

**SUPPORTING ACCESS TO
MENTAL HEALTH AND SUBSTANCE USE DISORDER
SERVICES THROUGH INTEGRATION WITH PRIMARY CARE**

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ACT 167

*“On or before January 15, 2023, the Director of Health Care Reform in the Agency of Human Services shall recommend ... the amounts by which health insurers and Vermont Medicaid should **increase the amount of the per-person, per month payments** they make toward the shared costs of operating the **Blueprint for Health community health teams** ... in furtherance of the goal of providing additional resources necessary... to **sustain access** to primary care services in Vermont.*

*The Agency shall also provide an **estimate of the State funding** that would be needed to support the increase for Medicaid, both with and without federal financial participation.”*

S 285, 2021 - 2022 session, (VT 2022). June 1, 2022.

BLUEPRINT FOR HEALTH

INTEGRATED CARE

LONG-TERM, WHOLE-PERSON

APPROACH TO CARE

- Medical
- Mental Health
- Social (case management, housing, economic services, food insecurity, transportation, and long-term placement)

PATIENT CENTERED MEDICAL HOMES & COMMUNITY HEALTH TEAMS PROMOTE...

- Care coordination
- Panel management
- Access to additional resources

STRENGTHEN

- Access to mental health and substance use disorder care
- Primary and community-based care

METHODS

- Literature review
- Administrative entity site visits
 - ✓ Health Service Areas
 - ✓ Community Health Teams Providers
 - ✓ Senior Leadership
- Key Informant Interviews
 - ✓ Independent practice consultations
 - ✓ Federally Qualified Health Centers
 - ✓ Hospital-Based Primary Care
 - ✓ Pediatric Practices
 - ✓ Opioid Treatment Providers
- Collaboration across the Agency of Human Services

CURRENT COMMUNITY NEEDS

INCREASED...

STAFF for existing Community Health Teams

- community health workers
- social workers
- counselors

EDUCATION for Health Care Professionals for

- polysubstance use disorders
- mental health
- and other medical concerns

SCREENING, SUPPORT, and TREATMENT for

- mental health
- and substance use conditions
- and social determinants of health
- addressing social determinants of health for all ages
- specialized coordination of children and families with the most complex needs within pediatric and family medicine settings.
(DULCE)

QUALITY IMPROVEMENT FACILITATORS to

- optimize pathways to specialty referrals and transitions of care
- ensure ongoing delivery of high value care for all
- improve patient experience of care

**EVIDENCE-BASED
SUPPORT FOR INTEGRATED
PRIMARY CARE**

**STRENGTHEN & INVEST IN
COMPREHENSIVE PRIMARY CARE SERVICES
& MENTAL HEALTH AND SUBSTANCE USE
DISORDER TREATMENT**

KEY ELEMENTS OF SUCCESS
STRENGTHENING...

Community Health Teams
DULCE Teams
Quality Facilitation
Opioid Treatment Programs (The Hubs)

NEED FOR COMMUNITY HEALTH TEAM (CHT) EXPANSION

1 IN 5 Americans experience mental illness

Each Year:

- **1 IN 20** Americans experience serious mental illness
- **5% TO 15%** of adolescents and adults experience a substance use disorder

Vermont has the highest rate of suicide death in New England, and the 18th in the nation as of 2020

[National Action Alliance for Suicide Prevention](#)

[Statistics from National Alliance on Mental Illness \(NAMI\)*](#)

- Increase the number of Community Health Workers, counselors, and social workers
- Balance existing workload with more support for mental health and substance use concerns
- Create consistent funding for evidence-based program, DULCE

CURRENT & PROPOSED COMMUNITY HEALTH TEAM PAYMENTS

COMMUNITY HEALTH TEAM PAYMENT STRUCTURE



CHT PAYMENTS (PER MEMBER PER MONTH)

\$2.77	Commercial WHI: \$0.00 MOUD: \$0.00
\$2.77	Medicaid +\$4.68
\$2.68	Medicare

PROPOSED CHT PAYMENTS (PER MEMBER PER MONTH)

