
Person-Centered & Equity

DEFINITION (to replace 'person centered care')

Person-led care: *the person's individual needs, values and interests are held at the forefront and lead the delivery of health care (even if they cannot direct care at the time).*

Person-led care helps people identify and achieve their health goals and diminish barriers to healthy living.

Person-led systems provide knowledge and resources to support the person's decisions to attain their goals.

SUMMARY

DAY 1

- (1) Person-led decision-making and care is present in the ED and hospital.
- (2) There is decreased need for inpatient and emergency care.

DAY 2

- (1) People can access the supports they have identified to meet their needs.
- (2) Communities welcome, recognize and support everyone as a contributing member of their community.
- (3) The workforce has the resources to be flexible enough to meet people where they are at.

DAY 3

- (1) Acknowledge impact of poverty and social inequality on health and wellness. Recognize wellness includes consideration of social determinants: safety, poverty, connectedness, economics, housing, food security.
- (2) Person-led approach to wellness and preventive care builds on strengths, needs, and preferences.
- (3) Person-led approach in all policy and system development for health promotion/prevention.

Person-Centered & Equity

END STATES

DAY 1.

(1) Person-led decision-making and care is present in the ED and hospital.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>Bring stakeholders together.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Identify stakeholders. 2. Pull people together to focus on how to address this. 	<p>Change culture of care – the expectations and practices of how we work with individuals and their families.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Change IT/EMR to allow individual to control their own data, including access to data, which also facilitates sharing among different providers 2. Change to person-led culture of care through training, mentoring, supervision, leadership 3. More MH peer support services 4. Include more person/family participation and direction in decision-making, including discharge planning. 	<p>Change reimbursement, oversight, staffing and environment of ED and hospital.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Reimbursement that supports holistic, person-led care. 2. Person-led approach is part of hospital designation 3. Include more MH peers – people with lived experience - in all staff positions 4. Environmental re-design in ED and hospital wards that supports person-led care.

DAY 1

(2) Decreased need for inpatient and emergency care.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>Identify community best practices and resources. Collect more accurate data on population measures.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Broader focus (beyond healthcare services) on what best supports health for individuals and families 2. Better data collection and transparency on population measures, e.g homelessness, medication use. 	<p>Broaden services to include prevention and intensive community support for higher levels of need.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Allocate more resources to prevention 2. Increase capacity to serve higher levels of need in the community, e.g. residential care, supported housing, assertive community treatment, wrap-around services, mobile outreach. 	<p>Building of community, not just treatment system, to support health.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Build on local control/focus in Vermont, e.g. Flourishing Communities 2. Support a healthy school system 3. Pilot/showcase a community-focused health initiative 4. Allocate resources in additional community settings including schools, prisons. 5. Support community-based public health initiatives that improve population health with a focus on prevention. Change conversation to “how do we best serve the community?”

DAY 2

(1) People can access the supports they have identified to meet their needs.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>Increase knowledge and decrease stigma.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Public communication on how to access supports in your region. 2. Public education about mental health. 3. Increase education on how to use peer network. Hire peers to help identify needs, increase understanding and offer support in navigating the system. 4. Use navigators with content area expertise to help get us through the system. 5. MH provider consultation for pediatric, OB, and adult primary care- e.g. linking with Blueprint. 6. Research current systems to facilitate collaboration and connection. 	<p>Increase workforce understanding of person-led care.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Relationship building is an evidence-based practice as a foundational practice and the other practices should complement that. 2. Education and training in developing a person centered, person led and culturally competent workforce. 3. Train staff in WRAP. 4. The tools that are used within the system identify peoples' strengths and resources, with less focus on pathology. 5. Increased focus on human connection rather than diagnostic focus. 	<p>Work on reimbursement strategies to pay for peer services.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Potential policy review and legislative efforts. 2. Identify models from other states. 3. Identify stakeholders to develop a reimbursement model. 4. Explore peer credentialing.

