# Vision 2030

A 10-Year Plan for an Integrated and Holistic System of Care



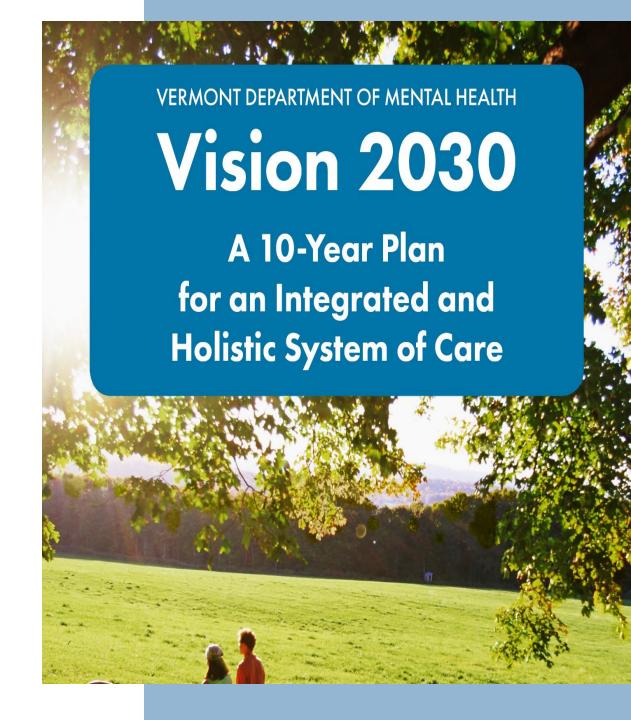
## OUR CHARGE

- Conduct a comprehensive evaluation of the overarching structure for the delivery of mental health services within a sustainable, holistic health care system in Vermont
- Ensure that the evaluation process provides for input from persons who identify as psychiatric survivors, consumers, or peers; family members of such persons; providers of mental health services; and providers of services within the broader health care system.
- The evaluation process shall include such stakeholder involvement in working toward an articulation of a common, long-term vision of full integration of mental health services within a comprehensive and holistic health care system

Vision and actionable plan to achieve a coordinated, holistic and integrated system of care

Informed by direct input from hundreds of residents and stakeholders

Weaves the health needs of Vermonters into actionable strategies for taking policy into practice



# Stakeholder Engagement



**Statewide Listening Tour** 



Think Tank



Think Tank Advisory Group



Adult and Children's State Standing Committees



**Public Comments** 

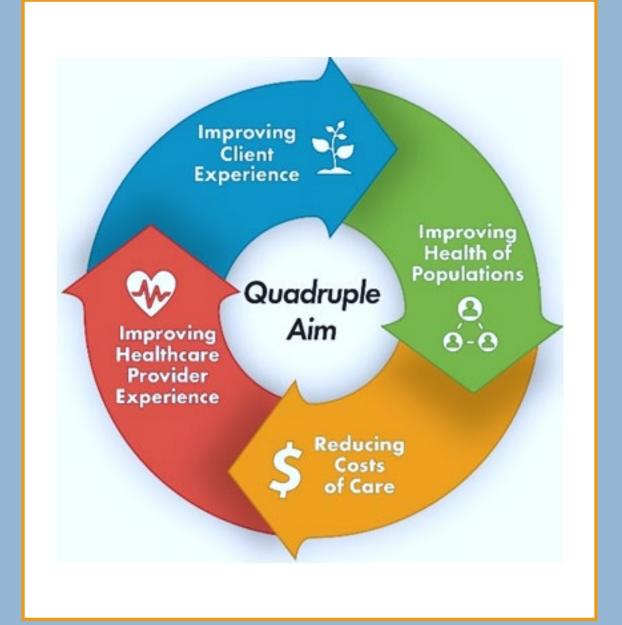
### Holistic

#### PHILOSOPHY

characterized by comprehension of the parts of something as intimately interconnected and explicable only by reference to the whole.

