Pediatric Subgroup Recommendations- Feedback

Peer Support recommendations (general for all components)

From Will Eberle, Recovery Vermont

"We recommend a large increase in the availability of mental health peer support across Vermont's system of care including but not limited to street outreach, Emergency Departments, primary care settings, homeless and DV shelters, community and drop-in centers, and other service navigation and case management milieus.

To accomplish this, we recommend increasing the State of Vermont's ongoing investment in mental health peer support, annually, to:

1) Train and certify a steadily increasing statewide workforce of peer support specialists.

2) Increase wages, benefits, and global compensation of current peer support practitioners to ensure livable wages and adequate on the job supports and positive work climate.

3) Provide organizations employing peer support staff with additional funding to create new positions across the system of care and provide cost of living increases to their staff.

4) Provide ongoing educational attainment professional development, mentorship, and career advancement opportunities for peer support staff to attract and retain top caliber talent, further develop Vermont's current peer support workforce, and prevent burnout and attrition in the same."

From Logan Hegg, UVM:

1) What is missing, or what would you add?
   a. Integration of Primary Care Workgroup:
      i. I don't see clear recommendations, but rather the amorphous "major points of discussion"
      ii. Some of the "trauma-informed services" ideas are way too broad
      iii. I didn't get the sense that the points of discussion or ideas to pursue will directly support front-line PCP's

Blueprint for Health

Mental Health Integration Council

(replace language in report with this)

The Blueprint for Health is a program that aims to improve the overall health of the entire population of Vermont. Its design integrates a system of health care for patients and

improves control over health care costs by providing health maintenance, prevention, care coordination and management. Current Blueprint programs include Patient-Centered Medical Homes, Community Health Teams, the Hub & Spoke system of opioid use disorder treatment, the Pregnancy Intention Initiative (Formerly known as the Women's Health Initiative), Support and Services at Home (SASH), Self-Management and Healthier Living Workshops, full population data and analytics for policy makers, communities, and practices, and a series of learning labs for providers and community teams. The Blueprint Transformation Network of locally hired Program Managers, Community Health Team Leaders, and Quality Improvement Facilitators work with ACO and community-based partners to lead the implementation of these innovations in practices and communities across Vermont.

As the health landscape of needs for Vermonters evolve, the Blueprint's design aims to respond by utilizing the latest opportunities in health and human services reform and changing delivery systems. Addressing social determinants of health has been at the forefront of the work done by the Blueprint. The latest development of the Blueprint's response to ACT 167, detailing the rising need of mental health care for the state, is the implementation of Community Health Team Expansion, a plan designed to increase funding for staffing across practices to utilize screening and navigation to services for mental health and substance use disorders.

Throughout its evolution, the Blueprint's aim is constant: connecting Vermonters with whole-person care that is evidence-based, patient/family-centered, and cost-effective.

As of Q2 CY2023 there were 295,990 patients attributed to Blueprint practices. Of those;

- 102,313 Medicaid-attributed patients
- 132 recognized Patient Centered Medical Homes (PCMH)
- 87 Spoke Sites Total
- 41 Sites Pregnancy Intention Initiative (PII) Sites Total
    - 18 PII Sites
    - 23 PII PCMH Sites
- 127 Core Community Health Team FTE
- 73 Spoke CHT FTE
- 3,934 Medicaid Patients received Buprenorphine and Vivitrol Prescriptions
- 11 Pregnancy Intention Initiative Specialty Practice CHT FTE
- 12,704 Attributed Medicaid Patients to PII Specialty Practices
- 6,544 Medicaid Patients to PII PCMH Practices

Includes Hub & Spoke, Pregnancy Intention Initiative, and Community Health Teams. Operates under the All-Payer model.

John from BP:

I don't know what 2a means as it relates to the Blueprint. CC'ing Laurel in case she can clarify. The Blueprint won't be requiring any coding.

2d) describes what the Blueprint framework is and what the expansion dollars are attempting to do and measure. Perhaps there is a way to re-word so that the legislature's work on the topic is reflected.

Laurel's response re: BP

2a) If not all primary care providers are part of Blueprint for Health (this is an assumption, but please correct), those who are not will need to know how to code their use of the Collaborative Care Model to fund integrated care (to cover costs of MH). The list in parentheses was meant to be distinct items, so perhaps re-ordering and replacing the comma with a semi-colon could help – but please offer an edit that makes more sense:

…(Blueprint for Health; coding for Collaborative Care Model (CoCM))

2d) Please offer a reworking of this that better captures the Blueprint expansion. Does Blueprint cover every primary care practice serving children/youth? Just reminding us all that these recommendations were drafted before the Blueprint expansion was public and updated before the end of the last legislative session, so your comments reflect more current information and it's fine to update the recommendations to reflect that progress.

John from BP:

to replace 2d:
As of January 2023, 134 primary care practices in Vermont are active Blueprint Patient Centered Medical Homes (PCMHs). Almost 25% of these practices have a pediatric population of 20% or more. All Blueprint PCMHs utilize Community Health Teams which includes case management, care coordination, and health education services; the recent Blueprint Expansion pilot is focused on screening and brief intervention for mental health and substance use disorder. All Blueprint PCMH practices have been invited to participate in the expansion.

