Washington County Mental Health
Taskforce Report

Jeffords Institute for Quality

November 1, 2017

Purpose
A Washington County Mental Health Taskforce was convened by Agency of Human Services Secretary Gobeille as an action-oriented team to improve access to mental health care while addressing concerns in the Aim below.

Process
Three fast-paced, three-hour sessions were held in October 2017 to identify and prioritize strategies to improve quality and access to mental health care. The team proceeded through the steps to the right.

Aim
Identify cross-organization systems and process improvements and additional capacity in Washington County to ensure adult patients in a mental-health crisis receive the right care, in the right location (e.g., crisis beds, emergency departments, inpatient/forensic beds, secure/intensive residential), at the right time.

"Teamwork: Simply stated, it is less me and more we."
Anonymous

Taskforce Steps

Step 1
Convene a team of accountable organizations and leaders.

Step 2
Develop a set of shared values, and tenets of participation to support trust building, effective discussions and decision making.

Step 3
Use a quality tool called a Key Driver Diagram to systematically brainstorm and evaluate drivers or causes contributing to our current state of mental health care delivery in Washington County and beyond.

Step 4
Identify strategies to mitigate or eliminate those primary and secondary drivers and prioritize those strategies by multi-voting them down to the top priorities in this report.

Step 5
Summarize the work in a final report so that the strategies can be implemented.

The sessions were facilitated by the Jeffords Institute for Quality which supports healthcare improvement across The University of Vermont Health Network and communities served.

Jeff Minor Taskforce Report Jeffords institute for Quality
Identified Participants’ Values

The team identified tenets of participation and values of care with major themes around needs to improve Safety, Access, Collaboration, Transparency, Equity, Person-Centeredness and Recovery. (Note: These values of care were a result of participants brainstorming their values. These do not represent the core values being established in the Mental Health System of Care.)

Team Tenets

The team established tenets of participation to support honest conversations and trust.

- We deliver together
- No grandstanding
- Honesty
- No disappointment in anyone’s thinking
- We recognize the other side or opinion
- Confidentiality / (Don’t take things out of context)
- Assume good intentions

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Mental Health Services (Attachment A)
The team identified the services delivered across organizations from community services to hospitalization focused primarily on Washington County. The process provided insight for participants about the services delivered and available outside of their organization to support patients with mental health needs. The goal was to provide a reference when selecting strategies of where services could be increased, or added, along the continuum of care to decrease long waits and other access barriers. By identifying key services available, the team could strive to get patients the right care, in the right location, at the right time, everytime. (Note: Some of the services listed are available to not only mental health patients in Washington County, but others statewide. This list does not reflect all services available statewide, just what were indicated by participants relative to the Taskforce Aim.)
The Taskforce used a key driver diagram as the quality tool to systematically identify strategies. The key driver is a causal analysis that ensures that the strategies either currently deployed/planned (validation) or those identified by the Taskforce (new) will eliminate the drivers/causes to the problem and therefore lead to a better outcomes for patients, consumer and clients of mental health services in Washington County. Although this taskforce focused on Washington County the results are applicable to the State system of care.

**Steps to Complete a Key Driver Diagram**

**Step 1**
Identify the problem you have: Cross-organization systems and processes and capacity is lacking in Washington County to ensure adult patients in a mental-health crisis receive the right care, in the right location and the right time.

**Step 2**
Brainstorm with subject matter experts primary and secondary drivers (causes) leading to the current state problem.

**Step 3**
Organize and validate the results with the team.

**Step 4**
Brainstorm strategies.

**Step 5**
Multi-vote the strategies to top priorities, with consideration to mitigating or eliminating drivers and attaining the aim.

**Step 6 (Not Complete/Post Taskforce)**
Assign ownership of strategies, establish measures of success, implement, obtain funding as needed, track/report outcomes to key stakeholders.

For more information on key driver diagramming contact the Jeffords Institute for Quality or visit IHI Open School [http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/GoldmannDriver.aspx](http://www.ihi.org/education/IHIOpenSchool/resources/Pages/Activities/GoldmannDriver.aspx) and/or watch a short video: [https://www.youtube.com/watch?v=yfcE_Q1RFg](https://www.youtube.com/watch?v=yfcE_Q1RFg)
Primary Driver Categories
The Taskforce identified nine main focus areas that are leading to our access challenges.

