

BLUEPRINT EXPANSION PILOT UPDATE 01 FEBRUARY 2024

ADDITIONAL DETAILS HANDOUT

This document accompanies the slides titled “BLUEPRINT EXPANSION PILOT UPDATE” and presented to the Senate Committee on Health and Welfare on 01 February 2024. It contains detailed information on the Blueprint’s lexicon, pilot development, educational offerings, and evaluation plans covered in the presentation.

Blueprint Background & Expansion Pilot Development

Blueprint Acronyms

AHS	Agency of Human Services
BP	Blueprint for Health
CHT	Community Health Team
DMH	Department of Mental Health
DSU	Division of Substance Use
DULCE	Developmental Understanding and Legal Collaboration for Everyone
DVHA	Department of Vermont Health Access
ED	Emergency Department
EMR	Electronic Medical Record
FQHC	Federally Qualified Health Center
FTE	Full Time Equivalent
HEDIS	Healthcare Effectiveness Data & Information Set
HSA	Health Service Area
MH	Mental Health
NCQA	National Committee on Quality Assurance
PCMH	Patient Centered Medical Home
PM	Program Manager
QI	Quality Improvement
RFP	Request for Proposals
RHC	Rural Health Clinic
SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	Social Determinants of Health
SUD	Substance Use Disorder
UVM	University of Vermont
VAHHS	Vermont Association of Hospitals & Health Systems
VCHIP	Vermont Child Health Improvement Program
VDH	Vermont Department of Health
VHCURES	Vermont Health Care Uniform Reporting and Evaluation System
VMS	Vermont Medical Society

Workgroup Meetings and Membership

During the Pilot Development phase, the Blueprint conducted multiple workgroups with stakeholders to craft an Expansion that best suited the needs of Vermonters. Details on these workgroups and their members are found here; detailed minutes are available on the [Blueprint Website](#).

WORKGROUP	MEMBERSHIP
Program Design & Implementation (3/30, 4/27, 5/11, 6/8, 6/22)	Anje Van Berckelaer (provider, Battenkill Valley Health Center); Ellen Talbert, Sarah McLain (BP QI Facilitator); Teri Closterman (Consumer); Gretchen Pembroke (Clara Martin Center); Megan Mitchell (DSU, VDH); Carey Yeaton (CHT Lead); Laura Pentenrieder (Family Child Health, VDH); Samantha Sweet (DMH); Devon Green (Vermont Association of Hospitals and Health Systems); Jessa Barnard (Vermont Medical Society); Andrea Nicoletta (VDH); Kathy Hentcy (DMH)
Measurement & Evaluation (3/22, 4/19, 5/17, 5/31, 6/28)	Jeremiah Eckhaus (Medical Director, Quality and Population Health UVM Central Vermont); Grace Gilbert-Davis (Blue Cross Blue Shield VT); Ali Johnson (Vermont Partners Quality) & BP QI Facilitator; Stephen DeVoe (DMH); Mary Kate Mohlman (BI- State); Rick Dooley, (provider, Thomas Chittenden Health Center; HealthFirst); Kerry Sullivan (CHT lead, UVM Health Network); Lindsey Lozoskie (NCQA); Jessa Barnard (Vermont Medical Society); Connie van Eeghen (UVM); Laura Pentenreider and Ilisa Stalberg (Family and Child Health, VDH); Jennifer Hicks (VDH); Pat Jones (Health Care Reform, AHS)
Payment (4/26, 5/24, 6/28)	Jessa Bernard (VMS); Tom Dougherty (PM); Michelle Gilmour (PM); Denise Smith (PM); Amy Johnson (DULCE); Elizabeth Hunt (provider, Timberlane); Hannah Ancel (PM); Ryan Torres (QI facilitator); Susan Ridzon (Health First); Angela Comeau (DVHA); Michelle Farnsworth (PM); Pat Jones (AHS); Laura Wreshnig (AHS)

A detailed list of key takeaways from stakeholder feedback can be found on the [Blueprint Website](#).

Expansion Pilot Educational Offerings

As part of the Expansion Pilot, the Blueprint has expanded educational offerings to include mental health, substance use for substances other than opioids, and additional education on social determinants of health, patient engagement, and provider self-care and burnout. In 2023-2024, these offerings are through the CARE Series, and the Blueprint has an RFP out for the 2024-2025 year.

