

<b>Workgroup Name:</b>	<b>Workgroup Leader:</b>
Vermont Blueprint for Health Workgroup for Program Designs for Community Health Teams for Expansion of Community Health Teams	Julie Parker
	<b>Mtg. Facilitator:</b> Julie Parker <b>Mtg. Recorder:</b> Averiel Hossley <b>Where:</b> Virtual Meeting
	Conference Room: none
	<b>Date:</b> 6-22-23 <b>Time:</b> 9:00-10:00 am

Workgroup Members Present in Black			
Name	Affiliation	Name	Affiliation
Jessa Barnard	Vermont Medical Society	Anje Van Berckelaer MD	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			
<b>Pat Jones</b>	AHS	<b>Mara Donohue</b>	Assistant Director Blueprint for Health
<b>Caleb Denton</b>	Data Analytics and Info Administrator Blueprint for Health	<b>Jenn Herwood</b>	Payment Operations Administrator Blueprint for Health

<b>Averiel Hossley</b>	Administrative Assistant Blueprint for Health	<b>Erin Just</b>	Quality Improvement Facilitator Coordinator Blueprint for Health
<b>Addie Armstrong</b>	Data Analytics and Info Administrator Blueprint for Health		

Agenda Topic	Topic Facilitator	NOTES <i>(notes are provided in italics and blue)</i>	Action Items
Overview and Discussion	Julie Parker	<p><i>The budget has passed.</i></p> <p><i>There will be an attestation for practices to fill out. How the funding works and our expectations.</i></p> <p><i>Social Determinants of Health</i>  <i>Substance Use Disorder screening</i>  <i>Mental health screening</i></p> <p><i>Screenings are mostly occurring - Bright Futures periodicity scale.</i>  <i>Most pediatricians are already screening for Bright Futures.</i></p> <p><i>Screenings are not required to be digital - paper copies are fine but need to be in or recorded in EHR</i></p> <p><i>One HSA reports using the CRAAFT plus nicotine. See Link</i></p> <p><i>Strong suggestion for PHQ-9 or Columbia Suicide Severity Rating Scale (C-SSRS) in Year 1 but will be a part of year two</i></p> <p><i>Suggestion Providing Community Health Workers training directly for the practices, as they will be the ones hiring. This would bolster consistency and continuity across the state.</i></p> <p><i>A helpful resource for all would be a general understanding of the makeup of Community Health Teams.</i></p> <ul style="list-style-type: none"> <li><i>- Peer-based model. A Community Health Worker shares an identity, lived experience or other connections with the people they're serving. A "Peer Educator". Team-based care to allocate proper resources - Support with things that don't require a license so those who do can</i></li> </ul>	<p><a href="#">All Workgroups minutes and presentations.</a></p> <p><a href="#">CRAAFT 2.1 + N for Youth Prevention</a></p> <p><a href="#">Full Presentation</a></p> <p><a href="#">Central office team will discuss this further and discuss with Program managers</a></p> <p><a href="https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/BPExecComm_Nov172022_CHT_Distribution_Pie_Charts.pdf">https://blueprintforhealth.vermont.gov/sites/bfh/files/document_library/BPExecComm_Nov172022_CHT_Distribution_Pie_Charts.pdf</a></p> <p><a href="#">Day in the Life of a Community Health Worker</a></p>

			<p><i>prioritize care that does.</i></p> <p><i>"A day in the life of a Community Health Worker" for real-life examples of how that role operates in a practice and community - to aid in the abstraction that those who are not witness to on-the-ground action provided by these care providers.</i></p> <p><i>The flexibility of the Blueprints allows for design of CHW roles to fit the community they are serving. Community-based outreach and home visiting, as well as other services to compliment the services provided by nurses and other care providers.</i></p> <p><i>There are concerns over the "peer" aspect of community health workers, as those who are unlicensed handle severe issues that could impact either the patient or staff when dealt with without proper training or supervision. An appropriate level of supervision is a helpful aid for these concerns.</i></p> <p><i>There is a CHW supervisory training scheduled for September of this year.</i></p> <p><i>Building health equity - to engage the population of the state in need of care and previously reluctant to trust the healthcare system or otherwise unable to receive care. This pilot is aware of this goal and aiming to improve health equity.</i></p> <p><i>The diversity of care for Community Health Workers' roles, as some will be more equipped to handle one situation better than the other.</i></p> <p><i>There are decisions that still need to be made around DULCE integration. More details to come.</i></p> <p><i>A future meeting of the Program Design Workgroup for touching base will be announced at a later date.</i></p>	
<p><b>Additional Resources</b></p>				