



**Senate Committee on Health and Welfare
February 2, 2022**

DA/SSA Workforce Crisis and the Certified Community Behavioral Health Clinic (CCBHC) Model

Thank you for allowing me the opportunity to speak with you today in support of Mental Health Advocacy Day and share the work we have been doing at Clara Martin Center as the first Certified Community Behavioral Health Clinic in Vermont. As you are aware, the DA/SSA system is facing an unprecedented workforce crisis following years of underfunding, with staff vacancies nearing 20%, with over 1,000 positions across the entire system vacant today. Clara Martin Center, with 142 full time, salaried staff, currently has 43 full time positions on our open positions list, a 30% vacancy rate.

This year in response to the workforce crisis, Governor Scott has proposed a 3% rate increase in his budget for the designated agency system. While this is the first time Governor Scott has proactively included a rate increase in his budget, due to the years of underfunding the system is now at a tipping point where a significant investment is needed to stabilize it from further erosion. We appreciate the work the Legislature has to do each year balancing the needs of so many with the funds the state has, and know that in years past, it has been through the work and support of the Legislature that rate increases have occurred. We are advocating for a 10% rate increase this year with the level of federal funding available to the state, now is the time to make impactful inroads to shoring up the system for long term sustainability. I have included further information on the workforce crisis for your review from Vermont Care Partners and how this is impacting our ability to provide care.

One potential structure available for the state to address a path for sustainable funding for the community mental health system after any use of one-time funds is the Certified Community Behavioral Health Clinic (CCBHC) model of care. The CCBHC model requires nine core services to be available to anyone that may need them:

- outpatient mental health and substance use services
- crisis service
- screening, assessment & diagnosis
- patient centered treatment planning
- psychiatric rehabilitative services
- mental health care for veterans
- peer support, counseling & family support
- targeted case management
- primary care screening & monitoring

This care model allows for clinics to be reimbursed for their total cost of providing care, similar to the model used by FQHC's. CCBHC provides a higher level of federal match during normal times, and an even higher level during the pandemic. At the federal

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level, the CCBHC demonstration program allows for a PPS rate to determine inclusive costs of care for all services provided. CCBHC's were established under the 2014 Excellence in Mental Health Act, which has been renewed every time it has needed to. If the Excellence in Mental Health and Addictions Act passes, any state would be eligible to join the demonstration program. A separate path from that, VT can add CCBHC services into the 1115 waiver or into the state plan amendment.

Clara Martin Center recently was awarded a grant to become the first CCBHC in the state of Vermont. The grant has allowed us to expand the services we offer to individuals, addressing whole-person care, and get reimbursed for services that historically have not been funded. One of the focuses of CCBHC is the provision of targeted case management and care coordination with other healthcare and social service providers, which allows for us to provide support to individuals in expanded areas such as vocational services, peer supports, medication assisted treatment (MAT) services, family supports, transportation, care for veterans, and crisis services while ensuring easy access to mental health care. Traditionally these services either have not been funded or people had to have met eligibility criteria to be able to receive the service. With CCBHC's expanded eligibility, all individuals are able to receive the full range of medical, behavioral, and supportive services.

We are in communication with the Department of Mental Health as they explore what statewide implementation of the CCBHC model would entail, and are sharing what we have learned as the first CCBHC with the other designated agencies. We strongly urge the Department of Mental Health and the State of Vermont to work towards statewide CCBHC implementation as a realistic avenue to address sustainability of our community mental health system and stabilization of our workforce in the long term and consideration of a 10% rate increase for the DA/SSA system as an immediate need.

Sincerely,

A handwritten signature in black ink, appearing to read "Christie Everett". The signature is fluid and cursive, with the first name "Christie" and last name "Everett" clearly distinguishable.

Christie Everett, LICSW
Director of Operations
Clara Martin Center
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WORKFORCE CRISIS

VERMONT CARE PARTNERS

DEVELOPMENTAL, SUBSTANCE USE DISORDERS AND MENTAL HEALTH SERVICES



COVID FUELS DEMAND

During the COVID pandemic, substance use disorders and mental health demand, including for anxiety and depression, has increased especially for school-age children, people with disabilities, isolated elders, and families

STAFF VACANCY RATE NEARING 20%

- Development Disability staff vacancies as high as 50%
- Some staff working 100+ hours per week
- Entry level wages less than local retail and fast food
- Staff at all levels leaving for higher pay, less risk
- Staff at all levels experiencing burnout and exhaustion



IMPACT

- Residential programs for children forced to close or reduce hours
- 342 children and 437 adults waiting for services
- 88 people with I/DD waiting for a home
- Loss of 19% service hours to people with I/DD
- Closure and reduced hours for Crisis Bed and Children's Residential Programs
- Increased use of hospital emergency departments and inpatient care
- Closure of an agency serving people with disabilities
- Students in need not receiving adequate social, emotional and behavioral supports



SOLUTION: Significant Rate Increase with Sustained Investment and Flexible One-Time Funding

FY22 Budget Adjustment Act

- Invest in flexible funds for recruitment and retention bonuses, shift differentials, etc.

