermont Department of Mental Health

Think Tank: Creating a 10 Year Plan for the Mental Health System of Care

Sarah Squirrell, Commissioner, Department of Mental Health

Jason Minor, Jeffords Institute

Kathy Hentcy, Department of Mental Health



Welcome

Sarah Squirrell, Commissioner, Department of Mental Health



A Map for This Morning



1. Welcome
2. Our Charge
3. Appreciative Inquiry
4. Who's in the room?
5. Our Process & Goals
6. Some Background
7. Sub-Group Work

DMH Charge

Act 200 (2018), Section 9



- Conduct a **comprehensive evaluation** of the overarching structure for the delivery of mental health services **within a sustainable, holistic health care system** in Vermont
- **Ensure that the evaluation process provides for input** from persons who identify as psychiatric survivors, consumers, or peers; family members of such persons; providers of mental health services; and providers of services within the broader health care system.
- The evaluation process shall include such stakeholder involvement in working toward an articulation of a **common, long-term vision** of full integration of mental health services within a comprehensive and holistic health care system.

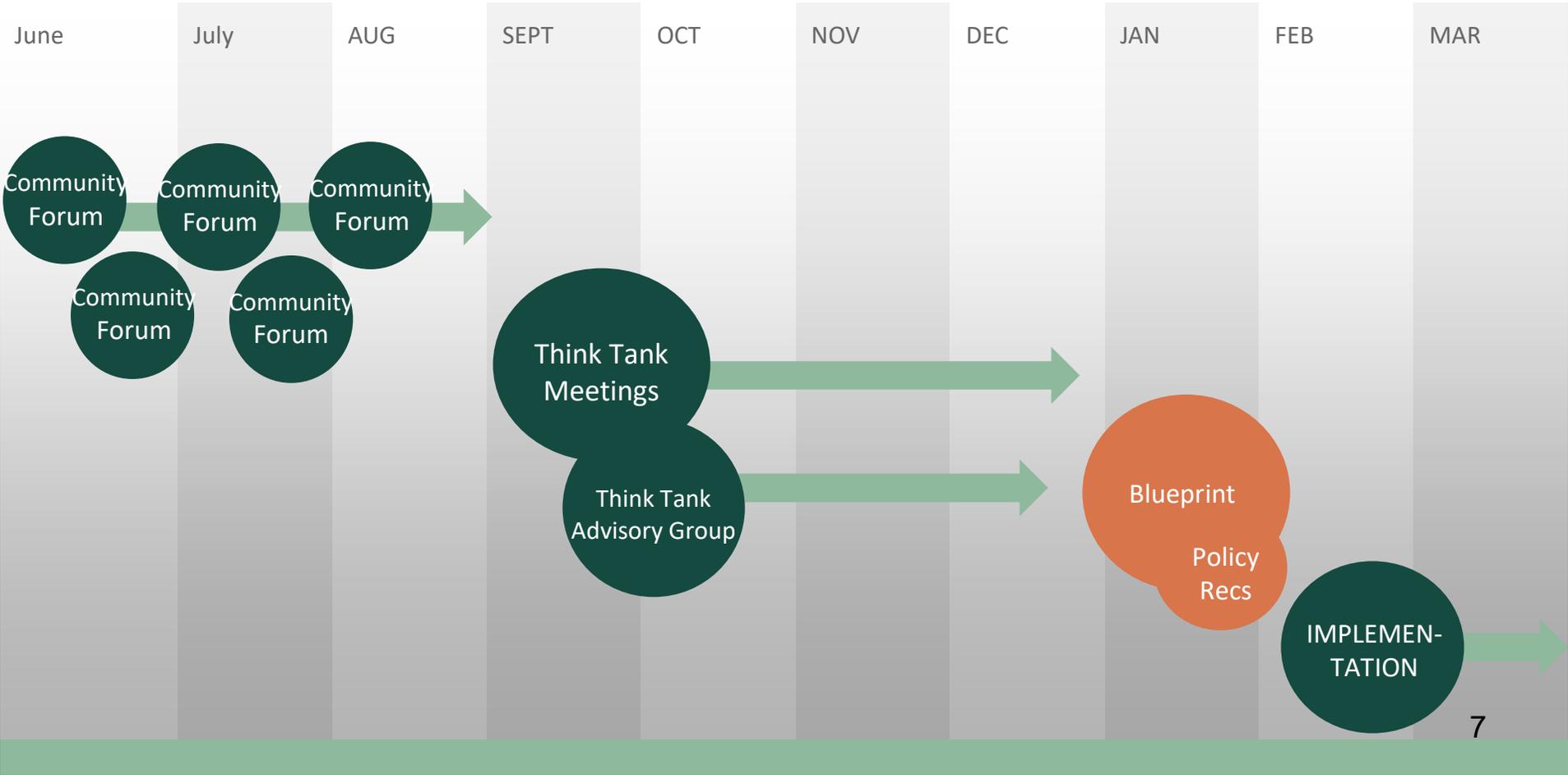
DMH Action

Develop a 10 year-year plan to achieve a comprehensive, coordinated and integrated mental health system for Vermonters

- Evaluation of the System of Care January 2019
- Community Listening Tour during the summer of 2019
- Think Tank Fall 2019
- Blueprint for the future of Vermont's Mental Health System in 2030



