

Nine Required Service Categories of CCBHCs

- CCBHCs are **responsible** for the provision of all care specified in PAMA.



CCBHC
Direct
Service

Some must be directly provided by the CCBHC, others may be provided either directly by the CCBHC or through formal relationships with other providers that are DCOs.



CCBHC or
DCO

- Whether directly supplied by the CCBHC or by a DCO, the CCBHC is ultimately clinically responsible for all care provided.
- It is expected CCBHCs will be designed so **most services are provided directly by the CCBHC rather than by DCOs**, as this will enhance the ability of the CCBHC to coordinate services.



Mental
Health



Substance
Use

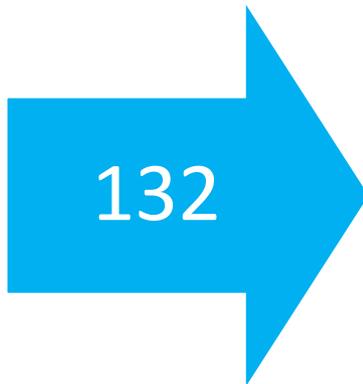


Behavioral
Health



Crisis Behavioral Health Services

- 24 hour mobile crisis teams,
- Emergency crisis intervention services
- Crisis stabilization



Crisis Intervention

Detoxification

ASAM Level 1 must be provided directly by CCBHC

ASAM Level 2, 3.2 and 3.7 may be provided either by

CCBHC or DCO



CCBHC
Direct
Service

Screening, Assessment and Diagnosis

- Risk assessment for behavioral health conditions.
- Specialized assessments – e.g. neurological testing, developmental testing and assessment - are either provided directly by the CCBHC or through formal relationships with other providers, which may include use of telehealth/telemedicine services.

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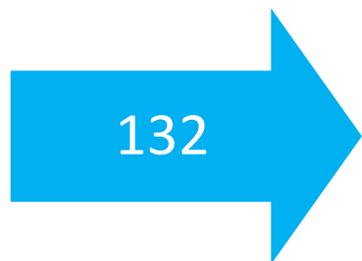
Mental Health Assessment
Psychological Evaluation
DASA Assessment (ASAM criteria)

2060



Person/Family-Centered Treatment Planning

- Integrate: prevention, medical and behavioral health needs and service delivery
The treatment plan is **comprehensive**, addressing all services required, with provision for monitoring of progress towards goals.
- Developed in collaboration with: consumer, the adult consumer's family to the extent the consumer so wishes, or family/caregivers of youth and children.
The treatment plan is built upon a shared decision-making approach.
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.
- Coordinated with: staff or programs necessary to carryout the plan.
Where appropriate, consultation is sought during treatment planning about special emphasis problems, including for treatment planning purposes (e.g., trauma, eating disorders).



Individual Treatment Plan Development, Review and Modification

DASA Treatment Planning

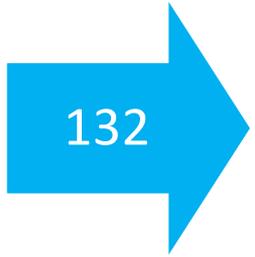
This will not be sufficient to meet CCBHC requirements





Outpatient Mental Health and Substance Use Treatment

- Evidence-based or best practices - based upon the findings of the needs assessment, states must establish a minimum set of evidence-based practices required of the CCBHCs.
- Lifespan Considerations: children, adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment.
- Developmental /Cognitive considerations including delivery of treatment by staff with specific training in treating the segment of the population being served.



Individual Therapy/Counseling ACT
ASAM Levels 1,2 Medication Assisted Tx



CCBHC or
DCO

Outpatient Clinic Primary Care Screening and Monitoring

- Primary Care Screening for Health Risks
- Monitoring Health Indicators
- Prevention is a Key Component
- Some Agencies have developed this capacity through Title XX or SAMHSA grants

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Outside the current scope of 132/2060

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CCBHC or
DCO

Targeted Case Management

- High quality targeted case management services
- Supports for individuals with high risk

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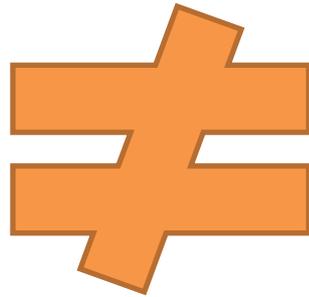
Mental Health Case Management
DASA currently uses contracts to
pay for case management

2060

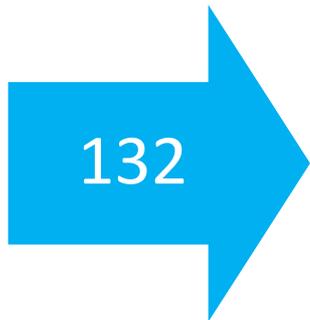


Psychiatric Rehabilitation Services

Psychiatric Rehabilitation Services



Psychosocial Rehabilitation Service (PSR)



Psychotropic Medication Training

Community Support Services

WRAP

PSH

IPS

IMR

NEW-R

PSR



2060

CCBHC or
DCO

Peer Supports, Peer Counseling and Family Care-giver Supports

- Peer specialists, recovery coaches, peer counseling, and family/caregiver supports
- Peer-run services may include:

Drop-in Centers

Crisis Support

Peer Bridgers

Family/Caregiver Psychoeducation

Parent Training

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CRSS and CFPP provision of services
Some additional services outside the
current scope of the Rules

2060

CCBHC or
DCO

Intensive Community-Based Behavioral Health Care for Members of the Armed Forces and Veterans

- Responsibilities include:
 - Members of the Armed Forces – 50 miles (1 hr)
from a Military Treatment Facility (MTF)
 - Veterans – 40 miles from VA
- Consistent with the Uniform Mental Health Services Handbook (VHA)
- All individuals inquiring about services must be asked whether they have ever served in the US military. Coordination of care must be ensured.

Requirements Ensured by the Principal Behavioral Health Provider

1. Maintain regular contact while care is needed.
2. Review and reconciliation of psychiatric medications
3. Involvement of veteran/support persons in development and coordination of treatment plan.
4. Monitoring of the implementation of the treatment plan.
5. Revision to treatment plan when necessary.
6. Communication with veteran/supports re: plan and care.
7. Ensure informed consent

Questions?

- **Next Steps...**

- Weekly Webinars / Teleconference Calls:

- Next two Tuesdays from noon – 1:00pm
 - Subject matter
 - Question & Answer

CCBHC Contact Information:

DHS.DMHCCBHC@illinois.gov

<http://www.dhs.state.il.us/page.aspx?item=29751>