

***Breakout on Primary Care and Peer/CHW
March 14, 2023
Notetaker: Cheryle Wilcox, DMH
Facilitator: Kathy Hentcy, DMH***

Present: Andy Pomerantz, Alexis McGinnis, Will Eberle, Nicholas Nicolet, Cheryle Wilcox, Kathy Hentcy, Julie Tessler, Nicole Rau, Julie Parker (able to join at 11:00)

Video Reflections–

- a) what kinds of “big change messages” or perspectives are you aware of?
 - b) What intrigued you?
 - c) What opportunities do you see for your work?
 - d) For the Council?
 - e) For Health care?
-
- It’s talking about consciousness and how we need to love ourselves first
 - Enjoyed it because I sometimes ask myself how we keep going in these negative directions-it was very applicable to our daily work
 - Today there is a big focus on self-help and we need to think about how we are relating to others.
 - The video is a leap and it would be easy to say it’s not us
 - It’s inspirational and it is in conflict to how we are headed in this country as far as supporting independence rather than collaboration with each other.
 - Our youth have a greater level of anxiety and depression—some of it was the pandemic but also I think some of it is esoteric about worry about the world and the direction we’re headed.
 - Social isolation is such a predictor about what we worry about—depression and anxiety. Technology is helpful to allow access and ore inclusion but at the same time it is no substitute for in person that people long for. We need to think of ways to expand in person connection with each other. There is a socioeconomic divide of how people are able to participate and we need to bridge that divide.
 - We need to look at ourselves to find self-love to find it in others.
 - To get to a point where we collaborate we need to find common ground. AND in a way that we don’t feel stigmatized.
 - Community connectedness and the YRBS—the questions about youth feeling connected is aligned with the message in the video

1) **Peers, Community Health Workers** or care navigators or some other type of support person? What do we mean and what do we want?

The recommendation in our report: Pursue implementation of a mental health peer or community health worker in a primary care practice as a single point of entry that is person-

centered, equity-based, and wellness-focused and provided in accordance with Vermont's laws regarding parity.

- a) As you read our recommendation, what do you understand the future role of the peer or a Community Health Worker to be? Please be specific.
 - i. Peers can be in all and any roles—nursing staff, managers, supervisors
 - ii. See the peer as a witness so the person when they are having an episode where it is hard to function.
 - iii. If you think a out peer support as a profession there is lived experience that people who have that lived experience also often have business acumens, ability to write grants, etc the essential function of lived exper3eince cannot be trained. We undervalue that across the board nationally and in VT. Start valuing this adequately.
 - iv. That role of a peer support is inherently vicariously traumatic-you will encounter others who are struggling and that can be triggering for the peer support-should provide strong peer support so individuals can stay in these roles.
 - v. Three parts—
 - i. Liveable wages
 - ii. Valuing role
 - iii. Professional development
 - vi. We have a model of Recovery Coaches in ED that is successful.
 - vii. Focus on support re: boundaries are important
 - viii. Could be primary point of contact when someone is accessing multiple services and supports.
 - ix. If we incorporate peers like in CCBHCs they become a clear part of the organization.
 - x. This group shared a lot of interest in expanding peers and figuring out a way to support a liveable wage to do this work—not aware of other states who have figured this out well even with peer credentialing in other states.
 - xi. There is value in parsing out peer support from case management. That is the essential core of being a peer support.
 - xii. We need more peer supports in EDs.
 - xiii. Having peers to help dig deeper into what individuals need and what people are experiencing so they can receive the help they need.
 - xiv. We need to look at symptoms rather than diagnosis—lumping people into large diagnosis it makes it harder to work on what their experience is.

- b) Where are peers or community health workers already being used in Vermont? (can be limited example/practice)
 - i. WCMH has peer supports who can do outreach, build connections.

- ii. Children's Local Interagency Team meetings (and Coordinated Services Plan meetings) have peer supports for families.
- iii. Peer support outreach at transitional housing sites for one-on-one and artistic groups.
- iv. Andy led peers in primary care practices-important to note peer specialists are not trained to work in primary care, so they need support before putting them there. Also need clear definition of their role. Great belief that the first contact in primary care for mental health challenges should be with a peer support person.
- v. Years ago, in Montpelier Capitol Area Neighborhoods—there was funding to formulate neighborhood affinity groups, naming neighborhoods, block parties that there was funding to support. *Bowling Alone* book, talks about individualism and how lack of community impacts us.

c) What is working in that example? Please be specific.

d) What can we do to make that use of peers/chw even better? Please be specific.

e) As we look at implementing this, in your role how can you support would you recommend we start? Please be specific.

- i. Blueprint is working with DMH around peer supports and increasing these.