**Certified Community Behavioral Health Clinic (CCBHC) Steering Committee Meeting Notes**

**12/28/2023**

**Purpose**: To review and offer feedback on the state’s efforts to implement and sustain high-quality Certified Community Behavioral Health Clinics (CCBHC) that meet the needs of local community members.

**Present:**

29\* people representing a wide range of stakeholder groups including:

* Vermont Department of Mental Health (DMH)
* Vermont Department of Health, Division of Substance Use Disorders (DSU)
* Substance use provider organizations
* Peer Recovery and Advocacy organizations
* Family Members
* People with Lived Experience
* Criminal Justice Advocate
* Designated Agencies
* Workforce Development Organization
* Blueprint Services Providers
* Accreditation Consultant
* Legislative Representative
* Primary Care (FQHC focus) TA Organization
* United Way – Community-Focused Organization

*\*11/29 (38%) of participants disclosed having lived experience or being a family member.*

**Overview of CCHBC**

DMH presented power point. Highlights below, see power point for details.

* The state recognizes the name ‘Certified Community Behavioral Health Clinics’ may not be appropriate language for Vermont. A name change that reflects Vermont values will likely be in the future.
* PAMA (Protecting Access to Medicare Act), law in 2014, provides uniform standards that providers must meet. Goal of transforming systems by providing comprehensive, coordinated, trauma informed and recovery-oriented care for mental health and substance use conditions. Federal criteria for CCBHCs first introduced in 2015, then updated in 2023, which are the current criteria VT is working with.

**Two levels of CCBHC funding in Vermont, State and Local**

**State** Level: Currently have a one year planning grant under the Substance Abuse and Mental Health Services Administration (SAMHSA) along with 15 other states. Planning grant is to prepare to apply to be a CCBHC demonstration state. If chosen by SAMHSA, Vermont will have 4 years to be a demonstration state for the implementation phase. State will be responsible for CCBHC official certification and oversight.

**Local** Level: Community agencies can apply for grants to become a CCHBC. These 4-year grants provide funding for one year of planning and 3 years for implementation. VT currently has 5 Designated Agencies that have CCBHC grants (CMC, HCRS, HC, RHMS, NKHS). SAMSHA provides the oversight. SAMHSA does not officially certify but provides oversight to ensure services are meeting criteria.

**There are Six Key Areas of the CCBHC**

1. Staffing/Availability of services
2. Care coordination
3. Scope of services
4. Quality and other reporting
5. Organization Authority
6. Governance and accreditation

* **CCBHC has 9 core services under Scope of Services:**

1. Crisis services
2. Screening, assessment, and diagnosis
3. Person-centered and family-centered treatment planning
4. Outpatient mental health and substance use services
5. Primary care screening and monitoring
6. Targeted case management services
7. Psychiatric Rehabilitation (currently known in VT as Community Rehabilitation and Treatment [CRT] or Community Support Program [CSP]).
8. Peer Supports and Family/Caregiver Supports
9. Community based mental health care for veterans and uniformed service members

* CCBHC will serve any individual in need of care regardless of severity or complexity of need, location, ability to pay.
* Expanding services and access to quality care is a core part of CCBHC
* Community needs to drive the services provided
* Evidence-based practices are made available based on community needs
* CCBHCs to be funded with enhanced match Medicaid dollars for the expanded services
* Current challenges in Vermont include, but not limited to, constraints on funding, health equity, achieving mental health and substance use support parity. CCBHC provides many opportunities to address these challenges and the opportunity to include the community’s input through the community needs assessments (every 3 years) to drive the services, building on the systems’ current strengths, increasing transparency, and developing a responsive budget.

**Activities Completed to Date/ Timeline**

* The state is currently in phase 1: the one-year planning grant. Planning activities began in July 2023 after legislative approval. The state has been working with interagency representatives on state-level teams to develop certification criteria and determine payment methodologies, engaging with a consultant, meeting with designated agencies, conducting community engagement groups and online surveys, and developing this steering committee. Two sites were chosen through a competitive application process to pursue certification for the demonstration application: Clara Martin Center (CMC) and Rutland Mental Health Services (RMHS). Vermont will apply to be a demonstration state in March 2024. If VT is not chosen as one the 10 states, the state can re-apply in 2026.