\$2.77	Commercial WHI: \$0.00 MOUD: \$0.00
\$7.45	Medicaid
\$2.68	Medicare

EXPANDED COMMUNITY HEALTH TEAM
annual cost to Medicaid: **\$5.98M**

\$4.68 PER MEMBER PER MONTH FOR COMMUNITY HEALTH TEAM EXPANSION

**BLUEPRINT CHT
\$3.98**

- Assessment of current CHT staff
- Estimation of population in need
- Types of staff
- Salary of staff
- Ratio of provider to patients 100:1
- Duration of involvement 4-6 months

+ DULCE \$0.70

- Assessment of statewide DULCE Staff
- Estimation of practices ready to implement
- Types of staff
- Salary of staff
- Ratio of provider to patients 40:1
- Duration of involvement 6 months

EXPECTED IMPROVEMENTS

INCREASED COMMUNITY HEALTH WORKER SUPPORT

Improve mental health outcomes and decrease hospital utilization by...

- Improving screening for social determinants of health and care coordination
 - ✓ Health coaching
 - ✓ Outreach and advocacy
 - ✓ Social support
 - ✓ Community connection

HIRING COMMUNITY HEALTH WORKERS

- Less time to recruit and hire new Community Health Worker staff
- Mental health clinicians and counselors can take **6 – 12 MONTHS+** to recruit
- Facilitate seamless transitions between **PRIMARY CARE PROVIDER** and **SPECIALTY MENTAL HEALTH**
(Local Designated Agency)

DULCE

DEVELOPMENTAL UNDERSTANDING AND LEGAL COLLABORATION FOR EVERYONE

AN INITIATIVE OF CSSP

DULCE Interdisciplinary Team



LOCATIONS IN:

- Milton
- Newport
- Lamoille
- South Burlington
- Woodstock
- Windsor

INCREASED ACCESS TO DULCE

Pilot funding for evidence-based program, DULCE for two years
Expanding the 6 existing DULCE Family Specialists to a total of
12 FTE STAFF and **incorporating them**
into the framework of Community Health Teams.

ONE DULCE FAMILY SPECIALIST...

- at each of 12 clinical sites
- serve as a **resource** to their Health Service Area for consultation
- assistance with navigating families to **specialized services**

Measures used to evaluate efficacy:

% OF FAMILIES...

- engaged in the program
- screened for parental/caregiver depression and connected to services
- screened for financial supports and connected to services
- connected to child care.

**QUALITY
IMPROVEMENT
FACILITATION
EXPANSION**

EXPANDING THE QI FACILITATION

BY 4 FTE STAFF dedicated to mental health and substance use
these staff will be able to prioritize...

- Operational consideration for integration capacity
- Workflows (standard protocols and procedures)
- Team-based care strategies
- Scheduling and access
- Screening, assessment, and navigation to services
- Measurement of outcomes

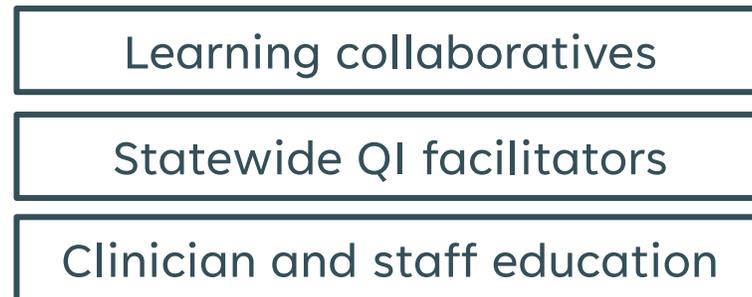
ADDITIONALLY...

- Establish a learning collaborative to support specific quality targets
- Improve transitions in care to specialty practices
- Inform evidence-base for co-occurring mental health and substance use disorders
- Streamline pathways to care

PROPOSED CHANGES

In order to support increased treatment of mental health and substance use disorders, the Blueprint proposes:

IMPLEMENTING...



INVESTMENT:

- 4 FTE QI facilitators: \$400K per year
- staff & provider training: \$300K per year

\$5.98M per year invested directly to communities for enhanced staffing.

