MENTAL HEALTH INTEGRATION COUNCIL
PEDIATRIC SUBGROUP

DATE: FEBRUARY 21, 2023

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ATTENDANCE

Workgroup Members

☐ Heather Bouchey, Deputy Secretary, Agency of Education

☒ Dillon Burns, Mental Health Services Director, VT Care Partners

☒ Mike Fisher, Office of the Health Care Advocate

☐ Emma Harrigan, Director of Policy Analysis and Development, Vermont Association of Hospitals & Health Systems

☐ Dr. Logan Hegg, UVMMC psychologist, pediatric integration

☒ Dr. Breena Holmes, UVM, VT Child Health Improvement Program

☐ Ward Nial, Representative, National Alliance on Mental Health

☒ Dr. Sara Pawlowski, UVMMC psychiatrist, pediatric integration (alternate)

☐ Dr. John Saroyan, Blueprint for Health

☒ Ilisa Stalberg, VDH Maternal Child Health

☒ Sandi Yandow, Representative Vermont Federation of Families for Children's Mental Health

Previous workgroup members:

Dr. Harris Strokoff, Representative, Blue Cross Blue Shield (ended)

Julie Parker, Blue Print for Health (ended when Dr. Saroyan joined)

Kate LaRose VDMH, Pediatric Mental Health Care Access Program Manager (ended 9/9/2022)

Connie Schutz, DMH CHILD integration grant (ended on 9/30/2022)

Facilitators

☒ Laurel Omland, DMH Child, Adolescent & Family Unit (CAFU)

☒ Haley McGowan, DMH CAFU Medical Director

Members of the Public

Stephanie Winters, AAPVT/VTAFP/VMS

Agenda

WELCOME, AGENDA, GROUP GUIDELINES & INTRODUCTIONS

We welcomed each other, reviewed the meeting agenda, reminded ourselves of the group agreements and introduced ourselves.

1. Good tight facilitation to help keep focus.
2. Act as a learning community. Use info as foundation to move forward.
3. We recognize our organizational hats and are intentional about when we have it on and when to remove it to help advance our work together. We all bring professional backgrounds, training and personal experience.
4. Ask the tough questions, it's okay to challenge the norm
5. Be aware that an action item can be resolved later, keep track of action items, assign, revisit, resolve.
6. Patience with technology, especially in hybrid mode
7. Be present, try to minimize multi-tasking
8. Listen to others' perspectives, think about it, before launching into what you want to say. not just waiting to talk

Invitation: *What group norm will you especially focus on today?*

WARM UP

Invitation: *the MHIC and its subgroups are charged with not just putting forward recommendations, but taking action steps.*
Invitation: *With one other person in a breakout room (random pairs), …*

MOVING FROM RECOMMENDATIONS TO ACTIONS

Discussion about Peers in Primary Care workgroup and likely will have more focus in the larger MHIC. How would we define this role in CYF integrated health?

Follow-ups from last month's discussion?

Recommendation 2: incentivize with resources

- a. Communication hub for providers on primary care
    - other group met to explore this further: DMH, VDH-MCH, VCHIP, VCCYF, UVMHN Integration
    - seek to visually capture the groups that support CYF healthcare, the placemat.
    - How to support system to communicate better and have shared strategic goals.

    - Hub of communication, who holds, how population. Eating disorders could be one aspect of this.
    - Sara willing to reach out to Project Teach NY about how they began, who holds it. Consider for April or March.
- b. Early relational health models for prevention, focus on attachment in the early years. E.g. Touchpoints, home visiting, ECFMH. Focus on social-emotional health of the parent-child relationship, before becomes problem that has diagnosis. When AAP added SoDH to Bright Futures, felt it wasn't relational to just ask about SoDH, wanted to build trust and relationship w/ families.
    - Wondering if need a convening of the early childhood system providers to make subtle shift – the parent/child is more attached after the service encounter. Observe child's behavior together, ask family to make meaning of it, explore together what to do about it. Many sectors of early childhood have their own trainings/models.
    - DULCE aspect of Blueprint proposal. Touchpoints is the required training for the social worker in DULCE.
    - Understand Medicaid reimbursement for early relational health. Consider how this council can link with Medicaid Policy on this issue – reps from this council are already meeting with them.
    - Previously had a Pediatric Council that had pediatricians at table w/ commercial, Medicaid policy, etc. AAP chapter had convened in past.

Recommendation 3: WA state use of non-MA-level staff. Blueprint proposal had focus on use of Community Health Workers, non-MA level, will hear more next month from John about Blueprint and significant use of that role. Felt attuned to the concern of VCP/DAs about taking clinicians out of clinical role and into care coordination role. Heard Blueprint concept was to hire CHW and then use funds to train them – rather than change BA-training programs that are feeders to the roles.

WA state training BA-level providers, modified major of Psychology/Social Work to move those students more quickly into the workforce. Was expansion of AIMS model and training. Who would be the drivers of such a dialogue and change in VT? Clinical training as part of undergraduate coursework, in roles needed in system, but not permanent positions.
http://ictp.uw.edu/sites/default/files/PCLC_2023_01_10%20Bill%20OConnell%20%28002%29.pdf

Recommendation 4:

DMH coordinating with Medicaid policy on State Health letter from CMS re: eConsultation

Two federal HRSA grant projects as lead on this work

Recommendation 5 re: Coordinated Services Plans

Cheryle Wilcox (SIT coordinator) March 20th next LIT connections--adding to the agenda to discuss PCP connections with CSP process.

Julie Parker (Blueprint) I would love to schedule a lunch and learn for CHT on CSP process.. that is what I have been doing to get info out... we have one coming up on help me grow, dementia care, etc.…

- Include a LIT coordinator in that training with Blueprint.
- How many CHTs are focused on pediatrics?
    - VCHIP had 6 QI practice facilitators from CHTs, now only 2 in Chittenden County, and are focused on QI with children.

- VCHIP asked PCPs they work with if they know their CHT QI rep, about 50% knew them, 50% didn't. A lot of pediatric practices do see Blueprint as helpful in their efforts w/ CYF.
- UVMHN not using practice facilitators to do QI efforts b/c UVMHN has their own.
- This MHIC Ped subgroup could hold the "what's the work", what's good for kids, then branch out

Recommendation 7: Public messaging about pathways to care, especially for families to understand how to access needed supports.

- Existing resources of Help Link (SU) and Help Me Grow (for families with children under age 8)
- HRSA PMHCA funding expansion of Help Me Grow for youth up to age 21, but only for VT CPAP access at this phase.
- Understand that Help Link has goal to help find slots.
- How to link to a local care coordinator who knows resources? Can one team, like VT CPAP, really have capacity to have updated knowledge about where are the openings.

Recommendation 8: Measurement

- What are we currently measuring and what do we want to measure? What data is missing to help tell story.
- VCHIP project – discuss in future meeting.

INVITING INPUT & QUESTIONS & THOUGHTS FROM THE PUBLIC

TASKS BEFORE OUR NEXT MEETING

Cannot find final MHIC report on DMH website – Laurel will let Kathy know.

CLOSE THE MEETING

Our commitments before our next meeting:

Our timeline and next meetings:

Next Meeting is March 21st