

Certified Community Behavioral Health Clinics



CCBHC DEMONSTRATION PROGRAM
ELIGIBILITY CRITERIA

[HTTP://WWW.SAMHSA.GOV/SITES/DEFAULT
/FILES/PROGRAMS_CAMPAIGNS/CCBHC-
CRITERIA.PDF](http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)

PURPOSE OF CCBHCs



- Provide community based mental and substance use disorder services
- Advance integration of behavioral health with physical health care
- Utilize evidence-based practices on a more consistent basis
- Promote improved access to high quality care
- Employ care coordination to organize care activities and share information among all relevant participants

PRINCIPLES OF CCBHCs



- Person-centered
- Family-centered
- Trauma-informed
- Recovery-oriented
- Culturally competent
- Whole person approach

PERSONS SERVED



- CCBHCs are to provide service to all who seek help
 - Regardless of condition
 - Regardless of ability to pay
 - Regardless of insurance
- CCBHCs are not to refuse service to any individual based on
 - Ability to pay
 - Residence
- CCBHCs will provide service for individuals who are court ordered to services

PROGRAM REQUIREMENT 1



STAFFING

GENERAL STAFFING REQUIREMENTS



- Assessment of needs of the consumer population will inform the staffing plan
 - Cultural, linguistic and treatment needs
 - Consumer and family/caregiver input
 - Updated every three years
- CEO/Executive Director
- Medical Director
- Clinical and peer staff

LICENSURE & CREDENTIALING



- Designated Collaborating Organizations (DCOs) are providers that furnish services under arrangement with the CCBHC
- Some services may be provided by contract or part-time
- Providers may be shared among clinics
- Providers may use tele-health/tele-medicine or online services

LICENSURE & CREDENTIALING



- Medically trained behavioral healthcare provider who can prescribe and manage medications
- Peer staff members
- Credentialed substance use specialists
- Individuals with expertise in addressing trauma and promoting the recovery of children and adolescents with serious emotional disturbance (SED) and adults with serious mental illness (SMI) and those with substance use disorders

CULTURAL COMPETENCE & OTHER TRAINING



- Training must address cultural competence; person-centered and family-centered, recovery-oriented, evidence-based and trauma-informed care; and primary care/behavioral health integration.
- At orientation and annually thereafter, the CCBHC provides training about:
 - risk assessment, suicide prevention and suicide response;
 - the roles of families and peers;
 - such other trainings as may be required by the state or accrediting agency on an annual basis.

LINGUISTIC COMPETENCE



- Meaningful access to individuals with Limited English Proficiency or other language-based disabilities
- Interpretation/translation services
- Auxiliary aids (sign language interpreters, TTY)
- Written materials and documents take into account literacy levels of persons served

PROGRAM REQUIREMENT 2



AVAILABILITY & ACCESSIBILITY OF SERVICES

ACCESS & AVAILABILITY OF SERVICES



- Safe, functional, clean, welcoming environment
- Outpatient services provided during times that include some night and weekend hours
- Accessible locations
- Transportation or transportation vouchers for consumers (to the extent possible)
- Mobile in-home, telehealth/telemedicine, and on-line treatment services (to the extent possible)
- Outreach and engagement activities
- Both voluntary and court-ordered services

TIMELY ACCESS TO SERVICES



- All new consumers requesting or being referred for behavioral health services will, at the time of first contact, receive a preliminary screening and risk assessment to determine acuity of needs.
 - If the screening identifies an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.
 - If the screening identifies an urgent need, clinical services are provided and the initial evaluation completed within one business day of the time the request is made.
 - If the screening identifies routine needs, services will be provided and the initial evaluation completed within 10 business days.
 - For those presenting with emergency or urgent needs, the initial evaluation may be conducted telephonically or by telehealth/telemedicine but an in-person evaluation is preferred.
- All new consumers will receive a more comprehensive person-centered and family-centered diagnostic and treatment planning evaluation to be completed within 60 calendar days of the first request for services.

TIMELY ACCESS TO SERVICES



- The assessment must be updated no less frequently than every 90 calendar days
- Outpatient clinical services for established CCBHC consumers must be provided within 10 business days of the requested date for service
- If an established consumer presents with an emergency/crisis need, appropriate action is taken immediately, including any necessary subsequent outpatient follow-up.
- If an established consumer presents with an urgent need, clinical services are provided within one business day of the time the request is made.