EXPANDING HUBS

CURRENT STATE

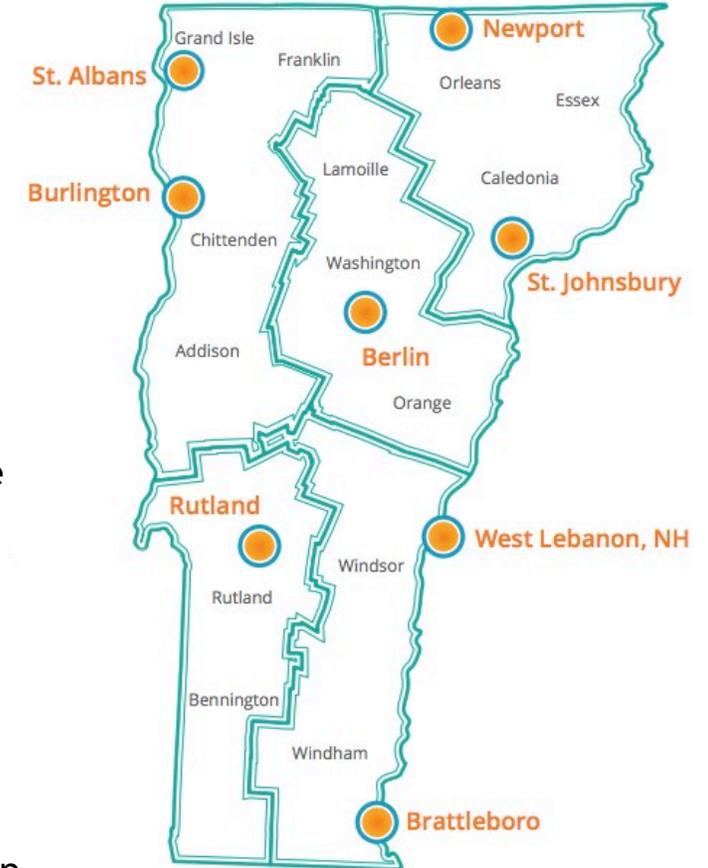
Currently, Opioid Treatment Programs, also known as Hubs, in Vermont provide intensive, polysubstance treatment supports, including Medication for Opioid Use Disorder (MOUD), counseling, care coordination and wraparound services, for individuals diagnosed with Opioid Use Disorder (OUD).

PROPOSED CHANGES

In companion to the response to Act 167, the State of Vermont would like to strengthen Hub services to provide enhanced mental health treatment and physical health screenings and services.

