

**Integration of Mental Health in Health Care Reform=
Integrating Mental Health
into and thereby creating an Evolved, Holistic Health Care System**

- Separation/ stigma created an abandonment by mainstream private health care, and creation of a more pre-dominantly public mental health system.
- Achieving a holistic system requires addressing the lack of integration *within* the mental health and substance abuse private and public systems. (see MHOC report, p. 6)
- Our own legislative structures do not model this integration:
 - Why a MHOC and HCOC? (see MHOC report, p. 9)
 - Why within Human Services and Health Care?

Step 1: Recognition of the Scope of the Issue

“The full extent of the disparity between mental health and the rest of the system has yet to be fully identified.” (see MHOC report, p.6)

Step 2: Breaking It Into Components and Phases (see chart, MHOC, p. 16)

GMCB TAC assessment with the “Levels of Systemic Collaboration” tool:

- added “Policy” component to the tool
- noted limitations; not assuming agreement with this version of “fully integrated”
- Vermont’s current rank assessed as ranging from 1.5-2 [out of 5]

MHOC (and ongoing) policy issues and examples in need of attention:

- Intergovernmental collaboration (p. 5), parity of reimbursement/payment reform and service access (p. 6), and workforce needs (p. 7) (as affirmed by DMH in Act 79 report): illustrated in the “perfect storm” of DVHA re-basing affecting MH providers
- Care management discrimination (p. 6): the new BC/BS LLC carve-out
- Role of “mental health medical homes”?
- How Blueprint will create adequate access to care?
- Future impact of being “left behind” as HIT moves forward
- Act 79 resource management: pulling towards or away from an integrated system
- Integration questions: medical care at Berlin hospital and “Level 1 system”