Timeline

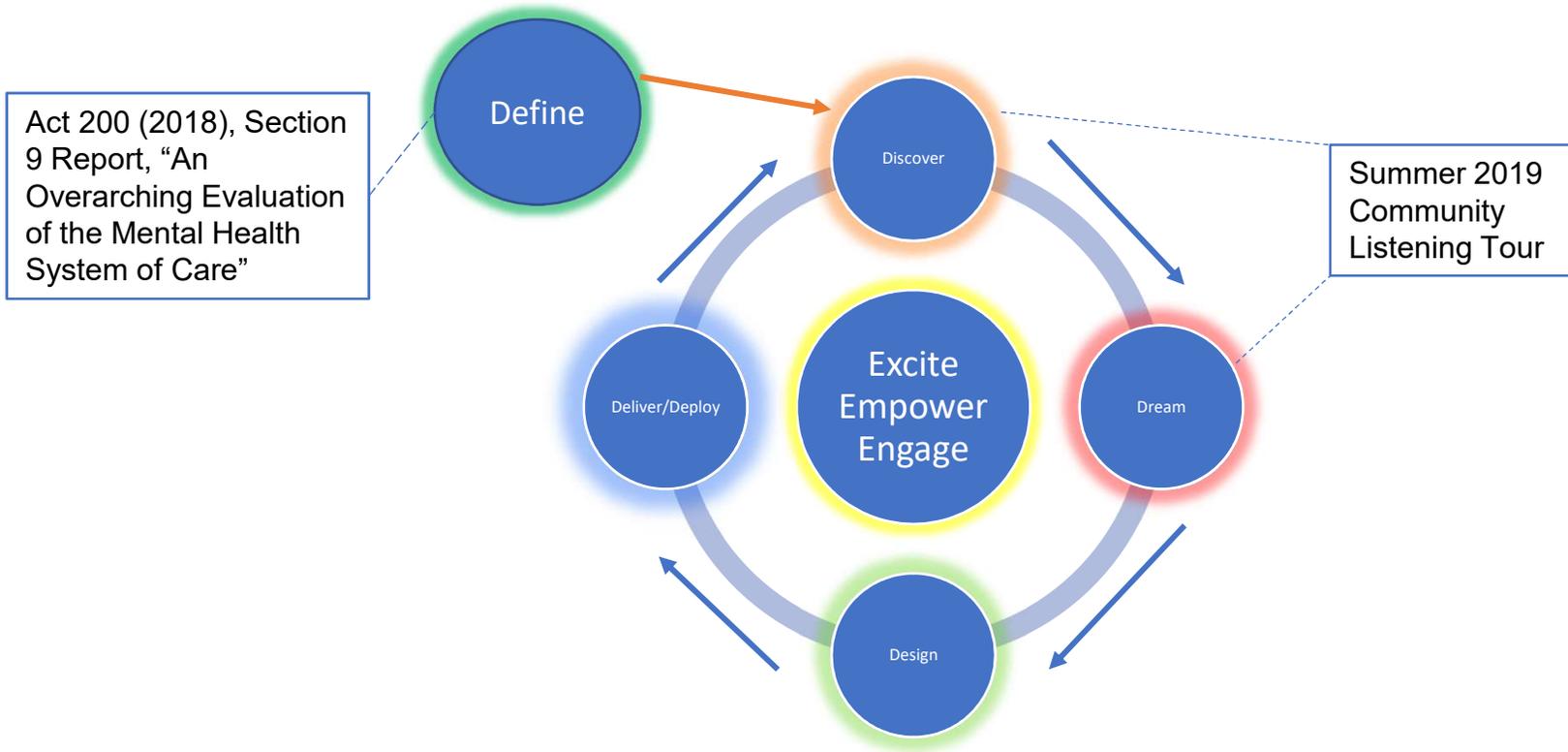


Appreciative Inquiry

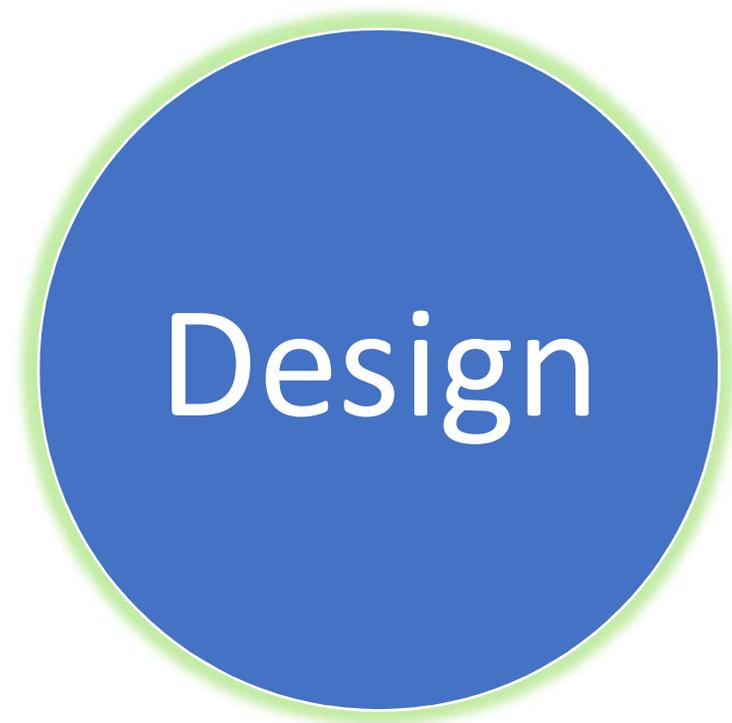
- A **philosophy** and way of looking at, and being in, the world
- A **strength-based framework** for positive change, growth and transformation
- A **methodology** for engaging all stakeholders in co-creation of the future



The Appreciative Inquiry Process



The Appreciative Inquiry Process



Mental Health System of Care Think Tank

Determining 'what should be'

- Translating ideas into a concrete plan.