ACCESS TO CRISIS MANAGEMENT SERVICES



- The CCBHC provides crisis management services that are available and accessible 24-hours a day and delivered within three hours.
- Individuals who are served by the CCBHC are educated about crisis management services and Psychiatric Advanced Directives and how to access crisis services, including suicide or crisis hotlines and warmlines, at the time of the initial evaluation.
- Following a psychiatric emergency or crisis involving a CCBHC consumer, in conjunction with the consumer, the CCBHC creates, maintains, and follows a crisis plan to prevent and de-escalate future crisis situations, with the goal of preventing future crises for the consumer and their family.

NO REFUSAL OF SERVICES DUE TO INABILITY TO PAY



- No individuals are denied services, including but not limited to crisis management services, because of an individual's inability to pay for such services
- Any fees or payments required by the clinic for such services will be reduced or waived to enable the clinic to fulfill the assurance
- The CCBHC has a published sliding fee discount schedule(s) that includes all services the CCBHC proposes to offer.

PROVISION OF SERVICES REGARDLESS OF RESIDENCE



- No individual is denied services, including but not limited to crisis management services, because of place of residence or homelessness or lack of a permanent address.
- In no circumstances may any consumer be refused services because of place of residence.

PROGRAM REQUIREMENT 3



CARE COORDINATION

CARE COORDINATION



- The CCBHC coordinates care across the spectrum of health services as necessary to facilitate wellness and recovery of the whole person
 - access to high-quality physical health (both acute and chronic) and behavioral health care
 - social services, housing, educational systems, and employment opportunities
- Necessary consent for release of information is obtained from CCBHC consumers for all care coordination relationships.
- The CCBHC assists consumers referred to external providers or resources in obtaining an appointment and confirms the appointment was kept.

CARE COORDINATION



- Care coordination activities are carried out in keeping with the consumer's preferences and needs for care and, to the extent possible and in accordance with the consumer's expressed preferences, with the consumer's family/caregiver and other supports identified by the consumer.
- So as to ascertain in advance the consumer's preferences in the event of psychiatric or substance use crisis, CCBHCs develop a crisis plan with each consumer.
- Examples of crisis plans may include a Psychiatric Advanced Directive or Wellness Recovery Action Plan.

CARE COORDINATION



- Appropriate care coordination requires the CCBHC to make and document reasonable attempts to determine any medications prescribed by other providers for CCBHC consumers and, upon appropriate consent to release of information, to provide such information to other providers not affiliated with the CCBHC to the extent necessary for safe and quality care.
- Nothing about a CCBHC's agreements for care coordination should limit a consumer's freedom to choose their provider with the CCBHC or its DCOs.

CARE COORDINATION & HEALTH INFORMATION TECHNOLOGY (HIT)



- The CCBHC establishes or maintains a health information technology (IT) system that includes, but is not limited to, electronic health records.
- The CCBHC uses its existing or newly established health IT system to conduct activities such as population health management, quality improvement, reducing disparities, and for research and outreach.
- The CCBHC will work with DCOs to ensure all steps are taken, including obtaining consumer consent, to comply with privacy and confidentiality requirements, including but not limited to those of HIPAA

CARE COORDINATION AGREEMENTS



- The CCBHC has an agreement establishing care coordination expectations with Federally-Qualified Health Centers (FQHCs) to provide health care services, to the extent the services are not provided directly through the CCBHC.
- For consumers who are served by other primary care providers, including but not limited to FQHC Look-Alikes and Community Health Centers, the CCBHC has established protocols to ensure adequate care coordination.

CARE COORDINATION AGREEMENTS



- The CCBHC has an agreement establishing care coordination expectations with programs that can provide
 - inpatient psychiatric treatment
 - ambulatory and medical detoxification
 - post-detoxification step-down services
 - residential programs
- The CCBHC has established protocols and procedures for transitioning individuals from EDs, inpatient psychiatric, detoxification, and residential settings to a safe community setting.