CARE (Collaborative to Advance Mental Health Treatment and Substance Use Recovery for Everyone) Series: September 2023 – July 2024

The Blueprint sponsored CARE Series consists of monthly webinars and an all-day in-person conference. More details can be found on the [CARE website](#). Topics covered are:

- Lethal Substances and Overdose Prevention
- Managing Suicide Risk
- Impulse Control-Conduct Disorders & SUD
- Controlled Substance Prescription, Harm Reduction, and Diversion
- Rapid Treatment Access for Alcohol Use Disorder
- Treating Alcohol Use Disorder across Settings
- Providing Culturally and Linguistically Appropriate Mental Health Services
- Pain Management and Substance Use Disorders
- Substance Use Disorder Treatment and Department of Corrections
- ADHD and Substance Use Disorder Care
- Psychopharmacology for General Medical Providers
- Clinical Implications of Brain Adaptations to SUD
- Screenings for Social Determinants of Health
- Psychological Trauma among SUD Care-Seekers
- Trauma-informed SUD Care Across Settings
- SUD Care for People with Justice Involvement
- Identifying & Responding to SUDs in Pregnant & Parenting People
- After Screening – Brief Treatment & Navigation to Services
- Patient-Centered Coordination with Justice Agencies
- SUD Care Team Coordination with OB & Services for Parenting People.

Education & Training RFP for Educational Offerings May 2024-July 2025.

The Blueprint has issued an RFP for education and training. Responses to the RFP are due in March. The educational offerings required by this RFP were determined by stakeholder surveys conducted by the Blueprint during the Fall of 2023 and include at least one training session on each of the 16 topics listed below.

- Motivational Interviewing
- Community Health Workers Role within Primary Care
- Community Health Worker Supervision and Support
- Social Drivers of Health
- Alcohol and Substance Use Disorder
 - Pharmacological approaches to alcohol, psychostimulant and other non-Opioid substance use disorder in case review discussion format
 - Co-morbid Mental Health/Substance use disorder prescribing in case review format.

- Children/Family Systems
- De-escalation
- Discharge / Transition planning
- Engagement with patients with disabilities
- Engagement with patients with English as a Second Language
- Harm Reduction
- Mental Health Diagnosis 101
- Self-care and compassion fatigue
- Suicide Prevention
- Complex Health conditions 101
- Diversity / Equity / Inclusion (DEI)

Quality Improvement Facilitator Education

The Blueprint has contracted with the Care Transformation Collaborative of Rhode Island (CTC-RI) to conduct practice facilitator training for Blueprint QI Facilitators on integrating mental health services into primary care practices. Training meetings are scheduled for February and March of 2024.

CHT Expansion Pilot Current Status

CHT Expansion Pilot Staffing

The values in this section reflect the progress of the CHT Expansion Pilot reported to the Blueprint by Program Managers as of 31 January 2024. Some staff may not yet have been reported to the central office, due to varying start dates and reporting periods.

Health Service Area	Number of Staff Hired	Total FTE Hired
Barre	9	5.6
Burlington	17	9.61
Middlebury	4	2.53
Morrisville	3	3
Newport	2	2
Randolph	1	0.25
St. Albans	3	1.32
St. Johnsbury	2	1.25

Many practices have reported challenges with recruitment, particularly for specialists such as social workers and licensed clinicians, which is expected in this hiring climate.

CHT Expansion Pilot Practice Highlights

Some of the practice level highlights reported to the Blueprint central office regarding the CHT Expansion Pilot are given below. These practice level insights provide a glimpse of the impact the CHT Expansion Pilot is already having on care delivered in Vermont.

Collaboration with the Howard Center

Three practices in the Burlington HSA are collaborating with The Howard Center to embed mental health counselors in their practices. The Howard Center is actively recruiting for these three

positions. Several additional practices are interested in collaboration with the Howard Center, but work has been delayed by incompatible EMRs or supervisory limitations.

Expansion of Existing Positions to Full-time

Several practices, including one Chittenden practice, a Middlebury primary care practice, a Montpelier naturopath, and a Middlebury pediatric practice, utilized CHT Expansion funding to extend existing half time community health workers to full-time positions with benefits and paid time-off, allowing more patient contact hours and better staff retention and working conditions.

Centralized Staff for Small Practices

Multiple small practices in the Burlington and Middlebury HSAs are now able to access a community health worker to assist with patients with referral and resource coordination. Practices accessing this centralized resource include small private practices with limited resources and those without enough Medicaid attributed patients to receive funding for an embedded staff member.