- The plan brings the '*best of what is*' together with '*what might be*', to create '*what should be – the ideal*'.

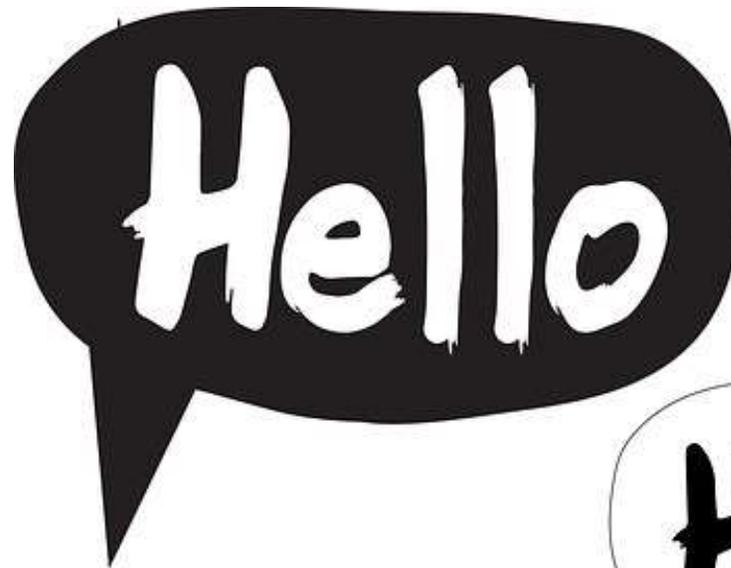


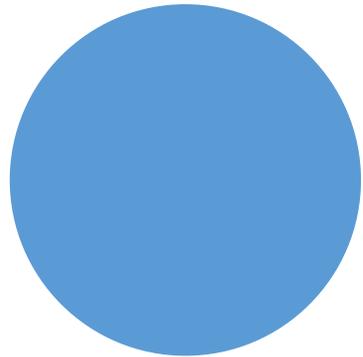
Statement of Common Purpose

- Work in a spirit of collaboration and innovation
- Our diversity of perspectives is our greatest strength
- Time, patience, trust and iterative change to achieve the best mental health system
- Contribute, and share responsibility
- Our north star of accountability is to the people we serve

