

VT CCBHC

**Clinical Criteria and Certification
Process Subcommittee**

Meeting 10/30/24



Agenda

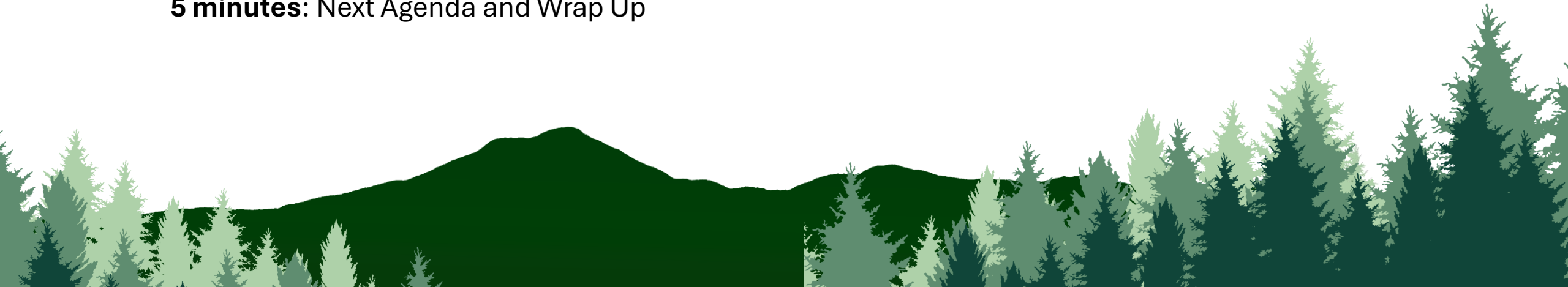
5 minutes: Inform: Transition and Review Agenda, Invite new participants

20 minutes: Inform: Review Vermont Discretionary Items for Requirement Areas 1-6 that have decisions or anticipated decisions.

20 minutes: Discuss: Review Vermont Discretionary Items for Requirement Areas 4-6 that are open to feedback.

10 minutes: Public comment

5 minutes: Next Agenda and Wrap Up



Vermont Discretionary Items

Requirement Areas 1-6

(Inform)



Criteria 1.a.1

Question: Should Vermont require a Community Needs Assessment to be completed by an outside consultant every other submission cycle (six years)?

DMH/VDH Decision: No outside consultants will be required. We strongly recommend collaboration with local Federally Qualified Health Center and/or Hospital, which are also required to regularly assess regional needs in this way. This will likely require supplemental work from the CCBHC to capture agency-specific next steps.

Criteria 1.c.1

The following trainings must be given to CCBHC staff **at orientation and *annually:**

1. Evidence based practices
2. Cultural responsiveness (race, ethnicity, age, sexual orientation, gender identity, military and veteran needs)
3. Person and family-centered care
4. Recovery-oriented planning and services
5. Trauma-informed care
6. Continuity of operations/disaster plan
7. Coordination with primary care
8. Risk assessment *
9. Suicide and overdose prevention *
10. Roles of family and peers *

Question: Should any other trainings be required?

DMH/VDH Decision: No further trainings are required. We may need to give more clarity about timelines.

Criteria 3.c.2

Question: How will the state incentivize inpatient facilities (hospitals) to partner with CCBHCs to ensure smooth transitioning of individuals back to the community?

DMH/VDH Decision: Current practices sufficiently meet this need. During the review process for both hospitals and community agencies, we discuss this as part of site visit. We also track data on how long individuals remain hospitalized after they are determined to no longer meet hospital level of care requirements.

Criteria 4.c.1

Question: Will the state seek approval from Health and Human Services to allow CCBHCs to have a Designated Collaborating Organization (DCO) relationship with a state-sanctioned crisis system that is less stringent than CCBHC criteria?

DMH/VDH Decision: No, the current crisis system is meeting CCBHC criteria.

Criteria 4.d.4

Question: What level of licensed behavioral health professional can conduct clinical evaluations?

