

Vermont Blueprint for Health Executive Committee Meeting

Facilitator: Dr. John Saroyan

Minutes Recorder: Kara Hooper

Date: Jan. 16, 2025

Where: Teams/virtual

Time: 9:00-10:00 am

AGENDA

Note that the agenda posted prior to the meeting was altered during the meeting in the interest of topic priority and time. The Team-Based Care Summary discussion was tabled, and the AHEAD model moved up in meeting order.

1. Welcome and Thank Yous
 - a. Paul Black
 - b. Anel Sirois
 - c. Oana Louviere
 - d. Carlie Felion
2. AHEAD Update (Thom Walsh)
3. CHT expansion Chart Review Year 2 (Addie Armstrong, Erin Just)
4. Collaborative to Advance Mental Health Treatment and Substance Use Recovery for Everyone (CARE) Series Years 1 and 2 (Owen Murray)

Executive Committee Member Attendees

Jessa Barnard, Teri Closterman, Kelly Dougherty, Pat Jones, Kristen Navarette, Lori Vadakin, Anje Van Berckelaer, Michelle A. Wade, Thom Walsh, Hillary Wolfley

Non-Committee Member Attendees

Aimil P. Parmelee, Anthony J. Knox, Becky Burns, Caitlin Descovich O'Hare, Carlie Felion, Courtney O'Brien, Dani Lloyd, Diana Gibbs, Emma Scott, Erin Aiken, Michelle Farnsworth, Anthony Folland, Constance Gavin, Nicole Hamlet, Hannah Ancel, Laura Harris, Heather Skeels, Jay Benson, Jessica Frost, Kate Davis, Kathleen Boyd, Kim Fitzgerald, Kirsten Kolar, Brendan Krause, Julianne Krulewitz, Michelle Martelle, Mary Kate Mohlman, Maurine Gilbert, Rachael McLaughlin, Meghan E. Fuller, Merideth Drude, Megan Mitchell, Owen B. Murray, Paul B. Black, Sarah Rosenblum, Eric Ruiz, Todd Salvesvold, Sierra Bishop, Ilisa Stalberg, Kerry B. Sullivan, Susan Ridzon, Thomasena E Coates, Tom Dougherty, Ryan Torres, Renee Weeks, Emelia Wollenburg, Kristen Bigelow, Kevin Ciechon

Blueprint Office Staff Attendees

Addie Armstrong, Caleb Denton, Mara Donohue, Jennifer Herwood, Kara Hooper, Erin Just, Meredith Milligan, Julie Parker, John Saroyan, Monique Thompson

MINUTES

Agenda Topic 1: Welcome and Thank You

Presenter: John Saroyan

Welcome to Paul Black, the new QI facilitator in the Rutland HSA, and Anel Sirois, CHT Lead in Windsor; our gratitude to Oana Louviere and Carlie Felion, for their work in the Morrisville and Springfield HSAs. Welcome to Jay Benson, who is observing from Simon Pearce as a potential Executive Committee member.

An update on the Blueprint team's efforts at Practice Profile development will be presented in March rather than today.

The Vermont Agency of Digital Services has informed us that it is not endorsing any AI transcription programs at this time. We ask that none be deployed during meetings. ADS will let us know when one is approved for use.

The Blueprint for the Health, the Vermont Division of Substance Use Programs, and the Center for Technology and Behavioral Health at Dartmouth College published an article titled "[Patient-centered medication treatment for opioid use disorder in rural Vermont: a qualitative study](#)" in *Addiction Science and Clinical Practice*.

Agenda Topic 1: AHEAD Update

Presenter: Thom Walsh

The Green Mountain Care Board continues to work with state partners to make sure that any agreement we sign is good for Vermont. It is a large, complicated model that we are trying to look at from all perspectives. The Board does have concerns. The model is very large and complex, and it is difficult to determine if it will be good for Vermonters. The last model did save some money for Vermont, but similar models have not worked well across the nation. During the last model, our prices climbed rapidly. This may not be due to the model, but it did happen at the same time.

The AHEAD model has been created to decrease the federal government's expenses. Reductions in payments to Vermont could decrease access to care or increase costs to Vermonters.

Also the funding for Blueprint and SASH services are tied into these new model payments. Were we to end participation in the model, we'd lose funding for both. We'd like to decouple funding for Blueprint and SASH from the model so they are not at risk.

Links:

You may ask question of Thom via Thom.walsh@vermont.gov.

Questions/Comments:

John Saroyan: What is next?

We will have a meeting tomorrow morning. There are a lot of levels of negotiation and thinking that are going on with this. The number of meetings have increased rapidly with the change of Administration happening Monday. There are no guarantees that the incoming Administration will continue with any of these plans.

Jessa Barnard: Can you say what your goals are for decoupling Blueprint from the model? Does it mean still seeking federal funding for Blueprint and SASH?

All options are on the table. We are also talking with state partners about what we would need to do. Coupling funding for Blueprint and SASH to a federal experimental model is more risk than we think is wise at the moment.

Connie Gavin: Thom, would you be able to share some of the possibilities that could fund BP/SASH if it were to be decoupled from the model? What parties are involved with that type of brainstorming?

Don't have any specifics to share at the moment. I don't know. I'm not one of the negotiators for the AHEAD model on the Board. I don't have deep knowledge of the negotiation that is going on were the two programs to be decoupled.