CARE COORDINATION AGREEMENTS



- The CCBHC has an agreement establishing care coordination expectations with
 - Schools
 - Child welfare agencies
 - Juvenile and criminal justice agencies and facilities (including drug, mental health, veterans and other specialty courts)
 - State licensed and nationally accredited child placing agencies for therapeutic foster care service
 - Other social and human services
- The CCBHC has an agreement establishing care coordination expectations with the nearest Department of Veterans Affairs' medical center, independent clinic, drop-in center, or other facility of the Department.

CARE COORDINATION AGREEMENTS



- The CCBHC has an agreement establishing care coordination expectations with inpatient acute-care hospitals, including
 - emergency departments
 - hospital outpatient clinics
 - urgent care centers
 - residential crisis settings
 - medical detoxification inpatient facilities and ambulatory detoxification providers
- This includes procedures and services, such as peer bridgers, to help transition individuals from the ED or hospital to CCBHC care and shortened time lag between assessment and treatment.

TREATMENT PLANNING



- The CCBHC treatment team includes the consumer, the family/caregiver of child consumers, the adult consumer's family to the extent the consumer does not object, and any other person the consumer chooses.
- The interdisciplinary team is composed of individuals who work together to coordinate the medical, psychosocial, emotional, therapeutic, and recovery support needs of CCBHC consumers.

PROGRAM REQUIREMENT 4



SCOPE OF SERVICES

GENERAL SERVICE PROVISIONS



- Whether directly supplied by the CCBHC or by a DCO, the CCBHC is ultimately clinically responsible for all care provided.
 - Despite this flexibility, it is expected CCBHCs will be designed so most services are provided by the CCBHC rather than by DCOs, as this will enhance the ability of the CCBHC to coordinate services.
- The CCBHC ensures all CCBHC services, if not available directly through the CCBHC, are provided through a DCO, consistent with the consumer's freedom to choose providers within the CCBHC and its DCOs.
- DCO-provided services for CCBHC consumers must meet the same quality standards as those provided by the CCBHC.

PERSON-CENTERED AND FAMILY-CENTERED CARE



- The CCBHC ensures all CCBHC services, including those supplied by its DCOs, are provided in a manner reflecting person and family-centered, recovery-oriented care, being respectful of the individual consumer's needs, preferences, and values, and ensuring both consumer involvement and self-direction of services received.
- Person-centered and family-centered care includes care which recognizes the particular cultural and other needs of the individual.

CRISIS BEHAVIORAL HEALTH SERVICES



- The CCBHC will directly provide robust and timely crisis behavioral health services, including:
 - 24 hour mobile crisis teams
 - Emergency crisis intervention services
 - Crisis stabilization.
- Services provided must include suicide crisis response and services capable of addressing crises related to substance abuse and intoxication, including ambulatory and medical detoxification
- States may elect to require the employment of peers on crisis teams

SCREENING, ASSESSMENT & DIAGNOSIS



- The CCBHC directly provides screening, assessment, and diagnosis, including risk assessment, for behavioral health conditions.
- The CCBHC uses standardized and validated screening and assessment tools and, where appropriate, brief motivational interviewing techniques.
- If screening identifies unsafe substance use including problematic alcohol or other substance use, the CCBHC conducts a brief intervention and the consumer is provided or referred for a full assessment and treatment, if applicable.

PERSON-CENTERED & FAMILY-CENTERED TREATMENT PLANNING



- The CCBHC directly provides person-centered and family-centered treatment planning or similar processes, including but not limited to risk assessment and crisis planning.
- An individualized plan integrating prevention, medical and behavioral health needs and service delivery is developed by the CCBHC in collaboration with and endorsed by the consumer and is coordinated with staff or programs necessary to carry out the plan.
- Treatment planning includes needs, strengths, abilities, preferences, and goals, expressed in a manner capturing the consumer's words or ideas and, when appropriate, those of the consumer's family/caregiver.

PERSON-CENTERED & FAMILY-CENTERED TREATMENT PLANNING



- The treatment plan is comprehensive, addressing all services required, with provision for monitoring of progress towards goals. The treatment plan is built upon a shared decision-making approach.
- Where appropriate, consultation is sought during treatment planning about special emphasis problems, including for treatment planning purposes (e.g., trauma, eating disorders).
- The treatment plan documents the consumer's advance wishes related to treatment and crisis management and, if the consumer does not wish to share their preferences, that decision is documented.