To see the locations of Blueprint practices, please follow this link to an interactive map on the Blueprint website: Home Page | Blueprint for Health (vermont.gov).

Discussed at 9/12 MHIC breakout: consider moving this statement into the report as a status description, but not in these recommendations. How can our recommendations promote continued growth and progress beyond what has been achieved to date?

Laurel's response re: BP

Is it possible to see the flip of that statistic? What percentage of pediatric patients are covered under a Blueprint practice? Or if you don't have/know that, then what percentage of pediatricians participate in Blueprint?

John from BP:

Our claims data base has too many limitations to answer either of those additional questions. They are great questions.

Discussion at 9/19 – is there a way to provide an update towards the recommendation? Retain recommendation as worded and address the progress towards this with the Blueprint expansion in the narrative. Audience for report is legislature, so need to reflect the work.

Work with VCHIP – cross walk list of pediatric-serving practices with the list of Blueprint practices.

Blueprint is solid part of solution. But not entire solution, as practitioners are able to make own decisions.

Assess progress of Blueprint's expansion. Blueprint evaluation measure impact with children. Is expansion demonstrating success towards this recommendation?

> Recognizing Blueprint's role in patient-centered medical home efforts, align efforts and data to understand the Blueprint expansion progress towards this goal.

> Recognizing Blueprint's role in patient-centered medical home efforts, align blueprint's demonstrated expansion efforts with ongoing progress towards this goal

> Continue to ensure that every child has a medical home that includes some mental health staffing and coordinates (bi-directionally) with the child's family, social network, and community through blueprint expansion or other initiatives

> …family, social network, and community through initiatives that effectively and sustainably enhance whole-person care for families and practices

From Laura Pentenrieder

DULCE (replace language in report with this)

DULCE, implemented in partnership between a region's Blueprint for Health Patient Centered Medical Home pediatric practice and its Parent Child Center, includes six sites in Vermont: Lamoille Family Center/Lamoille Health Partners, Northwestern Counseling and Support Services/Timberlane Pediatrics Milton, Lund/Timberlane Pediatrics South Burlington, Springfield Area Parent Child Center/Mount Ascutney Pediatrics, The Family Place/Ottauquechee Health Center, and Northeast Kingdom Community Action/North Country Pediatrics.

DULCE is an innovative, universal approach for infants 0-6 months based in pediatric primary care that proactively addresses social determinants of health, promotes the healthy development of infants, and provides support to caregivers. The DULCE interdisciplinary team includes the medical provider and clinic representative, a legal partner, an early childhood lead, and a mental health representative as well as a DULCE Family Specialist trained in child development and relational practice who attends well-child visits with families and medical providers. The Family Specialist provides peer support and anticipatory guidance, offers screening across nine domains including parental depression and health-related social needs, refers families to services, and collaboratively problem-solves challenges in accessing resources. By working to address the accumulated burden of social and economic hardship, DULCE reduces family stress giving families more time and energy to bond with and care for their new child.

MHIC 9/12/2023 breakout discussions

Feedback on Pediatric Recommendations:

Update peer specialist language in report (not just peers) - specify family peer specialist and youth peer specialist.

> Resources #2: Create a recruitment campaign to increase the child, youth & family mental health workforce (including family and/or youth peer specialists) in Vermont, leveraging federal resources as much as possible. Focus can include telehealth resource options and partnerships with bordering states, in addition to promoting more people to move to Vermont.

Doesn't see family/parent/caregiver as strong in the recommendations, how to educate them to support their youth. (Feels odd since it is such an inherent value of work with children/youth, but it's not directly named in the recommendations – need to strengthen this.)

> Resource 1.b.: identify effective approaches for prevention for children and their families, such as wellness activities/roles; and
>
> Resources #4: Increase integration of healthcare into Act 264 Coordinated Services Planning structures to support coordinated care for children and youth with disabilities and their families.

VT has highest rate of youth on SSDI for mental health needs.

How can we increase access to services? School-based approach. Multi-directional approach with staff to provide coordination for SDoH needs.

> 9/19: where are the children: homes, primary care, learning environments.

Hub for practitioners to call for help with integration

Normalize the conversations about mental health and wellness for children. How to have the success stories of people with lived experiences – for youth who are newly experiencing MH but also for the providers – to see what's possible and shift stigma.

Clinicians and non-clinicians partnering in a meaningful way.

Value to reduce use of medication and prioritize other supports including family.

Concern about primary care taking on needs beyond their scope of expertise and impact of potential increase use of prescribing psychotropic medications. Consider describing VTCPAP more in report about effectiveness, what it covers, optimize use of consultation, equitable access, equity of resources for marginalized populations. Is there something from HRSA report to grab and insert into report? Maybe don't need detail, can reference website for more info. Side box? Goal of CPAP, brief snapshot. Good things happening, still underway, informed working group's recommendations…

Cultural and geographic communities of youth experience – pediatric setting, school setting, home & community.

Not enough focus on integration in other settings – school, emergency depts.

9/19 – Haley to add to Key Guiding Principles section, maybe #5: children in foster care/ State's custody…