DAY 2

(2) Community welcome, recognize and support everyone as a contributing member of their community.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>Re-defining community: public messaging campaign that everyone has mental health.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. MH First Aid 2. Parenting support 3. Educate on impact of trauma 4. DMH needs to advocate for resources (funds and staff) and participate in public messaging. 5. Teaching youth about wellness. Wellness focus throughout childhood. 	<p>Capitalize community structures to create awareness over mental health and community health.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Identify the things we like about our community. Identify what promotes wellness. Address vulnerabilities 2. Consider interpersonal and familial violence, housing, poverty and other environmental impacts. 3. Review work of Building Flourishing Communities, Thriving Communities. 	<p>Building of community, not just treatment system, to support health.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Create culture of compassion and empathy. Build openness and understanding. 2. Positive activities for youth 3. Helping create those safe spaces, listening to what people say they need 4. Pre-K 5. Inter-agency agreements to support wellness. For example: food instability. 6. DMH acting as a convener for health and mental health connections- increase bandwidth to be able to support integration and collaboration. 7. MD's prescribing park passes as form of health promotion – we need more of this partnering

DAY 2

(3) The workforce has the resources to be flexible enough to meet people where they are at.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>Address recruitment and retention.</p> <p>Decrease burnout and improve services through effective supports for staff.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Identify workforce recruitment and retentions strategies (including inventory of other states): recognize barriers and create solutions. 2. Effective clinical supervision is prioritized and resourced, including training in effective supervision. 3. Adequate training and resources for staff. 4. Administrative support. 5. Promote/support self-care. 6. Adequate administrative supports. 7. Reasonable caseload counts (and workload). 8. Consider impact of schools, taxes, cost of living in recruitment. Connect to the business community. 	<p>Services are provided where people are- schools, communities, homes, correctional settings.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. 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>Higher education training programs.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Trauma informed practices, 2. YMHFA in teacher training 3. components of MH and wellness in other higher ed curricula 4. Education and training in developing a person centered, person led and culturally competent workforce 5. Include/promote peers / people with lived experience as part of the workforce. 6. People with lived experience are part of the training process.

DAY 3

(1) Acknowledge the impact of poverty and social inequality on health and wellness. Recognize that wellness includes consideration of social determinants: safety, poverty, connectedness, economics, housing, food security.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>Recognize wellness includes consideration of social determinants of health.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Screening. 2. Person-led focus: Ask the person what they need and want. Start with person’s self-identified issue. 3. Public messaging, e.g. MH First Aid, suicide messaging. 4. Address poverty and other environmental impacts. 	<p>Educate providers on how to use health and wellness concepts (including consideration of social determinants) in their work with individuals and families.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Take health and wellness concepts and work with family about what will work for them. 2. Parent education and support for parenting. 3. Include people with lived experience. 4. Include in State licensure – questions regarding wellness and social determinants of health. 5. Include person/family-led focus in all things. 	<p>Educate communities about environments of stress and resiliency.</p> <p>Everyone has opportunity to participate in health promotion, with equal access to healthy living, paid parental leave, safe housing.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Paid family leave. Building family connection. 2. Create structure so that person-centered in all things. About process and integrating people’s voices. Should be included at every table. “Nothing about us without us.” 3. SOV partners with municipalities. 4. Budget focus.

DAY 3

(2) Utilize person-led approach to wellness and preventive care that builds on strengths, needs, and preferences.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>Educating workforce, including existing providers.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Re-imagining roles of MH workers, clinicians – how they can support people in identifying their priorities. Coach, educator, consultant, brief interventionist. (less hierarchical, more focus on relationship.) 2. Youth leadership. How do we develop these skills? 3. Clinicians trained on how to self-disclose appropriately 4. Include people with lived experience. 	<p>Wellness coaches.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Create sustainable infrastructure for peers to serve as wellness coaches. 2. Furry things to pet 	<p>Steps:</p>

DAY 3

(3) Person-led approach in all policy and system development for health promotion/prevention.

Short-Term Strategy	Mid-Term Strategy	Long-Term Strategy
<p>People with lived experience inform development of solutions.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. People with lived experience inform development of solutions. e.g. parenting supports, health promotion, poverty, social structures 2. Physicians/providers receive training in advocacy: a more active response to requests for services/needs, e.g. system and community advocacy. 	<p>Scaling up promotion / prevention strategies that work.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Identify and scale up interventions with proven track record. 2. Access and development of these services statewide. 3. Adequate funding: separate funding bucket for prevention/promotion. Don't make funding for prevention compete with funding for treatment. 	<p>Expand insurance coverage.</p> <p>Steps:</p> <ol style="list-style-type: none"> 1. Insurance payments for wellness, e.g. yoga. 2. Explore other funding for wellness activities.

DAY 3

(4) All Vermonters report strong sense of belonging and social support. – See Day 2, vision statement #2.

DAY 3

(5) All Vermonters have the ability to recognize signs and symptoms of mental distress, and respond with compassion and empathy. – See Day 2, vision statement #2.