CCBHC Monthly Progress Update

About the Project: The Vermont Department of Mental Health (DMH), in collaboration with the Vermont Department of Health (VDH), Division of Substance Use Programs (DSU), was one of 15 states to be awarded a $1 million, one-year state planning grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and support a comprehensive statewide plan for a network of CCBHCs in Vermont. In addition to the Core Project Team, much of the work for this project is being completed through targeted subcommittees; Clinical Criteria and Certification Process, Community Needs Assessment, Quality Measures & Data Collecting & Reporting, Financial & Billing/Coding, and Communications.

Reporting Period: September 2024

Summary: Currently, a portion of our focus is on the current certification of two CCBHCs. This process is teaching all involved many important lessons that will inform future CCBHC certifications. We know everyone is eager to have questions answered and information shared, however we need to ensure that we are creatin a robust CCBHC demonstration that is of high quality and thoughtfulness.

Subcommittee Name	Clinical Criteria and Certification Process
Subcommittee Objectives	The certification team will design the certification process as well as the process for addressing deficiencies within certified clinics and those clinics seeking certification. The clinical team will ensure that people with mental health and substance use needs have access to efficient, timely, and holistic care. The group will emphasize a complete scope of services. Each subgroup meeting will assign a section of the CCBHC Certification Criteria that was updated March 2023, until all required material is reviewed. There will be special attention on the six organizational framework and nine core services requirements for the CCBHC certification criteria. Goal 1: support access to MH and SU care. Goal 2: Ensure that CCBHC comprehensively address the health care needs of Vermonters and demonstrate that these services are delivered with high quality care.
Team Lead	**Clinical Leads**: Lori Vadakin, Anthony Folland **Certification Leads:** Eva Dayon, Patricia Breneman **Team Members:** Steve DeVoe, Lori Vadakin, Kheya Ganguly, Laurel Omland, Trish Singer, Cheryle Wilcox, DMH Quality team, VDH, Manatt, CMC, RMHS, VCP, Providers, FQHCs, ER/hospital, peer & family staff, schools, PCPs, housing, employment, VA, Abenaki tribes
Meeting Schedule	• **September:** 9/27 from 1-2 PM • **October:** 10/18 from 1-2 PM and 10/30 from 9-10 AM • **November:** 11/8 from 1-2 PM • **December:** 12/4 from 9-10 AM and 12/18 from 9-10 AM • *Note:* Meetings may be removed if deemed unneeded.

What's Happening	• On 9/10/24, the Readiness Assessment for new CCBHC agencies was introduced, posted, and reviewed, providing a clear pathway for applications. Additionally, the Memorandum of Understanding (MOU) with the Veteran Administration was finalized and shared during the second CCBHC Public Meeting held on the same day. The Department of Mental Health (DMH) has been experiencing an increase in CCBHC-related inquiries. • The workgroup has organized a series of monthly meetings from September to December, designed to guide the group's work on quality measures. • A survey was developed and distributed to potential attendees to gather input and prioritize discussion topics. • The first meeting occurred, which featured the Community Needs Assessment draft • The second meeting agenda is planned to include VT discretionary items on requirements 1-3 (of 6), and alignment questions for preferred provider standards that will apply to all populations in the formation of the VT CCBHC Provider Manual
Key Decisions	• Group facilitators reviewed survey results to shape the agenda for the first meeting. Most questions were routed to the FAQ document or to other subgroups, as they were not appropriate for this subcommittee. • Membership of this group has been established, and parameters were shared with Vermont Care Partners

What's Next	• We continue to seek input from individuals with lived experience with substance use
	• Focuses of this group are the decisions needed to finalize the VT CCBHC manual including:
	  • discretionary items,
	  • integration of preferred provider and DA Administrative Rule components,
	  • clarifying questions about clinical criteria, and certification processes such as certification, corrective action, and decertification

Subcommittee Name	**Community Needs Assessment**
Subcommittee Objectives	The Community Needs Assessment (CNA) team will prepare a CNA Guide and design a process to evaluate assessments. Community Needs Assessments identify community needs and determine program accessibility and capacity, offers the opportunity to collaborate with community partners and integrate input from people with lived experience, and identify current conditions and desired services or outcomes in the community. CNAs are required every three years and prior to CCBHC implementation.
Team Lead	**Leads:** Laura Flint

	Team Members:
	State Level Meetings: Kheya Ganguly, Eva Dayon, Roy Belcher (VDH), Manatt,
	Community Partner Meetings: Providers and Advocacy groups (same members as the clinical/certification subcommittee)
Meeting Schedule	**September:** - Contractor Meeting: 9/16 from 9-9:30am - Subcomittee Meetings: 9/18 from 11-12pm, 9/25 from 11-12pm, and 9/27 from 1-2pm **October:** - Contractor Meetings: 10/2 from 3-3:30pm, 10/8 from 3-3:30pm, 10/22 from 3-3:30pm, and 10/29 from 3-3:30pm - Subcomittee Meeting:10/16 from 11am-12pm **November:** - Contractor Meetings: 11/5 from 3-3:30pm and 11/12 from 3-3:30pm - Standing Committee Meetings: 11/4 from 12:30-3pm Adult MH State Standing Committee to review CNA, and 11/7 9-11am Children, Adolescent, & Family Standing Committee to review CNA - Subcomittee Meeting: 11/13 from 2-3pm
What's Happening	- The team is actively working on developing guidance for the Community Needs Assessment (CNA), which plays a significant role in shaping staffing plans, staff training requirements, additional evidence-based practices, hours of service, and how to best meet the unique needs of the local community. A draft plan has been posted on the DMH website. - Input is being requested by community partners on data sources, questions to ask community members, which community partners are essential to involve, and how best to ensure underserved populations are meaningful included in the process of developing the report.
Key Decisions	- Manatt will assist with creating a staffing plan template, and a more formal rubric will be developed to assess the completeness and quality of the CNA, with an emphasis on quality. - The CNA will include a new component: "How are you using the data to inform your planning efforts?" to ensure the assessment supports strategic planning. - FQHC needs assessments, local hospital care plans, and other key partners' needs assessments can and should inform the CNA. - The small state group decided to address CNA-related questions through the clinical and certification subgroup

