

Year One CHT Expansion Evaluation Sample of Preliminary Results

- Chart Review during October 2023
 - 5 charts per participating practice
 - Random selection from CHT Unique Patients list (July – September 2023)
 - Establish baseline understanding of screening, how patients are identified for CHT services, CHT interventions, and CHT support for navigation to services
- Practice and Provider Survey
 - All PCMHs, regardless of participation in Year One CHT Expansion
 - Implementation Status and Impact, Provider Satisfaction, Patient Proxy questions

CHT Expansion Chart Reviews

- As of November 11, 2023:
 - 497 Chart Reviews
 - All HSAs Represented
 - 104 Practices
 - 20% Pediatric, 80% Adult
 - 23% Commercial Insurance
 - 6% Medicare Advantage (20% of Commercially Insured)
 - 39% Vermont Medicaid
 - 26% Medicare
 - 5% Other or No Insurance

Screenings Within the Last 12 Months

Screening Domain	Percentage of Records
Food	11%
Housing	10%
Alcohol	14%
Opioid Use	9%
Other Substances, Including Tobacco	18%
General Mental Health	17%
Suicide	4%
Post Natal Depression	4% (of pediatric records)
Developmental Screening	28% (of pediatric records)
Other	9%
No Record of Screening	2%

CHT Involvement

How?

- Provider/Clinician Judgement (61%)
- Unable to determine (on caseload for >12 months) (15%)
- Patient Self-Referral (10%)
- Positive Screening Result (6%)
- Follow up after health system encounter (6%)

Why? Top 3

- Other* (55%)
- Existing Mental Health concerns (28%)
- Financial Concerns (21%)

Who? Top 3

- RN or LPN (38%)
- Social Worker (30%)
- Community Health Worker (24%)

CHT Intervention

CHT Goals	Interventions	Encounters	Outcomes
Care plan (29%)	(Top 3)	Average 2.9	None documented (57%)
Documented (22%)	Care Coordination (59%)	Mode 1	Outcome measure (23%)
Not documented (48%)	Outreach (52%)	Range 1-32	Narrative (27%)
	Education (39%)		

Referral and Navigation to Services

- 47% of records indicated CHT connected patient to external orgs
 - 36% Mental Health Provider
 - 36% Other (Medical Specialist, Durable Medical Equipment Program, Home Health, Hospice, Dental, FEMA, Pharmacy)
 - 27% Financial Services/Public Assistance Benefits
 - 18% Housing Provider
 - 15% Food Agency
 - 15% Child, Youth, Family Service Agencies
 - 10% Area Agency on Aging
 - 10% Transportation Program
 - 8% Education, Employment, Training Programs
 - 8% Legal Services
 - 4% Substance Use Disorder Provider

Provider and Practice Survey

- 48 responses (representing 70+ practices)
- 90% expansion participants, 10% no and unsure

Hiring Arrangements

How will the new staff associated with the expansion funding be hired? (Select all that apply)

- Our practice is responsible for hiring new CHT staff (55%)
- Our Blueprint Administrative Entity is responsible for hiring new CHT staff (10%)
- A third party (e.g. Designated Agency) is responsible for hiring new CHT staff (14%)
- Unknown (8%)
- Other (12%)

Hiring Status

- Planning/We are working on job descriptions, position creation, etc. (37%)
- Recruitment/The additional CHT position(s) have been posted (11%)
- Applicant Review/Interviews are occurring for CHT position(s) (9%)
- Additional CHT Position(s) have been hired (which includes increasing FTE for existing staff) (20%)
- Unsure (11%)

Concerns of Practices for Implementation

- Workforce Availability/Recruitment/Hiring (19%)
- Knowledge/Competency to Address Mental Health, Substance Use, and Social Needs (11%)
- Time/Schedules (15%)
- Physical Space (12%)
- Screening Requirements (6%)
- Electronic Medical Record Modifications (7%)
- Community Health Team Member Integration (7%)
- Availability and Access Specialty/Community Services (17%)