Introductions

- Our facilitators
- Please share your name, and what you hope to contribute to the Think Tank





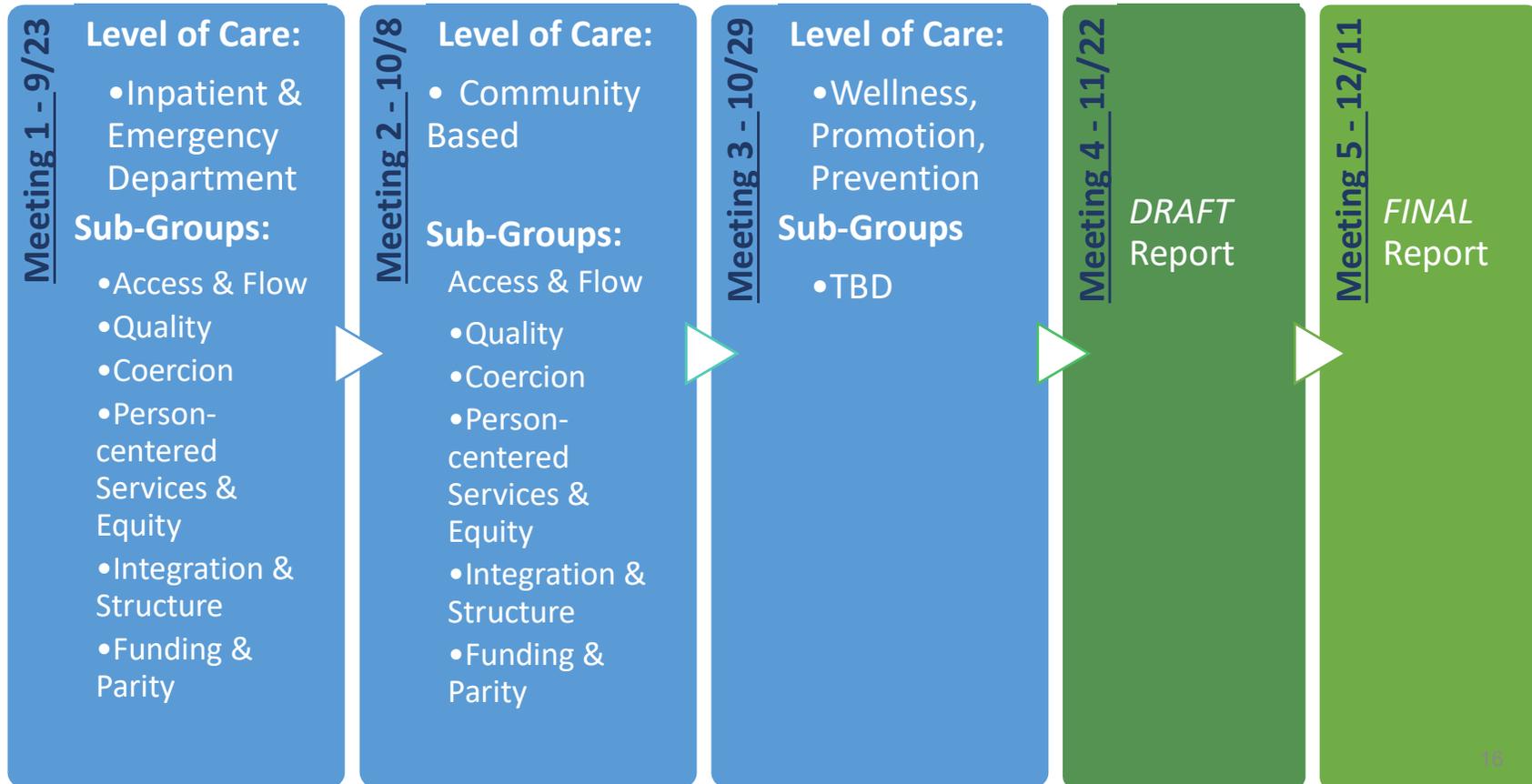
Our Design Process



Design Process



Another Way to look at the Design Process



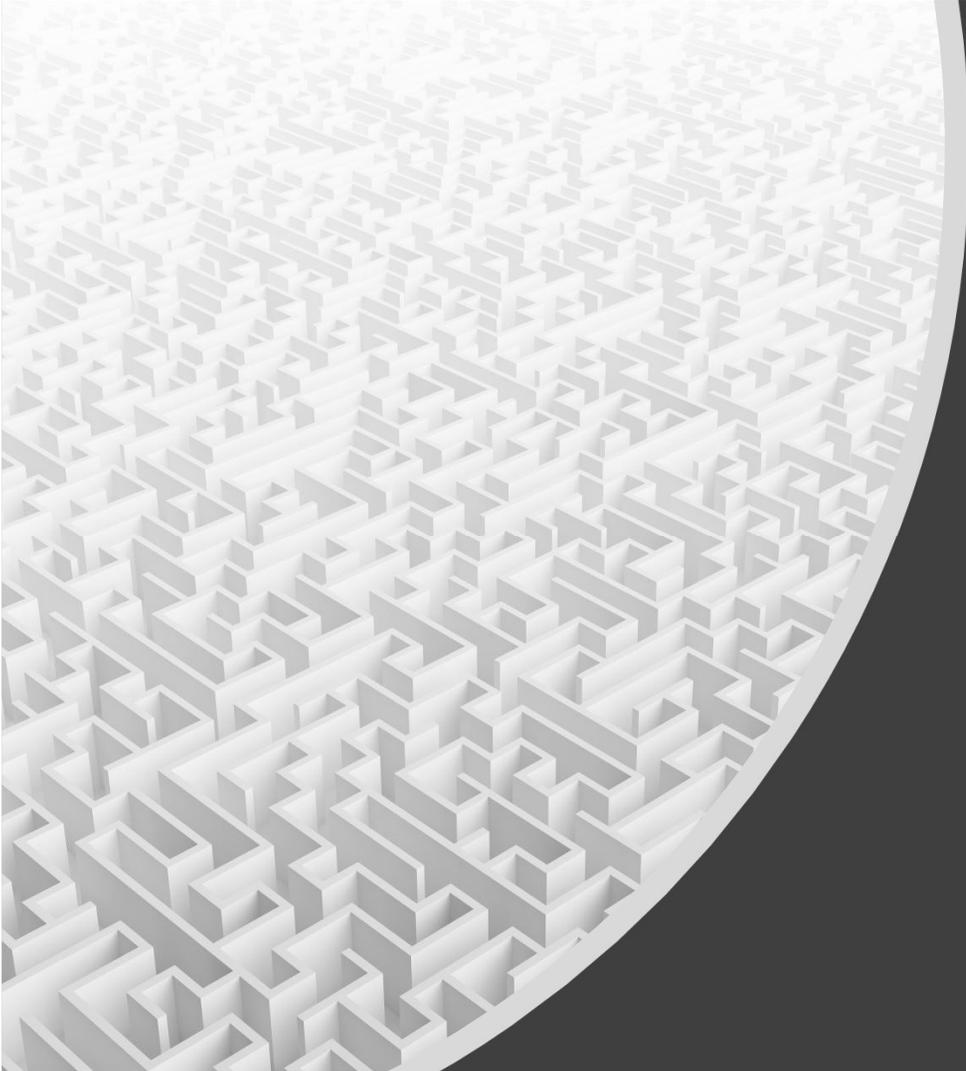
Sub-Groups

Sub-Group	Access & Flow	Quality	Coercion	Person-Centered & Equity	Integration & Structure	Funding & Parity
Supporting Staff	Emily Hawes	Jessica Bernard	Karen Barber	Michelle Lavalle	Sarah Squirrell	Selina Hickman
	David Rettew	Alison Krompf	Frank Reed	Trish Singer	Cheryle Wilcox	Shannon Thompson
	Sam Sweet					
Team Members	Cheryle Huntley	Peter Albert	Adam Cohen	Hillary Melton	Anne Donahue	Kimberly Ann Cookson
	Ginny Lyons	Catherine Simonson	Lisa Flood	Laurel Omland	George Karakabakis	Laurie Emerson
	Lucy Rogers	Kendal Smith	Mourning Fox	Simha Ravven	Maureen Leahy	Keith Grier
	Tracy Rubman	Daniel Towle	Whitney Nichols	Matt Wolff	Kari White	Mary Hooper
	Ryan Sexton		A.J. Rueben			

What is our goal for the Think Tank?

