

Mental Health & Substance Use Advisory Committee

March 20, 2018

Attendees:

N. Walke, L. Hendry, J. Walsh, S. Hall, W. Eberle, C. Gurney, D. Burns, P. Clark, J. Fels, T. Hanbridge, R. Barnett, J. Gordon, J. Lord, J. McKee, P. Jackson

The meeting opened at 2:30PM. Nissa L. Walke convened the meeting and began with an invitation to submit any additional topics to the proposed agenda; no additional topics were submitted. The first topic discussed was the upcoming Blueprint Annual Conference; the planned agenda and speakers were reviewed with the attendees. Communities were invited, again, to participate in the afternoon opportunity to interact with the speakers the day preceding the conference. The remainder of the meeting involved discussion focused on developing and supporting a comprehensive approach to substance use disorder, inclusive of prevention, intervention, treatment and recovery approaches that will improve the health of Vermonters. It was acknowledged, again, that there are many conditions that have the potential to negatively impact physical health, including mental health and substance use disorders and health-related social needs, and the importance of psychosocial screening, adequate funding and support of Community Health Teams, strengthened community referral relationships, and screening for suicidality were all emphasized. The committee noted the following in relation to this discussion:

- A team-based, patient-centered approach that is coordinated is essential;
- A comprehensive approach to substance use disorder should include system development that supports non-opioid, non-pharmacologic treatments for the management of pain first, requiring adequate awareness, access and reimbursement for those treatments and ongoing education for both patients and providers would be necessary;
- The importance of offering evidence-based treatments, such as cognitive behavioral therapy, for the management of pain, was emphasized, and successful treatment requires earlier screening for mental health and substance use disorders and trauma when identifying pain;
- Earlier identification and intervention requires universal implementation of screening, brief intervention / brief treatment, and referral to more intensive treatment and support services as applicable within medical practice settings for mental health and substance use disorders, health-related social needs, and trauma but implementation should not be designed under a fee-for-service model of reimbursement because both literature and implementation have shown that the model is not able to be sustained by fee-for-service billing;
- The Hub and Spoke program's success in providing medication assisted treatment (MAT) for opioid use disorder (OUD) and its national recognition was discussed, but further program development requires All Payer participation due to high caseloads experienced currently for Spoke staff, with several communities reporting that over 20% percent of their patients with opioid use disorder that are receiving medication assisted treatment are non-Medicaid;
- Older adult populations respond favorably to different treatment approaches than traditionally employed for other demographics; universal SBIRT implementation will require specific

screening tools for some domains and specific training for staff on how to increase initiation and engagement with treatment among older adults;

- The Anchor ED program in RI (recovery coaches in the Emergency Department) was discussed as a suggestion for inclusion into the evolving Hub and Spoke system; its potential for reducing opioid-related drug fatalities and improving initiation and engagement in treatment rates by incorporating a network of recovery coaches across multiple settings;
- Solutions to Vermont’s workforce capacity issues for mental health and substance use disorder treatment need to be part of the discussion;
- The telehealth Medicare waiver could provide additional opportunities for increasing workforce capacity;
- Success will require co-training for multi-disciplinary teams; this was a core component of the Hub and Spoke program’s statewide implementation and has been cited by the Field as being a strength of the program, and one of the contributing factors to the programmatic success experienced, though it was noted that more could continue to be done in this regard to enhance transitions between Hubs and Spokes.

The meeting ended at 4:00PM.

Meeting dates for 2018 are as follows:

Mental Health & Substance Use Advisory	06/19/18	WSOC	Waterbury	Oak
Mental Health & Substance Use Advisory	09/18/18	WSOC	Waterbury	Oak
Mental Health & Substance Use Advisory	12/11/18	WSOC	Waterbury	Oak

For inquiries and discussion:



Inquiries and/or Discussion

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