**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:** November 2024

**Leadership Corner:** This month the CCBHC team began collaboration with the Vermont Governor’s Challenge to Prevent Suicide Among Service Member Veterans and their Families. The CCBHC team was invited to preview the free learning platform (PsychArmor). The teams are evaluating the adoption of the five core modules that PsychArmor has identified to consider a person "Vet Ready" or informed in military culture: 15 Things Veterans Want you to know, VA SAVE, Women Who Serve, Myths and Facts about Wounded Warriors & Communication Skills with Veterans.

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| **Subcommittee Name** | **Clinical Criteria and Certification Process (CCC)** |
| **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 frameworks 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 addresses 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 tribe rep. |
| **Meeting Schedule** | **December:** 12/4 from 9-10 AM  12/18 from 9-10 AM |
| **What’s Happening** | * While the CCC workgroup did not meet in November, the following activities were completed: * Discretionary items were brought to mental health standing committees for review and feedback * Completed review of all VT discretionary items on requirements. * Facilitators met to discuss goals for December meetings and begin creating materials for distribution |
| **Key Decisions** | * Questions from members about discretionary items and outstanding discretionary items will be brought back to DMH/VDH clinical leadership for final decisions |
| **What’s Next** | * The workgroup will hold meetings 4 and 5 in December. * We continue to seek input from individuals with lived experience with substance use * Focus 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 |

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| **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** | **December**:   * Meetings on hold until mid-January 2025. |
| **What’s Happening** | * Team has put a hold on the development of the Community Needs Assessment (CNA) guide, staffing plan template, and scoring rubric to assess the completeness and quality of the CNA to prioritize focus on demonstration certification. There is a draft CNA guide has been posted on the DMH website. |
| **Key Decisions** | * None this month |
| **What’s Next** | * The draft CNA will be updated in early 2025 and will include input gathered from community partners. |

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| **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 establish a comprehensive cost accounting framework by defining shared definitions for cost categories, identifying all staff to be included in the cost template, and setting salary parameters. Additionally, ensure clarity on the submission of direct, indirect, and non-reimbursable costs, review relevant regulations for compliance, adopt the PPS-1 financing plan for implementation, and collaborate with Guidehouse for fiscal analysis and rate development for two Designated Agencies targeted for certification by July 1, 2025. |
| **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** | **Recurring**: 1st and 3rd Wednesdays from 3-430 |
| **What’s Happening** | * Released the trigger code list for CCBHCs in DY1. Also released drafts of the billing manual and staffing guidance. * Discussed the first draft of the financial guidance manual (being drafted by the network of providers). Hopefully available to the state in December. * Issued a request to prospective CCBHCs to have their DY 1 cost templates in to the state by 12/15. |
| **Key Decisions** | * Mental health urgent care funding integration into CCBHC remains undecided. Prospective CCBHCs are not authorized to include the costs of urgent cares into the cost templates until DMH/VDH has give the go-ahead. * Adherence to federal guidelines should be prioritized over state guidance in cost conflicts. |
| **What’s Next** | * Elder Care Review: Marked for future discussion (after implementation) on rationale and data that supported the program’s exclusion. Acknowledging that sustainability conversations should occur. * Commercial Payer Participation: Investigating New York and other states for national trends. * Geographic Salary Variation: Reviewing requests for urban-rural salary differentiation. No decision yet. * Additional Depreciation Guidance: Additional conversations on reporting funded item depreciation. * CMC and RMHS DY1 costs templates due on 12/15. |

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| **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:** Vermont Care Partners, Designated Agency Quality Leads, Providers |
| **Meeting Schedule** | * Monthly * Next meeting: Monday, January 6th, 2025, 2-3p via Teams |
| **What’s Happening** | * Continuing review of CCBHC Quality Measures and the Technical Measurement Specifications manual ([*Quality Measures for Behavior Health Clinics – Technical Specifications and Resource Manual*](https://www.samhsa.gov/sites/default/files/ccbhc-quality-measures-technical-specifications-manual.pdf))   + Reviewing of CCBHC clinic-collected quality measure (5 total)     - Completed: Time to Services [I-SERV] measure completed     - Currently Reviewing: Depression Remission at Six Months (DEP-REM-6) * Reference: required CCBHC Data Reporting Template for CCBHC Quality Measures and population reporting ([*ccbhc-data-demonstration-templates.xlsx*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.samhsa.gov%2Fsites%2Fdefault%2Ffiles%2Fccbhc-data-demonstration-templates.xlsx&wdOrigin=BROWSELINK)) |
| **Key Decisions** | * Detailed review of all CCBHC Quality Measure will continue * No other decisions occurred or any feedback from VCP/DA partners |
| **What’s Next** | * Continue review of CCBHC clinic-collected quality measures |

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| **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** | None to date. The Communication activities are embedded in all CCBHC activities. |
| **What’s Happening** | * + Confirmed that no state currently requires commercial participation in CCBHCs. Commercial payers are still using FFS, and CCBHCs use the sliding-fee scale for services outside of commercial coverage. While commercial payers have shown interest in tracking CCBHC progress, there has also been no voluntary uptake either (at least that is currently known).   + Eldercare continues to be a contract outside of CCBHCs. This means the services remain the same and is not paid under a CCBHC, however, as part of CCBHC’s availability and accessibility of services, they ensure no one is denied services for lack of ability to pay and they must offer a sliding scale for payment. Now that Medicare has recognized additional clinical licenses, CCBHCs could treat and bill for Vermont’s aging population. |
| **Key Decisions** | * Subcommittee meeting notes and relevant materials will be posted to the DMH CCBHC webpage (<https://mentalhealth.vermont.gov/about-us/department-initiatives/ccbhc>). Please review other Subcommittee minutes as there is often additional answers found in the minutes. |
| **What’s Next** | * Ongoing updates and resources will continue to be shared to keep community members informed. |