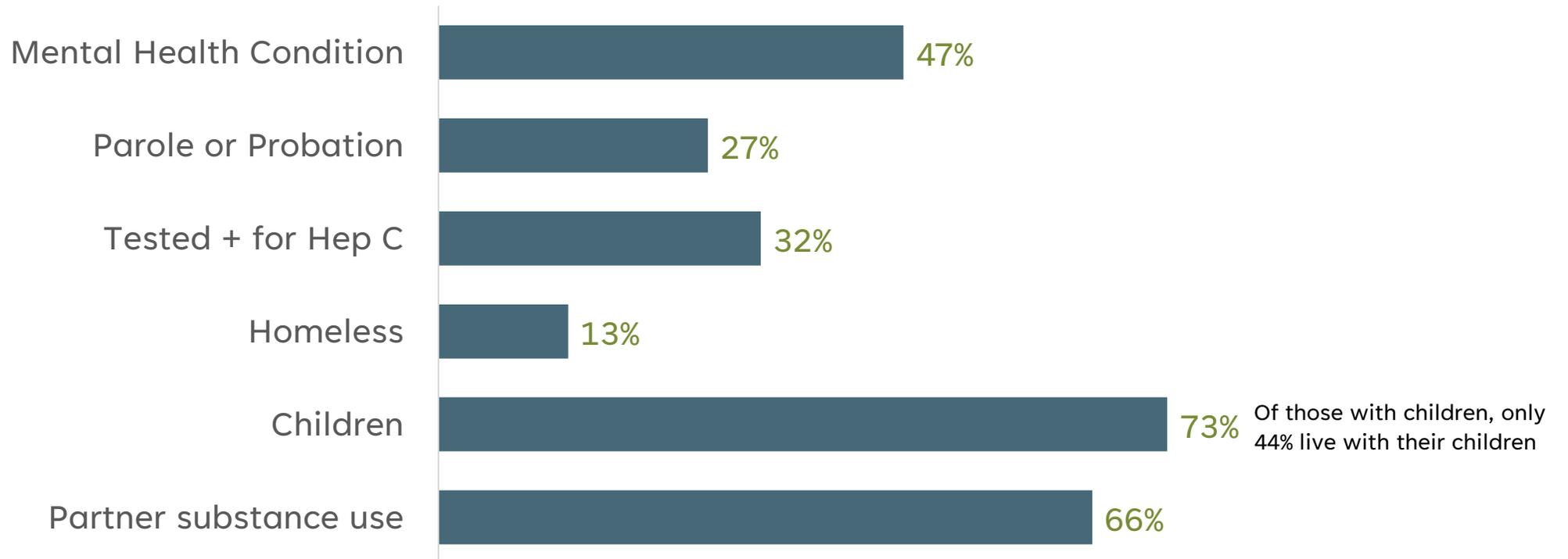
PAYMENT PLAN

Strengthening Hub services is estimated by the Vermont Department of Health (VDH) to cost Medicaid \$2.3 million per year.



PEOPLE WITH OPIOID USE DISORDER (OUD) HAVE COMPLICATED LIVES

Complicating Conditions for People with OUD



THE ONE-TIME TWO-YEAR PILOT FOR HUB EXPANSION

This pilot will support enhanced treatment of co-occurring disorders to individuals receiving services in Opioid Treatment Hubs.

Co-occurring services include:

- Physical health co-occurring and preventative care (e.g., Vaccines, monitoring blood pressures, concurrent treatment for hepatitis C, HIV prevention)
- Mental health co-occurring care (e.g., mental health counseling, medication monitoring)
- Substance use disorder treatment for co-occurring opioid and other substance use (ex. alcohol, stimulants, cannabis, benzodiazepines)

THE ONE-TIME TWO-YEAR PILOT FOR HUB EXPANSION

(\$2,297,724/YEAR = \$4,595,448 TOTAL)

Enhancing Hub services is projected to cost \$2.3 million per year by serving an additional 1,170 individuals per month with enhanced co-occurring services.

The 1,170 people is based on the average number of Medicaid recipients receiving outpatient and/or intensive outpatient services for substance use disorder, per month, between 2019 and 2021.

As a pilot project, the state match in Year 1/SFY24 could be used for the following start up costs:

- Capital improvements to ensure DEA regulation compliance.
- Recruitment efforts, sign-on/retention bonuses
- CEU/CME education credits – areas of focus
 - Co-occurring disorders (SUD, MH, Physical Health Care)
 - Alcohol use disorder
 - Stimulant use disorder
 - Cannabis use disorder

MEASURING IMPACT OF PROPOSAL

Quantitative	Qualitative
<p>30 DAY FOLLOW-UP after Discharge from the ED for...</p> <ul style="list-style-type: none"> • Mental Health • Substance Use Disorder 	<p>Qualitative evaluation of participants and CHT members</p>
<p>7-DAY FOLLOW-UP after Hospitalization for...</p> <ul style="list-style-type: none"> • Mental Illness 	<p>Provider survey</p>
<p>Initiation and engagement of substance use disorder treatment</p>	<p>\$350K</p> <p>Evaluation and Analytics</p>
<p>Total resource use index</p>	

TIMELINE FOR PROVIDER ENGAGEMENT

OVERVIEW OF BLUEPRINT PROPOSAL

- Stakeholder education and feedback
- Subcommittee formation for in-depth design (Clinical, Evaluation, Payment)