**Next Steps – draft topics for future meetings:**

* Review SAMHSA 2023 certification criteria in more detail, VT discretionary criteria (state can add criteria and specific details to personalize the certification based on Vermont’s population and specific needs).
* Share feedback State has received from community meetings and online surveys
* Discuss quality, data, and outcome requirements
* Funding and governance of CCBHCs
* Discuss the ongoing certification process

**Request of Participants:**

There will be 3 Community engagement meetings in January: 1/9 (Waterbury & Virtual) , 1/17 (Rutland & Virtual), 1/24 (Virtual only). Please share with folks who may want to attend.

**Membership on Steering Committee**

* Need to determine official members for voting/decision-making privileges. All steering committee meetings are open to public and anyone can attend. There is a public comment time at end of all meeting. Only official members can vote/make decisions.
* Only Vermonters can be members
* Goal to have 51% of members have lived experience and/or be a family member (minimum requirement set at 25%)
* Only one person from each stakeholder category to keep membership at the goal of 20-25 total participants.
  + more spots for DAs possibly
* Recommended participant list has 16 stakeholder groups.
  + Suggestion from group to add:
    - FQHC to list, clarify if Blueprint would be representing primary care
    - Employer/employment (a specific employment organization recommended)
    - Representation from education (*note provided via email post-meeting*)
* Next steps:
  + DMH to review previously submitted applications, determine if there are duplicates and determine membership.

***Meeting dates/times subject to change based on members’ stated needs.***

**Committee/ Group agreements**

* Reviewed a draft of group agreements. *No additions or removals from group*
  + Individuals are experts on their own experience
  + Accountability w/ respect, support
  + Understanding Impact vs intent
  + ELMO (Enough, let’s move on)
  + Mind the empty chair (who is not represented)

**Please email if you would rather not speak up in front of large group and have feedback or suggestions. Everyone’s voice is important.**

**Questions/Comments from group**

Q: Any requirements for location of CCBHC services provided to a person (office or home?)

A: Based on needs of individuals, can be in community or office etc.

Q: Cultural Brokers and how that may play a part in CCBHC?

A: Meeting participant offered explanation of what a Cultural Broker is: They are partners to both individual and provider, not just translators. It’s a way of extending care, not just translating.

Q: Timeline with chosen Designated Agencies, What do the 3 DAs who were not chosen do now?

A: State providing Technical Assistance (TA) to the 2 sites chosen to help meet SAMHA criteria. Other three agencies can still be working towards CCBHC criteria.

Q: Why is the federal movement moving so slow with implementation?

A: Best guess is limited funding offered by Federal Government and want to ensure a successful roll out.

A: Meeting participant shared that there has actually been an increase in funding/investment at the federal level. There is a lot of support for this model of care.

Q: Need representation of FQHC. Would blueprint stand in from hospital primary care?

A: Will take under advisement. Want to make sure we have the right people at the table.

Q: Do they (Stakeholder categories) need to be distinct categories? Thinking about grant requirements by one person representing multiple stakeholder groups.

A: DMH will look into it, check with SAMHSA.

Q: AHEAD (Advancing All-Payer Health Equity Approaches and Development) application is due in March 2024 at the same time as the CCBHC demonstration application. Have there been any conversations about how CCBHC application lines up with that one?

A: There have been discussions with Sec. State and there is awareness around the two applications

Q: Can we get a copy of the flyer for community engagement meetings?

A: DMH will send link and post online.

**Comments**

* Excited to see wealth of experience on steering committee.
* Suggestions on specific folks to invite to committee.
* Adults and Youth who are involved in the justice system are greatly in need of all range of services.
* Great opportunity to collaborate with peer services.

**Wrap Up**

* We will not meet on Jan 3rd. Next meeting mid-January 2024. Currently Jan 17th at 2-330 is held. Look for further information about a new time, want to include others for whom after 3pm is more accessible.