DMH/VDH Decision: In alignment with current practice as described in the Mental Health Provider Manual and Preferred Provider standards, licensed co-signatures are required on clinical evaluations for individuals not currently licensed or certified.

Criteria 4.d.5

Question: Will the state require additional screening or assessment beyond those required?

Screenings Required by SAMHSA:

- 1) Depression (PHQ-2/9, PHQ-9M)
- 2) Substance use (AUDIT or specific question)
- 3) Social Drivers of Health (18+) – no specific tool required, there are federal recommendations

DMH/VDH Decision: The CANS and ANSA will be required assessments.

CANS: Child and Adolescent Needs and Strengths

ANSA: Adult Needs and Strengths Assessment

Criteria 4.e.1-7 (part 1)

The following aspects of treatment planning are required:

1. Risk assessment and crisis planning
2. In person's own words (and family or guardian, if applicable)
3. Inclusive of prevention, medical, substance use, and mental health needs
4. Include least restrictive setting possible
5. Informed by evaluations, screening tools, and assessments
6. Includes all necessary Releases of Information
7. Includes the strengths, abilities, preferences, and goals of those served
8. Inclusive of all services required for recovery and/or wellness
9. Describes how to monitor progress
10. Includes consultation with other experts as clinically indicated
11. Offers advance directive planning, or evidence of client refusal
12. Goals are written in a S.M.A.R.T. format

Criteria 4.e.1-7 (part 2)

SAMHSA Recommendations to Consider:

- Prevention
- Community inclusion and support (housing, employment, social supports)
- Recovery planning
- the need for specific services required by the statute (i.e., care coordination, physical health services, peer and family support services, targeted case management, psychiatric rehabilitation services, tailored treatment to ensure cultural and linguistically appropriate services)

Criteria 4.f.1

Question: What Evidence-Based-Practices will Vermont require?

DMH/VDH Decision:

1. Person-Centered Treatment Planning
2. Cognitive Behavioral Therapy (CBT)
3. Attachment, Regulation, and Competency (ARC) for children up to age 21 who have had trauma in their lives
4. Dialectical Behavior Therapy (DBT)
5. Individual Placement and Support (IPS) - Evidence-Based Supported Employment
6. Medications for Opioid Use Disorder (MOUD)
7. Medications for Alcohol Use Disorder (MAUD)
8. Nicotine Replacement Therapy (NRT)
9. Motivational Interviewing (MI)
10. Other EBPs based on the site's Community Needs Assessment

Criteria 4.g.3 & 5.a.2

Questions:

1. Will Vermont require any primary care screening or monitoring beyond SAMHSA's minimum requirements?
2. Will VT require any of the optional clinic-collected measures?

DMH/VDH Decision: No, we will not require anything additional or optional for these items.

Criteria 6.b.1-4

Question: Will Vermont allow CCBHCs to choose how to comply with *meaningful participation* by clients, persons in recovery, and family members? The criteria gives one clear option and one ambiguous option.

DMH/VDH Decision: The state has selected option 1 to require: *At least fifty-one percent* of the CCBHC governing board is comprised of individuals with lived experience of mental and/or substance use disorders and families.

Additionally, CCBHCs are expected to have standing committee(s) in alignment with the Administrative Rules on Agency Designation.

Criteria 6.c.2

Question: Can the CCBHC substitute an accreditation outside of DMH/VDH to certify they meet CCBHC standards?

DMH/VDH Decision: No, not accepting substitute accreditations.

Vermont Discretionary Items

Requirement Areas 3-6

(Discuss)



Criteria 3.c.3

The following partnerships are required for CCBHCs:

1. Schools
2. Child welfare agencies
3. Juvenile and criminal justice agencies and facilities
4. Child-placing agencies for therapeutic foster care
5. Veterans Administration
6. Other social and human service agencies

Question: Will Vermont require any additional partnerships?

VT will explicitly require Specialized Service Agencies (NFI and Pathways Vermont), Preferred Providers, and Federally Qualified Health Centers.