#### HEALTH

characterized by the treatment of the whole person, taking into account mental and social factors, rather than just the symptoms of a condition.



- National trends and practices are moving towards the integration of mental health and physical health care to improve access, quality of care, parity and efficiency
- There are many models for delivering integrated care, but full integration as discussed in the Vision 2030 plan includes primary care, mental health care, substance misuse treatment and alternative services providers working together with patients, families and community stakeholders to provide person-led care
- The fundamental vision of mental health care delivery for 2030 is integration of mental health care within a holistic healthcare system, that provides a full continuum of care and supports, including promotion, prevention, treatment and recovery.
- Successful implementation will require the buy-in and engagement of cross-discipline partners including healthcare and mental health.
  - ✓ The Department of Mental Health recommends engaging the legislature in the creation of an appropriate structure such as a council or board with authority to oversee and guide strategies in this plan that require commitments to a common vision across multiple sectors to support the integration of mental health within a holistic healthcare system.

VISION 2030

FRAMEWORK | INTEGRATION OF MENTAL HEALTH WITHIN A HOLISTIC HEALTH CARE SYSTEM

Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.

**HEALTHY PEOPLE** 

**HEALTHY COMMUNITY** 

Prevention

Mental Health Services

Culturally/Linguistically Appropriate and Competent Services

Income Security

Housing

Neighborhood Safety/Collective Efficacy

**Environmental Quality** 

Health Care

Child Development, Education, and Literacy Rates

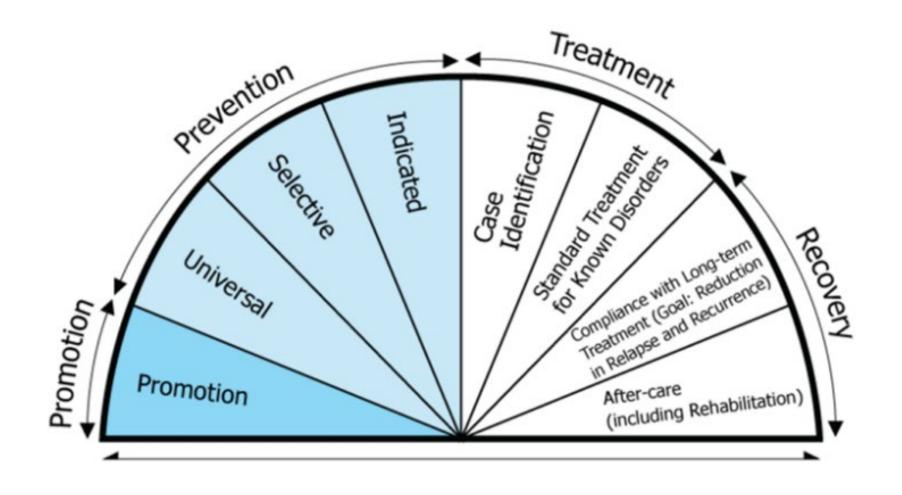
> Food Security/ Nutrition

**Built Environments** 

Discrimination/ Minority Stressors

**HEALTHY ENVIRONMENT** 





## THE CARE CONTINUUM

VISION 2030 **Ensuring Service** Promoting Delivery is Health and Person-led Wellness Offering peer services at all levels of care Eliminating Stigma and **Improving** Expanding **Improving** Discrimination Access to Client Health of Community-based **Populations** Experience Care INTEGRATED AND HOLISTIC SYSTEM OF CARE Enhancing Intervention and Discharge Reducing **Improving** Planning Services Healthcare Costs of to Support Provider Vermonters Committing **Experience** in Crisis to Workforce Development and Payment Parity Influencing Social Contributors to Health

