



Vermont Certified Community Behavioral Health Clinic (CCBHC) Steering Committee

**Vermont Department of Mental Health
January 29, 2024**

Agenda



01. Welcome and Introductions

02. Name for CCBHCs in Vermont - Discussion

03. CCBHCs and EBPs: Brief Overview

04. Questions?

05. Public Comments and Wrap Up

Steering Committee Group Agreements



Typical Group Agreements:

- ❖ Individuals are experts of their own experience
- ❖ Accountability with respect and support
- ❖ The impact of what you say is more important than your intent (Ouch, oops / purple flag)
- ❖ Enough Let's Move On (ELMO)
- ❖ Mind the empty chair (Who isn't represented? What would they want?)

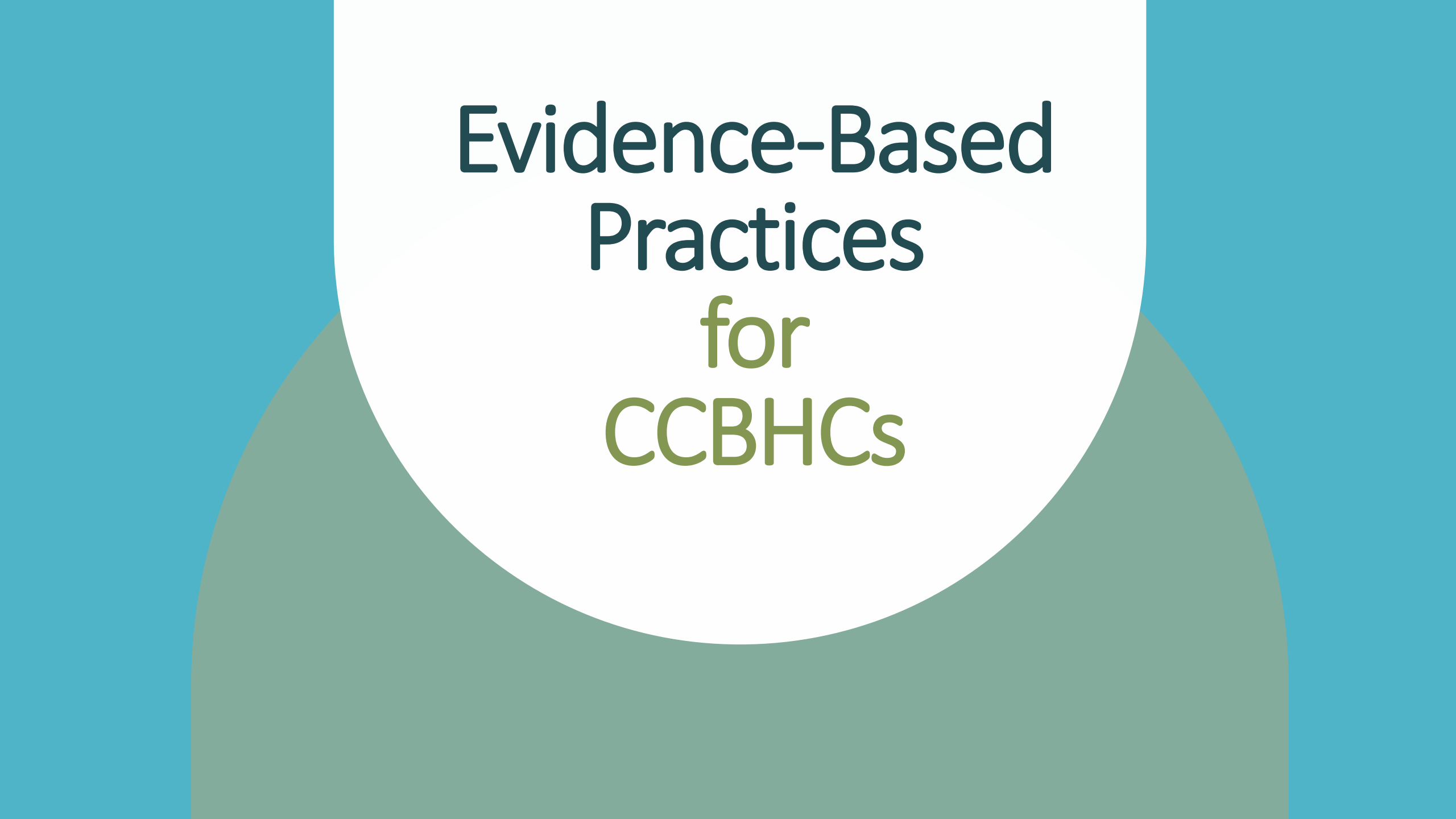
Discussion for the group:

- ❖ What's missing?
- ❖ Does anything need to be changed or removed?

CCBHC Name Change for Vermont

Group Discussion





Evidence-Based Practices for CCBHCs

AGENDA

Review CCBHC Basics

CCBHC Services Requiring EBPs

Minimum Set of EBPs Required by State

Recommended EBPs

Things to Consider

1: Staffing

2: Availability and Accessibility of Services

3: Care Coordination

4: Scope of Services

5: Quality and Other Reporting

6: Organizational Authority, Governance and Accreditation

Evidence- Based Practices

The CCBHC model is designed to **ensure access** to coordinated, comprehensive integrated mental health substance use services.

