

Clinical Criteria and Certification Subcommittee
Meeting Minutes

Friday, 10/18 from 1-2pm ET. This was a public, hybrid meeting. Slides from the meeting are available on [Vermont's CCBHC webpage](#).

I. Attendees, Introductions

Attendees

- Eva Dayon (Certification Process State Lead)
- Lori Vadakin (Clinical Criteria State Lead)
- Tony Folland (Clinical Criteria State Lead)
- Over 20 representatives from Vermont state partners, Designated Agencies, Vermont Care Partners, peers, individuals and family members with lived experience, consultants, and community partners participated in the 10/18 Subcommittee meeting.

II. Review Vermont Discretionary Items for Requirement Areas 1-3¹

Vermont Discretionary Items, Requirement Areas 1-3 (Inform)

- Vermont presented DMH/VDH decisions on Criteria 1.a.3, 2.a.7, 2.b.1, and 2.e.2. The Subcommittee did not have comments or questions on the DMH/VDH decisions on these criteria, which align with current Designated Agencies practices.

Vermont Discretionary Items, Requirement Areas 1-3 (Discuss)

- **Criteria 1.a.1:** CCBHC sites are required to complete a Community Needs Assessment every three years, which will inform staffing hours, locations of services, number of staff needed, training and evidence-based practice focuses, among other foundational aspects of their service design and delivery.
- **Question:** Should Vermont require this to be completed by an outside consultant every other submission cycle (six years)?
 - Vermont noted that the Community Needs Assessment is similar to Designated Agencies' [Local System of Care Plans](#), with more intensive requirements related to mental health and substance use service needs.
 - The cost for consultants to complete the Community Needs Assessment would be written into a CCBHC's cost report. CCBHCs are encouraged to leverage their local hospital's needs assessments for the CCBHC Community Needs Assessment in areas with overlapping requirements.
 - The Subcommittee recommended aligning the timing for CCBHC Community Needs Assessments with local hospital's community health needs assessments and suggested that a consultant support both the CCBHC and local hospital's needs assessments.

¹ For details on CCBHC certification requirements areas and specific criteria, see the [SAMHSA CCBHC Certification Criteria](#).

- Two Subcommittee members noted that CCBHCs should avoid surveying and interviewing the same populations as their local hospital and emphasized the importance of outreach to community members who may not be represented in existing needs assessments. For example, individuals experiencing homelessness may not have access to traditional online or paper-based surveys used in a local hospital's needs assessment.
- Multiple Subcommittee members recommended that Vermont allow CCBHCs to choose whether or not to use a consultant to conduct their Community Needs Assessment every other submission cycle (six years), rather than create a statewide requirement.
 - The Subcommittee recommended that Vermont establish clear expectations for the information CCBHCs need to include in their Community Needs Assessment and allow individual organizations to choose whether or not to use a consultant. This will allow organizations flexibility to choose an approach that works best in their community and avoid duplicating efforts with their local hospital's needs assessment.
- Criteria 1.b.2
 - **Criteria 1.b.2:** SAMHSA requires that CCBHCs deliver nine core services, and requires that CCBHC's staff include the following types of providers: licensed medication prescriber (including buprenorphine, vivitrol, etc.); certified/licensed substance use treatment counselor; Medical Director with addiction medicine expertise; staff with expertise in trauma; staff with expertise promoting recovery of children and adolescents with serious emotion disturbance (SED), staff with expertise promoting recovery of adults with serious mental illness (SMI).
 - **Question:** Which staff disciplines are required for agencies to have to achieve certification? For example, should peers staffed at CCBHCs be certified/trained peer specialists?
 - A Subcommittee member noted that Vermont currently does not have a statewide peer specialist certification program, and recommended against CCBHC criteria requiring peer certification to avoid creating barriers to hiring and delivering peer supports at CCBHCs.
 - There are different tiers within the peer workforce, ranging between entry level, recovery coach, certified recovery coach, and certified recovery coach supervisor. This structure allows individuals to choose their career path and seek opportunities to grow. Most of the peer support services provided in hospital or carceral settings require certain certifications.
 - One Subcommittee member mentioned that if a CCBHC provides the appropriate, required peer support services, it may not be necessary for Vermont's certification criteria to specify the certification or licensure of the peer staff providing the services.

