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

vermont department of mental health Vision 2030

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



Stakeholder Engagement

- Statewide Listening Tour
- Think Tank
- Think Tank Advisory Group
- Adult and Children's State Standing Committees
- Public Comments

- 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.
- The underlying framework for VISION 2030 is for a high quality, accessible mental health system that is integrated within a holistic health care system, that provides a continuum of care and supports, including promotion, prevention, treatment and recovery.
- we recommend the formation of a cross-discipline council or board to convene leaders across mental health and healthcare sectors. This board shall take immediate action to set strategic priorities for the integration of mental health within a holistic health care system and to provide oversight and leadership for the implementation of the action areas outlined in Vision 2030.

INTEGRATION OF MENTAL HEALTH WITHIN A 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

VISION 2030 ALIGNING STRATEGIES FOR PROGRESS

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- The underlying framework for VISION 2030 is for a high quality, accessible mental health system that is integrated within a holistic health care system, that provides a continuum of care and supports, including promotion, prevention, treatment and recovery.
- Formation of a cross-discipline council or board to convene leaders across mental health and healthcare sectors.
 - ✓ set strategic priorities for the integration of mental health within a holistic health care system and to
 - ✓ provide oversight and leadership for the implementation of the action areas outlined in Vision 2030.

VISION 2030

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

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.



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



HEALTHY SOCIETY



THE CARE CONTINUUM

DEMOGRAPHICS

Vermont has ranked as **one of the five healthiest states** in the nation every year since 2003

Vermont is third in the nation for overall mental health

For people between the ages of 15 and 34, suicide is the second leading cause of death

Approximately 80% of individuals with a serious and persistent mental illness are also living with an addiction

We have a large aging population

Our workforce is under paid



A FRAMEWORK FOR ACTION



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



Reducing Costs of Care

\$

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



•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



O Improving Health of Populations

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



Improving Client Experience

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



S Reducing Costs of Care

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

at all times

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



• 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.



Improving Client Experience

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 Evidence-based peer-led educational programming available in designated agencies and hospitals	A diverse group of peers are certified for employment in community-based care settings
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



- 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



Improving Client Experience

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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



- 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





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 anti- racism 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





Empower our workforce



Assess and align resources



NEXT STEPS

VISION 2030: SHORT TERM STAKEHOLDER ACTIVITIES

• = Activity Indicated

\$ = Resources Needed

P = Peer-led Activities

		Action Areas	Integration & Wellness		(New) Committees	CJ & Law Enforcement	Children & Adolescent Programming	Local Communities	Early Childhood Programming	Educational Stakeholders (SBMH)	Emer. Depts & Crisis Svc	Parents & Family Health	SU Treatment/ Prevention	Community Support & Housing	Workforce: Wellness, Parity & Diversity
	Tools and Training	1,2,3,4,6,7	\$	•	Ρ		\$			•	\$				\$
PRACTICE IMPROVEMENT	Trauma Informed Care	1,2,5,6,8	•		Р	\$	•		•		\$				\$
SUPPORT	Person-led Care	1,5,6,7	\$	•	Р		•				•				
	Service Delivery Integration	2,4,6	\$	•	\$P										
	Trauma Informed Inventory	1,2		•		•	•		•	•	•		•		•
	Program Mapping	1,2,3,4,5,6 ,7	\$		Р				•		\$	•		•	•
INVENTORY AND	Person-led practices inventory	1,5,6		•	Р		•				•		•		
ASSESSMENT	Peer workforce	1,6			Р										•
	Mobile Response	5									\$			•	
	Vision Evaluation Framework and Integration Priorities	1,2,7,8	•	•	\$		•		•						\$
OUTREACH AND	MH/PH Awareness	2,3,5,8	\$			•				•	•	•	•	•	•
EDUCATION	Training											\$			
	Suicide Prevention	1,2,4,					•	\$		•				•	
POLICY	Track Issues	1	•	•		•	•	٠	•	•	•	٠	•	•	\$
COLLABORATION	Strengthen Partnerships	1,2,8	•				•			•			•	•	•
	Agency Collab.	1	•				•					•			
	Collaborate with DAs/DHs	1	•												



Insert point of contact information here