OUTPATIENT MENTAL HEALTH & SUBSTANCE USE SERVICES



- The CCBHC directly provides outpatient mental and substance use disorder services that are evidence-based or best practices, consistent with the needs of individual consumers as identified in their individual treatment plan.
- States must establish a minimum set of evidence-based practices required of the CCBHCs.

OUTPATIENT CLINIC PRIMARY CARE SCREENING & MONITORING



- The CCBHC is responsible for outpatient clinic primary care screening and monitoring of key health indicators and health risk.
 - Preventive Care and Screening: Adult Body Mass Index (BMI) Screening and Follow-Up
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
 - Controlling High Blood Pressure
- Prevention is a key component of primary care services provided by the CCBHC.

TARGETED CASE MANAGEMENT SERVICES



- The CCBHC is responsible for high quality targeted case management services that will assist individuals in sustaining recovery, and gaining access to needed medical, social, legal, educational, and other services and supports.
- Targeted case management should include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an ED or psychiatric hospitalization.
- Based upon the needs of the population served, states should specify the scope of other targeted case management services that will be required, and the specific populations for which they are intended.

PSYCHIATRIC REHABILITATION SERVICES



- The CCBHC is responsible for evidence-based and other psychiatric rehabilitation services.
- Psychiatric rehabilitation services that might be considered include: medication education; self-management; training in personal care skills; individual and family/caregiver psycho-education; community integration services; recovery support services including Illness Management & Recovery; financial management; and dietary and wellness education.
- States also may wish to require the provision of supported services such as housing, employment, and education, the latter in collaboration with local school systems.

PEER SUPPORTS, PEER COUNSELING & FAMILY/CAREGIVER SUPPORTS



- The CCBHC is responsible for peer specialist and recovery coaches, peer counseling, and family/caregiver supports.
- Peer services that might be considered include: peer-run drop-in centers, peer crisis support services, peer bridge services to assist individuals transitioning between residential or inpatient settings to the community, peer trauma support, peer support for older adults or youth, and other peer recovery services.
- Potential family/caregiver support services that might be considered include: family/caregiver psycho-education, parent training, and family-to-family/caregiver support services.

MENTAL HEALTH CARE FOR MEMBERS OF THE ARMED FORCES & VETERANS



- The CCBHC is responsible for intensive, community-based behavioral health care for certain members of the U.S. Armed Forces and veterans, particularly those Armed Forces members located 50 miles or more (or one hour's drive time) from a Military Treatment Facility (MTF) and veterans living 40 miles or more (driving distance) from a VA medical facility, or as otherwise required by federal law.
- Care provided to veterans is required to be consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration (VHA), including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration.

MENTAL HEALTH CARE FOR MEMBERS OF THE ARMED FORCES & VETERANS



- All individuals inquiring about services are asked whether they have ever served in the U.S. military.
 - Active Duty Service Members (ADSM) must use their servicing MTF, and their MTF Primary Care Managers (PCMs) are contacted by the CCBHC regarding referrals outside the MTF.
 - ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM.
 - Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network.

MENTAL HEALTH CARE FOR MEMBERS OF THE ARMED FORCES & VETERANS



- Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services.
- Veterans who decline or are ineligible for VHA services will be served by the CCBHC consistent with minimum clinical mental health guidelines promulgated by the VHA, including clinical guidelines contained in the Uniform Mental Health Services Handbook.
- CCBHCs ensure there is integration or coordination between the care of substance use disorders and other mental health conditions for those veterans who experience both and for integration or coordination between care for behavioral health conditions and other components of health care for all veterans.

PROGRAM REQUIREMENT 5



QUALITY & OTHER REPORTING

DATA COLLECTION, REPORTING & TRACKING



- The CCBHC has the capacity to collect, report, and track encounter, outcome, and quality data, including but not limited to data capturing:
 - consumer characteristics
 - staffing
 - access to services
 - use of services
 - screening, prevention, and treatment
 - care coordination
 - other processes of care
 - costs
 - consumer outcomes

DATA COLLECTION, REPORTING & TRACKING



- Reporting is annual and data are required to be reported for all CCBHC consumers
- Collection of some of the data and quality measures that are the responsibility of the CCBHC may require access to data from DCOs and it is the responsibility of the CCBHC to arrange for access to such data as legally permissible upon creation of the relationship with DCOs and to ensure adequate consent as appropriate and that releases of information are obtained for each affected consumer.