A key element of the CCBHC criteria is that centers **utilize their needs assessment to determine** which evidence-based practices **(EBPs) are most impactful and appropriate** for the communities they serve.

In addition, **states certifying CCBHCs must establish a minimum set of EBPs** required of a CCBHC.

4.f.1 “The CCBHC or the DCO must provide evidence-based services using best practices for treating MH and SUD across the lifespan with tailored approaches for adults, children and families.”

CCBHC Services Requiring Training and Use of EBPs Whenever Possible

Evidence-Based Practices

Cultural Humility*

Shared Decision Making

Person-Centered Planning and Services

Family-Centered Planning and Services

Recovery-Oriented Planning and Services

Trauma-Informed Care

Integration and Coordination with Primary Care

Co-Occurring MH and SUD

1.c.1 - Required training in these areas at orientation and at **“reasonable” intervals**

CCBHC Services Requiring Training and Use of EBPs Whenever Possible

Risk
Assessment

Suicide
Prevention and
Response

Overdose
Prevention and
Response

Inclusion of
Family and
Peer Staff

1.c.1 Required training at orientation and **annually**

Which EBPs to Require for Each Population?

Children and Adolescents

Must provide EBPs that are developmentally appropriate, youth-guided, and family/caregiver-driven.

Older Adults

Desires and functioning of the person receiving services are considered, and appropriate EBPs provided.

Psychiatric Rehabilitation Services

Must provide EBP Supported Employment Services and state should specify additional EBPs with a focus on recovery and Social Contributors to Health (*federal government refers to these as SDOH*).

Decisions based on Needs Assessment and Population Served

Need EBPs Related To:

Crisis Services – Crisis Receiving/Stabilization Services

Crisis Planning

SUD Treatment

Cultural Competence

Peer & Family Supports

Suicide Prevention

Targeted Case Management

Housing & Employment Supports

Services for Juvenile and Criminal Justice Involved
Individuals



What Defines an EBP?

Rigorous research conducted – Randomized Controlled Trials

Considers the person's unique needs and personal preferences.

Typically has a guide to follow with a fidelity scale for ensuring quality and adherence and outcomes/data to determine effectiveness.

Required

- Integrated treatment for co-occurring disorders/integrated dual disorder treatment (IDDT)
- Medications for Opioid use Disorder (MOUD)
- Medications for Alcohol Use Disorder (MOAD)
- Motivational interviewing (MI)
- Screening, brief intervention and referral to treatment (SBIRT)
- Trauma-focused cognitive behavioral therapy (TF-CBT)

Recommended

- Dialectical Behavior Therapy (DBT)
- Permanent Supportive Housing

Most Commonly
Required &
Recommended
EBPs

EBPs Required by Vermont (draft)

Cognitive Behavioral Therapy (CBT)	All populations	Required
	Children/Family	Required
Attachment, Regulation and Competency (ARC)		
	All populations	Required
Dialectical Behavior Therapy (DBT)		
Zero Suicide (Counseling on Access to Lethal Means – CALM)	All populations	Required
Motivational Interviewing	All populations	Required
	Substance Use	Required
Medication for Opioid Use Disorder (MOUD)		
	Substance Use	Required
Medication for Alcohol Use Disorder (MAUD)		
	Community Rehabilitation & Treatment (CRT)	Required
Evidence-Based Supported Employment (IPS)	Substance Use Disorders	Required
(Nicotine Replacement Therapy (NRT))		

Person-Centered Treatment Planning

Shared Decision Making (recommended by SAMHSA 4.b.1)

Recovery-Oriented Cognitive Therapy (CT-R)

Open Dialogue (Collaborative Network Approach - CNA)

Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)

Housing First

Parent-Child Interaction Therapy

Wellness Recovery Action Planning (WRAP)

Parent Management Training – Helping the Non-Compliant Child

Six Core Strategies (6CS)

Evidence-Based Supported Employment for Youth (IPS-Y)

Therapeutic Foster Care

Integrated Dual Disorders Treatment (IDDT)

Matric Model

Community Reinforcement Approach

Trauma Informed Care - what is the EBP?

Strength-based Case Management

Assertive Community Treatment (ACT)

Forensic Assertive Community Treatment (FACT)

Multi-Systemic Therapy (MST)

Acceptance and Commitment Therapy (ACT)

Eye Movement Desensitization and Reprocessing (EMDR)

Seeking Safety

Intensive Care Coordination Using Wraparound

Recommended
(draft)

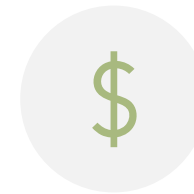
EBP Decisions Impact:



Staffing Plan



Location &
Hours of
services



Cost



Data to collect



Outcomes /
Goals

Group Discussion on Evidence-Based Practices

Are we headed in the right
direction?

What questions do you have?

Feedback, concerns, suggestions?

