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

John M. Saroyan, MD

Executive Director Blueprint for Health

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
 - Blueprint Executive Committee members and stakeholders
- Collaboration across the Agency of Human Services

2023 BLUEPRINT FOR HEALTH

EVIDENCE-BASED SUPPORT FOR INTEGRATED PRIMARY CARE

STRENGTHEN & INVEST IN

& MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT

KEY ELEMENTS OF SUCCESS

STRENGTHENING...

Community Health Teams

DULCE Teams

Quality Facilitation

Opioid Treatment Programs (The Hubs)

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)*

NEED FOR COMMUNITY HEALTH TEAM (CHT) EXPANSION

- 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 evidencebased program, DULCE

CURRENT & PROPOSED COMMUNITY HEALTH TEAM PAYMENTS

COMMUNITY HEALTH TEAM PAYMENT STRUCTURE

PRIMARY CHT STAFF

MOUD CHT STAFF

WHI CHT STAFF

CHT PAYMENTS

(PER MEMBER PER MONTH)

\$2.77 | Commercial

WHI: \$0.00 MOUD: \$0.00

\$2.77

\$2.68

Medicaid

+\$4.68

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)

SCREENING



Prioritizing efforts for screening, prevention and earlier treatment of mental health and substance use disorder can

IMPROVE IDENTIFICATIONAND SUPPORT for more than70% of Vermonters

2023

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...

- o 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...

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

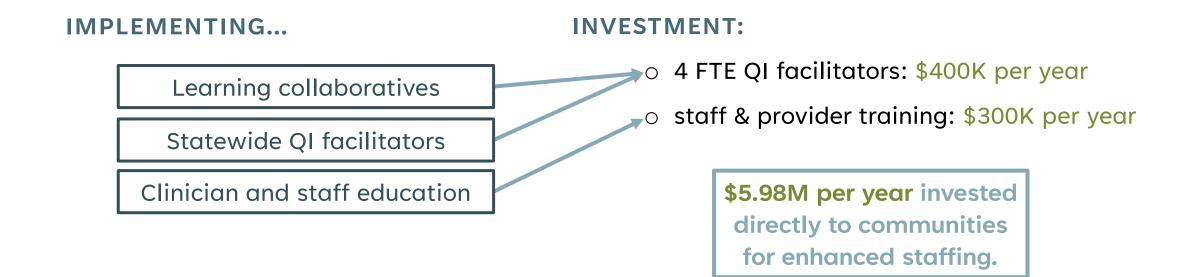
- Operational consideration for integration capacity
- Workflows (standard protocols and procedures)
- Team-based care strategies
- Scheduling and access
- Screening, assessment, and navigation to services
- Measurement of outcomes

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:



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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.



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
30 DAY FOLLOW-UP after Discharge from the ED for • Mental Health • Substance Use Disorder	Qualitative evaluation of participants and CHT members
7-DAY FOLLOW-UP after Hospitalization for • Mental Illness	Provider survey
Initiation and engagement of substance use disorder treatment	\$350K
Total resource use index	Evaluation and Analytics

Key Aim	Proposed Increases in	Proposed Annual Investment For 2-Year Pilot
	QI FACILITATORS	\$400K for 4 FTE
	CLINICIAN & STAFF EDUCATION and LEARNING COLLABORATIVES	\$300K for STAFF & PROVIDER TRAINING
To strengthen the connection between primary care services	ANALYTICS	\$350K EVALUATION
treatment	EXPANDED COMMUNITY HEALTH TEAM	\$5.98M
	DULCE PROGRAMATIC OVERSIGHT	\$1.13M
	EXPANDING HUB SERVICES	\$2.3M

TOTAL COST TO MEDICAID PER YEAR: \$10.5M (\$4.6M General Fund)

BLUEPRINT FOR HEALTH ACT 167 EXPANSION PROPOSAL:

EXECUTIVE COMMITTEE
OVERSIGHT AND WORKGROUPS

JOHN M.
SAROYAN, MD
Executive Director

JENNIFER
HERWOOD
Payment Operations
Administrator

JULIE
PARKER
Assistant Director

ERIN JUST

Quality Improvement

Coordinator

MARA
KRAUSE
DONOHUE
Assistant Director

AVERIEL HOSSLEY Administrative Assistant

EXECUTIVE COMMITTEE OVERSIGHT

(MEETS MONTHLY THROUGH JUNE 2023)

