



REPORT TO THE VERMONT LEGISLATURE

Agency of Human Services

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Blueprint for Health

Supporting More Access to Mental Health and Substance Use Disorder Services through Integration with Primary Care

In accordance with Section 7 of Act 167 of 2022

Submitted to: House Committee on Health Care
House Committee on Appropriations
Senate Committee on Health and Welfare
Senate Committee on Appropriations
Senate Committee on Finance

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LEGISLATIVE CHARGE

Act 167 requires that the “*Director of Health Care Reform shall recommend the amounts by which health insurers and Vermont Medicaid increase the per-person, per-month payments toward Blueprint for Health Community Health Teams and providing quality facilitation...in furtherance of the goal of providing additional resources necessary for delivery of comprehensive primary care services to Vermonters and to sustain access to primary care services in Vermont.*”

The Blueprint for Health is an established and ambitious program to integrate high-quality primary and community-based care. Through the Blueprint, providers are encouraged to take a long-term, whole person approach to care—one that addresses medical, social, and mental health needs and provides access to a range of supportive services—in an integrated fashion. The Blueprint supports Patient Centered Medical Homes and Community Health Teams to promote care coordination, panel management, and integrated care for mental health and substance use disorders. Patient Centered Medical Homes supported by Community Health Teams are also intended to support people who need additional resources to address health-related social needs such as case management, housing, economic services, food insecurity, transportation, and long-term placement.ⁱ

While the Blueprint for Health has clear and demonstrated results through independent evaluationsⁱⁱ, investments in the Blueprint have not kept pace with the demographic shifts in Vermont’s population or with increasing mental health and substance use disorder treatment needs. It is a critical time to reinvest and redeploy the tested health care transformation infrastructure of the Blueprint and to use these tools to strengthen integrated primary and community-based care in Vermont. The first step and clearest opportunity is to improve access to Mental Health and Substance Use Disorder Services through increased integration with primary care. This is a critical juncture to address the rising rate of death from suicide and drug overdose in Vermont and to do so by strengthening primary and community-based care.

The proposal that follows recommends increasing funding to expand Community Health Teams’ capacity to provide co-occurring mental health and substance use screening, brief intervention, treatment, and navigation to and coordination of services. In conjunction, this proposal recommends strengthening Hubs for Medication Assisted Treatment for Opioid Use Disorder so that they too can provide services for co-occurring mental health and poly substance use disorder.

This proposal recommends piloting increased investments in expanded Community Health Team capacity for Mental Health and Substance Use Disorder treatment and investing in Hubs for co-occurring mental health and poly-substance use disorder for two years with Medicaid funds. Based on the evaluation results, potential recommendations will include ongoing Medicaid funding and expansion to commercial insurers.

Increased Community Health Team Capacity

Patient-Centered Medical Homes (PCMHs) in Vermont serve patients of all ages and are supported by multi-disciplinary Community Health Teams (CHTs) local to each community. CHTs support primary care providers by screening for mental health needs, substance use, and health-related social needs such as intimate partner violence, food and housing insecurity; assisting with care coordination and patient navigation; providing brief therapeutic interventions such as short-term counseling; and facilitating referrals to other community services. CHTs also prioritize patient goals for health and wellness by providing health education, nutrition services, and referrals to chronic disease self-management programming. This proposal recommends expanding CHT capacity to address gaps in treatment of non-opioid substance use disorders (such as alcohol, psychostimulants, and marijuana), to strengthen screening practices for mental health, substance use and other health related social risk factors, and further integrate mental health services into primary care by embedding community health workers, counselors, and social workers into primary care settings.

As the CHT further expand the focus on integrated mental health and substance use, it will need to pay special attention to the model it chooses to use for infants and young children whose needs are different than adolescents and adults. The infant and child servicing practices will need to take a family-based approach. The Developmental Understanding and Legal Collaboration for Everyone (DULCE) is a team- and evidence-based model of care aimed at supporting the health and wellbeing of families throughout Vermont in the pediatric-serving medical home. This program specifically focuses on the needs of infants and their families, and uses a universal, cross-sector approach to promoting healthy child development and addressing health related social needs through screening of caregivers and families for needs such as parent/caregiver depression, intimate partner violence, food and housing insecurity, substance use, legal assistance, and others. This proposal supports access to DULCE statewide for families with infants and it will be used as a framework for building the co-occurring CHT model for families with young children.

Hub Expansion

Coupled with enhanced screening and detection, the Blueprint will work with the Department of Health to strengthen downstream services for higher acuity co-occurring mental health needs. Currently, Opioid Treatment Programs, also known as Hubs, in Vermont provide intensive treatment supports for Medication for Opioid Use Disorder (MOUD), counseling, care coordination and wraparound services, for individuals diagnosed with Opioid Use Disorder (OUD). In companion to the Community Health Team, the Department of Health is proposing to expand Hub services to provide enhanced mental health treatment and physical health screenings and services. The expanded focus of the Hubs will provide co-occurring treatment for current clients, expand substance use treatment to individuals with substance use disorder that doesn't include opioid use disorder and address any spill-over effect from expanded screening, brief intervention and navigation to Hub services through primary and community-based care.

Enhancing Quality Facilitation, Provider Knowledge, and Analytics

Integrating mental health and substance use care in primary care settings requires implementation of evidence-based practices and training support for clinicians, practice staff,

and specialty partners. Blueprint uses Quality Improvement (QI) Facilitators to promote the evolution and quality improvement efforts necessary for the provision of high-value care, in primary care and HUBs. QI Facilitators use specific expertise in process improvement methodologies to serve as improvement coaches for each clinical site. By expanding the QI Facilitation program by 4 FTE staff, these staff will be able to facilitate implementation of an integrated model to support health related social needs, mental health, and polysubstance use services in the primary care and Hub setting, including integration of additional CHT staff and implementation of the DULCE model of care.

This proposal seeks to strengthen the Blueprint’s analytic capabilities, including the development of an evaluation and quality improvement framework, focusing on key measurement of both system and patient outcomes. It also supports statewide coordination elements that are specific to the pediatric model, including contracting with a partner to provide legal supports to families.

The transition in care will also require training. The Blueprint for Health proposes to engage providers to include doctors, nurses, mental health, and community health workers to increase competency and comfortability in key areas and understanding the complex care model. This would include offerings of online and in-person trainings pertaining to integrated mental health, substance use services and addressing complex needs. Trainings may focus on core competencies and interventions such as motivational interviewing, team-based care, how to engage in patient centered goals, screening for health-related social needs and trauma-based care. There would also be specific topics such as stimulant use disorder, alcohol use disorder, depression, and assessment of suicidality.

Cost

Pilot of CHT Expansion, Quality Improvement Facilitation, Evaluation, and Strengthening Opioid Treatment Programs (Hubs)	Per Year Cost to Medicaid = \$10.5 million (\$4.6 million General Fund)
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Continuing Investment in Blueprint for Health and Increasing Access to Mental Health and Substance Use Disorder Services through Integration with Primary Care will:

- Strengthen prevention, reduce practice variation, increase coordination oversight, and direct workflow through Quality Improvement Facilitation and analytics;
- Expand capacity to address mental health and substance use disorders through Community Health Team staffing to include Community Health Workers, Social Workers, and Counselors, and strengthening Hubs; and
- Promote the healthy development of infants and young children and supporting their parents, as related to mental health, substance use disorder, and/or social determinants of health.

ⁱ For further information about the Blueprint for Health, please see the Blueprint [Annual Report](#).

ⁱⁱ Vermont Blueprint for health. Primary Care Collaborative. <https://www.pcpcc.org/initiative/vermont-blueprint-health>