Agenda Topic 2: CHT expansion Chart Review Year 2

Presenters: Addie Armstrong, Erin Just

[Slides are linked here.](#)

Blueprint QI Facilitators (and other trained reviewers) conducted a statewide chart review this year as part of the pilot project to expand community health teams. We're evaluating needs are being identified and how resultantly the CHTs have responded to the needs of individuals; a chart review was determined to be the best source of data to provide insights to screening, referrals, and CHT interventions.

The first chart review happened in Oct. 2023, looking back at a time prior to the expansion and before the screenings were widely rolled out. The first review gave us a baseline.

The second round happened Oct. 2024 and looked at the prior 3 months (July -Sept.). We audited 5 charts from every participating practice, resulting in almost 600 charts across the state (578 contained usable data). We evolved our requirements of program participation for Year 2, so we asked more specific questions about the populations being served.

We wanted to know in the last year, what kind of screenings were used and what were the referrals and services provided by CHT, and what were some of the outcomes?

Insurance: one quarter of patients are covered by private insurance, 5% had other coverage, 34% are on Medicaid; 36% are on Medicare. There were no statistically significant changes in these types of coverage year to year.

Population: 18% were 0-17 years; 82% were 18 or over

Adult Population Results:

Screening rate increased significantly from 91% to 98% between the two reviews. 13% of the screens used the CMS HRSN tool. Majority of screens were for depression, substance use (opioids/other, alcohol, tobacco), suicide, food insecurity, and housing. Other screens were for transportation, interpersonal violence, and finances. Top positivity rate is for finances; but we are screening only 40% of patients for this need. Other highest screens are for depression, housing, food security, and transportation.

After an adult screened positively, 90% had a documented encounter with a CHT member in the review period. 51% had 1 or 2 documented encounters. 33% had four or more encounters.

There is evidence that having more CHT staff allows patients to see them more often.

What do CHTs do? (See slides.) The highest percentage of roles are care coordination, outreach, care management, and therapy or intervention. "Brief therapy and intervention" reported frequency has gone up to 35% and has been a focus of the expansion.

Since 2023 the types of interventions changed: we believe that more brief therapy/interventions for people with mental health concerns as a result of hiring and placing CHTs in the practices; more resource provisions for people with financial or chronic-condition concerns; more care management. These changes are statistically significant.

There were no statistically significant decreases in services.

There were no statistically significant increases in patients connected externally. There was, though, a significant decrease in the proportion of patients given only a list. This represents a change not in *what* but in *how* patients were served over the review period and aligns with the goals of the expansion. We saw a statistically significant increase in the proportion of patients who received a warm handoff to services.

The way in which patient goals were documented changed from narrative to the development of care plans.

A statistically significant change also was displayed in outcomes. Over half of the charts in 2023 had no record of follow-through. In 2024, 61% had some documentation of an outcome.

Children:

Over half of children 0-11 are screened on developmental milestones and social, emotional, and behavioral development. Adolescents (age 12-17) are screened for pregnancy intention; social, emotional, and behavioral development; depression; suicide; and substance use. The rate of screening adolescents is higher for depression than adults (at almost 89%).

Family and Caregiver:

Almost 85% of child/adolescent charts showed some evidence of family screening occurring as well. About 25% of these used the CMS HRSN tool.

Top concerns are finances, transportation, and food insecurity.

What's next?

Analysis will continue at a more granular level.

When the QI facilitators did the reviews, it garnered some excellent conversations with practices. It is helping practices answer and explore questions like, "Are we identifying the needs of patients systematically, are we making connections, and are they doing better as a result of being connected to those services?"

Agenda Topic 3: Collaborative to Advance Mental Health Treatment and Substance Use Recovery for Everyone (CARE) Series Years 1 and 2

Presenter: Owen Murray

[Slides are linked here.](#)

Anyone involved with the Blueprint are welcome to participate in this CARE series, whether staff or clinicians, people at Spokes, Department of Corrections providers, and self-selected attendees, too. Blueprint initiated this new series in 2023.

There were 11 sessions in year one; we are mid-way through year two; and we put on a conference last year. Trainings are focused on opioid use but are expanding into other substance use disorders as well. These virtual sessions are balanced between national speakers and state-level trainers.

Year one average attendance per session was 72; so far average attendance is 67 people for year two. The conference saw 179 participants. Over the course of the year, including virtual participation, 794 people have participated. The most attendees come from the Burlington HSA. There are more people coming from primary care practices this year compared to last. Participant surveys indicate that the sessions are relevant and trainers are knowledgeable.

Posted in chat by Renee Weeks regarding the Team-Based Care agenda topic that was tabled: Good morning, Since last May we have been working with the Camden Coalition to implement Regional Learning Collaboratives led by Blueprint Program Managers and Field Service Directors. Each Health Service Area worked with Accountable Communities for Health meetings region to identify goals to improve their team-based care work along with local change teams that could move that work forward. These projects are in process and will be wrapped up in the next couple of months. Our vision is for Blueprint Program Managers and Field Services to continue to work together to support local providers in keeping our Team-Based Care processes efficient and effective. We will have a statewide manual for all providers as a resource. In addition, we have four self-paced online trainings that will be released in February with access for any state and community provider. The trainings are: Team Based Care 101, Care Conference Facilitation skills, Using the Tools of Team Based Care (Eco mapping, Domain Cards, Shared Care Planning), and Information Sharing in Team Based Care. Feel free to reach out to [Julie Parker](#) or me with any questions. Renee.S.Weeks@vermont.gov. [Local Offices | Field Services | Agency of Human Services](#) Scroll to bottom for link to VTBC.

Closing: Next meeting is virtual on Teams 3/20. Please remember on May 15 we will gather in person in Waterbury - there will not be a virtual option at the May meeting.