FY23 Budget Act

- Increase Medicaid rates to achieve market rate compensation levels at no less than 20\$/hour for I/DD, mental health, and SUD services
- Require the Administration to establish and propose funding for predictable scheduled rate increases aligned with state employees, healthcare, education
- Develop and expand tuition assistance, scholarships, and loan repayment
- Implement strategies in Health Care and DA/SSA Workforce Strategic Plans
- Explore Certified Community Behavioral Health Clinic development



VERMONTCAREPARTNERS.ORG

Supporting Vermonters to Lead Healthy and Satisfying Lives Community by Community



CCBHC Grant Year 1

Certified Community Behavioral Health Clinic

June 15, 2021 – January 31, 2022 Grant Funded Client Data

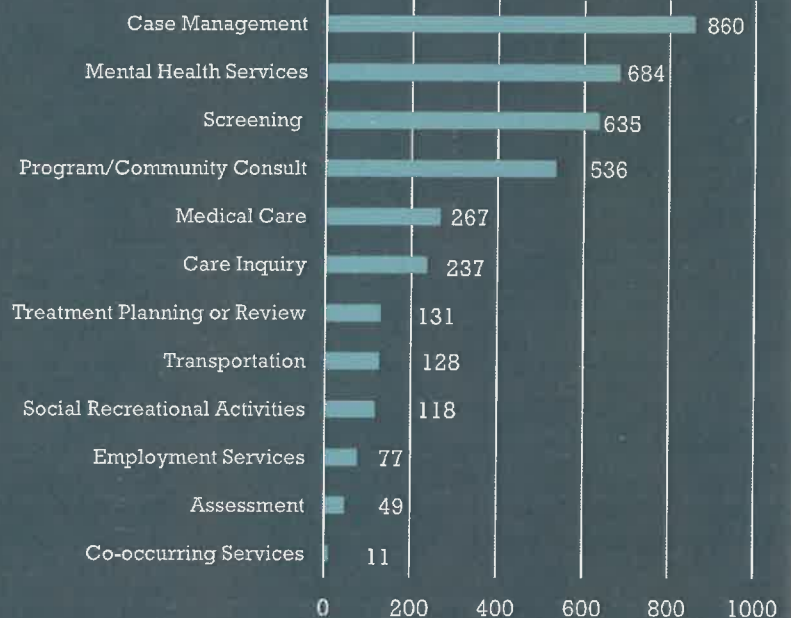


SERVICE ENHANCEMENTS

EXPANDED SERVICE CAPACITY – 3733 total services

REQUIRED GRANT SERVICES

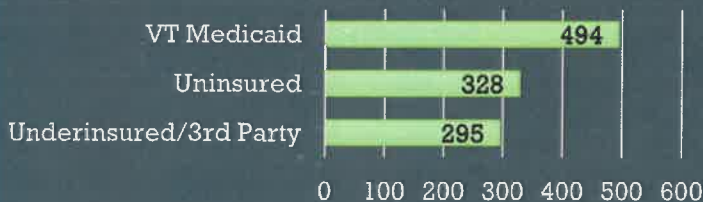
- Mental Health and Substance Use Services
- Targeted Case Management
- Peer Services
- Veterans Services
- Person-Centered Care
- Primary Care Screening
- Crisis Services
- Screening, Assessment and Diagnosis
- Psychiatric Rehabilitative Services



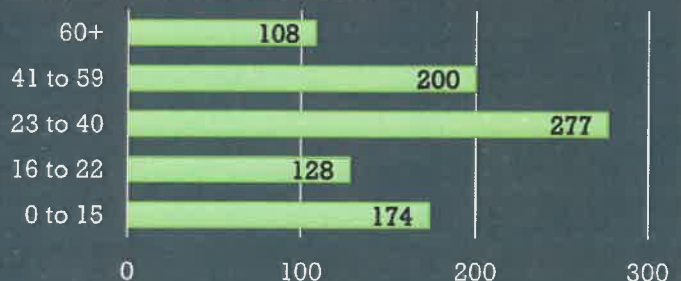
INTEGRATED CARE/COMMUNITY COLLABORATIONS

Local FQHC's provide Primary Care Screening services, providing initial lab work and monitoring. Health Information systems are integrated to share data, referrals and seamless communication. Collaboration with community partners and agencies to focus on treating the whole person in a shared care model.

