

# MENTAL HEALTH INTEGRATION COUNCIL

Next Step: Transforming Culture

March 14, 2023

Vermont Department of Mental Health & Vermont Department of Health

MHIC LEGISLATIVE  
REPORT  
RECOMMENDATIONS  
(GREATLY  
SUMMARIZED!)

March 14, 2023

## Recommendation of the Integration of Primary Care Workgroup

- 1. 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.

## Recommendation of the Integration of Pediatric Care Workgroup

- 1. Incentivize with resources (financial and implementation assistance) the integration of mental health within primary care serving child, youth, and family through pediatric-specific applications of the locally selected integrated care model(s) to ensure wellness, rather than focusing on responding to problems.
- 2. Increase integration of healthcare in Coordinated Services Planning for children and youth with disabilities.

MHIC LEGISLATIVE  
REPORT  
RECOMMENDATIONS  
(GREATLY  
SUMMARIZED!) CON'T

March 14, 2023

## Recommendation of the Integration of Funding & Alignment of Performance Measures Workgroup

1. Conduct a formal needs assessment to assess the parity of covered services by Vermont's health insurance payers, and the use of performance measures across health care providers and organizations, state government entities, and health insurance payers.
2. Pilot selected integration care models using rigorous improvement science methodology in order to study the effect on health care delivery funding and any improvement on established performance measures.

## Recommendation of the Integration of Workforce Development Workgroup

1. Align with the work of the Health Equity Advisory Commission
2. Identify opportunities for shared or leveraged staffing through contracting with Federally Qualified Healthcare Centers (FQHCs), Designated Mental Health Agencies (DAs) and exploring the potential for Certified Community Behavioral Health Clinics (CCBHCs)
3. Explore how care may be "best served" at a Designated Mental Health Agency (or a CCBHC) or an FQHC
4. Develop guiding principles for Workforce Development

# BLUEPRINT FOR HEALTH

## SUPPORTING MORE ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES THROUGH INTEGRATION WITH PRIMARY CARE

IN ACCORDANCE WITH SECTION 7 OF ACT 167 OF 2022

March 14, 2023

- critical time to reinvest and redeploy tested health care transformation infrastructure of the Blueprint ... to strengthen integrated primary and community-based care in Vermont
- address the rising rate of death from suicide and drug overdose
- first step and clearest opportunity ... to improve access to Mental Health and Substance Use Disorder Services through increased integration with primary care
- fund expansion of Community Health Teams' capacity to provide co-occurring mental health and substance use screening, brief intervention, treatment, and navigation to and coordination of services. [con't next slide]

# BLUEPRINT FOR HEALTH

## SUPPORTING MORE ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES THROUGH INTEGRATION WITH PRIMARY CARE

IN ACCORDANCE WITH SECTION 7 OF  
ACT 167 OF 2022

March 14, 2023

- strengthen Hubs for Medication Assisted Treatment for Opioid Use Disorder to expand services for co-occurring mental health and poly substance use disorder
- pilot increased investments in expanded Community Health Team capacity for Mental Health and Substance Use Disorder treatment
- invest in Hubs for co-occurring mental health and poly-substance use disorder for two years with Medicaid funds
- if successful, consider ongoing Medicaid funding and expansion to commercial insurers

This PDF is available at <http://nap.nationalacademies.org/26854>



## Achieving Whole Health: A New Approach for Veterans and the Nation (2023)

### DETAILS

406 pages | 6 x 9 | PAPERBACK

ISBN 978-0-309-69927-3 | DOI 10.17226/26854

# THE NATIONAL ACADEMIES AND WHOLE HEALTH CARE

*Whole health is physical, behavioral, spiritual, and socioeconomic wellbeing as defined by individuals, families, and communities. To achieve this, whole health care is an interprofessional, team-based approach anchored in trusted longitudinal relationships to promote resilience, prevent disease, and restore health. It aligns with a person's life mission, aspiration, and purpose.*

# THE NATIONAL ACADEMIES AND WHOLE HEALTH CARE

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The committee identified five foundational elements of whole health that they believe are necessary to have an effective *whole health care system*.

- (1) People-centered
- (2) Comprehensive and holistic
- (3) Upstream-focused
- (4) Accountable and equitable
- (5) Grounded in team well-being



# THE NATIONAL ACADEMIES AND WHOLE HEALTH CARE

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## VERMONT BLUEPRINT FOR HEALTH

Established in 2006, the Vermont Blueprint for Health is intended to design, implement, and evaluate community-lead strategies for improving health and well-being.

- A foundation of the Blueprint model is advanced team-based primary medical homes as a locus for *comprehensive and holistic care*.
- Improving patient experience and self-management approaches through enhanced medical visits and the use of community-based support resources has accentuated the focus on *people-centered care*.
- Augmenting the move toward advanced primary care, each HSA established community health teams to support broader provision of work on *upstream factors* that drive community health.
- Community health dashboards exist for each of the HSAs and offer baseline and iterative data on population demographics as well as on the performance of the community-led strategies, providing *equity and accountability*.

# THE NATIONAL ACADEMIES AND WHOLE HEALTH CARE

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- The magnitude of change needed to accomplish WHC implementation is great, even among systems that are already on this path...this is not a change that will be accomplished in the next few years, but rather will be a decades-long process.
- WH is a common good that benefits people, families, and communities. Scaling and spreading WHC so that all can have access to needed services is a tall task and will take seismic cultural, structural, and process transformations.



March 14, 2023

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# OUR GUESTS FROM ONECARE

**Alicia Jacobs**, Colchester Family Practice Primary Care Provider, OneCare Physician Liaison

**Derek Raynes**, OneCare Director of Payment Reform

**Josiah Mueller**, OneCare Director of Value Based Care (and Council and workgroup member!)



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# WHAT'S NEXT

- 1) choose a topical group so you know where you'll go after the video
- 2) TAKE A BREAK
- 3) RETURN to MAIN ROOM, watch the video
- 4) go to your chosen TOPICAL GROUP (you each have an email invitation that lists the four groups with a link to each group, and we will post them after we watch the video)
- 5) engage with heart!
- 6) RETURN to MAIN ROOM
- 7) short reports
- 8) public comment, wrap-up

# BREAK



PLEASE RETURN IN 15 MINUTES

LINKS TO TOPICAL GROUPS ARE IN YOUR EMAIL - CHOOSE ONE!

When we return: Topical Groups

- 1) Defining "peer support" for primary care
- 2) ) Integration & **Coordinated Services Planning** for children and youth with disabilities.
- 3) Current **key performance measures** that support integration
- 4) Specific opportunities **for shared or leveraged staffing**





March 14, 2023

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# TOPICAL GROUPS

- 1) What do we mean and what do we want when we say primary care provides **peer or other support** to everyone who wants it?
- 2) Identify three small steps to further integration of health care in **Coordinated Services Planning** for children and youth with disabilities.
- 3) What current **key performance measures** would you recommend that all providers, organizations, state government and payers use to support integration?
- 4) Name two or three specific opportunities **for shared or leveraged staffing** with Federally Qualified Healthcare Centers (FQHCs), Designated Mental Health Agencies (DAs) or Certified Community Behavioral Health Clinics (CCBHCs)