	rather than forming a new meeting, as it involves the same participants.
What's Next	• The DMH team will meet to discuss cost templates, staffing plans, and any necessary parameters that will inform the CNA process. • Important decisions need to be made regarding required and encouraged community partners in the CNA, whether the CNA template will be mandatory, and what qualifies as "good enough" for certification. • The draft CNA will be updated based on input from the 9/27/2024 community partner meeting, input from the Adult Standing Committee on 11/4/24 and at the Child, Adolescent, & Family and standing committee meeting on 11/7.

Subcommittee Name	Financial and Billing/Coding
Subcommittee Objectives	The billing workgroup (which has concluded) will review and assess the draft code list from providers for clinical appropriateness, recommend necessary changes, and evaluate the financial impact, including the incentive structures associated with code inclusion/exclusion. The financial workgroup will...TDB
Team Lead	**Leads**: Nicole DiStasio (Billing/Coding) and Shannon Thompson (Financial/Costing) **Co-leads:** Cara McSherry (DMH) and Emily Trutor (VDH) **Team Members:** Consultant, DVHA, VDH, providers
Meeting Schedule	• n/a
What's Happening	• The team has completed meetings with key subject matter experts from the Designated Agencies (DAs), including billing managers, compliance officers, CFOs, and clinical directors, to review the draft list of billing codes for CCBHC encounters. A draft A3 has been prepared to present to the MMIS steering committee, requesting approval to scope, resource, and implement CCBHC billing changes.
Key Decisions	• All DAs are working on cost templates, but priority will be given to templates from agencies targeted for 7/1/25 CCBHC certification (CMC, RMHS). Other submissions will be reviewed as time allows and will not affect non-CCBHC rates. • Non-CCBHCs will continue using the current code list and cannot bill CCBHC-specific codes for currently non-billable services. The state is not planning changes to the current MH case rate model outside of regulatory or compliance requirements.

	• Feedback on draft codes from DAs is due by 9/30; late feedback will not be accepted, though recommendations will be reviewed annually.
What's Next	• Final decisions on program inclusion (e.g., ACT) need to be made to determine allowable billing practices. • Develop a work plan for the next phase, as the billing work plan is nearly complete. • Biweekly finance meetings will be established to support ongoing coordination. • The draft code list will be reviewed at the October CCBHC meeting, with final adoption scheduled for the November meeting.

Subcommittee Name	Quality Measures & Data Reporting
Subcommittee Objectives	The Quality Measures and Data Reporting team will develop standardized processes for data collection, querying, and reporting of CCBHC quality measures.
Team Lead	**Lead**: Steve DeVoe, Patty Breneman **Team Members:** Eva, DMH Quality staff, VDH, providers
Meeting Schedule	• n/a
What's Happening	• We are collaborating with the Vermont Department of Health (VDH) to identify the appropriate co-lead for this workgroup, recognizing the significant effort required for agencies aiming to become CCBHCs. Additionally, we are coordinating with the Vermont Care Partners (VCP) Outcomes group to support the work sessions.
Key Decisions	• The workgroup will officially kick off in mid-October and will meet at least once a month. • Initial discussions with the VCP Outcomes group on 9/18 focused on forming the workgroup and aligning objectives.
What's Next	• Focus will be on standardizing processes for data collection, querying, and reporting of CCBHC quality measures. • Prospective CCBHCs with similar electronic health record (EHR) systems will share insights to enhance standardization efforts.

Subcommittee Name	Communications
Subcommittee Objectives	The work of the Communications team is embedded through all of the CCBHC activities and includes developing a schedule of project status, facilitating public meetings, maintaining a list of frequently asked questions (FAQs), and ensuring collaboration across internal and external partners.
Team Lead	**Leads**: Lori Vadakin, Laura Flint **Team Members:** AHS Leadership, DMH Leadership, Cheryle Wilcox, Nicole DiStasio, Alex Franz

Meeting Schedule	• n/a. The Communication activities are embedded in all CCBHC activities.
What's Happening	• On 9/25/2024, CCBHC leadership reviewed the first round of questions gathered from the community, which will help inform future communications. • The first round of Frequently Asked Questions (FAQs) has been posted on the DMH website to address common inquiries and support CCBHC agencies.
Key Decisions	• The agenda, slides, and notes from the public meeting will be updated and made accessible on the DMH website.
What's Next	• Ongoing updates and resources will continue to be shared to assist with the influx of questions and to keep stakeholders informed.