In Vermont our members have 88 sites in all 14 counties.

Our members serve 1 in 3 Vermonters, who made over 800,000 visits in 2018.

We serve 41% of VT Medicaid enrollees, 38% of VT Medicare, and the majority of uninsured Vermonters.

Our vision is healthy individuals and communities with quality health care for all.

Our members include Federally Qualified Health Centers, clinics for the uninsured, rural health clinics, Planned Parenthood clinics, and Area Health Education Centers in Vermont and New Hampshire.

Since 1986, Bi-State has provided technical assistance, data analysis, workforce development, policy leadership, and collaborative partnerships at the regional and federal levels.

Federally Qualified Health Centers (FQHCs) & Mental Health Services

The federal government supports FQHCs as the nation's primary safety net system for health care. FQHCs accept patients regardless of ability to pay, exist in medically underserved regions, and work with their communities to address a range of barriers to health - including access to care issues such as lack of transportation. One defining characteristic of FQHCs is that they must provide comprehensive services, including primary medical, dental, substance misuse treatment, and mental health services.

Nationally, since 2010, health center patient visits for services that include mental health and substance misuse treatment have grown by over 83%, significantly outpacing the total growth of FQHC visits. The National Association of Community Health Centers attributes this growth both to increased need and FQHCs’ unique roles providing comprehensive services in a community-based setting. Examples of ways that FQHCs use their comprehensive care model to effectively serve patients include:

- Screening for mental health concerns as part of regular preventive care.
- Combining primary medical care with mental health services to address specific needs, especially in pain management and substance misuse risk and treatment.
- Helping patients overcome additional barriers to care, including offering care coordination and case management services.
- Providing extensive outreach into communities and reducing stigma of mental health through integrating these services into a culture of whole-person care.
Since 2008, Vermont FQHC patient visits that involved mental health services have increased by a factor of 5 as FQHCs have rapidly expanded their programs.

Vermont FQHCs employ over 100 mental health professionals, including psychiatrists, licensed clinical psychologists, social workers, and substance misuse service professionals.

Vermont is facing shortages in the mental health workforce, which will likely intensify as more workers reach retirement age. The VT Dept. of Health reports that 47% of Vermont psychiatrists are over age 60 (2018 data).

Bi-State’s Workforce Recruitment Center helps primary care providers recruit and retain a range of workers including in mental health.

100% of Vermont FQHCs offer Medication Assisted Treatment (MAT) services for patients with an opioid use disorder. This included over 9,000 visits in 2018. In 2018, FQHCs had 69 providers qualified to perform MAT services.

FQHCs perform screening for a range of issues related to mental health. For example, in 2018 we had screened 84% of adult patients for tobacco use and provided follow-up cessation counseling. In 2018, our health centers screened 48.5% of adult patients for clinical depression and developed follow-up plans as appropriate. We are in a similar range as other providers in Vermont, but short of our goals and depression screening is an area where Bi-State is performing additional work to improve our results.

Bi-State is currently developing programs to help our FQHCs incorporate social determinants of health into their screening processes. We know that these stressors have a significant impact on mental health and also can be a critical part of treatment. Some FQHCs have built their own programs for additional screening. The Health Center in Plainfield, for example, has implemented ACEs (Adverse Childhood Experiences) screening to assist in connecting patients with resources in resilience and as part of staff training in trauma-informed care.