# CCBHC Steering Committee Meeting Notes
# 01/29/2024

**Purpose**: To review and offer feedback on the state's efforts to implement and sustain high-quality CCBHCs that meet the mental health and substance use treatment needs of local community members.

**Steering Committee Members Present: 18**

- 18 of the 27 Steering Committee Members attended (11 of the 18 identifying as a person with lived experience and/or family member)
    - Representation from:
        - Vermont Department of Mental Health (DMH)
        - Vermont Department of Health, Division of Substance Use Disorders (DSU)
        - Substance use provider organizations (SaVida Health, People Health and Wellness Clinic)
        - Mental Health Advocacy Organization
        - Family Members (6)
        - People with Lived Experience (5)
        - 2 Designated Agencies with CCBHC grants (CMC, RMHS)
        - Workforce Development Organization
        - Blueprint Services Provider (SaVida Health)
        - Legislative Representative
        - Primary Care (FQHC focus) TA Organization
        - Housing Organization
        - New American/Refugee services/supports consultant
        - Youth/College Student

- 9 Steering Committee Members not present (7 of the 9 identify as person with lived experience and/or family member)
    - Peer Advocacy and Recovery Organizations (VAMHAR, VPS)
    - Criminal Justice Organization
    - Mental Health Advocacy Initiative as part of United Way
    - HS Student
    - Family member
    - Person with lived experience
    - New American/Refugee staff/organization

**Public Members Present: 8**

- Accreditation Consultant
- Designated Agencies (UCS, NCSS, HCRS)
- Department of Mental Health (3)
- Refugee Program Manager

**Agenda**

3:00-3:10 pm Welcome and Introductions/Re-Introductions
Review Agenda & Meeting agreements

3:10-3:40 pm Name for CCBHC model in Vermont (Steve DeVoe)
3:40-4:10 pm Evidence-Based Practices (EBP) for CCBHCs
- What does EPB mean?
- Required and recommended practices for CCBHCs
- Discussion with group

4:15-4:25pm Public Comment
4:25-4:30 pm Wrap Up

**MINUTES**

| **Agenda Item** | **Discussion**<br>**Facilitator:** Laura Flint, DMH |
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| **Opening Committee Business** | Meeting **convened** at 3:03. **Quorum** was met. Agenda was reviewed. Introductions were made for members and the public. |
| **Name for CCBHC model in Vermont** | **Steve DeVoe, DMH**<br>Bringing the discussion around the term "behavioral health" in the CCBHC acronym to this steering committee. Acknowledging that this term has been identified by many with lived experience as a harmful term that can perpetuate discrimination and stigma. This does not represent DMH values. Previous discussions and work has been done around this term in particular, but also in other spaces where the term 'behavioral health" or others terms (serious emotional disturbances & serious mental illnesses) that are used by the federal government. There are some instances where, as a state, we do not have the option of changing certain language in certain spaces. There is the option to change the name of CCBHC. Previous suggested names changes are included below.<br>• Looking for additional feedback, that we all can collectively be proud of.<br><br>**Group Discussion:**<br><br>• **Questions from group**<br>o Looking for a noun vs verb?<br>o Where would we see this name (on buildings, in marketing, just in internal state paperwork?)<br>o Can DMH have a conversation with the GPO from SAMHSA about what other states have done and/or their recommendations?<br>▪ Yes, has been added to follow up<br>o What are other states doing?<br><br>• **Several members agreed with the need for a name change.**<br>o Emphasized the acknowledgement that language is important and that the term "behavioral health" can be insulting and stigmatizing.<br>o It would be beneficial for people who are looking for support, but are reluctant especially due to stigma.<br>o "Nothing about us without us"<br>o Changing the language will make services more appealing and comfortable |

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| | • **Several members discussed some reasons to keep name and barriers the name change might create**<br>  ○ Having a common language with payers (like the federal gov.) and other states that are implementing CCBHC<br>  ○ Not wanting to be left out of any conversations because we are using a different name/term<br>  ○ Often need to use specific term set by federal government to access funds<br>  ○ It is a known care model, people know what to expect. Keeping the name could benefit marketing and level of expectation from those seeking services.<br>• **Keep acronym, but change name?**<br>  ○ A way to make the language less stigmatizing, but keep the well known acronym<br>  ○ Feels a change is needed, but don't want to change it too drastically<br>  ○ Several mentions of liking the inclusion of the word "wellness"<br>  ○ Can add additional language beyond the acronym<br>  ○ List of new names with same acronym included below<br>  ○ This could be a both/and solution instead either/or<br><br>**Previous suggested alternatives names - not exhaustive - need additional ideas:**<br>1. Certified Community Mental Health Clinics<br>2. Certified Community Wellness Clinics<br>3. Certified Community Health and Wellness Centers<br>4. Certified Community Whole Health and Wellness Centers<br>5. Certified Community Psychological Health Clinics<br>6. Certified Community Emotional Health Centers<br>7. Certified Community Mental Wellness Clinics<br>8. Certified Community Mind and Wellness Clinics<br>9. Certified Community Cognitive Health Centers<br>10. Certified Community Mental Care Clinics<br>11. Certified Community Wellness and Support Clinics<br>12. Certified Community Wellness and Supports Center<br>13. Certified Community Supports and Wellness Center<br>**Previous suggested alternatives names <u>with same acronym</u>**<br>1. Certified Community Bridge Health Centers<br>2. Certified Community Based Health Centers<br>3. Certified Centers for Bridges to Healthy Communities<br>4. Certified Centers for Building Hybrid Care<br>5. Certified Centers for Bridging to Health and Care<br>6. Certified Centers Building Healthy Communities<br>7. Certified Centers for Blended Health Care |
| **Evidence-Based Practices (EBP) for CCBHCs** | Power point about EBP shared that addresses below questions:<br>• What CCBHC services require training and use of EBP?<br>• What EBP for each population served?<br>• What defines an EBP? What does EPB mean? |