# A FRAMEWORK FOR ACTION



Action Area 1: Promoting Health and Wellness



Action Area 2: Influencing Social Contributors to Health



Action Area 3: Eliminating Stigma and Discrimination



Action Area 4: Expanding Access to Community-based Care



Action Area 5: Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis



Action Area 6: Peer Services Are Accessible At All Levels Of Care



Action Area 7: Ensuring Service Delivery is Person-led



Action Area 8: Committing to Workforce Development and Payment Parity

## 8 ACTION AREAS

#### Action Area 1: Promoting Health and Wellness

- Culturally and linguistically appropriate resources in communities
- Partner with peers, statewide programs and initiatives to improve and expand resources
- Expand insurance coverage for employee wellness programs
- •Support development of trauma-informed, diverse workplaces



### Action Area 1: Promoting Health and Wellness

Themes	Short-Term	Mid-Term	Long-Term
PRACTICE IMPROVEMENT	Practice Improvement efforts aligned with health and wellness promotion	Expanded health and wellness initiatives such as peer supports; screenings and same-day access	Universal screening and assessment, and statewide same-day access
COLLABORATION	Strengthened partnerships in youth leadership, school mental health and family health	PBIS, MTSS are expanded; public awareness campaigns designed jointly between DOC and DMH	All school implementation of PBIS, MTSS. Expanded public awareness campaigns. Public safety partnerships yielding results
WORKPLACE WELLNESS	Improve access to workplace wellness supports; advocate for parity in insurance coverage	Improved reimbursement of employee wellness programs; choice in health benefits	Culturally competent, trauma-informed employee wellness programs Health benefits meet employee needs Wide use of wellness coaches

- •See that all Vermonters' most basic needs are met
- •Develop a social policy agenda that aligns providers and community partners in a wellness model
- •Build, empower and sustain a strong peer network throughout Vermont



### Action Area 2: Influencing Social Contributors to Health

Themes	Short-Term	Mid-Term	Long-Term
BASIC NEEDS	Convene council to define priorities for health and wellness integration  Public education campaigns on health equity and mental health	The Council builds a social policy agenda on community supports for basic needs  Expanded support for housing, transportation and workforce through healthcare reform  Expand partnerships to meet community food and housing needs	Enact social policies recommended by the council  Provide Vermonters, access to high-fidelity supported-employment services, as well as training on rights to housing and transportation benefits
PROTECTIVE FACTORS	Implement supporting strategies at Action Area 1 such as insurance parity, housing partnerships and universal screening and assessments  Adopt and identify systems for social-emotional learning across the lifespan	Disseminate draft policies and practices that prioritize social contributors to health Explore use of Multi- Tiered Systems of Support as universal system for education on social- emotional development Support care providers to apply health and wellness concepts	Continue to build and maintain partnerships with stakeholders to broaden impact of previous work in the area of promoting health, wellness and prevention in communities Identify and track savings realized as result of expanded primary prevention efforts and reinvest within the system



#### Action Area 3: Eliminating Stigma and Discrimination

- •Public messaging and education through evidence-based and best practice programs like Mental Health First Aid, Emotional CPR and other approaches that build awareness and understanding of mental health and wellness
- Education and increased collaboration across all partners
- •Integration of mental health awareness and understanding into the structure of our communities through expansion of wellness centers and other models for community inclusion



### Action Area 3: Eliminating Stigma and Discrimination

Themes	Short-Term	Mid-Term	Long-Term
EDUCATION	Initiatives to educate and inform on the prevalence of mental health challenges and their effects	Increase support for community resilience-building Strengthen CQI processes Assess expansion of school-based mental health collaboration	Fully implement nursing curricula, consider opportunities for expansion across healthcare Ensure statewide standards and programming to eliminate stigma and discrimination Ensure feedback is continually solicited and applied
SOCIAL- EMOTIONAL DEVELOPMENT	Support programs for social-emotional development of children and youth in schools and communities	Develop updated law enforcement supports for youth mental health Strengthen mental health training curricula for health care providers	Fully integrate mental health education in all aspects of education, workforce, community partnerships, early education, family and parent education, and corrections  Use meaningful
			quality measures to create uniformity in outcome expectations and improvement markers for success
WELLNESS	Plan for provider trainings based in wellness model	Evaluate wellness model trainings and begin implementing	Evaluate progress in moving to a wellness model across all services  Adjust as necessary