- A **10-year Plan** for the Mental Health System of Care
- Concrete strategies that support a **collective vision** and guiding principles for how Health care is integrated with Mental Health and Wellness
- **Identification of post-think tank actions**, groups and structures to move recommendations forward
- Enhance our **capacity to partner** and integrate across sectors promoting a growth, strengths-based mindset





The Big Picture

1 in 5 US Adults experience mental illness each year. (SAMHSA)

By the year 2020, depression is expected to become the second leading cause of disability in the world (WHO)

Demographic,
social and health
trends

Some trends that will likely
dominate our work over the
next five years

- Demographics
- Workforce
- Substance use
- Lack of stable and affordable housing
- Enhancements in level of care



Some of the Overarching Themes

Creating a 10 Year Plan for
the future of the Mental
Health System of Care &
Prevention

Access & Flow

Act 200, Section 9

- Stakeholders want more access to services but are satisfied with service quality once accessed
- Emergency department services should include acute mental health treatment
- A broader range of community-based services must be developed statewide

Listening Tour

- We need an equitable distribution of access and resources - from prevention to acute care needs.
- There is a substantial wait time... for individuals with intellectual and developmental disabilities... and children who need an intensive level of care
- Long term care needs are filling up acute beds

Coercion

Act 200, Section 9

- Person-centered service delivery, its philosophy and all related activities advance a system of care that ...must minimize and eliminate as much as possible any instances of coercion.
- Involuntary medication, restraint, commitment or other limiting of the patient's choice may be sought or administered only when a patient is in danger of self-harm or of harming others.
- Every attempt is made to follow an informed-consent process, so that the patient understands why the procedure is necessary.

Listening Tour

- Mandate all large regional hospitals [to] take involuntary and level 1 [clients]
- Societal factors and [recent legal decisions are] creating increased risk aversion
- We all have the right to participate in our healthcare, yet people lose this opportunity with certain mental health diagnoses.

Integration

Act 200, Section 9

- Integrated care is any situation in which mental health and medical providers work together.
- Integrated care addresses the needs of the whole person...in the context of their comprehensive needs with a focus on wellness and prevention.

Listening Tour

- [Needs to be clear] how to navigate the system of care.
- We need [mental health specialists] embedded in EDs, police, schools...addiction treatment, prevention, early intervention
- ...[need]statutory changes, changes in hospital admissions protocol, and flexibility/capacity of Emergency Rooms to meet urgent mental health needs.

Funding & Parity

Act 200, Section 9

- DMH examined payment parity in terms of funding and rates of payment across payers to providers of MH services in comparison to specialty and physical health services.
-the most effective way to work toward a holistic view of health care spending and cost growth that is inclusive of MH care is by using the All-Payer Model framework.

Listening Tour

- [When you] say you need help...receive it without a wait
- Need more clinicians...[and] adequate pay ...to retain [staff]
- Fund..[to support] additional innovations
- Need leverage to have hospitals take patients who are labeled “too acute”.
- ...create incentives for risk sharing

Person-Centered Care & Equity

Act 200, Section 9

- Federal Medicaid regulations (42 CFR § 441.725) “Person-centered service plan” describes expectations for individuals receiving Medicaid home and community-based services
- Person-centered planning and an individualized plan of care is required for all MH services providers

Listening Tour

- More inpatient psychiatric placements [are needed] within each county.
- Collaborative care [is needed] instead of treatment teams, everything is done together. Anyone the client wants involved is involved and it’s not hierarchical.
- Decisions don’t get made without the person being involved and in agreement

Quality

Act 200, Section 9

- Stakeholders want more access to services but are satisfied with service quality once accessed
- Emergency department services should include acute mental health treatment
- A broader range of community-based services must be developed statewide

Listening Tour

- Workforce issues have an impact on the [quality]. Factors include vacancies [and] short staffing
- Nursing staff in the ER's are undertrained
- ...children [reflect] the environment they come from...look at the whole family.
- Not enough facilities, a lot of families...have had their child in the emergency room because there are not enough beds in the state.