Criteria 4.d.5

Question: Will the state require any targeted case management services for specific populations – beyond those in the model?

In the model:

- supports for people deemed at high risk of suicide or overdose, particularly during times of transitions from higher levels of care
- individuals experiencing an episode of homelessness
- individuals transitioning to the community from jails or prisons
- individuals with complex or serious mental health or substance use conditions, youth with serious emotional disturbance
- individuals who have a short-term need for support in a critical period, such as an acute episode or care transition

Anticipated DMH/VDH Decision: No, but we will add parameters specifying who qualifies for this service.

Criteria 4.h.1 (part 1)

The following aspects of psychiatric rehabilitation are required:

1. Supported employment programs with on-going support to obtain and maintain competitive, integrated employment
2. Participation in supported education or educational services
3. Achieve social inclusion and community connectedness
4. Participate in medication education, self-management, and/or family/caregiver psycho-education
5. Find and maintain safe and stable housing

Criteria 4.h.1 (part 2)

SAMHSA Recommendations to Consider:

- Training in personal care skills
- Community integration services
- Cognitive remediation
- Facilitated engagement in substance use disorder mutual help groups and community supports
- Assistance for navigating healthcare systems
- Illness Management & Recovery
- Financial management
- Dietary and wellness education.

These services may be provided or enhanced by peer providers.

Criteria 4.j.1

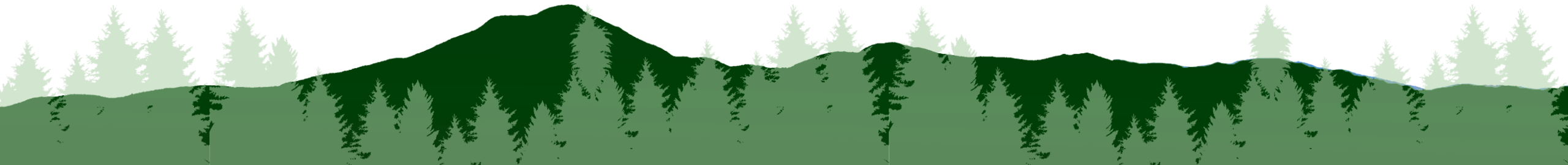
The following aspects of peer services are required:

1. Peer specialists
2. Recovery coaches
3. Peer counseling
4. Family and caregiver supports

Potential additions (per SAMHSA):

- Peer-run wellness and recovery centers
- Youth/young adult peer support
- Peer-run crisis respites
- Peer-led crisis planning
- Peer navigators to assist individuals transitioning between different levels of care
- Mutual support and self-help groups
- Peer support for older adults

Public Comment & Questions



Next Agenda Formation

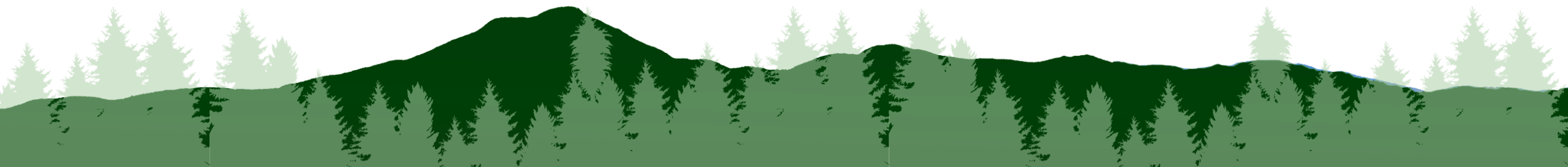
Potential areas of focus:

✦ Review Program Requirement 5: Quality and other Reporting

CQI Plan, Data collection, reporting, and tracking*

*There is another subgroup specific to this topic

✦ Review Program Requirement 6: Organizational Authority, Governance, and Accreditation



Thanks for coming!

Question gathering survey

Next Meeting Dates*

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

Clinical Criteria State Leads

DMH – Lori Vadakin

VDH – Tony Folland

Certification Process State Leads

DMH – Eva Dayon

VDH – Patty Breneman

