

MENTAL HEALTH INTEGRATION COUNCIL PEDIATRIC SUBGROUP

DATE: JUNE 21, 2022

TIME: 10:00 – 11:30 AM

Location: Global Learning Partners is inviting you to a scheduled Zoom meeting

Topic: VCPII & CHILD Grant - Monthly Pediatric Subgroup meeting

Time: Jul 19, 2022 10:00 AM Eastern Time (US and Canada)

Every month on the Third Tue, 3 occurrence(s)

Jul 19, 2022 10:00 AM

Aug 16, 2022 10:00 AM

Sep 20, 2022 10:00 AM

Please download and import the following iCalendar (.ics) files to your calendar system.

Monthly:

https://us02web.zoom.us/meeting/tZlIc2hgz8tEtFGNaQAFpDHwxHwKtBvnW5i/ics?icsToken=98tyKuGupj0uE92RtxGCRpwAGo_oLPPxmClaj7d7uzHkMgF1cifelfpqJZlrMs7e

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ATTENDING

Workgroup Members

Ward Nial, Representative, National Alliance on Mental Health

Heather Bouchey, Deputy Secretary, Agency of Education

Mike Fisher, Office of the Health Care Advocate

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

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

Dr. Harris Strokoff, Representative, Blue Cross Blue Shield

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

Ilisa Stalberg, VDH Maternal Child Health

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

Dr. Sara Pawlowski, UVMHC psychiatrist, pediatric integration

Dr. Logan Hegg, UVMHC psychologist, pediatric integration

X Connie Schutz, DMH CHILD integration grant

Julie Parker, DVHA Blueprint

X Laurel Omland, DMH Child, Adolescent & Family Unit

X Heidi M. Considine, VCHIP

X Kate LaRose VDMH, Pediatric Mental Health Care Access Program Manager

Dr. John Saroyan, Blueprint for Health

Hailey McGowan,

Facilitators

X Jeanette Romkema, Global Learning Partners, Senior Partner & Knowledge Broker

X Andrea Van Liew, Global Learning Partners, Partner and DEI Team Lead

Members of the Public

X 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.

Which group agreement have you been more attentive to in other meetings?

#3 raising hands

#6 asking tough questions, x2

#7 keeping track of action items

#8 being patient

#9 be fully present, x3

#10 explain acronyms

WARM UP - LOOKING AT THE FUTURE

Imagine that our recommendations are fully implemented by 2027 in VT - What does it look like? What do you see? What do you hear? What do you experience?

- Kate/Canaan VT - Recently a parent of a child stated that if his child were approached by a trans individual they would use an AK47 to kill people, the result was that people turned away from the family - we need *to turn toward* and attend to the mental health issues.
- Dillon - Families that walk into primary care can easily access mental health services - well-trained and high quality, developmentally appropriate, the most vulnerable families will have stability and consistency of care.
- Laurel - DA's will have strong collaborative relationships with the service providers and wellness will be fully integrated, funding won't be an issue and there will be good professional development opportunities. We know how to do this and we continue to improve.
- Stephanie - Children are happy and laughing, practitioners are prepared, happy and able to fully care for their patients.
- Heidi - Primary prevention for children, learn how to be aware and address their own mental health.

REPORTS ABOUT THE HRSA GRANT

Laurel - Pediatric Integrated Care grant - a cooperative agreement, \$2.2 million over 5 years

- Where are we today compared to where we began?
- What are the connections between this subgroup and this project?
- Laurel shared a document - from Resources and Services Administration (federal)
- DMH is the holder of the grant (state) VCHIP, Maternal Child Health, Community Health Centers in Chit Co. (FQHC), UVM Child Psychiatry
- New area expansion from COVID funds; started last September for 5 years
- Primary intent - mental health telehealth child psychiatry access program
- Fully launched last Monday - statewide from Community Health Centers
- Consultation line for pediatricians with on call psychiatry
- Tracking data that will inform training to increase competence and confidence, ex. training on eating disorders
- Creating the VT Center for Pediatric Integrated Care, to support access and expansion
- How can this initiative support expansion?
- AIMS model - pediatricians & effective integrated care, care coordination, wellness through intensive care; MH provider is embedded and has access to additional consultation

- The grant doesn't have enough funding for the embedding part, but can be a centralized hub for information and best practices to expand capacity, training, resources and referral database, support for integrated care between physical health and mental health care providers, serving children and families
- VT Integration Council as an advisory group
- The Center planning & coordinating group wants input for next steps?