### Action Area 4: Expanding Access to Community-based Care

- Assess gaps in our care continuum and use a data-driven approach to practice improvement and resource allocation
- Improve client navigation supports
- Increase outreach and education in communities



### Action Area 4: Expanding Access to Community-based Care

Themes	Short-Term	Mid-Term	Long-Term
PUBLIC EDUCATION	Create public education about the current array of community resources	Implement a public education and training campaign about the current array of community resources	Continuous improvement of public messaging about access to mental health services
CENTRALIZED RESOURCE	Develop a centralized resource and referral hub to help Vermonters navigate available supports	Implement the most effective service to provide information on resources for all Vermonters specific to their region	Ongoing implementation of resource hub with continuous updating of resources
LOCAL/REGIONAL SERVICES	Evaluate options for a system of local services vs. regional access Use a multi-partner, data-driven approach to expansion of community-based programming	Implement options for a system of local services vs. regional access Implement programs on a small scale with achievable measurable outcomes Ongoing Mental Health Service Providers broaden services to include prevention and intensive community support for higher levels of need	Continuous improvement of expansions to community-based programming  Ensure savings are invested into community  Formalize relationships to monitor progress achieving the 10-year vision
EVIDENCE-BASED PRACTICE	Identify gaps in available evidence-based services for underserved Vermonters	Address gaps in evidence- based mental health treatment through increased training and professional development opportunities	Increased and ongoing trainings in evidence-based treatments identified as key to increasing capacity

## Action Area 5: Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis

- Clear, consistent messaging and support for people in crisis
- Implementing practices that improve an individual's experience while in a crisis
- Education and training for providers in trauma-informed, personled care
- Strengthening prevention, care coordination, and hospital diversion programs
- Development of alternative options to emergency department placements



## Action Area 5: Enhancing Intervention and Discharge Planning Services to Support Vermonters in Crisis

Themes	Short-Term	Mid-Term	Long-Term
ACCESS	Mobile response pilots in progress  Areas for targeted practice improvement in emergency departments have been determined	New service-expansion settings being implemented	Hospital diversion programs and mobile crisis response is available throughout Vermont.  Inpatient bed capacity meets needs of state
TRANSITIONS	Most programs are utilizing CQI methods.  Teams are becoming trauma-informed  Care coordination best practices are explored and decided	All mental health care teams are trauma-informed Care coordination is streamlined	Community safety net providers are trauma-informed. Crisis encounters are all person-led
Outreach and Coordination	Universal messaging system in development Hospital diversion program assessed	Universal messaging system is implemented in most regions Improved understanding of factors resulting in emergency room visits	Individuals have access to acute care in times of crisis, and timely discharge to appropriate levels of care in their community.  They have community-based prevention and recovery supports at all times

#### Action Area 6: Peer Services Are Accessible At All Levels Of Care

- A peer-led work group to make recommendations about whether and how credentialing and Medicaid reimbursement should be considered or implemented
- Expansion of peer-supported models such as 2-bed peer respite programs and making peer supports accessible in the emergency department and in inpatient settings
- Exploration of new models such as Peer Navigators that provide guidance through our system of care.



