

To provide comments, feedback, suggestions: Jennifer.rowell@vermont.gov

Think Tank Person Centered and Equity Day #2 Timetable

LISTENING TOUR THEMES AND VISION STATEMENTS WITH SUPPORTING STRATEGIES

THINK TANK PERSON CENTERED AND EQUITY DAY #2 TIMETABLE

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
COMMUNITY BASED- SUPPORTS AND SERVICES	People know how to and are able to access the supports they have identified to meet their needs.		
	Short-Term	Mid-Term	Long-Term
	<p>Strategy: Public communication and how to access supports in your region-Increase knowledge decrease stigma</p> <p>Peers to identify needs and increase understanding and support in navigating the system 1. Increase education for using peer networks</p> <p>Clear instructions and guidance on how to navigate through the system</p>	<p>Strategy:</p> <div style="text-align: center;">  </div> <p>Determine and support for credentialing/<i>standardization</i></p> <p>1. Potential policy review and legislative efforts</p> <p>Workforce recruitment and retention</p> <p>Navigators with content area expertise to help get us through the system-</p>	<p>Strategy:</p> <div style="text-align: center;">  </div> <p>Work on reimbursement strategies to pay for peers</p> <p>Education and training in developing a person centered, person led and culturally competent workforce</p>

To provide comments, feedback, suggestions: Jennifer.rowell@vermont.gov

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
	<p>The tools that are used within the system are identifying peoples’ strengths and resources, with less focus on pathology</p> <p>Increased focus on human connection rather than dx focus.</p> <p>MH provider consultation for pediatric, OB, and adult primary care- linking with Blueprint – collaboration and connection</p>	<p>research current systems and collaborate with them.</p> <p>Relationship building is an evidence-based practice as a foundational practice and the other practices should complement that</p> <p>Services are provided where people are- schools, communities, homes, correctional settings</p> <p>WRAP plans</p>	<p>Specialized care is accessible for all leveraging technologies including telehealth. Specialty populations can include Eating Disorders, ASD, LGBTQ and forensic, Harmful sexual bx, neurology</p>
	Community is able to identify, welcome, recognize and support that everyone is a contributing member of their community		
	Short-Term	Mid-Term	Long-Term

To provide comments, feedback, suggestions: Jennifer.rowell@vermont.gov

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
	<p>Strategy: Identify community best practices and resources. Collect more accurate data on population measures</p> <p>Public messaging campaign that everyone has mental health</p> <p>MH First Aid</p> <p>Parenting support</p> <p>Positive activities for youth</p> <p>Identify the things we like about our community</p> <p>Redefining community – everyone has mental health</p> <p>Interpersonal and interfamilial violence as well as housing, and</p> <p>DMH having a seat at the table and acting as a convener for the health and mental health connections- increase bandwidth to be able to integrate and collaborate. Decrease Departmental silos</p>	<p>Strategy: Broaden focus to include prevention and intensive community support for higher levels of need.</p> <p>Capitalize community structures to create awareness over mental health and community health</p> <p>food instability- collaboration and coordination with VDH (linking with the whole health care system)</p>	<p>Strategy: Building of community, not just treatment system, to support health.</p>

To provide comments, feedback, suggestions: Jennifer.rowell@vermont.gov

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		
COMMUNITY BASED-RESOURCES	Workforce – have the resources to be flexible enough to meet people where they are at.		
	Short-Term	Mid-Term	Long-Term
	<p>Strategy:</p> <p>Clear workforce recruitment and retentions strategies.</p> <p>Creating solutions- Recruitment to Vermont is a real challenge- spouse jobs, effects of opioid abuse</p> <p>Adequate training and resources for staff</p> <p>Self care</p> <p>Caseload counts</p> <p>Lived experiences are a part of workforce development- peers are part of the training process</p>	<p>Strategy:</p> <p>Administrative supports</p> <p>Connecting to the business community-</p> <p>School consolidation issues.- This is a fear that it is discouraging people from wanting to live and work here. Concern about decreasing population to live somewhere if you have to ship your children further. This is exacerbating the rural demographic issues.</p> <p>taxes</p> <p>Decrease burnout through effective supports for staff</p> <p>Effective clinical supervision is prioritized and resources. Not a lot of training and support for supervision within the state. This is very effective for staff retention.</p>	<p>Strategy:</p> <p>Higher ed training programs- this is for any workforce that touches MH/ the rest of the healthcare system, trauma informed practices, YMHFA in teacher training- components of MH and wellness in other higher ed curricula</p>

To provide comments, feedback, suggestions: Jennifer.rowell@vermont.gov

LISTENING TOUR THEME	VISION STATEMENT WITH SUPPORTING STRATEGIES IDENTIFIED		

FEEDBACK FROM STRATEGY PREVIEW

Group D

Person-Centered and Equity

Public: workforce realities- missed opportunities to manage limited workforce. How can we be as integrated as possible. We have 148 social workers in DA system. Expanding hospital beds will pull from this group. How can we hire in partnership with the DA so that we aren't draining one system to build another?

Person Centered: Decreasing stigma. Community in general- building more spaces for people to gather- beyond MH. Workforce- making sure there are the resources to be flexible to meet people's needs. Why don't we have more professionals in VT- need to create a state environment so that we have enough professionals here to do the work. Appreciate this work- focus on peer is important. Less focus on pathology- should be stated in early childhood experiences. Schools are not accommodating to different

To provide comments, feedback, suggestions: Jennifer.rowell@vermont.gov

experiences. WRAP plan and curriculum. Need to include practices that are currently working well- how to systematize these. Community piece is so important- have wellness center in Burli- always focused on mental health. Need intergenerational space that is welcoming beyond MH needs and do prevention work. Pathology- can't get funded without the pathology which perpetuates the system. This is true for all insurance. They don't want to pay unless they have determined it medically necessary. That is the goal of payment reform. Can't ignore problems but could be defined by many things- don't want to label people in ways that affect the ways they think about themselves. Want to focus on the strengths people have not focus on their hardships. Dismiss their potential because of their focus on the label. Can have the label without making this the focus of care. Use the multiple intelligences we have to find our strengths. Label in the criminal justice system- having a label MH gets you more support. Working with teens- normalize the teenage experience as age appropriate. Payment reform is a workaround for this. Measuring strengths through the system with CANS and ANSA this is a first. Not just focused on deficits. Strengths gives agency to the individual to make change. No strategy that focuses on community. Community that matters is the one we live in. The second goal tries to address this. Need to pull that idea into other domains. Things that go under that going to event BGC, where adults get together, getting into churches, rotary club, bridge club.

Cheryle's Group

Felt good in prevention and wellness- we didn't speak much to the treatment and intervention components

Children and anxiety- do we have a workforce that can respond.

Response to family in treatment, not just children in treatment

Meeting people where they are at: we discussed being with people where they are. SW in schools, elderly housing, SW in police offices- embedded SW in communities

Creating a system that intentionally supports co-located programs – we have the solutions that need to be scaled and funding