

CCBHC Community Public Meeting

Tuesday, August 13, 2024

11:30-1:00

Location: Microsoft Teams or Weeks Building, Waterbury

Facilitator: Lori Vadakin, DMH, Director Mental Health and Health Care Integration

Notetaker: Cheryle Wilcox, DMH, Director of Mental Health Collaborations

Purpose: The monthly meeting aims to establish a clear message on the progress of Certified Community-Based Integrated Health Centers (CCBHCs) in Vermont. The Department of Mental Health's mission is to enhance the health of Vermonters, and pursuing CCBHC status aligns with this goal by integrating mental health, substance use disorder treatment, health equity, and physical health into a comprehensive care approach. This model supports the State's broader efforts to integrate services across the health care sector, as outlined by the Mental Health Integration Council.

For information on CCBHC and notes please go to:

[Certified Community-Based Integrated Health Centers \(CCBHCs\) | Department of Mental Health \(vermont.gov\)](#)

Participants:

In person in Waterbury conference room:

DMH Commissioner Hawes, Lori Vadakin, Steve Devoe, Cheryle Wilcox, Elliott McElroy, Eva Dayon, Shannon Thompson, Carolyn McBain, Vermont Care Partners: Simone Rueschemeyer, Eric Ruiz

Virtually:

Lee Dorf, Joanne Crawford, Laura Flint, Alison Neto, Alya Reeve, Bill Classens, Patricia Breneman, Anthony Carrese, Christie Everett, Christine Henshaw, Amy Fela, Chuck Myers, Beth Sightler, Ellen Lambert, Elora Taylor, Emily Roemer, Erin O'Keefe, Emily VanDeWeert, Kheya Ganguly, Jennifer Epstein, Jennings Boateng, John Wurzbacher, Liz Mitchell, Clare Neal, Megan Mitchell, Mary Williamson, Lindsay Aldrich, Kameron McConnell, Mary Nichols, Rachel Lee, Rob Mitchell, DMH Deputy Commissioner Samantha Sweet, Carrie Hathaway, Cynthia Taylor-Patch, Kelly Dougherty, Ellen Lambert, Mitch Barron, Shari Lynn-Ryan, Tori Matteson, Emily Trutor, Trisha Ketchum, Trevor Hanbridge, Victoria Potter, Steven Maneely

Agenda Item	Discussion Notes
<p>Welcome ~ DMH Commissioner Emily Hawes</p>	<ul style="list-style-type: none"> • Today is the first of a series of monthly public meetings DMH will be holding to ensure we are keeping community members up to date with our CCBHC efforts in Vermont. We also have a page on our DMH website that will be shared today where you will be able to find updates from these meetings and other important information related to Vermont’s implementation of this model. • The mission of the Department of Mental Health is to promote and improve the health of Vermonters. We chose to pursue being a CCBHC demonstration state because it aligns with our mission and will integrate mental health, substance use disorder treatment, health equity, and physical health creating a holistic approach comprehensive health care for people throughout Vermont. • The CCBHC model aligns with the State’s broader effort to integrate mental health and substance use services into other sectors of health care, as outlined within the work of the Mental Health Integration Council and Vision 2030. • Vermont’s journey toward CCBHC implementation began with the award of a CCBHC State Planning Grant in March 2023. • Since then, AHS, DMH, VDH-DSU, and the Blueprint for Health have been assessing impacts and aligning processes associated with the implementation of the program in Vermont. • In November 2023, Vermont selected Clara Martin Center and Rutland Mental Health Services, to move forward to become the first two CCBHCs in the state. Currently, Vermont is collaborating with SAMHSA to obtain detailed information about participating in the Demonstration Program and expects to have more details by the end of July 2024. • Being a part of other states who are also implementing CCBHC’s means we will be able to compare Vermont data to other states, which is very exciting. We are encouraged by data coming from other states who have implemented CCBHCs such as that prior to CCBHC implementation states were finding that it was taking an average of 48 days for an individual to get an appt at a mental health agency after they outreached to them; once these agencies became CCBHCs the average time from first outreach to first appt is within one week. • Today you will be hearing about the different programs required by CCBHCs, what data will be tracked, and how we are planning for implementation in Vermont.