### Action Area 6: Peer Services Are Accessible At All Levels Of Care

Themes	Short-Term	Mid-Term	Long-Term
STANDARDS AND GUIDANCE	Standards and guidance recommended for Vermont Peers in Workforce	Peer Group and DMH collaborating on reimbursement models and creating a certification program for peer support workers	A diverse group of peers are certified for employment in community-based care settings
		Evidence-based peer-led educational programming available in designated agencies and hospitals	
INFORMING PROGRAMMING	Actionable areas defined for care providers to utilize peers as part of service delivery and planning	Community-based Peer-led pilot programs are determined	Community-based peer-led programs are offered throughout Vermont
STRATEGIC PLACEMENT	Peer workgroup meeting regularly with DMH to discuss collaborations and expansion  Care providers engaged with exploring placement options for peers in service delivery and planning	Peer navigators and peer support workers are widely used in Vermont's system of care	Certified peers are embedded at all levels of care in a reimbursable cost model



### Action Area 7: Ensuring Service Delivery is Person-led

- Reshape practices to include advance directives so that individuals can take the lead in their care from a position of wellness, rather than at the point of a mental health crisis
- Redesign service delivery to provide same-day access and brief, solution-focused interventions for people asking for help for all health care issues
- Incorporate outcome measures and a clear system of feedback to support continual improvement of person-led service delivery



### Action Area 7: Ensuring Service Delivery is Person-led

Themes	Short-Term	Mid-Term	Long-Term
SERVICES	Develop a more active and transparent response to requests for services Stakeholders conduct review of current policy, practice for person-led delivery	Appropriate avenues are in place for feedback on service delivery	Clear feedback-loop and outcome measures are implemented that support continual improvement of person-led services
WORKFORCE	Identify and support provider practices to increase the use of advance directives Curriculum is developed/adopted to assist providers in using person-led treatment planning	Staff trained in person-led service delivery approaches	Advance directives are in place for all appropriate level of clients  Person-led treatment planning is used across Vermont

## Action Area 8: Committing to Workforce Development and Payment Parity

- Implementation of approaches from Mental Health, Developmental Disabilities and Substance Use Disorder Workforce Report
- Development of new professions, such as community health workers and peers
- Training and professional development in diversity and inclusion; mental health and wellness; anti-racism; reducing coercion; motivational interviewing and others
- Payment parity across health insurers
- Expanding coverage for all services for all Vermonters regardless of their insurance

### **OBJECTIVES**



## Action Area 8: Committing to Workforce Development and Payment Parity

Themes	Short-Term	Mid-Term	Long-Term
CAPACITY	Initiate workforce recruitment strategies from the 2017 report to the legislature Ensure parity in reimbursement rates for mental health professionals	Fully implement workforce capacity strategies from the 2017 legislative report targeted to the community-based system of care. Finalize work to reach parity in reimbursement rates for mental health professionals	Payment parity is fully implemented Multi-payer coverage of community-based services, expanded emergency/crisis supports and integrated care approaches
QUALITY	Improve working conditions/supports across services agencies Design methods to evaluate progress on strategies	Ensure that mental health clinicians who follow evidence-based practices have necessary legal protections Create practice algorithms/ protocols/clinical pathways to improve practice Begin evaluating progress	Evaluate effectiveness of changes to protections for practitioners  Evaluate effectiveness of new protocols/clinical care pathways/algorithms in improving care  Evaluate effectiveness of trainings to reduce coercion
TRAINING	Ensure available training to support provider wellness Offer training on mental health and wellness Providing training on HIPPA, 42 CFR part 2 and FERPA	Expand training access for private mental health practitioners Train in practices proven to reduce coercion. Train care coordination teams in coaching and motivational interviewing	Make expansions in training and education opportunities  Update trainings to reduce coercion
DIVERSITY & INCLUSION	Assess hiring tools for diverse workplace settings Identify effective antiracism trainings Expand use of peer supports	Implement regular anti-racism trainings provide foundational training for all new staff ensure that long-term staff receive progressive training	Determine effectiveness of trainings  Update trainings as necessary  Explore additional methods to improve on diversity, equity and inclusion in the workforce



Engage with partners



Empower our workforce



Assess and align resources



## Contact

Please contact Jennifer Rowell at the Department of Mental Health for any questions or comments about the Vision 2030 report.

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