

Mental Health & Substance Use Advisory Committee

December 5, 2017

Attendees: N. Walke, B. Tanzman, G. Cloud, K. Hentcy, C. Gurney, B. Bick, P. Farnham, P. Jackson, C. Elmquist

By phone: J. Fels, P. Clark, L. Hendry, S. Narkewicz, J. Lord

The meeting opened at 2:30PM. Beth Tanzman convened the meeting and began with an invitation to discuss the best practices for scaling population health interventions in primary care. The discussion began with a description of the work being completed through the Hub and Spoke Program, the Women's Health Initiative, the Initiation and Engagement in Treatment for Substance Use Disorder Project, and detailed how the programs, initiatives, and projects that the State and communities are working on were designed to improve the health of Vermonters. It was acknowledged that there are many conditions that have the potential to negatively impact health, including mental health and substance use disorders and health-related social needs. The importance of universal screening, brief intervention, brief treatment, and referral to more intensive treatment or support services was discussed. The committee noted the following in relation to this discussion:

- Universal screening for patients and clients for conditions known to negatively impact health is essential;
- A team-based, patient-centered approach that is coordinated, and not fragmented, is essential;
- Standardized screening is recommended as it becomes confusing to have multiple tools being used and this requires prioritization of the conditions that are being screened for;
- The importance of screening for suicidality, particularly in Vermont provided the most recent data that has been presented;
- Community referral relationships are an essential part of the process and much of the ongoing work is aimed at strengthening these relationships;
- Follow-up is also a part of the referral-to-treatment process and this remains an area for improvement;
- Implications for specialty care services that catch many of the referrals must also be considered;
- Workflows for identifying people who are at-risk, along with additional training for screening, assessment, initiation and engagement are needed for skill building and enhancement;
- Mental Health Clinicians who can serve as "generalists" should ideally be accessible to, or embedded within (depending on the practices needs and workflow for integration), the practice and have an integral role in creating capacity through the provision of screenings, further assessments, and brief interventions and brief treatment when indicated within the practice, allowing for referrals to "specialists" when appropriate. Providing this staffing and support much earlier on would positively affect health outcomes and expenditures. It could also serve as a prevention approach for future generations;

- This may require revisions to Community Health Team composition and/or additional training to be provided to build and/or enhance the skillsets essential for identification and intervention for conditions that may negatively impact health and;
- Quality of Life metrics remain a valuable tool for assessing impact for individuals and families. Many countries have begun to assess these measures for their population. The Family Wellness initiative in Windsor was discussed as project that is attempting to bridge the individual-family wellness gap that currently exists in care.

The meeting ended at 4:00PM.

Meeting dates for 2018 are as follows:

Mental Health & Substance Use Advisory	03/20/18	WSOC	Waterbury	Oak
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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