Connections with Educational Institutions

A pediatric practice in the Burlington HSA partnered with Counseling Connections Training Institute to provide paid internship experiences for 3 masters' trained mental health clinicians to provide mental health services while the interns work toward licensure.

A primary care practice in Chittenden County connected with UVM's undergraduate counseling program to incorporate 2 part-time community health workers who are training as nurse practitioners into the practice.

Temporary Measures while Hiring

A practice seeking to hire a social worker created an innovative temporary solution by establishing access to an independent mental health clinician for 2 hours per week while the hiring process is underway. This allowed the practice to have immediate assistance available to patients, even while they search to fill the CHT position.

CHT Expansion Pilot Evaluation Plans

The Blueprint Expansion Evaluation Plans involve two external evaluations, with measures described below, and ongoing internal evaluation.

External Qualitative Evaluation

The external qualitative evaluation will be conducted by the contractor Market Decisions Research over two years with final results due in November of 2025. This evaluation will examine quality of the implementation and experiences of stakeholders through record reviews, surveys, interviews, and focus groups.

The goals of the evaluation are to answer the following questions:

- How well was the expansion pilot adopted by target staff, practices, and institutions?
- Was the program implemented as planned? Were there any adaptations made?
- What impact did the pilot have on the Administrative Entities tasked with administering the Blueprint for Health Programs/Community Health Teams?
- What impact did the pilot have on Patient Centered Medical Homes?
- What impact did the program have on other Mental Health, Substance Use Disorder, and Social Service Providers?

- What impact did the pilot have on patients, families, caregivers, and their local communities?
- Were any Vermonters not previously engaged with a Patient Centered Medical Home able to benefit from any of these services?

Surveys will be given to providers, administrative entity representatives, and CHT members. They will cover topics related to:

- Details of program implementation
- Responsibilities related to implementation
- Details of roles and responsibilities
- Successes and barriers related to implementation
- Types of patients interacted with
- Impact program had on patients
- How the program impacted their day-to-day practice
- Impact program had on PCMH (if applicable)
- Barriers related to the pilot program

Focus Groups & Interviews will occur with patients, families, caregivers, providers, CHT members, and administrative entity representatives. Topics shall be focused around:

- Types of services received
- Impact of said services
- Barriers in receiving services
- Types of interaction with CHT members

External Quantitative Evaluation

The external quantitative evaluation will be conducted by the contractor MedicaSoft over two years with final results due in November of 2025. This evaluation will examine measures of resource utilization through analysis of the claims data found in the VHCURES claims database.

The goals of the evaluation are:

- Understand the impact of the CHT Expansion Pilot on clinical outcomes and overall health services utilization.
- Provide claims data back to communities and practices, as able, to inform implementation and quality improvement efforts.
- Identify any progress related to Statewide priorities identified in the All-Payer Model Agreement

The analysis shall include:

- Statewide rates of MH/SUD diagnoses and treatment.
- Average total cost of care (claims) for MH/SUD conditions.
- Geographic variation in MH/SUD health care needs and treatment.
- Crude trends in MH/SUD occurrence and treatment over time
- Practice-level variation in MH/SUD health care needs and treatment.
- Co-occurring MH/SUD conditions.
- Rates of use of various MH/SUD treatment settings – primary care, telehealth, outpatient, emergency department, inpatient.
- Rates of follow up after ED visit for Mental Illness and Substance use, after hospitalization for mental illness, and initiation and engagement of Alcohol and Other Drug Treatment
- Mortality rates associated with drug overdose, suicide, chronic physical illness.
- Morbidity associated with MH/SUD diagnoses, particularly diabetes, stroke, and myocardial infarction.

HEDIS measures to be computed and reported are:

- Initiation and Engagement in Treatment – Alcohol
- Initiation and Engagement in Treatment – Opioid
- Initiation and Engagement in Treatment – Other
- 30 Day Follow Up after discharge from ED Visit Mental Illness (FUM)
- 30 Day Follow Up after discharge from ED Alcohol and Other Drug Abuse or Dependence (FUA)
- Follow Up after Hospitalization for Mental Illness (FUH)
- Follow Up after High-Intensity Care for Substance Use Disorder (FUI)

Other measures to be computed and reported include:

- Patient count by practice & HSA with General BHI CPT 99484 code (Assessment, monitoring, care plan revision)
- Patient count by practice & HSA with Behavioral Health Care Management HCPCS G0323 code
- Patient count by practice & HSA with CoCM codes 99492, 99493, 99494, G2214