

CCBHC Community Public Meeting

Tuesday, September 10, 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 \(vermont.gov\)](https://www.vermont.gov/health/ccbhc)

Participants:

In person in Waterbury conference room: Lori Vadakin, Steve Devoe, Cheryle Wilcox, Elliott McElroy, Kheya Ganguly, Brian Isham, Eric Ruiz

Virtually: Simone Rueschmeyer, Eva Dayon, Kelly Dougherty, Laura Flint, Trevor Hanbridge, Lauren Welch, Cheryl Huntley, Robyn Daley, Ken Gingras, Keith Grier, Megan Mitchell, Alison Neto, Trisha Ketchum, Cynthia Taylor-Patch, Alya Reeve, Ashley Wohlford, Cynthia Harrington, Joanne Crawford, Cara Caparelli, Victoria Potter, Chuck Myers, Patty Breneman, Carrie Hathaway, Trish Singer, Samantha Sweet, Julie Parker, Jessica Kell, Julie Pagglicia, Rob Mitchell, Emily VanDeWeert, Keith Grier, Matt McNeil, Denise Main, Diane May, Emily Roemer, Erin O'Keefe, Cheryl Cavanagh, Hillary Gray, Hillary Ward, Jennifer Epstein, Jennings Boateng, Jessica Kell, Sophie Kay, Laura Corbet, Laura Nelson, Liz Mitchell, Mary Williamson, Rosie Nevins-Alderfer

Yellow highlights are for follow up

Agenda Item	Discussion Notes
Opening Remarks Kelly Dougherty, Deputy Commissioner, VDH	<ul style="list-style-type: none">• VDH is a key partner of the CCBHC work happening in Vermont• DMH is conducting these meetings to keep the public updated about what is happening with implementation• You can find information about CCBHC at: Certified Community-Based Integrated Health Centers (CCBHCs) Department of Mental Health (vermont.gov)• We chose to become a demonstration state because it aligns with the mission of DMH and VDH—it will integrate physical health, mental health, health equity• This aligns with other efforts to integrate other sectors of health care such as the Mental Health Integration Council and Vision 2030

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	<ul style="list-style-type: none"> We are encouraged by the data we are seeing from other states implementing CCBHCs, such as decreased wait times, and we look forward to being able to compare our data to other states.
<p>CCBHC VDH Overview Megan Mitchell, Director of Clinical Services, VDH Division of Substance Use Programs</p>	<ul style="list-style-type: none"> Collaboration between DMH and VDH began last year with review of applicants for CCBHCs Preferred Provider network under statute requires providers to be certified by VDH-Division of Substance Use Work Flows: <ul style="list-style-type: none"> Certification and clinical services Quality measures and data collection and reporting Financial and billing/coding Community Needs Assessment Preferred Provider Certification Standards <ul style="list-style-type: none"> For CCBHCs, standards will align with the more stringent of the federal CCBHC requirements or Preferred Provider Certification Standards with a few exceptions For Preferred Providers, the exceptions from the CCBHC certification will remain requirements and will be reflected in the grant agreements.
<p>CCBHC Readiness Assessment Eva Dayon, Assistant Director of Quality, DMH</p>	<ul style="list-style-type: none"> Eva shared the active document for CCBHC Preliminary Readiness Assessment—the one from Fall 2023 is still up there—please follow the new one for 2024. Submit to DMH Quality inbox by end of day October 15th -- Late submissions will <i>NOT</i> be accepted. There is a team from AHS, VDH, DMH leadership will be scoring readiness assessments. Will notify those chosen by December 1st Needs to be signed by CFO and CEO, or equivalent Many of the narrative responses were carried forward from the previous readiness assessment in fall of 2023. Agencies are welcome to copy forward previous responses into this submission form. Organizations are encouraged to review and edit to ensure any updates in strategy are accurately recorded. Unscored items: these are required to be answered by organizations, but responses will not factor into ranking. They are contextual information for the state. Question: The top-rated agencies will be moved forward language—what does that mean? Answer: The number of agencies is not finalized. Certification of your organization is a secondary review process if your application is selected. Question: What rubric is being used to score? Answer: Not a formal rubric.