DATA COLLECTION, REPORTING & TRACKING



- CCBHC consumer claim or encounter data must be linkable to the consumer's pharmacy claims or utilization information, inpatient and outpatient claims, and any other claims or encounter data necessary to report the required measures
- CCBHCs annually submit a cost report with supporting data within six months after the end of each demonstration year to the state

CONTINUOUS QUALITY IMPROVEMENT (CQI) PLAN



- The CCBHC-wide CQI plan addresses priorities for improved quality of care and client safety, and requires all improvement activities be evaluated for effectiveness.
- Specific events are expected to be addressed as part of the CQI plan, including:
 - (1) CCBHC consumer suicide deaths or suicide attempts
 - (2) CCBHC consumer 30 day hospital readmissions for psychiatric or substance use reasons
 - (3) such other events the state or applicable accreditation bodies may deem appropriate for examination and remediation as part of a CQI plan.

PROGRAM REQUIREMENT 6



ORGANIZATIONAL AUTHORITY, GOVERNANCE & ACCREDITATION

ORGANIZATIONAL AUTHORITY & FINANCES



- The CCBHC maintains documentation establishing the CCBHC is a non-profit organization, exempt from tax under Section 501(c)(3) of the United States Internal Revenue Code
- An independent financial audit is performed annually for the duration of the demonstration in accordance with federal audit requirements, and, where indicated, a corrective action plan is submitted addressing all findings, questioned costs, reportable conditions, and material weakness cited in the Audit Report.

GOVERNANCE



- As a group, the CCBHC's board members are representative of the individuals being served by the CCBHC in terms of demographic factors such as geographic area, race, ethnicity, sex, gender identity, disability, age, and sexual orientation, and in terms of types of disorders.

GOVERNANCE



- The CCBHC will incorporate meaningful participation by adult consumers with mental illness, adults recovering from substance use disorders, and family members of CCBHC consumers, either through
 - 51 percent of the board being families, consumers or people in recovery from behavioral health conditions, or through
 - a substantial portion of the governing board members meeting this criteria and other specifically described methods for consumers, people in recovery and family members to provide meaningful input to the board about the CCBHC's policies, processes, and services.

GOVERNANCE



- As an alternative to the board membership requirement, any organization selected for this demonstration project may establish and implement other means of enhancing its governing body's ability to insure that the CCBHC is responsive to the needs of its consumers, families, and communities.
- Efforts to insure responsiveness will focus on the full range of consumers, services provided, geographic areas covered, types of disorders, and levels of care provided.
- The state will determine if this alternative approach is acceptable and, if it is not, will require that additional or different mechanisms be established to assure that the board is responsive to the needs of CCBHC consumers and families.
- Each organization will make available the results of their efforts in terms of outcomes and resulting changes.

GOVERNANCE



- Members of the governing or advisory boards will be representative of the communities in which the CCBHC's service area is located and will be selected for their expertise in health services, community affairs, local government, finance and banking, legal affairs, trade unions, faith communities, commercial and industrial concerns, or social service agencies within the communities served.
- No more than one half (50 percent) of the governing board members may derive more than 10 percent of their annual income from the health care industry.

ACCREDITATION



- CCBHCs will adhere to any applicable state licensing requirements.
- States are encouraged to require accreditation of the CCBHCs by an appropriate nationally-recognized organization (e.g., the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities [CARF], the Council on Accreditation [COA], the Accreditation Association for Ambulatory Health Care [AAAHC]).
- Accreditation does not mean “deemed” status.

FOR MORE INFORMATION



ALL INFORMATION IN THIS PPT IS
SUMMARIZED FROM:

[HTTP://WWW.SAMHSA.GOV/SITES/DEFAULT/
FILES/PROGRAMS_CAMPAIGNS/CCBHC-
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