1. Lack of Resources & Capacity (Access to Care)
2. Lack of Safety (Staff, Patient, Public, Environment)
3. Lack of Role Modality Expectations (Standard Work, Expectations, Roles)
4. No Center of Truth (Data & Information)
5. Complex Systems (Including Multi-System Entry)
6. Lack of Integrated Service Delivery/System-ness and (Continuous Relationship)
7. Lack of Low Barrier Service Strategy
8. Legal System (Slow, Laws Set for Population, Not Individual Needs)

Top Strategies
A total of 166 strategies were brainstormed in the nine categories above. From those, the taskforce multi-voted to nine top priorities. The team felt the nine priorities, if successfully implemented, would help achieve the aim.

1 STRATEGY 3: Offer state-funded loan forgiveness for mental health professionals, (to address staff shortages).

2 STRATEGY 8, 14, 53, 61: Build additional forensic patient bed capacity/facility, including for those not meeting level one criteria.

3 STRATEGY 35, 107: Complete analysis of current system expenditure to move to value-based care after examining strategies for payment reform that will enhance system-ness, (e.g., value based bundled payment for adult mental health services).

4 Strategy 47: Work with judicial system to enforce current involuntary process timelines for involuntary administration of medications to reduce stays/demand.

5 STRATEGY 66: Create a coordinated, data driven, multi-organizational, statewide surge capacity plan.

6 Strategy 67: Create a ‘subcommittee’ from this Taskforce (time limited) which meets regularly to define roles of each agency and roles within agency. ‘Report out’ with bi-direction communication.

7 STRATEGY 95: Create a judicial system liaison to work with DMH Legal, DOC, WCMH Emergency Services, CVMC ED/psychiatry to support enforcement of existing laws; and meet with Judge Grearson to improve interface with the judicial system. (DMH Legal could facilitate/invite participants.)

8 STRATEGY 119: Fund and expand existing and new housing programs to support patients/clients before ED/Hospitalization (Diversion) and after ED/Hospitalization (Stepdown) and ensure flow is coordinated from ED/IP/Hospital to and from the community.
STRATEGY133: Make recommendations to Lawmakers after an assessment of Vermont laws regarding inpatient, outpatient, medication administration based on comparison to other states and evidenced-based research. (Work underway.)

Next Steps
Due to the limited time of the Taskforce, strategies were not assigned to organization. Participants must review the strategy and volunteer to take the lead for strategies where the bulk of the work is in their area. Each strategy needs an assigned accountable organization and appropriate project manager.

Strategy Roles & Responsibilities
Strategy Sponsorship
The Agency of Human Services and the Department of Mental Health are considered sponsors for this work. Sponsors get regular reports on status of the work completed. Sponsors help to break down barriers and issues that may arise, when one organization cannot overcome on their own through partnership and collaboration. The sponsor can also navigate the political environment for the Lead organization to ensure project/strategy success. The sponsor may also need to work to establish short-term and long-term funding so that the effort can be successfully implemented and sustained.

Lead Organization or Agency (Sponsor)
Responsible for stewarding the strategy forward, setting a timeline, convening the team, overseeing the work, and collaborating and partnering with other organizations, and State agencies to ensure the strategy is successfully implemented.

Involved Organization or Agency (Team Member)
Involved organization participate in strategy implementation and success. Involved organization at times may be the main party responsible for the success of the strategy.

Project Manager
The person responsible for day-to-day communication, planning, facilitation, project management.

Team Members
Responsible for contributing to the success of the project by completing or arranging for tasks to be completed.

Stakeholders
Interested parties that should be a part of communication and even planning. Stakeholders may have the power or influence to change the outcome of the strategy.

Patients/ Clients/ Consumers
Those served should be a part of the planning and decision making process and a part of the teams established. They are equal members essential in achieving successful outcomes.

Special Thanks & Acknowledgements
Thanks to the Department of Mental Health and the Agency of Human Services for hosting the Taskforce. The space was comfortable and the location helped to facilitate ease of access and parking for all members.

Thanks to Central Vermont Medical Center for ordering and buying lunch for participants during the three sessions. Being well fed was an important part of the outcome.

Thanks to all participants for dedicating their time and rearranging schedules to play a role. Your commitment is admirable.

Thanks to Commissioner Bailey and the entire Department of Mental Health team.

Thanks to Secretary Gobeille for your leadership and commitment in convening the taskforce and being an active participant throughout the session to help lead a way forward.