- The group suggested that if Vermont does require peers at CCBHCs to be certified, the CCBHCs could cover the cost of certification to encourage the inclusion of certified peers in their staffing model. One option could be requiring peers at CCBHCs to obtain certification within their first six months of working at the organization.
- The Subcommittee will discuss Criteria 1.c.1, 3.c.2, and 3.c.3 at an upcoming meeting.

III. Review Preferred Provider Standards That Will Apply to CCBHC Sites

Preferred Provider Standards That Will Apply to CCBHC Sites (Inform)

- Vermont presented an overview of DMH/VDH decisions on Culturally and Linguistically Appropriate Services (CLAS) standards, staff support/documentation, critical incidents, treatment plans, and alignment with ASAM placement criteria for CCBHCs, which will align with current practices used at Designated Agencies and requirements for Preferred Providers. Vermont will detail these requirements in the state's CCBHC Provider Manual.

Preferred Provider Standards That Need Feedback on How Best to Integrate (Discuss)

- Timelines for Clinical Evaluation and Treatment Plan
 - Aligning with [current Preferred Provider practices](#), CCBHCs will need to meet the following:
 - Comprehensive clinical assessment within three clinical visits or sixty days from the initial request for services, whichever comes first.
 - Treatment plan completion within four clinical visits or thirty days from the completion of the comprehensive clinical evaluation.
 - **Question:** What constitutes a 'clinical' visit? Does this definition vary between substance use and mental health services?

Clinical Visit

- The Subcommittee clarified that the Preferred Provider criteria considers current practice at Opioid Treatment Programs (OTPs) and Hubs, where clients may have a daily clinical visit to receive medication assisted treatment for opioid use disorder.
 - Vermont noted a need to clarify whether clinical visits for daily medication assisted treatment for opioid use disorder would count towards the CCBHC requirement for completing a comprehensive clinical assessment within three clinical visits.
 - The Subcommittee noted that in the Preferred Provider criteria, the purpose of the comprehensive assessment is to identify the appropriate level of care for a client. Often, clients in the substance use services system may have more abbreviated and episodic periods of care than clients in the mental health system.
 - The Subcommittee recommended aligning the CCBHC requirements with Preferred Providers' current practice of

using the initial comprehensive clinical assessment to gather information to place clients in the appropriate level of services.

- The Subcommittee agreed that comprehensive assessments should be updated throughout a client's treatment beyond just the first three clinical visits or first sixty days. For example, initial assessments should align with current Preferred Provider practices to screen for substance use services needs, and if an individual screens positive, then they are routed to a comprehensive substance use disorder assessment. Vermont agreed that CCBHC comprehensive assessment requirements should align with this current practice.

Treatment Plans

- The Subcommittee agreed that CCBHC treatment plans should encompass a single, comprehensive plan that covers mental health and substance use disorder needs, rather than having separate mental health and substance use treatment plans. This supports the CCBHC model of integrating mental health and substance use services for clients with co-occurring needs.
 - SAMHSA requires that CCBHCs update clients' treatment plans at least every six months. This differs from the current Preferred Provider requirements for updating treatment plans, which depends on the client's level of care.
- Individual's Rights
 - CCBHC sites should have one set of client rights across all populations. Currently Vermont uses a different set of client rights for substance use and mental health populations. Vermont will maintain the current substance use and mental health standards for client rights at CCBHCs in a single guidance document.

IV. Next Steps and Upcoming Meetings

Next Steps

- The Subcommittee is encouraged to review the proposed draft of the Individual's Rights for CCBHC sites available on [DMH's website](#), and may send feedback to AHS.DMHQuality@vermont.gov by 11/1/2024.

Upcoming Clinical Criteria and Certification Subcommittee Meetings*

- 10/30 from 9-10am
- 11/8 from 1-2pm
- 12/4 from 9-10am
- 12/18 from 9-10am

*May cancel if not needed