EXECUTIVE COMMITTEE MEMBER	AFFILIATION
Kelly Dougherty	Vermont Department of Health
Kathy Hentcy	Department of Mental Health
Robin Lunge	Green Mountain Care Board
Pat Jones	Department of Vermont Health Access
Lori Houghton	Vermont House of Representatives
Jessa Barnard	Vermont Medical Society
Michelle Wade	Vermont Nurse Practitioners Association
Catherine Fulton	Vermont Program for Quality and Health Care
Devon Green	Vermont Association of hospitals and health systems
Julie Zack	Blue Cross Blue Shield of Vermont
Kristen Navarette	MVP Health Care

EXECUTIVE COMMITTEE MEMBER	AFFILIATION
Lori Clarke	Naturopath
Jennifer Pelletier	Gifford Health Care
Gretchen Pembroke	Clara Martin Center
Nicole Moran	VNA & Hospice of the Southwest Region
Laura Hubbell	Bayada
Teri Closterman	King Arthur Baking Company
Clarke Collins	Department of Human Resources
Anje Van Berckelaer	Battenkill Valley Health Center

BLUEPRINT PROGRAM MANAGERS

QUALITY IMPROVEMENT FACILITATORS

COMMUNITY HEALTH TEAM LEADS

EXECUTIVE COMMITTEE OVERSIGHT OF WORKGROUP OBJECTIVES

(MEETING MONTHLY THROUGH JUNE 2023)









PROGRAM DESIGN:

CHT

PROGRAM DESIGN: DULCE

MEASUREMENT AND EVALUATION **PAYMENT**

PROGRESS REVIEW AND FINAL APPROVAL OF DELIVERABLES FROM THE WORKGROUPS

PROGRAM DESIGN WORKGROUP: CHT OBJECTIVES



ARTICULATE PROGRAM GOALS AND OBJECTIVES

- Define integration model(s)
 - Identify target populations
- Refine CHT PlanGuidance



IDENTIFY CHT STAFFING REQUIREMENTS

 Scope of work
 Identify education, licensing, clinical supervision requirements



DEFINE STANDARDIZED PRACTICES

- Screening/risk identification
- Assessment and intervention
- Referrals workflows and care coordination



DEFINE IMPLEMENTATION SUPPORT INPUTS

- Training needs
- Tools and report access
- Continuous quality improvement support

PROGRAM DESIGN WORKGROUP: CHT DELIVERABLES

MODEL DESCRIPTION

WHICH WILL INCLUDE:

- Program objectives and goals
- Staffing criteria
- Screening and assessment criteria
- Integration best practices
- Care coordination and referral pathway requirements

IMPLEMENTATION SUPPORT DOCUMENTATION

WHICH WILL INCLUDE:

- Required tools and forms
- Standardized job descriptions
- Training criteria
- Continuous quality improvement requirements

CHT EXPANSION PLANNING GUIDANCE DOCUMENT

WHICH WILL INCLUDE:

- Defined processes and steps for each HSA Administrative Entity to provide a written plan pertaining to:
 - Staffing plans
 - Hiring entities
 - > Clinical supervision plans
 - Practice integration strategy

PROGRAM DESIGN WORKGROUP

(MEETS TWICE PER MONTH)

CHT

JULIE PARKER

MEMBER	AFFILIATION
Awaiting Confirmation	Vermont Medical Society
	Hospital-based Primary Care Provider
	Independent Primary Care Provider
Awaiting Confirmation	Designated Agency/ Clara Martin Center
Awaiting Confirmation	Blueprint Program Manager
Awaiting Confirmation	Blueprint QI
Awaiting Confirmation	Blueprint QI

MEMBER	AFFILIATION
Awaiting Confirmation	Battenkill Valley Health Center FQHC
Awaiting Confirmation	VAHHS
Awaiting Confirmation	DMH
Awaiting Confirmation	VDH
Awaiting Confirmation	VDH
Awaiting Confirmation	Consumer

PROGRAM DESIGN WORKGROUP

(MEETS TWICE PER MONTH)

DULCE

ILISA STALBERG

MEMBER	AFFILIATION
Awaiting Confirmation	Vermont Medical Society, AAP and AAFP, Vermont Chapters
Awaiting Confirmation	VCHIP
Awaiting Confirmation	VDH
Awaiting Confirmation	Blueprint Program Manager
Awaiting Confirmation	Lund
Awaiting Confirmation	Northwestern Counselling and Support Services
Awaiting Confirmation	Timberlane Pediatrics