CLINICAL AND PROGRAM DESIGN

Screening
Referral workflow

MEASUREMENT AND EVALUATION

Outcome measures
Data collection processes

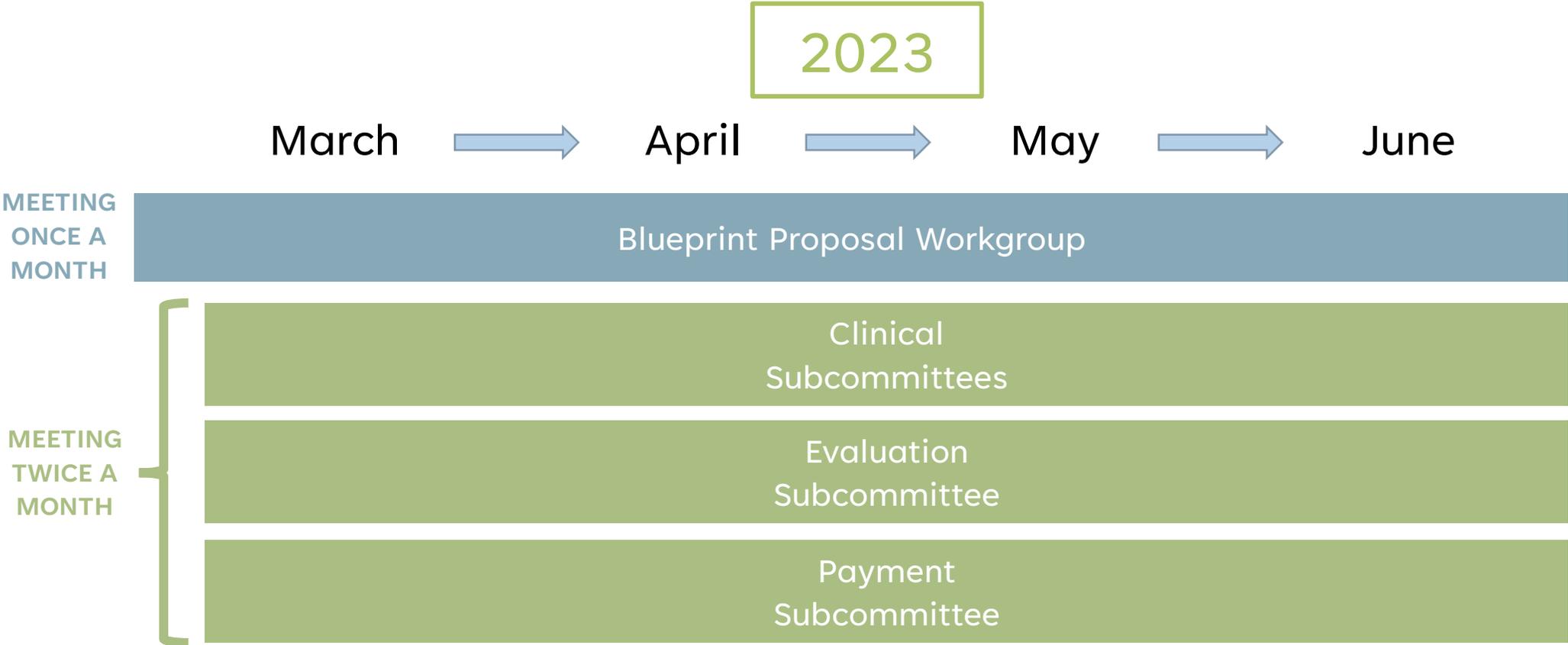
PAYMENT

Review of current funding mechanisms
Evolution of new payment methods

- Finalize stakeholder input and program design in preparation for statewide implementation.

PROVIDER ENGAGEMENT TIMELINE

Providers will include representation from hospital-based and independent primary care, federally qualified health centers, parent child centers, designated agencies and more.



Key Aim	Proposed Increases in...	Proposed Annual Investment For 2-Year Pilot
<p>To strengthen the connection between primary care services and comprehensive mental health and substance use treatment</p>	<p>QI FACILITATORS</p>	<p>\$400K for 4 FTE</p>
	<p>CLINICIAN & STAFF EDUCATION and LEARNING COLLABORATIVES</p>	<p>\$300K for STAFF & PROVIDER TRAINING</p>
	<p>ANALYTICS</p>	<p>\$350K EVALUATION</p>
	<p>EXPANDED COMMUNITY HEALTH TEAM</p>	<p>\$5.98M</p>
	<p>DULCE PROGRAMATIC OVERSIGHT</p>	<p>\$1.13M</p>
	<p>EXPANDING HUB SERVICES</p>	<p>\$2.3M</p>
<p>TOTAL COST TO MEDICAID PER YEAR: \$10.5M (\$4.6M General Fund)</p>		

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