Workgroup Name:	Workgroup Leader:
Vermont Blueprint for Health Workgroup for Program Designs for Community Health Teams for Expansion of Community Health Teams	Julie Parker
Meeting Goals: 1.Orient group to purpose of meeting 2.Review Goals and agenda 3. Review outcomes	**Mtg. Facilitator:** Julie Parker **Mtg. Recorder:** Averiel Hossley **Where**: Virtual Meeting Conference Room: none **Date:** **Time:**

Attendees			
Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society	Anje Van Berckelaer	Battenkill Valley Health Center FQHC
Gretchen Pembroke	Designated Agency/ Clara Martin Center	Devon Green	VAHHS
Merideth Drude	Blueprint Program Manager	Samantha Sweet	DMH
Ellen Talbert	Blueprint QI	Andrea Nicoletta	VDH- CHW Lead
Sarah McLain	Blueprint QI	Megan Mitchell	VDH- DSUP
Bryan Leroux	Dartmouth	Teri Closterman	Consumer
Carey Yeaton	CHT Lead Lamoille	Kathleen Hentcy	Dept of Mental Health
Katja Evans	Program Manager for Blueprint for Health	Lindsey Lozoskie	NCQA
Laura Pentenrieder	DULCE	Ilisa Stalberg	DULCE

Non-Workgroup Members			
Dr. John Saroyan	Executive Director, Blueprint for Health	**Mara Donohue**	Assistant Director Blueprint for Health
Caleb Denton	Data Analytics and Info Administrator Blueprint for Health	**Jenn Herwood**	Payment Operations Administrator Blueprint for Health

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Averiel Hossley	Administrative Assistant Blueprint for Health	**Erin Just**	Quality Improvement Facilitator Coordinator

I.	Introductions and Roles
II.	Review of Workgroup Objectives a. Scope b. Work Plan (Meeting dates)
III.	Review of Timelines a. Deliverable b. Timelines
IV.	Group Input

	Agenda Topic	Topic Facilitator	NOTES (*notes are provided in italics and blue*)	Action Items
I	Introduction and Roles	Julie Parker		
II	Review of Workgroup Objectives -Scope -Work Plan (Meeting dates)	Julie Parker	*The slides from today's presentation are available in a link under Action Items.* *[Slide 1]* *Elements Focusing on Primary Care specifically.* *Adding 4 QI Facilitators.* *[Slide 2]* *Some communities have CHW on their teams, and some don't. Making sure all patients receive the care they deserve. Referral Pathways – can Primary Care serve patients for even longer, or what needs to happen to ease Pathways. Opening up doors for people who need higher levels of services.* *[Slide 3]* *Part of this proposal has funding for training. We would like to dig into our training needs, across the board; motivational interviewing, substance use disorder, How do we engage with folks and do team care, understanding and training for Spoke providers. Do we need more collaborations/ support for Primary care feeling comfortable prescribing. Looking at the needs and assessing next steps.* *We will be working with the other workgroups, everyone is taking their piece and coming together for planning. Measurements from the Measurements and Evaluation workgroup could provide valuable measurement tools for us to use as well.* *[Slide 4]*	https://blueprintforhealth.vermont.gov/sites/bfh/files/doc_library/CHT%20Program%20Design.pdf Presentation given by Julie Parker. Please reference the slide numbers listed in the minutes.

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			"The Logic Model" *Timeline: [Slide 5]* *[Slide 6]* *Milestones*	
III	Review of Timelines -Deliverables -Timelines		*Anje: Is that timeline correct?* *Julie: It's rather quick, yes.* *Pat: That's a normal legislative timeframe, I understand how it looks.* *Kathy Hentcy: Wondering about the mental health integration council meeting at May 9th from 8:30-12:30. I'm inviting everyone now because we will be talking about many of these specific topics in detail. [Link to website]* *The Department of Mental Health was charged to convene this council for two years for integrating healthcare in Vermont. Bringing people together, building relationships. We support the Blueprint in many ways, we will be looking at Community Health Workers, DULCE, mental health clinics and three more designated agencies working on that. It would be valuable to have everyone there, knowing what this workgroup is doing now.* *Ellen Talbert: The proposal is specifically for increasing the Medicaid PMPM? This will expand the Medicaid population, if it goes through?* *Julie: Currently, yes, it is only for Medicaid for the sake of return of investment/ understanding needs. We would continue to be payer agnostic in services as the Blueprint always has been. But at this time only Medicaid is proposing to fund.* *John Saroyan: Our CHTs Serve all types of insured patients, including uninsured.* *John Saroyan: The CHT Description planned in the next meeting will be helpful for everyone. Finding out who on CHT would be enthusiastic to add more hours on their teams, and learning opportunities to help further.* *Incredible to see such rapid responses to rising crisis around population surrounding mental health and substance use disorder. This is the time for collaborative work to help solve those issues.* *We are engaged with talking with leadership in the state of New York, and their robust investment in the PCMH model and their care around addiction and mental health.*	

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IV	Group Input	Ilisa Stalberg	*Ilisa Stalberg: DULCE briefing. We've been running DULCE for 5-6 years, an evidence model implemented in 6 Pediatric practices in Vermont. It's multifaceted, the main is the coalition of the primary care coordinator and the pediatric care provider. Screening for health and social needs and reporting back to connect the family to resources. Robust QI data integrated for what is being learned from that process.* *Laura: The family specialist is tied closely to the CIS team.* *Ilisa: There has been an uptake in DULCE that has never been seen before in other programs, since its universally available and destigmatized.* *Laura: It's introduce as "this is how our practice does well-baby care" Families hesitant in the beginning are able to ease into care, feeling more reciprocal by around month 4, in general.* *Ilisa: We would love to talk with people interfused with larger practices in how to build early childhood expertise in CHTs that serve those communities.* *John Saroyan: There is a need for support for care for substances other than opioids. There are individuals with social needs, without receiving a diagnosis, to help send them in the right direction for self-efficacy. And others who need longer, more involved support. There are many people who "don't want a label", which care through CHT proves effective as they approach the patient like a peer and trusted ear. The results will come, and that's the starting point. That's where I want this investment to be focused on; these humanistic approaches.*	
V	Wrap-Up		*Next session will be April 13th, 2023*	

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