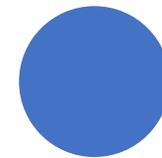
Mental Health and Whole Health are one
as part of our Overall Wellness

Vermont Increases Reimbursement Rate:
No More Workforce Shortages

Vermonters have full access to
Professional Mental Health Care and
Alternatives – No Waiting Lists

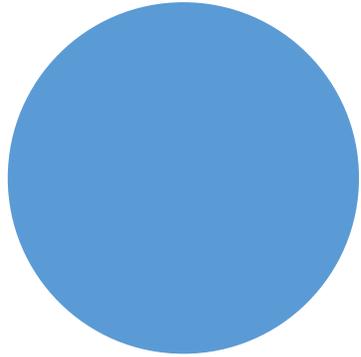
Abuse and Neglect Are Extinct

Visions of the Future





Break



Welcome Back |

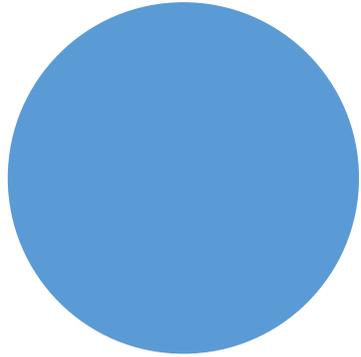


Sub-Group Meeting Rooms

	Main Room	Main Room	Mezz. FR	Bonsai	Mezz. FR	Pineapple
Sub-Group	Access & Flow	Quality	Coercion	Person-Centered & Equity	Integration & Structure	Funding & Parity
Supporting Staff	Emily Hawes	Jessica Bernard	Karen Barber	Michelle Lavalley	Sarah Squirrell	Selina Hickman
	David Rettew	Alison Krompf	Frank Reed	Trish Singer	Cheryle Wilcox	Shannon Thompson
	Sam Sweet					
Team Members	Cheryle Huntley	Peter Albert	Adam Cohen	Hillary Melton	Anne Donahue	Kimberly Ann Cookson
	Ginny Lyons	Catherine Simonson	Lisa Flood	Laurel Omland	George Karakabakis	Laurie Emerson
	Lucy Rogers	Kendal Smith	Mourning Fox	Simha Ravven	Maureen Leahy	Keith Grier
	Tracy Rubman	Daniel Towle	Whitney Nichols	Matt Wolff	Kari White	Mary Hooper
	Ryan Sexton		A.J. Rueben			



LUNCH



Welcome Back |



Sub-Group Meeting Rooms

	Main Room	Main Room	Mezz. FR	Bonsai	Mezz. FR	Pineapple
Sub-Group	Access & Flow	Quality	Coercion	Person-Centered & Equity	Integration & Structure	Funding & Parity
Supporting Staff	Emily Hawes	Jessica Bernard	Karen Barber	Michelle Lavallo	Sarah Squirrell	Selina Hickman
	David Rettew	Alison Krompf	Frank Reed	Trish Singer	Cheryle Wilcox	Shannon Thompson
	Sam Sweet					
Team Members	Cheryle Huntley	Peter Albert	Adam Cohen	Hillary Melton	Anne Donahue	Kimberly Ann Cookson
	Ginny Lyons	Catherine Simonson	Lisa Flood	Laurel Omland	George Karakabakis	Laurie Emerson
	Lucy Rogers	Kendal Smith	Mourning Fox	Simha Ravven	Maureen Leahy	Keith Grier
	Tracy Rubman	Daniel Towle	Whitney Nichols	Matt Wolff	Kari White	Mary Hooper
	Ryan Sexton		A.J. Rueben			



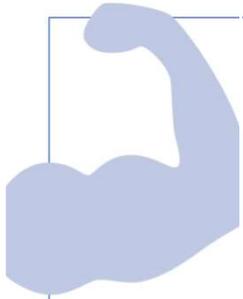
Report Out

Highlights and Themes from the sub-groups

Public Comment

Jennifer.rowell@Vermont.gov
Kathleen.Hentcy@Vermont.gov

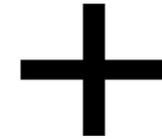
Your suggestions



What were strengths of the Day?



What would you suggest to add or improve?



Creating a 10 Year Vision for the Mental Health System of Care

“A true architect is not an artist but an optimistic realist. They take a diverse number of stakeholders, extract needs, concerns, and dreams, then create a beautiful yet tangible solution that is loved by the users and the community at large.”

- Cameron Sinclair