CLIENTS SERVED BY INSURANCE TYPE



AGES OF INDIVIDUALS SERVED



887 UNDUPLICATED CLIENTS SERVED BY TOWN



OPERATING ENHANCEMENTS

- EHR Upgrades
- Network/Security Upgrades
- Document Translation
- Staff Training/Evidence Based Practices
- Minor Building Renovations

STAFFING ADDITIONS

- CCBHC Project Director, Project Evaluator
- Advanced Practice Registered Nurse
- Registered Nurse
- Masters Level Clinicians
- Case Managers
- Peer Support Staff
- Information Technology Staff
- Human Resources/Administrative Staff

What is a CCBHC?

The [Excellence in Mental Health Act demonstration](#) established a federal definition and criteria for **Certified Community Behavioral Health Clinics (CCBHCs)**. These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations.

CCBHCs are responsible for directly providing (or contracting with partner organizations to provide) nine types of services,¹ with an emphasis on the provision of 24-hour crisis care, utilization of evidence-based practices, care coordination and integration with physical health care. The demonstration program represents the largest investment in mental health and addiction care in generations.

Comprehensive Care is Key

The service selection is deliberate, expanding the range of care available. CCBHCs provide a comprehensive collection of services needed to create access, stabilize people in crisis and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders. CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care and physical-behavioral health integration. Comprehensive care includes, but is not limited to, the following criteria:



- **24/7/365 crisis services** to help people stabilize in the most clinically appropriate, least restrictive, least traumatizing and most cost-effective settings.
- **Immediate screening and risk assessment** for mental health, addictions and basic primary care needs to ameliorate the chronic co-morbidities that drive poor health outcomes and high costs for those with behavioral health disorders.
- **Easy access to care** with criteria to assure a reduced wait time so those who need services can receive them when they need them, regardless of ability to pay or location of residence.
- **Tailored care for active duty military and veterans** to ensure they receive the unique health support essential to their treatment.

¹ CCBHCs must provide: crisis mental health services; screening, assessment and diagnosis; patient-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring;* targeted case management;* psychiatric rehabilitation services;* peer support, counseling and family support services; and services for veterans.* (*May be provided directly by CCBHC or through contract with Designated Collaborating Organization.)

- **Expanded care coordination** with other health care providers, social service providers and law enforcement, with a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services.
- **Commitment to peers and family**, recognizing that their involvement is essential for recovery and should be fully integrated into care.

Who is Served by CCBHCs?

CCBHCs are available to any individual in need of care, including, but not limited to, people with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness and substance use disorders and complex health profiles. CCBHCs will provide care regardless of ability to pay, caring for those who are underserved; have low incomes; are insured, uninsured or on Medicaid; and those who are active duty military or veterans.

Addressing Financing Barriers

Financing has emerged as a critical issue in increasing Americans' access to behavioral health services. CCBHCs were specifically designed to address financing shortfalls by paying clinics a Medicaid rate that is inclusive of their anticipated costs of expanding their service lines and serving new consumers. Through a prospective payment system that is similar to one already in place for other safety-net providers, the Excellence Act supports:

- **Expanded access to care through an enhanced workforce.** CCBHCs' Medicaid rates cover costs associated with hiring new staff, such as licensed counselors or peer support specialists, paying employees a competitive wage in the local market and training staff in required competencies, such as care coordination and evidence-based practices.
- **A stronger response to the addiction crisis.** Addiction care is embedded throughout the CCBHC range of services, including screening for substance use disorders, detoxification, outpatient addiction services, peer support services and other addiction recovery services at state discretion. Importantly, most states participating in the CCBHC program have also made medication-assisted treatment (MAT) a required service.
- **Enhanced patient outreach, education and engagement.** CCBHCs' Medicaid rates include the cost of activities that have traditionally been nearly impossible to reimburse, yet play a critical role in behavioral health services.
- **Care where people live, work and play.** CCBHCs may receive Medicaid payment for services provided outside the four walls of their clinic; for example, via mobile crisis teams, home visits, outreach workers and emergency or jail diversion programs.
- **Electronic exchange of health information for care coordination purposes.** CCBHCs' Medicaid rates include the cost of purchasing or upgrading electronic systems to support electronic information exchange. The Excellence Act prioritizes improving the adoption of technological innovations for care, including data collection, quality reporting and other activities that bolster providers' ability to care for individuals with co-occurring disorders.

For more information, please visit the National Council's [CCBHC Resource Hub](#) or contact Rebecca David at (202) 684-3735 or RebeccaD@TheNationalCouncil.org.