MEASUREMENT AND EVALUATION WORKGROUP OBJECTIVES

Understanding Patient and Provider Experience of Care, Clinical Outcomes, and Cost/Value of Care

DEFINE
EVALUATION
PRINCIPLES IN
ALIGNMENT WITH
PROGRAM GOALS
AND OBJECTIVES

IDENTIFY
INDICATORS FOR
MONITORING AND
MEASUREMENT

- Structural measures
 - o Process measures
- Outcome measures

OUTLINE
EVALUATION
METHODS AND
DATA COLLECTION
PROCESSES

DOCUMENT EVALUATION PLAN

Planning (MAR-MAY 2023) Implementation (JUN 2023-SEP 2023) Formative Evaluation Report (JAN 2024) Summative Evaluation Report (JAN 2025)

MEASUREMENT AND EVALUATION WORKGROUP DELIVERABLES TO EXECUTIVE COMMITTEE

PILOT EVALUATION PLAN

WHICH WILL INCLUDE:

- Background/Evaluation Purpose/Scope
- Logic Model or Theory of Change
- Program Goals and Objectives
- Assumptions
- Evaluation Questions
- Data Collection Plan (Sources, Methods, Timing, Responsibility)
- Stakeholder Matrix
- Data Sources/Evaluation Question Matrix
- Ethical Considerations
- Reporting Products
- Communication Plan
- Timelines

MEASUREMENT AND EVALUATION WORKGROUP

(MEETS TWICE PER MONTH)

ERIN JUST & MARA DONOHUE

MEMBER	AFFILIATION
Awaiting Confirmation	VPQHC
Awaiting Confirmation	Vermont Medical Society
Awaiting Confirmation	Blueprint Quality Improvement Facilitator
Awaiting Confirmation	Blueprint Quality Improvement Facilitator
Awaiting Confirmation	Blueprint Program Manager
Awaiting Confirmation	Bi-State PCA

MEMBER	AFFILIATION
Awaiting Confirmation	DMH
Awaiting Confirmation	DMH
Awaiting Confirmation	AHS Health Care Reform
Awaiting Confirmation	University of Vermont
Awaiting Confirmation	Blueprint CHT Lead

PAYMENT WORKGROUP OBJECTIVES

Supplementation of Existing CHT Funding Mechanisms, Evolution of Administration of New CHT Payments



DETERMINE PAYMENT METHODOLOGY

Attributions



AND ACCOUNTABILITY CRITERIA

- Program requirements
- Hiring/staffing
 - Vacancy management



ESTABLISH SYSTEMS FOR TRACKING AND ACCOUNTING

- Pilot CHT fund use tracking
- Overall CHT fund use tracking



UPDATE PAYMENT ADMINISTRATION PROTOCOLS

- Pilot CHT fund use tracking
 - Timelines
- Documentation& manualrevisions

PAYMENT WORKGROUP DELIVERABLES

PILOT PAYMENT DOCUMENTATION

WHICH WILL INCLUDE:

- Payment Calculation Methodology Summary
 - Attribution
 - Payment amounts
- Payment Procedures
 - Criteria for initiation of payment
 - o Timelines
 - Procedures for lapses in meeting program requirements
 - Discontinuation of payments
- Blueprint Portal Requirements

PAYMENT WORKGROUP

(MEETS MONTHLY)

JENNIFER HERWOOD

MEMBER	AFFILIATION
Awaiting Confirmation	Vermont Medical Society
Awaiting Confirmation	Blueprint Program Manager
Awaiting Confirmation	Blueprint Program Manager
Awaiting Confirmation	Gainwell/Medicaid
Awaiting Confirmation	Gainwell/Medicaid
Awaiting Confirmation	Health First

BLUEPRINT FOR HEALTH CENTRAL OFFICE

- DETERMINE final payment methodology, including defining attribution algorithms, amounts, ratios, and/or funding floor/ceilings (as applicable)
- DOCUMENT criteria which will allow for the payments to begin to flow to the health service area (recommendations for approval and tracking of required criteria for payment initiation)
- DEFINE criteria and system requirements for position and tracking (date(s) of hire/, staffing type, credentials, location, FTEs, etc.)
- DETERMINE criteria for tracking and accountabilities in the case of position vacancies
- o **DESCRIBE** processes for lapses in meeting program criteria/termination of payments
- ESTABLISH criteria to be able to differentiate CHT capacity created from new funding (vs. Existing funding streams)
- REVIEW and update payment administration protocols payment timelines, payment implementation materials, and manual revisions

QUESTIONS?

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