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	<ul style="list-style-type: none"> • Question: What are the additional Vermont discretionary items on the readiness application? Answer: We have a contract with Manatt which will outline clearly what is federal and what is Vermont required. The additional are coming from administration rule and preferred provider certification requirements. • Question: Any idea when it will be determined how many agencies will move forward? The application does say 2. Answer: DMH will respond when we have more information.
<p>Veterans Administration Statewide MOU Steve DeVoe, Director of Quality and Accountability, DMH</p>	<p>Criteria 4.K: Intensive, Community-Based Mental Health Care for Members of the Armed Forces and Veterans</p> <ul style="list-style-type: none"> ○ The state held a meeting with the VA—Maine VA office and White River Junction VA to discuss how to take a systematic statewide approach. ○ Thank you to the Rutland and Clara Martin Center teams for raising this issue for a statewide approach. ○ This template can be used for each CCBHC to fill in areas specific to their organization ○ There is no transfer of money-this is a care coordination agreement that meets the CCBHC requirement to collaborate for effective services to be provided to veterans and members of the armed forces ○ Question: What is the VA vision for working with CCBHCs here in Vermont? Answer: They were very enthusiastic about this partnership. The VA was also interested in possibly taking a regional approach to this work. ○ Question: After getting the MOU signed what is the next step for a CCBHC to provide services to individuals covered by the MOU? Answer: Reach out to Quality team at DMH for assistance with connection to VA and be prepared to ask the questions about veterans and armed forces members. ○ Question: HCRS has an existing MOU with the VA. Since the intention is to standardize, is the expectation that our existing MOU will need to be updated to match this standardized version? Answer: DMH will look into this to get a clear response but not necessarily —would like to see the existing MOU to make a final decision. ○ This coordination is to ensure folks don't fall through the cracks and that individuals have choice about where they get services. ○ Question: Is that MOU only available for agencies once they have been identified as CCBHC or CCBHC ready? Answer: DMH and VDH will discuss this and get back to folks about this question.
<p>Importance of Community Needs Assessment</p>	<ul style="list-style-type: none"> ○ Any needs assessments agencies have can be helpful and we want to make sure we are getting information from folks in underserved populations. ○ This is our chance to reimagine how our system works and who it works for. ○ When and how do we talk to underserved individuals?

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<p>Kheya Ganguly, Director of Trauma Prevention and Resilience Development, AHS</p>	<ul style="list-style-type: none"> ○ This means looking at data in a different way than we have in the past. Looking at data is a starting point. ○ Great places to look are the following--you can get statewide and local data: <ul style="list-style-type: none"> • YRBS (Youth Risk Behavior Survey) • BRFSS (Behavioral Risk Factor Surveillance System) • SHA/SHIP (State Health and Assessment and Improvement Plan) • Hospital Sustainability and Act 167 • 2022 National Survey on LGBTQ Youth Mental Health – Vermont • Vermont Agency of Education • Vermont Substance Use Dashboard • KFF- Health Policy Organization • SAMHSA Universal Reporting System • Vermont Abenaki Bands • Economic and Social Outcomes by Race/Ethnicity in Vermont 2013-2018 • Vermont Health Equity Data • HS Data Encyclopedia.pdf (healthvermont.gov) ○ National Council has an excellent toolkit to guide the process when completing your community needs assessments: https://www.thenationalcouncil.org/resources/ccbhc-community-needs-assessment-toolkit/ ○ Keep in mind FQHCs, hospitals, other partners who do needs assessments as well. ○ Question: Rosie said they have had success when they compensate people for their time to get feedback. Are there funds that can be accessed to help with this? They also had peers facilitate the focus groups to make folks feel as comfortable as possible. Answer: Assess how much it costs to do the needs assessment and roll that into your cost template. SAMHSA would not allow them to put it in their cost template for their planning grant. DMH will check into this. DMH will find out if this is allowable—all agreed we need to be paying people for their input. ○ The needs assessment is required every three years. If the needs assessment meets the need for the readiness application, it doesn't need be redone just for the certification if it falls within the 3-year timeframe. If a needs assessment is already done and falls short of VT CCBHC criteria, it will need to be updated and new information added, which could be through an addendum. ○ Mid-September hoping for the initial draft of the needs assessment guide to be available from the contractor Manatt. It will get posted to the CCBHC website on DMH site.

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<p>Public Comment, Questions & Answers Lori Vadakin, Mental Health Integration Director, DMH</p>	<p>Question: What kind of representation for subgroups is DMH and VDH looking for that will be stood up?</p> <p>Answer: DMH will send out a list with specifics.</p> <p>Request from network: If the overall list was shareable, that would be very helpful internally. We are trying to keep track of all the invites, but it would helpful to have an overall list so that we can cross check and make sure we have the appropriate representation.</p> <p>Requests for future topics:</p> <ul style="list-style-type: none">✓ Billing and how that will change—need that information as soon as possible so the system can reconfigure that. E.g. eldercare—have heard it will be in, and have heard it will be out. Substance use services.✓ What does payer agnostic mean in this world?✓ How do services get prioritized in this world?✓ Moving towards prospective payment made daily-clinically they are trying to understand their daily rates and how that will impact services.✓ What does programming look like under CCBHCs? It would be interesting to see the strengths/challenges and opportunities to build the care we want to deliver. There is creativity in this that could be fun.