

Clinical Criteria and Certification Subcommittee

Meeting Minutes

Friday, 9/27 from 1-2pm ET. This was a public, hybrid meeting. Slides from the meeting are available on [Vermont's CCBHC webpage](#).

I. Attendees, Introductions and Overview of Subcommittee Scope

Attendees

- Eva Dayon (Certification Process State Lead)
- Patty Breneman (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 9/27 Subcommittee meeting.

Introductions and Overview of Subcommittee Scope

- The goal of the Clinical Criteria and Certification Subcommittee is to provide input on the design of Vermont's Certified Community-Based Integrated Health Centers (CCBHCs) clinical criteria and certification process.
- Vermont has established five CCBHC Subcommittees, including:
 - Quality Measures & Data Collecting & Reporting
 - Clinical Criteria & Certification Process
 - Financial & Billing/Coding
 - Community Needs Assessment
 - Communications (Internal and External)

II. Overview of Vermont's Draft Community Needs Assessment (CNA) Guide

Overview of the CCBHC Community Needs Assessment

- On 9/20, Vermont released a draft [Community Needs Assessment \(CNA\) Guide](#) that 1) outlines the Community Needs Assessment's required components and 2) provides a Community Needs Assessment Template- a tool for organizations to complete to meet the requirements.
 - States have flexibility to design their Community Needs Assessments in a way that works best for their state; Vermont is seeking input on their draft CNA Guide from the Clinical Criteria and Certification Subcommittee and will continue to collect stakeholder feedback throughout Fall 2024.
- SAMHSA requires that Community Needs Assessments cover eight areas:
 - Service Area; Mental Health & Substance Use Disorder Prevalence; Social Drivers of Health (SDOH) & Economy; Culture & Languages; Underserved Populations; Staffing Plan; Plan to Update Community Needs Assessment (at least every three years); Plan to Gather Community Input.

- CCBHCs will use the findings from their Community Needs Assessment to make decisions about their care model, including their services, staffing, training plans and daily operations.

III. *Review and Discuss Key Components of Vermont’s Draft CNA Guide (draft posted on 9/20)*

Summary of the Subcommittee’s Feedback on the Draft CNA Guide

Approach to Quantitative Data Collection

- The Subcommittee recommended additional data sources to include in the CNA Guide:
 - [SAMHSA National Survey on Drug Use and Health \(NSDUH\)](#)
 - [Community Health Profile Data | Blueprint for Health \(vermont.gov\)](#)
 - [Health Equity for Abenaki Indigenous People: Improving Access to Quality Mental Health and Substance Use Services](#) (Avila et al.)
 - [Vermont Census Data](#)

Gathering Input from Community Partners

- The Subcommittee recommended additional community partners to *require* organizations to gather input from in their CNA:
 - Vermont Office of Veterans Affairs
 - Abenaki nonprofits (in addition to Abenaki tribe leaders)
- The Subcommittee recommended additional community partners to *encourage but not require* organizations to gather input from in their CNA:
 - Vermont Department of Corrections to identify populations at risk of or experiencing justice system involvement
 - Immigrants, asylum seekers, and resettled refugees
 - Individuals and families that have experience with intimate partner violence
 - Disaster survivors who have experienced serious flooding
- The Subcommittee emphasized it is important to avoid oversaturating community partners with surveys, interviews, and/or focus group requests for multiple organizations conducting Community Needs Assessments during the same time period. This is particularly true for specialized organizations conducting statewide work that may receive requests to provide input on multiple organizations’ Community Needs Assessments (i.e. specialized treatment facilities or advocates for a particular population).

Identifying Service Needs and Gaps in Access

- The Subcommittee recommended additional populations for organizations to collect data on in their Community Needs Assessment to understand the service needs and gaps in access within their community:
 - Psychiatric survivors who have experienced psychiatric institutionalization
 - Parents and grandparents of children/youth receiving or in need of mental health and substance use services
 - Unmet needs within the organization (i.e. service offerings, staffing gaps, etc.)

- Percentage of the population eligible for Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI)

Summarizing Findings from Community Input

- The Subcommittee recommended including open-ended questions about:
 - The community's strengths
 - The organization's capacity to address identified gaps in access

IV. Next Steps and Upcoming Meetings

Next Steps

- Vermont will continue gathering stakeholder feedback on the CNA Guide from the DMH Child, Adolescent, and Family Standing Committee and the Adult Mental Health Standing Committee and will report-out on the CNA Guide at their next CCBHC Public Meeting on 10/8.
- Subcommittee members may submit additional feedback on the CNA Guide to AHS.DMHQuality@vermont.gov by 11/1/2024.
- Vermont will make slides from today's Subcommittee discussion will be made available on Vermont's [CCBHC webpage](#).
- Vermont will bring follow-up questions from today's meeting to the CCBHC Billing Subgroup, including:
 - Can the cost of staffing/consultants to complete the Community Needs Assessment be included in CCBHCs' costing estimates?
 - Can the cost of reimbursing survey/interview/focus group participants for their time and transportation be included in CCBHCs' costing estimates?

Upcoming Clinical Criteria and Certification Subcommittee Meetings*

- 10/18 from 1-2pm
- 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