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| | • Required and recommended EBP practices for CCBHCs<br><br>**Discussion:**<br>• What would requiring an EBP mean for an agency?<br>  o Still being decided what that would look like. The agency would incorporate the level of need, staff and resources required into their staffing plan as part of their needs assessment.<br>• Cultural Humility around EBP. Recognizing that not all EBPs were created with the populations they are intended to serve.<br>  • Request to use practice-based evidence practices (Evidence is shown from using practice with the populations served, not just evidence from research)<br>• Is a subcommittee an option?<br>• Can the required EBP be needs-based? For example, have a required category (such a trauma informed care) and have the agency use their needs assessment to determine which EBP would best serve their community<br>  o SAMSHA does require the state to establish a core group of EBPs that are required. There is opportunity to have the state recommend EBPs in addition to the core group, which the agencies could use their needs assessment to determine which ones are best for their community.<br>• Missing EBP?<br>  o Somatic category<br>  o CAMS<br>  o Eating disorder<br>  o Harm Reduction<br><br>• The term "Best practice" is—not always the best. Can be an off putting term.<br>• Flexibility is important and not wanting this to be prescriptive<br>• Different cultures and communities already have their own best practices. Hope we are not trying to use same practice for everyone. Need to be sure we are not causing harm<br>  o Part of the cultural humility component of CCBHC is recognizing the particular cultural, spiritual, and other needs of the individual that is seeking care. And ensuring that there are people providing the services/supports that look/speak like the people who are receiving the services. |
| **Public Comment** | • Highlighted the conversation on the cultural discussion around EBP. Particularly around trauma and how that can be very different culture to culture.<br>• Discission around the need for training when using interpreters for mental health, need to know how to work with them. (Spoken and Sign Language)<br>  o Suggestion of using cultural brokers, either instead of training or until the training is complete.<br>• Emphasized the great discussion on the CCBHC name -- The National Council for Community Based Behavioral Health changed its name to The National Council for Mental Well-Being for these very reasons. The National Council is |

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| | the largest advocacy association for mental wellbeing and focuses on helping CCBHC develop/expand/improve. There is a wealth of info on their website.<br>• People who are searching online for mental health support, particular those with low health literacy may not find support if the name is different. May cause confusion when people are googling if we change name.<br>• Member offered the resource Vermont 211<br>• Do other organizations in VT benefit from this implementation, does it restrict options for community members?<br>  ○ It does not restrict options. Always the choice of person/family. Encourages community partnerships. CCBHC has formal collaboration requirements in certain situations, called DCO (Designated Collaborating Organization), that can make collaborations more formal and the DCO does not have to be a Medicaid provider. |
| **Comments from Chat** | • Steve DeVoe shared his email for people to reach out with recommendations, reactions/responses to the proposed CCBHC name change in order to remove the term "behavioral" : Stephen.DeVoe@Vermont.gov<br>• Public comment about SAMSHA looking for recovery concepts to be embedded in assessment/planning (preferences, strengths, needs, and goals) as identified by the person receiving services. For adults it is recovery concepts, for children/adolescents it is resilience concepts.<br>• Member asked about a sub-committee to resolve the naming/re-naming of CCBHCs in VT due to the amount of information/discussion that still may be needed.<br>• Member asked if we have any Veterans/Members of Armed Services on the steering committee yet (DMH replied: reached out and waiting to hear back)<br>• Member shared link: https://www.nccih.nih.gov/ (National Center for Complementary and Integrative Health) as a location to learn about complimentary practices for CCBHCs. |
| **Wrap Up** | **Next Meetings**:<br>Monday, February 12th 3:00-4:30pm<br>Friday, March 1st 2:45-4:15pm<br>Monday, March 11th 3:00-4:30pm |