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	<ul style="list-style-type: none"> We are excited that we have been selected as a Demonstration Program state. We look forward to working with you.
CCBHC Overview ~ Laura Flint	<p>See slides in PowerPoint for full information</p> <ul style="list-style-type: none"> Full CCBHC 2023 Criteria by SAMHSA
Quality Measure Overview and Scope of Services	<p>See slides in PowerPoint for full information</p>
Fiscal Analysis Consultant Update ❖Prospective Payment Approach Overview ❖ Cost Template Review ~ Shannon Thompson	<p>See slides in PowerPoint for full information</p> <ul style="list-style-type: none"> Enhanced federal match is the CHIP rate—for Vermont that is 29% of Vermont General Fund. Mobile crisis is currently outside the PPS rate, in the future we can include mobile crisis in the rate. <p>Question: In slide #22 it referenced per person rather than visits in the cost calculation can we further discuss/review that? Answer: Yes, the rates are per person regardless of how many visits.</p> <p>Question: I thought residential services were outside the scope of CCBHC, but the description of psychiatric referred to CRT and residential. Can you please clarify? Answer: Residential is outside the PPS rate. Services over 23 hours are not included in the rate</p>
CCBHC Certification Timeline ❖ Additional Agency Selection Process	<p>Question: What does the site audit entail? Answer: It will include documentation review and an on-site visit including with different groups, similar to what DMH does currently for designation. Down the road will look to also include a chart review.</p>
Public Comment, Questions, and Answers	<p>Question: What are the CCBHC Standing Committees that were mentioned? This was discussed when Laura noted the CCBHC Steering Committee. Answer: There are two DMH standing committees-adult and children’s. In those meetings, information and updates in those meetings are occurring regarding CCBHCs.</p>

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	<p>If you are interested in being connected to either of those groups (which are public meetings) you can contact Eva.Dayon@vermont.gov</p> <p>Question: You mentioned targeted case management services would be only for SMI and SED population, so not for all served? Answer: TCM is for all people served.</p> <p>Question: Will funding be given to a DA to meet the CCBHC requirements or will to meet those requirements to get the funding grant? Answer: Currently there is no funding at DMH to pay for agencies to meet CCBHC qualifications. Planning grant funding opportunities for agencies come from SAMHSA and agencies can then apply for those to move towards meeting the requirements of meeting CCBHC requirements.</p> <p>Question: What does engagement with family support or peer support with the CCBHC's look like? Answer: Hoping those with lived experienced are part of the agency community needs assessment that is done for CCBHCs and that the agency's board of directors are made up of at least 51% individuals with lived experience. As well, peer services are a core service in the CCBHC model.</p> <p>Question: Is the expectation to have all sites complete the readiness assessment by 10/15/24 and then a schedule will be made for the next few years? or will there be an opportunity to update the readiness applications after 10/15/24 and the site schedule will be announced as time goes on? Answer: Process isn't finalized yet. Only 5 agencies currently have SAMHSA planning grants. The current intention is to give applicants a yearly review of readiness, not determine a full order now.</p> <p>Question: In an effort to be proactive, will the readiness application be similar to the former application? Answer: It will be similar; and it is not final yet.</p> <p>Question: Will there be VT-specific CCBHC Certification criteria, and if so when will that be released to those who may apply to be the 3rd/4th/5th site? Answer: Vermont will keep the federal requirements (not looking to add more) and have specific evidence-based practices.</p> <p>Question: What are the state Evidence-based practices (EBP)? Answer:</p> <ul style="list-style-type: none"> • Attachment, Regulation, and Competency (ARC) • Individual Placement and Support Supported Employment (IPS) • Cognitive Behavioral Therapy (CBT) • Dialectic Behavioral Therapy (DBT) • Motivational Interviewing (MI)

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	<ul style="list-style-type: none"> • Nicotine Replacement Therapy (NRT) <p>Framework for suicide-specific assessment and treatment of suicidal risk:</p> <ul style="list-style-type: none"> • Medications for Opioid Use Disorder (MOUD) • Medications for Alcohol Use Disorder (MAUD) • Collaborative Assessment and Management of Suicidality (CAMS) <p>Question: Will the enhanced match continue past 2029? Answer: We don't know, and we are keeping a close eye on it. We do know there is a lot of momentum at the federal level.</p> <p>For Community Needs Assessment—it is important to dig into demographics and outreach in different ways to get input from marginalized community members. This assessment should set the stage for services offered, staffing, etc.</p> <p>Question: Will agencies need to document offerings of EBP? Answer: Yes.</p> <p>Question: Will Vermont work with other NE states? Yes, at the all state convening two weeks ago, coordination started occurring for NE states to have virtual learning collaborative calls with state staff to share information—the first will be in early October.</p>
<p>Was this meeting helpful? What would you like to hear in future meetings?</p>	<p>Would like to hear from agencies who are working towards CCBHC so other agencies can learn from them.</p>