Questions for consideration:

- How will recommendations from this group be aligned with the Center and the Council?
- Who will hold the recommendations and be the implementation hub?
 - Breena - It's complicated to implement, attempts for organization leave out the community messiness that is part of each community's process. Having information is good, but do not impose any particular model. Children get health care from various locations - providers may see a range of patients with certain conditions. State level uniformity is not realistic in VT.
 - Early childhood hub called Help me Grow - screening, developmental norms, scarcity of specialists for certain conditions. Navigation and coordination is needed as a resource hub.
 - Another ex. maternal mental health; prenatal, post birth ... already out of date.
 - Curious about decentralizing the process into local communities, hard to standardize.
 - Dillon - wondering about the Blueprint, to me it doesn't make sense to create a new integrated care entity given that the Blueprint already exists
 - The Blueprint has potential, looks good on paper, how does it play out in communities. Still some variability in implementation.
 - Breena - just need more commitment from AHS leaders about children in health reform. I think that's where our recommendations could focus.
 - Laurel - sustainable funding for child psychiatry access program - should this conversation be part of Blueprint? How can Blueprint support implementation of various models? What do we want to sustain? A systematized funding structure needs models to point toward.
 - Stephanie - I have been saying that we need to "standardize" the quality of services that some communities have through the Blueprint around the state - without mandating what communities do. As Breena said, some CHT's are higher performing than others.
 - This subgroup could have a lot of power in the recommendations it offers.
 - Kate - Does this still make sense for VT? What does this look like?

- VT still doesn't have adequate resources. Funding needs to do both/and. Ex. - ER services for acute care

OUR RECOMMENDATIONS

As the subgroups write and refine recommendations, please send them to Laurel.

Characteristics for the recommendations to the Council and the Legislature:

- start with a verb
- short clear statement followed by 1-2 sentence description and sub recommendations
- ensure it is doable

As well:

- 2-year process, in the 1st year now - how do we get clarity? for the commissioners and others
- Is the example below still what we want, or how would we change it or refine it:

Create a center for pediatric integrated care that is specific to support implementation in Vermont

- *Locate and reference specific National resources*
- *Identify tools for measuring ped integration that already are being used and already exist*

Responses:

- How many children are in Blueprint? This is an important datapoint.
- Community autonomy creates a lack of structure in some communities
- What do we want to recommend? What is the need?
- More providers is what we need but we may not get this. We don't want to create a whole new structure.
 - Ex. Identify an entity to coordinate to support pediatric integrated care
 - Need to avoid things that are politically difficult
 - Kate - Is integrated care important? Yes, as a means to a broader end (Laurel)
 - Yes we need more, and there are always things already happening in communities. What training and professional development can be supported?
 - Who are the champions?

We keep coming back to the WHAT and the WHO.

QUESTIONS & THOUGHTS FROM THE PUBLIC

N/A

CLOSE THE MEETING

Next meeting: Tuesday July 19; 10:00 am to 11:30 am



About Global Learning Partners: Jeanette & Andrea

[Global Learning Partners](#) (GLP) is revolutionizing learning the world over through our [partnerships with clients](#) in a wide array of sectors, cultures, and countries. GLP is skilled in translating core learning principles into practical learning and working opportunities. All that we do is driven by core principles such as safety, respect, engagement, affirmation, relevance and inclusion. These are not just words to us – we take each one to heart in all we co-create with our clients. As depicted in the graphic, these principles drive four interdependent phases of a complete program: assessment, design, facilitation and evaluation.

[Jeanette Romkema](#) is Senior Partner, Knowledge Broker, and Network Director with Global Learning Partners (GLP). An artist educator, she helps organizations gain clarity about how to become a learning-centered organization. Unique in her passion for heart learning, she delves deep into the values, culture and practices of people and organizations to strengthen their identity, mission, purpose and the change they seek.

With 35+ years of experience, expertise, and relationships with practitioners and colleagues who are thought-leaders in learning-centered approaches to design and learning facilitation, she now coaches and mentors trainers and change agents who are working across many governments and civil society sectors and around the globe in Asia, the Middle East, Africa, Europe and North America. Jeanette has a knack for connecting with large and small clients to accompany them through short and long processes of change, always with the learners and the learning in mind.

[Andrea Van Liew](#) has been working as an educator and trainer for over 35 years in various capacities and with learners of all ages. She is the former Director of the Community Engagement and Training Department at the Vermont Center for Crime Victim Services (VCCVS) in Waterbury, Vermont. She joined VCCVS in the Fall of 2005 after spending the previous five years as a Training Specialist and Training Coordinator for the University of Vermont/ Department for Children and Families, Child Welfare Training Partnership. Andrea built her family by first becoming a foster parent and then adopting her two daughters through the State of Vermont Child Welfare system. Andrea is familiar with both the Medical Health Care systems and the Mental Health Care services in Vermont.