Date: August 31, 2023

Re: Response to Public Comments for Global Commitment Register (GCR) Policy GCR 23-059 Blueprint Expansion

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The Agency of Human Services (AHS) response to public comments on this policy change, as well as a summary of the comments received, is below. AHS received five public comments on this proposed policy for the Blueprint expansion. Comments were submitted by five individuals/organizations.

Comment:
It will be important to make a connection between emergency departments and the Blueprint's expanded services. The emergency departments pointed to the Screening, Brief Intervention, and Navigation to Services (SBINS)
model https://blueprintforhealth.vermont.gov/sites/bfh/files/SBINS-Planning-Guidance-Letterhead-v6.pdf as something that is worth revisiting as a way for the most vulnerable patients, such as those without housing, to make a connection to primary care.

State Response:
The Blueprint team will work with Program Managers in each Health Service Area (HSA) to ensure that connections with emergency departments are made as part of the referral planning processes in each region.

Comment:
The DULCE expansion, promised in the legislature through the Blueprint appropriation, is not happening as intended. The understanding throughout the legislative process was that the Blueprint expansion of CHT and the DULCE program expansion were separate and distinct supports. That is how it was presented to legislators and their committees. As details emerge and evolve it is clear that there are no allocated funds for DULCE expansion or even the choice offered to practices to use their FTE for DULCE, which is a complete 180 degree pivot from the plan.

There is concern about the intent to expand the role of the family specialist beyond 6 months of age and have them provide support to the entire practice or as stated in some publicly shared communication slides, 0-5 years. This distortion of the evidence-based program that has been piloted for years will dilute the effectiveness of and meaningfulness of this program. Vermont's DULCE planning team has worked since 2017 to educate policy makers, including the legislature, about the evidence base and outcomes. The DULCE approach is rooted in early relational health and establishes strong bonds with families and connections to the early childhood system, which is protective and produces excellent child health outcomes. The commenter stands by the approach as a 0-6 month relationship building strategy.

State Response:

The pediatric model that will be implemented as part of this expansion is based on the DULCE approach, scaled for the Vermont population. The goal of this pilot is to serve as many Vermonters as possible using limited resources, which led to the decision to increase the ages served by the DULCE model in pediatric practices. The decision to limit the ages to 0-5 years was based on feedback that family specialists have early childhood expertise. The DULCE legal and training supports are being funded through this expansion, which will allow Vermont to craft an approach that works across practices.

Comment:
The commenter asked for clarification regarding the use of the expansion funding for current staff. If a practice hires someone now before the funding officially starts, can they use the expansion funds to cover their expenses when those funds become available? Can funds be used to help offset the cost for already existing staff that meet the criteria for the expansion program who are not already funded through the regular Blueprint funds? Can staff be shifted to the funding that best fits the funding criteria? (i.e., from the regular Blueprint to the expansion and add staff to the regular Blueprint?)

State Response:
The intent of this pilot is to expand Community Health Team resources; as a result, funding should be used to increase Community Health Team staffing resources available to practices to address mental health, substance use, and social determinants needs for all patients. If a practice has existing mental health and substance use disorder treatment services, consider assessing what unmet mental health, substance use, and social needs exist in your practice population and if the addition of another resource, such as a Community Health Worker, could allow for existing mental health and substance use providers to work to the top of their license and address those unmet needs. As a reminder, Community Health Teams providing these services cannot bill for services rendered.

Practices should contact the local Program Manager with any practice-specific questions or considerations. Program Managers may discuss individual practice questions or considerations with the Executive Director.

Comment:
The commenter expressed that it is crucial to evaluate the return on their members' investment in Blueprint programs, and the Blueprint has not provided sufficient data to demonstrate improved outcomes or reduced costs for our contributing members. They are unable to identify which members have accessed Blueprint services to determine impacts. The commenter strongly advocated for the implementation of a comprehensive data gathering and evaluation process to ensure transparency and accountability in this program. Given the limited healthcare dollars available to the small population in Vermont, it is increasingly challenging to ask families to bear the burden of additional commercial insurance premium costs. It is imperative that every investment demonstrates value to the population and provides a return to the taxpayers and ratepayers who fund the program.

The commenter continues to support the two-year pilot program aimed at expanding Community Health Teams funded by Vermont Medicaid. It is reasonable and appropriate to allocate this timeframe for implementing changes, assessing measurable outcomes, and determining the viability of expanding this initiative to the commercial market. The impact should be thoroughly evaluated prior to additional program expansion. They fully endorse the efforts outlined in Sec. E.300.2 of the FY24 State Budget to evaluate the use of opioid settlement funds and tax revenue from legalized marijuana sales as ongoing revenue sources for expanding these programs. This approach would alleviate the burden of increased healthcare costs on Vermonters, who are already facing significant financial pressures.

State Response:
The Blueprint is committed to supporting data collection and evaluation efforts. A plan for evaluation and measurement of the pilot expansion is included here: Measurement and Evaluation Committee (vermont.gov).

Comment:
As the persistent needs in mental health and substance use disorders continue to plague our state and our systems of care, the commenter encouraged the Blueprint for Health Leadership Team, among other state leaders, to provide additional information and convene a learning forum on the roles, competencies, and scope of practice of CHWs, to help assess and address CHT organizational needs to achieve increased care integration most successfully. The VT CHW ALLIANCE members, as well as subject- matter experts and leaders nationally and regionally, would be pleased to participate and support this effort as needed, during the months of August and September.

State Response:
The Blueprint appreciates the continued support and participation of the Vermont Community Health Worker Workforce Initiative. The recommendations presented here will inform the trainings and recommendations for the CHWs that will be hired as a part of this pilot.